Welcome to The Medical Manager’s Student User Guide! This guide will help you get started with The Medical Manager by providing in depth, step-by-step instructions, created specifically for the student user.

Contents

Benefits of Using The Medical Manager................................................................. 2
Where to Buy................................................................................................................ 2
Logging In..................................................................................................................... 2
Walkthrough ............................................................................................................... 6
Product Support......................................................................................................... 28
Benefits of Using The Medical Manager

The Medical Manager is designed to make learning simple and straightforward. Real-life exercises offer challenging opportunities for students to build upon what has been learned as they progress through each unit. Understanding the relationship between software and record keeping in a medical office empowers students to develop creative solutions to organizational and financial dilemmas. Once students master The Medical Manager system, they will have the confidence and skills to be successful using any office management software.

Where to Buy

CengageBrain.com: Choose the format and price options that work best for you. CengageBrain.com offers Textbook and Bundle Rentals, eTextbooks, individual eChapters and even free study tools.

⇒ Go to [www.CengageBrain.com](http://www.CengageBrain.com) and search **ISBN number provided by your professor**.

Logging In

Log In

⇒ **Double click** on The Medical Manager Student Edition icon located on the desktop.

⇒ When the Authentication window opens, make sure the User Name is 1 and enter the password **ican**. Password is not case-sensitive. Click **Okay**.

⇒ Before entering your session, verify the date. If necessary, key in the date as instructed by the textbook. Press Enter to continue.

Exiting Medical Manager

⇒ There are three exit options:

  o The quickest method is to press the **Escape (ESC)** key. Press **Y** when you are asked if you wish to exit.

  o You may also use the Escape button at the top right corner of the toolbar.

  o Finally, the program can be exited by clicking **File** and then **Exit** at the top left of your screen.
Student Name Registration

- From the Main Menu, enter the command /c2 on the line reading ‘Enter Desired Option’. Press Enter. This will take you to Custom Menu #2.

- Select #11 – Student Name Registration.
- Enter your first and last names in the data fields provided. Use Enter to switch between lines.
- When you have finished, press F1 to Process the student name.

- Return to the Main Menu by keying /M1 in the command line. You must return to the main menu before exiting or your name registration will not be saved.
- Exit Medical Manager. When you next open Medical Manager, your name will appear on the menu screen.

Navigating the System

Going Forward

You have a number of options for navigating the medical manager system:

- Keyboard (Arrow keys)
- Keying the menu number of the option you wish to use
- Mouse (point and click)
- Chain line (Student Menu Registration for example)
- Function keys (F1, F2, etc)

A more thorough explanation of how to navigate the program can be found in the Medical Manager Quick Reference Guide and the Function Key template at the back of your textbook.
Direct Chaining

While you can use any of the above methods to navigate, direct chaining allows you to read virtually any menu or screen immediately.

Direct chaining is accomplished by keying a forward slash (/) followed by a system command.

Going Back

If you wish to return to a previous menu, press Escape (ESC). This will take you back one menu at a time until you reach the Main Menu, at which point it can be used to exit the program.

Backing up Student Data

Always be sure that the Medical Manager Student Edition software is closed before beginning the backup process.

Backing up Student Data to the My Documents Folder

1. Double click the Student Backup icon. When the SEBackup Window opens, click OK to begin the backup process.

2. The Student Edition Backup Window will open. At this time the program is creating the backup. DO NOT click ‘okay,’ as this will interrupt the process.

3. The Medical Manager will automatically move to the next screen once the process is complete, and a window will appear stating that your backup is complete. Click OK to continue.
4. The first time you perform a backup, The Medical Manager creates a folder called `sebackup` and places it inside the `My Documents/meddata` folder. To view your files, navigate to the `sebackup` folder. Once you have verified that your files have been correctly backed up, you may close the window.

**Backing up Student Data to the USB Flash Drive**

1. Double click the **Student Backup** icon. When the **SEBackup Window** opens, click **OK** to begin the backup process.

2. The **Student Edition Backup Window** will open. At this time the program is creating the backup. **DO NOT** click ‘okay,’ as this will interrupt the process.

3. Another **SEBackup** window will open, informing you about stopping the USB device before removal. If you plan to continue using the Medical Manager’s software after the backup, click ‘No.’ However, if you are finished for the day, click ‘Yes.’

4. Once you have clicked ‘Yes,’ another window will inform you that it is now safe to remove your device. Click ‘OK.’ Your backup is now complete.

