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Additional Help
The OCA website contains links to the full program and the latest updates. Also included is the latest version of the PMP Manual, tutorials and webinars. We have included newsletters, training information, various programs and many other pieces of information that you may find helpful.

Getting Into PMP
Open PMP by clicking the PMP SQL icon on the desktop. The SQL Launch screen will appear. Click the Start PMPw SQL in [#] seconds button before the countdown if you wish. The Stop button is for network use and allows for troubleshooting.

A PMPW Login Form will appear requiring a Login Id and Password. This screen is controlled by Security and requires setup so that each user enters with their personal ID and password. Setup instructions can be found on page 119.

If security has not been setup on your PMP type ‘RS’ into the Login Id field. Click into the Password field or press the Tab key. Type ‘RS’. The password will appear as asterisks. Click OK or press Enter.
Main Appointment Screen Description

Main Screen Appointment Book

All patient activity can be done from the appointment book. Our easy to use appointment book allows you to add a new patient, make single or multiple appointments, and add, update and change patient information.

The Patient Management Program will accommodate up to 27 practitioners. You may want to list your practitioners in a specific order or perhaps not all practitioners are in the office every day. The features Appointment Book and Appointment Book Sets will allow you to customize the appearance of your PMP.

1. Title Bar
   The title bar lists current information. The date on the left is the date of the appointment book displayed. The date in brackets is today’s date. This information comes from your computer.

2. Pull Down Menus
   Access the program through easy to use menus. Menu items with an arrow ‘ → ’ have a secondary menu.

3. Practitioner Tabs
   Each practitioner has their own tab. Move through practitioner tabs by clicking onto their name on the tab or type the corresponding underlined number to view the appointment book for that practitioner.

4. Named Columns
   Practitioners can create, assign, and share columns. Sharing columns will allow other practitioners to see when rooms are in use and eliminates overbooking.
5. **Time Slots**
   Time slots are defaulted to 15 minute increments and the colour coding signifies valid appointment slots as set up in Doctor Hours. Time intervals of 5, 10, and 20 minutes are available and this option is chosen in Doctor Defaults. The number of columns is customizable by practitioner to represent the number of appointments the practitioner can book in each time interval.

6. **Hidden Appointments**
   Time slots with a red underline indicate an invalid appointment. Clicking on the timeslot will provide details about the hidden appointment.

7. **Days of the Week**
   Clicking on one of these buttons will cause PMP to change the Appointment Book to that day. The button will stay indented to show you the day of the week. These buttons are related to the week you are viewing on the appointment book.

8. **Vertical Appointments**
   Appointments can be booked either vertically or horizontally. Named columns book vertical appointments only.

9. **Horizontal Appointments**
   A horizontal appointment will book to the right and may or may not scroll to additional timeslots depending upon your doctor default settings.
10. **Shared Room Appointments**
   Named columns can be shared by practitioners. This allows practitioners using the same treatment rooms to check for availability and easily see when the room is in use by another practitioner.

   The patient name is visible on the appointment book of the treating practitioner. Other practitioners sharing the room will see a visual reference that the room is booked. This is indicated by the grey shaded area where you see Dr.CW on the screen shot.

11. **Suns**
   The four suns correspond with:
   - Morning  -  9 AM or your first appointment.
   - Midday   -  11 AM
   - Afternoon -  2 PM
   - Evening   -  5 PM.
   Clicking on any of the Suns will change the time to that part of the day.

12. **The ‘Blinking’ Light**
    Colours are used to indicate overall appointment status of all patients for all practitioners.
    - Green means that there are no late appointments.
    - Yellow means at least one appointment is five minutes late.
    - Blinking Red means that at least one appointment is 15 minutes late

    Click on the light to manage late appointments or to turn the Blinking Light off.

13. **Current Date / Appointment Book Date Selector**
    This shows the date that the Appointment Book is displaying. Click on the down arrow to select another date. Click onto the back or forward arrow once for every month you wish to move backward or forward. You can also click onto the month or year to produce a list of months or years. Click onto the day on the calendar to select that day for viewing on the screen.

14. **Plus and Minus Buttons**
    Each click moves the date of the Appointment Book forward or backward by one week.

15. **Post It Note**
    The Post It Note, once set up, will allow you to communicate with other staff members or leave yourself reminders. You can also set it up so that today’s note appears when PMP is opened if a note has been created. This is set up in Setup, Computer Defaults.

    Notes are only visible when they have been created in the Setup menu.

16. **Today Button**
    Clicking the Today button will bring the Appointment book back to today's date.
Moving Around the Appointment Book

Arrow Keys on the Keyboard
The arrow keys will move the cell pointer in the direction of the arrows. Holding an arrow key will cause the Appointment Book to scroll in that direction.

Page Up, Page Down on the Keyboard
These keys will cause the time to advance three hours forward or backward. It will not allow you to travel beyond the doctor’s hours.

Wheel / Scroll Mouse
If you have a wheel mouse you can use the wheel to scroll up or down.

Hotkeys from the Appointment Book
The following keys affect the appointment within the cell pointer:
- **C** will mark an appointment **Confirmed**
- **A** will mark an appointment **Arrived**
- **M** will mark an appointment **Missed**
- **P** will mark an appointment **Postponed**
- **F10** will **process activity** for the selected appointment

The following keys are not dependent on a specific appointment:
- **F** will start the function search for a patient by **First name**
- **L** will start the function search for a patient by **Last name**
- **N** will start the function search for a patient by **Number**
- **1, 2, 3, etc** will move through the different tabs on the Appointment Book

Function Keys
- **F1** Help
- **F2** Add an Appointment
- **F3** Show our Day
- **F4** Daily Summary Sheet for the displayed Doctor and Date
- **F5** Show my Week
- **F6** Edit Patient Information
- **F7** Screen Saver will be activated if set up in the Control Panel
- **F8** Login Form
- **F9** Write Off from within Patient Activity
- **F10** Process Activity for the selected Appointment
- **F11** Default Activity from within Patient Activity
- **F12** Process Activity by selecting a patient

Right Click Menu
Right clicking the mouse on the appointment book brings up a menu with common functions.
Customizing PMP for Your Office

Creating Letterhead

Letterhead is created by each office or practitioner to be printed at the top of statements, letters, and emails. There are 2 steps required to have letterhead on statements:

1. create or edit the letterhead
2. assign letterhead to practitioners

Create Letterhead

Click the File menu, WordProcessor. Letterhead should show your clinic and practitioner names, practitioner registration and HST numbers, address, telephone, email and website details.

Change the justification to centre using the centre justification icon. Type the required information. See example below.

Click the File menu, Save As. Double click the Template folder. Click into the Filename field and type the word Letterhead with the Doctor’s or Clinic’s initials, ie. LetterheadDD. Click Save.

Close the wordprocessor. Your letterhead is now saved in the template directory. Create as many letterheads as required.

Letterheads must be named Letterhead and saved to the Template folder only.

Assign Letterhead to Practitioners

Click the Setup menu, Doctor Defaults. Choose a practitioner and click Edit this Doctor’s Defaults. Go to the Statements tab.

Click Select a File to use to the right of Default Letterhead. Click the appropriate letterhead and click Open then Accept. The chosen letterhead will automatically be selected for this practitioner when printing statements.
The following items are found under the Setup menu.

**Clinic Defaults**
The Clinic Default screen contains the name of your clinic or office and complete address. The default city and area code will populate new patient files reducing the amount of input required.

- **Partnership** is for legal business partnerships only. In most cases you would not have a checkmark. If in doubt contact the support line.
- **Use Login** is required for security in PMP.
- **Total Payments on Statements** will group together payments on statements even when distributed to multiple practitioners in the patient record.
- **Stop Reports from auto closing** will allow report choice to remain open to allow for multi-practitioner printing of reports.
- **Show Unit buttons on editing Appointments** will allow vertical and horizontal unit buttons to appear saving time when scheduling appointments.
- **Show Initials on Horizontal Appointments** will allow patient initials to populate all cells for multiple unit appointments so that it is more noticeable that an appointment is scheduled into a time slot.
- **Default “From” date on Statements** will start printed statements from the date selected.
- **Popup comments to pop automatically on** indicate where pop ups are designed to appear. Patient pop ups are information boxes that appear on a patient file where and when you choose, stating information you have input and may require about this patient or appointment. Patient pop ups are created in Patient Information on the Pop Ups tab. Locations where pop ups designed to appear are chosen here.

Choose which actions will cause pop ups to appear by check marking items.

- **Edit Appointment Information**. This screen appears after you click on a booked appointment on the appointment book.
- **Arrived**. The popup will also appear when you arrive a patient on the Appointment Book using the hotkey of A.
- **Make an Appointment in this Time Slot**. This screen is available when clicking onto an empty time slot from the appointment book screen.
- **F2 Add an Appointment**. Whenever accessing the F2 Add an Appointment grid.
- **Patient Activity**. Before processing
Doctor Defaults

The Doctor Defaults screen allows you to personalize the PMP for each Practitioner. Move down the tab on the left and click into each box to add or edit information. Some fields cannot be edited due to security.

The tabs allow you to choose the doctor’s name on the appointment book tab, whether the AR totals should appear on Summary Sheets, the default appointment type for each practitioner, and determine whether a birthday song to play will play on your patient’s birthday.

On the Appointment Book tab *Appointments that exceed the time slot* offers options as to how to display the appointments within the columns.

- **Will stay fixed** will display extra columns warning you when appointments booked in that time slot exceed the number of units available for the current practitioner. There is a maximum of 9 columns. If the number of units exceeds 9 a sad face icon appears as a warning. Clicking the sad face icon shows the list of hidden appointments.
- **Will wrap** allows appointments that exceed the timeslot to move to the next time interval.
- **Will wrap and hide** will wrap as the choice above but it also hides all appointments that are missed, rescheduled, cancelled, and postponed.

Named columns will automatically hide invalid appointments.

**Appointment Book Configuration** will allow practitioners to specify personalized settings.

- **Time Slot Interval** offers 5, 10, 15, and 20 minute intervals.
- **Columns Across** offers 1 – 9 columns.
- **Available Columns** are the named columns available for use. These are created under the Setup menu, Named Columns.
- **Your Named Columns** are the columns that you would like to appear on this practitioner’s appointment book. Named columns accept vertical appointment booking only and can be shared by practitioners. This allows practitioners sharing treatment rooms to check availability and see when the room is in use by others.

Practitioners can also set up personalized appointment types and colours in Doctors Defaults.
**Computer Defaults**

This area is utilized if the user would like different information on this computer than may be available at another networked computer. You can change the screen size and print receipts with an alternate address rather than the Clinic Default address. Cell shading is defined and you can also choose a different Appointment Book Set. The options on the Computer Default screen are used for this computer only. If you are running PMP networked each computer can assign different options.

**Screen Size**

The PMP screen resolution can be changed so that you decide how PMP will appear on your desktop. Networked offices will choose screen resolution for each computer running PMP. Choose the screen resolution by clicking the radio button beside your choice under Screen Size. The screen will change each time you click a different radio button allowing you to choose the screen size you prefer.

Note that *grayed out* screen sizes are not available for this monitor although you may be able to increase these options by changing your screen settings in Display Properties.

To temporarily change the screen size from the main appointment book:

- Press the Ctrl and up arrow keys together when on the main appointment book to enlarge.
- Press the Ctrl and down arrow keys together when on the main appointment book to shrink.

This temporary feature is also available on the right click menu.

**Appointment Shading**

Appointment cells can be shaded to various degrees of grey to signify their meaning on the schedule.

- **Appointment Cell shade** refers to booked appointments. This makes viewing horizontal appointments that wrap easier to distinguish. Adjust the lever to the desired setting.
- **Unavailable Shared Column Cell shade** refers to shared columns where another practitioner has a patient booked and a timeslot is not available. This cell is also populated with the doctor code of the practitioner who is using this room. Adjust the lever to the desired setting.
- **Extra Column Cell shade** refers to temporary columns that are added to accommodate appointments that exceed the timeslot when wrapping is not turned on. This differentiates these columns so that over-booking does not occur by inadvertently booking into the Extra column.

**Other Setup Menu Options**

**Appointment Books**

PMP will accommodate multitudes of practitioners. You may wish to view your practitioners in a specific order or in different groupings. The order of practitioner tabs and grouping on your appointment books can be customized using Appointment Books and Appointment Book Sets.
When creating an Appointment Book, choose the practitioners to be included by clicking the box to the left of the practitioners’ name in the right hand column. The names will appear in the middle column in the field below **New Appointment Book**. You can change the order of the practitioners by clicking the red arrows. An appointment book can have up to nine practitioner names across the top. Type a name for the Appointment Book and click **Save**. The named Appointment Book will appear in the field below **Appointment Books on File**. Click **OK**.

**Create Appointment Book Sets**
The next step is to combine your appointment book(s) into a set. This feature can be used to group together Appointment Books that you have created. For instance you may have an Appointment Book Set named *Practitioners* which contains the separate appointment books of Chiropractors, Massage Therapists and Other Practitioners.

Another option for an appointment book set could be the days of the week. Appointment Book Sets are also useful if you have more than one location using the same PMP. Each press of the **space bar** changes the Appointment Book to the next one in the Appointment Book Set.

To create an Appointment Book Set choose the appointment book(s) to be included in the set by clicking the box to the left of the name in the right hand column. The names of the appointment books will appear in the middle column below **New Appointment Book Set**. You can change the order of the books by clicking the red arrows. Type a name for the Appointment Book Set and click **Save**. The named Appointment Book Set will appear in the field below **Appointment Book Sets on File**. Click **OK**.

**Loading Appointment Book Sets**
There are two ways to load Appointment Book Sets:

- **For Today Only**. A specific Appointment Book Sets will need to be loaded each time you open PMP. Click **Set Up, Appointment Book Sets, Load an Appointment Book Set**. A pop up window will appear entitled **Load an Appointment Book Set**. Click the appropriate book. Click **OK**.

- **Every Time**. The chosen set will appear every time you open PMP. Click **Setup, Computer Defaults**. Click the down arrow to the right of Default Appointment Book Set. Select the appropriate set for this computer. Close and reopen PMP to view this change. **Note**: This procedure must be done at each computer using PMP.
Add or Edit Practitioners on Appointment Books
To add a new or edit practitioners go to the Setup menu, Appointment Book. Double click the appointment book on the left that you wish to edit. The middle column will populate with the names of practitioners in this book. Checkmark a name in the right column to add, or click the checkmark to remove a practitioner from the book. Change the order of the practitioners by clicking the red arrows. Click Save followed by OK. Close and reopen PMP to view your changes.

Appointment Colours
This area is linked to the appointment book and defines which colour represents which type of appointment. The colours chosen appear in the bottom left hand corner of booked appointments on the appointment book.

Appointment colours can be created for the Clinic or Practitioner. PMP offers eight colours. Determine which appointment colour is to be associated with which Appointment Type. Define the Screen Text which is a short form of the appointment name. It is used on reports regarding appointment colours.

Appointment Comments
Appointment Comments are used to create a pick list of standardized comments for use when setting up patient appointments.

Rooms can be booked on a regular basis for particular patients and notes such as Room 1 or 2 only will assist in increasing patient satisfaction. These comments may also be used for messages between staff. For example, if a patient says he or she will pay next visit, when booking the next appointment the staff member adds the word ‘Collect’ to the comment area.

Appointment Types
This area allows you to create appointments that are available in your office. Appointment types can be created for the Clinic or Practitioner. Units specify how many appointment cells an appointment will require. ISV determines if an appointment will be schedule horizontal or vertical.

ISV = is vertical
Bill/To Employers
The Bill/To Employers table enables you to build a database of employers and insurance companies. The form records the company code which you assign, company name, contact name, phone, and fax numbers, e-mail address, address, city, province/state, country, postal code and, where applicable, account number.

City Codes
The City Codes form is linked to patient information and allows you to add the names of cities in your surrounding area where your patients live and work. This helps to speed up the input of information into patient records and provides uniform phrasing and spelling.

Custom Appointment Times
This feature allows you to customize appointment book colours for long visit times, meetings, classes, etc. Select your colours under the Setup menu, Custom Appointment Times. Apply the new colours to your Doctor Hours, also found under Setup menu. You will note that we have reserved number 1 for Online Appointments which will be an option with a future update (release date unknown).

Doctors Hours
This area allows you to set office hours for each doctor or practitioner. Choose the practitioner and click **Edit this Doctors** hours. Position your mouse over a time slot and hold down the left mouse button. Drag your mouse to the ending time slot and release the button. Click either **Set to the Doctor is In** or **Set to the Doctor is Out**. Click **Accept** when complete.
Fee Classes

Fee Classes are used to determine which fees are treated as initial visits, re-exams, x-rays, and subsequent visits on summary sheets. Fee classes are linked to the treatment part of fee schedule.

All New Patient activity should be copied into the initial visit code area of Fee Classes in order to appear correctly on summary sheets. These items will appear as new patient visits on the last page of your daily summary sheet if the patient does not have any previous transactions on their Account Activity screen. Previous activity in the patient file would mark the patient as a re-exam on the daily summary sheet.

When fee schedule items are selected as Initial Visits the MH code becomes V103 which the PMP program recognizes as a new patient visit. For this reason items that have a Manitoba Health fee code of 8506 attached will lose the ability to bill MH for this visit. MH pays for chiropractic adjustments only, therefore if you wish to bill MH for a new patient adjustment you will need to bill this activity separately as the 8506 MH code will not be present on new patient visits selected in fee classes.

MPI and WCB initial visit and x-ray codes must also be selected in fee classes to ensure proper placement on billing invoices.
Fee Schedule

The fee schedule is broken up into three parts:

1. **Treatment.** Fees for services rendered are stored here.
2. **Other.** All other items such as Gift Certificates, Transfers, Refunds, etc.
3. **Inventory.** All tangible items that are sold.

Fee Schedule codes must be unique. You cannot use the same code for more than one item.

1. **Treatment**

The Fee Schedule for Treatment allows you to create and edit treatment fees for your office regarding billings to the patient and WSIB.

To add a treatment click **Add.** Type a code to denote the treatment you are inputting. Press the **Tab** key. Type a description of the treatment. Press **Tab** and type the amount you wish to charge for this billing for each patient category. Next to the **WSIB Code** and **WSIB Fee** type the corresponding codes and fees.

To edit a treatment click the treatment in the list and click **Edit.** Make edits by clicking into the appropriate box and making the changes. Click **OK.** Inactivate Fee Schedule items so that they cannot be used in posting by removing the Active checkmark.

2. **Other**

The table includes the Code, Description, and Selling Price. Anything that is not a treatment or Inventory item should be placed here. For details on processing various kinds of activity such as Discounts, Gift Certificates, Refunds and Transfers. ➔ See page 40.

3. **Inventory**

The fee schedule for inventory allows you to track products you sell or hold in inventory. The form records the product code, description, quantity in stock, minimum stock quantity, cost price, selling price, supplier, and applicable taxes. **Note:** Taxes are input as the percentage amount applicable. Remember to increase the quantity in stock when you receive a supply order.

Fee Schedule codes must be unique. You cannot use the same code for more than one item.
Flags

Flags will allow you to identify particular patients based on criteria that you determine. It is a way of grouping patients. You may create up to 36 flags that are distinctive to your office.

An example would be a 1 to identify the primary contact member of the family for a mailing list.

Named Columns

Named columns allow practitioners to define treatment rooms or treatment types. You can name as many columns as you choose but a maximum of 9 columns can be assigned per practitioner. Named columns accept vertical appointment booking only.

Notes

Notes are a way to provide reminders and inter-office communication. You can remind yourself or others to order inventory items, recall patients, provide reports to bookkeeper etc.

Other Comments

The purpose of the Other Comments form is to provide a pick list of standardized comments for use when printing a patient appointment calendar. Comments such as ‘24 hour notice required for all rescheduled appointments’ or ‘Reminder - your progress evaluation is a 30 minute appointment, so please plan accordingly’, may be used.
Patient Categories

Your office may have different fees for adults, seniors and students. Assigning Patient Categories will allow you to bill different fees to different patients automatically. To create new categories click Setup, Patient Categories and click onto an unused category. Click Edit, type the appropriate change and click Save. To update your changes in the category area you must close and reopen the program. A maximum of 18 categories can be created.

Once complete, do not delete or change the order of the categories. They are assigned to your patients based on the order in the list and deleting or changing the order of the categories will change your patients’ personal information.

Patient Comments

The Patient Comments form is an area that provides a pick list of standardized comments for use within the patient file. Comments may include account details, special patient instructions or other personal information. You may add individual comments within the patient files that are unique to that patient if the pick list comments do not provide enough information.

Payment Types

Payment Types lists all types of payments accepted in your office. It is used for selecting the payment type while posting activity. Payment type can also be set up as a default in the Patient Information Billing tab.
Phone Number Types
This area is linked to the patient information window and allows you to set a number of telephone fields so that you may capture several telephone numbers from each patient. Telephone numbers may include work, home, pager, cellular phone, cottage, and fax.

Province/State Codes
The Province Codes Form is linked to patient information and allows you to add the names of provinces or states in your surrounding area, where your patients live and work. This helps to speed up the input of information into patient records and provides for uniform phrasing and spelling.

Referrals
If your office tracks referrals, this form will be very useful to you as it will capture referral information from industry as well as individuals. The Edit Referrals form records the code assigned, the referral name, and contact details.

This field in patient information is case and punctuation sensitive. It is important that you set-up the pick list for referrals if you wish to be able to accurately produce the referral activity report.
Statement Comments

The purpose of Statement Comments is to provide additional information, reminders or personalized notes on patient account statements. Comments may wish them ‘Happy Holidays’, remind them about ‘Spinal Health Week’, promote new products, or inform of current interest rate charges on accounts past due.

