BILLING MODULE USER MANUAL

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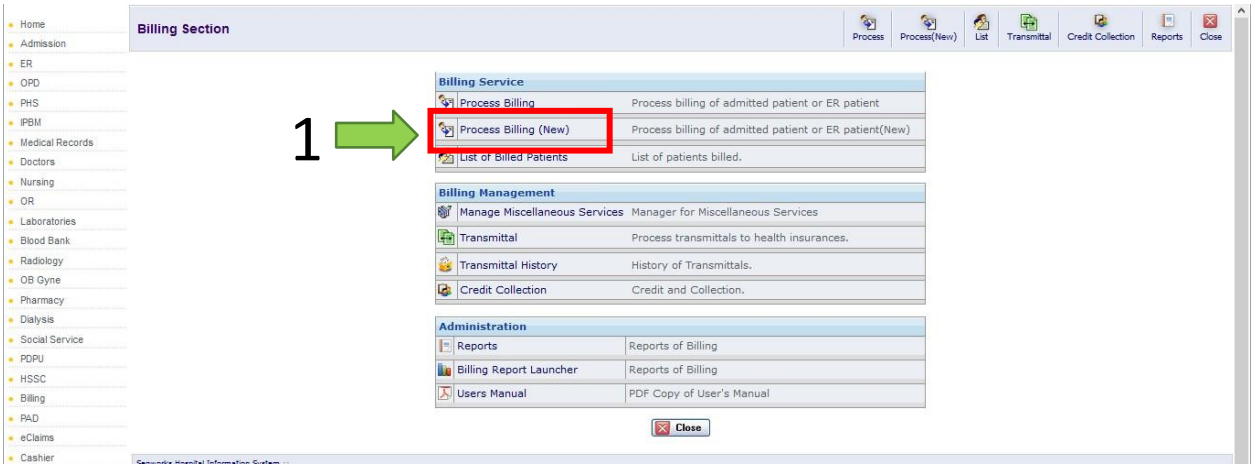
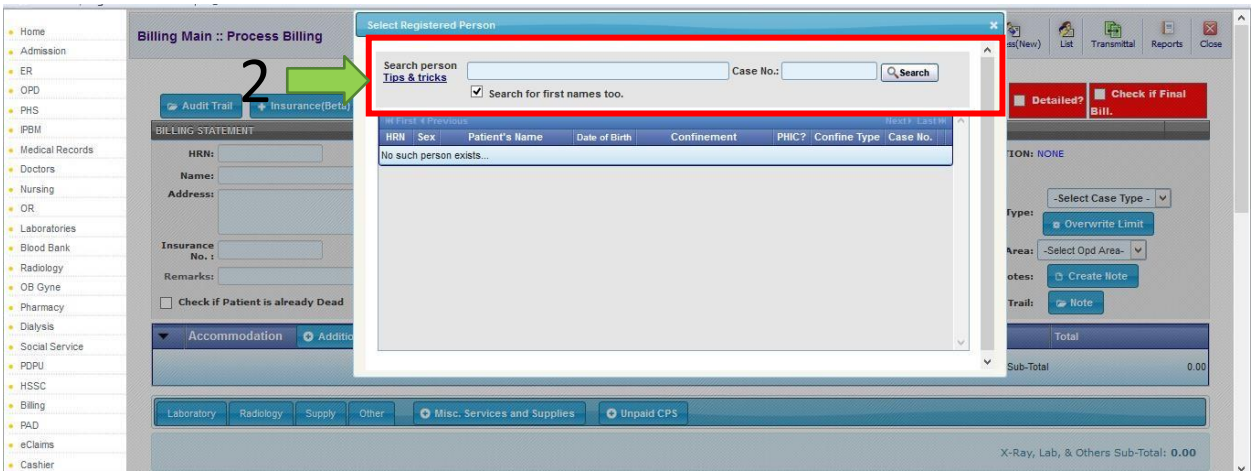
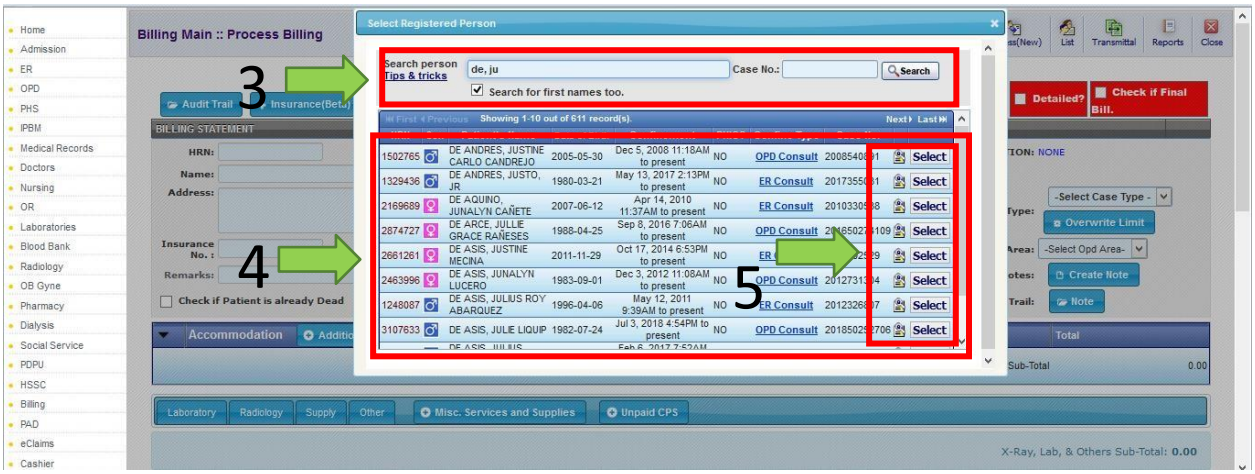
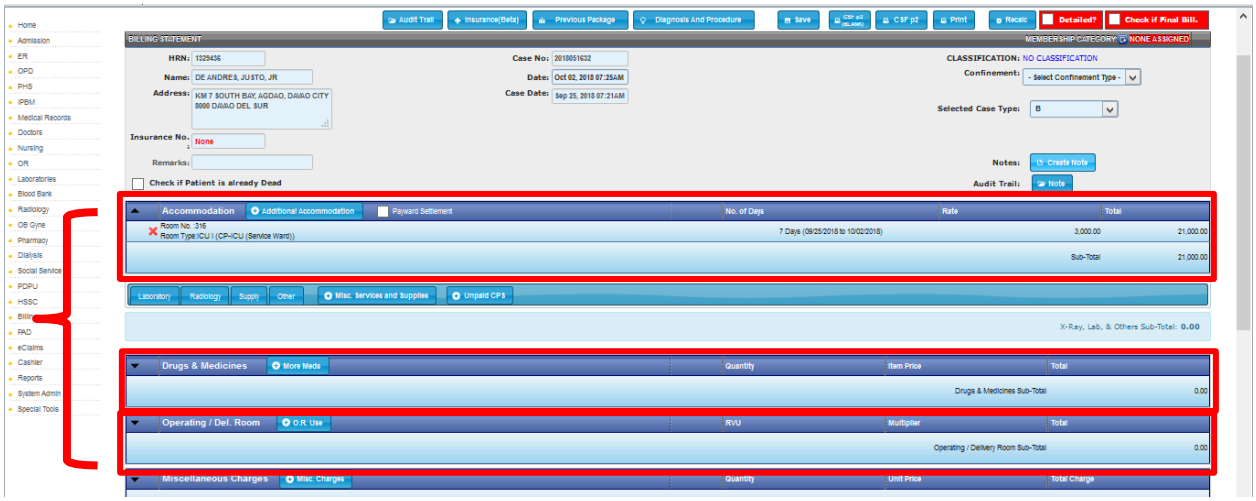
TO PROCESS BILLING

1. Click on “Process Billing (New)” in Menu Section.
2. A search frame will automatically prompt for inputs.
3. Search by HRN or Case Number. Input keyword in the textbox provided and press “Enter Key” or click “Search” button.
4. The list of patient case will be displayed.
5. Click “View” icon to view the list of case no. the certain patient had if the case no. does not display on the list, else click “Select” Button.
6. The system will load the current accumulated charges of the patient and calculate totals.





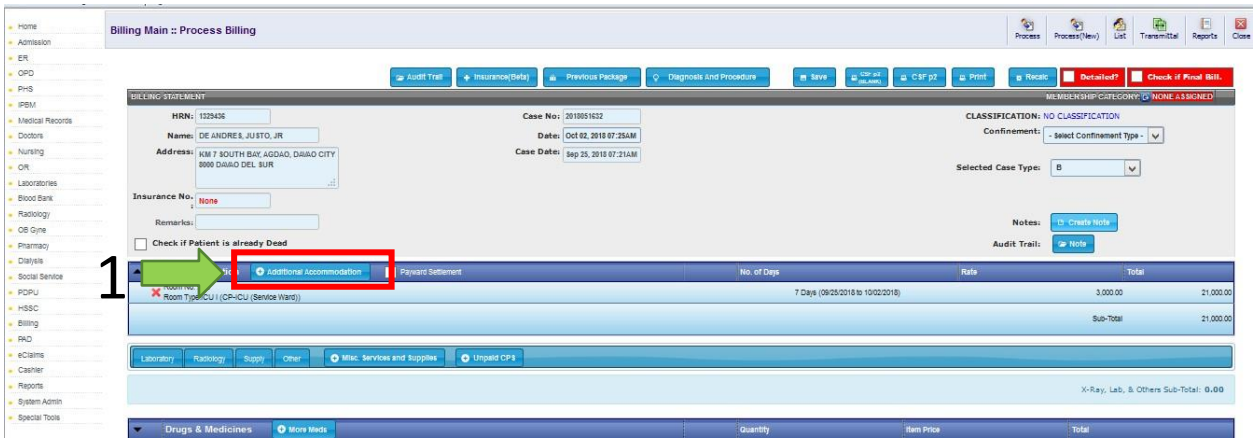


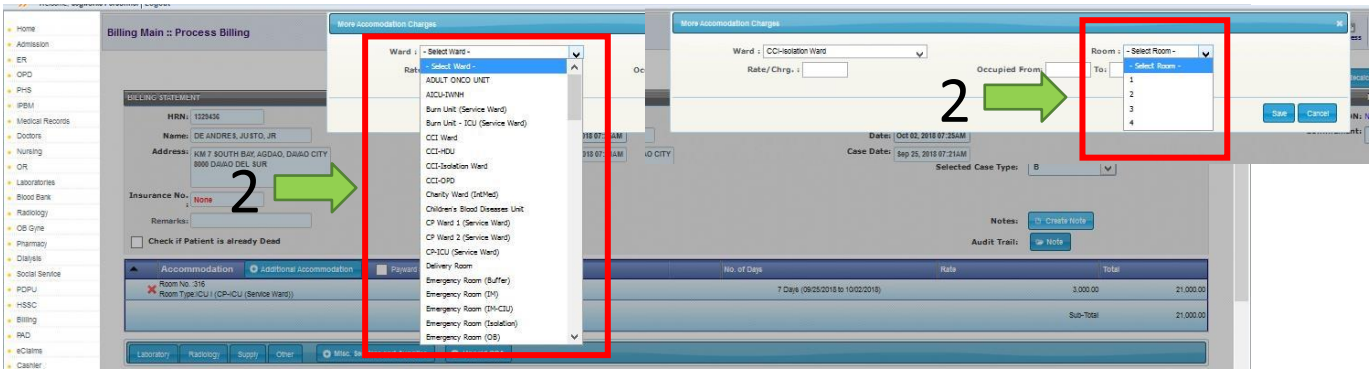


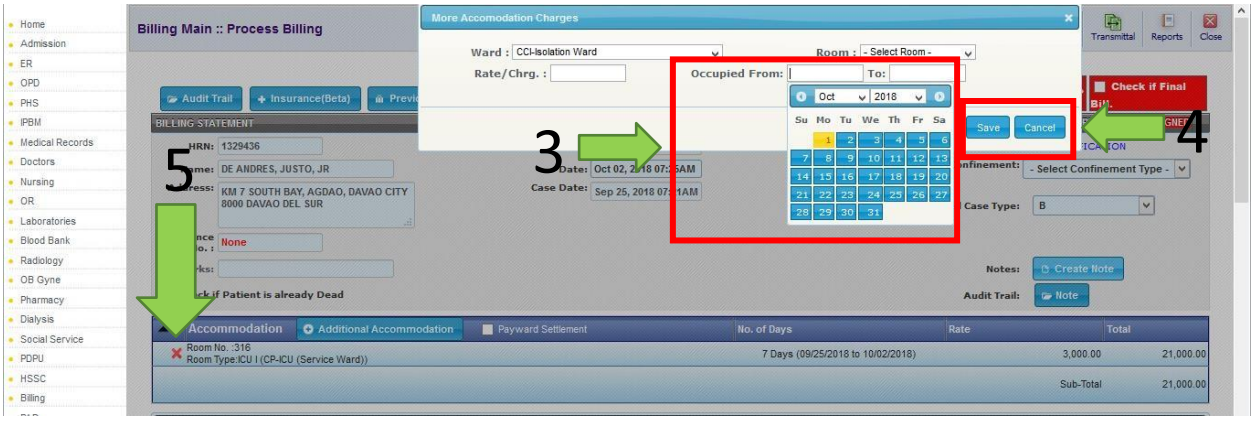
TO ADD ADDITIONAL CHARGES

A. **TO ADD/REMOVE ACCOMMODATION CHARGES**

1. Click “Add Accommodation” button to add more accommodation charges.
2. Select “Ward and Room” and the system will auto generate the rate per day.
3. Select from the date picker the dates “Occupied from and to”.
4. Click “Save” button to submit data, else “Cancel”.
5. Click “X” icon to remove listed accommodation



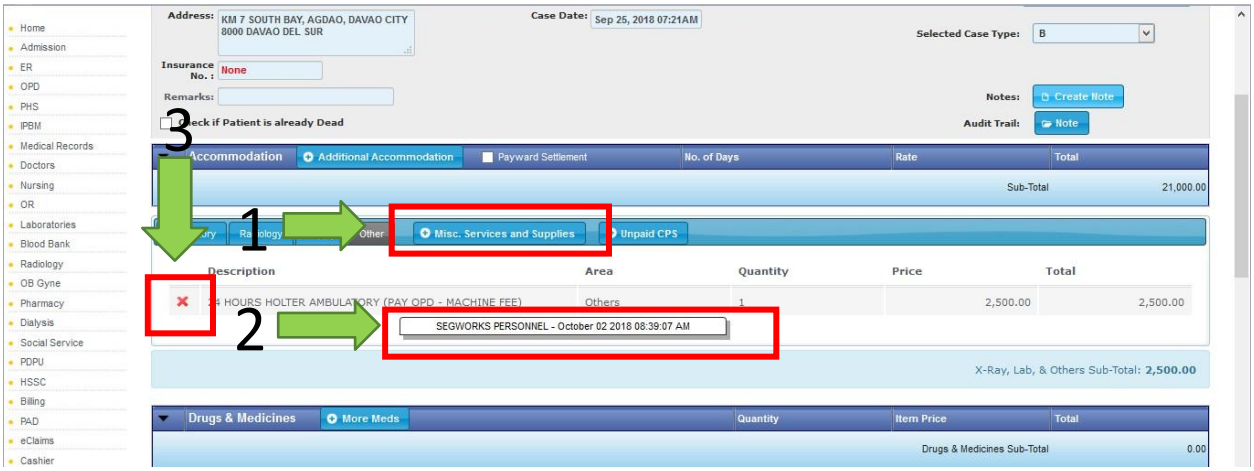


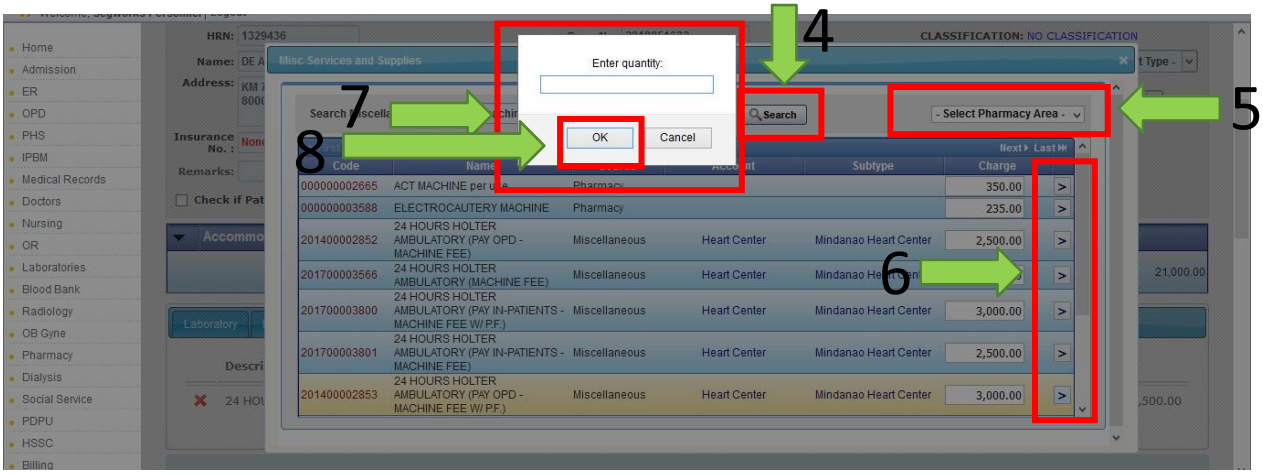


TO ADD SUPPLIES

1. Click “Misc Services and Supplies” button to add more charges.
2. Hover the services to view the encoding details.
3. Please note: Services added from doctors, nurses and cost center account cannot be removed by billers. Only charges added by billers can be removed by billers.

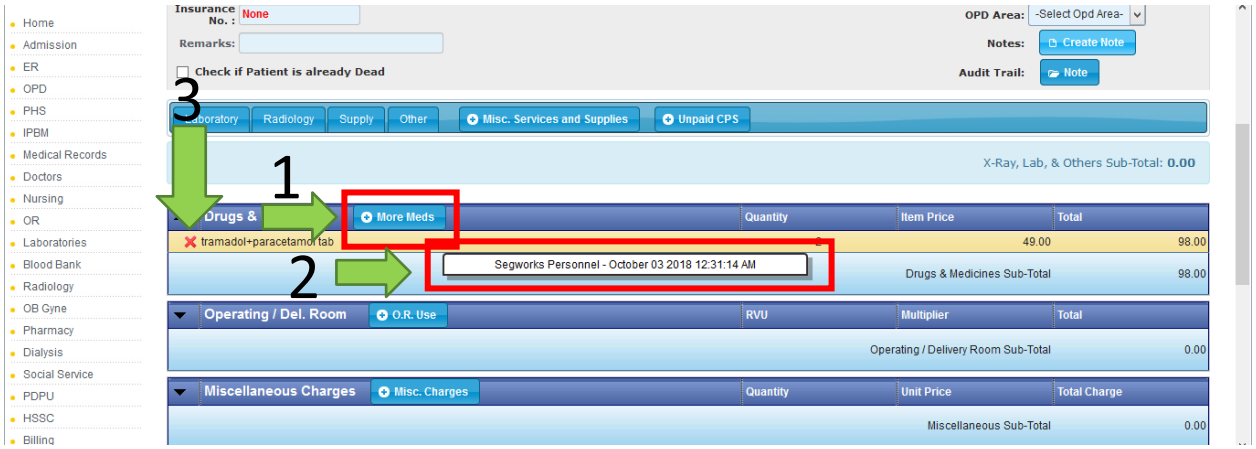
4. Input keyword to search services and press enter key or click “Search” button to search.
5. Select “Pharmacy Area” if the source of services is from Pharmacy.
6. Click “>” button to select service.
7. The system will prompt an input message to enter quantity.
8. Click “Save” button to submit data, else click “Cancel” button.

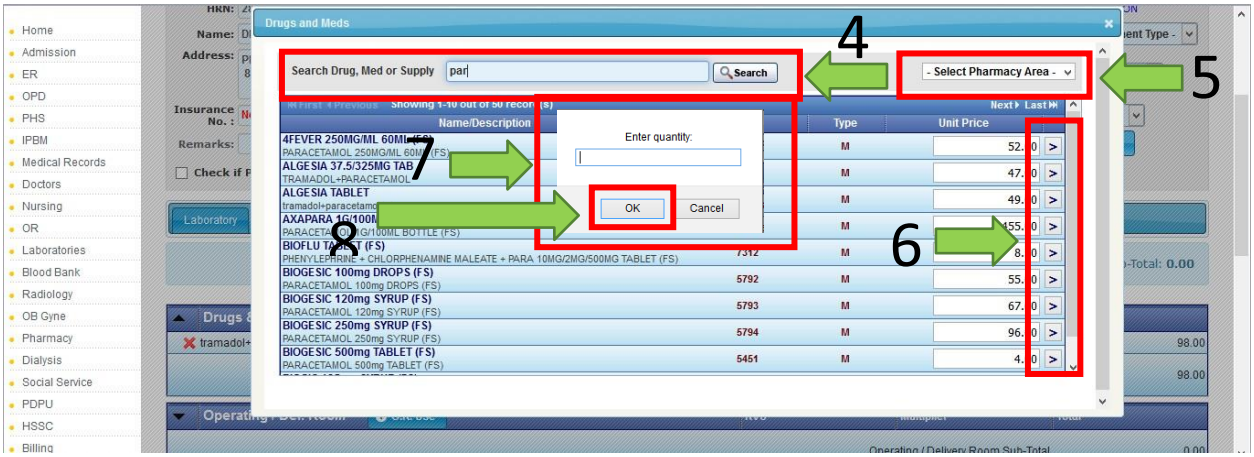




TO ADD DRUGS AND MEDS

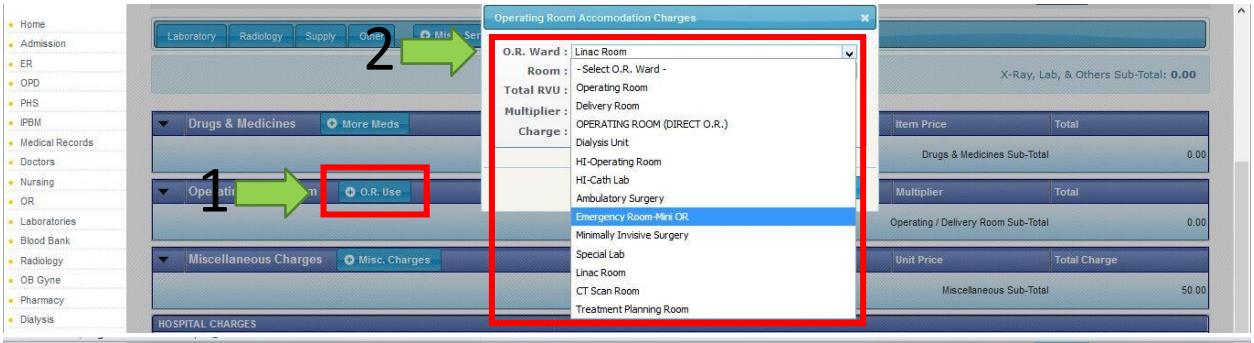
1. Click “More Meds” button to add more charges.
2. Hover the services to view the encoding details.
3. Please note: Services added from doctors, nurses, and cost center accounts cannot be removed by billers. Only charges added by billers can be removed by billers.
4. Input keyword to search services and press “Enter Key” or click “Search” button to search.
5. Select “Pharmacy Area” if the source of services is from Pharmacy.
6. Click”>” button to select service.
7. The system will prompt an input message to enter quantity.
8. Click “Save” button to submit data, else click “Cancel” button.

