Table of Contents

Set up & Account Administration 31
Customer Setup 31
Practices 31
Add Practices 31
Add New Practice 31
Other Offices 33
Add Other Offices 33
Find or edit Other Office 34
Inactivate Other Office 35
Reactivate Inactive Other Office 36
Find or edit a Practice 37
Practice Notes 38
Add a Practice Note 38
Find or edit a Practice Note 39
Remove Practice Notes 40
Options 41
Claim Defaults 41
Patient Defaults 43
ERA (Payment) Defaults 45
Payment Defaults 47
Estimates Defaults 49
Print Practice Labels 50
Practice Status 51
Inactivate a Practice 51
Reactivate a Practice 52
Task Automations 53
Providers 55
Add Providers 55
Add a New Provider 55
Provider Field Descriptions 58
Find or edit a Provider 60
Edit Provider Mode 61
Update or Change a Tax ID 62
Configure Eligibility for a Provider 63
Configure Provider eligibility 63
Inactivate Provider Eligibility 65
Provider Notes 66
Add a Provider Note 66
Find or edit a Provider Note 67
Remove a Provider Note 68
Provider Alerts 69
Add a Provider Alert 69
Find or edit a Provider Alert 70
Remove Provider Alerts 71
Provider Status 72
Inactivate a Provider 72
Reactivate a Provider 73
Facilities 74

Add Facilities ... 74
Add a Facility from the NPI Registry ... 74
Add a Facility Manually ... 75
Facility Field Descriptions ... 76
Find or edit a Facility ... 77
Facility Notes ... 78
Add a Facility Note ... 78
Find or edit a Facility Note ... 79
Remove a Facility Note ... 80
Facility Status ... 81
Inactivate a Facility ... 81
Reactivate a Facility ... 82
Referring Providers ... 83
Add Referring Providers ... 83
Add Referring Provider from the NPI Registry ... 83
Add Referring Provider Manually ... 84
Referring Provider Field Descriptions ... 85
Find or edit a Referring Provider ... 88
Referring Provider Notes ... 89
Add a Referring Provider Note ... 89
Find or edit a Referring Provider Note ... 90
Remove a Referring Provider Note ... 91
Referring Provider Status ... 92
Inactivate a Referring Provider ... 92
Reactivate Referring Provider ... 93
Referring Provider Alerts ... 94
Add a Referring Provider Alert ... 94
Find or edit a Referring Provider Alert ... 96
Remove Referring Provider Alerts ... 97
Payers ... 98
Add Payers ... 98
Add a New Electronic Payer ... 98
Add a New Paper Payer ... 101
Find or edit a Payer ... 103
Payer Billing Options ... 104
General Billing Options Tab ... 104
Provider Billing Options Tab ... 107
Patient Billing Options Tab ... 109
ERA Billing Options Tab ... 110
Editing a Payer after a Data Conversion ... 112
Payer Address Verification ... 113
Manage Payer Contracts ... 114
Payer Notes ... 115
Add a Payer Note ... 115
Find or edit a Payer Note ... 116
Remove a Payer Note ... 117
Payer Alerts ... 118
Add a Payer Alert ... 118
Find or edit a Payer Alert ... 119
Remove a Payer Alert ... 120
Payer Tasks ... 121

Add a Payer Task ... 121
Find or edit a Payer Task ... 123
Delete a Payer Task ... 124
Payer Status ... 125
Inactivate a Payer ... 125
Reactivate a Payer ... 126
Manage Clearinghouse Connections ... 127
Payer Agreements ... 129
Getting Started with Payer Agreements ... 129
New ePS Payer Agreement ... 130
Look Up ePS Payer Agreements ... 133
Find and Complete (Incomplete or Missing) Agreements ... 135
Continue an Agreement ... 135
Payer Agreement Status Descriptions ... 136
Denied Payer Agreements ... 138
Collection Agencies ... 139
Add a Collection Agency ... 139
Find or edit a Collection Agency ... 140
Collection Agency Status ... 141
Inactivate a Collection Agency ... 141
Reactivate a Collection Agency ... 142
Collection Agency Notes ... 143
Add a Collection Agency Note ... 143
Find or edit a Collection Agency Note ... 144
Remove a Collection Agency Note ... 145
Codes... ... 146
Procedure Codes ... 146
Add Procedure Codes ... 146
Add CPT/HCPCS Codes ... 146
Add CPT Codes from the Master List ... 152
Add HCPCS Codes from the Master List ... 153
Procedure Code Field Descriptions ... 154
Find or edit a Procedure Code ... 155
Procedure Code Notes ... 156
Add a Procedure Code Note ... 156
Find or edit a Procedure Code Note ... 157
Remove a Procedure Code Note ... 158
Procedure Code Alerts ... 159
Add a Procedure Code Alert ... 159
Find or edit a Procedure Code Alert ... 160
Delete a Procedure Code Alert ... 161
Procedure Codes Fee Schedules ... 162
Procedure Codes Contract ... 164
Procedure Code Status ... 165
Inactivate a Procedure Code ... 165
Reactivate a Procedure Code ... 166
Adding a Global Period Alert ... 167
Adding Situational Modifiers ... 169
Diagnosis Codes ... 171
Add Diagnosis Codes ... 171
Add a Diagnosis Code ... 171

Add a Diagnosis Code from the Master List 172
Diagnosis Code Field Descriptions 173
Find or edit a Diagnosis Code 174
Diagnosis Code Alerts 175
Add a Diagnosis Codes Alert 175
Find or edit a Diagnosis Code Alert 176
Delete a Diagnosis Code Alert 177
Diagnosis Code Status 178
Inactivate a Diagnosis Code 178
Reactivate Diagnosis Codes 179
ICD Procedure Codes 180
Add ICD Procedure Codes 180
Add ICD Procedure Code 180
Add ICD Procedure Code from Master List 181
Find or edit an ICD Procedure Code 182
ICD Procedure Code Status 183
Inactivate an ICD Procedure Code 183
Reactivate an ICD Procedure Code 184
Revenue Codes 185
Add Revenue Codes 185
Add a Revenue Code 185
Add a Revenue Code from Master List 186
Find or edit a Revenue Code 187
Revenue Code Status 188
Inactivate a Revenue Code 188
Reactivate a Revenue Code 189
Revenue Codes Fee Schedules 190
Revenue Codes Contract 191
Revenue Codes Claim Defaults 192
Remittance Codes 193
Add Remark or Adjustment Reason Codes 193
Add a Remark or Adjustment Reason Code 193
Add a Remark Code from Master List 194
Add an Adjustment Reason Code from Master List 195
Find or edit a Remittance Code 196
Remittance Code Status 197
Inactivate a Remittance Code 197
Reactivate a Remittance Code 198
Adjustment Codes 199
Add New Adjustment Code 199
Find or edit an Adjustment Code 200
Adjustment Code Status 201
Inactivate an Adjustment Code 201
Reactivate an Adjustment Code 202
Add New Debit Code 203
Add New Discount Code 204
Prompt Payment Discount 205
Add a New "Prompt Payment" Discount Code 205
Inactivate a Prompt Payment Discount Code 207
Reactivate a Prompt Payment Discount Code 208
Inventory Codes 209

Add an Inventory Code ... 209
Find or edit an Inventory Code ... 210
Inventory Code Alerts ... 211
Add an Inventory Code Alert ... 211
Find or edit an Inventory Cide Alert ... 212
Delete an Inventory Code Alert ... 213
Inventory Code Status ... 214
Inactivate an Inventory Code ... 214
Reactivate an Inventory Code ... 215
Charge Panels ... 216
Add a Charge Panel ... 216
Find or edit a Charge Panel ... 217
Charge Panels Status ... 218
Inactivate a Charge Panel ... 218
Reactivate a Charge Panel ... 219
Fee Schedules ... 220
Getting started with fee schedules ... 220
Add an empty Fee Schedule ... 220
Add a Fee Schedule ... 222
Add a Fee Schedule from imported prices ... 227
Find or edit a Fee Schedule ... 229
Update Fee Schedule Prices ... 230
Export Fee Schedule ... 231
Fee Schedule Status ... 232
Inactivate a Fee Schedule ... 232
Reactivate a Fee Schedule ... 233
Contracts ... 234
Getting started with contracts ... 234
The basics ... 234
Add an empty contract ... 235
Add a contract ... 237
Add a contract from Imported Prices ... 240
Find or edit a contract ... 242
Managing Payer Association ... 243
Contract Status ... 245
Inactivate a contract ... 245
Reactivate a contract ... 246
Export Contract ... 247
Alert Control ... 248
Find or edit an alert ... 248
Delete an alert ... 249
Alert Display Options ... 250
Statements ... 251
Statement Automation ... 251
Statement Automation Settings ... 251
Statement Options ... 251
FDN Options ... 254
Payment Plan Options ... 257
Configure Statement Automation Templates ... 259
Configure Automated Paper Statement Template ... 259
Configure Automated Payment Plan Statement Template ... 263

Configure Automated Final Demand Letter Template 266
Automated Statement Samples 269
Automated Paper Statement Sample 269
Automated Payment Plan Statement Sample 271
Automated Final Demand Letter Sample 273
Email Statement Sample 275
Text Statement Sample 276
View Automated Statement Templates 277
Disable Statement Automation 278
Edit Statement Automation Templates 279
Configure Electronic Statement Settings 279
Enhanced & Plain-Text User Print 284
Edit User Print Statement Templates 284
Configure User Print Statement Design 284
Configure User Print Statement Settings 285
Configure Manual Electronic Statement Settings 289
View User Print Statement Templates 294
User Print Statement Samples 295
Enhanced Statement Sample 295
Enhanced Payment Plan Sample 296
Enhanced Final Demand Letter Sample 297
Email Statement Sample 298
Text Statement Sample 299
Estimate Statements 300
Edit Estimate Statement Templates 300
Configure Estimate Statement Design 300
Configure User Print Estimate Statement Settings 301
Configure Estimate Electronic Statement Settings 304
View Estimate Statement Templates 308
Superbills 309
Add a Superbill 309
Form-based Superbill 309
Text-based Superbill 310
CMD default Superbill 311
Find or edit a Superbill 312
Delete a Superbill 313
Labels 314
Add a new Label 314
Find or edit a Label 315
Preview a Label 316
Delete a Label 317
Customization 318
Custom Info Lines 318
Add Custom Info Lines 318
Find or edit Custom Info Lines 319
Manage Custom Info Lines 320
Custom Info Line Status 321
Inactivate a Custom Info Line 321
Reactivate a Custom Info Line 322
Custom Claim Statuses 323
Add a Custom Claim Status 323

Find or edit a Custom Claim Status ... 324
Manage Custom Claim Statuses ... 325
Custom Account Types ... 326
Add a Custom Patient Account Type ... 326
Find or edit a Custom Patient Account Type ... 327
Manage Custom Patient Account Types ... 328
Payment Automations ... 329
Add a Payment Automation ... 329
Find/Edit a Payment Automation ... 333
Manage Payment Automation Status ... 334
Customer Setup Settings ... 336
Configure "Customer Setup" Settings for Users ... 336
Account Administration ... 338
Account Management ... 338
Edit Account Information ... 338
Request Account Name Change ... 338
Request Ownership Change ... 339
Request Account Tax ID Change ... 340
Edit Address ... 341
Billing Actions ... 342
Request a Credit ... 342
Request a Payment Extension ... 343
Request to Close Main Account ... 344
Request to Reactivate a Closed Main Account ... 346
Request Executed Copy of CSA/BAA ... 347
Customer Management ... 348
Add a Customer ... 348
Find a Customer ... 349
Log in to another Customer ... 350
Manage Access to this Customer ... 351
Close a Customer ... 352
Request to Reopen Customer ... 353
User Management ... 354
Understanding User Types ... 354
The basics ... 354
Users ... 355
Administrators ... 356
Authorized Representatives ... 357
Add a New User ... 358
Configure a User ... 360
Find or edit a User ... 360
Change a User Status ... 361
Change a User Type ... 363
Assign a User Role ... 364
Update a User Permission ... 365
Grant a User Access to Customer(s) ... 366
Specify User Access Hours ... 367
Specify User Department Level Access ... 368
Move a User to Another Customer ... 369
Manager User Access ... 370
Unlock a User ... 370

Reset a User Password ... 371
Resend a New User Invite ... 372
Security... ... 373
Permission Roles ... 373
Add a new Permission Role ... 373
Find or edit a Permission Role ... 375
Copy a Permission Role ... 376
Permission Role Status ... 377
Inactivate a Permission Role ... 377
Reactivate a Permission Role ... 378
Two-Factor Authentication ... 379
Enable Two-Factor Authentication ... 379
Edit Two-Factor Authentication Settings ... 381
Disable Two-Factor Authentication ... 383
Two-Factor Authentication (End User Setup) ... 384
Reset Two-Factor Authentication ... 388
Invoices ... 389
Access your Invoices ... 389
Print an Invoice ... 390
Make an Invoice Payment ... 391
Find Invoice Payments ... 392
Print account summary ... 393
Payment Profiles ... 394
Add a Payment Profile ... 394
Find or edit a Payment Profile ... 395
Payment Profile Status ... 396
Inactivate a Payment Profile ... 396
Reactivate a Payment Profile ... 397
Services ... 398
Included & Add-on Services ... 398
View or change your Price Plan ... 398
Manage Claim Scrubbing ... 400
Manage Real-Time Eligibility ... 402
Manage Patient Estimates ... 404
Manage Address Verification ... 406
Manage Cloud Document Imaging ... 407
Manage Appointment Reminders ... 408
Manage Recurring Data Snapshots ... 412
Manage In-Application Credit Card Processing ... 415
Manage your Patient Payment Portal ... 420
Manage Enhanced User Print Statements ... 423
Manage Automated Statements ... 424
Manage Application Co-Branding ... 425
Manage Claim Attachments ... 427
Manage Manual Electronic Statements ... 428
Manage your Intake Forms (Intelligent Intake) ... 429
Manage Data Sync ... 432
Manage Broadcast Communications ... 437
Manage Pay Over Time with Sunbit ... 438
Other Services ... 441
Request an Interface Integration ... 441

Request One-on-one training 442
Request Claim Scrubbing Custom Edits & Analytics 443
Request a Custom Report 444
Request a Data Copy 445
Request a Data Move 446
Request a Data Conversion (Import) 448
Request a One-Time Data Snapshot 450
How to encrypt a file to send to CollaborateMD 452
Locks 454
Lock Types 454
Patient Locks 454
Claim Locks 455
ERA Locks 456
Provider Locks 457
Practice Locks 458
Report Locks 459
Unlock Records 460
Sessions 461
Find a User Session 461
Terminate a User Session 462
Using CollaborateMD 463
User Bar 463
Switch between Customers 463
User Profile 464
Your Profile 464
Edit your Profile 464
Upload a profile picture 465
Change your Password 466
Reset Password 467
via Email 467
Answering Security Questions 469
Show Support PIN (User Profile) 470
Update Two-Factor Authentication 472
Edit Communication Preferences 473
Unlock User Account 476
Submit feedback 477
Shortcuts 478
Customize Shortcuts from the User Bar 478
Using Your Shortcuts 480
Help 481
Knowledge Center 481
Show "Tips" 482
Show Support PIN 483
Contact Support 485
Report an Issue 486
Keyboard Shortcuts 487
Diagnostics 488
Reference Links 489
Legal 490
Report an Issue Regarding the Reports Section 491
Call Support 492

Download Snapshots 493
Turn on Dark Mode (Themes) 495
Home 496
Welcome 496
View Latest Announcement 496
New Customer Checklist 497
Customize Your Welcome Page 499
Timeline 499
Customize Your Timeline 499
Using your Timeline 502
Refresh Your Timeline 503
Welcome Dashboard 504
Customize Your Welcome Dashboard 504
Refresh the Welcome Dashboard 505
Welcome Dashboard Gadget Options 506
Shortcuts 507
Customize Shortcuts 507
Using Your Shortcuts 509
Copy Welcome Page Configuration to Another Customer 510
Dashboard 511
Build a dashboard 511
Create a new dashboard 511
Edit a dashboard 512
Work with dashboards 513
Share a dashboard 513
Refresh a dashboard 514
Gadget Options 515
Delete a dashboard 516
Dashboard Gadget User Guide 517
A/R Aging 517
Average Touches to Completion Gadget 518
Charges & Debits Gadget 519
Charges Not Billed Gadget 520
Claim Denials Gadget 521
Claim Rejections Gadget 522
Claims Billed Gadget 523
Claims Entered Gadget 524
Clean Claim Rate Gadget 525
Collections Aging Gadget 526
Days in A/R Gadget 527
First Pass Resolution Rate Gadget 528
Gross Collection Rate Gadget 529
Insurance Payments & Adjustments Gadget 530
Interface Errors Gadget 531
Lag Time Gadget 532
Net Collection Rate Gadget 533
Patient Payments & Adjustments Gadget 534
Patient Statements Gadget 535
Patients Added Gadget 536
Payer Mix Gadget 537
Payments Received Gadget 538

Payment Plan Balance Gadget 539
Procedure Frequency Gadget 540
Refunds & Reversals Gadget 541
Scheduled Appointments Gadget 542
To-Do List Gadget 543
Top Clients Gadget 544
Messages 545
Send Messages 545
Send a message 545
Reply to & forward messages 546
Save message as a draft 547
Find & Organize Messages 548
Find a Message 548
Delete a Message 549
Un-Delete a Message 550
Print a Message 551
Mark Message as Read or Unread 552
File Message to a Folder 553
Copy Message Content 554
Using Message Templates 555
Create a message template 555
Find or edit a message template 556
Delete a message template 557
Manage Folders 558
Create a folder 558
Rename a folder 559
Delete a folder 560
Organize Contact Groups 561
Create a contact group 561
Edit a contact group 562
Delete a contact group 563
Create a Shared Contact Group 564
Assign a Task to a Contact Group 566
Add Links and Documents to Messages 567
Associate Documents to a Message 567
Adding Links to Messages 568
Create a task from a message 569
Tasks 570
My Tasks 570
Create a Task 570
Manage Tasks 571
Find or edit a Task 571
Change Task status 572
Assign a Task to another user 573
View Task History 574
Delete a Task 575
Task Batch Assign 576
Batch Create and Assign Tasks 576
Batch Task Assign Filters 578
Save Batch Assign Task Filters 578
Load Batch Assign Task Filters 579

Update Batch Task Assign Filters 580
Remove Saved Batch Assign Task Filters 581
Task Batch Control 582
Batch Edit Tasks (Task Control) 582
Batch Task Control Filters 583
Save Batch Task Control Filters 583
Load Batch Task Control Filters 584
Update Batch Task Control Filters 585
Remove Saved Batch Task Control Filters 586
Company Announcements 587
Create an Announcement 587
Manage Announcements 588
Edit an announcement 588
Find an announcement 589
Delete an announcement 590
Reports 591
Viewer 591
Running reports 591
Print or export a report 593
Save a report 595
Refresh a report 596
Edit User Access to Reports 597
Report Snap and Share 598
Save and Share Report Snapshots 598
Edit a Snapshots Sharing Settings 600
View Saved Report Snapshots 601
Edit Report Snapshot Details 602
Delete Report Snapshots 603
More Report Actions 604
Right-click capabilities 604
Show all filters 605
Hide header 606
Show Description 607
Hide a column 608
Rearrange columns 609
Select columns 610
Edit Multiple Reports 611
Save and Create a Task for a Report 612
Builder 614
Build a new report 614
Report Columns 616
Categorize report data with columns 616
Format report data 618
Categorize report data with aggregations 619
Add Calculated Columns 625
Display Totals 627
Hidden Columns 628
Filter Report Data 629
Add Report Filters 629
Static vs. Dynamic Report Filters 631
Default Filter Value 633

Group Report Data ... 634
Grouping data in a report ... 634
Group levels ... 635
Manage Report Connections ... 637
Two Report Connections ... 637
Three or more Report Connections ... 638
Evaluate report data with charts ... 639
Embed report co-displays ... 640
Find or edit a Custom Report ... 642
Share Reports ... 643
Settings ... 644
Configure Report Settings ... 644
Report Reference Guide ... 645
Field Descriptions ... 645
Adjustment Code Data ... 645
Appointment Data ... 646
CPT Code Data ... 648
CPT Situational Modifier Data ... 650
Charge Panel Data ... 651
Charge Panel Line Data ... 652
Charge / Debit Data ... 653
Charge / Debit Data ... 653
Charges ... 655
Balance Due Aging ... 655
Chiro ... 656
CPT Code ... 657
Current Payer ... 658
Drug Info ... 659
Payments ... 660
Primary Payer ... 662
RVUs ... 663
Secondary Payer ... 664
Service Information ... 665
Tertiary Payer ... 666
Charges ... 667
Debits ... 673
Claim Data ... 674
Claim Data ... 683
Institutional ... 685
Diagnosis Codes ... 685
Additional Info ... 688
Information Codes ... 689
Information Codes ... 689
Condition Codes ... 690
Primary Payer ... 691
Professional ... 692
Additional Info ... 692
Ambulance Info ... 694
Diagnosis Codes ... 695
Secondary Payer ... 697
Tertiary Payer ... 698

Follow up Activity 699
Claim Statement Data 700
Credit Data 701
Customer Data 709
Eligibility Benefit Data 710
Eligibility Data 713
Facility Data 715
Fee Schedule Data 716
Fee Schedule Price Data 717
Patient Data 718
Patient Data 718
Communications 721
Default Codes 722
Emergency Contact 723
Guarantor 724
Primary Insured 725
Primary Insured 725
Employer (Primary Payer) 726
Secondary Insured 727
Secondary Insured 727
Employer (Secondary Payer) 728
Tertiary Insured 729
Tertiary Insured 729
Employer (Tertiary Payer) 730
Miscellaneous Info 731
Payment Portal 732
Other Insured 733
Other Insured 733
Other Insured - Employer 734
Primary Payer 735
Secondary Payer 736
Statements 737
Tertiary Payer 738
Electronic Statements 739
Patient Note Data 740
Payer Data 741
Payment Plan Data 743
Practice Data 745
Provider Data 747
Resource Data 749
Referring Data 750
Collection Agency Data 751
Revenue Code Data 752
Estimate Data 753
Report Descriptions 754
A/R Management Reports 754
A/R Aging Summary Report 754
A/R Aging Summary with Payment Info Report 755
Activity Summary Report 756
Activity Summary by Charge Status Report 757
Activity Summary by Month Report 758

Lag Time Report 759
Payer Mix by Charge Amount Report 760
Payer Mix by Paid Amount Report 761
A/R Reports 762
Adjustment Reasons Report 762
Charge Aging Report 763
Charges Appealed at Insurance Report 764
Charges Due Insurance - by Aging Range Report 765
Charges Due Insurance - by Date Range Report 766
Charges Due Patient - Family Account Report 767
Charges Due Patient - Single Accounts Report 768
Charges Due Patient - by Date Range Report 769
Charges Pending Insurance Report 770
Charges at Collection Report 771
Contract Analysis by Contract Report 772
Contract Analysis by Payer Report 773
Denials Report 774
Open Charges Set to Paid Report 775
Payments Received by Charge Date Report 776
RVU (Revenue Value Units) Report 777
Refund / Reversal Report 778
Transfers Report 779
Unpaid Reasons Report 780
Claim Reports 781
All Patients Seen - Charge Details Report 781
Charge Overview by Date Range Report 782
Claim Details Report 783
Claim Follow-Up Report 784
Claim Process Mode Conflict Report 785
Claims On Hold Report 786
Claims Pending Patient Report 787
Claims Pending Physician Report 788
Claims Printed by the User Report 789
Claims Rejected at Clearinghouse Report 790
Claims Waiting for Review Report 791
Claims Waiting to be Printed by User Report 792
Claims Waiting to be Sent to the Clearinghouse Report 793
Electronic Claim Activity Report 794
First Pass Resolved Claims Report 795
Incomplete Claims Report 796
Daily/Monthly Reports 797
Claims Billed Report 797
Claims Entered Report 798
Daily Deposit Report 799
Daily Patients Seen Charge Date Report 800
Daily Patients Seen Last Seen Date Report 801
Daily/Monthly Charges and Debits Report 802
Daily/Monthly Insurance Payments/Adjustments Report 803
Daily/Monthly Patient Payments/Adjustments Report 804
Daily/Monthly Payments/Adjustments from Collections 805
Daily/Monthly Transactions Report 806

Patient Visits without Charges Report 807
Provider Adjustment Reasons Report 808
Daily/Monthly Expected Revenue Report 809
Facility Reports 810
Facility Charges Detail Report 810
Facility Charges Summary Report 811
Facility Credits Detail Report 812
Facility Credits Summary Report 813
Facility Payments Detail Report 814
Facility Payments Summary Report 815
Facility Receivables Report 816
Management Reports 817
Appointment Reminders Report 817
Claim History Report 818
Facility Statistics Report 819
ICD Frequency Report 820
Insurance Check Listing Report 821
Merchant Payments Report 822
Patient SMS Appt Reminder Opt In Status Report 823
Patients with a Specific CPT Performed Report 824
Payment Portal Logins Report 825
Payment Portal Registration Report 826
Patients with a Specific Diagnosis Report 827
Payments Received by Charge Aging Report 828
Procedure Done in a Date Range Report 829
Referring Marketer Receivables Report 830
Referring Marketer Statistics Report 831
Referring Physician Statistics Report 832
Referring Source Report 833
See What Insurance Paid on Charges Report 834
User Audit Report 835
User Login Report 836
Claim Scrubbing Validations Report 837
Customer Access Listing Report 838
Misc. Reports 839
Charge Panel Listing Report 839
CPT Listing Report 840
Credit Adjustment Report 841
Electronic Payer List Report 842
ICD Listing Report 843
Inventory Report 844
Payer Listing Report 845
Payer Listing by Usage Report 846
Provider Listing Report 847
Remittance Code Listing Report 848
Task Search Report 849
ePS Electronic Payer List Report 850
Appointments Without an Estimate Report 851
Estimate Listing Report 852
Estimated VS Actual Amounts Due Report 853
Patient Reports 854

Eligibility Requests Report 854
Inactive Patients Report 855
Incomplete Patient Reports 856
Insurance Credits Report 857
Next Appointment Report 858
Patient Birthday Listing Report 859
Patient Deductible Report 860
Patient Duplicates Report 861
Patient Follow-up Report 862
Patient Listing Report 863
Patient Listing by Balance Report 864
Patient Listing by Payer Report 865
Patient Notes Report 866
Patient Recall Report 867
Patient Statement Comments Report 868
Patient Statements Turned Off Report 869
Patients Seen by Office Report 870
Patients at Collection Report 871
Patients with Account Credits Report 872
Patients with Statements Sent x Times Report 873
Payment Plan Balances Report 874
Referring Provider Patient Report 875
Statements Sent in a Date Range Report 876
Productivity Reports 877
Touches to Completion Report 877
User Productivity by Notes Report 878
User Productivity by Tasks Assigned Report 879
User Productivity by Tasks Completed Report 880
Appointments 881
Scheduler 881
Getting Started with the Scheduler 881
Actions in the Scheduler 881
Scheduler Right-click Actions 883
Manage Appointment Resources 885
Manage The Order of Appointment Types and Statuses 886
Viewing Eligibility from the Scheduler. 887
Viewing Intake Forms from the Scheduler. 888
Create an Appointment 889
Manage Appointments 891
Find or edit an existing Appointment 891
Change an Appointment status 892
Move an appointment 893
Reschedule an appointment 895
Delete an appointment 896
View Appointment Audit 897
Appointment Blocks 898
Create an Appointment Block 898
Edit an Appointment Block 900
Inactivate an Appointment Block 901
Create an Appointment Block from a Template 902
Actions from the Scheduler 903

Create a claim from the Scheduler 903
Enter patient payments in the Scheduler 904
Print your Schedule 906
Print a Superbill for an Appointment 907
Print a Label for an Appointment 908
Patient Responsibility Estimates 909
New Patient Estimate 909
Send an Estimate Statement 911
Post an Estimate Payment 913
Create an Estimate Payment Plan 915
Delete an Estimate 918
Print an Estimate 919
Mark an Estimate Amount as Due / Not Due 920
Remove or Display the Estimate from the Patient Payment Portal 921
Appointment Tasks 922
Add Appointment Task 922
Change Appointment Task Status 924
Assign an Appointment Task to another User 925
Delete an Appointment Task 926
Manage Waiting List 927
Add a Patient to the Appointment Waiting List 927
Find or Edit an Appointment Request 928
Delete an Appointment Request 930
Create an Appointment from your Waiting List 931
Manage Waiting List Filters 932
Save Waiting List Filters 932
Load Waiting List Filters 933
Update Waiting List Filters 934
Remove Saved Waiting List Filters 935
Appointment Control 936
Find Appointments 936
Appointment Control Filters 938
Save Appointment Control Filters 938
Load Appointment Control Filters 939
Update Appointment Control Filters 940
Remove Saved Appointment Control Filters 941
Superbill Batch Print 942
Batch Print Superbills 942
Superbill Filters 944
Save Superbill Filters 944
Load Superbill filters 945
Update Superbill filters 946
Removed Saved Superbill filters 947
Configuration 948
Appointment Departments 948
Add a new Department 948
Find or edit a Department 949
Appointment Department Status 950
Inactivate a department 950
Reactivate a department 951
Appointment Resources 952

Add a new Appointment Resource 952
Specify your hours of operation 954
Find or edit an Appointment Resource 956
Appointment Resource Status 957
Inactivate an Appointment Resource 957
Reactivate Appointment Resource 958
Appointment Types 959
Add a new Appointment Type 959
Find or edit an Appointment Type 962
Appointment Type Status 963
Inactivate an Appointment Type 963
Reactivate an Appointment Type 964
Appointment Statuses 965
Add a new Appointment Status 965
Find or edit an Appointment Status 966
Appointment Status 967
Inactivate an Appointment Status 967
Reactivate an Appointment Satus 968
Appointment Settings 969
Configure Customer Appointment Settings 969
Configure User Appointment Settings 970
Block Templates 972
Add a new Block Template 972
Find or edit a Block Template 973
Block Template Status 974
Inactivate a Block Template 974
Reactivate Block Template 975
Intelligent Intake (Patient Intake Forms) 976
Setting Required Forms Based On The Appointment Type 976
Sending Forms 977
Sending Intake Forms Automatically on Appointment Reminders 977
Send Intake Forms Manually 979
Send Intake Form From an Appointment 981
Applying Forms 982
Apply Forms For Multiple Patients (In Appointment Control) 982
Apply a Form Directly to a Patient Account 984
Fixing Unmatched Forms 987
Print a Patient Intake Form 989
Custom Intake Forms 991
Add/Create Custom Forms 991
Remove Custom Forms in Updox 995
Edit Custom Forms 997
Setting Up Intake Forms on Your Tablet (Kiosk Mode) 1001
Basic Form Samples 1004
..... 1004
Patient Demographics Form Sample 1005
Health Insurance Information Sample 1006
Patient Medical History Sample 1007
Electronic Messaging Consent Sample 1008
Patient 1009
Patient 1009

Patient Account 1009
Add a new Patient 1009
Find or edit a Patient 1014
Patient Address Verification 1015
View a Patient's Account Summary 1016
Patient Notes 1018
Add a Patient Note 1018
Find or edit a Patient Note 1019
Remove a Patient Note 1020
Patient Alerts 1021
Add a Patient Alert 1021
Find or edit a Patient Alert 1022
Remove Patient Alert 1023
Patient Tasks 1024
Add Patient Task 1024
Change Patient Task Status 1026
Assign a Patient Task to another User 1027
Delete a Patient Task 1028
Patient Documents 1029
Associate an Existing Document 1029
Upload a New Document 1030
View Document Associations 1031
Remove Document Associations 1032
Patient Status 1033
Inactivate a Patient 1033
Reactivate a Patient 1034
Patient Appointments 1035
View Past Appointments (From Patient Section) 1035
View Future Appointments (From Patient Section) 1036
View All Appointments (From Patient Section) 1037
Insurance Info 1038
Add Insured or Payer Policy 1038
Edit an Insured or Payer Policy 1040
Add or edit an Insurance Card 1042
Authorizations 1043
Add or edit an Authorization 1043
Inactivate an Authorization 1045
Family Accounts 1046
Link Family Accounts 1046
Unlink Family Accounts 1047
View Family Account Dependents 1048
Manage Insurance History 1049
View a Patient's Insurance History 1049
Activate Archived Insurance 1050
Delete Insurance from History 1051
Insured Party and Policy Status 1052
Inactivate an Insured Party 1052
Inactivate a Payer Policy 1053
Reactivate a Policy and Insured Party 1054
Billing Info 1055
Statement Options 1055

Collection Options 1056
Guarantor 1057
Add a Guarantor 1057
Edit or Remove a Guarantor 1058
Payment Portal Registration 1059
Send Payment Portal Invite 1059
Check Payment Portal Registration 1060
Set Read-Only Access to Payment Portal 1061
Remove a Patients Ability to create a Patient Directed Payment Plan from the Portal 1062
Change Payment Portal Statement Notifications 1063
Change Payment Portal Patient email 1064
Change Your Receipts Opt-In Options 1065
Saved Payment Information 1066
Add/Save a Patient Credit Card 1066
Edit or Remove a Saved Credit Card 1067
Claim Defaults 1068
Configure a Patient's Claim Defaults 1068
Patient Activity 1072
View Patient Activity 1072
Print or Send Statements & Patient Info 1073
Print Patient Info Sheet & Ledger 1073
Print Patient Info Sheet & Ledger (Activity) 1073
Patient Info Sheet & Ledger Filters 1075
Save Patient Info Sheet & Ledger Filters 1075
Load Patient Info Sheet & Ledger 1076
Update Patient Info Sheet & Ledger Filters 1077
Remove Saved Patient Info Sheet & Ledger Filters 1078
Print Other Patient Info 1079
Print Patient Statements 1079
Print Payment Plan Statements 1081
Print Final Demand Notice Statement 1082
Print a Superbill 1083
Print a Label 1084
Send Electronic Patient Statements 1085
Eligibility 1086
New Eligibility Check 1086
View a previous Eligibility Check 1087
Troubleshooting Eligibility Checks 1088
More Patient Actions 1090
Merge a Patient Account 1090
Undo Patient Merge 1091
Check for Duplicate Patients 1092
Update Claims with Current Insurance 1093
Update Claims with an Archived Insurance 1095
View All Appointments 1097
View All Claims 1098
Track Submission History 1099
Create Professional Claim for Patient 1100
Create Institutional Claim for Patient 1101
Create an Appointment for a Patient 1102

Post Payment for a Patient 1103
Create a Payment Plan 1104
Open Manage Account 1105
Create a Task for a patient 1106
Manage Account 1107
Find Payment Transactions 1107
Debit or Credit an Account 1109
Credit an account 1109
Debit an Account 1111
Refunds 1113
Refund Credits 1113
Refund a Patient or Insurance Payment 1115
Refund a Patient or Insurance Payment Processed Through GPI® 1117
Refund a Sunbit (Pay Over Time) Patient Payment 1119
Manage Procedures 1121
Edit Procedure Status 1121
Apply a Discount to a Charge 1122
Apply a Credit Adjustment to a Procedure Transaction 1123
Apply a Debit Adjustment to a Procedure Transaction 1125
Apply an Account Credit to a Procedure Transaction 1126
Add an Info Line to a Procedure Transaction 1127
Delete a Procedure Transaction 1128
Recover a Deleted Procedure Transaction 1129
Manage Statements Sent per Claim 1130
Manage Patient Payments 1131
Move a Patient Payment 1131
Edit a Payment 1133
Delete a payment 1134
Undelete a Payment 1135
Manage Insurance and Patient Credits 1136
Refund an Insurance Credit 1136
Transfer an Insurance or Patient Credit to another Patient 1137
Apply an Insurance or Patient Credit 1139
Edit Received Date, Credit Memo or Due To 1140
Delete an Insurance or Patient Credit 1141
Apply an Unapplied Copay Credit 1142
Manage Account Options Filters 1144
Save Manage Account Options Filters 1144
Load Manage Account Options Filters 1145
Update Manage Account Options Filters 1146
Remove Saved Manage Account Options Filters 1147
Payment Plans 1148
Getting Started with Payment Plans 1148
Payment Plan Best Practices 1148
Implementing Payment Plans 1149
Create a Payment Plan 1150
Find or edit a Payment Plan 1153
Print Installment Details for Payment Plan 1155
Delete a Payment Plan 1156
Enable Auto Pay for a Payment Plan 1157
Edit or Disable Auto Pay for Payment Plans 1158

Patient Directed Payment Plans 1160
Enable Patient Directed Payment Plan Feature 1160
Create a Patient Directed Payment-Plan (Patient) 1162
See Installment Details for Patient Directed Payment Plan (Patient) 1164
Remove a Patient's Ability to Create a Patient Directed Payment Plan 1165
A/R Control 1166
Search for Patient Balances 1166
Batch Actions 1169
Assign for Statement Processing 1169
Assign for FDN 1170
Assign to Collections 1171
Assign to Pending Patient 1173
Write-off Remaining Balance 1174
Debit Account 1176
Apply Discount 1177
Send Payment Portal Invite 1178
A/R Control Filters 1179
Save A/R Control Filters 1179
Load A/R Control Filters 1180
Update A/R Control Filters 1181
Remove Saved A/R Control Filters 1182
A/R Control Task Options 1183
Batch Eligibility 1185
Check Batch Eligibility 1185
View Eligibility Results 1187
Batch Eligibility Filters 1188
Save Batch Eligibility Filters 1188
Load Batch Eligibility Filters 1189
Update Batch Eligibility Filters 1190
Remove Saved Batch Eligibility Filters 1191
Statement Batch Print 1192
Batch Print Statements for outstanding charges 1192
Batch Print Payment Plan Statements 1195
Batch Print Final Demand Notice 1197
Statement Filters 1199
Save Statement Filters 1199
Load Statement Filters 1200
Update Statement Filters 1201
Remove Saved Statement Filters 1202
Batch Send Electronic Statements 1203
Statement Tracker 1205
Search for Statements 1205
Update Statement Address 1207
Statement Tracker Filters 1209
Save Statement Tracker Filters 1209
Load Statement Tracker Filters 1210
Update Statement Tracker Filters 1211
Remove Saved Statement Tracker Filters 1212
Statement Tracker Task Options 1213
Label Batch Print 1215
Batch Print Labels 1215

Label Batch Print Filters 1218
Save Label Filters 1218
Load Label Filters 1219
Update Label Filters 1220
Remove Saved Label Filters 1221
Configure Your Zebra Printer 1222
Communications... 1223
Broadcast campaign 1223
Sending (Broadcasting) Using a Blank Campaign 1223
Sending (Broadcasting) a Campaign From a Template 1225
Campaign Tracking 1227
Search for a Campaign 1227
Start a New Campaign From a List 1229
Stop a Campaign 1232
Templates 1234
Add a New Broadcast Campaign Template 1234
Edit a Broadcast Campaign Template 1236
Inactivate a Broadcast Communication Template 1238
Patient Settings 1239
Configure Patient Settings For Customer 1239
Configure Patient Settings for User 1240
Claim 1242
Add Claims 1242
Add Professional Claims 1242
Add Professional Claim 1242
Add Charges to a Professional Claim 1246
Add Diagnosis and CPT codes to a Professional Claim 1246
Add Charge Options to Professional Claims 1248
Reorder Charge Columns on a Claim 1249
Charge Status Descriptions 1250
Add Additional Info to Professional Claims 1251
Add Ambulance Info to Professional Claims 1253
More actions for Professional Claims 1255
Convert Claim to Institutional 1255
Copy Claim 1256
Split Claim 1257
Check Claim Status 1259
Track Claim Submission History 1261
View Charge History 1262
Preview Electronic Claim 1263
Additional Charge Actions 1264
Other (Procedure Code Charge) Link 1264
Form (Durable Medical Equipment) Link 1265
Chiro (Chiropractor Fields) Link 1267
Inventory (Inventory Fields) Link 1269
Add Institutional Claims 1270
Add Institutional Claim 1270
Add Charges to an Institutional Claim 1273
Add HCPC Codes to Institutional Claims 1273
Add Charge Options to Institutional Claims 1274
Reorder Charge Columns on a Claim 1275

Charge Status Descriptions 1276
Add Additional Info to Institutional Claims 1277
Add Information Codes to Institutional Claims 1279
More actions for Institutional Claims 1280
Convert Claim to Professional 1280
Copy Claim 1281
Split Claim 1282
Check Claim Status 1284
View Charge History 1286
Preview Electronic Claim 1287
Track Claim Submission History 1288
Claim Management 1289
Find or edit a Claim 1289
Managing Incomplete Claims 1290
Delete a Claim 1292
Print Options 1293
Print Claim Transaction History 1295
Print Open Negotiations Form 1296
Print Proof of Timely Filing Letter (From Claim) 1297
Print Appeal Letter (From Claim) 1298
Review Claim 1299
View Claim Activity 1301
Claim Status 1302
View Claim Summary 1304
Create/Manage Patient Estimates 1306
Manage Patient Claim Notes 1308
Manage Follow Up Activity 1310
Manage Patient Alerts on Claims 1312
Manage Tasks on Claims 1314
Manage Documents for a Claim 1316
Apply Account Credit to a Claim 1318
Apply an Unapplied Copay to a Claim 1319
Post New Payment to a Claim 1320
Send Claims to Secondary or Tertiary Insurance 1322
Re-submit a Claim 1323
Re-Order Charges On Claim 1324
Print Medicare Roster Billing Claim 1325
View EOB information on Claim 1327
Workers Comp Claim 1329
Activate the Workers Compensation Payer 1329
ePS Claim Attachments 1330
Getting Started with Claim Attachments 1330
Add ePS Claim Attachment Payers 1331
Uploading & Submitting ePS Claims with Electronic Attachments 1332
Anesthesia Claims 1334
Create an Anesthesia Claim 1334
Set up Fee Schedule Anesthesia Settings 1336
Updating a Procedure Codes Anesthesia Base Units 1337
Updating the Payer Option to Send Minutes Instead of Units on Anesthesia Claims 1338
Claim Tracker 1339

Track a Claim 1339
Claim Tracker Field Descriptions & Icons 1342
Marking Claims as Error Fixed 1344
Clearinghouse Reports 1346
View Individual Clearinghouse Reports 1346
View Multiple Clearinghouse Reports 1347
Clearinghouse Report Types 1348
Claim Tracker Filters 1350
Save Claim Tracker Filters 1350
Load Claim Tracker Filters 1351
Update Claim Tracker Filters 1352
Remove Saved Claim Tracker Filters 1353
Claim 837 File Downloads 1354
Download an 837 File 1354

ıdd New Practice

ıt Modified on 07/02/2026 10:30 am EDT

ollow the steps below to add a New Practice.

1. Select **Customer Setup** > **Practices**.
2. Click the **New Practice** button.
3. Click the **Edit** icon to upload a logo.

   Uploading your company logo within the Practice section will automatically display it on both patient statements and the payment portal. For multiple practices, you may upload a unique logo for each; statements will reflect the logo associated with the patient's default practice.

4. Add the **Practice Name**.
5. Enter the **provider's NPI** number. Or click the to search the **NPPES NPI Registry** for all NPI records of Healthcare Providers.
   1. When the **NPI Registry** window opens, select the **NPI type.**
   2. Enter your **Search Criteria**.

      Searching with a partial name or are unsure of the spelling? It must be followed by an asterisk *

      Failure to add the wildcard (*) will result in the registry only searching for an exact match and may not pull up the record you are searching for. (i.e., When searching for "*James Jones*"" type in "*Jame**" in the first name field and "*Jon**" in the last name field so it pulls up all records that include "*Jame*" and "*Jon*" in the first/last name).

   3. Click the **Search** button.
   4. A window will open displaying the **NPI numbers** that **match** your search results.
   5. Select the **NPI** you would like to add.
6. Select the **Organization Type** from the drop-down.
7. Enter the **Taxonomy Specialty** that defines the Practice's area of **specialization.** Or click the to

select one from the list.

8. The **Sequence Number** is auto-populated by CollaborateMD.

9. ***Optional***: Enter a **Reference #:** This is for personal reference. This field is informational and does not appear on claims. This can be used to help you easily identify a practice or used for reporting purposes

10. ***Optional*:** Add a **TCN Prefix:** Use this to populate a value to the beginning of the Transaction Control Number (TCN) that CollaborateMD sends to Change Healthcare once a claim is generated for this practice. This TCN value will be present on any subsequent Clearinghouse or Payer-generated report that are returned. This is a quick and easy way for billing services to determine which customer claims are associated to.

11. ***Optional*:** Add a **Statement TCN Prefix:** Use this to populate a value to the beginning of the patient statement's TCN (invoice) number for automated and enhanced statements. This helps offices by allowing customers to display a custom identifier on their statements. When added, the statement's invoice number will show the TCN prefix, followed by a dash and the TCN, allowing billing services to easily determine which customer a statement is associated with.

12. ***Optional*:** Add a **Code:** Use this field to enter a code of up to three (3) alphanumeric characters to help you identify this practice.

13. Enter the **Primary Office contact Information** (e.g., address, 9-digit zip code, phone, fax, email).

14. Verify if the **Pay-To Address** that prints in Box 33 (of the CMS-1500 form) or Box 2 (of the CMS-1450 form) are the same as the primary office.

    1. ***Defaulted***: Is the **Pay-To address is the same as the primary office?**

    2. Is the Pay-To-Address **differ**ent than the primary office? Uncheck the **Pay-To address is the same as the primary office** box and populate the other address.

15. ***Optional***: If your Practice has Other Offices, you may need to enter information regarding any additional locations your practice may have.

    Important: Other Offices must use the same Name, Tax ID/Social Security Number and the same Pay-To Address as the Main Practice; the NPI number can be different.

16. ***Optional***: Set your Practice Defaults for claims, patients, and payments.

17. Click **Save**.

ıdd Other Offices

ıt Modified on 06/19/2019 7:43 pm EDT

)ther Offices are used to enter information regarding any additional locations your practice may have. ocations will still use the same pay-to address as the Primary Office entered under the Office Informatior ıb but may have different NPI numbers than the Primary Office.

ollow the steps below to add another office.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search** field to further drill down your search.
3. Select the **Practice**.
4. Locate and click on the **Other Offices tab** from the right-hand side panel.
5. Click the **New Office** button.
6. Enter the new office information.
7. Click **Save**.

Important:

1. Once the Other Office is added please be sure to check the box labeled *"Use the office address as the pay-to address"* within the Payer section of the application.
2. The Other Office can then be controlled in the Claim section by changing the Defaulted Office Location or default the Office in the Patient section.

ind or edit Other Office

t Modified on 06/19/2019 7:44 pm EDT

ollow the steps below to find or edit existing Other Offices.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search** field too further drill down your search.
3. Select the **Practice**.
4. Locate and click on the **Other Offices tab** from the right-hand side panel.
5. Select the **Office**.
6. ***Optional***: Modify the information.
7. Click **Save**.

nactivate Other Office

t Modified on 06/19/2019 7:46 pm EDT

ollow the steps below to inactivate an Other Office.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search** field to further drill down your search.
3. Select the **Practice**.
4. Locate and click on the **Other Offices tab** from the right-hand side panel.
5. Select the **Other Office** you want to make inactive.
6. Place a check in the **Make this office inactive** box.
7. Click **Save**.

Reactivate Inactive Other Office

t Modified on 06/19/2019 7:48 pm EDT

ollow the steps below to reactivate an Other Office.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search** field to further drill down your search.
3. Select the **Practice**.
4. Locate and click on the **Other Offices tab** from the right-hand side panel.
5. Place a check in the **Show inactive offices** box
6. Select the **Other Office** you want to reactivate.
7. Uncheck the **Make this office inactive** box.
8. Click **Save**.

ind or edit a Practice

t Modified on 12/05/2023 4:37 pm EST

ollow the steps below to find or edit an existing Practice.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search field** to further drill down your search

   Place a check in the "***Include inactive practices***" box to include inactive practices in your search results.

3. Select the **Practice**.
4. ***Optional***: Modify the information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

ıdd a Practice Note

ıt Modified on 12/16/2019 3:16 pm EST

lotes can be used to include any special information regarding a practice and can be viewed by all users ıat have permission to access the Practice screen. Using the notes feature can help your team stay rganized and up to date on the changes and updates regarding any practice.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search** field to further drill down your search.
3. Select the **Practice**.
4. Locate and click on the **Notes tab** from the right-side panel.
5. Type your notes.
6. Click **Save.**

ind or edit a Practice Note

t Modified on 12/16/2019 3:18 pm EST

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search** field to further drill down your search.
3. Select the **Practice**.
4. Locate and click on the **Notes tab** from the right-side panel.
5. Modify your note.
6. Click **Save.**

Remove Practice Notes

t Modified on 12/16/2019 3:24 pm EST

ollow the steps below to remove notes from a Practice.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search** field to further drill down your search
3. Select the **Practice**.
4. Locate and click on the **Notes tab** from the right-side panel.
5. **Delete** any notes.
6. Click **Save**.

Claim Defaults

t Modified on 10/10/2023 2:56 pm EDT

laim Defaults contain fields that are automatically carried over to your newly created claims. They can be hanged at any time to a new default setting; once changed, the defaults will only take effect for newly reated claims. Defaults can also be changed on a claim itself for a one-time change.

ollow the steps below to set your Claim Defaults for a specific office.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search field** to further drill down your search
3. Select the **Practice.**
4. Locate and click on the **Defaults tab** from the right-hand side panel.
5. Click the **Claim tab.**
6. Make your selections referencing the **Claim Default Descriptions** below.
7. Click **Save**.

Claim Default Descriptions

- **Default Place of Service**: Click on the magnifying glass to select a default place of service.
- **Default Type of Service**: Click on the magnifying glass to select a default type of service.
- **Payer Address Location on Claim Form**: Click the drop-down to select if the payer address will print o the left or the right side on the claim. Note: By default, Right is selected.
- **Print Anesthesia start/stop time on CMS-1500 box 24**: Check this box to print the anesthesia start and stop time on Box 24 (of the CMS 1500 form).
- **Auto decrement authorized visits on claim entry**: Check this box to auto-decrement the visits authorized on claim entry. This will automatically decrease the visits left once the claim is saved.
- **Include accident and illness information on claims for all patients** Check this box to automatically populate the Injury/Accident date shown in the Patient section under the Claim Defaults tab on all future claims created once checked.
- **Exclude the Facility when sending claims to insurance** Check this box to automatically populate the facility on claims, but exclude it when sending to the payer.

he following are **Institutional Claim Defaults only.**

- **Type of Bill**: Click on the magnifying glass to set a default bill type for institutional claims. It will also se a default three-digit bill type for institutional (UB-04) claims. Choose your options by clicking the drop down on each of the following:
    - **Type of Facility**: The type of facility represents the first digit of the bill type.
    - **Type** of Care: The type of care represents the second digit of the bill type and is dependent on th type of facility.
    - **Frequency**: The frequency represents the third digit of the bill type.
- **Admission Type**: Select the drop down to set a default Admission Type for institutional claims.
- **Admission Source**: Select the drop down to set a default Admission Source for institutional claims.
- **Patient Status**: Select the drop down to set a default Patient Status for institutional claims.

Patient Defaults

t Modified on 06/19/2019 7:54 pm EDT

Configuring your Patient Defaults can help streamline how you create new patient records. They can be hanged at any time to a new default setting; once changed, the defaults will only take effect for newly reated patients. Defaults can also be changed on a per-patient basis in the Patients section.

⚠ Once updated, defaults will only effect newly created patients.

ollow the steps below to set your Patient Defaults for a specific office:

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search field** to further drill down your search.
3. Select the **Practice.**
4. Locate and click on the **Defaults** tab right-hand side panel.
5. Click the **Patient tab**.
6. Make your selections referencing the **Patient Default Descriptions** below.
7. Click **Save**.

Patient Defaults Descriptions

- **Marital Status**: Select new patients marital status.
- **Employment status**: Select new patients employment status.
- **Student status**: Select new patients student status.
- **Residence status**: Select new patients residence status.
- **Statement type**: Select new patients statement type.
    - If **Single** is selected, statements will print charges and credits for this patient only.
    - If **Family** is selected, statements will print charges and credits for this patient as well as all linked dependents. This will combine all charges and balances due on one statement and list the patient and all dependents at the header of the statement.
- **Mail statement to**: Select whom statements are mailed to. By default, this field is set to Insured; you

can change this selection to Patient or one of the other choices at any time on the patient's record.

- **Send statement**: Select if statements should be sent to new patients.
- **Language**: Select new patients preferred language.
- **Accept Assignment**: Select the default accept assignment. This information will populate on Box 27 (c the CMS 1500 form) and/or on the electronic ANSI file
- **Gender**: Upon creating a new patient the Gender field will default to blank. You will have to select a Gender for all new patients unless a Gender is specified in the Defaults.

:RA (Payment) Defaults

:t Modified on 07/26/2019 9:27 am EDT

'ayment Defaults contain options that will automatically be set when posting payments. They can be hanged at any time to a new default setting; once changed, the default will only take effect for new ayments posted.

ollow the steps below to set your Payment Defaults for a specific office.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or user the **Search field** to further drill down your search.
3. Select the **Practice**.
4. Locate and click on the **Defaults tab** from the right-hand side panel.
5. Click the **Payment tab**
6. Make your selections referencing the **Payment (ERA) Default Descriptions** below.
    1. **Allow automatic patient payment redistribution:** This option is selected by default and is used t set whether the patient or the payer gets an account credit due to the over-payment of a charge, regardless of the source of the over-payment.
        1. The patient makes a payment on a $100 charge at the time of service (this could be a patien payment or a patient co-pay).
        2. The claim is submitted to the payer for processing.
        3. When we receive the ERA check from the payer they include an $80 payment and a $20 adjustment.
        4. User auto-applies the check and the following actions take place:
            1. The non-insurance payments are removed from the charge (i.e., patient payment/patient co-pay).
            2. The insurance payments are adjustments are applied to each charge.
            3. The system will verify if there are any outstanding balances on the claim.
            4. If so, the system will apply the payment amount (patient payment) that was removed; t bring the charge to $0 or until all money is used.
        5. If there is any money left, the system will set this money as an account credit due to the patient (in this case $20).
            1. When Allow automatic patient payment redistribution is not checked, all the steps

remain the same, except for #5 which will then be the following: If there's any money left, the system will set the money as an account credit due to the payer (in this case $20).

2. **Include the sequence amount (adj code 253) in the allowed amount:**Selecting this option will include the sequestration amount (shown under adjustment reason code 253) within the Allowe amount on ERAs received by Medicare.

7. Click **Save**.

ayment Defaults

t Modified on 06/12/2024 11:43 pm EDT

ayment Defaults contain options that will automatically be set when sanding patient payment eceipts. They can be changed at any time to determine if you want to allow email, text, or printed receipts, s well as what to include on them.

ollow the steps below to set your Patient Defaults for a specific office.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search field** to further drill down your search
3. Select the **Practice.**
4. Locate and click on the **Options tab** from the right-hand side panel.
5. Click the **Payment tab.**
6. Make your selections referencing the **Payment Default Descriptions** below.
7. Click **Save**.

ayment Default Descriptions

- **Send Receipts Via**: Click on the dropdown to select the default options allowed for receipts:
  - **Print**: Select this option to allow users to print patient receipts.
  - **Email**: Select this option to allow users to send patient receipts via email.
  - **Text**: Select this option to allow users to send patient receipts via text.
  - **Select All**: Select this option to allow users to print, email, and text patient receipts.
- **Configure Allowed Text Time**: If the Text option is selected, choose the start and end times during which text receipts are allowed to be sent.

  Important: Please note that only **Auth Reps** can turn on text receipts.

- **Send replies to**: Click the drop-down to select where any email replies to the receipt email messages should be sent to:

- **Practice email address**: Select this option to route any email replies to the practice email.
- **Other email address**: Select this option to route any email replies to an alternate email.
- **Do not accept email replies**: Select this option if you don't want to accept any email replies associated with the emailed receipts.

- **Include next appointment**: Check this box to include the patient's next appointment on the receipt.
- **Include last seen date**: Check this box to include the patient's last seen date on the receipt.
- **Include current account balance**: Check this box to include the patient's current account balance on the receipt.
- **Include the provider's tax ID**: Check this box to include the provider's tax ID on the receipt.
- **Include payment plan information if applicable**: Check this box to include any applicable payment plan information on the receipt.
- **Include a QR code to access a digital copy of the receipt** Check this box to include a QR code that will provide the patient with a digital copy of the receipt.

:stimates Defaults

:t Modified on 01/14/2026 6:01 pm EST

stimates Defaults contain options that will automatically apply to patient estimates. They can be changed t any time to a new default setting; once changed, the default will only take effect for new estimates reated.

ollow the steps below to set your Estimates Defaults for a specific office.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or user the **Search field** to further drill down your search.
3. Select the **Practice**.
4. Locate and click on the **Defaults tab** from the right-hand side panel.
5. Click the **Estimates tab**
6. Check the ***Show new estimates in the Payment Portal Automatically*** checkbox to show any patient estimates in the payment portal by default.
7. Create new estimates using:
    1. **Auto**: Select this option to create new estimates based on eligibility by default.
    2. **Quick**: Select this option to create new estimates based on copay by default.
8. Click **Save**.

> ⚠ Configure these settings before configuring the patient estimates interface automation. For more information on configuring our patient estimates interface automation, visit our "Manage Patient Estimates" help article.

Print Practice Labels

t Modified on 06/19/2019 7:39 pm EDT

ollow the steps below to print a Practice label.

1. Select **Customer Setup** > **Practices**.
2. Click **Print Labels**.
3. Select the **Practice(s)** from the drop-down.
4. Select the **number of labels to print per practice** selected.
5. If you have multiple practice labels, select the label you wish to print from the **Label Config** drop-down
6. Click **Print**.

nactivate a Practice

t Modified on 06/19/2019 7:36 pm EDT

n the event a Practice is no longer in use, you can inactivate the practice to prevent staff members in your ffice from using it; there is no way to permanently delete a practice.

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search** field to further drill down your search.
3. Select the **Practice** you want to make inactive.
4. Place a check in the **Make this practice inactive** box.
5. Click **Save**.

Reactivate a Practice

t Modified on 06/19/2019 7:36 pm EDT

ollow the steps below to reactivate a Practice.

1. Select **Customer Setup** > **Practices**.
2. Place a check in the **Include inactive practices** box to include inactive practices in your search results.
3. Use the **Show All** button to view all practices. Or use the **Search** field to further drill down your search.
4. Select the **Practice** to reactivate.
5. Click **OK** when "*This practice is currently inactive*" displays.
6. Uncheck the **Make this practice inactive** box.
7. Click **Save**.

ask Automations

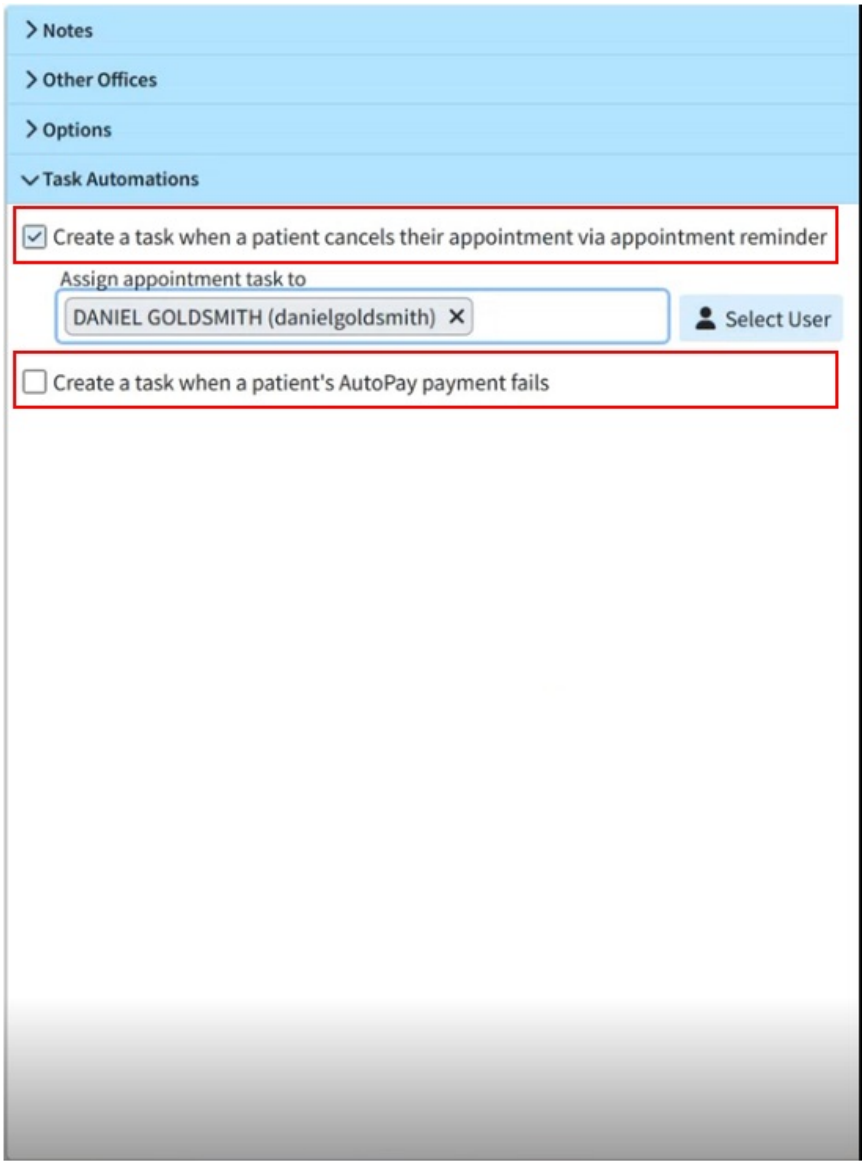
t Modified on 07/17/2025 4:54 pm EDT

ask Automations allow an office to set up an automated action based on the parameter selected.

Our Task Automations will automatically generate a new tasks (based on the automation selected) that will be linked to the patient and assigned to a pre-selected user or group.

ollow the steps below to set your Task Automations for a specific office:

1. Select **Customer Setup** > **Practices**.
2. Use the **Show All** button to view all practices. Or use the **Search field** to further drill down your search.
3. Select the **Practice.**
4. Locate and click on the **Task Automations** tab within the right-hand side panel.
5. Select your Task Automation options:
    1. **Create a task when a patient's AutoPay payment fails:** check this box to automatically generate a new task for any payment failures during the daily AutoPay process.
    2. **Create a task when a patient cancels their appointment via appointment reminder:** check this box to automatically generate a new task when a patient cancels an appointment via an appointment reminder.



6. Enter the username you would like to assign this task to, or click Select Users and choose the individual user or group from the list to assign the failed autopay tasks.

7. Click **Save**.

ıdd a New Provider

ıt Modified on 05/16/2025 5:15 pm EDT

Who can add new providers?

Users with the Account Setup & Providers permissions can add a new Provider with an existing Tax ID.

Users with the Bill Payment, Account Setup & Providers permissions can add a new Provider with a new Tax ID.

ollow the steps below to add a New Provider.

1. Select **Customer Setup** > **Providers**.
2. Click the **New Provider** button.
3. Enter the provider **Last Name, First Name, MI** & **Credentials**.
4. Add the **provider's NPI** number. Or click the icon to search the **NPPES NPI Registry** for all NPI records of Healthcare Providers.
    1. Once the **NPI Registry** window opens, select the **NPI type**.
    2. Enter your search criteria and click **Search**.

    ⚠ If you're searching with a partial name or are unsure of the spelling, it must be followed by an asterisk * (i.e. When searching for the "James Jones"" type in "Jame*" in the first name field and "Jon*" in the last name field so it pulls up all records that include "Jame" and "Jon" in the first/last name). Failure to add the wildcard (*) will result in the registry only searching for an exact match and may not pull up the record you are searching for.

    3. A window will open displaying the **NPI numbers** that **match** your search results.
    4. Select the **NPI** of the Provider you would like to add.
5. The **Sequence #** is auto-populated by CollaborateMD.
6. Enter the **Taxonomy Specialty** that defines the Provider's area of **specialization**. Or click on the icon to select one from the list.
7. A **Reference #** can be created to further identify the provider.
8. Enter a **Code** you would like to associate with the provider.

8. Enter a **Code** you would like to associate with the provider.

9. Use the icon to select the **Default Practice** for this provider.

> **Important**: Once the provider has been saved, the practice listed in this field **cannot be changed.**

10. For **Bill claims under**, use the icon to select the **Billing Provider** that should be used for the claim.

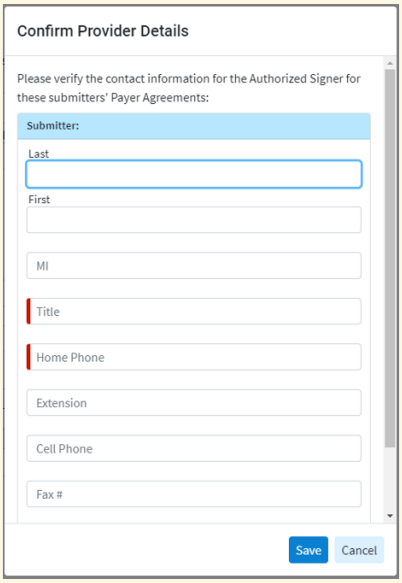
> Leave as **SELF** if this provider is the Billing Provider.

11. Use the icon to select the provider to **Check eligibility under**.

> Leave as **SELF** if this provider will submit eligibility requests to the payer themselves.

12. Select which **Tax ID number (SS/EIN)** this provider will use, and enter it into the field.

> Whenever a new provider with a new Tax ID is added, a prompt appears requesting the details of the authorized signer for the payer agreements associated with this submitter. An authorized signer is an individual designated by the customer/owner to sign and handle payer agreements for a submitter/Tax ID. This authorized signers name, title, and phone number must be entered in order to complete the new provider process.



13. Select whether this provider will **Bill as** an **Individual** or a **Group**.

14. **Professional Mode/Institutional Mode**: Authorized Reps and Admins with the Account Setup permission can move Provider(s) into Production Mode once a Submitter Number is assigned to the Provider(s).

    1. **Production Mode:** Claims will be submitted to the payer for processing.

    2. **Test Mode:** Claims **will not** be submitted to the payer for processing, and only sent to the Clearinghouse.

    3. **Hold Mode**: Claims **will not** be submitted to the payer or Clearinghouse. Claims will stay in CollaborateMD.

15. Enter the provider's **Contact Information** (e.g., phone, fax, cell phone, email).

16. Add any applicable **ID Numbers** by referencing the **Provider Field Descriptions** below.

17. Enter any applicable Claim Defaults:

18. ***Optional***: Use the icon to select a **Default Revenue Code** to associate with this provider.

19. ***Optional***: Use the icon to select a **Default** Facility to associate with this provider.

20. Click **Save**.

Important: If adding a new provider with a new Tax ID, a payment window will be shown to collect the one-time payment. The provider will not be registered with the clearinghouse if the payment fails. Claims cannot be submitted electronically, eligibility cannot be checked, and agreements cannot be started until the provider has been registered.

Once you have corrected the payment information, please open the provider Provider Name (#sequence number) and click the Register with the Clearinghouse button to register the provider.

Provider Field Descriptions

t Modified on 02/27/2024 10:54 am EST

- **Credentials**: The provider's medical credentials. (MD, OD, RN etc.)
- **NPI**: The provider's National Provider Identification number.
- **Taxonomy Specialty**: The provider's Taxonomy code that identifies the provider type and area of specialization.
- **Sequence#**: This number is auto-populated by CollaborateMD. This is an internal number and not appear on the claim.
- **Reference#**: In the event, you have to enter a provider into the system twice, use this field to help distinguish between the two providers. (e.g., Tax ID, EIN, Provider A, Provider B). This field is informational and does not appear on the claim.
- **Code**: You can use this field to enter a code of up to 3 letters or numbers. This code will then be displayed on certain reports within the Report screen of the application to identify which provider performed the service. This code will not appear on any claim.
- **Practice** for this provider: Click on the magnifying glass to search for the practice you want to associate the provider too. This will be the provider's default practice. Important Note: Once the provider has been saved, the practice listed in this field cannot be changed.
- **Bill claims under**: This field defaults to Self. Click on the magnifying glass to choose the provider that should populate in the billing provider field for all future claims.
- **Check eligibility under**: This field defaults to Self. Click on the magnifying glass to choose the provide all eligibility checks will be submitted under. We recommend configuring one provider for all eligibilit checks to be completed under to prevent having to configure multiple providers.
- **Bill as**: Select whether this provider will bill under their individual provider (Provider screen) information or group (Practice screen) information.
- **Use which ID number**: Select whether to bill using the provider's SSN or EIN number.
- **Submitter Number**: The Clearinghouse assigns each new Tax ID number a Submitter Number. This Submitter Number tells the clearinghouse which customer is sending them electronic products such a claims, statements, ERA's, etc. It also allows them to send Clearinghouse reports back into your account. A Submitter Number will automatically be generated under the Internal Use field.
- **Blue Cross #**: Blue Cross assigned number to identify providers.
- **Tricare/Champus #:** Tricare assigned number to identify providers.
- **Specialty License #**: The Referring provider's Specialty License number.
- **State License #**: The Referring provider's State License number.

- **Anesthesia License #**: The Referring provider’s Anesthesia License number.
- **UPIN #**: Medicare assigned number to identify providers. This number populates on Box 17a (of the CMS 1500 form)
- **Default Revenue Code**: For UB-04 claims only. Revenue codes are descriptions and dollar amounts charged for hospital services provided to a patient.. Select a default revenue code. The revenue code may change depending on the service provided.
- **Default Facility**: Select a default facility. When a new claim is created, the Provider's default Facility will be used if the Patient doesn't have a default Facility (The Patient's default Facility takes precedence over the Provider's default Facility).

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ind or edit a Provider

t Modified on 03/22/2019 2:41 pm EDT

ollow the steps below to find or edit an existing Provider.

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search.

   Check the "*Include inactive providers*" box to include inactive providers in your search results.

3. Select the **Provider**.
4. If applicable, modify the Provider's information
5. Click **Save**. Otherwise, click **Close** if no changes were made.

:dit Provider Mode

:t Modified on 07/06/2019 6:59 pm EDT

Who can use this feature?

Auth Reps and Admins with the Account Setup permission.

ollow the steps below to change the provider mode.

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the **Provider**.
4. Use the drop-down menu to change the **Professional Mode** and/or the **Institutional Mode** by referencing the **Mode Descriptions:**
    1. **Test**: Claims will be sent to the Clearinghouse for testing purposes only.
    2. **Hold**: Claims under this provider will not leave the system.
    3. **Production Mode**: Claims will be sent to the Clearinghouse electronically then forwarded to the payer.

    > **Important**: If required Agreements have not been completed or authorized by your payers, moving into Production (PROD) mode can incur additional fees by dropping your claims to paper.

5. Click **Save.**

Jpdate or Change a Tax ID

t Modified on 09/08/2020 1:15 pm EDT

A request to update or change a provider's Tax ID should only be made if:

- A typo was made when adding the provider initially.
- If the Tax ID initially used is incorrect and all claims are being rejected.
- If the Tax ID has been legally changed.

If any of the above scenarios arenot met, this request should not be made. Instead, a new provider record should be added with a different Tax ID. A one-time charge for a Tax ID Add-on may apply, unless the change request meets one of the following requirements:

- Claims were never submitted with the Tax ID (prior to the change).
- Claims were submitted but rejected due to an invalid Tax ID and can be found/seen within CollaborateMD.
- The provider is currently transitioning from SSN to EIN, or vice versa.

ollow the steps below to request a Tax ID change / update.

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the**Search** field to further drill down your search
3. Select the Provider**.**
4. Click the **Change** link next to the EIN/SSN field.
5. When the pop-up window appears, enter the required information.
6. Check the **Keep claims/ERA separate** box if you will need the provider's current Tax ID for reporting or claim re-billing purposes.
7. Check the box confirming your understanding that a one-time charge for a Tax ID Add-on may apply.
8. Click **Submit**.
9. Once submitted, the request will be processed within 2-3 business days.

Configure Provider eligibility

t Modified on 07/06/2019 7:03 pm EDT

ligibility is a helpful tool that allows you to instantly check if a patient is eligible for services. This section is sed to configure Eligibility for the selected provider and payers.

⚠ In order to use the eligibility feature it must first be enabled in the Admin section. Please reference our Services Help Article for more information and step-by-step guides.

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the Provider.
4. Click the **Configure Eligibility** button.
5. Use the table to configure your provider for the appropriate payer.
    1. **Payer #**: This number is provided by CollaborateMD and cannot be changed.
    2. **Payer Name**: This pulls from your local list of payers that participate in the eligibility verification service.
    3. **CPID**: This is the payer's eligibility Clearinghouse Payer ID (CPID).
    4. **Agreement**: This field will identify whether or not the payer requires an agreement to check eligibility electronically.
        1. **No**: Agreement is not required.
        2. **Yes, Payer**: An authorized agreement is required prior to verifying eligibility.
    5. **Approved**: If an agreement is required, this field will display whether or not the agreement has been authorized by the payer.
    6. **Provider ID**: Enter the provider ID. This can be the Tax ID, NPI, or payer assigned. If you are unsure which ID to place here, please contact your payer(s) to verify how the provider is identified.

    ⚠ The NPI must be the same one the eligibility agreement was approved under and on file with the payer. If it doesn't match, you will receive an **Invalid/Missing Provider Identification** error.

7. **Alternate NPI**: Enter the provider's alternate NPI. This can be the billing or rendering/attending NPI. If you are unsure which NPI to place here, please contact your payer(s) to verify how the provider is identified.

8. **Login Required**: This field will automatically populate if the payer requires the provider's login information to check patient eligibility verification.

9. **Payer Login**: If the payer requires a login, enter the Payer Login username here.

10. **Payer Password**: If the payer requires a login, enter the Payer Login password here.

11. **Status**: Use the status column to make payer connections active or inactive for the provider. If th status is set to inactive for a particular payer, eligibility cannot be checked for that payer.

12. **Default Service Type**: Select the type of service you would like to be verified when running eligibility checks. This default service type may also be selected prior to checking eligibility.

6. **Optional**: Configure eligibility on a batch level.

    1. Place a check the box next to the payers you want to configure.

    2. Under **Batch Update**, use the drop-down menus to select what to apply to the selected payers.

    3. Click the **Apply** button.

7. Click **Apply** again, then click **Save**.

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nactivate Provider Eligibility

t Modified on 07/06/2019 7:00 pm EDT

: the status is set to inactive, eligibility cannot be checked for that payer. Please follow the steps below to nactivate eligibility for a provider.

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your searc
3. Select the **Provider**.
4. Click the **Configure Eligibility** button.
5. Find the appropriate payer(s) and update the status individually or on a batch level .
    1. **Individual**
        1. Use the **status** column drop-down to make the payer connection inactive for the provider.
    2. **Batch Level**
        1. Check the box next to the payers you want to inactivate eligibility for.
        2. Under **Batch Update** set the **Status** to **Inactive**.
        3. Click **Apply**.
6. Click **Apply** again, then click **Save**.

ıdd a Provider Note

ıt Modified on 12/16/2019 3:37 pm EST

lotes can be used to include any special information regarding a provider and can be viewed by all users ıat have permission to access the Provider screen. Using the notes feature can help your team stay rganized and up to date on the changes and update regarding any provider.

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the **Provider**.
4. Locate and click on **Notes** from the right-hand side panel.
5. **Type** your notes.
6. Click **Save.**

ind or edit a Provider Note

t Modified on 12/20/2019 1:36 pm EST

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the **Provider**.
4. Locate and click on **Notes** from the right-hand side panel.
5. ***Optional***:Modify your note.
6. Click **Save.**

Remove a Provider Note

t Modified on 12/16/2019 3:41 pm EST

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the **Provider**.
4. Locate and click on **Notes** from the right-hand side panel.
5. **Delete** any notes.
6. Click **Save.**

ıdd a Provider Alert

ıt Modified on 12/20/2019 11:32 am EST

:ollaborateMD allows you to add specific alerts to your providers. Alerts will appear as a pop-up wheneve ıe provider is opened in any section of the CollaborateMD application. Using alerts helps ensure your tea ; made aware of any important information associated to your providers.

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your searc
3. Select the **Provider**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click **Add Alert**.
6. **Write the message** you would like to have appear in the alert pop-up.
7. Use the **Display Options** boxes to determine when you would like the alert to appear.

   For more information on the Display Options, reference the **Alert Display Options Help Article.**

8. The **Effective Date Range** allows you to set how long the alert should remain active.
9. Click **Done** to add your alert.
10. Click **Save.**

ind or edit a Provider Alert

t Modified on 12/20/2019 11:35 am EST

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the **Provider**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Select the **Alert**.
6. ***Optional***: Modify the alert.
7. Click **Save.**

Remove Provider Alerts

t Modified on 12/20/2019 1:35 pm EST

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the **Provider**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click the **icon** next to the alert.
6. Click **Save.**

nactivate a Provider

t Modified on 06/04/2020 1:44 pm EDT

n the event a Provider is no longer in use, you can inactivate the provider to prevent staff members in your ffice from using it; there is no way to permanently delete a provider.

1. Select **Customer Setup** > **Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the **Provider** you want to make inactive.
4. Place a check in the **Make this provider inactive** box.
5. Click **Save**.
6. Inactivating a provider will only prevent new claims from being created using that provider. **It will not stop existing claims with that provider from leaving the system.** In order to ensure you're not charge for an inactivated provider, we recommend completing the following actions:
    1. To prevent claims for the inactivate provider from being billed out, it's recommended to **place your provider on HOLD**. Reference our Edit Provider Mode Help Article for more information.
    2. To ensure you're not invoiced for this provider, make sure this provider is **not placed in the Rendering/Attending Provider field** on a claim. This can occur if the inactivated provider is still set as a patient's default provider under Claim Defaults. Reference our Patient Claim Defaults Help Article for more information.
    3. **Run the Patient Listing report** and filter for the inactive provider to see all patients defaulted to use this provider. Reference our Running Reports Help Article for more information.

Need to quickly update any patient with this provider to a new default provider? Click Choose new default provider when the pop up appears and select the new provider.

Reactivate a Provider

t Modified on 03/22/2019 3:08 pm EDT

Important: Reactivating a Provider may affect your monthly invoice based on our invoicing policy.

ollow the steps below to reactivate a Provider.

1. Select **Customer Setup** > **Providers**.
2. Place a check in the **Include inactive providers** box.
3. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
4. Select the **Provider** to reactivate.
5. Click OK when the "*This provider is currently inactive.*" pop-up displays.
6. Uncheck the **Make this provider inactive** box.
7. Click **Save**.

ıdd a Facility from the NPI Registry

ɪt Modified on 09/26/2019 4:04 pm EDT

lse the NPPES NPI Registry to save time and quickly auto-populate the required information for a eferring provider into CollaborateMD.

ollow the steps below to add a Facility from the NPI Registry.

1. Select **Customer Setup** > Facilities.
2. Click the **New Facility** button > **Add via NPI Registry**.
3. Enter the **NPI** number related to the facility into the field.. Or use the search field to search the **NPPES NPI Registry** for all NPI records of Healthcare Providers.

   > 🪄 Searching with a partial name or are unsure of the spelling? It must be followed by an asterisk *
   >
   > Failure to add the wildcard (*) will result in the registry only searching for an exact match and may not pull up the record you are searching for. (i.e., When searching for "*James Jones*"" type in "*Jame**" in the first name field and "*Jon**" in the last name field so it pulls up all records that include "*Jame*" and "*Jon*" in the first/last name).

4. Click the **Search** button.
5. A window will open displaying the NPI numbers that match your search results, **select the NPI** associated to the **Facility** you would like to add.
6. Review the information copied over for accuracy and make any required changes .
7. Click **Save**.

ıdd a Facility Manually

ıt Modified on 09/26/2019 4:00 pm EDT

ollow the steps below to manually add a Facility.

1. Select **Customer Setup** > **Facilities**.
2. Click the **New Facility** button > **Add Manually**.
3. Type the **Facility Name**.
4. Add the **facility's NPI** number. Or click the 🔍 to search the NPPES NPI Registry for all NPI records of Health Providers.
5. Enter the **Taxonomy Specialty** that defines the Facility's area of specialization. Or click the 🔍 to select one from the list.
6. Enter the facility **Contact Information** (e.g., Street Address, City, State, Zip Code etc). and any applicable **ID Numbers** (e.g., Tax ID, CLIA, etc) for the facility by referencing the **Facility Field Descriptions** below.
7. Set the **Claim Defaults** for **Place of Service.**
8. Click **Save**.

·acility Field Descriptions

:t Modified on 06/19/2019 7:17 pm EDT

- **Reference#**: This is a free-form field where you can enter information regarding the facility, which car be used when searching for facilities or when running reports.
- **Tax ID**: Enter the facilities Tax Id Number.
- **Location Provider ID**: Enter the Location Provider ID number. The value for this field is used on electronic claims. When set, this value will be used in Loop 2310C, specifically the REF~LU segment.
- **BlueCross ID**: Enter the identification number that certifies that the facility has met all Blue Shield Network Provider requirements (informational field).
- **Medicare ID**: Enter the facilities Medicare ID number (informational field).
- **Locator Code**: Enter the Locator Code. The value for this field is used on electronic claims. When set, this value will be used in Loop 2310C, specifically the REF~LU segment for CPID 1502/2782.
- **CLIA ID**: Enter the facilities Clinical Laboratory Improvement Amendments identification number. CLIA regulates laboratory testing and requires clinical laboratories to be certified by the state before they can accept human samples for diagnostic testing. This information prints in Box 32 of the CMS-1500 form.
- **Site ID**: Enter the Site ID number. The value for this field appears to be used in the following areas: Professional paper claim, (This value is put into box 32b along with the facility NPI for the following payers: CPID 5259 CPID 4302 when the master payer name contains "MAINE MEDICAID" Electronic claims: This value is used in Loop 2310C, specifically in the REF~LU segment for CPID9582/5259).
- **BlueShield ID**: Enter the identification number that certifies that the facility has met all Blue Shield Network Provider requirements.
- **Medicaid ID**: Enter the facilities Medicaid ID number. The value for this field is used on professional paper claims. When set, this value will be placed in box 32b when the customer # is10013180 and the claim is being billed to a payer that is type Medicaid.
- **POS Code**: Select a default Place of Service Code that should always be used when creating claims for this facility.

ind or edit a Facility

t Modified on 12/16/2019 3:26 pm EST

1. Select **Customer Setup** > **Facilities**.
2. Use the **Show All** button to view all facilities. Or use the **Search field** to further drill down your search.

   Place a check in the "***Include inactive facilities***" box to include inactive facilities in your search results.

3. Select the **Facility.**
4. ***Optional***: Modify the information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

ıdd a Facility Note

ıt Modified on 12/16/2019 3:30 pm EST

lotes can be used to include any special information regarding a facility and can be viewed by all users that ave permission to view this screen. Using the notes feature can help your team stay organized and up to ate on changes and updates regarding any facility.

1. Select **Customer Setup** > **Facilities.**
2. Use the **Show All** button to view all facilities. Or use the **Search** field to further drill down your search.
3. Select the **Facility**.
4. Locate and click on the **Notes tab** from the right-hand side panel.
5. **Type** any notes.
6. Click **Save**.

ind or edit a Facility Note

t Modified on 12/16/2019 3:29 pm EST

1. Select **Customer Setup** > **Facilities.**
2. Use the **Show All** button to view all facilities. Or use the **Search** field to further drill down your search.
3. Select the **Facility**.
4. Locate and click on the **Notes tab** from the right-hand side panel.
5. Modify your note.
6. Click **Save**.

Remove a Facility Note

t Modified on 12/16/2019 3:29 pm EST

ollow the steps below to remove notes from a Facility.

1. Select **Customer Setup** > **Facilities.**
2. Use the **Show All** button to view all facilities. Or use the **Search** field to further drill down your search.
3. Select the **Facility**.
4. Locate and click on the **Notes** tab from the right-hand side panel.
5. **Delete** any notes.
6. Click **Save**.

nactivate a Facility

t Modified on 12/16/2019 3:27 pm EST

n the event a Facility is no longer in use, you can inactivate the facility to prevent staff members in your ffice from using it; there is no way to permanently delete a Facility.

1. Select **Customer Setup** > **Facilities**.
2. Use the **Show All** button to view all facilities. Or use the **Search** field to further drill down your search.
3. Select the **Facility** you want to make inactive.
4. Place a check in the **Make this facility Inactive** box.
5. Click **Save**.

Reactivate a Facility

t Modified on 12/16/2019 3:27 pm EST

ollow the stepsbelow to reactivate a Facility.

1. Select **Customer Setup** > **Facilities**.
2. Place a check in the **Include inactive facilities** box
3. Use the **Show All** button to view all facilities. Or use the**Search** field to further drill down your search.
4. Select the **Facility** to reactivate.
5. Click **OK** when "*This facility is currently inactive.*" displays.
6. Uncheck the **Make this facility inactive** box.
7. Click **Save**.

ıdd Referring Provider from the NPI Registry

ıt Modified on 06/19/2019 7:18 pm EDT

lse the NPPES NPI Registry to save time and quickly auto-populate the required information for a eferring provider into CollaborateMD.

ollow the steps below to add a Referring Provider from the NPI Registry.

1. Select **Customer Setup** > **Referring Providers**.
2. Click the **New Referring** button > **Add via NPI Registry**.
3. Enter the referring providers **NPI** number into the field. Or use the search field to search the **NPPES NPI Registry** for all NPI records of Healthcare Providers.

   > 🪄 Searching with a partial name or are unsure of the spelling? It must be followed by an asterisk *
   >
   > Failure to add the wildcard (*) will result in the registry only searching for an exact match and may not pull up the record you are searching for. (i.e., When searching for "*James Jones*"" type in "*Jame**" in the first name field and "*Jon**" in the last name field so it pulls up all records that include "*Jame*" and "*Jon*" in the first/last name).

4. Click the **Search** button.
5. A window will open displaying the NPI numbers that match your search results, **select the NPI of the Referring Provider** you would like to add.
6. Review the information copied over for accuracy and make any required changes .
7. Click **Save**.

ıdd Referring Provider Manually

ıt Modified on 06/19/2019 7:04 pm EDT

ollow the steps below to manually add a Referring Provider.

1. Select **Customer Setup** > **Referring Providers**.
2. Click the **New Referring** button > **Add Manually** .
3. Enter the referring provider **Last Name, First Name, MI** & **Credentials**.
4. Add the referring provider's **NPI** number. Or click the to search the **NPPES NPI Registry** for all NPI records of Healthcare Providers.
5. Enter the **Taxonomy Specialty** that defines the referring providers area of **specialization.**
6. Add the referring providers **Contact Information** (e.g., phone, fax, cell phone, email).
7. Enter any applicable **ID Numbers** by referencing the **Referring Provider Field Descriptions**.
8. Click **Save**.

Referring Provider Field Descriptions

t Modified on 11/20/2020 10:04 am EST

*equired fields are indicated in **red**.*

- **Credentials**: The referring provider's medical credentials. (MD, OD, RN etc.)
- **This referrer is an**: Select the referring providers type. For example, choose Individual (Type 1) if the referring provider is a person and choose Organization (Type 2) if the referring provider is a place.
- **Referring Type**: Select the referring providers' type. By default, Referring Provider is selected, however, select Primary Care Provider if the referring provider is the patient's assigned physician tha provides primary care and acts as the gatekeeper that controls access to other medical services.
- **Do not send referrer on claims**: Check this box to exclude this Referring Provider from automatically being copied to a claim when set as the patient's default referring provider.
- **NPI**: The referring provider's NPI number.
- **Taxonomy Specialty**: The referring provider's Taxonomy code that identifies the provider type and area of specialization.
- **Sequence#**: This number is auto-populated by CollaborateMD. This field is informational and does no appear on the claim.
- **Reference#**: In the event, you have to enter a referring provider into the system twice, use this field tc help distinguish between the two providers. (i.e. TAX ID, EIN, Provider A, Provider B). This field is informational and does not appear on the claim.
- **Address**: The referring provider's address information.
- **City**: The referring provider's city.
- **State**: The referring provider's state.
- **Zip Code**: The referring provider's zip code.
- **Phone #**: The referring provider's phone number.
- **Fax #**: The referring provider's fax number.
- **Home Phone #**: The referring provider's home number.
- **Cell Phone #**: The referring provider's cell phone number.
- **Email**: The referring provider's email address.
- **Pager #**: The referring provider's pager number.
- **Tax ID**: The referring provider Tax ID number.

- **Tax ID** Type: Define whether the provided Tax ID number is an SSN or a TIN number.
- **UPIN**: Medicare assigned number to identify providers. This number populates to box 17a on the CMS 1500 form.
- **BCBS ID**: Bluecross Blueshield assigned number is used to identify providers on professional paper claims:
  - This value is put into box 17a with a G2 qualifier when sending to a payer type of either Blue Cross Blue Shield or Blue Cross.
  - Printing of referring providers. This value is included in the printout when printing from the Referring section.
- **Champus ID**: Tricare assigned number is used to identify providers on professional paper claims:
  - This value is put into box 17a with a G2 qualifier when sending to a payer type of Tricare/Champus.
  - Printing of referring providers. This value is included in the printout when printing from the Referring section.
- **Specialty License #**: The Referring provider's Specialty License number:
  - **Professional paper claims**: This value is put into box 17a with a G2 qualifier when sending to CPID 2742.
  - **Professional electronic claims**: This value is used in Loop 2310A, specifically in the REF~G2 segment for CPID 2742.
- **State License #**: The Referring provider's State License number:
- **Anesthesia License #:** The Referring provider's Anesthesia License number is used solely for information purposes.
- **Medicare ID**: Medicare assigned ID to identify providers. The value for this field is only used in the printout when printing from the Referring section.
- **Medicaid ID**: Medicaid assigned ID to identify providers:
- **Professional paper claims**: This value is put into box 17a with a G2 qualifier in any of the following circumstances:
  - Payer type is Medicaid.
  - CPID is 4427.
  - Professional electronic claims:
    - This value is used in Loop 2310A, specifically in the REF~G2 segment for CPID 4427.

        - This value is used in Loop 2300, specifically in the REF~9F segment for CPID 1478.

- **Marketer**: The Referring provider's Marketer ID number is used in:
    - Printing of referring providers. This value is included in the printout when printing from the Referring section.

> 🪄 You can track this by running the following reports:Referring Marketer Receivables and Referring Marketer Statistics.

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ind or edit a Referring Provider

t Modified on 06/19/2019 7:12 pm EDT

1. Select **Customer Setup** > **Referring Providers**.
2. Use the **Show All** button to view all referring providers. Or use the **Search** field to further drill down your search.

   Place a check in the "***Include inactive referring providers***" box to include inactive referring providers in your search results.

3. Select the **Referring Provider**.
4. ***Optional***: Modify the information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

ıdd a Referring Provider Note

ɪt Modified on 12/16/2019 1:39 pm EST

lotes can be used to include any special information regarding a referring provider and can be viewed by a ıembers of your team that have permission to access the Referring Provider screen. Using the notes ɜature can help your team stay organized and up to date on changes and updates regarding any referring rovider.

1. Select **Customer Setup** > **Referring Providers**.
2. Use the **Show All** button to view all referring providers. Or use the **Search field** to further drill down your search.
3. Select the **Referring Provider**.
4. Locate and click on the **Notes tab** from the right-hand side panel.
5. Type any notes.
6. Click **Save.**

ind or edit a Referring Provider Note

t Modified on 12/16/2019 1:36 pm EST

1. Select **Customer Setup** > **Referring Providers**.
2. Use the **Show All** button to view all referring providers. Or use the **Search field** to further drill down your search.
3. Select the **Referring Provider**.
4. Locate and click on the **Notes tab** from the right-hand side panel.
5. Modify your note.
6. Click **Save.**

Remove a Referring Provider Note

t Modified on 12/16/2019 3:23 pm EST

1. Select **Customer Setup** > **Referring Provider**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your search
3. Select the **Referring Provider**.
4. Locate and click on the **Notes tab** from the right-hand side panel.
5. **Delete** any notes.
6. Click **Save**.

nactivate a Referring Provider

t Modified on 06/19/2019 7:12 pm EDT

n the event a Referring Provider is no longer in use, you can inactivate the referring provider to prevent taff members in your office from using it; there is no way to permanently delete a referring provider.

1. Select **Customer Setup** > **Referring Providers**.
2. Use the **Show All** button to view all referring providers. Or use the **Search** field to further drill down your search.
3. Select the **Referring Provider** you want to make inactive.
4. Place a check in the **Make this referrer inactive** box.
5. Click **Save**.

Reactivate Referring Provider

t Modified on 06/19/2019 7:12 pm EDT

ollow the steps below to reactivate a Referring Provider.

1. Select **Customer Setup** > **Referring Providers**.
2. Place a check in the **Include inactive referring providers** box.
3. Use the **Show All** button to view all referring providers. Or use the **Search field** to further drill down your search.
4. Select the **Referring Provider** to reactivate.
5. Click **OK** when "*This referring provider is currently inactive.*" displays.
6. Uncheck the **Make this referrer inactive** box.
7. Click **Save**.

ıdd a Referring Provider Alert

t Modified on 09/23/2024 9:02 am EDT

:ollaborateMD now allows you to add specific alerts to your referring providers. Alerts will appear as a po p whenever the referring provider is opened in any crucial section of the CollaborateMD application. Usir lerts helps ensure your team is aware of any important information associated with your referring roviders.

CollaborateMD uses the Referring Provider section to save/store referring providers, ordering providers, and sales reps. This means that in some scenarios the referring provider alert pop-up will be based on the claim's current referring provider, ordering provider, or sales rep fields.

1. Select **Customer Setup** > **Referring Providers**.
2. Use the **Show All** button to view all providers. Or use the **Search** field to further drill down your searc
3. Select the **Referring Provider**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click **Add Alert**.
6. **Write the message** you would like to have appear in the alert pop-up.
7. Use the **Display Options** boxes to determine when you would like the alert to appear.
    1. **Show Alert in Patient Section:** (based on the patient's default referring provider).
    2. **Show Alert in Claim Section:** (based on the claim's current referring provider, ordering provider, or sales rep).
    3. **Show Alert in Appointment Section:** (based on the patient's default referring provider).
    4. **Show Alert in Payment Section:**
        - For patient payments: It will be based on the patient's default referring provider.
        - For insurance payments EOB/ERA: It will be based on the claim's current referring provide ordering provider, or sales rep.
8. The **Effective Date Range** allows you to set how long the alert should remain active.
9. Click **Done** to add your alert.
10. Click **Save.**

Find or edit a Referring Provider Alert

Last Modified on 09/23/2024 9:02 am EDT

1. Select **Customer Setup** > **Referring Providers**.
2. Use the **Show All** button to view all referring providers. Or use the **Search** field to further drill down your search.
3. Select the **Provider**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Select the **Alert**.
6. ***Optional***: Modify the alert.
7. Click **Save.**

Remove Referring Provider Alerts

t Modified on 09/23/2024 9:02 am EDT

1. Select **Customer Setup** > **Referring Providers**.
2. Use the **Show All** button to view all referring providers. Or use the **Search** field to further drill down your search.
3. Select the **Provider**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click the **icon** next to the alert.
6. Click **Save.**

ıdd a New Electronic Payer

t Modified on 06/22/2026 9:30 am EDT

ollow the steps below to add a new electronic payer

1. Select **Customer Setup** > **Payers**.
2. Click the **New Payer** button.
3. Click **Yes**, when the *"Would you like to configure a Clearinghouse connection for this payer?" displays.*

   Clicking ***No*** will set up the Payer as a Paper Payer.

4. Use the **Master Payer Search** window to locate your payer.
   1. Search for the Payer by using the name or Payer ID, then click **Search**.
   2. Select the **Payer**.

      Unable to locate a connection with a specific payer in CollaborateMD? This may indicate that ePS does not have an electronic connection with that payer, and the payer is not on the master list. To request that ePS add an electronic connection for a payer, please contact your support or implementation specialist.

5. ***Optional***: Add the **Plan Name**.

   This information does not appear on the claim.

6. The **Payer Type** is auto-selected based on the Payer you choose in the Master Payer Search. Changes should only be made to the **Payer Type** drop-down menu if you've been advised by the payer to do so.
7. The **Default Billing Status** is auto-selected as "new charges created" for this payer. You can manually change the status of the charges here or during claim creation.
8. Use the **Clearinghouse Processing Mode** drop-down menu to tell the server how to process the claim after it's been created.
   1. **The clearinghouse will send the claims electronically:** Select this option to have the clearinghouse submit the claim to the payer electronically.

⚠ If a payer requires an agreement to be filled out please confirm that you have been authorized to submit the claim electronically prior to doing so. Otherwise, the claim can either be dropped to paper and mailed to the payer (in this event please make sure the **Contact Information** for the payer is accurate) or the claim will be rejected in the event you are submitting a claim to a payer that does not accept paper claims, i.e. Medicare payers.

2. **The clearinghouse will print and mail the claims**: Select this option to have the clearinghouse print and mail the claim to the payer for a fee.

⚠ Not all payers accept paper claims (i.e., Medicare and payers with a South Carolina address). In the event a payer does not accept paper claims the claim will be rejected by the clearinghouse with the following rejection reason, "64 INVALID CARRIER DIRECT CPID 4301".

3. **Do not send claims to the clearinghouse for processing** Select this option to **NOT** have the clearinghouse process claims electronically or on paper. In the event this option is selected pleas be sure you are properly dis-positioning the necessary claims to their appropriate statuses.

9. The **Sequence#** is auto-populated by CollaborateMD once the payer is saved.
10. The **Reference#** can be created to further identify the payer.
11. Enter the **Contact Information** used to mail any claim(s) tothis payer.

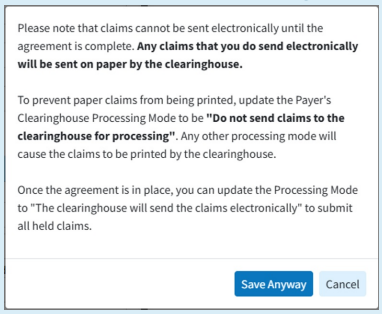
🪄 Reference the Patient's Insurance Card or contact the Payer directly.

12. Enter any applicable **ID Numbers** for the payer.
13. ***Optional***: You can override the practice info on the claim by placing a check in the "**Use alternate practice info**" box.
    1. For electronic claims, select whether to override the **Pay-To** or **Main Address.**
    2. Enter the practice info that should populate on the claim.

🪄 Ensure the Bill Mode set for the billing provider is set to "Group" under the Provider section or the Provider tab of the Billing Options.

14. Click **Save.**

If the payer requires a signed agreement before professional or institutional claims can be submitted electronically, you will receive a pop up warning you not to send claims electronically until the agreement has been completed and approved.



ıdd a New Paper Payer

t Modified on 06/13/2019 2:08 pm EDT

⚠ These payers will be saved with a paper CPID. All paper CPID's are blank. Payers that have a blank CPID must be printed and mailed by your office or printed and mailed by the clearinghouse.

ollow the steps below to add a new paper payer.

1. Select **Customer Setup** > **Payers**.
2. Click the **New Payer** button.
3. Enter the **Payer Name**.
4. ***Optional***: Add the **Plan Name.**

   This information does not appear on the claim.

5. The **Payer Type** is auto-selected based on the Payer you choose in the Master Payer Search. Changes should only be made to the **Payer Type** drop-down menu if you've been advised by the payer to do so.
6. The **Default Billing Status** is auto-selected as "new charges created" for this payer. You can manually change the status of the charges here or during claim creation.
7. Use the **Clearinghouse Processing Mode** drop-down menu to tell the server how to process the claim after it's been created.
   1. **The clearinghouse will print and mail the claims**: Select this option to have the clearinghouse print and mail the claim to the payer for a fee.

      ⚠ Not all payers accept paper claims (i.e., Medicare and payers with a South Carolina address). In the event a payer does not accept paper claims the claim will be rejected by the clearinghouse with the following rejection reason, "64 INVALID CARRIER DIRECT CPID 4301".

   2. **Do not send claims to the clearinghouse for processing** Select this option to **NOT** have the clearinghouse process claims electronically or on paper. In the event this option is selected pleas be sure you are properly dis-positioning the necessary claims to their appropriate statuses.
8. The **Sequence#** is auto populated by CollaborateMD once the payer is saved.

9. The **Reference#** can be created by you to further identify the payer.
10. Enter the **Contact Information** used to mail any claim(s) for this payer.
11. Enter any applicable **ID Numbers** for the payer.
12. ***Optional***: You can override the practice info on the claim by placing a check in the **"Use alternate practice info"** box.
    1. Enter the practice info you would like to have populated on the claim.

    > Ensure the Bill Mode set for the billing provider is set to "Group" under the Provider section or the Provider tab of the Billing Options.

13. Click **Save**.

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ind or edit a Payer

t Modified on 06/13/2019 2:09 pm EDT

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.

   Place a check in the "*Include inactive payers*" box to include inactive payers in your search results.

3. Select the **Payer**.
4. ***Optional***: Modify the Payer's information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

General Billing Options Tab

t Modified on 08/01/2025 4:46 pm EDT

ollow the steps below to view and edit the billing options for payers.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. Make your selections by referencing the **Billing Option Descriptions** below.
6. Use the 🔍 to the default the **POS (Place of Service) Code** to be used on claims for this payer.

   Visit our **Claim Defaults Priority Rules Help Article** for a detailed list of the order of precedence of claim defaults.

7. **Automatically set Claim Follow-Up dates**: Check this box to have the system automatically enter a claim follow up date based on the payer.
8. ***Optional***: Copy this payer's follow-up settings to other payers within your customer account by clickin the "**Copy this follow up configuration to other payers**" link.

   Important things to know:

   - If you specify to have the claim follow-up 0 days after the claim was submitted, no automatic follow-up date will be set.
   - The date will populate when any of the following actions are taken:
     - The claim is printed from the Claim section, Payment section, or Batch Printing tab.
     - The claim is sent electronically.
   - The follow-up date WILL get overridden if the claim is re-submitted or send to a secondary/tertiary payer.
   - The follow-up date WILL be overridden if you manually enter a date BEFORE the claim is actually submitted/printed.

9. **Require prior authorization for this payer**: Check this box to see a warning during the claim review when a pre-authorization is required and no authorization number is set on a claim with this payer as the primary.

10. **Use the provider name as the pay-to name**: Check this box to only send the provider name vs the practice name as the pay to name.

11. **Only send the pay-to address**: Check this box to only send the pay-to address.

12. **Use the office address as the pay-to address**: Check this box to print the Office Location/Other Offices address selected within the claim section to print in **box 33.**

> ⚠ Selecting this option will default the Practice/Group NPI to print in **box 33a** even if the provider is set to bill as "*Individual*."

13. **Print CMS-1500 as NY Workers' Compensation Form(C-4, C-4.2, C-4.3, or OT/PT-4)**: **This option should be left unchecked for NY Workers' Compensation payers to send the CMS-1500 form (required after July 1, 2022).**

14. **Override billing provider with rendering provider**: Check this box if you would like claims to be billed under the Rendering Provider selected on the claim.

15. **Professional Options**

    1. **Default POS**: Select the Place Of Service code that should be used when billing claims to this payer.

    2. **Default Claim Note**: Add a default claim note that will be automatically copied to claims, when billing the claims electronically to this payer.

    3. **Do NOT print the payer address on the top of the form**: Check this box if you do not want the payer address printed on the top of the CMS-1500 claim form.

    4. **Exclude patient payments from Box 29**: Check this box if you do not want to include any patient payments on the CMS-1500 claim form in Box 29.

    5. **Print the license number in Box 31**: Check this box if you wish to include the license number in Box 31 of the CMS-1500 claim form.

    6. **Print the following in Box 31**: Use the drop-down menu to select whether to use the Provider Name, Supervising Provider Name, Practice Name, the Signature on File, or leave blank for Box 3 of the CMS-1500 form.

    7. **Send patient address in Box 32 for Place of Service 12**: Check this box if you would like to replace the facility address with the patient's home address when the professional claim's POS is 12 for Box 32 of the CMS-1500 claim form.

    8. **Remove the insured's ID# from Box1A**: Check this box to remove the insured's ID# from Box 1A of the CMS-1500 claim form.

    9. **Print the following supplemental info in Box 24**: Use the drop-down menu to select either the

Narrative Notes or the Anesthesia Start/Stop Time in Box 24 of the CMS-1500 claim form.

10. **Print ICD code for first diagnosis pointer in Box 24E** Check this box to print the first diagnosis Code in Box 24E on the CMS-1500 claim form.

11. **Send minutes instead of units on anesthesia claims**: Check this box if you would like to use minutes instead of units for anesthesia procedures.

12. **Send anesthesia start/stop times in a line note**: Check this box if you would like to include the anesthesia start and stop times as a line note on the CMS-1500 claim form.

11. **Institutional Options**

    1. **Print the following in Box 38**: Use the drop-down menu to select whether to use the Insured's address, Payer's address or to leave Box 38 blank on the UB-04 claim form.

    2. **Print the following in Box 80**: Use the drop-down menu to select whether to use the Insured's address, Payer's address or the remarks for Box 80 blank on the UB-04 claim form.

    3. **Print referring physician in Box 76**: Check this box if you would like to include the referring provider in Box 76 of the UB-4 claim form.

    4. **Print Taxonomy Code in Box 76**: Check this box if you would like to include the taxonomy code as the qualifier in Box 76 of the UB-4 claim form.

    5. **Print Taxonomy Code in Box 81CC**: Check this box if you would like to print the taxonomy code in Box 81CC of the UB-4 claim form.

    6. **Default Value Codes**: Use the search field to select a default value code to be included on institutional claims for this payer.

12. Click **Save**. Or proceed to the Provider tab of Billing Options.

Provider Billing Options Tab

t Modified on 07/06/2026 12:44 pm EDT

he provider billing options allow you to customize certain configuration settings for one or more provider pecific to this payer. Providers not listed below will bill claims based on their general settings/configuratic n the provider screen.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. Select the **Provider tab**.
6. Click the ***Customize for Providers*** link.
7. Use the **Provider(s)** drop-down menu find the provider you would like to find.
8. Use the **Status** drop-down menu to select whether or not this provider is active with this particular payer.
9. Use the **Bill Mode** drop-down menu to select whether this provider should bill to this payer as an individual or as a group.
10. Add the ID to use if the **Bill Mode** is set as **Individual** in the **Individual ID** field.
11. Add the ID to use if the **Bill Mode** is set as **Group** in the **Group ID** field.
12. Use the **Accept this Insurance** checkbox to select whether or not this provider accepts this insurance. This indicates if the Provider accepts assignment.
13. Use the **Default Referring Provider** checkbox to select a default referring provider for this provider. This allows you to select a referring provider to be used for every claim under this provider.
14. Use the **Override Billing Provider** checkbox to send claims under a different Billing Provider. This allows you to send a different Tax ID, Taxonomy Code, or NPI based on a specific payer and provider combination.
15. Click **Add** once you are satisfied with your changes. These settings can be edited after saving by clicking on the field you wish to edit.
16. Click the icon to copy these settings to all providers added to this payer.
17. Check the **Show separate configurations for each office location** if you would like to configure these settings differently for each office associated to your account.

18. Click Copy Provider Configurations to copy a provider's configuration to other payers.

    1. Use the **Provider Configurations** drop-down menu to select the source provider.

    2. Use the **Select payer(s) to copy provider configuration(s) to** drop-down menu to copy configuration to other payers.

19. Click **Save**. Or proceed to the General tab of Billing Options.

Patient Billing Options Tab

t Modified on 12/04/2023 10:06 am EST

ollow the steps below to view and edit the billing options for patients associated with this payer.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. Make your selections by referencing the **Billing Option Descriptions** below.
    1. ***Do not apply prompt payment discounts***: Check this box if you do not want any prompt payment discount codes to apply to this payer.
6. Click **Save**.

:RA Billing Options Tab

:t Modified on 05/01/2026 11:39 am EDT

ollow the steps below to view and edit the billing options for ERAs associated with this payer.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. Make your selections by referencing the **Electronic Remittance Advice Automation** Options:
    1. **Allow this payer's ERAs that fully apply with no errors to auto-post without review.**
        1. Check this box if you would like to automatically apply ERAs that are free of issues ("clean") with no interaction or review required. Please note that this option requires additional configuration:
            1. **Show a dialog with the payment details before auto-posting** Check this box if you would like to show a dialog box with the payment details before auto-posting them.
            2. **Commit the payment after it has been applied**: Check this box if you want to automatically commit the payment after it has been applied.
            3. **Allow secondary payments to auto-post**: Check this box to allow the auto-posting of secondary insurance payments.
            4. **Allow payments that do not match the contract amounts to auto-post** Check this box to allow payments that do not match the contracted amounts to auto-post.
            5. **Allow payments with denials or $0.00 allowed amounts to auto-post** Check this box to allow auto-posting payments with a $0 allowed amount or with denials.
            6. **Allow duplicate payments (remit code 18) to auto-post** Check this box to allow payments for duplicate claim/service to auto-post.
            7. **Allow payments with refund/reversals to auto-post** Check this box to allow payment with a refund/reversal to auto-post.
            8. **Allow payments to Patients/Claims with Payment Alerts to auto-post** Check this box to allow auto-posting of payments when the patient or the claim has an existing Payment Alert.
            9. **Allow payments with Provider Adjustments that were not applied to claims to auto-post**: Check this box to allow payments that include an unapplied Provider Adjustment to auto-post.

🪄 The following options are checked by default but can be unchecked manually:

- **Allow secondary payments to auto-post**
- **Allow payments with refund/reversals to auto-post**
- **Allow payments with Provider Adjustments that were not applied to claims to auto-post**

6. Click **Save**.

:diting a Payer after a Data Conversion

:t Modified on 07/24/2019 2:51 pm EDT

ollow the steps below to edit a Payer after aData Conversion takes place.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the**Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the beside the **Clearinghouse Connection** field to search for an electronic payer.
5. Enter your search criteria, then click**Search**.
6. Select the **Payer**.
7. ***Optional***: Modify the payer.
8. Click **Save**.

ayer Address Verification

t Modified on 06/13/2019 2:13 pm EDT

ddress verification allows users to validate addresses against the United States Postal Services (USPS) irectory in order to make corrections before claims or letters are sent to the patient. The system will utomatically verify the address in real-time. Address Verification is managed in the Services section.

> ⚠ If Address Verification is not included in your price plan, your invoice will reflect a charge each time a verification was made.
>
> This feature will only determine if the address is on file with the USPS. If the system is unable to validate the address with the USPS, you will be given an option to Ignore the address which will remove the invalid address message.

ollow the steps below to perform an address verification for a payer.

1. Select **Customer Setup** > **Payers**.
2. Click the **New Payer** button. Or use the **Search** field to search through your payers.
3. Select the **Payer**.
4. Click the **Verify Address link**.
    1. An invalid address will return as ***"This address is invalid"*** message, click on the ***"See Suggestion"*** link
    2. Click **Use Suggestion** to apply the suggested address. Or **Click Ignore** to leave the address as is.
    3. If the suggestion is used, a green checkmark will appear with the message ***"This address was successfully verified."***
5. Click **Save**.

Manage Payer Contracts

t Modified on 04/23/2020 4:11 pm EDT

ollow the steps below to view contracts associated to the Payer.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search field** to further drill down your search.
3. Select the **Payer**.
4. Click the **Show Contracts** link found on the top of the page.
5. A Contracts window will display all contracts associated with this payer.
6. Click the **Add** button to create a new contract associated with this payer.

   For more information on how to create a contract, please view our **Contracts Help Article**.

7. Click the icon to view the contract.
8. Click **Save.** Otherwise, click **Close** if no changes were made.

ıdd a Payer Note

ıt Modified on 05/23/2019 3:34 pm EDT

lotes can be used to include any special information regarding a payer and can be viewed by all users that ave permission to view this screen. Using the notes feature can help your team stay organized and up to ate on changes and updates regarding any payers

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on the **Notes tab** from the right-side panel.
5. Type any notes.
6. Click **Save**.

ind or edit a Payer Note

t Modified on 12/16/2019 3:08 pm EST

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on the **Notes tab** from the right-side panel.
5. Modify your note.
6. Click **Save**.

Remove a Payer Note

t Modified on 12/16/2019 3:23 pm EST

1. Select **Customer Setup** > **Payers.**
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on the **Notes tab** from the right-hand side panel.
5. **Delete** any notes.
6. Click **Save**.

ıdd a Payer Alert

ıt Modified on 12/20/2019 2:39 pm EST

:ollaborateMD allows you to add specific alerts to your payers. Alerts will appear as a pop-up whenever th ayer is opened in any section of the CollaborateMD application. Using alerts helps ensure your team is ıade aware of any important information associated with your payers.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on the **Alerts tab** from the right-side panel.
5. Click **Add Alert** .
6. **Write the message** you would like to have appear in the alert pop-up.
7. Use the **Display Options** boxes to determine when you would like the alert to appear.

   For more information on the Display Options, please visit the **Alert Display Options Help Article**.

8. The **Effective Date Range** allows you to set how long the alert should remain active.
9. Click **Done** to add your alert.
10. Click **Save**.

ind or edit a Payer Alert

t Modified on 12/20/2019 2:40 pm EST

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on the **Alerts tab** from the right-side panel.
5. Select the **Alert**.
6. ***Optional***: Modify the alert.
7. Click **Save.**

Remove a Payer Alert

t Modified on 12/20/2019 2:42 pm EST

1. Select **Customer Setup** > **Payer**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click the **icon** next to the alert.
6. Click **Save**.

ıdd a Payer Task

:t Modified on 04/05/2022 11:35 am EDT

:ollaborateMD allows you to create specific tasks associated with your payers. Tasks will help you keep ·ack of items that need to be completed. Tasks can have due dates, links, descriptions, statuses, and riorities. You can assign tasks to yourself or to specific users within your business.

1. Select **Customer Setup > Payer**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Click **Create Task**.
6. Enter the task name in the **Task Title** field.
7. Add the task's **Due Date, Status,** and **Priority**.
   - **Low**: blue down arrow.
   - **Normal**: Yellow side arrow.
   - **High**: Red upwards arrow.
8. Write in the **Description** of the task.
9. ***Optional***: Click the **Add Link** to link the task to an action. Tasks can be linked to a **patient, claim, practice, provider, facility, payer, report, message, or customer**.
10. Enter the username you would like to assign this task to. Or click Select Users and select the user from the list.

> Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Done**.
9. Click **Save**.

> For more information on Tasks, please visit the **Tasks Help Article**.

ind or edit a Payer Task

t Modified on 04/05/2022 11:40 am EDT

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on the **Tasks tab** from the right-side panel.
5. Click the **Task** you want to edit.
6. Make the desired changes.
7. Click **Done**. Otherwise, click **Cancel to exit** or click the icon to the right of the task to delete it.
8. Click **Save**.

)elete a Payer Task

:t Modified on 04/05/2022 11:42 am EDT

⚠ Once a task is permanently deleted, it cannot be restored. Proceed with care.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Locate and click on the **Tasks tab** from the right-side panel.
5. Find the task you want to delete.
6. Click the 🗑 icon to the right of the task.
7. Click **Save**.

nactivate a Payer

t Modified on 06/13/2019 2:11 pm EDT

n the event a Payer is no longer in use, you can inactivate the payer to prevent staff members in your office rom using it; there is no way to permanently delete a payer.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** fields to further drill down your search.
3. Select the **Payer** to inactivate.
4. Place a check in the **Make this payer inactive** box.
5. Click **Save**.

Reactivate a Payer

t Modified on 05/23/2019 3:13 pm EDT

ollow the steps below to reactivate a Payer.

1. Select **Customer Setup** > **Payers**.
2. Place a check in the **Include inactive payers** box.
3. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
4. Select the **Payer** to reactivate.
5. Click OK when the "*This payer is currently inactive.*" pop-up displays.
6. Uncheck the **Make this payer inactive** checkbox.
7. Click **Save**.

Manage Clearinghouse Connections

Last Modified on 03/04/2026 11:40 am EST

The Clearinghouse Connection side panel contains information on the electronic connection with the payer. Quickly see what payer products this payer offers, if an agreement is required and if you have an agreement on file.

Follow the steps below to learn how to view and access this information.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **payer**.
4. Locate and click on the **Clearinghouse connection** tab from the right-hand side panel.
5. See the current payer connection in the **Clearinghouse connection** field.

   1. ***Optional***: Click the ✕ icon to remove the electronic connection.
   2. ***Optional***: Click the 🔍 icon to use a new payer electronic connection.
      1. Use the **Master Payer Search** window to search for your payer.
         1. Search for the payer by using the name, Payer ID or CPID number, then click Search.
         2. Select the **payer**.

> ⚠ Unable to locate a connection with a specific payer in CollaborateMD? This may indicate that ePS does not have an electronic connection with that payer, and the payer is not on the master list. To request that ePS add an electronic connection for a payer, please contact your support or implementation specialist.

> 🪄 Payers with a blank CPID are paper payers.

6. Payer Products your selected payer supports will have the ✔ icon.
7. Any products that require an agreement be completed will contain the Agreement Required link.

Ready to start working on the agreement? Click the Complete Payer Agreement shortcut to the payer agreements screen.

1. ***Optional***: Click on the **Agreement Required** link to see if your providers have an agreement on fil

8. Click **Save**. Otherwise, click **Close** if no changes were made.

Getting Started with Payer Agreements

t Modified on 08/21/2023 12:26 pm EDT

Completing electronic payer agreements is a quick and easy process. Here's a list of things you need to be aware of before proceeding:

- If you're a new customer and haven't received your submitter number, please contact your Implementation Specialist.
- An agreement must be completed for each unique submitter number.

  For example, if 3 providers are billing under the same submitter number, only one agreement is required. If 3 providers are billing under 3 different Tax IDs, 3 separate agreements will have to be filled out. If the provider is part of a group, the group's information is required (i.e., Group Name, Group Tax ID, Group Provider Number, etc.).

- If an agreement requires additional steps or a signature, these must be completed (depending on the special instructions (provider actions) included for each agreement).

New ePS Payer Agreement

t Modified on 04/11/2025 3:53 pm EDT

illing out agreements within CollaborateMD allows you to submit agreements for multiple payers and/or lectronic products (e.g., claims, remittance, and eligibility) at once.

1. Select **Customer Setup** > **Payer Agreements**.
2. Select what type of provider should be used for this agreement:
    1. **Individual**: Select this option if billing under a provider NPI.
    2. **Group**: Select this option if billing under the Practice NPI.
3. Click the icon to pull up the list of all providers or Practices in your account to select the **Provider/Practice** you want to fill out an agreement for.
4. Select **which NPI** (Provider, Practice, or Other) should be used for this agreement.

    For Practices with multiple offices, you can select the'**Other Office NPI**" option if any of the other office(s) has a different NPI or Address than the practice.

5. Specify who we can contact about the agreements (Responsible Party Contact Information).
6. Click + New Agreement .
7. Enter your **Search Criteria**.
    1. Use the **Products** drop-down menu to select which type of payer products you want to fill an agreement out for (Claims, Remittance, Eligibility).
    2. Enter the **Payer's Name** to filter the agreements based on the payer's name.
    3. Use the **Payer ID** field to filter the agreements based on the Clearinghouse ID.

        Always use the Clearinghouse ID when using this field to locate the agreements since it can sometimes be different than the Payer ID.

    4. Check the **Do not include already completed products** box to filter agreements based on if you have already completed them.
    5. Check the **Only include payers in my customer payer list** box to filter agreements based on if you have the payer's CPID in your Payer section. Visit our Payers Help Article for more information.

8. Click **Search**.

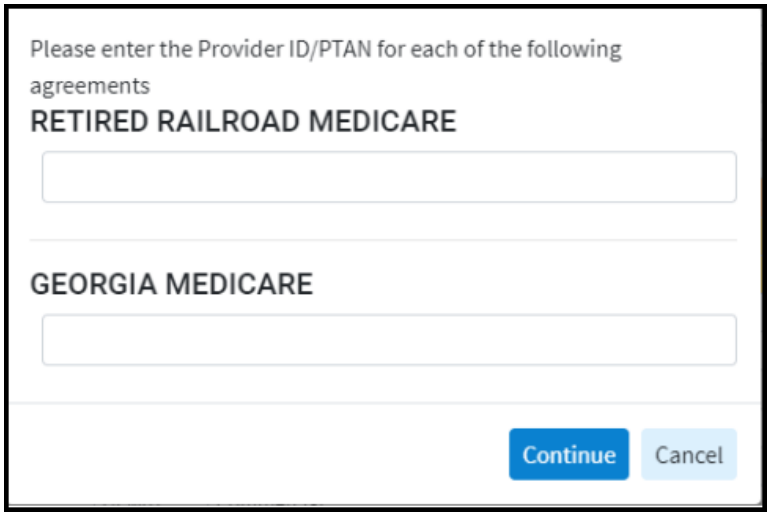
9. Use the **Search for Agreements** search bar to further drill down your results.

10. Place a check in the box(es) for the agreement(s) you would like to fill out**Note**: Only select the claim agreement for the claim type you will be submitting claims to (Professional or Institutional).

> You are able to select as many agreements as you would like to fill out at once.

11. Click Continue .

12. Depending on the payer agreements you select, you may be asked to enter a special payer ID number, (PTAN, BCBS #,etc) that will be included within the agreement.



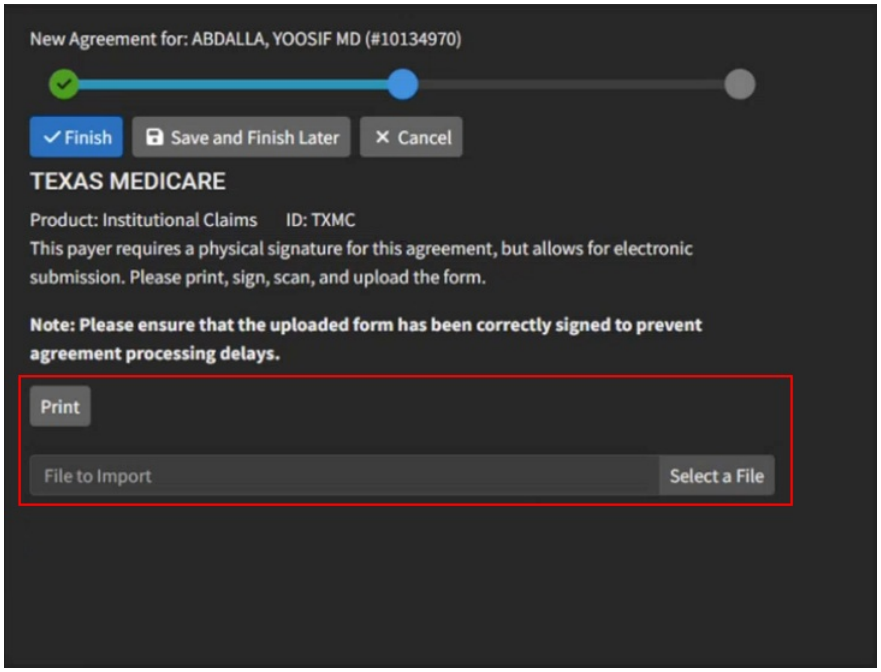
13. Click Continue .

14. **Sign** and **Complete** the agreements:

    1. If the Agreement requires an electronic signature, you will be prompted to capture your signatur and apply it to the agreement.

    > Save time and apply your signature to multiple agreements at once by clicking the icon.

    2. If the Agreement requires a physical signature, but the payer allows for electronic submission of the agreement with the wet signature, you may print and sign the agreement, then scan and upload it to submit within the application.



3. Click

.

15. Click the **Review Form** button to verify the entered information is correct.

> ⚠ Some payers require the agreement to be mailed to them with an original signature. Review the enrollment instructions for the address.

16. Click **Finish**.

> ⚠ Reference your Payer Agreement Cover Page for estimated approval turnaround time. The special instructions need to be completed along with the agreement to ensure the agreement is approved by the payer.

.ook Up ePS Payer Agreements

:t Modified on 11/13/2023 10:11 am EST

1. Select **Customer Setup** > **Payer Agreements**.
2. Select what type of provider should be used for this agreement:
    1. **Individual**: Select this option if billing under a provider NPI.
    2. **Group**: Select this option if billing under the Practice NPI.
3.
4. Click the icon to pull up the list of all Providers or Practices in your account to locate and select the Provider/Practice you want to look up previously submitted agreements for.
5. Click Agreement Lookup .
6. Click Options to filter the list.
    1. **Show**: Filter agreements based on All Agreements, Only Completed Agreements, or Only Incomplete Agreements
    2. **Status**: Filter agreements based on the status of the agreement.
    3. **Payer CPID**: Filter agreements based on the CPID the agreement was sent to.
    4. **Payer Name (contains)**: Filter agreements based on the payer name.
    5. **Product**: Filter agreements based on the product the agreement was for.
    6. **Date Started:** Filter agreements based on the day they were started.
7. Review the **Agreement Status Descriptions**:
    1. **Submitted to Payer**: The Agreement has successfully been sent to the payer. This does not mean the agreement has been approved.
    2. **Clearinghouse Processing**: The Agreement has successfully been sent to the clearinghouse and the clearinghouse has actions to take before sending it to the payer.
    3. **Enrollment Submitted**: The Agreement has successfully been sent to the clearinghouse and ther is no provider action required.
    4. **Denied**: The Agreement has been denied. Please view the notes associated with the agreement t learn why.
    5. **Authorized**: The Agreement has been approved by the payer.
    6. **At Step...**: The Agreement is unfinished and you are able to pick up where you left off.

8. You are able to interact with the search results by right-clicking on an Agreement. The following actions will be available based on the status of the Agreement:
    1. **Copy**: Copies the selected row to your clipboard.
    2. **Review Form**: Downloads a sample copy of the agreement to review.
    3. For incomplete Agreements:
        1. **View Notes**: View any notes on why the agreement was rejected or denied.
        2. **Continue Agreement**: Return to an agreement you have saved and not finished yet.
        3. **Delete**: Deletes an agreement you have saved and not finished yet.
9. Click **Close**.

Continue an Agreement

t Modified on 01/18/2023 4:08 pm EST

ollow the steps below to continue an agreement that you have not finished filling out or is incomplete.

1. Select **Customer Setup** > **Payer Agreements**.
2. Click the icon to pull up the list of all providers in your account to locate and select the Provider and NPI you want to look up previously started agreements for.
3. Click Agreement Lookup .
4. Click Options to filter the list.
5. Use the **Show** dropdown and select **Only Incomplete Agreements**.
6. Click **Apply**.

   This will give you a listing of all agreements that you have started for this NPI, but require action by the provider before they can be processed.

7. When finished, click **Close**.

Payer Agreement Status Descriptions

t Modified on 08/28/2023 11:24 am EDT

Status	Definition
Provider Action Required	Represents additional actions that need to be taken in order to process and approve the agreement (typically missing signatures or missing enrollment in the payer's website); You can right-click the "Provider Action Required" note t view the details on the actions that need to be completed. ⚠ CollaborateMD **only** uses the clearinghouse **eProvider Solutions**. If you receive a "Provider Action Required" status that reflects "Change Healthcare" This does not mean they are your clearinghouse; this implies the payer uses them and you are required to complete the additional actions.
Enrollment Submitted	Represents an agreement that has already been submitted. This does not refle the actual approval or denial of the agreement.
Approved	Represents a payer authorization and a completed setup with the clearinghouse.
Denied	Represents a denial by the Payer or the Clearinghouse; a new agreement must be submitted.
Clearinghouse Processing	Represents the agreement information submitted by the customer is still being reviewed by the clearinghouse.
Enrollment Started	Represents an agreement that has been started in the system but has been saved as incomplete (not submitted yet) to continue at a later time.
Form Created	Represents an agreement form that was created and filled out but not submitted yet.

Contact Support	Represents an issue with the agreement that requires the customer to contact support for additional help.
Failure	Represents an agreement that CMD was unable to send to ePS, so the agreement could not be started (Users should attempt to restart the agreemer from CMD and, if they continue to experience problems, reach out to support).

Denied Payer Agreements

Last Modified on 05/08/2024 10:02 am EDT

Payer Agreements that have been denied must be started again from CollaborateMD's New Payer Agreement process. Follow the steps below to resubmit a previously denied agreement.

1. Select **Customer Setup** > **Payer Agreements**.
2. Search and select the **Provider** you want to fill out an agreement for.
3. Click the **New Agreement** button.
4. Enter your **Search Criteria**.
5. Uncheck the box to "**Do not Include already completed products.**"
6. Click **Search**.
7. Use the **Find in table** search bar to further drill down your results.
8. Place a check in the box for the previously completed agreement you would like to fill out again.
9. Continue with the New Payer Agreement process to finish the registration.

ıdd a Collection Agency

ıt Modified on 03/30/2020 4:56 pm EDT

ollow the steps below to add a Collection Agency.

1. Select **Customer Setup** > **Collection Agencies**.
2. Click **New Collection Agency**.
3. Add the **Collection Agency Name**.
4. Add the **Collection Agency's contact information** (address, phone, fax, email).
5. Click **Save**.

ind or edit a Collection Agency

t Modified on 03/30/2020 4:57 pm EDT

1. Select **Customer Setup** > **Collection Agencies**.
2. Use the **Show All** button to view all agencies. Or use the **Search** field to further drill down your search.

   Check the ***"Include inactive collection agencies"*** box to include inactive agencies in your search results.

3. Select the **Collection Agency**.
4. ***Optional***: Modify the information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate a Collection Agency

t Modified on 03/23/2020 4:08 pm EDT

n the event a Collection Agency is no longer in use, you can inactivate it to prevent staff members in your ffice from using it. Please note that there is no way to permanently delete a Collection Agency.

1. Select **Customer Setup** > **Collections Agencies**.
2. Use the **Show All** button to view all Agencies. Or use the **Search** field to further drill down your search
3. Select the **Collection Agency** you want to make inactive.
4. Place a check in the **Make this agency inactive** box.
5. Click **Save**.

Reactivate a Collection Agency

t Modified on 03/30/2020 5:00 pm EDT

ollow the steps below to reactivate a Collection Agency. .

1. Select **Customer Setup** > **Collection Agencies**.
2. Place a check in the **Include inactive collection agencies** box.
3. Use the **Show All** button to view all agencies. Or use the **Search** field to further drill down your search.
4. Select the **Collection Agency**.
5. Click OK when the "*This collection agency is currently inactive.*" pop-up displays.
6. Uncheck the **Make this collection agency inactive** box.
7. Click **Save**.

ıdd a Collection Agency Note

ıt Modified on 03/30/2020 5:01 pm EDT

lotes can be used to include any special information regarding a collection agency and can be viewed by al sers that have permission to access the Collection Agencies screen.

1. Select **Customer Setup** > **Collection Agencies**.
2. Use the **Show All** button to view all Collection Agencies. Or use the **Search** field to further drill down your search.
3. Select the **Collection Agency.**
4. Locate and click on **Notes** from the right-hand side panel.
5. **Type** your notes.
6. Click **Save.**

Find or edit a Collection Agency Note

Last Modified on 03/30/2020 5:01 pm EDT

1. Select **Customer Setup** > **Collection Agencies**.
2. Use the **Show All** button to view all collection agencies. Or use the **Search** field to further drill down your search.
3. Select the **Collection Agency**.
4. Locate and click on **Notes** from the right-hand side panel.
5. ***Optional***: Modify your note.
6. Click **Save.**

Remove a Collection Agency Note

t Modified on 03/30/2020 5:02 pm EDT

1. Select **Customer Setup** > **Collection Agencies**.
2. Use the **Show All** button to view all collection agencies. Or use the **Search** field to further drill down your search.
3. Select the **Collection Agency**.
4. Locate and click on **Notes** from the right-hand side panel.
5. **Delete** any notes.
6. Click **Save.**

ıdd CPT/HCPCS Codes

t Modified on 09/02/2025 10:38 am EDT

efore adding a new code, we recommend checking your list to verify the code doesn't already exist. Follov ıe steps below to manually add a CPT or HCPCS code.

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Click the **New CPT/HCPCS** button.
3. Add the code name in the **Code** field.

   Only the first five (5) digits will be sent on the claim; any added extensions will not populate.

4. Use the **Type** drop-down menu to select the code **Type**.

   Selecting **Retail** will set this charge to the status of Balance Due Patient when added to claims.

5. Write the code **Description**.
6. Set the **Claim Defaults** you would like this code to follow.
   1. **Use anesthesia base units from the Medicare Physician Fee Schedule:** Place a check in this box to use the MPFS's anesthesia base units when a claim is created. Alternatively, you can manually enter the base units (per minute) if they are different for this code.
   2. **Exclude this code from duplicate service checks:** Place a check in this box to exclude this code from being validated when a duplicate service request is made or when a claim is created.
   3. **This is an all-inclusive code:** Place a check in this box means this code covers all other procedure on the claim, therefore all other line items on the claim will behave based on one of the following selections:
      1. **No other charges on the claim will be billed** No other charges that are part of the claim will be sent out to the payer (all-inclusive).
      2. **All other charges on the claim will be sent with an amount of $0.00** The $0.00 charges are only sent as information to the payer and will not be paid.
         1. **Automatically mark other charges as PAID after billing** Select this option to set all other charges to PAID, rather than AT INSURANCE, when claims are submitted.
      3. **All other charges on the claim will be sent with an amount of $0.01** The $0.01 charges are only sent as information to the payer and will not be paid.

1. **Automatically mark other charges as PAID after billing** Select this option to set all other charges to PAID, rather than AT INSURANCE, when claims are submitted.

4. **This code is a percentage of the claim total** Place a check in this box if the code should be calculated as a percentage of the claim total dollar amount. This will also remove the Default Pric and Default Units fields, as well as add a Default Percent field, in which to specify a percentage o the total claim dollar amount this code represents.

5. Enter the **Default Price**, **Units for this Code**, and set the **Default Charge Status** this code should have when added to a claim.

6. Enter the **Default Rev Code** manually, or click the magnifying glass and choose from the list of options.

7. **Place of Service:** Enter the default Place of Service (POS) for this code manually or by clicking on the magnifying glass and choosing from the list of options.

> ⚠ If no default POS code is selected, it will automatically default to POS 11 on the claim.

8. ***Optional***: Enter the Clinical Laboratory Improvement Amendment (CLIA) Number for this code.

9. Populate the **Type of Service** (TOS) for this code manually, or click the magnifying glass and choose from the list of options.

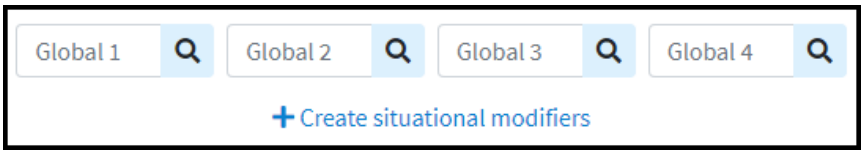
> ⚠ If no defaulted TOS is selected, it will automatically default to TOS 1 on the claim.

> Visit our **Claim Defaults Priority Rules Help Article** for a detailed list of the order of precedence of claim defaults.

7. Set the **Modifiers (Global & Situational)** you would like this code to follow.

1. **Modifiers (Global):** If this code has global default modifiers that should be billed with the code a majority of the time, enter them here manually or by clicking the magnifying glass and choosing from the listed options.

2. **Modifiers (Situational):** To enter modifiers that should be billed with the code in certain situations, click the **Create situational modifiers link** to begin entering the modifiers and rules fo when these modifiers should be used on the claim.



   1. Place a check in the **"Dates of Service in a range"** box to set the Start and End date that this modifier should apply to.

   2. Place a check in the **"A certain primary payer"** box to select a specific payer or payer type that this modifier should apply to.

   3. Place a check in the **"A specific facility"** box to set the **Start** and **End** dates that this modifier should apply to.

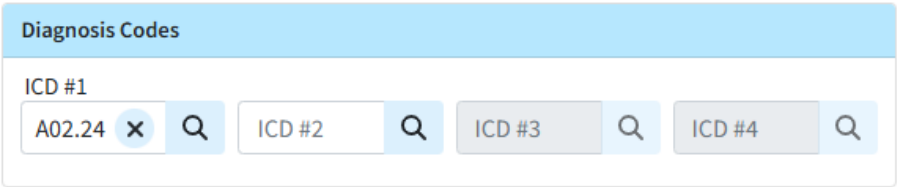
   4. Place a check in the **"A specific rendering provider"** box to select the specific Rendering Provider that this modifier should apply to.

   5. Place a check in the **"Specific Rendering Provider Credentials"** box to enter the specific Rendering Provider Credentials that this modifier should apply to. **Note**: The credentials entered here must match the credentials entered in the credentials field within the Provide section.

   > Situational-based modifiers can be set for Dates of service, Primary Payer, Facility, , Rendering Provider, and Rendering Provider Credentials. Users can add an internal note within the Notes box for Situational-based modifiers.

8. Set the default **Diagnosis Codes** you would like this procedure to automatically populate on claims.

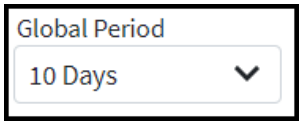
   1. Use the icon to search and select the related Diagnosis Codes you want to default for this procedure.



9. Set the **Billing Alerts** you would like this code to follow.

   1. Use the **drop-down** menu to select the Global Period this Code should follow.

      1. A warning message will appear when creating a new claim that falls within the global period of a previously rendered procedure.



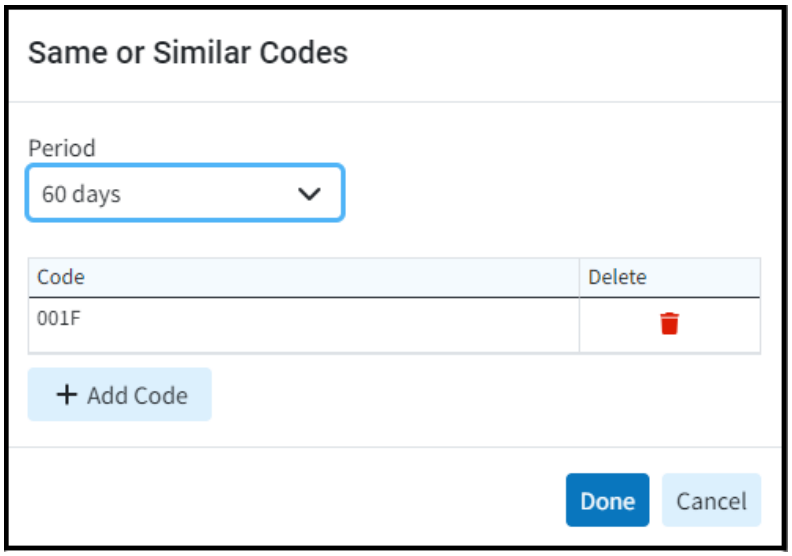
2. Use the **Add New Same/Similar Code List**option to select the similar code period this Code should follow.

> You can add specific procedures (or similar codes) that payers won't cover if billed within a specific time period (e.g., a routine care procedure) to your **Same/Similar Code List**. A warning message will then appear when creating a new claim that falls within the period after a "same or similar" previously rendered procedure.

   1. Use the **drop-down** menu to select the Period (in days) this Code should follow.

   > Tip: For same/similar codes that can't be billed on the same day, use 0 days as the Period.

   2. Click the **Add Code** option and search for the**Procedure Code(s)** to add to your list.
   3. Check the box for the code and click**Select**.
   4. When finished click **Done**.



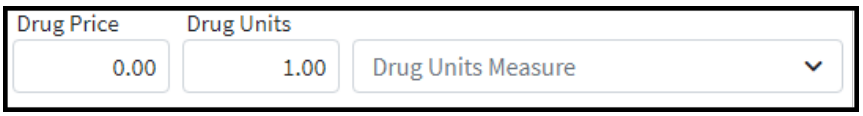
   5. Use the **Prior Authorization Requirements** options to select if this code requires payer authorization for:
      1. **None**: No payers require prior authorization for this procedure.
      2. **All Payers**: All payers require prior authorization for this procedure.

3. **Certain Payers**: Some payers require prior authorization for this procedure (select all that apply from the list).

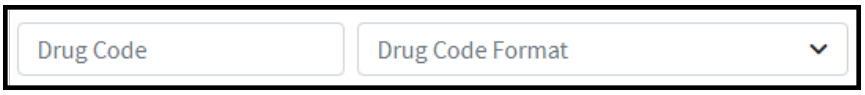
> 🪄 Billing alerts (including Prior Authorization Requirements) will be displayed when running the claim review within Claim Control.

10. Set the **Drug Information** you would like this code to follow.

    1. Enter your default **Drug Price**, **Drug Units,** and use the **Drug Units Measure** drop-down menu to select the measurement for this drug code.

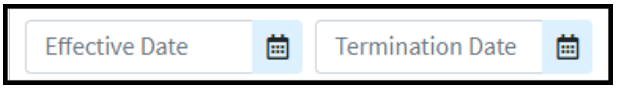
    2. Enter the **Drug** Code, and use the **Drug Code Format** drop-down menu to select the drug code format.

    3. Write an **Additional Description** (for non-specific procedure codes).

11. Set the **Effective/Termination Dates** you would like this code to follow.

    1. Set the **Effective** and **Termination Dates**.

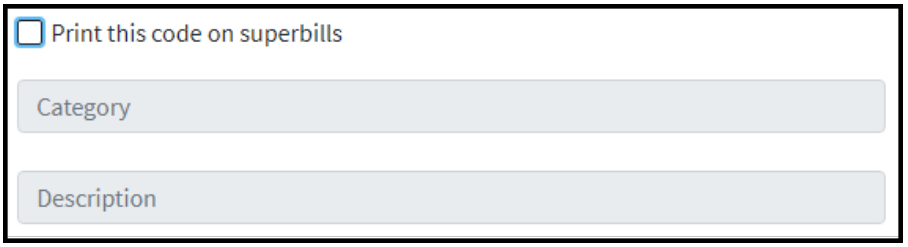
    

12. Set the **Superbill Options** you would like this code to follow.

    1. **Print this code on Superbills**: Place a check in this box to have the code display on your Superbill.

    2. **Category**: This option shows how you group the code(s) on the Superbill

    3. **Description**: Write an abbreviated description.

13. **Statement Description**: Write a statement description for the revenue code that will be printed in the patient statements.

14. Click **Save**.

ıdd CPT Codes from the Master List

ıt Modified on 11/13/2023 3:48 pm EST

his is the easiest way to add a CPT Code to your personal list is to import/add it from the **CPT® codes Master List**.

efore adding a new code, we recommend checking your list to verify the code doesn't already exist. Follov ne steps below to add a CPT code from the master list.

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Click the **Add from CPT® List** button.
3. Once the **Master CPT Selection** window opens, enter your **Search Criteria**.
    1. Use the **All Codes** drop-down menu to select the code category you are looking for.
    2. **Enter Code to Search For:** Use this field to **type in the code** you would like to import.
    3. **Enter Keywords to Search For**: Use this field if you're unsure of the exact code, but **know what is in the description**.
    4. Use the **Order Results By** drop-down to order your search results by **descriptions** or **code**.
    5. Click **Search**.
4. Place a check in the box(es) under the **Selected** column for the code(s) you want to add.
5. Click **Add** .
6. Click **OK** when the confirmation "***All codes were successfully added***." displays.

> 🪄 Claims sent from your EMR/EHR to CollaborateMD with any new CPT® codes not on your local list will be added to your list automatically. You can also add new codes if you're manually entering a claim into the claim section with a code that is not on your local list.

ıdd HCPCS Codes from the Master List

ıt Modified on 12/16/2019 2:26 pm EST

his is the easiest way to add a HCPCS Code to your personal list. The codes containted in the Master List re the codes developed by the Centers for Medicare and Medicaid Services (CMS) in conjunction with 3M lealth Information Management.

efore adding a new code, we recommend checking your list to verify the code doesn't already exist. Follov ıe steps below to add a HCPCS code from the master list.

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Click the **Add from HCPCS List** button.
3. Once the **Master HCPC Selection** window opens, enter your **Search Criteria**.
    1. Use the **Select Range to display** drop-down menu to select the code category you are looking for
    2. **Enter Code to Search For:** Use this field to **type in the code** you would like to add.
    3. **Enter Keywords to Search For**: Use this field if you're unsure of the exact code, but **know what is in the description**.
    4. Use the **Order Results By** drop-down to order your search results by **descriptions** or **code**.
    5. Click **Search**.
4. Place a check in the box(es) under the **Selected** column for the code(s) you want to add.
5. Click **Add** .
6. Click **OK** when the confirmation "***All codes were successfully added.***" displays.

Procedure Code Field Descriptions

t Modified on 11/18/2024 12:22 pm EST

equired fields are indicated in red.

- **Code**: Enter the Procedure code (numbers and/or letters).
- **Code Type**: Select the type of Procedure code (CPT/HCPCS, Other Medical or Retail).
- **Claim Defaults**: Select any applicable claim defaults for the code, as well as the default price, number units and default charge status for the code.
- **Modifiers**: Add any applicable global or Situational modifiers to the code if applicable.
- **Drug Information**: If applicable, include a drug price, units, and drug unit measure (GR, ML, UN, etc.) a well as drug codes and code format.
- **Effective Date**: Effective code date for reporting and tracking purposes only.
- **Termination Date**: Termination code date for reporting and tracking purposes only.
- **Superbill Options**: Configure Superbill options (Enable code to print on superbill and enter code category and description that will reflect on the superbill).
- **Statement Options**: Configure Statement options (Enter a code description that will reflect on the statement).
- **Reporting**: Configure the procedure code by setting a Cost of Goods and Services (COGS) to allow tracking of this data through a custom report.

ind or edit a Procedure Code

t Modified on 01/14/2020 12:47 pm EST

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes in your local list.

   Place a check in the "***Include inactive codes***" box to include inactive codes in your search results.

3. Select the **Procedure Code**.
4. ***Optional***: Modify the procedure code information and reference the Add CPT/HCPCS Codes Help Article for all fields and default settings. .
5. Click **Save**. Otherwise, click **Close** if no changes were made.

ıdd a Procedure Code Note

ıt Modified on 06/10/2019 8:47 am EDT

lotes can be used to include any special information regarding procedure codes and can be viewed by all sers that have permission to view this screen. Using the notes feature can help your team stay organized nd up to date on changes and updates regarding any procedure codes.

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Procedure Code**.
4. Locate and click on the **Notes** tab from the right-hand side panel.
5. **Type** your notes.
6. Click **Save**.

ind or edit a Procedure Code Note

t Modified on 12/20/2019 1:37 pm EST

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Procedure Code**.
4. Locate and click on the **Notes** tab from the right-hand side panel.
5. ***Optional:*** Modify your note.
6. Click **Save**.

Remove a Procedure Code Note

t Modified on 12/16/2019 3:24 pm EST

1. Select **Customer Setup** > **Codes...** > **Procedure Codes.**
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Procedure Code.**
4. Locate and click on the **Notes** tab from the right-hand side panel.
5. **Delete** any notes.
6. Click **Save**.

ıdd a Procedure Code Alert

ıt Modified on 12/20/2019 1:42 pm EST

:ollaborateMD allows you to add specific alerts to your procedure codes. Alerts will appear as a pop-up /henever the procedure code is opened in a section of CollaborateMD. Using alerts helps ensure your tear ; made aware of any important information associated with your procedure codes. For example, "*Tricare oes not accept this code.*" or "*This code is an exclusive code.*"

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS** code or description. Or use the **Show All** button to view all codes.
3. Select the **Procedure Code**.
4. Locate and click on the **Alerts** tab from the right-hand side panel.
5. Click **Add Alert** .
6. **Write the message** you would like to have appear in the alert pop-up.
7. Use the **Display Options** boxes to determine when you would like the alert to appear.

   For more information on the Display Options, please visit the **Alert Display Options Help Article**.

8. The **Effective Date Range** allows you to set how long the alert should remain active.
9. Click **Done** to add your alert.
10. Click **Save.**

ind or edit a Procedure Code Alert

t Modified on 12/20/2019 1:49 pm EST

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Procedure Code**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Select the **Alert**.
6. ***Optional***: Modify the alert.
7. Click **Save**.

Delete a Procedure Code Alert

Last Modified on 12/20/2019 1:50 pm EST

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Procedure Code**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click the **icon** next to the alert.
6. Click **Save**.

Procedure Codes Fee Schedules

t Modified on 04/11/2025 2:51 pm EDT

ee Schedules allow users to create and manage the prices of the procedure(s) or service(s) rendered base n a claim, location, payer, and more. From within the procedure codes section you can update a procedure ode's price for any fee schedule.

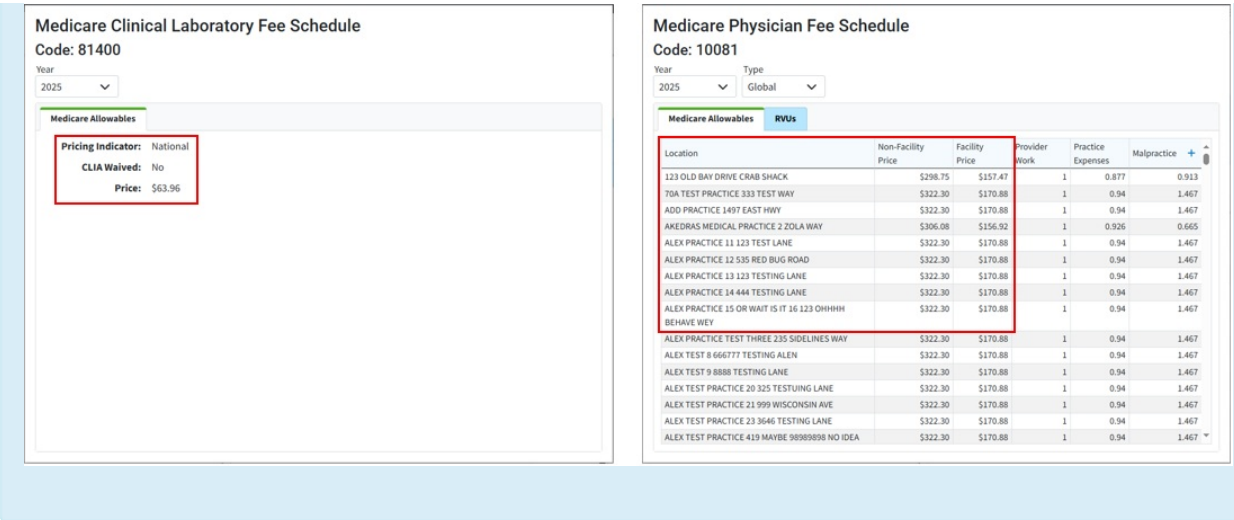
ollow the steps below to update a procedure code's price on a fee schedule

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.

   Place a check in the ***"Include inactive codes"*** box to include inactive codes in your search results.

3. Select the **Procedure Code.**
4. Locate and click on the **Fee Schedules tab** from the right-hand side panel.
5. You can **add, view, or edit** any **prices** associated with this procedure code's fee schedule(s). Click on th price of a Fee Schedule and type in the new price.
6. ***Optional:*** You can access/view the associated fee schedules by clicking on the Fee Schedule Name.
7. ***Optional***: You can view the Medicare Allowables and RVUs by clicking the **View Medicare Fee Schedule Information** link.

   The Medicare Fee Schedule includes the **Medicare Physician Fee Schedule (MPFS)** and the **Medicare Clinical Laboratory Fee Schedule**. Procedure codes associated with a lab or test will be priced by the Clinical Laboratory Fee Schedule, while other procedures will be priced by the Medicare Physician Fee Schedule. Please note that the **Medicare Clinical Laboratory Fee Schedule** consists of a single price, either local or national, in contrast with the **Medicare Physician Fee Schedule**, which is determined based on the specific zip code location.