**Restoring Data from the Master Recovery Files**

1. Open the Windows Browser.

2. Click the plus (+) sign in front of the window you need to open. Continue until you see the `sebackup` folder.

3. Click the `sebackup` folder to display all of its files in the **Contents** pane.

4. Once you can see the files, key **Ctrl+A** to highlight all files. Drag the files to the `My Documents/meddata` folder. Select ‘copy here.’ You may also use **Ctrl+C (copy)** and **Ctrl+P (paste)** to copy the files.

5. A window will ask to confirm that you want to replace the existing files. Click ‘Yes to all.’ This will replace all of the files with the recovery files.

6. A progress bar will open as the files are copying. This will take a few minutes, so please be patient. When the copying process is complete, you may begin using The Medical Manager again.
Walkthrough

Insurance, Guarantors and Dependents

Creating a Guarantor and Entering Demographics and Insurance Information

Select Menu Item 1 (New Patient Entry) and press Enter.

To check if the Guarantor has already been created, enter ?[Patient’s last name] and press Enter.

Once you have verified that no entry already exists, press ESC to continue.

Be sure to verify the spelling of the last name, then enter the patient’s Account Number and press Enter.

Once you are in a data entry screen, you can navigate between fields by using the Enter key. Use the arrows at the bottom of the page, or click with your mouse, to navigate back if you need to correct fields. When you have finished, press F1 to process (save) your work and continue to the Insurance Policy information screen.

Note: The Medical Manager will automatically format information in the phone, date, and social security fields.

When entering the Insurance Policy information, you will need to assign a suffix to the policyholder. The guarantor is always assigned the suffix of 0. The first dependent would be 1, the second dependent 2, and so on.

To avoid any errors in data entry, it is much safer to enter a question mark (?) in the carrier code data field and select the correct policy. Finish filing out the form to and press F1. Confirm the patient IPR relationship on the next screen to complete the entry process.
Creating a Dependent

To add a dependent to an existing account, begin by navigating to the File Maintenance Menu (#7 in Menu 1). From there, select **Edit Patient Records**.

**Note:** In addition to the account retrieval options listed on the following screen, you may also key in the patient’s base account number, the full account number, or, if you want to retrieve a file you were just working on, simply press Enter.

The Guarantor’s information will always appear first in any account you select. Key the letter **D**, as you will be working with Dependent Information.

On the next screen, key the letter **A** to add a dependent.

The Medical Manager keeps track of the dependents on an account and assigns a sequential number to each. Key in the patient’s information as shown on the patient registration form. When you have finished, review your work and press **F1** to continue.

**Note:** The Referring Doctor and Default Doctor fields are in reverse order from the Guarantor Information page. Be sure to correctly assign both doctors.

If the dependent is employed, you will need to fill out an additional Extended Information page with their employment information.

You know your information is saved when you see the **Modify or Delete** prompts at the bottom of the screen. Press **ESC** to move back to the Dependent Information screen, and then use **ESC** again to move back to the Dependent Information Maintenance screen.

Verify the dependent information on this screen, then press **ESC** to move back to the Guarantor Information Screen.

**Adding Insurance Information**

Once you have created a dependent, you will need to create and apply a new insurance policy for the dependent, or add an existing insurance policy to the dependent.

To add a new policy and apply it to the dependent, key the letter **I**. Then key the letter **A**, to add a new insurance policy.
Note: Key a question mark (?) in the Carrier field to see a complete list of the insurance policies in your database. The Plan Number indicates the sequential number of plans entered into your practice’s database.

Key the letter Y if the patient authorized the assignment of benefits.

Enter the Group Number and Insurance ID Number exactly as they appear on the patient’s insurance card.

In the Ins Type field, key a question mark (?) to see a list of Insurance Types that support the Program Code.

In the Insured Party # field, key a 0 to see a list of Insured Party Types (c.f. (N)ew, (G)uarantor, (P)olicy Holder). The Insured Party # is automatically applied by The Medical Manager each time a new IPR is created. The Medical Manager automatically creates an Insured Party Record for the guarantor.

If the insurance policy is offered through the IPR’s employer, key the company’s name next to Insured’s Employment.

Verify all information and then process. Once you see the Modify or Delete prompt again, hit ESC to continue.

The new insurance policy is now visible on the Insurance Policies Maintenance screen. Key S to set the Insurance Priority.

If the dependent managers their own policy, you will need to change the default option so they do not fall under the guarantor’s umbrella. If you don’t, changes to the guarantor’s information will automatically be applied to the dependent.

Key the correct plan number from the options provided, then verify the patient’s relationship to the IPR (i.e. “self,” “wife,” “husband,” etc). When you have finished, press F1 to process.