Suppliers

The Suppliers form enables you to build a database of your suppliers. The Edit Suppliers table records the company code which you assign, company name, contact name, phone and fax numbers, e-mail address, address, city, province/state, country, postal code and account number. Some offices use this as a phone directory of frequently called numbers.

Vacation / Holiday / Time Off / Time On

These areas allow you to set the vacation and time off schedules for each individual practitioner and holidays for the entire office/clinic. Setup office holidays first, then vacations.

To create Vacation and Holidays click the specified date or click and drag a range of dates to highlight. Click the Declare Holiday or Declare Vacation button. Holidays will require you to type in a name to activate the function for the holiday.
Vacations will appear on the appointment book as green times.

Holidays will appear on the appointment book as blue times.

**Edit Doctors Time Off**

For other appointments and half days access this function is located in the **Setup** menu, **Vacation / Holiday/ Time Off** and on the right click menu. Time off will book 15 minute increments only. Practitioners with time intervals set for 10 or 20 minute increments will have time off start 5 minutes later.

Creating time off is easy, click onto a ‘Start’ time on the grid. Click on an ‘End’ time on the grid. Click **Book From-To off** to book off the times in between. Add a Comment. Click **OK**.

Once you have setup up Doctors Time Off it will be indicated on the **Appointment Book, F2 – Add an Appt, Edit Appointment, and Multiple Appointment Detail** screens as a red strike through on the times.

**Doctors Time On**

This feature enables users to book office hours on a regularly scheduled day off. Located under the **Setup** menu, **Vacation, Holiday, Time Off / On**.

Time on is symbolized by a green strike through across the appointment times.
Appointments

Appointment types are created under the Setup menu. Each Appointment Type, when set up correctly with an assigned number of units, will book the required amount of time on your appointment book. Up to eight appointment types can have a related colour signifying the appointment type at a glance. Colours are assigned under the Setup menu, Appointment Colours. ➔ See page 12.

Book an Appointment by Clicking into a Timeslot

When you click on the appointment book a screen appears that allows you to book an appointment into the selected time slot.

Choose your search criteria and click onto a button under Select a Patient By. The Other button offers alternate ways of searching such as postal code or phone number. You can also add an appointment for a new patient by clicking onto the Add New Patient button and adding a new patient.

Select the patient by clicking onto the Last name, Number, or First name button and typing the name / number of the patient. Double click or press Enter on the highlighted patient.

Change the type of appointment by clicking the down arrow under Type of Appointment and choosing another appointment type from the list. Units are the number of columns this appointment will fill. Numbered buttons above and beside the units will book the unit number you click on, either horizontally or vertically. Alternately you can type in the unit number and select Horizontal or Vertical. Click Finished.

The Unit buttons across the top and down the side is an option that is selected under the Setup menu, Clinic Defaults.
F2 Appointment Grid

This method of adding an appointment does not use the appointment book directly, therefore you must supply all the information about the appointment. You can also book multiple appointments and this is the fastest way to add several appointments.

The F2 screen is broken up into the following sections:

- **Current Appointment** shows the details for the appointment we are booking.
- The **Time Grid** shows an overview of the day’s schedule. Numbers that appear in the grid boxes represent the number of columns already in use for the specified time interval.
- **List of Appointments** and **Doctor tabs** at the bottom show the appointments currently being scheduled and an appointment book mini view. Scroll the appointment book screen to move to times and click onto the screen to book appointments.
- **Patient Information** on the right is a summary of information that may be required for scheduling purposes.

To create one appointment only click the appropriate date on the calendar. Choose the Type of Appointment and the units for the appointment with horizontal or vertical unit buttons. The unit buttons across and down is an option that is selected under the Setup menu, Clinic Defaults. Pick the Room if appropriate. Remember that rooms will only book vertical appointments.

Practitioners utilizing 5 minute interval times should schedule F2 appointments using the mini view at the bottom as 5 minute slots are not visible on the grid.

To book the time of the appointment choose to either book by clicking onto a time in the Time Grid area or by clicking onto the mini appointment view. Alter any other areas that are required such as Doctor for this Appointment, Status, Comment. Click Finish.

To create multiple appointments follow the above instructions but do not click Finish. Click Add Another Appointment after you have successfully entered the details for the first appointment. The date automatically advances to the next day. Click the next appointment date on the calendar and then the appropriate time. Continue this process until you have booked all required appointments. You may print an appointment List or Calendar from this screen if you wish. Click Finish when you have completed all appointments.
Appointment Booking after Posting Activity

When a patient does not have another appointment booked and you have completed posting their activity from the appointment screen, you will be taken to their Appointment tab in Patient Information. You can click onto the buttons **Add an app, same time next Week** or **Same time next Month (28 days)** to book for that time range. If the appointment does not meet booking criteria you will see a mini view of the appointment book alerting you to the fact that there is a scheduling problem. Clicking onto a valid timeslot allows you to book the required appointment.

The **Add an appointment** button will take you into the F2 Appointment Grid.

If you choose to click **Continue** from the appointment tab you will be returned to the appointment book screen where you can use the Make an appointment in this Time Slot screen to book another appointment. The patient last posted will be selected as the patient to book for the next appointment.

F3 Show Our Day

Pressing **F3** will show the full daily schedule for all practitioners listed on the appointment book for whichever day you are viewing. This is helpful when looking for an available timeslot or trying to coordinate appointments.

Coloured boxes show times where scheduled appointments are booked.
Clicking onto a specified cell will open the mini appointment book view. Here you can book, edit, or view appointments.

If any of your Practitioners are utilizing 5 minute intervals the screen view will show 9:00 am – 5:00 pm only due to space requirements. Other timeslots can be viewed by scrolling in the mini view screen by clicking onto a timeslot. All other intervals will show all office hours.

**F5 Show My Week**
The F5 function will show the week at a glance for one practitioner for the week your calendar is on when pressing F5. This is helpful when looking for an available timeslot.

Coloured boxes show times and columns in use. Clicking onto a specified cell will invoke a ‘slice’ of the appointment book to open at the specified timeslot. Here you can book, edit, or view appointments in a similar manner to that in F3.
Appointment Status

The appointment status will let you know if a patient is expected, arrived, completed, rescheduled or has cancelled their appointment based upon the colour and font of the patient name on the appointment book. Some hotkeys are offered to change the status of appointments. To use hotkeys position the cell pointer (black box) on the patient that you wish to change the status of by using the arrow keys on your keyboard.

- **Arrived**
  ‘Arrived’ appointments are blue. To ‘Arrive’ a patient simply press the A key.

- **Missed**
  ‘Missed’ appointments are red. When a patient has missed an appointment, press the M key.

- **Unconfirmed**
  An ‘Unconfirmed’ appointment is italicized. It does not have a hotkey. Unconfirmed appointments require reminder calls.

- **Confirmed**
  ‘Confirmed’ appointments are black. Change the status of an ‘Unconfirmed’ appointment to ‘Confirmed’ by pressing the C key.

- **Rescheduled**
  A ‘Rescheduled’ appointment has a red underline. It has no hotkey.

- **Postponed**
  ‘Postponed’ appointments are italics with a black strikeout. The hotkey is the P key. Postponing an appointment will add the patient to the Past Due Recall list.

- **Cancelled**
  A ‘Cancelled’ appointment are italics with a red strikeout. There is no hotkey. ‘Cancelled’ will add the patient to the Long Term Recall List.

- **Done**
  When you have finished processing a patient the appointment status automatically changes to ‘Done’.

At any time throughout the day you can see exactly what the status is for each and every patient on your appointment book.

Names within a yellow cell indicate patients who are at least 5 minutes late.

Changing the Appointment Status

To change the appointment status on the appointment book, use the hotkeys where applicable by positioning the cell pointer on the patient name and typing the hotkey associated with the correct status. The cell pointer has a black border. Move the cell pointer by using the arrow keys on the keyboard. To change a status that does not have an associated hotkey click onto the patient name from the appointment book screen and choose the status of choice from the Edit Appointment Information screen. Click **Finish**.
Rescheduling Appointments

Within the same day. Appointments that are being rescheduled within the same day can be ‘dragged’ to alternate times. Position your mouse over the patient being rescheduled. Press and hold the left button and drag the mouse to the new time slot. When you are positioned over the new slot, release the mouse button. You can also use the scroll button on your mouse to drag appointments to time slots not visible on the screen.

To another date. Rescheduling an appointment requires that another appointment be made before the ‘reschedule’ process is complete. For this reason you will see a capital R attached to your mouse after choosing Reschedule from the Edit Appointment Information screen.

Click onto another time slot where you can use the Make an appointment in this Time Slot screen to book another appointment. The pre-selected name will be the patient you are rescheduling.

To remove the R from your cursor press F11 on your keyboard. Click the Reset the Current Patient followed by Accept.

Hide Invalid Appointment

This option offers you the ability to ‘hide’ invalid appointments (Rescheduled, Cancelled, Postponed, and Missed) so that the timeslot is available for additional valid appointments.

When the option is turned on (details below) and an invalid appointment exists in a timeslot the time will be seen with a red underline.

Click the timeslot to see the list of hidden appointments. At this point you can Delete, Edit, access Patient Information or Post an Activity for the highlighted patient. Click Accept to return to the appointment book.
To turn on the Hide feature go to the Setup menu, Doctor Defaults. Choose ‘will wrap and hide invalid appts. (resched...).

Invalid appointments will automatically hide when a practitioner has a named columns assigned to their appointment book.

This option is chosen by practitioner and therefore the default will need to be set for each person.

Invalid appointments do not appear in the F2 - Add an Appt screen. Only Confirmed and Unconfirmed appointments are included in the visible timeslot number.

Multiple Appointment Booking

Multiple appointments will not book into Named Columns. They are scheduled by 15 minute intervals only. Practitioners utilizing 10 or 20 minute intervals will have appointments appear in the earlier timeslot that is closest to the 15 minute time chosen.

The ability to create multiple appointments is available from within Patient Information on the Appointments tab. Click Book Multiple Appointments.

Choose the doctor that you wish the appointments to be booked with. The Doctor of Record will be the default. Click Book Multiples using this Doctor.

The subsequent screen allows you the option to create or choose a multiple. Click onto a number under each row to create a schedule. Your choice appears on the blue line listing the number of appointments and units for a number of weeks or months.

Once you are satisfied that the blue line (number 1) represents the schedule you wish to add click Add the current line (number 2).
Your selection will move up to the Current Multiple box where you can continue to add more appointments by following the same procedure.

**Saving The Multiple.** You can save this multiple for use when booking multiple appointments for other patients, thereby saving time. Click **Save this Multiple.** Type a name that describes the multiple. Click **OK.**

**Select A Multiple.** Click **Select a Multiple** from the previous screen; double click the multiple of choice.

Click **Continue.** A pop up will appear offering you the option of a starting date other than today. This option is available if you do not want the plan to start immediately. Click **Yes.** Choose the starting date for the plan by clicking onto the calendar. Click **OK.**

The **Multiple Appointment Calendar** screen is where the appointment times are booked and conflicts resolved. Office holidays and vacations will be shown on the calendar.
This screen can be broken into three sections:

- Make Appointments for the current line of the ‘Multiple’. This section is where you input the times for each day that the patient requires an appointment. Type in as many times as you need for the current line. The number of appointments is listed above the days of the week.

- The ‘named’ area to the right lists the schedule. Checkmarks indicate booked appointments. You will need to have checkmarks beside every item in order to complete.

- The calendar area shows booked appointments. It indicates conflicts where edits or cancellations will need to be completed. These appointments are signified by colour coding. The legend is detailed at the bottom of the screen.

After completing the first line of scheduled appointments you will need to delete one of the times in order to be able to move to next line of scheduled appointments. Click into the field below one of the days of the week and then click the Delete this Time button. Click goto Next Line.
The second set of scheduled appointments below the ‘Named’ area will now be processed and show any conflicting appointments that need to be edited or cancelled before continuing.

Handling Conflicts and Changing Variables
You can edit all appointments that appear as conflicts (red on yellow). Click onto the conflict or appointment that you wish to correct.

A new screen appears asking you to Select another time for this appointment.

Notice the ‘3 *’ (asterisk) in the time slot that we had selected. The ‘*’ indicates the time chosen. The ‘3’ indicates the number of units (columns) already booked at this time. This practitioner has three columns available on his appointment book and therefore the reason the appointment failed is the time slot is already full.

At this point you can change the appointment:
- to another time by clicking into another time slot
- to another day by clicking onto a time slot on a different day
- to another doctor

You can also change:
- the type of appointment
- the units of time
- the appointment comments

If you have edited the appointment to eliminate the conflict click Book Appointment. If you wish to cancel the appointment click Cancel Appointment.

Once all the appointments are complete click Accept. Click Yes when asked if you would like to book the appointments.

Click Print Calendar. If you choose you can add comments to the bottom of the patient calendar by typing into the large white area or choose a pre-existing comment by double clicking an item from the Select a Comment box.

Comments are created under the Setup menu, Other Comments.
The calendar can be printed out for different periods of time. Click on the radio button to the left of the appropriate time. Click **Print the Calendar**.

The appointment calendar now appears on screen. Each page contains two months of appointments. Letterhead information will be pulled from Clinic Defaults.
**Posting Activity**

**Accessing Patient Activity**
There are five ways to access Record Activity and Payments.

1. From the **Patient** Menu
   Go to the **Patient** menu and choose **Record Activity and Payment**. Click onto or type the underlined letter on the button you wish to use for your search criteria. Select the patient by double clicking on them or highlight and press **Enter**

2. Clicking on a Patient appointment on the Appointment Book
   Click onto the patient on the appointment book and press the **F10** key or click the **Activity (F10)** button

3. Pressing **F10** on a Patient appointment on the Appointment Book
   Move the cell pointer over the appropriate patient on the appointment book. Press **F10**

4. Pressing **F12** on the Appointment Book
   Press **F12** on the appointment book and click onto or type the underlined letter on the button you wish to use for your search criteria. Select the patient by double clicking on them or highlight and press **Enter**. This is a shortcut for walk-in patients and for those offices not using the PMP appointment book schedule for patient appointments.

5. From within **Patient Information** on the **Account/Activity** tab
   In the Patient Information screen press **F10** from any tab or click the **Account/Activity** tab and click the **Activity** button.
Posting Patient Transactions

The Patient Activity screen begins with Treating Doctor. The listed practitioner will be either the practitioner with whom the patient was booked or the Doctor of Record if you entered using the F12 key. Change the Treating Doctor if necessary.

Click into the field below the word Code to bring up a list of your Fee Schedule. Scroll through the list or type the first few letters of the code for the item you are searching for.

For instance, if you type the letter ‘C’, the Fee Schedule opens and takes you to the beginning of the fees that have a code starting with ‘C’.

Locate and double click the item you are searching for or highlight and press Enter. The amount listed under the Patient column is editable. To change this amount, click into the field, edit the amount and press the Tab or Enter key when you have finished.

You can select more than one activity or inventory item by clicking into the code field below the previous activity or typing a new code letter. A Default Activity (F11) button is located above the Payment Amount. This is used for selecting the typical treatment that the patient receives. You can either click this button or press F11 to select the default activity instead of locating the treatment yourself. Default Activity is set up in Patient Information on the Billing tab.
Posting the Payment

Once you have selected all activity click the appropriate Payment Amount from the list.

- **Amount** allows you to type a payment amount in the field to the right
- **None** means no payment was made
- **Today’s Fees** will pay the amount listed to the right which is the total of today’s billings for the treating practitioner
- **Account Balance** will pay the total to the right which is the entire balance owed to all practitioners for this patient
- **Related Balance** pays the total to the right which is the entire balance for this patient and all patients they are ‘linked’ to in Related Patients on the Contact tab of Patient Information
- **Preset Payment** will pay the total to the right which is the preset amount listed on the Account Activity tab of Patient Information
- **Dr. No._** will pay the amount listed to the right which is the total owed to the treating doctor only

Click the down arrow under Payment Type and choose the correct payment type.

A payment type can be set up in the Patient Information on the Billing tab under the field Payment Type that will be the default when posting payments.

Printing Receipts and/or Statements

You can choose to print a receipt or statement at the time of posting. A receipt is a list of today’s transactions and payments only. A statement is a list of transactions between specified dates. When you choose the statement option you are prompted to specify the statement date range. The default start date will be next day after the last statement end date. If there is no previous statement date the start date will default to the date set up in Clinic Defaults. The end date will default to today’s date. These dates can be edited by clicking the down arrow and choosing another date on the calendar. Change the month and/or year by clicking onto the month or year at the top of the calendar and choosing another date from the list. You can type the dates into the Date From and Date To fields as dd/mm/yy. The last statement date field in Patient Information on the Account Activity tab will be updated after Posting.
Posting the Activity

Click **Post**.

The transaction is now complete. The summary sheet will be updated to reflect this activity, related patient balances will be paid automatically and added to summary sheets, receipts and/or statements will be printed.

How you accessed the patient activity and whether the patient has another appointment booked will determine what appears on screen next:

- If you entered the patient activity screen from an on-screen appointment and the patient you are processing has another appointment booked you will see a pop up entitled ‘Yes, or No’ confirming the patients next appointment. Click **Yes** to confirm and you will be taken back to the appointment screen. If you choose **No** you will be taken to the Appointment tab in Patient Information to delete or edit the appointment.
- If you entered the patient activity screen from an on-screen appointment and the patient you are processing does not have another appointment you will be taken to the Appointment tab of Patient Information to allow you to book the next appointment.
- If you entered the activity screen from the patient menu or F12 you will return to the appointment book screen without future appointment details or prompting for additional booking.
- If you entered the activity screen from the Activity button located in the Patient Information screen you will be returned to the same screen.

Posting Payments Only

Access the Patient Activity screen as seen in previous instructions.

Instead of choosing a code for activity, press **F10**. A payment line will be created. The cursor is now activated under Payment Amount at the **Amount** field. Type the amount of the payment or click the radio button to left of the relevant payment option.

Determine the Payment Type by clicking the down arrow and selecting the appropriate type. Click **Post**.
Patients Who Do Not Have Appointments (Walk-Ins)
Press F12 while on the appointment book and select your patient by the method of your choice. Double click or press Enter on the appropriate patient.

Once in the patient activity follow through with Posting Patient Transactions.

These patients will appear as DONE appointments on the appointment book. They will not have an appointment type and the words 'WALK-IN' will appear in comments and on the Appointment tab in Patient Information.

HST / PST / GST

PMP handles tax in two ways:

- tax can be included in inventory items so that the fee charged is a total of the selling price plus the tax amount.
- tax can be added as a separate item after the activity or inventory had been selected.

The PMP department recommends that tax be entered as a separate line item when posting activity. The option of including tax as part of the total fee (i.e. selecting items from inventory where taxes are added) is simpler but may complicate patient reimbursement from extended health companies. Separate line items make it easier for patients to collect, provide detailed reports in PMP, make government reporting easier, and as a bonus, your fees are accurately presented without the taxes inflating your patient’s perception of your fees.

Here’s how (note we will use HST for these instructions):

In the Patient Activity screen locate the treatment or item purchased and press Enter. Locate the HST code in the fee schedule list. In the patient column type in the HST amount if not correct. Press Enter.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Total OHIP/MB</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAS6</td>
<td>Massage Therapy - 60 min</td>
<td>60.00</td>
<td>0.00</td>
</tr>
<tr>
<td>HST6</td>
<td>HST</td>
<td>7.80</td>
<td>0.00</td>
</tr>
</tbody>
</table>

The total fees for today will reflect activity plus tax and separate transactions will show on statements and summaries.

There are two methods for posting HST as separate transactions.
You may create multiple HST fee schedule items that are populated with a predetermined amount. Go to the **Setup** menu, **Fee Schedule, Other**. Your summary sheets correctly display HST amounts in the HST area only if the first three digits in the code are HST. You can add an additional digit or letter to allow for additional HST items where the amount is pre-populated.

We have used the additional digit that represents the time period in the screen shot above. HST3 is a 30 minute massage HST amount. HST6 is a 60 minute massage amount, and HST4 is a 45 minute massage amount. This makes the selection process easier when adding tax as a separate line item.

The second method for posting HST as a separate line item requires calculating 13% on the total patient fees. This is appropriate when there are a number of taxable transactions being posted and you want to show HST as a lump sum amount i.e. a patient is purchasing a number of different products at the same time. Enter the codes for all taxable transactions and PMP will give you a taxable total. Calculate 13% of that total, enter the HST code, and put the calculated tax amount under the patient column. Press **Enter**. Add any non-taxable transactions. Click **Post**.

**Discount**

PMP handles discounts to allow you to decrease patient cost for specified items. To Post a **Discount** press **F12** on the appointment book and select your patient or get into the Patient Activity screen in your usual manner. Enter your transaction in your usual manner. Press **Enter** or the **Tab** key to create a second line. Type **DI** or click into the Code field and select **Discount**. The cursor is now activated in the patient fee area. Type the discount amount with a minus sign, ie. -20.00. Press Tab. The discount line now shows the fee reduction in red and the total fee for today includes the discount. Click **Post**.

Summary sheet shows a total of the discounts if you use the code “**DI**”. This total can be given to your accountant to provide information for your records of the amount of reduced or complimentary services your office provides.
Refunds
There are two types of patient refunds. The first is a refund that is required due to an overpayment.

