Reports for Balancing

This document is designed to accompany the corresponding webinar/video on reports for balancing.

eTHOMAS
Balancing
Reports

Contents

Reports for Balancing Introduction 3
The Top Three 3
Daily Activities Report—DAR (Run Daily) 3
Description of Daily Activities Report 3
Year to Date Report—YTD (Run Weekly, Monthly, Yearly) 5
Description of the Year to Date Report 7
Deposit Sheet 9
Description Of The Deposit Sheet 10
Insurance Check Detail 11
Adjustment Code Report 11
Analyzing the Adjustment Code Report 13

Reports for Balancing Introduction

eTHOMAS has a variety of reports for different purposes. Over the years we have added reports from the request of clients and those reports we have felt would be of benefit to the industry and our client base. Balancing is of utmost importance to an office and an exercise that we strongly recommend. Throughout this document the varying reports that Genius Solutions recommends for balancing will be detailed.

The Top Three

There are three reports that Genius Solutions recommends to run on a routine basis. Those reports are the Daily Activities Report, The Deposit Sheet, and the Year to Date Report. We will first discuss these three reports.

Daily Activities Report—DAR (Run Daily)

The Daily Activities Report is by far, the most important report to run on a daily basis. The Daily Activities Report is designed to display the activities entered into eTHOMAS on the date range specified. These activities will include: procedure codes and charges, insurance and patient payments, account adjustments such as credits and debits for both the patient and the insurance and participating insurance adjustments.

In fact, many offices will match their Route Slips against the Daily Activities Report to make sure all services were entered into the system and entered correctly.

Some offices will run the DAR over a span of several days. If your office decides to run the report over a span of several days, keep in mind that the total number of visits reported at the end of the report will calculate visits based on patient. Meaning, if a patient was seen more than 1 time per day it will only count the patient one time. Likewise, if the report is run by date range (span of days) and a patient appears multiple times, the visit for that patient will be counted only one time.

Description of Daily Activities Report

- **Loc (location):** The location code in which the services were performed/rendered. This is the location from the claim information.
- **DR (doctor):** The doctor code in which services were allocated/performed. This is the transaction doctor.
- **Proce (procedure):** The procedure code used when posting charges/transactions to a patient's account. Internal codes are also used to identify patient payments (Patpay); insurance payments (Inspay); transfer balances (Trabal); participating adjustment (Paradj); insurance withhold (Insiwh); insurance interest (Insint) patient credit/debit (Patcre/Patdeb); and insurance credit/debit (Inscre/Insdeb).
- **Q (quantity):** The quantity of procedure codes which was posted on the service for each patient. Notice the eTHOMAS internal codes have a quantity of zero (0).
- **Finan Code (financial code):** The financial code in which the service was allocated.
- **Charge Service:** The charge (money) for the procedure entered on the patient's transaction that will be billed to the insurance or patient. By adding the Insurance Charge column to the Cash Charge column it will equal to the Charge Service column.
- **Insurance Charge:** Charges posted by the Procedure Code (Charge Service column) onto the Insurance Balance side of the claim. Totals are calculated from the Charge Service column minus (-) the Cash Charge column.
- **Insurance Expected:** The amount of money that is expected from the insurance. This is a learned amount in eTHOMAS. Identifies the last memorized payment for this Procedure Code by the Insurance Code located in the Group Copay List. The Procedure Code, Insurance Codes, and Policy Group Numbers create the history.
- **Insurance Paid:** The amount paid by the insurance for this patient's transaction(s).
- **Insurance Adjust:** The patient's insurance participating adjustments, insurance credits, and debits, and transfer balances. <u>When using InsPostWithholdPerLine the insurance withhold will appear within this field. If not using the system setting withhold(s) will appear as a negative amount within the Insurance Paid column using a</u>

Procedure code INSIWTH. Run the Year to Date report and find the Total Withheld field to locate the withhold(s) for that day.

- **Cash Charge:** The amount charged to the patient for this procedure code.
- **Cash Paid:** The amount paid by the patient and allocated to a procedure code.
- **Cash Adjust:** The amount the patient was charged for as a patient credit, patient debit, and balance transfer. Balance transfers were created when posting insurance payments.
- **Sales Tax:** The sales tax charged for a procedure code. (Optional with set-up)
- **Claim No. (Number) OR DOS (date of service):** If the report is run by system date the date of service will be listed. If the report is run by service date the claim number will be listed.
- **Day and Grand Totals:** The totals for all the above columns. Many of these figures will appear on the Year to Date and other reports.
- The Bottom Section of the Report
- **Total Patients:** The total number of patients with charges (procedures) posted to their account. Will not include patients with "Rmv from rpts/stmt/ with Pat Name" checked on the procedure code when posting charges. If a patient was seen more than 1 time per day it will only count the patient one time. Likewise, if the report is run by a date range (span of days) and a patient appears on the report multiple times, the patient will be counted only one time.
- **New Patients:** New patients are calculated when a patient is posted into the system and the "First Visit" date is equal to the Date From: and Date To: when running the daily activities report. This report will not include patients with "Rmv from rpts/stmt/ with Pat Name" checked on the procedure code.
- **Total Visits:** The total number of visits counted for procedure codes posted to patient accounts. The Visit field inside the procedure codes must be checked in order to be counted in this calculation. The visit is actually pulled from the patient's transaction. If a patient was seen more than 1 time per day it will only count the patient one time. Likewise, if the report is run by date range (span of days) and a patient appears multiple times, the visit for that patient will be counted only one time.
- **Total Payments:** Combines the totals from the Insurance paid column and the Cash paid column. This field may equal the Deposit Sheet Report. If using eTHOMAS' Capitated Check method to track capitation checks, these checks will not be listed on the Daily Activities Report, although they will be listed on the Deposit Sheet.
- **Total PatPay:** This section separates each of the patients payment method selected when the patient's payment was posted into eTHOMAS as Cash, Check, CC (credit card), MO (money order), EFT (electronic funds transfer), GC (gift certificate), 3rd (third-party check) and Oth (other).
- **Total InsPay:** This section separates each of the insurance payment method selected when insurance payments were posted into eTHOMAS as ACH (automated clearing house), Check (check that came to the office), CC (credit card), Fed (federal reserve fund/wire transfer non-repetitive and FIO (financial institution option).

