



ezChartWriter User Manual

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ezChartWriter

Ophthalmic EMR Software

by lccomplish, Inc

ezChartWriter User Manual

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Table of Contents

Part I How to Use this Manual	14
Part II Overview of ezChartWriter	18
1 Evaluating the Software (Free Trial Period).....	19
2 Register/Activate software.....	19
3 How to Purchase.....	20
4 Hardware Requirements.....	21
5 Example Uses of ezChartWriter.....	22
Part III Installation and Setup	26
1 Download & Installing Software.....	26
2 Networking Options.....	28
Networking the Software	28
Networking Choices.....	29
Peer-to-Peer	29
Client/Server	31
Ethernet	32
Wireless 802.11x.....	33
Software/Hardware Requirements.....	34
Setting Up the Network.....	36
Keys to Successful Networking.....	37
Our Recommendations.....	39
Installing on your Primary Computer	39
Windows 95/98/Me.....	39
Windows 2000/XP/Vista/Win 7.....	39
Sharing your Database Folder	41
Windows 2000.....	42
Windows XP.....	44
Windows Vista.....	46
Windows 7.....	49
Mapping the Networked Folder	58
Windows 2000.....	59
Windows XP.....	60
Windows Vista.....	62
Windows 7.....	64
Installing on your Secondary Computers	66
Setting up a Wireless Network	68
Improving Wireless Signal.....	69
Disabling WZC in WinXP.....	71
Troubleshooting Network Problems	73
Part IV Getting Started	78
1 Using the Setup Wizard.....	78
Password Selection	84

2	User Login.....	84
3	Administrator Login.....	85
4	Lost/forgotten passwords.....	85
5	FAQ (frequently asked questions).....	88
6	User Manual (pdf).....	89
7	Sample Patient.....	89

Part V Admin Functions 92

1	Software Account.....	92
	Purchase Software	93
	Register/License Software	94
	View Licenses	96
	Change Account Number	96
2	Settings & Options.....	97
	Clinic Details Screen	97
	User Details	98
	Comprehensive Security Settings	101
	International Settings	102
	Locate Database	103
3	Reset Passwords.....	104
4	Audit Trail.....	105
5	System Info.....	106

Part VI Basic Functions 110

1	Navigating the Program.....	110
	Main Menu	111
	QuickFind Tool	112
	Patient Charts	114
	Create a New Patient Chart.....	114
	Open an Existing Patient Chart.....	115
	Patient List.....	116
	Patient Demographics Screen.....	119
	Subscriber Info.....	130
	Open/Pulled Charts	131
	Chart Options.....	132
	Modify Name.....	133
	Sticky Note.....	135
	Encounter List	136
	Create Encounter.....	138
	Create Rx.....	138
	Create a Report.....	144
	Using the Report Writer.....	145
	Using Images	148
	Using Tables	151
	Create a Note.....	159
	Attach/Scan a Document.....	160
	Rx Logbook.....	162
2	Patient Reminders.....	163
	Create/Send a New Reminder	164

Receiving a Reminder	165
Managing Reminders	166
User Groups	166
3 Special Functions.....	167
Database Maintenance	168
Backup Database.....	168
Compact Database.....	171
Software Maintenance	171
Report Bugs.....	172
Check for Updates.....	172
Data Management	173
Query/Statistics.....	173
Encrypt/Compress Reports.....	175
Miscellaneous Functions	175
Report Designer.....	175
Available Fields.....	182
Rolodex Utility.....	186
4 Recall Wizard.....	187
Creating a Recall List	187
Create Labels.....	190
Create Form Letters.....	194
Generate Email List.....	195
Using "Mail Chimp".....	195
Generate Phone List.....	198
Using "Dial My Calls".....	199
Export Data.....	202
Using "Click2Mail".....	203
5 Importing/Exporting Patient Data.....	204
Importing Data	205
Exporting Data	206
6 Program Settings.....	208
7 PreTesting Module.....	214
8 Software Versions.....	214
9 Misc Functions.....	215
10 ePrescribe.....	220

Part VII Working With Encounters 226

1 Sample SOAP Note.....	226
2 Basic Encounter Functions.....	229
View prior records	229
Switch chart views	230
Use the Tools to enter data	230
Edit text in the SOAP note	231
Print a copy of the Encounter	231
Export the Encounter (PDF/Word)	233
Finalize the encounter	234
Upload to PracticeFusion EHR Website	235
Make changes to signed encounter	241
Auto Log Off	242
Using the Navigation Button Menu	243

Name Alerts	244
Rx Tracking Logbook	244
3 Charting Tools.....	245
Using the Diopter Power Tool	246
Subjective Findings Tool	250
Include patient age/gender/race in SOAP note.....	254
Use the "Quick Fill Template".....	254
Indicate a chief complaint.....	255
Customize the complaints	256
Enter medical/ocular history.....	257
Pull forward a previous medical/ocular history	258
Quick History Tool.....	260
Mark a history item as normal/abnormal	260
Enter detailed history of an item.....	261
Enter detailed ROS information.....	261
Enter patient medications.....	262
Enter allergy information.....	263
Enter family history	263
Enter social history	264
Add custom meds, allergies, diseases.....	265
Use the Subjective History SOAPwriter tool.....	265
Use the Subjective ToolBox.....	266
HPI Wizard	266
Ocular Symptoms Tool.....	267
Ocular Symptoms PickList Tool.....	268
Computer Usage Tool.....	269
Occupations Tool.....	270
Hobbies Tool	271
Customize the Subjective History Tool.....	271
Automated Instrument Tool	272
Importing Instrument Data.....	276
Visual Acuity Tool	278
Refraction Tool	281
Quick Exam Tool	285
Detailed Findings Tool.....	289
Rx Wizard	291
Plan & Assessment Tool	296
Contact Lens Tool	298
Contact Lens Power Tool.....	302
Fit Assessment Tool.....	305
Report Manager	311
Using the Report Writer.....	312
Using Images	315
Using Tables	318
SOAPwriter Tool	326
Vital Signs Tool	328
Lab Tests Tool	328
Drawing Tool	329
4 Image Manager.....	339
5 SuperBill Tool.....	339
Coding Tool	340
6 Customization Possibilities.....	344
PickList Customization Tool	344

Report Designer	352
Available Fields	359
Image Templates	363
Encounter Template	365
Customize SOAPwriter	366
Template Keyw ords.....	369
Settings & Options	370

Part VIII ezInstrumentLink 384

1 TOPCON Instruments.....	385
2 Marco/Nidek Instruments.....	386

Part IX Appointment Scheduler 388

1 Main Screen.....	388
2 Menu Options.....	391
3 Select Viewing Mode.....	395
4 Create New Appointment.....	398
5 Edit or Move an Appointment.....	401
6 Special Features.....	402
7 Calendar Options.....	407
8 Customize Appointment Types.....	408
9 QuickFind Tool.....	411

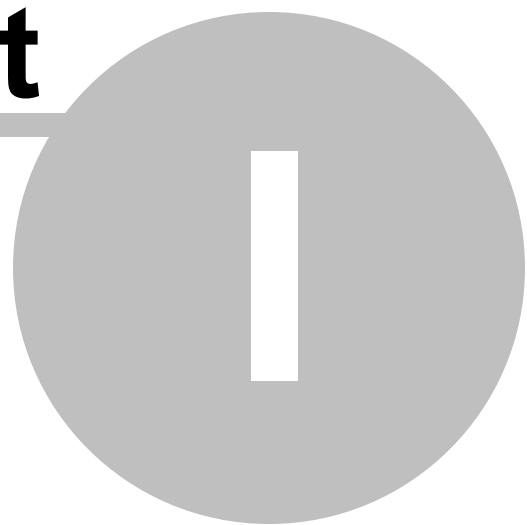
Part X Billing Module 414

1 Main Screen.....	415
Sticky Note	417
Modify Patient Name	418
2 Login Screen.....	420
Log in to Billing Module	420
Lost/forgotten passwords	421
Log out of Billing Module	423
Log in as Admin	423
3 Create New Patient.....	423
4 Patient Demographics Screen.....	425
5 Subscriber Info.....	430
6 Open Existing Patient.....	431
7 Patient List.....	432
8 QuickFind Tool.....	436
9 Ledger Screen.....	437
10 FeeSlips.....	441
Selecting Service Date	442
Entering Fee Slip Line Data	442
FeeSlip Line Details.....	443
Superbill Import.....	444
Using FeeSlip Templates	445

FeeSlip Totals	446
Applying Patient Payments	447
View/editing all Transactions	448
Print Preview - FeeSlip Statement	449
Editing Finalized FeeSlips	449
Deleting FeeSlips	450
11 Claims.....	450
Default Claim Setup	451
Creating/Editing Claim Forms	454
Printing Claims	456
Exporting Claims	459
12 Posting Payments.....	462
Post Insurance Payments	463
Post Patient Payments	467
13 Creating Reports.....	467
Accounts Receivable Report	468
Daily Production Report	469
Patient Payments Report	469
Revenue By Patient Report	469
Summary of Revenue Report	469
Sales By Product Code & Tax Collected	469
14 Accounts Receivable (AR) List.....	469
15 Options & Settings.....	470
Insurance Plan List	471
Fees & Product Codes	472
Provider Insurance ID's	473
16 Admin Features.....	475
 Part XI Troubleshooting Problems	 478
 Part XII Frequently Asked Questions	 486
1 Sales - Pre Purchase.....	488
Hardware/System Requirements	488
Pricing & Annual Fees	491
Support Availability	493
Ordering, Downloading & Installing	494
Medicare Compliance & CCHIT Certification	499
Data Conversion & Scanning	499
Linking to other PMS systems	501
Linking to Instruments	501
Multiple Offices	505
International Sales	505
2 Sales - Post Purchase.....	506
Licensing Issues	506
Lost Passwords	506
Removing Demo Patients	506
3 Install Problems/Troubleshooting.....	507
4 Networking.....	507
5 Using the Software.....	510

HIPAA Requirements	510
Working with Encounters	511
Customization	515
Reports & Rx's	516
Backup Utilities	517
Auto Update Feature	519
Billing Module_2	519
Appointment Scheduler	522
Recall Manager	523
Data Exchange	523
6 Errors & Crashes.....	523
7 Getting Help.....	525
8 Uninstalling Software.....	525
9 Ideas & Future Plans.....	526
Part XIII Software License Agreement	530

Part




1 How to Use this Manual

Navigating this Manual

This User's Guide is provided in both printed and electronic form, searchable with most commonly available document viewing programs. If you cannot locate an index topic you need, please do a text string-search for the relevant word or phrase, or related words.

The screenshots shown throughout this guide have been taken with a relatively small window size. The default display is a window that fills the screen. Click once on the **Minimize** button (upper right-hand corner of window display) to get a smaller working area; click on the **Maximize** button to return to full-screen display.

The screenshots have been taken with the next-to-last version of the software. We have made every effort to match what you will see in ezChartWriter with what the guide shows, but there may be slight discrepancies.

This guide assumes you have basic familiarity with using a mouse and file manipulation in Microsoft Windows. This manual was written using a tree structure (for example, topics are listed in a hierarchical branching format). If the tree is fully closed, click the "+" sign in the box icon  to the left of the node icon to open up the first branch, then repeat this process to open up further branches. Alternatively, click the blue underlined hyperlinks on this page to jump to the main sections.

If you want to move down the tree using the keyboard, press the **Tab** key. This will take you to all subtrees that are currently open.

Conventions Used in this Manual

Click refers to clicking a menu item, a button or a clickable icon (tool button).

Press refers to pressing a keyboard key or key sequence.

Mouse and Keyboard Notation

Mouse Notation

Unless otherwise specified, **click** refers to clicking the left mouse button once. Where there might be ambiguity, the terms **left-click**, **right-click**, and **double-click** (using the left mouse button) will be used.

Drag-and-drop refers to dragging an object with the mouse cursor while keeping the left mouse button depressed, then releasing the left mouse button to "drop" the object.

Keyboard Notation

Keyboard key combinations are shown in boldface, for example, **Backspace** means "Press the

Backspace key."

The **Control** key is shortened to **Ctrl**. For example, **Ctrl+A** means "Press the **Control** key, and while holding it down, press the **A** key."

The **Alt** key is an abbreviation for **Alternative**.

The **Shift** key is not abbreviated.

Shift+Ctrl+A means "Depress the **Shift** and **Control** keys, and while holding them down together, press the **A** key."

Note: You can choose the **Shift**, **Ctrl** and **Alt** keys from either side of the keyboard, according to convenience.

The **Escape** key is abbreviated as **Esc**.

To **select a node** means to click its icon or title in the Tree view on the left side, or move the Tree view cursor up or down using the cursor (arrow) keys, until the desired node is highlighted.

Mouse Conventions

You may perform several actions during your work with this software; the following specific words are used to describe them:

- **Point to** – move the mouse pointer to an item.
- **Click** or **Left-click** – point to an item and press the left mouse button.
- **Right-Click** – point to an item and press the right mouse button.
- **Double-Click** – point to an item and quickly press the left mouse button twice.
- **Drag** – point to an item and press and hold down the left mouse button while you move the item.
- **Select** – highlight or make an interface element active by either clicking it or dragging over it (other actions are possible, if specified in the documentation). If used in **select the check box**, it means that the check box should be marked with a tick (as opposed to **clear the check box** when the check box should be cleared, without a mark).

Keyboard Conventions

Keystroke commands are noted in bold letters. Command key combinations are separated by the dash symbol ("–"). This indicates that the noted keys are to be pressed simultaneously. For example, **Alt-S** signifies that you should hold down the **Alt** key while pressing the **S** key. Bold lower-case letters indicate operating system commands and command lines. For example, you would enter **copy *.*** on the command line exactly as written.

Menu Notation

Menu selections are shown in boldface italics to distinguish them from commands and the rest of the text. An instruction such as "Click ***File / Save***" means "Click the word ***File*** on the Main menu (located at the top of the window) and when a drop-down menu appears, select ***Save*** from the list of options.

If the words in the menu appear faint or "greyed-out," this means that the menu option exists, but is unavailable (disabled) right now.

When there is a specific order of buttons to click, they will be separated by the arrow symbol "-->"; to complete the action follow the sequence exactly as presented.

For an explanation of **keyboard shortcuts** and **menu access keys** see [Making it all happen](#).

Other Conventions Used in this Manual

Besides icons noting specific operating systems throughout this manual, the following are used to indicate specific types of information. The applicable information follows each icon in indented paragraph format as shown below:

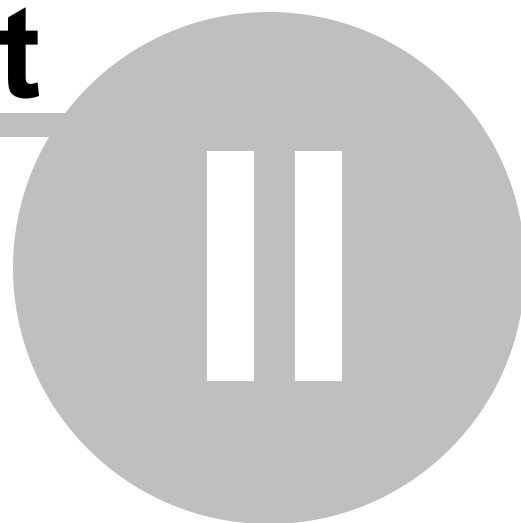


This icon is used to identify important information and tips.



Specific warning information that may help you avoid a problem.

Part



2 Overview of ezChartWriter

What is ezChartWriter?

ezChartWriter is a powerful, easy-to-use and affordable EMR (Electronic Medical Records) software for Ophthalmic Professionals (optometrists, ophthalmologists, and opticians). It allows you to track patients, create reports and prescriptions, enter exam data and generate letters. ezChartWriter resides on your local computer and can be networked so that all Windows XP, Win 2000, Vista or Windows7 computers can see the data. With its many basic and advanced features ezChartWriter offers a secure, affordable and efficient means to add EMR to your practice. It allows creating and printing medication and/or ophthalmic prescriptions. It includes a built-in word processor, report editor, Rx logbook feature, reminders and note documentation tool in one application, which you can use to organize your patient demographics, Rx's and other data.

Program Structure

ezChartWriter uses familiar images as the cornerstone of the user interface. For example, a patient chart looks similar to what you would see in the paper format. Rx's and notes are presented in lists that can be double clicked to call up the appropriate report. The report editor is similar to standard word processors available in Windows XP.

Certification

In order to keep our software very low cost (only \$199 per year per location with unlimited computers/users) we are not pursuing certification at this time. However, because some of our doctors see a significant amount of Medicare patients, we have partially integrated with PracticeFusionEHR.com. That site is a free EHR and has ONC certification. Sponsored in part by Dell Computers, they are the leading free EHR solution. This fits nicely with our own low cost software model. The website is fairly limited in optometric functions (which is where our software comes into play). You simply paste your SOAP note to the site and keep a parallel system online. So it also functions as a "backup" of your SOAP notes that can be accessed anywhere there is internet.

To qualify, you have to be an eligible provider who bills CMS. Next, you need to use a certified EHR system and meet 20 criteria for Meaningful Use. For 2011, you will attest to CMS that you met the Meaningful Use criteria for 90 consecutive days and your incentives will be paid with your reimbursements.

Practice Fusion's EHR is ONC-ATCB 2011/2012 compliant and is certified as an EHR Module in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services (HHS).

Rx Wizards

In order to quickly build a Rx, a wizard is available to walk you through the process. Whether you are creating a medication Rx, a spectacle Rx or a contact lens Rx, the wizard gives you the tools to easily enter your prescription data. One of ezChartWriter's great strengths is that it allows you to create Rx's based on prior data, simply by double clicking on a past Rx in the Logbook

It should be mentioned that ezChartWriter does not oblige you to use the Rx Wizard at all. For

example, for custom Rx's you can simple open a blank report and manually type your data.

Reports

ezChartWriter can also help you save time by generating letters, reports, and patient handouts. Many pre-existing sample reports are included or you can build your own!

Compatibility

Since ezChartWriter can export data in both text and PDF formats, you can send your Rx's and letters in e-mail or simply create backup copies that can be opened on any computer.

2.1 Evaluating the Software (Free Trial Period)

ezChartWriter is free to try for up to the first 30 days, during which time the program is fully functional. Beyond this limit, you need to [register](#) the software. You should keep the following in mind when evaluating ezChartWriter:

- The installation of a fresh version of ezChartWriter over a previously installed evaluation version does not prolong the original 30 day evaluation period.
- Each location (clinic) that uses ezChartWriter will have its own uniquely assigned serial ID number and account number. Your account number is your practice telephone number. When you register the software you will be asked to provide your practice telephone number; please provide a valid and accurate number. If your telephone number should change in the future, you will need to re-register your software. If you have two (or more) locations, each will require a separate registration number.



The quickest way to display the help is to press F1. If context-sensitive help is available it will be displayed automatically.



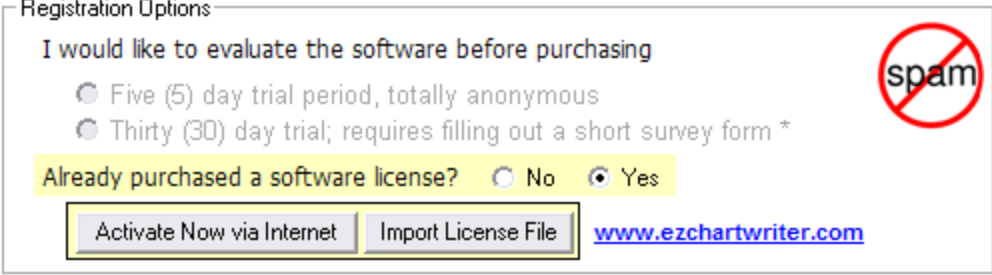
Most of the screens in ezApptScheduler have a Help button that displays relevant information.



Select the Help item in the menu bar for additional help options.

2.2 Register/Activate software

To register ezChartWriter, you simply need to download the **activation** codes automatically once the software is properly licensed.

A screenshot of a software registration dialog box titled "Registration Options". It contains the text "I would like to evaluate the software before purchasing" followed by two radio button options: "Five (5) day trial period, totally anonymous" and "Thirty (30) day trial; requires filling out a short survey form *". Below this is a highlighted yellow section with the text "Already purchased a software license?" and two radio button options: "No" and "Yes" (which is selected). At the bottom, there are two buttons: "Activate Now via Internet" and "Import License File", followed by the URL "www.ezchartwriter.com". A red "spam" stamp with a diagonal line through it is visible in the top right corner of the dialog box.

Registration Options

I would like to evaluate the software before purchasing

☐ Five (5) day trial period, totally anonymous

☐ Thirty (30) day trial; requires filling out a short survey form *

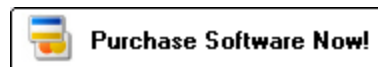
Already purchased a software license? ☐ No ☒ Yes

Activate Now via Internet Import License File www.ezchartwriter.com

ezChartWriter will run unregistered for up to 30 days. When unregistered, the software runs without limitations of any kind; what you see is what you will get.

When you run an unregistered version of ezChartWriter in excess of the allowed 30 days, a window will appear displaying the expiration status of your trial and giving you the opportunity to do one of the following:

- **Purchase** your version of ezChartWriter (with the Purchase Software button or directly via the ezChartWriter website);



- **Register** your version of ezChartWriter by using the online activation (or CD-ROM) you once you have purchased your license(s); or
- **Exit** the unregistered program.

You can also find the Purchase/Register options by logging in as the **Adminsitrator** and clicking **Admin Settings --> Software Account**.

Once you register ezChartWriter, you will notice that the **View Licenses** menu of the Administrator screen displays your serial number and registration status.

The registration Web page, where you can purchase and register your ezChartWriter software is located at www.ezChartWriter.com/order.htm

If you have more than one clinic location, each will need to be individually registered since each will have a separate database and account number (which is the practice telephone number).

You DO NOT have to purchase a license for each computer and/or user; we license only the single clinic location.

2.3 How to Purchase

We recommend you use the internal Order Form built into the ezChartWriter software. You can also find the Purchase/Register options by logging in as the **Adminsitrator** and clicking **Admin Settings --> Software Account**.

For detailed information regarding how to buy a software license, visit the website order form at www.ezchartwriter.com/buy_now.php

2.4 Hardware Requirements

We highly recommend that you use a computer system with more than the minimum requirements to improve performance and speed. Also, the choice of network greatly impacts the speed at which you can access the database. Wireless networks should only be used for light-duty workstations.

You can find up-to-date information about system requirements by visiting our website located at www.ezChartWriter.com

Before you start using ezChartWriter, you should have a working knowledge of your PC and your operating system. The software is designed to operate under Windows XP/2000/2003. You should know how to use a mouse, keyboard, the standard Windows menus and commands, and how to open, save, and close files. For more information, consult your Microsoft documentation.

To use ezChartWriter successfully, you need to a printer (preferably a Laser printer, although an inkjet will work). You also need pre-perforated copy paper if you intend to create two half-page Rx's (useful if you would like to keep a duplicate paper copy for your records). And, of course, you need a computer that is capable of running ezChartWriter. A network setup is very desirable, as this will allow frontdesk staff to enter the basic patient demographics and to print Rx's for patients at the front counter.

Recommended Paper

No Security Features: Weyehaeuser 20 lb. pre-perforated copy paper (at 5 ½")

- Available by the case from Office Depot or a similar office supply store
- Advantage: Low cost
- Disadvantages: Easy to alter; not valid in some states



Security Paper: Secure Laser Rx Paper (various formats)

- Includes security background (word VOID appears when photocopied)
- Erasure protection
- Advantage: Nearly impossible to duplicate/alter
- Disadvantage: Much more expensive than copy paper

NOTE: If you intend to print computer-generated medication Rx's, please check with your state Pharmacy Board to verify that they will be acceptable in your state or locality. Some states, for example New Jersey, require pre-numbered prescription blanks.

Recommended Printer

KONICA Minolta-QMS PagePro 1350-W Laser Printer



- 21 pages-per-minute
- 1200 dpi, 8M
- Can usually be purchased for under \$200 online or at any computer superstore

Recommended Network Gear

Wireless Pre-N Broadband Router



[Click here to visit the Belkin website.](#)

- Allows both wired and wireless connections
- Can usually be purchased for under \$100 online or at any computer superstore

NOTE: ezChartWriter will operate much slower on a wireless network than over a wired ethernet system.

2.5 Example Uses of ezChartWriter

The following are situations in which ezChartWriter may apply:

Scenario 1: Solo Optometrist (Laptop in Exam Room)

The simplest configuration for ezChartWriter is a one doctor, one computer setup. This eliminates a lot of the headaches associated with networking and keeps hardware/software costs to a bare minimum. It does require a bit more time per patient, as the doctor will be responsible for entering the basic patient demographics (at a minimum the patient name, DOB, and gender) and the Rx data.

The ideal situation is with ezChartWriter running on a laptop computer connected to a small laser printer. As each patient exam begins, the provider creates a new patient chart (or opens an existing one) and uses the Rx wizard to create all required Rx's. A duplicate copy can be printed; one for the patient and one for the patient's paper chart.

Estimated Startup Cost:

Hardware:	Laptop computer with Windows XP/Vista \$1000 Laser Printer \$200
Software:	ezChartWriter \$129 (single license)
Supplies:	Annual supplies = 2¢ per Rx (toner/paper) x 2500 per year = \$50
TOTAL:	\$1379 startup costs (even less if you own a laptop/printer)

Scenario 2: Primary Care Doctor in Small Clinic (3-4 Computers Networked)

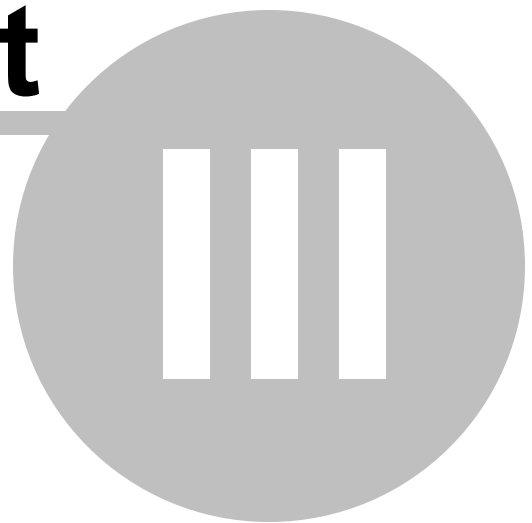
A small, networked configuration for ezChartWriter can also be very affordable. Most small clinics already have the existing infrastructure to run the software as is. Typically, you need 3 to 8 computers, a peer-to-peer network running under Windows XP, and at least 256 MB of RAM memory on most of the computers.

As each patient is checked in by the front desk receptionist, a chart is created in ezChartWriter (with as much or as little data as you wish). The chart remains visible in the **Pulled Charts** list. After the doctor completes the exam, any relevant prescriptions can be generated on the spot (either printed in the exam room or at the frontdesk). At the end of the day, the doctor can sign-off on any open reports or Rx's and close out the charts.

Scenario 3: Retiring Doctor with New Associate(s) (Looking to Install Network)

In today's technological workplace, a practice that is computerized may have a higher perceived value than one based solely on paper records. Many younger practitioners expect for your records to be computerized. The ideal situation may be a full-fledged EMR (electronic medical records) system, but as you near retirement the cost and time investment may be much too overwhelming. Alternatively, a system like ezChartWriter can give you the best of both worlds: partially computerized records (especially the repetitive, data intense prescription management side of things), while minimizing cost and capital expenditures.

Part



3 Installation and Setup

Step 1 - Download and Install

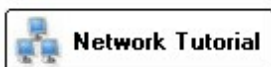
After you have downloaded the software from the website (www.ezChartWriter.com), you must double-click on the setup file to begin the installation process. The setup file is called "ezchartwriter_setup.exe" and is usually located in your My Documents or Downloads folder. Follow the on-screen prompts to complete the installation process.

NOTE: You must install ezChartWriter on every computer on your network that you wish to connect to the database.

Step 2 - Setup the Software for First-Time Run

On the computer you wish to keep the database (e.g. the "primary computer" or "server"), double-click the ezChartWriter icon to begin the Setup process. The Setup Wizard^[26] will appear.

See the Networking Tutorial for details of how to setup your network. This tutorial can be accessed by clicking the tutorial button on the setup screen:



3.1 Download & Installing Software

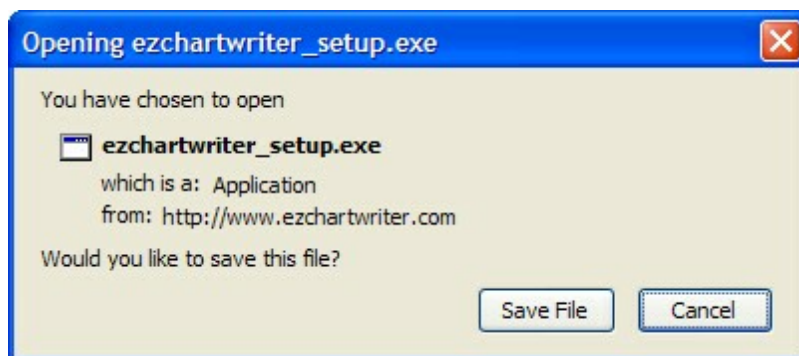
To install the software on your computer, you must either download a copy from the website or install off a CD-ROM.

Website Download

This option requires a high-speed internet connection, as the setup file is approximately 50MB in size. This translates to a few minutes of download time (DSL) to hours (dial-up):

If your modem is a	Hours	Minutes
9.6 Modem	12	8
14.4 Modem	8	5
19.2 Modem	6	4
28.8 Modem	4	2
33.6 Modem	3	28
56 Kb Modem	2	4
Single Channel ISDN (64Kbps)	1	49
Dual Channel ISDN (128Kbps)	0	54
Asymmetric DSL (ADSL)	0	18
Single-pair HDSL (S-HDSL)	0	9
Consumer DSL (CDSL)	0	6
T1	0	4

To download, click the website link (www.ezchartwriter.com/download.php). A confirmation screen may appear, similar to below:

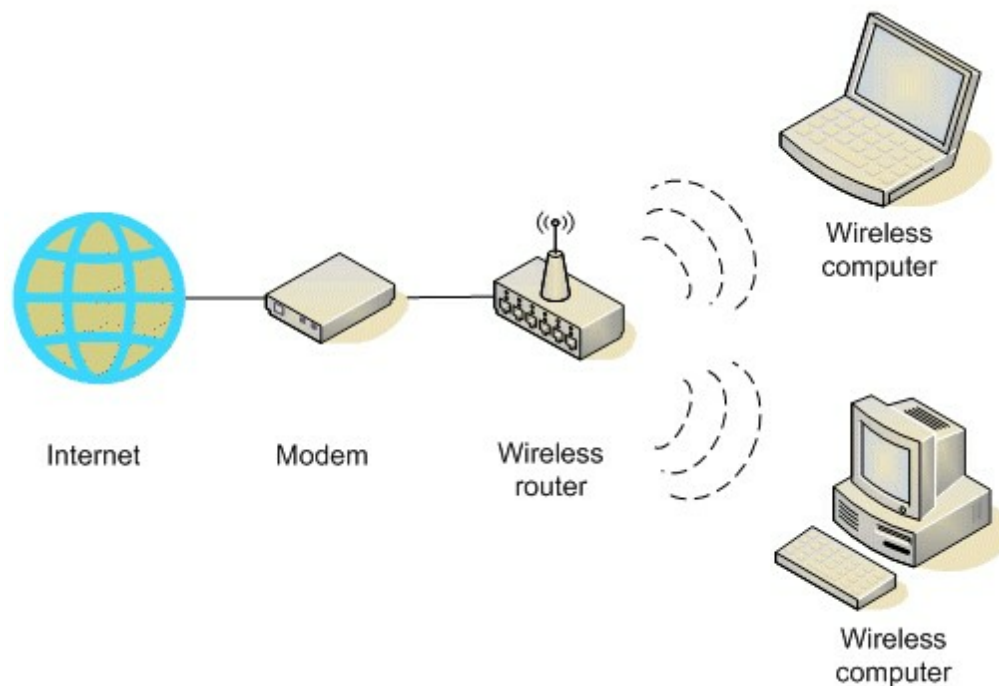


Click "Save" to save the file to your local hard-drive (usually in your "My Documents\Downloads" folder). Remember this location. Once the download is complete, double-click on the file "ezchartwriter_setup.exe" to start the installation process. Follow the on-screen prompts.

CD-ROM Installation

If you have a CD-ROM disc, you simply have to insert the disc in your CD drive and it will usually auto-start. If it does not, open the My Computer icon, click on the CD-ROM drive icon, then double-click the file "setup.exe". Follow the on-screen prompts.

3.2 Networking Options



ezHealthWare Networking Tutorial

A guide to planning and installing a successful network capable of running ezHealthWare software on multiple computers in your office.

3.2.1 Networking the Software

- Networking Choices^[29]
- Software/Hardware Requirements^[34]
- Setting Up the Network^[36]
- Keys to Successful Networking^[37] ← **MUST READ**
- Our Networking Recommendations^[39]

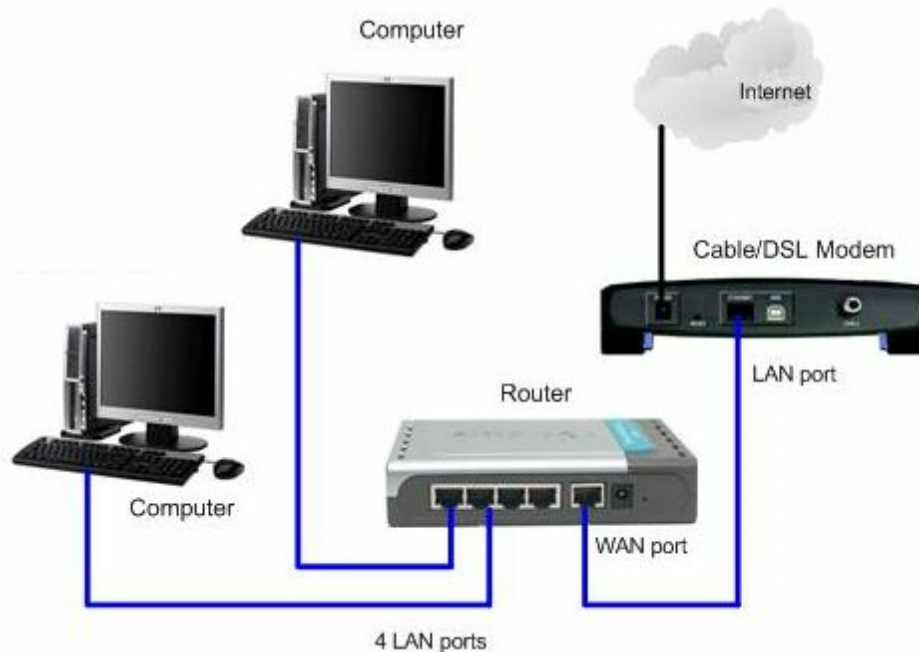
- Installing ezHealthWare software on your Server^[39]
- Sharing your Database Folder^[41] ← **MUST READ**
- Mapping the Networked Folder^[58]
- Installing on your Secondary Computers^[66]
- Setting up a Wireless Network^[68]

- Troubleshooting Network Problems^[73]

NOTE: All instructions refer to the Windows operating systems. The information contained in this guide is meant to assist an experienced computer user in the setup and configuration of a simple network. We do not provide networking support beyond what is offered here and strongly recommend that you obtain help from a qualified network technician if you are unsure of how to proceed.

3.2.1.1 Networking Choices

You have to make two primary choices regarding your network setup. The first is whether the network be organized around a server (a "client/server" network) or peer-to-peer (each computer of equal rank). The second choice is whether the network will use wires (ethernet) or be wireless. These decisions will effect the speed of your network and the stability of your database connection.

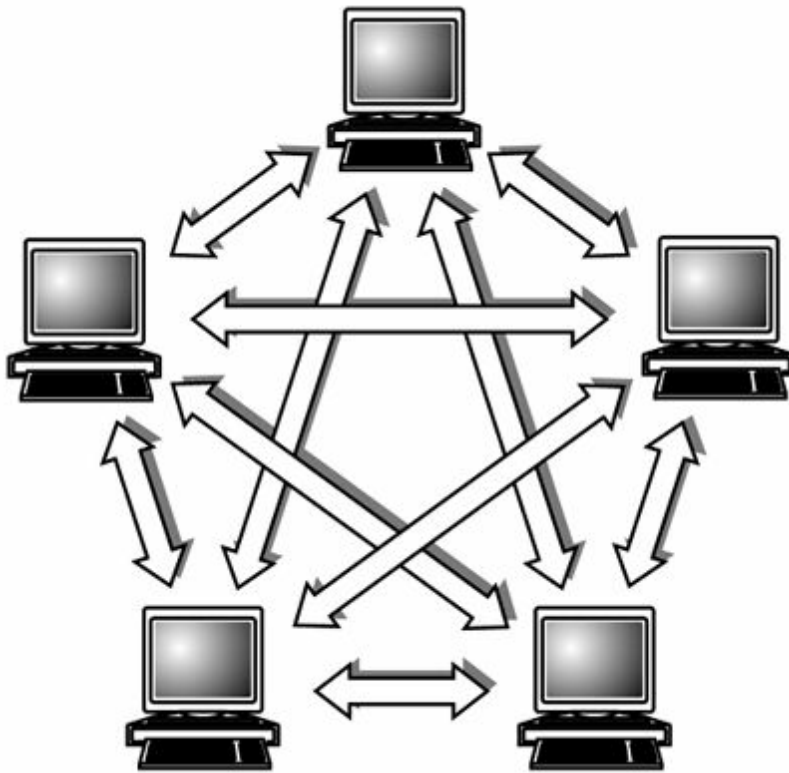


Compare Peer-to-Peer^[29] to Client/Server^[31]
Compare Ethernet^[32] to Wireless 802.11x^[33]

3.2.1.1.1 Peer-to-Peer

Overview

On a peer-to-peer network, every computer is equal and can communicate with any other computer on the network to which it has been granted access rights. Essentially, every computer on a peer-to-peer network can function as both a server and a client; any computer on a peer-to-peer network is considered a server if it shares a printer, a folder, a drive, or some other resource with the rest of the network. This is why you might hear about a computer being referred to as a server, even when the discussion is about a peer-to-peer network. Peer-to-peer networks can be as small as two computers or as large as hundreds of computers. Although there is no theoretical limit to the size of a peer-to-peer network, performance drops significantly and security a larger concern on peer-based networks with more than 10 computers.



Advantages

- ✓ Allows two or more PCs to pool their resources together.
- ✓ Can be built with both 10BaseT cabling and a hub or with a thin coax backbone.
- ✓ Drives can be easily shared between peer-to-peer PCs.
- ✓ Reduced cost (the costs involved in such a network are hardware, cabling and maintenance).
- ✓ Well tested simplicity.
- ✓ Setup - An operating system (such as Windows XP) already in place may only need to be reconfigured for peer-to-peer operations.
- ✓ Less initial expense - No need for a dedicated server.
- ✓ Peer-to-peer is, by far the easiest type of network to build for either home or office use.
- ✓ Each computer can make backup copies of its data to other computers for security.
- ✓ Network is relatively fast and inexpensive to setup and maintain.

Disadvantages

- ✓ Lack of security - They are less secure than client-server networks, especially so because the files have to be shared and no password is required.
- ✓ No computer in the network is reliable
- ✓ This system is not centralized, making administration difficult.
- ✓ It is more time consuming to maintain the software on individual computers
- ✓ Peer-to-peer networks are designed for a small number of users. Network speed and performance starts to deteriorate usually after more than 10 computers are on the network. This makes it difficult to grow the network when the need to add more computers on the network becomes unavoidable.
- ✓ Possibility of not discovering all peers

Installation

None. Your computers running Windows 2000, Vista and XP already have Peer-to-Peer Networking installed.

If not, then for computers running Windows XP with Service Pack 2, do the following to install Windows Peer-to-Peer Networking:

- 1) Click Start, click Control Panel, and then click Add or Remove Programs.
- 2) Click Add/Remove Windows Components.
- 3) In Components, click Networking Services (but do not select its check box), and then click Details.
- 4) Select the Peer-to-Peer check box, and then click OK.
- 5) Click Next, and then follow the instructions in the wizard.

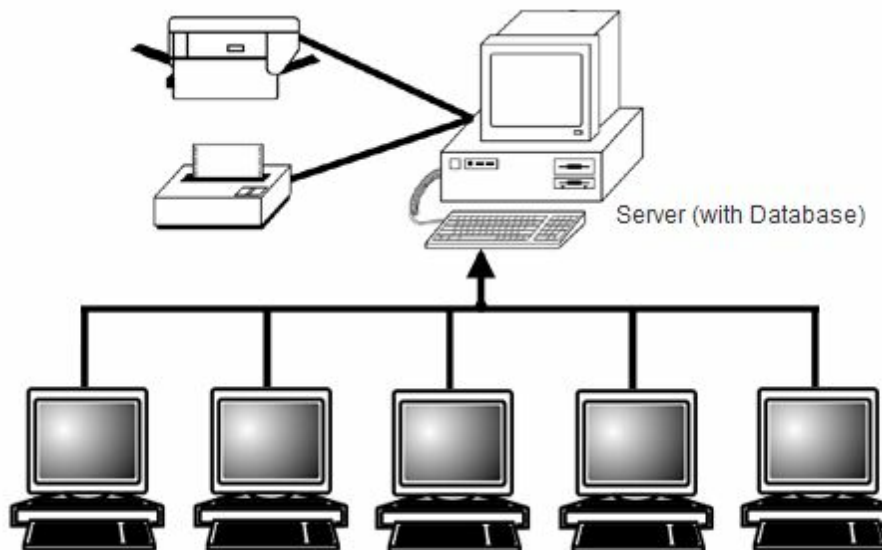
NOTE: For computers running Windows XP with Service Pack 1 (SP1), you can install Windows Peer-to-Peer Networking with the Advanced Networking Pack for Windows XP.

3.2.1.1.2 Client/Server

Overview

On a client/server network, every computer has a distinct role, that of either a client or a server. A server is designed to share its resources with the client computers on the network. Typically, servers are located in a secured area, such as locked office or back room, because they rarely accessed by users and run on a continuous basis. All the rest of the computers on the network function as clients

A dedicated server computer typically has a faster processor, more memory, and more storage space than a client because it might have to service dozens or even hundreds of users at the same time. High-performance servers also might use two or more processors, use the 64-bit version of the PCI expansion slot for server-optimized network interface cards, and have redundant power supplies.



Advantages

- ✓ Centralized - Resources and data security are controlled through the server.
- ✓ Network access speeds are usually faster than those found on peer-to-peer networks, especially as the numbers of computers increase in the network.
- ✓ Interoperability - All components (client/network/server) work together.
- ✓ Flexibility - New technology can be easily integrated into system.

- ✓ It's more secure because if a client wants to communicate with another client he/she has to message to he/she and then it will first sent to the file server, where it is then routed to its destination.
- ✓ Scalability - Any or all elements can be replaced individually as needs increase.
- ✓ Accessibility - Server can be accessed remotely and across multiple platforms.

Disadvantages

- ✓ Can cause network congestion when adding more users
- ✓ Higher than anticipated costs are common occurrences
- ✓ Maintenance - Large networks will require dedicated staff to ensure efficient operation
- ✓ Dependence - When server goes down, operations will cease across the network
- ✓ Lack of scalability - network operating systems (e.g... Novell Netware, Windows NT Server) are not very scalable.

Installation

Client

A client computer communicates only with servers, not with other clients. A client system is a standard PC that is running an operating system such as Windows 9x, Windows Me, Windows 2000 Professional, or Windows XP. These versions of Windows contain the client software that enables the client computers to access the resources that servers share.

Server

The server runs a special network operating system—such as Windows NT Server, Windows 2000 Server, Windows Server 2003, Linux, Unix, or Novell NetWare—that is designed solely to facilitate the sharing of its resources.

3.2.1.1.3 Ethernet



Wired Networks

The most popular network type for both home and business use is Ethernet. Ethernet is fastest of the network types and most often will be the least expensive. Ethernet networks are very stable and your network speed will rarely fluctuate and is not prone to interference like some other network types are. Ethernet requires special cables running from each computer. These cables are plugged into a central 'ethernet hub' or 'switch' or 'router'. If your computers are far apart, running cable can be difficult. Pre-made ethernet cables come in sizes ranging from 3 feet to 50 feet. Ethernet adapters come in many shapes and sizes, but PCI Ethernet cards are both the fastest and least expensive. Note that most newer computers come with an internal Ethernet card.

Ethernet can operate at 10Mbps or 100Mbps. When shopping for ethernet equipment, be sure to look

for 100Mbps or dual 10/100Mbps equipment. Although still available, 10Mbps equipment is older and slower than the dual 10/100Mbps equipment and the price difference is negligible.

3.2.1.1.4 Wireless 802.11x

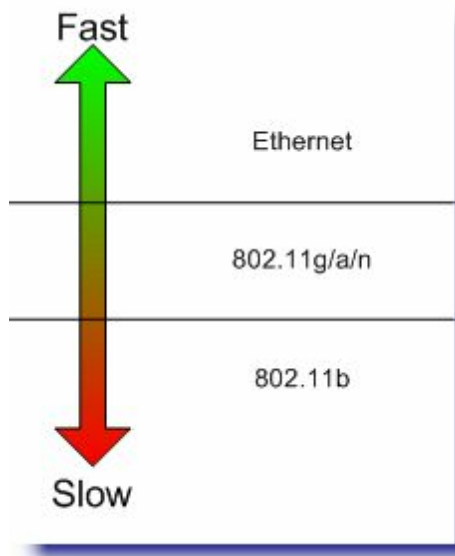


Wireless Networks

Today's newest wireless networks offer speeds comparable to or faster than 10BASE-T wired networks and offer mix-and-match equipment sources. Prices have also dropped dramatically, making wireless networking an increasingly appealing alternative to traditional wired network solutions.

The most common forms of wireless networking in the United States and Canada are built around various versions of the IEEE 802.11 wireless Ethernet standards, including IEEE 802.11b, IEEE 802.11a, and the newer IEEE 802.11g and 802.11n standards.

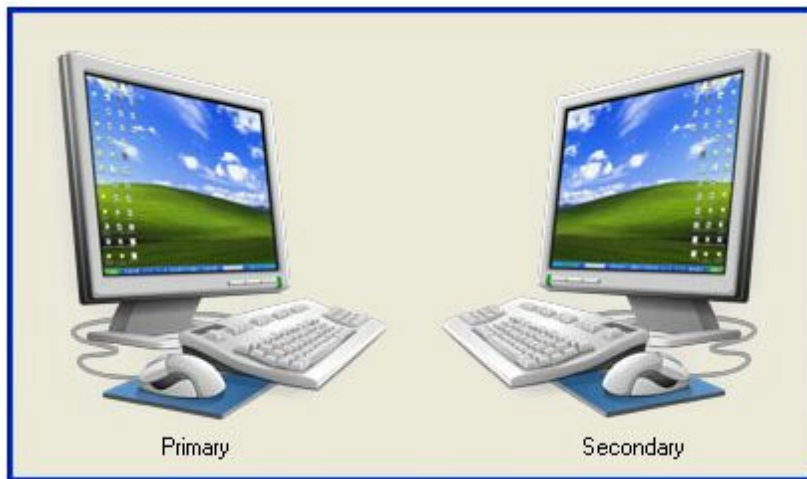
Wi-Fi (Wireless Fidelity) is a logo and term given to any IEEE 802.11 wireless network product that is certified to conform to specific interoperability standards. Wi-Fi Certification comes from the Wi-Fi Alliance, a nonprofit international trade organization that tests 802.11-based wireless equipment to ensure it meets the Wi-Fi standard. To wear the Wi-Fi logo, an 802.11 networking product must pass specific compatibility and performance tests, which ensure that the product will work with all other manufacturers' Wi-Fi equipment on the market. This certification arose from the fact that certain ambiguities in the 802.11 standards allowed for potential problems with interoperability between devices. By purchasing only devices bearing the Wi-Fi logo, you ensure that they will work together and not fall into loopholes in the standards.



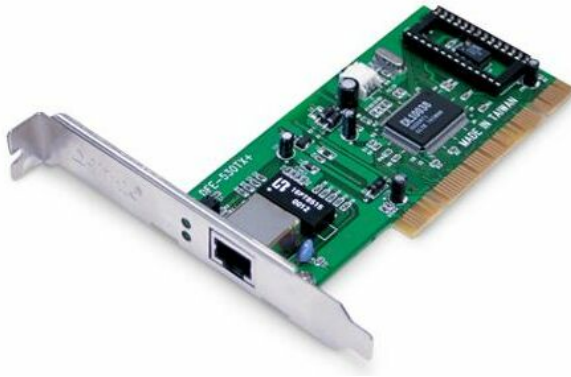
3.2.1.2 Software/Hardware Requirements

A basic LAN (local area network) consists of the following components:

- Two or more computers



- Network Interface card (NIC) in each PC (most new computers come pre-installed). Full-duplex options boost network speed if switches are used in place of hubs. For example, 100Mbps Fast Ethernet cards running in full-duplex mode have a maximum true throughput of 200Mbps, with half going in each direction.



- You can use a USB port for Ethernet use with a USB-to-Ethernet adapter, but because USB 1.1 ports run at only 12Mbps (compared to Fast Ethernet running at 100Mbps), a performance bottleneck results. USB 2.0-to-Fast Ethernet adapters are now available from several vendors and are a suitable choice if your system has USB 2.0 ports but lacks a free PCI or PC Card slot.



- Ethernet cable (Cat5) cable to connect the two computers



- A hub, switch or router to direct the network traffic. Switches are similar to hubs in that they connect computers on a Ethernet network to each other and physically resemble hubs. However, instead of broadcasting data to all computers on the network as hubs do, switches use a feature called address storing, which checks the destination for each data packet and sends it directly to the computer it's intended for. Thus, a switch can be compared to a telephone exchange, making

direct connections between the originator of a call and the receiver.



- Software for the communication/computer networking (Peer-to-Peer is included in most Windows versions; you must buy separate software for client/server networks)



3.2.1.3 Setting Up the Network

Naming Computers

All computers in a Windows based network requires a unique name for their identification. Assign a meaningful computer name to all the computers. The name should be easy to remember and/or recognize (examples could include: ExamRoom1, PreTest, FrontDesk, etc).

All the names should be less than the 15 characters and without spaces. Also try to avoid special characters while naming the computers (such as / \ % * \$, :).

To assign a computer name in Windows XP and Windows 2000 do the following things.

1. Right click on the My Computer.
2. Click Properties
3. Click on Computer name.
4. Assign a unique and meaningful computer name.

To assign a computer name in Windows Vista and Windows 7 do the following things.

1. Right click on the My Computer.
2. Click Properties
3. Click on Computer name.
4. Assign a unique and meaningful computer name.

Workgroups and Domains

A Windows based computer network can be a workgroup (peer-to-peer) or domain (client/server). You can make your computer a part of the workgroup or a domain. If you have centralized server then your computer will be part of the domain and if you have no server then all computers will be having peer-to-peer networking.

In both cases, while joining your computer to a domain or a workgroup always assign unique, sequenced, memorable and meaningful names to the computers. Do not use duplicate names or special characters.

In order to join a computer to a domain or workgroup in Windows 2000 and Windows XP do the following.

1. Right Click on My Computer
2. Click Properties
3. Click on Computer Name
4. In Workgroup or domain, enter the name of the workgroup or domain.

In order to join a computer to a domain or workgroup in Windows Vista and Windows 7 do the following.

1. Right Click on My Computer
2. Click Properties
3. Click on Computer Name
4. In Workgroup or domain, enter the name of the workgroup or domain.

If everything is correct such as unique computer name, unique IP address, correct workgroup or domain name then your computer will be the part of the workgroup or domain in the few seconds and you will be see a welcome to domain or workgroup message and will be prompted to restart the computer name.

Network Security

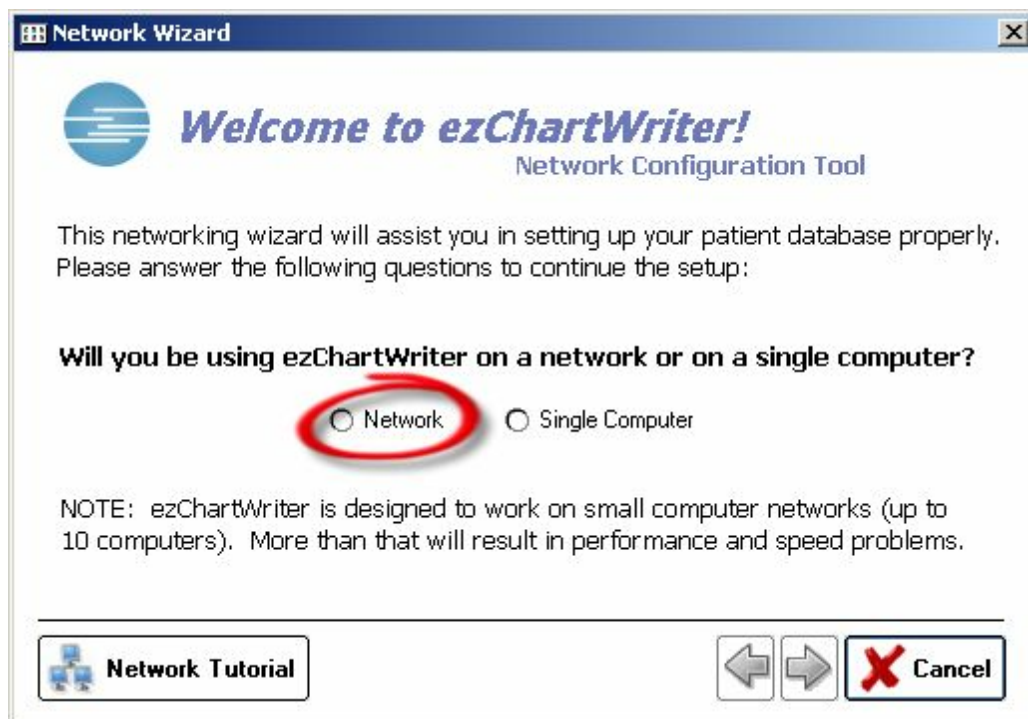
Security for your computer network should be the top concern. You can secure your network by installing the most current version of your operating system and antivirus software. Also, have a properly configured firewall (see your Windows Help section). And remember that one of the simplest things to do is controlling on-site computer access, limiting it to only authorized users.

3.2.1.4 Keys to Successful Networking

- 1) Have a properly configured and working peer-to-peer network
- 2) Decide which computer will be the "primary". Typically this should be a computer that is left on most of the time and that is fairly fast.
- 3) Install the ezHealthWare software on the primary computer and create your database on that computer. Alternatively, if you have already created a database (during your trial period) you can simply copy the entire database folder (usually "C:\ezHW_Data") to the new primary computer. See: [Installing on the Primary](#)³⁹
- 4) Using this tutorial, select the Operating System (OS) for the primary computer and use that

portion of the tutorial to set the Sharing/Permission options. Note that our software runs most versions of Windows XP/2000/Vista/Windows7 or newer (except 64-bit versions of Vista; it works fine with 64-bit Win7 systems). It will NOT run on older systems such as Win 95/98/Me/NT. Some versions of Windows 2000 will not network properly. It has not been tested extensively on Windows Server 2003 or 2008, and this tutorial does not cover installing on those systems. See: [Sharing your Database Folder](#)^[41]

- 5) Once you have your database folder sharing & permissions finished, you can then proceed to “mapping” your database folder on each computer. Again, refer to the specific OS instructions for the computer type you will be mapping on. **NOTE:** You do the mapping on your **other** computers, not the primary computer! See: [Mapping your Database Folder](#)^[58]
- 6) Once you have finished mapping your database folder on each of your networked computers, you can proceed with the installation of ezHealthWare software on the other computers. On each computer you must install ezHealthWare software and select “Network” on the setup screen, then on the next screen click “Yes” to indicate you have installed ezHealthWare software on another computer (your primary computer). You will then asked to “find” the database, which is where mapping your database folder makes things really simple!



- 7) Once these steps are completed, you should have a networked version of ezHealthWare software. Remember that if for some reason your network is disconnected (a wire comes undone, the primary computer is shut off or a network switch goes bad) you will likely LOSE DATA. These things happen! Plan ahead and be prepared: **Do a backup of your data daily.**
- 8) If you are considering a wireless network for some (or all) of your network configuration, please read the section in the Tutorial about the pitfalls and dangers of wireless networking.

3.2.1.5 Our Recommendations



- ✓ peer-to-peer network using Windows XP (or the new Windows 7)
- ✓ a wired Ethernet network (100Mbps or dual 10/100Mbps equipment)
- ✓ consistent computer hardware (e.g. all Dell computers with same operating systems)
- ✓ limited or no wireless connections to the database

3.2.2 Installing on your Primary Computer

The primary computer (or server) is where your patient database will reside. This computer should be fairly fast and have sufficient memory. Preferably, this computer should be left on 24/7 and be subject to daily backups. See the system requirements in the User Manual.

You MUST install ezHealthWare software on this computer first. Otherwise you will have one (or more) computers with local databases. They will appear to open and run properly, but NO CHANGES will be recorded in the correct patient database.

You can always verify your database location using the ezPathUtility^[74].

3.2.2.1 Windows 95/98/Me

You cannot install ezHealthWare software on versions of Windows earlier than Windows 2000/XP.

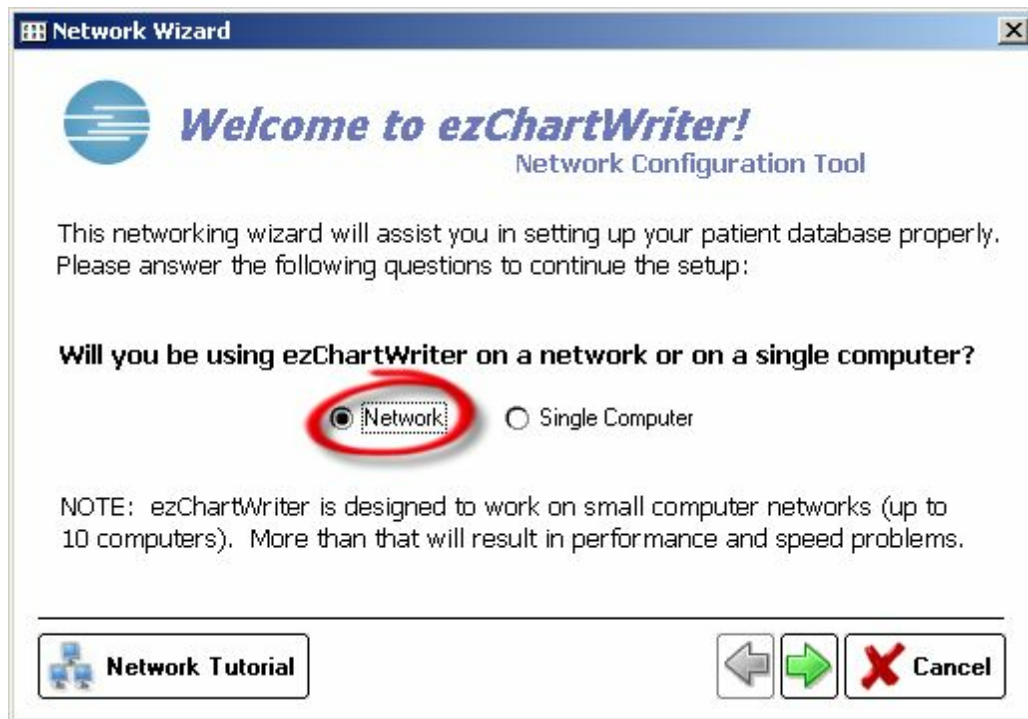
WARNING: If for some reason you attempt to use an old Windows 98/Me computer as your "server" (i.e. manually copying the database folder to the computer), you risk damaging your patient database!

SOLUTION: Make sure your patient database is located on a Windows XP, 2000, or Vista computer.

3.2.2.2 Windows 2000/XP/Vista/Win 7

When planning on a Network Installation, you need to install ezHealthWare software on the "primary computer" or "server" first. This allows for the creation of the database in the proper folder (typically the default location of "C:\ezHW_Data"). After you have created the patient database, you can proceed to the next steps of building your network: Sharing the Database Folder^[41] and Mapping the Network Folder^[58]. After completing these steps you can finish by Installing on all the Secondary Computers^[66].

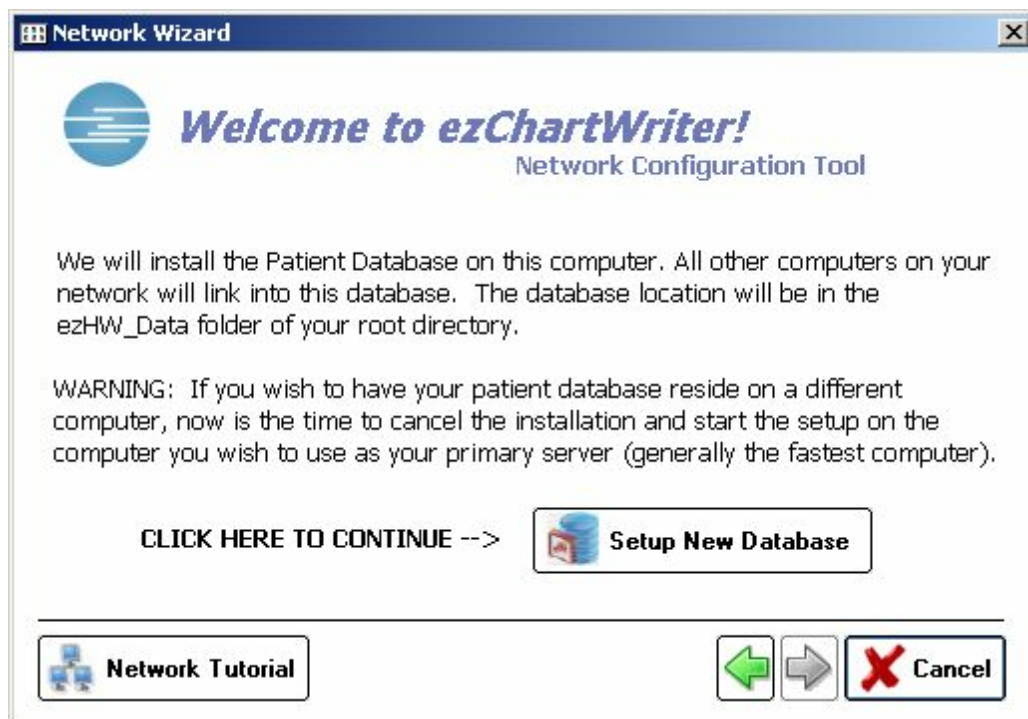
When you first run the software, the Network Wizard will appear. Be sure to check the Network option and proceed with the wizard.



On the next screen, you will indicate that this is a first-time installation so that a brand new database is created.

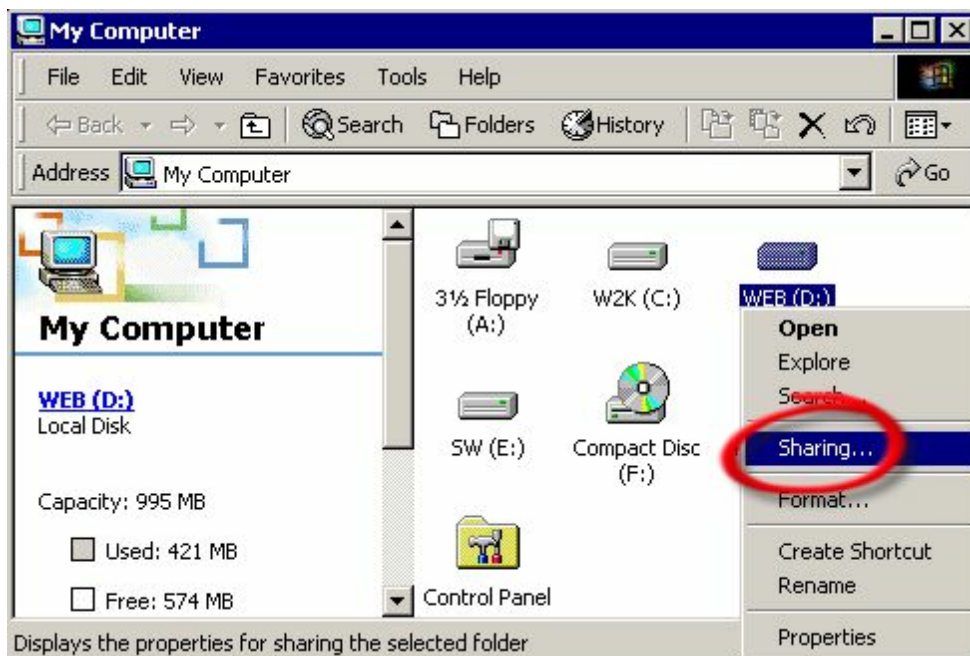


Simply click the "Setup New Database" button. We ALWAYS recommend leaving the default database folder location.



Once your new database is created, you can continue building the network by Sharing the Database Folder⁴¹.

3.2.3 Sharing your Database Folder



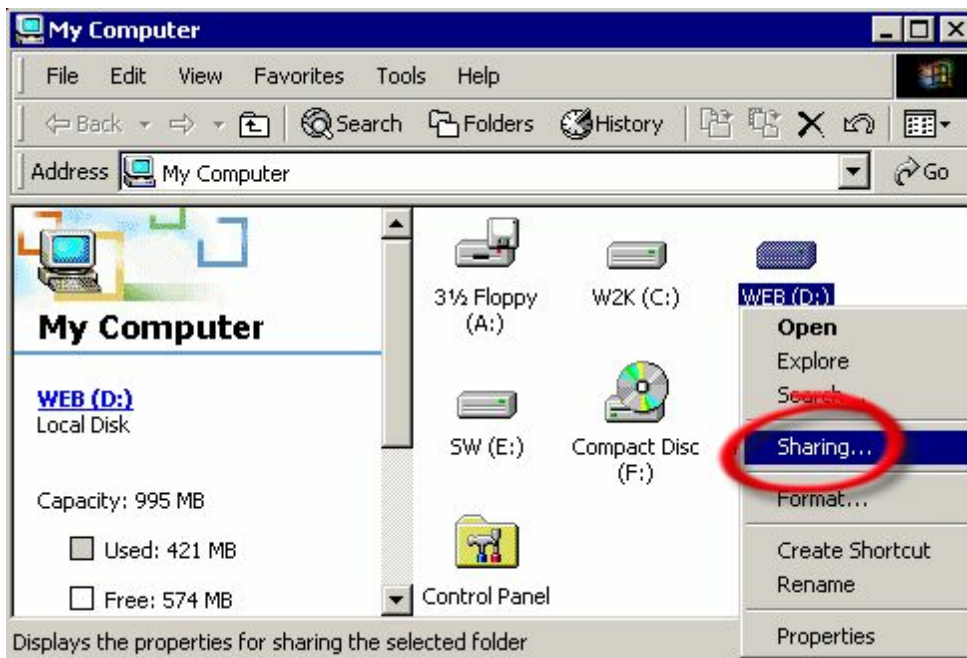
Before you can begin using your database on a network, you must tell Windows that you want to "share" it with other users. To begin, select your version of Windows below:

- Windows 2000^[42]
- Windows XP^[44]
- Windows Vista^[46]
- Windows 7^[49]

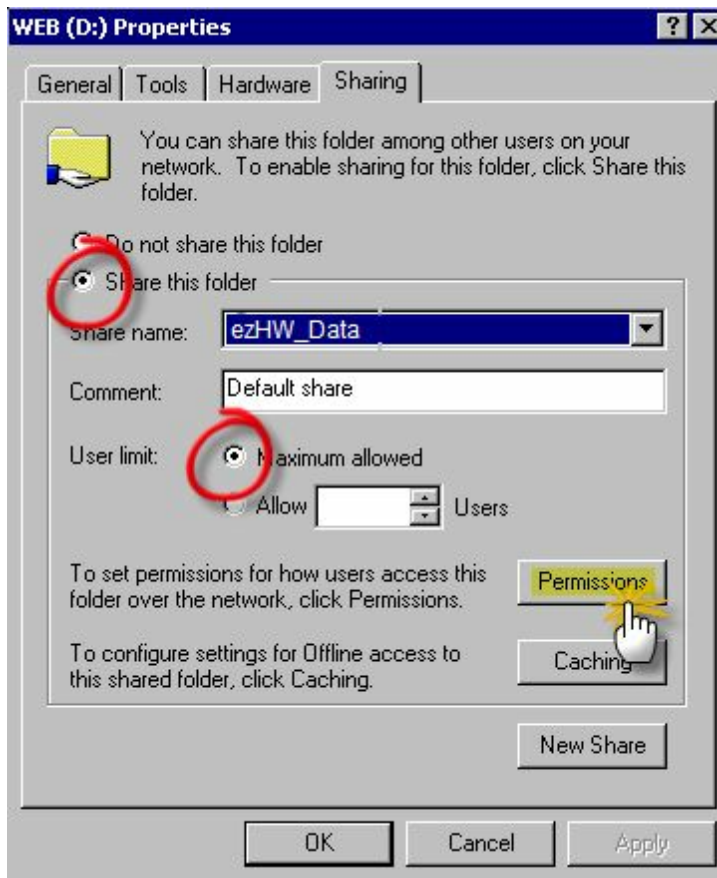
3.2.3.1 Windows 2000

In order for other computers on your network to see the ezHealthWare software database, the folder that holds the database file needs to be made visible to other network computers. This process is called "sharing" the folder. You also need to allow other users to make changes to the file (this is called giving "permissions". Before going further, make sure all computers are in the same Workgroup^[37].

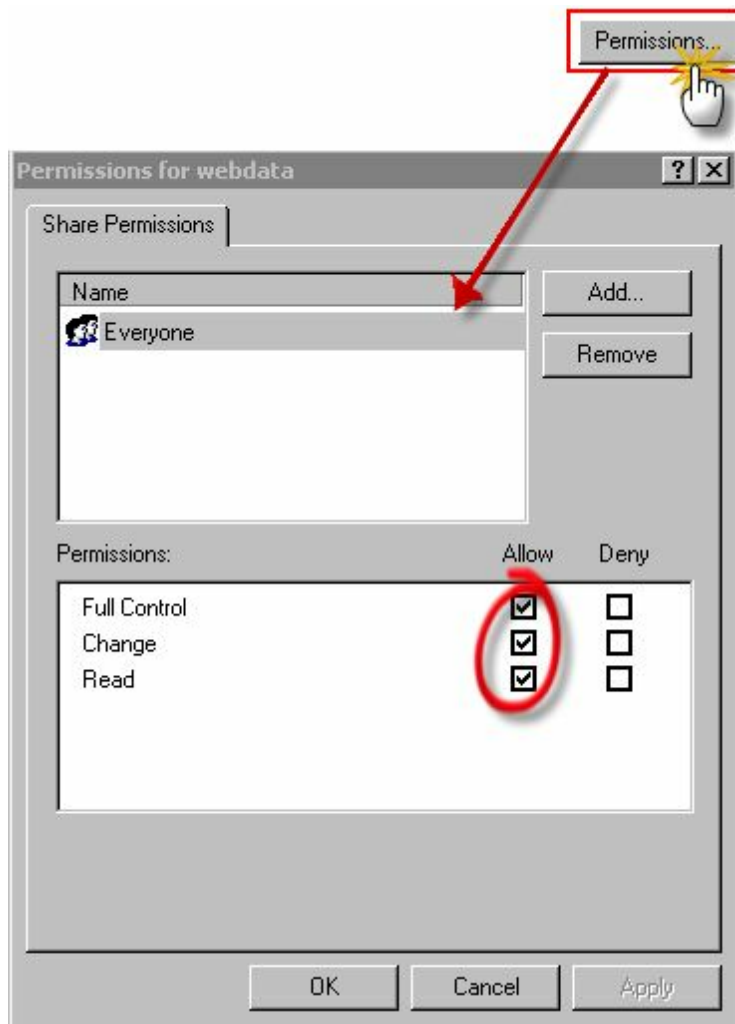
Step 1 - Open the drive that contains the ezHealthWare software database (typically "C:\ezHW_Data"). Right-click the folder and select "Sharing..."



Step 2 - In the section titled "Sharing" check the option "Share this folder". Make sure the User Limit is set to "Maximum Allowed". Then click the Permissions button.



Step 3 - After clicking the Permissions button, you should allow "Everyone" to have access; to do this you need to check **Allow** for each of the permissions (Full Control, Change and Read). If you fail to do this, you will not be able to make changes to the database!



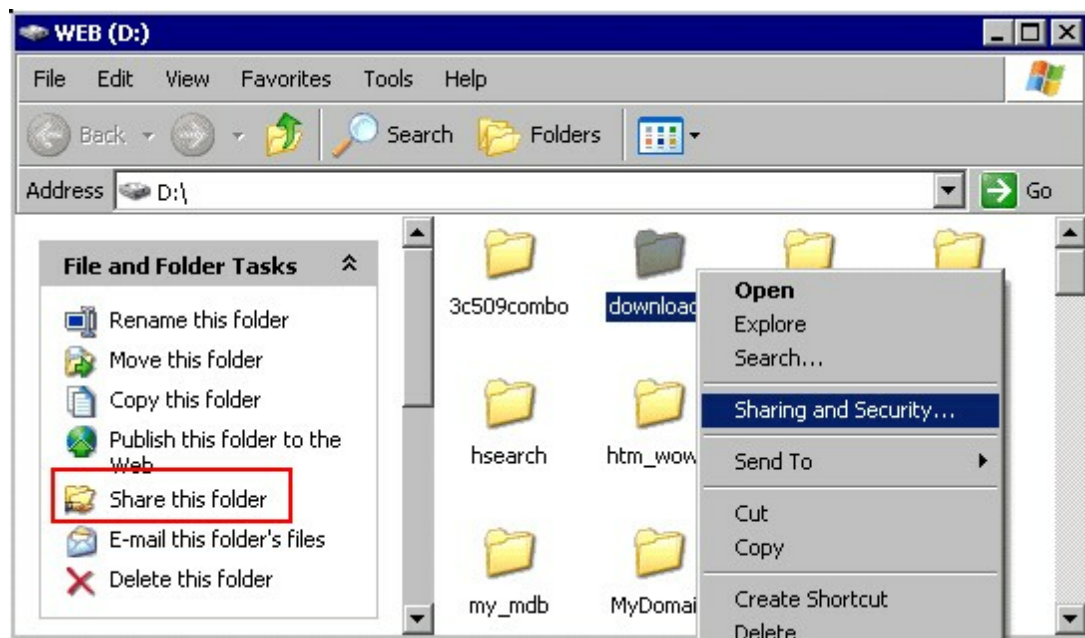
Step 4 - Verify success by looking for the "Share" icon on the original folder.



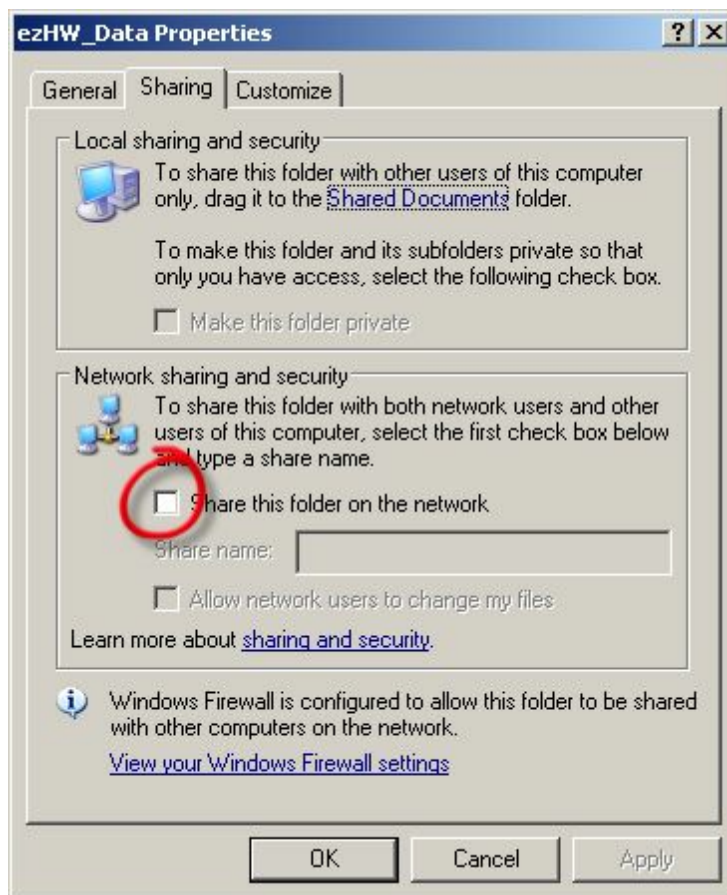
3.2.3.2 Windows XP

In order for other computers on your network to see the ezHealthWare software database, the folder that holds the database file needs to be made visible to other network computers. This process is called "sharing" the folder. You also need to allow other users to make changes to the file (this is called giving "permissions". Before going further, make sure all computers are in the same Workgroup^[37].

Step 1 - Open the drive that contains the ezHealthWare software database (typically "C:\ezHW_Data"). Right-click the folder and select "Sharing and Security..."



Step 2 - In the section titled "Network sharing and security" check the box "Share this folder on the network".



Step 3 - After checking the Share this folder option, the areas below it become enabled. You need to check "**Allow network users to change my files**" or else the software will not be able to save any data! You can leave the Share name as the default (usually the folder name).



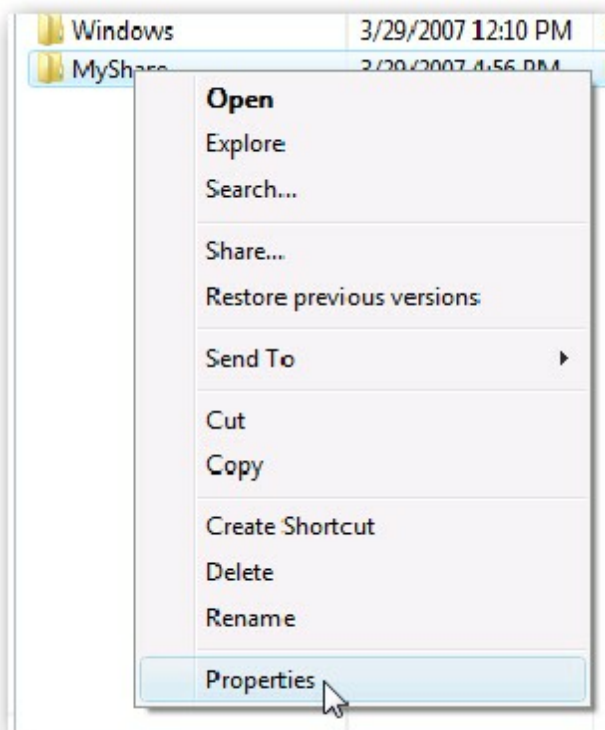
Step 4 - Verify success by looking for the "Share" icon on the original folder.



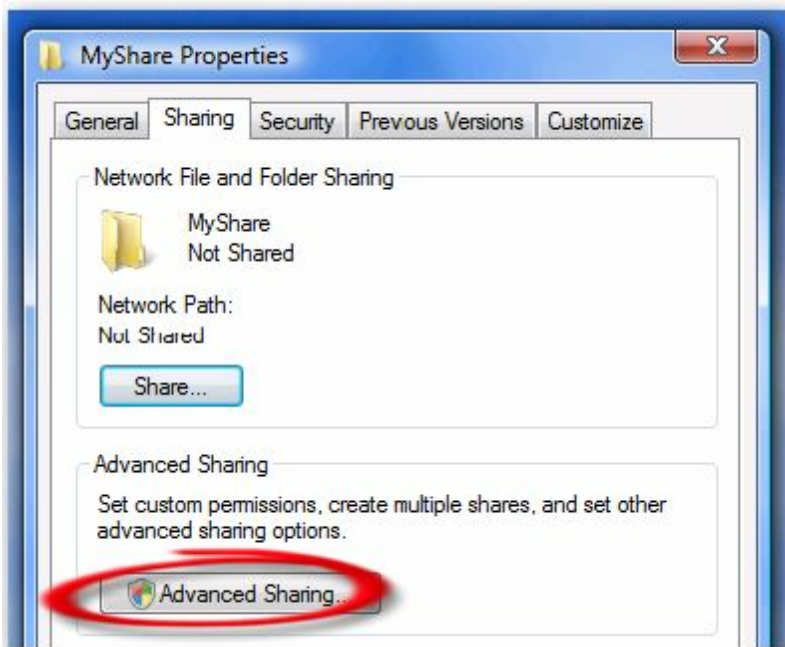
3.2.3.3 Windows Vista

In order for other computers on your network to see the ezHealthWare software database, the folder that holds the database file needs to be made visible to other network computers. This process is called "sharing" the folder. You also need to allow other users to make changes to the file (this is called giving "permissions". Before going further, make sure all computers are in the same Workgroup³⁷).

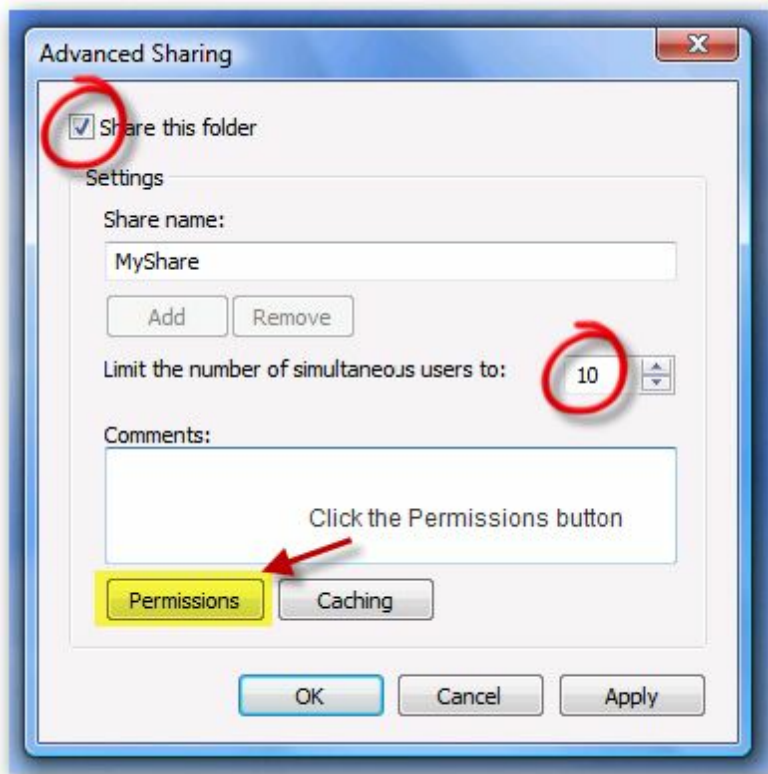
Step 1 - Open the drive that contains the ezHealthWare software database (typically "C:\ezHW_Data"). Right-click the folder, and choose the Properties option.



Step 2 - In the section titled "Sharing" click the "Advanced Sharing" button.



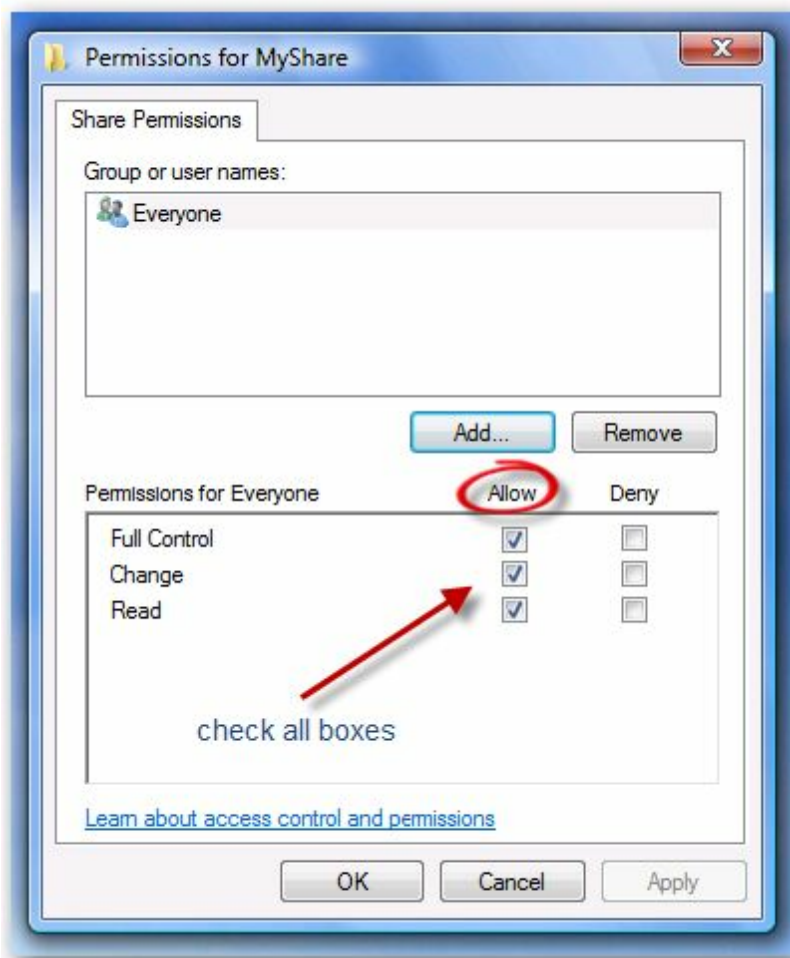
Step 3 - Check the box "Share this folder", and choose a share name (we recommend the default "ezHW_Data").



Step 4 - Change the number of simultaneous users to **AT LEAST TEN (10)**.

Step 5 - Click on the Permissions button (shown above). The Permissions dialog will pop-up. You can add individual users or more conveniently just select "Everyone", since more than likely all your office users will want to use ezHealthWare software. Note that the software itself controls who can sign-in to the software, so you don't need to set a user password for the folder sharing.

NOTE: For each user you give access (or for the "Everyone" group), you need to check **Allow** for each of the permissions (Full Control, Change and Read). If you fail to do this, you will not be able to make changes to the database!



Step 6 - Verify success by looking for the "Share" icon on the original folder.

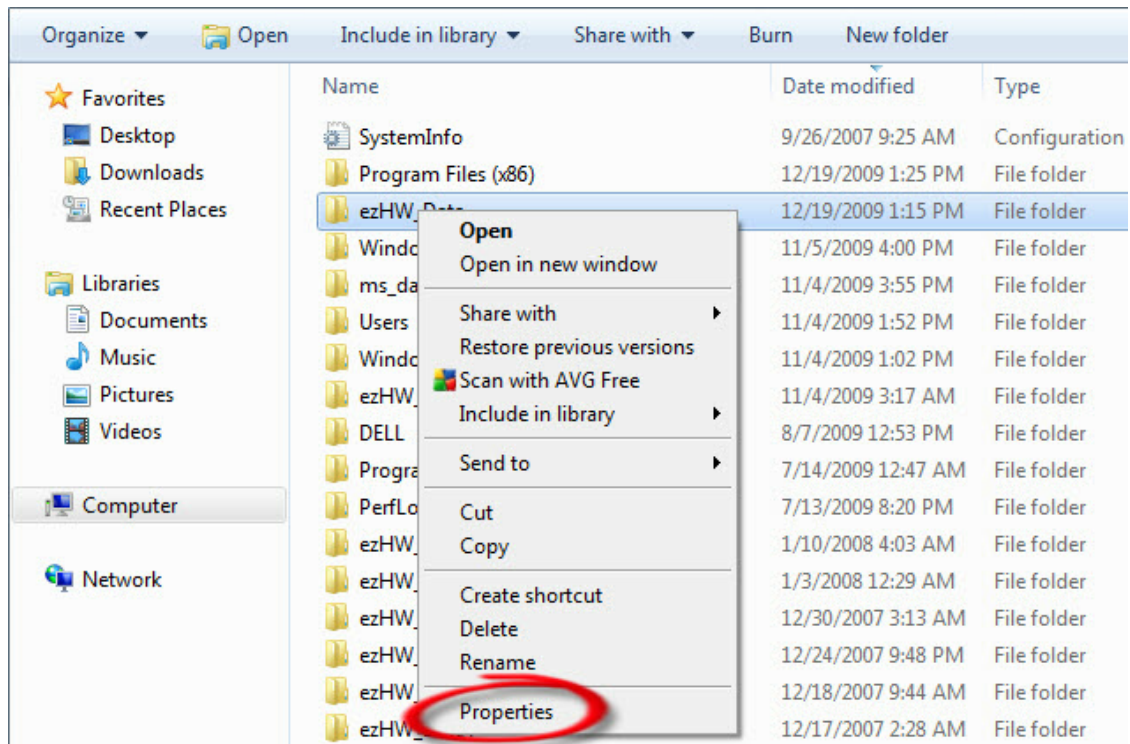


3.2.3.4 Windows 7

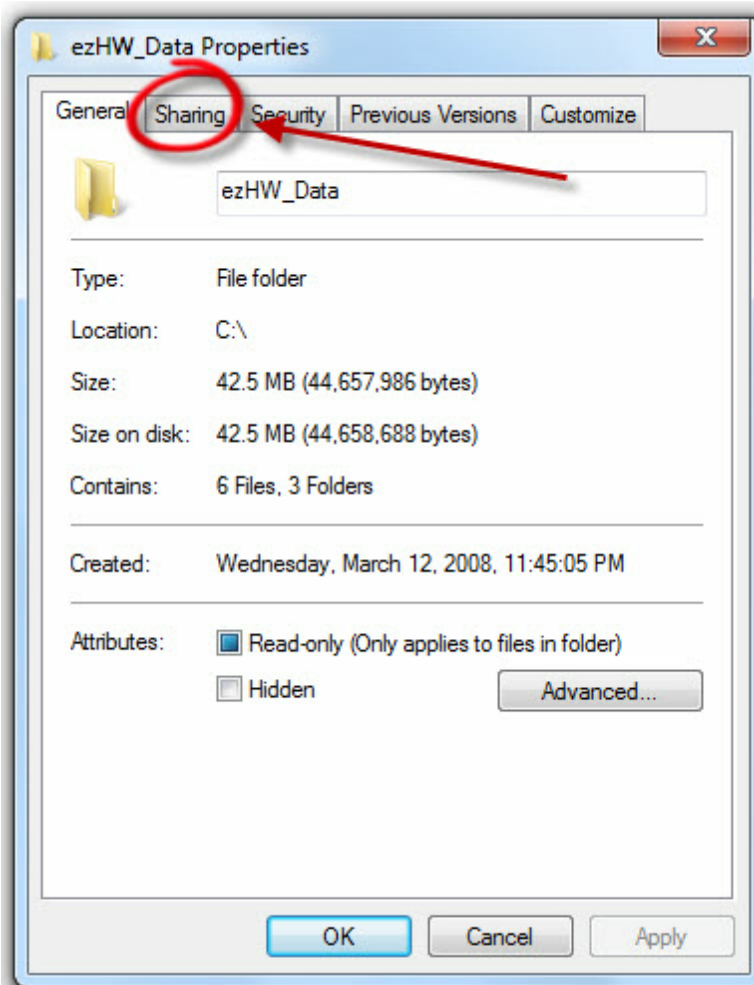
In order for other computers on your network to see the ezHealthWare software database, the folder that holds the database file needs to be made visible to other network computers. This process is called "sharing" the folder. You also need to allow other users to make changes to the file (this is called giving "permissions". Before going further, make sure all computers are in the same Workgroup^[37].

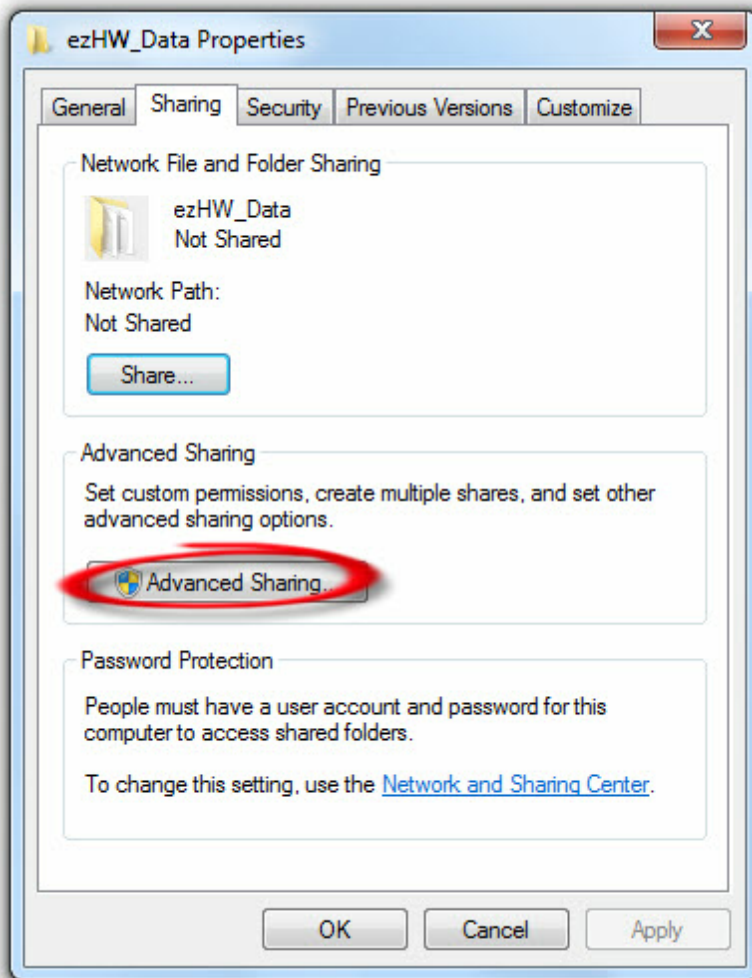
We recommend against using the Windows 7 "HomeGroup" feature for office environments. Besides it is incompatible with Vista and XP if you have multiple operating systems in your workgroups.

Step 1 - Open the drive that contains the ezHealthWare software database (typically "C:\ezHW_Data"). Right-click the folder, and choose the Properties option.

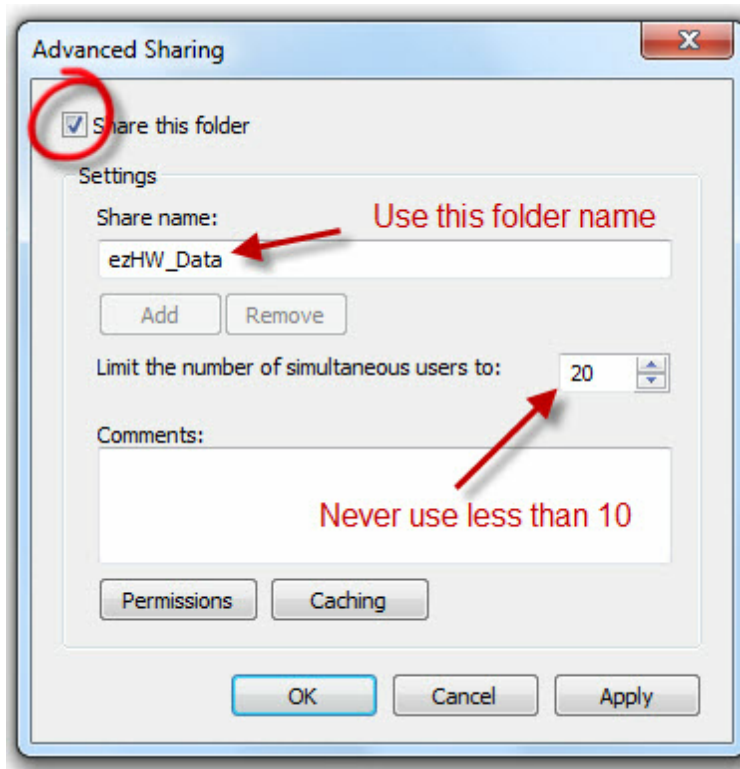


Step 2 - In the section titled "Sharing" click the "Advanced Sharing" button.





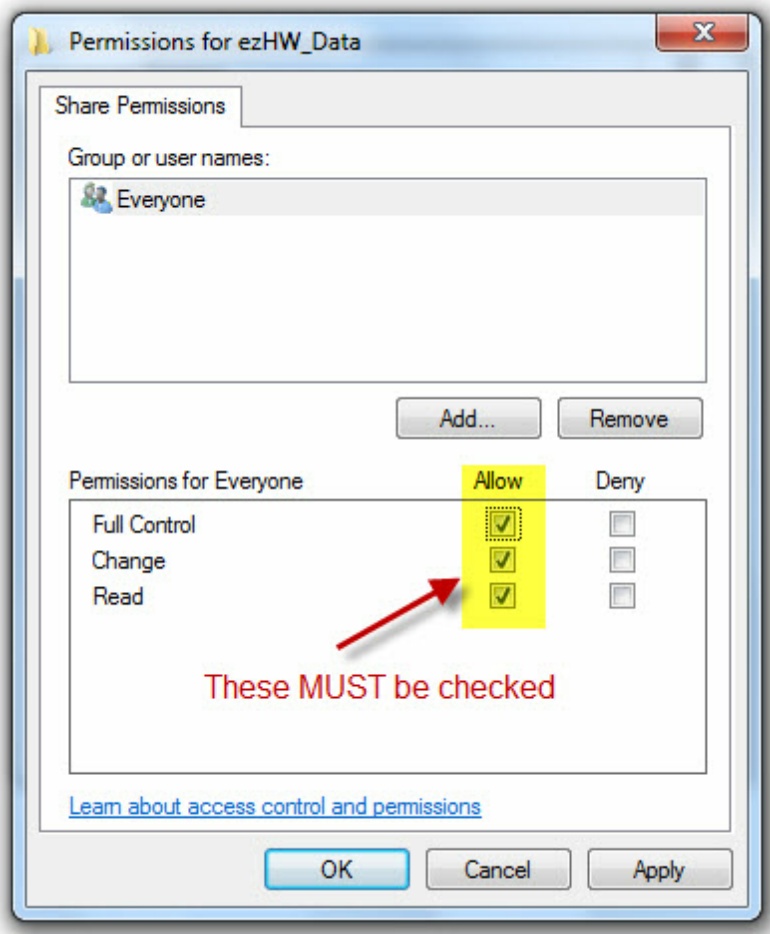
Step 3 - Check the box "Share this folder", and choose a share name (we recommend the default "ezHW_Data").