Press ESC to return to the Coverage Plan Dependent Priority screen. Verify the information is correct; then you may return to the Main Menu.
Adding an Insurance Policy and Setting Insurance Coverage Priority

Adding a new insurance policy for the main account holder is very similar to adding information for a dependent. There are some differences, however.

Start from the Guarantor Information screen. To add a new policy, key the letter I. Then key the letter A, to add a new insurance policy.

Because you are adding information about the Guarantor, enter 0 in the Policyholder field. Key a question mark (?) in the Carrier field to see a complete list of the insurance policies in your database. Select the desired Policy, and then the Policy Number.

Note: If you are entering a Medicare policy, the fact that your doctor is a participating (PAR) Medicare provider (and therefore the assignment of benefits) will be automatically noted. If the patient authorizes assignment of benefits, enter Y in the next field.

Key a question mark (?) to see a list of Insurance Types. Select the Insurance Type that corresponds to the program name.

Verify all information and then press F1 to process. Hit ESC to return to the Insurance Policy Maintenance screen, where the new insurance policy is now. Now key S to set the Insurance Priority.

Insurance Policies are listed in Plan Number Order. If there is an existing policy which is now the secondary policy, it is simplest to hit C for Clear and to reenter the policies in the correct order. Verify all IPR Relationships and then press F1 to process.

You are now done. Press ESC to navigate out and to your desired screen.

Posting Clinical Procedures

The Procedure Entry Process consists of three parts.

Post Procedures and Diagnoses

Begin at the Main Menu and select Procedure Entry. Key the account number of the person who received treatment.

Select the insurance policies. If the primary and secondary plans are already listed, simply press Enter and the Medical Manager will correctly apply them for you.
There is a **voucher #** field. A voucher number is a number applied to an **internal document tracking process**; in this case, the voucher number refers to the **Encounter Form** on which the doctor listed the diagnosis and procedures applied to the patient.

Key in the **Doctor #** of the doctor who actually saw the patient. Do not take on trust that the patient saw their assigned doctor.

You will only need the **Department** and **Location** fields if you are dealing with a large practice or a practice with multiple locations.

In the **Dates** field, if you are entering the information on the **date of service (DOS)**, simply press Enter. Otherwise, make sure you enter the date that the patient was seen. There is another line in this field, for use if the patient received the same service over a period of time.

The **Place of Service (POS)** entry defaults to the doctor’s office. Make sure to change this if the patient was seen elsewhere.

Key the **Procedure Code** as entered by the doctor.

The **Modifier data** field is for noting any special circumstances that affect the billing and payment of a procedure. This field is not used in the Medical Manager Student Edition.

Key the **diagnosis code** indicated on the **Encounter Form**. If there is more than one diagnosis, the doctor should indicate which one is listed first, second, etc. Additionally, if there is more than one procedure and more than one diagnosis, your doctor should indicate which procedure goes with which diagnosis.

Note: The four lines in the diagnosis field indicate the four lines available on the **CMS-1500 Claim Form**.
Move to the Units data field. The default entry for this field is 1. If you entered a To-From period in the date field, you will need to indicate here how many times the procedure was performed.

Move to the Charges data field. The Medical Manager will automatically calculate the total cost of the procedure.

Press Enter until your cursor moves to the TOS (Type of Service) field. Accept the default. When you reach the Comment field, review your work and press F1 to save your work. You have finished the first part of posting a procedure.

**Identify and Record Any Ailments**

An ailment is required in order for insurance companies to recognize special or unique circumstances of a patient’s diagnosis or injuries. If there are no special circumstances, enter 0.

You will be returned to the Procedure data field. Key the next procedure code. If there are no more procedures, press ESC to complete the process.

If you enter an incorrect procedure code or a code that is not yet part of your practice’s database, you will see a Procedure Code Not Found notice. If you mistyped the code, press Enter to retype it. If the code is not yet in your database, exit the program and consult your office manager.

After verifying all information, press F1 to process.

**Account for Any Money Collected**

The third part of the process is to tell the Medical Manager if you are accepting payment at this time. If you are not accepting payment, press ESC to finish the process.

---

**Creating and Verifying Ailments for Patients Visiting the Doctor’s Office**

The Ailment Detail function allows the practice to complete the more detailed sections of a claims form. Ailment Detail is about the patient’s condition as it relates to the patient’s employment, an accident, an auto accident, or something else; specific details of the current ailment; and so on.

Go to the Procedure Entry heading on the Main Menu, and enter the patient’s account information.
Ailment Detail can only be applied if a **Primary Insurance Plan** is selected. Once you have done this, enter the procedure in a routine manner. Press **F1** to process.

