axiUm

axiUm User Guide for Transactions
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This axiUm User Guide will help you start using axiUm. It shows you how to:

- Follow document conventions.
- Familiarize yourself with the Transactions window.
- Use axiUm features for day-to-day tasks.

The examples in the axiUm User Guide show system-required field entries and may not reflect field entries typical of your institution. Check with your institution for a list of fields required to be completed before saving the current window. axiUm will not let you save your entries until all system-required entries are completed. If you try saving a window with incomplete system-required fields, a message box displays. When you close the message box, the cursor will be placed on the first system-required field that you missed. Once all system-required fields are entered, you can save and close the window.

Also note that default displays, tabs in windows, and other screen elements shown in the axiUm User Guide may look different from your axiUm setup.

Document Conventions

This manual uses the following styles to identify the different interface elements:

<table>
<thead>
<tr>
<th><strong>Bold</strong></th>
<th>Names of interface elements such as buttons, check boxes, list boxes, list views, menu names, menu choices, options, tabs, and text boxes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Italics</strong></td>
<td>Indicates when a special term is used for the first time, and to emphasize key words or terms.</td>
</tr>
<tr>
<td><strong>Monospace</strong></td>
<td>Data entered by the user.</td>
</tr>
</tbody>
</table>
Document Icons

This guide also uses the following icons to identify the different document elements:

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>📝</td>
<td>Notes and helpful information. For example, things that will become apparent later on in the procedure.</td>
</tr>
<tr>
<td>⚠️</td>
<td>Important information or steps you must take. For example, if you do not complete this step you may be unable to complete a task later on.</td>
</tr>
<tr>
<td>💡</td>
<td>Tips, ideas, and alternative methods. For example, using shortcuts, applying previously learned tools, or suggesting different uses.</td>
</tr>
<tr>
<td>⚠️</td>
<td>Warnings before taking action. For example, precautions against irreversible actions, or actions that require a lot of work to undo.</td>
</tr>
<tr>
<td>🍏</td>
<td>Challenges and extra steps. For example, steps that take you beyond the basic procedures.</td>
</tr>
</tbody>
</table>
The Transactions module deals primarily with the business and financial aspects of your institution using a computerized billing system.

The Transactions module is frequently used by the administrative staff to:

- View a patient’s account, including aged receivables.
- Pre-determine and co-ordinate benefit plans between the patient and their insurance company, including the handling of multiple benefit plans and insurance pre-authorizations.
- Create, calculate, and apply patient payments (for completed, in-progress, or planned treatments), including the managing of bulk payments and post-dated payments, and help track timely payments.
- Apply patient payment reversals, refunds, and discounts.
- Enter treatments to be reflected in the EHR module.
- Print collection letters, patient statements, receipts, estimates, and ledger printouts.

The Transactions module is used at locations where patients pay for treatments received or items purchased, payment schedules are created, and insurance transactions are entered.

This chapter covers the following topics:

- Opening the Transactions module
- About the Transactions window

Read the following sections to familiarize yourself with the features of the Transactions module.
1 Opening the Transactions Module

There are different methods to access the Transactions module:

- Icon
- Actions menu
- Desktop

The following instructions describe these methods.

▼ To open the Transactions module using the icon:

Click 📄 (Transactions).

▼ To open the Transactions module using the Actions menu:

From the Actions menu, click Transactions.

▼ To open the Transactions module using the Desktop:

From the Desktop, click 📄 (Transactions).
The next section describes the Transactions module window.

## 2 About the Transactions Window

The Transactions window is made up of the following tabs:

- General tab
- Treatment tab
- Charges tab
- Pmt Plan tab
- Payment tab
- Adjustment tab
- Ins Pmt tab
- Notes tab

This is how it may look when you open it for the first time:
This chapter covers the setup tasks you must complete before using the Transactions module. You must have access rights (i.e., administrator access level) to access these windows.

This chapter covers the following topics:

- Setting up bank codes
- Defining payment codes
- Setting up ortho billing
- Setting up claim inquiries for insurance companies
- Defining claim adjustment reason codes
- Setting up adjustment codes
- Defining office charge codes
- Setting up sales taxes
- Defining patient note codes
- Setting up comment codes
- Setting up status codes

At the end of this chapter you will be familiar with these tasks.

1 Defining Bank Codes

Bank codes are used to identify a place of transaction. For example, a workstation next to the cashier where patients make payments, or a workstation in the financial office where insurance cheques are received and processed.

For this example, we will create a bank code for a cashier location used to receive and process patient payments.
To define a bank code:

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Bank Codes icon.

axiUm displays the Bank Codes window. For information on the Bank Codes window, refer to the axiUm Reference Manual for Maintenance and see Bank Codes Window on page 939.

3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.
   - Code: CA2
   - Name: Cashier Station 2

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.
Defining Payment Codes

6. Click (close).

axiUm closes the Bank Codes window and returns to the Maintenance window.

You have successfully defined a bank code.

At this point you may want to also create a bank code for an office location where insurance cheques and other transactions are processed internally (e.g. NSF cheque reversals).

2 Defining Payment Codes

Payment codes are used to process payments received from both patients and insurance companies. You must define patient payment codes and insurance payment codes separately in axiUm.

This section covers the following topics:

- Defining patient payment codes
- Defining insurance payment codes

2.1 Defining Patient Payment Codes

Payment codes are used to enter patient payments (the patient portion of the treatment cost), and payments can be made in various forms (e.g. cash, cheque, or credit card).

For this example, we will define a patient code for Visa payments.

▼To define a patient payment code:

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Payment Codes icon.

axiUm displays the Payment Codes window. For information on the Payment Codes window, refer to the axiUm Reference Manual for Maintenance and see Payment Codes Window on page 946.
3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.

   - Code: V
   - Description: Visa
   - Print Description: Visa
   - From: Patient

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.
6. Click (close).

axiUm closes the Payment Codes window and returns to the Maintenance window.

You have successfully defined a patient payment code.

2.2 Defining Insurance Payment Codes

Insurance payment codes are used to enter insurance payments (the insurance portion of the treatment cost), and are almost always in the form of cheques.

For our example, we will define an insurance payment code for cheques received.

▼ To define an insurance payment code:

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Payment Codes icon.

axiUm displays the Payment Codes window. For information on the Payment Codes window, refer to the axiUm Reference Manual for Maintenance and see Payment Codes Window on page 946.
3. Click \( \text{Clear Data} \).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.

   - Code: IP
   - Description: Ins Check #
   - Print Description: Ins Check #
   - From: Insurance

5. Click \( \text{Add a new Record} \).

axiUm saves the new record and displays it in the list view.
3 Setting up Ortho Billing

Ortho billing options must be set up before you can enter ortho payment plans (for both patient and insurance). If you do not set up ortho billing information in axiUm, you will be unable to enter ortho payment plans.

To set up ortho billing options:

1. Go to Maintenance module's System tab.
2. Double-click the Processes icon.

axiUm displays the Processes window. For information on the Processes window, refer to the axiUm Reference Manual for Maintenance and see Processes Window on page 868.
3. Click **Ortho Billings**.

axiUm displays the Ortho Billing window. For information on the Ortho Billing window, refer to the axiUm Reference Manual for Maintenance and see *Ortho Billing Window* on page 870.

![Ortho Billing window](image)

4. Click **Setup**.

axiUm displays the Ortho Billing Options window. For information on the Ortho Billing Options window, refer to the axiUm Reference Manual for Maintenance and see *Ortho Billing Options Window* on page 871.

![Ortho Billing Options window](image)

5. Enter the fields and options. For our example, we will enter the following:
6. Click **OK**.

   axiUm saves your entries and closes the Ortho Billing Options window.

7. **Click Save**.

   axiUm saves the entries you made earlier and closes the Ortho Billing window and returns to the Processes window.

8. **Click (close)**.

   axiUm closes the Processes window and returns to the Maintenance window.

You have successfully set up your ortho billing options. Now you can enter ortho payment plans for patients who receive ortho treatments.

### 4 Setting up Claim Inquiries for Insurance Companies

Claim inquiries are often used to request the insurance company about the status of a submitted claim.
This section covers the following topics:

- Creating claim inquiry forms
- Adding claim inquiry forms to insurance companies

### 4.1 Creating Claim Inquiry Forms

To set up claim inquiries for insurance companies, you must first create claim inquiry forms.

For this example, we will create a Denti-Cal claim inquiry form.

**To create a claim inquiry form:**

1. Go to **Maintenance** module's **Insurance** tab.
2. Double-click the **Claim Form Codes** icon.

axiUm displays the Claim Form Codes window. For information on the Claim Form Codes window, refer to the axiUm Reference Manual for Maintenance and see *Claim Form Codes Window* on page 289.

3. Click (Clear Data).

   axiUm clears the fields and options.
4. From the **Form** drop-down field, select an inquiry form. For our example, we will select **Denti-Cal DC 003 Claim Inquiry Form**.

   ![Warning](image) **When you select an option from the Form drop-down field, make sure it is a claim inquiry form, not a claim form. Claim inquiry forms have the Claim Inquiry Form checkbox selected.**

5. Enter the fields and options. For our example, we will enter the following:

   - **Code:** DD_INQ
   - **Description:** Denti-Cal Claim Inquiry Form
   - **Multi-Page Claim:** selected

![Claim Form Code](image)

6. Click [Add a new Record](image).

   axiUm saves the new record and displays it in the list view.
7. Click (close).

axiUm closes the Claim Form Codes window and returns to the Maintenance window.

You have successfully created a claim inquiry form.

Next, you must add this claim inquiry form to insurance companies. See next section, Adding Claim Inquiry Forms to Insurance Companies on page 16.

4.2 Adding Claim Inquiry Forms to Insurance Companies

For those insurance companies that accept claim inquiries, you must add a claim inquiry form to the insurance company record. If you do not do this, you will be unable to submit claim inquiries.

Before you begin, make sure you have created claim inquiry forms. For instructions on creating claim inquiry forms, see Creating Claim Inquiry Forms on page 14.

For this example, we will add the Denti-Cal claim inquiry form to the insurance company record for Blue Cross Blue Shield of Texas.
To add a claim inquiry form to an insurance company record:

1. Go to Maintenance module's Insurance tab.
2. Double-click the Insurance Companies icon.

axiUm displays the Insurance Companies List window. For information on the Insurance Companies window, refer to the axiUm Reference Manual for Maintenance and see Insurance Companies List Window on page 315.

3. Search for an insurance company name. For our example, we will search for BCTX, Blue Cross Blue Shield of Texas.
4. Highlight this record from the list view.
5. Click (Edit Record).

axiUm displays the Insurance Company window. For information on the Insurance Company window, refer to the axiUm Reference Manual for Maintenance and see Insurance Company Window on page 317.
6. Enter the fields and options. For our example, we will enter the following:

- Claim Inquiry checkbox: selected
- Claim Inquiry: Delta Dental Inquiry Form

7. Click Save.

axiUm saves the changes.

8. Click Close.

axiUm closes the Insurance Company window and returns to the Insurance Companies List window.
9. Click (close).

axiUm closes the Insurance Companies List window and returns to the Maintenance module.

You have successfully added a claim form to an insurance company record. For treatments covered by this insurance company, you can inquire about the status of a submitted treatment or claim.

5 Defining Claim Adjustment Reason Codes

Claim adjustment reason codes are used in the EOB (explanation of benefits) to explain why a patient’s insurance coverage was different than expected.

For this example, we will create a claim adjustment reason code to indicate that the benefits submitted are not covered by this insurance company.

▼To define an adjustment code for payments:

1. Go to Maintenance module’s Insurance tab.
2. Double-click the Claim Adjustment Reason Codes icon.

axiUm displays the Claim Adjustment Reason Codes window. For information on the Claim Adjustment Reason Codes window, refer to the axiUm Reference Manual for Maintenance and see Claim Adjustment Reason Codes Window on page 287.

3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.
• Code: BNC
• Description: Benefit not covered
• Type: Other
• Group Code: CO

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.

6. Click (close).

axiUm closes the Claim Adjustment Reason Codes window and returns to the Maintenance window.

You have successfully defined a claim adjustment reason code.

6 Setting up Adjustment Codes

Adjustment codes can be defined as a credit (a receivable to the institution) or a debit (a payable from the institution), and are applicable to either patient payments, treatment costs, or insurance balances. You will then use these adjustment codes to process transactions such as patient payment adjustments, patient payment reversals, and insurance refunds.

This section covers the following topics:

• Defining adjustment codes
• Granting user level access to adjustment codes
6.1 Defining Adjustment Codes

To set up adjustment codes in axiUm, you must first define them.