GENIUS SOLUTIONS PC

DAILY ACTIVITIES REPORT Printed on 11/04/2014 Tuesday 09:30:01

Location System Summary Doctor System Summary Full Report Use System Date

System Date *07/18/2014 Friday*

Loc	DR	Proce	Q	Finan Code	Charge Service	Insurance Charge	Insurance Expect	Insurance Paid	Insurance Adjust	Cash Charge	Cash Paid	Cash Adjust	Sale Tax	DOS
ARMSTRONG, ELIZABETH - 11										Next Appointment On 09/17/2014 At 13:30 Type OV For Doctor 01				
01	01	PARADJ	0	MR	0.00	0.00	0.00	0.00	-5.00	0.00	0.00	0.00	0.00	07/18/14
01	01	INSPAY	0	B2	0.00	0.00	0.00	10.00	0.00	0.00	0.00	0.00	0.00	07/18/14
ARMSTRONG,			**0**		**0.00**	**0.00**	**0.00**	**10.00**	**-5.00**	**0.00**	**0.00**	**0.00**	**0.00**	
CASH, NORMAN - 70										Next Appointment On 10/16/2014 At 16:00 Type OV For Doctor 02				
01	02	PATCRE	0		0.00	0.00	0.00	0.00	0.00	0.00	0.00	-5.00	0.00	07/18/14
CASH, NORMAN			**0**		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**-5.00**	**0.00**	
FANETTI, FRANK - 120														
01	02	PATDEB	1	CA	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	07/18/14
01	02	INSPAY	0	OT	0.00	0.00	0.00	58.00	0.00	0.00	0.00	0.00	0.00	07/18/14
01	02	PARADJ	0	OT	0.00	0.00	0.00	0.00	-5.00	0.00	0.00	0.00	0.00	07/18/14
01	02	INSCRE	0	OT	0.00	0.00	0.00	0.00	-2.00	0.00	0.00	0.00	0.00	07/18/14
FANETTI, FRANK			**1**		**0.00**	**0.00**	**0.00**	**58.00**	**-7.00**	**0.00**	**0.00**	**25.00**	**0.00**	
GOULD, GERALDINE - 240														
01	01	99213	1	MR	65.00	53.00	53.00	0.00	0.00	12.00	0.00	0.00	0.00	07/14/14
01	01	PATPAY	0	CC	Reference:						12.00			07/14/14
GOULD,			**1**		**65.00**	**53.00**	**53.00**	**0.00**	**0.00**	**12.00**	**12.00**	**0.00**	**0.00**	
JAMES, JESSICA - 380														
01	01	99213	1	BC	65.00	55.00	55.00	0.00	0.00	10.00	0.00	0.00	0.00	07/14/14
JAMES, JESSICA			**1**		**65.00**	**55.00**	**55.00**	**0.00**	**0.00**	**10.00**	**0.00**	**0.00**	**0.00**	
MEDICARIE, BONNIE - 150														
01	01	99213	1	BC	65.00	65.00	55.00	0.00	0.00	0.00	0.00	0.00	0.00	07/14/14
01	01	PATPAY	0	CA	Reference:						25.00			07/14/14
MEDICARIE,			**1**		**65.00**	**65.00**	**55.00**	**0.00**	**0.00**	**0.00**	**25.00**	**0.00**	**0.00**	
MULLIGAN, KATIE - 930														
01	01	99202	1	BC	70.00	55.00	55.00	0.00	0.00	15.00	0.00	0.00	0.00	07/18/14
01	01	PATPAY	0	CK	Reference: CK1235						15.00			07/18/14
MULLIGAN, KATIE			**1**		**70.00**	**55.00**	**55.00**	**0.00**	**0.00**	**15.00**	**15.00**	**0.00**	**0.00**	
PACKARD, GEORGE - 340														
01	05	99213	1	BC	65.00	55.00	60.00	0.00	0.00	10.00	0.00	0.00	0.00	07/14/14
01	05	PATPAY	0	CA	Reference:						20.00			07/14/14
PACKARD, GEORGE			**1**		**65.00**	**55.00**	**60.00**	**0.00**	**0.00**	**10.00**	**20.00**	**0.00**	**0.00**	
Day Totals :			**6**		**330.00**	**283.00**	**278.00**	**68.00**	**-12.00**	**47.00**	**72.00**	**20.00**	**0.00**	
Grand Totals:			**6**		**330.00**	**283.00**	**278.00**	**68.00**	**-12.00**	**47.00**	**72.00**	**20.00**	**0.00**	