Next, you will need to add ailment information. If the patient has no prior ailments, key **A** to add an ailment.

You are now in the **Ailment Detail** window. Begin by deciding whether or not to **hold the claim** or process it in normal manner. Unless there are unusual circumstances, you would accept the default choice of **N**.

If you are entering this procedure and ailment on the date of service, simply press **Enter** to accept the default date. Otherwise, key in the correct date. **Facility Information** is only necessary if the procedure was performed somewhere other than the doctor’s office.

The **Comment Field** will not appear on insurance forms; it is generally used in the **Ailment Help** window to aid the user in associating the proper procedures with the proper ailments.

The **Authorization** field is used to enter **Authorization, Exemption, Referral, or Casualty Claim Numbers**, if known. If an **Authorization Number** is applied, you will need to use the **Authorization Type** field for the appropriate insurance information. Authorization types include **Prior Authorization, Exemption, Referral** or **Casualty**. On the next line (**Ins Info**) enter the insurance information.

Key the number of the referring doctor, or **Enter** if it is the patient’s regular referring doctor.

In the next field, key **Y** or **N** to answer if the patient’s injury is work related. If **Y**, enter **W** in the next field down, for **Work Related**. If the ailment is the result of an accident, the **Old Symptom** field will require two letter. The first letter indicates if this is an **old or new** symptom (**O** or **N**), while the second identifies this as an **illness, accident, or pregnancy** (**I, A, P**).

In the **Special** field, indicate any relevant information which cannot be entered elsewhere.

Enter the date the patient **last worked**, and the date the doctor indicated the patient may go **back to work**. Also enter the date of disability, dates of any similar injuries/illnesses, dates of hospitalization, and so on.

Identify the **type of disability** as short term, long-term, or permanent.

Verify all applicable information, then press **F1** to return to the Procedure Posting window.
Continue entering the next procedure. If there is only one procedure, you would press **ESC** to continue to the third and last part of the entry process.

To verify that procedures have been posted, you can use the chain command */EPRO* in the Edit Activity Records window. View each line item to ensure that an ailment has been applied to it correctly. If there are duplicate entry, review them and figure out which to delete. Go to that entry and key in **D** for delete. You will be asked for the **deletion password**. The password is **delete**.

![Image](https://via.placeholder.com/150)

To reopen one of the entries you have been working on, select the entry, and when it opens press **M** (for modify); this is necessary to reopen the entry even if you do not intend to edit it. Review the ailment information and then press **ESC** to return to the Account Activity window and the main menu.

### Performing a Trial Balance and a Daily Close

Select Item 5 (**Report Generation**) from the Main Menu. From the Reports Menu, select Item 4 (**Daily Report**).

### Performing a Trial Daily Report

A **Trial Daily Report** may be performed as many times as necessary to ensure that all transactions for the day have been correctly posted. Once all transactions have been posted and confirmed, the next step is to perform and accept the **Daily Close**. Once the Daily Close has been accepted, The Medical Manager will not allow the user to open that date again. However, if errors are discovered after the Daily Close has been accepted, The Medical Manager allows most edits to be made using a variety of functions, depending on the nature of the edit.

From the Daily Report Window, you can select to perform either a Trial Daily Report or a Daily Close. The default is the Trial Daily Report, which prevents the accidental running of the Daily Close. For student purposes, you should accept all defaults for the Trial Daily Report.
Verify your choices, then press F1 to process. The Medical Manager will begin processing all transactions entered into the system since the last Daily Close was performed. A series of screens will appear while the process completes.

The “Daily Close Not Entered” statement appears when the process is complete. Press Enter to return to the main menu.

Before continuing to the Daily Close, analyze your Trial Daily Report to make sure all transactions have been completely and accurately posted. If they have not, you will need to make corrections and rerun the Trial Daily Report until all is correct before continuing to the Daily Close.

Performing a Daily Close

Navigate back to the Reports Menu and select Daily Reports again. This time, enter N, because you want to perform the Daily Close and not a Trial Report.

We want to keep appointments in the system; therefore, key 0 next to ‘Purge Appointments.’
Confirm your selections, and press **F1** to process. The Medical Manager will display several screens as the Daily Close nears completion.

A screen will appear asking if you want to accept the daily close. **Do not** accept unless you are sure that all your information is correct. You can key **N** to recheck the printout.

When you key **Y**, The Medical Manager will update the General Ledger (GL), Procedure History, and Doctor files as well as the Daily Financial Summary. Once The Medical Manager has finished its part, the date is **closed** and you must log on using a different date.