This section covers the following topics:

• Defining adjustment codes for payments
• Defining adjustment codes for charges
• Defining adjustment codes for full payment reversal
• Defining adjustment codes affecting today’s bank deposit
• Defining adjustment codes for insurance transfers

Defining Adjustment Codes for Payments

You can apply these types of adjustment codes to patient payments or insurance payments. When you select this type of adjustment code, axiUm displays only patient payment records or insurance payment records for selection. Then you may select, for example, the purchase of a bleaching kit and apply the adjustment to that record. This type of adjustment codes is unavailable to use for other records, such as patient payments on treatments or charges.

For our example, we will create an adjustment code to be used for patient payments to indicate that their credit card was declined when they paid for their treatment.

▼ To define an adjustment code for payments:

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Adjustment Codes icon.

axiUm displays the Adjustment Codes window. For information on the Adjustment Codes window, refer to the axiUm Reference Manual for Maintenance and see Adjustment Codes Window on page 936.
3. Click  (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.

- **Code:** CCREJ
- **Description:** Credit Card Declined
- **Print Description:** Credit Card Declined
- **Type:** Debit (+)
- **Apply to:** Payments

5. Click  (Add a new Record).

axiUm saves the new record and displays it in the list view.

6. Click  (close).

axiUm closes the Adjustment Codes window and returns to the Maintenance window.

You have successfully defined an adjustment code for payments.

Next, you must grant user level access to this adjustment code. For instructions on granting user level access to adjustment codes, see *Granting User Level Access to Adjustment Codes* on page 30.

**Defining Adjustment Codes for Charges**

These adjustment codes are applied only to payments that are made towards treatments or office charges, including insurance write-offs. For example, when writing off insurance payments, only those adjustment codes defined specifically for charges are available for selection. In this case, adjustment codes defined specifically for payments will be unavailable.
For this example, we will create an adjustment code for a senior’s discount on office charges (e.g. toothbrushes).

▼To define an adjustment code for charges:

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Adjustment Codes icon.

axiUm displays the Adjustment Codes window. For information on the Adjustment Codes window, refer to the axiUm Reference Manual for Maintenance and see Adjustment Codes Window on page 936.

3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.

   • Code: SDISC
   • Description: Seniors Discount
   • Print Description: Seniors Discount
   • Type: Debit (+)
   • Apply to: Charges

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.
6. Click (close).

axiUm closes the Adjustment Codes window and returns to the Maintenance window.

You have successfully defined an adjustment code for charges.

Next, you must grant user level access to this adjustment code. For instructions on granting user level access to adjustment codes, see Granting User Level Access to Adjustment Codes on page 30.

Defining Adjustment Codes for Full Payment Reversal

These adjustment codes are applied to full payment refunds. For example, reversing a patient payment that was made by cheque, which later bounced (i.e. NSF cheques). In this case, you must reverse the entire amount of the cheque.

For this example, we will create an adjustment code to indicate that a cheque was returned due to insufficient funds.

▼ To define an adjustment code for full payment reversal:

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Adjustment Codes icon.
axiUm displays the Adjustment Codes window. For information on the Adjustment Codes window, refer to the axiUm Reference Manual for Maintenance and see Adjustment Codes Window on page 936.

3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.

   • Code: NSF
   • Description: NSF Cheque
   • Print Description: NSF Cheque
   • Type: Debit (+)
   • Apply to: Payments
   • Full Payment Reversal?: selected

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.
6. Click (close).

axiUm closes the Adjustment Codes window and returns to the Maintenance window.

You have successfully defined an adjustment code for full payment reversals.

Next, you must grant user level access to this adjustment code. For instructions on granting user level access to adjustment codes, see Granting User Level Access to Adjustment Codes on page 30.

Defining Adjustment Codes for Payments Affecting Today's Bank Deposit

When you make an entry error (e.g. you entered payment using the wrong credit card), this must be immediately reversed. Because you made the error today, the associated adjustment must also reflect the same date. Failing to do so will result in an imbalance in today’s bank deposits. Therefore, you must create a separate adjustment code for adjustments that affect the current date’s bank deposit.

For this example, we will create an adjustment code indicating a payment reversal that affects today’s bank balance.

\textbf{To define an adjustment code to affect today’s bank deposit:}

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Adjustment Codes icon.
axiUm displays the Adjustment Codes window. For information on the Adjustment Codes window, refer to the axiUm Reference Manual for Maintenance and see Adjustment Codes Window on page 936

3. Click (Clear Data).

   axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.
   - Code: PR
   - Description: Payment Reversal
   - Type: Debit (+)
   - Apply to: Payments
   - Affects Today’s Bank Deposits?: selected

5. Click (Add a new Record).

   axiUm saves the new record and displays it in the list view.
You have successfully defined an adjustment code for payments affecting today’s bank deposits.

Next, you must grant user level access to this adjustment code. For instructions on granting user level access to adjustment codes, see *Granting User Level Access to Adjustment Codes* on page 30.

### Defining Adjustment Codes for Insurance Transfers

These are adjustment codes defined specifically for transferring insurance payments to patients (e.g. insurance rejected their portion of the treatment cost). These types of adjustment codes can only be used with transfers, not write-offs.

For our example, we will define an adjustment code used for transferring insurance balances to patients.

**To define an adjustment code for an insurance transfer:**

1. Go to **Maintenance** module’s **Transactions** tab.
2. Double-click the **Adjustment Codes** icon.
axiUUm displays the Adjustment Codes window. For information on the Adjustment Codes window, refer to the axiUUm Reference Manual for Maintenance and see Adjustment Codes Window on page 936.

3. Click (Clear Data).

axiUUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.
   - Code: TB
   - Description: Transfer Balance to Patient
   - Print Description: Transfer Balance to Patient
   - Type: Debit (+)
   - Apply to: Charges
   - Transfer Balance: selected

5. Click (Add a new Record).

axiUUm saves the new record and displays it in the list view.
6. Click (close).

axeUm closes the Adjustment Codes window and returns to the Maintenance window.

You have successfully defined an adjustment code for insurance transfers.

Next, you must grant user level access to this adjustment code. For instructions on granting user level access to adjustment codes, see next section, Granting User Level Access to Adjustment Codes.

6.2 Granting User Level Access to Adjustment Codes

Once you have defined adjustment codes, you must grant user level access to those codes. If you do not grant user level access to these codes, these adjustment codes will be inaccessible to users.

Before you begin, make sure you have defined adjustment codes. For instructions on defining adjustment codes, see Defining Adjustment Codes on page 21.

For this example, we will grant the user level Dental Student full access to the adjustment code TB, Transfer Balance to Patient.
To grant user level access to an adjustment code:

1. Go to **Maintenance** module’s **Transactions** tab.
2. Double-click the **Adjustment Codes** icon.

   axiUm displays the Adjustment Codes window. For information on the Adjustment Codes window, refer to the axiUm Reference Manual for Maintenance and see *Adjustment Codes Window* on page 936.

3. From the list view, highlight a record. For our example, we will select **TB**, Transfer Balance to Patient.

4. Click **Level Access**.

   axiUm displays the Adjustment Access window. For information on the Adjustment Access window, refer to the axiUm Reference Manual for Maintenance and see *Adjustment Access Window* on page 938.

5. From the list view, highlight a record. For our example, we will select **Dental Student**.

6. From the **Access** drop-down field, select **Yes**.

7. Click **Modify Record**.
axiUm saves the changes.

8. Click (close).

axiUm closes the Adjustment Access window and returns to the Adjustment Codes window.

9. Click (close).

axiUm closes the Adjustment Codes window and returns to the Maintenance window.

You have successfully granted user level access to an adjustment code.

7 Defining Office Charge Codes

Office charge codes can be the cost of tangible items (e.g. a bleaching kit) or non-tangible items (e.g. a cancellation fee).

This section covers the following topics:

- Defining office charge codes for tangible items
- Defining office charge codes for intangible items
7.1 Defining Office Charge Codes for Tangible Items

Your institution may offer dental, medical, and other pharmaceutical products for patients to purchase. To enter these purchases, you must define these items as office charges.

For this example, we will create an office charge for the purchase of an ice pack. We will also make this item taxable.

▼ To define an office charge code:

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Office Charge Codes icon.

axiUm displays the Office Charge Codes window. For information on the Office Charge Codes window, refer to the axiUm Reference Manual for Maintenance and see Office Charge Codes Window on page 943.

3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following:
   • Code: ICEPK
   • Description: Ice Pack
   • Amount: 5.00
   • Taxable: selected

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.
6. Click \( \times \) (close).

axiUm closes the Office Charge Codes window and returns to the Maintenance window.

You have successfully defined an office charge code.

For this bleaching kit to be taxable, you must set up your sales tax. For instructions on setting up sales taxes, see Setting up Sales Taxes on page 36.

### 7.2 Defining Office Charge Codes for Intangible Items

Your institution may charge patients for intangible items (e.g. late fees, NSF cheques, patient pre-payments). To process these transactions, you must defined these items as office charges.

For this example, we will create an office charge patient pre-payments.

\[ \text{To define an office charge code:} \]

1. Go to Maintenance module’s Transactions tab.
2. Double-click the Office Charge Codes icon.

axiUm displays the Office Charge Codes window. For information on the Office Charge Codes window, refer to the axiUm Reference Manual for Maintenance and see Office Charge Codes Window on page 943.
3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following:

   - Code: PREPAY
   - Description: Patient Pre-Payment
   - Code to use for patient pre-payments: selected

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.
6. Click (close).

axiUm closes the Office Charge Codes window and returns to the Maintenance window.

You have successfully defined an intangible office charge.

8 Setting up Sales Taxes

Sales tax, when defined and set up in axiUm, can be applied to fees (e.g. cancellation fees) and purchases (e.g. toothbrushes). axiUm applies the defined sales tax when all of the following occurs:

- The item is taxable. For instructions on creating taxable office charges, see Defining Office Charge Codes on page 32.
- The patient is taxable. The Patient Info window’s Codes tab’s Additional section has the Tax Exempt checkbox deselected. For information on the Codes tab’s Additional section, refer to the axiUm Reference Manual for Rolodex & Patient Card and see Additional Section on page 84.

This section covers the following topics:

- Setting up sales tax for practice rate
- Setting up sales tax for custom rate

8.1 Setting up Sales Tax for Practice Rate

A practice rate is the sales tax applied to all purchased items entered into axiUm using this workstation, and under this practice.

For this example, we will set up a practice rate of 7%.

To set up a sales tax for the practice rate:

1. Go to Maintenance module’s Office tab.
2. Double-click the Practices icon.

axiUm displays the Practices window. For information on the Practices window, refer to the axiUm Reference Manual for Maintenance and see Practices Window on page 456.
3. Click (Practice Options).

axiUm displays the Practice Options window. For information on the Practice Options window, refer to the axiUm Reference Manual for Maintenance and see Practice Options Window on page 458.
4. Go to the **Transactions Options** section, and in the **Tax Rate ___ %** field, enter 7.00.

![Transactions Options](image)

5. Click **OK**.

    axiUm saves the entry and closes the Practice Options window and returns to the Practices window.

6. Click **X** (close).

    axiUm closes the Practices window and returns to the Practice Address window.

7. Click **OK**.

    axiUm closes the Practice Address window and returns to the Maintenance window.

    You have defined the sales tax used at this practice. Next, you must set up this workstation to use this practice rate.

8. Go to the **Maintenance** module’s **System** tab.

9. Double-click the **Station Options** icon.

    axiUm displays the Station Options window. For information on the Station Options window, refer to the axiUm Reference Manual for Maintenance and see *Station Options Window* on page 895.
10. Select the **Transactions** section, the **Transaction** section, and then the **ChargeTax** item.

11. In the **Default** field, enter 1.

12. Click (Modify Record).

Now you have defined this workstation to use the practice rate.
13. Click \( \times \) (close).

axiUm closes the Station Options window and returns to the Maintenance window.

You have successfully set up a sales tax for a practice.

8.2 Setting up Sales Tax for Custom Rate

A custom rate is the sales tax applied to all purchased items entered into axiUm using this workstation, and is not associated to the practice. The custom rate always overrides the practice rate.

For this example, we will set up a custom rate of 5.5%.

\[\text{To set up a sales tax for a custom rate:}\]

1. Go to the Maintenance module’s System tab.
2. Double-click the Station Options icon.

axiUm displays the Station Options window. For information on the Station Options window, refer to the axiUm Reference Manual for Maintenance and see Station Options Window on page 895.
3. Select the Transactions section, the Transaction section, and then the SalesTaxRate item.