Medicare Clinical Laboratory Fee Schedule
Code: 81400
Year
2025
Medicare Allowables
Pricing Indicator: National
CLIA Waived: No
Price: $63.96
Medicare Physician Fee Schedule
Code: 10081
Year
2025
Type
Global
Medicare Allowables
RVUs
Location
Non-Facility Price
Facility Price
Provider Work
Practice Expenses
Malpractice
123 OLD BAY DRIVE CRAB SHACK $298.75 $157.47 1 0.877 0.913
70A TEST PRACTICE 333 TEST WAY $322.30 $170.88 1 0.94 1.467
ADD PRACTICE 1497 EAST HWY $322.30 $170.88 1 0.94 1.467
AKEDRAS MEDICAL PRACTICE 2 ZOLA WAY $306.08 $156.92 1 0.926 0.665
ALEX PRACTICE 11 123 TEST LANE $322.30 $170.88 1 0.94 1.467
ALEX PRACTICE 12 535 RED BUG ROAD $322.30 $170.88 1 0.94 1.467
ALEX PRACTICE 13 123 TESTING LANE $322.30 $170.88 1 0.94 1.467
ALEX PRACTICE 14 444 TESTING LANE $322.30 $170.88 1 0.94 1.467
ALEX PRACTICE 15 OR WAIT IS IT 16 123 OHHHH BEHAVE WEY $322.30 $170.88 1 0.94 1.467
ALEX PRACTICE TEST THREE 235 SIDELINES WAY $322.30 $170.88 1 0.94 1.467
ALEX TEST 8 666777 TESTING ALEN $322.30 $170.88 1 0.94 1.467
ALEX TEST 9 8888 TESTING LANE $322.30 $170.88 1 0.94 1.467
ALEX TEST PRACTICE 20 325 TESTUING LANE $322.30 $170.88 1 0.94 1.467
ALEX TEST PRACTICE 21 999 WISCONSIN AVE $322.30 $170.88 1 0.94 1.467
ALEX TEST PRACTICE 23 3646 TESTING LANE $322.30 $170.88 1 0.94 1.467
ALEX TEST PRACTICE 419 MAYBE 98989898 NO IDEA $322.30 $170.88 1 0.94 1.467

8. Click **Save**.

Procedure Codes Contract

t Modified on 02/27/2025 5:25 pm EST

contracts allow practices to keep track of their pre-negotiated reimbursement rates, for each procedure ode and insurance company. You can edit the price on your contracts for your procedure codes from withi ne procedure codes section.

ollow the steps below to update the procedure codes prices on your contracts.

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.

   Place a check in the ***"Include inactive codes"*** box to include inactive codes in your search results.

3. Select the **Procedure Code**.
4. Locate and click on the **Contracts** tab from the right-hand side panel.
5. You can **add, view, or edit** any contract prices associated with this procedure code. Click on a Contract's **Price** and type in the new price for that **Contract**. You can also exclude the code from a contract by placing a check in the **Exclude** box.
6. ***Optional:*** You can access/view the associated contracts by clicking on the Contract Name.
7. Click **Save**.

nactivate a Procedure Code

t Modified on 05/16/2019 5:35 pm EDT

n the event a Procedure Code is no longer in use, you can inactivate the code to prevent staff members in our office from using that code; there is no way to permanently delete a procedure code.

1. Select **Customer Setup** > **Codes...** > **Procedure Codes.**
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Procedure Code**.
4. Place a check in the **Make this code inactive** checkbox.
5. Click **Save**.

Reactivate a Procedure Code

t Modified on 06/10/2019 8:44 am EDT

ollow the steps below to reactivate a Procedure Code.

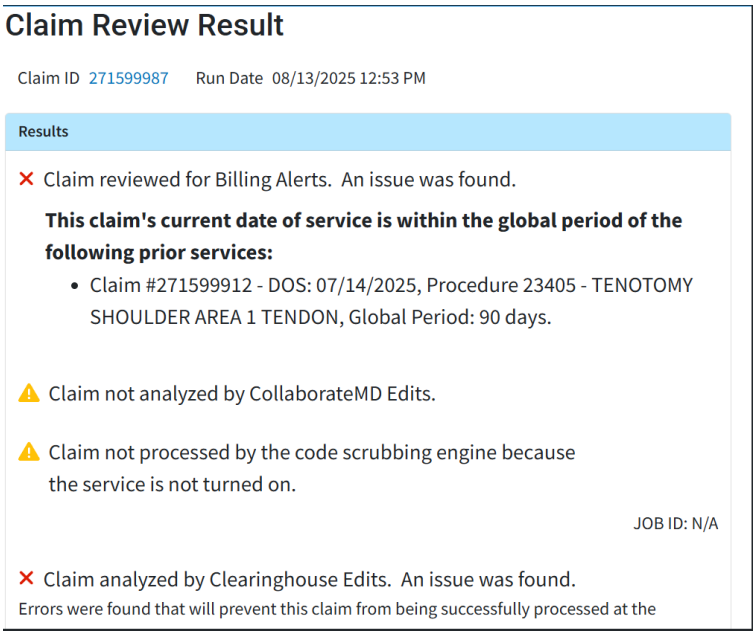
1. Select **Customer Setup** > **Codes...** > **Procedure Codes**
2. Place a check in the **Include inactive codes** box.
3. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes.
4. Select the **Procedure Code**.
5. Click OK when "***This procedure code is currently inactive.***" displays.
6. Uncheck the **Make this code inactive** box.
7. Click **Save**.

ıdding a Global Period Alert

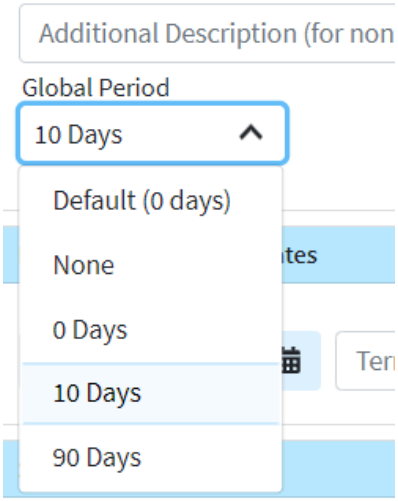
ıt Modified on 08/15/2025 11:08 am EDT

ı Global Period applies to specific procedure codes, typically surgery codes. These procedure codes have a ɔllow-up period during which charges for normal post-operative care are bundled into the global surgery ɜe.

ˈ you save a new claim with a Date Of Service (DOS) that falls within the follow up period (i.e. Global ˈeriod) of a code on a previously created claim, the Global Period Alert will appear.



1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes in your local list.
3. Select the **Procedure Code**.
4. Under **Claim Defaults**, use the **Global Period** drop-down menu to select the Global Period should take



5. Click **Save**

6. ***Optional***: Apply this Global Period Alert to past claims with this procedure code.

    1. Select the date range

    2. Click Update and Save

Want to learn more about Global Period Codes? Click here.

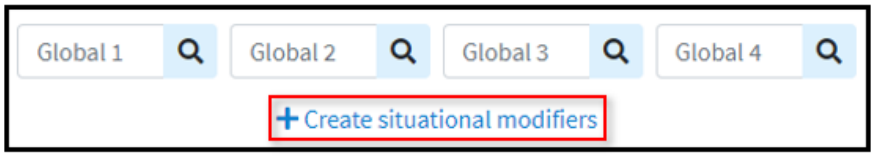
ıdding Situational Modifiers

ɪt Modified on 06/06/2025 12:39 pm EDT

ituational Modifiers enable users to establish rules that automatically apply modifiers in specific situation /hether entering claims manually or receiving them through the interface. This automation streamlines ommon tasks and reduces denials

ollow these steps to set a situational modifier on a procedure code.

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes in your local list.
3. Select the **Procedure Code**.
4. Under **Modifiers (Global & Situational)**, click the **Create situational modifiers** link to enter modifiers that should be billed with the code in certain situations.



5. Enter your modifier(s) by entering them manually or by clicking the magnifying glass icon and selectin from the available options.
6. Select you rules for when these modifiers should be used on the claim.

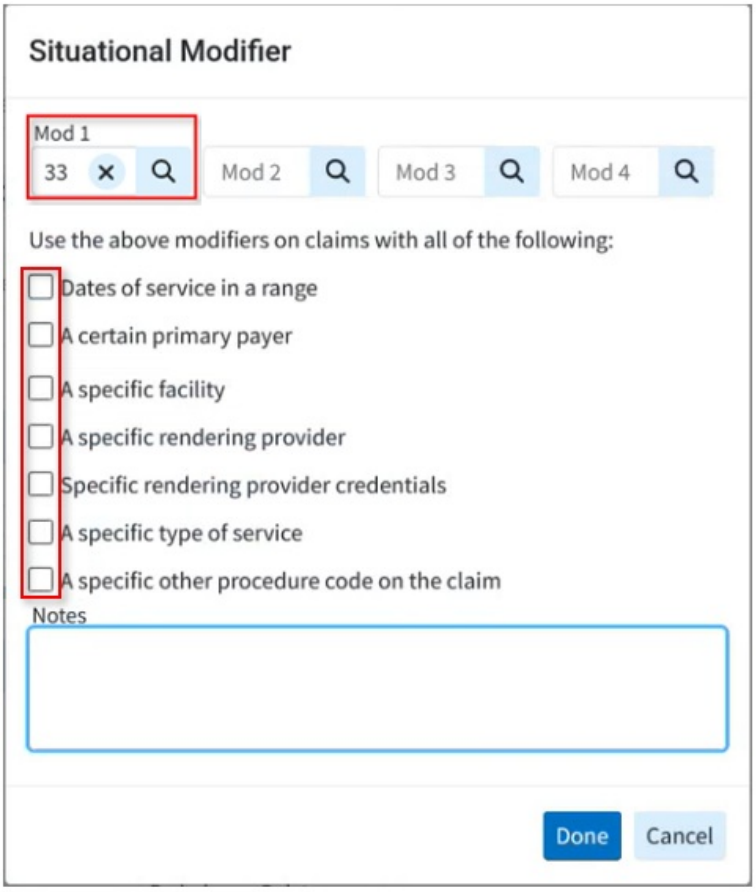
> 🪄 Situational-based modifiers can be set for Dates of service, Primary Payer, Facility, Rendering Provider, Rendering Provider Credentials, TOS, and a specific Other Procedure Code. These options are multi-select (except the specific other procedure code on a claim) and users are able to add an internal note within the Notes box for Situational-based modifiers.

   1. Place a check in the **"Dates of Service in a range"** box to set the Start and End date of service tha this modifier should apply to.
   2. Place a check in the **"A certain primary payer"** box to select a specific payer or payer type that this modifier should apply to.
   3. Place a check in the **"A specific facility"** box to set the **Start** and **End** dates that this modifier should apply to.
   4. Place a check in the **"A specific rendering provider"** box to select the specific Rendering Provide that this modifier should apply to.
   5. Place a check in the **"Specific rendering provider credentials"** box to enter the specific Renderin

Provider Credentials that this modifier should apply to. **Note**: The credentials entered here must match the credentials entered in the credentials field within the Provider section.

6. Place a check in the **"A specific type of service"** box to set a specific TOS code that this modifier should apply to.

7. Place a check in the **"A specific other procedure code on the claim"**box to select a procedure code that will trigger the modifier only when this other procedure is present on a claim.



7. **Optional**: Enter any applicable notes.

8. Click **Done**.

9. Click **Save**.

> Visit our **Claim Defaults Priority Rules Help Article** for a detailed list of the order of precedence of claim defaults.

ıdd a Diagnosis Code

ıt Modified on 07/17/2025 6:07 pm EDT

ɜefore adding a new code, we recommend checking your list to verify the code doesn't already exist. Follov ıe steps below to add a Diagnosis Code.

1. Select **Customer Setup** > **Codes...** > **Diagnosis Codes**.
2. Click the **New Diagnosis** button.
3. Add the code (numbers and/or letters) in the **Code** field.
4. Use the **Code Type** drop-down menu to select the type of diagnosis code.
5. Write the code **Description.**
6. Select an **Effective/Termination Dates** for reporting and tracking purposes only.
7. ***Optional***: Select any Default procedure codes that should automatically be added as a charge line with the corresponding procedure whenever a claim is created or with this diagnosis code or when the diagnosis code is manually entered.
8. ***Optional***: Place a check in the **Print Code on Superbill** and add a **Superbill description**.

   > Superbill Options configured within this section only apply to **Text-Based** or **CMD Default** Superbills.

8. Click **Save**.

ıdd a Diagnosis Code from the Master List

ıt Modified on 12/20/2019 2:02 pm EST

ollow the steps below to add a Diagnosis Code from the master list.

1. Select **Customer Setup** > **Codes...** > **Diagnosis Codes.**
2. Click the **Add From Master List** button.
3. Once the **Master ICD Selection** window opens, enter your **Search Criteria.**
    1. Use the **Select ICD version to display** drop-down to menu to select the diagnosis code version to display.
    2. Use the **Select Range to display** drop-down menu to select the diagnosis code category you are looking for, or leave it set to All Codes.
    3. **Enter Code to Search For:** Use this field to type in the code you would like to add, if known.
    4. **Enter Keyword to Search For:** Use this field if you're unsure of the exact code, but **know what the description contains or a related keyword.**
    5. Use the **Order Results By** drop-down menu to order your search results by **description** or **code**.
    6. Click **Search**.
4. Place a check in the box(es) under the **Selected** column for the **code(s) you want to add.**
5. Click the **Add** button.
6. Click **OK** when the confirmation "***All records inserted***." displays.

Diagnosis Code Field Descriptions

t Modified on 06/10/2019 11:37 am EDT

equired fields are indicated in red.

- **Code**: Enter the ICD code (numbers and/or letters).
- **Code Type**: Select the type of diagnosis code (ICD-10 or ICD-9).
- **Effective Date**: Effective code date for reporting and tracking purposes only.
- **Termination Date**: Termination code date for reporting and tracking purposes only.
- **Superbill**: Configure Superbill options (Enable code to print on superbill and enter code description that will reflect on the superbill).

ind or edit a Diagnosis Code

t Modified on 06/10/2019 9:22 am EDT

1. Select **Customer Setup** > **Codes...** > **Diagnosis Codes**.
2. Use the **Search** field to find the diagnosis code by the **code** or **description**. Or use the **Show All** button to view all codes.

   Place a check in the "***Include inactive codes***" box to include inactive codes in your search results.

3. Select the **Diagnosis Code**.
4. ***Optional***: Modify the diagnosis code information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

ıdd a Diagnosis Codes Alert

ıt Modified on 12/20/2019 2:03 pm EST

:ollaborateMD allows you to add specific alerts to your diagnosis codes. Alerts will appear as a pop-up /henever the diagnosis code is opened in a section of CollaborateMD. Using alerts helps ensure your team ; made aware of any important information associated with your diagnosis codes. For example: "*Do not bill ɔ Medicare*" or "*Only bill POS 21.*"

1. Select **Customer Setup** > **Codes...** > **Diagnosis Codes.**
2. Use the **Search** field to find the diagnosis code by the **code name** or **description**. Or use the Show All button to view all codes.
3. Select the **Diagnosis Code**.
4. Locate and click on the **Alerts tab** from the right-hand side panel.
5. Click **Add Alert** .
6. **Write the message** you would like to appear in the pop-up.
7. Use the **Display Options** box(es) to determine when you would like the alert to appear.

   For more information on the Display Options, please visit the **Alert Display Options Help Article**.

8. The **Effective Date Range** allows you to set how long the alert should remain active.
9. Click **Done** to add your alert.
10. Click **Save**.

ind or edit a Diagnosis Code Alert

t Modified on 12/20/2019 2:31 pm EST

1. Select **Customer Setup** > **Codes...** > **Diagnosis Codes**.
2. Use the **Search** field to find the diagnosis code by **ICD code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Diagnosis Code**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Select the **Alert**.
6. ***Optional***: Modify the alert.
7. Click Save.

Delete a Diagnosis Code Alert

t Modified on 12/20/2019 2:32 pm EST

1. Select **Customer Setup** > **Codes...** > **Diagnosis Codes**.
2. Use the **Search** field to find the diagnosis code by **code name** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Diagnosis Code**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click the **icon** next to the alert.
6. Click **Save**.

nactivate a Diagnosis Code

t Modified on 06/10/2019 9:24 am EDT

n the event a Diagnosis Code is no longer in use, you can inactivate the code to prevent staff members in our office from using it; there is no way to permanently delete a diagnosis code

1. Select **Customer Setup** > **Codes...** > **Diagnosis Codes**.
2. Use the **Search** field to find the diagnosis code by the **code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Diagnosis Code** you want to make inactive.
4. Place a check in the **Make this code inactive** box.
5. Click **Save**.

Reactivate Diagnosis Codes

t Modified on 06/10/2019 9:25 am EDT

ollow the steps below to reactivate a Diagnosis Code.

1. Select **Customer Setup** > **Codes...** > **Diagnosis Codes**.
2. Place a check in the **Include inactive codes** box.
3. Use the **Search** field to find the diagnosis code by the **code name** or **description**. Or use the **Show All** button to view all codes.
4. Select the **Diagnosis Code** to reactivate.
5. Click **OK** "***This diagnosis code is currently inactive.***" displays.
6. Uncheck the **Make this code inactive** box.
7. Click **Save**.

ıdd ICD Procedure Code

ıt Modified on 11/19/2018 7:21 pm EST

ollow the steps below to manually add an ICD Procedure code.

1. Select **Customer Setup** > **Codes...** > **ICD Procedure**.
2. Select **New ICD Procedure Code** button.
3. Add the code name in the **Code** field.
4. Use the **Code Type** drop-down menu to select the **code type**.
5. Write the code **Description**.
6. Click **Save**.

ıdd ICD Procedure Code from Master List

ıt Modified on 11/19/2018 7:21 pm EST

his is the easiest way to add an ICD Procedure Code (ICD-10-PCS) to your personal list. The codes ontained in the master list are the codes developed by the Centers for Medicare and Medicaid Services CMS) in conjunction with 3M Health Information Management.

ollow the steps below to add an ICD-10-PCS code from the master list.

1. Select **Customer Setup** > **Codes...** > **ICD Procedure.**
2. Click the **Add From Master List** button.
3. Once the **Master ICD Selection** window opens, enter your search criteria.
    1. Use the **Select ICD version to display** drop-down to select the version of the code you would like to display.
    2. If you know the code you would like to add, you can enter it in the **Enter Code to Search For** field.
    3. If you're unsure of the exact code, but know what's in the description, you can enter a keyword ir the **Enter Keyword to Search For** field.
    4. Use the **Order Results By** drop-down menu to order your search results by description or code.
    5. Click **Search**.
4. Select the code(s) to add by **checking the box** on the left of each code, in the **Selected** column.
5. Click the **Add** button.
6. A pop-up will appear stating "***All records insert.***" Click **OK**.

ind or edit an ICD Procedure Code

t Modified on 06/10/2019 9:37 am EDT

1. Select **Customer Setup** > **Codes...** > **ICD Procedure.**
2. Use the **Search** field to find the ICD-PCS code by the **code** or **description**. Or use the **Show All** button to view all codes.

   Place a check in the "***Include inactive codes***" box to include inactive codes in your search results.

3. Select the **ICD-PCS code.**
4. ***Optional***: Modify the ICD-PCS code information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate an ICD Procedure Code

t Modified on 06/10/2019 9:43 am EDT

n the event an ICD-PCS code is no longer in use, you caninactivate the code to prevent staff members in our office from using it; there is no way to permanently delete an ICD-PCS code.

ollow the steps below to inactivate an ICD Procedure Code.

1. Select **Customer Setup** > **Codes...** > **ICD Procedure**.
2. Use the **Search** field to find the ICD-PCS code by the **code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **ICD-PCS code** you want to make inactive.
4. Place a check in the **Make this code inactive** box.
5. Click **Save**.

Reactivate an ICD Procedure Code

t Modified on 06/10/2019 9:44 am EDT

ollow the steps below to reactivate an ICD Procedure Code.

1. Select **Customer Setup** > **Codes...** > **ICD Procedure.**
2. Place a check in the **Include inactive codes** box.
3. Use the **Search** field to find the ICD Procedure Code by the **code** or **description**. Or use the **Show All** button to view all codes.
4. Select the **ICD procedure code** to reactivate.
5. Click **OK** when the "***This ICD procedure code is currently inactive***" displays.
6. Uncheck the **Make this code inactive** checkbox.
7. Click **Save**.

ıdd a Revenue Code

ıt Modified on 10/21/2024 10:37 am EDT

ollow the steps below to manually add a Revenue Code

1. Select **Customer Setup** > **Codes...** > **Revenue**.
2. Click the **New Revenue Code** button.
3. Add the code name in the **Code** field.

   Please note that although you can enter up to 9 digits, we will only bill out the first 4 digits. This enables users to utilize the additional characters not billed for reporting, fee schedules, and contracts. It also provides the ability to have different defaults, such as modifiers and default units.

4. Enter your default price for this code in the **Price** field.
5. Write the code **Description**.
6. **Statement Description**: Write a statement description for the revenue code that will be printed in the patient statements.
7. ***Optional***: Use the right-hand side panels to enter a default price for a specific **Fee Schedule** or **Contract**
8. Click **Save**.

ıdd a Revenue Code from Master List

ıt Modified on 06/10/2019 9:56 am EDT

ollow the steps below to add a Revenue Code from the master list.

1. Select **Customer Setup** > **Codes...** > **Revenue**.
2. Click the **Add From Master List** button.
3. Once the **Master Revenue Selection** window opens, enter your search criteria.
    1. If you know the code you would like to add, you can enter it in the **Enter Code to Search For** field.
    2. If you're unsure of the exact code, but you know what's in the description, you can enter a keyword in the **Enter Keyword to Search For** field.
    3. Use the **Category** drop-down menu to select the category of the code you are looking for.
    4. Use the **Order Results By** drop-down menu to order your search results by description or code.
    5. Click **Search**.
4. Select the code(s) to add by **checking the box** on the left of each code, in the **Selected** column.
5. Click the **Add** button.
6. Click OK when "***All records inserted.***" displays.

ind or edit a Revenue Code

t Modified on 06/10/2019 9:51 am EDT

ollow the steps below to find or edit an existing Revenue Code.

1. Select **Customer Setup** > **Codes...** > **Revenue**.
2. Use the **Search** field to find the Revenue Code by the **code** or **description**. Or use the **Show All** button to view all codes.

   Place a check in the ***"Include inactive codes"*** box to include inactivate codes in your search results.

3. Select the **Revenue Code**.
4. ***Optional***: Modify the revenue code information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate a Revenue Code

t Modified on 06/10/2019 9:53 am EDT

n the event a Revenue Code is no longer in use, you can inactivate the code to prevent staff members in our office from using it; there is no way to permanently delete a Revenue Code.

ollow the steps below to to inactivate a Revenue Code.

1. Select **Customer Setup** > **Codes...** > **Revenue**.
2. Use the **Search** field to find the Revenue Code by the **code** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Revenue Code** you want to make inactive.
4. Place a check in the **Make this code inactive** box.
5. Click **Save**.

Reactivate a Revenue Code

t Modified on 06/10/2019 9:54 am EDT

ollow the steps below to reactivate a Revenue Code.

1. Select **Customer Setup** > **Codes...** > **Revenue**.
2. Place a check in the **Include inactive codes** box.
3. Use the **Search** field to find the Revenue Code by the **code** or **description**. Or use the **Show All** button to view all codes.
4. Select the **Revenue Code** to reactivate.
5. Click **OK** when "***This revenue code is currently inactive***." displays.
6. Uncheck the **Make this code inactive** checkbox.
7. Click **Save**.

Revenue Codes Fee Schedules

t Modified on 02/27/2025 5:20 pm EST

ee Schedules allow users to create and manage the prices of the procedure(s) or service(s) rendered base n a claim, location, payer, and more. From within the Revenue Codes section, you can update the price for ny fee schedule.

ollow the steps below to update a revenue code's price on a fee schedule

1. Select **Customer Setup** > **Codes...** > **Revenue Codes**.
2. Use the **Search** field to find the revenue code by the **code** or **description**. Or use the **Show All** button t view all codes.

   Place a check in the ***"Include inactive codes"*** box to include inactive codes in your search results.

3. Select the **Revenue Code.**
4. Locate and click on the **Fee Schedules tab** from the right-hand side panel.
5. You can **add, view, or edit** any **prices** associated with this revenue code's fee schedule(s). Click on a Fe Schedule's price and type in the new price.
6. ***Optional:*** You can access/view the associated fee schedules by clicking on the Fee Schedule Name.
7. Click **Save**.

Revenue Codes Contract

t Modified on 02/27/2025 5:24 pm EST

Contracts allow practices to keep track of their pre-negotiated reimbursement rates for each code and insurance company. You can edit the price on your contracts for your Revenue Codes from within the Revenue Codes section.

ollow the steps below to update the revenue code prices on your contracts.

1. Select **Customer Setup** > **Codes...** > **Revenue Codes**.
2. Use the **Search** field to find the revenue code by the **code** or **description**. Or use the **Show All** button to view all codes.

   Place a check in the ***"Include inactive codes"*** box to include inactive codes in your search results.

3. Select the **Revenue Code**.
4. Locate and click on the **Contracts** tab from the right-hand side panel.
5. You can **add, view, or edit** any contract prices associated with this revenue code. Click on a Contract's **Price** and type in the new price for that **Contract**. You can also exclude the code from a contract by placing a check in the **Exclude** box.
6. ***Optional:*** You can access/view the associated contracts by clicking on the Contract Name.
7. Click **Save**.

Revenue Codes Claim Defaults

t Modified on 09/02/2025 11:04 am EDT

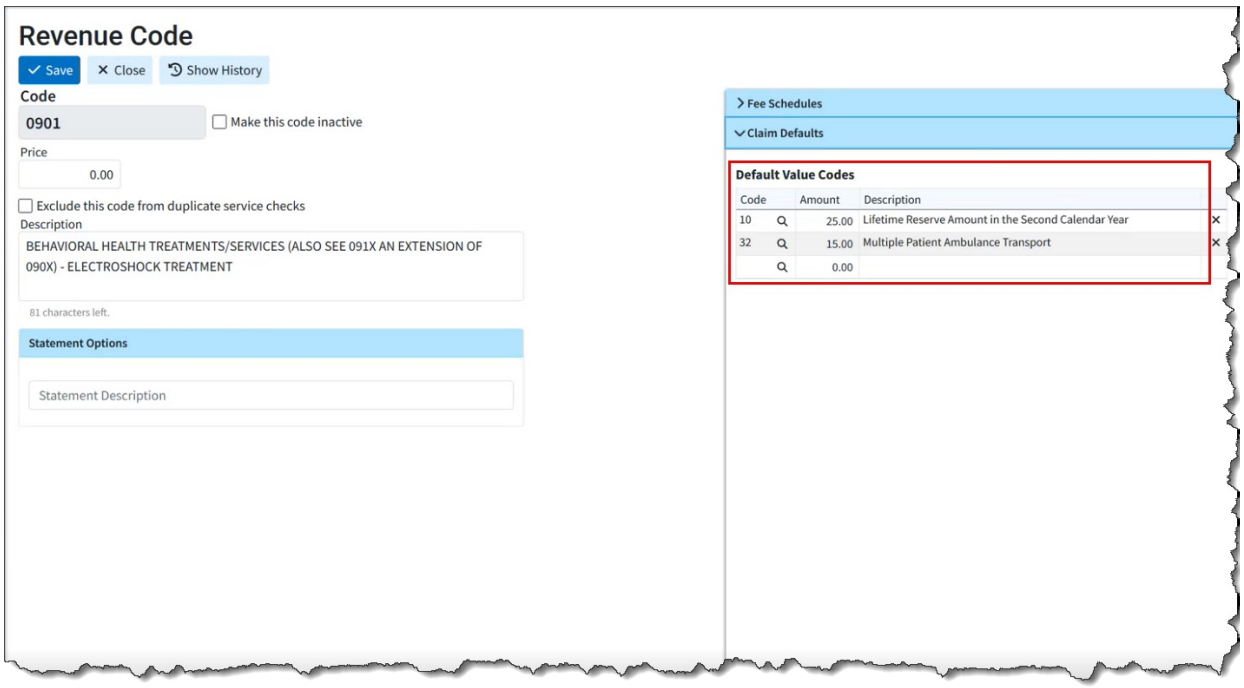
Default Value Codes allow users to set a default Value Code for claims based on the revenue code. When onfigured, the selected Value Codes are automatically added to claims that use that revenue code.

ollow the steps below to set up Default Value Codes.

1. Select **Customer Setup** > **Codes...** > **Revenue Codes**.
2. Use the **Search** field to find the revenue code by the **code** or **description**. Or use the **Show All** button to view all codes.

   Place a check in the ***"Include inactive codes"*** box to include inactive codes in your search results.

3. Select the **Revenue Code.**
4. Locate and click on the **Claim Defaults tab** from the right-hand side panel.
5. Select your Default Value Code(s) from your list by clicking the icon.
6. Click **Save.**



ıdd a Remark or Adjustment Reason Code

ıt Modified on 09/28/2023 3:11 pm EDT

ollow the steps below to manually add a Remark or Adjustment Reason code.

1. Select **Customer Setup** > **Codes...** > **Remittance Codes**.
2. Click the **New Remittance Code** button.
3. Add the code name in the **Code** field.
4. Use the **Type** drop-down menu to select if this code is an **Adj Reason** or **Remark** code
5. Use the **Information Level** drop-down menu to select the information level shown within Claim Tracker as a **Tracking Status**.
    1. **INFO**: This code represents general information only.
    2. **WARNING**: This code represents a warning, alert or some information requiring further review. This will display as a warning in Claim Tracker.
    3. **ERROR**: This code represents a denial, rejection, or other error interrupting the claim process. This will display as an error in Claim Tracker
6. Choose whether you would like to **Include this code on my denial reports** or **Include this code on my adjustment reason reports**.
7. Add a **Report Description.**

    Tip: The description added here can be viewed when running reports that include this remittance code.

8. Add the **Long Description** for your remittance code.
9. Place a check in the **Use Memo line on Activity and Statements** box to configure a memo line that will be added to the Activity and Statement when the code is used.
    1. Place a check in the **Include the amount in the memoline** so that when a remittance code is used, the info line that is included in the statements and activity will show the amount associated with the code.
10. Click **Save**.

ıdd a Remark Code from Master List

ıt Modified on 06/10/2019 10:09 am EDT

ollow the steps below to manually add a remark code from the master list

1. Select **Customer Setup** > **Codes...** > **Remittance Codes**.
2. Click the **Add Remark** button.
3. Use the **Search** field to find the Remark Code you wish to add. Or use the **Show All** button to view all codes.
4. Select the code(s) to add by **checking the box** on the left of each code, in the **Selected** column.
5. Click the **Add** button.
6. Click OK when the "***All records inserted.***" displays.

ıdd an Adjustment Reason Code from Master List

ıt Modified on 06/10/2019 10:09 am EDT

ollow the steps below to add an adjustment reason code from the master list

1. Select **Customer Setup** > **Codes...** > **Remittance Codes**.
2. Click the **Add Adj Reason** button.
3. Use the **Search** field to find the Adj Reason code you wish to add. Or use the **Show All** button to view a codes.
4. Select the code(s) to add by **checking the box** on the left of each code, in the **Selected** column.
5. Click the **Add** button.
6. Click OK when the "***All records inserted.***" displays.

ind or edit a Remittance Code

t Modified on 06/10/2019 10:10 am EDT

ollow the steps below to find or edit an existing Remittance Code.

1. Select **Customer Setup** > **Codes...** > **Remittance Codes**.
2. Use the **Search** field to find the Remittance Code by the **code, description, or memo line**. Or use the **Show All** button to view all codes.

   Place a check in the ***"Include inactive codes"*** box to include inactive remittance codes in your search.

3. Select the **Remittance Code**.
4. If applicable, modify the remittance code information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate a Remittance Code

t Modified on 06/10/2019 10:11 am EDT

n the event a remittance code is no longer in use, you can inactivate the code to prevent staff members in our office from using it; there is no way to permanently delete a remittance code.

ollow the steps below to inactivate a Remittance Code.

1. Select **Customer Setup** > **Codes...** > **Remittance Codes**.
2. Use the **Search** field to find the Remittance Code by the **code, description, or memo line**. Or use the **Show All** button to view all codes.
3. Select the **Remittance Code** you want to make inactivate.
4. Place a check in the **Make this code inactive** box.
5. Click **Save**.

Reactivate a Remittance Code

t Modified on 06/10/2019 10:10 am EDT

ollow the steps below to reactivate a Remittance Code.

1. Select **Customer Setup** > **Codes...** > **Remittance Codes**.
2. Place a check in the **Include inactive codes** box to include inactive remittance codes in your search results.
3. Use the **Search** field to find the Remittance Code by the **code, description, or memo line**. Or use the **Show All** button to view all codes.
4. Select the **Remittance Code** to reactivate.
5. Click OK when the "***This remittance code is currently inactive***." displays.
6. Uncheck the **Make this code inactive** box.
7. Click **Save**.

ıdd New Adjustment Code

t Modified on 06/10/2019 10:29 am EDT

ollow the steps below to add an Adjustment Code.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Click the **New Adjustment Code** button.
3. Add a short **Code** that will help you quickly identify the adjustment reason.

   For example, NOSHOW (No Show), 50OFF (50 Percent Off), BALTRNS (Balance Transfer), or NSF (Non-Sufficient Funds).

4. Use the **Type** drop-down to select the **Adjustment Type**.
   1. **Credit**: Used when you want to write-off a balance or give a patient a discount which can either reduce their balance or give the patient a credit that can be applied towards a current or future charge/debit. (e.g., family/friend discounts, timely filing, financial hardship, payment received) .
   2. **Debit**: Used when you want to charge a patient for a service/product that isn't billable to the insurance company which in result will increase the patient's balance. (e.g., no-show fee, medical record fee, interest, or balance forward when transferring balances from another system).
5. Write a full **Description** for this code.
6. Place a check in the **This credit is a discount that can be calculated as a percentage of the original charge amount** box, if you would like to use this code to discount by a percentage.
   1. Use a **Fixed discount percentage of __%.** All discounts with this code will be the same. Any value up to 100 can be entered into this field.
   2. To apply the discount towards a specific service/CPT code, place a check in the **Apply discount tc specific services** box.
      1. Click **Add** to search for the **Code** this discount should apply to.
      2. Click the **Add** button to add more codes to be used or click on the icon to remove a code.
7. Click **Save**.

ind or edit an Adjustment Code

t Modified on 06/10/2019 10:28 am EDT

ollow the steps below to find an existing adjustment code.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Use the **Search** field to find the adjustment code by searching for the **code name** or **description**. Or use the **Show All** button to view all codes.

   Place a check in the "***Include inactive codes***" box to include inactive adjustment codes in your search results.

3. Select the **Adjustment Code**.
4. ***Optional***: Modify the adjustment code information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate an Adjustment Code

t Modified on 02/14/2023 11:56 am EST

n the event an Adjustment Code is no longer in use, you can inactivate the code to prevent staff members i our office from using it; there is no way to permanently delete an adjustment code.

ollow these steps to inactivate an Adjustment Code.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Use the **Search** field to find the adjustment code by searching for the **code name** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Adjustment Code** you want to make inactive.
4. Check the **Make this code inactive** checkbox.
5. Click **Save**.

Reactivate an Adjustment Code

t Modified on 06/10/2019 10:30 am EDT

ollow the steps below to reactivate an Adjustment Code.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Place a check in the "***Include inactive codes***" box to include inactive adjustment codes in your search results.
3. Use the **Search** field to find the adjustment code by searching for the **code name** or **description**. Or use the **Show All** button to view all codes.
4. Select the **Adjustment Code** you want to reactivate.
5. Click **OK** when "***This adjustment code is currently inactive***" displays.
6. Uncheck the **Make this code inactive** checkbox.
7. Click **Save**.

ıdd New Debit Code

ɪt Modified on 02/22/2023 12:16 pm EST

ollow the steps below to add a Debit Adjustment Code.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Click the **New Adjustment Code** button.
3. Add a short **Code** that will help you quickly identify the adjustment reason.

   For example, NOSHOW (No Show), BALTRNS (Balance Transfer), or NSF (Non-Sufficient Funds).

4. Use the **Type** drop-down to select the **Adjustment Type**.
   1. Select **Debit**: Used when you want to charge a patient for a service/product that isn't billable to the insurance company which as a result will increase the patient's balance. (e.g., no-show fee, medical record fee, interest, or balance forward when transferring balances from another system).
5. Write a full **Description** for this code.
6. Click **Save**.

ıdd New Discount Code

ıt Modified on 02/22/2023 12:16 pm EST

ollow the steps below to add a Discount Adjustment Code.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Click the **New Adjustment Code** button.
3. Add a short **Code** that will help you quickly identify the adjustment reason.

   For example, SELF (Self Pay Discount), 50OFF (50 Percent Off), or HRDSHP (Financial Hardship).

4. Use the **Type** drop-down to select the **Adjustment Type**.
   1. Select **Discount**: Used when you want to give a patient a discount which can either reduce their balance by giving the patient a credit in the form of a percentage or a fixed amount. (e.g., family/friend discounts, timely filing, financial hardship) .
5. Write a full **Description** for this code.
6. Select one of the 3 options under **Discount Setup**:
   1. **Percentage of Charge Amount**: This credit is a discount that can be calculated as a percentage o the original charge amount.
   2. **Percentage of Charge Balance**: This credit is a discount that can be calculated as a percentage of the total charge balance.
   3. **Fixed Amount**: This credit is a discount that can be added as a fixed dollar amount.
7. Enter the percentage or fixed amount to be discounted.

   Optional: Place a check in the **Automatically apply this discount for Prompt Payment** box if you want the discount to apply automatically if paid promptly. Visit our **Create a Prompt Payment Discount Help Article** for detailed steps on creating a prompt payment discount code.

8. Click **Save**.

ıdd a New "Prompt Payment" Discount Code

t Modified on 11/13/2023 10:36 am EST

ollow the steps below to add a Discount Adjustment Code.

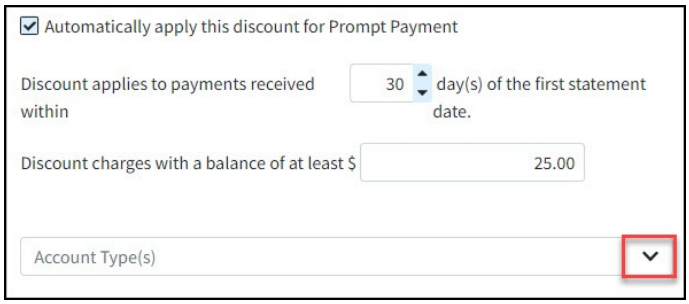
In order to show the information about the **Prompt Payment Discount** within the patient statements, the option to "**Show Prompt Payment Discount Information**" must be enabled from the **User Print Statement Templates**. Please take a look at our Statement Configuration Help Article for more info.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Click the **New Adjustment Code** button.
3. Add a short **Code** that will help you quickly identify the adjustment reason.

   For example, PROMPT (Prompt Payment Discount).

4. Use the **Type** drop-down to select the **Adjustment Type**.
   1. Select **Discount**: Used when you want to give a patient a discount which can either reduce their balance by giving the patient a credit in the form of a percentage or a fixed amount. (e.g., family/friend discounts, timely filing, financial hardship) .
5. Write a full **Description** for this code.
6. Select one of the 3 options under **Discount Setup**:
   1. **Percentage of Charge Amount**: This credit is a discount that can be calculated as a percentage o the original charge amount.
   2. **Percentage of Charge Balance**: This credit is a discount that can be calculated as a percentage of the total charge balance.
   3. **Fixed Amount**: This credit is a discount that can be added as a fixed dollar amount.
7. Enter the percentage or fixed amount to be discounted.
8. Place a check in the **Automatically apply this discount for Prompt Payment** box.
   1. Select the maximum number of days for the payment to be considered "Prompt" (10, 15, 30...).
   2. Enter the minimum charge amount required to qualify for the discount.

3. Click the **Account Type(s)** dropdown to select specific patient account types (eg., Self Pay, Payment Plan, Collection) that the discount will apply to.



9. Click **Save**.

nactivate a Prompt Payment Discount Code

t Modified on 02/22/2023 12:17 pm EST

n the event that a **Prompt Payment Discount** (Adjustment Code) is no longer needed, you can inactivate ne code to prevent it from automatically applying discounts to patients. **Note**: There is no way to ermanently delete an adjustment code.

ollow these steps to inactivate a Prompt Payment Discount Code.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Use the **Search** field to find the adjustment code by searching for the **code name** or **description**. Or use the **Show All** button to view all codes.
3. Select the (Prompt Payment Discount) **Adjustment Code** you want to make inactive.
4. Check the **Make this code inactive** checkbox.
5. Click **Save**.

Reactivate a Prompt Payment Discount Code

t Modified on 03/07/2023 4:21 pm EST

n the event a **Prompt Payment Discount** Adjustment Code needs to be reactivated to begin automatically pplying the patient discounts, you can reactivate the existing inactive code.

ollow the steps below to reactivate a Prompt Payment Discount Code.

1. Select **Customer Setup** > **Codes...** > **Adjustment**.
2. Place a check in the "***Include inactive codes***" box to include inactive adjustment codes in your search results.
3. Use the **Search** field to find the adjustment code by searching for the **code name** or **description**. Or use the **Show All** button to view all codes.
4. Select the **Adjustment Code** you want to reactivate.
5. Click **OK** when "***This adjustment code is currently inactive***." displays.

6. Uncheck the **Make this code inactive** checkbox.
7. Click **Save**.

ıdd an Inventory Code

ıt Modified on 05/16/2019 9:20 pm EDT

1. Select **Customer Setup** > **Codes...** > **Inventory**.
2. Select **New Inventory** button.
3. Add a **Code** that describes the product (i.e. *FOREARM CRUTCHES* or *FA CRUTCH*).
4. ***Optional***: Search for a **CPT** code you would like to associate with this product. This will automatically populate the CPT code whenever the inventory code is selected first.
5. Enter the amount of product currently in stock in the **Quantity** field.

   ⚠ When added to a new claim, this quantity will auto-decrement based on the number of units associated to the charge(s) as long as the code is entered on a new line item row. Do not override a line item already populated with information.

6. Write a full description of the product in the **Code Description** field.
7. Add a **Billing Description** that can be referenced when running reports related to inventory codes (e.g Inventory Report).
8. Place a check the **Use Alert** box to notify your staff when a product needs to be reordered after a certain threshold.
9. Click **Save**.

ind or edit an Inventory Code

t Modified on 05/16/2019 9:22 pm EDT

ollow the steps below to find or edit an existing inventory code.

1. Select **Customer Setup** > **Codes...** > **Inventory**.
2. Use the **Search** field to find the inventory code by the **code name** or **description**.

   > 🪄 Place a check the ***"Include inactive codes"*** box to include inactive inventory codes in your search results.

3. Select the **Inventory Code**,
4. ***Optional***: Modify the inventory code information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

ıdd an Inventory Code Alert

ıt Modified on 06/05/2019 8:30 pm EDT

ıventory alerts will notify you when inventory levels fall below thresholds you set. Alerts can be triggered ased on a minimum quantity in stock or when your position falls below an estimated number of days on and. Use inventory alerts to give you advance notice on when you should resupply your stock, and/or to now when levels are so low you may be losing sales.

1. Select **Customer Setup** > **Codes...** > **Inventory.**
2. Use the **Search** field to find the inventory code by the code name or description. Or use the **Show All** button to view all codes.
3. Check the **Use Alert** box.
4. **Alert Message:** Enter a message to inform the users that the product needs to be restocked. For example, "*We're running low on crutches. Notify the office Manager ASAP*".
5. **Display alert when quantity falls below:**Specify the threshold you wish to be alerted when your inventory reaches a certain number, or when it is completely depleted.
6. Click **Save**.

ind or edit an Inventory Cide Alert

t Modified on 06/05/2019 8:30 pm EDT

ollow the steps instructions below to edit an Inventory Code Alert.

1. Select **Customer Setup** > **Codes...** > **Inventory**.
2. Use the **Search** field to find the Inventory code by code name or description, or use the Show **All** buttor to view all codes.

   Place a checkmark in the *"Include inactive codes"* box to include inactive codes in your search results.

3. Select the **Inventory Code** you want to edit the alert for.
4. Locate the alert message field and make any necessary edits.
5. ***Optional***: Make any adjustments to the "Display alert when quantity falls below" field.
6. Click **Save**.

Please pull the Inventory Report located in the Misc. Report folder in Report Viewer to find a list of all active inventory codes on your account.

)elete an Inventory Code Alert

:t Modified on 06/05/2019 8:32 pm EDT

ollow the steps instructions below to delete an Inventory Code Alert.

1. Select **Customer Setup** > **Codes...** > **Inventory**.
2. Use the **Search** field to find the Inventory code by code name or description, or use the **Show All** buttor to view all codes.

   Place a checkmark in the *"Include inactive codes"* box to include inactive codes in your search results.

3. Select the **Inventory Code** you want to delete the alert for.
4. Locate and uncheck the **Use Alert** box.
5. Click **Save**.

nactivate an Inventory Code

t Modified on 05/16/2019 9:32 pm EDT

n the event an Inventory Code is no longer in use, you can inactivate the code to prevent staff members in our office from using it; there is no way to permanently delete an inventory code.

ollow the steps below to inactivate an Inventory Code.

1. Select **Customer Setup** > **Codes...** > **Inventory**.
2. Use the **Search** field to find the inventory code by the **code name** or **description**. Or use the **Show All** button to view all codes.
3. Select the **Inventory Code** you want to make inactive.
4. Place a check in the **Make this inventory code inactive** box.
5. Click **Save**.

Reactivate an Inventory Code

t Modified on 06/05/2019 8:32 pm EDT

ollow the steps below to reactivate an Inventory Code.

1. Select **Customer Setup** > **Codes...** > **Inventory**.
2. Place a check in the ***"Include inactive codes"*** box to include inactive inventory codes in your search results.
3. Use the **Search** field to find the Inventory Code by the**code name** or **description**.Or use the **Show All** button to view all codes.
4. Select the **Inventory Code** you want to reactivate.
5. Click **OK** when the "***This inventory code is currently inactive.***" pop-up displays.
6. Uncheck the **Make this code inactive** checkbox.
7. Click **Save**.

ıdd a Charge Panel

ıt Modified on 06/05/2019 7:59 pm EDT

1. Select **Customer Setup** > **Codes...** > **Charge Panels**.
2. Click the **Add Panel** button.
3. Type a name for this charge panel in the **Title** field.
4. In the **Code** field, enter a short code that can be used as a shortcut to enter this panel into a claim. All charge panels will begin with CP (Charge Panels).

   Limitations: Charge Panel "Codes" must be unique to the customer you're currently logged into. The Code field supports numbers OR letters after the "CP".

5. Use the **Type** drop-down menu to select whether this charge panel will be used on Professional or Institutional claims.
6. Write a description for this charge panel in the **Description** field.
7. Click on the icon in the **Code** column to **select a CPT/HCPCS code** to include on the charge panel.
8. Configure the default selections for the code.

   ⚠ When using the code default modifiers and/or price, the system will not display the defaults as these can be set globally or for specific situations. Please refer to the Codes Defaults and Fee Schedule Help Articles for more information.

9. Click the **Add Charge** button to continue adding codes.
10. Click the **Save** button.

ind or edit a Charge Panel

t Modified on 05/16/2019 9:09 pm EDT

ollow the steps below to find or edit an existing Charge Panel.

1. Select **Customer Setup** > **Codes...** > **Charge Panels**.
2. Use the **Show All** button to view all charge panels or use the **Search** field to further drill down your search.

   Place a check the "***Include inactive panels***" box to include inactive panels in your search results.

3. Select the **Charge Panel**.
4. ***Optional***: Modify the charge panel.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate a Charge Panel

t Modified on 06/05/2019 8:00 pm EDT

n the event a Charge Panel is no longer in use, you can inactivate the panel to prevent staff members in our office from using or referencing it; there is no way to permanently delete a charge panel.

1. Select **Customer Setup** > **Codes...** > **Charge Panels**.
2. Use the **Show All** button to view all charge panels or use the **Search** field to further drill down your search.
3. Select the **Charge Panel** you want to make inactive.
4. Place a check in the **Make this charge panel inactive** box.
5. Click **Save**.

Reactivate a Charge Panel

t Modified on 05/16/2019 9:10 pm EDT

ollow the steps below to reactivate a Charge Panel.

1. Select **Customer Setup** > **Codes...** > **Charge Panels**.
2. Place a check in the ***"Include inactive panels"*** box to include inactive panels in your search results.
3. Use the **Show All** button to view all charge panels. Or use the **Search** field to further drill down your search.
4. Select the **Charge Panel** to reactivate.
5. Click **OK** when the "***This charge panel is currently inactive.***" pop-up displays.
6. Uncheck the **Make this charge panel inactive** box.
7. Click **Save**.

ıdd an empty Fee Schedule

ıt Modified on 07/05/2019 8:56 pm EDT

1. Select Customer **Setup** > **Codes...** > **Fee Schedules**.
2. Click the **New Fee Schedule** button.
3. Select Create an empty fee schedule.
4. Select the **Show Preview** button.
5. Type your fee schedule name in the **Name** field.
6. Enter the **Effective From** and **Effective To dates**.
7. Write a **Description** of your fee schedule.
8. Within the Fee Schedule tab, a list of your CPT/HCPCS and Revenue Codes will display.

   At least one CPT/HCPCS and Revenue code must be added in order to create a new fee schedule.

9. **Add your prices** to the codes in the Price column.
10. From the **Configuration** tab, select how to apply your fee schedule.
    1. Apply based on payer, payer type, or patient type: This option will allow you to apply this fee schedule to a specified primary payer, primary payer type, or patient type.
       1. **Select Payer (based on primary payer).**
          1. Place a check in the **Set as default for new payers** box to have this fee schedule apply t any newly created payer.
          2. Use the **Payer** drop-down menu to select the payers this fee schedule should apply to.
       2. **Select Payer Type (based on primary payer).**
          1. Use the **Payer Type** drop-down menu to select the payer types this fee schedule shoul apply to.
       3. **Select Patient Account Type.**
          1. Use the **Patient Account Type** drop-down menu to select the patient types this fee schedule should apply to.
    2. **Apply based on location or provider**: This option will allow you to apply this fee schedule to a

specified rendering provider, rendering provider's practice, facility, or facility and provider.

1. **Select Provider (based on the Rendering Provider)**
    1. Place a check in the **Set as default for new providers** box to have this fee schedule apply to any newly created providers.
    2. Use the **Provider** drop-down menu to select the provider this fee schedule should appl to.
2. **Select Practice.**
    1. Place a check in the **Set as default for new practices** box to have this fee schedule appl to any newly created practices.
    2. Use the **Practice** drop-down menu to select the practices this fee schedule should appl to.
3. **Select Facility.**
    1. Place a check in the **Set as default for new facilities** box to have this fee schedule apply to any new created facilities.
    2. Use the **Facility** drop-down menu to select the facilities this fee schedule should apply to.
4. **Select Facility & Provider.**
    1. Use the **Facility** & **Provider** drop-down menu to select the facility and provider this fee schedule should apply to.

3. **Apply based on Place of Service or Type of Service:** This option will allow you to apply this fee schedule to a specified POS or TOS.
    1. **Select Place of Service.**
        1. Use the **Place of Service** drop-down menu to select the POS codes this fee schedule should apply to.
    2. **Select Type of Service.**
        1. Use the **Type of Service** drop-down menu to select the TOS code this fee schedule should apply to.

11. Click **Save**.

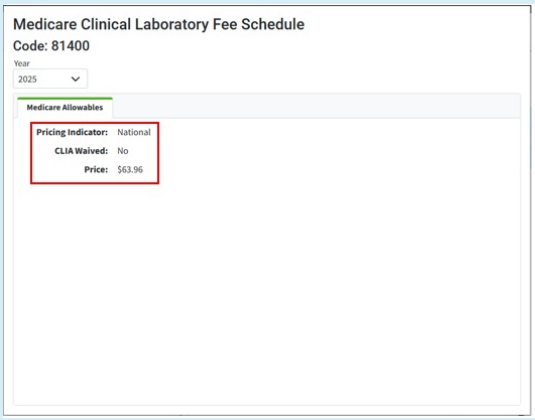
ıdd a Fee Schedule

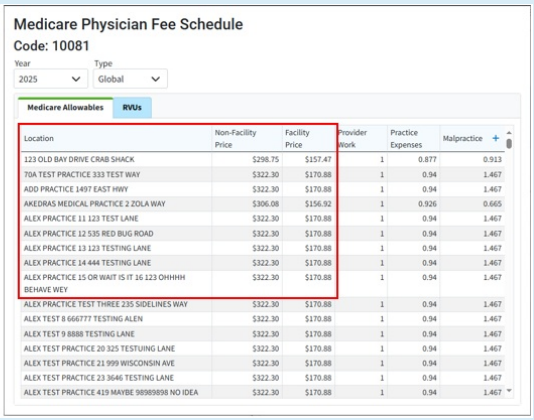
ɨt Modified on 04/11/2025 2:58 pm EDT

here are many different ways to add a Fee Schedule. Follow the steps below to add a Fee Schedule based ·om an existing Fee Schedule or contract, from the Medicare Fee Schedule, or from charges entered.

1. Select **Customer Setup** > **Codes...** > **Fee Schedules**.
2. Click the **New Fee Schedule** button.
3. Select how you want to base the fee schedule from.
    1. **Set prices based on another Fee Schedule.**
        1. Select the **Existing Fee Schedule** from the list.
    2. **Set prices based on the Medicare Fee Schedule.**
        1. Use the **Medicare Fee Schedule Year** drop-down menu to select which Medicare Fee Schedule Year to use (the Medicare Clinical Laboratory Fee Schedule is only available starting in 2025).
        2. Enter your **Zip code** or enter the **Carrier** and **Locality**.

> The Medicare Fee Schedule includes the **Medicare Physician Fee Schedule (MPFS)** and the **Medicare Clinical Laboratory Fee Schedule**. Procedure codes associated with a lab or test will be priced by the Clinical Laboratory Fee Schedule, while other procedures will be priced by the Medicare Physician Fee Schedule. Please note that the **Medicare Clinical Laboratory Fee Schedule** consists of a single price, either local or national, in contrast with the **Medicare Physician Fee Schedule**, which is determined based on the specific zip code location.





3. Select the **Pricing Method.**
    1. **Use Non-Facility Pricing:** Selecting this will not return the Medicare Fee Schedule's non-

facility codes that are not applicable for non-facility pricing.

    1. **Include prices for codes that are not applicable for non-facility** Select this option if you still want to use those prices (when basing the fees on the Medicare fee schedule but not necessarily submitting all claims to Medicare).

  2. Or select **Facility Pricing** (default behavior).

4. **Set prices based on a Contract.**

  1. **Use the maximum contract price for each code**: Set the procedure code prices based on the maximum price across all of your contracts.

  2. **Base Prices on a specific contract**: Select a specific contract to base your procedure code prices off of.

  3. **Set prices based on charges entered**: Specify how far back the system should look for previously billed prices for your procedure codes.

4. **Select one of the Adjust Prices** options for your new contact based on the Medicare Fee Schedule.

  1. **Do not adjust the prices of the new Fee Schedule**: Do not adjust any of the procedure code price on this contact.

  2. **Increase prices by**: Increases the procedure code prices by adding a percentage of change to the original amount.

> If a procedure code with a price of $200 is **increased** by 140% it will calculate for a total of $480. ($200 + $280 (140% of the price)).

  3. **Decrease prices by**: Decrease the procedure code prices by subtracting a percentage of change from the original amount.

> If a procedure code with a price of $200 is **decreased** by 40% it will calculate for a total of $120. ($200 - $80 (40% of the price)).

  4. **Adjust prices to**: Adjust the procedure code prices by a set percentage based off of the original price.

> If a procedure code with a price of $200 is adjusted by 140% it will calculate for a total of $280.

5. **Round prices up the next whole dollar amount** Automatically adjust the prices to the nearest whole dollar amount.

5. Select the **Show Preview** button.

6. **Type** your fee schedule name in the **Name** field.

7. Enter the **Effective From** and **Effective To** dates to apply this fee schedule based on the dates of service.

8. Write a **Description** of your fee schedule.

9. Within the **Fee Schedule** tab, a list of your CPT/HCPCS and Revenue codes will appear.

> ⚠ At least one CPT/HCPCS and Revenue code must be added in order to create a new fee schedule.

10. **Add your prices** to the codes on the price column.

11. ***Optional***: From the **Configuration** tab, select how to apply your fee schedule

    1. **Apply based on payer, payer type, or patient type** This option will allow you to apply this fee schedule to a specified primary payer, primary payer type, or patient type.

        1. **Select Payer (based on primary payer).**

            1. Place a check in the **Set as default for new payers** box to have this fee schedule apply t any newly created payer.

            2. Use the **Payer** drop-down menu to select the payers this fee schedule should apply to.

        2. **Select Payer Type (based on primary payer).**

            1. Use the **Payer Type** drop-down menu to select the payer types this fee schedule shoul apply to.

        3. **Select Patient Account Type.**

            1. Use the **Patient Account Type** drop-down menu to select the patient types this fee schedule should apply to.

    2. **Apply based on location or provider.** This option will allow you to apply this fee schedule to a specified rendering provider, rendering provider's practice, facility, or facility and provider.

        1. **Select Provider (based on the Rendering Provider)**

            1. Place a check in the **Set as default for new providers** box to have this fee schedule apply to any newly created providers.

        2. Use the **Provider** drop-down menu to select the provider this fee schedule should appl to.

    2. **Select Practice.**

        1. Place a check in the **Set as default for new practices** box to have this fee schedule appl to any newly created practices.

        2. Use the **Practice** drop-down menu to select the practices this fee schedule should appl to.

    3. **Select Facility.**

        1. Place a check in the **Set as default for new facilities** box to have this fee schedule apply to any new created facilities.

        2. Use the **Facility** drop-down menu to select the facilities this fee schedule should apply to.

    4. **Select Facility & Provider.**

        1. Use the **Facility** & **Provider** drop-down menu to select the facility and provider this fee schedule should apply to.

3. **Apply based on Place of Service or Type of Service**: This option will allow you to apply this fee schedule to a specified POS or TOS.

    1. **Select Place of Service.**

        1. Use the **Place of Service** drop-down menu to select the POS codes this fee schedule should apply to.

    2. **Select Type of Service.**

        1. Use the **Type of Service** drop-down menu to select the TOS codes this fee schedule should apply to.

4. **Apply based on Modifier**: This option will allow you to apply this fee schedule to a specified modifier.

    1. **Select Modifier.**

        1. Use the **Modifier(s)** drop-down menu to select the modifiers this fee schedule should apply to.

12. ***Optional***: From the **Anesthesia** tab, select how to calculate the number of units for anesthesia procedures:

    1. **Use anesthesia base units from the Medicare Physician Fee Schedule** This option will use the anesthesia base units (15 Minutes = 1 Unit) from the MPFS (recommended).

2. **Change the number of minutes per unit for anesthesia procedures**: This option will allow you to manually enter the number of minutes per unit for anesthesia procedures when using this fee schedule.

13. Click **Save**.

ıdd a Fee Schedule from imported prices

t Modified on 08/27/2026 2:20 pm EDT

ollow the steps below to add a fee scheduled based on imported prices.

'art 1: Create a Spreadsheet

1. The first row of the spreadsheet should only contain **column names**.
2. Label the **First** column of the spreadsheet as **Code**, it should contain the list your **billing codes**.
3. Label the **Second** column of the spreadsheet as **Description**, it should contain the list of **code descriptions**.

   ⚠ If the code is not in your local list, it will be added with this description. If a code is in your local list, but doesn't have a description, it will add the description from the spreadsheet.

4. Label the **Third** column of the spreadsheet as **Default**, it should contain the list of **default billing prices**.

   ⚠ If the code is not in your local list, it will be added with this default price.

5. Label the **Fourth** column of the spreadsheet as **Price**, it should contain list of **Billing Prices**.

   Example Format

   Column headers must be the first row. Columns marked with a * are required.

Code *	Description	Default	Price *
99212	If the code is not in your local list, it's added with this description. OFFICE VISIT	If the code is not in your local list, it's added with this default price. 45.00	50.25

6. **Save** the spreadsheet as a Comma delimited (.csv), Excel (.xls or .xlsx) file.

   ⚠ Only the first sheet/tab will be imported.

'art 2: Importing into CollaborateMD

1. Select **Customer Setup** > **Codes...** > **Fee Schedules**.
2. Click the **New Fee Schedule** button.
3. Select the **Import Prices** option.

4. Use the **File to Import** field to upload the spreadsheet.
5. Click the **Show Preview** to import the spreadsheet.
6. **Type** the name for the contact in the Name field.
7. Enter the **Effective From** and **Effective To** dates.
8. Write a **Description** of your fee schedule.
9. Within the **Fee Schedule** tab, a list of your CPT/HCPCS and Revenue Codes will display.

   ⚠ At least one CPT/HCPCS and Revenue code must be added in order to create a new fee schedule.

10. **Add your prices** to the codes on the **Price** column.
11. From the **Configuration** tab, select how to apply your fee schedule.
    1. **Apply based on payer, payer type, or patient type** This option will allow you to apply this fee schedule to a specified primary payer, primary payer type, or patient type.
    2. **Apply based on location or provider**: This option will allow you to apply this fee schedule to a specified rendering provider, rendering provider's practice, facility, or facility and provider.
    3. **Apply based on Place of Service or Type of Service**: This option will allow you to apply this fee schedule to a specified POS or TOS.
12. Select your configuration fields.
13. Click **Save**.

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ind or edit a Fee Schedule

t Modified on 05/16/2019 6:38 pm EDT

ollow the steps below to find or edit an existing Fee Schedule.

1. Select **Customer Setup** > **Codes...** > **Fee Schedules**.
2. Use the **Show All** button to view all fee schedules. Or use the **Search** field to further drill down your search.

   Place a check in the ***"Include inactive fee schedules"*** box to include inactive fee schedules in your search results.

3. Select the **Fee Schedule.**
4. **Optional**: Modify the Fee Schedule.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

Jpdate Fee Schedule Prices

t Modified on 05/16/2019 6:35 pm EDT

⚠ Any claims previously entered will still be submitted with the old pricing. Only claims entered after the Fee Schedule price has been updated will include the new fee schedule pricing.

1. Select **Customer Setup** > **Codes...** > **Fee Schedules**.
2. Use the **Show All** button to view all fee schedules. Or use the **Search field** to further drill down your search.
3. Select the **Fee Schedule** from the list, (if multiple exist).
4. Select the **Update Prices** button.
5. Within the **Update Fee Schedule** window, select from the following options:
    - **Adjust existing prices**: This option will allow you to adjust your fee schedule pricing by increasing decreasing, or rounding the price.
    - **Set prices based on another fee schedule** This option allows you to change your existing fee schedule based on the pricing entered on another existing fee schedule.
    - **Set prices based on the Medicare Fee Schedule** This option allows you to change your existing fee schedule based on the pricing Medicare has suggested.
    - **Set prices based on a Contract** This option allows you to change your existing fee schedule base on the code pricing for the contract selected you created within the Contracts tab of the Codes section.
    - **Set prices based on charges entered** This option allows you to change your existing fee schedule based on the maxim amount billed for each code within x number of days you enter.
    - **Import prices**: This option allows you to change your existing fee schedule by importing a spreadsheet you have created.
6. Update your pricing and click **Update Prices**.
7. **Click Save.**

:xport Fee Schedule

:t Modified on 01/06/2020 11:28 am EST

1. Select **Customer Setup** > **Codes...** > **Fee Schedules**.
2. Use the **Show All** button to view all fee schedules or use the **Search field** to further drill down your search.
3. Select the Fee Schedule from the list.
4. Select Export .
5. Your Fee Schedule will export as a .csv file and be saved to the downloads folder on your computer.

nactivate a Fee Schedule

t Modified on 05/16/2019 6:36 pm EDT

n the event a Fee Schedule is no longer needed, follow the instructions below to inactivate that schedule; here is no way to permanently delete a Fee Schedule.

1. Select **Customer Setup** > **Codes...** > **Fee Schedules**.
2. Use the **Show All** button to view all fee schedules. Or use the **Search** field to further drill down your search.
3. Select the **Fee Schedule**.

   ⚠ You cannot make the Default Fee Schedule inactive.

4. Place a check in the **Make this fee schedule inactive** checkbox.
5. Click **Save**.

Reactivate a Fee Schedule

t Modified on 05/16/2019 6:37 pm EDT

ollow the steps below to reactivate a Fee Schedule.

1. Select **Customer Setup** > **Codes...** > **Fee Schedules**.
2. Place a check in the "***Include inactive Fee Schedules***" box to include inactive fee schedules in your searcl results.
3. Use the **Show All** button to view all fee schedules. Or use the **Search field** to further drill down your search.
4. Select the **Fee Schedule.**
5. Click **OK** when the ***"This fee schedule is currently inactive."*** pop-up displays.
6. Uncheck the **Make this fee schedule inactive** checkbox.
7. Click **Save**.

he basics

t Modified on 03/07/2019 7:23 pm EST

wo critical steps must be completed in order to have your contract prices appear when posting insurance ayments.

- **Step 1**: You must create the contract in the Codes section.
- **Step 2**: Once the Contract is created, the next step is to associate the contract with an insurance company.

nportant: Both steps need to be are completed prior to posting any insurance payments. Not doing so will ause the Insurance Allowed and Paid columns to be displayed as $0.00.

s payments are posted and your office begins to track what's allowed vs. what's paid, we recommend unning the **Contract Analysis by Contract** report as well as the **Contract Analysis by Payer** report to keep rack of payment trends and negotiate future contracts with insurance companies.

ıdd an empty contract

:t Modified on 07/05/2019 8:44 pm EDT

:reate an empty contract if you would like to include all of your codes, but want the values at $0. That way ou can return and enter the prices manually.

ollow the steps below to manually add a new contract.

1. Select **Customer Setup** > **Codes...** > **Contracts**.
2. Click the **New Contract** button.
3. Select the **Create an empty contact** option.
4. Click the **Show Preview** button.
5. Add the contract name in the **Name** field.
6. Use the **Type** drop-down menu to select whether the contract will be **FFS** (Fee For Service) or **CAP** (Capitated).

   ⚠ This is only used for tracking purposes.

7. Place a check in the box if you want to **Allow users posting payments to update prices**
8. The **Sequence#** will be auto-populate once the contract is saved.
9. In the table below you will find all the codes that have been added or created for your account.

   To learn how to add or create codes, please visit our Procedure Codes Help Article.

10. In the **Price** column, enter your contract price for each billing procedure code as agreed upon with the payer.
11. ***Optional***: If the Payer does not cover a particular procedure, place a check in the **Exclusion** box. Checking this box will make any remaining balance due to the patient after the insurance payment; th status of the charge will be set to Balance Due Patient automatically.
12. Open the **Payers** window to associate this contract with a payer.

    To learn how to associate contracts with the payer, please visit our Add Payer Association Help Article.

13. Click **Save**.

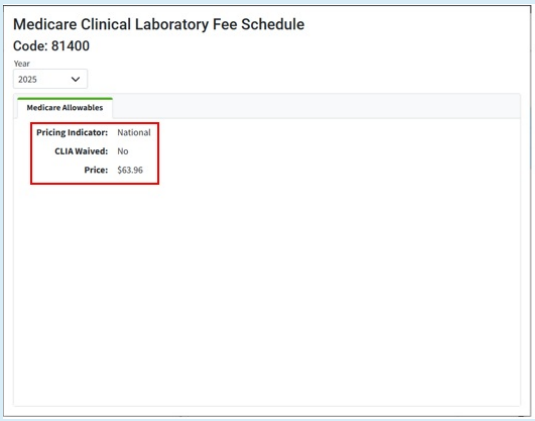
ıdd a contract

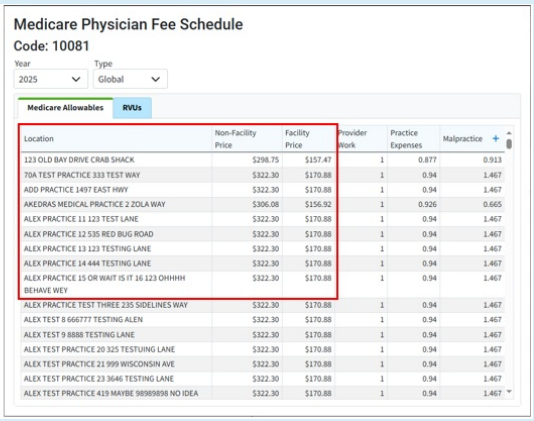
t Modified on 04/11/2025 3:00 pm EDT

ollow the steps below to create a new contract based on an existing contract (i.e., duplicate prices and ptions), based on the Medicare Fee Schedule, or based on payments entered.

1. Select **Customer Setup** > **Codes...** > **Contracts**.
2. Click the **New Contract** button.
3. Select how you want to base the contract from:
    1. **From an existing contract?**
        1. Select the **Set prices based on another contact**option.
        2. Use the **Specify Contract** drop-down menu to select the existing contract.
    2. **From the Medicare Fee Schedule?**
        1. Use the **Medicare Fee Schedule Year** drop-down menu to select which Medicare Fee Schedule year to use.
        2. Enter your **Zip code** to enter the **Carrier** and **Locality**.
        3. Select the **Pricing Method**, you can **Use Non-Facility Pricing** or **Use Facility Pricing**.

        The Medicare Fee Schedule includes the**Medicare Physician Fee Schedule(MPFS)** and the **Medicare Clinical Laboratory Fee Schedule**. Procedure codes associated with a lab or test will be priced by the Clinical Laboratory Fee Schedule, while other procedures will be priced by the Medicare Physician Fee Schedule. Please note that the **Medicare Clinical Laboratory Fee Schedule**consists of a single price, either local or national, in contrast with the **Medicare Physician Fee Schedule**, which is determined based on the specific zip code location.

    3. **From Payments Entered?**

    1. Use the **Specify Payer** drop-down menu to select which payer payments to use.
    2. Enter the number of **Days** you would like to base your contracts off of.

4. Select one of the **Adjust Prices** options to determine how you would like to adjust the prices for your new contact based from the existing contact.
    1. **Do not adjust the prices of the new contract** Do not adjust any of the procedure code prices on this contact.
    2. **Increase prices by**: Increase the procedure code prices by adding a percentage of change to the original amount.

        > If a procedure code with a price of $200 is **increased** by 140% it will calculate for a total of $480. ($200 + $280 (140% of the price)).

    3. **Decrease prices by**: Decrease the procedure code prices by subtracting a percentage of change from the original amount.

        > If a procedure code with a price of $200 is **decreased** by 40% it will calculate for a total of $120. ($200 - $80 (40% of the price)).

    4. **Adjust prices to**: Adjust the procedure code prices by a set percentage based off of the original price.

        > If a procedure code with a price of $200 is adjusted by 140% it will calculate for a total of $280.

    5. **Round prices up the next whole dollar amount** Automatically adjust the prices to the nearest whole dollar amount
5. Click the **Show Preview** button to review the price adjustments.
6. Type the name for this contact in the **Name** field.
7. Use the **Type** drop-down menu to select whether the contract will be **FFS** (Fee For Service) or **CAP** (Capitated).

    > ⚠ This is only used for tracking purposes.

8. Place a check in the box if you would like to **Allow users posting payments to update prices**.
9. The **Sequence#** will be auto-populate once the contract is saved.
10. The table below will display all the codes that have been added or created for your account.

> To learn how to add or create codes, please visit our Procedure Codes Help Article.

11. In the **Price** column, enter your contract price for each billing procedure code as agreed upon with the payer.
12. ***Optional***: If the payer does not cover a particular procedure, check the **Exclusion** checkbox. Checking this box will make any remaining balance due to the patient after the insurance payment; meaning, the status of the charge will be set to **Balance Due Patient** automatically.
13. Open the **Payers** window to associate this contract with a payer.

> To learn how to associate contracts with the payer, please visit our Add a Payer Association Help Article.

14. Click **Save**.

ıdd a contract from Imported Prices

t Modified on 10/03/2019 11:12 am EDT

ollow the steps below to add a new contract based on imported prices.

'art 1: Create a Spreadsheet

1. The first row of the spreadsheet should only contain **column names**.
2. Label the **First** column of the spreadsheet as **Code**, it should contain the list your **billing codes**.
3. Label the **Second** column of the spreadsheet as **Description**, it should contain the list of **code descriptions**.

   ⚠ If the code is not in your local list, it will be added with this description.

4. Label the **Third** column of the spreadsheet as **Default**, it should contain the list of **default billing prices**.

   ⚠ If the code is not in your local list, it will be added with this default price.

5. Label the **Fourth** column of the spreadsheet as **Price**, it should contain list of **contract prices**.

Example Format

Column headers must be the first row. Columns marked with a * are required.

Code *	Description	Default	Price *
99212	If the code is not in your local list, it's added with this description. OFFICE VISIT	If the code is not in your local list, it's added with this default price. 45.00	50.25

6. **Save** the spreadsheet as a Comma delimited (.csv), Excel (.xls or .xlsx) file.

   ⚠ Only the first sheet/tab will be imported.

'art 2: Importing into CollaborateMD

1. Select **Customer Setup** > **Codes...** > **Contracts**.
2. Click the **New Contract** button.
3. Select the **Import Prices** option.

4. Use the **File to Import** field to upload the spreadsheet.
5. Click the **Show Preview** to import the spreadsheet.
6. Type the name for the contact in the **Name** field.
7. Use the **Type** drop-down menu to select whether the contract will be **FFS** (Fee For Service) or **CAP** (Capitated).

   ⚠ This is only used for tracking purposes.

8. Place a check in the box to **Allow users posting payments to update prices**.
9. The **Sequence#** will auto-populate once the contract is saved.
10. In the table below, you'l find all the codes that have been added or created for your account.

    To learn how to add or create codes, please visit our Procedure Codes Help Article.

11. In the **Price** column, enter your contract price for each billing procedure code as agreed upon with the payer.
12. ***Optional***: If the payer does not cover a particular procedure, check the Exclusion checkbox. Checking this box will make any remaining balance due to the patient after the insurance payment; meaning, the status of the charge will be set to **Balance Due Patient** automatically.
13. Open the Payers window to associate this contract with a payer.

    To learn how to associate contracts with the payer, please visit our Add Payer Association Help Article.

14. Click **Save**.

---

ind or edit a contract

t Modified on 05/16/2019 6:11 pm EDT

ollow the steps below to find or edit an existing contract.

1. Select **Customer Setup** > **Codes...** > **Contracts**.
2. Use the **Show All** button to view all contracts. Or use the **Search** field to further drill down your search.

   Place a check in the ***"Include inactive contracts"*** box to include inactive contracts in your search.

3. Select the **Contract**.
4. ***Optional***: Modify the contract.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

Managing Payer Association

t Modified on 07/17/2026 1:31 pm EDT

CollaborateMD allows you to associate your contracts directly to your payers. This allows you to run eports on your contracts based on payer and see your contracts from the payers screen. To learn how to iew your payer contracts, please visit our Manage Payers Contracts Help Article.

1. Select **Customer Setup** > **Codes...** > **Contracts**.
2. Use the **Show All** button to view all contracts. Or use the **Search** field to further drill down your search
3. Select the **Contract**.
4. Locate **Payers** form the right-hand side panel and click to expand.
5. Click the **Add Payer Association** button to associate new payers with this contract.
6. Use the **Payers** drop-down menu to select the payer(s).
7. Select how the contract should **Apply to the Payers**:
    1. Place a check in the **Apply based on the claims date of service** box to apply this contract based o the date of service.
        1. Set the **Effective Date** and **Termination Date**.
    2. Place a check in the **Apply based on the location or provider** box to apply this contact based on the location or provider used.
        1. Select whether to use **Practice, Provider, Office, Facility** or **Tax ID**.
    3. Place a check in the **Apply based on place of Service** box to apply this contract based on the plac of service used.
        1. Select whether to use **Any Non-Facility Place of Service, Any Facility Place of Service** or **POS Code.**
    4. Place a check in the **Apply based on modifier** box to apply this contract based on the Modifier used.
        1. Select whether to use **Modifier(s)**.
    5. Place a check in the **Apply based on value code** box to apply this contract based on the value cod used.
        1. Select whether to use **Value Code.** When selected, users will have the opportunity to enter single Value Code and Amount (optional).

> The correct contract will be matched based on the Value Code and Amount (if present) when applying a payment. Please note that the system will continue to apply the contract with the highest matching criteria.

6. Place a check in the **Apply a Single Case Agreement** box to apply to a specific patient.
    1. Use the **Patient Search** menu to select the patient from your patient list.

> Out-of-network providers may treat specific patients under special circumstances, such as continuity of care or a lack of local in-network options. This is formalized through a **Single Case Agreement**, a contract specific to one patient rather than a broad payer relationship.

8. Click **Done**.
9. ***Optional***: You can remove an association by clicking on the 🗑 icon to the right of the payer name.
10. Click **Save**.

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nactivate a contract

t Modified on 07/05/2019 8:47 pm EDT

n the event a Contract is no longer in use, you can inactivate the contact to prevent staff members in your ffice from using it; there is no way to permanently delete a contract.

ollow the steps below to inactivate a contact.

1. Select **Customer Setup** > **Codes...** > **Contracts**.
2. Use the **Show All** button to view all contracts. Or use the **Search** field to further drill down your search
3. Select the **Contract**.
4. Place a check the **Make this contract inactive** checkbox.
5. Click **Save**.

Reactivate a contract

t Modified on 05/16/2019 6:10 pm EDT

ollow the steps below to reactivate a contract.

1. Select **Customer Setup** > **Codes...** > **Contracts**.
2. Place a check in the **Include inactive codes** box to include inactive contracts in your search results.
3. Use the **Show All** button to view all contracts. Or use the **Search** field to further drill down your search
4. Select the **Contract**
5. Click OK when the "***This contract is currently inactive.***" pop-up displays.
6. Uncheck the **Make this contract inactive** checkbox.
7. Click **Save**.

Export Contract

t Modified on 06/12/2023 12:37 pm EDT

1. Select **Customer Setup** > **Codes...** > **Contracts**.
2. Use the **Show All** button to view all contracts. Or use the **Search** field to further drill down your search

   Place a check in the ***"Include inactive contracts"*** box to include inactive contracts in your search.

3. Select the **Contract** from the list.
4. Select Export .
5. Your Contract will export as a .csv file and be saved to the downloads folder on your computer.

ind or edit an alert

t Modified on 06/19/2019 6:34 pm EDT

ollow the steps below to find or edit an existing Alert.

1. Select **Customer Setup** > **Alert Control.**
2. Enter your Search Criteria:
    1. Choose the **Alert Type** from the drop-down menu.
    2. Use the **Message Contains** field to narrow down your search based on the alert message.
    3. Add the **Display Options** by selecting the corresponding boxes the alert appears.
    4. Select the **Alert Date Range**:
        1. **Create Date**: The date the alert was created.
        2. **Effective Start Date**: Corresponds to the Effective Start Date on the alert.
        3. **Effective End Date**: Corresponds to the Effective End Date on the alert.
3. Click the **Search** button.

    Sort your search results. Visit ourReorder Table Column Help Article for detailed steps on how to hide, rearrange or add header columns.

4. ***Optional***: Click the icon to edit your search criteria.
5. Use the **Find in Table** field to quickly find an alert.
6. Select the **Alert**.
7. ***Optional***: Modify the information.
8. Click **Save**. Otherwise, click **Close** if no changes were made.

)elete an alert

:t Modified on 06/13/2019 12:44 pm EDT

'ou can delete any alert you created. However, to delete an alert that another user created you must have ıe Edit Alerts permission set to Create and Edit All.

⚠ Once an alert has been deleted, it can't be restored. Proceed with care.

1. Select **Customer Setup** > **Alert Control.**
2. Enter your search criteria:
    1. Choose the **Alert Type** from the drop-down menu.
    2. Use the **Message Contains** field to narrow down your search based on the alert message.
    3. Add the **Display Options** by selecting the corresponding boxes the alert appears.
    4. Select the **Alert Date Range**:
        1. **Create Date**: The date the alert was created.
        2. **Effective Start Date**: Corresponds to the Effective Start Date on the alert.
        3. **Effective End Date**: Corresponds to the Effective End Date on the alert.
    5. Click the **Search** button.
3. Select the Alert.
4. Click the **Delete** button.
5. To confirm, click **Delete** again.

lert Display Options

t Modified on 04/15/2019 9:17 pm EDT

lerts can be configured to appear in specific screens of CollaborateMD. Every alert type has the same isplay options (i.e., the when the alert should appear). You can add alerts to the following ntities: Providers, Payers, Procedure Codes & Diagnosis Codes.

his page will describe each of the following display options.

1. **Global**: The alert will appear if the entity is used in any of the sections below.
2. **Show Alert in Patient Section**: The alert will appear if the entity is associated with the opened patient record
3. **Show Alert in Claim Section**: The alert will appear if the entity is associated with the claim currently opened.
4. **Show Alert in Appointment Section**: The alert will appear if the entity is associated with the patient you are scheduling an appointment for.
5. **Show Alert in Payment Section**: The alert will appear if the entity is associated with the payment you are currently processing.

Statement Options

Last Modified on 10/10/2025 10:27 am EDT

The **Edit Settings** button allows you to enable, disable or edit settings to different types of statements.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration for** drop-down menu to select the desired practice.

> ⚠ If you have multiple practices, these settings must be configured under each participating practice.

3. Under the **Automation Statement Generation** table, click the **Edit Settings** button.
4. Use the **checkbox(es)** to **enable** or **disable** the **types of statements** you would like to use.
5. Configure the settings associated with Statements.

> When enabling Statement automation, statements will not be sent until a template has been configured. Please reference our Edit Statement Automation Templates Help Article for more information.

1. **Send statements electronically?** Set this option to **Yes** if you want to send electronic statements (email or text) to patients.
2. **Send statements on paper after the maximum number of electronic statements have been sent?** Set this option to **Yes**, and choose the number of days you want to send the paper statement after the maximum number of electronic statements is sent.
3. **Statement Options**:
   1. **Minimum amount required for sending Statements and FDNs** For example, enter "$5.00" you wish to have patients with a balance greater than or equal to $5.00 receive a statement
   2. **Wait to send statements until ( ) days since the patient's last visit** Check the box to set this option and choose the number of days (between 1-99) you want to send a statement after the patient's last visit.

      > Inpatient visits can span days or weeks and often include multiple claims. Select the **"Wait to send statements until ( ) days since the patient's last visit"** option to delay sending statements until the patient has been discharged, preventing multiple

statements from being sent.

3. **Prevent statements from being sent to patients with any outstanding account credit(s) se to due insurance?** Set this option to **Yes** if you do not want to send statements to patients that have account credits set to "Due Insurance."

4. **Electronic Statements**:

    1. **Choose allowed methods to send electronic statements**: Select how the electronic statements should be sent, Email Only or Email and Text (email will be the first option).

    2. **Send Email Replies to:** Select where you want email replies to be sent to.

    3. **Choose when to send electronic statements**: Select the day of the week and the time of the day to send out the electronic statements and how long to wait between statements.

        Our recommended settings were created from research that indicates that response rates are the highest in the late morning or mid-afternoon on Tuesdays and Fridays.

    4. **Number of electronic statements to send unless statement balance paid in full** Enter the number of times a statement should be sent if unpaid.

        Set this field to '0' to continue sending statements until the patient pays the full balance.

5. **Paper Statements**:

    1. **Frequency for sending paper statements and FDNs**: Select the number of days to send a paper statement after any applicable electronic statements have been sent.

    2. **Statement Separation**: Select how statements should be separated.

        1. **Send one statement for all charges**: Select this option to send a combined statement for all charges on the account.

        2. **Send separate statements for charges per provider**: Select this option to send separate statements for charges associated with different **Providers**.

        3. **Send separate statements for charges per practice**: Select this option to send separat statements for charges associated with different **Practice**.

        4. **Send separate statements for charges per claim**: Select this option to send separate statements for charges separated by **Claim**.

Selecting the option to "**Send separate statements for charges per claim**" will include any account debits (debits not attached to a claim) as their own statement.

3. **Number of paper statements to send unless statement balance paid in full** Enter the number of times a paper statement should be sent if unpaid.

   Set this field to '0' to continue sending statements until the patient pays the full balance.

6. **Select the Patient Account Types to send Statements to** Select All Account Types or identify specific patient account types (eg., Self Pay, Payment Plan, Collection) that should receive a statement.

6. Click **Save**.

Important:

- Modifying the date or number of days for a statement will cause **ALL** charges that are set to "**Balance Due Patient**" to be printed and mailed again. CollaborateMD is not responsible for duplicate statements in the event the date is modified.
- Enabling both paper statements and electronic statements will result in a paper statement being sent immediately to the patient in the event that an electronic statement cannot be sent or if the maximum number of electronic statements have been sent out.

:DN Options

:t Modified on 10/16/2025 4:17 pm EDT

'he **Edit Settings** button allows you to enable, disable or edit settings to different types of statements.

1. Select **Customer Setup** > **Statements**.
2. Use the "**Select a Practice to Manage Statement Configuration for"** drop-down menu to select the desired practice.

   ⚠ If you have multiple practices, these settings must be configured under each participating practice.

3. Under the **Automation Statement Generation** table, click the **Edit Settings** button.
4. Use the **checkbox(es)** to **enable** or **disable** the **types of statements** you would like to use.
5. Configure the settings associated with the Final Demand Notice (FDN) type.

   When enabling Statement automation, statements will not be sent until a template has been configured. Please reference our Edit Statement Automation Templates Help Articlefor more information.

   1. **Send statements electronically?** Set this option to **Yes** if you want to send electronic statements (email or text) to patients.
   2. **Send statements on paper after the maximum number of electronic statements have been sent?** Set this option to **Yes**, and choose the number of days you want to send the paper statement after the maximum number of electronic statements is sent.
   3. **Statement Options**:
      1. **Minimum amount required for sending Statements and FDNs** For example, enter "$5.00" you wish to have patients with a balance greater than or equal to $5.00 receive a statement
      2. **Statement Separation**: Select how statements should be separated.
         1. **Send one statement for all charges**: Select this option to send a combined statement for all charges on the account.
         2. **Send separate statements for charges per provider**: Select this option to send separate statements for charges associated with different **Providers**.
         3. **Send separate statements for charges per practice**: Select this option to send separat

statements for charges associated with different **Practice**.

4. **Send separate statements for charges per claim**: Select this option to send separate statements for charges separated by **Claim**.

> 🪄 Selecting the option to "**Send separate statements for charges per claim**" will include any account debits (debits not attached to a claim) as their own statement.

3. **Automatically send FDN to patient after the maximum number of statements (both electronic and paper) have been sent?** Set this option to **Yes** if you want to send an FDN to patient after the maximum number of statements have been sent.

4. **Electronic Statements**:

   1. **Choose allowed methods to send electronic statements**: Select how the electronic statements should be sent, Email Only or Email and Text (email will be the first option).

   2. **Send Email Replies to**: Select where you want email replies to be sent to.

   3. **Choose when to send electronic statements**: Select the day of the week and the time of the day to sent out the electronic statements and how long to wait between statements.

   > 🪄 **Our recommended settings** were created from research that indicates that response rates are the highest in the late morning or mid-afternoon on Tuesdays and Fridays.

   4. **Number of electronic statements to send unless statement balance paid in full** Enter the number of times a statement should be sent if unpaid.

   > 🪄 Set this field to '0' to continue sending statements until the patient pays the full balance.

5. **Paper Statements**:

   1. **Frequency for sending paper statements and FDNs**: Select the number of days to send a paper statement after any applicable electronic statements have been sent.

   2. **Number of paper statements to send unless statement balance paid in full** Enter the number of times a paper statement should be sent if unpaid.

   > 🪄 Set this field to '0' to continue sending statements until the patient pays the full balance.

6. **Select the Patient Account Types to send Statements to** Select All Account Types or identify specific patient account types (eg., Self Pay, Payment Plan, Collection) that should receive a statement.

6. Click **Save**.

> **Important Note**: Modifying the date or number of days for a statement will cause **ALL** charges that are set to "**Balance Due Patient**" to be printed and mailed again. CollaborateMD is not responsible for duplicate statements in the event the date is modified.

Payment Plan Options

Last Modified on 11/05/2025 3:34 pm EST

If using Payment Plans, please be aware that statements are generated when the charge status is set to "***Balance Due Patient***" or the set number of days prior to installment due dates. Once changed, the statement will be sent based on the automation options you've selected.

The **Edit Settings** button allows you to enable, disable or edit settings to different types of statements.

1. Select **Customer Setup** > **Statements**.
2. Use the **"Select a Practice to Manage Statement Configuration for"** drop-down menu to select the desired practice.

   If you have multiple practices, these settings must be configured under each participating practice.

3. Under the **Automation Statement Generation** table, click the **Edit Settings** button.
4. Use the **checkbox(es)** to **enable** or **disable** the **types of statements** you would like to use.
5. Configure the settings associated with the Payment Plans statement type.
   1. **Minimum amount required for sending Payment Plan statement** Enter the minimum balance that must be met in order for a payment plan statement to be generated.
   2. **Send Payment Plan statements when automatic payments have been set up for the payment plan?** Set this option to **Yes** if you want to send a payment plan statement after an automatic payment has been set up for the payment plan.
   3. **Send Payment Plan statements electronically?** Set this option to **Yes** if you want to send electronic payment plan statements (email or text) to patients.
   4. **Send Payment Plan statements on paper before the installment is due?** Set this option to **Yes** if you want to send a paper payment plan statement before its due date, and if so, select the number of days before the due date to send it.
   5. **Resend Payment Plan statement after installment due date if not paid in full?** Select this option if you want to send a paper payment plan statement after the due date if not paid in full.
   6. **Select the Patient Account Types to send statements to:** Select All Account Types or identify specific patient account types (eg., Self Pay, Payment Plan, Collection) that should receive a statement.

6. Click **Save**.

Important Note: Modifying the date or number of days for a statement will cause **ALL** charges that are set to "**Balance Due Patient**" to be printed and mailed again. CollaborateMD is not responsible for duplicate statements in the event the date is modified.

Configure Automated Paper Statement Template

Last Modified on 11/24/2025 12:35 pm EST

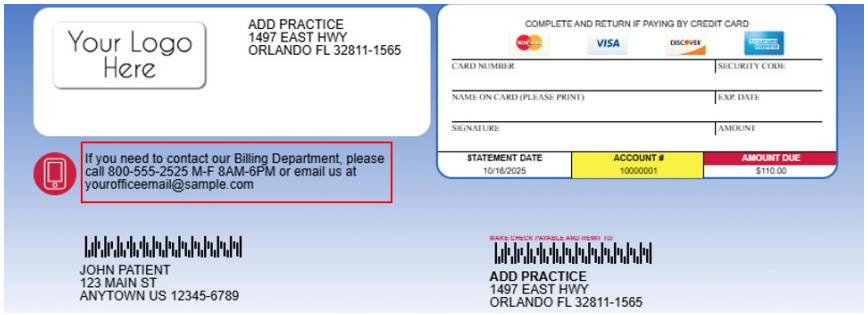
⚠ If automated statements were enabled and configured before the statement vendor change, please note that you must configure/verify your new statement templates. When you open the new templates, all required fields will already be copied over and populated. However, you still need to review (steps 1-5) and save the templates. It is important that you do this for all your practices, as statements will not be sent out until the templates have been reviewed and saved.

Follow the steps below to configure the Automated Statement Template.

1. Select **Customer Setup** > **Statements**.
2. Use the ***Select a Practice to Manage Statement Configuration for*** drop-down menu to choose the desired practice.
3. Under the "*Automation Statement Generation*" table, click **Edit Templates**.

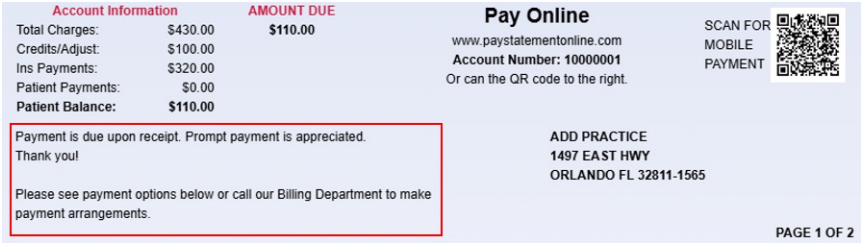
   To configure the statement template, it must first be enabled within the Statement Automation Settings. Visit our Statement Options Help Article for more information on enabling automated statement generation.

4. Use the drop-down menu to select the **Paper Statement** option to configure.
5. Place a check in the **Highlight editable fields** box to show all of the fields that you are able to edit.
6. **Configure your Statement Design:**
   1. Optional: **Add A Logo** to your statement.
      1. Click the **Your Logo Here** icon, then click **Upload** to select a logo from your computer.
      2. Adjust the logo.
      3. Click **Done**.
   2. Enter any applicable phone message in the top-left of the statement, below the address.



3. Enter any applicable **Important Message**.

> This field is located on the bottom left, below the Account Information box, if the Payment Portal is enabled for the customer. If the Payment Portal is not enabled, it is on the bottom right, to the right of the AMOUNT DUE box.



4. Enter any applicable **Insurance Information** message under the "*Change of address or health insurance information*" on page 2 (If no message is entered, the "Insurance Information" header w not print).

7. **Configure Your General Template Settings**:

   1. Click the **General tab** from the side panel to access general settings that apply to automated & user-print statements.

      1. Select the **credit cards accepted** by this practice by checking the box(es).

      > Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

      2. **Show Due Date**: Check this option to show the due date of **Upon Receipt** on the statement.

      3. **Do not include account credits**: Check this box to remove credits on the patient's account from being included in the calculation of the Balance Due on the statement and from being listed within the detailed line items.

      4. **Summarize charges**: Check this option to group multiple charges associated with one claim. The code and description that appear on the statement are associated with the first charge

on the claim.

5. **Show paid charges**: Check this option to include all charges, with associated payments and/or adjustments, associated with the patient even if there is no outstanding balance on the charges.

6. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.

7. **Increment Statements times Printed when sending FDN** Check this box if you wish to have FDNs be counted towards the patient's statement sent count.

8. **Use separate address for Pay-To**:

   - **Statement Pay-To address**: Check the box and populate the required information to receive payments at a different address than the practice address.

9. **Use separate address for Return**:

   - **Statement Return address**: Populate the required information to have undelivered statements returned to a different address than the practice address.

10. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institution claims.

8. **Configure Your Paper Statement Options**:

   1. Click the **Paper Statement Options tab** from the side panel to access paper statement settings that apply to automated & user-print statements.

      1. **Customize the Important Message:**

         1. **Always send the same important message:** Enable this option to always send the same important/patient charge message.

         2. **Use charge age to set the important message:** Enable this option to edit the message based on how old the balance is (e.g., 0-30 days, 31 to 60 days, 61 to 90 days, over 90 days).

         3. **Use number of statements sent to set the important message:** Enable this option to edit the message based on how may statements have been sent (e.g., Sent 1 Time, Sent 2 Times, Sent 3 Times).

         4. **Use patient comment (if exists) in place of the important message:** Enable this option to use the patient comments instead of the patient charge message.

         5. **Show the Prompt Payment Discount information (if applicable):** When enabled, the discounted amount will be shown as the AMOUNT YOU OWE and the Due Date will

reflect the last date that the discount is applicable.

2. **Set your Charge Breakdown:**

    1. **Summarized:** Select this statement layout to show each charge on a single line. This lin displays the charge information, charge amount, total insurance payments, total patie payments, total adjustments/discounts, and the amount you owe.

Date	Description	Total Charges	Insurance Payments	Adjustments	Patient Payments	Balance
	Patient: JOHN PATIENT \ Account: 10000001					
09/16/2025	OFFICE VISIT	$400.00	$300.00	$0.00	$0.00	$0.00
09/16/2025	FLU SHOT	$30.00	$20.00	$0.00	$0.00	$10.00

    2. **Detailed Activity:** Select this statement layout to show one line for each charge, payment, adjustment, and info line.

Date	Description	Charges	Payments	Adjustments	Balance
	Patient: JOHN PATIENT \ Account: 10000001				
09/16/2025	**OFFICE VISIT**	**$400.00**	**$200.00**	**$100.00**	**$100.00**
10/09/2025	PAYMENT BY AETNA		-$50.00		
10/09/2025	ADJUSTMENT BY AETNA			$0.00	
10/09/2025	PAYMENT BY AETNA		-$150.00		
10/09/2025	ADJUSTMENT BY AETNA			-$100.00	
10/09/2025	DENIED BY AETNA		$0.00		

9. Click **Save**.

Configure Automated Payment Plan Statement Template

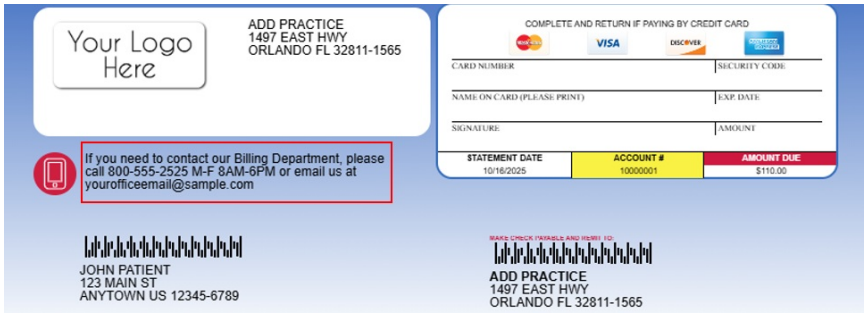
Last Modified on 11/06/2025 1:05 pm EST

Follow the steps below to configure the Automated Payment Plan Statement Template.

1. Select **Customer Setup** > **Statements**.
2. Use the ***Select a Practice to Manage Statement Configuration for*** drop-down menu to choose the desired practice.
3. Under the "*Automation Statement Generation*" table, click **Edit Templates**.

> To configure the payment plan statement template, it must first be enabled within the Statement Automation Settings. Visit our Payment Plan Options Help Article for more information on enabling automated payment plan generation.

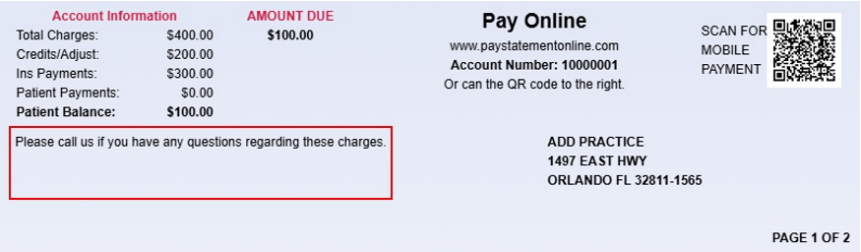
4. Use the drop-down menu to select the **Payment Plan Statement** option to configure.
5. Place a check in the **Highlight editable fields** box to show all of the fields that you are able to edit.
6. **Configure your Payment Plan Statement Design:**
    1. Optional: **Add A Logo** to your statement.
        1. Click the **Your Logo Here** icon, then click **Upload** to select a logo from your computer.
        2. Adjust the logo.
        3. Click **Done**.
    2. Enter any applicable phone message in the top-left of the statement, below the address.



    3. Enter any applicable **Patient Charge (Important) Message**.

> This field is located on the bottom left, below the Account Information box, if the Payment Portal is enabled for the customer. If the Payment Portal is not enabled, it is on the bottom

right, to the right of the AMOUNT DUE box.



4. Enter any applicable **Insurance Information** message under the "*Change of address or health insurance information*" on page 2 (If no message is entered, the "Insurance Information" header w not print).

7. **Configure Your General Template Settings**:

   1. Click the **General tab** from the side panel to access general settings that apply to automated & user-print statements.

      1. Select the **credit cards accepted** by this practice by checking the box(es).

         Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

      2. **Show Due Date**: Check this option to show the due date of **Upon Receipt** on the statement.

      3. **Do not include account credits**: Check this box to remove credits on the patient's account from being included in the calculation of the Balance Due on the statement and from being listed within the detailed line items.

      4. **Summarize charges**: Check this option to group multiple charges associated with one claim The code and description that appear on the statement are associated with the first charge on the claim.

      5. **Show paid charges**: Check this option to include all charges, with associated payments and/or adjustments, associated with the patient even if there is no outstanding balance on the charges.

      6. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.

      7. **Increment Statements times Printed when sending FDN** Check this box if you wish to have FDNs be counted towards the patient's statement sent count.

      8. **Use separate address for Pay-To**:

- **Statement Pay-To address**: Check the box and populate the required information to receive payments at a different address than the practice address.

9. **Use separate address for Return**:

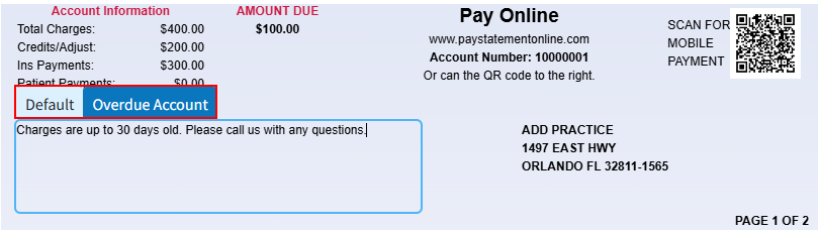
   - **Statement Return address**: Populate the required information to have undelivered statements returned to a different address than the practice address.

10. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institution claims.

8. **Configure Your Payment Plan Statement Options**:

   1. Click the **Payment Plan Statement Options tab** from the side panel to access payment plan settings that apply to automated & user-print statements.

      1. **Use a different patient charge (important) message if account is overdue:** Enable this option to edit the message based on if the account is overdue or not (options are Default or Overdue Account).



      2. **Use patient comment (if exists) in place of the important message:** Enable this option to us the patient comments instead of the patient charge message.

9. Click **Save**.

Configure Automated Final Demand Letter Template

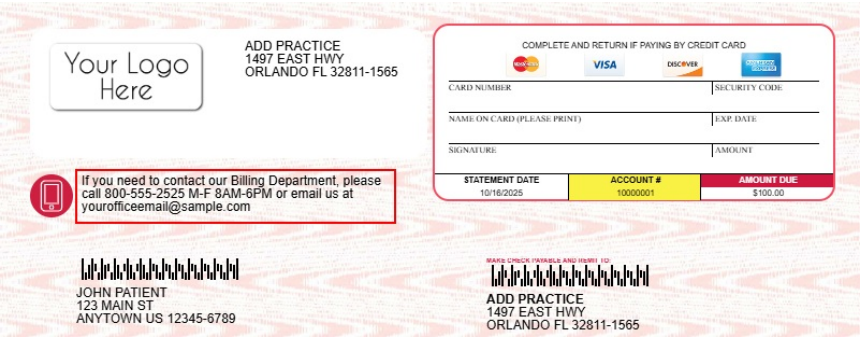
Last Modified on 11/05/2025 3:38 pm EST

Follow the steps below to configure the Automated Final Demand Letter (FDN) Template.

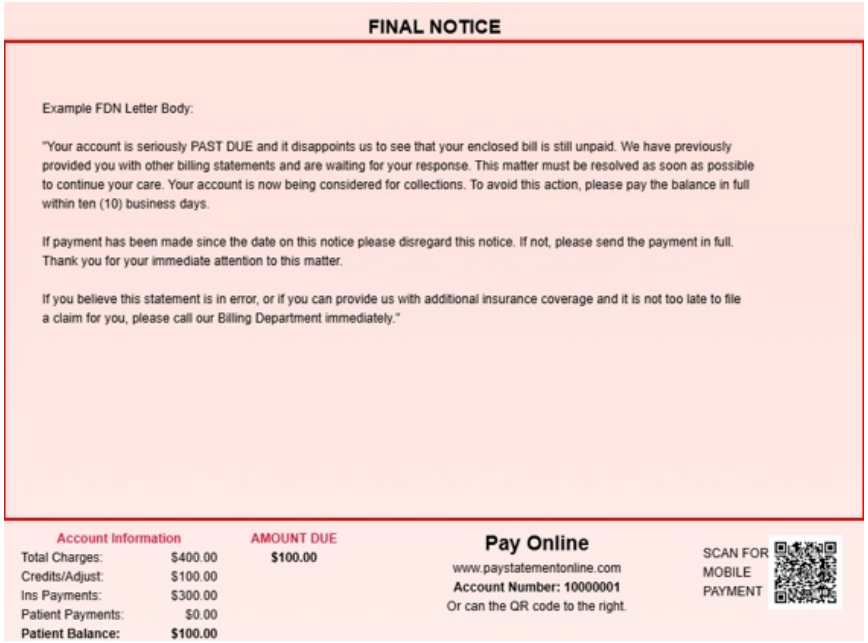
1. Select **Customer Setup** > **Statements**.
2. Use the ***Select a Practice to Manage Statement Configuration for*** drop-down menu to choose the desired practice.
3. Under the "*Automation Statement Generation*" table, click **Edit Templates**.

> To configure the FDN template, it must first be enabled within the Statement Automation Settings. Visit our FDN Options Help Article for more information on enabling automated final demand letter generation.

4. Use the drop-down menu to select the **Final Demand Letter** option to configure.
5. Place a check in the **Highlight editable fields** box to show all of the fields that you are able to edit.
6. **Configure your Final Demand Letter Design**
    1. Optional: **Add A Logo** to your statement.
        1. Click the **Your Logo Here** icon, then click **Upload** to select a logo from your computer.
        2. Adjust the logo.
        3. Click **Done**.
    2. Enter any applicable phone message in the top-left of the statement, below the address.



    3. Enter your final demand letter's body within the **Final Notice** section.



FINAL NOTICE

Example FDN Letter Body:

"Your account is seriously PAST DUE and it disappoints us to see that your enclosed bill is still unpaid. We have previously provided you with other billing statements and are waiting for your response. This matter must be resolved as soon as possible to continue your care. Your account is now being considered for collections. To avoid this action, please pay the balance in full within ten (10) business days.

If payment has been made since the date on this notice please disregard this notice. If not, please send the payment in full. Thank you for your immediate attention to this matter.

If you believe this statement is in error, or if you can provide us with additional insurance coverage and it is not too late to file a claim for you, please call our Billing Department immediately."

Account Information	
Total Charges:	$400.00
Credits/Adjust:	$100.00
Ins Payments:	$300.00
Patient Payments:	$0.00
Patient Balance:	**$100.00**

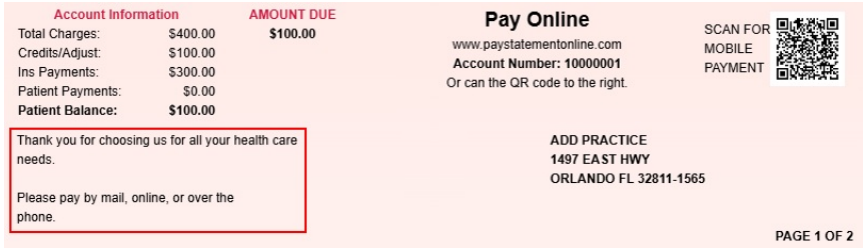
AMOUNT DUE
$100.00

Pay Online
www.paystatementonline.com
Account Number: 10000001
Or can the QR code to the right.

SCAN FOR MOBILE PAYMENT

4. Enter any applicable **Patient Charge (Important) Message**.

> This field is located on the bottom left, below the Account Information box, if the Payment Portal is enabled for the customer. If the Payment Portal is not enabled, it is on the bottom right, to the right of the AMOUNT DUE box.



Account Information	
Total Charges:	$400.00
Credits/Adjust:	$100.00
Ins Payments:	$300.00
Patient Payments:	$0.00
Patient Balance:	**$100.00**

AMOUNT DUE
$100.00

Pay Online
www.paystatementonline.com
Account Number: 10000001
Or can the QR code to the right.

SCAN FOR MOBILE PAYMENT

Thank you for choosing us for all your health care needs.

Please pay by mail, online, or over the phone.

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

PAGE 1 OF 2

5. Enter any applicable **Insurance Information** message under the "*Change of address or health insurance information*" on page 2 (If no message is entered, the "Insurance Information" header w not print).

7. **Configure Your General Template Settings**:

1. Click the **General tab** from the side panel to access general settings that apply to automated & user-print statements.

    1. Select the **credit cards accepted** by this practice by checking the box(es).

> Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

2. **Show Due Date**: Check this option to show the due date of **Upon Receipt** on the statement.
3. **Do not include account credits**: Check this box to remove credits on the patient's account from being included in the calculation of the Balance Due on the statement and from being listed within the detailed line items.
4. **Summarize charges**: Check this option to group multiple charges associated with one claim. The code and description that appear on the statement are associated with the first charge on the claim.
5. **Show paid charges**: Check this option to include all charges, with associated payments and/or adjustments, associated with the patient even if there is no outstanding balance on the charges.
6. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.
7. **Increment Statements times Printed when sending FDN** Check this box if you wish to have FDNs be counted towards the patient's statement sent count.
8. **Use separate address for Pay-To**:
   - **Statement Pay-To address**: Check the box and populate the required information to receive payments at a different address than the practice address.
9. **Use separate address for Return**:
   - **Statement Return address**: Populate the required information to have undelivered statements returned to a different address than the practice address.
10. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institution claims.

8. Click **Save**.

ıutomated Paper Statement Sample

ɪt Modified on 11/05/2025 3:37 pm EST

Page 1

STATEMENT

Your Logo Here

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

COMPLETE AND RETURN IF PAYING BY CREDIT CARD

CARD NUMBER | SECURITY CODE
NAME ON CARD (PLEASE PRINT) | EXP. DATE
SIGNATURE | AMOUNT

STATEMENT DATE	ACCOUNT #	AMOUNT DUE
10/16/2025	10000001	$110.00

If you need to contact our Billing Department, please call 800-555-2525 M-F 8AM-6PM or email us at youroffice email@sample.com

JOHN PATIENT
123 MAIN ST
ANYTOWN US 12345-6789

MAKE CHECK PAYABLE AND REMIT TO:
ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

DETACH TOP PORTION AND RETURN WITH PAYMENT IN ENCLOSED ENVELOPE

Date	Description	Charges	Payments	Adjustments	Balance
	Patient: JOHN PATIENT \ Account: 10000001				
09/16/2025	**OFFICE VISIT**	**$400.00**	**$200.00**	**$100.00**	**$100.00**
10/09/2025	PAYMENT BY AETNA		-$50.00		
10/09/2025	ADJUSTMENT BY AETNA			$0.00	
10/09/2025	PAYMENT BY AETNA		-$150.00		
10/09/2025	ADJUSTMENT BY AETNA			-$100.00	
10/09/2025	DENIED BY AETNA		$0.00		

Account Information

Total Charges:	$430.00
Credits/Adjust:	$100.00
Ins Payments:	$320.00
Patient Payments:	$0.00
Patient Balance:	**$110.00**

AMOUNT DUE
$110.00

Pay Online
www.paystatementonline.com
Account Number: 10000001
Or can the QR code to the right.

SCAN FOR MOBILE PAYMENT

Payment is due upon receipt. Prompt payment is appreciated.
Thank you!

Please see payment options below or call our Billing Department to make payment arrangements.

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

Page 2

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below. 10000001

NEW ADDRESS	CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		POLICY ID #		GROUP #
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER		INSURANCE PHONE #
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)				
INSURANCE COMPANY NAME		INSURANCE ADDRESS		
EMPLOYER		EMPLOYER ADDRESS		

Insurance Information

If your insurance has changed, please call our Billing Department immediately at 800-555-2525 or complete and mail the insurance information form on the back of this statement.

Automated Payment Plan Statement Sample

Last Modified on 11/05/2025 3:37 pm EST

Page 1

Your Logo Here

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

COMPLETE AND RETURN IF PAYING BY CREDIT CARD

CARD NUMBER | SECURITY CODE

NAME ON CARD (PLEASE PRINT) | EXP. DATE

SIGNATURE | AMOUNT

STATEMENT DATE	ACCOUNT #	AMOUNT DUE
10/16/2025	10000001	$100.00

If you need to contact our Billing Department, please call 800-555-2525 M-F 8AM-6PM or email us at yourofficeemail@sample.com

JOHN PATIENT
123 MAIN ST
ANYTOWN US 12345-6789

MAKE CHECK PAYABLE AND REMIT TO:

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

FINAL NOTICE

Your account is seriously PAST DUE and it disappoints us to see that your enclosed bill is still unpaid. We have previously provided you with other billing statments and are waiting for your response. This matter must be resolved as soon as possible to continue your care. Your account is now being considered for collections. To avoid this action, please pay the balance in full within ten (10) business days.

If payment has been made since the date on this notice please disregard this notice. If not, please send the payment in full. Thank you for your immediate attention to this matter.

If you believe this statement is in error, or if you can provide us with additional insurance coverage and it is not too late to file a claim for you, please call our Billing Department immediately.

Account Information	
Total Charges:	$400.00
Credits/Adjust:	$100.00
Ins Payments:	$300.00
Patient Payments:	$0.00
Patient Balance:	**$100.00**

AMOUNT DUE
$100.00

Pay Online
www.paystatementonline.com
Account Number: 10000001
Or can the QR code to the right.

SCAN FOR MOBILE PAYMENT

Thank you for choosing us for all your health care needs.

Please pay by mail, online, or over the phone.

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below. 10000001

NEW ADDRESS	CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		POLICY ID #		GROUP #
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER		INSURANCE PHONE #
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)				
INSURANCE COMPANY NAME		INSURANCE ADDRESS		
EMPLOYER		EMPLOYER ADDRESS		

Insurance Information

If your insurance has changed, please call our Billing Department immediately or complete and mail the Change Of Health Insurance Information Form on the back of this statement.

ıutomated Final Demand Letter Sample

ıt Modified on 11/05/2025 3:37 pm EST

Page 1

Your Logo Here

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

COMPLETE AND RETURN IF PAYING BY CREDIT CARD

CARD NUMBER | SECURITY CODE

NAME ON CARD (PLEASE PRINT) | EXP. DATE

SIGNATURE | AMOUNT

STATEMENT DATE	ACCOUNT #	AMOUNT DUE
10/16/2025	10000001	$100.00

If you need to contact our Billing Department, please call 800-555-2525 M-F 8AM-6PM or email us at youroffice email@sample.com

JOHN PATIENT
123 MAIN ST
ANYTOWN US 12345-6789

MAKE CHECK PAYABLE AND REMIT TO:

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

FINAL NOTICE

Your account is seriously PAST DUE and it disappoints us to see that your enclosed bill is still unpaid. We have previously provided you with other billing statments and are waiting for your response. This matter must be resolved as soon as possible to continue your care. Your account is now being considered for collections. To avoid this action, please pay the balance in full within ten (10) business days.

If payment has been made since the date on this notice please disregard this notice. If not, please send the payment in full. Thank you for your immediate attention to this matter.

If you believe this statement is in error, or if you can provide us with additional insurance coverage and it is not too late to file a claim for you, please call our Billing Department immediately.

Account Information	
Total Charges:	$400.00
Credits/Adjust:	$100.00
Ins Payments:	$300.00
Patient Payments:	$0.00
Patient Balance:	**$100.00**

AMOUNT DUE
$100.00

Pay Online
www.paystatementonline.com
Account Number: 10000001
Or can the QR code to the right.

SCAN FOR MOBILE PAYMENT

Thank you for choosing us for all your health care needs.

Please pay by mail, online, or over the phone.

ADD PRACTICE
1497 EAST HWY
ORLANDO FL 32811-1565

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below. 10000001

NEW ADDRESS	CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT		POLICY ID #		GROUP #
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER		INSURANCE PHONE #
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)				
INSURANCE COMPANY NAME		INSURANCE ADDRESS		
EMPLOYER		EMPLOYER ADDRESS		

Insurance Information

If your insurance has changed, please call our Billing Department immediately or complete and mail the Change Of Health Insurance Information Form on the back of this statement.

:mail Statement Sample

:t Modified on 10/28/2025 4:38 pm EDT

James,

Your statement from Abc Medical Group is now available.

Account:	14268678
Amount Due:	$57.00
Due Date:	Sat Dec 2

If you pay after Sat Dec 2, the amount you owe will be $60.00.

Please log in to our Payment Portal to view or pay your statement any time. If you have any questions regarding your balance due, please email address@practice.com or contact us at 407-555-1234.

Thank you for trusting us with your care.

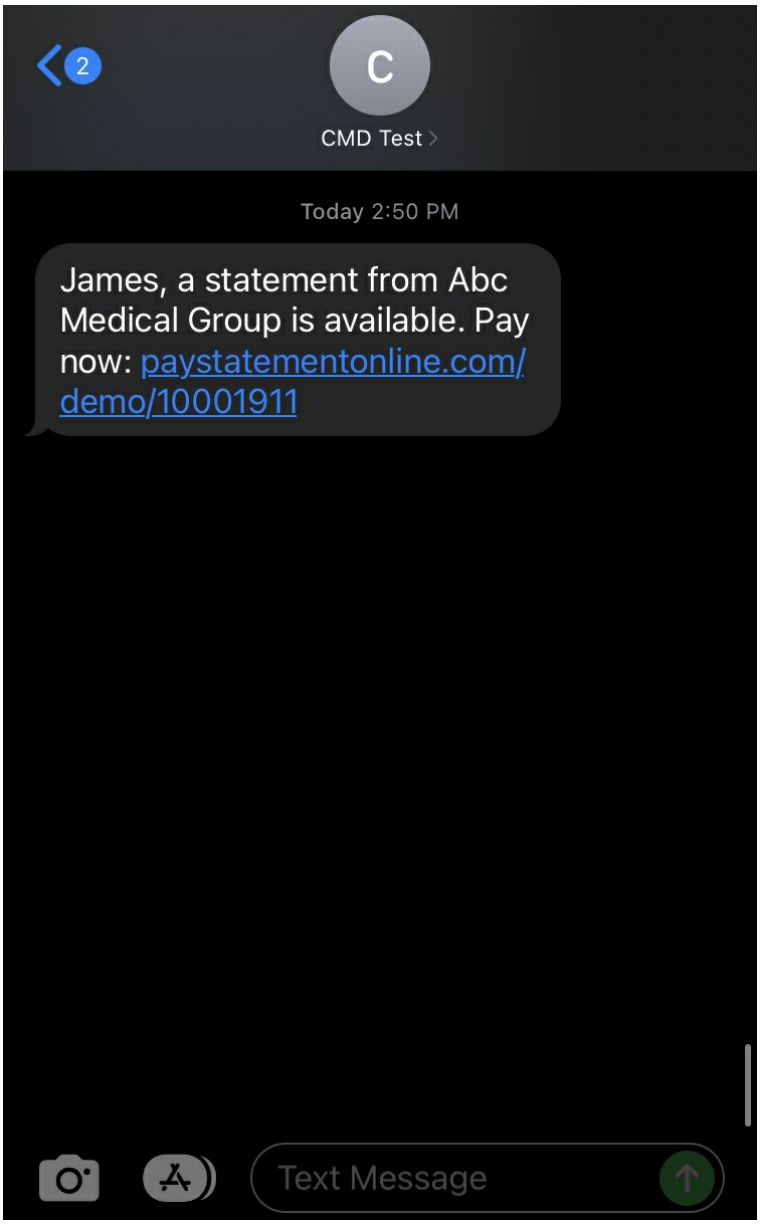
Sincerely,

Abc Medical Group

CMD
SAMPLE LOGO

ext Statement Sample

t Modified on 10/28/2025 4:38 pm EDT



/iew Automated Statement Templates

:t Modified on 06/13/2019 12:29 pm EDT

ollow the steps below to view the Automated Statement Templates:

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration for** drop-down menu to select the desired practice.
3. Under the **Automation Statement Generation** table, click the **View Templates** button.
4. Select a **Statement** to review.
5. ***Optional***: Check the **Highlight custom fields** box to show fields you are able to edit.
6. Click **Close**.

Disable Statement Automation

t Modified on 06/13/2019 12:29 pm EDT

ollow the steps below to Disable Statement Automation.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration for** drop-down menu to select the desired practice.
3. Under the **Automation Statement Generation** table, click **Edit Settings.**
4. Under **Enable automated statement generation for the following** remove the check from the statement type box(es) you wish to disable (e.g., Statement, FDN or Payment Plans).
5. Click **Save**.

Configure Electronic Statement Settings

t Modified on 03/02/2022 9:22 pm EST

Important Note: You must have the **In-App Credit Card processing** and the **Patient Payment Portal** features enabled and configured in order to use electronic statements. For more information on turning these services on, please visit our Manage In-Application Credit Card Processing and Manage your Patient Payment Portal Help Articles.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration** for drop-down menu to select the desired practice.

   ⚠ If you have multiple practices, these settings must be configured under each participating practice.

3. Under the **Automation Statement Generation** table, click the **Edit Templates** button.
4. Use the drop-down menu to select the **Statement Type** to configure:

Emailed Electronic Statements

1. Review or edit your email template fields (email Subject and body).

   Use the **Righ-click** options to select and add the available variables to the template. **The [Payment Link] is a required field and will not save if removed from the template.**

2. Use the date format drop-down to select your date format.
3. Under **Electronic Statement Template (used for all practices)** review or edit your **Important Message** and your **Contact Us** fields. This General information will be shown on the payment portal's patient statement view.

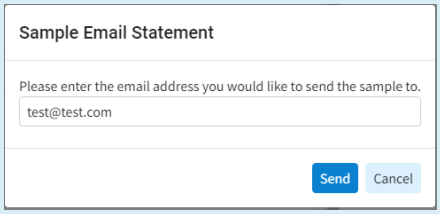
   1. Enter a personalized **Message To Patients** that will be shown within the bottom portion of their online bill.
   2. Select whether or not you want to show your phone contact information, email contact information, or both by selecting them and entering the required data.
   3. **Optional**: Click **Save and Show Demo** to view the **important message** and the **contact us** fields in the payment portal.

4. Click the **General tab** from the side panel to access general settings that apply to all statements.
    1. Select the **credit cards accepted** by this practice.

        > 🪄 Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

    2. **Show Due Date**: Check this option to show the due date of **Upon Receipt** on the statement.
    3. **Do not include account credits**: Check this box to remove credits on the patient's account from being included in the calculation of the Balance Due on the statement and from being listed within the detailed line items.
    4. **Summarize charges**: Check this option to group multiple charges associated with one claim. The code and description that appear on the statement are associated with the first charge on the claim.
    5. **Show paid charges**: Check this option to include all charges, with associated payments and/or adjustments, associated with the patient even if there is no outstanding balance on the charges.
    6. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.
    7. **Increment Statements times Printed when sending FDN** Check this box if you wish to have FDNs be counted towards the patient's statement sent count.
    8. **Use separate address for Pay-To**: Check the box and populate the required information to receive payments at a different address than the practice address.
    9. **Use separate address for return**: Populate the required information to have undelivered statements returned to a different address than the practice address.
    10. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institution claims.
5. Click the **Electronic Statement Options tab** from the side panel to access **Charge Breakdown** options:
    1. **Summarized details for each charge**: Enable this option to send a summary detail of charges
    2. **Detailed activity listing**: Enable this option to send a detailed listing of charges.

Click **Send Sample** and enter a test email to receive a sample of your electronic Statement.



SMS Text Electronic Statements

1. Review or edit your text message template.

   Use the **Righ-click** options to select and add the available variables to the template. **The [Payment Link] is a required field and will not save if removed from the template.**

2. Use the date format drop-down to select your date format.

3. Under **Electronic Statement Template (used for all practices)** review or edit your **Important Message** and your **Contact Us** fields. This General information will be shown on the payment portal's patient statement view.

   1. Enter a personalized **Message To Patients** that will be shown within the bottom portion of their online bill.
   2. Select whether or not you want to show your phone contact information, email contact information, or both by selecting them and entering the required data.
   3. **Optional**: Click **Save and Show Demo** to view the **important message** and the **contact us** fields in the payment portal.

4. Click the **General tab** from the side panel to access general settings that apply to all statements.

   1. Select the **credit cards accepted** by this practice.

      Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

   2. **Show Due Date**: Check this option to show the due date **Upon Receipt** on the statement.

3. **Do not include account credits**: Check this box to remove credits on the patient's account from being included in the calculation of the Balance Due on the statement and from being listed within the detailed line items.

4. **Summarize charges**: Check this option to group multiple charges associated with one claim. The code and description that appear on the statement are associated with the first charge on the claim.

5. **Show paid charges**: Check this option to include all charges, with associated payments and/or adjustments, associated with the patient even if there is no outstanding balance on the charges.

6. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.

7. **Increment Statements times Printed when sending FDN** Check this box if you wish to have FDNs be counted towards the patient's statement sent count.

8. **Use separate address for Pay-To**: Check the box and populate the required information to receive payments at a different address than the practice address

9. **Use separate address for return**: Populate the required information to have undelivered statements returned to a different address than the practice address

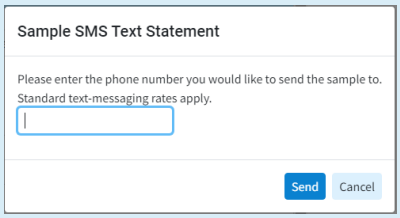
10. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institutional claims.

5. Click the **Electronic Statement Options tab** from the side panel to access **Charge Breakdown** options:

   1. **Summarized details for each charge**: Enable this option to send a summary detail of charges.

   2. **Detailed activity listing**: Enable this option to send a detailed listing of charges.

   Click **Send Sample** and enter a test phone number to receive a sample of your electronic Statement.

6. Click **Save**.

⚠️ Want to revert back to the default message? Click**Reset to Default.**

Configure User Print Statement Design

t Modified on 06/13/2019 12:30 pm EDT

he **Edit Templates** button is used to configure the design of the statements types. You are able to edit the vording of both user-print statement types. However, Enhanced Statements type provide you with omplete control of the look and feel of your statements.

> ⚠ If you have multiple practices, these template settings must be configured under each participating practice.

1. Select **Customer Setup** > **Statements**.
2. Use the drop-down menu to select the desired practice.
3. Under the **User Print Statements** table, click the **Edit Templates** button.
4. Use the drop-down menu to select the **Statement Type** you wish to configure.
5. Place a check in the **Highlight editable fields** box to show all of the fields that you are able to edit.
6. Click on any of the editable fields/boxes and type your desired text.
7. **Add A Logo** to your statement (Enhanced statements only).
    1. Click the **Your Logo Here** icon, then click Upload to select a logo from your computer.
    2. Adjust the logo.
    3. Click **Done**.
8. Click **Save**.

Configure User Print Statement Settings

Last Modified on 09/10/2024 12:39 pm EDT

The **Edit Templates** button is used to configure the design of the statements types. You are able to edit the wording of both user-print statement types. However, Enhanced Statements type provide you with complete control of the look and feel of your statements.

⚠ If you have multiple practices, these template settings must be configured under each participating practice.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration for** drop-down menu to select the desired practice.
3. Under the **User Print Statements** table, click the **Edit Templates** button.
4. Use the drop-down menu to select the **Statement Type** you wish to configure.
5. Place a check in the **Highlight editable fields** box to show all of the fields that you are able to edit.
6. Click **General** from the right-hand side panel to access general settings that apply to the statements.
    1. Select the **credit cards accepted** by this practice.

        Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

    2. **Show Due Date**: Check this option to show the due date of **Upon Receipt** on the statement.
    3. **Do not include account credits**: Check this box in order to remove credits on the patient's account from being included in the calculation of the Balance Due on the statement and from being listed within the detailed line items.
    4. **Summarize charges**: Check this option to group multiple charges associated with one claim. The code and description that appear on the statement are associated with the first charge on the claim.
    5. **Show paid charges**: Check this option to include all charges, with associated payments and/or adjustments, associated with the patient even if there is no outstanding balance on the charges.
    6. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.

7. **Increment Statements times Printed when sending FDN**: Check this box if you wish to have FDNs be counted towards the patient's statement sent count.

8. **Statement Separation**: Choose an option for statement separation.

    - Send one statement for **all charges**.
    - Send separate statements for charges **per provider**.
    - Send separate statements for charges **per practice**.

9. **Use separate address for Pay-To**:

    - **Statement Pay-To address**: Check the box and populate the required information to receiv payments at a different address than the practice address.

        - **Statement Return Address**: Populate the required information to have undelivered statements returned to a different address than the practice address.

10. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institutional claims.

11. For **Enhanced Statement Layout**, click the **Enhanced Statement Options tab** from the side panel to access settings for **enhanced statements only**.

    1. **Show Page Numbers**: Adds the statement page numbers to the top right corner.
    2. **Show Payment Stub**: Adds a payment stub to the bottom on page 1
    3. **Show Patient comments**: Adds a page at the end of the statement containing patient comments.
    4. **Show Insurance company, member ID, and group ID for all payers billed on the claim**: Adds the insurance name, member ID and group ID to the insurance information on page 1.
    5. **Show Facility/Office Address:** Adds the facility name, address, and phone number (optiona under the provider information on page 1.

        1. **Show Facility/Office phone number with address:** Adds the facility phone number after the address on the Facility/Contact information.

    6. **Show Prompt Payment Discount (if applicable):** Adds the discounted amount as the AMOUNT YOU OWE and the due date will reflect the last date that the discount is applicable. It will also show the amount due after the due date.
    7. **Charge Breakdown**: Select the level of details you want on the statement:

        1. **Summarized**: Summarized Statement will show totals for charges, payments/adjustments, amounts owed, etc.

2. **Detailed Activity**: Detailed Activity will show each individual charge, payment/adjustment, amount owed, etc.

8. **Customize Patient Charge Message**: This allows you to customize the charge message base on age or # of statements:

    1. **Always send the same patient charge message**: Select this option to set/customize your patient charge message that will print on every statement.

        1. Once selected, click the patient message section to customize your message.

    2. **Use Charge Age to set the patient charge message**: Select this option to set/customize your patient charge message based on the charge age.

        1. Once selected, click the patient message section to customize your dunning/agin message. Select **0-30**, **31-60**, **61-90**, and **Over 90** to set/customize individual messages that will be printed on the statement based on the charge age.

    3. **Use number of statements sent to set the patient charge message**: Select this option to set/customize your patient charge message based on the number of statements sen to the patient.

        1. Once selected, click the patient message section to customize your message base on the number of statements. Select **Sent 1 Time**, **Sent 2 Times**, **Sent 3 Times**, and **Sent 4 Times** to set/customize individual messages that will be printed on the number of statements that have been sent to the patient

9. **Font**: Use the drop-down menu to select the font used on the statement.

10. **Background Color**: Select the color displayed on the statement.

11. **Brightness**: Use the slider to set how bright the selected color should be.

12. **Icon Style**: Use the drop-down menu to select how the icons in the statement should appea

7. For **Plain Text Statement, Plain Text Final Demand Letter or Plain Text Payment Plan**, click the **Options** side tab from the side panel to access settings for these types of statements.

    1. **Show aging buckets**: Adds balance aging buckets to the bottom on page 2.

    2. **Show custom patient comments**: Adds the patient's custom comments to page 2.

    3. **Show 'Address Service Requested'**: Adds the Address Service Requested note to page 1.

    4. **Show Prompt Payment Discount (if applicable):** Adds the discounted amount as the AMOUNT YOU OWE and the due date will reflect the last date that the discount is applicable. It will also show the amount due after the due date.

8. Click **Save**.

Configure Manual Electronic Statement Settings

t Modified on 07/17/2026 1:10 pm EDT

Important Note: You must have the **In-App Credit Card processing** and the **Patient Payment Portal** features enabled and configured in order to use electronic statements. For more information on turning these services on, please visit our Manage In-Application Credit Card Processing and Manage your Patient Payment Portal Help Articles.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration** for drop-down menu to select the desired practice.

   ⚠ If you have multiple practices, these settings must be configured under each participating practice.

3. Under the **User Print Statements** table, click the **Edit Templates** button.
4. Use the drop-down menu to select the **Statement Type** to configure:

Emailed Electronic Statements

1. Review or edit your email template fields (email Subject and body).

   Use the **Right-click** options to select and add the available variables to the template. **The [Payment Link] is a required field and will not save if removed from the template.**

2. Use the date format drop-down to select your date format.
3. Under **Electronic Statement Template (used for all practices)** review or edit your **Important Message** and your **Contact Us** fields. This General information will be shown on the payment portal's patient statement view.

   1. Enter a personalized **Message To Patients** that will be shown within the bottom portion of their online bill.
   2. Select whether or not you want to show your phone contact information, email contact information, or both by selecting them and entering the required data.
   3. **Optional**: Click **Save and Show Demo** to view the **important message** and the **contact us** fields in the payment portal.

4. Click the **General tab** from the side panel to access general settings that apply to all statements.
    1. Select the **credit cards accepted** by this practice.

        > 🪄 Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

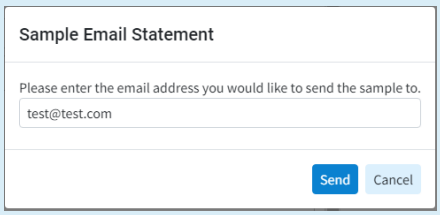
    2. **Show Due Date**: Check this option to show the due date of **Upon Receipt** on the statement.
    3. **Do not include account credits**: Check this box to remove credits on the patient's account from being included in the calculation of the Balance Due on the statement and from being listed within the detailed line items.
    4. **Summarize charges**: Check this option to group multiple charges associated with one claim. The code and description that appear on the statement are associated with the first charge on the claim.
    5. **Show paid charges**: Check this option to include all charges, with associated payments and/or adjustments, associated with the patient even if there is no outstanding balance on the charges.
    6. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.
    7. **Increment Statements times Printed when sending FDN** Check this box if you wish to have FDNs be counted towards the patient's statement sent count.
    8. **Use separate address for Pay-To**: Check the box and populate the required information to receive payments at a different address than the practice address.
    9. **Use separate address for return**: Populate the required information to have undelivered statements returned to a different address than the practice address.
    10. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institution claims.
5. Click the **Electronic Statement Options tab** from the side panel.
    1. **Charge Breakdown** options:
        1. **Summarized details for each charge**: Enable this option to send a summary detail of charges.
        2. **Detailed activity listing**: Enable this option to send a detailed listing of charges.

2. **Show Facility/Office address**: Check this option to display the facility/office address.

3. **Select the email address for receiving replies**: By default, this is set to the practice's entere email for receipts and statements, but it can be updated to a different address or disabled entirely.

4. **Use patient comment (if exists) in place of important message**: Check this option to set the Payment Portal's important message to the patient's comment if one exists.

Click **Send Sample** and enter a test email to receive a sample of your electronic Statement.



SMS Text Electronic Statements

1. Review or edit your text message template.

   Use the **Right-click** options to select and add the available variables to the template.**The [Payment Link] is a required field and will not save if removed from the template.**

2. Use the date format drop-down to select your date format.

3. Under **Electronic Statement Template (used for all practices)** review or edit your **Important Message** and your **Contact Us** fields. This General information will be shown on the payment portal's patient statement view.

   1. Enter a personalized **Message To Patients** that will be shown within the bottom portion of their online bill.
   2. Select whether or not you want to show your phone contact information, email contact information, or both by selecting them and entering the required data.
   3. **Optional**: Click **Save and Show Demo** to view the **important message** and the **contact us** fields in the payment portal.

4. Click the **General tab** from the side panel to access general settings that apply to all statements.

   1. Select the **credit cards accepted** by this practice.

> 🪄 Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

2. **Show Due Date**: Check this option to show the due date**Upon Receipt** on the statement.
3. **Do not include account credits**: Check this box to remove credits on the patient's account from being included in the calculation of the Balance Due on the statement and from being listed within the detailed line items.
4. **Summarize charges**: Check this option to group multiple charges associated with one claim The code and description that appear on the statement are associated with the first charge on the claim.
5. **Show paid charges**: Check this option to include all charges, with associated payments and/or adjustments, associated with the patient even if there is no outstanding balance on the charges.
6. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.
7. **Increment Statements times Printed when sending FDN** Check this box if you wish to have FDNs be counted towards the patient's statement sent count.
8. **Use separate address for Pay-To**: Check the box and populate the required information to receive payments at a different address than the practice address.
9. **Use separate address for return**: Populate the required information to have undelivered statements returned to a different address than the practice address.
10. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institution claims.

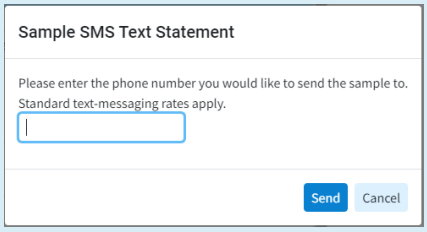
5. Click the **Electronic Statement Options tab** from the side panel.
   1. **Charge Breakdown** options:
      1. **Summarized details for each charge**: Enable this option to send a summary detail of charges.
      2. **Detailed activity listing**: Enable this option to send a detailed listing of charges.
      3. **Show Facility/Office address**: Check this option to display the facility/office address.

      Select the email address for receiving replies: By default, this is set to the practice's entered email for receipts and statements, but it can be updated to a different address

or disabled entirely.

Use patient comment (if exists) in place of important message: Check this option to set the Payment Portal's important message to the patient's comment if one exists.

🪄 Click **Send Sample** and enter a test phone number to receive a sample of your electronic Statement.



6. Click **Save**.

⚠️ Want to revert back to the default message? Click**Reset to Default.**

/iew User Print Statement Templates

t Modified on 06/13/2019 12:30 pm EDT

ollow the steps below to view User Print Statement Templates.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration for** drop-down menu to select the desired practice.
3. Under the **User Print Statements** table, click the **View Templates** button.
4. Select a **Statement** to review.
5. ***Optional:*** Place a check the **Highlight custom fields** box to show all of the fields that you are able to edit.
6. Click **Close**.

:nhanced Statement Sample

:t Modified on 11/27/2023 3:19 pm EST

:nhanced Payment Plan Sample

:t Modified on 11/27/2023 3:22 pm EST

:nhanced Final Demand Letter Sample

:t Modified on 11/27/2023 3:24 pm EST

:mail Statement Sample

:t Modified on 11/27/2023 3:29 pm EST

James,

Your statement from Abc Medical Group is now available.

Account:	14268678
Amount Due:	$57.00
Due Date:	Sat Dec 2

If you pay after Sat Dec 2, the amount you owe will be $60.00.

Please log in to our Payment Portal to view or pay your statement any time. If you have any questions regarding your balance due, please email address@practice.com or contact us at 407-555-1234.

Thank you for trusting us with your care.

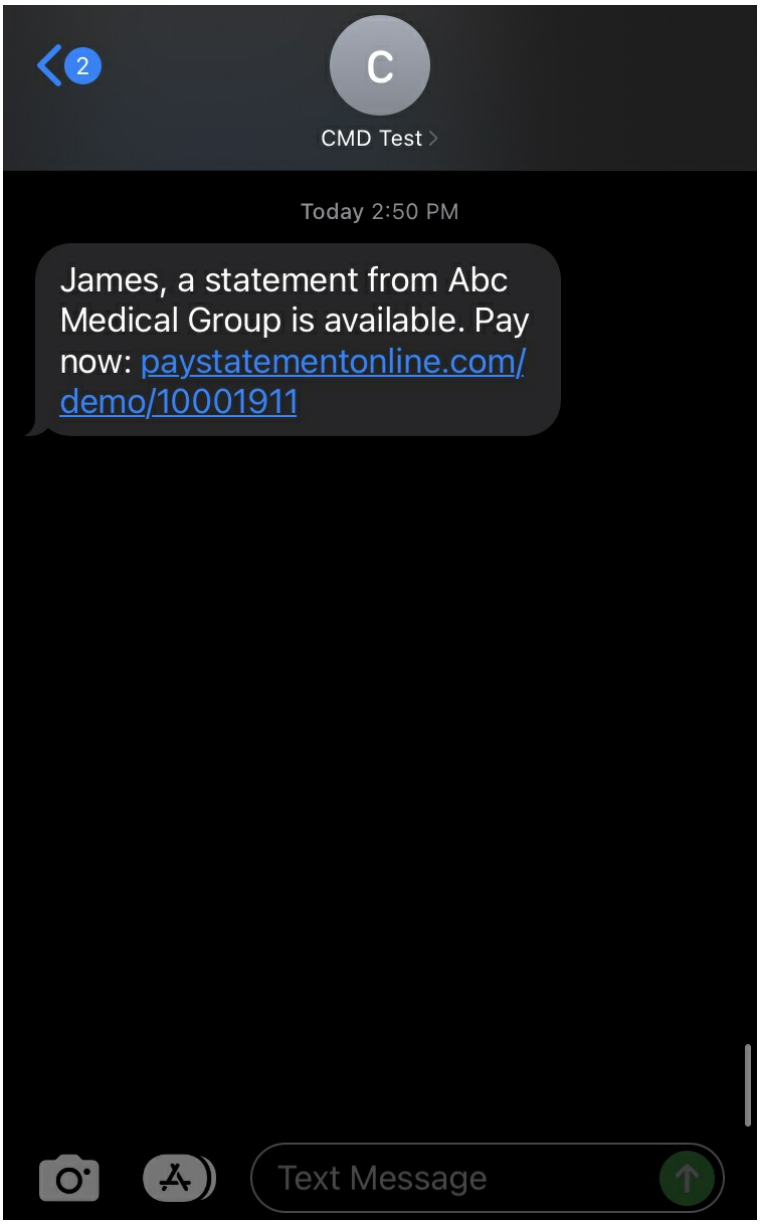
Sincerely,

Abc Medical Group

CMD
SAMPLE LOGO

ext Statement Sample

t Modified on 11/27/2023 3:31 pm EST



Configure Estimate Statement Design

t Modified on 01/23/2023 12:53 pm EST

Configure the design of the estimate statement(user print). You are able to edit the wording of both user-rint statement types. However, the Enhanced Statements type provides you with complete control of the ook and feel of your statements.

> ⚠ If you have multiple practices, these template settings must be configured under each participating practice.

1. Select **Customer Setup** > **Statements**.
2. Use the drop-down menu to select the desired practice.
3. Under the **Estimate Statements** table, click the **Edit Templates** button.
4. Use the drop-down menu to select the **Statement Type** you wish to configure.
5. Place a check in the **Highlight editable fields** box to show all of the fields that you are able to edit.
6. Click on any of the editable fields/boxes and type your desired text.
7. **Add a Logo to your statement** (Enhanced statements only).
    1. Click the **Your Logo Here** icon, then click Upload to select a logo from your computer.
    2. Adjust the logo.
    3. Click **Done**.
8. Click **Save**.

Configure User Print Estimate Statement Settings

t Modified on 01/23/2023 12:55 pm EST

⚠ If you have multiple practices, these template settings must be configured under each participating practice.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration for** drop-down menu to select the desired practice.
3. Under the **Estimate Statements** table, click the **Edit Templates** button.
4. Use the drop-down menu to select the **Statement Type** you wish to configure.
5. Place a check in the **Highlight editable fields** box to show all of the fields that you are able to edit.
6. Click **General** from the right-hand side panel to access general settings that apply to enhanced statements.
    1. Select the **credit cards accepted** by this practice.

        Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

    2. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.
    3. **Use separate address for Pay-To**:
        - **Statement Pay-To address**: Check the box and populate the required information to receiv payments at a different address than the practice address.
        - **Statement Return Address**: Populate the required information to have undelivered statements returned to a different address than the practice address.
    4. **Use the Revenue code description for charges on institutional claims**: Check this option to print the revenue code description instead of the procedure code description on institutional claims.
    5. For **Enhanced Statement Layout**, click the **Enhanced Statement Options tab** from the side panel to access settings for **enhanced statements only**.
        1. **Estimate Due Status**: Select which template will be used in the **Important Message** section

of the estimate statement:

    1. **Estimate Due Preview**: This template will state that the estimated charges are due at the time of the appointment (for example a patient copay).

    2. **Estimate Not Due Preview**: This template will state that the amounts shown on this Estimate are not due, and are estimates only (for example a surgical or high-cost good faith estimate).

2. **Patient Insured Status:** Select the preview to show based on the patient insured status:

    1. **Insured Patient Preview**: This will show a statement preview taking into account a patient's insurance.

    2. **Self Pay Preview**: This will show a statement preview taking into account patients as self-pay patients.

3. **Show Page Numbers**: Adds the statement page numbers to the top right corner.

4. **Show Facility/Office contact information:** Adds the facility name and address under the provider information on page 1.

5. **Charge Breakdown**: This gives you the option to select one of two charge breakdown options:

    1. Summarized: Enable this option to group multiple charges associated with the claim. The code and description that appear on the statement are associated with the first charge on the claim.

    2. Detailed Activity: Enable this option to send a detailed listing of charges.

6. **Font**: Use the drop-down menu to select the font used on the statement.

7. **Background Color**: Select the color displayed on the statement.

8. **Brightness**: Use the slider to set how bright the selected color should be.

9. **Icon Style**: Use the drop-down menu to select how the icons in the statement should appea

6. For **Plain Text Statements**, click the **Plain Text options** side tab from the side panel to access settings for this type of statement.

    1. **Estimate Due Status**: Select which template will be used in showing the amount due or expected cost in the estimate statement:

        1. **Estimate Due Preview**: This template will show the estimated cost due at the time of the appointment (for example a patient copay).

        2. **Estimate Not Due Preview**: This template will show the estimated cost but is not set a a due amount (for example a surgical or high-cost good faith estimate).

2. **Patient Insured Status:** Select the preview to show based on the patient insured status:
    1. **Insured Patient Preview**: This will show a statement preview taking into account a patient's insurance.
    2. **Self Pay Preview**: This will show a statement preview taking into account patients as self-pay patients.
3. **Show 'Address Service Requested'**: Adds the Address Service Requested note to page 1.

7. Click **Save**.

Configure Estimate Electronic Statement Settings

t Modified on 01/23/2023 12:55 pm EST

Important Note: You must have the **In-App Credit Card processing** and the **Patient Payment Portal** features enabled and configured in order to use electronic statements. For more information on turning these services on, please visit our Manage In-Application Credit Card Processing and Manage your Patient Payment Portal Help Articles.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration** for drop-down menu to select the desired practice.

   ⚠ If you have multiple practices, these settings must be configured under each participating practice.

3. Under the **Estimate Statements** table, click the **Edit Templates** button.
4. Use the drop-down menu to select the **Statement Type** to configure:

Emailed Electronic Statements

1. Review or edit your email template fields (email Subject and body).

   Use the **Righ-click** options to select and add the available variables to the template. **The [Payment Link] is a required field and will not save if removed from the template.**

2. Use the date format drop-down to select your date format.
3. Under **Electronic Statement Template (used for all practices)** review or edit your **Important Message** and your **Contact Us** fields. This General information will be shown on the payment portal's patient statement view.

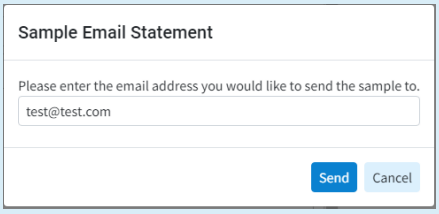
   1. Enter a personalized **Message To Patients** that will be shown within the bottom portion of their online bill.
   2. Select whether or not you want to show your phone contact information, email contact information, or both by selecting them and entering the required data.
   3. **Optional**: Click **Save and Show Demo** to view the **important message** and the **contact us** fields in the payment portal.

4. Click the **General tab** from the side panel to access general settings that apply to all statements.
    1. Select the **credit cards accepted** by this practice.

        Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

    2. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.
    3. **Use separate address for Pay-To**: Check the box and populate the required information to receive payments at a different address than the practice address.
    4. **Use separate address for return**: Populate the required information to have undelivered statements returned to a different address than the practice address.
5. Click the **Electronic Statement Options tab** from the side panel to access **Charge Breakdown** options:
    1. **Summarized details for each charge**: Enable this option to send a summary detail of the charges.
    2. **Detailed activity listing**: Enable this option to send a detailed listing of charges.
    3. **Show Facility/Office:** Adds the facility name and address on the statement.
    4. **Send Email Replies to**: Select if you want to receive email replies or not and what email address you want to receive them in.

        Click **Send Sample** and enter a test email to receive a sample of your electronic Statement.

SMS Text Electronic Statements

1. Review or edit your text message template.

🪄 Use the **Righ-click** options to select and add the available variables to the template. **The [Payment Link] is a required field and will not save if removed from the template.**

2. Use the date format drop-down to select your date format.

3. Under **Electronic Statement Template (used for all practices)** review or edit your **Important Message** and your **Contact Us** fields. This General information will be shown on the payment portal's patient statement view.

    1. Enter a personalized **Message To Patients** that will be shown within the bottom portion of their online bill.
    2. Select whether or not you want to show your phone contact information, email contact information, or both by selecting them and entering the required data.
    3. **Optional**: Click **Save and Show Demo** to view the **important message** and the **contact us** fields in the payment portal.

4. Click the **General tab** from the side panel to access general settings that apply to all statements.

    1. Select the **credit cards accepted** by this practice.

        🪄 Don't accept credit card payments by mail? Make sure all credit card boxes are unchecked.

    2. **Show units in charge description**: Check this option to show the number of units used on each line item charge. The number of units will be displayed next to the charge description on your patient's statements.

    3. **Use separate address for Pay-To**: Check the box and populate the required information to receive payments at a different address than the practice address

    4. **Use separate address for return**: Populate the required information to have undelivered statements returned to a different address than the practice addres

5. Click the **Electronic Statement Options tab** from the side panel to access **Charge Breakdown** options:

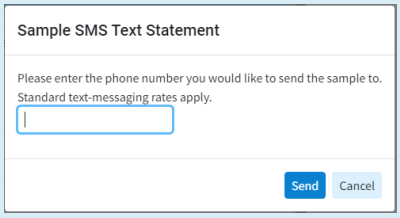
    1. **Summarized details for each charge**: Enable this option to send a summary detail of the charges.

    2. **Detailed activity listing**: Enable this option to send a detailed listing of charges.

    3. **Show Facility/Office:** Adds the facility name and address on the statement.

4. **Send Email Replies to**: Select if you want to receive email replies or not and what email address you want to receive them in.

Click **Send Sample** and enter a test phone number to receive a sample of your electronic Statement.



6. Click **Save**.

Want to revert back to the default message? Click**Reset to Default.**

/iew Estimate Statement Templates

:t Modified on 01/18/2023 3:07 pm EST

ollow the steps below to view Estimate Statement Templates.

1. Select **Customer Setup** > **Statements**.
2. Use the **Practice to Manage Statement Configuration for** drop-down menu to select the desired practice.
3. Under the **Estimate Statements** table, click the **View Templates** button.
4. Select a **Statement** to review.
5. ***Optional:*** Place a check in the **Highlight custom fields** box to show all of the fields that you are able to edit.
6. Click **Close**.

·orm-based Superbill

:t Modified on 06/12/2019 1:58 pm EDT

orm-based superbills are **Word 2003 XML** files that contain form fields (variables) that are replaced by ctual data from the CollaborateMD system (e.g. patient names, insurance info, appt dates and more). Not nly can this option be used to customize superbills but it can also be used as a letter generator to create :tters such as excuse notes, collections letters, patient registration forms and more!

Vhen printing the form all of the "@" variables will be replaced by the appropriate values related to the atient. Take a look at our Form Based Superbill.pdf or our forms & templates library to help get you tarted.

> You can design your form in any editor of your choice but it should be saved as a Word 2003 XML document.

1. Select **Setup** > **Superbills**.
2. Click the **New Superbill** button.
3. Type the **Name** for your superbill.
4. Use the **Type** drop-down menu to select **Form-Based**.
5. Search for the file on your computer by clicking the icon.
6. Click **Save**.

ext-based Superbill

t Modified on 06/12/2019 1:59 pm EDT

ext-based superbills allows you to configure the Header of the superbill. The header consists of 3 columns ith 6 rows each. You can determine what information is placed in each row and columns to customize you uperbill header. The default CollaborateMD Superbill is used for the body of the document. Take a look at ur Text-Based Superbill.pdf .

1. Select **Customer Setup** > **Superbills**.
2. Click the **New Superbill** button.
3. Type the **Name** for your superbill.
4. Use the **Type** drop-down menu to select **Text-Based**.
5. Click the **Add Field(s)** link from any of the three (3) columns to be presented with a list of information that can be added to the superbill header.
6. Use the checkboxes to select what information you would like to include, then click **Add**.
7. Change the order of the rows by clicking (highlighting) the desired row and using the ^ and ^ arrow icons to move the field up or down on the list.
8. Select a row and click the ⛔ Icon to remove that row.
9. Place a check in the **Do not print CPT and ICD information on Superbill** box if you only want to print the header of the superbill.

   ⚠ The body of the superbill will be blank.

10. Place a check in the **Do not include practice information in header** box if you don't want the practice name, address, phone number and Tax ID# to be displayed.
11. Click **Save**.

CMD default Superbill

t Modified on 06/12/2019 2:01 pm EDT

CMD default superbills uses the standard superbill within CollaborateMD and cannot be edited. Take a loo t our CMD Default Superbill.pdf.

1. Select **Customer Setup** > **Superbills**.
2. Click the **New Superbill** button.
3. Type the **Name** for your superbill.
4. Use the **Type** drop-down menu and select **CMD default**.
5. Place a check in the **Show patient balance without credits** box to exclude patient account credits from the overall balance.

   If a patient has a credit of $25 and a balance of $100 when this option is selected, the balance will be reflected as $100 vs $75 which is the $100 balance subtracted by the $25 credit.

6. Place a check in the **Always use date generated in date field** box to always use the date the superbill is printed for the "Date" field.

   This only applies to printing superbills from the Scheduler or Superbill Batch Print screen .

7. Click **Save**.

ind or edit a Superbill

t Modified on 06/12/2019 12:58 pm EDT

ollow the steps below to find or edit an existing superbill.