Note: Due to security features, a user cannot use a date more than 7 calendar days from the last log-in date.

### Editing Patient Demographics

Navigate to the **File Maintenance** Menu (#7 on the Main Menu, or use the chain command **/EPAT**). Select **Edit Patient Records** (#1 on the File Maintenance Menu).

Enter the patient’s account number. You must go through the Guarantor’s Information Form to access patient information; if the patient is a dependent, key in **D**. You will see a list of the Guarantor’s dependents. Select the patient whose information you need to modify. Once you have, key the letter **M** for **Modify**.

Once you have made the necessary changes, press **F1** to process and then **ESC** to return to the Guarantor Information Screen. Check that the changes have been applied.

### Creating & Editing Insurance Group Names & Numbers

#### Edit an Existing Insurance Group Name

Navigate to the **File Maintenance Menu**, and then to the **Support File Utilities Menu**. From there, navigate to the **Insurance Group Maintenance Menu**.

Once you are in the Insurance Group Maintenance Menu, navigate to the Insurance Group number whose name you want to edit. In the Student Edition of The Medical Manager, you are only able to edit the **Group Name**. After you have edited the group name, press **F1** to process. Then you can navigate out and continue working.
Adding an Insurance Plan with a Group Number and Group Name for an Existing Patient

Navigate to the File Maintenance Menu and select Edit Patient Records, then key in the account number you wish to edit.

Key the letter I to begin editing Insurance Policy Information. Key the letter A to add an Insurance Policy to the account. Enter the Insurance Policy information as you normally would.

Select the desired Insurance Plan. Key a question mark (?) in the Group Number field to see a list of Insurance Group Numbers and Group Names.

If the Insurance Plan has no Group Numbers or Group Names, you must key the letter A to add them to this plan in your database.

Enter the Insurance Group Number as it appears on the patient’s insurance card. Next, enter the Insurance Group Name as it appears on the patient’s insurance card.

Verify all information and press F1 to process. Then, continue filling out the Insurance Policy Information as you normally would.

Once you have finished and returned to the Insurance Policy Information screen, you will need to set the coverage priority for the new plan. Select the patient who will be using the policy and key M to modify their coverage priority. Then press F1 to verify the information and ESC to finish.

Adding an Insurance Plan with a Group Number and Group Name for a New Patient

In this case, while entering a new patient account, one of the dependents has an insurance plan which does not have a Group Name and Group Number in your database. Therefore you will create the Group Number and Group name as a function of creating the new patient account.

Enter the Insurance Policy information as you normally would. Key a question mark (?) in the Group Number field to see a list of Insurance Group Numbers and Group Names. Key the letter A to add the new entry.

Enter the Insurance Group Number as it appears on the policyholder’s insurance card. Next, enter the Insurance Group Name as it appears on the patient’s insurance card. Be sure to press Enter to return to the Group Number data field, or the information will not be recorded correctly.
Continue editing the Insurance Policy information as usual. When you reached the **Insured Party** field, you will need to key N to enter a new party, since the insured party is neither the Guarantor nor the Dependent.

Enter the **Insured Party**’s (i.e. the policy holder’s) information, verify, and press F1 to continue. Finish filling out the insurance policy information as you normally would.

**Editing Procedure and Financial Information After the Daily Close**

**Understand Editing and Deleting Rules**

Under certain conditions, procedure activities can be edited or deleted via **Edit Activity Records** and reentered in the **Procedure Entry** mode. Activity Items may be deleted if the item does not have payments or adjustments, has not been daily closed, or insurance billed.

Once an item has been **Daily Closed**, the doctor number, department number, charge, and Units fields may not be edited.

Once an item has been billed to the patient’s insurance, the doctor number, charge amount, Units field, primary plan, and ailment number also may not be edited.

Edit protections insure accounting integrity and a proper audit trail for the practice.

**Editing Activity in a Patient Record After Daily Close but Before Insurance Billing**

**Editing the Activity Record**

In a situation where something such as an incorrect procedure code needs to be corrected and the records have already been daily closed, you will need to edit the procedure code in two places: the **Edit Activity Records** file and the **Edit Procedure History** file.

From the **File Maintenance** menu, navigate to **Edit Activity Records**. Key the **specific account number** you need to edit.
Select the specific **line item** you need to edit, and key **M** to modify the activity record. Navigate to the field that needs correcting. Once you have corrected it, press **F1** to save your changes and return to the **File Maintenance** menu.

![Procedure History Window](image)

**Editing the Procedure History File**

Navigate to the **Edit Procedure History** menu. Key the specific account number, or hit **Enter**: since you were just working on the patient’s account, the correct number should be visible in the right hand corner.

