

Just Claims

CMS-1500

User Manual

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Software registration required

You must register your Just CMS program. Full instructions on how to register are part of the Registering the Program section in Chapter 1 of this manual.

Proof of ownership

KEEP YOUR SERIALIZED SOFTWARE, even if damaged or obsolete. It is your proof of ownership.

TABLE OF CONTENTS

PREFACE	I
COPYRIGHTS	I
SOFTWARE LICENSE AGREEMENT	I
<i>License Agreement</i>	<i>i</i>
<i>Disclaimer</i>	<i>i</i>
<i>Permitted Uses</i>	<i>i</i>
<i>Prohibited Uses</i>	<i>ii</i>
<i>Per-Sé's Rights</i>	<i>ii</i>
<i>Trademarks</i>	<i>ii</i>
<i>Limited Warranty</i>	<i>ii</i>
<i>Termination of License</i>	<i>iii</i>
<i>Miscellaneous</i>	<i>iii</i>
CHAPTER 1	1
WELCOME TO JUST CMS	1
<i>Verify the Installation CD</i>	<i>1</i>
<i>Installation</i>	<i>2</i>
<i>Storing the Installation CD</i>	<i>2</i>
<i>Registering the Program</i>	<i>2</i>
Step 1 - Enter Information	<i>3</i>
Step 2 - Enter Registration Code	<i>5</i>
USING JUST CMS	6
<i>Documentation Conventions</i>	<i>6</i>
Buttons, Keys, and Title Designations	<i>6</i>
Entering Information	<i>7</i>
<i>Data Entry Process</i>	<i>7</i>
<i>Keyboard Specifications</i>	<i>7</i>
<i>Function Keys</i>	<i>7</i>
<i>Accelerator Keys</i>	<i>8</i>
<i>Shortcut Bar</i>	<i>8</i>
<i>Tips and Shortcuts on the Internet</i>	<i>8</i>
CHAPTER 2	9
THIS IS JUST CMS	9
<i>Features</i>	<i>9</i>
Multi-User	<i>9</i>
Reports	<i>9</i>
Online Help	<i>9</i>

Search Capability	9
Adding Records “On the Fly”	10
Report Designer	10
Reprinting Lost Insurance Claims.....	10
Program Options	10
Backup and Restore.....	10
File Maintenance.....	10
CHAPTER 3.....	11
HOW JUST CMS WORKS.....	11
<i>Starting Your Day</i>	11
<i>A Look At Windows</i>	11
Menu Bar	11
■ File Menu	11
■ Go To Menu	12
■ Lists Menu.....	12
■ Reports Menu.....	12
■ Tools Menu	12
■ Help Menu.....	12
Toolbar.....	12
Codes.....	12
Procedure and Diagnosis Codes	12
<i>Locate</i>	13
CHAPTER 4.....	14
SETTING UP PROGRAM INFORMATION	14
<i>Setup</i>	14
Practice Setup Information.....	14
Setting Up a Practice	14
Provider Information.....	15
Procedure Codes	16
Diagnosis Codes.....	16
Insurance Carrier Information.....	17
Referring Provider Information.....	17
Program Options	18
■ Default Choices	18
CHAPTER 5.....	20
PATIENT SETUP.....	20
<i>New Patient Setup Window</i>	20
CHAPTER 6.....	22

ENTERING DATA ON THE CMS-1500	22
<i>Completing the CMS-1500</i>	22
<i>How to Move Around in the Form</i>	23
Moving Between Fields	23
Using the F6 Search Function	23
Order of Sections in the Form	23
CHAPTER 7	25
DESIGNING REPORTS	25
<i>Reports in Just CMS</i>	25
<i>Report List</i>	25
<i>Report Designer</i>	25
How To Create a New Report	26
APPENDIX A	27
POP-UP CALCULATOR.....	27
<i>Calculator Features</i>	27
APPENDIX B	28
TROUBLESHOOTING ERRORS.....	28
<i>Handling Errors and Problems</i>	28
<i>Error Messages</i>	28
Written Error Description.....	28
Recovering from Errors.....	28
Avoiding Errors.....	29
<i>Report Printing</i>	29
Claim Form Not Centered.....	29
GETTING HELP FROM MEDIOSOFT	29
<i>Support Options</i>	29
Using Online Help.....	29
Medisoft Web Site.....	30
Local Value-Added Resellers.....	30
Per-Sé Technologies Technical Support Technologies	30
■ When You Call Support	30
■ Service Hours	31
<i>Near a Phone</i>	31
<i>Support Billing</i>	31
APPENDIX C	32
HOW TO COMPLETE THE CMS-1500 CLAIM FORM	32
<i>How the Form is Used</i>	32
<i>Sample CMS-1500 Form</i>	33
<i>Form Requirements</i>	34

Carrier Information	34
Patient/Subscriber Information{ XE "CMS-1500 Claim Form}	34
Physician/Supplier Information.....	35
APPENDIX D	40
UNDERSTANDING THE TERMINOLOGY	40
INDEX.....	45

Preface

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Chapter 1

Welcome to Just CMS

Congratulations on your purchase of Just CMS, part of the MediSoft patient accounting programs, one of the finest and most widely-used healthcare billing programs in the market today.

Just CMS is designed to make your practice run more efficiently in the storage and retrieval of patient data for preparing and sending paper claims on the CMS-1500 claim form. It enables you, the healthcare provider, to quickly create CMS-1500 claim forms and aids in developing a sound financial ground while still maintaining the primary focus of rendering quality healthcare services to clients.

Verify the Installation CD

Your installation CD is accompanied by a Certificate of Authenticity, on which is printed a Serial Number. If you did not receive a Certificate of Authenticity, first check with the person from whom you purchased the program. If you purchased directly from MediSoft, call your Account Executive and be sure he or she sends you proper installation software. Unless you were buying an update of an earlier purchase, there is no reason why you should not have received a Certificate of Authenticity.

If you did not buy directly from MediSoft and did not get a Certificate of Authenticity, call your independent dealer. You were not delivered legal software. If you are buying a MediSoft product for the first time, you should get serialized software.

Only a serialized software program with a Certificate of Authenticity is upgradable. If, in the future, you want to upgrade to a higher level of Just CMS, MediSoft will refund or credit the full original list price when the new upgrade program is purchased, if the original program was purchased directly through MediSoft. You must be able to prove legal ownership of the original program.

If you purchased Just CMS from an independent dealer, your refund, if any, will come through that dealer. Be aware that some dealers of MediSoft products structure their prices to avoid paying upgrade refunds.

Installation

Check the MediSoft Knowledge Base (www.medisoft.com/kb) for the most current technical information.

1. Insert the CD in the local CD-ROM drive.
2. An installation splash screen should automatically appear. If it does not appear automatically, open the Start menu from your Task bar, then select **Run**. Type **X:\AUTORUN** (where *X* is your CD-ROM drive letter) and click **OK** or press **ENTER**.
3. When the installation splash screen appears, click **Install Just Claims**.
4. In the **Welcome** screen, click **Next**.
5. Click **I Accept** at the **End User License Agreement** screen. If you do not accept the terms set forth, you cannot complete the install.
6. In the **Select Destination Location** screen, indicate the directory where you want the program installed. The default is **C:\PROGRAM FILES\MEDISOFT\JUST CLAIMS 2007**. Click **Next**.
7. The **BackupReplaced Files?** screen appears. **Yes** is selected as the default setting for this window. Click **Next**.
8. In **Select Backup Directory** screen, indicate the directory where you want the replaced files to be copied. The default is **C:\PROGRAM FILES\MEDISOFT\JUST CLAIMS 2007\BACKUP**. Click **Next**.
9. You are ready to install. Click **Next**.
10. Once installation is complete, click **Finish**.
11. Click **Exit** in the splash screen.
12. The program can be opened from the **Just Claims CMS** desktop icon.

Storing the Installation CD

The Just CMS installation CD should be stored in a very safe place, one that is free from excessive heat or cold, protected from electromagnetic fields or high humidity.

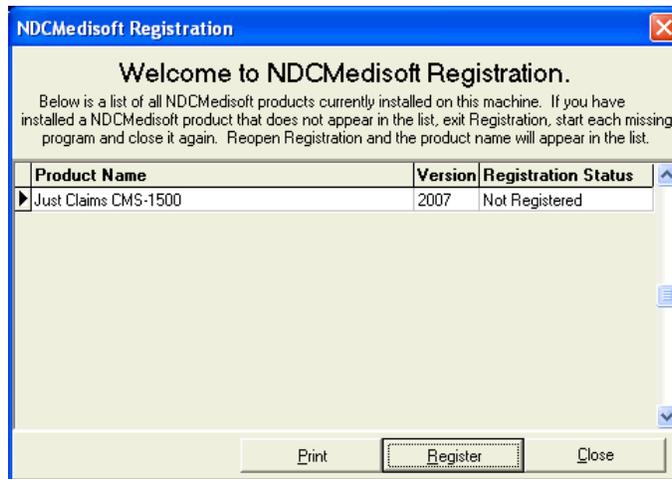
NOTE: Keep installation CD, even if damaged or obsolete.