1. Select **Customer Setup** > **Superbills**.
2. Use the **Show All** button to view all superbills. Or use the **Search** field to further drill down your searc
3. Select the **Superbill** to open.
4. ***Optional***: Modify the superbill.

   If changes to a form-based superbill document need to be made, edit the Word document outside of the CollaborateMD application. Return to the Superbills section to upload the updated document.

5. Click **Save**. Otherwise, click **Close** if no changes were made.

)elete a Superbill

:t Modified on 06/12/2019 12:57 pm EDT

ı the event a Superbill is no longer needed, follow the steps below to delete the superbill to prevent other ıembers of your staff from using it.

⚠ Once a superbill has been deleted, it can't be restored. Proceed with care.

1. Select **Customer Setup** > **Superbills**.
2. Use the **Show All** button to view all superbills. Or use the **Search** field to further drill down your searcl
3. Select the **Superbill** you want to delete.
4. Click the **Delete** button, click **Yes** to delete the superbill.

ıdd a new Label

ıt Modified on 06/12/2019 12:52 pm EDT

ollow the steps below to create a label.

1. Select **Customer Setup** > **Labels**.
2. Click the **New Label** button.
3. Type the label name in the **Name** field.
4. Use the **Label Type** drop-down menu to select the label type.

   To create a label with a custom date, select either the **Patient** or **Scheduler Label Type** and select the **Custom Date** field in the applicable column.

5. Click the **Add Field** link from the **Field Configuration** table to select the fields to add to the label columns.
   1. Place a check in the box next to the field, then click **Add**.
6. **Field Options:**
   1. Change the order of the rows by selecting (highlighting) the desired row and using the ^ and v arrow icons to move the field up or down on the list.
   2. To **remove** a field, select it and click the ⛔ icon
7. ***Optional***: Add up to three (3) columns by clicking the **Add Column** button and add the fields.

11. In the **Printer Configuration table**, choose the Printer Type that matches your label printer model, an select the Label Size, Font, and Column Spacing.
12. Click the **Preview** button to see what your label will look like or print out a test label.
13. Click **Save**.

ind or edit a Label

t Modified on 06/12/2019 12:54 pm EDT

ollow the steps below to find or edit an existing Label.

1. Select **Customer Setup** > **Labels**.
2. Click the **Show All** button to view all labels. Or use the **Search** field to further drill down your search.
3. Select the **Label** from the list to open.
4. ***Optional***: Modify the label
    1. Changing the Label Type will reset column values.
    2. Click the **Add Field** link from the Field Configuration table to select the field(s) to add to the labe columns.
    3. **Field Options:**
        1. Change the order of the rows by selecting (highlighting) the desired row and using the ^ and v arrow icons to move the field up or down on the list.
        2. To **remo**ve a field, select it and click the ⊖ icon
    4. **Column Options:**
        1. Add another column by clicking the **Add Column** button and add the fields.
        2. To **remove** a **column,** click the ✖ icon at the top of the column.
5. In the Printer Configuration table, choose the Printer Type that matches your label printer, and select the Label Size, Font, and Column Spacing. Choose the Printer Configuration that matches your Label Printer Model.
6. Click the **Preview button** to see what your label will look like. You can also print out a test label from this window.
7. Click **Save**. Otherwise, click **Close** if no changes were made.

Preview a Label

t Modified on 06/12/2019 12:54 pm EDT

ollow the steps below to preview an existing Label.

1. Select **Customer Setup** > **Labels**.
2. Click the **Show All** button to view all labels. Or use the **Search** field to further drill down your search.
3. Select the **Label** to open.
4. Click the **Preview** button.

Delete a Label

t Modified on 05/15/2019 11:10 pm EDT

⚠ Once a label has been deleted, it can't be restored. Proceed with care.

1. Select **Customer Setup** > **Labels**.
2. Click the **Show All** button to view all labels. Or use the **Search** field to further drill down your search.
3. Select the **Label** to delete.
4. Click the Delete button.
5. Select **Yes**, when the "*Are you sure you wish to delete this configuration?*" pop-up displays.

ıdd Custom Info Lines

ıt Modified on 08/02/2021 3:46 pm EDT

1. Select **Customer Setup** > **Customization** > **Custom Info Lines**.
2. Click the **Edit** button.
3. Scroll to the bottom of the screen and click the blank field (last line).
4. Type your custom info line in the field.
5. Click **Save**.

ind or edit Custom Info Lines

t Modified on 08/02/2021 3:46 pm EDT

1. Select **Customer Setup** > **Customization** > **Custom Info Lines**.
2. Click the **Edit** button.
3. Select the Info Line and edit the text.

   You can also change the order of the Info Lines by clicking the 2 lines to the left of the info line ═ then drag and drop to the desired location/order.

4. Click **Save**. Otherwise, click **Cancel** if no changes were made.

Manage Custom Info Lines

t Modified on 08/02/2021 3:47 pm EDT

1. Select **Customer Setup** > **Customization** > **Custom Info Lines**.
2. Click the **Edit** button.
3. Select **Copy Configuration** to copy these Info Lines to another customer account.
4. Select the customer you wish to copy the configuration to.
5. Click **Copy**.
6. Click **Save**.

nactivate a Custom Info Line

t Modified on 08/02/2021 3:47 pm EDT

n the event an info line is no longer in use, you can inactivate it to prevent staff members in your office fror sing it; there is no way to permanently delete an info line.

1. Select **Customer Setup** > **Customization** > **Custom Info Lines**.
2. Click the **Edit** button.
3. Select the **Info Line** you want to make inactive.
4. Place a check in the **Deleted** checkbox.
5. Click **Save**.

Reactivate a Custom Info Line

t Modified on 08/02/2021 3:47 pm EDT

1. Select **Customer Setup** > **Customization** > **Custom Info Lines**.
2. Place a check in the **Show Deleted** box.
3. Click the **Edit** button.
4. Select the **Info Line** to reactivate.
5. Uncheck in the **Deleted** checkbox for the info line you are reactivating.
6. Click **Save**.

Add a Custom Claim Status

Last Modified on 02/15/2024 3:10 pm EST

⚠ You can edit any custom claim status you create, but cannot change the default claim statuses provided by the CollaborateMD software.

1. Select **Customer Setup** > **Customization** > **Custom Claim Statuses**.
2. Click the **Edit** button.
3. Scroll to the bottom of the screen and click the blank field (last line).
4. Type your custom status in the field.
5. Use the **Due To** drop-down menu to control who is responsible for any outstanding balance.
    1. **Patient**: Any remaining balance for any charges assigned to this status will contribute to the patient balance.
    2. **Insurance**: Any remaining balance for any charges assigned to this status will contribute to the insurance balance.
    3. **None**: Any remaining balance for any charges assigned to this status is not counted towards any insurance or patient balance.
6. Checking the **Use Payer** box will replace the word *Insurance* with the actual insurance name when assigned to a charge.

    For example, "Charge Due ***Insurance"*** would display as "Charge Due ***Florida Medicare***", if assigned to a Medicare Claim.

7. Placing a check in the **Restricted** box will limit access to only users with the "**Set Restricted Claim Status**" permission.
8. Click **Save**.

ind or edit a Custom Claim Status

t Modified on 02/15/2024 3:10 pm EST

⚠ You can edit any custom claim status you create, but cannot change the default claim statuses provided by the CollaborateMD software.

1. Select **Customer Setup** > **Customization** > **Custom Claim Status**.
2. Click the **Edit** button.
3. Select the **Claim Status** and edit the **Name**, **Due To**, **Use Payer** or **Restricted options**.

   You can also change the order of the Claim Status by clicking the 2 lines to the left of the line ═ then drag and drop to the desired location/order.

4. Click **Save**. Otherwise, click **Cancel** if no changes were made.

Manage Custom Claim Statuses

t Modified on 04/24/2024 9:52 am EDT

1. Select **Customer Setup** > **Customization** > **Custom Claim Status**.
2. Click the **Edit** button.
3. Select **Copy Configuration** to copy these claim statuses to another customer account.
4. Select the customer you wish to copy the configuration to.
5. Click **Copy**.
6. Click **Save**.

Add a Custom Patient Account Type

Last Modified on 11/08/2021 10:23 am EST

1. Select **Customer Setup** > **Customization** > **Custom Account Types**.
2. Click the **Edit** button.
3. Scroll to the bottom of the screen and click the blank field (last line).
4. Type your custom patient account type in the field.
5. Checking the **Show Alert** box will result in a popup message displaying anytime a patient assigned to this patient account type is opened.
6. Click **Save**.

ind or edit a Custom Patient Account Type

t Modified on 11/08/2021 10:23 am EST

1. Select **Customer Setup** > **Customization** > **Custom Account Types**.
2. Click the **Edit** button.
3. Select the **Patient Account Type** and edit the **Name** or the **Show Alert** options.

   You can also change the order of the Patient Account Types by clicking the 2 lines to the left of the line ═ then drag and drop to the desired location/order.

4. Click **Save**. Otherwise, click **Cancel** if no changes were made.

Manage Custom Patient Account Types

t Modified on 11/08/2021 10:23 am EST

1. Select **Customer Setup** > **Customization** > **Custom Account Types**.
2. Click the **Edit** button.
3. Select **Copy Configuration** to copy these claim statuses to another customer account.
4. Select the customer you wish to copy the configuration to.
5. Click **Copy**.
6. Click **Save**.

ıdd a Payment Automation

ıt Modified on 07/17/2026 2:59 pm EDT

⚠ You can edit custom payment automations you create, but you cannot change or reorder the default payment automations provided by the CollaborateMD software (the bottom four entries). You can only deactivate these default automations to disable them if needed.

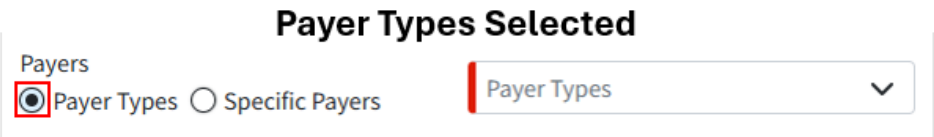
1. Select **Customer Setup** > **Customization** > **Payment Automations**.
2. Click the **New Automation** button.
3. Enter a **Name** for this payment automation.
4. Enter a **Description** for the intended use of this automation.
5. **Criteria**:
    1. Use the **Remittance Codes** field to enter remittance code(s) that should trigger the payment automation rule within the ERA.

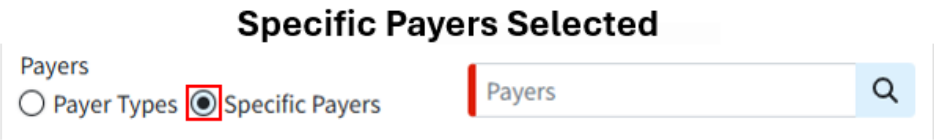
    ⚠ When adding a payment automation you must enter at least one remittance code.

    Typically, adding actions to the following remittance codes is not recommended and can result in incorrect balance allocation or charge workflow after applying the ERA:

    - **1: Deductible Amount**
    - **2: Co-insurance Amount**
    - **3: Co-payment Amount**
    - **23: The impact of prior payer(s) adjudication including payments and/or adjustments.**
    - **45: Charges exceed your contracted/legislated free arrangement**
    - **253: Sequestration: reduction in federal payment**

    2. Use the **Group Codes** drop-down menu to find group code(s) that should trigger the payment automation rule within the ERA.
    3. Select **Payer Types** or **Specific Payers** to determine if this payment automation rule applies to all payers within a selected payment type (e.g., Medicare, Medicaid, BCBS) or to specific, selected payers. Then, use the drop-down menu to make your selections.





4. Use the **Payer Action** drop-down menu to instruct the automation to apply to specific payer scenarios, such as ONLY for secondary payers or ONLY when a payer denies a claim.

5. Use the **Next Payer** drop-down menu to control the automation, ensuring it applies only when th selected payer is next on the claim. For example, the automation can be configured to apply only when the claim's balance transfers to the Patient or when the claim is Paid.

6. Use the **Procedure Code** field to select a single procedure code so the automation only runs whe it matches the charge's procedure code (i.e. You never charge patients for a certain “procedure”)

7. Use the **Payment Comparison (Payment Amount)** drop-down menu to control whether paymen automation applies based on the payment amount. For example, if you select "Greater Than" anc set the amount to $100, this rule will only apply to payments exceeding $100.

8. Use the **Charge Comparison (Charge Amount)** drop-down menu to control whether payment automation applies based on the charge amount. For example, if you select "Less Than" and set the amount to $100, this rule will only apply to charges under $100.

6. **Adjustment**:

   1. Use the **Adjustment Method** drop-down menu to select how the payment automation should adjust the balance.

      Selecting the Adjustment Method option to "***Apply according to the payer's instructions***" will adjust the charge amount based on the ERA.

7. **Processing**:

   1. Use the **Processing Method** drop-down menu to select how the payment automation should process the payment.

      1. **Process according to the payer's instructions**: This option will post the payment and adjustment exactly as the payer sent them on the ERA.

      2. **Forward to the next insurance**: This option will apply the payment and forward any remaining balance to the selected "Next Payer" (secondary, tertiary, patient, paid, etc.).

3. **Write off the charge's remaining balance**: This option will write off any unpaid balance usir the selected adjustment code and memo. Please note that when selecting to write off the charge's remaining balance, the "Next Payer" field should be set to Patient.

4. **Process the payment as a partial denial(Recommended)**: This option will set only the amount associated with the code as a denial. Other payments or adjustments, if present, wi still post.

    1. The claim status will default to "Set to Denied at Remittance Payer," but users can select a different status. When the automation runs for this processing mode, it will apply the selected status to the charges.

5. **Process the payment as a total denial**: This option will not apply any payments or adjustments, and the entire charge will become an unpaid amount (equivalent to the previous *Set to Denied At Insurance* option)

    1. The claim status will default to "Set to Denied at Remittance Payer," but users can select a different status. When the automation runs for this processing mode, it will apply the selected status to the charges.

    ⚠️ Processing methods other than "*Process the payment as a total denial*" do not affect how the payments and adjustments are applied and will not affect the status of a claim if the balance is $0.00 after payments, as the status is then Paid, including full payer adjustments resulting in $0.00 balances.

    A "*Process the payment as a total denial*" option will set the claim status as Denied and **no payment or adjustment will be posted. A denial will set the entire billed amount as Unpaid** and all adjustment reasons will be unpaid reasons.

6. **Keep the status the same**: This option will apply the payment without changing the current charge status.

7. **Set a specific status**: This option will apply the payment and update the status to a pre-selected charge status.

2. Use the **Charge Status** drop-down menu to select your status.

    🪄 The Charge Status drop-down is only available when selecting a partial or total denial processing method or the "*Set a specific status*" option is selected.

8. **Additional Action**:

    1. Use the **Assign Task To** field to create and assign a task to a specific user or group for any

payments that meet the payment automation rule. Enter the username you would like to assign this task to, or Click Select Users and select the user/group from the list.

9. Click **Save**.

ind/Edit a Payment Automation

t Modified on 10/07/2025 1:55 pm EDT

⚠ You can edit custom payment automations you create, but you cannot change or reorder the default payment automations provided by the CollaborateMD software (the bottom four entries listed). You can only deactivate these default automations to disable them if needed.

Automations are evaluated from top to bottom in the list. If you have multiple automations that can apply to the same scenario, the top one on the list will be applied. You can use the drag handle ═ to reorder automations by dragging and dropping them to the desired position.

1. Select **Customer Setup** > **Customization** > **Payment Automation**.
2. Select (click) the Automation you want to edit from your Payment Automations list.
3. Make any applicable changes or edits to your criteria, adjustment, processing, or additional actions within your payment automation.
4. Click **Save**. Otherwise, click **Close** if no changes were made.

For more info on payment automation fields or for adding/creating a new payment automation, visit our Add a Payment Automation Help Article.

Manage Payment Automation Status

t Modified on 10/07/2025 1:57 pm EDT

⚠ You can edit custom payment automations you create, but you cannot change or reorder the default payment automations provided by the CollaborateMD software (the bottom four entries listed). You can only deactivate these default automations to disable them if needed.

1. Select **Customer Setup** > **Customization** > **Payment Automation**.
2. Click the **Edit** button.

nactivate a Payment Automation

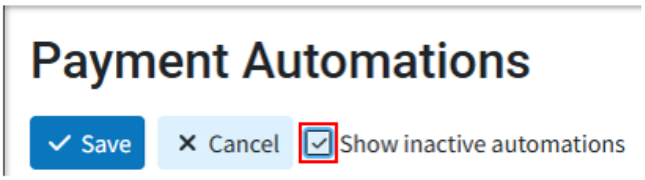
n the event a Payment Automation is no longer in use, you can inactivate it to prevent the rule from being pplied within an ERA. Please note that there is no way to permanently delete a Payment Automation.

1. Find the payment automation you want to inactivate within your list.
2. Place a check in the **Inactive** box (right side column) for the payment automation you want to inactivate.

Reactivate a Payment Automation

an inactive Payment Automation needs to be reactivated.

1. Place a check in the **Show inactive automations** box (top of the screen).



2. Find the payment automation you want to reactivate within your list.
3. Uncheck the **Inactive** box (right side column) for the payment automation you want to inactivate

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You can also change the order of the payment automations by clicking the 2 lines to the left of the automation ═ then dragging and dropping it to the desired position.

3. Click **Save**. Otherwise, click **Cancel** if no changes were made.

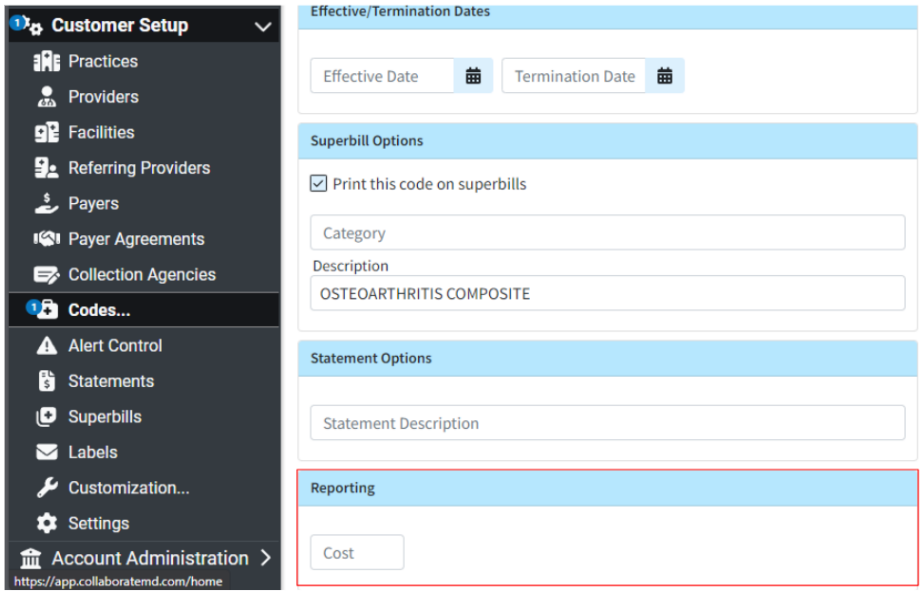
Configure "Customer Setup" Settings for Users

Last Modified on 11/18/2024 1:06 pm EST

The Customer Setup Settings for User contains options that will apply to your user account.

⚠ Any open print tabs will need to be closed and re-opened after making changes to the Claim Print Settings.

1. Select **Customer Setup** > **Settings**.
2. Click the **Edit** button.
3. Set User level Claim Default Settings by selecting Yes or No to the available claim settings:
    1. **Allow setting the Cost on Procedure codes? The cost of goods and services can be tracked by building a custom report.**
        1. If set to **Yes**, a Reporting Section will be added to Procedure Codes allowing the user to add cost to the code.



🪄 This will allow customers who offer services with an associated cost and compensate their providers based on the profit from these rendered services, to track the Cost of Goods and Services (COGS) within the application by creating a custom report. For more info on adding a cost to a procedure code, visit our Procedure Codes Field Descriptions Help Article.

4. Click **Save**.

Request Account Name Change

t Modified on 04/04/2019 6:44 pm EDT

Important: Legal documentation must be provided in order for CollaborateMD to process your request. If the required fields and/or confirmation checkboxes are not completely filled out, CollaborateMD will be unable to process the request.

1. Select **Account Administration** > **Account Management**.
2. Click the **Edit Account Information** link.
3. Click the **Request Account Name Change** link.
4. Once the **Request Account Name Change** window is displayed, enter the following required information:
    1. New Account Name
    2. New Account Phone Number
    3. New Account Email Address
5. Click the **Next** button.
6. Check the box confirming you understand and agree to send the required **Legal Documentation**.
7. Click the **Next** button.
8. Check the box confirming you have fully read and agree the **Customer Software Agreement and the Business Associate Agreement.**
9. Click the **Submit** button.
10. Send your document(s) to the Accounting Department via fax at (888) 881-1812 or email them to accounting@collaboratemd.com.

Request Ownership Change

t Modified on 04/04/2019 6:48 pm EDT

Important: Legal documentation must be provided in order for CollaborateMD to process your request. Examples include Articles of Incorporation, a State, City, or Country Business License, or any other legal proof of business ownership that contains the business name and the business owner's name.

ollow the steps below to request to change the owner of the account.

1. Select **Account Administration** > **Account Management**.
2. Click the **Edit Account Information** link.
3. Click the **Request Ownership Change** link.
4. Once the **Request Ownership Change** window is displayed, enter following required information:
    1. New Owner First Name
    2. New Owner Last Name
    3. New Owner Phone Number
    4. New Owner Email Address
5. Click the **Next** button.
6. Check the box confirming you understand and agree to send the required **Legal Documentation**.
7. Click the **Next** button.
8. Check the box confirming you have fully read and acknowledged the **Customer Software Agreement and Business Associate Agreement.**
9. Click the **Submit** button.
10. Send your document(s) to the Accounting Department via fax at (888) 881-1812 or email them to accounting@collaboratemd.com.

Request Account Tax ID Change

t Modified on 06/11/2019 6:27 pm EDT

n the event you change your business name, or there is a change in ownership, you may be required to pdate your account Tax ID.

Important: Legal documentation must be provided in order for CollaborateMD to process your request. Examples include Articles of Incorporation, a State, City, or Country Business License, or any other legal proof of business ownership that contains the business name and the business owner's name.

ollow the steps below to request an Account Tax ID Change.

1. Select **Account Administration** > **Account Management**.
2. Click the **Edit Account Information** link.
3. Click the **Request Account Tax ID Change** link.
4. Once the **Request Account Tax ID Change** window is displayed, enter the **New Tax ID** in the field.
5. Click the **Next** button.
6. Check the box confirming you understand and agree to send the required **Legal Documentation.**
7. Click the **Next** button.
8. Check the box confirming you have fully read and acknowledge the **Customer Software Agreement** and **Business Associate Agreement.**
9. Click the **Submit** button.
10. Send your document(s) to our Accounting Department via fax at (888) 881-1812 or email them to accounting@collaboratemd.com.

:dit Address

:t Modified on 06/11/2019 6:27 pm EDT

: your office has moved to a new location, make sure the address is updated within CollaboarteMD. Follow
ıe steps below to edit the account contact address.

1. Select **Account Administration** > **Account Management**.
2. Click the **Edit Account Information** link.
3. Click the **Edit Address** link.
4. Make the necessary updates.
5. Click the **Save** button. Otherwise, click **Close** if no changes were made.

Request a Credit

t Modified on 09/17/2024 12:15 pm EDT

Important: Completing this request does not guarantee a credit on the account. We reserve the right to issue refunds or credits at our sole discretion, or as required by applicable law. The information provided will be forwarded to the Credit Team for an in-depth review.

ollow the steps below to request a credit.

1. Select **Account Administration** > **Account Management**.
2. Click the **Request a Credit** link.
3. Place a check in the box to confirm that you have read and understand the agreement.
4. Select from the list of the **past three Invoices this Credit Request** pertains to.

   ⚠ Requests must be made within 30 days of the invoice date.

5. Enter the $**Amount** of the credit you are requesting.
6. In the **Reason for Credit Request** field, type a brief description of why you are requesting this credit.
7. Click the **Submit** button.

Request a Payment Extension

t Modified on 06/29/2022 4:01 pm EDT

Important: Completing this request does not guarantee an extension on the account. Please be aware that **payment is due by 4:00 PM (EST) on the extension date** to avoid account suspension. The extension date cannot fall on a weekend or holiday. Payment cannot extend beyond 15 days past the original due date.

Upon Manager discretion, a first time extension request will have the fee waived.

ollow the steps below to request a payment extension.

1. Select **Account Administration** > **Account Management**.
2. Click the **Request a Payment Extension** link.
3. When the **Request Payment Extension** window is displayed, read the statements and check the box confirming you understand and agree with the statements.
4. In the **Extension Date** field, enter the date you are requesting to extend your payment till.
5. Click the **Submit** button.
6. An Accounting Representative will reach out via email regarding any action needed for the extension request or an approval/denial response.

Request to Close Main Account

t Modified on 11/14/2025 8:36 am EST

lease contact your Customer Success Manager to discuss your pricing options, or request to cancel via the teps below in the CollaborateMD platform. If you decide to close your account, we're here to make the rocess as smooth as possible.

Important:

- Account closure requests must be submitted with a minimum of **30 days' notice**. Requests received mid-month will take effect on the last Friday of the following month.
- Account closures are processed and completed at 12:00 PM (Eastern Standard Time) on the last Friday of each month.
- A final invoice will be generated for activity used through your last month of service.
- Once your account is closed, it is no longer accessible by you or any other user; you won't be able to access account history (including patients, claims, payments, etc.), print reports, or a monthly invoice.
- If you decide later that you need access, you will need to reactivate your account, and a $150 fee will be assessed. **Click here** to learn more about our Reactivation process.

ollow the steps below to request to close the main account.

1. Select **Account Administration** > **Account Management**.
2. Click the **Close Main Account** link.
3. Read the disclaimer and click **Continue**.
4. In the **Reason for Closing Account** field, type a brief description of why you are requesting to close the account.
5. Place a check in the "**I Agree**" box to confirm that you have read and understand the closure terms and conditions.
6. Click the **Submit** button.

or more information related to Accounting and Closing your Main Account, please reference the **ccounting Agreement**.

We recommend collecting any applicable information required by your business before you ask us to close it. You can do this by running and printing/exporting applicable reports or requesting a **Data Snapshot**. Please make sure you are securely storing your files based on your internal processes and policies regarding HIPAA and ePHI.

- Document Imaging files will be permanently deleted after **90 days of closure.**
- Mailbox Files will be permanently deleted after **180 days of closure**. Mailbox files include:
  - Clearinghouse Reports (CA, EC)
  - Payer Reports (RE, RR, SR, SE, etc.)
  - Remittance Files (R5)

Request to Reactivate a Closed Main Account

t Modified on 03/31/2023 5:00 pm EDT

The account will be responsible for a reactivation fee of $150 as well as any past-due balances on the account (if applicable). For details regarding any fees please contact the Accounting Department.

Legal documentation must be provided in order for CollaborateMD to process your request.

he Owner/Authorized Representative must the steps below to reactivate a closed main account.

1. Visit https://app.collaboratemd.com and attempt to login with your previous CMD credentials.
2. Click the Reactivate Account link when the warning message advising that the account is closed displays.
3. When the ***1st* Reactivate Account** window is displayed, enter following required info:
    - Owner First Name
    - Owner Last Name
    - Owner Phone Number
    - Owner Email Address
    - Business Address
4. Once you have entered the required fields, click the **Next** button.
5. When the ***2nd* Reactivate Account** window is displayed, read the instructions and check the box confirming you understand and agree to the statement.
6. Click the **Next** button to proceed with the request.
7. When the ***3rd* Reactivate Account** window is displayed, read the statement and check the box confirming you understand and agree with the statement.
8. Click the **Next** button to proceed with the request.
9. When the ***4th* Reactivate Account** window is displayed, check the box confirming that you have fully read and acknowledge the the **Customer Software Agreement and the Business Associate Agreement** links.
10. Click the **Submit** button.

Request Executed Copy of CSA/BAA

t Modified on 06/11/2019 6:20 pm EDT

ollow the steps below to request an executed copy of your CSA / BAA documents.

1. Select **Account Administration** > **Account Management**.
2. Click the **Executed Copy of CSA/BAA** link.
3. Use the drop-down menu to select either **Copy of Business Associate Agreement (BAA)**, **Copy of Customer Software Agreement (CSA)** or **Both**.
4. Click the **Send Request** button.

ıdd a Customer

ıt Modified on 04/04/2019 7:04 pm EDT

ollow the steps below to add a new customer to your account.

1. Select **Account Administration** > **Customer Management**.
2. Click the **Add Customer** button.
3. Type the new customer name in the **Customer Name** field.
4. Select the **Manage Access to this Customer** link.
5. In the **Access** column, **place a check in the box for each user** you want to have access to this account.
6. In the **Permissions** column, click on the drop-down to **specify the user permissions for each user** that has access.
    1. **Deny All**: This option will set all of the user's permissions to deny
    2. **Based on the Role**: This option will allow you to choose a predetermined role to set the user's permissions.
    3. **Copy permissions from default Customer account** This option will allow you to copy this user's permission from the user's default customer account.

    > Customization of individual permissions for the user within the customer can be done from within the User Management screen.

7. Click **Save**.

> Reference our Add New Practice and Add New Provider Help Articles to fully set up your new customer account.

ind a Customer

t Modified on 06/11/2019 6:05 pm EDT

ome offices, like billing services, need to toggle between different customers. Follow the steps below to nd an existing customer under your account.

1. Select **Account Administration** > **Customer Management**.
2. Scroll through the customer list. Or use the **Find in Table** field to locate a customer account.
3. Click on the **Customer** to see specific details about the account (e.g., customer #, status, date opened.)

If you want to log in to a customer reference the **Switch Customers Help Article**.

.og in to another Customer

:t Modified on 06/12/2019 12:33 pm EDT

ollow the steps below to log into another Customer.

1. Select **Account Administration** > **Customer Management**.
2. Locate the customer and place a check in the box next to the customer you wish to log into.
3. Select the **Login** to this customer link.
4. Click **Logout** when the pop-up displays.

Manage Access to this Customer

t Modified on 06/12/2019 12:36 pm EDT

One of the many benefits of CMD is the ability to control which customer accounts users can access. This may come in handy if you have billers or users who only need access to a specific list of customer accounts. This is also handy if you are a billing service who provides login credentials to the offices you do the billing for.

Follow the steps below to manage access to your customer accounts.

1. Select **Account Administration** > **Customer Management**.
2. Locate the customer and place a check in the box next to their name.
3. Select the **Manage Access to this Customer** link.
4. In the **Access** column, **place a check in the box for each user** you want to have access to this account.
5. In the **Permissions** column, click on the drop-down to **specify the user permission for each user** that has access.
    1. **Deny All**: This option will set all of the user's permissions to Deny.
    2. **Based on Role**: This option will allow you to choose a predetermined Role to set the user's permissions.
    3. **Copy permissions from default Customer account**: This option will allow you to copy this user's permissions from the user's default customer account.

    > Customization of individual permissions for the user within the customer can be done from within the User Management screen.

6. Click **Save**.

Close a Customer

Last Modified on 06/11/2019 6:10 pm EDT

Your request to close the selected customer(s) will be processed within 1 - 2 business days. If you're planning to continue billing or working down A/R for the customer, we recommend keeping their account open.

Prior to submitting this request, please take the time to collect any applicable information required by your business. This can be completed by running and exporting reports or by requesting a Data Snapshot.

- Document Imaging files will be permanently **deleted after 90 days of closure.**
- Mailbox Files will be permanently **deleted after 180 days of closure**. These include:
  - Clearinghouse Reports (CA, EC)
  - Payer Reports (RE, RR, SR, SE, etc.)
  - Remittance Files (R5)

Follow the steps below to request to close an existing Customer.

1. Select **Account Administration** > **Customer Management**.
2. Locate the customer(s) and **place a check in the box next to the customer(s)** you wish to close.
3. Select the **Request to Close Selected Customer(s)** link.
4. Click **Continue** when the pop-up displays.

You can always cancel this request by clicking the Cancel Close Customer Request link.

Request to Reopen Customer

t Modified on 06/12/2019 12:34 pm EDT

ollow the steps below to request to reopen a previously closed customer.

1. Select **Account Administration** > **Customer Management**.
2. Place check in the **Show Closed Customers** checkbox.
3. Scroll through the customer list. Or use the**Find in Table** field to locate the customer account.
4. Select the **Customer**.
5. Click the **Request to Reopen this Customer** field.
6. Click **Continue** when the pop-up displays.

The basics

Last Modified on 06/11/2019 4:45 pm EDT

Here's what you need to know to get started setting up users and controlling how they can view or edit your CollaborateMD data.

- There are no restrictions on how many users you can add to CollaborateMD.
- To remain HIPAA compliant, it's required that all users have their own username and password that they keep private. **Do not share credentials!**
- Usernames are denoted by all lower cases and cannot exceed thirty (30) characters.
- New user's permission levels are defaulted to ***"Deny."*** Administrators or Authorized Representatives are responsible for granting permission levels to users.
- When adding a new user, have the following readily available: User's First & Last Name, Title, Phone # Email Address & a method of securely providing the user with their temporary password.

Jsers

t Modified on 06/11/2019 4:51 pm EDT

, User is anyone who logs in to CollaborateMD. Users can be employees at your company, such as front ffice staff, physicians, or medical billers and coders who need access to the company's records.

very user in CollaborateMD has a user account. The user account identifies the user; the user account ettings determine what features, sections or records they can access.

dministrators

t Modified on 06/11/2019 4:51 pm EDT

s an Administrator (Admin) of CollaborateMD, you'll have access to tools and features that allow you to naintain and configure account settings and functions.

hese features are screens located in the**Account Administration** section of the program. They include:

- **Customer Management**: Allows Admins to create, close and edit user access to customer accounts.
- **User Management**: Allows Admins to add, find, edit, suspend, delete, and reset user passwords.
- **Session**: Allows Admins to view current or previous user sessions (including IP addresses). You can als end an active session.
- **Permission Roles**: Allows Admins to create and edit user roles. Roles define user permissions for managing your account.
- **Locks**: Allows Admins to see which user has a patient, provider or report locked and disable that lock, necessary.

n addition to having access to these screens, Admins can also manage multiple customer accounts if they'r ssociated with a Billing Service.

uthorized Representatives

t Modified on 07/16/2020 2:16 pm EDT

he Authorized Representative (Auth Rep) holds the**highest level of permissions in CollaborateMD**. Auth eps will have the same permissions and capabilities that an Administrator has, in addition to the following

- **Services**: Allows Auth Reps to enable, disable and purchase features and services offered by CollaborateMD.
- **Payment Profiles**: Allows Auth Reps to update the payment profile within the application.
- **Billing Actions**: Allows Auth Reps to request to close an account, request a payment extension, and request a credit within the application.
- Auth Reps are **granted access to all customers within the account**and will have **full permissions within each customer**.

ıdd a New User

ıt Modified on 07/06/2022 4:49 pm EDT

Ve do not charge per user, so you are able to create as many or as few users as you need.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down menu to select which customer to access.
3. Click the **Add User** button.
4. Enter the user's credentials:
    1. **Username**: The user will use this username to log into CollaborateMD.

        > This can be as simple as the users first and last name (ex. janedoe), first initial and last name (ex. jdoe) or first name and last initial. (ex. janed). Usernames cannot be changed once saved.

    2. **Type**: Select the type for this user.

        > ⚠ You must be an Auth Rep to edit this field.

    3. Add the user's **Last Name, First Name, and Middle Initial.**
    4. **Title**: The user's title (e.g., Front Desk, Office Manager, Biller, etc.).
    5. **Email** : The user's email address.
    6. **Phone 1 (Ext 1)**: The user's first phone number followed by the extension.
    7. **Phone 2 (Ext 2)**: The User's second phone number followed by the extension.
5. **Configure Permissions** for the user:
    1. **Assign to an existing permission role**: Assign permission to this user using a predefined role **(recommended)**.
    2. **Set custom permissions**: Manually define this user's permissions.
        1. Use the **Category** drop-down menu to navigate between the sections of the application.
        2. Check the **Show Permission Descriptions** box to see descriptions of each permission.
        3. Use the **Permission Level** drop-down menu to set the permission level for each permission.

4. Click the Icon to see the change history for that specific permission level.

6. **Grant Customer Access** for the user:

> ⚠ User permissions must be configured per customer that they have access to.

   1. Place a check in the applicable Access column for the customer account(s) this user should be able to access.

7. ***Optional***: Configure this user's **Access Hours** If you would like to limit when this user can log into CMD

   1. Place a check in the **Restrict user's access to the CollaborateMD application based on the time/day** box

   2. Use the drop-down menus to choose when the user can log in.

8. ***Optional***: Configure the user's **Scheduler Department Permissions**: Determine if this user has access to the different departments in the scheduler section of CMD

> ⚠ The **Enable Department level access control** option needs to be enabled within the department record to limit access.

   1. Place a check in the applicable column to set the permission(s) this user has in each department.

9. Click **Save**.

> ⚠ A welcome email with an invitation link to reset the password will be sent to the user's email address. The link will last 24 hours. If not used to reset the password within the timeframe, you will have to resend the invitation.

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ind or edit a User

t Modified on 06/11/2019 5:07 pm EDT

ollow the steps below to find or edit an existing user's details.

1. Select **Account Administration** > **User Management.**
2. Use the **Manage User for Customer** drop-down menu to select which customer to access.
3. Locate the user in the list or use the **Search** field to further drill down your search.

   Place a check the ***"Show Deleted User"*** box to include deleted users in your search results.

4. Select the **User**.
5. Click **Edit User**.
6. ***Optional***: Modify the information.
7. Click **Save**. Otherwise, click **Close** if no changes were made.

Change a User Status

Last Modified on 07/16/2026 11:35 am EDT

The User Status determines if a user is able to log in and access your CollaborateMD data. You are able to set your users to one of three statuses:

1. **Active**: Users in the active status will be able to log in and access CMD.
2. **Suspended**: This should be used as a temporary status. Users in the suspended status will not be able to access CMD.
3. **Deleted**: Users in the deleted status will not be able to access CMD. This status should be used for users who no longer work for your organization. This status does not permanently delete a user from your account.

> **Suspended** or **Deleted** users will receive the following message when attempting to login. *"Your user is suspended or deleted. Please contact your Administrator."*

Follow the steps below to change a user's status.

1. Select **Account Administration** > **User Management.**
2. Use the **Manage User for Customer** drop-down to select which customer to access.
3. Locate the user in the list or use the **Search** field to further drill down your search.

   > Place a check in the ***"Show Deleted User"*** box to include deleted users in your search results.

4. Select the User.
5. Click **Edit User**.
6. Use the **Status** drop down menu to select the new status.
7. Click **Save**.

> ⚠ If deleting or suspending a user that is currently logged in the application, the user's session must also be killed.

Change a User Type

Last Modified on 10/03/2019 10:32 am EDT

CollaborateMD has three (3) User Types that can be assigned to user accounts (User, Admin or Auth Rep). Each User Type has different levels of access to different tools and features that will allow you to maintain and configure account settings and functions.

Only Auth Reps are able to change the User type. However, you cannot change your own user type.

Follow the steps below to change a user status.

1. Select **Account Administration** > **User Management.**
2. Use the **Manage User for Customer** drop-down menu to select which customer to access.
3. Locate the user in the list or use the **Search** field to further drill down your search.
4. Select the **User**.
5. Click **Edit User**.
6. Use the **Type** drop down to select the **User Type**.

   Visit our Understanding User Types Help Article for more information.

7. Click **Save**.

ssign a User Role

t Modified on 10/03/2019 10:37 am EDT

lser Roles are predefined permissions that control access to areas and features within the application. hese Roles allow you to assign different privileges to different users in your organization depending on heir role. Roles will streamline the process of assigning permissions to your staff, while creating onsistency in the process.

ollow the steps below to assign a user role.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down to select which customer to access.
3. Locate the user in the list or use the **Search field** to further drill down your search.
4. Select the **User**.
5. Click **Edit User**.
6. Locate and click on the **Permissions** tab from the right-hand side panel.
7. Fill in the option for **Assign to an existing permission role**

   Visit our Permission Roles Help Article for more information.

8. Select the **Role** from the drop-down.
9. Click **Save**.

Jpdate a User Permission

t Modified on 07/16/2020 2:22 pm EDT

)nce a new Permission role is created, it can easily be assigned to user accounts.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down to select which customer to access.
3. Locate the user in the list or use the **Search** field to further drill down your search.
4. Select the **User**.
5. Click **Edit User**.
6. Locate and click on the **Permissions** tab from the right-hand side panel.
    1. User the **Category** drop-down menu to navigate between the sections of the application.
    2. Place a check in the **Show Permission Descriptions** box to see
    3. User the **Permission Level** drop-down menu to set the permission level for each permission.
    4. Click the icon to see the change history for that specific permission level.
7. Click **Save**.
8. Click **Save** when the confirmation pop-up displays.

Grant a User Access to Customer(s)

t Modified on 07/16/2020 2:23 pm EDT

Managing multiple customer accounts? You have complete control on which customer accounts your users an access. Users can be granted access to one or multiple customer accounts.

ollow the steps below to grant customer access to a user.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down to select which customer to access.
3. Locate the user in the list or use the **Search field** to further drill down your search.
4. Select the **User**.
5. Click **Edit User**.
6. Locate and click on the **Customer Access** tab from the right hand side panel.
7. Check the box next to the customer(s) they will have access to.
8. Click **Save**.
9. Click **Save** when the confirmation pop-up displays.

Specify User Access Hours

t Modified on 10/03/2019 10:57 am EDT

Vant to control when your users can login into CollaborateMD? Assign specific hours for when they can lo nto the application.

ollow the steps below to configure access hours for a user.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down to select which customer to access.
3. Locate the user in the list or use the **Search field** to further drill down your search.
4. Select the **User**.
5. Click **Edit User**.
6. Locate and click on the **Access Hours** tab from the right hand side panel.
7. Place a check in the **Restrict user's access to the CollaborateMD application based on the time/day** box.
8. Use the drop-down menus to choose when the user can log in for each day.
    1. **All Day:** User can log in any time of that day.
    2. **Limited Hours:** User can log into the application during the specified time frame on that day.
    3. **No Access:** User can not log into application anytime during that day.
9. Click **Save**.

Specify User Department Level Access

t Modified on 02/17/2020 3:06 pm EST

re you taking advantage of our Scheduler and want to control user access to specific departments? Settin Department level access allows you to grant edit or just view access.

> Want to learn more Appointment Departments? Take a look at our **Departments** help articles.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down to select which customer to access.
3. Locate the user in the list or use the **Search field** to further drill down your search.
4. Select the **User**.
5. Click **Edit User**.
6. Locate and click on the **Department Access** tab from the right hand side panel.
7. Place a check in the access level you want to assign for each department.
    1. **Full:** User can add, modify and save appointments within this department.
    2. **Read:** Users can only view and search for appointments within this department.
    3. **None:** Users are unable to view appointments within this department.

    > ⚠ This setting is only applicable if the **"Enable Department level access controls"** option has been selected within each department, otherwise all users will have access to that department.

8. Click **Save**.

Move a User to Another Customer

t Modified on 02/10/2020 12:30 pm EST

Users can be moved between customer accounts. You'd typically use this option if you created a user under wrong customer account. Moving a user to another customer will change the default customer that they re brought to upon logging into the application.

1. Select **Account Administration** > **User Management.**
2. Use the **Manage User for Customer** drop-down menu to select which customer to access.
3. Locate the user in the list or use the **Search** field to further drill down your search.
4. Select the User.
5. Click **Move User to Another Customer** link.
6. Use the **Customer to move user to** drop-down menu to select which customer to move this user to.
7. Click **Move User**.

You are unable to move a user to another customer that they do not have group access to. Reference our Manage Access to this Customer Help Article.

Jnlock a User

t Modified on 06/11/2019 5:16 pm EDT

after six (6) consecutive failed login attempts, user statuses will be changed to "***Locked***". Only an Admin or uth Rep can unlock your a user account.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down menu to select **which customer to access**.
3. Locate the user in the list or use the **Search** field to further drill down your search.
4. Select the **User**.
5. Click **Unlock User**.

Reset a User Password

t Modified on 11/13/2023 9:41 am EST

f you've forgotten the password you use to sign in to CollaborateMD, your Admin or Auth Rep can reset it asily at any time.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down menu to select **which customer to access**.
3. Locate the user in the list or use the **Search** field to further drill down your search.
4. Select the **User**.
5. Click **Reset Password**.
6. Verify or update the user's email address and click Reset Password
7. An email with a link to reset the password will be sent to the user.

> ⚠ The link will last 24 hours. If not used to reset the password within the timeframe, it will have to be reset again (step 5) so it can generate a new email/link.

Resend a New User Invite

t Modified on 07/11/2022 1:04 pm EDT

a new user does not use the invitation link to sign in to CollaborateMD within 24 hours, your Admin or uth Rep can resend a new link to allow the user to sign in.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down menu to select **which customer to access**.
3. Locate the user in the list or use the **Search** field to further drill down your search.
4. Select the **User**.
5. Click **Resend Invite**.

> ⚠ A welcome email with an invitation link to reset the password will be sent to the user's email address. The link will last 24 hours. If not used to reset the password within the timeframe, you will have to resend the invitation.

ıdd a new Permission Role

t Modified on 05/03/2023 11:24 am EDT

1. Select **Account Administration** > **Security...** > **Permission Roles**.
2. Click the **New Role** button.
3. Type the **Role Name** (e.g., biller, office manager, front desk).
4. Select which customer(s) will be able to use this permission role:
    1. **Use in all customers of CollaborateMD**: Use this option to allow this role to be applied to users under any of the customers in your account.
    2. **Use only in**: Use this option to allow this role to be applied to users under a specific customer in your account.
5. Select the welcome page settings that will be applied when the role is selected:
    1. **Default based on permissions**: This option will assign a timeline and welcome dashboard based on the permissions assigned within this permission role.
    2. **Use a custom Welcome page for this role**: This option will allow you to customize your timeline, dashboard and shortcuts assigned to this permission role.
6. Use the **Category** drop-down menu to **navigate between the sections of the application**.
7. Place a check in the **Show Permission Descriptions** box to view the description of each permission.
4. Use the **Permission Level** drop-down menu to **set the permission level for each permission**.
5. Click **Save**.

⚠ Some permissions can be found in multiple sections (e.g., Tracking permission is found under the Claim and Payment sections. If you have permission under one section (claim), you'll have it under the other (payment)).

Have a user that should only be creating, submitting, and following up on claims? Set the following permissions:

- **Professional Claim** or **Institutional Claim** set to **Access and Modify.**
- **Batch Printing** set to **Search** and **Print**.
- **Tracking** set to **Search**, **Fix**, and **Save**.

- **Clearinghouse Reports** set to **Allow**.
- **Claim Follow Up** set to **Allow**.
- **Control** set to **Search** and **Save**.

ind or edit a Permission Role

t Modified on 08/25/2026 3:16 pm EDT

ollow the steps below to find or edit an existing permission role.

1. Select **Account Administration** > **Security...** > **Permission Roles**.
2. Use the **Search** field to find a role by name or id. Or use the **Show All** button to view all roles.

   Place a check in the ***Include inactive roles*** box to include inactive roles in your search results.

3. Select the **Role** to open the details.
4. ***Optional***: Modify the role.

   Click View Users to see which users are assigned to this permission role.

5. Click **Save**. Otherwise, click **Close** if no changes were made.

Copy a Permission Role

t Modified on 12/13/2021 8:42 am EST

Copying a permission role allows users to use an existing role as a template and apply any necessary changes in order to save time. This provides the flexibility to quickly create a new role based on the permission settings of an existing role.

1. Select **Account Administration** > **Permission Roles**.
2. Use the **Search** field to find a role by name or id. Or use the **Show All** button to view all roles.
3. Select the **Role** to open the details.

   Place a check in the ***Include inactive roles*** box to include inactive roles in your search results.

4. Click **Copy Role**.
5. Type the **Role Name** (e.g., biller, office manager, front desk).
4. Use the **Category** drop-down menu to **navigate between the sections of the application**.

   Some permissions can be found in multiple sections (e.g., Tracking permission is found under the Claim and Payment sections. If you permission under one section (claim), you'll have it under the other (payment)).

5. Place a check in the **Show Permission Descriptions** box to view the description of each permission.
6. Use the **Permission Level** drop-down menu to **set the permission level for each permission**.
7. Click **Save**.

nactivate a Permission Role

t Modified on 06/11/2019 4:40 pm EDT

n the event a Role is no longer needed, you can inactivate the role to prevent staff members in your office rom assigning it; there is no way to permanently delete a role.

⚠ Be careful. You cannot inactivate a role that is currently assigned to one or more active users.

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1. Select **Account Administration** > **Permission Roles**.
2. Use the **Search** field to find a role by name or id. Or use the **Show All** button to view all roles.
3. Select the **Role** to be inactivated.
4. Place a check in the **Make this role Inactive** box.
5. Click **Save**.

Reactivate a Permission Role

t Modified on 06/11/2019 4:40 pm EDT

leed to reactivate a role? You're in the right place! Use the steps below to restore a deactivated role.

1. Select **Account Administration** > **Permission Roles**.
2. Place a check in the **Include inactive role** box.
3. Use the **Search** field to find a role by name or id. Or use the **Show All** button to view all roles.
4. Select the **Role** to be reactivated.
5. Click **OK** when the ***"This role is currently inactive."*** displays.
6. Remove the check from the **Make this role inactive** box.
7. Click **Save**.

:nable Two-Factor Authentication

:t Modified on 07/28/2022 12:44 pm EDT

1. Select **Account Administration** > **Security...** > **Two-Factor Authentication**.
2. Click the **Edit** button.
3. Select the"***Require users to set up two-factor authentication (recommended).****option.*

   Click Copy Settings *to copy the current settings to another customer associated with your account.*

4. Select the user type(s) to enable the two-factor authentication for:
   1. **For all users** (Auth Reps, Admins, and Users).
   2. **For Admins and Authorized Representatives.**
   3. **For Authorized Representatives only.**
5. When two-factor authentication is set up and the user selects to remember this device, require loggin in with Two-Factor Authentication: (select the frequency)
   1. **Every time the users sign in**
   2. **Once per day**
   3. **Once per month**

      ⚠ If this setting is changed, two-factor authentication will be required on the next login. Two-factor authentication will always be required when a user logs in from a new device or browser, or when using Incognito or Private Browsing.

6. Select the Allowed Authentication Methods:
   1. **Device Authentication**: This method requires additional hardware to support it (Windows Hello Face ID, Touch ID).
   2. **Security Key**: This method requires an additional hardware purchase to support it (FIDO2 and U2F keys).
   3. **Authenticator App**: This method requires an App download (Google Authenticator, Microsoft Authenticator, Authy, 1Password).

4. **Text Message (SMS)**: This method requires a mobile phone (Standard carrier messaging or data rates apply).

> ⚠ Users that have opted out of receiving CMD text notifications will not receive text authentication messages. The user must text the word '**RESUME**' to **74121** for the service to be turned back on.

7. Click **Save**.

Important Note: CollaborateMD can not reset a user's two-factor authentication. Users are encouraged to set up multiple authentication methods to allow access when one method is lost or changed.

:dit Two-Factor Authentication Settings

:t Modified on 07/28/2022 9:48 am EDT

1. Select **Account Administration** > **Security...** > **Two-Factor Authentication**.
2. Click the **Edit** button.

> *Click* Copy Settings *to copy the current settings to another customer associated with your account.*

3. Select the field(s) to edit:
    1. Select the user type(s) to enable the two-factor authentication for:
        1. **For all users** (Auth Reps, Admins, and Users).
        2. **For Admins and Authorized Representatives.**
        3. **For Authorized Representatives only.**
    2. When two-factor authentication is set up and the user selects to remember this device, require logging in with Two-Factor Authentication: (select the frequency)
        1. **Every time the users sign in**
        2. **Once per day**
        3. **Once per month**

        > ⚠ If this setting is changed, two-factor authentication will be required on the next login. Two-factor authentication will always be required when a user logs in from a new device or browser, or when using Incognito or Private Browsing.

    3. Select the Allowed Authentication Methods:
        1. **Device Authentication**: This method requires additional hardware to support it (Windows Hello, Face ID, Touch ID).
        2. **Security Key**: This method requires an additional hardware purchase to support it (FIDO2 and U2F keys).
        3. **Authenticator App**: This method requires an App download (Google Authenticator, Microsoft Authenticator, Authy, 1Password).

4. **Text Message (SMS)**: This method requires a mobile phone (Standard carrier messaging or data rates apply).

4. Click **Save**.

Important Note: CollaborateMD can not reset a user's two-factor authentication. Users are encouraged to set up multiple authentication methods to allow access when one method is lost or changed.

Disable Two-Factor Authentication

t Modified on 07/28/2022 9:50 am EDT

ollow the steps below to Disable Two-Factor Authentication.

1. Select **Account Administration** > **Security...** > **Two-Factor Authentication**.
2. Click the **Edit** button.

> *Click* Copy Settings *to copy the current settings to another customer associated with your account.*

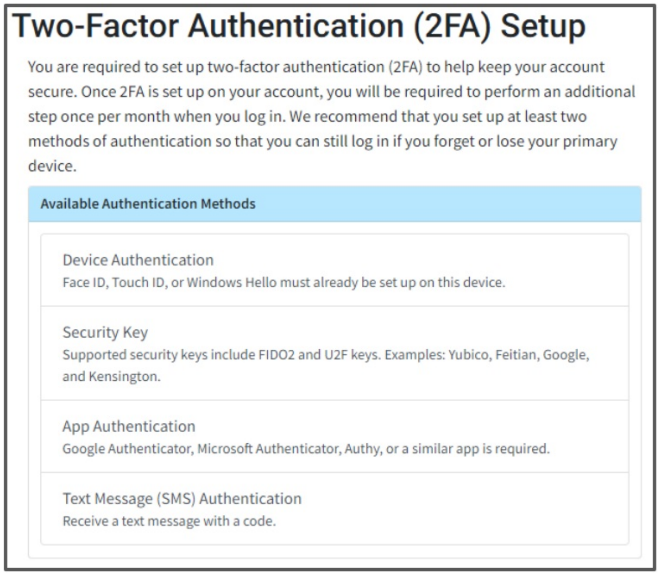
3. Select **Disable two-factor authentication**.
4. Click **Save**.

˙wo-Factor Authentication (End User Setup)

ɨt Modified on 07/28/2022 9:54 am EDT

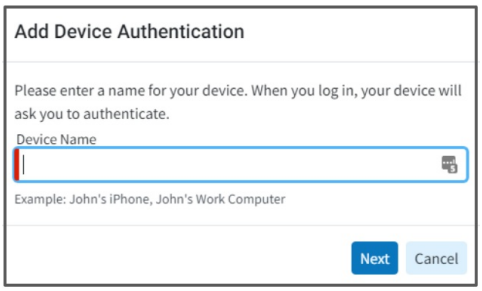
Important: Once the Two-Factor Authentication is enabled for your organization, you will be prompted to set it up upon the first time logging in. The system will not log you in to your customer account until you have followed the prompts to set up your Two-Factor Authentication.

1. Log into CollaborateMD as you normally would.
2. When prompted, select your **Authentication Method(s)**.



The Available Authentication Methods options will depend on how your administrator has configured the feature.

3. If selecting **Device Authentication**:
   1. Enter your device name and click **Next**.

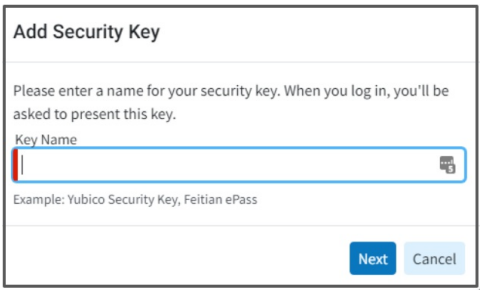


   2. Follow the prompts on your device (Face ID, Touch ID, or Windows Hello must be pre-installed o your device).

When using the **Device Authentication** method, you will be prompted to authenticate (with your Face ID, Touch ID, or Windows Hello) when login into CollaborateMD.

4. If selecting **Security Key**:

    1. Enter your key name and click**Next**.



    2. Follow the instructions on your screen until prompted to insert your security key to the USB por

    3. Once the setup is complete, you will be prompted to remove your security key from the USB por

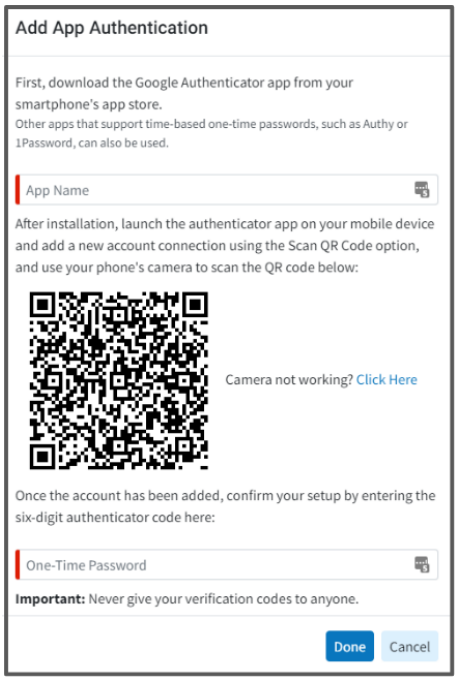
When using the **Security Key** method, you will be prompted to authenticate (by plugging the device into your computer and pressing the button on the device) when login into CollaborateMD.

5. If selecting **App Authentication**:

    1. Download your authenticator app from your smartphone's app store.

    2. Enter the application name.

    3. Add a new account connection on the app and scan the provided QR code.

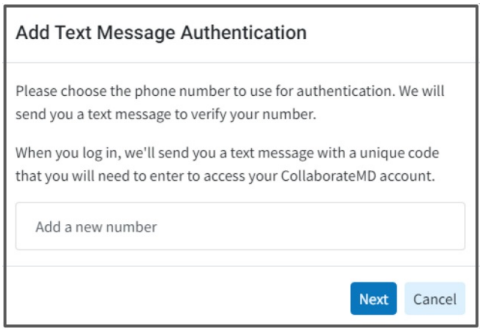


4. Add the one-time password provided by the app and click **Done**.

> When using the **App Authentication** method, you will be prompted to authenticate (by launching the app on your device and entering the provided code) when login into CollaborateMD.

6. If selecting **Text Message (SMS) Authentication**:

   1. Enter your mobile phone number and click **Next**.



   2. Add the one-time password received in the SMS/Text message and click **Done**.

> When using the **Text Message (SMS) Authentication** method, you will be prompted to authenticate (by sending a text message (SMS) and entering the provided code) when login into CollaborateMD.

Important Note: CollaborateMD can not reset a user's two-factor authentication. Users are encouraged to set up multiple authentication methods to allow access when one method is lost or changed.

Reset Two-Factor Authentication

t Modified on 07/28/2022 12:50 pm EDT

f you've lost the two-factor authentication method you use to sign in to CollaborateMD, your Admin or uth Rep can reset it easily at any time.

1. Select **Account Administration** > **User Management**.
2. Use the **Manage User for Customer** drop-down menu to select **which customer to access**.
3. Locate the user in the list or use the **Search** field to further drill down your search.
4. Select the **User**.
5. Click **Reset Two-Factor Authentication**.

⚠ The User will be prompted to set up two-factor authentication again upon logging in.

ccess your Invoices

t Modified on 10/31/2020 2:09 pm EDT

1. Select **Account Administration** > **Invoices**.
2. Ensure the **Invoice History** tab is selected.
3. Invoices from the last 90 Days will automatically display.
4. Click the **Search** hyperlink to search for other past invoices.
    1. Use the **Invoice Date** option filter invoices based on the invoice date.

    > 🪄 Clicking the invoice number also opens the invoice details.

    2. **Show All Invoices**: Show all paid and unpaid invoices within the date range.
    3. **Show Unpaid Invoices Only**: Show only unpaid invoices within the date range.
    4. **Show Specific Invoice**: Locate a specific invoice within the date range by searching for the invoic #.
    5. Click the **Search** button.
5. You're able to interact with the invoice results by right-clicking on a row.
    1. **View Invoice Details**: Opens the invoice details by line item
    2. **View Associated Payments**: Opens a pop up showing any payments made towards this invoice.

Print an Invoice

t Modified on 06/11/2019 6:01 pm EDT

ollow the steps below to print an invoice.

1. Select **Account Administration** > **Invoices**.
2. Ensure the **Invoice History** tab is selected.
3. Invoices for the last 90 Days will automatically display.
4. Click the **Search** hyperlink to search for other past invoices.
    1. Use the **Invoice Date** option to filter invoices based on the invoice date.
    2. **Show All Invoices**: Show all invoices in the search within the date range.
    3. **Show Unpaid Invoices Only**: Show all invoices in the search within the date range that have not been paid.
    4. **Show Specific Invoice**: Select a specific invoice to search within the date range.
5. Click the **Search** button.
6. Right-click the invoice you wish to print and select **View Invoice Details**.
7. Click the

button .

Make an Invoice Payment

t Modified on 03/31/2023 5:07 pm EDT

⚠ Your payment profile is auto-debited on the 5th of each month. Late or returned payments are subject to a $50 late/returned ACH payment fee.

1. Select **Account Administration** > **Invoices**.
2. On the Invoice screen, you'll see your **Current Balance**, when the next **Auto Debit is scheduled**, and when the **Last Payment was made**.
3. You can make a payment one of two ways
    1. Click the **Make a Payment** button to post the payment to any outstanding invoice(s).
        1. Select the **Payment Profile** to use.
        2. Enter the **Payment** amount.
    2. Click the **Pay Now** button to post the payment to the specific invoice.
        1. Select the **Payment Profile** to use.
4. Click **Submit**.

ind Invoice Payments

t Modified on 06/11/2019 5:57 pm EDT

1. Select **Account Administration** > **Invoices**.
2. Ensure the **Payment History** tab is selected.
3. Invoice Payments for the **last 90 Days** will automatically be shown.
4. Click the **Search** hyperlink to search for other past payments.
    1. Use the **Invoice Date** option filter invoices based on the payment date.
    2. **Show Payments**: Show Payments in the search within the date range.
    3. **Show Credits**: Show Credits in the search within the date range.
    4. Click the **Search** button.
5. You can interact with the payment results by right-clicking on a row.
    1. **View Invoices**: Opens a pop up showing the payment details along with the invoice the payment was applied to.

Print account summary

t Modified on 06/11/2019 5:58 pm EDT

or record keeping purposes, the **Print Account Summary** provides a listing of all invoices, payments, and redits related to your account since using CollaborateMD.

1. Select **Account Administration** > **Invoices**.
2. Click the **Print Account Summary** button.
3. Your Account Summary will open in a new tab.
4. Click the **Print** icon or use Ctrl/Alt + P.

ıdd a Payment Profile

ıt Modified on 09/07/2020 7:08 pm EDT

ollow the steps below to add a Payment Profile

1. Select **Account Administration** > **Payment Profiles**.
2. Click **New Payment Profile**.
3. Add a name in the **Name** field for this new payment profile.
4. Want to make this Payment Profile the default profile for all future payments? Place a check in the **Make this my account's default payment profile** box.

   ⚠ The default profile will be used to process all payment transactions including the monthly invoice payments.

5. Choose the preferred payment method to use.
6. Select whether this payment profile is a credit/debit card or a bank account.
7. Click ✔ Enter Payment Details and enter in the required information.
8. Click **Save**.

Important Tips: If an error occurred when attempting to save your payment profile, check the following for accuracy:

- The card number, expiration month, and year
- The bank account number or routing number
- The address entered on the account information screen

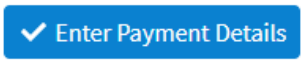
ind or edit a Payment Profile

t Modified on 09/07/2020 7:09 pm EDT

ollow the steps below to find an existing Payment Profile.

1. Select **Account Administration** > **Payment Profiles**.
2. Use the **Search** field to search for the Payment Profile by name, Or click the **Show All** button to search for all active Payment Profiles.

   Place a check in the ***"Show inactive profiles"*** box to include inactive payment profiles in your search results.

3. Select the **Payment Profile**.
4. ***Optional***: Click 

to make any necessary changes.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate a Payment Profile

t Modified on 06/11/2019 5:53 pm EDT

n the event a Payment Profile is no longer needed, follow the instructions below to inactivate that profile; here is no way to permanently delete a Payment Profile. If you no longer want to use a profile, please follo hese steps to inactivate that Payment Profile.

⚠ Per the Accounting Agreement, there must be one active default payment profile on file for the account. The system will not allow an inactivation of a default payment profile prior to creating a new one.

1. Select **Account Administration** > **Payment Profiles**.
2. Use the **Search** field to type and find the Payment Profile. Or click the **Show All** button to search for all active Payment Profiles.
3. Select the **Payment Profile** you want to inactivate.
4. Check the **Make this payment profile inactive** checkbox.
5. Click **Save**.

Reactivate a Payment Profile

t Modified on 06/11/2019 5:54 pm EDT

ollow the steps below to reactivate a Payment Profile.

1. Select **Account Administration** > **Payment Profiles**.
2. Place a check in the **Include inactive Profiles** box
3. Use the Search **field** to further drill down your search. Or click the **Show All** button to view all paymen profiles.
4. Select the **Payment Profile** to reactivate.
5. Click **OK** when "***This payment profile is currently inactive***." displays.
6. Uncheck the **Make this payment profile inactive** box.
7. Click **Save**.

′iew or change your Price Plan

:t Modified on 06/11/2019 5:40 pm EDT

Important things to know before you upgrade.

The pricing will reflect in the month the plan was upgraded. We do not prorate the monthly invoice. For example, if the upgrade was made on 5/15, the invoice for May activity will reflect the upgraded Price Plan.

Important things to know before you downgrade.

1. Downgrades take effect on the first of the following month of your request. An e-mail confirmation will be sent upon completion of your downgrade.
2. Any service(s) not included in your new plan will automatically be disabled.
    1. If you no longer wish to receive ERA's, please contact the insurance company to confirm how you will begin receiving ERA's after its been disabled.
    2. If you were using In-Application Credit Card Processing, you must contact TSYS® to inactivate your account.
3. Please allow three (3) business days for full deactivation of ERA. Keep in mind that any ERA files already processed at the Payer and loaded into your CollaborateMD account prior to deactivation will still incur charges on your Monthly invoice.

′ you're the Auth Rep, you have the option to upgrade or downgrade your account's plan. Use the steps elow, and get in touch if we can help with anything.

1. Select **Account Administration** > **Services**.
2. Under **Price Plan** > **Current Price Plan**, the current plan will show in bold font.
3. Click the **Change** button to view available plans.
4. Select the desired **Price Plan** from the list to highlight it.
5. Use the **Upgrade Plan Date** drop-down menu to select when the change should take effect.

    ⚠ Plan Downgrades will take effect on the 1st of the following month.

6. Click **Save**.
7. Click **Acknowledge** for the disclaimer letting you know that the price plan is being changed.

Manage Claim Scrubbing

Last Modified on 01/14/2026 5:39 pm EST

Claim Scrubbing helps you manage the complex rules and terminology of coding. This feature is used to analyze the claims before submission to the clearinghouse as a solution for catching problem claims, maximizing the potential for your healthcare facility to be paid correctly on the first submission.

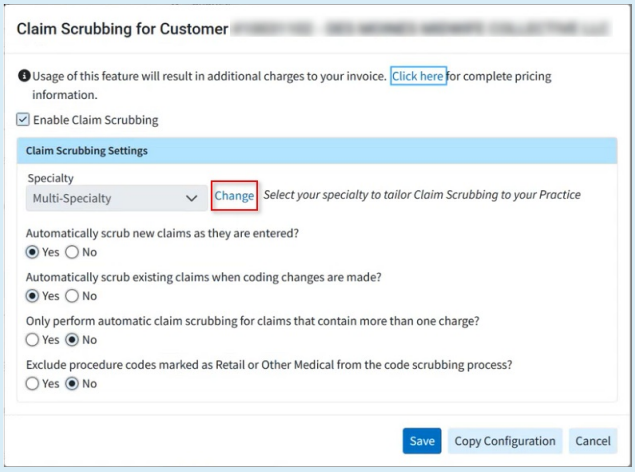
Types of Claim Scrubbing Edits

- **NCCI Edits:** Prevents improper payments of procedures that should not be billed together.
- **CPT/HCPCS Edits**: Code Validation, Age Validation, Gender Validation, Add-On Code Edit, Relative Value Units sequencing.
- **ICD Code Validation**: Date of Service, Specificity, Valid Primary Diagnosis, Duplicate Diagnosis.
- **Modifier Use:** Date of Service, Global Fee Period, Invalid Modifier Use.
- **Medical Necessity**: Proprietary Medical Necessity, Non-Primary Diagnosis should be primary.

If you're the Auth Rep, follow the steps below to enable, configure, or disable claim scrubbing:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Claim Scrubbing.
3. The ***Enable Claim Scrubbing*** box allows you to **enable or disable this service.**
4. Set your **Claim Scrubbing Settings**:
    1. Use the **Specialty** drop-down menu to select your specialty in order to get tailored edits for your specific claims.

Your initial specialty will auto-populate based on what was set in the Practice or Provider section. If you already have claim scrubbing enabled, you can click "Change" to modify your specialty.



2. **Automatically scrub new claims as they are entered through the claim section?**
    1. Select **Yes** to have the system automatically scrub all new claims manually entered directly through the applications claim section.
3. **Automatically review and scrub new claims as they are entered through an Interface?**
    1. Select **Yes** if you want to automatically scrub new claims created from a DFT message received via the interface.
4. **Automatically scrub existing claims when coding changes are made?**
    1. Select **Yes** to have the system automatically scrub claims after a coding change has been applied.
5. **Only perform automatic claim scrubbing for claims that contain more than one charge?**
    1. Select **Yes** to have the system automatically scrub claims only if they contain two lines or more.
6. **Exclude procedure codes marked as Retail or Other Medical from the code scrubbing process?**
    1. Select **Yes** so procedure codes with the specified types are not included in the Claim Scrubbing process, resulting in misleading errors.

5. ***Optional***: Select **Copy Configuration** to copy these settings to another customer account you manage.
    1. Check the box next to the customer account(s) to copy the settings to, then click **Copy**.
6. Click **Save**.

Manage Real-Time Eligibility

t Modified on 01/14/2026 5:33 pm EST

liminate the time your staff spends on verifying patient eligibility with our Real-Time and Batch Patient ligibility feature. With this feature, you can determine if a patient is eligible for insurance benefits in econds, avoiding possible loss of payment. Eligibility is the first step to a clean claim.

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you're the Auth Rep, follow the steps below to enable, configure, or disable Real-Time Eligibility:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Real-Time Eligibility.
3. The ***Enable eligibility checking*** **checkbox** allows you to **enable or disable this service**.
4. Set your **Eligibility Settings**:
    1. **Automatically check eligibility when saving appointment?**
        1. Select **Yes** to have the system automatically verify a patient's eligibility when an appointment is saved.
    2. **Automatically check eligibility when an appt has been set to Status** Use the drop-down menu t **determine the (appointment) status that triggers** the automatic eligibility check.
    3. **Automatically check eligibility when an appointment or claim is created over an Interface?**
        1. Select **Yes** if you want an automatic eligibility check when creating an appointment or claim from an SIU or DFT message received via the interface.
    4. **Automatically check eligibility when a patient is created or updated over an Interface?**
        1. Select **Yes** if you want an automatic eligibility check when creating a patient from an ADT message received via the interface.
    5. **Limit automatic eligibility checking to**: Use the drop-down menu to **select the frequency** in whic you would like automated eligibility to run.
    6. **Show user an alert if they lack permissions to check eligibility when saving an appointment tha otherwise would have run eligibility automatically?**
        1. Select **Yes** to alert the user when they don't have the necessary permissions to check Patier Eligibility.
5. ***Optional***: Select **Copy Configuration** to copy these settings to another customer account.
    1. Check the box next to the customer account(s) to copy the settings to, then click **Copy**.
6. Click **Save**.

Manage Patient Estimates

t Modified on 07/07/2026 1:55 pm EDT

he Patient Estimates feature allows you to easily create Good Faith Estimates as required by the No urprises Act. Once an estimate is created using either the Scheduler or the Claim section, users can print ne estimate (as required by the No Surprises Act for uninsured or self-pay patients), send a statement electronically or on paper), enter payments in CMD, or have the patients make the payment on the patient ortal.

---

f you're the Auth Rep, follow the steps below to enable, configure, or disable the Patient Responsibility stimator:

1. Select **Account Administration** > **Services.**
2. Click the **button** next to Patient Estimates
3. The ***Enable Patient Estimates*** box **enables or disables** this service.
4. Find your **Patient Estimate Settings**:
    1. **Automatically create estimates when new Appointments are created?**
        1. Select **Yes** if you want to automatically create an estimate when creating a new appointment.

        > Automatic estimates can only be created on appointments with default procedure codes for the Appointment Type or Patient.

    2. **Automatically create estimates when new Claims are created that don't already have estimates?**
        1. Select **Yes** if you want to automatically create a quick estimate when creating a new claim, and the claim does not already have an estimate.
    3. **Automatically create estimates when the above changes are made via Interface?**
        1. Select **Yes** if you want to automatically create an auto or quick estimate when creating a ne appointment or claim (options 1 and/or 2) from an SIU or DFT message received via the interface.

        > The available estimates for Interface Automations depend on your Practice's selected Default Estimate Options. These options are either Auto (based on eligibility) or Quick (based on copay).

5. Click **Save**.

⚠ Usage of this feature requires that the **Real-Time Eligibility** Service is enabled.

Manage Address Verification

t Modified on 01/14/2026 5:41 pm EST

pelling and formatting blunders can be corrected and geocoded instantly with our Address Verification ervices. Upon patient data entry, address verification services will review the address while matching it to he United States Postal Services (USPS) directory. Re-sending documents are not only an inconvenience ut are costly as well. Since the address check is done in real-time, patient address issues are caught and ca e corrected before the patient leaves the office. By catching these data errors, you are able to decrease osses, rejections, or denials due to fraud or simple spelling errors.

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f you're the Auth Rep, follow the steps below to enable, configure, or disable Address Verification:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to **Address Verification.**
3. The ***Enable Address Verification* box** allows you to **enable or disable this service**.
4. Set your **Address Verification Settings**:
    1. **Automatically scrub the following when changes are made**
        1. Check the box(es) next to the option(s) to indicate what address(es) you want to automatically verify.
    2. **Automatically scrub addresses when the above changes are made via Interface?**
        1. Select **Yes** if you want to automatically scrub addresses (based on your pre-selected option when creating or editing a patient record from an ADT/DFT message received via the interface.
5. ***Optional***: Select **Copy Configuration** to copy these settings to another customer account you manage.
    1. Check the box next to the customer account(s) to copy the settings to, then click **Copy**.
6. Click **Save**.

Manage Cloud Document Imaging

t Modified on 04/10/2024 11:35 am EDT

treamline your office with greater efficiency and reclaim full control over organizing files, customizing olders, and attaching documents directly to Patients, Claims, and Payments by using our Document maging feature. Document Imaging allows you to easily retrieve and view documents regardless of the ocation they were scanned in, streamlining your office for greater efficiency. Store your documents and les onto our secure servers rather than your local hard drive.

artner with your CRXM representative to learn how much free storage is included in your price plan. dditional storage costs $25 per month for your 1st GB, and $10 per month for every extra GB.

---

you're the Auth Rep, follow the steps below to enable, configure, or disable Document Imaging:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Cloud Document Imaging
3. The ***Enable Cloud Document Storage* box** allows you to **enable or disable this service**.
4. Use the **Storage Limit** drop-down menu to set how much storage you would like.
5. Use the **Maximum File Size** drop-down to set a size limit for individual files.
6. See how much storage currently used in the **Current Usage** bar.
7. ***Optional***: Select **View All Customers** to enable, disable, and view their usage
    1. Check the box next to the customer account(s) to enable or disable this service, then click **Save**.
8. Click **Save**.

Manage Appointment Reminders

t Modified on 09/26/2025 5:02 pm EDT

ppointment Reminders notify patients of upcoming appointments, reducing the number of no-shows and ncreasing the productivity and revenue of your office. With this feature, patients are able to verify or canc n appointment by using the keypad on their phone. For maximum convenience, all patient confirmations nd cancellations are automatically synced with your appointments, so front office staff can easily eschedule patients and wait-listed patients are seen quickly, which ensures efficiency.

> ⚠ CollaborateMD sends the appointment reminder file to our third-party vendor at 1 AM EDT daily. Any changes after this time will not reflect until the next day's file submission.

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you're the Auth Rep, follow the steps below to enable, configure, or disable Appointment Reminders:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Appointment Reminders.
3. The ***Enable Appointment Reminders*** box allows you to **enable or disable this service**.
4. Configure or view the **General Options** tab:
    1. **Enable Phone Reminder**: Select this option if you want patients to receive phone call reminders.
    2. **Enable Text (SMS) Reminders**: Select this option if you want patients to receive text message reminders.

    > ⚠ Text Reminders do not support sending or receiving MMS (Multimedia Message Services). I.e., we do not support pictures, video or audio messages.

    3. **Enable Email Reminders:** Select this option if you want patients to receive email message reminders.
    4. **Optional:** Select the preferred reminder method (Phone, SMS, or Email). This option is available when selecting multiple methods.
    5. **Under Options**:
        1. Use the ***Send reminders for appointments set to status*** dropdown to select which appointment statuses should trigger sending a reminder.
        2. **Allow Patients to Confirm/Cancel appointment from reminder**: Check this box to allow patients to confirm or cancel their appointment.

If Confirmed, set appointment status to: Select which status you want the appointment to be changed to in the event that the patient confirms their appointmen

If Cancelled, set appointment status to: Select which status you want the appointmen to be changed to in the event that the patient cancels their appointment.

6. **Under Timing**:

    1. Select how many days before the appointment to send the reminder.

    2. Select what time, and time zone you want patients to be notified of their upcoming appointment.

    3. **Do not send reminders on Saturday/Sunday:** Check these boxes if you don't want appointment reminders to be delivered on the selected days of the week.

    4. **Send an additional reminder before the appointment:** Check this box if you want an additional appointment reminders to be delivered before the appointment.

    5. If an additional reminder will be sent, select if you want it sent on the day of the appointmer (and how many hours before) or if you want it sent the day before the appointment (and the time).

    6. If an additional reminder will be sent, use the dropdown to select which appointment statuses should trigger sending the additional reminder.

5. Configure or view the **Phone Options** tab.

    1. **Contact Patient using:** Select which phone number on file for the patient you wish to use. (e.g., Home/Cell/Work Phone).

    > ⚠ If the patient does not have a number in the selected field, the phone reminder will use the first available phone number it finds. Going in order of Home, Work and then Cell.

    2. **If busy or not answered, retry times /wait minutes between calls** Select how many times you would like the system to call the patient back in the event there is no answer. Select how long you would like the system to wait before making another call.

    3. **Specify the Caller ID Name And Number to be used in the reminder message** Select from the dropdown one of the options below. Note: These options will apply to all Practices under the Customer you're currently logged into.

        1. **Use CMD defaults**: Selecting this option will call the patient from a generic phone number that will replay the reminder if called back.

        2. **Use the name and phone number entered in the Practice section:** Selecting this option will

send the Practice's name as the Caller ID Name and the Practice's phone number as the Caller ID Number. Note: The Practice information used is dependant on the Practice selected for the Resource associated with the appointment.

3. **Custom name and number**: Selecting this option will allow you to enter a custom Caller ID Name and Caller ID Number to ensure patients can easily recognize who is calling.

4. **Customize Practice Recording**: This option will allow you to create voice recordings. Not setting up this option will result in a standard computer generated recording.

5. **Specify the "appointment with" name to be used in the reminder message** Select the name to b used in the phone reminder message. Note: Selecting the Customize link will allow you to edit th Provider Name. You can record the provider's name, play the recorded name, delete the recording, or re-record.

6. **Request Sample Reminder**: This option will allow you to receive a sample reminder call simply b entering your phone number.

6. Configure or view the **Text Options** tab.

1. **Edit the reminder message**: Use the default reminder message or right-click on the message bod to select fields to include in the text reminder message.
Note: If your message exceeds 160 characters, A long patient name could cause messages longer than 160 characters to be sent, which will incur an extra charge for each reminder.

> Want to make it even easier for your patients to confirm the appointment? Right-click the message body and select the **[Confirm Link]** option to allow your patients to confirm by simply clicking a link.

2. **Date Format:** Use the drop-down menu to select the format you would like the data to be displayed in.

3. **Resend text reminder**: Select how many days before the appointment you would like the system to text the patient until they respond (Confirm, Cancel, or Stop).

   1. Click on the **Customize** link to select the name within the text message.

4. **Additional Reminder:** Choose the subject and the reminder message to be used if the "send additional reminder before appointment" option is selected.

5. **Specify hours for sending an SMS Text Opt-In message**: Choose which hours of the day and time zone you would like patients to receive SMS text opt-in messages.

7. Configure or view the **Email Options** tab.

1. **Send Replies to**: Select which patient email on file you wish to use to send reminders to. (Primary practice email, Custom email, or None).

2. **Subject**: Select the email subject line to be used in the reminder message.
3. **Edit the reminder message**: Use the default reminder message or right-click on the message bod to select fields to include in the email reminder message.

> 🪄 Want to add a different reminder for different appointment types? Right-click within the message body and Customize Appointment Type Messages. Then add the **Appt Type Message** field to the email reminder.

> ⚠️ Click the **Reset to Default** link to revert to the default message.

4. **Date Format**: Choose what date format you would like used in the email reminder message.
5. **Additional Reminder**: Choose the subject and the reminder message to be used if the "send additional reminder before appointment" option is selected.

8. ***Optional***: Select **Copy Configuration** to copy these settings to another customer account you manage.
   1. Check the box next to the customer account(s) to copy the settings to, then click **Copy**.
9. Click **Save.**

Manage Recurring Data Snapshots

t Modified on 11/24/2025 9:21 am EST

Data Snapshots is a service provided by CollaborateMD which takes current data such as patient emographics, codes, appointments, payers, provider list, facility, charge, etc. and captures (exports) a napshot of the data. The data can be exported into several hundred files in .DAT format that is a tab-elimited or into an open-source relational database management system (RDBMS) known as MySQL.

The export includes Data Sets from the following sections of the application:

Authorizations, Activity, Appt, Appt Types, Charge, Professional Claims, Claim Status, CPT Code, Credit, Facility, ICD Code, Location, Patient, Patient Notes, Payor, Practice, Provider, Referring, Remittance, Resources, Claim ICD Codes, ICD Procedure Codes, Institutional Claims, Insurance Parties, Insurance Policies, Payments, Insurance Check, Inventory Codes, Revenue Codes, and more.

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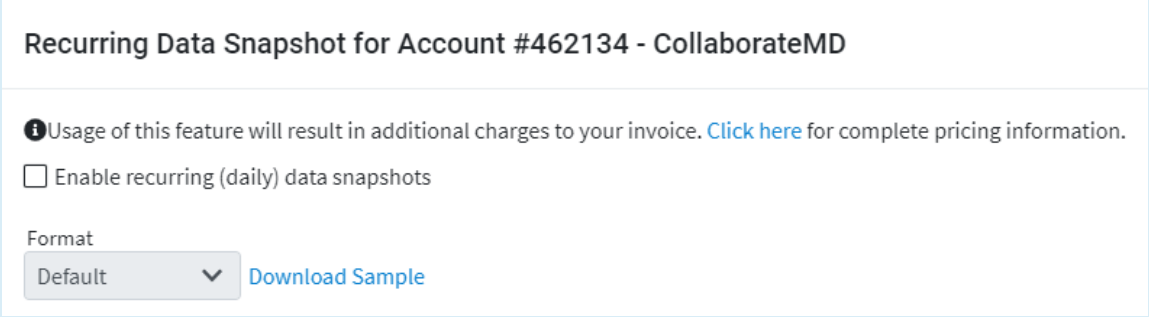
you're the Auth Rep, follow the steps below to enable, configure or disable Recurring (daily) Data napshots:

1. Select **Account Administration** > **Services.**
2. Click the **button** next to Recurring Data Snapshots
3. The ***Enable Recurring (Daily) Data Snapshots*** box **enables or disable this service**.
4. Under **Recurring Snapshot Settings**, select the:
    1. **Format**: Select the format you would like the data snapshot to be exported in.

Click the **Download Sample** link to view a sample of what the snapshot will look like before purchasing. The sample will contain the first five (5) rows of each data file set contained within your account.



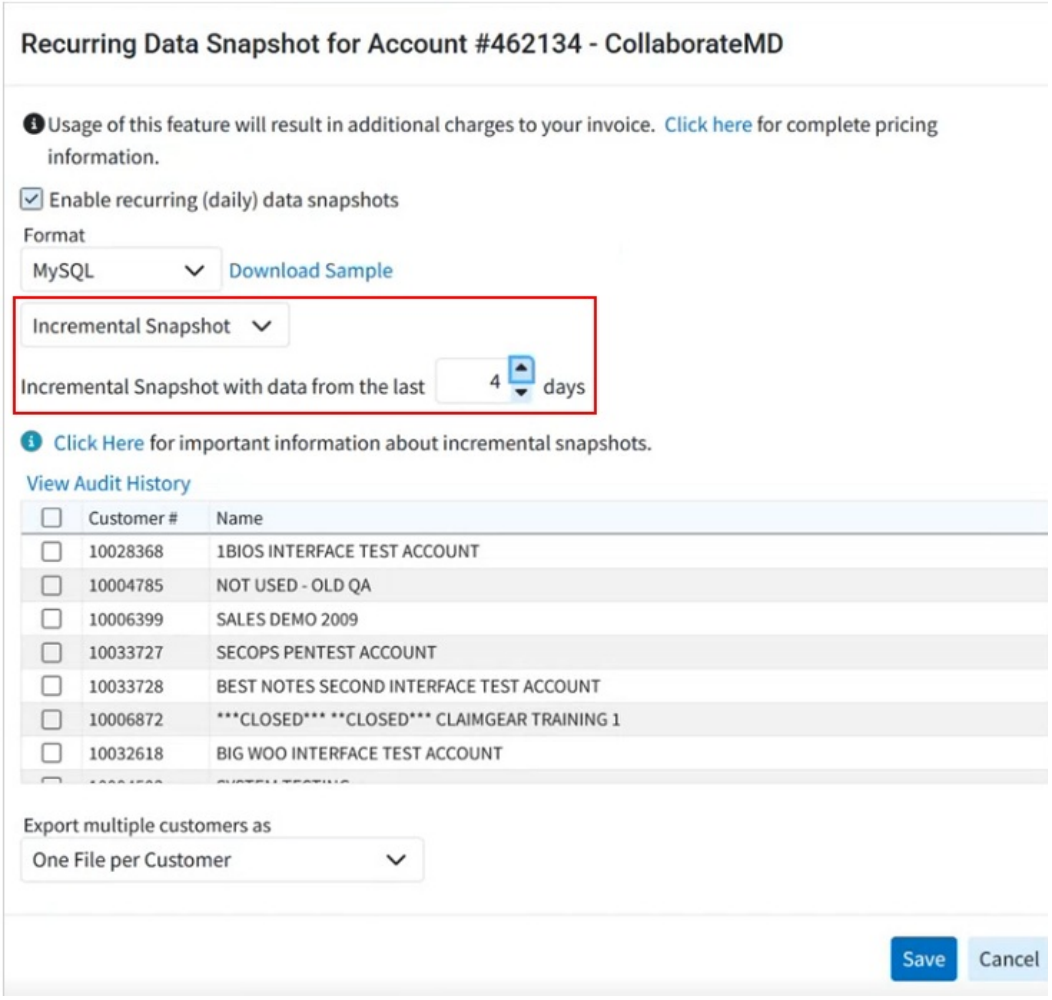
    1. **Default (Tab delimited).**
    2. **MySQL.**

2. **Select the type of snapshot you want to receive:**

    1. **Full Snapshot:** All the data from all the Data Sets of the application will be exported daily.

    2. **Incremental Snapshot:** Exports smaller files that will only include data that has changed for the Patient, Claim, IClaim, Claim Status, Claim ICD Code, Charge, Credit, and Activity tables (all the other data sets will receive the full data).

        1. Select the minimum number of days to include in the incremental snapshot (between 1 7 days).



⚠ Setting up **Recurring Incremental Data Snapshot** is the preferred option as it will minimize the time required to run the snapshot process by including only the changed items in some of the larger tables, rather than capturing a complete snapshot of the entire database every day. The Incremental Snapshot option will export smaller (incremental) files that will only include data that has changed for the Patient, Claim, Claim status, Charge, Credit, and Activity tables (all the other data sets will receive the full data) ensuring that your snapshot is prioritized and available sooner than full snapshots.

3. **Select the customer(s) to include in the data snapshot** If you have more than one customer account, check the box(es) next to the customer(s) you would like to schedule the snapshot for.

4. **Export multiple customers as**:

    1. **One Combined File**: Exports the snapshot as one combined file for all selected customers

    2. **One File per Customer**: Exports the snapshot as one separate file per each selected customer.

5. Click **Save**.

⚠ **Data Snapshots are overwritten each day.** Please make sure you download before the next Data snapshot is generated. Auth Reps will receive confirmation and instructions on downloading the data snapshot(s) via the Messaging section of the application. When using Incremental Snapshots, the first snapshot (or the first snapshot after you add a new customer to a combined snapshot) will be a full snapshot; subsequent ones will only replace the changed data.

Limitations:

- **No specific dates** (past or present) can be captured within the export.
    - A Full Snapshot will record all data that is present as of the time that the snapshot starts, which will be **on or after 1:00 AM EST on the scheduled day.** Data entered or modified after 1:00 AM EST may or may not be present in the snapshot.
    - An Incremental Snapshot provides new or changed data as of **12:00 AM EST** for incremental tables. Other tables are provided as described under Full Snapshot.
- **Data will become available for download by 9:00 AM EST** on the date of the snapshot. **Users who select an Incremental Snapshot will receive their snapshot earlier**.
- **No specific criteria** (e.g., ONLY Patient data set info) can be captured, as the **Data Snapshots capture all of the data sets specified** above.
- Document Imaging is **NOT** included.
- The data can only be used to import into other software solutions (e.g., Business Intelligence, Collections, etc.).
- In accordance with HIPAA rules and regulations, CollaborateMD will NOT provide users, admins, or third-party vendors this information, as the Data Snapshots contain PHI & PII.

Manage In-Application Credit Card Processing

t Modified on 05/21/2026 2:06 pm EDT

CollaborateMD ensures hassle-free credit card processing that will easily reduce follow up on co-pays, eductibles, and co-insurance balances, which translates into improved A/R. By processing your patient's redit card payments within CollaborateMD, you will increase business efficiency and accuracy. As well as aving you a ton of time, helping you work less and paid faster!

Enable In-Application Credit Card Processing

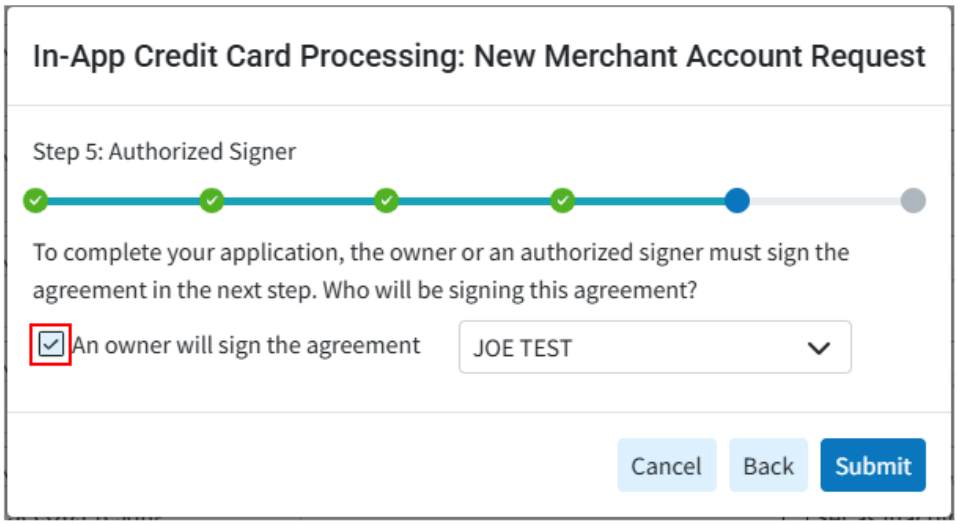
f you're the Auth Rep, follow the steps below to enable, configure or disable In-Application Credit Card Processing:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to In-Application Credit Card Processing.
3. The ***Enable In-Application Credit Card Processing*** box **enables or disables this service.**
4. Click the **Add New** button.

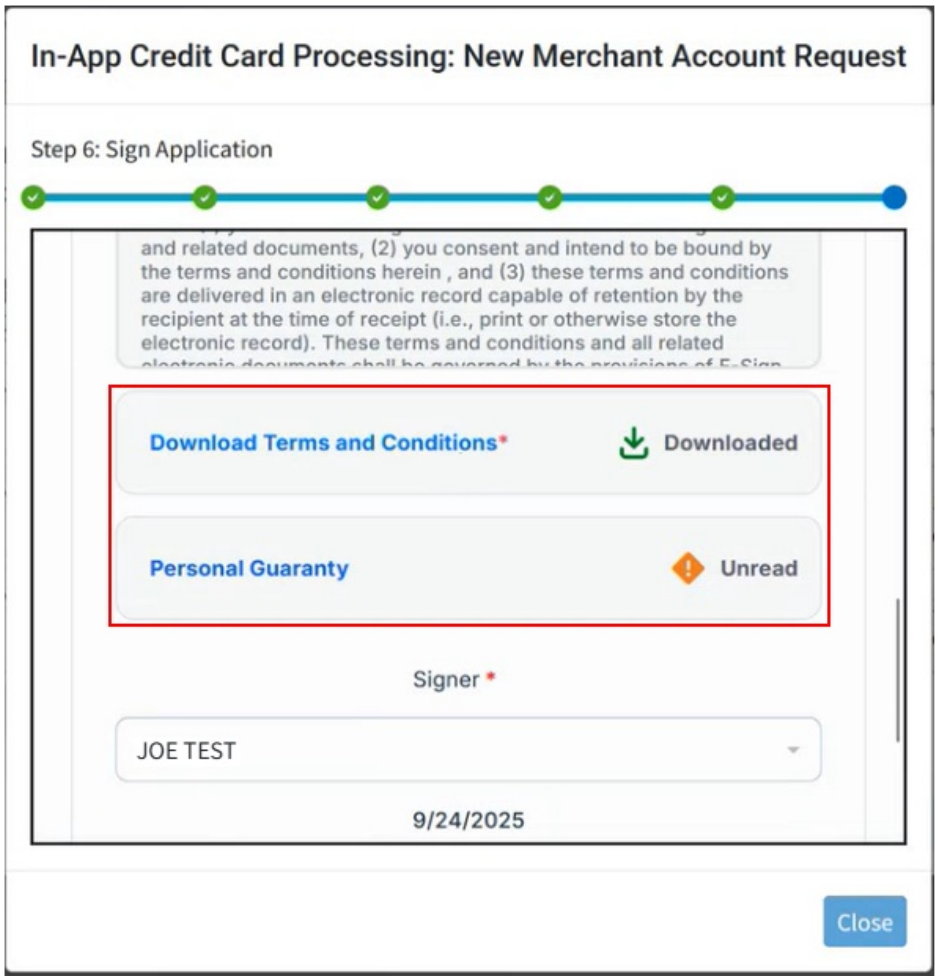
   ⚠ For practices with more than one location, a merchant account must be added for each location and/or each tax ID. Repeat the steps for each location/tax ID listed in your Merchant's Accounts box.

5. Select the practice to add as a merchant from your list (the office location and the location contact inf will auto populate based on your selection).
6. Enter your location primary contact information.
7. Click **Next**.
8. Under **Merchant Information**: Select your Industry (PT, Healthcare, Hospital, Chiro, etc.) and merchant category code from the dropdowns.
9. Enter your "Type of Goods/Service."
10. Check the box if "Payment is taken before delivery of services" in your office workflow.
11. Under **Credit Card Information**: Enter your average annual volume and average sales price.
12. **Optional**: Check the box if your location currently accepts credit cards and select the processing methods used.

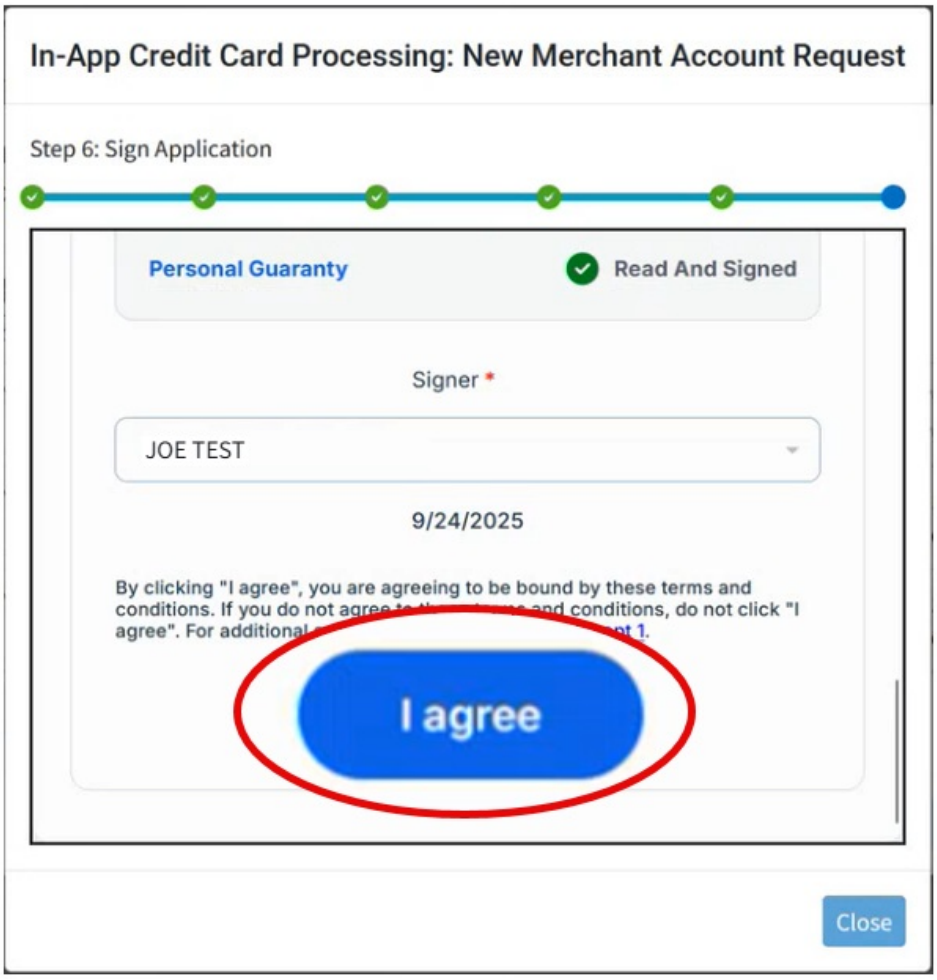
13. Select the equipment that will be used.
14. Enter your bank account information.
15. Click **Next**.
16. Verify your Company legal information and primary contact information.
17. Enter your Company Business Information (ownership type, Tax ID, etc.).
18. Enter the Primary Owner information.
19. Click **Next**.
20. Check the "*An owner will sign the agreement*" checkbox.



21. Click **Submit.**
22. Review the legally binding terms and conditions.
23. Download and sign the Terms and Conditions and Personal Guaranty from the links.



24. Click **I agree**.



25. Click **Close.**

After submission, your application is approved in 24-48 hours and fully configured within 24-48 hours after approval. When configuration is complete, the request status will then display as "Active" and the In-App Credit Card Processing feature will be ready for use. Visit the Getting Started with CMD & OpenEdge Help Page for more information on how to begin using this feature.

)isable In-Application Credit Card Processing

'roceeding with this change will disable the applicable Integrated Payment Processing service. The ustomer's account will no longer be allowed to process credit card service payments through the merchar ccount integration within CollaborateMD.

1. Select **Account Administration** > **Services**.
2. Click the **button** next to **In-Application Credit Card Processing.**
    1. Place a check in the **Set as Inactive** checkbox by the name of the account you wish to inactivate.

2. If disabling your entire account, **uncheck the Enable In-Application Credit Card Processing** box.

3. Click **Save**.

Important: You must contact GPI® to inactivate your account completely. Deactivating the CollaborateMD integration does NOT close your merchant account with GPI®

Manage your Patient Payment Portal

t Modified on 07/07/2026 10:35 am EDT

he payment portal is CollaborateMD's own in-house product that uses the highest form of security to rotect the patient's information and allows payments to post directly into the practice, in real-time,

ollaborateMD's payment portal utilizes the highest form of security to protect the patient's information. he payment portal is our own in-house product which allows payments to post directly into the practice, in eal-time. By providing patients a secure online payment portal, offices are reducing patient calls, increasing illing accuracy, and accelerating patient payments. Plus, patients can view their visit and payment history nstantly.

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you're the Auth Rep, follow the steps below to enable, configure, or disable your Payment Portal:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Patient Payment Portal.
3. The ***Enable Patient Payment Portal*** **box enables or disables this service**.
4. Check the box to choose your **Payment Portal Settings**:
5. **Payment Portal Options**:
    1. **Statement Template**: Please visit the Statements section to configure electronic statements.
    2. **Payment Options:** Set a minimum payment threshold and enable the Patient Directed Payment Plan feature (only applies to payments of less than the balance due).
        1. **Patient Directed Payment Plans:**
            1. Under **Patient Directed Payment Plans**, check the "***Allow patients to set up a patient payment plan from the Payment Portal***" checkbox.
            2. Enter the **Minimum** and **Maximum** amounts that patients can create a payment plan for via the portal (the system defaults to 75 min and 20,000 max).
            3. Select the Payment Plan Terms:
                1. **(Recommended) Allow CollaborateMD to select the best payment plan terms** CMD will select the best 3 options based on the amount owed.
                2. **Set up allowed payment plan terms** Select your own payment plan terms by disabling (checking the box(es)) the terms based on owed amounts/installments yo don't want available as an option.

Number of Monthly Installments	Minimum Installment Amount	Maximum Installment Amount	Allowed Balances	Disabl
3	25.00	200.00	$75.00 - $600.00	☐
6	25.00	400.00	$150.00 - $2,400.00	☐
12	25.00	600.00	$300.00 - $7,200.00	☐
18	25.00	600.00	$450.00 - $10,800.00	☐
24	50.00	600.00	$1,200.00 - $14,400.00	☐
36	75.00	600.00	$2,700.00 - $21,600.00	☐
48	100.00	600.00	$4,800.00 - $28,800.00	☐
60	100.00	600.00	$6,000.00 - $36,000.00	☐

3. Set the **Minimum** and **Maximum** amount for the installments that patients will set up (the system defaults to $25 min and $600 max).

4. **Change the patient's account type to Payment Plan when a plan is started** Check the box if you wish to set the patient account type to **Payment Plan** when the plan is created.

5. **Allow patients to set up multiple payment plans** Check the box if you wish to allow patients to set up more than one payment plan at a time (otherwise, leave it unchecked).

6. Select the account types that can set up a payment plan on the Payment Portal (all account types or select individual account types that can set up payment plans).

7. **Terms and Conditions Summary**: Enter the terms and conditions that will be visibl to patients creating the payment plan, or use our default template.

   If you miss a payment, we may charge interest, fees, or cancel the plan.

8. **Full Terms and Conditions**: Enter the full terms and conditions on how your office handles missed payments and cancelations, or use our default template.

   If you will be unable to make your payment on time, please contact us immediately. If you miss a payment, including late payments, declined payments, or payments not made in full, we reserve

> For more information on Patient Directed Payment Plans, please visit our Please reference our Patient Directed Payment Plans Help Articles. Want to revert back to the default message? Click **Reset to Defaults.**

2. **Pay Over Time with Sunbit:**

   1. Under **Plan Types**, enter the **Minimum** and **Maximum** amounts that patients can create Sunbit payment plan for via the portal. Eligible patients will be able to choose their plan length and payment amount within these limitations.

2. Under **Eligibility**, select the **Account Type(s)** that can set up a Sunbit Payment Plan within the Payment Portal.

6. **Patient Communications**:

    1. **Automatically send a receipt via email or text for successful payments made via the portal** Chec the box if you wish to send receipts/notifications to your patients once they've successfully processed their payment via the online patient Payment Portal. Receipt options can be configurec in the Practice section.

    2. **Automatically send payment portal registration invites when adding new patients** Check the box if you wish to send registration invites automatically to your patients when they are created.

    3. **Automatically send payment portal registration invites when new balance is owed** Check the box if you wish to send registration invites automatically to your patients when they owe a new balance.

7. Click **Save**.

Manage Enhanced User Print Statements

t Modified on 04/10/2024 11:40 am EDT

he Enhanced User Print Statements feature allows you to customize your full-color statements you will b rinting and mailing out to patients. This customizable template allows you to add your company logo, and ustomize the text on your statement.

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you're the Auth Rep, follow the steps below to enable, configure, or disable Enhanced Statements:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Enhanced User Print Statements
3. The ***Enable Enhanced User Print Statements*** box **enables or disables this service**.

   Enhanced User Print Statements can be configured in Statements screen. Please take a look at our Statement Configuration Help Article for more info.

4. ***Optional***: Select **Copy Configurations** to copy these settings to another customer account you manage
   1. Check the box next to the customer account(s) to copy the settings to, then click **Copy**.
5. Click **Save**.

Manage Automated Statements

Last Modified on 04/10/2024 11:41 am EDT

Automated Statements allow you to eliminate the time your staff spends printing and mailing patient statements. Send statements out in a timely manner while improving your bottom line and simplifying your mailing process.

If you're the Auth Rep, follow the steps below to enable, configure, or disable Automated Statements:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Automated Statements.
3. The ***Enable Automated Statements*** box **enables or disables this service.**

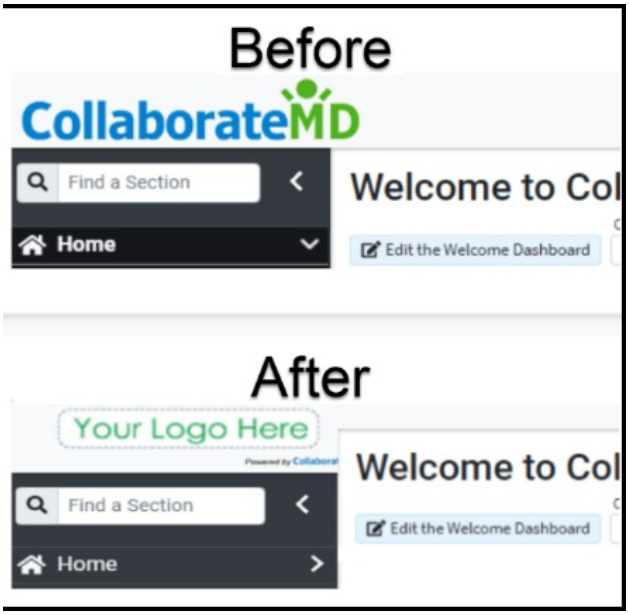
   > Automated Statements can be configured in the Statements screen. Take a look at our Statement Configuration Help Article for more info.

4. ***Optional***: Select **Copy Configurations** to copy these settings to another customer account you manage
   1. Check the box next to the customer account(s) to copy the settings to, then click **Copy**.
5. Click **Save**.

Manage Application Co-Branding

t Modified on 04/10/2024 11:42 am EDT

pplication Co-Branding is a service provided by CollaborateMD that will help you promote your business n a unique way. Represent your company visually throughout the application and on (excel) reports by dding your business logo. Application Co-branding can help you build and enhance your brand loyalty as vell as extend your reach into other markets to increase your sales. Contact your CRXM representative fo ricing information.

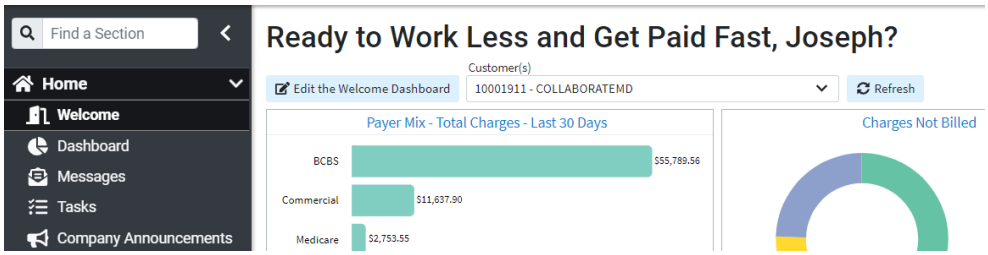


you're the Auth Rep, follow the steps below to enable, configure, or disable Co-Branding:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Application Co-Branding.
3. The ***Enable Application Co-Branding*** checkbox **enables or disables this service**.
4. After enabling Application Co-Branding, click the **Image icon** under "*Login Image.*" to upload the logo that will show on the login screen.
    1. Click **Upload**.
    2. Locate the image on your computer.
    3. Adjust the **scale** to fit.
    4. Click **Done.**
5. Click the **Image icon** under "*Banner Image.*" to upload the logo that will show on the banner on every screen and reports exported in Excel.
    1. Click **Upload**.

2. Locate the image on your computer.
3. Adjust the **scale** to fit.
4. Click **Done.**

6. ***Optional***: Add a personalized welcome message that will be visible on the welcome screen.



7. Click **Save**.

> ⚠ Application Co-branding is an account-level service that applies to your main account and to each customer account.

Manage Claim Attachments

t Modified on 04/10/2024 11:42 am EDT

rocessing and submitting Workers Compensation (Workers Comp) and Property & Casualty (P&C) claims ave always presented unique challenges. Many require manual processing and the attachment of upporting documentation, which prevents electronic submission. These challenges result in higher costs t e provider, higher rejections, and slower reimbursement.

laim Attachments is the solution for submitting Worker's Comp and P&C claims and their associated ttachments efficiently and effectively. By enabling electronic submission, you can use one solution for ese specialty claims and bypass the effort and expense of paper processing.

he Claim Attachments (Change Healthcare) or ePS Claim Attachments Help Articles should be referencec enable, configure, process claims, follow up and disable the services included with the Claim Attachment eature.

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you're the Auth Rep, follow the steps below to enable or disable Claim Attachments:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Claim Attachments.
3. The ***Enable Claim Attachments*** box **enables or disables this service.**
4. Click **Save**.

Manage Manual Electronic Statements

t Modified on 04/10/2024 11:43 am EDT

Manual Electronic Statements allow you to send statements electronically in a batch instead of printing an mailing them out to patients, reducing your carbon footprint. Send statements out in a timely manner via mail or text (SMS) messaging.

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you're the Auth Rep, follow the steps below to enable, configure, or disable Manual Electronic Statement

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Manual Electronic Statements.
3. The ***Enable Manual Electronic Statements*** box **enables or disables this service.**

> The electronic statement templates must be edited in the statements section under **User Print Statements**. Automated Electronic Statements can be configured in the Statements screen under Automatic Statement Generation. Take a look at our Statement Configuration Help Article for more info.

4. Click Enable Manual Electronic Statements

Important Note: You must have the **In-App Credit Card processing** and the **Patient Payment Portal** features enabled and configured in order to use electronic statements. For more information on turning these services on, please visit our Manage In-Application Credit Card Processing and Manage your Patient Payment Portal Help Articles.

Manage your Intake Forms (Intelligent Intake)

t Modified on 05/06/2024 10:13 am EDT

CollaborateMD's Intake Forms feature allows offices to reduce paperwork and streamline front-office workflows. Updox, a part of EverHealth, has developed a Forms product that enables the creation of forms and their automatic distribution to patients through CMD (as part of their appointment reminders) or manually. The form data is received back as discrete fields that can be imported into the Patient section.

This workflow will reduce the chances of errors and increase automation in the patient check-in process. Patients can complete forms online using their phone, tablet, or computer and submit them. Once the form is submitted, users will receive the data in CMD, associate it with patient records, and decide which data should replace or populate fields within the record, making it a more efficient method of collecting patient information.

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1. Select **Account Administration** > **Services**.
2. Click the **button** next to **Intake Forms**.
3. Select either ***Basic Forms*** or ***Custom Forms***.
4. **Basic Forms** Consist of 4 available forms:*Patient Demographics*, *Patient Medical History*, *Health Insuranc Information*, *Electronic Communication Consent*.
    1. **Forms Options**:
        1. **Allow Setting Forms by**: Forms sent via Appointment Reminders are not affected by this setting.
            1. Click the **Email Only** option to exclusively send intake forms via email.
            2. Click the "**Text and Email**" option to enable sending intake forms via text message or email.
    2. **Message Template**:
        1. Based on your selections, review or edit your text message and/or email template(s).

        > 🪄 Use the **Right-click** options to select and add the available variables to the template. **The [Form Link] is a required field and will not save if removed from the template.**

    3. **Portal Options**:
        1. **Header Template**: General contact information that will shared between the Payment Portal and the Forms Portal and be displayed in the header of every page on both portals.
            1. Click the **Edit** button to upload a logo.

2. **Enter the required fields**: Practice Name, Address, City, State, Zip code, Phone, or select "*Copy From Practice.*"
3. **Optional**: Enter your practice website.

5. **Custom Forms** Consist of Basic Forms, plus you can make changes to basic forms and create your own Intake Forms.

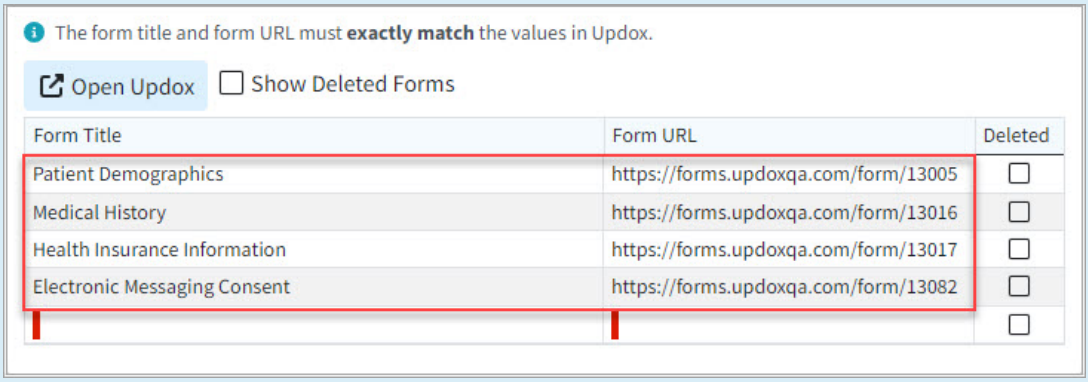
   1. **Forms Options**:

      1. **Allow Setting Forms by**: Forms sent via Appointment Reminders are not affected by this setting.

         1. Click the **Email Only** option to exclusively send intake forms via email.
         2. Click the "**Text and Email**" option to enable sending intake forms via text message or email.
      2. Click **Open Updox**
      3. Click **Menu > Admin**
      4. Select **Form Manager** to add, remove, or edit forms.

Be sure to set the **EHR Key** for your form fields to link fields to CollaborateMD.

Also, if you have added or removed any forms, update the table within the Forms Options. To do this, visit Updox, select **Menu > Home**, and then select Forms Library. Use the Copy button next to each form to copy the URL of the form into the table. Also, Copy the Title of each form into the table (both the title and the URL must match the values in Updox). For more information on setting up custom forms, visit our Add/Manage Custom Forms Help Article.



You can also customize the order of the forms and determine their sequence as they appear to patients within the forms portal, by dragging and moving them on the list. This will determine the order of the forms within the Appointment Types section as well as the Forms Portal.

   2. **Message Template**:

      1. Based on your selections, review or edit your text message and/or email template(s).

Use the **Right-click** options to select and add the available variables to the template. **The [Form Link] is a required field and will not save if removed from the template.**

3. **Portal Options**:

    1. **Header Template**: General contact information that will be shared between the Payment Portal and the Forms Portal and be displayed in the header of every page on both portals.

        1. Click the **Edit** button to upload a logo.
        2. **Enter the required fields**: Practice Name, Address, City, State, Zip code, Phone, or select "*Copy From Practice.*"
        3. **Optional**: Enter your practice website.

6. **Optional**: Click **Save and Demo** to view the fields in the forms portal.

7. **Optional**: Select **Copy Configuration** to copy these intake form configurations to another customer account.

8. Click **Save**.

Important Note: You must use the **CMD Scheduler** in order to use Patient Intake Forms. For more information on setting up your scheduler, please visit our Appointment Configuration Help Article. Please note that it will take 24-48 hours after configuring Intake Forms for the feature to be enabled.

It is highly recommended that you have the **Appointment Reminder** feature enabled and configured to use Patient Intake Forms. For more information on setting up your appointment reminders, please visit our Manage Appointment Reminders Help Article.

Manage Data Sync

t Modified on 10/28/2024 3:36 pm EDT

ome of CollaborateMD's largest clients are multi-state healthcare practices or billing service providers ith separate customers under their main accounts. This setup enables them to maintain distinct patient, laim, and payment information for each of their individual Customers. Having these separate customers lso requires users to input setup data such as Referring Providers, Facilities, Codes (procedure codes, fee chedules, diagnosis codes, remittance codes, revenue codes, etc.), and Payers independently for each ustomer, resulting in a significant amount of setup work.

o simplify this manual process into a fully automated solution, we created our Data Sync feature. This nev apability allows clients to automatically sync their data with multiple customers whenever a change is nade. You no longer need to manually add new codes, payers, and other details for each individual ustomer. Instead, simply enable the Data Sync feature and let it do it for you. Start automating this rocess and enhance your productivity within CMD today!

> ⚠ Please note that this feature will replace the Data Copy, streamlining the process of copying important data while offering a more cost-effective solution for customers.

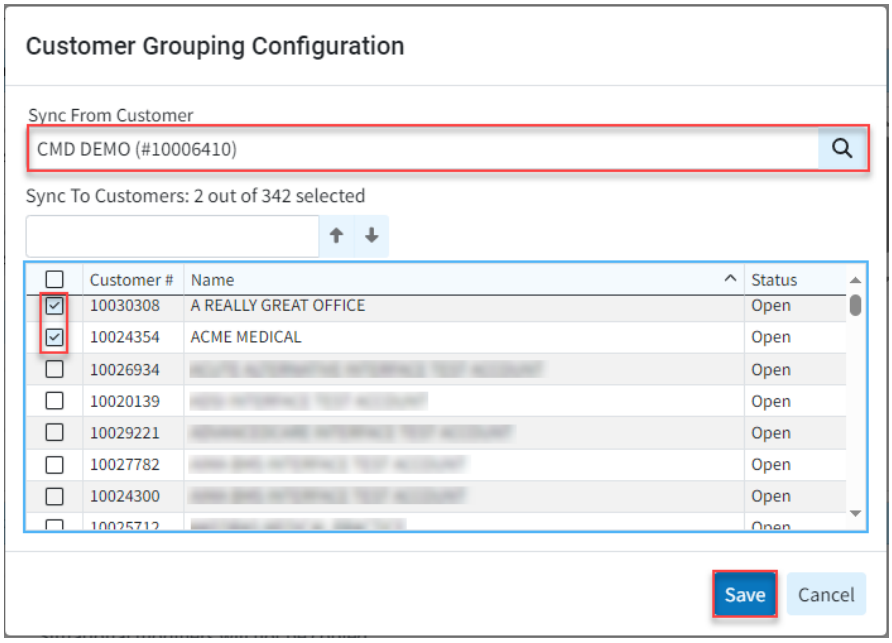
nable and Configure Data Sync

you're the Auth Rep, follow the steps below to enable, configure, or disable Data Sync:

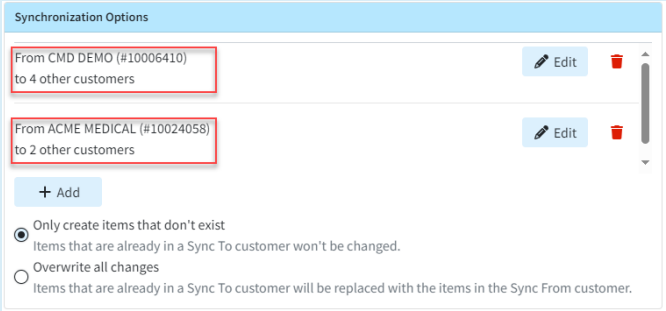
1. Select **Account Administration** > **Services.**
2. Click the **button** next to Data Sync.
3. The ***Enable Data Sync*** box **enables or disables this service**.
4. Under **Synchronization Options**:
    1. Click **Add**.
    2. Use the "***Sync From Customer***" search field to **select the customer from which to sync the data**
    3. Use the "***Sync To Customers***" checkbox(es) to select the **Customer(s) to which to transfer the data**.

    > The "*Sync From*" customer is the primary source file from which the data will be copied. The "*Sync To*" customer(s) are the ones whose data will be overwritten with the copied information.

    4. Click **save**.



You can also have multiple "*Sync From*" customers synchronized to copy data to different "*Sync To*" customers.



5. Use the "***Only create items that don't exist***" radio button (Defaulted option).
    1. Selecting this option will ensure that the existing items in the "***Sync To***" customer are not modified.
6. Use the "***Overwrite all changes***" radio button.
    1. Selecting this option will overwrite existing items in the "***Sync To***" customer and replace them with those in the "***Sync From***" customer.

Important: We recommend selecting the "**Only create items that don't exist**" option, as this will not alter any existing records. It will only update new ones moving forward, ensuring that nothing is accidentally overwritten. Billing Services that plan to maintain all of their configurations and manage all their lists from one customer (the *Sync From* customer) without making any changes to individual customers (other than Situational Modifiers or Provider BIlling Options, which are not part of Data Sync) can use the "**Overwrite all changes**" option to ensure that all configurations exactly match the*Sync*

From customer. It's also important to note that**there is no way to undo this action**once the data has been overwritten.

5. Under **Data Options**:

    1. Use the radio button to select thedata types to copy.

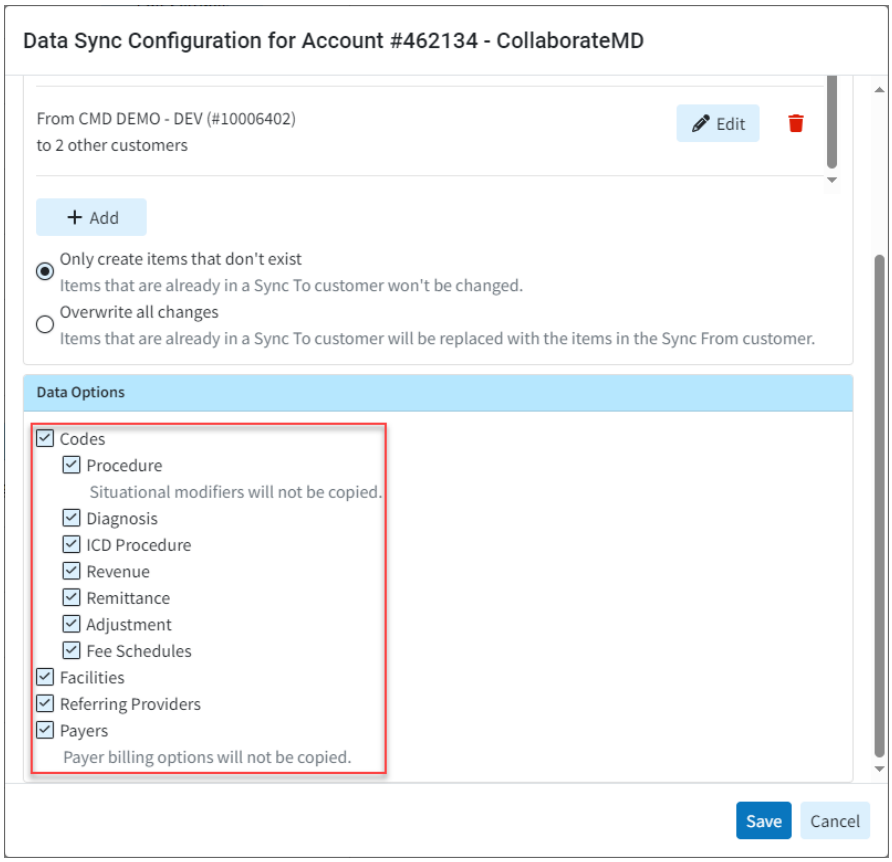
        1. **Codes** - You can select to sync**Procedure**, **Diagnosis**, **ICD Procedure**, **Revenue**, **Remittance** and **Adjustment** codes. You can also select to sync**Fee Schedules**. ***Please note that existing situational modifiers will not be copied to procedure codes***.

        2. **Facilities -** Select this option to sync any updates to the Facility section.

        3. **Referring Providers** - Select this option to sync any updates to the Facility section.

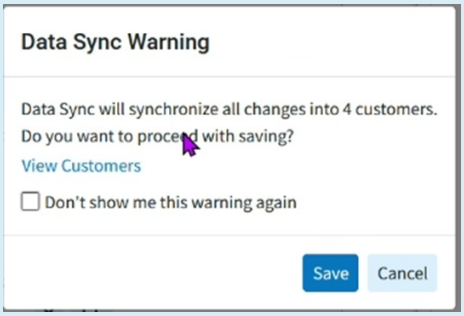
        4. **Payers** - Select this option to sync any updates to the Facility section***Please note that existing provider billing options will not be copied to payers***.

> ⚠ Data Sync **does not include** rendering/attending providers, billing providers, claims, financial data, pending information (appts., etc.), notes (e.g. patient notes, claim notes, etc.), or patient balance.



6. Click **Save**.

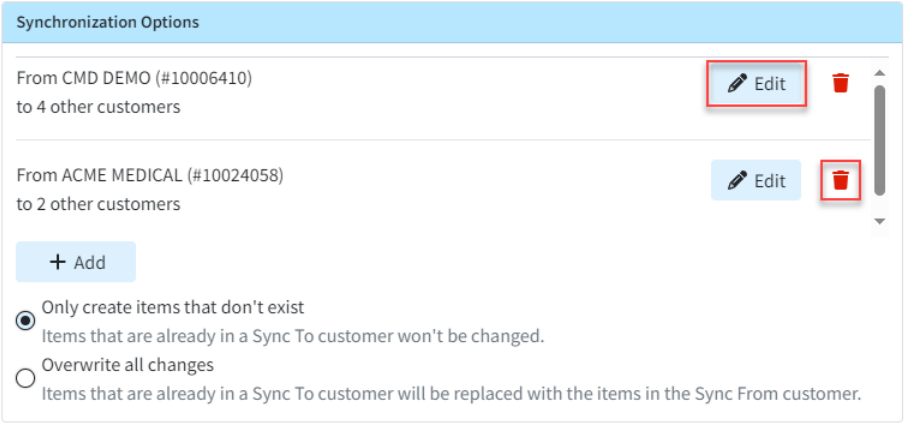
When selecting the Data Sync option to "**Overwrite all changes**," any time a record is updated in the "***Sync From***" customer, you will receive a pop-up notification. This pop-up will inform you that the data will be synchronized and will also indicate the number of customers that will be synced.



Edit A Data Sync

If you're the Auth Rep, follow the steps below to edit an existing Data Sync:

1. Select **Account Administration** > **Services.**
2. Click the **button** next to Data Sync.
3. Under **Synchronization Options**:
    1. Click **Edit** to make any updates or changes to the "***Sync From***" or "***Sync To***" customers within the customer grouping configuration, then click **Save**.
    2. To delete a specific synchronization option, click the delete (**trash can icon**) option.



4. Update any desired Data Options.
5. Click **Save**.

Want to copy data to customers in a different CMD account? Visit ourRequest a Data Copy Help Article for more information.

Manage Broadcast Communications

t Modified on 12/11/2024 2:45 pm EST

atient Broadcast Communications allows providers to send targeted one-way communications to multipl atients using various methods (text, email, or phone). Customers can set campaigns with unique arameters to target specific patients, helping them with their healthcare needs and encouraging retentior r usage of optional/elective medical services through intelligent marketing for better patient engagement

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f you're the Auth Rep, follow the steps below to enable, configure, or disable Broadcast Communications:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Broadcast Communications.
3. The ***Enable Broadcast Communications*** box **enables or disables this service.**
4. Select the ***Allowed Communication Methods***:
    1. **Email**: Select this option to have communication messages sent through email.
    2. **Text**: Select this option to have communication messages sent through SMS.
    3. **Phone**: Select this option to have communication messages sent through voice messages.
    4. **Email and Text at the same time**: Select this option to have communication messages sent through both email and text.
5. ***Optional***: Select **Copy Configurations** to copy these settings to another customer account you manage
    1. Check the box next to the customer account(s) to copy the settings, then click **Copy**.
6. Click **Save**.

Manage Pay Over Time with Sunbit

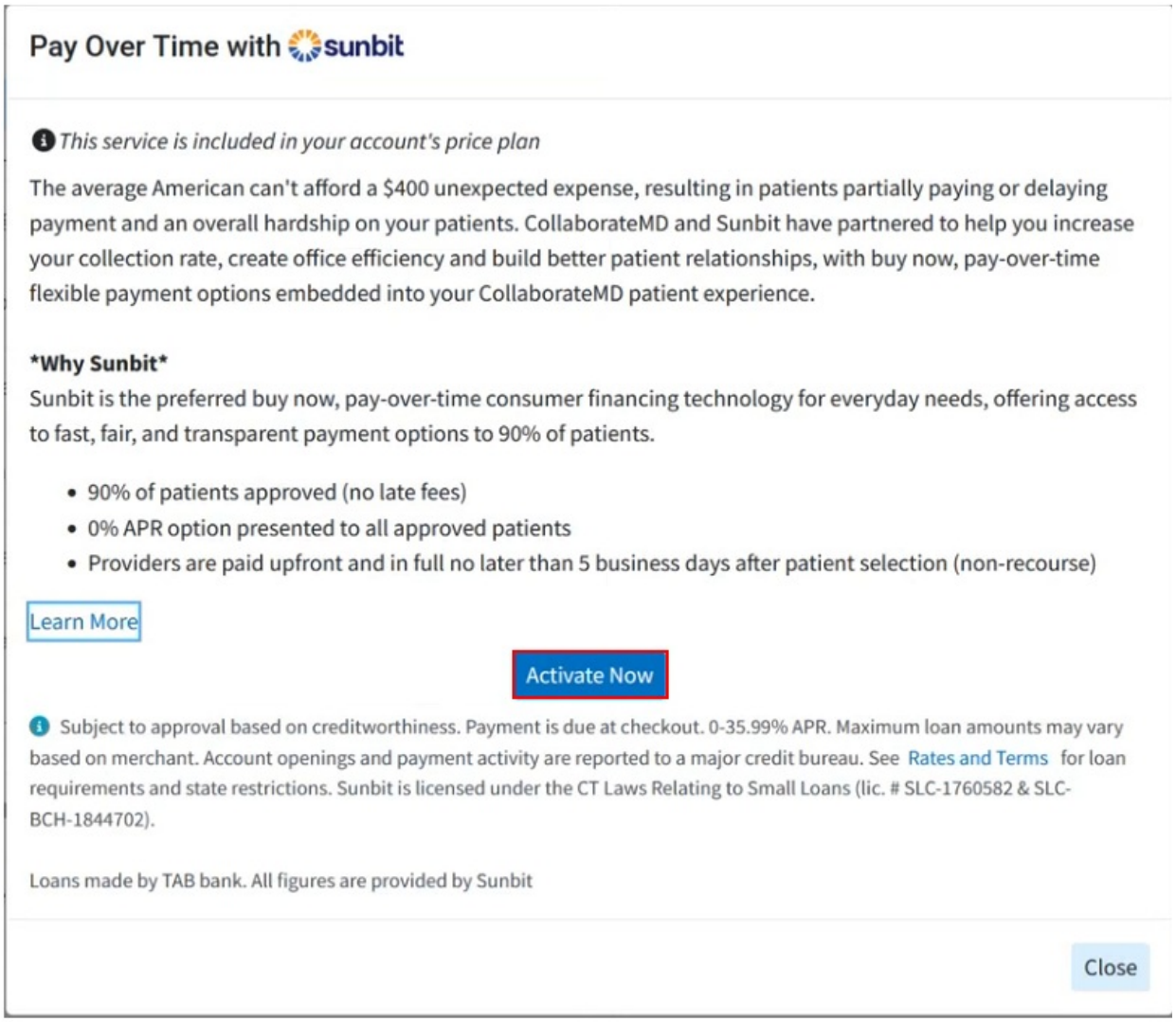
t Modified on 04/18/2025 1:33 pm EDT

unbit helps practices and billing services eliminate the stress of managing in-house payment plans by ffering a pay-over-time option for patient invoices. Providers can now offer their patients financing vithout assuming any financial risk, as they receive the full amount within 72 hours. Sunbit manages all atient billing, allowing providers to reduce time in accounts receivable and minimize collection efforts. atients can easily request financing directly from the payment portal.

Important Note: You must have the **In-App Credit Card processing** and the **Patient Payment Portal** features enabled and configured in order to use **Pay Over Time with Sunbit** For more information on turning these services on, please visit our Manage In-Application Credit Card Processing and Manage your Patient Payment Portal Help Articles.

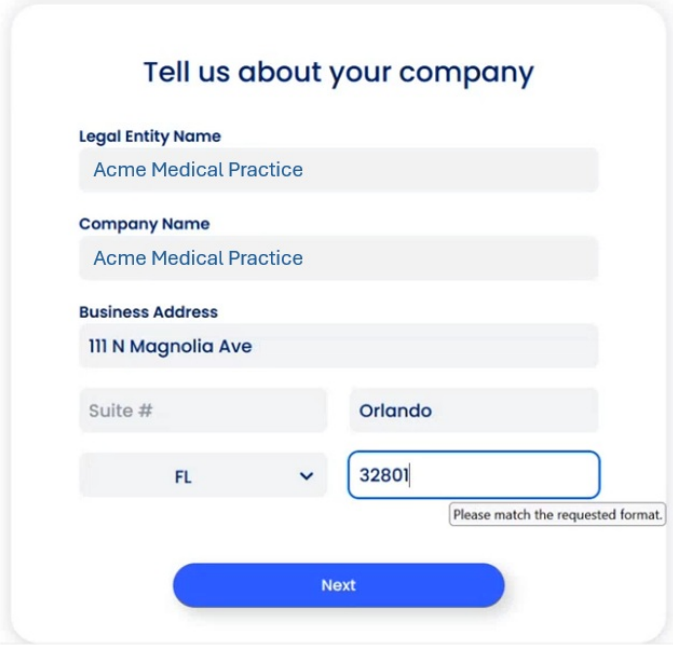
you're the Auth Rep, follow the steps below to enable or configure Pay Over Time with Sunbit:

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Pay Over Time with Sunbit.
3. Click the **Activate Now** button.

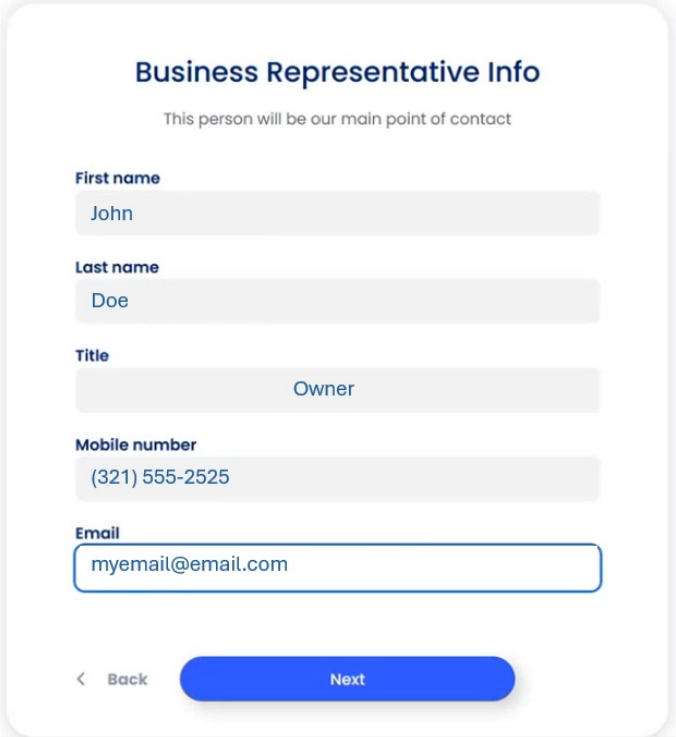


4. Within the Sunbit screen, click **Next** > **Next** > **Get Started**.

5. Enter your Company Details and click **Next**.



6. Enter your Business Rep Info (point of contact) and click**Next**.

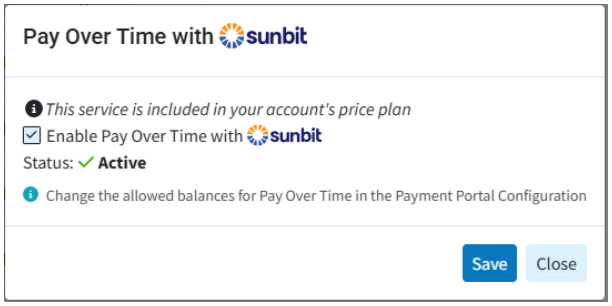


7. Fill out a brief questionnaire, and click Next.

8. Enter your Company Bank Account details, and click Next.

9. Click Close.

10. Once Sunbit reviews the application, the status will become active.



Request an Interface Integration

t Modified on 05/21/2026 1:31 pm EDT

Ve have partnered with several Electronic Medical Record (EMR) and Electronic Health Record (EHR) endors to assist in streamlining your front office and back office processes for better efficiency. The ridges built between these systems sync with your CollaborateMD account to provide an all-in-one olution. Our EMR / EHR partners were chosen based on their commitment to working closely with our eam to ensure our customers are treated with respect and offered the best possible solutions in a ransparent environment.

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f you're the Auth Rep, follow the steps below to request an interface:

1. Select **Account Administration** > **Services**.
2. Click the **Request Button** next to Interfaces.
3. Use the **Customer** drop-down menu to select the customer account the interface is for.
4. Use the **Interface** drop-down menu to select the interface you wish to add.
5. Click **Submit**.

⚠ Prices vary depending on the selected interface; the cost for each is noted beside its name within the application. To learn more about our EHR/EMR partner program, schedule a demo, or speak with an expert, please visit our EHR / EMR Partner Program page.

Request One-on-one training

t Modified on 04/10/2024 11:47 am EDT

, CollaborateMD Training Representative can conduct one-on-one training in an online or onsite nvironment to enable your business to use and understand the full potential CollaborateMD can offer. 'ou'll receive extensive training from one of our trained representatives on basic and advanced features. A ne end of your training, you will have a thorough knowledge of the CollaborateMD application.

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f you're the Auth Rep, follow the steps below to request one-on-one training:

1. Select **Account Administration** > **Services**.
2. Click the **Request Button** next to One-on-One Training.
3. Enter the **Contact Name**, **Phone and a Detailed description of the training needs**.
4. Use the **Date and Time options** to let us know your **First Preference** for training.
5. Use the **Date and Time options** to let us know your **Second Preference** for training.
6. Click **Submit**.

Request Claim Scrubbing Custom Edits & Analytics

t Modified on 03/17/2026 5:31 pm EDT

ollaborateMD offers a custom claim scrubbing edits option that provides customers access to the laimStaker® application, allowing them to review existing claim scrubbing edits, create new ones, and eview detailed analytics.

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you're an Auth Rep, follow the steps below to request the claim scrubbing custom edits & analytics.

⚠ Please note that the request of this feature includes one initial training session on how to use ClaimStaker® to create custom edits and review analytics. Requests for training must be submitted at least four (4) business days in advanced to arrange instructor availability. **Visit our Claim Scrubbing Custom Edits & Analytics Demo for more info on setting up and using this feature**

1. Select **Account Administration** > **Services**.
2. Click the **Request Button** next to Claim Scrubbing Custom Edits & Analytics.
3. Enter your contact name and contact phone#.
4. Enter the **Contact Name** and **Phone #**.
5. Use the **Date and Time options** to let us know your **First Preference** for training.
6. Use the **Date and Time options** to let us know your **Second Preference** for training.
7. Click **Submit**.

Request a Custom Report

t Modified on 04/10/2024 11:48 am EDT

collaborateMD offers a robust and powerful report builder that allows you to build custom reports to fit our business needs. However in the event that you are not able to build the report, or need access to pecialized reporting fields, we can build the report for you! Custom reports are a cost based service based n our evaluation; you will be provided with a quote for the requested report.

rior to submitting this request, please review the Reports Builder Help Article for more information on uilding your own report.

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you're the Auth Rep, follow the steps below to request a custom report:

1. Select **Account Administration** > **Services**.
2. Click the **Request Button** next to Custom Report.
3. Enter a detailed **Description and Details** of the report you need.
4. Click **Submit**.

Request a Data Copy

t Modified on 10/24/2024 12:46 pm EDT

Data Copy services retrieve **Patient Demographics**, **Codes (ICD, HCPCS, CPT, and Fee Schedules)**, **Payers**, **Referring Provider Lists**, and **Facility** data and copy the data from one customer to another customer. Data copies **do not include** rendering/attending providers, billing providers, claims, financial data, pending information (appts., etc.), notes (e.g. patient notes, claim notes, etc.), or patient balance. Data copies do not replace existing data. Data copies can take anywhere from 3 - 5 business days to be processed.

Note: Remittance codes included in a data copy will copy over any actions associated with the code

f you're the Auth Rep, follow the steps below to request a Data Copy:

1. Select **Account Administration** > **Services**.
2. Click the **Request Button** next to Data Copy.
3. Use the drop-down menu to **select the Customer to transfer the data from**
4. Use the radio button to select the **data copy package**.
5. If you need to **Copy Data to a customer in the same account** check the option.
    1. Use the drop-down menu to select the **Customer to transfer the data to**.
6. If you need to **Copy Data to a customer in a different account** check the option.
    1. Enter the receiving **Account #**.
    2. Enter the receiving **Customer #**.
7. Click **Save**.

Request a Data Move

t Modified on 04/10/2024 11:49 am EDT

Data Move services take all data, including patient demographics and financials, and moves the data from ne customer database/account to a different customer database/account. Any images uploaded using emote Document Imaging will remain in our cloud and will be available once the move is complete by re-nabling the Add-on service. This service is only provided upon the consent and approval of all related ccount Admins / Authorized Reps. Once the request is received, the accepting party will receive an email pecifying which party will pay for this service. Data Moves can take anywhere from 7-10 business days to e processed after payment has been received.

⚠ If moving data to a new account, a new account must be created first. Please contact **accounting.collaboratemd.com** to get your new account created.

Please read the following information before submitting a Data Move:

- **Before the CRXM Team can send the customer the wizard to create a new account, we need confirmation that the releasing data customer auth rep has approved the Data Move (please see the following process):**
  1. **Once the releasing Customer Account's Auth Rep has approved the Data Move, please notify our CRXM Team via email at accounting@collaboratemd.com.**
  2. **Our CRXM Team will reach out to you to go over any pricing questions you may have. The CRXM Team will send a BPC email for the customer to complete and accept all acknowledgments before we send the new account wizard.**
  3. **After completing the new account wizard, you will need to provide the releasing Account rep (Auth Rep of the account that is releasing the data) with your CMD Account # (6-digit # assigned when your main account was created).**
  4. **The customer releasing the data will need to log into their CMD account and follow the below "Request a Data Move" steps. This will send in the request to our CRXM team.**
  5. **After we receive the request for the data move from the releasing customer, we will send our internal request for the data to be moved to the receiving customer's new account.**
  6. **After the receiving customer's acknowledgment, we will move the customer account provided by the releasing account's Auth Rep to the new account.**
  7. **Once moved, the CRXM Team will notify the receiving customer so that they may start using the moved customer account. Once the new main account is created, you will need to close the placeholder account that was created via the wizard process. https://help.collaboratemd.com/help/close-a-customer**

f you're the Auth Rep, follow the steps below to request a Data Move (**This must be requested by the**

ccount that will be releasing the data).

1. Select **Account Administration** > **Services**.
2. Click the **Request Button** next to Data Move.
3. Use the drop-down menu to **Select one or more Customers to be moved.**
4. Enter the **receiving Account #.**
5. Enter the **receiving Account Name.**
6. Enter the **Authorized Release Date.**
7. Read the acknowledgment to release ownership of the data, and click **Acknowledge.**

Request a Data Conversion (Import)

t Modified on 04/10/2024 11:49 am EDT

ecuring and storing patient data is a vital component to your day-to-day practice operations, however, nanually converting data from a current system can be time-consuming and tedious. Streamline your ransmission of data by working with our Sales Team on a custom data conversion of your data files. If you on't have the option to supply the data yourself, CollaborateMD has taken a proactive approach to partne vith a reputable data conversion company that will securely perform data conversions on over 100 practic nanagement and EHR / EMR systems, including old UNIX- or DOS-Based systems. Our data conversion xperts will accurately convert patient demographics, codes, appointments, payers, and referring provider

Data Conversions are a cost based service. After submitting your request you will be contacted by a CollaborateMD team member to securely obtain the required data files. Based on this evaluation you will b rovided with a quote for the requested data conversion. Data Conversions can take anywhere from 7 - 10 usiness days to be processed.

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f you're the Auth Rep, follow the steps below to request a Data Conversion:

1. Select **Account Administration** > **Services**.
2. Click the **Request Button** next to **Data Conversion (Import)**.
3. Use the **Customer** drop-down menu to **select which customer the data should be imported into**
4. Use the checkboxes to **select which type of data you will be importing**
5. Let us know if you are able to provide the data in an encrypted comma separated value (.csv).

   Want to make it easy for yourself (and us)? Use our data conversion templates!

   - Appointments.csv
   - CPT Codes.csv
   - ICD Codes.csv
   - Patients.csv
   - Payers.csv
   - Referring.csv

6. Click **Submit**.

Sending encrypted files to us? Make sure to follow the steps **here.**

Request a One-Time Data Snapshot

t Modified on 04/10/2024 11:50 am EDT

Data Snapshot is a service which takes current data such as, patient demographics, codes, appointments, ayers, provider list, etc. and captures (exports) a snapshot of the data. The data can be exported into everal hundred files in .DAT format that is a tab delimited or into an open-source relational database nanagement system (RDBMS) known as MySQL.

The export includes Data Sets from the following sections of the application:

Authorizations, Activity, Appt, Appt Types, Charge, Professional Claims, Claim Status, CPT Code, Credit, Facility, ICD Code, Location, Patient, Patient Notes, Payor, Practice, Provider, Referring, Remittance, Resources, Claim ICD Codes, ICD Procedure Codes, Institutional Claims, Insurance Parties, Insurance Policies, Payments, Insurance Check, Inventory Codes, Revenue Codes, and more.

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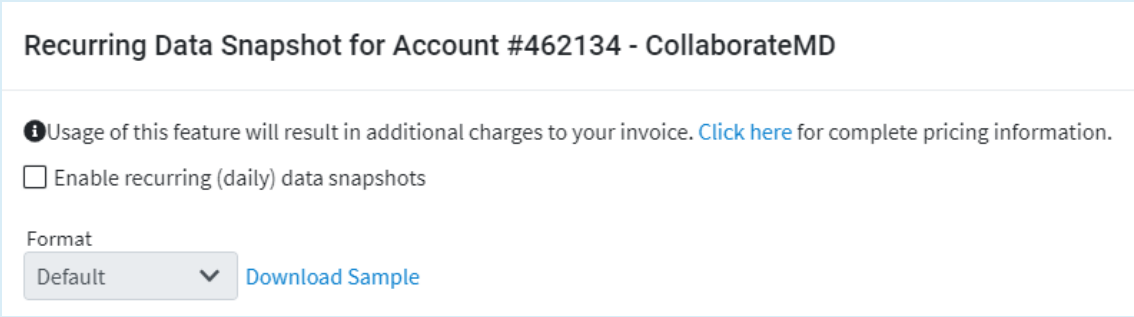
you're the Auth Rep, follow the steps below to request a one-time Data Snapshot:

1. Select **Account Administration** > **Services**.
2. Click the **Request** Button next to **One-Time Data Snapshot**.
3. Enter the **Run Date** or when you would like us to pull your data.
4. **Format**: Select the format you would like the data snapshot to be exported in.

   Click the Download Sample link to view a sample of what the snapshot will look like before purchasing. The sample will contain the first five (5) rows of each data file set contained within your account.

   1. Default (Tab delimited)
   2. MySQL
5. **Export multiple customers as:**

1. **One Combined File**: Exports the snapshot as one combined file for all selected customers
2. **One File per Customer**: Exports the snapshot as one separate file per each selected customer.

6. Click the **View Scheduled Snapshots** to view a scheduled data snapshot.
7. Click **Submit**.

Limitations:

- **No specific dates** (past or present) can be captured within the export. The data snapshot will **run at 1:00 AM EST** on the scheduled day, therefore the date must be a future date.
- **No specific criteria** (e.g., ONLY Patient data set info) can be captured, as the **Data Snapshots capture all of the data sets specified above.**
- Data Snapshots will only **be available to download after 6:00 AM EST** on the scheduled day.
- Document Imaging is **NOT** included.
- The data can only be used to import into other software solutions (e.g., Business Intelligence, Collections, etc.).
- In accordance with HIPAA rules and regulations, CollaborateMD will NOT provide users, admins, or third party vendors this information, as the Data Snapshots contain PHI & PII.

ɦow to encrypt a file to send to CollaborateMD

:t Modified on 06/10/2019 12:02 pm EDT

:ollaborateMD acknowledges our duty and responsibility to protect the privacy and security of Individuall dentifiable Health Information ("IIHI") generally, and Protected Health Information ("PHI") as defined in tł IIPAA Regulations, under the regulations implementing HIPAA, other federal and state laws protecting th onfidentiality of personal information, and under principles of general and professional ethics. We also cknowledge our duty and responsibility to support and facilitate the timely and unimpeded flow of health ıformation for lawful and appropriate purposes.

ıll email attachment files containing PHI (Protected Health Information) will need a form of encryption to e in compliance with HIPAA.

⁄indows (7-zip)

ollow these steps to encrypt a file:

1. If 7-zip is already installed on your computer, go to Step 3.
2. Click 7-Zip (www.7-zip.org) to download the open source archiver and install it on your computer. Please note that you might need Admin Rights on the computer to properly install 7-Zip.
3. Right click on the file(s) and mouse over 7-Zip to view the list of options.
4. Select "Add to archive..." and leave all the values at their default(s).
5. Under the Encryption section, enter and re-enter your password.
6. Change the Encryption Method to "AES-256 (Stronger Encryption)".
7. Click **OK.**

⁄acs (Keka)

ollow these steps to encrypt a file:

1. If Keka is already installed on your computer, go to Step 3.
2. Click Kekaosx (www.kekaosx.com/en/) to download the open source archiver and install it on your Mac.
3. Open Keka.
4. Select 7z and leave all the values at their default(s).
5. Enter and re-enter your password.
6. Drag and drop your desired files to Keka.
7. Keka progress window will appear.

8. Once the file is created, a Compression Complete message will appear.
9. Your compressed file will appear at the same location as the file you dropped to Keka for compressior

ending Encrypted PHI Data to CollaborateMD

ttach the encrypted data file to your email. The password associated with the encrypted data MUST be hared with the CollaborateMD Representative over the phone (see phone options below).

Patient Locks

t Modified on 06/11/2019 5:35 pm EDT

atient Locks allow you to view which user has a patient locked and disable that lock if necessary. When a atient's record is being accessed by another user, other users within the office can perform any of the ollowing actions:

- Post patient payments, insurance payments, and account credits.
- Create new claims or edit existing claims
- Create new or modify existing appointments

Limitation: Patient records cannot be modified from the appointment editor window within the Scheduler section.

Claim Locks

t Modified on 06/11/2019 5:32 pm EDT

Claim Locks allow you to view which user has a claim locked and disable that lock if necessary. When a clair is in use by another user, other users within the office can perform any of the following actions:

- Edit the patient's record within the Patient section
- Post patient payments, insurance payments, and account credits towards any claim except for the one that's in use
- Create new claims or edit existing claims except for the one that's in use
- View the current claim in use
- Create new or modify existing appointments

Limitations:

- Payments cannot be posted towards the claim that's in use.
- Modifications cannot be made to the claim within Manage Accounts (i.e. editing payment details, or charge status). The claim will be shown with a lock icon when it cannot be modified.

