



Chapter 8

Payments and Adjustments, Refunds

Chapter 8 Contents

Section 8-1 Payments and Adjustments

Pages 8-1-1 through 8-1-15

This chapter starts with an overview of the different transaction types available in LeonardoMD. Then you will be taken through a case study that demonstrates how to post insurance payments, post patient payments, create patient or insurance credit adjustments, and how to create insurance debit adjustments. Screenshots along with detail explanations of workflow and features are provided.

Section 8-2 Unapplied Payments

Pages 8-2-1 through 8-2-4

This chapter illustrates how to create unapplied payments and how to apply them when charges are available on the account. This chapter will also demonstrate how unapplied payments affect the patient's account.

Section 8-3 Refunds

Pages 8-3-1 through 8-3-3

This chapter expands upon the knowledge provided in chapter 8-1. It will focus on how to create a refund using the refund icon from the payment / adjustment detail screen. NOTE: The first chapter will demonstrate how to create debits which are essentially the same thing as refunds. Using the refund icon is not the only way to create refunds.

Chapter 8-1 – Payments

Overview

LeonardoMD uses a simple credit(-) vs debit(+) theory to handle payment posting and management. The following are concepts that must be understood to post and manage payments correctly:

- Payer – There are only two possibilities for payers in LeonardoMD: 1) The Patient, 2) The Insurance Company.
- Transaction Type – A transaction is either a debit (+) or a credit (-) which will be discussed below. There are four basic transactions for both patient payers and insurance payers respectively:
 - Payment (-)
 - Adjustment Credit (-)
 - Adjustment Debit (+)
 - Refund Debit (+)
- Payments are treated as credits(-) in the system and usually offset a charge.
- Charges are treated as debits(+) in the system and usually are offset by payments.
- If a payment is posted to the system and there is no charge to offset it, the result is a credit that will appear on the patient's account. That credit will also be unapplied.
- Applied transactions are payments and/or adjustments entered into the system that have either a debit(+) or credit(-) to offset them. Payments that are applied have to be associated to a procedure code otherwise they are unapplied.
 - ie, If there is a \$25.00 charge (debit +) balance due showing on an account and a \$25.00 payment (credit -) is applied to it, the result is that the applied \$25.00 will decrease the \$25.00 charge (debit +) to zero, and thus offsetting it. NOTE: Payments do not always completely offset charges. Usually in this situation an additional adjustment is required.
- Unapplied transactions are payments and/or adjustments that have been entered into the system that have not been associated to a procedure. Unapplied transactions appear in red in the account ledger.
- Adjustments: debit(+) or credit(-). There are two types of adjustments that can be used for anything on the account. Those are debit(+) adjustments and credit(-) adjustments. Here are some examples of each:
 - Debit(+) adjustment: A \$30.00 payment was applied to a \$25.00 charge that left the charge and account with a \$5.00 applied credit. A "debit(+)" adjustment of \$5.00 is created to offset the \$5.00 applied credit and the balance becomes \$0.00.
 - Credit(-) adjustment: A \$30.00 charge was applied to a date of service that is not going to be paid so a \$30.00 "credit(-)" adjustment is created to offset the charge and the balance becomes \$0.00.
- Refund debit(+): A refund debit accomplishes the exact same thing as posting a regular adjustment debit(+). The difference is the refund debit (+) will be labeled as a refund and can be created quickly using the red dollar sign icon on the payment / adjustment detail page. This will be discussed in detail later in the chapter.

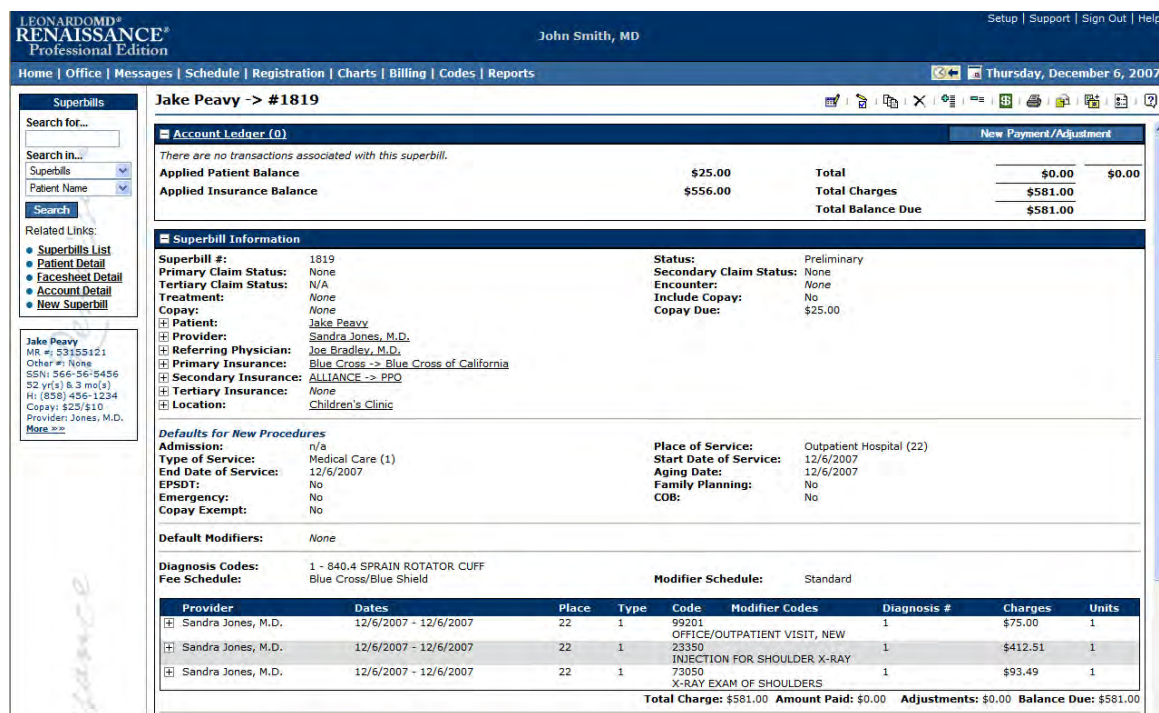
Posting Payments/Adjustments

The following case study will be used to demonstrate how to:

1. Post Insurance Payments (-)
2. Post Patient Payments (-)
3. Create Patient Credit Adjustment (-)
4. Create Insurance Credit Adjustment (-)
5. Create Insurance Debit Adjustment (+)

This section will also cover the Payment Grid for both patient transactions and insurance transactions in detail.

The following is an image of the superbill that will be used to demonstrate the functions listed above.



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Superbills

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Related Links:
• Superbills List
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• Facesheet Detail
• Account Detail
• New Superbill

Jake Peavy
MR #: 53155121
Other #: None
SSN: 566-56-5456
52 Yr (6.3 mo)
H: (858) 456-1234
Copoly: \$25/\$10
Provider: Jones, M.D.
More...

Jake Peavy -> #1819

Account Ledger (0) New Payment/Adjustment

There are no transactions associated with this superbill.

Applied Patient Balance	\$25.00	Total	\$0.00	\$0.00
Applied Insurance Balance	\$556.00	Total Charges	\$581.00	
		Total Balance Due	\$581.00	

Superbill Information

Superbill #: 1819
Primary Claim Status: None
Tertiary Claim Status: N/A
Treatment: None
Copoly: None
Patient: Jake Peavy
Provider: Sandra Jones, M.D.
Referring Physician: Joe Bradley, M.D.
Primary Insurance: Blue Cross -> Blue Cross of California
Secondary Insurance: ALLIANCE -> PPO
Tertiary Insurance: None
Location: Children's Clinic

Status: Preliminary
Secondary Claim Status: None
Encounter: None
Include Copay: No
Copoly Due: \$25.00

Defaults for New Procedures

Admission: n/a
Type of Service: Medical Care (1)
End Date of Service: 12/6/2007
EPSDT: No
Emergency: No
Copoly Exempt: No

Place of Service: Outpatient Hospital (22)
Start Date of Service: 12/6/2007
Aging Date: 12/6/2007
Family Planning: No
CDB: No

Default Modifiers: None

Diagnosis Codes: 1 - 840.4 SPRAIN ROTATOR CUFF
Blue Cross/Blue Shield

Modifier Schedule: Standard

Provider	Dates	Place	Type	Code	Modifier Codes	Diagnosis #	Charges	Units
Sandra Jones, M.D.	12/6/2007 - 12/6/2007	22	1	99201	OFFICE/OUTPATIENT VISIT, NEW	1	\$75.00	1
Sandra Jones, M.D.	12/6/2007 - 12/6/2007	22	1	23350	INJECTION FOR SHOULDER X-RAY	1	\$412.51	1
Sandra Jones, M.D.	12/6/2007 - 12/6/2007	22	1	73050	X-RAY EXAM OF SHOULDERS	1	\$93.49	1

Total Charge: \$581.00 Amount Paid: \$0.00 Adjustments: \$0.00 Balance Due: \$581.00

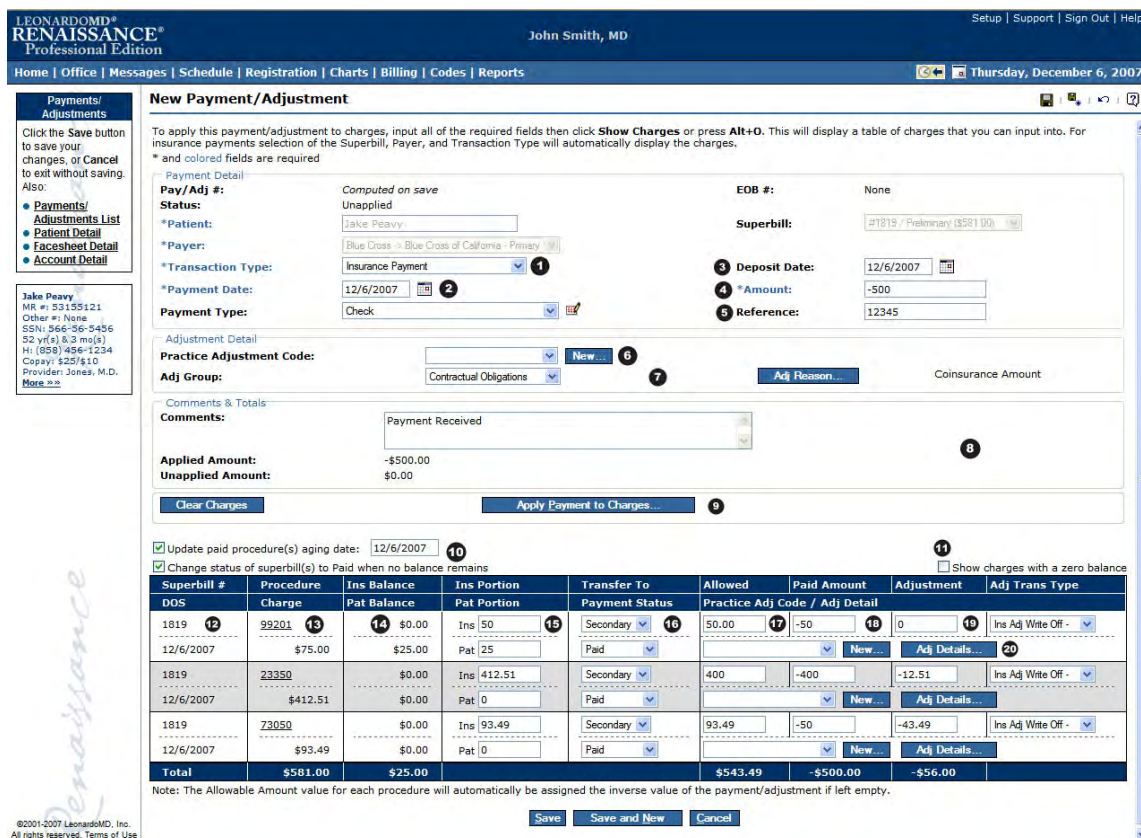
Figure 8-1-1 Superbill

Key things to note about the superbill above:

1. The Applied Patient Balance is \$25.00.
2. The Applied Insurance Balance is \$556.00.
3. The Total Superbill Balance is \$581.00.
4. 3 charges have been added at the bottom of the image that make up the above charges. These charges are what will be used to apply payments and adjustments against.
5. The Patient Balance of \$25.00 comes from the "Copoly Due" field located at the top right under the second information box called "Superbill Information". NOTE: Since no transactions appear in the "Account Ledger," a copay has not yet been paid or has not yet been attached to this superbill. Also note that there are two ways to get rid of this balance: 1) Edit the superbill and hit the "Copoly" button to either attach an already paid copay, or hit the "New Copay" button on the bottom of the copay dialog window that pops up when the copay button is pressed. Or 2) Create a normal patient payment in the amount of the copay due. This will appear as a patient payment and not as a copay, but it will offset the charge and show that payment was received.

1.) Payment scenario for Screen shot 8-1-1

- Blue Cross EOB in the amount of \$500.00. Dispersion of payments will be shown in payment grid screen shot.



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New Payment/Adjustment

To apply this payment/adjustment to charges, input all of the required fields then click **Show Charges** or press **Alt+O**. This will display a table of charges that you can input into. For insurance payments selection of the Superbill, Payer, and Transaction Type will automatically display the charges.

* and colored fields are required

Payment Detail

Pay/Adj #: Computed on save
Status: Unapplied

*Patient: Jake Peavy

*Payer: Blue Cross -> Blue Cross of California - Primary

*Transaction Type: Insurance Payment

*Payment Date: 12/6/2007

Payment Type: Check

EOB #: None

Superbill: #1015 / Preliminary (\$581.00)

3 Deposit Date: 12/6/2007

4 *Amount: -500

5 Reference: 12345

Adjustment Detail

Practice Adjustment Code: New

Adj Group: Contractual Obligations

Adj Reason: Coinsurance Amount

Comments & Totals

Comments: Payment Received

Applied Amount: -\$500.00

Unapplied Amount: \$0.00

Clear Charges Apply Payment to Charges...

☒ Update paid procedure(s) aging date: 12/6/2007

☒ Change status of superbill(s) to Paid when no balance remains

☐ Show charges with a zero balance

Superbill #	Procedure	Ins Balance	Ins Portion	Transfer To	Allowed	Paid Amount	Adjustment	Adj Trans Type
1819	99201	\$0.00	Ins 50	Secondary	50.00	-50	0	Ins Adj Write Off
12/6/2007		\$75.00	Pat 25	Paid				
1819	23350	\$0.00	Ins 412.51	Secondary	400	-400	-12.51	Ins Adj Write Off
12/6/2007		\$412.51	Pat 0	Paid				
1819	73050	\$0.00	Ins 93.49	Secondary	93.49	-50	-43.49	Ins Adj Write Off
12/6/2007		\$93.49	Pat 0	Paid				
Total		\$581.00	\$25.00		\$543.49	-\$500.00	-\$56.00	


Note: The Allowable Amount value for each procedure will automatically be assigned the inverse value of the payment/adjustment if left empty.

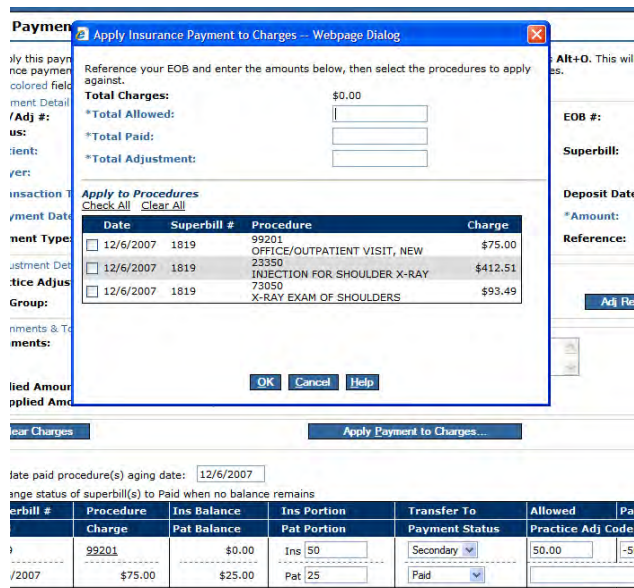
Save Save and New Cancel

Figure 8-1-2 Insurance Payment/Adjustment Grid

Insurance payment screen and grid explanation shown in Figure 8-1-2 above

- Transaction Type** – When posting insurance payments, set transaction type to “Insurance Payment.”
- Payment Date** – The payment date field can be used in any way needed, and it will default to the date the payment is created if no changes are made. NOTE: When running Day Sheet Payment reports, the user will have the option of running the report off of the payment date field.
- Deposit Date** – The deposit date field allows the user to keep track of the payment using a different date if desired. The deposit date will default to the date the payment is made if no changes are made. An example of how the payment date could be used is: 1) A payment is entered into LeonardoMD on 01/05/2007 but was deposited in the bank on 01/01/2007. 2) The deposit date field could be set to 01/01/2007, and the payment date field could be set to 01/05/2007. 3) Two separate Day Sheet reports could then be run using the payment date field for the first and the deposit date field for the second. NOTE: Use these two fields however you like to add flexibility to your Day Sheet reporting.
- Amount** – The amount field is the total amount of the payment that is being posted.
- Reference** – The reference field can be used for any type of reference to the payment and is most commonly used in conjunction with the “Payment Type Field” to show what the check number is on the payment.

6. **Practice Adjustment Code** – The practice adjustment code field is a custom adjustment that can be assigned to any adjustment by the practice. For example, if your practice offers a courtesy discount to certain patients you may create a practice adjustment code called “courtesy discount” which would be available for use in the practice adjustment code drop down menu. NOTE: Use the “New” button to create new practice adjustment codes on the fly.
7. **Adjustment Group / Adjustment Reason** – The adjustment group and reason can be set here if you are entering unapplied payments since there will be no grid available at the bottom of the screen to apply adjustment groups and reasons. NOTE: If you are actually entering an applied payment you will set the adjustment group and reason at the grid level. The example in Figure 8-1-2 shows an adjustment group and reason on the top level; however, you would probably not have an adjustment group and reason at this level if you were applying payment to the grid. The adjustment group and reason would be entered at the grid level.
8. **Comments & Totals** – Comments that are added here can be seen by hovering over the  icon next to the payment/adjustment from the account ledger on the patient’s account detail. The totals section will show how much of the total payment has been applied to the grid below and how much is still unapplied.
9. **Apply Payment to Charges (See Figure 8-1-3)** – NOTE: The preferred method of posting payments is “Manually Post” which is explained later in this chapter. The “Apply Payment to Charges” button, when pressed, allows the user to enter total amounts of all allowed amounts, all payments, and all adjustments on one pop-up screen. Once the total allowed amount, total payments, and total adjustments are entered the user can then check off the box next to each procedure that will be affected by the totals. When saved, LeonardoMD will apply payments using the following logic based on a percentage:
 - a. Percentages are determined as follows:
 - i. Allowed Percentage = Total Allowed Amount divided by Total Charges
 - ii. Paid Percentage = Total Paid Amount divided by Total Charges
 - iii. Adjustment Percentage = Total Adjustment divided by Total Charges
 - b. Once percentages are determined by the system, amounts will be disbursed to each procedure in the grid using the following logic:
 - i. Allowed amount = Procedure Charge multiplied by Allowed Percentage
 - ii. Paid amount = Procedure Charge multiplied by Paid Percentage
 - iii. Adjustment amount = Procedure Charge multiplied by Adjustment Percentage



Apply Insurance Payment to Charges – Webpage Dialog

Reference your EOB and enter the amounts below, then select the procedures to apply against.

Total Charges: \$0.00

*Total Allowed:

*Total Paid:

*Total Adjustment:

Apply to Procedures

Check All Clear All

Date	Superbill #	Procedure	Charge
<input type="checkbox"/> 12/6/2007	1819	99201 OFFICE/OUTPATIENT VISIT, NEW	\$75.00
<input type="checkbox"/> 12/6/2007	1819	23350 INJECTION FOR SHOULDER X-RAY	\$412.51
<input type="checkbox"/> 12/6/2007	1819	73050 X-RAY EXAM OF SHOULDERS	\$93.49

OK Cancel Help

late paid procedure(s) aging date: 12/6/2007

aging status of superbill(s) to Paid when no balance remains

Superbill #	Procedure	Ins Balance	Pat Portion	Transfer To	Allowed	Pa
	Charge	Pat Balance	Pat Portion	Payment Status	Practice Adj Code	
	99201	\$0.00	Ins 50	Secondary	50.00	-St
	2007	\$75.00	Pat 25	Paid		

