The following terms may be used interchangeably throughout this document:

- NextGen® Ambulatory EHR
- NextGen® EHR
- NextGen® KBM
- NextPen®
- NextGen® CHC Reporting Module
- NextGen® Population Health
- NextGen® Remote Patient Chart Synchronization
- Insight Reporting™
- NextGen® HIE
- NextGen® Mobile
- NextGen® Appointment Scheduling
- NextGen® Document Management
- NextGen® Practice Management
- NextGen® EHR Connect
- NextGen® HQM
- NextGen® Patient Portal
- NextGen® Billing Services Management
- NextGen® ICS
- NextGen® CHS and NextGen HIE
- NextGen® Optical Management
- NextGen® Real Time Services
## Document Revision History

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<th>Build Number</th>
<th>Author*</th>
<th>Date</th>
<th>Document Version</th>
<th>Summary of Changes^</th>
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CHAPTER 1

Introduction

This section provides information about the organization and purpose of the NextGen Practice Management Accounts and Patient Records Guide. It provides a general overview of the topics covered in this guide, defines the audience, and lists assumptions about the level of knowledge required for this guide.

Reference: For a brief description of the functionality covered in each of the guides that makes up the core series of guides, refer to NextGen Practice Management Core Series of Guides in the NextGen Practice Management Getting Started Guide.

About This Guide

The NextGen Practice Management Accounts and Patient Records Guide provides the information you need to create and maintain accounts and patient records in the NextGen Practice Management application.

This guide is intended for both NextGen Practice Management users. A NextGen Practice Management user is any person who works for your practice and has the proper authorization to log in and use the application. Each practice could have different standards and internal procedure; therefore, NextGen Practice Management users might have diverse rights and permissions for the use of the application. Your System Administrator should assist all users with the setup of authorization needed to log in, as well as specific rights and permissions needed to use the application.

Assumptions

This guide assumes that you have basic knowledge and skills for all of the following:

› Microsoft Windows operating systems
› Microsoft Office applications
› All applicable NextGen ambulatory products

Logging on to the NextGen Applications

You must log on with a user name and password to access the applications. However, with Single Sign On, if you are already logged on to a non-administrative application, such as NextGen Ambulatory EHR, NextGen Practice Management, NextGen ICS, or NextGen Optical Management, you can access other non-administrative applications without logging on again.

Reference: For additional detail and for application-specific information, refer to the NextGen Ambulatory EHR and Practice Management Logon Guide.
To access any of the NextGen applications:

1. From the START button on the Taskbar, click Programs > NextGen > NextGen or double-click the NextGen shortcut on your desktop.
   The NextGen Application Launcher displays.

   ![NextGen Application Launcher](image)

   **Note:** The items listed in the Application Launcher may differ for individual users depending on the user security rights set in the System Administrator application. Some utilities may not be available from the Application Launcher and must be accessed from either the C:\Nextgen (the default location) or \NextGenRoot folder.

2. Click the appropriate application.
   The Security Logon dialog box displays.

   ![Security Logon Dialog Box](image)
Note: The Authentication field displays only if your System Administrator enables integrated authentication.

There are three types of integrated authentication available:

- NextGen Database requires manual authentication using your NextGen user credentials.
- Active Directory requires manual authentication using your Windows user credentials.
- Windows Integrated automatically authenticates by applying the Windows logon credentials used for the current session.

3 Select the appropriate Enterprise and Practice.

4 To log on with your NextGen credentials:
   - If the Authentication field displays, select NextGen Database.
   - Enter your User ID and Password. User ID is case-sensitive.

5 To log on manually with your Windows credentials:
   - In the Authentication field, select Active Directory.
     The Domain field displays.
   - Enter your User ID, Password, and Domain associated with your Windows log on credentials.

6 To log on automatically with your Windows credentials:
   - In the Authentication field, select Windows Integrated.
The Windows credentials used to log on to the computer automatically displays in the **User ID**, **Password**, and **Domain** fields and cannot be changed.

7 Click the **Logon** button or press the Enter key.
Chapter 2

Patient Chart

This section provides information on working with the patient chart within NextGen Practice Management.

Reference: See the NextGen EHR and Practice Management Patient Demographics Guide for information about entering and maintaining person/patient demographic information.

Patient Chart Lookup

A patient is a person who has at least one encounter with a physician recorded in NextGen Practice Management. To locate a patient in NextGen Practice Management, you must locate the patient chart. NextGen Practice Management displays the number of results based on your user-defined Lookup Limits.

To locate a patient chart:

1. From the NextGen Practice Management main menu select Tasks menu > Lookup > Charts.
   - or -

2. Click the Chart button on the NextGen Practice Management main toolbar. The Patient Lookup dialog box displays.

3. Enter the search criteria you want to use to search for a patient chart.
   You can use any combination of the following fields:

<table>
<thead>
<tr>
<th>Search Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last, First/Nickname,</td>
<td>Search by the patient name. You can enter the last name, first name (or nickname), middle name, or any combination a patient name.</td>
</tr>
<tr>
<td>Middle</td>
<td></td>
</tr>
<tr>
<td>Previous Last</td>
<td>If the patient last name has changed, you can search on the previous last name to find the chart.</td>
</tr>
<tr>
<td>City</td>
<td>Search by the patient city of residence.</td>
</tr>
<tr>
<td>Search Criteria</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Address Line 1</td>
<td>Search by the street address of the patient.</td>
</tr>
<tr>
<td>Zip</td>
<td>Search by the patient's zip code.</td>
</tr>
<tr>
<td>Mother's Maiden Name</td>
<td>Search by the maiden name of the patient's mother.</td>
</tr>
<tr>
<td>Social Security</td>
<td>Search by the patient Social Security Number.</td>
</tr>
<tr>
<td>Birth Date</td>
<td>Search by the patient date of birth.</td>
</tr>
<tr>
<td>Sex</td>
<td>Search by the patient gender.</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Search by the patient home phone numbers</td>
</tr>
<tr>
<td>Search By</td>
<td>You can search by one of the following search criteria in the drop-down list for this field:</td>
</tr>
<tr>
<td></td>
<td>• Med Rec Nbr: Medical Record Number</td>
</tr>
<tr>
<td></td>
<td>• Person Nbr: This is the number assigned to the person by NextGen Practice Management.</td>
</tr>
<tr>
<td></td>
<td>• Other ID Nbr: This is an ID field used by NextGen's EHR (Electronic Health Records) patient demographic template. If you know the Other ID used by NextGen EHR, you can selecting this option for the Search By field and then enter the Other ID Number.</td>
</tr>
<tr>
<td>Policy Nbr</td>
<td>Search by the policy number of the patient's insurance company.</td>
</tr>
<tr>
<td>Enc Nbr</td>
<td>Search by an encounter number that is associated with a patient.</td>
</tr>
<tr>
<td>View By</td>
<td>You can specify how you want the results of your search to display. You can sort the results by:</td>
</tr>
<tr>
<td></td>
<td>• All Patients</td>
</tr>
<tr>
<td></td>
<td>• Appointment</td>
</tr>
<tr>
<td></td>
<td>• Default Location</td>
</tr>
<tr>
<td></td>
<td>• Preferred Provider</td>
</tr>
<tr>
<td></td>
<td>• Provider</td>
</tr>
<tr>
<td></td>
<td>• Provider Specialty</td>
</tr>
<tr>
<td></td>
<td>• Provider Appointment</td>
</tr>
<tr>
<td></td>
<td>• Primary Care Provider</td>
</tr>
<tr>
<td>External System</td>
<td>If you have a third party application that interfaces with NextGen Practice Management and also stores patient chart records, you can include it in the patient lookup by selecting it from this drop-down list.</td>
</tr>
<tr>
<td>External ID</td>
<td>If the external application you selected in the External System field identifies the patient chart you are looking for with a number that differs from the ID number NextGen Practice Management uses (and you know the number), enter the ID number that the external system uses in this field.</td>
</tr>
<tr>
<td>Exclude Expired Patients</td>
<td>If you want the search to not include patients who are no longer living, select this option.</td>
</tr>
<tr>
<td>Birth Date</td>
<td>Search by the patient date of birth. You can enter the date manually or select the date from the pop up calendar. This is a secure lookup field.</td>
</tr>
<tr>
<td>Search Criteria</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>L4DSSN</td>
<td>You can select to search for a patient using the last 4 digits of his or her Social Security Number. This is a secure lookup field.</td>
</tr>
<tr>
<td>Chart Status - Home Loc</td>
<td>You can narrow the search by selecting either Active or Inactive for the chart status.</td>
</tr>
</tbody>
</table>
| Phonetic Search       | Select this option to perform a phonetic search when you do a patient lookup. A phonetic search is a search that returns results which include names that sound similar to the name you entered as search criteria.  
\[Note: This option is available only if the phonetic search feature has been activated for your practice by your system administrator.\] |

4 Click **Find**.

The search results display in the Matching Records list. Double-click on the patient record that you want to access.

**Recommendation:** Search at least twice by using different criteria to avoid creating duplicate records. If you use the **City** field as the only search criterion, NextGen Practice Management displays a list of all the patients in the system that live in the city you specified. Enter as much information as possible to narrow the search.

### Creating a Patient Chart

The results of the search on the *Patient/Person Lookup* dialog box lists both patients and persons. The persons that do not have a chart display in the list with a globe next to their names. The persons who have a chart display in the list with a folder next to their name. To set up a person as a patient, you must create a chart for the person.

**To create a patient:**

1 Click the **Chart Lookup** button and click the **New** button on the *Patient Lookup* dialog box.
The Add Patient Information dialog box displays.

2 Enter the applicable information.
3 Click Chart.

The Chart Details dialog box displays.

4 Complete any requires fields on the Chart Details dialog box (displayed in red), as well as any additional information you want to include in the chart. See "Patient Information - Chart Details Tab" on page 32 for instructions on entering Chart Details information.
5 Click OK.
The application creates the patient chart.

**Note:** If your NextGen Practice Management installation is configured to check for possible duplicate records, a warning displays when a possible duplicate chart exists.