Note: Next Appointment date based on Print date
Proce - Procedure
Loc - Location
DR - Doctor
Finan - Financial

Pat Credits:	-5.00	Total Patients:	5
Pat Debits:	25.00	NewPatients:	1
InsCredits:	-2.00	Total Visits:	5
Ins Debits:	0.00		
Ins Paradj:	10.00	Total Payments:	140.00

Total PatPay 72.00

Cash: 45.00 Check: 15.00 CC: 12.00 MO: 0.00 EFT: 0.00 GC: 0.00 3rd: 0.00 Oth: 0.00

Total InsPay 68.00

ACH: 0.00 Check: 58.00 CC: 0.00 Fed: 10.00 FIO: 0.00

Date of service (DOS) displays when using System Date

Year to Date Report—YTD (Run Weekly, Monthly, Yearly)

To balance daily transactions over a date range use the Year to Date report. This is the report that most providers and accountants want to see so they can view the charges going out and money coming in.

GENIUS SOLUTIONS PC

YEAR TO DATE SUMMARY BY DAY First Report

Printed on 10/21/2014 Tuesday 11:02:12

Location System Summary Doctor System Summary Claim Type System Summary Facility System Summary

Service Date From 07/01/2014 To 07/31/2014 Use System Date

System Date	NO# Pats	NO# Trans	Total Charge	Total Expected	Insurance Paid	Insurance Par Adj	Insurance Adjust	Balance Transfer	Cash Charge	Cash Paid	Cash Adjust	Cap Pay	Sale Tax	Total Paid
07/01/2014	7	37	383.00	295.00	560.25	212.00	0.00	75.00	70.00	70.00	0.00	0.00	0.00	630.25
07/02/2014		1			-40.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-40.00
07/09/2014	46	54	955.00	659.00		0.00	0.00	0.00	242.00	5.00	0.00	0.00	0.00	5.00
07/14/2014	1	19	65.00	60.00	885.00	180.25	0.00	10.00	0.00	0.00	0.00	0.00	0.00	885.00
07/18/2014	6	17	330.00	278.00	68.00	10.00	-2.00	0.00	47.00	72.00	20.00	0.00	0.00	140.00
07/21/2014	2	14	105.00	55.00	112.00	35.00	37.00	10.00	40.00	40.00	-40.00	0.00	0.00	152.00
07/22/2014	1	8	65.00	55.00	38.00	13.00	-2.00	0.00	10.00	10.00	0.00	0.00	0.00	48.00
07/23/2014	43	126	1,580.00	980.00		0.00	0.00	0.00	585.00	145.00	0.00	0.00	0.00	145.00
07/29/2014	10	60	625.00	560.00	594.00	152.00	-10.00	16.00	63.00	108.00	0.00	0.00	0.00	702.00
Grand Total:	**116**	**336**	**4,108.00**	**2,942.00**	**2,217.25**	**602.25**	**23.00**	**111.00**	**1,057.00**	**450.00**	**-20.00**	**0.00**	**0.00**	**2,667.25**

Total Withheld: 3.00
Total Interest:

Note: Pats - Patients
Trans - Transactions
Par Adj - Participate Adjustment
Cap Pay - Capitation Payment

Year To Date Summary

The Year to Date report is used to calculate activities, charges, payments, and adjustments for any date range by Location, Doctor, Financial Code, Claim Type and Facility. When run, this report will create two reports; the first is the Year to Date Summary by Day and second is the Year to Date Report by Financial Code. The first report will list by date and the second report will list by financial code. Both reports will match each other. **The Year to Date Report produces information based upon the transaction doctor and the location inside the claim information.**

eTHOMAS NOTE

Financial Code **** No Policy Found**, if present on the Year to Date Summary by Day and Financial Code, indicates that these items cannot be located on a claim or policy for transactions in eTHOMAS (see examples below). The first report will list the patient account number and the claim number. If this present please call Genius Solutions for assistance.

YEAR TO DATE SUMMARY BY DAY

Printed on 10/15/2014 Wednesday 15:03:12

Location System Summary Doctor System Summary Claim Type System Summary Facility System Summary

Service Date From 10/15/2014 To 10/15/2014 Use Service Date

Service Date	NO# Pats	NO# Trans	Total Charge	Total Expected	Insurance Paid	Insurance Par Adj	Insurance Adjust	Balance Transfer	Cash Charge	Cash Paid	Cash Adjust	Cap Pay	Sale Tax	Total Paid
10/15/2014	1	1	90.00	90.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
GrandTotal:	**1**	**1**	**90.00**	**90.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	

Total Withheld:
Total Interest:

* Financial Code ** is from transactions that cannot locate claim or policy. Following is the list of patients and claims that have this problem :
10-152/

YEAR TO DATE REPORT BY FINANCIAL CODE

Printed on10/15/2014 Wednesday 15:23:11

Location System Summary Doctor System Summary Claim Type System Summary Facility System Summary

Service Date From 10/15/2014 To 10/15/2014 Use Service Date

Code	Description	Total Charge	Total Expect	Insurance Paid	Insurance Par Adj	Insurance Adjust	Balance Transfer	Cash Paid	Cash Adjust	Cap Pay	NO# Tran
**	No Policy Found	90.00	90.00	0.00	0.00	0.00	0.00		0.00	0.00	1
	Grand Totals:	**90.00**	**90.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1**