:RA Locks

:t Modified on 06/11/2019 5:33 pm EDT

Vhen a user has an ERA file open, the ERA is considered to be "locked" and cannot be opened/edited by ther users. ERA Locks allow you to view which user has an ERA locked and you can disable that lock if ecessary. When an ERA is in use by another user, other users within the office can perform any of the ollowing actions:

- Edit the patient's record within the Patient section
- Post patient payments, insurance payments (including ERA's), and account credits towards any claim except for the one that's associated with the ERA
- Create new claims or edit existing claims except for the one that's associated to the ERA
- Edit or view any existing claim except for the one that's associated to the ERA
- Create new or modify existing appointments

Limitations:

- Modifications cannot be made to the claim associated to the ERA in use within Manage Accounts (i.e. editing payment details, or charge status) or the Claim section.
- Payments cannot be posted towards a claim that's associated to the ERA in use.

Provider Locks

t Modified on 06/11/2019 5:33 pm EDT

Vhen a user has a provider open, that provider is considered to be "locked" and cannot be opened/edited y other users. Provider Locks allow you to view which user has a provider locked and disable that lock if ecessary.

Practice Locks

t Modified on 06/11/2019 5:34 pm EDT

When a user has a practice open, that practice is considered to be "locked" and cannot be opened/edited by other users. Practice Locks allow you to view which user has a practice locked and disable that lock if necessary.

Report Locks

t Modified on 06/11/2019 5:34 pm EDT

When a user has a report open, that report is considered to be "locked" and cannot be opened/edited by ther users. Report Locks allow you to view which user has a report locked and disable that lock if ecessary.

Jnlock Records

t Modified on 06/19/2019 6:27 pm EDT

⚠ Be careful when unlocking a record that is actively being worked on by another user. While unlocking a record will grant you access to view or modify, it won't kick the other user off of the screen. Therefore, any changes they make can ultimately overwrite yours.

1. Select **Account Administration** > **Locks**.
2. Select the **Type** of record you would like to search for.
3. Click the **Search** button.

   Sort your search results. Visit our Reorder Table Column Help Article for detailed steps on how to hide, rearrange or add header columns.

4. View all of the current **locked records** and which **user is locking the record**.
5. Place a check in the box for the **record(s) you wish to unlock.**
6. Click the Unlock button to unlock the selected records.
7. Click the icon to edit your search filters
8. Click **Close.**

ind a User Session

t Modified on 06/19/2019 6:32 pm EDT

he time that the user(s) logged in will be listed, as well as the IP Address they logged in from, the time they gged out or had their session expire. The checkboxes in the "***Active***" and "***Expired***" columns will show you a glance which users are currently logged in or whose sessions timed out due to inactivity.

1. Select **Account Administration** > **Sessions**.
2. Enter your search criteria.
    1. **Login date**: Specific date or date range to search.
    2. **Username**: The specific user that you are searching.
    3. **User IP Address**: the users IP address (if available).
    4. **Customer**: Select a different customer account to search for.

    > By default, only the sessions of the customer you're currently logged into will display.

    5. ***Optional***: **Searching for an active session?** Place a check in the ***"Only include active sessions."*** box.
3. Click **Search**.

    > Sort your search results. Visit ourReorder Table Column Help Article for detailed steps on how to hide, rearrange or add header columns.

4. ***Optional***: Click the icon to edit your search criteria.
5. Click **Close** to exit.

˙erminate a User Session

ɨt Modified on 06/12/2019 12:37 pm EDT

ı the event a user's current session needs to be terminated, you can kill their session so the next action ıey attempt to perform in the application (e.g., opening a patient, running a report, etc.) will be timed out.

⚠ Terminating a user's session does not prevent them from logging back into CollaborateMD. When the warning message is received, the user they can simply re-enter their password to log back in. The ***only* exception** is if their username was set to deleted or suspended prior to terminating their session.

ollow the steps below to Kill a User Session.

1. Select **Account Administration** > **Sessions**.
2. Enter your search criteria and click**Search**.
3. On the left-hand side of the screen,**check the box on the line(s)** that contains the session(s) you wish to terminate.
4. Click the

button.
5. Click **Yes** when the ***"Are you sure you would like to kill the following sessions?"***pop-up displays.

Switch between Customers

t Modified on 06/10/2019 10:37 am EDT

Who can use this feature?

Billing Services and **Medical Practices** with **more than one customer account.**

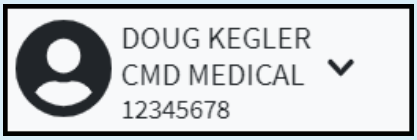
Auth Reps, Admins and Users with group access to**more than one customer account.**

ome CMD usernames are associated with multiple CollaborateMD customers. The Switch Customer ption allows those users to toggle seamlessly between customers directly from the user bar from any creen in the application.

Switch Customers

1. Click the icon with your name located in the top right corner of the screen.
2. Select **Switch Customers** from the drop-down menu.
3. Use the **Show All** button to view all customers. Or use the**search field & drop-down-menu** to further drill down your search.
4. ***Optional***: Place a check in the **Open in new tab** box to open the customer account in a new tab, while keeping you logged in to the original customer account.
5. Select the Customer from the list to open that**Customer Account.**

The account number and customer name you are logged into is displayed in the top right corner of the screen.



:dit your Profile

:t Modified on 05/07/2020 4:32 pm EDT

1. Click the icon with your name located in the top right corner of the screen.
2. Select **User Profile** > **Edit Profile**.
3. Edit your contact info, then click**Save**.

If your email is flagged as **Unverified**, enter your email click Send Verification Link to verify your email. This helps show that this account really belongs to you and makes it easier to recover your password.

Changes cannot be made to your username. In the event that, you get married or your name is misspelled please request for an Auth Rep or Admin to add you as a new user with your preferred username.

Upload a profile picture

Last Modified on 06/05/2019 8:01 pm EDT

Add a profile picture

1. Click the icon with your name located in the top right corner of the screen.
2. Select **User Profile** > **Edit Profile**.
3. Click the current image to **Change your profile picture**, then select **Upload**.
4. Adjust the crop from your photo, then click **Done**.
5. Click **Save**.

Your profile picture should be a minimum of 512x512 pixels, but no larger than 1024x1024 pixels. Any file recognized as an image (e.g., .jpg, .jpeg, .png) can be uploaded.

Remove a profile picture

1. Click the icon with your name located in the top right corner of the screen.
2. Select **User Profile** > **Edit Profile**.
3. Click the current image to **Change your profile picture**, then select **Clear**.
4. Click **Save**.

Change your Password

Last Modified on 03/07/2023 4:23 pm EST

If you know your password, but want to change it to something else:

1. Click the icon with your name located in the top right corner of the screen.
2. Select **User Profile**.
3. Under **Security**, select **Change Password**.
4. Enter your **Current Password**.
5. Enter the **New Password** in the fields provided.

   Your new password must be a minimum of 8 characters long, with at least 1 upper case letter, 1 lower case letter, 1 number, and 1 special character.

6. Click **Save**.

ia Email

t Modified on 03/07/2023 4:25 pm EST

you've forgotten the password you use to sign in to CollaborateMD, you can reset it easily at any time.

For security measures, you can't reuse the same password. Your new password must be a minimum of 8 characters long, with at least 1 upper case letter, 1 lower case letter, 1 number, and 1 special character.

orgot your password? Depending on whether or not you're signed in to CollaborateMD, there are two ays to reset your password.

If you haven't configured your user profile, you won't be able to reset your password via email or security questions. Please contact your Admin or Auth Rep.

1. Visit app.collaboratemd.com.
2. Click the **Forgot your Password?** link.
3. On the next page, enter your **CollaborateMD Username**.

   Your username is usually your first and last name with no spaces (ex. janedoe).

4. Click **Lookup User**.
5. Select **Reset my password via email**.
6. **Check your email inbox for a one-time verification code**
7. Return to the reset password page and click **I have a verification code, populate the code** and click the **Log In** button.
8. You'll be prompted to change your password.

Having trouble? If you've followed the steps above, but have yet to receive a password reset email, please check all tabs, folders, and spam filters in your inbox. Still not there? Drop us a line.

Answering Security Questions

Last Modified on 03/07/2023 4:29 pm EST

⚠ If you haven't configured your user profile, you won't be able to reset your password via email or security questions. Please contact your Admin or Auth Rep.

1. Visit app.collaboratemd.com.
2. Click on the **Forgot your Password?** link.
3. On the next page, enter your **CollaborateMD Username**.

   Your username is usually your first and last name with no spaces (ex. janedoe).

4. Click **Lookup User**.
5. **Enter your answer** for each question in the fields provided and click the **Log In** button.

   ⚠ The answers to the security questions must match exactly (i.e., punctuation, spacing and capitalization).

6. You'll be prompted to change your password.

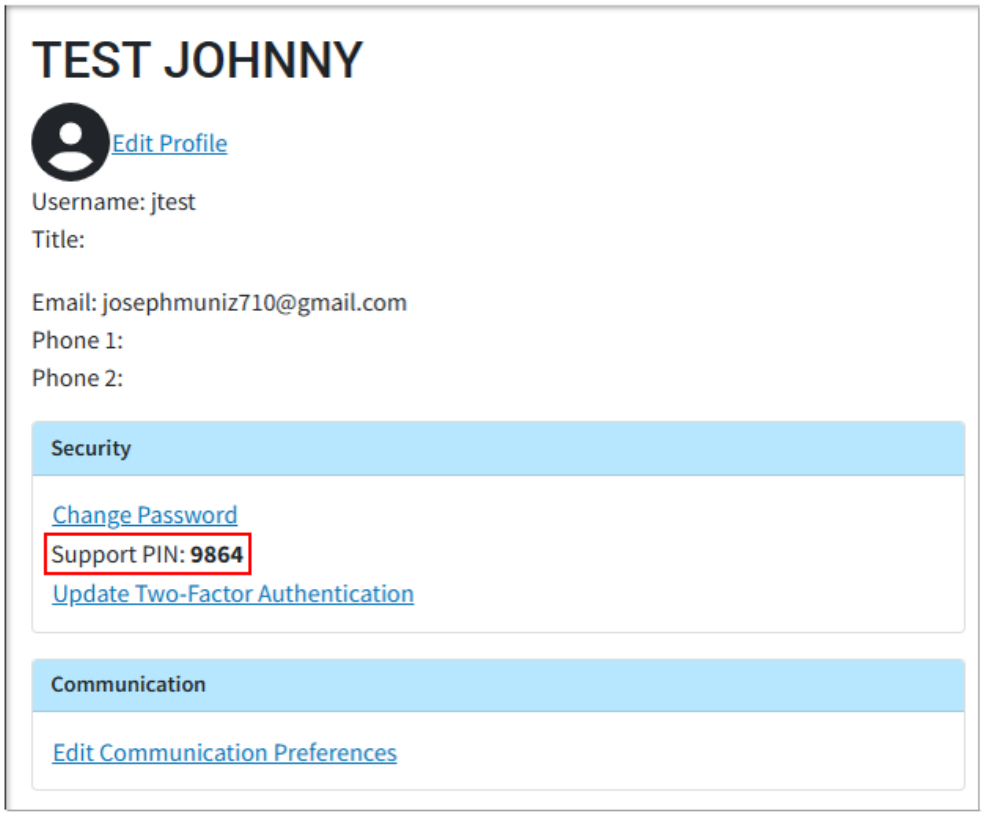
Show Support PIN (User Profile)

t Modified on 08/06/2025 4:04 pm EDT

o meet HIPAA SRA requirements, CollaborateMD uses a system-generated dynamic Support PIN when ontacting Support. This verifies the person requesting information or assistance for your account is uthorized.

Important: Sharing your Support PIN, even with co-workers, violates our User Agreement. A CollaborateMD Representative will verify your Support PIN on every call and live chat to authorize discussion and review of your account information. No account information will be discussed until verified.

1. Click the icon with your name located in the top right corner of the screen.
2. Select **User Profile.**
3. Under **Security**, select **Show Support PIN**.
4. The screen will show the current 4-digit "Support PIN" (generated by the system).



5. Provide the PIN to the support representative when requested.

The system will generate a new Support PIN every 30 days or upon its validation by support,

whichever occurs first.

Jpdate Two-Factor Authentication

t Modified on 08/22/2025 2:38 pm EDT

you know your password, but want to change it to something else:

1. Click the icon with your name located in the top right corner of the screen.
2. Select **User Profile**.
3. Under **Security**, select **Update Two-Factor Authentication**.
4. Enter your **Current Password** and click **Continue**.
5. Click **Edit** to update your current authenticator or select a different authentication method (if applicable).

   Your allowed authentication methods are selected/allowed by your system administrator.

6. Follow the instructions based on the selected authentication method.
7. Click **Save**.

:dit Communication Preferences

:t Modified on 04/11/2025 4:28 pm EDT

:ollaborateMD notifications keep you informed about things that may need your attention. Learn how otifications work and how to customize them to suit your needs.

How CollaborateMD notifications work

- You can receive notifications through email, text or the messaging section of CollaborateMD.
- Only one communication method can be selected per communication type.
- Some communication types are only available based on the User Type (e.g., an Auth Rep can see notifications types for Price Plan Changes; a User cannot).
- Some communication types are Permission based.

Setup Notifications

1. Click the icon with your name located in the top right corner of the screen.
2. Select **User Profile**.
3. Under **Communication** select **Edit Communication Preferences**.
4. For each **Communication Type**, select your preferred communication method by checking the box in the column under *Email, Text, Messaging, or None (if applicable)*

   ⚠ If you wish to receive Text notifications, place a check in the ***"I agree to allow CollaborateMD to send me text messages"*** checkbox. Enter your **Cell Phone number** followed by the time you would like to receive text messages.

5. Click **Save**.

:ommunication Type Reference Guide

Communication Type	User Type	Defaulted Selection	Email	Text	CMD Messaging	Non
USER COMMUNICATIONS						
User Permissions Changed	Auth Rep	N/A	✓	?	✓	✓
Password Change	All	CMD Messaging	✓	?	✓	✓
Security Questions Updated	All	CMD Messaging	✓	?	✓	✓

User Locked	All	N/A	✓	?	✓	✓
Price Plan Change	Auth Rep	CMD Messaging	✓	?	✓	✓
Add On Services Enabled	Auth Rep	CMD Messaging	✓	?	✓	✓
Setup Services Requested	Auth Rep	CMD Messaging	✓	?	✓	✓
New Provider Added	Auth Rep	CMD Messaging	✓	?	✓	✓
New Customer Created	Auth Rep	CMD Messaging	✓	?	✓	✓
New Auth Rep Added	Auth Rep	CMD Messaging	✓	?	✓	✓
Account Information Updated	Auth Rep	CMD Messaging	✓	?	✓	✓
New Invoice Created	Any User with Bill Payment permission	Email	✓	✓	✓	?
Account Set as Overdue	Any User with Bill Payment permission	Email	✓	✓	✓	?
Account Set as Suspended	Any User with Bill Payment permission	Email	✓	✓	✓	?
Payment Confirmation	Any user with Bill Payment permission	Email	✓	✓	✓	?
Payment Failure	Any user with Bill Payment permission	Email	✓	✓	✓	?
Payer Agreement Approvals	Any user with Payer Agreement permission	CMD Messaging	✓	?	✓	✓
Payer Agreement Denials	Any user with Payer Agreement permission	CMD Messaging	✓	?	✓	✓
COLLABORATEMD COMMUNICATIONS						
Maintenance Notifications	All	CMD Messaging	✓	?	✓	?
System Issues	All	CMD Messaging	✓	?	✓	?
Clearinghouse Notifications	All	N/A	✓	?	✓	✓
Pricing Changes	Auth Rep	CMD Messaging	✓	?	✓	?

Other Announcements	All	CMD Messaging	✓	?	✓	?

Jnlock User Account

t Modified on 05/17/2019 9:56 am EDT

you try to log into your account with the incorrect password 6 times, the system will lock your user ccount. There are two ways to unlock your account.

1. You can unlock your account with the Forgot password link, please refer to Change your Password or Reset Password Help Article.
2. Your Auth rep or Admin can unlock your account for you. Please refer to our User Management Help Article.

Submit feedback

t Modified on 05/17/2019 9:46 am EDT

Ve're continuously working to improve the CollaborateMD experience and would love to hear from you! 'ou can provide a compliment, testimonial, or suggest a new feature for CollaborateMD. Though we can't espond to every submission, we do use feedback like yours to improve the CollaborateMD experience for veryone.

⚠ Feedback should not be used to report on system issues or support needed. If you need help with a specific issue, you can find answers to common questions in the Help Articles or contact our Support team.

1. Click the icon with your name located in the top right corner of the screen.
2. Select **Submit Feedback**.
3. Give us a **Rating.**
4. Write any additional comments in the field below.
5. Click **Submit**.

Customize Shortcuts from the User Bar

Last Modified on 08/29/2022 12:53 pm EDT

The **Shortcuts** menu within the applications menu bar can be used to quickly jump to an area of the application based on the user's commonly performed tasks. The options within the Shortcuts menu can be customized by each user.

Follow the steps below to customize your shortcuts.

1. Click the Shortcuts drop-down located in the user bar (top of the screen).
2. Click **Customize...**
3. Select the "**Build your Welcome page**" radio button.
4. Click the **Shortcuts** tab.

> Selecting a shortcut role (Reception/ Front Desk, Scheduling, Coding, Billing Collection, Insurance Payment Posting, Patient Payment Posting, Management) will automatically include all the shortcuts associated with it.

1. Make your shortcut selections:

> ⚠ If the user cannot perform the action based on his/her permissions, no shortcut option will be shown for that action.

   1. **Reception/Front Desk**: Selecting this option will add the **Create Patient** and **Schedule Appointment** shortcuts.
      1. **Create patient**: Check this option to be able to quickly add new patient records.
      2. **Schedule appointment**: Check this option to be able to quickly schedule patient appointments.
   2. **Scheduling**: Selecting this option will add the **Add to waiting list**, **Schedule appointment**, and **Check eligibility for tomorrow** shortcuts.
      1. **Add to waiting list**: Check this option to be able to quickly add patients to the appointment waiting list.
      2. **Schedule appointment**: Check this option to be able to quickly schedule patient appointments.

    3. **Check eligibility for tomorrow**: Check this option to be able to quickly check patient eligibility for the next day's appointments.

3. **Coding**: Selecting this option will add the **Create Claim** shortcut.

    1. **Create claim**: Check this option to be able to quickly create a professional or institutional claim.

4. **Billing**: Selecting this option will add the **Review claim follow ups for today** and **Print claims** shortcuts.

    1. **Review claim follow ups for today**: Check this option to be able to quickly check today's follow up management.

    2. **Print claims**: Check this option to be able to quickly print professional or institutional claim

5. **Collection**: Selecting this option will add the **Print statements** and **Create payment plan** shortcuts.

    1. **Print statements**: Check this option to be able to quickly print (user print) patient statements.

    2. **Create payment plan**: Check this option to be able to quickly create a patient payment plan

6. **Insurance Payment Posting**: Selecting this option will add the **Post EOB** and **Review ERAs** shortcuts.

    1. **Post EOB**: Check this option to be able to quickly post manual insurance payments.

    2. **Review ERAs**: Check this option to be able to quickly review ERAs.

7. **Patient Payment Posting:** Selecting this option will add the **Post patient payment** shortcut.

    1. **Post patient payment**: Check this option to be able to quickly post patient payments.

8. **Management**: Selecting this option will add the **Review tasks due today** shortcut.

    1. **Review tasks due today**: Check this option to be able to quickly review today's tasks.

2. Click **Save**.

Jsing Your Shortcuts

t Modified on 08/29/2022 1:36 pm EDT

1. Click the

drop-down located in the user bar (top of the screen).
2. Select the shortcut/action to take from your options.

> You can only see or customize shortcut options for actions based on your permissions. If you don't have permissions for an action, you won't see it in your shortcuts. Visit our **Customize Shortcuts Help Article** for detailed steps on how to customize your shortcuts.

Knowledge Center

t Modified on 06/10/2019 10:39 am EDT

he CollaborateMD Knowledge Center delivers a layout of core features organized into categories and sub ategories. These features include articles, tips, frequently asked questions, videos & webinars, tools, guide nd a variety of other resources to provide our customers with the knowledge and training experience eeded to achieve their business needs.

1. Click the

icon located in the top right corner of the screen.
2. Select **Knowledge Center** to open help.collaboratemd.com.

Show "Tips"

t Modified on 06/10/2019 10:40 am EDT

he CollaborateMD Show “Tips” option gives you a general overview of the screen you are in, what is done n that section, and a link to the help article associated with the section.

1. Click the

icon located in the top right corner of the screen.
2. Select **Show “Tips.”**
3. Review the tip based on the screen you are currently in.

Show Support PIN

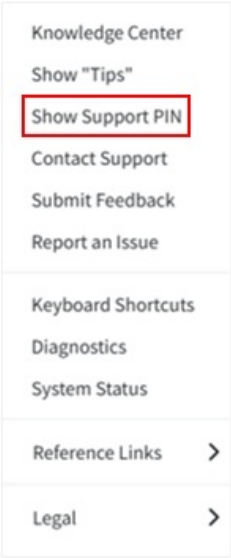
t Modified on 08/06/2025 4:08 pm EDT

how Support PIN provides a user-level dynamic PIN, which is auto-generated within the application. Whe ontacting support via phone or live chat, you will be required to provide this PIN to validate your identity. his PIN will be different each time a user contacts support.

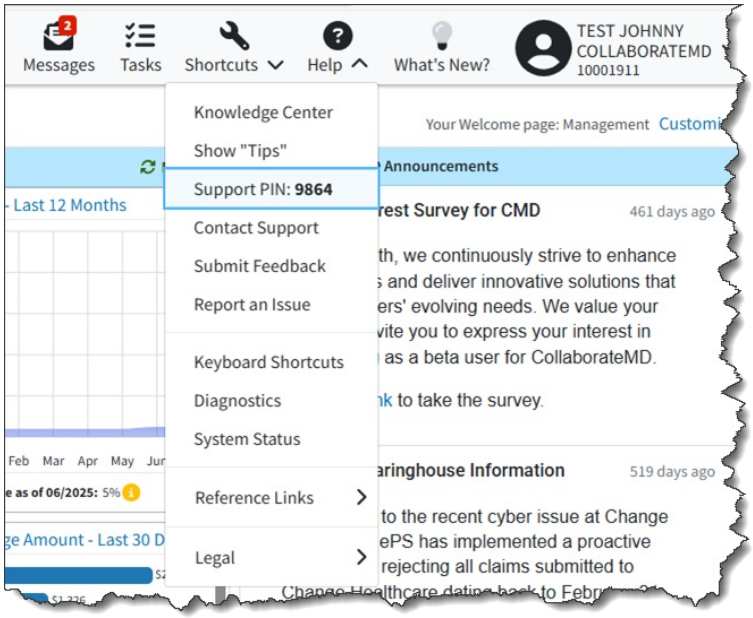
Important: Sharing your Support PIN, even with co-workers, violates our User Agreement. A CollaborateMD Representative will verify your Support PIN on every call and live chat to authorize discussion and review of your account information. No account information will be discussed until verified.

o generate a Support PIN:

1. Click on the Help icon located in the top right corner of the screen.
2. Select **Show Support PIN**.



3. The screen will show the current 4-digit "Support PIN" (generated by the system).



4. Provide the PIN to the support representative when requested.

The system will generate a new Support PIN every 30 days or upon its validation by support, whichever occurs first.

Contact Support

t Modified on 03/27/2026 2:02 pm EDT

Contact Support is a simple and easy to use tool that allows clients to resolve their inquiries by providing ptions on contacting a Client Services Representative. This portal will allow you to easily and securely ubmit cases online, or Live chat with a support specialist.

1. Click the

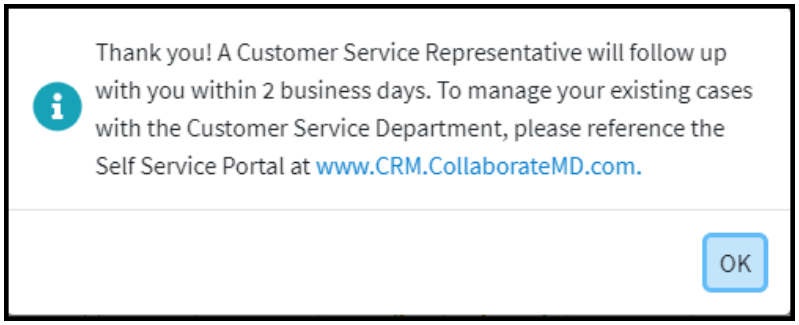
icon located in the top right corner of the screen.
2. Select **Contact Support**.
3. Select your option:
    1. Create a Case.
    2. Chat Now
    3. Call Us.

Report an Issue

t Modified on 12/17/2019 3:47 pm EST

eport an Issue provides a quick and easy way to create a Support Case. Once created, Our World Class upport Team will respond to your case within 24 - 48 business hours.

1. Click on the Help icon located in the top right corner of the screen.
2. Select **Report an Issue**.
3. Enter the best **Email** & **Phone** to contact you along with a**detailed description** of the problem
4. Click **Submit**, then click **OK**.



Already have a case with support? Manage any existing cases through our**Self-Service Portal**.

Keyboard Shortcuts

t Modified on 08/29/2019 9:59 pm EDT

he CollaborateMD Keyboard Shortcuts option gives you an overview of the series of keyboard shortcuts hat can be used throughout the application in order to save you valuable mouse clicks.

1. Click the

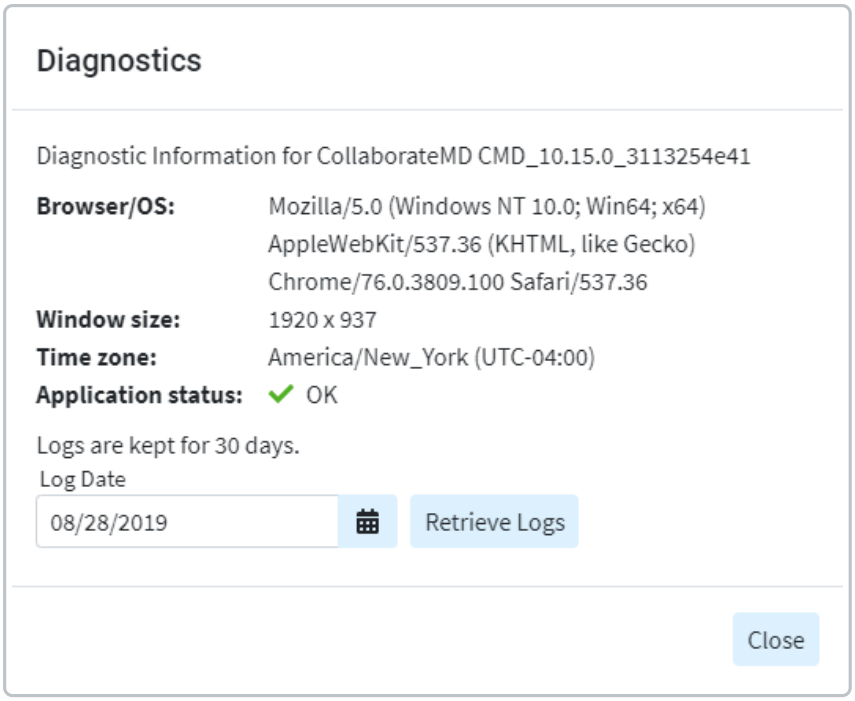
icon located in the top right corner of the screen.
2. Select **Keyboard Shortucts.**
3. Review the Global and GoTo shortcuts based on the action you want to perform.

)iagnostics

:t Modified on 08/30/2019 12:29 pm EDT

'he CollaborateMD Diagnostics option gives you a standard process for collecting user log files as well as iewing other information important for troubleshooting including the browser, OS, window size, time zon nd more.

1. Click the Help icon located in the top right corner of the screen.
2. Select **Diagnostics.**
3. Review the diagnostic information or retrieve logs for up to thirty (30) days.



Reference Links

t Modified on 08/21/2023 12:14 pm EDT

eference Links give you direct access to 4 of our great tools by linking you to them directly from the help con.

1. Click the

icon located in the top right corner of the screen.
2. Select **Reference Links**.
3. Select your option:
    1. Idea Exchange - Submit your own ideas for improvement or enhancements to our software and/or vote on other user's ideas.
    2. Payment Portal - Link to the Patient Payment Portal that patients can use to make payments, see their statements, set up autopay, and much more.

.egal

:t Modified on 06/10/2019 10:44 am EDT

'he Legal Link give you direct access to our End User License Agreement, our Privacy Policy, and our Term: f Use. These are available on our website but can be accessed directly from the Help Icon within the pplication.

1. Click the

icon located in the top right corner of the screen.
2. Select **Legal**.
3. Select your option:
    1. End User License.
    2. Privacy Policy.
    3. Terms of Use.

Report an Issue Regarding the Reports Section

t Modified on 02/27/2020 1:37 pm EST

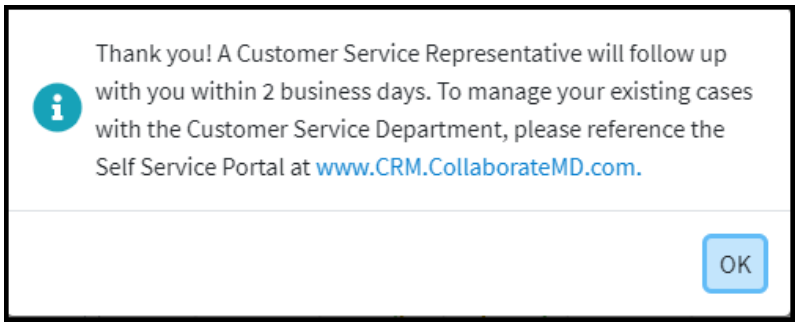
are you experiencing any performance issues when running reports? Let us know by using the Report an ssue feature to quickly create a Support Case. Once created, our World Class Support Team will respond t our case within 2 business hours. After notifying our Support Team with the details of your report, we will ptimize the report to improve the performance or provide you with the expected information. Please use he "Report an Issue" option within the application using the template in step 4 to submit your request.

1. Click on the

icon located in the top right corner of the screen.
2. Select **Report an Issue**.
3. Enter the best **Email** & **Phone** to contact you.
4. Use the following template to fill out the **Subject** and **Description** field.

> **Subject**: Report Performance Concerns
>
> **Description**:
>
> Customer Name:
> Customer Number:
> Report Name:
> Filters Used:

5. Click **Submit**, then click **OK**.



Already have a case with support? Manage any existing cases through our **Self-Service Portal**.

Call Support

t Modified on 03/25/2024 5:49 pm EDT

We'd love to hear your voice! If you need to speak with someone regarding your account, support issues, o eneral information give us a call and one of our dedicated support specialists will assist you. While we lways strive to provide best-in-class phone support, the most efficient way to contact support is to create our own case using the Report an Issue feature or reach out to us viaLive Chat.

f you prefer to talk on the phone, we're here to help! Your time is precious, that's why we've created the upport Callback feature. We give you the choice between waiting on hold in a queue or requesting a allback. When you request a callback, your place is saved in the queue, and your call is automatically eturned when a Support Specialist is available to assist you. While you're looking forward to our call, you an continue to work on your daily tasks without the hassle of being tied to your phone while you wait. Tak dvantage of our Callback feature so you can gain back valuable time!

Contact support by dialing**888.348.8457**, **Option 2**. Monday - Friday from 8:00 am until 6:00 pm EDT, xcluding holidays.

If you have any other questions, visit ourContact Us Article to learn more about all of the options you have to get your questions answered.

)ownload Snapshots

:t Modified on 05/21/2024 11:55 am EDT

Who can use this feature?

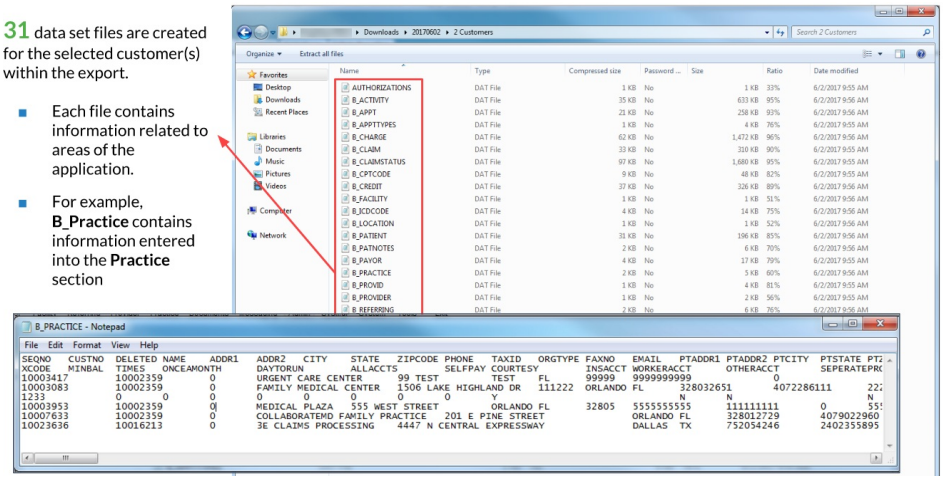
Users with the **Download Snapshot** permission.

Auth Reps are able to download combined customer data snapshot files.

)nce a one-time or recurring Data Snapshot is available for download, it can be downloaded from within ıe application.

Did you know you can auto-retrieve your snapshots via our WebAPI? Reference our WebAPI documentation for more information.

1. Click the icon with your name located in the top right corner of the screen.
2. Select **Download Snapshots**.
3. Locate and click on the **Data Snapshot** from the list.
4. Once the Data Snapshot window opens, locate the downloaded zip file and choose the application you wish to open it with (e.g., Excel, Notepad, etc.)



Best Practices

- When sending and sharing Data Snapshots, it is the Auth Rep's responsibility to ensure they are securely sending the data by adhering to HIPAA rules and regulations.

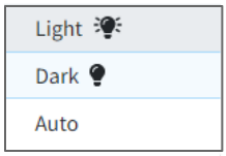
- We highly suggest downloading recurring Data Snapshots daily, as you will NOT be able to recover snapshots from previous days. Data Snapshots reflect real-time data as it appears on the run date.

˙urn on Dark Mode (Themes)

ɨt Modified on 05/03/2022 10:35 am EDT

Ve're continuously working to improve the CollaborateMD experience and are proud to officially announc ıe launch of the new Dark Theme (Dark Mode) option. Whether for your eye's health & well-being, to save ower, or just because it looks amazing, we're sure users will love the new "**Theme**" options.

1. Click the icon with your name located in the top right corner of the screen.
2. Click **Theme**.



3. Select your **Theme:**
    1. Light: This is the defaulted (light-colored background) theme.
    2. Dark: Will change the background color of CollaborateMD to a dark-colored background theme
    3. Auto: Many operating systems (Windows, Chrome, MacOS, etc.) let users choose between light and dark themes directly in the system settings. Selecting the **Auto** option will use the option from the system settings.

> ⚠ CollaborateMD will remember your preference between uses whenever changes are made to the theme.

/iew Latest Announcement

:t Modified on 06/13/2019 12:54 pm EDT

rom the welcome screen, you are able to see the 3 most recent Company Announcements. New nnouncements will have the NEW Badge.

ollow the steps below to view Company's three (3) latest Announcement from the Welcome screen.

1. Select **Home** > **Welcome**.
2. Locate the Announcements section.
3. Read the latest announcements or click the **View all announcements** link to be brought to the Company Announcements screen to see new and previous announcements.

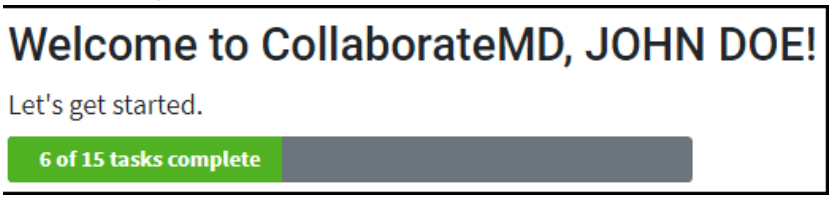
Jew Customer Checklist

t Modified on 12/09/2019 11:46 am EST

etting up a new customer is a breeze with the New Customer checklist. Do you have questions about wha nformation to start with or records to create? The new customer checklist answers all of those questions nd more

till need to add payers? Configure claim settings? Request an interface? This Checklist makes it easy to uickly identify which actions you need to complete before you will be ready to start sending out claims.

he progress bar at the top displays how close you are to completing your account, and the icons below how you progress for each action.



ollow the steps below to complete the New Customer Checklist.

1. Select **Home** > **Welcome**.
2. A list of tasks that need to be fulfilled to complete the customer's setup will be visible.
3. Click on the title to be brought to the screen/section to complete set up.
4. Return to the **Welcome** screen to complete the next action.
5. Check the box next to the action to mark it as Done or Not Applicable.
6. The status of each action is identified by the icon next to it:
   - ✖ This icon shows the task has not been started.
   - ✔ This icon shows the task has been completed.
   - This icon shows the task is in progress.
   - This icon shows the task is not applicable and has been checked off.
7. Finished your setup? Or not interested in seeing your task list? Click the **Don't show the task list again** link to close the checklist.

> ⚠ Selecting "*Don't show the task list again*" will remove the checklist for all users in your customer account.

Customize Your Timeline

t Modified on 11/21/2025 10:51 am EST

he Timeline section shows current and past due items that need attention. The types of tasks shown in the imeline are initially based on the user's permissions but can be customized by the user. Each task includes he ability to "drill through" to another area of the application in order to take additional actions.

ollow the steps below to customize your timeline.

1. Select **Home** > **Welcome**.
2. Click **Customize** (top right corner).
3. Select the "**Build your Welcome page**" radio button.
4. Click the **Timeline** tab.

> 🪄 Selecting a user's function/duties (Reception/ Front Desk, Scheduling, Coding, Billing Collection, Insurance Payment Posting, Patient Payment Posting, Management) will automatically include all the timeline options associated with it.

Make your timeline selections:

> ⚠️ If the user cannot perform the action based on his/her permissions, no data will be shown for that action on the timeline.

1. **Reception/Front Desk**: Selecting this option will add the **Appointments that need attention** and **Today's appointments** shortcuts to your timeline.
    1. **Appointments that need attention**: Check this option to be able to see any appointments that need attention (appointments that haven't been confirmed, with incomplete patient records, without up-to-date insurance, etc.).
    2. **Today's appointments**: Check this option to be able to quickly see the scheduled patient appointments for the day.
    3. **Appointments without Estimates**: Check this option to be able to quickly see the scheduled patient appointments that do not have any patient estimates.
    4. **Appointments with Estimate Balance**: Check this option to be able to quickly see the scheduled patient appointments that have a patient estimate balance.
    5. **Appointments with unfilled intake forms**: Check this option to be able to quickly see the

scheduled patient appointments that have any patient intake forms that have been sent out but not yet filled out by the patient.

2. **Scheduling**: Selecting this option will add the **Waiting list: Next 7 Days** and **Appointments that need eligibility checks** shortcuts to your timeline.

    1. **Waiting list: Next 7 Days** Check this option to be able to quickly identify patients that are in the appointment waiting list within the next 7 days.

    2. **Appointments that need eligibility checks**: Check this option to be able to quickly identify scheduled appointments where the patient needs eligibility checked.

3. **Coding**: Selecting this option will add the **Interface errors**, **Incomplete Claims**, **Claims waiting for review,** and **Visits without claims** shortcuts to your timeline.

    1. **Interface errors**: Check this option to be able to quickly check any interface messages with errors.

    2. **Incomplete Claims**: Check this option to be able to quickly identify and fix any incomplete claims

    3. **Claims waiting for review**: Check this option to be able to quickly find claims that are in the charge status of "**waiting for review**."

    4. **Visits without claims**: Check this option to be able to quickly identify appointments that don't have any charges yet.

    5. **Appointments with unapplied intake forms**: Check this option to be able to quickly see the scheduled patient appointments that have any patient intake forms that have been completed by the patient, but not applied.

4. **Billing**: Selecting this option will add the **Claims rejections**, **Claim denials, Claims not billed,Claims without follow up dates** , and **Claims not acknowledged by payer** shortcuts to your timeline.

    1. **Claim rejections**: Check this option to be able to quickly find claim rejections.

    2. **Claim denials**: Check this option to be able to quickly find claim denials.

    3. **Claims without follow up dates**: Check this option to be able to quickly find claims that don't hav a follow-up date.

    4. **Claims not Acknowledged by Clearinghouse**: Check this option to be able to quickly find claims that have not been acknowledged as received by the clearinghouse.

    5. **Claims not acknowledged by payer**: Check this option to be able to quickly find claims that have not been acknowledged as received by the payer.

    6. **Claims at status**: Check this option to be able to quickly find claims that are at a specific status. Select the Claim Status(es) from the list and you will see one entry in the timeline per selected status.

5. **Collection**: Selecting this option will add the **Statement errors**, **Patients who haven't received statements or FDNs recently,** and **Patients with a balance over 120 days old** shortcuts to your timeline.

    1. **Statement errors**: Check this option to be able to quickly find errored (automated) patient statements.

    2. **Patients who haven't received statements or FDNs recently**: Check this option to be able to quickly find patients with balances that haven't received statements recently.

    3. **Patients with a balance over 120 days old** Check this option to be able to quickly find patients with a balance due over 120 days old.

6. **Patient Payment Posting:** electing this option will add the **Available credits** shortcut to your timeline.

    1. **Available credits**: Check this option to be able to quickly find patients with available credits.

7. **Accounting:** Selecting this option will add the **Open Charges set to PAID**, **Invoice due**, **Run reports**, and **Hard close** shortcuts to your timeline.

    1. **Open Charges set to PAID:** Check this option to be able to quickly find patients with available credits

    2. **Invoice due:** Check this option to be able to quickly see when an invoice is due.

    3. **Run reports:** Check this option to be able to quickly find and run selected reports from the welcome screen.

    4. **Hard close:** Check this option to be able to quickly see the Hard Close data (monthly, quarterly, c yearly).

8. **Tasks:** Selecting this option will add the **Overdue Tasks** and **Tasks Due Today** shortcuts to your timeline.

    1. **Overdue Tasks:** Check this option to be able to quickly find tasks that are currently overdue.

    2. **Tasks Due Today:** Check this option to be able to quickly find tasks that are due today (current day due date).

9. Click **Save**.

Jsing your Timeline

t Modified on 08/29/2022 12:50 pm EDT

'ou can perform specific functions in each timeline option, from running and opening a report in real-time, ɔ quickly opening current and past due items.

1. Select **Home** > **Welcome**.

   Depending on your timeline customization, the Timeline items will be available under one of the following options:

   - **Today**: Current reports and items that need your attention and are due today or this week.
   - **Last Week**: Items or reports from the previous week that need your attention.
   - **Last Month**: Items or reports from the previous month that need your attention.
   - **Last Quarter**: Items from the previous quarter (90 days +) that need your attention.

2. Click on the Timeline Itemthat needs your attention.
3. Items will either drill through to a report or drill down to another section of the application in order to take the necessary actions.
4. The items in the timeline will show one of 3 possible statuses:
   - ✔ : This icon represents a timeline item with all records for that item up to date.
   - ☐ : This icon represents a timeline item that you have not opened yet.
   - ☑ : This icon represents a timeline item you have previously opened.
5. You can also click **Refresh** at the top of the timeline column to refresh the information displayed on the timeline.

Refresh Your Timeline

t Modified on 08/29/2022 12:50 pm EDT

ollow the steps below to refresh the information displayed on the timeline.

1. Select **Home** > **Welcome**.
2. Locate the **Timeline** column on the welcome screen.
3. Click **Refresh** at the top of the timeline column.

Customize Your Welcome Dashboard

t Modified on 08/29/2022 12:51 pm EDT

he **Welcome Dashboard** will help you identify trends and have real-time visibility into the financial erformance of the account. The gadgets shown in the Dashboard are initially based on the user's ermissions but can be customized by the user.

1. Select **Home** > **Welcome**.
2. Click **Customize** (top right corner).
3. Select the "**Build your Welcome page**" radio button.
4. Click the **Dashboard tab**.
5. Select up to six dashboard gadgets (Aging gadgets count as two) to create your dashboard.

   For more details and information on all the available **Gadgets** and their intended best use, visit our **Dashboard Gadget User Guide**.

6. Review your dashboard and click **Save**.

Refresh the Welcome Dashboard

t Modified on 08/29/2022 12:51 pm EDT

ollow the steps below to refresh the information displayed on the dashboard.

1. Select **Home** > **Welcome**.
2. Use the **Customer**(s) drop-down menu to select the customer account(s)' data to include in the welcome dashboard.
3. Click the **Refresh** button at the top for all the gadgets. Or click on the title of the gadget and select **Refresh** for that specific gadget.

Velcome Dashboard Gadget Options

t Modified on 08/29/2022 12:51 pm EDT

'ou can perform specific functions in each gadget, from opening a report to refreshing gadget details.

1. Select **Home** > **Welcome**.
2. Click on the **title** of one of your Gadgets.
    1. **Refresh**: Refreshes the selected gadget's data.
    2. Some reports will provide you with some **Minor Filters Options**, check the rows to change the gadget filters.
    3. **About This Gadget**: Opens a window explaining what this gadget is best used for and where the data is pulled from.
3. Certain dashboard gadgets will allow you to click on any data point to drill through to other areas of the application to view detailed listings of the records contributing to that data.

Customize Shortcuts

t Modified on 04/05/2024 4:35 pm EDT

he **Shortcuts** menu within the applications menu bar can be used to quickly jump to an area of the pplication based on the user's commonly performed tasks. The options within the Shortcuts menu can be ustomized by each user.

ollow the steps below to customize your shortcuts.

1. Select **Home** > **Welcome**.
2. Click **Customize** (top right corner).
3. Select the "**Build your Welcome page**" radio button.
4. Click the **Shortcuts** tab.

> Selecting a shortcut role (Reception/ Front Desk, Scheduling, Coding, Billing Collection, Insurance Payment Posting, Patient Payment Posting, Management) will automatically include all the shortcuts associated with it.

1. Make your shortcut selections:

> ⚠ If the user cannot perform the action based on his/her permissions, no shortcut option will be shown for that action.

   1. **Reception/Front Desk**: Selecting this option will add the **Create Patient** and **Schedule Appointment** shortcuts.
      1. **Create patient**: Check this option to be able to quickly add new patient records.
      2. **Schedule appointment**: Check this option to be able to quickly schedule patient appointments.
      3. **Fix Unmatched Forms**: Check this option to be able to quickly find and fix unmatched intak forms.
   2. **Scheduling**: Selecting this option will add the **Add to waiting list**, **Schedule appointment**, and **Check eligibility for tomorrow** shortcuts.
      1. **Add to waiting list**: Check this option to be able to quickly add patients to the appointment waiting list.
      2. **Schedule appointment**: Check this option to be able to quickly schedule patient

appointments.

3. **Check eligibility for tomorrow**: Check this option to be able to quickly check patient eligibility for the next day's appointments.

4. **Fix Unmatched Forms**: Check this option to be able to quickly find and fix unmatched intak forms.

3. **Coding**: Selecting this option will add the **Create Claim** shortcut.

    1. **Create claim**: Check this option to be able to quickly create a professional or institutional claim.

4. **Billing**: Selecting this option will add the **Review claim follow ups for today** and **Print claims** shortcuts.

    1. **Review claim follow ups for today**: Check this option to be able to quickly check today's follow up management.

    2. **Print claims**: Check this option to be able to quickly print professional or institutional claim

5. **Collection**: Selecting this option will add the **Print statements** and **Create payment plan** shortcuts.

    1. **Print statements**: Check this option to be able to quickly print (user print) patient statements.

    2. **Create payment plan**: Check this option to be able to quickly create a patient payment plan

6. **Insurance Payment Posting**: Selecting this option will add the **Post EOB** and **Review ERAs** shortcuts.

    1. **Post EOB**: Check this option to be able to quickly post manual insurance payments.

    2. **Review ERAs**: Check this option to be able to quickly review ERAs.

7. **Patient Payment Posting:** Selecting this option will add the **Post patient payment** shortcut.

    1. **Post patient payment**: Check this option to be able to quickly post patient payments.

8. **Management**: Selecting this option will add the **Review tasks due today** shortcut.

    1. **Review tasks due today**: Check this option to be able to quickly review today's tasks.

2. Click **Save**.

Jsing Your Shortcuts

t Modified on 08/29/2022 1:36 pm EDT

1. Click the

drop-down located in the user bar (top of the screen).
2. Select the shortcut/action to take from your options.

> You can only see or customize shortcut options for actions based on your permissions. If you don't have permissions for an action, you won't see it in your shortcuts. Visit our **Customize Shortcuts Help Article** for detailed steps on how to customize your shortcuts.

Copy Welcome Page Configuration to Another Customer

t Modified on 08/29/2022 12:49 pm EDT

Copying a Welcome Page to another customer allows users to use an existing welcome page configuration s a template and apply any necessary changes in order to save time. This provides the flexibility to quickly onfigure a welcome page based on the configuration of an existing welcome page.

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1. Select **Home** > **Welcome**.
2. Click **Customize** (top right corner).
3. Select **Copy Configuration** to copy these settings to another customer account you manage.

   ⚠ If the user cannot perform a timeline action based on his/her permissions for that customer, no data will be shown for that action on the timeline.

4. Check the box next to the customer account(s) to copy the settings to, then click **Copy**.
5. Click **Save**.

Create a new dashboard

Last Modified on 04/02/2019 4:11 pm EDT

1. Select **Home** > **Dashboard**.
2. Click the **New Dashboard** button.
3. In the **Title** field, type a name for your dashboard.
4. ***Optional***: Place a checkmark in the **Make this my default dashboard** box.
5. Click the **Add Gadget** button.
6. Scroll through the list of available gadgets and **highlight the gadget you want** and click **Add**.

   > 🪄 Clicking on a Gadget Title will provide details as to what the Gadget is designed for and it's intended best use.

7. Place the gadget on the screen where you would like the information to display.

   > 🪄 If highlighted in blue, there is available space to place your gadget.

8. To continue adding gadgets, select the **Add Gadget** button.
9. Review your dashboard and click **Save**.

Edit a dashboard

Last Modified on 04/02/2019 4:13 pm EDT

1. Select **Home** > **Dashboards**.
2. Click the **Edit Existing** button and search for the dashboard in the list.
3. **Edit** any of the applicable fields (e.g., title, gadget(s), sharing).
4. Click **Save**. Otherwise, click **Close** if no changes were made.

Share a dashboard

Last Modified on 04/02/2019 4:15 pm EDT

1. Select **Home** > **Dashboard**.
2. Click the **Edit Existing** button and search for the dashboard in the list.
3. Select the **Dashboard Sharing** button and select the user(s) or a group of users.
4. Click **Save**.

Refresh a dashboard

t Modified on 04/02/2019 4:23 pm EDT

ou can perform specific gadget functions in each gadget, from opening a report to refreshing gadget etails.

1. Select **Home** > **Dashboards**.
2. In the **Showing Dashboard** drop-down menu, select the dashboard to be displayed.
3. Click the **Refresh** button at the top for all dashboards. OR click on a **Dashboard Name** and select **Refresh** for that specific dashboard.

Gadget Options

t Modified on 04/02/2019 4:24 pm EDT

ou can perform specific functions in each gadget, from opening a report to refreshing gadget details.

1. Select **Home** > **Dashboards**.
2. Open your desired Dashboard.
3. Click on the **title** of one of your Gadgets.
    1. **Refresh**: Refreshes the selected gadgets data.
    2. Some reports will provide you some **Minor Filters Options**, check the rows to change the gadget filters.
    3. **About This Gadget**: Opens a window explaining what this gadget is best used for and where the data is pulled from.
4. Certain dashboard gadgets will allow you to click on any data point to drill through to other areas of the application to view detailed listings of the records contributing to that data.

)elete a dashboard

t Modified on 06/24/2019 10:26 pm EDT

Who can use this feature?

This action can only be completed by the user who created the dashboard.

ollow the steps below to delete a dashboard.

1. Select **Home** > **Dashboards**.
2. Click the **Edit Existing** button and search for the dashboard in the list.
3. Select the **Delete** button, **then click Delete again**.

A/R Aging

Last Modified on 08/01/2025 5:26 pm EDT

Best used to: Quickly find your aging charges and understand who is responsible for it.

Designed for: Collections

Filters: By Date of Service, By Entered Date, All Charges, By Charge Amount, by Net Amount, Exclude Charges at Collection, Show Amount Over 90 Days, Show Amount Over 120 Days.

Drill Down: Not Applicable.

Details: As your outstanding charges increase in age, the ability to locate and collect on balances becomes critically important. Similar to the A/R Aging Summary report, the A/R Aging gadget will summarize who is responsible for outstanding charges at various age ranges and provide the total amount that is outstanding at any given time.

Any charges entered or updated will not be reflected in the A/R calculation until the next day.

Drill Through: This report includes a direct connection to the Charge Aging Report.

Limitations:

- Does not include charges set to the status of Deleted or Incomplete.
- Does not include charges set to the status of Paid.

Average Touches to Completion Gadget

t Modified on 05/08/2024 2:50 pm EDT

Best used to: Understand the efficiency of your practice's revenue cycle

Designed for: Administrators

Filters: Last 6 Months, Last 12 Months, All Time

Drill Down: Includes ability to drill down by a specific month when viewing results.

Details: Claim rework and denials can be a major source of inefficiency – and cost – in your practice's revenue cycle. The Average Touches to Completion is a powerful view into your practice's efficiency by showing you, on average, how many times a claim has been worked before it was paid. Aim to have each claim worked two or fewer times between charge capture and the claim being paid for maximum efficiency

Drill Through: This report includes a direct connection to the **Touches to Completion** report.

Charges & Debits Gadget

t Modified on 03/09/2019 2:00 pm EST

est used to: Track daily and weekly trends in the amount of charges and debits entered into collaborateMD.

esigned for: Administrators

ilters: Date of Service or Entered Date; Last 7 Days, Last 30 Days, Last 90 Days; Charges and Debits, Only harges, Only Debits

rill Down: Includes ability to drill down by a specific date when viewing results within the Last 90 Days.

etails: One of the key indicators for determining your office's billing volume is the amount of charges and ebits being created over time. The Charges & Debits gadget, much like a summarized version of the aily/Monthly report, will provide an overview of charges and debits flowing through CollaborateMD on a aily and weekly basis, allowing your office to ensure a consistent and increasing volume.

rill Through: This report includes a direct connection to the Daily/Monthly Charges and Debits report.

Limitations: None.

Charges Not Billed Gadget

t Modified on 02/26/2025 3:05 pm EST

est used to: Track outstanding charges that are waiting to be billed to insurance.

esigned for: Billers

ilters: N/A

rill Down: Includes ability to drill down unbilled charges per customer, if multiple exist.

etails: Ensuring maximum collection potential means constantly being on top of charges still waiting to be illed to insurance. The Charges Not Billed gadget identifies all idle charges that have yet to be billed or (re illed) to insurance, allowing your business' revenue cycle to remain healthy.

rill Through: This report includes a direct connection to Claim Control.

Limitations:

- Does not include charges set to the statuses of Deleted or User Print and Mail to Insurance.
- Does not include any post-billing status, such as Charge at Insurance, Rejected at Clearinghouse.
- Debits are included in any balances appearing in the following statuses: On Hold, Incomplete, Pending Patient, Pending Physician, and Waiting for Review. When drilling through to Claim Control from this gadget, only charges will appear, debits are not included in the results list.
- When drilling through to Claim Control from this gadget, keep in mind that Claim Control displays the totals charge amounts, while the gadget displays the charge balances.
- Charge balances must be greater than zero ($0.00).

Claim Denials Gadget

t Modified on 07/22/2026 5:25 pm EDT

est used to: Stay on top of recent denials from your payers and track your denial rate.

esigned for: Billers

ilters: Last 30 Days, Last 90 Days, Last 6 Months, Last 12 Months; By Code, By Payer.

rill Down: Includes ability to drill down rejections on a specific date and per customer, if multiple exist.

etails: The Claim Denials gadget shows you the denials that are having the biggest impacts on your erformance and, therefore, are the first to target to improve your cash flow and revenue cycle nanagement. This gadget also calculates your denial rate, the percentage of your billed claim amounts that re being denied. On average, denial rates between 5% and 10% are typical, with rates below 5% indicating xceptional revenue cycle management.

rill Through: This report includes a direct connection to the Denials report for the date range shown in th adget and the denial code/payer that was selected (depending on which view option is used).

lote: This Gadget is meant to display a historical metric of the denials you've received over time; it is NOT working report" managing denials that require action.

Claim Rejections Gadget

t Modified on 08/04/2023 2:04 pm EDT

est used to: Stay on top of recent claim rejections from the Clearinghouse or Payer and track your cceptance rate.

esigned for: Billers

ilters: Yesterday, Last 7 Days, Last 30 Days; Show All Rejections, Only show "Rejected – Not Fixed"; learinghouse Rejections, Payer Rejections, Clearinghouse & Payer Rejections.

rill Down: Includes ability to drill down rejections on a specific date and per customer, if multiple exist.

etails: CollaborateMD takes pride in its industry-leading first-pass acceptance rate, but some claims may lip through the cracks on that first submission to the Clearinghouse. Track your claim acceptance rate, anc ake advantage of Claim Review, Claim Scrubbing, and Real-Time Claim Submission to get as close to 100% s possible. The Claim Rejections gadget provides a direct window into your most frequent recent ejections and allows billers to hone in on the rejections still waiting to be fixed. Using this gadget in onjunction with Claim Tracking will ensure no rejection ever gets overlooked.

rill Through: This report includes a direct connection to Claim Tracking.

Claims Billed Gadget

t Modified on 03/09/2019 2:04 pm EST

est used to: Track trends and consistency in the amount and number of claims billed over a period of time

esigned for: Administrators

ilters: Last 7 Days, Last 30 Days, Last 90 Days, Last 12 Months

rill Down: Includes ability to drill down by a specific date when viewing results for the Last 90 Days or Las 2 Months.

etails: How does your current billing volume compare to where your business was a year ago? A month go? The Claims Billed gadget monitors claim volume and billing consistency on a daily, weekly, and monthl asis, allowing administrators to understand and deal with potential enterprise-level volume problems urther downstream in the billing cycle.

rill Through: This report includes direct connections to the Claims Billed Report and Claim Tracking.

Limitations:

- Does not include claims billed within a processing mode of TEST.

Claims Entered Gadget

t Modified on 03/09/2019 2:05 pm EST

est used to: Understand how much was billed and paid on average over the last 12 months.

esigned for: Administrators

tatic Filters: Displays results for claims entered within the last 12 months.

rill Down: Includes ability to drill down claims entered within a specific month.

etails: How does today's average claim compare to a year ago? Is your claim amount to payment ratio ncreasing? These business critical questions can be explored through the Claims Entered gadget, which hows average claim/payment ratios compared with claim volume over the last 12 months.

rill Through: This report has a direct connection to the Claims Entered Report.

Limitations:

- Does not include Deleted or Incomplete claims.

Clean Claim Rate Gadget

t Modified on 08/09/2023 1:13 pm EDT

est used to: Track trends in your front-end billing performance.

esigned for: Billers

ilters: Last 30 Days, Last 90 Days, Last 6 Months, Last 12 Months.

rill Down: Includes the ability to drill down by each day within the period (month or week).

etails: The Clean Claim Rate calculates the percentage of claims that pass all front-end edits. A high clean laim rate means that you're avoiding issues that prevent payment and require issuing corrected claims. If he rate is low, check your top claim rejections and make sure you're taking advantage of our Claim crubbing feature to catch common issues before billing!

rill Through: This report includes a direct connection to the**Electronic Claim Activity** report.

Collections Aging Gadget

t Modified on 03/30/2020 6:04 pm EDT

est used to: Quickly find your aging collections and understand who is responsible for it.

esigned for: Collections

ilters: None.

rill Down: Not Applicable.

etails: As your outstanding charges increase in age, the ability to locate and collect on balances becomes ritically important. Similar to the A/R Aging Summary report, the Collections Aging gadget will summarize ho is responsible for outstanding charges at various collection agencies and provide the total amount tha outstanding at any given time .

rill Through: This report includes a direct connection to the Charges at Collection report .

Limitations:

- Does not include charges set to the status of Deleted or Incomplete.
- Does not include charges set to the status of Paid.

)ays in A/R Gadget

:t Modified on 06/26/2023 12:17 pm EDT

;est used to: Understand how your practice's revenue cycle is performing

)esigned for: Administrators

ilters: Last Month, Last 90 Days, Last 6 Months, Last 12 Months; All Open Charges, Exclude Charges at :ollection

)rill Down: Includes the ability to drill down by a specific Payer, Payer Type, Facility, Practice, Office, 'rovider, or Provider Specialty when viewing results within the Last 90 Days, 6 Months, or 12 Months.

)etails: Days in A/R shows the average number of days that it takes your practice to receive :eimbursement, a crucial measure of your revenue cycle performance. Between 35 and 50 represents a ealthy practice. Higher than 50 indicates that there are opportunities for improvement.

)rill Through: N/A

Limitations:

- Only shows payments that have been posted/saved. If ERAs are unapplied, these payments are not included in this gadget.
- Does not include refund or reversal payments.
- Only updates once per day.

irst Pass Resolution Rate Gadget

t Modified on 10/18/2023 12:41 pm EDT

est used to: Track trends in your insurance billing performance.

esigned for: Billers

ilters: Last 30 Days, Last 90 Days, Last 6 Months, Last 12 Months.

rill Down: Includes the ability to drill down by each day within the period (month or week).

etails: The First Pass Resolution Rate calculates what percentage of claims are paid on the initial ubmission. This metric captures your overall efficiency through all clearinghouse and payer edits/rules. im for an FPRR of over 90% to maximize the efficiency of your revenue cycle!

Limitations:

- Does not include resubmitted claims.

Gross Collection Rate Gadget

t Modified on 07/25/2023 12:13 pm EDT

est used to: Understand what percentage of your charges are collected.

esigned for: Administrators

ilters: Last 6 Months, Last 12 Months, All Time; Rolling 12-Month Average Collection Rate, Fixed Gross ollection Rate

rill Down: Includes ability to drill down by a specific month when viewing results.

etails: Your gross collections rate indicates how well your fees are matched to your allowed amounts. A ery low gross collection rate may indicate that your fee schedule amounts are too high. A very high gross ollection rate may indicate that your fee schedule amounts are too low, potentially leading to reduced eimbursements.

rill Through: This report includes a direct connection to the**Daily/Monthly Transactions** report.

Limitations:

- Any charges or payments entered or updated will not be reflected in the gross collection rate calculation until the next day.

nsurance Payments & Adjustments Gadget

t Modified on 10/16/2020 10:51 am EDT

est used to: Understand how insurance payments and adjustments compare to one another on a daily anc veekly basis.

esigned for: Administrators

ilters: Received or Entered Date; Last 7 Days, Last 30 Days, Last 90 Days

rill Down: Includes ability to drill down by a specific date when viewing results within the Last 90 Days.

etails: Understanding the trends and ratio between your insurance payments and adjustments is crucial hen gauging how effectively your office is billing. The Insurance Payments & Adjustments gadget provide n overview of how much is being paid versus adjusted including any refunds/reversals on a daily and veekly basis, allowing for easy assessment of your current billing goals and strategic insight behind the lanning of new goals.

rill Through: This report includes a direct connection to the Daily/Monthly Insurance ayments/Adjustments report.

Limitations:

- Results only include payments that have been posted/saved. Unapplied ERAs are not included in this report.

nterface Errors Gadget

t Modified on 03/09/2019 2:07 pm EST

est used to: Monitor and resolve interface errors as they happen in real-time.

esigned for: Front Office

ilters: Yesterday, Last 7 Days

rill Down: Includes ability to drill down interface errors by a specific date, and customers, if multiple exist

etails: An optimized workflow between your favorite EHR and CollaborateMD relies on fast and efficient esolution of errors that may occur. A backlog of unfixed interface errors can have a serious impact on the fe cycle of claims, which is why the Interface Errors gadget keeps you informed in real-time of errors that ave come across.

rill Through: This report includes a direct connection to Interface Tracking.

Limitations:

- Only applicable for accounts that have an active interface which sends messages to CollaborateMD.

.ag Time Gadget

t Modified on 04/19/2024 4:39 pm EDT

est used to: Understand the efficiency of each stage of your practice's revenue cycle.

esigned for: Administrators

ilters: Last 30 Days, Last 90 Days, Last 6 Months, Last 12 Months.

etails: Lag Time shows how long, on average, a charge will spend in each part of the revenue cycle: charge ag, insurance charge capture lag, and patient charge capture lag. Understanding charge lag is the key to nderstanding where to invest in efficiency within your practice. Aim for billing lag – the number of days etween the date of service and billing insurance of 1-2 days.

rill Through: This report includes a direct connection to the**Lag Time** report.

Net Collection Rate Gadget

t Modified on 12/18/2023 11:37 am EST

Best used to: Understand the health of your revenue cycle.

Designed for: Administrators

Filters: Last 6 Months, Last 12 Months, All Time; Rolling 12-Month Average Collection Rate, Fixed Net Collection Rate

Drill Down: Includes ability to drill down by a specific month when viewing results.

Details: Your net collections rate indicates what percentage of your net charges – your charges less contractual adjustments – your practice is collecting. A net collection rate of 97% or more indicates a top-performing practice. If your net collection rate is between 93-96%, your net collection rate is good. Lower than 93%, you can run an Adjustments report to find non-contractual adjustments that are being taken against your net charges, run a Denials report to see which claims aren't being paid, and use Electronic Statements and Prompt Payment Discounts to reduce Patient A/R.

Drill Through: This report includes a direct connection to the **Daily/Monthly Net Charges** report.

Limitations:

- Any charges or payments entered or updated will not be reflected in the net collection rate calculation until the next day.

Patient Payments & Adjustments Gadget

t Modified on 03/09/2019 2:08 pm EST

est used to: Understand how patient payments and adjustments compare to one another on a daily and veekly basis.

esigned for: Administrators

ilters: Received or Entered Date; Last 7 Days, Last 30 Days, Last 90 Days

rill Down: Includes ability to drill down by a specific date when viewing results within the Last 90 Days.

etails: Collecting patient balances is an art form in its own right, especially when it comes to ensuring that our office is collecting more than is being written off or adjusted in other ways. By using the Patient ayments & Adjustments gadget, your office can easily see what has been collected from patients on a daily nd weekly basis compared with how much has been adjusted or written off. Used with the Daily/Monthly eport of the same name, this gadget can be your main tool for managing trends in your patient collection onsistency.

rill Through: This report includes a direct connection to the Daily/Monthly Patient Payments/Adjustment eport.

Limitations:

- Results only include payments that have been posted/saved.

?atient Statements Gadget

:t Modified on 03/09/2019 2:08 pm EST

:est used to: Track trends and consistency in the amount and number of patient statements sent over a eriod of time.

)esigned for: Administrators

ilters: Last 7 Days, Last 90 Days, Last 12 Months

)rill Down: Includes ability to drill down by a specific date when reviewing result within the Last 90 Days nd the Last 12 Months.

)etails: When it comes to collecting on patient balances, steady and persistent statement billing is key. The 'atient Statements gadget allows easy tracking of statements billed on a daily, weekly, and monthly basis, esulting in quick analysis of statement trends and effective planning for where your statement volume wil e in the near future.

)rill Through: This report includes a direct link to the Statements Printed in a Date Range report.

Limitations:

- This report includes Automated, Plain Text User Print, and Enhanced User Print statements.
- Results will not necessary match information displayed in Statement Tracking, as Plain Text User Print statements are not reflected in Statement Tracking results.

Patients Added Gadget

t Modified on 03/09/2019 2:12 pm EST

est used to: Track daily and weekly trends in the number of patients entered into CollaborateMD.

esigned for: Administrators

ilters: Last 7 Days, Last 30 Days, Last 90 Days

rill Down: Includes ability to drill down the number of patients added within a week when viewing results ithin the Last 90 Days.

etails: New patients are essential to the growth and prosperity of a practice. Is your frequency of new atient visits trending upward or downward? The Patients Added gadget will help to track these trends anc rovide daily and weekly summaries of patients added into CollaborateMD.

rill Through: This report includes a direct connection to the Patient Listing report.

Limitations:

- Does not include patients marked as inactive.

ayer Mix Gadget

t Modified on 03/09/2019 2:12 pm EST

est used to: Understand what types of payers are having the largest impact on your business.

esigned for: Administrators

ilters: Last 7 Days, Last 30 Days, Last 90 Days

rill Down: N/A

etails: Depending on its specialty, your practice may depend on certain payers more than others and, ofte mes, variations in payer types means variations in expectations. These expectations can be strategically anaged by utilizing the Payer Mix gadget, which shows the top payer types that claims have been created or recently, allowing your office to properly position expectations for when those claims are adjudicated.

rill Through: This report includes a direct connection to the Daily/Monthly Charges and Debits report.

Limitations:

- Only considers the primary payer on charges.

ayments Received Gadget

t Modified on 03/24/2020 3:26 pm EDT

est used to: Track daily and weekly trends in the amount of payments received from patients and nsurance.

esigned for: Administrators

ilters: Received or Entered Date; Last 7 Days, Last 30 Days, Last 90 Days; All payments, Only insurance ayments, Only patient payments

rill Down: Includes ability to drill down by a specific date when viewing payments received in the Last 90 ays.

etails: The Payments Received gadget provides the ultimate overview of payments received from both atients and insurance. This gadget provides full visibility into your business' gross revenue on a daily and eekly basis, allowing for analysis of trends and projection of future revenue.

rill Through: This report includes direct connections to the Daily Deposit Report, Daily/Monthly Insuranc ayments/Adjustments report, and the Daily/Monthly Patient Payments/Adjustments report and the ayment Tracking area of the Control section.

Limitations:

- Only shows payments that have been posted/saved. If ERAs are unapplied, these payments are not included in this gadget or the corresponding reports.
- Does not include refund or reversal payments.

ayment Plan Balance Gadget

t Modified on 03/09/2019 2:14 pm EST

est used to: Monitor overdue and upcoming balances due on patient payment plans.

esigned for: Collections

ilters: By Age, By Week, By Month

rill Down: N/A

etails: Is your office staying vigilant when it comes to collecting balances on patient payment plans? laximize your planned patient payments by utilizing the Payment Plan Balances gadget, which provides ar verview of overdue and upcoming payment plan balances that should be collected.

rill Through: This report includes a direct connection to the Payment Plan Balances report.

Limitations:

- Only considers active payment plan balances.

Procedure Frequency Gadget

t Modified on 07/25/2023 12:12 pm EDT

est used to: Understand which procedures are bringing the largest return on investment.

esigned for: Administrators

ilters: Last 30 Days, Last 90 Days, Last 12 Months; By Charge Amount, Charge Count, or % Paid, By Unit Count

rill Down: N/A

etails: Determining an office's return on investment for procedures performed is crucial to the success nd stability of a practice. Which procedures are getting paid the most? Which are being performed more equently? The Procedure Frequency gadget provides insight into your office's most frequent procedures nd how much is actually being paid on them.

rill Through: This report includes a direct connection to the Procedures Done in a Date Range report.

Limitations:

- When viewing results for Charge Amount and Charge Count deleted charges are not included.
- When viewing results for the Percentage Paid, only posted/saved payments are included in the results. Unapplied ERAs are not included in this report.

Refunds & Reversals Gadget

t Modified on 03/09/2019 2:15 pm EST

est used to: Track how refunds and reversals are impacting your net revenue on a daily and weekly basis.

esigned for: Administrators

ilters: Received or Entered Date; Last 7 Days, Last 30 Days, Last 90 Days; View Options: Refunds & eversals, Only Refunds, Only Reversals

rill Down: Includes ability to drill down to amount within a specific date when viewing results for the Last 0 Days.

etails: If not closely monitored and accounted for, refunds and reversals can have a serious impact on you usiness' net revenue, especially if gone unnoticed. The Refunds & Reversals gadget helps to keep you fully ware of all recent negative impacts to your revenue, preventing any surprises while closing your books.

rill Through: This report includes a direct connection to the Refund/Reversal report.

Limitations:

- Only includes refunds and reversals that have been posted/saved. Unapplied ERAs that include refunds/reversals are not reflected in this report.

Scheduled Appointments Gadget

t Modified on 03/09/2019 2:16 pm EST

est used to: See a weekly overview of upcoming appointments, broken down by status.

esigned for: Front Office

ilters: This & Next Week, Next 30 Days, This Month

rill Down: Regardless of the filter selection, users can always drill down into a specific week to see the day y day breakdown of the scheduled appointments.

etails: Is your office scheduling more follow-ups than initial encounters? Have you hit your maximum apacity of appointments over the next couple of weeks? These questions are answered by utilizing the cheduled Appointments gadget, which shows you a breakdown of appointments over the next few weeks y status, allowing your office to plan its schedule effectively and strategically.

rill Through: This report includes a direct connection to the Scheduler section.

Limitations:

- Does not include inactive appointment statuses.
- Does not include the appointment status of Deleted.
- This report does not include the option to hover over the date to see specifically how many appointments have been scheduled or confirmed.

To-Do List Gadget

t Modified on 01/10/2020 9:39 am EST

est used to: Stay on top of action items such as outstanding claims, unapplied ERAs and statements that re relevant to your role in CollaborateMD.

esigned for: Billers & Payment Posters

ilters: N/A

rill Down: N/A

etails: Managing your account by jumping from section to section can be time-consuming and distracting. he To-Do List gadget will help keep even the busiest billers and payment posters on track by providing a eal-time, summarized list of action items, catered to your role in CollaborateMD.

rill Through: Click on the title to be brought to the screen/section to complete the action.

Limitations:

- The below items only display data for the last thirty (30) days:
  - Unapplied ERAs
  - Unresolved claim rejections
  - Unresolved interface errors
  - Unresolved statement errors
  - Claim follow-ups
- All drill-through capabilities require permission(s) to the corresponding section(s) of the application.

Top Clients Gadget

Last Modified on 01/10/2020 9:42 am EST

Best used to: Understand which clients are contributing the most to the success of your billing service.

Designed for: Business Owners

Filters: Last 30 Days, Last 90 Days, Last 12 Months

Drill Down: N/A

Details: As a business owner, it is important to recognize and nurture clients that are contributing most to the growth and stability of your business. The Top Clients gadget provides a ranked overview of revenue received per customer account, allowing for a quick glance into where the majority of your business' profit potential lies.

Drill Through: N/A

Limitations:

- This gadget can only be viewed by Admins and Authorized Reps. Users are unable to view this gadget, even when included on a dashboard to which they have access.
- Admins will only see information for customers to which they have access.
- Clients are ranked based on insurance payments that have been received and posted/saved. Unapplied ERAs are not included in this report.

Send a message

t Modified on 07/06/2019 10:00 am EDT

1. Select **Home** > **Messages**.
2. Click the **Compose** button.
3. In the **To** field, type the contact(s) or click the **Select Contacts** button to choose the user(s) or group(s) you want to send the message to.
4. Add a subject.
5. Write your message, or click the **Use Template** button to select a template you've created.

   You can **bold**, change font, font color, font size, add hyperlinks, etc.

6. Click **Send**.

Reply to & forward messages

t Modified on 07/06/2019 9:55 am EDT

1. Select **Home** > **Messages**
2. Open the message.
3. Click one of the following buttons:
    - **Reply to** just the sender.
    - **Reply All** to the sender and the other recipients.
    - **Forward** to new recipients.
4. Write your message above the line that reads "-----*Original Message* -----" .
5. Click **Send**.

Save message as a draft

t Modified on 04/02/2019 4:49 pm EDT

he Save to Draft feature allows you to save a message that is not ready to be sent so it can accessed at a ater time. You can then return to the draft and make any additional changes, send the message or delete it

1. Select **Home** > **Messages**.
2. Click the **Compose** button.
3. Add a Subject.
4. Write your message.
5. Click **Save to Draft** to continue at a later time.

ind a Message

t Modified on 05/27/2020 5:20 pm EDT

1. Select **Home** > **Messages**.
2. Click the **Search** button.
3. Refine the results by entering your search criteria (e.g., From, To, Subject, Date, etc.).
4. Click **Search**.
5. Select the message from the list to open.

> Use the Clear Filter button to return to the default inbox view.

)elete a Message

:t Modified on 05/27/2020 5:20 pm EDT

'ou can delete messages that you don't need anymore to help keep your inbox manageable.

1. Select **Home** > **Messages**.
2. There are two ways to delete messages:
    1. Check the box(es) to the left side of the message(s) to be deleted, or
    2. Open the message and click Delete
3. Click **OK** when the ***"Are you sure you want to permanently delete this message?"***
4. Click **Delete** again.

Un-Delete a Message

Last Modified on 05/27/2020 5:19 pm EDT

Accidentally deleted or need to restore previously deleted messages? Not a problem, you can easily restore deleted messages within CollaborateMD.

1. Select **Home** > **Messages**.
2. Click **Search**.
3. Refine the results by entering your search criteria. (e.g., from, to, subject, date, etc.)
4. Check the "**Show deleted**" box and click **Search**.
5. Select the message from the returned list to open.
6. Open the message, and select Un-Delete .
7. Select **Un-Delete**, when the "*Are you sure you want to un-delete this message?*" pop-up displays.

Print a Message

t Modified on 08/10/2019 3:43 pm EDT

ollow the steps below to Print a message.

1. Select **Home** > **Messages**.
2. Locate the message.
3. Click the Print button.
4. Select your printer and click**Print**.

Mark Message as Read or Unread

t Modified on 05/27/2020 5:20 pm EDT

1. Select **Home** > **Messages**.
2. Locate the message(s).
3. There are two ways to mark messages as read or unread
    1. Check the box for the messages you would like to mark, and select the **Mark As ...** button.
    2. Open the individual message, and select the **Mark As Unread** button.

ile Message to a Folder

t Modified on 05/27/2020 5:20 pm EDT

1. Select **Home** > **Messages**.
2. Locate the message(s).
3. There are two ways to move messages to a folder.
    1. Check the box for the message(s) you would like to move, and click the **Move To ...** button.
    2. Open the message and click the **Move To ...** button.

    > The **Move To...** button is only available if you've created a folder to move the message to.

4. Select the **Folder** from the drop-down list.

Copy Message Content

t Modified on 11/11/2019 8:46 am EST

1. Select **Home** > **Messages**.
2. Locate the message.
3. Click the Copy Message button.
4. The message will be copied to your clipboard and available to paste.

Create a message template

Last Modified on 03/03/2019 11:46 am EST

1. Select **Home** > **Messages**.
2. Click the **Compose** button.
3. Add a **Subject**.
4. Write your message.
5. Click **Save as Template**.

ind or edit a message template

t Modified on 07/06/2019 9:58 am EDT

ollow the steps below to search and/or edit a template.

1. Select **Home** > **Messages**.
2. Select **Templates**.
3. Select the template you would like to modify.
4. ***Optional***: Modify the template.
5. Click **Save**.

)elete a message template

:t Modified on 04/02/2019 5:30 pm EDT

⚠ Once a message template has been permanently deleted, it can never be retrieved.

1. Select **Home** > **Messages**.
2. Select **Templates**.
3. There are two ways to delete message templates:
    1. Check the box(es) to the left side of the message template(s) to be deleted, or
    2. Open the message template and click the**Delete** button.
4. Click **OK** when the ***"Are you sure you want to permanently delete the selected message?"*** pop-up displays
5. Click **Delete** again.

Create a folder

Last Modified on 04/02/2019 5:28 pm EDT

1. Select **Home** > **Messages**.
2. Click the **Create New Folder** button.
3. Add a folder name.
4. Click **Save**.

Rename a folder

t Modified on 03/03/2019 11:58 am EST

1. Select **Home** > **Messages**.
2. Click the folder you wish to rename.
3. Click on the 3 vertical dots to the right of the name.
4. Select **Edit**.
5. Rename your folder.
6. Click **Save**.

)elete a folder

:t Modified on 04/02/2019 5:28 pm EDT

⚠ Once a folder has been deleted, it can't be restored. Proceed with care.

1. Select **Home** > **Messages**.
2. Highlight the folder you wish to delete.
3. Click the ⋮ to the right of the folder name.
4. Select **Delete,** then click **OK** when the ***"Are you sure you want to delete the [Folder Name] folder? Any messages inside this folder will also be deleted"*** pop-up displays.
5. Click **Delete** again**.**

Create a contact group

Last Modified on 04/02/2019 5:24 pm EDT

Use a Contact Group to send a message to multiple people - a billing team, a follow-up committee, or to all staff members - without having to add each name to the To field individually. Contact Groups can help streamline your process to quickly send the right message to the right people.

1. Select **Home** > **Messages**.
2. Click the **Create New Group** button.
3. Add a name for the new group.
4. Click the **Add Contacts** button.
5. Select the username(s) you would like part of the group and click **Save**.
6. Click **Save** again.

Edit a contact group

Last Modified on 04/02/2019 5:23 pm EDT

1. Select **Home** > **Messages**.
2. Locate the contact group and click on the ⋮ icon
3. Click **Edit.**
4. Rename the Contact group or add/remove users.
5. Click **Save**.

)elete a contact group

:t Modified on 04/02/2019 5:22 pm EDT

1. Select **Home** > **Messages**.
2. Locate the contact group and click on the ⋮ icon.
3. Click **Delete**, and select **OK** when the ***"Are you sure you want to delete the [Name] contact group?"*** pop-u displays.
4. Click **Delet**e again.

Create a Shared Contact Group

Last Modified on 04/28/2025 10:51 am EDT

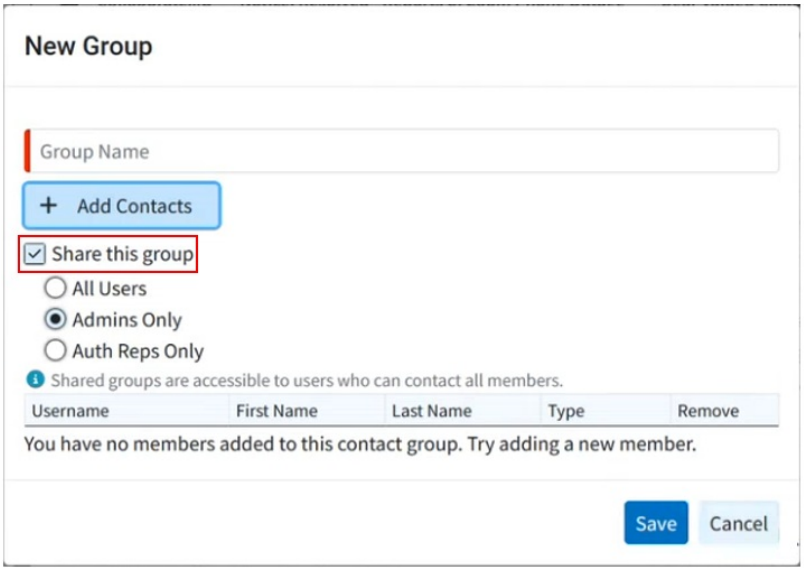
Creating a Shared Contact Group allows you not only to send messages to groups but also to share those groups across your organization. This enables employees working on specific tasks (e.g., denials or collections) to ensure timely notifications are sent to the appropriate individuals.

Who can create Contact Groups?

Users with the Contacts permission set to Access, Modify, and Share can create new shared contact groups or edit their own.

Auth Reps and Admins can edit any Shared Contact Group.

1. Select **Home** > **Messages**.
2. Find the Contact Groups tab and click **Add**.
3. Add a name for the new group.
4. Check the ***Share this group*** box.



5. Select who to share it with (**All Users**, **Admins Only**, or **Auth Reps Only**) or click **Add Contacts** to manually add contacts to your group.

> When using the "Select Contacts" option, the contacts will be sorted by their respective customer, and it includes a search field for easier navigation.

6. **Optional**: You can manually remove any users from your list with the "Remove" option.
7. Click **Save**.

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ssign a Task to a Contact Group

t Modified on 05/26/2025 5:28 pm EDT

ollaborateMD allows you to create specific tasks associated with your patients, claims, payments, etc. asks help you keep track of items that need to be completed. Tasks can have due dates, links, descriptions tatuses, and priorities. You can assign tasks to an individual or to all individuals within a Contact Group. ollow these steps to assign a task to a Contact Group.

1. Find or Create a **Task** from the Task section or any record (Patient, Claim, Payment, etc.) that needs a task.
2. Enter the task name in the **Task Title** field.
3. Add the task's **Due Date, Status,** and **Priority** (Low, Normal, High).
4. Write in the **Description** of the task.
5. ***Optional***: Click the **Add Link** to link the task to an action. Tasks can be linked to a **patient, claim, practice, provider, facility, payer, report, message, or customer**.
6. Click Select Users and select the Group Name from the "Select Contacts" list
7. Click **Select Contacts**.

   Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Done**.
8. Click **Save**.

   All users in the group will see the tasks assigned to the group, and once completed, the system will track which user completed the task via the User Productivity by Tasks Completed Report, allowing you to monitor user productivity.

   For more information on Tasks, please visit the **Tasks Help Article**.

ssociate Documents to a Message

t Modified on 11/12/2020 7:15 pm EST

1. Select **Home** > **Messages**.
2. Click **Compose** or **Reply** (if replying to a message).
3. Add your **Contact(s)**, **Subject** and **Message Body**.
4. Locate and click the **Message Attachments** dropdown.
5. Click **Add**.
6. Select from the following two options:
    1. Associate an **Existing Document**.
        1. Select **Associate Existing**.
        2. Use the **navigation bar** on the right or the **search bar** to locate the document(s).
        3. Check the **Box** for the document(s) you want to associate with this message.
        4. Click **Add**.
    2. Upload a **New Document**.
        1. Select **Upload New**.
        2. Click **Add Files** to upload the file(s).
        3. Use the **Folder Location** drop-down menu to specify which folder the document(s) will be uploaded to.
        4. Click **Upload File(s)**.
        5. Click **OK**.
    3. Click **Send**.

ıdding Links to Messages

ıt Modified on 06/23/2022 12:15 pm EDT

1. Select **Home** > **Messages**.
2. Click **Compose** or **Reply** (if replying to a message).
3. Add your **Contact(s)**, **Subject** and **Message Body**.
4. Click from the toolbar.
5. Select the **Link Type** from the dropdown (claim, patient, payer, etc.)..
6. Use the **Search** field to select the record you want to be linked.
7. ***Optional***: Use the **Link Text** field to type the text you want the link to show as.
8. Click **Add Link**.
9. Click **Send**.

Create a task from a message

t Modified on 04/02/2019 5:20 pm EDT

When you want to create a task based on the contents of a message, you don't have to re-enter all the information. The contents of the message are linked to the task. Just like for any task, you can set a due date, add a reminder, or assign the task to someone else.

1. Select **Home** > **Messages**.
2. There are two ways to create a task for a message.
    1. Check the box next to the message and click the **Create Task** button.
    2. Open the message and click the **Create Task** button.
3. The Task Title will auto populate with the Subject of the Message.
4. Add a **Description**.
5. Make any changes to the **Due Date, Status, Priority, Links or Assignee.**
6. Click **Save**.

Create a Task

Last Modified on 10/04/2020 4:02 pm EDT

1. Select **Home** > **Tasks** > **My Tasks**.
2. Click + New Task .
3. Enter the task name in the **Task Title** field.
4. Add the task's **Due Date, Status,** and **Priority**.
   - **Low**: blue down arrow.
   - **Medium**: Yellow side arrow.
   - **High**: Red upwards arrow.
5. Write in the **Description** of the task.
6. ***Optional***: Click the **Add Link** to link the task to an action. Tasks can be linked to a **patient, claim, practice, provider, facility, payer, report, message, or customer**.
7. Enter the username you would like to assign this task to. Or click Select Users and select the user from the list.

   > Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Save**.

ind or edit a Task

t Modified on 04/19/2024 4:30 pm EDT

Clicking the ***"Show more Tasks..."*** link will show tasks through the end of the month. Keep clicking to add another week/month!

1. Select **Home** > **Tasks** > **My Tasks**.
2. Enter a keyword or short phrase into the **Search for tasks by title or description** field to search for the task.

You can also search for tasks using the:

Advanced Search button: Search by title or description, task linked to, date range, or you can hide completed tasks to show incomplete tasks. Then click **Search**. To view completed tasks, set your filters and ensure the **Hide completed tasks** checkbox is unchecked.

Show tasks for others button: In order to find tasks assigned to a specific user, select the user from the drop-down menu, then click **Administer**.

4. Use the **Customer** drop-down menu to filter your tasks based on the Customer Account the task is associated with.
5. **Select the Task** from the list.

The tasks on the task list will display the user who created the task as well as the user who assigned the task.

6. Click **Save.**

Change Task status

Last Modified on 10/04/2020 4:03 pm EDT

1. **Select Home > Tasks** > **My Tasks.**
2. **Find** or **Create a task**.
3. Use the **Status** drop-down menu to assign this task a new status.

> Click the icon to see view a list showing when and by whom the status of the task was changed.

3. Click **Save**.

ssign a Task to another user

t Modified on 10/04/2020 4:03 pm EDT

1. Select **Home** > **Tasks** > **My Tasks**.
2. Find or Create a task.
3. Enter the username you would like to assign this task to. Or Click Select Users and select the use from the list.

   All users can create and assign tasks to other users, but you must have the "**Administer All**" permission to modify existing tasks for other users.

4. Click **Save**.

/iew Task History

:t Modified on 10/04/2020 4:04 pm EDT

'he Task History on the task details page tracks the changes to the task. Any time a user modifies any of th elds, a new entry is added to the Task History. All entries include the date, time, nature of the change, and /ho made the change.

1. Select **Home** > **Tasks** > **My Tasks**.
2. Find the task you want to view the history for in the task pane.
3. Click on the **View History** icon to the right of the task for the history to be displayed.

Delete a Task

Last Modified on 10/04/2020 4:04 pm EDT

⚠ Once a task is permanently deleted, it cannot be restored. Proceed with care.

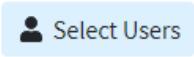
1. Select **Home** > **Tasks** > **My Tasks**.
2. Find the task you want to delete.
3. Click on the 🗑 icon to the right of the task.
4. A pop up will appear that reads "***Are you sure you would like to delete this task? This action cannot be undone.***" Click **Delete**.

Batch Create and Assign Tasks

Last Modified on 12/10/2020 4:02 pm EST

1. Select **Home** > **Tasks** > **Batch Assign**.

2. Enter your **Search Criteria** or **Load** a Search Filter.
    1. Use the **Task Type** drop-down menu to filter by the type of task (e.g. Claim follow-up or A/R Control).

    2. Use the **Assign this task** to field to enter the username you would like to assign this task to. Or click 

    and select the user from the list.

    3. Use the **Customer** drop-down menu to select which customer(s) to include in the search.

3. **Follow-Up Options**

    1. Use the **Claim Status** drop-down menu to filter by the status of the claim (e.g. Send to insurance via clearinghouse, Balance due patient, User print and mail to insurance, etc.).

    2. Use the **Follow-Up Date** option to only include claims within the specified follow-up date range.

    3. Use the **Date of Service** option to only include claims within the specified date of service range.

    4. Use the **Last Billed Ins Date** option to only include claims within the specified date range.

    5. Use the **Claim Balance** drop-down menu to only include claims within the specified balances in your search.

    6. Use the **Days Since Last Billed Ins** drop-down menu to specify the days since the claim was last billed to the payer you would like to include in your search.

    7. Use the **Claim Type** drop-down menu to filter the search by Professional, Institutional, or All claims.

    8. Use the **Current Payer** drop-down menu to only include claims associated with the specified payer in your search.

    9. Use the **Current Payer Type** drop-down menu to only include claims associated with the specifie payer type in your search (e.g., Self-Pay, Medicare, BCBS, etc.).

    10. Use the **Facility** drop-down menu to only include claims associated with the specified facility in your search.

4. **Task Creation Options**

    1. Use the **Task Details** drop-down menu to specify if you want to create individual tasks for each follow-up or a single task for all follow-ups.

    2. Use the **Task Title** field to enter the task name.

3. Use the **Task Due Date** option to enter the tasks due date.
4. Use the **Task Description** field to write a description of the task.

5. Click

.
6. A confirmation pop-up will appear informing how many tasks were created and assigned.
7. Click **Ok**.

Save Batch Assign Task Filters

t Modified on 10/04/2020 5:00 pm EDT

1. Select **Home** > **Task Control** > **Batch Assign**.
2. Enter your **Search Criteria**.
3. Click Save Filters .
4. Add a **Name** to your filter.
5. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Batch Assign Task Filters

:t Modified on 10/04/2020 5:01 pm EDT

1. Select **Home** > **Task Control** > **Batch Assign**.
2. Click Load Filters .
3. Click on the **Filter** you wish to load.

Jpdate Batch Task Assign Filters

t Modified on 10/04/2020 5:05 pm EDT

1. Select **Home** > **Task Control** > **Batch Assign**.
2. Click Load Filters .
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click Save Filters
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Batch Assign Task Filters

t Modified on 10/04/2020 5:07 pm EDT

1. Select **Home** > **Task Control** > **Batch Assign**.
2. Click Load Filters .
3. Click on the **icon** next to the filter you wish to remove.
4. Click **Delete**.

Batch Edit Tasks (Task Control)

Last Modified on 10/15/2020 4:07 pm EDT

1. Select **Home** > **Tasks** > **Batch Control**.
2. Enter your **Search Criteria** or **Load** a Search Filter.
    1. Use the **Task Type** drop-down menu to select the Task Types filter by the type of task (e.g. Patient, Payer, Claim, etc.).
    2. Use the **Charge Status** drop-down menu to filter by a specific charge status (e.g. Balance due patient, On Hold, Claim at insurance, etc.). This option is only available when selecting the "Clain task type.
    3. Use the **Status** drop-down menu to filter by the status of task (e.g. In Progress, On Hold, Complete, etc.).
    4. Use the **Priority** drop-down menu to filter by the priority of the tasks (e.g. Low, Normal, High).
    5. Use the **Assigned to** field to enter the username to search by "whom the tasks are assigned to." C click Select Users and select the user from the list.
    6. Use the **Assigned By** field to enter the username to search by "who assigned the tasks." Or click Select Users and select the user from the list.
    7. Use the **Due Date** option to filter the tasks by due date.
    8. Use the **Overdue** checkbox to include overdue tasks in your search.
    9. Use the **Customer** drop-down menu to select which customer(s) to include in the search.
    10. Click **Search**.
    11. ***Optional***: Click on the icon to edit your search criteria.
    12. To Update a task, place a check in the box next to the task(s).
    13. Click Update Tasks and select an action:
        1. **Reassign Task**: Use this option to assign tasks to another user.
        2. **Change Due Date**: Use this option to update the tasks due date.
        3. **Change Priority**: Use this option to update the tasks priority level.
        4. **Delete Task**: Use this option to delete the tasks.

Save Batch Task Control Filters

Last Modified on 10/04/2020 5:11 pm EDT

1. Select **Home** > **Task Control** > **Batch Control**.
2. Enter your **Search Criteria**.
3. Click the **Save** link.
4. Add a **Name** to your filter.
5. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save.**

.oad Batch Task Control Filters

t Modified on 10/04/2020 5:12 pm EDT

1. Select **Home** > **Task Control** > **Batch Control**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to use.

Jpdate Batch Task Control Filters

t Modified on 10/04/2020 5:13 pm EDT

1. Select **Home** > **Task Control** > **Batch Control**.
2. Click the **Load link**.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save link**.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Batch Task Control Filters

t Modified on 10/04/2020 5:15 pm EDT

1. Select **Home** > **Task Control** > **Batch Control**.
2. Click the **Load** link.
3. Click on the **icon** next to the filter you wish to remove.
4. Click **Delete**.

Create an Announcement

Last Modified on 04/02/2019 6:01 pm EDT

1. Select **Home** > **Company Announcements**.
2. Click the **New Announcement** button.
3. **Type a Title** for you announcement.
4. Compose the communication.
5. Enter a date in the **Show Until** field to limit how long the announcement will be available.
6. Fill in the options under **Post announcement** for to determine **who will see this announcement**.
7. Fill in the options under **Post announcement** in to specify **which customer accounts this announcement will post to**.
8. Click **Save**.

:dit an announcement

:t Modified on 04/10/2023 11:33 am EDT

Users can only edit company announcements for customers they have access to. If a user doesn't have access to a customer under a main account, that user can't edit an announcement for that customer.

1. Select **Home** > **Company Announcements**.
2. Use the **Search** bar to locate any announcement based on the title or the message.
3. Click the **Edit** button at the bottom left and make any changes.
4. Click **Save**. Otherwise, click **Close** if no changes were made.

ind an announcement

t Modified on 04/02/2019 6:04 pm EDT

1. Select **Home** > **Company Announcements**.
2. Use the **Search** bar to locate any announcement based off the title or the message.

   To show previously deleted posts click the **Show Deleted** box, then search. Previously deleted posts cannot be edited or brought back.

3. Once the announcement is located, you can read, edit or delete it.

)elete an announcement

:t Modified on 04/02/2019 6:05 pm EDT

1. Select **Home** > **Company Announcements**.
2. Use the **Search** bar to locate any announcement based off the title or the message.
3. Click the **Delete** button.
4. A pop-up window will appear asking if you are sure you want to delete the announcement.
5. If you are sure, click **Delete**. Otherwise, click **Cancel**.

Running reports

t Modified on 04/02/2019 6:19 pm EDT

1. Select **Reports** > **Viewer**.
2. Find the **Report** you want to run by one of the following ways:
    1. **All Reports**: The search bar allows you to easily search for reports in all folders. The options at th bottom of the window are used to filter which reports appear in the list.
    2. **Favorites**: You are able to tag reports as favorites. Favorited reports are found in this window.
    3. **Recently Ran**: Quickly find any report you have recently ran in this window.
    4. **Saved Reports**: Click the **view saved results** link found near the top of the screen and locate the saved report you want to run.

    > Reference the Save a Report Help Article to learn how to save reports.

3. **Click** on the report.
4. A **Filter** page will open for the report you are running.

    > Save time by saving your most commonly used filters by clicking the **Save Filters** button. Once saved, you can load them by clicking the **Saved Filters** button and loading your filters.

    1. **General Filters:** This section will be present on every standard CollaborateMD report. These filters groups text fields, numeric fields, date ranges, and monetary fields.
    2. **Other Filters:** Other filter categories may be present based on the report you are running (e.g., Practice, Provider, Patient, etc.) . These filters are used to define where the report will pull the information from or from which customer.
    3. **Static Filters:** Contains predefined values that are used each time the report is generated.
5. **After selecting your filters, click Run Report.**
6. **Key report metrics display static at the footer of the report run page.**
7. ***Optional*:** When running a report for more than one customer, you'll be asked if you would like to separate this report per customer.

1. **Yes, Separate** will run the report for the selected customers, but separate the results for each customer. When the report results are displayed, click on the Show results for the drop-down menu to select a customer.
2. **No, Combine** will combine the results for all selected customers.

›rint or export a report

:t Modified on 05/15/2021 12:08 pm EDT

:eports are able to be printed and exported right out of CollaborateMD. This is helpful if you need to uploa
ıis information into another program you might use (e.g., QuickBooks, EHR/EMR).

ollow the steps below to print or export a report.

1. Select **Reports** > **Viewer**.
2. **Find**, then **Run** your report.

   > Review our Running Reports Help Article for more information.

3. Click the **Print/Export** button.
4. **Select one** of the following options:
   1. **Print**: Prints the selected report based on your settings:
      1. **Orientation:** Select the orientation this report should print, Portrait or Landscape.
      2. **Page Margins**: Select the margins this report should print.
      3. **Report Header**: Select which pages should contain the report header.
      4. **Print Description**: Place a checkmark in this box to include the report description in the pin out.
      5. **Hide group details**: Place a check-mark in this box to exclude any columns within a group.
      6. **Print groups vertically**: Place a checkmark in this box to arrange the grouped columns abov the rest of the results in order to reduce the overall horizontal space used for the printout.
      7. Under **Column Selection**, select what columns to include or exclude.
      8. ***Optional***: Place a check-mark in the **"Save settings for this report"** box to remember for the next time you print this report.
      9. Click **Print.**
   2. **Export as Text**: Exports the selected report as a .txt file.
   3. **Export as CSV**: Exports the selected report as a .csv file.
   4. **Export as Excel**: Exports the selected report as a .xlsx file. You have the option to**nclude report headers** in this export.

Save a report

t Modified on 07/06/2019 3:15 pm EDT

nytime you run a report it will populate with the most up-to-date information. Saving reports lets you sav e information in the report to be viewed at a later date. **Saved reports are available for 90 days after eing saved**. This feature is only available for specific price plans - reference ourPricing Page for more info.

1. Select **Reports** > **Viewer**.
2. **Find,** then **Run** your report.
3. Click the **Save** button.
4. Type a **Title** & add any **Notes** for this report.
5. Save the report:
    1. Click **Save** to save the report for yourself.
    2. Or Save & Share the report to grant other users access to the saved report.

Refresh a report

t Modified on 01/06/2020 1:45 pm EST

efreshing an open report will pull the most up-to-date information. You can also change any of the filters i
ne current report upon refreshing.

1. Select **Reports** > **Viewer**.
2. **Find**, then **Run** your report.
3. Click the **Refresh** button.
    1. Click **Refresh** to refresh the report using the same filters.
    2. Click **Change filters** to refresh the report using new filters.

:dit User Access to Reports

:t Modified on 02/17/2020 2:04 pm EST

Vant to control which reports your users can access and run? Granting specific access to reports requires *wo* steps. Users with the report permission set to *"Allowed Reports Only"* can only access reports that have een specifically shared with them. Users with the Reports permission set to *"Standard Reports and Allowed eports"* will be able to access all the standard reports regardless of the report's user access settings. :eference our **Update a User Permission** Help Article for more information.

1. Select **Reports** > **Viewer**.
2. **Find** the report.
3. Right-click and select **Edit User Access**.
4. Use the **Customer** drop-down menu to select which customer the report should be shared with.
5. **Grant the desired permissions** (e.g., Deny, Access or Edit Access) for each user by checking the appropriate box next to their username.

   ⚠ When granting a user *"Edit"* access to a Custom Report, the Report Builder Permission must be set to *"Build and Edit Reports."*

6. Click **Save**.

Save and Share Report Snapshots

t Modified on 07/06/2019 3:14 pm EDT

When running a report with multiple customers and selecting the option to Save & Share, the selected user must have Group Access to ALL of the customers listed on the report. Otherwise, they will be unable to open the report.

1. Select **Reports** > **Viewer**.
2. Locate the **Report** you want to run.
3. Enter your filter criteria.
4. Click **Run Report**.

   Reference the Running Reports Help Article for more info on running reports.

5. Click the Save button .
6. Add the Title and any Notes that describes the report.
7. Click **Save & Share**.
   1. Use the search bar to select the user(s) you wish to share the report snapshot with.
      1. Checking the box next to a username will grant the user access to this report
      2. Checking the box next to a customer name will grant all users using that customer account access to this report.
   2. Click **Save & Share**.
   3. Type the message that will be sent via CMD Messaging to the selected users that notifies them that the report is available.
   4. Click **Save & Share** again.
   5. Click **OK** to acknowledge that you understand that report snapshots are available for **90 days from the time that they are saved**, followed by the expiration date.
   6. Once the notification is received users will be supplied a link to open the report snapshot directly in the **Report Viewer**.

Once the report expires, it will no longer be available to you or any users it is shared with. You are unable to re-activate the report. If you wish to extend the saved report beyond 90 days, we

recommend exporting the report into Excel, CSV, or Text.

:dit a Snapshots Sharing Settings

:t Modified on 06/28/2019 2:39 pm EDT

When running a report with multiple customers and selecting the option to Share, the selected users must have Group Access to ALL of the customers listed on the report. Otherwise, they will be unable to open the report.

ollow the steps below to share a report snapshot after it's been saved.

1. Select **Reports** > **Viewer**.
2. Above the **Report Search** field, click the **View Saved Results** link.
3. When the dialog window opens, locate the report.
    1. ***Optional***: You can use the filters to help drill down your results.
        1. **Search by**: Search results by either report name, the date it was saved on, or who saved the report.
        2. **Show snapshots saved by:**
            1. **Everyone**: Shows reports saved by everyone in your account, including yourself.
            2. **Others**: Shows reports saved by everyone in your account, excluding yourself.
            3. **Me**: Shows reports that have only been saved by you.
4. **Right-click** on the report and select **Edit Sharing**.
5. Use the search bar to select the user(s) you wish to share the report snapshot with.
    1. Checking the box next to a username will grant the user access to this report
    2. Checking the box next to a customer name will grant all users using that customer account acces to this report.
6. Click **Share**.

/iew Saved Report Snapshots

:t Modified on 05/10/2019 9:58 pm EDT

ollow the steps below to view a saved report snapshot.

1. Select **Reports** > **Viewer**.
2. Above the **Report Search** field, click the **View Saved Results link**.
3. When the dialog window opens, locate the report.
    1. ***Optional***: You can use the filters to help drill down your results.
        1. **Search by:** Search results by either report name, the date it was saved, or who saved the report.
        2. **Show snapshots saved by:**
            1. **Everyone**: Shows reports saved by everyone in your account, including yourself.
            2. **Others**: Shows reports saved by everyone in your account, excluding yourself.
            3. **Me**: Shows reports that have only been saved by you.
    2. **Click** on the report to view it.

:dit Report Snapshot Details

:t Modified on 05/10/2019 10:08 pm EDT

ollow the steps below to edit report snapshot details (snapshot title and notes).

1. Select **Reports** > **Viewer**.
2. Above the **Report Search** field, click the **View Saved Results** link.
3. When the dialog window opens, locate the report.
    1. ***Optional***: You can use the filters to help drill down your results.
        1. **Search by**: Search results by either report name, the date it was saved in, or who saved the report.
        2. **Show snapshots saved by**:
            1. **Everyone**: Shows reports saved by everyone in your account, including yourself.
            2. **Others**: Shows reports saved by everyone in your account, excluding yourself.
            3. **Me**: Shows reports that have only been saved by you.
4. Right-click on the report and select **Edit Details**.
5. Add the Title and any Notes that describes the report.
6. Click **Save** to save your changes. Or click **Save & Share** to edit sharing settings

> 🪄 Reference our Edit a Snapshots Sharing Settings Help Article for more information.

)elete Report Snapshots

:t Modified on 05/10/2019 10:03 pm EDT

ollow the steps below to delete a report snapshot.

1. Select **Reports** > **Viewer**.
2. Above the Report **Search** field, click the **View Saved Results** link.
3. When the dialog window opens, locate the report.
    1. ***Optional***: You can use the filters to help drill down your results.
        1. **Search by**: Search results by either report name, the date it was saved in, or who saved the report.
        2. **Show snapshots saved by**:
            1. **Everyone**: Shows reports saved by everyone in your account, including yourself.
            2. **Others**: Shows reports saved by everyone in your account, excluding yourself.
            3. **Me**: Shows reports that have only been saved by you.
4. Right-click on the report and select **Delete Snapshot**.
5. When the dialog window opens, acknowledge that you understand that deleting the snapshot is permanent. Once deleted it will no longer be available to you or any users it was shared with.
6. Click **Delete** again. Otherwise, click **Cancel**.

Right-click capabilities

Last Modified on 12/11/2024 3:22 pm EST

Right-click on any report in the All Reports table to complete the following options.

- **More Details**: Opens a window containing who created the report, when the report was last modified who and when the report was last run, and the report description.
    - For Custom Reports, it will display the Last Run Date and Last Run User (reports ran after 12/09/2024).
- **Add to Favorites**: Add the selected report to the favorites list for this customer or all customers.
- **Edit User Access**: Edit which users can access the selected report.
- **Hide Report**: Hides the selected report. This report can be found by checking the Hidden Reports checkbox.
- **The following options are only available for** custom reports **(those on Plan 2 and higher, or Billing Services):**
    - **Delete Report**: Deletes the selected report.
    - **Edit Report**: Edit the selected report.
    - **Build from Template**: Build a new report using the selected report as a template.

Show all filters

t Modified on 04/02/2019 6:25 pm EDT

1. Select **Reports** > **Viewer**.
2. **Find**, then **Run** your report.
3. Click the **More** button.
4. Select **Show all filters.**
5. All active filters this report is using will be shown in the report header.

ɨide header

t Modified on 04/02/2019 6:26 pm EDT

1. Select **Reports** > **Viewer**.
2. **Find**, then **Run** your report.
3. Click the **More** button.
4. Select **Hide header**.

Show Description

t Modified on 05/17/2021 4:22 pm EDT

1. Select **Reports** > **Viewer**.
2. **Find**, then **Run** your report.
3. Click the **More** button.
4. Select **Show Description**.

ɨide a column

t Modified on 04/02/2019 6:27 pm EDT

1. Select **Reports** > **Viewer**.
2. **Find**, then **Run** your report.
3. **Right click** on the column you want to hide.
4. Click **Hide This Column**.

Rearrange columns

t Modified on 04/02/2019 6:28 pm EDT

1. Select **Reports** > **Viewer**.
2. **Find**, then **Run** your report.
3. **Right click** on the column you move.
4. Select **Move Left** or **Move Right**.

Select columns

t Modified on 04/02/2019 6:29 pm EDT

1. Select **Reports** > **Viewer**.
2. **Find**, then **Run** your report.
3. **Right click** on the column.
4. Click **Select Columns**.
5. Use the arrows to **rearrange columns**
6. Use the **X to remove** a column.
7. Use the **+ to add** a column.

:dit Multiple Reports

:t Modified on 09/27/2021 10:58 am EDT

Vant to add to favorites, hide, or edit user access to several reports at once? CollaborateMD allows users t erform these actions on multiple reports at once. Users with the Reports permission set to *"Standard eports and Allowed Reports"* will be able to access all the standard reports regardless of the report's user ccess settings. Reference our **Update a User Permission** Help Article for more information.

1. Select **Reports** > **Viewer**.
2. Click **Edit**.
3. Check the box next to the report(s) to edit.
4. Click Actions.
5. Select one of the following actions to complete:
    1. **Add to Favorites:** Add the selected report to the favorites list for this customer or all customers.
    2. **Hide Report:** Hides the selected report. This report can be found by checking the Hidden Report checkbox.
    3. **Edit User Access:** Edit which users can access the selected report.
        1. **Grant the desired permissions** (e.g., Deny, Access or Edit Access) for each user by checking the appropriate box next to their username.

        ⚠ When granting a user "*Edit*" access to a Custom Report, the Report Builder Permission must be set to "*Build and Edit Reports.*"

6. Click **Save**.

Save and Create a Task for a Report

t Modified on 06/18/2025 5:28 pm EDT

he "Create a Task" option within a report allows users to save the report and create a task. This task can b ssigned to users or groups, and will include a linked snapshot of the report that will be available for 90 ays.

Vhen running a report with multiple customers and selecting the option to Create a Task, the selected sers must have Group Access to ALL of the customers listed on the report. Otherwise, they will be unable o open the report.

1. Select **Reports** > **Viewer**.
2. Locate the **Report** you want to run.
3. Enter your filter criteria.
4. Click **Run Report**.

   Reference the Running Reports Help Article for more info on running reports.

5. Click the **Create Task** button .
6. Add the Title and any Notes that describes the report.
7. Click **Save & Create Task**.
8. Click **OK** to acknowledge that you understand that report snapshots are available for **90 days from the time that they are saved**, followed by the expiration date.
9. Enter the task name in the **Task Title** field.
10. Add the task's **Due Date, Status,** and **Priority**.
11. Write in the **Description** of the task.

    The task will automatically be linked to the selected report snapshot within the task links.

12. ***Optional***: Click the **Add Link** to link the task to an additional action. Tasks can be linked to a **patient, claim, practice, provider, facility, payer, report, message, or customer**.
13. Enter the username you would like to assign this task to. Or click Select Users and select the user or group from the list.

Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Save**.

Users assigned to the task will see a link to open the report snapshot directly in the **Report Viewer**. For more information on Tasks, please visit the **Tasks Help Article**.

Once the report expires, it will no longer be available to you or any users it is shared with. You are unable to re-activate the report. If you wish to extend the saved report beyond 90 days, we recommend exporting the report into Excel, CSV, or Text.

Build a new report

Last Modified on 06/04/2020 2:34 pm EDT

Creating a new report From Scratch is great if you are needing a clean slate to create your report. Follow the steps below to create a new report from scratch or from a template.

1. Select **Reports** > **Builder**.
2. Click the **New Report** button.
3. Select **From Scratch** or **From Template**.
    1. If *From Template*, select the report template from the list for it to populate with the report's columns, groups, and filters.
4. Add a **Report Title**.
5. Select a **Report Category** to determine where the new report will be saved within the reports list on the Report Viewer screen.

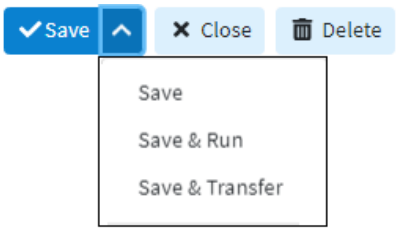
    ⚠ An existing report category can be chosen from the drop-down or a new category can be created for the report by manually by clicking the New link (limited to 60 alpha-numeric characters).

6. Use the **Report Description** field to specify details or the purpose of the report.
7. Locate the fields within the report fields section and Group your data, add Columns, and/or Filters to customize your report.

    You can search and filter by a specific field type (Date, ID, Money, Number, Text) by Clicking and limiting the search to specific report field types.

8. Click **Save**.

    Click the drop-down on the Save button to expand a list of options for the Report, such as just saving it, saving it and immediately running it or saving it and Transferring Ownership of the report to another user.



Categorize report data with columns

t Modified on 06/04/2020 2:45 pm EDT

nformation shown on a report is specified by the fields and formatting options chosen for the columns.

ields can be added to a report as columns by selecting the desired field from the Report Fields list and ragging it into the Columns pane. The fields within the Columns list will be prioritized from top to bottom nd will display from left to right when viewing the report. Simply click and drag to reorder the columns.

ields can be removed from a report within the Report Builder by hovering over the field and clicking the X con.

> For a complete list of available fields and their descriptions reference the Report Field Description Guide.

ollow the steps below to add a column(s) to the report.

1. Select **Reports** > **Builder.**
2. Use the **Show All** button to view all custom reports. Or use the **Search** field to further drill down your search.
3. Select the **Reports** from the list.
4. In the **Report Fields** pane
    1. Expand the **Report Field** category folder you wish to begin building the report off of
    2. Or use the **Search for Fields** to search for fields in all categories.

    > You can search and filter by a specific field type (Date, ID, Money, Number, Text) by Clicking and limiting the search to specific report field types.

5. Drag and drop the field into the **Columns** pane.

> To rename a column, simply right click on the report field after moving the field from the Reports Field pane and select Change Name.

ormat report data

t Modified on 06/27/2019 4:34 pm EDT

ormatting options are available for Date and Money fields. Follow the steps below to change how the alue is displayed on the report.

1. Select **Reports** > **Builder.**
2. Use the **Show All** button to view all custom reports. Or use the **Search field** to further drill down your search.
3. Select the **Report** from the list.
4. **Right click on the field** after it has been dragged onto the **Columns** pane and select the desired option from the **Format** menu list.
    1. **Date Field Formats**: Display date and time serial numbers according to the type that you specify. Date fields that display time stamp information (hours, minutes, and seconds) along with the dat information only display the first four formatting options for the date. The timestamp portion of the field will always show as "HH:MI:SS".
    2. **Money Field Formats**: Display monetary values and the default currency symbol with numbers. You can specify the number of decimal places that you want to use, whether you want to use a thousand separator, and how you want to display negative numbers.
    3. **Protected Health Information (PHI) Field Formats**: Social Security Numbers, by default, are masked preventing the first six digits from being viewed. All CollaborateMD standard reports protect Patient Health Information (PHI), however, you can choose to unmask the Social Securit Number (SSN) if needed.
        1. **Right-click on the field** after it has been dragged onto the Columns pane and unselect the "Mask SSN" from the menu list to unmask the first six (6) digits from the SSN.

> **Important**: In order to remain HIPAA compliant we strongly recommend keeping the SSN masked. Only users with the Patient Health Information permission can obtain the full value by accessing the patient's account.

Categorize report data with aggregations

Last Modified on 06/28/2019 1:32 pm EDT

Setting an Aggregation on a field will group like rows together based on other columns. Aggregation options are available for Date, Money, Number, and ID fields. By default, no aggregation is selected for any field types. If an Aggregation option is selected for a field, you will find the type of aggregation in parenthesis next to the field.

Follow the steps below to change the aggregation for each field:

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search field** to further drill down your search.
3. Select the **Report** from the list.
4. **Right-click on the field** after it has been dragged onto the **Columns** area and select the desired option from the **Aggregation menu**.
    1. **Date Field Aggregation:**
        1. **No Aggregation:** Displays all of the dates the patient has.

Main Table

Patient ID	Patient Last Name	Patient First Name	Patient Balance	Last Patient Payment	Claim From Date
12345678	SMITH	JOHN	$100.00	02/03/2019	02/15/2019
12345678	SMITH	JOHN	$100.00	02/03/2019	02/28/2019

        2. **Maximum**: Displays the most recent date.

Main Table

Patient ID	Patient Last Name	Patient First Name	Patient Balance	Last Patient Payment	Claim From Date (Max)
12345678	SMITH	JOHN	$100.00	02/03/2019	02/28/2019

If aggregation is set to Maximum for the Claim From Date field, the report will only display the most recent Claim From Date.

        3. **Minimum**: Displays the earliest date.

Main Table

Patient ID	Patient Last Name	Patient First Name	Patient Balance	Last Patient Payment	Claim From Date (Min)
12345678	SMITH	JOHN	$100.00	02/03/2019	02/15/2019

If aggregation is set to Minimum for the Claim From Date, the report will only display the earliest Claim From Date.

2. **Money Field Aggregation**

   1. **No Aggregation:** Displays all of the amounts.

Main Table

Patient ID	Patient Last Name	Patient First Name	Patient Balance	Claim ID	Charge Amount
12345678	SMITH	JOHN	$100.00	11111111	$10.0
12345678	SMITH	JOHN	$100.00	11111111	$20.0
12345678	SMITH	JOHN	$100.00	22222222	$100.0

   2. **Sum**: Displays the summation (total) of the values.

Main Table

Patient ID	Patient Last Name	Patient First Name	Patient Balance	Claim ID	Charge Amount (Sum)
12345678	SMITH	JOHN	$100.00	11111111	$30.00
12345678	SMITH	JOHN	$100.00	22222222	$100.00

If aggregation is set to Sum for the Charge Amount field, the report will display the Average for the only Charge Amount column.

   3. **Average**: Displays the average of the values.

Main Table

Patient ID	Patient Last Name	Patient First Name	Patient Balance	Claim ID	Charge Amount (Avg)
12345678	SMITH	JOHN	$100.00	11111111	$15.0
12345678	SMITH	JOHN	$100.00	22222222	$100.0

If aggregation is set to Average for the Charge Amount field, the report will only display the Average for the only Charge Amount column.

   4. **Maximum**: Displays the largest value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Patient Balance	Claim ID	Charge Amount (Max)
12345678	SMITH	JOHN	$100.00	11111111	$20.00
12345678	SMITH	JOHN	$100.00	22222222	$100.00

If aggregation is set to Maximum for the Charge Amount field, the report will display the largest charge amount for each claim.

   5. **Minimum**: Displays the smallest value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Patient Balance	Claim ID	Charge Amount (Min)
12345678	SMITH	JOHN	$100.00	11111111	$10.00
12345678	SMITH	JOHN	$100.00	22222222	$100.00

If aggregation is set to Minimum for the Charge Amount field, the report will display the smallest charge amount for each claim.

Check Your Understanding:

Notice the two like rows have been grouped together based on the non-aggregated fields and the Charge Amount is now reporting the average value for the grouped like rows. The last row on the report was not grouped with the first two rows because the Claim ID value was different (i.e. this charge was associated with a separate claim).

3. **Number Field Aggregation**

   1. **No Aggregation:** Displays all of the values.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge Units
12345678	SMITH	JOHN	11111111	1
12345678	SMITH	JOHN	11111111	2
12345678	SMITH	JOHN	11111111	3
12345678	SMITH	JOHN	22222222	1
12345678	SMITH	JOHN	22222222	2

   2. **Sum**: Displays the summation (total) of the values.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge Units (Sum)
12345678	SMITH	JOHN	11111111	6
12345678	SMITH	JOHN	22222222	3

If aggregation is set to Sum for the Charge Units field the report will only display the sum value for the Charge Units.

   3. **Average**: Displays the average of the values.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge Units (Avg)
12345678	SMITH	JOHN	111111111	2
12345678	SMITH	JOHN	22222222	1.5

If aggregation is set to Average for the Charge Units field, the report will display the average charge units for each Claim ID.

4. **Count All**: Displays the count of all occurrences of the value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge Units (CntAll)
12345678	SMITH	JOHN	111111111	3
12345678	SMITH	JOHN	22222222	2

If aggregation is set to Count All for the Charge Units field, the report will display each occurrence for within a claim.

5. **Count Unique**: Displays the count of all unique occurrences of the value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge Units (CntUnq)
12345678	SMITH	JOHN	111111111	3
12345678	SMITH	JOHN	22222222	2

If aggregation is set to Count Unique for the Charge Units field, the report will display each unique occurrence for within a claim.

6. **Maximum**: Displays the largest value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge Units (Max)
12345678	SMITH	JOHN	11111111	3
12345678	SMITH	JOHN	22222222	2

If aggregation is set to Maximum for the Charge Units field, the report will only display the largest value for the Charge Units.

7. **Minimum:** Displays the smallest value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge Units (Min)
12345678	SMITH	JOHN	111111111	1
12345678	SMITH	JOHN	22222222	1

If aggregation is set to Minimum for the Charge Units field, the report will only display the smallest value for the Charge Units.

Check Your Understanding:

Notice that the two like rows have been grouped together based on the non-aggregated fields and the Charge Units is now reporting the summed value for the grouped like rows. The last row on the report was not grouped with the first two rows because the claim ID value was different (i.e. this charge was associated with a separate claim). The Charge Units field now represents the total number of units billed on the claim regardless of the number of line items.

4. **ID Field Aggregation**

   1. **No Aggregation:** Displays each occurrence of the value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge ID
14895673	SMITH	JOHN	11111111	00000001
14895673	SMITH	JOHN	11111111	00000002
14895673	SMITH	JOHN	11111111	00000003
14895673	SMITH	JOHN	22222222	00000004
14895673	SMITH	JOHN	22222222	00000004

   2. **Count All**: Displays the count of all occurrences of the value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim ID	Charge ID (CntAll)
14895673	SMITH	JOHN	11111111	3
14895673	SMITH	JOHN	22222222	2

If aggregation is set to Count All for the Charge From Date field, the report will display each Charge ID within each claim.

   3. **Count Unique**: Displays the count of all unique occurrences of the value.

Main Table

Patient ID	Patient Last Name	Patient First Name	Claim From Date	Charge ID (Count)
12345678	SMITH	JOHN	01/28/2019	2
12345678	SMITH	JOHN	02/15/2019	1

If aggregation is set to Count Unique for the Charge From Date field, the report will only display the total count of the Charge ID(s).

Check Your Understanding:

Notice that the two like rows have been grouped together based on the non-aggregated fields and the Charge ID is now reporting a count of the unique values in the Claim ID field for the grouped like rows. The last row was not grouped with the first two rows because the Claim From Date value was different. This is because the charge was associated with a separate claim. The Charge ID field now represents the total count of unique charges (or line items) for each claim.

ıdd Calculated Columns

t Modified on 11/21/2025 11:30 am EST

ı Calculated Column takes information from two existing fields and performs a calculation between the ıwo fields to present new data.

wo types of calculated columns may be created based on the fields that are added to the Columns ane: **Number-based** and **Date-based** calculated columns.

- Available calculations for **numeric-based** calculated columns are: **Addition (+), Subtraction (-), Multiplication (x), Division (/)**
- Available calculations for **date-based** calculated columns are: **Days between, Months between, Age**

he first step to creating a calculated column is to verify that the fields you want to be calculated are addec ɔ the Columns pane. The columns must exist in order for the calculation to occur.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search field** to further drill down your search.
3. Select the **Report** from the list.
4. Add the desired **columns** to the report.
5. Click the **Calculated link** found on the top right corner of the columns pane.
6. Enter the **Title** for the calculated column.
7. Select your **Calculation Type** (Number or Date).
8. Use the **Columns 1 Type** drop-down menu to select if the first column to be used in the calculation wil be a Column, or a Fixed Value.

   Fixed Value should be used for certain reporting use cases that require calculations based on a fixed number rather than another column. For instance, for some services, the number of units is a fraction of the time spent (e.g., each unit represents 15 minutes).

9. For Number Calculation Type: Enter your fixed value 1 (this field accepts a minimum value of -99,999,999, a maximum value of 99,999,999, and up to 10 decimal places).
10. Use the **Calculation** drop-down menu to select the calculation (Plus, Minus, Multiplied By, Divided, By
11. Use the **Columns 2** drop-down menu to select the second column to be used in the calculation.
12. Click **Done**

If you ever want to edit a calculated column, all you have to do is right-click on the column name within the Report builder and select the "Edit Calculation" option.

Display Totals

t Modified on 06/27/2019 4:28 pm EDT

he Display Totals at the bottom of the report option is available for **Money, Number, ID, and Text fields**.

y default, the Display Totals option is not selected for any all field type(s). If the Display Totals option is elected for a field, the field will be underlined.

For **Money** and **Number** fields will insert a line at the bottom of the report and show the summation for that specific value of all rows on the report.

For **ID** and **Text** fields will insert a line at the bottom of the report and show the count of all values or all unique values within that column for all rows on the report.

ollow the steps below to change the Display Totals option for fields.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search field** to further drill down your search.
3. Select the **Report** from the list.
4. Right-click on the field after it has been dragged onto the **Columns** pane and select **Display Totals** from the menu list.

If one or more fields on the report is grouped and the Display Totals option is enabled for a specific field, the subtotals for the field within each group will be displayed on the report along with the Grand Total for the report.

ɦidden Columns

ɨt Modified on 06/27/2019 4:35 pm EDT

ʼou can easily configure a column to be hidden by default when a report is run. A hidden column won't isplay on the report, but can still be shown if desired via the Report Viewer's right-click capabilities.,

ollow the steps below to hide a particular column by default.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search field** to further drill down your search.
3. Select the **Report** from the list.
4. **Right-click on the field** after it has been dragged onto the **Columns** pane and select **Hide column** from the menu list.

Check Your Understanding:

Under what situations would someone want to hide a column on their report instead of simply removing it? There may be many different scenarios in which hiding a column(s) on the report would be more beneficial than removing it, but the 2 most common reasons are:

1. You use a column in some situations when running the report but not all the time. If this is the case, hiding the column prevents you from having to create 2 separate reports.
2. You are using the column as part of a Calculated Column, but all you care about is the resulting calculation. In this case, the column is necessary for other columns (and needed on the report), but in itself may not be useful to you.

ıdd Report Filters

t Modified on 04/19/2024 4:47 pm EDT

ilters are used to control the information shown when running a report.

- Adding an **ID** field as a filter allows you to check a box and select which of the specified records you would like to include in your report. For example, adding the Provider ID field allows you to select which providers to include in your report.
- Adding a **Text** field as a filter will allow for the result set to be constrained only to those results where the value in the corresponding field matches the text specified in the filter window. Text filters can be applied as exact, partial searches, or between (range between 2 letters).
- Adding a **Numeric** field as a filter will allow for the result set to be constrained only to those results where the value in the corresponding field matches the numeric value specified in the filter window. Numeric filters can be applied using the comparators: equal to, does not equal, greater than, greater than or equal to, less than, less than or equal to or between.
- Adding a **Monetary** field as a filter will allow for the result set to be constrained only to those results where the value in the corresponding field matches the dollar value specified in the filter. Monetary filters can be applied using the comparators: equal to, does not equal, greater than, greater than or equal to, less than, less than or equal to or between.

ollow the steps below to add filters to a report.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search Bar** to further drill down your search.
3. Select the **Reports** from the list.
4. In the **Report Fields** pane
    1. Expand the **Report Field** category you wish to filter the report off of.
    2. Or use the **Field Search** to search for fields in all categories.

    > You can search and filter by a specific field type (Date, ID, Money, Number, Text) by Clicking and limiting the search to specific report field types.

5. Drag and drop the field into the **Filters** pane.

    > The order in which you drop the filters on the pane will not be the order shown for the filters. The last filter dropped will always be highlighted so you can see where it will fall in the filter

order.

Static vs. Dynamic Report Filters

t Modified on 01/16/2020 9:15 am EST

ilters can be set as Dynamic or Static. By default, all fields added to the Filters list are set to Dynamic.

- **Dynamic**: These filters are blank within the Filter window at run-time, allowing you to set your desire values prior to running the report.
    - *For example, If you want to see a detailed report of all your insurance payments, a dynamic filter could be used to filter out any payer you do not want to pull into your report.*
- **Static**: These filters contain a predefined value that is used each time the report is run. Static filters ar useful in situations where the same filter criteria is applied to a report every time it is run. Rather thai having to set the same value for the filter field every time the report is run.
    - *For example, if you want to see a detailed report that always displays information for all claims month t date, use the Claim From Date field and specify it as Static with a value of 'This Month'*

ollow the steps to set a field as a Static filter.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search Bar** to further drill down your search.
3. Select the **Report** from the list.
4. In the **Report Fields** pane
    1. Expand the **Report Field** category you wish to filter the report off of.
    2. Or use the **Field Search** to search for fields in all categories.

    > When using the search feature, the Report Fields list will filter fields that have a full or partial match related to the text entered. To refine results simply expand the category folder.

5. Once you've located the field drag and drop the field into the Filters pane.
6. Right click on the field within the **Filters** pane, select **Filter Type: Static**.

    > If the Static option is selected for a field, it will display as **Bold** text.

7. A window will open where you can specify the specific filter value that will be applied to the search

criteria every time you run the report.

8. Click **Done**.

⚠ You're unable to edit Static filter values directly within the Filter window. The field can be reverted to Dynamic at any time by editing the report in the Report Builder. Right-click on the field within the Filters pane, select Filter Type then Dynamic.

)efault Filter Value

t Modified on 05/10/2019 11:14 pm EDT

, default value can be specified for Dynamic filters. The default value will be automatically populated with ıe filter when running the report. However, the value can be modified prior to running the report.

ollow the steps below to set a default value for a Dynamic filter.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search Bar** to further drill down your search.
3. Select the **Report** from the list.
4. In the **Report Fields** pane
    1. Expand the **Report Field** category you wish to filter the report off of.
    2. Or use the **Field Search** to search for fields in all categories.

    ⚠ When using the search feature, the Report Fields list will filter fields that have a full or partial match related to the text entered. To refine results simply expand the category folder.

5. Drag and drop the field into the **Filters** pane.
6. Right click on the field within the **Filters** pane, select **Set default selections**.
7. A window will open where you can specify the filter value that will auto-populated in that filter field every time you run the report.
8. Click **Done**.

Grouping data in a report

t Modified on 06/04/2020 2:41 pm EDT

Groups can be added to reports to combine like results based on a specified field into a collapsible node on he report. Group fields will be displayed as columns on reports but cannot be re-ordered. Groups take riority over the order in which the fields in the Columns pane are displayed.

the **Display Totals** option is enabled for a specific field, the sub-totals for the field within each group will e displayed on the report along with the **Grand Total** for the report.

ollow the steps below to add Groups to a report.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search Bar** to further drill down your search.
3. Select the **Report** from the list.
4. In the **Report Fields pane**
    1. Expand the **Report Field category** to find the field you wish to group the report with.
    2. Or use the **Field Search** to search for fields in all categories.

    > You can search and filter by a specific field type (Date, ID, Money, Number, Text) by Clicking and limiting the search to specific report field types.

5. Drag and drop the field into the **Groups** pane.

Group levels

t Modified on 05/10/2019 11:27 pm EDT

Groups can be added to reports to combine like results based on a specified field into a collapsible node on he report. Group fields will be displayed as columns on reports but cannot be re-ordered. Groups take riority over the order in which the fields in the

y default, the grouping level of the first field added as a group is set to Level 1, the second is set to Level 2, tc. It is **not necessary** to add the same field to both the Column pane and Groups pane of the Report uilder. In fact, doing so will cause it to display as two columns on the report when run.

ollow the steps below to change the grouping level for a field within a report.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search Bar** to further drill down your search.
3. Select the **Report** from the list.
4. In the **Reports Fields** pane.
5. **Right click on the field** within the **Groups** pane, select **Grouping Level** and select the level you wish thi field to be set to.

⚠ If two fields are set to the same grouping level, the filter window will allow the grouping precedence for the two fields to be specified within the General Filter tab on the filter dialog window. The grouping selection drop down will also contain a blank entry that when selected will apply no grouping to the report.

Check Your Understanding:

When multiple fields are grouped on a report, the grouping level determines which field the report is grouped by first, then which field each sub-group is grouped by.

For example, if a report containing Patient ID (Account Number), Patient Last Name, and Patient First Name was grouped by Patient Provider (Provider ID) (Level 1) and then by Patient Gender (Level 2), it would display as follows:

Main Table

Provider Full Name	Patient Gender	Patient ID	Patient Last Name	Patient First Name
▼ **Dr. JONES**	▼ **Female**	12345678	SMITH	JANE
		87654321	JOHNSON	SARAH
	▼ **Male**	12234556	SMITH	JOHN
		55522252	JOHNSON	TIM

If the same report were to be grouped by Patient Gender (Level 1) and then by Patient Provider (Level 2), it would display as follows:

Main Table

Patient Gender	Provider Full Name	Patient ID	Patient Last Name	Patient First Name
▼ **Female**	▼ **Dr. JONES**	12345678	SMITH	JANE
		87654321	JOHNSON	SARAH
▼ **Male**	▼ **Dr. JONES**	12234556	SMITH	JOHN
		55522252	JOHNSON	TIM

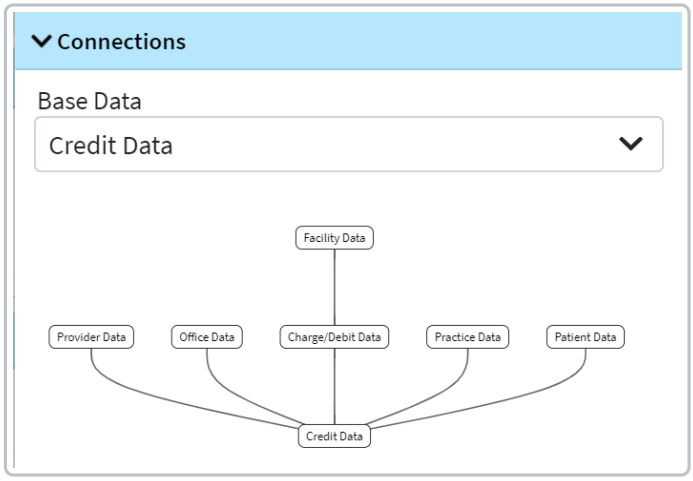
˙wo Report Connections

ɨt Modified on 06/27/2019 4:20 pm EDT

Vhen fields from multiple category sets are added to a report, the Report Builder must know how the field re related to one another.

ı report for claims entered in a specific date range may contain data from the following fields*Patient Name, atient Date of Birth, Claim From Date, and Claim Amount.* These fields are from **both** the **patient category** an ıe **claim category** so, the Report Builder must relate the claim category fields to the patient category field ased on the patient account number.

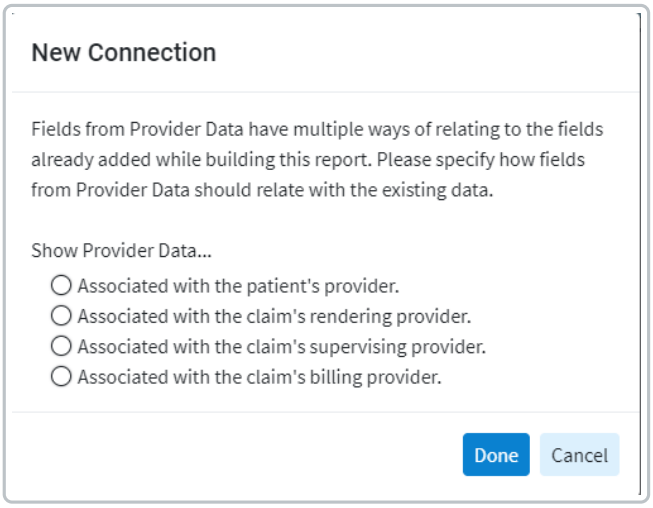
ı this case, the Report Builder automatically joins the two (e.g., patient and claim category) because there nly one possibility.



˙hree or more Report Connections

ɨt Modified on 06/27/2019 4:20 pm EDT

Vhen a field from a third category is used on a report, a decision must be made to determine how to ssociate the new field set. In these instances, the user will be prompted with a **New Connection** dialog /indow allowing them to specify how the field is to be associated with the other field set on the report. The hoice is made for how the data sets are associated have an impact on what data is returned on the report.



:onsider the previous example report for claims entered in a specific date range but with the following olumns this time: *Patient Name, Patient Date of Birth, Claim From Date, Claim Amount, and Provider Name.*

Vhen selecting the Provider Name field, the report builder will display the New Connection window ecause a choice must be made to associate the Provider information to either the patient data set or the laim data set.

: the provider fields are associated with the patient fields, the Provider Name displayed on the report will isplay the provider that is currently defaulted on the patient's account. If the provider fields are associate /ith the claim fields, the Provider Name displayed on the report will display the provider that is listed on th laim. This would impact the report data in instances where the patient's default provider changed after laims had already been billed for that patient under a different provider.

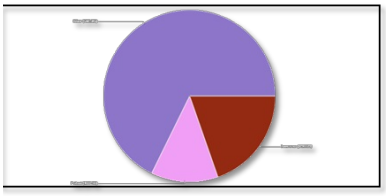
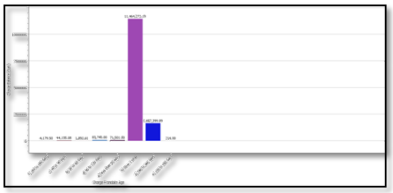
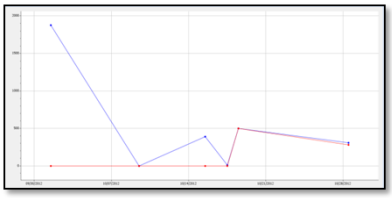
Vhen fields are removed from a report the Report Builder will refresh the data connections. Consider the xample report containing: ~~*Patient Name, Patient Date of Birth*~~, *Claim From Date, Claim Amount, Provider lame.*

: the Patient Name and Patient Date of Birth fields are removed leaving no more fields from the patient ata set, the Report Builder will update the association of the provider data set to that of the claim data set ı instances where the Report Builder cannot automatically determine how to re-associate the data sets, th lew Connection window will be presented to the user for the required input.

:valuate report data with charts

:t Modified on 05/10/2019 11:32 pm EDT

:harts can be added to reports to further show data and show trends in your data. The report builder lets ou add a Pie Chart, Bar Chart, or Line Graph to your report.

ollow the steps below to add each chart type to a report.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search Bar** to further drill down your search.
3. Select the Report from the list.
4. Click on **Charts** from the side panel.
5. Click the **Add Chart** button.
6. Select the **Chart Type: Pie Chart, Bar Chart, or Line Graph**
7. Enter the **Chart Title**.
8. ***Optional***: If Bar Charts are selected, use the **Bar Orientation** drop-down menu to specify how the char should be displayed.
9. Drag a report field to the **[Chart Type] Label section**. The field chosen will be represented as separate sectors for each possible value. The available field list for the sector label will be limited to Text field types within the data sets included on the report.
10. Drag a report field to the **[Chart Type] Data section**. The field chosen will be represented as the quantity of each label on the chart. The available field list for the data sector will be limited to Money, Number and ID field types within the data sets included on the report.
11. Use the **Aggregation** drop-down menu to select how the chart should aggregate the data.
12. Click **Done**, then click **Save.**

:mbed report co-displays

:t Modified on 03/30/2020 4:43 pm EDT

:ollaborative Displays, also known as **Co-Displays**, are an additional table that can be added to the report. 'he data in the table must correspond to the data within the Main Table but does not have to share the ame column layout or field aggregation. Often, Co-Displays are used to show summary tables related to th etailed table in the **Main Table**.

'ou can add up to ten (10) co-displays on a report to visualize your data.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search Bar** to further drill down your search.
3. Search the **Report** from the list.
4. Click on the **Co-Displays** collapsible window on the right side of the screen.
5. Click the **Add Co-Displa**y button.

   > 🪄 Have an existing co-display that could work here? Click the **Copy Co-Display** drop-down menu and select an existing co-display to edit.

6. In the **Report Fields** pane
   1. Expand the **Report Field** category you wish to begin building the report off of
   2. Or use the **Field Search** to search for fields in all categories.

      > ⚠️ When using the search feature, the Report Fields list will filter fields that have a full or partial match related to the text entered. To refine results simply expand the category folder.

7. Once you've located the field drag and drop the field into the **Columns or Groups pane**.

Check Your Understanding:

A report showing charges billed over a specific duration may contain a detailed Main Table which consists of Patient ID, Patient Name, Patient Provider, Claim ID, and Charge Amount. When run, the

Main Table may look as follows:

Main Table | Co-Display

Patient ID	Patient Last Name	Patient First Name	Provider Full Name	Claim ID	Charge Amount
12345678	SMITH	JOHN	Dr. JONES	11111111	$10.00
11223344	SMITH	JANE	Dr. JONES	11112222	$20.00
11999999	JOHNSON	TIM	Dr. ADAMS	222222	$100.00

The report could also contain a collaborative display which consists of Provider Name, and Charge Amount aggregated by sum. This table would be showing a summary of charges by provider over the same duration. When run, the collaborative display may look as follows:

Main Table | Co-Display

Provider Full Name	Charge Amount
Dr. JONES	$30.00
Dr. ADAMS	$100.00

When running the report, the Main Display and any Co-Display will be populated at the same time and shown on separate tabs within the report.

The information shown is specified by the fields and formatting options chosen for the Columns within the Collaborative Displays configuration window.

ind or edit a Custom Report

t Modified on 08/06/2019 7:15 pm EDT

ollow the steps below to find or edit an existing custom Report.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports or use the **Search field** to further drill down your search.
3. Select the **Report** from the list.
4. ***Optional***: Modify the report.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

Share Reports

t Modified on 02/17/2020 2:12 pm EST

eports created in Report Builder can be shared with users within the same account. By default, reports reated through the Report Builder are not shared with any users other than the creator.

Vhen a report is shared with a user, it will be listed within the user's reports list in Report Viewer. Users ill be able to run and/or edit the report provided they have sufficient report permission(s) set.

ollow the steps below to share the report with other users.

1. Select **Reports** > **Builder**.
2. Use the **Show All** button to view all custom reports. Or use the **Search Bar** to further drill down your search.
3. Select the **Report** from the list.
4. Click on **Permissions** from the side panel.
5. Use the **Customer** drop-down menu to select which customer the report should be shared with.
6. **Grant the desired permissions** (e.g., Deny, Access or Edit) for each user by checking the appropriate box next to their username.

> ⚠ Granting "*Edit*" access to a Custom Report? The **Report Builder** Permission must be set to "*Build and Edit Reports.*"

Configure Report Settings

t Modified on 04/23/2024 2:11 pm EDT

Who can use this feature?

Users with permission to CollaborateMD Reports.

eport Settings enable you to configure global default report settings for a practice/customer or a specific ser in your account. These settings allow you to really personalize and make the reports screen work for ou and your workflow.

1. Select **Reports** > **Settings**.
2. Click **Edit**.
3. Select your preference for **Close open report tabs when switching customers?**
    1. If set to ***Yes***, any open report will close when you switch to another customer account
4. Select your preference for **Search by categories when searching for reports in the Report Viewer?**
    1. If set to ***Yes***, it will show matches based on report categories as well as the report titles when usir the search field within the Reports Viewer screen.
5. Select your preference for **Show an indicator when duplicate columns are present on a report in the Report Builder?**
    1. If set to ***Yes***, it will show a tooltip when duplicate columns are present on a report in the Report Builder.
6. Click **Save.**

djustment Code Data

t Modified on 02/27/2019 3:55 pm EST

djustment Code Data holds all information associated with a customer's Adjustment codes, which are ound within the Codes section of the application. This data is best used in correlation with Credit Data to ee why a particular amount was adjusted.

Name	Description
bbreviated Description	Displays an abbreviated version of the text in the "Descr" field. This report field will only display the first 60 characters of the full descriptio This field is useful for displaying a partial description along with other adjustment code data.
ode	Associated with the "Code" field. This will display the actual adjustment code.
escription	Displays all of the text entered in the "Descr" field
active?	Displays "Yes" if the "Inactive Code" option is selected. Displays "No" otherwise.

ppointment Data

t Modified on 08/18/2025 5:14 pm EDT

ppointment Data holds all information associated with a customer's scheduled appointments. All of the elds under this category correspond directly with fields found within the Scheduler section of the pplication, within the Appointment window.

Name	Description
ppointment ID	The unique identifier for an Appointment. This field cannot be seen anywhere in the application but can be used on reports to distinguish one appointment's data from another.
acility ID	The unique identifier of the Facility associated with the Appointment (the chosen option in the "Facility" section field).
atient Account	The account number of the Patient associated with the appointment
ractice ID	The unique identifier of the Practice associated with the appointment.
rovider ID	The unique identifier of the Provider associated with the appointment.
hecked In?	Displays "Yes" if the status of this appointment has been set to "Checked-In." Displays "No" otherwise.
omplaint?	Associated with the "Chief Comp." field.
eleted?	Displays "Yes" if the status of this appointment is configured with the following option selected: • Appointments with the status and deleted and will not show on reports. Otherwise, the field will display "No." This option can be configured per status in the Scheduler section.
as Charges?	Displays "Yes" if there are charges in the system that are associated with the appointment. Displays "No" otherwise.
as Estimate?	Displays "Yes" if there is an Estimate in the system that is associated with the appointment. Displays "No" otherwise.
nactive?	Displays "Yes" if the status of this appointment is configured with the following option selected: • Appointments with this status are inactive and will not interfere with other bookings. Otherwise, this field will display "No." This option can be configured per status in the Scheduler section of the application.
ast Modified User	Displays the last username that modified the appointment
omment	Associated with the "Comments" field.
atient Related?	Displays "Yes" if there is a patient set on the appointment. Displays "No" otherwise.

Repeat Type	Displays if the appointment is repeating on a daily or weekly basis.
Repeating?	Displays "Yes" if the appointment is configured to repeat.
Status	Displays the chosen option in the "Status" selection field.
Time	Displays the time of the appointment in hours and minutes using a 12-hour clock (hh:mm AM/PM).
Type	Displays the chosen option in the "Type" selection field.
Type Description	Displays the description of the chosen option in the "Type" selection field.
Date	Associated with the Appt Date field.
Entered	Displays the date that this appointment was entered into the system
Last Modified	Displays the date that this appointment was last modified.
Length (Minutes)	Displays the chosen option in the "Length" selection field.
Repeat Frequency	Displays the frequency the appointment will repeat based on the repeat type.
Resources ID	The unique identifier of the Resource associated with the Appointment (the chosen option in the "Resource" selection field).

CPT Code Data

t Modified on 02/27/2019 3:56 pm EST

CPT Code Data holds all information associated with a customer's CPT codes, which are found within the Codes section of the application. CPT Code Data is most useful when used in conjunction with Charge Data to see more information regarding the CPT on a particular charge. This data set is also useful when you want to display a list of all active/inactive CPT codes that are currently in a customer's account. All of the fields under this category correspond directly with fields within the Codes section of the application.

Name	Description
Additional Description	Associated with the "Additional Description (*For Non-Specific Procedure Codes)" field
All Inclusive	Displays "Yes" if the "All Inclusive" option is selected. Displays "No" otherwise.
CLIA Number	Associated with the "CLIA Number" field
Code	Associated with the "Code" field. This will display the actual CPT code.
Department	Associated with the "Department" field.
Drug Code	Associated with the "Drug Code" field.
Drug Code Format	Associated with the "Drug Code Format" combo field. This report field will display whichever option is selected in the combo box. This field displays the default Drug Code, which is 5-4-2.
Exclude From Duplicate Check?	Displays "Yes" if the "Exclude code from duplicate service check" option is selected. Displays "No" otherwise.
Full Description	Displays all of the text entered in the "Descr" field.
Inactive?	Displays "Yes" if the "Inactive Code" option is selected. Displays "No" otherwise.
Modifier List	Displays a concatenated list of all 4 modifiers associated with this CPT code. For example, if this CPT code has: • Modifier 1 = A • Modifier 2 = B • Modifier 3 = C • Modifier 4 = D Then this report would display "A B C D."
Global Modifier 1	Associated with the Modifier entered in the first global modifier box.
Global Modifier 2	Associated with the Modifier entered in the second global modifier box.

Global Modifier 3	Associated with the Modifier entered in the third global modifie box.
Global Modifier 4	Associated with the Modifier entered in the fourth global modifier box.
Print on Superbill?	Displays "Yes" if the "Print Code on Superbill" option is selected Displays "No" otherwise.
Short Description	Displays the abbreviated version of the text in the "Descr" field. This report field will only display the first 60 characters of the full description. This field is useful for displaying a partial description along with other CPT data.
Statement Description	Associated with the "Statement Description" field.
Superbill Category	Associated with Superbill Category field.
Superbill Description	Associated with the Superbill Description field.
Type	Associated with the Type combo field. This report field will display whichever option is selected in the combo box.
Effective Date	Associated with the Effective Date field.
Termination Date	Associated with the Termination Date field.
Default Price	Associated with the Default Price field.
Default Units	Associated with the Default Units field.
Drug Price	Associated with the Drug Price field.

CPT Situational Modifier Data

t Modified on 02/27/2019 3:57 pm EST

CPT Situational Modifier Data holds information associated with a customer's CPT code situational modifier defaults, which are found within the Codes section of the application. All of the fields under this category correspond directly with fields found within the Codes section of the application.

Name	Description
acility ID	The unique identifier of the facility that a particular situational modifier set is associated with. The results displayed in this field ar linked to the Facility section of the application.
ayer ID	The unique identifier of the payer that a particular situational modifier set is associated with. The results displayed in this field ar linked to the Payer section of the application.
rovider ID	The unique identifier of the provider that a particular situational modifier set is associated with. The results displayed in this field ar linked to the Provider section of the application.
CPT Code	Associated with the Code field. This will display the actual CPT coc associated with a particular situational modifier set.
eleted?	Displays Yes if the situational modifier is set to deleted. Displays N otherwise.
odifier 1	Associated with the Modifier entered in the first situational modifier box.
odifier 2	Associated with the Modifier entered the second situational modifier box.
odifier 3	Associated with the Modifier entered in the third situational modifier box.
odifier 4	Associated with the Modifier in the fourth situational modifier box
otes	Displays the message entered for a particular situational modifier set.
ayer Type	Displays the selected payer type(s) that a particular situational modifier set is associated with.
nd DOS	Associated with the End DOS field within a particular situational modifier set.
tart DOS	Associated with the Start DOS field within a particular situational modifier set.
riority	Displays the numerical priority order that a particular situational modifier set is in relation to other situational modifier sets for the same CPT code.

Charge Panel Data

t Modified on 02/27/2019 3:57 pm EST

Name	Description
Charge Panel ID	The unique identifier of the charge panel.
Code	The shortcut code assigned to the charge panel. This code will always begin with CP
Description	The description of the charge panel
Inactive?	Displays Yes if the charge panel has been marked as deleted. Displays No otherwise. It is best practice to use this as a static filter set to No to ensure inactive charge panels are not displaying on reports.
Name	The name of the charge panel.
Name w/ Code	Displays both the name and the shortcut code, starting with CP, of the charge panel.
Type	Displays the type of claim: either Professional or Institutional, selected for the charge panel.

Charge Panel Line Data

t Modified on 02/27/2019 3:59 pm EST

Name	Description
Charge Panel ID	The unique identifier of the charge panel.
ine ID	The unique identifier of the code line on the charge panel.
Code	The code associated to the charge panel.
Deleted?	Displays Yes if the line code has been marked as deleted. Displays No otherwise It's best practice to use this as a static filter set to No to ensure deleted codes ar not displaying on reports.
Mod 1	The custom modifier associated to the code on the charge panel in the M1 field.
Mod 2	The custom modifier associated to the code on the charge panel in the M2 field.
Mod 3	The custom modifier associated to the code on the charge panel in the M3 field.
Mod 4	The custom modifier associated to the code on the charge panel in the M4 field.
POS	The POS associated to the code on the charge panel.
Rev Code	The Rev Code associated to the charge panel.
TOS	The TOS associated to the code on the charge panel.
Units	The number of units associated to the code on the charge panel.
Price	The custom price associated to the code on the charge panel.