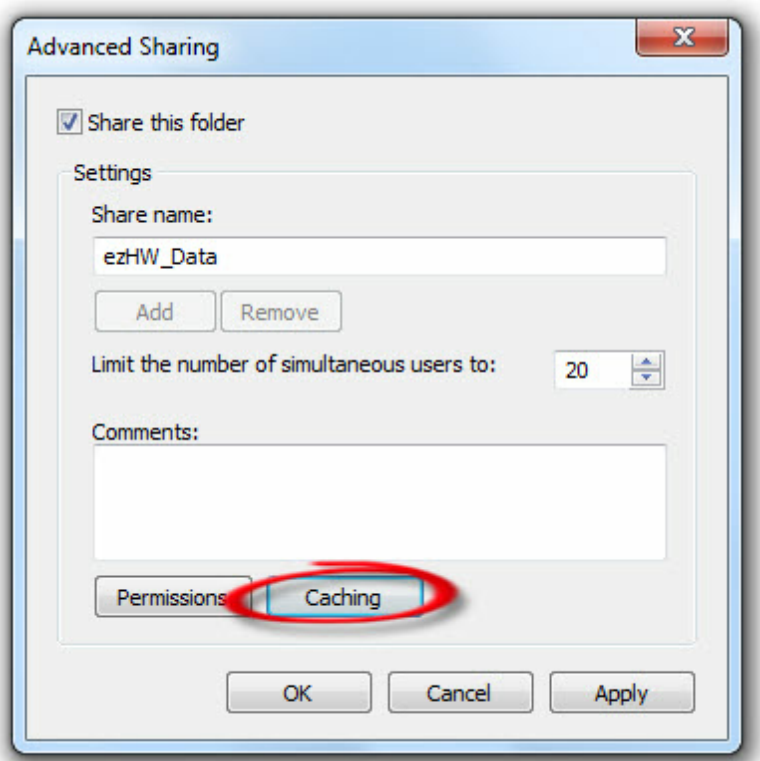
Step 4 - Change the number of simultaneous users to **AT LEAST TEN (10)**, but you can leave at the default 20.

Step 5 - Click on the Permissions button (shown above). The Permissions dialog will pop-up. You can add individual users or more conveniently just select "Everyone", since more than likely all your office users will want to use ezHealthWare software. Note that the software itself controls who can sign-in to the software, so you don't need to set a user password for the folder sharing.

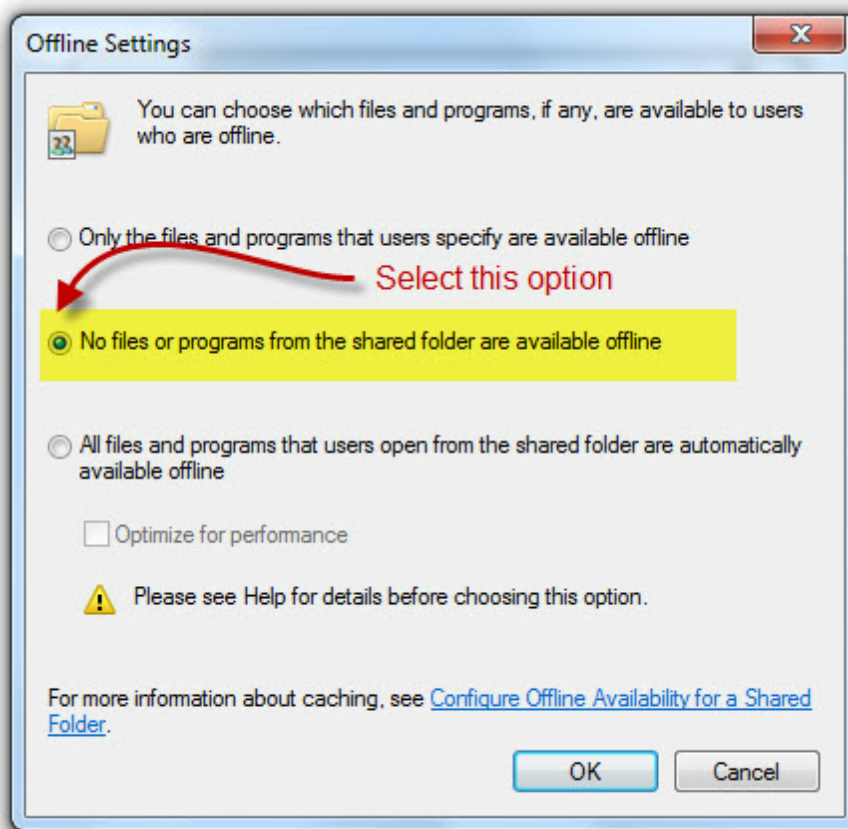
NOTE: For each user you give access (or for the "Everyone" group), you need to check **Allow** for each of the permissions (Full Control, Change and Read). If you fail to do this, you will not be able to make changes to the database!



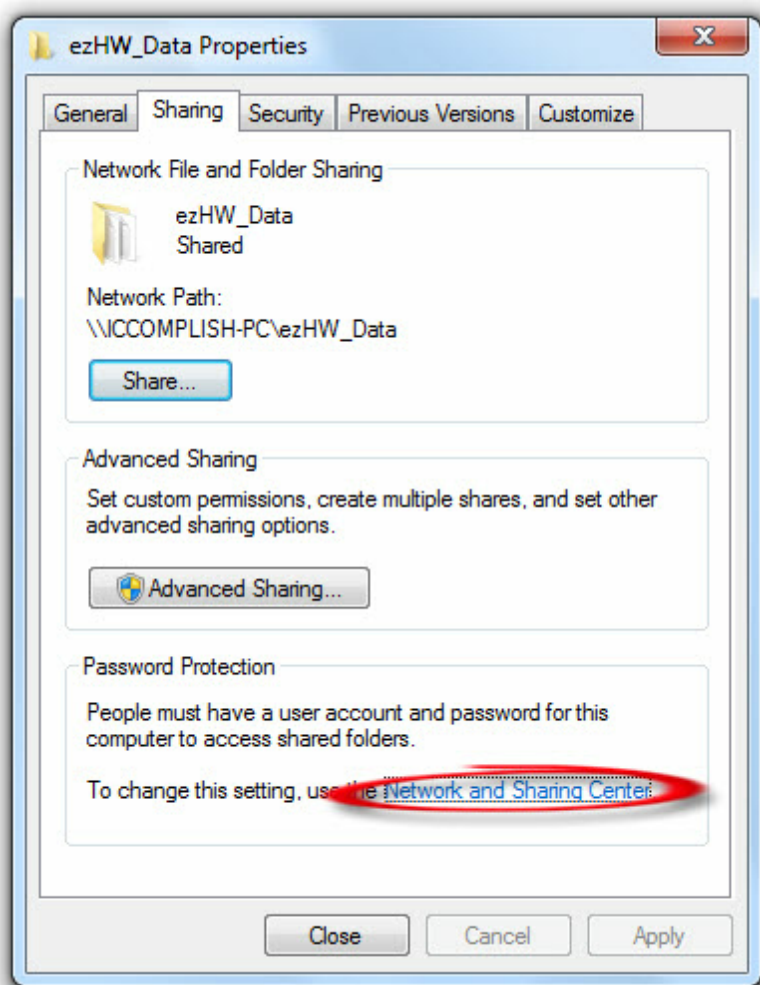
Step 6 - Back on the Sharing screen, click the Caching button.



Step 7 - Select "No files or programs from the shared folder are available offline". You don't want to be making changes to the database when it's disconnected from the network or you will lose data.



Step 8 - If you wish to be able to log into the network folder without enter a password each time (or at Windows startup), then complete the following steps:



On the screen that appears, go to the bottom and check "Turn off password protected sharing".

File sharing connections


Windows 7 uses 128-bit encryption to help protect file sharing connections. Some devices don't support 128-bit encryption and must use 40- or 56-bit encryption.

- ☒ Use 128-bit encryption to help protect file sharing connections (recommended)
- ☐ Enable file sharing for devices that use 40- or 56-bit encryption

Password protected sharing

When password protected sharing is on, only people who have a user account and password on this computer can access shared files, printers attached to this computer, and the Public folders. To give other people access, you must turn off password protected sharing.

- ☐ Turn on password protected sharing
- ☒ Turn off password protected sharing

 Save changes

Cancel

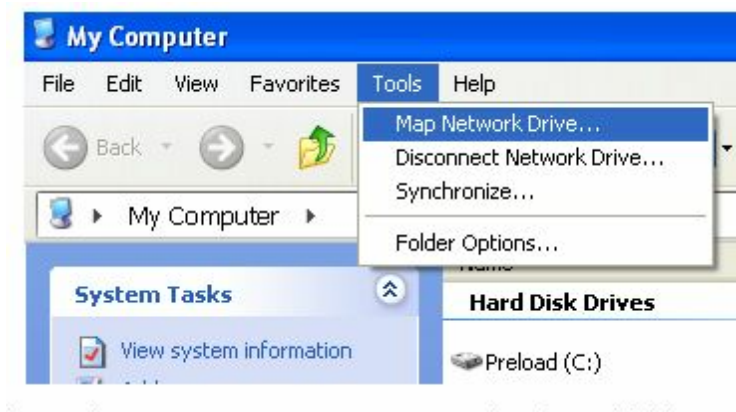
NOTE: If you leave on password protected sharing, you should probably create a specific user account on the Windows 7 computer for this purpose.

Step 9 - Change the attributes of the folder so that it is not Read-only:



Unfortunately, unlike prior versions of Windows, there is no obviously visual indicator that the folder has been shared successfully (other than being able to navigate to the folder via another network computer).

3.2.4 Mapping the Networked Folder



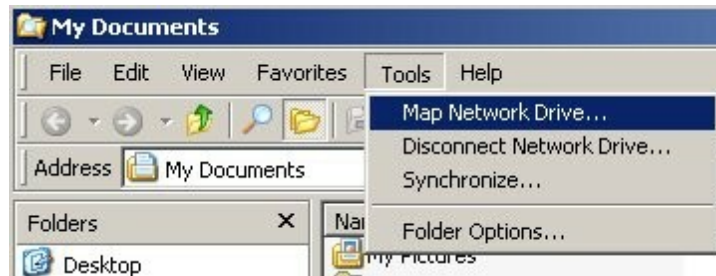
Simplify the process of finding and linking to your database folder from other computers in your network by mapping the drive. To begin, select your version of Windows below:

- Windows 2000^[59]
- Windows XP^[60]
- Windows Vista^[62]
- Windows 7^[64]

3.2.4.1 Windows 2000

In order to simplify the process of finding and linking to your database folder from other computers, we highly recommend that you create a Mapped Network Drive. This allows the sometimes arcane network path name (\\Frontdesk-DellPC-244\\JoesFiles\\Temp\\) down to the more memorable "Z:\\Temp". The process for creating a mapped drive is given below:

Step 1 - Click on the *My Computer* shortcut from your desktop or from the Start Menu. In the menu you will see "Tools", from there select *Map Network Drive*.



Step 2 - First, you need to assign a drive letter for the connection (we recommend using "S:" for server, but any letter not being used will work). Then click Browse to find the folder you want to map (look in *My Network Places* first). You can also type the full path in the box if you know it. Click "Reconnect at logon" so that each time your computer restarts it looks for the mapped folder.



NOTE: If you are having trouble finding the database folder on your network using Browse, first try typing it's path directly into the box. Also, verify that the folder was correctly set up for sharing on the remote computer^[41], that the correct username and password have been entered (if necessary), and that the computer network connections are functioning properly.

Step 3 - Click on *Finish* and the drive mapping will be created. You can verify the success of your mapping by looking at *My Computer* shortcut again where you will see that a new drive having the letter you assigned is listed. You can access at anytime just by double-clicking it (or, more importantly, the ezHealthWare software database can now be easily referenced using the just the new drive (for example "S:\ezHW_Data\ezDB.dez").

Network Drives



3.2.4.2 Windows XP

In order to simplify the process of finding and linking to your database folder from other computers, we highly recommend that you create a Mapped Network Drive. This allows the sometimes arcane network path name (\\Frontdesk-DellIPC-244\JoesFiles\Temp\) down to the more memorable "Z:\Temp". The process for creating a mapped drive is given below:

Step 1 - Click on the *My Computer* shortcut from your desktop or from the Start Menu. In the menu you will see "Tools", from there select *Map Network Drive*.



Step 2 - First, you need to assign a drive letter for the connection (we recommend using "S:" for server, but any letter not being used will work). Then click Browse to find the folder you want to map (look in *My Network Places* first). You can also type the full path in the box if you know it. Click "Reconnect at logon" so that each time your computer restarts it looks for the mapped folder.



NOTE: If you are having trouble finding the database folder on your network using Browse, first try typing it's path directly into the box. Also, verify that the folder was correctly set up for sharing on the remote computer^[41], that the correct username and password have been entered (if necessary), and that the computer network connections are functioning properly.



Step 3 - Click on *Finish* and the drive mapping will be created. You can verify the success of your mapping by looking at *My Computer* shortcut again where you will see that a new drive having the letter you assigned is listed. You can access at anytime just by double-clicking it (or, more importantly, the ezHealthWare software database can now be easily referenced using the just the new drive (for example "S:\ezHW_Data\ezDB.dez").

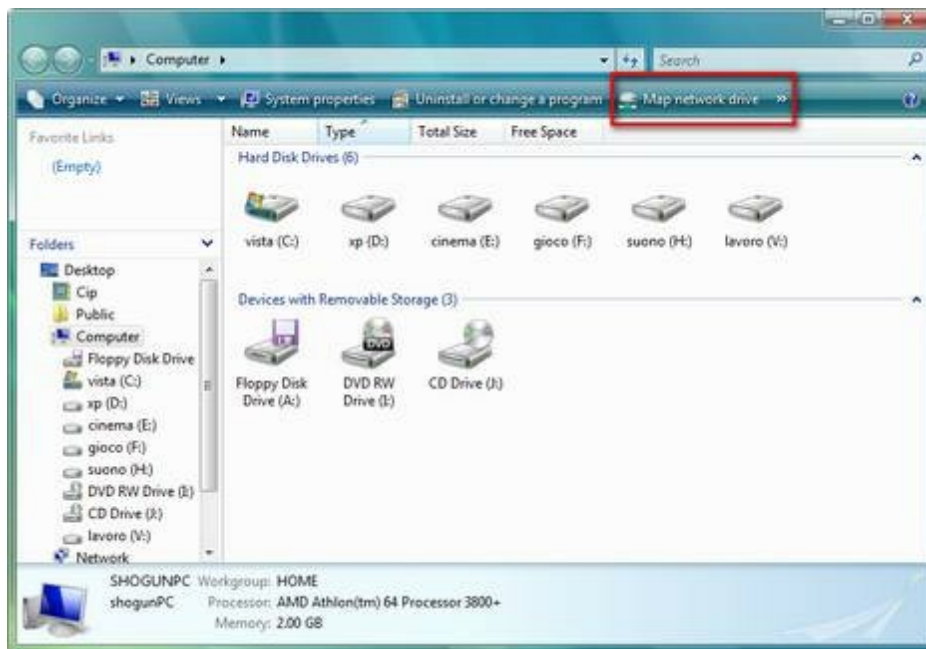
Network Drives



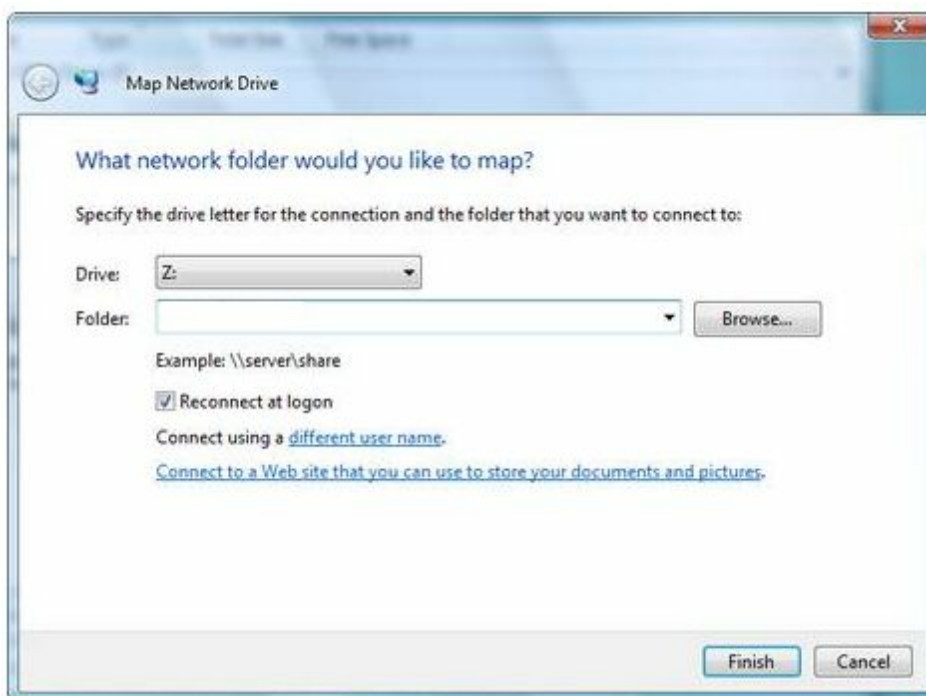
3.2.4.3 Windows Vista

In order to simplify the process of finding and linking to your database folder from other computers, we highly recommend that you create a Mapped Network Drive. This allows the sometimes arcane network path name (\\Frontdesk-DellIPC-244\\JoesFiles\\Temp\\) down to the more memorable "Z:\\Temp". The process for creating a mapped drive is given below:

Step 1 - Click on the *Computer* shortcut from your desktop or from the Start Menu. In the toolbar you will find several buttons, including one called *Map network drive*.



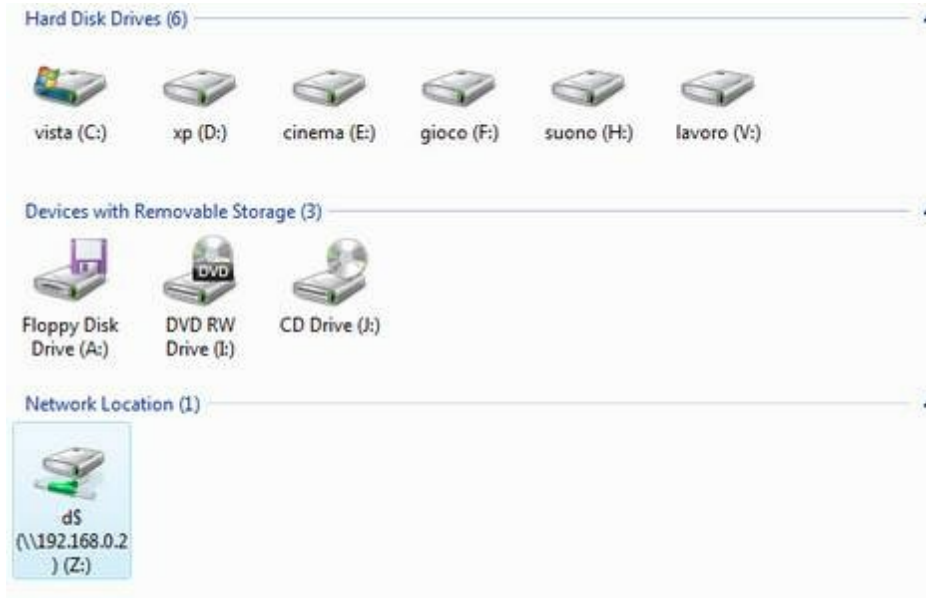
Step 2 - Click on it and the *Map Network Drive* window will open. First, you need to assign a drive letter for the connection (we recommend using "S:" for server, but any letter not being used will work). Then click Browse to find the folder you want to map (look in Network Places first). You can also type the full path in the box if you know it. Click "Reconnect at logon" so that each time your computer restarts it looks for the mapped folder.



NOTE: If you are having trouble finding the database folder on your network using Browse, first try typing

it's path directly into the box. Also, verify that the folder was correctly set up for sharing on the remote computer⁴¹, that the correct username and password have been entered (if necessary), and that the computer network connections are functioning properly.

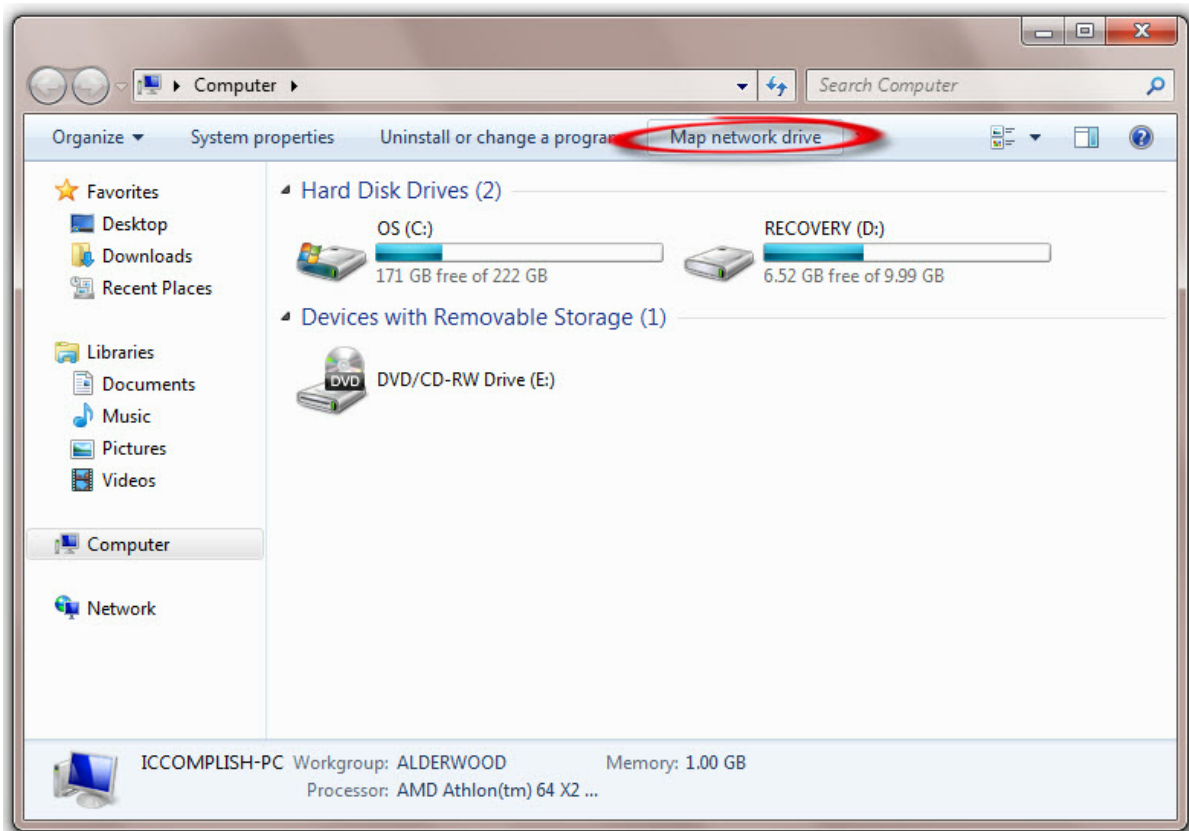
Step 3 - Click on *Finish* and the drive mapping will be created. You can verify the success of your mapping by looking at *Computer* shortcut again where you will see that a new drive having the letter you assigned is listed. You can access at anytime just by double-clicking it (or, more importantly, the ezHealthWare software database can now be easily referenced using the just the new drive (for example "S:\ezHW_Data\ezDB.dez").



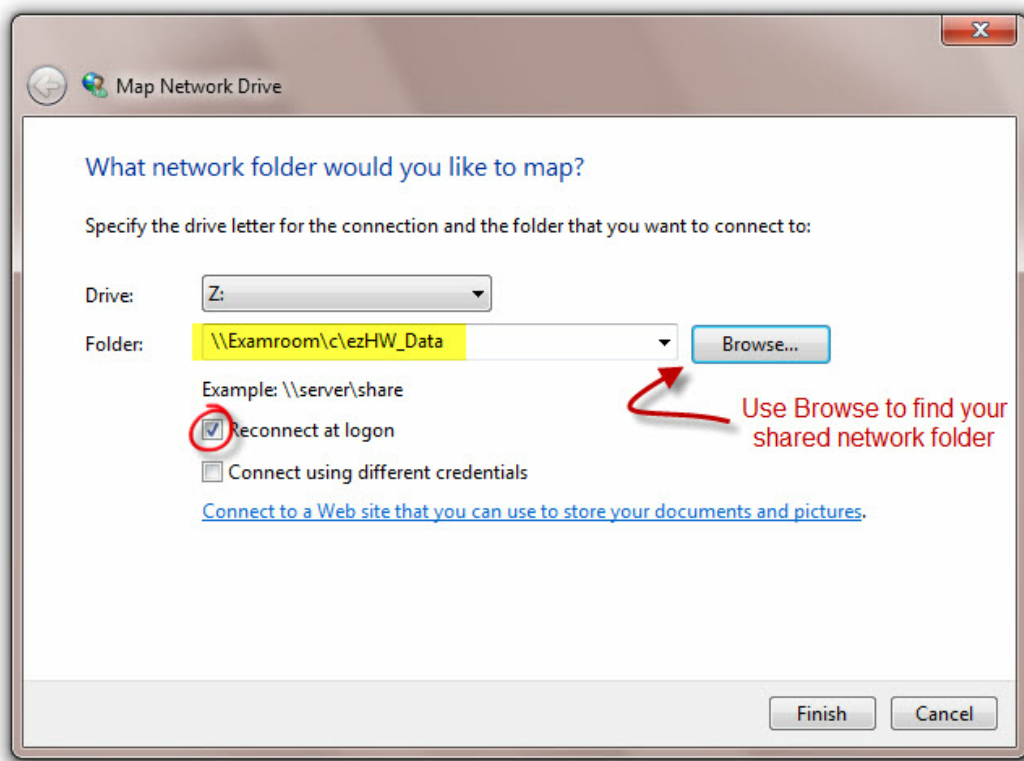
3.2.4.4 Windows 7

In order to simplify the process of finding and linking to your database folder from other computers, we highly recommend that you create a Mapped Network Drive. This allows the sometimes arcane network path name (\\Frontdesk-DellIPC-244\\JoesFiles\\Temp\\) down to the more memorable "Z:\\Temp". The process for creating a mapped drive is given below:

Step 1 - Click on the *Computer* shortcut from your desktop or from the Start Menu. In the toolbar you will find several buttons, including one called *Map network drive*.



Step 2 - Click on it and the *Map Network Drive* window will open. First, you need to assign a drive letter for the connection (we recommend using "Z" or "S:" for server, but any letter not being used will work). Then click Browse to find the folder you want to map (look in Network Places first). You can also type the full path in the box if you know it. Click "Reconnect at logon" so that each time your computer restarts it looks for the mapped folder.



NOTE: If you are having trouble finding the database folder on your network using Browse, first try typing it's path directly into the box. Also, verify that the folder was correctly set up for sharing on the remote computer^[41], that the correct username and password have been entered (if necessary), and that the computer network connections are functioning properly.

Step 3 - Click on *Finish* and the drive mapping will be created. You can verify the success of your mapping by looking at *Computer* shortcut again where you will see that a new drive having the letter you assigned is listed. You can access at anytime just by double-clicking it (or, more importantly, the ezHealthWare software database can now be easily referenced using the just the new drive (for example "S:\ezHW_Data\ezDB.dez").

3.2.5 Installing on your Secondary Computers

You must install the ezHealthWare software on each computer on your network. When you first run it, you will need to tell ezHealthWare where you have the patient database. This is easily done with the Network Wizard.

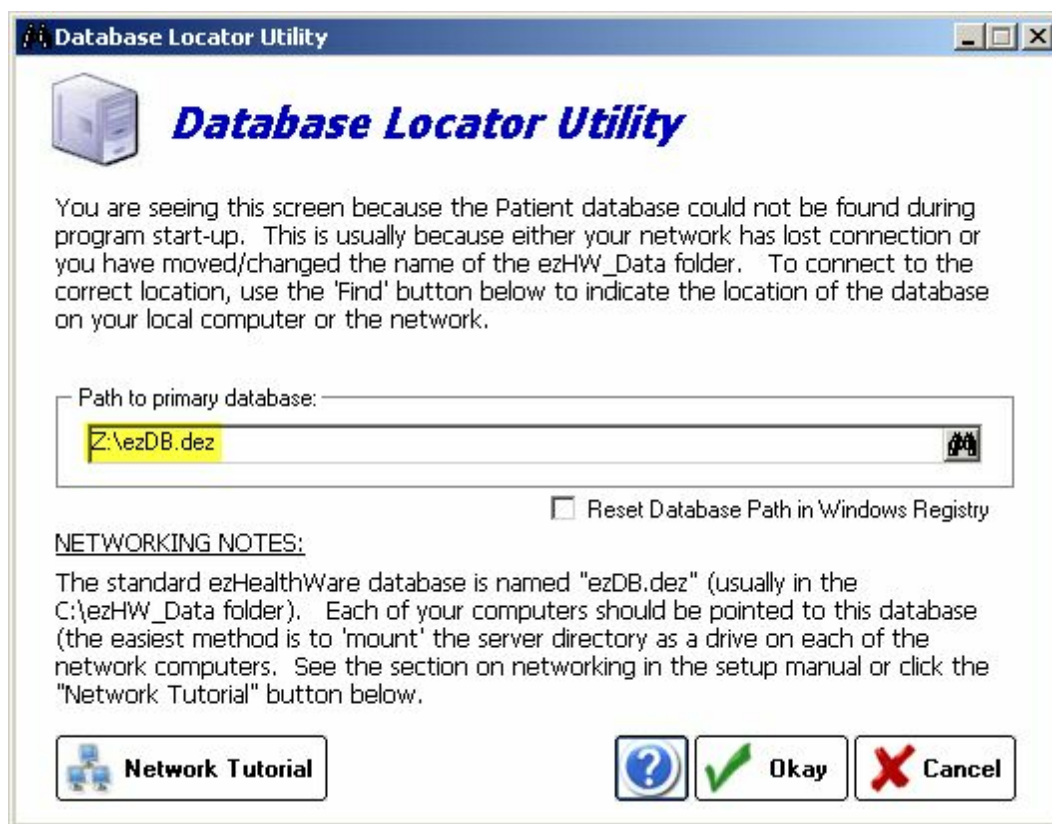
First, tell ezHealthWare software that you have already installed the Database on another computer:



Then click "Find Database" so that the folder can be located.



If you have properly shared⁴¹ and mapped⁵⁸ your database folder, you will simply need to click the Find Icon and select the Networked Drive (in this example we mounted the folder as the Z: drive).



If you have problems or your computer does not seem to be connecting to the database as expected, use the Path Utility⁷⁴ to investigate.

3.2.6 Setting up a Wireless Network

Since ezHealthWare software is an intensive database-driven program, you can expect a wireless network to be slower than a typical 100Mbps wired LAN (how much slower depends on the wireless system you choose). If you must use a wireless network, it is probably best to use the exam room computer as the server and let other computers link into that system. **Broken network connections, as sometimes happen with wireless systems, can result in database corruption! Do regular backups of your data (at least daily).**

To begin you must choose from several different wireless technologies to select the system which works best for your office, balancing cost versus speed.

- **802.11b** This is the oldest and most compatible wireless technology, and any wireless network device can connect to an 802.11b network. 802.11b is slow, however, and you should use it only for browsing the Web, sending instant messages, and reading e-mail.
- **802.11g** The best choice for new wireless networks, 802.11g works with any device that supports 802.11b, while offering five times the performance. 802.11g is fast enough to stream music and some video (but not high-definition video).
- **802.11n.** A future standard that will replace 802.11g and 802.11b networks, while still supporting existing wireless computers. 802.11n can offer better range and performance than 802.11g; however, 802.11n network equipment is more expensive, and most wireless devices do not support

it.

- **Other 100+ Mbps wireless technologies.** Most network vendors (or manufacturers) now offer custom wireless equipment that claims speeds higher than 100 Mbps. In the real world, performance is only slightly better than that provided by 802.11g and, in order to realize the benefit, you have to use wireless network adapters from the same vendor in each of the devices you're connecting. These devices also support 802.11b and 802.11g, however, and are a good choice if the price is comparable to 802.11g equipment.
- **802.11a** This is an outdated wireless technology that offers good performance but is compatible with only a few devices.

If you are unsure of which standard to go with, just buy 802.11g networking equipment as it will be a solid choice.

NOTE: Windows XP comes with a utility called Wireless Zero Configuration (WZC) that runs as a service and is intended to make connecting to an access point much easier, by continuously searching for access points in range. This behavior may cause random disconnections on your wireless network. To correct this you will have to disable the WZC service^[71] and use another wireless management program, such as the one that comes with your wireless network adapter. Refer to the wireless router software help files or user manual for information on how to install and configure it.

3.2.6.1 Improving Wireless Signal

Top Ten Tips for Improving Wireless Network Performance (from Microsoft's Site)

If Windows ever notifies you about a weak signal, it probably means your connection isn't as fast or as reliable as it could be. Worse, you might lose your connection entirely in some parts of your home. If you're looking to improve the signal for your wireless network, try some of these tips for extending your wireless range and improving your wireless network performance.

Tip #1 - Position your wireless router (or wireless access point) in a central location

When possible, place your wireless router in a central location in your home. If your wireless router is against an outside wall of your home, the signal will be weak on the other side of your home. Don't worry if you can't move your wireless router, because there are many other ways to improve your connection.

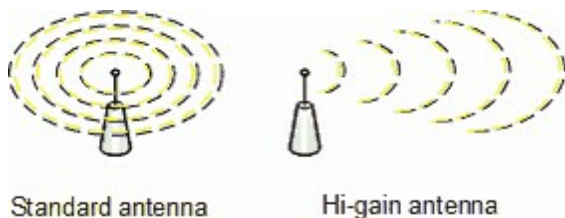
Tip #2 - Move the router off the floor and away from walls and metal objects (such as metal file cabinets)

Metal, walls, and floors will interfere with your router's wireless signals. The closer your router is to these obstructions, the more severe the interference, and the weaker your connection will be.

Tip #3 - Replace your router's antenna

The antennas supplied with your router are designed to be omni-directional, meaning they broadcast in all directions around the router. If your router is near an outside wall, half of the wireless signals will be sent outside your home, and much of your router's power will be wasted. Most routers don't allow you to increase the power output, but you can make better use of the power. Upgrade to a hi-gain antenna that focuses the wireless signals only one direction. You can aim the signal in the direction you need it

most.



Tip #4 - Replace your computer's wireless network adapter

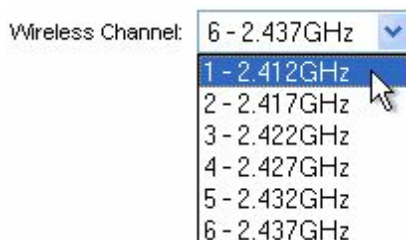
Wireless network signals must be sent both to and from your computer. Sometimes, your router can broadcast strongly enough to reach your computer, but your computer can't send signals back to your router. To improve this, replace your laptop's PC card-based wireless network adapter with a USB network adapter that uses an external antenna. In particular, consider the Hawking Hi-Gain Wireless USB network adapter, which adds an external, hi-gain antenna to your computer and can significantly improve your range.

NOTE: Laptops with built-in wireless typically have excellent antennas and don't need to have their network adapters upgraded.

Tip #5 - Add a wireless repeater

Wireless repeaters extend your wireless network range without requiring you to add any wiring. Just place the wireless repeater halfway between your wireless access point and your computer, and you'll get an instant boost to your wireless signal strength. Check out the wireless repeaters from ViewSonic, D-Link, Linksys, and Buffalo Technology.

Tip #6 - Change your wireless channel



Wireless routers can broadcast on several different channels, similar to the way radio stations use different channels. In the United States and Canada, these channels are 1, 6, and 11. Just like you'll sometimes hear interference on one radio station while another is perfectly clear, sometimes one wireless channel is clearer than others. Try changing your wireless router's channel through your router's configuration page to see if your signal strength improves. You don't need to change your computer's configuration, because it'll automatically detect the new channel.

Tip #7 - Reduce wireless interference

If you have cordless phones or other wireless electronics in your home, your computer might not be able to "hear" your router over the noise from the other wireless devices. To quiet the noise, avoid wireless electronics that use the 2.4GHz frequency. Instead, look for cordless phones that use the 5.8GHz or 900MHz frequencies.

Tip #8 - Update your firmware or your network adapter driver

Router manufacturers regularly make free improvements to their routers. Sometimes, these improvements increase performance. To get the latest firmware updates for your router, visit your router manufacturer's Web site.

Similarly, network adapter vendors occasionally update the software that Windows uses to communicate with your network adapter, known as the driver. These updates typically improve performance and reliability. To get the driver updates, do the following:

Windows Vista users: Click the **Start** menu, click **All Programs**, and then click **Windows Update**. In the left pane, click **Check for updates**, and then wait while Windows looks for the latest updates for your computer. Install any updates relating to your wireless network adapter.

Windows XP users: Visit [Microsoft Update](#), click **Custom**, and then wait while Windows looks for the latest updates for your computer.

Tip #9 - Pick equipment from a single vendor

While a Linksys router will work with a D-Link network adapter, you often get better performance if you pick a router and network adapter from the same vendor. Some vendors offer a performance boost of up to twice the performance when you choose their hardware: Linksys has the SpeedBooster technology, and D-Link has the 108G enhancement.

Tip #10 - Upgrade 802.11b devices to 802.11g (or even 802.11n)

802.11b is the most common type of wireless network, but 802.11g is about five times faster. 802.11g is backward-compatible with 802.11b, so you can still use any 802.11b equipment that you have. If you're using 802.11b and you're unhappy with the performance, consider replacing your router and network adapters with 802.11g-compatible equipment. If you're buying new equipment, definitely choose 802.11g.

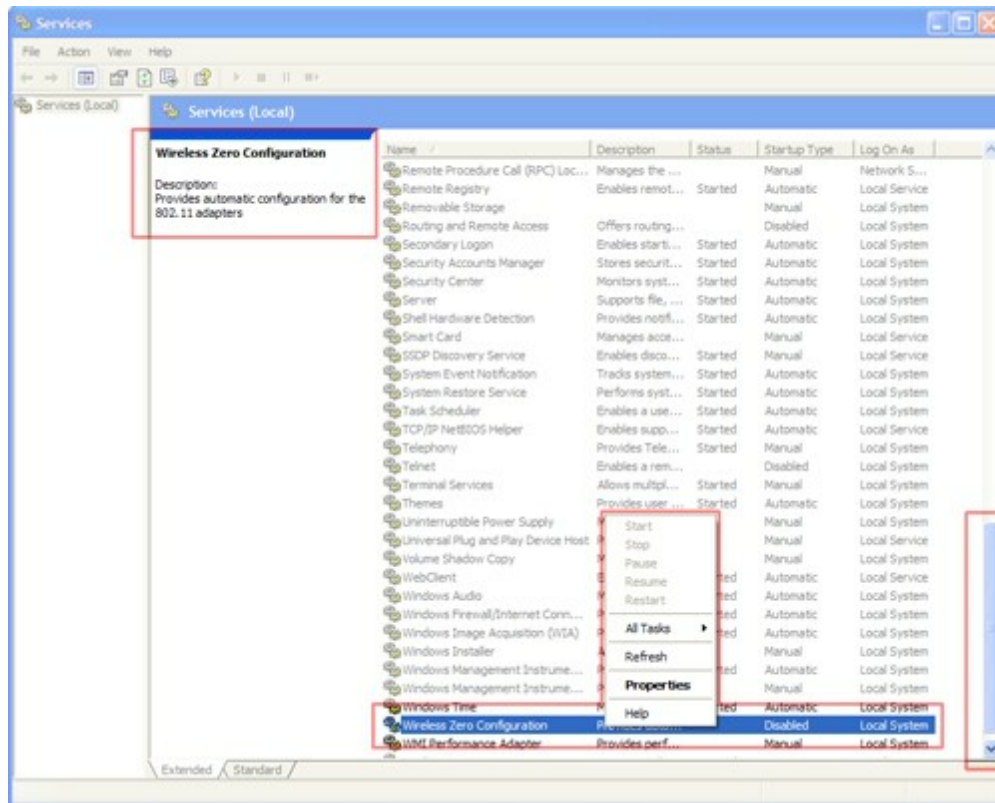
Wireless networks never reach the advertised bandwidth limits. 802.11b networks typically get 2-5Mbps. 802.11g is usually in the 13-23Mbps range. Belkin's Pre-N equipment has been measured at 37-42Mbps.

3.2.6.2 Disabling WZC in WinXP**Disable Wireless Zero Configuration in Windows XP**

If you are running a wireless network on a Windows XP system and have experienced problems maintaining a connection to your wireless router, we recommend that you disable the "Wireless Zero Configuration" service.

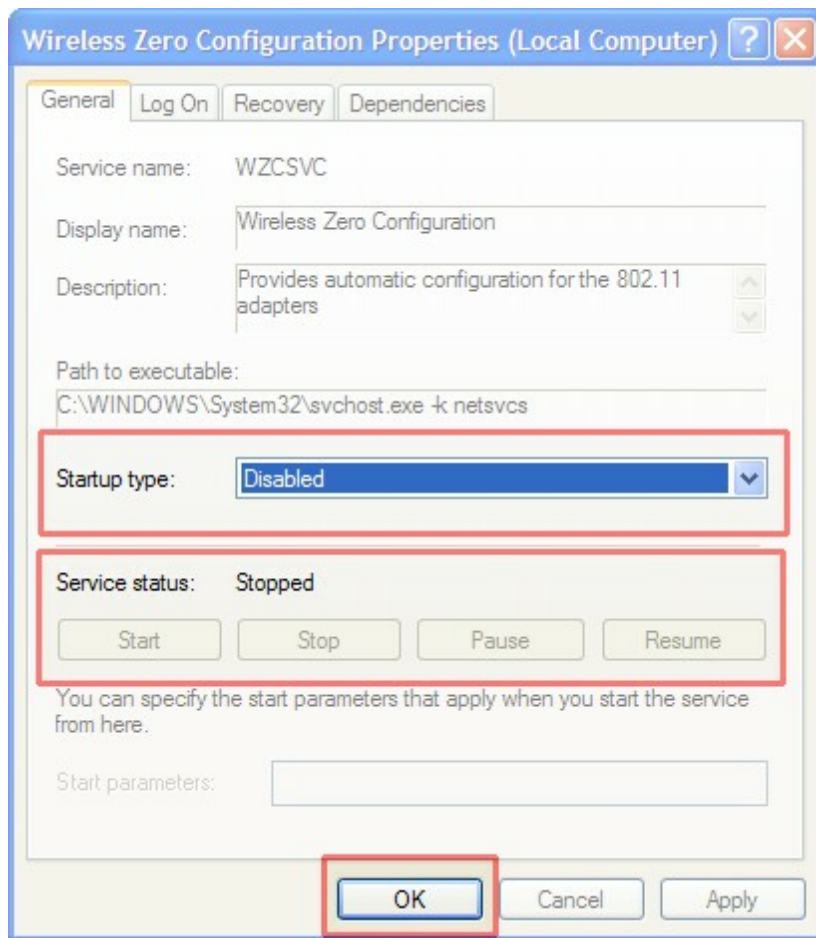
The Wireless Zero Configuration service allows your network card to automatically select and connect to preferred networks as they become available. In your office setting, you only want to be connected to *one* wireless network and thus have no need for a service that is automatically scanning for *different* wireless networks. This causes your network to drop the wireless connection for *just* a moment, long enough to kill the network connection to the ezHealthWare software database. *This can result in severe damage to the database!*

To access disable this service, you need to browse to the **Control Panel**, then **Administrative Tools** and finally double-click on **Services**. From the services window you will want to scroll all the way down to **Wireless Zero Configuration** and right-click the name, then click **Properties**.



From the **Service Status** area choose **Stop** to stop the service.

From the **Startup Type** drop-down menu, choose **Disabled** so that the service doesn't startup the next time you start Windows XP.



Your *wireless* connection should now function like a *wired* connection, and you shouldn't have to worry about "dropped" connections in Windows XP.

3.2.7 Troubleshooting Network Problems

Network Cable Errors

If your computer network cable is not working properly, you will see a repeated message or pop up "network cable is unplugged" on your desktop and the blinking status lights of the network will also stop blinking. There can be many causes of this problem and you can fix this error with these simple tips. If you have another Ethernet adapter installed but not using it, then disable it by right clicking on the monitor icons on the right side of the desktop and select the disable option. Check both ends of the cables and ensure that the RJ 45 connectors are properly inserted in the LAN card and in the Hub/ Switch. Update the drive of the LAN card from the vendor's website and if the problem still exist then replace the cable with new one. If the problem is still not resolved then replace the LAN card with a new one and try to use a new hub or switch and put cable's one end into it. By these simple steps, you will be able to trace out and troubleshoot the problem.

Basic Network Troubleshooting Tips

The following sections list a series of common networking problems along with solutions that can usually

resolve the issue.

Problem: Duplicate computer IDs.

Solution: Make sure that every computer on the network has a unique ID (use Control Panel, Network, Identification to view this information). Otherwise, you'll get an error message when you reboot the workstations with networking cables attached.

Problem: Different workgroup names.

Solution: Make sure every computer that's supposed to be working together has the same workgroup name. The Windows 9x/NT Network Neighborhood and Windows Me/2000/XP My Network Places icons display computers by workgroup name. Different workgroup names actually create different workgroups, and you'd need to access them by browsing via Entire Network. This wastes time.

Problem: Shared resources are not available.

Solution: Make sure that shared resources have been set for any servers on your network. If you can't share a resource through Windows Explorer on the peer server, ensure that File and Printer Sharing has been installed.

Problem: Network doesn't work after making changes.

Solution: Try restarting the computer. This will surprisingly fix many problems!

Problem: A user can't access any shared resources (but others can).

Solution: First, have the user log off and log back on. Next, check cable connections at the server and workstation. Loose terminators or BNC T-connectors can cause trouble for all workstations on a Thinnnet cable segment. A loose or disconnected RJ-45 cable affects only the computer (or hub) using it. If a Category 5 UTP cable seems to be connected tightly but the user still can't get on the network, check the cable with a cable tester or replace the cable.

Problem: Wrong access level.

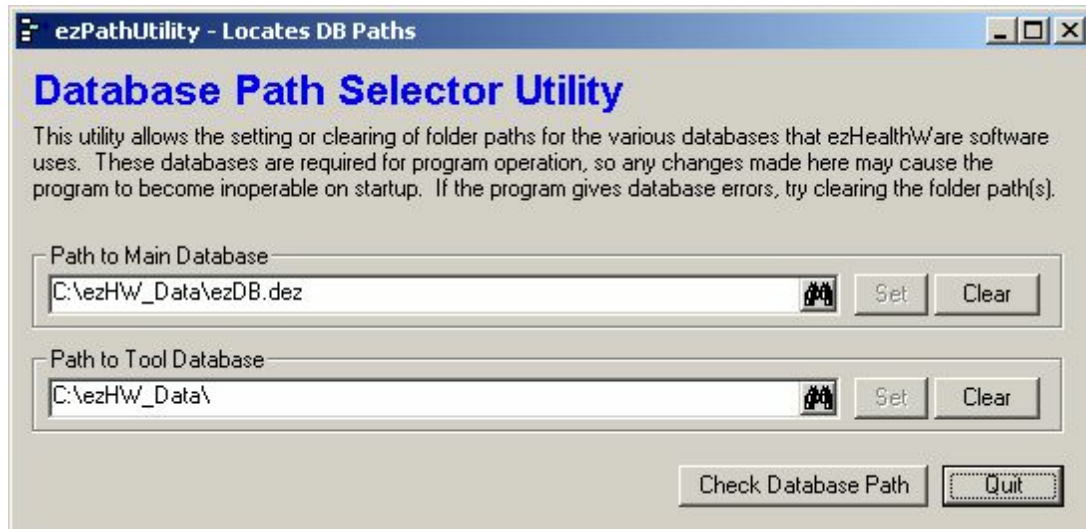
Solution: If you save your passwords in a password cache, entering the read-only password instead of the full-access password limits your access with peer servers. Try unsharing the resource and try to reshare it, or have the user of that peer server set up new full-access and read-only passwords. Alternatively, don't use password caching by unchecking the Save Password box when you log on to a shared resource. With a client/server network with user lists and rights, check with your network administrator because she will need to change the rights for you.

Problem: Unable connect to Internet or other computers.

Solution: Check the router, switch, or hub used to connect the computers to each other and the Internet. It needs to be powered, and the data cables must be properly connected between it and each PC (and between the Internet connection and the switch or hub, if applicable). If your network uses DHCP to dynamically assign IP addresses and the router has lost power or connection, users won't have valid IP addresses. Restart the router, and have all users log off and shut down. When they restart their systems, they should be able to obtain valid IP addresses and connect with each other.

Confirming the Database Path

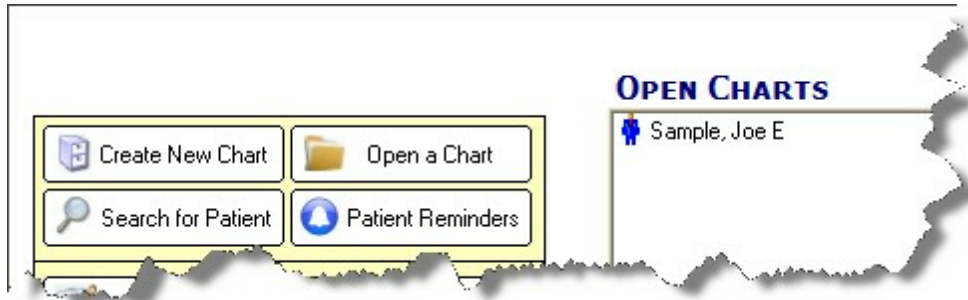
You can confirm that your setting to the database location is correct by using the ezPathUtil.exe program found in the ezUtilities folder (go to C:\Program Files\ezHealthWare\ezUtilities). The path displayed should be the location of your database. Typically the Tool Path should be in the same location, although advanced users can change this location to allow for custom Tool Database on each computer. You can also use this utility to set a new database location.



Part

IV

4 Getting Started



How do I login as a User?^[84]
How do I login as a Administrator?^[85]
How do I recover a lost password?^[85]
How do I access FAQ (frequent questions)?^[88]
How do I access the User Manual (pdf)?^[89]
How do I use the demo patient "Joe Sample"?^[89]

4.1 Using the Setup Wizard

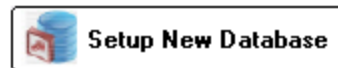
The first time ezChartWriter is accessed, the **Networking Wizard** displays to guide you through configuring the program according to your custom settings (even if you do not plan to install on a network, you must follow these steps).

1. Open ezChartWriter. The Program Splash Screen displays; click **Continue**
2. Click **Start** to start the wizard. The Networking Wizard window displays:

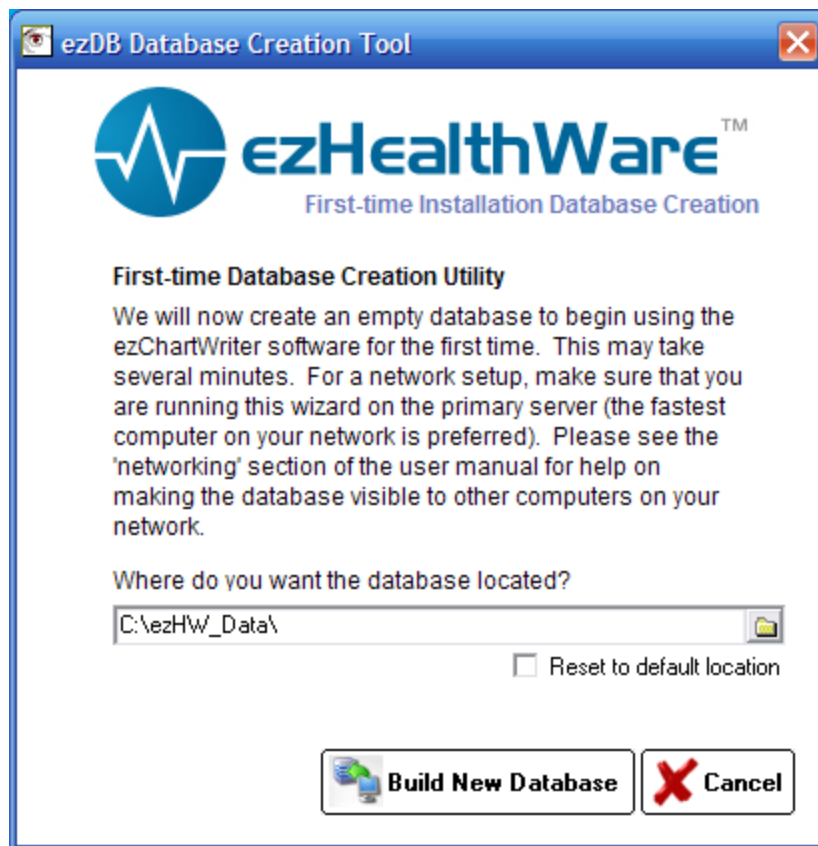


3. Select the **First time installation** option and select the **Edit Admin Settings** box. It is recommended that you use the default installation location (usually the **Program Files\ezHealthWare** folder, unless you are setting up a client computer on a network).
4. Click **Next**. The **Registration of Software** window displays momentarily, and then the **Create New Database Utility** window opens:

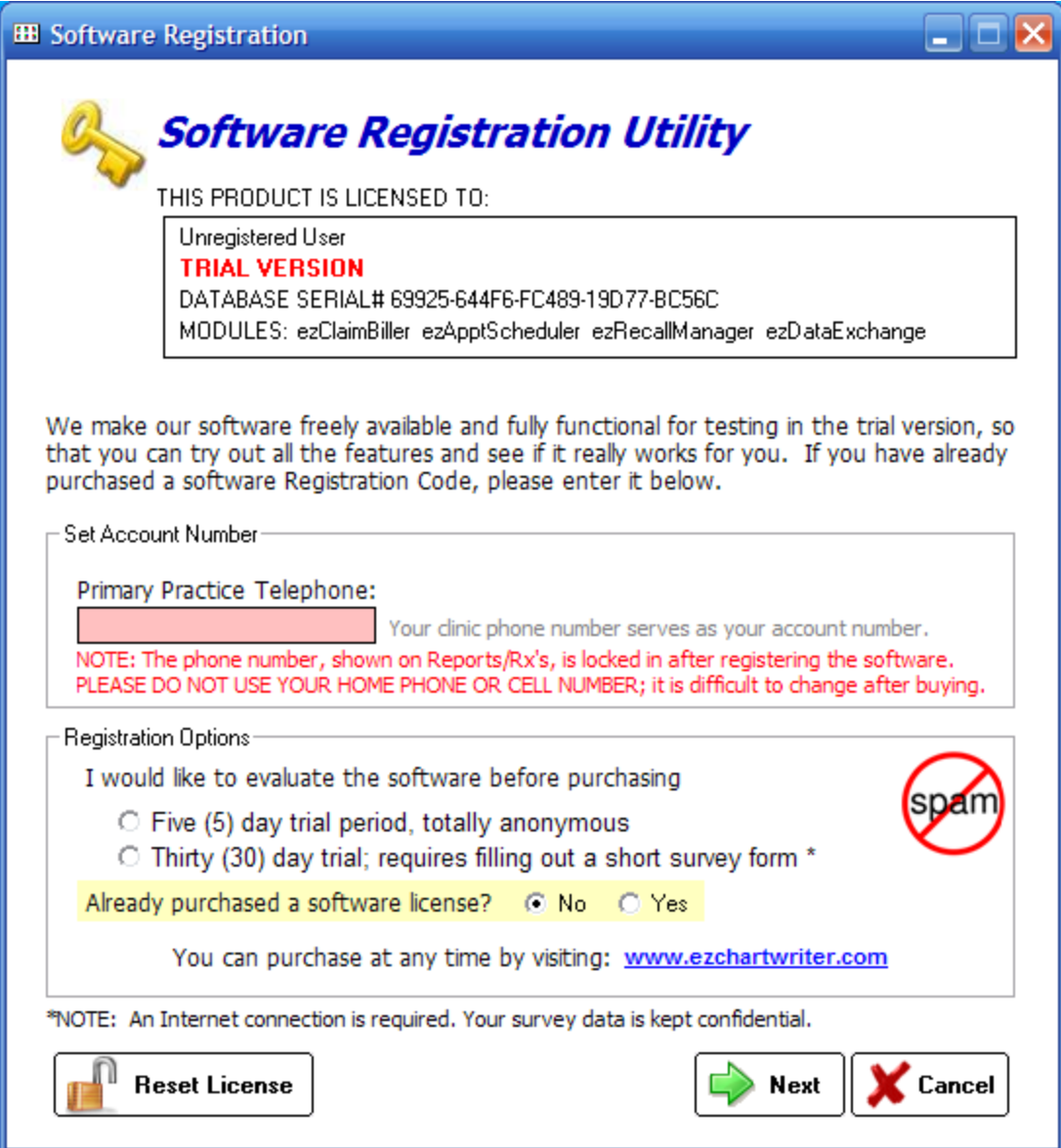
CLICK HERE TO CONTINUE -->



5. Click **Build New Database**. The system builds your database and displays a completion message once the database is created.



6. Click **Next**. The **Registration of Software** window displays:



The image shows a software registration utility window titled "Software Registration". It features a yellow key icon and the title "Software Registration Utility". The window displays the license status as "Unregistered User" and "TRIAL VERSION". It shows the database serial number and the modules included. A text box explains that the software is freely available for testing. Below this, there is a section for setting an account number, which is the primary practice telephone number. A note states that the phone number is locked in after registration and should not be a home or cell number. The registration options section allows the user to evaluate the software before purchasing, with options for a five-day trial or a thirty-day trial. A "spam" icon is present next to the trial options. The user is asked if they have already purchased a software license, with "No" selected. A link to the website is provided. A note at the bottom states that an internet connection is required and survey data is confidential. At the bottom, there are buttons for "Reset License", "Next", and "Cancel".

Software Registration Utility

THIS PRODUCT IS LICENSED TO:

Unregistered User
TRIAL VERSION
DATABASE SERIAL# 63925-644F6-FC489-19D77-BC56C
MODULES: ezClaimBiller ezApptScheduler ezRecallManager ezDataExchange

We make our software freely available and fully functional for testing in the trial version, so that you can try out all the features and see if it really works for you. If you have already purchased a software Registration Code, please enter it below.

Set Account Number

Primary Practice Telephone:
 Your clinic phone number serves as your account number.
NOTE: The phone number, shown on Reports/Rx's, is locked in after registering the software. PLEASE DO NOT USE YOUR HOME PHONE OR CELL NUMBER; it is difficult to change after buying.

Registration Options

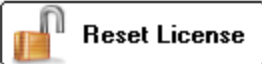


I would like to evaluate the software before purchasing

☐ Five (5) day trial period, totally anonymous
☐ Thirty (30) day trial; requires filling out a short survey form *

Already purchased a software license? ☒ No ☐ Yes

You can purchase at any time by visiting: www.ezchartwriter.com

*NOTE: An Internet connection is required. Your survey data is kept confidential.

7. Once the database is created, you will be guided through the process of registering and setting up the software. If you are evaluating ezChartWriter, you do not have to provide a software registration **key code** in the space provided. Simply leave this field blank and you will have an opportunity to use the software with a limited number of patients (30 is the maximum).
8. Click **Next**. The **Administrator Setup** screen displays:

Admin Setup Utility

Administrator Setup Utility

Please carefully select a System Administrator password. The password should be 4-20 characters long. It will unlock all system functions and can reset ANY user password. Keep it secure. To comply with HIPAA regulations, be sure to NOT post it in a conspicuous place.
THIS IS A VERY IMPORTANT PASSWORD.

Administrator Setup

System Administrator ID: Admin Password: Confirm Password:

Practice/Clinic Information: (This data will display on your reports & Rx's)

Doctor(s) Name/Title: -->(e.g. "Ima K. Doctor, MD", entered exactly as you wish it to appear on report titles)

Practice/Clinic Name:

Practice Address1:

Practice Address2:

Practice City:

Practice State/Prov: Postal Code:

Practice Telephone: <--- Phone number is locked in after registering the software.

Practice Fax:

Practice Email:

Practice Website:

Group NPI (if applicable):

* Fields in yellow are REQUIRED

? Next Cancel

IMPORTANT: The System Administrator is the software user delegated to maintain software settings and security levels, to add or delete users, and to register the software. This individual should be a trusted, long-term employee (preferably someone with good computer knowledge). The password⁸⁴ that is selected must be remembered (unlike user passwords, it is not easily reset). **Keep the System Administrator password in a secure location that is not easily accessible by others.**

9. Click Next. The Primary User Setup window displays:

User Setup Utility

First-Time User's Setup

This form will let you setup your first few users. It is advisable to set yourself up as the first user. You may add an unlimited number of users in the Admin section. You must enter a minimum of ONE user at this time.

Enter the name of the users below:

	First Name	MI	Last Name	UserName	User Type	Security
User 1:	Joe	R	Smith	jsmith	Provider	10
User 2:						
User 3:						
User 4:						
User 5:						

NOTE: The first time you sign on to a new user account, the Password will be set equal to the Username (first initial + last name). Security level will default to "5" if left blank. Level 1 is the lowest level and 10 has the highest privileges.

Code Sets (Diagnosis and Procedures)

☒ ICD-9
☐ ICD-10
☐ Combined ICD-9 & ICD-10

ICD-10 CODES COMING SOON!

International Settings

	Formatting Mask	Formatting Preview
General date format:	mm/dd/yyyy	02/15/2011
Telephone formatting:	(999) 999-9999	(912) 345-6789
Postal Code format:	99999-9999	45678
Measurements:	<input type="radio"/> Metric <input checked="" type="radio"/> Non-Metric	Dist: 20' Temp: 98.8 F

Enter your primary user information in the spaces provided. The system will automatically generate a username for you when once you enter your name. You can accept the username or create your own (your username must consist of at least five characters). If you have two users with the same last name and first initials, you will have to create a custom UserName for at least one of them (since the default username is first initial plus lastname)

International Settings - if you are using the software outside the United States you will likely need to adjust the date format and metric measurements.

10. Click **Next**. The **Password Information** window displays:

When you first log into the USER account, you will need to enter the default password. The default password for users is the same as the UserName (so for "jsmith", enter the password as "jsmith"). You will then be prompted to enter a new password.



11. Restart the software. You will see a notice that the Trial Period has begun.
12. Open ezChartWriter and sign in to the Administrator⁸⁵ account to review/set the security options.

4.1.1 Password Selection

It is a good practice to choose a secure password. To often an easy-to-guess password is chosen, which defeats the whole purpose of passwords! A strong password would look like "r%i1L" or "sus99an1". A secure password should contain:

- No less than 6 characters
- Not be the same as your user name, personal name or birthday
- Does not sound like a dictionary word (e.g. "glove")
- Contains a combination of capital & lower case letters, numerical and/or special characters.

Having a simple password can leave you vulnerable to guessing or dictionary attacks, which can lead to unauthorized access to patient information. HIPAA regulations require that you make every attempt to secure your data. We recommend you use a password that has at a minimum eight characters and contains a combination of both letters and numbers. Passwords should be changed regularly.

4.2 User Login

When you come to the Main Menu of ezChartWriter, you are automatically logged in. However, if you click the Logout button or are timed out due to inactivity, you will need to log back in before proceeding. You have three attempts to login before the software closes. The screen you will see will have buttons similar to those below:



After you click the User Login button, the following screen appears. You must enter your UserName (as setup by your Administrator) and password. You can change your password at any time by clicking the "Change Password" link. Click the Login button at the lower right to complete the login process.



The image shows a 'Secure Login' window titled 'User Login'. It features a small icon of two people. Below the title, there are two input fields: 'UserName' with the value 'idoktor' and a dropdown arrow, and 'Password' with masked characters 'XXXXXXXX'. To the right of the password field is a blue link 'Change Password'. Below the input fields, a message states: 'Use of this software means that you have read, understood, and agreed to the user license. Click [HERE](#) to view the User Agreement. All rights reserved.' At the bottom right, there are two buttons: 'Login' with a green checkmark icon and 'Cancel' with a red X icon.

4.3 Administrator Login

Once you have logged out as a user⁸⁴, you can re-log in as the Admin. Special features are available for the Admin, including the ability to create user accounts, set security levels and manage the software account.



WARNING: Be sure to Log Off of the Admin account when you have completed your work.

4.4 Lost/forgotten passwords

NOTE: The first time a user attempts to login, the default password is the same as the assigned UserName. After the first sign-in, the User must change the password.

Via User - Change Password

The User can change their own password after clicking the User Login button (only if they remember the password; if not, see below for details on resetting the password of a user).



The 'Secure Login' dialog box features a blue title bar with a lock icon and a close button. Below the title bar is a header area with a user icon and the text 'User Login'. The main area contains a 'UserName:' label followed by a dropdown menu showing 'idoktor', and a 'Password:' label followed by a text box with masked characters. To the right of the password box is a yellow button labeled 'Change Password' with a starburst effect and a mouse cursor. Below these fields is a paragraph of text: 'Use of this software means that you have read, understood, and agreed to the user license. Click [HERE](#) to view the User Agreement. All rights reserved.' At the bottom right are two buttons: a green 'Login' button with a checkmark icon and a red 'Cancel' button with an 'X' icon.

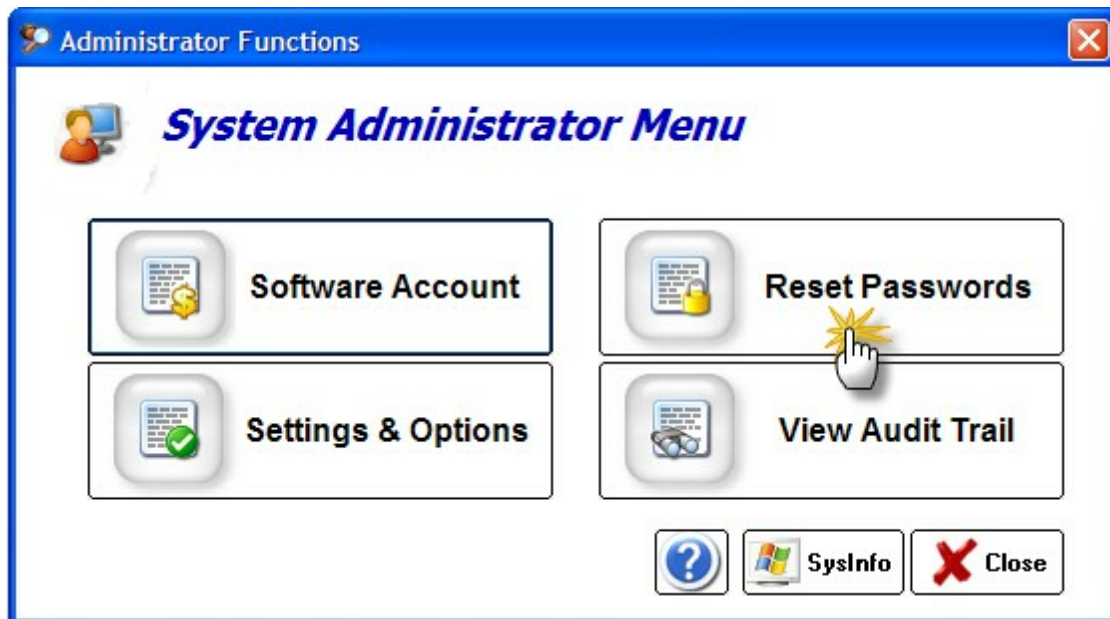
Enter the old password then create and enter a new password. The software will not allow you to create a blank or single letter password. If you mis-enter the password(s), you will be prompted to try again.



The 'Change Password' dialog box has a blue title bar with a lock icon and a close button. It features a header with a user icon and the text 'Change Password'. The form includes a 'User Name' label with a text box containing 'idoktor', followed by an 'Old Password' label and an empty text box. Below this is a note: 'Leave the next two fields blank if you do not wish to have a password. All passwords are case sensitive.' This is followed by 'New Password' and 'Confirm Password' labels, each with an empty text box. At the bottom are three buttons: a blue button with a question mark icon, a green 'Okay' button with a checkmark icon, and a red 'Cancel' button with an 'X' icon.

Via Admin - Resetting a Forgotten User Password

First, you must sign in as the Admin. Then click the Reset Passwords button.



NOTE: When the password is reset, it becomes the same as the UserName. So user "jsmith" will have a password of "jsmith" which must be changed on the first login attempt.

Admin Password - Lost/Forgotten

The Admin password is set when you first setup the software. If you have forgotten it, you can reset by clicking the "Forgot Password" next to the Admin login button.



The 'Secure Login' dialog box features a blue title bar with a key icon and a close button. The main area has a white background with a blue border. It includes a user icon, the title 'System Admin Login', and two input fields for 'UserName' (containing 'admin') and 'Password'. A yellow highlight and a mouse cursor point to a 'Lost Admin Password?' link next to the password field. Below the fields is a paragraph of text about the user license and a 'HERE' link. At the bottom are 'Login' and 'Cancel' buttons with green and red checkmarks respectively.

Secure Login

 **System Admin Login**

UserName:

Password: [Lost Admin Password?](#)

Use of this software means that you have read, understood, and agreed to the user license.
Click [HERE](#) to view the User Agreement. All rights reserved.

 **Login**  **Cancel**

Change your password by entering the current password (you will be prompted to enter a new one). Or, if you have lost your password, enter the code provided by TechSupport to reset the Admin Password.



The 'Reset Admin Password' dialog box has a blue title bar with a key icon and window controls. The main area is white with a blue border. It features a computer icon, the title 'Admin Password Reset Utility', and a paragraph explaining the utility's function. A red 'NOTE' is followed by two radio button options: 'Change the Admin password' and 'Reset the Admin password (if you have forgotten your current password)'. The first option has a 'Current Password' field. The second option has an 'Unlock code (provided by Tech Support)' field and a 'Request Code' button. At the bottom are '?', 'Okay', and 'Cancel' buttons.

 **Reset Admin Password**

 **Admin Password Reset Utility**

This utility will allow you to either change your Admin password (if you know the existing password) or reset the password to a default value (for your protection, this requires a code from Tech Support)

NOTE: Choose a password that is both unique and memorable.

☐ Change the Admin password
Current Password:

☒ Reset the Admin password (if you have forgotten your current password)
Unlock code (provided by Tech Support):
Request Code

  **Okay**  **Cancel**

4.5 FAQ (frequently asked questions)

Most of your Frequently Asked Questions are answered in this section.



4.6 User Manual (pdf)

Click on the User Guide on the Main Screen to view the printed (pdf) version of the help manual. The manual included in the Setup contains low-resolution images; to print the manual you should download the hi-res version (approximately 30MB) from the website www.ezchartwriter.com.



4.7 Sample Patient

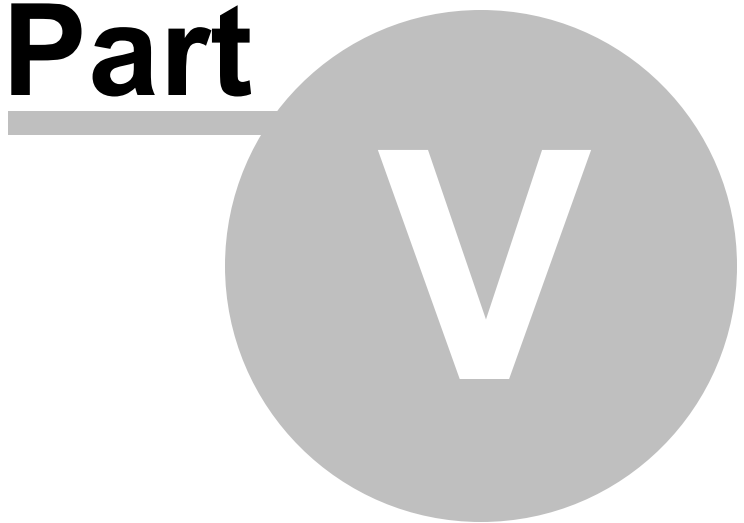
The software comes with a demo patient that you can use to create practice charts, reports, Rx's and such. You can also create your own sample patients, however we recommend that you use the default sample patient for these reasons:

1. "Joe Sample" is known to the software for being a demo patient, and all reports and charts are ignored when creating "real" reports.
2. The default sample patient can be closed even with open (unsigned) reports/Rx's. Normally you can't close patient charts if there are unsigned items.
3. Tech Support will have you test with this patient.



WARNING: Do not delete the Joe Sample patient! Simply close the file by right-clicking and selecting Close.

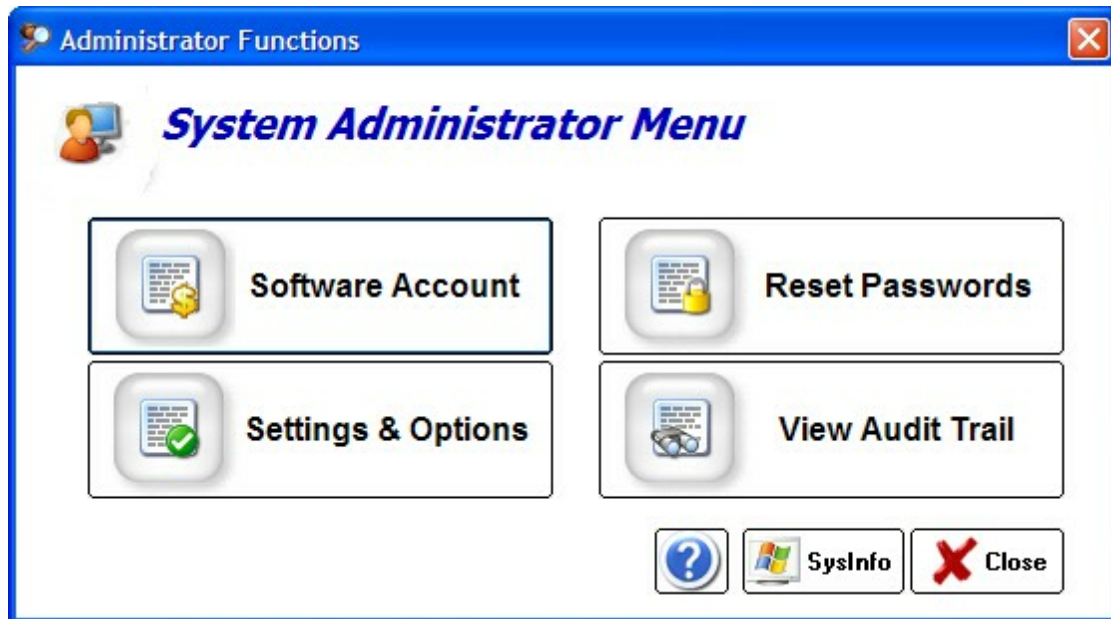
Part



5 Admin Functions

The Administrator Menu is the main portal to managing the software, including User accounts and Security Settings. In addition, you can purchase and register the software.

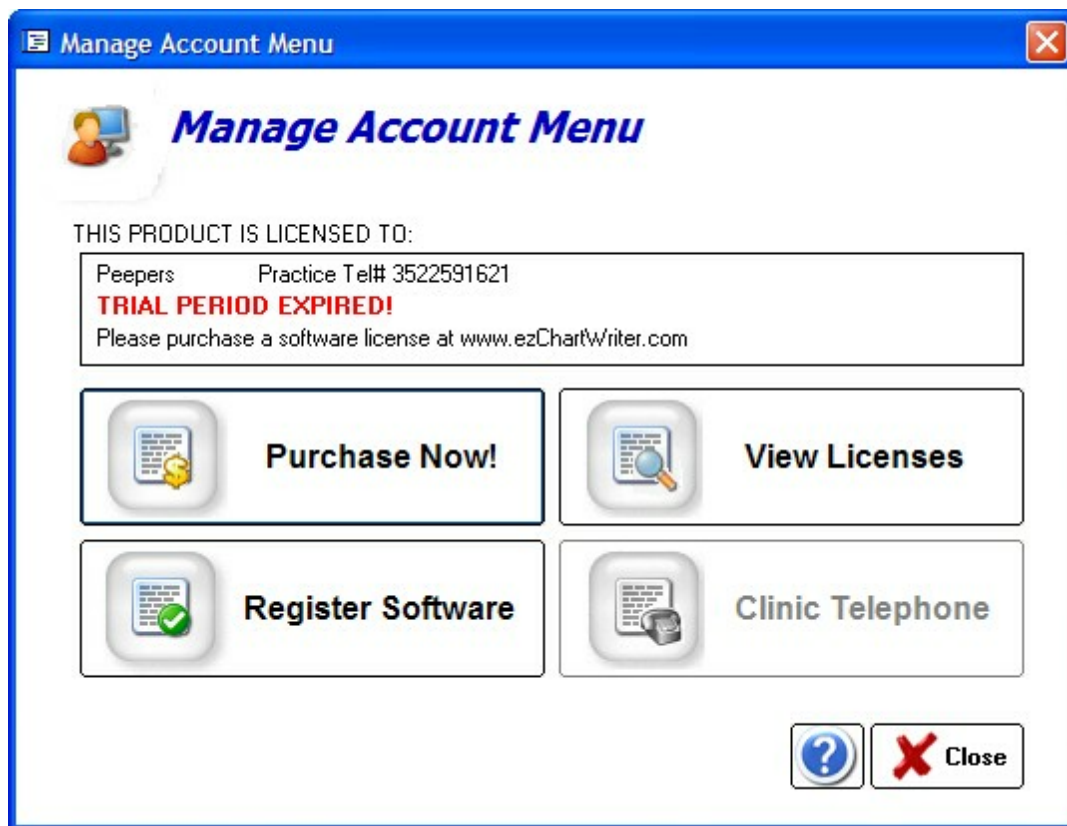
Software Account^[92]
Admin Settings & Options^[97]
Reset Passwords^[104]
View Audit Trail^[105]



5.1 Software Account

The Manage Software Account screen will allow you to purchase the software (via secure link), register/license your copy, view existing licenses and change the clinic telephone (which serves as the account number).

Purchase Software^[93]
Register/License Software^[94]
View Licenses^[96]
Change Clinic Telephone Number^[96]



5.1.1 Purchase Software

Whether you are purchasing the software for the first time or renewing your license, the Purchase Software screen will make the process super easy. The uploading of your order is our recommended method since there is no chance of mis-entering important account information that we need to generate your license file.

You can purchase in one of three methods:

- Via secure internet connection directly to our server (with full encryption of your credit card data)
- Generate a paper order form; submit via fax or mail
- Launch the website so you can order off the ezChartWriter website.



The screenshot shows a window titled "Payment Form" with a blue header bar. Inside the window, the ezHealthWare logo is on the left, and a shopping cart icon is on the right. Below the logo, the text "Please select the payment method" is displayed. There are three radio button options: "Order now via Secure Internet connection (your credit card info is encrypted)", "Generate a paper order form you can fax/mail to us", and "Launch default browser to order directly from ezChartWriter Website". The first option is selected. Below these options, there are icons for Visa, MasterCard, American Express, and Discover, followed by a lock icon and the text "256-bit Data Encryption". At the bottom, the text "Toll-Free Order: (800) 497-3599 (VoiceMail Only)" is shown. In the bottom right corner, there are three buttons: a left arrow, a right arrow, and a red "X" button labeled "Close".

5.1.2 Register/License Software

This is the tool you use to update your license after purchasing. Make sure the Primary Practice Telephone is filled in with the phone number for your clinic/office. This is the number we will use for licensing. It is NOT MODIFIABLE once licensed and will display in your as you have entered it. If you wish to change it in the future you will have to use the Change Account Number^[96] instructions. You only need to license ONE time, no matter how many computers you have networked.

Software Registration

Software Registration Utility

THIS PRODUCT IS LICENSED TO:

Dr David and Associates Tel# 4256451515
LICENSED - You have 3344 day(s) left before your license expires.
 31FCC1051EE44DBF90A8C7CFF
 MODULES: ezClaimBiller ezApptScheduler ezRecallManager ezDataExchange

We make our software freely available and fully functional for testing in the trial version, so that you can try out all the features and see if it really works for you. If you have already purchased a software Registration Code, please enter it below.

Set Account Number

Primary Practice Telephone:
 Your clinic phone number serves as your account number.
 NOTE: The phone number, shown on Reports/Rx's, is locked in after registering the software.
 PLEASE DO NOT USE YOUR HOME PHONE OR CELL NUMBER; it is difficult to change after buying.

Registration Options

I would like to evaluate the software before purchasing

☐ Five (5) day trial period, totally anonymous
☐ Thirty (30) day trial; requires filling out a short survey form *

Already purchased a software license? ☐ No ☒ Yes

Activate Now via Internet Import License File www.ezchartwriter.com

*NOTE: An Internet connection is required. Your survey data is kept confidential.

Reset License Cancel

There are two options for updating the License File (registering your license):

Option 1 - Via the Internet

Click the Activate Now via Internet button. The software will attempt to contact our servers to retrieve your license file. Problems that can occur include:

- not enough time has passed since your purchase; all orders should be updated within 24-48 business hours.
- incorrect telephone number entered (you must include the exact digits as you indicated on your purchase order, especially country and area codes).
- no internet connection present
- attempting to license the wrong version of the software (from what you purchased)
- an internet error has left our server down (very rare)

Option 2 - Import License File

If the codes were sent via email or CD-ROM, copy the license files (not the folder itself) into your database folder (typically C:\ezHW_Data). Then click the Import License File button so the license updates.

5.1.3 View Licenses

The View Licenses screen allows for a review of existing licenses and the expiration dates. Note that ezChartWriter will begin warning you about 30 days before your expiration date that your license is due for renewal.

The screenshot shows a window titled "Software License Status" with a close button in the top right. Inside, there's a section titled "View Software License Data" with a user icon. Below this, the "Account Details" section displays the following information:

- Licensed Telephone#: **4256451548**
- Customer ID: **{DDB0FF61-DF75-442F-86E2-505FF9977380}**
- Dr David and Associates Practice Tel# 4256451515
- LICENSED - You have 3344 day(s) left before your license expires.**
- SERIAL# 31FCC-1051E-E44DB-F90A8-C7CFF

Below the account details is the "Licensed Products" section, which contains a table with the following data:

Module	License Type	Expiration Date
ezChartWriter	Standard License	5/1/2020
ezClaimBillr	Standard License	5/2/2011
ezApptScheduler	Standard License	5/2/2011
ezRecallManager	Standard License	5/2/2011
ezDataExchange	Standard License	5/2/2011

At the bottom of the window, there are three buttons: "Revision Log" (with a document icon), "Reset License" (with a padlock icon), and "Close" (with a red X icon). There is also a help icon (question mark) next to the Close button.

The Revision Log button will display the current list of available upgrades for the software (if applicable). The Reset License is only used when directed by Tech Support to reset your licenses in the case of error or other issues.

5.1.4 Change Account Number

To change your Clinic Telephone number (which serves as the Account number and is part of the license file), you must follow two steps:

Build Email Data

Your primary practice telephone number serves as a unique identifier and is part of your license/registration key. In order to change it (for example, if your area code changes or you move locations) you must send a request to us to have a new registration key code generated. The process may take up to 24-48 hours. We will generally verify the clinic telephone number to ensure that it is registered correctly.

Generate Email Data


STEP ONE: Send us an email requesting that we update your registration code. Use this button to generate the data we need to complete the request (paste it into the body of your email):

Practice Telephone (current): Use formatting as you wish the number to appear on reports.

Practice Telephone (new):

Reason for change:

DATABASE ID: 31FCC-1051E-E44DB-F90A8-C7CFF


 **Build Email Data**

Set New Number

Once you receive the confirmation email click the "Set New Number" button to make the change final. The software will automatically update your license for you (Internet connection is required).

Enable New Number

STEP TWO: After you receive the confirmation email from us, click the button below to change the telephone number. **WARNING:** Wait until you receive the confirmation email, otherwise you will lock yourself out of the software!

 **Set New Number**

5.2 Settings & Options

The Admin Settings & Options screens allow you to set the overall properties for the software. This includes the Clinic Details, User Security, Overall Security and International Defaults.

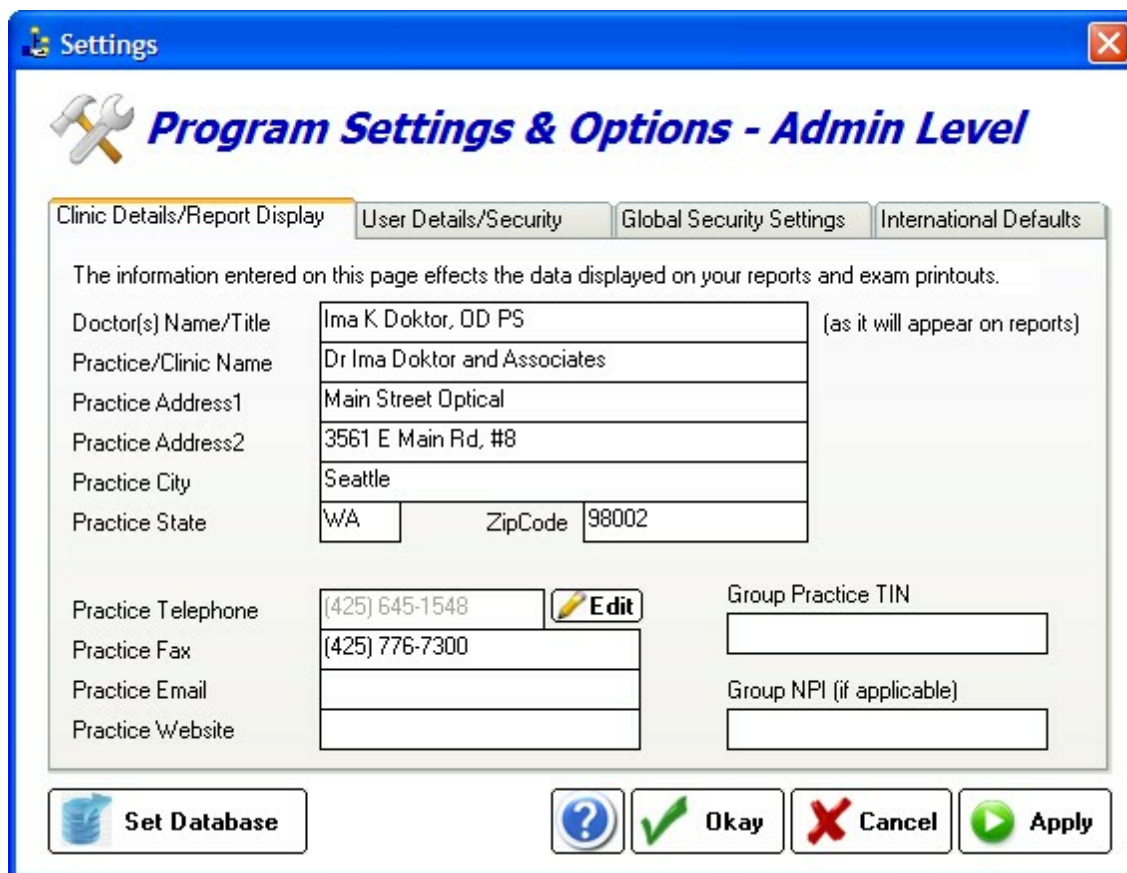
Clinic Details⁹⁷
User Details/Security⁹⁸
Global Security Settings¹⁰¹
International Defaults¹⁰²

5.2.1 Clinic Details Screen

The Clinic Details screen allows for entry of the Practice Information, including the all-important Practice Telephone number (which serves as your Account Number). Once the software is purchased and

licensed, the Practice/Clinic Telephone number cannot be changed unless done by Tech Support. You can however change the formatting of the number at any time (e.g. add parenthesis or dashes). The remaining fields can be altered in any way you wish. If you have a group tax ID number and/or NPI, enter it on this screen.

The field "Doctor Name/Title" is used in many reports/Rx's, so it should reflect your name as you wish it to appear in reports.



5.2.2 User Details

The Administrator can manage the various users (including him or herself). You can Add, Edit or Delete users (although making an existing user "inactive" is preferred). The security levels and basic information can be edited on this screen.

Every user will have three required settings:

User Type

The user type can be either Staff or Provider. A staff member is someone who does not provide direct patient care; a provider is classified as someone who does provide direct care (doctor, nurse, tech). In some cases, you may wish to limit lower level providers to the Staff category to restrict access to Rx creation, although many features can be blocked by setting the proper security level.

Security Level

Security Level can be set by clicking the Security Level on the User Details screen:

User Details

Edit User Details

User Details

First Name: Ima MI: K Last Name: Doktor Degree: OD

Title/Position: ID Type: ID Number

OtherID1: BQ 849999

OtherID2:

OtherID3:

State Lic#: 4883

DEA#:

UPIN:

NPI: 1384993948

Security Settings

Username: idoktor Change Password

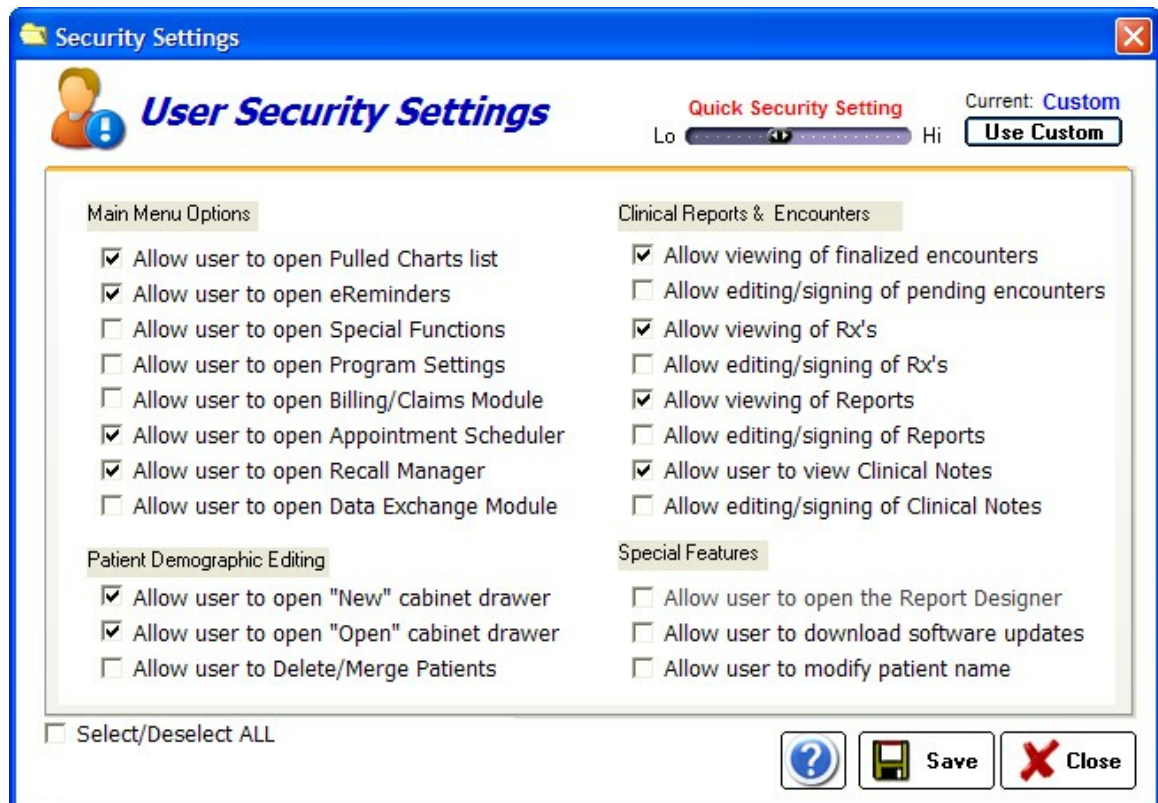
Security Setting: **Level 10** User Type: Provider

Adjust Security Settings

☐ Set as the default Provider for your clinic?

Delete User ? Save Cancel

The Security Level can be set quickly using the Quick Security Settings slider (from 0, the lowest, to 10, the highest). Level 10 should be reserved for yourself, the Admin. Click the Use Custom button to modify individual settings.



Active Status

Users who are no longer with your practice should be marked Inactive, rather than being deleted from the system. Deleting a user who has created reports, Rx's or encounters will cause some difficulties with tracking. To set the status, click the checkbox under the column "Active"

LastName	FirstName	MI	UserType	SecurityLevel	Active
Almaguer	Antoinette	N	Staff	4	✓
Alvord	Charles	W	Staff	7	✓
Barbon	Anne Marie		Staff	10	✓
Doktor	Ima	K	Provider	10	✓

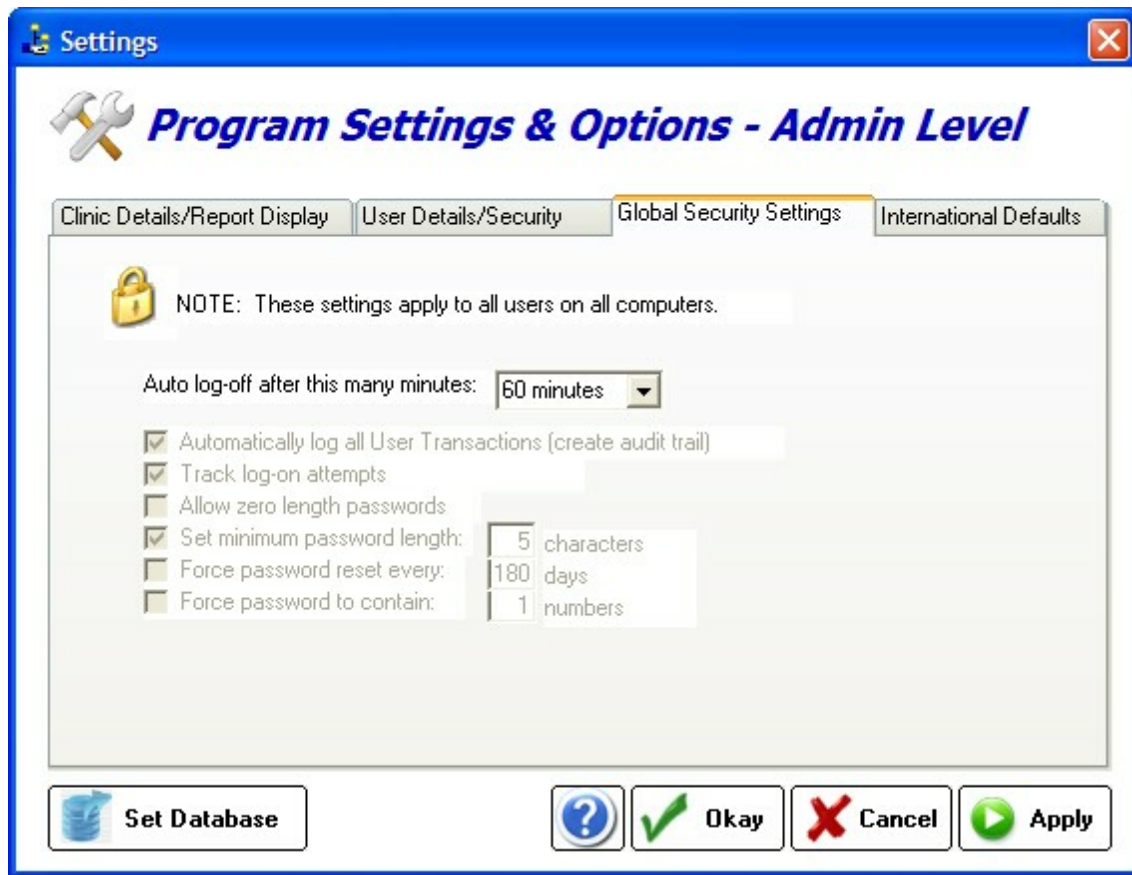
User count: 5

Actions: Add New Edit Entry Delete

Set Database ? Okay Cancel Apply

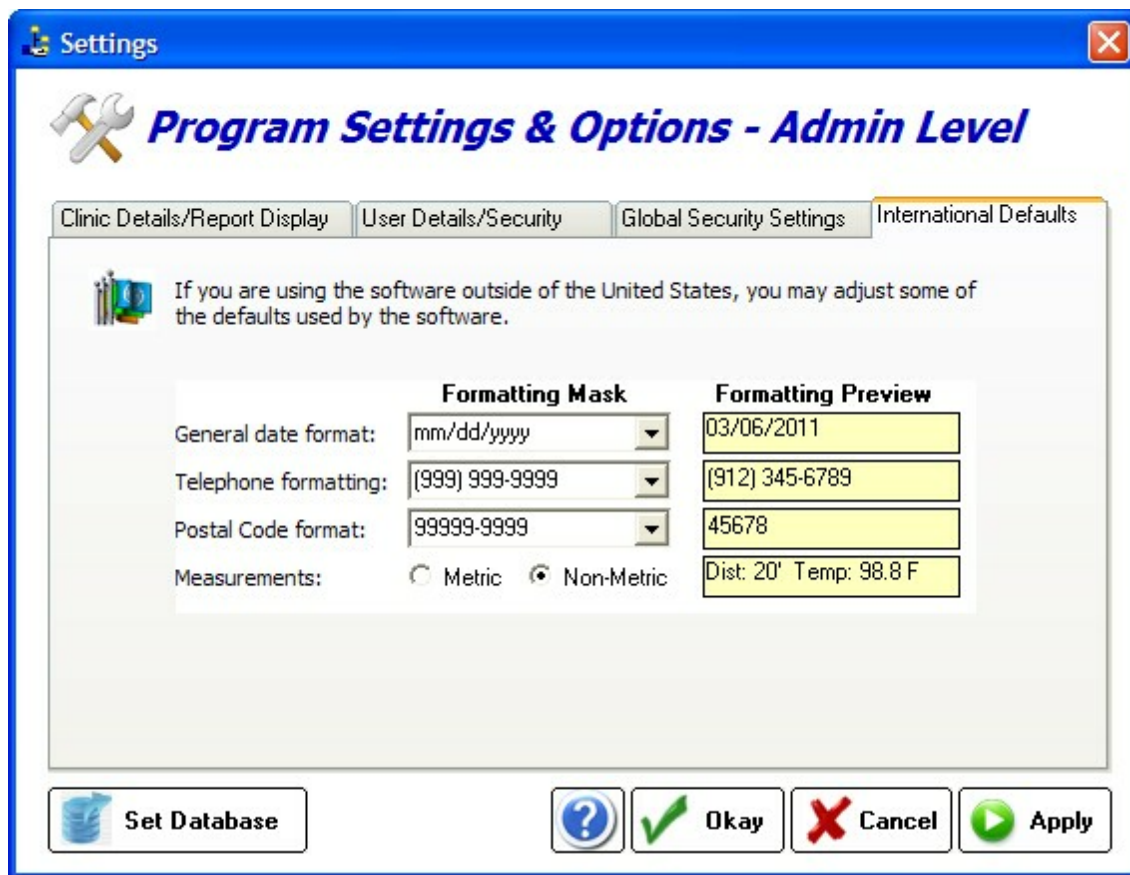
5.2.3 Comprehensive Security Settings

The Global Security Settings apply globally to the software. The only entry currently customizable by the user is the Auto Log Off time.