GENIUS SOLUTIONS PC

YEAR TO DATE REPORT BY FINANCIAL CODE

Second Report

014 Tuesday 11:17:24

Location System Summary Doctor System Summary Claim Type System Summary Facility System Summary

Service Date From 07/01/2014 To 07/31/2014 Use System Date

		Total		Insurance			Balance	Cash		Cap	NO#
Code	Description	Charge	Expect	Paid	Par Adj	Adjust	Transfer	Paid	Adjust	Pay	Tran
AE	AETNA	65.00	65.00	0.00	0.00	0.00	0.00		0.00	0.00	1
B2	BCBS SECONDARY	0.00		45.25	0.00	0.00	0.00		0.00	0.00	8
BC	BLUE CROSS	920.00	785.00	517.00	125.00	-3.00	100.00		0.00	0.00	42
BF	BCBS FEP	100.00	95.00	0.00	0.00	0.00	0.00		0.00	0.00	2
BN	BLUE CARE NETWORK	10.00		-40.00	0.00	0.00	0.00		0.00	0.00	2
CA	CASH	850.00		0.00	0.00	40.00	0.00	418.00	-20.00	0.00	190
CC		0.00		0.00	0.00	0.00	0.00	17.00	0.00	0.00	2
CK		0.00		0.00	0.00	0.00	0.00	15.00	0.00	0.00	1
HE	HEALTH PLUS	165.00	150.00	0.00	0.00	0.00	0.00		0.00	0.00	3
HP	HAP	335.00	289.00	29.00	8.00	-1.00	0.00		0.00	0.00	9
M2	MEDICARE SECONDARY	0.00		10.00	0.00	0.00	0.00		0.00	0.00	1
MD	MEDICAID	0.00		785.00	170.25	0.00	0.00		0.00	0.00	11
MP	MR PLUS BLUE/ADVANTAGE	65.00	50.00	0.00	0.00	0.00	0.00		0.00	0.00	1
MR	MEDICARE	568.00	518.00	754.00	279.00	-10.00	6.00		0.00	0.00	47
MT	MEDICARE RAILROAD	40.00	40.00	0.00	0.00	0.00	0.00		0.00	0.00	1
OT	COMMERCIAL INSURANCE	920.00	900.00	117.00	20.00	-3.00	5.00		0.00	0.00	13
PP	PPOM/COFINITY	70.00	50.00	0.00	0.00	0.00	0.00		0.00	0.00	2
	Grand Totals:	**4,108.00**	**2,942.00**	**2,217.25**	**602.25**	**23.00**	**111.00**	**450.00**	**-20.00**	**0.00**	**336**
			Total Withheld:	**3.00**							
			Total Interest:								

Note: Tran - Transaction
Par Adj - Participate Adjustment
Cap Pay - Capitation Payment

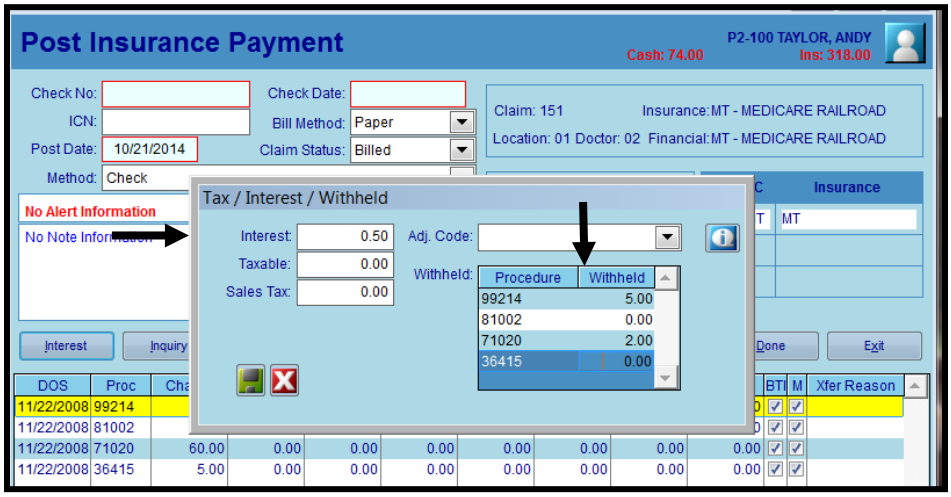
Year to Date by Financial Code

Description of the Year to Date Report

- **SYSTEM DATE OR SERVICE DATE:** Lists line by line each date in which transactions were posted into the system. Information from this column should match the Daily Activities Report (if using the same parameters). If the report is run by system date, System Date will be displayed, if the report is ran by service date, Service Date will be displayed.
- **NO# PATS:** The total number of patients who had charges posted during the date range(s) specified. This number is pulled from the number on the Daily Activities report Total Patient number.
- **NO# TRANS:** The total number of transactions (not just charges) posted including those charges that are marked "Rmv from rpts/stmt with Pat Name" within the procedure code.
- **TOTAL CHARGE:** The total charges combined for that date range including those charges that are marked "Rmv from rpts/stmt with Pat Name" within the procedure code. This amount is pulled from the Daily Activities report Charge Service column Day Totals figures. It is also pulled from the Grand Totals amount if running only one day.
- **TOTAL EXPECTED:** The total expected amount for the insurance group posted. This is an approximation from what has been memorized within the system. These expected amounts will vary each time the report is run since the memorized amount may change during posting of insurance payments.
- **INSURANCE PAID:** The total insurance payments including insurance interest, withholds, and negative insurance payments. This amount is pulled from the Daily Activities report Insurance Paid column Day Totals figures. It is also pulled from the Grand Totals amount if running only one day.
- **INSURANCE PAR ADJ (participating adjustment):** The total participating adjustments. Participating adjustments are calculated from the total charge of the procedure minus the insurance approved amount when posting the insurance payments. This amount is pulled from the last page of the Daily Activities report Ins Paradj: amount.
- **INSURANCE ADJUST (adjustment):** The total of insurance credits and debits posted during the date range specified. This amount is pulled from the Daily Activities report by combining the InsCredits: and InsDebits: amounts from the last page of the report when InsPostWithholdPerLine is activated. If this setting is not activated the withholds will appear in the Total Withheld field. See field description below.
- **BALANCE TRANSFER:** The total transfer balance performed (TRABAL) for the specified date range. These TRABAL's are transferred to the patient's side while posting insurance payments. They appear in on the Daily Activities

