# **Patient Check-In**



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# 1. Introduction

The **checkin** program checks in patients. During checkin, you can update account and patient information, update insurance information, review outstanding balances, check eligibility, and post a copay payment.

Because **checkin** has links to many essential Partner programs, it can be a great starting point for any staff member who deals with patients and accounts.

The **checkin** program is the perfect tool for the front office. In **checkin**, you can quickly confirm and verify essential information, make needed changes, and post a copay. The **checkin** program also tells your EHR and other Partner programs that the patient has arrived.

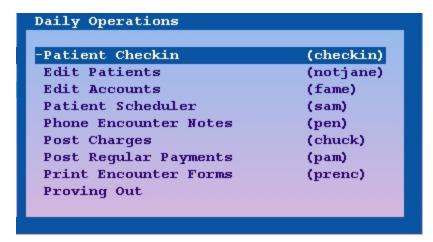
Visit learn.pcc.com to watch a training video on **checkin**, **checkout**, and many other basic Partner programs. Contact PCC Software Support at 1-800-722-1082 with any questions.

# 2. Quickstart: Check In a Patient

What is your office's procedure for checking in patients? Do you review their address, check their insurance information, and ask them for their copay? Whatever your procedure, **checkin** has tools to help you. The procedure below covers all the screens in **checkin**: Demographics, Additional Demographics, Eligibility, Insurance, Balance and Copay, and the optional Personal Payment screen.

#### Step 1: Run checkin

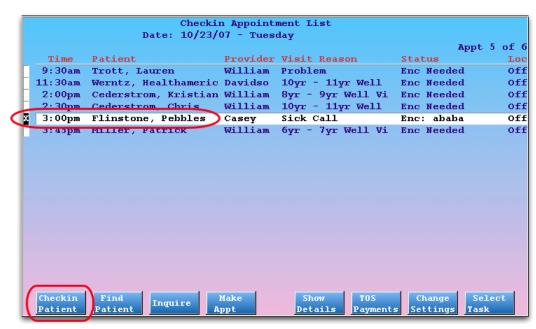
You can run **checkin** from your Partner windows.



You can also type **checkin** at a command prompt.

#### Step 2: Select or Find a Patient

When you run **checkin**, you must select the patient you wish to check in. Use the arrow keys to pick from a list of patients who are scheduled to visit that day:



Press [F1 -- Checkin Patient] to check in the selected patient. To learn more about the patient selection screen in Partner, read Appointment Lists.

If the patient is not scheduled to visit, you can press [F2 -- Find Patient] to use a "magic word" or search by other means:



Or, after pressing **Enter**:

```
Please enter a patient:

First Name:

Last Name:
```

#### Step 3: Confirm and Update Demographic Information

Next, confirm the patient's basic demographic information. Are the name and address entered correctly? Are bills being sent to the proper account? On the Demographics screen, you can quickly review and update this essential information.

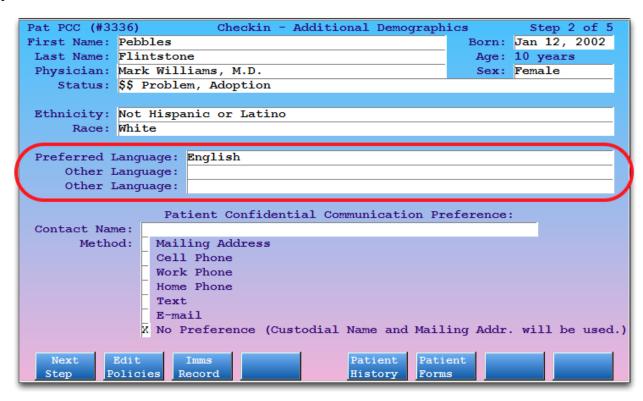
Pat PCC	d: 333	36 Che	ckin - Demo	grap	phics	Step 1 of 5
First 1	Name:	Margaret			Bor	n: Jul 17, 2004
	name:			-		e: 10 yrs, 1 mo
Middle 1	Name:			-		x: Female
Last 1	Name:	Flintstone		-		
Sui	ffix:			-		
Physic	cian:	Williams				
Sta	atus:	\$\$ Problem, Adoptio	n			
Other	c ID:	828-74-6104	Not	te:	Rubble	
Sch	nool:	Bedrock Central	Old PM II	: 0	2755	
	Patie	ent Lives with, and	Bills Sent t	to,	Fred Flintstone	(#1980)
		ing Problem				
	1400	Rock Road				802-555-0105
Addr:						802-555-0146
City:						802-555-0112
State:		Zip Code: 0540	4		Emg Phone:	
Email:	stone	es@HannaBarbera.com				
Next Step			ssign ount			Reprint Billing Enc Form FKey Set
		7,000				TAGE STORE

The function keys at the bottom of the screen allow you to jump to other Partner programs. Read the article on Demographics for more information about tools on this screen.

Once you have finished checking and updating the patient's basic information, press [F1 -- Next Step] to continue.

#### Step 4: Confirm and Update Additional Demographic Information

Next, confirm the patient's race and ethnicity, preferred languages, and confidential communication preferences.