Registering the Program

To register, go to the **Help** menu on the Menu bar and select **Register Program**.

Step 1 - Enter Information

All installed MediSoft products are listed in the opening **MediSoft Registration** window. If you have a MediSoft product that is **not** listed in this window, close registration and open and close each of the products that should be listed. Then reopen **MediSoft Registration**. Click **Register**.



In the next window, if you have already registered a MediSoft product, information will automatically be entered here. The practice name and address information fields will be grayed. Even though there is a **Change** button, **DO NOT CHANGE THIS INFORMATION UNLESS ABSOLUTELY NECESSARY**. Any change in these fields will invalidate any previous registration.

Purchase Information.

* Practice/Registration: DEMO NOT FOR RESALE

* Contact: Daniel Best

* Street Address: 1234 Fifth Avenue

* City: Mesa * State: AZ

* Zip: 84202

Customer No.:

Practice Specialty: Allergy

* E-mail: DB@medicalpractice.com

* Phone: (480)123-4567

Fax:

Value-Added Reseller Name:

* Number of Users: 1

* Number of Providers: 1

* Denotes required fields

Buttons: Next, Cancel, Help

If this is your first registration, fill in all information as completely as possible. The **Practice Name** should be the same name entered in the **Practice Information** setup window under the **File** menu. The **Customer Number**, issued by MediSoft, consists of eight alphanumeric characters. If you purchased the program directly from MediSoft, the Customer Number is in the upper right corner of the invoice received with your order. If the software was purchased from an independent dealer, leave this field blank.

When all the information is entered and correct, click **Next**.

Provider List

Please fill in all providers.

	Last Name	First Name	M I	Credentials	Specialty
*	Best	Daniel	L	M.D.	Allergy

Buttons: Next, Previous, Cancel, Help, New, Delete

In the **Provider List** window enter the **Name**, **Credentials**, and **Specialty** of each provider in the practice. Click **Next** when you are finished.

Serial Number List

Enter your serial number for each product in the list

Product Name	Serial #	Upgrade From Ser#
Just Claims CMS-1500	987654321234	

Next
Previous
Cancel
Help

In the next window, enter the Serial Numbers of each listed unregistered product. The Serial Number is printed on the Certificate of Authenticity received with the installation CD.

If you are upgrading from previous version of Just Claims, enter the serial number of the version you are upgrading from in the **Upgrade from Serial #** column. Click Next.

Step 2 – Enter Registration Code

Registration Number List

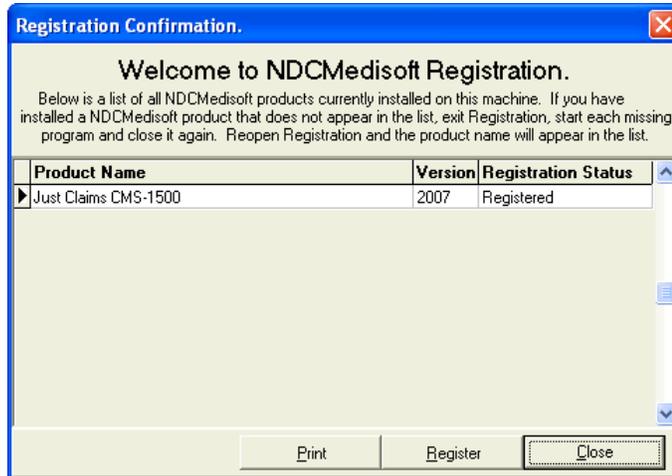
Enter your registration code for each product in the list

Product Name	Serial #	Registration Code
Just Claims CMS-1500	987654321234	123456AB789

Done
Previous
Help

If you registered by modem, all Registration Codes will automatically be entered in the Registration Code page of **MediSoft Registration**. Click **Done**.

It is recommended that you also include your Registration Code on the first page of this manual for safekeeping. Be careful to enter the number exactly as you receive it.



The **Registration Confirmation** window appears confirming that your product has been registered. Click **Close**.

Using Just CMS

Documentation Conventions

As steps required to use the program are explained, certain consistent instructions are given in the manual. Knowing these instructions will help you have a clearer understanding when they are used.

Buttons, Keys, and Title Designations

For identification purposes, all buttons, keys, menu selection options, windows, and fields mentioned in the manual are in bold print (**File** menu, **Program Options**, **Delete**).

Entering Information

When you are instructed to enter information, type the data, then press **ENTER**. For example, the instruction to “enter your name” means to type your name and press **ENTER**.

When instructions say an entry can be alphanumeric, it can be letters, numbers, or a combination of both. In most cases, a chart number is alphanumeric, a combination of letters and numbers.

When instructed to enter a date or phone number, use no punctuation. The program will supply the punctuation automatically. For dates, use the format of either MMDDYY or MMDDCCYY (for Medicare claims only).

Data Entry Process

Entering data in the program is easy and straightforward. Select your data entry options from the menus on the Menu bar, or access is simplified by speed buttons or icons on the toolbar. Click on the speed button for the function in which you want to work and a data entry window for that function opens.

Buttons are placed in windows for easy editing and access. At the bottom of the **Patient/Guarantor List** window, for instance, are buttons for editing records, setting up new records, deleting records or closing the window. Clicking the **New** button brings up a data entry window that lets you set up all of the information needed to create patient records and file claims.

Data entered in a field is saved as it appears on the window. To correct data, just click on the desired field and the text in the field is selected. Typing new text with the text selected will change the existing text. Select a part of the text to replace just that part or to delete by pressing the **DELETE** key.

Keyboard Specifications

There are keys you will use in the program that control the data. By default, both the **ENTER** and **TAB** keys enter typed data into the program and move the cursor to the next field in the Tab order.

Function Keys

Function keys provide shortcuts to various parts of the program. The keys are usually identified by the letter “F” followed by a number from 1 to 12 and many are assigned specific functions within the program. Most functions are consistent throughout the program, but there are a few variations. As you get acquainted with the program, you will find some shortcuts that will speed your data entry.

Some that you will encounter are: **F1** (Help) (Save), **F6** (Search), **F8** (New or “add on the fly”) and **F9** (Edit)

Accelerator Keys

Any letter underlined on the Menu bar or in drop-down lists and in some windows indicates the presence of an accelerator key, a keyboard alternative to a mouse function. Using the **ALT** key in combination with the underlined letter key selects that option or move the cursor to that field (such as **ALT + X** closes open windows and exits the program). There are also accelerator keys that utilize the **CTRL** and **SHIFT** keys in combination with another key.

Shortcut Bar

In many of the windows, at the bottom of the screen above the Status bar, is a shortcut bar which displays the available shortcut function keys available in the active window.

Tips and Shortcuts on the Internet

There’s a wealth of information on the Medisoft web page on the Internet. The web site address is www.medisoft.com.

Chapter 2

This is Just CMS

Features

Just CMS is a software program that lets you generate insurance claims by filling out the CMS-1500 claim form{ XE “CMS-1500 Claim Form”} after entering just the essential basic data pertaining to your practice. Just CMS is derived from the MediSoft Patient Accounting system, which is an accounts receivable and insurance billing program that has been on the market since 1987.

MediSoft distributes the most widely-used patient accounting programs in the healthcare market today. Just CMS focuses on the insurance claims processing part of MediSoft, without the necessity of entering the full transaction entry and billing data.

Multi-User

Databases within the program can be accessed by multiple users within a network.

Reports

Just CMS provides a report designer so you can create any report format that you need for your business. The **Design Custom Reports** feature gives you the capability of producing a report based on whatever combination of data within the program is wanted. You access these formats through the **Report List**, which displays all of the report formats created.

Online Help

Just CMS has incorporated extensive help into the program that is accessed through the **Help** menu, the Help speed button, clicking a **Help** button in a window, or by pressing the F1 key. Also, at various places in the program, context-sensitive hints pop up to briefly describe the function of the item on which the cursor is resting.

Search Capability

As you enter any of the list windows, using either speed buttons or menus, you have a search capability immediately available. Within each list box, to help speed the search, is a Search data field.

Adding Records “On the Fly”

If a search results in no match, you can add new records “on the fly” by pressing the * key and bringing up a setup window.

Report Designer

Design your own report forms with the report designer which is part of the program (see **Design Custom Reports** in the **Reports** menu). The WYSIWYG (pronounced “Wizzy Wig” meaning What You See Is What You Get) design capability lets you see the form on the window as you modify or design it for the printer.

Reprinting Lost Insurance Claims

Insurance claims lost for any reason can be reprinted. Open the **File** menu, choose **Open Claim with Transactions**, and retrieve the needed claim by highlighting it in the list and clicking **Select**. A message will be displayed informing you that the claim has already been printed. You can override this message and print a claim as many times as you want.

Program Options

Within **Program Options** you have the ability to set guidelines for operations within Just CMS. You can click the check box to remind you to backup the program, plus select default choices and toggle hints and the Shortcut bar on or off.