Figure 8-1-3 Insurance Payment/Adjustment Grid

10. **Update Paid Procedures Aging Date, Change Status of Superbill(s) to PAID when no balance remains** – The “Update Procedures Aging Date” option will update the aging date on each procedure to whatever date is selected, when the check box associated to it is checked. This is a useful tool because the user can update aging dates on the fly when insurance payments are posted rather than having to go back after the insurance payment is posted and do more work. There is a personalization setting in Payments / Adjustments that allows the user to turn this option on or off. By default the update procedures aging date option is turned on and will default to the date the insurance payment is posted. The main purpose of this field is to restart the aging process for the patient so they are not penalized for the time it took the insurance company to pay. The update status of superbill(s) to PAID when no balance remains option will automatically change the status of the superbill(s) to PAID for the user once the balance for that bill becomes \$0.00.
11. **Show charges with a zero balance** – By default the insurance payment grid does not show any charge that has a balance of zero. When editing or doing research, the user may need to see all procedures associated to that bill even if the associated balances for those procedures is zero. By checking the “Show Charges With a Zero Balance” check box the grid will display both procedures with a balance and without. NOTE: If there are no procedures in the grid with a balance, the grid will not show at all. In this case check the “Show Charges With a Zero Balance” check box, and the grid will appear.
12. **Superbill # and Date of Service** – The grid will show each procedure one line item at a time. Each line item will be separated by alternating background colors. For example, in Figure 8-1-2 the first procedure line item has a white background, the second has a light grey background, and the third alternates back to a white background. On top of the grid each title corresponds to the top and bottom of each line item. For example, in Figure 8-1-2 the superbill number is 1819 and the Date of Service is 12/6/2007.
13. **Procedure and Charge** – The procedure for each line item will show in this area. This is the procedure that any payments entered on that same line will be applied against. NOTE: Click on the procedure to launch a pop-up window with more detailed procedure information. Below the procedure code the charged amount for that procedure will appear.
14. **Insurance Balance and Patient Balance** – The insurance balance and patient balance for the procedure on each line will show here. NOTE: It is recommended that you check these balances after payment is posted in the grid to make sure they are correct BEFORE saving. These balances will re-calculate automatically once payment is entered into the grid. If the balances are incorrect before the payment is saved, then they will be incorrect after the payment is saved.
15. **Insurance Portion and Patient Portion** – The insurance portion and patient portion of the charge on each line will show here. This represents the amount of each charge that the insurance and patient is responsible for paying. NOTE: The user can manually update these directly from the payment grid if they appear incorrect. Also note that updating the procedure portions will affect the insurance balance and patient balance. Most of the time users will not need to touch these fields. They are there for convenience.
16. **Transfer To and Payment Status** – The “Transfer To” and “Payment Status” drop down menus allow the user to instruct the system what to do with remaining balances on each line once payment and adjustments are applied. NOTE: The user will be able to preview these changes in the grid under Insurance Balance and Patient Balance, however changes will not be made until the payment is saved. There are three main “Transfer To” fields in the drop down menu:
 - a. **Primary** – This represents the Primary Insurance for the patient. By default, any remaining balance will be transferred to the secondary insurance if one exists for the patient on that superbill. However, if you decide that you want the remaining balance to remain on the primary insurance side of the account you may manually select “Primary.”
 - b. **Secondary** – This represents the Secondary Insurance on the patient’s account. By default, if there is secondary insurance on the superbill, remaining balances will be transferred to it. Manually select “Secondary” to force remaining balances to transfer to the secondary side of the account for that superbill if necessary.
 - c. **Patient** – This represents the patient side of the account. By default “Patient” will be selected if no secondary insurance exists on the superbill. Manually select “Patient” to force remaining balances to move to the patient side of the account if necessary.
 - d. The following “Payment Statuses” are used to specify any abnormal conditions when applying the payment. The default value for this field is Paid. The available options are:
 - i. **Paid** - default value which specifies a standard payment with no outstanding issues.

- ii. **Denied** - specifies a payment was denied. Usually, this will mean a \$0 payment amount is entered for the "Paid Amount" value. Note: The claim associated to this payer/procedure will still be updated as "Paid" since the payment status is a procedure level field. Patient statements will include this as a note in the statement detail section. Note: This value was moved from the transfer to (Patient Denied) field in the August 2006 release.
 - iii. **Crossover** - this value specifies that the primary payer has automatically forwarded the claim to the next payer (usually the secondary payer) and no claim needs to be submitted for the secondary payer. If this value is set for any procedure for a claim (usually, all procedures for the claim will have this value), the claim status is set to paid for the primary claim and the secondary claim status value is set to "Crossover". This allows the superbill to be excluded from secondary claim batches since the secondary claim status value will not be equal to preliminary.
 - iv. **Bundled** - when this value is selected, a procedure code input box appears to the right of the payment status field. This value allows you to specify what the code the insurance company has "bundled" this code to. Bundling occurs when multiple procedures codes are combined into a single procedure code.
 - v. **Unbundled** - when this value is selected, a procedure code input box appears to the right of the payment status field. This value allows you to specify what the code the insurance company has "unbundled" this code to. Unbundling occurs when a single procedure code is split into multiple codes.
 - vi. **Deductible** - use this when the insurance payment indicates a patient balance due because of a deductible. Patient statements will include this as a note in the statement detail section. Note: This value was moved from the transfer to (Patient Denied) field in the August 2006 release.
 - vii. **Coinsurance** - use this when the insurance payment indicates a patient balance due is because of coinsurance.
 - viii. **Copay** - use this when the insurance payment indicates the patient balance due is because of a copay that is owed.
 - e. **Medicare Secondary Claim Note** - If submitting Medicare Secondary claims a field will appear next to the payment status drop down that will allow user to enter an adjustment that will be added to the 837 electronic claim as a "Patient Responsibility" adjustment. NOTE: This may or may not calculate automatically. If it does not calculate automatically you can click the calculator icon that will appear to have the value automatically entered.
17. **Allowed Amount** - Enter the allowed amount for the procedure on the current line item here. Typically, the allowed amount can be found on the Explanation of Benefits (EOB) that accompanied the payment from the insurance company. NOTE: Allowed amounts can be stored in the system at the Fee Schedule level. See practice setup guide for more information on fee schedules. If allowed amounts for individual procedures are stored in the system at the fee schedule level, those amounts will be pulled up automatically when the payments are posted for them.
18. **Paid Amount** - Enter the paid amount for the procedure on each line here. NOTE: If an allowed amount exists for the procedure on the current line, you can hit the "tab" key to have the adjustment automatically calculated using the following formula:
- a. Procedure Charge minus Allowed Amount = Adjustment. NOTE: If the adjustment is not correct the user will have to manually correct it by typing in a new value.
19. **Adjustment and Insurance Adjustment Type** - Enter Adjustment amount for the procedure on each line here. NOTE: This field can automatically be calculated and entered by the system if the Allowed Amount is entered first, followed by the Payment Amount, and the "tab" key is used to move from the Payment Amount field to the Adjustment field. See Paid Amount description above for more information. Adjustments entered in the adjustment field will be created as separate transactions once the payment is saved and will directly affect the insurance or patient balance on each line for each procedure. However, users may edit adjustments and payments for one procedure from the same edit screen if they were entered at the same time. The insurance adjustment type can be set to "Insurance Writeoff Credit (-)" or "Insurance Adjustment Debit (+)" from the same screen to either take away from the remaining balance or add to it respectively. Use the drop down menu to select the desired adjustment type.

20. **Practice Adjustment Code and Adjustment Detail** – The practice adjustment code is an option field that can be used by the practice to track custom practice adjustments such as courtesy discounts. Use the drop down menu to select the desired practice adjustment. If the practice adjustment you need has not been created yet and you are a user with permissions to create practice adjustments, use the “New” button to the right of the practice adjustment code drop down menu to create a new practice adjustment code on the fly and associate to the procedure. The adjustment detail button will launch the pop-up window seen in Figure 8-1-4 to allow users to enter all adjustment information from the insurance Explanation of Benefits (EOB) for each procedure.

Figure 8-1-4 Insurance Payment/Adjustment Grid

NOTE: To add an adjustment detail to each procedure, you will have to click the “Adj Details” button next to each one.

Click “Save” when finished.

Figure 8-1-5 below shows what the Account Ledger from the Superbill will look like after the insurance payment is applied. NOTE: The “Applied Patient Balance” still remains \$25.00 because the patient payment or copay has not been applied yet.

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Thursday, January 3, 2008

Superbills

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Related Links:

- Superbills List
- Patient Detail
- Facsheet Detail

Jake Peavy -> #1819

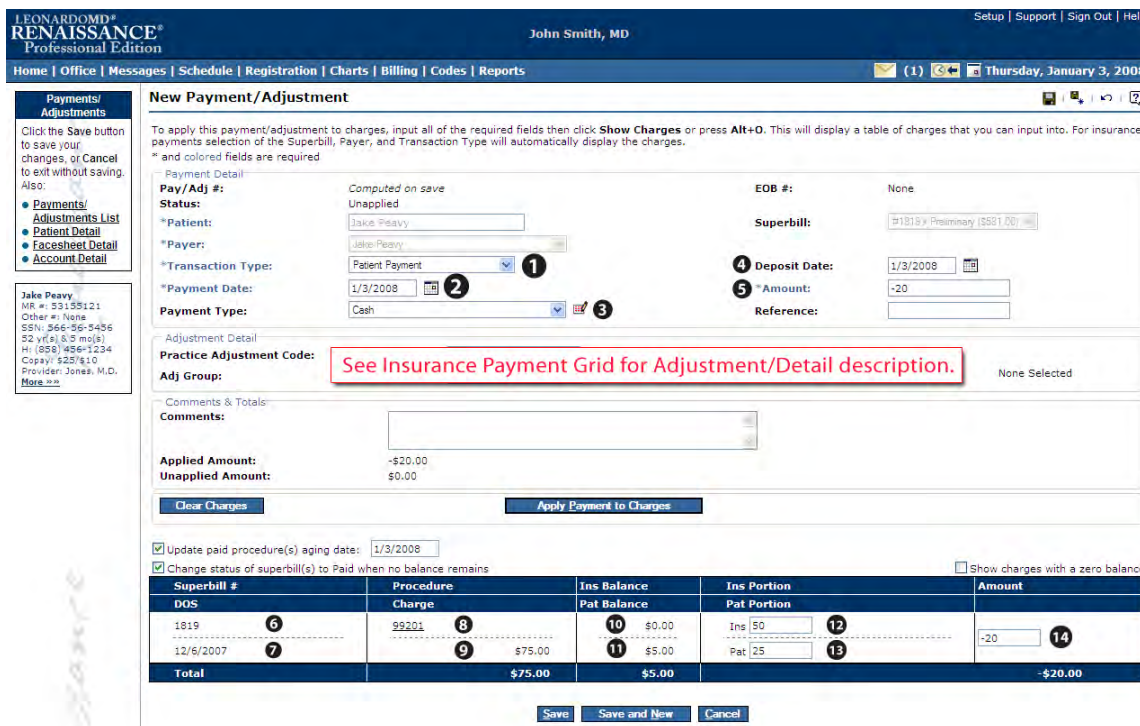
Account Ledger (3)

Date	Payer	Procedure	Description	Remaining Balance	Paid Amount	Adjustment
12/6/2007	Blue Cross -> Blue Cross of California - Primary	99201	Insurance Payment	Secondary	-\$50.00	\$0.00
12/6/2007	Blue Cross -> Blue Cross of California - Primary	23350	Insurance Payment	Secondary	-\$400.00	-\$12.51
12/6/2007	Blue Cross -> Blue Cross of California - Primary	73050	Insurance Payment	Secondary	-\$50.00	-\$43.49
Applied Patient Balance				\$25.00		
Applied Insurance Balance				\$0.00		
Total					-\$500.00	-\$56.00
Total Charges					\$581.00	
Total Balance Due					\$25.00	

Figure 8-1-5 Account Ledger after insurance payment has been paid.

2.) Payment scenario for Screen shot 8-1-6

- Patient Payment \$20.00.



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(1) Thursday, January 3, 2008

Payments/Adjustments

Click the Save button to save your changes, or Cancel to exit without saving. Also:

- Payments/Adjustments List
- Patient Detail
- Facesheet Detail
- Account Detail

Payment Detail

Computed on save
Unapplied

EOB #: None

Superbill: 1819 Preliminary (\$831.00)

4 Deposit Date: 1/3/2008

5 Amount: -20

Reference:

*Patient: Jake Peavy
*Payer: Jake Peavy
*Transaction Type: Patient Payment
*Payment Date: 1/3/2008
Payment Type: Cash

Adjustment Detail

Practice Adjustment Code: See Insurance Payment Grid for Adjustment/Detail description.