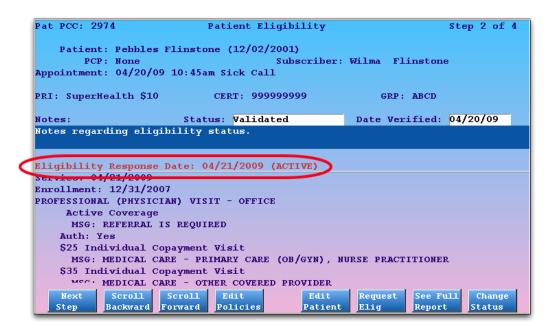


The function keys at the bottom of the screen allow you to jump to other Partner programs. Read the section on Additional Demographics for more information about tools on this screen.

Once you have finished checking and updating the patient's information, press [F1 -- Next Step] to continue.

#### **Step 5: Confirm Eligibility**

Review the insurance carrier's Eligibility Response, along with other eligibility details. The Patient Eligibility screen displays the patient's primary insurance policy along with the most recent eligibility result for the appointment.



**Note:** Press [*F6* -- *Request Elig*] to request updated information from the carrier. Eligibility confirmation usually takes several seconds.

Once you have reviewed patient eligibility, press [F1 -- Next Step] to continue.

#### **Step 6: Confirm Insurance Information**

On the Insurance screen, you can confirm or update the patient's policy information. The Insurance screen shows you information about every insurance policy associated with the patient.

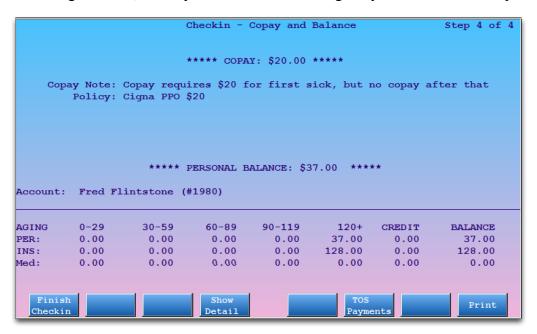
```
Checkin - Insurance
                            Pebbles Flinstone
 Copay Insurance Company
                                        Certificate #
                                                             Group #
 20.00 BCBS $20 Empire
                                        55555555503
                                                             MOY 205
  15.00 Aetna MC $15 Box 1125
                                        4444444405
  10.00 (Expired) Cigna PPO $10
                                        33333333302
            Press the Right Arrow Key for More Information
BCBS $20 Empire / BCBS Empire / BCBS
                                          Payor ID: SB865
  Dept 778983
  Harrisburg, PA 17177-8983
                                            Phone:
SUBSCRIBER
                                           Birth: 02/12/1976 Start: 04/11/2005
   First: Fred
    Last: Flintstone
                                            Sex: Male
                                                               End:
 Address: 479 Granite Avenue
                                            Reln: Child
          Bedrock, VT 05056
                                         Employr:
           Backward Forward
```

You can arrow up and down to review each of the insurance policies, and you can use the function keys at the bottom to edit, insert, move, delete, or expire any policy. If you change the patient's primary policy, you may wish to **Page Up** to the Patient Eligibility step and request updated eligibility status from the carrier.

Once you have checked the patient's insurance card and confirmed it matches the screen, press [F1 -- *Next Step*] to continue.

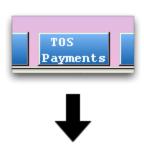
#### Step 7: Check Copay, Copay Notes, and Outstanding Balances

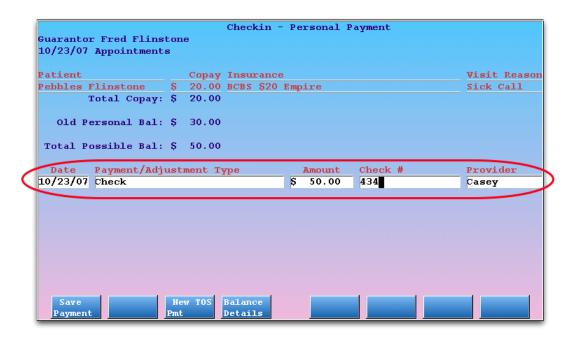
On the Balance and Copay screen, you can review the appointment's expected copay, an aging summary for outstanding balances, and any available insurance eligibility information for the patient.



Step 8: Optional: Press [F6 - TOS Payments] and Post Copay

If you collect copay payments during checkin, press F6 to visit the Personal Payment screen.





Enter the payment type, payment amount, and optionally a check number or provider.



Press [F1 -- Save Payment] to save your payment and continue, or press F12 to cancel and not enter a payment.

#### Step 9: Press [F1 – Finish Checkin]

If you need to review any previous **checkin** steps, or you want to go back to a previous screen, just press **Page Up**. You can also press **F12** at any time during checkin to quit.



Press [F1 -- Finish Checkin] from the Balance and Copay screen to finish checking in the patient. **checkin** will update the appointment's status to "Checked In," and you can select the next patient in line.

Now that you know how to check in a patient in Partner, read the sections below to learn about other tools and functions you can perform during checkin.