Once in the Edit Procedure History window, you want to review all charges for that patient, so key the letter **C** to continue. It’s also a good idea to review the history of all service dates, so key **A** on the next screen.

Select the procedure you want to edit. Once you are in the Edit Procedure History menu, navigate to the Edit Procedure data field (in this case) and correct the error. Verify your work, press **F1** to process, and then exit.

![Procedure History Menu](image)
Prevent Billing of a Daily Closed Procedure

**Prevent Insurance Billing**

To prevent billing of a daily closed procedure, if the billing information was incorrect in some way, you will need to void the procedure. This requires two steps. You must prevent the insurance company from being billed for the incorrect procedure, and you must remove the incorrect charge from the patient’s accounts.

From the **File Maintenance** menu, navigate to **Edit Activity Records**. Key the patient’s **account number**.

Navigate to the procedure that you need to prevent from being billed. Key the letter **M** to modify the procedure. Navigate to the **Primary Insurance Data Field**.

Press **F10** to clear the field, then enter **0.00** to represent no primary insurance. Press Enter to continue. **Note:** You will see a notification reminding you that ailments can only be applicable if there is a primary insurance carrier. Since you are trying to prevent billing, the ailment is no longer necessary to this procedure. The ailment number will change to 0, indicating that an ailment is no longer applied to this procedure.

You have successfully prevented insurance billing for the procedure. Press **ESC** to continue to the next part of the process.

From the Main Menu, navigate to the **Payment Posting** menu. From there, select **Payment Posting**.

Enter the patient’s account number, if necessary. (If it is already viewable in the righthand corner, simply press Enter.) Key the letter **V** to being voiding the procedure.

Press **Enter** to accept the date. You will need to give a reason for voiding the procedure; type **Error** and continue.

Select the line item you want to void. Voiding an item is irreversible, so verify that you have selected the correct line item and then key **Y** to void the line item.

Navigate to the **Credit #** line. You will need to make sure this matches the line item number above. When they match, press **F1** to finish voiding the procedure. Note that the voided line item has now turned blue. This indicator will remain until you **ESC** out of the window.
Appointment Scheduling Routines

Creating a Routine Appointment for Multiple Time Slots Using the Jump and Page Down Commands

Multiple time slots refers to the application of two or more time slots to satisfy the needs of an appointment, such as two 15-minute time slots for a 30-minute appointment.

From the Main Menu, go to the Office Management menu, and from there to the Appointments/Recall selection. Select the first option on the Appointments/Recall Menu, Enter Appointments.

Enter the patient’s account number. If you do not know it, enter the patient’s last and first names, separated by a comma but with no spaces. Select the correct patient from the results.

Begin the process by Jumping to the correct week for the appointment. Key the letter J to continue.

The Medical Manager assumes that patients will be seeing their default doctor. However, because there are times when doctors are not available, the patient may be seeing someone else. Be sure to key in the correct number for the doctor the patient will be seeing.

Key in the number of weeks from now that the patient is scheduling the appointment (i.e., enter ‘2’ if the appointment is two weeks from the date you’re making the entry).

The Jump command advances one full week at a time. You may move further by using the (N)ext or Page Down commands.
Once you have reached the requested date, navigate to the desired beginning time slot and press Enter to continue.

You will need to enter a reason for the appointment. If you are unfamiliar with the reason codes, you may key a question mark (?) to see a list and select the correct code.

Default time slots are 15 minutes each. Because this appointment requires 30 minutes, you would key the number 2. Then continue filling out the rest of the appointment data fields as necessary.

Verify the patient’s daytime phone number. This is necessary in case the practice needs to contact the patient regarding any appointment changes.

After reviewing all data fields for accuracy, press F1 to process. Medical Manager will prompt you to confirm the appointment doctor, the start time, and the duration of the appointment. If this is correct, press F1 to process. From the appointments screen, you can confirm the date, time, and duration of appointment with the patient. You will note an apostrophe; this tells you that this is part of a multiple time slot.

**Searching for an Existing Appointment**

You might use this if a patient calls in because they have forgotten when their next appointment is.

From the Main Menu, go to the Office Management menu, and from there to the Appointments/Recall selection. Select the first option on the Appointments/Recall Menu, Enter Appointments. Enter the patient’s number, name, etc.

From the menu choices at the bottom of the appointments screen, key the letter E to begin searching for existing appointments.