To Post a Refund press F12 on the appointment book and select your patient or get into the Patient Activity screen in your usual manner. Type REF or click into the Code field and select Refund. Leave the patient fee at 0.00. Press Enter. Press Enter or the Tab key to create a second line.

To create the refund amount either click the radio button to the left of Amount and type in the amount of the refund with a minus sign, i.e. -50.00 or click the radio button to the left of Account Balance if the amount is correct.

Select the method of the refund i.e. Cash, Cheque, etc. under Payment Type. Click Post.

Your end of day receipts will not match your summary sheets if you write a Cheque to your patient for the amount of the refund. If you refund by cash, debit or credit card, your day end receipts will be accurate.

In the Patient Information Account Activity screen add a comment to the refund by clicking onto the refund line and clicking the Edit Comment button. Type an explanation for the transaction. Type your initials. Click Save.
Inventory Refund

The second type of refund is because of a fee reduction of inventory return. This is a two-step process:

1. Return the inventory
2. Process the refund

1. **Return the inventory item.** Press F12 on the appointment book and select your patient or get into the Patient Activity screen in your usual manner. Locate and select the original inventory item. Click into the column under Patient. Type in the cost of the item with a minus sign, i.e. -50.00 and press Enter or the Tab key. Click the radio button to the left of None in the payment amount area. Click Post.

2. **Process the refund.** Get back into Patient Activity. Type REF or click into the Code field and select Refund. Leave the patient amount at 0.00. Press Enter. Press Enter or the Tab key to create a second line.

To create the refund amount either click the radio button to the left of Amount and type in the amount of the refund with a minus sign, i.e. -50.00 or click the radio button to the left of Account Balance if the amount is correct.

Select the method of the refund i.e. Cash, Cheque, etc. under Payment Type. Click Post.

Your end of day receipts will not match your summary sheets if you write a Cheque to your patient for the amount of the refund. If you refund by cash, debit or credit card, your day end receipts will be accurate.

In the Patient Information Account Activity screen add a comment to the refund by clicking onto the refund line and clicking the Edit Comment button. Type an explanation. Type your initials. Click Save.

If the returned inventory item can be sold again, you will want to increase your Amount in Stock for this item in Fee Schedule, Inventory.
Activity Date

The Activity Date function allows you to change the date for processing transactions that occurred on a previous day.

Go to the Utilities menu, then Activity Date. To set the date back, click onto the appropriate day on the calendar. For a previous month click the back arrow once for every month you wish to move back. You can also click onto the month or year to produce a list of months / years. Click Accept Changes. Once you have returned to the main appointment screen you will see a red border around the screen. This indicates that activity posting will be on a date prior to today.

Process the necessary transactions. Print the summary sheet and attach it to the original summary sheet for that date to explain any changes in accounts receivable.

To return to today go to the Utilities menu, Activity Date. Click Reset to System Date, then Accept Changes.

Editing and Deleting Transactions

There are times after processing patient activity that you have to edit or delete a transaction. For example the patient could have paid you after the visit had been posted or you posted an incorrect patient.

Get into the Patient Information Account Activity tab.

- **To Edit a Transaction** click the item to be edited and click Edit. A pop up window will appear entitled Edit a Transaction. The area on the left is the activity before the edit. Modifications take place on the right side of the screen. When attempting to alter a date please note that you can only move the date forward. Click in to the field that you wish to change.
Once the change is complete, click **Accept Modified Record**. If no changes are made click **Cancel**. A message box will appear noting *You’ve edited a transaction*.... Type an explanation for the edit and add your name or initials. Click **OK**. Changes will be recorded in the Account Edit Journal along with the comment.

![Image](image_url)

**To Delete a Transaction** click the item to be deleted. Click the **Delete** button. A pop up window will appear asking if you would like to delete the payment as well. Answer **Yes** or **No**. Another window will appear asking you to confirm the deletion. Click **OK**. A message box will appear noting *You’ve deleted a transaction*.... Type an explanation for the deletion and add your name or initials. Click **OK**. Changes will be recorded in the Account Edit Journal along with the comment.

All PMP users in your office should be instructed to detail the reason for the edit or deletion and note their name upon seeing the comment box.

**Transfers**

**Transfer Credits / Balances between Patients**

1. Start by getting into the file of the patient who has the credit. Go to the Account Activity tab and press **F10**. Type **TRAN** into the code field and select **Transfer** from the activity list. If you do not have Transfer as a billing option, follow instructions below.

   Press the **Tab** key to keep the billing amount at zero. Select **Amount** under **Payment Amount** and type the total to transfer as a negative amount, i.e. -100.00. Change the Payment Type to **Transfer**. If you do not have Transfer as a payment option, follow instructions below. Click **Post**.
2. Get into Patient Information on the Account Activity tab for the patient who will receive the transfer. Press F10. Type TRAN into the code field and select Transfer from the activity list. Press the Tab key to keep the billing amount at zero. Select Amount under Payment Amount and type the amount that was taken from the previous patient file. This amount will be typed in as a positive. Change the Payment Type to Transfer. Click Post.

There should be no change in the monies for the day as this is a direct transfer.

Add Transfer to your Fee Schedule:

Go to the Setup menu, Fee Schedule, Other. Click Add, Edit Record. Type TRAN into the code field and Transfer into the description field. Leave the amount at 0.00. Click Save.

Add Transfer to your Payment Type:

Go to the Setup menu, Payment Types. Click Add. Type Transfer into the Description field and TRAN into the Short description field.

Transferring Balances/Credits between Practitioners

On occasion you may be required to transfer balances or credits from one practitioner to another. For instance you may want to transfer the $-30.00 credit for Dr. LH to pay off the amount owed to DD.

Get into Patient Information on the Account Activity tab for the patient that has the balance / credit. Press F10. Type TRAN into the code field and select Transfer from the activity list. If you do not have Transfer as a billing option, follow instructions above.

Click Amount and type 0.00 into the field.

Change the Payment Type to Transfer. If you do not have Transfer as a payment option, follow instructions above. Click Post twice.
This will bring you to the Payment Distribution screen. This screen appears any time PMP does not know how to distribute a payment amongst practitioners. You will never see this screen if only practitioner has ever treated a patient.

Under the Payment column, type in the amount to give to the practitioner who has the balance.

Type the amount to take away from the practitioner with the credit. This amount must be typed as a negative.

These two amounts must balance each other out – meaning the two totals added together must equal zero.

Click Accept.

The credit balance has now been transferred.

Returned Cheques
To record a returned cheque you will need to complete the following steps:

1. Add Returned Cheque to your Fee Schedule if necessary. Also add Returned Cheque Charge if your office policy requires a charge when the bank returns a cheque.

Click the Setup menu, Fee Schedule, Other. Click Add. Double click into the code field and type RC into the code field and Returned Cheque into the description field. Leave the amount at 0.00. Click Save.

Click Add. Double click into the code field and type RCC into the code field and Returned Cheque Charge into the description field. Type the amount you charge for a returned cheque. Click Save.
2. **Post the Returned Cheque:** Get into **Patient Information** on the **Account Activity** tab for the patient whose cheque was returned. Press **F10**. Type **RC** into the Code field and select **Returned Cheque** from the activity list. Press **Enter** so the patient billing stays at zero. Type **RCC** into the Code field and select **Returned Cheque Charge** from the activity list. Select **Amount** under the Payment Amount and type the total of the returned cheque as a negative amount, i.e. -100.00. Change the Payment Type to **Cheque**. Click **Post**.

Check the patient balance to confirm the correct balance.

There will be a reduction in the receipts on your daily summary and the total will **not** match the total of the cheques in your cash drawer.

**Gift Certificate**

You may need to add gift certificate to your Fee Schedule. Click the **Setup** menu, **Fee Schedule, Other**. Click **Add**. Double click into the code field and type GC. Type Gift Certificate into the description field. Make the Selling Amount $0.00 as it may change every time.

Gift certificates (GC) can be used in two ways depending upon the set-up of your office:

1. A gift certificate will be used by one practitioner only
2. A gift certificate can be used by more than one practitioner.

**Gift certificate is used for one practitioner only**

- **Sale of GC:**
  Get into the Patient Activity screen in your normal manner. Type **GC** into the Code field. Select **Gift Certificate** from the list. If you do not have Gift Certificate in your fee schedule create one using the instructions below. Press **Enter** or **Tab** to keep the billing amount at zero, the payment amount will reflect the cost of the GC. Click **Amount** under Payment Amount and type the amount of the payment. Choose the **Payment Type** from the list and click **Post**.

  This will have the effect of recording the money received and creating a credit on the patient file. There is no change in revenue as no service has been provided.
- **Redemption of GC:**
  Get into the Patient Activity screen in your normal manner. Locate and select the treatment that the patient had from the list. Click **None** under Payment Amount. Change the **Payment Type** to **Gift Certificate**. If you do not have Gift Certificate listed as one of your payment types create it using the instructions below. Click **Post**.

Gift certificate can be used by more than one practitioner

This option is a little more complicated as offices may not know which practitioner will redeem the GC.

1. **Sale of GC:**
   Get into the Patient Activity for the patient Gift Certificate (create this file using the instructions listed below). Leave the Treating Doctor as the primary DC. Type **GC** into the Code field. Select **Gift Certificate** from the list. If you do not have Gift Certificate in your fee schedule create one using the instructions below. Press **Enter** or **Tab** to keep the billing amount at zero, the payment amount will reflect the cost of the GC. Click **Amount** under Payment Amount and type the amount of the payment. Choose the **Payment Type** from the list and click **Post**.

   This will have the effect of recording the money received and creating a credit on the account for the patient file Gift Certificate. There is no change in revenue as no service has been given. You are Posting the payment to the primary DC because that is the bank account that should get the money.

2. **Redemption of GC:**
   Get into the Patient Activity screen for the patient in your normal manner. Make sure the Treating Doctor is the practitioner who performed the treatment. Locate and select the treatment that the patient had from the list. Click onto the radio button to the left of **Amount** and type the amount of the GC. Change the **Payment Type** to **Gift Certificate**. If you do not have Gift Certificate listed as one of your payment types create it using the instructions below. Click **Post**.

   The revenue or fee will show on the day summary sheet for the treating practitioner and the receipts will balance because you received the gift certificate as payment.

3. **Balance the cash:**
   Get into the Patient Activity screen for the Gift Certificate patient file. Type **TRAN** into the Code field and select **Transfer**. Press **Enter** or **Tab** to keep the billing amount at zero. Click **Amount** under Payment Amount and type in the amount of the GC as a negative, i.e. -50.00. Change the **Payment Type** to **Gift Certificate**. Click **Post**.

   This transaction will reduce the credit balance on the Gift Certificate patient and has no impact on total revenue.

**Suggestions**

- Some offices number their gift certificates. You can record this information in the patient comment area for the Gift Certificate patient e.g. “Oct1-08 sold GC#0052 - redeemed Feb14-09”
If a gift certificate expires you need to reflect an increase in income because you received money but did not render a service. Create a fee schedule item called “expired gift certificate” with a ‘zero’ fee and post this transaction anytime you need to eliminate a credit on account because of an unused or expired gift certificate. The fee will equal the price of the certificate purchased and would be entered when you post the transaction.

Add Gift Certificate to your Fee Schedule:

Click the Setup menu, Fee Schedule, Other. Click Add. Double click into the code field and type GC. Type Gift Certificate into the description field. Make the Selling Amount $0.00 as it may change every time.

Add Gift Certificate to your Payment Types:

Go to the Setup menu, Payment Type. Click Add. Type ‘Gift Certificate’; press the Tab key type ‘GC’. Click Save.

Add a New Patient file named Gift Certificate:

Go to the Patient menu, Add New Patient. Type Gift into the first name field and Certificate into the last name field. Make the Doctor of Record the primary DC in your office. Click Save.
Write Offs

Patient Write Off

Get into the Patient Activity screen or press F12 from the appointment book and locate the patient. Press F9. A write off information line will appear. The cursor is now activated in the Amount field.

Type the amount of the write off or click the Account Balance radio button if the amount is correct. Click Post.

The Difference between Write Offs and Discounts

We find it helps to think of write-offs and discounts like this:

- a write off is an amount you cannot collect
- a discount is an amount you choose not to collect.

Reversing a Write Off

You may on occasion be required to reverse a write off. There are two steps involved in this procedure:

1. Get into Patient Information on the Account Activity screen, press F10. Press F9. A write off information line will appear. The cursor is now activated in the Amount field. Type the amount of the write off to be reversed. Click Post. The amount is shown as a credit in the patient balance at this point.

2. Click onto the write off (WO) line, click Edit. Click into the Patient Amount box on the right and highlight only the minus sign (-). Press delete. Click Accept Modified Record. Type the reason for the reversal into the comment field. Click OK.
Below is how the account would look after reversing a write off.

<table>
<thead>
<tr>
<th>Date</th>
<th>Ref. Date</th>
<th>Doc</th>
<th>Location/Code</th>
<th>Bill Code</th>
<th>Type</th>
<th>Status</th>
<th>Paid by</th>
<th>Billing</th>
<th>Patient</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/01/2006</td>
<td>D0</td>
<td>1/A</td>
<td>CASH</td>
<td>Paid</td>
<td>0.00</td>
<td>15.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14/05/2006</td>
<td>D0</td>
<td>1/WO</td>
<td>CASH</td>
<td>Paid</td>
<td>0.00</td>
<td>18.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Credit Write Offs

There are 2 steps involved in writing off a credit. Please note writing off a credit should only be done after continued attempts to refund the patient have failed. Please check with your bookkeeper or accountant for more details.

1. Get into Patient Information on the Account Activity screen, press F10. Press F9. A write off information line will appear. The cursor is now activated in the Amount field. Type the amount of the credit as a positive number. Click Post. The amount of the credit has now doubled.

2. Click onto the write off (WO) line, click Edit. Click into the Patient Amount box on the right and highlight only the minus sign (-). Press delete. Click Accept Modified Record. Type the reason for the write off into the comment field. Click OK.

Below is how the account would look after writing off a credit.

<table>
<thead>
<tr>
<th>Date</th>
<th>Ref. Date</th>
<th>Doc</th>
<th>Location/Code</th>
<th>Bill Code</th>
<th>Type</th>
<th>Status</th>
<th>Paid by</th>
<th>Billing</th>
<th>Patient</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/01/2006</td>
<td>D0</td>
<td>1/A</td>
<td>CASH</td>
<td>Paid</td>
<td>0.00</td>
<td>10.00</td>
<td>12.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21/05/2006</td>
<td>D0</td>
<td>1/WO</td>
<td>CASH</td>
<td>Paid</td>
<td>0.00</td>
<td>2.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WCB Write Offs

To write off stale dated WCB claims click the Manitoba menu, Record Manual Payments, WCB. Choose the practitioner; click Prepare the report for this Doctor. Locate the patient by clicking Number, Surname, or First and typing the search information into the Search field. Click the first visit you wish to write off under Activity.

Click into the Current Line amount box after selecting the date and type 0.00 into the amount field. Click Accept Changes. Click 2. TTP & WO.

Click Finish when all claims to be written off have been handled. Print the WCB Payment Journal.
Payment Distribution Screen
(Multi Practitioner Offices Only)

A Payment Distribution screen will appear after processing a payment for a patient when more than one practitioner is owed money and the payment amount is not equal to the total owed.

The lower half of the screen is named ‘Payment Worksheet’. All the practitioners on your PMP will be listed here with account balances. Put a checkmark beside Balance Due only if you wish to pay the entire balance for that practitioner. If you wish to pay an amount different from the Balance Due type that amount into the field under Payment.

Each payment made in the worksheet will reduce the Amount to Allocate balance until the total is 0.00. The Accept button is only enabled when the amount to allocate reaches 0.00. Click Accept.

View All Doctor Balances

On occasion you may require the ability to edit the balance owing for a specific patient / doctor. This is not a procedure that is recommended unless it is done to correct a balance owing that was not created by a listed activity or to correct a balance transferred from another software conversion.

In the Patient Information screen on the Account / Activity tab click View All Doctor Balances. A pop up window will appear entitled Edit Balances.
Practitioners appear in the order they are listed on the Appointment Book. The practitioners that are on the current Appointment Book appear in white at the top of the window. The other practitioners that are listed on this program but not loaded on the Appointment Book are in grey and can still be edited.

To alter a balance press the Alt & E keys at the same time. A New Balance column will become visible. Make the required changes. Click OK. An edit box will appear where you are expected to type an explanation for the edit. Initial your explanation.

Changes made in this area will be reflected in the Accounts Receivable and the Account Edit Journal.
Add a New Patient & Patient Information

Accessing the New Patient File
There are four ways to access the new patient file.

- From the Patient menu Add New Patient
- Right click on the appointment book, choose Add New Patient
- Click on an empty time slot on the appointment book, click Add New Patient
- Press the F6 key when on the appointment book, click New Patient

Each of the four ways to add a new patient takes you to a new window with a blank patient record file. Across the top of this window you will see the heading ‘Patient Information Adding a NEW Patient (Patient Number not yet assigned)’.

The Contact tab
The Contact tab contains basic information about the patient. You must enter the First and Last name of the patient to save the file. The patient number is automatically assigned upon saving using the Next Available Patient Number found under the Setup menu, Doctor Defaults.

If the patient to be added is related to a patient already in your database and they have the same address you can use the Copy From Existing button to copy basic demographic information into the new file.
Fill in the required information.

1. **Phone Numbers**
   The phone number area will hold up to four phone numbers. Choose the type of phone number that you are adding by clicking the down arrow and selecting the type from the list. Use the radio button to select the **Priority phone** number that will be visible on reports and summary screens.

2. **Referrals**
   **Referral Method** offers a drop-down list that is hard coded and cannot be edited as it populates the annual Statistical Report (Ontario only). This field will offer you the method by which your patient chose your clinic. **Referred By** offers you a **Patient** button which allows you to select the referring patient. A drop-down list is also available with referral options that you can customize under the **Setup** menu, **Referrals**.

3. **Related Patients**
   Related Patients will allow you to link family members or multiple files for the same patient so that payments can be made for all outstanding accounts. Double click on each patient you wish to relate. Click **Continue**. **Do not** add the patient whose file you are in to the related selection.

4. **Contact Information**
   Select these options for reminders or no contact.

5. **Flags**
   Flags are single digits or letters used to indicate something meaningful to you about the patient. You may have up to eight flags per patient. Flags are created in the Setup menu, Flags. The Flag option can be chosen to select a particular group of patients for some reports, e.g. Queries.

6. **Profession**
   Select from a drop-down list the profession of your patient. Student, Other, and Not employed are included.

**The Billing tab**
The Billing tab stores financial information and the Patient First Visit report.

7. **Payment Type**
   A default payment type can be set up that will be used whenever you post activity.
8. **Default Code**
   You can create a default activity for each patient that will post the activity with a single keystroke. Click the down arrow beside Default Code and choose the activity most often posted for this patient.

9. **Patient Forms**
   ➤ *See page 63.*

**The Manitoba tab**
The Manitoba tab includes tabs for Manitoba Health, Manitoba Public insurance, and Workers Compensation Board.

- The **Manitoba Health** tab contains:
  - The patients **MH Number**
  - **Visits Left.** This field automatically decreases when treatments are posted. On or your next business day after January 1st you will receive a pop up upon opening your PMP that asks you if you would like to reset the Manitoba health visits. If you have completed posted treatments from the previous year you can choose **Yes.** Choose No to continue inputting visits from the previous year. The pop up will appear every time you open PMP until you select **Yes.** Once you have selected to renew the MH visit every patient will default to having 12 visits left. This field is editable should the amount be incorrect at any time.
  - The **Diagnostic Code** which is chosen from a pick list.
  - **Diagnostic Comments for C99** is a field where you type in any comments related to the Diagnostic Code of **C99 Other Conditions**
  - **Fee after Manitoba Health expiry.** In this field choose the fee to bill the patient once their MH visits are exhausted. The **Full Fee** adds the MH fee to the patient fee and bills that amount. **Patient Fee** continues to charge the patient what they were charged will MH visits remaining. **Post Expiry Fee** will charge the patient the amount typed into the field box.

- The **MPI** tab contains specified fields to input relevant information that will populate reports and invoices. This tab also allows you to create **New Initial chiropractic, New Track I,** and **New Track II** reports.

- The **WCB** tab contains specified fields to input relevant information that will populate reports and invoices. This tab also allows you to create **New Chiropractor’s First** and **Progress Reports.**

**Patient Information tabs**

**The Pop Ups tab**
Pop Ups are information boxes that will appear on a patient file where and when you choose, giving information you have input and may require about this patient or their appointment. Locations where pop ups are designed to pop are chosen in the **Setup** menu, **Clinic Defaults.** ➤ *See page 56 and 61.*

**The Health tab**
Insert patient injuries using the ICD-10-CA sequelae codes.

**The Comments tab**
Enter relevant information into this tab that isn't stored elsewhere. There are no restrictions as to how much information can be stored.
You may predefine frequently used comments in the Setup menu, Patient Comments. Double clicking on the predefined comment under Select a Comment will enter it automatically into the body of the comments. ➔ See page 55.

The Bill To / Employers tab
The Bill To / Employers tab houses information regarding the person or company that is responsible for the account if not the patient themselves or WSIB.

To save the new patient file click Save. Once saved two new tabs will appear:

The Appointments tab
The appointments tab houses all past and future appointments. It offers the option to Add an appointment (using the F2 Appointment Grid), Book Multiple Appointments, and after posting activity it offers Add an appointment, Same time next week, and Same time next Month (28 days). You also have the option to Print Calendar and Delete all Pending Appointments.