Adj Group: None Selected

Comments:

Applied Amount: -\$20.00
Unapplied Amount: \$0.00

Clear Charges Apply Payment to Charges

☒ Update paid procedure(s) aging date: 1/3/2008
☒ Change status of superbill(s) to Paid when no balance remains

☐ Show charges with a zero balance

Superbill #	DOS	Procedure	Charge	Ins Balance	Pat Balance	Ins Portion	Pat Portion	Amount
1819	12/6/2007	99201	\$75.00	\$0.00	\$5.00	Ins 50 Pat 25	12	-20
Total			\$75.00		\$5.00			-\$20.00

Save Save and New Cancel

Figure 8-1-6 Patient Payment Grid.

Patient Payment Grid explanation shown in Figure 8-1-6 above

1. **Transaction Type** – When posting patient payments, set transaction type to “Patient Payment.”
2. **Payment Date** – The payment date field can be used in any way needed, and it will default to the date the payment is created if no changes are made. NOTE: When running Day Sheet Payment reports, the user will have the option of running the report off of the payment date field.
3. **Payment Type** – When posting payments, set the “Payment Type” field to whatever you need. NOTE: This field is dynamic, which means that authorized staff members can add or take away options in this drop down menu using the icon. Also note that there is a payment type day sheet located in the “Reports” module that generates reports from this field. This can be useful for customizing your reports.
4. **Deposit Date** – The deposit date field allows the user to keep track of the payment using a different date if desired. The deposit date will default to the date the payment is made if no changes are made. An example of how the payment date could be used is: 1) A payment is entered into LeonardoMD on 01/05/2007 but was deposited in the bank on 01/01/2007. 2) The deposit date field could be set to 01/01/2007, and the payment date field could be set to 01/05/2007. 3) Two separate Day Sheet reports could then be run using the payment date field for the first and the deposit date field for the second. NOTE: Use these two fields to add flexibility to your Day Sheet reporting.
5. **Amount** – The amount field is the total amount of the payment that is being posted.
6. **Superbill #** – The grid will show each procedure one line item at a time. Each line item will be separated by alternating background colors. On top of the grid, notice that each title corresponds to the top and bottom of each line item. For example, in Figure 8-1-6 the superbill number is 1819 and the Date of Service is 12/6/2007.

7. **Date of Service** – The grid will show each procedure one line item at a time. Each line item will be separated by alternating background colors. On top of the grid, notice that each title corresponds to the top and bottom of each line item. For example, in Figure 8-1-6 the superbill number is 1819 and the Date of Service is 12/6/2007.
8. **Procedure Code** – In Figure 8-6 the procedure code is 99201 and is shown on the top line of the two line grid.
9. **Charge** – In Figure 8-1-6 the charge of the procedure code is \$75.00 and is shown in the second line of the two line grid.
10. **Insurance Balance** – The insurance balance for the procedure on each line will appear here. NOTE: It is recommended that you check these balances after payment is posted in the grid to make sure they are correct BEFORE saving. These balances will re-calculate automatically once payment is entered into the grid. If the balances are incorrect before the payment is saved, then they will be incorrect after the payment is saved.
11. **Patient Balance** – The patient balance for the procedure on each line will appear here. NOTE: It is recommended that you check these balances after payment is posted in the grid to make sure they are correct BEFORE saving. These balances will re-calculate automatically once payment is entered into the grid. If the balances are incorrect before the payment is saved, then they will be incorrect after the payment is saved.
12. **Insurance Portion** – The insurance portion of the charge on each line will appear here. This represents the amount of each charge that the insurance is responsible for paying. NOTE: User can manually update these directly from the payment grid if they appear incorrect. Also note that updating the procedure portions will affect the insurance balance and patient balance. Most of the time user will not need to touch these fields. They are there for your convenience.
13. **Patient Portion** – The patient portion of the charge on each line will show here. This represents the amount of each charge that the patient is responsible for paying. NOTE: You can manually update these directly from the payment grid if they appear incorrect. Also note that updating the procedure portions will affect the insurance balance and patient balance. Most of the time you will not need to touch these fields. They are there for your convenience.
14. **Paid Amount** – Enter paid amount for procedure on each line here. NOTE: Hitting the “Apply Payment to Charges” button above the grid will disperse the payment across all the charges starting with the first one at the top of the grid until funds have been fully applied.

Click “Save” when finished.

Helpful Hints:


- There is a “Show charges with a zero balance” check box on the top right of the payment grid seen in Figure 8-1-6 that will pull up the payment grid even if charges have a zero balance when checked. This option is useful when editing payments that have already zeroed out.
- Check the “Insurance Balance and Patient Balance” checkbox in the payment grid after the payments have been entered in the amount field, and ensure that they are correct before saving the payment. Comments added to the payment / adjustments comment field are viewable by hovering over the  icon next to the transaction in the “Account Ledger” on the patient’s “Account Detail” page.

Figure 8-1-7 shows what the Account Ledger from the Superbill will look like after the patient payment is applied. NOTE: The “Applied Patient Balance” is \$5.00 because the patient payment applied was only \$20.00. We will demonstrate.



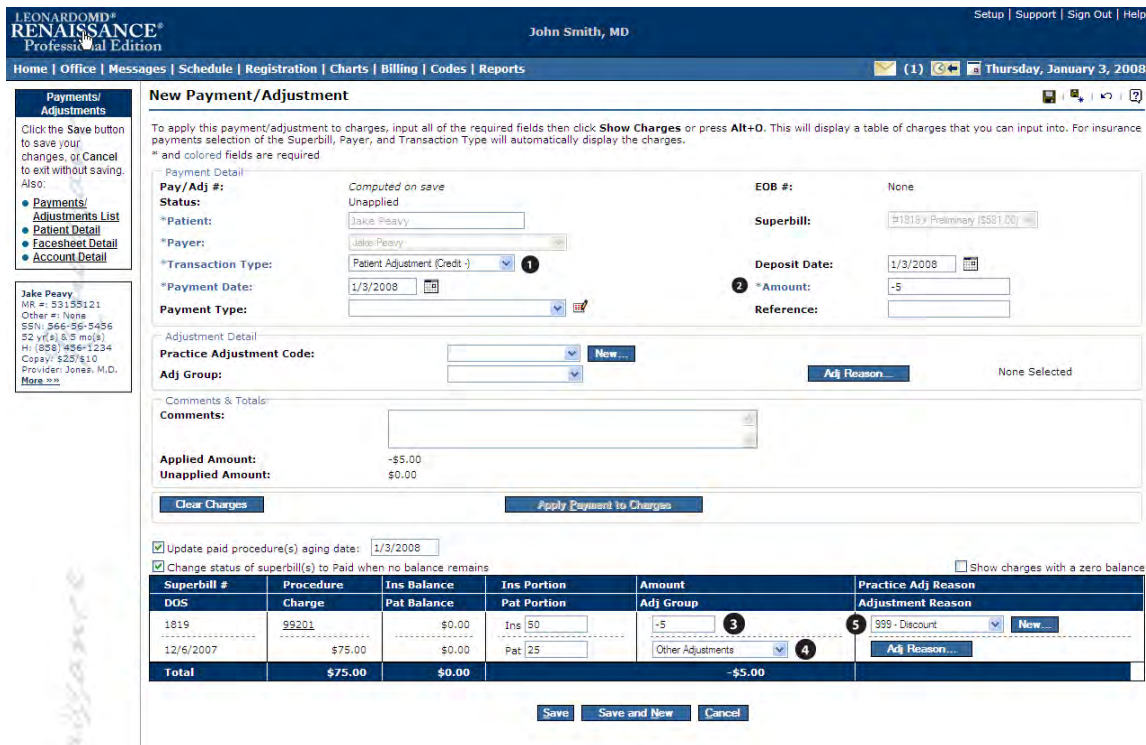
The screenshot shows the LeonardoMD Renaissance Professional Edition interface. The top navigation bar includes links for Home, Office, Messages, Schedule, Registration, Charts, Billing, Codes, and Reports. The user is logged in as John Smith, MD. The date is Thursday, January 3, 2008. The main window displays the Account Ledger for Jake Peavy (Superbill #1819). The ledger shows a list of charges with their respective dates, payer information, procedure codes, descriptions, and remaining balances. A summary section at the bottom shows the Applied Patient Balance of \$5.00 and the Applied Insurance Balance of \$0.00. The total charges are \$581.00, and the total balance due is \$5.00.

Date	Payer	Procedure	Description	Remaining Balance	Paid Amount	Adjustment
12/6/2007	Blue Cross -> Blue Cross of California - Primary	99201	Insurance Payment	Secondary	-\$50.00	\$0.00
12/6/2007	Blue Cross -> Blue Cross of California - Primary	93350	Insurance Payment	Secondary	-\$400.00	-\$12.50
12/6/2007	Blue Cross -> Blue Cross of California - Primary	73050	Insurance Payment	Secondary	-\$50.00	-\$49.49
1/3/2008	Jake Peavy	99201	Patient Payment	N/A	-\$20.00	\$0.00
Applied Patient Balance				\$5.00		
Applied Insurance Balance				\$0.00		
Total				-\$520.00		-\$56.00
Total Charges				\$581.00		
Total Balance Due				\$5.00		

Figure 8-7 Account Ledger from Superbill 1819 after both insurance payment and patient payments have been paid.

3.) Patient Adjustment scenario for Screen shot 8-1-8

- Patient Adjustment \$5.00. NOTE: Below is a hypothetical example of what the patient adjustment screen would look like if you were to adjust the remaining \$5.00 balance off the bill.



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Thursday, January 3, 2008

Payments/Adjustments

Click the Save button to save your changes, or Cancel to exit without saving. Also:

- Payments/Adjustments List
- Patient Detail
- Facesheet Detail
- Account Detail

Jake Peavy
MR #: 53155121
Other #: None
SSN: 566-55-5456
52 yr(s) 8.5 mo(s)
H: (858) 456-1234
Copy: 523/10
Provider: Jones, M.D.
More...

New Payment/Adjustment

To apply this payment/adjustment to charges, input all of the required fields then click **Show Charges** or press **Alt+O**. This will display a table of charges that you can input into. For insurance payments selection of the Superbill, Payer, and Transaction Type will automatically display the charges.
* and colored fields are required

Payment Detail

Pay/Adj #: Computed on save
Status: Unapplied
EOB #: None
Superbill: 1819x Preliminary (\$831.00)
Deposit Date: 1/3/2008
Amount: -5
Reference:

*Patient: Jake Peavy
*Payer: Jake Peavy
*Transaction Type: Patient Adjustment (Credit -)
*Payment Date: 1/3/2008
Payment Type:

Adjustment Detail

Practice Adjustment Code: New...
Adj Group: Adj Reason: None Selected

Comments & Totals

Comments:

Applied Amount: -\$5.00
Unapplied Amount: \$0.00

Clear Charges Apply Payment to Charges

☒ Update paid procedure(s) aging date: 1/3/2008
☒ Change status of superbill(s) to Paid when no balance remains ☐ Show charges with a zero balance

Superbill #	Procedure	Ins Balance	Pat Balance	Ins Portion	Pat Portion	Amount	Practice Adj Reason
1819	99201	\$0.00	\$0.00	Ins 50	Pat 25	-5	999 - Discount
12/6/2007		\$75.00	\$0.00				
Total		\$75.00	\$0.00			-\$5.00	

Save Save and New Cancel

Figure 8-1-8 Patient Adjustment grid.

