

Documenting Bad Phone Number and Address

If the office calls the patient and is told they have the wrong number, the office needs to document that there's a bad phone number on file.

In Exporior:

On the PRP/Account Information tab- Change Credit Status to "81" CS Lockout-Bad Phone Number.

Patient	Responsible Party	Patient Information	Account Information	Patient Data
Credit Status:	81 CS LOCKOUT-BAD PHONE NUMBER - 81			Hold Bill: 00 No Hold
Optional Statement:	<input type="checkbox"/>			Bill Third Party: [...]
Mail Code:	None Selected			Insurance Mail Code: None Selected
Level Price:				Discount Percent: Enter 25% as 25
Do Not Bill:	00 Send Statements			Cycle: []
Bill Type:	00 Patient			Bill Group: 00 PT-Std/BA-Summary
Statement Age:				No Interest: 00 Charge Interest
Payment Plan:	0 No Plan			Plan Amount: .00
Plan Start Date:	[...]			Plan End Date: [...]
Annual Income:				Income Step: []
Family Size:				Census: None Selected
Message #1:				

If the patient is in collections, DO NOT remove the 90 credit status. Instead, do the following:

On the PRP/Patient Information tab- In the Alert Notes, type
*****Bad Phone Number*****

Patient	Responsible Party	Patient Information	Account Information	Patient Data
Medical Alert:	None Selected			Alert Date:
Price Level:				Discount:
Spec Status:	- Special Status: CAM - 111			Education Level:
Student:	None Selected			School:
Citizen:	None Selected			Ethnic:
Language:	70 NORWEGIAN - 70			Race:
Smoker:	None Selected			Veteran:
Faith:	Faith Codes: CAM - 110			Nickname:
Prio. Name:				
Alert Notes:	*****BAD PHONE NUMBER*****			

If the office receives returned mail due to a bad address, the office needs to document.

In Expor:

On the PRP/Patient tab- Change Bad Address to “BAD”.

The image shows a screenshot of a patient information form. The 'Patient' tab is highlighted with a red circle. The form contains various fields for patient data. The 'Bad Address' field is also highlighted with a red circle, and its dropdown menu is open, showing the option 'Bad' selected.

Patient	Responsible Party	Patient Information	Account Inform
Last Name: *	TEST		
Middle Name:			
Birth Date:	030379 19		
Suffix:		- Name Suffix: CAM - 26	
Home Phone:	4231234567		
Cell Phone:	4231234567		
Fax:			
Address:	222 E MAIN ST		
City:	JOHNSON CITY		
Zip Code:	37604	Zip + 4:	
Country:		- Country Code: CAM - 21	
Employer:			
Work Phone:	4231234567		
Chart No:			
Chart Volume:			
Provider:	499	REPRODUCTIVE ENDO LAB, EAST TN	
PCP Provider:			
Patient FSC:		None Selected	
Account FSC: *		STANDARD PRICING - 1	
Bad Address:	1	Bad	
Occupation:			
Referral Source:		None Selected	

The outcome looks like this:

Chart Home Locn	City/State/Zip-Code	Soc Sec	Lock Out	Referring Provider	Next Appt
TEST, MONACO 6516827-01	222 E MAIN ST JOHNSON CITY TN 37604	03/03/1979 36 yr 423-123-4567 123-45-6789	\$,00 00 00 81	E. REPRODUCTIVE ENDO LAB (499)	M

Exterior -- Webpage Dialog

Patient Alerts

Alert Notes

*****BAD PHONE NUMBER*****

Alert	Alert Data	Alert Information
Credit Status	90	CS LOCKOUT-IN COLLECTIONS
Credit Status Lock	90	CS LOCKOUT-IN COLLECTIONS
Bad Address On Patient		
Patient Born	03/03/1979	They are 36 Years old