Backup and Restore

The program includes its own data backup and restore capabilities. **The importance of doing regular backups of data files cannot be overemphasized.**

File Maintenance

Among the utility functions possible through this option are rebuilding of indexes and purging data from numerous file options listed.

Chapter 3

How Just CMS Works

Starting Your Day

As you begin the work day, after turning on the computer, locate the **Just Claims CMS-1500** icon on your desktop. Double-click the icon to launch the program. If you don't see the icon, open the Start menu, click **Programs**, the MediSoft group icon, then **Just Claims CMS-1500** to launch the program.

The first time the program is accessed, a data set must be created. If you are using the program in a multi-user setting, the data must be placed in a shared drive on the network. Each workstation must have the program installed on it and be given access to or mapped to the shared data.

A Look At Windows

Once the program is open, you will see that the CMS-1500 claim form{ XE “CMS-1500 Claim Form”} dominates the window. The top bar in the window is the Title bar, which displays the name of the active program and Minimize, Maximize and Close{ XE “Buttons:Close”}buttons. Just below the Title bar is the Menu bar.

Menu Bar

The Menu bar shows categories of activities available in the program. Click on various headings, such as File, Go To, Lists, Reports, Tools, or Help, and each will open a submenu of all the activity options available in that category.

■ File Menu

Opening the **File** menu displays options for the initial setup of practice data in the program. It also gives access to transaction entry functions – **Save Claim, Print and Save Claim, Open Claim with no Transactions, Open**

Claim with Transactions, Clear All Information, Set Program Date, Practice Information, Program Options, and Change Data Set. Options to **Backup Data, View Backup Disks and Restore Data**, plus **File Maintenance** are also found under the **File** menu.

■ **Go To Menu**

Quick access to various parts of the CMS-1500 claim form is provided through the **Go To** menu or shortcuts listed there.

■ **Lists Menu**

A variety of lists in the **Lists** menu includes **Patient/Guarantor**, **Insurance Carrier**, **Provider**, **Facility**, **Referring Provider**, **Procedure**, **Diagnosis** and **Claim List**.

■ **Reports Menu**

Options within Just CMS that are accessible through the **Reports** menu include the **Report List** and **Design Custom Reports**.

■ **Tools Menu**

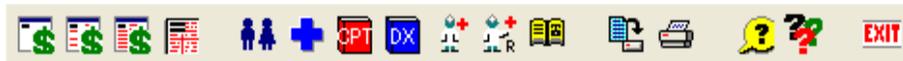
This menu contains the option to access the **Calculator** and to **View File**. It also includes **System Information** and **User Information**.

■ **Help Menu**

Listed within the **Help** menu are the **Table of Contents**, **How to Use Help**, **Show Hints**, **Show Shortcut Keys**, **Register Program**, **MediSoft on the Web** { XE “MediSoft on the Web”}, and **About Just CMS**

Toolbar

Below the Menu bar is the toolbar with an assortment of speed buttons or icons that are shortcuts to accessing options within the program.



At the right end of the toolbar are three additional buttons. The first is a toggle to show or hide the Hints. The second will bring up the Help files. At the very end of the toolbar is the Exit speed button if you wish to totally exit the program.

Select the option in which you want to work by clicking on the appropriate speed button. That function of the program will open a full data entry window.

Codes

Procedure and Diagnosis Codes

Procedure and Diagnosis Codes are the communication language of the healthcare profession. They are used by providers, insurance carriers and third-party payers to communicate specific health conditions without misinterpretation caused by varying levels of understanding. They standardize and facilitate the description of healthcare

procedures and diagnoses. Within the industry, Procedure Codes are recognized as CPT (Current Procedural Terminology) Codes and are established by the American Medical Association. Diagnosis Codes are labeled ICD-9 (International Classification of Diseases, 9th revision) and are published by the World Health Organization.

Procedure Codes are used in Just CMS to create transactions for billing insurance carriers. Codes used in your specialty, along with appropriate descriptions and charges, can be set up in the Procedure List and Diagnosis List functions at the time the practice is set up. Additional codes can be entered as they are needed. Type of Service codes can also be entered here.

Locate

The list file windows have a feature which allows a very extensive search of the entire database to help you locate the exact record you need. This feature is activated by clicking the button that looks like a flashlight, which opens the **Locate** window. For instance, a patient record can be located through six different fields: Birthdate, City, Name, Phone, State, and Zip Code.



If you are not sure of the complete search information (e.g., patient's first name), the program will locate by partial match at the beginning of the value, or partial match anywhere. If you are sure of the search information, the program can perform an exact match. "Case-sensitive" refers to uppercase or lowercase letters, i.e., all capital letters or mixed, respectively. The search will match the exact uppercase or lowercase word in the **Field Value** field if the **Case-sensitive** box is checked.

F1 Look up "Locate" in the online Help index.

Chapter 4

Setting Up Program Information

Setup

The following information needs to be set up if you want to draw information from the database instead of typing in every claim form. There is no particular order for entering the information.

1. Practice information.
2. Provider information.
3. Procedure Codes.
4. Diagnosis Codes.
5. Insurance carrier information.
6. Referring provider information.
7. Program Options.
8. Patient/guarantor information (see Chapter 5).

Practice Setup Information

Practice information is logically the best place to start loading data for a new practice into the computer. The practice information is separate from the provider set up. Both are necessary.

Setting Up a Practice

When you first enter Just CMS after installation, you see the CMS-1500 claim form. At this point you have a choice of creating a quick claim by just filling out the required information, or you can set up some of the basic data and retrieve it from certain fields. The practice setup, especially, can become a part of every claim and it will save time if it is set up early in the operation.

By selecting **Practice Information** in the **File** menu, enter the requested information. The information on claim forms and in report headings comes from this **Practice Information** window. This includes default information for the **Signature Line** and **Date** boxes in the form.

F1...Look up “Practice Information” in the online Help index.

Provider Information

The **Provider List** is accessed through the **Lists** menu or selecting the Provider List speed button. The **Provider (new)** setup window is accessed by clicking **New** at the bottom of the list window or pressing **F8**. The **Signature Line** and **Signature Date** fields contain the text you want printed in Box 31 of the form.

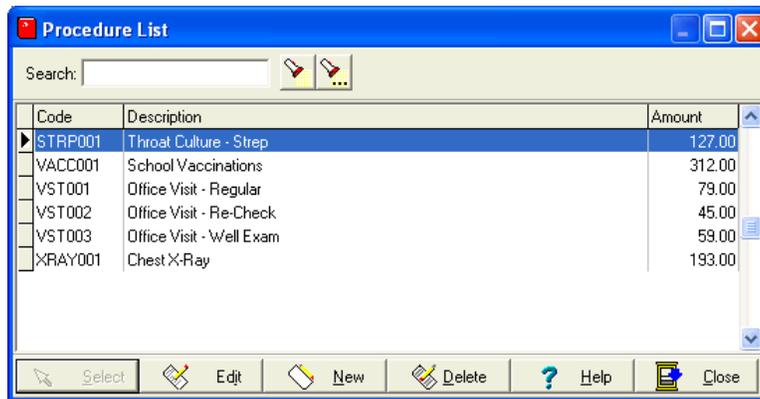
Once entered, provider information can be accessed by clicking **Edit** or pressing **F9**.

PIN and Group numbers assigned by various carriers (Medicare, Medicaid, TRICARE, ChampVA, FECA, and other commercial carriers) are recorded in the PINs and IDs tab.

F1 Look up “Provider Entry” and “Provider List” in the online Help index.

Procedure Codes

Procedure Codes are used to communicate procedure information between patient, provider, and third-party payers. These codes can be accessed by selecting **Procedure List** from the **Lists** menu or by clicking the CPT icon.



The screenshot shows a window titled "Procedure List" with a search field and a table of procedure codes. The table has three columns: Code, Description, and Amount. The first row is selected, showing STRP001 for Throat Culture - Strep with an amount of 127.00. Other rows include VACC001 (School Vaccinations, 312.00), VST001 (Office Visit - Regular, 79.00), VST002 (Office Visit - Re-Check, 45.00), VST003 (Office Visit - Well Exam, 59.00), and XRAY001 (Chest X-Ray, 193.00). At the bottom of the window are buttons for Select, Edit, New, Delete, Help, and Close.

Code	Description	Amount
STRP001	Throat Culture - Strep	127.00
VACC001	School Vaccinations	312.00
VST001	Office Visit - Regular	79.00
VST002	Office Visit - Re-Check	45.00
VST003	Office Visit - Well Exam	59.00
XRAY001	Chest X-Ray	193.00

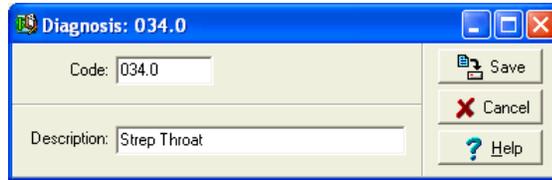
The Procedure List window first shows what codes have been set up, and you can choose from that list the code you need to use. The choice of codes can be narrowed by inserting part of the description of the service you are entering in the **Search** field. At the bottom of the window are choices for setting up a new code, editing, or deleting the code. If the code you need is not shown in the list, click **New** or press **F8**.