5.2.4 International Settings

Users outside the United States will need to set the date, telephone, postal code and measurement fields to reflect their locale.

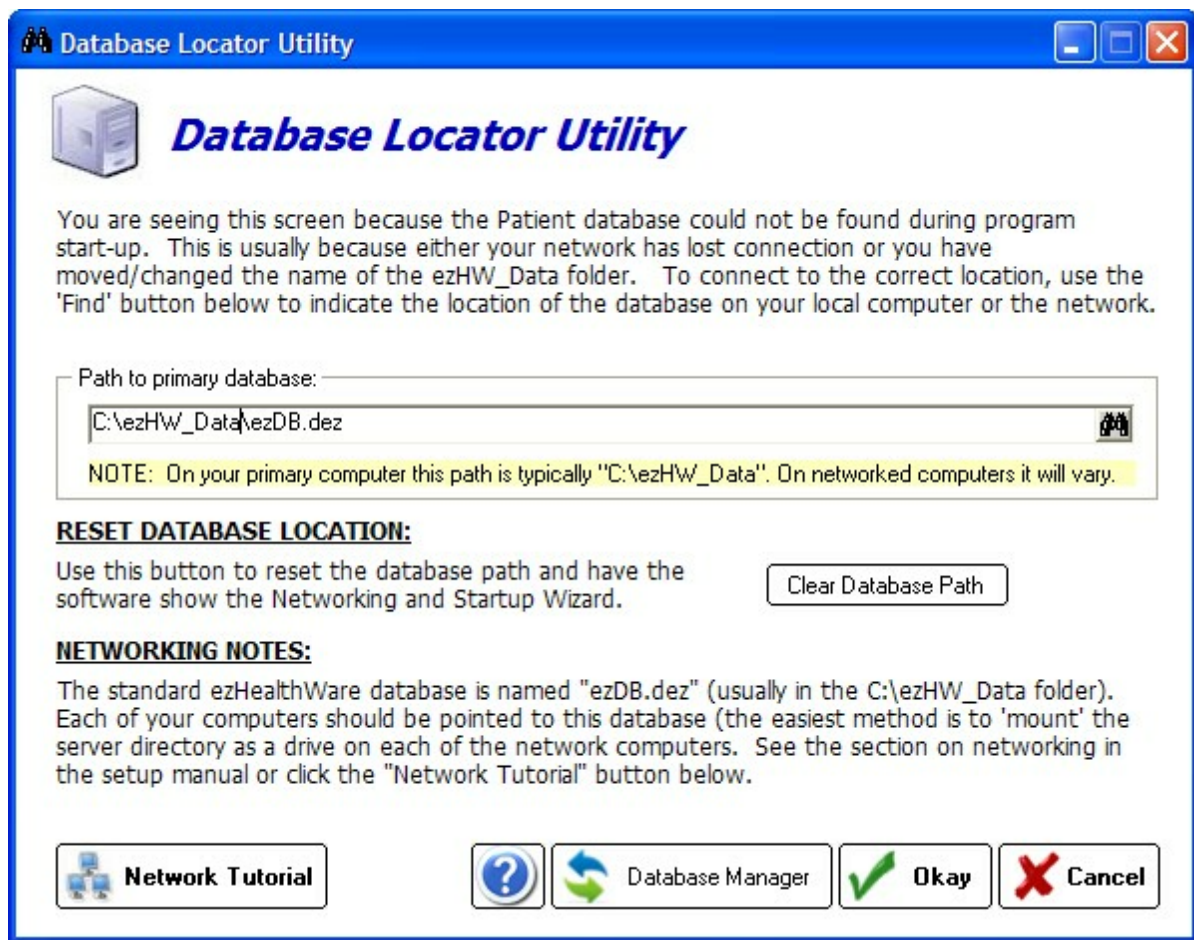


5.2.5 Locate Database

When the network link is broken or the database folder has been moved, you may need to use the Locate Database Utility. Use the Find Button (small binocular icon) to search your local hard-drive or network.

Clear Database Path

Use this button to clear the database path stored in the computer's registry. This forces the Setup Wizard to show at the software startup.



5.3 Reset Passwords

If a user has lost or forgotten their password you can reset it with this utility. Alternatively, you can reset all user passwords at once.



When the password is reset, the new password becomes the same as the username. So user "idoktor" will have the password reset to "idoktor". The first time the user logs in the software will require a real password to be entered.

To reset the Admin password, you will need to contact Tech Support.

5.4 Audit Trail

The Audit Trail is the means by which nearly all transactions of the database can be tracked. Whenever a chart is opened/accessed, a module is opened or demographics are changed an entry will be created. This tool can also be used to track logon and logoff times from the software. Click the Export button at the bottom to send the file to your hard-drive (to be opened by Microsoft Excel or similar).

Patient Transactions Report

View Activity/Audit Log

Select Patient... Name **All Patients** User Date From 10/30/2007 To 10/30/2007

Module Show All Action Show All Type/Object Show All Sort by TimeStamp Descending


TransID	Module_N	Action_N	ObjectType_N	Patient	User_N	TimeStamp
39092	ezChartWriter	Login	Admin	n/a	Admin	3/6/2011 8:13:30 PM
39091	ezChartWriter	Open	Chart	Sample, Joe	Pedigo, David J	3/6/2011 7:45:24 PM
39090	ezChartWriter	Login	User	n/a	Pedigo, David J	3/6/2011 7:45:15 PM
39089	ezChartWriter	Login	Admin	n/a	Admin	3/6/2011 7:25:50 PM
39088	ezChartWriter	Start	Application	n/a	n/a	3/6/2011 7:25:47 PM
39087	ezChartWriter	Login	Admin	n/a	Admin	3/6/2011 7:02:12 PM
39086	ezChartWriter	Login	User	n/a	Pedigo, David J	3/6/2011 7:01:57 PM
39085	ezChartWriter	Start	Application	n/a	n/a	3/6/2011 7:01:55 PM
39084	ezChartWriter	Open	Demographics	Sample, Joe	Pedigo, David J	3/6/2011 12:30:29 PM
39083	ezChartWriter	Open	Demographics	Sample, Joe	Pedigo, David J	3/6/2011 12:28:43 PM
39082	ezChartWriter	Login	User	n/a	Pedigo, David J	3/6/2011 12:28:34 PM
39081	ezChartWriter	Start	Application	n/a	n/a	3/6/2011 12:28:30 PM
39080	ezChartWriter	Open	Demographics	Sample, Joe	Pedigo, David J	3/6/2011 12:14:05 PM
39079	ezChartWriter	Login	User	n/a	Pedigo, David J	3/6/2011 12:13:57 PM
39078	ezChartWriter	Start	Application	n/a	n/a	3/6/2011 12:13:54 PM
39077	ezChartWriter	Login	User	n/a	Doktor, Ima K	3/5/2011 4:21:25 PM
39076	ezChartWriter	Login	User	n/a	Pedigo, David J	3/5/2011 3:36:17 PM
39075	ezChartWriter	Start	Application	n/a	n/a	3/5/2011 3:36:15 PM
39074	ezChartWriter	Login	User	n/a	Doktor, Ima K	3/5/2011 3:08:20 PM
39073	ezChartWriter	Login	User	n/a	Pedigo, David J	3/5/2011 3:06:04 PM
39072	ezChartWriter	Start	Application	n/a	n/a	3/5/2011 3:05:51 PM


5.5 System Info

Use the SysInfo button in Admin or at the bottom of the menu Help->About ezChartWriter to get a detailed look at the computer and software. This may be requested by Tech Support if you are having troubles.



The report can be printed, faxed or uploaded directly to our server. Please email when you upload a report so that we can review it promptly.

 **System Information**



System/Application Diagnostic Information


If requested by Tech Support, please upload (or print/fax) this form so that we may better troubleshoot any problems with your software.


ezHealthWare - SOFTWARE/SYSTEM INFO

ezChartWriter, Version 4.2.1
VerDate: 03/04/2011
AutoUpdate: 3/1/2011 11:12:58 AM
LastBackup: 12/30/2010 05:29:04 PM

SYSTEM INFO:
Operating System: Windows XP Version 5.1.2600 Service Pack 3
5.1 (Build 2600)
CPU: Intel Pentium 32-bit

Total Physical Memory: 2,095,480K
Available Physical Memory: 939,772K
Total Virtual Memory: 2,097,024K

 **Upload**

 **Print**

Part

VI

6 Basic Functions

"How do I?" help is available on most screens in ezChartWriter. Many times you will be brought directly to the topic that relates to the screen that you are viewing. You can also jump from topic-to-topic or use the search feature. Other help resources include the PDF manual and the Frequently Asked Questions (FAQs). Access these areas from the Main Login Screen.



How do I ?

Get started using ezChartWriter?[78](#)
Use the Admin functions?[85](#)
Create a new patient?[114](#)
Open an existing patient?[115](#)
Use the QuickFind tool?[112](#)
Create an Encounter?[138](#)
Create a Rx?[138](#)
Create a Report?[144](#)
Create a Note?[159](#)
Scan or Attach Documents?[160](#)



The quickest way to display the help is to press F1. If context-sensitive help is available it will be displayed automatically.



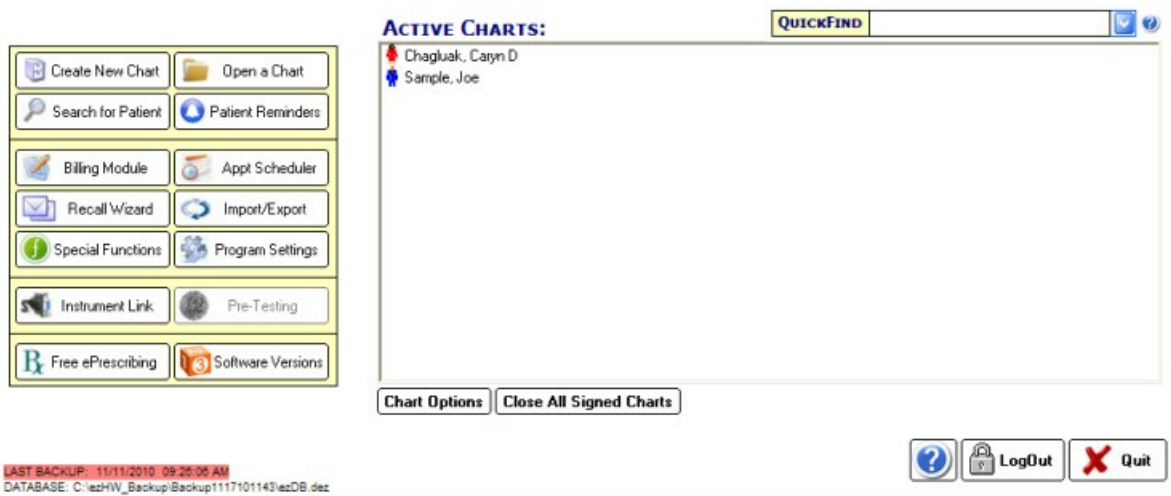
Most of the screens in ezChartWriter have a Help button that displays relevant information.



Select the Help item in the menu bar for additional help options.

6.1 Navigating the Program





The Main Screen of the ezChartWriter is divided into two primary sections: the left side section is the Button Menu and the right-side is the Open/Active Charts List. Much like in a paper-based office, charts can be created and "opened". When in "opened" status, they display in the Open Charts. To avoid confusion, the term "Charts" relates to the patient demographics and Encounters relate to an exam chart.



Open Charts Section

When you are doing work on a patient's Chart, it usually needs to be in "open" status. By double clicking on the patient name, you open the Encounter List for that patient.

Patient Status Icons:

-  Female Patient (red)
-  Male Patient (blue)
-  Gender not specified
-  Sticky Note⁴¹⁷ present - click the patient name once to read or edit.

Right-Click Menu Options:

- View Encounters** - Opens the Encounter List
- Edit Demographics** - Opens the Patient Demographics
- Modify Name** - Allows a patient name to be changed.
- Attach Document** - Allows you to attach a document (or scan one directly to the chart)
- Message Manager** - Add a Sticky Note⁴¹⁷ or Billing Note
- Close & Refile Chart** - Closes the chart; will disappear from Open Ledgers list

6.1.1 Main Menu

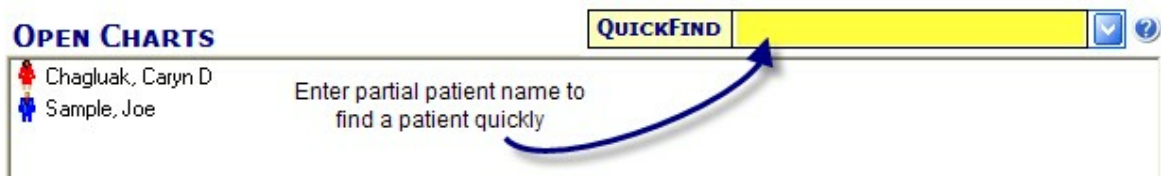


How do I ?

Create a new patient chart? [\[114\]](#)
 Open an existing chart? [\[115\]](#)
 Search for a patient? [\[116\]](#)
 View patient reminders? [\[163\]](#)
 Use the Recall Wizard? [\[187\]](#)
 Use the Special Functions? [\[167\]](#)
 Customize program settings? [\[208\]](#)
 Find out about ePrescribing? [\[220\]](#)
 Import or export data? [\[204\]](#)

6.1.2 QuickFind Tool


Using the Q-Link Tool, you may enter some, or all, of a patient's name to quickly pull up their chart. You may use just a single letter of either the first or last name, or as many as you wish. The more letters you enter, the more unique your search results. You may also use the wildcard character "*" to indicate that you do not know the letter. Just press the Enter Key to quickly start the search.



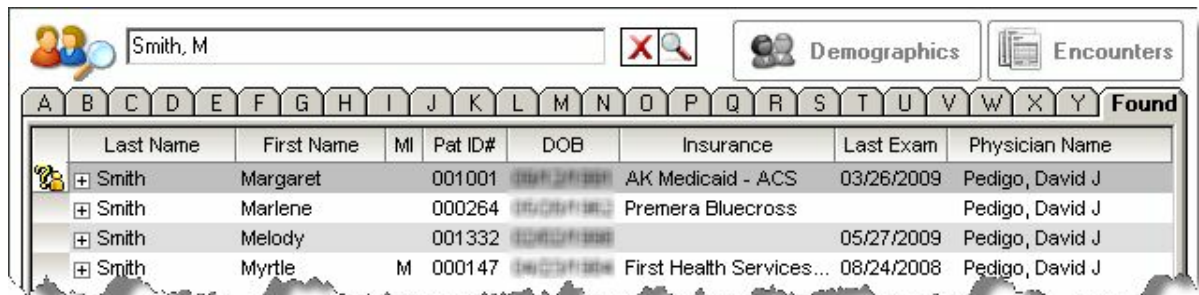
If you wish to search by Chart Number, simply enter the number you are searching for and the matching patient will be displayed.

Examples





Imagine we are trying to quickly pull up Margaret Smith, while trying to type the minimum number of letters. We could try it each of the following ways. The best method is to enter two letters of both first and last name.


Typing: 

Would find the following:

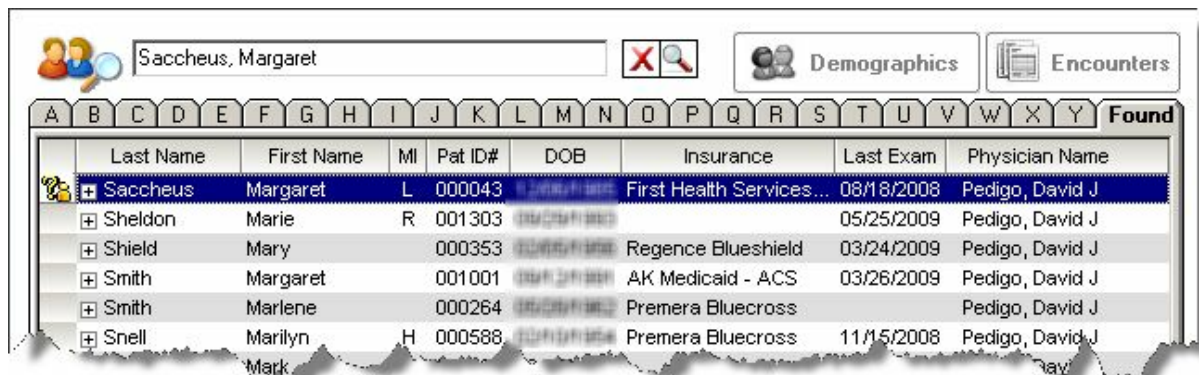


The screenshot shows a search interface with a search bar containing 'Smith, M'. Below the search bar is a table with columns: Last Name, First Name, MI, Pat ID#, DOB, Insurance, Last Exam, and Physician Name. The table lists four patients with the last name Smith.







	Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
	Smith	Margaret		001001	03/26/2009	AK Medicaid - ACS	03/26/2009	Pedigo, David J
	Smith	Marlene		000264	05/27/2009	Premera Bluecross	05/27/2009	Pedigo, David J
	Smith	Melody		001332	08/24/2008	First Health Services...	08/24/2008	Pedigo, David J
	Smith	Myrtle	M	000147				


Typing: 

Would find the following:



The screenshot shows a search interface with a search bar containing 's, mar'. Below the search bar is a table with columns: Last Name, First Name, MI, Pat ID#, DOB, Insurance, Last Exam, and Physician Name. The table lists six patients, with 'Saccheus, Margaret' highlighted as the first result.

	Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
	Saccheus	Margaret	L	000043	08/18/2008	First Health Services...	08/18/2008	Pedigo, David J
	Sheldon	Marie	R	001303	05/25/2009		05/25/2009	Pedigo, David J
	Shield	Mary		000353	03/24/2009	Regence Blueshield	03/24/2009	Pedigo, David J
	Smith	Margaret		001001	03/26/2009	AK Medicaid - ACS	03/26/2009	Pedigo, David J
	Smith	Marlene		000264		Premera Bluecross		Pedigo, David J
	Snell	Marilyn	H	000588	11/15/2008	Premera Bluecross	11/15/2008	Pedigo, David J

Typing: 

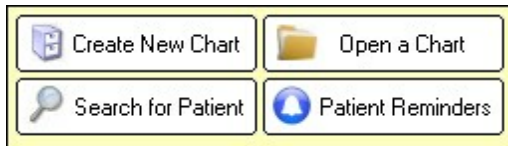
Would find the following:



The screenshot shows a search interface with a search bar containing '*,margaret'. Below the search bar is a table with columns: Last Name, First Name, MI, Pat ID#, DOB, Insurance, Last Exam, and Physician Name. The table lists four patients, with 'Ferguson, Margaret' highlighted as the first result.

	Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
	Ferguson	Margaret		000660	12/06/2008		12/06/2008	Pedigo, David J
	Londo	Margaret	M	000607	12/03/2008	Cigna Healthcare	12/03/2008	Pedigo, David J
	Saccheus	Margaret	L	000043	08/18/2008	First Health Services...	08/18/2008	Pedigo, David J
	Smith	Margaret		001001	03/26/2009	AK Medicaid - ACS	03/26/2009	Pedigo, David J

6.1.3 Patient Charts

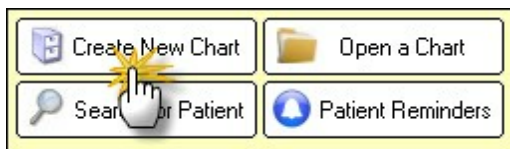


How do I create a new patient chart?^[114]

How do I find and open an existing patient chart?^[115]

6.1.3.1 Create a New Patient Chart

1. Click the New Patient button

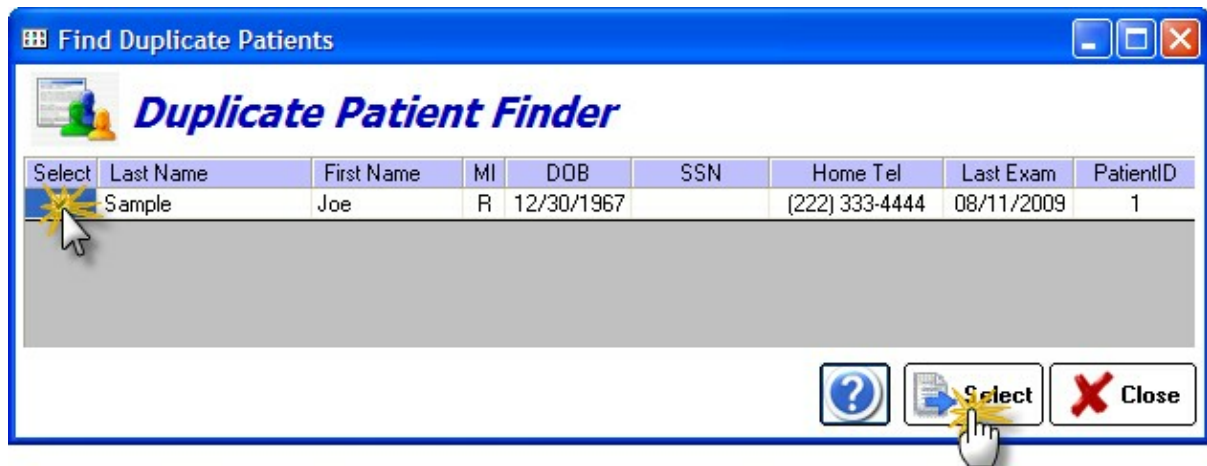


2. Enter the patient demographics. Note that only the first name, last name and date of birth are required to create the chart.

3. Click the Save button to create the new chart.

Duplicate Patients

If a patient already exists in the system, you will see the Duplicate Patient screen after you enter the name and date of birth. If a patient matches, click the checkbox next to the name and click the Select button to open that patient's chart. Otherwise, click Close and continue entering patient demographics.



6.1.3.2 Open an Existing Patient Chart

There are two methods to open an existing patient chart:

Method 1 - QuickFind Tool

This is the preferred method for quickly finding a patient. Using the **QuickFind** field, you simply need to enter a few letters of the patient name and press **Enter**. The list of matching patients is displayed in the **Patient Listing**.



Method 2 - Patient Listing

This method allows you to view complete lists of you patients, arranged in alphabetical order. When in Patient Listing view there are additional features available by right-clicking the patient name.



To find a patient, click on the Letter tab at the top and scroll down. You may double-click the patient name to directly open to the Demographics screen. You may also enter the name in the Search Box at the top of the Patient Listing.

Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
Fairbanks	Theresa		002459	10/26/2010	AK Medicaid - ACS	10/26/2010	Pedigo, David J
Falk	John		000946	02/28/2009	RBMS, LLC	02/28/2009	Pedigo, David J
Fawcett	David	H	000947	02/28/2009	Premiera Bluecross	02/28/2009	Pedigo, David J
Feldman	Maya		002212	09/21/2010		09/21/2010	Pedigo, David J
Ferguson	Christine		000265		Private Pay Cash		Pedigo, David J
Ferguson	Margaret		000660	12/06/2008		12/06/2008	Pedigo, David J
Ferguson	Ray		000359		Private Pay Cash		Pedigo, David J
Fermoyle	Lance		002338	10/19/2010		10/19/2010	Pedigo, David J
Ferrazzi	Tom		002054				Pedigo, David J
Ferris	Justin		000943	02/27/2009	RBMS, LLC	02/27/2009	Pedigo, David J
Field	Audrey		001699	10/24/2009		10/24/2009	Pedigo, David J
Field	Carol		000290	10/24/2009	Aetna	10/24/2009	Pedigo, David J
Field	Elaine	M	000305	04/24/2009	AK Medicaid - ACS	04/24/2009	Pedigo, David J
Field	Hannah		001208	10/24/2009		10/24/2009	Pedigo, David J
Fields	Antonina	M	000270		Premiera Bluecross		Pedigo, David J
Fields	Christina		000968	03/23/2009	NTCA	03/23/2009	Pedigo, David J
Fields	Loren		000967	03/23/2009	NTCA	03/23/2009	Pedigo, David J
Files	Ashlyn		000664	12/07/2008	RBMS, LLC	12/07/2008	Pedigo, David J
Files	Kristen		000663	12/07/2008	RBMS, LLC	12/07/2008	Pedigo, David J

Current Physician: All Physicians

Buttons: Delete Chart, New Chart, Show All, Okay

6.1.3.3 Patient List

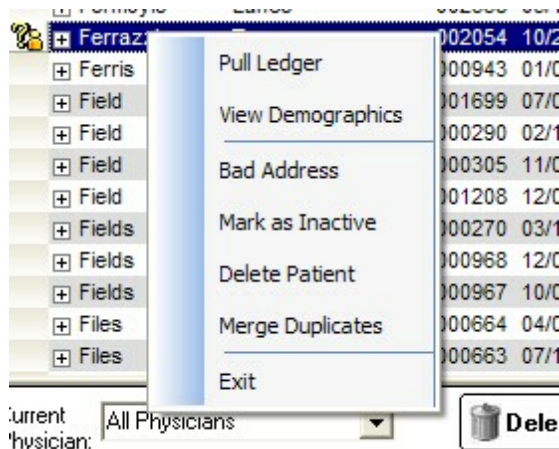
The Patient Listing is the main dashboard for working with patient's demographic charts. You enter the Patient Listing by either using the QuickFind¹¹² tool or the Find Existing¹¹⁵ button.

Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
Fairbanks	Theresa		002459	10/26/2010	AK Medicaid - ACS	10/26/2010	Pedigo, David J
Falk	John		000946	02/28/2009	RBMS, LLC	02/28/2009	Pedigo, David J
Fawcett	David	H	000947	02/28/2009	Premiera Bluecross	02/28/2009	Pedigo, David J
Feldman	Maya		002212	09/21/2010		09/21/2010	Pedigo, David J
Ferguson	Christine		000265		Private Pay Cash		Pedigo, David J
Ferguson	Margaret		000660	12/06/2008		12/06/2008	Pedigo, David J
Ferguson	Ray		000359		Private Pay Cash		Pedigo, David J
Fermoyle	Lance		002338	10/19/2010		10/19/2010	Pedigo, David J
Ferrazzi	Tom		002054				Pedigo, David J
Ferris	Justin		000943	02/27/2009	RBMS, LLC	02/27/2009	Pedigo, David J
Field	Audrey		001699	10/24/2009		10/24/2009	Pedigo, David J
Field	Carol		000290	10/24/2009	Aetna	10/24/2009	Pedigo, David J
Field	Elaine	M	000305	04/24/2009	AK Medicaid - ACS	04/24/2009	Pedigo, David J
Field	Hannah		001208	10/24/2009		10/24/2009	Pedigo, David J
Fields	Antonina	M	000270		Premiera Bluecross		Pedigo, David J
Fields	Christina		000968	03/23/2009	NTCA	03/23/2009	Pedigo, David J
Fields	Loren		000967	03/23/2009	NTCA	03/23/2009	Pedigo, David J
Files	Ashlyn		000664	12/07/2008	RBMS, LLC	12/07/2008	Pedigo, David J
Files	Kristen		000663	12/07/2008	RBMS, LLC	12/07/2008	Pedigo, David J

Current Physician: All Physicians

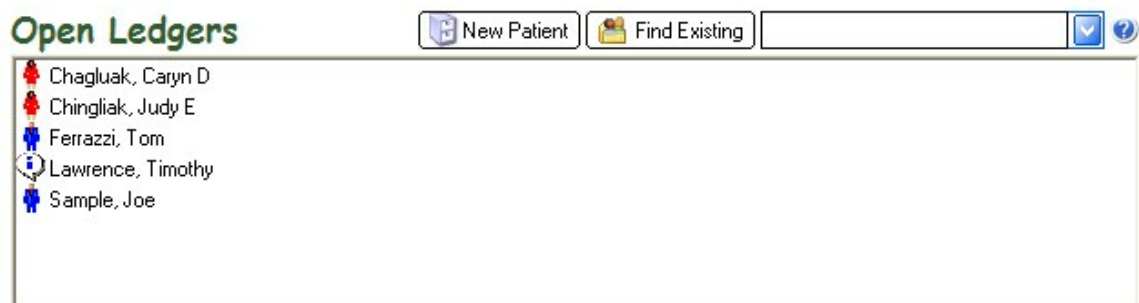
Buttons: Delete Chart, New Chart, Show All, Okay

Double clicking on a patient name opens the demographic screen. Right-clicking a patient name opens up the additional features menu. Note that you MUST have the patient name highlighted for the menu to open.



Pull Ledger

This option pulls the chart and adds to the **Open Ledgers** screen. It does not display the Demographics screen. This is useful if you need to pull multiple patients.



View Demographics

Opens directly to the patients demographic screen (equivalent to double-clicking the patient name in the **Patient Listing**).

Bad Address

Allows you to mark the patient as having a "bad address", without having to open the demographics screen.

Mark as Inactive

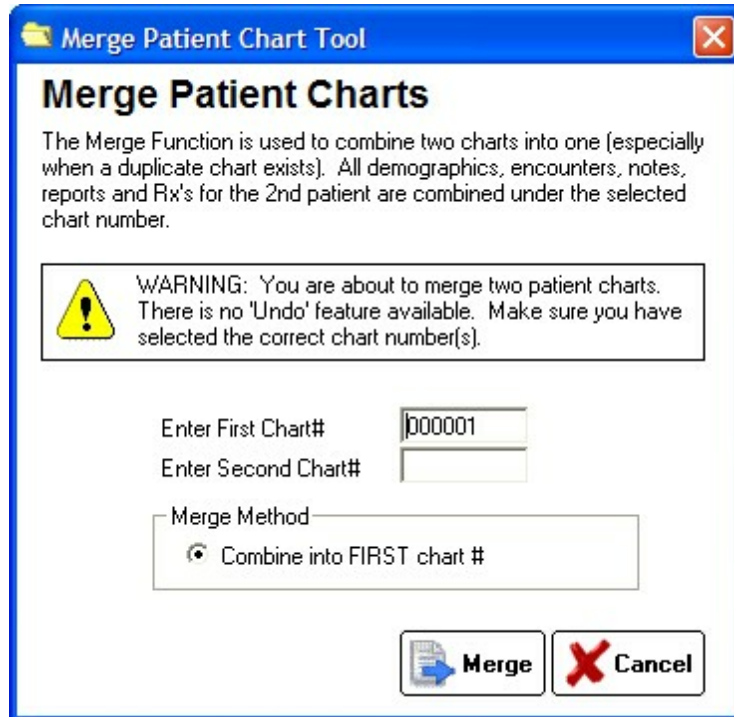
Allows you to mark the patient as "inactive", without having to open the demographics screen.

Delete Patient

Allows you to delete the patient chart. Note this requires you to have sufficient Security Level to perform this action. The Admin function in the Main Module allows for security settings to be adjusted.

Merge Duplicates

If you accidentally create two charts on the same patient (for instance because of a name change), you can merge the data together. The merge function keeps the demographics of the "First" patient (which you select by chart number) and merges all documents and reports under that first patient ID. There is no undo function, so use this function with care.



Exit

Leaves the menu without change.

Button Bar

The Button Bar at the bottom of the Patient Listing allows a few additional features.



Select Current Physician

If you wish to display only charts for a selected physician, use the dropdown box to choose the physician. The default is to show all physicians.

Delete Chart

Allows you to delete the patient chart. Note this requires you to have sufficient Security Level to perform this action. The Admin function in the Main Module allows for security settings to be adjusted.

New Chart

Same function as clicking Create New Patient  button.

Show All

All patients in the database are shown in a single list. Note: This may take a long time to run, if you have a large number of patients (in excess of 20-30K). The actual patient list can be exported using the Import/Export feature in the Main Module.

Show All Patients

Entire Patient List

Click the headings to sort

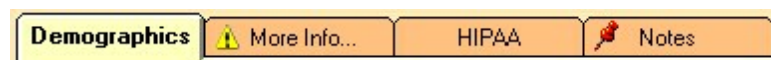
ID	Last Name	First Name	MI	DOB	Address	City	State	Postal Code	Home Tel	Last Exam
1	Sample	Joe		12/30/1967	123 South Street	Seattle	WA	98001	(202) 333-4444	8/11/2009
2	Douglas	Danila	R	10/4/1992	PO Box 53072	Kapuk	AK	99753	(907) 963-6537	8/15/2008
3	Nazruk	Roger	V	12/22/1929	PO Box 53036	Kapuk	AK	99753	(907) 963-2396	8/15/2008
4	Nazruk	James		4/26/1980	PO Box 53095	Kapuk	AK	99753	(907) 963-2484	8/15/2008
5	Nanouk	Chad	B	1/20/1993	PO Box 843	Kotzebue	AK	99755	(907) 963-3141	10/20/2009
6	Nanouk	Nina	J	6/20/1957	PO Box 843	Kotzebue	AK	99753	(907) 763-3141	10/20/2009
7	Nazruk	Jolene	R	2/5/1998	PO Box 53071	Kapuk	AK	99753		8/15/2008
8	Charles	Leo	M	8/29/1961	PO Box 53048	Kapuk	AK	99753	(907) 963-2362	8/15/2008
9	Nanouk	Drew	C	3/13/1997	PO Box 843	Kotzebue	AK	99753	(907) 963-3141	10/19/2009
10	Charles	Lucille	C	1/30/1964	PO Box 53008	Kapuk	AK	99753	(907) 963-6168	8/15/2008
11	Henry	Evett	A	1/6/1983	PO Box 53086	Kapuk	AK	99753	(907) 963-2491	8/15/2008
12	Anasogak	David	R	11/13/1960	PO Box 53007	Kapuk	AK	99753	(907) 963-2315	8/15/2008
13	Henry	Megan	R	6/21/2003	PO Box 53086	Kapuk	WA	99753	(907) 963-2491	8/15/2008
14	Charles	Adlene		1/24/1959	PO Box 13	Kapuk	AK	99753	(907) 963-2380	8/15/2008
15	Nanouk	Gary	D	6/18/1986	PO Box 53112	Kapuk	AK	99753	(907) 963-2482	8/15/2008
16	Devey	Randall	J	11/24/1971	PO Box 53082	Kapuk	AK	99753	(907) 963-2248	8/16/2008
17	Devey	Joshua	W	11/1/1994	PO Box 53082	Kapuk	AK	99753	(907) 963-2248	8/16/2008
18	Devey	Jeanne		7/1/1998	PO Box 53082	Kapuk	AK	99753	(907) 963-2248	8/16/2008
19	Adlene	Doris		1/6/1993	PO Box 53087	Kapuk	AK	99753	(907) 963-2232	8/16/2008
20	Adlene	Dorothy		11/11/1959	PO Box 53063	Kapuk	AK	99753	(907) 963-3001	8/16/2008
21	Henry	Valeke	J	2/14/1984	PO Box 53017	Kapuk	AK	99753	(907) 963-2493	8/16/2008
22	Kinchoak	Arthur	L	9/23/1965	PO Box 53017	Kapuk	AK	99753	(907) 963-2015	8/16/2008
23	Charles	Ludm		8/6/1993	PO Box 53061	Kapuk	AK	99753	(907) 963-3521	8/16/2008
24	Millcock	Sophie	R	3/25/1986	PO Box 53116	Kapuk	AK	99753	(907) 963-4051	8/16/2008
25	Anasogak	Peter		7/26/1987	PO Box 53048	Kapuk	AK	99753	(907) 963-2362	8/16/2008
26	Hadley	Derek	L	6/04/2003	PO Box 53051	Kapuk	AK	99753	(907) 963-2238	8/16/2008
27	Nazruk	Dylanne		1/27/1992	PO Box 53094	Kapuk	AK	99753	(907) 963-2396	8/16/2008
28	Nazruk	Ruby		3/11/1963	PO Box 53094	Kapuk	AK	99753	(907) 963-2396	8/16/2008
29	Dawau	Gabriel		2/16/1946	PO Box 53073	Kapuk	AK	99753	(907) 963-4073	8/17/2008

TOTAL PATIENT COUNT: 2563
To export your patient list, use the eDataExchange module.

6.1.3.4 Patient Demographics Screen

The Patient Demographics screen is the primary location of all patient contact information, as well as insurance and billing details. The Demographic screen has four primary tabs and a lower button bar:

Basic Demographics



Last Name -

required
(apostrophe's are
allowed; minimum
1 character)

First Name -

required

Middle Initial -

optional (can
enter multiple
characters)

NOTE: You can
enter the name in

all lowercase for speed; it will be converted automatically.

Title - the patient's salutation

Suffix - generational suffixes such as Jr, Sr, III

Date of Birth

(DOB) - highly recommended. Can enter just 2-digit year, but day/month require 2-digits.

Address block - you can customize the city/state/zip list under Settings in the Main Module.



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Home Phone -
primary telephone
at home (Note
that there is no
cellphone field;
use the Custom
Fields)

Day Phone -
typically the work
phone number;
can be used for
cellphone also

Email - patient's
email; will
automatically
check for correct
formatting.

Employer - will
display on the
Insurance Claim
form

Occupation -

Prior Exam -
date of last
encounter with
patient

Last Name	Sample		
First Name	Joe	Initial	R
Title	Mr.	Suffix	
Date of Birth	12/30/1967	Age	43
Address1	123 South Street		
Address2			
City	Seattle		
State/Prov	WA	ZIP	98001
Home Phone	(222) 333-4444		
Day Phone			
Email	joe.sample@yahoo.com		
Employer	Boeing		
Occupation	Paper plane modeler		
Prior Exam	08/11/2009		

Gender -

recommended. if not selected, you will be prompted on saving chart

Chart No. -

created automatically and cannot be edited or changed.

Identification # -

previously for Social Security number; can be used for any ID you wish.

Provider - the patients provider (in your office)

Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female No. 000001
Identification#	
Provider	Doktor, Ima K

Insurance**Company -**

select from list (you can add new companies in the Settings)

Insured Name -

same as the Subscriber or Guarantor (e.g. who holds the policy)

Relationship -

how is the Subscriber related to the patient (self or guarantor)

Insured ID - the insurance plan ID

Policy Group # -

if the insurance plan has a group number, enter it here

Authorization # -

if the insurance plan requires pre-approval and gives an authorization number

Notes - do not display on Claim Form; for your own internal use

Additional Insurance Plans

- click the button to add or view additional plans (only for 2nd or additional)

The screenshot shows a form titled "Insurance Information". It contains the following fields and controls:

- Ins Company:** A dropdown menu with "Medicare Part B" selected.
- Subscriber:** A dropdown menu with "Self" selected.
- Relationship:** Radio buttons for "Patient" (selected) and "Guardian".
- Insured ID#:** A text field containing "444-22-3333".
- Policy Group#:** An empty text field.
- Authorization#:** An empty text field.
- Notes:** A text area containing "has never used benefit".
- Footer:** It says "2 insurance plans" and has a button labeled "Additional Insurance Plans".

HIPAA**Notification**

status - allows you to indicate that patient has read/understood HIPAA requirements

Bad Address - if mail is returned and you wish to remove patient from mailing/recall lists

Inactive - if patient leaves the practice for some reason (charts will still be available for viewing)

☒ Active ☐ Bad Address ☐ Inactive

More Information

Demographics **More Info** HPI/SA Notes

Nickname - an alternate preferred name by the patient

Marital Status - will display on the Insurance Claim form

Hobbies - useful to track patient activities to assist provider rapport

Source - what got the patient into your office

Referred by - who, if anyone, got the patient into your office

Family Group - if a patient is part of a family, you can indicate it here

Emergency Contact - a person to contact if a medical emergency occurs in office.

Nickname	<input type="text" value="Joey"/>
Marital Status	<input type="text" value="Married"/>
Hobbies	<input type="text"/>
Source	<input type="text" value="Professional Referral"/>
Referred by	<input type="text" value="Unspecified"/>
Family Group	<input type="text" value="Unspecified"/>
Emergency Contact Info	
Name	<input type="text"/>
Tel	<input type="text"/>

Race/Ethnicity - hold the mouse over the letters to see what abbreviations indicate.

Patient Picture -

if you wish to have an image of the patient you need to: (1) take picture with a digital camera or camcorder, (2) save the image to a shared network folder or similar, and (3) click the Set button to find and display the image. Click Clear to reset to blank image.

NOTE: Patient photos display in the Main Module when you click the patient name once.



Custom Fields -

up to six custom fields can be created for inclusion in the patient demographics. Once you create a field name, it CANNOT be altered. This is to prevent data mixing (e.g. you create a field called 'email' then want to change it to 'cell phone', but the original data remains). If you wish to change a field you can only create a new one (and stop using the old one). Custom Fields can contain

nearly any data.
Examples can
include: Cell
Phone, Facebook
ID, Nursing Home
Facility, Prior
Chart #, etc.



Chart Alerts - for
important chart
information that
you wish to flag.
The Alert icon will
display at the top
tab when you
open the Patient
Demographics,
alerting you to the
existence of a
note. The Chart
Alerts can be of
any nature, but
typically are
special
circumstances
such as allergy
notifications or
collection
accounts.



HIPAA Information



**Notification of
Privacy Policy** -
checking the
HIPAA box on
first
Demographics
screen auto
checks these two
boxes.

Notification of Privacy Policy

☒ HIPAA 'Notice of Privacy Practices' read and understood

☒ Acknowledgment on file

PHI Disclosures

- Patient Health Information disclosures can be tracked on this screen.

Date	Requester	Provider	Patient	Action
11/22/2011	John Demographics, MD	Provider Request	John, Bob	

Each time the patient or an outside entity sends a record request, you should use the "Add New" button to record the event. You can print the Disclosure list when/if a patient requests to know who has requested PHI. Be sure to click Save on the Patient Demographics screen to finalize the data.

Privacy

Requests - any specific privacy requests can be noted here

Patient Specific Privacy Requests/Requests

Enter any specific privacy requests here.

Acquisition Date

- the original date the patient was entered into the database (or otherwise

acquired by the practice.

Recall Date - the date the patient is scheduled for recall visit.

Original Patient Acquisition Date: 10/1/2000 Recall Date: 10/1/2010

Patient Notes

Demographics J. Main Info. HPSA Notes

Free Text Notes

- any sort of billing or personal notes can be entered in this section. It is NOT for clinical notes (it is not printed as part of the chart). The "Time/Date Stamp" will automatically add a separator after you enter the note with current date/time information.



Lower Button Bar

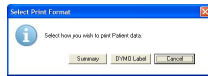
Customize Print Demographic Summary Address Label DYMO Printer

Customize

Button - allows customization of lists/dropboxes (e.g. city, state, postal codes)

Print Button - prints either a Demographic Summary page or address label (on DYMO printer)

only)



Encounters

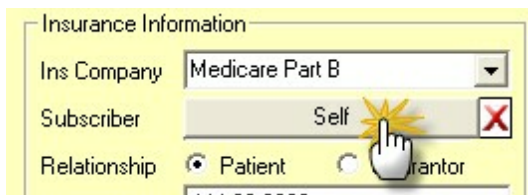
Button - switches to Encounters view

Save Button - used after any changes are made to the demographic record. Also used to pull a chart when displayed in the Patient List into the Open Charts screen.

Balance Notice - if the patient has a balance due in ezClaimBiller, a red notification bar will display

6.1.3.5 Subscriber Info

In order to bill a patient's insurance plan, you will need to enter the Subscriber info. This screen can also be used to enter the guarantor info for a minor patient (e.g. the parent or guardian). To open, click the Subscriber button in the Insurance Information section. NOTE: To clear a subscriber, click the red delete button.



The Guarantor/Subscriber screen will open. The default type is "self", but you can enter either an existing patient (by selecting from the displayed patient list) or enter a new guarantor/subscriber. Use the blue arrows to transfer information (such as same last name or address). Be sure to select the appropriate "Relationship to Guarantor".

Select Guarantor

Setup Guarantor for Patient

- ◆ Guarantor is "SELF"
- ◆ Guarantor is an existing patient
- ◆ Guarantor is not a patient

NOTE: A guarantor is the person who is responsible for the patient's billing charges. This would be the 'Insured' for vision/medical plans or the 'Guardian' for minors.

use blue arrows to copy data from Demographics screen

	Last Name	First Name	MI	Pat ID#	DOB	Insurance
+	Ables	Boyd		000887	11/15/1968	Vision Service
+	Ables	Sharron		000888	06/23/1962	Vision Service
+	Abraham	Delores		002455	02/26/1962	
+	Abraham	Stella Mae		002484	07/26/2001	AK Medicaid -
+	Abrams	Kaitlyn		000695	11/23/1986	First Health Se
+	Active	Margaret		002530	07/26/1965	LKSD - Premier
+	Adams	Amber	C	002136	06/22/1988	
+	Adams	Bertha	E	000425	06/15/1967	AmeriBen/IEC (
+	Adams	Bessie		000515	06/02/1938	Private Pay Ca
+	Adams	Charlene		000453	06/16/1936	Private Pay Ca
+	Adams	Doris		000019	07/06/1980	Private Pay Ca
+	Adams	Dorothy		000020	11/19/1958	Private Pay Ca
+	Adams	Frank		001038	11/22/1945	
+	Adams	Gladys	S	000438	06/07/1935	Private Pay Ca
+	Adams	Gloria		001721	05/24/1967	AK Medicaid -
+	Adams	Henrietta		000460	11/21/1977	Premiera Bluec
+	Adams	Jacob		001105	02/22/1982	

Find: Reset

Patient Relationship to Guarantor:
☒ Self ☐ Spouse ☐ Child ☐ Other

Last Name First Name Initial

Title Suffix

Gender ☐ Male ☐ Female No.

Date of Birth Age

Address

Address

City

State/ZIP

Home Phone

Employer

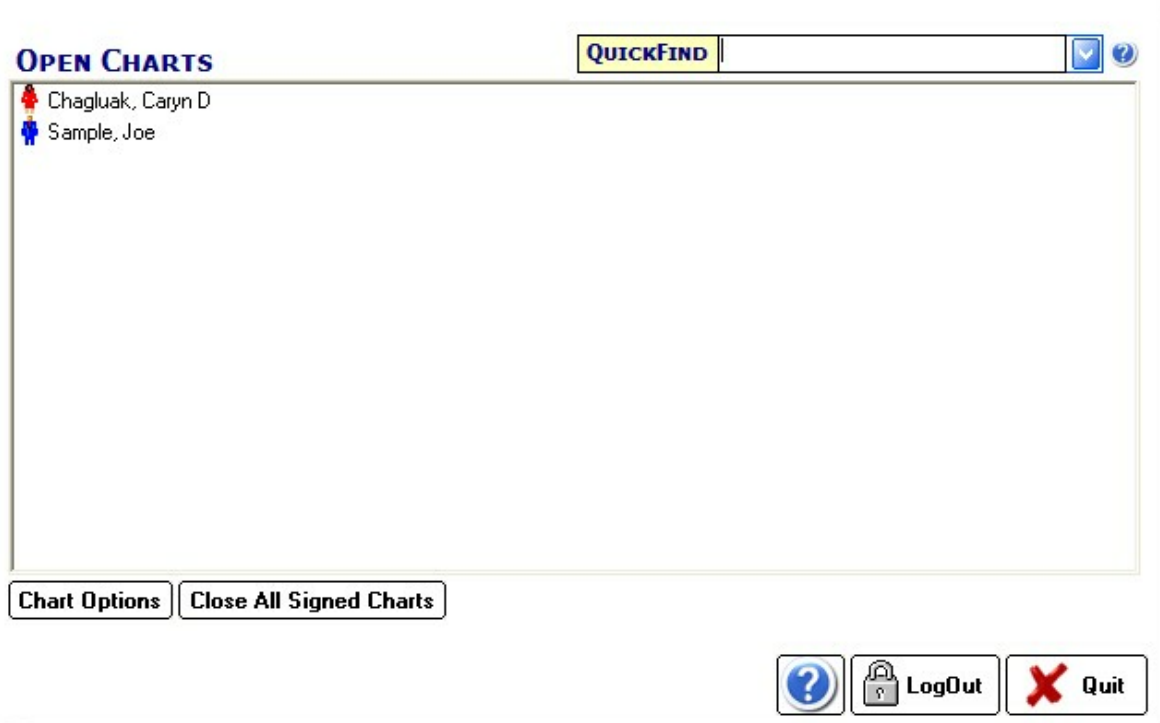
Insurance ID

CLEAR

?, Okay, Close

6.1.3.6 Open/Pulled Charts

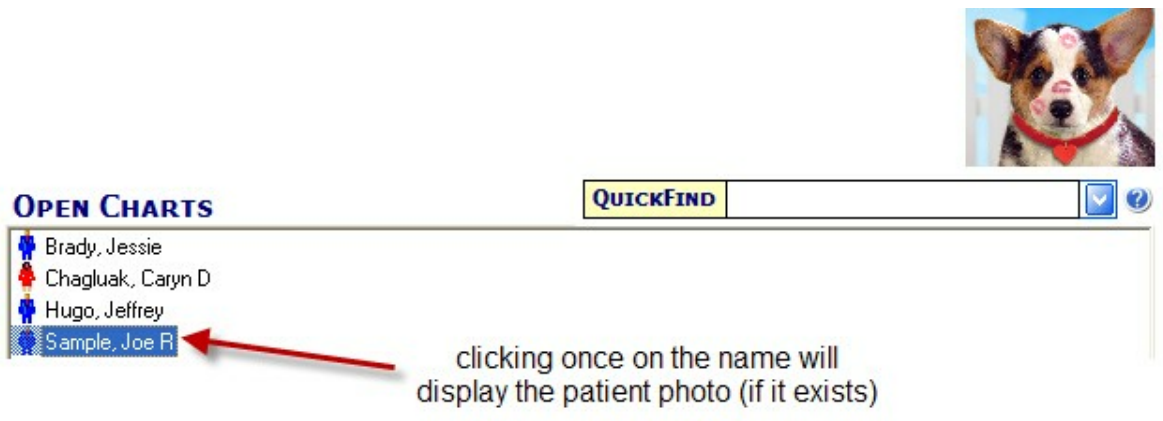
The very first screen you see upon signing in is the Open Charts screen. Much like a chart pulled from a real file cabinet, Open Charts are available for viewing and creating items (encounters, Rx's, reports, etc). When you are done with a chart, it is "closed" and removed from the Open Charts screen. You close a chart by right-clicking the name and selecting "Close Chart". You can only close a chart that has all encounters, reports and notes finalized (except for the Sample Patient⁸⁹, which does allow immediate closing).



To use the Open/Pulled Chart, simply right-click the name to get a list of Chart Options¹³² or double-click to be immediately taken to the Encounter List¹³⁶.

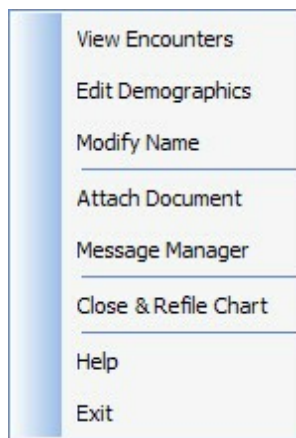
Patient Photo's

If a patient has a photo entered in the demographics screen, click the name ONCE to view the image.



6.1.3.7 Chart Options

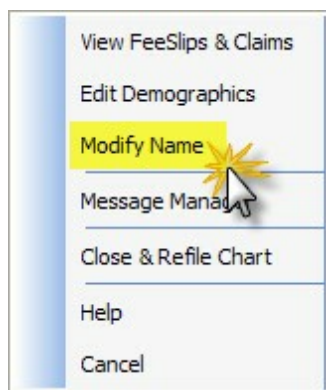
Right-click a patient name in the Pulled/Active Charts list to pull up the options menu.



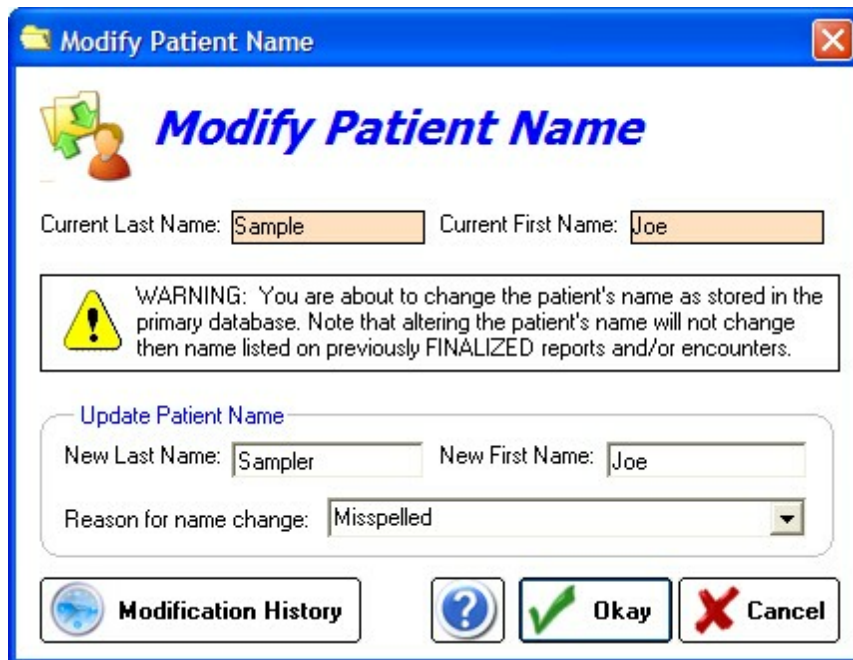
6.1.3.8 Modify Name

Patient names (once the chart is created) can only be modified with this tool. This is done to both track name changes/reasons and to prevent data loss.

Right-click the patient name in the Open Ledgers view and select Modify Name.



The Modify Patient Name screen will show and you can enter the corrected name in the boxes at the bottom. Indicate a reason for the change and click okay.



Modify Patient Name

Current Last Name: Current First Name:

WARNING: You are about to change the patient's name as stored in the primary database. Note that altering the patient's name will not change then name listed on previously FINALIZED reports and/or encounters.

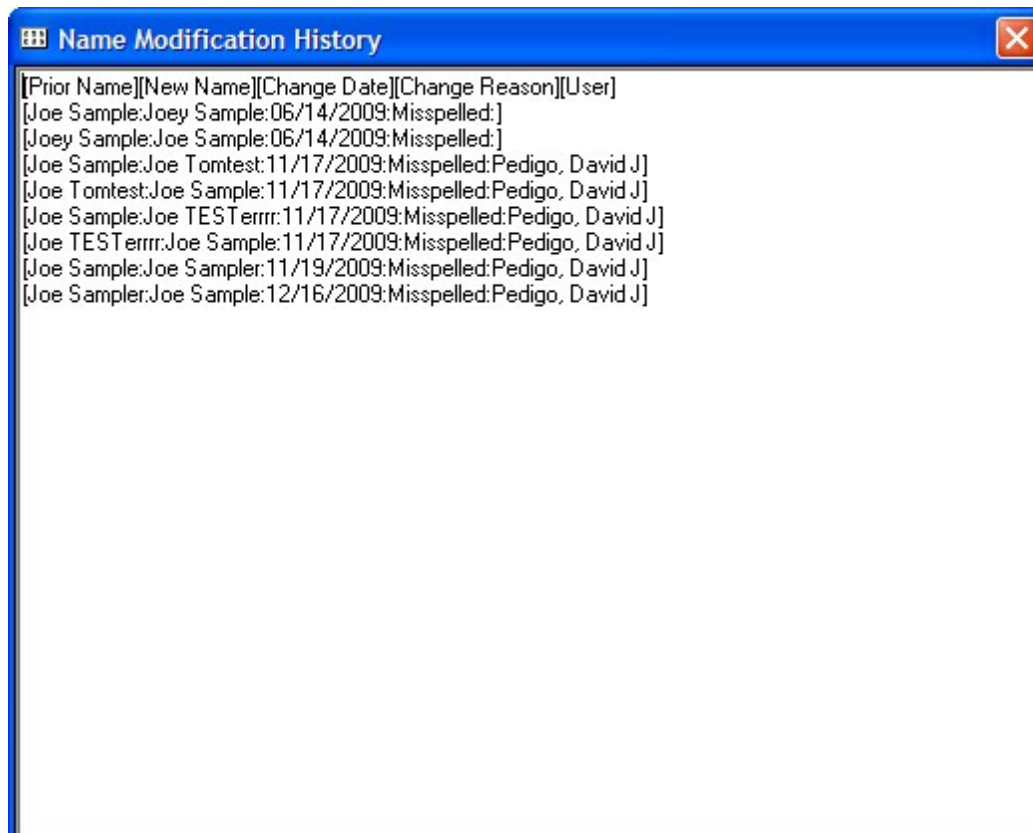
Update Patient Name

New Last Name: New First Name:

Reason for name change:

Modification History ? Okay Cancel

You can also view the history of name changes by clicking the Modification History button.

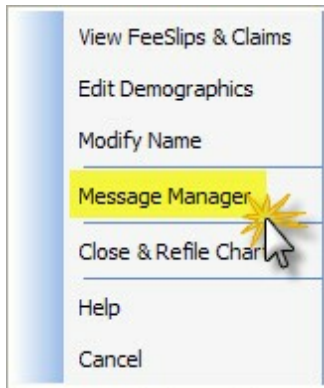


Name Modification History

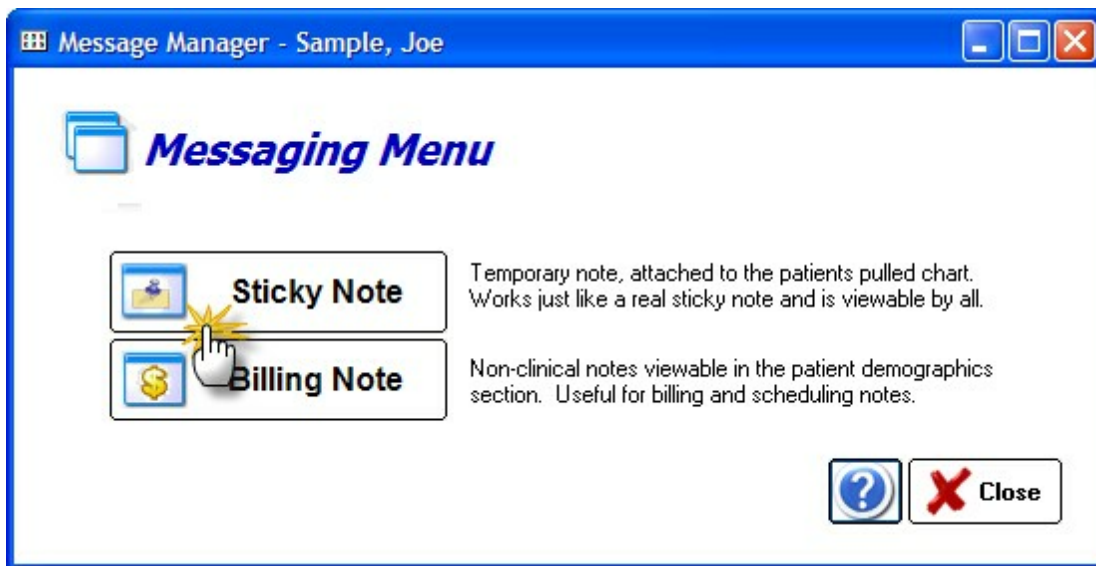
[Prior Name]	[New Name]	[Change Date]	[Change Reason]	[User]
Joe Sample	Joey Sample	06/14/2009	Misspelled	
Joey Sample	Joe Sample	06/14/2009	Misspelled	
Joe Sample	Joe Tomtest	11/17/2009	Misspelled	Pedigo, David J
Joe Tomtest	Joe Sample	11/17/2009	Misspelled	Pedigo, David J
Joe Sample	Joe TESTerrrr	11/17/2009	Misspelled	Pedigo, David J
Joe TESTerrrr	Joe Sample	11/17/2009	Misspelled	Pedigo, David J
Joe Sample	Joe Sampler	11/19/2009	Misspelled	Pedigo, David J
Joe Sampler	Joe Sample	12/16/2009	Misspelled	Pedigo, David J

6.1.3.9 Sticky Note

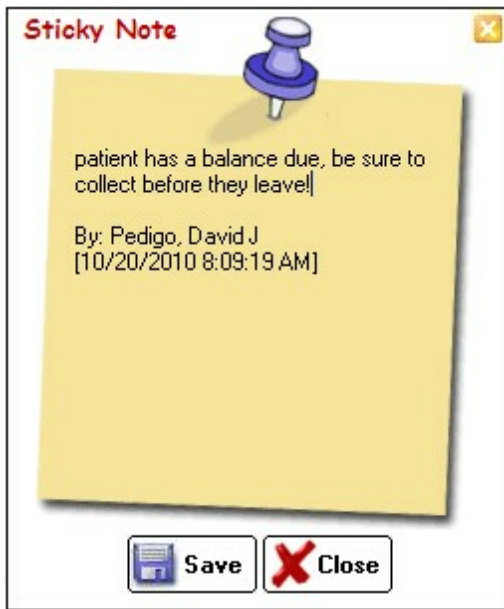
You can add short "Sticky Notes" to a Open Ledger by right-clicking and selecting the Message Manager option.



Once the Message Manager appears, select the Sticky Note button.

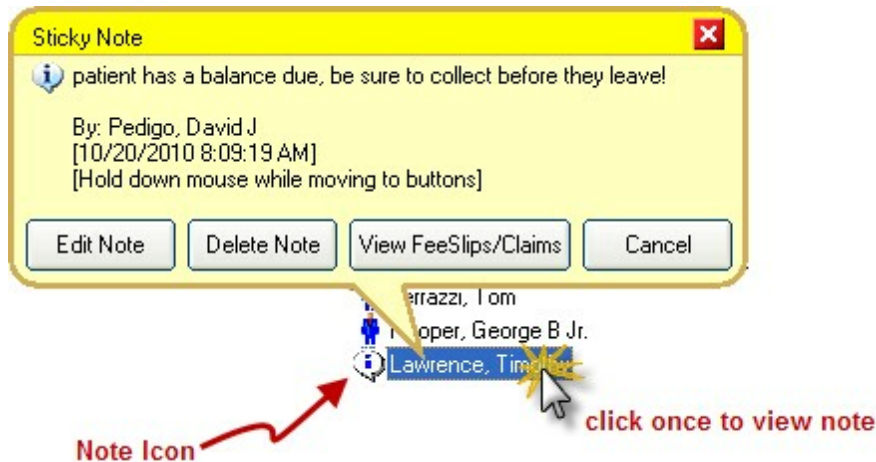


The Sticky Note edit screen will appear and you can enter any text you wish. Once you save the note a date/timestamp will append (with the user's name).



To View a Sticky Note:

If a patient has a Note icon, simply click ONCE on the patient name to view it. You can also edit or delete the note, or click the View FeeSlips/Claims button to open the Ledger Screen⁴³⁷.



6.1.4 Encounter List

The "Encounter List" is the main dashboard for viewing patient encounters (including Reports, Rx's and scanned/attached documents). You generally arrive at this screen by double-clicking the patient name, although you could also click the Encounters button on the Patient Demographics screen.

Sample, Joe E

Exams	All Pages	Encounters	Rx's	Reports	Notes	Other
<div> <div>Name: Sample, Joe E</div> <div>Chart#: 000001</div> <div>DOB: 12/20/1977</div> <div>Provider: Doktor, Ima K</div> </div>						
Type	Date	Status	Description	Provider		
<Add New>			Double click to add new Encounter or Note			
EXAM	03/10/2008	PENDING	743.48 Congenital Anomalies Of Anterior Chamber, Combi...	Doktor, Ima K		
RX	03/10/2008	PENDING	Med Rx (Tobradex)	Doktor, Ima K		
NOTE	02/27/2008	FINAL	Consult Report	Doktor, Ima K		
DRAWING	02/23/2008	FINAL	Fundus (Right Eye) Drawing	Doktor, Ima K		
RX	02/12/2008	PENDING	Spectacle Rx	Doktor, Ima K		
RX	02/12/2008	PENDING	CLRx (AV Adv for Astig)	Doktor, Ima K		

There are several tabs across the top of the Encounter Screen to help you navigate to the correct item. You can double-click the <Add New> at the top of any list to add a new item.

Exams

All Pages

Shows all the items from every category

Encounters

If you are using the full EMR version, you will see a list of pending and finalized exam encounters. The first CPT assessment code will be displayed in the description field.

Rx's

The list of generated Rx's for a patient (that have been printed/saved). The full list of every Rx (even if not printed) will be shown by clicking the Logbook button.

Reports

The list of generated reports for a patient (that have been printed/saved).

Notes

If you have entered any notes on the patient they will display here.

Other

Drawings

If you are using the full EMR version, you will see a list of pending and finalized exam drawings. By double-clicking an image you will see the Image Manager display.




Photos

Not currently used in this version.

Attachments

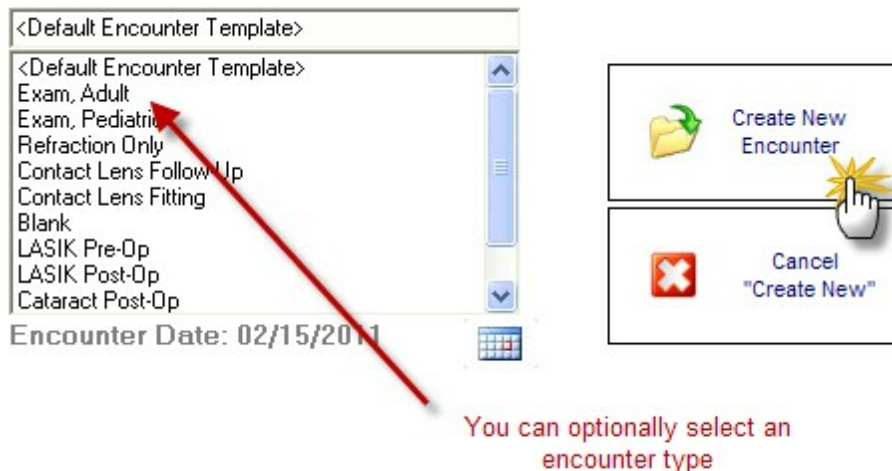
The list of scanned or attached documents for a patient. If you double-click an item, the document will open in native format (e.g. pdf documents open in Adobe, doc in MS Word) if you have the software installed on your computer. You can download the free Adobe Reader software directly from their website: <http://get.adobe.com/reader/>

Sample, Joe E

Exams Other				Name: Sample, Joe E Chart#: 000001 DOB: 12/20/1977 Provider: Doktor, Ima K											
	Drawings	Photos	Attachments												
<table border="1"> <thead> <tr> <th>Type</th> <th>Date</th> <th>Status</th> <th>Description</th> <th>Provider</th> </tr> </thead> <tbody> <tr> <td>DRAWING</td> <td>02/23/2008</td> <td>FINAL</td> <td>Fundus (Right Eye) Drawing</td> <td>Doktor, Ima K</td> </tr> </tbody> </table>						Type	Date	Status	Description	Provider	DRAWING	02/23/2008	FINAL	Fundus (Right Eye) Drawing	Doktor, Ima K
Type	Date	Status	Description	Provider											
DRAWING	02/23/2008	FINAL	Fundus (Right Eye) Drawing	Doktor, Ima K											

6.1.4.1 Create Encounter

A new Exam Encounter can be created by clicking the Create New Encounter button. The default date will be Today and the default Encounter Template will be used if none is selected.



Click the Help button within the Exam Encounter screens to get more help once you have a new encounter open.

6.1.4.2 Create Rx

To create a new Rx, open the Encounter List by double-clicking the patient name. Then click the <Add New> line at the top of the list:

Sample, Joe E

Exams					Other	
All Pages	Encounters	Rx's	Reports	Notes	Name: Sample, Joe E Chart#: 000001 DOB: 12/20/1977 Provider: Doktor, Ima K	
Type	Date	Status	Description	Provider		
<Add New> Double click to add new Encounter or Note						
EXAM	03/10/2008	PENDING	743.48 Congenital Anomalies Of Anterior Chamber, Combi...	Doktor, Ima K		
RX	03/10/2008	PENDING	Med Rx (Tobradex)	Doktor, Ima K		
NOTE	02/27/2008	FINAL	Consult Report	Doktor, Ima K		
DRAWING	02/23/2008	FINAL	Fundus (Right Eye) Drawing	Doktor, Ima K		
RX	02/12/2008	PENDING	Spectacle Rx	Doktor, Ima K		
RX	02/12/2008	PENDING	CLRx (AV Adv for Astig)	Doktor, Ima K		

The Choose Type of Item screen will appear. Click the "Create a new Rx" button.

Choose the type of item to be created:

 Create a new ENCOUNTER	 Create a new REPORT	 SCAN document	INSTRUCTIONS: Click on a button to create a new Encounter, Report or Note.
 Create a new RX	 Create a new NOTE	 Cancel "Create New"	

The Multiple Rx Creator tool will display. With this tool you can add up to 4 new Rx's at a time. To begin with a brand new Rx, click one of the "New" buttons on the topmost Rx box:

NOTE: If you have already entered a prescription that you wish to re-use, the click the green arrow button to call up the LogBook so you can import the Rx. You will be prompted to save Rx's to the LogBook when closing the Multiple Rx Tool.

Medication Rx

The New Med Rx button will display the Quick Medication Prescribe screen. To begin you must select a medication from the top dropdown screen (or choose one from your Favorite Meds list):

Quick Medication Prescribe

Select a medication from list to begin

DOUBLE CLICK TO SELECT SIG:

EMPTY ENTIRE CONTENTS OF 1 PACKET ONTO TONGUE AND SWALLOW EVERY 4 HOURS.
 EMPTY ENTIRE CONTENTS OF 1 TO 2 PACKETS ONTO TONGUE AND SWALLOW EVERY 4 HOURS.
 EMPTY ENTIRE CONTENTS OF 2 TO 4 PACKETS ONTO TONGUE AND SWALLOW EVERY 4 HOURS.
 MK 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK ONCE DAILY.
 MK 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK TWICE DAILY.

Display All SIGs

Dose Amount: One, Two, Three, 1-2
 Dose Form: Drop, Capsule, Tablet, Ointment
 Dose Frequency: Once a day, Twice a day, Three times a day, Every Day
 Route/Location: By mouth, Affected area, Right eye, Left eye
 Other Instructions: before meals, with meals, with food, with milk
 Timeframe: for 1 day, for 2 days, for 3 days, for 4 days

For (condition): # Size Refills

Preview Sig:

CLEAR Customize

Favorite Meds (double-click to select) Edit
 TIMOLOL MALEATE (Timolol Maleate EQ 0...

Favorite SIGs (double-click to select) Edit
 INSTILL 1 DROP INTO AFFECTED EYE(S) ...
 READ AND FOLLOW MANUFACTURERS ...
 USE AS DIRECTED.
 CHEW OR SWALLOW 1 TABLET DAILY.

Continue Close

Enter your Sig by using the list choices or use your Favorite Sig. Verify the data in the Preview Box and then click **Continue** to add to the Multiple Rx list.

Spectacle Rx

Enter ophthalmic prescriptions by using the slider bars on the Spectacle Rx tool.

Rx Wizard

Spectacle Rx
 Use the slider bars on the tool below to create the spectacle Rx (in either plus or minus cylinder). You may also click the power buttons to make fine adjustments (right, left or center).

Spectacle Rx Tool

OD OS

plano sph plano sph

Sph
 Cyl
 Axis
 .001 .030 .045 .060 .090 .120 .135 .150 .180
 PRISM 0.00 +1.00 +2.00 +3.00 +4.00 0.00 PRISM
 Notes: Reset

Recommendations

Favorites

- ☐ allow time for adaptation
- ☐ anti-scratch coating
- ☐ AR coating

Basic Coatings

- ☐ anti-scratch coating
- ☐ AR coating
- ☐ UV coating

Lens Design

- ☐ aspheric
- ☐ CR-39 plastic
- ☐ double D bifocal

Customize

< Back Next > Cancel

Contact Lens Rx

Enter a contact lens prescriptions by clicking the Brand from the right-side dropdown lists, then using the slider bars to enter the correct diopter power.

Rx Wizard

Contact Lens Rx
Use the slider bars on the tool below to create the contact lens Rx (in either plus or minus cylinder). You may also click the power buttons to make fine adjustments (right, left or center).

Contact Rx Tool Customize

OD

< = >

OS

-2.25

-2.75

Sph

Cyl

Axis

001 030 045 060 090 120 135 150 180

0.00 0.00

+1.00 +2.00 +3.00 +4.00

Convert to spherical equivalent & vertex: OD OS

Toric rounding, including vertexing: OD OS

Reset	OD	OS
Brand:	Vistakon Acuvue Oasys	Vistakon Acuvue Oasys
Base Curve:	8.4	8.4
Diameter:	14.0	14.0
Sphere:	-2.25	-2.75
Cylinder:		
Axis:		
Add Power:		
Tint/Color:		
OZD:		
PC:		
CT:		
Edge:		
Blend:		
Dot:		
Other:		

< Back Next > Cancel


Printing the Rx

Click the Print Preview button at the bottom to begin the process of printing the Rx.



The Rx Printing Options screen displays. With this tool you can customize your Rx to the type of paper you are using (whether 2 or 4-part Rx paper) or just plain paper. You can also customize what information appears on the Rx. The font of the body of the Rx can also be adjusted. Any changes you make will be remembered for next time as the default (on the computer you make the changes on only).


Select Print Format


 **Rx Printing Options**


Patient: **Joe E. Sample** Provider: **Smith, Joe R**

Rx Date: **2 /15/2011** Expiration Date: **2 /15/2012** ☒ One year ☐ Two year

Page Layout

 ☒ One-Fourth Page


 ☐ One-Half Page

 ☐ Custom
Size: 5-1/2" w x 4-1/4" h

Page margins

Top: **0.35** inch
Left: **0.35** inch
Bottom: **0.35** inch
Right: **0.35** inch

Paper size

Letter 

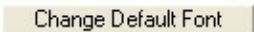
Width: **8.50** inch
Height: **11.00** inch




Prescription Options

☒ Include expiration date
☒ Include patient address on Rx
☒ Include NPI# on prescription
☒ Include DEA# on prescription
☒ Include State Lic# on prescription

Rx Font

Font Name: **Arial**
Font Size: **10**



Clicking **Continue** will display the actual Rx as it will appear. Once you print the Rx, click Close and you will be prompted to save a copy as an editable Report. If you do, the Rx will show up in the Encounter List¹³⁶.

David J Pedigo, OD
Pedigo Clinic
2323 Main St Everett WA 98333
TEL: 4257129600

Dr: Smith, Joe R

PATIENT: Sample, Joe E.
DOB: 12/20/1977 GENDER: M CHART#: 000001
ADDR: 123 South Street Apt 5
Seattle WA 98001
Home Phone: (425) 555-8888

Rx

TIMOLOL MALEATE (Timolol Maleate EQ 0.25%
BASE) solution/drops; ophthalmic
Refills: NONE(0)
SIG: INSTILL 1 DROP INTO AFFECTED EYE(S)
ONCE DAILY AS DIRECTED.

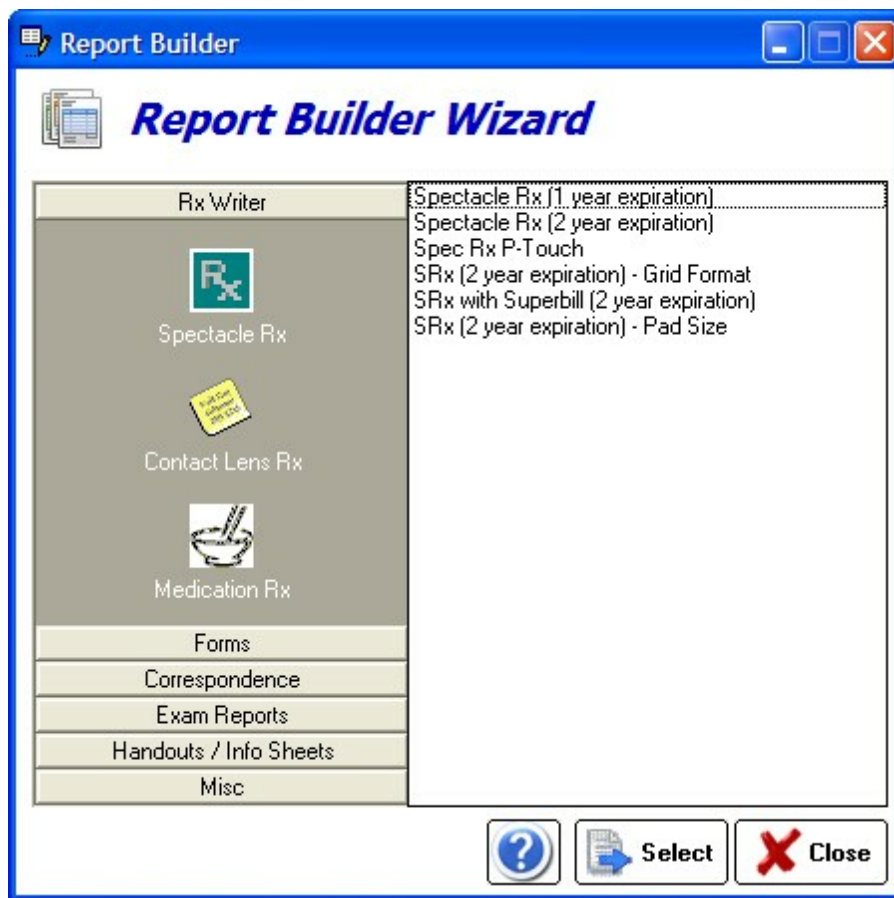
DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

Prescription is valid until 02/15/2012

Print Date: 02/15/2011 13:15:41

6.1.4.3 Create a Report

Use the Report Builder wizard to create new reports and letters. Rx's can also be built this way (which allows for more customization, however you are limited to one Rx per page this way).



6.1.4.3.1 Using the Report Writer

Overview

This section of the manual explains how to use various commands to make your reports more legible and attractive.

Basic Text Editing

Navigating the report

You may already be familiar with functions of the standard cursor keys for finding your way around reports, particularly if they extend over more than a single screen. These commands are similar to those used by many word processors, particularly Microsoft Word.

Highlighting text

Wherever in the **Reports** window you happen to be working is where the *focus* is. Selecting an item means to highlight it to let you know it has been selected.

Insert and overtype modes

Just as in other word processors, whether you insert text or overwrite existing text depends on whether you are in Insert or Overtyping mode, as displayed on the Status bar at the bottom of Report Writer main window.

Replacing text

When you need to replace text, simply highlight the part to be replaced, then immediately type the replacement text without needing to press **Delete**.

Deleting text

Press the **Delete** key to delete a selected block of text, or use the **Delete** or **Backspace** keys to delete one character at a time.

Undo and Redo

Pressing **Ctrl+Z** immediately you change your mind or realize you made an error will undo most report edits including formatting changes, so should always be tried before other methods. Press **Ctrl+Y** to redo the changes. The Report Writer remembers all your edits from the moment you selected the current node (enabling you to press Ctrl+Z successively to backtrack through your edits), but forgets them all as soon as you close the report.

Copying and Moving Text

Having selected (highlighted) the block of text, you have the choice of using the keyboard or mouse to accomplish these aims.

Drag-and-Drop Using the Mouse

Dragging the selected text block and dropping it at its new location is a quick and easy way to move text from one location to another within the same report. You can also use this to break up an report into smaller chunks by dragging and dropping each section where you wish it to be located. You can also copy text from documents in compatible applications such as Microsoft Word to the currently open report.

Cut/Copy/Paste using the keyboard

Having highlighted the block, press **Ctrl+X** to cut it or **Ctrl+C** to copy it, then **Ctrl+V** to paste it within the same or a different report, all using the Windows Clipboard. The target may be in the same report file, another report file that you open, or an open document in a compatible application such as a word processor. Although dragging and dropping is very easy to do, this method offers several advantages:

Using the keyboard to select text may feel more precise. Once text is copied to the Windows Clipboard it can be pasted into multiple locations, whereas the entire drag-and-drop must be repeated each time.

Formatting Text

Although you can use the same font face, size and color throughout the report, text is much more attractive when headings are more prominent, subparagraphs are indented, etc.

Plain Text and Rich Text

You can add text colors, font faces, sizes and styles such as boldface, and the report is regarded as being in Rich Text Format (RTF). RTF reports can be converted to plain text easily, if desired:

Examples :

This paragraph uses Plain Text alone. All text is the same font face, style, size and color. Boldfacing, italics, underlining, etc. are not used; changing from lower case to UPPER CASE is the only way to make text more prominent.

This paragraph uses **Rich Text**, which allows many more formatting attributes such as **color** to be incorporated. Adding color and images automatically changes the format from plain text to rich text, since both hide extra codes in the report (which the user cannot view).

Report Writer regards its reports as being in rich text format, but you can mix these within a file. Who would want to use plain text when rich text has so much more to offer? Here are two good reasons:

Plain text reports make the ezChartWriter database much smaller, since there are no hidden formatting characters. This can make quite a difference when you have thousands of reports. You are not faced with the extra chore of reformatting to match the format of the rest of the report text if you copy and paste in plain text.

Note also that plain text reports cannot contain images, underlined hyperlinks, tables, boldfaced or other types of formatting. Converting a rich text report to plain text removes images and table cell borders but leaves the text itself.

Basic formatting commands

Let's concentrate now on rich text. You will find the most frequently used commands (bold, italic, underline, case conversion, font face/size/color/highlight color, etc.) displayed along the **Report formatting** toolbar. Let your mouse cursor hover over each toolbutton in turn to display a tooltip (text popup message) informing you of its function and keyboard shortcut, if there is one. Try them out.

Aligning and Indenting Text

Report Writer offers several methods for indenting and aligning text. Toolbuttons for many of them are on the **Paragraph** toolbar.

Alignment and justification

Click the Left, Right, Justify or Center toolbuttons (or press their corresponding shortcut keys) for text aligned with the left or right margins, both margins or center of the report.

Tab key and Auto Indent

Press the **Tab** key one or more times to indent the text an appropriate distance from the left margin. This is best used for short single lines, since tabbing and auto-indenting only affect the first line of a paragraph.

Bulleted and numbered paragraphs

Text which is bulleted and numbered is automatically indented. Round bullet symbols, numbers and letters are available. Toolbuttons for this are on the Paragraph toolbar.

Enclosing text in table cells

Just as in HTML pages, you can compartmentalize text in individual cells of tables for greater control when combining text and images. These advanced methods are discussed in [Tables](#).

Inserting Items into Your Text

The Insert menu

Frequently-reused text (also known as "boilerplate" text) can be copied to the Windows Clipboard (see [Copying and moving text](#)), then pasted in where needed.

Tables

To insert a table where required, click Main menu / Table / Insert command. See the [Tables](#) section.

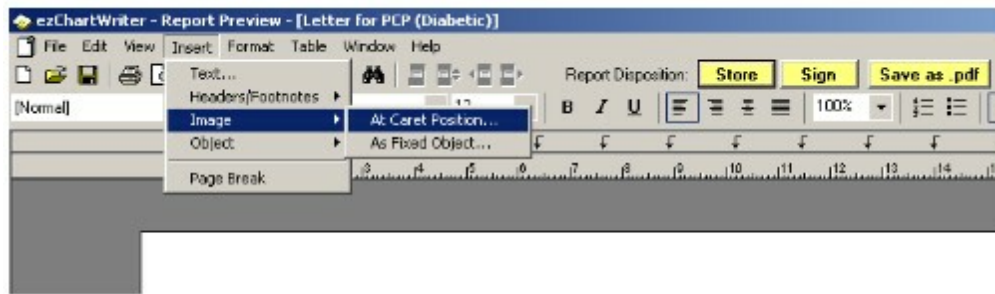
6.1.4.3.1.1 Using Images

Images

Since images may occasionally be required, ezChartWriter allows you to display images alongside text. Images can flow with the text or be anchored to the page.

To Insert Images

Inserting images is very easy. You can do this by cutting and pasting them from the Windows clipboard, although we recommend that you use the **Insert command** to select the appropriate image(s) from image files already stored on your computer.



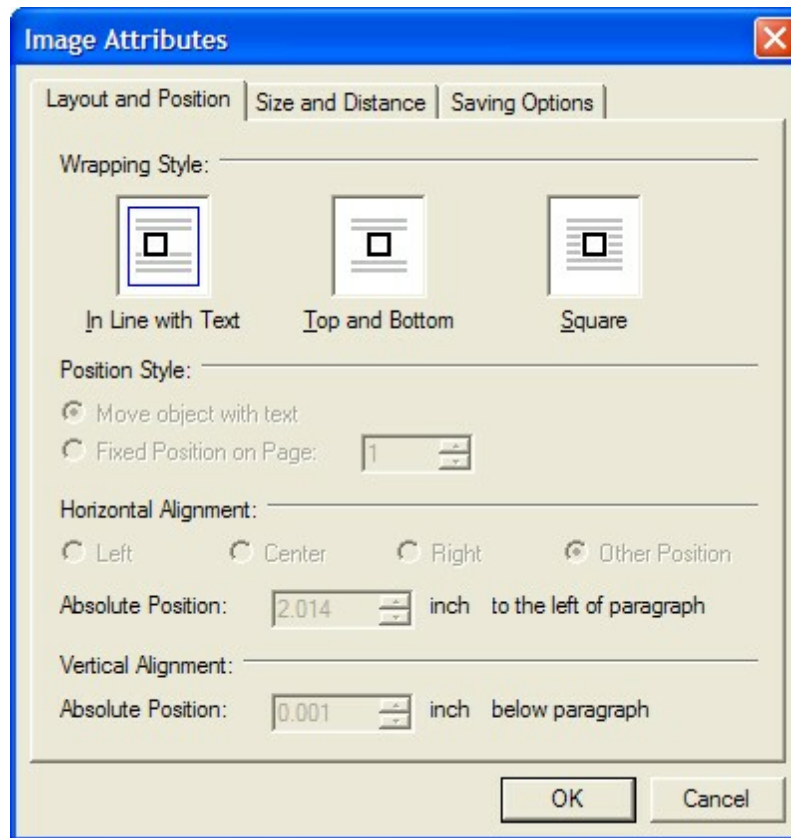
Find an image you would like to insert into your report and note its location in Windows Explorer.

Right-click in the report where you would like to insert the image and click **Insert / At Caret Position** to open the **Insert image into report** window.

Navigate to the folder containing the image, click it to select it and then click **Open** to insert it at the current cursor position.

To Modify Image Properties

To modify the properties of an image, right-click the image to pull up the Image Attributes dialog. The position of the image as well as text wrapping style can be modified. Saving options allow embedding of the image (recommended for small-to-mid sized images) or saving externally (to the same folder as the database). See the Report Designer¹⁷⁵ section for details on saving externally.



To Delete Images

To delete the image, click it (a border with small square "handles" will appear around it - see below) and press **Delete**. To undo this step, press **Ctrl+Z**.



This shows the border and handles that become visible on single-clicking an image. Reposition the image by dragging it when the border is visible, or re-size it by dragging one of its handles.

Copying, Cutting, Pasting Images

You can copy an image from one report to another, or even from a compatible document such as a Microsoft Word document, via the Windows Clipboard, simply by pressing **Ctrl+C** , **Ctrl+X** , or **Ctrl+V** to **Cut**, **Copy** or **Paste** the image respectively.

Moving, Positioning, and Resizing Images

Images can be **moved** and **repositioned** by dragging them, inserting spaces, tabs or text between them and the left margin, by indenting the left margin, or by enclosing the image in a table cell.

Resizing can be done by dragging the handles, but it is better to do this only to get a rough idea of their ideal size, then use an image editing program to resize them accurately while maintaining their proportion and re-import them.

6.1.4.3.1.2 Using Tables

Overview

Using the Tables toolbar you can create and edit tables. You can also combine and split cells, color cells, color the table, set the table border-width and color, delete and insert table rows and columns. This feature helps you create anything from simple reports to complex forms.

Working with Tables

To Create a Table in Report Writer

Click **Main menu / Table / Insert table**. A dialog box will appear allowing you to choose:
the number of **columns**
the number of **rows**

This table has 3 rows, 2 columns, center alignment and a border:

Row 1 Col 1	Row1 Col 2
Row 2 Col 1	Row2 Col 2
Row 2 Col 1	Row3 Col 2

The best way to learn about tables is to create tables in various configurations within a test report.

To Alter a Table

Click inside a table in the report, then activate **Main menu / Table** . There are several menu choices, enabling you to alter the following table parameters.

Other methods of altering tables

- [Editing text in tables](#)
- [Adjusting column width and position](#)

- [Moving a column or row](#)
- [Inserting and deleting rows and columns](#)
- [Splitting and combining cells](#)

The proportional width of a table (as a percentage of the report width) can be altered by using the table properties dialog or by dragging the table-handles in the horizontal report ruler.

You can adjust the width of each column by dragging the dividing partition left or right.

To enter text within a table, position the report cursor in the appropriate cell and begin typing.

If you make a mistake in table creation, deletion or typing, you can generally undo your actions by pressing **Ctrl+Z** or clicking the **Undo** toolbutton.

To delete a table, position the report cursor anywhere within it and click **Main menu / Table / Delete**. You will be asked to confirm your action. You can also delete a table without confirmation by inserting a blank line above and below if not already present, highlighting the whole table, including the two blank lines, and pressing **Del**. Highlighting just the table and pressing **Del** removes all text within the table but not the table itself. As mentioned above, you can restore a deleted table by pressing **Ctrl+Z** or clicking the **Undo** toolbutton.

You cannot easily move, copy, or swap whole columns or rows within a table; you must move each cell individually. For this reason you should design the layout of your table carefully before creating it.

Currently, you cannot create a table within a table.

Editing Text in Tables

Here are some more hints and tips about doing this.

As mentioned previously, text (or images) in one or more cells, rows or columns can be individually aligned (left | right | center) by highlighting it then choosing one of the alignment toolbuttons on the Paragraph toolbar (or via the Edit menu or a keyboard shortcut). Centering text and right-justifying dollars and cents can be very effective.

If you choose left or right alignment, the text will be hard up against the wall of the table, as cell padding is not provided. One workaround is to create extra hidden columns to act as margins. For example:

	Text hard up against left margin
	Add a dummy column
	Then hide its border

To hide the border, click anywhere in the cell with text, then click the Show left border toolbutton on the Table toolbar to disable it. This will be discussed more fully later. You can drag the Table toolbar off the Toolbars area, making it "float" closer to where you are working.

You can treat text in tables as you would anywhere else in an report. You can cut, copy and paste it.

You can select (highlight) a whole row or column by performing one of the following actions:

- ? Click-dragging the mouse cursor over it; or
- ? Combining the **Shift** key with the **cursor** (arrow) keys to select multiple cells just like increasing the size of a highlighted section of text; or
- ? Clicking in one cell and selecting the **Select table row** or **Select table column** command from **Main menu / Table**, or choosing the appropriate **Table toolbar** toolbutton.

Having highlighted these cells you can apply boldface, italics or color changes to the text or background.

Adjusting Column Width and Position

You can adjust the width and position of any column by dragging the internal vertical partitions left or right. When your mouse cursor passes over a partition, the cursor will change to a pair of vertical bars with arrows:



You cannot drag the horizontal partitions up or down, but you can add extra spaces to the entries in a row, or add a blank row or column.

You may need to adjust the partitions after deleting a column.

Navigating Within a Table

Think of a table as being a block of text that happens to contain vertical and horizontal lines. Use the **Tab** and arrow cursor keys if you don't want to keep reaching for the mouse all the time. To jump from cell to cell, left to right along a row and top to bottom, press the **Tab** key. To go in the reverse direction, press **Shift+Tab**.

The Right arrow key follows the same direction as the Tab key but stops at each character. Similarly, the Left arrow key follows the Shift+Tab key. The Up and Down arrow keys move up and down columns. Note that if you start from outside a table, the Down arrow key will move down the leftmost column and the Up arrow key will move up the rightmost column.

Moving Text, Columns, and Tables

To Move and Copy Text from Cell to Cell

The destination cell need not be an adjacent cell. You can move text anywhere within the table.

Alternatively, you can copy or cut a highlighted block to the Windows Clipboard and paste it in. This can be handy if you need to paste the same text into several cells.

1. Highlight the entire contents of a cell using the cursor keys or the mouse
2. Drag the highlighted block to the destination cell.

NOTE: If the destination cell is not empty you can use this method to insert the block into existing text.

To Move a Column or Row

You can only move one cell at a time using the method described in [Moving and copying text from cell to cell](#); you cannot move a whole column or row. For this reason, you should plan your layout carefully before creating the table. However, you can achieve the same end by [inserting a new row or column](#) in the destination position, dragging the contents of each cell in the original row or column across to it, then deleting the original.

You can also copy one or more highlighted rows and paste them as separate tables, rearrange them vertically to form a new sequence and then join them. See [Moving and copying tables](#).

To Move and Copy Tables

Whole tables, including contents, can be cut, copied and pasted, just like any other blocks of highlighted text, to and from the Windows Clipboard. They cannot be dragged. You can also copy one or more highlighted rows and paste them elsewhere (outside the table) as a separate table. However, pasting them back only replaces existing text corresponding to the number of rows you pasted in. Instead, create the same number of extra rows, then fill them with inserted text. The following example shows you how:

Example: Insert Table 2 into table 1.

aaaaa Table 1
dddd

bbbbb Table 2
cccc

Position the report cursor in the top row (aaaaa) of Table 1, then click the **Insert table row** toolbutton twice, to insert two rows.

aaaaa Table 1

dddd

bbbb Table 2
cccc

Now, position the report cursor in the top row (bbbb) of Table 2, and press **Shift+Down** to highlight both of its rows. Press **Ctrl+C** to copy them, then position the cursor on the top blank row in Table 1 and press **Ctrl+V** to paste the text contents.

aaaa Table 1
bbbb Table 2
cccc
dddd

bbbb Table 2
cccc

Finally, delete Table 2 and tidy up. Done!

aaaa Table 1
bbbb
cccc
dddd

Inserting and Deleting Rows and Columns

To Insert a Row or Column

New rows are added below the selected row. New columns are added to the right of the selected column.

To add a row, select the existing row below which you want the new row to appear. by clicking in it.

Then:

Click the **Insert table row** icon; or

Click **Main menu / Table / Insert table row**; or

Press the **Tab** key after positioning the cursor in the rightmost cell of the selected row. This will insert a new table row and move the focus to the first cell of the new row. E.g. (the graphics below are images, not tables):

Before

After

Successive clicking will add more blank rows.

To Delete a Row or Column

If you have just inserted one (blank) row or column too many, you can reverse this by clicking **Undo (Ctrl+Z)**.

Alternatively, to delete a row or column, select it and click the **Delete table row** toolbutton.

If you need to remove a block of consecutive rows within a table, start at the top row to be deleted and keep clicking the **Delete table row** toolbutton until the deletion is completed.

Splitting and Combining Cells

To Horizontal Split and Combine Cells

Splitting and combining cells

You can **split** a cell into two horizontally by adding a partition, or remove it to **combine** two cells into one. Use the **Split table cell** and **Combine table cells** commands in **Main menu / Table** or corresponding **Table toolbar** toolbuttons.

Here is a table, originally 3 rows and 2 columns, which has had **split** and **combine** operations carried out on the second and third rows respectively.

Cell 1	Cell 2	Cell 3
Cells 1 and 2 combined		

Splitting columns

To split a column of blank cells into two: highlight the whole column then click the **Split table cell** toolbutton.

To Vertical Split and Combine Cells

Vertical splitting relies on showing/hiding the top and bottom borders of adjacent cells.

Let's start with a 4-cell table:

Cell 1	Cell 2
Cell 3	Cell 4

Figure 1

Think of each cell as having four borders, like this:

Cell 1		Cell 2
Cell 3		Cell 4

Figure 2

To avoid grid thickening, either the upper cell's floor or the lower cell's ceiling may be visible, but not both. (Occasionally you may notice a double thickness grid wall but this will disappear when you return to the report after moving to another node or closing the file, so is an artefact.)

Cell 1 floor visible	Cell 2
Cell 3 ceiling hidden	Cell 4

Figure 3

Cell 1 floor hidden	Cell 2
Cell 3 ceiling visible	Cell 4

Figure 4

Cell 1 floor hidden	Cell 2
Cell 3 ceiling hidden	Cell 4

Figure 5

Note the misalignment in the floors of Cells 1 and 2 in Figure 3 compared with Figure 4, due to different show/hide selections. If you notice this when creating your own tables, ensure that these parameters match across the whole row.

We have thus "combined" cells 1 and 3, so let's add some blank lines and rename the combination Cell 5:

Cell 5	Cell 2
	Cell 4

Vertical splitting is essentially the reverse of this.

Selecting Rows and Columns

By clicking any cell and then choosing from **Select table row** or **Select table column** in the Table menu or the Table toolbar, you can select the whole row or column that includes that cell.

This command is useful if you wish to change the font attributes, colors, etc. of all cells in the row or column, or to clear the contents of the row or column. You cannot use it to copy, move, swap or delete a row or column.

You can also select a whole column, row or block of cells by click-dragging the mouse pointer or by using **Shift+cursor** keys. See [Editing text in tables](#).

To Select an Entire Table

Clicking anywhere in a table and selecting **Main menu / Table / Select entire table** will immediately select the whole table, which can be very convenient if you wish to change the same property for all cells or to hide/unhide cell borders for the whole table.

Table and Cell Borders

The right-most eight toolbuttons of the Table toolbar determine whether the borders of the cells selected are visible or hidden. Click any cell and see which of these border toolbuttons are depressed. Clicking any of them again reverses their effect.

Fig. 1: Original

Cell 1	Cell 2
Cell 3	Cell 4

This is the original table.

Fig.2: **Hide borders**

Cell 1	Cell 2
Cell 3	Cell 4

This can be reversed by clicking **Show borders**¹.