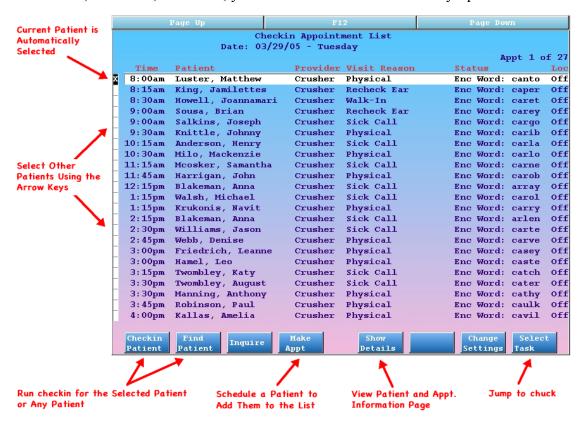
# 3. Checkin Screens

# 3.1. Appointment Lists in Checkin, Checkout and Nimms

Partner's **checkin**, **checkout**, and **nimms** programs have appointment lists that make selecting a patient fast and easy. Instead of typing in a patient's name, you can pick from a list of patient appointments. When you need to, you can skip the list and enter a name, but the appointment lists save time and reduce mistakes.

#### 3.1.1 Overview

When you run **checkin**, **checkout**, or **nimms**, you see a customizable list of today's patients:



Basic visit information is included on the list, and you can quickly select a patient and press **F1** to continue. Function keys at the bottom of the screen help you find any patient or perform other important tasks.

By default, patients disappear from the Checkin Appointment List after they are checked in and disappear from the Checkout Appointment List (or Nimms list) when checked out. You can customize that behavior.

# 3.1.2 Reviewing the Appointment List

When you run a program that uses an appointment list, such as **checkin**, Partner finds all the appointments that match certain criteria and creates a custom "Appointment List" for the program you are running.

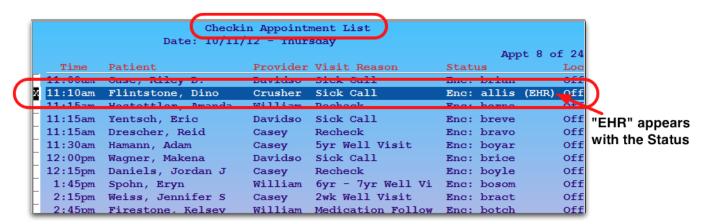


The list automatically scrolls to the current time. If it is two o'clock in the afternoon, the list will scroll to show patients who are scheduled for two o'clock.

Use the arrow keys or press **Page Up** and **Page Down** to scroll up and down and view the entire day. Press the right or left arrow key to move through the days. In this way, you can review appointment lists for any date, just as if you were flipping through a paper scheduling book.

Once you have chosen an appointment with which to work, press **F1** to continue working with the patient in the **checkin**, **checkout**, or **nimms** programs.

**Created in PCC EHR?** If an appointment was created in an EHR and not Partner, you will see "(EHR" appended to the status.



# 3.1.3 Can't Find an Appointment?

If you can't find an appointment, you can run the **inquire** program and check the patient's schedule. If you can't find the appointment in **checkout**, you might switch over and review the **checkin** program. By default,

appointments do not appear in checkout until they are checked in.

If the patient does not have an appointment, you can press F4 to schedule one. The patient will be added to your list, and (optionally) Partner will print an encounter form for the appointment.

If you wish to proceed without an appointment, press [**F2** -- *Find Patient*] to search by name or other criteria. Read *Finding Patients and Accounts* to learn more about finding patients.

#### 3.1.4 Extra Functions and Tools

While you are choosing a patient to work with, you can perform many other useful functions.

#### [F3 -- Inquire]

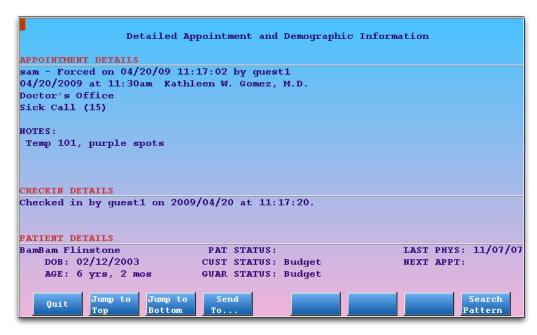
Press **F3** to run **inquire** for the currently selected patient. You can review the patient's visit history, change notes for the visit, and cancel, delete, or mark any appointment as missed.

#### [**F4** -- *Make Appt*]

Press **F4** to run **sam** and schedule any patient. You should do this for all "Walk-In" visits so they will have an encounter form and an appointment in your system. If your office does not use **sam**, **F4** can be configured to run **encount**.

#### [**F5** -- Show Details]

Select an appointment and press **F5** to view the Appointment and Demographic Information screen, which contains full details about the patient and the currently scheduled appointment:



#### [F7 -- Change Settings]

Press F7 to open the Settings window for the Appointment List. For a complete guide to configuring what appears on your appointment lists, read the Configure Appointment Lists article.