Charge / Debit Data

t Modified on 03/30/2020 5:48 pm EDT

Charge/Debit Data holds all information related to charges and debits within a customer's account. Charge nd Debits are grouped together in this data set, but can easily be filtered one way or the other using the Charge or Debit?" report field. Common fields used by both Charges and Debits are represented directly nder the Charge/Debit Data category. Charge-specific and Debit-specific report fields can be found in the Charges" and "Debits" sub-categories respectively.

Certain fields are represented both at the higher Charge/Debits level and then again in each specific sub-ategory. One example of this is the "Amount" report field. The Amount field found directly under the Charge/Debit Data category can be used to display amounts of both charges and debits within the same olumn or filter both charges and debits at the same time by their amount. In comparison, the "Amount" elds located within the "Charges" and "Debits" sub-categories are broke into distinct columns.

or example, the "Amount" field located in the "Charges" sub-category will display each charge amount, bu vill always display 0.00 in the case that the row containing it pertains to a debit. The same is true for the Amount" field located under the "Debits" sub-category. This way, users may display both charges and ebits within a report, but not necessarily include both amounts in the same category. This is useful when otaling charge amounts and debit amounts separately or when filtering by charge amount and debit mount separately.

Name	Description
Billing Provider ID	The unique identifier of the billing provider associated with a particular charge or debit. The results displayed in this field are linked to the Provider section of the application.
Charge/Debit ID	The transaction number for a particular charge or debit.
Claim ID	The unique identifier of the claim that a particular charge or debit is associated with. The results displayed in this field are linked to the Clair section of the application.
Collection Agency	The unique identifier of the collection Agency that a particular collectio charge is associated with. The results displayed in this field are linked tc the Collection Agencies section of the application.
Facility ID	The unique identifier of the facility that a particular charge or debit is associated with. The results displayed in this field are linked to the Facility section of the application.
Office ID	The unique identifier of the office location associated with the collectio charges.
Patient ID	The unique identifier of the patient that a particular charge or debit is associated with. The results displayed in this field are linked to the Patient section of the application.
Payment Plan ID	The unique identifier for charges associated to a payment plan.

'ractice ID	The unique identifier of the practice a particular charge or debit is associated with. The results displayed in this field are linked to the Practice section of the application.
:eferring Provider ID	The unique identifier of the referring provider associated with a particular charge or debit. The results displayed in this field are linked t the Referring Provider section of the application.
:endering Provider ID	The unique identifier of the rendering provider associated with a particular charge or debit. The results displayed in this field are linked t the Provider section of the application.
:harge or Debit?	Displays Charge if the record pertains to a charge. Displays Debit if the record pertains to a debit. This field can be especially useful in filtering a report to show only charges or only debits. Often, this field is used as a static filter.
)eleted?	Displays Yes if the charge or debit has been marked as deleted. Displays No otherwise. It's best practice to use this as a static filter set to No to ensure deleted charges/debits are not displaying on reports.
Has Facility?	Displays Yes if the charge or debit has a Facility ID associated with it. Displays No otherwise. This can be useful as a filter to show only charges/debits that are associated with a facility.
Has Payment Plan?	Displays Yes if the charge or debit is on a Payment Plan. Displays No otherwise. This can be useful as a filter to show only charges/debits tha are associated with a payment plan.
Jsername	Displays the username of the user that last created/altered the charge or debit.
)ate Assigned to Collections	Displays the date that a charge was assigned to the status of collections
)eleted Date	Displays the date that a charge or debit was most recently marked as deleted.
:ntered Date	Displays the date that a charge or debit was entered into the system.
\mount	Displays the amount of the charge or debit. This field is useful if both charges and debits are being accounted for in a report and a total sum o all is desired. For a breakdown of amount specifically for charges or for debits, please see the report fields of the same name in the Charges and Debits sub-categories.

Balance Due Aging

t Modified on 03/11/2019 3:43 pm EDT

he Balance Due Aging sub-category, found under the Charge/Debit Data > Charges, corresponds to the ging buckets of all balances, regardless of their charge status (i.e., due insurance, due patient, collections, old).

o see the balance for a specific charge status (i.e., due insurance, due patient, collections, hold), filter your eport by Status, with or without the payer name.

Name	Description
21 to 150 days	Displays the balance of all charges, regardless of their status that is 121 - 150 days old.
51 to 180 days	Displays the balance of all charges, regardless of their status that is 151 - 180 days old.
81 to 365 days	Displays the balance of all charges, regardless of their status that is 181 - 365 days old.
1 to 60 days	Displays the balance of all charges, regardless of their status that is 31 - 60 days old.
1 to 90 days	Displays the balance of all charges, regardless of their status that is 61 - 90 days old.
1 to 120 days	Displays the balance of all charges, regardless of their status that is 91 - 120 days old.
ess than 30 days	Displays the balance of all charges, regardless of their status that is 1 - 30 days old.
Over 1 year	Displays the balance of all charges, regardless of their status that is more than 365 days old.

Chiro

t Modified on 12/09/2019 11:20 am EST

Name	Description
ymptoms Description	Displays the description of the Chrio symptoms associated with the charge.

CPT Code

t Modified on 10/19/2022 4:25 pm EDT

Name	Description
CPT Code	Displays the CPT code on this charge.
Billed CPT Code	Displays the CPT code as it is actually sent to insurance.
Description	Displays the full description of this charge's CPT code. For a shorter description please use the Short Description report field located under the CPT Code Data category.

Current Payer

t Modified on 03/11/2019 4:02 pm EDT

Name	Description
Payer ID	Displays the unique identifier of this charge's current payer.
Member ID	Displays the member ID associated with this charge's patient and with the paye that is currently being billed for this charge.
Name	Displays the name of this charge's current payer.
Payer Type	Displays the payer type of this charge's current payer. For more information on specific values displayed by payer type fields, please see the Payer Type field under the Payer Data Category

)rug Info

t Modified on 12/09/2019 11:27 am EST

Name	Description
)escription	Displays the description of the drug code associated with the charge.
)rug Code	Displays the drug code associated with the charge.
)rug Code Format	Displays the drug code format associated with the charge.
)rug Days	Displays the number of drug days associated with the charge.
)rug Units	Displays the number of drug units associated with the charge.
)rug UOM	Displays the drug's unit of measurement associated with the charge.
'rescription #	Displays the drug's prescription number associated with the charge.
'rescription Months	Displays the drug's prescription months associated with the charge.
'rescription Date	Displays the drug's prescription date associated with the charge.
)rug Price	Displays the drug's price associated with the charge.

Payments

t Modified on 06/22/2026 9:16 am EDT

Name	Description
ast Payment Entered	Displays the Entered Date of the last payment on this charge.
ast Payment Received	Displays the Received Date of the last payment on this charge.
nsurance Payments	Displays the total amount of insurance payments associated with this charge.
atient Payments	Displays the total amount of non-deleted patient payments associated wit the charge. The amount displayed in this field is the same that would be displayed if the user were to sum the "Amount" field (found under Credit Data) under the following conditions: • The payment's charge ID is equal to this charge's ID • The payment's source (Source w/o Payer) is one of the following: ◦ Patient • The payment is not deleted.
atient Payments (w/o Co-ays)	Displays the total amount of non-deleted patient payments, excluding patient co-pays, associated with the charge. The amount displayed in this field is the same that would be displayed if the user were to sum the "Total Applied" field (found under Credit Data) under the following conditions: • The payment's charge ID is equal to this charge's ID • The payment's source (Source w/o Payer) is one of the following: ◦ Patient • The payment is not deleted.
otal Patient Co-pays	Displays the total amount of all patient co-pays associated with this charge
otal Payments	Displays the total amount of all payments associated with this charge.
otal Transfers	Displays the total amount of transfers associated with this charge. That is, the total amount of account credits that have been applied toward this charge.
nsurance Transfers	Displays insurance transfers associated with this charge. That is, any insurance account credits that have been applied toward this charge.
ast Entered Ins Payment mount	Displays the total of all insurance payments entered at the time of the last entered insurance payment.
ast Entered Pat Payment mount	Displays the total of all patient payments entered at the time of the last entered patient payment.
ast Entered Payment Amount	Displays the total of all payments entered at the time of the last entered payment.

ast Received Ins Payment ıount	Displays the total of all insurance payments received at the time of the last received insurance payment.
ast Received Pat Payment ıount	Displays the total of all patient payments received at the time of the last received patient payment.
ast Received Payment ıount	Displays the total of all payments received at the time of the last received payment.
'atient Transfers	Displays patient transfers associated with this charge. That is, any patient account credits that have been applied toward this charge.

Primary Payer

t Modified on 04/09/2020 5:04 pm EDT

Name	Description
Payer ID	Displays the unique identifier of this charge's primary payer.
Group #	Displays the Group Number associated with this charge's patient and with the charge's primary payer.
Member ID	Displays the member ID associated with this charge's patient and with the charge's primary payer.
Name	Displays the name of this charge's primary payer.
Payer Type	Displays the payer type of this charge's primary payer.
Payment Date	Displays the payment date on the charge by the payer currently set as the primary payer.
Contract Amount	Displays the charge amount based on the Contract Amount agreed upon by the payer currently set as the primary payer.
Primary Balance	Displays the charge balance if the primary payer is currently being billed for this charge. Otherwise, this field will display $0.00
Primary Paid Amount	Displays the sum of all payments made on the charge by the payer currently set as the primary payer.

RVUs

t Modified on 12/09/2019 11:43 am EST

Name	Description
acility	Displays the practice's expense RVUs for a Facility.
Non-Facility	Displays the practice's expense RVUs for a non-facility.
otal Facility	Displays the total overhead practice expense RVUs for a Facility.
otal Non-Facility	Displays the total overhead practice expense RVUs for a non-facility.
otal Work	Displays the RVUs involved in the total work/prep rendered.
Work	Displays the RVUs involved in the work performed by the provider.

Secondary Payer

t Modified on 04/09/2020 5:06 pm EDT

Name	Description
Payer ID	Displays the unique identifier of this charge's secondary payer.
Group #	Displays the Group Number associated with this charge's patient and with the charge's secondary payer.
Member ID	Displays the member ID associated with this charge's patient and with the charge's secondary payer.
Name	Displays the name of this charge's secondary payer.
Payer Type	Displays the payer type of this charge's secondary payer.
Payment Date	Displays the payment date on the charge by the payer currently set as the secondary payer.
Contract Amount	Displays the charge amount based on the Contract Amount agreed upon by the payer currently set as the secondary payer.
econdary Balance	Displays the charge balance if the secondary payer is currently being billed for this charge. Otherwise, this field will display 0.
econdary Paid Amount	Displays the sum of all payments made on the charge by the payer currently set as the secondary payer.

Service Information

t Modified on 10/30/2023 4:25 pm EDT

Name	Description
nesthesia End Time	Displays the anesthesia end time (12 hour format) found under Claim > Claim > Charges > Other > Service Information.
nesthesia Start Time	Displays the anesthesia start time (12 hour format) found under Claim > Claim Charges > Other > Service Information.
LIA	Displays the Clia number displayed within under Claim > Claim > Charges > Other > Service Information.
mergency?	Displays "Yes" if the charge on the claim is classified as an "Emergency" under Claim > Claim > Charges > Other > Service Information.
s referring CLIA?	Displays "Yes" if the referring CLIA is under Claim > Claim > Charges > Other > Service Information.
nesthesiaMinutes	Displays the anesthesia minutes calculated as the difference between the anesthesia start and end time.

ertiary Payer

t Modified on 04/09/2020 5:08 pm EDT

Name	Description
ayer ID	Displays the unique identifier of this charge's tertiary payer.
roup #	Displays the Group Number associated with this charge's patient and with the charge's tertiary payer.
lember ID	Displays the member ID associated with this charge's patient and with the charge's tertiary payer.
lame	Displays the name of this charge's tertiary payer.
ayer Type	Displays the payer type of this charge's tertiary payer.
ayment Date	Displays the payment date on the charge by the payer currently set as the tertiary payer.
ontract Amount	Displays the charge amount based on the Contract Amount agreed upon by the payer currently set as the tertiary payer.
ertiary Balance	Displays the charge balance if the tertiary payer is currently being billed for this charge. Otherwise, this field will display $0.00
ertiary Paid Amount	Displays the sum of all payments made on the charge by the payer currently set as the tertiary payer.

Charges

t Modified on 07/02/2026 11:27 am EDT

Name	Description
Charge ID	The unique identifier for a particular charge.

Balance Due To	Determines who this charge's balance is due to based on the charge status. This field will place the charge into one of three "Balance Due To" groups based on the status. The three groups are Insurance, Patient, and Other. Charges will be classified into one of these three groups based on the followin inclusion rules:
	• Insurance
	  ○ Send to [Payer] via Clearinghouse
	  ○ Claim at [Payer]
	  ○ User Print & Mail to [Payer]
	  ○ Pending [Payer]
	  ○ Appeal at [Payer]
	  ○ Denied at [Payer]
	• Patient
	  ○ Balance Due Patient
	  ○ Pending Patient
	  ○ Collections
	• Other
	  ○ On Hold
	  ○ Paid
	  ○ Incomplete
	  ○ Deleted
	  ○ Waiting for Review
	  ○ Pending Physician
	
	For a detailed analysis of a charge's specific status (ungrouped), please use either the Status w/ Payer or Status w/o Payer report fields.

Description	Displays the description associated with the charge.
Diagnosis Pointer List	Displays a list of all diagnosis pointers associated with this charge.

ntered Age	Groups this charge into a particular age category based on its Entered Date. In this context, age is defined as the number of days that have passed since the charge's Entered Date. The age category thresholds are as follows: • Less than 30 days • 31 to 60 days • 61 to 90 days • 91 to 120 days • 121 to 150 days • 151 to 180 days • 181 to 365 days • Over 1 Year Note: When each category is displayed it will be preceded by an alphabetical letter denoting its order in relation to each other age category. These letters are only used for proper ordering on reports and should otherwise be ignored
irst Bill Date Age	Groups this charge into a particular age category based on its First Bill Date Age. In this context, age is defined as the number of days that have passed since the change was first billed. The age category thresholds are as follows: • Less than 30 days • 31 to 60 days • 61 to 90 days • 91 to 120 days • 121 to 150 days • 151 to 180 days • 181 to 365 days • Over 1 Year Note: When each category is displayed it will be preceded by an alphabetical letter denoting its order in relation to each other age category. These letters are only used for proper ordering on reports and should otherwise be ignored

romdate Age	Groups this charge into a particular age category based on its Fromdate. In th context, age is defined as the number of days that have passed since the change's Fromdate. The age category thresholds are as follows: • Less than 30 days • 31 to 60 days • 61 to 90 days • 91 to 120 days • 121 to 150 days • 151 to 180 days • 181 to 365 days • Over 1 Year Note: When each category is displayed it will be preceded by an alphabetical letter denoting its order in relation to each other age category. These letters are only used for proper ordering on reports and should otherwise be ignored
ncomplete?	Displays Yes if the Incomplete option is selected on this charge's claim. Displays No otherwise.
nventory Code	Displays the Inventory Code associated with this charge.
ast Bill Date	Groups this charge into a particular age category based on its Last Bill Date Age. In this context, age is defined as the number of days that have passed since the change was last billed. The age category thresholds are as follows: • Less than 30 days • 31 to 60 days • 61 to 90 days • 91 to 120 days • 121 to 150 days • 151 to 180 days • 181 to 365 days • Over 1 Year Note: When each category is displayed it will be preceded by an alphabetical letter denoting its order in relation to each other age category. These letters are only used for proper ordering on reports and should otherwise be ignored
et to Status Date	Displays the date when the current charge status was updated in the system.
Modifier 1	Associated with the first Modifier on this charge. This can be found in the M1 field on each charge line.
Modifier 2	Associated with the second Modifier on this charge. This can be found in the M2 field on each charge line.
Modifier 3	Associated with the third Modifier on this charge. This can be found in the M3 field on each charge line.

Modifier 4	Associated with the fourth Modifier on this charge. This can be found in the M4 field on each charge line.
Modifier List	Displays a concatenated list of all 4 modifiers associated with this charge. For example, if this charge has: • Modifier 1 = A • Modifier 2 = B • Modifier 3 = C • Modifier 4 = D Then this report field would display: "A B C D".
POS Code	Displays the POS code associated with this charge.
POS Description	Displays the description of the POS code associated with this charge.
Rev Code	Displays the Rev Code associated with this charge. Note: Rev Codes are only applicable to charges on institutional claims.
Status (w/ Payer)	Displays the current status of this charge, substituting the current payer's name in place of the word [Payer]. Specifically, the current payer's name will appear in the following statuses: • Send to [Payer] via Clearinghouse • Claim at [Payer] • User Print & Mail to [Payer] • Pending [Payer] • Appeal at [Payer] • Denied at [Payer]
Status (w/o Payer)	Displays the current status of this charge without the current payer's name. This means that the following charge statuses will display exactly as they appear in the following list: • Send to Insurance via Clearinghouse • Claim at Insurance • User Print & Mail to Insurance • Pending Insurance • Appeal at Insurance • Denied at Insurance
TOS Code	Displays the TOS code associated with this charge.
TOS Description	Displays the description of the TOS code associated with this charge.
First Bill Date	Displays the date on which this charge was first billed.
From Date	Displays the From Date of this charge.
Last Bill Date	Displays the date on which this charge was most recently billed.
To Date	Displays the To Date of this charge.
Entered Age (Days)	Displays the number of days that have passed since this charge's Entered Date.

ee Schedule Applied	Displays the date when the current fee schedule was applied to the charge.
rom First Bill Date Age Days)	Displays the number of days that have passed since this charge was first billed.
rom date Age (Days)	Displays the number of days that have passed since the charge's From Date
ast Bill Date Age (Days)	Displays the number of days that have passed since this charge was most recently billed.
Jnits	Displays the number of units on this charge.
llowed Amount	Displays the allowed amount of this charge.
mount	Displays the amount of this charge.
alance	Displays the current balance of this charge. If this field is present on a report that is showing both charges and debits, this field will always display $0.00 for rows representing debits.
alance at Collections	Displays the current balance of this charge if the status of the charge is set to Collections. Otherwise, the field will always display $0.00
alance Due Insurance	Displays the current balance of this charge if the status of the charge is set to one of the following: • Send to [Payer] via Clearinghouse • Claim at [Payer] • User Print & Mail to [Payer] • Pending [Payer] • Appeal at [Payer] • Denied at [Payer] Otherwise, this field will always display $0.00. Additionally, if this field is present on a report that is showing both charges and debits, this field will always display $0.00 for rows representing debits.
alance Due Other	Displays the current charge balance of this charge if the status of the charge is set to one of the following: • On Hold • Waiting for Review • Pending Physician Otherwise, this field will always display $0.00. Additionally, if this field is present on a report that is showing both charges and debits, this field will always display $0.00 for rows representing debits.

alance Due Patient	Displays the current charge balance of this charge if the status of the charge is set to one of the following: • Balance Due Patient • Paid • Pending Patient Otherwise, this field will always display $0.00. Additionally, if this field is present on a report that is showing both charges and debits, this field will always display $0.00 for rows representing debits.
ontract Price	Displays the Charge's Contract price.
nsurance Adjustments	Displays an adjustment representing total insurance adjustments that have been applied to this charge. The total insurance adjustment amount will not account for adjustments that have been marked as deleted
xpected Revenue	Displays the net amount of a charge (charge less contractual adjustments).
atient Adjustments	Displays an amount representing total patient adjustments that have been applied to this charge. The total patient adjustment amount will not account for adjustments that have been marked as deleted.
otal Adjustments	Displays an amount representing all adjustments (patient and insurance) that have been applied to this charge. The total adjustment amount will not accour for adjustments that have been marked as deleted.
nit Price	Displays the unit price of this charge.

Debits

t Modified on 03/11/2019 3:55 pm EDT

Name	Description
Debit ID	The unique identifier for a particular charge.
Amount	Displays the amount associated with this debit. If this particular record represents a charge, this field will display 0.

Claim Data

t Modified on 07/16/2020 2:09 pm EDT

Claim Data

Claim Data holds all information related to claims within a customer's account.

Name	Description
Claim ID	Displays the unique identifier of a particular claim.
Facility ID	Displays the unique identifier of the facility associated with a claim. If no facility is associated with the claim, this field will display 0.
Office ID	Displays the unique identifier of the office location associated with the claim. If no office location is associated with the claim, this field will display 0.
Patient ID	Displays the account number of the patient associated with a claim.
Practice ID	Displays the unique identifier of the practice associated with a claim
Referring Provider ID	Displays the unique identifier of the referring provider associated with a claim.
Rendering Provider ID	Displays the unique identifier of the rendering provider associated with a claim.
Created by Interface?	Displays "Yes" if the claim was created by an interface. This can be useful as a filter to only show claims that are created by an interface.
Current Payer Priority	Displays the priority of the current payer on the claim. This means: • If the current payer is the primary payer, this field will display "Primary". • If the current payer is the secondary payer, this field will display "Secondary". • If the current payer is the tertiary payer, this field will display "Tertiary". • If the claim is not currently at a payer, this field will display 'None".
Deleted?	Displays "Yes" if the claim has been marked as deleted. Displays "No" otherwise It's best practice to use this as a static filter set to "No" to ensure deleted claims are not displaying on reports.
Has Facility?	Displays "Yes" if the claim has a Facility associated with it. Displays "No" otherwise. This can be useful as a filter to only show claims that are associated with a Facility.
Has Referring?	Displays "Yes" if the claim has a Referring Provider associated with hit. Displays "No" otherwise. This can be useful as a filter to only show claims that are associated with a Referring Provider.
ICD List	Displays a list of all the claim's ICD codes, one after another.
Incomplete?	Displays "Yes" if the claim "Incomplete" option is selected on the claim. Displays "No" otherwise.
Reference #	Displays the data entered in the Reference # field on the claim, if applicable.
Type	Displays this claim's type, which can be one of the following: • Professional • Institutional

Jsernamе	Displays the username of the user that last created/altered the claim.
)ate Entered	Displays the date that this claim was entered into the application.
ollowup Date	Displays the Followup Date of the claim.
rom Date	Displays the From Date of the claim.
et to Status Due	Displays the date that this claim's status was last updated.
o Date	Displays the To Date of the claim.
mount Paid	Displays the total amount that has been paid on this claim.
alance	Displays the total amount of this claim that is still outstanding.
otal Amount	Displays the original total amount of charges on the claim.

nstitutional - Diagnosis Codes

Name	Description
dmit Code	Displays the chosen code in the "Admit" selection field.
dmit Code Description	Displays an abbreviated description of the chosen code in the "Admit" selection field.
)iagnosis Code 2	Displays the chosen code in the 1st "Other" selection field.
)iagnosis Code 2 Description	Displays an abbreviated description of the chosen code in the 1st "Other" selection field.
)iagnosis Code 3	Displays the chosen code in the 2nd "Other" selection field.
)iagnosis Code 3 Description	Displays an abbreviated description of the chosen code in the 2nd "Other" selection field.
)iagnosis Code 4	Displays the chosen code in the 3rd "Other" selection field.
)iagnosis Code 4 Description	Displays an abbreviated description of the chosen code in the 3rd "Other" selection field.
)iagnosis Code 5	Displays the chosen code in the 4th "Other" selection field.
)iagnosis Code 5 Description	Displays an abbreviated description of the chosen code in the 4th "Other" selection field.
)iagnosis Code 6	Displays the chosen code in the 5th "Other" selection field.
)iagnosis Code 6 Description	Displays an abbreviated description of the chosen code in the 5th "Other" selection field.
)iagnosis Code 7	Displays the chosen code in the 6th "Other" selection field.
)iagnosis Code 7 Description	Displays an abbreviated description of the chosen code in the 6th "Other" selection field.
)iagnosis Code 8	Displays the chosen code in the 7th "Other" selection field.
)iagnosis Code 8 Description	Displays an abbreviated description of the chosen code in the 7th "Other" selection field.
)iagnosis Code 9	Displays the chosen code in the 8th "Other" selection field.
)iagnosis Code 9 Description	Displays an abbreviated description of the chosen code in the 8th "Other" selection field.
)iagnosis Code 10	Displays the chosen code in the 9th "Other" selection field.

)iagnosis Code 10 Description	Displays an abbreviated description of the chosen code in the 9th "Other" selection field.
)iagnosis Code 11	Displays the chosen code in the 10th "Other" selection field.
)iagnosis Code 11 Description	Displays an abbreviated description of the chosen code in the 10th "Other' selection field.
)iagnosis Code 12	Displays the chosen code in the 11th "Other" selection field.
)iagnosis Code 12 Description	Displays an abbreviated description of the chosen code in the 11th "Other' selection field.
)iagnosis Code 13	Displays the chosen code in the 12th "Other" selection field.
)iagnosis Code 13 Description	Displays an abbreviated description of the chosen code in the 12th "Other' selection field.
)iagnosis Code 14	Displays the chosen code in the 13th "Other" selection field.
)iagnosis Code 14 Description	Displays an abbreviated description of the chosen code in the 13th "Other' selection field.
)iagnosis Code 15	Displays the chosen code in the 14th "Other" selection field.
)iagnosis Code 15 Description	Displays an abbreviated description of the chosen code in the 14th "Other' selection field.
)iagnosis Code 16	Displays the chosen code in the 15th "Other" selection field.
)iagnosis Code 16 Description	Displays an abbreviated description of the chosen code in the 15th "Other' selection field.
)iagnosis Code 17	Displays the chosen code in the 16th "Other" selection field.
)iagnosis Code 17 Description	Displays an abbreviated description of the chosen code in the 16th "Other' selection field.
)iagnosis Code 18	Displays the chosen code in the 17th "Other" selection field.
)iagnosis Code 18 Description	Displays an abbreviated description of the chosen code in the 17th "Other' selection field.
Code 1	Displays the chosen code in the 1st "E Code" selection field.
Code 1 Description	Displays an abbreviated description of the chosen code in the 1st "E Code" selection field.
Code 2	Displays the chosen code in the 2nd "E Code" selection field.
Code 2 Description	Displays an abbreviated description of the chosen code in the 2nd "E Code selection field.
Code 3	Displays the chosen code in the 3rd "E Code" selection field.
Code 3 Description	Displays an abbreviated description of the chosen code in the 3rd "E Code' selection field.
Code 4	Displays the chosen code in the 4th "E Code" selection field.
Code 4 Description	Displays an abbreviated description of the chosen code in the 4th "E Code' selection field.
Code 5	Displays the chosen code in the 5th "E Code" selection field.
Code 5 Description	Displays an abbreviated description of the chosen code in the 5th "E Code' selection field.
Code 6	Displays the chosen code in the 6th "E Code" selection field.

Code 6 Description	Displays an abbreviated description of the chosen code in the 6th "E Code" selection field.
Code 7	Displays the chosen code in the 7th "E Code" selection field.
Code 7 Description	Displays an abbreviated description of the chosen code in the 7th "E Code" selection field.
Code 8	Displays the chosen code in the 8th "E Code" selection field.
Code 8 Description	Displays an abbreviated description of the chosen code in the 8th "E Code" selection field.
Code 9	Displays the chosen code in the 9th "E Code" selection field.
Code 9 Description	Displays an abbreviated description of the chosen code in the 9th "E Code" selection field.
Code 10	Displays the chosen code in the 10th "E Code" selection field.
Code 10 Description	Displays an abbreviated description of the chosen code in the 10th "E Code" selection field.
Code 11	Displays the chosen code in the 11th "E Code" selection field.
Code 11 Description	Displays an abbreviated description of the chosen code in the 11th "E Code" selection field.
Code 12	Displays the chosen code in the 12th "E Code" selection field.
Code 12 Description	Displays an abbreviated description of the chosen code in the 12th "E Code" selection field.
rincipal Diagnosis	Displays the chosen code in the "Principal" selection field.
rincipal Diagnosis Description	Displays an abbreviated description of the chosen code in the "Principal" selection field.

nstitutional - Additional Info

he additional info sub-category (under the Institutional sub-category) holds additional information pecifically associated with Institutional claims. All of the fields under this sub-category correspond directl vith fields found under the Additional Info tab within the Claim section of the application of an Institutiona laim.

Name	Description
dmission Hour	Displays the chosen option in the "Admission Hour" field.
dmission Source	Displays the chosen option in the "Admission Source" field.
dmission Type	Displays the chosen option in the "Admission Type" field.
ischarge Hour	Displays the chosen option in the "Discharge Hour" field.
atient Status	Displays the chosen option in the "Patient Status" field.
dmission Date	Associated with the "Admission Date" field.
PS (Diagnosis Related Group)	Displays the entered information on the "PPS (Diagnosis Related Group)" field.

Professional - Additional Info

The Additional Info sub-category holds information specifically associated with Professional claims. All of the fields under this sub-category correspond directly with fields found under the Additional Info tab within the Claim section of the application of a Professional claim.

Name	Description
Accept Assignment?	Associated with the "Accept Assignment (Box 27)" field. This report field: • Displays "No" if the Accept Assignment field is set to No. • Displays "Yes' if the Accept Assignment field is set to Yes. • Displays "Default" if the Accept Assignment field is set to Default.
Accident State	Associated with the "Accident State" field.
Ambulatory Patient Group	Associated with the "Ambulatory Patient Group" field.
Auto Related?	Displays "Yes" if the "Is this claim auto accident related (box 10)" field is set to "Yes". Otherwise, this field will display "No".
Box 10-D	Associated with the "Box 10-D" field.
Box 19	Associated with the "Box 19" field.
Delay Reason Code	Displays the chosen option in the "Delay Reason Code" combo box.
Demonstration Project	Associated with the "Demonstration Project' field.
Documentation Method	Displays the chosen option in the "Delay Reason Code" combo box.
Documentation Type	Displays the chosen option in the "Type" combo box next to the "Documentation Method" field. This field will display "None" if no option has been selected.
Employment Related?	Displays "Yes" if the "Is this claim employment related (box 10)" field is se to "Yes". Otherwise, this field will display "No".
GBHC Number	Associated with the "GBHC Referral Number" field.
Homebound?	Displays "Yes" if the "Homebound" field is set to "Yes". Otherwise, this field will display "No".
Investigation Device Exemption	Associated with the "Investigation Device Exemption" field.
Mammography Certification	Associated with the "Mammography Certification" field.
Other Related?	Displays "Yes" if the "Is this claim other accident related (box 10)" field is set to "Yes". Otherwise, this field will display "No".
Resubmit Code	Associated with the "Resubmit Reason Code (box 22)" field.
Service Auth. Exception	Displays the chosen option in the "Service Authorization Exception" selection field. If no selection has been made, this field will display "None"
Signature in Box 12?	Displays the chosen option in the "Print SIGNATURE ON FILE in Box 12" selection field.
Signature in Box 13?	Displays the chosen option in the "Print SIGNATURE ON FILE in Box 13" selection field.
Special Program Code	Displays the chosen option in the "Special Program Code" selection field. no selection has been made, this field will display "None".
TPL Code	Associated with the "Payer Assigned TPL Code" field.

'PL Status Code	Displays the chosen option in the "TPL Status Code" selection field. If no selection has been made, this field will display "None".
Iospitalized Form Date	Associated with the "Hospitalized From Date (box 18)" field.
Iospitalized To Date	Associated with the "To Date" field next to the "Hospitalized From Date (box 18)" field.
nitial Treatment	Associated with the "Initial Treatment" field.
ast Menstrual Period	Associated with the "Last Menstrual Period" field.
ast Seen	Associated with the "Date Last Seen" field.
)nset of Illness	Associated with the "Date of Onset of Illness or Accident (box 14)" field.
imilar Illness	Associated with the "Date of Similar Illness (box 15)" field.
Jnable to Work From Date	Associated with the "Unable to Work From Date (box 16)" field.
Jnable to Work To Date	Associated with the "To Date" next to the "Unable to Work From Date (box 16)" field.
'atient Height	Associated with the "Height (in.)" field.
'atient Weight	Associated with the "Patient Weight (lbs.)" field.
ab Charges	Associated with the "Lab Charges (box 20)" field.

'rofessional - Ambulance Info

'he Ambulance Info sub-category (under the Professional sub-category) holds ambulance information pecifically associated with Professional claims. All of the fields under this sub-category correspond directl vith fields found under the Additional Info > Ambulance tab within the Claims section of the application of 'rofessional claim.

Name	Description
)ropoff Address 1	Associated with the first "Address" field of the Dropoff Address.
)ropoff Address 2	Associated with the second "Address" field of the Dropoff Address.
)ropoff City	Associated with the "City" field of the Dropoff Address.
)ropoff State	Associated with the "State" field of the Dropoff Address.
)ropoff Address 1	Associated with the first "Address" field of the Pickup Address.
'ickup City	Associated with the "City" field of the Pickup Address.
'ickup State	Associated with the "State" field of the Pickup Address.
:ound Trip Reason	Associated with the "Round Trip Reason" field.
tretcher Reason	Associated with the "Stretcher Reason" field.
'ransport Reason	Displays the chosen option in the "Transport Reason" selection field. If no selection has been made, this field will display "None".
)ropoff Zip Code	Associated with the "Zipcode" field of the Dropoff Address.
'atient Weight	Associated with the "Patient Weight" field.
'atient Zip Code	Associated with the "Zipcode" field of the Pickup Address.
'ransport Miles	Associated with the "Transport Miles" field.

Professional - Diagnosis Codes

The Diagnosis Codes sub-category (under the Professional sub-category) holds diagnosis codes specifically associated with the Professional claims. All of the fields under this sub-category correspond directly with ICD codes associated to the charges of a Professional claim.

Name	Description
ICD 1	Associated with the "ICD #1" field.
ICD 1 Description	Displays an abbreviated description of the chosen code in the "ICD #1" selection field.
ICD 2	Associated with the "ICD #2" field.
ICD 2 Description	Displays an abbreviated description of the chosen code in the "ICD #2" selection field.
ICD 3	Associated with the "ICD #3" field.
ICD 3 Description	Displays an abbreviated description of the chosen code in the "ICD #3" selection field.
ICD 4	Associated with the "ICD #4" field.
ICD 4 Description	Displays an abbreviated description of the chosen code in the "ICD #4" selection field.
ICD 5	Associated with the "ICD #5" field.
ICD 5 Description	Displays an abbreviated description of the chosen code in the "ICD #5" selection field.
ICD 6	Associated with the "ICD #6" field.
ICD 6 Description	Displays an abbreviated description of the chosen code in the "ICD #6" selection field.
ICD 7	Associated with the "ICD #7" field.
ICD 7 Description	Displays an abbreviated description of the chosen code in the "ICD #7" selection field.
ICD 8	Associated with the "ICD #8" field.
ICD 8 Description	Displays an abbreviated description of the chosen code in the "ICD #8" selection field.
ICD 9	Associated with the "ICD #9" field.
ICD 9 Description	Displays an abbreviated description of the chosen code in the "ICD #9" selection field.
ICD 10	Associated with the "ICD #10" field.
ICD 10 Description	Displays an abbreviated description of the chosen code in the "ICD #10" selection field.
ICD 11	Associated with the "ICD #11" field.
ICD 11 Description	Displays an abbreviated description of the chosen code in the "ICD #11" selection field.
ICD 12	Associated with the "ICD #12" field.
ICD 12 Description	Displays an abbreviated description of the chosen code in the "ICD #12" selection field.

Primary Payer

Name	Description
Payer ID	Displays the unique identifier of the claim's primary payer.
Authorization #	Associated with the "Authorization #" field for the primary payer.
Group #	Associated with the "Group #" field for the primary payer.
Has Primary?	Displays "Yes" if the claim has a primary payer. Displays "No" otherwise.
Member ID	Associated with the "Member ID" field for the primary payer.
Name	Displays the name of the claim's primary payer.
Orig. Claim #	Associated with the "Orig. Claim #" field for the primary payer.
Payer Type	Displays the payer type of the claim's primary payer.
Transmission Type	Displays the most recent transmission type sent to the claim's primary payer. • Displays "Clearinghouse sent electronically" if the claim was sent electronically to the payer. • Displays "Clearinghouse sent on paper HCFA" if the claim was sent on paper to the payer by the clearinghouse. • Displays "User printed claim" if the claim was printed to the payer by a use
Last Billed Amount	Displays the most recent claim amount billed to the claim's primary payer.

Secondary Payer

Name	Description
Payer ID	Displays the unique identifier of the claim's secondary payer.
Authorization #	Associated with the "Authorization #" field for the secondary payer.
Group #	Associated with the "Group #" field for the secondary payer.
Has Primary?	Displays "Yes" if the claim has a secondary payer. Displays "No" otherwise.
Member ID	Associated with the "Member ID" field for the secondary payer.
Name	Displays the name of the claim's secondary payer.
Orig. Claim #	Associated with the "Orig. Claim #" field for the secondary payer.
Payer Type	Displays the payer type of claim's secondary payer.
Transmission Type	Displays the most recent transmission types sent to the claim's secondary paye • Displays "Clearinghouse sent electronically" if the claim was sent electronically to the payer. • Displays "Clearinghouse sent on paper HCFA" if the claim was sent on paper to the payer by the clearinghouse. • Displays "User Printed claim" if the claim was printed to the payer by a use
Last Billed Amount	Displays the most recent claim amount billed to the claim's tertiary payer.

Tertiary Payer

Name	Description
Payer ID	Displays the unique identifier of the claim's tertiary payer.
Authorization #	Associated with the "Authorization #" field for the tertiary payer.
Group #	Associated with the "Group #" field for the tertiary payer.
Has Primary?	Displays "Yes" if the claim has a tertiary payer. Displays "No" otherwise.
Member ID	Associated with the "Member ID" field for the tertiary payer.
Name	Displays the name of the claim's tertiary payer.
Orig. Claim #	Associated with the "Orig. Claim #" field for the tertiary payer.
Payer Type	Displays the payer type of the claim's tertiary payer.
Transmission Type	Displays the most recent transmission type sent to the claim's tertiary payer. • Displays "Clearinghouse electronically" if the claim was sent electronicall to the payer. • Displays "Clearinghouse sent on paper HCFA" if the claim was sent on paper to the payer by the clearinghouse. • Displays "User printed claim" if the claim was printed to the payer by a user.
Last Billed Amount	Displays the most recent claim amount billed to the claim's tertiary payer.

Claim Follow up

Name	Description
Check #	Associated with the "Check #" field on the Follow up Activity tab.
Insurance #	Associated with the "Insurance #" field on the Follow up Activity tab.
Reference #	Associated with the "Reference #" field on the Follow up Activity tab.
Check Date	Associated with the "Check Date" field on the Follow up Activity tab.
Allowed Amount	Associated with the "Allowed Amount" field on the Follow up Activity tab.
Paid Amount	Associated with the "Paid Amount" field on the Follow up Activity tab.

Claim Data

t Modified on 05/22/2026 4:21 pm EDT

Claim Data holds all information related to claims within a customer's account.

Name	Description
Billing Provider ID	Displays the unique identifier of the billing provider associated with a claim.
Claim ID	Displays the unique identifier of a particular claim.
Facility ID	Displays the unique identifier of the facility associated with a claim. If no facility is associated with the claim, this field will display 0.
Office ID	Displays the unique identifier of the office location associated with the claim. If no office location is associated with the claim, this field will display 0.
Ordering Provider ID	Displays the unique identifier of the ordering provider associated with a claim.
Patient ID	Displays the account number of the patient associated with a claim.
Practice ID	Displays the unique identifier of the practice associated with a claim
Referring Provider ID	Displays the unique identifier of the referring provider associated with a claim.
Rendering Provider ID	Displays the unique identifier of the rendering provider associated with a claim.
Created by Interface?	Displays "Yes" if the claim was created by an interface. This can be useful as a filter to only show claims that are created by an interface.
Current Payer Priority	Displays the priority of the current payer on the claim. This means: • If the current payer is the primary payer, this field will display "Primary". • If the current payer is the secondary payer, this field will display "Secondary". • If the current payer is the tertiary payer, this field will display "Tertiary". • If the claim is not currently at a payer, this field will display 'None".
Delete User	Displays the username of the user that deleted the claim.
Deleted?	Displays "Yes" if the claim has been marked as deleted. Displays "No" otherwise It's best practice to use this as a static filter set to "No" to ensure deleted claims are not displayed on reports.
Has Estimate?	Displays "Yes" if there is an Estimate in the system that is associated with the claim. Displays "No" otherwise.
Has Facility?	Displays "Yes" if the claim has a Facility associated with it. Displays "No" otherwise. This can be useful as a filter to only show claims that are associated with a Facility.
Has Followup?	Displays "Yes" if the claim has a Follow-up associated with it. Displays "No" otherwise. This can be useful as a filter to only show claims that are associated with follow ups.
Has Insurance Payment?	Displays "Yes" if the claim has an insurance payment associated with it. Displays "No" otherwise. This can be useful as a filter to only show claims that are associated with insurance payments.

Has Patient Payment?	Displays "Yes" if the claim has a patient payment associated with it. Displays "No" otherwise. This can be useful as a filter to only show claims that are associated with patient payments.
Has Payment?	Displays "Yes" if the claim has a payment associated with it. Displays "No" otherwise. This can be useful as a filter to only show claims that are associated with any payments.
Has Referring?	Displays "Yes" if the claim has a Referring Provider associated with it. Displays "No" otherwise. This can be useful as a filter to only show claims that are associated with a Referring Provider.
ICD List	Displays a list of all the claim's ICD codes, one after another.
Incomplete?	Displays "Yes" if the claim "Incomplete" option is selected on the claim. Displays "No" otherwise.
Last Public Claim Follow-Up Note	Displays the most recent follow-up note associated with a claim (as long as the note is not restricted to being visible by only certain users).
Last Public Claim Follow-Up Note Create User	Displays the user that created the most recent follow-up note associated with a claim (as long as the note is not restricted to being visible by only certain users).
New or Updated Today	Displays claims and charges that were added or changed the current day.
Reference #	Displays the data entered in the Reference # field on the claim, if applicable.
Type	Displays this claim's type, which can be one of the following: • Professional • Institutional
Username	Displays the username of the user that last created/altered the claim.
Date Entered	Displays the date that this claim was entered into the application.
Delete Date	Displays the date the this claim was deleted.
Followup Date	Displays the Follow up Date of the claim.
From Date	Displays the From Date of the claim.
Set to Status Due	Displays the date that this claim's status was last updated.
Last Public Claim Follow-Up Note Create Date	Displays the date the last public claim follow up note was created for this claim.
To Date	Displays the To Date of the claim.
Number of Claim Notes	Displays the total number of claim notes on the claim.
Number of Public Follow-Up Notes	Displays the total number of public follow up notes on the claim.
Times Billed	Displays the total number of times the claim was billed.
Amount Paid	Displays the total amount that has been paid on this claim.
Balance	Displays the total amount of this claim that is still outstanding.
Copay Applied	Displays the how much of the copay has been applied to this claim.
Copay Due	Displays the total copay due amount for this claim.
Copay Remaining	Displays the remaining copay amount for this claim.
Total Amount	Displays the original total amount of charges on the claim.

Diagnosis Codes

t Modified on 03/11/2019 3:58 pm EDT

Name	Description
dmit Code	Displays the chosen code in the "Admit" selection field.
dmit Code Description	Displays an abbreviated description of the chosen code in the "Admit" selection field.
Diagnosis Code 2	Displays the chosen code in the 1st "Other" selection field.
Diagnosis Code 2 Description	Displays an abbreviated description of the chosen code in the 1st "Other" selection field.
Diagnosis Code 3	Displays the chosen code in the 2nd "Other" selection field.
Diagnosis Code 3 Description	Displays an abbreviated description of the chosen code in the 2nd "Other" selection field.
Diagnosis Code 4	Displays the chosen code in the 3rd "Other" selection field.
Diagnosis Code 4 Description	Displays an abbreviated description of the chosen code in the 3rd "Other" selection field.
Diagnosis Code 5	Displays the chosen code in the 4th "Other" selection field.
Diagnosis Code 5 Description	Displays an abbreviated description of the chosen code in the 4th "Other" selection field.
Diagnosis Code 6	Displays the chosen code in the 5th "Other" selection field.
Diagnosis Code 6 Description	Displays an abbreviated description of the chosen code in the 5th "Other" selection field.
Diagnosis Code 7	Displays the chosen code in the 6th "Other" selection field.
Diagnosis Code 7 Description	Displays an abbreviated description of the chosen code in the 6th "Other" selection field.
Diagnosis Code 8	Displays the chosen code in the 7th "Other" selection field.
Diagnosis Code 8 Description	Displays an abbreviated description of the chosen code in the 7th "Other" selection field.
Diagnosis Code 9	Displays the chosen code in the 8th "Other" selection field.
Diagnosis Code 9 Description	Displays an abbreviated description of the chosen code in the 8th "Other" selection field.
Diagnosis Code 10	Displays the chosen code in the 9th "Other" selection field.
Diagnosis Code 10 Description	Displays an abbreviated description of the chosen code in the 9th "Other" selection field.
Diagnosis Code 11	Displays the chosen code in the 10th "Other" selection field.
Diagnosis Code 11 Description	Displays an abbreviated description of the chosen code in the 10th "Other" selection field.
Diagnosis Code 12	Displays the chosen code in the 11th "Other" selection field.
Diagnosis Code 12 Description	Displays an abbreviated description of the chosen code in the 11th "Other" selection field.
Diagnosis Code 13	Displays the chosen code in the 12th "Other" selection field.

)iagnosis Code 13 Description	Displays an abbreviated description of the chosen code in the 12th "Other' selection field.
)iagnosis Code 14	Displays the chosen code in the 13th "Other" selection field.
)iagnosis Code 14 Description	Displays an abbreviated description of the chosen code in the 13th "Other' selection field.
)iagnosis Code 15	Displays the chosen code in the 14th "Other" selection field.
)iagnosis Code 15 Description	Displays an abbreviated description of the chosen code in the 14th "Other' selection field.
)iagnosis Code 16	Displays the chosen code in the 15th "Other" selection field.
)iagnosis Code 16 Description	Displays an abbreviated description of the chosen code in the 15th "Other' selection field.
)iagnosis Code 17	Displays the chosen code in the 16th "Other" selection field.
)iagnosis Code 17 Description	Displays an abbreviated description of the chosen code in the 16th "Other' selection field.
)iagnosis Code 18	Displays the chosen code in the 17th "Other" selection field.
)iagnosis Code 18 Description	Displays an abbreviated description of the chosen code in the 17th "Other' selection field.
Code 1	Displays the chosen code in the 1st "E Code" selection field.
Code 1 Description	Displays an abbreviated description of the chosen code in the 1st "E Code" selection field.
Code 2	Displays the chosen code in the 2nd "E Code" selection field.
Code 2 Description	Displays an abbreviated description of the chosen code in the 2nd "E Code selection field.
Code 3	Displays the chosen code in the 3rd "E Code" selection field.
Code 3 Description	Displays an abbreviated description of the chosen code in the 3rd "E Code' selection field.
Code 4	Displays the chosen code in the 4th "E Code" selection field.
Code 4 Description	Displays an abbreviated description of the chosen code in the 4th "E Code' selection field.
Code 5	Displays the chosen code in the 5th "E Code" selection field.
Code 5 Description	Displays an abbreviated description of the chosen code in the 5th "E Code' selection field.
Code 6	Displays the chosen code in the 6th "E Code" selection field.
Code 6 Description	Displays an abbreviated description of the chosen code in the 6th "E Code' selection field.
Code 7	Displays the chosen code in the 7th "E Code" selection field.
Code 7 Description	Displays an abbreviated description of the chosen code in the 7th "E Code' selection field.
Code 8	Displays the chosen code in the 8th "E Code" selection field.
Code 8 Description	Displays an abbreviated description of the chosen code in the 8th "E Code' selection field.
Code 9	Displays the chosen code in the 9th "E Code" selection field.

Code 9 Description	Displays an abbreviated description of the chosen code in the 9th "E Code" selection field.
Code 10	Displays the chosen code in the 10th "E Code" selection field.
Code 10 Description	Displays an abbreviated description of the chosen code in the 10th "E Code" selection field.
Code 11	Displays the chosen code in the 11th "E Code" selection field.
Code 11 Description	Displays an abbreviated description of the chosen code in the 11th "E Code" selection field.
Code 12	Displays the chosen code in the 12th "E Code" selection field.
Code 12 Description	Displays an abbreviated description of the chosen code in the 12th "E Code" selection field.
Principal Diagnosis	Displays the chosen code in the "Principal" selection field.
Principal Diagnosis Description	Displays an abbreviated description of the chosen code in the "Principal" selection field.

ıdditional Info

t Modified on 06/18/2020 4:58 pm EDT

he additional info sub-category (under the Institutional sub-category) holds additional information pecifically associated with Institutional claims. All of the fields under this sub-category correspond directl vith fields found under the Additional Info tab within the Claim section of the application of an Institutiona laim.

Name	Description
ıdmission Hour	Displays the chosen option in the "Admission Hour" field.
ıdmission Source	Displays the chosen option in the "Admission Source" field.
ıdmission Type	Displays the chosen option in the "Admission Type" field.
)ischarge Hour	Displays the chosen option in the "Discharge Hour" field.
'atient Status	Displays the chosen option in the "Patient Status" field.
ıdmission Date	Associated with the "Admission Date" field.
tatement Covers From Date	Displays the Statement Covers From Date of the claim found within the claim information section.
tatement Covers To Date	Displays the Statement Covers To Date of the claim found within the claim information section.
'PS (Diagnosis Related Group)	Displays the entered information on the "PPS (Diagnosis Related Group)" field.

nformation Codes

t Modified on 07/09/2021 1:06 pm EDT

Name	Description
)ther Procedure 1 Code	Displays the chosen code in the 1st "Other Procedure" selection field.
)ther Procedure 2 Code	Displays the chosen code in the 2nd "Other Procedure" selection field.
)ther Procedure 3 Code	Displays the chosen code in the 3rd "Other Procedure" selection field.
)ther Procedure 4 Code	Displays the chosen code in the 4th "Other Procedure" selection field.
)ther Procedure 5 Code	Displays the chosen code in the 5th "Other Procedure" selection field.
'rinciple Procedure Code	Displays the chosen code in the "Principal Diagnosis" selection field.
)ther Procedure 1 Date	Displays the chosen procedure's date in the 1st "Other Procedure" selection field.
)ther Procedure 1 Date	Displays the chosen procedure's date in the 2nd "Other Procedure" selection field.
)ther Procedure 1 Date	Displays the chosen procedure's date in the 3rd "Other Procedure" selection field.
)ther Procedure 1 Date	Displays the chosen procedure's date in the 4th "Other Procedure" selection field.
)ther Procedure 1 Date	Displays the chosen procedure's date in the 5th "Other Procedure" selection field.
'rinciple Procedure Date	Displays the chosen procedure's date in the "Principal Diagnosis" selection field.

Condition Codes

t Modified on 10/11/2021 6:24 pm EDT

Name	Description
Condition Code 1	Displays the chosen code in the 1st "Condition" selection field.
Condition Code 2	Displays the chosen code in the 2nd "Condition" selection field.
Condition Code 3	Displays the chosen code in the 3rd "Condition" selection field.
Condition Code 4	Displays the chosen code in the 4th "Condition" selection field.
Condition Code 5	Displays the chosen code in the 5th "Condition" selection field.
Condition Code 6	Displays the chosen code in the 6th "Condition" selection field.
Condition Code 7	Displays the chosen code in the 7th "Condition" selection field.
Condition Code 8	Displays the chosen code in the 8th "Condition" selection field.
Condition Code 9	Displays the chosen code in the 9th "Condition" selection field.
Condition Code 10	Displays the chosen code in the 10th "Condition" selection field.
Condition Code 11	Displays the chosen code in the 11th "Condition" selection field.
Condition Code 12	Displays the chosen code in the 12th "Condition" selection field.
Condition Code 13	Displays the chosen code in the 13th "Condition" selection field.
Condition Code 14	Displays the chosen code in the 14th "Condition" selection field.
Condition Code 15	Displays the chosen code in the 15th "Condition" selection field.
Condition Code 16	Displays the chosen code in the 16th "Condition" selection field.
Condition Code 17	Displays the chosen code in the 17th "Condition" selection field.
Condition Code 18	Displays the chosen code in the 18th "Condition" selection field.
Condition Code 19	Displays the chosen code in the 19th "Condition" selection field.
Condition Code 20	Displays the chosen code in the 20th "Condition" selection field.
Condition Code 21	Displays the chosen code in the 21st "Condition" selection field.
Condition Code 22	Displays the chosen code in the 22nd "Condition" selection field.
Condition Code 23	Displays the chosen code in the 23rd "Condition" selection field.
Condition Code 24	Displays the chosen code in the 24th "Condition" selection field.

Primary Payer

t Modified on 08/14/2026 2:52 pm EDT

Name	Description
ayer ID	Displays the unique identifier of the claim's primary payer.
uthorization #	Associated with the "Authorization #" field for the primary payer.
laim Control / Original ef. #	Displays the ICN number (*Claim Control #)* within a claim after the ERA is applied.
roup #	Associated with the "Group #" field for the primary payer.
as Primary?	Displays "Yes" if the claim has a primary payer. Displays "No" otherwise.
ember ID	Associated with the "Member ID" field for the primary payer.
ame	Displays the name of the claim's primary payer.
rig. Claim #	Associated with the "Orig. Claim #" field for the primary payer.
ayer Type	Displays the payer type of the claim's primary payer.
ransmission Type	Displays the most recent transmission type sent to the claim's primary payer. • Displays "Clearinghouse sent electronically" if the claim was sent electronically to the payer. • Displays "Clearinghouse sent on paper HCFA" if the claim was sent on paper to the payer by the clearinghouse. • Displays "User printed claim" if the claim was printed to the payer by a use
ast Billed Amount	Displays the most recent claim amount billed to the claim's primary payer.

dditional Info

t Modified on 10/02/2023 2:44 pm EDT

he Additional Info sub-category holds information specifically associated with Professional claims. All of ne fields under this sub-category correspond directly with fields found under the Additional Info tab withi ne Claim section of the application of a Professional claim.

Name	Description
laim Note	Displays the data from the Additional Info → Claim Note field on professional claims.
ccident State	Associated with the "Accident State" field.
mbulatory Patient Group	Associated with the "Ambulatory Patient Group" field.
uto Related?	Displays "Yes" if the "Is this claim auto accident related (box 10)" field is set to "Yes". Otherwise, this field will display "No".
ox 10-D	Associated with the "Box 10-D" field.
ox 19	Associated with the "Box 19" field.
elay Reason Code	Displays the chosen option in the "Delay Reason Code" combo box.
emonstration Project	Associated with the "Demonstration Project' field.
ocumentation Method	Displays the chosen option in the "Delay Reason Code" combo box.
ocumentation Type	Displays the chosen option in the "Type" combo box next to the "Documentation Method" field. This field will display "None" if no option has been selected.
mployment Related?	Displays "Yes" if the "Is this claim employment related (box 10)" field is se to "Yes". Otherwise, this field will display "No".
BHC Number	Associated with the "GBHC Referral Number" field.
omebound?	Displays "Yes" if the "Homebound" field is set to "Yes". Otherwise, this field will display "No".
nvestigation Device Exemption	Associated with the "Investigation Device Exemption" field.
ammography Certification	Associated with the "Mammography Certification" field.
ther Related?	Displays "Yes" if the "Is this claim other accident related (box 10)" field is set to "Yes". Otherwise, this field will display "No".
esubmit Code	Associated with the "Resubmit Reason Code (box 22)" field.
ervice Auth. Exception	Displays the chosen option in the "Service Authorization Exception" selection field. If no selection has been made, this field will display "None"
ignature in Box 12?	Displays the chosen option in the "Print SIGNATURE ON FILE in Box 12" selection field.
ignature in Box 13?	Displays the chosen option in the "Print SIGNATURE ON FILE in Box 13" selection field.
pecial Program Code	Displays the chosen option in the "Special Program Code" selection field. no selection has been made, this field will display "None".
PL Code	Associated with the "Payer Assigned TPL Code" field.
PL Status Code	Displays the chosen option in the "TPL Status Code" selection field. If no selection has been made, this field will display "None".

Hospitalized Form Date	Associated with the "Hospitalized From Date (box 18)" field.
Hospitalized To Date	Associated with the "To Date" field next to the "Hospitalized From Date (box 18)" field.
nitial Treatment	Associated with the "Initial Treatment" field.
ast Menstrual Period	Associated with the "Last Menstrual Period" field.
ast Seen	Associated with the "Date Last Seen" field.
Onset of Illness	Associated with the "Date of Onset of Illness or Accident (box 14)" field.
imilar Illness	Associated with the "Date of Similar Illness (box 15)" field.
Unable to Work From Date	Associated with the "Unable to Work From Date (box 16)" field.
Unable to Work To Date	Associated with the "To Date" next to the "Unable to Work From Date (box 16)" field.
Patient Height	Associated with the "Height (in.)" field.
Patient Weight	Associated with the "Patient Weight (lbs.)" field.
ab Charges	Associated with the "Lab Charges (box 20)" field.

ambulance Info

t Modified on 03/11/2019 3:59 pm EDT

he Ambulance Info sub-category (under the Professional sub-category) holds ambulance information pecifically associated with Professional claims. All of the fields under this sub-category correspond directl vith fields found under the Additional Info > Ambulance tab within the Claims section of the application of rofessional claim.

Name	Description
Dropoff Address 1	Associated with the first "Address" field of the Dropoff Address.
Dropoff Address 2	Associated with the second "Address" field of the Dropoff Address.
Dropoff City	Associated with the "City" field of the Dropoff Address.
Dropoff State	Associated with the "State" field of the Dropoff Address.
Dropoff Address 1	Associated with the first "Address" field of the Pickup Address.
Pickup City	Associated with the "City" field of the Pickup Address.
Pickup State	Associated with the "State" field of the Pickup Address.
Round Trip Reason	Associated with the "Round Trip Reason" field.
tretcher Reason	Associated with the "Stretcher Reason" field.
Transport Reason	Displays the chosen option in the "Transport Reason" selection field. If no selection has been made, this field will display "None".
Dropoff Zip Code	Associated with the "Zipcode" field of the Dropoff Address.
Patient Weight	Associated with the "Patient Weight" field.
Patient Zip Code	Associated with the "Zipcode" field of the Pickup Address.
Transport Miles	Associated with the "Transport Miles" field.

)iagnosis Codes

:t Modified on 03/11/2019 3:59 pm EDT

'he Diagnosis Codes sub-category (under the Professional sub-category) holds diagnosis codes specifically ssociated with the Professional claims. All of the fields under this sub-category correspond directly with CD codes associated to the charges of a Professional claim.

Name	Description
CD 1	Associated with the "ICD #1" field.
CD 1 Description	Displays an abbreviated description of the chosen code in the "ICD #1" selection field.
CD 2	Associated with the "ICD #2" field.
CD 2 Description	Displays an abbreviated description of the chosen code in the "ICD #2" selection field.
CD 3	Associated with the "ICD #3" field.
CD 3 Description	Displays an abbreviated description of the chosen code in the "ICD #3" selection field.
CD 4	Associated with the "ICD #4" field.
CD 4 Description	Displays an abbreviated description of the chosen code in the "ICD #4" selection field.
CD 5	Associated with the "ICD #5" field.
CD 5 Description	Displays an abbreviated description of the chosen code in the "ICD #5" selection field.
CD 6	Associated with the "ICD #6" field.
CD 6 Description	Displays an abbreviated description of the chosen code in the "ICD #6" selection field.
CD 7	Associated with the "ICD #7" field.
CD 7 Description	Displays an abbreviated description of the chosen code in the "ICD #7" selection field.
CD 8	Associated with the "ICD #8" field.
CD 8 Description	Displays an abbreviated description of the chosen code in the "ICD #8" selection field.
CD 9	Associated with the "ICD #9" field.
CD 9 Description	Displays an abbreviated description of the chosen code in the "ICD #9" selection field.
CD 10	Associated with the "ICD #10" field.
CD 10 Description	Displays an abbreviated description of the chosen code in the "ICD #10" selection field.
CD 11	Associated with the "ICD #11" field.
CD 11 Description	Displays an abbreviated description of the chosen code in the "ICD #11" selection field.
CD 12	Associated with the "ICD #12" field.

CD 12 Description	Displays an abbreviated description of the chosen code in the "ICD #12" selection field.

Secondary Payer

t Modified on 08/14/2026 2:52 pm EDT

Name	Description
Payer ID	Displays the unique identifier of the claim's secondary payer.
Authorization #	Associated with the "Authorization #" field for the secondary payer.
Claim Control / Original Ref. #	Displays the ICN number (*Claim Control #)* within a claim after the ERA is applied.
Group #	Associated with the "Group #" field for the secondary payer.
Has Primary?	Displays "Yes" if the claim has a secondary payer. Displays "No" otherwise.
Member ID	Associated with the "Member ID" field for the secondary payer.
Name	Displays the name of the claim's secondary payer.
Orig. Claim #	Associated with the "Orig. Claim #" field for the secondary payer.
Payer Type	Displays the payer type of claim's secondary payer.
Transmission Type	Displays the most recent transmission types sent to the claim's secondary paye • Displays "Clearinghouse sent electronically" if the claim was sent electronically to the payer. • Displays "Clearinghouse sent on paper HCFA" if the claim was sent on paper to the payer by the clearinghouse. • Displays "User Printed claim" if the claim was printed to the payer by a use
Last Billed Amount	Displays the most recent claim amount billed to the claim's tertiary payer.

Tertiary Payer

Last Modified on 08/14/2026 2:52 pm EDT

Name	Description
Payer ID	Displays the unique identifier of the claim's tertiary payer.
Authorization #	Associated with the "Authorization #" field for the tertiary payer.
Claim Control / Original Ref. #	Displays the ICN number (*Claim Control #)* within a claim after the ERA is applied.
Group #	Associated with the "Group #" field for the tertiary payer.
Has Primary?	Displays "Yes" if the claim has a tertiary payer. Displays "No" otherwise.
Member ID	Associated with the "Member ID" field for the tertiary payer.
Name	Displays the name of the claim's tertiary payer.
Orig. Claim #	Associated with the "Orig. Claim #" field for the tertiary payer.
Payer Type	Displays the payer type of the claim's tertiary payer.
Transmission Type	Displays the most recent transmission type sent to the claim's tertiary payer. • Displays "Clearinghouse electronically" if the claim was sent electronically to the payer. • Displays "Clearinghouse sent on paper HCFA" if the claim was sent on paper to the payer by the clearinghouse. • Displays "User printed claim" if the claim was printed to the payer by a user.
Last Billed Amount	Displays the most recent claim amount billed to the claim's tertiary payer.

ollow up Activity

t Modified on 03/11/2019 3:57 pm EDT

Name	Description
heck #	Associated with the "Check #" field on the Follow up Activity tab.
nsurance #	Associated with the "Insurance #" field on the Follow up Activity tab.
eference #	Associated with the "Reference #" field on the Follow up Activity tab.
heck Date	Associated with the "Check Date" field on the Follow up Activity tab.
llowed Amount	Associated with the "Allowed Amount" field on the Follow up Activity tab.
aid Amount	Associated with the "Paid Amount" field on the Follow up Activity tab.

Claim Statement Data

t Modified on 07/16/2020 1:59 pm EDT

Claim Statement Data holds all information related to statements associated with specific claims.

Name	Description
Claim ID	Displays the unique identifier of a particular claim.
tatement TCN	Displays the unique identifier of the Transaction Control Number associated with a statement.
ast Claim Statement Date	Groups this charge into a particular age category based on its Last Claim Statement Age. In this context, age is defined as the number of days that have passed since the change was last billed. The age category thresholds are as follows: • Less than 30 days • 31 to 60 days • 61 to 90 days • 91 to 120 days • 121 to 150 days • 151 to 180 days • 181 to 365 days • Over 1 Year **Note:** When each category is displayed it will be preceded by an alphabetical letter denoting its order in relation to each other age category. These letters are only used for proper ordering on reports and should otherwise be ignored.
Claim Statements Sent	Displays the number of statements sent that are associated with a claim.
mount Billed	Displays the total amount that has been billed on thi claim.

Credit Data

t Modified on 05/13/2026 4:53 pm EDT

Credit Data

Credit Data holds all information related to credit within a customer's account. In the CollaborateMD pplication, a credit can be classified as a payment, adjustment, or account credit.

Name	Description
Charge ID	The transaction number of the charge associated with this credit.
Claim ID	The unique identifier of the claim associated with this credit.
Collection Agency	The unique identifier of the collection agency associated with this credit.
Credit ID	The transaction number associated with this credit.
acility ID	The unique identifier of the facility associated with the charge that this credit was applied to. If this credit is not associated with a particular charge, this field will display 0.
atient ID	The account number of the patient associated with this credit.
ayer ID	The unique identifier of the payer associated with this credit. This field will only display a Payer ID if the credit came from a payer.
ractice ID	The unique identifier of the Practice associated with this credit.
rovider Adjustment ID	The unique identifier of the Provider Adjustment ID associated with this credit.
rovider ID	The unique identifier of the Provider associated with this credit.
pplied to Payment Plan?	Displays "Yes" if this credit has been made to a payment plan. This field will display "No" otherwise.
OS to Received Age	Groups this credit into a particular age category based on the amount of time that has passed between its associated charge's DOS and the date that the credit was received. The age category threshold are as follows: • Less Than 30 days • 30 to 60 days • 60 to 90 days • 90 to 120 days • 120 to 150 days • 150 to 180 days • 180 to 365 days • Over 1 Year Note: When each category is displayed it will be preceded by an alphabetical letter denoting its order in relation to each other age category. These letters are only used for proper ordering on reports and should otherwise be ignored If there is no charge associated with this particular credit, this field will displa "N/A".

djustment Code(s)	Displays any Adjustment codes entered or received from an insurance payment (EOB or ERA).
emark Code(s)	Displays any Remark codes entered or received from an insurance payment (EOB or ERA).
djustment Code(s)	Displays any Unpaid codes entered or received from an insurance payment (EOB or ERA)
elete User	Displays the username of the user that marked this field as deleted.
eleted?	Displays "Yes" if this credit has been marked as deleted. This field will display "No" otherwise.
Refund/Reversal?	Displays "Yes" if this credit is either a refund or a reversal. Otherwise, this field will display "No".
Transfer?	Displays "Yes" if this credit is a transfer. Otherwise, this field will display "No
emoline	Displays the memoline associated with this credit.
ayment Type	Classifies this payment's type into one of the following categories: • Cash • Check • Credit Card • Other • Visa • MasterCard • American Express • Discover • HCA
efund/Reversal?	Displays "Refund" or "Reversal"
ource (w/ Payer)	Displays the source of the credit, with the associated payer's name substituted where applicable. The possible statues are as follows: • Unknown • Patient (Payment) • [Payer] (Payment) • Copay • Patient Adjustment • [Payer] Adjustment • Account Credit • Transfer

ource (w/o Payer)	Displays the source of the credit. The possible statues are as follows: • Unknown • Patient (Payment) • Insurance (Payment) • Copay • Patient Adjustment • Insurance Adjustment • Account Credits • Transfer
Jsernamе	Displays the username of the user that entered this credit into the system.
)eleted Date	Displays the date that this credit was marked as deleted.
)eposit Date	Displays the date that this deposit was received.
ntered	Displays the date that this credit was entered into the system.
eceived	Displays the date that this credit was received (for payments, this will be the check date).
ontract ID	The unique identifier of the contract associated with this credit.
eceipt #	Displays the sequential receipt number for any payments coming from a patient payment or patient copay. If there is no receipt number it is because the payment came before receipts were being used or the payment is not from a patient.
djustment Amount by Code	Displays the adjustment amounts per remittance code received from the patient's insurance.
llowed Amount	Displays the allowed amount as dictated by the patient's insurance. If there is no insurance associated with the payment/charge then this field will display 0.00.
ontract Rate	The contract price associated with this credit.
)eductible Amount	Displays the deductible amount of this credit only if the credit represents a deductible. Otherwise, this field displays 0.
otal Applied	Displays the total amount of this credit that has been applied. Note: When using this field, in the event you see a negative amount it represents a refund or reversal.
otal Paid	Displays the total amount of this credit regardless of how much has been applied.
otal Refund Amount	Displays the total applied refund amount if the credit represents a refund. Otherwise, this field will display 0.
otal Reversal Amount	Displays the total applied reversal amount if this credit represents a reversal Otherwise, this field will display 0.

ccount Credits

Name	Description
ype	Displays the type of this account credit. Possible types are: • Insurance • Patient
mount Remaining	Displays the remaining amount on this account credit.
mount Used	Displays the amount that has been used from this account credit.
riginal Amount	Displays the total original amount of this account credit.

djustments

Name	Description
djustment ID	The unique identifier of the adjustment.
djustment Code	The adjustment code associated with this adjustment credit.
djustment Amount	The adjustment amount associated with this adjustment credit.
nsurance Adjustment Amount	Displays the value of the "Total Applied" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Insurance Adjustment" Otherwise, this field will display 0.
atient Adj Amount w/ Transfers)	Displays the value of the "Total Applied" field (found under Credit Data)as long as following conditions are met: • The credit's source is "Patient Adjustment" or "Transfer" Otherwise, this field will display 0.
atient Adj Amount w/o Transfers)	Displays the value of the "Total Applied" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Patient Adjustment" Otherwise, this field will display 0.

ayer

Name	Description
ayer ID	The unique identifier of this credit's payer.
ayer Name	Displays the name of this credit's payer.
ayer Type	Displays the payer type of this credit's payer.

ayments

Name	Description
ayment ID	The unique identifier of the payment.
heck #	The check number associated with this payment.
ther Ref #	The other reference number associated with the insurance payment.
nsurance Applied Amount	Displays the value of the "Total Applied" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Insurance Payment" Otherwise, this field will display 0.
nsurance Paid Amount	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Insurance Payment" Otherwise, the field will display 0.
atient Applied Amount	Displays the value of the "Total Applied" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Patient Payment" Otherwise, this field will display 0.
atient Copay Amount	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Copay" Otherwise, this field will display 0.

'atient Paid Amount w/ Copays)	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Patient Payment" or "Copays" Otherwise, this field will display 0.
'atient Paid Amount w/o Copays)	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Patient Payment" Otherwise, this field will display 0.
'ayment Applied Amount	Displays the payment amounts applied to charges.
'ayment Total Amount w/ Copays)	Displays the payment total amount including copays.
'ayment Total Amount w/o Copays)	Displays the payment total amount without copays. Note: This field will always display $0.00 in the case that the payment is patient copay.
'rimary Deductible Amount	Displays the value of the "Deductible Amount" field (found under Credit Data) as long as this credit was paid by a charge's primary payer.
econdary Deductible Amount	Displays the value of the "Deductible Amount" field (found under Credit Data) as long as this credit was paid by a charge's secondary payer.
'ertiary Deductible Amount	Displays the value of the "Deductible Amount" field (found under Credit Data) as long as this credit was paid by a charge's tertiary payer.
'ransfer Amount	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's source is "Transfer" Otherwise, this field will display 0.
'atient Transfer Amount	Displays the value of patient account credits.
nsurance Transfer Amount	Displays the value of insurance account credits.

'ayments - Paid Amount by Type

Name	Description

ımerican Express	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's Payment Type is "American Express" Otherwise, this field will display 0.
:ash	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's Payment Type is "Cash" Otherwise, this field will display 0.
:heck	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's Payment Type is "Check" Otherwise, this field will display 0.
:redit Card	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's Payment Type is "Credit Card" Otherwise, this field will display 0.
)iscover	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's Payment Type is "Discover" Otherwise, this field will display 0.
ıCA	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's Payment Type is "HCA" Otherwise, this field will display 0.

Master Card	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's Payment Type is "MasterCard" Otherwise, this field will display 0.
Visa	Displays the value of the "Total Paid" field (found under Credit Data) as long as the following conditions are met: • The credit's Payment Type is "Visa" Otherwise, this field will display 0.

Customer Data

t Modified on 02/27/2019 4:09 pm EST

Customer Data holds all customer identifying information under a customer account. All of the fields withi his category correspond directly to fields that can be found in the Admin section of the application.

Name	Description
Customer ID	The unique identifier for a Customer, as seen in the "Customer #" field.
Name	Displays the name of the customer.
Name w/ ID	Displays the name of the customer with it's ID.

:ligibility Benefit Data

:t Modified on 07/20/2026 1:24 pm EDT

ligibility Data contains response details that integrate with your existing eligibility data reports. Because ayers provide information in varying formats and the range of benefit details is extensive, this data can be ustomized (via a custom report) to meet your specific needs. All of the fields within this category orrespond directly to fields that can be found in the Eligibility Response screen.

⚠ Please see the steps below to add Eligibility Benefit Data to your existing Eligibility Requests report.

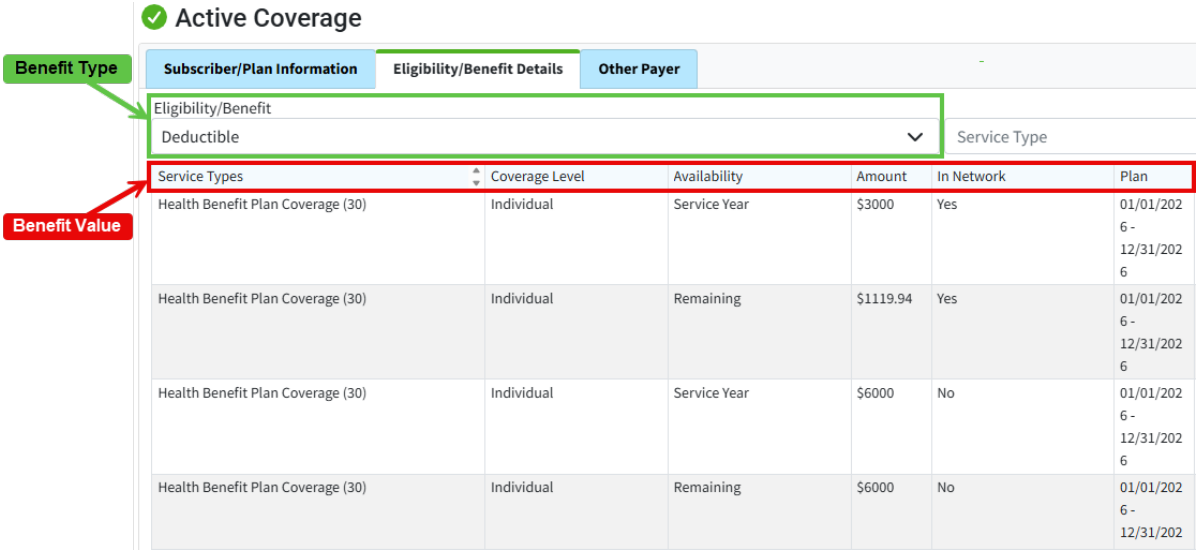
lame	Description
3enefit Type	Displays benefit category (e.g., copay, deductible, ou of-pocket max), covering roughly 35 standard benefi types returned by payers.
3enefit Value	Allows you to drill into a specific service type within that benefit (e.g., *Health Benefit Plan Coverage*), with roughly 150 possible values to choose from. You must select your benefit value from the list when adding as a column or filter.
3enefit Index	Displays the benefit index for premiums and out-of-pocket medical costs.
'ransaction ID	The unique identifier for the eligibility transaction.

You can build a custom Eligibility Report using the Eligibility Requests Report as a template.

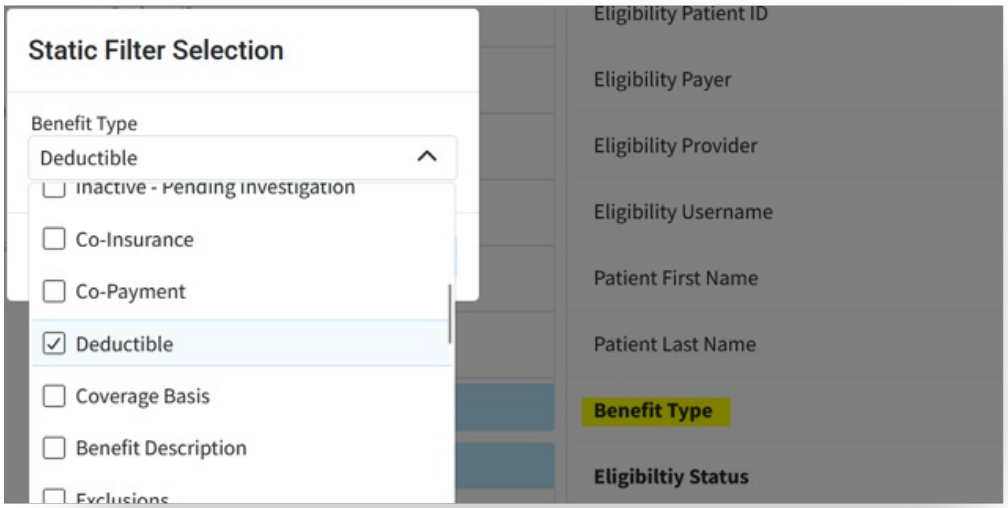
low to Build a custom Eligibility Report with Eligibility Benefit Data

ollow these steps to build a custom report that meets your specific needs:

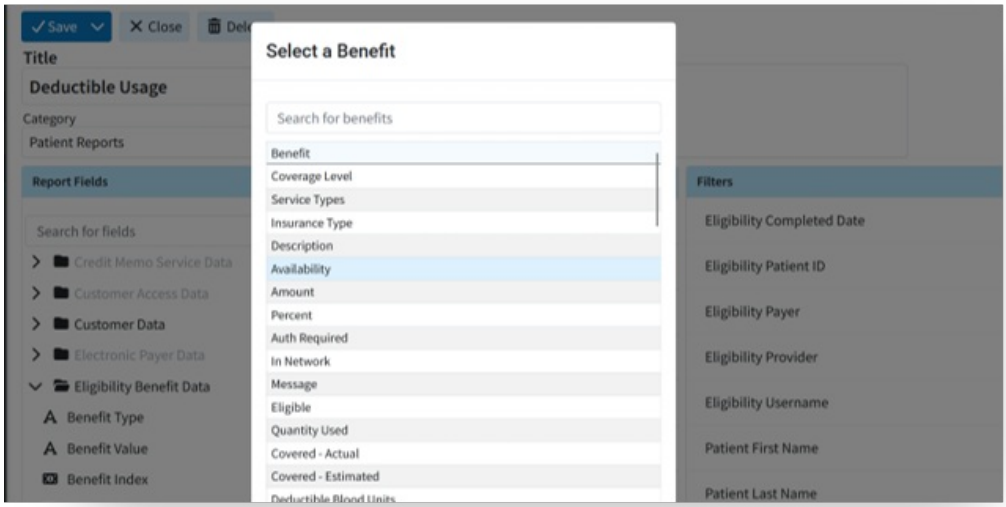
1. Open up an eligibility result and select the***Eligibility/Benefit Details*** tab.
2. Find out where the info is in the Eligibility Report.



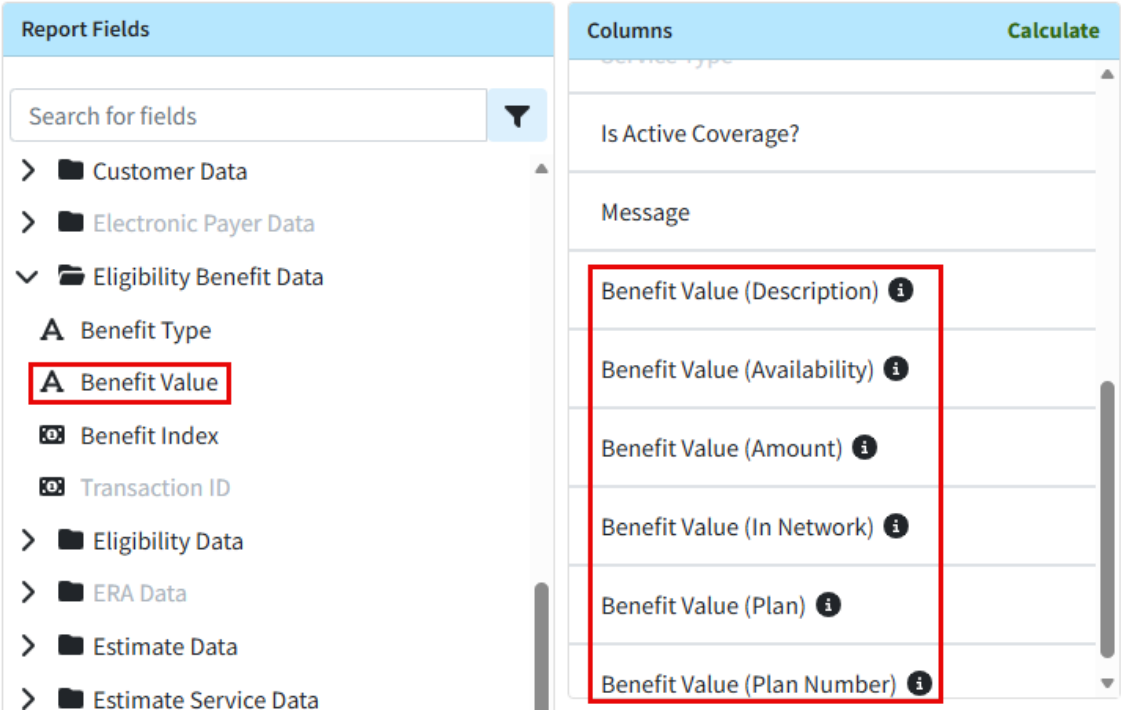
3. Go to **Reports** > **Builder** and select **New Report**.
4. Build *From Template* using **Eligibility Requests** report
5. Under the Eligibility Benefit Data, add **Benefit Type** to your report filters
    1. Set it as Static or use Default Values to match the value(s) from the Eligibility Benefit dropdown



6. Find the Benefit Values you want from the Eligibility Report
7. Add **Benefit Value** as a column
    1. Select the column header that you are interested in
    2. Keep adding Benefit Value as columns, selecting the different values based on the data you need



3. The builder will show the values you selected in parentheses



8. Click **Save**

:ligibility Data

:t Modified on 07/17/2025 4:43 pm EDT

ligibility Data holds all eligibility request and response information under a customer's account. All of the elds within this category correspond directly to fields that can be found in the Patient section of the pplication > Eligibility tab.

lame	Description
'atient ID	The unique identifier for a Patient, as seen in the "Account #" field.
'ayer ID	The unique identifier for a Payer, as seen in the "Seq #" field.
'rovider ID	The unique identifier for a Provider, as seen in the "Seq#" field.
s Active Coverage?	Displays if there is active coverage based on the Eligibility.Active field using Yes or No filter values.
Message	Displays any eligibility message (error message).
'ayer Priority	Displays the priority of the payer the eligibility was checked for. This means: • If the eligibility was checked for the primary payer, this field will display "Primary". • If the eligibility was checked for the secondary payer, this field will display "Secondary". • If the eligibility was checked for the tertiary payer, this field will display "Tertiary".
ervice Type	Displays the service type (values are the full name (i.e., “Medical Care” rather than the code “01”))basec on the Eligibility.Servicetype field.
tatus	Displays the patient's Eligibility Status.
Jsername	Displays the username of the user that checked the patient's eligibility.
:ompleted Date	Displays the date the eligibility response was returned.
ubmitted Date	Displays the date the eligibility request was sent.

tatus	Displays the status of the returned eligibility reques defined as follows: • 0 - The request was not sent or was unable to b sent due to an error. • 1 - The request response was received. • 3 - There was a problem resolving eligibility. Th generally means a field was missing that the payer requires in order to check the eligibility (e.g., subscriber #, member ID, etc.)

acility Data

t Modified on 02/27/2019 4:09 pm EST

acility Data holds all facility information under a customer's account. All of the fields within this category orrespond directly to fields that can be found under the Facility section of the application.

Name	Description
acility ID	The unique identifier for a Facility, as seen in the "Seq#" field.
ddress Line 1	Associated with the first "Address" field.
ddress Line 2	Associated with the second "Address" field.
lue Cross ID	Associated with the "BlueCross Id" field.
lue Shield ID	Associated with the "BlueShield Id" field.
LIA ID	Associated with the "CLIA id#" field.
ity	Associated with the "City" field.
mail	Associated with the "Email" field.
nactive?	Displays "Yes" if the "Check Here To Make Facility Inactive" option is selected. Otherwise, this field will display "No".
ocation Provider ID	Associated with the "Locator Provider Id" field.
ocator Code	Associated with the "Locator Code" field.
edicaid ID	Associated with the "Medicaid Id" field.
edicare ID	Associated with the "Medicare Id" field.
PI	Associated with the "NPI" field.
ame	Associated with the "Name" field.
ame w/ID	Displays the Facility Name with it's ID. eg, Main Facility (12345678)
OS Code	Displays the chosen code int he "POS Code" selection field.
eference ID	Associated with the "Reference Id" field.
ite ID	Associated with the "Site Id" field.
ax ID	Associated with the "Tax Id#" field.
axonomy Code	Displays the chosen taxonomy code in the "Taxonomy Specialty" selection field.
ax Number	Associated with the "Fax#" field.
hone Number	Associated with the "Phone#" field.
ip Code	Associated with the "Zipcode" field.

·ee Schedule Data

t Modified on 02/27/2019 4:09 pm EST

ee Schedule Data holds all fee schedule information under a customer's account. All of the fields within his category correspond directly to fields that can be found in the Codes section of the application.

Name	Description
ee Schedule Description	Associated with a fee schedule "Description".
ee Schedule Name	Associated with a fee schedule "Name" field.
ee Schedule ID	Displays the fee schedules "Sequence # / Unique ID".

·ee Schedule Price Data

t Modified on 02/27/2019 4:09 pm EST

ee Schedule Price Data holds all fee schedule information under a customer's account. All of the fields vithin this category correspond directly to price related fields linked to a fee schedule found in the Codes ection of the application.

Name	Description
CPT Code	Displays the CPT Code associated to a fee schedule.
Revenue Code	Displays the Revenue Code associated to a fee schedule.
Price	Displays the fee schedule price associated to a CPT or Revenue Code.

Patient Data

t Modified on 09/09/2024 11:59 am EDT

atient Data holds all patient information under a customer's account. All of the fields under this category orrespond directly with fields found under the Patient section of the application.

Name	Description
ccount Number	The account number of the patient as seen in the "Account#" field.
acility ID	The unique identifier of the Facility associated with the patient.
ffice ID	The unique identifier of the Office associated with the patient.
ractice ID	The unique identifier of the Practice associated with the patient.
rovider ID	The unique identifier of the Provider associated with the patient.
eferring Provider ID	The unique identifier of the Referring Provider associated with the patient.
ccount Type	Displays the chosen option in the "Account Type" comb box.
ddress Line 1	Associated with the first "Address" field.
ddress Line 2	Associated with the second "Address" field.
irth Month	Displays the full month name that the patient was born in. For example, if a patient was born on 10/23/1990, this field would display "October".
irthday Today?	Displays "Yes" if today is the patient's birthday. That is, the current date's day and month must match the day and month in which the patient was born. If not, this field will display "No".
ell Phone	Associated with the "Cell#" field.
ity	Associated with the "City" field.
ollect Reason	Displays the collection reason associated with this patient account.
river's License	Associated with the "Driver's Lisc." field.
mail	Associated with the "Email" field.
mployed Status	Displays the chosen option in the "Employed Status" selection field (under Defaults).
thnicity	Displays the chosen option in the "Ethnicity" selection field (under Defaults).
irst Name	Associated with the "First" field.
ull Name	Displays the patient's full name in the following format: [Last Name], [First Name] [Middle Initial]. If for some reason there is no last name or first name on record for the patient, no comma will be displayed. Example: Smith, John Q
ull Name w/ID	Displays the patient's full name followed by their account number in the following format: [Last Name], [First Name] [Middle Initial] ([Account Number]) Example: Smith, John Q (12345678)
ender	Displays the chosen option in the "Sex" selection field.

Has Referring?	Displays "Yes" if there is a Referring Provider associated with this patient. Otherwise, this field will display "No".
Home Phone	Associated with the "Home#" field.
Inactive?	Displays "Yes" if the "Inactive" option is selected. Otherwise, this field will display "No".
Incomplete?	Displays "Yes" if the "Complete" field is marked as "No". Otherwise, this field will display "No".
Infoline	Associated with the "Info" field.
Language	Displays the selection option in the "Language" field (under Defaults).
Last Name	Associated with the "Last Name" field.
Marital Status	Displays the chosen option in the "Marital Status" selection field (under Defaults).
Middle Initial	Associated with the "MI" field.
Prefix	Associated with the "Acct Prefix" field. Note: To see this field in the patient section you must have the "Show Prefix field in Patient Screen" option selected under defaults.
Print FDN?	Associated with the "Include in batch for Final Demand Notification" checkbox. Displays "Yes" if the option is selected. Otherwise, this field will display "No".
Race	Displays the chosen option in the "Race" selection field (under Defaults)
Reference #	Associated with the "Reference #" field. Note: To see this field in the patient section you must have the "Show reference#" field option selected under defaults.
Residence Type	Displays the chosen option in the "Residence Type" field (under Defaults).
SSN	Associated with the "SS#" field.
State	Associated with the "State" field.
Statue Status	Displays the chosen option in the "Student Status" selection field (under Defaults).
Suffix	Associated with the "Suffix" field.
Work Extension	Associated with the "Ext" field.
Work Phone	Associated with the "Work#" field.
Zip Code	Associated with the "Zipcode" field.
Added Date	Displays the date on which the patient was added to the system.
Appointment	Associated with the "Patient Appt" field.
Birthday	Associated with the "Birthdate" field.
Is it at collections?	Displays "Yes" if the charge is at collections.
Collections Date	Displays the date on which the patient's account went to collections.
Followup	Associated with the "Patient Followup" field.
Last Appt Date	Displays the most recent date on which the patient an appointment in the system.
Last Insurance Payment	Associated with the "Last Ins Payment" field.
Last Patient Payment	Associated with the "Last Pat Payment" field.

ast Visit	Associated with the "Last Visit" field.
ecall	Associated with the "Patient Recall" field.
ge	Displays the patient's current age.
ays Since Last Seen	Displays the number of days that have passed since this patient's Last Visit date.
tatements Printed	Associated with the "Statements Mailed # Times" field.
ast Collections DOS	Displays the date of service for the most recent charge assigned to collections.
ollection Amount	Displays the total amount of charges associated with this patient that are set to the charge status "Collections".
amilyBalance	Displays the family's balance. This is associated with the value in the "Family Balance' field.
amily Insurance Balance	Displays the family's insurance balance. This is associated with the valu in the "Family Insurance Balance" field.
amily Patient Balance	Displays the Family patient's balance. This is associated with the value i the "Due Patient' fields.
nsurance Balance	Displays the patient's insurance balance. This is associated with the value in the "Ins" field.
nsurance Credits	Displays the total amount of insurance credit associated with this patient.
atient Balance	Displays the patient's balance. This is associated with the value in the "Due Patient' field.
atient Credits	Displays the total amount of patient account credit associated with this patient.
otal Balance	Displays the patient's total balance (Patient + Insurance).
otal Credits	Displays the total amount of account credits (Patient and Insurance) associated with this patient.

Communications

t Modified on 08/18/2025 5:43 pm EDT

he Communications sub-category, found under Patient Data, corresponds to the information about ommunication opt-ins in reports, enabling customers to conduct targeted outreach to patients to ncourage them to opt-in. These are set within the Patient section of the application.

Name	Description
lectronic Payment Plan tatements Communication reference	Associated with the **preferred communication** method chosen by the patient for **electronic** payment plan notifications within the Billing Info Payment Portal Registration.
lectronic Statements ommunication Preference	Associated with the **preferred communication** method chosen by the patient for **electronic** statement notifications within the Billing Info > Payment Portal Registration.
larketing Communication reference	Associated with the marketing "**Communication Preference**" fields within the Preferences > Change Communication Settings of the Payment Portal.
eceipts Communication reference	Associated with the receipt "**Communication Preference**" fields within the Preferences > Change Communication Settings of the Payment Portal.

)efault Codes

:t Modified on 03/11/2019 4:26 pm EDT

'he Default codes sub-category, found under Patient Data, corresponds to the default CPT and ICD codes :et within the Patient section of the application, under Defaults.

Name	Description
:PT 1	Associated with the patient's default CPT 1.
:PT 2	Associated with the patient's default CPT 2.
:PT 3	Associated with the patient's default CPT 3.
:PT 4	Associated with the patient's default CPT 4.
:PT 5	Associated with the patient's default CPT 5.
:PT 6	Associated with the patient's default CPT 6.
:PT List	Displays a list of all the patient's default CPT codes, one after another.
:D 1	Associated with the patient's default ICD 1
:D 2	Associated with the patient's default ICD 2
:D 3	Associated with the patient's default ICD 3
:D 4	Associated with the patient's default ICD 4
:D 5	Associated with the patient's default ICD 5
:D 6	Associated with the patient's default ICD 6
:D 7	Associated with the patient's default ICD 7
:D 8	Associated with the patient's default ICD 8
:D 9	Associated with the patient's default ICD 9
:D 10	Associated with the patient's default ICD 10
:D 11	Associated with the patient's default ICD 11
:D 12	Associated with the patient's default ICD 12
:D List	Displays a list of the patient's ICD codes, one after another.

:mergency Contact

:t Modified on 03/11/2019 4:26 pm EDT

'he Emergency Contact sub-category, found under Patient Data, corresponds to the emergency contact ıformation set within the Patient section of the application.

Name	Description
ıddress Line 1	Associated with the first "Address" field.
ıddress Line 2	Associated with the second "Address" field.
:ell Phone	Associated with the "Cell Phone" field.
:ity	Associated with the "City" field.
:mail	Associated with the "Email" field.
'irst Name	Associated with the "First" field.
Iome Phone	Associated with the "Home Phone" field.
ast Name	Associated with the "Last" field.
Iiddle Initial	Associated with the "MI" field.
'ermission to Speak	Displays the chosen option in the "Permission to Speak" selection field.
:elationship	Displays the chosen option in the "Relation to Patient" selection field.
:emarks	Associated with the "Remarks" field.
tate	Associated with the "State" field.
Vork Phone	Associated with the "Work Phone" field.
:ip Code	Associated with the "Zipcode" field.

Guarantor

t Modified on 03/11/2019 4:26 pm EDT

he Guarantor sub-category, found under Patient Data, corresponds to the guarantor information set ithin the Patient section of the application.

Name	Description
ddress Line 1	Associated with the first "Address" field.
ddress Line 2	Associated with the second "Address" field.
ell Phone	Associated with the "Cell Phone" field.
ity	Associated with the "City" field.
mail	Associated with the "Email" field.
irst Name	Associated with the "First" field.
ome Phone	Associated with the "Home Phone" field.
ast Name	Associated with the "Last" field.
iddle Initial	Associated with the "MI" field.
elationship	Displays the chosen option in the "Relation to Patient" selection field. If no option is chosen this field will display "None".
emarks	Associated with the "Remarks" field.
tate	Associated with the "State" field.
ork Phone	Associated with the "Work Phone" field.
ip Code	Associated with the "Zipcode" field.

Primary Insured

t Modified on 03/11/2019 4:26 pm EDT

he Primary Insured sub-category, found under Patient Data, corresponds to the insured's information ssociated with the Primary Payer. This can be configured within the Patient section of the application nder Insurance > Primary Payer > Insured.

Name	Description
ccount Number	The account number of the insured patient. If the current patient is not a dependent, this field will display 0.
ddress Line 1	Associated with the first Address field.
ddress Line 2	Associated with the second Address field.
ell Phone	Associated with the Cell# field.
ity	Associated with the City field.
mail	Associated with the Email field.
rist Name	Associated with the First field.
ull Name	Displays the insured's full name in the following format: [Last Name], [First Name], [Middle Initial]. If for some reason there is no last name or first nam on record for the insured, no comma will be displayed. Example: Smith, John Q
ull Name w/ ID	Displays the insured's full name followed by their account number (if one exists) using the following format: [Last Name], [First Name] [Middle Initial] ([Account Number]) Example: Smith, John Q (12345678)
ender	Displays the selected option in the Sex selection field.
ome Phone	Associated with the Home# field.
ast Name	Associated with the Last Name field.
iddle Initial	Associated with the MI field.
elationship	Displays the selected option in the Patient relationship to the insured? selection field.
tate	Associated with the State field.
ork Extension	Associated with the Ext field.
ork Phone	Associated with the Work# field.
irthday	Associated with the Birthdate date field.
SN	Associated with the SS# field.
ip Code	Associated with the Zipcode field.

:mployer (Primary Payer)

:t Modified on 03/11/2019 4:26 pm EDT

'he Employer sub-category, found under the Primary Insured sub-category, corresponds to the insured atient's employer information associated with the Primary Payer. This can be found within the Patient ection of the application under Insured > Employer tab.

Name	Description
ddress Line 1	Associated with the first Address field.
ddress Line 2	Associated with the second Address field.
ity	Associated with the City field.
lame	Associated with the Employer Name field.
tate	Associated with the State field.
tatus	Associated with the selected option in the Employment Status selection field.
ip Code	Associated with the Zipcode field.

econdary Insured

t Modified on 03/11/2019 4:27 pm EDT

he Secondary Insured sub-category, found under Patient Data, corresponds to the insured's information ssociated with the Secondary Payer. This can be configured within the Patient section of the application nder Insurance > Secondary Payer > Insured.

Name	Description
ccount Number	The account number of the insured patient. If the current patient is not a dependent, this field will display 0.
ddress Line 1	Associated with the first Address field.
ddress Line 2	Associated with the second Address field.
ell Phone	Associated with the Cell# field.
ity	Associated with the City field.
mail	Associated with the Email field.
irst Name	Associated with the First field.
ull Name	Displays the insured's full name in the following format: [Last Name], [Firs Name] [Middle Initial]. If for some reason there is no last name or first name on record for the insured, no comma will be displayed. Example: Smith, John q
ull Name w/ ID	Displays the insured's full name followed by their account number (if one exists) using the following format: [Last Name], [First Name] [Middle Initial] ([Account Number]). Example: Smith, John Q. (12345678)
ender	Displays the selected option in the Sex selection field.
ome Phone	Associated with the Home# field.
ast Name	Associated with the Last Name field.
iddle Initial	Associated with the MI field.
elationship	Displays the selected option in the Patient relationship to the insured? selection field.
tate	Associated with the State field.
ork Extension	Associated with the Ext. field.
ork Phone	Associated with the Work# field.
irthday	Associated with the Birthdate field.
SN	Associated with the SS# field.
ip Code	Associated with the Zipcode field.

:mployer (Secondary Payer)

:t Modified on 03/11/2019 4:27 pm EDT

'he Employer sub-category, found under the Secondary Insured sub-category, corresponds to the Insured atient's employer information associated with the Secondary Payer. This can be found within the Patient ection of the application under Insured > Employer tab.

Name	Description
ddress Line 1	Associated with the first Address field.
ddress Line 2	Associated with the second Address field.
:ity	Associated with the City field.
lame	Associated with the Employer Name field.
tate	Associated with the State field.
tatus	Display the selected option in the Employer Status selection field.
:ip Code	Associated with the Zipcode field.

ertiary Insured

t Modified on 03/11/2019 4:27 pm EDT

he Tertiary Insured sub-category, found under Patient Data, corresponds to the insured's information ssociated with the Tertiary Payer. This can be configured within the Patient section of the application nder Insurance > Tertiary Payer > Insured.

Name	Description
ccount Number	The account number of the insured patient. If the current patient is not a dependent, this field will display 0.
ddress Line 1	Associated with the first Address field.
ddress Line 2	Associated with the second Address field.
ell Phone	Associated with the Cell# field.
ity	Associated with the City field.
mail	Associated with the Email field.
irst Name	Associated with the First field.
ull Name	Displays the insured's full name in the following format: [Last Name], [First Name] [Middle Initial]. If for some reason there is no last name or first name on record for the insured, no comma will be displayed.
ull Name w/ ID	Displays the insured's full name followed by the account number (if one exists) using the following format [Last Name], [First Name [Middle Initial] ([Account Number]).
ender	Displays the selected option in the Sex selection field.
ome Phone	Associated with the Home# field.
ast Name	Associated with the Last Name field.
iddle Initial	Associated with the MI field.
elationship	Displays the selected option in the Patient relationship to the insured? selection field.
tate	Associated with the State field.
ork Extension	Associated with the Ext field.
ork Phone	Associated with the Work# field.
irthday	Associated with the Birthdate field.
SN	Associated with the SS# field.
ip Code	Associated with the Zipcode field.

:mployer (Tertiary Payer)

:t Modified on 03/11/2019 4:27 pm EDT

'he Employer sub-category, found under the Insured sub-category, corresponds to the insured patient's mployer with the Patient section of the application, under Insured > Employer.

Name	Description
ddress Line 1	Associated with the first "Address" field.
ddress Line 2	Associated with the second "Address" field.
:ity	Associated with the "City" field.
lame	Associated with the "Employer Name" field.
tate	Associated with the "State" field.
tatus	Displays the selected option in the "Employed Status" selection field.
:ip Code	Associated with the "Zip Code" field.

Miscellaneous Info

t Modified on 03/11/2019 4:27 pm EDT

he Miscellaneous Info sub-category, found under Patient Data, corresponds to the miscellaneous nformation set within the Patient section of the application.

Name	Description
ccident State	Associated with the "Accident State" field.
ccident Type	Displays the selected option in the "Accident Type" field.
uthorization #	Associated with the "Authorization#" field.
eferral Type	Associated with the "How did you find us?" field.
uth. End Date	Associated with the "End Date" field within the "Authorization Information" area.
uth. Start Date	Associated with the "Start Date" field within the "Authorization Information" area.
ate Passed Away	Associated with the "Date Passed Away" field.
lness/Accident Date	Associated with the "Illness/Accident Date" field.
isits Authorized	Associated with the "Visits Authorized" field.
isits Left	Associated with the "Visits Left" field.
isits Used	Associated with the "Visits Used" field.
dmission Date	Associated with the "Admission Date" field.

Payment Portal

t Modified on 08/22/2025 2:10 pm EDT

he Payment Portal sub-category, found under Patient Data, corresponds to the Payment Portal user nformation set within the Patient section of the application.

Name	Description
mail Address	Associated with the "Email Address" field set within the payment portal
ast Invite Email	Associated with the "Email" field where the last payment portal invite was sent to.
ast Invite User	Associated with the "User" who sent the last payment portal invite.
egistration Status	Associated with the status of the payment portal invite (invited/not invited/registered)
ast Invite Sent	Associated with the date the last payment portal invite was sent.

)ther Insured

:t Modified on 03/11/2019 4:27 pm EDT

'he Other Insured sub-category, found under Patient Data, corresponds to the other insured information :et within the Patient section of the application.

Name	Description
ıddress Line 1	Associated with the first "Address" field.
ıddress Line 2	Associated with the second "Address" field.
:ell Phone	Associated with the "Cell#" field.
:ity	Associated with the "City" field.
:mail	Associated with the "Email" field.
'irst Name	Associated with the "First" field.
;ender	Displays the selected option in the "Sex" selection field.
ıome Phone	Associated with the 'Home#" field.
ast Name	Associated with the "Last Name" field.
⁄liddle Initial	Associated with the "MI" field.
tate	Associated with the "State" field.
Vork Extension	Associated with the "Ext" field.
Vork Phone	Associated with the "Work#" field.
;irhtday	Associated with the "Birthdate" field.
:elationship	Displays the selected option in the "Patient relationship to the other insured?" selection field.
SN	Associated with the "SS#" field.
:ip Code	Associated with the "Zipcode" field.

)ther Insured - Employer

:t Modified on 03/11/2019 4:28 pm EDT

'he Employer sub-category, found under the Insured sub-category, corresponds to the insured patient's ther employer within the Patient section of the application under Other Insured.

Name	Description
ddress Line 1	Associated with the first "Address" field.
ddress Line 2	Associated with the second "Address" field.
ity	Associated with the "City" field.
lame	Associated with the "Employer Name" field.
tate	Associated with the "State" field.
tatus	Displays the selected option in the "Employed Status" selection field.
ip Code	Associated with the "Zip" field.

Primary Payer

t Modified on 03/11/2019 4:28 pm EDT

he Primary Payer sub-category, found under Patient Data, corresponds to the primary payer information et within the Patient section of the application.

Name	Description
ayer Id	The unique identifier for the primary payer, as seen after the payer's name in th "Payer 1" field.
roup Number	Associated with the "Group Number" field.
ayer Name	Displays the name of the patient's primary payer.
ayer Type	Displays the payer type of the patient's primary payer.
olicy Type	Displays the selected option in the "Policy Type" selection field.
ffective Date	Associated with the "Eff Date" field.
ermination Date	Associated with the "Term Date" field.
oInsurance %	Associated with the "CoInsurance %" field.
o-pay	Associated with the "Copay" field.
eductible	Associated with the "Deductible" field.
ember ID	Associated with the "Member Id#" field.

Secondary Payer

t Modified on 03/11/2019 4:28 pm EDT

he Secondary Payer sub-category, found under Patient Data, corresponds to the secondary payer nformation set within the Patient section of the application.

Name	Description
ayer Id	The unique identifier for the primary payer, as seen after the payer's name in th "Payer 2" field.
roup Number	Associated with the "Group Number" field.
ayer Name	Displays the name of the patient's secondary payer.
ayer Type	Displays the payer type of the patient's secondary payer.
olicy Type	Displays the selected option in the "Policy Type" selection field.
ffective Date	Associated with the "Eff Date" field.
ermination Date	Associated with the "Term Date" field.
oInsurance %	Associated with the "CoInsurance %" field.
o-pay	Associated with the "Copay" field.
eductible	Associated with the "Deductible" field.
lember ID	Associated with the "Member Id#" field.

Statements

t Modified on 04/09/2020 4:48 pm EDT

he Statements sub-category, found under Patient Data, corresponds to the statements information and onfigurations set within the Patient section of the application.

Name	Description
mail To	Displays the selected option in the "E-mail Statements To" selection field.
Mail To	Displays the selected option in the "Mail Statements To" selection field.
Notification Type	Displays the selection option in the "Notification Type" selection field.
end?	Displays the selected option in the "Send Statement?" selection field.
tatement Comment	Associated with the "Patient Comment" field.
ype	Displays the selected option in the "Statement Type" selection field.
ast Statement Date	Displays the date on which the patient's statement was most recently sent
ast FDN Date	Displays the date the most recent FDN was sent to this patient.
Days Since Last Statement Date	Displays the number of days that have passed since this patient's most recent statement was sent.
Days Since Last FDN Date	Displays the number of days that have passed since this patient's most recent Final Demand Notice (FDN) was sent.

ertiary Payer

t Modified on 03/11/2019 4:28 pm EDT

he Tertiary Payer sub-category, found under Patient Data, corresponds to the tertiary payer information et within the Patient section of the application.

Name	Description
ayer Id	The unique identifier for the primary payer, as seen after the payer's name in th "Payer 3" field.
roup Number	Associated with the "Group Number" field.
ayer Name	Displays the name of the patient's tertiary payer.
ayer Type	Displays the payer type of the patient's tertiary payer.
olicy Type	Displays the selected option in the "Policy Type" selection field.
ffective Date	Associated with the "Eff Date" field.
ermination Date	Associated with the "Term Date" field.
oInsurance %	Associated with the "CoInsurance %" field.
o-pay	Associated with the "Copay" field.
eductible	Associated with the "Deductible" field.
lember ID	Associated with the "Member Id#" field.

:lectronic Statements

:t Modified on 08/04/2025 12:49 pm EDT

'he Electronic Statements sub-category, found under Patient Data, corresponds to the info as to where the lectronic statement will go.

Name	Description
:mail Address	Associated with the Email Address where electronic statements will be received.
'hone Number	Associated with the Phone Number where electronic statements will be received.

Patient Note Data

t Modified on 02/27/2019 4:13 pm EST

atient Note Data holds information regarding patient notes. Specifically, fields found under this category re directly associated with notes entered within the Patient section. When using fields from this category n a report, be aware that patients may be listed more than once in the results, as one patient may have nany notes associated to him/her.

Name	Description
Claim ID	The claim number of the claim associated with this note, if applicable.
Patient ID	The account number of the patient associated with this note.
Deleted?	Displays "Yes" if this note has been marked as deleted. Otherwise, this field displays "No".
Message	Displays the message that was entered on this patient note.
Type	Displays the type that this not was saved under.
Username	Displays the username of the user that entered this note.
Entered Date	Displays the date that this note was entered into the system.

ayer Data

t Modified on 03/16/2019 9:01 pm EDT

ayer Data

ayer Data holds all payer information under a customer's account. All of the fields under this category orrespond directly with fields found within the Payer section of the application.

Name	Description
ayer ID	The unique identifier for a Payer, as seen in the "Sequence#" field.
ddress Line 1	Associated with the first "Address" field.
ddress Line 2	Associated with the second Address" field.
ity	Associated with the "City" field.
laim Office #	Associated with the '"Claim Office #" field.
ligibility CPID	Associated with the "Eligibility CPID" field.
mail	Associated with the "Email" field.
roup Number	Associated with the "Group Number" field.
nactive?	Displays "Yes" if the "Check Here To Make The Payer Inactive" option is selected. Otherwise, this field will display "No".
nstitutional CPID	Associated with the "Institutional Claims CPID" field.
edigap #	Associated with the 'Payer Id/Medigap #" field.
ame	Associated with the "Payer Name" field.
ame w/ ID	Displays the Payer Name followed by the Payer's ID.
CNA	Associated with the "OCNA" field.
OS Code	Displays the selected option in the "POS" selection field.
ayer Type	Displays the selected option in the "Payer Type" selection field.
lan Name	Associated with the "Plan Name" field.
rocess Mode	Displays the selected option in the "Server Processing Mode" selection field.
rofessional CPID	Associated with the "Profession Claims CPID" field.
tate	Associated with the "State" field.
ses Alt Practice Info?	Displays "Yes" if the "User alternative practice info?" option is selected. Otherwise, this field will display "No".
ax Number	Associated with the "Fax #" field.
hone Number	Associated with the "Phone #" field.
ip Code	Associated with the "ZipCode" field.

lternate Practice Info

he Alternative Practice Info sub-category, found under Payer Data, corresponds to the alternative practic nfo information set on payer records.

Name	Description
ddress Line 1	Associated with the first "Address" field.

ddress Line 2	Associated with the second "Address" field.
ity	Associated with the "City" field.
PI	Associated with the "NPI" field.
ame	Associated with the "Name" field.
tate	Associated with the "State" field.
ax ID	Associated with the "Tax ID" field.
ip Code	Associated with the "ZipCode" field.

ayment Plan Data

t Modified on 12/05/2025 2:56 pm EST

ayment Plan Data

ayment Plan Data holds all payment plan information under a patient's account. All of the fields under this ategory correspond directly with fields found under the Payment section, Manage Account and Payment lan sub-stab.

Name	Description
atient ID	The unique identifier of a patient that a particular payment plan is associated to. The results displayed in this field are linked to the Patient section of the application.
lan ID	The unique identifier for a particular payment plan.
uto Pay Disable User	Displays the user that disabled the autopay (displays "CollaborateMD" if th system disabled it).
uto Pay Enable User	Displays the user that enabled the autopay (displays "Patient" if the patient did it from the portal).
uto Pay Status	Displays the status of the payment plan's autopay (not set up, active, disabled, failed)
escription	Displays the full description of a particular payment plan.
Payment Plan Overdue?	Displays "Yes" if the payment plan is overdue (i.e., the due date is in the pas and has not been paid). This field will display "No" otherwise.
lame	Displays the name of a particular payment plan.
tatus	Displays the current status of a particular payment plan. Specifically, the status will display exactly as they appear in the following list: • Active • Paid • Deleted
uto Pay Disable Date	Displays the date and time it was disabled.
uto Pay Enable Date	Displays the date and time it was enabled.
vailable Credit Amt	Displays the total amount of available payment plan credits associated to a particular payment plan.
alance	Displays the current balance of a particular payment plan.
otal Amount	Displays the total amount of a particular payment plan to be paid over time
otal Paid	Displays the total amount of payments posted towards a particular paymer plan.

verdue Balance Aging

he Overdue Balance Aging sub-category, found under Payment Plan Data, corresponds to the aging uckets for balances associated to payment plan installments which are now overdue (i.e, due date is in the

ast).

Name	Description
21 to 150 days	Displays balances of a particular payment plan which are 121 - 150 days overdue.
51 to 180 days	Displays balances of a particular payment plan which are 151 - 180 days overdue.
81 to 365 days	Displays balances of a particular payment plan which are 181 - 365 days overdue.
1 to 60 days	Displays balances of a particular payment plan which are 31 - 60 days overdue.
1 to 90 days	Displays balances of a particular payment plan which are 61 - 90 days overdue.
1 to 120 days	Displays balances of a particular payment plan which are 91 - 120 days overdue.
ess than 30 days	Displays balances of a particular payment plan which are 1 - 30 days overdue.
Over 1 year	Displays balances of a particular payment plan which are more than 365 days overdue.

Payment Plan Installment Data

ayment Plan Installment Data holds all installment information under a particular payment plan on a atient's account. All of the fields under this category correspond directly with fields found under the ayment section, Manage Account and Payment Plan sub-tab.

ame	Description
stallment ID	The unique identifier for a particular installment.
ayment Plan ID	The unique identifier for a particular payment plan.
escription	Displays the full description of a particular installment.
Overdue?	Displays "Yes" if the installment is overdue (i.e., the due date is in the past and has not been paid). This field will display "No" otherwise.
atus	Displays the current status of a particular installment. Specifically, the status will display exactly as they appear in the following list: • Unpaid • Paid • Deleted
ue Date	Displays the due date of a particular installment.
st Statement Date	Displays the last date that a statement (user print or automated) was generated for a particular installment.
ays Overdue	Displays the number of days past the due date of a particular installment. This field will show "0" if the installment due date is in the futu or is in the status of Paid.
atement Sent	Displays the number of statements (user print or automated) generated for a particular installment.
count Due	Displays the total amount due for a particular installment.
mount Paid	Displays the total amount paid for a particular installment.
alance	Displays the current balance of a particular installment.

Practice Data

t Modified on 03/16/2019 8:52 pm EDT

Practice Data

Practice Data holds all patient information under a customer's account. All of the fields under this category orrespond directly with fields found under the Patient section.

Name	Description
Practice ID	The unique identifier for a Practice, as seen in the "Seq#" field.
Code	Associated with the "Code" field.
Email	Associated with the "Email" field.
Flu Shots ID	Associated with the "FL Shots ID" field.
Inactive?	Displays "Yes" if the "Click Here To Make Practice Inactive" option i s selected. Otherwise, this field will display "No".
NPI	Associated with the "NPI" field.
Name	Associated with the "Name" field.
Name w/ID	Displays the Practice Name with it's ID. Example: Main Practice (12345678)
Organization Type	Displays the selected option in the "Organization Type" selection field.
Reference Number	Associated with the "Reference #" field.
Taxonomy Code	Displays the taxonomy code of the selected option in the "Taxonomy Specialty" selection field.
Fax Number	Associated with the "Fax#" field.

Main Address

The Main Address sub-category, found under Patient Data, corresponds to the main address information et on practice records.

Name	Description
Address Line 1	Associated with the first "Main Address" field.
Address Line 2	Associated with the second "Main Address" field.
City	Associated with the "City" field.
State	Associated with the "State" field.
Zip Code	Associated with the "Zipcode" field.

Pay-To Address

The Pay To Address sub-category, found under Practice Data, corresponds to the pay-to address nformation set on practice records. All of the fields under this category correspond directly with fields ound within the Practice section of the application..

Name	Description
ddress Line 1	Associated with the first "Pay To Address" field.
ddress Line 2	Associated with the second "Pay To Address" field.
ity	Associated with the "City" field.
s Pay-To Same?	Displays "Yes" if the "Pay-To Address is the same as the primary office address' option is selected. Otherwise, it will display "No".
tate	Associated with the "State" field.
ip Code	Associated with the "Zipcode" field.

Provider Data

t Modified on 03/16/2019 8:49 pm EDT

Provider Data

rovider Data holds all provider information under a customer's account. All of the fields within this ategory correspond directly to fields that can be found under the Provider section of the application.

Name	Description
illing Provider ID	The unique identifier of the provider selected in the "Select Provider Claims are Billed Under" selection field.
ligibility Provider ID	The unique identifier of the provider selected in the "Select Provider Eligibility is Checked Under" selection field.
ractice ID	The unique identifier of the provider selected in the "Select Provider Practice This Provider is Under" selection field.
rovider ID	The unique identifier for a Provider, as seen in the 'Seq#" field.
illing Mode	Displays the selected option in the "Bill As Individual or Group" selection field.
ode	Associated with the "Code" field.
redentials	Associated with the "Credentials" field.
irst Name	Associated with the "First" field.
ull Name	Displays the provider's full name in the following format: [Last Name], [First Name] [Middle Initial]. If for some reason there is no last name or firs name on record for the provider, no comma will be displayed. Example: Smith, John Q
ull Name w/ ID	Displays the provider's full name followed by the provider's ID number in the following format: [Last Name], [First Name] [Middle Initial] ([ID]) Example: Smith, John Q (12345678)
nactive?	Displays "Yes" if the Provider is marked as inactive. Otherwise, this field will display "No".
ast Name	Associated with the "Ind. Last" field.
iddle Initial	Associated with the "MI" field.
PI	Associated with the "National Provider Identifier" field.
eference ID	Associated with the "Reference ID" field.
axonomy Specialty	Displays the taxonomy code of the selected option in the "Taxonomy Specialty" selection field.
axonomy Specialty escription	Displays the description of the selected option in the "Taxonomy Specialty selection field.
PIN	Associated with the "UPIN#" field.
ntered Date	Displays the date that a provider was entered into the system.
IN	Associated with the "Employer Identification # (EIN)" field.
SN	Associated with the "Social Security# (SSN)" field.

)ther ID Numbers

Name	Description
ıesthesia License #	Associated with the "Anesthesia License#" field.
mail	Associated with the "Email Address" field.
pecialty License #	Associated with the "Specialty License#" field.
tate License #	Associated with the "State License#" field.
ell Number	Associated with the "Cell Phone#" field.
ax Number	Associated with the "Fax#" field.
ager Number	Associated with the "Pager Phone#" field.
hone Number	Associated with the "Home Phone#" field.

Resource Data

t Modified on 04/09/2020 4:57 pm EDT

esource Data holds all information associated with Appointment Resources. All of the fields within this ategory correspond directly with the fields within the Resource section under Appointments.

Name	Description
acility ID	The unique identifier of the Facility associated with the Resource.
ffice ID	The unique identifier of the office associated with the Resource.
ractice ID	The unique identifier of the Practice associated with the Resource.
rovider ID	The unique identifier of the Provider associated with the Resource (When the Resource type is set to Provider).
esource ID	The unique identifier for a Resource. This field cannot be seen anywhere in the application but can be used on reports to distinguish one resource's data from another.
ode	Associated with the "Code" field. This will display the actual resource code.
epartment Name	Displays the name of the Department associated with the Resource.
active?	Displays "Yes" if the "Inactivate Resource" option is selected.
ame	Displays the name entered in the Resource "Name" field.
end Reminders?	Displays "Yes" if the “Disable appointment reminders” option is not selected. Displays "No" otherwise.
ype	Displays the chosen option in the "Resource Type" selection field (Provider or Practice).
epartment ID	The unique identifier of the Department associated with the Resource.

Referring Data

t Modified on 09/20/2019 9:37 pm EDT

eferring Data holds all referring provider information under a customer's account. All of the fields within his category correspond directly to fields that can be found under the Referring section of the application.

Name	Description
eferring ID	The unique identifier for a Referring Provider, as seen in the "Seq#" field.
ddress Line 1	Associated with the first "Address" field.
ddress Line 2	Associated with the second "Address" field.
CBS ID	Associated with the "BC/BS Id#" field.
hampus ID	Associated with the "Champus Id#" field.
ity	Associated with the "City" field.
redentials	Associated with the "Credentials" field.
irst Name	Associated with the "First" field.
ull Name	Displays the referring provider's full name in the following format: [Last Name [Fist Name] [Middle Initial]. If for some reason there is no last name or first name on record for the referring provider, no comma will be displayed. Example: Smith, John Q
ull Name w/ID	Displays the referring provider's full name followed by the referring provider's ID using the following format: [Last Name], [First Name] [Middle Initial] ([ID]) Example: Smith, John Q (12345678)
nactive?	Displays "Yes" if the "Check Here To Make Referring Inactive" option is selected. Otherwise, this field will display "No".
ast Name	Associated with the "Ind. Last" field.
arketer	Associated with the Referring Provider's "Marketer" field.
edicaid ID	Associated with the "Medicaid Id#" field.
edicare ID	Associated with the "Medicare Id#" field.
iddle Initial	Associated with the "MI" field.
PI	Associated with the "National Provider Identifier" field.
hone	Associated with the "Phone" field.
eference #	Associated with the "Reference#" field.
tate	Associated with the "State" field.
PIN	Associated with the "UPIN" field.
ip Code	Associated with the "Zipcode" field.

Collection Agency Data

t Modified on 03/30/2020 5:54 pm EDT

Collection Agency Data holds all collection agency's information under a customer's account. All of the elds within this category correspond directly to fields that can be found under the Collection Agency ection of the application.

Name	Description
ccount Number	The unique identifier of the collection Agency that a particular collection charge is associated with.
ddress	Associated with the "Address" field.
ity	Associated with the "City" field.
mail	Associated with the "Email" field.
ax Number	Associated with the "Fax" field.
nactive?	Displays "Yes" if the "Make this collection agency inactive" box is checked.
lame	Associated with the "Name" field.
hone	Associated with the "Phone #" field.
tate	Associated with the "State" field.
ip Code	Associated with the "Zip Code" field.

Revenue Code Data

t Modified on 11/12/2020 6:37 pm EST

evenue Code Data holds all information about the revenue codes entered for a specific customer. All of he fields within this category correspond directly to fields that can be found under the Claim section of the pplication and can be used with the Charge/Debit Data category.

lame	Description
evenue Code Description	Displays an abbreviated description of the chosen code in the "Rev Code" field
evenue Code Exclude rom Dup. Check?	Displays "Yes" if the "Exclude code from duplicate service check" option is selected. Displays "No" otherwise.
evenue Code Inactive?	Displays "Yes" if the "Inactive Code" option is selected. Displays "No" otherwise.
evenue Code	Displays the chosen revenue code in the "Rev Code" field.
evenue Code Default rice	Associated with the Revenue Code's Price field.

:stimate Data

t Modified on 01/27/2023 7:34 pm EST

stimate Data holds all information associated with a customer's patient estimates. All of the fields under his category correspond directly with fields found within the Scheduler and Claim section of the pplication, within the Estimates side panel option.

Name	Description
stimate Appointment ID	Displays the unique identifier for an Appointment with an Estimate. This field cannot be seen anywhere in the application but can be used on reports to distinguish one appointment's data from another.
stimate Claim ID	Displays the unique identifier of the claim associated with the Estimate.
stimate Patient ID	Displays the account number of the patient associated with an Estimate.
stimate Create User	Displays the username of the user that created the Estimate.
stimate is Due?	Displays "Yes" if the Estimate has been set to "Due Patient." Displays "No" otherwise.
s Main Estimate?	Displays "Yes" if the Estimate is the main Estimate. Displays "No" otherwise.
stimate Due Date	Associated with the date on which the Estimate payment is due.
stimate Entered Date	Displays the date on which the Estimate was added to the system.
stimate Amount	Displays the total amount of the Estimate created.
stimate Balance	Displays the Estimate's total balance (Amount - payments).
stimate Copay	Displays the Estimate's balance associated with the copay.
stimate Deductible	Displays the Estimate's balance associated with the deductible.
stimate Paid Amount	Displays the total amount paid towards the patient Estimate.

A/R Aging Summary Report

Last Modified on 02/13/2020 2:25 pm EST

Description: The A/R Aging Summary Report displays a summarized view of outstanding charges due insurance, due patient, due other, or at collections. The main table includes aging buckets, followed by the balance related to each charge status. See Appendix A for more information on additional charge statuses that are included into each column.

This report also includes four (4) additional co-displays that reflect a summary of balances by payer type, current payer, total balance by payer priority (primary, secondary, tertiary) and total balances that includes credits.

Outstanding charge balance totals for each aging bucket are broken into 4 main columns comprising of the following charge statuses:

1. Balance Due Insurance
    1. Send to Insurance via Clearinghouse
    2. Claim at Insurance
    3. User Print & Mail to Insurance
    4. Pending Insurance
    5. Appeal at Insurance
    6. Denied at Insurance
2. Balance Due Patient
    1. Balance Due Patient
    2. Paid
    3. Pending Patient
3. Balance Due Other
    1. On Hold
    2. Waiting for Review
    3. Pending Physician
4. Balance at Collections
    1. Collections

Limitations: Does not include deleted or incomplete charges and does not include payments or adjustments. To see a breakdown of outstanding charge balances that include payment information such as total payments and adjustments, please see the A/R Aging Summary with Payment Info Report.

Important Note: The aging report buckets displayed are always based on charge from date no matter what dates are chosen in the filter window.

A/R Aging Summary with Payment Info Report

t Modified on 02/06/2019 1:55 pm EST

Description: The A/R Aging Summary with Payment Info Report displays a summarized view of outstandin harges broken up into aging buckets based on the charge from date. The main table includes the total mount of outstanding charges for each aging range and also shows payments and adjustment totals elated to the outstanding charges followed by the charge balance. This report also includes a co-display hat reflects a summary of total balance by payer priority (primary, secondary, tertiary).

imitations: Does not include deleted charges.

mportant Note: The aging buckets displayed on this report are always based on charge from date no matte hat dates are chosen in the filter window. All payment and adjustment totals on this report are directly elated to the outstanding charges that fall within the given filter criteria. Payments and adjustments for th iven charges are totaled regardless of the date that they were entered or received.

ctivity Summary Report

t Modified on 02/27/2020 7:44 pm EST

escription: The Activity Summary Report shows a total of all charges & debits, insurance & patient ayments and adjustments along with the change in A/R. This report also displays all of the above data eparately. Data is displayed based on charge from date and payment/adjustment received date, or charge ntered date and payment/adjustment entered date. This report is best used as a way to see a net total of utstanding charges and incoming payments/adjustments within a given time frame.

imitations: Does not include deleted charges, payments, or adjustments. Does not include incomplete harges or debits. Does not include information regarding account credits.

nportant Note: All charge totals shown and all payment/adjustment totals shown are not necessarily elated to one another. That is, payments and adjustments may be included in the totals that are not relate ith charges included in the report's total. This is done as a way to show the net charge in A/R for the given me frame.

ctivity Summary by Charge Status Report

t Modified on 02/06/2019 1:56 pm EST

escription: The Activity Summary by Charge Status report shows a total of all charges, payments and djustments based on charge from date and payment/adjustment received date, or charge entered date an ayment/adjustment entered date. Additionally, the total charges and debits within the specified date anges can be further restricted by status. This report is best used as a way to see a new total of outgoing harges and incoming payments/adjustments within a given time frame.

imitations: Does not include deleted charges, payments, or adjustments. Does not include incomplete harges or debits. Does not include information regarding account credits.

nportant Note: All charge totals shown and all payment/adjustment totals shown are not necessarily elated to one another. That is, payments and adjustments may be included in the totals that are not relate ith charges included in the report's totals. This is done as a way to show the net charge in A/R for the give me frame. Also note that the charge status filter only applies to the charge and debit totals displayed on e report. All other totals are unaffected by the filter.

ctivity Summary by Month Report

t Modified on 12/19/2019 8:48 am EST

escription: The Activity Summary by Month report shows a total of all charges, payments(Insurance & atient), and adjustments broken down by month for a given time frame. This report is best used as a way t ee a net total of outgoing charges and incoming payments/adjustments for each month in a given date ange.

imitations: Does not include deleted charges, payments, or adjustments. Does not include incomplete harges or debits. Does not include information regarding account credits.

nportant Note: All charge totals shown and all payment/adjustment totals shown are not necessarily elated to one another. That is, payments and adjustments may be included in the totals that are not relate ith charges included in the report's totals. Also note that totals shown for each month may not be epresentative of that entire month as the totals shown are based on the date range specified in the report lters. If all days within a particular month fall within the specified date range, the total is representative of e entire month.

.ag Time Report

t Modified on 10/16/2023 9:41 am EDT

)escription: The Lag Time report shows every claim charge amount and charge balance, as well as the harge date and patient ID. Grand totals for charge amount and charge balance can be found at the bottom f the report. The report can be filtered by "charge from date" and includes co-displays showing the mounts by payer, payer type, practice, provider, and facility.

imitations: Does not include deleted charges, payments, or adjustments.

ayer Mix by Charge Amount Report

t Modified on 02/06/2019 1:56 pm EST

escription: The Payer Mix by Charge Amount report displays the total charges and debits based on a dat f service or date entered for each Payer Type, e.g. Medicare, Commercial Insurance Company, etc.

imitations: Does not include deleted or incomplete charges.

ayer Mix by Paid Amount Report

t Modified on 02/06/2019 1:56 pm EST

escription: The Payer Mix by Payment Amount report displays the total revenue based on date entered or each Payer Type, e.g. Medicare, Commercial Insurance Company, etc.

imitations: Only includes insurance payments that have not been deleted.

djustment Reasons Report

t Modified on 03/01/2019 9:28 am EST

escription: The Adjustment Reasons Report displays a list of remittance codes found in a date range here the remit code is an adjustment and the payment source is an insurance adjustment. This report hows the remittance code, remittance description, adjustment amount, charge total adjustments, patient nfo, claim info, charge CPT code, charge dates, and payer name. Additionally, the report shows total credit ound and adjustment amount totals.

- The **Charge Total Adjustments** column of the report displays an amount representing all adjustments (patient and insurance) that have been applied to this charge; it does not account for adjustments that have been marked 'deleted'.
- The **Adjustment Amount** column of the report shows the adjustment amount associated with the adjustment credit; it does include adjustments that have been deleted.

imitations: Only includes insurances adjustments that are related to remittance/remittance codes.

Charge Aging Report

t Modified on 07/02/2026 11:39 am EDT

Description: The Charge Aging Report displays a list of claims found in a date range (0-30 , 31-60, 61-90 ays) and the charge status. This report shows patient information, charge claim ID, charge entered date, harge from date, and charge CPT code. Additionally, the report shows totals for charge/debit amount and harge balance, as well as charge status and aging charges in days, expected revenue, charge net balance, nd total payments and transfers.

imitations: Does not include deleted charges. Only displays Charge Balances that are greater than $0.00

Charges Appealed at Insurance Report

t Modified on 02/06/2019 1:58 pm EST

Description: The Charges Appealed at Insurance Report displays a list of charges found in a date range where the charge status is Appealed at Insurance. This report shows the current payer, patient info, claim i charge dates, charge amount, and charge balance. Additionally, the report shows totals for claims, charge mount and charge balance.

imitations: Does not include deleted charges and does not include debits.

Charges Due Insurance - by Aging Range Report

t Modified on 02/06/2019 1:58 pm EST

Description: The Charges Due Insurance - by Aging Range Report displays a list of claims found in a date ange (0-30 days, 31-60 days, etc.) grouped by payer where the charge status is: *Denied at Insurance, ppealed at Insurance, Pending Insurance, Claim at Insurance, User Print and Mail to Insurance, or Send to nsurance via Clearinghouse.* This report shows payer information, patient information, insured information, harge dates, charge amount, charge insurance payments, charge patient payments, charge total djustments, charge balance, and charge status all grouped by the current payer. Additionally, the report hows totals for all money fields.

imitations: Does not include deleted charges, does not include debits, and the charge balance is greater han $0.00

Charges Due Insurance - by Date Range Report

t Modified on 02/06/2019 1:58 pm EST

Description: The Charges Due Insurance - by Aging Range Report displays a list of claims found in a date ange (selected by dates) where the charge status is: *Denied at Insurance*, *Appealed at Insurance*, *Pending nsurance*, *Claim at Insurance*, *User Print and Mail to Insurance*, *or Send to Insurance via Clearinghouse*. This repc hows payer name, payer information, charge claim id, charge from date, charge amount and charge balanc ll grouped by the charge's current payer. Additionally, the report shows totals for charge amount and harge balance, as well as a Totals by Payer co-display.

imitations: Does not include deleted claims, charges. Does not include debits.

Charges Due Patient - Family Account Report

t Modified on 02/06/2019 1:59 pm EST

Description: The Charges Due Patient - Family Accounts Report displays a list of claims found in a date range (0-30 days, 31-60 days, etc.) where the charge status is (by default): *Paid or Balance Due Patient*. This report shows charge claim id, patient id, patient name, insured name, charge dates, charge amount, charge insurance payments, charge patient payments, charge total adjustments, and charge balance grouped by charge status. Additionally, the report shows totals for all money fields.

Limitations: Does not include deleted charges.

Important Note: In order for a patient to be considered a "Family" account, their account must be linked to another patients account within the Patient section of the application.

Charges Due Patient - Single Accounts Report

t Modified on 02/06/2019 1:59 pm EST

Description: The Charges Due Patient - Single Accounts Report displays a list of claims found in a date ange (by aging buckets) where the charge status is (by default): *Paid or Balance Due Patient*. This report hows charge claim id, patient id, patient name, insured name, charge CPT code, charge dates, patient last tatement date, patient follow up date, patient recall date, last insurance payment, last patient payment, harge amount, charge insurance payments, charge patient payments, charge total adjustments, and charg alance grouped by charge status. Additionally, the report shows totals for all money fields.

imitations: Does not include deleted charges or claims and insured account equals zero (non-family ccount).

Charges Due Patient - by Date Range Report

t Modified on 05/26/2020 11:42 am EDT

Description: The Charges Due Patient - by Date Range Report displays a list of patient, claims, and charges found in a date range where the charge status is (by default): *Paid or Balance Due Patient*. This report shows charge claim id, patient id, patient name, charge id, charge dates, claim follow up date, patient follow up date, patient recall date, last insurance payment, last patient payment, charge amount, charge balance. Additionally, the report shows totals for all money fields and charge ids.

Limitations: Does not include deleted charges.

Charges Pending Insurance Report

t Modified on 05/26/2020 11:45 am EDT

Description: The Charges Pending Insurance Report displays a list of patient, claims, and charges found in a ate range where the charge status is *Pending Insurance*. This report shows charge current payer, patient id atient full name, claim id, charge id, charge from date, charge amount, charge balance, claim follow up dat atient recall, patient follow up date. Additionally, the report shows totals for all money fields and charge ds.

imitations: Does not include deleted charges.

Charges at Collection Report

t Modified on 03/30/2020 5:56 pm EDT

Description: The Charges at Collection Report displays a list of charges that are at Collections based on harge from date, the date assigned to collections and charge collection agency. This report includes charg etails such as patient, charge amount, payments, adjustments followed by charge balance, collection gency, and totals.

imitations: Does not include debits or deleted charges.

Contract Analysis by Contract Report

t Modified on 02/06/2019 1:59 pm EST

Description: The Contract Analysis by Contract Report displays a list of credits found in a date ranger where the credit has a contract attached to it. This report shows contract name, credit contract id, paymen ntered date, charge from date, charge CPT code, claim id, patient id, patient full name, credit contract rice, payment allowed amount grouped by contract name. Additionally, the report shows totals for all money fields and has a co-display for additional details such as remittance data.

imitations: Does not include deleted charges, deleted payments, credits where the contract id is greater han zero, and only includes credits where the payment source is Insurance.

Contract Analysis by Payer Report

t Modified on 02/06/2019 2:00 pm EST

Description: The Contract Analysis by Payer Report displays a list of credits found in a date range where he credit has a contract attached to it. This report shows contract name, credit contract id, payment ntered date, charge from date, charge CPT code, claim id, patient id, patient full name, credit contract rice, payment allowed amount grouped by payer. Additionally, the report shows totals for all money fields nd has a co-display for additional details such as remittance data.

imitations: Does not include deleted charges, deleted payments, credits where the contract id is zero, and nly includes credits where the payment source is Insurance.

)enials Report

:t Modified on 08/08/2023 2:27 pm EDT

)escription: The Denials Report displays a list of denials found in a date range. This report shows denial ode, denial description, patient name, patient id, claim id, charge CPT code, charge amount, charge dates, rovider name, provider id, facility name, facility id, payer name, and payer id. The report also shows partia enials where the payer's processing mode wasn't set to Denied. Additionally, the report shows charge mount totals and a co-display for Totals Summary by Remittance Code, as well as Totals by Payer, and otals by Payer Type.

imitations: Does not include deleted charges and no debits.

)pen Charges Set to Paid Report

:t Modified on 02/06/2019 2:00 pm EST

)escription: The Open Charges Set to Paid Report displays a list of charges that are set to "Paid" but still ave an outstanding balance that is greater than zero. This report includes charge details such as patient ıformation, claim information CPT code, charge balance and totals.

imitations: Does not include debits or deleted charges.

ayments Received by Charge Date Report

t Modified on 02/06/2019 2:00 pm EST

escription: The Payments Received by Charge Date report displays a list of payments based on the charg om date or date entered or based on the payment entered or received date or a combination of both. For ach payment the report includes payment details such as the payer, total paid, followed by information elated to the charge.

imitations: Does not include deleted payments. Only includes insurance payments.

RVU (Revenue Value Units) Report

t Modified on 02/06/2019 2:00 pm EST

Description: The RVU Report displays a list of RVUs found in a date range. This report shows charge CPT ode, CPT short description, Work RVU, Non-Facility RVU, Facility RVU, summed charge units, summed otal work RVUs, summed total non-facility RVUs, summed total facility RVUs. Additionally, the report hows totals for all RVU fields and charge units.

imitations: Does not include deleted charges. Only includes RVUs that are greater than $0.00.

Refund / Reversal Report

t Modified on 02/06/2019 2:00 pm EST

Description: This Refund/Reversal Report displays a list of refunds and reversals in a payment date range. This report shows credit id, charge id, patient id, patient name, payment memo line, payment total applied, payment received date, and refund/reversal grouped by practice. Additionally, the report shows totals for total applied and a co-display for refund/reversal summary by payment received date.

Limitations: Does not include deleted payments.

Transfers Report

t Modified on 02/06/2019 2:01 pm EST

Description: The Transfers Report displays a list of transfer by payment date range. This report shows redit id, claim id, charge id, patient id, patient full name, payment memo line, payment total paid, and ayment received date. Additionally, the report shows totals for payment total applied.

imitations: Does not include deleted payments.

nportant Note: A transfer is an account credit that is applied to a charge or debit.

Jnpaid Reasons Report

t Modified on 02/06/2019 2:02 pm EST

Description: The Unpaid Report displays a list of unpaid remittance codes. This report shows remittance odes, count of codes used, and remittance description. Additionally, the report shows totals for the amour f remittance received, and the amount of different codes received.

imitations: Only includes information when an unpaid reason code is used, either manually or through an RA.

ll Patients Seen - Charge Details Report

t Modified on 02/06/2019 2:04 pm EST

escription: The All Patients Seen - Charge Details Report displays a list of patients that have a charge dat f service in a date range. The report shows charge and claim details such as dates, patient information, nsured information, charge total adjustments, charge amount, charge insurance payments, charge patient ayments, payments transfer amount, and charge balance. The report includes totals at the bottom of the eport for any money fields.

imitations: Does not include deleted charges, debits, patients where the insured account number equals ero (0) (non-family account).

Charge Overview by Date Range Report

t Modified on 02/06/2019 2:04 pm EST

Description: The Charge Overview by Date Range Report displays a list of patients that have a charge date f service in a date range. This report shows charge and claim details such as dates, patient information, nured information, charge total adjustments, charge amount, charge insurance payments, charge patient ayments, payments transfer amount, and charge balance. The report includes totals at the bottom of the eport for any money fields. Additionally, there are co-displays for Totals by Payer, Totals by Payer Type, otals by Provider, Totals by Facility, and Totals by Office.

imitations: Does not include deleted or incomplete charges.

Claim Details Report

t Modified on 02/06/2019 2:04 pm EST

Description: The Claim Details Report displays a list of claims in a date range. This report shows charge and claim details such as dates, patient information, charge CPT code, charge modifiers, charge diagnosis pointers, charge ICDs, charge amount, and charge units. It also includes grouping options to view the report by.

Limitations: Does not include deleted charges.

Claim Follow-Up Report

t Modified on 02/06/2019 2:05 pm EST

Description: The Claim Follow-Up Report displays a list of patients that have a claim follow-up date in a ate range. This report shows claim details such as dates, patient information, patient balance, and patient nsurance balance.

imitations: Does not include deleted claims.

Claim Process Mode Conflict Report

t Modified on 02/06/2019 2:05 pm EST

Description: The Claim Process Mode Conflict Report displays a list of claims whose charge status conflicts with the payer processing mode. For example, a charge status may say "Sent to Insurance via clearinghouse" while the payers processing mode says "Do not send claims to the clearinghouse for processing." This report includes claim id, payer name, charge amount, charge status and processing mode.

Limitations: None.

Claims On Hold Report

t Modified on 02/06/2019 2:05 pm EST

Description: The Claims On Hold Report displays a list of charges that are set to "On Hold." This report is rouped by Practice and displays charge details such as the patient, payer type, amount and the date the tatus was changed to "On Hold", followed by totals.

imitations: Does not include debits or deleted charges.

Claims Pending Patient Report

t Modified on 02/06/2019 2:06 pm EST

Description: The Claims Pending Patient Report displays a list of charges that are currently set to "Pending Patient." This report is grouped by Practice and displays charge details such as the patient, payer type, amount and the date the status was changed, followed by totals.

Limitations: Does not include debits or deleted charges.

Claims Pending Physician Report

t Modified on 02/06/2019 2:06 pm EST

Description: The Claims Pending Physician Report displays a list of charges that are currently set to Pending Physician." This report is grouped by Practice and displays charge details such as the patient, pay ype, amount and the date the status was changed, followed by totals.

imitations: Does not include debits or deleted charges.

Claims Printed by the User Report

t Modified on 02/06/2019 2:06 pm EST

Description: The Claims Printed by the User Report displays a list of claims that have been printed. This report shows claim practice, claim dates, payer name, claim id, patient info, and claim total amount. Additionally, the report shows totals for the claim amount and a co-display for Claims Printed by the Payer

Limitations: Does not include claims where the activity is deleted.

Claims Rejected at Clearinghouse Report

t Modified on 02/14/2020 1:13 pm EST

Description: The Claims Rejected at Clearinghouse Report displays a list of charges that are currently set t Rejected at Clearinghouse." This report is grouped by Practice and displays charge details such as the atient, payer type, amount and the date the status was changed, followed by totals.

imitations: Does not include deleted claims.

Claims Waiting for Review Report

t Modified on 02/06/2019 2:07 pm EST

Description: The Claims Waiting for Review Report displays a list of charges that are currently set to Waiting for Review." This report is grouped by Practice and displays charge details such as the patient, ayer type, amount and the date the status was changed, followed by totals.

imitations: Does not include debits or deleted charges and claims.

Claims Waiting to be Printed by User Report

t Modified on 02/06/2019 2:07 pm EST

Description: The Claims Waiting to be Printed by the User report displays a list of claims that are set to User Print and Mail to Insurance." this report shows claim id, claim dates, patient info, summed charge mount, and summed charge balance. Additionally, the report shows total claims, charge amount and alance totals, and a co-display for Totals by Payer.

imitations: Does not include deleted claims.

Claims Waiting to be Sent to the Clearinghouse Report

t Modified on 02/06/2019 2:07 pm EST

Description: The Claims Waiting to be Sent to the Clearinghouse report displays a list of claims that are set o "Send to Insurance via Clearinghouse." This report shows practice, payer, patient info, claim id, charge ates, charge amount, payer type, and when the claim was set to this status. Additionally, the report shows otals for claims, charge amount, and a co-display for Summary by Payer.

imitations: Does not include deleted charges. This report includes claims for payers whose server rocessing mode is set to "Do not send claims to clearinghouse for processing."

:lectronic Claim Activity Report

:t Modified on 02/06/2019 2:07 pm EST

)escription: The Electronic Claim Activity Report displays a list of electronic claim submitted to payers)und within a specified date range. This report shows the TCN, patient name, claim id, activity date, claim mount, and claim status message. This report is a reflection of the information available within the Claim racking section.

imitations: Does not include deleted claims. Does not include user printed claims.

irst Pass Resolved Claims Report

t Modified on 06/27/2024 12:05 pm EDT

escription: The First Pass Resolved Claims Report displays a list of claims that are resolved on the initial ubmission's first pass. This report shows patient info, claim ID, charge dates, TCN#, claim activity total mount, primary allowed amount, and times billed. Additionally, the report shows if it was submitted in the rst submission and if it was resolved on the first pass.

imitations: Does not include deleted charges. This report only includes first submission claims sent to the rimary payer.

ncomplete Claims Report

t Modified on 02/06/2019 2:07 pm EST

Description: The Incomplete Claims report displays a list of charges that are currently set to "Incomplete." his report is grouped by Practice and displays charge details such as the patient, payer type, amount and e date that status was changed, followed by totals.

imitations: Does not include debits or deleted charges and claims.

Claims Billed Report

t Modified on 02/06/2019 2:09 pm EST

Description: The Claims Billed Report displays a listing of claims that have been billed to insurance within a specified date range. Information about each time claim listed is also displayed, such as the total amount of the claim and the current balance. Grand totals for claim amount billed and the total outstanding balance o ll listed claims can be found at the bottom of the report. Additionally the report has a co-display that show total claims per patient.

imitations: Does not includes deleted claims. Only includes claims that have a primary payer.

Claims Entered Report

t Modified on 02/06/2019 2:09 pm EST

Description: The Claims Entered Report displays a listing of claims that have either an entered date within pecified date range or a from date within a specified date range. Information about each claim listed is alsc isplayed, such as the total amount of the claim and the current balance. Grand totals for claim amounts an he total outstanding balance of all listed claims can be found at the bottom of the report. Additionally, the eport has a co-display that shows total claims per patient.

imitations: Does not include deleted claims.

Daily Deposit Report

t Modified on 03/04/2026 1:30 pm EST

Description: The Daily Deposit Report displays information surrounding all patient and insurance payment hat were entered or received in a given date range. Information about the patient and payer associated vith the payment, as well as the payment amount and check number (if applicable) are displayed. A grand otal for the amount of all payments listed on the report can be found at the bottom.

imitations: Does not include deleted payments and does not include refunds or reversals. This report hould **not** be compared to the Daily/Monthly Insurance Payments and Adjustment Reports.

)aily Patients Seen Charge Date Report

:t Modified on 02/06/2019 2:10 pm EST

)escription: The Daily Patients Seen (Charge Date) Report displays a list of patients within charges from a pecific date range. Information related to the patient such as ID number and name are displayed, as well a: count of all charges associated with the patient for a given day. A total patient count, which represents atient visits, can be seen at the bottom of the report.

imitations: Does not show deleted charges.

nportant Note: A single patient may appear more than once on this report, as it displays a row for each ate of service associated with a particular patient. This is why the total patient count at the bottom of the eport should be interpreted as number of visits, rather than number of unique patients.

)aily Patients Seen Last Seen Date Report

:t Modified on 02/06/2019 2:10 pm EST

)escription: The Daily Patients Seen Last Seen Date Report displays a list of patients that were last seen in given time frame. For each patient that appears on the report, the total amount of cash, check, credit carc ayments, and unapplied payments (account credits) received in a particular date range are also displayed long with the total amount o charges billed in a particular date range for this patient. Grand totals for all ayments and charge information can be seen at the bottom of the report along with a total count of all atients appearing on the report.

imitations: Does not include deleted charges or payments. Only includes patient payments and co-pays.

nportant Note: The Cash, Check, and Credit Card totals for each patient represent the total amount that /as paid, not the total amount that was applied to charges. For example, if a charge is $100 and the ayment amount entered is $110, the amount paid would be $110 but the amount applied won't be $100 ince this is the charge balance. Also, the payment totals and charge totals for each patient are only epresentative of the date range(s) entered on the report's filter window.

)aily/Monthly Charges and Debits Report

:t Modified on 02/06/2019 2:10 pm EST

)escription: The Daily/Monthly Charges and Debits Report displays a detailed list of all charges and debits ıat were either entered into the system within a given time frame or have a date of service within a given me frame. The charge and debit amounts are shown as well as information surrounding their associated atients and dates. The CPT code associated with the charges is also given. Totals of all charges and debits isplayed an be found at the bottom of the report. Additionally, co-displays are available for practice, rovider, primary payer, facility, office, and user.

imitations: Does not include deleted charges or incomplete charges.

)aily/Monthly Insurance Payments/Adjustments Report

:t Modified on 02/06/2019 2:10 pm EST

)escription: The Daily/Monthly Insurance Payments/Adjustments Report displays a detailed list of all ısurance payments and adjustments entered into the system within a given time frame or received within iven time frame. The payment and adjustment amounts are shown as well as information surrounding the ssociated payers, patients, and dates. The payment check number is also displayed along with the CPT coc f the charge the payment or adjustment was entered for. Totals of all payments and adjustments displaye an be found at the bottom of the report. Additionally, payment and adjustments totals are also broken up y practice, provider, facility, check number, payer, office, and user in the report's co-displays.

imitations: Does not include deleted payments or deleted adjustments. Only includes payments and djustments that came from payers.

Daily/Monthly Patient Payments/Adjustments Repor

t Modified on 07/01/2022 1:56 pm EDT

Description: The Daily/Monthly Patient Payments/Adjustments Report displays a detailed list of all patien ayments and adjustments entered into the system within a given time or received within a given time rame. The payment and adjustment amounts are shown as well as information surrounding the associated atient and the type of payment that was made. Totals of all payments and adjustments displayed can be ound at the bottom of the report. Additionally, payment and adjustment totals are also broken up by ractice, provider, facility, office, and user in the report's co-displays.

imitations: Does not include deleted payments or deleted adjustments. By default, the report only include ayments and adjustments that came from patients.

Daily/Monthly Payments/Adjustments from Collections

t Modified on 04/17/2020 9:54 am EDT

Description: The Payments/Adjustments from Collections Report displays a detailed list of all collection ayments and adjustments entered into the system within a specific time or received within a given time rame. The collection agency, payment, and adjustment amounts are shown as well as information urrounding the associated patient, payment date, and the type of payment that was made. Totals of all ayments and adjustments displayed can be found at the bottom of the report. Additionally, payment and djustment totals are also broken up by practice, provider, facility, office, user, and collection agency in the eport's co-displays.

imitations: Does not include deleted payments or deleted adjustments. This report only includes payment nd adjustments that are saved as Collection Agency Payments or adjustments.

)aily/Monthly Transactions Report

:t Modified on 02/06/2019 2:11 pm EST

)escription: The Daily/Monthly Transactions Report displays a list of all charges, payments, and djustments that were either entered in a given time frame or were from (charges) and received)ayments/adjustments) within a given time frame. Information related to the charge, payment, and djustment amounts are displayed along with the associated patient for each. Totals of all charge, payment nd adjustments displayed can be found at the bottom of the report.

imitations: Does not include deleted charges or deleted payments. Does not include incomplete charges.

nportant Notes: All charges shown and all payments/adjustments shown are not necessarily related to or nother. That is, payments and adjustments may be included on the reports that are not related with harges included on the report. This is done as a way to show the net charge in A/R for the given time frame

Patient Visits without Charges Report

t Modified on 10/16/2019 8:23 am EDT

Description: The Patient Visits without Charges Report displays a list of appointments that fall within a iven time frame that have not had any charges billed for the particular patient visit they represent. The ppointment's date as well as information related to the appointment's patient is displayed on the report.

imitations: Does not include appointments that are not related to a patient visit. Does not include deleted ppointments. By default, the report only includes appointments that are not set as inactive.

nportant Notes: An appointment is considered to not have any charges associated with it if there are no harges found in the system for that patient with a date of service that is the same as the appointment date

Provider Adjustment Reasons Report

t Modified on 07/31/2023 4:39 pm EDT

Description: The Provider Adjustment Reasons Report displays a list of provider adjustments that fall within a given time frame. The report displays the adjustment reason, as well as the adjustment amount an ate. The information related to the adjustment's check number and payer is also displayed on the report.

imitations: Does not include adjustments from deleted checks. By default, the report only includes rovider adjustments that are not deleted.

Daily/Monthly Expected Revenue Report

t Modified on 07/02/2026 11:22 am EDT

Description: The Daily/Monthly Expected Revenue Report displays a detailed list of expected revenue (charges less contractual adjustments) that were either entered into the system within a given time frame or have a date of service within a given time frame. The charge amounts are shown as well as information surrounding their associated patients and dates. The CPT code associated with the charges is also given. Totals of all charges displayed can be found at the bottom of the report. Additionally, co-displays are available for practice, provider, primary payer, and primary payer type.

Limitations: Does not include deleted charges or incomplete charges.

·acility Charges Detail Report

t Modified on 02/06/2019 2:13 pm EST

)escription: The Facility Charges Detail Report displays a list of claims and charges by facility. This report hows charge and payment details such as claim ID, dates, patient information, amounts, co-pays, and paye ollowed by charge balance and totals.

imitations: Does not include deleted charges.