Fig.3: **Show outer border(s)**

Cell 1	Cell 2
Cell 3	Cell 4

This can be reversed by clicking **Show inner border(s)**

Fig.4: **Hide borders then Show inner border(s)**

Cell 1	Cell 2
Cell 3	Cell 4

This can be reversed by clicking **Show borders**.

Fig.5: **Show left border** and **Show right border** disabled in all cells

Cell 1	Cell 2
Cell 3	Cell 4

Fig.6: **Show top border** enabled in lower cells and **Show bottom border** enabled in upper cells.

Cell 1	Cell 2
Cell 3	Cell 4

Combining these borders results in a thicker line which makes a convenient divider.

Fig.7: **Show top border** disabled in lower cells and **Show bottom border** disabled in upper cells.

Cell 1	Cell 2
Cell 3	Cell 4

Fig.8: **Show right border** enabled in Cell 1 and **Show left border** enabled in Cell 2. **Show right border** disabled in Cell 1 and **Show left border** enabled in Cell 4.

Cell 1	Cell 2
Cell 3	Cell 4

Cells 3 and 4 display the standard configuration as seen in Fig. 1. You would expect that adding Cell 1's right border would cause a thicker partition, but its only effect is to stagger the existing one towards Cell 1. The only remedy is to disable Cell 1's right border.

If you highlight a block of text and accidentally click any of the Show ... border toolbuttons your paragraph will display a horizontal or vertical line along one of its borders like part of a table. Doing this deliberately is not recommended as such stray table cell wall lines may cause interference with text and prove difficult to remove.

Table and Cell Color

Report Writer gives you full control over table and cell colors. With the **table properties** screens you can set the global table color or individual cell colors, as well as the table border-color and border-width.

Table Hints and Tips

To Insert Images into Tables

Tables are a good way to store images, which can be inserted using the **Main menu / Insert / Image at Caret Position** command. Just like web-pages which owe their neatness to tables with hidden borders, you can hide the table borders once you have finished inserting images. If you wish to display the table frame (also referred to as a grid), you can space the image away from the cell wall by adding a blank line above (press **Enter**), or by adding spaces.

6.1.4.4 Create a Note

You can use the Note Writer to create simple chart notes on a patient. This can be useful for recording telephone messages or brief in-office encounters that don't warrant a full Exam Encounter.

6.1.4.5 Attach/Scan a Document

There are two ways to get documents into the software: Direct Scan Method and Attach File Method. Both methods create a new folder item in your database folder containing a copy of the document. If you Attach a document, the original document stays in the present location and an exact duplicate is added to the Documents folder. You can browse the Documents folder by opening the database folder and clicking Documents. The documents are arranged by Patient Name (alphabetized), then by category.



WARNING: Do not move, rename or delete files in the Document folder as this will cause the file to become unavailable for browsing/opening in the Encounter List.

Direct Scan Method (requires a TWAIN compatible scanner):

Click the Scan Document button after you select <Add New>.



Scan Documents To Chart

Patient: **Sample, Joe**

Select Scanner to Use:

WIA-Color USB Scanner

Device Configuration

Image Type:

Greyscale

Resolution (dpi):

100

Document Template:

Letter Size

Layout (Inches):

Top: 0

Left: 0

Right: 8.5

Bottom: 11

☐ Display scanner's interface first

Attach File Method

To Attach a file that already exists (for example, a faxed/emailed pdf document or your own scanned document), click the Attachments button at the bottom of the Encounter List.

<Add New>		Double click to add new Encounter or Note		
EXAM	03/10/2008 PENDING	743.48	Congenital Anomalies Of Anterior Chamber, Combi...	Doktor, Ima K
RX	03/10/2008 PENDING		Med Rx (Tobradex)	Doktor, Ima K
NOTE	02/27/2008 FINAL		Consult Report	Doktor, Ima K
DRAWING	02/23/2008 FINAL		Fundus (Right Eye) Drawing	Doktor, Ima K
RX	02/12/2008 PENDING		Spectacle Rx	Doktor, Ima K
RX	02/12/2008 PENDING		CLRx (AV Adv for Astig)	Doktor, Ima K



Attachments



Sign



View LogBook



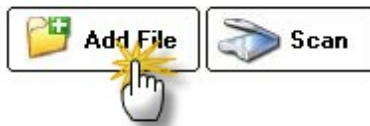
Demographics



Back

Quick tip: Double click an item in the list to open or view. Right click for more choices.

On the next screen, click the Add File button to locate the file you wish to Attach.



The document properties page appears and you must enter a category. Then click the browse button to attach the file.

A screenshot of a Windows-style dialog box titled 'Add New Attachment'. It contains a 'Folder' icon and the title 'Add New Attachment'. Below this is a section titled 'Attachment details' with the following fields: 'Category:' with a dropdown menu showing 'Correspondence', 'File Type:' with a dropdown menu showing 'Text Document', 'Find File:' with a text input field and a browse button (folder icon) that has a hand cursor pointing to it, 'Attach date:' with a date dropdown menu showing '2 /15/2011', and 'Description' with a text input field. At the bottom left is a 'Set as Template' button. At the bottom right are three buttons: a help button (question mark icon), an 'Okay' button with a green checkmark, and a 'Cancel' button with a red X.

6.1.4.6 Rx Logbook

The Prescription Tracking Logbook allows for tracking of all prescriptions created in the software. There are four categories:

- Full Rx List
- Medications
- Spectacles
- Contact Lenses

Prescription Tracking Logbook

Double click on an Rx to edit or print

Date	Status	Description	Prov
02/25/2011	FINAL	CLRx OD RGP Fluoroperm-60 8.6 / -3.00 / 9.0 [CT=0.18; OZD=7.20; Warranted=Yes; Notes=Test Message] OS RGP Fluoroperm-60 8.6 / -1.75 / 9.0 [CT 0.17; OZD 7.20]	Pedigo, D
02/25/2011	FINAL	Contact Lens Rx - OD Ciba Fresh Look Color Blends 8.6 / plano / 14.5 [CT 0.18mm; Color/Tint Brown] OS Ciba Fresh Look Color Blends 8.6 / plano / 14.5 [CT 0.18mm]	Pedigo, D
02/25/2011	FINAL	CLRx OD Ciba Fresh Look Colors 8.6 / plano / 14.5 OS Ciba Fresh Look Colors 8.6 / plano / 14.5	Pedigo, D
02/25/2011	FINAL	CLRx OD Ciba Fresh Look Color Blends 8.6 / plano / 14.5 OS Ciba Fresh Look Color Blends 8.6 / plano / 14.5	Pedigo, D
02/25/2011	FINAL	CLRx OD Ciba Focus Night & Day 8.6 / plano / 13.8	Pedigo, D

☒ Expand All

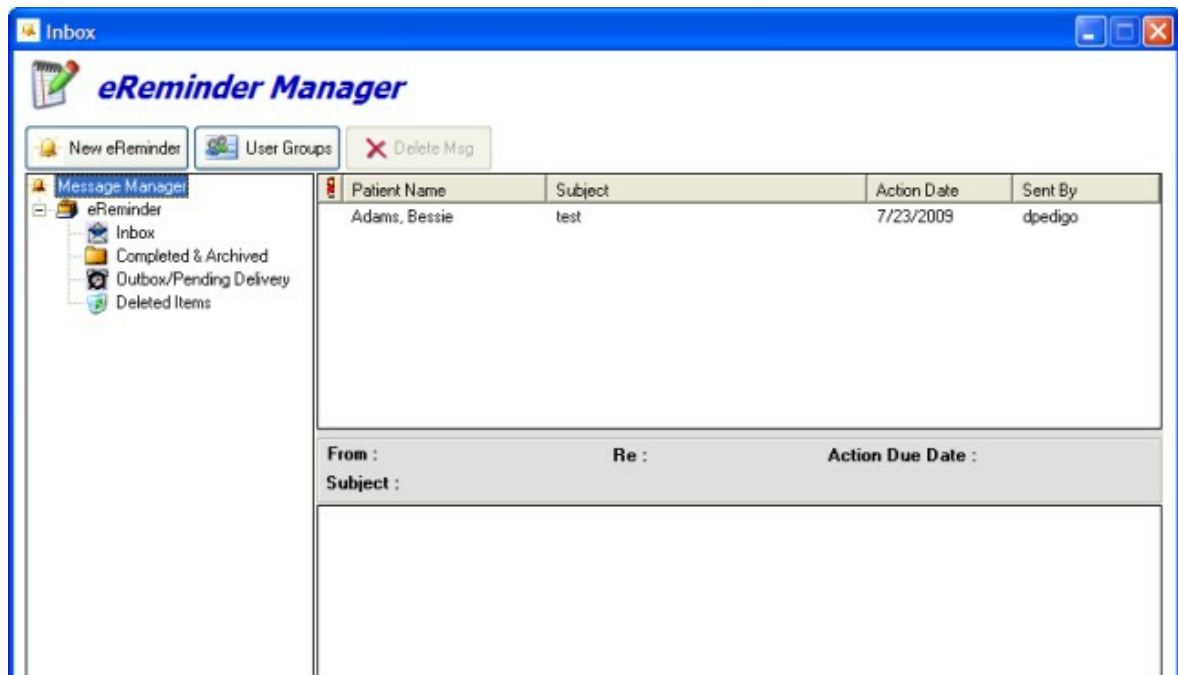
Print Rx List ? Select Close

Double-click an item to select. Use the Expand/Collapse checkbox to show/hide the full prescription.

6.2 Patient Reminders

Patient Reminders allows a method to send messages/reminders to yourself (or others) for specific patients, generally to be acted upon at some future date. For example, if you wish to remind your staff to call a patient in a week to check the status of an eye problem you would create an eReminder and set the send date for one week in the future.

- Create/Send a New Reminder
- Receiving a Reminder
- Managing Reminders
- User Groups



6.2.1 Create/Send a New Reminder

To create and send an eReminder, you fill out a form that resembles a standard email. The following fields must be entered:

To Field (REQUIRED)

Enter the user that the email should be sent to (or choose a user group).

Action Date (REQUIRED)

This is the date the eReminder will trigger and appear in the recipients inbox.

Patient (REQUIRED)

The patient that is the subject of the eReminder.

Subject (REQUIRED)

The reason for the eReminder.

Urgency

A flag for the level of urgency.

Mark as Confidential

If you wish to keep the eReminder from being read by anyone but the actual user, you can set a password.

eReminder Body

The text of the reminder (can be formatted by using the richtext controls).



The screenshot shows a window titled "New Message" with a close button in the top right corner. Inside the window is a sub-window titled "eReminder Message Editor". The editor contains several fields: "To:" with a dropdown menu, "Action Date:" with a date picker showing "3 / 2 / 2011", "Re:" with a button labeled "Click to Select Patient...", "Patient ID:" with a text box, "Subject:" with a text box, and "Urgency:" with a dropdown menu set to "Normal". There is also a checkbox labeled "Mark as confidential (will require password to open)". Below these fields is a rich text editor toolbar with icons for "Set Font", bold (B), italic (I), underline (U), insert link, unlink, insert image, and undo/redo. The text editor area is empty. At the bottom right of the window are three buttons: a help button (question mark), an "Okay" button with a green checkmark, and a "Close" button with a red X.

6.2.2 Receiving a Reminder

When a Reminder is received, there are four options that the user can take:

Mark as Completed

Once you have completed the action required by the Reminder, you can mark it as completed by clicking the appropriate button.

Assign to Another User

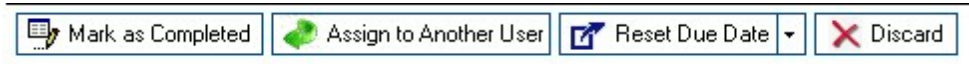
To have another user take over the responsibility of the Reminder, use the Assign to Another User button. The Reminder will show up in their inbox.

Reset Due Date

If you need further time to finish the Reminder, simply reset the due date using the Reset Due Date button.

Discard

If you wish to delete this Reminder (for example, it is no longer relevant).



6.2.3 Managing Reminders

The Reminders can be located in four areas:

Inbox

Holds pending Reminders that have not been acted upon.

Completed/Archived

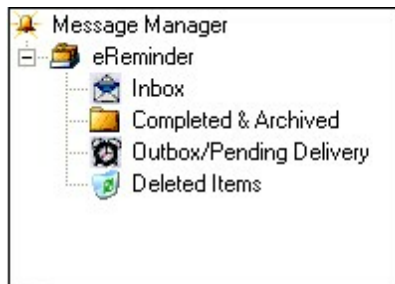
Contains a list of your completed Reminders (those marked as completed by the user).

Outbox/Pending

Those reminders that have not triggered yet (pending) will be listed here (only those of the user who created them).

Deleted Items

Any items that were deleted previously.



6.2.4 User Groups

You can group together users (e.g. "Staff", "part-time doctors", "receptionists") so that Reminders can be sent only to the members of that particular group.



To create a group, click New then enter a unique name for the group. Then click the names of the users to include and use the arrows to transfer to the "Current Members of Group" list.

6.3 Special Functions

The Special Functions menu allows you to perform various housekeeping functions on the database, manage report templates and rolodex names, report bugs and check for updates, and query the database.



Database Maintenance¹⁶⁸
 Backup Database¹⁶⁸
 Compact Database¹⁷¹

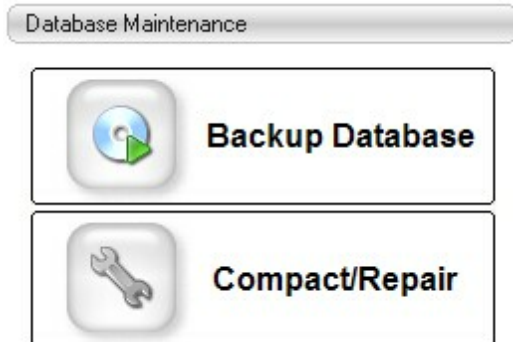
Software Maintenance¹⁷¹
 Report Bugs¹⁷²
 Check for Updates¹⁷²

Data Management¹⁷³
 Query/Statistics¹⁷³
 Encrypt/Compress Reports¹⁷⁵

Miscellaneous Functions¹⁷⁵
 Report Designer¹⁷⁵
 Rolodex Utility¹⁸⁶

6.3.1 Database Maintenance

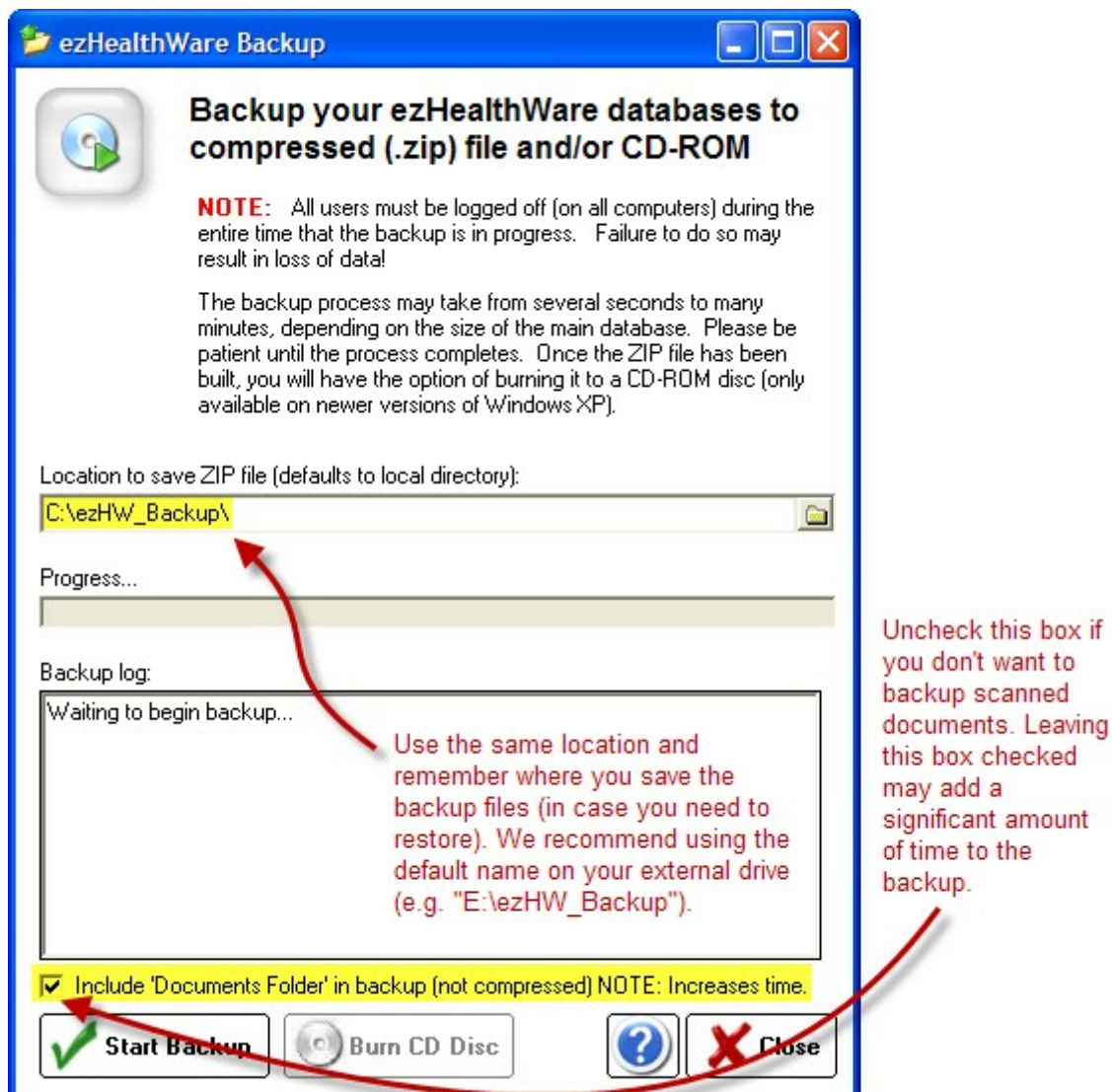
The Database Maintenance menu allows options for maintaining the health of your database.



Backup Database¹⁶⁸
Compact Database¹⁷¹

6.3.1.1 Backup Database

Utility to create a compressed backup copy of ezChartWriter's data files. We recommend that you perform a backup EVERY DAY and save the compressed file on removable media (CD Rom, USB Flash Drive, or another network drive). Store a copy of your database off-site (either using the removable media or an online data storage site). This off-site copy should be replaced weekly (if not daily).



You can do two types of backup's:

With attached/scanned documents included

If you leave the "Include Documents Folder" checked, the software will compare the existing backup document folder with the current and copy any new documents over. If this is the first time you are backing the documents folder up (or if the location does not have an existing copy to compare against), the process may take much longer than the usual backup.

Without documents

By leaving the checkbox unselected you can do a backup of just the main databases.



WARNING: NEVER save your backup folder to the same directory as the actual database files (e.g.

never use "C:\ezHW_Data\ezHW_Backup" as a backup location). You can use "C:\ezHW_Backup" on the same drive, however if you have a hard-drive crash you will lose both your original database and the backup(s). Instead, backup to an external drive or removable media.

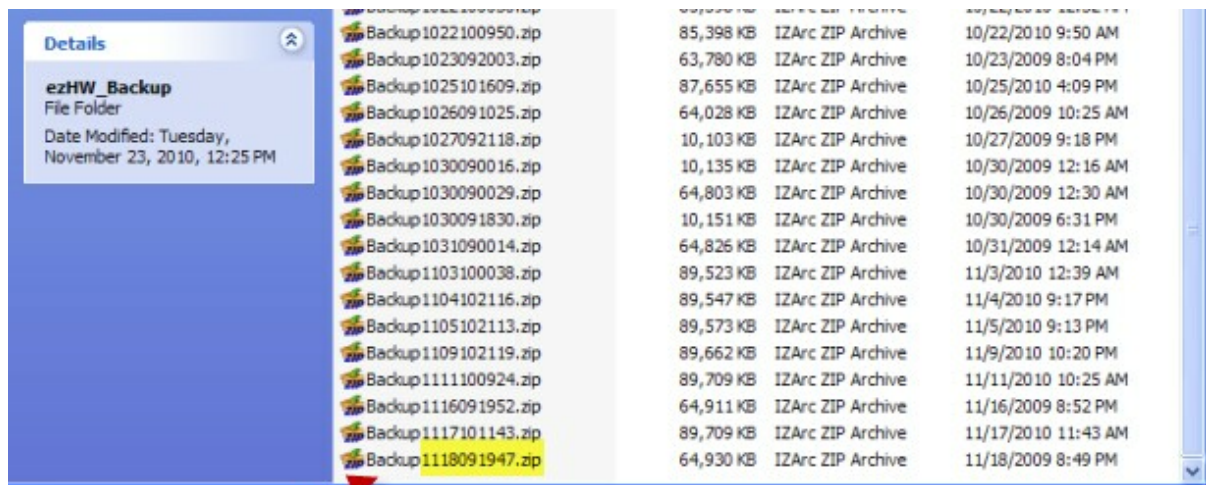
Burn CD Disc

If your computer includes a CD recorder, you can copy files to a writeable disc. This process is called burning a disc. Use the "Burn CD Disc" button to create a CD-ROM with your database files. This utility copies the files to the Windows temporary CD folder. You must complete the process by using the Windows CD Writing Wizard.

The CD Writing Wizard opens and prompts you for a label for the CD (it is pre-filled with the current Backup Date). You can enter up to 16 characters. Click Next and the wizard displays a progress bar indicating the status. If you did not select the Close the wizard after the files have been written check box, then a final dialog box opens, asking if you'd like to make an additional copy of the same files.

Restoring Database Files

Navigate to the folder you originally created to save your backups and open the backup file (it will have a name like "Backup090110xxxx.zip". The numbers are a date/time stamp, so this example would be Sep 1, 2010. Once you have located the most recent backup (usually in the C:\ezHW_Backup folder on your primary computer, but that location may vary), then you need to uncompress (unzip) the file. Right click the file and select "Extract" (or just double click the file; in most versions of Windows this will start the uncompression feature). Once the folder has been extracted, you will see five databases (each end in ".dez" extension).



This is the most recent file, since the date stamp is 1118091947 (or Nov 18, 2009 @ 19:47pm)

Typically the database file MOST LIKELY TO CRASH is the ezDB.dez file. So you should FIRST copy just that file over from your backup copy and see if the software starts successfully. If you know the exact order you entered patients since the last backup, you can re-enter them in the same order so the exact same Chart# is assigned. This way your ezReports.dez database can still be in sync. If you do not know the exact order, then you should copy the following THREE files to your primary ezHW_Data folder: ezDB.dez, ezReports.dez and ezImages.dez. The computer will ask if you wish to overwrite and you should respond yes. The ezToolData and events.dez files are not likely to crash and should only be

copied if they do not currently exist in your ezHW_Data folder (be sure to check, because you will get errors if they are not there!).

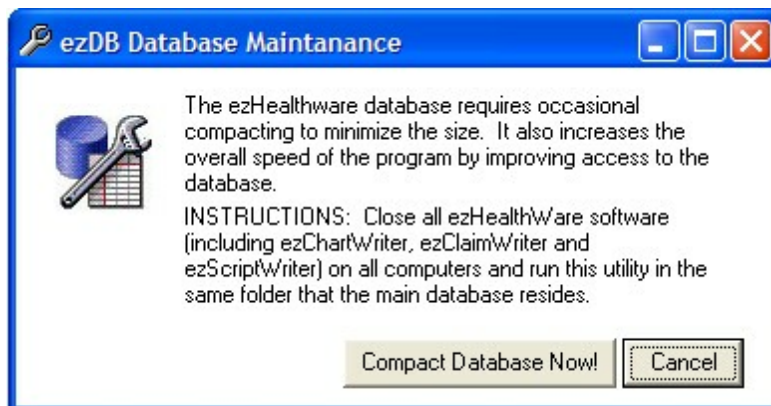


WARNING: If you are restoring the database files from a utility other than ezBackup (for example, a utility you run every night to backup the entire hard-drive) you need to take extra precautions to ensure you do not accidentally overwrite good data with outdated files. If your backup software does incremental backups, you may only have ONE copy of the database to roll back to (and if it's corrupted you are out of luck). So, if you are using third-party backup, we still recommend that you use the ezBackup utility to create dated, compressed copies of your database nightly.

6.3.1.2 Compact Database

Utility to compress (compact) the database and sometimes repair minor data errors. We recommend you run the Compact/Repair utility about once a week to keep your data files in good condition. It's HIGHLY RECOMMENDED to run the Backup utility before the Compact Utility.

The Compact Utility will automatically close the software on the current computer, but you MUST close out the software on any other computers on the network. This includes all modules (ezClaimBiller and ezApptScheduler).



6.3.2 Software Maintenance

Use these menu items to look for software updates or send bug reports.




Report Bugs¹⁷²

Check for Updates¹⁷²

6.3.2.1 Report Bugs

If you encounter a persistent error or glitch (programmers call them “bugs”), you can upload or fax a report to us so that the issue may be resolved. Simply follow the on-screen instructions to generate the bug report.

Report bug

 **ezHealthWare™**
Report a Bug Wizard

Product information (Page 1 of 4)

To help us diagnose this error and improve our software, please answer the following few questions. Provide as much details as possible.

Product name: |ChartModule

Product version: 4.1.1

System information: Operating System: Windows XP Version 5.1.2600
Service Pack 3
5.1 (Build 2600)
CPU: Intel Pentium 32-bit

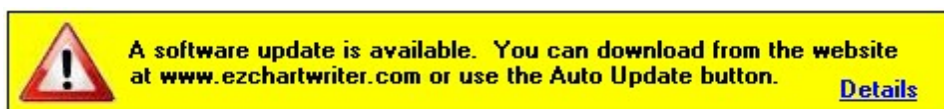
Total Physical Memory: 2,095,480K
Available Physical Memory: 709,052K

Navigation buttons: Back, Forward, Close

Bug reports are reviewed periodically to look for patterns and complete software crashes. If you have specific concerns you would like addressed, please submit the Bug Report with the error information and send an email to Tech Support with your concern. Bug Reports will not normally be answered on an individual basis.

6.3.2.2 Check for Updates

Occasionally you will notice that an Alert will appear at the bottom of the ezChartWriter Login screen alerting you that an update to the software is available (assuming you have Internet connection for this check to occur):



This utility checks the Internet site for any updates to the software. If a newer version is found it is

automatically downloaded and installed. You should run this utility every few months or when notified by ezChartWriter Support Team of a new release.

6.3.3 Data Management

The Data Management menu allows for creating queries of the database (to find all patients with certain attributes) and to encrypt/compress reports.



Query/Statistics^[173]

Encrypt/Compress Reports^[175]

6.3.3.1 Query/Statistics

The QueryBuilder tool allows for mining of the database for specific search criteria. For example, to find all patients with a diagnosis code of "367.1", the steps below should be followed:

- (1) click the Encounter List option (since diagnosis codes are associated with Encounters, not Patients)
- (2) in the Field Name dropdown, select the DIAG1 field
- (3) choose "is" as the operator (e.g. an exact match, so that ONLY the diagnosis is found).
- (4) enter "367.1" in the search criteria field. This is what we are searching for in the database.

NOTE: To perform a complete search, you should repeat these steps for the other diagnosis fields DIAG2-DIAG4.

Enter Query Criteria:

Field Name	Operator	Criteria	And/Or
DIAG1	Is	367.1	And
			And
			And
			And
			And
			And
			And
			And

Select Database to Search:



Patient List



Encounter List



Run Query

This simple tool allows you to build a valid database query so that you can get an accurate count of the occurrences of selected criteria. For example, you can query the number of patients with a diagnosis code (DIAG1) of 367.1 (myopia).

The Query Results screen will display. When working with encounters, the name can be double-clicked to open the Encounter.

Query Results (double-click to open encounter)

#	Last Name	First Name	Encounter Date
1	Douglas	Danita	08/15/2008
2	Nassuk	Jamie	08/15/2008
3	Nanouk	Chad	08/15/2008
4	Nanouk	Nina	08/15/2008
5	Nassuk	Jolene	08/15/2008
6	Charles	Leo	08/15/2008
7	Nanouk	Drew	08/15/2008
8	Charles	Lucille	08/15/2008
9	Henry	Evelt	08/15/2008
10	Anasogak	David	08/15/2008
11	Charles	Arlene	08/15/2008
12	Nanouk	Gary	08/15/2008
13	Dewey	Randall	08/16/2008
14	Dewey	Joshua	08/16/2008
15	Dewey	Jeanae	08/16/2008
16	Adams	Doris	08/16/2008

Count: 1552



Operator Choices:

- "Is" - exact match
- "Is Not" - does not match
- "Contains" - the field contains the criteria
- "Starts With" - the field begins with the criteria
- "Ends With" - the field ends with the criteria

6.3.3.2 Encrypt/Compress Reports

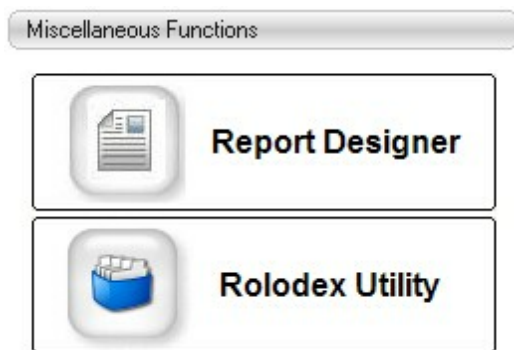
To conserve space and/or to fully protect your database from prying eyes you can run the Encrypt/Compress Reports utility. It converts the text-based report to a encrypted format that saves space and cannot be decoded outside the software itself.



WARNING: If you notice your ezReports.dez database growing close to the 1GB size you should run this utility.

6.3.4 Miscellaneous Functions

The Miscellaneous Functions menu allows you to open the Report Designer and Rolodex Utility.

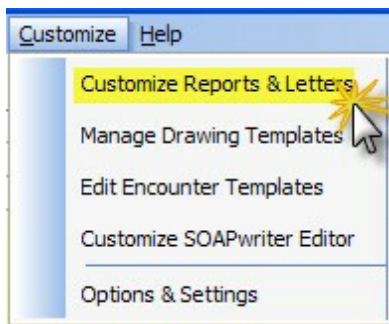


Report Designer^[175]

Rolodex Utility^[186]

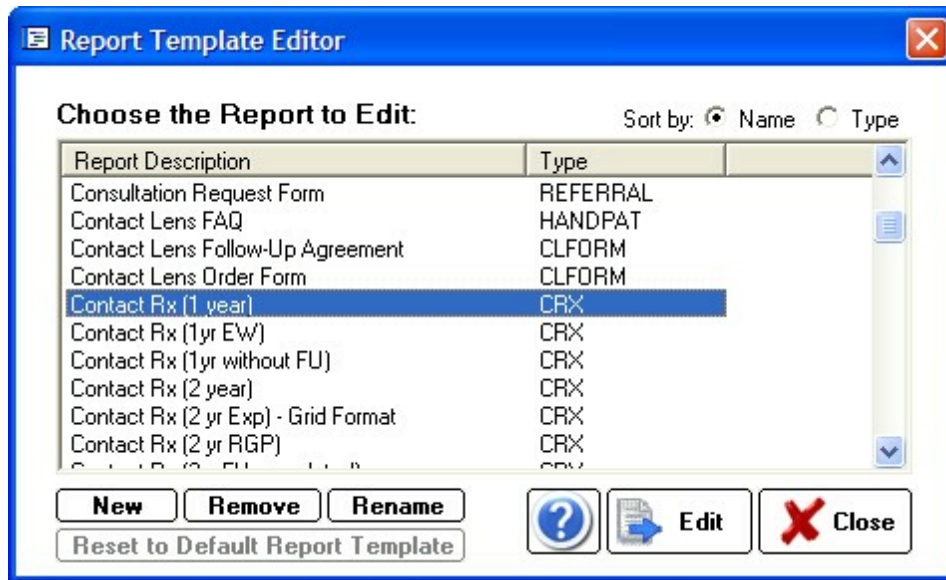
6.3.4.1 Report Designer

The Report Designer allows creation and editing of the various reports and Rx formats available in ezChartWriter. When the report template screen finishes loading, you will notice that the reports are listed alphabetically by name and that each has a specific category name associated with the report. You can easily switch between an alphabetized listing of report name or by category by clicking on the heading bar.



To edit an existing report, click on the name and then click the Edit button (or, alternatively, just double-

click the report name). To create a new report click the New button and a dialog will appear to guide you through creating a new report:



Step A: Select an appropriate category for the report. If the report does not easily fit one of the pre-defined categories, use the Misc. Reports category.

Step B: Give the report a unique and descriptive name (for example, "Letter to Patient-Importance of Diabetic Control"). You may also indicate whether this report will be based on a prior report format or blank report. Even if you choose a blank report, you can easily copy and paste data from your favorite word processing program.

Create A New Report - Wizard

Step A

Select Report Category:

- Rx
- Forms
- Correspondence
- Exam Reports
- Handouts/Info Sheets
- Misc Reports

Step B

Give the new report a descriptive title:

Report Body Type:

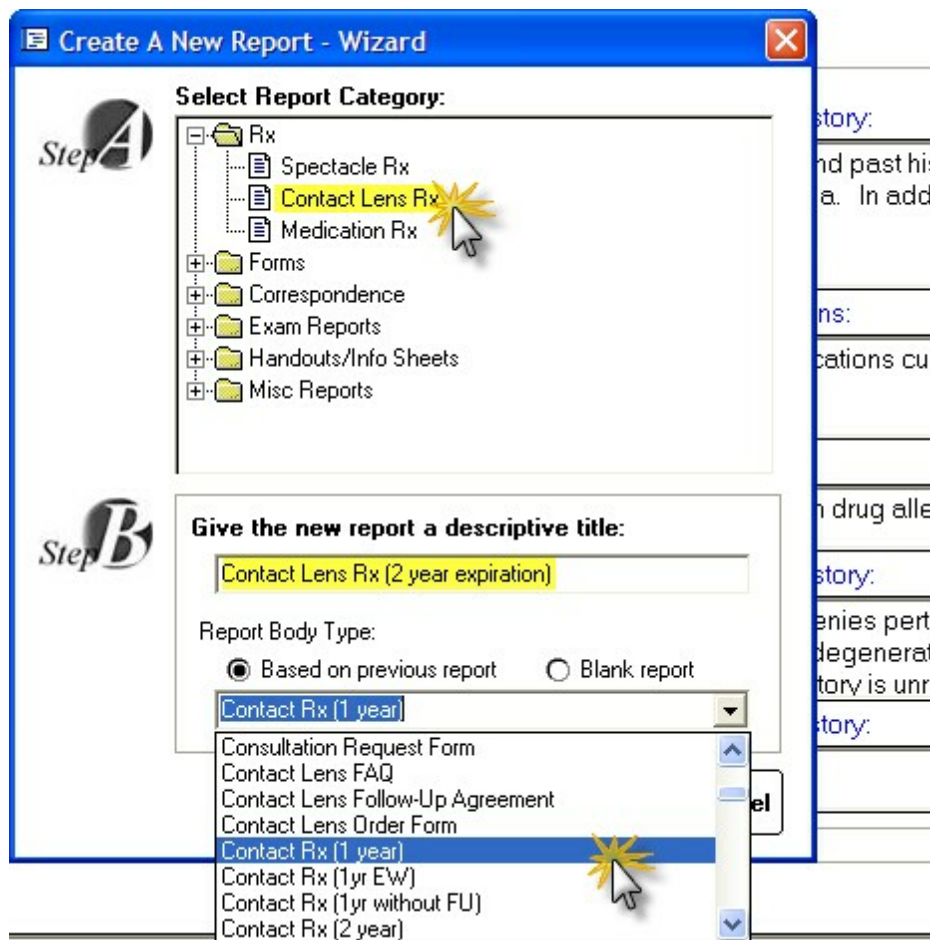
☐ Based on previous report ☒ Blank report

?

Select

Cancel

When the report, whether new or editing an existing report, opens, you will be in the Report Designer mode. The Designer looks and acts just like the regular report viewer with just a few important differences. The first difference is that the data you are working on is a Template from which your other reports are built. As such, the Template needs to be told what data to display.



There are three types of data you can insert into your template:

Static Text

This is text that does not change and will be included in every report of that type. Examples include headings and labels such as "Date of Exam:" and "Report of Findings:". You create static text by simply typing text in the Designer just like a word processor.

Dynamic Text (aka Fields)

These are special codes embedded in your report document that tells ezChartWriter to insert text appropriate to, for example, a particular patient or provider, each Field has a specific format and looks like this:

Dear [[Name Title]][[Last Name]]:

The word "Dear" and the semi-colon ":" are static text. However, the double-bracketed fields indicate placeholders for data to be inserted, in this case the patients salutation (for example, Mr. or Mrs.) and last name. Using the list of pre-defined Fields, it is possible to generate grammatically correct and fully personalized letters, handouts and miscellaneous reports. Using even more specialized Fields such as [[MedRx]] you can create Rx's for your patients. Many sample templates for various reports, Rx's and letters have been created for you. Simply copy the old report to the new and edit the text and Fields as needed.

[[DrNameFull]]
 [[PracticeName]]
 [[PracticeFullAddress]]
 Tel [[PracticeTel]] Fax [[PracticeFax]]

[[Today Date]]

[[RolodexName]]	
[[RolodexClinic]]	
[[RolodexAddress]]	
[[RolodexCityStateZip]]	

RE: [[LastFirstMI]]
 DOB [[DOB]]

Dear Dr. [[RolodexName]]:

I recently saw [[FirstName]], a [[Age]] year old [[Gender]], for a comprehensive eye examination. As you know, [[he/she]] has a history of NIDDM. [[He/She]] states that [[he/she]] is currently taking the following medications: [[Medications Taken]].

On [[his/her]] visit today, [[he/she]] had best corrected acuities of 20/20 in each eye. Pupils, ocular motilities and anterior segment were normal. No iris rubeosis was noted. The dilated examination revealed a **normal fundus** in both eyes. No neovascularization at the disc or elsewhere was noted. No other retinal vascular abnormalities were evident.

Inserting Fields can be done using the dropdown list at the top of the Report Designer. A full list of available fields¹⁸² are listed below.

Insert Field	
DESCRIPTION	CODE
Date - Today's date	[[Today Date]]
Date - Today's date + 1 year	[[Today Date+1 year]]
Date - Today's date + 2 years	[[Today Date+2 years]]
Date - Last exam	[[Last Exam]]
Date - Last exam + 1 year	[[Last Exam+1 year]]
Date - Last exam + 2 years	[[Last Exam+2 years]]
Date - REQUEST date from user	[[Request Date]]
Patient - Name (Full, First Last)	[[FirstLast Name]]
Patient - Name (Full, Last,First)	[[LastFirstMI]]
Patient - Name (First only)	[[FirstName]]
Patient - Name (Last only)	[[LastName]]
Patient - Salutation	[[Name Title]]

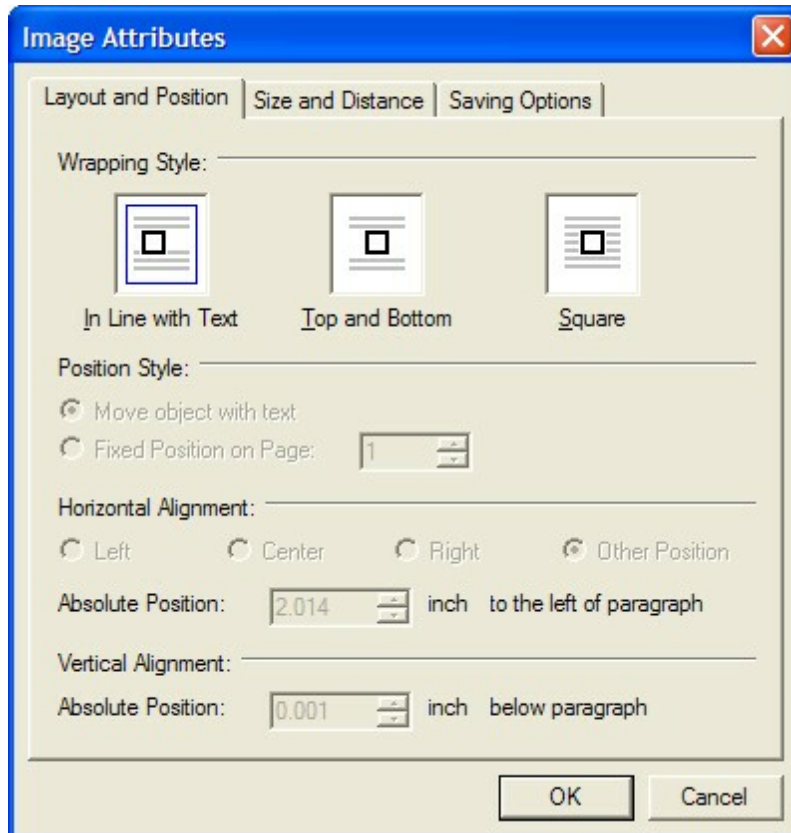
Images

In addition addition to static text and FIELDS, you may also insert static images in your documents. These may be logos or signature blocks or any other image you desire.

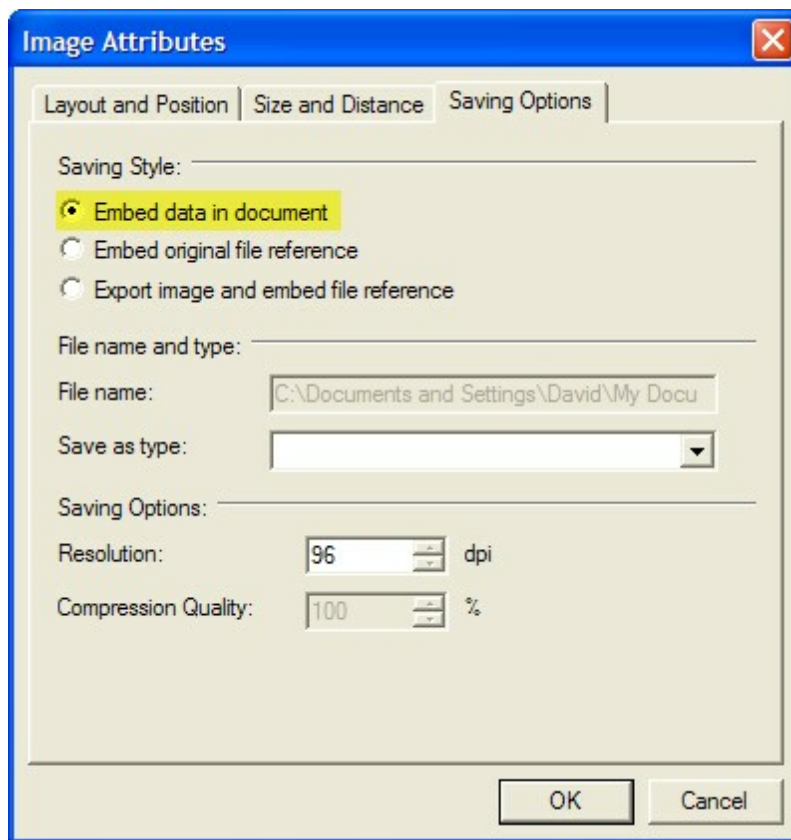


WARNING: Images consume lots of disc space and if you embed a large image in a report, then each and every report you save will have a copy of that image saved to the database. It is recommended that you limit embedded images to small (under 10K) size. Examples would be a signature block. Typically, images that are embedded should be in “.jpg” or similar format, since they are highly compressed.

To modify the properties of an image, right-click the image to pull up the Image Attributes dialog:



When saving the image there are three ways of doing so:

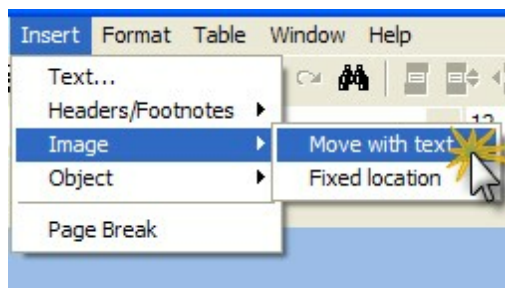


Embed data in document

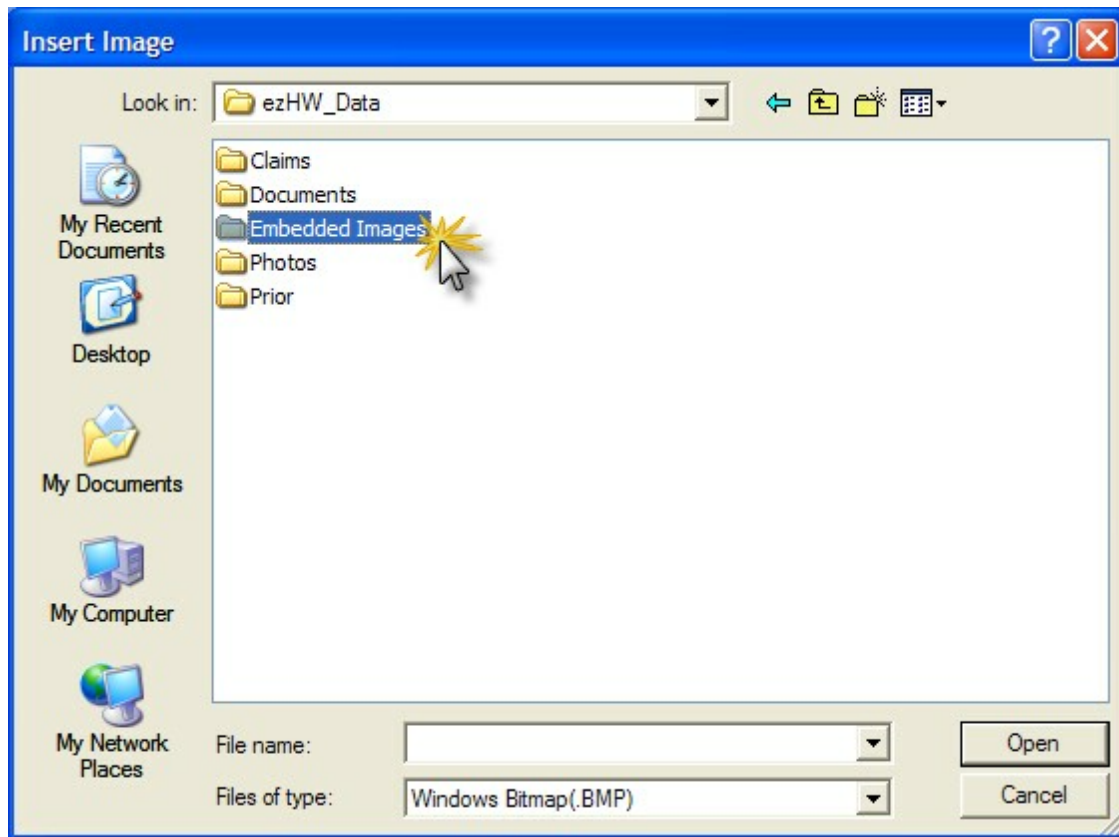
This is the simplest way, but can quickly fill up your report database. Only use very small, low resolution images with this method. To convert and resize your image, use a product like SnagIt (www.techsmith.com) to reduce the resolution. If you embed too large an image you will receive a warning when attempting to save.

Embed original file reference

This is the best way to incorporate larger image files; the image is save seperately from the document and is displayed only when you open the document. The drawback is that the image must be stored in the database folder on the network. So create a subfolder in the C:\ezHW_Data folder called "Embedded Images" and then add your images to that folder (for instance signature stamps or practice logo). To insert the image, click the menu item **Insert->Image->Move with Text** in the Report Designer:



When the Insert Image dialog shows, navigate to your network database folder. Click on the image you wish to embed and click open. When you save the document, a link to this path to the image is saved. When you create a report this same path is maintained.



For more information on editing text and adding tables, see the Report Writer¹⁵¹ section of this manual.

6.3.4.1.1 Available Fields

This is a list of all Codes that can be inserted into Reports/Handouts/Rx's. Use the Report Designer to insert codes (some may not be in the dropdown menu, but you can manually enter them into the report).

DESCRIPTION	CODE
Date - Today's date	[[Today Date]]
Date - Today's date + 1 year	[[Today Date+1]]
Date - Today's date + 2 years	[[Today Date+2]]
Date - Last exam	[[Last Exam]]
Date - Last exam + 1 year	[[Last Exam+1]]
Date - Last exam + 2 years	[[Last Exam+2]]
Date - REQUEST date from user	[[Request Date]]
Patient - Name (Full, First Last)	[[FirstLast Name]]
Patient - Name (Full, Last First)	[[LastFirst Name]]
Patient - Name (First)	[[First Name]]
Patient - Name (Initial)	[[Initial]]
Patient - Name (Last)	[[Last Name]]

[[Rx Date]]

[[Rx Date+1]]

[[Rx Date+2]]
[[Today Date]]
[[Today Date+1
[[Today Date+2]]
[[Last Exam]]
[[Last Exam+1
[[Last Exam+2]]
[[Enc Date]]
[[Enc Date+1]]
[[Enc Date+2]]

[[Request Date]] Prompts user to enter a Date
[[Consult Reason]] Prompts to enter a Consult Reason
[[RolodexName]] Prompts to select from the Rolodex
[[RolodexNameDegree]]
[[RolodexFirstName]]
[[RolodexLastName]]
[[RolodexInitial]]
[[RolodexSpecialty]]
[[RolodexDegree]]
[[RolodexClinic]]
[[RolodexAddress]]
[[RolodexCityStateZip]]
[[RolodexTel]]
[[RolodexFax]]
[[RolodexNotes]]
[[RolodexEmail]]
[[RolodexUPIN]]
[[RolodexNPI]]
[[RolodexFullAddress]]

PATIENT INFORMATION

[[FirstLastName]]
[[LastFirstMI]]
[[FirstName]]
[[Initial]]
[[LastName]]
[[NameTitle]]
[[Suffix]]
[[Age]]
[[DOB]]
[[Home Tel]]
[[Day Tel]]
[[Email]]

[[Primary Ins]]
[[UCPrimary Ins]]
[[Primary InsID]]
[[Guarantor]]
[[Primary InsGrp]]
[[Primary Auth#]]
[[GuarantorDOB]]
[[GuarantorGender]]

[[Secondary Ins]]
[[UCSecondary Ins]]
[[Secondary InsID]]
[[Secondary InsGrp]]
[[Secondary Auth#]]
[[SecondarySubscriber]]
[[SecondaryDOB]]
[[SecondaryGender]]

[[Nickname]]
[[Employer]]
[[Occupation]]
[[Chart#]]
[[UCFirstLastName]] UC means Uppercase
[[UCLastFirstMI]]
[[UCFirstName]]
[[UCLastName]]
[[UCNameTitle]]
[[UCSuffix]]
[[UCPrimary Ins]]
[[R]] Patient.Race
[[G]]
[[UCgender]]
[[Gender]]
[[He/She]]
[[he/she]]
[[His/Her]]
[[his/her]]
[[Him/Her]]
[[him/her]]

[[PatFullAddress]] Multi-line address
[[PatAddress1]]
[[PatAddress2]]
[[PatCity]]
[[PatState]]
[[PatPostalCode]]

[[CustomName#1]]
[[CustomValue#1]]
[[CustomName#2]]
[[CustomValue#2]]
[[CustomName#3]]
[[CustomValue#3]]
[[CustomName#4]]
[[CustomValue#4]]
[[CustomName#5]]
[[CustomValue#5]]
[[CustomName#6]]
[[CustomValue#6]]

PROVIDER/PRACTICE INFO

[[DrNameFull]]
[[PracticeName]]
[[ProviderFirst]]
[[ProviderLast]]
[[ProviderMI]]
[[UCDrNameFull]]
[[UCPracticeName]]
[[UCProviderFirst]]
[[UCProviderLast]]
[[UCProviderMI]]
[[PracticeTel]]
[[PracticeFax]]
[[PracticeEmail]]
[[PracticeWeb]]
[[PracticeAddress1]]
[[PracticeAddress2]]
[[PracticeCity]]
[[PracticeState]]
[[PracticeZIP]]
[[PracCityStateZip]][[PracticeFullAddress]]
[[GroupTIN]]
[[GroupMedicare]]
[[ProviderLic]]
[[ProviderDEA]]
[[ProviderDegree]]
[[ProvNPI]]
[[GroupTIN]]
[[GroupNPI]]
[[GroupMedicare]]
[[ProviderLic]]
[[ProviderDEA]]
[[ProvNPI]]
[[ProviderDegree]]

[[Final SRx]]
[[sphOD]]
[[cyIOD]]
[[axOD]]
[[addOD]]
[[addOD]]
[[prismOD]]
[[prismOD]]
[[sphOS]]
[[cyIOS]]
[[axOS]]
[[addOS]]
[[addOS]]
[[prismOS]]
[[prismOS]]
[[SRxNote]]
[[SRxRecommend]]

[[Final SRx]]
[[SpecRx]]

[[CLBrandOD]]
[[CLBCOD]]
[[CLsphOD]]
[[CLcyIOD]]
[[CLaxOD]]
[[CLDIAOD]]
[[CLparametersOD]]
[[CLBrandOS]]
[[CLBCOS]]
[[CLsphOS]]
[[CLcyIOS]]
[[CLaxOS]]
[[CLDIAOS]]
[[CLparametersOS]]
[[CLinstructions]]
[[CLRx]]
[[Final CLRx]]

[[Med Rx]]

FOR USE BY THE SOFTWARE (DO NOT ADD/REMOVE)

[[SRxTool]]
[[CLRxTool]]
[[MedRxTool]]

6.3.4.2 Rolodex Utility

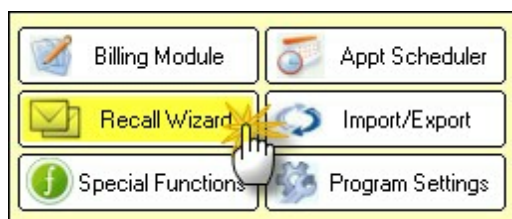
Allows managing of all your healthcare provider contacts (for example, consultants, PCP's, specialists and others). The Rolodex is automatically launched when reports include the Rolodex Field (for example, when writing a letter to a patient's PCP). You can add or modify existing entries simply by clicking the action buttons at the bottom of the screen.

Consultants - Doctors/providers to whom you refer patients
PCP - Primary care providers
Specialists - specialty medical providers (e.g. neurologists)
Facility - nursing homes or skilled health care facilities
Other - others that do not readily fit in the above categories

LastName	FirstName	Clinic
Chung	Paul	PCL
Field	William	MD Northwest Eye Surgeons
Ophthalmolo...	ANMC	Alaska Native Medical C...
Pedigo	David	OD

6.4 Recall Wizard

The Recall Wizard allows you to create and send recall notices to your patients. The tool is powerful enough to create specific patient lists for exporting also.



6.4.1 Creating a Recall List

Creating a Recall List is a three step process as shown on the Wizard:



Step 1 - Choose Patients for Inclusion

To begin the Recall process you need to select the Date Range:

Exam Date - selection is by the last exam date on file

Recall Date - selection is by the Recall Date you set (either when finalizing an encounter or on the HIPAA tab of the patient demographics screen)

Acquisition Date - selection is based on when the patient was originally acquired by the practice (date the patient was first entered in the system)

Select the date range that would encompass all the patients you are attempting to Recall. For example, you can select a one month period for the current month using the Recall Date option.



Recall & Marketing Wizard

1

STEP 1

Select the date range and/or other criteria to find the patients to contact.

Select Date Range

- ☐ Exam Date Range 3 / 1 /2010 To 3 /31/2010
☒ Recall Date Range 3 / 1 /2011 To 3 /31/2011
☐ Original Acquire Date Range 3 / 1 /2001 To 3 /31/2011

Patient Selection Criteria

- | | | | |
|---|---|--|-----|
| <input checked="" type="checkbox"/> Patient Age | 1 To 99 | <input checked="" type="checkbox"/> Provider | ALL |
| <input checked="" type="checkbox"/> Patient Gender | <input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Both | <input checked="" type="checkbox"/> Employer | ALL |
| <input checked="" type="checkbox"/> Primary Insurance | ALL | <input checked="" type="checkbox"/> Source | ALL |
| <input checked="" type="checkbox"/> City | ALL | <input checked="" type="checkbox"/> Occupation | ALL |
| <input checked="" type="checkbox"/> ZipCode | 00001 To 99999 | <input checked="" type="checkbox"/> Marital status | ALL |

The patient selection criteria allow you to further refine your Recall List by specifying certain required attributes (for example, all female patients over the age of 40). This can be useful for marketing outside the standard recall system.

Step 2 - Review the List of Patients

After clicking the green next arrow, a list of patients found will be presented. This list can be further refined and sorted.

Sort By

- ☒ LastName ☐ Zipcode
☐ LastExam ☐ PatientID

Sort Order

- ☒ Ascending/increasing
☐ Descending/decreasing

You have the option of excluding certain categories of patients (such as those marked "inactive" or "bad address").

Advanced Search/Sort

Excludes

- Would you like to exclude inactive patients? ☒ Yes ☐ No
 Would you like to exclude bad addresses? ☒ Yes ☐ No

To refine your list even further, click the "Advanced Search/Sort" button. This allows for removal of duplicates from the list (for example, family members at the same address will be consolidated to one mailing). A multi-level sort option is also available.

Advanced Sort & Exclusion Options



Make final adjustments to your selected patient group.

Additional Selection Criteria

- ☒ Exclude "inactive" patients
- ☒ Exclude patients with "Bad Address"
- ☐ Consolidate family groups to single listing
- ☐ Remove duplicate addresses (address + address2 + city + state + zipcode)
- ☐ Remove duplicate email
- ☐ Remove duplicate home telephone
- ☐ Remove duplicate PrimaryInsuranceID

Sort Order

Sort By	LastName	<input checked="" type="radio"/> Ascending	<input type="radio"/> Descending
Then By	FirstName	<input checked="" type="radio"/> Ascending	<input type="radio"/> Descending
Then By	Initial	<input checked="" type="radio"/> Ascending	<input type="radio"/> Descending

 **Okay**
 **Close**

Step 3 - Select the Contact Method

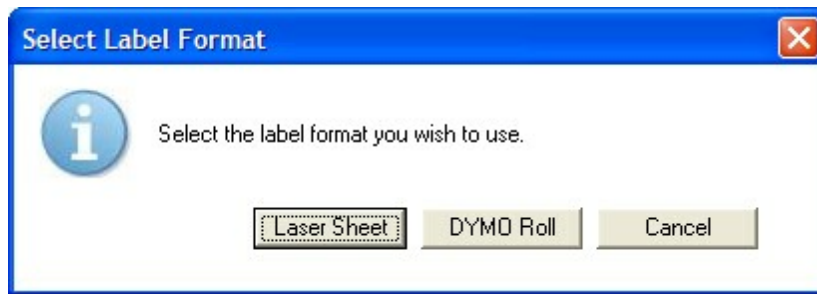
The last step to creating a Recall is to select how you want the data presented (based on how it will be used). This can be one of five methods:

Create Labels^[190]
 Create Form Letters^[194]
 Generate Email List^[195]
 Generate Phone List^[198]
 Export the Data^[202]



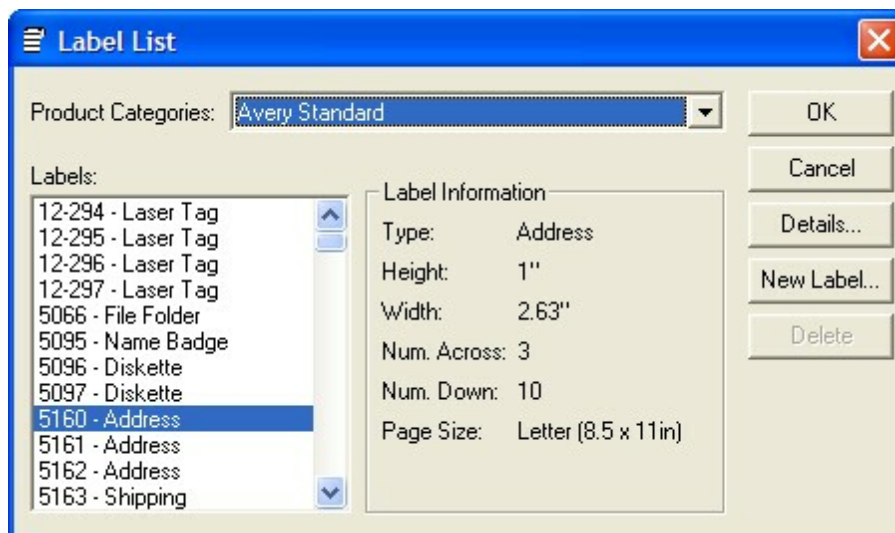
6.4.1.1 Create Labels

To create labels for a Recall mailing, click the Labels button. The Select Format dialog will display; choose either sheet (laser or inkjet) or DYMO printer roll. You must have a DYMO printer installed for this option to be available. Single or dual roll LabelWriter® printers are supported.

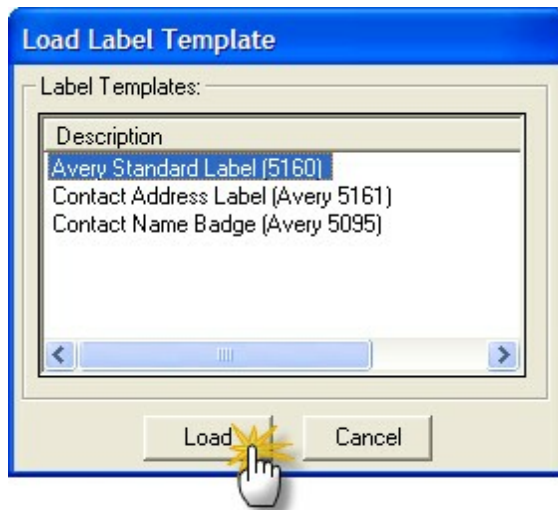


Using the Sheet Option

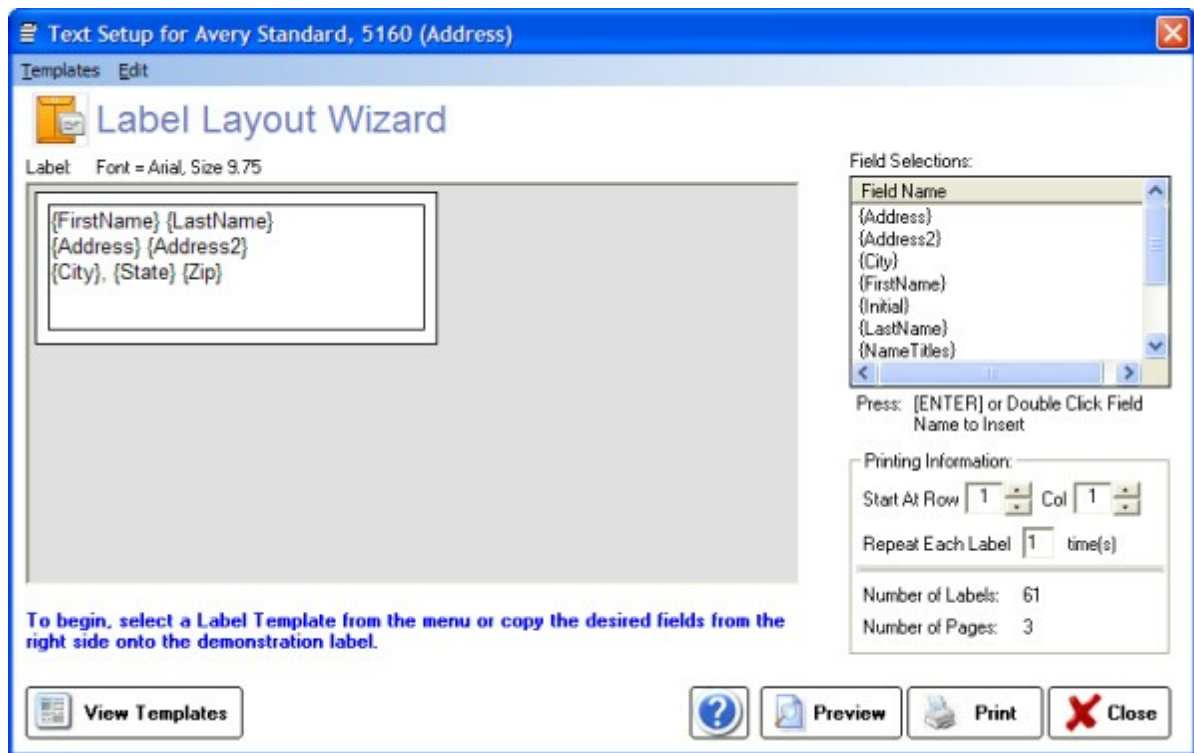
If you select the Sheet option you will first need to specify the correct labels. Using the standard Avery® label system numbers, you select the correct label number (e.g. for standard address use 5160 or 5161). You can click on a number to see the size and type. If you cannot find your label, use the New Label button to create a new one.



After you click OK, the Label Template dialog will show. A list of available templates (some pre-existing, some that you may have created) is displayed. Click on the one you wish to use (typically this would be the Avery 5160 label template to match the standard label) and click Load button.



The Label Layout Wizard will display with your select label layout displaying. You can alter the layout or just click Preview/Print to create your labels.



Add Fields

To add fields you double-click on the Field Selection list on the right side, then position them in the proper location on the label template. Use the Edit->Font menu at the top to set the label font.

Create Template

To create your own custom template, create the label layout you desire. Then select Templates->Save from the menu at the top. Choose a unique name that describes the label layout you created (typically you would want to use the Avery label number to keep things simple).



Using the DYMO LabelWriter® Option

The DYMO label printer makes printing labels very easy. Select the printer from the list (or the closest match). Be sure to do a test print to verify the positioning of your address fields. Then choose the correct roll (on dual systems) to begin the print job.

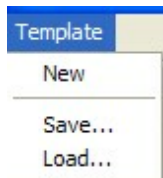


6.4.1.2 Create Form Letters

There are two views in the Form Letters section: Template view and Merged Document view.

Template View

This view allows you to edit the letter template (including a mix of data fields and regular text). To add text formatting (bold, fonts, etc) then create the document in MS Word or Wordpad first, then copy/paste into the template. Click **Template->Save** in the top menu to save your work.



Merged Document

Click the Show Merged Document button to preview what an actual letter will look like.



Use the arrows to navigate through the letters. Click the Print All button to printout the merged letters.



6.4.1.3 Generate Email List

If you wish to generate a list of email addresses (for those patients that have one entered), use this utility. Currently, you must export the list of email addresses to be used by a third-party email service.

A screenshot of a web-based dialog box titled 'Export Patient List' with a blue header bar. Below the title bar is a sub-header 'Options for Viewing/Exporting Email List' in blue italicized font, preceded by a calendar icon with the number 12 and a circular arrow. The main content area has a light gray background. It starts with the question 'What format would you like the patient list to be generated in?'. Below this are two options: 'Universal CSV' with a document icon and a selected radio button, and 'Microsoft Excel' with an Excel icon and an unselected radio button. Next is the instruction 'Give your List a descriptive file name (or use the default suggested below). Do not use backslash \' in the name.' followed by a text input field containing 'Email_List_Export_201103051434'. Then is the question 'Would you like add an entry with your email address (useful to validate mass mailings)?' with 'Yes' selected and 'No' unselected. Below that is 'Should column headings be included in saved list?' with 'Yes' selected and 'No' unselected. At the bottom, there is a MailChimp logo, a 'More Details' link, a help icon (question mark in a circle), a 'Save' button with a floppy disk icon, and a 'Close' button with a red X icon.

You can export to two formats:

Universal CSV Format - this is the standard comma-separated values. Lines in the text file represent rows of a table, and commas in a line separate what are fields in the tables row. The first record in a csv file usually contains column names in each of the fields (make sure the "Should column headings be included" is checked as yes).

Microsoft Excel Format - output is in Excel 2000 format ("xls" extension). This allows easy opening by Excel or similar spreadsheet programs.

6.4.1.3.1 Using "Mail Chimp"

Mail Chimp (www.mailchimp.com) is a low-cost, high-feature email service that can manage your email campaigns. Currently, they allow up to 2000 names with no charge.



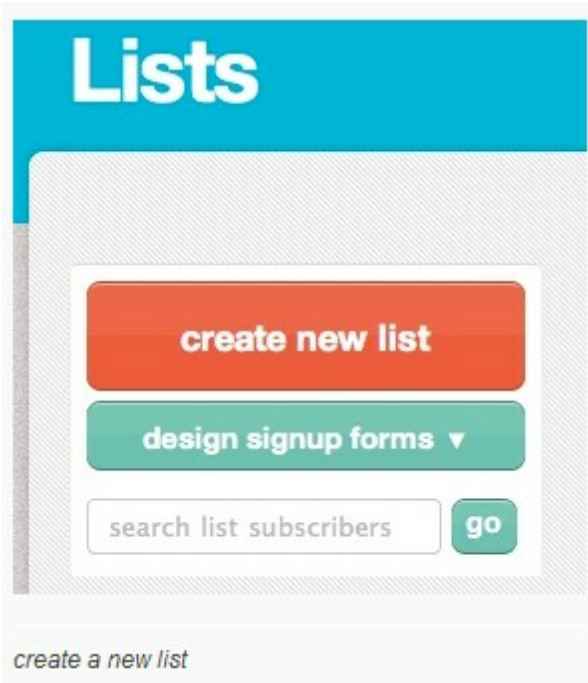
To use Mail Chimp, you must first sign up for a free account. Then, once you are logged in, you can create an email campaign. It's a three step process that the website will work you through.

Getting started with MailChimp is easy ...

- 1 Create a list [go »](#)
- 2 Create a campaign [go »](#)
- 3 View campaign reports [go »](#)

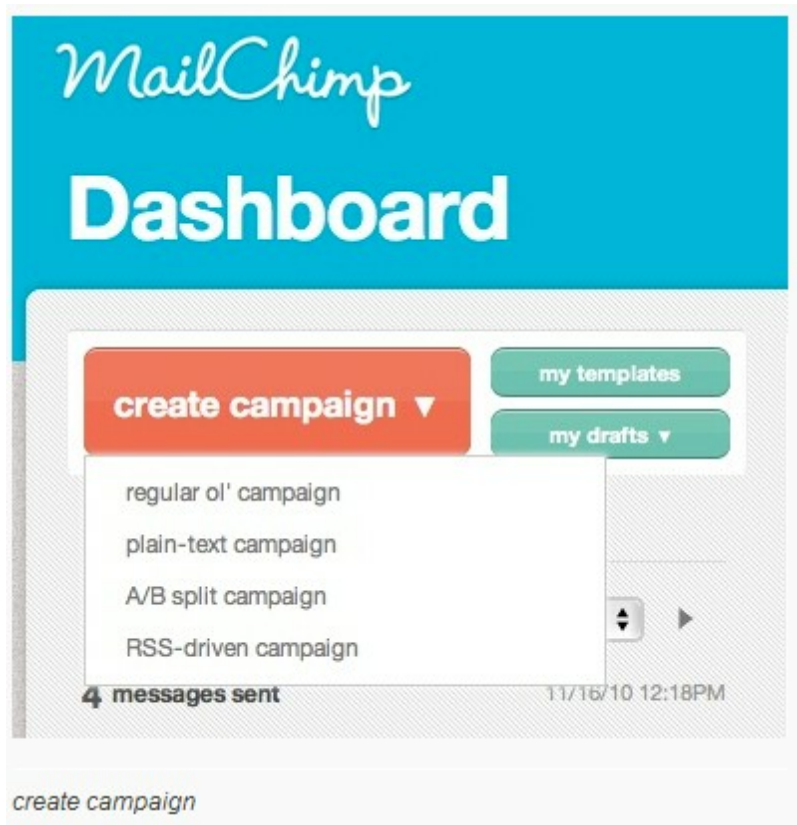
Step 1 - Create and Import your List

The very first thing you should do is setup a managed list. This is because you can't really create and send an email campaign until you have a list to send it to.



Step 2 - Setup a Campaign

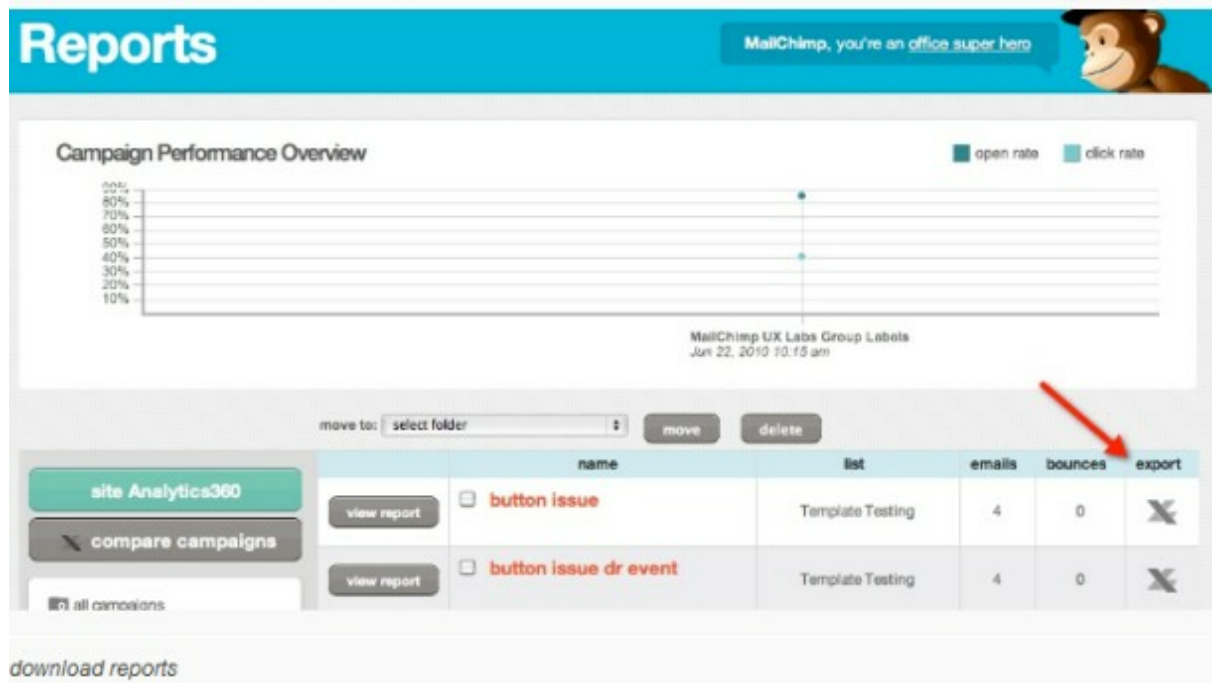
Now that you have a list to send an email to, let's create an email!



Step 3 - Reports

We'll show you how many times you opened and clicked in the test campaign, how many bounces you got, and more.

To download your reports per campaign go to *Reports* > find the campaign whose reports you want to view > click on the Excel icon to the right of your campaign title.



6.4.1.4 Generate Phone List

Phone lists can be either previewed as a list on the screen or exported as a file (for upload to an automated phone blaster service, such as Dial My Calls).




Preview List

The preview list can be used as a call list. It displays the patient's name, nickname, home and day phone numbers, and the insurance plan (if any).

Export List

The export feature allows exporting of the list of names/phone numbers in either CSV or MS Excel format.



Export Patient List

Options for Viewing/Exporting Phone List

What format would you like the patient list to be generated in?

☒ **Universal CSV** ☐ **Microsoft Excel**

Give your List a descriptive file name (or use the default suggested below). Do not use backslash '\' in the name.



File Name:

Would you like add an entry for your phone number (useful to validate call blasts)?

☒ Yes ☐ No

Should column headings be included in saved list?

☒ Yes ☐ No

 [More Details](#)   **Save**  **Close**

6.4.1.4.1 Using "Dial My Calls"

DialMyCalls (www.dialmycalls.com) lets you send voice or text messages to an entire phone list in seconds. No hardware or equipment to buy - you simply record and send your message out to 2 or 200,000 phone numbers within minutes.



Setting Up A Call

Using the "Setup A Call" tab in the control panel, you can setup a call to a group of people in minutes. Follow the three steps below.

Step 1:
Create a new message to be played to your callers. Or, if you have used the system before you can choose from one of your previously used recordings.

Step 2:
Create a list of people you'd like to send your call out to. You can send calls to your existing call list(s) or create a new one from this step.

Step 3:
Lastly, you simply select a few call options for this call such as the Caller ID display info. Then choose to send the call right now or a date & time of your choice.

Manage Your Contacts

From your My Contacts tab, you can easily add, remove, and modify your call lists. Our call group features make it easy to manage multiple calling lists from one account. lists from one account.

Organize your contacts into call groups to keep them separated. Make calls to individual groups or all your groups with ease.

Add new contacts to your list quick & easy. You can add them individually or copy and paste in a group of phone numbers. You may also import contacts from an Excel or CSV file.

Modify or delete your contacts with the click of a mouse. Also you can add or remove contacts from your call groups easily.

ALL	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Last Name	First Name	Phone Number	E-mail Address	Details	Delete																					
<input type="checkbox"/>	Jake	(555) 555-1212			<input type="checkbox"/>																					
<input type="checkbox"/>	Doe	(652) 555-1212	janedoe@dialmycalls.com		<input type="checkbox"/>																					
<input type="checkbox"/>	Doe	(212) 555-1212	janedoe@dialmycalls.com		<input type="checkbox"/>																					
<input type="checkbox"/>	Johns	(305) 555-1212	johnndoe@dialmycalls.com		<input type="checkbox"/>																					
<input type="checkbox"/>	Johnson	(305) 555-1212	brittany@dialmycalls.com		<input type="checkbox"/>																					
<input type="checkbox"/>	Johnson	(561) 555-1212	gjohnson@dialmycalls.com		<input type="checkbox"/>																					
<input type="checkbox"/>	Johnson	(516) 555-1212			<input type="checkbox"/>																					
<input type="checkbox"/>	Jones	(817) 555-1212			<input type="checkbox"/>																					
<input type="checkbox"/>	Jones	(919) 555-1212	mjones@dialmycalls.com		<input type="checkbox"/>																					
<input type="checkbox"/>	Matthews	(615) 555-1212			<input type="checkbox"/>																					
<input type="checkbox"/>	Smith	(213) 555-1212			<input type="checkbox"/>																					
<input type="checkbox"/>	Smith	(813) 555-1212 x4			<input type="checkbox"/>																					

Manage Your Recordings

Recordings are messages or greetings that you create that are played for your call recipients. You can add, modify or delete all your recordings at any time. There are 3 different options for creating recordings:

- **Record Over Your Phone**

Put in a phone number and our automated system will call you and let you

record your message right over the phone! You can preview and re-record until you're satisfied with your greeting. This is by far our most popular method.

- **Upload A MP3 or WAV File**

This method is usually the choice of larger companies or people that have professionally recorded messages. Using the web interface, you can upload any MP3 or WAV audio file and use it for the message to be played to your call recipients.

- **Use the Text-to-Speech Tool**

The Text-to-Speech engine is a voice synthesis tool that will allow you to type a message and have it converted to a digitized male or female voice. This is a great solution when you don't have time to record a message but need to send a call out quickly.

DialMyCalls.com
you record it, we send it...

Logged into the Dial My Calls Control Panel
Account: Demonstration Account (logout)

SETUP A CALL | MY CONTACTS | RECORDINGS | CALL REPORTS | MY ACCOUNT | SUPPORT

My Recordings

Currently Available Recordings

Date Added	Name Of Recording	Voice Gender	Type Of Recording
04/16/08 7:45 PM EST	Camping Trip!!!	Female	Sound File
04/16/08 7:49 PM EST	Friday Meeting Reminder	Female	Phone Recording
04/11/08 2:26 PM EST	Todds Bachelor Party Reminder	Male	Text-to-Speech
04/10/08 1:18 PM EST	Tommys B-Day Party		
04/16/08 7:45 PM EST	Tornado Warning Mess		

Create A New Recording

Name of Greeting:

Voice Gender:

Greeting Type:

Create as many greetings as you want and keep them in your account for later use.

Listen to your recording, edit it, or delete it from your account.

We have 3 easy ways to create new greetings: Over the phone, uploading a WAV file, or using a Text-2-Speech tool. Read above for details on how they work.

Detailed Call Reports

After your calls have been sent out, you can receive complete breakdowns of your call status. You'll be able to see which calls were picked up, which ones went to voicemail and if there were any numbers with problems, such as invalid or disconnected phone numbers. You can even download your call reports into a spreadsheet.



6.4.1.5 Export Data

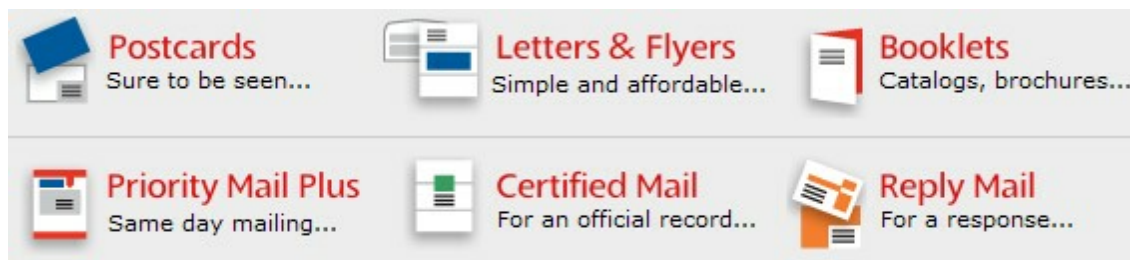
The Export Data function is a generic method to get your recall data out of the software into a standard file format (either universal CSV or MS Excel). Typically this method is used to create mailing lists that you send to third-parties such as Click2Mail (an approved USPS partner).



To open the file in Microsoft Excel, double-click the file (in the folder you saved it in) and it will display (if you have Excel installed).

6.4.1.5.1 Using "Click2Mail"

Click2Mail's (www.click2mail.com) "Easy Letter Sender" has simple fill-in forms making it easy, quick, and affordable to send a letter (with or without images) or a picture postcard. So easy, you can jump right in and start your mail piece in minutes. Other more advanced letter types are also available.



All you need is a few basic pieces of information

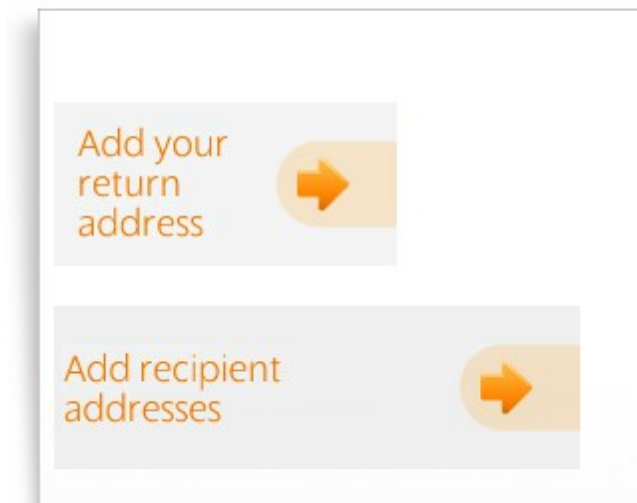
1. Return address: This is the name and address to which you want the mailpiece returned if it is undeliverable.

2. One or more recipient addresses: Enter one or more names and addresses or choose "Import addresses" to upload a list saved as a CSV file. A list template for use with Microsoft Office Excel is available [here](#) and when you choose "Import addresses" on the Recipient address fill-in screen.



Using the default font and size, page one of your letter holds 23 lines of text, or roughly 350 words, while subsequent pages hold 37 lines. Using the text editor, you can choose other fonts and sizes to produce different results. You regulate the number of pages you create by the amount of text you include in the text box. If you add more text than will fit on a page, the next page is automatically generated (10 page maximum). You will see how the pages are divided when you click "Preview".

Fill in your information



6.5 Importing/Exporting Patient Data

Using the Import/Export wizard you can easily import patients from your existing Practice Management or EHR software. Alternatively, you can export patient demographics or reports/Rx's to text/PDF format.



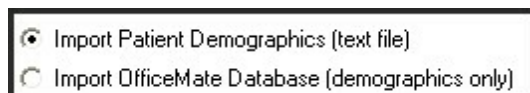
Importing Data²⁰²¹
Exporting Data²⁰²¹

6.5.1 Importing Data

WARNING: When you import data into ezChartWriter, please review the column matches closely. If the data does not appear to match, then DO NOT IMPORT until you have found the matching fields (or marked them "unmatched"). Once you import patient data, there is no undo function!



There are two options for Importing Data:



(1) Importing from a text (csv, comma separated values) file. This option works with files that you create by exporting to text format from your current software.

(2) Importing directly from an OfficeMate database. This pulls the patient demographics only.

Using the Import Wizard

The Import Wizard helps you quickly and easily populate your new database with existing patients. It is, however, a basic tool. It will import patient demographic information (such as name, address, telephone, DOB, insurance info and other identifiers). The wizard requires the data to be in a standard text format such as CSV (comma-separated values) or tab-delimited.

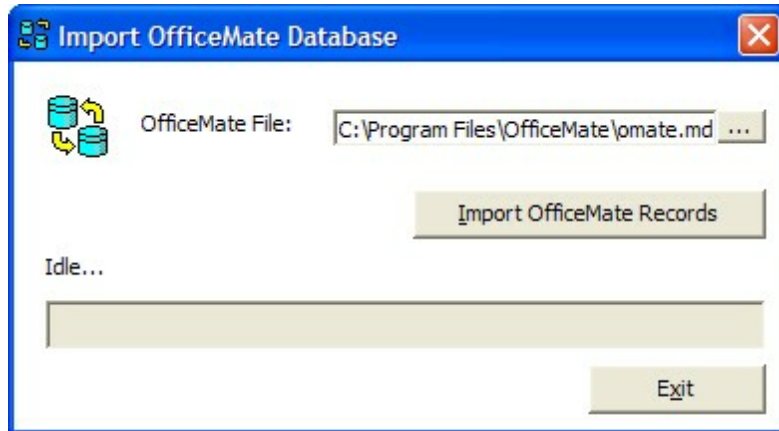
The current version of the Import Wizard will not allow you to import EMR or billing information. This type of data is too complex for the Wizard (smart as it may be). If you wish to populate your new database with more detailed information from your current practice management and/or EMR system, please contact Tech Support at support@ezchartwriter.com for details and pricing on database conversion services.

If you get errors, or have other problems importing your patient data, it may be necessary for us to

manually convert your data for you. There will be no charge if we can use your current text-based import file and we are importing only the data that the Wizard would normally handle. Additional fees will apply if your current software cannot generate an Export file or if you need addition and/or custom data imported.

OfficeMate Database Import

Use this utility to import the patients from the OfficeMate database directly into ezChartWriter. Only the patient demographics will be imported.

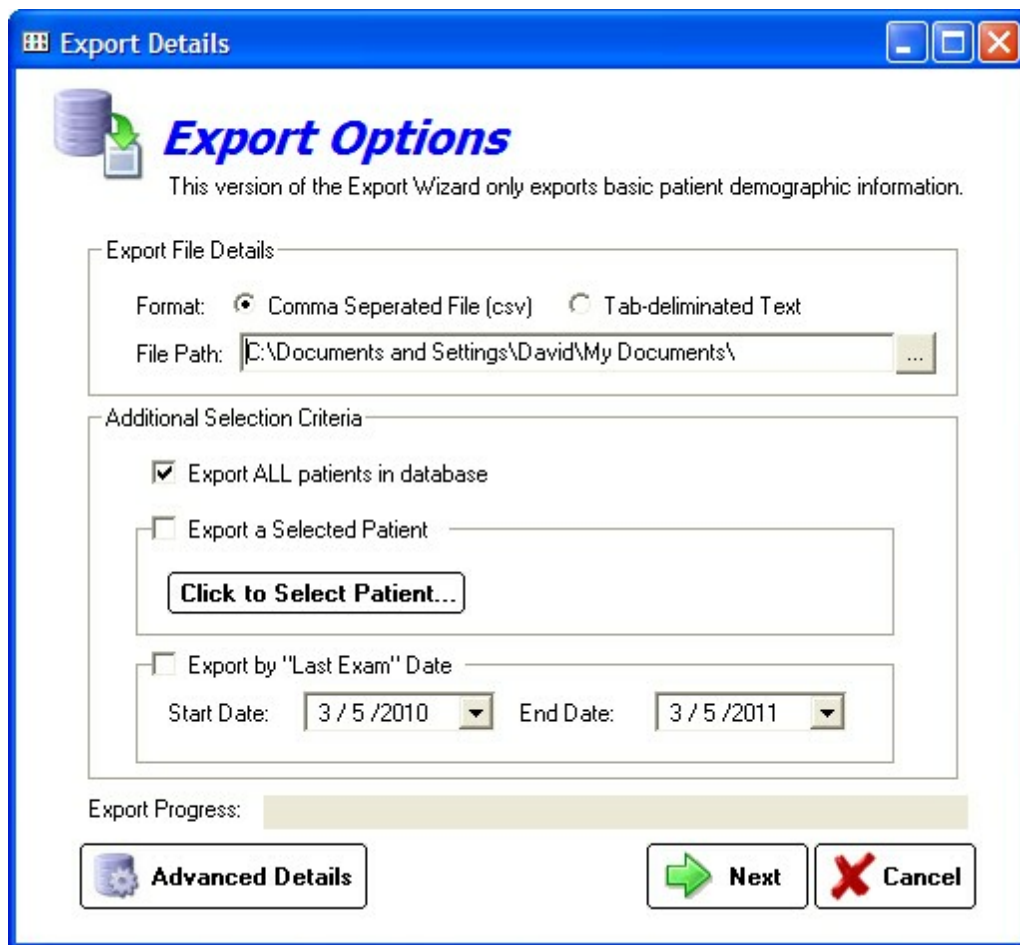


6.5.2 Exporting Data

There are two options for exporting data:

- ☐ Export Patient Demographics (Excel or Text Format)
- ☐ Export Reports/Rx's to PDF or Microsoft Word format

(1) Export to a text or Excel File. This option allows you to export all patients or just a selected patient. You can also export by Last Exam date. The data exported is basic demographics (name, address, birthdate, etc), although if you use the Advanced button you can select more fields to export (not encounters or reports however).



Export Details

Export Options

This version of the Export Wizard only exports basic patient demographic information.

Export File Details

Format: ☒ Comma Separated File (csv) ☐ Tab-delimited Text

File Path: C:\Documents and Settings\David\My Documents\

Additional Selection Criteria

☒ Export ALL patients in database

☐ Export a Selected Patient

Click to Select Patient...

☐ Export by "Last Exam" Date

Start Date: 3 / 5 / 2010 End Date: 3 / 5 / 2011

Export Progress:

Advanced Details **Next** **Cancel**

(2) Export reports/Rx's to PDF or MS Word (text editable). This can be useful for printing all the documents in a patient's chart (except for the Encounter itself, which are printed from within the encounter).



6.6 Program Settings

The Program Settings button allows for customization of ezChartWriter.



General Settings

General Settings

Date Format to display in Encounters
mm/dd/yyyy Date Preview: 03/05/2011

Date Format to display on Reports
MM/dd/yyyy Date Preview: 03/05/2011

☒ Auto-select provider for reports/Rx's as currently logged user
☐ Auto-select HIPAA notification for each new patient

Default report to use for Record Release:
Record Release Request

Manage CPT Codes Manage ICD-9/10 Codes

Date Format for Encounters

Allows customization of the way a date is displayed throughout the software (for example, mm/dd/yyyy format). You may use one of the three predefined formats or create your own.

Date Format for Rx/Reports

Allows customization of the way a date is printed on reports (for example, mm/dd/yyyy format). You may use one of the three predefined formats or create your own.

Auto-select provider for reports/Rx's as currently logged user

Determines whether the current user is selected as the provider for certain reports/Rx's.

Auto-select HIPAA notification for each new patient

Automatically create a HIPAA notification entry for any new patients. This indicates the patient was provided a copy of the clinic's privacy protection practices.

Default Report for a Record Release

Select the default report for use when the user clicks the Print Record Release Form on the Patient Demographics window (under the HIPAA tab). Default setting is the report "Record Release Request".

Manage CPT Codes

All the codes you need to bill for services and products can be entered in the Products & Service Codes screen. Some standard codes are pre-populated, but you will need to edit the Fee and Tax fields to reflect your practice fee schedule.

Manage ICD-9/10 Diagnosis Codes

You can add, delete, or edit the Diagnosis Codes (ICD-9 or ICD-10) using this utility. These codes are used on the FeeSlip in the diagnosis column and in the Assessment/Plan section of an Encounter.

User Details

User Details

First Name Ima	MI K	Last Name Doktor	Degree/Suffix OD								
Title/Position	<table border="1"> <thead> <tr> <th>ID Type</th> <th>ID Number</th> </tr> </thead> <tbody> <tr> <td>OtherID1</td> <td></td> </tr> <tr> <td>OtherID2</td> <td></td> </tr> <tr> <td>OtherID3</td> <td></td> </tr> </tbody> </table>			ID Type	ID Number	OtherID1		OtherID2		OtherID3	
ID Type	ID Number										
OtherID1											
OtherID2											
OtherID3											
State Lic# 084844											
DEA#											
UPIN											
NPI 1093948844											

Security Settings

UserName: idoktor Change Password

Security Setting: **Level 10** Type: **Provider**

☒ Set me as the default user for this computer

This screen allows the user to modify their own information, including license and insurance ID numbers. Certain items (such as security level and user type) can only be modified in the Admin settings.

User Name/Password

You can change the username here as well as the password (if the current password is known; otherwise the Administrator¹⁰⁴ account must be used to reset it)

Security Setting

The user security level is visible (but only modifiable by the System Administrator⁸⁵). The user can, however, change their username or password on this screen.

Set me as the Default user

On each computer (network or solo), the default username displayed at startup (on the LOGIN screen) is determined by this setting. The user who primarily uses this computer should check this box.

Folder Paths

Folder Paths

Set Default Folders:

Default folder to save created PDF copies:
C:\ezHW_Data\Documents\

Default folder to store Patient Photos:
C:\ezHW_Data\Photos\

Default folder to store Attachments/Scanned Docs:
C:\ezHW_Data_ALASKA\Documents [cannot be modified]

Default folder to store Database Backups:
C:\ezHW_Backup\

Set default locations for the following folders:

Path to PDF documents

When saving a PDF version of a report or Rx, this is the default location when asked to save file. Typically this would be your "My Documents" folder.

Path to Patient Photos

If you are capturing patient photos to include in the Patient Demographics window, this is the default location to store them. Typically this should be "C:\ezHW_Data\Photos".

Path to Database Backups

The default location where ezBackup stores backup images of your database.

Custom Lists

List Item	Additional Data
Blue	
Brown	
Green	
Grey	

Throughout ezChartWriter, there are various lists and choices that can be customized. You may edit or add to these lists by performing one of the following:

- Selecting list to edit in the dropdown box at the top.
- Clicking on the item to edit, or alternatively, selecting the NEW button to add an item to the list.

Report Settings

Report Settings

Set Default Margins and Page Setup for:

Select Default Reports to Use for Rx Viewing/Printing

	Default Report to Use	Default Report Title
Blank Rx:	Medication Rx	
Med Rx:	Medication Rx	Med Rx
Spec Rx:	SRx (2 year expiration) - Grid Format	Spectacle Rx
CL Rx:	Contact Rx (2 yr Exp) - Grid Format	CLRx

☐ When closing reports, Auto Save instead of prompting to save.

Default Margins

The margin to use for reports, letters, Rx's and encounter printouts (if not set in the Report Designer) or otherwise not specified. This setting applies globally to all reports that do not allow you to set individual margins (e.g. when printing notes).

Default Report to Use

Allows the default report for each Rx type to be selected, as well as setting a default title. The four main Rx categories are: Blank Rx, Medication Rx, Spectacle Rx and Contact Lens Rx.

Auto Save

In some cases, you can specify that the software save your report without being prompted first.

Tool Settings

Tool Settings

Diopter Step Selection

☒ Default to 1/4th steps
☐ Default to 1/8th steps

Mouse button for fine diopter movements:

☒ Left Button
☐ Right Button

☒ Automatically copy first CL brand to other eye
☐ Include DEA#

☒ Save all new Rx's to LogBook
☒ Open to "ExamSheet View"

Select Default Font to use for Rx Data (inserted text)

Blank Rx:	Arial	11
Medication Rx:	Courier New	11
Spectacle Rx:	Arial	11
Contact Lens Rx:	Arial	11

Default Rx Type (Wizard Tool)

☐ Blank Rx
☒ Medication Rx
☐ Spectacle Rx
☐ Contact Lens Rx

Allows customization of the Rx Tools in ezChartWriter. The available options include the following:

Diopter steps

Applies to spectacle and contact lens Rx's. Can be either the standard 1/4 steps or in 1/8th steps (rounded to 2 digits however).

Mouse button

For fine adjustments on spectacle or contact Rx tools. Basically, this allows for the reversal of the effect of clicking on the right or left button. The default for fine movements is the left button (i.e. clicking with the left button increments or decrements the power by the default diopter step amount; the right button “jumps” to the clicked location).

Automatically copy first CL brand to other eye

Auto copies the selected contact lens brand from right eye to left (default is true) in the Contact Lens Tool.

Save all new Rx's to LogBook

Default is true; can be overridden when creating Rx with the Rx wizard.

Set default fonts

Set default fonts for the Rx data being inserted into reports. This can be modified if your reports are exceeding a full page when Rx data is inserted.

Default Rx Wizard

No longer used; the Multi-Medication wizard allows you to select the tool you wish to use.

Insurance List

The Insurance List allows for custom entry of any insurance plan you accept. The information you enter will appear on the claim exactly as you enter it.

Manage Insurance Companies

Insurance Company List

AARP Discount
Administrators West
Administrators West/Oregon
Adult Learning Programs of AK, Inc
Advantica Eye Care
Advantira Freedom
Aetna
Aetna Discount
Aetna/US Healthcare
Aetna-Microsoft
AK Medicaid - ACS
Alaska Laborers H&S Fund
AmeriBen/IEC Group
APIA Health Dept
ARM, Ltd Northwest
AV/MA Group Health and Life Insurance T
Banner Health
Benesight
Blue Cross of Washington & Alaska
Boeing Selections/Regence
Boeing Traditional
Carpenters Trust
CBSA Performax
Cement Masons & Plasterers Trust
Cigna
Cigna Healthcare
COD

Company Name
Address
City
State
Zipcode
Telephone
Fax Number
Payer ID
Insurance Notes

New Edit Delete Save Changes

Close

6.7 PreTesting Module

[IN DEVELOPMENT]

The PreTesting module is in development. It will allow for entering of basic pretest information (e.g. visual acuities, lensometry readings) before an actual encounter is opened/created.