4. In the Default field, enter 5.50.

5. Click (Modify Record).
axiUm saves the changes.

You have defined a custom rate for this workstation. Now you must set up your workstation to use this tax rate as the default.

6. Select the Transactions section, the Transaction section, and then the ChargeTax item.

7. In the Default field, enter 2.

8. Click (Modify Record).

axiUm saves the changes.

9. Click (close).

axiUm closes the Station Options window and returns to the Maintenance window.

You have successfully set up a sales tax for a custom rate.

9 Defining Patient Note Codes

Patient note codes are often used when an adjustment record is entered to explain the reason for the adjustment.
For this example, we will define a patient note code indicating that you have attached an X-ray to the claim and submitted it for payment.

▼To define an office charge code:

1. Go to Maintenance module's Transactions tab.
2. Double-click the Patient Note Codes icon.

axiUm displays the Patient Note Codes window. For information on the Patient Note Codes window, refer to the axiUm Reference Manual for Maintenance and see Patient Note Codes Window on page 944.

3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.

   • Code: X-RAY
   • Text: X-ray attached to claim and submitted for payment today.

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.
6. Click (close).

axiUm closes the Patient Note Codes window and returns to the Maintenance window.

You have successfully defined a patient note code.

10 Defining Comment Codes

Comment codes can be used to insert pre-defined comments when you print patient receipts and statements.

For this example, we will create a comment code to display on patient receipts thanking them for their payment.

▼To define a comment code:

1. Go to Maintenance module's Transactions tab.

2. Double-click the Comment Codes icon.
Defining Comment Codes

axiUm displays the Comment Codes window. For information on the Comment Codes window, refer to the axiUm Reference Manual for Maintenance and see Comment Codes Window on page 941.

3. Click (Clear Data).

   axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.

   - Type: Receipt
   - Code: THANK
   - Text: Thank you for your payment.

5. Click (Add a new Record).

   axiUm saves the new record and displays it in the list view.
6. Click (close).

axiUm closes the Comment Codes window and returns to the Maintenance window.

You have successfully defined a comment code.

11 Setting up Status Codes

These status codes indicate the financial status of treatments. They do not indicate the status of the treatments themselves.

For this example, we will create a status code to indicate that there will be no charges incurred for this treatments.

▼To set up a treatment status code:

1. Go to Maintenance module's Basic tab.

2. Double-click the Status Codes icon.

axiUm displays the Status Codes window. For information on the Status Codes window, refer to the axiUm Reference Manual for Maintenance and see Status Codes Window on page 19.
3. Click (Clear Data).

axiUm clears the fields and options.

4. Enter the fields and options. For our example, we will enter the following.

- **Type**: Treatment
- **Code**: NC
- **Description**: No Charge

5. Click (Add a new Record).

axiUm saves the new record and displays it in the list view.
6. Click (close).

axiUm closes the Status Codes window and returns to the Maintenance window.

You have successfully defined a status code.
This chapter covers the tasks you can accomplish using the Transactions module.

This chapter covers the following topics:

- Entering treatments
- Managing items in dispute
- Assigning treatment record statuses
- Suspending and unsuspending treatments
- Managing claim submissions
- Managing pre-authorizations
- Entering patient office charges
- Creating payment plans
- Assigning payment plans to treatments
- Managing patient payments
- Processing insurance payments
- Managing adjustments
- Reversing payments
- Entering transaction notes

At the end of this chapter you will be familiar with these tasks.

1 Entering Treatments

Treatments entered in the Transactions module are mirrored in the EHR module. Likewise, the treatments entered in the EHR module are also displayed in the Transactions module.
This section covers the following topics:

- Managing planned treatments
- Managing in-process treatments
- Entering completed treatments

1.1 Managing Planned Treatments

Planned treatments are intended treatments for a future date. When you enter planned treatments in the Transactions module, axiUm updates the same information in the EHR module.

This section covers the following topics:

- Entering planned treatments
- Changing from planned to in-process treatment status
- Changing from planned to completed treatment status
- Managing planned treatment estimates

Entering Planned Treatments

There is no difference in the way you enter planned dental treatments and planned medical treatments.

For this example, we will enter a planned dental treatment.

▼ To enter a planned dental treatment:

1. Select the **Treatment** tab, then the **Planned** tab.
2. Click **New Claim**.

   axiUm defaults the user-entry fields in the Claim section.

3. Enter the fields and options. For our example, we will enter the following:

   - **Practice**: School of Dentistry
   - **Date**: 28/03/2011
   - **Dental**: selected
   - **Billing ID**: F64520, Gary Bennett
   - **Facility**: UH, University Dental Group
4. Click New.

axiUm defaults the user-entry fields in the Treatment section.

5. Enter the fields and options. For our example, we will enter the following:

- **Date:** 28/03/2011
- **Provider:** D1234, David Caan
- **Code:** D1110, Prophy - adult

6. Click Add.

axiUm saves this record and adds it to the list view.
You have successfully entered a planned dental treatment.

**Changing From Planned to In-Process Treatment Status**

When a planned treatment commences, you can change it from its planned status to an in-process status.

If you want to enter a treatment that is already in-process (not a status change), see *Entering In-Process Treatments* on page 61.

▼ **To change a treatment status from planned to in-process:**

1. Select the **Treatment** tab, then the **Planned** tab.
2. From the list view, highlight a planned treatment record.
3. Right-click to display a list of options.

4. Select the **Change to In Process** option.

axiUm displays the Complete Treatments window. For information on the Complete Treatments window, refer to the axiUm Reference Manual for Transactions and see *Complete Treatments Window* on page 19.
5. Enter the fields and options. For our example, we will keep the default and change nothing.

6. Click Add.

axiUm moves the record from the Original Txs section to the New Claim section.

7. Click Close.

axiUm closes the Complete Treatments window and returns to the Transactions window.

axiUm moves the record from the Planned tab to the Treatments tab, and changes this treatment from a planned status to an in-process status.
You have successfully changed a treatment record from a planned status to an in-process status.

**Changing From Planned to Completed Treatment Status**

When a planned treatment is completed (you skipped the in-process state), you can change it from its planned status to a completed status.

If you want to enter a treatment that is already completed (not a status change), see *Entering Completed Treatments* on page 71.

▲ To change a treatment status from in-process to complete:

1. Select the **Treatment** tab, then the **Planned** tab.
2. From the list view, highlight a planned treatment record.
3. Right-click to display a list of options.
4. Select the **Complete as New Claim** option.
axiUm displays the Complete Treatments window. For information on the Complete Treatments window, refer to the axiUm Reference Manual for Transactions and see Complete Treatments Window on page 19.
5. Enter the fields and options. For our example, we will keep the default and change nothing.

6. Click **Add**.

   axiUm moves the record from the Original Txs section to the New Claim section.

   ![Table of treatments](image1)

7. Click **Close**.

   axiUm closes the Complete Treatments window and returns to the Transactions window.

   axiUm changes this treatment from a planned status to a completed status.

   ![Treatments window](image2)

---

*If this claim is for prosthetics or orthodontics, you must enter additional treatment information for insurance purposes. For instructions on entering additional treatment information, see Entering Additional Treatment Information on page 88.*
You have successfully changed a treatment record from a planned status to a completed status.

Managing Planned Treatment Estimates

Treatment estimates help patients determine the cost of their treatments so they are prepared to pay this amount at the time payment is due.

This section covers the following topics:

- Printing planned treatment estimates
- Viewing planned treatment estimates

Printing Planned Treatment Estimates

\textbf{To print a planned treatment estimate:}

1. Select the \textbf{Treatment} tab, then the \textbf{Planned} tab.
2. Highlight a record from the list view.
3. Right-click to display a list of options.
4. Select the \textbf{Print Estimate} option.

\texttt{axiUm} displays the Select Planned Treatments window. For information on the Select Planned Treatments window, refer to the \texttt{axiUm} Reference Manual for EHR and see \textit{Select Planned Treatments Window} on page 175.
5. From the list view, highlight a record.

6. Click **OK**.

axiUm displays the Estimate window. For information on the Estimate window, refer to the axiUm Reference Manual for EHR and see *Estimate Window* on page 116.

7. Click **Print**.
Entering Treatments

axiUm displays the Estimate contract.

You can print the report from this window. For more information on this and other Crystal Reports features, refer to your Crystal Report help document.

8. Click (close).

axiUm closes the Estimate contract and returns to the Select Planned Treatments window.

9. Click (close).

axiUm closes the Select Planned Treatment window and returns to the Transactions window.

You have successfully printed a planned treatment estimate.

Viewing Planned Treatment Estimates

If a signature (e.g. from patient) was required on a planned treatment, you can view a historic record of that contract.

To view a planned treatment estimate:

1. Select the Treatment tab, then the Planned tab.
2. Highlight a record from the list view.
3. Right-click to display a list of options.
4. Select **Estimate History** option.

axiUm displays the Estimate History window. For information on the Estimate History window, refer to the axiUm Reference Manual for Transactions and see *Estimate History Window* on page 24.

5. From the list view, highlight a record.

6. Click **View**.

axiUm displays the selected Estimate contract.

7. Click **X** (close).

axiUm closes the Estimate contract and returns to the Estimate History window.
8. Click **Close**.

   axiUm closes the Estimate History window and return to the Transactions window.

   You have successfully selected and viewed a planned treatment estimate.

### 1.2 Managing In-Process Treatments

In-process treatments are treatments currently being performed. When you enter in-process treatments in the Transactions module, axiUm updates the same information in the EHR module.

This section covers the following topics:

- Entering in-process treatments
- Changing from in-process to completed treatment status
- Entering in-process treatment visits

#### Entering In-Process Treatments

This section explains how to enter a treatment that is already in-process (not a status change).

If you want to change an existing treatment from planned status to in-process status, see *Changing From Planned to In-Process Treatment Status* on page 52.

This section covers the following topics:

- Entering in-process dental treatments
- Entering in-process medical treatments

#### Entering In-Process Dental Treatments

For this example, we will enter dental treatment D1110, Prophy - adult. This will be on a new claim.

**To enter an in-process dental treatment:**

1. Select the **Treatment** tab, then the **Treatments** tab.
2. Click **New Claim**.

   axiUm defaults the user-entry fields in the Claim section.

3. Enter the fields and options. For our example, we will enter the following:
• Dental: selected
• Billing ID: Gary Bennett
• Facility: UH, University Dental Group

4. Click New.

axiUm defaults the user-entry fields in the Treatment section.

5. Enter the fields and options. For our example, we will enter the following:

• Provider: D1234, David Caan
• Status: I, In-Process
• Code: D1110. Prophy - adult

6. Click Add.

axiUm saves this record and adds it to the list view.
You have successfully entered a dental treatment.

Entering In-Process Medical Treatments

For this example, we will enter a medical treatment record using the procedure code M21215. This will be on a new claim.

.getBody
to enter an in-process medical treatment:

1. Select the Treatment tab, then the Treatments tab.
2. Click New Claim.

axiUm defaults the user-entry fields in the Claim section.

3. Enter the fields and options. For our example, we will enter the following:
   - Medical: selected
   - Billing ID: Gary Bennett
   - Facility: UH, University Dental Group
4. Click New.

   axiUm defaults the user-entry fields in the Treatment section.

5. Enter the fields and options. For our example, we will enter the following:
   
   • Provider: David Caan  
   • Status: In-Process  
   • Code: M21215, Graft, bone, mandible

6. Click Add.

   axiUm saves this record and adds it to the list view.

   ![](Image)

   New in-process medical treatment record.

7. Click Medical.

   axiUm displays the Tx Medical Information window. For information on the Tx Medical Information window, refer to the axiUm Reference Manual for EHR and see Tx Medical Information Window on page 202.
8. Enter the fields and options. For our example, we will enter the following:

- **Diagnosis Codes (for Claim):** 730.88, Bone Infect Nec-Oth Site
- **Place of Serv:** OUTPT, Outpatient Hospital
- **Anesthesia Minutes:** 30

If the medical and diagnosis codes don't align correctly with each other, payment may be rejected. In other words, if the service isn't one that would be typically provided for someone with that diagnosis, the doctor won't get paid.

9. Click **OK**.

axiUm saves the entries, closes the Tx Medical Information window, and returns to the Transactions window.

You have successfully entered a medical treatment.
Changing From In-Process to Completed Treatment Status

When a treatment is in-process, you can change it from its in-process status to a completed status when the treatment is finalized.

If you want to enter a treatment that is already completed (not a status change), see Entering Completed Treatments on page 71.