report's Insurance Adjust column as a negative (credit) amount and also in the Cash Adjust column as a positive (debit) amount because it is transferred to the patient side.

- **CASH CHARGE:** The total amount charged to the patient at the time of posting charges. This amount is being pulled from the Daily Activities report Cash Charge column. This item does not include balance transfers.
- **CASH PAID:** The total amount of payments made by the patient including negative and reverse patient payments.
- **CASH ADJUST (adjustment):** The total patient credits and debits posted during the date range specified. This account is pulled from the Daily Activities reports Pat Credits and Pat Debits fields.
- **CAP PAY (capitated payments):** The total amount of capitated payments made during the date range. Use the Capitation Summary Report for a detailed listing of the capitation payments. The capitation payment will **not** appear on the Daily Activities report. Reference the Capitation Summary Report.
- **SALE TAX:** The total amount of sales tax charged for a procedure code for a specified date range. The sales tax is marked in the procedure code and sales tax must be set up in your system settings in order to get this calculation. This amount is pulled from the Daily Activities report Sale Tax column. Also reference the Sales Tax Report.
- **TOTAL PAID:** The total amount of cash and insurance payments. This total should match the grand totals paid from the Daily Activities Report minus capitation payments. It will match the Deposit Sheet report.
- **TOTAL WITHHELD:** Where withholds are referenced when not using system setting InsPostWithholdPerLine. Withholds are created while posting insurance payments. See picture below.
- **TOTAL INTEREST:** Where interest amounts are referenced when posting insurance interest amounts. See picture below.



Deposit Sheet

To balance daily deposits (insurance, capitation, and patient payments) use the Deposit Sheet.

GENIUS SOLUTIONS PC

DEPOSIT SHEET Printed on 10/21/2014 Tuesday 10:41:10

Location System Summary Doctor System Summary Date From 07/18/2014 To 07/18/2014 Use System Date

System Date 07/18/2014 Friday

	Name/AcctNo	Claim#	Source		Refund	Paid
Insurance Paid						
B2	ARMSTRONG, ELIZABETH - 11	283	BCBSMI SECONDARY ONLY DETROIT MI 48231-2500 800-245-9092 BC071814			10.00
			Federal Reserve Funds/Wire Transfer Nonrepetitive Totals:	**1**	**0.00**	**10.00**
Totals for B2	BCBSMI SECONDARY ONLY DETROIT MI 48231-2500			**1** Payments	**0.00**	**10.00**
BANKE	FANETTI, FRANK - 120	561	BANKERS LIFE AND CASUALTY CHICAGO MI 60666 001212BL			58.00
			Check Totals:	**1**	**0.00**	**58.00**
Totals for BANKERBANKERS LIFE AND CASUALTY CHICAGO MI				**1** Payments	**0.00**	**58.00**
			Insurance Paid Totals:		**0.00**	**68.00**
Account Paid						
	MEDICARIE, BONNIE - 150		Cash			25.00
	PACKARD, GEORGE F - 340		Cash			20.00
			Cash Totals:	**2**	**0.00**	**45.00**
	MULLIGAN, KATIE - 930		Check CK1235			15.00
			Check Totals:	**1**	**0.00**	**15.00**
	GOULD, GERALDINE G - 240		Credit Card			12.00
			Credit Card Totals:	**1**	**0.00**	**12.00**
			Account Paid Totals:		**0.00**	**72.00**
			07/18/2014 Day Totals:		**0.00**	**140.00**
			Grand Total:		**0.00**	**140.00**

Example of Deposit Sheet

The Deposit Sheet may be run to track all payments posted into the system. This report will produce a deposit sheet for any given date or date range. It lists the insurance payments and patient payments. By default, credit card payments will be on a separate report page. It will list the patient name and account number, along with the claim number and source or method of payment. **<u>The Deposit Sheet produces information based upon the transaction doctor and the location inside the claim information.</u>**

eTHOMAS NOTE

There are various System Settings that can be added to the system to produce different results for the deposit sheet. (Reference the glossary for information regarding activating and deactivating system settings.)

- **BANKACCT:** Adds the bank account number to the header of the deposit sheet
- **BANKNAME:** Adds the bank name to the header of the deposit sheet.
- **DEPSHEETNONAME:** Will not show patient names on the deposit sheet (used in cases when the deposit sheet is taken to the bank).
- **DEPOSITNOPREPAY:** Will not show prepayments on the deposit sheet.
- **DEPOSITNOSEPCC:** Will combine credit card payments with other payments on one deposit sheet
- **REPORTNOSHADING:** Will remove gray shading from all financial reports.