6.8 Software Versions

During the Trial period you may download and try any of the various version of ezHealthWare software. Once you have licensed the software, the database will only be associated with the software you have purchased.

	\$89.00 annual license Basic patient demographic management with appointments and insurance claim billing.
	\$129.00 annual license Everything in ezFrontDesk plus the ability to generate printed or electronic Rx's.
	\$189.00 annual license Hybrid of electronic patient charts with scans of your existing paper charts. Includes ability to print/electronic Rx's.
	\$199.00 annual license A full-featured EHR system designed for optometrists and ophthalmologists. Includes creation of printed or eRx's.

How the different versions of the software compare:	ezFrontDesk	ezScriptWriter	ezScanYourCharts	ezChartWriter
Patient Demographics	✓	✓	✓	✓
Patient/Insurance Billing	✓	✓	✓	✓
Appointment Scheduling	✓	✓	✓	✓
Marketing/Recall Letters	✓	✓	✓	✓
Attach Documents	✓	✓	✓	✓
Print Letters/Handouts	✓	✓	✓	✓
Print Prescriptions/Rx's	✗	✓	✓	✓
Logbook of Rx's Given	✗	✓	✓	✓
Scan Documents to Chart	✗	✗	✓	✓
Full Electronic Medical Records	✗	✗	✗	✓

6.9 Misc Functions

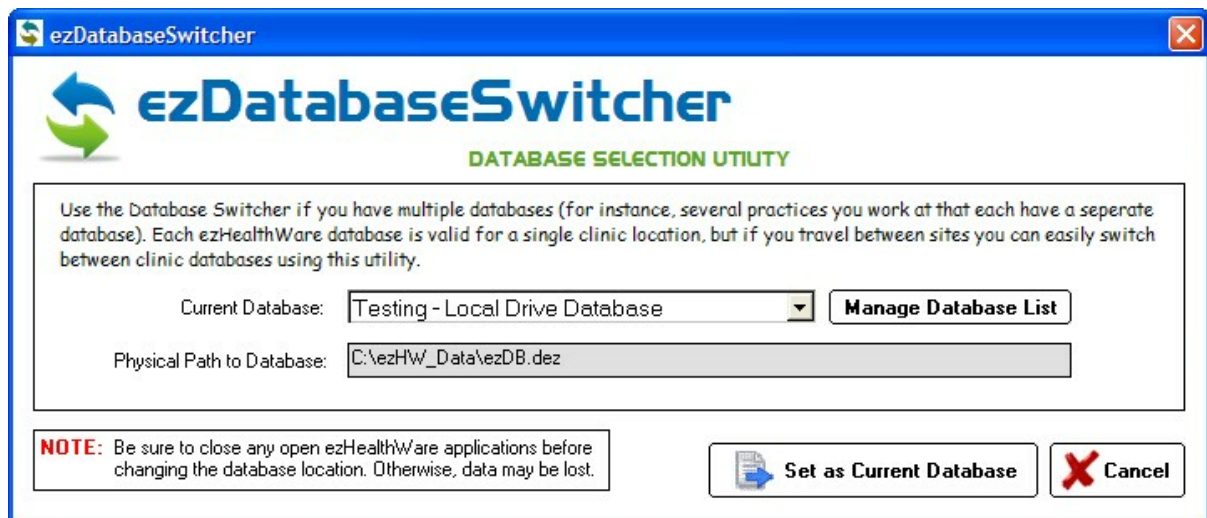
Below are some of the miscellaneous functions you may need from time-to-time in the software.

Database Switcher

If you are using more than one database (for example, you travel between two offices and prefer to have separate databases or you work part-time doing nursing home visits) then the ezDataBaseSwitcher will allow you to change between databases with ease. The primary requirement is that the databases are kept in separate folders (whether on different computers or just different folder names). For example, you could have a laptop with two databases: one located at "C:\ezHW_Data_MainOffice" and the second at "C:\ezHW_Data_SecondOffice." To utilize both databases setup two databases by clicking the Manage Database List->New button sequence. Then by changing the database in the dropdown you can alternate between the two.

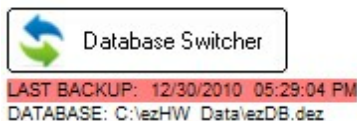


WARNING: Be sure to close all ezChartWriter modules on this computer, since any running modules will crash if the database path is changed while running. Use the ezForceClose utility if necessary. Otherwise, possible database damage could occur.



Backup Status Bar

The last backup date is presented at the bottom left of the screen. If it has been a few days since the last backup you will see it appear in red.



Getting Help



The quickest way to display the help is to press F1. If context-sensitive help is available it will be displayed automatically.

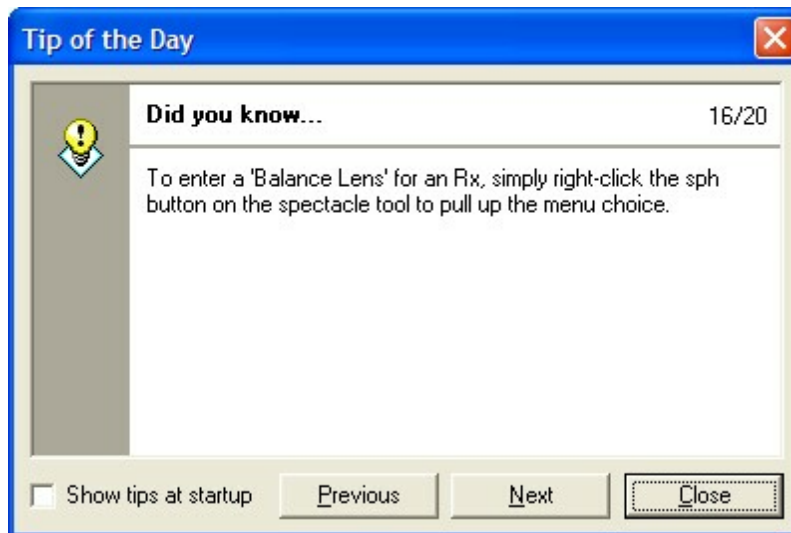


Most of the screens in ezChartWriter have a Help button that displays relevant information.

Help Select the Help item in the menu bar for additional help options.


Tip of the Day


Displayed when the software first starts, you can disable the Tips by unchecking the "Show tips at startup" box. You can re-enable at any time by using the Help->Tips menu.



Suggest Features

Use this utility (found under Help->Suggest a Feature in the top menu). Use the Upload button at the bottom to send the suggestion directly to our server. We review these suggestions and incorporate them into the software when feasible.

 **Make a Suggestion**

 **Have an idea? Make a suggestion to improve our software**

Please upload your suggestion report to our website or print form, fill out completely and FAX or MAIL to us. Your help is greatly appreciated!

Suggestion Form

Name/Clinic: Main Street Optical

Your Name: Ima K Doktor, OD

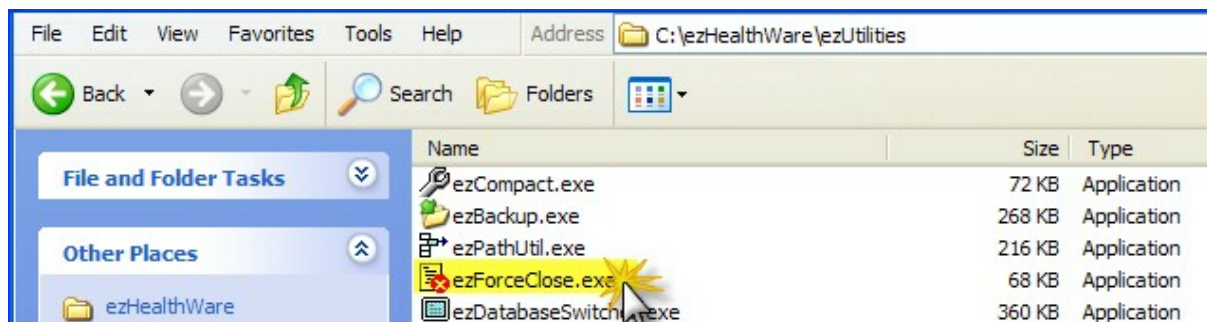
When you submit your suggestion, it will be used to improve future versions of the ezChartWriter software applications. We may not be able to incorporate every potential idea (due to technical difficulty or poor fit with software goals). However, in many cases, your suggestions are directly incorporated into the software. If you have found a feature that doesn't work as expected, it may be a bug. (Please report it using the Bug Report Form.)

We highly encourage you to submit reports regularly. If you really like a current feature, let us know (that way we will be less likely to remove it!)

Other Utilities

ezForceClose

Located in the Program Files (x86)\ezHealthWare\ezUtilities folder, the ezForceClose program will close all ghost copies of the software running on this computer. .

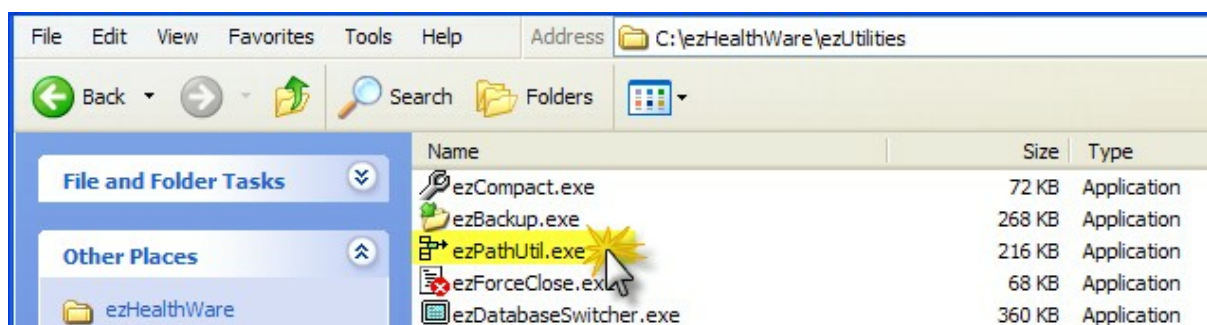


Note that if you have open work in ezChartWriter you should save it first.

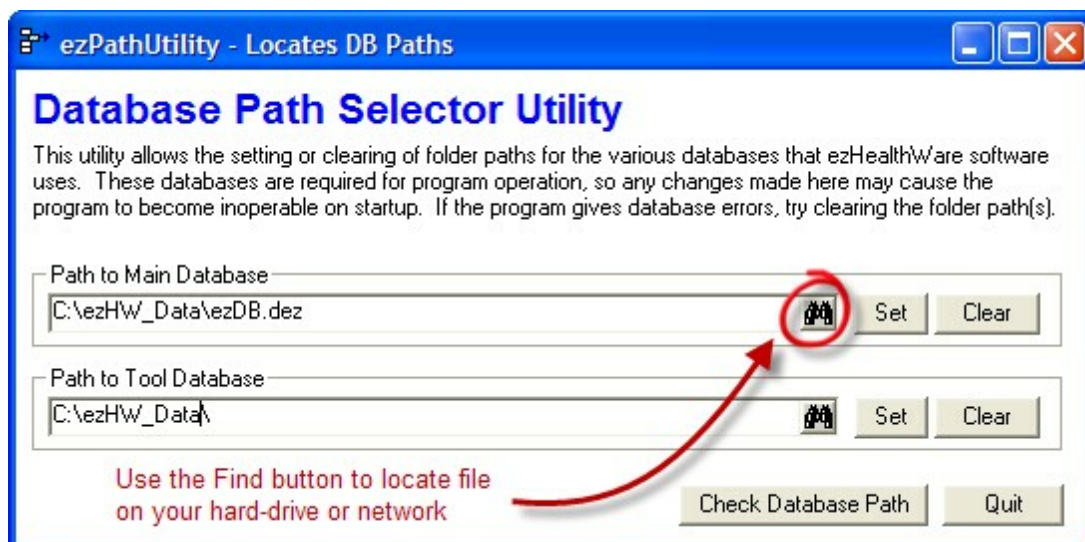


ezPathUtil

This utility allows the setting or clearing of folder paths for the various databases that ezHealthWare software uses. These databases are required for program operation, so any changes made here may cause the program to become inoperable on startup.



If the program cannot find the database on startup, try using the Find buttons to locate them. If you are re-installing the software and want a "Fresh Start" with a clean, new database use the Clear button to reset the location to the database.



If there is concern that a networked computer is not connecting, you should verify that the path is correct. Use the Check Database Path to pull up a report of the connection status. It's a good idea to printout this report for each computer on your network in case you ever need to re-enter the paths for some reason.

```
DATABASE CONNECTION:
ezDB (GlobalSettings): PASS
ezDB (PatientList): PASS
ezToolData (Preferences): PASS
```

6.10 ePrescribe

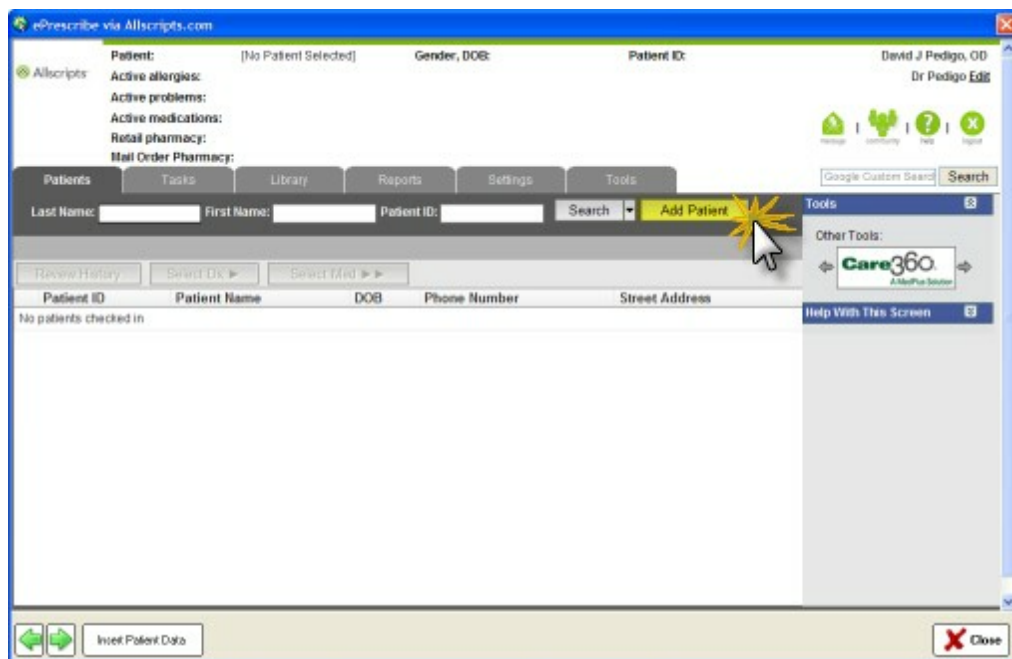
You can open the recommended ePrescribing website from the Main Screen or from the Multiple Rx Tool. A browser window will open (note that ePrescribing requires internet connection to function).



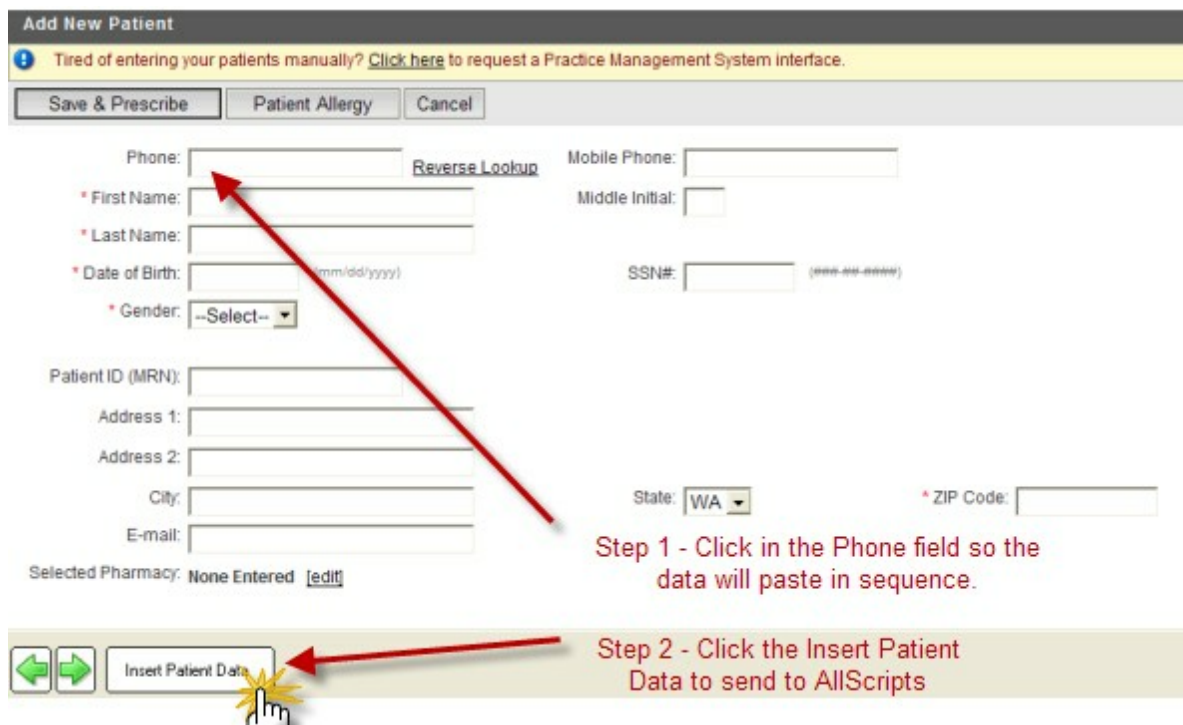
If you have an existing AllScripts account enter your UserID and Password to login. If you don't have an account yet, click the "Create an account" link to sign-up (it's free).

A login form with a light gray background. It contains two text input fields labeled 'User ID' and 'Password'. Below the password field is a checkbox labeled 'Remember my User ID'. A 'Log In' button is below the checkbox. At the bottom, there are three lines of text: 'Don't have an ePrescribe User ID? Click here to create an account.', 'Can't log in? Click here', and 'Heading out? Prescribe for your patients on the go! Click here to learn more.' A mouse cursor is pointing at the 'Click here to create an account' link.

Once you are logged in, you must create a new patient account in AllScripts so your prescription can be sent to the Pharmacy:



Once the Patient Data screen appears, you will need to upload the patient to the AllScripts webpage. Do this by clicking in the Phone field (to align the data sequence) and then clicking the **Insert Patient Data** button at the bottom of the screen.



The patient should show up in the AllScripts Patient List, but if it does not enter the last and first name to Search.

Last Name: First Name: Patient ID: Search

Review History Select Dx **Select Med**

Patient ID	Patient Name	DOB	Phone Number	Street Address
000001	Sample, Joe E	12/30/1967	425-555-8888	123 South Street
1222 333-4444	Sample, Joe	12/30/1967	222-333-4444	

Make sure the patient is selected (black dot next to patient name) and click the Select Med button to begin the process of entering a prescription.

Choose Medication Search ☐ Patient History ☐ My History ☒ All

No medications

Coverage: None Available

Back Add to S

Medication And Sig

Tobra
TobraDex
TobraDex ST
Tobramycin
Tobramycin Sulfate
Tobramycin Sulfate in Saline
Tobramycin-Dexamethasone
Tobrasol

Enter a partial medication name to view available list.

Usually you want to select "All"

Choose Medication Search ☐ Patient History ☐ My History ☒ All

Coverage: None Available [Review Med History](#)

Back Select Sig

	Drug Name	Strength	Unit	Dosage Form	Route
<input type="radio"/>	<u>Gentamicin Sulfate</u>			Powder	Does not apply
<input type="radio"/>	<u>Gentamicin Sulfate</u>	0.1	%	Cream	External
<input type="radio"/>	<u>Gentamicin Sulfate</u>	0.1	%	Ointment	External
<input type="radio"/>	<u>Gentamicin Sulfate</u>	0.3	%	Ointment	Ophthalmic
<input checked="" type="radio"/>	<u>Gentamicin Sulfate</u>	0.3	%	Solution	Ophthalmic
<input type="radio"/>	<u>Gentamicin Sulfate</u>	10	MG/ML	Solution	Intravenous
<input type="radio"/>	<u>Gentamicin Sulfate</u>	10	MG/ML	Solution	Injection
<input type="radio"/>	<u>Gentamicin Sulfate</u>	40	MG/ML	Solution	Injection

Click to select the dose/route of the medication you wish to send to the pharmacy

You must then click the Select Sig button to choose the Sig you wish to send with the Rx to the pharmacy:

Choose Medication Gentamicin Sulfate

Coverage: None Available

Choose Sig : Preferred

Choose or write a SIG for Gentamicin Sulfate 0.3 % Solution Ophthalmic :

☒ Preferred ☐ All ☐ Write Free Text SIG

INITIALLY 1 DROP EVERY HOUR, THEN PROLONG DOSING INTERVALS AS CONDITION IMPROVES.
 INITIALLY INSTILL 1 DROP HOURLY, THEN PROLONG INTERVAL TO 4-6 TIMES DAILY AS CONDITION IMPROVES.
 INSTILL 1 DROP IN BOTH EYES EVERY 4 HOURS DAILY.
 INSTILL 1 DROP IN LEFT EYE EVERY 4 HOURS DAILY.

Days Supply : Choose Package/Unit:

Quantity : Quantity = 2(2 x ML)

Refills: Dispense As Written ☐

[Library - Admin & Dosage](#)

Special instructions to pharmacist (maximum of 210 characters). Note: should not be used for patient instructions or comments

Select your preferred Sig

Click Add & Review

You may see warning screens if any of the medications you selected trigger a flag (contra-indication, duplicate dose, etc):

DUR Check

 The following medications created warnings during the DUR process. Please review the warnings and take appropriate action or delete these medications from the script pad.

If all is well, you will see the Select Pharmacy screen, where you can send the prescription electronically to the Pharmacy of your (or your patient's) choice:


Pharmacy Search: *Not all fields are required.*


Search by: ☐ Retail Pharmacies ☒ Patient History ☒ Practice Favorites ☐ All ☐ Mail Order Pharmacies

Name:

Street Address: City: State: ZIP Code:

Phone: -

 Current view: All practice favorites

Destination	Address	City	State	Phone
 WALGREENS DRUG STORE 06901	28817 MILITARY RD., S.	FEDERAL WAY	WA	(253) 839-1651

NOTE: The ePrescribe feature is based on the AllScripts free e-prescribing website. The AllScript database can check for drug interactions and contraindications that ezChartWriter cannot. The AllScripts site is external to our software and is not an integrated part of the ezChartWriter (so Rx data is NOT automatically passed to the website). You have to send the data manually; the steps above help you create a Rx with the website. You should also add the medication to your LogBook, even if you don't print an actual prescription for the patient.

Part

VII

7 Working With Encounters

Encounters are the clinical record of your interaction with the patient. Our software uses the standard SOAP note as the format for all notes (although you can view the chart in different views).

The acronym SOAP stands for SUBJECTIVE, OBJECTIVE, ASSESSMENT, and PLAN. Documentation of patient complaint(s) and treatment must be consistent, concise, and comprehensive. Many offices use the SOAP note format to standardize medical evaluation entries made in clinical records.

The four parts of a SOAP note are outlined below.

1. **SUBJECTIVE** - The initial portion of the SOAP note format consists of subjective observations. These are symptoms verbally given to providers by the patient (or by a family member or friend). These subjective observations could include the patient's descriptions of pain or discomfort, the presence of nausea or dizziness, and a multitude of other descriptions of dysfunction, discomfort, or illness.

2. **OBJECTIVE** - The next part of the format is the objective observation. These objective observations include symptoms that the provider can actually see, measure, hear, touch, feel, or smell. Included in objective observations are measurements such as visual acuity, refractive findings, vital signs and the results of other tests.

3. **ASSESSMENT** - Assessment follows the objective observations. Assessment is the diagnosis of the patient's condition. In some cases the diagnosis may be clear, such as a corneal ulcer. However, an assessment may not be clear and could include several diagnostic possibilities or description of symptoms. Our software uses standard ICD-9 codes (with the option of using ICD-10 codes).

4. **PLAN** - The last part of the SOAP note is the plan. The plan may include treatment medications, final refractive prescription, additional tests ordered for the patient, treatments performed (e.g., minor surgical procedure such as foreign body removal), patient referrals (sending patient to a specialist), patient disposition (e.g., home care, bed rest, short-term, long-term disability, days excused from work, admission to hospital), patient directions/education, and follow-up directions for the patient.

7.1 Sample SOAP Note

A sample SOAP note showing typical output of ezChartWriter is presented below. Note that your charts can also be printed/exported in ExamSheet format.

Record of Examination

Ima K Doktor, OD PS

Dr Ima Doktor and Associates

PATIENT: Donald I. Smith
1751

ENCOUNTER DATE: 10/30/2009

DOB: 10/21/1966 **GENDER:** M **CHART#:**

PROVIDER: Doktor, Ima K

PATIENT HISTORY

OCULAR HISTORY:

Current and past history is unremarkable for ocular diseases, injuries and amblyopia. In addition there is no history of ocular surgery.

MEDICAL HISTORY:

Unremarkable for past major illnesses, past surgeries or injuries. Patient denies diabetes, hypertension, heart disease and lung disease. Denies thyroid problems, cancer, inflammatory and infections disease.

FAMILY HISTORY:

Patient denies pertinent family history including blindness, glaucoma, macular degeneration and retinal detachment.

In addition, pertinent systemic family history is unremarkable.

CURRENT MEDICATIONS:

No medications currently taken.

ALLERGIES:

No known drug allergies.

SUBJECTIVE

46 yo M

ENCOUNTER TYPE: Comprehensive eye exam. Refraction.

PATIENT TYPE: New Patient

LAST EXAM: One+ years ago.

CHIEF COMPLAINT: Updating spectacle Rx. Reports decreased near acuity.

OCULAR SYMPTOMS: Patient denies double vision, flashes, floaters or other ocular symptoms of clinical significance.

MEDICAL HX: Medical/Personal History from 10/30/09 reviewed.

OBJECTIVE**INSTRUMENT READINGS:****AUTOLENSOMETRY:**

OD +0.75 -2.25 x085

OS +0.75 -1.00 x090

REFRACTIVE FINDINGS:**VISUAL ACUITY:**

ACUITY Type: ccDVA

OD 20/25-

OS 20/25

SUBJECTIVE REFRACTION:

OD +0.50 -2.25 x085 20/20

OS +0.50 -1.25 x090 20/20

OU 20/20 (Binocular Balanced) Add +1.50 20/20 @ 16"

FINAL Rx:

OD +0.50 -2.25 x085

OS +0.50 -1.25 x090 Add +1.50

EXAMINATION FINDINGS:

NEURO Patient is fully alert to time, place and person. Recent and remote memory is fully intact. Patient does not appear anxious or depressed.

ADNEXA Facial symmetry is normal. Ocular adnexa (including eyelids, eyelashes, bone structure and lacrimal glands) appear normal.

FIELDS TESTING Patient demonstrates satisfactory peripheral fields by confrontation in both OD and OS.

EOMS Full, extensive, accurate and smooth movements are observed OU.

COVER TEST Orthophoria is observed at near (without correction).

PUPILS React briskly (3+) to direct and consensual stimuli; pupil size is normal, equal and round OU. There is no afferent pupillary defect.

ANTERIOR SEGMENT:

LIDS/LASHES External inspection and slit-lamp exam noted... Normal eyelids and lashes OU.

SCLERA/EPISCLERA Sclera appears white and quiet.

CONJUNCTIVA Slit lamp observations include... Bulbar and palpebral conjunctiva are white, clear and without signs of inflammation.

CORNEA Slit lamp examination reveals... Normal tear film, epithelial surface, stroma and endothelium OU.

IRIS Slit lamp examination reveals... Iris appears healthy, normal anatomy and convexity.

ANTERIOR CHAMBER Slit lamp examination reveals... Chambers are clear, free of cells and flare.

ANGLE ESTIMATE Grade 3+, open angle OU.

LENS Slit lamp examination reveals... No significant cataract formation or opacification.

TONOPEN TONOMETRY:

OD 13.0 mm

OS 13.0 mm @ 17:53

POSTERIOR SEGMENT:

OPTIC DISC Normal color, size and shape with intact neuro-retinal rims 360 degrees. Flat and sharp borders

noted, as well as grossly normal appearance of nerve fiber layer OU.

CUP/DISC RATIO OD 0.25 H/V; OS 0.25 H/V

MACULA Bilateral examination reveals... Maculae of normal thickness, free of atrophic changes.

VASCULATURE Findings include... Vasculature does not show hemorrhages or exudates. Normal AV crossings observed OU.

POSTERIOR POLE Observations include... Normal fundus coloration and architecture observed within the primary arcades OU.

[Undilated fundus examination, evaluated with direct ophthalmoscope.]

ASSESSMENT

367.0 Hyperopia

367.21 Astigmatism

367.4 Presbyopia

OCULAR STATUS; Ocular health status unremarkable.

PLAN

REFRACTIVE PLAN: First-time spectacle wear; multi-focal lenses.

OD +0.50 -2.25 x085

OS +0.50 -1.25 x090 Add +1.50

RECOMMENDATION... anti-scratch coating.

RECOMMENDED FOLLOW-UP

RTC in 1-2 years for complete eye exam.

7.2 Basic Encounter Functions

Record of Examination

PATIENT: **Sample, Joe** GENDER: **Male** DOB: **12/30/1967**

How do I view prior records?^[229]
 How do I switch chart views?^[230]
 How do I use the Tools to enter data?^[230]
 How do I edit text in the SOAP note?^[231]
 How do I print a copy of the Encounter?^[231]
 How do I export the encounter to PDF?^[233]
 How do I finalize the encounter?^[234]
 How do I upload to PracticeFusion EHR Website?^[235]
 How do I make changes to signed encounter?^[241]

7.2.1 View prior records

From a working Encounter you can review prior chart data (if it exists). You can do this easily within an Encounter by clicking the "Select a prior encounter" dropdown.



Once you are in a Prior Encounter screen, status is displayed at the top of the screen (including the FINAL or PENDING status). You can return to the current encounter by either clicking the green quick return button at the top or selecting the current encounter in the dropdown list.



Click the green button to quickly cycle back to the current encounter.

7.2.2 Switch chart views

Encounters can be viewed in either ExamSheet view, SOAPnote view and Single Page Preview. You can easily switch between views using the the buttons (shown below) or by clicking on the "View Mode" tab of the left-side menu.

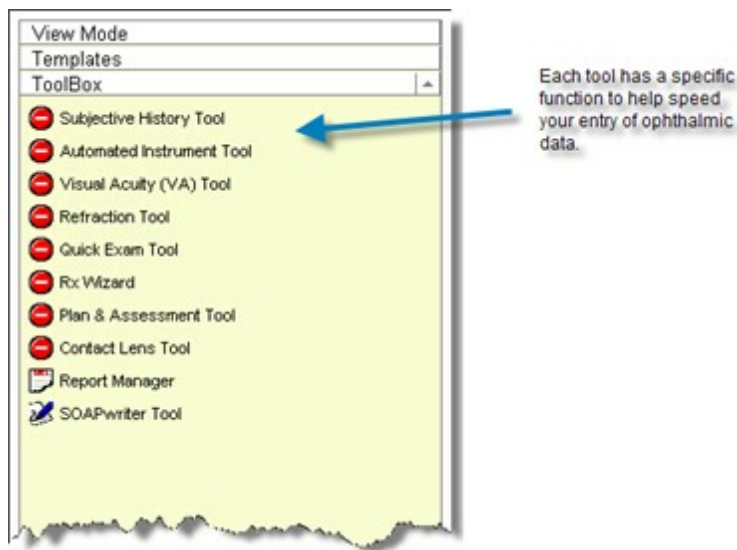




When you attempt edit data in the ExamSheet view, you are automatically switched to SOAPnote format, as this is the only allowed view supporting editing of text directly.

See Also: Setting a default encounter view

7.2.3 Use the Tools to enter data

ezChartWriter has an extensive array of tools to simplify your data entry. To access any of the tools in the ToolBox (on the left-hand menu), single-click the tool.



Once you click a tool, the status icon changes to gray  (indicating "in-use"). Once you have successfully pasted the tool's data into your encounter, the tool status icon changes to green .

7.2.4 Edit text in the SOAP note

Text may ONLY be edited in the SOAPnote view (not in the ExamSheet view). If you begin typing in the ExamSheet view the software will automatically switch views to the edit screen.

Once in SOAPnote view, you will need to be in "Edit" mode. To do this manually, click the **Edit Mode** button at the top and click in the area you wish to edit text. The background color will turn light green to indicate you are in Edit Mode for that topic.

Edit Mode

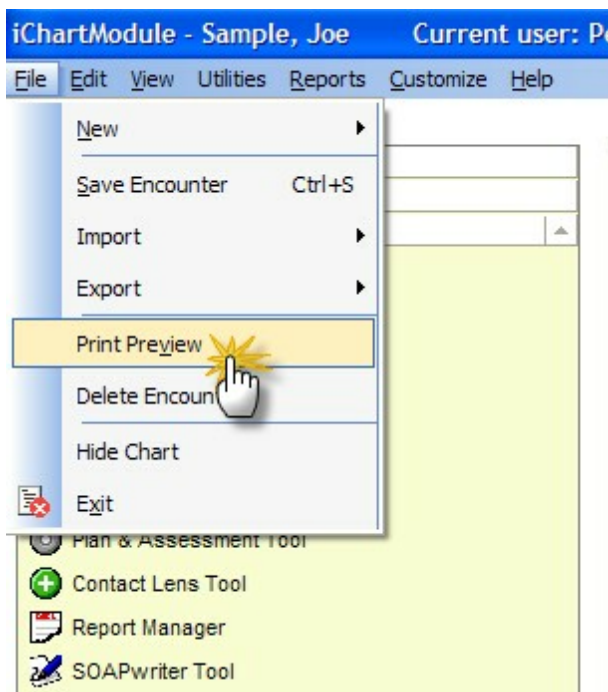
You can add, delete or move data just like in any standard word processing application. However, it is advisable to NOT move the built-in tags surrounded with curly brackets {TAG}. Although you can add text features such as bold or underline by pasting formatted text into the box, these changes will be lost as the data is saved in unformatted text only. Headings are automatically bolded.



WARNING: Do not delete the text tags (e.g. {Symptoms}), as these tags are used internally by the software to track the location to insert your Exam Tool data.

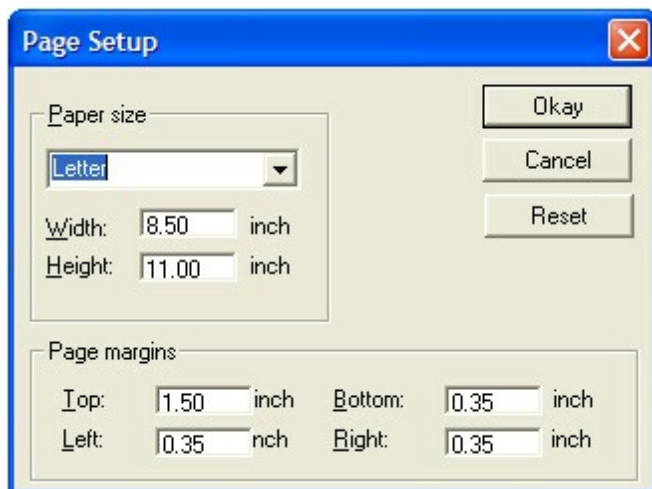
7.2.5 Print a copy of the Encounter

First, switch to the exam view you wish to print (either SOAPnote or ExamSheet). Then click the **File->Print Preview** menu at the top of the screen.

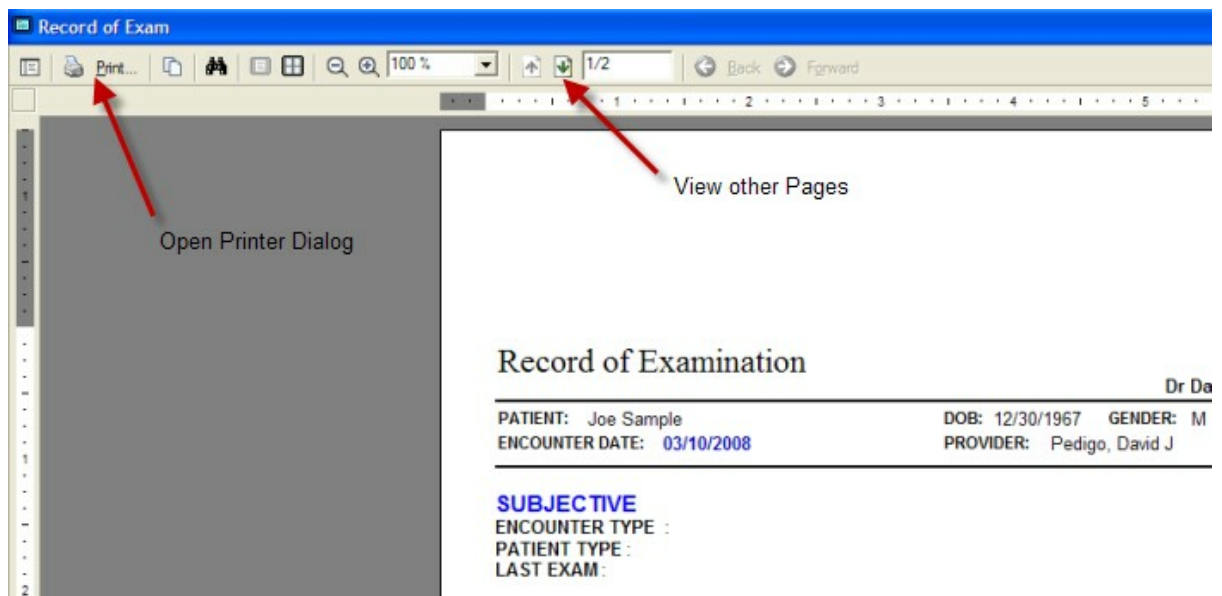


Alternatively, you can click the Print icon when in SOAPnote view in the ribbon bar at the top of the SOAP note.

The Page Setup dialog will appear, which allows you to customize report settings (for instance, if you are printing SOAP reports on custom letterhead or non-standard paper sizes). The settings are remembered, so the next time you can just click **Okay** to continue.

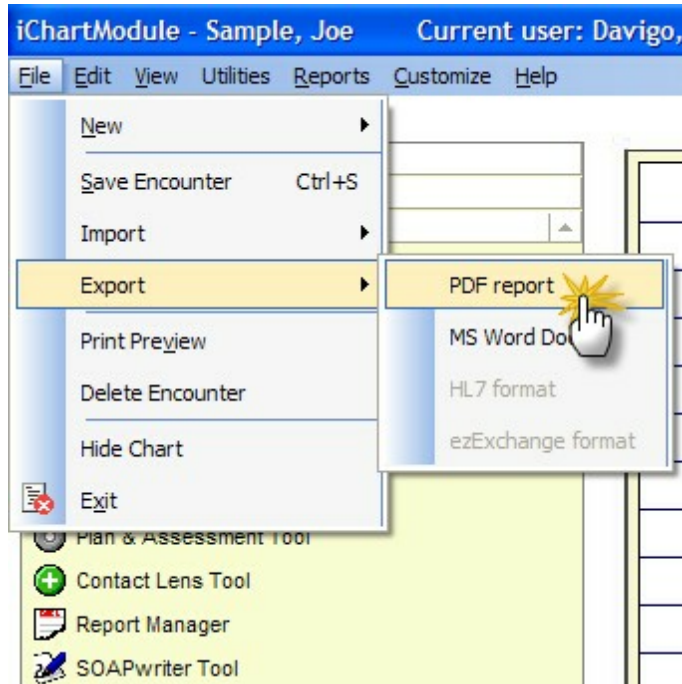


Once the Print Preview opens, you can review the chart or **Print** it out by clicking the Printer button.



7.2.6 Export the Encounter (PDF/Word)

First, switch to the exam view you wish to print (either SOAPnote or ExamSheet). Then click the **File->Export->PDF Report** menu at the top of the screen.



After a few moments, the encounter will open in the Adobe PDF Reader (if you have it installed on your system). The Adobe Reader can be downloaded free of charge from their website:

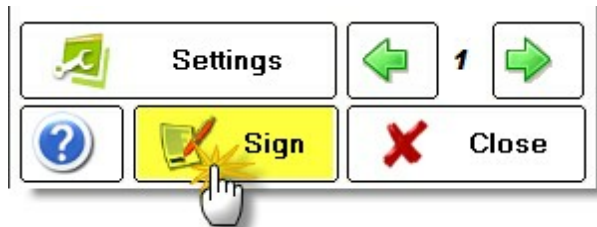
<http://get.adobe.com/reader/otherversions/>

Once in the Adobe PDF Reader you can print, save or email the Encounter.

To export to MS Word as a text document, follow the above steps but select MS Word Document as your output choice.

7.2.7 Finalize the encounter

The final step of creating an Encounter is to Sign and "Finalize" it. This marks the Encounter as complete. You can still edit the encounter, for up to 24 hours after signing it to make changes. After that it becomes permanently locked.



To Finalize the chart, you need to complete four steps:

Sign & Review

Review Encounter 1 View Pending

Task Completion:

<input checked="" type="checkbox"/> Chief Complaint	<input checked="" type="checkbox"/> Visual Acuity	<input type="checkbox"/> Visual Fields	<input type="checkbox"/> Diagnosis/Assessment
<input checked="" type="checkbox"/> Medical Hx	<input checked="" type="checkbox"/> Refraction	<input type="checkbox"/> Basic SLE	<input type="checkbox"/> Plan/Treatment
<input checked="" type="checkbox"/> Ocular Hx	<input checked="" type="checkbox"/> Final Spec Rx	<input type="checkbox"/> Angle Assessment	<input type="checkbox"/> Billing/Coding
<input checked="" type="checkbox"/> Medications	<input type="checkbox"/> Print SRx	<input checked="" type="checkbox"/> Tonometry	<input checked="" type="checkbox"/> Contacts (Subjective)
<input checked="" type="checkbox"/> Family Hx	<input type="checkbox"/> Pupils	<input type="checkbox"/> ONH Evaluation	<input checked="" type="checkbox"/> Final Contact Rx
<input checked="" type="checkbox"/> Allergies	<input type="checkbox"/> EOMS	<input type="checkbox"/> Ophthalmoscopy	<input checked="" type="checkbox"/> Print CLRx

Flagged Results:
NO FLAGGED RESULTS

Sign Encounter 2

By checking the "I AGREE" box and clicking the Finalize button you are rendering this encounter and all associated reports unalterable. Make sure that you have thoroughly reviewed the record before signing. This record is a legal documentation of the patient encounter.

Select Next Recall:
Month: 1 | 3 | 6 | Year: 1 | 2 | 3 | 8/11/2010

☒ I AGREE 3

Sign & Finalize Encounter 4

Billing Tool Export to PDF Open PracticeFusion EHR ? Close

Step 1: Review Task Completion

Any task that have not been completed will display a red checkmark. You can also review your pending reports (Rx's or letters) by clicking the **View Pending** button at the top right side.

Step 2: Select a Recall Date

You can quickly set a one-year recall by clicking the "1" button after the Year.

Step 3: Check the "I Agree" checkbox

Step 4: Click the "Sign & Finalize Encounter"

7.2.8 Upload to PracticeFusion EHR Website

In order to qualify for the Medicare/Medicaid bonus payments, you must be using a "certified" EHR product. ezChartWriter, although full-featured, is designed specifically for entering ophthalmic data quickly and easily. We are NOT certified. However, by simply transferring your data into the free, certified PracticeFusion EHR you will qualify for payments. And you will get a few extra benefits that our software alone cannot provide, including a web-based portal for your patients to review their own charts. Used in conjunction with our software, you will have an effective combination.

Data can be easily transferred into PracticeFusion EHR website by clicking the "PracticeFusion EHR" button at the bottom of the Sign & Finalize Tool, as show below:

Sign Encounter

Select Next Recall:
Month: 1 | 3 | 6 | Year: 1 | 2 | 3 | 8/11/2010

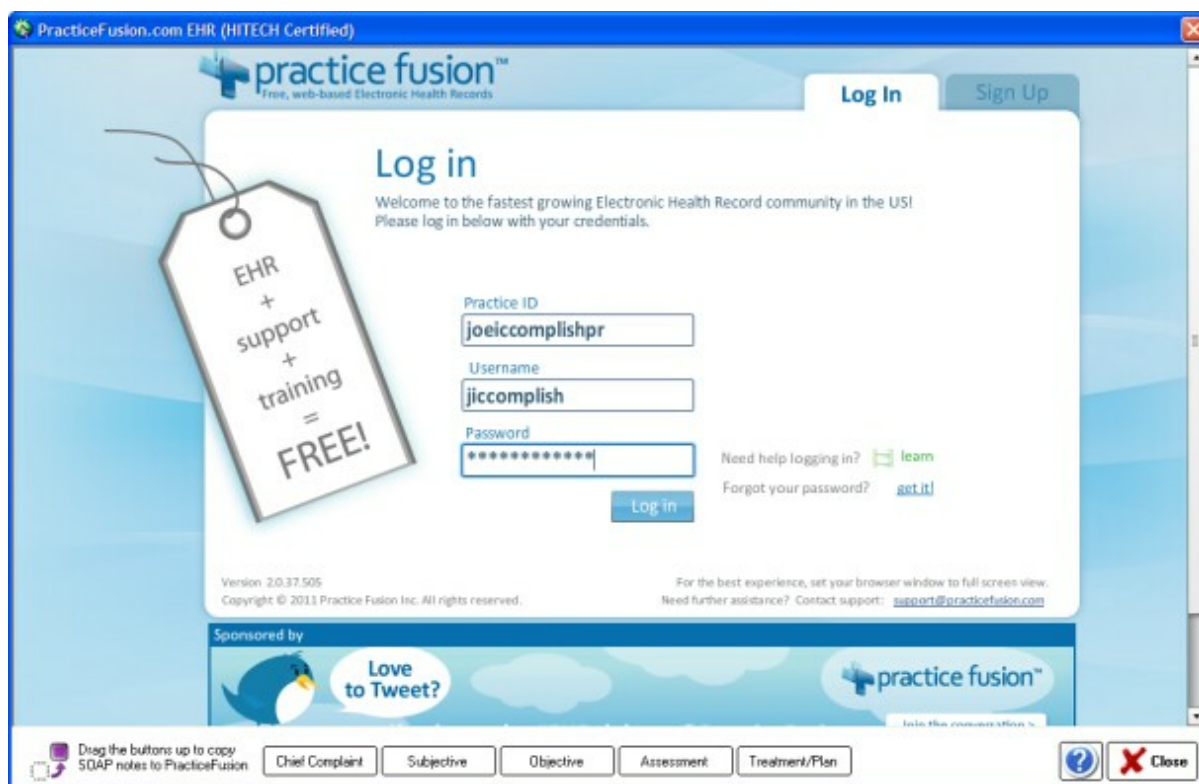
By checking the "I AGREE" box and clicking the Finalize button you are rendering this encounter and all associated reports unalterable. Make sure that you have thoroughly reviewed the record before signing. This record is a legal documentation of the patient encounter.

☐ I AGREE

Sign & Finalize Encounter

Billing Tool Export to PDF Open PracticeFusion EHR ? Close

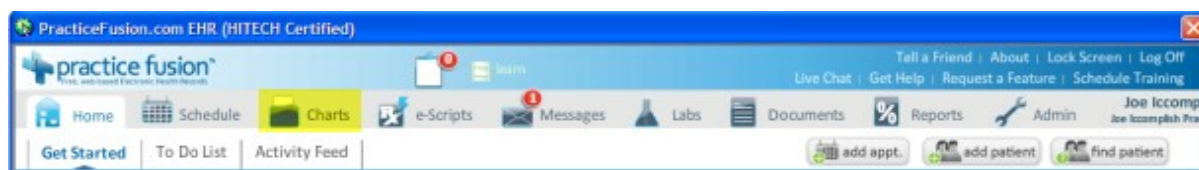
Once the website opens, you must log into your PracticeFusion account. Note: If you have yet to create an account, open the website (www.practicefusion.com) on your browser and sign up. It is a very quick and easy process and is totally free. The next few times you log in you will be asked additional information about your practice.



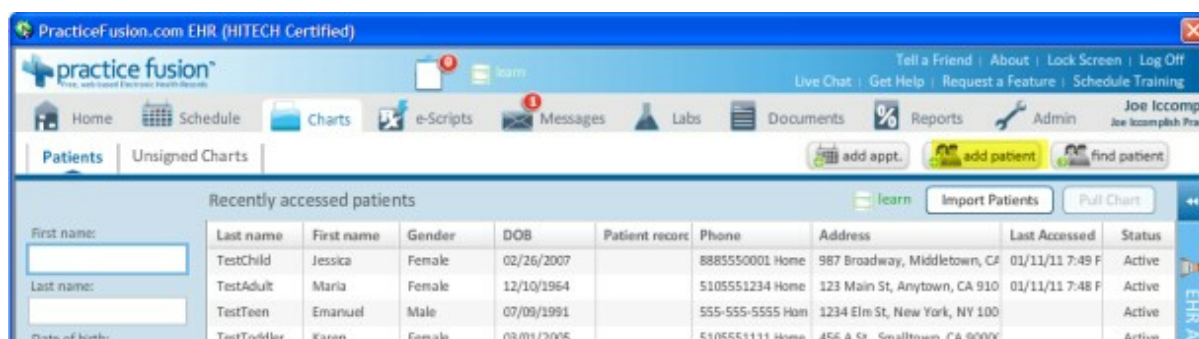
Once you arrive at the Main Screen, you need to do two things: (1) Enter the patient demographics, if they do not exist already and (2) copy your SOAP note into the chart.

Step 1 - Create Patient Demographics

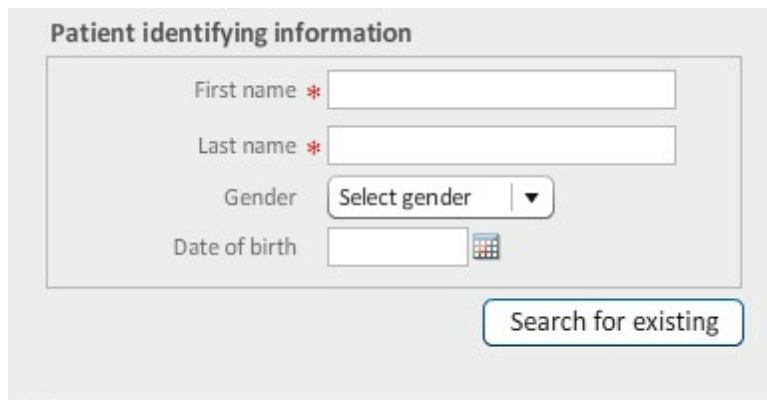
Click the "Chart" tab at the top of the screen:



Click the "Add Patient" on the right top side. NOTE: Even when searching for an existing patient, it is faster to use the "Add Patient" button in PracticeFusion.

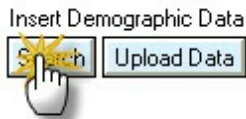


You will see the following search screen:



The form is titled "Patient identifying information". It contains four input fields: "First name" with a red asterisk, "Last name" with a red asterisk, "Gender" with a dropdown menu labeled "Select gender", and "Date of birth" with a calendar icon. A "Search for existing" button is located at the bottom right of the form.

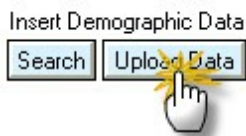
You can fill the patient name and date of birth by clicking the "Search" button in ezChartWriter.



If a match is found you will see the results, otherwise click the "Create as a New Patient" button near the bottom.

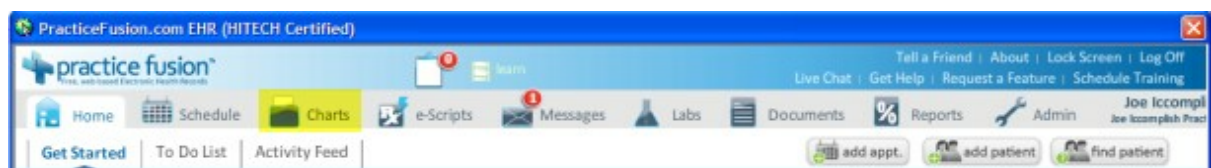


You can enter the remaining patient demographics if you like by clicking the Upload Data button at the bottom of the ezChartWriter screen or else save with just the starred items since your patient demographics are already in ezChartWriter. We do recommend that you enter the patient ID number in the "Patient Record Number" field. It is copied to the Comment field.



Step 2 - Create SOAP Note and Transfer ezChartWriter Data

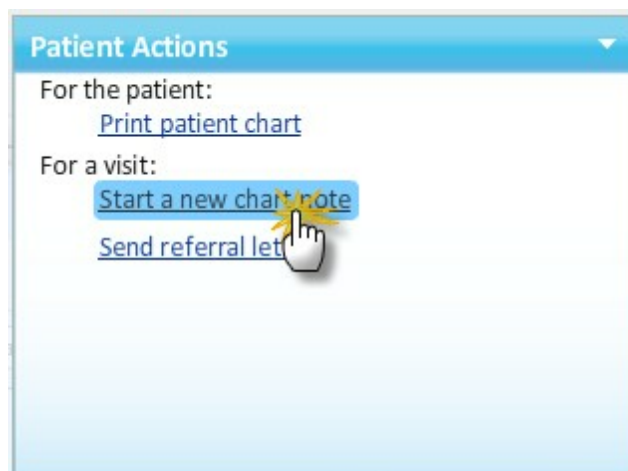
PracticeFusion uses a standard SOAP note to store data, just like ezChartWriter. To begin (if the patient chart is not already open), click the Charts tab at the top and find the patient for which you wish to enter SOAP data.



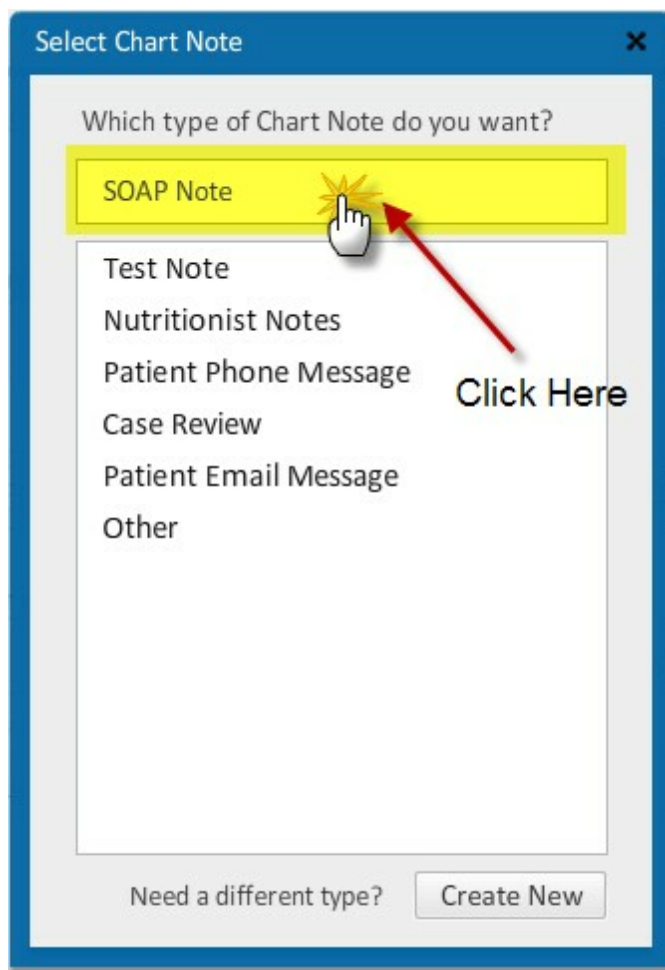
Once you are at the Patient Dashboard, click the Patient Actions dropdown as shown below:



Indicate that you wish to create a new chart note:



You MUST select the SOAP note format so you data fields can be inserted into the PracticeFusion chart:



On the screen you will see the condensed SOAP note. Only the Chief Complaint (CC) field and vital signs are editable on this screen. To insert the Chief Complaint, drag the "Chief Complaint" button from the bottom of the ezChartWriter screen up to the CC box.

PracticeFusion.com EHR (HITECH Certified)

practice fusion

Tell a Friend | About | Lock Screen | Log Off
Live Chat | Get Help | Request a Feature | Schedule Training

Home | Schedule | Charts | e-Scripts | Messages | Labs | Documents | Reports | Admin

Patients | Unsigned Charts | Joe Sample x

add appt. | add patient | find patient

Patient: Joe Sample age on DOS 43 yrs DOB: 12/30/1967
01/12/2011 (no vitals entered) (no chief complaint entered)
displaying US customary units

Print | Delete | Edit | Sign

SOAP Note

Charting shortcuts for this visit

Note

VS Height: Weight: BMI: Blood Pressure: Temp: Pulse: Resp Rate:
in lb mmHg F bpm rpm

CC

S

O

A

P

Drag the "Chief Complaint" button to the CC box

Our gift to you: free e-Prescribing is here!

Drag the sound buttons up to copy SOAP notes to PracticeFusion. Click HELP button for details.

Chief Complaint | Subjective | Objective | Assessment | Treatment/Plan

Insert Demographic Data | Search | Upload Data

Close

To fill in the other SOAP fields, you must click the Subjective field first to get to the detailed SOAP section:

Joe Sample age on DOS 43 yrs DOB: 12/30/1967
01/12/2011 (no vitals entered) (no chief complaint entered)
displaying US customary units

Print | Delete | Edit | Sign

SOAP Note

Charting shortcuts for this visit

Note

VS Height: Weight: BMI: Blood Pressure: Temp: Pulse: Resp Rate:
in lb mmHg F bpm rpm

CC

S

O

A

P

Drag the "Subjective" button up to the field, dropping it anywhere in the Subjective box. Your data will populate the field. If you make a mistake, simply select the text and use the Delete key to erase.

Joe Sample age on DOS 43 yrs DOB: 12/30/1967

01/12/2011 (no vitals entered)
(no chief complaint entered)

displaying US customary units

Spell Check is off Clear all

Subjective

Drag the "Subjective" button anywhere in the subjective field.

MD users we want you to share your professional opinion. Take a 5 minute survey – get \$20! Take the survey now >

Chief Complaint Subjective Objective Assessment Treatment/Plan

Insert Demographic Data Search Upload Data ? Close

To enter the other SOAP fields, click the letter tabs as appropriate and drag the buttons from the bottom like you did for the Subjective data.

Joe Sample age on DOS 43 yrs DOB: 12/30/1967

01/12/2011 (no vitals entered)
(no chief complaint entered)

S P A P

Templates: +

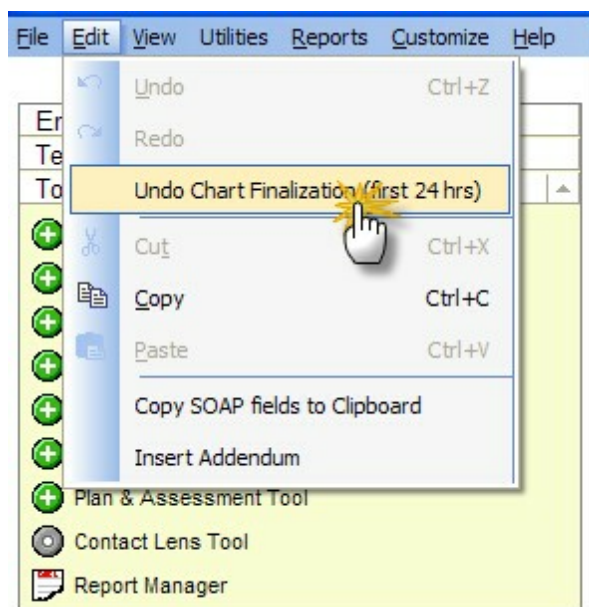
Frequent templates:

OPH:Glaucoma

When you have completed the SOAP note, click Save at the top and your note will become part of the online chart for the patient.

7.2.9 Make changes to signed encounter

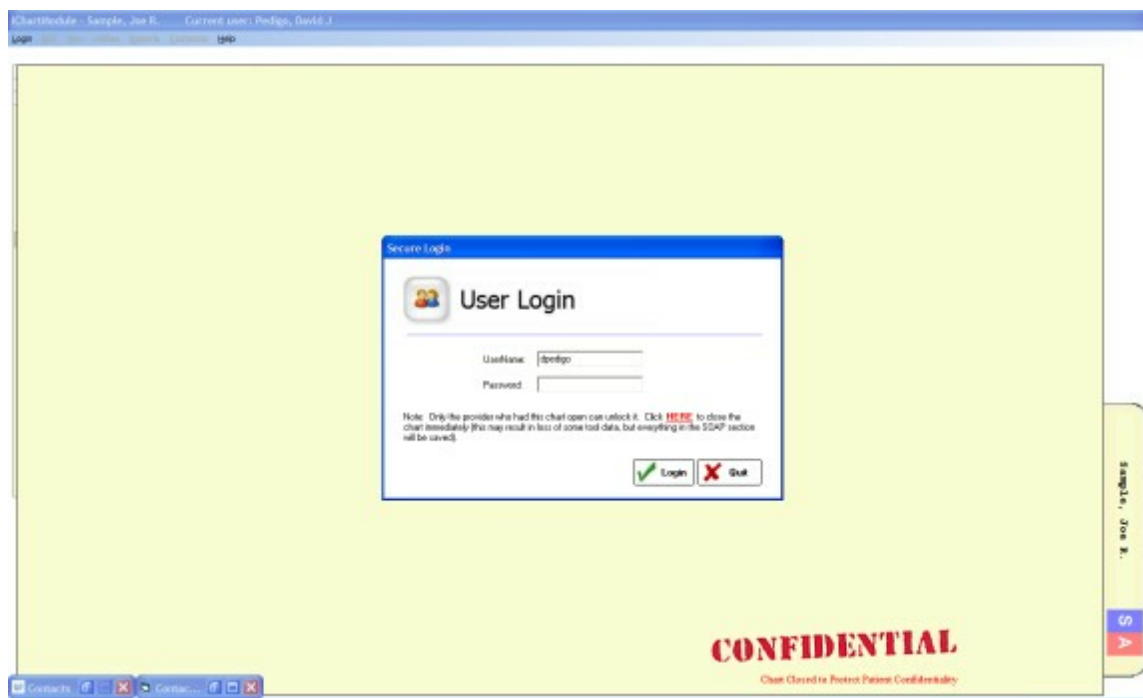
Within 24 hours you can "Un-finalize" an encounter. Do this by opening the encounter and selecting **Edit->Undo Chart Finalizations** from the menu at the top of the encounter.



You can also Undo Chart Finalization clicking the **Sign** button right after you finalize the original encounter.

7.2.10 Auto Log Off

After a period of inactivity, the software will auto-log off (the time can be adjusted in the Main Module, **Admin** Login). You will need to re-login as a User to return to your work. If you are done with the chart, you can simply select **Quit** and the chart will close.



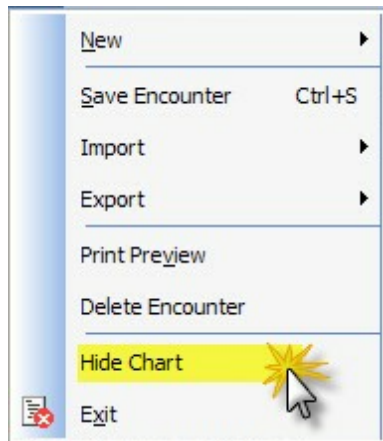
Sometimes, when you have multiple tools open, the login screen does not display. You need to open the screen by double-clicking the tab at the bottom left side. This will reposition the login window to the center of the screen.



In the rare case of the screen being visible, but not letting you be able to type in the password box follow these steps:

1. Right-click somewhere on your bottom taskbar and select "Show the Desktop"
2. After all windows have minimized, double-click on the iChartModule window icon
3. Attempt to re-enter password

NOTE: You can also Log Off and Hide the screen (for instance if you have to leave the exam room for a moment) by selecting **File->Hide Screen** on the main menu.



7.2.11 Using the Navigation Button Menu

The buttons on the bottom left side of the screen can be used to quickly navigate the chart.



The navigation area includes:

- Select Encounter List** - choose any prior encounters to view with the dropdown list.
- Chart View** - can be either ExamSheet, SOAPnote (multi-page) or Preview (single page SOAP format)
- Settings** - open the Settings & Customization tool
- Previous/Next Button** - navigates forward and backward by page
- Sign Button** - finalize the chart
- Close Button** - closes the chart (automatically saving changes)

7.2.12 Name Alerts

If you wish to indicate a special note about the patient name (e.g. a nickname or pronunciation guide), then this tool can be useful. It can also be used to indicate that the patient has the same/similar name to another patient.

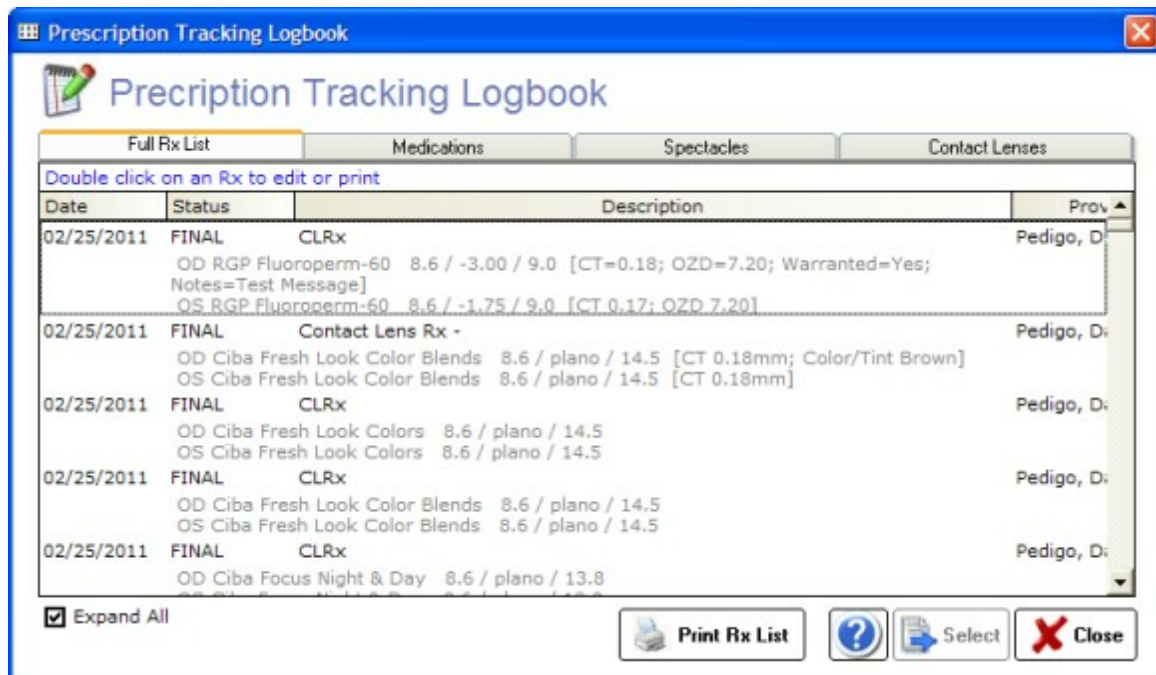


7.2.13 Rx Tracking Logbook

The Prescription Tracking Logbook allows for tracking of all prescriptions created in the software. There are four categories:

- Full Rx List

- Medications
- Spectacles
- Contact Lenses

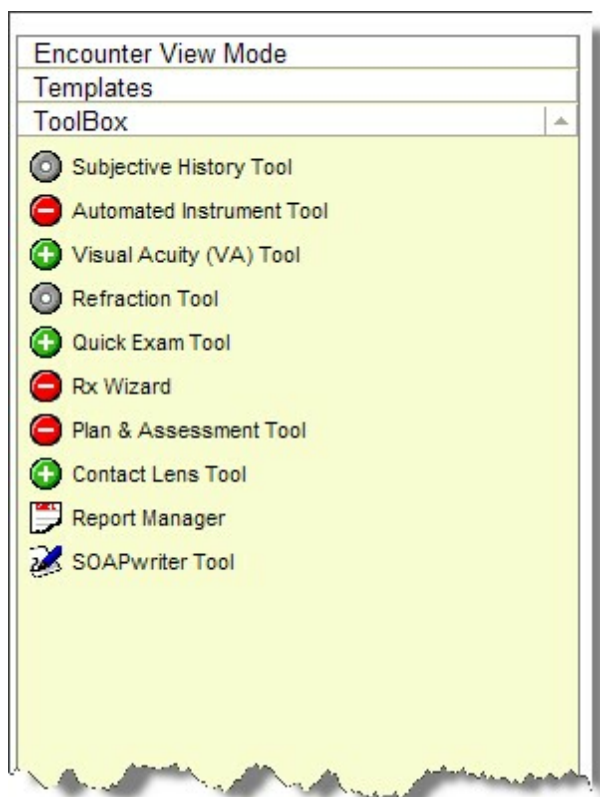


Date	Status	Description	Prov
02/25/2011	FINAL	CLRx OD RGP Fluoroperm-60 8.6 / -3.00 / 9.0 [CT=0.18; OZD=7.20; Warranted=Yes; Notes=Test Message] OS RGP Fluoroperm-60 8.6 / -1.75 / 9.0 [CT 0.17; OZD 7.20]	Pedigo, D
02/25/2011	FINAL	Contact Lens Rx - OD Ciba Fresh Look Color Blends 8.6 / plano / 14.5 [CT 0.18mm; Color/Tint Brown] OS Ciba Fresh Look Color Blends 8.6 / plano / 14.5 [CT 0.18mm]	Pedigo, D
02/25/2011	FINAL	CLRx OD Ciba Fresh Look Colors 8.6 / plano / 14.5 OS Ciba Fresh Look Colors 8.6 / plano / 14.5	Pedigo, D
02/25/2011	FINAL	CLRx OD Ciba Fresh Look Color Blends 8.6 / plano / 14.5 OS Ciba Fresh Look Color Blends 8.6 / plano / 14.5	Pedigo, D
02/25/2011	FINAL	CLRx OD Ciba Focus Night & Day 8.6 / plano / 13.8	Pedigo, D

Double-click an item to select. Use the Expand/Collapse checkbox to show/hide the full prescription.

7.3 Charting Tools

The Toolbox menu on the left side of the chart contains links to all the major tools in the software. The status of the tool is also displayed: the red icon means incomplete/not opened, the gray icon means opened but not inserted and the green icon means completed/inserted into chart.



Topics Available:

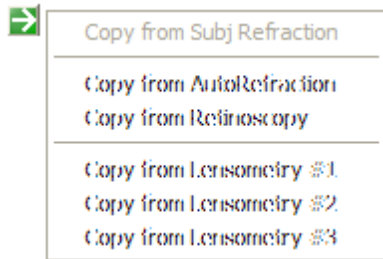
Subjective Findings Tool^[250]
Automated Instrument Tool^[272]
Visual Acuity Tool^[278]
Refraction Tool^[281]
Quick Exam Tool^[285]
Rx Wizard^[291]
Plan & Assessment Tool^[296]
Contact Lens Tool^[298]
Report Manager^[311]
SOAPwriter Tool^[326]

7.3.1 Using the Diopter Power Tool

Since all ophthalmic prescriptions require the entry of large amounts of numerical data, a special tool has been developed to add this data quickly. It has many parts and you should become familiar with all the features to become proficient at entering Rx's quickly.

The parts of the Diopter Power Tool and their functions are listed below:

1 Prior Data Button



Use the green arrow to pull data from any lensometry, autorefracton or prior data you have entered. This is the fastest way to populate the tool with data.

2 Omit Checkbox



If you click the checkbox in the far right upper corner of the Power Tool, the tool will be marked as "Omit". This means that although you may or may not have entered data, it will not be inserted into the encounter. This is useful if for instance you wish to insert a final refraction but skip entering the subjective refraction.

3 Eye Selector Buttons



Use the arrows to switch from the right eye to left eye (and vice versa). The eye that is

currently controlling the power sliders will be highlighted in green.

4

Copy OD to OS



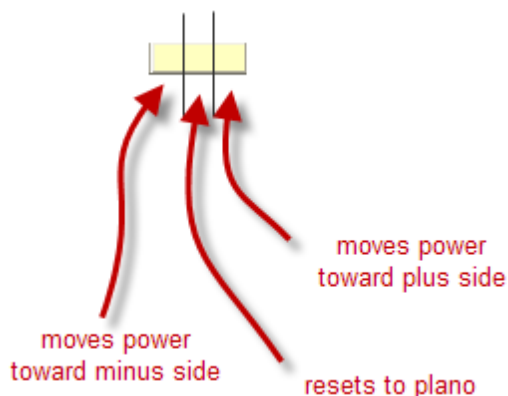
Use the equal sign to copy all numerical data from right eye to left.

5

Sphere/Cylinder/Axis Buttons



Arranged in two groups of three buttons, the Sphere/Cylinder/Axis buttons are right below the Eye Selector buttons. They represent the sphere, cyl and axis for each eye. To set the diopter power using the button, you can click on the left, middle or right portion of the button.



6

Slider Bars

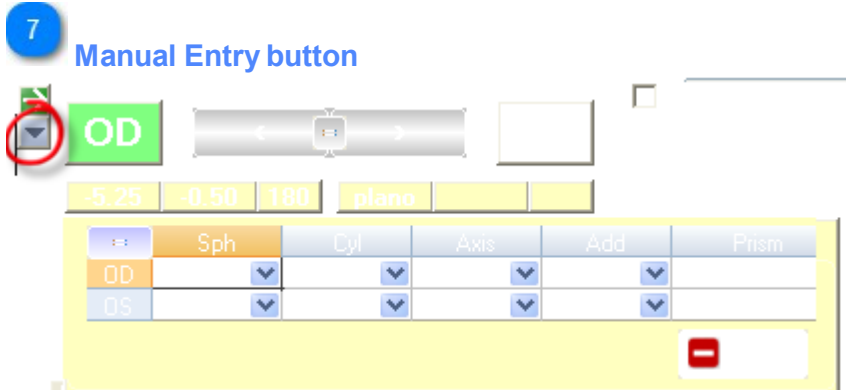


There are three slider bars each corresponding to Sphere, Cylinder and Axis from top to bottom. In general moving sliders to the left makes the power more minus and to the right more positive (just like moving along a standard number line). The diopter powers range from -20.00 D to +24.00 D sphere and -12.00 D to +12.00 D cylinder. The axis ranges from 1 to 180 degrees. Sliders can be moved in three ways:

- (1) Click the blue bar and drag to the new power.
 - (2) Click somewhere along the line and the blue bar will immediately jump there.
 - (3) Right-click somewhere along the line and the blue bar will increment one step
- NOTE: the left and right button actions can be reversed under the Options/Settings

(4) Use the arrow keys to move the slider (you must first click on the slider to select it)

You can use the sliders in conjunction with the Sphere/Cylinder/Axis buttons to move the power quickly.



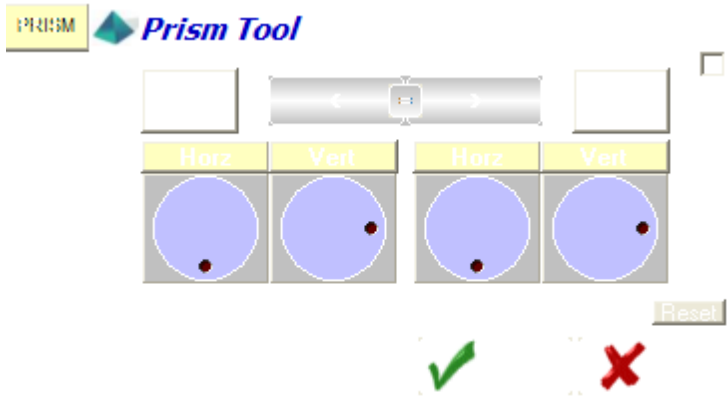
Clicking the Manual Entry button displays a grid to enter diopter powers without having to use many mouse-clicks. This also allows entry of powers outside the standard range offered by the slider bars. Use the equal sign to copy OD to OS.

8 Axis Selection buttons



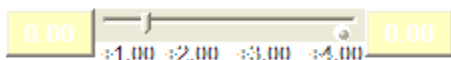
Besides using the Axis slider bar, you can quickly choose common axis choices by clicking the buttons.

9 Prism Tool



Click the PRISM button to call up the Prism Tool. You can enter either eye while the tool is open. Click the red dot and rotate the dial to enter the horizontal and vertical prism. Use the equal sign at the top to copy OD to OS. The prism direction will automatically correspond to the opposite eye (you must manually change this if you wish to use yoked prism).

10 ADD Power Tool



The Add power tool allows for the selection of add powers from +0.75 to +4.00 sph. Use the Manual Entry tool to enter powers outside this range. There are two additional features of note:

- Clicking the power button (when not set to "0.00") will reset it to plano add power (both eyes).
- To unyoke the two add powers, click the small circle button next to the right power display.



11 Diopter Step button



The diopter power can be set as either 1/4 or 1/8 steps (.25 or .125 D). Clicking the Diopter Step toggles this setting (based on the default you set in the Options screen).

12 Reset button



Immediately resets the tool to a blank or default state.

7.3.2 Subjective Findings Tool

The **Subjective Findings Tool** is probably one of the most difficult of the ezChartWriter tools to master, because it has both a large amount of options and is very powerful. From this tool, you can completely describe a patient's subjective complaints, history of present illness, history, and medications/allergies. Nearly every conceivable symptom is accounted for; the hard part is learning where to look.

The SUBJECTIVE FINDINGS tool is split into a top half (Findings/Complaints & History) and a ToolBox at the bottom. The top section has itself four subsections: **Preliminary Findings**^[251], **Complaints**^[252], **SOAPwriter**^[252] and **Preview**^[253] mode.

<Click on the area of the image for which you wish to see help>

How do I...

- Include patient age/gender/race in SOAP note? [254](#)
- Use the "Quick Fill Template"? [254](#)
- Indicate a chief complaint? [255](#)
- Enter medical/ocular history? [257](#)
- Pull forward a previous medical/ocular history? [258](#)
- Use the SOAPwriter tool? [265](#)
- Use the Subjective ToolBox? [266](#)
- HPI Wizard? [266](#)
- Customize the Subjective History Tool? [271](#)

PRELIMINARY FINDINGS TAB

This section allows you to set the basics of the patient's "reason for visit" and well as specifying ocular and medical history. The various parts of the PRELIMINARY FINDINGS section are listed below

QUICK FILL TEMPLATE - by selecting a template choice here, you can prefill many of the options on the SUBJECTIVE FINDINGS FORM. The templates available cover both new and established patient encounters.

DEMOGRAPHICS BUTTON & ETHNICITY DROPDOWN - if you wish to include the patient age or race, clicking the DEMOGRAPHICS button will calculate and display them.

PATIENT TYPE - Choose whether New, Established (with sub-types)

PATIENT STATUS - indicates whether you have prior paper or electronic records for the patient.

LAST EYE EXAM - if you selected established patient, this field auto-fills with the date of last exam (if electronic record exists), otherwise you can select the appropriate time frame from the dropdown list. You may also specify the location/provider of last exam.

ENCOUNTER TYPE - you may indicate the type of encounter. In conjunction with the PATIENT TYPE field, this auto-calculates the proper 92000 series CPT code. If you select "medical eye exam" however, you must choose the CPT code yourself when finalizing the encounter.

OCULAR REVIEW OF SYMPTOMS - much like the systemic review of systems, you can cover most of the patients spectrum of symptoms. The "No ocular symptoms noted" choice is auto-selected, but you can over-ride it by simply clicking the OCULAR SYMPTOMS button in the toolbox at the bottom of the SUBJECTIVE FINDINGS tool.

SUBJECTIVE HISTORY (aka PATIENT HISTORY) - this group of buttons allows you to fully specify the patients medical history. If the patient is "All Normal", simply click the green arrow and the buttons turn green (indicating normal). You can unselect a button by clicking on it individually. To set specific problems, click the DETAILS button. The QUICK HISTORY screen appears (covered in detail further below).

DATE OF MED HISTORY - if you are reviewing history from a prior exam, you can set the date here. Also, indicate if outside records were reviewed to determine patient history (for instance, in a nursing home environment).

COMPLAINTS TAB

Allows you to enter specific patient complaints (ranging from vision to medical related). Although at the current time the checkboxes are not customizable, you can easily edit your choices in either the PREVIEW tab or in the SOAPnote itself.

COMPLAINTS - General vision complaints, as well as some medical eye related complaints. Two sections are available, the CHIEF COMPLAINT at the top and an "ALSO REPORTING" section at the bottom portion of the tab.

SPECTACLES - Enter information regarding the patient's spectacle wearing status.

CONTACT LENSES - Enter details about the CL wear history (can be in addition to, or in place of, the CONTACT LENS tool from the TOOLBOX).

MISC COMPLAINTS - other complaints that do not fit easily into other categories.

SOAPWRITER TAB

The SOAPwriter function is one of the most powerful in ezChartWriter. Located as subsections of most of the other tools also, and as a stand alone tool found in the left-side TOOLBOX on the MAIN EXAM SHEET, the SOAPwriter allows you to pick and choose from among hundreds of pre-formed text sentences. For instance, to indicate a patient has a symptom of asthenopia, you would click on the Symptoms heading, then choose Visual Symptoms, then choose "Asthenopia". The preview box pops up showing you exactly what will be pasted into the SOAP note. The sentences are designed to flow like natural language. And, if you don't like how a sentence reads, just change it in the PREVIEW box or in the SOAP note itself. You can even customize the text with the SOAPwriter editing tool, so it reads the way you want for all your exams. See the section on the SOAPwriter Tool³²⁶ for additional information.

PREVIEW TAB

Whenever you click a checkbox or add a SOAPwriter text statement, they are available for preview in the PREVIEW box. The text in the PREVIEW box is totally editable: the changes you make here will appear exactly in the SOAPnote when you click the OKAY button on the SUBJECTIVE FINDINGS form.

SUBJECTIVE TOOLBOX

Located at the bottom of the SUBJECTIVE FINDINGS screen is the TOOLBOX. In it are eight buttons which allow you to specify more specific history and problems.

HPI WIZARD - You can specify the patients History of Present Illness (HPI), as required by Medicare coding guidelines), by using this tool. Remember that you must specify a minimum of FOUR (4) items to satisfy most coding levels. Standard choices include: Location, Onset, Severity, Duration and Modifying Factors. You can use the regular SUBJECTIVE HISTORY and/or SOAPWRITER tool to flesh out the history if desired.

OCULAR SX's - As discussed above in the OCULAR REVIEW OF SYMPTOMS, this tool gives you the ability to fully document current and past symptoms. Like many of the other tools in ezChartWriter, the OCULAR SXs tool is completely customizable.

COMPUTER USE - Allows you to specify the patients typically computer usage.

OCCUPATION - You may specify the occupation(s) of the patient.

PRIOR HISTORY - Once you have seen the patient back for a repeat examination, you can call up prior subjective history data and paste them into the record.

CONTACT LENS TOOL - A link to the contact lens tool (where you can list the patients habitual contact lenses and wear routine). This tool is also available from the MAIN CHART left-side TOOLBOX menu.

LENSOMETRY - Allows entry of lensometry results. You can also use the MAIN CHART left-side TOOLBOX menu choice AUTOMATED INSTRUMENT TOOL to enter lensometry results.

HOBBIES - You may specify any hobbies or avocations of the patient.

TEXT PREVIEW BOX - One of several preview boxes on the SUBJECTIVE FINDINGS tool, you can view the data to be inserted into the exam record by moving your mouse over the tool button. What you see is what will be inserted when you click the OKAY button.

CUSTOMIZE - although not part of the actual TOOLBOX, the CUSTOMIZE button allows you to configure certain settings of the SUBJECTIVE FINDINGS tool to your own personal settings.

DETAILED HISTORY TOOL

The DETAILED HISTORY TOOL allows for complete entry of a patient's medical, ocular, social, family and medication/allergy history. To begin using the tool, click the Green Arrow (which Quick Fills all "Normal" values). Then click the Details>> button. The screen shown below is displayed:

7.3.2.1 Include patient age/gender/race in SOAP note

On the Subjective Findings tool, you have the option to enter the patients age/gender/race into the SOAP note. The buttons will have three states:

1 - Blank (no data will be entered into the subjective field of the SOAP):

Race/Ethnicity:  

2 - Age/Gender only:

Race/Ethnicity:  

3 - Age/Gender and Race selected:

Race/Ethnicity:   

NOTE: You can click the button a second time to remove the entry.

7.3.2.2 Use the "Quick Fill Template"

One of the more advanced features of the **Subjective Findings** tool is the ability to pre-fill 90-99% of the data with one click of the mouse. Assuming you patient is all normal and just in for a routine exam, this will be a huge time-saver. But even for more involved patients, you simply need to select the abnormal items to finish the subjective portion of the SOAP note.

To use the **Quick Fill Template**, open the **Subjective Findings** tool, then click the dropdown.

Select whether the patient is New or Established, then select the template you wish to use. Most of the basic information will pre-fill, and all ocular and medical history will set to normal.

From this point, you can easily indicate any medications or past history. See the section on Entering medical/ocular history^[257] to learn how to do this.

7.3.2.3 Indicate a chief complaint

To enter a Chief Complaint, click the "Complaints" tab in the **Subjective Findings** tool.

Use the various checkboxes and dropdown choices to select the chief complaint(s). You can unselect the checkboxes to remove text. To review what you have selected, click the Preview tab at the top. You also use the SOAPwriter tab (which is customizable) to enter more detailed choices.

You may also enter free-text into the Preview box. Anything you enter here will paste into the chart as it is shown, once you click Okay on the Subjective Findings tool.

To enter a secondary complaint, use the dropdown choice below the main complaint section (the small arrow will allow you to choose a heading):

The screenshot shows the 'Complaints' tab in the ezChartWriter software. At the top, there are four tabs: 'Preliminary Findings', 'Complaints' (which is selected and highlighted in orange), 'SOAPwriter', and 'Preview'. Below these, there are four sub-tabs: 'Complaints', 'Spectacles', 'Contact Lenses', and 'Misc Complaints'. The 'Complaints' sub-tab is active. It contains two main sections: 'Chief Complaint' and 'Also Reporting'. Both sections have a dropdown arrow to the right of their respective checkboxes. The 'Chief Complaint' section has a list of checkboxes on the left and a list of checkboxes on the right. The 'Also Reporting' section has a list of checkboxes on the left and a list of checkboxes on the right. The 'Also Reporting' section is highlighted with a yellow background.

Chief Complaint

<input type="checkbox"/> Routine Check-up.	<input checked="" type="checkbox"/> Blurry DVA.	<input checked="" type="checkbox"/> Other: Dryness.
<input type="checkbox"/> Updating spectacle Rx.	<input type="checkbox"/> Blurry NVA.	
<input type="checkbox"/> Updating contact Rx.	<input type="checkbox"/> Eyestrain at near.	<input type="checkbox"/> Diabetic retina eval.
<input type="checkbox"/> Lost spectacles.	<input type="checkbox"/> Computer eyestrain.	<input type="checkbox"/> Red eye/infection.
<input type="checkbox"/> Scratched lenses.	<input type="checkbox"/> Headaches.	<input type="checkbox"/> Glaucoma check.
<input type="checkbox"/> Broken spectacles.	<input type="checkbox"/> First-time contact fit.	<input type="checkbox"/> LASIK Consultation.

Also Reporting

<input type="checkbox"/> Updating spectacle Rx.	<input type="checkbox"/> Blurry DVA.	<input type="checkbox"/> Headaches.	<input type="checkbox"/> Diabetic retina eval.
<input type="checkbox"/> Updating contact Rx.	<input type="checkbox"/> Blurry NVA.		<input type="checkbox"/> Glaucoma check.
<input type="checkbox"/> Lost spectacles.	<input checked="" type="checkbox"/> Eyestrain at near.		<input type="checkbox"/> Red eye/infection.
<input type="checkbox"/> Scratched lenses.	<input type="checkbox"/> Computer eyestrain.		<input type="checkbox"/> LASIK Consult.
<input type="checkbox"/> Broken spectacles.	<input type="checkbox"/> First-time contact fit.		

7.3.2.4 Customize the complaints



IMPORTANT NOTE: Customization within ezChartWriter is of two types: (1) per computer and (2) system-wide (all computers on the network). The "Customizing of Complaints" is per computer. Only the computer you are currently working will have the settings retained. Each user can have their own custom settings however.

To customize chief complaints, open the **Subjective Findings** tool. Note that currently **ONLY** the five right-side checkboxes can be customized in the **Complaints** tab (both in top Chief Complaints and bottom Secondary Complaints).

Right-click on the item you wish to customize and enter the new text. The text will stay the same until you change it again in the future.

Other:

☐ Diabetic retina eval. ☐ Custom Choice #1 - right click to edit

☐ Glaucoma check. ☐ Custom Choice #2

☐ Red eye/infection. ☐ Custom Choice #3

☐ LASIK Consultation. ☐ Custom Choice #4

☐ Custom Choice #5 (can be long text)

right click to customize the Complaint choices

☐ Diabetic retina eval. ☐ Custom Choice #1 - right click to edit

☐ Glaucoma check. ☐ Custom Choice #2

☐ Red eye/infection. ☐ Custom Choice #3

☐ LASIK Consult. ☐ Custom Choice #4

☐ Headaches. ☐ Custom Choice #5

7.3.2.5 Enter medical/ocular history

The simplest method is to click the green "All-Normal" arrow button. This will set the history buttons to green ("normal"). If the patient has no other history to report, you are done!

☐ Ocular Review of Symptoms ☒ Subjective History ☒ Med Hx from: 3/10/2008

☐ No ocular symptoms noted. ☒ All-Normal

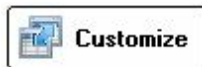
Ocular Hx Social Hx Family Hx Allergies

Medical Hx ROS Medications Details >>

Unremarkable for past major illnesses, past surgeries or injuries. Patient denies diabetes, hypertension, heart disease and lung disease. Denies thyroid problems, cancer, inflammatory and infections disease.

Click for "All-Normal"

NOTE: You can customize which buttons will set to All-Normal by using the Customization Tool²⁷¹.



To enter more detailed information, click on the Details>> button. The Quick History Tool²⁶⁰ will display.

7.3.2.5.1 Pull forward a previous medical/ocular history

From a previous FINAL encounter, you can pull the prior medication, medical, ocular, family and social history forward, as well as the ROS. To do this click the small **Find Prior History** button as show below:

click to find prior history

You can achieve the same result by clicking the **Prior History** button at the bottom of the **Subjective Findings** tool.

A screen will appear with a list of finalized encounters from which you can select the prior data you wish to copy forward. If you do not wish to copy a particular section (for instance, the ROS), then simply uncheck that section's checkbox. Click the Select button at the bottom and the data will be copied into the **Subjective Findings** tool.

Search for Historical Data

Prior Exams: Patient: **Tewalt, Rory** ☐ Include Pending

Date	Status	Description
06/09/2008	FINAL	940.30 Corneal And Conjunctival Chemical Burn...

Selected Encounter Date: **06/09/2008** ☐ Set 'Review Date' to match the select prior Hx.

☒ **Ocular History** **Check the History sections that you wish to import to current record.**

Current and past history is unremarkable for ocular diseases, injuries and amblyopia. In addition there is no history of ocular surgery.

☒ **Medical History**

Unremarkable for past major illnesses, past surgeries or injuries. Patient denies diabetes, hypertension, heart disease and lung disease. Denies thyroid problems, cancer, inflammatory and infections disease.




☐ **Review of Systems**

☒ **Family History**

Patient denies pertinent family history including blindness, glaucoma, macular degeneration and retinal detachment. In addition, pertinent systemic family history is unremarkable.

☐ **Social History**

☒ Select/Unselect All

  **Select**  **Close**

7.3.2.5.2 Quick History Tool

Quick History Form

Medical History [More...](#)

<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Inflammatory Disease
<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Disease

Ocular History [More...](#)

<input type="checkbox"/>	<input type="checkbox"/>	Amblyopia	<input type="checkbox"/>	<input type="checkbox"/>	Field Loss
<input type="checkbox"/>	<input type="checkbox"/>	Strabismus	<input type="checkbox"/>	<input type="checkbox"/>	Cataracts
<input type="checkbox"/>	<input type="checkbox"/>	Injuries	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	Macular Degeneration

Review of Systems

<input type="checkbox"/>	<input type="checkbox"/>	General Health	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use
<input type="checkbox"/>	<input type="checkbox"/>	Constitutional	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular
<input type="checkbox"/>	<input type="checkbox"/>	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory
<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Allergic/Immunologic
<input type="checkbox"/>	<input type="checkbox"/>	Hematologic	<input type="checkbox"/>	<input type="checkbox"/>	Endocrine
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	Dermatologic
<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	Genital-uro
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive

Family History ☐ Adopted, no historical record

<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Retinal Disease
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	Blindness/Other

Medications [Customize](#)

☐ No medications currently taken. ☐ BOP ☐ Multitasker

Allergy History [Customize](#)

☐ No known drug allergies. ☐ Penicillin ☐ Sulfonamides

Social History

<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use	<input type="checkbox"/>	<input type="checkbox"/>	Narcotic Use
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	Other

How do I...

- Mark a history item as normal/abnormal? [\[260\]](#)
- Enter detailed history of an item? [\[261\]](#)
- Enter detailed ROS information? [\[261\]](#)
- Enter patient medications? [\[262\]](#)
- Enter family history? [\[263\]](#)
- Enter social history? [\[264\]](#)
- Add custom medications, allergies, etc? [\[265\]](#)

7.3.2.5.2.1 Mark a history item as normal/abnormal

All buttons in the Quick History Tool work in a similar fashion. The beige color button indicates an "unanswered" category (e.g. in the Medical History section shown below, the Diabetes button is beige and has no data).

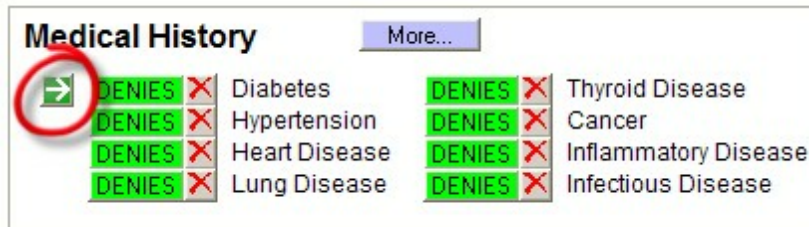
Medical History [More...](#)

<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid Disease
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Inflammatory Disease
<input type="checkbox"/>	<input type="checkbox"/>	Lung Disease	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Disease

There are three (3) states for the history buttons:

1. Beige - No Data Reported
2. Green - Normal
3. Pink/Red - Abnormal finding recorded

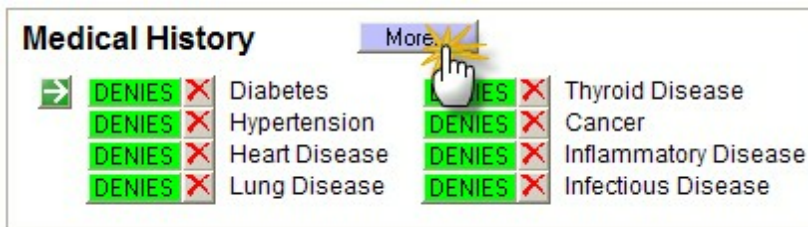
NOTE: When you first click a button that is beige, it turns red/abnormal and the subsection's Details box will display. If you click a green button, the same thing occurs. If you click a red/abnormal button, it will turn green/normal. To reset to beige/no data you must click the red delete button next to the beige button.



Pressing the green arrow acts as a toggle button to set ALL of the buttons in that section to one type (either all normal or all "no data"). Be careful, as this may delete any abnormal findings you have entered in that section.

7.3.2.5.2.2 Enter detailed history of an item

On most of the subsections of the **Quick History Tool**, you will find a light blue button labeled "More". This gives you the opportunity to enter more detailed information than can be entered using the standard buttons.



For example, if you have a patient with a disease not listed in the primary eight categories you can enter additional details with the **More** button.

7.3.2.5.2.3 Enter detailed ROS information

It is possible to enter detailed Review of Systems information using the ROS subsection. Clicking the small green arrow prefills all the buttons as green/normal. By clicking individual buttons you can further give detailed ROS information.

Review of Systems

Neurological Symptoms

	D	A	N	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DENIES numbness
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DENIES tingling
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DENIES paralysis
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DENIES headaches
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DENIES dizziness/vertigo
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ADMITTS seizures
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DENIES tremors
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DENIES head injuries
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

KEY: DENIES ADMITS

☒ Okay ☒ Cancel

click the down arrow to fill the column as the same

click the "N" to select Not Relevant/Not Assessed

click "A" for Admit, "D" for Denies

7.3.2.5.2.4 Enter patient medications

You can use the quick checkboxes for common medications (the checkboxes are customizable, simply right-click to make changes).

Medications [Customize](#)

☒ No medications currently taken.

<input type="checkbox"/> Aspirin	<input type="checkbox"/> Lisinopril	<input type="checkbox"/> Atenolol
<input type="checkbox"/> Metformin	<input type="checkbox"/> Oral contraceptive	<input type="checkbox"/> Norvasc
<input type="checkbox"/> Multivitamin	<input type="checkbox"/> Lexapro	<input type="checkbox"/> Zoloft

In the dropdown box you can also type in the first few letters of the medication name and the available medications that match will appear. Press enter or the Accept button to choose.

You can add custom or new medications that might not be on the list. Do this by clicking the [Customize](#) button at the top of the subsection.

7.3.2.5.2.5 Enter allergy information

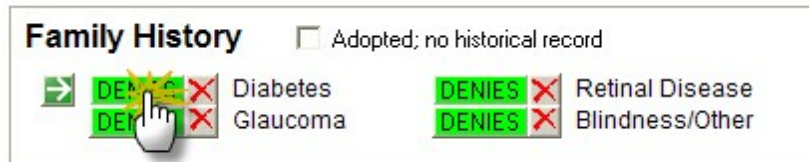
You can enter allergies from the dropdown list, or select from the common drug allergies in the checkboxes. Click the Customize button to add to your allergy list.