To change a treatment status from in-process to completed:

1. Select the Treatment tab, then the Treatments tab.
2. From the list view, highlight an in-process treatment record.
3. Right-click to display a list of options.
4. Select the Complete Tx option.

axiUm displays the Complete Treatments window. For information on the Complete Treatments window, refer to the axiUm Reference Manual for Transactions and see Complete Treatments Window on page 19.
5. Enter the fields and options. For our example, we will keep the default and change nothing.

6. Click **Add**.

   axiUm moves the record from the Original Txs section to the New Claim section.

7. Click **Close**.

   axiUm closes the Complete Treatments window and returns to the Transactions window.
You have successfully changed a treatment record from an in-process status to a completed status.

Entering In-Process Treatment Visits

In-process treatment visits are treatments currently being performed, and when the patient visits the clinic, the treatment remains in-process because the visit did not complete the treatment. For example, an ortho visit involves the tightening of braces, but this did not complete the ortho stage. When you enter in-process treatments in the Transactions module, axiUm updates the same information in the EHR module.

For this example, we will enter dental treatment D1110, Prophy - adult. This will be on a new claim.

▼To enter an in-process treatment visit:

1. Select the Treatment tab, then the Planned tab.
2. From the list view, highlight an ortho treatment record.
3. Right-click to display a list of options.
4. Select the **In Process Tx Visit** option.

axiUm displays the Complete Treatments window. For information on the Complete Treatments window, refer to the axiUm Reference Manual for Transactions and see *Complete Treatments Window* on page 19.
5. Enter the fields and options. For our example, we will keep the default and change nothing.

6. Click Add.

axiUm moves the record from the Original Txs section to the New Claim section.

7. Click Close.

axiUm closes the Complete Treatments window and returns to the Transactions window.

axiUm strikes out the previous in-process ortho treatment and creates a new in-process ortho treatment with a newly assigned treatment number.
You have successfully indicated on an ortho treatment record that an ortho visit had occurred but this treatment is not yet complete.

### 1.3 Entering Completed Treatments

Completed treatments are finalized treatments. When you enter completed treatments in the Transactions module, axiUm updates the same information in the EHR module.

This section explains how to enter a treatment that is already completed (not a status change).

If you want to change an existing treatment status from planned to completed, see *Changing From Planned to Completed Treatment Status* on page 54.

If you want to change an existing treatment status from in-process to completed, see *Changing From In-Process to Completed Treatment Status* on page 66.

This section covers the following topics:

- Entering completed dental treatments
- Entering completed medical treatments

#### Entering Completed Dental Treatments

For this example, we will enter a completed dental treatment D1110, Prophy - adult. This will be on a new claim.
To complete a dental treatment:

1. Select the **Treatment** tab, then the **Treatments** tab.
2. Click **New Claim**.

   axiUm defaults the user-entry fields in the Claim section.

3. Enter the fields and options. For our example, we will enter the following:
   - Dental: selected
   - Billing ID: Gary Bennett
   - Facility: UH, University Dental Group

4. Click **New**.

   axiUm defaults the user-entry fields in the Treatment section.

5. Enter the fields and options. For our example, we will enter the following:
   - **Provider**: David Caan
   - **Status**: C. Completed
   - **Code**: D1110, Prophy - adult

6. Click **Add**.

   axiUm saves this record and adds it to the list view.
Entering Treatments

You have successfully entered a dental treatment record with a completed status.

Entering Completed Medical Treatments

For this example, we will enter a completed medical treatment M21215. This will be on a new claim.

▼ To enter a completed medical treatment:

1. Select the Treatment tab, then the Treatments tab.
2. Click New Claim.

axiUm defaults the user-entry fields in the Claim section.
3. Enter the fields and options. For our example, we will enter the following:
   - Medical: selected
   - Billing: Gary Bennett
   - Facility: UH, University Dental Group

If this claim is for prosthetics or orthodontics, you must enter additional treatment information for insurance purposes. For instructions on entering additional treatment information, see Entering Additional Treatment Information on page 88.
4. Click **New**.

axiUm defaults the user-entry fields in the Treatment section.

5. Enter the fields and options. For our example, we will enter the following:

- **Provider:** David Caan
- **Status:** In-Process
- **Code:** M21215, Graft, bone, mandible

6. Click **Add**.

axiUm saves this record and adds it to the list view.

7. Click **Medical**.

axiUm displays the Tx Medical Information window. For information on the Tx Medical Information window, refer to the axiUm Reference Manual for EHR and see *Tx Medical Information Window* on page 202.
8. Enter the fields and options. For our example, we will enter the following:

- **Diagnosis Codes (for Claim):** 730.88, Bone Infect Nec-Oth Site
- **Place of Serv:** OUTPT, Outpatient Hospital
- **Anesthesia Minutes:** 30

*If the medical and diagnosis codes don't align correctly with each other, payment may be rejected. In other words, if the service isn't one that would be typically provided for someone with that diagnosis, the doctor won't get paid.*

9. Click **OK**.

axiUm saves the entries, closes the Tx Medical Information window, and returns to the Transactions window.

You have successfully entered a medical treatment record with a completed status.
# Managing Items in Dispute

Sometimes, a patient may not be satisfied with the treatments they received and refuse payment. In such cases, the treatment is held until the dispute is settled. Once settled, it can be taken off hold.

This section covers the following topics:

- Holding items in dispute
- Taking items off dispute

## 2.1 Holding Items in Dispute

You can hold only in-process and completed treatment records. You cannot hold a planned treatment record because the patient has not yet received any treatments to dispute.

▼To hold an item in dispute:

1. Select the **Treatment** tab, then the **Treatments** tab.
2. From the list view, highlight a record for a treatment.
3. Right-click to display a list of options.

4. Select the **Held in Dispute** option.

axiUm holds the record in dispute. axiUm also displays this record in red text.
You have successfully held a treatment record in dispute.

When a treatment is held in dispute, its costs are excluded from the patient’s expected total, but will be included in the accounts receivable.

This is a good time to enter a reason for holding this treatment in dispute. You can do this by entering a transaction note. For instructions on entering a transaction note, see *Entering Transaction Notes* on page 166.

### 2.2 Taking Items off Dispute

Once the disputed treatment is settled, you must take it off hold before submitting the claim. If the patient is not expected to pay for the remaining treatment cost, you must still take the treatment record off dispute before writing off the amount.

▲ **To hold an item in dispute:**

1. Select the *Treatment* tab, then the *Treatments* tab.
2. From the list view, highlight a record for a treatment in dispute.
3. Right-click to display a list of options.
4. Select the Not in Dispute option.

axiUm releases this record from hold. axiUm also displays this record in its original text color.

You have successfully taken a treatment record off dispute.

When a treatment is taken off dispute, its costs are included back into the patient’s expected total. You can now submit the claim or write it off.

For instructions on submitting the claim, see Submitting Claims on page 83.

For instructions on writing off, see Writing off Balances on page 138.

3 Assigning Treatment Record Statuses

The term status used in this section does not refer to the status of the treatment itself (planned, in-process, or completed) but rather the status of the treatment record (e.g. treatment record is
Suspending & Unsuspending Treatments

inactive). Treatment statuses can be assigned to treatments of all stages (planned, in-process, or completed).

Before you begin, make sure you have defined status codes for treatments. For instructions on defining status codes for treatments, see *Setting up Status Codes* on page 46.

For this example, we will assign the treatment status NC, No Charge to a treatment.

▼To assign a treatment status:

1. Select the Treatment tab, then the Treatments tab.
2. From the list view, highlight a record.
3. In the Tx Status drop-down field, select NC, NO Charge.
4. Click Modify.

axiUm saves the changes.

You have successfully assigned a status to a treatment record.

4 Suspending & Unsuspending Treatments

You can only suspend and unsuspend treatments that are currently in-process.

This section covers the following topics:

- Suspending treatments
- Unsuspending treatments
4.1 Suspending Treatments

Treatments are often suspended if the patient is not expected to return to complete the in-process treatment.

Before you begin, make sure that the treatment has an in-process status. If it has a planned status, you must change it to in-process. For instructions on changing a treatment from planned to in-process status, see Changing From Planned to In-Process Treatment Status on page 52.

To suspend a treatment:

1. Select the Treatment tab, then the Treatments tab.
2. From the list view, highlight an in-process item.
3. Right-click to display a list of options.

4. Select the Suspend In Process Tx option.

axiUm suspends the selected record. axiUm also displays in the Treatment tab’s Treatment section. This prevents users from completing the procedure.
You have successfully suspended a treatment.

You can undo this suspension anytime. To unsuspend a treatment, see the next section, Unsuspending Treatments.

4.2 Unsuspending Treatments

You must unsuspend treatments if it was suspended in error, or if the patient who was not expected to return to the clinic came back to complete their in-process treatment.

To unsuspend a treatment:

1. Select the Treatment tab, then the Treatments tab.
2. From the list view, highlight an item that is suspended.
3. Right-click to display a list of options.

Indicates suspended treatment.
4. Select the **Unsuspend In Process Tx** option.

axiUm suspends the selected record. axiUm also removes the S from the Treatments tab’s Treatment section.

You have successfully unsuspended a treatment.
5 Managing Claim Submissions

Once in-process and completed treatments have been entered, you must submit the claims to the insurance companies.

This section covers the following topics:

- Submitting claims
- Unbatching claims
- Submitting claim inquiries
- Entering additional treatment information
- Resubmitting claims

5.1 Submitting Claims

When a treatment is in-process (and your practice bills in-process treatments) or is completed, you must submit them to the patient’s insurance company. When you submit a claim as described in this section, you are actually batching them for axiUm to later submit to EDI.

If you want to resubmit a claim that was previously batched, you must unbatch it first. For instructions on unbatching claims, see Unbatching Claims on page 85.

To submit a claim:

1. Select the Treatment tab, then the Treatments tab.
2. From the list view, highlight an item.
3. From the Claim section, click Submit.

axiUm displays the Select Treatments for Claim Form Printing window. For information on the Select Treatments for Claim Form Printing window, refer to the axiUm Reference Manual for Transactions and see Select Treatments for Claim Form Printing on page 61.
4. From the list view, highlight an item.

5. Click OK.

axiUm displays the Select Form Type window. For information on the Select Form Type window, refer to the axiUm Reference Manual for Transactions and see Select Form Type Window on page 59.

6. From the list view, select an item. For our example, we will select ADA2K, ADA 2000 Form.

7. Click OK.

axiUm displays the associated window for the selected insurance claim form. For our example, axiUm displays the ADA Insurance Claim [ADA 2000] window.
8. Complete the form.

! Make sure that the Print immediately? checkbox is selected. Otherwise, axiUm transfers this treatment record to the Print Held Claims window and will not batch it for EDI submission. For information on the Print Held Claims window, refer to the axiUm Reference Manual for Maintenance and see Print Held Claims Window on page 872.

9. Click OK.

axiUm batches this claim for EDI submission or adds it to the print held area, and closes the insurance claim form window.

You have successfully submitted a claim.

5.2 Unbatching Claims

When rebilling (i.e. resubmitting) a claim that has been batched, you must unbatch the claim before doing so.
To unbatch a claim:

1. Select the Treatment tab, then the Treatments tab.
2. From the list view, highlight an item.
3. Right-click to display a list of options.

4. Select the UnBatch Claim option.

axiUm displays the Unbatch Claim Warning window.

5. Click Yes.

axiUm removes the claim from the EDI submission list or the print held area and closes the Unbatch Claim Warning window.

You have successfully unbatched a claim.
5.3 Submitting Claim Inquiries

For claims and treatments that have been submitted or resubmitted, you can submit claim inquiries to the associated insurance company to request the status of the submitted claim. For example, an insurance cheque has not yet arrived and you want to check on the claim processing status.

Before you begin, make sure you have:

- Submitted or resubmitting the claim you are inquiring about. For instructions on submitting claims, see Submitting Claims on page 83. For instructions on resubmitting claims, see Resubmitting Claims on page 90.
- Created claim inquiry forms and added them to insurance company records. For instructions, see Setting up Claim Inquiries for Insurance Companies on page 13.

▼To submit a claim inquiry:

1. Select the Treatment tab, then the Treatments tab.
2. From the list view, highlight an item that has been submitted to claims.
3. Right-click to display a list of options.
4. Select the Claim Inquiry option.

axiUm displays the Submit Claim Inquiry Form window. For information on the Submit Claim Inquiry Form window, refer to the axiUm Reference Manual for Transactions and see Submit Claim Inquiry Form Window on page 63.
5. Enter the fields. For our example, we will enter:

   • **Document Control Number**: 802.25.25.003.01
   • **Comments/Remarks**: Need status of this claim submission.