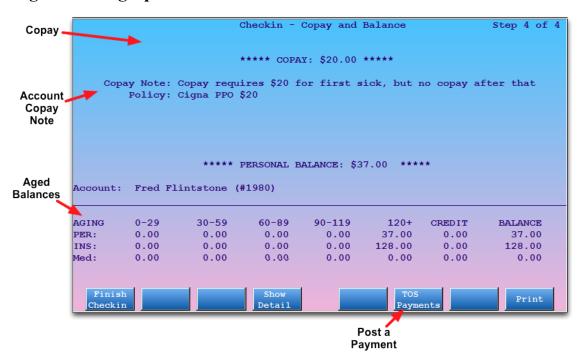
#### [**F8** -- Select Task]

Press **F8** to switch between patient check-in (**checkin**) and check-out (**checkout**). You can view a custom appointment list in both programs.

# 3.2. Demographics

The first screen in **checkin** shows demographic information and allows you to jump into other basic Partner programs. This screen is a great benefit to anyone using Partner, especially if they are at the front desk, answer phones, or need to use several different Partner programs with a patient at once.

#### 3.2.1 Reading the Demographics Screen



The Demographics screen shows the patient's name, age, primary care provider, sex, and status line as well as four customizable patient fields. The screen also includes the status line, address, and phone information for any family account(s) associated with the patient.

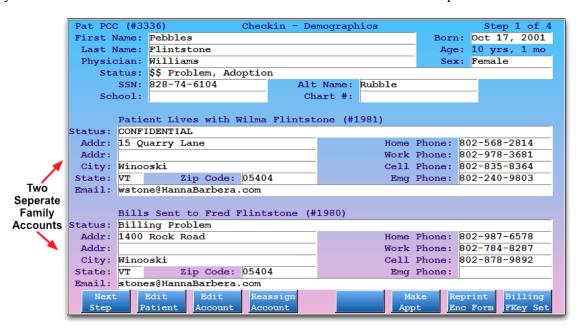
**Status Lines:** Status lines contain status flags that you can assign to patients or accounts. In the example above, Pebbles Flintstone has the status of "Medicaid" and "Needs Extra Time," and his guarantor (Fred Flintstone) has the status of "Budget." To see the list of statuses on your system, enter an asterisk (\*) in any Status field. PCC can teach you how to create new status flags that will help your office identify certain patients or accounts.

Use the **Enter** and **Backspace** keys to move among the fields and make changes. Press **End** to erase the text after the cursor. In some fields, you can use an asterisk (\*) to get a list of possible choices.

For example, if you learned that Pebbles Flintstone is really the patient of Dr. Crusher, you could press **Enter** until your cursor was in the Physician field, press **End** to erase Dr. McCoy's name, and then enter a "C" for Crusher.

**Get an Updated Encounter Form:** After changing important information about a patient, press [F7 -- *Reprint Enc Form*] so the encounter form for the visit has the most up-to-date information. You may want to confirm insurance information on step two of **checkin** first.

One or Two Families? If your patient has only one family serving as both the guarantor and custodian, you will see only one family listed on this page. If the patient has one account as a custodian but a different account as a guarantor, you will see both accounts at the bottom of the screen. A two-account patient would look like this:



#### 3.2.2 Function Keys on the Demographics Screen

From this screen, you can jump into the patient or family editors (**notjane**, **fame**), assign the patient a new guarantor or custodian, or reprint the encounter form. You can also run many basic Partner programs, including scheduling, charge posting, and billing programs. Whatever task you jump into, you can always return to this screen by pressing **F12**. Read the function key descriptions below to learn more.

#### [**F1** -- *Next Step*]

Press F1 (or Page Down) to continue the check-in process and move to the Insurance step. Any demographic changes will be saved.

#### [**F2** -- Edit Patient]

Press **F2** to run the Patient Editor (**notjane**) for the patient shown. From **notjane** you can view and edit immunization information, run reports on the patient's diagnosis and procedure history, and perform other patient related functions.

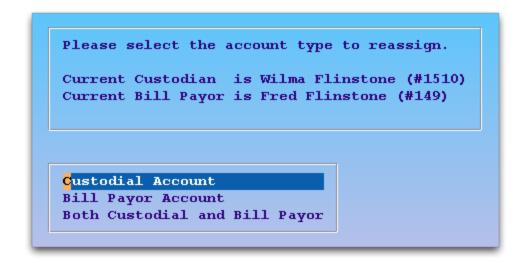
#### [**F3** -- Edit Account]

Press **F3** to run the Family Editor (**fame**) for the guarantor or custodian of the patient. If the patient has two different accounts as custodian and guarantor, Partner will ask you which account you wish to edit.

In **fame** you can review and revise complete account information, run various reports on the billing history, and perform other account-specific actions.

#### [**F4** -- Reassign Account]

Press F4 to *change* the child's custodian or guarantor account. You will see the following:



After making your selection, Partner will ask you to find the new custodian or billing account. If the account is not in your system yet, you can add it immediately.

#### [F5 -- CUSTOMIZABLE]

The **F5** key can be set to any tool or function in Partner. For example, if your office uses the Phone Encounter Note (**pen**) program, PCC can change **F5** so that it runs **pen** for the current patient.

