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How to Schedule a patient…

1. Click on the date you want to schedule the appointment on.
2. Click on the time slot that best fits their needs
3. Type in the patient’s name and then click search
    A. If the patient does not come up then search all clinics, if still not there do a quick add.
    B. For a quick add all you need is; first name, last name, phone number, and date of birth, however, you should attempt to get the address also. Enter and save.
4. Select what the patient is coming in for, how long the appointment will be, and the referral source. (ie: Newspaper, Yellow pages, Physician Referral & doctor name, etc.) Then save that screen as well.
5. The next screen is Appointment Confirmation so just check this screen and make sure the information is correct. Then save it.
6. You will then notice the appointment you just made will appear on your scheduler.

When a new patient comes in for their first appointment:

1. Have them fill out the Patient Information Form
2. Have them read and sign the Financial Policy. This includes the HIPAA statement. This should be printed on the back of the Patient Information Form.
3. Make a copy of the front and back of all insurance cards
4. obtain the Physician referral from the patient if it was not faxed by the doctor prior to the appointment.
5. Prepare a new patient folder.
6. Give all the above to the audiologist along with the Outcome/Charge Sheet form for the appointment.

How to edit the intake form…

This must be done for each new patient and verified each time a patient comes in.

1. Click on the patient's name on the scheduler. (That will take you to the Appointment Summary screen)
2. Click on the patient's name on that screen (That will take you to the **Patient Summary** screen)
3. Click on **Edit Full Intake**

Things that need to be filled out are…

1. Title (Mr. Mrs. Dr., etc) These will be used with the mail merge function.
2. Name (first, last, & middle initial)
3. Suffix (Jr, Sr, MD, III, etc)
4. Patient Type
    a. *Prospect*: (default) new patients. (automatically changes when HA is purchased)
    b. *Current*: patient to whom HCI has sold a hearing aid
    c. *Competitive*: Patient wearing HAs purchased elsewhere (enter HA info in pt file under current equipment)
5. Gender (Male/Female)
6. Date of Birth
7. Home Phone Number (and any additional they want to give out)
8. Home Address
9. The Clinic should default to your clinic if not, select it from drop-down list (Carmel, Speedway, Etc.)
10. Staff (Jessica, Kelly, Etc.) Make sure it is the provider the patient has the appointment with.
11. Original Referral Source (TV, Yellow pages, friend, etc) Make sure this is correct.
12. Employment Status (Retired, Full-Time, Part-Time, Etc) Must have.
13. Student Status (Full-Time, Not a Student, Etc.) Must have.
14. Marital Status (Widowed, Married, Etc.) Must have (If married put in spouses name and check mark if they are also a patient)
15. Privacy section. Important. Verify that statement on back of Patient Information Form (Financial Policy page) is signed, and make sure a check mark is in by HIPPA Waiver Statement. If the patient is a child under 18 years of age clear the check mark next to "ok to send mail" so automatic mailings will not be mailed to the patient. Make sure this box is checked if the patient is to receive mail.
16. Emergency Contact – may be left blank, may just be a phone number. Addresses should be complete, if given.

17. Responsible Party – if someone other than the patient is responsible for the patient's bills, this section must be filled out completely and the "bill to responsible party" box should be checked. For example (Vocational Rehabilitation, lawyer, parent, guardian, etc)

18. Background section

    a. Enter the patient's primary doctor and referring doctor by selecting from the drop-down list.

    b. If the doctor is not found on the drop-down list, you must obtain the doctor's information and fill in the boxes on the drop-down list screen under the drop-down box. MUST HAVE: Doctor's first and last name, Suffix (example: MD), UPIN #, NPI number (12 digits), Medicaid # (if patient has Medicaid insurance) NOTE: at some time in 2007 the only number required will be the NPI. Until that time, the "legacy" numbers are required (UPIN, Medicaid ID)

    c. REFERRING PHYSICIAN must be selected from the drop-down list in order for the information to be pulled into the HCFA claim form.