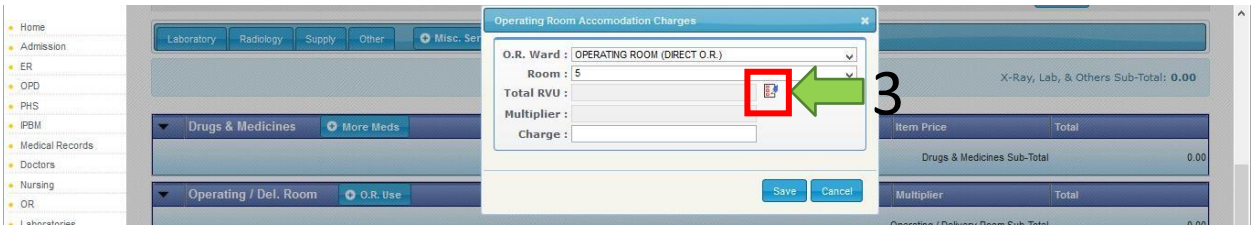


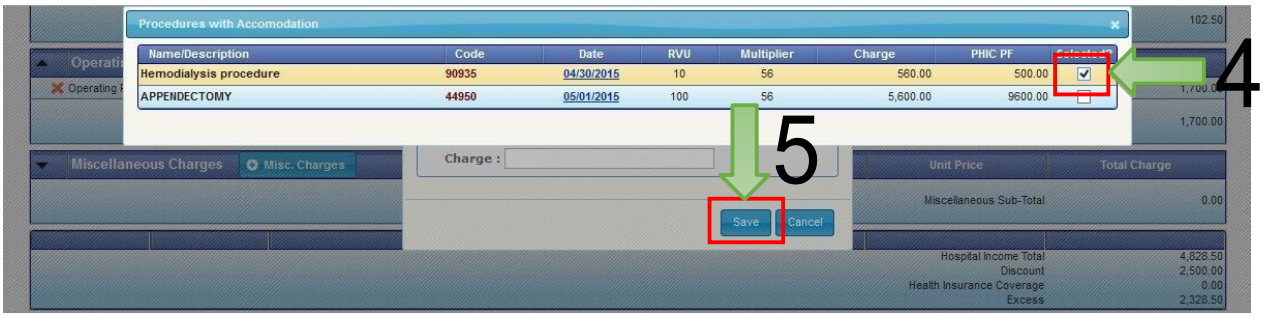


TO ADD OR USE

1. Click “OR Use” button to add operating room charges.
2. Select operating ward and room.
3. Click “View” icon to view list of procedures.
4. Mark the checkbox selected and the system will generate automatically the charges.
5. Click “Save” button to submit data, else click “Cancel” button.

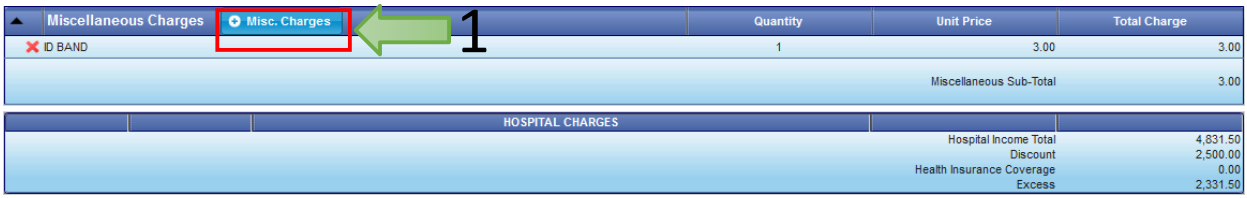


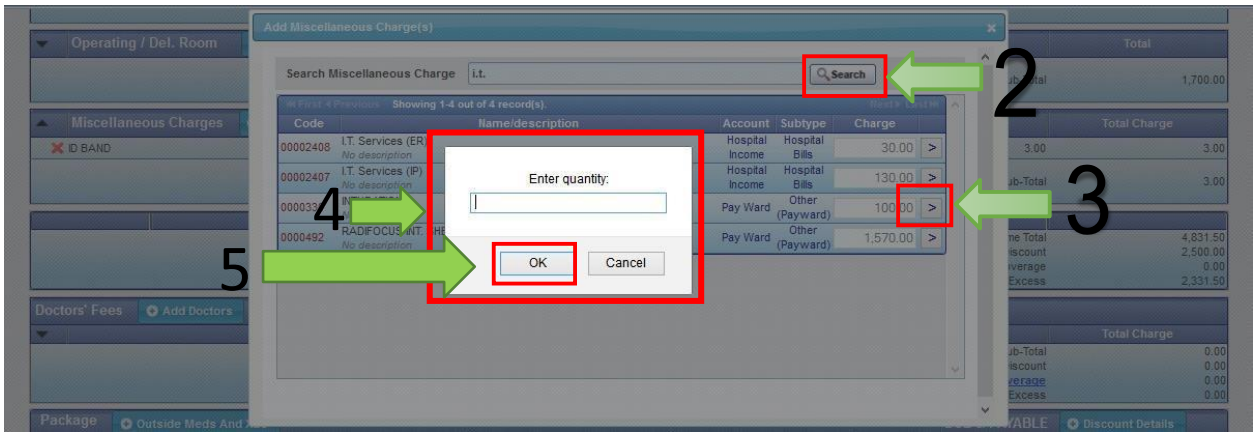




TO ADD MISCELLANEOUS CHARGES

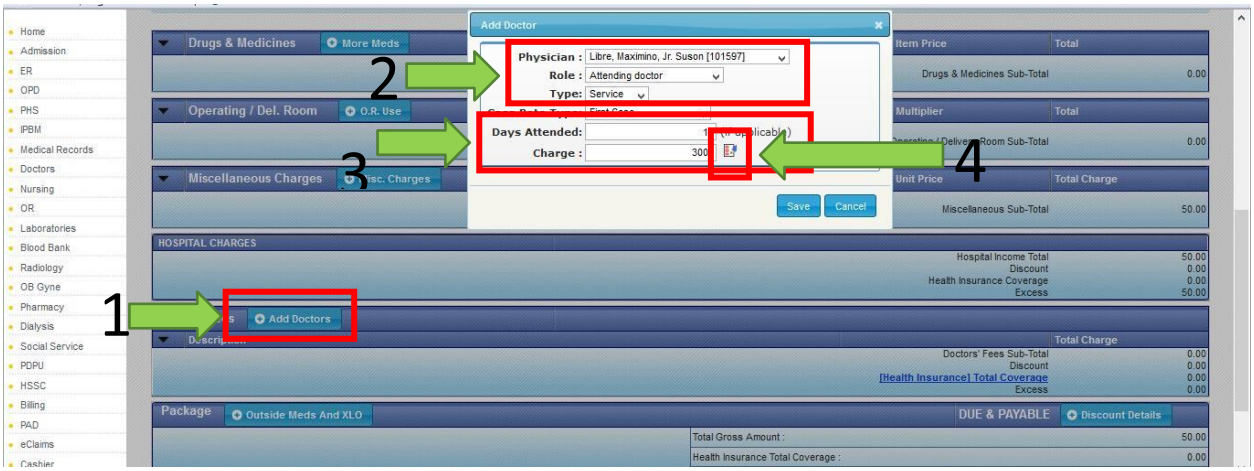
1. Click “Misc Charges” button to add more miscellaneous charges.
2. Input keyword to search services and press “Enter Key” or click “Search” button to search.
3. Click “>” to select service.
4. The system will prompt an input message to enter quantity.
5. Click “Save” button to submit data, else click “Cancel” button.

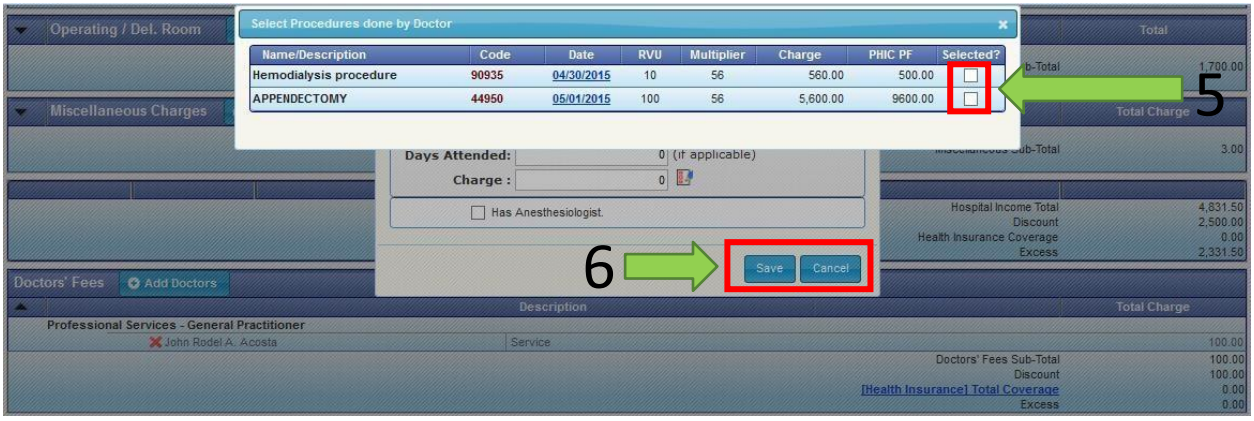




TO ADD PROFESSIONAL FEE

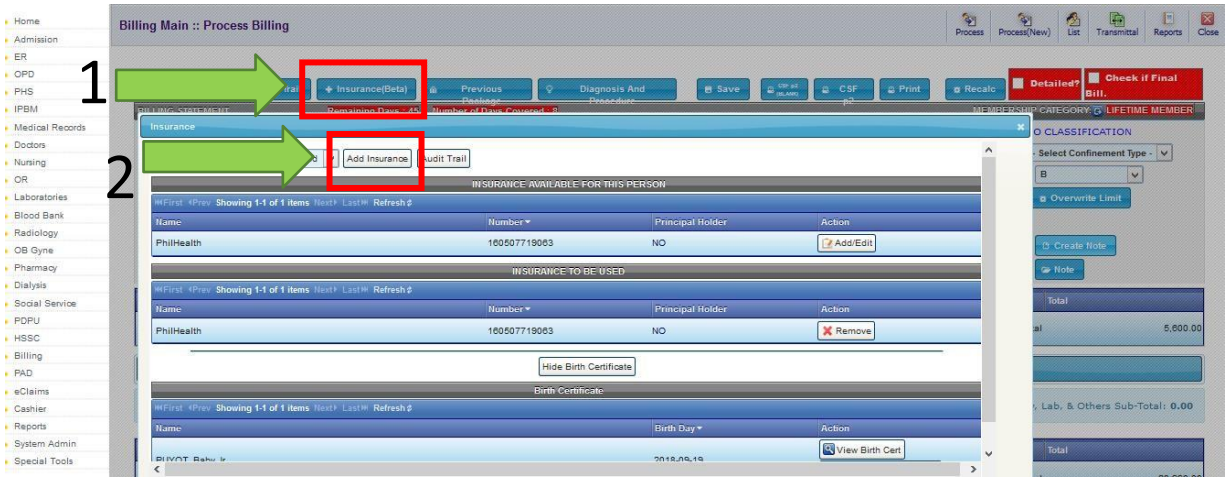
1. Click “Add doctors” button to add doctor fees.
2. Select Physician, Role, Type.
3. If the role is a General Practitioner – Charges will be automatically calculated by days attended. Input number of days attended.
4. If the role is a surgeon or anesthesiologist – Click “View” icon to view list of procedures.
5. Mark the checkbox selected; and the system will generate automatically the charges based on PHIC Annex.
6. Click “Save” button to submit data, else click “Cancel” button.



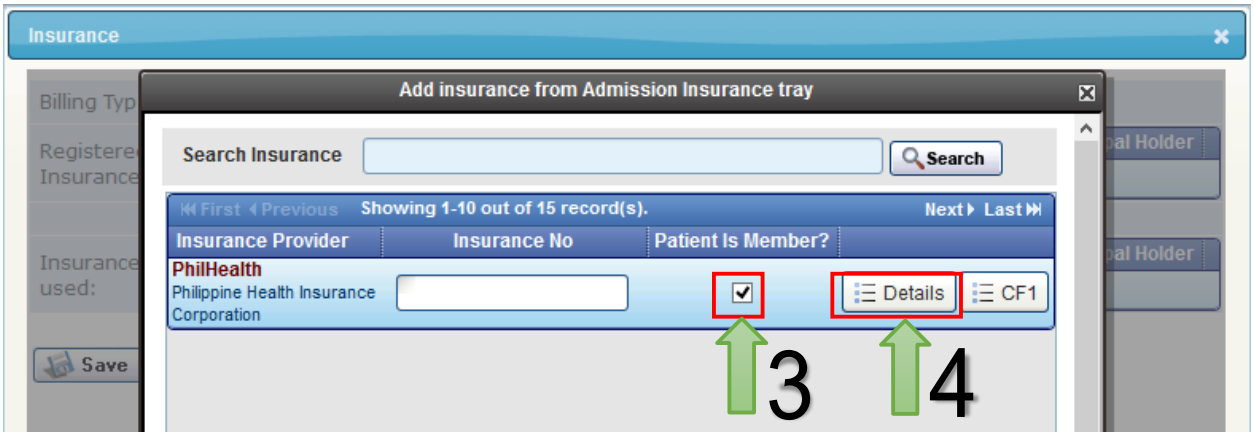


TO ADD INSURANCE

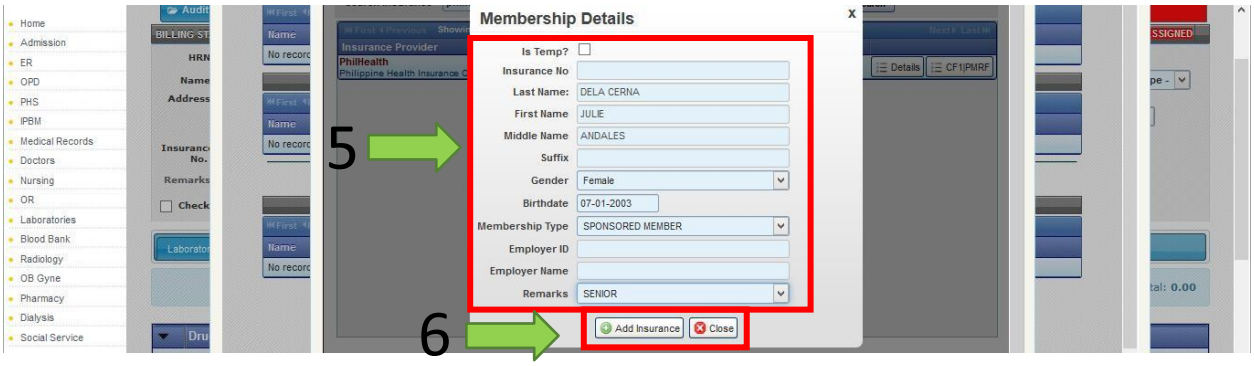
1. Click “Insurance” button so the insurance window frame will appear.
2. Click “Add Items” to select insurance from the list.



3. Mark the checkbox “Patient is Member?” if Yes, else leave unchecked.
4. Click “Details” button to add insurance details.

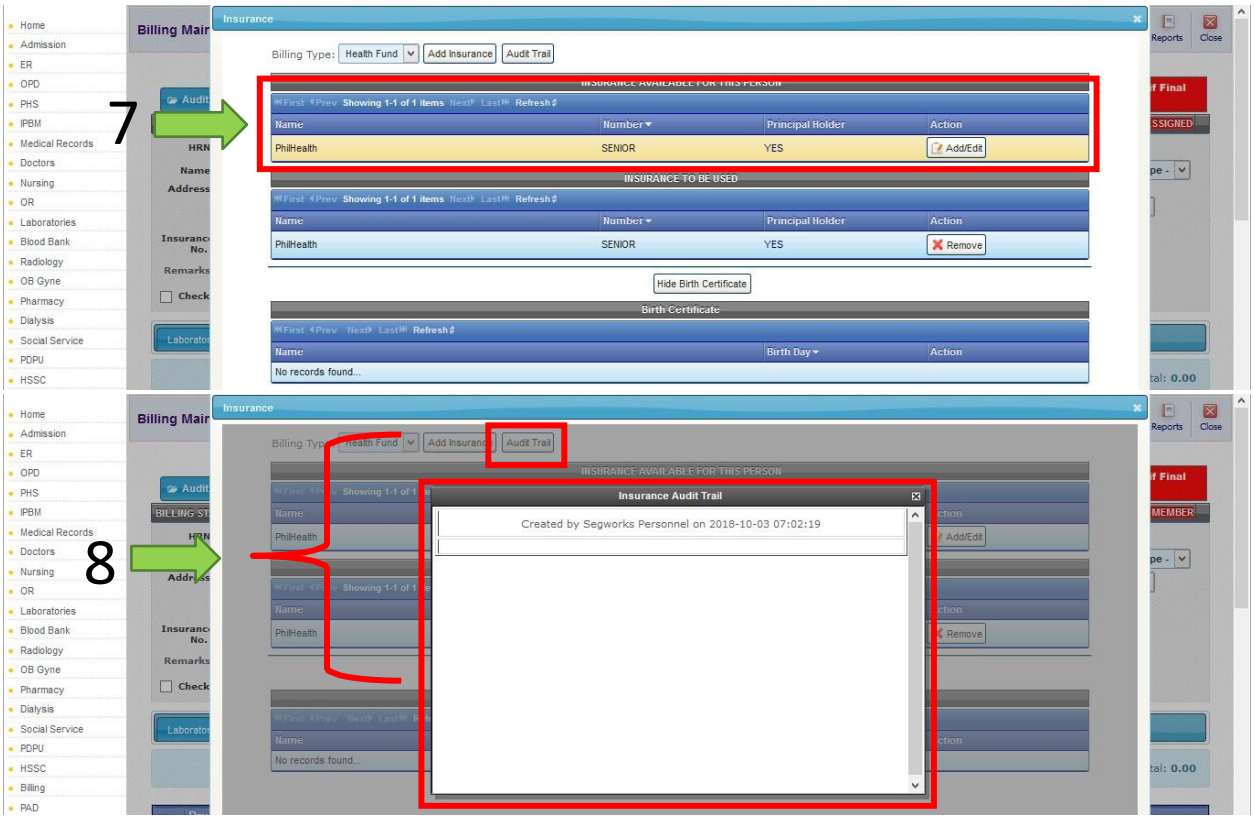


5. Input necessary details.
   a. Last name, first name, middle name, and Birthdate are auto generated when the patient is a member.
   b. Membership Type “EMPLOYED-GOVT and EMPLOYED-PRIVATE” needs EmployerID and Employer Name and details.
   c. Membership type highlighted in red such as **Hospital Sponsored Member, Kasambahay, Lifetime Member, Senior Citizen and Sponsored Member** are No Balance Billing.
6. Click “Add Insurance” button to submit data, else click “Close”.



7. Added insurance will be listed in insurance tray.

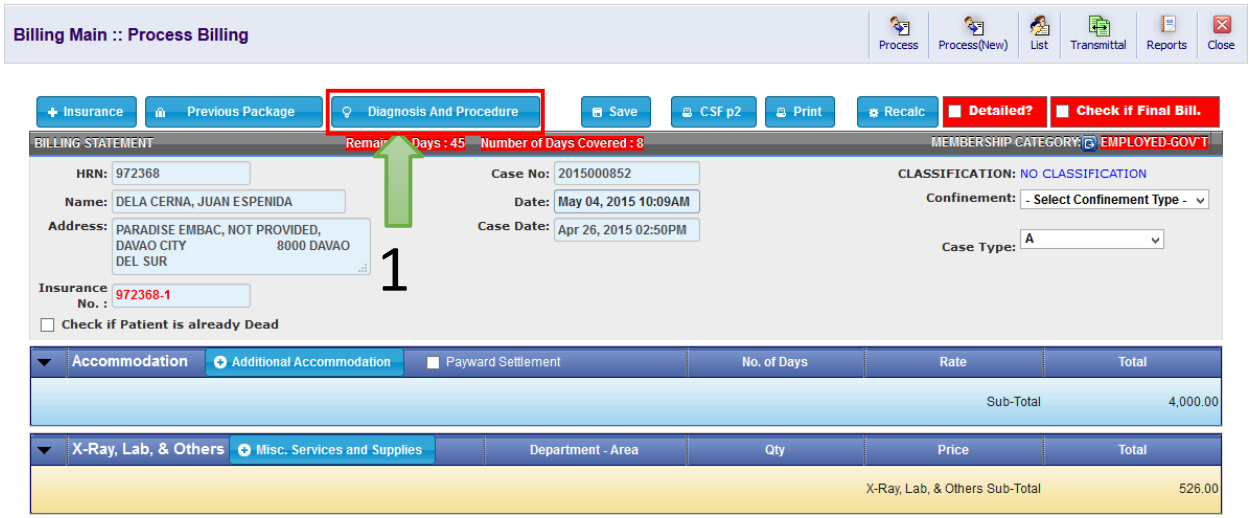
8. Click “Audit Trail” to view the insurance audit trail done by staffs.



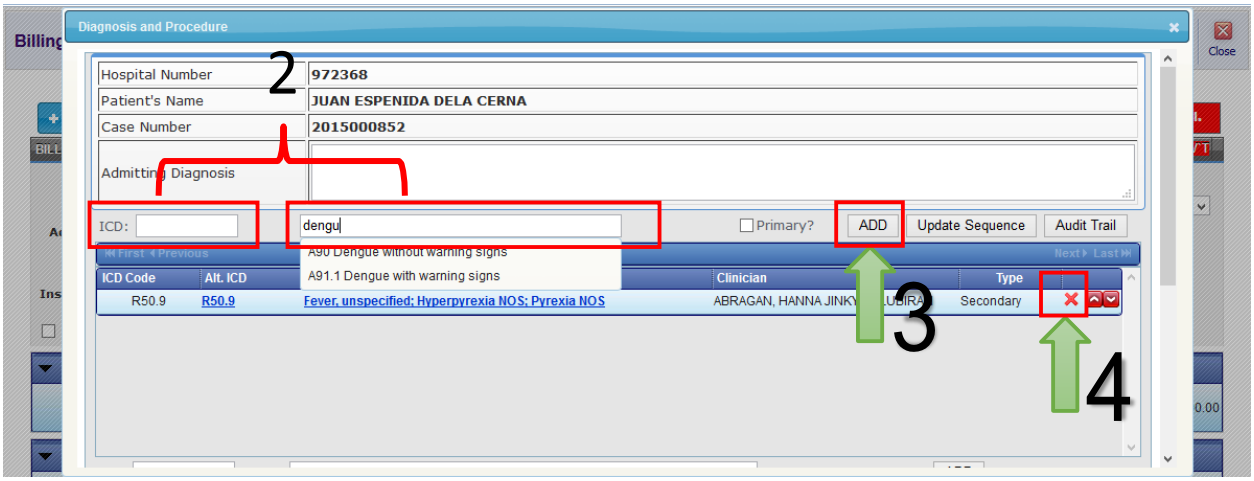
9. Upon saving, insurance details will load in Process Billing page. Insurance number and Membership Category will be displayed. Remaining Days and Number of Days Covered will be automatically calculated based on 45 Days Benefit.