Patient Adjustment Grid explanation shown in Figure 8-1-8 above

1. **Transaction Type** – The transaction type in this example is set to “Patient Adjustment (Credit -)” to create a credit adjustment of \$5.00 to zero out the patient balance side of superbill 1819.
2. **Amount** – Enter the amount of the adjustment to be applied in this field.
3. **Amount field in grid** – Re-enter the adjustment amount here to apply to procedure code. NOTE: Hitting the “Apply Payment to Charges” button above the grid will also apply the adjustment amount to the grid.
4. **Adj Group** – This code identifies the general category of payment adjustment. Select a value from the drop-down list. This field is required when sending 837 Professional claims to secondary and tertiary payers and if there are adjustments made by the prior payer. This corresponds to loop 2320 segment value CAS01. If you are entering a payment/adjustment from a primary payer and you plan to submit a secondary claim, for example, you should make a selection here. Note: This field should only be used when the transaction type is an adjustment.
5. **Practice Adjustment Code** – This value identifies an optional practice adjustment code defined by the practice for an adjustment. Usually, this field should only be used when creating an Unapplied Adjustment. This field should not be used if the adjustment is being applied. The “New” button next to the drop down list allows you to create a new practice adjustment on the fly. See the practice adjustment codes for more detail.

Click “Save” when finished.

Figure 8-1-9 shows what the Account Ledger from the Superbill will look like after the patient adjustment is applied. NOTE: Both the Applied Patient Balance and Applied Insurance Balance are now zero.

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Superbills

Search for...
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 Superbill
 Patient Name
 Search
 Related Links:
 Superbills List
 Patient Detail
 Facsheet Detail
 Account Detail
 New Superbill

Jake Peavy -> #1819

Account Ledger (5)

Date	Payer	Procedure	Description	Remaining Balance	Paid Amount	Adjustment
12/6/2007	Blue Cross -> Blue Cross of California - Primary	99201	Insurance Payment	Secondary	-\$50.00	\$0.00
12/6/2007	Blue Cross -> Blue Cross of California - Primary	23350	Insurance Payment	Secondary	-\$400.00	-\$12.51
12/6/2007	Blue Cross -> Blue Cross of California - Primary	73050	Insurance Payment	Secondary	-\$50.00	-\$43.49
1/3/2008	Jake Peavy	99201	Patient Payment	N/A	\$20.00	\$0.00
1/3/2008	Jake Peavy	99201	Patient Adjustment (Credit -)	N/A	\$0.00	-\$5.00
Applied Patient Balance				\$0.00		
Applied Insurance Balance				\$0.00		
				Total	-\$520.00	-\$61.00
				Total Charges	\$581.00	
				Total Balance Due	\$0.00	

Figure 8-1-9 Account Ledger Superbill # 1819 after \$5.00 patient adjustment.

4.) Insurance Adjustment Credit (-) scenario for Screen shot 8-1-10

- Insurance Adjustment Credit (-) \$10.00.

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Payments/Adjustments

Click the Save button to save your changes, or Cancel to exit without saving. Also:
 Payments/Adjustments List
 Patient Detail
 Facsheet Detail
 Account Detail

Jake Peavy
 MR #: 53155121
 Other #: None
 SSN: 566-56-5456
 52 yr (M) 5.5 mo (S)
 H: (58) 166-1234
 Copay: \$25/g10
 Provider: Jones, M.D.
 More...

New Payment/Adjustment

Payment Detail
 Pay/Adj #: Computed on save
 Status: Unapplied
 *Patient: Jake Peavy
 *Payer: Blue Cross -> Blue Cross of California - Primary
 *Transaction Type: Insurance Adj - Write-Off (Credit) 1
 *Payment Date: 1/3/2008
 Payment Type:
 EOB #: None
 Superbill: #1819 / Paid (\$581.00)
 Deposit Date: 1/3/2008
 *Amount: -10
 Reference:
 Adjustment Detail
 Practice Adjustment Code:
 Adj Group:
 Adj Reason: None Selected
 Comments & Totals
 Comments:
 Applied Amount: -\$10.00
 Unapplied Amount: \$0.00
 Clear Charges Apply Payment to Charges
 Update paid procedure(s) aging date: 1/3/2008
 Change status of superbill(s) to Paid when no balance remains
 Show charges with a zero balance

Superbill #	Procedure	Ins Balance	Ins Portion	Amount	Practice Adj Reason
1819	99201	-\$10.00	Ins 50	-10	Adj Reason... New...
12/6/2007	73050	\$0.00	Pat 25	Contractual Obligations	Adj Reason... New...
1819	23350	\$0.00	Ins 412.51		Adj Reason... New...
12/6/2007	73050	\$0.00	Pat 0		Adj Reason... New...
1819	73050	\$0.00	Ins 93.49		Adj Reason... New...
12/6/2007	73050	\$0.00	Pat 0		Adj Reason... New...
Total		\$581.00		-\$10.00	

Save Save and New Cancel

Figure 8-1-10 Insurance Adjustment (Credit -) grid.

Insurance Adjustment Grid explanation shown in Figure 8-1-10 above

1. **Transaction Type** – For an insurance credit adjustment, set the Transaction Type to “Insurance Adj – Write-Off (Credit -).”
2. **Amount** – Enter the credit amount in the amount field.
3. **Show charges with a zero balance** – Because the insurance payments have already been posted, the charges have a balance of zero; therefore, they will not show up in the adjustment grid until the “Show charges with a zero balance” check box is checked.
4. **Amount field in the adjustment grid** – Re-enter the adjustment amount in this field to apply to a procedure.
5. **Adj Group** – This code identifies the general category of payment adjustment. Select a value from the drop-down list. This field is required when sending 837 Professional claims to secondary and tertiary payers and if there are adjustments made by the prior payer. This corresponds to loop 2320 segment value CAS01. If you are entering a payment/adjustment from a primary payer and you plan to submit a secondary claim, for example, you should make a selection here. Note: This field should only be used when the transaction type is an adjustment.

Click “Save” when finished.

Figure 8-1-11 shows what the Account Ledger from the Superbill will look like after an insurance credit adjustment of \$10.00 is applied. NOTE: The Applied Insurance Balance now reads -\$10.00, representing a credit of \$10.00 in the insurance side of the bill. In our next example we will demonstrate how to adjust this credit balance off of the bill.



The screenshot shows the RENAISSANCE Professional Edition software interface. The top navigation bar includes links for Home, Office, Messages, Schedule, Registration, Charts, Billing, Codes, and Reports. The user is logged in as John Smith, MD. The date is Thursday, January 3, 2008. The main window displays the Account Ledger for Jake Peavy -> #1819. The ledger shows a list of transactions with columns for Date, Payer, Procedure, Description, Remaining Balance, Paid Amount, and Adjustment. The transactions include insurance payments from Blue Cross of California and patient payments. The summary at the bottom shows an Applied Patient Balance of \$0.00, an Applied Insurance Balance of -\$10.00, Total Charges of \$581.00, and a Total Balance Due of -\$10.00.

Date	Payer	Procedure	Description	Remaining Balance	Paid Amount	Adjustment
12/5/2007	Blue Cross -> Blue Cross of California - Primary	99201	Insurance Payment	Secondary	-\$50.00	\$0.00
12/5/2007	Blue Cross -> Blue Cross of California - Primary	23350	Insurance Payment	Secondary	-\$400.00	-\$12.51
12/6/2007	Blue Cross -> Blue Cross of California - Primary	73050	Insurance Payment	Secondary	-\$50.00	-\$43.49
1/3/2008	Jake Peavy	99201	Patient Payment	N/A	-\$20.00	\$0.00
1/3/2008	Jake Peavy	99201	Patient Adjustment (Credit -)	N/A	\$0.00	-\$5.00
1/3/2008	Blue Cross -> Blue Cross of California - Primary	99201	Insurance Adj - Write-Off (Credit)	N/A	\$0.00	-\$10.00
Applied Patient Balance				\$0.00	Total	-\$520.00
Applied Insurance Balance				-\$10.00	Total Charges	\$581.00
					Total Balance Due	-\$10.00

Figure 8-1-11 Account Ledger from Superbill 8-11 after \$10.00 insurance credit adjustment is applied.

Step 5 in case study continued on next page.

5.) Insurance Adjustment Debit (+) scenario for Figure 8-1-12

- Insurance Adjustment Debit (+) \$10.00.

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New Payment/Adjustment

Payment Detail:
 Pay/Adj #: Computed on save
 Status: Unapplied
 *Patient: Jake Peavy
 *Payer: Blue Cross - Blue Cross of California - Primary
 *Transaction Type: Insurance Adj - Charge Back (Debit +)
 *Payment Date: 1/3/2008
 Payment Type:
 EOB #: None
 Superbill: #1819 / Paid \$581.00
 Deposit Date: 1/3/2008
 *Amount: 10
 Reference:
 Adjustment Detail:
 Practice Adjustment Code:
 Adj Group:
 Adj Reason: None Selected
 Comments & Totals:
 Comments:
 Applied Amount: \$10.00
 Unapplied Amount: \$0.00
 Clear Charges Apply Payment to Charges
 Update paid procedure(s) aging date: 1/3/2008
 Change status of superbill(s) to Paid when no balance remains
 Show charges with a zero balance

Superbill #	Procedure	Ins Balance	Pat Balance	Ins Portion	Amount	Practice Adj Reason
DOS	Charge			Pat Portion	Adj Group	Adjustment Reason
1819	99201	\$0.00	\$0.00	Ins 50	10	
12/6/2007	\$75.00	\$0.00	\$0.00	Pat 25	Other Adjustments	
1819	23350	\$0.00	\$0.00	Ins 412.51		
12/6/2007	\$412.51	\$0.00	\$0.00	Pat 0		
1819	73050	\$0.00	\$0.00	Ins 93.49		
12/6/2007	\$93.49	\$0.00	\$0.00	Pat 0		
Total	\$581.00	\$0.00	\$0.00		\$10.00	

Save Save and New Cancel

Figure 8-1-12 Insurance Adjustment (Debit +) grid.

Insurance Adjustment Grid explanation shown in Figure 8-1-12 above

- Transaction Type** – For an insurance credit adjustment, set the Transaction Type to “Insurance Adj – Charge Back (Debit +).” NOTE: There is an additional Transaction Type called “Insurance Payment Refund (Debit +)” which if selected, will accomplish the same thing as a “Insurance Adj – Charge Back (Debit +).” Both transactions will create a debit on the account. It is up to the user which transaction type to use. Some reports allow the user to specify which transaction types should be included.
- Amount** – Enter credit amount in the amount field.
- Show charges with a zero balance** – Because the insurance payments have already been posted the charges have a balance of zero, therefore will not show up in the adjustment grid until the “Show charges with a zero balance” check box is checked.
- Amount field in the adjustment grid** – Re-enter adjustment amount in this field to apply to procedure.