:acility Charges Summary Report

:t Modified on 02/06/2019 2:12 pm EST

)escription: The Facility Charges Summary Report displays a list of charges by facility. This report shows harge details and payment details such as charge entered date, charge from date, charge amount, patient o-pays, and payers.

imitations: Does not include deleted charges.

·acility Credits Detail Report

:t Modified on 02/06/2019 2:13 pm EST

)escription: The Facility Credits Detail Report displays a list of Applied Payments by facility. This report hows payment details such as facility, dates, patient information, applied amount, and credit adjustment odes followed by charge balance and totals.

imitations: Does not include deleted payments or inactive patients.

Facility Credits Summary Report

t Modified on 02/06/2019 2:13 pm EST

Description: The Facility Credits Summary Report displays a list of summed Applied Payments by Facility. This report shows payment details such as facility, dates, applied amount, and credit adjustment codes followed by charge balance and totals.

Limitations: Does not include deleted payments or inactive patients.

Facility Payments Detail Report

t Modified on 02/06/2019 2:13 pm EST

Description: The Facility Payments Detail Report displays a list of Total Payments by facility. This report shows payment details such as facility, dates, patient information, charge CPT code, total paid, payment source, and check number followed by charge balance and totals.

Limitations: Does not include deleted payments or debits and excludes payments that are not associated with any particular claim.

·acility Payments Summary Report

:t Modified on 02/06/2019 2:13 pm EST

)escription: The Facility Payments Summary Report displays a list of summed Total Payments by facility. 'his report shows payment details such as facility, dates, memo line, and total paid followed by charge alance and totals.

imitations: Does not include deleted payments, debits, and excludes payments that are not associated wit ny particular claim. Shows only payments where the source is Patient, Insurance, or Co-pay.

:acility Receivables Report

:t Modified on 02/06/2019 2:14 pm EST

)escription: The Facility Receivables Report displays a list of claims by facility. This report shows claim anc harge and payment details such as facility, dates, claim total amount, claim amount paid, summed charge atient payments, summed charge insurance payments, summed charge balance, and payer information ollowed by charge balance and totals.

imitations: Does not include deleted claims or deleted charges.

ppointment Reminders Report

t Modified on 02/06/2019 2:15 pm EST

Description: The Appointment Reminders Report displays a list of appointment reminder calls and text messages that were sent for a given date range or that were for appointments within a given date range. nformation related to the appointment as well as the result of the reminder call or text(s) are displayed on he report.

imitations: None.

Claim History Report

t Modified on 02/06/2019 2:15 pm EST

Description: The Claim History Report displays a list of claims whose date of service is within a given time frame along with information related to the activity of each claim. Specifically, billing activity as well as payment activity for each claim is displayed as well as the billed amounts and payment amounts.

Limitations: Does not include deleted payments or deleted claims. Does not include claim billing events tha have been deleted.

·acility Statistics Report

:t Modified on 02/06/2019 2:15 pm EST

)escription: The Facility Statistics Report displays a summarized listing of all charges whose date of servic ; within a given time frame, broken up by the facility and payer associated with the charges. For each ɜcility, the report totals all charges that went out under a given payer in a given month. The overall total of harges displayed on the report as well as a count of all charges and their associated patients can be found t the bottom of the report.

imitations: Does not include deleted charges. Does not include debits. does not include charges that are ot associated with a facility.

CD Frequency Report

t Modified on 02/06/2019 2:15 pm EST

Description: The ICD Frequency report lists all unique ICDs used on claims whose date of service is within iven time frame and counts the number of times a particular ICD was used. This report can be ordered by ne use count to see the most used and least used diagnosis codes in a given period of time.

imitations: Does not include ICDs from deleted claims.

nportant Note: This report will include ICD codes used on institutional claims (Diagnosis and E-codes).

nsurance Check Listing Report

t Modified on 02/06/2019 2:16 pm EST

Description: The Insurance Check Listing Report displays applied insurance checks within a specified checl ate range. The report retrieves the payer, check date, check number, check amount, and any remaining mount. The report can be filtered by the payer, check number, date, and/or amount.

imitations: This report does not include deleted or unapplied checks.

Merchant Payments Report

t Modified on 04/18/2025 1:35 pm EDT

Description: The Merchant Payments Report gives a detailed listing of all payments that have been rocessed by Integrated Payment Processing. Each payment is broken down by where it was entered, whether it was within the CollaborateMD application, the Patient Payment Portal, or through Sunbit. It car lso be filtered by whether the payment was processed successfully, followed by the payment authorizatio ode, or if the payment is through auto pay. The report contains various filtering options, including the rigin of the payment and the payment date.

imitations: This report will only display information related to payments that were processed through the ntegrated Payment Processing as credit cards. All other payments posted (cash, checks, EFT, or credit carc ot processed through the Integrated Payment Portal) will not be displayed. Payments processed from nsurance payers are not linked to patients on the report.

Patient SMS Appt Reminder Opt In Status Report

t Modified on 02/06/2019 2:16 pm EST

Description: The Patient SMS Appt Reminder Opt in Status Report shows which patients have been sent th pt-in message, responded to the opt-in message, how many opt-in requests have been send, and also the ate that a patient was last asked to join your appointment reminder status. Filter options include patients ractice and provider and when the opt-in was last sent, or patients' last or next appointment. Additional lter options include the confirmation status and the method of confirmation.

imitations: Does not include inactive patients.

Patients with a Specific CPT Performed Report

t Modified on 02/06/2019 2:17 pm EST

Description: The Patients with a Specific CPT Performed Report displays a listing of patients that have had particular procedure performed within a given time frame. The report retrieves that list of patients based n charges whose date of service is within a given time frame and that have a particular CPT associated wit hem. The report can also be run based on the default CPTs associated with patient accounts. The report is rouped by provider and totals for the amount of unique patients by provider as well as overall.

imitations: Does not include deleted charges. Does not include debits. Does not include inactive patients.

ayment Portal Logins Report

t Modified on 02/06/2019 2:17 pm EST

escription: The Payment Portal Logins Report gives users an overview of which patients are logging into ne Patient Payment Portal and how much they are spending in each session. The report allows users to lter by the patients' login date, but also gives the option of only seeing login history for a specific patient ccount.

imitations: None.

ayment Portal Registration Report

t Modified on 02/06/2019 2:17 pm EST

escription: The Payment Portal Registration Report allows users to manage their Patient Payment Portal egistrations and easily identify patients that have registered and also ones that have yet to register. The eport can be filtered by the date that an invitation was last sent to the patient.

imitations: None.

Patients with a Specific Diagnosis Report

t Modified on 02/06/2019 2:17 pm EST

Description: The Patients with a Specific Diagnosis Report displays a listing of patients that have had a articular diagnosis within a given time frame. The report retrieves the list of patients based on claims hose date of service is within a given time frame and that have a particular ICD associated with them. The eport can also be run based on the default ICDs associated with patient accounts. The report is grouped b rovider and totals for the amount of unique patients by provider as well as overall.

imitations: None.

ayments Received by Charge Aging Report

t Modified on 02/06/2019 2:18 pm EST

escription: The Payments Received by Charge Aging Report displays a total of all payments and djustments received for charges based on the age of the charge (by date of service). The report shows tota ayments and adjustments broken up into insurance and patient categories and places them in an aging ucket based on the amount of time between the date of service of the charge and the date that the ayment or adjustment was received. For example, if it took 35 days after a charge's date of service to eceive a payment, the payment will fall into the "31 to 60 days" aging bucket. Totals per office can be seen nd overall grand totals can be found at the bottom of the report.

imitations: Does not include deleted charges or deleted payments. Does not include refunds or reversals.

Procedure Done in a Date Range Report

t Modified on 02/06/2019 2:18 pm EST

Description: The Procedure Done in a Date Range Report displays a list of charges that are associated witl particular procedure or set of procedures and that were entered into the system within a given date rang r have a date of service in a given date range. Information related to the charge such as CPT code, total ayments/adjustments, and balance are displayed along with grand totals at the bottom of the report.

imitations: Does not include deleted charges.

Referring Marketer Receivables Report

t Modified on 02/06/2019 2:18 pm EST

Description: The Referring Marketeer Receivables Report displays a list of charges that have received ayments within a given date range. Information related to each charge such as the CPT code, total ayments/adjustments, and patient information are displayed on the report. Totals for the charge amounts s well as the payments and adjustments associated with all charges can be seen per marketer and grand otals can be found at the bottom of the report.

imitations: Does not include deleted payments or referring providers that do not have an associated narketer.

Referring Marketer Statistics Report

t Modified on 02/06/2019 2:18 pm EST

Description: The Referring Marketer Statistics Report displays a summarized view of all charges associate with a particular CPT code and CPT department, broken up by referring provider as well as referring marketer. For each CPT code department, all CPTs under that department are listed and a total charge ount and charge amount is listed for each based on charges whose date of service is within a given date ange. Totals for all charges and charges and charge amounts can be found at the bottom of the report.

imitations: By default, the report does not include CPTs with no associated department or charges that ar ot associated with a referring provider.

Referring Physician Statistics Report

t Modified on 02/06/2019 2:18 pm EST

Description: The Referring Physician Statistics Report displays a list of charges whose date of service is within a given date range broken down by their associated referring providers. Information related to each harge such as CPT code, and total payments/adjustments are displayed on the report. Totals for the charg mounts as well as the payments and adjustments associated with all charges can be seen per referring rovider and grand totals can be found at the bottom of the report.

imitations: Does not include deleted charges and does not include charges that have no referring provide ssociated with them.

Referring Source Report

t Modified on 02/06/2019 2:18 pm EST

Description: The Referring Source Report displays a list of claims whose date of service is within a given ate range and their total amounts broken up by the claims' referring providers. Information related to eac laim's patient is also displayed on the report. A total claim count and total claim amount can be seen per eferring provider and grand totals can be found at the bottom of the report.

imitations: does not include deleted claims or claims that are not associated with a referring provider.

See What Insurance Paid on Charges Report

t Modified on 02/06/2019 2:19 pm EST

Description: The See What Insurance Paid on Charges Report displays a list of CPT codes and the total umber of charges, charge amounts, and payments associated with each. Additionally, the report also show he average charge amount for each CPT as well as the average payment received for each CPT. A ercentage is also displayed, representing how much of the total charges for a particular CPT have been aid. Grand totals for all charges as well as payments can be found at the bottom of the report.

imitations: Does not include deleted payments. Only includes payments from insurance.

Jser Audit Report

t Modified on 10/10/2019 8:58 am EDT

Description: The User Audit Report displays user activity that was performed within a given date range. Fc ach activity line, the report displays what activity was performed (creation, modification, deletion) and the ection that the activity was performed in (patient, claim, credit, etc.). For each activity line, the report will lso display a timestamp for when that activity occurred.

imitations: None.

Jser Login Report

t Modified on 06/18/2020 4:59 pm EDT

Description: The User Login Report displays user login and logout activity within a given date range. For ach activity line, the username and the exact login and logout timestamps are given as well as the custome ame, customer number, and IP address that the user logged in under.

imitations: None.

Claim Scrubbing Validations Report

t Modified on 09/29/2023 4:18 pm EDT

Description: The Validations Report displays a list of claim scrubbing validations that have been attempted based on the date of validation or based on dates associated with the claims. For each validation, the associated payer as well as the outcome of the validation are also listed.

Limitations: None.

Customer Access Listing Report

t Modified on 07/16/2020 2:30 pm EDT

Description: The User Access Listing Report displays user group access within specific customers. The eport displays the customer name, along with usernames that have access to it, User Type, and the user efault customer. The report can be filtered by User Type or by the Customer.

imitations: This report does not include inactive Users or Customers.

Charge Panel Listing Report

t Modified on 02/06/2019 2:22 pm EST

Description: The Charge Panel Listing Report displays a list of active charge panels. This report shows the harge panel name and code, codes on the charge panel, charge panel POS, charge panel modifiers, charge anel units, and charge panel price.

imitations: Does not include inactive or deleted charge panels.

CPT Listing Report

t Modified on 02/06/2019 2:22 pm EST

Description: The CPT Listing Report displays a list of CPT Codes that have been added from the master list his report shows CPT code, CPT short descriptions, CPT default price, and CPT department.

imitations: None.

Credit Adjustment Report

t Modified on 02/06/2019 2:22 pm EST

Description: The Credit Adjustment Report displays a list of adjustments that were made within a specifiec ayment date range. This report shows patient and payment details such as received date, claim ID, patient D, patient full name, adjustment code, and payment total paid. Additionally, the report shows totals by ode, payer and payer type displayed in a co-display.

imitations: Does not include deleted payments, transfers, and only includes payments where payment ource is Patient Adjustment or Insurance Adjustment.

:lectronic Payer List Report

:t Modified on 02/06/2019 2:23 pm EST

)escription: The Electronic Payer List Report displays a list of electronic payers. The report shows lectronic payer state and electronic payer name.

imitations: Does not include payers where the electronic payer name is empty.

CD Listing Report

t Modified on 02/06/2019 2:23 pm EST

Description: The ICD Listing Report displays a list of active ICD codes. This report shows ICD code related nformation, such as ICD code, ICD description, ICD version, and ICD inactive column.

imitations: None.

nventory Report

t Modified on 02/06/2019 2:23 pm EST

Description: The Inventory Report displays a list of active inventory items. This report shows inventory ode, item description, billing description, alert message, inventory item quantity, inventory CPT code, aler n/off?, inventory alert quantity, inventory inactive?, and the inventory last modified date.

imitations: None.

ayer Listing Report

t Modified on 02/06/2019 2:23 pm EST

escription: The Payer Listing Report displays a list of active payers. This report shows the payer ID, payer ame, payer plan name, and payer address.

imitations: None.

ayer Listing by Usage Report

t Modified on 02/06/2019 2:23 pm EST

escription: The Payer Listing by Usage Report displays a list of active payers with charges in a given date ange. This report shows the payer name, payer plan name, payer address, and the number of claims per ayer within the selected date range.

imitations: None.

Provider Listing Report

t Modified on 02/06/2019 2:24 pm EST

Description: The Provider Listing Report displays a list of active and/or inactive providers. This report hows the customer number the provider is listed in, provider sequence number, provider name and NPI, nd the provider's associated practice name.

imitations: None.

Remittance Code Listing Report

t Modified on 02/06/2019 2:24 pm EST

Description: The Remittance Code Listing Report displays a list of active remittance codes in the customer ocal list. This report shows the remittance code and report description, the remit code type, if the remit ode has actions (yes or no), remit code info level, remit code memo line, remit code action payer type and he remit code action. This report can be grouped by a selected remit code variable.

imitations: None.

ask Search Report

t Modified on 02/06/2019 2:24 pm EST

escription: The Task Search Report displays a list of tasks assigned in a date range. This report shows eminder details such as reminder date, assigned to user, assigned by user, reminder priority, reminder tatus and description.

imitations: Must enter at least one date range to search by prior to running the report. Must select the ustomer the user(s) is defaulted under, if multiple exist.

ePS Electronic Payer List Report

t Modified on 11/28/2022 1:33 pm EST

Description: The Electronic Payer List Report displays a list of electronic payers supported by ePS eProvider Solutions). The report shows the electronic payer state, payer name, ePS payer ID, and which roducts each payer supports.

imitations: None.

ppointments Without an Estimate Report

t Modified on 01/27/2023 6:41 pm EST

Description: The Appointments Without an Estimate Report displays a list of appointments that fall within given time frame that have not had any Patient Estimates billed for the particular patient visit they epresent. The appointment's date as well as information related to the appointment's patient is displayed n the report.

imitations: Does not include appointments that do not have a Patient Estimate. Does not include deleted ppointments. By default, the report only includes appointments that are not set as inactive.

:stimate Listing Report

:t Modified on 01/27/2023 5:36 pm EST

)escription: The Estimate Listing Report displays a list of Estimates based on the appointment, or claim ate range. This report shows the Estimate patient, Estimate amount, Estimate Copay, Estimate Co-nsurance, Estimate deductible, and the claim or appointment associated with the Estimate.

imitations: None.

:stimated VS Actual Amounts Due Report

:t Modified on 01/27/2023 6:36 pm EST

)escription: The Estimated VS Actual Amounts Due Report displays a list of claims with Estimates found ir date range where the Estimate charge status is (by default): *Paid or Balance Due Patient*. This report shows stimate claim id, Estimate patient id, claim from date, claim total amount, Estimate Amount, Insurance stimate, Charge insurance payments, and Actual Amount Due. Additionally, the report shows charge atient payments and claim status.

imitations: Does not include deleted claims.

:ligibility Requests Report

:t Modified on 02/06/2019 2:25 pm EST

)escription: The Eligibility Requests Report displays a list of all eligibility checks that were performed /ithin a given date range as well as information related to the requests associated patient and payer.

imitations: Does not include eligibility requests that were deleted.

nactive Patients Report

t Modified on 02/06/2019 2:25 pm EST

Description: The Inactive Patients Report displays a list of all patients under the user's account that are set s inactive.

imitations: Does not include active patients.

ncomplete Patient Reports

t Modified on 02/06/2019 2:26 pm EST

Description: The Incomplete Patient Report displays a list of all patients under the user's account that are et as incomplete.

imitations: Does not include patients whose account information is complete.

nsurance Credits Report

t Modified on 02/06/2019 2:26 pm EST

Description: The Insurance Credits Report displays a list of insurance account credits that were either ntered into the system within a given date range or received within a given date range. For each account redit found, the report displays information related to the payer that the credit is due to as well as the tota mount and remaining amount of the account credit.

imitations: Does not include deleted account credits. Only includes insurance account credits.

Next Appointment Report

t Modified on 02/06/2019 2:26 pm EST

Description: The Next Appointment Report displays a list of patients who have an appointment date withir given date range. For each patient listed, the report displays information related to the patient's contact nformation, appointment date, and total balance. Grand totals related to the number and total balance of ll patients listed can be found at the bottom of the report.

imitations: None.

Patient Birthday Listing Report

t Modified on 02/06/2019 2:26 pm EST

Description: The Patient Birthday Listing Report displays a list of patients who have a birthday within the hosen month(s) or patients who meet a certain age. This report includes patient details such as birth date, ge and contact information.

imitations: Does not include inactive patients or patients marked as incomplete.

Patient Deductible Report

t Modified on 02/06/2019 2:26 pm EST

Description: The Patient Deductible Report displays a list of insurance payments with an informational pplied deductible amount set. That is, for each payment, a deductible amount that is due to the patient for hat line item is also displayed. Information related to the patient as well as their primary and secondary eductible amounts are displayed along with the payer that the payments came from.

imitations: None.

›atient Duplicates Report

:t Modified on 02/06/2019 2:27 pm EST

›escription: The Patient Duplicates Report displays a list of all patients in the user's account that are uplicates based on one of the following criteria:

1. The patients have the same SSN.
2. The patients have the same last name, first name, and date of birth.

or each patient that is a duplicate, the patient's address information and other information are displayed t how how the records may differ despite being classified as duplicates.

imitations: Does not include inactive patients.

Patient Follow-up Report

t Modified on 02/06/2019 2:27 pm EST

Description: The Patient Follow-Up Report displays a list of patients that have a follow-up date that falls within a given date range. For each patient listed, the balance due to the patient and the balance due to the patient's insurance (for charges associated with the patient) as displayed. Grand totals for both balance fields can be found at the bottom of the report.

Limitations: None.

?atient Listing Report

:t Modified on 02/06/2019 2:44 pm EST

)escription: The Patient Listing Report displays a list of patients (including their last visit, balance, birthday nd email) based on certain filter criteria. The report can be run in a variety of different ways including but ot limited to:

1. Claim date of service
2. Last visit date
3. Patient Age
4. Patient Balance
5. Practice
6. Payer

ıformation related to the patient including patient/insurance/total balance, last visit, birthday, and email re displayed in the report. Grand totals for all balance field can be found at the bottom of the report.

imitations: Does not include inactive patients.

Patient Listing by Balance Report

t Modified on 02/06/2019 2:27 pm EST

Description: The Patient Listing by Balance Report displays a list of patients and their total charges broken p into various groupings based on charge status. Also displayed on the report is information related to the atient's address as well as various dates, such as last visit, last statement date, and follow-up date. Grand otals for all charge balance fields can be found at the bottom of the report.

imitations: Does not include deleted charges.

Patient Listing by Payer Report

t Modified on 02/06/2019 2:28 pm EST

Description: The Patient Listing by Payer Report displays a list of patients that have a particular payer or ayers set as their primary, secondary, or tertiary insurance. Each patient's balance as well as their nsurance balance is also displayed on the report. Grand totals for the balance fields can be found at the ottom of the report.

imitations: Does not include inactive patients.

Patient Notes Report

t Modified on 02/06/2019 2:28 pm EST

Description: The Patient Notes Report displays a list of patients that have a note entered within a given ate range. For each note listed, the report also displays the patient ID, claim ID (if the note is associated to claim), the date and time the note was entered and by whom, note type, and the note message.

imitations: Does not include deleted notes.

Patient Recall Report

t Modified on 02/06/2019 2:39 pm EST

Description: The Patient Recall Report displays a list of patients that have a recall date that falls within a iven date range. For example, a recall may remind you that a patient needs to be seen for a follow-up in 3 veeks. For each patient listed, the balance due to the patient and the balance due to the patient's insurance (or charges associated with the patient) are displayed. Grand totals for both balance fields can be found at he bottom of the report.

imitations: None.

Patient Statement Comments Report

t Modified on 02/06/2019 2:28 pm EST

Description: The Patient Statement Comments Report displays a list of all patients who have a customer tatement comment set up o their account. For each patient returned on the report, the associated tatement comment is also displayed.

imitations: Does not include inactive patients. By default, the report does not include patients with no tatement comment set.

mportant Note: To set up a customer statement comment on a patient's account, go to the Statements ection and enter a comment in the Patient Comment field.

Patient Statements Turned Off Report

t Modified on 02/06/2019 2:29 pm EST

Description: The Patient Statements Turned Off Report displays a list of all patients whose account is set u o not receive statements. The report also displays each patient's balance. Grand totals for the number of atients displayed and the total patient balance can be found at the bottom of the report.

imitations: Does not include inactive patients. Does not include patients that are set up to receive tatements.

mportant Notes: To set up a patient's account to receive or not receive statements, go to the Patient's age > Billing Info tab and change the Send Statement option.

Patients Seen by Office Report

t Modified on 02/06/2019 2:29 pm EST

Description: The Patients Seen by Office Report displays a list of patients who have had claims within a iven date range. For each patient listed, the report displays the number of claims associated with the atients and groups by the office and practice associated with the claims.

imitations: Does not include deleted claims.

Patients at Collection Report

t Modified on 02/06/2019 2:30 pm EST

Description: The Patients at Collection Report displays a list of all patients that have a collection date fallin within a given date range. For each patient returned on the report, information related to the patient's alance, collection amount, and address information is displayed. Grand totals for the number of patients nd the total balance and collections amount can be seen at the bottom of the report.

imitations: A collection date must be entered within the patient record under Patient page > Billing Info ab > Collection Options.

Patients with Account Credits Report

t Modified on 02/06/2019 2:30 pm EST

Description: The Patients with Account Credits Report displays a list of patients that have account credits ssociated with their account. For each patient listed, the report displays information related to the atient's credits and balance as well as the insurance credits and insurance balance associated with the atient's account. Grand totals for all credit and balance amounts can be seen at the bottom of the report.

imitations: Does not include patients with no account credits.

Patients with Statements Sent x Times Report

t Modified on 03/02/2022 10:33 pm EST

Description: The Patient Statements Sent x Times Report displays a list of patients who have had tatements sent a certain number of times. For each patient listed, the report also includes information elated to the patient's balance and the insurance balance associated with the patient's account.

imitations: By default, the report only includes patients having a balance greater than zero (0).

ayment Plan Balances Report

t Modified on 02/06/2019 2:31 pm EST

escription: The Payment Plan Balance Report displays a list of installments with balances within a given me frame. For each installment listed, the report also includes information related to the patient, paymen lan, and installment payments and current balance. Grand totals for installment due amounts, paid mounts, and balances can be seen at the bottom of the report.

imitations: Only includes balances for payment plans that are active and installments that are unpaid.

Referring Provider Patient Report

t Modified on 02/06/2019 2:31 pm EST

Description: The Referring Provider Patient Report displays a list of patients who have associated referrin roviders. For each patient listed, the report also displays information related to the patient's primary, econdary, and tertiary payers and is grouped by referring provider.

imitations: Does not include inactive patients.

Statements Sent in a Date Range Report

t Modified on 03/02/2022 10:34 pm EST

Description: The statements Sent in a Date Range Report displays a list of statement activity lines for atients and the amount that was billed on each statement. A grand total for the amount billed can be seen t the bottom of the report.

imitations: None.

ouches to Completion Report

t Modified on 05/08/2024 4:08 pm EDT

escription: The Touches to Completion Report shows the number of touches required to complete a laims cycle (get paid). It includes details such as the claim ID, claim from date, claim total amount, and clain otal touches. Additionally, the report shows a co-display for **Touches to Completion by Date of ervice**. This report is also accessible through a drill-through option from the Average Touches to ompletion dashboard gadget.

imitations: Does not include deleted claims.

Jser Productivity by Notes Report

t Modified on 05/08/2024 4:05 pm EDT

Description: The User Productivity by Notes Report displays a list of claims with any claim/claim follow-up otes that have been created by each user during the specified time frame. This report is grouped by ne created by user and displays thenote count, claim ID, last note & claim from dates, and billed amounts. dditionally, the report shows the claim status and a co-display for **Daily Productivity.**

imitations: Does not include deleted claims.

Jser Productivity by Tasks Assigned Report

t Modified on 05/08/2024 4:05 pm EDT

Description: The User Productivity by Tasks Assigned Report displays a list of task reminders assigned by a ser during a specific time frame. This report is grouped by Task Assignee and displays details such as the ask count, reminder link category and description, link entity ID, and entered dates. This report also ncludes a co-display for **Daily Productivity**.

imitations:None

Jser Productivity by Tasks Completed Report

t Modified on 05/08/2024 4:09 pm EDT

Description: The User Productivity by Tasks Completed Report displays a list of task reminders completed y a user during a specific time frame. This report is grouped by Task Reminder Username as well as eminder Link Category and displays details such as the task count, reminder link description, link entity ID nd link entered dates. This report also includes a co-display for **Daily Productivity**.

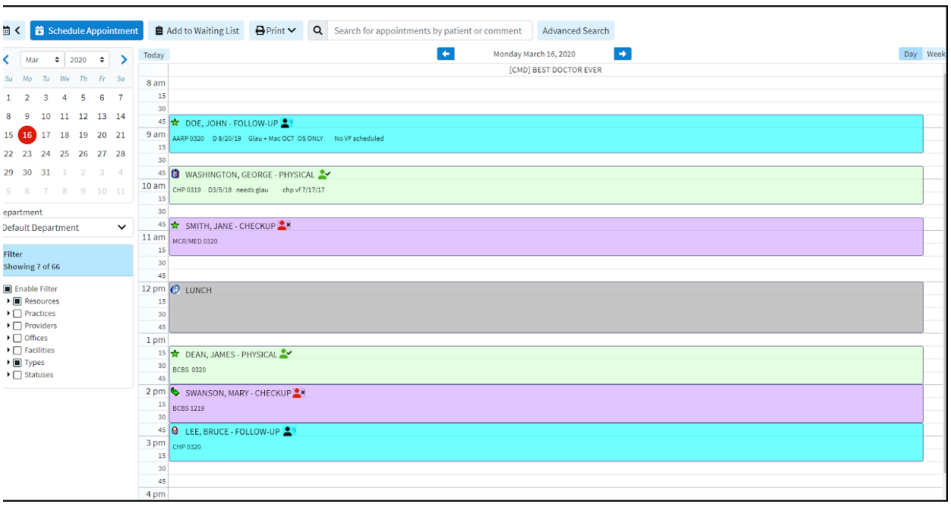
imitations: None

ctions in the Scheduler

t Modified on 09/26/2025 5:14 pm EDT

: is important that your Resources, Types, Departments, Statuses ***(optional)*** and Settings ***(optional)*** are onfigured under the Appointment Configuration screen before creating appointments.

he scheduler display will default to the Day View.



ctions/Options

1. **Mini Calendar**: This displays the current month in the top left corner of the screen; you can view past or future months. When you're in the day view, the current date has a small red circle around it. The day selected within the mini calendar will display the associated appointments within the main calendar view.
2. **Schedule Appointment button**: Click this button to create a new appointment.
3. **Add to Waiting List button**: Click this button to add an appointment to your waiting list.
4. **Print button**: Click this button to print your daily or weekly schedule.
5. **Department**: Use this to filter through your scheduler departments.
6. **Day View**: Use to view appointments for a single day separated by resource.
7. **Week View**: Use to view appointments for the week.

> ⚠️ Appointment Resources are not visible within the weekly view. To view appointment resources within the weekly view, right-click on the appointment and select Edit Appointment or double

click on the appointment.

8. **Filter**: Allows you to narrow down the view of the appointments and blocks by selecting the filters you want to see, and deselecting the filters you don't want to see.
9. **Main Calendar View**: This is where all of the appointments will be displayed by Resource.
10. **Advanced Search**: Use this to search for an appointment by the patient or comments.

Scheduler Right-click Actions

t Modified on 06/03/2024 5:02 pm EDT

1. **Add from Waiting List:** Schedule an appointment from your Wait List.
2. **New Appointment**: Schedule a new appointment in this time slot.
3. **New Block**: Add a new Schedule Block in this time slot.
4. **New Block From Template**: Add a new Schedule Block using an existing template in this time slot.
5. **Edit Appointment**: Edit the selected appointment
6. **Update Status**: Change the status for the selected appointment.
7. **Schedule Follow Up**: Schedule a new appointment for the patient of the selected appointment
8. **Move Appointment**: Move the selected appointment to a new date or time.
9. **Reschedule Appointment**: Sets the selected appointment to the "Rescheduled" appointment status and schedules a new appointment for the patient. Use if this you would still like to track and report on all of your rescheduled appointments.
10. **Send Forms**: Send patient intake forms message for the selected appointment.
11. **Apply Forms**: Apply any completed patient intake form for the selected appointment.
12. **Print Superbill**: Prints a Superbill of your choice for the patient of the selected appointment.
13. **Print Label**: Prints a Superbill of your choice for the patient of the selected appointment.
14. **Create Claim for Visit**: Create a claim for the patient for the selected appointment.

    ⚠ The claim will be billed under the provider assigned as the Appointment Resource.

15. **Find Claim for Visit**: Locate any claims created for the selected appointment.
16. **Find Claims for Patient**: Locate any claims for the patient of the selected appointment.
17. **Create Task For Patient**: Create a task for the patient of the selected appointment.
18. **Edit Block**: Edit the selected Block.
19. **Update Status**: Change the status for the selected Block.
20. **Copy Block**: Copy the selected Block to a date date and/or time.
21. **Move Block**: Move the selected Block to a new date or time.

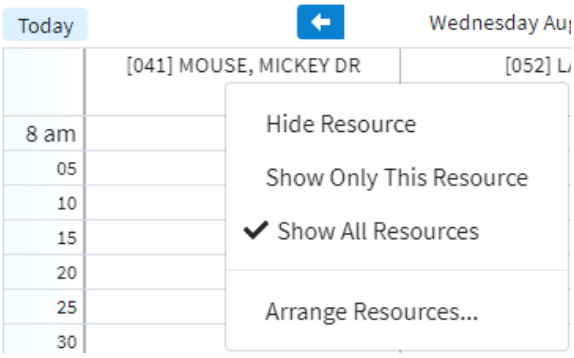
22. **Reschedule Block**: Sets the selected Block to the "*Rescheduled*" status and schedules a new Block for a selected time slot. Use this to track and report on all of your reschedule blocks.

Manage Appointment Resources

t Modified on 07/06/2019 9:36 am EDT

ight-clicking on a Resource header within the Schedulers Day View provides you with the following ptions:

- **Hide Resource**: Selecting this option will hide the selected Resource.
- **Show Only This Resource**: Selecting this option will show the selected Resource only.
- **Show All Resources**: Selecting this option will show all Resources, including those that have been hidden.
- **Arrange Resources...:** Selecting this option will allow you to rearrange the order in which Resources appear within the Daily View..



Manage The Order of Appointment Types and Statuses

t Modified on 02/13/2020 2:51 pm EST

Do you have appointment types or statues that you use more often than others? Take control and customize the order in which they display within the application. Save time when creating or editing appointments by displaying the appointment types and statues in the order that is the most efficient for you!

1. Select **Appointments** > **Configuration**.
2. Click **Edit** .
3. Use the **Drop-down menu** to "*Choose which colors and icons to show for each appointment based on the appointment type and status.*"

   ⚠ Only the custom options allow you to edit the order.

4. Highlight a Type or Status and use the ^ v arrows to move them up or down in the list.

   Want to view your list in alphabetical order? Click the button to order your lists.

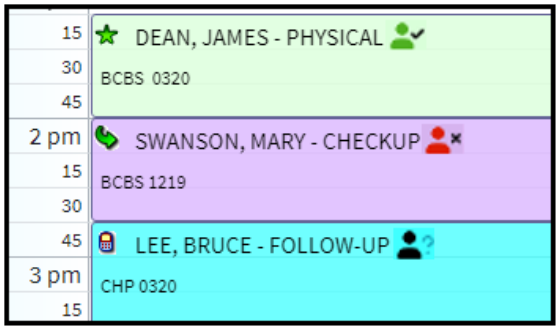
5. Click **Save**

/iewing Eligibility from the Scheduler.

:t Modified on 09/02/2025 11:35 am EDT

:eal-time Eligibility allows you to check if a patient is eligible for services in seconds, avoiding possible loss f payment. Eligibility is truly the first step to a clean claim. Wouldn't it be great to see a Patient Eligibility tatus directly from the appointments in the scheduler? We thought you might think so. You can view a atient's eligibility results without having to leave the scheduler.

- An icon on the right side of the appointment will indicate the eligibility status of the patient.



  - Within 30 days from the last eligibility check this patient is eligible for services.
  - Within 30 days from the last eligibility check this patient is not eligible for services.
  - Eligibility for this patient has not been checked within the last 30 days.

> Want to see a little more detail? Hover over the icon will provide more details regarding the eligibility status.

Vant to save even more time and have CMD check eligibility whenever you save a new appointment? nable the Eligibility Setting to "Automatically check eligibility when saving appointment" within the ervices section. Visit our Manage Real-Time Eligibility Help Article for detailed steps on how to enable this etting.

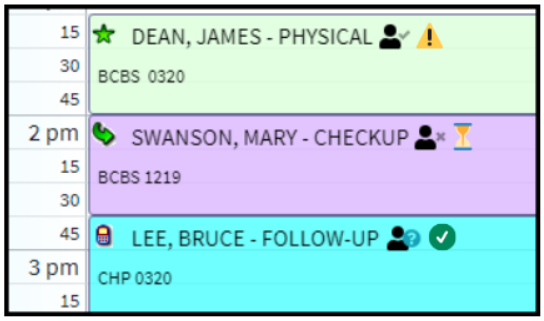
Vith this setting enabled, CMD will check the eligibility for the patient right after you create the ppointment. The results will appear within a notification tile. Clicking on the tile will open the patient's ecord.

/iewing Intake Forms from the Scheduler.

t Modified on 09/10/2024 2:26 pm EDT

he **Intelligent Intake** (Patient Intake Forms) feature enables patients to complete forms online using their hone, tablet, or computer and submit them. Within CollaborateMD, users will then receive the form data, ssociate it with patient records, and decide which data provided by the patient should replace or populate elds within the actual record making it a more efficient method of collecting information from the patient. /ou can now view the patient's intake form status directly from the appointments without having to leave ıe scheduler.

- An icon on the far right side of the appointment will indicate the status of the patient intake forms.



⚠	The appointment is for today or later and forms have not been sent or submitted
⌛	Intake forms were sent, but the patient hasn't filled them out yet
ℹ	Intake forms have been submitted and are ready to apply
✓	Intake forms were applied
No Icon	The appointment is in the past and forms were not sent or submitted

Want to see a little more detail? Hovering over the icon will provide more details regarding the status of the intake form.

Create an Appointment

t Modified on 03/12/2020 4:50 pm EDT

ollow the steps below to add a new appointment for an existing or new patient.

1. Select **Appointments** > **Scheduler**.
2. You can create an appointment multiple ways:
    1. **Option 1**: Click the **Schedule Appointment** button.
    2. **Option 2**: **Right-click on the appointment** slot where you would like to add an appointment. Next, select **New Appointment.**

    > ⚠ Have an appointment in your waiting list that can be scheduled in this time slot? Click **Add from Waiting List**, select the **Appointment Type**, then click the **Request** you want to schedule an appointment for.

    3. **Option 3**: **Double-click on the appointment slot** where you would like to add an appointment.
3. Under the Appointment tab, complete the following steps
    1. Add a **Patient** to the appointment.
        1. Use the icon to locate an **existing patient**.
        2. Or use the + icon to create a **new patient record** for this appointment.
    2. Verify the **appointment date, time and length**.
    3. To allow other appointments to be scheduled at the same time as this appointment, place a checl in the **Allow appointment to overbook with another appointment** box.
    4. Use the **Appt Status** drop-down menu to select the status for this appointment.
    5. Use the **Appt Type** drop-down menu to select the type for this appointment.
    6. Use the **Resource** drop-down menu to select the resource this appointment should be assigned to.
    7. Use the **Facility** drop-down menu to select the facility for this appointment.
    8. Use the **Office Location** drop-down menu to select the office location for this appointment.
    9. ***Optional:*** Populate the patient's reason for the appointment in the **Chief Complaint** field.
    10. ***Optional***: Check the **Repeat appointment every** checkbox to schedule this appointment as a

repeating appointment.

1. **Set the Intervals the appointment should be scheduled** by number or days or weeks.
2. S**et when the appointment should stop repeating** based on a date or after a set amount of appointments.

11. ***Optional***: Type any other notes in the**Comment** field.

4. Under the **Patient tab,** verify or add the patient's information.
5. Under the **Payment tab**, post any applicable patient payments.
6. Click **Save.**

Did you know that the system can automatically check a patient's eligibility after creating an appointment? After we check the patient's eligibility You can see the results from the scheduler by hovering over the status icon in the top right of the appointment. Visit our **Viewing Eligibility from the Scheduler** Help Article for detailed steps on how to view/read the eligibility status Icons.

ind or edit an existing Appointment

t Modified on 09/26/2019 4:18 pm EDT

1. Select **Appointments** > **Scheduler**.
2. Type in the patient name or comment related to the appointment in the **Search for appointments by patient or comment** field. Or click the **Advanced Search** field and use the filters to narrow down your search.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.

   Click the Show Table button to display your results in a table format.

4. ***Optional***: Make any necessary changes to the appointment.

   You also have the ability to change an appointment's duration by clicking the bottom edge of the appointment and dragging it up (shorter) or down (longer).

5. Click **Save** .

Change an Appointment status

Last Modified on 05/23/2019 1:21 pm EDT

1. Select **Appointments** > **Scheduler**.
2. Find the appointment on the calendar.
3. **Right-click the appointment** and select **Update Status.**
4. Select the new status for the appointment.

Move an appointment

t Modified on 08/29/2022 11:41 am EDT

ppointments can be moved to a new time slot or day for the same resources. Please note that you are nable to move appointments to a new time or day for a different resource. To do so, Edit the appointment nd change the Resource.

1. Select **Appointments** > **Scheduler**.
2. Find the appointment on the calendar.
3. Appointments can be moved one of two ways:

> You also have the ability to change an appointment's duration by clicking the bottom edge of the appointment and dragging it up (shorter) or down (longer).

   1. **Right-click on the appointment** and select **Move Appointment**.
      1. **Click on the time slot** you want to move the appointment to, or right-click and select **Move appointment to <date>**.
      2. Verify the appointment listed is the appointment you'd like to move, and select **Continue** to confirm the move.
   2. Optional: You can also click on the appointment to **Drag and drop the appointment** to the new time slot or resource (the appointment setting nees to be turnd on . Enable drag-and-drop in the scheduler:

> **Optional**: You can also click on the appointment to **Drag and drop the appointment** to the new time slot or resource. In order to use the drag-and-drop feature, the **Appointment Setting for User** to "***Enable drag-and-drop in the scheduler:***" must be turned on.

> Have an appointment on your waiting list that can be scheduled in this time slot? You will receive the following message "One on more patients were found on the appointment waiting list who can now be scheduled for an appointment. Would you like to schedule one now?"
>
> 1. Click **Schedule**.
> 2. Select the **appointment request** you wish to create the appointment for.

Reschedule an appointment

t Modified on 09/26/2019 4:23 pm EDT

ppointments can be rescheduled to a new time slot or day for the same resource. Rescheduling will chang he status of the original appointment to “Rescheduled” and create a new appointment in the selected time lot. Please note that you are unable to reschedule appointments to a new time or day for a different esource. You cannot reschedule or move an appointment(s) to a new time or day for a different resource. o do so, Edit the appointment and change the Resource.

1. Select **Appointments** > **Scheduler**.
2. Find the appointment on the calendar.
3. **Right-click the appointment** and select **Reschedule Appointment**.
4. When the confirmation window opens, verify the appointment listed is the appointment you would like to reschedule/move and select the new time and date.

> ⚠ Have an appointment in your waiting list that can be scheduled in this time slot? You will receive the following message “One on more patients were found on the appointment waiting list who can now be scheduled for an appointment. Would you like to schedule one now?”
>
> 1. Click **Schedule**.
> 2. Select the **appointment request** you wish to create the appointment for

)elete an appointment

:t Modified on 05/23/2019 1:25 pm EDT

ı the event an appointment is created by accident, you can mark the appointment status as "***deleted***."

> If a patient cancels their appointment, we recommend changing the appointment status to "***canceled***" for better reporting purposes.

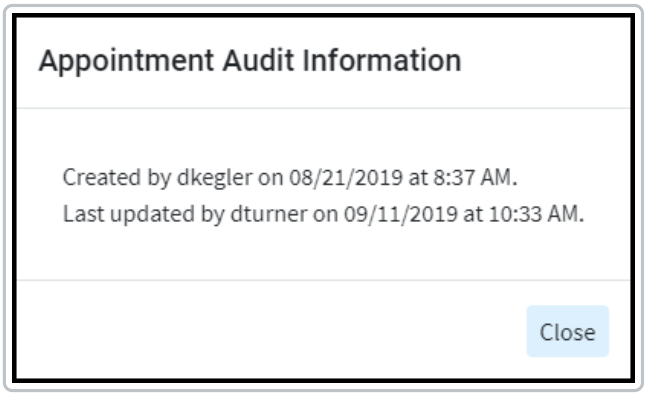
1. Select **Appointments** > **Scheduler**.
2. Find the appointment on the calendar.
3. **Right click on the appointment** and select **Update Status**.
4. Select **Deleted**.

/iew Appointment Audit

t Modified on 10/11/2019 3:21 pm EDT

)uickly identify a history of any changes made to an appointment by viewing the Appointment Audit.

1. Select **Appointments** > **Scheduler**.
2. Find the appointment on the calendar.
3. **Right click on the appointment** and select **Edit Appointment**.
4. Click the **More** button.
5. Select **View Appointment Audit**.



Create an Appointment Block

Last Modified on 01/29/2024 4:07 pm EST

Blocks from templates are created to hold a specific amount of time on the scheduler in order to prevent appointments from being created, control the number of appointments created, or limit appointments created during that block to specific appointment types, or office locations. You can create blocks for lunch breaks, surgeries, meetings, etc.

---

1. Select **Appointments** > **Scheduler**.
2. **Right-click on the appointment slot** you would like to block and select **New Block**.

   If you are attempting to schedule a block over other previously scheduled appointments, check the box "Allow appointment to overbook with another appointment" to avoid issues. This may be selected as a option under **Appointments** > **Configuration...** > **Settings**.

3. Add the **Title** for the new template.
4. Select the block's default start and end times.
5. Select the **Color** you would like to associate with this block.
6. **Prevent any appointments from being booked during blocks created with this template** Place a check in this box to prevent appointments from being created within the block's timeframe.

   This option will override other blocks that allow appointments as well as the Overbooking setting.

7. **Allow multiple appointments to be scheduled at the same time (overbooking) during this block?** : When **No** is selected, *no* users, regardless of their personal overbooking settings, will be allowed to book multiple appointments at the same time. When **Yes** is selected, users will be able to overbook if their settings allow it.
8. **Limit the number of appointments during blocks created with this template:** Place a check in this box to select the number of appointments that can be created within the block when using this template.
9. **Limit the appointment types allowed during block:** Place a check in this box to select the appointment types that can be used to schedule appointments within the block's timeframe.
10. **Limit the locations allowed during block:** Place a check in this box to select the office locations that can be used to schedule appointments within the block's timeframe.

11. Repeat block every: Place a check in this box to make this a recurring block:
    1. Select the frequency to repeat the block(day, week, etc.)
    2. Select when to end the block:
        1. **End After**: Select this option to end the block after the selected number of instances/days.
        2. **End on**: Select this option to end the block on the selected date.

12. Enter your comments.

13. **Optional**: You are able to quickly save the block as a template by selecting

    Save as Template

14. **Optional**: You are able to update the block with a previously saved template by selecting

    Update from Template

15. Click the **Save** button.

Edit an Appointment Block

Last Modified on 07/15/2022 1:42 pm EDT

1. Select **Appointments** > **Scheduler**.
2. Locate the block you want to edit.
3. **Right-click on the block** and select **Edit Block.**
4. Make your changes.
5. Click the **Save** button.

nactivate an Appointment Block

t Modified on 07/15/2022 1:46 pm EDT

1. Select **Appointments** > **Scheduler**.
2. Locate the block you want to inactivate.
3. **Right-click on the block** and select **Edit Block.**
4. Place a check in the **Inactive** box.
5. Click the **Save** button.

Create an Appointment Block from a Template

Last Modified on 07/06/2022 9:31 am EDT

Blocks from templates are created to hold a specific amount of time on the scheduler in order to prevent appointments from being created, control the number of appointments created, or limit appointments created during that block to specific appointment types, or office locations. You can create blocks for lunch breaks, surgeries, meetings, etc.

---

1. Select **Appointments** > **Scheduler**.
2. **Right-click on the appointment slot** you would like to block and select **New Block From Template**.
3. Use the **Search** field or locate the template you want to use from the list.
4. Select the template.

> Templates must first be added under configuration. Visit our **Add a new Block Template Help Article** for detailed steps on how to add a new template.

5. **Repeat block every:** Place a check in this box to make this a recurring block:
    1. Select the frequency to repeat the block(day, week, etc.)
    2. Select when to end the block:
        1. **End After**: Select this option to end the block after the selected number of instances/days.
        2. **End on**: Select this option to end the block on the selected date.
6. **Optional**: Edit any block details (e.g., time, length, block color, comment, rules, etc.).
7. Click the **Save** button.

Create a claim from the Scheduler

Last Modified on 05/23/2019 1:29 pm EDT

After the patient has been seen you can create a claim right from within the appointment scheduler. Creating claims from the scheduler will use the appointment resources as the billing provider on a claim. Follow the steps below to create a claim from an appointment:

1. Select **Appointments** > **Scheduler**.
2. Find your appointment on the calendar.
3. **Right-click on the appointment** you would like to create a claim for and select **Create Professional Claim for visit** or **Create Institutional Claim for visit**.

You can also view previous or open claim records by right-clicking on the appointment and selecting one of the following:

1. **Find Claim For Visit**: Select this option to open claims created for the selected visit.
2. **Find Claims For Patient**: Select this option to open all claims for this patient.

:nter patient payments in the Scheduler

:t Modified on 08/01/2025 3:58 pm EDT

'ost patient payments or print receipts directly from the scheduler section. In Application Credit Card 'rocessing also available from the scheduler.

⚠ All payments posted in the appointment section post as account credits. Please reference ourPost Patient Payment Help Article for steps on how to post patient payments.

Who can use this feature?

Users with the Patient Payment permission set to**Post Only** can post patient payments (as a credit) within the Scheduler section , but not apply the payment towards the patient's charges.

Users with the Patient Payment permission set to**Apply** can post and apply patient payments, discounts, adjustments, and credits within the Scheduler section.

1. Select **Appointments** > **Scheduler**.
2. Click on the**Search for appointments by patient or comment** field and type in the patient's name. Or click on the **Advanced Search** field and use the filters to narrow down your search.
3. Locate and **right-click on the appointment** > Select**Edit Appointment.**

   You can also click on the appointment and select**Edit** .

4. Click on the**Payment** tab.
5. Enter the**Payment** information.
6. ***Optional***: Check the **Print receipt** box and select your print option to print or send a patient receipt.
7. ***Optional:*** Click the**Specify separate copay and payment amount**checkbox to post an amount as a "*payment*" and an amount as a "*copay*" at the same time.
8. Enter the**Received/Check Date.**
9. ***Optional***: Add the**Check #.**
10. Select the Payment**Type.**

Create an Unapplied Copay Credit by selecting Copay, and populating the Date Of Service (DOS). Reference our **Unapplied Copay Credits** Help Articles for more information.

11. Select the **Source** of the payment.

If the In-app Credit Card Processing feature is enabled, after saving the payment, you will needed to enter the card information into the Enter Payment Window pop-up. For a detailed step by step guide, please reference the Processing a Credit Card Payment & Printing Receipts Help Articles

12. Type a **Memo**.
13. Click **Save**.
14. Verify the credit information, then click **Save.**

Print your Schedule

Last Modified on 05/23/2019 1:41 pm EDT

Appointments in statuses that have been selected as inactive or deleted, such as the default statuses ***No Show"*** or "***Canceled"*** are not printed. Follow the steps below to print your schedule.

1. Select **Appointments** > **Scheduler**.
2. Click the **Print** button and select whether to print the **Daily or Weekly Schedule**.
3. Make your selections (e.g., Department, Resources, Providers, Facilities, etc.) then click **Print** again.

Print a Superbill for an Appointment

t Modified on 05/23/2019 1:41 pm EDT

ollow the steps below to print a Superbill for a specific appointment.

1. Select **Appointments** > **Scheduler**.
2. **Locate the appointment** on the calendar.
3. **Right-click on the appointment** and select **Print Superbill**.
4. Select the **Superbill** from the list.
5. Print the Superbill.

›rint a Label for an Appointment

:t Modified on 05/23/2019 1:41 pm EDT

ollow the steps below to print a Label for a specific appointment.

1. Select **Appointments** > **Scheduler**.
2. Locate the appointment on the calendar.
3. **Right-click on the appointment** and select **Print Label**.
4. Select the **Label** from the list.
5. **Print** the Label.

New Patient Estimate

Last Modified on 06/12/2023 12:45 pm EDT

The Patient Estimates feature allows you to easily create Good Faith Estimates from an **Appointment** or a **Claim** as required by the No Surprises Act. Providers and billers can now create estimates of patient responsibility at the time of service for uninsured, self-pay patients, or high deductibles and copays. Once an estimate is created, users can print the estimate, send a statement, collect payments in the patient payment portal, create payment plans for the estimate, and much more.

Follow the instructions below to create a patient estimate from an appointment.

Important Note: You must have the **Real-Time Eligibility** and the **Patient Estimates** features enabled and configured in order to create Patient Estimates. For more information on turning these services on, please visit our Manage Real-Time Eligibility and Manage Patient Estimates Help Articles.

1. Select **Appointments** > **Scheduler**.
2. Type in the patient name or comment related to the appointment in the **Search for appointments by patient or comment** field. Or click the **Advanced Search** field and use the filters to narrow down your search.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.
4. Locate and click **Estimate** from the right-hand side panel.
5. Click **New Estimate**.
6. Click the **Find Claim** button and find the claim **Note: Use this option only if the claim associated with the estimate already exists**.
7. Use the **Claim Type** drop-down menu to select if the estimate will be associated with a professional, or institutional claim.
8. Add the procedure code(s) to be included in the estimate.
9. Enter or edit any applicable POS code(s), modifier(s), price(s), or units.
10. Select the type of estimate:

The contract amount is recommended in order to create an accurate estimate unless the patient is Self Pay. If a contract amount is not in place, the system will automatically determine a reasonable price from recent Allowables when possible. If there aren't any recent allowables, the

Quick Estimate option is always available to produce an estimate based on the patient's Copay amount. For more information visit our Patient Responsibility Estimates FAQs.

1. **Auto Estimate**: works directly with the payer's eligibility system to determine the patient's amount due based on the services and the latest plan information about remaining deductibles and other limitations.
    1. Verify the estimate and click **Save**.
2. **Quick Estimate**: This is the most common option and will quickly create an estimate based on the patient's copay amount. This option uses the copay that is set on the patient's Insurance policy (check the **Patient > Insurance Info** tab within the appointment).
    1. Verify the copay estimate and click **Save**.
3. **Custom Estimate**: Works directly with the payer's eligibility system to determine the patient's amount due based on the services and the copay and coinsurance. For example, if both a copay and coinsurance are set, then it will use the copay. If you get rid of the copay, then it uses the coinsurance.
    1. Check the box to calculate the amount based on copay, deductible, and coinsurance; or manually enter the copay, remaining deductible, and/or coinsurance amounts.
    2. Click **Save**.

11. Once finished with the appointment, click **Save**.

Send an Estimate Statement

Last Modified on 01/23/2023 1:33 pm EST

Important Note: You must have the **In-App Credit Card processing** and the **Patient Payment Portal** features enabled and configured in order to use electronic statements. For more information on turning these services on, please visit our Manage In-Application Credit Card Processing and Manage your Patient Payment Portal Help Articles.

⚠ **If the Estimate was created from a Claim, open the claim in the claim section and continue to step 4.**

1. Select **Appointments** > **Scheduler**.
2. Type in the patient name or comment related to the appointment in the **Search for appointments by patient or comment** field. Or click the **Advanced Search** field and use the filters to narrow down your search.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.
4. Locate and click **Estimate** from the right-hand side panel.
5. Click Send statement
6. Select the delivery option from the dropdown:
    1. **Email**: Select this option to email the estimate statement to the patient.
    2. **Text**: Select this option to send an SMS/Text estimate statement to the patient.
    3. Print Enhanced: Select this option to print an enhanced estimate statement.
    4. Print Plain Text: Select this option to print a plain text estimate statement.

    The statement templates must be edited first in the statements section for Electronic Statements and User Print Statements. Take a look at our Statement Configuration Help Article for more info.

7. If an electronic statement was selected, click **Send Statement**. If a printed statement was selected, click **Print and Add Activity**.

Post an Estimate Payment

Last Modified on 06/17/2024 10:30 am EDT

Follow the instructions below to post a manual payment toward an estimate.

⚠ **If the Estimate was created from a Claim, open the claim in the claim section and continue to step 4.**

1. Select **Appointments** > **Scheduler**.
2. Type in the patient name or comment related to the appointment in the **Search for appointments by patient or comment** field. Or click the **Advanced Search** field and use the filters to narrow down your search.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.
4. Locate and click **Estimate** from the right-hand side panel.
5. Click Post Payment
6. Enter the **Payment Amount**.
7. ***Optional***: Check the **Print receipt** box and select your print option to print or send a patient receipt.
8. ***Optional***: Check the **Specify separate copay and payment amount** box to add a payment amount and a copay amount in one transaction.
9. Enter the **Received/Check Date**.
10. ***Optional***: Add the **Check #**.
11. ***Optional***: Enter the **Copay Date of Service**.

    Create an Unapplied Copay Credit by selecting Copay, and populating the Date Of Service (DOS). Reference our Unapplied Copay Credits Help Articles for more information.

12. Select the **Source** of the payment.

    If the In-app Credit Card Processing feature is enabled, after saving the payment, you will need to enter the card information into the Enter Payment Window pop-up. For a detailed step-by-step guide, please reference the Processing a Credit Card Payment & Printing Receipts Help

Articles.

11. ***Optional***: Type a custom **Memo**.

12. Click **Save**.

Create an Estimate Payment Plan

t Modified on 01/23/2023 1:35 pm EST

ollow the instructions below to create a payment plan for an estimate balance.

> ⚠ **If the Estimate was created from a Claim, open the claim in the claim section and continue to step 4.**

1. Select **Appointments** > **Scheduler**.
2. Type in the patient name or comment related to the appointment in the **Search for appointments by patient or comment** field. Or click the **Advanced Search** field and use the filters to narrow down your search.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.
4. Locate and click **Estimate** from the right-hand side panel.
5. Click Payment Plan
    1. Verify the estimate amount and select one of the 2 options:
        1. **If there are no existing charges to associate to this payment plan** The Payment plan will only be associated with the Estimate.
        2. **If there are one or more existing charges that this payment covers:** The Estimate Payment Plan will be associated with a charge.
6. Enter the payment plan amount.
7. Click **Continue**.
8. Generate Payment Plan Installments, due dates, and the amount due for each installment.

    > ⚠ A maximum of 200 installments can be added to a payment plan.

    1. **To Auto Generate installments**, configure the following options:
        1. First Payment Plan Date: **Select the due date of the first payment.**
            1. Use the **Payments Due** every drop-down menu **to specify the frequency of the payment due date.**

2. **Select one of the following options** to auto-generate installments:
    1. **Each Installment Amount**: Enter the expected payment amount that will be due for each installment. Select this option for the system to automatically calculate the number of installments.
    2. **Each Total Number of Payments**: Select this option to have the system automatically calculate the amount due based on the number of installments you enter.
    3. **Last Payment Date**: Select this option to have the system automatically calculate the number of installments and amount due until the date you enter.
3. Click **Generate Installments.**
4. The installment amount, due date, and description will appear and can be modified by clicking in the corresponding column.

Payment Plan Amount: $100.00 + Add Installment

Due Date	Description	Amount	Delete
01/20/2023	Installment 1 of 4	25.00	
02/20/2023	Installment 2 of 4	25.00	
03/20/2023	Installment 3 of 4	25.00	
04/20/2023	Installment 4 of 4	25.00	

Installment Total $100.00

2. **To Manually Generate Installments**, complete the following:
    1. Click the **Add Installment** button.
    2. Enter the Installment Due Date and Amount Due until you have entered all installment date and amounts.

9. Click **Continue.**
10. Review your payment plan details.
11. Write a description about this payment plan for other users to reference.
12. Use the **Practice** drop-down menu to select which practice the payment plan should report under.
13. **Optional**: Place a check in the **Set up Auto Pay** checkbox to set up Automatic Payments for the payment plan installments.
    1. Click **Save**.
    2. Check the Cardholder has consented to Auto Pay box.
    3. Click **Next**.

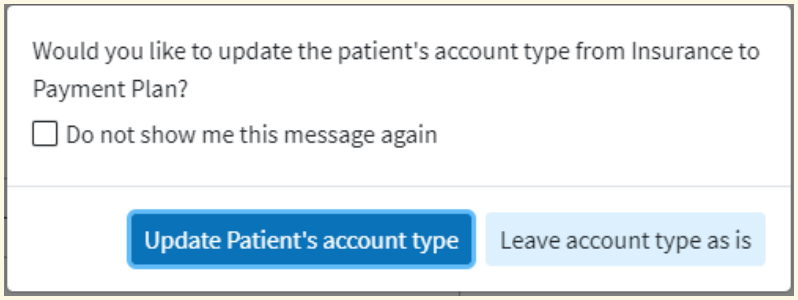
4. If a card was previously saved, you have the option to "**Use a saved card**" otherwise select "**Use a different card**."

5. Click **Save**.

6. Enter the card information and check the "**Save my payment information for next time**" checkbox.

14. Click **Save**.

⚠ If the patient's account type is**not** set to "*Payment Plan*". You will have an option to update the account type to "*Payment Plan*".



Don't want to worry about collecting patient payment for each installment date? With the patient's permission, enable Auto Pay so you never miss out on a payment plan payment again. Visit our Enable Auto Pay for a Payment Plan Help Articlefor detailed steps.

)elete an Estimate

:t Modified on 01/23/2023 1:36 pm EST

ı the event a mistake is made while creating an estimate, you can delete the estimate by following these teps.

Each appointment or claim can only have one related Estimate.

If the Estimate was created from a Claim, open the claim in the claim section and continue to step 4.

1. Select **Appointments** > **Scheduler**.
2. Type in the patient name or comment related to the appointment in the **Search for appointments by patient or comment** field. Or click the **Advanced Search** field and use the filters to narrow down your search.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.
4. Locate and click **Estimate** from the right-hand side panel.
5. Click Delete

You can also create a new Estimate, which will automatically delete the previous Estimate. Expand the **Previous Estimates** dropdown and select Make Official Estimate to **un-delete** the Estimate.
Note: Doing this will delete any current estimate

Print an Estimate

Last Modified on 01/23/2023 1:37 pm EST

⚠ **If the Estimate was created from a Claim, open the claim in the claim section and continue to step 4.**

1. Select **Appointments** > **Scheduler**.
2. Find the appointment on the calendar.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.
4. Locate and click **Estimate** from the right-hand side panel.
5. Click Print

A **Good Faith Estimate** will be printed for health care items and services along with the estimate disclaimer.

Mark an Estimate Amount as Due / Not Due

t Modified on 01/23/2023 1:38 pm EST

ollow the instructions below to mark an estimate amount as due, or not due.

⚠ **If the Estimate was created from a Claim, open the claim in the claim section and continue to step 4.**

1. Select **Appointments** > **Scheduler**.
2. Find the appointment on the calendar.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.
4. Locate and click **Estimate** from the right-hand side panel.
    1. Select **Mark as Not Due**: to prevent the estimate amount from showing up as an amount due patient in CMD and the patient portal).
    2. Select Mark As Due: to allow the estimate amount to show up as an amount due patient in CMD and the patient portal).
5. Click **Save**.

Remove or Display the Estimate from the Patient Payment Portal

t Modified on 01/23/2023 1:42 pm EST

ollow the instructions below to select whether or not to display the estimate in the patient's Payment ortal.

⚠ **If the Estimate was created from a Claim, open the claim in the claim section and continue to step 4.**

1. Select **Appointments** > **Scheduler**.
2. Find the appointment on the calendar.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment** or click on the appointment and select the **Edit** button.
4. Locate and click **Estimate** from the right-hand side panel.
    1. Select **Remove from Portal**: to prevent the estimate amount from being shown in the Patient Payment Portal.
    2. Select **Display in Portal**: so the estimate amount can be shown in the Patient Payment Portal.

        The **Estimate** will be displayed in the Patient Payment Portal by default.

ıdd Appointment Task

ıt Modified on 06/23/2025 12:27 pm EDT

:ollaborateMD allows you to create specific tasks associated with your appointments. Tasks will help you eep track of items that needs to be completed. Tasks can have due dates, links, descriptions, statuses, and riorities. You can assign tasks to yourself, to specific users within your business, or to groups.

1. Select **Appointments** > **Scheduler**.
2. Find your appointment.
3. Open the **Appointment**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Click **Create Task**.
6. Enter the task name in the **Task Title** field.
7. Add the task's **Due Date, Status,** and **Priority**.
8. Write in the **Description** of the task.

   ⚠ The task will automatically be linked to the appointment within the task links.

9. ***Optional***: Click the **Add Link** to link the task to an additional action. Tasks can be linked to a **patient, claim, practice, provider, facility, payer, report, message, or customer**.
10. Enter the username you would like to assign this task to. Or click Select Users and select the user or group from the list.

    Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Done**.
9. Click **Save**.

For more information on Tasks, please visit the **Tasks Help Article**.

Change Appointment Task Status

Last Modified on 06/23/2025 12:27 pm EDT

1. Select **Appointments** > **Scheduler**.
2. Find your appointment.
3. Open the **Appointment**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Click the **Task**.
6. Use the **Status** drop-down menu to assign this task a new status.

> Click the icon to see view a list showing when and by whom the status of the task was changed.

3. Click **Done**.
4. Click **Save**.

ssign an Appointment Task to another User

t Modified on 06/23/2025 12:27 pm EDT

1. Select **Appointments** > **Scheduler**.
2. Find your appointment.
3. Open the **Appointment**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Click the **Task**.
6. Enter the username you would like to assign this task to. Or Click Select Users and select the use or group from the list.

   All users can create and assign tasks to other users, but you must have the "**Administer All**" permission to modify existing tasks for other users.

7. Click **Done**.
8. Click **Save**.

Delete an Appointment Task

Last Modified on 06/23/2025 12:27 pm EDT

⚠ Once a task is permanently deleted, it cannot be restored. Proceed with care.

1. Select **Appointments** > **Scheduler**.
2. Find your appointment.
3. Open the **Appointment**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Find the task you want to delete.
6. Click the 🗑 icon to the right of the task.
7. Click **Save**.

ıdd a Patient to the Appointment Waiting List

ıt Modified on 09/27/2019 7:10 am EDT

1. Select **Appointments** > **Manage Waiting List**.
2. Click the Add to Waiting List button.
3. Use the icon to locate an existing patient.
4. Use the **Appt Type** drop-down menu to select the type for this appointment.
5. ***Optional***: Should this request take priority over other requests? If so, place a check in the **Request is urgent** box.
6. Use the **Available Dates** drop-down menu to select a range or date for the request.
7. Use the **Available Days** drop-down menu to select the day(s) of the week for the request.
8. Use the **Available Time** drop-down menu to select a time preference (**Morning**, **Afternoon**, **Evening**, or **Custom**) or select **Any**.
9. Use the **Resource** drop-down menu to select the resource this appointment should be assigned to (multiple resources can be associated with one waiting list entry).
10. Use the **Facility** drop-down menu to select the facility for this request.
11. Use the **Office Location** drop-down menu to select the office location for this request.
12. Add any comments that pertain to the request.
13. Click **Save**.

ind or Edit an Appointment Request

t Modified on 09/27/2019 7:10 am EDT

1. Select **Appointments** > **Manage Waiting List**.
2. Enter your **Search Criteria** or **Load** a Search Filter.

   You are able to select multiple options from the drop-down filter types at once.

   1. Use the **Patient** field to filter the search by the exact patient the request is associated with.
   2. Use the **Available Dates** drop-down menu to filter by date or date range of the request.
   3. Use the **Available Days** drop-down menu to search by the day(s) of the week for the request.
   4. Use the **Available Time** drop-down menu to search by time preference.
   5. Use the **Appointment Type** drop-down menu to filter the search by the appointment type (follow up, new patient, consult, etc.).
   6. Use the **Resource** drop-down menu to filter the search by a specific resource (doctor, room, etc.)
   7. Use the **Facility** drop-down menu to filter the search by a specific Facility (appointments at a different location).
   8. Use the **Office Location** drop-down menu to filter the search by a specific location or office.
   9. Place a check in the **Only include urgent requests** box to include only requests marked as Urgent in the search.
   10. Place a check in the **Include deleted requests** box to include previously deleted requests in the search.
3. Click the **Search** button.
4. ***Optional***: Click on the icon to edit your search criteria.

   Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange or add header columns.

5. To edit an appointment request, click on the request and make any applicable changes then, click **Save**.
6. You're able to interact with the search results by **right-clicking** on a row.

1. **Copy**: Copies the selected row to your clipboard.
2. **Create Appointment**: Opens the appointment creation screen to create the requested appointment.
3. **Delete Request**: Deletes the selected request.
4. **Modify Request**: Opens the selected request.
5. **Open Patient**: Opens the patient's record associated with the selected request.

7. Click **Close** to exit.

Delete an Appointment Request

Last Modified on 09/27/2019 7:10 am EDT

1. Select **Appointments** > **Manage Waiting List**.
2. Enter your **Search Criteria** or **Load** a Search Filter.
3. Click **Search**.
4. Place a check in the box(es) for the appointment request you wish to delete.
5. Click Delete
6. Click **Delete again**, when the "*Are you sure you want to delete the selected request(s)?*" pop-up displays.

Create an Appointment from your Waiting List

Last Modified on 09/27/2019 7:11 am EDT

Now that you have added your Request list, you can easily create an appointment once you have availability in your schedule.

1. Select **Appointments** > **Manage Waiting List.**
2. Enter your **Search Criteria** or **Load** a Search Filter.
3. Click **Search**.
4. **Right-Click** the appointment request you wish to create the appointment for and select **Create Appointment**.
5. Verify your appointment information and click **Save**.
6. **Click Mark As Completed**, when the "*Would you like to remove the following request from the appointment waiting list and mark it as completed?*" pop-up displays.

Save Waiting List Filters

t Modified on 09/27/2019 10:21 am EDT

o help you quickly use the Manage Waiting List screen, you are able to save and use search create filters. Using saved filters will help you pull the information you need faster.

1. Select **Appointments** > **Manage Waiting List**.
2. Enter your **Search Criteria**.
3. Click the **Save** link.
4. Add a **Name** to your filter.
5. Use the **Share** with drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Waiting List Filters

t Modified on 09/27/2019 10:22 am EDT

1. Select **Appointments** > **Manage Waiting List**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to use.

Jpdate Waiting List Filters

t Modified on 09/27/2019 10:23 am EDT

1. Select **Appointments** > **Manage Waiting List**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save** link.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Waiting List Filters

t Modified on 10/31/2019 8:56 am EDT

1. Select **Appointments** > **Manage Waiting List**.
2. Click the **Load** link.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.

ind Appointments

t Modified on 07/06/2019 9:41 am EDT

1. Select **Appointments** > **Appointment Control**.
2. Enter your **Search Criteria** or Load a Search Filter.
    1. Use the **Appointment Date** drop-down menu to filter by the date or date range of the appointment.
    2. Use the **Resource** drop-down menu to filter the search by a specific resource (doctor, room, etc.)
    3. Use the **Practice** drop-down menu to filter the search by a specific practice (if multiple practices are available).
    4. Use the **Provider** drop-down menu to filter the search by a specific provider (appointments for a specific doctor).
    5. Use the **Facility** drop-down menu to filter the search by a specific Facility (appointments at a different location).
    6. Use the **Office Location** drop-down menu to filter the search by a specific location or office.
    7. Use the **Appointment Status** drop-down menu to filter the search by the status of the appointment (new patient, confirmed, no show, etc.).
    8. Use the **Appointment Type** drop-down menu to filter the search by the appointment type (follov up, new patient, consult, etc.).
    9. Use the **Patient** field to filter the search by the exact patient the appointment is associated with.
    10. Place a check in the **Include Blocks** box to include appointment blocks in the search.

    > You are able to select multiple options from the drop-down filters types at once.

3. Click the **Search** button.
4. ***Optional***: Click on the icon to edit your search criteria.

    > Sort your search results. Visit ourReorder Table Columns Help Articlefor detailed steps on how to hide, rearrange or add header columns.

5. To **Update the Status** of an appointment, place a check in the box next to the appointment(s) you would like to update and click the **Update Status** button to select a new status.
    1. Click **Update** on the pop up to confirm and automatically update.

6. You're able to interact with the specific search results by right-clicking on a row.
    1. **Copy**: Copies the selected row to your clipboard.
    2. **Open Appointment**: Opens the selected appointment.
    3. **Open Patient**: Opens the patient's record associated with the selected appointment.
7. You can move or hide specific columns within the result window by right-clicking the column header.
8. Click **Close** to exit the results once finished.

Save Appointment Control Filters

t Modified on 05/09/2019 12:14 pm EDT

1. Select **Appointments** > **Appointment Control**.
2. Enter your **Search Criteria**.
3. Click the **Save** link.
4. Add a **Name** to your filter.
5. Use the **Share** with drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Appointment Control Filters

t Modified on 05/09/2019 12:15 pm EDT

1. Select **Appointments** > **Appointment Control.**
2. Click the **Load** link.
3. Click on the **Filter** you wish to use.

Jpdate Appointment Control Filters

t Modified on 05/09/2019 12:15 pm EDT

1. Select **Appointments** > **Appointment Control.**
2. Click the **Load** link.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save** link.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Appointment Control Filters

t Modified on 10/31/2019 8:55 am EDT

1. Select **Appointments** > **Appointment Control.**
2. Click the **Load** link.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.

Batch Print Superbills

t Modified on 06/26/2023 11:41 am EDT

ollow the steps below to batch print superbills.

1. Select **Appointments** > **Superbill Batch Print.**
2. Enter your **Search Criteria** or Load a Superbill Filter.
    1. Use the **Appointment Date** option to **select the date of the appointments to print superbills for.**
    2. Use the **Department** drop-down menu to **select the department from the scheduler to print superbills for.**
    3. Use the **Resource** drop-down menu to **select the resource from the scheduler to print superbills for.**
    4. Use the **Provider** drop-down menu to **select the provider to print superbills for.**
    5. Use the **Facility** drop-down menu to **select the facility to print superbills for.**
    6. Use the **Appointment Status** drop-down menu to **select a specific appointment status to print superbills for.**

        Appointment Statuses flagged as Inactive or Deleted (Cancelled, Deleted, Rescheduled, etc.) will not show up as appointment status options to print superbills.

    7. Use the **Appointment Type** drop-down menu to **select a specific appointment type to print superbills for.**
3. Click the **Search** button.
4. ***Optional***: Click on the icon to edit your search criteria
5. You're able to interact with the search results by right-clicking on a row.
    1. **Copy**: Copies the patient's information to your clipboard.
    2. **Open Appointment**: Opens the selected patient's record in the patient screen.
6. Place a **check in the box** next to the Patient/Appt row(s) you wish to print.
7. Click **Print**.

Superbills will print in the order that they appear within the table.

8. When the **All Superbill** search window opens, select the **superbill type to print**.
9. The Superbill will appear in a new tab, while the form based superbills will download a file that can be opened in Microsoft Word.
10. To Print, **Ctrl+p / Cmnd+p** or right click and select **Print.**
11. Click **Close**.

Once printed the checkbox will be replaced by a printer symbol that will mark it as "printed." One or more superbills previously printed can be reprinted by right clicking on the print icon.

Save Superbill Filters

t Modified on 06/28/2019 2:47 pm EDT

o help you quickly use the Batch Print Superbill screen, you are able to save and use search criteria filters. Using saved filters will help you pull the information you need faster.

ollow the steps below to save filters.

1. Select **Appointments** > **Superbill Batch Print**.
2. Enter your **Search Criteria.**
3. Click the **Save** link.
4. Type a **Name** for your filter.
5. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Superbill filters

t Modified on 04/02/2019 7:47 pm EDT

1. Select **Appointments** > **Superbill Batch Print.**
2. Click the **Load link**.
3. Click on the **Filter** you wish to use.

Jpdate Superbill filters

t Modified on 04/02/2019 7:47 pm EDT

1. Select **Appointments** > **Superbill Batch Print.**
2. Click the **Load link**.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save link**.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Removed Saved Superbill filters

Last Modified on 10/31/2019 9:02 am EDT

1. Select **Appointments** > **Superbill Batch Print.**
2. Click the **Load link**.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.

ıdd a new Department

t Modified on 07/06/2019 9:50 am EDT

lease follow the steps to create a new department.

1. Select **Appointments** > **Configuration...** > **Departments**
2. Click the **New Department** button.
3. Add the **Name** for the new department.
4. Select which **Resources** you would like to associate with this department by checking the box.

   ⚠ The same resource cannot be associated with more than one department. You will get an warning pop-up message verifying if you want to move the resource to this department. For example, the resource "John Smith" cannot be added to two different departments. You would instead have to create 2 resources, one for each department.

5. Select which **Appointment Types** you would like to associate with this department by checking this box.

   ⚠ The same appointment types cannot be associated with more than one department. For example, the appointment type "*Check-Up*" cannot be added to two different departments. You would instead have to create 2 appointment types, one for each department.

6. You can grant user-specific access to this department by place a check in the **Enable department-level access** control box.
   1. Next, select **Username(s)** you wish to grant access to this department followed by the level of access:
      - **Full**: Users may change, add, and save appointments associated with the department.
      - **Read**: Users may only view and search for appointments associated with the department.
      - **None**: Users are unable to view the department or the associated appointments.
7. Click **Save**.

ind or edit a Department

t Modified on 07/06/2019 9:49 am EDT

1. Select **Appointments** > **Configuration...** > **Departments**
2. Use the **Show All** button to view all departments. Or use the **Search Bar** to further drill down your search.

   Place a check in the ***"Include inactive departments"*** box to include inactive departments in your search results.

3. Select the department.
4. ***Optional***: Modify the department.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate a department

t Modified on 06/28/2019 2:52 pm EDT

n the event a department is no longer needed, follow the instructions below to prevent other staff nembers in your office from scheduling appointments for that department; there is no way to permanentl elete a department.

1. Select **Appointments** > **Configuration...** > **Departments**
2. Use the **Show All** button to view all departments. Or use the**Search Bar** to further drill down your search.
3. Select the **Department** from the list.
4. Place a check the **Make this department inactive** checkbox.
5. Click **Save**.

⚠ Resources associated to inactive departments are reassigned to their previous status when it's associated department is set to inactive.

Reactivate a department

t Modified on 06/28/2019 2:55 pm EDT

ollow the steps below to reactivate a department.

1. Select **Appointments** > **Configuration...** > **Departments.**
2. Place a check in the ***"Include inactive departments"*** box.
3. Use the **Show All** button to view all departments or use the **Search Bar** to further drill down your search.
4. Select the department from the list.
5. Click **OK** when the pop-up displays.
6. Uncheck the **Make this department inactive** checkbox.
7. Click **Save**.
8. Once a department is re-activate,d the resource(s) that were previously associated with it will no longer be associated. You must associate resources with the department again.

ıdd a new Appointment Resource

ıt Modified on 07/06/2019 9:47 am EDT

1. Select **Appointments** > **Configuration...** > **Resources**
2. Click the **New Resource** Button.
3. Add the **Name** for the new resource.
4. Enter the **Code** for the resource.
5. Select if this resource is a **Provider** or a **Practice, then choose the appropriate Practice/Provider.**

   These options are pulled from the Practice or Provider sections of CMD

6. ***Optional***: You can set the **Associated Department**, or the **defaults** for the **Office** and **Facility Locations** for this resource.
7. Use the last two check boxes to '**Disable automatic appt reminders or Specify the hours of operation for this resource**".
8. Reference
9. Click **Save.**

ıppointment Resource Field Descriptions

- **Name**: The name of the resource you wish to identify
- **Code**: A 1 to 10 digit alphanumeric identification code that will help the office staff identify the resource. This code is displayed in brackets beside the Resource name within the main calendar view (e.g. [DOC1]).
- **Resource Type**: Select whether the resource is related to a provider or practice.

  ⚠ When set to a provider resource, the selected provider will be associated to all appointments created for this resource. If using the 'create claim' option for an appointment, the selected provider will be set as the rendering provider on the claim by default but can be changed manually prior to saving.

- **Associated Department**: The department related to the resource (if applicable). If no department is

selected the resource will be added to the “Default Department”.

- **Default Office Location**: The office location related to the resource (if applicable).
- **Default Facility Location**: The facility location related to the resource (if applicable).
- **Disable automatic appt reminders**: If your account has been enabled to use Appointment Reminders, check this box to disable future appointment notification from being sent that are related to this resource.

> ⚠ Once disabled, patients with appointments related to this resource will not receive calls/text to remind them of their appointment.

- **Specify the hours of operation for this resource**: Check this box if the resource has specific hours of operation.

Specify your hours of operation

t Modified on 04/02/2019 8:13 pm EDT

Using **Specify Hours** allows you to determine when appointments can be scheduled for the specific esource. This is useful for creating a schedule that applies during exceptions to the default schedule such s vacations, leave of absences, etc. Specifying Hours will gray out the Resources schedule preventing ppointments from being created unless the option to ***"Allow scheduling during unavailable times***" is selected

1. Select **Appointments** > **Configuration...** > **Resources**
2. Use the Show All button to search for all appointment resources. Or use the **Search** field to further drill down your search.
3. Select the appointment resource from the list.
4. Place a check in the "**Specify the hours of operation for this resource**" box to access the options.
5. Define the **default hours** appointments can be scheduled for this resource.

   ⚠ If no hours are defined for the default hours then this resource will show no availability for appointments.

   1. Select **Default Hours** from the drop down menu.
   2. Under **Resource Hours**, click **Add** to add a row to the table.
   3. Use the drop-down menu to select the **day & hours**.
   4. Choose any office location or appointment types these hours should apply to.
6. Add **date specific exceptions to the default hours** (such as vacations, leave of absences, etc.)

   1. Click **Add** next to **specify hours** drop-down menu.
   2. Set the **Start** and **End Dates** for this exception.

      ⚠ When the duration entered for exceptions expires, the resource's Default Hours will resume.

   3. Under **Resource Hours**, click **Add** to add a row to the table.
   4. Use the drop-down to select the **day & hours**.

5. Choose any office location or appointment types these hours should apply to.

7. Click **Save.**

ind or edit an Appointment Resource

t Modified on 07/06/2019 9:49 am EDT

1. Select **Appointments** > **Configuration...** > **Resources**.
2. Use the **Show All** button to view all appointment resources. Or use the **Search Bar** to further drill dow your search.

   Place a check in the ***"Include inactive resources"*** box to include inactive appointment resources in your search results.

3. Select the appointment resource.
4. ***Optional***: Modify the appointment resource.
5. Click **Save**.

nactivate an Appointment Resource

t Modified on 07/06/2019 9:42 am EDT

n the event an appointment resource is no longer needed, follow the instructions below to prevent other taff members in your office from scheduling appointments for that resource; there is no way to ermanently delete an appointment resource.

> ⚠ Appointments associated to inactive resources will not be displayed on the scheduler. The appointment itself is not deleted but can only be viewed via the search feature .

1. Select **Appointments** > **Configuration...** > **Resources.**
2. Use the **Show All** button to view all appointment resources. Or use the **Search** field to further drill down your search.
3. Select the appointment resource.
4. Place a check in the **Make this resource inactive** checkbox.
5. Click **Save**.

Reactivate Appointment Resource

t Modified on 04/02/2019 8:17 pm EDT

ollow the steps below to reactivate an appointment resource.

1. Select **Appointment**s > **Configuration...** > **Resources**
2. Place a check in the "***Include inactive resources***" box.
3. Use the **Show All** button to view all resources. Or use the**Search Bar** to further drill down your search.
4. Select the appointment resources.
5. Click OK when the pop-up displays.
6. Uncheck the **Make this resource inactive** checkbox.
7. Click **Save**.

ıdd a new Appointment Type

t Modified on 05/26/2025 7:00 pm EDT

'ou have the ability to create and use your own custom Appointment Types.

1. Select **Appointments** > **Configuration...** > **Appointments Types**
2. Click the **New Type** button.
3. Enter a 1 to 10 digit alphanumeric identification code in the **Code** field to help the office staff identify the appointment type at a glance.
4. Write a brief **Description** of the appointment type.
5. Select the **Icon** and **Color** you would like to associate with this type.
6. Select the appointment type **Length** (i.e., duration in minutes).
7. Choose an option to "***Make Appointment Type Available in***"
    1. **All Departments (Global)**: Select this option if you're using departments within your appointmer scheduler and you want all your departments to be able to use this resource/type.
    2. **Specific Department(s)**: Select this option If you only want this resource/type to be available for scheduling to one or more specific departments. You must also click on the drop-down menu to specify the department(s).
8. **Disable automatic appointment reminders for this appointment type**: Place a check in this box to disable future phone reminders etc.

    ⚠ Once disabled, patients scheduled with this appointment type will not receive calls to remind them of their appointment.

9. **Specify the hours of operation for this appointment type**: Place a check in this box to specify the hours of operation for the appointment type. Specifying days and times will help manage your appointment scheduler to ensure appointments are being scheduled during business hours. For example, You want to allow appointments to be scheduled only between 8:00 am to 5:00 pm.

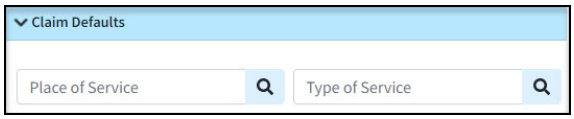
    ⚠ Leaving this box unchecked means there are no restrictions when creating appointments for this appointment type.

    1. After checking the box, click on the **Add** button and to select a **Day** followed by the **beginning** and **ending** hours for that day. Continue selecting the **Add** button to add more weekdays until you've

added all of the days and times for the resource.

2. To remove a day, click on the red**Remove** button to the right of the row you want to remove.

10. ***Optional***: Set your **Claim Defaults** for claims created through the Scheduler.



1. **Place of Service:** Enter the default Place of Service (POS) for this code manually or by clicking on the magnifying glass and choosing from the list of options.

2. **Type of Service:** Enter the Type of Service (TOS) for this code manually, or click the magnifying glass and choose from the list of options.

> ⚠ Any POS or TOS codes entered as claim defaults within appointment types will have priority over other claim defaults selected elsewhere. If no default POS or TOS codes are selected, it will automatically default to POS 11 or TOS 1 on the claim.

> Visit our **Claim Defaults Priority RulesHelp Article** for a detailed list of the order of precedence of claim defaults.

11. ***Optional***: Set your **Default Codes** for claims created through the Scheduler.

> Default codes set on appointment types will be used when creating claims for that appointment type from the appointment section.

> ⚠ Any default codes set within appointment types will have priority over patient default procedure codes for claims created from the appointment scheduler. Claims created from the claim section will still use patient defaults.

12. Click **Save**.

Find or edit an Appointment Type

Last Modified on 07/06/2019 9:50 am EDT

1. Select **Appointments** > **Configuration...** > **Appointments Types**
2. Use the **Show All** button to view all appointment types. Or use the **Search** field to further drill down your search.

   > Place a check in the *"Include inactive types"* box to include inactive appointment types in your search results.

3. Select the Appointment Type.
4. ***Optional***: Modify the appointment type.
5. Click **Save**. Otherwise, click Close is no changes were made

nactivate an Appointment Type

t Modified on 07/06/2019 9:43 am EDT

' an appointment type is no longer needed, follow the instructions below to prevent other users in your ffice from using that type; there is no way to permanently delete an appointment type.

1. Select **Appointments** > **Configuration...** > **Appointments Types**
2. Use the **Show All** button to view all appointment types. Or use the **Search** field to further drill down your search.
3. Select the Appointment Type.
4. Place a check in the **Make this type inactive** checkbox.
5. Click **Save**.

Reactivate an Appointment Type

t Modified on 07/06/2019 9:43 am EDT

ollow the steps below to reactivate an appointment type.

1. Select **Appointments** > **Configuration...** > **Appointments Types**
2. Place a check in the ***"Include inactive types"*** box to include inactive appointment types in your search results.
3. Use the **Show All** button to view all appointment types. Or use the **Search** field to further drill down your search.
4. Click **OK** when ***"This appointment type is currently inactive."*** pop-up displays.
5. Uncheck the "**Make this type inactive**" checkbox.
6. Click **Save**.

ıdd a new Appointment Status

ıt Modified on 06/26/2023 11:44 am EDT

'ou can create and use your own custom appointment statuses.

1. Select **Appointments** > **Configuration...** > **Appointments Statuses**
2. Click the **New Status** button.
3. Add the **Name** for the new status.
4. Select the **Icon** and **Color** you would like to associate with this status
5. If applicable, select one of the following:

   ⚠ You only need to select one option below. It is not recommended to select both. Appointment Statuses flagged as **Inactive** or **Deleted** will not show up as appointment status options to print superbills in the **Superbill Batch Print** section.

   1. **Appointments with this status are inactive and will not interfere with other bookings** Select this option if you would like this status to allow you to book over this appointment and still include this status in appointment scheduler and report searches (ie. Rescheduled or Cancelled Status.)
   2. **Appointments with this status are deleted and will not show on reports** Appointment statuses that have this option selected will still appear on the appointment scheduler and report searches (such as the Appointment tab in the Patient section) but will not prevent users from booking other appointments in this time slot. These could be statuses such as Rescheduled or Cancelled which will result in your office actually being available during that time (hence it does not interfere) but that you still might want to show on a patient's history report.
6. Click **Save**.

Find or edit an Appointment Status

Last Modified on 07/06/2019 9:49 am EDT

1. Select **Appointments** > **Configuration...** > **Appointments Statuses**
2. Use the **Show All** button to view all appointment statuses. Or use the **Search** field to further drill down your search.

   > Place a check in the ***"Include inactive statuses"*** box to include inactive appointment statuses in your search results.

3. Select the Appointment Status.
4. ***Optional***: Modify the appointment status.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

nactivate an Appointment Status

t Modified on 07/06/2019 9:44 am EDT

n the event a custom appointment status is no longer needed, follow the steps below to prevent other staf nembers in your office from using it. Please note that there is no way to permanently delete an ppointment status.

1. Select **Appointments** > **Configuration...** > **Appointments Statuses**
2. Use the **Show All** button to view all appointment statuses. Or use the **Search** field to further drill down your search.
3. Select the appointment status.
4. Place a check in the **Make this status inactive** checkbox.

   ⚠ Standard appointment statuses cannot be edited or deleted/inactivated.

5. Click **Save**.

Reactivate an Appointment Satus

t Modified on 07/06/2019 9:44 am EDT

1. Select **Appointments** > **Configuration...** > **Appointments Statuses**
2. Place a check in the ***"Include inactive statuses"*** box to include inactive statuses in your search results.
3. Use the **Show All** button to view all appointment statuses. Or use the **Search** field to further drill down your search.
4. Select the appointment status.
5. Click **OK** when the ***"This appointment status is currently inactive."*** pop-up displays.
6. Uncheck the **Make this status inactive** checkbox.
7. Click **Save**.

Configure Customer Appointment Settings

t Modified on 02/13/2020 2:54 pm EST

1. Select **Appointments** > **Configuratio**n... > **Settings**
2. Click the **Edit** button.
3. Use the drop-down menu to choose which colors and icons to show for each appointment based on th appointment type and status
    1. **Use system default colors and icons based on the appointment status:**Use the CollaborateMD standard configuration for both the Appointment Statuses and Types. This option is static and th icons and colors cannot be changed.
    2. **Use custom colors for appointment types and icons for appointment statuses:**Use the custom colors from the appointment types and the icons from the appointment status. This option allow you to change the icons and colors by clicking on the color or icons for the appt type or status yo would like to change.

        > Want to control the order your appointment types and statuses are shown within the scheduler? Use the arrows to change the order they will display.

    3. **Use custom icons for appointment types and colors for appointment statuses:**Use the custom icons from the appointment types and the colors from the appointment status. This option allow you to change the icons and colors by clicking on the color or icons for the appt type or status yo would like to change.

        > Want to control the order your appointment types and statuses are shown within the scheduler? Use the arrows to change the order they will display.

Configure User Appointment Settings

t Modified on 02/04/2025 11:32 am EST

1. ***Optional***: Click the **Copy Settings link** to copy customer appointment settings to another customer under your account.
2. **Show warning when saving a new appointment that is a duplicate of an already entered appointmei on the patient, date, and resource?**
    1. If set to **Yes**, an alert will pop up if you are creating a duplicate appointment based on the date, patient and resource entered.
3. **Allowing appointments to be scheduled for a Resource outside of their default hours?**
    1. If set to **Yes**, you will be able to schedule appointments for resources during the hours they are marked as Unavailable.
4. **Allow multiple appointments to be scheduled during the same time block (overbooking)?**
    1. If set to **Yes**, you will be able to schedule multiple appointments at the same time for the same resource.
5. **Show instructions when moving appointments, rescheduling appointments, or scheduling a follow-up appointment?**
    1. If set to **Yes**, a window will appear with instructions every time you select to reschedule an appointment or schedule a follow-up appointment.
6. **Choose the duration between grid lines (i.e., time slot) for your calendar view.**
    1. Use the drop-down menu to divide your scheduler to display into 5, 10, 15, 30, 60 minute increments.
7. **Choose the start and end times for your calendar view.**
    1. Use this option to set the hours of the day to display on your scheduler.
8. **Do not show resource within the daily view if they are unavailable for the entire day?**
    1. If set to **Yes**, you will not see the resource column for resources within the daily view if all of thei available time slots are booked.
9. **Show a separate time legend next to each resource within the daily view? By default, only a single time legend is shown to the left of the first resource?**
    1. If set to **Yes**, the time interval legend will appear to the left of each resource column.
10. **Choose the number of days per week to show within the weekly view.**
    1. Use the drop-down menu to select**how many days should be shown on the scheduler within the**

weekly view.

11. **Choose the day of the week to show first within the weekly view.**
    1. Use the drop-down menu to select**which day the weekly view of the scheduler should begin on.**

12. **Show a warning when opening a past appointment.**
    1. If set to **Yes**, an alert will appear when opening an appointment with a date in the past.

13. **Prompt me to schedule requests from the waiting list when:**
    1. Moving an appointment.
    2. Deleting, Canceling or Rescheduling an appointment.

14. **Enable drag-and-drop in the scheduler**:
    1. If set to **Yes**, you can use the drag and drop capability to move appointments within the schedule

15. **Hide the status of Intake Forms on the scheduler when intake forms have been received and applied?**:
    1. If set to **Yes**, the checkmark that appears for forms that have been applied will be hidden and will not occupy space in the appointment box.

16. Click **Save**.

ıdd a new Block Template

ıt Modified on 01/29/2024 4:08 pm EST

1. Select **Appointments** > **Configuration...** > **Block Templates**
2. Click the **New Template** button.
3. Add the **Title** for the new template.
4. Select the block's default length in minutes.
5. Select the **Color** you would like to associate with this block.
6. **Prevent any appointments from being booked during blocks created with this template** Place a check in this box to prevent appointments from being created within the block's timeframe.

   ⚠ This option will override other blocks that allow appointments as well as the Overbooking setting.

7. **Allow multiple appointments to be scheduled at the same time (overbooking) during this block? :** When **No** is selected, *no* users, regardless of their personal overbooking settings, will be allowed to book multiple appointments at the same time. When **Yes** is selected, users will be able to overbook if their settings allow it.
8. **Limit the number of appointments during blocks created with this template:** Place a check in this box to select the number of appointments that can be created within the block when using this template.
9. **Limit the appointment types allowed during block:** Place a check in this box to select the appointment types that can be used to schedule appointments within the block's timeframe.
10. **Limit the locations allowed during block:** Place a check in this box to select the office locations that can be used to schedule appointments within the block's timeframe.
11. Enter your template comments.
12. Click **Save.**

ind or edit a Block Template

t Modified on 07/06/2022 9:36 am EDT

1. Select **Appointments** > **Configuration...** > **Block Templates**.
2. Use the **Show All** button to view all block templates. Or use the **Search Bar** to further drill down your search.

   Place a check in the ***"Include inactive templates"*** box to include inactive block templates in your search results.

3. Select the template.
4. ***Optional***: Modify the template.
5. Click **Save**.

nactivate a Block Template

t Modified on 07/06/2022 9:35 am EDT

n the event a template is no longer needed, follow the instructions below to prevent other staff members i our office from using that template; there is no way to permanently delete a block template.

1. Select **Appointments** > **Configuration...** > **Block Templates.**
2. Use the **Show All** button to view all the templates. Or use the **Search** field to further drill down your search.
3. Select the template.
4. Place a check in the **Make this template inactive** checkbox.
5. Click **Save**.

Reactivate Block Template

t Modified on 07/06/2022 9:35 am EDT

ollow the steps below to reactivate a block template.

1. Select **Appointments** > **Configuration...** > **Block Templates**.
2. Place a check in the "***Include inactive templates***" box.
3. Use the **Show All** button to view all templates. Or use the **Search Bar** to further drill down your search.
4. Select the template.
5. Click **OK** when the pop-up displays.
6. Uncheck the **Make this template inactive** checkbox.
7. Click **Save**.

Setting Required Forms Based On The Appointment Type

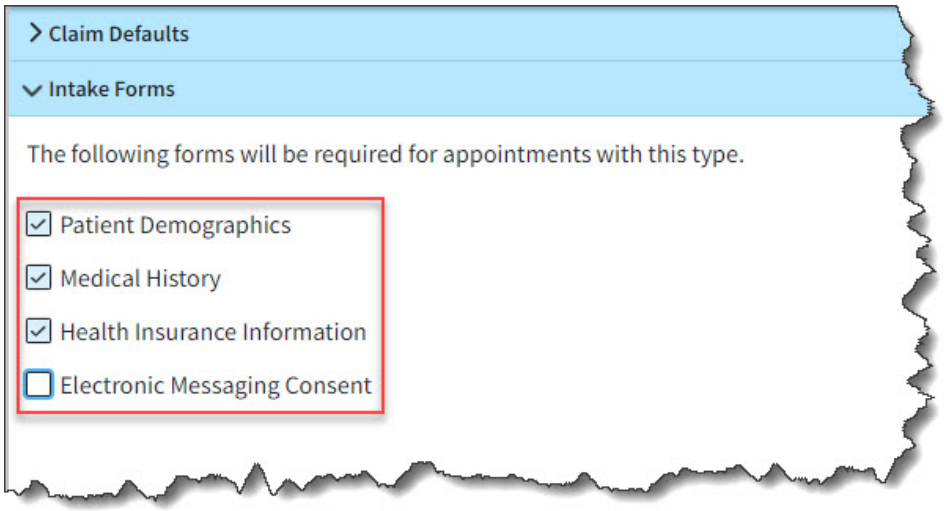
t Modified on 04/08/2024 10:06 am EDT

ou can configure which forms are available for specific appointment types (for example: setting new atients to receive certain forms and existing patients to receive others). If no forms are selected for a articular appointment type, all forms will be available by default for that type.

1. Select **Appointments** > **Configuration...** > **Appointments Types**
2. Use the **Show All** button to view all appointment types. Or use the **Search** field to further drill down your search.

   Place a check in the *"Include inactive types"* box to include inactive appointment types in your search results.

3. Select the Appointment Type.
4. Click the **Intake Forms** side panel.
5. Use the checkboxes to set the forms that will be available when creating appointments with this type.



6. Click **Save**. Otherwise, click **Close** if no changes were made.

Sending Intake Forms Automatically on Appointment Reminders

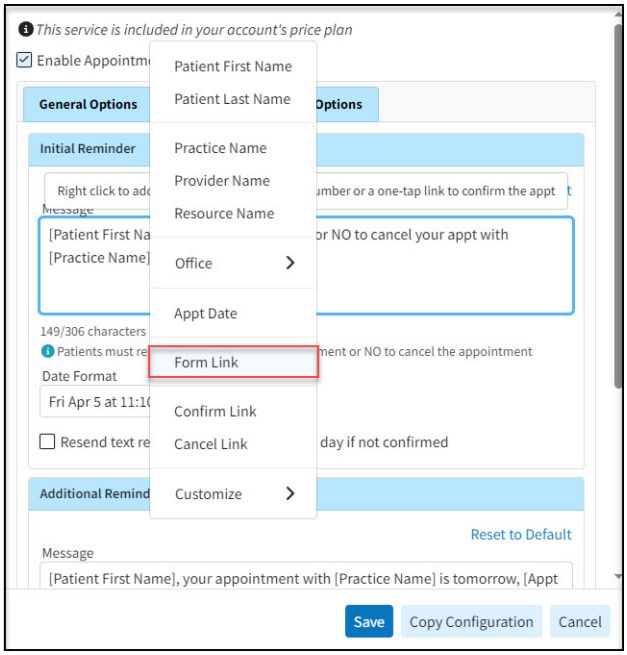
t Modified on 04/08/2024 9:57 am EDT

ppointment reminders enable the office to inform patients about their upcoming appointments, which educes no-shows and enhances both productivity and revenue. Additionally, the office can automatically end intake forms via email or text, allowing patients to click a link, choose the form, and complete it online or a faster and more efficient collection of patient data.

⚠ CollaborateMD sends the appointment reminder file to our third-party vendor at 1 AM EDT daily. Any changes after this time will not be reflected until the next day's file submission.

---

1. Select **Account Administration** > **Services**.
2. Click the **button** next to ***Appointment Reminders***.
3. Depending on your General Options, configure the **Text Options** and/or **Email Options** to include the forms link.
4. To configure for text, click the **Text Options** tab:
    1. **Edit the reminder message**: by right-clicking on the reminder message body (if sending the link o the original first reminder) or right-clicking the additional reminder message body (if sending a separate reminder with the form) and selecting the **[Form Link]** option to allow your patients to select, and fill out the form by simply clicking a link.

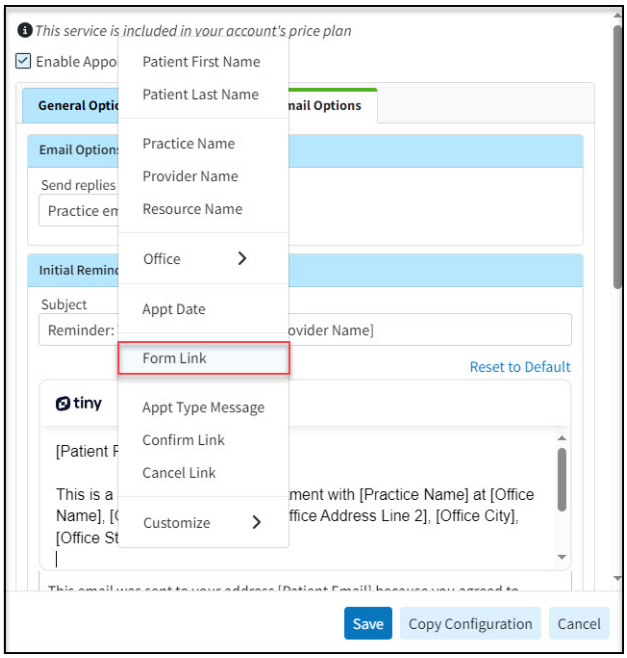


🪄 Note: If your message exceeds 160 characters, A long patient name could cause messages

longer than 160 characters to be sent, which will incur an extra charge for each reminder.

5. To configure for email, click the **Email Options** tab.

   1. **Edit the reminder message** by right-clicking on the reminder message body (if sending the link or the original first reminder) or right-clicking the additional reminder message body (if sending a separate reminder with the form) and selecting the **[Form Link]** option to allow your patients to select, and fill out the form by simply clicking a link.



Want to add a different reminder for different appointment types? Right-click within the message body and Customize Appointment Type Messages. Then add the **Appt Type Message** field to the email reminder

6. Click **Save**.

Please reference the Manage Appointment Reminders Help Article for more information on setting up and configuring appointment reminders.

Send Intake Forms Manually

t Modified on 04/08/2024 9:57 am EDT

atient Intake Forms can be sent manually via email or text directly from the Appointment Control section ou can send forms to an individual or multiple patients at once.

⚠ Please be aware that the form will be sent via email or text, depending on whether the settings selected allow for one or both. Also, patients must have opted in to receive text messages before they can receive them.

1. Select **Appointments** > **Appointment Control**.
2. Enter your **Search Criteria** or Load a Search Filter.
    1. Use the **Appointment Date** drop-down menu to filter by the date or date range of the appointment.
    2. Use the **Resource** drop-down menu to filter the search by a specific resource (doctor, room, etc.)
    3. Use the **Practice** drop-down menu to filter the search by a specific practice (if multiple practices are available).
    4. Use the **Provider** drop-down menu to filter the search by a specific provider (appointments for a specific doctor).
    5. Use the **Facility** drop-down menu to filter the search by a specific Facility (appointments at a different location).
    6. Use the **Office Location** drop-down menu to filter the search by a specific location or office.
    7. Use the **Appointment Status** drop-down menu to filter the search by the status of the appointment (new patient, confirmed, no show, etc.).
    8. Use the **Appointment Type** drop-down menu to filter the search by the appointment type (follov up, new patient, consult, etc.).
    9. Use the **Patient** field to filter the search by the exact patient the appointment is associated with.
    10. Select your **Forms Options**:
        1. **Only Show appointments with unsent forms**: Check this box to include any appointments with unsent forms in the search results.
        2. **Only show appointments with unfilled forms**: Check this box to include any appointments with sent forms that have not been filled by the patient in the search results.

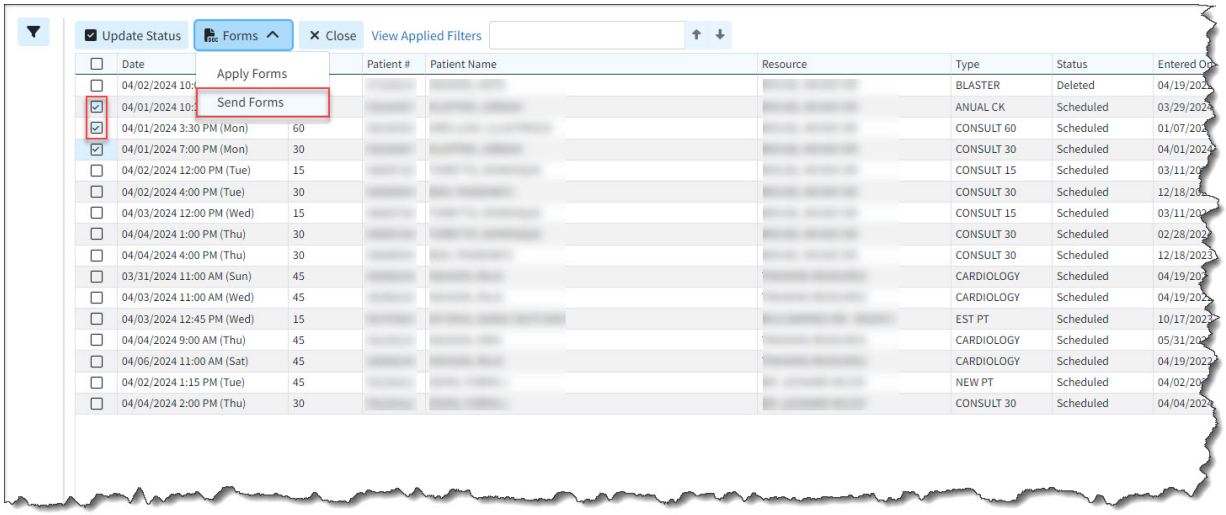
3. **Only show appointments with unapplied forms**: Check this box to include any appointments with completed forms that have not been applied yet in the search results.

3. Click the **Search** button.

4. ***Optional***: Click on the icon to edit your search criteria.

> Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange or add header columns.

5. To manually send a form to a patient, place a check in the box next to the appointment(s) you would like to send the forms to, then click the **Forms** button and select **Send Forms**.



6. Within the pop-up that reads "***Are you sure you want to continue?*** click **Send Forms**.

7. The intake forms will be sent to all selected appointments.

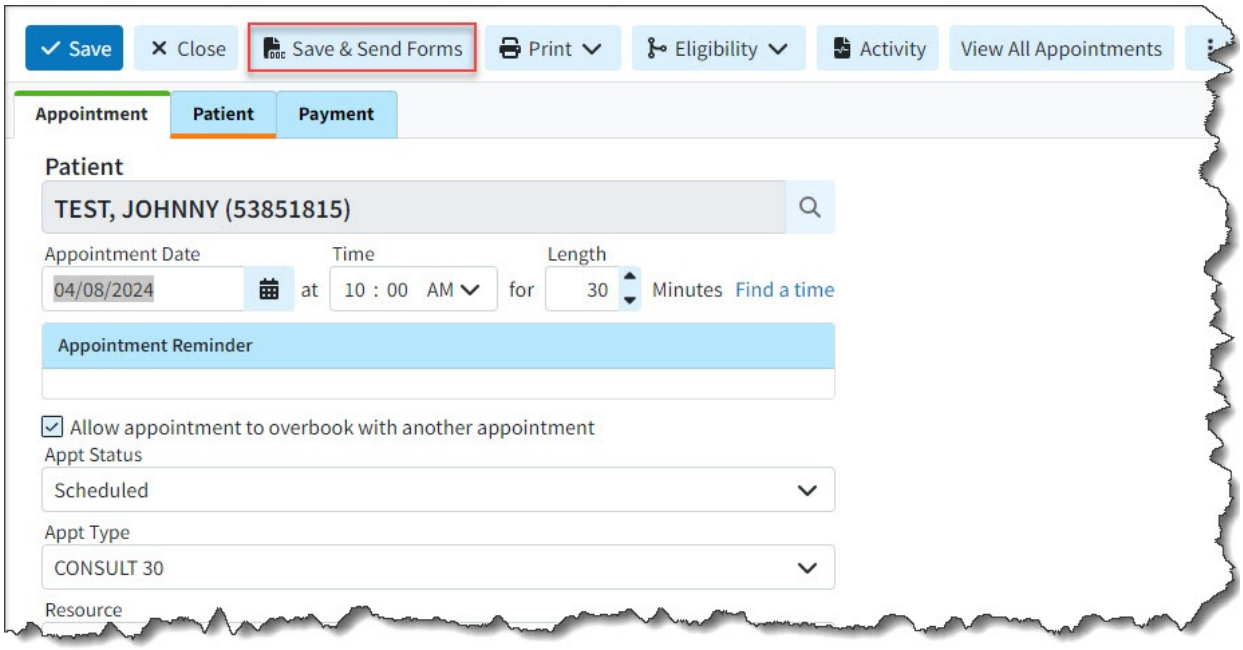
8. Click **Close** to exit the results once finished.

Send Intake Form From an Appointment

t Modified on 04/08/2024 9:57 am EDT

atient intake forms can be sent manually directly from an appointment. You can send forms from an xisting appointment or while creating a new one.

1. Select **Appointments** > **Scheduler**.
2. Create a new appointment or type in the patient name or comment related to the appointment in the **Search for appointments by patient or comment** field. You can also click the **Advanced Search** field and use the filters to narrow down your search.
3. When the appointment(s) is displayed, **right-click on the appointment** and select **Edit Appointment,** o click on the appointment and select the **Edit** button.
4. From the appointment, click the Save and Send Forms button



5. Click **Save & Send Forms** within the pop-up.

‹pply Forms For Multiple Patients (In Appointment ;ontrol)

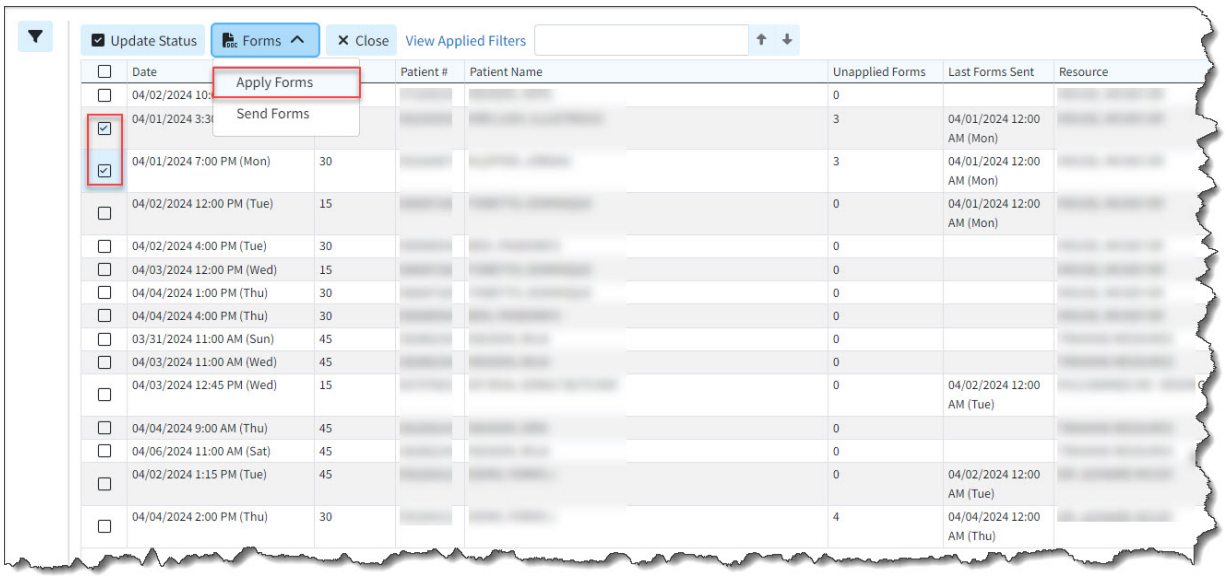
:t Modified on 04/08/2024 9:56 am EDT

)nce intake forms are filled out by patients, you can locate the forms in Appointment Control to apply any ew or updated data from the form into the patient information in CMD. Data from forms will not utomatically change or override the data in CMD. When an update is found on a field within a form, the ser will choose whether to apply it or leave it as is.

1. Select **Appointments** > **Appointment Control**.
2. Enter your **Search Criteria** or Load a Search Filter.
3. Within **Forms Options** check the **Only show appointments with unapplied forms** option.
4. Click the **Search** button.
5. ***Optional***: Click on the icon to edit your search criteria.

> Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange or add header columns.

6. Look for the **Unapplied Forms** column (right-click the header and select it from the list if it is hidden b default.).
7. Place a check in the box next to the appointment(s) with unapplied forms you would like to apply, ther click the **Forms** button and select **Apply Forms**.



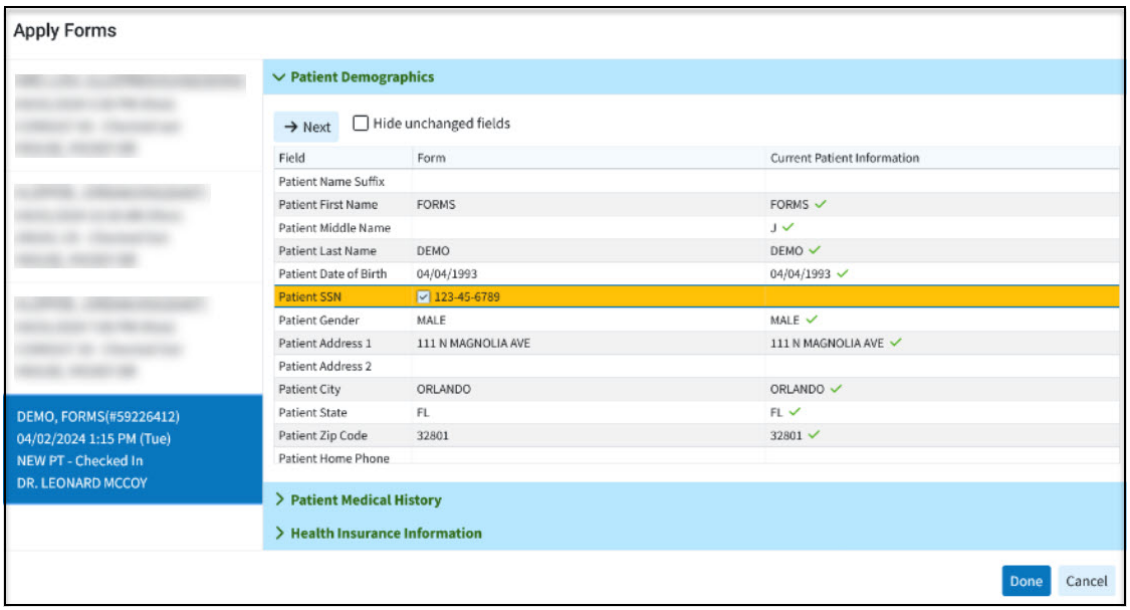
8. Within the Apply Forms window, you will see a **Form** heading and a **Current Patient Information** heading.
    1. The Form column shows the information entered by the patient in the intake form.

2. The Current Patient Information column shows the information the patient section currently has in CMD.

3. A green checkmark in the patient information column indicates that the information matches the details on the form, or that the field was left blank.

4. An orange highlighted line indicates that the information for that field is either missing in CMD or does not match the information on the form.

> Click the "**Hide unchanged fields**" box to filter out any fields in the form that match the previously existing patient information.



9. Check the box within the Forms column for the (orange) fields you wish to apply (import) into the patient in CMD.

10. Click **Next** to navigate to the next Form/Appointment.

11. Once finished with your selections to be applied, click**Done**.

12. All Intake Forms will now be applied for all selected appointments.

ıpply a Form Directly to a Patient Account

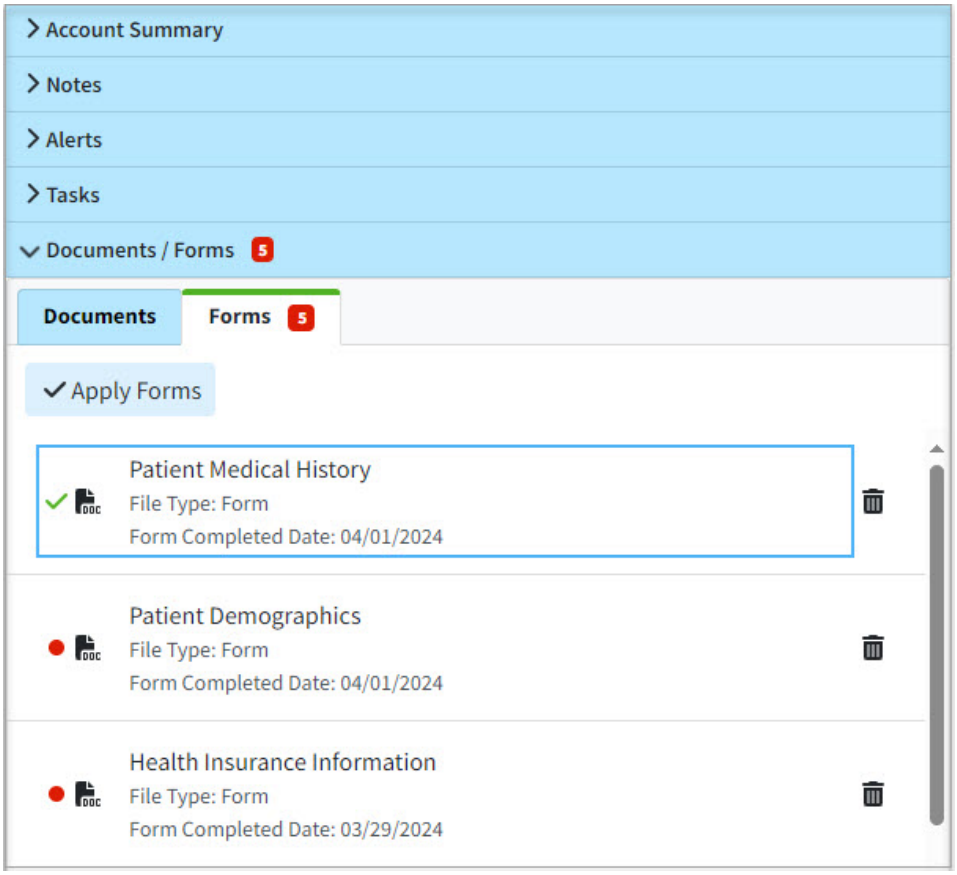
t Modified on 04/08/2024 9:56 am EDT

'atient Intake Form data can be directly applied to a patient's account in CMD by viewing unapplied forms ssociated with the patient and opening the ***Apply Forms*** screen from the patient record (or the Patient tab ·om an appointment).

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Locate and click on **Documents/Forms** from the right-hand side panel.
5. Click **Forms**.
6. Unapplied forms are shown with a red circle next to them and applied forms with a green checkmark.



7. Click **Apply Forms**.

8. In the "Apply Forms" window, you will find a '***Form***" heading and a "***Current Patient Information***" heading.

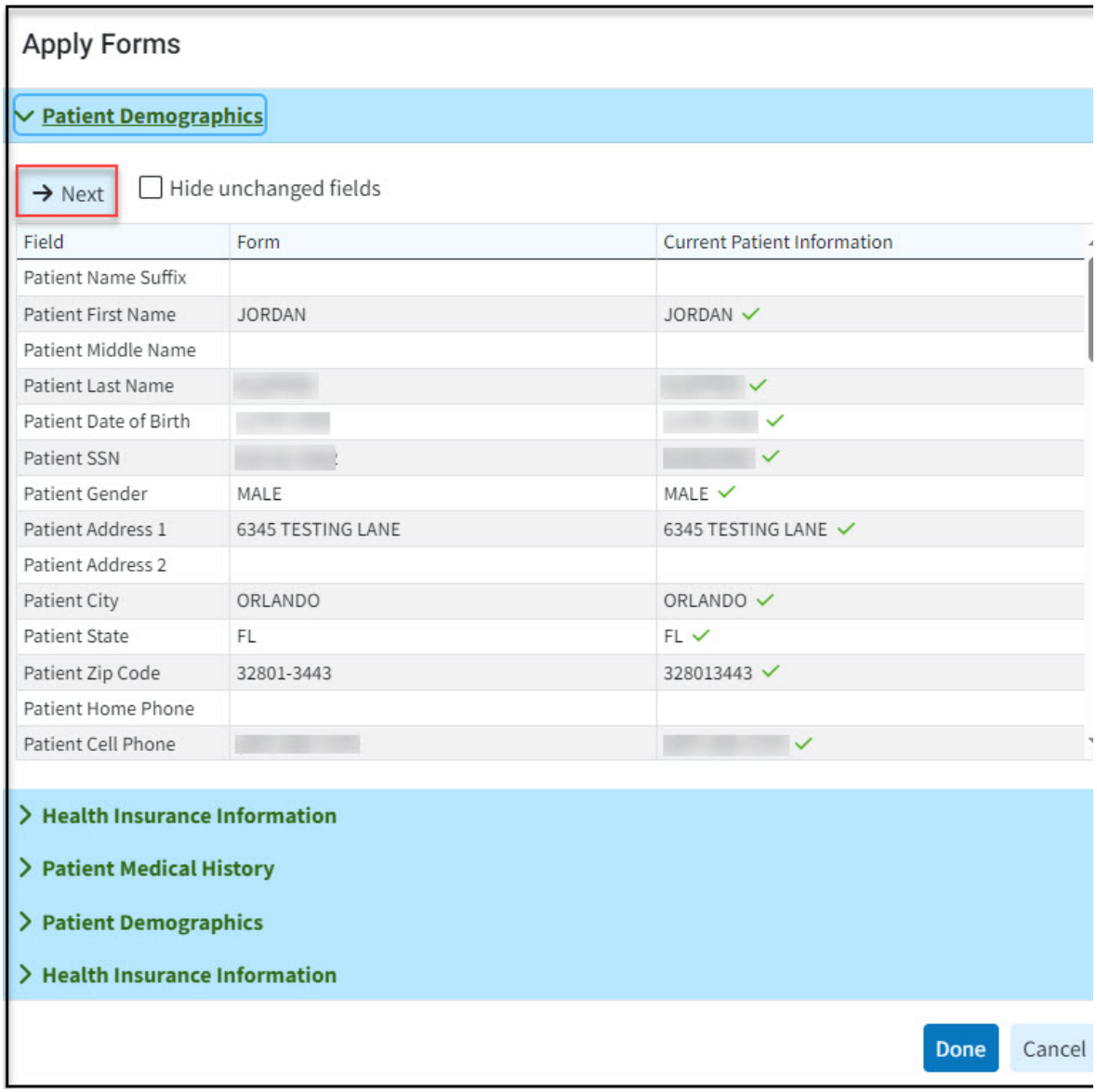
    1. The Form column shows the information entered by the patient in the intake form.

    2. The Current Patient Information column shows the information the patient section currently has in CMD.

    3. A green checkmark in the patient information column indicates that the information matches the details on the form, or that the field was left blank.

    4. An orange highlighted line indicates that the information for that field is either missing in CMD or does not match the information on the form.

    > Click the "**Hide unchanged fields**" box to filter out any fields in the form that match the previously existing patient information.



9. Check the box within the Forms column for the (orange) fields you wish to apply (import) into the

patient in CMD.

10. Click **Next** to navigate to the next Form.
11. Once finished with your selections to be applied, click**Done**.
12. Click **Save**.
13. All Intake Forms selected will now be applied to the patient.

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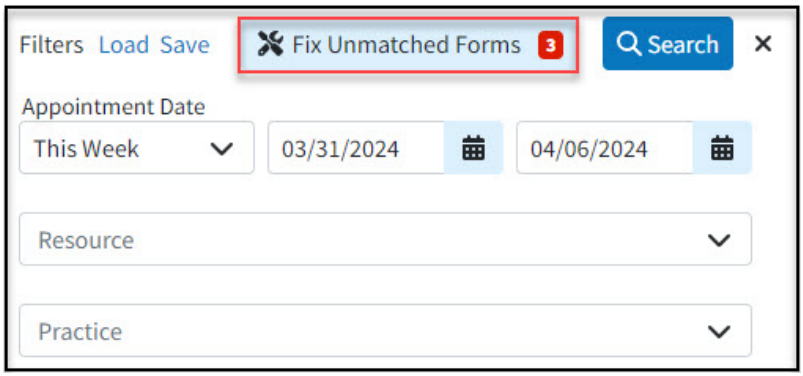
ixing Unmatched Forms

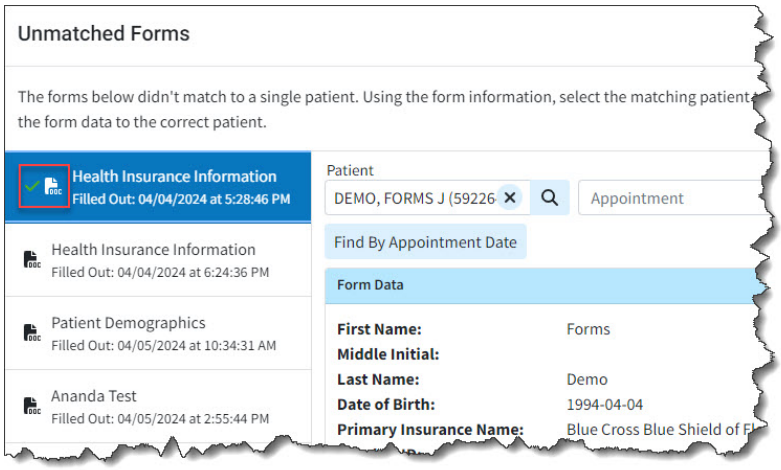
t Modified on 04/08/2024 9:56 am EDT

n Appointment Control, there is an Unmatched Forms dialog displaying a list of intake forms that could no e matched to a patient, as the system uses the name and date of birth (DOB) for matching. When selecting form without a match, the user will see the date the form was received, its type, and the patient's ame/DOB listed on the form. This screen also enables the user to locate and associate the correct patient ith the form.

1. Select **Appointments** > **Appointment Control**.
2. Within the filters Search screen, click the "**Fix Unmatched Forms**" button. This button displays a number indicating how many unmatched forms are currently found.

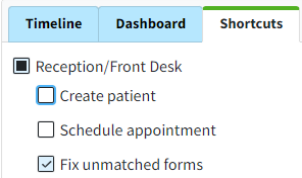


3. Select a form and use one of the 3 search options to find the matching patient:
    1. Search for the patient using the Patient search.
    2. Search for the patient by using the Appointment search.
    3. Search for the patient by using one of the 2 options within the **Find By Appointment Date** search.
        1. By appointment on the same day as the form submission date.
        2. By appointment within 3 days of the form submission date.
4. Once the form has been linked to a patient, a green checkmark will appear next to the form.



5. Select the next form from the list and follow steps 3-4.
6. When finished, click **Done**.
7. Click **Save**.

🪄 Want to see if there are any unmatched forms from anywhere in the application? Customize your shortcuts to include the "Fix Unmatched Forms" shortcut that allows you to find and fix unmatched intake forms directly from your shortcuts section.



For more information on customizing your shortcuts, visit our Customize Shortcuts Help Article.

›rint a Patient Intake Form

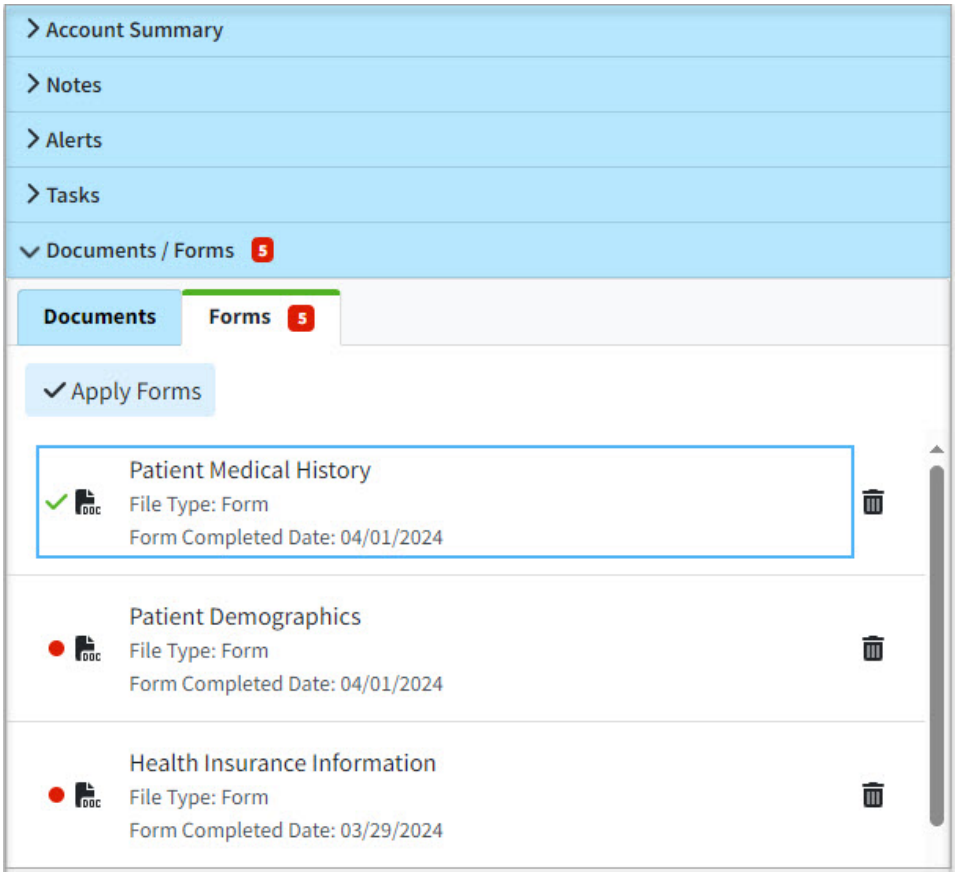
:t Modified on 04/08/2024 10:20 am EDT

ince some forms don't apply all the form data into CollaborateMD, you can Print Patient Intake Forms tha ave been completed by patients directly from the forms tab within a patient's account in CMD (or the 'atient tab from an appointment) in order to have a pdf file to apply any additional information into the atient section.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Locate and click on **Documents/Forms** from the right-hand side panel.
5. Click **Forms**.
6. Unapplied forms are shown with a red circle next to them and applied forms with a green checkmark.



7. Right-click the form you want to print and select **Print** to open the print dialog box and print the form.

ıdd/Create Custom Forms

ıt Modified on 04/08/2024 10:01 am EDT

'his workflow will provide the necessary steps in CMD and Updox for creating a custom intake form.

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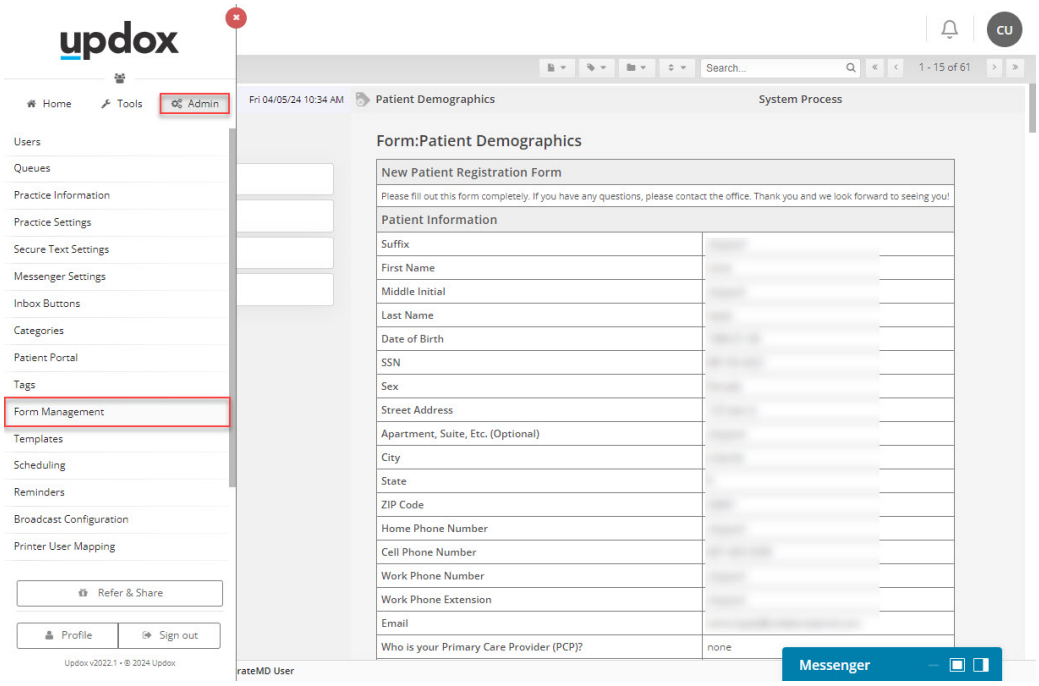
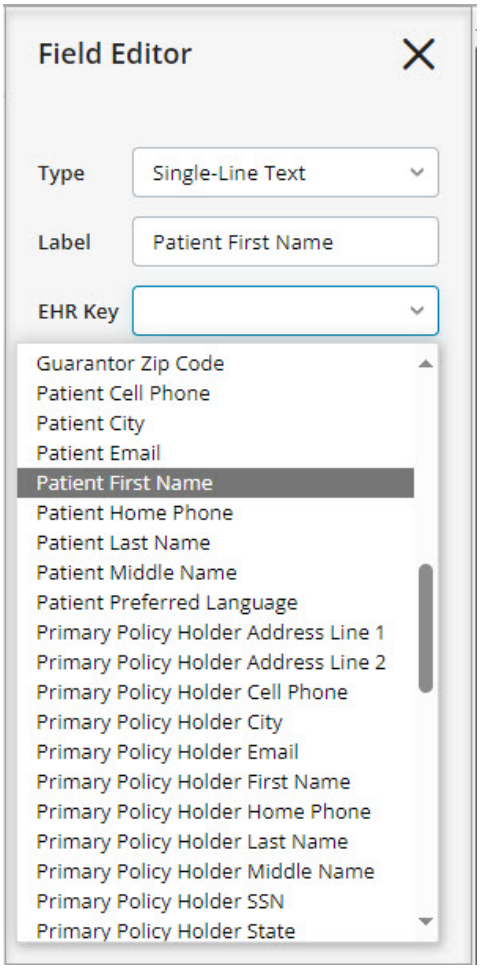
1. Select **Account Administration** > **Services**.
2. Click the **button** next to **Intake Forms**.
3. From the **Forms Options** tab, click ***Open Updox***.
4. Click ***Menu*** > ***Admin*** > ***Form Management***.



5. Select an existing form (basic form) as a template and click***Duplicate Form*** or select***Add New Form***.
6. Enter your form name.
7. (Optional) enter your Auto tag and Submit to.
8. Click ***Add New Field***.
9. Within the **Field Editor**, select the field ***Type*** (dropdown, checkbox, radio button, single-line text, etc.).
10. Enter the ***Label***(field name).
11. Select the ***EHR Key*** (**this field will match the data entered with the field in the patient section in CMD**).



12. Select if you want the field to be required by checking the box (**Name and DOB fields must be includec in all forms and set as required**).

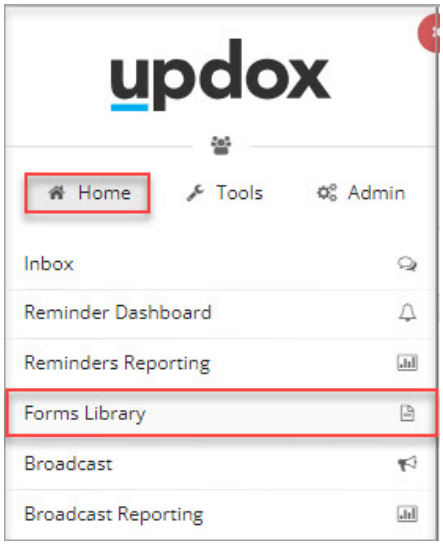
13. Optional (add a description for the field).

14. Continue adding more fields as needed (steps 8-13).

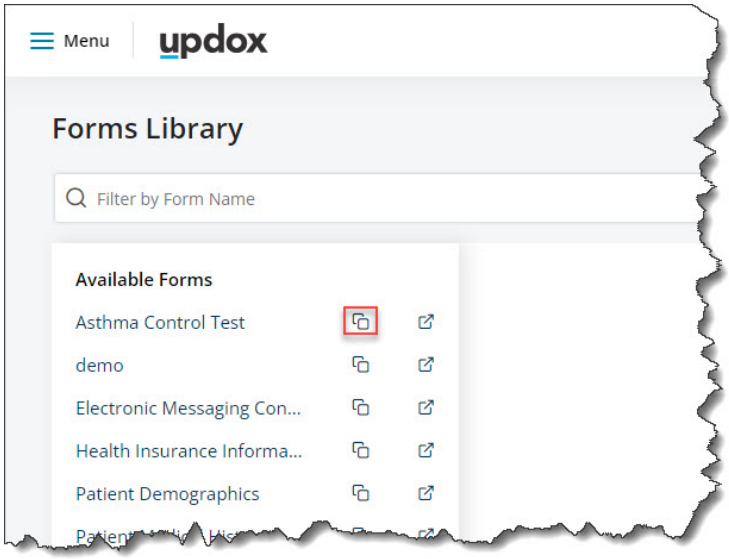
15. Click **Save**.

> It is best practice to save your progress regularly since navigating away from your editor screen will cause any unsaved changes to be lost.

16. From the Menu screen, navigate to***Home*** > ***Forms Library***.



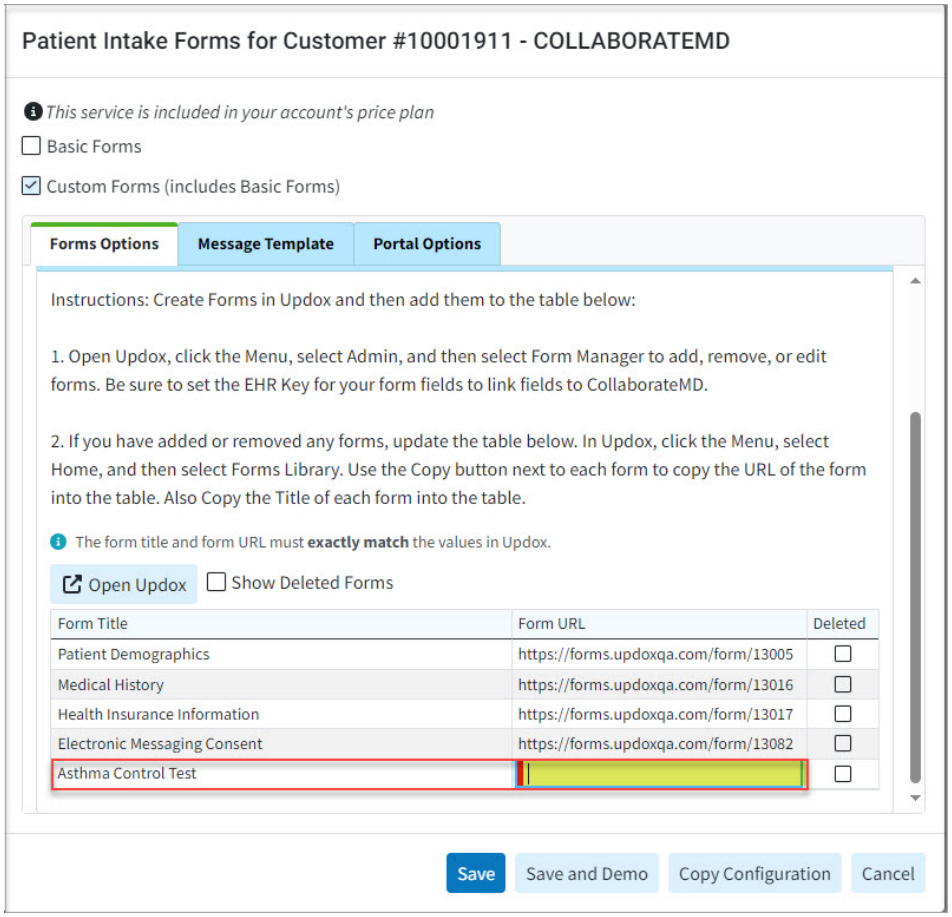
17. Find the form and click the "***Copy forms link to clipboard***" icon to copy the form's URL.



18. Return to the ***Forms Options*** tab in CMD (step 3).

19. Scroll down and enter the **Form Title** exactly as shown in Updox.

20. In the **Form URL** field, paste the URL copied in step 17.



Please note that it is important that the user correctly enters the form title, and copies the form URL for each new form.

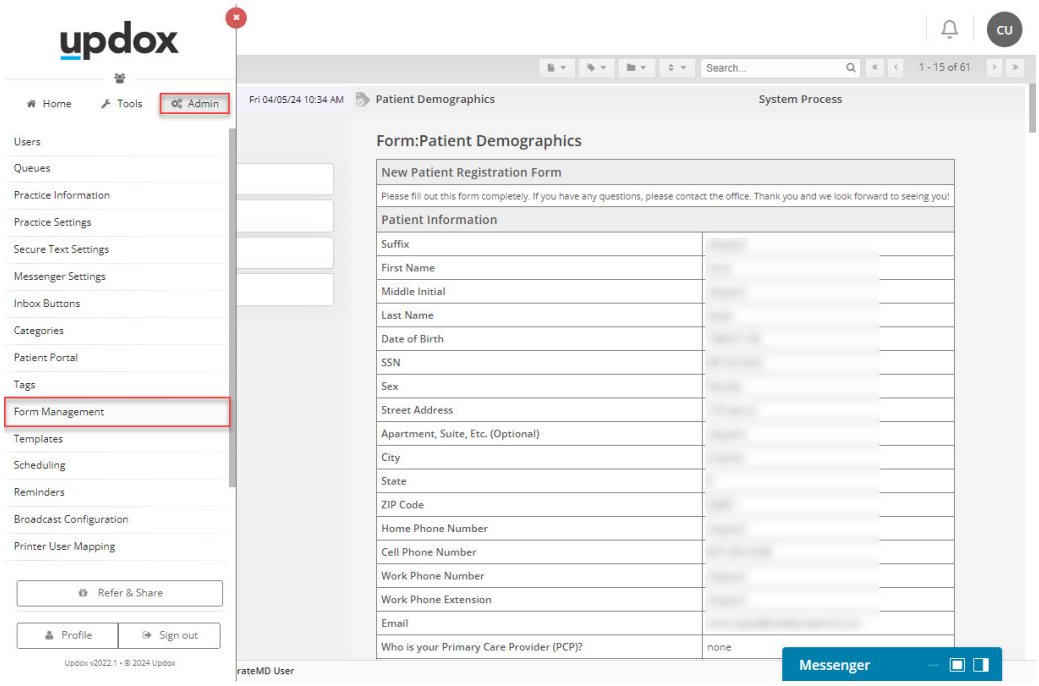
21. Click **Save**.

Remove Custom Forms in Updox

t Modified on 04/08/2024 10:01 am EDT

his workflow will provide the necessary steps in CMD and Updox for deleting a custom intake form.

1. Select **Account Administration** > **Services**.
2. Click the **button** next to **Intake Forms**.
3. From the **Forms Options** tab, click ***Open Updox***.
4. Click ***Menu*** > ***Admin*** > ***Form Management***.



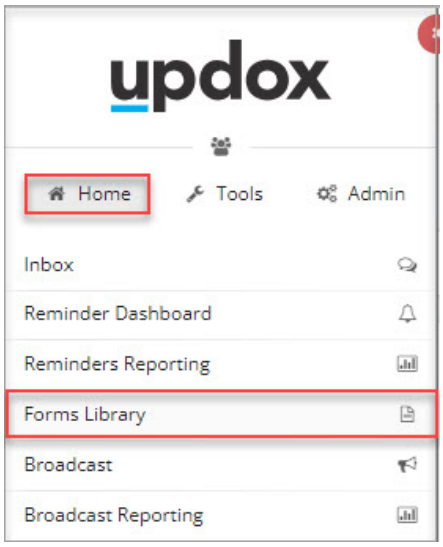
5. Select the existing form you want to remove/edit from the list.
6. Click ***Delete Form***.

7. Click **Save**.

8. Exit the Updox screen again and return to the ***Forms Options*** tab in CMD.

9. From the **Forms Options** tab, click ***Open Updox***

10. From the Menu screen, navigate to ***Home*** > ***Forms Library***.



11. Verify that the form is no longer in your library list.

12. Return to the ***Forms Options*** tab in CMD (step 3).

13. Scroll down and find the **Form Title** you deleted in Updox.

14. Check the ***Deleted*** box next to the form you just removed.

15. Click **Save**.

:dit Custom Forms

:t Modified on 04/08/2024 10:02 am EDT

'his workflow will provide the necessary steps in CMD and Updox for editing a custom intake form.

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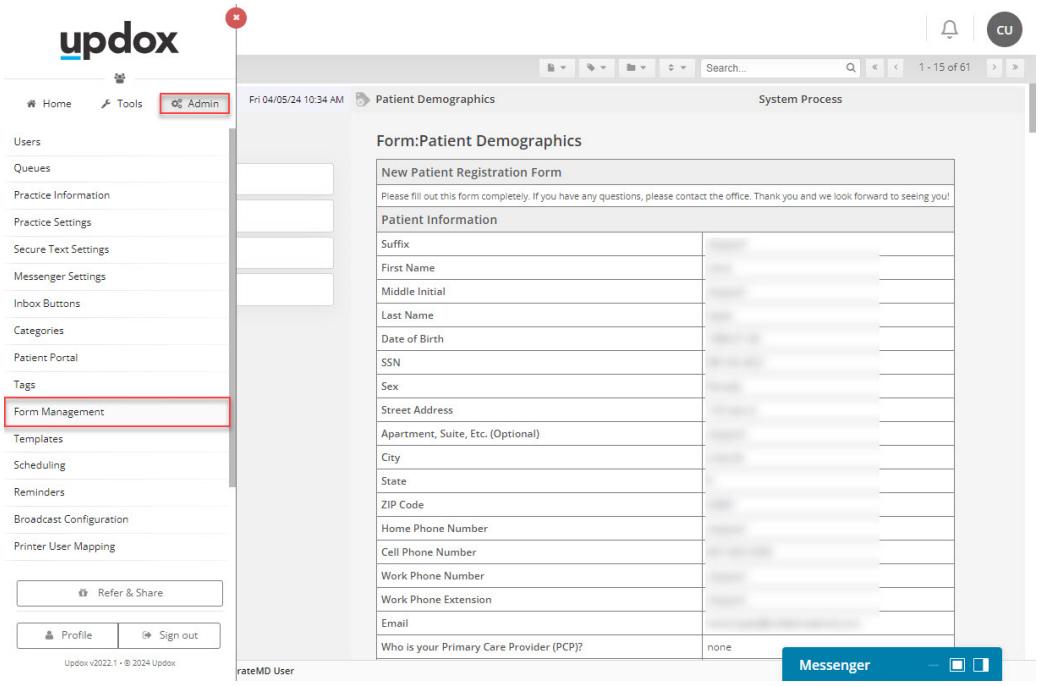
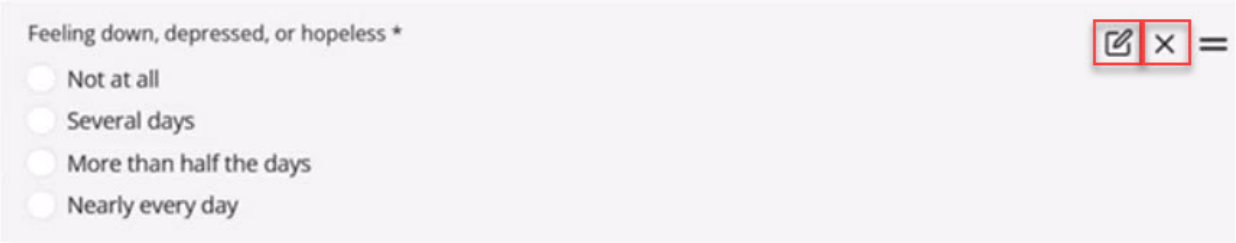
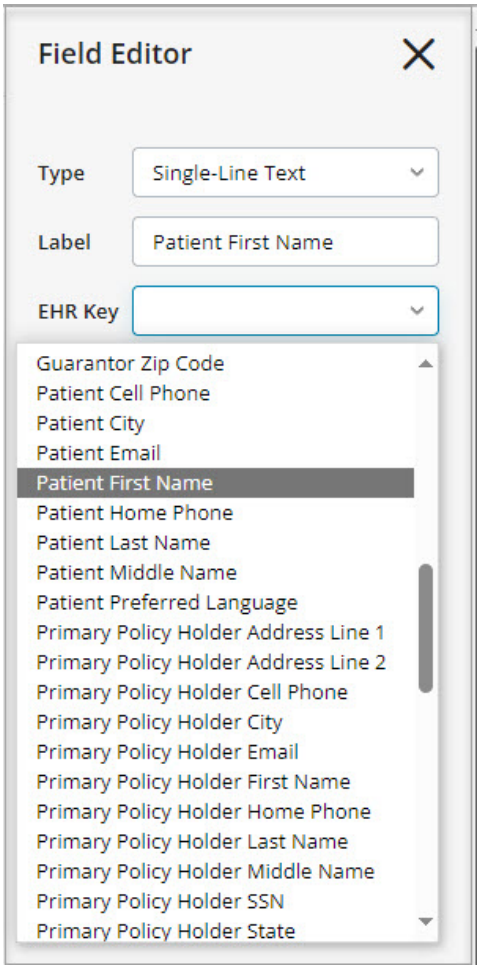
1. Select **Account Administration** > **Services**.
2. Click the **button** next to **Intake Forms**.
3. From the **Forms Options** tab, click ***Open Updox***.
4. Click ***Menu*** > ***Admin*** > ***Form Management***.



5. Select the existing form you want to edit from the list.
6. To edit or remove an existing field, click the***Edit*** or ***Remove*** icon next to the question.



7. Click ***Add New Field*** to add more fields to the form.
8. Within the **Field Editor**, select the field ***Type*** (dropdown, checkbox, radio button, single-line text, etc.).
9. Enter the ***Label***(field name).
10. Select the ***EHR Key*** (**this field will match the data entered with the field in the patient section in CMD**).



11. Select if you want the field to be required by checking the box (**Name and DOB fields must be includec in all forms and set as required**).

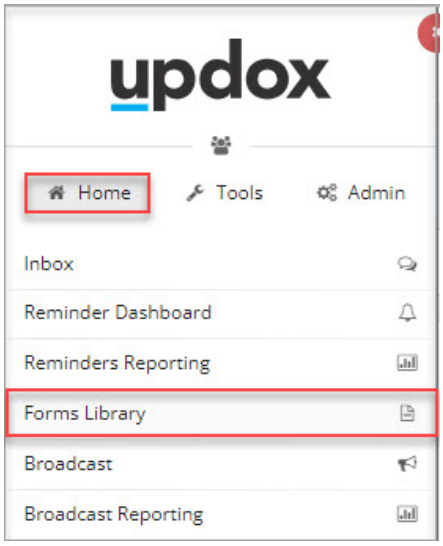
12. Optional (add a description for the field).

13. Continue adding more fields as needed.

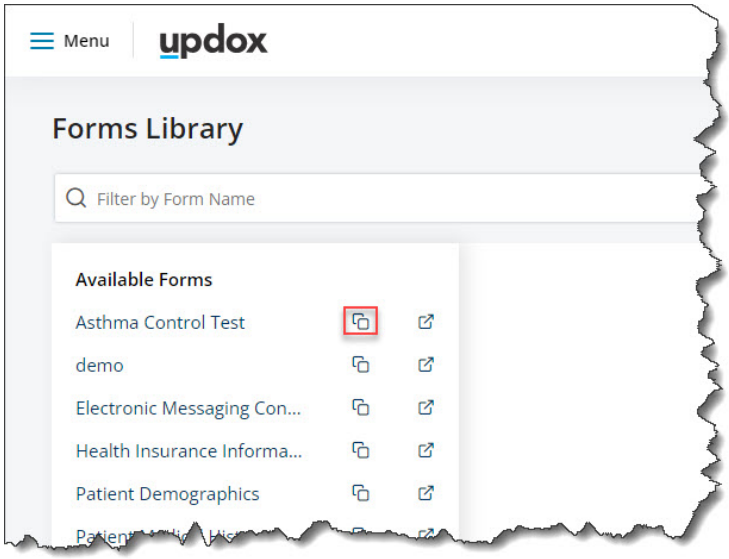
14. Click **Save**.

> It is best practice to save your progress regularly since navigating away from your editor screen will cause any unsaved changes to be lost.