The Account / Activity tab
The Account / Activity tab is where all financial transactions are stored. You can print receipts and statements from here, add comments to activity to explain their nature, and also edit and delete transactions.

The Lower Taskbar
The bottom portion of the Patient Information screen is a static screen. It is available on all tabs within the patient information screen. The Next and Previous buttons give you the choice of moving forward or backward one patient at a time, searching by either name or number depending upon the previous search criteria.

An envelope button is located in the middle of the screen which will print the name and address on an envelope or label for the patient currently being viewed. ➔ See page 59.

The buttons on the right offer you the ability to locate other patients by Last name, Number, First name, and Other. The Other button offers various options for locating patients.

The bottom taskbar shows hints regarding accessing the F2 - to add an appointment and F10 - to process an activity.

Click Continue to save changes and exit the patient information screen.
Advanced Features within the Patient File

Default Activity
You can create a default activity for each patient that will post the activity with a single keystroke. The setup for this is on the Patient Information Billing tab. Click the down arrow beside Default Code. Choose the activity most often posted for this patient.

Processing Patient Activity using Default Activity
When in the patient activity click F11 or press the Default Code button to use the default activity.
Envelopes / Labels

Envelopes and labels are located in three areas in the PMP:

- Right clicking on a booked appointment brings up the addressed envelope for that patient.

- An unused appointment slot brings up a blank envelope where you can type an address.

- In **Patient information** there is a button located on the bottom of the screen. This will bring up an addressed envelope for that patient on all tabs.

- In **Bill / To, EHC, and MVA** there is a button with a ? on it. Click on it to bring up information for the company or person. An envelope button is located on the bottom right. Click the envelope icon.

For Envelopes select the following:

- The size of the envelope; **6-3/4, 9, 10, 11, 12, 14**
- Feed type depending on your printer; **Left, Middle, and Right Vertical**
- Check Print Return Address to add your information to the upper left corner. This information is pulled from Clinic Defaults
- Edit the name and address
- Font attributes
- Patient name and address are editable

Any changes in Printer setup

To utilize labels you will need to purchase and install a Dymo LabelWriter 450. Please note that other label equipment cannot be guaranteed to work from within PMP.

Once installed, checkmark the Dymo option located in Computer Defaults under the Setup menu.

All information in the Address to Print box can be edited, Patient number, x-ray information, date, etc. can be added to the label.

Click the LabelMaker icon to produce a label.
Related Patients

Related Patients will allow you to link family members or multiple files for the same patient so that payments can be made for all outstanding accounts. This is set up in Patient Information Contact tab. Double click on each patient you wish to relate. Click Continue.

Once Related Patients have been set up you will see a pop up during activity posting that details outstanding accounts.

Pay related patient balances including today’s billings by clicking the radio button next to Related Balance. Do not use the related balance function if anyone in the group has a credit balance.

When choosing to print statements for related balances the statements will print for all related patients receiving part of the payment.
Pop Ups

Pop Ups are information boxes that will appear on a patient file where and when you choose, stating information you have input and may require about this patient or their appointment. Patient pop ups are created in the Patient Information Pop Ups tab.

The option of when and where pop ups appear is selected in the Setup menu, Clinic Defaults. ➔ See page 11.

To Add Pop Ups get into the Patient Information file and click the Pop Ups tab.

![Image of Patient Information Pop Ups tab]

**Click Add.**

1. Pop up every time.
2. Pop up only on Sep 12, 2006.
3. Pop up every, or next visit after Sep 12, 2006.
4. Pop up during the week of Sep 12, 2006.
5. Pop up after 0 visits.
6. Pop up on or after day 0 of every month.

To choose when you would like the Pop Up to appear, click the button number of your choice. You will need to edit the date for items 2, 3, and 4, and add in a number for items 5 and 6.

**Pop Up When Options:**

1. Will pop every time until deleted.
2. Will pop only on the chosen date. If the patient file is not accessed that day the Pop up will be deleted.
3. Will pop only once, the first time the patient is accessed on or after the date chosen.
4. Will pop only that week for as many times as the patient is accessed.
5. This pop up pops only after X number of visits has been posted. **Note:** Items from the Fee Schedule listed under Inventory or Other are not considered visits.
6. This pop up will appear every time after the date chosen until the new month starts and reoccurs every subsequent month until it is deleted.

Once you have selected the appropriate choice click OK. Click into the Pop Up Comment box and type the comment you would like to appear. You may type up to 5 lines of text for each pop up.

To choose a default pop up comment click onto the comment of choice from the list on the right and click Copy Selected. The default comment will copy into the Pop Up Comment box. Click Save.
**Edit Comments**

Comments in Patient Information can be edited, highlighted, and formatted for more visibility when processing. You can also print the patient comment.

Once you have created the comment click **Edit**. An edit screen will appear. Determine the area you wish to highlight by click and drag. Click the highlighter icon. Click the **X** to close. You will be asked if you wish to save your changes, click **Yes**.

The highlighted and / or edited portions will appear on the **Patient Summary Information** screen.

**Email**

PMP will open your messaging program and address emails to your patients if you have internet capability on your computer. Enter the patient email address and click the **Email** button in Patient Information / Contact to activate this feature.

In addition statements and appointment calendars or lists can be emailed to your patients. See details page 101.
**Edit Activity Comments**

When you post or edit an activity that requires an explanation, you can add a comment to the transaction.

On the Patient Information / Account Activity tab click the activity where you would like to add a comment. Click *Edit Comment*. A comment screen will appear allowing you to type a comment. Type a comment that describes the activity process. Click *Save*.

Once an activity comment has been added to an activity a checkmark will appear in the second column.

**Patient Forms**

To promote effective collaborative care environments a Patient First Visit and Follow Up forms have been included in PMP. The forms pre-populate with patient and practitioner information and exhibits the same behaviour as OCF and WSIB forms in PMP.

Locate the forms in **Patient Information, Billing** tab. Click either *New First Visit* or *New Follow Up* to complete the forms in PMP or *Print Blank* to complete the form by hand.

Once you input information into the supplied fields select *Save as Draft* to allow you to edit the form at a later time or *Save as ‘Finalized’* to finish the form. Finalized forms cannot be edited. Choose *View/Print* on the **Billing** tab to view or print the form.
**Manitoba Health Services Commission**

It is important to understand how Manitoba Health (MH) works in the province of Manitoba. The following is a summary of the components of MH structure.

The Manitoba Government utilizes a method of billing fees for chiropractic services called TWO-TIER BILLING. This means that in Manitoba, the Province will pay a PORTION of the fee for chiropractic services. The REMAINDER of the fee is the direct responsibility of the patient.

The government agency under which fees are paid is the Manitoba Health Services Commission (MH). For residents of Manitoba the rules are as follows:

- Each patient is entitled to charge fees for chiropractic care to MH for up to 12 visits per year. The billable amount is $11.00 per visit. The fiscal year runs from January to December. PMP will automatically renew the visits for all MH patients every January.
- Once the patient has reached the allowable amount, they are personally responsible for fees for services, until the commencement of the new MH fiscal year.
- MH will not pay for a claim if submitted more than 6 months after the treatment date.
- If a claim is rejected by WCB or MPI you have 6 months from the service date to submit to MH.

**General Information**

MH has set down rules that apply to codes and fees for services rendered in a chiropractic office. All treatments including examination are billed to MH with the code 8506 and fee of $11.00.

When entering patient data into PMP it is important to consider:

- Correct fees are entered into the fee schedule in the program and are kept current with any changes.
- MH fees are correctly entered in the program, and updated when necessary.
- The Patient is listed as the correct type in the program. (ie. MH, MPI, WCB)
- The Manitoba Health Number (6 digits) is correctly recorded in the patient file. (Make sure you look at the card yourself when a new patient arrives. This procedure alone will help keep your accounts receivable to a minimum.)
- Surname & given name in the program are exactly the same as it appears on the Manitoba Health Card.
- Specific data is required for claims submission to MH. Missing data will result in a claim being rejected. This may cause a delay in payment. The data required to submit a MH claim is as follows:
  - Health number
  - Service code for each visit
  - Fee submitted for each visit
  - Service date
  - MH Diagnostic code
• MH billing may be submitted daily, weekly or bi-weekly. The deadline date for submission varies each month. All cut-off dates are posted on the EPiCS message board and are also issued at the beginning of each calendar year. If you are unsure please check with your MH office.

• Understanding the process of billing and reconciliation will help you monitor your accounts accurately. Follow through with the step by step billing, handling rejections and reconciliation procedure to minimize your accounts receivable and maintain MH account control.

**Manitoba Health Billing**

Once activity has been processed in patient files where MH fees are applicable you will want to create a billing to Manitoba Health.

Go to the **Manitoba** menu, Prepare **MH Billing Exchange**. Click the radio button next to the type of billing you wish to produce.

- **All Pending Claims** will pull all MH claims that have not been previously billed or that have been marked back to pending for resubmission.
- **Pending Claims by Period** will pull all MH claims that have not been previously billed or that have been marked back to pending for resubmission between specified dates.
- **Rebill Claims by Period** will pick up all claims whether pending or billed between specified dates.

Click **Run**.

The next screen contains information and reports regarding your submission.

- The **View Draft Rejection Journal** button, if enabled, will generate a draft report on your screen of all claims that are missing information and therefore will not be submitted. If the button is not enabled there are no rejected claims at this time.

The rejection journal will show a box around a field to indicate the problem is with that field. When the patient number has a box around it then it means the patient demographics are incorrect or missing. For example the address is missing or Rural Route is spelled R R. The address field requires a minimum of three characters.

- The **View Draft Claim Journal** button will generate a draft report on your screen of all claims being submitted.

Click any of these buttons to produce the report for viewing or printing.

Click **Cancel** to cancel this submission if you want to fix rejected claims or delay this billing.
To continue click **Save and create Submission file**. An information box will appear noting the name and location of the submission. *Make note of this filename*, you will it need when sending claims through the EPiCS system. Click **OK**.

- The **View Rejection Journal** button will be enabled if there are rejections. Click this button to print the report.
- The **View Claim Journal** button will allow you to generate the billings report.

These reports will be stored in **Documents for Printing** under the **Report** menu and can be viewed or printed at a later time.

The **Rejection Journal** appears like this:  

```
9. CJ_DD_Sep2006_1.Ace
```

The **Claim Journal** appears like this:  

```
39. RE_DD_Jan2005_1.Ace
```

### Processing Manitoba Health Reconciliations
Manitoba Health sends you a payment file each month through the EPiCS program. Download the file and run it in PMP to pay individual claims and update your Accounts Receivable.

### Download the Reconciliation
Follow the EPiCS instructions to access the **EPiCS** portal. Once in the **Data Transfer Utility** type **P2 Print Remittance Summary Report**. This report will automatically be sent to your printer. Printing this report will determine if the remittance is ready to be downloaded. If the report does not print, make another attempt later.

Once the report prints type **D** to download the Remittance. Press the **Enter** or **Tab** key. The cursor will move to the drive, press **Tab**, **Tab**, **Tab**. Type the file extension. Press **Enter**.

The file transfer will execute. A screen will appear stating the information is spooling. Once the transfer is complete the screen will change stating the number of records that have been successfully transferred. The file is now ready to be reconciled in PMP. Follow the instructions on page 66.

### Renaming Your Manitoba Remit File
All Manitoba Health (MH) remit files are overwritten with subsequent remittances because they have the same name. If you rename the file after receiving it you can avoid issues that arise due to overwriting.

After you have downloaded the Remit file from MH and are ready to run it go to the **Manitoba** menu, **Reconcile Manitoba Health (MH) remittance file**. Click **Choose a Returns File**.
Right click your most recent remit file. Choose **Rename** from the list. Type Remit1.txt or RemitJune2006.txt.

Remember to rename subsequent remit files sequentially and choose names that will allow you to identify the files.

**Run the Reconciliation**
After you have downloaded the payment file from MH go to the **Manitoba** menu, **Reconcile MH Remittance File**. Click **Choose a Returns File**. Locate and select the Remittance file by clicking the down arrow beside **Look in**. Click **Open**.

- Click **View Returns File** to view the reconciliation.
- Click **Process File** to apply the reconciliation. Click **OK** after the payment has been applied.
- Click **View MH Payment Journal** to print the payment journal.
- Click **View MH Rejection Journal** to print the rejection journal.

These reports will be stored in **Documents for Printing** under the **Report** menu and can be viewed or printed at a later time. The Payment Journal is named ‘MH_PJ’ followed by the creation date.

Click **Continue**.
Handling On Screen Rejections during Reconciliation

If MH has rejected any claims a screen will appear entitled 'Handle Rejections'. Decisions will be required regarding each rejection. The rejection code you choose will determine the action that is taken.

Three options are available to deal with the rejections:

1. Transfer to Patient
2. Transfer to Patient & Write Off
3. Rebill the Claim

You may either press the numbers 1, 2, 3 on your keyboard or click the box below the title selections on the top right of the screen.

For example: if the code is 01 - MH Number not valid, you will choose. # 3. Rebill if you are able to correct the claim. Note: Rebilled claims will not be resubmitted to Manitoba Health automatically. Follow the procedure below to resubmit the claim.

When in doubt choose Rebill. You can always re-submit or pay the claim once you understand the reason for the rejection. A complete list of Manitoba Health Disposal Codes is available in the Appendix at the back of this workbook.

A check mark will appear in the box where you have clicked or pressed. When all rejections have been handled, click Finish.

Click View MH Payment Rejection Journal to print the report. This report will be stored in Documents for Printing under the Report menu and can be viewed or printed at a later time. The Payment Rejection Journal is named ‘MH_ PRJ’ followed by the creation date.

Click Continue.

Rebilling Rejected Claims

After selecting the Rebill button claims will not be automatically submitted to MH. Invalid or missing information exists within the claim and must be resolved before the claim is submitted again.

After the incorrect/missing information has been fixed in the patient file go to the Account Activity tab and select the rejected claim. Click the Pending <-> Billed button. This will mark the claim back to pending which will allow it to be picked up during the submission to MH. Continue for all rejected claims.
Dealing with No Payment Recorded

After processing the payment file you may notice the words **No Payment Recorded (NPR)** listed in the midst of patients name on the MH Payment Journal. What this means is that PMP was unable to locate the claim listed above the NPR to mark the payment. There are a few different reasons that this may happen.

1. The claim was deleted after it was submitted to MH. This type of claim will be displayed on the Payment Journal exactly the same as the one above and will have fee submitted 10.50 and fee paid 10.50.

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Health Number</th>
<th>Patient Name</th>
<th>Service No Date</th>
<th>Service Code</th>
<th>Amount Submitted</th>
<th>Amount Paid</th>
<th>Failed / Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000000002</td>
<td>123456</td>
<td>WILLIS, JEAN</td>
<td>00000079</td>
<td>0006</td>
<td>10.50</td>
<td>10.50</td>
<td>Pending</td>
</tr>
<tr>
<td>0000000002</td>
<td>NO PAYMENT RECORDED : this claim was not found in PMPw.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to notify MH that a wrong claim was paid and follow their direction. You may also need to manually pay the correct claim.

2. The claim was previously paid. On the Payment Journal it will appear without a fee submitted and will not have a patient name listed above. The disposal code is 03 – Duplicate Account – claim previously processed.

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Health Number</th>
<th>Patient Name</th>
<th>Service No Date</th>
<th>Service Code</th>
<th>Amount Submitted</th>
<th>Amount Paid</th>
<th>Disposal Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>00001200</td>
<td>NO PAYMENT RECORDED : this claim was not found in PMPw.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>00001200</td>
<td>Disposal Code: 03 - 03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To find the patient this claim belongs to you will need to locate the Manitoba Health Claim Journal that contains the submission. Follow the column ‘Claim Number’ to locate the claim, in this case claim number 1200.

This type of NPR would signify that the claim was listed as a No Payment Recorded on a previous Payment Journal. The claim will need to be paid manually if found on a previous claim journal as paid. See below.

<table>
<thead>
<tr>
<th>Claim Number</th>
<th>Health Number</th>
<th>Patient Name</th>
<th>Service No Date</th>
<th>Service Code</th>
<th>Amount Submitted</th>
<th>Amount Paid</th>
<th>Failed / Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>00001200</td>
<td>111300</td>
<td>ABRAHAM DAN</td>
<td>00050000</td>
<td>03-APR-2008</td>
<td>10.50</td>
<td>10.50</td>
<td>Pending</td>
</tr>
</tbody>
</table>
Manitoba Public Insurance

General Information
“Manitoba Public Insurance is a nonprofit Crown Corporation that has provided basic automobile coverage since 1971. Services are available through 22 claim centers, two Customer Service centers in 13 locations across Manitoba, and ten Driver and Vehicle Licensing (DVL) outlets. DVL services are also available through 147 agents in 123 communities, including 100 photo licensing agencies, and mobile testing units that service 69 communities. A staff complement of more than 1,600 strong makes MPI one of the largest employers in the province.”

This information was taken from the Manitoba Public Insurance website at www.mpi.mb.ca/.

Set Up an MPI Patient
In Patient Information:

- on the Billing tab

  Patient Type      MPI
  Patient Category  as appropriate
  Default Code      Subsequent

- on the Manitoba / MPI tab:

  input Claim #, Accident Date, Adjuster, and Diagnosis

Posting Transactions for MPI Patients
When posting activity for the MPI patient you can select the same activity as you would for a regular patient if your fee schedule is set up correctly. All transactions for treatments should have MPI codes and fees attached and will show $0.00 under the Patient column.
Reports and inventory items billable to MPI should be added to Fee Schedule Inventory. Report fees can be billed at completion of Form creation (see next section) or billed separately. When you choose to bill reports separately you are prompted to choose the form you are billing for from a list of forms created for this patient. This procedure will apply the form number to the invoice billing.

If you do not have any forms created within PMP type the number located at the top right of the form you are filling out into the field to the left of the OK button.

This number is editable at a later time by clicking the + sign on the account activity line.

Inventory items offer you the option of billing the patient or MPI during posting if both patient and MPI fees are set up for the item in the fee schedule.
Manitoba Public Insurance Forms

When you have a patient in your office where Manitoba Public Insurance (MPI) will be the payor you are required to complete an ‘Initial Health Care Report’ and later a ‘Health Care Provider Progress Report’. PMP makes completing these reports quick and easy.

To create the reports you will need to get into Patient Information on the Manitoba tab and go to the MPI section.

The MPI screen contains some basic fields that will be ‘pulled’ into the reports you create. There are buttons for the 3 types of reports available for MPI patients; **New Initial Chiropractic Report, New Track I Report**, and **New Track II Report**.

Below the report buttons is a list of ‘Finalized’ and ‘Draft’ forms. As each report is created it will be listed in this area along with any comments you wish to add to the report.

- The **Edit Comment** button will allow you to add comments to a form after
- The **Edit Form** button allows a ‘Draft’ form to be edited. ‘Finalized’ forms cannot be edited.
- **View / Print** will open the Ace Viewer and display your form in the required format.
- The **Delete ‘Draft’ Form** button allows you to delete ‘Drafts’. ‘Finalized’ forms can not be edited or deleted.

Creating a Form

Check that the **Patient Information - Personal** area has been completed first as this information will be ‘pulled’ into the form.

Input the Claim Number, Accident Date, Adjuster if known, Area X-Rayed, and Diagnosis. This information will also be pulled into the form.
Click **New Initial Chiropractic Report**.

There are three parts to this form. Each part is separated in the tabs across the top. They will all need to be completed to ‘finalize’ the form.

Along the bottom of the form are buttons for Test Form, Cancel, Save as Draft, and Save as Finalized (unalterable).

- **Test Form** when pressed will highlight required fields in yellow and marks a red ‘X’ on incomplete parts of the form
- Cancel closes the form without saving and brings the user back to the MPI screen
- **Save as Draft** will save all information input so far allowing you to edit or complete the form at a later time
- **Save as Finalized (unalterable)** saves the form in an unchangeable format. Use this button only when you are sure all the information is complete and correct.

Click into empty fields to input required data. Click onto each part along the top to continue filling out the form. Click **Test Form**.
Areas of the form requiring data before completion will be marked with a red ‘X’ at the top and the fields required will be highlighted in yellow.

If you are unable to complete the form at this time due to lack of time or information click **Save as Draft**.

The form will now be saved as a ‘Draft (can edit)’ on the main MPI screen in Patient Information. Click **Edit Comments**. Type a comment. Click **OK**.

The comment will now be added to the form.

**Editing a Form**

Once you are ready to complete the report click the required form, **Edit Form**. The report will open allowing you to complete the form. Fill in missing information. Click **Save as Draft**. Click the required form, **View / Print**. Print the report and double check or have your doctor check for accuracy.

**Finalizing a Form**

When you are satisfied that the form is complete click the required form and **Edit Form**. The report will open allowing you complete the form. Click **Save as Finalized (unalterable)**.

**Automatic Form Billing in PMP**

Upon ‘Finalizing’ a form you will be asked whether you would like to create an activity to bill for the form.

If you choose to add the report charge, a transaction will appear on the Account/Activity tab in Patient Information.
Track I and Track II forms include a ‘Yellow Flags’ field on Part 3. When checked, PMP will add the correct billing amount for the yellow flags to the activity if you choose to add the report charge at ‘Finalization’.

Here is a completed form.

Posting Manitoba Public Insurance Activity

Fee Schedule items, when set up correctly, will appear with MPI billings and show up accurately on MPI invoices. When adding or setting up MPI billings in your fee schedule make sure to have the appropriate code and fee filled in. For items that are required to be listed under the heading Description add them to your Inventory in Fee Schedule. Note that Initial Visits and X-rays appear in Description when added to Fee Classes. See page 17.