19. Insurance (all their insurance information needs to be entered)

    a. If the Patient is the Subscriber, select "SELF" in **Patient's relationship to the insured**: field. Sycle will fill in the patient's information you entered at the top of the patient summary and pull it into the claim forms, but it will not be visible on the screen in front of you. Otherwise indicate the relationship by pulling from the drop-down list and enter the name, birth date, and address and phone number of the subscriber where indicated.

    b. If insurance is **Medicare**

        i. Use **Payer Source**: Medicare

        ii. If Medicare is the primary insurance, in **Policy, Group or FECA #:** field type NONE (this will pull into the claim and certify to Medicare you verified there is no other insurance primary to Medicare)

        iii. Medicare ID #: copy exactly as on the insurance card, but delete the dashes (-) Example Medicare # 313-13-1234A would be entered as: 313131234A; 123-45-6789C2 would be entered as 123456789C2

    c. If insurance is **Blue Cross Blue Shield (BCBS) or Anthem**

        i. Use **Payer Source**: Blue Cross/Blue Shield

        ii. Enter the complete id # (example: GMH 921737429) – claims will be denied if the alpha characters ("GMH" in the example) are not entered.

        iii. If patient has BC –GM. Call BC General Motors (GM) at (800) 992-1882 to verify patient is currently eligible for hearing aids on this date of service and annotate the **NOTES:** section (example: 03/14/7 last HA on 10/21/02, currently eligible – gjw.(initials of person entering the information))

    d. If insurance is **Medicaid**

        i. Select the correct Medicaid company from the drop-down list (verify online at WebInterchange web site or over the phone at:)

            1. If the patient has "Spend down", "ICF/MR", "QMB", "QMB – also", a PCCM (Primary Care Case Management) doctor, or primary provider doctor record this information in the insurance **NOTES:** section.

a. NOTE: we can not see QMB patients. We can see QMB – also" patients.

2. If the patient is PCCM, you must call the Physician and get their "2-digit CERT code" for the date of service. Enter this code at the beginning of the appointment **NOTES:** section on the Appointment Summary so it is visible to the claim biller when she creates the HCFA.

ii. Use **Payer Source**: Medicaid (unless the insurance is Medicaid Anthem)

iii. For Medicaid –Anthem DX, HA or DME use **Payer Source**: Blue Cross/Blue Shield

iv. **Patient's relationship to the insured**: SELF

e. If the patient is being seen for **Vocational Rehabilitation**

i. Do not use the insurance section of the Patient Summary. Instead, enter the Voc Rehab office address in the **Responsible Party:** section and make sure you check next to **Bill to Responsible Party** – See the section on Voc Rehab.

f. For **other insurance companies**

i. Use **Payer Source**: Commercial Insurance

ii. If you are not sure if we can accept the patient's insurance call the phone number on insurance card and ASK if they pay out of network providers, or if Hearing Center is in network with them. If we can not bill the insurance tell the patient before he/she is seen for the appointment.

20. Save

How to check out a patient/make a purchase summary…

1. Looking at the scheduler click on the patient's name that you want to check out.
2. Then click on **Enter Outcome,** and a new screen will pop up.
3. You will then enter the diagnosis code and scroll down

   (The Audiologist <u>will</u> enter in the **Outcome Notes** and all of the information under **Hearing Test**)
4. Under **Hearing Test** Enter "did not test" (the audiologist can enter the testing information later, if need be.
5. Make sure under **Privacy** that the HIPAA signed box is checked, (Ok to send mail, and Ok to call should be unchecked for children an non-responsible adults.)
6. Make sure under **Mailing List** that all boxes are checked, or select ***Do not send*** if the patient is a child on which only testing was done.
7. If there are purchases make sure that the "YES" box is filled in and then click save. (This will take you to the **Purchase Summary** page)
8. At the bottom you will select what the patient had done on that day. (ie: if the patient had an AA click on add tab next to services, then you would select the service on the service purchase screen and the price will automatically come up. Double check to make sure it is the correct price.) Then push save
9. This will take you back to the **Purchase Summary** page; you will need to save this again.
10. If the patient makes a payment on the date of service click on the payment tab. (you will select how much they paid and their payment type) Under description enter, "testing", "service", "hearing aid", "batteries", "ear mold", or "accessories". If they paid by check you can enter the check number after one of the above words)
11. This will take you back to the **Purchase Summary** page. save.
12. Now you can print a receipt for your patient and one for daily batch.
13. Then you can close out the screen

IF the patient is fit with a hearing aid.