15. From the Menu screen, navigate to***Home*** > ***Forms Library***.



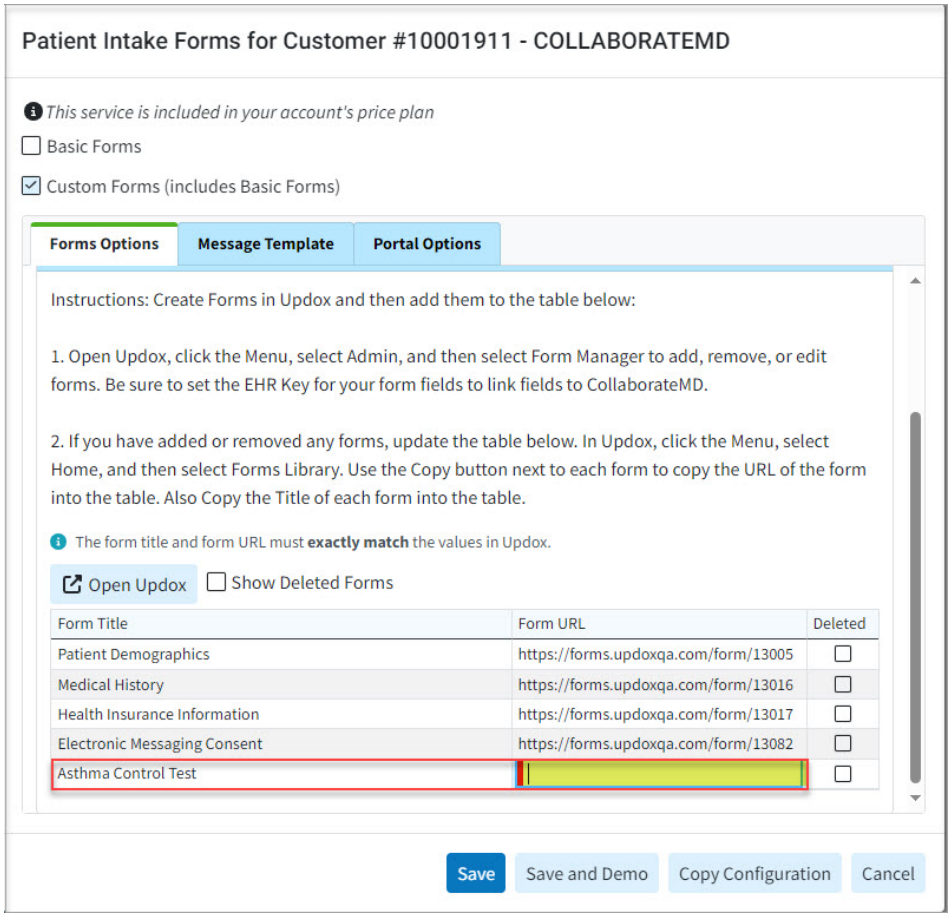
16. Find the form and click the "***Copy forms link to clipboard***" icon to copy the form's URL.



17. Return to the ***Forms Options*** tab in CMD (step 3).

18. Scroll down and enter the **Form Title** exactly as shown in Updox.

19. In the **Form URL** field, paste the URL copied in step 17.



Please note that it is important that the user correctly enters the form title, and copies the form URL for each new form.

20. Click **Save**.

Setting Up Intake Forms on Your Tablet (Kiosk Mode)

t Modified on 04/08/2024 2:21 pm EDT

Guided Access allows you to set up the intake portal as a "Kiosk" on *Guided Access Mode* (iPad) or Single Application Mode (Surelock for Android) by limiting your device to a single app, making your intake forms the only portal available to the patient.

Follow these steps to turn on Guided Access and set up your Kiosk access on your tablet:

For iPad

1. Turn on your iPad.
2. Go to **Settings** > **Accessibility** > **Guided Access**.
3. Turn on **Guided Access**.
4. Tap **Passcode Settings**, and tap Set **Guided Access Passcode**.
5. Set a passcode for yourself or your staff (you must enter the passcode twice).
6. Set up your Guided Access session:
    1. Once Guided Access is turned on, open up Safari and go to your intake forms portal **form.gocmd.co/customer/your customer number** (example: form.gocmd.co/customer/12345678**).**
    2. Triple-click the side (on/off) button. (On earlier models with a Home button, triple-click the Hom button
    3. To disable parts of your screen from responding to touch, use your finger to circle any areas of th screen you want to disable. Drag the mask into position or use the handles to adjust its size.
    4. Tap Options and turn on/off any additional options: (volume, motion settings, time limit, etc.).
    5. Tap **Start**.

    > **If you need to end the Guided Session:** Triple-click the Home button or top button (depending on your iPad model), then enter the Guided Access passcode.

For Android

1. Turn on your Tablet.

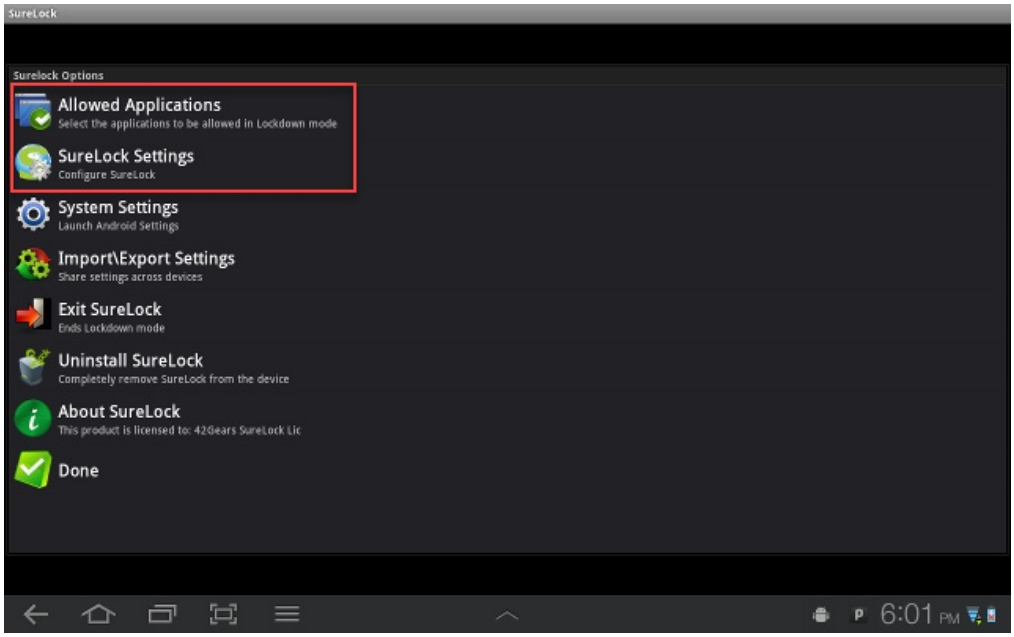
2. Download and install **SureLock** on your Android device (from Google Play or their file servers directly).

3. Launch **SureLock** from the installed applications list.

4. From the Surelock Home Screen, tap any open space within 3 seconds to launch the password prompt to access **SureLock Settings**

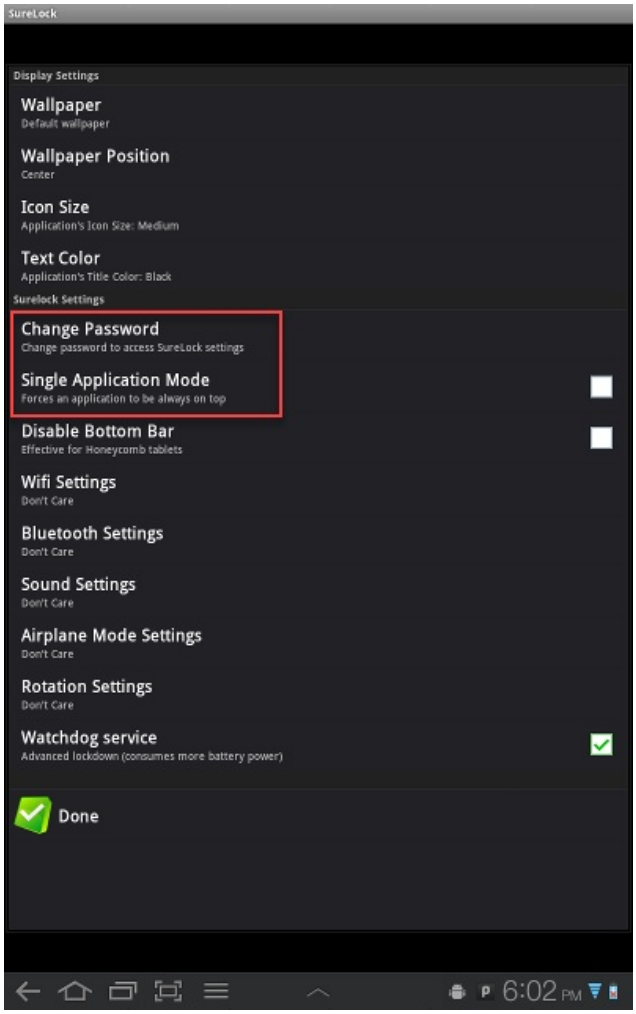
5. Enter the default password - **0000** (four zeros).

6. Access the **SureLock Admin Settings** to set **Allowed Applications** and additional **Surelock Settings**.



7. . Tap on **Allowed Applications** and select the application you wish to be in Single Application Mode (your intake forms portal **form.gocmd.co/customer/your customer number** (example: form.gocmd.co/customer/12345678).

8. Go into **SureLock Settings**, reset your password, and enable **Single Application Mode**.



9. Once done, the user will be prompted with a description of the Single Application Mode. Tap **OK** on the prompt.

10. This will initiate Single Application Mode on the Android device.

> **If you need to end the Surelock Session** Go to the **Surelock Admin Settings** and select **Exit Surelock**. Please note that you can also choose to download and use a different Kiosk application from Google Play or directly from their file server.

t Modified on 05/14/2024 1:53 pm EDT

)ur Basic Intake Forms consist of the following 4 forms provided by CollaborateMD.

- Patient Demographics Form
- Health Insurance Information Form
- Patient Medical History Form
- Electronic Messaging Consent

lere is what the forms include:

Patient Demographics Form Sample

t Modified on 05/14/2024 1:47 pm EDT

Health Insurance Information Sample

Last Modified on 05/14/2024 1:51 pm EDT

Patient Medical History Sample

t Modified on 05/14/2024 1:51 pm EDT

Electronic Messaging Consent Sample

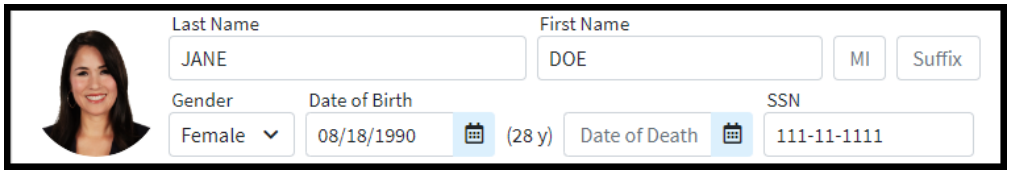
Last Modified on 05/14/2024 1:53 pm EDT

ıdd a new Patient

t Modified on 06/01/2026 12:09 pm EDT

ollow the steps below to add a New Patient.

1. Select **Patient** > **Patient**.
2. Click the **New Patient** button.
3. Enter the **Patients Information**.



   1. Click on the **Profile icon** to upload a profile image for this patient.

      Your profile picture should be a minimum of 512x512 pixels, but no larger than 1024x1024 pixels. Any file recognized as an image (e.g., .gif, jpg, .jpeg, .png) can be uploaded.

   2. Enter the **Patient's Last** & **First Name**.
   3. Use the **Gender** drop-down menu to select the patient's gender.
   4. Enter the **Date of Birth** for this patient.
   5. Enter the **SSN** for this patient.

      If the system finds a duplicate patient with the same patient information (Name, DOB, SSN) a View duplicate patient link will be visible. Click the link to open the existing patient to avoid creating a duplicate record.

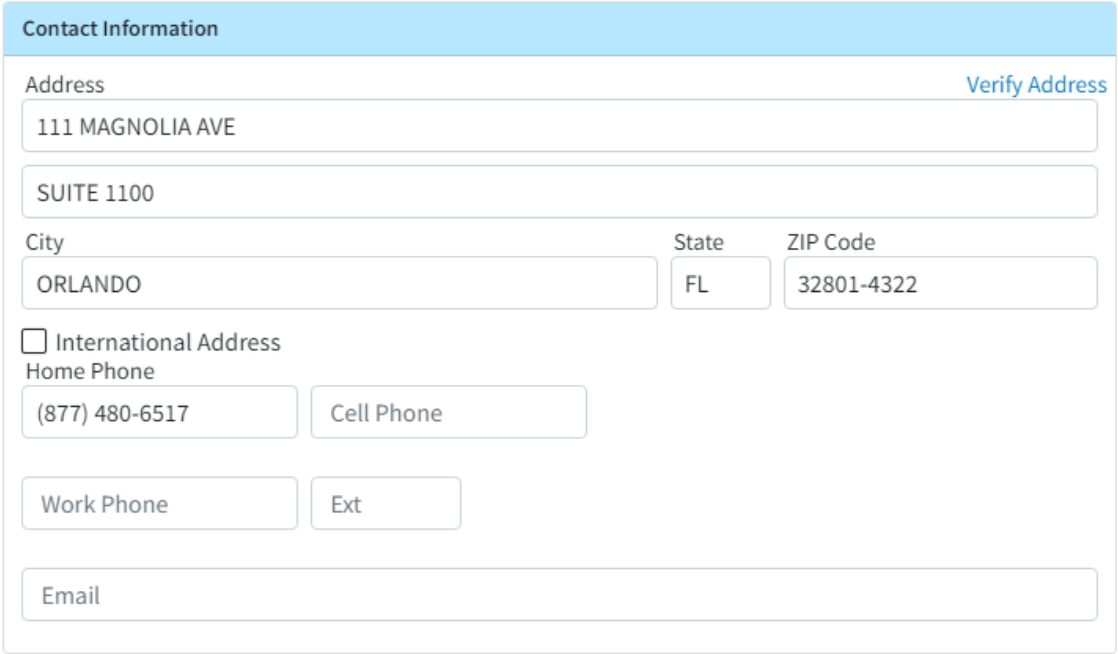
4. Under **Patient Info** enter the Patient's Account Information.
   1. Use the **Type** drop-down menu to select the patient's account type (e.g., Insurance, workers com self-pay, etc.).

      This field is used for reporting purposes.

2. The **Account #** field is auto populated by CMD and is unique to this patient record; also known as the Patient MRI (Member Record Identifier) number.

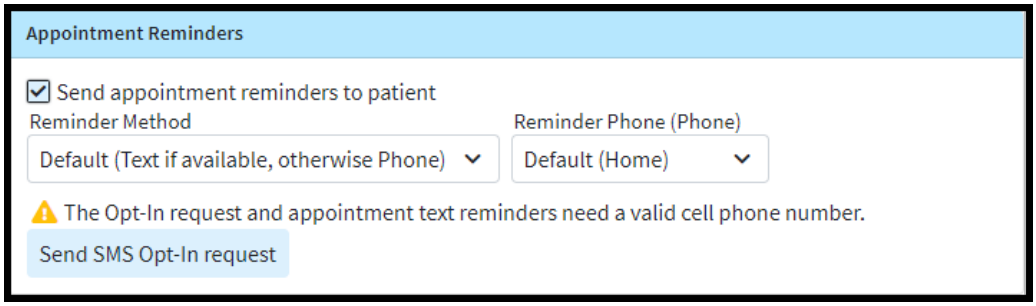
3. The **Reference #** field can be populated by you, and can be used for tracking or reporting purposes.

5. Under **Patient Info** enter the Patient's Contact Information. Use the **International Address checkbox** and select the country to add international addresses.



⚠ At this time, the CollaborateMD application supports International Addresses on Patient records or as the Ambulance Pick-Up Location on claims. If an address is international, it will be sent as such on electronic claims and all statements. International addresses will also be sent on user-printed statements (but not automated statements at this time)

6. ***Optional***: Under **Patient Info**, the Appointment Reminder options are used in conjunction with the Appointment Reminders feature that can be enabled via the Services section.



1. Place a check in the **Send appointment reminders to patient** to enable appointment reminders for this patient.

2. Use the **Reminder Method** drop-down menu to set **whether the patient receives texts, emails or**

phone calls.

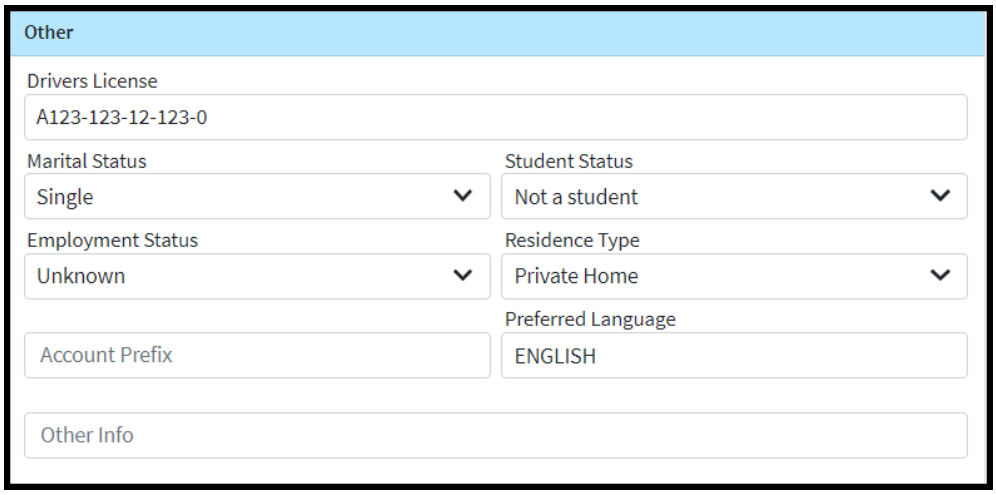
3. Use the **Reminder Phone to select which phone to use.**

4. Click the **Send SMS Opt-In** request button to send an Opt-in message to the patient.

> ⚠ An indicator will show if the patient has accepted the opt-in message. You can manually re-send the Opt-In message by right-clicking on the warning indicator; otherwise, the Opt-In message will be sent automatically every 60 days until the patient confirms.

5. Check the **Patient has consented to receive appointment reminders via email**to indicate that the patient has accepted this option.

7. ***Optional***: Under **Patient Info**, enter the patient's Other info.



1. Enter the patient's **Driver's License number**.

2. Use the **Marital Status** drop-down to select the patient's marital status.

3. Use the **Student Status** drop-down to select the patient's student status.

4. Use the **Employment Status** drop-down to select the patient's employment status.

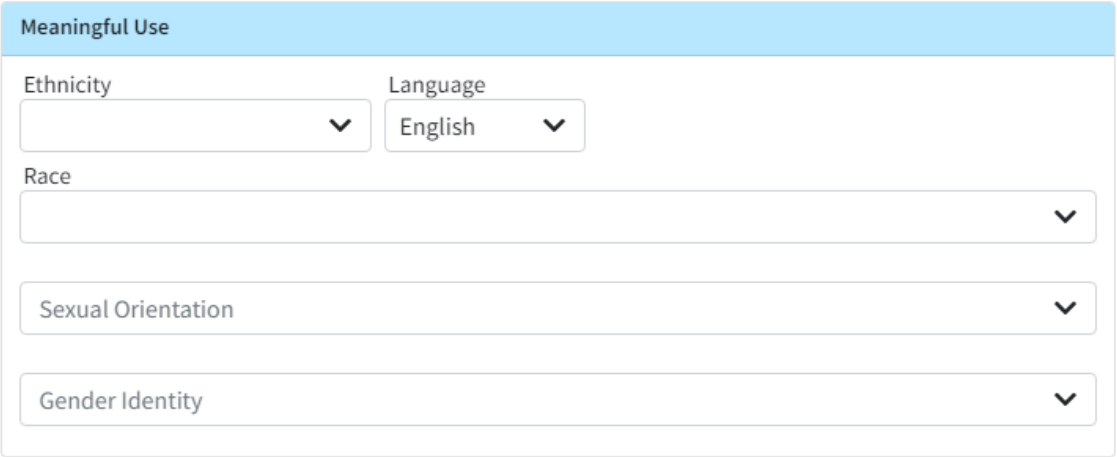
5. Use the **Residence Status** drop-down to select the patient's residence status.

6. Enter the **Account Prefix** that can be used for tracking or reporting purposes.

7. Use the **Preferred Language** drop-down to select the patient's preferred language.

8. Use the **Other Info** field to enter any other info.

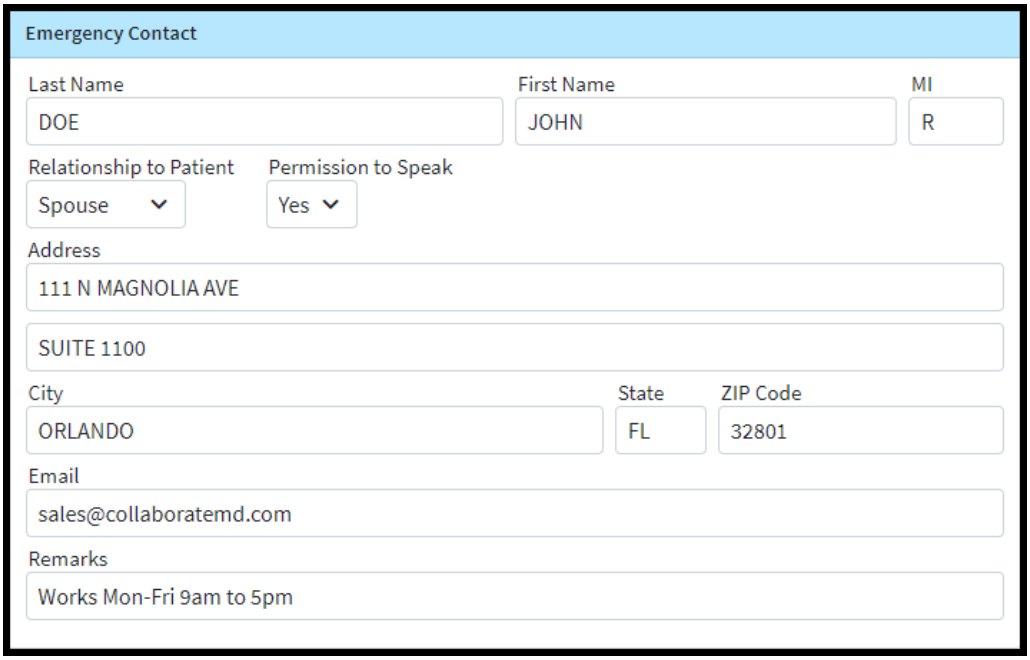
8. ***Optional***: Under **Patient Info**, enter the patient's Meaningful Use Info (Demographics).



1. Use the **Ethnicity** drop-down menu to select the patient's ethnicity.
2. Use the **Language** drop-down menu to select the patient's language.
3. Use the **Race** drop-down menu to select the patient's race.
4. Use the **Sexual Orientation** drop-down menu to select the patient's orientation.
5. Use the **Gender Identity** drop-down menu to select how the patient identifies.

> Want to make the Meaningful Use fields required when adding new patients in order to have a complete patient record? Visit our Patient Settings for Customers Help Article for detailed steps on how to set them as required fields.

9. ***Optional***: Under **Patient Info**, enter the patient's Emergency Contact info.



1. Enter the **Last & First Name**.
2. Use the **Relationship to Patient** drop-down to select the relationship the emergency contact has with the patient.
3. Use the **Permission to Speak** drop-down to notate if you should discuss the status of the patient to the emergency contact?
4. Enter the **emergency contact's Address information**.
5. Enter the **emergency contact's Email.**
6. Add any other notes in the**Remarks** field.

10. ***Optional***: Add the patient's **Referral Source.**
    1. Use the **How did you find us?** drop-down menu to select how the patient was referred to your office.

    > The Patient "*Referral Type*" field can be added to a custom report to track how patients discover your office.

11. Click **Save**.
12. Once you've entered information under the Patient Info tab, continue creating the patient's account b adding the following information:
    1. Insurance Info: This tab is used to enter the Insured and Other Insured information. In addition, you can use this tab to view the patient's Insurance History, Payers, Authorization, and Employe information.
    2. Billing Info: This tab is used to enter Guarantor, Statement, Collection, and Payment Portal information.
    3. Claim Defaults: This tab is used to enter claim defaults such as Providers, Codes, Illness & Accident Information, Other Claim Defaults, Referring/PCP, and Facility defaults.

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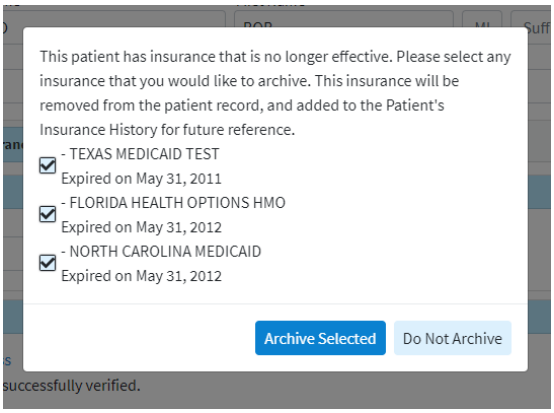
ind or edit a Patient

t Modified on 07/06/2019 1:48 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. ***Optional***: Modify the patient's information.
   1. A window will pop-up if the patient's Insurance Policy has expired prompting you to archive this policy. Reference our Patient Insurance Info Help Article for steps on how to add or edit a policy.



5. Click **Save**. Otherwise, click **Close** if no changes were made.

To see a complete listing of all patients that have been entered, run the Patient Listing Report in Report Viewer.

?atient Address Verification

:t Modified on 07/24/2019 4:23 pm EDT

ıddress verification allows users to validate addresses against the United States Postal Services (USPS) irectory in order to make corrections before claims, statements, or even letters are sent to the patient. Th ystem will automatically verify the address in real-time. Address Verification is managed in ıe Services section.

⚠ If Address Verification is not included in your price plan, you will be charged each time an address check is completed. .This feature will only determine if the address is on file with the USPS.

1. Select **Patient** > **Patient**.
2. Click the **New Patient** button or use the **Search** field to search through your patients.
3. Tip: Check the "Include inactive patients " box to include inactive patients in your search results
4. Select the **Patient**.
5. Address verification is available within the Patient Info, Insurance Info, and Billing Info tab
6. Click the **Verify Address** link.
    1. Valid addresses are indicated by a ✔ and a *"This address was successfully verified"* message.
    2. Invalid addresses are flagged by a ***"This address is invalid"*** or ***"There may be a better address for this insured party"*** message.
        1. Click the **See Suggestion** link to apply the suggested address. Or click **Ignore** to leave the address as is.
7. Click **Save**.

If the system is unable to validate the address with the USPS, you'll be given an option to **ıgnore** the address.

/iew a Patient's Account Summary

t Modified on 08/27/2025 2:05 pm EDT

he Account Summary window contains important information related to this patient. Use the information ere to quickly identify any action items pertaining to this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **Account Summary** from the side panel to expand the account summary section.

   1. **Family Account Type:** Displays if the patient is set up as a Family Account (Master or Dependent or as an individual Account (Regular). Master will have a "List Dependents" link that displays all dependents associated with the family account.
   2. **Patient Balance**: Displays the amount the patient is required to pay after accounting for any patient credits. This field only represents open charges set to the status of Paid, Balance due Patient, and Pending Patient.
   3. **Last Patient Payment**: Displays the last payment date and amount made by the patient.
   4. **Insurance Balance**: Displays the amount the insurance is required to pay after accounting for an insurance credits.
   5. **Last Insurance Payment**: Displays the last payment date and amount made by the insurance.
   6. **Collections Balance:** Displays the amount of charges that have been sent to a collections agency
   7. **Last Statement**: Displays the last statement mailed date and amount.
   8. **Statement Mailed Count**: Displays the number of statements that have been mailed to the patient. When all Patient balances are satisfied by a payment or adjustment, the counter will res to zero (0).
   9. **Electronic Statement Count**: Displays the number of electronic statements that have been sent to the patient. When all Patient balances are satisfied by a payment or adjustment, the counter will reset to zero (0).

      You can also reset the *Statements Sent count* to 0 whenever a new claim is set to Balance

Due Patient by turning on the corresponding Patient Setting for Customer. For more information, visit our Configure Patient Settings for Customer Help Article.

10. **Last Visit**: This field will display the last Date of Service (DOS) for the patient.
11. **Next Appointment**: Displays the patient's next appointment date. In order to have a date populate within this field, the patient must have a future appointment scheduled within the Appointment Scheduler.
12. **Follow-Up Date**: Enter a date in which you would like to follow up with this patient. This field car be used in conjunction with the Patient Follow-up Report.
13. **Recall Date**: Use this field to enter a Recall Date which is commonly used to identify patients wh should return for a routine appointment. This field can be used in conjunction with the Patient Recall Report.

5. Click **Save**.

ıdd a Patient Note

ıt Modified on 01/09/2020 3:30 pm EST

lotes can be used to include any special information regarding a patient and can be viewed by all users tha ave permission to access the patient's screen. Using the notes feature can help your team stay organized nd up to date on the changes and updates regarding any patient.

Who can use this feature?

Users with the Patient Notes & Edit Notes permissions. Admins and Auth Reps can modify and delete notes that (other) Users create.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
   - Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.
3. Select the **Patient**.
4. Locate and click on **Notes** from the right-hand side panel.
5. Add notes associated to this patient.
6. Click **Save**.

ind or edit a Patient Note

t Modified on 10/31/2020 2:05 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Notes** from the right-hand side panel.
5. To **sort** existing notes, click the Sort Icon and select a sorting option from the dropdown, then click **Done**.
6. ***Optional***: Modify your note.
7. Click **Save**.

Remove a Patient Note

t Modified on 04/07/2019 5:58 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient.**
4. Locate and click on **Notes** from the right-hand side panel.
5. Click the **icon** next to the note.
6. Click **Save.**

ıdd a Patient Alert

ɪt Modified on 12/20/2019 1:54 pm EST

:ollaborateMD allows you to add specific alerts to your patients. Alerts will appear as a pop-up whenever ıe patient is opened in any section of the CollaborateMD application. Using alerts helps ensure your team ıade aware of any important information associated to your patients.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click **Add Alert** .
6. **Write the message** you would like to have appear in the pop-up.
7. Use the **Display Options** boxes to determine when you would like the alert to appear.

   For more information on the Display Options, please visit the **Alert Display Options Help Article.**

8. The **Effective Date Range** allows you to set how long the alert should remain active.
9. Click **Done** to add your alert.
10. Click **Save**.

ind or edit a Patient Alert

t Modified on 12/20/2019 1:56 pm EST

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Select the **Alert**.
6. ***Optional***: Modify the alert.
7. Click **Save**.

Remove Patient Alert

t Modified on 12/20/2019 1:58 pm EST

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Alerts** from the right-hand side panel.
5. Click the **icon** next to the alert.
6. Click **Save**.

ıdd Patient Task

ıt Modified on 04/05/2022 10:58 am EDT

:ollaborateMD allows you to create specific tasks associated with your patients. Tasks will help you keep ·ack of items that needs to be completed. Tasks can have due dates, links, descriptions, statuses, and riorities. You can assign tasks to yourself or to specific users within your business.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Click **Create Task**.
6. Enter the task name in the **Task Title** field.
7. Add the task's **Due Date, Status,** and **Priority**.
   - **Low**: blue down arrow.
   - **Normal**: Yellow side arrow.
   - **High**: Red upwards arrow.
8. Write in the **Description** of the task.
9. ***Optional***: Click the **Add Link** to link the task to an action. Tasks can be linked to a **patient, claim, practice, provider, facility, payer, report, message, or customer**.
10. Enter the username you would like to assign this task to. Or click Select Users and select the user from the list.

> Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Done**.
9. Click **Save**.

> For more information on Tasks, please visit the **Tasks Help Article**.

Change Patient Task Status

Last Modified on 04/05/2022 11:10 am EDT

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Click the **Task**.
6. Use the **Status** drop-down menu to assign this task a new status.

> Click the icon to see view a list showing when and by whom the status of the task was changed.

3. Click **Done**.
4. Click **Save**.

ssign a Patient Task to another User

t Modified on 04/05/2022 11:10 am EDT

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Click the **Task**.
6. Enter the username you would like to assign this task to. Or Click Select Users and select the use from the list.

   All users can create and assign tasks to other users, but you must have the "**Administer All**" permission to modify existing tasks for other users.

7. Click **Done**.
8. Click **Save**.

)elete a Patient Task

:t Modified on 04/05/2022 11:15 am EDT

⚠ Once a task is permanently deleted, it cannot be restored. Proceed with care.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Tasks** from the right-hand side panel.
5. Find the task you want to delete.
6. Click the 🗑 icon to the right of the task.
7. Click **Save**.

ssociate an Existing Document

t Modified on 01/28/2020 11:35 am EST

ollow the steps below to associate an existing document (stored in the Document section) with a patient ecord.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Locate and click on **Documents** from the right-hand side panel.
5. Click the **Add** button.
6. Select **Associate Existing**.
7. Use the navigation bar or the **Search** field to locate the document(s).
8. Place a check in the box for the document(s) you want to associate with this patient.
9. Click **Save**.
10. Click **Save** again to save the patient record.

Jpload a New Document

t Modified on 01/28/2020 11:36 am EST

ollow the steps to upload and add new document to associate with your patient record.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check inthe "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Locate and click on **Documents** from the right-hand side panel.
5. Click the **Add** button.
6. Select **Upload New**.
7. Use the **Add Files** button to upload the file(s).
8. Type any desired **Notes** in the provided field.
9. Use the **Folder Location** drop-down menu specify which folder the document(s) will be uploaded to.
10. Click **Upload File(s)**.
11. Click **Save**.

/iew Document Associations

:t Modified on 04/07/2019 6:13 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Locate and click on **Documents** from the right-hand side panel.
5. View the document by clicking on the document name.
6. Click **Close**.

Remove Document Associations

t Modified on 04/07/2019 6:14 pm EDT

ollow the steps below to remove documents associated with your patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Locate and click on **Documents** from the right-hand side panel.
5. Click the icon next to the document to remove the association.
6. Click **Save**.

nactivate a Patient

t Modified on 05/30/2019 10:12 pm EDT

n the event a patient is no longer in use, you can inactivate the patient to prevent staff members in your ffice from using it; there is no way to permanently delete a patient.

1. Select **Patient** > **Patient.**
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Place a check in the **Make this patient inactive** box.
5. Click **Save**.

Reactivate a Patient

t Modified on 05/30/2019 10:12 pm EDT

ollow the steps below to reactivate a patient.

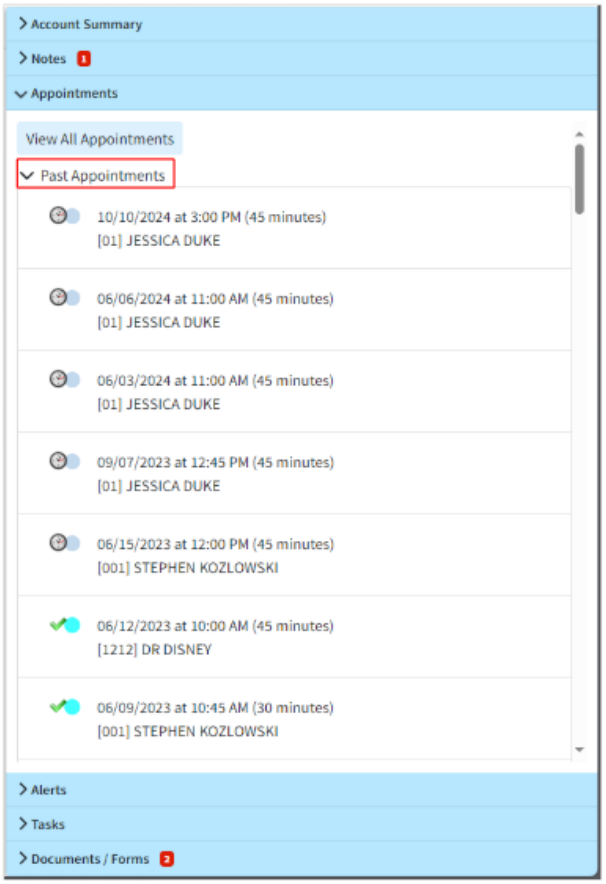
1. Select **Patient** > **Patient**.
2. Place a check in the **Include inactive Patients** box.
3. Use the **Search** field to search through your patients.
4. Select the **Patient**.
5. Click **OK** when the "***This patient is currently inactive.***" pop-up displays.
6. Uncheck the **Make this patient inactive** box.
7. Click **Save**.

ʼiew Past Appointments (From Patient Section)

ɨt Modified on 02/27/2025 4:50 pm EST

Ise this action to see all past appointments for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Appointments** from the right-hand side panel.
5. Click/Expand **Past Appointments**.
6. A list of all Past Appointments for the patient is loaded without leaving the screen.

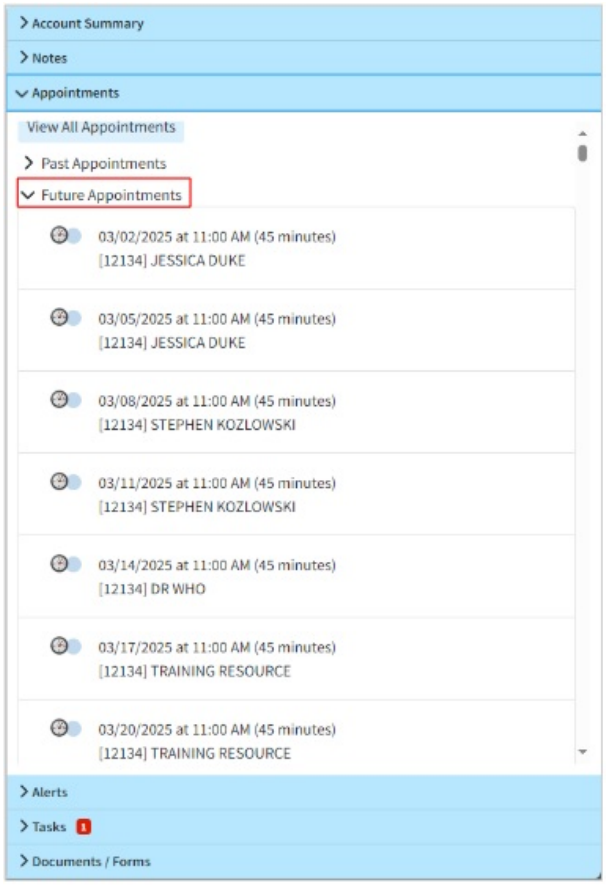


/iew Future Appointments (From Patient Section)

:t Modified on 02/27/2025 4:50 pm EST

Ise this action to see all future appointments for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Appointments** from the right-hand side panel.
5. Click/Expand **Future Appointments**.
6. A list of all Future Appointments for the patient is loaded without leaving the screen.



/iew All Appointments (From Patient Section)

:t Modified on 02/27/2025 4:50 pm EST

Ise this action to see all future appointments for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Locate and click on **Appointments** from the right-hand side panel.
5. Click **View All Appointments**.
6. A list of all appointments for the patient is loaded (redirected to the Appointment section).

   Click the Show Table button to display your results in a table format.

7. To modify an appointment, click on the appointment and select **Edit**.

ıdd Insured or Payer Policy

t Modified on 05/22/2026 1:33 pm EDT

he Insurance Info tab is used to manage your patient's insurance policy information. It is used to add and dit insurance payers and insured party information while creating a new patient or after the patient has een saved.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click the **Add New** button or click on the arrow and select which type of payer to add. (e.g., Primary, Secondary or Tertiary).
6. Add the **Insured Party** by either selecting the **Existing Insured (for existing patients) or Creating A New Insured**.
   1. **Creating a New Insured party?**
      1. Check whether the patient is the insured or not.
      2. Use the **Patient Relation to Insured** drop-down menu to specify the patient's relationship t the insured.
      3. Enter the **Contact Info**.
      4. **Expand the Employer Information** and begin adding any applicable information.
7. Select the **Payer Info** tab near the top of the window.
8. Set the **Priority** for this payer using the **Priority** drop-down.
9. Use the **Policy Type** drop-down menu to specify the policy type for this payer.
10. Use the icon to locate the Payer.

    If the primary clearinghouse connection does not support eligibility, you can use our "*Check eligibility using a different payer ID*" option. This is particularly useful for scenarios such as

Independent Physician Associations (IPAs) in California that utilize distinct payer IDs for claims processing and eligibility verification.

11. **Optional**: Select the "***Check eligibility using a different payer ID***" checkbox and use the icon to locate your Eligibility Payer.
12. Enter the **Member** & **Group ID**.
13. Enter the **Copay, Co-insurance**, **Deductible, & Out of Pocket Max**.
14. Enter the **Effective Date** & the **Termination Date**.
15. Click **Add**.
16. Want to check **Eligibility** for the payer?
    1. Click the **Eligibility** link.
    2. A **Check Eligibility** window will open.
    3. Use the **Insurance Policy** drop-down menu to select which payer to check eligibility for.
    4. Use the **Service Type** drop-down menu to select the eligibility type.
    5. Enter the **Service Date Range**.
    6. Click **Check Eligibility**.
    7. ***Optional***: Print a copy of the eligibility report by clicking the Print button.
    8. Click **Close** once finished viewing the report.

    Any errors or warnings related to the last eligibility check performed will display a icon next to the payer. You can review the error message and recommend steps to correct the issue.

17. Click **Save.**

:dit an Insured or Payer Policy

:t Modified on 09/17/2019 4:30 pm EDT

ollow the steps below to edit the insured party.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Insurance Info tab**.
   1. Click on **Insured Parties** to expand the list of Insured Parties.
      1. Click the **Edit** link for the Insured you would like to make changes to.
      2. ***Optional***: Modify the Insured's information.
   2. Click on the **Payer Types** to expand the list of Payers.
      1. Click the **Edit** link for the payer you would like to make changes to.
      2. ***Optional***: Click on the Payer Name at the top of the Insurance box to modify the Payer's information.
5. Click **Done**. Otherwise, click **Cancel** if no changes were made.
6. Want to check **Eligibility** for the payer?
   1. Click the **Eligibility** link.
   2. A **Check Eligibility** window will open.
   3. Use the **Insurance Policy** drop-down menu to select which payer to check eligibility for.
   4. Use the **Service Type** drop-down menu to select the eligibility type.
   5. Enter the **Service Date Range**.
   6. Click **Check Eligibility**.
   7. ***Optional***: Print a copy of the eligibility report by clicking the Print button.

8. Click **Close** once finished viewing the report.

> Any errors or warnings related to the last eligibility check performed will display a icon next to the payer. You can review the error message and recommend steps to correct the issue.

7. Click **Save.**

> Editing the Payer Policy will result in a pop-up asking if you'd like to archive the old insurance. Place a check in the box and click Continue. Reference the Insurance History Help Article for more information.

> Unable to edit the insurance fields for a patient account? It might mean the patient is linked to a family account. Any changes to the insurance information must be done within the linked account or the patient must be un-linked. To learn more about linked accounts reference the Link Family Accounts Help Article.

ıdd or edit an Insurance Card

ıt Modified on 07/24/2019 4:03 pm EDT

ollow the steps below to add a new or edit an existing insurance card.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click on **Payer** to expand the list of payers.
6. Click on the **Image** to upload a new insurance card.

   Your profile picture should be a minimum of 512x512 pixels, but no larger than 1024x1024 pixels. Any file recognized as an image (e.g., .gif, jpg, .jpeg, .png) can be uploaded.

7. Select the **Upload** button.
8. Locate the image on your computer.
9. Click **Done,** then click **Save**.

ıdd or edit an Authorization

ıt Modified on 08/16/2023 2:42 pm EDT

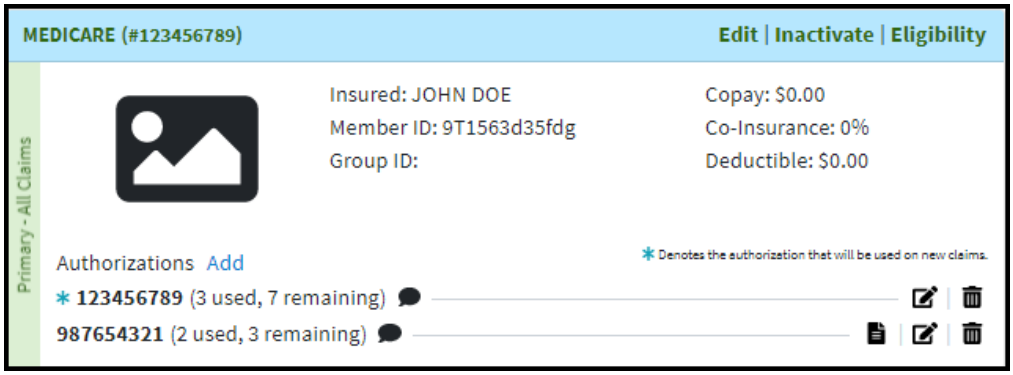
ˈ a patient requires pre-authorization for services before they're rendered, this information can be tracke nd stored on the payer level. Multiple authorization numbers can be associated with a payer, however; on ne authorization can be used on the claim for that specific payer.

⚠ A pop-up alert will display when an authorization number has passed its expiration date but has not been inactivated. Please contact the payer directly if an Authorization Number is required for the services you're rendering.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click on **Payer** to expand the list of payers.
6. Click **Add** next to authorizations. Or for an **existing authorization** click (**Edit).**
7. Enter the **Authorization #**.
8. Select the **Referral Type** from the drop-down.

   The **Referral Type** will always default to **Prior Auth Number** (Payer Authorization), but a **Referral Number** (from the Primary Care Physician) can be selected instead. This selection will copy over if the authorization is pulled into the claim.

9. Set the **Visits Authorized & Visits Used**.
10. Enter the **Start Date & End Date**.
11. Place a check in the box to show an alert before the authorization expires.
12. Write a **Description** for this authorization.
13. Click **Add**.



When multiple authorizations exist you can choose which authorization will display on new claims.

1. The default Authorization will be indicated with the * icon.
2. To make another Authorization the default on claims, click the icon.

Want to automatically populate a patient's default authorization information on new claims? Visit our Claim Settings Help Article to turn on this setting.

14. Click **Save**.

nactivate an Authorization

t Modified on 05/30/2019 10:42 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click on **Payer** to expand the list of payers.
6. Click on **Inactivate** found to the right of authorizations.

.ink Family Accounts

:t Modified on 11/01/2019 12:01 pm EDT

electing this option will link patient records to a main insured patient record, which will allow for family tatements to be delivered instead of multiple single statements.

ollow the steps below to link family accounts.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **(Dependent) Patient**.
4. Click the **Insurance Info** tab.
5. Click the **Link to Family** button.
6. Use the **Search** field to search through your patients.
7. Select the **Patient** who is the main insured party.
8. Click **Save**.

Jnlink Family Accounts

t Modified on 05/30/2019 10:45 pm EDT

ollow the steps below to Unlink family accounts.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the box to ***"Include inactive patients"*** to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click the **Unlink from [Patient]** button.
6. Select if you want to:
   1. **Retain** as active insurance.
   2. **Archive** into insurance history.
   3. **Remove** without archiving.
7. Click **Unlink**, then click **Save**.

/iew Family Account Dependents

t Modified on 10/30/2023 4:06 pm EDT

ollow the steps below to view which dependent patient records are associated with the master patient ecord.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Check the "*Include inactive patients*" box to include inactive patients in your search results

3. Select the (**Master**) **Patient**.
4. Click on the **Account Summary** from the side panel to expand the account summary section.
5. Click the "**List Dependents**" link next to Family Account Type.

   This option will only be available if the patient has dependents linked to their record. If the patient is a dependent, it will show the master patient's name and patient ID.

6. Click **Close**.

/iew a Patient's Insurance History

:t Modified on 08/28/2019 9:25 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click the **Insurance History** button.

   Sort your search results visit ourReorder Table Columns Help Articlefor detailed steps on how to hide, rearrange or add header columns.

6. Review the insurance history for this patient.
7. Click **Done** to close the window.

ctivate Archived Insurance

t Modified on 04/07/2019 5:13 pm EDT

ollow the steps to activate an insurance policy in the insurance history section.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click the **Insurance History** button.
6. **Right click** on the insurance you wish to activate.
7. Select **Set as Active Insurance.**
8. In the drop-down pop up select the**insurance type (priority)**.
9. Click **Ok**. Then, click **Done**.
10. Click **Save.**

)elete Insurance from History

:t Modified on 05/30/2019 10:46 pm EDT

'ou have the option to completely remove an insurance policy from a patient's account. Be careful. Once a ı
ısurance policy has been removed, there is no way to retrieve it.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click the **Insurance History** button.
6. Click **Delete** for the policy you wish to remove, then click **Done**.
7. When the pop-up displays, click **Delete again.**
8. Click **Save**.

nactivate an Insured Party

t Modified on 04/07/2019 5:04 pm EDT

n the event an insured party is no longer in use, you can inactivate that record to prevent staff members in our office from using it.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Click the **Insurance Info tab**.
5. Click on Insured Parties to expand the list of Insured Parties.
    1. Click the **Inactivate link** for the insured or payer you would like to inactivate.
    2. Select **Inactivate all Policies**.
6. Click **Save**.
7. A window may pop-up asking if you would like to archive the old insurance. Place a check in the box, and click **Continue**.

⚠ Inactivating an insured party will also inactivate any policies associated with the insured.

nactivate a Payer Policy

t Modified on 04/07/2019 5:07 pm EDT

n the event a payer policy is no longer in use, you can inactivate that record to prevent staff members in our office from using it.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Click the **Insurance Info tab**.
5. Click **Payer** to expand the list of Payers.
6. Click the **Inactivate link** for the payer to be inactivated.
7. Click **Save**.

Reactivate a Policy and Insured Party

t Modified on 07/06/2019 2:36 pm EDT

⚠ You cannot reactivate only an insured party; it is reactivated with the existing policy.

ollow the steps below to reactivate the policy and insured party.

1. Select **Patient** > **Patient**.
2. Use the **Sear**ch field to search through your patients.
3. Select the **Patient**.
4. Click the **Insurance Info** tab.
5. Click on **Insurance History**.
6. Right-Click on the policy you want to reactivate and select **Set as Active Insurance**.
7. Select the insurance to copy to from the drop-down menu.
8. Click **Ok**, then click **Done**.
9. Click **Save**.

This will add the policy and the insured party associated with the policy.

Statement Options

t Modified on 12/10/2020 3:33 pm EST

tatement options allow the user to specify if statements should be sent to this patient, and if so, who hould the statement be sent to.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **Billing Info** tab.
5. Navigate to the **Statement Options** section.
6. Place a check in the box to **enable statements** to be sent to this patient.
7. Use the **Statement Type** drop-down menu to determine if CollaborateMD should send a Single or Family Statement.
   1. **Single statements** are statements that show changes associated with just this patient.
   2. **Family statements** are statements that show changes associated with the family this patient is part of. Please reference our Link Family Accounts Help Article for more info.
8. Use the **Mail Statement To** drop-down menu to select who the statement should be sent to.
9. Add any **Patient Comments** that you would like included in the "***user print statement***" (only applies to user print statement when selected).
10. Add any **Patient Comments** that you would like included in the "**automated statement**" (only applies to automated statement when selected).
11. Click **Save**.

Collection Options

Last Modified on 05/30/2019 10:48 pm EDT

Collection options can be used in the case you need to send this patient to collections.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **Billing Info** tab.
5. Navigate to the **Collection Options** section.
6. Select whether you want to send a **Final Demand Notice** instead of a regular statement.

   Final Demand Notice is the final statement requiring payment before referring to collections or legal action.

7. Enter the **Date** you are setting the patient to collections.
8. Enter the **Reason** you are sending the patient to collections.
9. Click **Save**.
10. After sending a patient to collections make sure you change the **Update Claim Status** for the charges on the claim owed to "Balance Due Patient" or "Collections"

ıdd a Guarantor

ıt Modified on 09/06/2023 12:55 pm EDT

ı Guarantor is the person held accountable for the patient's bill. The Guarantor is always the patient, unles ıe patient is a minor or an incapacitated adult.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Guarantor** section.
6. Type in the guarantor's information.

   Enter the guarantor information (Name, relationship to patient, DOB, SSN, address, etc.) or select the "**Copy from insured**" button to copy over the insured party's information.

7. Click **Save**.

:dit or Remove a Guarantor

:t Modified on 04/07/2019 5:46 pm EDT

ollow the steps below to edit or remove the Guarantor to this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Tip: Check the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Guarantor** section.
   1. **To edi**t the Guarantor, simply edit the fields.
   2. **To remove** the Guarantor, erase the information.
6. Click **Save.**

Send Payment Portal Invite

t Modified on 04/29/2022 12:45 pm EDT

his section is only visible for accounts that have the Online Payment Portal enabled. Once enabled, roceed to the Patient section to invite a patient to the Payment Portal via email.

Who can use this feature?

Users with the Payment Portal Invite permission.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Payment Portal Options** section.
6. Click the **Send Invite Now** button.
7. Verify the email that displays in the pop up.
8. Click **Send**.
9. Click **Save**.

   Looking for instructions on how patients can register to the payment portal? Visit our **Patient Payment Portal Help Articles** for detailed steps on how patients can register for the payment portal.

Check Payment Portal Registration

Last Modified on 05/30/2019 10:51 pm EDT

Follow the steps to confirm a patient's registration status for the Payment Portal.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Payment Portal Options** section.
6. If you see **Patient has not completed the registration process for the Payment Portal** this means the patient hasn't registered yet.
7. ***Optional***: You can send additional registration email invites by clicking the **Send Invite Now** button.
8. Verify the email that displays in the pop-up.
9. Click **Send**.

Set Read-Only Access to Payment Portal

t Modified on 05/30/2019 10:52 pm EDT

ou have the option to restrict patients to read-only mode within the Payment Portal. This will allow the atient to only view their charge information; they will not be able to make payments via the portal.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Payment Portal Options** section.
6. Place a check in the **Restrict patient to read-only access** box.
7. Click **Save**.

Remove a Patients Ability to create a Patient Directed Payment Plan from the Portal

t Modified on 03/21/2023 1:23 pm EDT

ou have the option to restrict a patient's ability to set up a Patient Directed Payment Plan within the ayment Portal. This will remove the patient's ability so they are not able to make a payment plan via the ortal.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Payment Portal Options** section.
6. Place a check in the **Do not allow this patient to create Payment Plans in the Payment Portal** box.
7. Click **Save**.

Change Payment Portal Statement Notifications

t Modified on 11/13/2023 10:48 am EST

ollow the steps to confirm a patient's registration status for the Payment Portal.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Payment Portal Options** section.
6. If you see **Patient has not completed the registration process for the Payment Portal** this means the patient hasn't registered yet.
7. ***Patient has decided not to receive electronic statements:*** Click **Change** to update the preferred communication method chosen by the patient for electronic statement notifications.
8. ***Patient has decided not to receive electronic payment plan statements*** Click **Change** to update the preferred communication method chosen by the patient for electronic payment plan notifications.
9. Click **Send**.

Change Payment Portal Patient email

t Modified on 07/28/2022 9:22 am EDT

Have a patient who lost access to the email associated with their online payment portal account? You can reset the patient's payment portal email and allow them to reset their own password with a new email address.

ollow the steps to change the patient's email associated with the Payment Portal.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Payment Portal Options** section.
6. Click the Change Payment Portal Email option.
7. Enter the new email address.
8. Click **Reset Email**.
9. Click **Send**.

Change Your Receipts Opt-In Options

t Modified on 06/12/2024 2:14 pm EDT

ollow the steps to update a patient's options to receive receipts.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Payment Portal Options** section.
6. If you see **Patient has decided not to receive receipts**, this means the patient hasn't opted-in to receiving receipts yet.
7. Click **Change** to update the preferred method to receive receipts chosen by the patient.
8. Click **Save**.

ıdd/Save a Patient Credit Card

ɪt Modified on 04/22/2024 11:16 am EDT

Vith cardholder consent, payment (Credit Card) information can be saved for future payments.

1. Select Patient > ***Patient***.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the ***Billing Info*** tab.
5. Navigate to the ***Saved Payment Information*** section.
6. Click A***dd New Card***.
7. Select the Merchant Account (if multiple are available) and click **Continue**.
8. follow the directions on the EMV device or enter the card information within the **Enter Payment Details** window.
   1. **Card Number**: Place your cursor in the Card Number field. Swipe the patient's credit card using your card reader, or manually enter the card number.
   2. **Expiration Date**: Use the drop-down menus to select the card's expiration date.
   3. **CVV2/CID**: Locate the CVV2 or CID number on the card and enter it into the field.
   4. **Cardholder Name**: Enter the name on the credit card
   5. **Billing Address/City/State/Zip Code**: Enter all the billing address info for the credit card.
9. Click **Save**.

   You can save multiple cards for a patient under the saved payment information. Want to save a credit card while collecting a payment? Visit our Save Credit Card While Collecting a Payment Help Article to learn how to save payment information while taking a patient payment.

:dit or Remove a Saved Credit Card

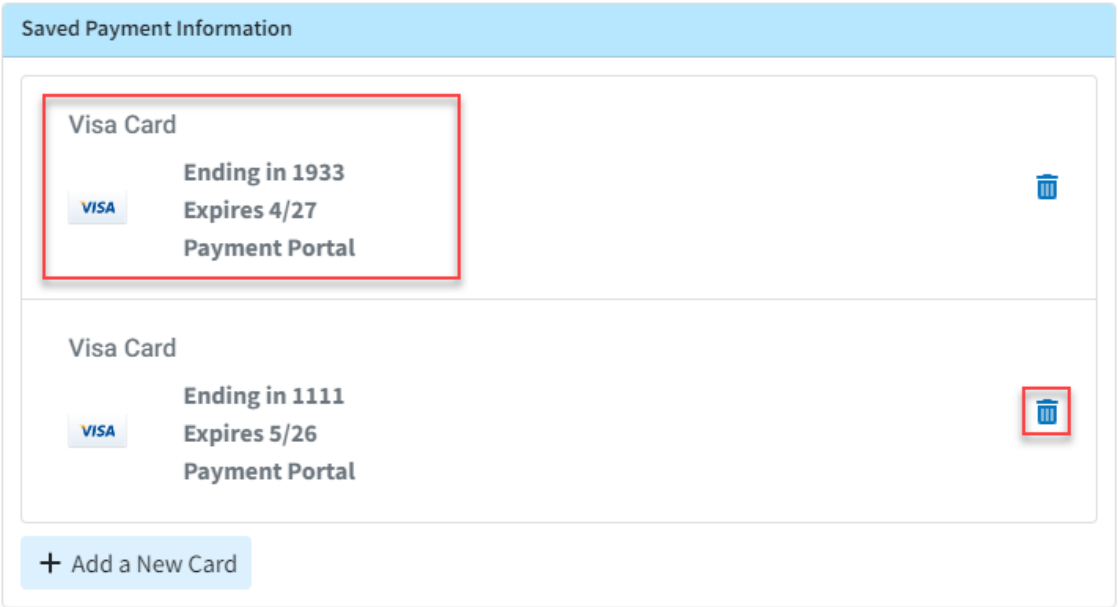
:t Modified on 04/22/2024 11:16 am EDT

ollow the steps below to edit or remove a saved credit card for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   > **Tip**: Check the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the ***Saved Payment Information*** section.
6. To **Edit a Credit Card**:
   1. Select the credit card from the options.
   2. Update the desired information.
7. To **Remove a Saved Credit Card**:
   1. Click the **Delete icon** (Trash Can).



8. Click **Save.**

Configure a Patient's Claim Defaults

t Modified on 07/30/2026 12:38 pm EDT

he **Claim Defaults** tab can be used to improve the workflow of creating new claims for this patient by efaulting certain fields on the claim. You are able to default which provider and or office location new laims should use. Claim Defaults also give you the ability to pre-select ICD or CPT codes to automatically dd to any new claim for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Claim Defaults** tab to populate the following fields.

   Click the arrow or magnifying glass to the left of each field to expand or select your record.

   1. Use the **Default Provider** field to select a default provider from your list.
   2. Use the **Office Location** drop-down menu to select your office.
   3. Use the **Default Ordering Provider** field to select an ordering provider from your list.
   4. Use the **Default Facility** field to select a facility from your list.
   5. Use the **Default Referring Provider** field to select a referring provider from your list.
   6. Use the **Default Sales Rep** field to select a sales rep from your referring provider list.
   7. Use the **Supervising Provider** (**Operating Provider for institutional**) field to select a default provider from your list.

5. If a Referring Provider is selected, select the following under the **Referring Provider Options** section:

   1. Use the **Provider Type** drop-down menu to specify what type of provider this patients referring provider is.
   2. Use the **Do not send on claims for this patient** checkbox to not include this patients default referring provider on any claim.

6. Under the **Default Sales Rep** section, use the drop-down menu to choose the sales rep.

> 🪄 Don't see the Default Sales Rep option? Head over to Configure Claim Settings for Users Help Article, under Claim Settings, to Show Durable Medical Equipment (DME) fields on the claim screen.

7. Under the **Assignment** section,

    1. Use the **Assignment of Benefits** drop-down menu to default what should be added in the claim under Additional Info.

        1. **For Professional Claims**: *The following are the claim default options and their corresponding fields/selections that populate the Additional Info tab on the professional claim.*

            1. **Signed signature authorization form or forms for both Box 12 and Box 13 are on file**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **Yes**

            2. **Signed CMS 1500 claim form on file**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **Yes**

            3. **Signed signature authorization form for Box 13 on file**

                - Claim Field: ***Patient's Signature on File*** = **Informed Consent**
                - Claim Field: ***Insured's Signature on File*** = **Yes**

            4. **Signature generated by provider because the patient was not physically present for services.**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **Yes**

            5. **Signed signature authorization form for Box 12 on file**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **No**

            6. **Patient refuses to assign benefits.**

                - Claim Field: ***Patient's Signature on File*** = **Yes**
                - Claim Field: ***Insured's Signature on File*** = **Patient Refuses**

2. **For Institutional Claims**: *The following are the claim default options and their corresponding fields/selections that populate the Additional Info tab on the institutional claim.*

    1. **Signed signature authorization form or forms for both Box 12 and Box 13 are on file**

        - Claim Field: ***Release of Info*** = **Yes**

        - Claim Field: ***Assignment of Benefits*** = **Yes**

    2. **Signed CMS 1500 claim form on file**

        - Claim Field: ***Release of Info*** = **Yes**

        - Claim Field: ***Assignment of Benefits*** = **Yes**

    3. **Signed signature authorization form for Box 13 on file**

        - Claim Field: ***Release of Info*** = **Informed Consent**

        - Claim Field: ***Assignment of Benefits*** = **Yes**

    4. **Signature generated by provider because the patient was not physically present for services.**

        - Claim Field: ***Release of Info*** = **Yes**

        - Claim Field: ***Assignment of Benefits*** = **Yes**

    5. **Signed signature authorization form for Box 12 on file**

        - Claim Field: ***Release of Info*** = **Yes**

        - Claim Field: ***Assignment of Benefits*** = **No**

    6. **Patient refuses to assign benefits.**

        - Claim Field: ***Release of Info*** = **Yes**

        - Claim Field: ***Assignment of Benefits*** = **Patient Refuses**

2. Use the **Provider Accepts Assignment** drop-down menu to select if the provider accepts the assignment of benefits.

    1. **For Professional & Institutional Claims**: *The following are the claim default options and their corresponding fields/selections that populate the Additional Info tab on the professional & institutional claims.*

        1. **Yes, the provider accepts the assignment of benefits.**
            - Claim Field: ***Provider Accept Assignment*** = **Yes**
        2. **No, the provider does not accept the assignment of benefits.**
            - Claim Field: ***Provider Accept Assignment*** = **No**

3. **Use the default accept assignment for the provider and payer.**
    - Claim Field: ***Provider Accept Assignment*** = **Default**

8. Under the **Default Codes** section,
    1. **Professional** tab:
        1. Use the appropriate fields to select **default ICD or CPT Codes** that should be added to any new professional claim for this patient.
    2. **Institutional** tab:
        1. Use the appropriate fields to select **Principal Diagnosis, POA, Admitting Diagnosis, Other Diagnosis, CPT Codes** or **Value Codes** that should be added to any new institutional claim for this patient.

> 🪄 The Professional or Institutional claim default options will be available based on whether the default provider set for the patient sends professional claims, institutional claims, or both.

9. Under the **Illness & Accident Information** section,
    1. Place a check in the box to include any accident and illness information on the claim
    2. Select the **Date** of the accident or onset of the illness.
    3. Enter the **State** where the Accident or onset of illness happened.
    4. Use the **Accident Type** drop-down menu to select the accident type.
10. Under the **Other** section,
    1. Use the two fields to default information in **Box 11b and Box 19**.
    2. Use the **Admission Date** and **Admission Hour** fields to default this info on the claim.
    3. The **Last Menstrual** and **initial Treatment Dates** used on the claim can be defaulted using these date fields.
11. Click **Save**.

/iew Patient Activity

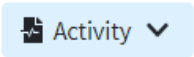
:t Modified on 12/02/2019 10:12 am EST

'he **Patient Activity** will allow you to view a listing of the patient's claim, miscellaneous debit, credit, tatement, payment, summary activity and dependents. This includes detailed data and the ability to open laims, checks, and other sections directly from the activity listing. The patient's claims activity is defaulted ɔ list all of the claims, dates, totals, balances and current status of the claims.

ollow the steps below to view a patient's activity.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click 

5. An Activity record will open in a new window.

   Reference our **Activity Help Article** to learn more about the activity record.

›rint Patient Info Sheet & Ledger (Activity)

:t Modified on 01/30/2020 9:54 am EST

›nly the first defaulted payer for each priority (i.e., Primary, Secondary, Tertiary) will be displayed on the atient info sheet.

ollow the steps below to print an info sheet and ledger for a patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Print** button.
5. Select **Patient Info Sheet & Ledger**.
6. Use the **checkboxes** to **determine what information should be displayed** on the infosheet and/or ledger.
   - **Patient Info Sheet:** Check this box to select what patient information to include on the printout (patient info, insured info, notes, notepad, etc.).
     - **Include patient information:** Check this box to include the patient's information (gender, address, phone number, employer, etc.).
     - **Include insured information:** Check this box to include the insured's information (payer, Insured, plan, group#, etc.).
     - **Include notes:** Check this box to include notes on the patients account (you can choose a date or date range for the notes to be included).
     - **Include notepad:** Check this box to include notes on the patients account notepad.
     - **Include appointment history:** Check this box to include the patient's appointment history. You can choose **Show all appointments** or **Show appointments based on appointment date**
   - **Transaction History:** Check this box to include patient transactions (you can choose what transactions to include from the following choices:
     - **Include Patient Payment History:** Check this box to include patient payments based on the "received" date of the payment.

- **Include claim listings:** Check this box to include patient claims (choose what claims to include by clicking the corresponding radio button (all claims, specific claims, claims based on payer unpaid claims, etc.).
- **Include payments/adjustments:** Check this box to include patient payments, credits and debit transactions.
- **Include billing activity:** Check this box to include patients billing activity/summary.
- **Include diagnosis codes**: Check this box to include diagnosis codes within the claim listing.
- **Include account debit listing:** Check this box to include patient debit transactions.
- **Include payment plan listing:** Check this box to include patient payment plans.
- **Include unused account credit list:** Check this box to include any patient credits available o the account.
- **Include patient payment history:** Check this box to include patient payment transactions.
- **Include patient statement history:** Check this box to include patient statements.
- **Include activity summary**: Check this box to include patient summary tables:
  - **Balance breakdown by status:** (includes balances due insurance, due patient, collectio and other).
  - **Balance breakdown by source:** (includes charge balances, payment plan balances and account credits).
  - **Payment breakdown by source:** (includes insurance or patient balances).
  - **Aging Balance Summary Aged by Date of Service:** (includes patient, insurance and Payment Plans balances).
  - **Aging Balance Summary Aged by Date Entered:** (includes patient, insurance and Payment Plans balances).
  - **Aging Balance Summary Aged by Last Billed Date:** (includes patient, insurance and Payment Plans balances).
  - **Aging Balance Summary:** Aged by Payment Plan Due Date: (includes patient balances)

7. Use the **Order Items drop-down menu** to select in what order the information should be shown.
8. Click **Print** again.

Save Patient Info Sheet & Ledger Filters

t Modified on 05/21/2020 4:57 pm EDT

o help you quickly print the Info Sheet & Ledger, you are able to save and use search criteria filters. Using aved filters will help you print the information you need faster.

1. Select **Patient** > **Patient**.
2. Use the **Search field** to search through your patients.
3. Select the **Patient**.
4. Click on **Print** found at the top of the page.
5. Select **Patient Info Sheet & Ledger**.
6. Enter your **Search Criteria**.
7. Click the **Save** link.
8. Add a **Name** to your filter.
9. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
10. Click **Save**.

.oad Patient Info Sheet & Ledger

t Modified on 05/21/2020 4:57 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search field** to search through your patients.
3. Select the **Patient**.
4. Click on **Print** found at the top of the page.f
5. Select Patient Info **Sheet & Ledger**.
6. Click the **Load** link.
7. Click on the **Filter** you wish to use.

Jpdate Patient Info Sheet & Ledger Filters

t Modified on 05/21/2020 4:58 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search field** to search through your patients.
3. Select the **Patient**.
4. Click on **Print** found at the top of the page.
5. Select **Patient Info Sheet & Ledger**.
6. Click the **Load link**.
7. Click on the **Filte**r you wish to update.
8. Enter your updated **Search Criteria**.
9. Click on the **Save link**.
10. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Patient Info Sheet & Ledger Filters

t Modified on 05/21/2020 4:58 pm EDT

1. Select **Patient** > **Patient**.
2. Use the **Search field** to search through your patients.
3. Select the **Patient**.
4. Click on **Print** found at the top of the page.
5. Select **Patient Info Sheet & Ledger**.
6. Click the **Load** link.
7. Click on the icon next to the filter you wish to remove.
8. Click **Delete**.

Print Patient Statements

t Modified on 10/04/2020 5:29 pm EDT

Who can use this feature?

Users with the Enhanced Statement Printing permission.

ollow the steps below to print a patient statement.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **Print** button found at the top of the page.
5. Select **Patient Statement.**
6. Use the **Date Range** options to select the date range the system should look for patient balances.
7. Use the **Charges to include** options to select what charge status(es) will be included in the statement:
   1. **Balance Due Patient**: Include charges that are set to Balance Due Patient on the statement.
   2. **Balance Due Patient, Pending Patient or at Collection** Include charges that are set to Balance Due Patient, Pending Patient or set to Collections on the statement.
   3. **All charges, including Paid**: Include all charges on the statement. This will also include charges marked as Paid.
   4. **Custom**: Use the drop-down menu to select which charges status you would like to include on th statement.
8. **Separate Statements:** Check this box to separate statements (choose how to separate the statements by clicking the corresponding radio button):
   1. **By Provider:** The system will print separate statements for charges associated with different providers.
   2. **By Practice:** The system will print separate statements for charges associated with different practices.

    1. Use the **Practice** field to filter statements based on a specific practice.

3. **By Claim:** The system will print a separate statement for an individual claim's charges.

> 🪄 Selecting the option to "**Send separate statements for charges per claim**" will include any account debits (debits not attached to a claim) as their own statement.

9. **Show the patient's last payment:** Check this box to include the patient's last payment.
10. **Do not list account credits:** Check this box to exclude any patient credits.
11. Click the **Preview** button to see a preview.
12. Click the **Print and Add Activity** button to print the statement.

Print Payment Plan Statements

t Modified on 11/15/2019 12:23 pm EST

Who can use this feature?

Users with the Enhanced Statement Printing permission.

ollow the steps below to print a payment plan statement.

1. Select **Patient** > **Patient**.
2. Use the Search field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **Print** button at the top of the page.
5. Select **Payment Plan Statement.**
6. When the window opens, select the payment plan you wish to use on the statement.
7. Click the **Preview b**utton to see a preview of the Enhanced Statement or the Plain Text Statement.
8. Click the **Print and Add Activity** button to print the statement.

Print Final Demand Notice Statement

t Modified on 03/04/2020 2:20 pm EST

Who can use this feature?

Users with the Enhanced Statement Printing permission.

ollow the steps below to print a final demand notice.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results

3. Select the **Patient**.
4. Click on the **Print** button at the top of the page.
5. Select **Final Demand Notice**.
6. Use the **Date Range** options to select the date range the system should look for patient balances.
7. Use the checkbox(es) to select what information will be included in the statement.
8. Click the **Preview Button** to see a preview.

   The Plain Text FDN will not include any charge details.

9. Click **Print and Add Activity** to print the FDN statement.

?rint a Superbill

:t Modified on 04/07/2019 6:31 pm EDT

ollow the steps below to print a superbill.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients*** "box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **Print** button found at the top of the page.
5. Select **Superbill.**
6. Use the **Search** field or locate the superbill you want to print from the list.
7. **Click** on the superbill to print.

Print a Label

t Modified on 04/07/2019 6:31 pm EDT

ollow the steps below to print a label.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **Print** button found at the top of the page.
5. Select **Label**.
6. Use the **Search** field or locate the label you want to print from the list.
7. **Click** on the label to print.

Send Electronic Patient Statements

t Modified on 01/19/2024 11:41 am EST

Important Note: You must have the **In-App Credit Card processing** and the **Patient Payment Portal** features enabled and configured in order to use electronic statements. For more information on turning these services on, please visit our Manage In-Application Credit Card Processing and Manage your Patient Payment Portal Help Articles.

*Please note that emailed statements are sent to the Payment Portal email address (if present) or the patient's email address. The patient's "Mail Statement To" option is only used for physically mailed (paper) statements.

ollow the steps below to send an electronic statement.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **More** button found at the top of the page.
5. Select **Send Electronic Statement.**
6. Verify the email/text option that displays in the pop-up, and click **Continue**.

New Eligibility Check

Last Modified on 07/24/2019 4:18 pm EDT

Follow the steps below to perform a new eligibility check for your patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   > Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **Eligibility** button found at the top of the page.
5. Select **New Eligibility Check.**
6. The Check Eligibility window will open.
7. Use the **Insurance Policy** drop-down menu to select which payer to check eligibility for.
8. Use the **Service** Type drop-down menu to select the eligibility type.
9. Enter the **Service Date Range**.
10. Click **Check Eligibility**.
11. ***Optional***: Print a copy of the eligibility report by clicking the Print button.
12. Click **Close** once finished viewing the report.

/iew a previous Eligibility Check

:t Modified on 07/24/2019 4:20 pm EDT

ollow the steps below to view a previous eligibility check for your patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Eligibility** button found at the top of the page.
5. Select **View All Past Eligibility Reports.**
6. The **Eligibility History window** will open for the selected patient.
7. **Click** on the eligibility report you wish to see.
8. ***Optional***: Click the Print button to print a copy of the report.
9. Click Close once finished viewing the report.

·roubleshooting Eligibility Checks

:t Modified on 07/06/2019 2:30 pm EDT

xperiencing difficulties when running patient eligibility? Follow the troubleshooting steps below.

1. Verify the Eligibility feature has been enabled.
    1. Go to the **Account Administration** section and select Services.
    2. Verify that **Re**al-T**ime Eligibility** is enabled.
2. Verify you have permissions to check eligibility. If you receive(d) a pop up advising you do not have permissions to check eligibility, partner with an Admin or Auth Rep on your account to edit your permissions.
3. Verify the payer participates in eligibility.
    1. Go to the Payer section and open the payer in question
    2. Within the **Clearinghouse Connection** right hand side panel, verify there is a checkmark next to Eligibility.
4. Verify who the provider checks eligibility under.
    1. Go to the Provider section and open the provider associated with the patient.
    2. Locate the **Check Eligibility Under** field, and identify the provider.
5. Verify the provider(s) has a submitter number.
    1. Go to the Provider section and open the provider associated with the patient.
    2. Scroll down to the **Internal Use** table to verify if a **Submitter number** is populated in the designated field.
6. Verify the eligibility status is Active within the Provider section.
    1. Go to the Provider section and open the provider associated with the patient.
    2. Click **Configure Eligibility** and verify the payer is set to active.
7. Verify the payer does not require an agreement prior to being able to check eligibility.
    1. Go to the Payer section and open the associated payer.
    2. Within the **Clearinghouse Connection** right-hand side panel, verify if there is an**Agreement Required** link under Eligibility.
8. Verify the required agreement has been approved.

1. Reference our Look-up Payer Agreements Help Article.

Merge a Patient Account

Last Modified on 11/30/2022 3:14 pm EST

CollaborateMD allows you to merge two duplicate patient accounts. The merge looks for identical Patient First and Last Name, DOB, SSN, Member ID, Home Phone, Addresses, and Zip Codes. Merging will transfer financial data, activity, notes, and appointments from the selected accounts to the currently opened patient account.

Who can use this feature?

Users with the Patient Merge permission.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   All patients that are being merged must be in an "***Active***" status.

3. Select the **Patient**.
4. Click the **Merge** button found at the top of the page.
5. Select **Merge Patients**.
6. The Patient Merge window will show all patients with matching information.
7. **Check the box** next to the patients you want to merge.
8. Click **Merge**.

Jndo Patient Merge

t Modified on 05/30/2019 10:04 pm EDT

'ou must have the Patient Merge permission to undo a patient's account merge.

Indoing a merge will reactivate the merged patient account and transfer the applicable financial data, ctivity, notes, documents, and appointments from currently opened patient account to the original patien ccount.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.
3. Select the **Patient**.
4. Click the **Merge** button found at the top of the page.
5. Select **Undo Merge.**
6. The Patient Merge window will show all patients currently merged.
7. **Check the box** next to the patients you want to unmerge.
8. Click **Undo Merge**.

Check for Duplicate Patients

Last Modified on 04/07/2019 6:38 pm EDT

This action is used to verify that the patient is not already entered into the system. The system will find other patients with the same **SSN** or patients with the **same last name and date of birth.**

You can run the Patient Duplicates Report within the report viewer to find all patients that have a duplicate record.

Follow the steps below to check for duplicate patients.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **More** button found at the top of the page.
5. Select **Check for Duplicate Patients**.
6. A Duplicate Patients window will open showing any possible duplicate patients.
7. **Place a check in the box** next to a patient and click **Open Patient**.
8. ***Optional***: If needed use the **Merge** button to combine the duplicate patients and reference the Merge Patients Help Article to learn more.

Jpdate Claims with Current Insurance

t Modified on 10/24/2019 5:01 pm EDT

: you've made changes to a patient's insurance, use this action to quickly update any of this patients claims vith their new or updated insurance.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click More found at the top of the page.
5. Select **Update Claims w/ Current Insurance**.
6. Select how to update the claims.
   1. **Update policy information only (do not change payers)** Use this option when the Payer has not changed but policy information such as the member ID has.
   2. **Set the current default payers and policy information** Use this option when both the payer and or policy information has changed.
7. Use the Date of Service to select the date range for the claims you want to update.
8. Click **Update Claims** for a dialog window to appear showing the claims that will be updated. Some claims may be re-filed.
9. ***Optional***: Place a check in the **Exclude** checkbox(es) for any claims that should not be updated with the current insurance information.

Claim #	Date of Service	Total Charges	Balance	Exclude
123456789	10/16/2019	$1,027.00	$1,027.00	☐

10. Click **Confirm and Save,** then click **Save.**

   Claim re-filing will only be completed for charges that are currently in one of the following statuses:

   - **Send to Insurance via Clearinghouse**
   - **User Print and Mail to Insurance**
   - **At Insurance.** If the claim is currently in this status, the claim will be re-filed to the payer that

the claim is currently at unless the payer is no longer associated with the claim at the time of service.

Jpdate Claims with an Archived Insurance

t Modified on 10/24/2019 5:03 pm EDT

: you've made changes to a patient's insurance, use this action to quickly update any of this patients claims vith their new or updated insurance.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the Insurance Info tab.
5. Click the Insurance History button.
6. **Right-click** on the archived insurance you want to update and select **Update Existing Claims**.
7. Check the box to choose what payer to update claims for:
   1. **Update Claims where (Payer Chosen) is the primary payer**: Use this option if you want to update claim(s) where the payer chosen from the insurance history is the primary payer.
   2. **Update Claims where a specific payer is the primary payer**: Use this option when you want to update claim(s) where a different payer is the primary payer.
8. Use the **Date of Service From/To** date to select the date range for the claims you want to update.
9. ***Optional***: Select the Practice and Provider you want to update the claims for.
10. Select what payer on the claim you want to update (Primary, Secondary, Tertiary).
11. Click **Update Claims** for a dialog window to appear showing the claims that will be updated. Some claims may be re-filed.
12. ***Optional***: Place a check in the **Exclude** checkbox(es) for any claims that should not be updated with the archived insurance information.

Claim #	Date of Service	Total Charges	Balance	Exclude
123456789	10/16/2019	$1,027.00	$1,027.00	☐

13. Click **Confirm and Save,** then click **Save**.

⚠ Claim re-filing will only be completed for charges that are currently in one of the following statuses:

- **Send to Insurance via Clearinghouse**
- **User Print and Mail to Insurance**
- **At Insurance.** If the claim is currently in this status, the claim will be re-filed to the payer that the claim is currently at unless the payer is no longer associated with the claim at the time of service.

/iew All Appointments

:t Modified on 02/27/2025 5:03 pm EST

Ise this action to see all of the past and future appointments for this patient. This action only works as long as you are using the Appointment Scheduler in CollaborateMD.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results

3. Select the **Patient**.
4. Click **View All Appointments** found at the top of the page.
5. A list of all appointments for the patient is loaded.

   Click the Show Table button to display your results in a table format.

6. Click on the appointment and then **Edit** to edit the appointment.

/iew All Claims

:t Modified on 04/07/2019 6:40 pm EDT

Ise this action to see all claims for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **More** button found at the top of the page.
5. Select **View All Claims**.
6. A list of all Claims for the patient is loaded.

Track Submission History

Last Modified on 04/07/2019 6:47 pm EDT

Use this action to track all claims sent for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "Include inactive patients " box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **More** button found at the top of the page.
5. Select **Track Claim Submission History**.
6. The claims will be opened in the Claim Tracker screen.

Create Professional Claim for Patient

Last Modified on 03/25/2019 3:22 pm EDT

Use this action to quickly create a professional claim for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **More** button found at the top of the page.
5. Select **Create Professional Claim for Patient**
6. A newly created professional claim for this patient will open. Please reference the Claims Help Article for more information on creating claims.

Create Institutional Claim for Patient

Last Modified on 05/30/2019 10:11 pm EDT

Use this action to quickly create an institutional claim for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click on the **More** button found at the top of the page.
5. Select **Create Institutional Claim for Patient**.
6. A newly created institutional claim for this patient will open. Please reference the Claims Help Article for more information on creating claims.

Create an Appointment for a Patient

Last Modified on 04/07/2019 6:47 pm EDT

Use this action to quickly create an appointment for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **More** button found at the top of the page.
5. Select **Create Appointment for Patient** and reference our Appointment Help Article for more information.

Post Payment for a Patient

t Modified on 04/07/2019 6:48 pm EDT

Use this action to quickly post a payment for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **More** button found at the top of the page.
5. Select **Post Payment for Patient** and reference the Payment Posting Help Article for more information.

Create a Payment Plan

Last Modified on 03/25/2019 3:13 pm EDT

Use this action to quickly create a payment plan for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **More** button found at the top of the page.
5. Select **Create Payment Plan** and reference the Payment Plans Help Article for more information.

)pen Manage Account

:t Modified on 04/07/2019 6:48 pm EDT

Ise this action to quickly open the manage account screen for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Pace a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **More** button at the top of the page.
5. Select **Open Manage Account** and reference the Manage Account Help Article for more information.

Create a Task for a patient

Last Modified on 04/07/2019 6:48 pm EDT

Use this action to quickly create a task for this patient.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **More** button at the top of the page.
5. Select **Create Task for Patient** and reference the Tasks Help Article for more information.

ind Payment Transactions

t Modified on 12/09/2024 8:14 am EST

ollow the steps below to search for transactions.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Check the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. ***Optional***: Use the **Find in Table** field to locate a payment transaction. Alternatively, filter the patient's transactions by clicking the **Options** button and entering your search criteria or loading a filter.
   1. The **Show** checkboxes determine what types of transactions should be shown. (Payments & Credits, Debits, or Activity)
   2. The **Transaction Date Range** can be used to filter which transactions are shown based on the date.
   3. The **Charge Filter** options are used to filter which transactions are shown based on the claims they are associated with.
   4. Use the 2 Checkboxes to **show dependent** or **deleted transactions**.
   5. Click **Apply**.
5. Transactions will appear in the box under **Transaction Listing.**

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

   1. Transactions will be grouped together by **DOS > Procedure Code > Payment** and can be expanded by clicking the arrow.
6. Account credits will appear under **Account Credit Listing -** credits will be grouped by **Credits Due Insurance & Credits Due Patient**.

Want to maximize the use of your screen space? Collapse or un-collapse the **Transaction Listing** or **Account Credit Listing** windows by clicking the icon.

You can open the patient for viewing or editing purposes by clicking the patient Shortcut button.

Credit an account

Last Modified on 09/18/2023 12:58 pm EDT

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

4. Click the **Credit Account** button (Write off a charge).
   1. Select whether this is a **Patient Credit** or an **Insurance Credit**.
   2. Click the icon to select the **Credit Code**.
   3. Enter in the **Amount**.
   4. Enter the **Received Date**.
   5. Enter in a **Memo Line**.
   6. Click the icon to select the **Provider** you would like the credit to appear under for reportin purposes.
   7. Select the **Office** from the drop-down menu you would like the credit to appear under for reporting purposes.
   8. Click **Done**.
5. Click **Save**.

   Need to save your changes and immediately close and reopen the same patient record to take additional actions? Use the Save & Re-Open to immediately act on that item without having to manually reopen the patient record.

Debit an Account

Last Modified on 09/18/2023 12:59 pm EDT

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

4. Click the **Debit Account** button (Add a charge).
   1. Click the icon to select the **Debit Code**.
   2. Enter the **Amount**.
   3. Enter the **Received Date**.
   4. Enter in a **Memo Line**.
   5. Click the icon to select the **Provider** you would like the debit to appear under for reporting purposes.
   6. Select the **Office** from the drop-down menu you would like the debit to appear under for reporting purposes.
   7. Click **Done**.
5. Click **Save**.

   Need to save your changes and immediately close and reopen the same patient record to take additional actions? Use the Save & Re-Open to immediately act on that item without having to manually reopen the patient record.

Refund Credits

t Modified on 09/18/2023 1:03 pm EDT

'ou have the ability to Refund Credits from the patient account. You can apply the Refund to the patient, o ɔ the payer. You can also refund multiple credits to a patient's account, as opposed to individually. Select /hich credits you wish to refund based on the Practice or the Provider that the credits were applied under.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

4. Click the **Refund Credits** button.
   1. Select whether to refund **Patient** or **Insurance Credits**.
   2. Select which credits you wish to refund based on the **Practice** or the **Provider** that the credits were applied under.
   3. Enter in the **Refund Amount**.
   4. Enter the **Refund Date**.
   5. Enter a **Check or Reference #**.
   6. Enter in a **Memo Line**.
   7. Click the **Apply** button.
5. Click **Save**.

   Need to save your changes and immediately close and reopen the same patient record to take additional actions? Use the Save & Re-Open to immediately act on that item without having to manually reopen the patient record.

Run the Refund/Reversal Report for a list of credits that have been refunded. This report can be found in the Report section of the application under the AR Reports category.

Refund a Patient or Insurance Payment

t Modified on 09/18/2023 1:04 pm EDT

ou can refund any payments within the manage account section In the event a patient or insurance ompany needs to reverse a payment. This is commonly used when an insurance company pays too much o claim or denies a previously approved claim.

> ⚠ When selecting the "**Refund this amount to the original credit card**" option the payment (or account credit) must be from a credit card payment that was successfully processed through **Global Payments Integrated *GPI*®**.

an adjustment was associated with the original payment and you need to reverse all or a portion of the djustment, take a look at our Reversal Adjustment Help Article.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

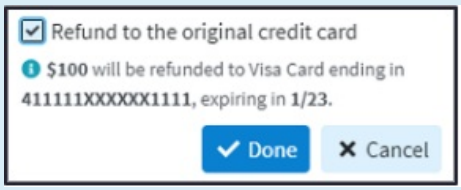
   > Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the DOS then the procedure and click the expand arrow.

   > Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Payment**.
6. Click the **Refund** button.
   1. Select the **Refund Amount**.
   2. Set the **Refund Date**.
   3. Type a **Memo**.
   4. If the refund is to a credit card payment processed through *GPI*®, check the "**Refund this amount to the original credit card**" box.

Are you utilizing our In-App Credit Card Processing feature with GPI? Did you know by utilizing this feature you can refund the actual credit card payment within CMD? Visit our **Manage In-Application Credit Card Processing** Help Article for detailed steps on how to request this feature.



5. Click **Done**.

7. Click **Save**.

Need to save your changes and immediately close and reopen the same patient record to take additional actions? Use the Save & Re-Open to immediately act on that item without having to manually reopen the patient record.

Refund a Patient or Insurance Payment Processed Through GPI®

t Modified on 09/18/2023 1:04 pm EDT

ou can refund/void any patient or Insurance payments that have been successfully processed via Global ayments Integrated. If an insurance company makes a payment error and requests the funds back or in th vent, a patient credit card payment needs to be reversed, you are able to refund the payment via CMD as ng as the credit card payment was collected through the **in-app payment processing**.

⚠ When selecting the "**Refund this amount to the original credit card**" option the payment (or account credit) must be from a credit card payment that was successfully processed through **Global Payments Integrated *GPI*®**.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Find the patient or insurance payment:
   1. Under **Transaction Listing** locate the DOS then the procedure and click the expand arrow.
   2. Under **Account Credit Listing** locate the Credit under Credits Due Insurance.

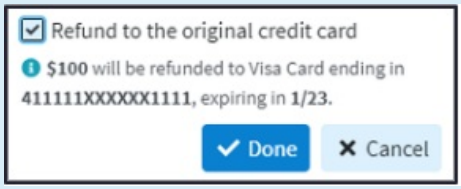
      Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the corresponding **Payment**.
6. Click the **Refund** button.
   1. Select the **Refund Amount**.
   2. Set the **Refund Date**.

Important: If refunding a payment that was made over 180 days in the past, the refund must be requested directly within the **Edge Express portal**.

3. Type a **Memo**.
4. Check the "**Refund this amount to the original credit card**" box

Are you utilizing our In-App Credit Card Processing feature with GPI? Did you know by utilizing this feature you can refund the actual credit card payment within CMD? Visit our **Manage In-Application Credit Card Processing** Help Article for detailed steps on how to request this feature.



5. Click **Done**.

7. Click **Save**.

Need to save your changes and immediately close and reopen the same patient record to take additional actions? Use the Save & Re-Open to immediately act on that item without having to manually reopen the patient record.

Refund a Sunbit (Pay Over Time) Patient Payment

t Modified on 04/18/2025 1:34 pm EDT

ou can refund a Sunbit payment within the manage account section in the event a patient needs to revers payment. This is commonly used when a mistake was made, such as the amount needing to go to econdary/appeals, or if a pending discount was not included in the amount.

⚠ When selecting the "**Refund to the original payment method (pay over time)**" option the payment must be from a payment that was successfully processed through **Sunbit**.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the DOS then the procedure and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange, or add header columns.

5. Select the **Payment**.
6. Click the **Refund** button.
   1. Select the **Refund Amount**.
      1. If the full amount is entered you are voiding/canceling the payment with Sunbit.
      2. A partial amount may be entered to reduce the Cunbit loan amount by the entered amount.
   2. Set the **Refund Date**.
   3. Type a **Memo**.
   4. Check the "**Refund to the original payment method (pay over time)**" box.

5. Click **Done**.

7. Click **Save**.

> ⚠ Need to save your changes and immediately close and reopen the same patient record to take additional actions? Use the Save & Re-Open to immediately act on that item without having to manually reopen the patient record.

:dit Procedure Status

:t Modified on 10/30/2019 9:34 am EDT

rom within Manage Account, you are able to change the status of a procedure or charge. This is helpful if ou need to write off a balance or make the remaining balance due to the patient for multiple charges or rocedures.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing**. locate the DOS the procedure is under and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Procedure Code**.
6. Click the **Status** of the code in the **Status** / **Memo** column.
7. Select the new **Status** from the drop-down menu.
8. Click **Save**.

ıpply a Discount to a Charge

t Modified on 10/30/2019 9:33 am EDT

rom the Manage Account screen, you are able to apply a discount to a procedure or charge the patient is esponsible for using a discount code. Commonly this would be used for providing a patient a referral iscount or a new patient discount

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the DOS the procedure is under and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Procedure Code**.
6. Click the **Apply Discount** button.
   1. Click the icon to select the discount code.
   2. Enter the **Discount % and Min. Charge Amount** or place a check in the **Discount charge balance to $0.00** to discount the whole balance.
   3. Enter the **Received date**.
   4. Type a **Memo** and/or a **Credit Memo**
   5. Click **Done**.
7. Click **Save**.

ıpply a Credit Adjustment to a Procedure ransaction

t Modified on 03/30/2020 5:26 pm EDT

ou can apply a Credit Adjustment to a specific procedure transaction within the manage account screen. redit adjustments could be used to correct a prior entry error, to provide a credit of the balance for a rovider's family member, or if a patient or insurance overpaid or were overbilled.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the DOS the procedure is under and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Procedure Code**.
6. Click the **Apply Credit Adjustment** button.
   1. Fill in the button to specify this as a **Patient** or an **Insurance credit adjustment**.
   2. Click the icon to select the credit code.
   3. Enter the **Credit Amount**.
   4. Enter the **Received date**.
   5. Enter a **Memo**
   6. Click **Done**.

      If this is a credit adjustment for a charge assigned to a collection agency, a pop up will ask if the payment is from the (**collection agency name**).

7. Click **Save**.

ıpply a Debit Adjustment to a Procedure ransaction

t Modified on 10/30/2019 9:32 am EDT

ou can apply a Debit Adjustment to a specific procedure transaction within the manage account screen. ebit adjustments could be used to add a late fee or a no-show fee to a procedure transaction. Debit codes hould be used to add non claim related charges to a procedure.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the **DOS** the procedure is under and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Procedure Code**.
6. Click the **Apply Debit Adjustment** button.
   1. Click the icon to select the debit code.
   2. Enter the **Debit Amount**.
   3. Enter the **Debit Date**.
   4. Click **Done**.
7. Click **Save**.

ıpply an Account Credit to a Procedure Transaction

t Modified on 10/30/2019 9:31 am EDT

'ou can apply an Account Credit to a specific procedure transaction within the manage account screen. An utstanding account credits for the patients are shown in a separate table. The credits will be grouped nder due patient and due insurance. Account credits are created when the patient or the insurance ompany makes a payment to the account and not to a specific procedure charge. This typically occurs whe payment is made before a claim has been created. If the patient does not have any outstanding account redits, this table will not be displayed.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the DOS the procedure is under and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Procedure Code**.
6. Click the **Apply Account Credit** button.
   1. Use the **Source** drop-down menu to select where the credit should come from.
   2. Use the **Provider** drop-down menu to select which provider that transfer should be reported for.
   3. Enter the **Credit Amount** that should be applied.
   4. Enter a **Memo**.
   5. Click **Done**.
7. Click **Save**.

ıdd an Info Line to a Procedure Transaction

t Modified on 05/17/2021 4:18 pm EDT

ou are able to add an Info Line to a procedure transaction within the manage account screen. When osting any payment an info line will automatically be added with info on how the payment was received Cash, Check, e.g.). Additional info lines could be used to explain any other important information like notes n who made the payment or who received the payment for example.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the DOS the procedure is under and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Procedure Code**.
6. Click the **Add Info Line** button.

   Did you know you can customize the list of info lines available within CMD? Visit our Custom Info Lines Help Article for detailed steps on how to customize your info lines.

   1. Select **new Info Line** from the list. Or select **Custom** to enter your own info line.
   2. Enter the **Received Date**.
   3. Place a check in the box to **copy this info line to all charges on this claim.**
   4. Click **Done**.

7. Click **Save**.

Delete a Procedure Transaction

Last Modified on 10/30/2019 9:29 am EDT

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the DOS the procedure is under and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Procedure Code**.
6. Place a check in the **Delete Charge** box.
7. Click **Save**.

Recover a Deleted Procedure Transaction

t Modified on 12/18/2019 8:24 am EST

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the Options and check **Show deleted transactions**.
5. Under **Transaction Listing** locate the **DOS**.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

6. Select the **Deleted Procedure Code**.
7. Uncheck the **Delete Transactions** box.
8. Click **Save**.

Manage Statements Sent per Claim

t Modified on 05/17/2021 4:18 pm EDT

Want to manage how many times a statement has gone out for a specific claim? You can edit the number o mes a statement has been sent for a specific claim within the manage account screen. This is helpful if you eed to remove an already submitted statement from the total amount of statements sent.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing**. locate the DOS the procedure is under and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the claim **DOS** line.
6. within the **Statements Sent** field, you can edit the number of times the statement has been sent for th claim.
7. Click **Save**.

Move a Patient Payment

t Modified on 10/31/2020 2:19 pm EDT

he Manage Account screen gives you options of moving a patient payment from one procedure charge to nother procedure charge. This is helpful if you applied a patient payment to the wrong charge in error, or i ne patient requests the payment be posted to another charge. Any unapplied amount will be converted int n account credit.

he default memo line for new payment record(s) created as part of the move transaction will indicate that was created as a result of a payment move and include the DOS & CPT that the original payment was reviously applied to.

⚠ The "original" payment will be marked as**Deleted**. Payments can only be moved within the same patient account. In the event a credit needs to be transferred to another patient, please reference the Transfer Credit To Help Article for additional information.

ollow the steps below to move a patient payment to another charge..

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the **DOS**, then the **procedure** and **click the expand arrow**.

   Sort your search results. Visit our**Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Payment**.
6. Click the **Move Payment** button.
   1. Apply the payment to one of the available charges using one of the two methods.
      1. Click the **Apply Remaining link** to automatically to the patients oldest outstanding charge.
      2. **Locate a specific charg**e and enter the payment amount into the Apply Payment column.

> 🪄 Want to convert this payment into an account credit? Any unapplied amount will be converted into a patient account credit.

2. Click **Done**.

7. Click **Save**.

:dit a Payment

:t Modified on 06/18/2020 5:04 pm EDT

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the DOS then the procedure and click the expand arrow.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Payment**.
6. To update the **payment type**, fill in the option under **Payment Type.**
7. To update the check #, edit the check information within the **Check #** field.
8. To update the provider, use the **Provider** drop-down menu.
9. To update the office location, use the **Office Location** drop-down menu.
10. To update the **payment date**, click on the **Calendar icon** and select a new date.
11. To update the **memo line**, edit the text in the **Status / Memo column.**
12. Click **Save**.

)elete a payment

:t Modified on 10/30/2019 9:36 am EDT

'he Manage Account screen gives you the option to delete any payment made to the patient's account in rror. Deleted Payments can be un-deleted from this screen as well.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Transaction Listing** locate the **DOS,** then the **procedure** and **click the expand arrow**.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Select the **Payment**.
6. Check the **Delete Transaction** box.
7. Click **Save**.

Undelete a Payment

Last Modified on 10/30/2019 9:37 am EDT

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Options** button and **Check the Show deleted transactions**.
5. Under **Transaction Listing** locate the **DOS**, then the **procedure**, and **click the expand arrow**.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

6. Uncheck the **Delete Transaction** box.
7. Click **Save**.

Refund an Insurance Credit

t Modified on 06/18/2020 5:08 pm EDT

he Manage Account screen gives you the ability to refund an Insurance account credit. If an insurance nakes a payment over the charge amount, or a payment not associated to a specific charge an insurance redit will be created. These credits can later be applied to any outstanding balance. In some cases an nsurance company may request these funds back, if that happens you are able to refund the credits to eflect the request in CollaborateMD.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Account Credit Listing** locate the Credit under Credits Due Insurance.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Click the **Refund** button.
   1. Enter the **Refund Amount**.
   2. Enter the **Refund Date**.
   3. Add a **Memo Line**.
   4. Click **Done.**

      Want to maximize the use of your screen space? Collapse or un-collapse the **Transaction Listing** or **Account Credit Listing** windows by clicking the icon.

6. Click **Save.**

ransfer an Insurance or Patient Credit to another atient

t Modified on 04/29/2022 12:58 pm EDT

he Manage Account screen gives you the option to move an account credit from one patient to another atient. Normally this occurs if you need to move a credit from one family member to another, or from a ependant to the guarantor.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Account Credit Listing** locate the Credit.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Click the **Transfer To...** button.
   1. Enter the **Transfer Amount**.
   2. Enter the **Transfer Date**.
   3. Add a **Memo Line**.
   4. Locate the **Patient** to transfer the credit to.
   5. ***Optional***: Click **Apply Credit** to apply the credit to a charge within the same transaction.
   6. Click **Done.**

      Want to maximize the use of your screen space? Collapse or un-collapse the **Transaction Listing** or **Account Credit Listing** windows by clicking the icon.

6. Click **Save**.

ıpply an Insurance or Patient Credit

t Modified on 06/18/2020 5:10 pm EDT

he Manage Account screen gives you a shortcut to apply any account credit. If an insurance company or atient makes a payment over the charge amount, or a payment not associated to a specific charge an ıccount credit will be created. This account credit can later be applied to an outstanding charge.

ı needed, reference our Apply Credits Help Article for more detailed instructions on how to apply account redits.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search for the patient.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Account Credit Listing** locate the Credit.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Click the **Apply Credit** button.
   1. Apply the payment to one of the available charges using one of the two methods.
      1. Click the **Apply Remaining link** to automatically to the patient's oldest outstanding charge.
      2. Locate a specific charge and enter the payment amount into the **Apply Credit** column.
   2. Click **Save Payment**.

      Want to maximize the use of your screen space? Collapse or un-collapse the **Transaction Listing** or **Account Credit Listing** windows by clicking the icon.

6. Click **Save**.

:dit Received Date, Credit Memo or Due To

:t Modified on 06/18/2020 5:10 pm EDT

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search for the patient.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Account Credit Listing** locate the Credit.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. To update the **received date**, click the icon and use the calendar to select a new date.
6. Use the **Due To**, use the drop-down menu while selecting the insurance or patient credit.
   1. **Insurance Credits**: Select the payer the credit is due to, or select patient to create a patient credi
   2. **Patient Credits**: Select a payer this credit is for to make an insurance credit.
7. Add/edit text in the Status / Memo column to update the **credit memo**.

   Want to maximize the use of your screen space? Collapse or un-collapse the **Transaction Listing** or **Account Credit Listing** windows by clicking the icon.

8. Click **Save**.

)elete an Insurance or Patient Credit

:t Modified on 06/18/2020 5:10 pm EDT

'he Manage Account screen gives you the option to delete an account credit from a patient's account. This ; commonly used only if an account credit was created in error. If you need to move an account credit to nother patient or refund a credit back to the patient or insurance company please reference our Transfer n Insurance or Patient Credit To Another Patient or Refund an Insurance Credit Help Articles

⚠ Deleting an account credit will also delete any instances where the credit was applied and the payment or adjustment that created it.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search through your patients or insured.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

3. Select the **Patient**.
4. Under **Account Credit Listing** locate the **Credit**.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Check the **Delete Account Credit** box.

   Want to maximize the use of your screen space? Collapse or un-collapse the **Transaction Listing** or **Account Credit Listing** windows by clicking the icon.

6. Click **Save**.

ıpply an Unapplied Copay Credit

t Modified on 04/12/2023 4:43 pm EDT

he **Account Credit Listing** within Manage Account gives you the ability to apply unapplied patient copay redits to matching charges as long as the Unapplied Copay and Claim DOS match and the claim has an vailable copay balance.

ı needed, reference our Apply Credits Help Article for more detailed instructions on how to apply account redits.

1. Select **Patient** > **Manage Account**.
2. Use the **Search** field to search for the patient.

   Place a check in the ***"Include inactive patients"*** box to include inactive patients in your search results.

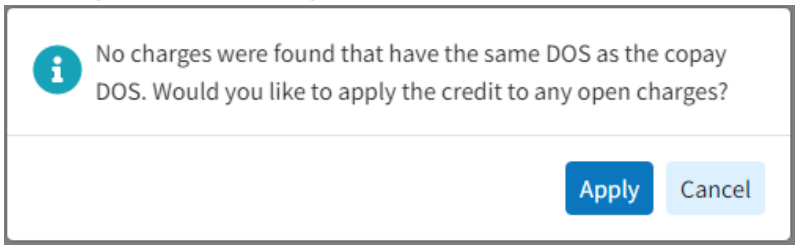
3. Select the **Patient**.
4. Under **Account Credit Listing** locate the **Unapplied Copay Credit**.

   Sort your search results. Visit our **Reorder Table Columns Help Article** for detailed steps on how to hide, rearrange or add header columns.

5. Click Apply Credit .

   The DOS entered **must** match the claim DOS in order to apply the credit.

6. Locate a specific charge and enter the credit amount into the **Apply Credit** column.
7. **Note**: If no charges exist with the copay's same DOS, the credit can be applied to any other charges by selecting **Apply**. If keeping the credit to use at a later time, select **Cancel**.



8. Click **Done**.

Want to maximize the use of your screen space? Collapse or un-collapse the **Transaction Listing** or **Account Credit Listing** windows by clicking the icon.

9. Click **Save**.

Save Manage Account Options Filters

t Modified on 11/07/2019 2:46 pm EST

o help you quickly use the transaction filter Options, you are able to save and use search criteria filters. Using filters will help you work less and get the information you need faster.

1. Select **Patient**> **Manage Account**.
2. Enter your **Search field** to search through your patients or insured.
3. Select the **Patient.**
4. Click **Options.**
5. Click the **Save** link.
6. Add a **Name** to your filter.
7. Use the **Share** with drop-down menu to select whether to share this filter on the user or Customer level.
8. Click **Save**.

.oad Manage Account Options Filters

t Modified on 11/07/2019 2:51 pm EST

1. Select **Patient** > **Manage Account**.
2. Use the **Search field** to search through your patients or insured
3. Select the **Patient**
4. Click **Options**.
5. Click the **Load** link.
6. Click on the **Filter** you wish to use.

Jpdate Manage Account Options Filters

t Modified on 11/07/2019 2:52 pm EST

1. Select **Patient** > **Manage Account**.
2. Use the **Search field** to search through your patients or insured
3. Select the **Patient**
4. Click **Options**.
5. Click the **Load** link.
6. Click on the **Filter** you wish to update.
7. Enter your updated **Search Criteria**.
8. Click on the **Save** link.
9. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Manage Account Options Filters

t Modified on 11/07/2019 2:53 pm EST

1. Select **Patient** > **Manage Account**.
2. Use the **Search field** to search through your patients or insured
3. Select the **Patient**
4. Click **Options**.
5. Click the **Load** link.
6. Click on the icon next to the filter you wish to remove.
7. Click **Delete**.

ayment Plan Best Practices

t Modified on 05/19/2023 3:53 pm EDT

Ve've identified 5 Best Practices that are meant to be used as guidelines when creating Payment Plans.

1. **Create a Standard Operating Procedure (SOP) that outlines how to manage Payment Plans for your practice**. Be sure to include information such as what type of patients/balances qualify for a payment plan (e.g., balances greater than $500.00), who the payment plan has to be approved by (e.g., must be approved and signed by Office Manager), forms that need to be completed and where they're saved (e.g., Credit Card Authorization forms, uploaded to patient's record via CMD), as well as step by step instructions on how to create the payment plan in the application (feel free to use this Help Page as a resource when creating your SOPs).

2. **For reporting purposes**, update the account **Type** for the patient to **Payment Plan** or **Payment Plan Collection**.

3. **Have an agreement in place with your patient.** CollaborateMD offers customizable **form-based superbills**, which can be created for payment plan agreement letters. Download and customize our Sample Payment Plan Installment Agreement.docx form. This form can be uploaded to CollaborateMD as a Form-Based Superbill so that you can easily print it from the application.

4. **Set up statements for patients with payment plans using any one of CollaborateMD's statement options.** Having statements in place will ensure an easy transition for staff to focus on collecting payment plan balances.

5. **Manage payment plans using CollaborateMD's new Dashboard gadget called Payment Plan Balances.** This gadget can be added to your dashboard and shared between necessary staff members.

mplementing Payment Plans

t Modified on 07/06/2019 6:15 pm EDT

: is recommended that the practice/office set up the following standard operating procedures based on ersonnel, current procedures, and preferences.

- **Eligibility Criteria**: Define the types of patients (e.g., those with high deductibles) and/or procedures (e.g., those not covered by most insurance payers) that are eligible for a payment plan.
- **Administrative Fees**: Determine if patients will incur any administrative fees opting into a payment plan.
- **Multiple Plans**: Determine if patients may have multiple payment plans on file.
- **Plan Options**: Define plan limitations, such as, payments must be made at least monthly, each paymen must be a minimum of $10.00, payment plans cannot exceed one year in length, etc.
- **Patient Agreements**: It is highly recommended that patients that opt into a payment plan sign an agreement with the office. Please feel free to reference and/or use the Payment Plan Agreement form offered by CollaborateMD.
- **Payment Options**: Determine the types of acceptable payments for payment plans.
- **Payment Plan Statements**: Determine which type of statement the office will use and configure messages for patients. Note: Automated and Enhanced User Print statements may incur additional fees on your account with CollaborateMD.
- **Late Payments**: Determine if there will be penalties for late payments. If needed, create a debit code t be used for this purpose.
- **Non-payment**: Determine if there will be penalties for non-payments and/or if payment plan balances will be sent to collections and if so, when. Please reference the steps below for detailed steps on settir balances to collections.

Create a Payment Plan

Last Modified on 08/17/2022 11:33 am EDT

1. Select **Patient** > **Payment Plans**.
2. Search for your desired patient by typing the name, DOB, account #, member id, or phone #.

   > You can also Search by insured, Search inactive patients or search Show exact matches only by checking the respective boxes.

3. Click **Search**.
4. Select the **Patient** you want to create a payment plan for.
5. Click the **New Payment Plan** button.
   1. Determine the Payment Plan Amount by selecting one of the following options.
      1. **If there are no existing charges to associate to this payment plan** The payment plan will not be associated with any charges, any patient payments will be converted to payment plan credits. We recommend you use this option if you plan to add changes to this payment plan at a later time.

         > If you are creating a payment plan that is unrelated to any charges, we recommend using a **Debit Code**, and assigning it to the payment plan.

         1. **Populate the Payment Plan Amount.**
      2. **If there are one or more existing charges that this payment covers:** The payment plan will be associated with a charge, and patient payment will be posted to the associated charge.
         1. Click the **Add Charge** button
         2. Select the **Changes** you want to associate with this payment by checking the box(es) and clicking Done.
         3. **Populate the Payment Plan Amount.**
            1. Place a check in the Set to charge total to set the payment plan amount to the due balance amount for the associated charges.
6. Click **Continue**.
7. Generate Payment Plan Installments, due dates, and the amount due for each installment.

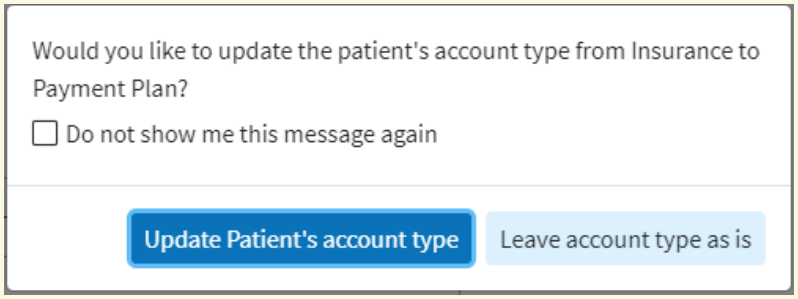
⚠ A maximum of 200 installments can be added to a payment plan.

1. **To Auto Generate installments**, configure the following options:
    1. First Payment Plan Date: **Select the due date of the first payment.**
        1. Use the **Payments Due** every drop-down menu **to specify the frequency of the payment due date.**
    2. **Select one of the following options** to auto-generate installments:
        1. **Each Installment Amount**: Enter the expected payment amount that will be due for each installment. Select this option for the system to automatically calculate the number of installments.
        2. **Each Total Number of Payments**: Select this option to have the system automatically calculate the amount due based on the number of installments you enter.
        3. **Last Payment Date**: Select this option to have the system automatically calculate the number of installments and amount due until the date you enter.
    3. Click **Generate Installments.**
    4. The installment amount, due date, and description will appear and can be modified by clicking in the corresponding column.

2. **To Manually Generate Installments**, complete the following:
    1. Click the **Add Installment** button.
    2. Enter the Installment Due Date and Amount Due until you have entered all installment date and amounts.

8. Click **Continue.**
9. Review your payment plan details.
10. Write a description about this payment plan for other users to reference.
11. Use the **Practice** drop-down menu to select which practice the payment plan should report under.
12. **Optional**: Place a check in the **Set up Auto Pay** checkbox to set up Automatic Payments for the payment plan installments.
    1. Click **Save**.
    2. Check the Cardholder has consented to Auto Pay box.
    3. Click **Next**.
    4. If a card was previously saved, you have the option to "**Use a saved card**" otherwise select "**Use a different card**."
    5. Click **Save**.
    6. Enter the card information and check the "**Save my payment information for next time**" checkbox.
13. Click **Save**.

⚠ If the patient's account type is**not** set to "*Payment Plan*". You will have an option to update the account type to "*Payment Plan*".



Don't want to worry about collecting patient payment for each installment date? With the patient's permission, enable Auto Pay so you never miss out on a payment plan payment again. Visit our Enable Auto Pay for a Payment Plan Help Articlefor detailed steps.

ind or edit a Payment Plan

t Modified on 07/15/2022 9:45 am EDT

⚠ Installments with payments cannot be edited, except for the installment description and to apply a credit adjustment (for example, to write off a partial or full balance).

1. Select **Patient** > **Payment Plans**.
2. Search for your desired patient by typing the name, DOB, account #, member id, or phone #.

   You can Search by insured, Search inactive patients or search Show exact matches only by checking the respective checkboxes.

3. Select the patient.
4. Any active payment plans will be shown.
5. Choose from the following filter options, as needed. By default, paid and deleted payment plans are nc shown.
   1. **Show Paid Payment Plans**: Check this box to see fully paid payment plans.
   2. **Show Deleted Payment Plans**: Check this box to see deleted payment plans.

      Important Note: Payment plans can never be un-deleted.

7. Identify the payment plan and click the**Edit** button to review your payment plan details.

   Don't want to worry about collecting patient payment for each installment date? With the patient's permission, enable Auto Pay so you never miss out on a payment plan payment again. Visit our Enable Auto Pay for a Payment Plan Help Articlefor detailed steps.

8. Any of the following changes can be made:
   1. **Payment Plan Title**: Click the field o edit the name as desired.
   2. Click the **Description** button to write a description about this payment plan for other CMD users to reference.

3. Click the **Apply Account Credit** button to apply an account credit towards outstanding installments and/or charges.

4. Click the **Add Debit** button to associate a debit charge to the payment plan, such as a late payment fee.

> ⚠ This will automatically create a new charge and installment, as well as automatically update the payment plan amount.

5. **Add Debit:** Click this button to associate a debit charge to the payment plan, such as a late payment fee. This will automatically create a new charge and installment, as well as automaticall update the payment plan amount.

6. **Add/Remove**: Click this button to add or remove new charges/installments. This option should b used when modifying a particular installment, such as splitting a payment. The total amount of al installments must match the total payment plan amount.

7. **Credit Adjustment**: Click this button to make an internal adjustment to the amount of the installment, such as writing off the last installment for a patient in good standing.

9. If you want to edit the installment Amount, Due Date, or Description, click the **Edit link** next to installments.

   1. **Delete**: Click this icon if you wish to remove an installment from the plan.

   > ⚠ Installments with payments cannot be deleted.

   2. **Add Charges**: Click this button if you wish to add other charges to the payment plan. Please note this will not modify the installments or total plan amount.

   > ⚠ This will not modify the total plan amount, however the total installment amount will highlight in yellow if it does not match the overall plan amount.

0. Click **Save**.

›rint Installment Details for Payment Plan

:t Modified on 02/17/2020 2:06 pm EST

ollow the steps below to print Payment Plan installment details.

1. Select **Patient** > **Payment Plans**.
2. Search for your desired patient by typing the name, DOB, account #, member id, or phone #.

   You can Search by insured, Search inactive patients or search Show exact matches only by checking the respective checkboxes.

3. Select the **Patient**.
4. Any active payment plans will be shown.
5. Locate the payment plan you would like to print and click the **More** button.
6. Choose your option from the drop-down.
   1. **Print Summary: P**rint a summary of the payment plan.
   2. **Print Statement: P**rint the payment plan statement with installment details.
   3. **Track Payment:** Tracks applied payment
   4. **Track Statement:** Tracks the payment plan statement.
7. Select **Print** to print installment details.

)elete a Payment Plan

:t Modified on 07/06/2019 6:12 pm EDT

⚠ Deleting a payment plan will remove record(s) of any patient payments, charges and debits made towards that plan.

ollow the steps below to delete an existing Payment Plan.

1. Select **Patient** > **Payment Plans**.
2. Search for your desired patient by typing the name, DOB, account #, member id, or phone #.

   You can Search by insured, Search inactive patients or search Show exact matches only by checking the respective checkboxes.

3. Select the Patient.
4. Click the **Delete** button to remove a payment plan from a patient's account.
5. Click **Permanently Delete** to "***Are you sure you'd like to Permanently Delete the plan?***"

:nable Auto Pay for a Payment Plan

:t Modified on 03/08/2021 6:51 pm EST

Who can use this feature?

Users with the Payment permission set to Allow and the Payment Plans permission set to create (for a new plan) or create & edit (for an existing plan) have the option to set up Auto Pay for a payment plan.

1. Select **Patient** > **Payment Plans**.
2. Search for your desired patient by typing the name, DOB, account #, member id, or phone #.

   You can Search by insured, Search inactive patients or search Show exact matches only by checking the respective checkboxes.

3. Select the **Patient**.
4. Any active payment plans will be shown.
5. Locate the payment plan you would like to print and click the **More** button.

   At this time, the CollaborateMD application only supports Auto Pay for payment plans with installments that have a future payment date. Any past due installment with an outstanding amount (including the current day) must be paid first or the installment date updated to a future date.

6. Choose **Set Up Auto Pay** from the dropdown.
7. Verify the autopay payment information and check the "**Cardholder has consented to Auto Pay**" checkbox.
8. Click **Next**.
9. If a card was previously saved, you have the option to select the card from the list, otherwise select "**Use a different card**" from the dropdown to add a new credit card.
10. Click **Save**.

Edit or Disable Auto Pay for Payment Plans

Last Modified on 03/15/2023 10:58 am EDT

Who can use this feature?

Users with the Payment permission set to Allow and the Payment Plans permission set to create (for a new plan) or create & edit (for an existing plan) have the option to set up Auto Pay for a payment plan.

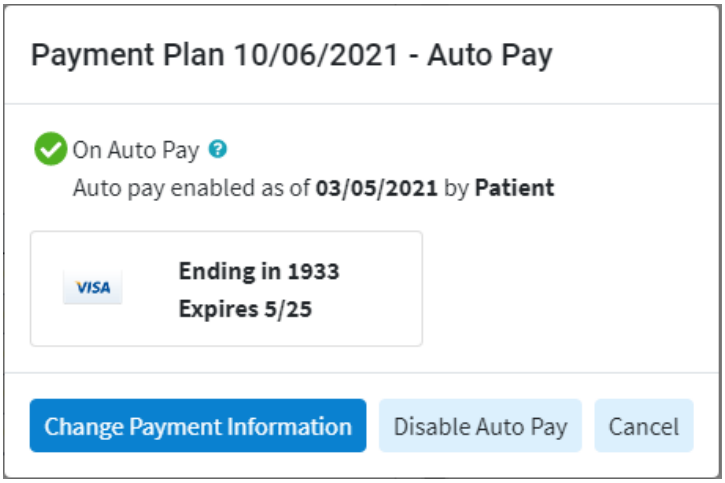
1. Select **Patient** > **Payment Plans**.
2. Search for your desired patient by typing the name, DOB, account #, member id, or phone #.

   You can Search by insured, Search inactive patients or search Show exact matches only by checking the respective checkboxes.

3. Select the **Patient**.
4. Any active payment plans will be shown.
5. Locate the payment plan you would like to edit and click the **Edit** button.
6. Choose **Edit Auto Pay** from the dropdown.

   This option will only be available if Auto Pay is already active for the selected payment plan.

7. Edit your Auto Pay by selecting:
   1. **Change Payment Information** to edit or change the credit card information.
   2. **Disable Autopay** to disable the existing auto pay.


Payment Plan 10/06/2021 - Auto Pay
On Auto Pay
Auto pay enabled as of 03/05/2021 by Patient
VISA
Ending in 1933
Expires 5/25
Change Payment Information
Disable Auto Pay
Cancel

8. Click **Save**.

:nable Patient Directed Payment Plan Feature

:t Modified on 03/21/2023 7:04 pm EDT

'atient Directed Payment Plans allow patients to make arrangements to pay off high balances over a eriod of time directly from the Patient Payment Portal. Allowing a patient to set up their own payment pla or outstanding balances significantly increase the chance that a bill is paid, due to the simplicity of chargin ne agreed-upon amount each period until the balance is paid in full.

Important Note: You must have the **In-App Credit Card Processing** and the **Patient Payment Portal** features enabled and configured in order to use the Patient Directed Payment Plans. Patients setting up payment plans from the portal will be prompted to set up **Auto-Pay** for their installments in order to complete the payment plan.

In order to use the Patient Directed Payment Plan feature you must enable and configure the Patient Payment Portal. Please reference our Manage your Patient Payment Portal Help Article for more info on enabling and configuring the payment portal.

1. Select **Account Administration** > **Services**.
2. Click the **button** next to Patient Payment Portal.
3. The ***Enable Patient Payment Portal*** **box enables or disables this service**.
4. Set up your Payment Portal Settings and options.
5. Click on **Payment Options and** set a minimum payment threshold (only applies to payments of less than the balance due) and select if you don't want to include account credits in the amount due.
6. Under Patient **Directed Payment Plans**, check the "***Allow patients to set up a patient payment plan from the Payment Portal***" checkbox.
    1. enter the **Minimum** and **Maximum** amounts that patients can create a payment plan for via the portal (the system defaults to 75 min and 20,000 max).
    2. Select the Payment Plan Terms:
        1. **(Recommended) Allow CollaborateMD to select the best payment plan terms** CMD will select the best 3 options based on the amount owed.
        2. **Set up allowed payment plan terms** Select your own payment plan terms by disabling (checking the box(es)) the terms based on owed amounts/installments you don't want available as an option.

Number of Monthly Installments	Minimum Installment Amount	Maximum Installment Amount	Allowed Balances	Disabled
3	25.00	200.00	$75.00 - $600.00	☐
6	25.00	400.00	$150.00 - $2,400.00	☐
12	25.00	600.00	$300.00 - $7,200.00	☐
18	25.00	600.00	$450.00 - $10,800.00	☐
24	50.00	600.00	$1,200.00 - $14,400.00	☐
36	75.00	600.00	$2,700.00 - $21,600.00	☐
48	100.00	600.00	$4,800.00 - $28,800.00	☐
60	100.00	600.00	$6,000.00 - $36,000.00	☐

3. Set the **Minimum** and **Maximum** amount for the installments that patients will set up (the system defaults to $25 min and $600 max).

4. **Change the patient's account type to Payment Plan when a plan is started** Check the box i you wish to set the patient account type to **Payment Plan** when the plan is created.

5. **Allow patients to set up multiple payment plans** Check the box if you wish to allow patients to set up more than one payment plan at a time (otherwise, leave it unchecked).

6. Select the account types that can set up a payment plan on the Payment Portal (all account types or select individual account types that can set up payment plans).

7. **Terms and Conditions Summary**: Enter the terms and conditions that will be visible to patients creating the payment plan, or use our default template.

   If you miss a payment, we may charge interest, fees, or cancel the plan.

8. **Full Terms and Conditions**: Enter the full terms and conditions on how your office handles missed payments and cancelations, or use our default template.

   If you will be unable to make your payment on time, please contact us immediately. If you miss a payment, including late payments, declined payments, or payments not made in full, we reserve

3. Click Save

Create a Patient Directed Payment-Plan (Patient)

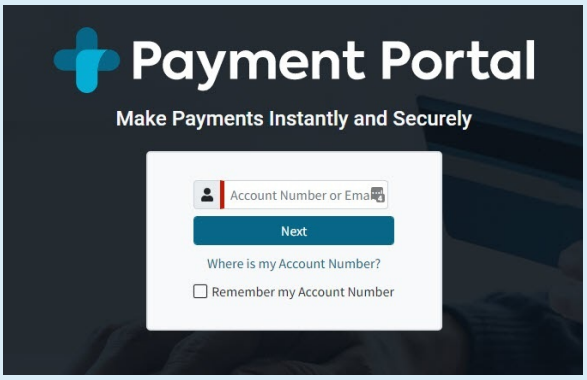
Last Modified on 03/21/2023 1:05 pm EDT

The following steps are for **Patients** to create their own payment plan from the **Patient Payment Portal**.

⚠ You must Enable and Configure the "**Allow patients to set up a patient Payment Plan from the Payment Portal**" option to use this feature. Patients will also be prompted to set up **Auto Pay** when creating a payment plan.

1. Visit https://www.paystatementonline.com
2. Log in with your CollaborateMD Patient Account Number or email.

   If you have not registered, begin the registration process using the **Patient Account Number** found in the top right corner of your statement or provided in the Payment portal invite email, or using the QR code provided on your statement.



3. Click **Next** and sign in.

   ⚠ If the option for Patient Directed Payment Plans has been enabled and the patient qualifies for a payment plan, you will see the option to **Pay over time** and a green Choose Your Plan button.

   1. Click **Choose Your Plan**
   2. The system will provide you with your payment options (e.g. 3 months, 6 months, 12 months).
   3. Select your plan and click **Set Up Payment Plan**
   4. Review the payment information:
      1. View or **Update** the installment payment date.

2. Click **Show Payments** to view all the payment amounts and dates.
3. Click **See Full Details** to review the agreement terms.

5. Click Accept Plan Terms
6. Read the Auto Pay terms and click Set Up Auto Pay
7. Enter the credit/debit card information and click Submit Payment
8. Your payment will be posted to the first installment.

Due Date	Description	Amount	Payments / Adjustment	Balance	Due Now
03/21/2023	Installment 1 of 6	$33.34	$33.34	$0.00	$0.0
04/21/2023	Installment 2 of 6	$33.34	$0.00	$33.34	$33.3
05/21/2023	Installment 3 of 6	$33.34	$0.00	$33.34	$0.0
06/21/2023	Installment 4 of 6	$33.34	$0.00	$33.34	$0.0
07/21/2023	Installment 5 of 6	$33.34	$0.00	$33.34	$0.0
08/21/2023	Installment 6 of 6	$33.30	$0.00	$33.30	$0.0

Patient Directed Payment Plans can only be edited or deleted in CMD. Patients can only create a payment plan (if the account has been configured to allow it) but can not edit or delete it.

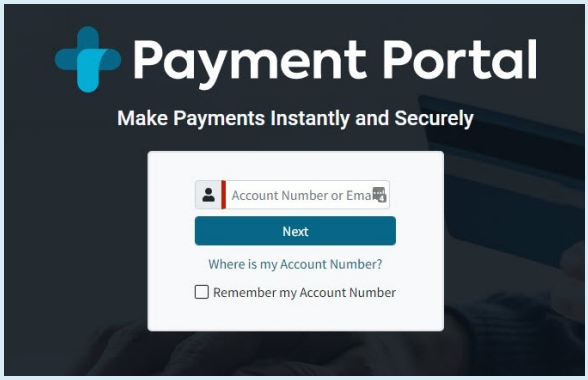
See Installment Details for Patient Directed Payment Plan (Patient)

t Modified on 03/21/2023 1:06 pm EDT

he following steps are for **Patients** to view payment plan installments from the **Patient Payment Portal**.

1. Visit https://www.paystatementonline.com
2. Log in with your CollaborateMD Patient Account Number or email.

If you have not registered, begin the registration process using the **Patient Account Number** found in the top right corner of your statement or provided in the Payment portal invite email, or using the QR code provided on your statement.



3. Click **Next**.
4. Enter your **Password** and select **Sign In**.
5. Under Payment Plan Summary you will see your payment plan details.

Due Date	Description	Amount	Payments / Adjustment	Balance	Due Now
03/21/2023	Installment 1 of 6	$33.34	$33.34	$0.00	$0.00
04/21/2023	Installment 2 of 6	$33.34	$0.00	$33.34	$33.34
05/21/2023	Installment 3 of 6	$33.34	$0.00	$33.34	$0.00
06/21/2023	Installment 4 of 6	$33.34	$0.00	$33.34	$0.00
07/21/2023	Installment 5 of 6	$33.34	$0.00	$33.34	$0.00
08/21/2023	Installment 6 of 6	$33.30	$0.00	$33.30	$0.00

Remove a Patient's Ability to Create a Patient Directed Payment Plan

t Modified on 03/21/2023 7:09 pm EDT

ou have the option to restrict a patient's ability to set up a Patient Directed Payment Plan within the ayment Portal. This will remove the patient's ability so they are not able to make a payment plan via the ortal.

1. Select **Patient** > **Patient**.
2. Use the **Search** field to search through your patients.

   Place a check in the "***Include inactive patients***" box to include inactive patients in your search results.

3. Select the **Patient**.
4. Click the **Billing Info** tab.
5. Navigate to the **Payment Portal Options** section.
6. Place a check in the **Do not allow this patient to create Payment Plans in the Payment Portal** box.
7. Click **Save**.

Search for Patient Balances

Last Modified on 05/08/2025 3:34 pm EDT

1. Select **Patient** > **A/R Control**.
2. Enter your Search Criteria or Load a Search Filter.
    1. **Patient Balance**: **Select a search parameter from the drop-down menu, then enter a balance amount to refine your search.
    2. **Date Search Options**: Select whether you want to search by days or by dates.
        1. Populate the applicable filter(s) from the drop-down menu and the number of days or dates for the filter(s).
    3. **Claim Search Options:**
        1. **Current Payer:** Select the Payer(s) you would like to filter your results by. The search result will return patients with one or more charges that are currently at the specified payer(s).
        2. **Charge Balance**: Select a search parameter from the drop-down menu, then enter a charge balance amount to refine your search.
        3. **Charge Status:** Filter your results further by selecting specific Charge Statuses from the drop-down menu.
        4. **Rendering Provider:** Select the Provider(s) you would like to filter your results for. The search results will return patients with one or more charges currently under the specified provider(s).
        5. **Referring Provider:** Select the Referring Provider(s) you would like to filter your results for The search results will return patients with one or more charges currently under the specified referring provider(s).
    4. **Paper Statements Sent:** Use the drop-down menu to refine your results based on the last time a paper statement was sent to a patient.
    5. **Electronic Statements Sent:** Use the drop-down menu to refine your results based on the last time an electronic statement was sent to a patient.
    6. **Total Statements Sent**: Select a search parameter from the drop-down menu, then enter the number of total statements (paper/electronic) sent to refine your search.
    7. **Patient**: Refine your search for a specific patient.
    8. **Account Types**: Select the patient account type(s) you would like to refine your search by.
    9. **Set to send Statement**: Filter your search by patients that are set to "send statement."

10. **Send to Send FDN:** Filter your search by patients that are set to "send an FDN."
11. **Payment Portal Status:** Use the drop-down menu to refine your results based on the status of th payment portal invitation sent to a patient Not sent, Sent but Not Registered, Registered).

3. Click Search .
4. ***Optional***: Click the icon to edit your search criteria.

> Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange or add header columns.

5. You are able to interact with the search results by right-clicking on a row.
    1. **Copy**: Copies the patient's information to your clipboard
    2. **Open Patient**: Opens the selected patient's record within the patient screen.
    3. **View Patient Activity**: View the selected patient's Activity Listing.
    4. **Show Statement History**: Shows a list of all statements associated with this patient.
6. In the **Charges** column, click on the **View/Edit link** to review the charge detail(s) that are associated with the **Charge Status** selected.
7. Place a checkmark next to the patient(s) you want to include in a specific batch action.
8. Click Batch Actions and choose an action from the drop-down menu.
    1. Assign for Statement Processing: Changes the status of charges that are set to Pending Patient t Due Patient at a batch level to allow for future statement processing. This action also sets the patient's "Send Statement" option.
    2. Assign for FDN: Updates the selected patients for FDN processing.
    3. Assign to Collections: Assign multiple charges and patients to collections.
    4. Assign to Pending Patient: Updates the status of charges that are set to Balance Due Patient to Pending Patient to prevent future statements from processing.
    5. Write-Off Remaining Balance: Writes off the remaining balance of a selected charge that is set tc Due Patient or Collections.
    6. Debit Account: Adds fees or surcharges to the selected patients.
9. Click **Submit Batch.**

Reference the **Batch Actions Help Article** for steps related to a specific action.

ssign for Statement Processing

t Modified on 10/31/2019 9:11 am EDT

ssign for Statement Processing will allow you to change the status of charges that are set at **Pending atient** to **Due Patient** at a batch level to allow for future statement processing.

⚠ Before using this option Statements should be configured within the Statements section.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** or **Load** a **Search Filter**.
3. Click the **Charge Status** drop-down menu and select **Pending Patient**.

   Pending Patient is the only charge status that can be Assigned for Statement Processing.

4. Click Search .
5. The search results will display patients who match your search terms.
6. Place a checkmark next to the patient(s) you want to include in a specific batch action.
7. Click Batch Actions and select **Assign for Statement Processing** from the drop-down menu.
8. A confirmation will appear asking "***Are you sure you want to change the status of all the selected patients charges currently at PENDING PATIENT to DUE PATIENT and allow the selected charges to process for future statements?***"
9. Click **Submit Batch**.

   Future statements will process only if you utilize statement automation through CollaborateMD or if you manually print and mail statements in the office.

ssign for FDN

t Modified on 10/31/2019 9:12 am EDT

ssign for FDN (Final Demand Notice) is a final courtesy statement that notifies patients that their accoun
past due and the steps that may be taken to collect the unpaid balance. Selecting this will process FDNs
or charges that are set at **Balance Due Patient**.

⚠ Before using this option FDN's should be configured within the Statements section.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** or **Load a Search Filter**.
3. Click the **Charge Status** drop-down menu and select **Due Patient**.

   Due Patient is the only charge status that can be Assigned for FDN Statement Processing.

4. Click Search .
5. The search results page will display patients who match your search terms.
6. Place a checkmark next to the patient(s) you want to include in a specific batch action.
7. Click Batch Actions and select **Assign for FDN**.
8. A confirmation will appear asking "***Are you sure you want to include the selected patients in the batch for Final Demand Notification? This will affect selected charges currently at DUE PATIENT***."
9. Click **Submit Batch**.
10. Once the patients accounts are flagged to Send a Final Demand Notice, one of the following actions w occur:
    1. You can manually print the FDN's on a batch level from the Statement Batch Print screen.
    2. If you've previously Enabled FDN processing, the next time statements are generated the FDN will be printed and mailed to the patient.

ssign to Collections

t Modified on 03/30/2020 5:17 pm EDT

ssign to Collections will change the status of charges that are set at **Balance Due Patient** to **Collections** nd sets the Collection Date .

Important Notes:

- It is recommended that in the Patient section of the program, the patient's Account Type is set to Collection and a Collection Date is entered under Billing Info > Collection Options in order to efficiently use the collection features within the application.
- Charges that are set to Pending Patient or Paid will NOT be changed to Collections.
- In order to set charges that are set to Pending Patient or Paid to Collections you must first change the status of these charges to Due Patient using the Assign for Statement Processing control.

ollow the steps below to assign to collections:

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** or **Load a Search Filter**.
3. Click the **Charge Status** drop-down menu and select **Due Patient**.

   Due Patient is the only charge status that can be Assigned to Collections.

4. Click Search .
5. The search results page will display patients who match your search terms.
6. Place a checkmark next to the patient(s) you want to include in a specific batch action.
7. Click Batch Actions and select **Assign to Collections**.
8. A confirmation will appear asking "***Are you sure you want to change the status of all the selected patient charges currently at DUE PATIENT to COLLECTIONS?***"
9. Select the collection agency to assign the charges from the dropdown

   The Collection Agency must be created within the Customer Setup section before assigning it. Please reference our **Add a Collection Agency** Help Article for more information.

10. Click **Submit Batch**.

ssign to Pending Patient

t Modified on 05/23/2019 9:41 pm EDT

ssign to Pending Patient will allow you to change the status of charges that are set at **Balance Due Patient** o **Pending Patient** at a batch level to prevent future statements from being processed.

⚠ Charges must be set to Balance Due Patient in order for automated statements to generate.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** or **Load a Search Filter**.
3. Click the **Charge Status** drop-down menu and select **Due Patient**.

   Due Patient is the only charge status that can be assigned for Pending Patient.

4. Click Search .
5. The search results page will display patients who match your search terms.
6. Place a checkmark next to the patient(s) you want to include in a specific batch action.
7. Click Batch Actions and select **Assign to Pending Patient**.
8. A confirmation will appear asking "***Are you sure you want to change the status of all the selected patients charges currently at DUE PATIENT to PENDING PATIENT?. This will stop the selected charges from processing future statements.***"
9. Click **Submit Batch**.

Write-off Remaining Balance

Last Modified on 09/09/2024 12:17 pm EDT

Assign to Write-Off will write off the remaining balance of a selected charge(s) that is set at **Due Patient** or **Collections**.

Who can use this feature?

Users with the Debit/Credit permission can apply credit codes in the A/R screen.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** or **Load a Search Filter**.
3. Click the **Charge Status** drop-down menu and select **Due Patient, Collections, At Insurance** or **Paid**.

   Due Patient, Collections, At Insurance or Paid are the only charge statuses that can be written off on a batch level.

4. Click Search .
5. The search results page will display patients who match your search terms.
6. Place a checkmark next to the patient(s) you want to include in a specific batch action.
7. Click Batch Actions and select **Write-Off Charges**.
8. Use the **Apply on Charges** drop-down menu to select the types of charges to apply the discount towards.
9. Select the **Write-off adjustment code** that is appropriate to the write off your completing.
10. *Optional*: Edit the **Write-off memo line field** to reflect on the patient's activity.
11. *Optional*: Edit the **Claim Status** to update the claim statuses to a different status than "Paid" (including custom claim statuses) when writing off balances.
12. Click **Submit**.
13. A confirmation will appear asking: "***Are you sure you want to write-off all selected charges currently at DUE PATIENT with an adjustment code of ( ) for the selected patients?***"
14. Click **Submit Batch**.

)ebit Account

:t Modified on 05/23/2019 9:44 pm EDT

, Debit Account Batch Action is a convenient way to add fees or surcharges to multiple patients at a group :vel.

or example; this option can be used to add a late fee to patients that have outstanding balances that are ver 60 days old. Using the Debit Account option, you can easily apply the late fee to a group of patients ıat meet the specified criteria at once.

Who can use this feature?

Users with the Debit/Credit permission can apply debit codes with in the A/R screen.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** or **Load a Search Filter**.
3. Click the **Charge Status** drop-down menu and select your status and filters.
4. Click Search .
5. The search results page will display patients who match your search terms.
6. Place a checkmark next to the patient(s) you want to include in a specific batch action.
7. Click Batch Actions and select **Debit Account**.
8. Select the **Debit Code** using the search field.
9. Enter the **debit amount**.
10. Select the **Provider** using the search field.
11. ***Optional***: Populate the Received Date field for the debit.
12. ***Optional***: Choose an **Office Location** from the drop-down menu.
13. Click **Done**.

pply Discount

t Modified on 02/27/2020 6:28 pm EST

he **Apply Discount** Batch Action is a convenient way to apply a discount to multiple patients at a group evel without the need to do it one patient at a time.

or example, this option can be used to provide a patient with a referral discount or a new patient discount

Who can use this feature?

Users with the Debit/Credit permission can apply debit codes with in the A/R screen.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** or **Load a Search Filter**.
3. Click the **Charge Status** drop-down menu and select your status and filters.
4. Click Search .
5. The search results page will display patients who match your search terms.
6. Place a checkmark next to the patient(s) you want to include in a specific batch action.
7. Click Batch Actions and select **Apply Discount**.
8. Use the **Apply on Charges** drop-down menu to select the types of charges to apply the discount towards.
9. Select the **Discount Code** using the search field.
10. Enter the **Discount %** and **Min. Charge Amount** or Check the **Discount charge balance to $0.00** to discount the remaining balance.
11. ***Optional***: Populate the Received Date field for the discount.
12. ***Optional***: Enter a **Memo** line.
13. Click **Save**.

Send Payment Portal Invite

Last Modified on 08/31/2026 4:39 pm EDT

Send Payment Portal Invite will allow you to invite a batch of patients to the Payment Portal via email.

⚠ Before using this option the Payment Portal must be enabled and configured within the Services section.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** or **Load** a **Search Filter**.
3. Click the **Charge Status** drop-down menu and select your status(es)**Pending Patient, Balance Due Patient, etc...**

   Use the **Payment Portal Status** filter, located at the bottom of the filter options, to select which patients you want to send the invites to:

   - **Invitation Not Sent**: send invites to patients who have never received one (*e.g., all patients during the initial payment portal setup*).
   - **Invitation Sent But Not Registered**: Resend invites to patients who have received an invite but have not yet registered.
   - **Registered**: Send invite to patients who have already registered for the Payment Portal.

4. Click Search
5. The search results will display patients who match your search terms.
6. Place a checkmark next to the patient(s) you want to include in a specific batch action.
7. Click Batch Actions and select **Send Payment Portal Invite** from the drop-down menu.
8. Click **Send Invite**.

   The selected patients will receive an email invitation to the Payment Portal. Patients who have already received an invite will receive another invite as long as the previous invite was at least 30 days ago. Patients with no email on file will not receive an invite.

Save A/R Control Filters

t Modified on 04/10/2019 8:22 pm EDT

o help you quickly use the A/R Control screen, you are able to save and use search create filters. Using aved filters will help you work less and get the information you need faster than having to set your filters nd search parameters every time.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria**.
3. Click the **Save** link.
4. Add a **Name** for your filter.
5. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad A/R Control Filters

t Modified on 04/10/2019 8:22 pm EDT

1. Select **Patient** > **A/R Control**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to use.

Jpdate A/R Control Filters

t Modified on 04/10/2019 8:22 pm EDT

1. Select **Patient** > **A/R Control**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save** link.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved A/R Control Filters

t Modified on 10/31/2019 9:16 am EDT

1. Select **Patient** > **A/R Control**.
2. Click the **Load** link.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.

\/R Control Task Options

t Modified on 09/24/2025 1:45 pm EDT

:ollaborateMD's **Task Options** feature allows users to create specific tasks associated with your patient's \/R within A/R Control. Tasks will help you keep track of items that needs to be completed for multiple atients at once. These tasks can have due dates, links, descriptions, statuses, and priorities, and can be ssigned to yourself, to specific users within your business, or to groups.

ollow the steps below to create a task from A/R Control.

1. Select **Patient** > **A/R Control**.
2. Enter your **Search Criteria** and then click the **Search** button.
3. Place a check in the box(es) next to the patient(s) you want to include in the task.
4. Click the **Task Options** button.
5. Select **Create Task**.

   You also have options to **Reassign** or **Delete** existing Tasks from the Task Options.

6. Enter the task name in the **Task Title** field.
7. Add the task's **Due Date, Status,** and **Priority**.
8. Write in the **Description** of the task.

   The task will automatically be linked to the selected patients within the task links.

9. ***Optional***: Click the **Add Link** to link the task to an additional action. Tasks can be linked to a **patient, claim, practice, provider, facility, payer, report, message, or customer**.
10. Enter the username you would like to assign this task to. Or click Select Users and select the user or group from the list.

    Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Save**.

For more information on Tasks, please visit the**Tasks Help Article**.

Check Batch Eligibility

Last Modified on 05/17/2024 11:56 am EDT

Follow the steps below to find patients/payers to check eligibility for.

1. Select **Patient** > **Batch Eligibility**.
2. Fill in the option to search by **Appointment** or **Claims**, then enter your **Search Criteria** or Load a Search Filter.
    1. **Appointment Date**: Select the date range you wish to view appointments for.
    2. **Appointment Resources**: Select an appointment resource to filter by.
    3. **Appointment Statuses**: Select an appointment status to filter by.
    4. **Claim Date of Service**: Select the date range you wish to view claims for.
    5. **Patient**: Search for a specific patient you would like to use.
    6. **Include Dependents**: Place a check in the box to include dependents in your search results.
    7. **Payers**: Select one or more options when searching for a specific payer(s) you would like to use.
    8. **Eligibility CPID**: Search for payers using the eligibility CPID.
    9. **Payer Priority**: Select if the payer is a primary, secondary or tertiary payer.
    10. **Days since Last eligibility Check**: Select a date range (in "number of days") the last eligibility check was performed.
    11. **Only show patients and payers configured for electronic eligibility**: Place a check in the box to only show patients and payers that have been previously configured for electronic eligibility.
3. Click **Search**.
4. ***Optional***: Click on the icon to edit your search criteria.

    Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange or add header columns.

5. You are able to interact with the search results by right-clicking on a row.
    1. **Copy**: Copies the patient's information to your clipboard.
    2. **Open Patient**: Opens the selected patient's record within the patient screen.
    3. **Show Past Reports**: Shows the selected patient's Eligibility History.

    4. **View Last Eligibility Report**: View the patient's last Eligibility Response.

6. Place a check in the box next to the patient(s) you would like to check eligibility for.
7. Click on the ✔ **Check Eligibility** button.
8. On the Check Eligibility Confirmation window, select one of the following:
    1. **Use default service type based on provider/payer configuration.**
    2. **Specify Service Type.**
9. Modify the **Service Date Range** as applicable.
10. Click **Check Eligibility.**
11. The results will display within the screen for each patient.
12. Click **Close** to exit.

/iew Eligibility Results

:t Modified on 05/23/2019 9:08 pm EDT

ollow the steps below to view Eligibility Results.

1. Check Batch Eligibility.
2. The report will display on the screen for each patient and will include information like the last eligibility date, next appointment, and last eligibility response.
3. You can right-click any column to copy the information, open the patient record, search past reports, (view the last eligibility report.
4. Click **Close** to exit.

Save Batch Eligibility Filters

Last Modified on 04/07/2019 8:50 pm EDT

To help you quickly use the Batch Eligibility screen, you are able to save and use saved search filters. Using saved filters will help you pull the information you need faster.

1. Select **Patient** > **Batch Eligibility**.
2. Enter your **Search Criteria**.
3. Click the **Save** link.
4. Add a **Name** for your filter.
5. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Batch Eligibility Filters

t Modified on 04/07/2019 8:48 pm EDT

1. Select **Patient** > **Batch Eligibility**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to use.

Jpdate Batch Eligibility Filters

t Modified on 04/07/2019 8:49 pm EDT

1. Select **Patient** > **Batch Eligibility**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save** link.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Batch Eligibility Filters

t Modified on 10/31/2019 9:21 am EDT

1. Select **Patient** > **Batch Eligibility**.
2. Click the **Load** link.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.

Batch Print Statements for outstanding charges

t Modified on 06/05/2026 6:42 pm EDT

ollow the steps below to batch print statements.

1. Select **Patient** > **Statement Batch Print**.
2. Enter your **Search Criteria** or Load a Search Filter.
    1. Use the **Type** option to select which statement types are included in your search results.
        1. **Statement for outstanding charges**: Select this option to search for statements for outstanding charges.
        2. **Payment Plan Statement**: Select this option to search for payment plan statements.
        3. **Final Demand Notice**: Select this option to search for FDN statements.
    2. Use the **Statement Amount** drop-down menu to filter your search by a dollar amount.
    3. Use the **Electronic Statements Sent** drop-down menu and populate a number to filter your search for patients based on the number of electronic statements sent.
    4. Use the **Paper Statements Sent** drop-down menu and populate a number to filter your search fo patients based on the number of paper statements sent.
    5. Use the **Total Statements Sent** drop-down menu and populate a number to filter your search for patients based on the total number of statements sent (paper + electronic).
    6. Use the **Days Since Last Statement** drop-down menu and populate a number to filter your searcl for patients based on the age of the statement(s).
    7. Use the **Days Since Last Seen** drop-down menu and populate a number to filter your search for patients based on the last seen date, allowing offices to hold statements until a patient has been discharged.
    8. Use the **Statement Times Printed** drop-down menu to filter your search for patients based on th age of the statement(s).
    9. Use the Patient **Account Type** drop-down menu to select the account type(s) to search for.
    10. Use the Patient **Default Provider** drop-down menu to filter your search by the patient's default provider.
    11. Use the Patient **Default Referring Provider** drop-down menu to filter your search by the patient' default referring provider.
    12. Use the **Charges to include** options to select what charge status(es) will be included in the statements:

1. **Balance Due Patient**: Include charges that are set to Balance Due Patient on the statement
2. **Balance Due Patient, Pending Patient or at Collection** Include charges that are set to Balance Due Patient, Pending Patient or set to Collections on the statement.
3. **All charges, including Paid**: Include all charges on the statement. This will also include charges marked as Paid.
4. **Custom**: Use the drop-down menu to select which charges status you would like to include on the statement.

13. Place a check in the box to **Include all charges, including Paid** in the search results.
14. Place a check in the box to **Separate Statements**:
    1. **By Provider**: The system will print separate statements for charges associated with differer providers.
    2. **By Practice**: The system will print separate statements for charges associated with differen practices.
        1. Use the **Practice** field to filter statements based on a specific practice.
    3. **By Claim**: The system will print a separate statement for an individual claim's charges.

> Selecting the option to Separate Statements "By Claim" will include any account debits (debits not attached to a claim) as their own statement.

15. Place a check in the the box to **Show the patient's last payment** in the search results.
16. Place a check in the box for **Do not include account credits on statement** to remove credits on the patient's account and exclude them from being calculated in the **Balance Due** on the statement.

3. Click the **Search** button.
4. ***Optional***: Click the icon to edit your search criteria.

> Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange or add header columns.

5. You're able to interact with the search results by **right-clicking** on a row.
    1. **Copy**: Copies the statement information to your clipboard.
    2. **Open Patient**: Opens the patient associated to the selected statement.

6. Place a check in the box next to the Patient Name(s) you wish to print/preview.
7. Click the **Preview** button to view statement content before generating activity.
8. Once ready to print, click the **Print** button.

> ⚠ This will update the statement information and add an activity line to the patient's account which will record the statement was printed, so that printed statements are not batched again.

   1. Select the **type of Statement** you want to print/preview by clicking on **Enhanced Statement or Plain Text Statement.**
   2. A new tab with a print dialog window will open, select **Print** again.

9. After printing a statement, the following right-click options become available.
   1. **Delete Activity for all previously printed statements**: Removes the memo line for all sent statements from the patient's activity page stating a statement has been sent. This is typically used if a statement was printed or sent in error.
   2. Reprint **all previously printed statements**: Reprints all of the statements that have been printed for this patient.
   3. **Delete Activity for this statement only**: Removes the memo line for this sent statement from the patient's activity page stating a statement has been sent. This is typically used if a statement was printed or sent in error.
   4. **Reprint this statement only**: Reprint the statements that have been printed for this patient.
10. Click **Close**.

> Once printed, the checkbox will be replaced by a icon that will mark it as "printed." One or more statements previously printed can be reprinted by right-clicking on the print icon.

Batch Print Payment Plan Statements

Last Modified on 02/17/2020 1:49 pm EST

Follow the steps below to batch print payment plan statements.

1. Select **Patient** > **Statement Batch Print**.
2. Enter your **Search Criteria** or Load a Search Filter.
    1. Fill in the **Type** option to filter **Payment Plan Statement(s)** in your search.
    2. Use the **Payment Plan Balance** drop-down menu to filter statements based on the payment plan balance.
    3. Use the **Statement Times Printed** drop-down menu to filter patients based on the number of times a statement has been printed.
    4. Use the **Days Since Last Statement** drop-down menu to filter patients based on the age of the statement.
    5. Use the **Days Until Next Installment** drop-down menu to filter patients based on when their next installment is due.
    6. Check the box next to **Include overdue payment plans** you wish to include in your search.
3. Click the **Search** button.
4. ***Optional***: Click on the icon to edit your search criteria.
5. You're able to interact with the search results by **right-clicking** on a row.
    1. **Copy**: Copies the statement information to your clipboard.
    2. **Open Patient**: Opens the patient associated to the selected statement.
6. Place a check in the box next to the **Patient Name(s) you wish to print/preview.**
7. Click the **Preview** button to view the statement content before generating activity.
8. Once ready to print, click the **Print** button.