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Chiropractic Report D000101</td>
<td>15/12/2006</td>
<td>42.44</td>
</tr>
</tbody>
</table>
Billing Manitoba Public Insurance

Go to the Manitoba menu, Prepare Manitoba Public Insurance (MPI) Billing. Click the radio button next to the type of billing you wish to produce.

- **All Pending Claims** will pull all MH claims that have not been previously billed or that have been marked back to pending for resubmission.
- **Pending Claims by Period** will pull all MH claims that have not been previously billed or that have been marked back to pending for resubmission between specified dates.
- **Rebill Claims by Period** will pick up all claims whether pending or billed between specified dates.

Click Run.

The next screen contains information and reports regarding your claims.

- The **View Draft Report** button will generate a draft report on your screen of all claims being submitted with this billing.
- The **View Draft Invoices** button will generate the draft invoices that are to be submitted to MPI.

Click these buttons to produce the report for viewing or printing.

To proceed with the billing click **Save and Print INVOICES**. The **View Report** button will now be enabled. Click this button to print the report.

These reports will be stored in **Documents for Printing** under the Report menu and can be viewed or printed at a later time. The MPI Claim Journal is named MPI_CJ followed by the creation date. The Invoices are named MPI_Inv followed by the creation date.

Manitoba Public Insurance Reconciliation

Go to the Manitoba menu, Record Manual Payments. Click MPI, Choose a doctor and click **Prepare the Report for this Doctor**.
Select a patient by clicking onto the **Number, Surname, or First** button and typing information into the Search field. Click the patient name.

A list of claims will appear on the right side of the screen. Click the first claim to pay. Click **Pay <-> UnPay** and **Accept Changes**. The status of the claim will change to paid. Continue with each claim to pay.

Locate the next patient to pay claims for in the same manner. Click **Finish** when you have paid all claims. A report will appear on screen detailing the payments. Print the report at this time or you may print it later. It will be stored in **Documents for Printing** under the **Report** Menu. The Payment Journal is named ‘MPI’ followed by the doctor code and creation date.

Click **Close**.

**MPI Write Offs**
To write off stale dated MPI claims click the **Manitoba** menu, **Record Manual Payments, MPI**. Choose the practitioner; click **Prepare the report for this Doctor**. Locate the patient by clicking **Number, Surname, or First** and typing the search information into the **Search** field. Click the first visit you wish to write off under **Activity**.

Click into the **Current Line** amount box after selecting the date and type **0.00** into the amount field. Click **Accept Changes**. Click **2. TTP & WO**.

Click **Finish** when all claims to be written off have been handled. Print the Payment Journal.
Worker’s Compensation Board

General Information
The Worker’s Compensation Board (WCB) has a fax-based reporting and billing process for healthcare providers. Instead of mailing reports, healthcare providers can fill out the form on paper or online and send them to the WCB by fax.

Fax in Winnipeg: 954-4999 Fax outside of Winnipeg: 1-877-872-3804

When a claim is rejected by WCB you have 6 months from the service date to bill Manitoba Health for the claim. You will need to edit the claims.

Set Up a WCB Patient
In Patient Information:

- on the Billing tab

  Patient Type WCB

  Patient Category as appropriate

  Default Code Adjustment

- on the Manitoba / WCB tab:

  input Claim #, Accident Date, Adjuster, and Diagnosis

Posting Transactions for WCB Patients
When posting activity for the WCB patient you can select the same activity as you would for a regular patient if your fee schedule is set up correctly. All transactions for treatments should have WCB codes and fees attached and will $0.00 under the Patient column.

Reports and inventory items billable to WCB should be added to Fee Schedule Inventory.
Inventory items offer you the option of billing the patient or WCB during posting if both patient and WCB fees are set up for the item in the fee schedule.

Worker’s Compensation Board Forms

If you have a patient in your office where Worker’s Compensation Board (WCB) will be the payor you will be required to complete a ‘Chiropractor’s First Report’ and later a ‘Chiropractor’s Progress Report’. PMP makes completing these reports quick and easy.

To create the reports, you will need to get into Patient Information on the Manitoba tab and go to the WCB tab.

The WCB screen contains some basic fields that will be ‘pulled’ into the reports you create. There are 2 types of reports available for WCB patients; New Chiropractor’s First Report, and New Chiropractor’s Progress Report.

Below the report buttons is a list of ‘Finalized’ and ‘Draft’ forms. As each report is created it will be listed in this area along with any comments you wish to add to the report.

- The Edit Comment button will allow you to add comments to a form after
- The Edit Form button allows a ‘Draft’ form to be edited. ‘Finalized’ forms cannot be edited.
- View / Print will open the Ace Viewer and display your form in the required format.
- The Delete ‘Draft’ Form button allows you to delete ‘Drafts’. ‘Finalized’ forms can not be edited or deleted.
Creating a Form

Check that the Patient Information - Personal area has been completed first as this information will be 'pulled' into the form.

Input the Claim Number, Accident Date, Adjuster if known, Area X-Rayed, and Diagnosis. This information will also be pulled into the form.

Click New Chiropractor's First Report.

There are three parts to this form. Each part is separated in the tabs across the top. They will all need to be completed to ‘finalize’ the form.

Along the bottom of the form are buttons for Test Form, Cancel, Save as Draft, and Save as Finalized (unalterable).

- **Test Form** when pressed will highlight required fields in yellow and marks a red ‘X’ on incomplete parts of the form
- **Cancel** closes the form without saving and brings the user back to the MPI screen
- **Save as Draft** will save all information input so far allowing you to edit or complete the form at a later time
- **Save as Finalized (unalterable)** saves the form in an unchangeable format. Use this button only when you are sure all the information is complete and correct.
Click into empty fields to input required data. Click onto each part along the top to continue filling out the form. Click Test Form.

Parts of the form that are not completed will be marked with a red ‘X’ and the fields required will be highlighted in yellow.

If you are unable to complete the form at this time due to lack of time or information click Save as Draft. The form will now be saved as a ‘Draft (can edit)’ on the main WCB screen in Patient Information.

Click Edit Comments.

Type a comment. Click OK.

<table>
<thead>
<tr>
<th>Form Type</th>
<th>Date Created</th>
<th>Doctor</th>
<th>Draft/Final</th>
<th>Comments</th>
</tr>
</thead>
</table>

The comment will now be added to the form.

Editing a Form
Once you have the missing information and / or time to complete the report click the required form and Edit Form. The report will open allowing you to complete the form.

When all fields have been finished click Save as Draft. Click the required form and View / Print. Print the report, double check and/or have your doctor check for accuracy.

Finalizing a Form
When you are satisfied that the form is complete click the required form and Edit Form. The report will open. Click Save as Finalized (unalterable). Click the required form and View / Print. Print the report.

You may wish to add a comment at this time regarding the completion or mailing date. Click Edit Comments. Type a comment and click OK. The comment will now be added to the form.

<table>
<thead>
<tr>
<th>Form Type</th>
<th>Date Created</th>
<th>Doctor</th>
<th>Draft/Final</th>
<th>Comments</th>
</tr>
</thead>
</table>
Worker’s Compensation Board Billing

Go to the Manitoba menu, Prepare Worker’s Compensation Board of Manitoba (WCB) Billing. Click the radio button next to the type of billing you wish to produce.

- **All Pending Claims** will pull all MH claims that have not been previously billed or that have been marked back to pending for resubmission.
- **Pending Claims by Period** will pull all MH claims that have not been previously billed or that have been marked back to pending for resubmission between specified dates.
- **Rebill Claims by Period** will pick up all claims whether pending or billed between specified dates.

Click **Run**.

The next screen contains information and reports regarding your claims.

- The **View Draft Report** button will generate a draft report on your screen of all claims being submitted with this billing.
- The **View Draft Invoices** button will generate draft invoices that are to be submitted to MPI.

Click these buttons to produce the report for viewing or printing.
To proceed with the billing click **Save and Print INVOICES**. The **View Report** button will now be enabled. Click this button to print the report.

These reports will be stored in **Documents for Printing** under the **Report** menu and can be viewed or printed at a later time. The WCB Claim Journal is named WCB_CJ followed by the creation date. The Invoices are named WCB_Inv followed by the creation date.

Click **Finished**.

**Worker’s Compensation Board Reconciliation**

Go to the Manitoba menu, Record Manual Payments. Click WCB, Choose a doctor and click Prepare the Report for this Doctor.

Select a patient by clicking onto the **Number, Surname**, or **First** button and typing information into the Search field. Click the patient name.

A list of claims will appear on the right side of the screen. Click the first claim to pay. Click **Pay <-> UnPay** and **Accept Changes**. The status of the claim will change to paid. Continue with each claim to pay.

Locate the next patient to pay claims for in the same manner. Click **Finish** when you have paid all claims. A report will appear on screen detailing the payments. Print the report at this time or you may print it later. It will be stored in **Documents for Printing** under the **Report** Menu. The Payment Journal is named ‘WMP’ followed by the doctor code and creation date.

Click **Close**.
**WCB Write Offs**
To write off stale dated WCB claims click the **Manitoba menu, Record Manual Payments, WCB.** Choose the practitioner; click **Prepare the report for this Doctor.** Locate the patient by clicking **Number, Surname,** or **First** and typing the search information into the **Search** field. Click the first visit you wish to write off under **Activity.**

Click into the **Current Line** amount box after selecting the date and type **0.00** into the amount field. Click **Accept Changes.** Click **2. TTP & WO.**

Click **Finish** when all claims to be written off have been handled. Print the WCB Payment Journal.
**Reports**

**Summary Sheets**

PMP Summary sheets are easy to read and include detailed information regarding the period you request. Pressing F4 while on a particular Appointment Book will activate a **Daily Summary Sheet** for that practitioner for the date on the appointment book. Summary sheets can also be accessed from the **Report** Menu and offer choices of Daily, Weekly, Monthly, Quarterly, and Yearly. Reports can be produced for individual practitioners, grouped by the entire clinic, or grouped by the practitioners listed on the appointment book currently in use. Daily summary sheets can be sorted by patient name, patient number, the order patients were posted in, or the activity code. Choose the order under **Reports, Summary Sheet**, and **Daily**. Click **Run the Report** to make the selected option the default.

**Reading the Daily Summary Sheet**

The first part of the Daily Summary Sheet details individual patient information regarding all financial transactions as well as next appointment information.

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Number</th>
<th>Dr. R</th>
<th>Dr. T</th>
<th>Loc.</th>
<th>Code</th>
<th>Paid</th>
<th>Patient</th>
<th>MH</th>
<th>Other</th>
<th>Next Appointment</th>
<th>Referred By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith, Sue</td>
<td>1</td>
<td>D</td>
<td>D</td>
<td>1</td>
<td>MPA</td>
<td>0.00</td>
<td></td>
<td>(w/P) 42.44</td>
<td>21-Oct-2005 9:00 AM</td>
<td>Confirmed</td>
<td></td>
</tr>
<tr>
<td>Wilder, J. Bruce</td>
<td>000102</td>
<td>A</td>
<td>B</td>
<td>1</td>
<td>ACU</td>
<td>40.00</td>
<td>40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smith, Barbara</td>
<td>131</td>
<td>D</td>
<td>D</td>
<td>1</td>
<td>SUB</td>
<td>0.00</td>
<td></td>
<td>(w/P) 26.56</td>
<td>15-Nov-2006 9:00 AM</td>
<td>Confirmed</td>
<td></td>
</tr>
<tr>
<td>Hornby, Alex Margey</td>
<td>25</td>
<td>D</td>
<td>D</td>
<td>1</td>
<td>SUB</td>
<td>48.00</td>
<td>30.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bratton, Barry</td>
<td>141</td>
<td>D</td>
<td>D</td>
<td>1</td>
<td>ICE</td>
<td>10.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reid, Shara L</td>
<td>1363</td>
<td>D</td>
<td>D</td>
<td>1</td>
<td>CON</td>
<td>55.00</td>
<td>55.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dr.R** indicates the doctor of record for this patient.

**Dr.T** indicates the practitioner who treated the patient.

**Loc.** Indicates the office location. (Note this field may not be active)

**Code** is the Fee Schedule code given for this item.

The columns **Patient, MH, and Other** indicate the billing amount to that payor.

The last page of the daily summary sheet is the same as all of the other summary sheets including the monthly, weekly, quarterly and yearly. For further details see below.
Reading the Last Page of PMP Summary Sheets

All PMP Summary Sheets offer the same information on the last page. The only difference is in the totals due to the reporting period you choose. Understanding the details, totals, and how PMP gets those totals will help you make decisions and complete statistical reports. Look at the last page of your summary sheet:

1. **Total Patients Seen** refers to the number of individual patients who have been treated during the reporting period. For instance, on your yearly summary sheet a patient who is adjusted once a month will count as **1 Total Patients Seen and 12 Subsequent Visits**.

2. **Subsequent Visit Claims** refers to the total number of transactions posted from your treatment fee schedule. By dividing the Total Visit Claims by Total Patients Seen you are now able to calculate the average number of patient visits. This is a statistic that many management consultants utilize.
3. **New Patient Claims** is an important statistic and accuracy depends on two factors:

- The transaction posted to the new patient must be from your Fee Schedule Treatment and have a WSIB Code of V103.
- The date that this transaction is posted must be the patient’s first visit date. Confirm the date by referring to the field First Visit Date on the Appointments tab in Patient Information. If the transaction does not meet both the above criteria, a new patient will not be recorded.

4. **Re-examination Claims** are counted when a transaction is posted from your Fee Schedule, Treatment, has a WSIB Code of V103, and the transaction date is NOT the same as the patient’s First Visit Date.

5. **Total Fees Charged** represents the total billings for the practitioner(s) on the summary sheet. It is the total revenue for the practitioner(s) who gave the treatment. Offices with multiple practitioners who treat each other’s patients are able to break this total down to show whose patients were treated by using the Doctor of Record amounts.

6. **Doctor of Record**. The Doctor of Record breakdown represents the revenue earned by treating patients belonging to various practitioners. The total fees under Doctor of Record amounts will always equal the **Total Fees Charged**.

   In looking at the screen shot, note that:

   - Dr. D.D. Palmer treated patients for a **Total Fees Charged** amount of $189.26
   - The **Doctor of Record** amount for Dr. D.D. Palmer is $70.00
   - The **Doctor of Record** amount for Dr. B. Pierce is $119.26

   That means that Dr. D.D. Palmer earned $70.00 from treating his own patients and he earned $119.26 from treating Dr. Pierce’s patients. These amounts can be useful when practitioners pay a percentage or amount when treating other practitioner’s patients.

   This breakdown is not available for offices that have multiple patient files for the same patient.

   Accounts Receivable is an option on summary sheets. Turning AR on or off is chosen under the **Setup** menu, **Doctor Defaults**.

   ![Show AR Totals on Summary Sheet](✔)
**Statements**

Statements can be pulled:

1. individually from within the Patient Information Account Activity screen
2. individually while posting activity
3. grouped for related patients while posting activity
4. individually or grouped from the Report menu.

1) From within the Patient Information Account Activity screen click the Statement button. Determine the start and end dates by clicking the down arrow under Date From and Date To. The Date from is defaulted from the date selected under the **Setup** menu, **Clinic Defaults**.

Print transactions for specific practitioners only by check marking Include activity ONLY from these Doctors and then checking the appropriate practitioners.

Use the default letterhead determined in **Use Blank Paper** or select another by clicking **Choose**. The option **Use Letterhead** will print onto custom made pre-printed letterhead.

Choose to add a comment by typing directly into the **Comments to print on statements** field or select one by double clicking onto the appropriate comment under **Select a Comment**. The comments are created under the **Setup** menu, **Statement Comments**.

The Report Destination will send the statement:

- to the **Screen**, this option will update the Last Statement Date. Uncheck the field **Update Last Statements Date** if you do not want the date updated.
- to the **Printer**, this option **will** update the Last Statement Date
- **Save to File** will save the report
- **Export** offers the ability to export to another format. See page → 97Error! Bookmark not defined.
2) Individually while posting activity. To print a statement during posting check mark the Print Statement box before clicking Post.

The default start date will be next day after the last statement end date. If there is no previous statement date the start date will default to the date set up in Clinic Defaults. The end date will default to today’s date. These dates can be edited by clicking the down arrow and choosing another date on the calendar. Change the month and/or year by clicking onto the month or year on at the top of the calendar and choosing another date from the list.

You can also type the dates into the Date From and Date To fields as dd/mm/yy. The statement date field in Patient Information on the Account/Activity tab will be updated after Posting.

3) Grouped for related patients while posting activity. This option is similar to above except statements will be printed for all ‘related patients’ paid when the Related Balance option is selected under Payment Amount.
4) Individually or grouped from the Report menu. Choose the Report menu, Statements, List of Patients. Select the practitioner and click Prepare the report for this Doctor. Click on Number, Surname or First to search for patients by that field. Click into the Search box after choosing the search type and type the name or number. Double clicking or pressing Enter after the patient is highlighted or clicking Add Selected will copy that patient into the Selected Patients box.

By choosing Fill the List using Patient Query you can choose patients by other criteria. Click Continue. In the Prepare Statements for screen select options in the same manner as for item #1 from within the Patient Information Account Activity screen.

Appointment Book
The Appointment Book printout gives a printed version of the day’s appointments. It is convenient for practitioners who want to have a copy of their day.

Print the appointment book by clicking the Report menu, Reminders / Recalls, Appointment Book.

Choose the date and times. Clicking Partial Day will allow you the option to input a time range. Appointment Type Colours will include the appointment colours associated with each appointment. Choose Colour Options if you have a colour printer. Click Print the Appointment Book.
This report will print with invalid appointments ‘hidden’ if you have selected this option in Doctor Defaults or if you have named columns.

Reminder List

The reminder list provides a list of appointments that may require reminders or other types of calls. This report is a good tool for reminding patients of future appointments. Choose the Report menu, Reminder / Recalls, Reminder List. The date defaults to today, edit it to reflect tomorrow or the next business day. Click the radio button next to Unconfirmed Appointments. Click Run the Report.

This report is also a good report to take home when you are expecting inclement weather. Print All Appointments for this procedure.
Recall Lists
Everyone in your database falls into one of the following categories:

- booked with a future appointment.
- on the Past Due Recall List because the appointment in the 'next appointment' field was not completed, ie missed, postponed. This field is found on the appointments tab in Patient Information.
- on the Long Term Recall List because the 'next appointment' field is blank ie cancelled or no future appointment booked.

Patients must have at least one visit posted from the Fee Schedule\Treatment in order to appear on recall lists.

Past Due Recall List
The past due recall list is a list of all incomplete appointments. Used in conjunction with the long term recall list, they provide an accurate catalogue of patients. Utilizing the Past Due Recall list on a daily basis can assist you in ensuring your patients do not ‘fall through the cracks’.

You can also use the list to move patient’s onto the Long Term Recall List.

Access the Past Due Recall List by clicking the Patient menu, View Past Due Recall List. Choose the practitioner and click View Past Due Recall List for this Doctor.

Double click the patient’s name; you will be taken into the patient’s appointment file.

- Add a new appointment by clicking Add an Appointment.
- Move a patient to the Long Term Recall List by clicking Clear Date

Click Continue. You will be taken back to the Past Due Recall List. The patient whose appointment was booked or moved is no longer on the Past Due Recall list.

To print a paper version of the Past Due Recall list click the Report menu, Reminders /Recalls, Past Due Recall List. Select the correct practitioner and click Print Past Due Recall List for this Doctor. Click Run the Report.
The Long Term Recall List

Access the Long Term Recall List by clicking the Report menu, Reminders /Recalls, Long Term Recall List. Select the correct practitioner and click Print Long Term Recall List for this Doctor. Input the dates you want for this report, click Run the Report.

Accounts Receivable

Accounts Receivable reports can be produced for

- Patients
- Bill To
- EHC
- WCB
- MPI
- MH

In order for patients to appear on the correct Accounts Receivable Report enter the correct AR Type in Patient Information, Billing Tab. If this field is not entered correctly the patient may appear on an incorrect Accounts Receivable report.

To print Accounts Receivable for Patients click the Reports menu, Accounts Receivable, Patient. Select the appropriate practitioner, Prepare Accounts Receivable for this Doctor.

Click the down arrow under Period Ending and click onto the back or forward arrow once for every month you wish to move back or forward. You can also click onto the month or year to produce a list of months or years. Click onto the day on the calendar. Choose where to send the report by clicking the radio button under Report Destination. Click Run the Report.
**Patient Query by Doctor or Office**

Various types of information may be derived from selecting items in this report, such as New Patient Lists, Birthday Lists, etc. These reports can be sorted by Number, Surname or Birthday and contain your choice of customized information from the patient file.

Boxes must be checked to the left of the criteria options and to the left of the selected alphabetical fields in order to produce the required report.

**Query Customization**

The criteria fields you select will determine which patients are included on the report; for example your new patients, birthday patients etc. Once you have selected the criteria for your query click **Customize**. Now you are able to select what information about these patients to include on the report by check marking the boxes in the right hand column. These items will appear in the middle column entitled **MY Fields (Ordered)**. Change the order of the fields by clicking the red arrows to the right of the items.
Once all items are selected and ordered you can choose to save this query for future use. For example, if you do a monthly New Patient report with referrals you can set the fields up once, save them, then retrieve them whenever necessary. Click **Save Field List**. Type the name of the file in the box to the right of **File Name**, click **Save**. Your file is now saved in the Report Directory. You may retrieve it for future query customization by clicking the **Load File List** button.