Description Of The Deposit Sheet

- **Name/AcctNo:** Lists the patient's name(s) and account number(s) that had payments posted on the given day(s). The insurance paid amounts will be listed first, and then the account paid (patient payments) will follow. Under the insurance paid heading, insurance payments are grouped together alphabetically by insurance carrier codes with the patients' names alphabetized by last name, and the patient account number listed to the right. Under the account paid heading, patient payments are listed alphabetically by patient last name with the account number listed to the right. If family numbering is used, the patient names will be sorted alphabetically by last name, and then sorted by patient account number. The patient payments are categorized by source of payment, which include cash, check, and money order. The eTHOMAS default setting displays credit card payments on a separate Deposit Sheet that is automatically generated when the Deposit Sheet is created.
- **Claim#:** The claim number that the insurance payment is allocated to.
- **Source:** Under the insurance paid heading, payments are defined by the insurance carrier name with the city, state, zip, telephone number, and check number (if applicable). Under the account paid heading the type of patient payment (Cash, Check, Credit Card, Money Order, Third-Party Check, EFT, Gift Certificate and Other) will be listed with the check number or any short notes that were put into the reference fields during payment posting.
- **Refund:** Identifies credited (negative) amounts entered into the system. Amounts listed in this column will ultimately reduce the Grand Total amounts. Examples of eTHOMAS features that would be used to reduce the Grand Totals are reverse patient, negative patient, and negative insurance payments.

DEPOSIT SHEET Printed on 10/08/2014 Wednesday 16:29:31

Location System Summary Doctor System Summary Date From 10/08/2014 To 10/08/2014 Use System Date

System Date 10/08/2014 Wednesday

Name/AcctNo	Claim#	Source		Refund	Paid
Account Paid					
CASH, NORMAN - 70		Cash NSF CHECK		-25.00	-25.00
MACARE, BRAD - 90		Cash			10.00
		Cash Totals:	**2**	**-25.00**	**-15.00**
TAYLOR, ANDY - 100		Check CK 12345			50.00
		Check Totals:	**1**	**0.00**	**50.00**
		Account Paid Totals:		**-25.00**	**35.00**
		10/08/2014 Day Totals:		**-25.00**	**35.00**
		Grand Total:		**-25.00**	**35.00**

Example of Refund

- **Paid:** The amount of each payment posted to an account. The Insurance Paid (insurance payments) and Account Paid (patient payments) are separated on this report. At the end of the insurance payments are the Insurance Paid Totals, which is the total amount posted in insurance payments. The insurance paid totals should equal the insurance paid column of the Daily Activities Report. If capitated checks were posted on that day, then you would need to subtract the capitated payments from the Deposit Sheet Report to balance to the Daily Activities report as the Daily Activities report does not report the capitated payments. You may also run the Capitated Summary report to total the capitated amounts for that day. At the end of the patient payments are the account paid totals, which is the total amount posted in patient payments. The account paid totals should equal the patient payments, which is located at the end of the Daily Activities Report. The eTHOMAS default setting displays credit card payments on a separate Deposit Sheet that is automatically generated when the Deposit Sheet is created.
- **Grand Totals:** The total paid including refunds for the date range specified. The ending paid amount should equal the total payments from the Daily Activities Report minus any capitated payments (if ran using the same parameters).

eTHOMAS NOTE

Withholds and/or Interest payments are included within each patient's individual insurance payment.

Insurance Check Detail

The Insurance Check Detail Report will detail each insurance check and what patient claims were paid with that check number. The Insurance Check Detail will display the transaction doctor, the patient's name and account number, the claim number where the payment was applied, check number, the date of service of the transaction, the procedure code, the original charge for the service, and the paid amount. Also listed are check totals, day totals, and grand totals. See figure below. **The Insurance Check Detail produces information based upon the transaction doctor and the location inside the claim information.** Patient payments and capitated payments will ***not*** appear on the Insurance Check Detail.

GENIUS SOLUTIONS PC

INSURANCE CHECK DETAIL REPORT Printed on 10/09/2014 Thursday 09:08:56

Location System Summary Doctor System Summary Date From 10/09/2014 To 10/09/2014 Use Service Date

Service Date 10/09/2014 Thursday

DR	Name/AcctNo	Claim#	Check No	DOS	Proc.	Charge	Paid
02	ANDERSON, BRYAN - 230	494	00885522	01/17/2013	99213	65.00	30.00
02	ANDERSON, BRYAN - 230	496	00885522	01/24/2013	93000	95.00	45.00
01	SMITH, JANE - 50	407	00885522	/ /	INSIWH	0.00	-5.00
01	SMITH, JANE - 50	407	00885522	07/05/2011	99213	65.00	40.00
01	SMITH, JANE - 50	407	00885522	07/05/2011	93000	95.00	45.00
01	SMITH, JANE - 50	410	00885522	/ /	INSIWH	0.00	-5.00
01	SMITH, JANE - 50	410	00885522	07/08/2011	99213	65.00	35.00
			Check# 00885522 Total:		**7**		**185.00**
02	FANETTI, FRANK - 120	397	4587511111	07/07/2011	99213	65.00	60.00
			Check# 4587511111 Total:		**1**		**60.00**
				10/09/2014 Day Totals:			**245.00**
				Grand Total:			**245.00**

Insurance Check Detail

In the above figure, it shows an example of how the report will look when posting insurance withholds as a negative insurance payment. You will notice the internal procedure code INSIWH under the Proc column and the withhold under the Paid column as a negative amount. If you are posting withholds using the system setting InsPostWithholdPerLine you will not see negative withholds on this report. When using InsPostWithholdPerline to post insurance payments an insurance credit is produced and you will be able to find the detail by using the Adjustment Code or Daily Activities reports.