#### [**F6** -- *Make Appt*]

Press **F6** to run **sam**, the Partner scheduler. If your office does not use **sam**, or you need a function key for generating instant encounter forms, PCC can configure **F6** to run **encount** instead.

#### [F7 -- Reprint Enc Form]

Press **F7** to print an encounter form for the appointment. Encounter forms are generally printed a day or more in advance of a visit, but if you have changed the patient's name or other important information, you may want to reprint the encounter form.

#### [**F8** -- Billing FKey Set]

Press **F8** to change the function keys on the screen to billing-related programs. **checkin** is a great program for a biller who needs to hop among programs such as **oops**, **pip**, and **checkout** while still viewing important demographic information.

The new function keys that will appear look like this:



#### [**F1** -- *Next Step*]

Press **F1** to save any changes and move to the Insurance page.

#### [**F2** -- Correct Mistakes]

Press F2 to run the oops program, where you can modify previously posted charges and fix

mistakes.

[**F3** -- Post Charges]

Press **F3** to run the **checkout** program and post charges.

[**F4** -- Post Ins Payments]

Press F4 to run the pip program and post insurance payments or adjustments.

[**F5** -- Post Reg Payments]

Press F5 to run the pam program and post personal payments or adjustments.

[**F6** -- Form Letters]

Press **F6** to open the form letter screen for patients. You can generate an excuse letter or another patient form.

[**F7** -- *Refund*]

Press F7 to run the **refund** program and post refunds or adjustments.

[**F8** -- Checkin FKey Set]

Press **F8** to switch the function keys back to the standard set for this screen.

[Page Down] and [Page Up]

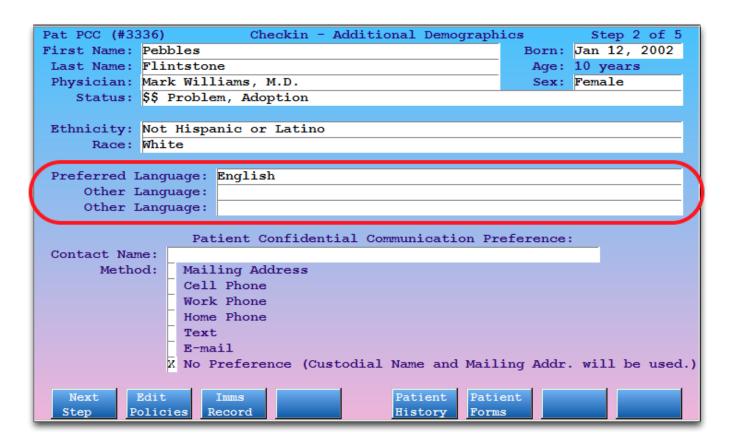
Press **Page Down** to continue to the Additional Demographics screen. Press **Page Up** to go backward to the Balance and Copay screen. All changes on this page will be saved. If you do not wish to save changes, you should press **F12**.

# 3.3. Additional Demographics

The second screen in **checkin** shows extra demographic information and allows you to jump into other basic Partner programs.

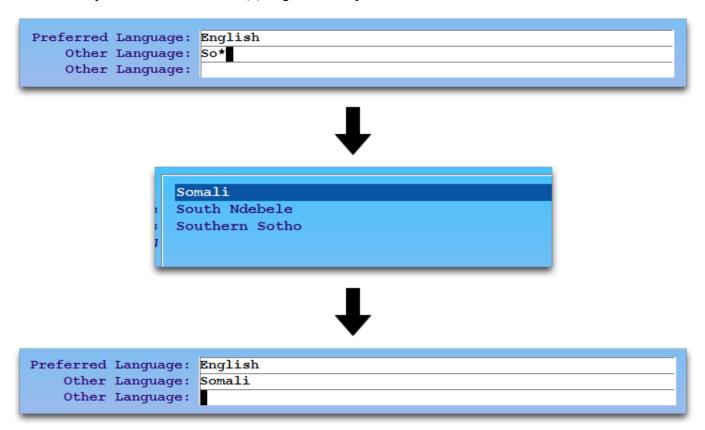
# 3.3.1 Updating Additional Demographics

In addition to Name, date of birth, primary care physician, sex, and status, the screen includes race and ethnicity, preferred language, and confidential contact preferences.



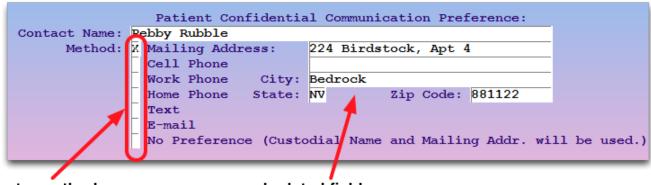
Use the **Enter** and **Backspace** keys to move among the fields and make changes. Press **End** to erase the text after the cursor.

In some fields, you can use an asterisk (\*) to get a list of possible choices.



You may only select a single Confidential Communication Preference. Once selected, fields particular for that selection will appear.

For example, if the patient has a private address distinct from their parents, you can select Mailing Address and enter that new address.



Select a method...

...and related fields appear.