Go to the Patient Summary (click on the patient name at the top of the Purchase Summary),

1. Click on **Custom Groups**,
2. Check the appropriate **Custom Group** for the **six month reminders**. (Example: patient is fit in May, then select the May/Nov 6 Mo Reminder custom patient group with a check mark.) & click save.
3. Scroll down to the invoice and click the link to return to the Purchase Summary.
4. Make sure a check mark is next to "Delivered to Patient" and the date of the fit is correct.

IF you will be filing with insurance

Go to the bottom and where it says *Due from Insurance* click add. (This part can be done after the patient leaves)

1. Select the Insurance that you want to bill. (You will do this for each insurance to be filed for this **Purchase Summary**/Invoice: primary, secondary, etc)
2. In the Estimated Price click on "amount unknown" if you are expecting a total denial from this insurance; otherwise enter the GRAND TOTAL of the **Purchase Summary**/Invoice. You only need one Due from insurance for each company, regardless of the number of HCFAs you will be filing off this **Purchase Summary**/Invoice. *You can not create a HCFA if you have not entered a Due from Insurance*. You can choose if you want to put any information under notes. Then push save and you will be taken back to the **Purchase Summary/**Invoice.
    1. Example 1: Medicare/Mplan patient (MPlan requires Medicare denial) You would have a *Due from Insurance* for Medicare with "amount unknown" checked (because you do not expect any payment from Medicare) and a *Due from Insurance* from MPlan for the GRAND TOTAL amount of the **Purchase Summary/**Invoice.
    2. Example 2: You expect a payment from the primary insurance company but do not know how much it will be. Create a *Due from Insurance* for the GRAND TOTAL amount of the **Purchase Summary**/Invoice for the primary insurance. For the subsequent insurances create a *Due from Insurance* with "amount unknown". When the first insurance pays, change the amount of the secondary insurance *Due from Insurance* to the balance expected (GRAND TOTAL – primary insurance payment – write off). When the secondary insurance pays, change the *Due from Insurance* for the third insurance to reflect the balance of the claim amount, etc. Any amount not covered by a *Due from Insurance* ("amount unknown" or a dollar amount entered in *Due from Insurance*) will be dropped down to the *amount owed by patient* line of the **Purchase Summary**/Invoice.
3. You will need to save this page again also

Hearing Aids and Audios

When an audiologist sells Hearing Aids they MUST put them in the computer, or if the patient already has hearing aids those also need to be put in the computer since it is a new system. Audiologist need to also enter old Audios into the computer (within the last year) or the most current one. If a patient comes in for a clean and check the Audiologist needs to go ahead and put the OLD audio in the computer. If a patient comes in for an Audio then that also needs to be entered.

To get to this screen go to the **Patient Summary and scroll down to **Current Equipment** and you will be able to **EDIT** the Hearing Aid information.

To edit an Audio click on the patients name scroll down to **hearing loss and click on **edit.** Then you will be able to enter in the audio information.

Insurance Billing (HCFAs)

At Patient Appointment Check Out

After printing the Invoice (Patient Summary) to give to the patient and entering the Due from Insurance:

1. Scroll down the screen and click on create new hcfa
2. Click on primary or secondary, etc as appropriate
3. Verify Clinic and Staff information is correct.
4. Click on Select Appt and Purchases . . .
5. Click on the line items you wish to bill insurance for
6. Click on go
7. Scroll down to block 24 e and click in the 1, 2, 3 or 4 box that corresponds to the diagnosis code entered in block 21 which corresponds to the procedure on that line.
8. Scroll down to block 31 and type the rendering audiologist's signature line to replace "Signature on file" in that box.
9. Review the other blocks on the hcfa according to the Claims Processing checklist, entering or changing information as necessary.
10. When you are satisfied that hcfa (claim form) is correct and ready to be filed:
    a. If this is a claim to the primary insurance verify that the payer id block at the top of the screen under the insurance company name has a number in it.
        i. If it does, click on save and submit electronically
        ii. If it does not you can not file this claim electronically.
            1. Click on save and view printable
            2. Print page 1 of the claim form on the back of a preprinted page 2.
            3. Close the viewable claim window.
            4. Click on edit status
            5. Select ***sent on paper*** from the drop-down list.
            6. save
            7. IMPORTANT. Do not 'save' again. If prompted to resend information do not do so. Simply close the HCFA screen
    b. If this is a claim to a subsequent insurance company (not the primary) then:
            1. Click on save and view printable
            2. Print page 1 of the claim form on the back of a preprinted page 2.
            3. Close the viewable claim window.
            4. Click on edit status
            5. Select ***sent on paper*** from the drop-down list.
            6. save
            7. IMPORTANT. Do not 'save' again. If prompted to resend information do not do so. Simply close the HCFA screen