Adjustment Code Report

The adjustment code report is a useful tool to itemize all patient and insurance credits and debits performed during a specific date range. The report will sort adjustments by the two-digit adjustment code.

ADJUSTMENT CODE REPORT

Printed on 10/01/2014 Wednesday 15:41:04

Location System Summary Doctor System Summary List Summary Date From 09/30/2014 To 09/30/2014 Use Service Date

Adjustment Code		Cash Debit	Cash Credit	Insurance Debit	Insurance Credit
00	MISCELLANEOUS	0.00	0.00	20.00	0.00
BC	BOUNCED CHECK	45.00	0.00	0.00	0.00
FE	SERVICE FEE-NSF	25.00	0.00	0.00	0.00
IO	INSURANCE OVERPAYMENT	0.00	25.00	104.77	0.00
PO	POSTING ERROR	10.00	0.00	0.00	0.00
Grand Totals:	5 Adjustments	80.00	25.00	124.77	0.00

See note for code 00

If ran by detail, the report will itemize each patient within that adjustment code.

ADJUSTMENT CODE REPORT

Printed on 11/04/2014 Tuesday 10:11:32

Location System Summary Doctor System Summary List Detail Date From 09/30/2014 To 09/30/2014 Use System Date

Code MISCELLANEOUS

Loc	DR	Sys Date	Name / AcctNo		Cash Debit	Cash Credit	Cash NegPat	Insurance Debit	Insurance Credit	Insurance NegIns
01	01	09/30/2014	LAMB, LILY - 20		0.00	20.00	0.00	0.00	0.00	0.00
		Adjustment Code Totals:		1	0.00	20.00	0.00	0.00	0.00	0.00

Code BC BOUNCED CHECK

Loc	DR	Sys Date	Name / AcctNo		Cash Debit	Cash Credit	Cash NegPat	Insurance Debit	Insurance Credit	Insurance NegIns
01	01	09/30/2014	LANE, PENNY - 30		20.00	0.00	-20.00	0.00	0.00	0.00
		Adjustment Code BC Totals:		1	20.00	0.00	-20.00	0.00	0.00	0.00

Code IO INSURANCE

Loc	DR	Sys Date	Name / AcctNo		Cash Debit	Cash Credit	Cash NegPat	Insurance Debit	Insurance Credit	Insurance NegIns
01	01	09/30/2014	LAMB, LILY - 20		0.00	0.00	0.00	9.77	0.00	-85.23
		Adjustment Code IO Totals:		1	0.00	0.00	0.00	9.77	0.00	-85.23

Code PO POSTING ERROR

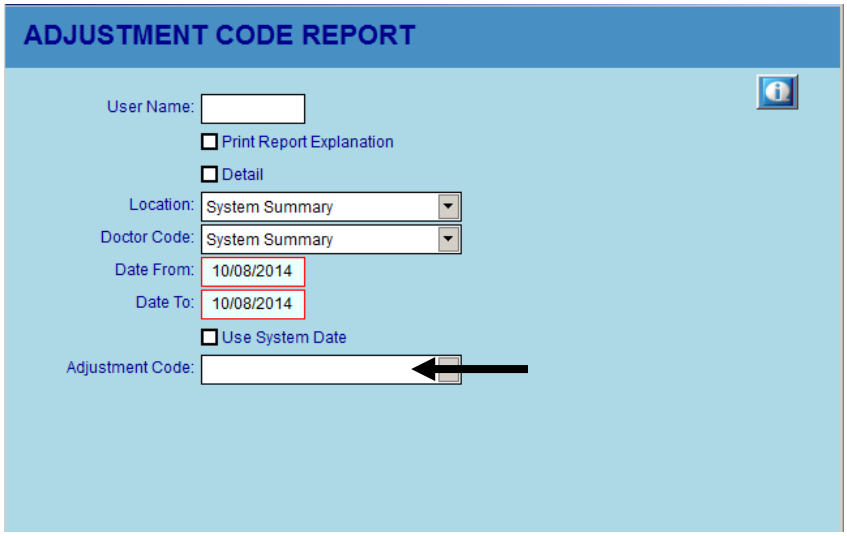
Loc	DR	Sys Date	Name / AcctNo		Cash Debit	Cash Credit	Cash NegPat	Insurance Debit	Insurance Credit	Insurance NegIns
01	01	09/30/2014	LANE, PENNY - 30		0.00	0.00	0.00	0.00	270.00	0.00
		Adjustment Code PO Totals:		1	0.00	0.00	0.00	0.00	270.00	0.00
Grand Totals:			4		20.00	20.00	-20.00	9.77	270.00	-85.23

Adjustment Code Report Detail

eTHOMAS NOTE

Code Miscellaneous is any insurance debit/credit that was not assigned an adjustment code at the time of posting.

When inputting the parameters to generate the report, you can also choose to run for a specific Adjustment Code by using the Adjustment Code drop-down menu.