6. Click **Submit**.

   axiUmb prints the claim inquiry to the default printer.

   You have successfully submitted a claim inquiry.

### 5.4 Entering Additional Treatment Information

If this claim is for prosthetics or orthodontics, additional information must be entered after the treatment is completed, but before submitting the claim, so that the insurance company can process this claim.

For this example, we will select a claim for prosthetic treatment.

▼ **To enter additional treatment information:**

1. Select the **Treatment** tab, then the **Treatments** tab.
2. From the list view, highlight an ortho treatment record.
3. Right-click to display a list of options.

![Claim Submission Window](image)

4. Select the **Additional Tx Info** option.

   axiUm displays the Additional Tx Information window. For information on the Additional Tx Information window, refer to the axiUm Reference Manual for EHR and see *Additional Tx Information Window* on page 5.

![Additional Tx Information Window](image)

5. Enter the fields. For our example, we will enter the following:

   - Is Orthodontics?: selected
   - Was appliance replaced: selected
   - Initial Placement Date: 29/03/2011
• Total Months: 12
• Months left: 10

6. Click OK.

axiUm saves the entries, closes the Additional Tx Information window, and returns to the Transactions window.

You have successfully entered additional treatment information for insurance processing.

5.5 Resubmitting Claims

You must resubmit treatments if changes were made to treatment details after they have been submitted to insurance. You must also resubmit claims if changes or corrections are required on the claim for insurance to process.

You can resubmit the entire claim or just the treatment within that claim. When you resubmit the claim, axiUm rebills all treatments on the same claim number. When you resubmit the treatment, axiUm rebills only the selected treatment within that claim.

Before you can resubmit the entire claim or just the treatment, you must unbatch the claim. For instructions on unbatching claims, see Unbatching Claims on page 85.

▼To resubmit a claim:

1. Select the Treatment tab, then the Treatments tab.
2. From the list view, highlight an item.
3. Right-click to display a list of options.
4. Select the **Rebill Claim** option.

axiUm displays the Rebill Treatments window. For information on the Rebill Treatments window, refer to the axiUm Reference Manual for Transactions and see *Rebill Treatments Window* on page 48.
5. Enter the fields and options. For our example, we will enter the following:

- Both: selected
- Original Policies: selected

6. Click **Add** and obtain instructor approval.

axiUm moves the record from the Original Txs section to the New Claim section.
7. Click Close.

axiUm closes the Rebill Treatments window and returns to the Transactions window.

You have successfully resubmitted the selected claim to the patient’s insurance, including all treatments associated to it.

6 Managing Pre-authorizations

Some insurance companies want to review and approve certain treatments before providing coverage for it.

This section covers the following topics:

- Sending claims for pre-authorizations
- Entering pre-authorizations

6.1 Sending Claims for Pre-authorizations

For a list of procedures that an insurance company wants to review, go to the Selecting Procedures (for Preauthorization) window. For information on the Selecting Procedures (for Preauthorization) window, refer to the axiUm Reference Manual for Maintenance and see Selecting Procedures (for Preauthorization) Window on page 334.

Then when you submit a claim for a planned treatment to this insurance company, any patient procedures that match the procedures in this window will be reviewed by the insurance company. When coverage is approved, treatment may commence. For instructions on sending claims, see Submitting Claims on page 83.

6.2 Entering Pre-authorizations

Before you begin, make sure you have submitted a claim for the planned treatment requiring pre-authorization. For instructions on sending claims for pre-authorizations, see Sending
When you receive the pre-authorization from the insurance company, you must manually enter this information in axiUm.

**To enter pre-authorization details received from an insurance company:**

1. Select the **Treatment** tab, then the **Planned** tab.
2. From the list view, highlight a record waiting for pre-authorization from insurance.
3. Right-click to display a list of options.
4. Select the **PreAuthorization #** option.

axiUm displays the Tx PreAuthorization window. For information on the Tx PreAuthorization window, refer to the axiUm Reference Manual for Transactions and see *Tx PreAuthorization Window* on page 112.

5. Enter the fields and options. For our example, we will enter the following:
6. Click Save.

axiUm saves the entries.

7. Click Close.

axiUm closes the Tx PreAuthorization window.

You have successfully submitted a pre-authorization request.

7 Entering Patient Office Charges

Before you begin, make sure you have defined office charges for tangible items. For instructions on defining office charges for tangible items, see Defining Office Charge Codes for Tangible Items on page 33.

If your institution charges sales tax, make sure that you have defined sales taxes and set up how they are used at your institution. For instructions on setting up sales taxes, see Setting up Sales Taxes on page 36.

Patient charges can be fees or product purchases. For our example, we will enter a $5.00 purchase made on an ice pack.

▼To enter a patient charge:

1. Select the Charges tab.
2. Click New.

axiUm clears the user-entry fields.
3. Enter the fields and options. For our example, we will enter the following:

- **Practice**: School of Dentistry
- **Date**: 29/03/2011
- **Code**: ICEPK, Ice Pack
- **Quantity**: 1

4. Click **Add**.

axiUm adds the new record to the list view.

You have successfully entered a patient charge.
Office charges can also be used as pre-payments. If you are entering a pre-payment for the purpose of holding funds for a specific purpose, see instructions at Allocating Payments as Pre-payments on page 126.

If the patient charges are significant, the patient may request a payment plan. For instructions on creating payment plans for office charges, see Creating Payment Plans for Specific Charges on page 97.

8 Creating Payment Plans

Once you have entered a treatment of significant costs, the patient may request a payment plan. Often treatments such as orthodontics may require a separate payment schedule for the patient and also for the insurance company. In these cases, you must create a payment plan to schedule payment dates.

This section covers the following topics:

- Creating payment plans for specific charges
- Creating payment plans for outstanding balances
- Creating payment plans for ortho treatments

8.1 Creating Payment Plans for Specific Charges

If a patient purchases an item (i.e. an office charge) of significant cost, or received a treatment and they cannot pay the entire amount in a single payment, you must create a payment plan for this patient.

Before you begin, make sure you have entered an office charge. If a patient has no outstanding balance, you cannot create a payment plan for it. For instructions on entering office charges, see Entering Patient Office Charges on page 95.

For this example, we will create a payment plan for the purchase of a $294.00 stress thermometer.

▼To create a payment plan for a specific charge:

1. Select the Pmt Plan tab.
2. Click New.
   
   axiUm defaults the user-entry fields.
3. Enter the fields and options. For our example, we will enter:
• Plan is for: Specific Charges

• Regular Payment Schedule: selected

• Plan Total: 294.00

4. In the Regular Schedule section, enter the fields. For our example, we will enter the following:

• Down Payment: 20.00

• Down Pmt Date: 29/03/2011

• Starting Date: 29/04/2011

• Payment Period: Monthly

• # of Payments: 10

axiUm calculates the remaining fields.

5. Click Add.

axiUm displays the Payment Plan Treatments window. For information on the Payment Plan Treatments window, refer to the axiUm Reference Manual for Transactions and see Payment Plan Treatments Window on page 45.
6. From the **Payments not on Plan** list view, select an item. For our example, we will highlight the record for the stress thermometer.

7. Click **Close**.

axiUm saves the selection, closes the Payment Plan Treatments window, and returns to the Transactions window.

axiUm saves the new payment plan record and displays it in the list view.
You have successfully created a patient payment plan for a specific charge.

Next, you must apply the payment plan to a record. This associates the payment plan to a specific office charge that this payment plan applies to. For instructions on associating this payment plan to a treatment, see Assigning Payment Plans to Treatments on page 115.

8.2 Creating Payment Plans for Outstanding Balances

Payment plans for outstanding balances involve the entire amount to date remaining on a patient’s account. In this type of plan, you do not apply procedures to the payment plan.

For this example, we will create a payment plan for an outstanding balance of $120.00.

▼To create a payment plan for an outstanding balance:

1. Select the Pmt Plan tab.
2. Click New.

axiUm defaults the user-entry fields.
3. Enter the fields and options. For our example, we will enter:

- Plan is for: Outstanding Balance
- Regular Payment Schedule: selected
- Plan Total: 1200.00

4. In the Regular Schedule section, enter the fields. For our example, we will enter the following:

- Down Payment: 200.00
- Down Pmt Date: 29/03/2011
- Starting Date: 29/04/2011
- Payment Period: Monthly
- # of Payments: 10

axiUm calculates the remaining fields.
5. Click Add.

axiUm saves the new payment plan record and displays it in the list view.

You have successfully created a patient payment plan for an outstanding balance.

Next, you must apply the payment plan to a record. This associates the payment plan to a specific office charge that this payment plan applies to. For instructions on associating this payment plan to a treatment, see Assigning Payment Plans to Treatments on page 115.

8.3 Creating Payment Plans for Ortho Treatments

You must create orthodontic-type plans for combined insurance and patient balances for orthodontic care. It is used to send ortho claims and to bill the patient at regular intervals.
This section covers the following topics:

- Simultaneous patient-insurance schedule
- Separate patient-insurance schedule

Before you begin, make sure you have set up the ortho billing options. For information on setting up ortho billing options, see Setting up Ortho Billing on page 11.

**Simultaneous Patient-Insurance Schedule**

This is an ortho payment plan where the payment dates for both patient and insurance are the same. For example, both the patient and the insurance pay their portion on the first day of each month.

For this example, we will create a patient-insurance schedule for the patient Mary Doe. Both the patient’s guarantor and the insurance company pay for the treatment on a monthly basis.

**▼ To create an ortho payment plan where both patient and insurance payment schedules are the same:**

1. Select the **Pmt Plan** tab.
2. Click **New**.

   axiUm defaults the user-entry fields.

3. Enter the fields and options. For our example, we will enter:
   - **Guarantor:** John Doe
   - **Plan is for:** Orthodontics
   - **Regular Payment Schedule:** selected
   - **Plan Total:** 3000.00
4. In the **Regular Schedule** section, enter the fields. For our example, we will enter the following:

- **Starting Date:** 19/06/2011
- **Payment Period:** Monthly
- **# of Payments:** 12

axiUm calculates the remaining fields.

5. Click **Add**.

axiUm displays the Payment Plan Treatments window. For information on the Payment Plan Treatments window, refer to the axiUm Reference Manual for Transactions and see *Payment Plan Treatments Window* on page 45.

6. Associate a treatment for this payment plan you are creating. For instructions on assigning payment plans to treatments, see *Assigning Payment Plans to Treatments* on page 115.
Creating Payment Plans

When you have associated a treatment for this payment plan, axiUm returns to the Transactions window.

Because you selected to create a regular payment schedule, axiUm automatically creates a payment schedule, allocating the entire amount of the payment plan to the patient.

You must now edit this payment plan to allocate the insurance portion of each payment record.

7. Click Edit Sched.

axiUm displays the Edit Payment Plan Fees window. For information on the Edit Payment Plan Fees window, refer to the axiUm Reference Manual for Transactions and see Edit Payment Plan Fees Window on page 21.

Now we must edit each line to split each payment record between patient and insurance. For our example, the insurance company pays 50% of the treatment cost.

8. From the list view, highlight the first record.
9. Enter the fields. For our example, we will enter the following:

- **Fee Type:** Regular
- **Ins. Portion:** 125.00

10. Click (Modify Record).

    axiUm updates this record.

    Note that both patient and insurance amounts are due on the same day because we are creating a simultaneous payment schedule.

    axiUm subtracts the amount in the Total Field by the amount you entered in the Ins. Portion field to create the patient's amount. In our example, insurance pays 50% (or $125.00), leaving the patient's responsible portion also at 50% (or $125.00).

11. Highlight the next record in the list view.

12. Enter the fields. For our example, we will enter the following:

    - **Fee Type:** Manual
    - **Ins. Portion:** 125.00

    Once you select the fee type Regular, you must use a different fee type. In our example, we used the fee type Manual.

13. Click (Modify Record).

    axiUm updates this record.
14. Repeat steps 11 and 12 until all records in the list view have been split between patient and insurance.

*Make sure the last payment record uses the fee type Final.*

When you have finished splitting the payments between patient and insurance, the Remaining Total field must display 0.00.
15. Click (close).

axiUm closes the Edit Payment Plan Fees window and returns to the Transactions window. All the payments for both patient and insurance are now displayed in the Pmt Plan tab’s Payment Schedule Details section.

If the Remaining Total field does not equal $0.00, you cannot close the Edit Payment Plan Fees window.

In the Payment Plan tab, axiUm displays the first payment of this payment plan expected from this patient’s guarantor.

Each payment record is allocated 50% to patient & 50% to insurance.

Now you can begin processing the ortho billing.