At a later time than the appointment

You have several ways to go back into the invoice (Purchase Summary) for the purpose of filing the HCFA if it is not done when you enter the charges:

1. Go to the Patient Summary, scroll down to the ***appointment***, or the ***invoice*** section and click on the appropriate link (mm/dd/yy) and proceed as above.
2. Go to the HCFA Billing Report
    a. Select the *clinic* from the drop-down list
    b. Select *unbilled* only from the drop-down list
    c. Click on a link (mm/dd/yy) in the Purchase Date column to go directly to that invoice and create the HCFAs as above.
    d. When done close the invoice screen and you will be back at the HCFA Billing Report, and you can go to another invoice and create the HCFAs
3. Go to the appointment date on the actual schedule and click on the patient name
    a. Scroll down and click on the view receipt button
    b. This takes you to the invoice, proceed as above.

Entering Insurance Payments

Access the Purchase Summary (invoice) by any convenient means:

- □ Type in patient name in the search box, click on the name, scroll down the Patient Summary, click on the date of the invoice in the **invoice** section.
- □ Using the HCFA Billing Report, click on the date of service next to the appointment on the list.
- □ Create the A/R Aging Report for the location and click on the receipt link next to the appointment in the list.

1. Check the *Due from Insurance* amount on the invoice. It should equal the amount of the invoice UNLESS this insurance was filed only to obtain a denial, then it should say "Amount Unknown". Edit this amount if it is not correct. If the claim was denied, simply click on denial next to the *Due from Insurance* entry on the Purchase Summary, and enter the reason for the denial in the notes box that pops up.
2. Enter the amount of the payment.
    a. Click on payment on the Purchase Summary (lower left portion of the screen)
    b. Select "Insurance" from the pull down list
    c. Enter amount of the payment in the amount box.
    d. Enter "testing", "service", "hearing aid", "batteries", "earmold" or "fee" in the description box as appropriate. You may also enter the name of the insurance after this word, or the specific service or test if there were several HCFAs filed for this invoice.
    e. Select the HCFA being paid from the drop-down list. ***Note***: if you have received a payment before submitting a claim in Sycle (as for a Medicare Supplemental insurance payment) then be sure to indicate the insurance company in the description box. ***Example***: testing AARP payment.
3. Enter a copay amount by clicking on the adjustment link next to the *Due from Insurance* line on the invoice. Change the amount in the box to the amount of the copay. Type 'copay" in the notes box. This will move the copay amount to *Due from the Patient* if there is no other insurance to file.
4. Enter a deductible, coinsurance, or patient responsibility amount in the same manner as a copay, using the appropriate word to substitute for copay in the notes box.
5. Enter the write off amount by clicking on write off (next to the Payment button). Select "Contractural adjustment" from the drop-down list. Click on the total amount. The remainder amount will appear. Accept this amount if it is correct, else adjust it according to the EOB. In the description box write, "testing", "service", "hearing aid", "batteries", "earmold" or "fee" as appropriate.
6. If the patient has a balance owed at this point (copay, deductible, coinsurance, etc) and there is no other insurance to file, print out the **Purchase Summary** (invoice). Stick it in a window envelope and mail it.
7. Create a HCFA for the next insurance company if any. (you can tell because there will be a *Due from Insurance* line on the invoice for primary, secondary, etc insurances on the invoice.

Notes on Insurance payments, adjustments and write offs.