TO ADD DIAGNOSIS AND PROCEDURE

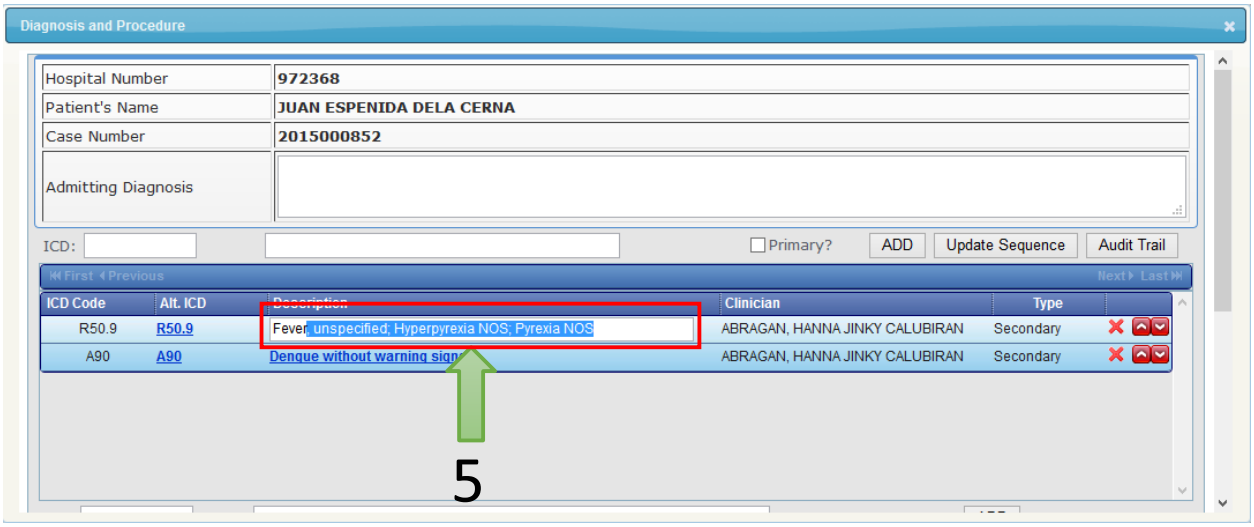
1. Click “Diagnosis and Procedure” button to add ICD and ICP.



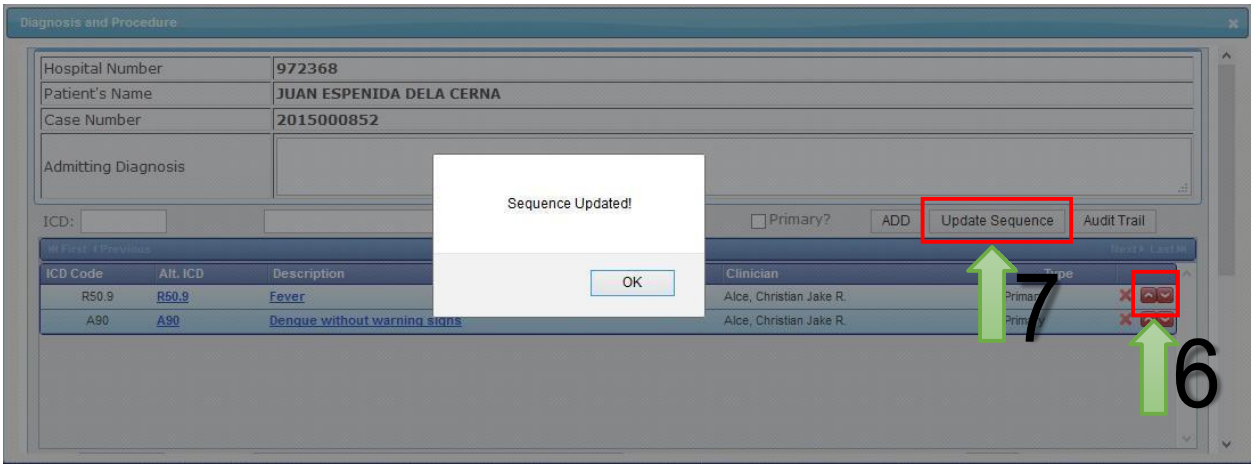
2. To add diagnosis, key in ICD Number or Description in the given textbox and the system will automatically suggest related values.
3. Click “Add” button to add selected code to ICD tray.
4. Click “X” button to remove ICD from the tray.



5. Click the diagnosis description to update description and press enter key to save data.

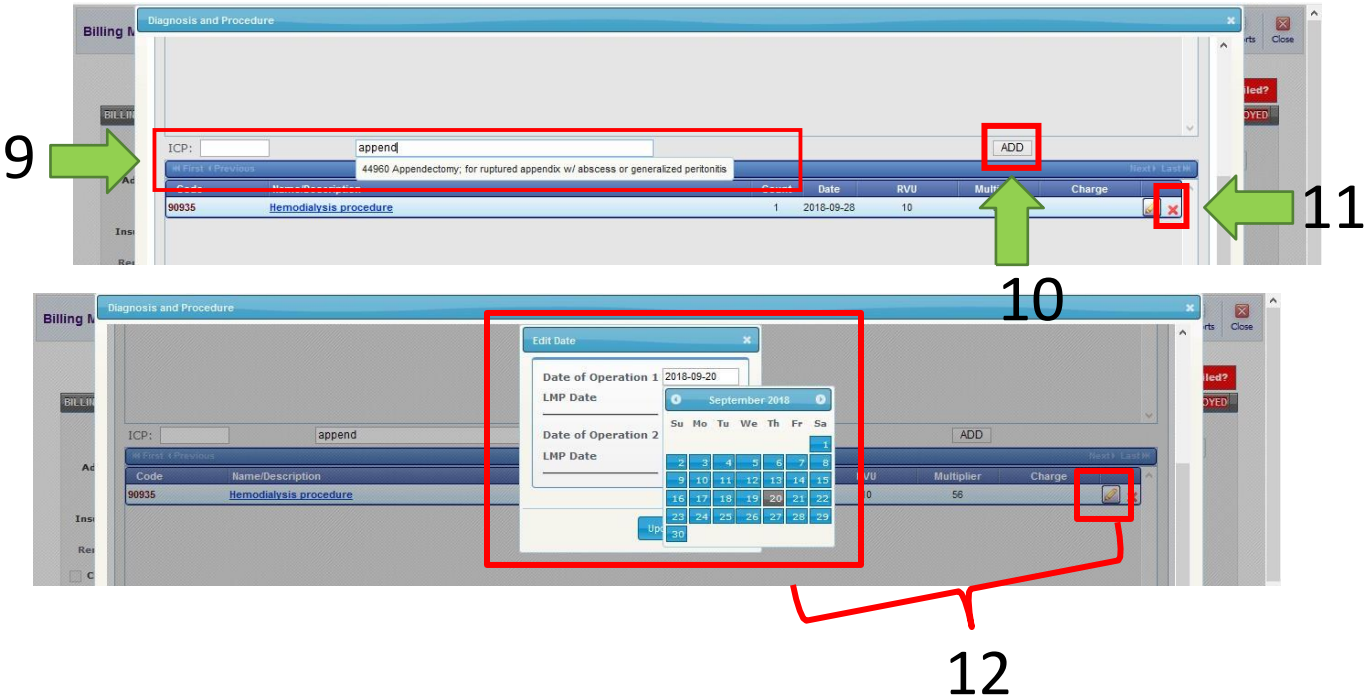


6. To update sequence of ICD's, click "Up" or "Down" icon.
7. Click "Update Sequence" button to submit changes.

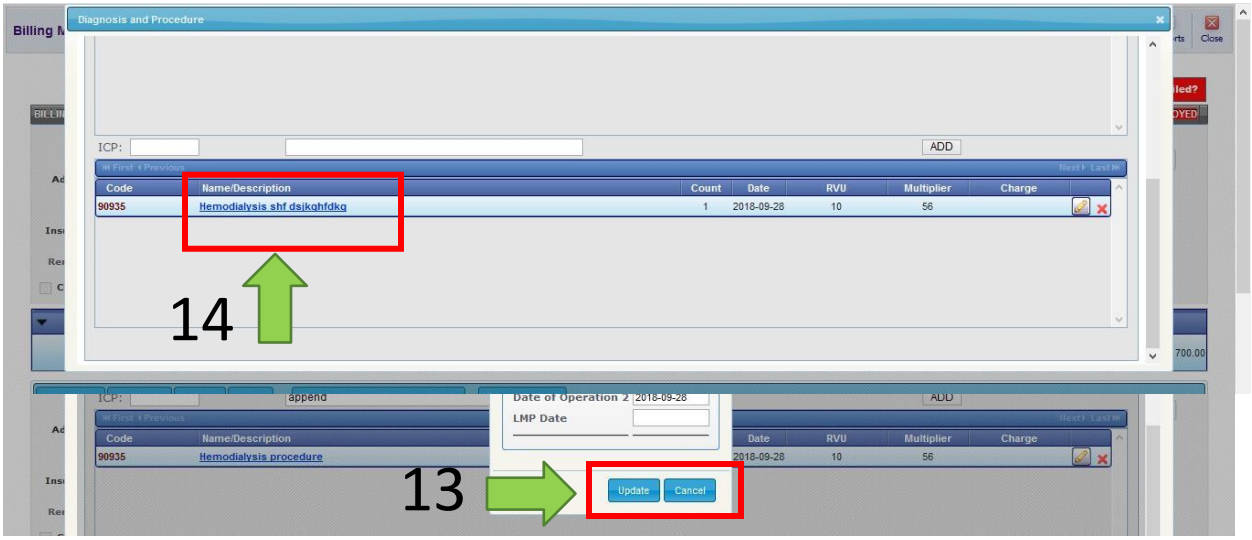


8. Click "Audit Trail" to view history.

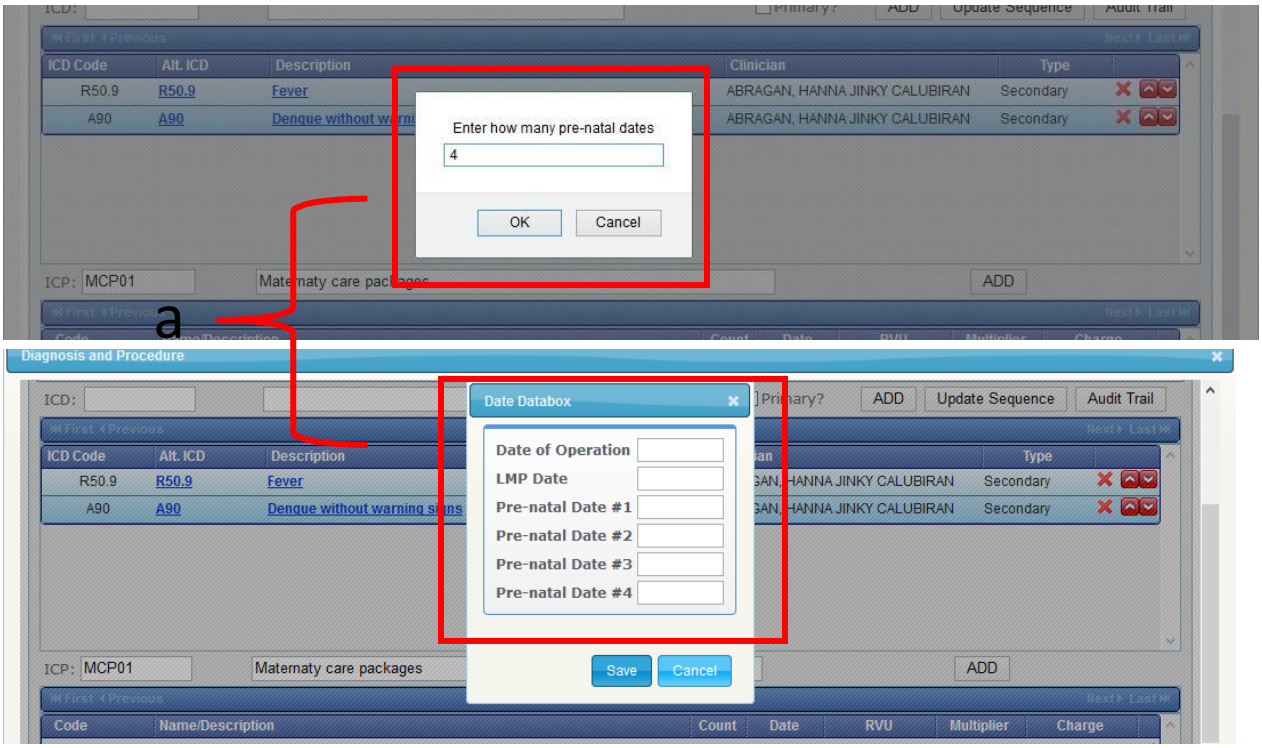
9. To add procedure, key in ICP No. or Description in the given textbox and the system will automatically suggest related values.
10. Click “Add” button to add selected code.
11. Click “X” icon to remove ICP from the tray.
12. Select date from a date picker to add “Date of Operation”.
13. Click “Update” button to submit data or “Cancel” to cancel data.



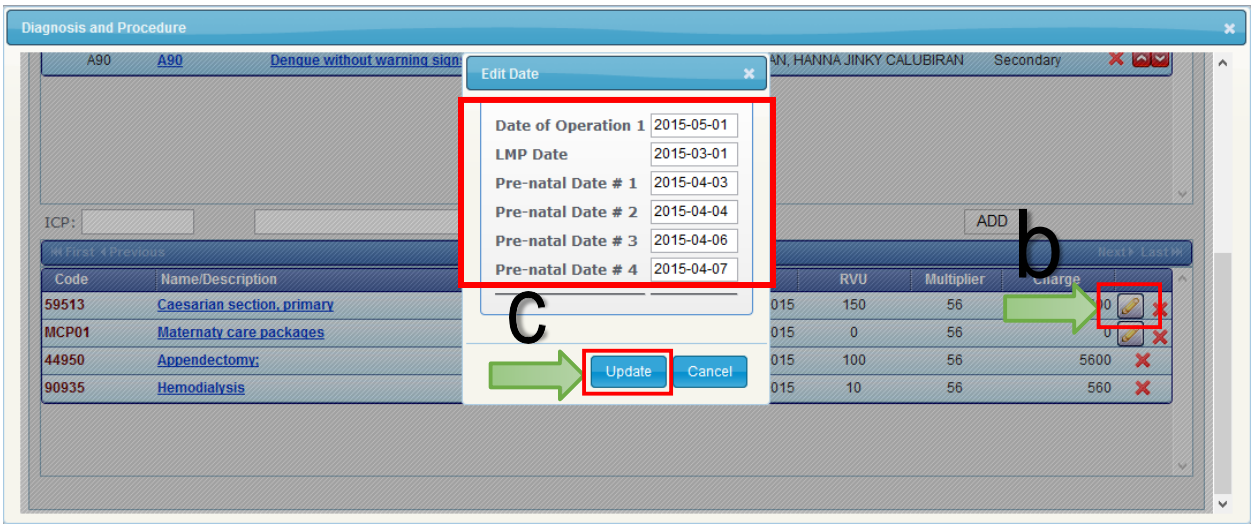
14. Click the diagnosis description to update description and press enter key to save data.



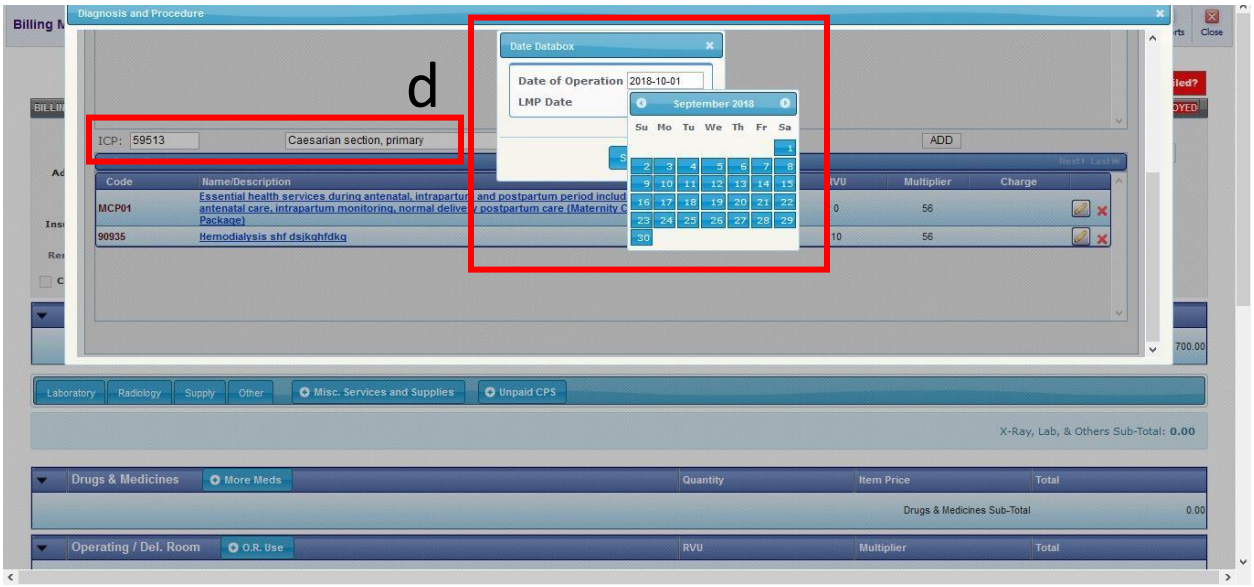
15. Some procedure has special condition in adding to ICP List.
    a. MCP procedures needs pre-natal dates and LMP date.



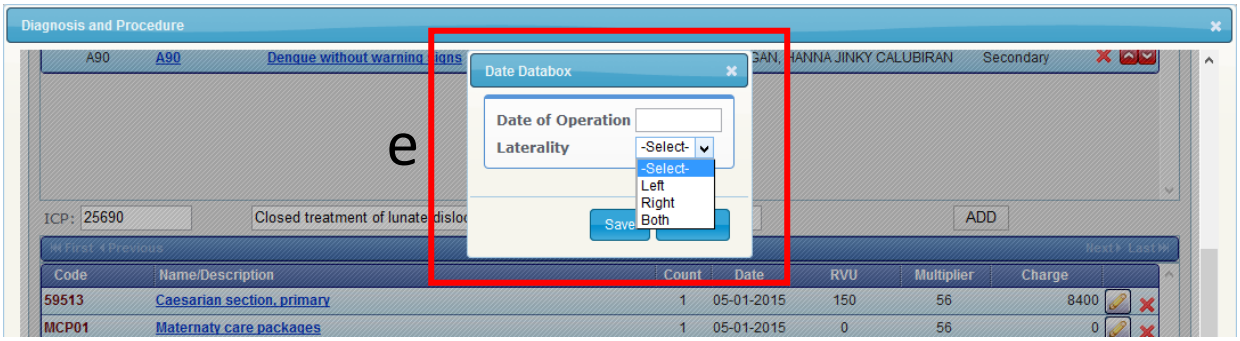
b. To edit dates, click “Edit” icon.
c. Click “Update” to submit changes, else click “Cancel”.



d. Delivery procedures needs LMP dates.

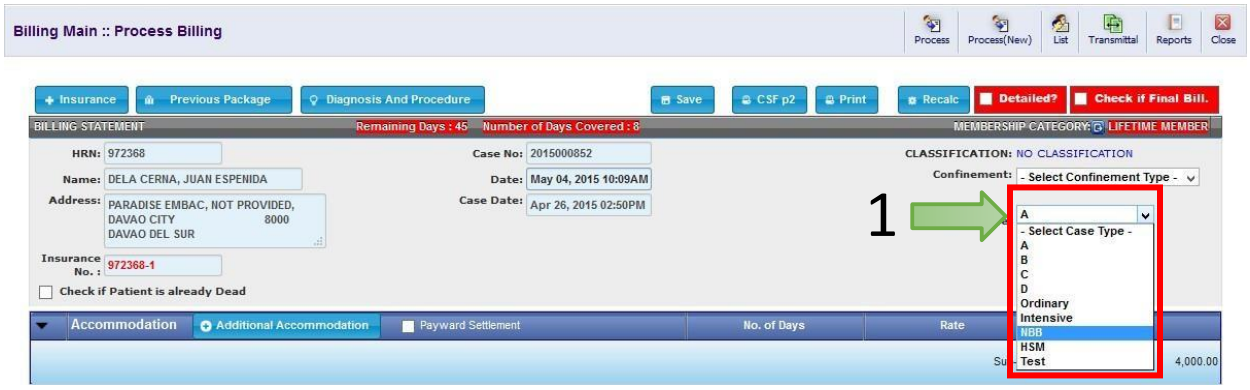


e. Procedures with laterality needs to indicate the position of procedure done.

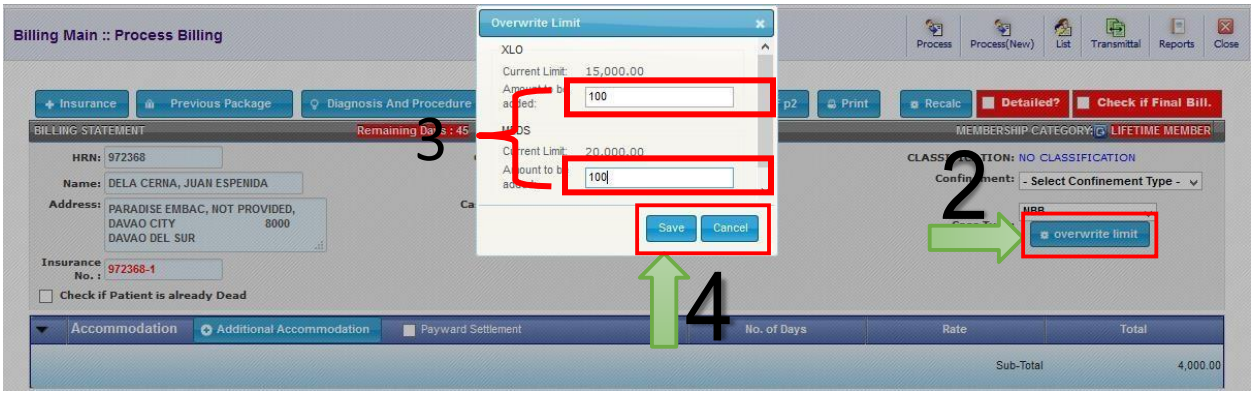


TO SET PHIC COVERAGE LIMIT

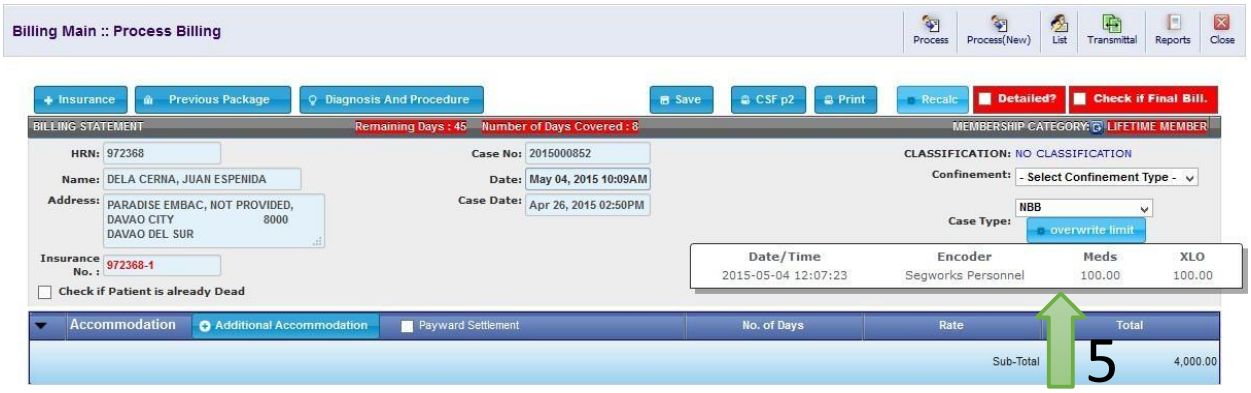
1. Select from the “Case Type” option.
   a. HSM is for Hospital Sponsored Member category only.
   b. NBB is for Kasambay, Lifetime Member, Senior Citizen and Sponsored Member.