The 'Allergy History' form features a title bar with a 'Customize' button. Below the title, there is a checked checkbox labeled 'No known drug allergies.' followed by two unchecked checkboxes: 'Penicillin' and 'Sulfa drugs'. A dropdown menu is positioned below these checkboxes. To the right of the dropdown are two buttons: 'Add to List' and 'Remove'. At the bottom right of the form is a 'Clear List' button.

7.3.2.5.2.6 Enter family history

To indicate a family history of disease, click the button next to the disease of concern. For instance, clicking the diabetes button will display the Family History Tree for diabetes. Click the afflicted family members and press Okay.



The 'Family History' form includes a title bar and a checkbox labeled 'Adopted; no historical record'. Below this, there are four disease categories, each with a green 'DENIES' button and a red 'X' button: 'Diabetes', 'Glaucoma', 'Retinal Disease', and 'Blindness/Other'. A mouse cursor is shown clicking the 'DENIES' button for Diabetes.

You can also specify the type of disease, as well as make general comments (such as "Unspecified Family Member").

Family Tree Tool

Family History Tree

Click on the corresponding family members to indicate a positive family history for the disease entity.

Diabetes:

☐ Type 1 ☒ Type 2 ☐ Gestational ☐ Unknown/Unsure

☐ Unspecified family member ☐ Unsure of exact condition

☐ Multiple family members ☐ Poor historical record

CLEAR **✓ Okay** **✗ Cancel**

7.3.2.5.2.7 Enter social history

The patient's Social History can be entered by clicking the appropriate buttons. The Social History Tool will display with a dropdown list for the selected item.

Social History

→ **DENIES** **✗** Tobacco Use **DENIES** **✗** Narcotic Use

DENIES **✗** Alcohol Use **✗** Other

Social History Tool

☒ Tobacco usage: **Current smoker, 2 pks day**

☒ Alcohol usage: **Denies**


☒ Narcotic usage: **Denies**

☐ Other:

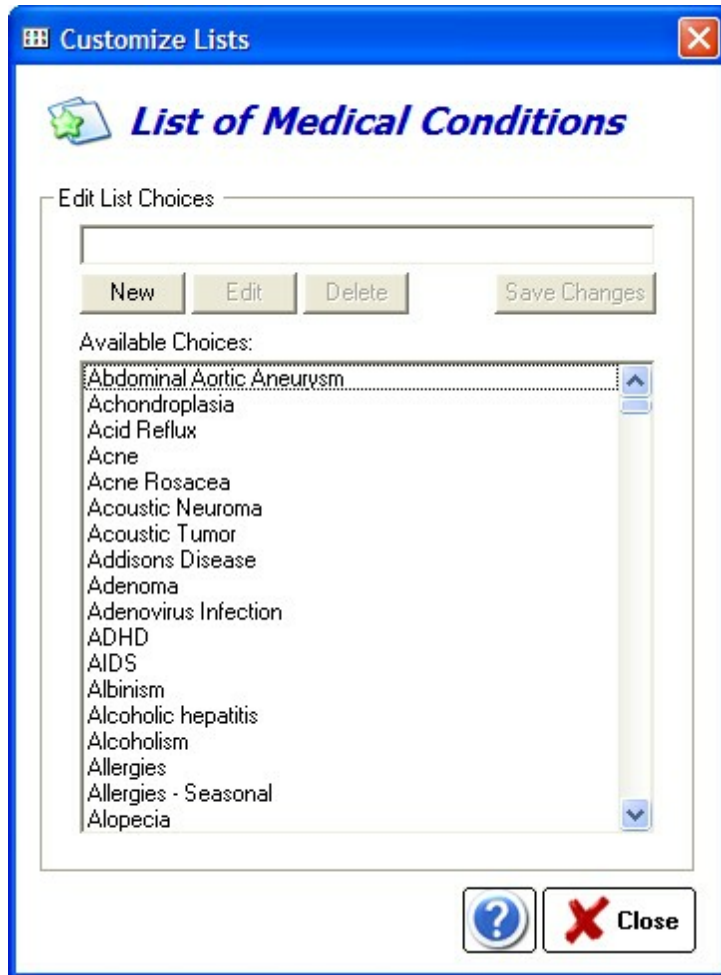
✓ Okay **✗ Cancel**

→ **ADMIN** **DENIES** **✗** Alcohol Use **✗** Other

7.3.2.5.2.8 Add custom meds, allergies, diseases

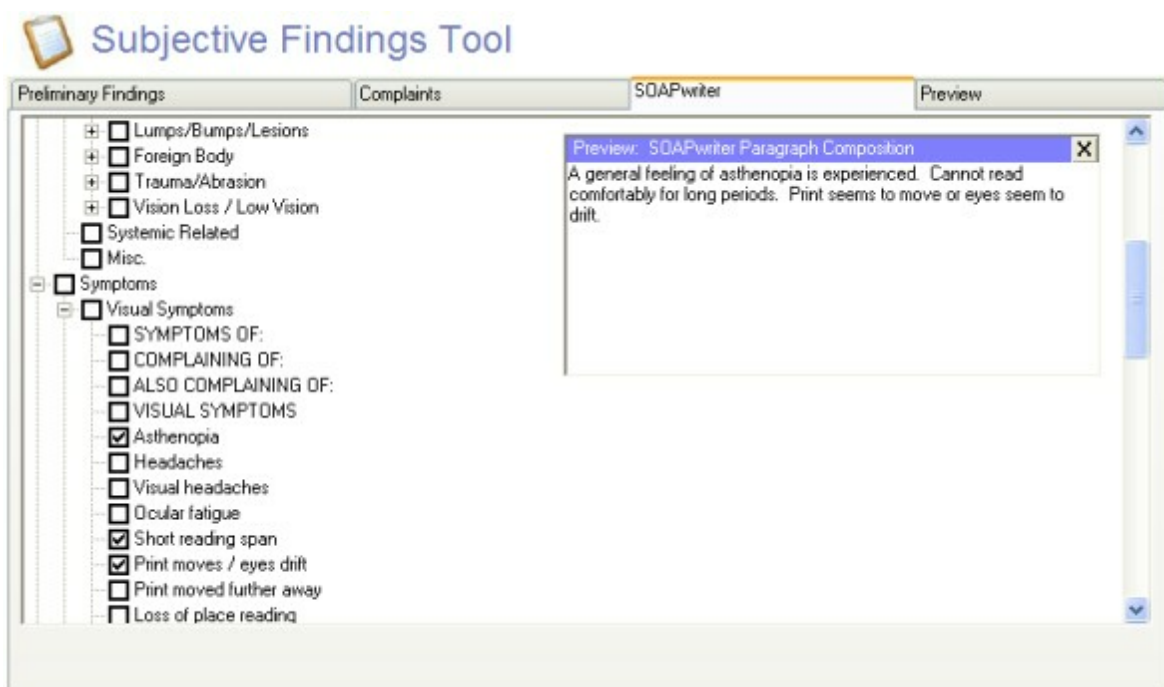
To customize many items, you need only click the Customize button located to next to the topic. The button looks like this: 

The list of items will appear which you can modify with the New, Edit or Delete buttons.



7.3.2.6 Use the Subjective History SOAPwriter tool

The SOAPwriter allows you to pick and choose from among hundreds of pre-formed text sentences. For instance, to indicate a patient has a symptom of asthenopia, you would click on the Symptoms heading, then choose Visual Symptoms, then choose "Asthenopia". The preview box pops up showing you exactly what will be pasted into the SOAP note. The sentences are designed to flow like natural language. And, if you don't like how a sentence reads, just change it in the PREVIEW box or in the SOAP note itself.



7.3.2.7 Use the Subjective ToolBox

HPI Wizard^[266]
 Ocular Symptoms Tool^[267]
 Computer Usage Tool^[269]
 Occupations Tool^[270]
 Hobbies Tool^[271]
 Prior History Tool^[258]



7.3.2.7.1 HPI Wizard

The HPI (History of Presenting Illness) allows for a complete history of the patient's chief complaint and helps you properly code your exam for insurance reimbursement. The HPI consists of eight parts plus the chief complaint itself.

HPI Wizard

Use the dropdown boxes below to select the closest match (or enter free-text). Remember, to meet Medicare guidelines you must select at least FOUR of the HPI criteria.

CHIEF COMPLAINT: (Required)
redness

Location: right eye
Where is it?
☐ -EYE(S)
☒ right eye
☐ left eye
☐ both eyes
☐ front of right eye
☐ front of left eye

Quality: worsening
☐ stable
☐ improving
☒ worsening
☐ throbbing
☐ stabbing
☐ dull

Severity: 2 - discomforting pain
☐ -PAIN SCALE
☐ 0 - no pain; feeling perfectly normal
☐ 1 - very mild pain
☒ 2 - discomforting pain
☐ 3 - tolerable pain
☐ 4 - distressing pain

Duration/Status: began yesterday
☐ began today
☐ began several hours ago
☒ began yesterday
☐ woke up this morning with it
☐ first noticed a long time ago
☐ started very recently

Timing/Onset: constant
☒ constant
☐ occasional
☐ repetitive pattern
☐ periodically
☐ intermittent
☐ in the evenings

Context:
☐ with head movements
☐ with eye movements
☐ with glasses on
☐ with glasses off
☐ with contact lenses on
☐ with contact lenses off

Modifying Factors: admits to extended wear of contacts; relieved with lubricants
☐ no modifying factors reported
☒ admits to extended wear of contacts
☐ denies extended wear of contacts
☐ was wearing eye protection
☐ was not wearing eye protection
☒ relieved with lubricating drops

Associated Signs/Sx's: blurred vision
☒ blurred vision
☐ headache
☐ no headache
☐ flashing lights
☐ no flashing lights
☐ floating spots

? Okay Close


7.3.2.7.2 Ocular Symptoms Tool

Use the cyan color arrows to mark "All Normal". Click a beige button twice to mark a single item as normal/abnormal. This will call up the detailed findings screen. Data will paste into the Subjective field of the SOAP note.

Ocular Symptoms Tool

Ocular Symptom Review

PASTE TO: ☒ Ocular Symptoms ☐ Chief Complaint



	DENIES	<input checked="" type="checkbox"/>	Flashes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Distorted/warped vision
	DENIES	<input checked="" type="checkbox"/>	Floaters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glare/light sensitivity
	DENIES	<input checked="" type="checkbox"/>	Double vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dryness/burning
	DENIES	<input checked="" type="checkbox"/>	Pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Itching eyes/eyelids
		<input checked="" type="checkbox"/>	Fluctuating vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Foreign body sensation
	ADMITS	<input checked="" type="checkbox"/>	Blackout of vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tired eyes/asthenopia
		<input checked="" type="checkbox"/>	Discharge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye turn
		<input checked="" type="checkbox"/>	Excessive tearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Film over eyes
		<input checked="" type="checkbox"/>	Redness/infection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Halos around lights
		<input checked="" type="checkbox"/>	Loss of side vision	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Crusting eyelashes
		<input checked="" type="checkbox"/>	Drooping eyelid	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bump on eye/eyelid
		<input checked="" type="checkbox"/>	Test Custom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<Custom6>
		<input checked="" type="checkbox"/>	<Custom2>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<Custom7>
		<input checked="" type="checkbox"/>	<Custom3>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<Custom8>
		<input checked="" type="checkbox"/>	<Custom4>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<Custom9>
		<input checked="" type="checkbox"/>	<Custom5>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<Custom10>

CLEAR **Okay** **Close**

7.3.2.7.2.1 Ocular Symptoms PickList Tool

Use the PickList to build ocular symptoms statements?

Use the SOAPwriter tool to build ocular symptoms statements?

Customize the PickList statements?

Customize the SOAPwriter tool statements?

Ocular Symptoms PickList Tool

Category: **Blackout of vision**

Quick PickList SOAPwriter

DEFAULT FINDINGS

- ☐ Denies blackout of vision.

NORMAL FINDINGS

ABNORMAL FINDINGS

- ☐ Reports previous episodes of unilateral TIA.
- ☐ Reports previous episodes of momentary dimming of vision.
- ☒ Reports episodes of unilateral temporary blackout of vision.
- ☐ Reports migraine related blackout of vision.

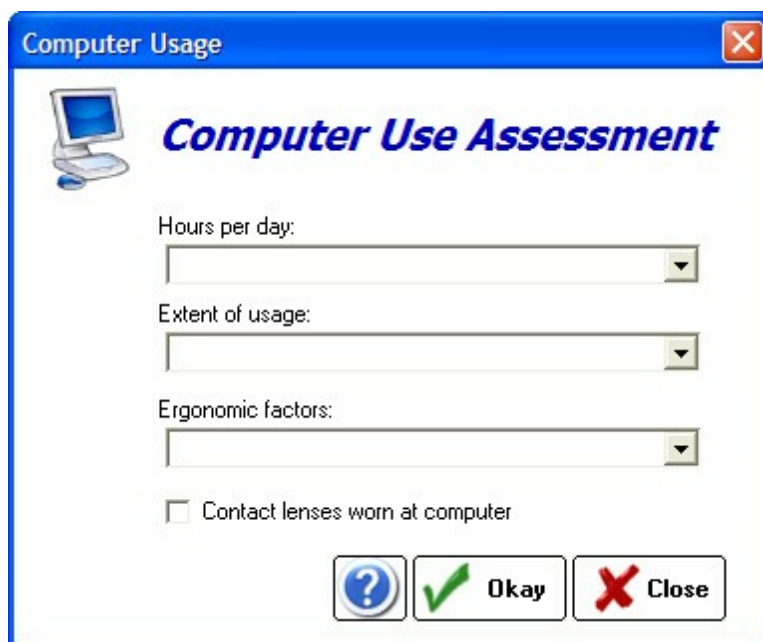
Review & Edit:

Reports episodes of unilateral temporary blackout of vision. Reports episodes of unilateral temporary blackout of vision.


Customize **CLEAR** **?** **Okay** **Close**

7.3.2.7.3 Computer Usage Tool

Enter computer usage details with this tool.



Computer Usage




 **Computer Use Assessment**

Hours per day:

Extent of usage:

Ergonomic factors:

☐ Contact lenses worn at computer

  **Okay**  **Close**

7.3.2.7.4 Occupations Tool

Enter a patient occupation. You can decide where to paste occupation into SOAP note. Use the customize button to add occupations.



Occupation Selection Tool

 **Occupation List**

Select occupation:

Paste to: ☐ Social Hx ☒ Subjective

 **Customize**   **Okay**  **Close**

7.3.2.7.5 Hobbies Tool

Enter a patient hobby using this screen. You can paste the hobby into either the main Subjective field of the SOAP note or the Social History field. Click the **Customize** button to edit the list of choices.

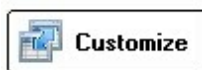


7.3.2.7.6 Customize the Subjective History Tool

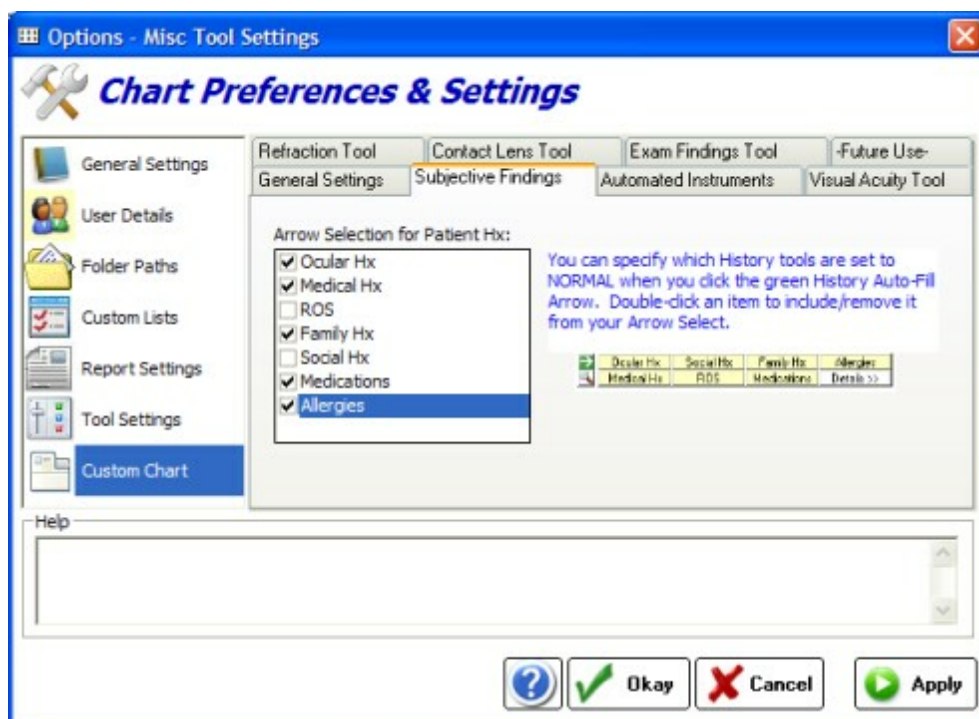


IMPORTANT NOTE: Customization within ezChartWriter is of two types: PER COMPUTER and SYSTEM WIDE. The "Customizing of Subjective Tool for Patient History" is SYSTEM WIDE. Every computer on the network will have this same setting.

You can customize the categories that will pre-fill as All-Normal by using the **Customize** button at the bottom of the Subjective Findings tool.



Once the Chart Preferences screen opens make sure it is on the Subjective Findings tab. Then select the category you wish to include.



7.3.3 Automated Instrument Tool

The Automated Instrument tool allows for the numerical entry of auto-refraction, auto-keratometry, non-contact tonometry, and auto-lensometry readings. It is also possible to enter manual readings on this screen (e.g. retinoscopy or manual keratometry). You can also import prior spectacle prescriptions and automated instrument data if you have an instrument attached to your pretest computer.

Auto-Refracton

Data can be entered using the standard Diopter Power tool²⁴⁶ or by having it imported by the Instrument Link button (if the instrument you are using is one that is supported).

Auto-Keratometry

Use the top two scroll bars to indicate the flat and steep keratometry readings. The axis reading (for K2)

is entered by using the slider bar below the two scroll bars. Use the top arrows to switch between the two eyes or the equal sign to copy data from OD to OS. You can enter information about the mires (especially if using a traditional manual keratometer) by clicking the yellow Mires button.

Non-Contact Tonometry

You can enter up to two readings for each eye. Do so by first selecting the eye (click the arrows or large OD/OS button at the top), then use the sliders below to enter the reading. Use the "R1" line for the first reading. The second reading line ("R2") is optional. An average is calculated if you enter more than one reading. To reset a single reading, click the button with the reading you wish to remove (e.g. click the first button in the display to clear the entire display). To indicate that no reading was taken, right-click the button and select No Reading. You can also adjust the time if you wish, otherwise the current time is used.

Auto-Lensometry

It is possible to neutralize up to three pairs of spectacles. Use the tabs at the top of the Lensometry section to indicate the pair (proceed in order). See the Diopter Power tool^[24] for details on entering prescription data.

Manual Modes

To convert a tool to indicate Manual Mode, check the "Manual" checkbox on any given tool. The heading will change to remind you that you are entering manual data.

Find Prior Rx

By clicking the Find Prior Rx button you can review previous prescriptions on file and copy them to the currently opened Lensometry tab.

Select the Rx to be copied and click the Copy to Lensometry button.

Search for Rx

Find Previous Spectacle Rx's

Encounter List for: Sample, Joe

Date	Status	Description
02/17/2011	PENDING	{Assessment}
05/22/2010	PENDING	{Assessment}
05/17/2010	PENDING	{Assessment}
05/17/2010	PENDING	{Assessment}
05/17/2010	PENDING	{Assessment}
01/07/2010	PENDING	{Assessment}
11/13/2009	PENDING	{Assessment}

Spectacle Rx#1 Encounter Date: **05/22/2010**

OD -3.00 sph
OS -3.00 sph
RECOMMENDATION... anti-scratch coating.

Spectacle Rx#2 **Copy to Lensometry**

Spectacle Rx#3 **Copy to Lensometry**

Close

Instrument Link

If you have an instrument attached to your network and it is one of the instruments supported by ezChartWriter, you can use the Instrument Link button to import the data.



Customize Options

Clicking the Customize button will bring up the Settings screen. The applicable settings for the Automated Instrument tool are the default Tonometry reading and the default Keratometry reading.

Refraction Tool Contact Lens Tool Exam Findings Tool -Future Use-

General Settings Subjective Findings Automated Instruments Visual Acuity Tool

Automated Instrument to Import:
 Generic AR/AK

Path to eyeCOMM data files (Uplink folder):
 C:\

Default Start Values

Tonometry Default: 12

Keratometry Default: 43.50

If you have an auto-refractor linked via eyeCOMM software, these settings tell ezChartWriter what instrument and where to look for the import files.

Specifies the beginning "Normal" tool position for the Tonometry and Keratometry tools.

Clear

This button resets all tools to their default settings.



7.3.3.1 Importing Instrument Data

It is possible to import data from certain automated instruments. The following instrument types are supported:

Marco/Nidek (using MarcoConnect)

RT-2100, RT-900, RT-5100, VL3000, ARK-530A, ARK-700A, ARK-730A, ARK-760A, LM-1000, LM-1200, LM-500, RKT-7700, ARK-10000, ARK-560A, NT-2000, NT-500, LM-600, RT-3100

Topcon

AR/AK 8800, AR/AK 8000

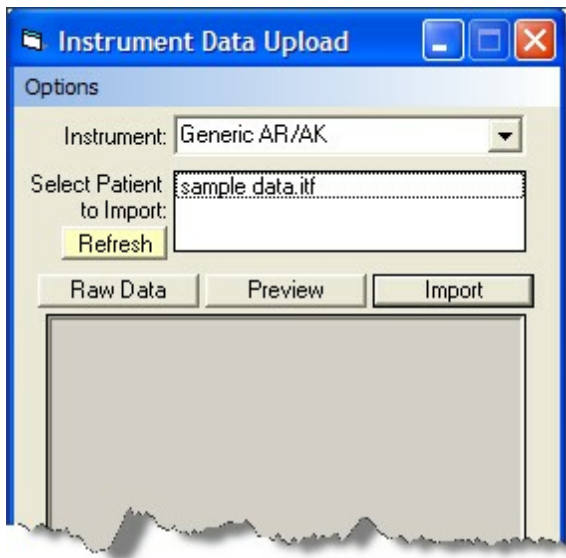
Reichert

AR/AK 460

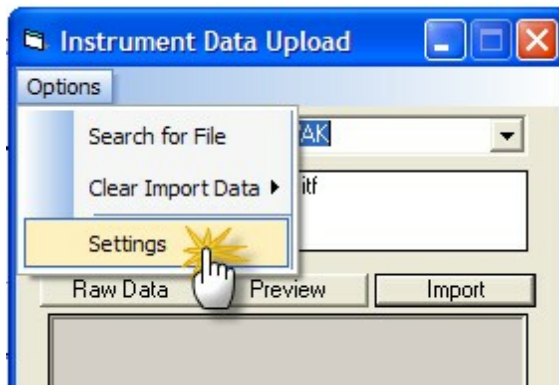
Open the Instrument Link tool by clicking the button at the bottom of the Automated Instrument tool screen.



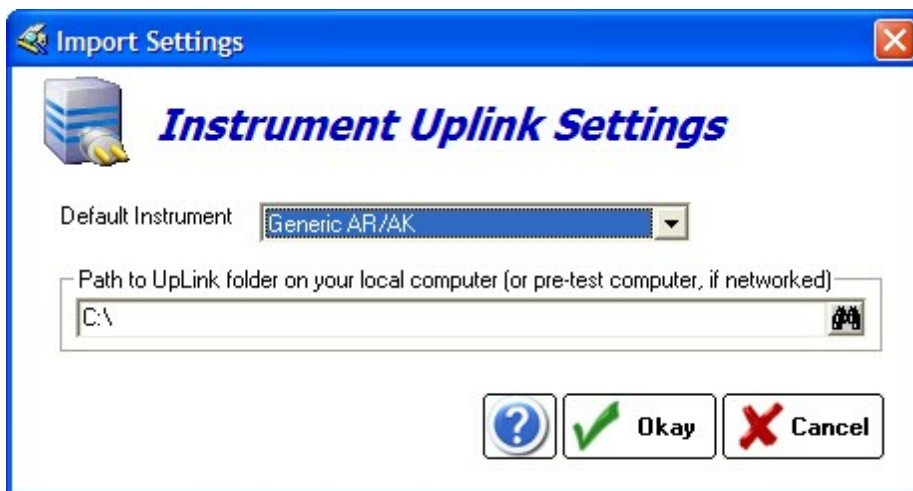
After clicking the Instrument Link button, the Instrument Upload screen appears.



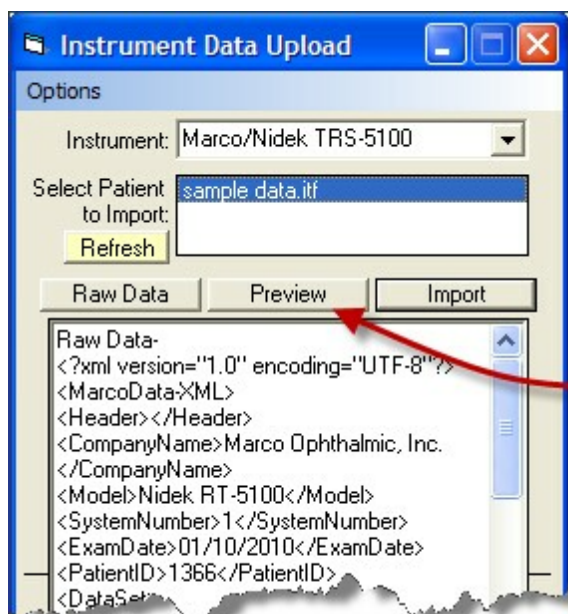
The first time you try to use the Instrument Link, you need to define the Setup options:



The Import Settings screen allows you to select the default instrument that you wish to import and the default path to the location where the instrument uplink files are stored on the network.



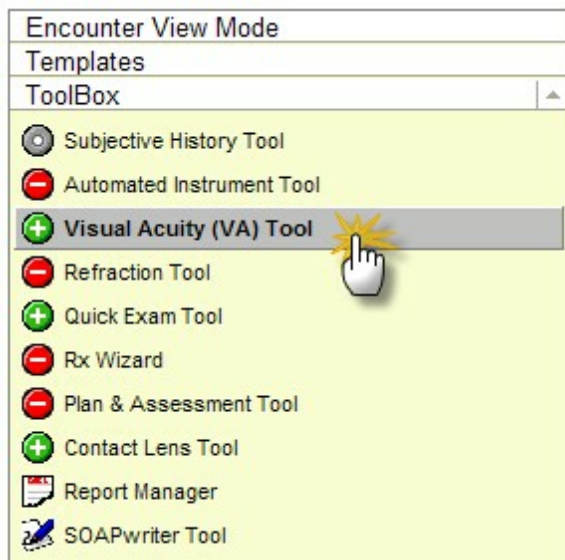
Once the defaults have been set, you can begin using the import utility. In the list of files box, select the one that contains the patient data.



use the Preview button to review parsed data, or the Import button to immediately pull into the Automated Instrument tool.

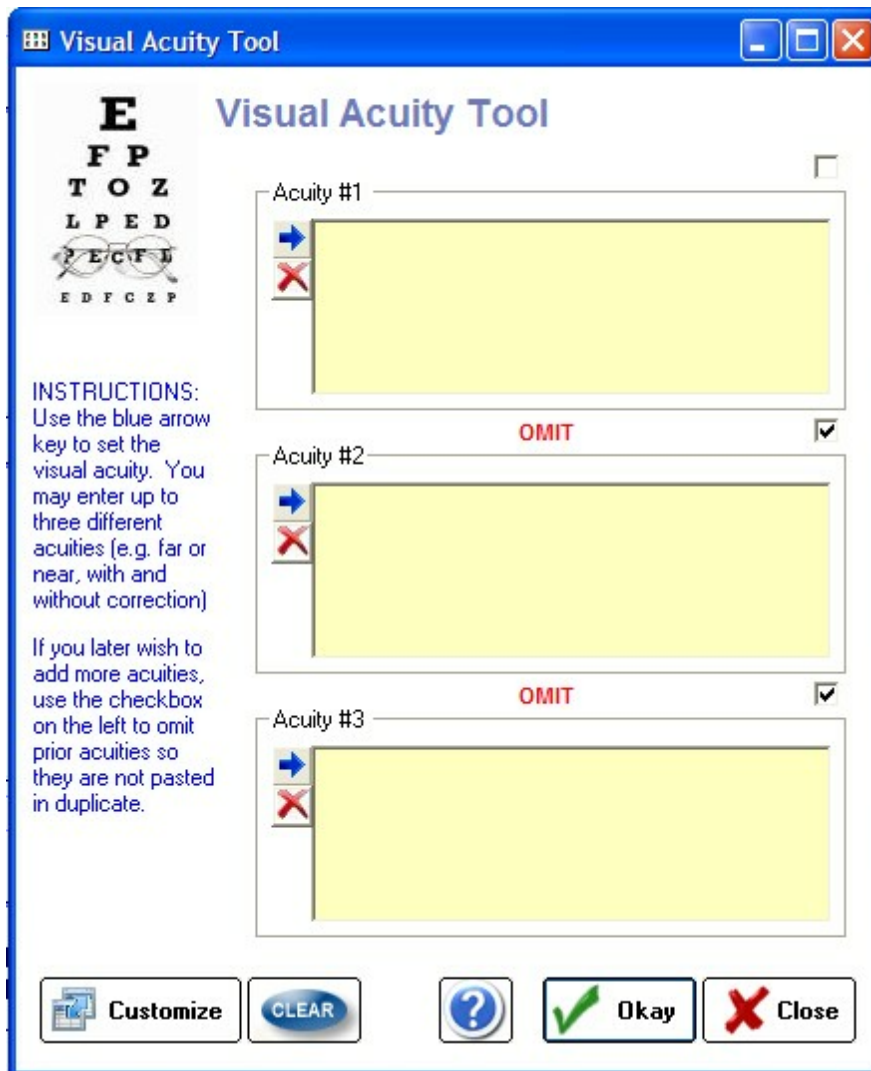
7.3.4 Visual Acuity Tool

The Visual Acuity (VA) Tool is the primary method to enter acuities, although the Contact Lens tool may also be used to enter contact lens acuities when doing a Fit Assessment. To open the VA Tool, click the item on the left side menu:



The VA Tool has two primary parts: the Visual Acuities list which can display up to 3 sets of acuities and the VA picker tool which allows quick selection of acuities.

Visual Acuities List



The image shows a software window titled "Visual Acuity Tool". On the left, there is a graphic of an eye with various letters (E, F, P, T, O, Z, L, P, E, D, E, D, F, C, Z, P) and a pair of glasses. Below this is the text "INSTRUCTIONS: Use the blue arrow key to set the visual acuity. You may enter up to three different acuities (e.g. far or near, with and without correction). If you later wish to add more acuities, use the checkbox on the left to omit prior acuities so they are not pasted in duplicate." The main area of the window contains three sections, each labeled "Acuity #1", "Acuity #2", and "Acuity #3". Each section has a blue arrow button and a red X button on the left, and a yellow rectangular area for input. To the right of each section is a checkbox and the word "OMIT". At the bottom of the window are five buttons: "Customize", "CLEAR", a question mark icon, "Okay", and "Close".

With the Contact Lens list you can do four functions: (1) add a VA set, (2) edit/modify VA set, (3) omit a VA set and (4) delete a VA set.

Adding Visual Acuities

Click the Blue Arrow button to call up the Acuity Measurement Tool. You can do this for any of the three boxes, but start at the top and work down to keep the numbering system correct.

Visual Acuity Measurement

Format:
☒ Snellen ☐ Metric ☐ Decimal

(with spectacles) at distance
 (without correction) at distance
 (with contact lenses) at distance
 (with spectacles) at near
 (without correction) at near
 (with contacts) at near
 (with equivalent trial lens) at distance
ccDVA
 scDVA
 ccNVA
 scNVA
 ccI DVA
 w/ CL's
 (DVA with correction)
 (DVA without correction)
 (DVA with equivalent trial lens)
 (without correction) Allen Symbols
 (without correction) Landolt C chart

OD - Right
 20/20
 20/10
 20/15
 20/20
 20/25
 20/30
 20/40
 20/50
 20/60
 20/70
 20/80
 20/100
 20/200
 20/400
 20/800
 CF @ 3'
 CF @ 6'
 HM @ 3'
 HM @ 6'
 LP
 NLP
 NI
 NR
 PH

OS - Left
 20/20
 20/10
 20/15
 20/20
 20/25
 20/30
 20/40
 20/50
 20/60
 20/70
 20/80
 20/100
 20/200
 20/400
 20/800
 CF @ 3'
 CF @ 6'
 HM @ 3'
 HM @ 6'
 LP
 NLP
 NI
 NR
 PH

OU - Both
 20/20
 20/10
 20/15
 20/20
 20/25
 20/30
 20/40
 20/50
 20/60
 20/70
 20/80
 20/100
 20/200
 20/400
 20/800
 CF @ 3'
 CF @ 6'
 HM @ 3'
 HM @ 6'
 LP
 NLP
 NI
 NR
 PH

CLEAR Customize ? Okay Close

Modifying the Visual Acuity

You can modify a selected acuity in two ways: by re-clicking the Blue Arrow button (which requires you to re-enter data) or by editing directly in the VA box. You can add specific notes also without entering VA's (e.g. "child uncooperative, unable perform VA").

Omitting the Visual Acuity

When you click Okay on the Visual Acuity List, the VA's are inserted into the patient's encounter. If you later need to add another acuity, the prior acuity should be indicated as "Omitted" (by checking the upper right checkbox next to the acuity) so that they next one you enter is in the correct order. In other words, don't delete or overwrite the existing VA, simply add to the next available box. Acuities in this manner will appear like so in the chart:

VISUAL ACUITY:
ACUITY Type: ccDVA
 OD 20/20
 OS 20/20
ACUITY Type: scNVA
 OD 20/40
 OS 20/30
 OU 20/30++

Deleting the Visual Acuity

You can delete any acuity (before it is inserted into the encounter) by clicking the Red delete button under the Blue Arrow button. NOTE: To delete an acuity that has already been inserted into the encounter requires you to manually edit the encounter text.

7.3.5 Refraction Tool

The Refraction Tool is used to enter most of the refractive data into the encounter. It includes several major parts: (1) the Subjective Refraction, (2) the Final Rx and (3) Additional Data section.

Subjective Refraction

When you first open the Refraction Tool, all the sub-tools are in a blank (empty) state. There are some shortcuts to entering data which will be described in detail below. Also, the basic operation of the Diopter Power tool²⁴⁶ sliders/buttons should be reviewed.

Data Entry Shortcuts:

- AR and Lensometry Data - click the green arrow at the top left corner to display the options
- Keyboard entry of numbers - click the Dropdown arrow (under the green arrow)
- Fill Visual Acuity as All Normal - click the blue arrow next to the acuity type

The screenshot shows the Refraction Tool interface. At the top, there are tabs for 'OD' and 'OS', with a central navigation bar containing '<', '=', and '>' buttons. Below the tabs, there are two 'plano' fields. The main section contains three horizontal sliders for 'Sph', 'Cyl', and 'Axis'. Below these sliders is a row of buttons labeled '001', '030', '045', '060', '090', '120', '135', '150', and '180'. A 'PRISM' field is set to '0.00', with a range from '+1.00' to '+4.00'. Below the prism field are two sections: 'Dist Acuity' and 'Near Acuity'. Each section has three dropdown menus labeled 'OD DVA', 'OS DVA', and 'OU DVA' for distance, and 'OD NVA', 'OS NVA', and 'OU NVA' for near. The 'Near Acuity' section also includes a '@ 16"' field. At the bottom left, there is a '1/4' button and a checked box for 'Binocular Balanced Refraction'. At the bottom right, there is a 'Reset' button.

Final Spectacle Rx

It is possible to enter up to three distinct finalized spectacle prescriptions (with notes and recommendations). Simply click on the tabs (in order) to create the new Rx. The green shortcut button allows copying of the subjective refraction from above.

Primary Spectacle Rx 2nd Spectacle Rx 3rd Spectacle Rx

OD < = > OS

plano plano

Sph _____

Cyl _____

Axis _____

001 030 045 060 090 120 135 150 180

PRISM 0.00 +1.00 +2.00 +3.00 +4.00 0.00 PRISM

Notes: _____

1/4 Reset

Recommendations

- ☐ Favorites
 - ☐ allow time for adaptation
 - ☐ anti-scratch coating
 - ☐ AR coating
- ☐ Basic Coatings
 - ☐ anti-scratch coating
 - ☐ AR coating
 - ☐ UV coating
- ☐ Lens Design
 - ☐ aspheric
 - ☐ CR-39 plastic
 - ☐ double D bifocal

The Recommendations list (including the Favorites) can be customized using the Customize button.

Additional Data

There are six available Additional Data screens that relate to the Subjective Refraction. The default is the Refractive Summary, but using the Customize button you can select which tab displays on opening.

Refractive Summary

An overview of instrument data that was imported (or hand-entered). This can include AR/AK and Lensometry data. This data is for reference; to actually get the data into the tool you need to use the green arrow shortcut button.

Retinoscopy Trial Frame Demo Refraction Comments

Refractive Summary Instrument Data Binocular Assessment

LENSOMETRY#1:
 OD -1.75 -1.25 x 074 Add +1.50
 OS -1.75 -2.00 x 095 Add +1.50

Instrument Data

The raw instrument data that was imported will be displayed (only if you imported instrument data).

Useful if you wish to see additional details (e.g. multiple auto-refraction readings rather than the average).

Binocular Assessment

Allows for entry of binocular assessments such as phoria, vergence and accommodative testing.

Phoria Testing			Accommodative Testing		
	D	N	NRA:		FCC:
H			PRA:		AC/A:
V					

Vergence						
	Distance			Near		
	BLUR	BREAK	RECOVER	BLUR	BREAK	RECOVER
BI				BI		
BO				BO		

Retinoscopy

If retinoscopy is performed it can be entered here (or on the Automated Instrument tool by selecting the Manual checkbox). It flows more naturally by entering it here, since you can enter acuities as well. Data entry is by the standard Diopter Power tool^[246].

Trial Frame Demonstration

If you wish to add a statement indicating the results of spectacle trial framing you can use this tool.

Refraction Comments

It is possible to add a statement regarding the process of the subjective refraction (e.g. "the patient responses were inconsistent").

Print Rx

The Print SRx button at the bottom of the Refraction Tool is how you convert the onscreen data into a printed spectacle Rx.



After clicking the Print SRx button you will have the option to indicate how you want the Rx to display in the Plan section of the SOAP note. For exam, you can indicate if a change is indicated or whether to defer the spectacle Rx release (in which case you would select the Save button, not the Print Now).



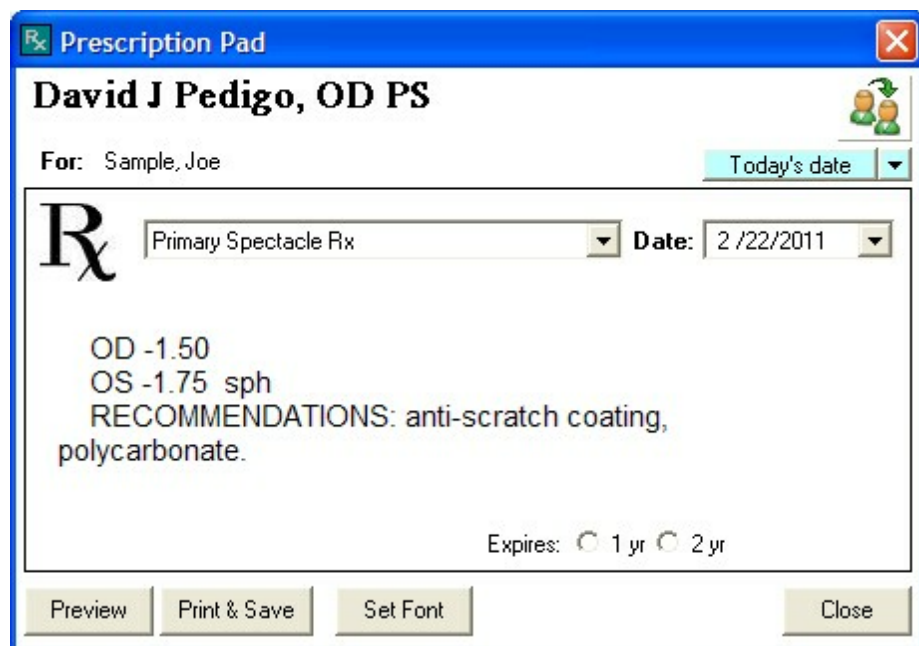
The dialog box titled "Refractive Plan" with a sub-header "Spectacle Rx Plan" contains a "Spectacle Wear Plan" section. It features six radio buttons: "Change advised" (selected), "Change optional", "No SRx needed", "First-time Single vision", "First-time Multifocal", and "Defer SRx release". Below these is a text box containing "A spectacle prescription change is advised." and a dropdown arrow. At the bottom are three buttons: "Print Now" (with a printer icon), "Save" (with a floppy disk icon), and "Cancel" (with a red X icon).

Save Button

The Save button immediately inserts the spectacle Rx (and plan notes you have selected) into the SOAP note.

Print Now Button

The Print Now button will open the onscreen spectacle Rx ("Prescription Pad") for final review. You can cancel if you still need to make changes (for example, if you forgot to enter recommendations or notice a typographical error).



The "Prescription Pad" dialog box displays patient information "David J Pedigo, OD PS" and "For: Sample, Joe". It includes a "Today's date" dropdown set to "2 /22/2011". The main area shows a large "Rx" symbol, a dropdown menu set to "Primary Spectacle Rx", and a "Date:" dropdown set to "2 /22/2011". The prescription text reads: "OD -1.50", "OS -1.75 sph", and "RECOMMENDATIONS: anti-scratch coating, polycarbonate." Below this is an "Expires:" section with radio buttons for "1 yr" (selected) and "2 yr". At the bottom are four buttons: "Preview", "Print & Save", "Set Font", and "Close".

There are several parts to the Prescription Pad: the Doctor/Provider name, the Rx Date, the SRx Report type, the Rx body, expiration date options, font settings, Preview, and Print & Save buttons.

Customize

You can customize some of the information on the Refraction Tool, including: Near point VA distance (defaults to 16" or 40cm), the binocular balance default and Additional Data tab that will be shown by default.

General Settings | Subjective Findings | Automated Instruments | Visual Acuity Tool

Refraction Tool | Contact Lens Tool | Exam Findings Tool | -Future Use-

Select Default "Additional Data" Tab

Refractive Summary

Allows you to select from the various tabs in the "Additional Data" section which you would like to display as a default

Subjective Refraction

☒ Auto-check Binocular Balance (BB)

Near Point VA Distance: 16"

Specifies if you would like the Binocular Balance checkbox selected automatically and what working distance you use for near point VA.

To modify the list of Recommendations in the Final Rx tool, click the Customize button then select Custom Lists on the left-side menu. In the dropdown, select the type (e.g. "Spectacles - Favorites"). Then click Add New button to add to the list.



Chart Preferences & Settings

General Settings | User Details | Folder Paths | Custom Lists | Report Settings | Tool Settings | Custom Chart

Custom List Settings

Select List to Edit: Spectacles - Favorites

List Item	Additional Data
anti-scratch coating	
AR coating	
allow time for adaptation	

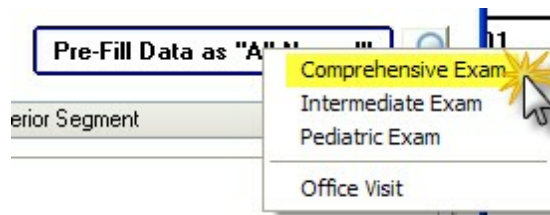
Add New | Edit | Delete | Save Changes

7.3.6 Quick Exam Tool

The Ocular Exam Findings tool allows for a complete assessment and documentation of eye health. It is divided into three major parts: General Findings, Anterior Segment and Posterior Segment.

One feature that makes the exam tool very efficient is that it is possible to pre-fill all the tests with normal values using an Ocular Exam Template. Click the "Pre-Fill Data as All Normal" button at the top

and select the template you wish to use. You can use the Customize button to create your own templates.



Using the small search icon button next to the All Normal button will allow you to view prior exam data (in particular tonometry and C/D ratio results).



Prior Exam Data (Tonometry and C/D ratios)				
	Date	Type	OD	OS
1	10/19/2009	C/D RATIO	0.35 H/V	0.30 H/V
2	08/11/2009	C/D RATIO	0.30 H/V	0.30 H/V
3	08/11/2009	TONOMETRY	13.0 mm	13.0 mm
4	07/17/2009	C/D RATIO	0.30 H/V	0.30 H/V
5				
6				
7				
8				
9				
10				

Hide

General Findings

To indicate Normal Findings, click the beige color button next to the item one time. It will turn green to indicate normal.

NORM Mental Status

To create an Abnormal finding click it one additional time. The Detailed Exam Findings screen will appear.

Click each item you wish to include and uncheck the findings that may not apply (e.g. the default normal findings that may be pre-checked). You can use the Customize button to set the statements to your liking.

To clear an item, click the red X next to the button.

Anterior Chamber
NORM Lens/Capsule
 IOL Evaluation

Anterior Segment

Much like the other sections, simply click the beige buttons to indicate normal (green) or click twice to create a Abnormal finding. You can indicate angle grades by using the check boxes in the Angle Assessment section:

☐ Angle Estimate by van Herick method:

	OU	OD	OS
4+ Wide Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3+ Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2+ Mod Narrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1+ Narrow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Narrow/Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pachymetry Readings can also be easily set:

Pachymetry

OD microns Instrument:

OS microns

The Tonometry tool allows quick entry of applanation tonometry findings. Start by dragging the R1 (top) slider right or left to the desired reading. If a second reading on that same eye was taken, use the R2 slider. Then click the equal sign to copy OD to OS or click the right arrow to jump to OS side. Enter the OS readings the same way. The time automatically defaults to Now, but you can set it to any time. Then click the red dropdown to select the method (you will be prompted if you forget). Click the arrow to see all the choices. If you did not do tonometry, make sure the Omit box is checked.

Tonometry OMIT ☒

OD OS

	mm	mm	avg	mm	mm	avg
R1	<input type="text"/>					
R2	<input type="text"/>					

01:35 12hr 24hr

Comments: ☐ Squeezer ☐ No second reading
☐ Post-Dilation ☐ Serial Tonometry
☐ Unable to perform on other eye

Status: ☐ Refused (both eyes)

Posterior Segment

You can set most of the findings using the familiar beige buttons. Extra tools are present for entering Fundus Evaluation, Ophthalmic Indicators and Optic Nerve Head assessment.

Ophthalmic Indicators				
Spontaneous Venous Pulsation			Foveal Reflex	
OD	+	-	OD	+
OS	+	-	OS	+

Use the Green Arrow to pre-fill the Fundus Evaluation section.

Fundus Evaluation Method	
<input checked="" type="radio"/>	Not Performed
<input type="radio"/>	Dilated Eval
<input type="radio"/>	Small Pupil BIO
<input type="radio"/>	Undilated Eval
Dilated with:	
<input type="checkbox"/> 1gtt	<input type="checkbox"/> 2gtts

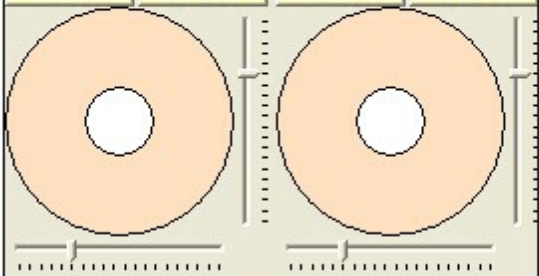
Use the Quick Fill arrow to set the Fundus Evaluation with your defaults.

The C/D Tool and ONH Assessment allows you to quickly define the optic nerve head ratios (use the slider buttons to adjust or simply drag the circles bigger or smaller). The left ONH prefills with the data from the right.

Cup/Disc Ratio Tool OMIT ☒

OD < = > OS

0.30 H 0.30 V 0.30 H 0.30 V



Optic Nerve Head Assessment

X Optic Nerve X Nerve Fiber Layer

Rim notching: Notch

Rim thinning: Thinning

Optic Nerve Descriptors:

OD	OS	OD	OS
<input type="checkbox"/> Deep/lamina	<input type="checkbox"/>	<input type="checkbox"/> Peripap atrophy	<input type="checkbox"/>
<input type="checkbox"/> Shallow	<input type="checkbox"/>	<input type="checkbox"/> Scleral crescent	<input type="checkbox"/>
<input type="checkbox"/> Round	<input type="checkbox"/>	<input type="checkbox"/> Pigment crescent	<input type="checkbox"/>
<input type="checkbox"/> Oval	<input type="checkbox"/>	<input type="checkbox"/> Optic pit	<input type="checkbox"/>
<input type="checkbox"/> Temp. sloping	<input type="checkbox"/>	<input type="checkbox"/> Myelination	<input type="checkbox"/>
<input type="checkbox"/> Undermining	<input type="checkbox"/>	<input type="checkbox"/> Glial remnants	<input type="checkbox"/>

7.3.6.1 Detailed Findings Tool

By checking the appropriate items in the PickList you can create a full description of the problem. In some cases you can right-click the item to indicate which eye is affected (see below). Click the [Customize](#) button to change the PickList statements.

Detailed Exam Findings

Mental Status

Quick Pick List SOAPwriter Drawing Tool

Headings

- ☐ MENTAL STATUS
- ☒ NEURO
- ☐ ORIENTATION

Default Findings

- ☒ Patient is fully alert to time, place and person. Recent and remote memory is fully intact.
- ☒ Patient does not appear anxious or depressed.

Normal Findings

- ☐ Recent and remote memory is fully intact.
- ☐ Patient is alert and oriented x3 with normal effect.
- ☐ Patient is pleasant and sociable.
- ☐ Patient appears oriented and alert.

Abnormal Findings

- ☐ Patient is friendly but vague in responses.
- ☐ Patient was somewhat uncooperative.
- ☐ Patient was uncooperative.
- ☐ Patient is alert and oriented x2 with normal effect.
- ☐ Patient is alert and oriented x1 with normal effect.
- ☐ Patient's disposition seems agitated.
- ☐ Patient seems depressed/uninterested.
- ☐ Patient is non-responsive.

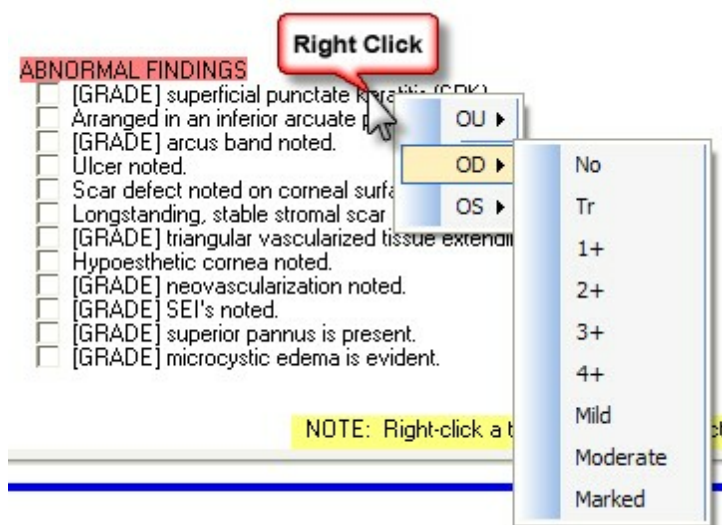
NOTE: Right-click a text statement to select an eye or grade.

Review & Edit:

NEURO Patient is fully alert to time, place and person. Recent and remote memory is fully intact. Patient does not appear anxious or depressed.

Customize CLEAR ? Okay Close

NOTE: To indicate a particular eye, right-click the item and select the eye. Also, some items have a built-in tag called [GRADE] which causes the grading menu to appear. Right-click these items to set the severity/grade of the problem.



7.3.7 Rx Wizard

When you click on the Rx Wizard menu item, the Multiple Rx Creator tool will display. With this tool you can add up to 4 new Rx's at a time. To begin with a brand new Rx, click one of the "New" buttons on the topmost Rx box:

Multiple Rx's

Multiple Rx Creator

INSTRUCTIONS: Use the "New" button to enter a new prescription OR the green arrow to copy an existing prescription on file. You may enter up to four (4) different prescriptions.

New Med Rx
New Spec Rx
New CLRx

Omit? ☒

New Med Rx
New Spec Rx
New CLRx

Omit? ☒

New Med Rx
New Spec Rx
New CLRx

Omit? ☒

New Med Rx
New Spec Rx
New CLRx

Omit? ☒

CLEAR

Free ePrescribing

Print Preview

?

Close

NOTE: If you have already entered a prescription that you wish to re-use, the click the green arrow button to call up the LogBook so you can import the Rx. You will be prompted to save Rx's to the LogBook when closing the Multiple Rx Tool.

Medication Rx

The New Med Rx button will display the Quick Medication Prescribe screen. To begin you must select a medication from the top dropdown screen (or choose one from your Favorite Meds list):

Quick Medication Prescribe

Rx Medication:

Select a medication from list to begin

DOUBLE CLICK TO SELECT SIG: ☐ Display All SIGs

EMPTY ENTIRE CONTENTS OF 1 PACKET ONTO TONGUE AND SWALLOW EVERY 4 HOURS.
 EMPTY ENTIRE CONTENTS OF 1 TO 2 PACKETS ONTO TONGUE AND SWALLOW EVERY 4 HOURS.
 EMPTY ENTIRE CONTENTS OF 2 TO 4 PACKETS ONTO TONGUE AND SWALLOW EVERY 4 HOURS.
 MKX 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK ONCE DAILY.
 MKX 1 PACKET IN 8 OUNCES OF LIQUID AND DRINK TWICE DAILY.

Dose Amount: One, Two, Three, 1-2
 Dose Form: Drop, Capsule, Tablet, Ointment
 Dose Frequency: Once a day, Twice a day, Three times a day, Every Day
 Route/Location: By mouth, Affected area, Right eye, Left eye
 Other Instructions: before meals, with meals, with food, with milk
 Timeframe: for 1 day, for 2 days, for 3 days, for 4 days

For (condition): # Size Refills

Preview Sig:

Favorite Meds (double-click to select) Edit
 TIMOLOL MALEATE (Timolol Maleate EQ 0...

Favorite SIGs (double-click to select) Edit
 INSTILL 1 DROP INTO AFFECTED EYE(S) ...
 READ AND FOLLOW MANUFACTURERS ...
 USE AS DIRECTED.
 CHEW OR SWALLOW 1 TABLET DAILY.

Enter your Sig by using the list choices or use your Favorite Sig. Verify the data in the Preview Box and then click **Continue** to add to the Multiple Rx list.

Spectacle Rx

Enter ophthalmic prescriptions by using the slider bars on the Spectacle Rx tool.

Rx Wizard

Spectacle Rx
 Use the slider bars on the tool below to create the spectacle Rx (in either plus or minus cylinder). You may also click the power buttons to make fine adjustments (right, left or center).

Spectacle Rx Tool

OD OS

plano sph plano sph

Sph

Cyl

Axis

PRISM 0.00 +1.00 +2.00 +3.00 +4.00 0.00 PRISM

Notes:

Recommendations

☐ allow time for adaptation
☐ anti-scratch coating
☐ AR coating

Basic Coatings

☐ anti-scratch coating
☐ AR coating
☐ UV coating

Lens Design

☐ aspheric
☐ CR-39 plastic
☐ double D bifocal

Contact Lens Rx

Enter a contact lens prescriptions by clicking the Brand from the right-side dropdown lists, then using the slider bars to enter the correct diopter power.

Rx Wizard

Contact Lens Rx
Use the slider bars on the tool below to create the contact lens Rx (in either plus or minus cylinder). You may also click the power buttons to make fine adjustments (right, left or center).

Contact Rx Tool Customize

OD

< = >

OS

-2.25

-2.75

Sph

Cyl

Axis

001 030 045 060 090 120 135 150 180

0.00

0.00

Convert to spherical equivalent & vertex: OD OS

Toric rounding, including vertexing: OD OS

Reset	OD	OS
Brand	Vistakon Acuvue Oasys	Vistakon Acuvue Oasys
Base Curve	8.4	8.4
Diameter	14.0	14.0
Sphere	-2.25	-2.75
Cylinder		
Axis		
Add Power		
Tint/Color		
OZD		
PC		
CT		
Edge		
Blend		
Dot		
Other		

< Back Next > Cancel


Printing the Rx

Click the Print Preview button at the bottom to begin the process of printing the Rx.



The Rx Printing Options screen displays. With this tool you can customize your Rx to the type of paper you are using (whether 2 or 4-part Rx paper) or just plain paper. You can also customize what information appears on the Rx. The font of the body of the Rx can also be adjusted. Any changes you make will be remembered for next time as the default (on the computer you make the changes on only).


Select Print Format


 **Rx Printing Options**


Patient: **Joe E. Sample** Provider: **Smith, Joe R**

Rx Date: **2 /15/2011** Expiration Date: **2 /15/2012** ☒ One year ☐ Two year

Page Layout

 ☒ One-Fourth Page


 ☐ One-Half Page

 ☐ Custom
Size: 5-1/2" w x 4-1/4" h

Page margins

Top: **0.35** inch
Left: **0.35** inch
Bottom: **0.35** inch
Right: **0.35** inch

Paper size

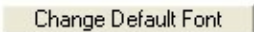
Letter 




Width: **8.50** inch
Height: **11.00** inch

Prescription Options

☒ Include expiration date
☒ Include patient address on Rx
☒ Include NPI# on prescription
☒ Include DEA# on prescription
☒ Include State Lic# on prescription

Rx Font

Font Name: **Arial**
Font Size: **10**


Clicking **Continue** will display the actual Rx as it will appear. Once you print the Rx, click Close and you will be prompted to save a copy as an editable Report. If you do, the Rx will be viewable in the future in the Encounter List in the main module.

David J Pedigo, OD
Pedigo Clinic
2323 Main St Everett WA 98333
TEL: 4257129600

Dr: Smith, Joe R

PATIENT: Sample, Joe E.
DOB: 12/20/1977 GENDER: M CHART#: 000001
ADDR: 123 South Street Apt 5
Seattle WA 98001
Home Phone: (425) 555-8888

Rx

TIMOLOL MALEATE (Timolol Maleate EQ 0.25%
BASE) solution/drops; ophthalmic
Refills: NONE(0)
SIG: INSTILL 1 DROP INTO AFFECTED EYE(S)
ONCE DAILY AS DIRECTED.

DISPENSE AS WRITTEN SUBSTITUTION PERMITTED

Prescription is valid until 02/15/2012

Print Date: 02/15/2011 13:15:41

7.3.8 Plan & Assessment Tool

The Plan/Assessment tool allows you to create a problem/plan list for the encounter, as well as detail patient education and follow-up requirements. There are four primary sections (displayed as tabs on the left side):

Quick Plan

Designed to allow for quick creation of a refractive problem/plan list. You can enter an assessment, plan and follow-up on this page. Click the items you wish to include (or uncheck to remove).

Assessment

Includes tabs for: Refractive/Binocular, Ocular Pathology and Diagnosis (by alphabetical list or category). You can also click and drag down descriptors (e.g. "OD", "stable" or "worsening") after the assessment.

Click and drag the assessment box below.

Click and Drag

-OD -OS -OU (increasing) (decreasing)

(mild) (high) (longstanding) (oblique) (improving) (bilateral)

Current Diagnosis/Assessments Selected ✕

374.30 Ptosis, Unspecified -OD (longstanding)

Plan

Includes tabs for: Refractive Plan, Ocular Tx Plan and Patient Education.

The Ocular Treatment Plan tab allows you the ability to list prescribed medications in the Plan section (as well as creating actual Printed Rx).

SOAP Writer Pick List:

☐ Plan

☐ OCULAR TREATMENT PLAN

☐ CPM

☐ Taper

☐ D/C Meds

☐ Refer for surgery

☐ Cataract consult

☐ REFRACTIVE PLAN

☐ New spectacles

☐ No change spectacles

 **Free ePrescribing**  **Print Paper Rx**

☐ Treatment/Medications Prescribed

☐ Favorites

☒ Bacitracin Ointment

☒ Erythromycin Ointment

☒ Tobramycin 0.3%

☒ TobraDex

☒ AK-TROL Antibiotic/Steroid Ointment

Prescribed Medications:

Follow-Up

Includes sections for: Follow-Up Timeline, Follow-Up Recommendations, Recall Date.


Follow-up Timeline

Year: 1|2|3 1-2|

<input type="checkbox"/> RTC in	1-2 years	for	complete eye exam
<input type="checkbox"/> RTC in	3 months	for	repeat visual field
<input type="checkbox"/> F/u in	1 week	for	CL progress eval

Follow-up Recommendations:

Notification of changes	
<input type="checkbox"/> Sooner if sx's worsen	<input type="checkbox"/> Sooner if VA changes
<input type="checkbox"/> Sooner if sx's develop	<input type="checkbox"/> Call office if changes noted
<input type="checkbox"/> Sooner if sx's recur	<input type="checkbox"/> Call office for med Rx refill
Eye-Care Follow-up	
<input type="checkbox"/> See OMD as scheduled	<input type="checkbox"/> See OD as scheduled
<input type="checkbox"/> As scheduled for exam	
Medical Follow-up	
<input type="checkbox"/> See regular PCP as scheduled	<input type="checkbox"/> Lab testing
<input type="checkbox"/> See specialist as scheduled	<input type="checkbox"/> Imaging studies

Recall Date (for mailings):Set Recall 

Exam Date		Mos:	1 3 6
Recall Date	08/11/2010	Year:	1 2 3

7.3.9 Contact Lens Tool

The Contact Lens Tool allows for entry of contact lens prescriptions and fit assessments. The tool divides contacts into four broad categories:

Habitual Contact Lenses

The contact lenses the patient comes in wearing can be indicated in this section. This can be done two ways: the Add New button (if you don't have a previous record to draw from) or the Search CL History button if you have seen the patient before.

Right Eye

Habitual Contact Lenses

Trial Contact Lenses (progress evaluation, in-office assessment or

After clicking the Add New button the Contact Lens Power Tool^[302] will open and power/parameters can be entered. If an existing prescription may be present use the Search CL History tool to pull up a list of all previous contacts.

Search Prior Contact Lenses

Double click on an Rx to edit or print

Date	Status	Description	Prov
02/23/2011	FINAL	CLRx OD Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5 OS Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5	Pedigo, D
02/23/2011	FINAL	CLRx OD Ciba Focus Night & Day 8.4 / +7.00 / 13.8 OS Ciba Focus Night & Day 8.4 / +7.00 / 13.8	Pedigo, D
02/23/2011	FINAL	CLRx OD Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5 OS Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5	Pedigo, D
02/23/2011	FINAL	CLRx OD Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5 OS Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5	Pedigo, D
02/23/2011	FINAL	CLRx OD Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5 OS Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5	Pedigo, D

☒ Expand All

To quickly move contacts from one section to another (for example, from the Habitual to the Final Rx), click and drag the Rx down.

Right Eye Left Eye

Habitual Contact Lenses

Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5 X Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5 X

Modify Search CL History Wear History Fit Assessment

Click the Rx box and drag down or across to the new location.

Insert to SOAP

Trial Contact Lenses Ordered/Dispensed this visit

	X	X
	X	X
	X	X

With Trial Set# 1 Add New Search CL History Fit Assessment Instructions Insert to SOAP

Trial Contact Lenses (progress evaluation, in-office assessment or re-check)

Add New Search CL History Fit Assessment Insert to SOAP

Final Contact Lens Prescription

Add New Search CL History Preview Rx Insert to SOAP

The Habitual section has a special tool for evaluating a detailed wear history (especially if you are not doing a complete fit assessment).

OD Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5
OS Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5

☒ Wearing ☐ Previously Worn

Habitual lenses identified via:
Parameters per patient recollection.

Reporting (Inserted into SUBJECTIVE Field)


<input checked="" type="checkbox"/> Lens status out of disposable contacts	<input type="checkbox"/> Wear schedule
<input checked="" type="checkbox"/> Extended wear is... denied	<input type="checkbox"/> Average wear-time
<input checked="" type="checkbox"/> Repl schedule bi-weekly	<input type="checkbox"/> Cleaning protocol:
<input type="checkbox"/> Overall good vision and comfort	<input type="checkbox"/> Type of contact worn in past:
<input checked="" type="checkbox"/> Good comfort	<input type="checkbox"/> Discontinued due to:
<input type="checkbox"/> CL discomfort	<input type="checkbox"/> Mono-vision wear:
<input type="checkbox"/> CL intolerance	
<input type="checkbox"/> Redness	
<input type="checkbox"/> Excessive mov't	
<input type="checkbox"/> Intermittant blur	
<input type="checkbox"/> Itching	
<input type="checkbox"/> Mild dryness	
<input type="checkbox"/> Moderate dryness	
<input type="checkbox"/> Dec. wear time	
<input type="checkbox"/> Lens adherence	
<input type="checkbox"/> Handling difficulties	

Done Cancel

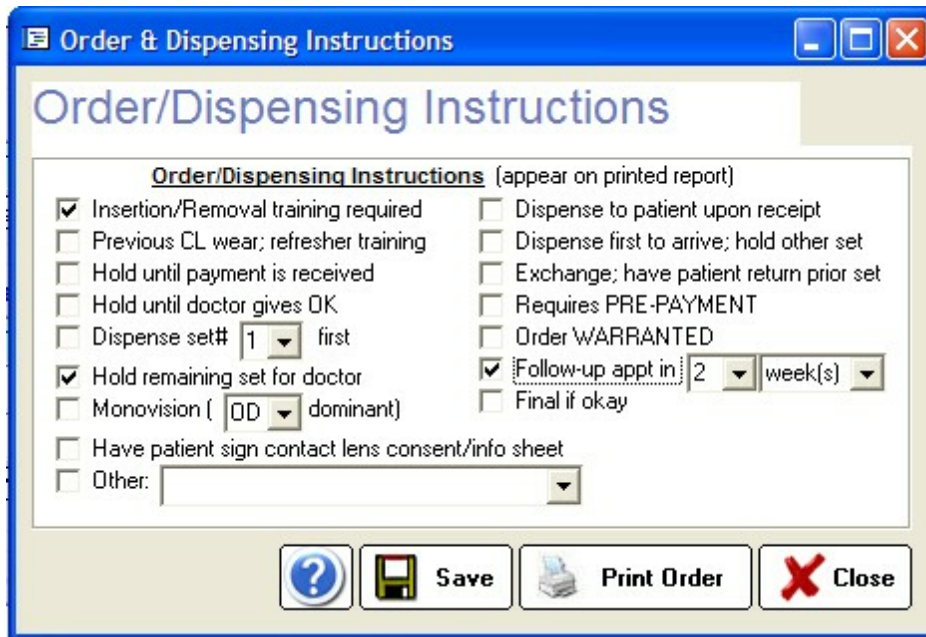
Trial Contacts for Ordering/Dispensing

There are two sections for trial lenses; the Order/Dispensing section allows you to enter contacts that

will be going home with the patient (or which are being ordered for future dispensing). You may enter up to three sets of trial lenses. To work with a specific set, click in the box you wish to add or use the dropdown box to select the trial set.

To enter a lens evaluation and fit assessment, click the Fit Assessment  button. You can enter fit assessments on any contacts except for the Final Rx box.

The Ordering/Dispensing side has the ability to add ordering comments (use the Instructions button):



Trial Contacts for Evaluation

If you are doing a follow-up contact lens visit (progress evaluation) or evaluating trials on the same day before deciding to dispense (in-office trials), you can use the Trial Contacts Evaluation section. This section is the only one that allows for a complete SOAP note to be generated (i.e. when a patient comes in for a visit specifically for a contact lens evaluation); in this case all the SOAP fields will be recorded separately. The alternative is the "mini-SOAP" which puts the elements of the Fit Assessment into a single entry in the Objective section of the SOAP note. This is done when you are doing the contact lens fit assessment as part of a larger encounter process (e.g. complete eye exam with contact lenses).

Final Contact Lens Prescription

The final contact lens prescription(s) that you will be giving to the patient. Can be printed multiple times (by changing the Rx then clicking Preview Rx button). Once you click the Preview Rx button you will be asked if you want to save a copy in the Plan (usually you want to answer yes, unless you are just reprinting, for instance if your printer malfunctioned). The prescription pad screen will display for your review:

Prescription Pad

David J Pedigo, OD PS

For: Sample, Joe

Rx Contact Lens Rx Date: 3/10/2008 Expires: ☐ 1 yr ☐ 2 yr

OD Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5
OS Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5

Preview Print & Save Set Font Close

If all is well, click the Preview if you want to see the actual on screen version of the printout or just click Print & Save button to print without previewing.

7.3.9.1 Contact Lens Power Tool

The Contact Lens Power tool is divided into a right and left side. The right side is the detailed parameters in grid format, the left side is the Diopter Power Tool^[246]. But before you can begin using the tool you must select the contact lens brand using the dropdown arrow:

Select BRAND on right side dropdown to begin ->

Reset	OD	OS
Brand:		
Base Curve:		
Diameter:		
Sphere:		
Cylinder:		
Axis:		
Add Power:		
Tint/Color:		
OZD:		
Peripheral Curve:		
Center Thickness:		
Edge:		
Blend:		
Lens Dot:		
Notes/Other:		

Before you can enter lens parameters you must select the brand of contacts from the dropdown list. If the lens does not exist you can add it to the list with the Customize button.

Customize View K's Unknown: ☐ Brand ☐ Parameters ☐ Powers Continue Close

Once the brand is selected, the power sliders become available. Alternatively you can use the green arrow button to copy the Subjective Refraction or Lensometry readings into the tool (which may require editing).



Copy from Spectacle Rx
Copy from AutoRefraction Readings

Copy from Lensometry #1
Copy from Lensometry #2
Copy from Lensometry #3

PowerTool

To automatically convert the power for vertexing or toric conversion, use the buttons in the grid below the diopter power sliders ^[246].

The screenshot shows the 'Contact Lens Parameters' dialog box in the ezChartWriter software. At the top, there are buttons for 'OD' (Oculus Dexter) and 'OS' (Oculus Sinister), with navigation arrows between them. Below these are two 'plano' buttons, each followed by a small input field. The main section contains three horizontal sliders for 'Sph' (Sphere), 'Cyl' (Cylinder), and 'Axis'. Below the sliders is a row of axis angle buttons: 001, 030, 045, 060, 090, 120, 135, 150, and 180. Underneath these is a large numerical input field showing '0.00', with a small circular icon to its left and a range from +1.00 to +4.00 indicated below. At the bottom, there are two rows of checkboxes: 'Convert to spherical equivalent & vertex:' and 'Toric rounding, including vertexing:', each followed by 'OD' and 'OS' checkboxes.

OD	< = >	OS
plano		plano
Sph		
Cyl		
Axis		
001	030	045
060	090	120
135	150	180
0.00		0.00
+1.00	+2.00	+3.00
+4.00		
Convert to spherical equivalent & vertex: OD OS		
Toric rounding, including vertexing: OD OS		

Contact Lens Parameters

Reset	OD	OS
Brand:	RGP Fluoroperm-60	RGP Fluoroperm-60
Base Curve:	7.66	7.80
Diameter:	9.0	9.0
Sphere:	-2.50	-3.00
Cylinder:		
Axis:		
Add Power:		
Replacement:		
CT:	0.17	0.17
OZD:		
IC/W:		
PC/W:		
Bitoric BC:		
Bitoric Power:		
RZD:		
LZA:		
Skirt Curve:		
Bifocal Seg:		
Edge Lift:		
Blend:		
Lens Type:		
Material:		
Color/Tint:		
Lenticular:		
Warranted:	Yes	Yes
Reorder/Return:		
Dotted:		
Truncated:		
Prism Ballast:		
Fenestrated:		
Notes:		

When printing a contact lens prescription, many of the parameters will be displayed in brackets like below:

OD RGP Fluoroperm-60 7.66 / -2.50 / 9.0 [CT=0.17; Warranted=Yes]
 OS RGP Fluoroperm-60 7.80 / -3.00 / 9.0 [CT=0.17]

Other Options

 **Customize**
 **View K's**

Unknown:
 ☐ Brand
 ☐ Parameters
 ☐ Powers

When working with habitual lenses (that you didn't prescribe) you can also choose to enter unknown brand, parameters and/or powers using the checkboxes at the bottom.

If you have entered Keratometry readings, you can call them up with the View K's button.

7.3.9.2 Fit Assessment Tool

The Fit Assessment tool allows you to document the subjective and objective findings of the contact lens evaluation and can be done in sections, each roughly corresponding to parts of the SOAP note. The

tool itself is broken into two sides, the data entry side (left) and data review side (right).

Data Entry Side

The data entry side has six tabs across the top. The main screen is the Trials tab, which allows you to select the Fit Assessment type and to select All Normal. There are three kinds of Fit Assessments: Full SOAP Note (where each section of the SOAP will insert into the main encounter's SOAP (used when the encounter is for contacts only) and two versions of the "mini-SOAP" for habitual and in-office trials.

Trials Subjective Objective Lens Eval Assessment Plan

Contact Lens Assessment

Contact Lenses Being Assessed:

OD Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5
 OS Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5

Step 1 Select Fit Assessment Type:

Full SOAP Note (entire encounter devoted to Contact Lens visit)
☐ Progress Evaluation visit (placed into all SOAP sections)

Mini SOAP Note (inserted into objective field)
☐ Trials in-office (can be repeated for each set of lenses)
☒ Habitual contact lens evaluation (can be repeated)

Step 2 Pre-fill Data as "All Normal" (optional)

Set to "All Normal"

The **All Normal** button is extremely useful for most fit assessments. It pre-fills all fields so that you can adjust only those areas that deviate from the norms. Note that if you are using the Fit Assessment tool from the Habitual and Dispensed sections, the Plan does not pre-fill. This is because the Plan inserts into the SOAP note separately and usually only needs to be done when a final Rx is created (or new trials ordered/dispensed).

Subjective

A basic subjective evaluation of the contact lenses comfort and other notes can be entered in this section.

Special Assessment Notes:

☐ Patient not wearing contact lenses to follow-up appointment

☐ Patient may have switched contacts inadvertently

☐ Patient wearing habitual contacts instead of trials

Subjective Statements:

<input type="checkbox"/> With contact lenses...	<input type="checkbox"/> Extended wear:
<input type="checkbox"/> Overall good vision and comfort	<input type="text"/>
<input type="checkbox"/> Very pleased <input type="checkbox"/> Satisfied <input type="checkbox"/> Unhappy	<input type="checkbox"/> Wear schedule
<input type="checkbox"/> Vision is clear <input type="checkbox"/> Vision is adequate	<input type="text"/>
<input type="checkbox"/> Reports decreased distance acuity	<input type="checkbox"/> Average wear-time
<input type="checkbox"/> Reports decreased near acuity	<input type="text"/>
<input type="checkbox"/> Reports decreased acuity at dist and near	<input type="checkbox"/> Cleaning protocol:
<input type="checkbox"/> Reports decreased intermediate acuity	<input type="text"/>
<input type="checkbox"/> OD worse than OS <input type="checkbox"/> OS worse than OD	<input type="checkbox"/> Discontinued due to:
<input type="checkbox"/> Intermittant blur <input type="checkbox"/> Squinting is noted	<input type="text"/>
<input type="checkbox"/> Good comfort <input type="checkbox"/> Dryness	<input type="checkbox"/> Monovision wear:
<input type="checkbox"/> Reduced comfort <input type="checkbox"/> Redness	<input type="text"/>
<input type="checkbox"/> CL Intolerance <input type="checkbox"/> Itching	
<input type="checkbox"/> Dec. wear time <input type="checkbox"/> Excessive Mov't	
<input type="checkbox"/> I&R improving	
<input type="checkbox"/> Lens handling difficulties	

Objective

The objective section allows for entry of visual acuities with the contacts, as well as the over-refraction if done. Click the "Skip Over-Refracton" if not done. You can enter refraction notes by clicking the items on the side.

Contact Lens Acuity

20/20 20/25 20/20

Over-Refracton

OD **OS**

-0.50 -0.25 090 -0.25 sph

Sph

Cyl

Axis

001 030 045 060 090 120 135 150 180

PRISM 0.00 **0.00 PRISM**

Dist Acuity **Near Acuity**

20/20 OD NVA

20/20 OS NVA

OU DVA OU NVA @ 16"

1/4 ☐ Binocular Balanced Over-Refracton

O/R Notes:

- ☐ Phoropter
- ☐ Loose trial lenses
- ☐ Binocular Over Refraction
- ☐ No improvement with spherical over-refraction
- ☐ OD Dominant
- ☐ OS Dominant

☐ Skip Over-Refracton

Lens Evaluation

The actual fit of the lens on the eye can be entered in this section. To enter "all normal" use the blue arrow button. You can copy from OD to OS with the arrow buttons in the middle.

Contact Lens Fit Assessment

Movement	Optimal movement	>	Optimal movement
Centration	Well centered	>	Well centered
Coverage	360 degree corneal coverag	>	360 degree corneal coverag
Fluorescein		>	
Surface		>	

Toric Lens Assessment

OD **OD Orientation Marks**

OS **OS Orientation Marks**


Anterior Segment Assessment

	Lids/Lashes		Upper Tarsus
	Conjunctiva		Anterior Chamber
	Cornea		Tear Film

Toric lenses can be noted for rotation by using the dotted dial; grab and rotate in the same direction as the contact lens rotation. Anterior Segment assessment can be easily indicated with the blue arrow for All Normal. Click the item once more to allow Abnormal findings to be entered.

Assessment

Your overall assessment of the lenses can be indicated in this section. The blue arrow will default to the choice to "Good comfort, vision and fit". Note that the ICD-9 (or 10) code can be used when the patient is returning for a progress check and you wish to enter a diagnosis for that visit.

Assessment Code (optional) 

☐ V53.1 Fitting adjustment of spectacles _contact lenses (ICD-9)
 ☐ Z46.0 Fitting/Adjustment of Contact Lenses (ICD-10)
 ☐ Other:

Evaluation of Comfort/Vision/Fit

☒ The comfort, vision and fit of the contacts is good.
 ☐ Custom evaluation:

<input type="checkbox"/> The comfort is	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> The vision is	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> The fit appears	<input type="text"/>	<input type="text"/>

Other Assessments

<input type="checkbox"/> Lens awareness	<input type="checkbox"/> Handling problems
<input type="checkbox"/> Solution reaction	<input type="checkbox"/> Monovision non-adapt
<input type="checkbox"/> Insufficient adaptation	<input type="checkbox"/> Bifocal non-adapt
<input type="checkbox"/> Intermittant blur due to excessive rotation	

Plan

When you enter data in the Plan section, it will always paste directly into the Plan section of the main encounter. For some lenses, for example Habitual assessments, you may not have a plan yet (until you finish the spectacle refraction). Leave it Omitted and then enter a final contact lens Rx later.

Final Contact Lens Rx:
☐ Omit Plan

☒ As wearing
☐ As adjusted
☐ As wearing; new trials for comparison

→

Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5

X

Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5

X

Modify

Search CL History

New Contact Lens Trials:

☐ Hold CLRx; dispense new trials for comparison
☐ Hold CLRx; order new trials for comparison

☐ New trials dispensed
☐ New trials for comparison

☐ New trials ordered
☐ Patient to call if prefers new trials

Comments & Notes for Plan:

☐ Patient to defer fitting
☐ Proper CL cleaning/care

☐ D/C contact wear
☐ Insertion/Removal training

☐ Patient non-adapt
☐ Risk of EW contacts

☐ Allow time for adaptation
☐ Risks of CL overwear

Follow Up:
☒ RTC in

1-2 years

for

complete eye exam

Data Review Side

The Data Review show which tasks have been completed so that nothing is forgotten. A display of the actual findings is also presented. To edit an item, simply return to the appropriate tab and change the data. If something needs to be free-texted, you will need to paste the data into the encounter and edit it there.

Review/Completion Analysis

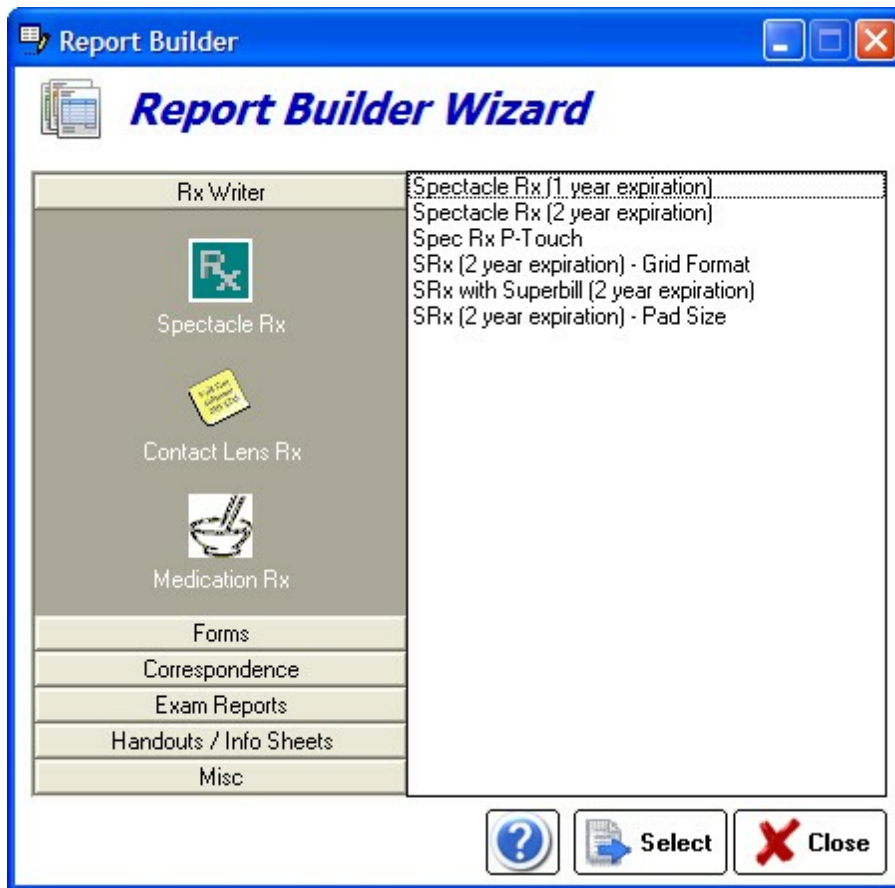
- | | |
|--|---|
| <input checked="" type="checkbox"/> Trials Entered | <input checked="" type="checkbox"/> Anterior Seg Evaluation |
| <input checked="" type="checkbox"/> Subjective report | <input checked="" type="checkbox"/> Assessment |
| <input checked="" type="checkbox"/> Visual Acuity with CL's | <input checked="" type="checkbox"/> Plan |
| <input checked="" type="checkbox"/> Over-Refracton | <input checked="" type="checkbox"/> Final CLRx |
| <input checked="" type="checkbox"/> Lens Evaluation & Assessment | <input checked="" type="checkbox"/> Follow-up Recommended |

Summary of Findings

EVALUATION TYPE: Habitual contact lens evaluation
REPORTING: With contact lens... Overall vision and comfort with contacts is good.
CONTACT LENS Rx: (Habitual Lenses)
 OD Ciba Fresh Look Color Blends 8.6 / -2.50 / 14.5
 OS Ciba Fresh Look Color Blends 8.6 / -3.00 / 14.5
VISUAL ACUITY (with contact lenses): OD = 20/20; OS = 20/20; OU = 20/20
OVER-REFRACTION:
 OD -0.25 sph 20/20
 OS -0.50 sph 20/20
FIT ASSESSMENT:
 MOVEMENT Optimal movement OU.
 CENTRATION Well centered OU.
 COVERAGE 360 degree corneal coverage OU.
ANTERIOR SEGMENT EVALUATION:
 LIDS/LASHES Clear OU.
 CONJUNCTIVA Bulbar and palpebral conjunctiva are white, clear and without signs of inflammation.

7.3.10 Report Manager

The Report Manager is used to create printed reports, letters, handouts and Rx's (if not created elsewhere in the software). Use the left-side menu to select the overall category and the right-side to select the actual report. Double-click to open. Certain reports may prompt for additional information (e.g. date to use or type of problem). You can edit the generated report or letter onscreen before printing.



7.3.10.1 Using the Report Writer

Overview

This section of the manual explains how to use various commands to make your reports more legible and attractive.

Basic Text Editing

Navigating the report

You may already be familiar with functions of the standard cursor keys for finding your way around reports, particularly if they extend over more than a single screen. These commands are similar to those used by many word processors, particularly Microsoft Word.

Highlighting text

Wherever in the **Reports** window you happen to be working is where the *focus* is. Selecting an item means to highlight it to let you know it has been selected.

Insert and overtype modes

Just as in other word processors, whether you insert text or overwrite existing text depends on whether you are in Insert or Overtyping mode, as displayed on the Status bar at the bottom of Report Writer main window.

Replacing text

When you need to replace text, simply highlight the part to be replaced, then immediately type the replacement text without needing to press **Delete**.

Deleting text

Press the **Delete** key to delete a selected block of text, or use the **Delete** or **Backspace** keys to delete one character at a time.

Undo and Redo

Pressing **Ctrl+Z** immediately you change your mind or realize you made an error will undo most report edits including formatting changes, so should always be tried before other methods. Press **Ctrl+Y** to redo the changes. The Report Writer remembers all your edits from the moment you selected the current node (enabling you to press Ctrl+Z successively to backtrack through your edits), but forgets them all as soon as you close the report.

Copying and Moving Text

Having selected (highlighted) the block of text, you have the choice of using the keyboard or mouse to accomplish these aims.

Drag-and-Drop Using the Mouse

Dragging the selected text block and dropping it at its new location is a quick and easy way to move text from one location to another within the same report. You can also use this to break up an report into smaller chunks by dragging and dropping each section where you wish it to be located. You can also copy text from documents in compatible applications such as Microsoft Word to the currently open report.

Cut/Copy/Paste using the keyboard

Having highlighted the block, press **Ctrl+X** to cut it or **Ctrl+C** to copy it, then **Ctrl+V** to paste it within the same or a different report, all using the Windows Clipboard. The target may be in the same report file, another report file that you open, or an open document in a compatible application such as a word processor. Although dragging and dropping is very easy to do, this method offers several advantages:

Using the keyboard to select text may feel more precise. Once text is copied to the Windows Clipboard it can be pasted into multiple locations, whereas the entire drag-and-drop must be repeated each time.

Formatting Text

Although you can use the same font face, size and color throughout the report, text is much more attractive when headings are more prominent, subparagraphs are indented, etc.

Plain Text and Rich Text

You can add text colors, font faces, sizes and styles such as boldface, and the report is regarded as being in Rich Text Format (RTF). RTF reports can be converted to plain text easily, if desired:

Examples :

This paragraph uses Plain Text alone. All text is the same font face, style, size and color. Boldfacing, italics, underlining, etc. are not used; changing from lower case to UPPER CASE is the only way to make text more prominent.

This paragraph uses **Rich Text**, which allows many more formatting attributes such as **color** to be incorporated. Adding color and images automatically changes the format from plain text to rich text, since both hide extra codes in the report (which the user cannot view).

Report Writer regards its reports as being in rich text format, but you can mix these within a file. Who would want to use plain text when rich text has so much more to offer? Here are two good reasons:

Plain text reports make the ezChartWriter database much smaller, since there are no hidden formatting characters. This can make quite a difference when you have thousands of reports. You are not faced with the extra chore of reformatting to match the format of the rest of the report text if you copy and paste in plain text.

Note also that plain text reports cannot contain images, underlined hyperlinks, tables, boldfaced or other types of formatting. Converting a rich text report to plain text removes images and table cell borders but leaves the text itself.

Basic formatting commands

Let's concentrate now on rich text. You will find the most frequently used commands (bold, italic, underline, case conversion, font face/size/color/highlight color, etc.) displayed along the **Report formatting** toolbar. Let your mouse cursor hover over each toolbutton in turn to display a tooltip (text popup message) informing you of its function and keyboard shortcut, if there is one. Try them out.

Aligning and Indenting Text

Report Writer offers several methods for indenting and aligning text. Toolbuttons for many of them are on the **Paragraph** toolbar.

Alignment and justification

Click the Left, Right, Justify or Center toolbuttons (or press their corresponding shortcut keys) for text aligned with the left or right margins, both margins or center of the report.

Tab key and Auto Indent

Press the **Tab** key one or more times to indent the text an appropriate distance from the left margin. This is best used for short single lines, since tabbing and auto-indenting only affect the first line of a paragraph.

Bulleted and numbered paragraphs

Text which is bulleted and numbered is automatically indented. Round bullet symbols, numbers and letters are available. Toolbuttons for this are on the Paragraph toolbar.

Enclosing text in table cells

Just as in HTML pages, you can compartmentalize text in individual cells of tables for greater control when combining text and images. These advanced methods are discussed in [Tables](#).

Inserting Items into Your Text

The Insert menu

Frequently-reused text (also known as "boilerplate" text) can be copied to the Windows Clipboard (see [Copying and moving text](#)), then pasted in where needed.

Tables

To insert a table where required, click Main menu / Table / Insert command. See the [Tables](#) section.

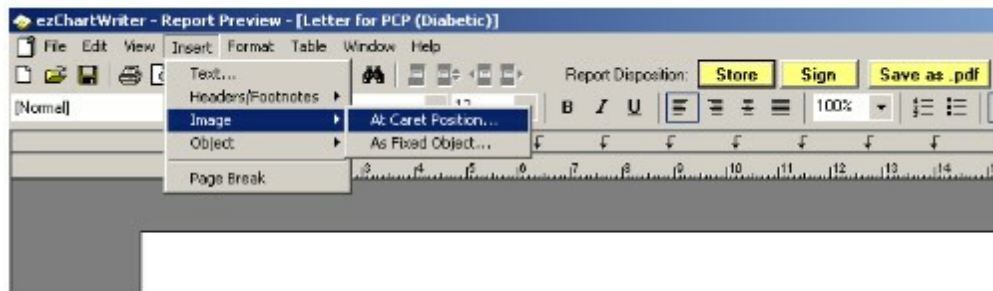
7.3.10.1.1 Using Images

Images

Since images may occasionally be required, ezChartWriter allows you to display images alongside text. Images can flow with the text or be anchored to the page.

To Insert Images

Inserting images is very easy. You can do this by cutting and pasting them from the Windows clipboard, although we recommend that you use the **Insert command** to select the appropriate image(s) from image files already stored on your computer.



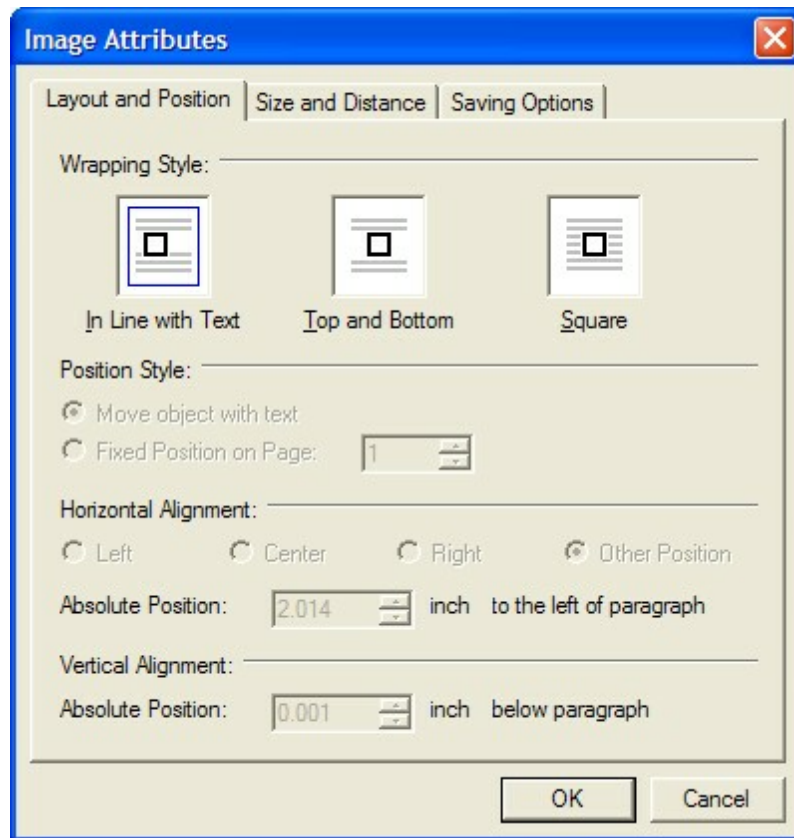
Find an image you would like to insert into your report and note its location in Windows Explorer.

Right-click in the report where you would like to insert the image and click **Insert / At Caret Position** to open the **Insert image into report** window.

Navigate to the folder containing the image, click it to select it and then click **Open** to insert it at the current cursor position.

To Modify Image Properties

To modify the properties of an image, right-click the image to pull up the Image Attributes dialog. The position of the image as well as text wrapping style can be modified. Saving options allow embedding of the image (recommended for small-to-mid sized images) or saving externally (to the same folder as the database). See the Report Designer³⁵² section for details on saving externally.



To Delete Images

To delete the image, click it (a border with small square "handles" will appear around it - see below) and press **Delete**. To undo this step, press **Ctrl+Z**.



This shows the border and handles that become visible on single-clicking an image. Reposition the image by dragging it when the border is visible, or re-size it by dragging one of its handles.

Copying, Cutting, Pasting Images

You can copy an image from one report to another, or even from a compatible document such as a Microsoft Word document, via the Windows Clipboard, simply by pressing **Ctrl+C**, **Ctrl+X**, or **Ctrl+V** to **Cut**, **Copy** or **Paste** the image respectively.

Moving, Positioning, and Resizing Images

Images can be **moved** and **repositioned** by dragging them, inserting spaces, tabs or text between them and the left margin, by indenting the left margin, or by enclosing the image in a table cell.

Resizing can be done by dragging the handles, but it is better to do this only to get a rough idea of their ideal size, then use an image editing program to resize them accurately while maintaining their proportion and re-import them.

7.3.10.1.2 Using Tables

Overview

Using the Tables toolbar you can create and edit tables. You can also combine and split cells, color cells, color the table, set the table border-width and color, delete and insert table rows and columns. This feature helps you create anything from simple reports to complex forms.

Working with Tables

To Create a Table in Report Writer

Click **Main menu / Table / Insert table**. A dialog box will appear allowing you to choose:
the number of **columns**
the number of **rows**

This table has 3 rows, 2 columns, center alignment and a border:

Row 1 Col 1	Row1 Col 2
Row 2 Col 1	Row2 Col 2
Row 2 Col 1	Row3 Col 2

The best way to learn about tables is to create tables in various configurations within a test report.

To Alter a Table

Click inside a table in the report, then activate **Main menu / Table** . There are several menu choices, enabling you to alter the following table parameters.

Other methods of altering tables

- [Editing text in tables](#)
- [Adjusting column width and position](#)

- [Moving a column or row](#)
- [Inserting and deleting rows and columns](#)
- [Splitting and combining cells](#)

The proportional width of a table (as a percentage of the report width) can be altered by using the table properties dialog or by dragging the table-handles in the horizontal report ruler.

You can adjust the width of each column by dragging the dividing partition left or right.

To enter text within a table, position the report cursor in the appropriate cell and begin typing.

If you make a mistake in table creation, deletion or typing, you can generally undo your actions by pressing **Ctrl+Z** or clicking the **Undo** toolbutton.

To delete a table, position the report cursor anywhere within it and click **Main menu / Table / Delete**. You will be asked to confirm your action. You can also delete a table without confirmation by inserting a blank line above and below if not already present, highlighting the whole table, including the two blank lines, and pressing **Del**. Highlighting just the table and pressing **Del** removes all text within the table but not the table itself. As mentioned above, you can restore a deleted table by pressing **Ctrl+Z** or clicking the **Undo** toolbutton.

You cannot easily move, copy, or swap whole columns or rows within a table; you must move each cell individually. For this reason you should design the layout of your table carefully before creating it.

Currently, you cannot create a table within a table.

Editing Text in Tables

Here are some more hints and tips about doing this.

As mentioned previously, text (or images) in one or more cells, rows or columns can be individually aligned (left | right | center) by highlighting it then choosing one of the alignment toolbuttons on the Paragraph toolbar (or via the Edit menu or a keyboard shortcut). Centering text and right-justifying dollars and cents can be very effective.

If you choose left or right alignment, the text will be hard up against the wall of the table, as cell padding is not provided. One workaround is to create extra hidden columns to act as margins. For example:

	Text hard up against left margin
	Add a dummy column
	Then hide its border

To hide the border, click anywhere in the cell with text, then click the Show left border toolbutton on the Table toolbar to disable it. This will be discussed more fully later. You can drag the Table toolbar off the Toolbars area, making it "float" closer to where you are working.

You can treat text in tables as you would anywhere else in an report. You can cut, copy and paste it.

You can select (highlight) a whole row or column by performing one of the following actions:

- ? Click-dragging the mouse cursor over it; or
- ? Combining the **Shift** key with the **cursor** (arrow) keys to select multiple cells just like increasing the size of a highlighted section of text; or
- ? Clicking in one cell and selecting the **Select table row** or **Select table column** command from **Main menu / Table**, or choosing the appropriate **Table toolbar** toolbutton.

Having highlighted these cells you can apply boldface, italics or color changes to the text or background.

Adjusting Column Width and Position

You can adjust the width and position of any column by dragging the internal vertical partitions left or right. When your mouse cursor passes over a partition, the cursor will change to a pair of vertical bars with arrows:



You cannot drag the horizontal partitions up or down, but you can add extra spaces to the entries in a row, or add a blank row or column.

You may need to adjust the partitions after deleting a column.

Navigating Within a Table

Think of a table as being a block of text that happens to contain vertical and horizontal lines. Use the **Tab** and arrow cursor keys if you don't want to keep reaching for the mouse all the time. To jump from cell to cell, left to right along a row and top to bottom, press the **Tab** key. To go in the reverse direction, press **Shift+Tab**.

The Right arrow key follows the same direction as the Tab key but stops at each character. Similarly, the Left arrow key follows the Shift+Tab key. The Up and Down arrow keys move up and down columns. Note that if you start from outside a table, the Down arrow key will move down the leftmost column and the Up arrow key will move up the rightmost column.