Click **Run the Report MY way**.

<table>
<thead>
<tr>
<th>Wednesday, 18 October 2006</th>
<th>Patient Query for all the Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria</strong>: First Visit &gt;= 01-Sep-2006, First Visit &lt;= 30-Sep-2006</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Phone</td>
</tr>
<tr>
<td>Ron Walker</td>
<td>(905) 876-5214</td>
</tr>
<tr>
<td>Ron Woods</td>
<td>(416) 555-9899</td>
</tr>
<tr>
<td>Joe Abraham</td>
<td>(416) 222-1111</td>
</tr>
<tr>
<td><strong>Total Number of Patients in Query</strong>: 3</td>
<td><strong>Balance Due</strong>: 0.00</td>
</tr>
</tbody>
</table>

**Labels**

You may print Mailing Labels from within the PMP. Click the **Report** menu, **Mailing Labels**. Choose **Select Patients Individually**. Choose a practitioner and click **Run the Report for this Doctor**.

There are two ways to select patients individually:

1. **Number, Surname, or First**
2. **Fill the List Using Patient Query**

**Number, Surname, or First**

Click the button of choice for how to search for your patients. The selection will turn yellow. Click into the Search field. Start typing the first few letters or numbers. Double click or press **Enter** on the appropriate patients. Selected patients will appear on the right.

**Fill the List Using Patient Query**

The query area can now be utilized to pull patients that meet the criteria you select for labels. Once all required fields are checked click Accept. You will be returned to the Select a list of Patients’ screen.

Click **Continue**, and then **OK**.

If your labels are not positioned correctly on the sheet of labels you can increase or decrease the top margin. This is done under the Setup menu, **Clinic Defaults**, Mailing Labels. Increase the number to start the labels further down on the paper.
Fee History Report

The Fee History Report will generate a sales report of any item in your Fee Schedule: Treatment, Other or Inventory, e.g. a list of all patients who received Orthotics in a given period.

The report may be pulled in either of the following ways:

- By Date
- By Patient

Click the Report menu, Fee History Report. Select By Date or By Patient. Choose the practitioner; click Run Report for this Doctor.

![Fee History Report example]

Click the down arrow to the right of each field; select the dates and fee schedule item. Click Run the Report.

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient No.</th>
<th>Patient Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Jan-2006</td>
<td>1135</td>
<td>Roger Murray</td>
<td>49.00</td>
</tr>
<tr>
<td>21 Jan-2006</td>
<td>1548</td>
<td>Sara Elizabeth Perino</td>
<td>475.00</td>
</tr>
<tr>
<td>28 Mar-2006</td>
<td>1218</td>
<td>Nicholas Hone</td>
<td>475.00</td>
</tr>
<tr>
<td>23 Mar-2006</td>
<td>1245</td>
<td>Wayne Edmond Perry</td>
<td>475.00</td>
</tr>
<tr>
<td>07 Apr-2006</td>
<td>1231</td>
<td>Paul Thomas Pink</td>
<td>475.00</td>
</tr>
<tr>
<td>07 Aug-2006</td>
<td>108</td>
<td>Clarence Irish</td>
<td>475.00</td>
</tr>
<tr>
<td>14 Sep-2006</td>
<td>118</td>
<td>Louise Rytle</td>
<td>15.00</td>
</tr>
</tbody>
</table>

Total Number of Items: 8

Patient Referral Activity Report

The PMP will generate a report based on the referral source of your patients. The report shows the revenue generated from the referral source and it is subtotalled by patient. Click the Report menu, Patient Referral Activity. Choose a practitioner; click Prepare the Report for this Doctor.

Select the appropriate fields by clicking the down arrow. The Referred By field offers the option to use a wildcard where all referrals will be found that start with the typed letters. Click Run the Report.

![Patient Referral Activity Report example]
Exporting Reports
All reports can be exported to other programs. This includes exporting to Adobe, Excel, Word Processors, and also formats of HTML and JPEG, to name a few. The uses of this feature are numerous; you can export financial reports to your accountant, and edit documents.

Create the Report
Create the report in the normal manner. When you see the Report Destination option, click Export followed by Run the Report.

![Report Destination](image)

An Export report to File window will appear asking you for a name and location for the document. Select the location and type a name for the report. Click Save.

Make any changes and edits in the formatting screen and click OK. Your document will open in the associated program for the specified file type.

Create E-mail Distribution List from PMP
Follow these instructions to create a distribution list pulled from PMP for use with your messaging program.

Go to the Utilities menu, Patient Export. Click Choose Criteria Using Query. Checkmark Has Email at the bottom on the right (you will have to scroll to locate this option). Click Accept.

Choose Select Fields. Checkmark Email address, uncheck Patient Number. Click Accept.

Choose Export to Comma Delimited. Choose a location for the file in the Save in: field and type a name in the File name: field. Click Save.

On your desktop click Start, Programs, Accessories, Notepad. Click File, Open. Locate the file and click Open.

Go to the Edit menu and choose Replace. Insert " (quotation mark) into the field Find what and leave the Replace with field blank. This will delete all the quotation marks.

Click the Edit menu and choose Select All. Click the File menu then Copy.

Now you can Paste the email addresses into a group (distribution) email. We are not able to detail these instructions as there are many messaging programs but using Contacts or Addresses should help.
**Merge Letters**

Click **File, WordProcessor**. Select a Letterhead to use by clicking **Open, Template**, the appropriate letterhead. When the letterhead is open click **File, Save As**, and type the name of the merge letter. Click **Save**.

Change the justification using the **Left justification** icon.

Move your cursor to the desired location on your letter.

Click **Merge, Initialize for Patient Merge, OK**.

This is where merge fields are located.

Click appropriate fields under the down arrow such as **Fl, Add, City**, etc. Remember to leave spaces between fields.

A list of merge codes is detailed on the following pages.

Continue preparing your letter, adding appropriate merge fields. To delete fields highlight the merge code and press the **Backspace** or **Delete** key on the keyboard. Save the completed letter.

When you are ready to merge click the **Merge menu, Merge Patients Individually** or **Merge By Patient Query**.

If you choose Merge by Patient Query select the appropriate criteria in the Query by check marking the boxes to the left of your choices. Once your selections are complete click **Continue, Click OK**.

Your letters will generate on screen. **Close, Print** and **Printer Setup** icon are in the top left of the screen. Page number and **Next / Previous page icons** are in the bottom right.
Utilizing the Merge Feature

The following are some ideas for using the merge function in the PMP WordPad:

- Change of Office Hours
- Thank you for referrals
- Orthotic letter
- Congratulations letters
- Notice of new promotions
- Off Work letter
- Notice of Fee Increase
- Recalls
- Upcoming Information Sessions
- Welcome letters
- Discharge
- Treatment Plans

Merge Codes

<table>
<thead>
<tr>
<th>Action</th>
<th>Merge Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Date from WSIB</td>
<td>%[acc_date]</td>
</tr>
<tr>
<td>Patient Active Check marked</td>
<td>%[Active]</td>
</tr>
<tr>
<td>Address</td>
<td>%[Add]</td>
</tr>
<tr>
<td>Total Balance</td>
<td>%[Bal_due]</td>
</tr>
<tr>
<td>Date Of Birth</td>
<td>%[Birth]</td>
</tr>
<tr>
<td>Bill To: Claim #</td>
<td>%[BT_ClaimNo]</td>
</tr>
<tr>
<td>Bill To: Code #</td>
<td>%[BT_Code]</td>
</tr>
<tr>
<td>Bill To: Contact From Patient</td>
<td>%[BT_Contact]</td>
</tr>
<tr>
<td>Bill To: File #</td>
<td>%[BT_FileNo]</td>
</tr>
<tr>
<td>Bill To: Phone From Pat. Info</td>
<td>%[BT_Phone]</td>
</tr>
<tr>
<td>Bill To: Policy #</td>
<td>%[BT_PolicyNo]</td>
</tr>
<tr>
<td>Health Card Expires on</td>
<td>%[Card_date]</td>
</tr>
<tr>
<td>Health Card Number</td>
<td>%[Card_no]</td>
</tr>
<tr>
<td>City</td>
<td>%[City]</td>
</tr>
<tr>
<td>WSIB Claim #</td>
<td>%[Claim_No]</td>
</tr>
<tr>
<td>Country</td>
<td>%[Country]</td>
</tr>
<tr>
<td>Diagnostic Code</td>
<td>%[Diag_code]</td>
</tr>
<tr>
<td>Doctor of Record</td>
<td>%[Doctor]</td>
</tr>
<tr>
<td>EHC Code</td>
<td>%[EHC1_Code]</td>
</tr>
<tr>
<td>EHC Contact</td>
<td>%[EHC1_Contact]</td>
</tr>
<tr>
<td>EHC Max $</td>
<td>%EHC1_DolMax</td>
</tr>
<tr>
<td>EHC Phone Extension</td>
<td>%EHC1_Ext</td>
</tr>
<tr>
<td>EHC File #</td>
<td>%[EHC1_FileNo]</td>
</tr>
<tr>
<td>EHC First Day Coverage</td>
<td>%[EHC1_First Day]</td>
</tr>
<tr>
<td>EHC Fiscal Year</td>
<td>%EHC1_FiscalDate</td>
</tr>
<tr>
<td>EHC # of visits to date</td>
<td>%EHC1_NoVisits</td>
</tr>
<tr>
<td>EHC max # of visits payable</td>
<td>%EHC1_NoVisitsMax</td>
</tr>
<tr>
<td>EHC Phone</td>
<td>%[EHC1_Phone]</td>
</tr>
<tr>
<td>EHC Policy #</td>
<td>%[EHC1_PolicyNo]</td>
</tr>
<tr>
<td>EHC Amount Remaining</td>
<td>%[EHC1_Remaining]</td>
</tr>
<tr>
<td>EHC Yearly Start Date</td>
<td>%[EHC1_StartDate]</td>
</tr>
<tr>
<td>EHC Max $ Per Visit</td>
<td>%[EHC1_Visit]</td>
</tr>
<tr>
<td>Patient Email</td>
<td>%[Email]</td>
</tr>
<tr>
<td>Column</td>
<td>Value</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>%[First]</td>
</tr>
<tr>
<td>Patient First and Last Names</td>
<td>%[Fl]</td>
</tr>
<tr>
<td>Patient Flags</td>
<td>%[Flag]</td>
</tr>
<tr>
<td>First Visit Date</td>
<td>%[Fv_date]</td>
</tr>
<tr>
<td>Patient Middle Name</td>
<td>%[Init]</td>
</tr>
<tr>
<td>Last name followed by First</td>
<td>%[Lf]</td>
</tr>
<tr>
<td>Last Payment Amount</td>
<td>%[Lp_amt]</td>
</tr>
<tr>
<td>Last Payment Date</td>
<td>%[L_date]</td>
</tr>
<tr>
<td>Last Statement Date</td>
<td>%[Ls_date]</td>
</tr>
<tr>
<td>Last Visit Date</td>
<td>%[Lv_date]</td>
</tr>
<tr>
<td>Maiden Name</td>
<td>%[Maiden_Name]</td>
</tr>
<tr>
<td>Birth Month and Day</td>
<td>%[Mmdd]</td>
</tr>
<tr>
<td>MVA Accident date</td>
<td>%MVA_AccDate</td>
</tr>
<tr>
<td>MVA Claim Number</td>
<td>%[MVA_ClaimNo]</td>
</tr>
<tr>
<td>MVA Company Code</td>
<td>%[MVA_Code]</td>
</tr>
<tr>
<td>MVA Contact</td>
<td>%[MVA_Contact]</td>
</tr>
<tr>
<td>MVA Phone Extension</td>
<td>%[MVA_Ext]</td>
</tr>
<tr>
<td>MVA File/Policy Number</td>
<td>%[MVA_FileNo]</td>
</tr>
<tr>
<td>MVA Allowable amount of visits</td>
<td>%[MVA_NoVisits]</td>
</tr>
<tr>
<td>MVA Phone number</td>
<td>%[MVA_Phone]</td>
</tr>
<tr>
<td>MVA 1ˢᵗ Treatment Date</td>
<td>%[MVA_TreatDate]</td>
</tr>
<tr>
<td>Number of Visits</td>
<td>%[No_visit]</td>
</tr>
<tr>
<td>Next Visit Date &amp; Time</td>
<td>%[Nv_datetime]</td>
</tr>
<tr>
<td>Next Visit Appt Status</td>
<td>%[Nv_status]</td>
</tr>
<tr>
<td>Patient A/R type</td>
<td>%[OnAR]</td>
</tr>
<tr>
<td>Patient Category</td>
<td>%[Pat_cat]</td>
</tr>
<tr>
<td>Patient Number</td>
<td>%[Pat_no]</td>
</tr>
<tr>
<td>Patient Type</td>
<td>%[Patient_type]</td>
</tr>
<tr>
<td>Payment Type</td>
<td>%[Pay_type]</td>
</tr>
<tr>
<td>Patient 2ⁿᵈ listed Phone #</td>
<td>%[Phone_2]</td>
</tr>
<tr>
<td>Patient 2ⁿᵈ listed Extension #</td>
<td>%[Phone_2ext]</td>
</tr>
<tr>
<td>Name of 2ⁿᵈ listed Phone #</td>
<td>%[Phone_2lab]</td>
</tr>
<tr>
<td>Patient 3ⁿᵈ listed Phone #</td>
<td>%[Phone_3]</td>
</tr>
<tr>
<td>Patient 3ⁿᵈ listed Extension</td>
<td>%[Phone_3ext]</td>
</tr>
<tr>
<td>Name of 3ⁿᵈ listed Phone #</td>
<td>%[Phone_3lab]</td>
</tr>
<tr>
<td>Patient 4ⁿᵗ listed Phone #</td>
<td>%[Phone_4]</td>
</tr>
<tr>
<td>Patient 4ⁿᵗ listed Extension</td>
<td>%[Phone_4ext]</td>
</tr>
<tr>
<td>Name of 3ⁿᵗ listed Phone #</td>
<td>%[Phone_4lab]</td>
</tr>
<tr>
<td>Patient Home Phone #</td>
<td>%[Phone_home]</td>
</tr>
<tr>
<td>Patient Postal Code</td>
<td>%[Post]</td>
</tr>
<tr>
<td>Province</td>
<td>%[Province]</td>
</tr>
<tr>
<td>Referred By</td>
<td>%[Ref_by]</td>
</tr>
<tr>
<td>Referral Method</td>
<td>%[Ref_method]</td>
</tr>
<tr>
<td>Send Statements To:</td>
<td>%[SendTo]</td>
</tr>
<tr>
<td>Social Insurance #</td>
<td>%[Sin_no]</td>
</tr>
<tr>
<td>Patient Surname</td>
<td>%[Surname]</td>
</tr>
<tr>
<td>WSIB 1ˢᵗ Treatment Date</td>
<td>%[Tr_date]</td>
</tr>
</tbody>
</table>

100 | Reports
PATIENT MANAGEMENT PROGRAM

Email

PMP offers functionality for emailing patient communication. These email options include:

- **Appointment Reminders.** This increases patient communication by sending reminders to patients informing them of upcoming appointments with practitioners in your office. This function can be used for single or multiple dates and by single practitioner or the whole clinic.

- **Appointment Calendar** and **List.** These options are available while booking appointments using F2 - Add an Appt or from the Patient Information Appointments tab.

- **Statements.** Statements can be emailed to patients while posting activity, from the Patient Information Account Activity tab and as a group using the Patient Query.

- **Merge Letters.** This feature allows you to create letters for groups of patients that personalize specific fields and choose the patients that receive the letters by specific criteria using the Patient Query.

Setup

Prior to using email features there is some preliminary setup required. You must turn on your ePMP program and configure your outgoing email account that details which address emails will be sent from. You must also edit the existing templates or create new templates of your own that will populate the body of the emails.

**Turn On ePMP**

Your computer must be configured start the email sending module named ePMP. This is a one-time setup procedure.

Go to the Setup menu, Computer Defaults. In the bottom left checkmark This machine only, sends emails, then click Accept.

**Networked offices: Do this procedure on one computer only.**

On the Are you sure screen click Yes. Read the PMP Message screen and click OK.

If you receive a User Account Control (UAC) screen remove the checkmark from Protect my computer and data from unauthorized program activity. Click Ok.

A black screen will appear then the PMP eMail Server screen will appear briefly - be patient, it will minimize itself.
Click **OK** on the *Startemailserver* screen. ePMP will now run minimized in your system tray and send emails.

### Setup Outgoing Email Account

Go to the **Utilities** menu, **Email**. Select **Email Accounts Management**.

You can set up multiple accounts for sending emails.

Click **Add** to create a new email address or **Edit** to change existing information.

A yellow hint box has been added that assists you in completing this screen. Click the box to close the hint. Complete the required fields.
Refer to the chart below for settings for popular email carriers. **Please note:** The settings below are guidelines only and providers may have different options.

If you do not see your email or Internet Service Provider (ISP) below contact them for setup information.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Hotmail / Live</th>
<th>Rogers</th>
<th>Gmail</th>
<th>Bellnet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Account Name</td>
<td>You choose</td>
<td>You choose</td>
<td>You choose</td>
<td>You choose</td>
</tr>
<tr>
<td>SMTP Server</td>
<td>smtp.live.com</td>
<td>smtp.broadband.rogers.com</td>
<td>smtp.gmail.com</td>
<td>smtpa.bellnet.ca</td>
</tr>
<tr>
<td>Username</td>
<td><a href="mailto:username@hotmail.com">username@hotmail.com</a> or <a href="mailto:username@live.com">username@live.com</a></td>
<td><a href="mailto:username@rogers.com">username@rogers.com</a></td>
<td><a href="mailto:username@gmail.com">username@gmail.com</a></td>
<td><a href="mailto:username@bellnet.ca">username@bellnet.ca</a></td>
</tr>
<tr>
<td>Port</td>
<td>Use Standard or 25</td>
<td>Use Standard or 25 or 587</td>
<td>Use Standard or 587</td>
<td>465 (Required)</td>
</tr>
<tr>
<td>SSL/TLS</td>
<td>Yes (SSL)</td>
<td>Yes (SSL)</td>
<td>Yes (TLS)</td>
<td>Yes (SSL)</td>
</tr>
<tr>
<td>Limit</td>
<td>100 per day</td>
<td>100 per hour</td>
<td>not defined</td>
<td>250 per day</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://support.microsoft.com/kb/287604">http://support.microsoft.com/kb/287604</a></td>
<td><a href="http://support.google.com/mail/bin/answer.py?hl=en&amp;answer=13287">http://support.google.com/mail/bin/answer.py?hl=en&amp;answer=13287</a></td>
<td><a href="http://service.sympatico.ca/index.cfm?content_id=1067&amp;method=content.view">http://service.sympatico.ca/index.cfm?content_id=1067&amp;method=content.view</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider</th>
<th>Yahoo</th>
<th>Cogeco</th>
<th>Shaw</th>
<th>MTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Account Name</td>
<td>You choose</td>
<td>You choose</td>
<td>You choose</td>
<td>You choose</td>
</tr>
<tr>
<td>SMTP Server</td>
<td>smtp.mail.yahoo.com</td>
<td>smtp.cogeco.ca</td>
<td>different for each region</td>
<td>smtp.live.com</td>
</tr>
<tr>
<td>Username</td>
<td>Username</td>
<td><a href="mailto:username@cogeco.ca">username@cogeco.ca</a></td>
<td>username</td>
<td><a href="mailto:username@mymts.net">username@mymts.net</a></td>
</tr>
<tr>
<td>Alternate Port(s)</td>
<td>Use Standard or 465</td>
<td>Use Standard or 25</td>
<td>Use Standard or 25</td>
<td>Use Standard or 587</td>
</tr>
<tr>
<td>SSL/TLS</td>
<td>Yes (SSL)</td>
<td>Yes (SSL)</td>
<td>No</td>
<td>Yes (SSL)</td>
</tr>
<tr>
<td>Limit</td>
<td>100 per hour</td>
<td>not defined</td>
<td>not defined</td>
<td>Undisclosed</td>
</tr>
</tbody>
</table>

Most email programs have limits on the number of emails that can be sent per hour, day, week, etc. Familiarize yourself with the limits so that you do not receive rejections for exceeding your maximum. You may wish to set up more than one account and vary the account when sending group emails.

Click **Save Changes**, and **OK**.
Once you have completed the Outgoing Email Setup screen click **Send Test Email** followed by **Test**. Read the **Test Result**. Hopefully your email was successful. If your test was not successful use the error list below for troubleshooting.

**Test Email Errors**

Below is a list of error messages that may be received if your Outgoing Email Setup is incorrect when you use the **Send Test Email** button:

- **Socket error #11001 Host not found** – this is incorrect information in the SMTP field. Check the chart above or contact your ISP/email provider
- **Socket error # 10060 Connection timed out** – incorrect information in the Port field. Check the chart above or contact your ISP/email provider
- **Access denied** – Username or Password incorrect. Check your typing and/or details. Contact your ISP/email provider
- **Arithmetic exception** or **From Address not verified** – some ISP/email providers will not allow a different **Reply to Address** than the **User Name**. Correct the reply address to be the same as the user name.

**Setup Default Email Templates**

Emails sent to patients require text in the body of the email. Templates have been included that you can customize for your office or you can create your own. You can edit them during the sending process or in advance.

To create / edit templates in advance go to the **File** menu, **Wordprocessor**. Select **File, Open**. Double click a template. Email templates names begin with `em_`. 
Default templates have been included to offer a starting point so you can create emails that are appropriate for your office. Edit the body of each email template so the information represents your clinic.