2. For NBB and HSM, click “Overwrite Limit” to add from default coverage.
3. Set the amount to be added for XLO and Meds.
4. Click “Save” button to submit data, else click “Cancel”.

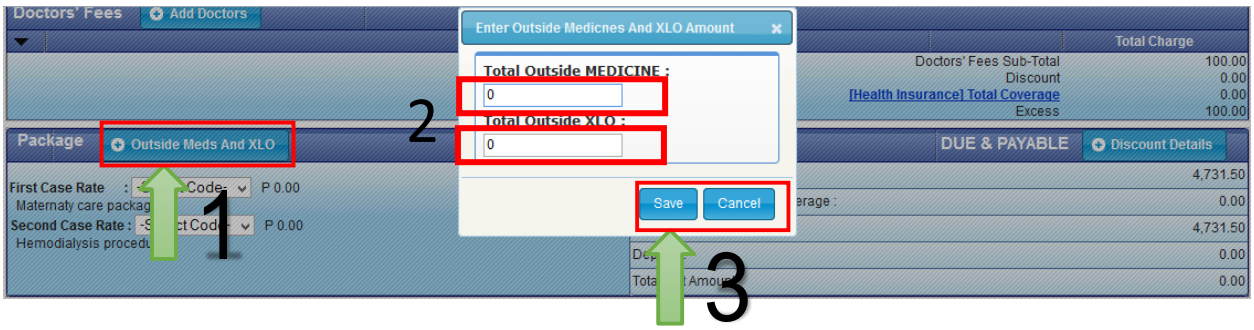


5. Hover the “Overwrite Limit” button view the history.

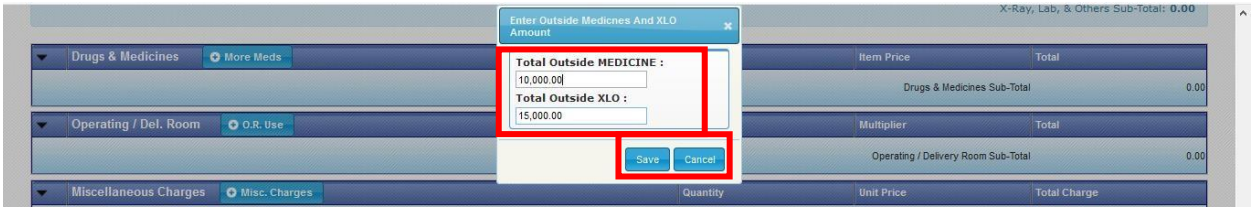


TO ADD OUTSIDE MEDS AND XLO

1. Click “Outside Meds and XLO”.
2. Input amount of Medicines and XLO purchased outside for reimbursement.
3. Click “Save” button to Submit changes, else click “Cancel”.



4. Data will be reflected in CF2.



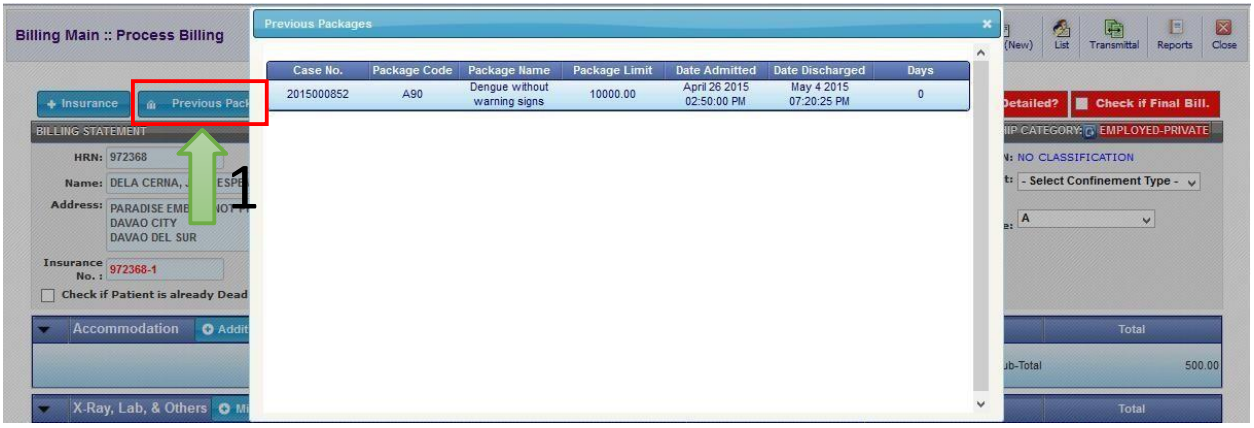
b.) Purchase/Expenses **NOT** included in the Health Care Institution Charges

Total cost of purchase/s for drugs/medicines and/or medical supplies bought by the patient/member within/outside the HCI during confinement	☐ NONE	☑ Total Amount	P 10,000.00
Total cost of diagnostic/laboratory examinations paid for by the patient/member done within/outside the HCI during confinement	☐ NONE	☑ Total Amount	P 15,000.00

*NOTE: Total Actual Charges should be based on Statement of Account (SoA)

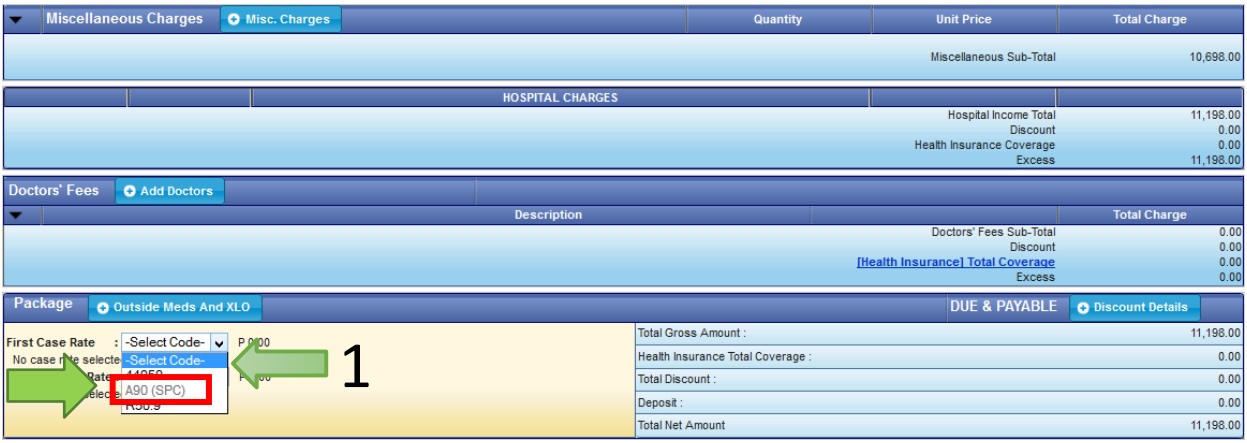
TO VIEW PREVIOUS PACKAGE

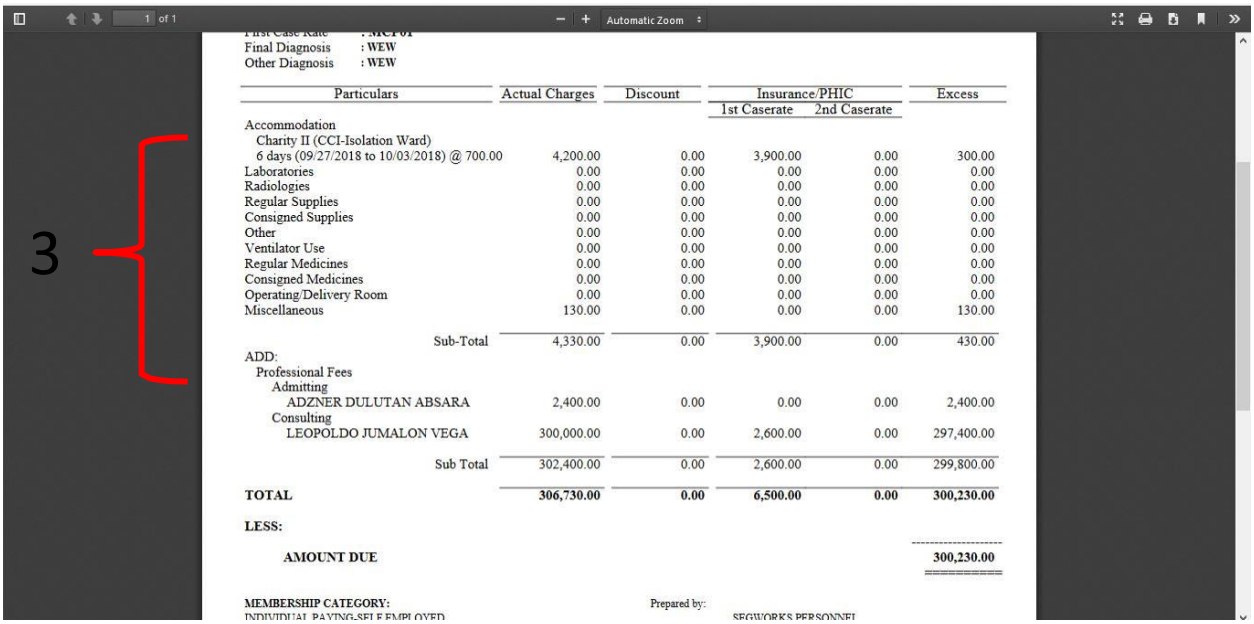
1. Click “Previous Package” button to view list of availed case rates under Single Period of Confinement PHIC rule.



TO SELECT CASE RATE

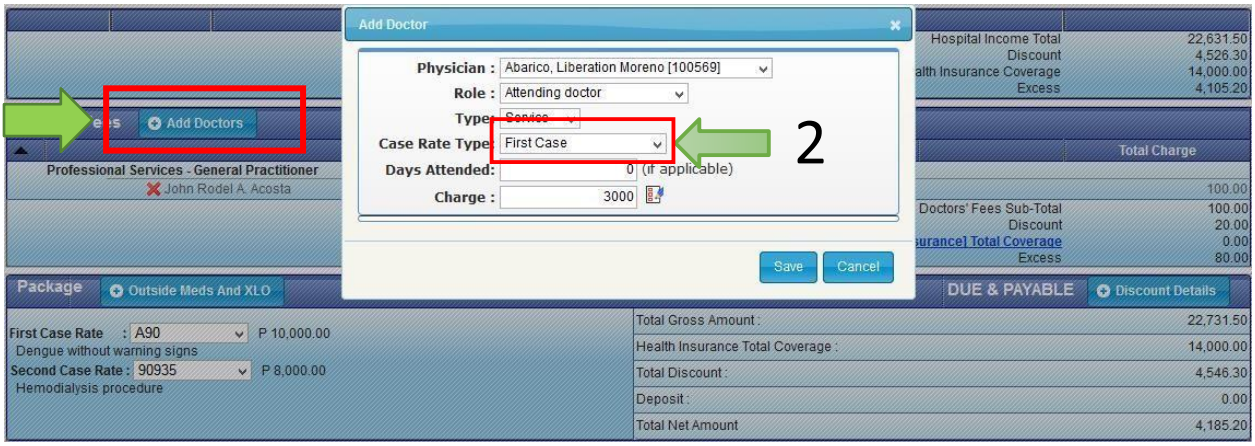
1. Select codes for First Case Rate and Second Case Rate;
   a. There are codes only for First Case Rate, not applicable for Second Case Rate.
   b. There are codes applicable for First and Second Case Rate with the same package amount coverage.
   c. There are codes applicable for First and Second Case Rate with half package amount coverage on the Second Case Rate.
   d. There are codes applicable to use as First Case Rate only not on Second Case Rate and vice versa.
2. System will restrict the use of codes under SPC Rule.
3. System will automatically calculate HCI and PF Coverage based on PHIC Annex.



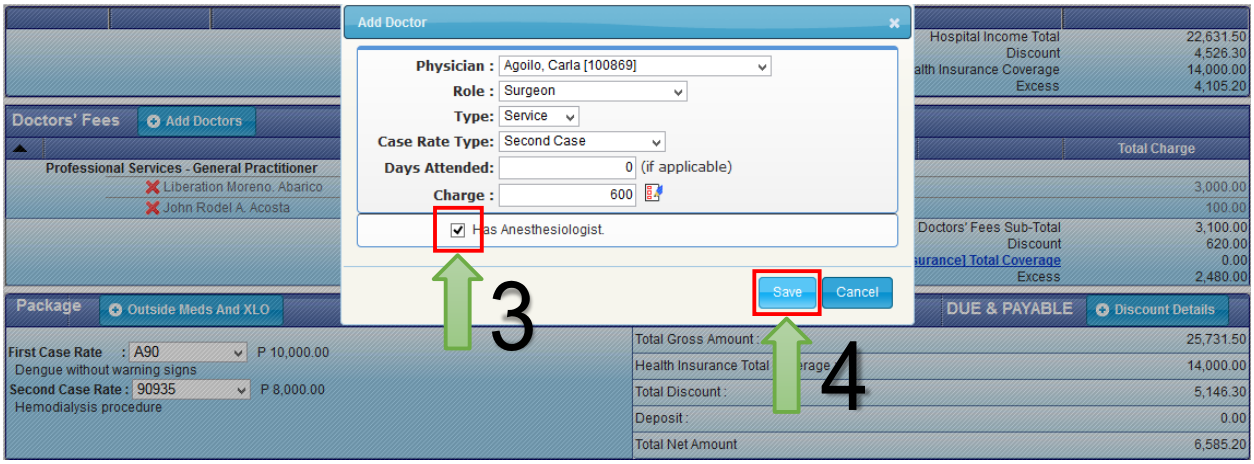


TO SET PHIC DOCTORS FEE

1. Click “Add Doctors” button to add doctor charges.
2. Select “Case Rate Type” and the system will automatically calculate charges based in PHIC Annex.



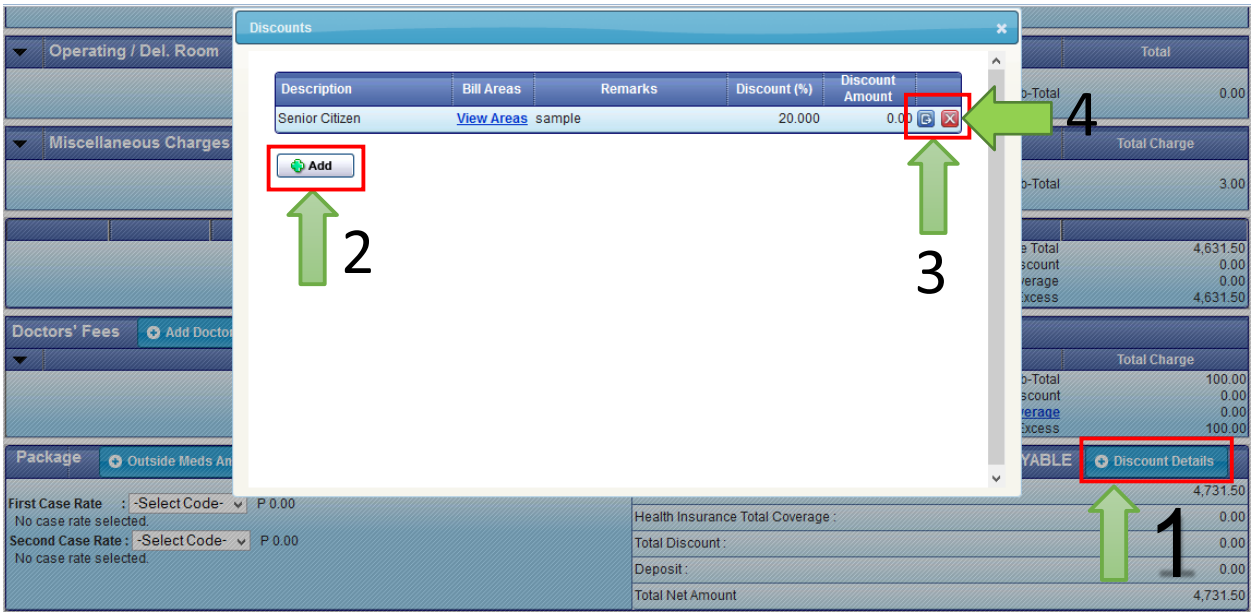
3. Mark or Unmark checkbox “Has Anesthesiologist” to auto calculate the charges for Surgeon.
4. Click “Save” button to submit data, else click “Cancel”.



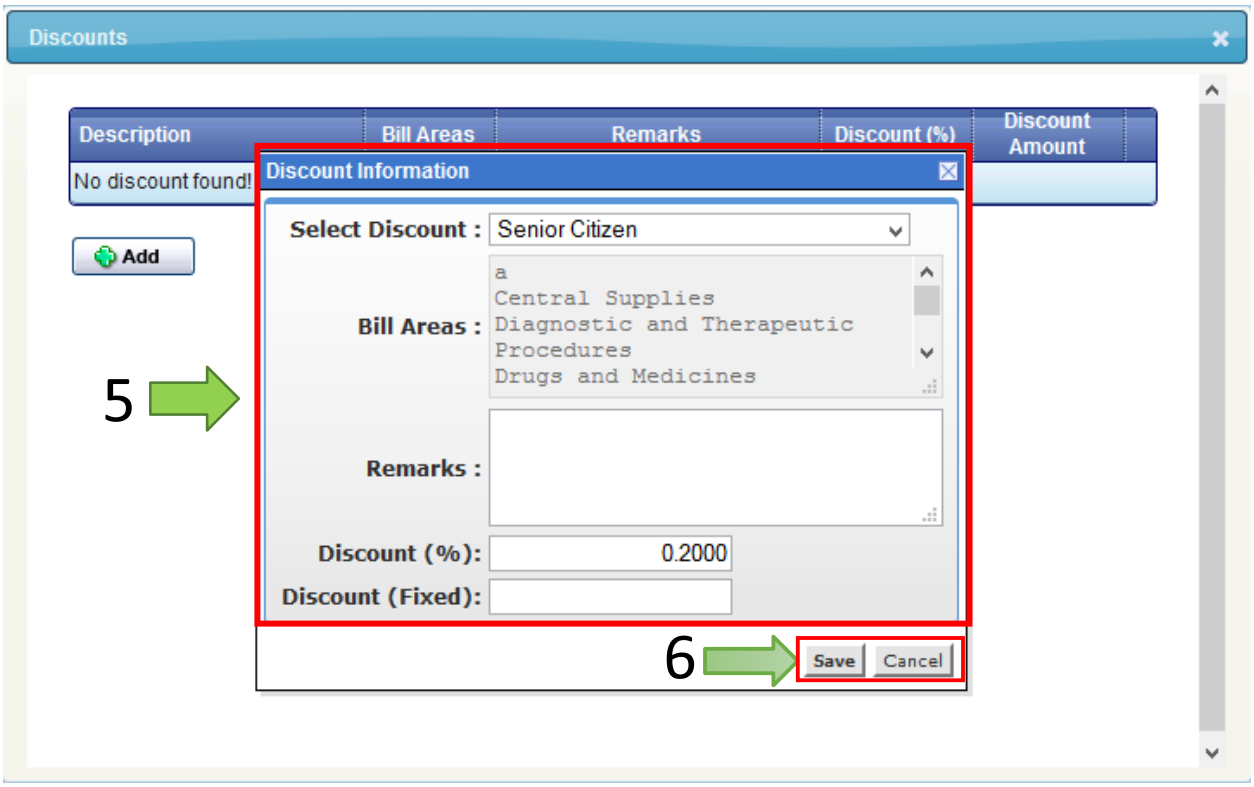
5. Click “Health Insurance Total Coverage” link to set PF coverage distribution.
6. Mark the checkbox to cover all the amount from excess to PhilHealth.
7. Input amount in PhilHealth textbox to set an exact amount.
8. Click “Save” button to submit data, else click “Cancel”.

TO ADD BILLING DISCOUNT

1. Click “Discount Details” button to view discount frame.
2. Click “Add” button to add discount details.
3. Click “View” to view icon.
4. Click “X” button to remove from the list.

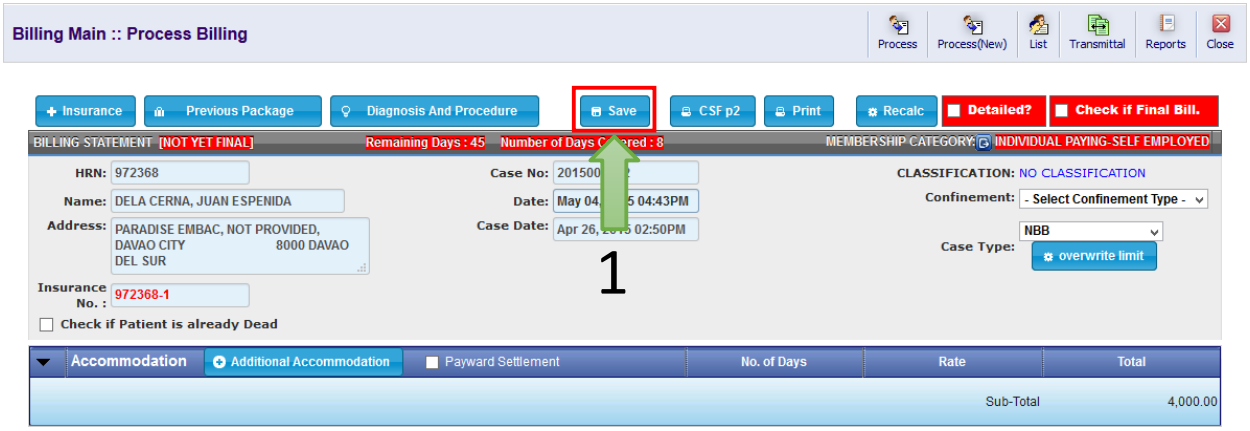


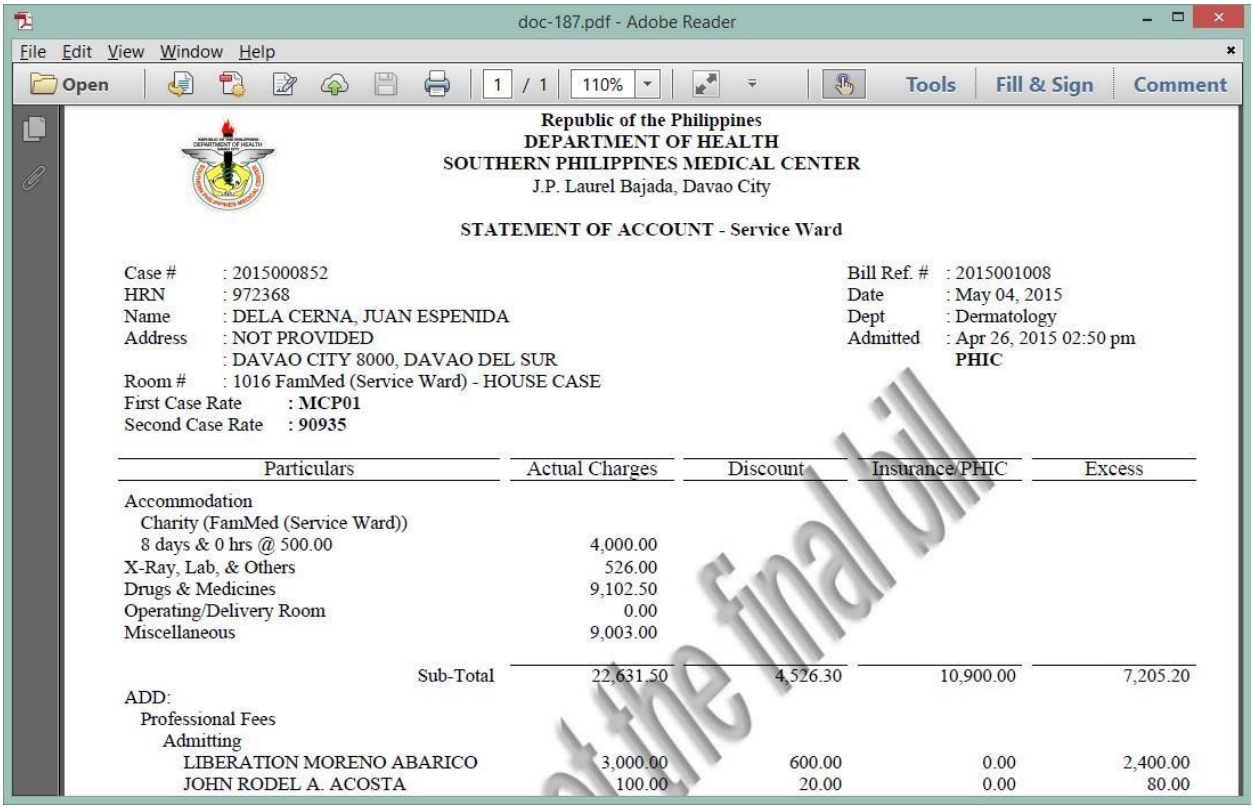
5. Input necessary data.
6. Click “Save” button to submit data, else click “Cancel”.