### Setting Default Physicians for a Patient on the Patient Information Dialog Box

**To set the default physicians for a patient:**

1. Use the People Lookup feature to locate the patient record.
2. Double-click on the patient in the Matching Records list.
The *Update Patient Information* dialog box displays.

3 Select the **Provider** tab.

4 Click the **Open Menu** button and select **New**.
   The *Add Patient Provider* dialog box displays.

5 In the **Preference Name** field select a type of provider. (Provider types are set up on the **Providers** tab of Practice Preferences.)

6 In the **Provider** field, select an individual provider.

7 In the **Effective Date** and **Expiration Date** fields, indicate the dates when the provider became a default provider for the patient and/or the date on which the provider ceased to be a default provider for the patient. These fields are not required.

8 If you entered an expiration date for the provider, indicate the reason why the provider ceased to be a default provider for the patient in the **Expiration Reason** field.

9 Click **OK**.
Patient Status

You can use Patient Status selections to control the number of patients classified as active. This helps to limit the amount of information the system returns when you run reports or perform searches.

To add a person's status:
1. Access the Add/Update Patient Information dialog box.
2. Click the Status tab.
3. In the Patient Status field, select the patient's status from the list.
4. If applicable, in the Patient Status Change Reason field, from the list, select an appropriate reason for the patient's status change.
5. Click OK.

Changing a Person's Address

To change a person's address:
1. On the NextGen Practice Management main menu, click the Lookup button.
2. Enter the search criteria and click Find.
3. Select the person who’s address you want to change.
4. Make the change to the address and click OK.

The application updates the related person's address (if identical) for all relationships except:
› Child-Insured Not Responsible
› Emancipated Minor
› Employee
› Injured Plaintiff
› Organ Donor
› Other
› Self
› Sibling
› Unknown
› Ward
› Address field is blank

**Automatically Updating Patient Addresses**

You can automatically update patient demographic information if you subscribe to and receive the FastForward Postal Address Update. When you subscribe to the electronic change of address service, the *Change of Address Update*... option is available.

The FastFoward feature handles:

› Handles FastFoward line items created from appointment reminders/recall letters by matching the person's name and address.
› Updates the addresses for related persons that match the FastForward file for F/Family type accounts.
› Handles family and individual moves accordingly through the creation of tasks. The application creates tasks for bad FastFoward addresses, or no forwarding FastForward addresses.

**Note:** If you want more information on this service contact Client Support.

**To access the Change of Address Update:**

1. From the *File* menu, select *Processes*, and then *Change of Address Update*.
   The Electronic Address Change dialog box displays:

2. Click the *Open File* button to select the Address Input File.

   The application can create address updates for Fast Forward files from Appointment Reminders/Recall Letters.

3. Check the *Update Address Records* check box to have the patient demographic information automatically updated when an appropriate match is found.
   If you do not check the check box, then the patient demographic information only prints on the Address Change report, which generates after the Address Input File is run against your database.

Certain conditions determine an appropriate match between the patient demographic information in your database and the Address Input File, which determines whether a patient’s demographic information is updated or not.
The patient’s name must match exactly to the name in the Address Input File. This includes spelling, middle names, and middle initials.

The address information maintained in your database must match exactly with the “old” address information in the Address Input File.

The new address information in the Address Input File must be valid, and the effective date for the change of address cannot be later than the current date. For example, if you run the Address Input File against your database in March 2002, then the effective date must be March 2011 or earlier (it could not be April 2011).

If all of the conditions listed above are met and the Update Address Records check box is checked, then the patient demographic information in your database is automatically updated.

**Note:** The *Address Change* dialog box and report use the Person Number as the primary person identifier for Fast Forward address changes.
Patient Information - Demographics Tab

The Patient Information - Demographics tab of the patient chart is the default tab that displays when you first access the chart. It displays Demographics, UDS, Patient Status and Client Defined information for the patient. You can click the Who/When button to access Created By and Last Modified By information.

Reference: For information on adding patient demographic information, see the NextGen EHR and Practice Management Patient Demographics Guide.

Modifying Patient Information from the Chart

You can make modifications and updates to the demographic information of the patient whose chart you have accessed.

To access the Modify/Update Patient Information dialog box from the patient chart:

1. Access the patient chart.
2. Click the Open Record button in the upper left hand corner of the chart's Patient Information - Demographics tab.
The *Modify Patient Information* dialog box displays.

3 You can make modifications to any of the tabs contained within the *Modify/Update Patient Information* dialog box, as you did with the *Add Patient Information* dialog box.

**Reference:** For information on adding patient demographic information, see the *NextGen EHR and Practice Management Patient Demographics Guide*.

### Adding a Patient Photo to the Chart

You can attach a scanned image of the patient photo to a chart.

**To attach a patient photo:**

1 Click the **Open Menu** button under **Patient Picture** in the Chart Details section of the chart. The short-cut menu displays with two options:
   - Click **New** to scan in a new photograph.
   - Click **Open** to edit the picture currently stored.
2 When you click **Open** or **New**, the *Scanning Device Input* dialog box displays.

![Scanning Device Input dialog box](image)

3 Place the patient insurance card face up in the scanner and adjust the scan guide so that it fits the original.

4 Click the **Open Record** button under *Front* and choose the **Acquire** option.
   
   When the scanner has finished with the card, the image will display on the dialog box. Use the following options to help you adjust the scanned image:
   
   - Use the **Rotation** keys to rotate the card, if necessary, so that it appears upright.
   - Use the **Crop** option to get only the image detail needed.
   - Use the **Copy/Paste** option to move the image into other files, if needed.
   - Use the **AutoScan Mode** to start the scanning process as soon as you open this dialog box.
   - Use the **Show Scanner Interface** option to display the scanner's options box. This will let you manipulate the image you are scanning.
   - Use the **Brightness/Contrast** options to change and improve the appearance of the image.
   
   The image in the Selected Segment box displays on the *Demographics* tab. If this image needs to be replaced, right-click in the Selected Segment, and select **Delete**.

**Printing the Patient Photo**

To print the patient photo from the chart:

1 Click the **Open** button under *Patient Picture* in the Chart Details section of the chart and select **Open**.
   The *Scanning Device Input* dialog box displays.

2 Right-click on the image in the Selected Segment box and select **Print** to print the patient photo.

**Patient Information - Relationship/Contact/Guarantor Tab**

You can view and edit the patient's relationship, contact and guarantor information on the *Patient Information - Relationship/Contact/Guarantor* tab.

To add or modify relationship/contact/guarantor information:
Click the **Open Menu** button in the upper left hand corner of the Relationships section to add, modify, hide or delete relationship information. A relationship cannot be deleted if the person is the guarantor on one or more encounters for the patient in any practice.

Click the **Open Record** button in the upper left hand corner of the Contact section to add/modify contact information. The person entered as a contact for the patient will also display in the Relationships section of this tab. If the contact person has insurance, their insurance becomes available for use on the patient’s encounters unless a relationship of “Other” or “Unknown” is used.

Click the **Open Record** button in the upper left hand corner of the Guarantor section to add/modify guarantor information. The person entered as the guarantor for the patient will also display in the Relationships section of this tab. The guarantor will default onto all future encounters created for the patient.

---

**Adding Patient Relationships**

A relationship is any person with a connection to the patient who is using (or could use) his or her insurance to cover the patient charges. If the patient is covered by another person's insurance, such as a child covered by a parent, then you can add that person as a relationship to the patient chart. A patient can have more than one relationship connected to his/her chart. For example, if a child is covered by parents' insurance, both parents could be entered in the Relationships list.

**Note:** Any insurance that you attach to a relationship automatically becomes available to the patient when you create an encounter for the patient. For more information on attaching insurance to an encounter, please refer to *Attaching Insurance to a Person*. 
Information that you add to the Default Guarantor dialog box and Contact Information dialog box automatically creates a record in the patient chart. Relationships are enterprise-wide, so if someone creates a relationship in another practice, that relationship displays when you create a chart for your practice.

Establishing patient relationships on the Patient Information dialog box accomplishes two things:

- Establishes a guarantor for insurance and billing purposes.
- Tracks the family unit in the NextGen Practice Management application.

To define a patient relationship in the chart:

1. Access the patient's chart and select the Relationship/Contact/Guar sub-tab on the Patient Information tab of the chart.
2. Click the Open Record button and select New.
   The Relationship Lookup dialog box displays.
3. Double-click on the appropriate person for this patient relationship.
   The Modify Relationship Information dialog box displays.
4. In the Relationship field select from the drop-down list the option that best describes the actual relationship between the patient and this person. Click OK.
   - The Modify Relationship Information dialog box closes.
   - The Patient Information dialog box is still open and active with the new patient relation displaying.
5. Enter a date in the Birth Date field if the date of birth for the patient relation is required.
6. Click OK.

**Note:** You can also add patient relationships to the patient record by performing a Person Lookup and accessing in the Relationship tab from the Update Patient Record dialog box.

**Hiding a Patient Relationship**

You can configure a patient relationship so that neither the person nor his/her insurance displays in the Insurance Listing dialog box or the Chart/Ins tab on the Add/Edit Appointments dialog box.

**Note:** You cannot hide a relationship if the person is a guarantor.

To hide a relationship:

1. Access the patient chart and click the Relationship/Contact/Guar tab.
2 In the **Relationships** section, right-click and select **Hide** from the short-cut menu.

**Note:** The application can track hiding a patient relationship as a Significant Event.

3 Click **OK** to confirm hiding the relationship.

**Deleting a Patient Relationship**

If the patient has a life-changing event, you may need to change the relationship attached to that patient.

**To delete a patient relationship:**

1 Access the patient chart and click the **Relationship/Contact/Guarantor** tab.
2 In the **Relationships** section, highlight the relationship to delete.
3 Right-click and select **Delete** from the short-cut menu.
4 Click **OK** to confirm removal of the patient relationship.