1. To add Merge fields go to the Merge menu and select **Initialize for Patient Merge**. You will now see a merge box in the upper right (1). This is where you select additional merge fields. *Be cautious and don’t overdo it. If you select merge fields that are not populated in a patient’s file the field will be blank in the email.*

2. Merge fields appear with red brackets, i.e. «FIRST>>.

3. Don’t forget to change the office / doctor information. Click **File, Save**.

You can make a template for each practitioner with different information. When you select that practitioner for emails the template will be the default selection - we call this ‘sticky’.

Continue to edit/create other types of templates. Remember when saving new templates that email templates names must begin with `em_`. **Note:** Merge fields must be enabled (step 1) for templates to email. An error listing “file not a merge file” will result from templates without merge fields enabled.

---

**Email Appointment Reminders**

Go to the **Utilities** menu, **Email, Email Reminders**. Choose the practitioner or Clinic.

The **Email Reminders** screen has six requirements:

1. Select dates on the right using the calendar. Patients who have a confirmed or unconfirmed appointment on the selected days will be emailed a reminder using the email template shown below. Click ‘Send Emails’ to add the emails to the queue to be sent.

2. **Selection Filters**
   - Don't email patients with "Do Not Contact"
   - Only email patients with "email Reminders"

3. Load an email template
   - em_RemediesDefault.RTF
   - Edit
   - New

4. Outgoing Email Account
   - Post1

5. Subject: Appointment Reminder

6. «Today»
   - Dear «FIRST»,
1. **Appointment Date Calendar**
   Click onto appointment dates on the calendar. You can select one or more dates for reminders. Consider that you do not want the reminder sent too far in advance. Appointment dates selected appear on the right of the calendar.

2. **Selection Filters**
   Checkmark option for patients that do and do not want email reminders. These fields are found in Patient Information on the **Contact** tab.

3. **Load an email template** *
   Select a template to use from the drop down box. These should have been created in advance but if not you may choose **Edit** or **New** to create the template now.

4. **Outgoing eMail Account** *
   Select an account from the drop down box. This needs to be set up in advance from the **Utilities** menu, **Email**, **Email Accounts Management**.

5. **Subject** *
   Type a subject line for your email.

6. **Email Body Merge Area** *
   This section contains the message that will populate the body of your email. Red brackets indicate merge fields. These fields will be populated with the patient’s information upon the receipt of the email. Use the template provided (edited with your office details) or create your own using the merge fields APPOINTMENTDOCTOR, APPOINTMENTDATE, APPOINTMENTTIME to signify the appointment details.

* Fields marked with asterisks above only need to be set up once; your selection will remain for this type of email until another option is chosen.
Email Reminder Notes:
- Only one email will be sent to each patient for each appointment. If you send reminders for a given day and go back later to send reminders again, patients who have already been sent an email will not receive a second reminder.
- If you select multiple dates or multiple practitioners a patient may receive more than one reminder: one email will be sent for each date that is within the date range selected and one email will be sent for each practitioner that the patient is booked with within the specified date range.
- Be cautious; remember your email limits

Click **Send Emails**.

PMP will now move the group of emails to a minimized program named ePMP that will send the emails. This program is open in the system tray of your computer, which is located in the bottom right of your computer screen next to the time. Networked offices should have this program open on only one computer. This program is not visible and will send the emails as you continue processing other items.

**Resend or Do Not Send an Email**

PMP includes a checkbox that is available in multiple screens that allows you to resend an email and/or book an appointment that does not require an email reminder.

On occasion you may want to resend a reminder email that has already been sent. You may also want to schedule an appointment in the near future where a patient who usually receives reminders does not require one for a close appointment.

**Rules**: To send or resend an email, leave the checkbox blank. Email reminders will be sent if this patient meets the filters and criteria associated with sending email reminders.

If you do **not** want to send an email put a checkmark in the checkbox.

The email checkbox can be found five places:

1. the **Edit Appointment Information** screen. This screen is available when clicking an appointment from the appointment scheduler.
2. the **Patient Information Appointment** tab (not editable). Locate this screen from the **Patient Information** file on the **Appointments** tab.
3. **F2 – Add an Appointment** screen. Locate this screen by pressing **F2** from the main screen or **Patient Information, Appointments, Add an Appointment**.
4. **Make an appointment in this timeslot** screen. Find this screen by clicking onto an empty timeslot on the appointment scheduler.
5. **Edit an Appointment** screen. This screen is available from **Patient Information, Appointments, Edit an Appointment**.
Email Appointment Calendars & Lists

Using the F2 – Add an Appointment function now offers the option of emailing an appointment calendar or list once appointments have been scheduled.

Email Calendar and Email Appointment List buttons are also located on the Patient information Appointments tab.

If your patient does not have an email address in their patient information a box will appear asking for one. Type the email in and it will be stored in the patient file for future use.

The Email Appointment Calendar and Email Appointment List screens offer similar options to the print choices.
Email Statements

The ability to email patient statements appears in 3 locations:

1. **On the Patient Activity screen during posting**

2. **On the Patient Information Account / Activity tab**

3. **On the Utilities menu, under Email, Email Statements using Query.** This is a group statement option.
All options will open the following screen. **Note**: Group statements will offer the patient selection option prior to opening this screen.

1. **Date From / Date To**
   This area controls the dates on the statements (same as existing print statements).

2. **Include activity ONLY from these [Doctors]**
   Choose transactions to put on the statement that were done by these doctors only (same as existing print statements).

3. **Select a Comment**
   Choose a default comment or type your own (same as existing print statements).

4. **Load an email template**
   Select a template to use from the drop down box. These should be created in advance or choose **Edit** or **New**.

5. **Outgoing eMail Account**
   Select an account from the drop down box. This needs to be set up in advance from the **Utilities** menu, **Email, Email Accounts Management**.

6. **Subject**
   Type a subject line for your email.

7. **Merge Letter Area**
   This section will populate the message body of your email. All text between red brackets are merge fields. These fields will be populated with the patient’s information upon the receipt of the email.
Email Merge Letters
This is a great new feature that allows you to create letters to groups of patients that will personalize specific fields and choose the patients that get the letters by specific criteria.
You can create recall, new patient, new office information, orthotic reminders and birthday letters, to name a few.
Start by editing / creating the template, details on page 104.

Save the template with a filename starting with em_. For instance: em_Checkup.
Close out of the wordprocessor.
Go to the Utilities menu, Email, Email by Patients (merge). Choose the practitioner or clinic. Click the button Fill the List using Patient Query. You will now be in the Patient Query screen; you may have seen this screen before under the Reports menu.
This is where you select the patients who will receive the email based upon certain criteria. The recall type letter we are using above will require us to select patients that have not been in the office for a certain period of time.

Place a check mark beside Last Visit Date <= (less than or before) and type in a date. This date should be at least three months ago so that you are not capturing patients that have been in recently or have an appointment booked.

Place a check mark beside has Email and one beside “Do not Contact” is NOT checkmarked. Click Accept.

**Using query fields to define and choose appropriate patients:**

Many items that are available in the query are fields that exist in the Patient Information tabs. When using the query for email it is important to consider the use of some fields that will define and accurately choose patients for the communication being sent.

The table below shows selections we suggest you consider when using the query.

<table>
<thead>
<tr>
<th>Field:</th>
<th>Why:</th>
</tr>
</thead>
<tbody>
<tr>
<td>has Email</td>
<td>These patients have an email address on file. You should check this option to include only patients that have an email address.</td>
</tr>
<tr>
<td>does NOT have Email</td>
<td>Use this option to find out who you need email addresses for</td>
</tr>
<tr>
<td>Phone Reminders is checkmarked</td>
<td>These patients would prefer a reminder phone call</td>
</tr>
<tr>
<td>Phone Reminders is NOT checkmarked</td>
<td>Patients that do not want or did not specify that a phone call reminder is preferable</td>
</tr>
<tr>
<td>Email Reminders is checkmarked</td>
<td>These patients would prefer a reminder email</td>
</tr>
<tr>
<td>Email Reminders is NOT checkmarked</td>
<td>Patients that do not want or did not specify that an email reminder is preferable</td>
</tr>
<tr>
<td>Do not Contact is checkmarked</td>
<td>These patients do not want to receive contact from your office. <strong>NOTE:</strong> Contact your accountant or bookkeeper regarding patient privacy when contacting a patient about an outstanding account balance</td>
</tr>
<tr>
<td>Do not Contact is NOT checkmarked</td>
<td>These patients are okay to receive contact. To protect your patient’s privacy you should always choose this option to eliminate patients that request no contact</td>
</tr>
</tbody>
</table>
Troubleshooting Failed & Unsent Emails

The email system has a Queue Management section that lists all emails. It is found under Utilities, Email. This area offers the option to view all emails that were, or are ready to be sent. The Status column indicates the outcome of the email.

You can filter this report by All Records, Failed, or Sent.

Failed

Use the Failed filter to locate any emails that were not sent due to errors. Click onto a failed email and select the Edit Failed Email button.

Click Retry sending to resend this email.

If you make changes to the outgoing email account you will need to re-select the account to update the email with the new settings.
Emails Not Being Sent

If you have emails that have a status of *Ready to go* that have a date before today your ePMP program may not be open.

The ePMP program can be found as a blue icon with the letters “eM” in the system tray in the bottom right of your computer screen.

Depending upon your computer’s settings, locate the icon directly on your system tray (figure 1) or from within the *Show hidden icons* screen that opens when clicking the up arrow (figure 2).

![Figure 1](image1.png)  
![Figure 2](image2.png)

If the icon is not visible in the system tray the program may have been closed. Refer to page 2 for instructions to turn ePMP on.

Email Log

The Email Log is a report that can be filtered to determine the history or status of email. This report will assist you in troubleshooting the status of emails.
This feature allows your PMP schedule to be accessed remotely. This feature will be introduced in phases. At this point you can view the next two weeks of your appointment scheduler in your web browser or on your smartphone, view the appointment specifics, and send an email to booked patients.

Setup mobilePMP

This feature should be setup and used by the treating practitioner ONLY. Safeguarding patient privacy and security must be considered when viewing patient information online.

There are 3 required steps for the setup:
1. Register for mobilePMP
2. Create your username and password
3. Turn on ePMP (if applicable), the program that uploads your data.

1. Register for mobilePMP
Go to the Setup menu, Doctor Defaults. Pick yourself from the list of practitioners and select Edit this Doctors Defaults. Select the mobilePMP tab on the left.

Read the screen.

Click Manage mobilePMP.

Read the Terms of Use. By clicking ACCEPT you signify your acceptance of the terms.

Once you select ACCEPT you will be offered the Register for mobilePMP tab which requires your email address. This is used by the support team for mobilePMP communication only. Type your email address and click Register! Your request is sent to mobilePMP and your registration is now ‘pending’. You will receive an email confirming your registration once you have been registered.
2. Create your Username & Password

Your next step is to setup a username and password. Return to the Setup menu, Doctor Defaults. Pick yourself from the list of practitioners and select Edit this Doctors Defaults. Select the mobilePMP tab on the left. You will now be positioned on the username and password tab. Type in the required fields. Usernames and passwords are NOT case sensitive. Passwords must include a combination of letters and numbers.

Click Set Username and Password.

3. Turn On ePMP

If you are utilizing PMPs email features you have already completed this step.

Your computer must be configured start the email / mobilePMP module named ePMP. This is a one-time setup procedure.

Go to the Setup menu, Computer Defaults. In the bottom left checkmark This machine only, sends emails and/or mobilePMP, then click Accept.

Networked offices: Do this procedure on one computer only.

On the Are you sure screen click Yes. Read the PMP Message screen and click OK.

If you receive a User Account Control (UAC) screen remove the checkmark from Protect my computer and data from unauthorized program activity. Click OK.
A black screen will appear then the *ePMP Server* screen will appear briefly - be patient, it will minimize itself. Click **OK** on the *Startemailserver* screen.

*ePMP* will now run minimized in your system tray and upload your schedule every 15 minutes.

**Accessing & Viewing mobilePMP**

*mobilePMP* can be accessed from any device with an internet connections and browser. On your device access your browser and type [www.mobilePMP.com](http://www.mobilePMP.com) or [www.mobilePMP.ca](http://www.mobilePMP.ca) into the address bar.

You will be presented with a Login screen. Type in your private information and click **Login**.

Your schedule will now be visible.
Use your pinch/zoom features on your mobile device to enlarge or shrink the screen.

1. Days of the week starting from today
2. Arrow button to move the schedule to the following week
3. Named columns
4. Appointments scheduled
5. Breaks and custom colours are visible
6. Appointment details. Click on an appointment to view the details. This includes name, patient number, email address, priority phone number, and appointment details.

Keep in mind:

- Due to security guidelines mobilePMP will become inaccessible after 5 minutes of inactivity and you will be prompted to login again
- You can access the next two weeks of your schedule only
- mobilePMP will display 15 minute intervals only. Practitioners utilizing 5, 10 or 20 minute intervals will have appointments appear in the closest, earlier timeslot in the 15 minute increment.
Security

PMP offers a security feature that allows or restricts access to menu items. PMP records edits, deletions, and balance changes that occur within the patient file. The security area records the user who performed the change.

The security feature is located under the File menu, Security. It contains Login, Profiles, Users, and Change Passwords.

A profile named ‘Rick’ was included with your initial PMP. This profile allows access to all PMP features. You can continue to use this profile to signify full access or delete it once a replacement has been made.

⚠️ You must do a PMP backup before continuing with this process.


Profile

The profile is where you permit or restrict access to menu items in the program. Create profiles for all PMP users to limit their access to certain PMP menu items.

Click the Expand Treeview icon to show the detailed PMP menus.

To create a new profile simply click on a menu item that you wish to control access to and choose Not Allowed on the right. Continue to control access for other items using the same procedure. Once you have completed selecting menu items for this profile type a name into the New Security Profile field. The name should be logical based on the level of security and not the user name, i.e., Part time staff or Office manager.
Click the **Save Security Profile** icon.

You will see a screen notifying you that changes have occurred. Click **Yes**. You may be required to click **Yes** repeatedly until all individual items have been changed. Click **OK** once complete. Your profile has now been saved.

To **edit or view** existing profiles click the down arrow under **Security Profile**. Click the profile you wish to edit or view.

When limiting access for user profiles you should restrict access to the menu items of **Users**, **Profiles**, and **Clinic Defaults**. These areas allow users to alter their profiles. Only the ‘Rick’ or ‘full access’ profile should have these areas allowed.

**Users**

This is where you will find a list of all individuals utilizing your PMP. You can add, delete and assign profiles in this screen.

To **add a new user** click **Add**. Type the new user’s initials, first, and last name into the fields provided. Click the down arrow under **Profile**. Choose the profile appropriate for this user.

The field **User allowed access to these Doctors** has been disabled and is not required.

Click **Save**.
To edit a user click the users name and the Edit button. Make your changes and click Save.

To delete a user click the users name and the Delete button. Click OK. This user will no longer have access to PMP.

Login
The login screen allows you to change the user and is where you assign passwords to new users.

To logoff as a user but allow other users access to PMP, open the login screen. This permits the next user to login using their ID and password. If Cancel or the close button is selected PMP will close.

💡 The shortcut to open the Login screen is F8.

Change Password
The Change Password area allows you to add a password or change an existing password.
To add or change a password you must first have logged in as the user whose information you wish to change. When you open the Change Password screen the user’s initials are already visible in the Login Id field. Type a password into the Password field. Repeat the password in the Confirm Password field. Click OK.

Passwords are case sensitive.

To change the password for a specified user, go to the File menu, Security. Choose Login.

Login as the user whose password you are changing. Click OK.

Go back to the File menu, select Security. Choose Change Password. Type in the new password on both required lines and choose OK.

You should now see a Congratulations!!! screen.
Edit Date
One of the functions that PMP contains is the ability to restrict edits and deletions from happening in the patient account activity screen. The restrictions are limited by date. When activated, users will not be able to edit or delete transactions in patient files if the transaction date of the activity is before the date specified in ‘Edit Date’.

The Edit Date aids in more accurate bookkeeping procedures and stops changes from happening within previous months without approval. Security should be setup to disable access to this area.

To setup the Edit Date go to the Utilities menu, Edit Date. Select the appropriate date on the calendar. Click Accept Changes.

Account Edit Journal
The Account Edit Journal records any edits, deletions and balance changes that are made in the patient Account Activity screen. It offers the choice of viewing the report by Service Date or Edit Date.

- Service Date will show the edits and deletions by the date of service.
- Edit Date shows the edits and deletions by the date the service was edited.

Balance changes are added to the list treating the editing date as the service date.

Click the Reports menu, Account Edit Journal, by Patient, by Login ID, or by Date.

- by Patient will produce the account edits and deletions for a specific patient
- by Login ID will produce the account edits and deletions created by a specific user
- by Date will produce the account edits and deletions done during a specified date range

All users should be setup with individual logins in order for the Account Edit Journal to accurately reflect the user who performed the action.

This account edit journal was produced by Date, Editing Date.
The first line shows the date and time that the change took place followed by the user that completed this transaction and the type of change. If a comment was added at the time of change it will appear following the transaction type.

| 18 Sep 2008 02:37 PM | User: * | Record Edit: Patient paid after posting |

The next two lines of an Edit explain how the transaction looked at posting, and how it looked after the edit. Areas that were altered are shown within boxes.

<table>
<thead>
<tr>
<th>Before</th>
<th>742</th>
<th>DD</th>
<th>19-Apr-2006</th>
<th>A</th>
<th>Cash</th>
<th>Paid</th>
<th>0.00</th>
<th>30.00</th>
<th>30.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>After</td>
<td>742</td>
<td>DD</td>
<td>19-Apr-2006</td>
<td>A</td>
<td>Cash</td>
<td>YES</td>
<td>Paid</td>
<td>0.00</td>
<td>30.00</td>
</tr>
</tbody>
</table>

The second line of a Delete shows the entire transaction that was deleted.

| 431 | DD | 18-Sep-2008 | A | Cash | CASH | Paid | 0.00 | 30.00 |

A Balance Edit details any balance changes.

| 1621 | DD | The Balance Due is now 0.00. Dr. *DD*’s balance changed from 30.00 by -30.00 to 0.00 |
Backup, Utilities and Housecleaning

Backup
Backup is one of the major problems users encounter. Faulty or non-existent backups can have devastating results. Hard drive crash, theft, fire and flood are just a few of the many reasons you may require your PMP backup to retrieve your patient and clinic history.

Backup Procedures
No matter what media type you are using for backups, floppy disk, CD, USB drive, etc, you should have more than one set. If you use the same object for every backup and that media fails or is lost you will not have any good, retrievable backups.

For this reason we suggest you have at least two sets of backup media:

- 2 USB memory drives
- 2 CD’s

While you are using ‘backup set # 1’, ‘backup set # 2’ should be stored off site.

We recommend you perform a PMP Backup daily even if other programs are being utilized. If there is a problem with your program the PMP Support Staff can usually get you up and running in minimal time if you are utilizing the PMP Backup. The OCA is not responsible for any other backup program.

Accessing and Using Backup
Exit PMP on all computers. Double click the Backup SQL icon on the desktop.

Click either Daily Backup or Monthly Backup. Daily Backup contains your patient data and generated report data.

PMP allows backups to be created to any specified media. Click the radio button beside Other to select another media.

Click the button with the 3 dots to choose the drive.

Locate the drive for the media of choice. Click OK. Click Start Daily or Monthly Backup. PMP creates two backups; the first backup goes to the hard drive of your computer and the second goes to the specified drive.

Monthly backups should be created:

- on a monthly basis
- when making a last backup before moving PMP to a new / different computer
- before deleting patient data or reports.
- before installing updates or adding practitioners to PMP.

**Test Restore**

After 6 backups have been performed you will see the message ‘You have performed 6 backups without doing a test restore’. If you choose not to perform the test restore at this time the message will appear upon completion of each subsequent backup until the test restore is performed.
To perform the test restore leave the media that you just used for the backup in the drive, click the Restore tab, #8. Click Test Only and click Start Restore.

You are asked if you wish to restore using the file BD111118.zip or BM1191118.zip.

The file name is created as follows: BD stands for Backup Daily, BM stands for Backup Monthly. 111118 stands for year 2011, month 11, day 18. Make sure this is the correct date when doing a test restore.

The test restore does a file comparison to make sure the data is good and that it will restore if required. When the test restore is complete a pop-up window will appear entitled Finished.

Click Yes to erase the test data.

**Restore**

There are times when you have to restore a backup. This could be due to a power failure, power surge, the computer may have been turned off incorrectly or the computer froze.

Double click the PMP Daily Backup icon on the desktop. Click the Restore tab, click on the backup that you wish to restore from the list on the left.

Choosing to restore a backup from the #8 Other option will require you to locate the backup. Choose the directory where your backup was stored by double clicking on it. Locate and double click the backup that you want to restore.

Click Live Database, Start Restore. You will be asked to confirm the date of the backup. Click OK.

**Automate your PMP Backups**

PMP backups can be automated to reduce the risk of inconsistent backup procedures.

The recommended media for this task is a USB stick. Have at least two sticks. These drives should be interchanged on a daily basis. If you consider a case of theft or fire: the USB or flash drive would be left in the computer that was removed or destroyed. Daily changing of the drive will reduce the risk of lost data.

Open the PMP Backup. Select the location for where your backups will be stored. Click Start Daily Backup. When the backup is finished close the backup screen.
Click **Start**, **Control Panel**, **System and Security**, **Administrative Tools**, **Task Scheduler**.