1. HCI **contracts** with BCBS and other insurance companies by choice. We have negotiated the amounts that we will be paid for various services. To find the contracted amount go to the **Master Fee Schedule** (Save on your desktop for easy access)
2. The **Allowed Amount** on an EOB should equal the contract amount on the Master Fee Schedule. If it does not. You need to fill out an Adjustment form requesting the correct payment amount. DO NOT REFUND AN UNDER PAYMENT. If no form is available contact the provider inquiry number and ask for assistance.
3. The **write-off amount** is the difference between the **Total Charges** and Allowed Amount columns. This is the insurance contractual difference amount. For the **contract with BCBS** the Amio/Max are considered **Usual and Customary (Standard)**. For those models we are to write off the difference between the HCI price list amount and the $1200 allowed amount. For models above that level we are to bill the patient for the difference between the *contracted amount* and the HCI list price, plus any deductible or coinsurance amount between the contractual amount (allowed) and the paid amount.
    a. Example if the patient buys an Amio the contracted amount is $1200. If the patient has a 80/20 plan they will be billed $240 for their coinsurance (20% of 1200.00). This should be indicated on the EOB.
4. The **Patient (Subscriber) Liability** equals the Allowed Amount minus the Amount Paid. This is the amount that should be billed to the patient.
    a. To move this amount to the Due from Patient line on the Purchase Summary in Sycle, use adjust next to the Due from Insurance entry on the screen. Enter the amount of the liability in the amount box and type in the description: subscriber liability, coinsurance, etc. as appropriate in the description box.
    b. Print out the Statement by pressing on the Statement button on the screen.
        i. You can enter a stock phrase from MS Word, such as "Your insurance has paid its portion of your bill. The balance owing is your responsibility. Please pay promptly. Thank you." in the memo section before you print the statement. (Create a document in MS Word, copy and paste into the statement memo section.)
        ii. Use the statement paper Tim has sent to each office for this purpose.
        iii. The date the statement has been mailed can be found in the Patient Summary invoices section.
        iv. On the back side of the statement print the Credit Card Payment Box. (From the Hearing Center Forms page online)

Vocational Rehabilitation Billing and Payments

Billing

Voc Rehab is only paying us a fee for dispensing hearing aids. They order, pay for and ship the hearing aids to us to dispense to the patient.

When you receive the hearing aid from Voc Rehab enter it as an in-stock hearing aid into **Inventory** and designate it for the patient:

Click on the **Inventory** section

Scroll down to the ***BTE In Stock*** or ***Other In Stock*** section (as appropriate) and click on add to in-stock

Enter the hearing aid information in the appropriate boxes.

Change the ***cost*** and ***retail price*** to $0.00

save

Scroll down the **Inventory** screen to the ***BTE In Stock*** or ***Other In Stock*** section and click on go to see the list of in stock hearing aids

Next to the hearing aid you just entered click on sell

Type in the patient name and click on search

Click on Sell next to the patient name on the screen

Click on left or right

Click on save from the ***Hearing Aid Purchase*** screen. This takes you to an invoice where a zero balance charge for the hearing aid has been entered.

save

Scroll down the screen and click on add next to services

Scroll down to and highlight *Fitting Fee/Voc Rehab* (A1, A2, D1 or D2)

save

Scroll to the top of the screen page and make sure the ***bill to*** section has the Voc Rehab address (if not go into the **Patient Summary** and make Voc Rehab the ***Bill To*** "person" for this patient by entering Voc Rehab and its address in the appropriate blocks there.

Print the invoice and mail to Voc Rehab in a window envelope.

When you receive the payment from Voc Rehab, enter it as a **check** payment on the invoice. In ***description*** enter "service, voc rehab"

NOTE: if voc rehab approves the audiometric exam and pays for it, use "insurance contractural" as the write off type and enter "testing voc rehab" in the description box.

Hearing aid Repairs

Sending in the repair:

1. Type in the patient name in the ***search*** field and click on the patient name in the list. (Or click on name on the schedule) then click on the name again to get to the Patient Summary screen).
2. Scroll down the **Patient Summary** to the ***current equipment*** section.
3. The left and/or right hearing aid information is displayed for the current equipment. Next to the appropriate hearing aid click on the repair button.
4. The **Repair Purchase** screen appears. Select the hearing aid from the drop-down list (current and previous hearing aids for this patient will be in the drop-down list).
5. Select the ***repair type*** from the drop-down list.
6. Enter company name in the ***Sent to***: block (where you are sending the aid for repair)
7. Enter ***description*** of problem.
8. click save
9. You will be taken to an Invoice (**Purchase Summary**) screen. Print out this invoice to give to the patient and for the daily batch.
10. Click save.