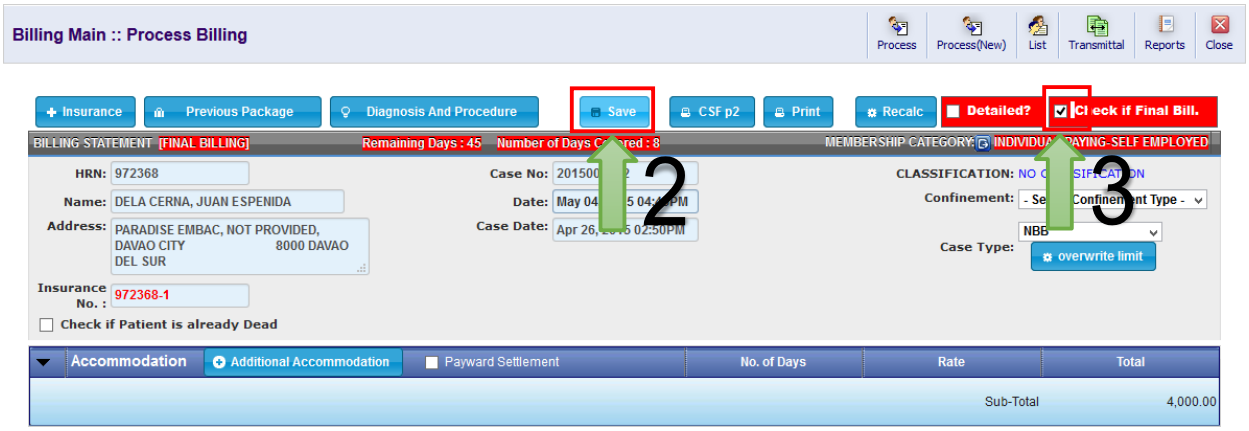
TO SAVE AND PRINT BILL

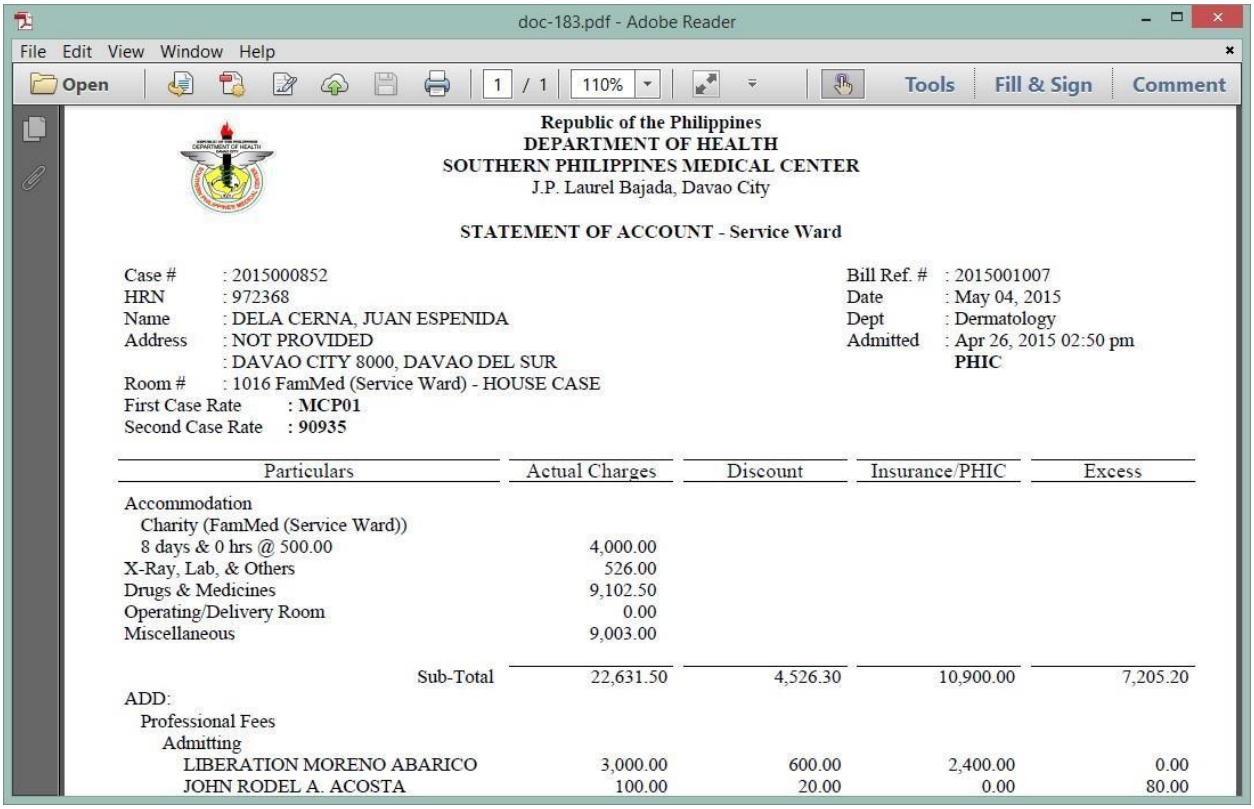
1. Click “Save” button to create temporary bill.



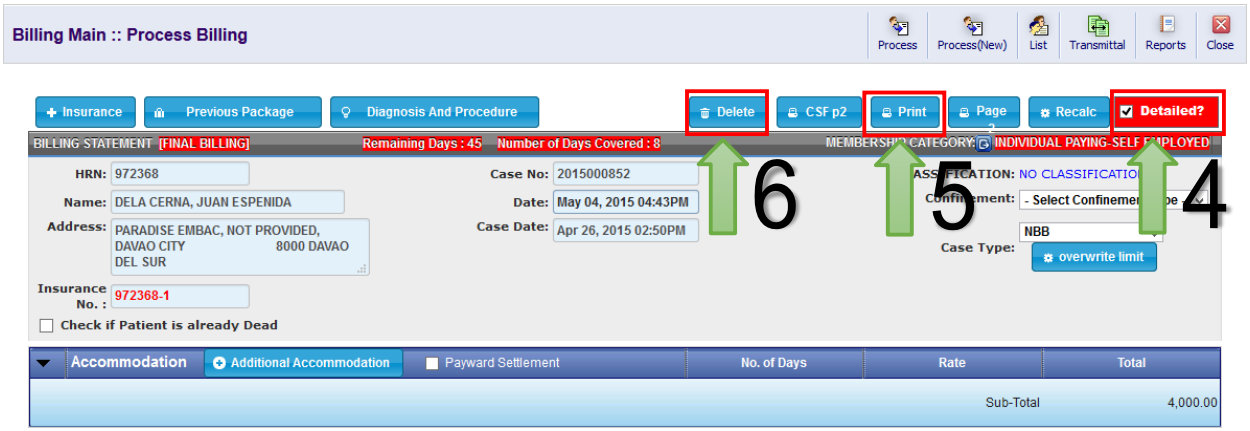


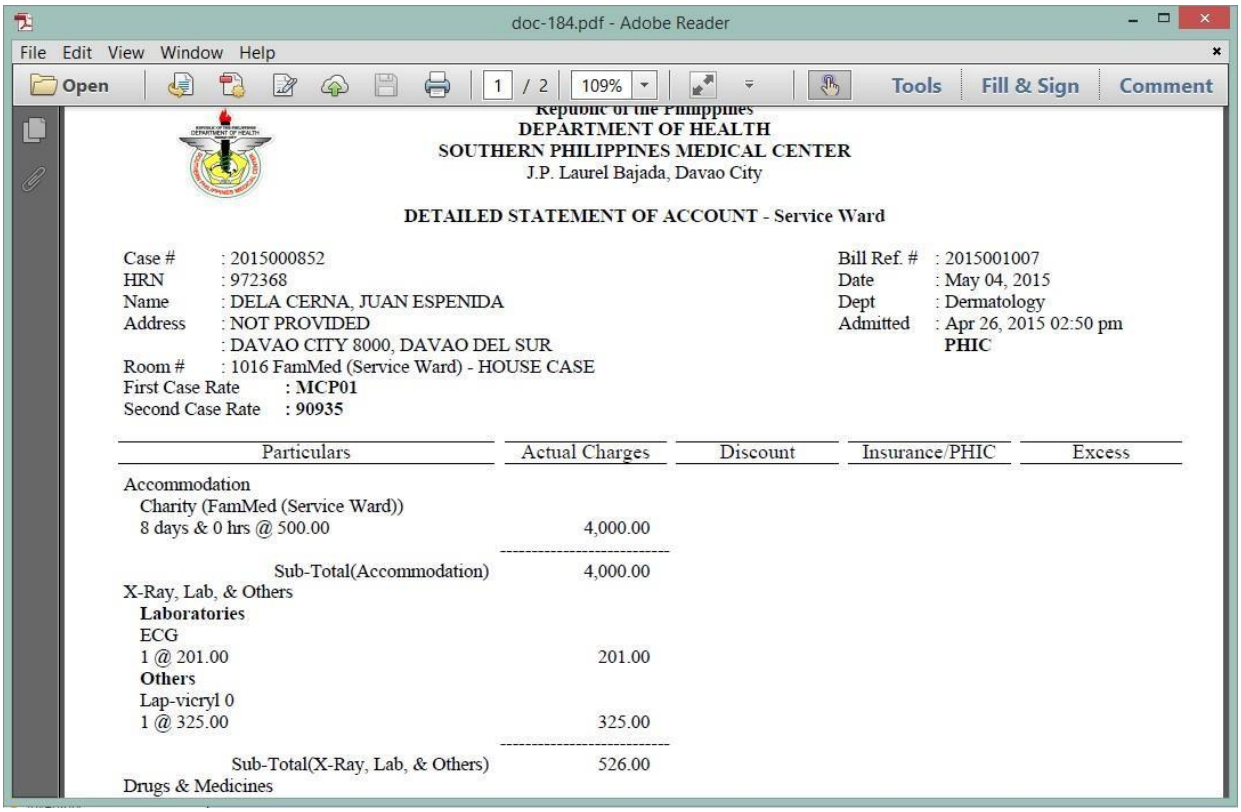
2. Mark the checkbox of “Check if Final Bill”.
3. Click “Save” button to create final/official bill.





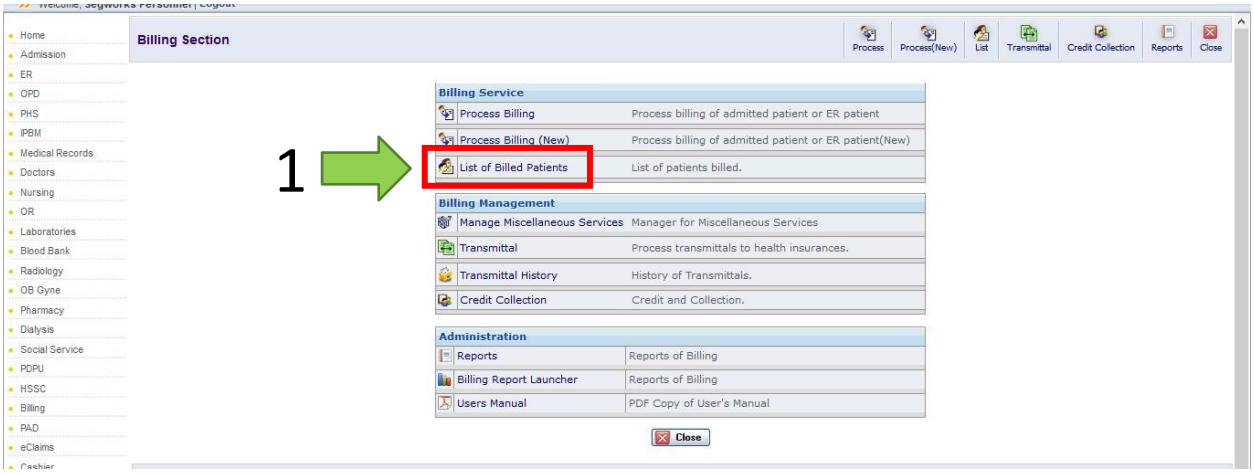
4. Mark the checkbox of “Detailed?”.
5. Click “Print” button to create detailed bill.
6. Click “Delete” button to delete bill.

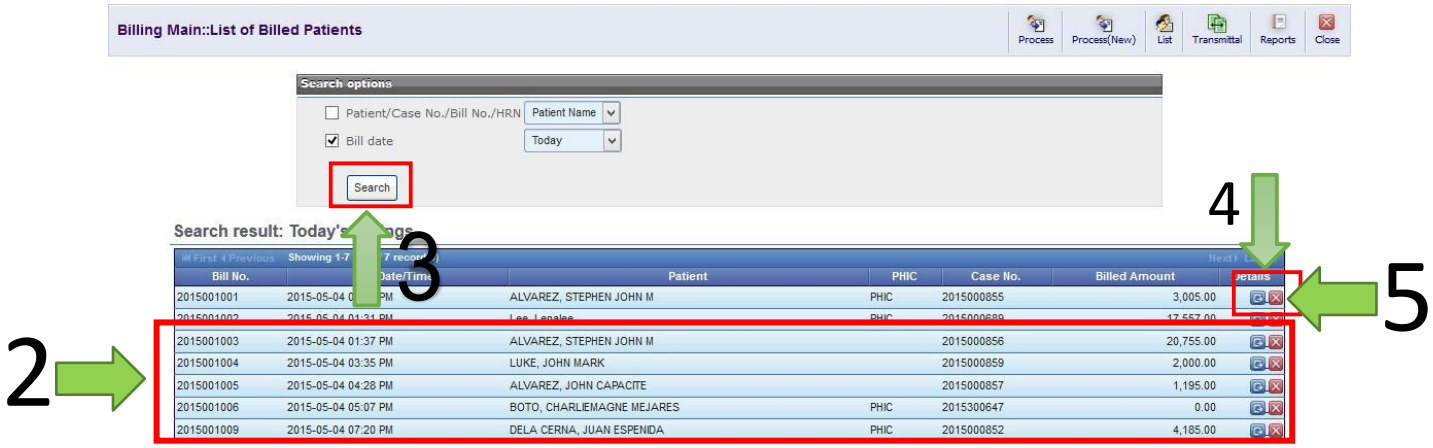




TO VIEW BILLED PATIENT

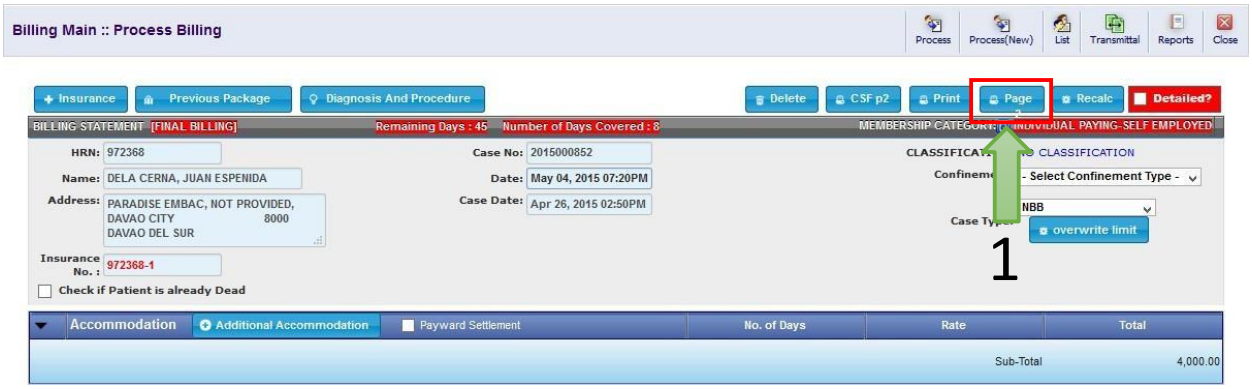
1. Click “List of Billed Patients” from the Menu Section.
2. Default list is all bills created Today, change search options to update.
3. Click “Search” button to generate list.
4. Click “View” icon to view details.
5. Click “X” icon to delete bill.
    a. Note: All transmitted bills cannot be deleted from the list.

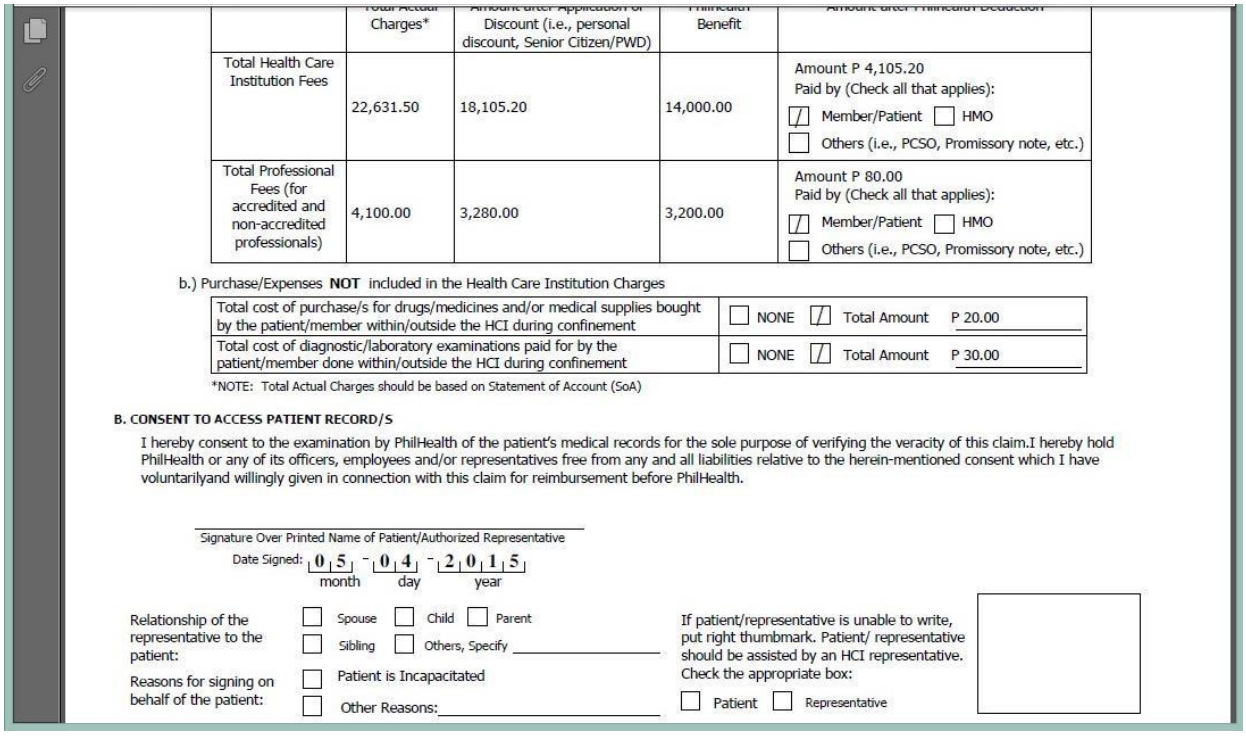




TO GENERATE CF2

1. Click “Page 2” button to generate CF2 page 2.





	Total Actual Charges*	Amount after Application of Discount (i.e., personal discount, Senior Citizen/PWD)	PhilHealth Benefit	Amount after PhilHealth Deduction
Total Health Care Institution Fees	22,631.50	18,105.20	14,000.00	Amount P 4,105.20 Paid by (Check all that applies): ☑ Member/Patient ☐ HMO ☐ Others (i.e., PCSO, Promissory note, etc.)
Total Professional Fees (for accredited and non-accredited professionals)	4,100.00	3,280.00	3,200.00	Amount P 80.00 Paid by (Check all that applies): ☑ Member/Patient ☐ HMO ☐ Others (i.e., PCSO, Promissory note, etc.)

b.) Purchase/Expenses **NOT** included in the Health Care Institution Charges

Total cost of purchase/s for drugs/medicines and/or medical supplies bought by the patient/member within/outside the HCI during confinement	☐ NONE ☑ Total Amount P 20.00
Total cost of diagnostic/laboratory examinations paid for by the patient/member done within/outside the HCI during confinement	☐ NONE ☑ Total Amount P 30.00

*NOTE: Total Actual Charges should be based on Statement of Account (SoA)

B. CONSENT TO ACCESS PATIENT RECORD/S

I hereby consent to the examination by PhilHealth of the patient’s medical records for the sole purpose of verifying the veracity of this claim.I hereby hold PhilHealth or any of its officers, employees and/or representatives free from any and all liabilities relative to the herein-mentioned consent which I have voluntarilyand willingly given in connection with this claim for reimbursement before PhilHealth.