Moving Text, Columns, and Tables

To Move and Copy Text from Cell to Cell

The destination cell need not be an adjacent cell. You can move text anywhere within the table.

Alternatively, you can copy or cut a highlighted block to the Windows Clipboard and paste it in. This can be handy if you need to paste the same text into several cells.

1. Highlight the entire contents of a cell using the cursor keys or the mouse
2. Drag the highlighted block to the destination cell.

NOTE: If the destination cell is not empty you can use this method to insert the block into existing text.

To Move a Column or Row

You can only move one cell at a time using the method described in [Moving and copying text from cell to cell](#); you cannot move a whole column or row. For this reason, you should plan your layout carefully before creating the table. However, you can achieve the same end by [inserting a new row or column](#) in the destination position, dragging the contents of each cell in the original row or column across to it, then deleting the original.

You can also copy one or more highlighted rows and paste them as separate tables, rearrange them vertically to form a new sequence and then join them. See [Moving and copying tables](#).

To Move and Copy Tables

Whole tables, including contents, can be cut, copied and pasted, just like any other blocks of highlighted text, to and from the Windows Clipboard. They cannot be dragged. You can also copy one or more highlighted rows and paste them elsewhere (outside the table) as a separate table. However, pasting them back only replaces existing text corresponding to the number of rows you pasted in. Instead, create the same number of extra rows, then fill them with inserted text. The following example shows you how:

Example: Insert Table 2 into table 1.

aaaaa Table 1
dddd

bbbbb Table 2
cccc

Position the report cursor in the top row (aaaaa) of Table 1, then click the **Insert table row** toolbutton twice, to insert two rows.

aaaaa Table 1

dddd

bbbb Table 2
cccc

Now, position the report cursor in the top row (bbbb) of Table 2, and press **Shift+Down** to highlight both of its rows. Press **Ctrl+C** to copy them, then position the cursor on the top blank row in Table 1 and press **Ctrl+V** to paste the text contents.

aaaa Table 1
bbbb Table 2
cccc
dddd

bbbb Table 2
cccc

Finally, delete Table 2 and tidy up. Done!

aaaa Table 1
bbbb
cccc
dddd

Inserting and Deleting Rows and Columns

To Insert a Row or Column

New rows are added below the selected row. New columns are added to the right of the selected column.

To add a row, select the existing row below which you want the new row to appear. by clicking in it.

Then:

Click the **Insert table row** icon; or

Click **Main menu / Table / Insert table row**; or

Press the **Tab** key after positioning the cursor in the rightmost cell of the selected row. This will insert a new table row and move the focus to the first cell of the new row. E.g. (the graphics below are images, not tables):

Before

After

Successive clicking will add more blank rows.

To Delete a Row or Column

If you have just inserted one (blank) row or column too many, you can reverse this by clicking **Undo (Ctrl+Z)**.

Alternatively, to delete a row or column, select it and click the **Delete table row** toolbutton.

If you need to remove a block of consecutive rows within a table, start at the top row to be deleted and keep clicking the **Delete table row** toolbutton until the deletion is completed.

Splitting and Combining Cells

To Horizontal Split and Combine Cells

Splitting and combining cells

You can **split** a cell into two horizontally by adding a partition, or remove it to **combine** two cells into one. Use the **Split table cell** and **Combine table cells** commands in **Main menu / Table** or corresponding **Table toolbar** toolbuttons.

Here is a table, originally 3 rows and 2 columns, which has had **split** and **combine** operations carried out on the second and third rows respectively.

Cell 1	Cell 2	Cell 3
Cells 1 and 2 combined		

Splitting columns

To split a column of blank cells into two: highlight the whole column then click the **Split table cell** toolbutton.

To Vertical Split and Combine Cells

Vertical splitting relies on showing/hiding the top and bottom borders of adjacent cells.

Let's start with a 4-cell table:

Cell 1	Cell 2
Cell 3	Cell 4

Figure 1

Think of each cell as having four borders, like this:

Cell 1		Cell 2
Cell 3		Cell 4

Figure 2

To avoid grid thickening, either the upper cell's floor or the lower cell's ceiling may be visible, but not both. (Occasionally you may notice a double thickness grid wall but this will disappear when you return to the report after moving to another node or closing the file, so is an artefact.)

Cell 1 floor visible	Cell 2
Cell 3 ceiling hidden	Cell 4

Figure 3

Cell 1 floor hidden	Cell 2
Cell 3 ceiling visible	Cell 4

Figure 4

Cell 1 floor hidden	Cell 2
Cell 3 ceiling hidden	Cell 4

Figure 5

Note the misalignment in the floors of Cells 1 and 2 in Figure 3 compared with Figure 4, due to different show/hide selections. If you notice this when creating your own tables, ensure that these parameters match across the whole row.

We have thus "combined" cells 1 and 3, so let's add some blank lines and rename the combination Cell 5:

Cell 5	Cell 2
	Cell 4

Vertical splitting is essentially the reverse of this.

Selecting Rows and Columns

By clicking any cell and then choosing from **Select table row** or **Select table column** in the Table menu or the Table toolbar, you can select the whole row or column that includes that cell.

This command is useful if you wish to change the font attributes, colors, etc. of all cells in the row or column, or to clear the contents of the row or column. You cannot use it to copy, move, swap or delete a row or column.

You can also select a whole column, row or block of cells by click-dragging the mouse pointer or by using **Shift+cursor** keys. See [Editing text in tables](#).

To Select an Entire Table

Clicking anywhere in a table and selecting **Main menu / Table / Select entire table** will immediately select the whole table, which can be very convenient if you wish to change the same property for all cells or to hide/unhide cell borders for the whole table.

Table and Cell Borders

The right-most eight toolbuttons of the Table toolbar determine whether the borders of the cells selected are visible or hidden. Click any cell and see which of these border toolbuttons are depressed. Clicking any of them again reverses their effect.

Fig. 1: Original

Cell 1	Cell 2
Cell 3	Cell 4

This is the original table.

Fig.2: **Hide borders**

Cell 1	Cell 2
Cell 3	Cell 4

This can be reversed by clicking **Show borders**¹.

Fig.3: **Show outer border(s)**

Cell 1	Cell 2
Cell 3	Cell 4

This can be reversed by clicking **Show inner border(s)**

Fig.4: **Hide borders then Show inner border(s)**

Cell 1	Cell 2
Cell 3	Cell 4

This can be reversed by clicking **Show borders**.

Fig.5: **Show left border** and **Show right border** disabled in all cells

Cell 1	Cell 2
Cell 3	Cell 4

Fig.6: **Show top border** enabled in lower cells and **Show bottom border** enabled in upper cells.

Cell 1	Cell 2
Cell 3	Cell 4

Combining these borders results in a thicker line which makes a convenient divider.

Fig.7: **Show top border** disabled in lower cells and **Show bottom border** disabled in upper cells.

Cell 1	Cell 2
Cell 3	Cell 4

Fig.8: **Show right border** enabled in Cell 1 and **Show left border** enabled in Cell 2. **Show right border** disabled in Cell 1 and **Show left border** enabled in Cell 4.

Cell 1	Cell 2
Cell 3	Cell 4

Cells 3 and 4 display the standard configuration as seen in Fig. 1. You would expect that adding Cell 1's right border would cause a thicker partition, but its only effect is to stagger the existing one towards Cell 1. The only remedy is to disable Cell 1's right border.

If you highlight a block of text and accidentally click any of the Show ... border toolbuttons your paragraph will display a horizontal or vertical line along one of its borders like part of a table. Doing this deliberately is not recommended as such stray table cell wall lines may cause interference with text and prove difficult to remove.

Table and Cell Color

Report Writer gives you full control over table and cell colors. With the **table properties** screens you can set the global table color or individual cell colors, as well as the table border-color and border-width.

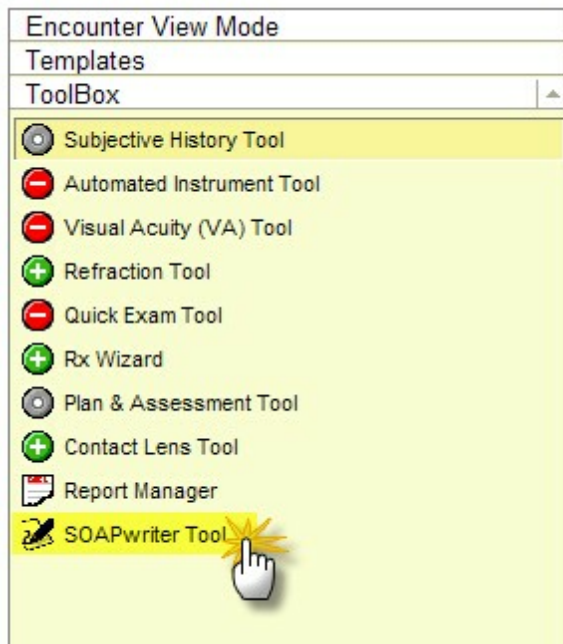
Table Hints and Tips

To Insert Images into Tables

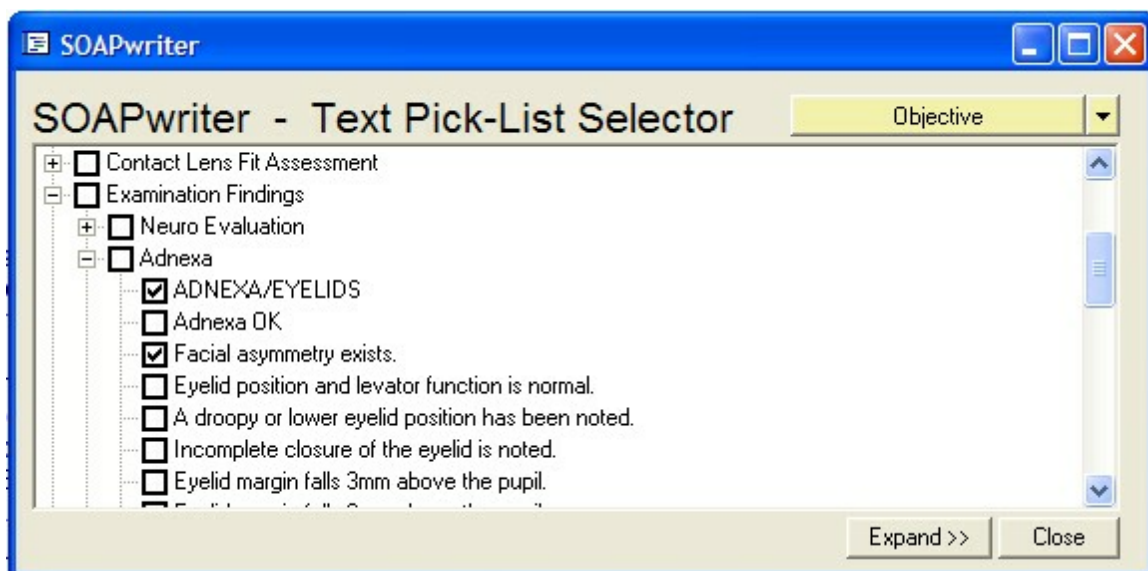
Tables are a good way to store images, which can be inserted using the **Main menu / Insert / Image at Caret Position** command. Just like web-pages which owe their neatness to tables with hidden borders, you can hide the table borders once you have finished inserting images. If you wish to display the table frame (also referred to as a grid), you can space the image away from the cell wall by adding a blank line above (press **Enter**), or by adding spaces.

7.3.11 SOAPwriter Tool

The SOAPwriter function is one of the most powerful in ezChartWriter. Located as subsections of most of the Exam Tools as well as a stand-alone tool found in the left-side TOOLBOX on the MAIN EXAM SHEET, the SOAPwriter allows you to pick and choose from among hundreds of pre-formed text sentences.



For instance, to indicate a patient has a symptom of asthenopia, you would click on the Symptoms heading, then choose Visual Symptoms, then choose "Asthenopia". The text will be pasted into the SOAP note. The sentences are designed to flow like natural language. And, if you don't like how a sentence reads, just change it in the PREVIEW box or in the SOAP note itself. Unchecking a box removes the text from the SOAP field. You can also directly edit the text that is entered within the SOAP field.



It is possible to customize the text with the SOAPwriter editing tool.

7.3.12 Vital Signs Tool

The Vital Signs tool allows for entry of basic vitals signs such as BP, pulse, respirations, temperature and weight. Use the Add New, Edit and Delete buttons to manage entries.

The screenshot shows the 'Vital Signs Tool' window with a title bar and standard Windows window controls. Inside, there's a 'Vital Signs Logbook' header with a green ECG icon. Below the header is a table with the following data:

VS Date	VS Time	Systolic	Diastolic	Pulse	Resp	Temp	Weight	Has Note	Recorded By
8/31/2009	2:27:00 PM	130	90			102		No	Pedigo, David J

Below the table is a large empty rectangular area for additional entries. At the bottom, there are two groups of buttons. The left group is labeled 'Actions:' and contains 'Add New', 'Edit Entry', and 'Delete' buttons. The right group contains a 'Print All' button with a printer icon, a help button with a question mark icon, and an 'Okay' button with a green checkmark icon.

7.3.13 Lab Tests Tool

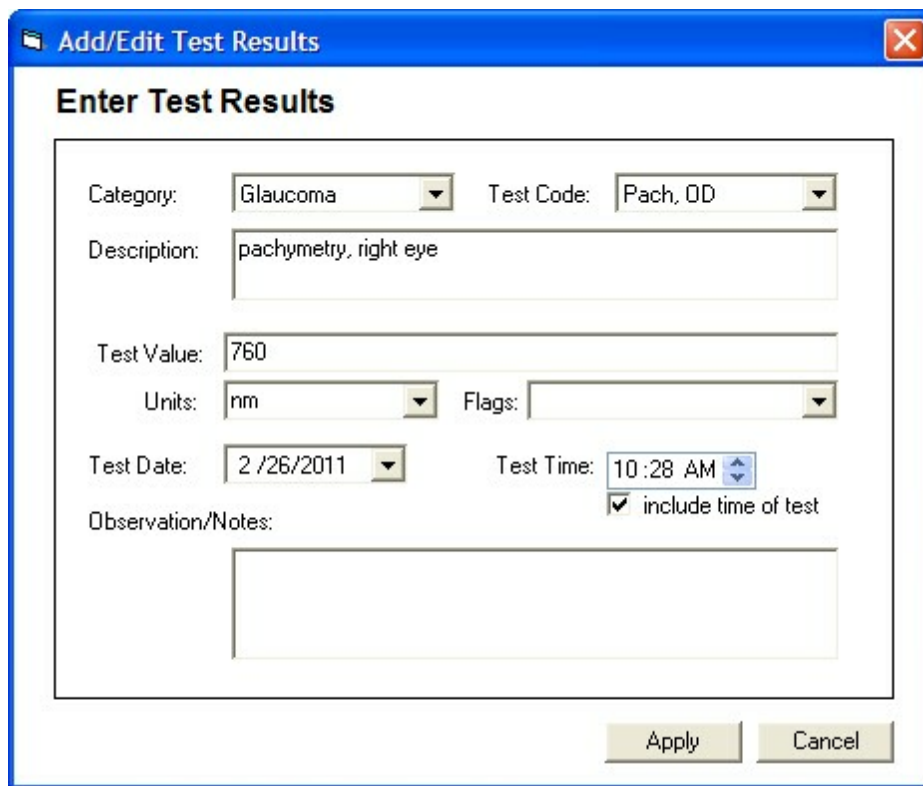
The Lab Tests tool allows for tracking of common laboratory tests, as well as specialized testing (such as tracking glaucoma parameters). By entering glaucoma values here, you can fully track the progression of the disease over time in one convenient grid.

The screenshot shows the 'Test Results Logbook' window. It features a header with a microscope icon and the title 'Test Results Logbook'. Below the header is a 'Category' dropdown menu set to 'Show All'. Underneath are filters for 'Date From' (2/26/2010), 'To' (2/26/2011), 'Sort by' (Date), 'DESC', and 'User' (Show All). The main area contains a table with the following data:

Category	Date	Time	Code	Description	Value	Units	Flag	Note?	Recorded By
Glaucoma	8/30/2009	11:56:00 PM	VF_OD	threshold visual fields, right eye		FULL	SEE REPORT	NO	Pedigo, David J
Glaucoma	8/31/2009	3:03:00 AM	C/D_OS	cup/disc ratio, left eye	75	%	ABNORMAL	NO	Pedigo, David J
Laboratory	7/7/2009	12:22:00 PM	GDx_OS	GDx nerve fiber analyzer, left eye	122	mm	ABNORMAL	YES	Pedigo, David J
Laboratory	8/31/2009		Hgb	Hemoglobin	44	gm/dL		NO	Pedigo, David J

Below the table is a large empty rectangular area. At the bottom, there are two groups of buttons. The left group is labeled 'Actions:' and contains 'Add New', 'Edit Entry', and 'Delete' buttons. The right group contains a 'Print All' button with a printer icon, a help button with a question mark icon, and an 'Okay' button with a green checkmark icon.

Use the Add New button to add test results:



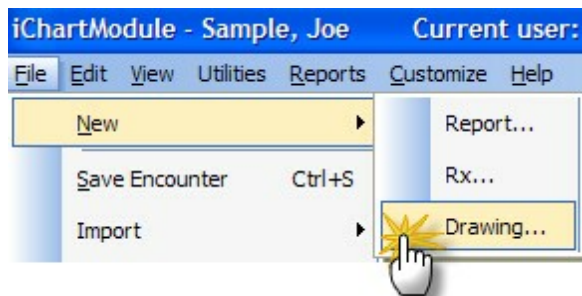
The "Add/Edit Test Results" dialog box is titled "Enter Test Results". It contains the following fields and controls:

- Category:** A dropdown menu with "Glaucoma" selected.
- Test Code:** A dropdown menu with "Pach, OD" selected.
- Description:** A text field containing "pachymetry, right eye".
- Test Value:** A text field containing "760".
- Units:** A dropdown menu with "nm" selected.
- Flags:** A dropdown menu.
- Test Date:** A date picker showing "2/26/2011".
- Test Time:** A time picker showing "10:28 AM".
- include time of test:** A checked checkbox.
- Observation/Notes:** A large text area for additional notes.
- Buttons:** "Apply" and "Cancel" buttons at the bottom right.

7.3.14 Drawing Tool

The Drawing Tool can be accessed in two ways: from the main menu (File->New->Drawing) or from the Exam Findings Tool:

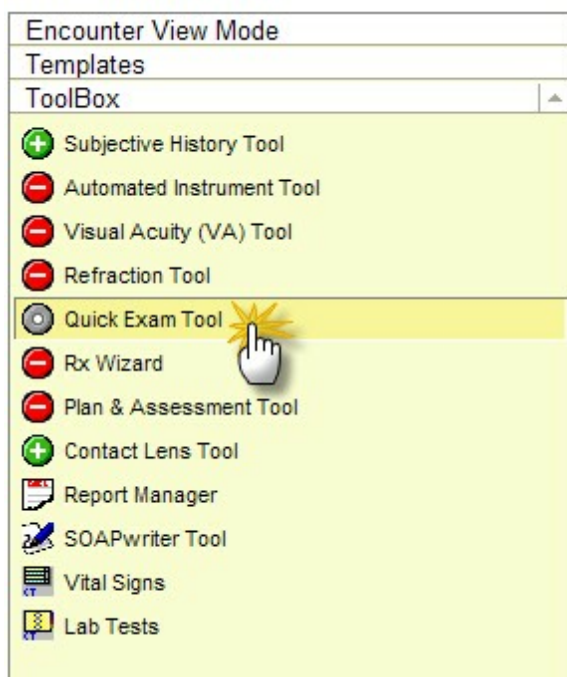
"Add New" Drawing Method



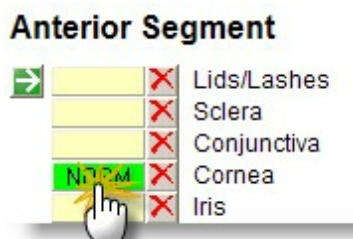
The new drawing will be inserted at the end of the Objective field, since it is not associated with a particular category.

Exam Findings Method

- (1) Open the Quick Exam Tool



(2) Click on the button associated with the drawing you would like to create (e.g. click Cornea button)



(3) The Detailed Findings Tool will display; click on the Drawing Tab at the top



Using the Drawing Tool

The drawing tool allows you to create drawings and images. Use the Image Template dropdown to select the template most applicable to your drawing or just free-hand draw.

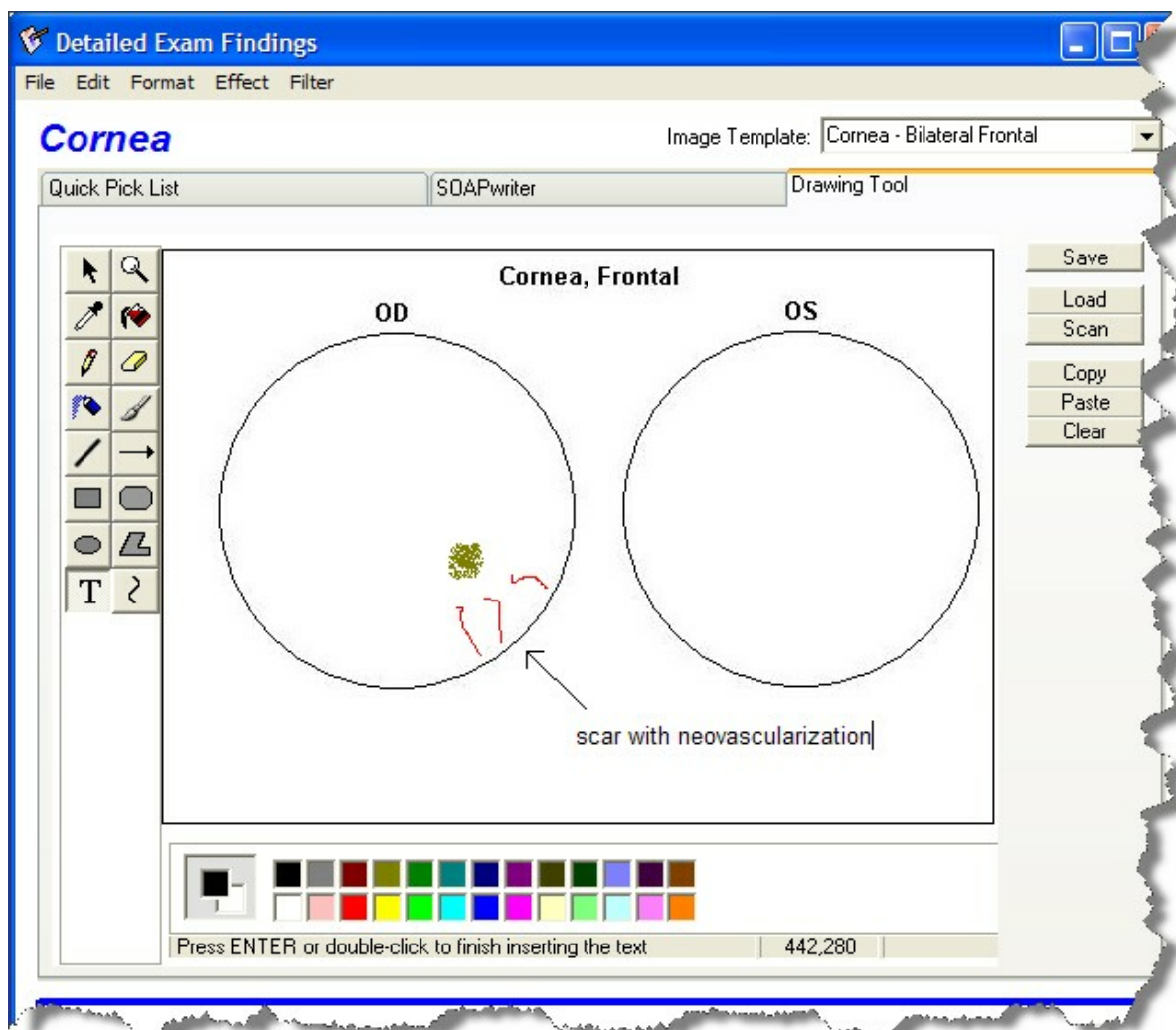


Image Editing Tools

Each icon on the toolbar represent different modes of the program.

Tip: Use ctrl-z to undo an drawing operation

To Color the Background

- Select a color for the background from the color template at the bottom left of the window
- Click the **Fill with Color** icon
- Click the picture to make the background



To Insert Shapes

- Select a color for the shape from the color template at the bottom left of the window
- Click the **Rectangle**, **Polygon**, **Ellipse** or **Rounded Rectangle** icon
- Click on your picture and drag to make the figure the size and shape you want. With the Polygon, click the mouse every time you want to change direction and then drag again.
- Click the **Fill with Color** icon
- Click in the shape to color it



To Paint / Draw

- Select a color for the draw/paint lines from the color template at the bottom left of the window
- Click the **Pencil**, **Brush** or **Air Brush** icon
- With the **Brush** or **Air Brush** icons, select the size and shape of the brush strokes at the bottom of the tool bar
- Click and drag on the picture to draw or paint



To Add Text

- Select a color for the text from the color template at the bottom left of the window
- Click the **Text** icon. You can change the font, size and format in the pop up window that will appear



To Draw Lines

- Select a color for the lines from the color template at the bottom left of the window
- Click the **Line** or **Arrow** icon.
- Click and drag to create a line. If you selected the **Curve** icon, click on the line you just created and drag it to make a curve.



Other Features

- The **Eraser** icon allows you to erase. After you select it, you can select the size and shape of the eraser
- Select the **Magnifier** icon to enlarge any part
- Select the **Pick Color** icon and click on a color you want to copy
- The **Select** icon allow you to draw around an object/area and move it



The Selection Tool



These tools are used to select portions of the image you're working with. These selections can then be moved around, copied, or edited without affecting the rest of the image.

To use the Select tool:

1. Click on the Select tool icon.
2. With the left mouse button, click and hold the button to begin your selection. Where you click will become one of the corners of the rectangular selection area.
3. Drag the mouse diagonally to where you want the opposite corner of the rectangular area to be.
4. Release the mouse button.

Tip: If you hold down **ctrl** button when you begin to move a selection, it will create an instant copy which you can then position.

Things you can do with the selected area:

Copy or Cut and Paste

To copy the selection, press Ctrl-C. To cut the selection from the image, press Ctrl-X. After Copying or Cutting, you can Paste the selection by pressing Ctrl-V. By Pasting multiple times, you can achieve a mosaic or collage-like effect.

Move

Left-click anywhere inside the guidebox and hold down the button to "pick up" the selection, and then drag the mouse to move the selection to another area of the image. It will "float" over the rest of

the image, allowing you to position it wherever you want it to be. Release the mouse button to "let go" of the selection.

Stretch

The guide box around your selection can be re-sized. Use the menu option **Effect->Resize**.

Apply Effects

You can apply any of the effects from the Image Menu directly to the active selection rather than to the whole image.

De-selecting

To de-select the area, either activate a different tool by clicking on it in the tool bar, or make a new selection. You can't have more than one selection active at a time. Once the selection is de-selected, it becomes part of the image again, and will cover over whatever it may have been laying over.

The Eraser Tool

The Eraser tool is simple to use. Just click on it to select it, then click on the part of the image that you want to erase. "Erasing" changes the erased part of the image back to the background color of the image file. This is usually white, but can be changed to other colors using the color palette.

The fill tool applies color (or "paint") to a large area of the image. The icon for the Fill Tool resembles a pouring jar of paint. Just like if you were pouring a liquid in real life, the Fill Tool's "paint" will fill an area's shape with color.

The Fill Tool

You have to be careful when using the Fill Tool for this reason: if you click in an unbounded area of the image, the color will "spill" out and fill more of the image than you originally bargained for, possibly obliterating parts of the image that you wanted to save. Look closely before applying the Fill tool to an area to make sure it is bounded on all sides and that no "paint" can "seep out" and get where it's not supposed to go. If this happens by accident sometime, don't panic. Just Undo the Fill tool by pressing Ctrl-Z, find the "leak" and close it with the pencil or line tool, and then re-apply the Fill.

The Eyedropper Tool

The Eyedropper tool has only one function, but it is a useful one. The eyedropper can be used to "pick up" colors that you've already used in an image. Say you're working with an image with many shades of Green. You want to pick a specific shade, but there are several that are so similar that it's difficult for your eye to distinguish between them. Just click on the eyedropper, and click on the exact portion of the image that contains the color that you want. The active color for your paint tools will automatically change to the color that you picked with the eyedropper. Additionally, the Eyedropper will automatically switch over to the previously selected tool, enabling you to rapidly resuming work on the image with the color you just selected.

Tip: You can use the Eyedropper tool to select color for the background color by using the right button on your mouse.

The Zoom Tool

The Magnifying Glass, or Zoom tool, can be used to get a closer, more detailed view of an image. This is very useful if you're working in close with the fine details of a part of an image. When you activate the

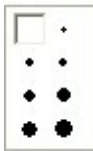
Magnifying Glass tool, you'll have an option to select between 1x, 2x, 6x, and 8x magnification. You can click on the part of the image that you want the magnification to center on. This will not affect the actual image in any way, just how it appears on your screen. Once you zoom in, the magnifying glass will automatically switch back to whatever tool you were using before.

The Pencil Tool

The Pencil tool is your basic drawing tool. You can draw in different colors, but other than that there are no other options. The pencil's stroke is a single pixel wide, which makes it useful for working with fine details, but a poor choice for filling in large areas of the image with color. You can do simple line drawings with the pencil if you have the coordination to guide the mouse with great care.

The Airbrush Tool

The airbrush tool is a bit more complicated than the regular paintbrush. Instead of applying color to the image evenly, it applies it gradually. The "spray" is a semi-random distribution of pixels. Gradually, as the airbrush is left hovering over the same area while it is painting, it will fill up with color. A skillful artist can use this effect to create subtle differences in tone and variation, and even achieve the illusion that colors are mixing, all by using the airbrush. It does take some getting used to, however. The airbrush can paint at three different sizes, selected through the Options portion of the Toolbar.



Options Menu

The Paintbrush Tool

The Paint Brush tool is similar to the pencil, but has more features. It too can be used in different colors, but the shape and size of the Paint Brush can also be changed. You can use vertical or horizontal shaped brushes, of various sizes, selected in the Options.

The Line Tool

The Straight Line tool is pretty easy to work with. You can change the color and width of your lines by using the Toolbar Options. All you have to do to draw a line is click on the image where you want one of the line's endpoints to be, then drag over to where you want the other endpoint to be. Then release the button. Easy! But the lines can only be straight.

The Shape Tool

The **Rectangle** tool draws three types of rectangles: outline, filled with outline, and filled without outline. The interior of the outline rectangle is transparent, whereas the filled types fill the rectangle with the background color. To draw a rectangle, click on the tool, then click a point on the image where you want one corner to be, then drag diagonally and release the mouse where you want the opposite corner to be.

The **Rounded Rectangle** tool is like a cross between the Rectangle Tool and the Oval Tool. It draws rectangles, but instead of having sharp 90 degree angle corners, they'll be somewhat rounded. As always, you can create rounded rectangles with empty outlines, filled outlines, or filled with no outline.

The **Oval** Tool works much like the Rectangle tool. The only difference is that since there are no corners, you will need to guess where the corners would be in order to place your oval where you want it

to go. Imagine that the oval you are drawing is being "hugged" by a rectangle that goes around it. Like up the top-most and left-most peaks of the oval's curve to guess where the corner of the imaginary rectangle is and click there. Then, drag down to where the bottom-most and right-most peaks of the oval's curve would be, and click again. Your oval should be about the right size and in the right position if you estimated it correctly.

The **Polygon** tool is similar to the rectangle, but works a bit differently. To create a polygon, activate the tool from the tool bar. Then, click on the image wherever you want your first vertice to be. A vertice is like a corner. Draw the edges of the shape like you would use the Straight Line tool, then simply connect the last edge to the first vertice and the shape will finish. You have to be pretty precise, though. If you just miss by a few pixels, the shape will think that you want to continue adding sides to the polygon.

The Text Tool

The Text tool is used to position and enter text into your image. The text may be of any color or font that you have active on your computer. You also have the option to set the text tool to work so that the background color is used for the "fill space" around the text, or if the text will be applied with transparent "fill space", allowing the image to show through behind the text.

To use the Text tool, simply select it from the Toolbar, and then drag a rectangle within your image. This rectangle will be the boundaries within which the text will appear. Once you've drawn the text boundary, a floating window will appear, which will enable you to choose the font, size, and formatting (ie, bold, italic, or underline) for your text. Unfortunately, the text formatting will be uniform. If you want to mix fonts, colors, sizes, or formats, you'll have to use the text tool several times, with different settings each time. This means you'll have to be careful in order to make sure that the different applications of text line up properly. You may need to use the selection tool quite a bit to move bits and pieces of text around, and this can be quite tedious. Remember to use the Undo command if you make a mistake, by pressing Ctrl-Z.

As long as the text tool is active, you'll see that rectangular boundary around the edge of the text area. You can move this rectangle around by clicking and dragging on the very border of it, or resize it by clicking on the tab buttons at the corners and midpoints of the edges. But be careful; if you click outside of the boundary accidentally, which is pretty easy to do, the text box will deselect, and the text tool will think you're trying to draw a new text box, and your old text will be set in place.

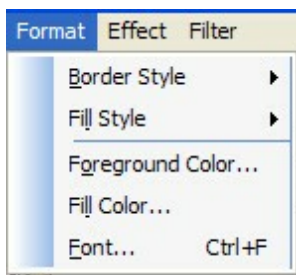
Once the text is in place, it will no longer behave as text, but rather as pixels. The pixels just happen to be in the proper arrangement to appear to be text in some font; they can't be edited or moved as though a distinct object in the image.

The Curved Line Tool

The Curved Line tool allows you to draw curved lines. The line is inserted at one time; use the square markers to adjust the size, direction and curve. You can change the color and width of your lines by using the Options box.

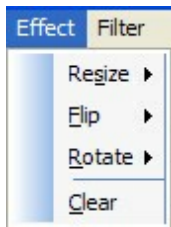
Format Menu

Allows you to adjust border and fill styles, colors and font.



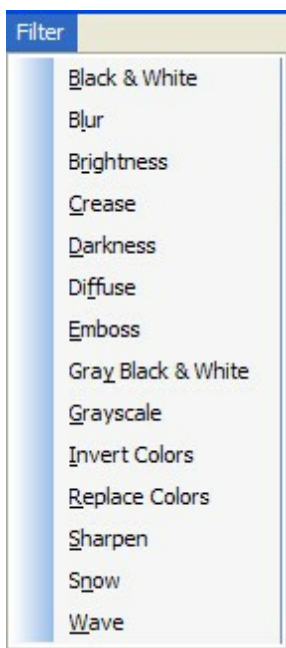
Effects Menu

The Effects menu allows for image (or selection) resizing, flipping and rotating. You can also clear the image.



Filter Menu

The Filter menu applies image processing to the entire image (such as brightening, grayscale or blur).



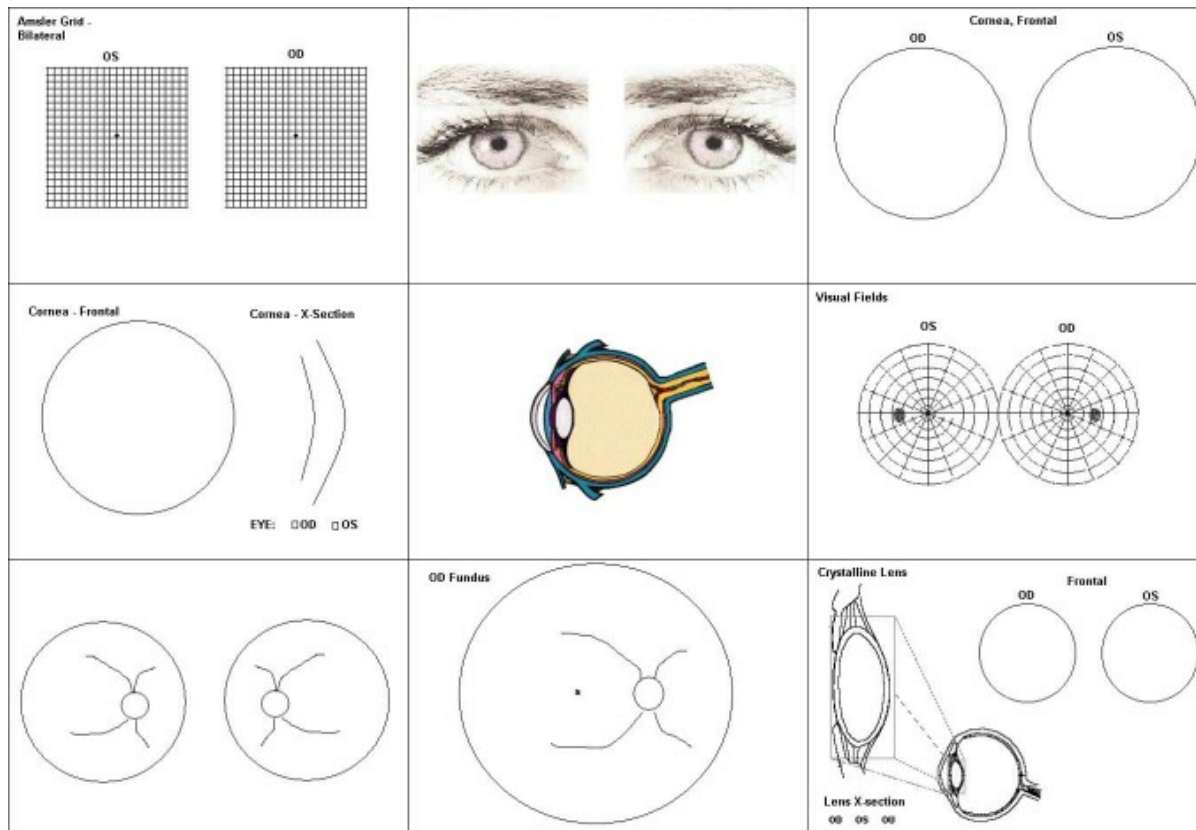
Color Palette

Left click to choose the foreground color, and right click selects the background color. To choose more colors, use the menu item **Format**.



Standard Image Templates

The software has a number of built-in drawing templates. Below is a sampling of some of those templates. You are encouraged to create your own (and feel free to email us a copy so we can add to the database).



How To Insert an Photo

To copy an image (for example, from a retinal photo) that you can annotate, there are two methods:

Option 1: Use the Load button to open the document (or the Scan button to directly import). Note that you will probably need to re-size the image BEFORE attempting to load the image.

Option 2: Use a image capture program (such as SnagIt from www.techsmith.com) to capture the portion of the image you want and resize. Then use the copy/paste function to insert in the drawing.

After the image is inserted you can draw and annotate directly on the image.

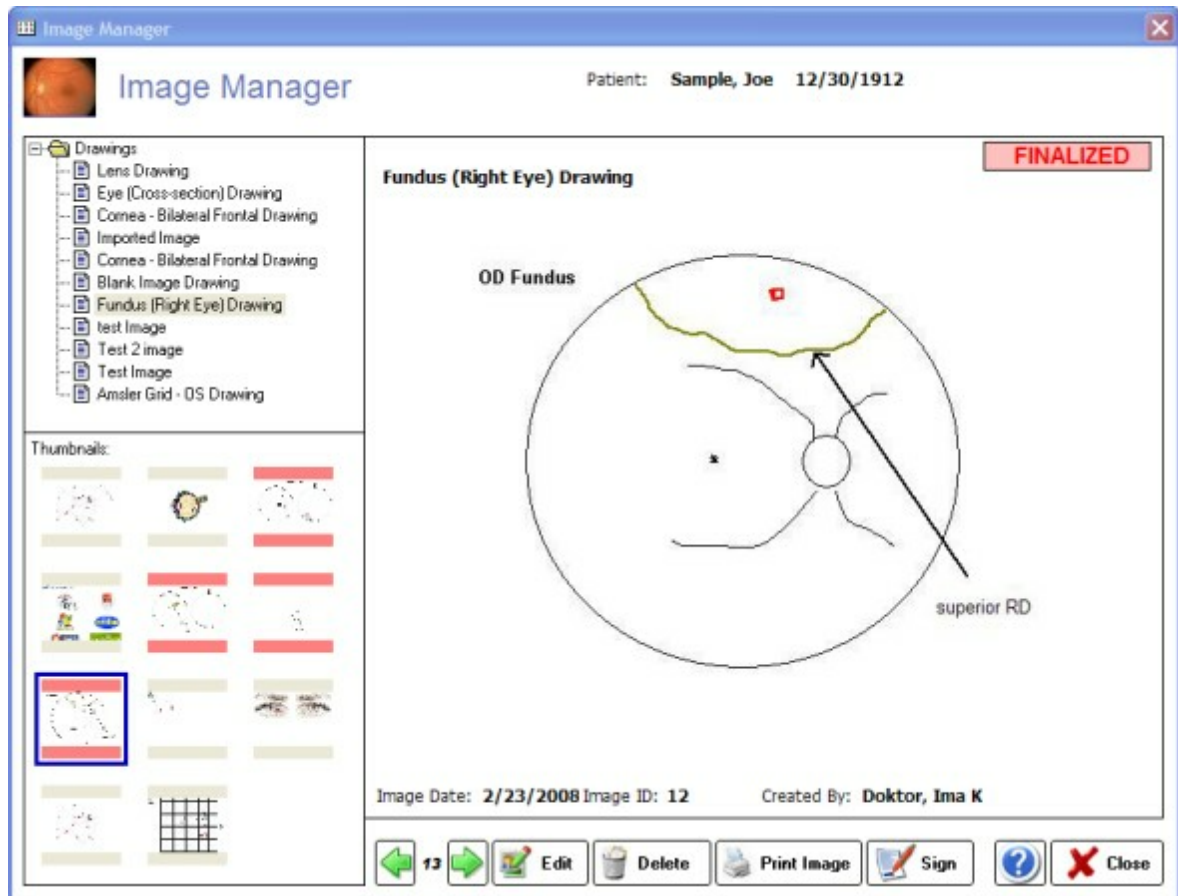


This image was captured and resized using SnagIt software.

Use the ctrl-c (copy) and ctrl-v (paste) key combinations to copy/paste images directly onto the canvas.

7.4 Image Manager

The Image Manager allows you to view all the patient drawings in a single location. You can edit, delete or print images.



7.5 SuperBill Tool

The SuperBill Tool allow you to create either a printed SuperBill or a virtual one (for use with the ezClaimBiller module). Normally if you select the exam type on the Subjective Findings screen, the CPT codes will be pre-filled. But you can manually select the work you have done by clicking the checkboxes

on the left-side list. The diagnosis codes are also auto generated from the Assessment [\[296\]](#) list.

The screenshot shows the 'Billing Tool' window. It features a list of 'Procedure/Exam Codes' on the left, a 'Selected CPT Codes' section on the right, and a 'Diagnosis Codes' section on the right. The 'Procedure/Exam Codes' list includes items like '65222 - Foreign body removal (\$149.00)', '66984 - Cataract 90-day post op (\$175.00)', '68761 - Punctal Occlusion (\$87.00)', '92002 - Intermediate Exam (\$70.00)', '92004 - Comprehensive Exam, New (\$125.00)', '92012 - Intermediate Exam, Estab (\$70.00)', '92014 - Comprehensive Exam, Estab (\$125.00)', '92015 - Refraction (\$55.00)', '92020 - Gonioscopy (\$55.00)', '92081 - Limited Visual Field (\$20.00)', '92082 - Intermediate Visual Field (\$40.00)', '92083 - Extended Visual Fields (\$89.00)', '92100 - Serial Tonometry (\$47.00)', '92225 - Ophthalmoscopy Extended p (\$65.00)', '92226 - Ophthalmoscopy, Subsequent (\$55.00)', '92250 - Retinal Photography (\$69.00)', and '92310 - Contact Lens Eval (\$70.00)'. The 'Selected CPT Codes' section shows 'Primary' as 92014, 'Secondary' as 92015, and 'Tertiary', 'Forth', and 'Fifth' as empty. The 'Diagnosis Codes' section shows 'Primary' as 367.4, and 'Secondary', 'Tertiary', 'Forth', and 'Fifth' as empty. At the bottom, there are buttons for 'CLEAR', 'Coding Wizard', 'Print Superbill', a help icon, 'Save', and 'Close'.

Procedure/Exam Codes	
<input type="checkbox"/>	65222 - Foreign body removal (\$149.00)
<input type="checkbox"/>	66984 - Cataract 90-day post op (\$175.00)
<input type="checkbox"/>	68761 - Punctal Occlusion (\$87.00)
<input type="checkbox"/>	92002 - Intermediate Exam (\$70.00)
<input type="checkbox"/>	92004 - Comprehensive Exam, New (\$125.00)
<input type="checkbox"/>	92012 - Intermediate Exam, Estab (\$70.00)
<input checked="" type="checkbox"/>	92014 - Comprehensive Exam, Estab (\$125.00)
<input checked="" type="checkbox"/>	92015 - Refraction (\$55.00)
<input type="checkbox"/>	92020 - Gonioscopy (\$55.00)
<input type="checkbox"/>	92081 - Limited Visual Field (\$20.00)
<input type="checkbox"/>	92082 - Intermediate Visual Field (\$40.00)
<input type="checkbox"/>	92083 - Extended Visual Fields (\$89.00)
<input type="checkbox"/>	92100 - Serial Tonometry (\$47.00)
<input type="checkbox"/>	92225 - Ophthalmoscopy Extended p (\$65.00)
<input type="checkbox"/>	92226 - Ophthalmoscopy, Subsequent (\$55.00)
<input type="checkbox"/>	92250 - Retinal Photography (\$69.00)
<input type="checkbox"/>	92310 - Contact Lens Eval (\$70.00)

Selected CPT Codes	
Primary	92014
Secondary	92015
Tertiary	
Forth	
Fifth	

Diagnosis Codes	
Primary	367.4
Secondary	
Tertiary	
Forth	
Fifth	

7.5.1 Coding Tool

A simple tool to allow you to code the exam for Medicare E&M requirements. To use the tool, select New or Established patient. Then click on each of the items you have completed in each of the three categories (history, examination and decision making). As you select items the appropriate code will be calculated and displayed.

E&M Coding Guidelines

Proper coding encompasses three areas: History, Examination and Medical Decision Making

History

The History comprises four parts parts:

- Chief Complaint
- History of the Present Illness (HPI)
- Review of Systems (ROS)
- Past History, Family History, and Social History (PFSH).

Chief Complaint

The chief complaint is the primary reason for the patient's visit, which may be in the patient's words or the provider's summary.

History of the Present Illness

The HPI is composed of eight elements:

- Location
- Duration
- Severity
- Quality
- Timing

- Context
- Modifying Factors
- Associated Signs and Symptoms

The HPI is divided into Brief and Extended, Brief has one to three elements and Extensive has four or more elements described.

Review of Systems (ROS)

The systems are: Constitutional — Eyes, Ears, Nose, Mouth, Throat; Cardiovascular — Respiratory; Gastrointestinal; Genitourinary; Musculoskeletal; Integumentary (skin and/or breast); Neurological; Psychiatric; Endocrine; Hematologic/Lymphatic; and Allergic/Immunologic.

Personal, Family & Social History

For the PFSH, you must ask one question for each category in order for that category to be considered inventoried.

Examination

Each item identifies an element that the provider must perform if that element is to be counted toward the level of the examination. No substitutions are allowed — you cannot take elements from other single organ systems and count them as eye examination elements. A total of 14 elements are identified by a bullet. At the highest level, all 14 have to be performed.

- Test visual acuity (does not include determination of refractive error)
- Gross visual field testing by confrontation
- Test ocular motility including primary gaze alignment
- Inspection of bulbar and palpebral conjunctivae
- Examination of ocular adnexae including lids (eg, ptosis or lagophthalmos), lacrimal glands, lacrimal drainage, orbits and preauricular lymph nodes
- Examination of pupils and irises including shape, direct and consensual reaction (afferent pupil), size (eg, anisocoria) and morphology
- Slit lamp examination of the corneas including epithelium, stroma, endothelium, and tear film
- Slit lamp examination of the anterior chambers including depth, cells, and flare
- Slit lamp examination of the lenses including clarity, anterior and posterior capsule, cortex, and nucleus
- Measurement of intraocular pressures (except in children and patients with trauma or infectious disease)
- Ophthalmoscopic examination through dilated pupils (unless contraindicated) of optic discs including size, C/D ratio, appearance (eg, atrophy, cupping, tumor elevation) and nerve fiber layer
- Posterior segments including retina and vessels (e.g. exudates and hemorrhages)
- Brief assessment of mental status - orientation to time, place and person
- Brief assessment of mental status - mood and affect (e.g. depression, anxiety, agitation)

Medical Decision Making

The levels of E/M services recognize four types of medical decision making (straight-forward, low complexity, moderate complexity and high complexity). Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

- the number of possible diagnoses and/or the number of management options that must be considered;
- the amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed; and
- the risk of significant complications, morbidity and/or mortality, as well as co-morbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s) and/or the

possible management options.

Medical Decision Making is the most difficult of the three key components in E/M coding to master. The grid below gives a rough idea of what constitutes Decision Making:

Number of diagnoses or management options	Amount and/or complexity of data to be reviewed	Risk of complications and/or morbidity or mortality	Type of decision making
Minimal	Minimal or None	Minimal	<i>Straightforward</i>
Limited	Limited	Low	<i>Low Complexity</i>
Multiple	Moderate	Moderate	<i>Moderate Complexity</i>
Extensive	Extensive	High	<i>High Complexity</i>

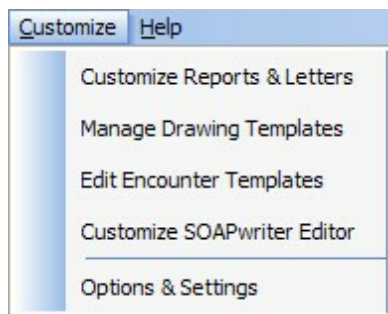
Audit Flags

Some of the common documentation problems (extracted from *Optometric Management*):

- Confrontation visual fields not addressed; if not done — state the reason.
- Primary gaze alignment is not "versions full" — you must address the primary gaze measurement.
- No reason given when intraocular pressure (IOP) is not measured.
- Pupils not dilated, and the two elements (optic nerve and posterior segment) are still being counted toward the level of the exam — with no explanation as to why. It has to be a medical contraindication — not that it's "a sunny day."
- Neurological/Psychiatric elements missing.
- Dilating drops not listed in the chart.
- Failure to check off normals for each eye, particularly when there is a problem in the other eye.
- Failure to describe the abnormality.
- Failure to perform all 14 elements.
- You cannot count an extended ophthalmoscopy as the basic elements of optic disc and posterior segment and also as the separate diagnostic test, extended ophthalmoscopy.
- Note that the word "referral" does not appear in the document. You do not receive credit for referring a patient.
- When considering number of diagnosis or management options, this refers to the examiner and not the practice (what others have diagnosed).
- When coding encounters for established patients, be sure to use both number of diagnosis/management options and risk of complications.
- Requesting a consultation is not an activity that can be counted under Amount and Complexity of Data.
- Chief complaint and HPI technically are to be performed by you and you alone. You must perform or repeat any element that is counted in determining the level of the examination.
- Any element you are applying as an element performed when you select the level of the examination must be performed by the practitioner and not auxiliary personnel.

7.6 Customization Possibilities

You can customize many fields in ezChartWriter (but not all). To customize most items, use the Customize menu item at the top of the Encounter screen. Other items, like the PickList items and medications list require you to click the Customize button located in the particular area of interest.



General settings and options can be specified with the Settings Button also (same as the last menu item above).



7.6.1 PickList Customization Tool

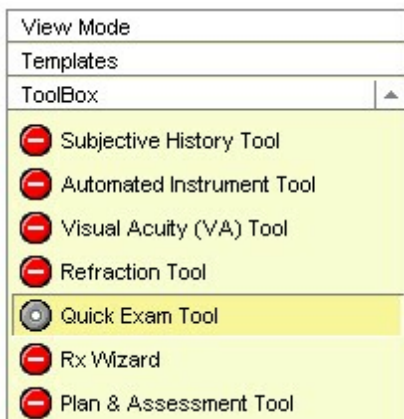
You can manually create your own statements using the PickList Customization Tool. The steps for doing this for the Exam Findings tool is described below. The steps are nearly identical for the Ocular Symptoms tool (just use the Customize button on that tool).

Step 1

Open any patient chart (or create a new one for a patient... it can be deleted safely when you are done with the customization work).

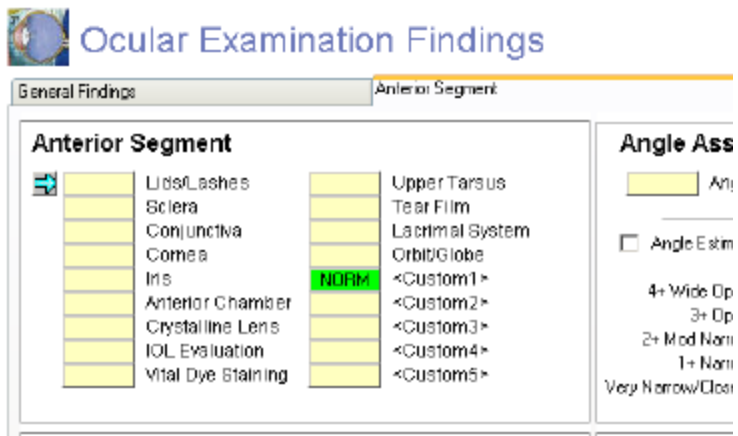
Step 2

Open the Quick Exam tool (use the left-side menu bar and click on "Quick Exam Tool").



Step 3

On the Quick Exam Tool screen, find the button that you wish to customize. This can be a pre-existing button (such as “Cornea”) or a Custom button. For demonstration purposes, let’s use the Custom#1 button on the “Anterior Segment” tab. The first time you click the button, it turns green (“normal”), however there is no associated text. You can verify this by placing your mouse over the button. Normally, a brief pop-up will appear showing the contents of the text statement.



To customize the button, click it again and a new window will appear. This is the Q-Tool “Pick List.” Once your customization is complete, this is where you will be able to quickly choose appropriate exam text to place in your chart notes.

Detailed Exam Findings

Cornea

Quick Pick List SOAPwriter Drawing Tool

HEADING

☒ CORNEA

DEFAULT FINDINGS

☒ Slit lamp examination reveals...

☒ Normal tear film, epithelial surface, stroma and endothelium OU.

NORMAL FINDINGS

☐ Epithelium is intact with good luster.

☐ Stroma is clear and free of edema.

☐ Endothelium is free of deposits and guttata.

☐ No ulceration or infiltration noted.

☐ Cornea demonstrates normal sensitivity with cotton wisp.

☐ No neovascularization is present.

☐ Otherwise, normal tear film, epithelial surface, stroma and endothelium.

☐ Fellow eye appears normal.

ABNORMAL FINDINGS

☐ [GRADE] superficial punctate keratitis (SPK).

☐ Arranged in an inferior arcuate pattern.

☐ [GRADE] arcus band noted.

☐ Ulcer noted.

☐ Scar defect noted on corneal surface.

☐ Longstanding, stable stromal scar noted.

☐ [GRADE] triangular vascularized tissue extending onto cornea.

☐ Hypoesthetic cornea noted.

☐ [GRADE] neovascularization noted.

☐ [GRADE] SEI's noted.

☐ [GRADE] superior pannus is present.

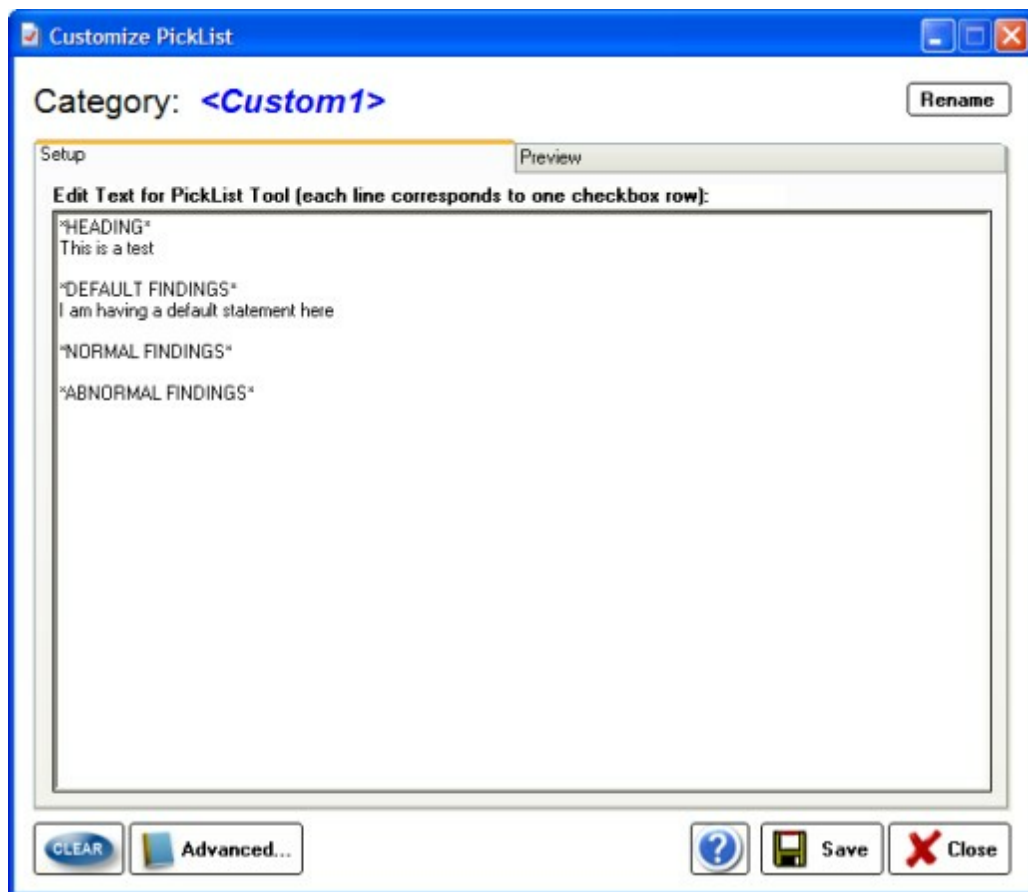
☐ [GRADE] microcystic edema is evident.

NOTE: Right-click a text statement to select an eye or grade.

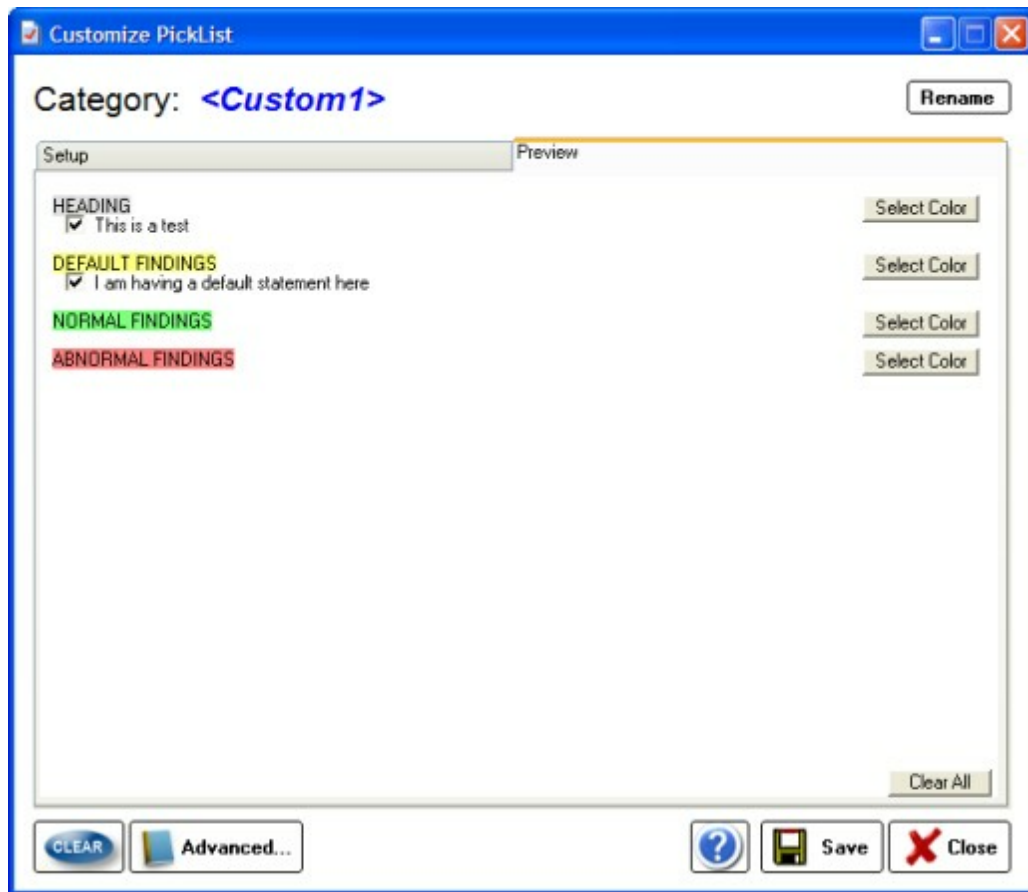
Review & Edit:

CORNEA Slit lamp examination reveals... Normal tear film, epithelial surface, stroma and endothelium OU.

Customize **CLEAR** **?** **✓ Okay** **✗ Close**



For now however, it looks blank as shown in the sample image. Note that the Category heading says "<Custom1>" and that there are four colored titles in the main area.



Step 4

Click on the “Custom” button on the right side and the customization tool (“Customize Pick List”) will open. At the top, make sure the tab marked Setup is selected. You should see a screen with the following text, each representing a different section of your pick list:

HEADING
 DEFAULT FINDINGS
 NORMAL FINDINGS
 ABNORMAL FINDINGS

The HEADING label is what the text topic relates to. For instance, if you wish to create a new custom button relating to the limbus, you would add a heading under the section marked *HEADING* and this would be pasted into the SOAP note. The exact way you enter the heading is exactly how it will be inserted into the SOAP note, so include punctuation and spaces as needed. Each of the subsections would be entered in the same way. For example:

HEADING
 LIMBUS ■

DEFAULT FINDINGS
 Unremarkable. ■

NORMAL FINDINGS
 A normal statement goes here. ■

ABNORMAL FINDINGS

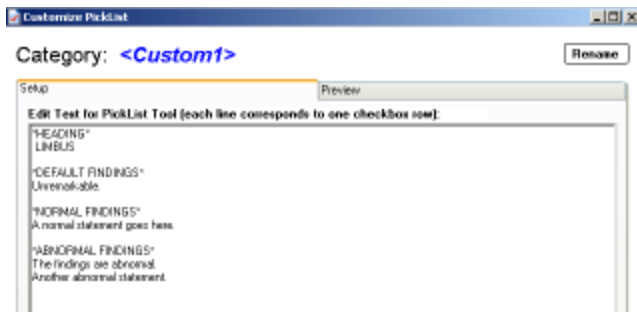
The findings are abnormal. ■

Another abnormal statement. ■



NOTE: The highlighted areas after the text indicate spaces. You should include one or two spaces after every statement so that multiple statements form intact sentences and not run-ons.

Once you have entered all the statements that you think you need, it's time to preview your work.



Step 5

Click on the Preview tab at the top and you will see a rough approximation of what the final display will look like. To finish the customization, you need to check the boxes of the default statements and headings (anything checked will be inserted when a button is set to "NORM"). You may also want to set the color codes for the headings (useful when a large amount of text choices are present).

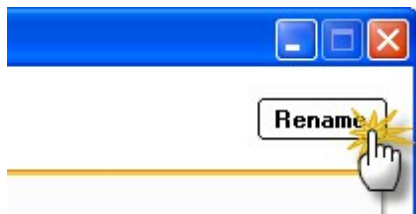
The standard color system is as follows:

HEADINGS... white or light grey
DEFAULT FINDINGS... yellow
DEFAULT NORMAL... light green
DEFAULT ABNORMAL... light red

You may, however, use any color scheme you desire but it is recommended that you keep it consistent.

Step 6

You can now change the name of the <Custom1> button to one of your own liking. In this example, we want to change it to "Limbus". Simply click on the Rename button at the very top (or double-click the current name) and a edit box displays. Make your changes and save the work ("Accept").



Step 7

You are now finished creating your custom button. Click “Save” and you will be returned to the original Exam PickList. You can select your choices directly. Occasionally, you may need to reload the exam form for the label update the new name on the Exam Tool.

Advanced Options

Click the Advanced button to see the raw script that will generate the PickList. You can manually enter or edit data in this way, although care must be taken.



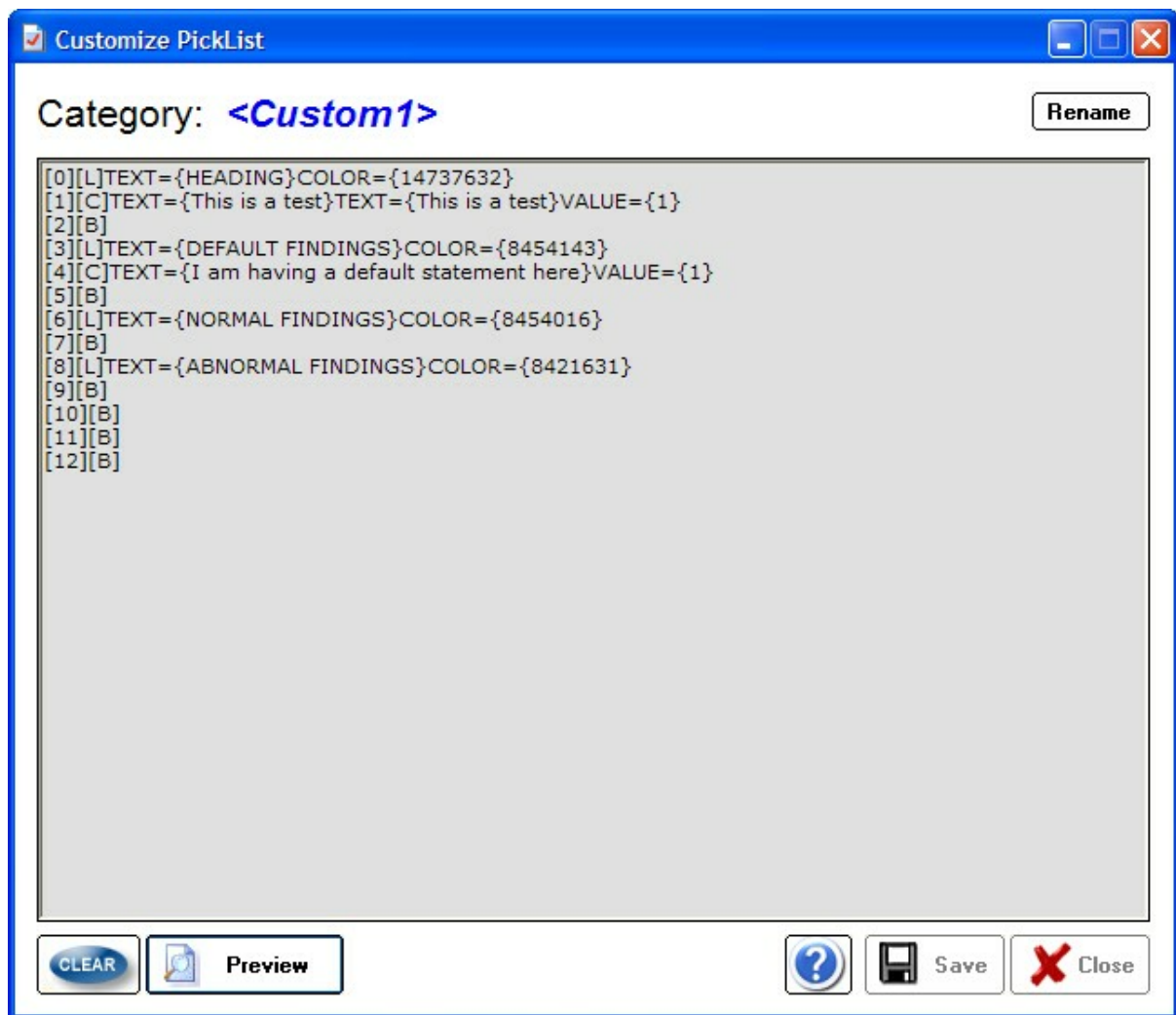
The Fields are as follows:

- [#] - the line number, from zero to a maximum of thirty (any more will not display on the PickList page)
- [B] - blank line (must be included to insert a blank line)
- [L] - Heading text
- [C] - Statement text

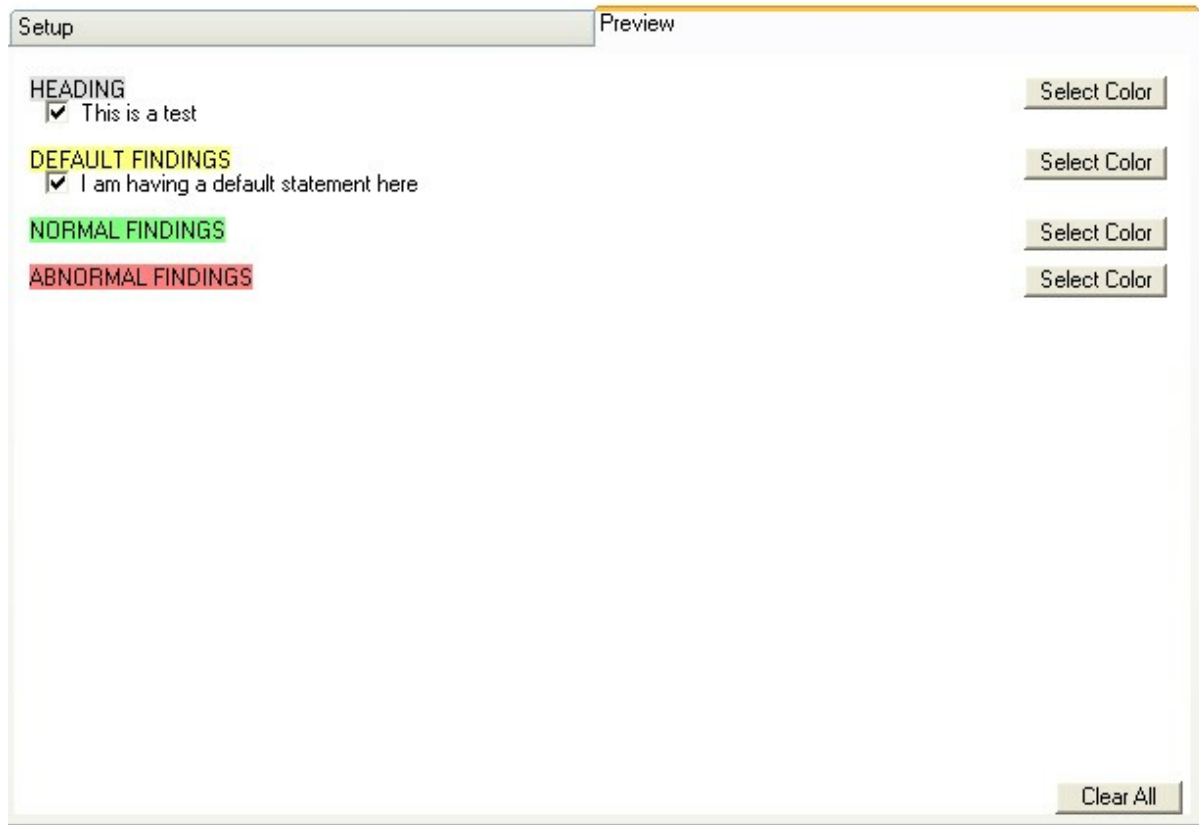
TEXT=
COLOR=
VALUE=

Each of the text, color and value fields should be followed by the data to be entered enclosed in curly brackets. So the text would look like this: TEXT={This is the sample text inside the brackets. Note the extra space after the period here. }

Color codes can be best entered using the Color buttons on the main screen, then copying the code number.

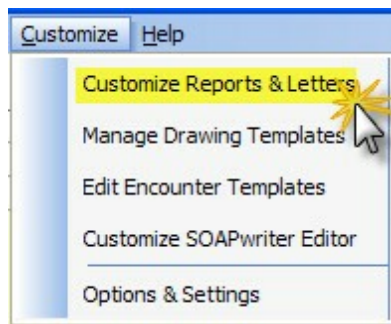


How it looks in Preview Mode:

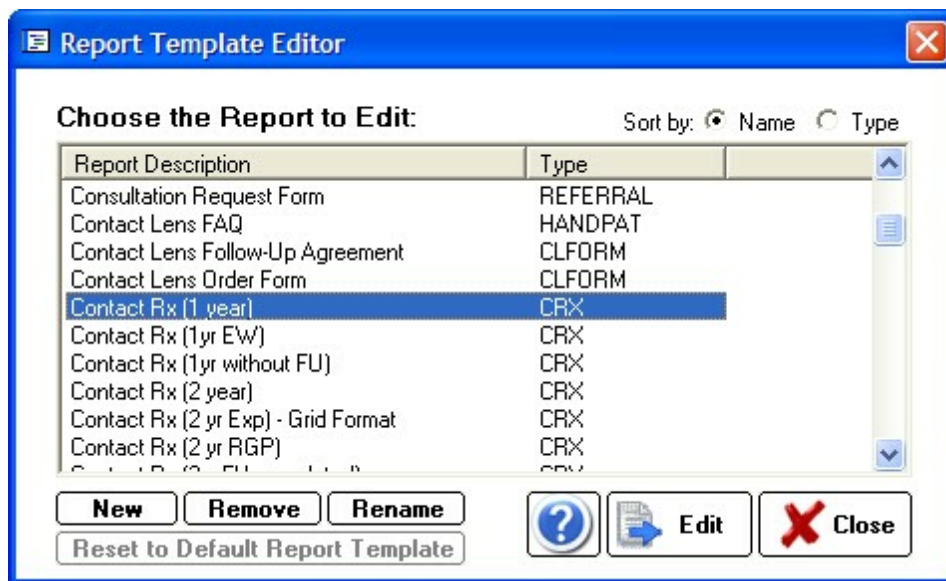


7.6.2 Report Designer

The Report Designer allows creation and editing of the various reports and Rx formats available in ezChartWriter. When the report template screen finishes loading, you will notice that the reports are listed alphabetically by name and that each has a specific category name associated with the report. You can easily switch between an alphabetized listing of report name or by category by clicking on the heading bar.

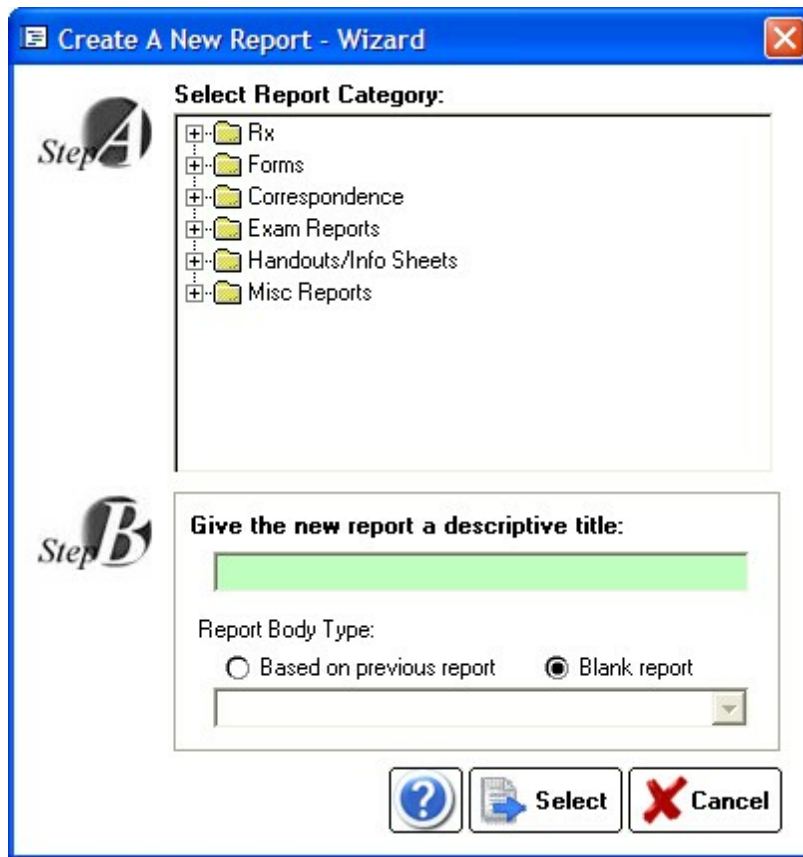


To edit an existing report, click on the name and then click the Edit button (or, alternatively, just double-click the report name). To create a new report click the New button and a dialog will appear to guide you through creating a new report:

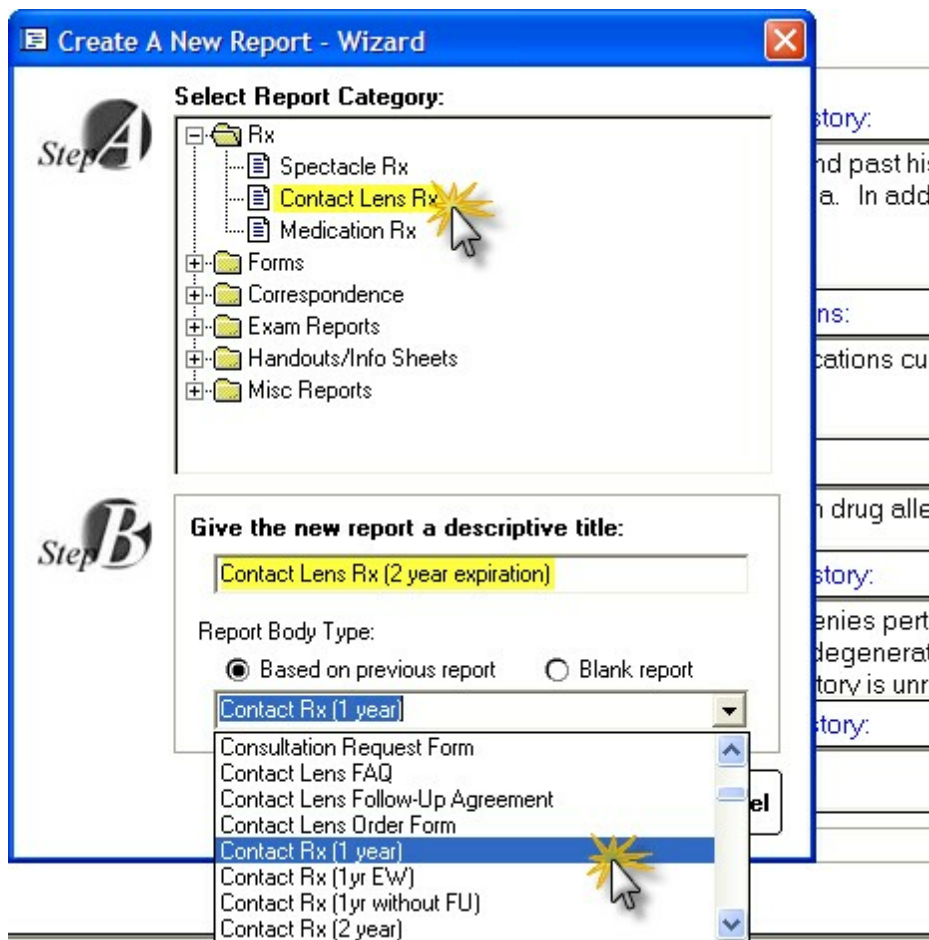


Step A: Select an appropriate category for the report. If the report does not easily fit one of the pre-defined categories, use the Misc. Reports category.

Step B: Give the report a unique and descriptive name (for example, "Letter to Patient-Importance of Diabetic Control"). You may also indicate whether this report will be based on a prior report format or blank report. Even if you choose a blank report, you can easily copy and paste data from your favorite word processing program.



When the report, whether new or editing an existing report, opens, you will be in the Report Designer mode. The Designer looks and acts just like the regular report viewer with just a few important differences. The first difference is that the data you are working on is a Template from which your other reports are built. As such, the Template needs to be told what data to display.



There are three types of data you can insert into your template:

Static Text

This is text that does not change and will be included in every report of that type. Examples include headings and labels such as "Date of Exam:" and "Report of Findings:". You create static text by simply typing text in the Designer just like a word processor.

Dynamic Text (aka Fields)

These are special codes embedded in your report document that tells ezChartWriter to insert text appropriate to, for example, a particular patient or provider, each Field has a specific format and looks like this:

Dear [[Name Title]][[Last Name]]:

The word "Dear" and the semi-colon ":" are static text. However, the double-bracketed fields indicate placeholders for data to be inserted, in this case the patients salutation (for example, Mr. or Mrs.) and last name. Using the list of pre-defined Fields, it is possible to generate grammatically correct and fully personalized letters, handouts and miscellaneous reports. Using even more specialized Fields such as [[MedRx]] you can create Rx's for your patients. Many sample templates for various reports, Rx's and letters have been created for you. Simply copy the old report to the new and edit the text and Fields as needed.

[[DrNameFull]]
 [[PracticeName]]
 [[PracticeFullAddress]]
 Tel [[PracticeTel]] Fax [[PracticeFax]]

[[Today Date]]

[[RolodexName]]	
[[RolodexClinic]]	
[[RolodexAddress]]	
[[RolodexCityStateZip]]	

RE: [[LastFirstMI]]
 DOB [[DOB]]

Dear Dr. [[RolodexName]]:

I recently saw [[FirstName]], a [[Age]] year old [[Gender]], for a comprehensive eye examination. As you know, [[he/she]] has a history of NIDDM. [[He/She]] states that [[he/she]] is currently taking the following medications: [[Medications Taken]].

On [[his/her]] visit today, [[he/she]] had best corrected acuities of 20/20 in each eye. Pupils, ocular motilities and anterior segment were normal. No iris rubeosis was noted. The dilated examination revealed a **normal fundus** in both eyes. No neovascularization at the disc or elsewhere was noted. No other retinal vascular abnormalities were evident.

Inserting Fields can be done using the dropdown list at the top of the Report Designer. A full list of available fields¹⁸² are listed below.

Insert Field	
DESCRIPTION	CODE
Date - Today's date	[[Today Date]]
Date - Today's date + 1 year	[[Today Date+1 year]]
Date - Today's date + 2 years	[[Today Date+2 years]]
Date - Last exam	[[Last Exam]]
Date - Last exam + 1 year	[[Last Exam+1 year]]
Date - Last exam + 2 years	[[Last Exam+2 years]]
Date - REQUEST date from user	[[Request Date]]
Patient - Name (Full, First Last)	[[FirstLast Name]]
Patient - Name (Full, Last,First)	[[LastFirstMI]]
Patient - Name (First only)	[[FirstName]]
Patient - Name (Last only)	[[LastName]]
Patient - Salutation	[[Name Title]]

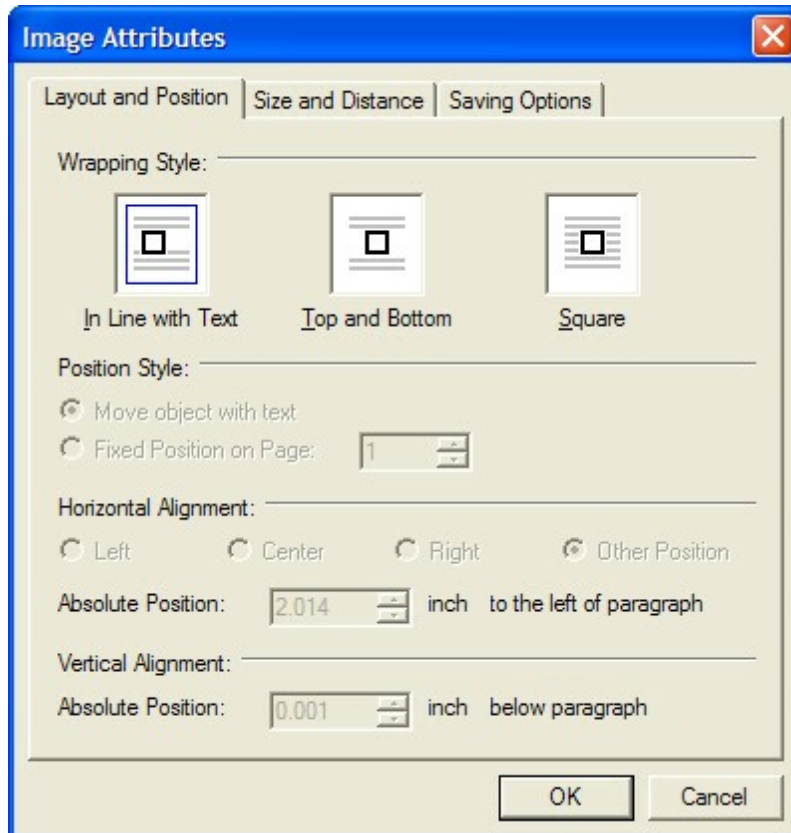
Images

In addition addition to static text and FIELDS, you may also insert static images in your documents. These may be logos or signature blocks or any other image you desire.

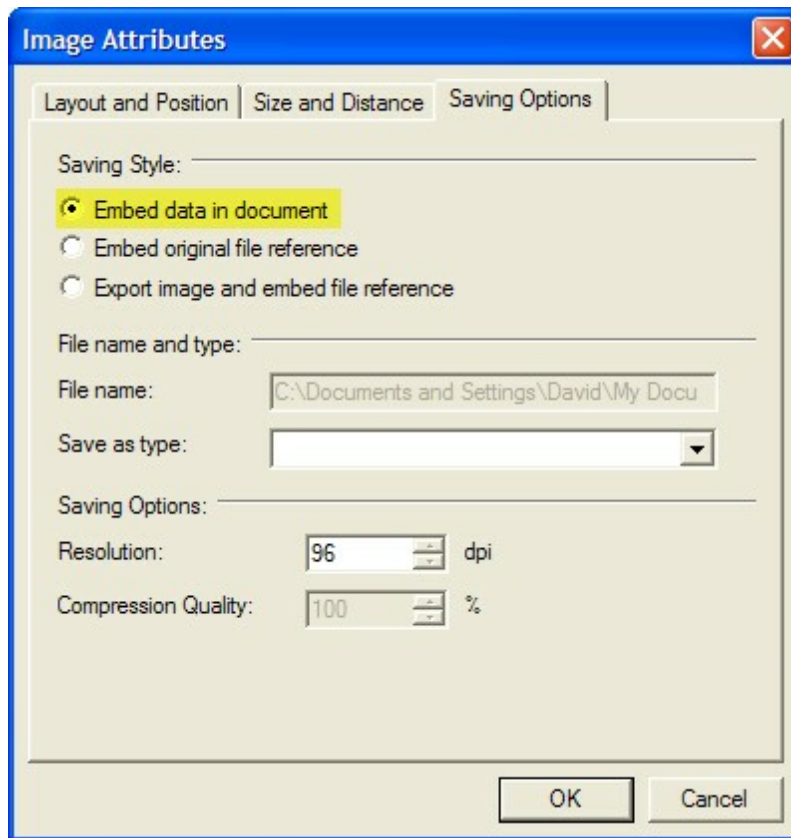


WARNING: Images consume lots of disc space and if you embed a large image in a report, then each and every report you save will have a copy of that image saved to the database. It is recommended that you limit embedded images to small (under 10K) size. Examples would be a signature block. Typically, images that are embedded should be in “.jpg” or similar format, since they are highly compressed.

To modify the properties of an image, right-click the image to pull up the Image Attributes dialog:



When saving the image there are three ways of doing so:

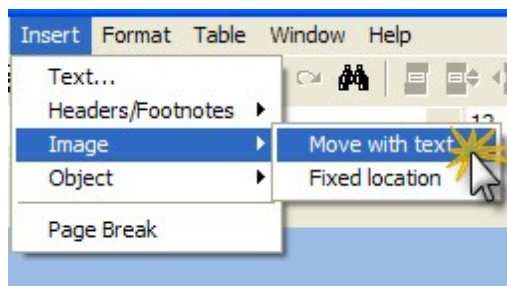


Embed data in document

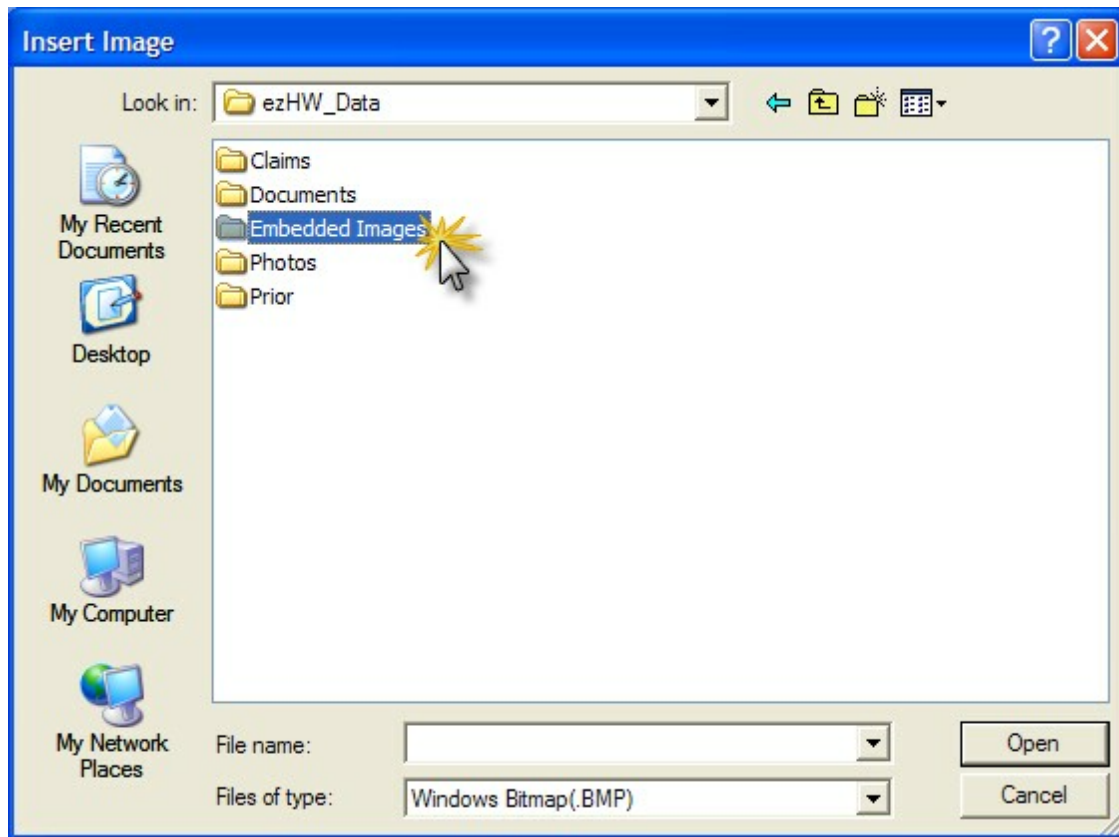
This is the simplest way, but can quickly fill up your report database. Only use very small, low resolution images with this method. To convert and resize your image, use a product like SnagIt (www.techsmith.com) to reduce the resolution. If you embed too large an image you will receive a warning when attempting to save.

Embed original file reference

This is the best way to incorporate larger image files; the image is save seperately from the document and is displayed only when you open the document. The drawback is that the image must be stored in the database folder on the network. So create a subfolder in the C:\ezHW_Data folder called "Embedded Images" and then add your images to that folder (for instance signature stamps or practice logo). To insert the image, click the menu item **Insert->Image->Move with Text** in the Report Designer:



When the Insert Image dialog shows, navigate to your network database folder. Click on the image you wish to embed and click open. When you save the document, a link to this path to the image is saved. When you create a report this same path is maintained.



7.6.2.1 Available Fields

Codes that can be Inserted into Reports

Fields available within Encounters:

[[Ocular Hx]]
[[Medical Hx]]
[[EntireNote]]
[[All SOAP Notes]]
[[SOAP Only]]
[[History Only]]
[[VA_OD]]
[[VA_OS]]
[[VA_TYPE]]
[[Tono_OD]]
[[Tono_OS]]
[[Tono_Method]]
[[Tono_Time]]
[[Medications Taken]]
[[Allergies]]
[[Social Hx]]
[[Family Hx]]

[[ROS]]
[[Subjective]]
[[Objective]]
[[Assessment]]
[[Plan]]
[[Treatment]]
[[Follow-up]]
[[CPT Codes]]
[[ICD-9 Codes]]
[[E&M Coding]]

[[Rx Date]]
[[Rx Date+1]]
[[Rx Date+2]]
[[Today Date]]
[[Today Date+1]]
[[Today Date+2]]
[[Last Exam]]
[[Last Exam+1]]
[[Last Exam+2]]
[[Enc Date]]
[[Enc Date+1]]
[[Enc Date+2]]

[[Request Date]] Prompts the user to enter a Date
[[Consult Reason]] Prompts user to enter a Consult Reason
[[RolodexName]] Prompts user to select name from the Rolodex
[[RolodexNameDegree]]
[[RolodexFirstName]]
[[RolodexLastName]]
[[RolodexInitial]]
[[RolodexSpecialty]]
[[RolodexDegree]]
[[RolodexClinic]]
[[RolodexAddress]]
[[RolodexCityStateZip]]
[[RolodexTel]]
[[RolodexFax]]
[[RolodexNotes]]
[[RolodexEmail]]
[[RolodexFullAddress]]

PATIENT INFORMATION

[[FirstLastName]]
[[LastFirstMI]]
[[FirstName]]
[[Initial]]
[[LastName]]
[[NameTitle]]
[[Suffix]]
[[Age]]
[[DOB]]
[[Home Tel]]

[[Day Tel]]
[[Email]]

[[Primary Ins]]
[[UCPrimary Ins]]
[[Primary InsID]]
[[Guarantor]]
[[Primary InsGrp]]
[[Primary Auth#]]
[[GuarantorDOB]]
[[GuarantorGender]]

[[Secondary Ins]]
[[UCSecondary Ins]]
[[Secondary InsID]]
[[Secondary InsGrp]]
[[Secondary Auth#]]
[[SecondarySubscriber]]
[[SecondaryDOB]]
[[SecondaryGender]]

[[Nickname]]
[[Employer]]
[[Occupation]]
[[Chart#]]
[[UCFirstLastName]] UC means Uppercase
[[UCLastFirstMI]]
[[UCFirstName]]
[[UCLastName]]
[[UCNameTitle]]
[[UCSuffix]]
[[UCPrimary Ins]]
[[R]] Patient.Race
[[G]]
[[UCgender]]
[[Gender]]
[[He/She]]
[[he/she]]
[[His/Her]]
[[his/her]]
[[Him/Her]]
[[him/her]]

[[PatFullAddress]] Multi-line address
[[PatAddress1]]
[[PatAddress2]]
[[PatCity]]
[[PatState]]
[[PatPostalCode]]

[[CustomName#1]]
[[CustomValue#1]]
[[CustomName#2]]

[[CustomValue#2]]
[[CustomName#3]]
[[CustomValue#3]]
[[CustomName#4]]
[[CustomValue#4]]
[[CustomName#5]]
[[CustomValue#5]]
[[CustomName#6]]
[[CustomValue#6]]

PROVIDER/PRACTICE INFO

[[DrNameFull]]
[[PracticeName]]
[[ProviderFirst]]
[[ProviderLast]]
[[ProviderMI]]
[[UCDrNameFull]]
[[UCPracticeName]]
[[UCProviderFirst]]
[[UCProviderLast]]
[[UCProviderMI]]
[[PracticeTel]]
[[PracticeFax]]
[[PracticeEmail]]
[[PracticeWeb]]
[[PracticeAddress1]]
[[PracticeAddress2]]
[[PracticeCity]]
[[PracticeState]]
[[PracticeZIP]]
[[PracCityStateZip]][[PracticeFullAddress]]
[[GroupTIN]]
[[GroupMedicare]]
[[ProviderLic]]
[[ProviderDEA]]
[[ProviderDegree]]
[[ProvNPI]]
[[GroupTIN]]
[[GroupNPI]]
[[GroupMedicare]]
[[ProviderLic]]
[[ProviderDEA]]
[[ProvNPI]]
[[ProviderDegree]]

[[Final SRx]]
[[sphOD]]
[[cyIOD]]
[[axOD]]
[[addOD]]
[[addOD]]
[[prismOD]]
[[prismOD]]

[[sphOS]]
[[cyIOS]]
[[axOS]]
[[addOS]]
[[addOS]]
[[prismOS]]
[[prismOS]]
[[SRxNote]]
[[SRxRecommend]]

[[Final SRx]]
[[SpecRx]]

[[CLBrandOD]]
[[CLBCOD]]
[[CLsphOD]]
[[CLcyIOD]]
[[CLaxOD]]
[[CLDIAOD]]
[[CLparametersOD]]
[[CLBrandOS]]
[[CLBCOS]]
[[CLsphOS]]
[[CLcyIOS]]
[[CLaxOS]]
[[CLDIAOS]]
[[CLparametersOS]]
[[CLinstructions]]
[[CLRx]]
[[Final CLRx]]

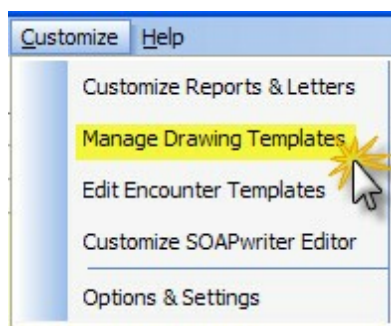
[[Med Rx]]

FOR USE BY THE SOFTWARE (DO NOT ADD/REMOVE)

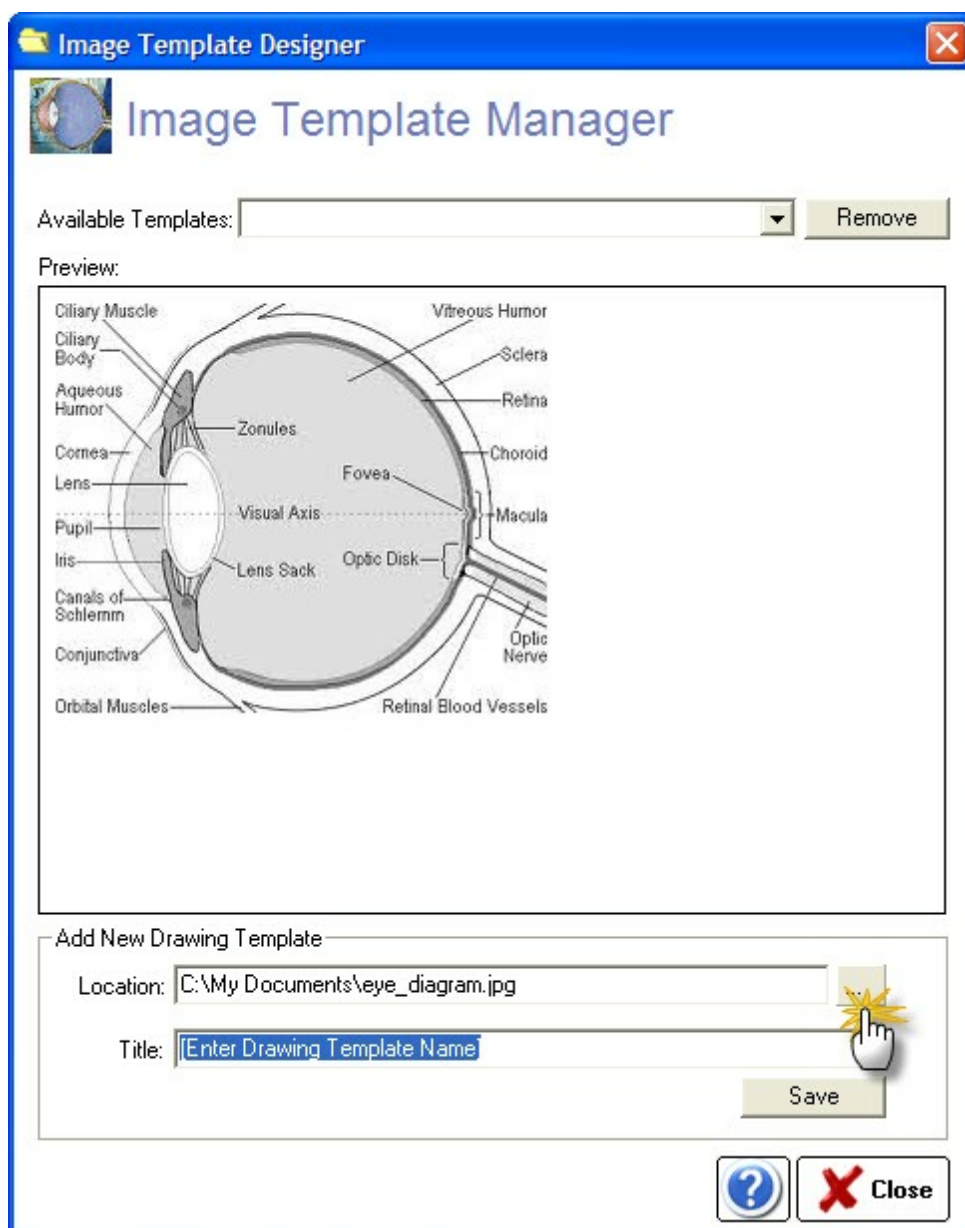
[[SRxTool]]
[[CLRxTool]]
[[MedRxTool]]

7.6.3 Image Templates

When using the Drawing Tool there are a number of built-in templates. You can add your own templates by opening the Image Template Manager.