F1 Look up “Procedure Entry” and “Procedure List” in the online Help index.

Diagnosis Codes

Diagnosis Codes represent the reason a service is provided. In effect, the Procedure Code tells what the doctor *did* and the Diagnosis Code tells what the doctor *found*.

As with other list functions, the Diagnosis Code setup is first accessed through the **Lists** menu or by clicking on the DX speed button. At this point you can review codes in the list or search for one you do not see.

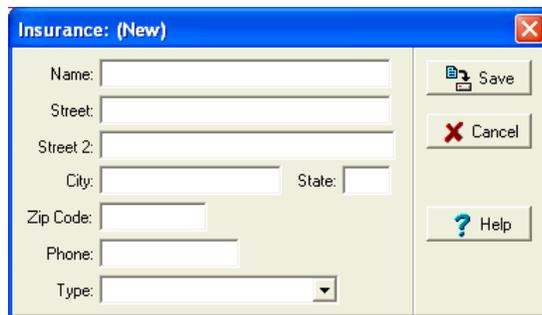


Clicking the **New (F8)** or **Edit (F9)** buttons at the bottom of the window opens up the main edit file. Opening the **Diagnosis** window, there are fields for the code number and description.

F1 Look up “Diagnosis Entry” and “Diagnosis List” in the online Help index.

Insurance Carrier Information

Setting up the insurance carriers correctly is essential to getting claims paid in a timely manner. Enter this option through the **Lists** menu and select **Insurance Carriers**, or click on the Insurance Carrier speed button.



F1 Look up “Insurance Carrier Entry” and “Insurance Carrier List” in the online Help index.

Referring Provider Information

Many patient visits are the result of a referral from another provider. When a patient is referred to your practice, you must record the Unique Physician Identification Number (UPIN) in the ID data box at the bottom of the screen. The referring provider name prints in Box 17 of the CMS-1500 claim form, and the UPIN prints in Box 17a.

Enter through the **Lists** menu, selecting **Referring Providers**. To create a new provider record, press **F8** or click **New** at the bottom of the window.

If a practice is performing internal lab work and/or X-rays, the attending provider will also be the referring provider. In order to get paid for this service, the attending provider must also be set up in the Referring Provider file and assigned to the patient.

F1 Look up “Referring Provider Entry” and “Referring Provider List” in the online Help index

Program Options

■ Default Choices

The Program Options screen deals first with backing up your files. Click on the check box to remind you to back up, then enter the **Backup Program** and **Command Line** if you don’t want to use the default MediSoft backup program.

Five check boxes let you set default action to “Use practice information in box 33,” “Calculate extended amounts (Boxes 28 and 30),” “Use Default Location,” “Show Hints” and “Show Shortcuts.”

By default, each of these options is selected. The Default Location field defaults to 11, for office. If your practice is such that the location for most transactions are other than

the office, enter that number instead. When there is an occasional change of location, simply type the new code in the appropriate box of the claim form to override the default entry.

Chapter 5

Patient Setup

New Patient Setup Window

One of the most important functions in getting your practice computerized and filling out the CMS-1500 claim form is entering patient data. Entering the patient/guarantor information by filling out the claim form will save the information in the claim, but not put the information in the data files.

The operation for setting up patients within the program can be entered through the **Lists** menu, selecting **Patients/Guarantor**, or by clicking the Patient/Insured List speed button. You can search for an existing patient's record by entering the first few letters of his or her name in the **Search** field.

Clicking **New** or pressing **F8** brings up an entry window to set up a new patient. You can also open this window by highlighting Box 2 or Box 4 in the CMS-1500 form onscreen and pressing **F8** or right-clicking in the box and selecting **New Patient**.

The screenshot shows a software window titled "Patient/Guarantor: (New)". The window contains several input fields and buttons. On the right side, there are three buttons: "Save" (with a floppy disk icon), "Cancel" (with a red X icon), and "Help" (with a question mark icon). The input fields are organized as follows:

- Name: [Text Field]
- Street: [Text Field]
- City: [Text Field] State: [Text Field]
- Zip Code: [Text Field]
- Phone: [Text Field] (xxx xxxxxxx)
- Birthdate: [Text Field] (MM DD YYYY)
- Sex: [Dropdown Menu] Marital: [Dropdown Menu]
- Employment: [Dropdown Menu] Student: [Dropdown Menu]
- Account Number: [Text Field]
- Signature Line: [Dropdown Menu]
- Signature Date: [Text Field]
- ID Number: [Text Field]
- Policy Number: [Text Field]
- Plan Name: [Text Field]
- Employer Name: [Text Field]

The importance of entering correct information into the patient data files cannot be overemphasized. Especially for insurance billing, it is important to also set up the guarantor if other than the patient. The top section of the **Patient/Guarantor: (New)** window asks for demographic information. The second section asks for **Birthdate, Sex, Marital status, Employment status** and if you are a **Student**. The third section calls for **Account Number, Signature Line** and **Signature Date**.

The bottom section is only for guarantor information and includes **ID Number** (which would be the guarantor's Social Security Number), **Policy Number, health Plan Name** and **Employer Name**.

F1 Look up "Patient/Guarantor Entry" and "Patient List" in the onlineHelp index.

Enter dates and numbers in the format you want them displayed in the form. The Social Security Number can be entered with or without punctuation. However, if you need to enter the Medicare suffix, the hyphens must be eliminated to accommodate the alpha code.

Chapter 6

Entering Data on the CMS-1500

Completing the CMS-1500

The CMS-1500 claim form has been adopted as the standard form for medical insurance billing. The most common reason claims are rejected by carriers is incomplete data, i.e., missing fields on the form. Just CMS has been created specifically to make filing the claim as easy as possible. By displaying the full form in the main window, you can easily enter the required information. The program requires only the information that is included in the CMS-1500 claim form, so you don't have to spend any time entering information that is not used for claims.

To make the program work at its best, enter patient/guarantor, provider, referring provider, insurance carrier, code and practice information directly into the database. When it is time to create a claim, access the information and it is automatically placed in the correct boxes of the form. If this feature doesn't interest you, you can just type the required information directly into the claim form and save the claim. You can recall filed claims and alter them to create new claims, or create new claims each time you need them (as if you were using a typewriter).

The CMS-1500 claim form is divided into 11 sections, relating to components of healthcare coverage. Each segment has specific rules for completion. The diagram on the following page illustrates these sections.

1. **Patient Information** - This shows the patient's name and address, along with other pertinent information.
2. **Insured's Information** - The insured is the policy holder (guarantor) covered for this claim. It may or may not be the patient.
3. **Primary Insurance** - Information on the primary carrier.
4. **Other Insurance** - If there is secondary coverage, enter the information here.
5. **Patient's Signatures** - Second signature is for assignment of benefits.
6. **Related Information** - This is a variety of information relating to the claims, i.e., dates, lab charges, etc.
7. **Diagnosis** - Up to four diagnoses relating to this claim.
8. **Transactions** - Procedures and charges relating to this claim.
9. **Doctor's Signature** - Doctor may sign, stamp or have a proxy signature.
10. **Facility** - The hospital, nursing home, etc., where service was rendered.
11. **Practice Information** - Name/address of the practice and required numbers.

How to Move Around in the Form

Moving Between Fields

Moving from one field to another can be accomplished in three different ways:

1. Use the **ENTER** or **TAB** key – You can use either key to move through the form, and you can go back up through the form by using the **SHIFT + TAB** keys. As you move through the form, the cursor stops on each field that may require keyboard input.
2. Click in any box with your mouse cursor and the focus moves to that box.
3. Use the **Go To** menu (or the shortcuts listed in the menu) to move to the first box of a particular section on the form. Then use methods 1 or 2 above to move to boxes within the section.

If a box needs only an “X,” either click in the desired box with the mouse or, when the box is selected, press the **SPACE** bar and the “X” will be placed. You cannot type an “X” in the field.

Using the F6 Search Function

As you begin inserting data onto the CMS-1500 claim form, there are shortcuts that can save you some typing.

The **F6** key, when pressed while in certain boxes, opens a search function that accesses data connected to the box and, when selected, places that information directly into the claim form you are preparing. For example, if you click on Box 2, **Patient Name**, and press the **F6** key, the **Patient/Guarantor List** window is displayed. Click to highlight the patient for whom the claim is being filed and click **Select**. All of the patient’s information will be displayed in the form in the appropriate boxes.

The **F6** function can be used in the following places: The first field for the insurance carrier address and Boxes 2, 4, 9, 17, 21, 24D, 32 and 33.

This shortcut works only with use of **F6** or right-clicking in a box to open a Speed menu (then clicking **Select**). Clicking the speed buttons on the toolbar will open the list windows but will not place data in the form.

Order of Sections in the Form

When you enter the program, the focus is in Box 2, the patient information section. After patient information, the cursor moves through insurance information, then insured, other insured and patient/guarantor signatures.

The next section deals with information regarding the injury/illness, such as similar illness, hospitalization, lab charges, etc. Following this section is the referring provider section.