**Adding/Modifying Support Roles**

Support roles are non-family members who play an important role in support of the patient. Persons with a support role can be associated with a patient just as patient family relationships can be associated with a patient. Examples of support roles are caregivers and emergency contacts.

**To add or modify a support role for a patient:**

1 In the patient chart, access the **Patient Information** tab and then select the **Relationship/Contact/Guarantor** tab.
   - OR -

   After you've perform a patient lookup, click the **Relations/Role** tab on the **Add/Update/Modify Patient Information** dialog box. The **Relations/Role** tab displays.

2 To modify an existing support role, double-click on the name of the person in the list of support roles in the Support Role section of the dialog box. To add a new support role, click the **Open Menu** button in the Support Role section.
The Add (or Modify) Support Role Information dialog displays.

3 If you are modifying an existing support role, change or add the information as needed and then click **OK**. If you are adding a new support role, proceed to step 4.

4 Enter the last and first name of the support role person as well as contact information for the person. Only fields labeled in red are required.

5 Select a relationship and a support role from the **Relationship** and **Support Role** lists. **Note:** If the support role person has no relationship to the patient, you can select **None** from the **Relationship** list.

6 Click **OK**. The support role you added now displays in the list of support roles.

**Note:** You cannot delete patient support roles. However, you can hide them from view. To hide a support role, right-click on the person's name in the list of support roles and select **Hide** from the shortcut menu.

---

**Adding a Person as Guarantor**

**To assign a person as guarantor to a patient:**

1 Access the patient chart and click the **Open Menu** button in the Guarantor section of the **Patient Information - Relationship/Contact/Guarantor** tab.

2 Select the **Person as Guarantor** option.

   The **Guarantor Lookup** dialog box displays.

3 Perform the lookup and select the person you want to add as guarantor from the search results.
4 The *Modify Guarantor Information* dialog box displays.

5 Enter the relationship of the guarantor in the *Relationship* field if it is not already specified.

6 Click *OK*.

**Adding an Employer as Guarantor**

To assign an employer as guarantor to a patient:

1 Access the patient chart and click the *Open Menu* button in the Guarantor section of the *Patient Information - Relationship/Contact/Guarantor* tab.

2 Select the *Employer as Guarantor* option.
The **Guarantor Search** dialog box displays.

![Guarantor Search Dialog Box]

3. Enter the employer name in the **Employer Name** field and click **Find**.

4. Select the employer you want to add as the guarantor from the Matching Records list. The **Employer Maintenance** dialog box displays.

![Employer Maintenance Dialog Box]

5. Complete the required fields in the **Employer Maintenance** dialog box.

6. Click **OK**.

**Note:** When changing/adding an employer to the encounter or chart as a guarantor, the address fields are required. If a chart/encounter already has an employer attached as a guarantor, the address fields display as required in **Employer Maintenance** if the fields are blank.
Changing the Patient Guarantor

To change the patient guarantor:

1. Access the patient chart and click the Open Record button in the Guarantor section of the Patient Information - Relationship/Contact/Guarantor tab.
   
   If the existing guarantor is an employer, the Employer Maintenance dialog box displays. If the existing guarantor is a person, the Guarantor Maintenance dialog box displays.

2. Click the Change button on whichever dialog box displays.
   
   The application asks you if you want to change the guarantor to a person of an employer.

3. Select the type of guarantor you want to change to.
   
   Either the Guarantor Search dialog box or the Guarantor Lookup dialog box then displays, depending on the type of guarantor you selected in step 2.

4. Perform the search to locate and select the guarantor you want to apply.

5. Complete the necessary fields on the maintenance dialog box that displays and then click OK.
**Patient Information - Chart Details Tab**

The **Patient Information - Chart Details** tab displays the import practice-related information about the patient, such as the patient's provider, Medical Recorder Number, and Privacy Notice information. Click the **Open Record** button in the upper left hand corner to add/modify Chart Details information for the patient.

![Image of Chart Details Tab]

**Setting Default Physician and Medical Information for a Patient in the Chart**

To set the default physicians for a patient in the chart:

1. Access the patient's chart and select the **Chart Details** sub-tab on the **Patient Information** tab of the chart.
2. Click the **Open Record** button.
The Chart Details dialog box displays.

![Chart Details Dialog Box]

3 In the Default Rendering Provider field, select a provider name from the drop-down list.
4 In the Default Referring Provider field, select a provider name from the drop-down list.
5 Enter information for any of the User-Defined fields that have been set up for the chart (such as Medical Record Number, Open MRI?, Transport Van?, Same Name).
6 Select a Marketing Plan.
7 Click OK.

Exempting a Patient from Outsourcing

You can configure a patient chart so that charges on the patient's encounters are exempt from outsourcing to a collection agency.

To make a patient exempt from outsourcing:
1 Access the patient's chart and select the Chart Details sub-tab on the Patient Information tab of the chart.
2 Click the Open Record button.
The *Chart Details* dialog box displays.

3. Place a check mark in the **Exempt from Outsourcing** check box.
4. Click **OK**.

**Maintaining Privacy Notices**

To maintain privacy notice information for a patient:

1. Access the patient's chart and select the **Chart Details** sub-tab on the **Patient Information** tab of the chart.
2. Click the **Open Record** button.
   The *Chart Details* dialog box displays.

3. Make pertinent selections for the following fields:

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy Notice Issued to Patient</td>
<td>Click the calendar icon to enter the date you issued the Privacy Notice to the patient.</td>
</tr>
<tr>
<td>Field</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Privacy Notice Received from Patient | • Click the calendar icon to enter the date you received the Privacy Notice from the patient.  
• You can also type directly into the field. |
| Privacy Notice Reason             | • Select a Reason from the drop-down list to indicate the status of the Privacy Notice.  
• This field populates from the Privacy Notice Master List. |
| Privacy Notice Notes              | Enter information related to the patient’s Privacy Notice, if applicable.   |

4 Click OK.

**Setting Patient Co-Manage Information**

If the patient is being co-managed by two physicians within the enterprise, you can indicate this, as well as the name of the co-managing physician, in the patient chart.

**To set patient co-manage information:**

1 Access the patient's chart and select the Chart Details sub-tab on the Patient Information tab of the chart.

2 Click the Open Record button. The Chart Details dialog box displays.

3 Place a check mark in the Co-Managed Patient check box.

4 Select the co-managing physician in the Co-Managed Physician field.

5 Click OK.
Recording Patient Marketing Plan Information

You can record which marketing plan brought your practice to the attention of the patient.

To enter and update market plan information:

1. Access the patient's chart and select the Chart Details sub-tab on the Patient Information tab of the chart.

2. Click the Open Record button.
   The Chart Details dialog box displays.

3. In the Marketing Plan field select which of the marketing plans applies to this patient, if any.
   Note: The available Marketing Plans are set up for the practice in the Marketing Plans master file in the File Maintenance application.

4. In the Marketing Data field, enter information that provides more detail about the plan. For example, if the patient saw an advertisement in a newspaper, you can record the name of the newspaper. In some instances, the Marketing Data field is required. If another patient or a physician referred the patient to the practice, you must record the name of the referring person.

5. In the Marketing Comments field, you can enter additional details about how the patient found out about your practice.

6. Click OK.
Patient Information - Provider Tab

Patient Information - Provider tab enables you to view information for the patient's providers (view/read only). To modify provider information, you must access the Provider tab of the Modify Patient Information dialog box. See Modifying Provider information from the Patient Chart (on page 37) for more information.

Modifying Provider Information from the Patient Chart

To modify provider information from the patient chart:

1. Click the Open Record button in the upper left hand corner of the chart's Patient Information - Demographics tab.
The *Modify Patient Information* dialog box displays.

2 Click the **Provider** tab.

3 Double-click on the provider you want to update.

4 - or -

5 Click the **Open Menu** button and select **New** to add a new provider for the patient.

The *Modify Patient Provider* (or *Add Patient Provider* if you are adding a new provider) dialog box displays.

6 Click the arrow in the **Preference Name** field and select one of the user-defined names that you entered on the *Practice Preferences* dialog box.

7 Click the arrow in the **Provider** field and select the appropriate provider. If necessary, select the search button to access the *Provider Lookup* dialog box

   This list populates from the Provider Master List.

8 Click the calendar button to select an effective date or enter a date in the **Effective Date** field in mm/dd/yyyy format to indicate when the provider became a provider for the patient.

   The remaining fields are typically not used when attaching a provider to a patient.

9 If the provider requires an expiration date, define it in the **Expiration Date** field.
10 If you enter an expiration date, you must select an expiration reason in the **Expiration Reason** field.

11 Click **OK**.

**Patient Information - Case Management Tab**

The **Patient Information - Case Management** tab enables you to view and manage cases for the patient. This tab is available only when the **Enable Case Management** option has been selected on the **General** tab of Practice Preferences.

**Reference:** For detailed information on management patient cases with NextGen Practice Management, see the *NextGen EHR and Practice Management Case Management Guide*.

---

**Adding or Modifying Patient Cases from the within Patient Chart**

To add or modify case information from the **Patient Information - Case Management** tab:

1. Click **Open Menu** button in the upper left hand corner or the tab.

2. Select **New** (or **Open** to modify or delete an existing case.)
The *Case Management* dialog box displays.

![Case Management Window](image)

**Caution:** Each new Case is automatically assigned a numeric Case Number. All Case Numbers are sequential.

The *Case Management* window displays the name of the selected patient, as well as the **Case #**.

3. Enter all required General Case Information.
4. Enter all available additional information on the **General** tab.
5. Click the **Financial** tab and enter all pertinent Payer information.
6. If necessary, click the **Worker’s Comp** tab and setup all pertinent Worker's Comp information.
7. If necessary, click the **Website** tab and select the default website for the Case.
8. Click **Notes** tab and enter any relevant Notes for the case.
9. Click **OK**.

**Reference:** For detailed information on management patient cases with NextGen Practice Management, see the *NextGen EHR and Practice Management Case Management Guide*.