Signature Over Printed Name of Patient/Authorized Representative

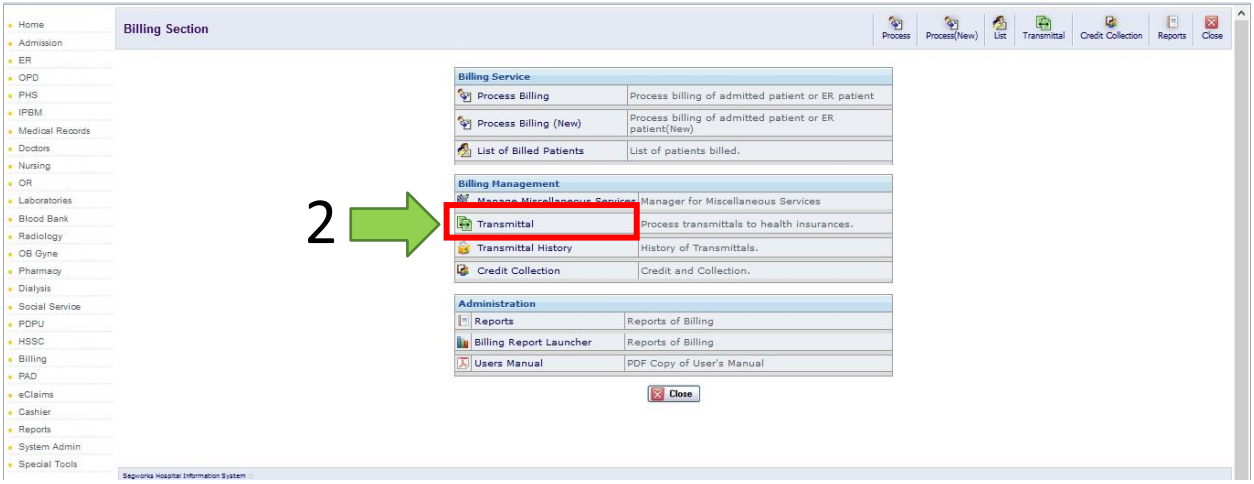
Date Signed: 0 5 (month) - 0 4 (day) - 2 0 1 5 (year)

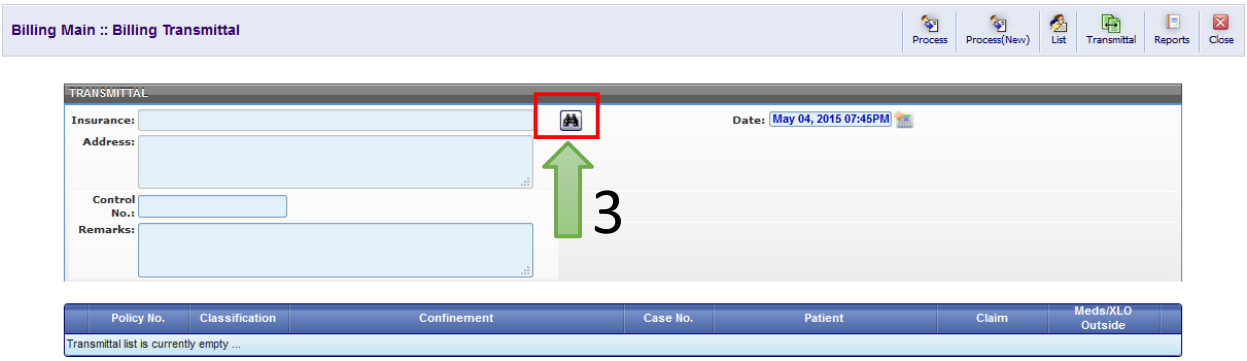
Relationship of the representative to the patient: ☐ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ Others, Specify _____

Reasons for signing on behalf of the patient: ☐ Patient is Incapacitated ☐ Other Reasons: _____

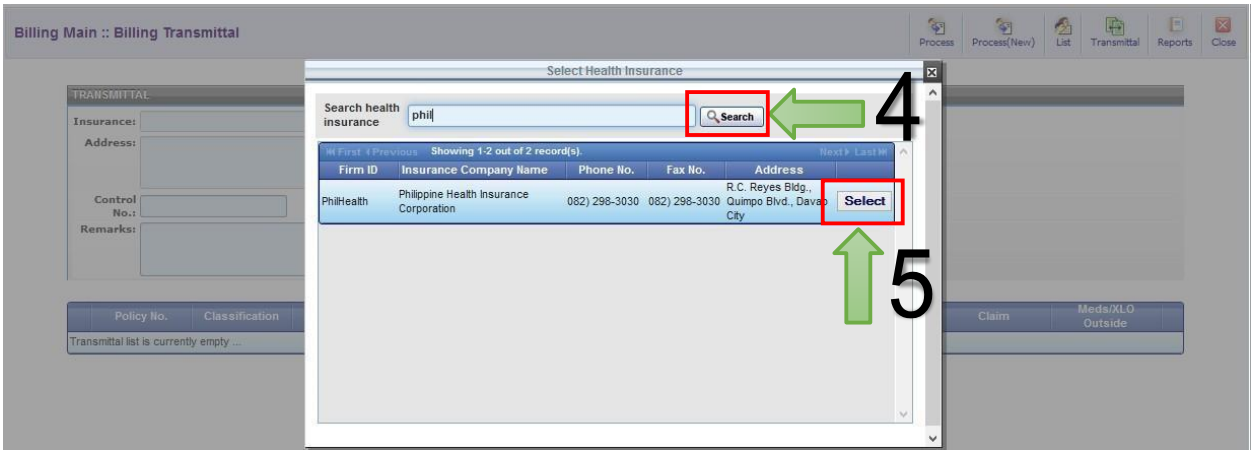
If patient/representative is unable to write, put right thumbmark. Patient/ representative should be assisted by an HCI representative. Check the appropriate box: ☐ Patient ☐ Representative

2. Click “Transmittal” from the menu section.
3. Click “Search” icon to select insurance.

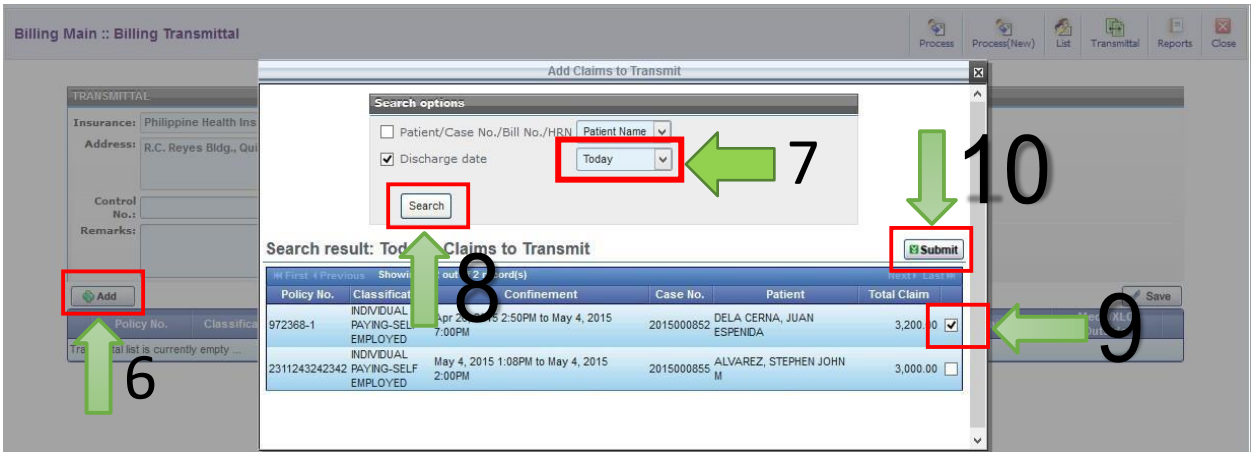




4. Insurance name from the textbox provide and press enter key or click “Search” button to search from the insurance list.
5. Click “Select” button.

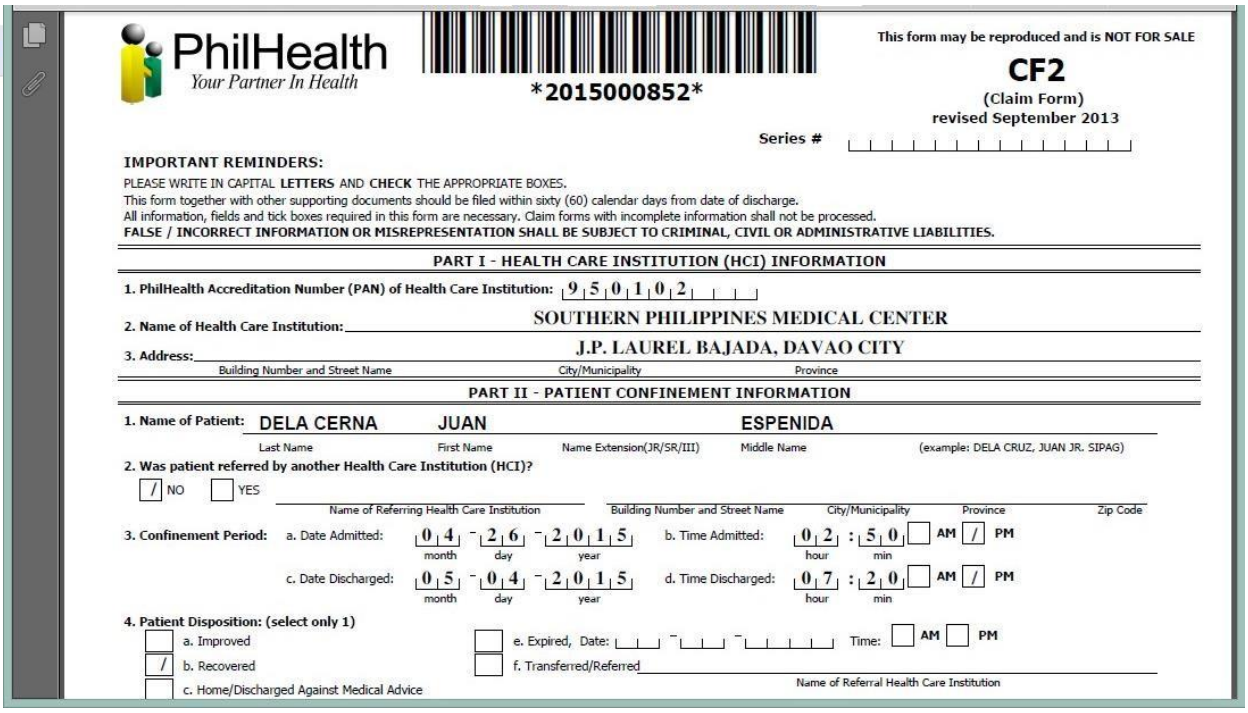


6. Click “Add” button to add claims to transmit. Only discharged patients with PHIC final bills are subject for transmittal.
7. As default, Discharged Today are listed. Change the options to change the display list.
8. Press enter key or click “Search” button to generate new search list.
9. Mark the checkbox to select encounters.
10. Click “Submit” button to submit data.



11. Click “Print” icon to generate PHIC claim form.

12. Select “New Form 2” from CF Page 1.
13. Click “Print” button to generate PDF file.



PhilHealth
Your Partner In Health

2015000852

This form may be reproduced and is NOT FOR SALE

CF2
(Claim Form)
revised September 2013

Series #

IMPORTANT REMINDERS:

PLEASE WRITE IN CAPITAL **LETTERS** AND **CHECK** THE APPROPRIATE BOXES.
This form together with other supporting documents should be filed within sixty (60) calendar days from date of discharge.
All information, fields and tick boxes required in this form are necessary. Claim forms with incomplete information shall not be processed.
FALSE / INCORRECT INFORMATION OR MISREPRESENTATION SHALL BE SUBJECT TO CRIMINAL, CIVIL OR ADMINISTRATIVE LIABILITIES.

PART I - HEALTH CARE INSTITUTION (HCI) INFORMATION

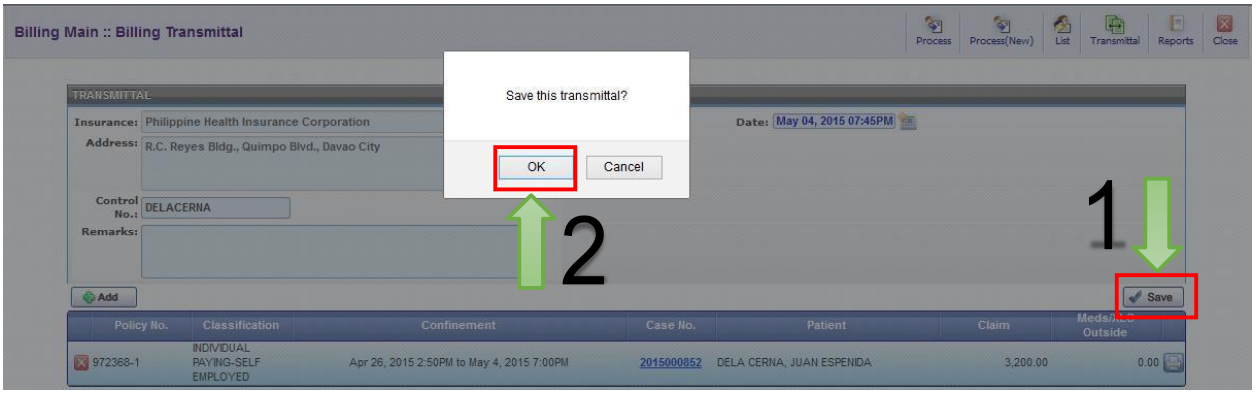
1. PhilHealth Accreditation Number (PAN) of Health Care Institution: 9 5 0 1 0 2
2. Name of Health Care Institution: SOUTHERN PHILIPPINES MEDICAL CENTER
3. Address: J.P. LAUREL BAJADA, DAVAO CITY
   (Building Number and Street Name / City/Municipality / Province)

PART II - PATIENT CONFINEMENT INFORMATION

1. Name of Patient: DELA CERNA (Last Name) JUAN (First Name) (Name Extension(JR/SR/III)) ESPENIDA (Middle Name) (example: DELA CRUZ, JUAN JR. SIPAG)
2. Was patient referred by another Health Care Institution (HCI)? [/] NO [ ] YES
   (Name of Referring Health Care Institution / Building Number and Street Name / City/Municipality / Province / Zip Code)
3. Confinement Period: a. Date Admitted: 0 4 (month) 2 6 (day) 2 0 1 5 (year) b. Time Admitted: 0 2 : 5 0 [ ] AM [/] PM
   c. Date Discharged: 0 5 (month) 0 4 (day) 2 0 1 5 (year) d. Time Discharged: 0 7 (hour) : 2 0 (min) [ ] AM [/] PM
4. Patient Disposition: (select only 1)
   [ ] a. Improved
   [/] b. Recovered
   [ ] c. Home/Discharged Against Medical Advice
   [ ] e. Expired, Date: [ ] [ ] [ ] Time: [ ] AM [ ] PM
   [ ] f. Transferred/Referred (Name of Referral Health Care Institution)

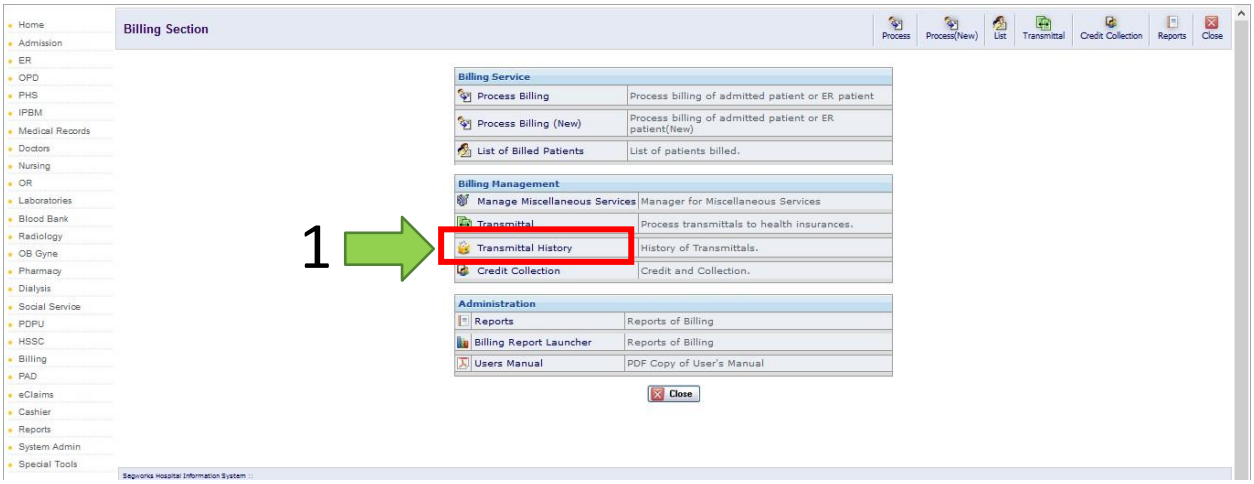
TO PROCESS TRANSMITTAL

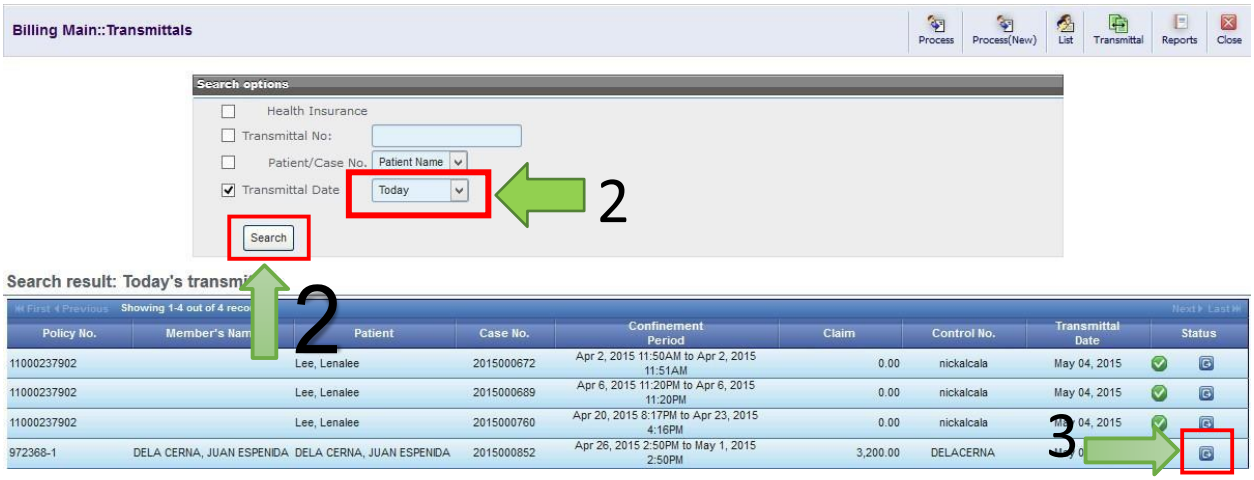
1. Click “Save” button to submit data.
2. An input message will prompt asking to save the transmittal. Click “Yes”, else click “Cancel”.



TO GENERATE DOCUMENTS FROM TRANSMITTAL HISTORY

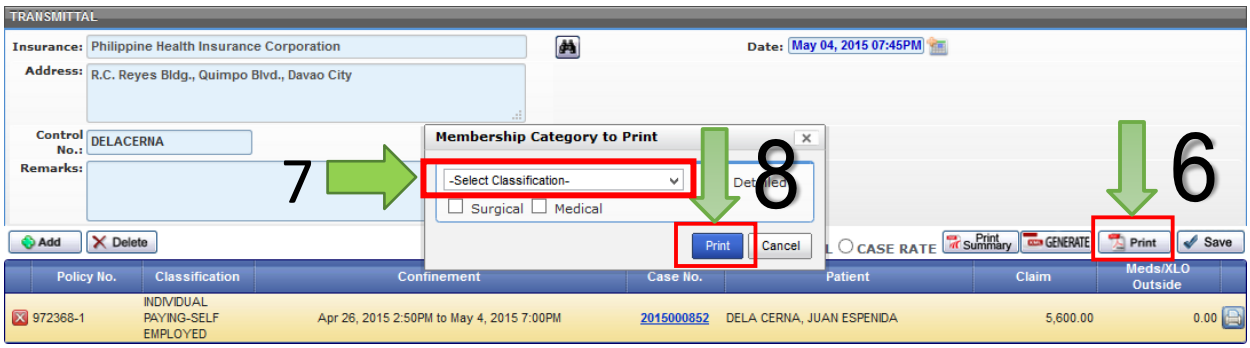
1. Click “Transmittal History” from the Menu section.
2. Default list are Transmitted Today. Change the options and click “Search” button to generate new search.
3. Click “View” icon to be directed to transmittal details.

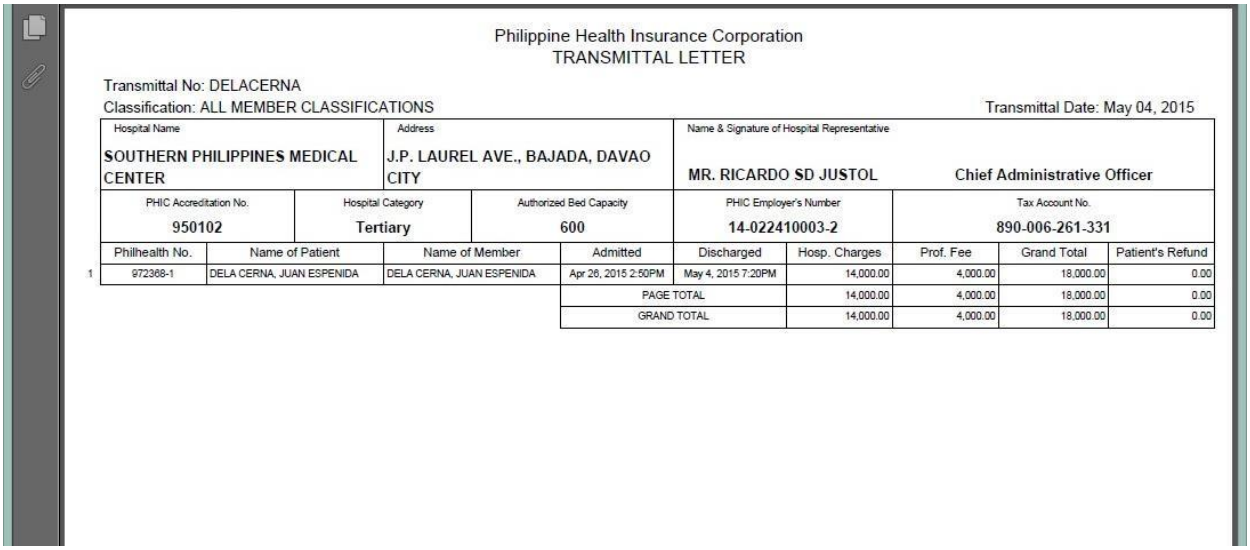




4. Click “Add” button to add new claim.
5. Click “X” button to remove specific claim from the list.

6. Click “Print” button to generate Transmittal Letter.
7. Select Classification Type to filter report.
8. Click “Print button to generate PDF file for printing.