Analyzing the Adjustment Code Report

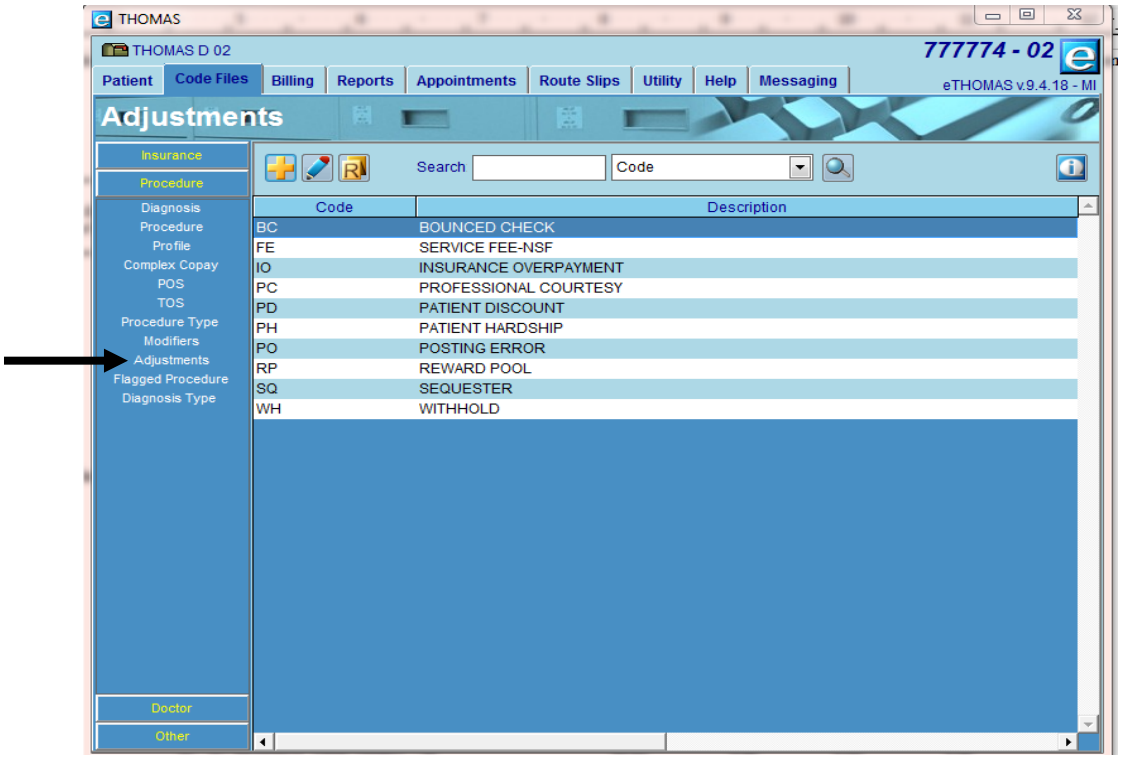
The Adjustment Code Report will list the following information:

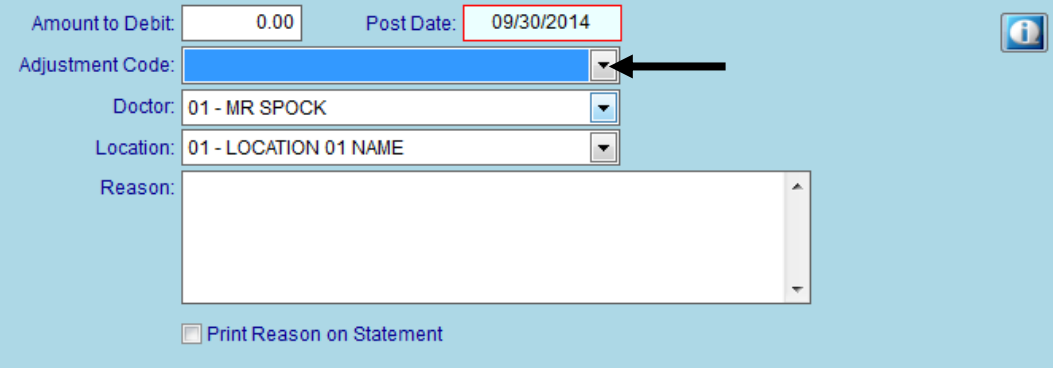
- The adjustment code and the adjustment code description
- The Location and Doctor to whom the adjustment is applied
- The date the adjustment was applied (system date or service date)
- The name and account number of the patient (if detail is used)
- The amount of debit, credit, NegPat or NegIns applied to the cash and/or insurance
- Adjustment code totals.
- Grand totals

eTHOMAS NOTE

The totals from the Adjustment Code Report are calculated on the following eTHOMAS reports: Daily Activities Report (Insurance Adjust & Cash Adjust); Daily Statistics Report (Total Adjustments); Daysheet Summary (Insurance Adjust); Procedure Summary (Total Adjust & Date Range Adjust); Year to Date Report (Insurance Adjust & Cash Adjust); and Year to Date Service Balance Report (Adjustments/Insurance & Patient).

Adjustment codes are defined in the Code Files | Procedure | Adjustments section of eTHOMAS.



You can add codes to fit your office need to use when posting insurance/patient adjustments. eTHOMAS comes pre-loaded with some standard Adjustment Codes.

When posting an Adjustment, choose the Adjustment Code from the drop-down menu.