In the diagnosis section, you can enter up to four Diagnosis Codes. This is followed by the procedures sections. Enter the Procedure Codes, modifiers, Type of Service, Place of Service, diagnosis pointers (if required by the carrier), charges and payments. Boxes 28 and 30 are automatically updated every time you enter a charge or a payment.

At the bottom of the page, enter the practice, provider and facility information to complete the form.

Chapter 7

Designing Reports

Reports in Just CMS

Reports in Just CMS fall into the category of “If you want it, you build it.”

Since the main focus of Just CMS is to fill out the CMS-1500 insurance claim form, it does not build patient ledgers or day sheets, prepare statements or aging reports.

One of the bright spots of report printing is the availability of the Report Designer{ XE “Report Designer”}, which lets you create your own reports, so long as the data is in the program.

Report List

Design capabilities in the program let you generate a variety of custom reports that meet the needs of your practice. Those customized reports are accessed through **Design Custom Reports** under the **Reports** menu.

When you create a customized report, it is included in the **Report List**, also accessed through the **Reports** menu. The **Open Report** window gives you a check box to **Show Details**. Checking that box extends the window to include **Report Title**, **Type** and **Last Modified** columns. A report can be deleted from the list by highlighting it and then pressing **DELETE** on your keyboard.

F1 Look up “Design Custom Reports” and “Open Report” in the online Help index.

Report Designer

One of the most exciting features of Just CMS is the report designer, which adds flexibility in the creation of reports to best serve your practice or business needs. Using the report designer, you can generate custom reports tailored to meet specific needs. The report can include any data stored in the program. This is another good reason to enter information into the database rather than use the program as a glorified typewriter.

There may be a combination of data you want for your practice. The report designer lets you determine what data you want in the new report and how it should be displayed. You have formatting power to determine the layout and content display.

How To Create a New Report

To create custom reports, access the report designer by selecting the **Reports** menu, then **Design Custom Reports**. In the **Open Report** window, select a form to revise or click **New** to open a blank grid.

In the **Rave Reports 7** window, there is displayed the grid that forms the basis for building reports.

The toolbars available provide access to various functions in the report designing process: Project toolbar, Designer toolbar, Zoom toolbar, Alignment toolbar, Color Palette, Line Editor, Fill Editor, Font Editor, Standard Components, Drawing Components, Report Components and BarCode Components.

For more information on all the toolbars available in the report designer, see the “Design Custom Reports” topic in the Just CMS Help file.

To place text fields into your report, click the **Standard Components** speed button on the toolbar. You can enter text boxes, memo boxes, create sections and enter bitmaps or metafiles, among other functions.

To place data fields, click the **Report Components** speed button.

Make the necessary additions and/or changes to complete your form, then save and exit report designer. If you create a new report based on an existing format, be sure to use the “Save As” feature and give the format a new name.

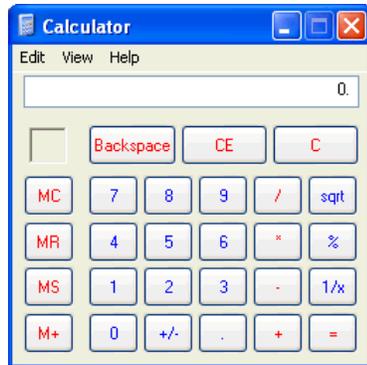
As you become familiar with the workings of report designer, formatting and designing become easier.

F1 Look up “Design Custom Reports” in the online Help index.

Appendix A

Pop-Up Calculator

It is the trend, in computerizing the modern office, to clear the desk, and to replace more of the activities and fixtures on the desk with functions done within the computer. That is why these types of program are called “desktop accessories.” They replace things like the calculator, Rolodex or phone number list.



Calculator Features

The Calculator in the program works like a 16-digit desktop printing calculator with a floating decimal point operation. It can perform statistical and scientific functions. It can work as a stand-alone unit or interface with the computer. You can use your numeric keypad to enter numbers and operators into the calculator by pressing the NUM LOCK key. This tool is especially useful when viewing reports and making transaction entries.

The program utilizes the Microsoft Windows **Calculator**, accessed through the **Tools** menu.

F1...Look up “Calculator” in the online Help index.

Appendix B

Troubleshooting Errors

Handling Errors and Problems

When you have trouble with your computer, it is not always easy to determine the problem. You may occasionally experience hardware difficulties, program errors, data problems or operator errors. This section covers the basics of troubleshooting, including how to define problems and recover from them and how to avoid trouble.

Error Messages

Written Error Description

This is the most important part of the error message. Because it is a written description, it can give easy-to-understand information and help to solve a problem quickly.

Recovering from Errors

When you get an error in Just CMS, your ability to recover from it is based upon what you do next. Always stop immediately to make note of the ENTIRE error message and retrace the steps that led up to the error. Write down every word and/or number EXACTLY as it appears in the error message, the operation you are using, the last few entries you made and any other facts, such as power failure or changing data disks, etc.

If you recognize the error and have an idea as to what to do, correct the problem. Then try to repeat the operation you were working on when the error occurred. Sometimes the error repeats itself in an identical pattern. This type of error should be reported to your dealer, who can give you further suggestions; or call the MediSoft support line at (800) 334-4006 to get the help you need.

In some cases, it may be necessary to restore a data backup. This means that you would copy a backup copy of your Just CMS data back onto your hard disk so that you are using a set of data that was not corrupted by the error.

It is very important that you make regular backups of your Just CMS data. Although the software is painstakingly designed and tested, and while you may exercise the utmost care in using the program, there still exists the danger of an error causing a loss of your billing data. Protect yourself by making frequent backups of your data.

Avoiding Errors

Most users can work with their computers and rarely experience an error. The best way to avoid errors is to thoroughly understand both the hardware and software you use. Be sure to study the Just CMS manual and the user manuals provided with your computer until you are comfortable with their operation.

Avoiding little errors may be impossible, but they become insignificant if you can quickly diagnose the problem and fix it. Avoiding catastrophic errors requires common sense and foresight, particularly in making backup copies of your data.

Report Printing

Claim Form Not Centered

If your insurance claims are printing just a little off center, this can be fixed by entering the Report Designer (**Reports** menu, **Design Custom Reports**). Select CMS-1500 in the **Open Report** window and click **OK**. Hold down the **SHIFT** key and click all fields that need to be adjusted. Then hold down the **CTRL** key and press an arrow key to adjust the placement of the selected fields. The form is moved in increments of one hundredth of an inch. When the form is adjusted, save the form, exit the Report Designer, and reprint your claim.

Getting Help From MediSoft

Support Options

Technical help for learning and working with Just CMS is available in the following options: (1) **F1** key or **Help** buttons access online information while within the program; (2) accessing the Medisoft web site; (3) local Value-Added Resellers; and (4) Per-Sé Technologies telephone technical support. Per-Sé Technologies support is unable to provide training on the telephone.

Using Online Help

No matter where you are in your Just CMS program, help is close at hand. If you don't understand what is wanted, or how data should be entered, press **F1**, click **Help** (if available), or click the Help speed button, and data files are opened. Specific information and examples of how data should be entered is displayed in the Help window.

In addition, you can go to the **Help** menu and select **Table of Contents**. Highlighting any option in the Contents list opens the related help data fields.

Regardless of which of these entry points you utilize, you open the same Help files. Access the files in the manner most convenient to you.

Medisoft Web Site

The Knowledge Base is a searchable online database containing technical information relevant to the use of all Medisoft and related products. If you are working in an Medisoft program, access is made easy by going to the **Help** menu and selecting **Medisoft on the Web** or at the following web site:

<http://www.medisoft.com/kb>.

When accessed, you can search for information concerning all Per-Sé Technologies products or any particular product. We try to maintain the most current technical information in the Knowledge Base. For instructions on how to use the Knowledge Base, click **Help** on the left side of the Knowledge Base page.

Local Value-Added Resellers

There are local Value-Added Resellers of Medisoft in your market area who are knowledgeable and efficient in selling, installing, troubleshooting, and supporting your Just CMS program. You can contact a Per-Sé Technologies sales representative for the name of a qualified Value-Added Reseller in your area to give you hands-on help.

Per-Sé Technologies Technical Support Technologies

Call Toll-Free (800) 334-4006. Get help directly from Per-Sé Technologies technical support services! Per-Sé Technologies support is available to answer questions and assist in troubleshooting problems.

Per-Sé Technologies support answers questions related to the operation of Medisoft software in a physician's office or a billing service. Per-Sé Technologies support technicians are unable to assist with network configuration, computer hardware problems, training on how to do medical billing, or aligning your CMS or HCFA forms. Per-Sé Technologies support does provide software assistance to any customer, no matter where the program was purchased.

Per-Sé Technologies support is unable to provide training or file repair over the telephone.

■ When You Call Support

There may be times when you cannot determine the cause of a particular problem and you need help. Call your dealer or MediSoft at (800) 334-4006 for technical support. Before you place the call, make note of the following information:

1. Your Customer Number.

2. Your Serial Number.{ XE “Serial Number”}
3. Your practice name and location.
4. The name and version of the program you are using.
5. The exact error message or problem.
6. The sequence of steps taken before the error.
7. Your exact actions since the error occurred.