The Inventory section now lists the hearing aid as out to the manufacturer for repair.

When the repaired hearing aid is received:

1. Click on the **Inventory** section next to the appointment schedule.
2. Scroll down to the ***Repair Check-In*** section
3. Click on the ***repaired*** box next to the entry in the list. Enter ***Invoice #*** and ***notes***.
4. Click save. The Inventory section shows the hearing aid in ***Repairs to be delivered to Patient***. The patient has also been added to the **Call list**.

When the hearing aid is delivered to the patient:

1. Click on the **Inventory** section.
2. Scroll down to the ***Repairs to be Delivered to Patient*** section.
3. Click on the ***Delivered to Client*** box.
4. Click on save. The delivery date is now displayed on the repair invoice and the Patient is removed from the list.

Hearing Aid Returns

(patient brings hearing aid back during trial period and does not want any other hearing aid instead of it)

This can be done two ways:

1. Access the **Patient Summary** by doing a patient search and then clicking on the patient name.

   a. Scroll down the summary to the ***Current Equipment*** section

   b. Click on the return button for the appropriate hearing aid.

   c. A new screen appears. Confirm the return by clicking ok

   d. If patient has other hearing aids in Sycle a drop-down list will appear so you can select their current equipment by highlighting it, then click ok

   e. You will be taken to the **Purchase Summary** (Invoice) for the returned hearing aid and the return will be added to the invoice for you. Sycle will calculate any refunds due to the patient or insurance automatically. Sycle also lists the return on the Hearing aid and sales reports.

   f. If a refund is reflected (Amount due insurance, or amount due to patient) on the invoice, click on the refund button. save. Print the invoice to send with an adjustment form to Speedway, so a refund check can be issued to either the patient or insurance.

   g. Print the invoice for your daily batch.

2. Access the purchase appointment

   a. If you know the appointment date for the hearing aid sale you can go to that date on the schedule and click on the patient name to go to the **Appointment Summary**.

   b. Click on view receipt. This takes you to the invoice.

   c. Click on return next to the hearing aid that is being returned.

   d. A new screen appears. Confirm the return by clicking on ok

   e. If patient has other hearing aids in Sycle a drop-down list will appear so you can select their current equipment by highlighting it, then click ok

   f. Sycle will calculate any refunds due to the patient or insurance automatically. Sycle also lists the return on the Hearing aid and sales reports, and records it in the Patient Summary.

   g. If a refund is reflected on the invoice, click on the refund button. save. Print the invoice to send with an adjustment form to Speedway, so a refund check can be issued to either the patient or insurance.

   h. Print the invoice for your daily batch.

Hearing Aid Exchanges

1. Access the **Patient Summary** by doing a patient search or clicking on the patient appointment on the schedule and then clicking on the patient name.
2. Scroll down the summary to the ***Current Equipment*** section
3. Click on the exchange button for the appropriate hearing aid.
4. A new screen appears. Confirm the exchange by clicking ok
5. The **Hearing Aid Purchase** screen appears.
6. Select from the drop-down boxes the Manufacturer, type, model and battery size for the new hearing aid or from the Inventory list of in-stock aids.
7. save
8. At this time the old hearing aid appears as a return on the invoice and in the hearing aid reports. The new hearing aid appears on order in the **Inventory** section for the clinic. If you already have the new hearing aid, record the receipt in the **Inventory** section and record it delivered to patient at the time of the fitting.
9. This will take you back to the original invoice.
10. Sycle will calculate any refunds due to the patient or insurance automatically. Sycle also lists the exchange on the Hearing aid and sales reports, and records it in the Patient Summary. In the Hearing Aid Sales Report it will show the correct number of hearing aids in the exchange section total. You must scroll to the far right to see the net balance of the transaction in the *Balance Due* column.
11. If there is a refund due to the patient or the insurance click on the refund button on the invoice to process the refund and then print out 2 copies of the invoice,. (one for your daily batch, and one to send in with the change of instrument form to Speedway.