---

**Deleting, Copying or Printing a Patient Case**

To delete, copy or print case information from the Patient Information - Case Management tab:

1. Click **Open Menu** button in the upper left hand corner or the tab.
2. Select **Delete** or Copy or Print, depending on the action you want to perform.
Patient Information - Rental Information Tab

You can view and manage patient rental arrangements on the Patient Information - Rental Information tab.

To create a rental for a patient:

1. Click the Open Menu button and select New.
The Rental Information dialog displays.

2 In the Rental Devices field, click the Open Record and select the SIM code you want to apply to the rental.

3 Enter the serial number of the rental device in the Serial Number(s) field.

4 In the Rental Limit Tracking fields, enter the time frame information, return date and next billing date.

5 Select the rendering physician for the patient in the Rendering field.

6 Enter additional information about the rental in the Notes field.

7 Click OK.

Financial Tab

You can view the patient's financial history by selecting the Financial tab of the patient chart. This tab displays a financial summary of all encounters for the patient. Double-click on an encounter in the list to expand the view to the charge level. Right-click on an encounter to access the options menu.
Reference: For information about adding charges to an encounter or billing an encounter, see the NextGen Practice Management Billing and Collections Guide.

The **Financial** tab lists all the encounters that are associated with the patient and provides a full breakout of the payments received according to primary, secondary, or tertiary insurance. Patient balance per encounter displays, as well as relevant billing information.

The following columns appear on the **Financial** tab of the patient chart:

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date of Encounter</td>
</tr>
<tr>
<td>Encounter</td>
<td>Encounter number</td>
</tr>
<tr>
<td>Charges</td>
<td>Amount of charges</td>
</tr>
<tr>
<td>Adj/Refunds</td>
<td>Adjustments/Refunds</td>
</tr>
<tr>
<td>Ins 1</td>
<td>Primary insurance</td>
</tr>
<tr>
<td>Ins 2</td>
<td>Secondary insurance</td>
</tr>
<tr>
<td>Inn 3</td>
<td>Tertiary insurance</td>
</tr>
<tr>
<td>Self</td>
<td>Self-Pay</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>Bad Debt</td>
</tr>
<tr>
<td>Outsource Agency</td>
<td>Outsource Agency</td>
</tr>
<tr>
<td>Outsource Date</td>
<td>Outsource Agency</td>
</tr>
<tr>
<td>Case</td>
<td>Case number</td>
</tr>
<tr>
<td>Patient Type</td>
<td>Patient Type</td>
</tr>
<tr>
<td>Ln Item Bal</td>
<td>Line Item Balance</td>
</tr>
<tr>
<td>Create Age</td>
<td>Create Age</td>
</tr>
<tr>
<td>Patient Resp Age</td>
<td>Patient Responsibility Age</td>
</tr>
<tr>
<td>Encounter Age</td>
<td>Encounter Age</td>
</tr>
<tr>
<td>First Bill</td>
<td>First Bill date</td>
</tr>
<tr>
<td>Last Bill</td>
<td>Last Bill date</td>
</tr>
<tr>
<td>Credit Age</td>
<td>Credit Age (in days)</td>
</tr>
</tbody>
</table>
Filtering Financial Information in the Chart

Click the Filter button on the Financial tab of the patient chart to narrow the display to only those encounters that meet the selected filter criteria.

To filter the Financial information:
1. Open the patient chart and select the Financial tab.
2. Click the Filter button.
   The Financial filter displays.
3. Enter or select the filtering information in the filter dialog box.
4. Click the Search button.
   The results display in the main window of the Financial tab.
Clinical History/Notes Tab

The Clinical History/Notes tab of the patient chart displays encounter and chart related information for the patient by topic. Click on a topic to display the stored information. You can also view notes and add notes to the chart from this tab. The available topics are:

- Diagnosis
- Immunizations
- Medications
- Orders
- Problems
- Vitals
- Results
- Therapies
- Images
- Procedures
- Appointments
- History
- Recall
- Chart Notes/Alerts
- Collections (notes)
- Notes
**Adding Chart Notes**

Sometimes you need a place on the patient's chart to put informal information. This information could be personal notes made based on the encounter with the patient or these could be more formal notes. There are three types of notes:

<table>
<thead>
<tr>
<th>Note</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart</td>
<td>A notation concerning the patient, financial circumstances - any number of items that can be stored in this informal format.</td>
</tr>
<tr>
<td>Encounter</td>
<td>An encounter note is a type of chart note. Any notation about an encounter, saved under the <strong>Encounter - Note</strong> section, is an encounter note.</td>
</tr>
<tr>
<td>Quicknotes</td>
<td>A Quicknote is usually for shorter, less extensive notes and enables the note to be easily accessible on-line. This type of note is also attached to the chart.</td>
</tr>
</tbody>
</table>

You can create a chart note in one of two ways:

- From your word processor or notepad. Notes created externally from NextGen Practice Management remain in their native format, stored on the database, and attached to the chart. This is usually a formal note to be stored with the medical chart.
- You can also create a Quicknote from within NextGen Practice Management. A Quick Note is part of the application and is usually for shorter notes, but is very effective for getting data in quickly and making it easily accessible on-line.

**Marking Chart Notes as Non-Printable**

You can designate a chart note as non-printable. When a note is marked as 'non-printable' then only the creator of the note or the NextGen Practice Management administrator can change it back to 'printable'.

**Creating a Quicknote**

To create a Quicknote:

1. Open the patient chart and select on the **Clinical History/Notes** tab.
   - The **Clinical History/Notes** window of the patient chart displays the **Topics** section on the left and the **Description** section on the right
2. In the **Topics** section on the left side of the window, click the category to associate the note with and then right-click in the **Descriptions** section and select Quicknote from the short-cut menu.
The *Quicknote* dialog box displays.

3. Enter the subject of the quicknote in the **Subject** field.
4. Select a User Note Description from the drop-down list in the **User Note Description** field. User Note Descriptions are pre-entered text items that you can select when you create a note.
5. Enter the content of the note in the **Note Entry** field.
6. Click **OK**.

**Note:** The NextGen Practice Management application timestamps the creation and author of the note along with any modification information.

### Sealing Notes

When you create a QuickNote or add a Chart Note, you can seal the note by checking the **Seal Note** option on the **Chart Notes** and **Quicknote** dialog boxes. When you check the **Seal Note** option, the application displays the **NextGen User Authentication** dialog box where you must enter your NextGen user ID and password.

If you are authorized to seal notes in the NextGen Practice Management Operations rights (in the System Administrator application), then the note is sealed.
After you have entered your credentials to seal a note, you don't have to re-enter them again during your session to seal additional notes. If you log off the application, however, and then log back on, you must enter your credentials again to seal notes.

**Unsealing Notes**

Sealed notes can be unsealed by users with the appropriate security access rights. Once unsealed, the note can be modified or deleted.

**Caution:** If a note is deleted, there is no Significant Event recorded in the patient’s chart.

**To unseal a Note or a Quicknote:**
1. Right click on the sealed note
2. Select **Unseal** from the drop-down menu. (This option is available only for those users with sufficient security rights.)

**You can also:**
1. Open the sealed Quicknote
2. Remove the check from the **Seal Note** check box
   - The **Seal Note** dialog box displays.
3. Enter your NextGen password.
4. Click **OK**.

The sealed note is now unsealed and can be deleted if necessary.
Encounters - General Tab

The Encounters - General tab of the patient's chart displays general, provider, diagnosis and guarantor information for the highlighted encounter. On this tab, you can:

- Open an encounter to access the Encounter Maintenance dialog box.
- Right-click on an encounter to access the options menu.
- Click the Open Menu button to add a new encounter or to modify/delete the highlighted encounter.
- Click the Open Record button in the upper left hand corner of the ICD10 section to add/modify encounter level diagnosis codes for the highlighted encounter. You can view the ICD9 to ICD10 mapping for the ICD10 codes that have been attached to the patient for the encounter.
- Click the Open Record button in the upper left hand corner of the Guarantor section to add/modify guarantor information for the highlighted encounter.

Reference: For detailed information on working with encounter, see the NextGen Ambulatory EHR and Practice Management Encounter Maintenance Guide.

Note: When Case Management is enabled for the practice and there is a case associated with the encounter, an Existing Case icon displays next to the encounter on the Encounter tab of the chart.
Viewing Encounter Diagnoses

You can view the diagnosis codes that are attached to a patient by highlighting the encounter in the Encounters list on the Encounter > General tab of the patient chart. The encounter's diagnoses display in the ICD-CM field on the tab. You can select to view either Diagnoses or Procedures. Up to twelve diagnosis codes per procedure can be attached to an encounter.

To add Diagnostic or Procedure ICD-CM codes to the highlighted encounter:

1. Click the Open Record button next to the ICD-CM list box. The Diagnosis Selection dialog box displays.
2. Click either the Diagnostic or Procedural radio buttons to indicate which type of code you want to add.
3. Enter a descriptive word for the diagnosis or enter a number that the code you want to use begins with. To broaden the search, click the Search for key phrases anywhere in the diagnosis check box.)
4. Use the blue arrow button to move a diagnosis code that you want to add from the search results list to the Selected ICD-CM Codes field on the right.
5. When you have located and selected all the ICD codes that you want to add to the encounter, click OK.
**Viewing Diagnosis Mapping**

When a diagnosis that was selected in Charge Entry multiplies into more than one code for a payer based on the alternate diagnosis mappings in the Diagnosis Library, you can view the diagnosis code mapping on the **Encounters- General** tab of the patient chart.

When you select one of the **COB Alt Diag** radio buttons, you can view which ICD10 codes map to the attached ICD9 code for the payer and vice-versa.
Encounters - Insurance Tab

The Encounters - Insurance tab displays insurance information for the highlighted encounter. The Insurance Information sections displays information for the highlighted insurance based on the setup for the payer in the payer's master file in the File Maintenance application. See the NextGen® Ambulatory Products Administrator Guide for information on setting up payers.