16. Click Ortho Billing.

axiUm begins processing the ortho billing payments and creates any applicable ortho billing fees.
You have now successfully created a simultaneous ortho payment plan for both patient and insurance.

Separate Patient-Insurance Schedule

This is an ortho payment plan where the payment dates for the patient is different from the payment dates for the insurance. For example, the patient pays their portion monthly but the insurance pays their portion quarterly.

For this example, we will create a patient-insurance schedule for the patient Mary Doe. The patient’s guarantor pays on a monthly basis and the insurance company pays on a quarterly basis.

To create an irregular ortho payment plan where patient and insurance payment schedules are different:

1. Select the Pmt Plan tab.
2. Click New.

axiUm defaults the user-entry fields.

3. Enter the fields and options. For our example, we will enter:
   - Guarantor: John Doe
   - Plan is for: Orthodontics
   - Regular Payment Schedule: deselected
   - Plan Total: 3000.00

   It is important that the Regular Payment Schedule checkbox is deselected. If you select this checkbox, you will be unable to create an irregular ortho payment plan.

   axiUm hides some of the regular payment fields. We do not need these.
4. Click Add.

axiUm displays the Payment Plan Treatments window. For information on the Payment Plan Treatments window, refer to the axiUm Reference Manual for Transactions and see Payment Plan Treatments Window on page 45.

5. Associate a treatment for this treatment plan you are creating. For instructions on assigning payment plans to treatments, see Assigning Payment Plans to Treatments on page 115.

When you have associated a treatment for this payment plan, axiUm displays the Edit Payment Plan Fees window. For information on the Edit Payment Plan Fees window, refer to the axiUm Reference Manual for Transactions and see Edit Payment Plan Fees Window on page 21.
Now you must enter the payment schedule. Because the patient schedule is different from the insurance schedule, we will create each side separately. We will start with the patient.

6. Click (Add Multiple Records).

axiUm displays the Payment Plan Fee Schedule window. For information on the Payment Plan Fee Schedule window, refer to the axiUm Reference Manual for Transactions and see Payment Plan Fee Schedule Window on page 41.

7. For this example, we will enter the following for the patient's payment plan:

- **Date:** 19/06/2011
- **Period:** Monthly
- **# of Pmts:** 12
- **Fee Amount:** 125.00
- **Ins. Portion:** 0.00
- **Create Claim:** With treatment total
The Ins. Portion field is blank. This means that 100% of the amount we entered is covered by the patient, because we are allotting 100% of the patient's portion to the patient's payment plan.

8. Click **OK**.

axiUm closes the Payment Plan Fee Schedule window and returns to the Edit Payment Plan Fees window.

This window displays the patient’s portion of the payment plan.

Next, we must create the insurance company’s portion of the payment plan.

9. Click **Add Multiple Records**.
axiUm displays the Payment Plan Fee Schedule window. For information on the Payment Plan Fee Schedule window, refer to the axiUm Reference Manual for Transactions and see Payment Plan Fee Schedule Window on page 41.

10. For this example, we will enter the following for the insurance company’s payment plan:

- Date: 19/06/2011
- Period: Quarterly
- # of Pmts: 4
- Fee amount: 375.00
- Ins. Portion: 375.00
- Create Claim: With treatment total

The Fee Amount field is the same as Ins. Portion field. This means that 100% of the amount we entered is covered by the insurance company, because we are allotting 100% of the insurance company’s portion to the insurance company’s payment plan.

11. Click OK.
This closes the Payment Plan Fee Schedule window and returns to the Edit Payment Plan Fees window.

This window now displays both the insurance company’s portion and the patient’s portion of the entire payment plan.

12. Click (close).

axiUm closes the Edit Payment Plan Fees window and returns to the Transactions window. All the payments for both patient and insurance are now displayed in the Pmt Plan tab’s Payment Schedule Detail section.

Now you can begin processing the ortho billing.

13. Click Ortho Billing.
Assigning Payment Plans to Treatments

axiUm begins processing the ortho billing payments and creates any applicable ortho billing fees.

You have successfully created a separate ortho payment plan for the patient and the insurance company.

9 Assigning Payment Plans to Treatments

Once you have created a payment plan, you must assign it to a treatment so that axiUm can maintain a running balance. When patients make payments, you can apply their payment to a payment plan, which will automatically reduce the balance on this treatment.

Before you begin, make sure you have created a treatment plan. For instructions on creating payment plans, see Creating Payment Plans on page 97.

To assign payment plans to treatments:

1. Select the Pmt Plan tab.
2. From the list view, select a payment plan record.
3. Click Apply.

axiUm displays the Payment Plan Treatments window. For information on the Payment Plan Treatments window, refer to the axiUm Reference Manual for Transactions and see Payment Plan Treatments Window on page 45.
4. From the Treatment not on Plan section, highlight the record associated to this payment plan.

5. Click ➔ (right arrow).

This moves the highlighted record from the Treatment not on Plan section to the Treatments on Payment Plan section.

6. Click Close.

axiUm closes the Payment Plan Treatments window.

You have now successfully associated a payment plan to a treatment.

If you were creating a payment plan for a treatment, you can continue doing so.
10 Managing Patient Payments

Once you have created patient payment plans, you can receive patient payments and enter them in axiUm for processing.

Before you begin, make sure you have created a payment plan. For instructions on creating payment plans, see Creating Payment Plans on page 97.

This section covers the following topics:

- Processing patient payments
- Printing patient payment receipts

10.1 Processing Patient Payments

When you process patient payments, it involves both entering patient payments and then allocation of these payments (e.g. towards an amount due today on a payment plan).

This section covers the following topics:

- Entering generic patient payments
- Entering and allocating payments for patient payment plans
- Allocating patient payments to treatments and charges
- Unallocating patient payments from treatments and charges
- Allocating payments as pre-payments

Entering Generic Patient Payments

If you are entering payments for outstanding charges or treatments, you must enter the patient’s payments. Once you have entered the patient payment, you must then allocate it to outstanding records.

If you are entering payments for payment plans, you can simultaneously enter and allocate it. For instructions on simultaneously entering and allocating payments for payment plans, see Entering & Allocating Payments for Patient Payment Plans on page 119.

In this example, we will process a $50.00 payment that a patient made using a credit card.

▼To enter a generic patient payment:

1. Select the Payment tab.
2. Click New.

axiUm clears the user-entry fields.
3. Enter the fields and options. For our example, we will enter the following:

   - **Code**: AE, American Express
   - **Date**: 26/09/2012
   - **Bank**: CA1, Cash Station 1
   - **Amount**: 50.00

4. Click **Add**.

   axiUm adds the new record to the list view.
You have successfully entered a generic patient payment.

Next, you must allocate it to patient balances (treatment or charges). If you do not allocate the payment you entered, the patient balance will remain outstanding. For information on allocating a generic patient payment to balances, see *Allocating Patient Payments to Treatments & Charges* on page 120.

**Entering & Allocating Payments for Patient Payment Plans**

If the selected patient has only one payment plan, you can enter the payment and also allocate this payment amount to the payment plan.

In this example, we will process a $50.00 payment that a patient made using a credit card, and you will apply this to the only payment plan that exists on the patient record.

▼ **To enter a payment for a patient payment plan:**

1. Select the **Payment** tab.
2. Click **New**.

   axiUm clears the user-entry fields.

   ![Payment Entry Example](image)

3. Enter the fields and options. For our example, we will enter the following:

   - **Code**: AE, American Express
   - **Date**: 26/09/2013
   - **Bank**: CA1, Cashier Station 1
   - **Amount**: 50.00
   - **Held For**: Jane - Pmt Plan
4. Click Add.

axiUm applies the payment amount to the current payment plan (assuming there is only one in this patient record). If this patient record contains multiple payment plans, axiUm will display a list of existing payment plan records for this patient for selection.

You have successfully entered a patient payment and allocated this amount to the patient’s current payment plan.

**Allocating Patient Payments to Treatments & Charges**

Before you begin, make sure you have entered a generic patient payment, otherwise there is no payment amount in axiUm to allocate to treatments and charges. For information on entering a generic patient payment, see *Entering Generic Patient Payments* on page 117.

For this example, we will select a $50.00 payment that a patient made earlier and apply it to two late fees charges and a treatment balance.
To allocate a patient payment to a treatment:

1. Select the Payment tab.
2. From the list view, select a payment record. For our example, we will select a $50.00 payment record.
3. Click Allocate.

axiUm displays the Applying Payment window. For information on the Applying Payment window, refer to the axiUm Reference Manual for Transactions and see Applying Payment Window on page 14.

4. From the list view, highlight a record. For our example, we will select a late fee record.
5. In the *Apply* field, enter the amount to apply. For our example, we will use the default 10.00 total and change nothing.

6. Click *Apply*.

axiUm applies the amount against the record. axiUm also indicates the amount you applied in the *Applied* column.

You still have $40.00 remaining. We will continue applying this remainder.

7. From the list view, highlight a record. For our example, we will select another late fee record.

8. In the *Apply* field, enter the amount to apply. For our example, we will use the default 10.00 total and change nothing.
9. Click **Apply**.

10. From the list view, highlight a record. For our example, we will select a treatment record.

11. In the **Apply** field, enter the amount to apply. For our example, we will use the default $30.00 total and change nothing.

12. Click **Apply**.

axiUm applies the amount against the record. axiUm also indicates the amount you applied in the Applied column.

You still have $30.00 remaining. We will continue applying payments until this amount is exhausted.

12. Click **Apply**.

axiUm applies the amount against the record. axiUm also indicates the amount you applied in the Applied column.
Now the Remaining field displays 0.00. You have exhausted this patient payment.

13. Click **OK**.

axiUm saves all your entries and closes the Applying Payment window.

You have successfully allocated a patient payment to various outstanding treatments and charges.

**Unallocating Patient Payments from Treatments & Charges**

If you have allocated a payment to a treatment or a charge on the patient balance, but want to allocate it to something else, you must unallocate the first payment to release those funds.

For this example, we will unallocate $30.00 originally allocated towards a treatment.

**To unallocate a patient payment from a treatment:**

1. Select the **Treatment** tab, then the **Treatments** tab.
2. From the list view, select a payment record.
3. Right-click to display a list of options.
4. Select the **Show Allocations** option.

axiUm displays the Allocations window. For information on the Allocations window, refer to the axiUm Reference Manual for Transactions and see *Allocations Window* on page 7.

5. From the list view, highlight a record.

6. Click **Unallocate**.

axiUm unallocates the amount applied to this outstanding record and deletes the allocation record from the list view.
7. Click Close.

axiUm closes the Allocations window and returns to the Transactions window.

You have successfully unallocated a patient payment from a treatment. In this example, we unallocated $30.00 that was previously made towards a treatment, and this patient payment amount will remain unallocated until you allocate it to another outstanding balance.

If you open the Applying Payment window to display the original $50.00 patient payment record, axiUm indicates that $30.00 of that $50.00 patient payment still remains for allocation. For information on the Applying Payment window, refer to the axiUm Reference Manual for Transactions and see Applying Payment Window on page 14.

If you want to reapply the payment to another outstanding balance, see Allocating Patient Payments to Treatments & Charges on page 120.

Allocating Payments as Pre-payments

Pre-payments are patient payments used to hold funds for a specific purpose. For example, you receive a portion of the total patient payment in advance for a costly procedure and you want to make sure this money is not allocated elsewhere.
Before you begin, make sure you have done the following:

- Set up an office charge code specifically for pre-payments. For instructions on setting up an office charge code for pre-payments, see *Defining Office Charge Codes for Intangible Items* on page 34.

- Entered payment from the patient. For instructions, on allocating this patient to a pre-payment, see *Entering Generic Patient Payments* on page 117.

For this example, we will allocate $7.00 cash payment towards a pre-payment.

**To allocate a payment for pre-payment:**

1. Select the Payment tab.
2. From the list view, select a payment record.

3. Click Allocate.

axiUm displays the Applying Payment window. For information on the Applying Payment window, refer to the axiUm Reference Manual for Transactions and see *Applying Payment Window* on page 14.
4. Click **Pre-pay**.

axiUm displays the Pre-payment Allocation window. For information on the Pre-payment Allocation window, refer to the axiUm Reference Manual for Transactions and see *Pre-payment Allocation Window* on page 47.

5. Enter the fields and options. For our example, we will enter the following:

   - **Practice**: School of Dentistry
   - **Provider**: D1234, David Caan
   - **Apply**: 30.00
6. Click **OK**.

   axiUm saves the entries, closes the Pre-Payment Allocation window, and returns to the Applying Payment window.

7. Click **X** (close).

   axiUm saves the entries, closes the Applying Payment window, and returns to the Transactions window.