Hearing Aid Replacement (Lost Hearing aid)

1. Access the **Patient Summary** by doing a patient search or clicking on the patient appointment on the schedule and then clicking on the patient name.
2. Scroll down the summary to the ***Current Equipment*** section
3. Click on the replace button for the appropriate hearing aid.
4. The **Replacement** window appears. All the information from the lost hearing aid will fill in on this screen automatically. Scroll down to verify that in the second section of this screen the hearing aid *purchase price* is $200.00 (this is the replacement fee amount). If not, enter $200.00 into this field. The amount in the *replacement fee* field should be $0.00, because the patient will have to pay full price to replace the replacement hearing aid if they should also lose that one.
5. Enter your PO # in the *Tracking #* field.
6. save
7. You will be taken to a Purchase Summary. The hearing aid exchange is already on the screen showing a purchase price of $200.00. Click on order form.
8. Print the **Order Form**.
9. Print the **Purchase Summary** for your daily batch.
10. NOTE: to get back to this invoice you will need to *view all equipment* on the **Patient Summary** other equipment section and click on the date hyperlink.
11. When replacement hearing aid arrives log it into the inventory as you would a new hearing aid order. An appointment reminder will be generated automatically.

How to close out a day…

1. Click on the reports tab at the top of the screen.
2. Under Sales Reports click on Sales
3. Go to Sales Report For (enter your location)
4. Under Period (Select Day)
   At the end of the month, (Select Month)
5. Check the date and make sure it is correct (date your closing)
   At the end of the month (Select the month that you are closing)
6. Then push GO on the right side of the screen
   A. Then Click on **Download All** and **open** and you can save the file to your computer. Make a file folder on your computer and name it **Daily Closings**. Also run your monthly closings and place in folder. You can keep each day saved and save your monthly reports.
7. Microsoft excel will open at this point.
8. You want to click on the **Sales0** tab (at the bottom of the screen). If you add up the charges (less sales tax) of all your Purchase Summary invoices for the day, the total should equal the total on this page.
   A. Then print the **Sales0** tab. (see sample)

Sales	**Thu:Oct 5th**		**Total**	
Hearing Aid	1	$1600.00	1	$1600.00
Earmold	0	$0.00	0	$0.00
Hearing Test	0	$0.00	0	$0.00
Battery	3	$0.00	3	$0.00
Accessory	0	$0.00	0	$0.00
Warranty	0	$0.00	0	$0.00
Service	11	$625.00	11	$625.00
Repair	0	$0.00	0	$0.00
Remote	0	$0.00	0	$0.00
Fee	0	$0.00	0	$0.00
Sub Total	15	$2225.00	15	$2225.00
Returns	0	$0.00	0	$0.00
Replacements	0	$0.00	0	$0.00
Total	**15**	**$2225.00**	**15**	**$2225.00**

9. Next click on the "**Invoices1**" tab (at the bottom of the screen) and make sure the amount is correct. (**Payments Total <u>must</u>** match your Deposit Summary "**Total for Location**" amount for the day.)

This is what the Invoices1 tab will look like… EXAMPLE:

Payments	**Wed:Jul 12th**	**Total**
cash	$14.00	$14.00
visa	$0.00	$0.00
Payments Total	**$14.00**	**$14.00**
HA Deposits	$0.00	$0.00
Refunds	$0.00	$0.00
Write-Offs	$0.00	$0.00

10. Then staple the **Sales0** and **Invoices1** print outs to the top of your Purchase Summary Invoices & EOB copies. (For the Close of the Day) **All # must match.**

Birthday Card Mailings – Do Monthly

1. Click on **Reports**
2. Click on **Marketing**
3. Report Type: Birthdates
4. Check Patient Type: ☑Current
5. Clinic: check your clinic name on the list
6. Select Birth Month: pick the month you want from the scroll down list
7. Download
8. Open
9. Highlight rows 1 and 2.
10. Click on the Edit menu.
11. Click on Delete
12. Review the list and remove any names that should not be getting a card (as decided by your office).
13. Click on the File menu
14. Click on "Save as"
15. Click on the "Desktop" icon on the left side of the open window.
16. Type in "Birthdates"
17. click on "Save" You now have a document named Birthdates saved to your desktop. If prompted overwrite your Birthdates file from last month.
18. In MS word open the Mailing Labels Template saved to your desktop (during Sycle training)
19. click on Yes when prompted.
20. Review labels and edit if needed
21. Print labels, attach to cards.
22. Enter patient birth date and current year
23. have card signed
24. Add post card stamps and mail cards