Why Track This Information? Race and ethnicity, language, and confidential communication preferences help your practice in several ways.

- You can use the communication preferences to work directly with patients on confidential issues or on the maintenance of medical concerns that are their own responsibility.
- You can use any of these fields on form letters.
- You can limit some SRS reports by these fields.
- You can use the Patient Recaller (**recaller**) to calculate patient population numbers, generate patient lists, or generate mailings for a certain demographic based on a set of criteria.
- These fields are related to both the ARRA incentive and PCMH programs.

**Ethnicity, Race, and Language Lists:** The Ethnicity, Race, and Language fields are limited to values accepted by the ARRA Meaningful Use standard. You may enter more than one race by using a comma between entries.

**Configuration Options:** These fields appear in both the Patient Editor (**notjane**) and Patient Checkin (**checkin**). You can use the Configuration Editor (**ced**) to hide the Confidential Communication Preferences from **checkin** if your office does not collect this information and the fields distract from your checkin workflow.

# 3.3.2 Function Keys on the Additional Demographics Screen

From this screen, you can jump into the Edit Policies (**policy**) program, the patient's immunization record (**imms**), the Patient History program (**patinfo**) and the list of patient form letters. Whatever task you jump into, you can always return to this screen by pressing **F12**. Read the function key descriptions below to learn more.

[**F1** -- *Next Step*]

Press **F1** (or **Page Down**) to continue the check-in process and move to the Insurance step. Any demographic changes will be saved.

[**F2** -- *Edit Policy*]

Press F2 to run Edit Policies (policy) for the patient shown. From policy you can review and update the

patient's insurance policies.

#### [F3 -- Imms Record]

Press **F3** to run the Immunization History (**imms**) for the patient. You can review and update immunization history, or generate an automatic school form.

#### [**F5** -- Patient History]

Press **F5** to run Patient History (patinfo) for the patient. You can review a history of a patient's diagnoses, organized by visit date or by frequency of billed diagnosis.

#### [**F6** -- Patient Forms]

Press **F6** to jump directly to the form letter generator found in the Patient Editor (notjane). You can generate any of your custom patient form letters for this patient.

#### [Page Down] and [Page Up]

Press **Page Down** to continue to the Insurance screens. Press **Page Up** to go backward to the Demographics screen. All changes on this page will be saved. If you do not wish to save changes, you should press **F12**.

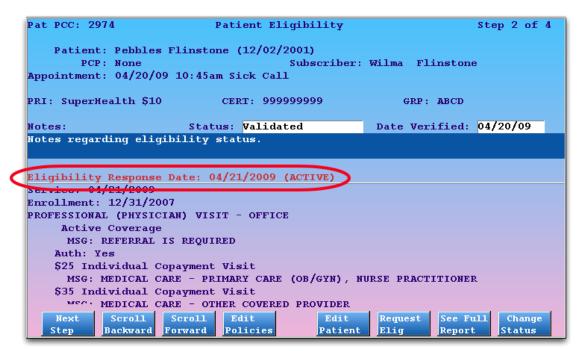
# 3.4. Eligibility Screen

The Eligibility page, which appears in **checkin** when the patient has an appointment, displays the patient's primary insurance policy and the most recent visit eligibility information.

You can review and edit status and notes about eligibility for the appointment, review the Partner-summarized eligibility report (if available), or send a request for information to the insurance carrier (if participating).

# 3.4.1 Reading the Eligibility Screen

The eligibility step in **checkin** looks like this:



The top of the screen shows patient and policy information, the middle shows fields for entering status, date, and notes, and the bottom of the screen shows Partner's summary of information sent by the insurance carrier. The date of the most recent eligibility request, along with Active/Inactive status, appears in red.

After reviewing the eligibility information on the screen or using function keys to gather more information, you may update the status, date, or notes and press **F1** or **Page Down** to continue to the next step.

**Updating the Information:** If a patient's primary policy changes, you can request a new eligibility report by pressing [**F6** - *Request Elig*]. If you would like Partner to *automatically* request a new eligibility report whenever a patient's primary policy changes, ask PCC Support to activate that feature.

#### 3.4.2 Function Keys on the Eligibility Screen

[F1 -- Save, Next Step]

Press **F1** to save your changes. If you are viewing the Patient Eligibility screen in **checkin**, you will continue to the next step in the checkin process.

[F2 -- Scroll Backward], [F3 -- Scroll Forward]

If the eligibility details extend below the screen, press F2 and F3 to scroll that portion of the screen.

[**F4** -- Edit Policies]

Press F4 to visit the patient's policy screen, where you may review or edit their insurance policies.

[**F5** -- *Edit Patient*]

Press F5 to visit the Patient Editor (notjane). Press F7 from notjane to edit the account.

[**F6** -- Request Elig]

Press **F6** to check eligibility. If the patient's primary insurance allows automatic eligibility requests, Partner will perform the check and update the eligibility information on the screen.

[**F7** -- See Full Report]

The screen includes a summary of the carrier's eligibility report. To view the report, press F7.

[**F8** -- Change Status]

Press **F8** to jump down to the Status field.