5. **Adj Group** – This code identifies the general category of payment adjustment. Select a value from the drop-down list. This field is required when sending 837 Professional claims to secondary and tertiary payers and if there are adjustments made by the prior payer. This corresponds to loop 2320 segment value CAS01. If you are entering a payment/adjustment from a primary payer and you plan to submit a secondary claim, for example, you should make a selection here. Note: This field should only be used when the transaction type is an adjustment.

Click “Save” when finished.

Figure 8-1-13 shows a final look at what the Account Ledger from the Superbill will look like after an insurance debit adjustment of \$10.00 is applied. **NOTE: Both the Applied Patient and Insurance Balances now read zero again.**

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Superbills

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Superbills

Patient Name

Search

Related Links:

- Superbills List
- Patient Detail
- Facsheet Detail
- Account Detail
- New Superbill

Jake Peavy
MR #: 53155121
Other #: None
SSN: 556-56-5456
52 yr(s) & 5 mo(s)
H: (858) 456-1234
Copey: 523-910
Provider: Jones, M.D.

Jake Peavy -> #1819

Account Ledger (2)

New Payment/Adjustment

Date	Payer	Procedure	Description	Remaining Balance	Paid Amount	Adjustment
12/6/2007	Blue Cross -> Blue Cross of California - Primary	99201	Insurance Payment	Secondary	-\$50.00	\$0.00
12/6/2007	Blue Cross -> Blue Cross of California - Primary	23350	Insurance Payment	Secondary	-\$400.00	-\$12.51
12/6/2007	Blue Cross -> Blue Cross of California - Primary	73050	Insurance Payment	Secondary	-\$50.00	-\$43.49
1/3/2008	Jake Peavy	99201	Patient Payment	N/A	-\$20.00	\$0.00
1/3/2008	Jake Peavy	99201	Patient Adjustment (Credit -)	N/A	\$0.00	-\$5.00
1/3/2008	Blue Cross -> Blue Cross of California - Primary	99201	Insurance Adj - Write-Off (Credit)	N/A	\$0.00	-\$10.00
1/3/2008	Blue Cross -> Blue Cross of California - Primary	99201	Insurance Adj - Charge Back (Debit +)	N/A	\$0.00	\$10.00
Applied Patient Balance				\$0.00		
Applied Insurance Balance				\$0.00		
Total					-\$520.00	-\$61.00
Total Charges					\$581.00	
Total Balance Due					\$0.00	

Figure 8-1-13 Account Ledger from Superbill #1819 after \$10.00 debit adjustment is applied.

-- End of Case Study --

Chapter 8-2 Unapplied Payments

Overview: There may be a time when you need to add a pre-payment to the system. This chapter will explain how to use unapplied payments as pre-payments, and what to expect when using this method of pre-payments.

Case Study: In the following case study you will learn how to:

1. Post an unapplied payment of \$100.00.
2. Examine the "Patient Account Detail" to see how the unapplied payment affects the account.
3. Apply unapplied payment to one Superbill or multiple Superbills from the payment screen.

Figure 8-2-1 below illustrates the payment screen when creating an unapplied payment of \$100.00.

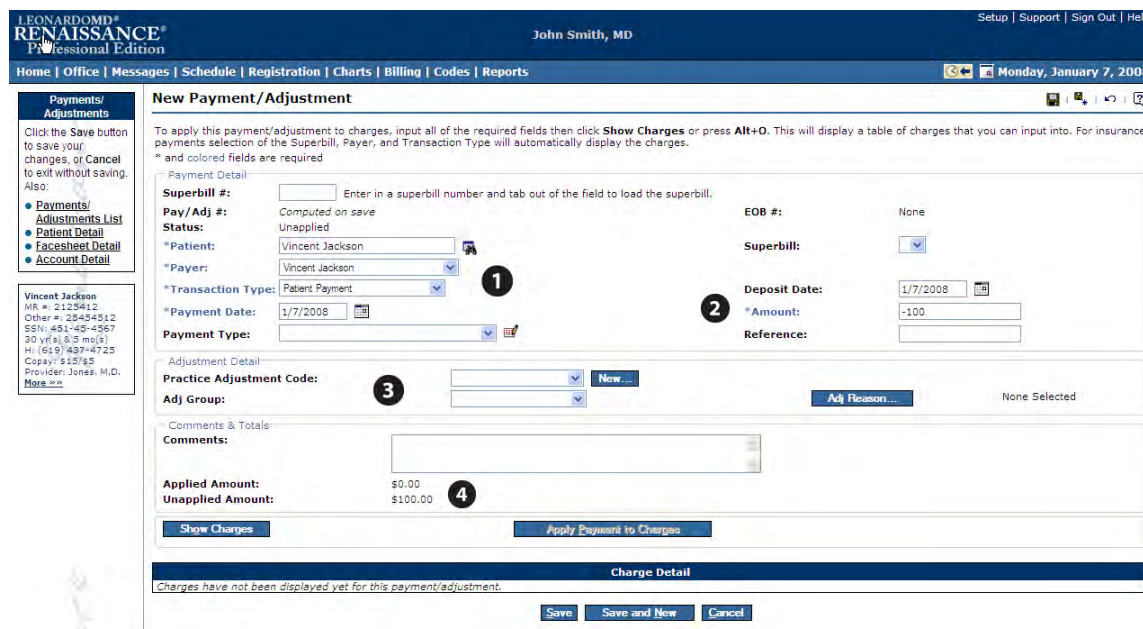



Figure 8-2-1 Unapplied Payment Grid.

Step 1 - Post an unapplied payment of \$100.00.

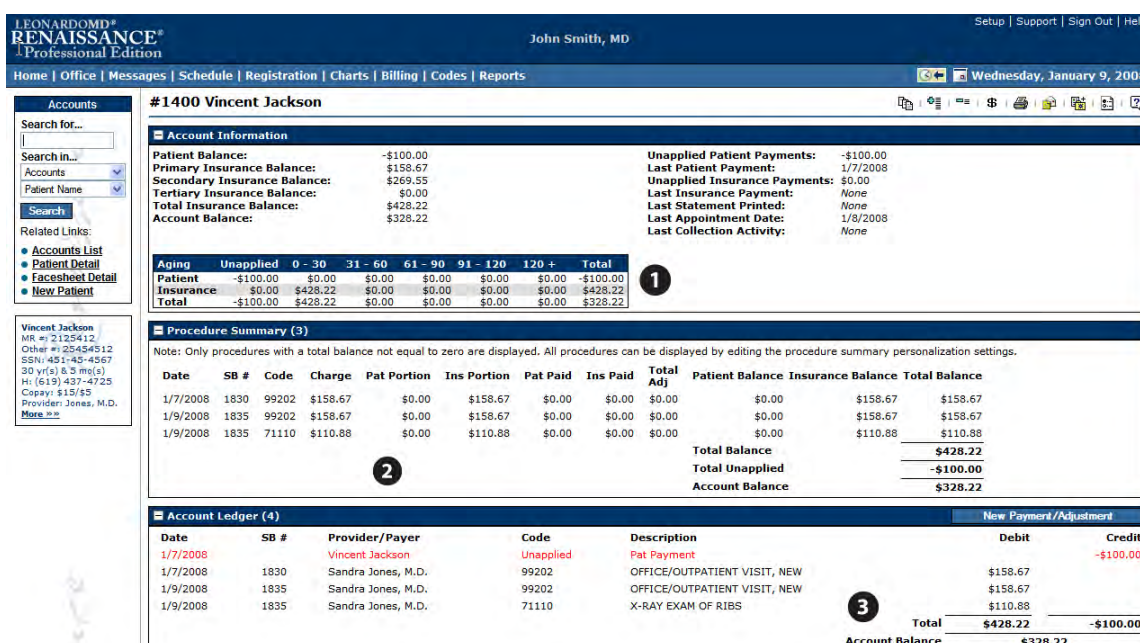
1. When creating an unapplied payment, you can click the "New Payment/Adjustment" button or link from anywhere that it is located in LeonardoMD. The "New Payment/Adjustment" button or link can be found in the following places throughout LeonardoMD:
 - a. The "Account Ledger" from any Superbill
 - b. The "Account Ledger" from the "Account Detail" page
 - c. The "Payments/Adjustment" section of LeonardoMD located in the "Billing" menu
 - d. The "EOB" detail page once an "EOB" is created in LeonardoMD NOTE: "EOB's" are optional and not required to post payments.

Once the "New Payment/Adjustment" screen is up, you will be able to enter the payment information as seen in Figure 8-2-1 above. Notice that no superbill is selected. Unapplied payments do not need to be associated to superbills because the definition of an unapplied payment is a payment that is not associated to a procedure code. By associating a payment to a procedure that payment is automatically associated to the superbill that the procedure is a part of. The next thing you will need to do is select if the payment is a "Patient" payment or an "Insurance Payment." Then select the appropriate "Transaction Type." You can set the "Payment Date" field to any date you need. NOTE: The "Payment Date" field will default to the date the payment is created. For more information on each field on the "New Payment/Adjustment" screen refer to chapter 8-1 or click the  icon located on the icon toolbar in the upper right corner of the screen.

2. Enter the amount of the unapplied payment in the "Amount" field.
3. The "Adjustment Detail" section appears here to allow you to add adjustment details to your unapplied payment since there is no grid showing.
4. Once the amount of your unapplied payment is entered in step 3, it will appear here next to the "Applied Amount" title.

Click Save When Finished.

Figure 8-2-2 below illustrates the "Account Detail" page after an unapplied payment of \$100.00 has been entered.



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Wednesday, January 9, 2008

#1400 Vincent Jackson

Account Information

Patient Balance:	-\$100.00	Unapplied Patient Payments:	-\$100.00
Primary Insurance Balance:	\$158.67	Last Patient Payment:	1/7/2008
Secondary Insurance Balance:	\$269.55	Unapplied Insurance Payments:	\$0.00
Tertiary Insurance Balance:	\$0.00	Last Insurance Payment:	None
Total Insurance Balance:	\$428.22	Last Statement Printed:	None
Account Balance:	\$328.22	Last Appointment Date:	1/8/2008
		Last Collection Activity:	None

Aging

	Unapplied	0 - 30	31 - 60	61 - 90	91 - 120	120 +	Total
Patient	-\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$100.00
Insurance	\$0.00	\$428.22	\$0.00	\$0.00	\$0.00	\$0.00	\$428.22
Total	-\$100.00	\$428.22	\$0.00	\$0.00	\$0.00	\$0.00	\$328.22

Procedure Summary (3)

Note: Only procedures with a total balance not equal to zero are displayed. All procedures can be displayed by editing the procedure summary personalization settings.