With this information, it is easier to understand the problem and quickly find a solution.

■ Service Hours

Remember, Arizona doesn't change to daylight saving time. Year around support is available from 6:00 AM until 5:00 PM, Monday through Friday, Mountain Standard Time.

Near a Phone

It is usually necessary for you to be able to work on your computer while you are talking to the support staff at MediSoft, so be sure your phone is close to the computer.

Support Billing

The cost of support is not included in the basic price of the product. If you do need support, it is offered at reasonable prices and billed to you. The only exception to support billing is if the problem you are having is a result of a program error.

If you have a question about the way the MediSoft Patient Accounting program works, the best way to get a fast, accurate answer is to try one of these self-help approaches first:

1. Review an onscreen Help topic by pressing the F1 key when the cursor is positioned on a field you're wondering about. The Help feature in Just CMS has information on every field in the program.
2. Look for a listing in the Table of Contents, Index or in the section of the manual that discusses the operation in Just CMS that you are using.

If you take the steps listed above and still can't find the answer to your question, call MediSoft support at (800) 334-4006. The technical support personnel are eager to help you use your Just CMS program.

Appendix C

How to Complete the CMS-1500 Claim Form

How the Form is Used

The CMS-1500 claim form is divided into 34 sections or spaces. The first section, which is located in the upper right corner, is for the carrier information. Boxes 1 through 14 are for patient/guarantor information; Boxes 15 through 33 detail information regarding services rendered and diagnoses made by the patient's physician.

The best way to understand how the respective sections are used is to take a guided "walk" through them individually or, in some cases, in selected groups.

There are numerous items on the CMS-1500 claim form that must be filled in differently when completing the form for Medicare claims. Contact your state Medicare carrier for specific guidelines.

Sample CMS-1500 Form

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> PICA										<input type="checkbox"/> PICA									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (SSN or ID) (SSN) (ID)</small>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>									
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____									
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (accident) OR PREGNANCY (LMP) MM DD YY										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to item 24E by line)										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES _____									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.									
B. PLACE OF SERVICE _____ C. EMG _____ D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER _____ E. DIAGNOSIS POINTER _____										23. PRIOR AUTHORIZATION NUMBER _____									
F. \$ CHARGES _____ G. DATES OR UNITS _____ H. FEE/UNIT RATE _____ I. ID. QUAL. _____ J. RENDERING PROVIDER ID. # _____										25. FEDERAL TAX I.D. NUMBER _____ SSN EIN <input type="checkbox"/> <input type="checkbox"/>									
26. PATIENT'S ACCOUNT NO. _____ 27. ACCEPT ASSIGNMENT? (For gov. debts, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>										28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. BALANCE DUE \$ _____									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. SERVICE FACILITY LOCATION INFORMATION									
33. BILLING PROVIDER INFO & PH # ()										SIGNED _____ DATE _____									

NUCC Instruction Manual available at: www.nucc.org

OMB APPROVAL PENDING

Form Requirements

Carrier Information

Carrier name and address: The top right corner of the form is for the name and address of the carrier to whom the claim is to be sent.

Patient/Subscriber Information { XE "CMS-1500 Claim Form" }

Boxes 1 and 1a: Box 1 provides seven check boxes for the selection of Medicare, Medicaid, TRICARE CHAMPUS, CHAMPVA, Group Health Plan, FECA Black Lung or Other. For a private carrier, check Other.

In parentheses, and to the right of each box, the type of identification number associated with that type of carrier is given. In Box 1a, enter the insured's identification number from your photocopy of the insured's ID card from Box 1a.

Boxes 2 and 5: The patient's name, permanent mailing address and telephone number go in these spaces. They are very important. The CMS-1500 claim form instructs you to list the patient's last name first, then first name and middle initial. Verify that the name is correct by referring to the photocopy of the patient's insurance identification card. Do not use nicknames, such as "Bob" for "Robert," unless they appear that way on the patient's ID card.

Always check your spelling. Typing errors or misspelled names can result in a claim being denied or suspended. Also, verify the patient's correct address. The patient's address isn't always the same as the insured's. This is a common cause of delayed payments.

Box 3: The patient's date of birth and sex go here, as required by most insurance companies.

Box 6: Four choices are offered here to describe the patient's relationship to the insured (self, spouse, child or other). Check the appropriate box.

Boxes 4, 7 and 11: Boxes 4, 7 and 11 contain information regarding the insured. Boxes 4 and 7 are for the insured's name, mailing address and telephone number.

Again, verify the insured's name carefully. Don't use nicknames or abbreviations unless they appear on the insured's identification card. Verify the address as well.

Box 11 requests the insured's policy, group or FECA (Federal Employee's Compensation Act) number. There are four other parts to Box 11: (a) the insured's sex and date of birth, (b) the name of the insured's employer or school, (c) the insured's insurance plan or program name, and (d) whether there is another (i.e., secondary) health benefit plan.

If the answer to 11d is “Yes,” fill in Boxes 9a through 9d.

Box 8: Check the appropriate box for the patient’s marital status and whether employed or a student.

Box 9 (a, b, c and d): In these spaces, you must enter (a) the name of any other insured whose policy provides secondary insurance for the patient; the other insured’s policy or group number; (b) the other insured’s date of birth and sex; (c) the name of the other insured’s employer or school; and (d) the name of other insured’s insurance plan or program name.

Correctly indicating the patient’s secondary coverage assists the carrier’s Coordination of Benefits (COB) department in determining liability.

Box 10 (a, b and c): Enter whether the patient’s condition is related to (a) either current or previous employment; (b) an auto accident, and in what state; or (c) some other type of accident.

Box 10d: This box is used to indicate additional insurance information beyond that which is entered in Boxes 9 a-d. It is also used to indicate where there is an attachment that contains other identifying insurance information. If there is, enter the word “attachment.”

Boxes 12 and 13: These spaces are for the signatures of the patient and the insured, or some other authorized person. If an authorized representative signs, the relationship to the patient or insured must be indicated.

The patient’s signature (Box 12) authorizes the physician to provide any medical information required to file the claim. The insured’s signature (Box 13) is, in essence, an assignment of benefits.

While it is ideal to have each patient and subscriber sign each claim form, this isn’t always possible. Therefore, most insurance companies will accept the phrase “signature on file” in these two spaces, but they may request a copy of the signature for their records. Therefore, maintaining current patient and insured signatures is an extremely important part of a physician’s information system. The signatures should also be dated to substantiate that they are current.

Physician/Supplier Information

Boxes 14, 15 and 16: These three boxes set out the time parameters regarding the patient’s condition. Box 14 asks for the date (day, month, year) the first symptom of the illness or the accident occurred (or, in the case of a pregnancy, the patient’s last menstrual period).

If the patient has had the same or a similar illness in the past, the date of the illness should be entered in Box 15. If the patient was unable to work in his or her current

occupation due to the current illness, the beginning and ending dates of the time off work are entered in Box 16.

Box 17: Enter the name of the referring or ordering physician, or another source if not a physician (e.g., a public health agency), if the patient:

- (1) was referred to the performing physician for consultation or treatment;
- (2) was referred to an entity, such as the clinical laboratory, for a service; or
- (3) obtained a physician's order for a box or service from an entity, such as a Durable Medical Equipment (DME) supplier.

Keep the following distinctions in mind when filling in this box:

A "physician" has the initials MD, DO, DMD, DPM or DC after his or her name.

A "referring physician" is one who requests a service for the beneficiary, including a request for a consultant with a specialist physician.

An "ordering physician" is one who orders non-physician services for the patient, such as diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services or the technical component of diagnostic tests.

Box 17a: Most physicians have a CMS-assigned Unique Physician Identification Number (UPIN). Enter the referring or ordering physician's

UPIN in Box 17a when:

1. Consultation services are provided;
2. Services of the following nature are requested:
 - (a) Radiology
 - (b) Pathology/Clinical Lab
 - (c) Durable Medical Equipment
 - (d) Diagnostic Testing

Box 17b: Enter the referring provider's National Provider ID. This 10-digit number is a standardized identifier issued by the National Plan and Provider Enumeration System (NPPES) that provides each provider with a unique identifier to be used in transactions with all health plans.

Box 18: If a medical service was furnished to the patient as a result of, or subsequent to, a related hospitalization, enter the beginning and ending dates of his or her hospital stay in Box 18.

Box 19: This field may have specific requirements, depending upon your locale and the rules of your local carriers.

Box 20: Complete this box to indicate billing for diagnostic tests. Enter the purchase price under charges if the “Yes” box is checked. A “yes” check indicates that the lab test was performed by someone outside of the physician’s office.

A “no” check indicates that no purchased tests are included on the claim. When the “Yes” box is checked, Box 32 must show the name, address and carrier-assigned provider identification number of the entity that performed the service.

Also, CPT modifier “90” must be attached to the code describing the portion of the test that was purchased.