> This will update the statement information and add an activity line to the patient's account which will record the statement was printed, so that printed statements are not batched again.

    1. Select the type of **Statement** you want to print/preview by clicking on Enhanced Statement or Plain Text Statement.

2. A new tab with a print dialog window will open, select **Print** again.

9. After Printing a Statement the following right-click options become available.

    1. **Delete Activity for all previously printed statements**: Removes the memo line for all sent statements from the patient's activity page stating a statement has been sent. This is typically used if a statement was printed or sent in error.

    2. **Reprint all previously printed statements**: Reprints all of the statements that have been printed for this patient.

    3. **Delete Activity for this statement only**: Removes the memo line for this sent statement from the patient's activity page stating a statement has been sent. This is typically used if a statement was printed or sent in error.

    4. **Reprint this statements only**: Reprint the statements that have been printed for this patient.

10. Click **Close**.

> Once printed the check box will be replaced by a printer symbol that will mark it as "printed." One or more statements previously printed can be reprinted by right-clicking on the print icon.

Batch Print Final Demand Notice

t Modified on 02/17/2020 1:50 pm EST

ollow the steps below to batch print final demand notice(s).

1. Select **Patient** > **Statement Batch Print**.
2. Enter your **Search Criteria** or Load a Search Filter.
    1. Fill in the **Type** option to filter Final Demand Notice(s) in your search.
    2. Use the **Patient set to Send FDN?** drop-down menu to filter for patients set to receive an FDN.
    3. Use the **Patient Balance** drop-down menu to filter patients based on their balance.
    4. Use the **Statement Times Printed** drop-down menu to filter the search by the number of times a statement was printed.

        Use this option to send Final Demand Notice(s) to patients who have already received X number of statements already.

    5. Use the **Days Since Last Statement** drop-down menu to filter patients based on the age of the statement.

        If your office wants to send statements every 30 days, use this option to filter out any patients who have received a statement within the last 30 days, or quickly find who should receive a Final Demand Notice(s).

    6. Use the **Days Since Last FDN** option to filter patients based on when they receive a FDN.
    7. Use the **Patient Account Type** drop-down menu to filter patients based their account type.
3. Click the **Search** button.
4. ***Optional***: Click on the icon to edit your search criteria.
5. You're able to interact with the search results by **right-clicking** on a row.
    1. **Copy**: Copies the statement information to your clipboard.
    2. **Open Patient**: Opens the patient associated to the selected statement.You are able to copy the row's information by right-clicking on it.
6. Place a check in the box next to the **Patient Name(s)** you wish to print/preview.

7. Click the **Preview** button to view the statement content before generating activity.
8. Once ready to print, click the **Print** button.

> This will update the statement information and add an activity line to the patient's account which will record that the statement was printed, so that printed statements are not batched again.

   1. Select the **type of Statement** you want to print/preview by clicking on Enhanced Statement or Plain Text Statement.
   2. A new tab with a print dialog window will open, select **Print** again.

9. After Printing a Statement the following **right-click options** become available.
   1. **Delete Activity for all previously printed statements**: Removes the memo line for all sent statements from the patient's activity page stating a statement has been sent. This is typically used if a statement was printed or sent in error.
   2. **Reprint all previously printed statements**: Reprints all of the statements that have been printed for this patient.
   3. **Delete Activity for this statement only**: Removes the memo line for this sent statement from the patient's activity page stating a statement has been sent. This is typically used if a statement was printed or sent in error.
   4. **Reprint this statements only**: Reprint the statements that have been printed for this patient.
10. Click **Close**.

> Once printed the check box will be replaced by a printer symbol that will mark it as "printed." One or more statements previously printed can be reprinted by right-clicking on the print icon.

Save Statement Filters

t Modified on 10/10/2019 2:53 pm EDT

1. Select **Patient** > **Statement Batch Print**.
2. Enter your **Search Criteria**.
3. Click the **Save** link.
4. Type a **Name** for your filter.
5. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Statement Filters

t Modified on 04/07/2019 9:55 am EDT

1. Select **Patient** > **Statement Batch Print**.
2. Click the **Load link**.
3. Click on the **Filter** you wish to use.

Jpdate Statement Filters

t Modified on 04/07/2019 9:59 am EDT

1. Select **Patient** > **Statement Batch Print**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save** link.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Statement Filters

t Modified on 10/31/2019 9:27 am EDT

1. Select **Patient** > **Statement Batch Print**.
2. Click the **Load link**.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.

Batch Send Electronic Statements

Last Modified on 09/27/2022 5:04 pm EDT

Important Note: You must have the **In-App Credit Card processing** and the **Patient Payment Portal** features enabled and configured in order to use electronic statements. For more information on turning these services on, please visit our Manage In-Application Credit Card Processing and Manage your Patient Payment Portal Help Articles.

Follow the steps below to send electronic statements in a batch.

1. Select **Patient** > **Statement Batch Print**.
2. Enter your **Search Criteria** or Load a Search Filter.
    1. Use the **Type** option to select which statement types are included in your search results.
    2. Use the **Statement Amount** drop-down menu to filter your search by a dollar amount.
    3. Use the **Days Since Last Statement** drop-down menu and populate a number to filter your search for patients based on the age of the statement(s).
    4. Use the **Statement Times Printed** drop-down menu to filter your search for patients based on the age of the statement(s).
    5. Use the Patient Account **Type** drop-down menu to select the account type(s) to search for.
    6. Use the **Statements to send** options to select **Electronic Statements**.
3. Click the **Search** button.
4. ***Optional***: Click the icon to edit your search criteria.

    Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange or add header columns.

5. You're able to interact with the search results by **right-clicking** on a row.
    1. **Copy**: Copies the statement information to your clipboard.
    2. **Open Patient**: Opens the patient associated with the selected statement.
6. Place a check in the box next to the Patient Name(s) you wish to send.
7. Once ready to send, click the Send Electronic Statements button.

⚠ This will update the statement information and add an activity line to the patient's account which will record that the statement was sent electronically (**electronic statement count**).

8. Click **Continue.**

Search for Statements

Last Modified on 11/30/2022 3:20 pm EST

⚠ A preview of the original Automated statement(s) sent to the patient(s) will not be available until 7:00 PM EDT on the day statements were mailed. The user cannot view copies for Plain text user print statements, but they will be shown within the statement tracker results to present a comprehensive view of all statements sent/printed.

1. Select **Patient** > **Statement Tracker**.
2. Enter your **Search Criteria or** Load a Search Filter.
    1. Use the **Statement Date** option to select the date when the statement was sent.
    2. Use the **Format** options to select the format of the statement to search for.
        1. **Automated Statements**: Select paper statements, electronic statements, or both.
        2. **User Print**: Select plain text, enhanced user print, electronic, or all.
    3. Use the **Type** options to select the type of statement to search for (Statement, FDN, Payment Plan).
    4. Use the **Automated Statement Status** drop-down menu to select the status to search for.
    5. Enter **Invoice #** to search for.
    6. The **Patients** search criteria will return results of statements sent to the selected patients.
    7. Use the **Patient Account Type** drop-down menu to select which patient types statements were sent to.
    8. The **Providers** search criteria will return results of statements sent to patients with the selected providers.
    9. The **Claim** search criteria will return results of statements sent to patients that included charges within the selected claims.
3. Click the **Search** button.
4. Click the icon to edit your search criteria.

Sort your search results. Visit ourReorder Table Columns Help Articlefor detailed steps on how to hide, rearrange or add header columns.

5. You are able to interact with the search results by right-clicking on a row.
    1. **Copy**: Copies the patients information to your clipboard
    2. **Open Patient**: Opens the selected patient's record within the patient screen.
    3. **Create Task for Patient**: Creates a user task associated with this patient.
    4. **View Statement**: View the selected statement.

    > This option is only available for Automated Statements

    5. **Marked as Fixed**: Manually mark the selected row's address as fixed (note: this does not fix the selected address, it is only used for your tracking purposes).
    6. **Update Address**: Updates the selected row's address with the "mailed to" address.
6. Click **Close** to exit.

Jpdate Statement Address

t Modified on 12/06/2022 2:14 pm EST

Vithin the Statement Tracker screen, you can see the mailing status of your statements. You will see if the tatement was mailed correctly, emailed/texted, if it was forwarded to a different address, or to a correcte ddress. In order to help you work less, you are able to update patients' addresses based on where the clair vas sent to from this screen.

1. Select **Patient** > **Statement Tracker**.
2. Enter your **Search Criteria** or Load a Search Filter.
3. Identify the records that require action.
    1. The icon means the paper statement was delivered with no issues.
    2. The Icon means the electronic statement was emailed with no issues.
    3. The Icon means the electronic statement was sent via text (SMS) with no issues.
    4. The icon means the statement was forwarded to a different address.
    5. The icon means the statement was delivered to a corrected address.
    6. The icon means the statement was not delivered due to an invalid address.
    7. The icon means the address was fixed.

    Records with the , or icons require you to take action with the address.

4. Click the link in the **Status** column for **Corrected** or **Forwarded** records to open the **Update Address** window.
    1. The **Update All Matching Addresses** button will update all addresses associated with the patient This includes the Insured, Patient, and Other Insured.
    2. The **Update Mail to Address** button will only update the address based on the patient's Mail Statement to option.
5. Click the link in the **Status** column for **Error** records to open the **Address Error** window.
    1. The **Mark as Fixed** button will mark the statement as fixed.
    2. The **Open Patient** button will open the selected patient's record within the patient screen.
    3. The **Create Task** button creates a user task associated with this patient.

6. You can update multiple records at once by checking the box for the desired records.
    1. Click the **Mark As Fixed** button to mark the statements as fixed.
    2. Click the **Update Addresses** button to either:
        1. The **Update All Matching Addresses** button will update all addresses associated with the patient. This includes the Insured, Patient, and Other Insured.
        2. The **Update Mail to Address** button will only update the address based on the patient's Mai Statement to option.
7. Click **Close** to exit.

Save Statement Tracker Filters

t Modified on 04/07/2019 9:12 pm EDT

o help you quickly use the Statement Tracker screen, you are able to save and use search create filters. Using saved filters will help you pull the information you need faster.

1. Select **Patient** > **Statement Tracker**.
2. Enter your **Search Criteria**.
3. Click the **Save** link.
4. Add a **Name** for your filter.
5. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Statement Tracker Filters

t Modified on 04/07/2019 9:12 pm EDT

1. Select **Patient** > **Statement Tracker**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to use.

Jpdate Statement Tracker Filters

t Modified on 04/07/2019 9:12 pm EDT

1. Select **Patient** > **Statement Tracker**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save** link.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Statement Tracker Filters

t Modified on 10/31/2019 9:30 am EDT

1. Select **Patient** > **Statement Tracker**.
2. Click the **Load** link.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.

Statement Tracker Task Options

t Modified on 09/02/2025 2:16 pm EDT

collaborateMD's **Task Options** feature allows users to create specific tasks associated with your tatements within statement tracker. Tasks will help you keep track of items that needs to be completed fo nultiple statements at once. These tasks can have due dates, links, descriptions, statuses, and priorities, an an be assigned to yourself, to specific users within your business, or to groups.

ollow the steps below to create a task from Statement Tracker.

1. Select **Patient** > **Statement Tracker**.
2. Enter your **Search Criteria** and then click the **Search** button.
3. Place a check in the box(es) next to the statement(s) you want to include in the task.
4. Click the **Task Options** button.

   Alternatively, you can right-click the statement(s) and select **Create Task** from the options.

5. Select **Create Task**.
6. Enter the task name in the **Task Title** field.
7. Add the task's **Due Date, Status,** and **Priority**.
8. Write in the **Description** of the task.

   The task will automatically be linked to the selected statements within the task links.

9. ***Optional***: Click the **Add Link** to link the task to an additional action. Tasks can be linked to a **patient, claim, practice, provider, appointment, facility, payer, report, message, or customer**.
10. Enter the username you would like to assign this task to. Or click Select Users and select the user or group from the list.

    Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Save**.

For more information on Tasks, please visit the**Tasks Help Article**.

Batch Print Labels

t Modified on 03/02/2022 10:17 pm EST

1. Select **Patient** > **Label Batch Print**.
2. Enter your **Search Criteria** or **Load** a Search Filter.
    1. **Patient Last Name Between:** Select which patients to include in your search based on the first letter of their last name.
    2. **Patient Account Type:** Select the patient account types you would like to refine your search by.
    3. **Patient State:** Select whether you want to search for patients by a state.
    4. **Patient Age:** Use the drop-down menu to refine your search by an age.
    5. **Patient Birth Month:** Use the drop-down menu to refine your search by a patient's birth month.
    6. **Do not include deceased patients:** Place a check in the box to exclude deceased patients in your search.
    7. Use the **Last Seen Date** field to filter the search by the date the patient was last seen.
    8. Use the **Recall Date** field to filter the search by the recall date for the patient to be seen.
    9. Use the **Follow Up Date** field to filter the search by the patient's follow up date.
    10. Use the **Appointment Date** field to filter the search by the patient's appointment date in the scheduler.

        If an **Appointment Date** is chosen, select an **Appointment Status** from the drop-down to filter the search by.

    11. **Total Balance:** Use the drop-down menu to refine your search based on a patient's total balance.
    12. **Patient Balance:** Use the drop-down menu to refine your search based on a patient's due balanc
    13. **Insurance Balance:** Use the drop-down menu to refine your search based on a patient's due insurance balance.
    14. Use the **Total, Patient, or Insurance Balance** drop-down menus to refine your search based on the corresponding balance.
    15. **Paper Statements Sent:** Use the drop-down menu to refine your results based on the last time a paper statement was sent to a patient.
    16. **Electronic Statements Sent:** Use the drop-down menu to refine your results based on the last

time an electronic statement was sent to a patient.

17. **Total Statements Sent:** Use the drop-down menu to refine your results based on the last time a statement (paper/electronic) was sent to a patient.
18. Select the **Practice** search criteria to return results of patients at the selected practice(s).
19. Select the **Provider** search criteria to return results of patients with the selected provider(s).
20. Select the **Office** search criteria to return results of patients with the selected office(s).
21. Select the **Payer** search criteria to return results of payers with the selected payer(s).

3. Click Search .
4. The search results page will display patients who match your search terms.
5. ***Optional***: Click on the icon to edit your search criteria.
6. You are able to interact with the search results by right-clicking on a row.
    1. **Copy**: Copies the patient's information to your clipboard.
    2. **Open Patient**: Opens the selected patients record within the patient screen.
    3. **Reprint Label**: Reprints the selected patients previously printed label.
    4. **Reprint All Labels**: Reprints all the previously printed patients labels.
7. Place a **check in the box** next to the patient(s) you want to print labels for.
8. Click Print .
9. Select the **Type of Label** you want to print by clicking on the Label Name.

> Custom Labels print one Patient per sheet. Default Labels will print multiple patients per sheet.

10. A new tab with a print dialog window will open, select **Print** again.
11. Click Close .

> Once printed the check box will be replaced with a icon that will mark it as printed.

Save Label Filters

t Modified on 04/10/2019 8:21 pm EDT

o help you quickly use the Label Batch Print screen, you are able to save and use search criteria filters. Using filters will help you work less and get the information you need faster.

1. Select **Patient** > **Label Batch Print**.
2. Enter your **Search Criteria**.
3. Click the **Save link**.
4. Type a **Name** for your filter.
5. Use the **Share with** drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Label Filters

:t Modified on 04/10/2019 8:21 pm EDT

1. Select **Patient** > **Label Batch Print**.
2. Click the **Load link**.
3. Click on the **Filter** you wish to use.

Jpdate Label Filters

t Modified on 04/10/2019 8:21 pm EDT

1. Select **Patient** > **Label Batch Print**.
2. Click the **Load link**.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save** link.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Label Filters

t Modified on 10/31/2019 11:20 am EDT

1. Select **Patient** > **Label Batch Print**.
2. Click the **Load link**.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.

Configure Your Zebra Printer

t Modified on 05/23/2019 9:49 pm EDT

n order to print Zebra labels in CMD there is a one time setup that you need to do on their computer. Pleas ollow the steps below based on if you are using a MAC or Windows computer.

Vindows

1. Open up your **Settings** page on your computer.
2. Click on **Devices**.
3. Select **Printers & Scanners**.
4. Find and select your **Zebra Printer** from the list.
5. Click **Manage**.
6. Click **Printing Preferences**.
7. Select the **Advanced** tab, or in some cases **Advanced Setup** tab.
8. Depending on the type of printer, you will find an Other or Miscellaneous button.
9. Set the Start Sequence to **${**
10. Set the End Sequence to **}$**
11. **Save and Close**.

Sending (Broadcasting) Using a Blank Campaign

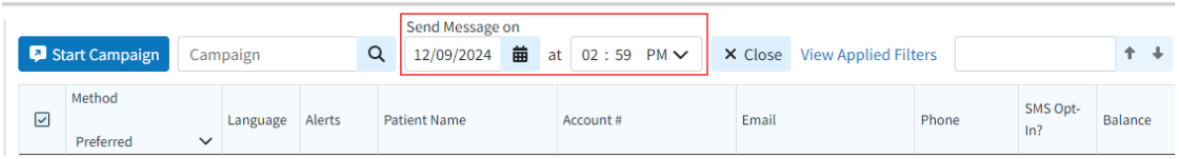
t Modified on 12/11/2024 12:40 pm EST

We recommend using this option if you want to create a quick one-time Broadcast Communication Campaign (i.e. "Our office will be closed on Friday").

1. Select **Patient** > **Communications...** > **Broadcast Campaign**.
2. Select "***Start a blank Campaign***
3. Configure your patient search parameters (default criteria for determining which patients will receive the message):
    1. **Date Search Options**: Select whether you want to search by days or by dates.
        1. Populate the applicable date/days filter(s) from the drop-down menu and the number of days or dates for the filter(s) (days since last appointment, days since last seen, etc.).
    2. **Appointment Search Options**: Select the appointment options you want to search by.
        1. Populate the applicable appointment filter(s) from the drop-down menu (appointment status, resource, etc.).
    3. **Patient Search Options**: Select the Patient options you want to search by.
        1. Populate the applicable patient filter(s) from the drop-down menu (age, gender, balance, etc.).
    4. **Claim Search Options**: Select the Claim options you want to search by.
        1. Populate the applicable claim filter(s) from the drop-down menu (diagnosis codes, procedur codes, excluded codes, etc.
4. Click **Search**.
    1. You will be presented with a preview list of the patients that were retrieved based on the search criteria you selected.

        You can exclude a patient from receiving the communication by unchecking the checkbox next to the patient's name on the list.

    2. Modify the "***Send Message On***" date and time to specify when you want the message to be sent.



⚠ Please note that when scheduling a campaign communication it must be scheduled at least 5 minutes in the future.

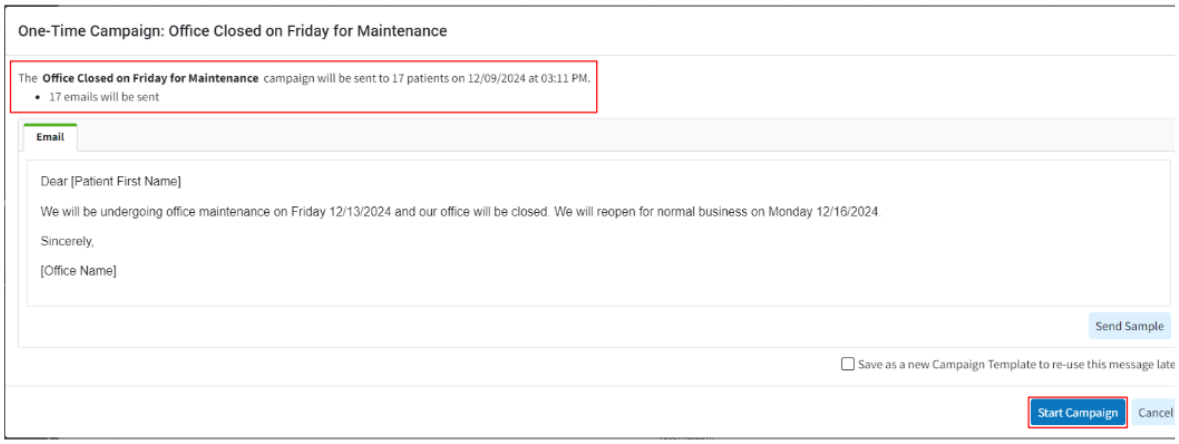
5. Click **Start Campaign**.

    1. Enter a Campaign Title.

    2. Enter your message body. You can also add/edit your patient details (variable fields) by right-clicking on the message body and selecting the variable from the list (Patient Last Name, Primary Insured First/Last Name, Guarantor First/Last Name, etc.).

    3. Click **Next**.

    4. The preview window displays the campaign and template title, the number of patients who will receive the message, the date and time of the scheduled send, how they will be sent, and a preview of the message that will be sent.



6. Click **Start Campaign**.

Your campaign is now scheduled to be sent on your selected date/time. Please visit our Track a Campaign Help Article to see any existing or scheduled campaign messages.

Sending (Broadcasting) a Campaign From a Template

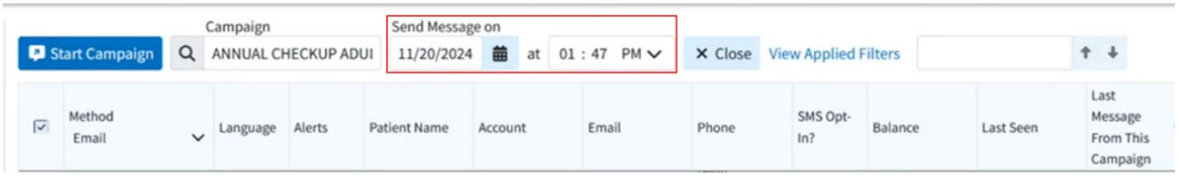
t Modified on 12/11/2024 12:40 pm EST

We recommend using a previously created template to broadcast messages to patients. Visit our Add a Broadcast Campaign Template Help Articlefor more information on how to create/save a template.

1. Select **Patient** > **Communications...** > **Broadcast Campaign**.
2. Select the "***Use a template***" option from your filters
    1. Search for the pre-built campaign by title or message or browse through the existing campaigns and select your template.
3. Click **Search**.
    1. You will be presented with a preview list of the patients that were retrieved based on the search criteria you selected.

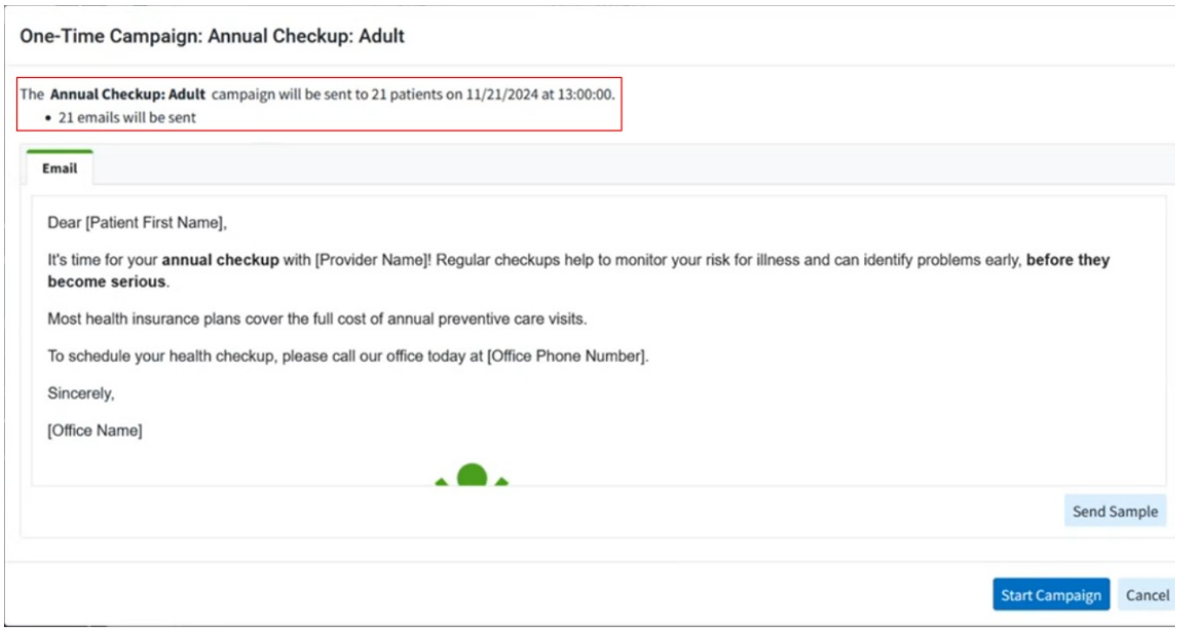
    You can exclude a patient from receiving the communication by unchecking the checkbox next to the patient's name on the list.

    2. Modify the "***Send Message On***" date and time to specify when you want the message to be sent.



    Please note that when scheduling a campaign communication it must be scheduled at least 5 minutes in the future.

4. Click **Start Campaign**.
    1. The preview window displays the campaign and template title, the number of patients who will receive the message, the date and time of the scheduled send, how they will be sent, and a preview of the message that will be sent.



5. Click **Start Campaign**.

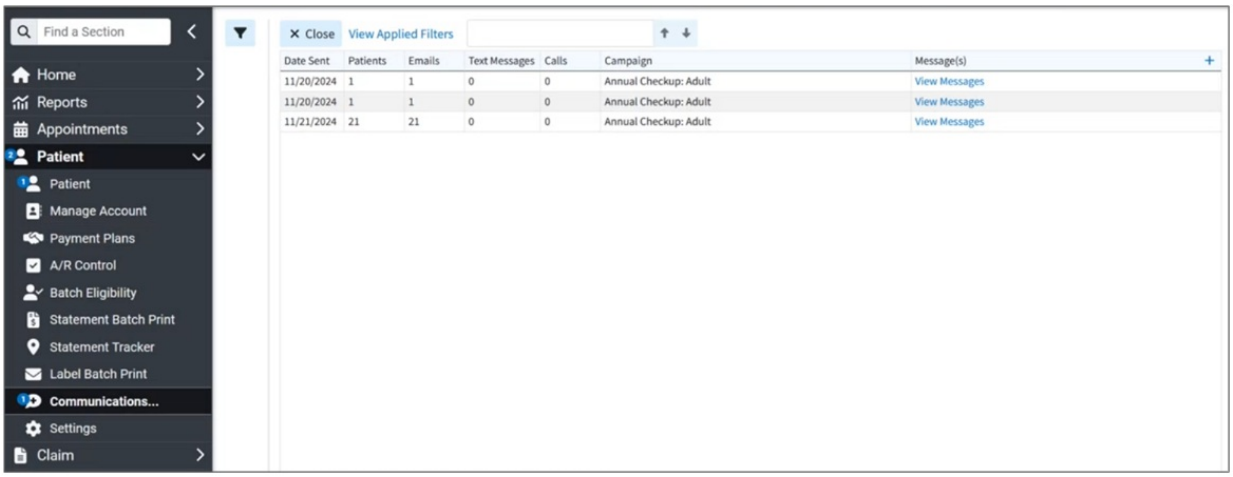
> Your campaign is now scheduled to be sent on your selected date/time. Please visit our Track a Campaign Help Article to see any existing or scheduled campaign messages.

Search for a Campaign

Last Modified on 12/11/2024 12:41 pm EST

Follow the steps below to search for current or previously sent Broadcast Campaign Communications.

1. Select **Patient** > **Communications...** > **Campaign Tracking.**
2. Enter your desired **Search Criteria.**
    1. **Sent Date**: Use this to select the date or date range to return in the search.
    2. **Campaign Template**: Use this to select a specific Campaign Template to return in the search.
    3. **Patient Search Options**: Use these fields to select specific patient details to return in the search.
3. Click **Search**.
4. A list of all the campaigns that meet your search criteria will be displayed.



> Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange, or add header columns.

5. Optional: You can click "***ViewMessages***" for a particular campaign to see the message content.
6. Click the campaign line you want to open to see a list of all the patients who received (or will receive) a message. The header will include the **Campaign #**, the **Template Name**, and the **Scheduled Date** of the campaign. This table also includes the following columns:
    1. **Method**: Displays how the message was sent (via email or text). The method used will be determined by the patient's communication preferences, which are found under the Communications section of the Patient information, or the patient portal. **Please note that the email address used will be the one associated with the Patient Portal account. If the patient is not registered in the portal, then the email address linked to their patient account will be used instead.**

2. **Language**: Displays the language the message was sent in (English or Spanish). When the option to send messages in Spanish is chosen, the language used will be determined by the patient's Default language setting, which is found under the Meaningful Use section of the Patient information.

3. **Destination**: Displays where the message was sent (Patient's email address or patient's cell phor number).

4. **Message**: Displays a "*View Message*" hyperlink that allows the user to see the full text of the message that was sent.

5. **Patient Name**: Displays the name of the patient to whom the message was sent.

6. **Account #**: Displays the patient's account number for the individual the message was sent to.

7. **Status**: Displays the status of the campaign message (Scheduled to be sent, Sent, etc.).

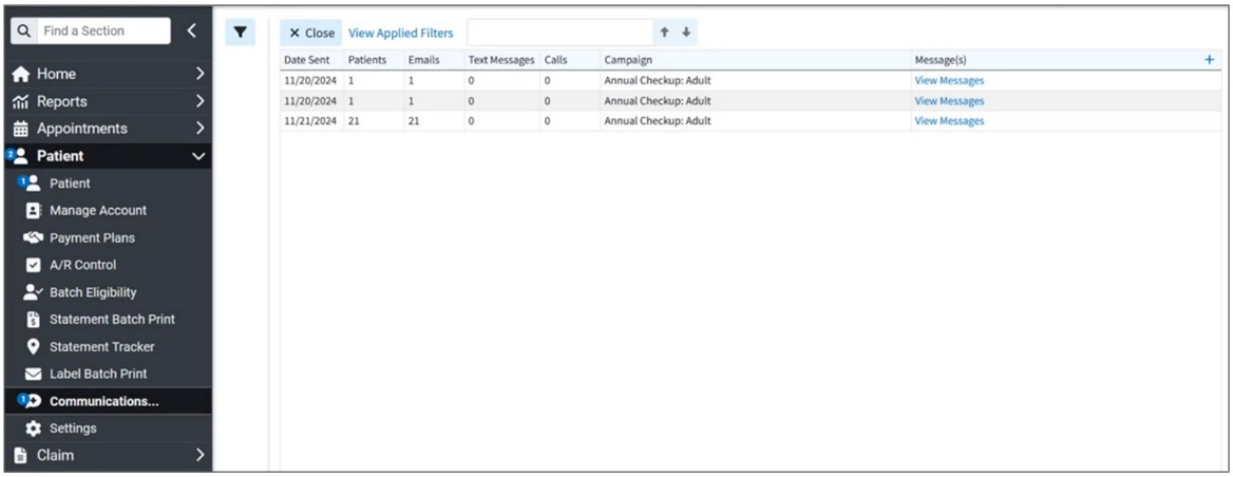
7. Click **Close** to exit.

Start a New Campaign From a List

Last Modified on 12/11/2024 12:41 pm EST

You can send/create a new campaign using the patient list from a previously used campaign. Follow the steps below to search for a current or previously sent Broadcast Campaign list and start a new campaign based on that list.

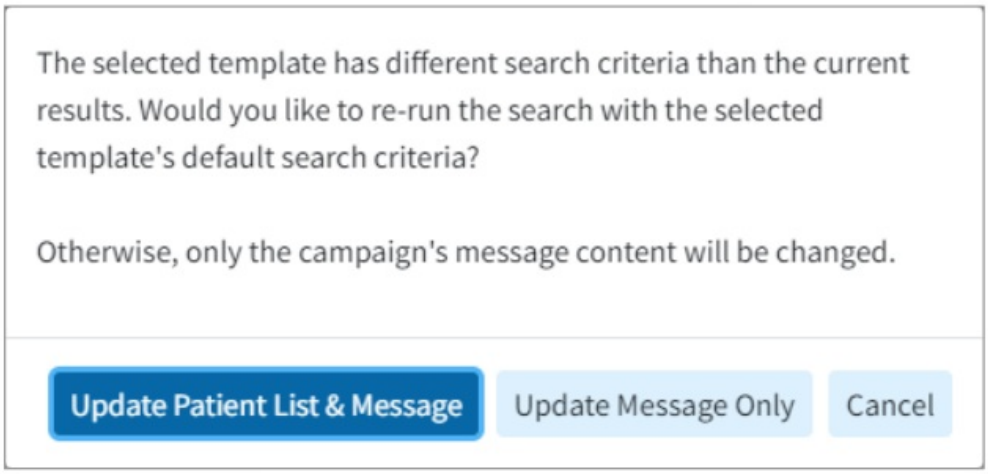
1. Select **Patient** > **Communications...** > **Campaign Tracking.**
2. Enter your desired **Search Criteria.**
    1. **Sent Date**: Use this to select the date or date range to return in the search.
    2. **Campaign Template**: Use this to select a specific Campaign Template to return in the search.
    3. **Patient Search Options**: Use these fields to select specific patient details to return in the search.
3. Click **Search**.
4. A list of all the campaigns that meet your search criteria will be displayed.



> Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange, or add header columns.

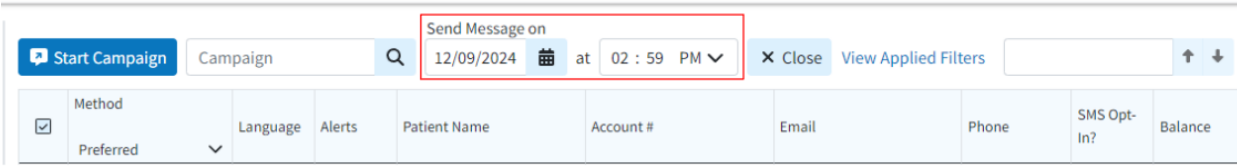
5. Click the campaign line you want to open to see a list of all the patients who received (or will receive) the message.
6. Click **Start a New Campaign From This List**
7. Use the Campaign Search Field to search through the existing campaigns and select the template you want to use.
    1. Alternatively, you can click **Start Campaign** to add a new campaign from scratch.

8. If using a template, make one of the following selections:



   1. **Update Patient List & Message**: Select this option to update the patient list and message from the template.
   2. **Update Message Only**: Select this option to **Only** update the message from the template, but leave the patient list the same.

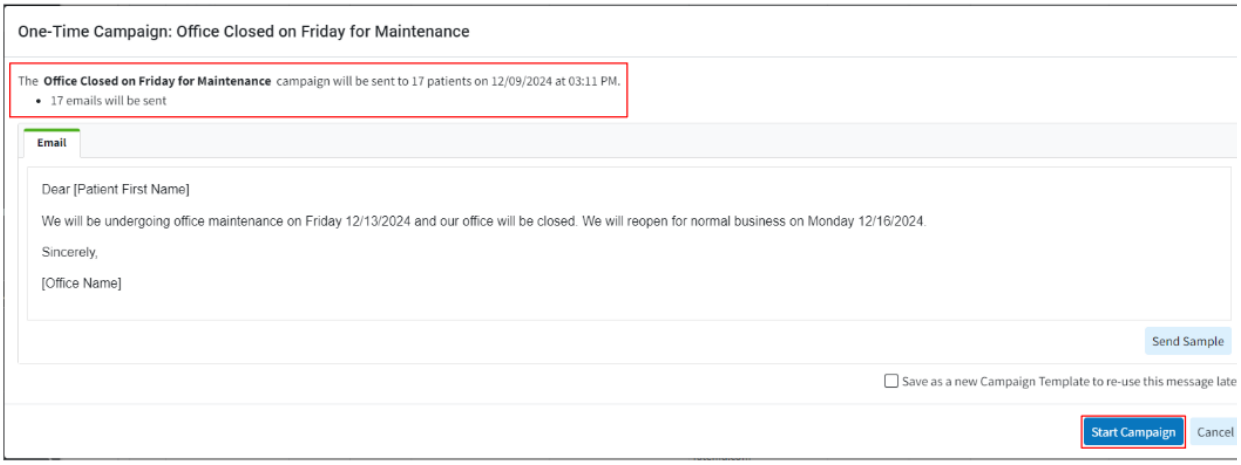
9. Modify the "***Send Message On***" date and time to specify when you want the message to be sent.



⚠ Please note that when scheduling a campaign communication it must be scheduled at least 5 minutes in the future.

10. Click Start **Campaign**.

11. The preview window displays the campaign and template title, the number of patients who will receiv the message, the date and time of the scheduled send, how they will be sent, and a preview of the message that will be sent. When finished click **Start Campaign**.



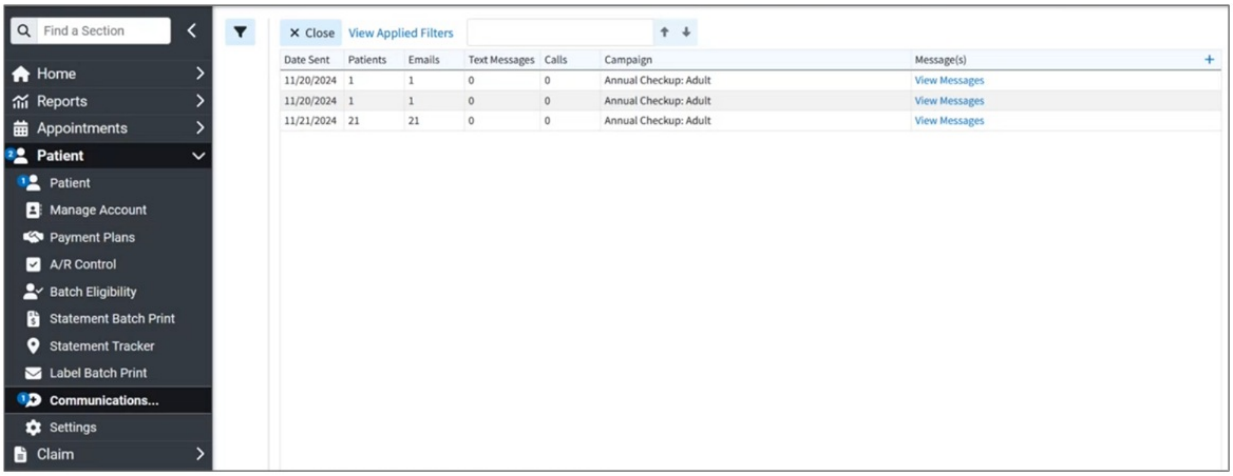
Your campaign is now scheduled to be sent on your selected date/time. Please visit our Track a Campaign Help Article to see any existing or scheduled campaign messages.

Stop a Campaign

Last Modified on 12/11/2024 12:41 pm EST

You can stop a scheduled campaign from being sent out. Follow the steps below to search for a scheduled Broadcast Campaign and stop the messages from being sent.

1. Select **Patient** > **Communications...** > **Campaign Tracking.**
2. Enter your desired **Search Criteria.**
    1. **Sent Date**: Use this to select the date or date range to return in the search.
    2. **Campaign Template**: Use this to select a specific Campaign Template to return in the search.
    3. **Patient Search Options**: Use these fields to select specific patient details to return in the search.
3. Click **Search**.
4. A list of all the campaigns that meet your search criteria will be displayed.



Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange, or add header columns.

5. Click the campaign line you want to open to see a list of all the patients who are scheduled to receive the message.
6. Click **Stop Campaign**.

Please note that you can only stop scheduled campaigns that have not been sent out yet.

ıdd a New Broadcast Campaign Template

ɪt Modified on 12/11/2024 12:42 pm EST

ɜefore sending any patient communications, you have the option to create and save a Campaign Template ·om scratch, or by using one of our existing Broadcast Communication pre-built Campaigns as a starting oint.

1. Select **Patient** > **Communications...** > **Templates.**
2. Click ***+New Campaign Template***.
3. Select your campaign type:
    1. **Create a Custom Campaign**: Select this option if you want to create a Broadcast Communication Campaign from scratch.
    2. **Start With a Pre-Built Campaign**: (Recommended) Select this option if you want to use one of ou existing campaigns as a template (recommended).
        1. Search for the pre-built campaign by title or message or browse through the existing campaigns and select your template.

            > 🪄 We have 3 Pre-Built Campaigns (Influenza Immunization Reminders, Cancer Screening, and Annual Checkup) with multiple target message templates.

        2. Click the **Email** tab and Use the email message editor to edit your email message as needed.
            1. **Edit the email message** by adding or removing text from the email. You can also add/edit your patient details (variable fields) by right-clicking on the message body an selecting the variable from the list (Patient Last Name, Primary Insured First/Last Name, Guarantor First/Last Name, etc.).
        3. Click **Text** (if using text messages) and edit your text message as needed.
            1. **Edit the Text message** by adding or removing any necessary text. You can also add/edi your patient details variable fields by right-clicking on the reminder message body anc selecting the variable from the list (Patient Last Name, Primary Insured First/Last Name, Guarantor First/Last Name, etc.).

                > 🪄 Our prebuilt Campaign Email and Text Messages are also available in Spanish. If you want to send a Spanish message to patients who have their language preference set to Spanish, simply check the "***Enter the message in Spanish as well***" box.

    4. Click **Phone** (if using phone voice messages) and edit your message as needed.
        1. **Edit the Phone message** by adding or removing any necessary text. You can also add/edit your patient details variable fields by right-clicking on the reminder message body and selecting the variable from the list (Patient Last Name, Primary Insured First/Last Name, Guarantor First/Last Name, etc.

4. Click **Next**.
5. Configure your patient search parameters (default criteria for determining which patients will receive the message):
    1. **Date Search Options**: Select whether you want to search by days or by dates.
        1. Populate the applicable filter(s) from the drop-down menu and the number of days or dates for the filter(s).
    2. **Appointment Search Options**: Select the appointment options you want to search by.
        1. Populate the applicable appointment filter(s) from the drop-down menu (appointment status, resource, etc.).
    3. **Patient Search Options**: Select the Patient options you want to search by.
        1. Populate the applicable patient filter(s) from the drop-down menu (age, gender, balance, etc.).
    4. **Claim Search Options**: Select the Claim options you want to search by.
        1. Populate the applicable claim filter(s) from the drop-down menu (diagnosis codes, procedur codes, excluded codes, etc.).
6. Click **Next**.
    1. You will be presented with a preview list of the patients that were retrieved based on the search criteria you selected.

        > You can remove a patient from the list by selecting the Exclude checkbox next to the patient's name on the list.

    2. By selecting the corresponding tabs beneath the preview patient list, you will be able to view/send a sample of your email and text messages.
7. Click **Finish**.

:dit a Broadcast Campaign Template

:t Modified on 12/11/2024 12:42 pm EST

ollow these steps to edit an existing Broadcast Communication Campaign Template.

1. Select **Patient** > **Communications...** > **Templates.**
2. Click **Show All**.
3. Select your campaign from the list.
4. Click the **Email** tab and Use the email message editor to edit your email message as needed.
    1. **Edit the email message** by adding or removing text from the email. You can also add/edit your patient details (variable fields) by right-clicking on the message body and selecting the variable from the list (Patient Last Name, Primary Insured First/Last Name, Guarantor First/Last Name, etc.).
5. Click **Text** (if using text messages) and edit your text message as needed.
    1. **Edit the Text message** by adding or removing any necessary text. You can also add/edit your patient details variable fields by right-clicking on the reminder message body and selecting the variable from the list (Patient Last Name, Primary Insured First/Last Name, Guarantor First/Last Name, etc.).

    > 🪄 Our prebuilt Campaign Email and Text Messages are also available in Spanish. If you want to send a Spanish message to patients who have their language preference set to Spanish, simply check the "***Enter the message in Spanish as well***" box.

6. Click **Phone** (if using phone voice messages) and edit your message as needed.
    1. **Edit the Phone message** by adding or removing any necessary text. You can also add/edit your patient details variable fields by right-clicking on the reminder message body and selecting the variable from the list (Patient Last Name, Primary Insured First/Last Name, Guarantor First/Last Name, etc.
7. Click **Search Criteria** and edit the patient search parameters (default criteria for determining which patients will receive the messages) as needed
    1. **Date Search Options**: Select whether you want to search by days or by dates.
    2. **Appointment Search Options**: Select the appointment options you want to search by.
        1. Populate the applicable appointment filter(s) from the drop-down menu (appointment status, resource, etc.).
    3. **Patient Search Options**: Select the Patient options you want to search by.

    1. Populate the applicable patient filter(s) from the drop-down menu (age, gender, balance, etc.).

4. **Claim Search Options**: Select the Claim options you want to search by.

    1. Populate the applicable claim filter(s) from the drop-down menu (diagnosis codes, procedur codes, excluded codes, etc.).

8. Click **Review**.

    1. You will be presented with a preview list of the patients that were retrieved based on the search criteria you selected.

    > You can remove a patient from the list by selecting the Exclude checkbox next to the patient's name on the list.

    2. By selecting the corresponding tabs beneath the preview patient list, you will be able to view/send a sample of your email and text messages.

9. Click **Save**.

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nactivate a Broadcast Communication Template

t Modified on 12/11/2024 12:42 pm EST

n the event a Campaign Template is no longer in use, you can inactivate the Broadcast Campaign Template o prevent staff members in your office from using it.

1. Select **Patient** > **Communications...** > **Templates.**
2. Use the **Show All** button to view all existing Campaign Templates.
3. Select the **Template** to inactivate.
4. Place a check in the **Make this template inactive** box.
5. Click **Save**.

Configure Patient Settings For Customer

t Modified on 08/27/2025 1:55 pm EDT

1. Select **Patient > Settings**.
2. Click the **Edit** button.
3. Click the **Copy Settings link** to copy the current settings to another customer associated with your account.
4. **Require Meaningful Use fields to be filled out for a patient record to be considered complete?**
    1. If set to **Yes**, any Meaningful Use fields (race, ethnicity, and language) must be filled out or the patient will be marked as incomplete.
5. **Require Emergency Contact information to be filled out for a patient record to be considered complete?**
    1. If set to **Yes**, the Emergency Contact information fields (name, relationship to patient, and phone number) must be filled out or the patient will be marked as incomplete.
6. **Reset the Statements Sent counter when a new claim is set to Balance Due Patient?**
    1. If set to **Yes**, it will reset the patient's "*Statements Sent*" counter to 0 when a claim is changed from another status to "Balance Due Patient" for the first time. This ensures that all claims will receive the maximum number of statements.
7. Click **Save**.

Configure Patient Settings for User

t Modified on 07/17/2026 3:22 pm EDT

1. Select **Patient > Settings**.
2. Click the **Edit** button.
3. Click the **Copy Settings link** to copy the current settings to another customer associated with your account.
4. **Show warning when saving a new patient that is a duplicate of an already entered patient based on the SSN or Last Name, First Name, and Date of Birth?**
    1. If set to **Yes**, a warning will pop up if you are creating a duplicate patient based on the SSN, Last Name, First Name or Date of Birth.
5. **When creating a new patient, default the provider to:**
    1. Use the to select the default provider new patients will be associated to.
6. **When creating a new patient, default the state within the patient's address to:**
    1. Use the **State field**, to default the patient state when creating new patients.
7. **When inactivating a patient record that currently has a non-zero balance:**
    1. Use the drop-down menu, to determine the action that happens when deactivating a patient record that has a non-zero balance (e.g., patient John Doe owes $300) You can choose one of the following actions:
        - Save the patient as inactive without a confirmation/alert
        - Show a confirmation before saving the patient as inactive
        - Show an alert and do not allow the patient to be saved as inactive
8. **Show a prompt to update the patient account type to "Payment Plan" (if not already set) whenever creating a new Payment Plan?**
    1. If set to **Yes**, a prompt to automatically update the “Patient Type” to “Payment Plan” will appear when creating a new payment plan for a patient.
9. **Show an alert when opening patient records for patients older than 65?**
    1. If set to **Yes**, an alert will pop up when opening a patient record for patients older than 65.
10. **Display an option in the Patient screen to copy the patient's default Facility as their primary address? (This can be useful for practices that work directly with nursing homes and other residential treatment facilities.)**

1. If set to **Yes**, you will have access to an option to copy the patient's default facility as their primar address

11. **Show whether a claim is professional or institutional in the Patient Activity?**
    1. If set to **Yes**, it will display whether the claim is professional or institutional by adding either a (Prof.) or (Inst.) label after the claim number in the Claim Activity window.
12. **Set margins to use when printing the addresses on the Enhanced Statement payment slip.**
    1. Use the arrows to set the margins to use for the patient address and the return address labels when printing the **Enhanced User Print Statement**.

> Any changes to these margins will only adjust the position of the return address or the patient address on the enhanced user printed statement.

13. Click **Save**.

ıdd Professional Claim

ıt Modified on 03/09/2020 1:48 pm EDT

ollow the steps below to add a new Professional (CMS-1500) claim.

1. Select **Claim** > **Claim**.
2. Click the **Add Professional Claim** button.

   Click the icon to the right of the Add Professional Claim button to quickly create a new claim for one of your Recently Opened patients.

3. **Claim#** will populate once saved.

   Hovering over the Claim is incomplete icon will open a window letting you know which required fields are missing.

4. The **Reference #** field can be populated and used for tracking or reporting purposes.
5. **Claim Frequency defaults to 1 - Original Claim**
   1. If replacing a claim that the payer has already received, choose one of the following based on the payer requirements:
      - **7 - Replacement of Prior Claim** This is replacing a prior claim.
      - **8 - Void/Cancel Prior Claim** This will void/cancel a prior claim.

      When the Frequency is set to 7 or 8, CMD will automatically send this information out on electronic claims and print the number in Box 22 of the CMS-1500 form, unless something else is populated in the Resubmit Reason code.

6. Begin adding claim information.

   Some fields may be auto-populated based on the patient's information. Click on the icon to the far right of the field to pull up the record's complete information.

1. **Patient**: Click the icon and select the patient's name.
2. **Rendering Provider**: Click the icon and select the rendering provider name.

   This field is used for reporting and CollaborateMD invoicing purposes only. Best practice is to have the Rendering and Billing Provider field match based on the configuration in the Provider section.

3. **Billing Provider**: Click the icon and select the billing provider name.

   This field will populate Box 24J and 33A based on the configuration in the Provider section.

4. **Supervising Provider**: Click the icon and select the supervising provider name.
5. **Ordering Provider**: Click the icon and select the ordering provider name.
6. **Referring / PCP Provider**: Click the icon and select the referring/pcp provider name.
   1. Choose whether Referring (Ref) or PCP from the drop-down menu.
7. ***Optional*: Sales Rep**: Click the icon and select the Sales rep from your referring provider lis

   The Sales Rep Field can be enabled by enabling the DME option underClaim Settings. This field is not sent on the claim and is used only for internal reporting purposes.

8. **Facility**: Click on the icon and select the facility name.

   If the Place of Service Code (POS) is set to 12 (Home), box 32 will populate with the patient's address.

9. **Office Location**: Select the office location from the drop-down menu if different the Office location tied to the provider.
10. Add the **Primary Insurance**: Click the icon and select the primary insurance.

1. **Orig Claim #**: If the claim is being resubmitted, add the TCN (Transaction Control Number) of the original claim here.
2. Was a Prior Authorization number obtained? Click **Copy Auth from Patient** and select the **Use on claim** link next to the authorization#.

> ⚠ This field will only be available if the patient has an active authorization, and will update the number of visits used upon saving the claim.

3. Use the **Referral Type** drop-down menu to select the type of referral.
4. The **Copay Due** field populates the copay amount based on the patient's policy information.

11. ***Optional***: Add the **Secondary Insurance**: Click the icon and select the secondary insurance.
    1. **Orig Claim #**: If the claim is being resubmitted, add the TCN (Transaction Control Number) of the original claim here.
    2. Was a Prior Authorization number obtained? Click **Copy Auth from Patient** and select the **Use on claim** link next to the authorization#.

    > ⚠ This field will only be available if the patient has an active authorization, and will update the number of visits used upon saving the claim.

    3. Use the **Referral Type** drop-down menu to select the type of referral.
    4. The **Copay Due** field populates the copay amount based on the patient's policy information.
12. ***Optional***: Add the **Tertiary Insurance**: Click the icon and select the tertiary insurance.
    1. **Orig Claim #**: If the claim is being resubmitted, add the TCN (Transaction Control Number) of the original claim here.
    2. Was a Prior Authorization number obtained? Click **Copy Auth from Patient** and select the **Use on claim** link next to the authorization#.

    > ⚠ This field will only be available if the patient has an active authorization, and will update the number of visits used upon saving the claim.

    3. Use the **Referral Type** drop-down menu to select the type of referral.

    4. The **Copay Due** field populates the copay amount based on the patient's policy information.

7. Click **Save**.

8. To add charges to the claim, click on the **Charges** tab and visit our Add Charges to a Professional Claim Help Article.

ıdd Diagnosis and CPT codes to a Professional Claim

ıt Modified on 04/28/2025 10:44 am EDT

ollow the steps below to add Diagnosis and CPT codes to a professional claim.

1. Select **Claim** > **Claim**.
2. Use the **Search field** to search for your claim.

   Check the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Enter at least **one Diagnosis code in the ICD A field** Or search for a diagnosis code from your list by clicking the icon.

   Need to make another Diagnosis code the primary (first)? **Right-click** any of the ICD codes and select "**Set as primary diagnosis**" to update it on the claim.

6. You're also able to interact with the ICD codes by right-clicking on them.
   1. **Set as Primary Diagnosis:** Moves the selected code into the ICD A field as the primary diagnosis.
   2. **Add Missing Code From Master List:** Allows you to add an ICD code (entered manually or through an interface) not currently on your local list from the master list without having to close the claim.
   3. **Copy:** Copies the selected code to your clipboard.
   4. **Cut:** Copies the selected code to your clipboard and removes it from the field.
7. Enter the **charge information** (e.g., Date of Service, CPT, POS, TOS, Modifiers, Unit Price, DX Pointers Unit Price, and Units).

   Copy a charge row by **right-clicking** on the charge line and selecting "**Copy Charge**." This will duplicate your line charge information, including codes, modifiers, drug info, price, etc.

8. You're also able to interact with the CPT codes by right-clicking on them.
    1. **Add Missing Code From Master List:** Allows you to add a CPT code (entered manually or throug an interface) not currently on your local list from the master list without having to close the clai
    2. **Copy:** Copies the selected code to your clipboard.
    3. **Copy Charge:** Duplicates your charge line information, including the code, modifiers, drug info, price, etc.
9. Use the **Status** drop-down menu to choose from one of the statuses by referencing the status descriptions below.
10. Click the **Other** hyperlink to enter additional information related to the claim, such as service information (e.g., drug information, measurements, DME (CMN) forms, and chiropractic information).

> You can also change the order of charges entered by clicking the 2 lines to the left of the charge ═ , then drag and drop to the desired location/order.

11. Click **Save**.

ıdd Charge Options to Professional Claims

:t Modified on 08/10/2019 4:24 pm EDT

:harge options are one of the many tools and features used to save you time. Quickly update a patient's efault Diagnosis and Procedure codes based on the codes currently on the claim to save you time when yc reate another claim for this patient, or create a new charge panel based on the entered claims.

ollow the steps below to set your charge options.

1. Select **C**laim > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Under **Charge Options** choose any of the options that are applicable:
   1. **Update patient ICD and CPT defaults**: Selecting this option will update the patient's default codes within the Patient section.
   2. **Create new charge panel** from these procedure(s) by checking the box.
   3. Use the **Set all charges to** drop-down menu to select a **status** (e.g., send to payer, balance due patient, user print and mail, etc.).
6. Click **Save**.

Reorder Charge Columns on a Claim

t Modified on 05/12/2019 3:53 pm EDT

Columns can be reordered to match your desired claim entry workflow. Any changes made will be remembered the next time you create a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Hover over the column header you wish to move (POS, TOS, MOD, Units, Amount, Etc.) and right-clicl on it.
6. Select **Move Left** or **Move Right**.
7. Repeat for any other column headers.
8. Click **Save**.

Charge Status Descriptions

Last Modified on 07/25/2022 1:34 pm EDT

- **Send To Payer Via Clearinghouse**: Claim/Charge(s) will be sent to the payer according to yourReal Time Claim Submission Settings (RTCS).
- **User Print & Mail to Payer**: Claim/Charge(s) in this status can be printed individually or in a group via the Claim Batch screen.
- **Balance Due Patient**: Outstanding Claim/Charge(s) balances with this status are added to the patient balance and are included in patient statements.
- **On Hold**: The Claim/Charge(s) is on hold and will not leave the system. This status should be used if further actions are required on this before sending to the payer.
- **Claim at Payer**: The Claim/Charge(s) is at the payer. Claims/Charges are automatically set to this status after being sent to the payer or printed from the application.
- **Incomplete**: The Claim is not complete and will not leave the system. Claims will automatically be set to this status if the claim or patient record are missing required fields (**Note**: Users are not able to manually set a charge to a status of incomplete).
- **Pending Payer**: Outstanding Claim/Charge(s) balances with this status are added to the Insurance balance.
- **Pending Patient**: Outstanding Claim/Charge(s) balances with this status are added to the patient balance, but are not included in statements. This is helpful if you are waiting for a patient payment, bu don't want to send them a statement.
- **Pending Physician**: Hold status for Claims/Charges(s) that are pending the office/provider.
- **Collection**: Removes Charge Balance(s) from AR. We recommend using this status if the outstanding balance has been transferred to internal collections or an external collections agency..
- **Paid**: The Claim/Charge(s) has been paid.
- **Deleted**: Deletes the Claim/Charge(s) upon saving the claim.
- **Waiting for Review**: The Claim/Charge(s) needs to be reviewed and status updated before it will be sent to the payer. Claims created via an interface will be left in this status.
- **Appeal at Payer**: This Claim/Charge(s) is being appealed by the payer.
- **Denied at Payer**: The Claim/Charge were denied by the payer.
- **Rejected At Clearinghouse**: The Claim/Charge(s) were rejected by the clearinghouse.

ıdd Additional Info to Professional Claims

ɪt Modified on 05/12/2019 2:48 pm EDT

ollow the steps below to add additional information to a professional claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Additional Info** tab.
5. Select the **ANSI Location** or **CMS-1500** options to see where the entered information will populate.
6. Add additional information as it applies to the claim.
7. Click **Save**.

Some Professional Claim Additional Info Field Descriptions:

- **Show Additional Information about each field**: Selecting one of the available radio options will display which box, or loop and segment the information will populate in for each field.
- **Is Patient Condition Related to**: Select whether the patient's condition is related to their employment, and auto accident or another type of accident.
- **Unable to Work From/To Date**: Used to specify how long the patient is unable to work.
- **Other Claim ID**: If required by your payer, use this field to enter an additional code to identify this claim.
- **Additional Claim Information**: Enter any other additional claim information in this field.
- **Claim Note**: If required by your payer, use this field to enter any claim notes.
- **Resubmit Reason Code**: If required by your payer, enter the resubmit reason code here.

ıdd Ambulance Info to Professional Claims

ıt Modified on 05/12/2019 2:50 pm EDT

ollow the steps below to add ambulance information to a professional claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Check the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Ambulance Info** tab.
5. Add additional information as it applies to the claim.
6. Click **Save**.

Professional Claim Ambulance Info Field Descriptions

- **Ambulance claim:** Use the Radio button to mark the claim as an ambulance claim.
- **Transport Reason**: Use the drop-down menu to specify the reason for the ambulance.
- **Transport Miles**: Used to specify how many the ambulance drove.
- **Patient Weight**: Used to specify the patient's weight at the time of transport.
- **Round Trip Reason**: Used to specify the Round Trip Reason.
- **Stretcher Reason**: Used to specify the Stretcher Reason.
- **Pickup Address**: Used to specify where the ambulance picked up the patient.
- **Dropoff Address**: Used to specify where the ambulance dropped off the patient.
- **Certification Fields**: Used to specify the state of the patient. You may select up to five options.

Convert Claim to Institutional

t Modified on 07/16/2024 9:11 am EDT

ollow the steps below to convert a professional claim to an institutional claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Convert Claim to Institutional**
6. Click **Save**.

Copy Claim

Last Modified on 05/12/2019 2:59 pm EDT

Once a claim has been saved, you can copy the claim following the steps below.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Copy Claim**.
6. A copy of the claim will open.
7. Modify the claim information .
8. Click **Save**.

;plit Claim

:t Modified on 05/12/2025 9:31 am EDT

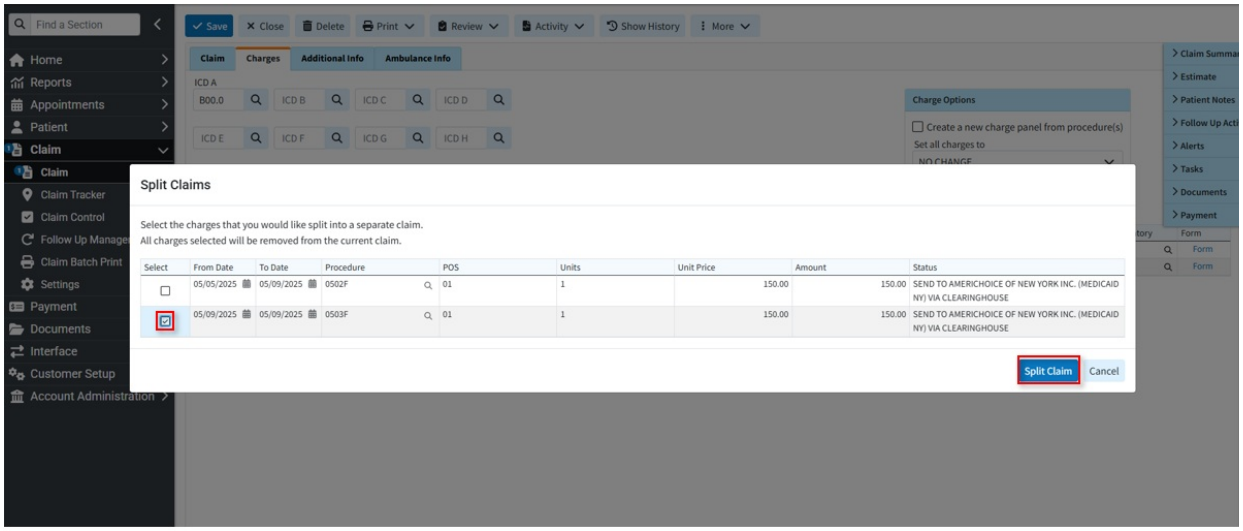
plit Claims allows users to take a single claim and split it into multiple claims. This process will move any elected charges (including any existing payments) to a new claim, while keeping all others in the existing laim.

ollow the steps below to split a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

> Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Split Claim**.
6. Select the charge lines you want to move to the new claim by checking the box(es) to the left of the line.
7. Click Split Claim.



8. Click Save. The claim is now split into two claims.

> Users can only split one claim into two. If they want to split more than that, they can re-open the claim after they've split it once to split it again.

Check Claim Status

t Modified on 07/17/2026 2:42 pm EDT

laim Status provides the capability for users to submit status requests and receive responses in real-time egarding their claims. The claim status response provides information about your claim within the payer's djudication process, including how much is being paid on the claim once approved. Users can retrieve this nformation within the CollaborateMD application without having to contact the payer. There are no dditional fees for this service.

laim status can be verified for any claim that meets the following criteria:

1. The payer supports electronic Real-Time Claim Status (RTCS).
2. The claim was submitted electronically to the payer.
3. The claim status must not be set to any the following restricted statuses:

   Standard & custom statuses listed as "Not Billed"

   Balance Due Patient

   Collection

   Paid

   Denied at Insurance

   Rejected at Clearinghouse

   Rejected at Insurance

⚠ Depending on the payer, an agreement may need to be filled out prior to checking claim status. Please refer to our Payer Agreements Help Article for more information.

ollow the steps below to check claim status.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.

4. Click the **More** button.
5. Select **Check Claim Status**.
6. The Claim Status window will open, informing you of the status of the claim.
7. Click **Close**.

ʼrack Claim Submission History

ɜt Modified on 05/30/2025 12:40 pm EDT

ʼrack Claim Submission History allows users to review the submission history of a particular claim and onfirm which payers received it. It enables easy tracking of how many times a claim was submitted, helpin esolve denials, accepted and resubmitted claims, and identifying if claims require further action for eimbursement.

ollow the steps below to track a claim's submission history.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Track Claim Submission History**.
6. The claim will be opened in the Claim Tracker screen.

   For more information on tracking a claim within the Claim Tracker, visit our Track a Claim Help Article.

/iew Charge History

:t Modified on 05/07/2020 4:49 pm EDT

'his action allows you to review the audit history of each charge allowing you to know who made a change nd when

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   > Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **View Charge History**.
6. A **Charge History** window will display showing changes made to a procedure code as well as the statu: of a claim.
7. Click **Close**.

Preview Electronic Claim

t Modified on 05/15/2023 3:35 pm EDT

he Preview Electronic Claim option will show the 837 ANSI that the system will generate for that claim ar an be used to see how your claims will be sent electronically to the payer.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Preview Electronic Claim**.
6. Select the payer the claim is being sent to (if the patient has multiple payers).
7. Click Preview Electronic Claim

)ther (Procedure Code Charge) Link

:t Modified on 12/20/2023 2:25 pm EST

'he "Other" link within the claim charges tab allows users the ability to add information specific to a rocedure code on the claim. Users can add things like associated drug information, anesthesia start and top times, or assign a different rendering provider for a specific code on the claim.

ollow the steps below to add Other info on a Claim charge.

1. Select **Claim** > **Claim**.
2. Use the **Search field** to search for your claim.

   Check the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Enter or find your procedure code (charge).
6. Optional: Click the "**Other**" link to the right of the procedure code.
   1. Enter any applicable **Service Information** like EPSDT/Chap Code, Family Planning, Emergency, o Rendering Provider to send out on the claim.
   2. Enter any applicable **Drug Information** like Drug Code, Units, Format, Price, or Drug Description to send out on the claim.
   3. Enter any applicable **Measurements** like Hemoglobin, Hematocrit, Epoetin, or Creatin measurements to send out on the claim.
   4. Enter any **Other** applicable info like Anesthesia/Oxygen Minutes, Narrative Notes, or CLIA # to send out on the claim.
7. Click **Apply**.
8. Click **Save**.

·orm (Durable Medical Equipment) Link

t Modified on 08/27/2026 1:40 pm EDT

he "Form" link within the claim charges tab allows users to add a DME (Durable Medical Equipment) form ɔ submit a DME Certificate of Medical Necessity (CMN) on claims.

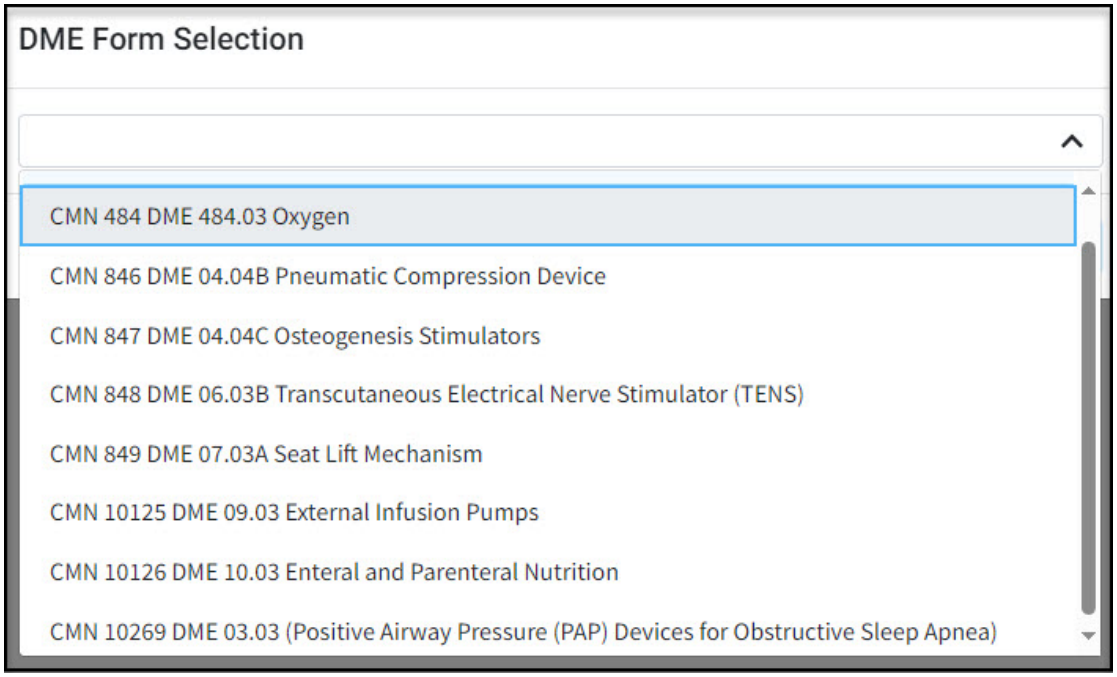
⚠ This field is tuned off by default. To see the DME Forms link option on a claim, the user-setting to "Show Durable Medical Equipment (DME) fields?" must be set to **Yes**. This setting can be found under **Claim > Settings > Claim Settings for User**

ollow the steps below to add a DME Form on a Claim charge.

1. Select **Claim** > **Claim**.
2. Use the **Search field** to search for your claim.

   Check the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Enter or find your procedure code (charge).
6. Optional: Click the "**Form**" link to the right of the procedure code.
7. Select the required DME form from the dropdown.



8. Fill out the form and add any required data.

> If a payer requires you to report **both** the purchase price and the rental price on the same claim, fill out the rental fields (**Rental Unit Price**, **DME Length of Necessity**, **Rental Total Price**, and **DME Frequency**). The **Total Rental Price** is automatically calculated as **Rental Unit Price × Length of Medical Necessity**. For example, a Rental Unit Price of $50 (billed monthly) with a Length of Medical Necessity of 4 months results in a Total Rental Price of $200 (separate from the purchase price, which might be $500).

> ⚠ If you're only reporting the rental price for a piece of DME, you don't need to fill out these fields, simply enter the rental amount using the standard Unit Price, Units, and Total Charges fields, just as you would for any other charge.

9. Click **Apply**.

10. Click **Save**.

Chiro (Chiropractor Fields) Link

Last Modified on 12/20/2023 2:59 pm EST

The "Form" link within the claim charges tab allows users to show chiropractor fields on a particular charge within the claim screen.

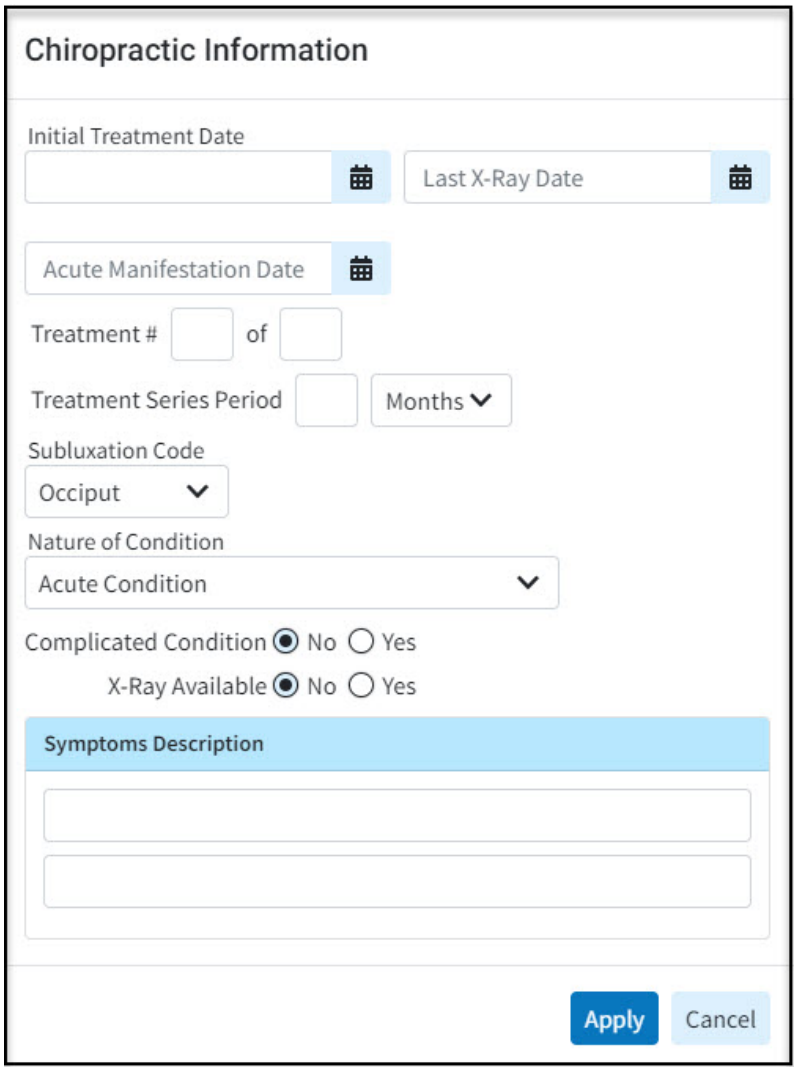
> ⚠ This field is tuned off by default. To see the **Chiro** link option on a claim, the user-setting to "Show Chiropractor fields on the claim screens?" must be set to **Yes**. This setting can be found under **Claim > Settings > Claim Settings for User**.

Follow the steps below to add chiropractor information on a Claim charge.

1. Select **Claim** > **Claim**.
2. Use the **Search field** to search for your claim.

   > Check the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Enter or find your procedure code (charge).
6. Optional: Click the "**Chiro**" link to the right of the procedure code.
7. Add all required chiropractor information.



8. Click **Apply**.

9. Click **Save**.

nventory (Inventory Fields) Link

t Modified on 12/20/2023 3:07 pm EST

he "Inventory" option within the claim charges tab allows users to add an inventory code for a particular harge on claims.

⚠ This field is tuned off by default. To see the Inventory option on a claim, the user-setting to "Show Inventory fields on the claim screens?" must be set to **Yes**. This setting can be found under **Claim > Settings > Claim Settings for User**.

ollow the steps below to enter an inventory code on a Claim charge.

1. Select **Claim** > **Claim**.
2. Use the **Search field** to search for your claim.

   Check the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Enter or find your procedure code (charge).
6. Optional: Click the "**Inventory**" magnifying glass to the right of the procedure code.
7. Select the required inventory code from your inventory list.
8. Click **Save**.

ıdd Institutional Claim

t Modified on 03/09/2020 1:48 pm EDT

ollow the steps below to add a new Institutional (UB-04) claim.

1. Select **Claim** > **Claim**.
2. Click the **Add Institutional Claim** button.

   Click the icon to the right of the Add Professional Claim button to quickly create a new claim for one of your Recently Opened patients.

3. **Claim#** will populate once saved.

   Hovering over the Claim is incomplete icon will open a window letting you know which required fields are missing.

4. Add the **Type of Bill.** Or use the icon to search.

   These Type of Bill codes are consistent with what is published by the American Hospital Association (AHA).

   1. Select the **Facility Type** from the drop-down menu.
   2. Select the **Type of Care** from the drop-down menu.
   3. Select the **Frequency** from the drop-down menu.

5. Begin adding claim information.

   Some fields may be auto-populated based on the patient's information. Click on the icon to the far right of the field to pull the complete record information.

   1. **Patient**: Click the icon and select the patient's name.
   2. **Attending Provider**: Click the icon and select the attending provider name.

This field is used for reporting and CollaborateMD invoicing purposes only. Best practice is to have the Attending Provider and the Billing Provider match based on the configuration in the Provider section.

3. **Billing Provider**: Click the icon and select the billing provider name.

   This field will populate Box 56 and 76 based on the configuration within the Provider section. In order to populate the Group/Practice NPI number in Box 56, the Bill Mode within the Provider or Payer section must be set to Group.

4. **Operating Provider**: Click the icon and select the operating provider name.
5. **Other Provider**: Click the icon and select the other provider name.
6. **Referring / PCP Provider**: Click the icon and select the referring/pcp provider name.
   1. Choose whether Referring (Ref) or PCP from the drop-down menu.
7. ***Optional*: Sales Rep**: Click the icon and select the Sales rep from your referring provider lis

   The Sales Rep Field can be enabled by enabling the DME option underClaim Settings. This field is not sent on the claim and is used only for internal reporting purposes.

8. **Facility**: Click the icon and select the facility name.
9. **Office Location**: Select the office location from the drop-down menu if different the Office location tied to the provider.
10. Add the **Primary Insurance**: Click the icon and select the primary insurance.
    1. **Orig Claim #**: If the claim is being resubmitted, add the TCN (Transaction Control Number) of the original claim here.
    2. Was a Prior Authorization number obtained? Click**Copy Auth from Patient** and select the **Use on claim** link next to the authorization#.

       This field will only be available if the patient has an active authorization, and will update the number of visits used upon saving the claim.

3. Use the **Referral Type** drop-down menu to select the type of referral.
4. The **Copay Due** field populates the copay amount based on the patient's policy information.

11. ***Optional***: Add the **Secondary Insurance**: Click the icon and select the secondary insurance.
    1. **Orig Claim #**: If the claim is being resubmitted, add the TCN (Transaction Control Number) of the original claim here.
    2. Was a Prior Authorization number obtained? Click **Copy Auth from Patient** and select the **Use on claim** link next to the authorization#.

       ⚠ This field will only be available if the patient has an active authorization, and will update the number of visits used upon saving the claim.

    3. Use the **Referral Type** drop-down menu to select the type of referral.
    4. The **Copay Due** field populates the copay amount based on the patient's policy information.
12. ***Optional***: Add the **Tertiary Insurance**: Click the icon and select the tertiary insurance.
    1. **Orig Claim #**: If the claim is being resubmitted, add the TCN (Transaction Control Number) of the original claim here.
    2. Was a Prior Authorization number obtained? Click **Copy Auth from Patient** and select the **Use on claim** link next to the authorization#.

       ⚠ This field will only be available if the patient has an active authorization, and will update the number of visits used upon saving the claim.

    3. Use the **Referral Type** drop-down menu to select the type of referral.
    4. The **Copay Due** field populates the copay amount based on the patient's policy information.

6. Click **Save**.
7. To add charges to the claim, click on the **Charges** tab and reference our Add Charges to an Institutiona Claim Help Article.

ıdd HCPC Codes to Institutional Claims

ıt Modified on 06/15/2021 9:30 am EDT

ollow the steps below to add HCPC codes to an institutional claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Enter the **charge information** (e.g., Date of Service, CPT, POS, TOS, Modifiers (m1-M4), Unit Price, etc

   Copy a charge row by **Right-Clicking** on the charge line and selecting "**Copy Charge**." This will duplicate your line charge information including codes, modifiers, drug info, price, etc.

6. Click the **Status** drop-down menu to choose from one of the statuses by referencing the Status under the Institutional Claim Field Descriptions below.
7. Click the **Other** hyperlink to enter any **Non-Covered Ammount** or additional **Drug Information** relate to the claim.
8. Click **Save**.

ıdd Charge Options to Institutional Claims

ıt Modified on 05/12/2019 3:57 pm EDT

ollow the steps below to set any applicable charge options from the charges section of the claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Under **Charge Options** choose any of the options that are applicable:
   1. **Update patient Procedure Code defaults:** Selecting this option will update the patient's default codes within the Patient section.
   2. **Create new charge panel** from these procedure(s) by checking the box.
   3. Use the **Set all charges to** drop-down menu to select a **status** (e.g., send to payer, balance due patient, user print and mail, etc.).
6. Click **Save**.

Reorder Charge Columns on a Claim

t Modified on 05/12/2019 3:53 pm EDT

Columns can be reordered to match your desired claim entry workflow. Any changes made will be remembered the next time you create a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Charges** tab.
5. Hover over the column header you wish to move (POS, TOS, MOD, Units, Amount, Etc.) and right-clicl on it.
6. Select **Move Left** or **Move Right**.
7. Repeat for any other column headers.
8. Click **Save**.

Charge Status Descriptions

Last Modified on 11/14/2019 9:35 am EST

- **Send To Payer Via Clearinghouse**: Claim/Charge(s) will be sent to the payer according to yourReal Time Claim Submission Settings (RTCS).
- **User Print & Mail to Payer**: Claim/Charge(s) in this status can be printed individually or in a group via the Claim Batch screen.
- **Balance Due Patient**: Outstanding Claim/Charge(s) balances with this status are added to the patient balance and are included in patient statements.
- **On Hold**: The Claim/Charge(s) is on hold and will not leave the system. This status should be used if further actions are required on this before sending to the payer.
- **Claim at Payer**: The Claim/Charge(s) is at the payer. Claims/Charges are automatically set to this status after being sent to the payer or printed from the application.
- **Incomplete**: The Claim is not complete and will not leave the system. Claims will automatically be set to this status if the claim or patient record are missing required fields (**Note**: Users are not able to manually set a charge to a status of incomplete).
- **Pending Payer**: Outstanding Claim/Charge(s) balances with this status are added to the Insurance balance.
- **Pending Patient**: Outstanding Claim/Charge(s) balances with this status are added to the patient balance, but are not included in statements. This is helpful if you are waiting for a patient payment, bu don't want to send them a statement.
- **Pending Physician**: Hold status for Claims/Charges(s) that are pending the office/provider.
- **Collection**: Removes Charge Balance(s) from AR. We recommend using this status if the outstanding balance has been transferred to internal collections or an external collections agency..
- **Paid**: The Claim/Charge(s) has been paid.
- **Deleted**: Deletes the Claim/Charge(s) upon saving the claim.
- **Waiting for Review**: The Claim/Charge(s) needs to be reviewed and status updated before it will be sent to the payer. Claims created via an interface will be left in this status.
- **Appeal at Payer**: This Claim/Charge(s) is being appealed by the payer.
- **Denied at Payer**: The Claim/Charge were denied by the payer.
- **Rejected At Clearinghouse**: The Claim/Charge(s) were rejected by the clearinghouse.

ıdd Additional Info to Institutional Claims

ɪt Modified on 06/24/2024 4:21 pm EDT

ollow the steps below to add general additional information to an institutional claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Additional Info** tab.
5. Select the **ANSI Location** or **CMS-1450(UB-04)** options to see where the entered information will populate.
6. Add additional information as it applies to the claim.
7. Click **Save**.

Some Institutional Claim Additional Info Field Descriptions:

- **Show Additional Information about each field**: Selecting one of the available radio options will display which box, or loop and segment the information will populate in for each field.
- **Admission Type**: Use this field to specify the type of admission (Urgent, Emergency, Elective, etc.).
- **Admission Source**: Use this field to specify the source of admission (Non-Health Care Facility, Clinic, Transfer from a different facility, etc.).
- **Discharge Hour**: Use this field to specify the time when the patient was discharged**Please note that this screen will be hidden when the third digit of the type of bill is 2 or 3, and the patient status is set to 30 (Still Patient).**
- **Patient Status**: Use this field to specify the current status of the patient.
- **Patient Estimated Amount Due**: If required by your payer, enter the patient estimated cost due (Loop 2300 AMT~F3).
- **Is Patient Condition Related to**: Select whether the patient's condition is related to their

employment, auto accident, or another type of accident.

- **Delay Reason Code**: If required by your payer, enter the delay reason code here.
- **Documentation Method**: If required by your payer, enter the documentation method, and documentation type when sending one or more attachments to the payer on paper.

ıdd Information Codes to Institutional Claims

ıt Modified on 05/12/2019 3:52 pm EDT

ollow the steps below to add information codes to an institutional claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Information Codes** tab.
5. Select the **ANSI Location** or **CMS 1450 (UB-04)** options to see where the entered information will populate.
6. Add additional information as it applies to the claim.
7. Click **Save**.

Convert Claim to Professional

t Modified on 05/12/2019 3:01 pm EDT

ollow the steps below to convert an institutional claim to a professional claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Convert Claim to Professional**
6. Click **Save**.

Copy Claim

Last Modified on 05/12/2019 2:59 pm EDT

Once a claim has been saved, you can copy the claim following the steps below.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Copy Claim**.
6. A copy of the claim will open.
7. Modify the claim information .
8. Click **Save**.

;plit Claim

:t Modified on 05/12/2025 9:32 am EDT

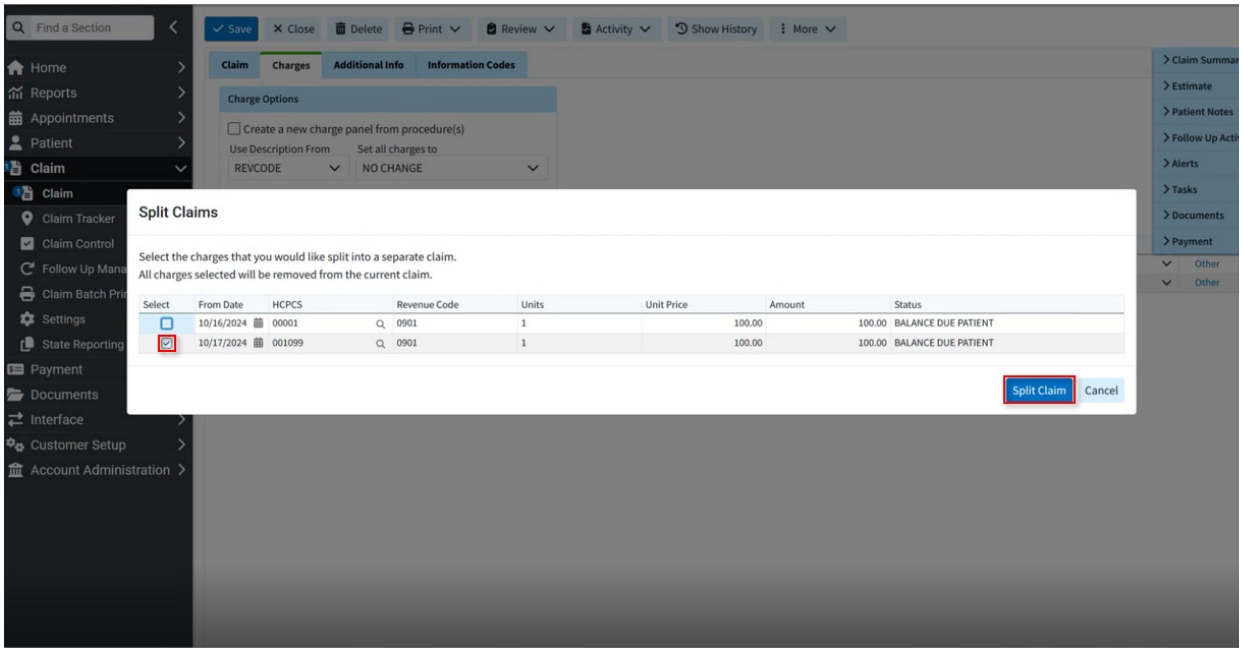
plit Claims allows users to take a single claim and split it into multiple claims. This process will move any elected charges (including any existing payments) to a new claim, while keeping all others in the existing laim.

ollow the steps below to split a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Split Claim**.
6. Select the charge lines you want to move to the new claim by checking the box(es) to the left of the line.
7. Click Split Claim.



8. Click Save. The claim is now split into two claims.

Users can only split one claim into two. If they want to split more than that, they can re-open the claim after they've split it once to split it again.

Check Claim Status

t Modified on 05/12/2019 3:00 pm EDT

laim Status provides the capability for users to submit status requests and receive responses in real-time egarding their claims. The claim status response provides information about your claim within the payer's djudication process, including how much is being paid on the claim once approved. Users can retrieve this nformation within the CollaborateMD application without having to contact the payer. There are no dditional fees for this service.

laim status can be verified for any claim that meets the following criteria:

1. The payer supports electronic Real-Time Claim Status (RTCS).
2. The claim was submitted electronically to the payer.
3. The claim status must not be set to any the following restricted statuses:

   Standard & custom statuses listed as "Not Billed"

   Balance Due Patient

   Collection

   Paid

   Denied at Insurance

   Rejected at Clearinghouse

   Rejected at Insurance

⚠ Depending on the payer, an agreement may need to be filled out prior to checking claim status. Please refer to our Payer Agreements Help Article for more information.

ollow the steps below to check claim status.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.

4. Click the **More** button.
5. Select **Check Claim Status**.
6. The Claim Status window will open, informing you of the status of the claim.
7. Click **Close**.

/iew Charge History

:t Modified on 05/07/2020 4:48 pm EDT

'his action allows you to review the audit history of each charge allowing you to know who made a change nd when

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **View Charge History**.
6. A **Charge History** window will display changes made to a procedure or revenue code, as well as the status of a claim.
7. Click **Close**.

Preview Electronic Claim

t Modified on 05/12/2025 9:14 am EDT

he Preview Electronic Claim option will show the 837 ANSI that the system will generate for that claim ar an be used to see how your claims will be sent electronically to the payer.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Preview Electronic Claim**.
6. Select the payer the claim is being sent to (if the patient has multiple payers).
7. Click Preview Electronic Claim

ʼrack Claim Submission History

ɜt Modified on 05/30/2025 12:43 pm EDT

ʼrack Claim Submission History allows users to review the submission history of a particular claim and onfirm which payers received it. It enables easy tracking of how many times a claim was submitted, helpin esolve denials, accepted and resubmitted claims, and identifying if claims require further action for eimbursement.

ollow the steps below to track a claim's submission history.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **More** button.
5. Select **Track Claim Submission History**.
6. The claim will be opened in the Claim Tracker screen.

   For more information on tracking a claim within the Claim Tracker, visit our Track a Claim Help Article.

ind or edit a Claim

t Modified on 05/12/2019 3:59 pm EDT

ollow the steps below to find or edit an existing claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. ***Optional***: Modify the claim information.
5. Click **Save**. Otherwise, click **Close** if no changes were made.

Managing Incomplete Claims

t Modified on 07/25/2022 1:32 pm EDT

laims may be marked as incomplete for multiple reasons. Incomplete claims will not be sent to the learinghouse or the payer.

⚠ The system will not allow users to manually set a charge to a status of incomplete when all required data is present on the claim and patient record. Users will see a warning that this action is not supported and provided a recommendation to use another status (for example, a custom status) for charges needing further action before being billed. Visit our Custom Claim Status Help Article for more information on creating your own customized charge statuses.

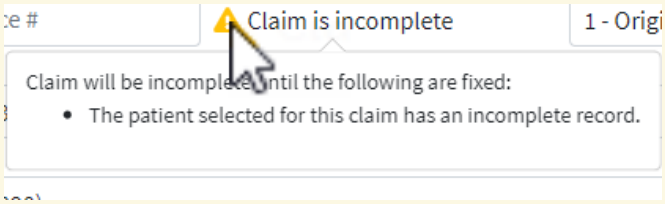
ollow the steps below to identify why a claim is incomplete:

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Hover your mouse over the ⚠ Claim is incomplete icon.
5. A window will open providing you with additional information as to why the claim is incomplete.
6. Make edits to your claim accordingly.

   ⚠ If the patient's record is incomplete and you're unsure why, please open the patient's record and follow the same steps as above. Once the patient record is completed, you must open the claim and save it to mark it as complete



7. Once all required fields are complete the claim will automatically be marked as **Completed**.
8. Click **Save**.

Quick Tip: How to find Incomplete Claims

Follow the steps below to find all of your incomplete claims using the report viewer.

1. Select **Reports** > **Viewer**
2. Search for the **Incomplete Claims Report** and click to open it.
3. Select the **date range** and any applicable filters
4. Click **Run Report.**

)elete a Claim

:t Modified on 05/12/2019 4:21 pm EDT

ollow the steps below to delete an existing claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Delete** button.
5. When the confirmation window opens, select **Delete Claim**.

›rint Options

:t Modified on 01/17/2024 8:22 am EST

'rint Option provide the capability for users to print, copy, or show a preview of how the claim will print. ollow the steps below print your claim, view a preview or print a copy.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   > Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Print** button and choose one of the following actions:
   1. **Save and Print Claim:** Prints the claim from your desired printer.

      > Make sure the appropriate claim form(s) are loaded in the printer before selecting this option and **that scale to fit is unchecked and set to 100!**

   2. **Show Preview:** View what the claim will look like once printed on the form.
   3. **Copy:** Prints a copy of the claim for your record or to provide to a patient.
   4. **Save and Print With Form:** Downloads a pdf copy of the claim on the official CMS-1500 or UB-0 claim form.

      > ⚠ A printed copy of this CMS-1500 form should not be used for the submission of claims. They must be submitted in the official form since the copy will not accurately replicate the scale and OCR (in Flint OCR Red, J6983) color of the form as directed by the CMS and the payers. Each Print will count as a 1/2 claim transaction.

   5. **Claim Transaction History:** Prints the transaction history of the claim.
   6. **EOB:** Prints the EOB based on the claims ERA Report.
   7. **Open Negotiations Form:** Prints an Open Negotiation Form (OMB 1210-0136) directly from the claim screen so that providers that are out-of-network can enter open negotiations with the insurance company.

5. Click **Save**. Otherwise, click **Close**.

›rint Claim Transaction History

:t Modified on 06/04/2020 2:23 pm EDT

'he **Claim Transaction History** contains a list of all of the claim's transactions and billing activity. You can uickly print out a detailed list of the claims transaction dates, charges, TCN #s, payments and adjustments tc.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Print** button.
5. Select **Claim Transaction History**.
6. Click **Save**. Otherwise, click **Close**.

›rint Open Negotiations Form

:t Modified on 10/21/2024 11:57 am EDT

'he **Open Negotiations Form** allows users to print an Open Negotiation Form (OMB 1210-0136) directly ·om the claim screen so that providers who are out-of-network can enter open negotiations with the ısurance company to determine the amount that the insurance company will pay for emergency services.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Print** button.
5. Select **Open Negotiations Form**.
6. Enter the **Signer's relationship to the office**.
7. Enter the out-of-network rate offer to the desired percentage of the total amount and click **Set**.
8. Optional: You can also Enter/Edit the **Offer for Total Out-of-Network Rate** column for each individua service line.
9. Check the "**Open Negotiations Period and IDR Initiation Deadline after Printing**" box.
   1. When checked, it will set and store the "Open Negotiations Period End" and Federal "IDR Initiation Deadline" dates when sending the Open Negotiations Form, making it easier for users to manage the Open Negotiations process.

      This data will be stored and available within the "Open Negotiations" tab in the Claim Follow-Up Activity screen.

10. Click Print Open Negotiations Form
11. Click **Save**. Otherwise, click **Close**.

Print Proof of Timely Filing Letter (From Claim)

Last Modified on 07/21/2025 2:55 pm EDT

The **Proof of Timely Filing** letter allows users to print a basic proof of timely filing letter directly from the claim screen for payers who don't have their own required format.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Print** button.
5. Select **Proof of Timely Filing**
6. Select your claim submission (TCN).
7. Review your letter.
8. Click **Print**.
9. Click **Save**. Otherwise, click **Close**.

   Visit our Proof of Timely Filing Letter SampleHelp Article to view a sample Proof of Timely Filing letter.

Print Appeal Letter (From Claim)

Last Modified on 07/21/2025 2:55 pm EDT

The **Appeal** letter allows users to print a basic claim appeal letter directly from the claim screen for payers who don't have their own required format.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Print** button.
5. Select **Appeal**
6. Select your claim submission (TCN).
7. Review your letter.
8. Click **Print**.
9. Click **Save**. Otherwise, click **Close**.

   Visit our Appeal Letter Sample Help Article to view a sample Appeals letter.

Review Claim

t Modified on 02/17/2020 12:32 pm EST

:laim Review helps you manage the complex rules and terminology of coding. This feature analyzes the laim(s) before submission to the clearinghouse and identifies any issues with your claim(s), maximizing the otential for you to be paid correctly on the first submission. Claim review is made up of 3 parts.

1. **Real Time Claim Submission (RTCS)**: Real-Time Claim Submission (RTCS) gives you on-demand visibility into your claim. Within seconds, claims are scrubbed for tens of thousands of clearinghouse edits.

   The charge must be in the status of *"send to insurance via clearinghouse"* to use RTCS.

2. **Claim Analysis**: Claim Analysis is a built-in clearinghouse edit engine that validates professional and institutional claims for Generic or Payer-Specific Edits. This feature allows you to correct claims befor it's rejected by the Clearinghouse. Analyzing your claim prior to it being sent to the Clearinghouse wil save you a significant amount of time on rework.

3. **Code Scrubbing (If the service is enabled)**: Code Scrubbing is a solution that validates your procedure codes, diagnosis codes, CCI, NCD, LCD, HCPCS, Modifiers, and LMRPs to catch any common errors before the claim is sent to a payer.

ollow the steps below to review a claim.

1. Select **Claim** > **Claim**.

2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.

4. Click the **Review** button and select one of the following options:

   1. **Review Claim**.

      If the claim hasn't been reviewed yet the following message will appear in the drop-down ***"This claim has not yet been reviewed."***

2. **View Results**.

> 🪄 If the claim has been reviewed, you will see the date and time it was last reviewed and allow you to click ***"view results"***.

5. A Claim Review Result window will open with a summary of the review.

6. Click **Close**.

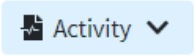
/iew Claim Activity

:t Modified on 12/02/2019 10:12 am EST

ollow the steps to pull an activity listing for a patient's claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click 

and select one of the following options:
   1. **For This Claim Only**: Select this option to view activity history for the patient and will include only the claim you currently have open under the claim activity listing.
   2. **For All Claims**: Select this option to view the activity history for the patient and will include all claims created for the patient you currently have open.
5. An Activity record will open in a new window.

   Reference our **Activity Help Article** to learn more about the activity record.

Claim Status

t Modified on 06/06/2025 1:18 pm EDT

laim Status provides the capability for users to submit status requests and receive responses in real-time egarding their claims. The claim status response provides information about your claim within the payer's djudication process, including how much is being paid on the claim once approved. Users can retrieve this nformation within the CollaborateMD application without having to contact the payer. There are no dditional fees for this service.

laim status can be verified for any claim that meets the following criteria:

1. The payer supports electronic Real-Time Claim Status (RTCS).
2. The claim was submitted electronically to the payer.
3. The claim status must be set to ***"Claim At Insurance."***

> ⚠ Depending on the payer, an agreement may need to be filled out prior to checking claim status. Please refer to our Payer Agreements Help Article for more information.

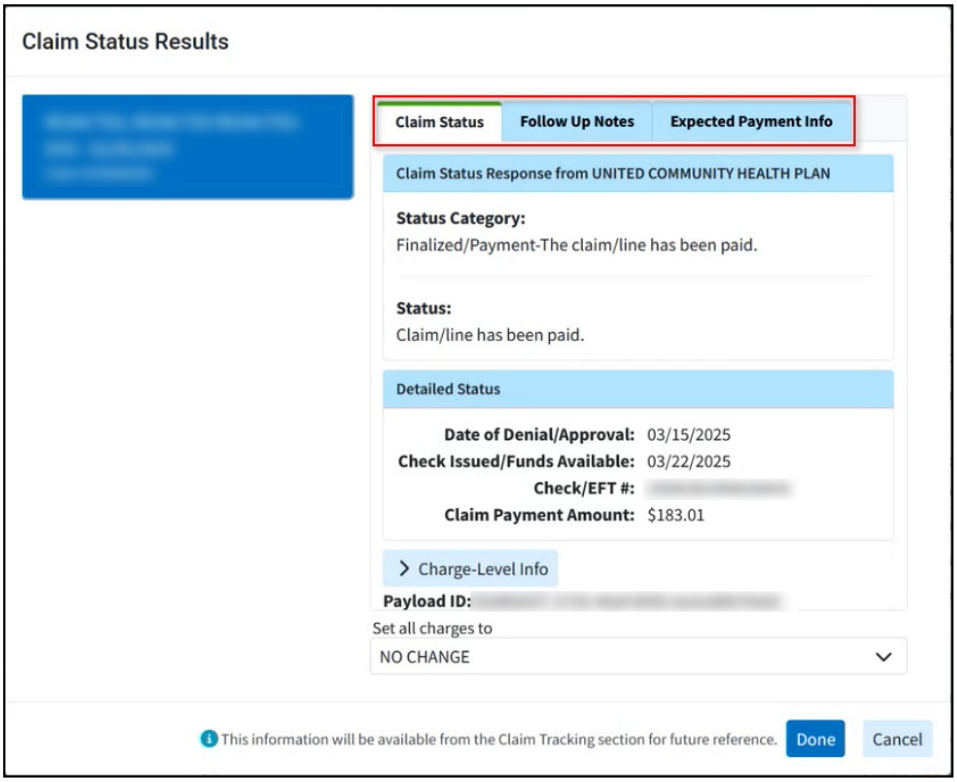
ollow the steps below to check a new or existing claim status.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   > Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Claim Status** button.
   1. Select **Claim Status Check** to perform a new request for the status of the claim.
   2. Select **Last Checked On (Date)** to view the last existing request for the status of the claim.
   3. View **All Past Claim Status Reports** to view all previous requests for the status of the claim.
5. The Claim Status Results window has the following 3 tabs:
   1. **Claim Status**: Provides the claim status response from the payer along with a detailed status, payments, and an option to update the charge status from the results screen.

2. **Follow Up Notes**: Allows the user to enter any follow up notes pertaining to the claim.
3. **Expected Payment Info**: Provides any expected payment information from the status result (pai amount, check date, and check number).



> Data from the follow up notes and expected payment info within the claim status results window will be available in the Follow Up Management section.

6. Click **Done**.
7. Click **Close**.

/iew Claim Summary

t Modified on 09/18/2024 3:40 pm EDT

ollow the steps below to view a summary of the claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Claim Summary** tab from the side panel.
5. Review the claim information.
   1. **Patient**: Displays the patient's name, account number, and reference number (when applicable).
   2. **DOB**: Displays the patient's date of birth, age, and gender.
   3. **Form Version**: Displays the claim version (CMS-1500 or CMS-1450 (UB04)).
   4. **Total Amount**: Displays the total billed amount for the procedure codes included on this claim.
   5. **Ins Payments**: Displays any payment(s) a payer has paid towards this claim.
   6. **Pat Payments**: Displays any payment(s) the patient has paid towards the claim (e.g., a copay).
   7. **Adjustments**: Displays any adjustments the payer has made towards this claim.
   8. **Balance**: Displays any open balance remaining after insurance and/or patient payments have been applied towards this claim.
   9. **Patient Credits**: Displays any credit amount available on the patient's account.
   10. **Patient Follow Up Date**: Enter a patient follow-up date.
   11. **Patient Recall Date**: Enter a patient recall date.
   12. **Date of Service**: Displays the date of the service(s) based on the claim's procedure codes.
   13. **Date Entered**: Displays the date this claim was created.
   14. **Last Billed Date**: Displays the last date this claim was submitted to a payer.
   15. **Last Statement**: Displays the last date a statement was sent for this claim.

16. **Statements Mailed Count**: Displays the number of statements mailed for this claim (this option is only available if the Statement Automation Setting to "**Send separate statements for charges pe claim**" is enabled).

17. **Electronic Statement Count**: Displays the number of electronic statements sent for this claim (this option is only available if the Statement Automation Setting to "**Send separate statements for charges per claim**" is enabled).

18. **Follow Up Date**: Enter a follow up date for this claim. Claims with follow up dates can be tracked within the Follow Up Management screen.

    The Follow up date can be automatically populated on a claim based on the payer the claim was billed to. For more information on defaulting follow up dates per payer reference the General Billing Options Help Article.

19. **Copay Remaining**: Displays the unpaid copay balance for the claim.

6. Click **Save**.

Create/Manage Patient Estimates

t Modified on 01/25/2023 3:20 pm EST

he Patient Estimates feature allows you to easily create Good Faith Estimates as required by the No urprises Act. Providers and billers can now create estimates of patient responsibility at the time of servic or uninsured, self-pay patients, or high deductibles and copays. Once an estimate is created (from either a ppointment or a claim), users can print the estimate, send a statement, collect payments in the patient ayment portal, create payment plans for the estimate, and much more.

ollow the instructions below to create a patient estimate from a claim.

Important Note: You must have the **Real-Time Eligibility** and the **Patient Estimates** features enabled and configured in order to create Patient Estimates. For more information on turning these services on, please visit our Manage Real-Time Eligibility and Manage Patient Estimates Help Articles.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Locate and click **Estimate** from the right-hand side panel.
5. Click **New Estimate**.
6. Select the type of estimate:

   The contract amount is required in order to create an accurate estimate unless the patient is Self Pay. For more information visit our Patient Responsibility Estimates FAQs.

   1. **Auto Estimate**: Works directly with the payer's eligibility system to determine the patient's amount due based on the services and the latest plan information about remaining deductibles and other limitations.
      1. Verify the estimate and click **Save**.

2. **Quick Estimate**: This is the most common option and will quickly create an estimate based on the patient's copay amount. This option uses the copay that is set on the patient's Insurance policy (check the **Patient > Insurance Info** tab within the appointment).

    1. Verify the copay estimate and click **Save**.

3. **Custom Estimate**: Works directly with the payer's eligibility system to determine the patient's amount due based on the services and the copay and coinsurance. For example, if both a copay and coinsurance are set, then it will use the copay. If you get rid of the copay, then it uses the coinsurance.

    1. Check the box to calculate the amount based on copay, deductible, and coinsurance; or manually enter the copay, remaining deductible, and/or coinsurance amounts.

    2. Click **Save**.

7. Once finished with the appointment, click **Save**.

Manage Patient Claim Notes

t Modified on 12/09/2024 8:23 am EST

lotes can be used to include any special information regarding a specific patient interaction. Notes can be iewed by all users that have permission to access the Claim screen. Using the notes feature can help your eam stay organized and up to date on general claim information or specific actions to come.

dd, edit or remove claim notes.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Locate and click on **Patient Notes** from the right-hand side panel.

   Categorize your notes by selecting **Appointment**, **Claim**, **My**, **Patient**, **Payment**, or **Notes for this Claim**.

5. Select one of the following actions:

   Click the **Pop-out** icon to expand your notes to see more details on each note.

   When searching for **Claim Notes**, Click the **Pop-out** icon to allow filtering notes by date of service

   1. To add notes, click **Add Note** to write your message, then click **Done**.
   2. To **edit** or view existing notes, click the Note and make your changes, then click **Done**.
   3. To **sort** existing notes, click the Sort Icon and select a sorting option from the dropdown, ther click **Done**.

4. To **remove** a note, select the Note and click the **Delete** icon.
    1. Undo this action by clicking the **Redo** icon

6. Click Save .

Copy claim notes to other claims.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

> Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Locate and click on **Patient Notes** from the right-hand side panel.

> Categorize your notes by selecting **Appointment**, **Claim**, **My**, **Patient**, **Payment**, or **Notes for this Claim**.

5. Select the note you want to copy.
6. Click the **copy** icon and select the unpaid claim(s) for this patient to copy the note to (by checking the corresponding box(es).
7. Click **Select**.
8. Click **Done**.
9. Click Save

Manage Follow Up Activity

t Modified on 09/26/2019 4:04 pm EDT

ollow Up Activity can be used to add follow up notes related to a patient's claim or expected payment nformation. For more information, please reference our Follow Up Management Help Article

Add, edit or remove Follow Up notes.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Locate and click on **Follow Up Activity** from the right-hand side panel.
5. Select **Follow Up Notes**
6. Select one of the following actions:
   1. To add notes, click **Add Note** and add your message.
   2. **Edit**, or **delete** notes: use the icons associated with the note.
      1. The **copy** icon copies the note to other unpaid claims for this patient.
      2. The **gear** icon is used to configure which users can view this note.
      3. The **remove** icon removes this note from the claim.
      4. The **Undo** icon undoes removing the follow-up note.
7. Click Save .

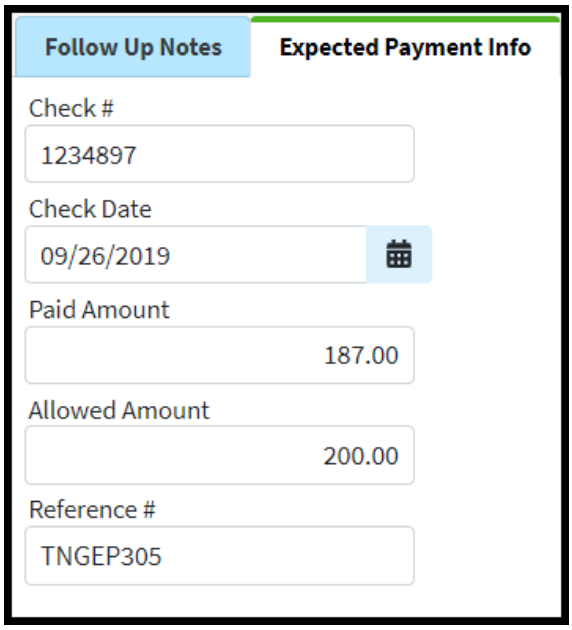
Expected Payment Info

after speaking to the payer, enter any expected payment info into this section, making it easier to locate this information for future reference.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

> Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Locate and click on **Follow Up Activity** from the right-hand side panel.
5. Select **Expected Payment Info.**
6. **Add** or **edit** payment information within the corresponding fields (Check , Check Date, Paid Amount, Allowed Amount, Reference).



7. Click Save

Manage Patient Alerts on Claims

t Modified on 01/23/2023 1:12 pm EST

CollaborateMD allows you to add specific alerts to a patient record. These alerts will appear as a pop-up whenever the patient is opened in any sections of the CollaborateMD applications.

Follow the steps below to add alerts to a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Alerts** tab from the side panel.
5. Click the **Add Alert Button**.
6. Write the message you would like appear in the alert.
7. Use the **Display Options** boxes to determine when you would like the alert to appear.

   For more information on the Display Options, please visit the Alert Control Help Article.

8. The **Effective date Range** allows you to set how long the alert should remain active.
9. Once satisfied with the alert, click **Done**.
10. Click **Save**.

By default you are only allowed to edit or delete alerts you created. Users with the "Create and Edit All" Alert permission is able to edit and delete any report. Please reference our User Management Help Article for more information.

Follow the steps below to find, edit or delete an existing claim alert.

1. Select **Claim** > **Claim**.

2. Use the **Search** field to search for your claim.

> Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Alerts** tab from the side panel.
5. Click the alert you want to edit.
6. Make the desired changes.
7. Click **Done**. Otherwise, click **Close to exit** or **Delete to remove** the alert.
8. Click **Save**.

Manage Tasks on Claims

Last Modified on 04/05/2022 11:28 am EDT

CollaborateMD allows you to create specific tasks associated with your claims. Tasks will help you keep track of items that need to be completed. Tasks can have due dates, links, descriptions, statuses, and priorities. You can assign tasks to yourself or to specific users within your business.

Follow the steps below to add tasks to a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   > Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Tasks** tab from the side panel.
5. Click **Create Task**.
6. Enter the task name in the **Task Title** field.
7. Add the task's **Due Date, Status,** and **Priority**.
   - **Low**: blue down arrow.
   - **Normal**: Yellow side arrow.
   - **High**: Red upwards arrow.
8. Write in the **Description** of the task.
9. ***Optional***: Click the **Add Link** to link the task to an action. Tasks can be linked to a **patient, claim, practice, provider, facility, payer, report, message, or customer**.
10. Enter the username you would like to assign this task to. Or click Select Users and select the user from the list.

    > Only users with the **Administer All** permission under administer tasks can edit tasks for other users.

8. Click **Done**.

9. Click **Save**.

> For more information on Tasks, please visit the **Tasks Help Article**.

ollow the steps below to find, edit or delete an existing claim task.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

> Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Tasks** tab from the side panel.
5. Click the Task you want to edit.
6. Make the desired changes.
7. Click **Done**. Otherwise, click **Cancel to exit** or click the icon to the right of the task to delete it.
8. Click **Save**.

Manage Documents for a Claim

t Modified on 09/09/2024 10:38 am EDT

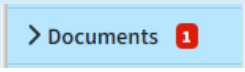
Add a document to a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click the **Documents** tab from the side panel.
5. Select whether the document is **Patient Document** or **Claim Document**.
6. Click the **Add** button and choose how you want to associate a document:
   1. Select **Associate Existing** to choose a document that's already been uploaded.
      1. Drill down into the appropriate folder.
      2. Click the document you want to associate.
      3. Click **Save**.
   2. Select **Upload New** to open a new window.
      1. Click the **Add Files** button.
      2. Select the file from your local drive.
      3. Add any applicable note.
      4. Choose the **Folder Location** to add the file.
      5. Click **Select**.
      6. Click **Upload Files**.

   A red number indicator is displayed in the "Documents" side panel tab, indicating the number of documents associated with the claim.

7. Click **Save**.

)elete claim documents.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click on the **Documents** tab from the side panel.
5. Click the **Delete** icon next to the claim document file you want to delete.
6. Click **Save**.

ıpply Account Credit to a Claim

ıt Modified on 07/03/2025 4:34 pm EDT

Who can use this feature?

Users with the Patient Payment permission can post patient payments within the Claim section.

ollow the steps below to apply a credit.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click on the **Payment** tab from the side panel.
5. From the Claim Payment tab, fill in the radio button for **Apply Account Credit to Claim**.
   1. The Credit Available will display.
   2. Populate the **Applied Amount** field with the amount of credit to apply.
   3. Select the **Received Date**.
   4. The **Memo** field is defaulted to Apply Account Credit. If necessary, update the memo per your business needs.
6. Click **Save**.

pply an Unapplied Copay to a Claim

t Modified on 07/03/2025 4:33 pm EDT

ollow the steps below to apply an unapplied copay credit to a claim.

⚠ The unapplied Copay DOS and the Claim's "From DOS" need to match and the claim must have an available copay balance.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click on the **Payment** tab from the side panel.
5. From the Claim Payment tab, fill in the radio button for **Apply Account Credit to Claim**.
   1. The Credit Available will display.
   2. Populate the **Applied Amount** field with the amount of credit to apply.
   3. Select the **Received Date**.
   4. The **Memo** field is defaulted to Apply Account Credit. If necessary, update the memo per your business needs.
6. Click **Save**.

   Save yourself some time and automate this process by enabling the **Automatically apply unapplied copays when claims are entered**: option found within the **Claim Settings Help Article**. If the Unapplied Copay and Claim DOS match and the claim has an available copay balance the system will enable this option.

ost New Payment to a Claim

t Modified on 08/01/2025 3:49 pm EDT

Who can use this feature?

Users with the Patient Payment permission set to Post Only can post patient payments (as a credit) within the Claim section , but not apply the payment towards the patient's charges.

Users with the Patient Payment permission set to Apply can post and apply patient payments, discounts, adjustments, and credits within the Claim section.

ollow the steps below to add patient payments to a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click on the **Payment** tab from the side panel.
5. From the Claim Payment tab, fill in the radio button for **Post New Payment to Claim**
6. Enter the **Payment Amount.**
7. Populate the **Payment Received Date.**
8. If applicable, enter the Check #.
9. Select the payment **Type**.
10. Select the **Source** of the payment.

    If the In-app Credit Card Processing feature is enabled, after saving the payment, you will needed to enter the card information into the Enter Payment Window pop-up. For a detailed step by step guide, please reference the Processing a Credit Card Payment & Printing Receipts

Help Articles

11. Update the **Memo** field as needed.

12. Click **Save**.

Send Claims to Secondary or Tertiary Insurance

t Modified on 12/06/2019 12:32 pm EST

:ollaborateMD maintains a marker in the payer database that identifies whether a payer accepts secondar laims electronically. When an insurance payment is entered via EOB Auto Apply, the application will look or a remaining balance and whether the claim has a secondary payer. If there is a balance and a secondary ayer, the application will change the charge status to "Send to Secondary via Clearinghouse" (as long as th ayer is willing to accept electronic secondary claim(s)). If needed, please reference our Payer Agreements lelp Article to learn how to submit and review payer agreements.

)nce verified that the payer will accept secondary claims electronically and the agreement has been pproved, follow the steps below:

1. Post the payment received from the primary insurance Please reference ourPost Payments Help Article for more information on how to post insurance payments..

   ⚠ Sometimes a payer will send an EOB where the check amount is $0.00. In these instances, a payer acknowledges the charge but will not reimburse you for the service, such as when a client has a deductible. If the patient(s) listed on the EOB have a secondary insurance and the claims can be submitted electronically to the second payer, you must post the $0.00 payment. Otherwise, the claim(s) will be rejected.

2. Once the payment is posted, change the line item Status under the Charges tab of the Claim to bill the ***"Secondary Payer via Clearinghouse."***

3. CMD will automatically send the primary insurance payment details as long as there's a payment and adjustment made to each line item, even if the payer paid $0.00. The payment information that is transmitted electronically acts as the paper EOB the payer would normally receive.

Important Note:

If the secondary payer does not accept secondary insurance claims electronically, the application will set the charge status to ***"User Print and Mail".***

Secondary claims can be billed the same day the primary payment is applied, and Tertiary claims can be billed the same day the secondary payment is applied, accelerating reimbursement. It's important to remember that these claims must be printed and mailed to the payer and the EOB must be attached to the claim.

Re-submit a Claim

t Modified on 05/12/2019 4:46 pm EDT

ollow the steps below to re-submit a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

   Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Change the **claim Frequency field**.
   1. **7 - Replacement of Prior Claim**: This is replacing a prior claim.
   2. **8 - Void/Cancel Prior Claim**: This is voiding or canceling a prior claim.
5. Provide an **Original Claim #**, under the **Insurance information**.

   The original claim# can be either the TCN (Transaction Control Number) or ICN (Insurance Control Number). Typically, the number to use is dependent on whether you're re-submitting the claim before (TCN) or after (ICN) the EOB has been received.

6. **For Professional Claims ONLY**: Click the Additional Info tab and enter a Resubmit Reason Code.
7. Click the **Charges** tab.
8. Under **Charge Options**, use the drop-down menu to select the status to **Set all charges to**. Or send by individual line item by updating the **Status**.
9. Click **Save**.

Re-Order Charges On Claim

t Modified on 04/25/2025 12:32 pm EDT

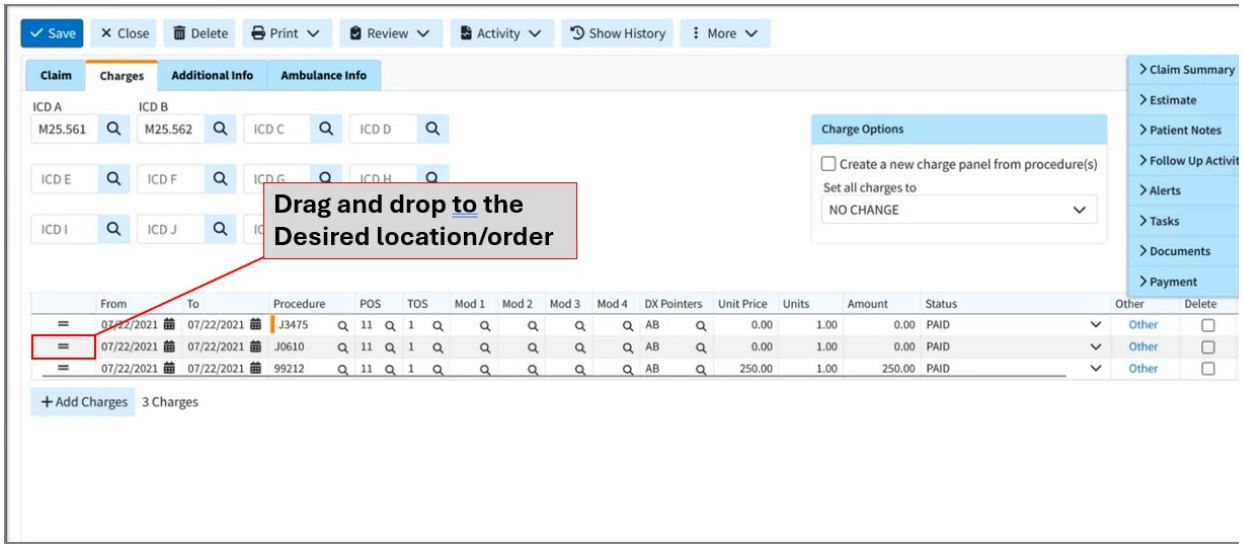
ustomers can quickly change the order of charges on a claim for payers with specific requirements, even etween primary and secondary payers.

ollow the steps below to re-order charges on a claim.

1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

> Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. *Click the **Charges** tab.*
5. You can change the order of the charges by clicking the 2 lines to the left of each charge ( ) and then dragging and dropping to the desired location/order.



6. Click **Save**. Otherwise, click **Close** if no changes were made.

Print Medicare Roster Billing Claim

t Modified on 04/30/2021 12:21 pm EDT

oster Billing is a way for you to submit multiple claims to Medicare for flu or pneumococcal (PPV) shots nd bill them using a simplified method using only one CMS-1500 form and a "Roster" listing the patients. oster billing is used for Medicare-enrolled “Mass Inmunizers” when billing multiple patients at once. If you ave other services to bill, use normal claims filing procedures and forms.

CollaborateMD does not save roster billing claims within our database for posting payments and will not track which patients were included in the "Roster." When it is time to post payments towards these claims we recommend using a Debit Code or creating a placeholder claim that is not sent to the payer. These claims are ONLY for printing purposes.

1. Select **Claim** > **Claim**.
2. **Click** the icon to the right of the **Add Professional Claim** button and select **Print Roster Billing**.
3. Begin adding Claim information.
    1. **Claim#:** will default to Roster.
    2. **Patient:** Will default to “**SEE ATTACHED ROSTER**.”
    3. **Rendering Provider:** Click the icon and select the rendering provider name.
    4. **Billing Provider:** Click the icon and select the billing provider name.
    5. **Facility:** Click the icon and select the facility name.
    6. **Office Location:** Select the office location from the drop-down menu if different than the Office location tied to the provider.
    7. **Payer:** Click the icon and select the payer.
4. Select the **Charges** tab.
    1. **ICD A** will default to **Z23** (ENCOUNTER FOR IMMUNIZATION)
    2. Add the (From) date of service based on the payer requirements.
    3. Add the charges (procedure codes).

    The **POS** code will default to **60** (Mass Immunization)

5. Click the **Print** button and choose one of the following actions:
    1. **Show Preview:** The preview option gives you a quick view of what the claim will look like once printed off.
    2. **Roster:** Prints a copy of the claim.
6. Once printed click **Cancel**.

> ⚠ The Save button is not available since the claim or charges are not saved to the database. Users must Print the claim.

/iew EOB information on Claim

:t Modified on 07/03/2025 4:02 pm EDT

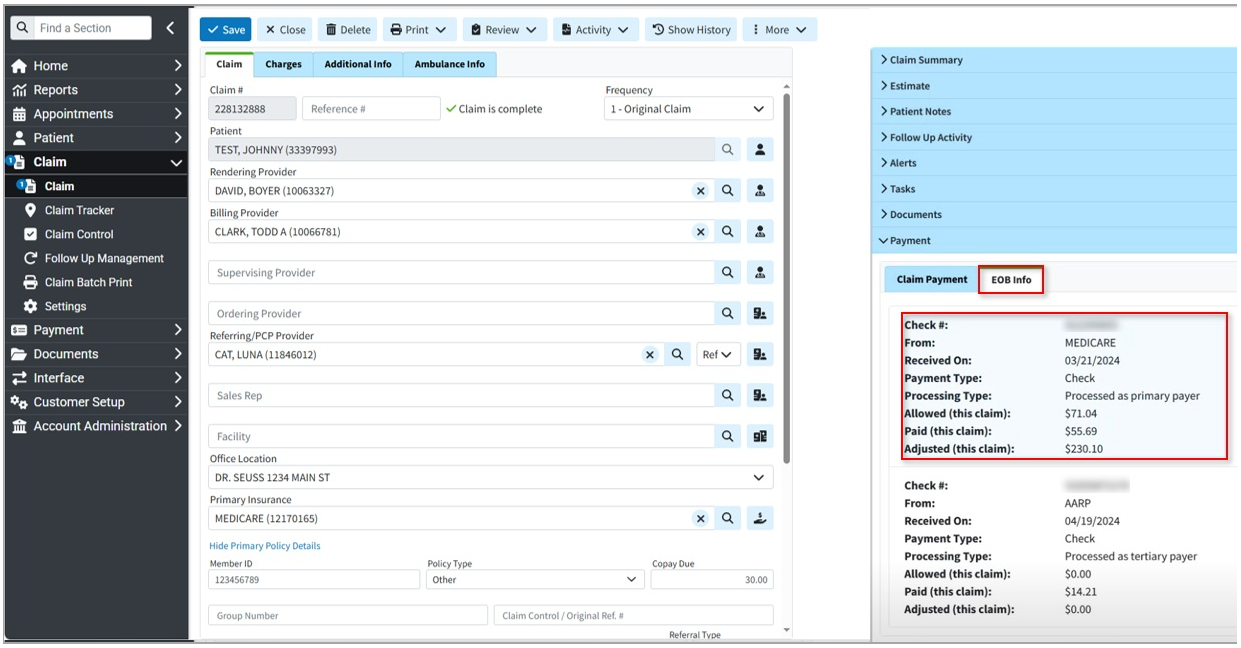
Vhen working claim appeals and denials, users can view the claim EOB details, including remittance code ıformation, directly within the Claim without leaving the current screen.

ollow the steps below to view the EOB info and details on a claim.

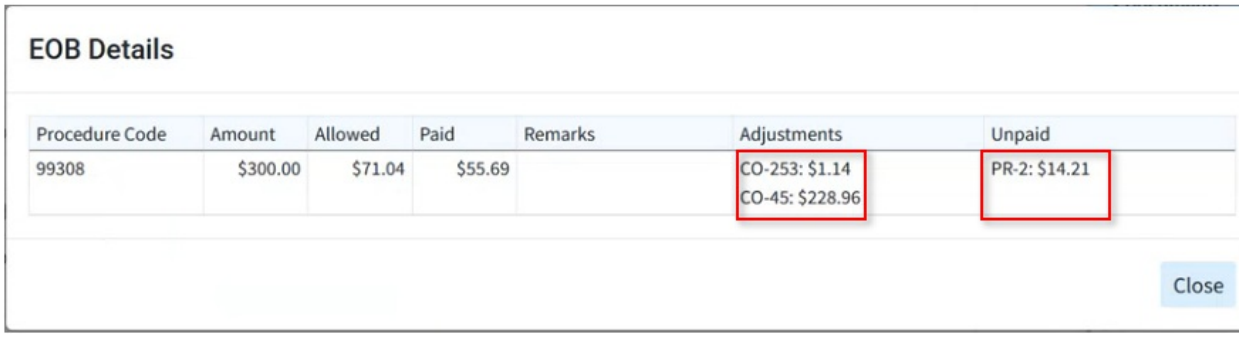
1. Select **Claim** > **Claim**.
2. Use the **Search** field to search for your claim.

> Place a check in the ***"Show exact matches only"*** box to search for exact matches or ***"Show unpaid claims only"*** to show claims that may need follow-up.

3. Open the claim.
4. Click on the **Payment** dropdown from the side panel.
5. Click the **EOB Info** tab
6. View the EOB information (Check#, Payer, Received Date, Payment Type, Processing Type, Allowed Amount, Paid Amount, And Adjusted Amount).



7. To view the EOB details, click the desired check information to open the EOB details window.



EOB Details

Procedure Code	Amount	Allowed	Paid	Remarks	Adjustments	Unpaid
99308	$300.00	$71.04	$55.69		CO-253: $1.14 CO-45: $228.96	PR-2: $14.21

Close

Hovering over the adjustment codes provides their descriptions; hovering over the unpaid reason codes provides any denial reasons.

8. When finished, click **Close**.

ctivate the Workers Compensation Payer

t Modified on 08/17/2022 10:51 am EDT

Starting July 2022, NY Workers Comp is switching over to CMS 1500 forms. With this change, they will no longer use the NY Workers Comp Form. NY Workers Comp Payers should be flagged appropriately so that the CMS 1500 form displays the appropriate information when used for NY Workers Comp payers.

Important: Payers that had the old Billing Option to ***"Print CMS-1500 as NY Workers Compensation Form"*** must ensure this option is now unchecked to allow them to print as a **CMS-1500**.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the **Search** field to further drill down your search.
3. Select the **Payer**.
4. Use the **Payer Type** drop-down menu and select **Worker's Compensation**.
5. Ensure the Payer Address has a **NY** address.
6. Click **Billing Options**.
7. Ensure the option to "**Print CMS-1500 as NY Workers Compensation Form**" box is **NOT** checked (If the box is checked you must uncheck it).

   The new NY Worker's Compensation edits will take effect on *any* claim being printed on a CMS-1500 where the: **State = NY** and the **Payer Type = Worker's Comp**

8. Click **Save**.

Getting Started with Claim Attachments

t Modified on 08/21/2023 12:22 pm EDT

n order to begin using the **Claim Attachments** feature, there are three important steps that must be ompleted before you can submit attachment claims.

- **Step 1**: You must first enable and configure the **Claim Attachments** feature from the services section of CollaborateMD. Visit our Manage Claim Attachments Help Article for detailed steps on how to enable and configure this feature.
- **Step 2**: You must also enable and configure the **Cloud Document Imaging** feature from the services section of CollaborateMD. Visit our Manage Cloud Document Imaging Help Article for detailed steps on how to enable and configure this feature.
- **Step 3**: You must add your Attachment Payers to your personal Payer list. Visit our Add ePS Claim Attachment Payers Help Article for detailed steps on how to add attachment payers to your local list.

Once these steps are completed, you can then start to bill attachment claims.

ıdd ePS Claim Attachment Payers

ɨt Modified on 08/21/2023 12:23 pm EDT

ı order to bill attachment claims, you must first add your Attachment Payers to your personal Payer list. ıttachment Payers are created the same way you create any other payer within the Payer Screen. The only ifference is that Attachment Payers will show an "**Electronic Claim Attachments**" column in the master ayer list and the Clearinghouse connection side panel will also show if electronic claim attachments are vailable for the payer.

ollow the steps below to create a payer record that supports ePS electronic claim attachments.

1. Select **Customer Setup** > **Payers**.
2. Click the **New Payer** button.
3. A window pops up asking you if you like to configure a Clearinghouse connection for this payer. Click **Yes**.
4. Use the **Master Payer Search** window to locate your payer.
    1. Search for the Payer by using the name or the Payer ID, then click **Search**.
    2. Ensure the payer has a checkmark in the electronic claim attachments column, and select the payer.
5. Finish entering the payer's **information** and **Billing Options**.
6. Click **Save**.

> ⚠ After creating your Payer, any agreements required to send claims, receive remittances, or check eligibility will need to be filled out and approved.
>
> Please reference our New Payer Agreement Help Article for step-by-step instructions.

Uploading & Submitting ePS Claims with Electronic Attachments

t Modified on 04/04/2024 10:25 am EDT

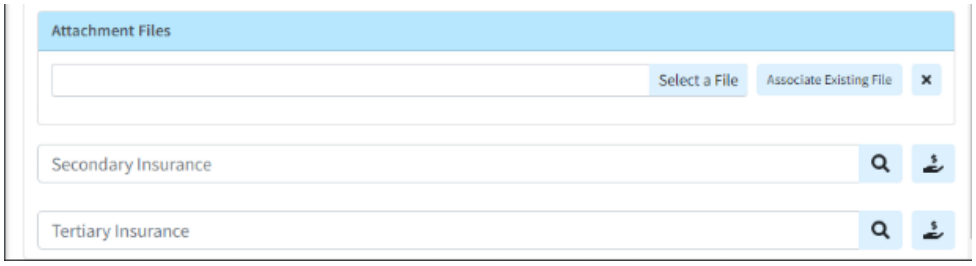
Once you have enabled Claim Attachments in your account, Created your Attachment payers, and submitted any applicable payer agreements, you can begin uploading and submitting your claim attachments.

Follow the steps below to upload and submit an Attachment claim.

1. Select **Claim** > **Claim**.
2. Create your Professional or Institutional claim and ensure your Attachment Payer is added to the claim.

   Please reference our Claims Help Article for step-by-step instructions.

3. Under the **Claim** tab, locate the **Attachment File** section for your attachment Payer.



Always verify with your payer, as some payers require adherence to a specific naming convention for file names.

4. There are 2 options to upload the attachment files:
   1. Upload a file from your computer:
      1. Click the **Select a File** button to locate and upload the attachment to the claim (up to 9 files)
   2. Associate an existing file from the **Documents** section:
      1. Click the **Associate Existing File** button to locate and upload the attachment to the claim (u to 9 files).
      2. Use the navigation bar or the **Search** field to locate the document(s).
      3. Place a check in the box for the document(s) you want to associate with this patient

4. Click **Add**.

> ⚠ **Document Imaging** must be enabled to begin adding and storing documents onto the CollaborateMD server. Please reference our Manage Cloud Document Imaging for step-by-step instructions. Always verify with your payer, as some payers require adherence to a specific naming convention for file names.

5. ***Optional***: The ACN information can be added within the **Additional Info** tab, under Documentation Method

6. **Save** and **Submit** the claim.

> ⚠ **Please Note** that Attachment Claims cannot be sent through the batch claim process and must be submitted individually with real-time claim submission.

Create an Anesthesia Claim

Last Modified on 08/17/2022 11:25 am EDT

The system will determine if a claim is an Anesthesia Claim if the claim either has a TOS code is 7 (Anesthesia) or an Anesthesia Modifier is used.

There are 2 things to take into consideration before creating anesthesia claims:

- For the **Anesthesia Start** and **Anesthesia End** times and the **Anesthesia Minutes** to show up in the charges tab as columns, the payer billing option to "***send minutes instead of units on anesthesia claims***" must be set.
- The Fee Schedule "**Anesthesia**" settings to calculate Base Units for anesthesia need to be updated correctly.

For steps on turning on these options please visit our Anesthesia Claims Help Articles for more information.

1. Select **Claim** > **Claim**.
2. Create or **Search** for the anesthesia claim.

   For steps on how to create a claim please see How to create a Professional Claim or How to create an Institutional Claim Help Articles for more information.

3. Once the charges and claim details are entered, the charges tab will show the **Anesthesia Start** time, **Anesthesia End** time, and **Anesthesia Minutes** for the procedure codes associated with anesthesia.

Anesthesia Start	Anesthesia End	Anesthesia Minutes
11 : 00 AM	11 : 30 AM	30
12 : 00 AM	12 : 00 AM	0

   The Minutes will calculate automatically based on the Anesthesia Start and Anesthesia End times. Users can also set Anesthesia data by clicking the **Other** link.

4. Click the **Save**.

For steps on how to create an anesthesia claim please visit our Anesthesia Claims Help Articles for more information.

Set up Fee Schedule Anesthesia Settings

Last Modified on 08/17/2022 11:25 am EDT

1. Select **Customer Setup** > **Codes...** > **Fee Schedules**.
2. Use the **Show All** button to view all fee schedules. Or use the **Search** field to further drill down your search.

   > Place a check in the ***"Include inactive fee schedules"*** box to include inactive fee schedules in your search results.

3. Select the **Fee Schedule.**
4. Locate and click **Anesthesia** from the right-hand side panel.
5. ***Optional***: From the **Anesthesia** tab, select how to calculate the number of units for anesthesia procedures:
   1. **Use anesthesia base units from the Medicare Physician Fee Schedule** This option will use the anesthesia base units (15 Minutes = 1 Unit) from the MPFS (recommended).
   2. **Change the number of minutes per unit for anesthesia procedures** This option will allow you to manually enter the number of minutes per unit for anesthesia procedures when using this fee schedule.
6.
7. Click **Save**.

Jpdating a Procedure Codes Anesthesia Base Units

t Modified on 08/17/2022 11:26 am EDT

1. Select **Customer Setup** > **Codes...** > **Procedure Codes**.
2. Use the **Search** field to find the procedure code by the **CPT/HCPCS code** or **description**. Or use the **Show All** button to view all codes in your local list.

   Place a check in the "***Include inactive codes***" box to include inactive codes in your search results.

3. Select the **Procedure Code**.
4. Under **Claim Defaults** locate:
   1. **Use anesthesia base units from the Medicare Physician Fee Schedule:** Place a check in this box to use the MPFS's anesthesia base units when a claim is created. Alternatively, you can manually enter the base units (per minute) if they are different for this code.
   2. ***Optional***: You can manually enter the base units if they are different for this code.
5. Click **Save**.

Jpdating the Payer Option to Send Minutes Instead of Units on Anesthesia Claims

t Modified on 08/17/2022 11:26 am EDT

ollow the steps below to view and edit the billing option for payers.

1. Select **Customer Setup** > **Payers**.
2. Use the **Show All** button to view all payers. Or use the**Search** field to further drill down your search.
3. Select the **Payer**.
4. Click the **Billing Options tab** from the side panel.
5. **Professional Options**
6. Under **Professional Options:**
    1. **Send minutes instead of units on anesthesia claims** Check this box if you would like to use minutes instead of units for anesthesia procedures.
    2. **Send anesthesia start/stop times in a line note** Check this box if you would like to include the anesthesia start and stop times as a line note on the CMS-1500 claim form.

11. Click **Save**.

˙rack a Claim

ɨt Modified on 11/12/2025 5:09 pm EST

ollow the steps below to track your claims.

1. Select **Claim** > **Claim Tracker**.
2. Enter your **Search Criteria** or Load a Search Filter.
    1. Use the **Date Submitted** option to filter the search by the **date the claim was sent to the clearinghouse** or the **date it was printed from CMD.**
    2. Use the **Date of Service (DOS)** option to filter the search by **date the services were rendered**.
    3. Use the **Status Date** option to filter claims based on the **date status message was received from the clearinghouse or the payer**.
    4. Use the **Submission Type** drop-down menu to filter the search by **electronic, paper, or user print**
    5. Use the **Processing Mode** drop-down menu to filter the search by **processing mode**.
    6. Use the **Tracking Status Type** drop-down menu to filter the search by the **current tracking statu of the claim** (e.g., Sent, Accepted, Rejected- Not Fixed/Fixed, Warnings, No Errors, Unprocessed
    7. Use the **Tracking Status Source** drop-down menu to filter the search by **where the status message was sent from**. (e.g., CollaborateMD (Printing the claim, or sending it to the clearinghouse), Clearinghouse, Payer Rejections, EOB Denials.).
    8. Use the **Claim Status** drop-down menu to filter the search by the **claim's current status** (e.g., Waiting for Review, On Hold, At Insurance, Waiting to ...).
    9. Use the **Claim Type** drop-down menu to filter the search by **Professional or Institutional Claims**.
    10. Use the **Tracking Status (Contains)** field to filter the search by **keywords in the status message** sent back by the payer.

        > You are able to search for claims based on a portion of the rejection message, for example, "Invalid Zip Code..."

    11. Populate the **TCN (Transaction Control Number)** field to filter the search to show specific claims based on the TCN number entered.
    12. Populate the **Claim field** to filter the search to show specific claims based on the claim number entered.
    13. Use the **Patient field** to search for all claims associated with the selected patient.

14. Use the **CPID field** to search for claims submitted to a specific CPID.

15. Use the applicable drop-down menus to filter your search by specific **Payers, Payer Type, Billing Providers, Rendering Providers, and/or Facilities.**

16. Place a check in the **Include claim history** box to include any other claim submissions for claims returned in the search results.

3. Click the **Search** button.

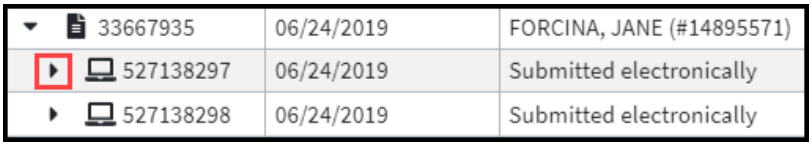
4. ***Optional***: Click on the icon to edit your search criteria.

> Sort your search results. Visit our Reorder Table Columns Help Article for detailed steps on how to hide, rearrange or add header columns.

5. ***Optional***: Use the **Group By** drop-down menu to group your results by date submitted, payer, patient c provider.

6. Place a check in the **Expand All** box click on the arrow next to the Claim to see more claim details.

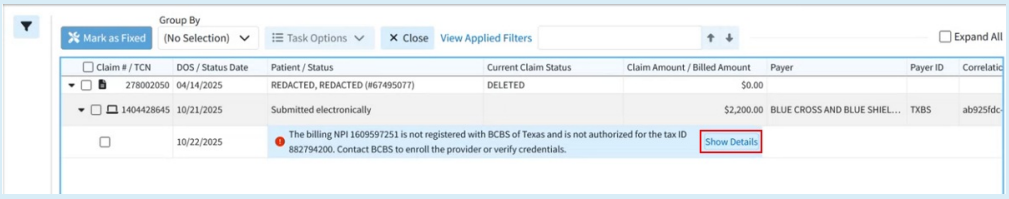
7. ***Optional***: Click the triangle node next to each claim to expand individually.



33667935	06/24/2019	FORCINA, JANE (#14895571)
527138297	06/24/2019	Submitted electronically
527138298	06/24/2019	Submitted electronically

> Hovering over a specific status line within the status column after a claim is expanded will allow you to see the complete status message.

> If an intelligent claim rejection message is available, the confusing payer message is hidden by default and replaced with an AI-produced message that is easier for users to read, understand, and is better formatted. Users can click "**Show Details**" to view the full list details of payer messages, if needed. Visit our What Are Intelligent Claim Rejections Article for more information.



8. You are able to interact with the search results by right-clicking on a row.

- **Copy**: Copies the claim information to your clipboard.
- **Open Patient**: Opens the patient associated to the claim.
- **Open Claim**: Opens the claim in the Claim Section.
- **Create Task**: Creates a task related to the claim.
- **View Reports**: View any Clearinghouse Report associated with this claim submission.
- **Mark as Fixed**: Marks an error message as "fixed" for tracking and organizational purposes.
- **Find Payer Batch Reports**: View any payer batch / Clearinghouse reportsassociated with this claim submission.
- **View Additional Clearinghouse Data**: View any Clearinghouse data associated with this claim submission.
- **Print Proof of Timely Filing Letter**: Print a basic proof of timely filing letter directly from Claim Tracker.
- **Print Appeal Letter**: Print a basic appeals letter directly from Claim Tracker.

9. Click **Close** to exit the results.

Claim Tracker Field Descriptions & Icons

t Modified on 12/20/2023 5:08 pm EST

Claim Tracker Field Descriptions

- **Submission Type**
  - **Electronic**: Claims forwarded electronically to the payer.
  - **Paper**: Claims sent electronically to the clearinghouse but printed on a claim form and mailed to the payer.
  - **User Print**: Claims printed by and mailed to the payer by you.
- **Processing Mode**
  - **Test**: Claims will only be sent to the clearinghouse where they will be analyzed to ensure there ar no errors or required edits. This mode is typically used while you are in training.
  - **Production**: Claims are sent to the clearinghouse and then sent onward to the payer. These are live claims.
- **Tracking Status**
  - **Sent**: Claims that have been sent to the clearinghouse or sent from the clearinghouse to the payer.
  - **Accepted**: Claims accepted at the clearinghouse.
  - **Rejected - Not Fixed**: Claims that were rejected by the clearinghouse or payer and have not beer fixed or resubmitted. This is a good option to choose if you want to work on correcting claims tha need to be resubmitted.
  - **Rejected - Fixed**: Claims that were initially rejected at the clearinghouse or payer, but have since been corrected and resubmitted.
  - **Warnings**: Claims that have a warning message attached to them.
  - **No Errors**: Claims that have no errors.
  - **Unprocessed**: Claims with a status of unprocessed (claims not acknowledged by the clearinghouse).
- **Tracking Status Source**
  - **CollaborateMD**: Any claim status messages generated by CollaborateMD.
  - **Clearinghouse**: Any claim status messages received from eProvider Solutions.

- **Payer Rejections**: Any claim status messages received from the Payer's front-end edits (message received before the claim has been adjudicated by the payer).
- **EOB Denials**: Any claim status messages received from the EOB (messages received after the claim has been adjudicated by the payer).

- **Claim Status**: Filter your claims based on their claim status. Please reference ourClaims Help Article for more information.
- **Claim Type**: Filter your claims based on their type.
- **TCN**: This is the Transaction Control Number (TCN) . Each claim submission will have a unique TCN number. Think of this has the tracking number for the submission.
- **Claim#**: The Claim number is the unique number CMD gives to each claim created within the application.

Claim Tracker Icon Descriptions

- : This icon is used to represent the Claim that was submitted to the payer.
- : This icon shows that the claim was submitted electronically to the Clearinghouse and onto the Payer.
- : This icon shows that the claim was printed and mailed to the payer by your office.
- : This Icon shows that a claim was submitted electronically to the Clearinghouse and then dropped the claim to paper and mailed to the Payer.
- : This icon represents a standard informational message related to the claim submission.
- : This icon represents an error or rejection message related to the claim submission.
- : This icon represents a warning message (a problem not categorized as a rejection) related to the claim submission.
- : This icon represents an error or rejection message that was marked as fixed by a user.

Marking Claims as Error Fixed

Last Modified on 12/14/2023 1:37 pm EST

In the event, a claim is marked as rejected and you've corrected and resubmitted the claim within the CollaborateMD application, you can mark the claim as Error Fixed. A green check mark will appear next to the rejection message showing that it has been fixed.

Marking claims as error fixed will allow you to keep track of the claims that you need to follow up on and avoids having your team resolve the same errors causing duplicate work.

Follow the steps below to mark a claim as Error Fixed.

1. Select **Claim** > **Claim Tracker**.
2. Enter your **Search Criteria** and then click the **Search** button.

   > Change your Tracking Status to **Rejected All** or **Rejected - Not Fixed** to constrain your results by claims that have been rejected.

3. There are **three** ways to **Mark Claims as Corrected**:
   1. **One-by-one**: Right-click on the rejection you want to fix, and select Mark as Fixed to identify the claim error as fixed.
   2. **Multiple Claims at Once**: Place a check in the boxes for all the corrected claims and click Mark as Fixed
   3. **All Claims at Once:** Place a check in the "Claim#/TCN" box located in the column header to select all of the claims as corrected and click Mark as Fixed

   > **Important**: Please be sure that you have actually corrected any errors that the claim originally received prior to marking it as fixed. Marking the claim as error fixed doesn't automatically correct the error.

   > When saving an update on a claim error/rejection and the claim is also actively open in Claim Tracker, a prompt will ask "***Would you like to mark all of the following submission errors for this claim as fixed?***"

4. A dialog window will appear asking if you wish to resubmit the claims that you've marked as fixed select.

1. **Resubmit Claims**: This option will mark the claim as corrected and**WILL** resubmit claims.
2. **Don't Resubmit**: This option will mark the claim as corrected but will**NOT** resubmit the claim.
3. **Cancel**: Selecting this option will cancel any errors you marked as fixed and return you to your tracking results.

5. Click the Close button to exit.

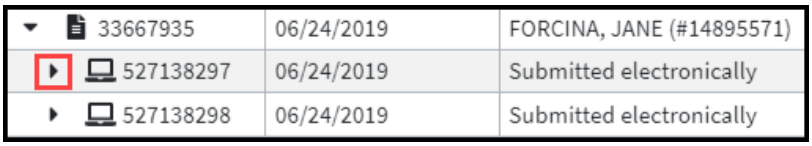
> Claim rejections will automatically be marked as fixed when the claim balance is set to $0 (e.g. when a payment or adjustment was applied).

/iew Individual Clearinghouse Reports

t Modified on 11/08/2019 8:29 am EST

ıre you looking to review a Clearinghouse report for a specific claim to prove timely filing or review a pecific rejection? Search for the claim within claim tracker and quickly locate all reports related to that laim.

1. Select **Claim** > **Claim Tracker**.
2. Enter your **Search Criteria** or **Load a Search Filter**.
3. ***Optional***: Click on the icon to edit your search criteria.
4. Once the results load place a checkmark in the**Expand All** box click on the arrow next to the Claim to see more claim details.
5. ***Optional***: Click the triangle node next to each claim to expand individually.



33667935	06/24/2019	FORCINA, JANE (#14895571)
527138297	06/24/2019	Submitted electronically
527138298	06/24/2019	Submitted electronically

6. Right-click on an Information message row, and select**View Reports.**
7. Enter your **Search Criteria.**
    1. Use the **Report Date** field to filter your search results for clearinghouse reports within the selected date range.
    2. Use the **Report Contains** field to filter clearinghouse reports based on the entered text.
8. Click **Search**.
9. Click on the report you want to view.
10. You are able to interact with the search results by right-clicking on a row.
    1. **Copy**: Copies the claim information to your clipboard.
    2. **Open Report**: Opens the selected report.
    3. **Mark as Reviewed**: Marked the selected report as reviewed.

ʼiew Multiple Clearinghouse Reports

ɪt Modified on 11/07/2019 4:38 pm EST

ɪre you looking to review all of the clearinghouse reports you have received within a specific time frame to nsure all claims have been adjudicated? Use the **Search for Clearinghouse** reports option to quickly locate ll reports sent back by the clearinghouse.

1. Select **Claim** > **Claim Tracker**.
2. Click Search for Clearinghouse Reports .
3. Enter your **Search Criteria**.
    1. Use the **Report Type** drop-down menu to search for **Clearinghouse** or **Payer** generated reports.
    2. Use the **Report Date** option to include reports within the specified date range.
    3. ***Optional***: Use the **Report Contains** field to filter clearinghouse reports based on the entered text
4. Click **Search**
5. ***Optional***: Click on the icon to edit your search criteria.
6. Select **Open** on the report you want to review.
7. You're able to interact with the search results by **right-clicking** on a row.
    1. **Copy**: Copies the selected row to your clipboard.
    2. **Open Report**: Opens the selected report.
    3. **Mark as Read**: Updates the selected report as Reviewed.
    4. **Mark as Unread**: Removes the "*Reviewed*" checkmark for the selected report.
8. Click **Close** to exit.

Clearinghouse Report Types

t Modified on 09/23/2019 3:38 pm EDT

Acknowledgement Report

The Acknowledgment Report (Claims Acknowledgment (CA) Report) contains a list of claims processed by the Clearinghouse, along with indicators to show:

- How each claim will be distributed to the payer (see the "D/C" column)
- If claims failed any exclusions (this will prevent it from being forwarded to the payer)
- How many additional claims (referred to as supplemental claims) will be billed submitted by the Clearinghouse (in the event you exceed six (6) line items for professional claims or twenty-three (23) line items for institutional claims.

The Summary Totals By CPID portion of this report will show the number of claims and claim amount for each CPID/State that was submitted. Once reviewed, this report becomes a historical record of claims processed.

Exclusion Report

The Exclusion Report contains claims that have been excluded by the Clearinghouse based on edits they receive from the payer. This report includes claim details followed by a brief explanation of why the claim was excluded. This report is intended to be a workable report for those who are assigned to 'cleaning up' submitted claims so they can be forwarded to the payer. All excluded claims for a particular payer will be grouped together.

The format of the Exclusion Report is modeled after the Acknowledgment Report so you can quickly identi information on either report. The totals from the Exclusion Report will match the totals of the Acknowledgment Report with the same processing date. While enough information is provided in the report for correcting most exclusions, there may be times when you will need assistance verifying why a claim was excluded, if so please Contact a Client Services Representative.

Payer Generated Report

The Payer Generated Report contains information about claims that were accepted and rejected by the payer's front end. **Not all payers participate in submitting this type of report** The payer's front end will either accept the claim and enter it in the payer's adjudication system or deny the claim and submit it back to the Clearinghouse.

- **(SR) Payer Claim Data Report** Filenames that begin with SR are the Clearinghouse's version of the Payer Generated Report.

- **(SB) Payer Batch Totals Report**: Filenames that begin with SB are Normalized Payer Batch Reports. These reports show only batch information from the payer reports.
- **(SE) Payer Claim Rejections Report**: The Payer Claim Rejections report contain filenames that begin with an SE. This report presents payer claim reject information in a standard, human-readable format. Please note this report will contain only rejected claims.

Save Claim Tracker Filters

t Modified on 05/15/2019 10:19 pm EDT

o help you quickly use the Claim Tracker screen, you are able to save and use search criteria filters. Using aved filters will help you pull the information you need faster.

1. Select **Claim** > **Claim Tracker**.
2. Enter your **Search Criteria**.
3. Click the **Save** link.
4. Add a **Name** to your filter.
5. Use the **Share** with drop-down menu to select whether to share this filter on the user or Customer level.
6. Click **Save**.

.oad Claim Tracker Filters

:t Modified on 05/15/2019 10:17 pm EDT

1. Select **Claim** > **Claim Tracker**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to use.

Jpdate Claim Tracker Filters

t Modified on 05/15/2019 10:18 pm EDT

1. Select **Claim** > **Claim Tracker**.
2. Click the **Load** link.
3. Click on the **Filter** you wish to update.
4. Enter your updated **Search Criteria**.
5. Click on the **Save** link.
6. Choose whether to **Update Filter** or **Save as New Filter**.

Remove Saved Claim Tracker Filters

t Modified on 10/31/2019 11:45 am EDT

1. Select **Claim** > **Claim Tracker**.
2. Click the **Load** link.
3. Click on the icon next to the filter you wish to remove.
4. Click **Delete**.