On the Encounters - Insurance tab you can:

- Click the Open Menu button to add a new insurance to the highlighted encounter or to modify/delete an existing insurance from the highlighted encounter.
- Right-click on an insurance to add/modify authorizations for the highlighted encounter.
- Click the Open Record button in the upper left hand corner of the Verification section to add/modify Assignment of Benefits, Release of Information, Notification, Verification or Authorization information for the highlighted insurance.

Adding Insurance to an Encounter in NextGen Practice Management

To assign Insurance to an encounter in NextGen Practice Management:

2. Right-click on the encounter and select Add Insurance.
The *Encounter Insurance Selection* dialog box displays.

3 Choose the insurance to attach to the encounter, and use the Right arrow button to move it to the selected box. If there is more than one payer, attach them in the following sequence:

- Primary
- Secondary
- Tertiary

*The insurance display order dictates the order for billing.*

**Note:** If the plan has expired, a warning message displays as you try to select it. If the primary insurance requires a co-pay, a notification message displays.

4 Clicking the Open Menu button gives you more options:

- **Open Patient (Relationship) Information** - If you have "Patient" or one of the guarantors highlighted, you can go to the *Insured Maintenance* screen to enter or modify information.
- **New Relation** - Enables you to set up a new relationship, which can be used as another insured.
- **New Insurance** - Will take you to the *Insurance Listing* screen so that you can add new insurance to the list of available insurance.
- **Authorization** - Displays the *Authorization Listing* dialog box, which allows you to select or add an authorization for the insurance.
- **Referral** - Displays the *Referral Listing* dialog box, which allows you to select or add a referral for the insurance.
- **CMN** - Displays the *Certificates of Medical Necessity* dialog box.

5 Click OK.

**Setting Up and Maintaining Insurance**

After you attach insurance to a patient, you can access the *Insurance Maintenance* dialog box.
Note: The Referral Required check box displays on the Insurance Maintenance dialog box when Practice Preferences is set up to include it. The Referral Required check box enables you to require manual referrals.

The Insurance Maintenance dialog box has the following tabs:

<table>
<thead>
<tr>
<th>Tab</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ins Detail</td>
<td>Under the Ins Detail tab you enter the basic insurance information.</td>
</tr>
<tr>
<td>Detail 2</td>
<td>View and enter insurance card name override and coverage information.</td>
</tr>
<tr>
<td>Ins Card</td>
<td>If you scanned the patient insurance card, it displays on this tab.</td>
</tr>
<tr>
<td>Authorizations</td>
<td>Any current authorizations from the insurance company display on this tab. You can also add a new authorization, delete or open an existing one.</td>
</tr>
<tr>
<td>Benefit Info</td>
<td>View benefit information that is associated with the insurance.</td>
</tr>
<tr>
<td>Eligibility/Referral</td>
<td>A history of the patient inquiries that have been submitted display here.</td>
</tr>
<tr>
<td>Referrals</td>
<td>A history of the patient referrals that have been submitted display here.</td>
</tr>
<tr>
<td>Website</td>
<td>View the web site for the insurance provider.</td>
</tr>
<tr>
<td>External</td>
<td>If you are using an application interface outside of EPM, it</td>
</tr>
</tbody>
</table>
Adding Dental Appliance Information to Patient Insurance

You can add the dates on which a dental appliance has been placed and removed on the patient by accessing the following fields on the Patient Insurance - Encounter dialog box of the patient chart:

- **Appliance Placed Date** - The date on which the dental appliance was placed with the patient
- **Appliance Removed Date** - The date on which the dental appliance was removed from the patient

Overriding a Policy Number and Co-Pay

The application provides an override option for entering a patient's policy number and a co-payment that is different from the insured's co-payment amount. The override function accommodates payers who issue unique policy numbers and/or co-payment amounts for each individual on a single policy. This function enables you to override a policy number and co-pay with individual policy numbers and co-pays and track a policyholder's individual policy number on a patient basis.

An example of when this function might be used is with a family policy. For example, the policy number for the policyholder is typically their social security number followed by a dash (-) and the numbers 01. The spouse's individual policy number would be the policyholder's social security number, followed by a dash and the numbers 02. Each dependent thereafter is also assigned an individual policy number with the policyholder's social security number, followed by a dash (-) and the last two-digits incremented by one from the oldest child to the youngest child. The following examples show the individual policy numbers for each member of the family:
To override the policy number and co-pay set up at the practice or enterprise level, you need to access the Modify Payer Information dialog box and the Insurance Maintenance dialog box.

**Note:** The override policy number displays on the patient’s fee ticket.

### Adding Insurance Verification Information

To add verification information to the encounter insurance:

1. Access the patient chart and select the **Encounters - Insurance** tab.
2. Click the **Open Record** button in the Verification section of the tab. The Patient Insurance - Encounter dialog box displays.

3. Enter the name of the person who verified the insurance in the **Verified by** field.
4. Identify the date of the verification in the **Verification Date** field.
5. Click **OK**.
Adding Authorizations

To add an insurance authorization:

1. Access the patient chart and select the Encounter - Insurance tab.
2. Right-click the insurance listed on the Encounter Insurance section of the tab and select Authorization from the shortcut menu.
   
The Authorizations Listing dialog box displays.

3. Select the authorization that you want to use.

4. If no authorizations exist in the list, create a new one by clicking the Open Menu button and selecting New.
   
The Authorization Code Tracking dialog box displays.

5. Enter the authorization code given to you by the insurance company in the Authorization Code field.

6. You can select the effective date from the pop-up calendar in the Effective Date field.

7. Select the expiration date for this authorization in the Expiration Date field.

8. In the Authorization Mode section, select whether this authorization is for the entire encounter or for units (procedures).
9 In the **Nbr Encounters** field enter the number of encounters allowed under this authorization. As the patient returns for encounters under this authorization, the number of authorized encounters remaining display in the **Encounters Left** field.

10 Select the rendering physician in the **Rendering** field.

11 You can add a description of what the authorization covers in the **Description** field.

12 Add the appropriate ICD9 and CPT4 codes in their respective fields.

13 Click **OK**.

An authorization line displays below the insurance.

### Adding Referral Information

**To add referral information:**

1 Access the patient chart and select the **Encounter - Insurance** tab.

2 Right-click the insurance listed on the Encounter Insurance section of the tab and select **Referral** from the shortcut menu.

The **Referrals Listing** dialog box displays.

3 Select the referral that you want to use.

4 If no referrals exist in the list, create a new one by clicking the **Open Menu** button and selecting **New**.

The **Referral Code Tracking** dialog box displays.

5 Enter the required referral information and then click **OK**.
Adding Benefit Information to Insurance

You can capture annual and lifetime benefit information to help determine patient responsibility.

To add benefit information to a patient's insurance:

1. Highlight an encounter on the Encounters field of the patient chart.
2. Select the Insurance tab and then highlight the insurance in the Insurance field to which you want to add benefits.
3. Right-click on the highlighted insurance and select Open from the drop-down menu. The Insurance Maintenance dialog box displays.
4. Select the Benefits Info tab and ensure that the Eligibility and Benefits sub-tab is selected.
5. Click the Open Menu button and select New (or select Open to access existing benefit information).

The Eligibility and Benefits Maintenance dialog box displays.

6. Enter the benefit information that you want to record.
7. Click OK.

Viewing and Editing Benefit Financial Information

You can maintain the financial information that is associated with a patient's insurance benefits.

To view and edit benefit financial information:

1. Highlight an encounter on the Encounters field of the patient chart.
2. Select the Insurance tab and then highlight the insurance in the Insurance field to which you want to add benefits.
3. Right-click on the highlighted insurance and select Open from the drop-down menu. The Insurance Maintenance dialog box displays.
4. Select the Benefits Info tab and then select the Financial Information sub-tab.
5. Click the Open Menu button and select New (or select Open to access existing financial information).
The *Financial Information* dialog box displays.

6 Enter or edit the benefit financial information.

7 Click OK.
Determining Where the Co-Pay is Pulled From

You can use this diagram to see how the application determines patient cop-pay amounts.

* Co-Pay from Contract Exception

Does Contract Exception exist for CPT4 Code?

Is co-pay a 0 or positive amount on line item?

Is a check mark in the co-payment column in the ledger area of the contract?

The co-pay is pulled from the Contract Exception.

The co-pay does not apply.

Co-Pay from Contract

Is co-pay a 0 or positive amount on line item?

The co-pay is pulled from the Contract.

Co-Pay from Visit-Payer Level

Is Visit payer co-pay enabled on the Chart tab in Practice Preferences?

Is the Visit Co-pay amount a 0 or positive amount?

The co-pay is pulled from the Visit Co-payment field on the Insurance Maintenance screen.

Co-Pay from Insurance Override

Is Co-Pay Override enabled on the Payer Master?

The co-pay is pulled from the insurance override section on the insurance Maintenance screen.

Co-Pay from Practice-Specific Level

Is Practice Specific enabled on the Chart tab in Practice Preferences?

The co-pay is pulled from the Practice Level section on the Insurance Maintenance screen.

Co-Pay from Enterprise-Wide Level

The co-pay is pulled from the Co-Pay Type field on the Enterprise-Wide version of the Insurance Maintenance screen.

* For a contract exception to be used, there must be a payer/provider/location match.

Note: A blank in the co-pay amount field indicates proceed to the next level in the co-pay process. A zero indicates there is no co-pay.
Scanning Patient Insurance Cards

You can scan and record images of one or more insurance cards for the patient.

To scan an insurance card:

1. From the Insurance Maintenance dialog box, click Scan. The Scanning Device Input dialog box displays.

2. Place the patient insurance card, face up, in the scanner and adjust the scan guide so that it fits the original.

3. Click the Open Record button under the Front section and choose Acquire. When the scanning process is finished, the card image displays in the Scanning Device Input dialog box.