Box 21: This box relates to the physician’s diagnosis of the patient’s condition. Enter up to four Diagnosis Codes (no more) in priority order. These codes relate to Box 24 line-by-line (as indicated by the arrow printed on the form).

Box 22: This box is for Medicaid claims only. This space is for Medicaid claims that are being resubmitted. Enter the Medicaid Resubmission Code. Leave this box blank when completing the form for all other carriers.

Box 23: When applicable, enter a prior authorization number (also known as a “preauthorization number”). Use of prior authorization numbers on the CMS-1500 claim form originated with Medicaid, but is now common among other payers when required for claims payment.

Box 24 (columns A through J): This box consists of 10 columns concerning the date(s), place, and types of procedures, services, or supplies provided; the charges and days or units involved; whether the service was rendered in a hospital emergency room; and whether coordination of benefits applies.

The columns in Box 24 are explained individually, as follows:

Column A: Enter the month, day and year for each procedure, service or supply. There can be several beginning and ending dates for a series of identical services provided on successive visit.

Columns B: Enter the appropriate code for the place where the procedure, service or supply was provided.

Codes designating the Place of Service for lab tests are based on the location where a sample is drawn, rather than where the test was actually performed. For example, if the physician is billing for a laboratory service performed in his or her own office, the appropriate code for a doctor’s office should be used.

If an independent laboratory draws a sample in its laboratory, the code for an independent laboratory as the place of service should be used.

Column C: Check this box to indicate if the service was rendered in a hospital emergency room. If this box is checked, the Place of Service code in Column B should match.

Column D: Indicate the procedures, services or supplies provided by entering the appropriate CPT codes, with any necessary modifier(s). You must also explain any unusual circumstances here, if space allows, or write “Attachment” to indicate an accompanying explanation on a separate sheet.

Column E: This column correlates to Box 21. The same diagnostic ICD-9 codes listed there are reentered here, across from the CPT Procedure Codes to which they apply. Again, enter a maximum of four Diagnosis Codes (use only the most relevant ones). If multiple services were performed, enter the Diagnosis Codes warranting each service.

Column F: Enter the amount the doctor has charged the patient for each service.

Column G: Indicate the number of days over which the service took place or the number of units of the supply provided.

Column H: This column is used for Medicaid claims only. Check this box if the claim involves early periodic screen and developmental testing (EPSDT) and family planning.

Column I: Use the drop-down menu to select the qualifier that identifies the ID in column J. Information is only required in this box if ID information other than NPI is entered in column J.

Column J: Indicate if a clinic is reporting multiple physician services on one claim form. If so, identify each physician here by providing an NPI or Other ID number..

Box 25: Enter the physician/supplier Federal Tax ID (Employer Identification Number) or Social Security Number.

Box 26: Enter the patient’s account number assigned by the physician’s/supplier’s accounting system. This is an optional box to enhance patient identification by the physician or supplier.

Box 27: This box is used for Medicare claims only and will be explained later. Leave this space blank for all other claims.

Box 28: Enter the total charge for the services (the total of all charges listed in Box 24, column F). **Note:** Unless disabled in **Program Options**, this box is automatically entered and revised as needed.

Box 29: This is for the total amount paid to the physician. Enter a zero in this space to assure that your client’s total charges will be processed for determination of benefits and the resulting payment. Overpayments can be worked out later.

Box 30: Enter the balance due (Box 28 less Box 29). **Note:** Unless disabled in **Program Options**, this box is automatically entered and revised as needed.

Box 31: The physician's (or supplier's) signature, stamped signature, or an authorized and dated of signature goes in this space. (**Note:** Some payers do not recognize a signature stamp.) This signature affirms that the information on the claim is correct and valid. Be aware that many payers return unsigned claims.

Box 32: Indicate the name and address of the facility where the services were rendered, if other than the patient's home or the provider's office setting.

For durable medical equipment (DME), show the location where the order was accepted, i.e., the site where the supplier or supplier's representative met with or received the beneficiary's call or order. Include the street address, city, state and zip code.

Box 32a: If applicable, enter the NPI associated with the Service Facility in Box 32.

Box 32b: If applicable, enter any ID associated with the Service Facility in Box 32. Click the down-arrow and select a Qualifier to identify the ID type.

Box 33: Indicate the name, address and telephone number of those who are furnishing the services. The Provider Identification Number (PIN) may be reported.

Box 33a: If applicable, enter the NPI associated with the Billing Provider in Box 33.

Box 33b: If applicable, enter any other IDs associate with the Billing Provider listed in Box 33. Click the down-arrow and select a Qualifier to identify the ID type.

Appendix D

Understanding the Terminology

Many of the words in this list may be familiar, but a common understanding of their meanings is helpful.

Abort — To discontinue or stop the current function or process.

Accelerator key (hot key) — A shortcut key on the keyboard that can be pressed to perform a specific action. Usually the **ALT** key in combination with another key, but can also be a combination of the **CTRL** or **SHIFT** keys with another key. The underlined letter on menu items and field labels indicates an accelerator key that is available. Function keys are also considered accelerator keys. *See* Function keys.

Activate — To bring an application or document window to the foreground. If you are working in more than one application or more than one document with the active program, the active window is the window in which you are working.

Alphanumeric — Consisting of both letters and numbers and often other characters (such as a question mark).

Application menu — The main menu of the program; it is displayed in a horizontal format. Sometimes called *operations menu* or the *Menu bar*.

Backup — Act of saving some or all of the data on a backup disk. Backups are extremely important in the event of data loss, data damage or computer failure. Making regular and complete data backup copies can save countless hours of data reentry.

Capitation — The payment made to doctors from managed healthcare services for those patients who select this primary care provider, regardless of whether they visit that provider or not.

Check box — A square box with associated text that represents a choice. When a user selects a choice, a check mark appears in the box to indicate that the choice is in effect.

Choose — To execute and complete a command. Some commands are executed when you select the menu command; others execute when you choose **OK** in a window or dialog box.

Click — To place the mouse pointer at the desired location and then quickly press and release the left mouse button once.

Close button — The button in the top right-hand corner of an active window which, when clicked, ends an activity and removes that window from the display. Closing a program window clears the immediate screen in which you are working. *See also* Exit.

Close — The button in many windows that will close the active window but not the program.

Control — A component of the user interfaced that allows the user to select choices or types of information, i.e., check box, entry field, radio button, etc.

Cursor — A movable object (such as the flashing underline or block) on your screen that indicates the position where keyboard input will appear. Date format (MMDDYY or MMDDCCYY [for Medicare forms]) — The format used to enter dates in MediSoft programs. The date is entered without punctuation, using two digits each for month, day and year.

Default — A preset value in a field.

Diagnosis Code — One of the ICD-9 codes used to identify a patient's condition.

Dialog box — A moveable window containing controls that a user uses to provide information required to process a user request.

Double-click — To place the mouse pointer at the desired location and then quickly press and release the left mouse button twice.

Drag — To place the mouse pointer on an item and, holding down the left mouse button, move the pointer to the desired location and release the mouse button to set the item in the new place.

Drop-down menu — A menu that emerges in a downward direction from a point or line at or near the top of the window. The series of menu levels displayed underneath the Main Menu are drop-down menus.

Edit control — The most common type of control for entering text.

EOB Report — “Explanation of Benefits” report provided by the insurance carrier at the time a check is sent for payment of submitted claims.

Exit — An action that ends the active application and removes all windows associated with it. Usually click on the program Title bar. Many data screens also have **Exit** or **Cancel** buttons, as well as a **Close** button (*see* Close button).

Field — The space allowed in the window for entering data, usually labeled by a field name, e.g., “Code Name.”

Focus — The control or area of a window where user interaction is possible, where the data entry or action can occur or is occurring at a set point in time. A button that has

the focus usually has a broken line box on the button. An edit control indicates that it has the focus by the blink caret (vertical cursor).

Folder — A container in which documents, program files, and other files are stored in the computer or on disk. Formerly referred to as a directory.

Format code — A character assigned to a data entry field that can be used in designing a report.

Function keys — Keys usually identified by the letter “F” followed by a number from 1 to 12 which provide shortcuts to accessing various parts of the program. Each key can have assigned functions in different software.

Guarantor — A person who accepts responsibility for the payment of the patient’s debt.

Graying — A visual cue that a choice is not available at that time; a menu item or control is displayed in a gray color instead of black.

CMS — Health Care Finance Administration.

Highlight — Contrasting color or reverse video (light letters on dark background) indicating selection of a menu option or field in a window.

Hint — Brief summary of function displayed in a small yellow balloon when the mouse cursor is placed on an icon in the toolbar or on a field in a window. Hints are also displayed in text form in the Status bar at the bottom of the application window. Also known as a *tooltip*.

Hotspot — A point of reference in a Help window that provides additional information concerning the picture, word, or group of words on which the cursor is resting. To signify that a hotspot is present, the cursor becomes a hand. Click anywhere you see a hand. Text that is linked to a hotspot is displayed in green and underlined in one of two specific ways: Solid double

Icon — *See* Speed button.