Medical Manager will display a list of all existing appointments for this patient. Each entry has two lines. The first line displays the date and patient name. The second line displays the time and the reason for the appointment.
Canceling and Rescheduling an Appointment

You would use these procedures if a patient wishes to cancel an existing appointment and/or reschedule an existing appointment.

**Canceling an Appointment**

From the Main Menu, go to the **Office Management** menu, and from there to the **Appointments/Recall** selection. Select the first option on the Appointments/Recall Menu, **Enter Appointments**. Enter the patient’s number, name, etc.

Enter **E** to view existing appointments. Confirm with the patient which entry they wish to cancel, and select it.

Press **C** to cancel the appointment. **Note:** Notice the **Starting Ref#** and **Ending Ref#**. The Medical Manager assumes you are only canceling the appointment selected. Confirm this and move on.

Key a question mark (?) to see a list of cancellation reasons/codes.

Verify the data fields are correct, then press **F1** to continue. Medical Manager will show you a list of appointments to be canceled. Verify this is correct and press **F1** again.
Rescheduling an Appointment

From the Existing Appointments for Patients screen, highlight the appointment to be rescheduled and key R for Rescheduling.

Key a question mark (?) to see a list of rescheduling codes. Select the appropriate code.

Confirm the Starting Ref#, Ending Ref#, reason for appointment, and any other information on the appointment page. Press F1 to process.

You are taken to the Existing Appointments for Reschedule screen. Confirm the appointment is correct and press F1 to continue.

Continue the appointment making process as you normally would. Because this is a rescheduled appointment, when you select the new time slot the information for the appointment will already be filled in. Confirm that it is correct, then finish scheduling the appointment as usual.

Printing and Viewing Reports

There are several different ways to print a report. Because they all work the same way, this explanation uses items from the Report Generation option from the Main Menu.

Printing Reports to the Console

“Printing” to the console (computer) screen is a quick way to view information without wasting paper. Also, it is a good idea to print to the console first to ensure that you have selected the report with the information you are looking for.

Navigate to and select the Support File Reports menu item, then to the Insurance Plan Report option.

You may key the letter C for Console, or simply press Enter to accept the default options until you reach the bottom of the screen. Press F1 to process.
You will have the option to review the report. Press Enter to page through the report, or ESC to continue printing.

Using the Print Screen Feature

Printing a single page can be done in two ways. First, by selecting the criteria you want to see, and secondly, by using the Print Screen feature. Both of these save a considerable amount of paper, ink, and money.

Select any feature you want to view. For this, we will be using the Guarantor File Reports item. Select the Guarantor’s Full Report option.

Press Enter to accept the default settings for this report. Notice that, by default, Medical Manager prints to the console. When you are ready, press F1 to print to the computer screen.

You will have the option to review the report. Press Enter to page through the report, or ESC to return to the Guarantor’s File Report generation menu.

If you are looking for a specific patient or patients within the file, and you have the account numbers, you may use the Selective option and key in the account number or range of account numbers you are interested in. (For just one patient, key the same number in the Starting No. and Ending No. data fields.) When ready, press F1 to print your report to the computer screen.

To initiate the Print Screen process, you may use the command Alt + P, or go to the File – Print Screen option. Review your print settings and begin printing.
Posting Payments

Posting Payments From the Procedure Entry Screen

This is the easiest method of posting payment. In this example, the patient pays in full on the day of treatment, so the insurance carrier will not be billed.

This step comes after you post the patient’s last procedure. You will be prompted to choose the method of payment allocation, or to exit if the patient will not be billed for the procedure.

Once you have verified that all procedures have been posted, continue by pressing the ESC key.

The patient will be paying in full, so key the letter F to continue.

Begin by identifying the method of payment, i.e., C if the patient is paying by check. Enter the check number in the Voucher data field. A voucher is a document tracking method.

Because the patient is paying in full, the Approved, Visit Copay, and Deductible fields default to $0.00.

Check the Pat Due and Patient Paid fields. Since the patient is paying in full, the Remain Due and Payment fields should be the same. Key the amount paid in the Payment field and continue.

Because the patient is paying in full, it is not necessary to specify a specific amount for each charge. Confirm that the amount due and the amount paid are the same and press F1 to process. Once processed, the Pat Due and Pat Paid fields should be the same.

Posting a Procedure and a Payment Separately Using Patient Checkout Payments

If the user exits the Procedure Entry without collecting the patient payment, and then subsequently needs to add a charge for that day’s procedure, the Patient Checkouts payment may be used. This may also be used in practices that use a different person to post payments.

From the Main Menu, select the Payment Posting option. Then select Patient Checkout Payments. Retrieve the patient.
You are taken to the **Patient Payments** window. From here, key the information as you normally would if the patient was checking out. Verify the information and press **F1** to process.