4. Use the following options to help you adjust the scanned image.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="rotate.png" alt="Rotate" /></td>
<td>These buttons to rotate the card image, if necessary, so that it appears upright.</td>
</tr>
<tr>
<td>Crop</td>
<td>You can crop the image so that it displays only the needed information.</td>
</tr>
<tr>
<td>Copy/Paste</td>
<td>You can insert the card's image into other files.</td>
</tr>
<tr>
<td>AutoScan Mode</td>
<td>Click this to start the scanning process.</td>
</tr>
<tr>
<td>Show Scanner Interface</td>
<td>Select this to display the scanner's options box. You can then manipulate the image.</td>
</tr>
<tr>
<td>Brightness/Contrast</td>
<td>You can change and improve the appearance of the image.</td>
</tr>
</tbody>
</table>

5. Scan the back of the card by repeating steps 2 - 4.

When you are finished scanning the front and back of the card, click OK to return to the Insurance Maintenance dialog box. The application now provides you with a new Ins Card button that makes it possible for you to view the image.

Duplex Scanning

The NextGen Practice Management application supports duplex scanning. Duplex scanning enables you to scan both side of a piece of paper (such as an insurance card), simultaneously.

Viewing Patient Eligibility Information

You can view the patient's eligibility information by accessing the Encounters > Insurance tab of the patient's chart. The eligibility information is located in the Verification section of the dialog box.
Note: The information will not be visible if the resolution of your monitor is set to 800x600.

**Encounters - Transactions Tab**

The **Encounters - Transactions** tab displays charges and transactions (payments, adjustments, refunds) for the highlighted encounter. On this tab, you can:

- Right-click on a charge to access the Charge Ledger (Charge Posting) dialog box.
- Right-click on a transaction to access the Transaction Detail (Payment Entry) dialog box.
- Right-click on the encounter to view the ICS EOB.
- Right-click on the encounter to view the ICS Fee Ticket.
- Right-click on the encounter to view the ERA EOB.

The following columns appear on the **Encounters - Transactions** tab of the patient chart:

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Created</td>
<td>Transaction creation date</td>
</tr>
<tr>
<td>Svc Date</td>
<td>Service Date</td>
</tr>
<tr>
<td>SIM Description</td>
<td>SIM Description</td>
</tr>
<tr>
<td>CPT4</td>
<td>CPT4</td>
</tr>
<tr>
<td>Qty</td>
<td>Quantity</td>
</tr>
<tr>
<td>Amount</td>
<td>Monetary amount of transaction</td>
</tr>
<tr>
<td>Type</td>
<td>Type of transaction</td>
</tr>
<tr>
<td>Deductible</td>
<td>Deductible amount</td>
</tr>
<tr>
<td>Tracking Desc</td>
<td>Tracking Description</td>
</tr>
<tr>
<td>Column</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Transaction Notes</td>
<td>Transaction Notes</td>
</tr>
<tr>
<td>Reason</td>
<td>Reason for transaction</td>
</tr>
<tr>
<td>Tooth</td>
<td>Tooth identification</td>
</tr>
<tr>
<td>Surface</td>
<td>Tooth surface</td>
</tr>
<tr>
<td>Quadrant</td>
<td>Tooth quadrant</td>
</tr>
<tr>
<td>Outsource Date</td>
<td>Date balance was outsourced</td>
</tr>
<tr>
<td>Outsource Agency</td>
<td>Outsource agency used</td>
</tr>
<tr>
<td>Units</td>
<td>Anesthesia Units, which is the sum of the following units:</td>
</tr>
<tr>
<td></td>
<td> SIM Base Units</td>
</tr>
<tr>
<td></td>
<td> Calculated Time Units</td>
</tr>
<tr>
<td></td>
<td> Anesthesia Modifier Units</td>
</tr>
<tr>
<td>Optik Order Number</td>
<td>Optik order number</td>
</tr>
</tbody>
</table>

**Encounters - Note Tab**

The **Encounters - Note** tab displays notes attached to the highlighted encounter. You can add a new note or modify/delete/print/seal an existing note on the highlighted encounter.

To add a note to an encounter of the Encounter - Note tab:

1. Highlight the encounter to which you want to attached the note.
2. Click the **Open Menu** button and select **New**.
The *Patient Note* dialog displays.

3. Enter the subject of the note in the **Subject** field.
4. Enter the note's message in the **Note Entry** field.
5. Click **OK**.
**Encounters - Case Mgmt Tab**

The *Encounters - Case Mgmt* tab displays the cases, if any, that are linked to the highlighted encounter. On this tab, you can click the **Open Menu** button in the upper left hand corner to:

- Create a new case for the highlighted encounter
- Open the existing case for the highlighted encounter
- Open all existing cases for the patient
- Clear the existing case from the highlighted encounter

**Reference:** For information on managing patient cases with NextGen Practice Management, see the *NextGen EHR and Practice Management Case Management Guide*.

---

**Adding Certificate of Medical Necessity Information**

To access the *Certificates of Medical Necessity* dialog box:

1. Highlight an encounter in the patient chart.
2. Select the **Insurance** tab.
3. Right-click on the name of the insurance that is attached to the encounter in the **Encounter Insurance** field and select **CMN** from the drop-down menu.
The *Certificates of Medical Necessity* dialog box displays.

4. Select the CMN form that you want to use from the drop-down list in the **CMN Form** field.
5. Complete the remaining fields as needed.
6. Click **OK**.

**Reversing Automatic Adjustments from the Patient Chart**

Within the patient chart, you can correct adjustments made to charges from outdated contracts when the encounter meets the following criteria:

- Auto adjustment from a contract have been applied to a charge.
- The Allowed Amount for the charge line item has been updated in the contract for the time period of the encounter.
- The encounter has a status of Unbilled, Billed, Rebilled, or History.
- The Begin DOS for charge is during the effective time period of the CPT4 that is defined in the **Fee Schedule** tab of the contract.
- The user attempting to reverse automatic adjustments has proper security set up.

**To correct adjustments made to charges from outdated contracts from within the patient chart:**

1. Access the patient chart and select the **Encounter** tab.
2. Right-click the encounter and select **Reverse Automatic Adjustments** from the drop-down menu.
The *Reverse Automatic Adjustments* dialog box displays.

3. Place a check mark in the check box for each adjustment in the Encounter List that you want to reverse.

4. Click **Preview** to view a preview report of all applicable charges.

5. Click the **Process** to update the selected charges with new adjustment amounts.
   The selected auto adjustments are reversed and replaced with a new auto adjustment. The application runs the new *Reverse Automatic Adjustments* report to summarize the changes made.

To print Fee Tickets from the patient chart:

1. Access the **Encounters** or the **Financial** tab.

2. Right-click on an encounter in the Encounters list and select **Print > Fee Tickets** from the options menu.
Accessing the Previous Patient

When you are working with multiple patients, you can access a recently accessed patient chart without performing an chart lookup.

**To access a previous patient:**

1. From the current patient chart, click the Open Menu button.

2. Select Access Previous Patient. The patient charts that were most recently accessed display.

3. Select the patient that you want to access from the list.

Accessing the Active Patient

**To access the active patient:**

1. From the current patient chart, click the Open Menu button.

2. Select Access Active Patient. The active patient name displays next to the option. The active patient becomes the current patient.
**Setting the Active Patient**

When you set a patient as the active patient, it remains in memory when you work with other patient charts and is available for quick access.

**To set a patient as the active patient:**

1. From the current patient chart, click the **Open Menu** button.

2. Select **Set Active Patient**. The current patient becomes the active patient.

**Managing Patient Portal Enrollment from the Chart**

The enrollment process enables you to provide patients access to their accounts on the NextGen Patient Portal Web site. You can enroll patients in NextGen Patient Portal from within the patient chart.

You can add a care manager to manage the selected patient’s NextGen Patient Portal account (such as a husband having access rights to his wife’s account), add a dependent for the selected patient to manage (such as a mother having access to her children’s NextGen Patient Portal account) at the time of enrollment or at the request of the patient. You also can change access rights, add or terminate a care manager or dependent relationship at any time.

**Note:** For instructions on managing Patient Portal enrollment, see the *NextGen Patient Portal Provider Guide for NextGen Practice Management* guide.
CHAPTER 3

Accounts

This section provides information on accounts within NextGen Practice Management.

Creating and Maintaining Accounts

Any person or employer who serves as a guarantor for a patient must have an account. A patient can also have an account.

**Note:** Before you can set up the account, the guarantor must already be entered in NextGen Practice Management.

Maintaining Account Demographic Information

The first information that displays when you open the account profile for an employer is the demographic information on the **Properties** tab of the **Account Profile** dialog box.

![Account Profile Dialog Box](image)

To open and enter an employer's demographic information:

1. Locate the appropriate account.
2. In the search results list, double-click on the appropriate account.
   - The **Account Profile** for that account displays.
   - The **Properties** tab is active, displaying the current demographic information for the account.
   - The first section, **Account Demographics**, populates automatically using the information in the Employer Master File.
3. In the Account Settings **Collections** section, select from the following options:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
</table>
Credit rating

You can select from the following values:

- Good
- Bad
- None

Exempt from Outsourcing

To prevent this account from being sent to a collection agency for collection on a bad debt.

Collection Letter

Select the collection letter for the account from the list of available collection letters.

Send Collection Letter

Indicate whether or not a collection letter is to be sent for the account.

Last Letter Print Date:

The date of the last time a collection letter was printed displays here.

---

4 In the Account Settings **Statements** section, select from the following options:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Statements</td>
<td>Click the check box to specify that you want to print hard copies of this account's statements.</td>
</tr>
<tr>
<td>Last Statement Print Date:</td>
<td>The last date that statements for this account was printed displays here.</td>
</tr>
<tr>
<td>Next Statement Print Date</td>
<td>This date field enables you designate the next time statements automatically prints for this account.</td>
</tr>
<tr>
<td>Generate Statement Next Run</td>
<td>Indicate whether or not you want the application to generate a statement during the next batch run.</td>
</tr>
<tr>
<td>Suppress Dunning Messages</td>
<td>Indicate whether or not you want the application to suppress Dunning Messages.</td>
</tr>
</tbody>
</table>

5 In the Account Settings **Invoices** section, select from the following options:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Invoices</td>
<td>Click the check box to specify that you want to print hard copies of this account's invoices.</td>
</tr>
<tr>
<td>Last Invoice Print Date:</td>
<td>The last date that invoices for this account was printed displays here.</td>
</tr>
<tr>
<td>Next Invoice Print Date</td>
<td>This date field enables you designate the next time invoices automatically prints for this account.</td>
</tr>
</tbody>
</table>
Maintaining Account Encounter Information

The **Encounters** tab of the *Account Profile* dialog box contains a listing of all the encounters associated with this account.