# 3.5. Policy Screen

The Insurance page shows you a list of all insurance policies associated with the patient. You can review a patient's active and expired policies. You can edit, add, move, delete, or expire any policy.

**Insurance Policy Manual:** For a complete guide to the insurance policy screen in Partner, read *Managing Insurance Policies*. A brief description of the page and how to use it is below.

# 3.5.1 Reading the Insurance Screen

The second page of **checkin** looks like this:



At the top of the screen is a list of all insurance policies for this patient. The list shows the copay, company name, and certificate and group numbers. Complete details about the selected policy are shown at the bottom of the screen.

Use the arrow keys to select a policy on the screen. Once you have selected a policy, full details appear at the bottom of the screen. You can then use the function keys to make changes to the selected policy or insert a new policy above it.

If a family has a long history of changing policies, you can use [**F2** -- *Scroll Backward*] and [**F3** -- *Scroll Forward*] to view the rest of the policies.

#### 3.5.2 Function Keys on the Insurance Screen

From this screen you can edit, add, move, delete, or expire insurance policies on the patient's guarantor account.

#### [**F1** -- *Next Step*]

Press F1 to save any changes and move on to the Balance and Copay page.

#### [F2 -- Scroll Backward] and [F3 -- Scroll Forward]

Press F2 and F3 to move up and down through a large list of insurance policies. Normally you can use the arrow keys to move among the listed policies, but if the account has more old policies than will fit on the screen, you can use F2 and F3 to scroll through the list.

#### [**F4** -- Edit Policy]

Press **F4** to edit the currently selected insurance policy. The bottom section of the screen will shift to show you fields for editing the policy.

#### [**F5** -- *Insert Policy*]

Press F5 and follow the prompts on the screen to insert a new insurance policy. While adding a policy,

you will see options for copying a recently edited policy from a family member and for inserting the new policy to all family members.

#### [**F6** -- Move Policy]

Press **F6** to move the currently selected policy up or down within the list of policies. Expired policies will still auto-sort below active policies, but you can control which active policy is primary or secondary.

#### [**F7** -- Delete Policy]

If you created a new policy by mistake, you can press **F7** to delete it. You will be shown a confirmation screen to make certain you really wish to erase the plan from the account's records.

#### [**F8** -- Expire Policy]

Press **F8** to expire the selected policy. The screen will switch to allow editing, and the cursor will move to the "End" date field. After expiring a policy, the screen will offer to expire the same policy for patients who share a guarantor with the current patient.

#### [Page Down] and [Page Up]

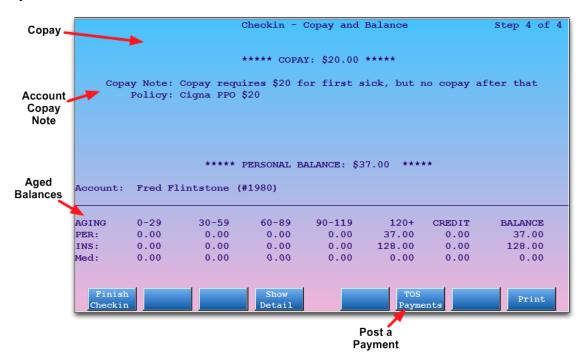
Press **Page Down** to continue to the Balance and Copay screen. Press **Page Up** to go backward to the Demographics screen. All changes on this page will be saved. If you do not wish to save changes, you should press **F12**.

# 3.6. Balance and Copay

The Balance and Copay screen shows the expected copay, an aging summary of outstanding balances, and any available eligibility information for the patient. Function keys provide access to additional information and a tool for posting a copay payment.

# 3.6.1 Reading the Balance and Copay Screen

The third step of **checkin** looks like this:



The guarantor account name and PCC number appear at the top of the screen. The guarantor for the account is usually a parent, but could also be an organization or the patient herself. The account shown is responsible for the patient's bills; if you need to change the Guarantor account, press **Page Down** to return to the first page of **checkin** (Demographics) and press [**F4** -- *Reassign Account*]. See the Demographics section for more information.

In the main viewing window of the Balance and Copay screen, Partner shows:

- Copay Amount: This is the expected copay for the patient's primary insurance policy. It may be a new insurance policy, or it may expire tomorrow, but the amount is the patient's *current* copay. Some insurance companies have special copay rules for sick and well visits; the copay listed is the default copay for the patient's primary insurance plan.
- **Policy:** The insurance policy from which the copay information is drawn.
- Copay Note: The guarantor account's Copay Note, stored in the Family Editor (fame). This note will only be shown if the insurance policy in question requires a copay.
- Aging Balance Totals: Underneath the copay is a brief aging balance summary for the account. You can see outstanding balance amounts that are Personal (to the account holder), pending one or more insurance companies, or pending your default Medicaid company. The balances are aged into 30-day categories. Amounts are aged by payor responsibility, which means that old balances that just recently became personal will be under the 0-29 day column in the Personal line.

#### 3.6.2 Function Keys on the Balance and Copay Screen

#### [F1 -- Finish Checkin]

Press [F1] to complete the patient check in. Partner will set the patient's visit status to "Checked In" and inform any EHR or EMR that the patient has arrived.