The patient payment record now indicates that the entire amount on this record has been allocated to a pre-payment.

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You have successfully entered a pre-payment. Because a pre-payment is held for a specific purpose, you cannot re-allocate this amount to outstanding balances.
10.2 Printing Patient Payment Receipts

When patients make payments, they will require a hardcopy proof of payment.

Before you begin, make sure you have defined comment codes. For instructions on defining comment codes, see Defining Comment Codes on page 44.

For this example, we will print a payment receipt for a cash payment.

▼ To print a patient payment receipt:

1. Select the Payment tab.
2. From the list view, highlight a record.
3. Click Receipt.

axiUm displays the Receipt Printout window. For information on the Receipt Printout window, refer to the axiUm Reference Manual for Transactions and see Receipt Printout Window on page 51.
4. Select the **Include payments only** checkbox.

5. Go to the **Comment1** field and click (ellipsis).

axiUm displays the Comment Codes window. For information on the Comment Codes window, refer to the axiUm Reference Manual for Maintenance and see *Comment Codes Window* on page 941.

6. From the list view, select **THANK**.

7. Click (close).

axiUm closes the Comment Codes window and returns to the Receipt Printout window.
axiUm displays the full description of the selected comment code in the Comment1 field.

8. Click Print.

axiUm prints the receipt to the default printer.

You have successfully printed a patient payment receipt.

11 Processing Insurance Payments

When you receive a lump sum cheque from an insurance company, you must enter the entire sum and then allocate various amounts to outstanding insurance balances for different patient records.
This section covers the following topics:

- Entering insurance payments
- Allocating insurance payments to treatments
- Writing off and transferring insurance balances
- Managing EOB details

### 11.1 Entering Insurance Payments

Once you have created insurance payment plans, you can begin entering insurance payments. This is where you enter the lump sum amount on the insurance cheque. The insurance payment you enter must be allocated later on.

Before you begin, make sure you have created insurance payment codes. For instructions on defining insurance payment codes, see *Defining Insurance Payment Codes* on page 9.

For this example, we will enter an insurance cheque received for $10,000.00.

**To enter an insurance payment:**

1. Select the **Ins Pmt** tab.
2. From the insurance list view, highlight an insurance company. This is the insurance company from which you received a cheque.
3. Click **New**.

   axiUm defaults the user-entry fields.

4. Enter the fields and options. For our example, we will enter the following:

   - **Code:** IP, Ins Check 
   - **Amount:** 10000.00
   - **Bank:** BO, Business Office
5. Click **Add**.

axiUms adds this new record to the list view.

You have successfully entered an insurance payment into axiUms.

Next, you must allocate the amount on this insurance payment record to different patient balances, otherwise patient records will contain outstanding insurance payments. For instructions on allocating insurance payments to outstanding insurance balances, see next section, *Allocating Insurance Payments to Treatments* on page 134.

### 11.2 Allocating Insurance Payments to Treatments

Once you have entered the lump sum insurance payment (the amount on the cheque from a specific insurance company), you must allocate it to different outstanding insurance balances in axiUms.

Before you begin, make sure you entered the amount on the cheque. If you do not enter the insurance payment, there are no funds to allocate. For instructions on entering insurance payments, see *Entering Insurance Payments* on page 133.
For this example, we will take a $500.00 insurance cheque and apply $14.00 of it towards a treatment balance.

▼To allocate an insurance payment to a treatment:

1. Select the **Ins Pmt** tab, then the **Ins. Payments** tab.
2. From the insurance list view, highlight an insurance company. This is the insurance company from which you received the cheque.
3. From the list view, highlight a record. This is the record for the insurance cheque you entered.

4. Click on **Allocate**.

   axiUm displays the Applying Ins. Payment window. For information on the Applying Ins. Payment window, refer to the axiUm Reference Manual for Transactions and see *Applying Ins. Payment Window* on page 10.

5. From the list view, highlight a record. This is the first treatment record you want to apply the insurance amount.
6. In the **Apply** field, enter the amount to apply. For our example, we will use the default **30.00** total and change nothing.

7. **Click Apply.**

axiUm applies the amount against the record. axiUm also indicates the amount you applied (in our example, $30.00) and outstanding (in our example, $0).

The Remaining field displays the amount remaining to be applied to other outstanding insurance balances. For our example, after allocating $30.00, the $500.00 insurance cheque has $470.00 remaining.

Then if the following conditions are met:

- This patient has a secondary insurance company.
- This secondary insurance company requires an EOB from the primary insurance company.
- This secondary insurance company uses electronic claim submission.
Under these conditions, axiUm displays the Explanation of Benefits (EOB) Details window, and you must enter the details of benefits paid by the first insurance company. For information on entering EOB details, see *Entering EOB Details* on page 145.

8. You can continue applying insurance payments to other records until the **Remaining** field displays **0.00**.

9. Click **Close**.

axiUm closes the Applying Ins. Payment window and returns to the Transactions window.

If you did not allocate the entire amount of the insurance cheque to outstanding treatment balances, axiUm displays the amount remaining in the Held column.

You have successfully allocated an insurance payment to different treatment balances.

### 11.3 Writing off & Transferring Insurance Balances

If you expect no payment from the insurance company, you must write off the outstanding balance.

If the insurance portion of the treatment cost is now expected to be covered by the patient, you must transfer the balance from the insurance company to the patient. For example, if a patient did not pay their deductible and the insurance company refused payment, you must transfer this amount to the patient for payment.
This section covers the following topics:

- Writing off balances
- Transferring balances

**Writing off Balances**

Before you begin, make sure you have defined adjustment codes for charges. For information on defining adjustment codes for charges, see *Defining Adjustment Codes for Charges* on page 22.

For our example, we will write off the $14.00 insurance portion of a treatment balance.

▼ **To write off an insurance balance:**

1. Select the **Ins Pmt** tab, then the **Ins. Payments** tab.
2. From the insurance list view, highlight a record.
3. From the list view, highlight a record.
4. Click **Allocate**.

axiUm displays the Applying Ins. Payment window. For information on the Applying Ins. Payment window, refer to the axiUm Reference Manual for Transactions and see *Applying Ins. Payment Window* on page 10.
5. From the list view, highlight a record.

6. Enter the fields and options. For our example, we will enter:

   - **Apply**: 0.00
   - **[drop-down field]**: Write Off, 30.00
   - **Reason**: FWO, Fee Write Off

7. Click **Apply**.

   axiUm applies the amount against the record. axiUm also indicates the amount you applied (in our example, $0 because no insurance payment is made) and the insurance balance remaining (in our example, $0 because we wrote off the entire amount).
8. Click Close.

axiUm closes the Applying Ins. Payment window and returns to the Transactions window.

You have successfully written off an insurance balance.

Transferring Balances

Before you begin, make sure you have defined adjustment codes for charges made specifically for transferring insurance balances. For information on defining adjustment codes for charges made specifically for transferring insurance balances, see Defining Adjustment Codes for Insurance Transfers on page 28.

For our example, we will transfer the entire $70.00 insurance portion of a treatment balance to the patient’s balance.

▼ To transfer an insurance balance:

1. Select the Ins Pmt tab, then the Ins. Payments tab.
2. From the insurance company list view, highlight a record.
3. From the list view, highlight a record.
4. Click Allocate.

axiUm displays the Applying Ins. Payment window. For information on the Applying Ins. Payment window, refer to the axiUm Reference Manual for Transactions and see Applying Ins. Payment Window on page 10.

5. From the list view, highlight a record.

6. Enter the fields and options. For our example, we will enter:

   - **Apply**: 0.00
   - **Drop-down field**: Transfer, 6.60
   - **Reason**: TB, Transfer Balance to Patient
7. Click Apply.

axiUm applies the amount against the record. axiUm also indicates the amount you applied (in our example, $0 because no insurance payment is made) and the insurance balance remaining on this treatment (in our example, $0 because we transferred the entire amount).

Because the insurance portion is now the patient’s responsibility, this transaction did not affect the amount remaining on this insurance cheque (in our example, it remains at $500.00)

8. Click Close.

axiUm closes the Applying Ins. Payment window and returns to the Transactions window.

Because you did not allocate any amount of this insurance cheque, the amount displayed in the Held column remains unaffected.
### 11.4 Managing EOB Details

EOBs (explanation of benefits) are information sent from the insurance company to your institution explaining any adjustments made to a treatment’s estimated insurance coverage. EOBS can be attached as an electronic file on the insurance payment record, or you can manually enter this in the Explanation of Benefits (EOB) Details window.

This section covers the following topics:

- Attaching EOB files
- Entering EOB details
- Viewing EOB attachments
- Viewing EOB details

#### Attaching EOB Files

When the physical EOB arrives from the insurance company, you must scan these EOBS, and using axiUm, electronically attach them to the associated insurance payment record. These EOB files are associated to the insurance payment records, not to specific insurance payment allocation records.

Before you begin, make sure you have received an EOB from an insurance company, scanned it to create an electronic copy, and stored it in a directory that is accessible from your workstation.
To attach an EOB file:

1. Select the **Ins Pmt** tab, then the **Ins. Payments** tab.
2. From the insurance list view, select an insurance company.
3. From the list view, highlight a record.
4. Right-click to display a list of options.
5. Select the **Add Attachment** option.

   axiUm displays the Add Attachment (Ins Pmt) window. For information on the Add Attachment (Ins Pmt) window, refer to the axiUm Reference Manual for Transactions and see **Add Attachment (Ins Pmt) Window** on page 1.

6. Go to the **Attachment** field and click (ellipsis).

   axiUm displays the Select the Attachment File window.
7. Browse to the location of the EOB file.
8. Click **Open**.

   axiUm selects the file, closes the Select the Attachment File window, and returns to the Add Attachment (Ins Pmt) window.
9. Click OK.

axiUm saves the attachment to the Add Attachment (Ins Pmt) window and returns to the Transactions window.

axiUm displays 📚 on this insurance payment record to indicate that it contains an attachment.

You have successfully attached an EOB file to the associated insurance payment record.

You can view this EOB attachment anytime. For instructions on viewing EOB attachments, see Viewing EOB Attachments on page 148.

Entering EOB Details

After applying insurance payments, you must open the Explanation of Benefits (EOB) Details window and manually enter the details of benefits paid or denied to the patient.
When you allocate an insurance payment, axiUm will automatically display the Explanation of Benefits (EOB) Details window if all of the following conditions are met:

- This patient has a secondary insurance company.
- This secondary insurance company requires an EOB from the primary insurance company.
- This secondary insurance company uses electronic claim submission.

Before you begin, make sure you have done the following:

- Allocated insurance payments to treatments. For instructions on allocating insurance payments to treatments, see Allocating Insurance Payments to Treatments on page 134.
- Defined a claim adjustment reason code. For instructions on defining claim adjustment reason codes, see Defining Claim Adjustment Reason Codes on page 19.

For this example, we will enter an EOB detail indicating that the submitted claim was rejected because this patient’s benefit plan does not provide coverage for the claim submitted.

**To enter EOB details:**

1. Select the **Ins Pmt** tab, then the **Ins. Payments** tab.
2. From the insurance list view, select an insurance company.
3. From the list view, highlight a record.
4. Click **Allocate**.

   axiUm displays the Applying Ins. Payment window. For information on the Applying Ins. Payment window, refer to the axiUm Reference Manual for Transactions and see Applying Ins. Payment Window on page 10.

5. From the list view, highlight a record with an allocated insurance payment. This is the treatment record for which you want to enter EOB details.
6. Click **EOB**.
axiUm displays the Explanation of Benefits (EOB) Details window. For information on the Explanation of Benefits (EOB) Details window, refer to the axiUm Reference Manual for EDI Claims and see *Explanation of Benefits (EOB) Details Window* on page 15.

7. Enter the fields and options. For our example, we will enter the following:

- **EOB#:** 663416-4819-38-13
- **Type:** Claim
- **Code:** BNC, Benefit not covered.
- **Amount:** 0

8. Click **(Add a new Record).**

axiUm saves the new record and displays it in the list view.
9. Click (close).

axiUm closes the Explanation of Benefits (EOB) Details window and returns to the Applying Ins Payments window.

10. Click Close.

axiUm closes the Applying Ins Payments window and returns to the Transactions window.

You have successfully entered EOB details.

When patients inquire about the coverage provided by this insurance company and the reasons why, you can view the EOB details you entered. For instructions on viewing EOB details, see Viewing EOB Details on page 149.

If you had entered a primary insurance company’s EOB detail as a requirement for electronically submitting claims to a secondary insurance company, axiUm sends these EOB details to the secondary insurance company when axiUm submits these claims to them.