![Account Profile Dialog Box with Encounter Information](image)

A folder displays for each patient under this guarantor. Double-click to view the details of each encounter.

Viewing Account Summary Information

The summary for the entire account displays on the **Account Summary** tab of the *Account Profile* dialog box.

![Account Summary Tab](image)

While viewing the Account Summary, you can:

- Sort the items by clicking on the column headings.
- View the details of each transaction by double-clicking on it.

<table>
<thead>
<tr>
<th>Column or Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date of the encounter</td>
</tr>
<tr>
<td>Enc/Inv</td>
<td>Encounter or invoice number</td>
</tr>
<tr>
<td>Name</td>
<td>Name of the patient</td>
</tr>
<tr>
<td>Column or Field</td>
<td>Description</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Description</td>
<td>Description of the source of the charge or transaction</td>
</tr>
<tr>
<td>Charges</td>
<td>Monetary amount associated with this encounter and invoice</td>
</tr>
<tr>
<td>Payments</td>
<td>Any payments made towards this encounter/invoice</td>
</tr>
<tr>
<td>Adj/Ref</td>
<td>Any adjustment or refunds for this encounter/invoice</td>
</tr>
<tr>
<td>Balance</td>
<td>Monetary balance due and owing on this encounter/invoice</td>
</tr>
<tr>
<td>Tracking Description</td>
<td>Any description added to track this transaction</td>
</tr>
</tbody>
</table>

Filtering Account Summary Information

You can filter the financial history information that the application displays for a person. The filter enables you to narrow the information displayed according to one or more of the following criteria:

- Rendering Physician
- Encounter Location
- Encounter Primary Payer
- Tracking Description
- Encounter Status
- Date range
- Self-Balance

The filter criteria entry window displays when you move your mouse over the Filter button.
### Field | Definition
--- | ---
Rendering Physician | Filters the financial history information to match the rendering physician(s) you select.
Encounter Location | Filters the financial history information to match the encounter location(s) you select.
Encounter Primary Payer | Filters the financial history information to match the encounter primary payer you select.
Tracking Description | Filters for information entered on the Payment Entry dialog box. For example, if patient pays the co-pay with a check, you can enter the check number in the Tracking field. Or, if it was an insurance payment, you can enter the Payer's EOB date.
Encounter Status | Filters the financial history information to match the encounter status you select.
Date range | Filters the financial history information to match the date range you enter.
Self Balance amount | Filters the financial history information to match the self balance amount you enter. You can set the filter to match financial entries that are:
- Equal to the amount you enter
- Not equal to the amount you enter
- Greater than the amount you enter
- Less than the amount you enter

**Viewing Account Payment Details**

You can view the account payment details for a patient by accessing their account. From the Account Profile dialog box, click the Account Summary tab.

While viewing this dialog box, you can:
- Sort the items by clicking on the column headings.
- View the details of each transaction by double-clicking on it.
- Filter the transactions

**Person/Patient Accounts**

Person/Patient Accounts in the application display the following tabs:
- Properties
- Encounters
- Account Summary
- Budget
- Notes
Creating an Account with a Person/Patient as the Guarantor

To create an account with a person/patient as the guarantor:

1. Click the Chart button on the NextGen Practice Management main toolbar. The Patient Lookup dialog box displays.

2. Enter the search criteria you want to use to search for a patient chart. A list of persons matching your search criteria displays.

3. Double-click the person for which you want to create an account. The Modify Person Maintenance dialog box displays.

4. At the bottom of the dialog box, click Account. A confirmation message displays.

5. Click OK.

Person/Patient Account Demographics

The Properties tab of a person's account displays the patient's basic demographic information.
Maintaining Account Notes

You can add, edit, delete, and view any notes attached to the account on the Notes tab of the Account Profile dialog box. Just like with a patient or a person's chart, you can attach notes and review history, etc. from the Notes tab.
Employer Accounts

Employer accounts in the application display the following tabs:

- Properties
- Encounters
- Account Summary
- Invoice Summary
- Invoice Details
- Notes

**Note:** Before you can set up the account, the guarantor must already be entered in NextGen Practice Management.

Creating an Account with Employer as Guarantor

To create an account with an employer as the guarantor:

1. From the NextGen Practice Management main menu, select **Tasks > Lookup > Employers**.
   The **Employer Lookup** dialog box displays.

2. Enter the employer number and click **Find**.
   A list of employers matching your search criteria displays.

3. Double-click the employer for which you want to create an account.
The *Employer Maintenance* dialog box displays.

4. Ensure that all the information for the employer is correct.

5. At the bottom of the dialog box, click the **Account** button.

The **Account Profile** displays.

**Viewing Account Budget Information**

The **Budget** tab displays budget plan information for the guarantor.

The following fields display on the **Budget** tab of the **Person Account Profile** dialog box.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enable Budget Account</td>
<td>Check this to activate the budget plan for this account. Note: If this option is not checked, you cannot access or use the budget plan or any of the fields on this dialog box.</td>
</tr>
<tr>
<td>Budget Start Date</td>
<td>The date the budget plan is in effect.</td>
</tr>
<tr>
<td>Budget Due Date</td>
<td>The date that all monies owed should be paid.</td>
</tr>
</tbody>
</table>
### Field Description

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sched End Date</td>
<td>The date that the plan ends.</td>
</tr>
<tr>
<td>Last Letter Sent On</td>
<td>The date the last budget letter was sent to the account.</td>
</tr>
<tr>
<td>Last Delinquency Date</td>
<td>The date of the last time the account paid towards the balance after the due date.</td>
</tr>
<tr>
<td>Termination Date</td>
<td>The date that the plan was terminated.</td>
</tr>
<tr>
<td>Payment Cycle</td>
<td>The payment cycle is monthly.</td>
</tr>
<tr>
<td>Total # Payments</td>
<td>You can enter the total number of payments.</td>
</tr>
<tr>
<td>Payment Amount</td>
<td>Enter the amount for each payment.</td>
</tr>
<tr>
<td>Beginning Budget Amount</td>
<td>The initial amount owed and set up to be repaid on the budget plan displays here.</td>
</tr>
<tr>
<td>Remaining Budget Amount</td>
<td>As you post each payment, the remaining balance adjusts itself and displays here.</td>
</tr>
<tr>
<td>Balance from encounters</td>
<td>The balance of monies owed from billable encounters displays here.</td>
</tr>
<tr>
<td>Charges Covered by Insurance</td>
<td>Any charges covered by insurance, and not eligible for the budget plan, displays here.</td>
</tr>
<tr>
<td>Total Patient Balance</td>
<td>The entire balance owed, after insurance payments, displays here.</td>
</tr>
<tr>
<td>Encounter Information Section</td>
<td>At the bottom of the Budget tab is the Encounter Information section.</td>
</tr>
<tr>
<td></td>
<td>You can use the Open Menu button to add encounters. If there are no eligible encounters to add to the budget plan, the Norton button is disabled.</td>
</tr>
</tbody>
</table>

### Setting up a Budget Plan

You can set up a monthly Budget Plan for patients that have an account balance that they are unable to pay in full.

**Note:** The patient whom you create the budget plan for must have an account.

**To set up a Budget Plan:**

1. Locate the account for the patient that you want to create a budget plan for.
2. Select the **Budget** tab.
3. Click the Open Menu button in the **Budget Plans** section and select **New** or **Open**.
The *Budget Details* dialog box displays.

4 Indicate whether the Budget Plan is **Perpetual** or **Non-Perpetual**. A perpetual budget plan rolls over to each encounter, whereas a non-perpetual budget plan applies to only the selected encounters.

5 Select a Payment Cycle for the budget plan.

6 Click the **Open Menu** button in the Encounter Information section and select the **Add**, **Delete**, **All**, or **None** option. (Non-Perpetual budget plans only.)
   - If you choose **Add**, the *Encounter Lookup* dialog box displays. Proceed to step 6.
   - If you choose **Delete**, the highlighted encounter is deleted from the Budget Plan.
   - If you choose **All**, any encounter that has a patient balance is included in the budget plan.
   - If you choose **None**, the Budget Plan is no longer be active and the dialog box disables all fields.

7 Highlight the encounter to add to the plan, and click **Add**.

8 Right click to display the short-cut menu and choose **Select**. The encounter is added to the plan.

9 Enter one of the following:
   - Enter the total number of payments in the **Total # Payments** field, if the budget plan is being setup based on a set number of payments. NextGen Practice Management automatically calculates the dollar amount for each of those payments, which are distributed evenly over the total number of payments.
   - Enter the payment amount in the **Payment Amount** field, if the budget plan is being setup based on a set payment amount every month. NextGen Practice Management automatically calculates the total number of payments, based on the amount that is to be paid each month.

**Caution:** Because NextGen Practice Management distributes the payment amount evenly over the total length of the budget plan, when you enter a dollar amount and the total number of payments is calculated, the application also recalculates the payment amount to reflect a payment amount that is equally distributed over the total length of the budget plan. If you re-enter the payment amount in the **Payment Amount** field a second time, the dollar amount you enter does not recalculate the second time.
Example: If you are setting up a budget plan on an account that has a total balance due of $5845.00 and you want the monthly payment amount to be $150.00, then the total number of payments calculates as 39, but the payment amount is recalculated to $149.87. To set the payment amount to $150.00, you need to re-enter $150.00 in the Payment Amount field a second time.

Note: Encounters on a budget plan display in the patient chart with a checkbook icon next to them.