Date	SB #	Code	Charge	Pat Portion	Ins Portion	Pat Paid	Ins Paid	Total Adj	Patient Balance	Insurance Balance	Total Balance
1/7/2008	1830	99202	\$158.67	\$0.00	\$158.67	\$0.00	\$0.00	\$0.00	\$0.00	\$158.67	\$158.67
1/9/2008	1835	99202	\$158.67	\$0.00	\$158.67	\$0.00	\$0.00	\$0.00	\$0.00	\$158.67	\$158.67
1/9/2008	1835	71110	\$110.88	\$0.00	\$110.88	\$0.00	\$0.00	\$0.00	\$0.00	\$110.88	\$110.88
Total Balance										\$428.22	\$428.22
Total Unapplied										-\$100.00	-\$100.00
Account Balance										\$328.22	\$328.22

Account Ledger (4)

Date	SB #	Provider/Payer	Code	Description	Debit	Credit
1/7/2008		Vincent Jackson	Unapplied	Pat Payment		-\$100.00
1/7/2008	1830	Sandra Jones, M.D.	99202	OFFICE/OUTPATIENT VISIT, NEW	\$158.67	
1/9/2008	1835	Sandra Jones, M.D.	99202	OFFICE/OUTPATIENT VISIT, NEW	\$158.67	
1/9/2008	1835	Sandra Jones, M.D.	71110	X-RAY EXAM OF RIBS	\$110.88	
Total					\$428.22	-\$100.00
Account Balance					\$328.22	

Figure 8-2-2 Account Detail Page.


Step 2 - Examine the "Patient Account Detail" to see how the unapplied payment affects the account.

1. **Account Information:** Then unapplied payment will appear in the aging summary under "Unapplied" and will affect the balance of the account aging for whatever side of the account it is listed, the patient side or the insurance side. NOTE: This also means that unapplied payments will show up in your aging reports under the "Reports" module.
2. **Procedure Summary:** All superbills with a balance not equal to zero will appear here. NOTE: The "Procedure Summary" information box is a good place to investigate account discrepancies such as incorrect balances appearing in the aging report.
3. **Account Ledger:** The unapplied payment entered in step 1 will appear in the "Account Ledger" information box in **RED**. Step 3 will explain how to apply an unapplied payment.

Step 3 - Apply the unapplied payment to one Superbill or multiple Superbills from the payment screen.

To apply unapplied payment click on the unapplied payment that appears in **RED** from the "Account Ledger". Clicking on the unapplied payment will take you to the "Payment Detail Page" shown in Figure 8-2-3 on the next page.

Figure 8-2-3 below illustrates the “Unapplied Payment Detail Page.” See more information below.



Vincent Jackson -> #2032

Payment/Adjustment Information

Pay/Adj #:	2032	EOB #:	None
Status:	Unapplied	Patient:	Vincent Jackson
Superbill #:	None	Payer:	Vincent Jackson
Deposit Date:	1/7/2008	Payment Date:	1/7/2008
Transaction Type:	Patient Payment	Amount:	-\$100.00
Payment Type:	None	Reference:	None
Practice Adjustment Code:	None	Adjustment Group:	None
Adjustment Reason:	None		
Comments:	None		
Applied Amount:	\$0.00	Unapplied Amount:	-\$100.00

Created by John Smith, M.D. on 1/9/2008 3:34:27 PM
Last modified by John Smith, M.D. on 1/9/2008 3:40:06 PM

Applied Transactions (0)

There are no transactions which have been applied for this payment/adjustment.

Figure 8-2-3 Unapplied Payment Detail Page.


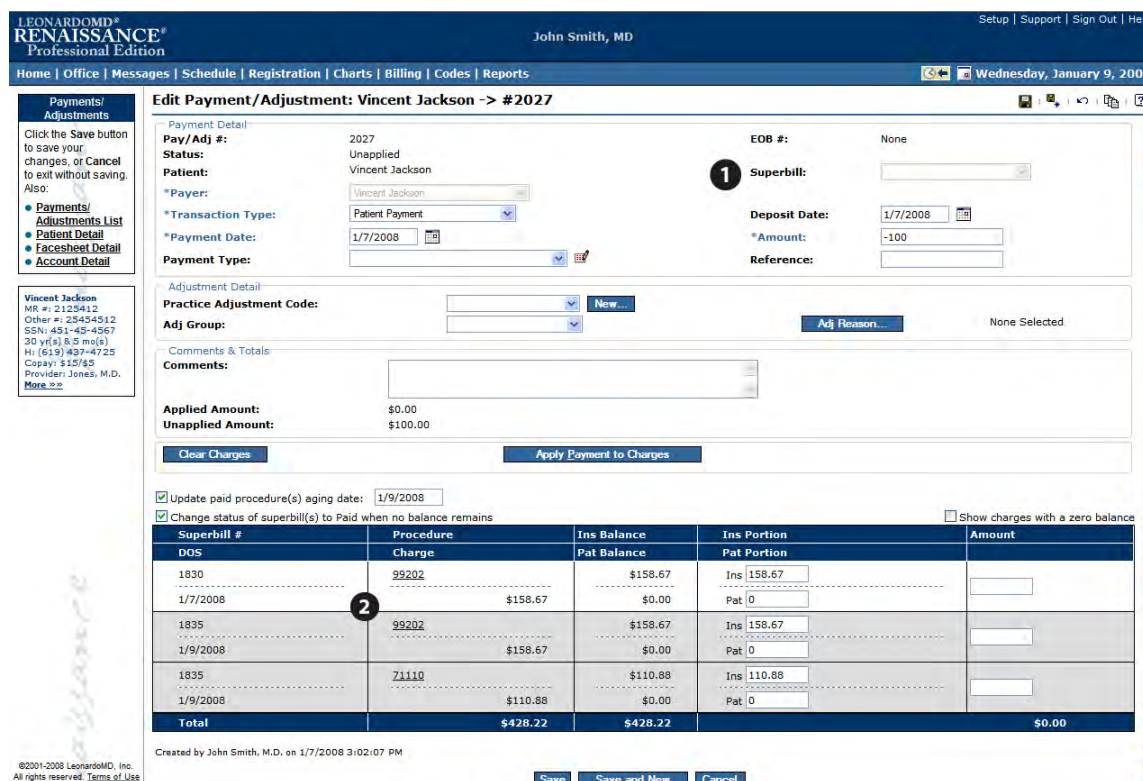
1. To edit the unapplied payment click the  icon located on the icon toolbar shown in Figure 8-2-3 above. Figure 8-2-4 illustrates what the edit screen will look like for this example.
2. Unapplied payments will not show any “Applied Transactions” until payment is applied.

Figure 8-2-4 below illustrates the “Unapplied Payment Grid.” See more information on next page.



Edit Payment/Adjustment: Vincent Jackson -> #2027

Payment Detail

Pay/Adj #:	2027	EOB #:	None
Status:	Unapplied	Superbill:	
Patient:	Vincent Jackson	Deposit Date:	1/7/2008
*Payer:	Vincent Jackson	*Amount:	-100
*Transaction Type:	Patient Payment	Reference:	
*Payment Date:	1/7/2008		
Payment Type:			

Adjustment Detail

Practice Adjustment Code:		New...
Adj Group:		Adj Reason...
		None Selected

Comments & Totals

Comments:

Applied Amount: \$0.00
Unapplied Amount: \$100.00

Charges

Update paid procedure(s) aging date: 1/9/2008
Change status of superbill(s) to Paid when no balance remains
Show charges with a zero balance

Superbill #	Procedure	Ins Balance	Ins Portion	Amount
DOS	Charge		Pat Portion	
1830	99202	\$158.67	Ins 158.67	
1/7/2008		\$158.67	Pat 0	
1835	99202	\$158.67	Ins 158.67	
1/9/2008		\$158.67	Pat 0	
1835	71110	\$110.88	Ins 110.88	
1/9/2008		\$110.88	Pat 0	
Total		\$428.22		\$0.00

Created by John Smith, M.D. on 1/7/2008 3:02:07 PM

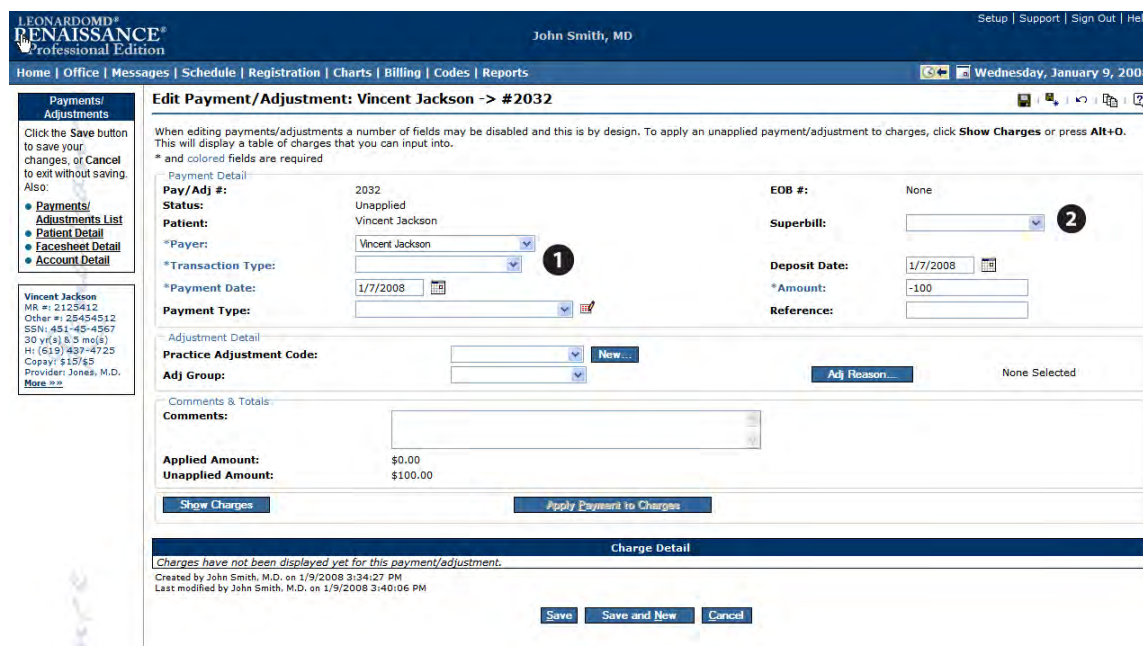
Save Save and New Cancel

Figure 8-2-4 Unapplied Payment Grid.

1. In this example no superbill has been selected. If no superbill is selected, all transactions on the account with a balance will show up in the payment grid. NOTE: One unapplied payment can be applied to different dates of service from this screen. However, payments with a transaction type of "Copay" CANNOT be dispersed over different dates of service.
2. Different dates of service will be separated by different background colors. In Figure 8-2-4 there are two dates of service. The second date of service has two procedure codes listed and therefore appears over two lines with a grey background. NOTE: Click the "Apply Payment to Charges" button above the grid to have the system automatically apply the payment to the first procedure code in the grid with a balance and then continue to apply to the subsequent charges until the total amount of the payment is applied.

Click Save When Finished.

Figure 8-2-5 below illustrates the "Unapplied Payment" after the payer field has been cleared out. See more information below.