#### [**F4** -- Show Detail]

Press **F4** to run the Collection Report (**coll**) and review a summary of the family's outstanding balances. For more information, read the Collection Report manual.

#### [**F5** -- CUSTOMIZABLE]

If your staff frequently needs to run a specific program or report when they are finished checking in a patient, you can add a function key for that program on this screen. The **F5** key is customizable and can be configured through the "Patient Check In" section of the Configuration Editor (**ced**). Call PCC support at 1-800-722-1082 for assistance.

#### [**F6** -- TOS Payments]

Press **F6** to visit the Personal Payment screen and post a time-of-service payment. See the section below for more information.

# [**F8** -- *Print*]

Press F8 to print the contents of the display window, consisting of the copay, aging balance chart, and

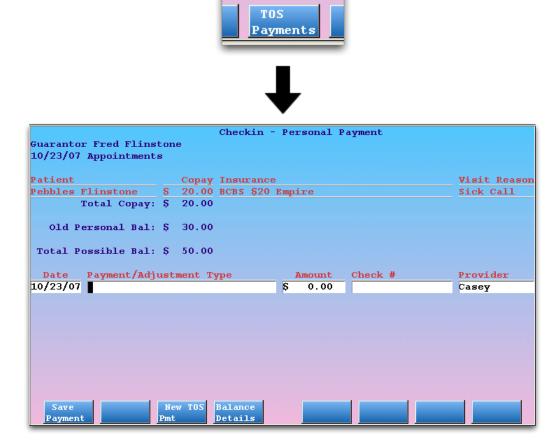
eligibility information.

# 4. Post a Copay or Other Payment During Checkin

Use the Personal Payment screen in **checkin** to post a copay or other payment received during checkin.

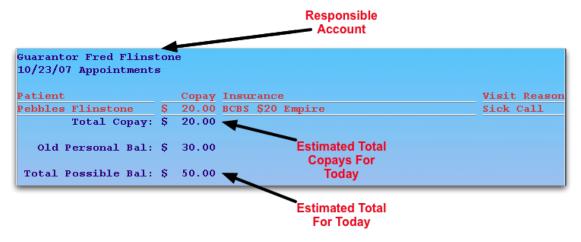
#### **Step 1: Open the Personal Payment Screen**

Press [**F6** -- *TOS Payments*] from the Checkin Appointment List or from the third page of the **checkin** program to open the Personal Payment screen:



#### **Step 2: Review Visit Information**

The guarantor for the current patient is shown at the top of the screen, along with details about each patient visiting. You may see one patient or several siblings.



The Copay and Insurance columns indicate the expected copay for the visit. If several patients with the same account have appointments, you will see multiple patients and the total copay amount. Confirm this information with the patient or guardian visiting the practice.

**Old Personal Balance:** The screen also displays the account's personal balance. While the screen is designed for posting a copay, you may post a payment towards the old balance. To research the charges, press [**F4** -- *Balance Details*] to run the Collection Report.

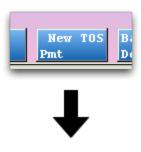
#### Step 3: Enter Date, Payment/Adjustment Type, Amount, Check #, and Provider

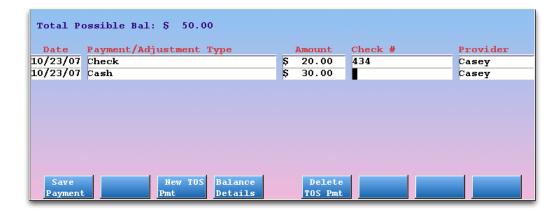
Enter payment details in the appropriate fields. Use **Enter** and **Backspace** to move among the fields.



#### Step 4: Optional: Press [F3 - New TOS Pmt]

Press **F3** to add an additional payment. If the payment consists of two or more checks or cash payments, use **F3** to add new lines.





If you need to remove a line, use the arrow keys to select it and press [F5 -- Delete TOS Pmt].

### Step 5: Press [F1 – Save Payment]

Press F1 to save the payment. If your practice prints receipts, one will be generated immediately.

# 5. Review Checkin Status: Who Checked a Patient In?

When a patient is checked in, Partner records the time of checkin, the user who checked them in, and the office location. You can view that information using [F5 -- Show Details] in **checkout**.

#### Step 1: Run Checkout

Run the **checkout** program. You can run **checkout** from the Daily Operations window.

#### **Step 2: Select the Appointment**

Use the arrow keys to select an appointment.



Step 3: Press [F5 - Show Details]

#### **Step 4: Review Appointment and Checkin Information**

The Detailed Appointment and Demographic Information screen shows patient information as well as the time the patient was checked in and who checked them in.

```
appointment Details

sam - Forced on 04/20/09 11:17:02 by guest1
04/20/2009 at 11:30am Kathleen W. Gomez, M.D.
Doctor's Office
Sick Call (15)

NOTES:
Temp 101, purple spots

CHECKIN DETAILS
Checked in by guest1 on 2009/04/20 at 11:17:20.
```

**Tip:** The details screen also displays useful account information. Press **Page Down** to see more.

Press **F12** to return to the **checkout** appointment list.