Adding Encounters to a Budget Plan

Once you set up the budget plan, you must add encounters to that budget. The encounters you add are already billed, but unpaid.

To add encounters to a budget plan:

1. On the Account Profile click the Budget tab.
2. In the Budget Plans section, click the OK button.
3. From the drop-down menu, select New.
   The Budget Details dialog box displays.

   Enter the budget due date, the payment cycle, the total number of payments and the dollar amount for each payment.

4. In the Encounter Information section, click the OK button and select Add from the drop-down menu.
The Encounter Lookup dialog box displays.

![Encounter Lookup Dialog Box](image)

Only the encounters for this patient display. If this patient is the guarantor for other patients, those encounters display as well.

6 Double-click the appropriate encounter to add it to the budget.

**Note:** If there are no eligible encounters, a message displays indicating that. At that point, even if you double-clicked an encounter it is not added.

7 Click Apply.

**Employer Account Invoice Summary**

All invoices associated with this account display in summary format on the Invoice Summary tab of the Account Profile dialog box.

![Account Profile Dialog Box](image)

You can add, edit, delete invoices as well as add charges by clicking on the Open button.
**Employer Account Invoice Detail**

To view the details of each invoice billed to this account, you can view that information on the Invoice Detail tab of the Account Profile dialog box.

![Image of Account Profile dialog box with Invoice Detail tab highlighted]

The following columns sort the invoice detail information:

<table>
<thead>
<tr>
<th>Column</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>This is the service location for the encounter.</td>
</tr>
<tr>
<td>Description 1</td>
<td>If you entered anything in the Appointment Book Description field, it displays here.</td>
</tr>
<tr>
<td>SIM</td>
<td>The SIM code assigned to these charges displays here.</td>
</tr>
<tr>
<td>Qty</td>
<td>This is the number of items billed under this SIM code.</td>
</tr>
<tr>
<td>Amount</td>
<td>This is the amount for the entire invoice.</td>
</tr>
<tr>
<td>Payments</td>
<td>Any payments credited to this account displays here.</td>
</tr>
<tr>
<td>Adj/Ref</td>
<td>Any adjustments or refunds applied to the account display here.</td>
</tr>
</tbody>
</table>

**Accessing the Previous Account**

When you are working with multiple accounts, you can access a recently accessed account profile without performing an account lookup.

**To access a previous account:**

1. From the current account profile, click the **Open Menu** button.

2. Select **Access Previous Account**.

   The accounts that were most recently accessed display.

3. Select the account that you want to access from the list.
Setting the Active Account

When you set an account as the active account, it remains in memory when you work with other accounts and is available for quick access.

To set an account as the active account:

1. From the current Account Profile, click the Open Menu button.

2. Select Set Active Account. The current account becomes the active account.

Accessing the Active Account

After an account has been set as the active account, you can quickly select it from the toolbar of the current account. (See Setting the Active Account (on page 87) for information on setting an account as the active account.)

To access the active account:

1. From the current Account Profile, click the Open Menu button.

2. Select Access Active Account. The name associated with the account displays next to the option. The active account becomes the current account.
This page is intentionally left blank.
The section provides information on working with invoices within NextGen Practice Management. Invoices are the means by which you can bill employer accounts.

**Invoicing an Account**

When an account is not associated with a specific encounter, invoices provide an alternative to Encounter Billing. For example, a company orders drug screening for all employees to be provided on site. Rather than bill separate encounters for each employee, one invoice can be created for the employer's account.
**Viewing Invoice Summary Information**

The Account Profile for an employer account in NextGen Practice Management includes the **Inv Summary** tab. This tab displays high-level information about each invoice, such as its creation date, total charges, and billing status.

**Viewing Invoice Details**

The **Inv Detail** tab on each employer Account Profile breaks out the information for each account invoice by SIM. You can use this tab to view the specific procedures and charges included on each invoice.
Creating a New Invoice

Remember the following when creating an invoice:

- An invoice must be created before you can add charges to it.
- Only one invoice can be open for each account in an unbilled status at a time.
- An invoice is considered billed once you print it.

To create a new invoice:

1. From the main toolbar, click the Account button.
   The Account Lookup dialog box displays.
2. Once you locate the appropriate account, double-click on it to open it.
   The Account Profile displays.
3. On the Account Profile dialog box, you can click Invoice Detail tab.
4. In the blank space on the right, right-click to display the shortcut menu.
5. Select New Invoice.
   - A new line adds to the Account Profile, indicating an invoice has been created.
   - A new invoice creates with the current date as the Create Date, and the status of Unbilled.

To add charges to the new invoice, see Adding Charges to the Invoice (see "Adding Charges an Invoice" on page 91).

Adding Charges an Invoice

After you create the account invoice, you can add charges. Invoices are billed directly to an account and not to a payer. An account does not have a chart.
To add charges to an invoice:

1. From the NextGen Practice Management main menu select click the ** Account** button. The **Account Lookup** dialog box displays.
2. Locate the appropriate account and then double-click it. The **Account Profile** displays.
3. Select either the **Invoice Summary** or **Invoice Detail** tab.
4. Highlight the appropriate invoice and click the **Open Menu** button.
5. From the shortcut menu, select **Charges**.
   > The **Charge Posting** dialog box displays. The **Invoice** field displays the newly created invoice number and date.

6. Click **New**.
   > Your cursor is automatically in the **Service Item** field.
7. Beginning with the **Service Item** field, go to each field entering the appropriate information.
8. Once you enter all the necessary information, you can click **Save**. To save this charge and add another, click **Next**.

### Billing Invoices

When all appropriate charges are included on the invoice, you can bill the invoice by simply printing it. An invoice is in an **Unbilled** status until it prints, then it has a **Billed** status. If you add more charges to an invoice after you bill it, NextGen Practice Management automatically places it is **Rebill** status. You must print the invoice again to set the added charges to a **Billed** status. If you need to process a claim for insurance reimbursement, you must use Encounter Billing.

**Note:** The status of an invoice - Unbilled, Billed, Re billed - displays on the **Charge Posting** dialog box on each charge line.

### To manually bill an invoice:

1. From the main toolbar, click the **Account** button.
2 The **Account Lookup** dialog box displays. Once you locate the appropriate account, double-click on it to open it.

The **Account Profile** dialog box displays.

3 Select either the **Invoice Summary** or **Invoice Detail** tab.

4 Right-click on the invoice to **Print > Invoice**.

The **Demand Invoice** dialog box displays.

5 Complete the fields on the **Demand Invoice** dialog box and then click **Print**.

**Rebilling an Invoice**

There are occasions when you need to rebill an invoice. It could be that a charge was entered incorrectly or there are more charges to add.

1 To change the status of an invoice from **Billed** to **Rebill**, click on either the **Invoice Summary** or **Invoice Detail** tab of the Account Profile.

2 Right-click the invoice and select **ReBill**.

After an invoice has a Rebill status, it returns to the print queue the next time you batch print invoices. If you add or delete charges to an already billed invoice, its status automatically changes to **Rebill**.
Note: You can only rebill an invoice with a Billed status.

To manually rebill an invoice:

1. From the main toolbar, click the Account button.
2. The Account Lookup dialog box displays. Once you locate the appropriate account, double-click on it to open it.
   The Account Profile dialog box displays.
3. Click on either the Invoice Summary or Invoice Detail tab.
4. Right-click on the invoice and select Print > Invoice.
   The Demand Invoice dialog box displays.
5. Complete the fields on the Demand Invoice dialog box and click Print.

Billing Invoices on Demand

Invoices can be printed on demand for an employer. This is useful if the employer needs a copy of the invoice, or if more charges have been added and you would like to rebill immediately.

To print an invoice on demand:

1. From the main toolbar, click the Account button.
   The Account Lookup dialog box displays.
2. Once you locate the appropriate account, double-click on it to open it.
   The Account Profile dialog box displays.
3. Click either the Invoice Summary or Invoice Detail tab, highlight the invoice to print and click on the Open button to display the shortcut menu.
4. From the shortcut menu select Print Invoice....
The Demand Invoice dialog box displays.

![Demand Invoice Dialog Box](image)

Your practice preference settings determine which options are available to you on this dialog box. If you need to change these settings, or some are not available to you, check with your practice administrator.

5. Complete the following fields:

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Invoice Amount</td>
<td>Enter the minimum invoice amount to qualify that invoice for printing. Any invoice amount less than this setting does not print.</td>
</tr>
<tr>
<td>Invoice Sort By</td>
<td>Select whether to sort the invoices by Employer or Invoice ID.</td>
</tr>
<tr>
<td>Show Grid Lines</td>
<td>If you select this option, grid lines display on the printed invoice.</td>
</tr>
<tr>
<td>Include Invoices of Status:</td>
<td>Select whether or not to include rebilled and unbilled invoices.</td>
</tr>
<tr>
<td>Update Invoice Dates and Billing Status</td>
<td>You can select to update the invoice dates with the print date as well as update the billing status to Billed automatically once the invoices print.</td>
</tr>
<tr>
<td>Auto Note</td>
<td>Not available at this time.</td>
</tr>
<tr>
<td>Preview</td>
<td>Click this button to preview the invoices prior to printing them.</td>
</tr>
<tr>
<td>Print</td>
<td>Click this button to print all the invoices that match the options you selected.</td>
</tr>
<tr>
<td>Close</td>
<td>This button closes the Practice Invoices dialog box without printing any invoices.</td>
</tr>
</tbody>
</table>

Once you make your selections, you can click:

- **Preview** to ensure that the information looks correct.
- **Print** to send the invoices to the printer.

6. If you selected **Update Invoice Dates and Billing Status**, a confirmation message displays after you click **Print**.

   When you click Yes:
   - The invoice status changes to **Billed**.
   - The **Last Date** field updates with the print date. If this is the first time to print the invoice.
Billing Invoices in a Batch

To print invoices in a batch for the practice:

1. From the NextGen Practice Management main menu, select **File > Print Forms > Invoices**. The *Practice Invoice* dialog box displays.

2. Complete the fields on the *Practice Invoices* dialog box.
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