Philippine Health Insurance Corporation
TRANSMITTAL LETTER

Transmittal No: DELACERNA
Classification: ALL MEMBER CLASSIFICATIONS
Transmittal Date: May 04, 2015

Hospital Name	Address	Name & Signature of Hospital Representative	
SOUTHERN PHILIPPINES MEDICAL CENTER	J.P. LAUREL AVE., BAJADA, DAVAO CITY	MR. RICARDO SD JUSTOL	Chief Administrative Officer

PHIC Accreditation No.	Hospital Category	Authorized Bed Capacity	PHIC Employer's Number	Tax Account No.
950102	Tertiary	600	14-022410003-2	890-006-261-331

	Philhealth No.	Name of Patient	Name of Member	Admitted	Discharged	Hosp. Charges	Prof. Fee	Grand Total	Patient's Refund
1	972368-1	DELA CERNA, JUAN ESPENIDA	DELA CERNA, JUAN ESPENIDA	Apr 26, 2015 2:50PM	May 4, 2015 7:20PM	14,000.00	4,000.00	18,000.00	0.00
				PAGE TOTAL		14,000.00	4,000.00	18,000.00	0.00
				GRAND TOTAL		14,000.00	4,000.00	18,000.00	0.00

9. Click “Generate” button for S-Claim XML file.
10. Select Member category to filter.
11. Click “Generate” button to generate XML file to save or open.

```
<?xml version="1.0"?>
- <eCLAIMS pHospitalEmail="dmcenter01@yahoo.com" pHospitalCode="950102" pUserPassword="" pUserName="">
  - <eTRANSMITTAL pTotalClaims="1" pHospitalTransmittalNo="DELACERNA">
    - <CLAIM pIsEmergency="N" pPatientType="I" pPhilhealthClaimType="ALL-CASE-RATE" pTrackingNumber="" pClaimNumber="2015000852">
        <CF1 pEmployerName="." pPEN="" pPatientSex="M" pPatientBirthDate="06-27-1936" pPatientMiddleName="ESPENIDA" pPatientSuffix="."
          pPatientFirstName="JUAN" pPatientLastName="DELA CERNA" pPatientPIN="9723681" pPatientIs="M" pEmailAddress="sample@email.com" pMobileNo="0"
          pLandlineNo="0" pMemberSex="M" pZipCode="8000" pMailingAddress="PARADISE EMBACNOT PROVIDED, DAVAO CITY 8000 DAVAO DEL SUR"
          pMemberShipType="PS" pMemberBirthDate="06-27-1936" pMemberMiddleName="ESPENIDA" pMemberSuffix="." pMemberFirstName="JUAN"
          pMemberLastName="DELA CERNA" pMemberPIN="9723681"/>
      - <CF2 pAccommodationType="N" pReferralReasons="" pReferralIHCPAccreCode="" pExpiredTime="" pExpiredDate="" pDisposition="R" pDischargeTime="07:20:25PM"
        pDischargeDate="05-04-2015" pAdmissionTime="02:50:00PM" pAdmissionDate="04-26-2015" pReferredIHCPAccreCode="0" pPatientReferred="N">
        - <DIAGNOSIS pAdmissionDiagnosis="">
          - <DISCHARGE pDischargeDiagnosis="FEVER OF UNKNOWN ORIGIN">
              <ICDCODE pICDCode="R50.9"/>
            </DISCHARGE>
          - <DISCHARGE pDischargeDiagnosis="DENGUE FEVER">
              <ICDCODE pICDCode="A90"/>
            </DISCHARGE>
          - <DISCHARGE pDischargeDiagnosis="NONE">
              <RVSCODES pLaterality="N" pProcedureDate="05-01-2015" pRelatedProcedure="HEMODIALYSIS PROCEDURE" pRVSCode="90935"/>
              <RVSCODES pLaterality="N" pProcedureDate="05-02-2015" pRelatedProcedure="HEMODIALYSIS PROCEDURE" pRVSCode="90935"/>
            </DISCHARGE>
          - <DISCHARGE pDischargeDiagnosis="NONE">
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            </DISCHARGE>
          - <DISCHARGE pDischargeDiagnosis="NONE">
              <RVSCODES pLaterality="N" pProcedureDate="05-01-2015" pRelatedProcedure="APPENDECTOMY;" pRVSCode="44950"/>
            </DISCHARGE>
          </DIAGNOSIS>
        - <SPECIAL>
          - <PROCEDURES>
            - <HEMODIALYSIS>
                <SESSIONS pSessionDate="05-01-2015"/>
                <SESSIONS pSessionDate="05-02-2015"/>
              </HEMODIALYSIS>
            </PROCEDURES>
```
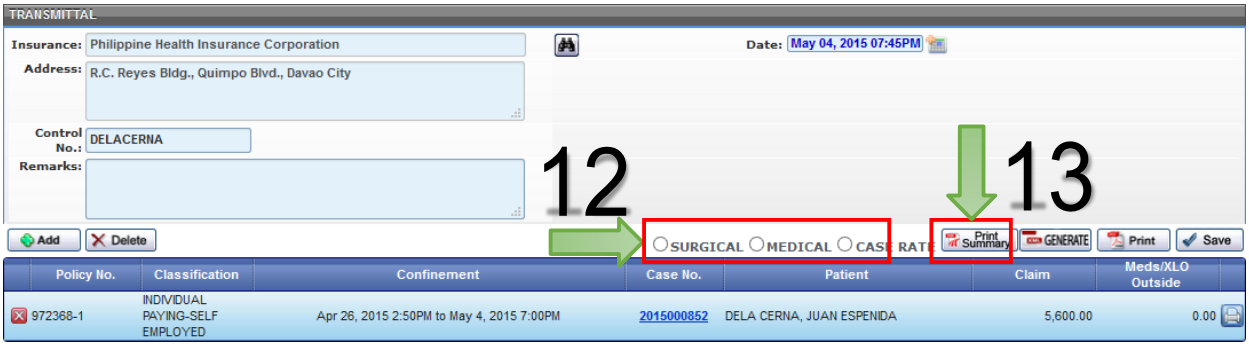
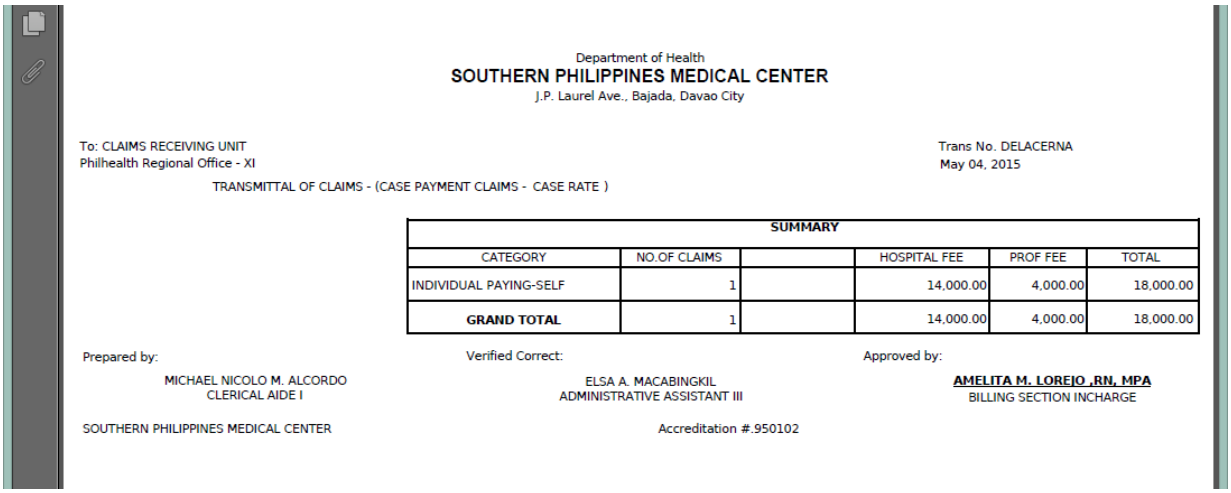


12. Select from radio button to support data in Transmittal Summary.
13. Click “Print Summary” button to generate pdf for printing.





Department of Health
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Ave., Bajada, Davao City

To: CLAIMS RECEIVING UNIT
Philhealth Regional Office - XI

Trans No. DELACERNA
May 04, 2015

TRANSMITTAL OF CLAIMS - (CASE PAYMENT CLAIMS - CASE RATE)

SUMMARY

CATEGORY	NO.OF CLAIMS		HOSPITAL FEE	PROF FEE	TOTAL
INDIVIDUAL PAYING-SELF	1		14,000.00	4,000.00	18,000.00
GRAND TOTAL	1		14,000.00	4,000.00	18,000.00

Prepared by:
MICHAEL NICOLO M. ALCORDO
CLERICAL AIDE I

Verified Correct:
ELSA A. MACABINGKIL
ADMINISTRATIVE ASSISTANT III

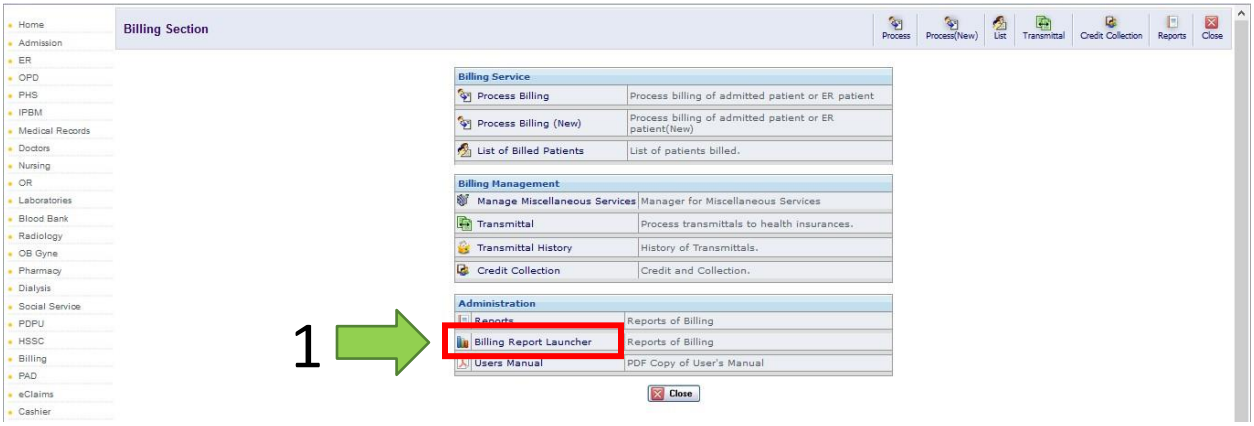
Approved by:
AMELITA M. LOREJO ,RN, MPA
BILLING SECTION INCHARGE

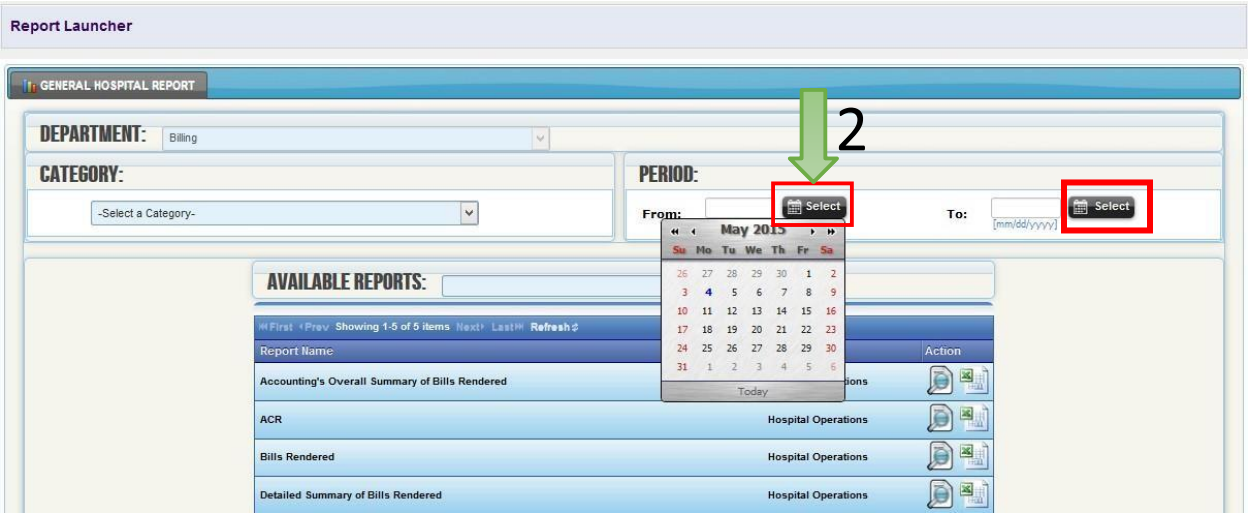
SOUTHERN PHILIPPINES MEDICAL CENTER

Accreditation #.950102

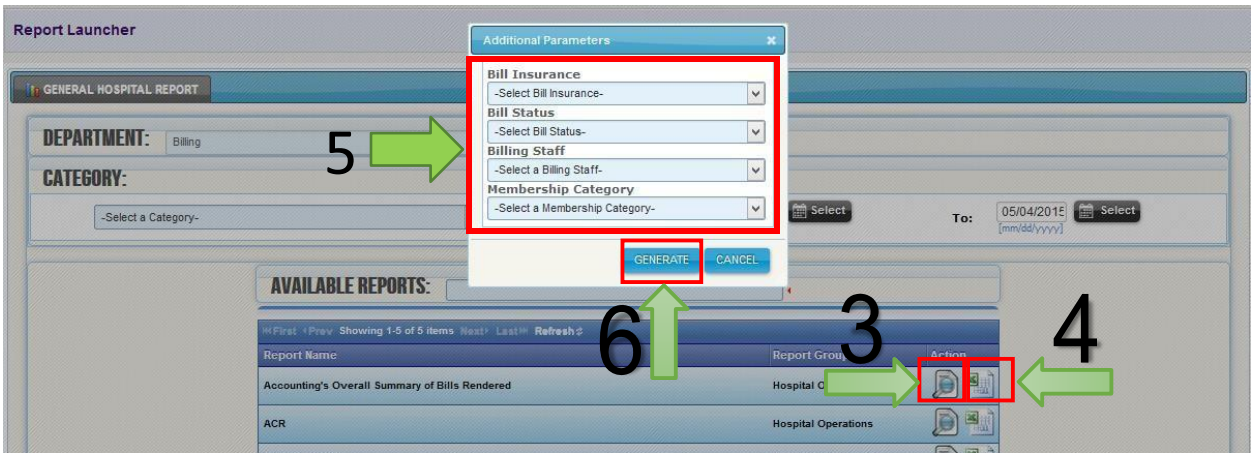
TO GENERATE REPORTS

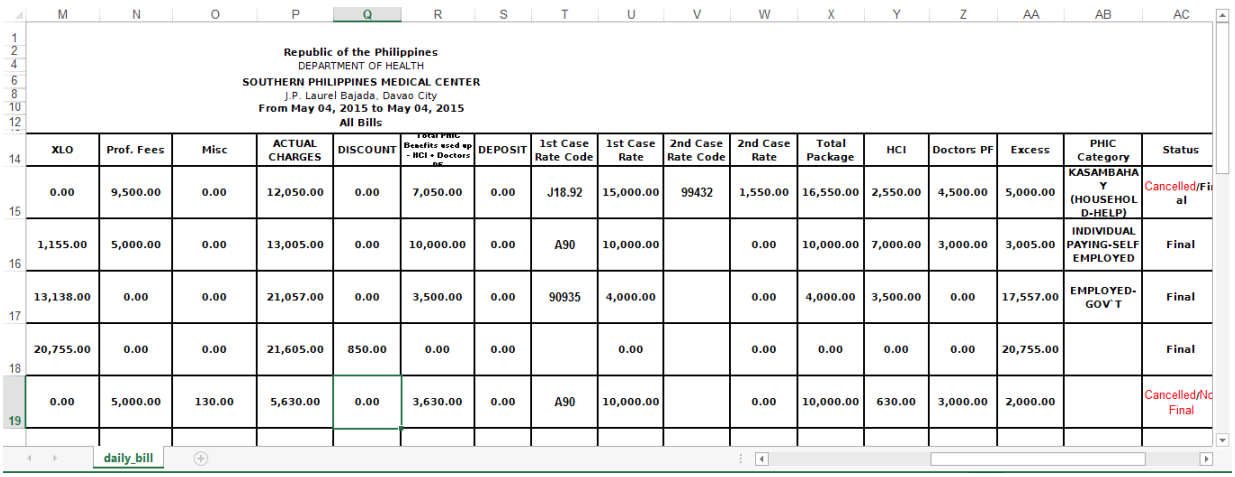
1. Click “Billing Report Launcher” from the menu section.
2. Select “Period” date using date picker.





3. Click “View” icon to generate read-only file PDF.
4. Click “Worksheet” icon to generate excel file.
5. Select parameters to filter.
6. Click “Generate” button to generate reports, else click “Cancel”.





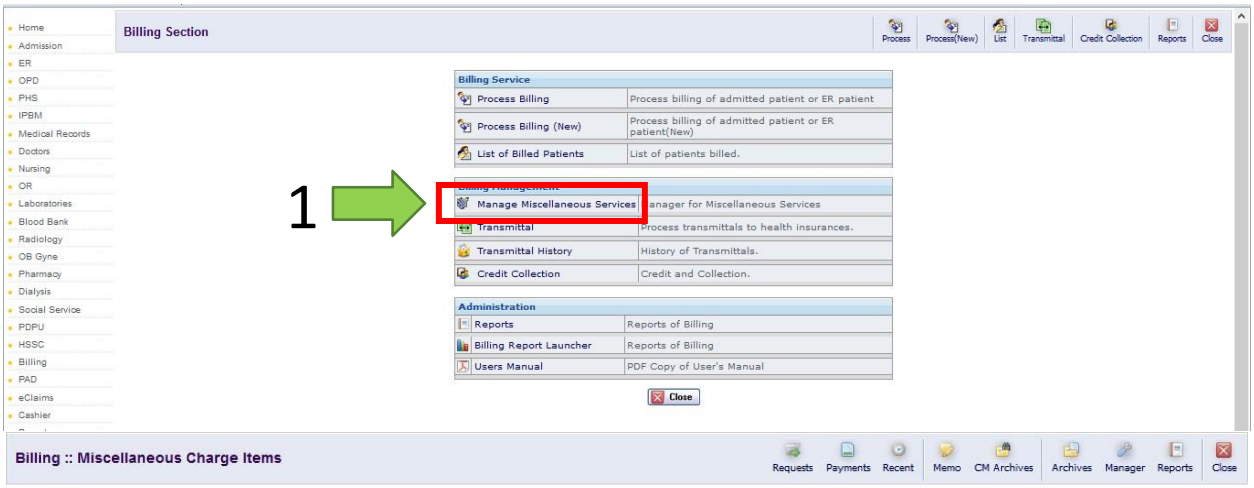
Republic of the Philippines
DEPARTMENT OF HEALTH
SOUTHERN PHILIPPINES MEDICAL CENTER
J.P. Laurel Bajada, Davao City
From May 04, 2015 to May 04, 2015
All Bills

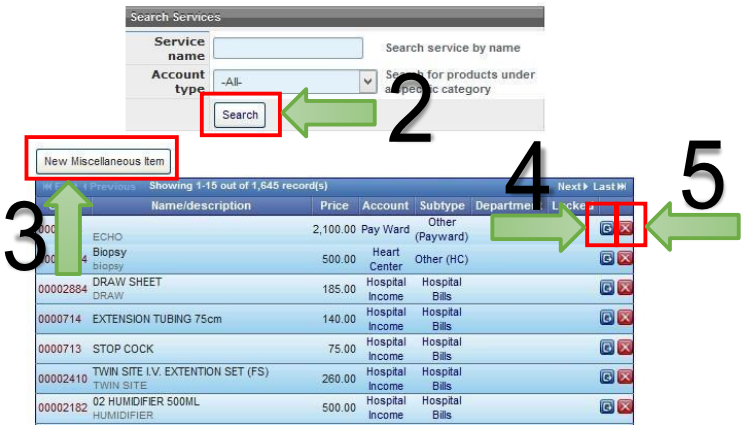
XLO	Prof. Fees	Misc	ACTUAL CHARGES	DISCOUNT	Total PHIC Benefits used up - HCI + Doctors PF	DEPOSIT	1st Case Rate Code	1st Case Rate	2nd Case Rate Code	2nd Case Rate	Total Package	HCI	Doctors PF	Excess	PHIC Category	Status
0.00	9,500.00	0.00	12,050.00	0.00	7,050.00	0.00	J18.92	15,000.00	99432	1,550.00	16,550.00	2,550.00	4,500.00	5,000.00	KASAMBAHAY (HOUSEHOLD-HELP)	Cancelled/Final
1,155.00	5,000.00	0.00	13,005.00	0.00	10,000.00	0.00	A90	10,000.00		0.00	10,000.00	7,000.00	3,000.00	3,005.00	INDIVIDUAL PAYING-SELF EMPLOYED	Final
13,138.00	0.00	0.00	21,057.00	0.00	3,500.00	0.00	90935	4,000.00		0.00	4,000.00	3,500.00	0.00	17,557.00	EMPLOYED-GOV'T	Final
20,755.00	0.00	0.00	21,605.00	850.00	0.00	0.00		0.00		0.00	0.00	0.00	0.00	20,755.00		Final
0.00	5,000.00	130.00	5,630.00	0.00	3,630.00	0.00	A90	10,000.00		0.00	10,000.00	630.00	3,000.00	2,000.00		Cancelled/Nc Final

daily_bill

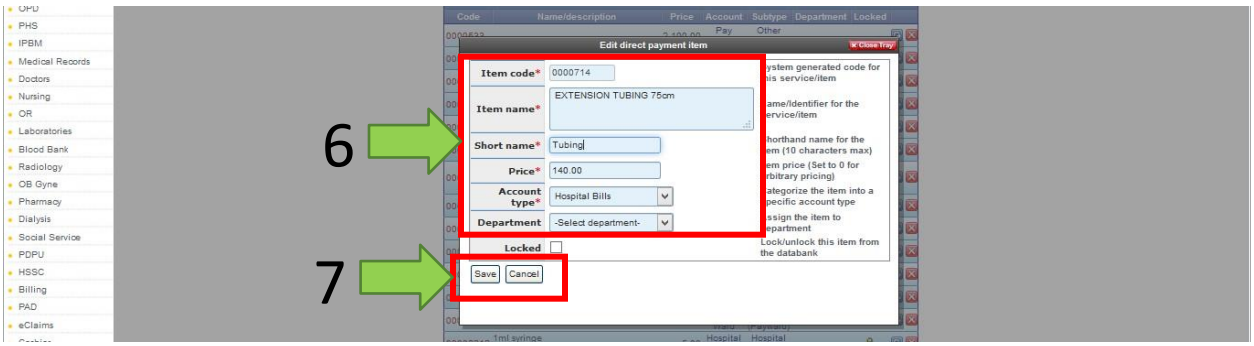
TO MANAGE MISCELLANEOUS SERVICES

1. Click “Manage Miscellaneous Services” from menu section.
2. Input search keywords and click “Search” button to generate list.
3. Click “New Miscellaneous Item” to create new services.
4. Click “View” icon to view item details.
5. Click “Delete” icon to remove services from databank.



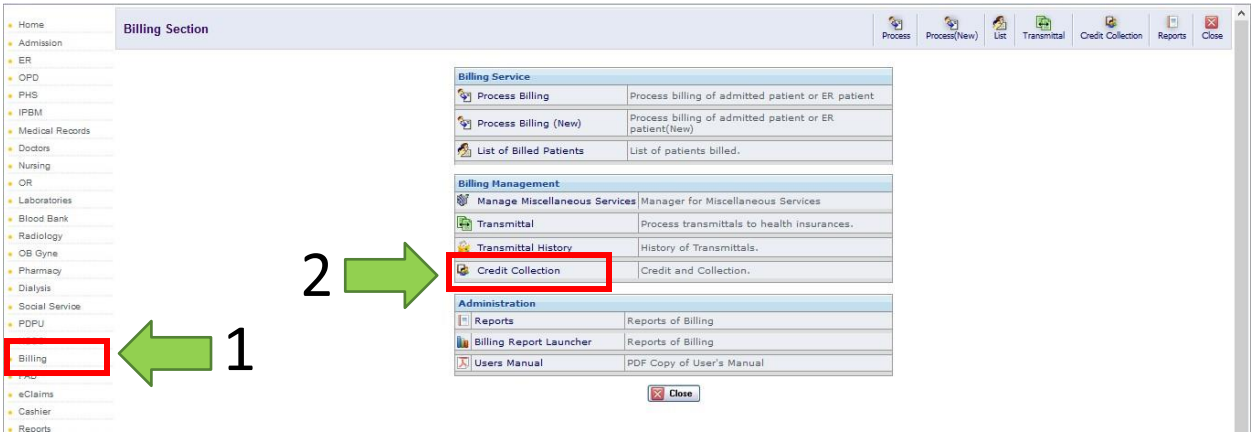


6. Input item details, marked with red asterisk are mandatory fields.
7. Click “Save” button to create new item, else click “Cancel”.