List box — A control that presents its data in a list format from which a user can make a choice. Normally a vertical roll bar appears on the right side of the list. Also known as a *scroll box*.

List window — A window unique to MediSoft programs which presents each record of the given data file in a list format. This window is also called the *browser* window, indicating that the data can easily be viewed and browsed through.

Managed care — Healthcare organizations that offer patients treatment to contracting providers and facilities for payment of a set co-pay amount. Services and co-pay amounts vary with the plan under which the patient registers.

Maximize — To expand the active window to fill the entire screen. The Maximize button is the middle of three buttons in the upper right corner of the Title bar.

Minimize — To reduce the program to a button on the Task bar in Windows. The Minimize button is the first of three buttons in the upper right corner of the Title bar.

Modeless — A type of moveable dialog box or window that allows a user to continue interacting with the application without entering information in the dialog box or window.

Operation — A function in the program which may be selected from a menu.

Operations menu — The main list of options in a program. Also referred to as the *application menu* or *Menu bar*.

Pixel — Short for “picture element.” The smallest graphic unit that can be displayed on your screen. All the images displayed on a computer screen are composed of pixels.

Procedure Code — A CPT code established by the American Medical Association consisting of up to ten characters which identify a service provided to a patient. A charge is assigned to each procedure and is included with the code data. Procedure Codes are also used to record payments or adjustments to patient accounts.

Provider — Usually a doctor, but may also be an assistant or nurse who renders services.

Radio button — A circle with text beside it (also referred to as an *option button*). Radio buttons are combined to show a user a fixed set of choices from which only one choice can be selected. The circle is partially filled when a choice is selected.

Record pointer — The pointer on the left side of list windows that indicates the record selected.

Right-click — To position the mouse pointer in the desired location and then click the right mouse button. This action displays the Speed menu.

Select — To highlight or mark a section of text, menu name, command, dialog box option or graphical object with the keyboard or with mouse actions.

Shortcut — A quicker, more direct method of doing something than the ordinary procedure; usually keystrokes as opposed to using the mouse.

Speed button — An image or picture displayed on a window on which the user can click to select a particular function or software application. Also known as an *icon*.

Speed menu — The menu that displays when the right mouse button is pressed. This menu normally duplicates functions that can be initiated in other ways.

Statement — A summary of a financial account showing the balance due.

Status bar — The gray bar across the bottom of an applications window which displays data and information pertaining to the field in which a user is working.

Submenu — A menu related to and reached from a main menu.

Suboption — An option on a submenu.

System menu — A drop-down list that displays when the System Menu icon is selected (the upper left square in a window). Usually contains items such as Restore, Move, Minimize, Maximize, Close, Switch To.

Task bar — The bar at the bottom of the screen in a Windows Operating System that contains the Start button, as well as minimized buttons of any active program.

Title bar — The area at the top of each window that contains the window title and System menu icon. When appropriate, it also contains the Minimize, Maximize and Close buttons.

Toggle — To switch between two options, such as showing hints or not showing hints.

Toolbar — The bar just below the Menu bar that usually contains speed buttons to perform specific functions in the program.

Transaction — Recording of both charge procedures and accounting procedures to depict accounting activities.

Validation — A process used to detect input data in order to determine whether they are inaccurate, incomplete or reasonable. The object (or set of functions) that actually performs the validation of the data is called the *validator*.

Window — An area on your computer monitor screen surrounded by a box which contains information for temporary use. Windows may be used to display information or to enter data. They may include search information, help text, notes, etc.

Windows Operating System — A graphical user interface developed by Microsoft Corporation wherein action is controlled by movement with a mouse or by clicking on icons

Index

A

About Just CMS · 12
Accelerator keys
 ALT · 8
 CTRL · 8, 29
Acceleratory keys
 SHIFT · 8, 23, 29
Alphanumeric · 7
American Medical Association · 13

B

Backup · 10, 11, 18
Buttons
 Change · 3
 Close · 3
 Done · 6
 Edit · 16, 17
 Exit · 2, 12
 Finish · 2
 Help · 9, 11, 12, 29
 I Accept · 2
 Maximize · 11
 Minimize · 11
 New · 7, 15, 16, 17, 20, 26
 Next · 2
 OK · 2
 Register · 2, 3
 Select · 2, 23
 Speed · 23
 Diagnosis List · 13, 17
 Exit · 2, 12
 Help · 9, 11, 12, 29
 Provider List · 16, 18

C

Calculator · 12, 27
 Features · 27
Claim List · 12
Click · 2
CMS · 1, 6, 9, 11, 20, 32
CMS-1500 Claim Form · 17, 20, 22,
 23, 32, 33
Codes
 Diagnosis · 12, 13, 14, 16, 17, 24,
 37, 38
 Procedure · 12, 13, 14, 16, 24, 38
Conventions · 6
 Documentation · 6
 Buttons · 6
 Entering information · 7
 Keys · 6
 Title Conventions · 6
Copyrights · i
CPT codes · 38
Customer Number · 4, 30

D

Date format
 MMDDCCYY · 7
 MMDDYY · 7
Default · 18
Diagnosis codes
 American Medical Association · 13
 List · 13, 17
Diagnosis List · 13, 17
Disclaimer · i
Double-click · 11

E

Entering data · 7
Exit · 2, 12

F

Facility · 12, 39
Features · 9
 File Maintenance · 10, 11
 Multi-User · 9
 Online Help · 9, 29
 Program Options · 10, 11
 Report Designer · 10, 25, 29
 WYSIWYG · 10
 Reports · 9, 10, 25, 26
 Restore · 10, 11
File Menu · 11
Function keys · 7
 F1 · 8, 9, 13, 29
 F3 · 8
 F6 · 8, 23
 F8 · 8, 15, 16, 17, 20
 F9 · 8, 16, 17

G

Getting started
 Disclaimer · i
Go To Menu · 12

H

Help
 Where to Find it
 Local Value-Added Resellers · 30
 Per-Sé Technologies technical
 support · 30
 Support options · 29
 Tips and shortcuts on the Internet
 · 8

Help Menu · 2, 12

I

Installation · 1, 2
Internet
 Per-Sé Technologies web page · 8
 Tips and shortcuts · 8

K

Keys
 Accelerator · 8
 ALT · 8
 CTRL · 8, 29
 F1 · 8, 9, 13, 29
 F3 · 8
 F6 · 8, 23
 F8 · 8, 15, 16, 17, 20
 F9 · 8, 16, 17
 Function · 7, 23
 Tab · 7

L

License agreement
 Miscellaneous · iii
License Agreement · i, ii, 2
 Disclaimer · i
 Permitted Uses · i, ii
 Per-Sé's Rights · ii
 Prohibited Uses · i, ii
 Termination of License · iii
 Trademarks · ii
Limited Warranty · ii
Lists Menu · 12
Locate · 13
Locate patient
 Case-sensitive · 13

M

Maximize · 11
Medisoft
 Copyrights · i
MediSoft · 1, 3, 4, 9, 11, 28, 30
 License Agreement · i, ii, iii, 2
 Limited Warranty · ii
Menu bar · 2, 7, 8, 11, 12
 File Menu · 11
 Change Data Set · 11
 Practice information · 14
 Program Options · 10, 11
 Go To Menu · 12
 Help Menu · 12
 How to Use Help · 12
 Show shortcut keys · 12
 Table of Contents · 4, 12, 29
 Lists Menu · 12
 Claim List · 12
 Insurance Carrier · 17
 Provider · 15, 16
 Referring Provider · 18
 Reports Menu · 12
 Report List · 9, 12, 25
 Tools Menu · 12
 Calculator · 12, 27
Minimize · 11
MMDDCCYY · 7
MMDDYY · 7

P

Patient Setup
 New · 20
Patient/Guarantor · 12, 21, 23
Patients/Guarantor · 20
Permitted uses · i
Per-Sé Technologies
 Web page · 8
Per-Se's rights · ii
Procedure codes

CPT codes · 38
 Procedure List · 13, 16
 World Health Organization · 13
Procedure List · 13, 16
Program Options · 10, 11, 14, 18, 39
Prohibited uses · ii
Provider · 4, 12, 14, 15, 16, 36, 39

R

Referring Provider · 12, 17, 18
Registration · 3, 5
Registration Code · 6
Registration Codes · 6
Report designer
 Features
 Alignment toolbar · 26
 Designer toolbar · 26
 Project toolbar · 26
 Zoom toolbar · 26
Report List · 9, 12, 25
Report printing
 Insurance claims
 Reprinting · 10
Reports · 9, 10, 12, 25, 26
Reports Menu · 12

S

Shortcut · 8, 10
Speed button
 Exit · 12
 Provider List · 15
Speed menu · 23
Status bar · 8
Support options
 Medisoft web site · 30
 Online help · 29

T

Task bar · 2
Termination of license · iii
Tips and shortcuts · 8
Title bar · 11
Toolbar · 12
Tools Menu · 12
Trademarks · ii
Troubleshooting Errors · 28

U

UPIN · 17, 36

W

Welcome to Just CMS · 1
World Health Organization · 13
WYSIWYG · 10