Six Month Reminders in Sycle – Do Monthly

1. Click on Reports
2. click on Marketing Lists
3. Select from Report Type drop down: Custom Patient Groups
4. Check Patient Type: ☑Current
5. Check ☑ Clinic name
6. Scroll down to pink area of screen
7. Select Group: from the drop-down list select the group for the month you want. (Example you are sending May reminders, select "May/Nov 6 Mo Reminder")
8. click on Download
9. Click Open -- a MS Excel spreadsheet file will open on your desktop.
10. In the spreadsheet -- highlight row 1 & row 2
11. Access the Edit menu at the top of your screen and click on delete – row 1 should now contain only the column headings: **First, Last, Preferred,** etc.
12. Access the File menu at the top of your screen and click on **Save as …**
13. A "Save As" window will open – Click on the Desktop icon in the left column of this window
14. Type in the file name: "Custom_Patient_Groups" (this should be the default)
15. If asked say "yes" to overwrite an existing file with the same name.
16. Open MS Word & print the labels
    a. Open file: (on the Desktop) "Mail Label Template.doc"
        1. Dialog boxes will open. Click "yes", "open", "ok" and "find data source"
        2. Click on the DESKTOP icon on the left side of the box.
        3. Click on the "Custom_Patient_Group" spreadsheet you created in step 15 above and Click on OPEN.
        4. Another box should pop up, and the file name should be highlighted. Click on OK
    b. OR Open "Custom_Patient_Group Mail Label Template" if you created it as in step "e" below previously.
    c. Your new six month reminder list should pull into the file. If prompted say "yes" to allow the data from the database to be imported into the document.
    d. Review the labels and print them.
    e. Close the MS Word file without saving it. (this will keep Birthdates.xls as the datasource) OR Save the template as "Custom_Patient_Group Mail Label Template", and close the document. (this will allow you to just open this template next time and not have to find the datasource).
17. Affix labels to post cards, add post card stamps and mail.

Three Year Reminders in Sycle – Do Monthly

1. Click on Reports
2. click on Marketing Lists
3. Select from Report Type drop down: Provider & Purchase Date
4. Check Patient Type: ☑Current
5. Check ☑ Clinic name
6. Scroll down to pink area of screen
    a. Provider: “Any”
    b. Purchase Date – Will default to the current month starting and ending dates (example May 1 2007 through May 31 2007) Roll back the year to three years ago in both boxes (2004 in the example).
7. click on Download
8. Click Open -- a MS Excel spreadsheet file will open on your desktop.
9. In the spreadsheet -- highlight row 1 & row 2
10. Access the Edit menu at the top of your screen and click on delete – row 1 should now contain only the column headings: **First, Last, Preferred,** etc.
11. Access the File menu at the top of your screen and click on **Save as …**
12. A “Save As” window will open – Click on the Desktop icon in the left column of this window
13. Type in the file name: “Provider_and_Purchase_Date” (this should be the default)
14. If asked say “yes” to overwrite an existing file with the same name.
15. Open MS Word & print the labels
    a. Open file: (on the Desktop) “Mail Label Template.doc”
        i. Dialog boxes will open. Click “yes”, “open”, “ok” and “find data source”
        ii. Click on the DESKTOP icon on the left side of the box.
        iii. Click on the “Provider_and_Purchase_Date” spreadsheet you created in step 12 above and Click on OPEN.
        iv. Another box should pop up, and the file name should be highlighted. Click on OK
    b. OR Open “Provider_and_Purchase_Date Mail Label Template” if you created it as in step “f” below previously.
    c. Your new three-year reminder list should pull into the file. If prompted say “yes” to allow the data from the database to be imported into the document.
    d. Review the labels and print them.
    e. Close the MS Word file without saving it. (this will keep Birthdates.xls as the datasource) OR Save the template as “Provider_and_Purchase_Date” Mail Label Template, and close the document. (this will allow you to just open this template next time and not have to find the datasource).
16. Affix labels to the post cards, add post card stamps, and mail.