Viewing EOB Attachments

Before you can view EOB attachments, make sure you have attached an EOB to an insurance payment record. For instructions on attaching EOBs, see Attaching EOB Files on page 143.

Once you have attached an EOB to an insurance payment record, this record displays to indicate that an attachment exists. You can view these anytime, for example, when patients ask how much coverage their insurance company provided.
To view an EOB attachment:

1. Select the **Ins Pmt** tab, then the **Ins. Payments** tab.
2. From the insurance list view, select an insurance company.
3. From the list view, highlight a record.
4. Right-click to display a list of options.

5. Select the **View Attachment** option.

axiUm displays the EOB.

If this insurance payment record contains multiple attachments, axiUm displays the Select Attachment (Ins Pmt) window to select from. For information on the Select Attachment (Ins Pmt) window, refer to the axiUm Reference Manual for Transactions and see **Select Attachment (Ins Pmt) Window** on page 58.

You have successfully viewed an EOB attached to an insurance payment record.

**Viewing EOB Details**

Details of existing EOBs can be viewed anytime.

Before you begin, make sure you have entered EOB details for a claim. For instructions on entering EOB details, see **Entering EOB Details** on page 145.

To view EOB details:

1. Select the **Treatment** tab, then the **Treatments** tab.
2. From the list view, highlight a record.
3. Right-click to display a list of options.

4. Select the **EOB Details** option.

axiUm displays the Explanation of Benefits (EOB) Details window displaying reasons for any changes to the claim’s coverage. For information on the Explanation of Benefits (EOB) Details window, refer to the axiUm Reference Manual for EDI Claims and see *Explanation of Benefits (EOB) Details Window* on page 15.

You have successfully viewed an EOB detail for a treatment.
12 Managing Adjustments

Use this option if you are refunding the patient for a portion of their payments.

You can enter patient payment adjustments as described in this section, or you can refund patient payments. The only difference between the two is in the method:

- With patient payment adjustments, you must manually enter the correct amount and select an adjustment code from an unfiltered list.
- With patient refunds, axiUum automatically defaults the unapplied amount and displays a filtered list of adjustment codes to select from. For instructions on refunding patient payments, see Refunding Patient Payments on page 158.

This section covers the following topics:

- Entering patient adjustments
- Applying patient adjustments

12.1 Entering Patient Adjustments

Patient adjustments can increase or decrease a patient balance, and are applied to payments for various reasons. For example, you can give patients a discount if they pay today’s treatment balance in full.

Before you begin, make sure you have defined adjustment codes for payments. For information on defining adjustment codes for payments, see Defining Adjustment Codes for Payments on page 21.

When making patient adjustments, you must first enter a lump sum amount. Later, you will use this amount to allocate it to various items.

For this example, we will enter a $10.00 senior’s discount towards the patient’s total account balance.

▼To enter a patient adjustment:

1. Select the Adjustment tab.
2. Click New.

axiUum defaults the user-entry fields.
3. Enter the fields and options. For our example, we will enter the following:

- **Code**: SDISC, Seniors Discount
- **Amount**: 10.00

4. Click Add.

axiUm saves this record and adds it to the list view.

You have successfully entered a payment adjustment.

Once an amount is entered, you must allocate it by applying it to different items. Otherwise, the adjustment is not applied to the patient balance, and that portion of the patient’s balance will remain unchanged. For instructions on applying patient adjustments, see the next section, Applying Patient Adjustments,
12.2 Applying Patient Adjustments

Once you enter a patient payment, you must allocate it to different payments and charges.

Before you begin, make sure you have entered a patient adjustment. Otherwise there are no adjustment funds to allocate. For instructions on entering a patient adjustment, see Entering Patient Adjustments on page 151.

This section covers the following topics:

- Applying patient adjustments to payments
- Applying patient adjustments to charges

Applying Patient Adjustments to Payments

Before you begin, make sure you have entered a patient adjustment using an adjustment code created for payments. For instructions on entering a patient adjustment, see Entering Patient Adjustments on page 151. For instructions on defining an adjustment code for payments, see Defining Adjustment Codes for Payments on page 21.

For this example, the patient’s credit card was declined, and the entire $5.00 credit card payment you applied to their current payment plan must be reversed.

To apply a patient adjustment towards a payment:

1. Select the Adjustment tab.
2. Click New.

axiUm clears the user-entry fields.

3. Enter the fields and options. For our example, we will enter the following:
   - Code: CCREJ
   - Apply to Payment Plan: selected
   - Amount: 5.00
4. Click **Add**.

Because this patient has multiple payment plans, axiUm displays the Select Payment Plan window. For information on the Select Payment Plan window, refer to the axiUm Reference Manual for Transactions and see *Select Payment Plan Window* on page 60.

If the patient has only one payment plan, axiUm skips this window.

5. From the list view, highlight an item.

6. Click **OK**.

axiUm applies the adjustment amount to the selected payment plan and closes the Select Payment Plan window.
You have successfully applied a patient adjustment to a payment.

**Applying Patient Adjustments to Charges**

Before you begin, make sure you have entered a patient adjustment using an adjustment code created for charges. For instructions on entering a patient adjustment, see *Entering Patient Adjustments* on page 151. For instructions on defining an adjustment code for payments, see *Defining Adjustment Codes for Payments* on page 21.

For this example, we will apply a $5.00 senior’s discount to an X-ray fee.

▼To enter a patient adjustment to a charge:

1. Select the **Adjustment** tab.
2. From the list view, select a record.
3. Click Apply.

axiUm displays the Applying Adjustment window. For information on the Applying Adjustment window, refer to the axiUm Reference Manual for Transactions and see Applying Adjustment Window on page 8.

4. From the list view, highlight a record.

5. In the Apply field, enter the amount to apply. For our example, we will enter 5.00.
6. Click **Apply**.

axiUm applies the amount against the record. axiUm also indicates the amount you applied in the Applied column. In our example, we applied $5.00.

7. Click **OK**.

axiUm saves the entries, closes the Applying Adjustments window, and returns to the Transactions window.

axiUm indicates that the $5.00 adjustment has been exhausted and now there is $0 remaining.

You have successfully applied a payment adjustment to a patient charge.
13 Reversing Payments

This section covers the following topics:

- Refunding patient payments
- Processing full refunds
- Reversing patient payments
- Refunding insurance payments

Processing full refunds and reversing patient payments is similar. In other words, you can reverse a patient payment and enter the full amount (thereby making it a full refund), and from a financial perspective, this is the same as processing a full refund. However, axiUm separates the two processes so that your institution can run reports based on these reasons.

13.1 Refunding Patient Payments

This type of refund will adjust only the held amount of a payment. Use this option if you are refunding the patient for a portion (or all) of their payments.

You can enter patient payment refunds as described in this section, or you can adjust patient payments. The only difference between the two is in the method:

- With patient refunds, axiUm automatically defaults the unapplied amount and displays a filtered list of adjustment codes to select from.
- With patient payment adjustments, you must manually enter the correct amount and select an adjustment code from an unfiltered list. For instructions on managing patient payment adjustments, see Managing Adjustments on page 151.

Before you begin, make sure you have defined adjustment codes for payments. For information on defining adjustment codes for payments, see Defining Adjustment Codes for Payments on page 21.

To refund a patient payment:

1. Select the Payment tab.
2. From the list view, highlight a record.
3. Right-click to display a list of options.
4. Select the **Refund Payment** option.

axiUm displays the Refund Payment window. For information on the Refund Payment window, refer to the axiUm Reference Manual for Transactions and see *Refund Payment Window* on page 54.

5. Enter the fields and options. For our example, we will enter the following:

   - **Code**: PR, Payment Reversal
   - **Affect Bank Deposit**: selected
   - **Bank**: CA1, Cashier Station 1

6. Click **OK**.

axiUm, saves the entries, closes the Refund Payment window, and returns to the Transactions window.
Because axiUm refunds the unallocated portion of a patient’s balance, there is $0 displayed in the Held column.

You have successfully refunded a patient payment.

13.2 Processing Full Refunds

A full refund always adjusts the entire amount of the original payment. This is frequently used when refunding payment to patients due to the patient’s fault (e.g. NSF cheques).

If you are processing full refunds due to clerical errors, you must reverse the payment instead. For instructions on reversing payments, see Reversing Patient Payments on page 162.

Before you begin, make sure you have created adjustment codes that are defined specifically for full payment reversals. For instructions on defining adjustment codes for full payment reversals, see Defining Adjustment Codes for Full Payment Reversal on page 24.

▼To refund a patient payment for the full amount:

1. Select the Payment tab.
2. From the list view, highlight a record.
3. Right-click to display a list of options.
4. Select the **Full Refund** option.

axiUm displays the Full Refund Payment window. For information on the Full Refund Payment window, refer to the axiUm Reference Manual for Transactions and see *Full Refund Payment Window* on page 25.

5. Enter the fields and options. For our example, we will enter the following:

   - **Code:** NSF, NSF Cheque
   - **Affect Bank Deposit:** selected
   - **Bank:** CA1, Cashier Station 1

6. Click **OK**.
axiUm, saves the entries, closes the Full Refund Payment window, and returns to the Transactions window.

Because axiUm refunds the entire amount from the patient’s balances, there is $0 displayed in the Held column.

You have successfully processed a full refund.

13.3 Reversing Patient Payments

A payment reversal (which can be done partially or fully) is used when a data entry error occurred and you need to reverse it.

If you want to reverse a payment for the purpose of fully refunding the patient (but due to patient’s fault, e.g. NSF cheques), see Processing Full Refunds on page 160.

Before you begin, make sure you have created adjustment codes that are defined specifically to affect today’s bank deposit. If the reversal is made on a different day, this will affect your balance. For instructions on defining adjustment codes to affect today’s bank deposit, see Defining Adjustment Codes for Payments Affecting Today’s Bank Deposit on page 26.

▼To reverse a patient payment:

1. Select the Payment tab.
2. From the list view, highlight a record.
3. Right-click to display a list of options.
4. Select the **Reverse Payment** option.

axiUm displays the Reverse Payment window. For information on the Reverse Payment window, refer to the axiUm Reference Manual for Transactions and see *Reverse Payment Window* on page 57.

5. In the **Code** field, enter **PR. Payment Reversal**.

6. Click **OK**.

axiUm saves the entries, closes the Reverse Payment window, and returns to the Transactions window.

axiUm refunds the amount from the patient’s balances. For our example, we reversed the entire amount, so there is $0 displayed in the Held column.
You have successfully reversed a patient payment.

### 13.4 Refunding Insurance Payments

If you have entered an insurance payment in error (e.g. you entered insurance A’s cheque under insurance B’s record), you can reverse this entry by refunding the amount.

You can only refund the held (i.e. unallocated) portion of the insurance payment. Once a portion of the insurance cheque has been allocated to an outstanding balance, you cannot refund that portion.

Before you begin, make sure you have defined adjustment codes for payments. For information on defining adjustment codes for payments, see *Defining Adjustment Codes for Payments* on page 21.

**To refund an insurance payment:**

1. Select the **Ins Pmt** tab, then the **Ins. Payments** tab.
2. From the list view, highlight a record.
3. Right-click to display a list of options.
4. Select the **Refund Payment** option.

axiUm displays the Refund Insurance Payment window. For information on the Refund Insurance Payment window, refer to the axiUm Reference Manual for Transactions and see *Refund Insurance Payment Window* on page 53.

5. Enter the fields and options. For our example, we will enter the following:

   - **Code**: REF, Payment Refund
   - **Affect Bank Deposit**: selected
   - **Bank**: CA1, Cashier Station 1

6. Click **OK**.
axiUm, saves the entries, closes the Refund Insurance Payment window, and returns to the Transactions window.

Because axiUm reverses the entire amount from the insurance balances, there is $0 displayed in the Held column.

You have successfully refunded an insurance payment.

14 Entering Transaction Notes

Transaction notes are used for multiple purposes, often in reference to a specific financial record regarding details about that transaction.

For this example, we will enter a note regarding an X-ray that you attached to a claim.

Before you begin, make sure you have defined note codes. For instructions on defining note codes, see Defining Patient Note Codes on page 42.

▼To enter a transaction note:

1. Select the Notes tab.
2. Click New.

axiUm defaults the user-entry fields.
3. In the **Code** field, enter **X-RAY**.

axiUm displays the full text of the patient note code in the Text textbox.

You can edit this text. For example, if you are entering a note for a treatment held in dispute, enter the treatment number here.

4. Click **Add**.

axiUm adds the new record to the list view.
You have successfully entered a transaction note for this patient.