**Posting a Medicare Payment with Patient Deductibles**

Each year, patients are expected to pay a portion of their own medical expenses before their insurance provider begins paying for them. This portion is called the **patient deductible** and is omitted from insurance expenses until the deductible has been met.

The **Explanation of Benefits (EOB)** provides all the explanation you need to post payments from the insurance carrier. Because each line item on an EOB contains unique billing and payment information, you would post payments one line item at a time.

When keying information from each line of the EOB, you must ensure that the **Procedure Codes**, **Service Dates**, and **Amount Billed** all match the line item in the **Procedure Posting** menu. Also, you must enter the **Amount Paid**, **Deductible**, and **Net Pay** exactly as they appear on the EOB.

From the Main Menu, select **Payment Posting**, and then **Payment Entry**. Retrieve the patient.

Begin by telling the Medical Manager that you are posting a payment (**Pmt**). Next, tell Medical Manager the money is from an **(I)** nsurance carrier.

Enter the insurance plan number making the payment. Note that if there is an apostrophe by the **CO#**, this is telling you that there is a secondary insurance plan associated with this claim. You will need this information later in the process.

The **Voucher Number** is usually the check number indicated on the EOB.
Key the **total amount** of the payment. Medical Manager considers this the base number from which to make its calculations.

Once you press **Enter**, the first line item will be highlighted. Remember, you need to verify this with the line item on the EOB.

Verify the **Approved** field with the **Approved** field on the EOB. If they are different, key in the number on the EOB. Medical Manager will perform the calculations and deduct the approved amount from the billed amount. Verify this with the EOB and continue.

If the **Net Amount** was 0, you will need to clear the **Amount Credited** field by pressing **F10** and entering 0.00. At this point, you must tell the Medical Manager what to do with the remaining balance. You would want to tell the Medical Manager that the **(P)**atient now has responsibility for making payment on this line item. Confirm the transfer of responsibility by keying **Y** when the Medical Manager prompts you.

Verify that you are posting payment for the correct line item number, and press **F1** to process. For this line item, the **Adj Changes** will reflect the change in balance, and you will see that the responsibility has transferred to **PT** (patient), and that no payment has been received. Continue to the next line item.

If the EOB notes that Medicare is paying for part of an item, you will need to key this amount into the **Amount Credited** field. You will still need to transfer the unpaid deductible amount to the patient.

When the EOB indicates that the patient deductible has been satisfied, you will need to transfer the remaining amount to the second insurance plan. Key **2** (for 2nd Insurance). Confirm that you want to transfer financial responsibility to this insurance plan.

You should now see that all payments from Medicare for this patient have been posted. The **i** indicates that some or all of the approved charges for that line item has been paid by the insurance carrier.
Posting a Secondary Insurance Carrier Payment with a Settlement

There will be times when a doctor will write off a balance due, such as when the doctor accepts insurance carriers (assignment) as payment in full, or when the doctor exercises “good will.” In this example, the doctor has accepted payment from the secondary insurance carrier, and since the balance is low, the doctor has decided to write off the balance due.

In this case, once you have reached the payment posting screen, because the doctor decided to write off the balance due, you will settle the line item by keying the letter S. Verify your acceptance of the payment as settlement.

Medical Manager defaults to Settlement Reason #2 (General Write-Off). If there is a different reason, key a question mark (?) and select the correct reason.

Verify the line item and press F1 to process. You should notice that the Adj Changes and Receipts are equal, and the balance owed is 0.00.

Product Support

<table>
<thead>
<tr>
<th>Questions with your CengageBrain account?</th>
<th>Questions regarding The Medical Manager?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Check the FAQs in the Support area of your CengageBrain home.</td>
<td>• Go to <a href="http://www.cengage.com/support">www.cengage.com/support</a> for 24/7 live chat!</td>
</tr>
<tr>
<td>• Write to <a href="mailto:cengagebrain.support@cengage.com">cengagebrain.support@cengage.com</a></td>
<td>• Call 800.354.9706 Mon. through Thurs. 8:30 AM to 9 PM EST and Fri. 8:30 AM to 6 PM EST</td>
</tr>
<tr>
<td>• Call 866.994.2427 Mon. through Fri. from 8 AM to 6 PM EST</td>
<td></td>
</tr>
</tbody>
</table>

---

**CENGAGE LEARNING**

**DIGITAL COURSE SUPPORT**

---

**GETTING STARTED**

---

**CENGAGE Learning ENGAGEMENT SERVICES**