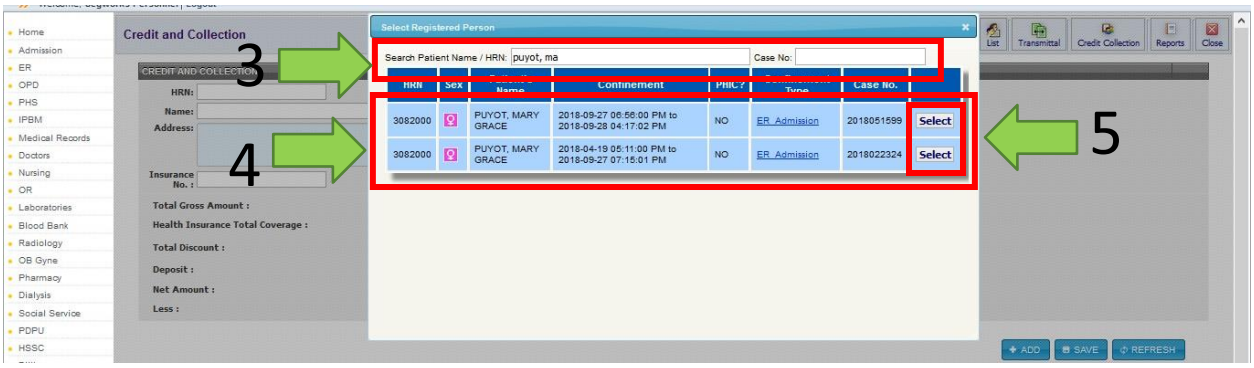


CREDIT AND COLLECTION

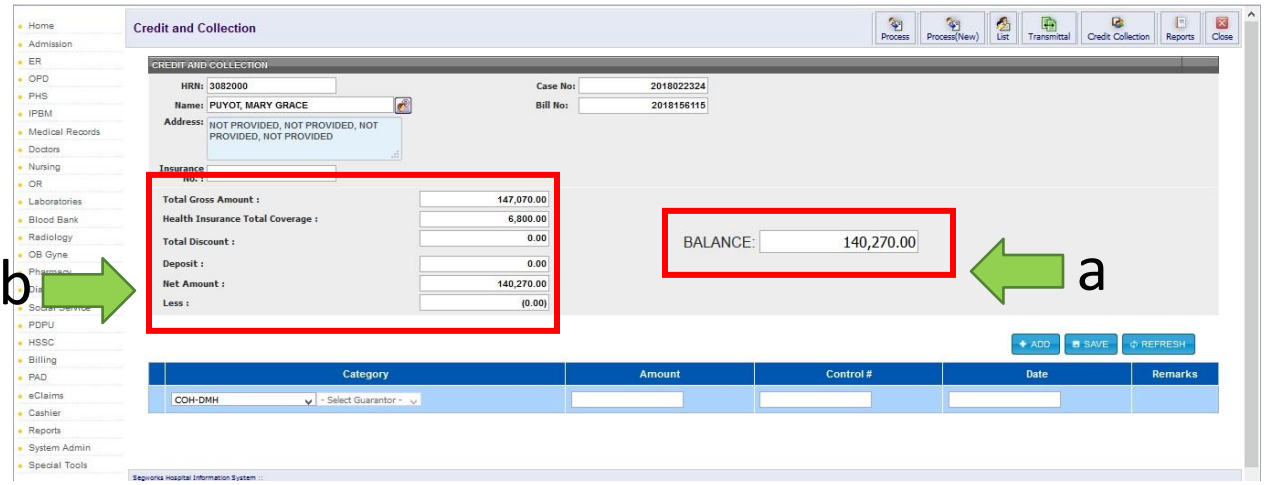
1. Click “Billing” in Menu Section.
2. Click “Credit Collection”.



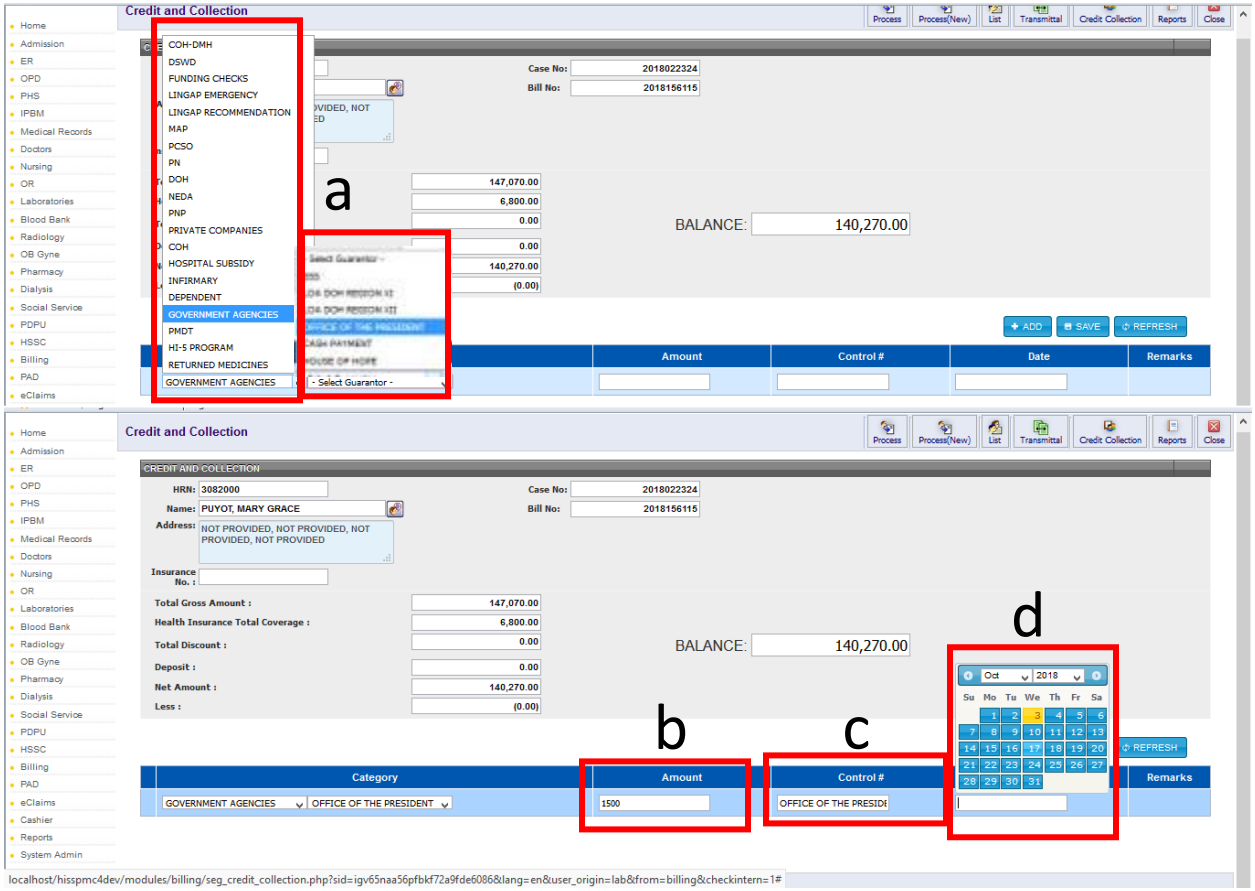
3. Input Patient Name, HRN or Case Number then click enter key on your keyboard.
4. The patient’s information shall display.
5. Click “Select” button after searching patient.



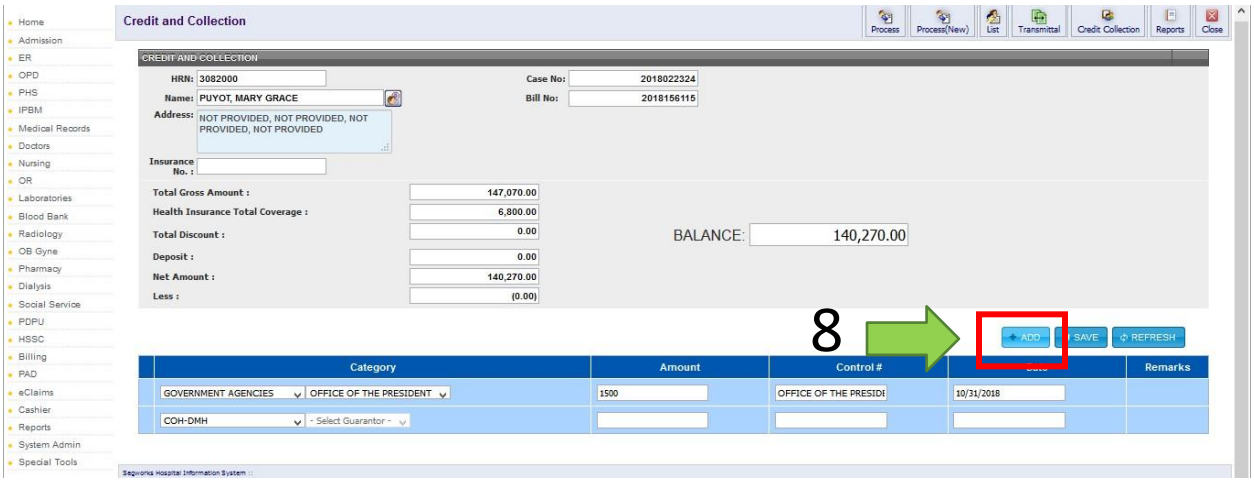
6. The following data will be displayed.
   a. Current Balance
   b. Total Gross Amount, Health Insurance Coverage, Total Discount, Deposit, Net Amount and Less.



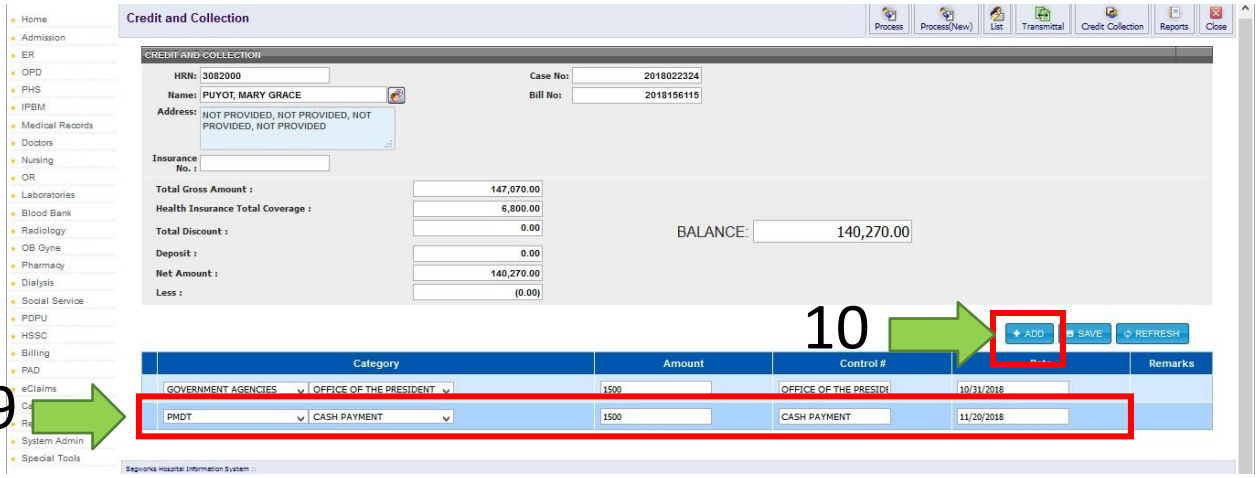
7. Select Among the options “a. Category or Guarantor or Other Financial Assistance of the patient, b. Amount, c. Control No. and d. Date.”



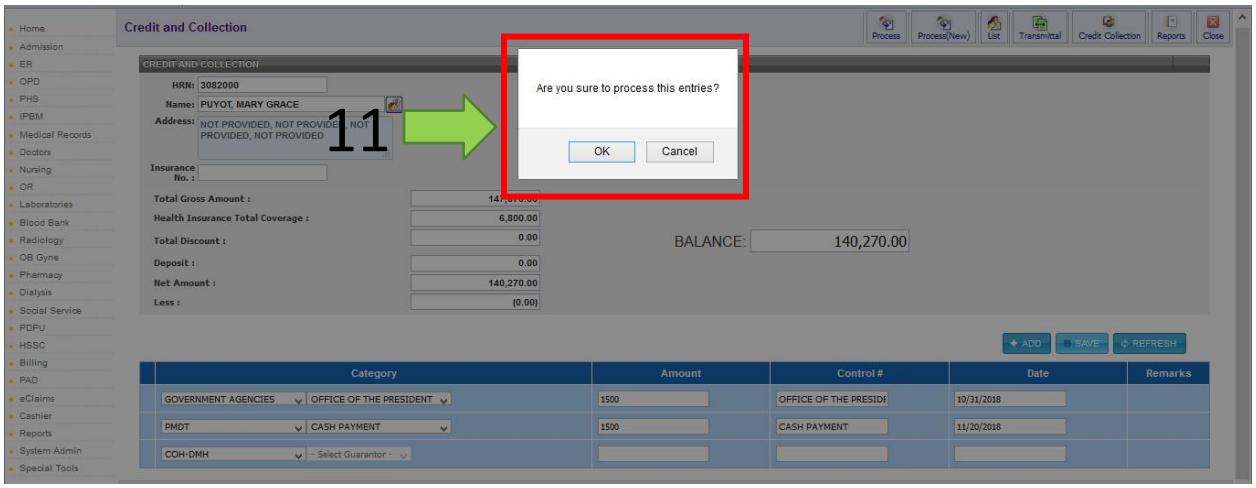
8. If the patient has other guarantor or other financial assistance that is not added to the patient, you can still add guarantor by clicking the “Add” button.

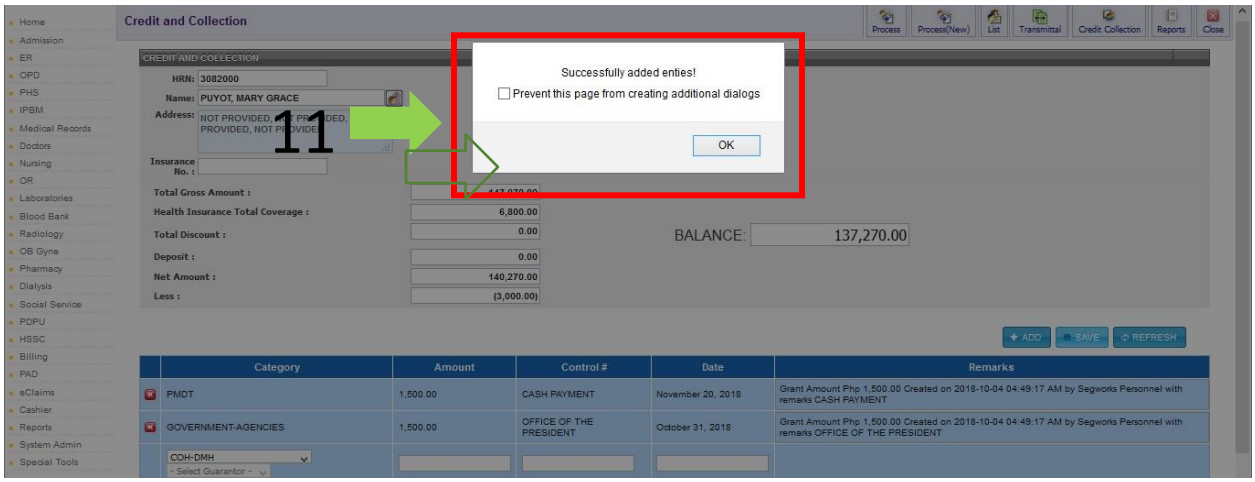


9. Fill out necessary fields; Category, Amount, Control No. and Date Covered.
10. Click “Add” button to add guarantor.

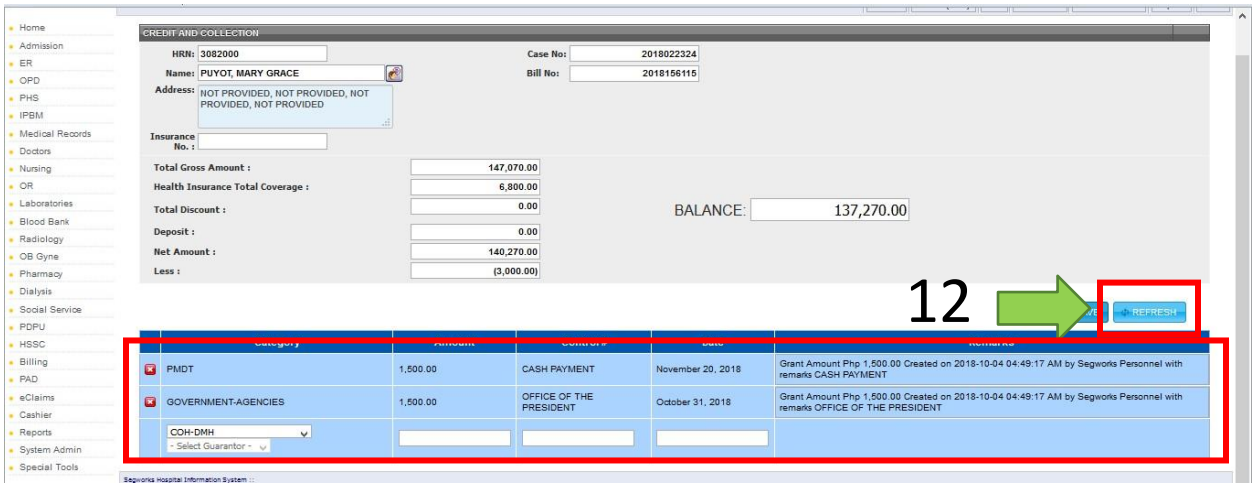


11. Click “Save” button to submit the transaction. The system will prompt a confirmation message indicating “Are you sure to process this entry?” Click “OK”, else click “Cancel”. After clicking “OK”, the system will prompt a confirmation message indicating “Successfully Added Entries”.

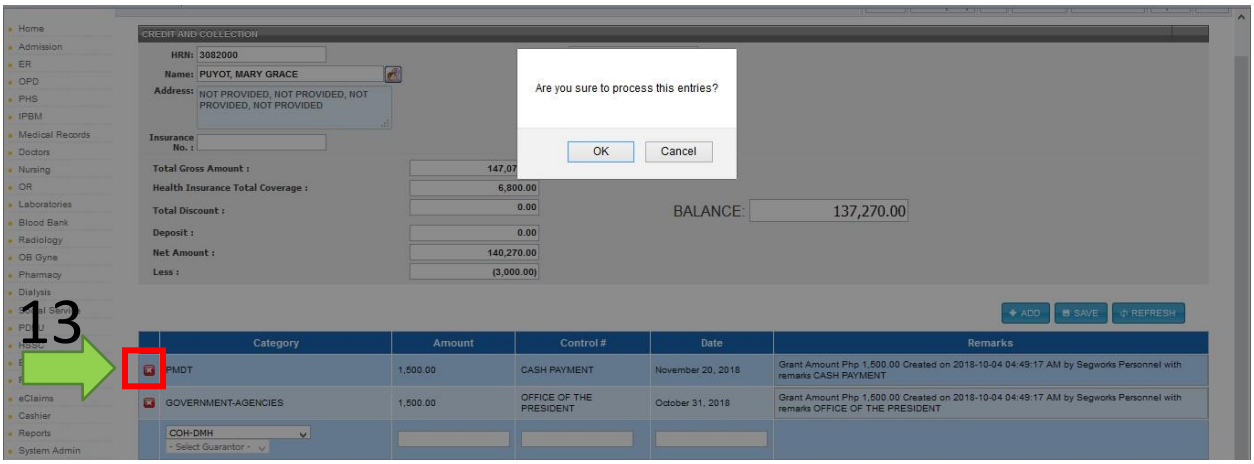


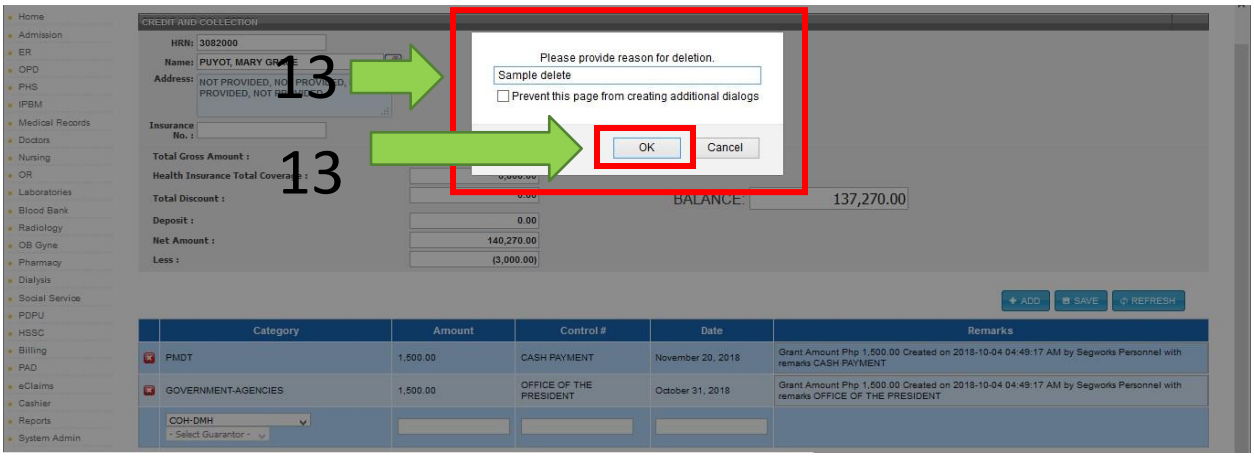
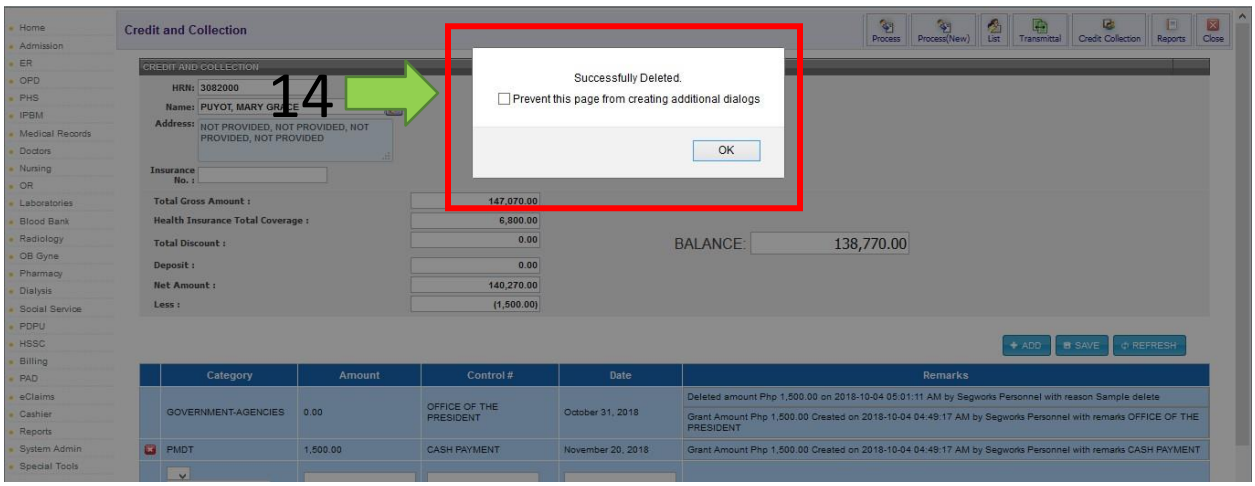


12. Select “Refresh” button to reload the data. After saving, the system will display the encoded guarantor, amount, control no. and remarks.



13. The user can still able to delete by clicking the “X” button beside the category and provide a valid reason, then click “OK”.





14. The system will display that it was deleted successfully.