If you are unable to locate **Administrative Tools** you do not have user rights and will need an administrator to log in to complete this task.

Click **Create Basic Task**.

Type a name for the task into the **Name** field.

Click **Next**. Click **Daily**. Click **Next**.

Choose a start date and a start time for the automatic backup. Click **Next**.

Select **Start a Program** then **Browse**.

Double click **Computer**, **Local Disk: (C:)**, **PMPw\Programs**.

Locate and click **PMPsBkUp.exe**, then **Open**.
Beside *Add arguments* type **daily**.

Beside *Start in* type **C:\PMPw\Programs**.

Click **Next**.

Click **Finish**.

---

**Utilities**

PMP has a desktop icon named PMPs Utilities. The area is for use if you have internet capabilities at your PMP location.

**Download Program Update.** On occasion updates are available for download. You will be notified when they are posted by whichever method you have chosen for OCA communication.

---

**Cleaning Up Your PMP**

**Deleting Patients**

On occasion you may wish to delete patients from your PMP. PMP will not allow you to delete a patient if there is any activity within the last year.

- Do a backup and label with the date prior to deleting any patients.
- Pull a list of patients that have not been to your clinic for a number of years through query.
- Determine which patients you would like to delete from the program.
- Print a Patient History and Profile for each patient.
- Delete patients individually as per the instructions below.

Click **Patient, Delete a Patient**. Select the patient. The patient information screen will appear to that allows you to confirm the deletion of this patient. Once you are sure click **Continue**.

A confirmation screen will appear. Click **Yes**.
Accounts Receivable
Keep your accounts receivable up to date. There is no sense in having the same balances on your A/R from year to year.

- Print Accounts Receivable
- Determine patients:
  - to be called
  - to be mailed a letter
  - to be sent to a collection agency
  - to be written off

To Access the Patient Accounts Receivable, click the Report menu, Accounts Receivable, Patient. Select the appropriate doctor, Prepare Accounts Receivable for this Doctor. Choose the correct ending date by clicking the down arrow. Click Run the Report.

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Name</th>
<th>Address Phone</th>
<th>Business Phone</th>
<th>Est. Payment</th>
<th>Last Statement</th>
<th>Last Visit</th>
<th>Next Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>170</td>
<td>Varotula, Gary</td>
<td>(415) 399-0930</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>10-Sep-2006</td>
<td>10-Sep-2006</td>
</tr>
<tr>
<td>1599</td>
<td>Varona, Elizabeth</td>
<td>(415) 846-0114</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>10-Sep-2006</td>
<td>10-Sep-2006</td>
</tr>
<tr>
<td>1599</td>
<td>Wade, Ian</td>
<td>(406) 302-4652</td>
<td></td>
<td>10-06-2006</td>
<td>10-06-2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1590</td>
<td>Woodhead, Betty</td>
<td>(415) 306-0553</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>10-06-2006</td>
<td>10-06-2006</td>
</tr>
<tr>
<td>158</td>
<td>Wink, Blake</td>
<td>(415) 505-7524</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>10-06-2006</td>
<td>10-06-2006</td>
</tr>
<tr>
<td>1530</td>
<td>Winkworth, Paulette</td>
<td>(415) 305-9494</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>10-06-2006</td>
<td>10-06-2006</td>
</tr>
<tr>
<td>154</td>
<td>Wright, Alta</td>
<td>(415) 342-4274</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>10-06-2006</td>
<td>10-06-2006</td>
</tr>
<tr>
<td>154</td>
<td>Yinge, Brent</td>
<td>(415) 647-1652</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>10-06-2006</td>
<td>10-06-2006</td>
</tr>
</tbody>
</table>

Aged: 0-30 days 31-60 days 61-90 days over 90 days   REF. DUE.
Documents for Printing

An area of PMP that needs to be cleaned out regularly is Documents for Printing. This is a region where files of different types are stored in PMP. The number of documents contained in Documents for Printing is directly related to the amount of space required for your monthly backups. After about 3 months documents can be deleted as they are saved on monthly backups. Keep the number of reports to a minimum for optimum usage of your computer and PMP.

To access this area click Reports, Documents for Printing. Reports and documents that may be stored in Documents for Printing include: Journals, Manual Review Documents, WSIB Claim Journals, Payment Journals, Rejection Journals, Documents saved for Exporting, Stat Reports.

To delete documents for printing right click the appropriate file and choose delete from the list.

To delete multiple documents close PMP. Double click on the My Computer icon. Double click your C:\ drive. Locate and double click PMP, Data, Report. Click the View menu, Details. Click the column header Date Modified. This will sort the reports by creation date. Make sure the arrow beside date modified is pointing up so that the oldest reports will be at the top of the screen.

You can now click on the first report to be deleted. Press and hold down the Shift key and click onto the last report to be deleted. All reports in between will be highlighted. Once the chosen reports have been highlighted press the Delete key on your keyboard. Click Yes when prompted to confirm sending the items to the recycle bin.

PMP Word Pad

The number of letters contained in the word pad also affects the amount of space required for your monthly backups. After a while letters can be deleted as they are saved on monthly backups. Keep the number of letters to a minimum for optimum usage of your computer and PMP.

To delete letters or letterheads from the PMP click File, WordProcessor, File, Open. Determine the files to be deleted. Right click on the appropriate letter to be deleted and choose Delete from the menu.

To delete multiple documents close PMP. Double click on the My Computer icon. Double click your C:\ drive. Locate and double click PMP, Data, Letters. You can now click on the first letter to be deleted. Press and hold down the Shift key and click onto the last letter to be deleted. All letters in between will be highlighted. Once the list is highlighted press the Delete key on your keyboard. Click Yes when prompted to confirm sending the items to the recycle bin.
Making Changes to your PMP

There are many times when changes need to be made to your PMP program. You may have a new associate joining your practice or one practitioner replacing another. An associate may leave, and perhaps want to take their patient files to input into their own PMP program. You may also have someone joining you who uses PMP in another facility. Whatever your needs, we’ve probably come across it before – and we have ways of managing most things. Below we have listed some common changes for PMP and the associated costs and procedures.

Adding a Practitioner

To add a practitioner to your PMP program complete the PMP Order Form and User Agreement. The form is available:

- on the OCA website – www.chiropractic.on.ca. Locate PMP Website and click on the required form on the right of the screen
- on the PMP CD. Once you have opened the CD go to Brochures and Order Forms
- by calling the support line at 416-860-7199 or 1-800-561-7361
- by emailing the support line at support@chiropractic.on.ca.

Confirm that you have the current order form by reading the date on the lower right of the form.

Once the form has been completed and the payment processed (usually within 10 business days) you will receive an email containing the order. The process for adding the new practitioner to your PMP is clearly detailed in the accompanying instructions. This process should take less than 5 minutes to complete. To simplify this process please make sure that you provide an email address that does not remove or block attachments, i.e. not a hotmail or g-mail account.

The costs for adding practitioners are detailed on the order forms.

Deleting a Practitioner

Deleting a practitioner will remove the practitioner from the tab list across your PMP appointment book and from the drop-down menus but it will not delete any patients or patient information. During the deletion process, you will be prompted to assign a new Doctor of Record to all of the patients who are currently assigned to the practitioner that you are deleting. All transaction history for the departing practitioner will remain. If you would like to delete the transactions performed by the departing practitioner, please choose the Extract a Practitioner program.

Backups can be restored to view deleted information.

There is no charge for this utility. Order by contacting PMP Support.
Extracting a Practitioner

This program will extract a practitioner from your Patient Management Program. This means that the practitioner will be removed as well as all patients who have that practitioner as their Doctor of Record. All transaction history with the extracted practitioner will be removed. A copy of the patient file will remain on the system when the patient has been treated by another practitioner in your office. All transaction history with the other practitioners will also remain.

You will be prompted to assign a new Doctor of Record during the extraction process for all the patients who have been treated by another practitioner in your office. During the extraction process a backup will be created for the extracted practitioner that includes the practitioner, his/her patients, all transaction history with the extracted practitioner, and a copy of any patient files belonging to other practitioners if the patient was treated by the extracted practitioner. Only treatments with the extracted practitioner will be included. The backup can then be used by the departing practitioner to install in his/her own PMP program. There is no charge for this utility. Order by contacting PMP Support.

Merging Existing PMP Users

On occasion practitioners will join forces and combine their existing practices. If they are both using PMP we have a process to combine the separate PMP’s into one database. Additional charges apply. Contact support for details.

Convert Case

PMP has a function to create forms and letters to your patients which are personalized with information pulled from the patient file. If your patient information was input using UPPERCASE text the documents you create will look like form letters and will not appear personalized.

We have a fix for that! A utility program has been created that will change all patient information to title case, the appropriate combination of uppercase and lowercase. This utility is available at no charge from www.alpha.to/dl/convertcase.exe.

Running the Convert Case Program

Once you have downloaded the program locate and double click the Backup SQL icon. Click the Restore tab in the backup program.

Choose 8. Other and then click the down arrow to the right of Look in, choose the location where the file was saved. Click BUConvertCase.zip.

Click Open. You will be returned to the Restore screen.
Select **Live Database, Start Restore, Yes.**
Click **Convert!**

You will see progress bars move along the bottom of the screen. Once you see **Finished** written in the bottom left of the screen (usually within 2 minutes) click the **X** in the top right to close the screen.

You can now enter PMP as you would normally.
<p>| A06 | Traumatic Disc Syndrome, Cervical |
| A07 | Traumatic Disc Syndrome, Thoracic |
| A09 | Traumatic Disc Syndrome, Lumbar |
| A10 | Subluxation, Cervical |
| A11 | Subluxation, Thoracic |
| A12 | Subluxation, Lumbar |
| A13 | Subluxation, Lumbar &amp; Sacral |
| A14 | Subluxation, Multiple Spinal Areas |
| A15 | Spin, Cervical |
| A21 | Spin, Thoracic |
| A22 | Spin, Lumbar |
| A23 | Spin, Lumbar &amp; Sacral |
| A24 | Spin, Multiple Spinal Areas |
| A31 | Strain, Cervical |
| A32 | Strain, Thoracic |
| A33 | Strain, Lumbar |
| A34 | Strain, Lumbar &amp; Sacral |
| A35 | Strain, Multiple Spinal Areas |
| A40 | Fibrositis, Fibrosis, Muscular Hypertonicity, Cervical |
| A41 | Fibrositis, Fibrosis, Muscular Hypertonicity, Thoracic |
| A42 | Fibrositis, Fibrosis, Muscular Hypertonicity, Lumbar |
| A43 | Fibrositis, Fibrosis, Muscular Hypertonicity, Sacral |
| A44 | Fibrositis, Fibrosis, Muscular Hypertonicity, Multiple Areas |
| A50 | Neuralgia &amp; Neuritis, Cervical |
| A51 | Neuralgia &amp; Neuritis, Thoracic |
| A52 | Neuralgia &amp; Neuritis, Lumbar |
| A53 | Neuralgia &amp; Neuritis, Sacral |
| A54 | Neuralgia &amp; Neuritis, Multiple Areas |
| A60 | Sinus Whiplash, Cervical |
| A61 | Sinus Whiplash, Thoracic |
| A62 | Sinus Whiplash, Lumbar |
| A63 | Sinus Whiplash, Multiple Spinal Areas |
| A71 | Sinus Whiplash, Cervical Headache Syndrome |
| A72 | Sinus Whiplash, Coccydynia |
| A73 | Sinus Whiplash, Neurovascular Compression Syndrome |
| A74 | Sinus Whiplash, Costochondral Pain Syndrome |
| A80 | Non spinal Articulations &amp; Para articular Tissues, Subluxation |
| A81 | Non spinal Articulations &amp; Para articular Tissues, Sprain |
| A82 | Non spinal Articulations &amp; Para articular Tissues, Strain |
| A83 | Non spinal Articulations &amp; Para articular Tissues, Tendinitis |
| A84 | Non spinal Articulations &amp; Para articular Tissues, Bursitis |
| A85 | Non spinal Articulations &amp; Para articular Tissues, Synovitis |
| A86 | Non spinal Articulations &amp; Para articular Tissues, ICD |
| A87 | Non spinal Articulations &amp; Para articular Tissues, Mitochondria |
| A88 | Non spinal Articulations &amp; Para articular Tissues, Neurolysis |
| B01 | Degenerative Disc &amp; Joint Disease, Cervical |
| B02 | Degenerative Disc &amp; Joint Disease, Thoracic |
| B03 | Degenerative Disc &amp; Joint Disease, Lumbar |
| B04 | Degenerative Disc &amp; Joint Disease, Lumbar &amp; Sacral |
| B05 | Traumatic Disc Syndrome, Cervical |
| B07 | Traumatic Disc Syndrome, Thoracic |
| B08 | Traumatic Disc Syndrome, Lumbar |
| B09 | Subluxation, Cervical |
| B10 | Subluxation, Thoracic |
| B12 | Subluxation, Lumbar |
| B13 | Subluxation, Lumbar &amp; Sacral |
| B14 | Subluxation, Multiple Spinal Areas |
| B20 | Spin, Cervical |
| B21 | Spin, Thoracic |
| B22 | Spin, Lumbar |
| B23 | Spin, Lumbar &amp; Sacral |
| B24 | Spin, Multiple Spinal Areas |
| B30 | Strain, Cervical |
| B31 | Strain, Thoracic |
| B32 | Strain, Lumbar |
| B33 | Strain, Lumbar &amp; Sacral |
| B34 | Strain, Multiple Spinal Areas |
| B40 | Fibrositis, Fibrosis, Muscular Hypertonicity, Cervical |
| B41 | Fibrositis, Fibrosis, Muscular Hypertonicity, Thoracic |
| B42 | Fibrositis, Fibrosis, Muscular Hypertonicity, Lumbar |
| B43 | Fibrositis, Fibrosis, Muscular Hypertonicity, Sacral |
| B44 | Fibrositis, Fibrosis, Muscular Hypertonicity, Multiple Areas |
| B50 | Neuralgia &amp; Neuritis, Cervical |
| B51 | Neuralgia &amp; Neuritis, Thoracic |
| B52 | Neuralgia &amp; Neuritis, Lumbar |
| B53 | Neuralgia &amp; Neuritis, Sacral |
| B54 | Neuralgia &amp; Neuritis, Multiple Areas |
| B60 | Sinus Whiplash, Cervical |
| B61 | Sinus Whiplash, Lumbar |
| B62 | Sinus Whiplash, Multiple Spinal Areas |
| B70 | Sinus Whiplash, Abnormal Spinal Curvature |
| B71 | Sinus Whiplash, Cervical Orthopedic Syndrome |
| B72 | Sinus Whiplash, Coccydynia |
| B73 | Sinus Whiplash, Neurovascular Compression Syndrome |
| B74 | Sinus Whiplash, Costochondral Pain Syndrome |
| B75 | Sinus Whiplash, Postural Stress Syndrome |
| B76 | Sinus Whiplash, Congenital Spinal Anomalies |
| B80 | Non spinal Articulations &amp; Para articular Tissues, Subluxation |
| B81 | Non spinal Articulations &amp; Para articular Tissues, Sprain |
| B82 | Non spinal Articulations &amp; Para articular Tissues, Strain |
| B83 | Non spinal Articulations &amp; Para articular Tissues, Tendinitis |
| B84 | Non spinal Articulations &amp; Para articular Tissues, Bursitis |
| B85 | Non spinal Articulations &amp; Para articular Tissues, Synovitis |
| B86 | Non spinal Articulations &amp; Para articular Tissues, ICD |
| B87 | Non spinal Articulations &amp; Para articular Tissues, Mitochondria |
| B88 | Non spinal Articulations &amp; Para articular Tissues, Neurolysis |
| B91 | Degenerative Disc &amp; Joint Disease, Thoracic |
| B95 | Degenerative Disc &amp; Joint Disease, Multiple Spinal Areas |
| C09 | Other Conditions (must be specified) |</p>
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>Note the change in registration number</td>
</tr>
<tr>
<td>01</td>
<td>Claim rejected-MHR No. not valid as reported</td>
</tr>
<tr>
<td>02</td>
<td>Note the change/correction in surname</td>
</tr>
<tr>
<td>03</td>
<td>Duplicate account - claim previously processed</td>
</tr>
<tr>
<td>04</td>
<td>Claim rejected-MHR No cancelled prior to service</td>
</tr>
<tr>
<td>05</td>
<td>Claim rejected-service prior to date of coverage</td>
</tr>
<tr>
<td>06</td>
<td>Claim rejected-Unable to identify as a resident</td>
</tr>
<tr>
<td>07</td>
<td>Note change in sex code</td>
</tr>
<tr>
<td>08</td>
<td>Service rejected-Service excluded from MHSC</td>
</tr>
<tr>
<td>09</td>
<td>Service rejected-Not an approved facility</td>
</tr>
<tr>
<td>10</td>
<td>Service rejected-Facility not approved for service</td>
</tr>
<tr>
<td>11</td>
<td>Service incl. in block fee-service assessed accord</td>
</tr>
<tr>
<td>12</td>
<td>Service processed-Medical officer assessment</td>
</tr>
<tr>
<td>13</td>
<td>Service Processed as per Dental Review Committee</td>
</tr>
<tr>
<td>14</td>
<td>Claim processed-Referring doctor not registered</td>
</tr>
<tr>
<td>15</td>
<td>Patient identified-resident of other province/country</td>
</tr>
<tr>
<td>16</td>
<td>Claim rejected-P.I.N. or province code is invalid</td>
</tr>
<tr>
<td>17</td>
<td>Service rejected-another doctor charged same year</td>
</tr>
<tr>
<td>18</td>
<td>Claim rejected-Patient name, dob &amp; sex not regist</td>
</tr>
<tr>
<td>19</td>
<td>Patient not eligible for M.H.S.C. benefits-RCMF</td>
</tr>
<tr>
<td>20</td>
<td>Service processed-as per practitioner/consultant</td>
</tr>
<tr>
<td>21</td>
<td>Service assessed-Services incl. operation/anaesth</td>
</tr>
<tr>
<td>22</td>
<td>Claim rejected-MHSC query not answered</td>
</tr>
<tr>
<td>23</td>
<td>Claim rejected-Claim received after 6 months</td>
</tr>
<tr>
<td>24</td>
<td>Fee assessed-Maximum benefit for routine eye exam</td>
</tr>
<tr>
<td>25</td>
<td>Fee assessed-Maximum benefit reached (Medical)</td>
</tr>
<tr>
<td>26</td>
<td>Claim rejected-post operative care not needed</td>
</tr>
<tr>
<td>27</td>
<td>Fee assessed-Maximum benefit reached (Optometric)</td>
</tr>
<tr>
<td>28</td>
<td>Service rejected-Service included in exam fee</td>
</tr>
<tr>
<td>29</td>
<td>Fee assessed-Maximum benefit reached (Chiropractic)</td>
</tr>
<tr>
<td>30</td>
<td>Letter of explanation written re this assessment</td>
</tr>
<tr>
<td>31</td>
<td>Service rejected-Surgical benefit less than requ'd</td>
</tr>
<tr>
<td>32</td>
<td>Claim rejected-Claim is W.C.B. liability</td>
</tr>
<tr>
<td>33</td>
<td>Fee assessed-maximum auto-benefits benefit reached</td>
</tr>
<tr>
<td>34</td>
<td>Fee assessed-maximum auto-benefits benefit reached</td>
</tr>
<tr>
<td>35</td>
<td>Note the change in birth date-check your records</td>
</tr>
<tr>
<td>36</td>
<td>Note the change in given name-check your records</td>
</tr>
<tr>
<td>37</td>
<td>Note correct surname for this patient only</td>
</tr>
<tr>
<td>38</td>
<td>Service rejected-prior approval of MHSC is needed</td>
</tr>
<tr>
<td>39</td>
<td>Claim returned - additional information required</td>
</tr>
<tr>
<td>40</td>
<td>Claim can not be located - please submit new claim</td>
</tr>
<tr>
<td>41</td>
<td>Claim held pending establishment of fee</td>
</tr>
<tr>
<td>42</td>
<td>Claim held pending receipt or processing form #577</td>
</tr>
<tr>
<td>43</td>
<td>Data submitted incomplete or incorrect</td>
</tr>
<tr>
<td>44</td>
<td>Fee has been adjusted to benefit level</td>
</tr>
<tr>
<td>45</td>
<td>Fee has been reduced to benefit level</td>
</tr>
<tr>
<td>46</td>
<td>Fee assessed-Tariff number has been changed</td>
</tr>
<tr>
<td>47</td>
<td>Repeat procedure-assessed as per #53, #58, #59 &amp; #60</td>
</tr>
<tr>
<td>48</td>
<td>Multiple procedure-as per #56, #59, #60 &amp; #61</td>
</tr>
<tr>
<td>49</td>
<td>Bilateral procedure-as per #28</td>
</tr>
<tr>
<td>50</td>
<td>Bilateral procedure-as per O.S.A. guideline #30</td>
</tr>
<tr>
<td>51</td>
<td>Claim received and in process</td>
</tr>
<tr>
<td>52</td>
<td>Claim under investigation - edit</td>
</tr>
<tr>
<td>53</td>
<td>Claim under investigation - eligibility</td>
</tr>
<tr>
<td>54</td>
<td>Claim under investigation - assessment</td>
</tr>
<tr>
<td>55</td>
<td>Electronic media claim - received and in process</td>
</tr>
<tr>
<td>56</td>
<td>Credit adjustment-service processed incorrectly</td>
</tr>
<tr>
<td>57</td>
<td>Withdrawal-service previously paid in error</td>
</tr>
</tbody>
</table>