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Payments/Adjustments

Click the Save button to save your changes, or Cancel to exit without saving. Also:

- Payments/Adjustments List
- Patient Detail
- Facesheet Detail
- Account Detail

Vincent Jackson
MR #: 2125412
Other #: 25454512
SSN: 451-45-4567
30 yrd, 6'2" mgs
H: (619) 437-4725
Copay: \$15/\$5
Provider: Jones, M.D.
More »

Edit Payment/Adjustment: Vincent Jackson -> #2032

When editing payments/adjustments a number of fields may be disabled and this is by design. To apply an unapplied payment/adjustment to charges, click **Show Charges** or press **Alt+O**.
* and colored fields are required

Payment Detail

Pay/Adj #: 2032
Status: Unapplied
Patient: Vincent Jackson
***Payer:** Vincent Jackson
***Transaction Type:** Transaction Type
***Payment Date:** 1/7/2008
Payment Type: Payment Type

EOB #: None
Superbill: Superbill
Deposit Date: 1/7/2008
***Amount:** -100
Reference:

Adjustment Detail

Practice Adjustment Code: Practice Adjustment Code **New...**
Adj Group: Adj Group **Adj Reason:** None Selected

Comments & Totals

Comments: Comments

Applied Amount: \$0.00
Unapplied Amount: \$100.00

Show Charges **Apply Payment to Charges**

Charge Detail

Charges have not been displayed yet for this payment/adjustment.
Created by John Smith, M.D. on 1/9/2008 3:34:27 PM
Last modified by John Smith, M.D. on 1/9/2008 3:40:06 PM

Save **Save and New** **Cancel**

Figure 8-2-5 Unapplied Payment no Grid.


If you need to clear out the charges in the "Unapplied Payment Grid" and clear out the "Payer" or "Superbill," you can use the "Transaction Type" drop down menu shown in Figure 8-2-5 above.

1. To clear out the payment grid, click on the "Transaction Type" drop down menu and select the blank space at the top of the menu. Clicking on the blank spot on top of drop down menu will launch a prompt that will warn you that the charges will be cleared from the grid. Click "Okay" in response to this prompt. NOTE: Use this method when you need to change the "Payer" or transaction type on a payment after the payment has already been entered. Otherwise there is not need to do this.
2. If you only want the charges for one superbill to show in the grid, select the superbill from the "Superbill" number for which you wish to see charges from the drop down menu. The grid will then appear with only charges from the selected superbill.

Click Save When Finished.

-- End of Case Study --

Chapter 8-3 Refunds

Overview: Refunds can be issued from the “New Payment / Adjustment” screen using a “Transaction Type” or “Refund (debit +),” NOTE: See chapter 8-1 for more information on “Transaction Types.” This chapter will demonstrate how to create a refund using the  icon from the “Payment Detail Page” to create a refund.

Case Study: In the following case study you will learn how to:


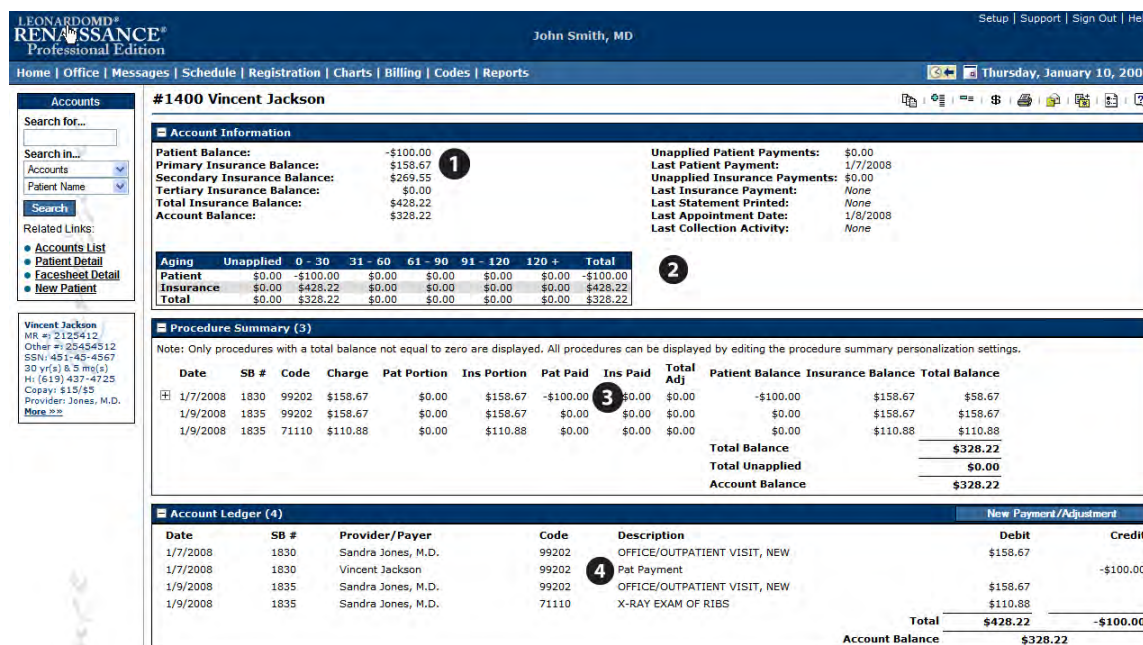
1. Examine the “Patient Account Detail.”
2. Use the  icon from the “Payment Detail Page” to post a \$100.00 patient refund against an existing payment.
3. Examine the “Patient Account Detail” again to see refund.

Figure 8-3-1 below illustrates a patient account that is in need of a refund.



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Accounts

Search for...
Search in...
Accounts
Patient Name
Search

Related Links:
Accounts List
Patient Detail
Facsheet Detail
New Patient

Vincent Jackson
MR #: 2125412
Other #: 25454512
SSN: 451-43-4567
30 yr(s) & 5 mo(s)
H: (619) 437-4725
Copy: \$15/\$5
Provider: Jones, M.D.
More...

#1400 Vincent Jackson

Account Information

Patient Balance: -\$100.00
Primary Insurance Balance: \$158.67
Secondary Insurance Balance: \$269.55
Tertiary Insurance Balance: \$0.00
Total Insurance Balance: \$428.22
Account Balance: \$328.22

Unapplied Patient Payments: \$0.00
Last Patient Payment: 1/7/2008
Unapplied Insurance Payments: \$0.00
Last Insurance Payment: None
Last Statement Printed: None
Last Appointment Date: 1/8/2008
Last Collection Activity: None

Aging

	Unapplied	0 - 30	31 - 60	61 - 90	91 - 120	120 +	Total
Patient	\$0.00	-\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$100.00
Insurance	\$0.00	\$428.22	\$0.00	\$0.00	\$0.00	\$0.00	\$428.22
Total	\$0.00	\$328.22	\$0.00	\$0.00	\$0.00	\$0.00	\$328.22

Procedure Summary (3)

Note: Only procedures with a total balance not equal to zero are displayed. All procedures can be displayed by editing the procedure summary personalization settings.

Date	SB #	Code	Charge	Pat Portion	Ins Portion	Pat Paid	Ins Paid	Total Adj	Patient Balance	Insurance Balance	Total Balance
1/7/2008	1830	99202	\$158.67	\$0.00	\$158.67	-\$100.00	\$0.00	\$0.00	-\$100.00	\$158.67	\$58.67
1/9/2008	1835	99202	\$158.67	\$0.00	\$158.67	\$0.00	\$0.00	\$0.00	\$0.00	\$158.67	\$158.67
1/9/2008	1835	71110	\$110.88	\$0.00	\$110.88	\$0.00	\$0.00	\$0.00	\$0.00	\$110.88	\$110.88
Total Balance										\$328.22	
Total Unapplied										\$0.00	
Account Balance										\$328.22	

Account Ledger (4)

Date	SB #	Provider/Payer	Code	Description	Debit	Credit
1/7/2008	1830	Sandra Jones, M.D.	99202	OFFICE/OUTPATIENT VISIT, NEW	\$158.67	
1/7/2008	1830	Vincent Jackson	99202	Pat Payment		-\$100.00
1/9/2008	1835	Sandra Jones, M.D.	99202	OFFICE/OUTPATIENT VISIT, NEW	\$158.67	
1/9/2008	1835	Sandra Jones, M.D.	71110	X-RAY EXAM OF RIBS	\$110.88	
Total					\$428.22	-\$100.00
Account Balance					\$328.22	

Figure 8-3-1 Account Detail needing refund.

Step 1 – Examine Account Detail

1. Figure 8-3-1 above illustrates a patient account that has a -\$100.00 patient balance which represents that they have a \$100.00 credit on their account. LeonardoMD does not create credits randomly. Credits are the result of user entry. If there is a credit on an account that needs to be refunded, a refund can be created.
2. Notice the -\$100.00 patient balance will appear in the patient aging section of the account and therefore will appear on the aging reports in the reports module.
3. Notice the -\$100.00 patient balance will also appear in the procedure summary for the superbill to which it is associated. The insurance balance will also appear here, making the procedure summary a good place to investigate any issues.
4. The patient payment creating the credit can be seen here. NOTE: To create a refund, click on the payment to be taken to the “Payment Detail Page.”

Figure 8-3-2 below illustrates the “Payment Detail Page.” The next step will demonstrate how to create refund from here.



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Vincent Jackson -> #2032

Payment/Adjustment Information

Pay/Adj #: 2032
 Status: Applied
 Superbill #: None
 Deposit Date: 1/7/2008
 Transaction Type: Patient Payment
 Payment Type: None
 Practice Adjustment Code: None
 Adjustment Reason: None
 Comments: None
 Applied Amount: -\$100.00

Created by John Smith, M.D. on 1/9/2008 3:34:27 PM
 Last modified by John Smith, M.D. on 1/10/2008 2:38:

Applied Transactions (1)

Superbill #	DOS
1830	1/7/2008
Total	

Create a Refund -- Webpage Dialog

To create a refund, enter the amount of the refund as well as any comments. Check the "Adjustment" box to also create a credit adjustment so the account balance will remain the same. An debit adjustment will be created along with the optional credit adjustment.

*Refund Amount: 100

Comments:



☒ Create a Credit Adjustment to keep balance the same

OK Cancel Help

Amount
-\$100.00
Total

Figure 8-3-2 Payment Detail Page with Refund Dialog Window.

Step 2 - Use the  icon from the “Payment Detail Page” to post a \$100.00 patient refund against an existing payment.

1. To create a refund, navigate to the “Payment Detail Page” of the payment you wish to create the refund for and click the  icon on the toolbar seen in figure 8-3-2 to launch the “Refund Dialog Window.”
2. This is the “Refund Dialog Window” that can only be accessed by clicking the  icon from the “Payment Detail Page.” To create a refund from here, enter the refund amount and click save. NOTE: There is check box labeled “Create a Credit Adjustment to keep balance the same” located on this window. Checking this box will create a “Credit (-) Adjustment;” therefore, the patient balance in figure 8-3-1 will remain -\$100.00 even after the refund is issued. If the intention is to remove the -\$100.00 patient balance from the account, un-check the “Create a Credit Adjustment to keep balance the same” and save the refund. Un-checking this box will force the system to only create a “Debit (+)” adjustment to be applied against the -\$100.00 patient balance.

-- Case Study continued on next page --