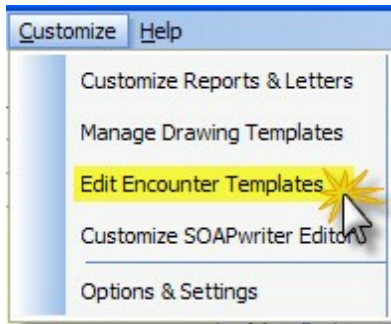


To view or remove existing templates click and choose from the dropdown list at the top. Add new image templates in the box at the bottom.

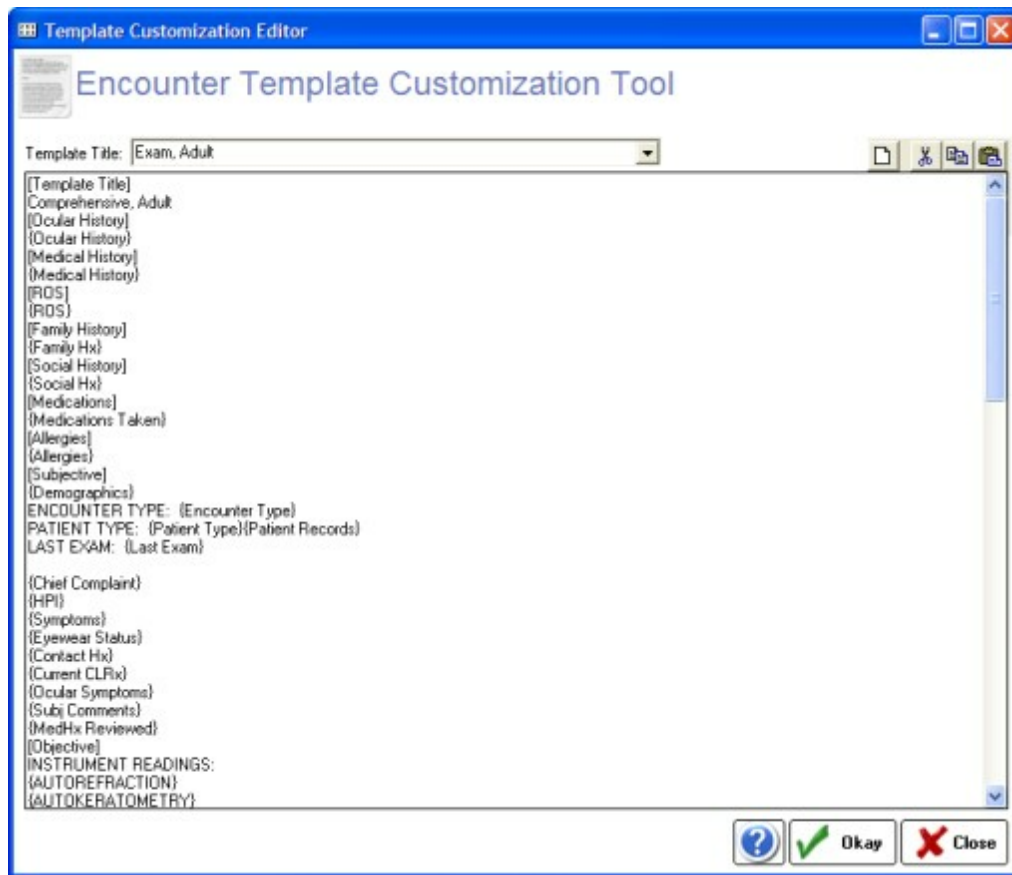


7.6.4 Encounter Template

Typically you shouldn't need to edit the Encounter Templates, but if you wish to use your own headings or add special text, this is how to do it. Note that any text enclosed in {brackets} is a software tag and should not be deleted. It is where the software inserts your text statements into the SOAPnote.



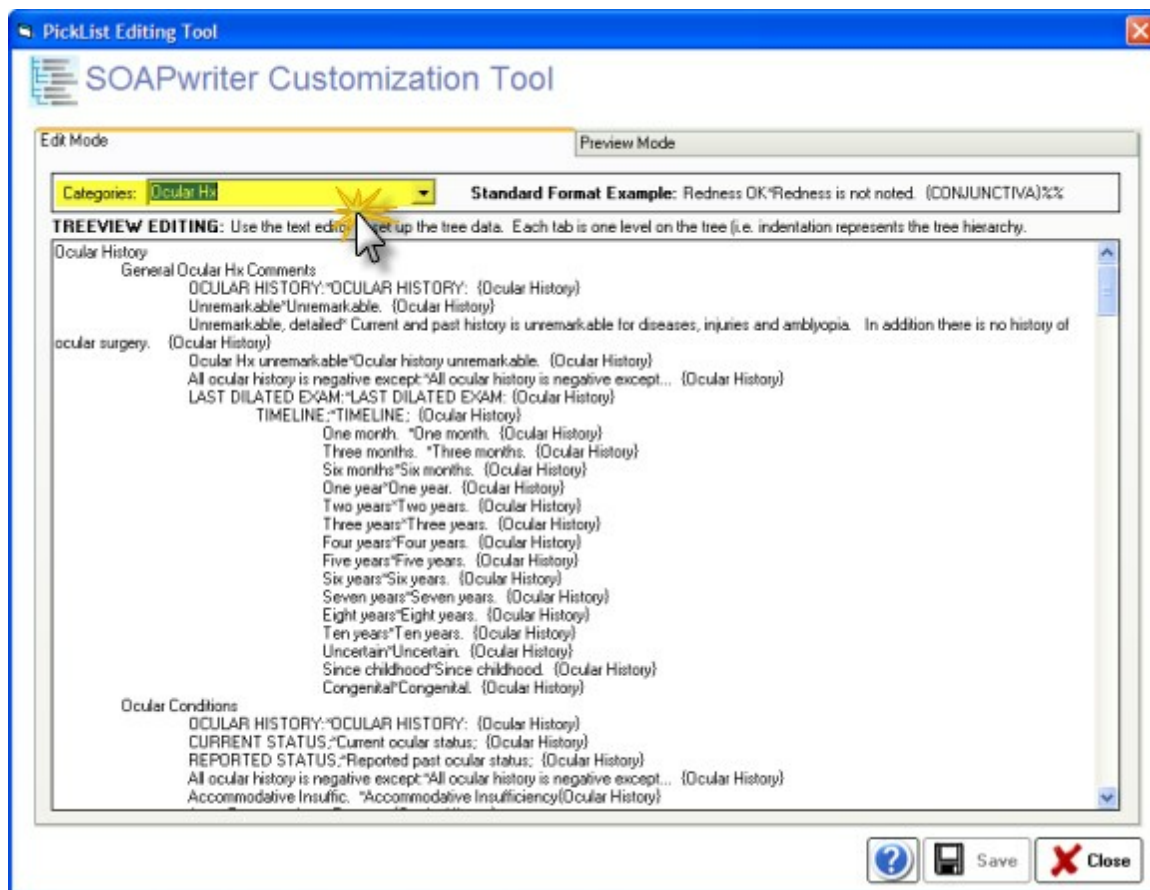
WARNING: Do NOT delete the tags in {brackets}! Your software will stop working properly if you do. You can add all the text you want outside of the {bracket} positions. This text will appear on EVERY encounter of this template type. IF YOU ARE UNSURE, DO NOT MAKE MODIFICATIONS TO THE PRIMARY TEMPLATE (EXAM, ADULT). It can be your "roll-back" template that you can copy/paste into other templates as necessary.



7.6.5 Customize SOAPwriter

The SOAPwriter tool allows you to click on text statements to automatically add them to your note, creating a sentence-by-sentence narrative. To customize these statements you need to use the SOAPwriter Customization Tool. Pay particular attention to the structure of the templates as they determine how your SOAPwriter statements will look.

To begin, you must select a category in the dropdown box at the top. The categories correspond to the available SOAP fields (e.g. Medical History, Subjective, Objective, etc).



The data displayed in the Edit Box is the raw codes used to create the SOAPwriter statements. They follow a specific format and represent levels (much like a tree has branches). Each tab is one level on the tree so the amount of tab indentation represents the tree hierarchy.

```
Plan
    OCULAR TREATMENT PLAN*OCULAR TREATMENT PLAN: {Treatment Plan}%%
    CPM*Continue present medications. {Treatment Plan}
    Taper*Begin taper of medication. {Treatment Plan}
```

Statement Title

Example: "CPM"

Required: Yes

Visible in SOAPwriter: Yes

Inserted into SOAP Note: No

Note: is what you see in the SOAPwriter tool, BUT MAY NOT be what is inserted into the SOAP note. This is usually an abbreviated form of your text statement.

Divider Code

Example: "*"

Required: No

Visible in SOAPwriter: No

Inserted into SOAP Note: No

Note: Required only if a "Text Statement" is present. Is used to separate the Statement Title from the Text Statement.

Text Statement

Example: "Continue present medications. "

Required: No

Visible in SOAPwriter: No

Inserted into SOAP Note: Yes

Note: The actual text which is pasted into SOAP note. Generally it is advisable to include two text spaces after sentence period so following sentences don't run together.

Category Tag

Example: "{Treatment Plan}"

Required: No

Visible in SOAPwriter: No

Inserted into SOAP Note: No

Note: Required if a Text Statement is present. The code/tag must contain in curly brackets and must be an existing template keyword (e.g. {Acuity}). This is the location in encounter templates where "Text Statements" will be placed.

New Line Code

Example: "%%"

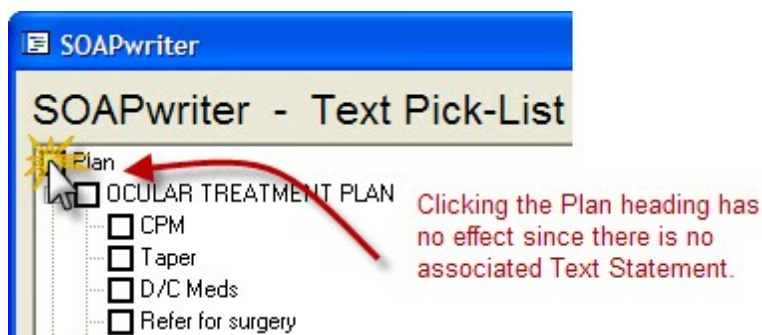
Required: No

Visible in SOAPwriter: No

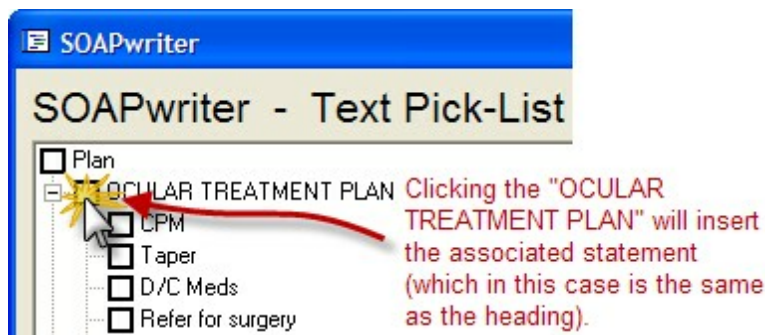
Inserted into SOAP Note: Yes

Note: Only applicable if a Text Statement is present. This forces a linefeed/return at the end of the sentence so that Text Statements that follow start on a new line.

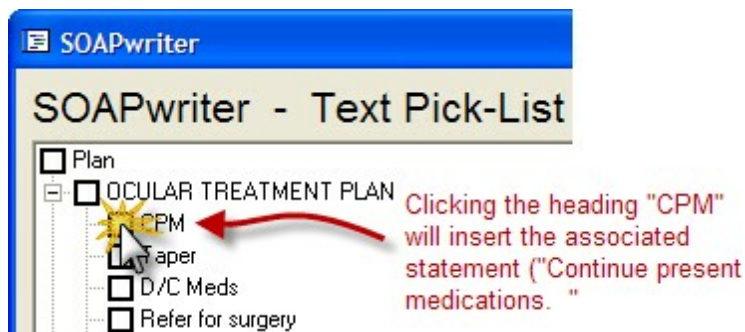
In the example above, the primary heading is "Plan". Since the text has no associated codes/tags it will not paste any data when it is clicked on in the SOAPwriter.



The second line is the a full text statement ("OCULAR TREATMENT PLAN"). Checking the box will cause this heading to insert into the SOAP note. Since it is followed by the New Line Code "%%" it will also insert a linefeed/return and the next statement select would go on a new line.



The third line is another full text statement (a subcategory of the OCULAR TREATMENT PLAN). The display would show "CPM" which reminds you that the full text to be inserted would be "Continue present medications. " with the two spaces at the end of the sentence.



Notes

- All keyword codes must include the {} brackets
- Do not put in blank lines, they will disrupt the tree structure.
- In the editor, you can select blocks of text and use tab (or shift-tab) to move text right or left.
- Don't forget the keyword codes at the end of a text statement; the tree will be disrupted/shortened
- Use the indentations in order. Each level should ONLY be one deeper (one tab) than the one prior. In other words, do not indent one line one tab and the very next three tabs.
- Use the New Line code "%%" for lists and headings. Leave it off for statements that will likely form paragraphs.
- There is no limit to the number of levels or text statements you wish to add

7.6.5.1 Template Keywords

These keywords are used in the SOAP note (and SOAPwriter tool). They must be enclosed in one pair of curly brackets to be recognized. Only ONE keyword should appear in the section. Keywords cannot be moved from one category to another (e.g. {Symptoms} can only appear in the Subjective category). You can change the order, but we do not recommend deleting keywords under any circumstances.

Ocular History

{Ocular History}

Medical History

{Medical History}

Review of Systems

{ROS}

Family History

{Family Hx}

Social History

{Social Hx}

Medications

{Medications Taken}

Allergies

{Allergies}

Subjective

{Demographics}

{Encounter Type}

{Patient Type}

{Patient Records}

{Last Exam}

{Chief Complaint}

{Lids/Lashes}

{Sclera}

{Conjunctiva}

{Cornea}

{Staining}

{Tear}

{Iris}

{Anterior Chamber}

{Angle}

{Gonio}

{Lens}

{Tonometry}

{ANTSEG}

{ONH}

{Vitreous}

{Macula}

{Vessels}

{Posterior Pole}

{Peripheral Retina}

{POSTSEG}

{Ophthalmoscopy}

{DFE}

{Dilating Drops}

{Assessment}

{Assessment}

Plan

{Refractive Plan}

{2nd SRx}

{Contacts Plan}

{Treatment Plan}

{Patient Education}

Treatment

{Treatment}

FollowUp

{FollowUp}

7.6.6 Settings & Options

The various options for program operation and user details can be set on the Program Settings & Options screen. Click the Settings button in the Chart Navigation section (or under the Customization menu).



General Settings

General Settings

☒ Auto-select provider for reports/Rx's as currently logged user

Date Format to display on Reports

Date Preview: 03/05/2011

[Manage CPT Codes](#) [Manage ICD-9/10 Codes](#)

Auto-select provider for reports/Rx's as currently logged user

Determines whether the current user is selected as the provider for certain reports/Rx's.

Date Format for Rx/Reports

Allows customization of the way a date is printed on reports (for example, mm/dd/yyyy format). You may use one of the three predefined formats or create your own.

Manage CPT Codes

All the codes you need to bill for services and products can be entered in the Products & Service Codes screen. Some standard codes are pre-populated, but you will need to edit the Fee and Tax fields to reflect your practice fee schedule.

Manage ICD-9/10 Diagnosis Codes

You can add, delete, or edit the Diagnosis Codes (ICD-9 or ICD-10) using this utility. These codes are used on the FeeSlip in the diagnosis column and in the Assessment/Plan section of an Encounter.

User Details

User Details

First Name Ima	MI K	Last Name Doktor	Degree/Suffix OD
Title/Position		ID Type	ID Number
State Lic# 084844		OtherID1	
DEA#		OtherID2	
UPIN		OtherID3	
NPI 1093948844		Security Settings Username: idoktor Change Password Security Setting: Level 10 Type: Provider <input checked="" type="checkbox"/> Set me as the default user for this computer	

This screen allows the user to modify their own information, including license and insurance ID numbers. Certain items (such as security level and user type) can only be modified in the Admin settings.

User Name/Password

You can change the username here as well as the password (if the current password is known; otherwise the Admin account must be used to reset it)

Security Setting

The user security level is visible (but only modifiable by the System Administrator). The user can, however, change their username or password on this screen.

Set me as the Default user

On each computer (network or solo), the default username displayed at startup (on the LOGIN screen) is determined by this setting. The user who primarily uses this computer should check this box.

Folder Paths

Folder Paths

Set Default Folders:

Default folder to save created PDF copies:	C:\ezHW_Data\Documents\
Default folder to store Patient Photos:	C:\ezHW_Data\Photos\
Default folder to store Attachments/Scanned Docs:	C:\ezHW_Data_ALASKA\Documents [cannot be modified]
Default folder to store Database Backups:	C:\ezHW_Backup\

Set default locations for the following folders:

Path to PDF documents

When saving a PDF version of a report or Rx, this is the default location when asked to save file. Typically this would be your "My Documents" folder.

Path to Patient Photos

If you are capturing patient photos to include in the Patient Demographics window, this is the default location to store them. Typically this should be "C:\ezHW_Data\Photos".

Path to Database Backups

The default location where ezBackup stores backup images of your database.

Custom Lists

List Item	Additional Data
Blue	
Brown	
Green	
Grey	

Throughout ezChartWriter, there are various lists and choices that can be customized. You may edit or add to these lists by performing one of the following:

- Selecting list to edit in the dropdown box at the top.
- Clicking on the item to edit, or alternatively, selecting the NEW button to add an item to the list.

Report Settings

Report Settings

Set Default Margins and Page Setup for:

Select Default Reports to Use for Rx Viewing/Printing

	Default Report to Use	Default Report Title
Blank Rx:	Medication Rx	
Med Rx:	Medication Rx	Med Rx
Spec Rx:	SRx (2 year expiration) - Grid Format	Spectacle Rx
CL Rx:	Contact Rx (2 yr Exp) - Grid Format	CLRx

☐ When closing reports, Auto Save instead of prompting to save.

Default Margins

The margin to use for reports, letters, Rx's and encounter printouts (if not set in the Report Designer) or otherwise not specified. This setting applies globally to all reports that do not allow you to set individual margins (e.g. when printing notes).

Default Report to Use

Allows the default report for each Rx type to be selected, as well as setting a default title. The four main Rx categories are: Blank Rx, Medication Rx, Spectacle Rx and Contact Lens Rx.

Auto Save

In some cases, you can specify that the software save your report without being prompted first.

Tool Settings

Tool Settings

Diopter Step Selection

☒ Default to 1/4th steps
☐ Default to 1/8th steps

Mouse button for fine diopter movements:

☒ Left Button
☐ Right Button

☒ Automatically copy first CL brand to other eye
☒ Save all new Rx's to LogBook

☐ Include DEA#
☒ Open to "ExamSheet View"

Select Default Font to use for Rx Data (inserted text)

Blank Rx:	Arial	11
Medication Rx:	Courier New	11
Spectacle Rx:	Arial	11
Contact Lens Rx:	Arial	11

Default Rx Type (Wizard Tool)

☐ Blank Rx
☒ Medication Rx
☐ Spectacle Rx
☐ Contact Lens Rx

Allows customization of the Rx Tools in ezChartWriter. The available options include the following:

Diopter steps

Applies to spectacle and contact lens Rx's. Can be either the standard 1/4 steps or in 1/8th steps (rounded to 2 digits however).

Mouse button

For fine adjustments on spectacle or contact Rx tools. Basically, this allows for the reversal of the effect of clicking on the right or left button. The default for fine movements is the left button (i.e. clicking with the left button increments or decrements the power by the default diopter step amount; the right button “jumps” to the clicked location).

Automatically copy first CL brand to other eye

Auto copies the selected contact lens brand from right eye to left (default is true) in the Contact Lens Tool.

Save all new Rx's to LogBook

Default is true; can be overridden when creating Rx with the Rx wizard.

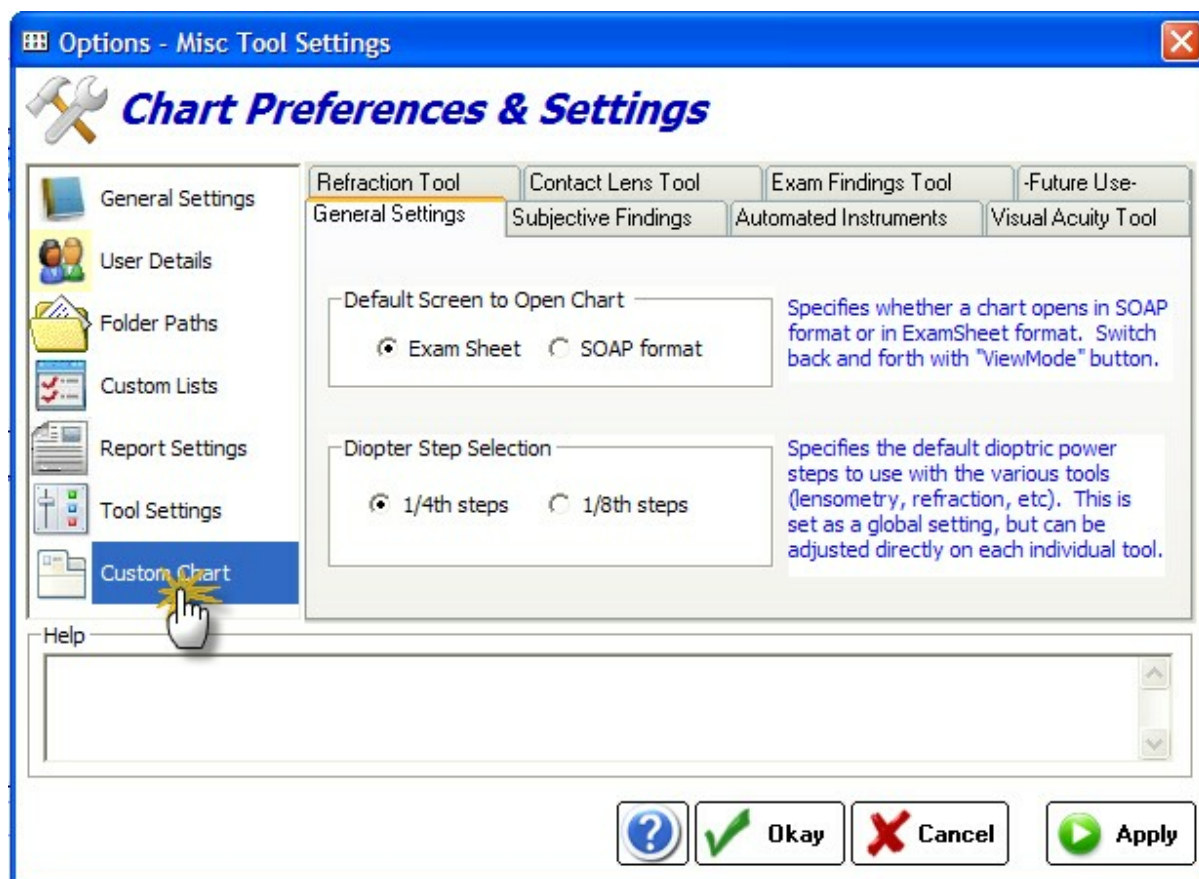
Set default fonts

Set default fonts for the Rx data being inserted into reports. This can be modified if your reports are exceeding a full page when Rx data is inserted.

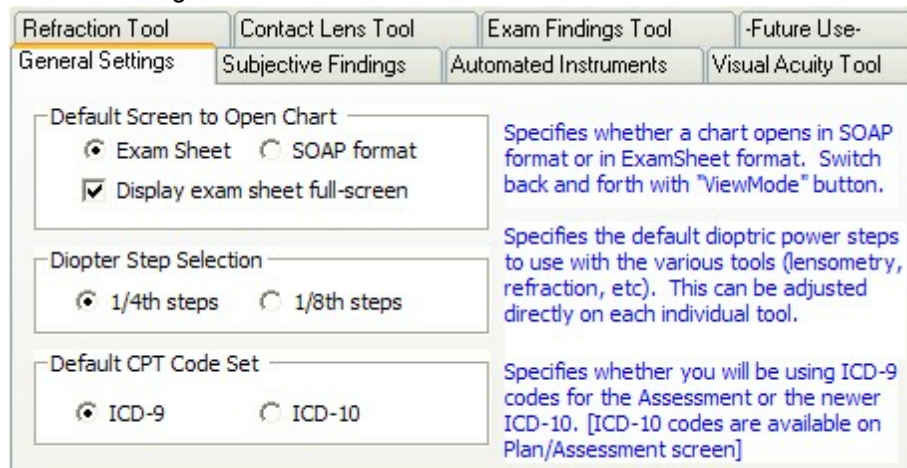
Default Rx Wizard

No longer used; the Multi-Medication wizard allows you to select the tool you wish to use.

Custom Chart Settings



General Settings



Default Opening Screen

The Encounter can open to either the Exam Sheet or SOAP format when beginning a new charting session. Switch back and forth with "ViewMode" button.

Diopter Step Selection

Specifies the default dioptric power steps to use with the various tools (lensometry,

refraction, etc). This can be adjusted directly on each individual tool.

Default ICD Code Set

Specifies whether you will be using ICD-9 codes for the Assessment or the newer ICD-10.

Subjective Findings

On the Subjective Findings tool, the green arrow next to the patient history section allows for the various sub-sections to be marked "All Normal". This tool lets you indicate what you wish to have

Automated Instruments Settings

Default Automated Instrument

If you have an auto-refractor/keratometer linked via ezInstrumentLink software, these settings determine the default instrument.

Path to ezInstrumentLink Files

Specifies the path to where the instrument import files are located.

Default Start Values

Specifies the beginning "Normal" tool position for the Tonometry and Keratometry tools.

Visual Acuity Tool Settings

Refraction Tool Contact Lens Tool Exam Findings Tool -Future Use-

General Settings Subjective Findings Automated Instruments **Visual Acuity Tool**

Default Acuity Format

☒ Snellen
☐ Metric
☐ Decimal

Specifies whether you wish acuity choices to be in Snellen 20/20 format, metric 6/6 format or decimal format. Applies to all tools that allow acuity selection.

Bilateral VA Defaults to 20/20

☒ Bilateral Acuity is blank
☐ Bilateral Acuity is default

The VA Tool can display can display bilateral acuity already set to the default (e.g. 20/20), or you can leave it blank. You can switch back and forth easily.

Default Acuity Format

Specifies the format (metric, snellen or decimal) depending on your locale or preference.

Bilateral VA Default

If you routinely include bilateral acuity you can default to 20/20 (or metric equivalent) otherwise it will be left blank.

Refraction Tool Settings

General Settings Subjective Findings Automated Instruments Visual Acuity Tool

Refraction Tool Contact Lens Tool Exam Findings Tool -Future Use-

Select Default "Additional Data" Tab

Refractive Summary

Allows you to select from the various tabs in the "Additional Data" section which you would like to display as a default

Subjective Refraction

☒ Auto-check Binocular Balance (BB)
 Near Point VA Distance: 16"

Specifies if you would like the Binocular Balance checkbox selected automatically and what working distance you use for near point VA.

Default Additional Data Tab

Specifies the tab that will display when the Refraction Tool is first opened; typically the Refractive Summary is shown (since it includes any AR/AK/Lensometry data imported or entered).

Binocular Balance

If you routinely do binocular balanced refractions you can have this box auto-check.

Near Point Distance

The default distance (in inches or cm) for the placement of the near point card for visual acuities.

Contact Lens Tool Settings

General Settings Subjective Findings Automated Instruments Visual Acuity Tool


Refraction Tool **Contact Lens Tool** Exam Findings Tool -Future Use-

Toric Lenses

Toric Auto-Conversion, nearest axis mark:

10 degrees ▼

Specifies the accuracy for the toric axis (rounding) when clicking the contact lens Power Conversion button.

 Customize List of Contact Lenses

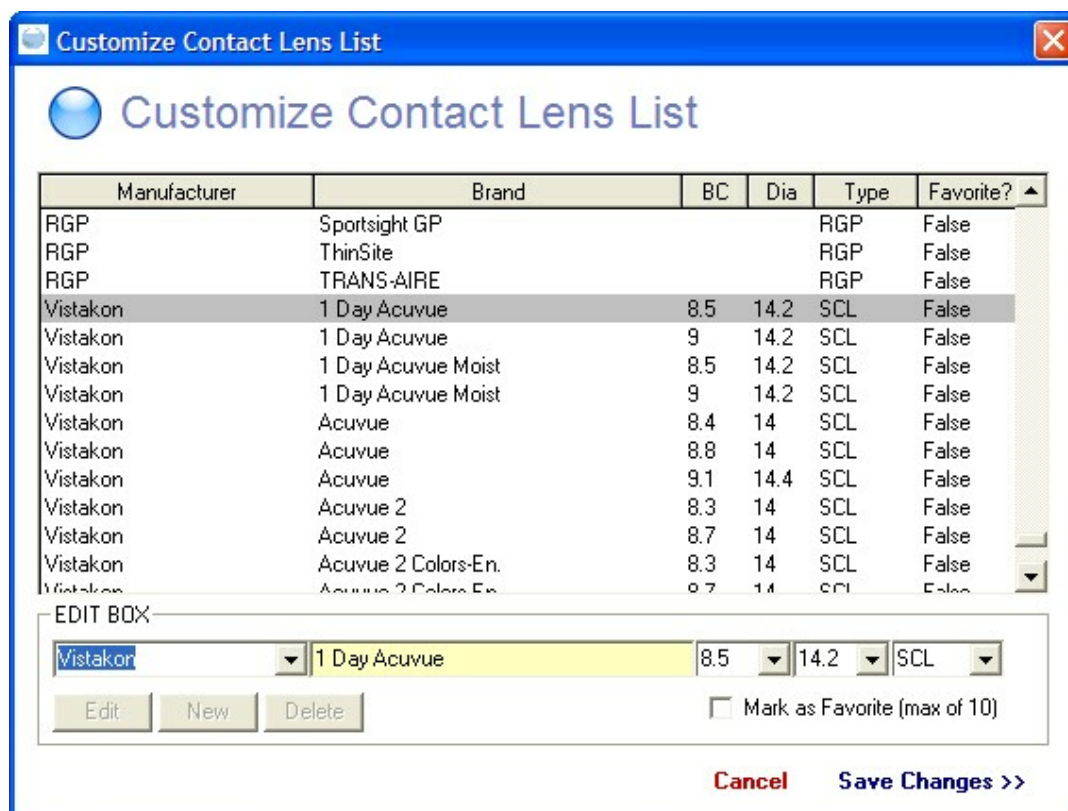
You can add contact lens brands & parameters, as well as set your "Favorites" with this button.

Toric Lens Conversion

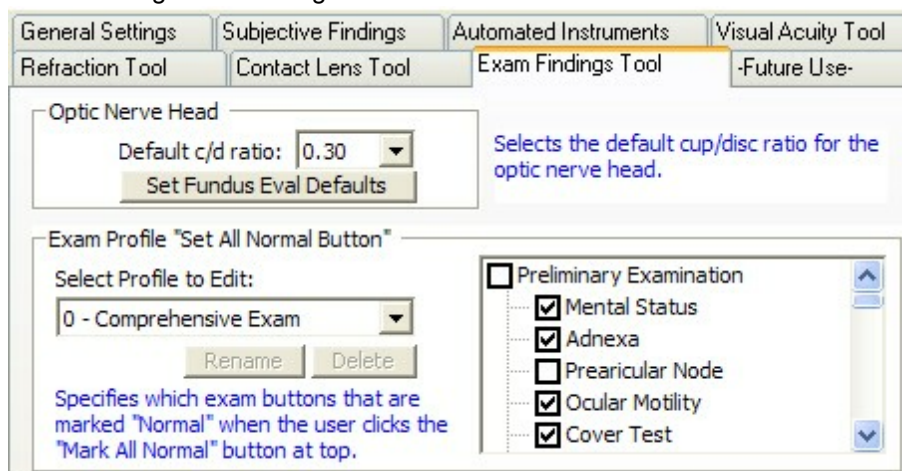
When using the "Toric Conversion" button, the nearest axis mark can be indicated (typically 10 degrees).

Customize List of Contacts

The list of available contact lenses can be customized. Use the "New" button to add a contact lens. The available parameter fields are: Manufacturer, Brand Name, Base Curve, Diameter and Type (soft or rigid). Use the "Mark as Favorite" checkbox if you would like the contact lens to appear near the top of the list. If you are entering a RGP lens, you can leave the BC/DIA fields blank (to be entered when creating Rx/order).



Exam Findings Tool Settings



Optic Nerve Head

The default cup-to-disc ratio can be set here.

Fundus Evaluation Defaults

When using the Exam Findings tool, you can set the Fundus Evaluation defaults by clicking the green arrow (pre-fill data). The Defaults Setup is an exact duplicate of this section; simply mark the items you wish to use as your defaults.

Setup of Fundus Exam Defaults

Fundus Defaults Setup

This is an exact duplicate of the Fundus Examination Methods box on the Quick Exam Tool. Simply select the checkboxes to be set as defaults.

Fundus Evaluation Method

☐ Not Performed ☐ Dilated Eval ☐ Retinal Imaging
☐ Small Pupil BIO ☐ Undilated Eval ☐ DFE w/ Imaging

Dilated with:
☐ 1gtt ☐ 2gtts

Evaluated with:
☐ 78D lens ☐ 20D BIO lens ☐ scleral depression
☐ 90D lens ☐ PR 2.2 BIO lens ☐ direct ophthalmoscope
☐ Other:

Notes:

<input type="checkbox"/> Patient advised of effects of DFE	<input type="checkbox"/> DFE refused AME
<input type="checkbox"/> DFE to be rescheduled	<input type="checkbox"/> DFE not indicated
<input type="checkbox"/> DFE declined	<input type="checkbox"/> DFE contraindicated
<input type="checkbox"/> Fundus imaging performed	<input type="checkbox"/> Recent DFE

CLEAR **?** **✓ Okay** **✗ Close**

Exam Profiles

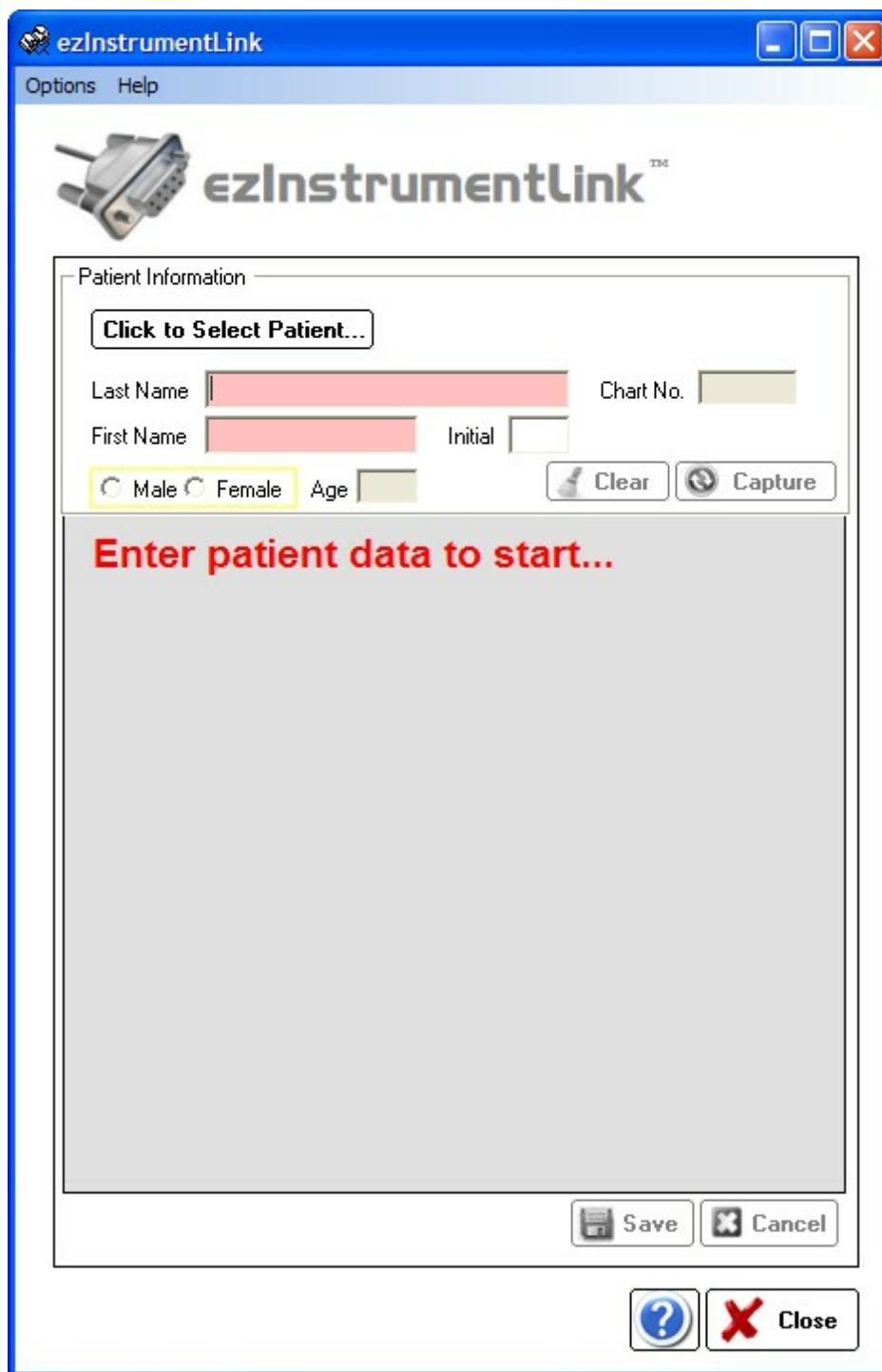
Specifies which exam buttons that are marked "Normal" when the user clicks the "Mark All Normal" button at top. Select the profile to edit and use the checkboxes on the right-side to mark which items should be marked normal.

Part



8 ezInstrumentLink

The ezInstrumentLink software will help you import data from your instruments. Certain instruments (e.g. Marco/Nidek) use their own software. If your instrument is not listed, please email us with product information and a contact person at the manufacturer and we will try and add it.



The screenshot shows the ezInstrumentLink software window. The title bar is blue with the text "ezInstrumentLink" and standard window controls. Below the title bar is a menu bar with "Options" and "Help". The main area has a light blue header with a connector icon and the "ezInstrumentLink" logo. Below this is a "Patient Information" section. It contains a button "Click to Select Patient...", text input fields for "Last Name", "First Name", "Initial", and "Chart No.", radio buttons for "Male" and "Female", and an "Age" input field. There are "Clear" and "Capture" buttons. A large red text area says "Enter patient data to start...". At the bottom are "Save" and "Cancel" buttons. A "Close" button with a red X is at the bottom right.

ezInstrumentLink

Options Help

ezInstrumentLink™

Patient Information

Click to Select Patient...

Last Name Chart No.

First Name Initial

☐ Male ☐ Female Age

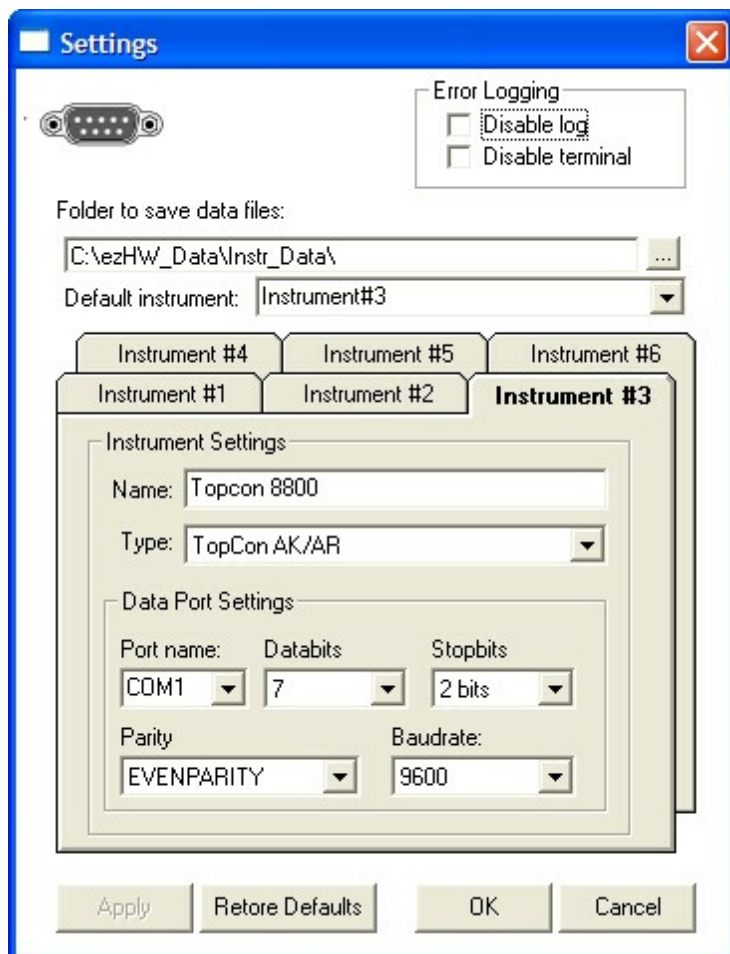
Clear Capture

Enter patient data to start...

Save Cancel

Close

Use the Options menu to setup the instrument serial port parameters. The baud rate, data bits and parity **MUST** match what your actual instrument displays. Think of the two sides as speaking a foreign language and both must speak/understand the other. The settings are the means to ensure this.



8.1 TOPCON Instruments

TOPCON Instrument Settings:

Settings for the Topcon 8800 AR/AK from the initial menu data print out:

```
BUZZER = YES
DPTR SHI FT = +0.37
AVERAGE DI SP = NO
DATE = TODAYS DATE
I N I T AUTO = YES
CD MEMORY = NO
CREDI B I L I T Y NUM = NO
ADD MODE = NO
DI S P L A Y S T Y L E = L A Y O U T 1
S E R I A L N O . = 1307
S E R I A L O U T T V = YES
S E R I A L O U T P R T = YES
```

SERIAL RESET = NO
INSTRUMENT NO = 01
INSTRUMENT TV = NO
INSTRUMENT PRT = NO
PRINT TYPE = ALL
SE DATA = NO
CL PRINT = NO
BAR PRINT = NO
AUTO PRINT = YES
DATA ORDER = D/ MM
PRINT R/ L = DATA
CL INPUT = STD1
DATA FORMAT = STD1
BAUD RATE = 9600
OUTPUT DATA TYPE = ALL

ezInstrumentLink Settings:

Topcon8800
databit = 7
stopbit = 1.5
parity = noparity
baudrate = 9600

8.2 Marco/Nidek Instruments

Use the MarcoConnect software to save your data file (which will be imported into ezChartWriter using the Import Instrument Data Tool²⁷⁶).



Part

IX

9 Appointment Scheduler



How do I ?

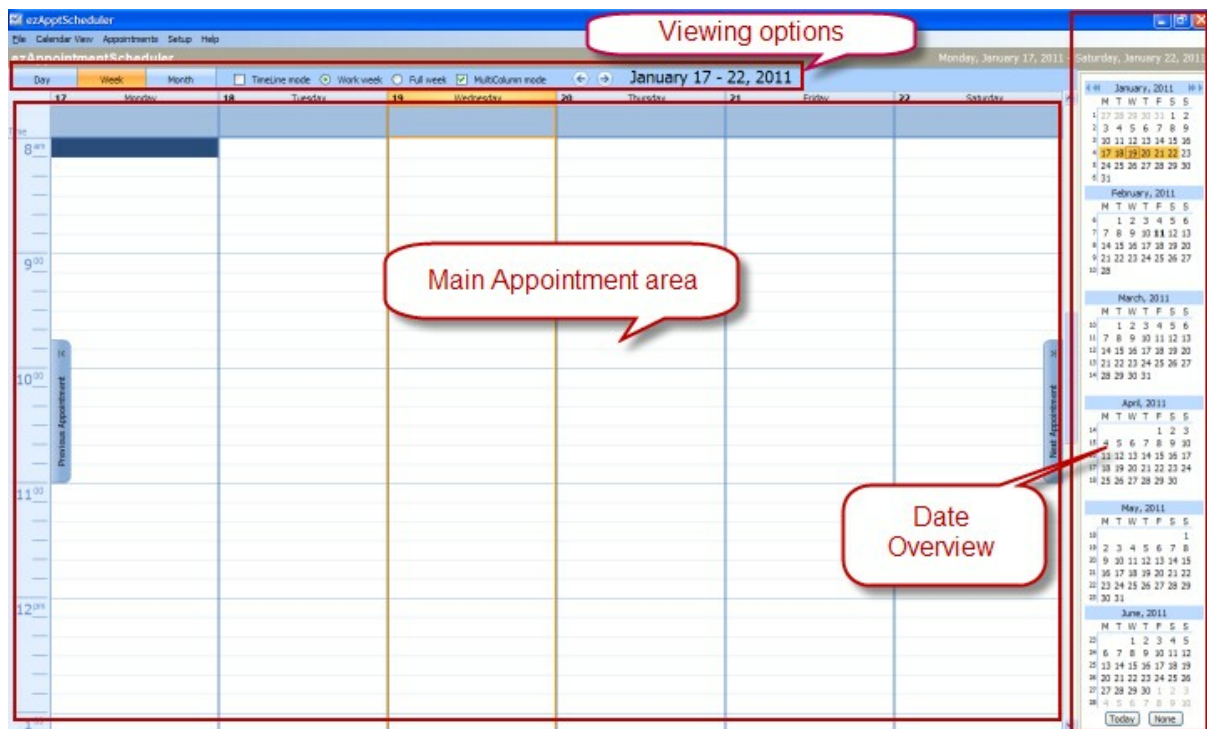
- Create a new appointment? [\[398\]](#)
- Edit/change/move an existing appointment? [\[401\]](#)
- Select the viewing mode? [\[395\]](#)
- Set calendar options? [\[407\]](#)
- Set appointment types? [\[408\]](#)
- Use special features? [\[402\]](#)

Appointment Scheduler Module Overview

The Appointment Scheduler Module is an add-on to the main module which allows you to schedule and manage appointments. It is currently limited to a single provider (although you can book multiple providers [\[408\]](#) by customizing the Appointment Types [\[408\]](#)). The display is graphical and you can easily move and resize appointments with your mouse. The display can be set to day, week or month view. Or use the mini-calendar on the right side to select any range of dates.

9.1 Main Screen

The Main Screen is divided into three primary work areas, plus the menu at the top:



Viewing Options

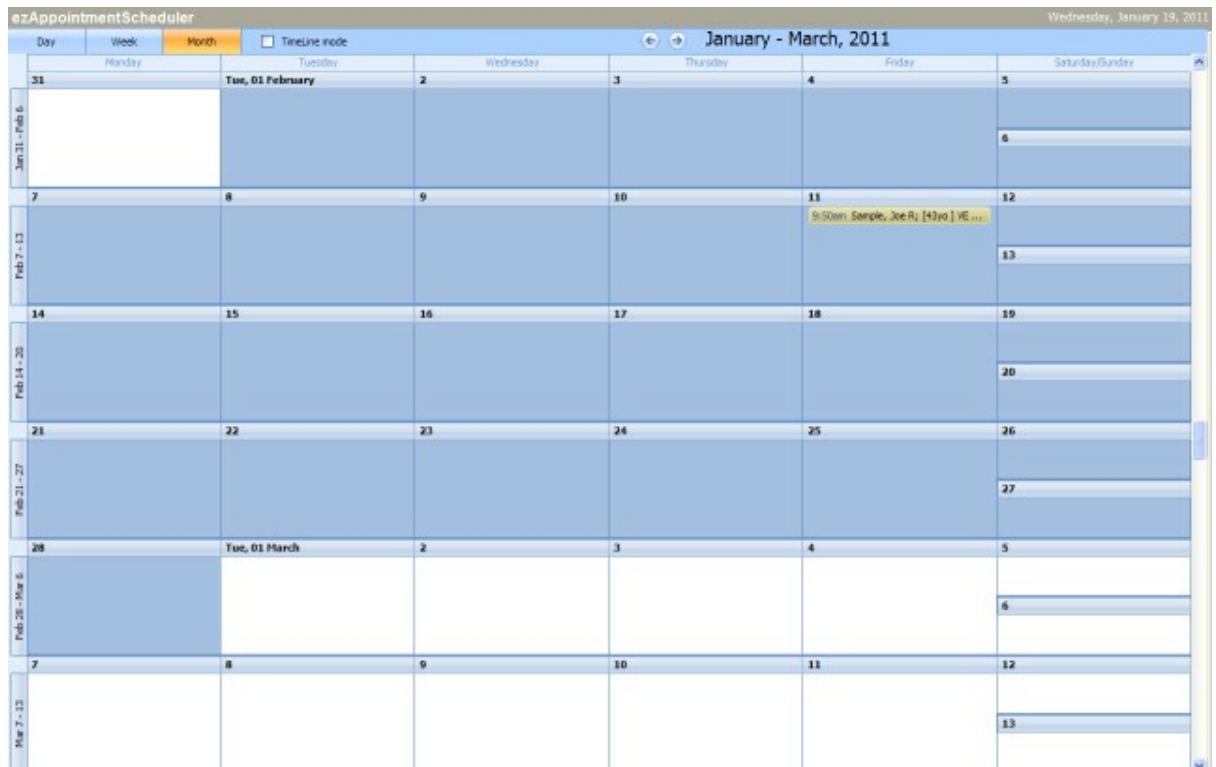
Allows you to select the View Mode (Day, Week or Month) as well as setting the Timeline and Multi-column mode.

Date Overview

The Date Overview shows at-a-glance the next six months. It allows you to jump to specific dates. You can also select date ranges to display: do this by clicking and selecting an area within the Date Overview calendar.



The above selection will show the date range January 31st to March 13th onscreen:



Main Appointment Area

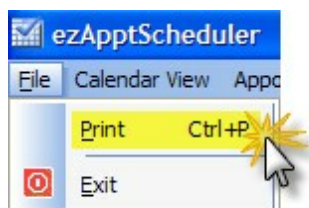
This is the area where appointments are created, edited and displayed. The View Options determines how the screen will look. To create an appointment you double-click where you wish the appointment to occur.

9.2 Menu Options

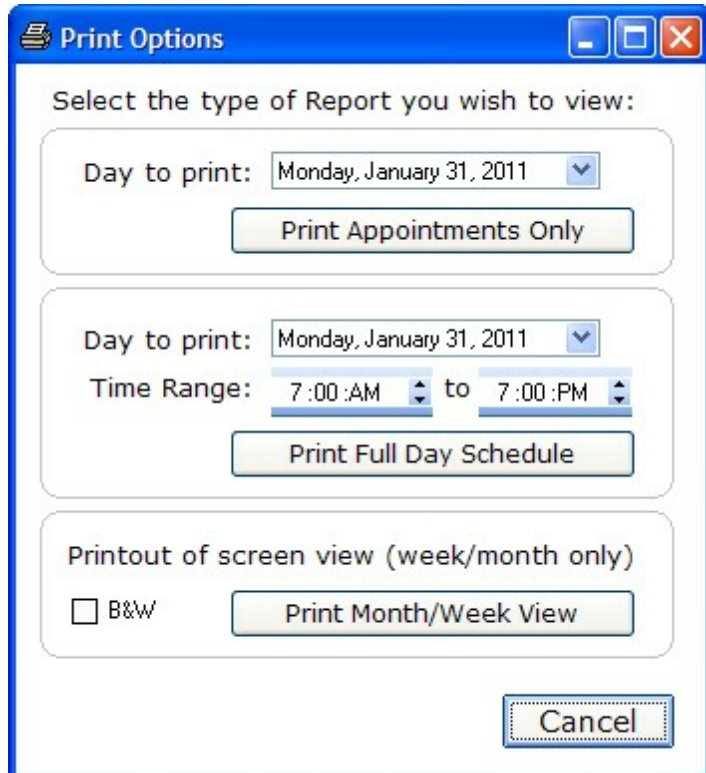
The menu at the top of the main screen allows you to view, print and customize your schedule.

Print the Schedule

The daily schedule can be printed in one of three ways: Full Day Schedule, Appointment List Only and Month/Week View.



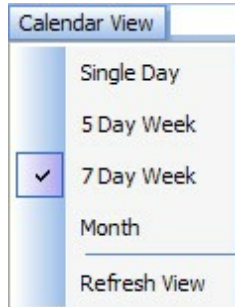
The Print Options screen will appear.



Select the appropriate Day and/or Time Period for the report. The Month/Week View will default to color preview unless you select the "B&W" checkbox. Once the Report preview displays, you can print it to

your selected printer.

Calendar View Format

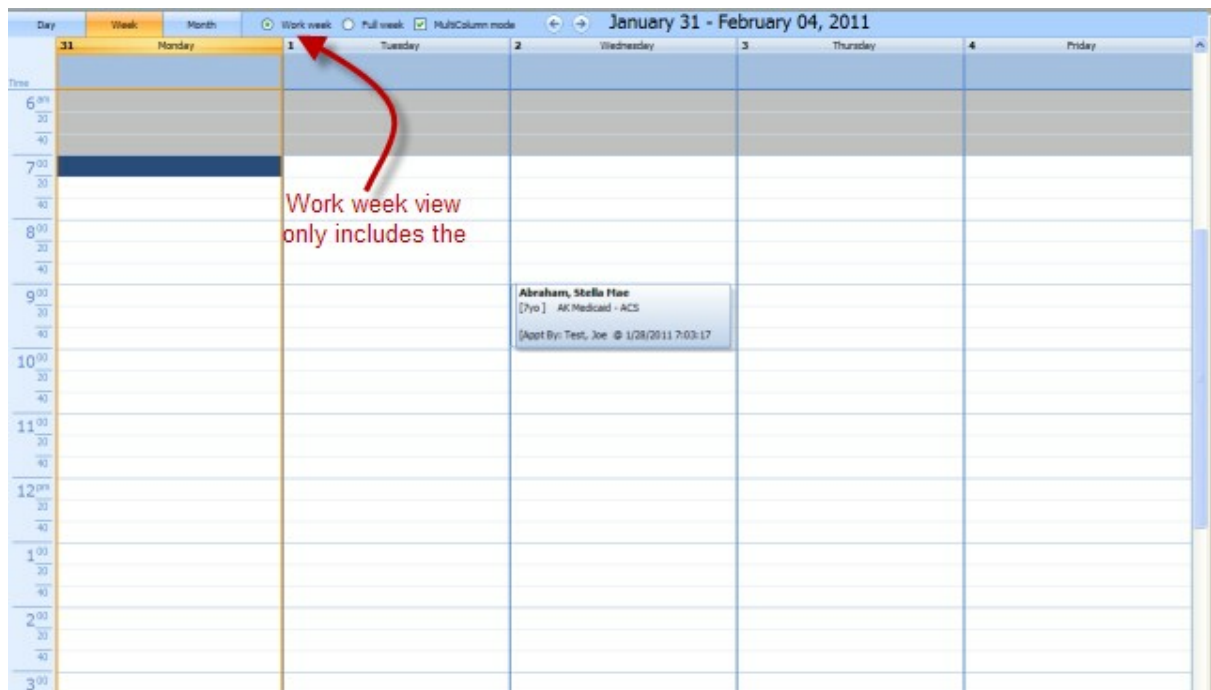


The calendar screen can be displayed in several formats, ranging from a single day up to a full month view. Once the screen updates to the new display, you can use the tabs and checkboxes at the top to further refine your view (in Week View only). The **Refresh View** option forces an immediate update of the calendar to show all appointment changes that might have occurred over the network. Note that the refresh occurs automatically every few seconds and you should rarely have to use this option.



Work Week

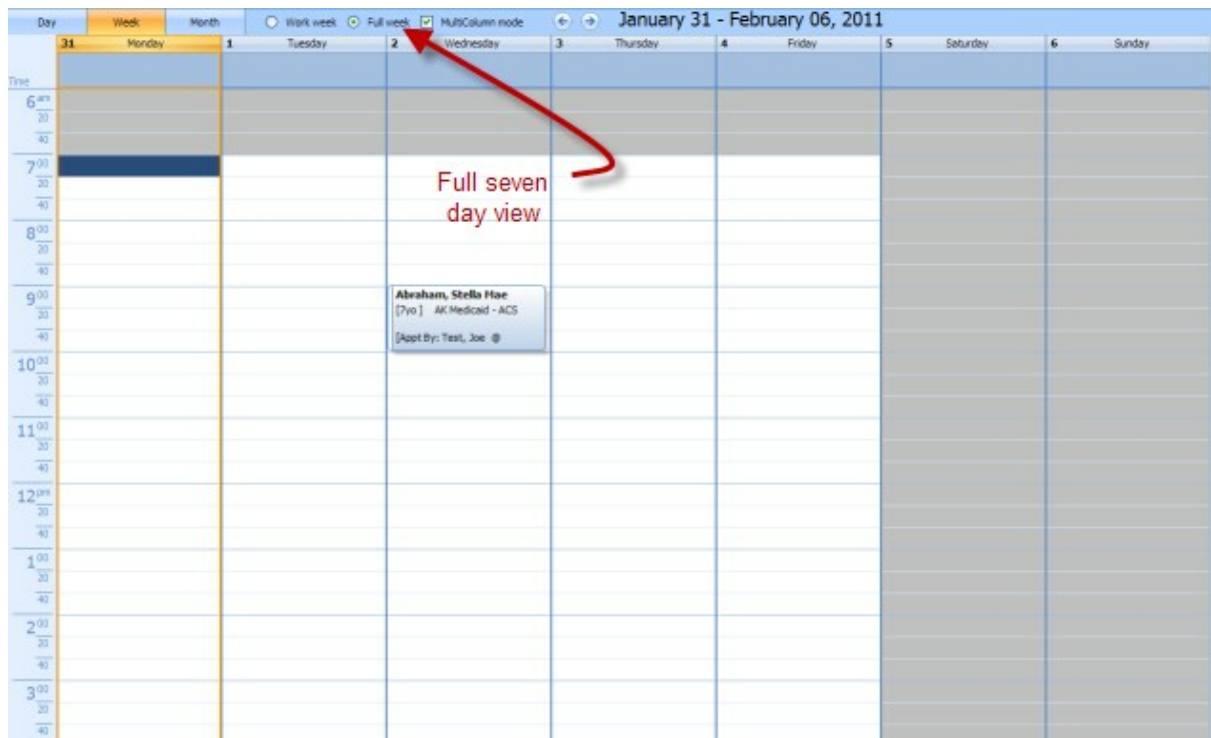
The work week consists of the days you selected in the Options screen as your work days (typically Monday-Friday, or Tuesday-Saturday).



Full Week

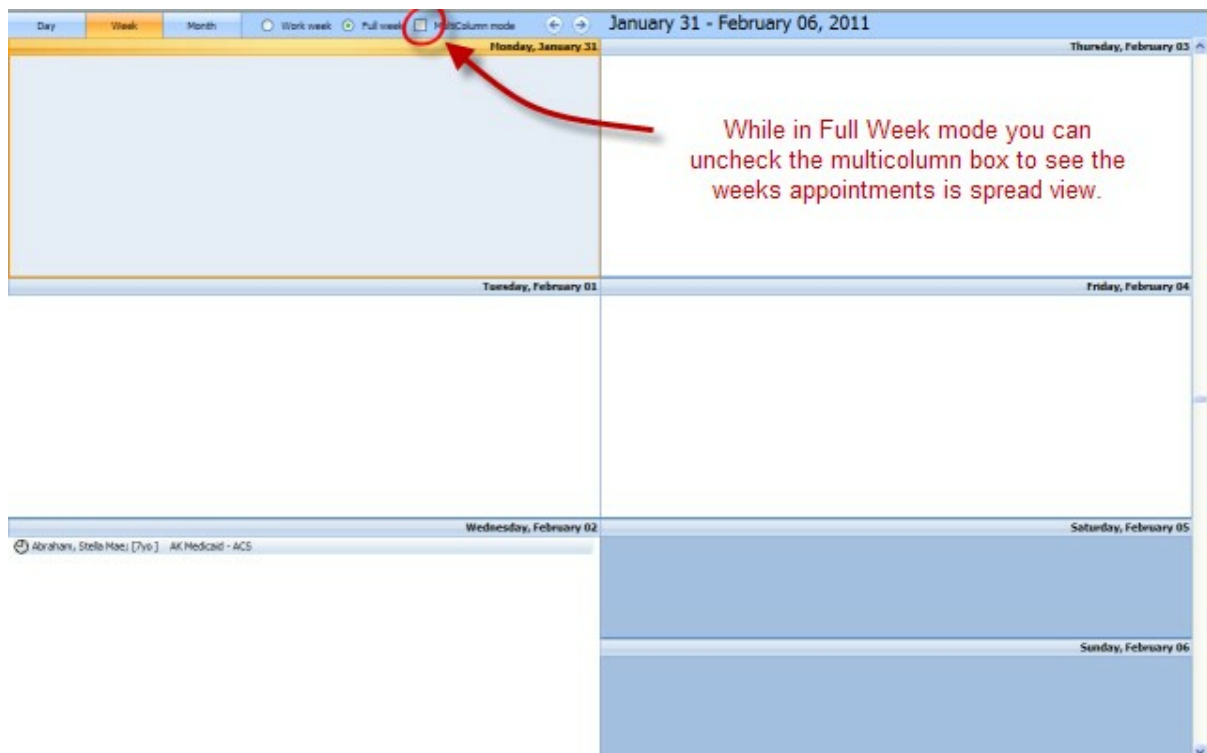
Shows all seven days of the week, irrespective of the default work days you have set. This is useful if

you schedule patients on a weekend very rarely.



Multicolumn Mode

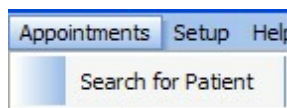
Converts from the 7 day work week column view to a spread view. The checkbox has no effect in 5 day view.



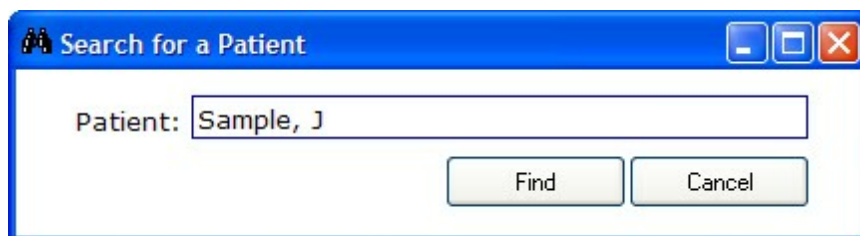
When in this view, there are no displayed timeline tickmarks and although you can double click to create an appointment you must manually adjust the appointment times.

NOTE: Double-clicking a day while in Month View will switch to Day View. Right-clicking in Day, Week or Month View will allow you to create or modify appointments.

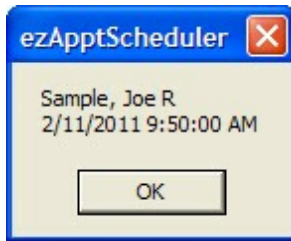
Search for Appointment



You can do a basic search for a patient on the schedule with this tool. It will find the closest matching name on the schedule. The more complete the name you enter, the more specific the match. Note that misspelling the patient's name may cause the software to erroneously report that no appointment exists.

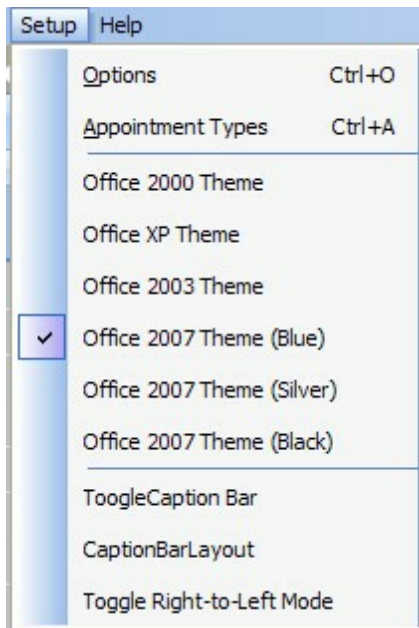


You must enter the patient name in Last, First format (e.g. "Smith, J" would find Joe Smith or Jane Smith, whichever appears first; by entering the full first name the patient will be found).



Setup

Allows customization of the appointment types and the calendar display options.



Options

Allows you to set the work hours and days of the week you are in office. Also the default time scale. See the Calendar Options^[407] section for more details.

Appointment Types

The appointment display can be modified (for example, the color coding of appointment types or category names). See the Appointment Types^[408] section.

Themes

The visual color scheme of the calendar can be modified by selecting one of the pre-set themes.

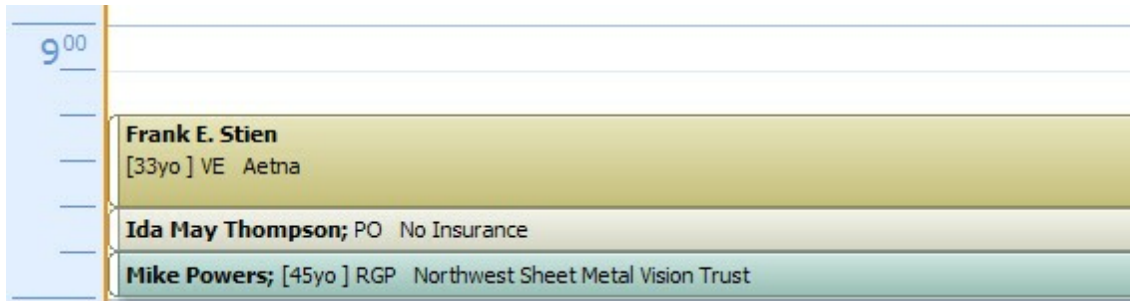
9.3 Select Viewing Mode

The Appointment Scheduler can display in several Viewing Modes:

Day View



The Day View displays a single day's appointments. This view leaves lots of room to work with appointments, but doesn't allow dragging appointments to another day.



To rearrange the day's appointments, grab the appointment on the far left side (the cursor will change to a arrowed-cross) and drag it to the new location.



You can also right-click an appointment and cut/copy/paste the appointment.

Week View

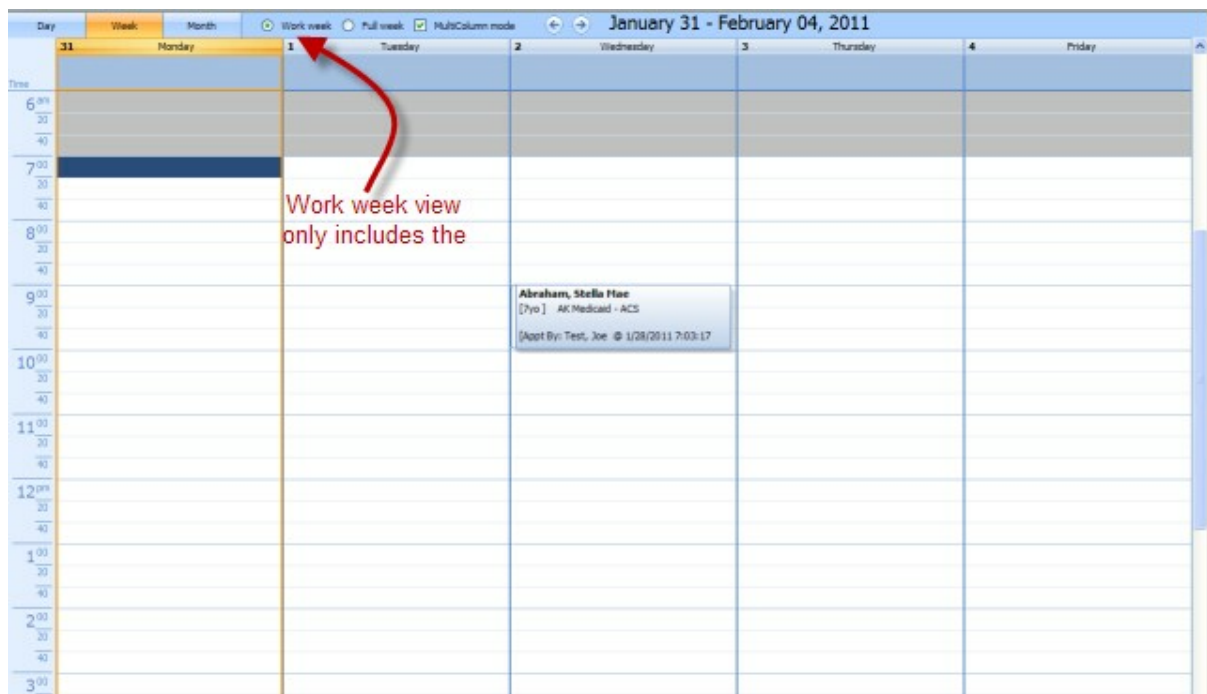


The week view is the typical view used by most offices. It allows a good overview of the day's appointments with the ability to drag/move appointments between days.



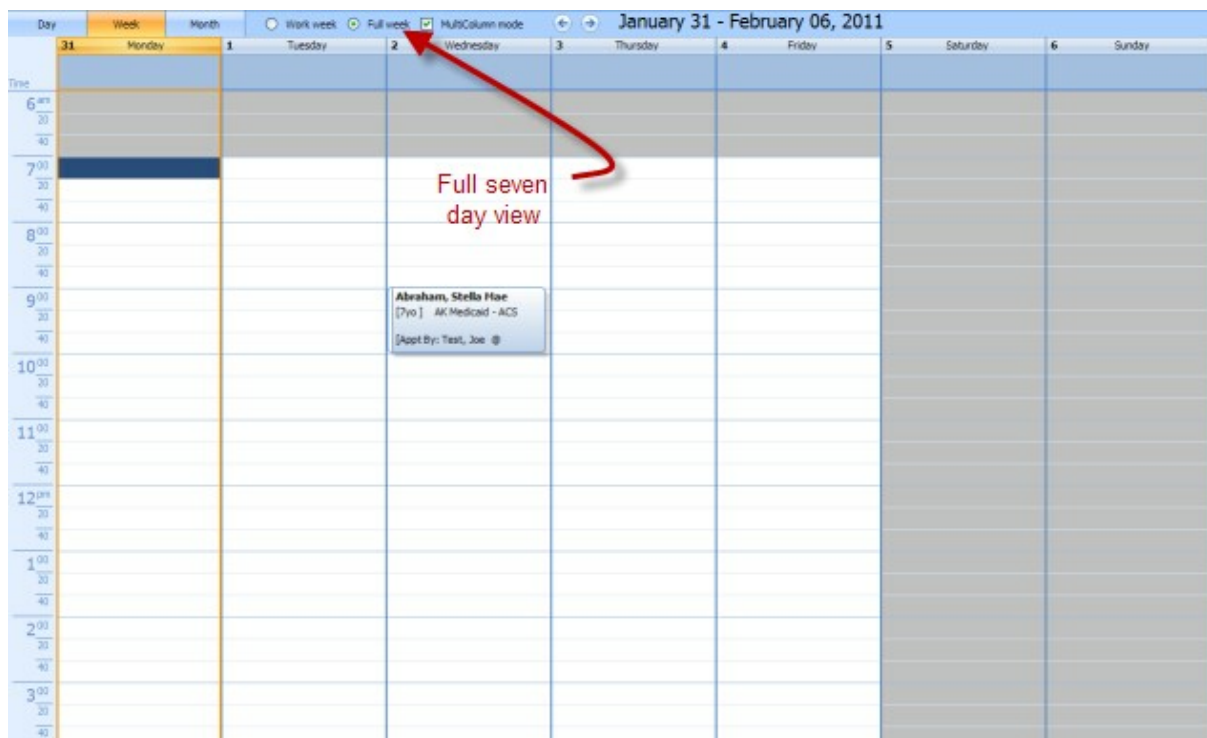
Work Week

The work week consists of the days you selected in the Options screen as your work days (typically Monday-Friday, or Tuesday-Saturday).



Full Week

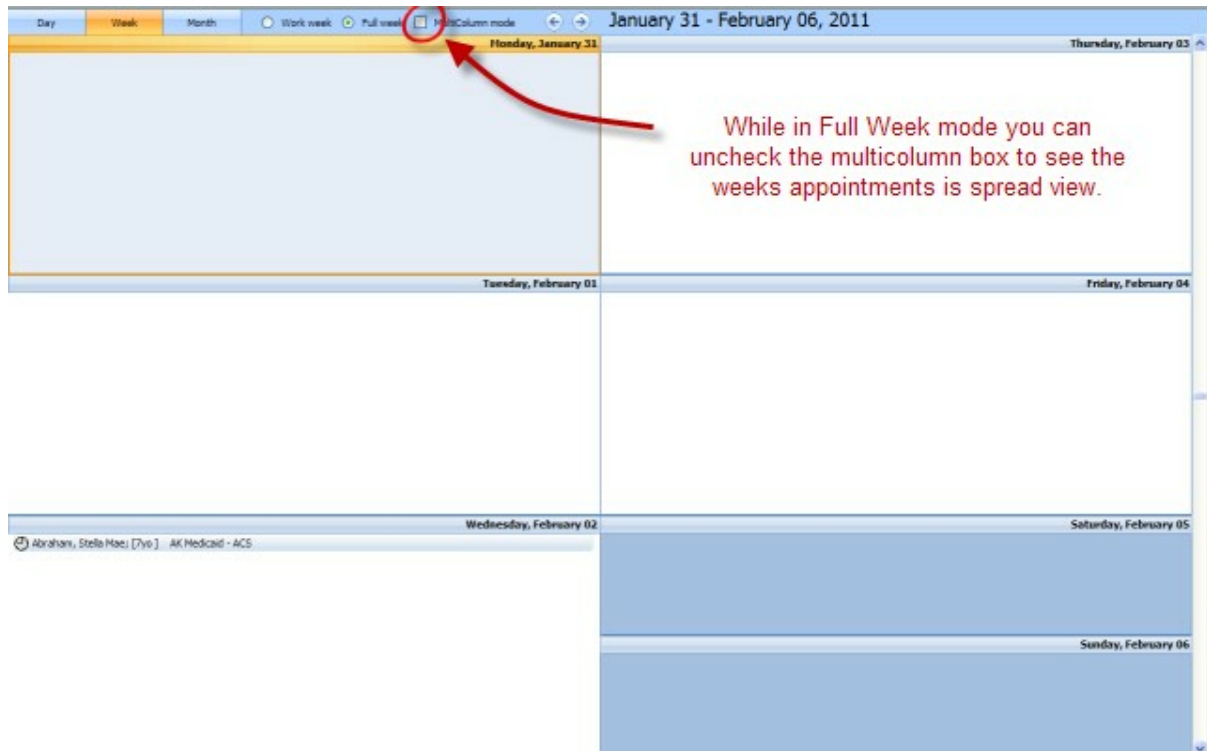
Shows all seven days of the week, irrespective of the default work days you have set. This is useful if you schedule patients on a weekend very rarely.



Multicolumn Mode

Converts from the 7 day work week column view to a spread view. The checkbox has no effect in 5 day

view.



When in this view, there are no displayed timeline tickmarks and although you can double click to create an appointment you must manually adjust the appointment times.

Month View





Displays a full 30-day view with all appointments condensed to allow a general overview of the month. Not recommended for creating appointments; as a matter of fact by double-clicking a day while in Month View you will switch automatically to Day View. Right-clicking in Day, Week or Month View will allow you to create or modify appointments.

9.4 Create New Appointment

Double-click anywhere in the Main Appointment area and the New Appointment screen will appear.

NOTE: The beginning time is based on where you click on the schedule; the time is much more accurate on Day and Week view modes.

New Appointment : 10:10:00 AM 2/9/2011 until 10:20:00 AM 2/9/2011

Patient:  

Telephone: () -

Insurance Carrier:

Insurance ID#: DOB:

Patient Type:

Patient Age:

Start Time: 10:10:AM

End Time: 10:20:AM

Exam Type:

Urgency:

Quoted Fee:

Display Color:

Appointment Blocking

Unavailable Reason:

☒ No Double Booking during this time period


Notes:

*Shaded items are required to schedule appointment.

Entering Patient Name

When entering the patient name, it is highly recommended that you use the Lastname, Firstname format (with the comma and space). This is to allow effective searching.

Name Format Warning

 Please enter the name in the format LASTNAME, FIRSTNAME to enable effective searching.

Finding a Patient that Previously Canceled

If a patient is NOT in the patient database, but previously scheduled you can enter the full name (Last, First) and click the **Tab** key to pull up the prior data. Note that the name must match exactly.

Finding an Existing Patient in the Database

You can enter the first few letters of the patient name and press the Enter key to pull up a list of matches. This works much the same as the QuickFind⁴¹¹ tool in other modules. Alternatively, you can leave the name blank and click the "Find Existing Patient" button which will display the Patient List with all patients listed alphabetically.

Patient Information

The required information is the patient name, telephone number and insurance carrier. You cannot

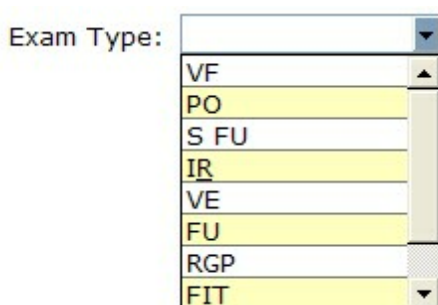
schedule an appointment without this information. NOTE: If you did not get a telephone number, enter "000-000-0000" to save. This should only be done in rare instances. Other information is optional such as age, patient type (new or previous) and date of birth.

Setting Appointment Times

You can set the appointment times by adjusting the Start Time and End Time. You click on the individual area (e.g. hours, minutes) and use the arrow buttons to adjust up or down. Or type in the numbers. It is also possible (and easier) to drag the appointment box bigger on the Main Appointment screen.


Exam Information

You can indicate the type of examination by using the Exam Type dropbox. These items are customizable in the Customize screen.



The exam "urgency" can also be indicated: Normal, Urgent or Emergency. Finally, the quoted exam fee can also be entered if desired.

Appointment Blocking

You can create special appointments, called Recurring Events , that allow you to signify a Lunch hour or other time out-of-office.

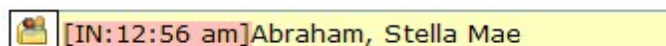
Flags

The appointment status can be indicated with one of the four Status buttons at the bottom.



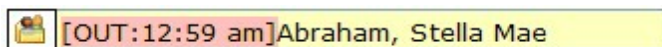
Mark as Arrived

A timestamp is added to the appointment display to indicate the time arrived.



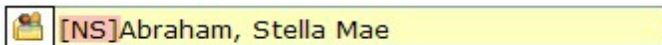
Mark as Completed

A time-stamp is added to the appointment display to indicate the time of completion.



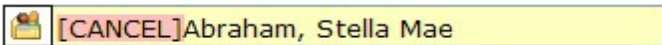
No Show

If a patient no-shows for the appointment, you can indicate this.



Canceled Appt

Rather than deleting an appointment that a patient cancels, it is recommended that you mark it as canceled. This keeps a record of your scheduled appointments for that day and also allows you to reopen the appointment if the patient later changes their mind. Simply click the cancel button again to remove the flag.



Appointment Icons



9.5 Edit or Move an Appointment

You can edit, move or delete an appointment in a number of different ways.

Edit

You can open an existing appointment for editing in two ways: double-clicking the appointment or by right-clicking and selecting "Open". The appointment screen will open and you can modify data. Appointments marked "Completed" will not allow you to update data.

Move

You can move an appointment in two ways. The easiest is to click and drag the appointment to the new location. If the date is farther in the future, you can right-click the appointment and select "Cut". Then move to the desired date and select "Paste". Note that there is no undo and you must do each step one after the other, or else the appointment may get lost from the clipboard (for example, if you open another application and use the clipboard to copy/paste it will overwrite the temporary appointment you copied). You can also expand the appointment time onscreen by clicking the appointment once, then dragging the upper or lower border up/down. Appointments marked "Completed" will not allow you to move or expand the appointment.

Delete

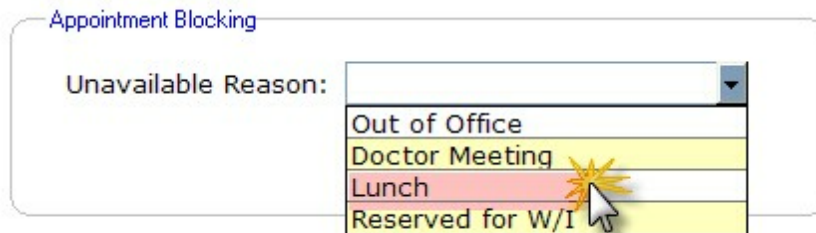
You can delete an existing appointment in two ways: right-clicking and selecting "Delete" or by clicking once on the appointment and pressing the delete key. WARNING: There is no undo function (but you will be asked to confirm the delete operation). Appointments marked "Completed" will not allow you to update data. Appointments marked "Completed" will not allow you to delete.

9.6 Special Features

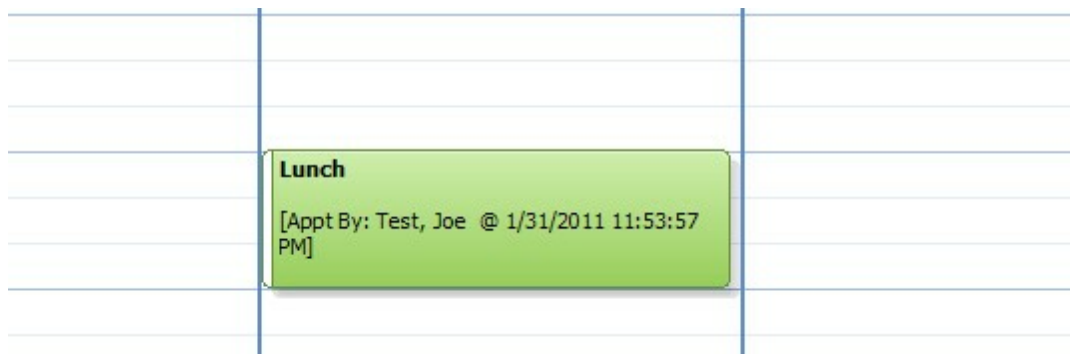
Below is a list of Special Features and other tips that can be useful:

Create a Recurring Event (such as Lunch Hour or Half-Day)

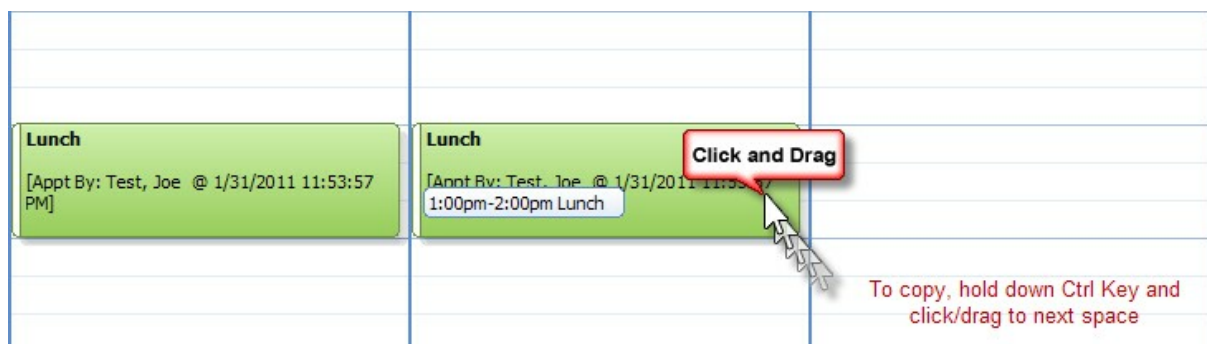
- (1) Open the screen to Week view
- (2) Double-click the time slot to open the Appointment screen.
- (3) In the Appointment Blocking section, select the Unavailable Reason.



- (4) Enter the start and end times (or alternatively, expand the appointment with the mouse directly on the calendar)

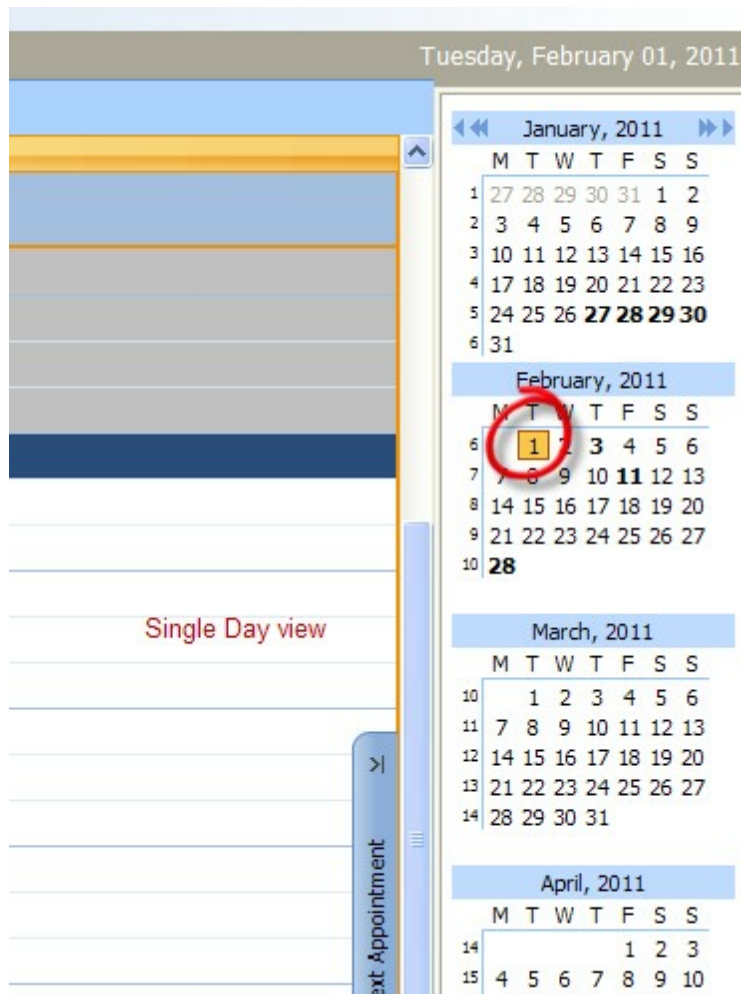


- (5) Hold down the Ctrl key and click the appointment, then drag to the next space over.

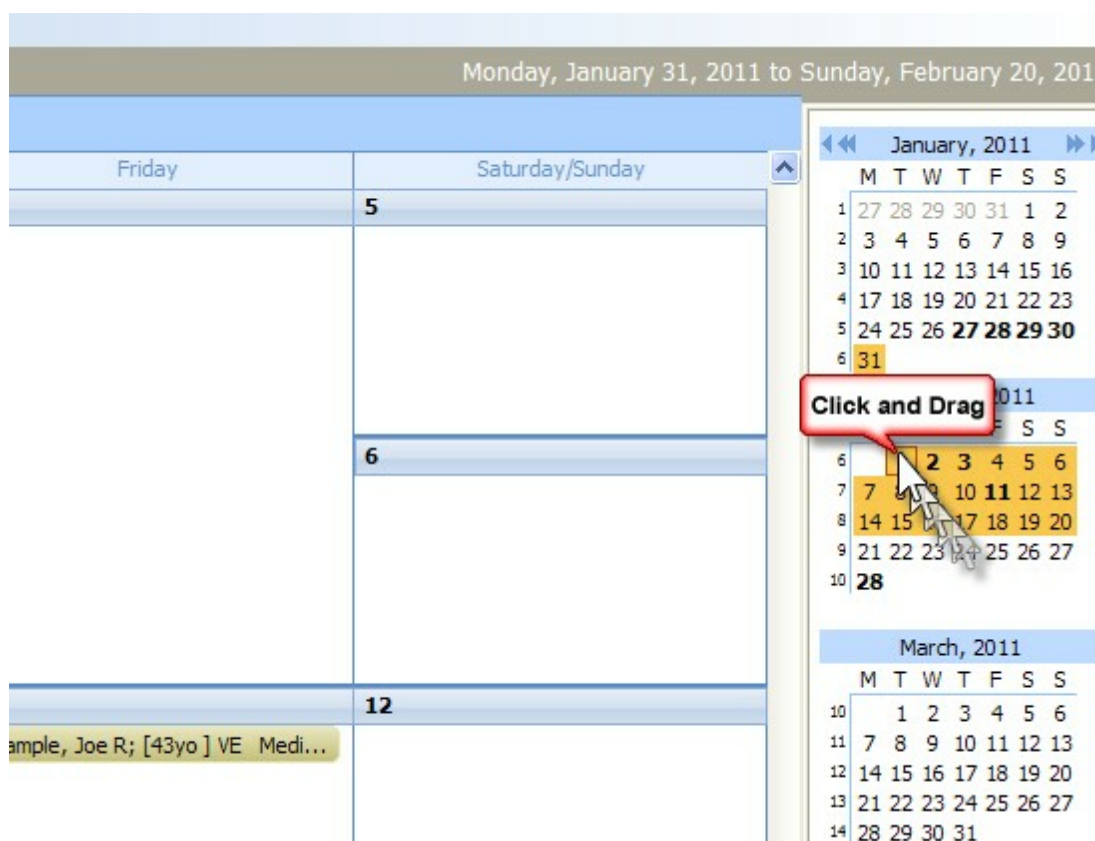


Selecting a Range of Dates to view

Using the calendar on the right side of the screen, you can select a range of dates to view (beyond the standard 5, 7 or 30 day views). For example, to view a two week period simply click on the first date, and while continuing to hold down the mouse drag over to the second date:

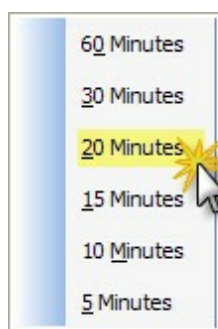


The corresponding days will show in the main calendar view.



Quickly Changing the Timescale

Right-click the timescale and choose the minute increment you desire.

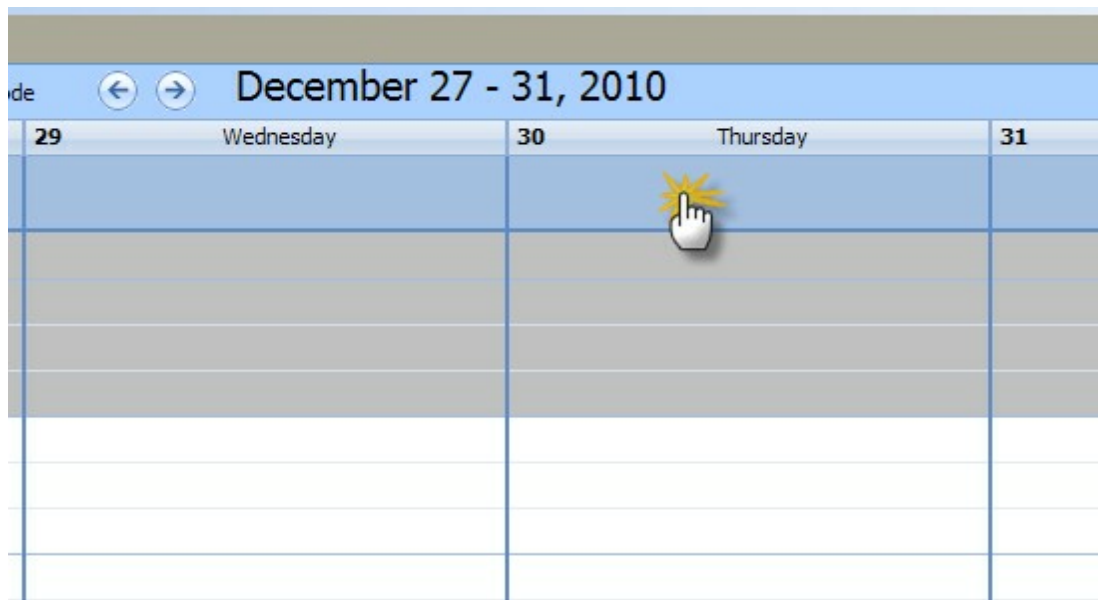


Copying Multiple Appointments at once

Click the first appointment, then hold down the Ctrl key and click additional appointments. When done, right-click the last appointment and choose Cut. Then move to the spot where you wish the appointments to be and click Paste.

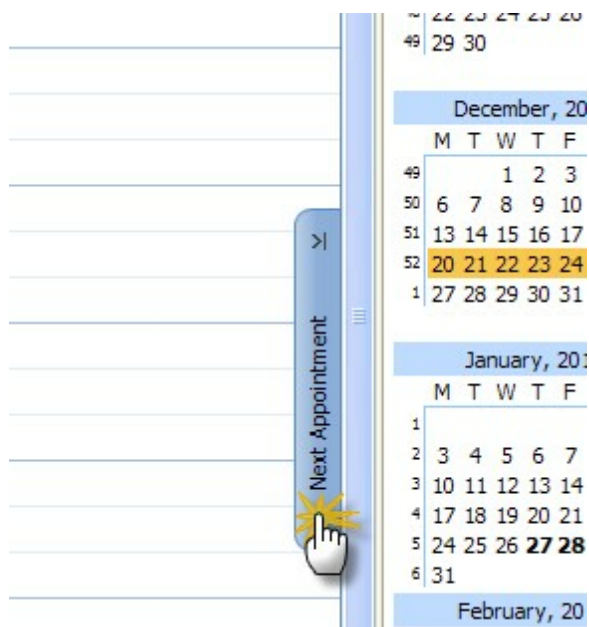
Switch to Day View Quickly

In the Week View, click the box right below the date heading. In Month View, double click any day on the calendar.



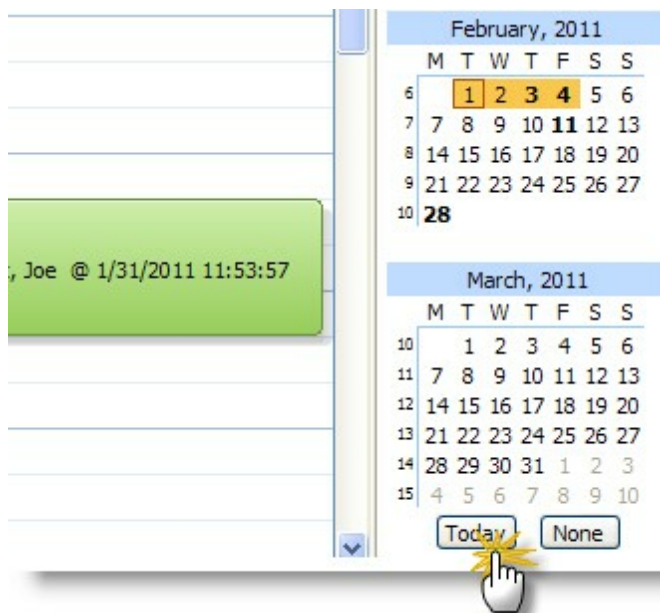
Jump to Next Appointment Day

Occasionally you will see the Previous and Next Appointment sidebars appear. They only display when you are on a day (or date range) where no appointments are present. By clicking the Next Appointment tab, you will be transported to the next day in which an appointment is present.



Jump to Today

You can jump to a view of Today's appointments by clicking the Today button on the lower right corner of the screen.

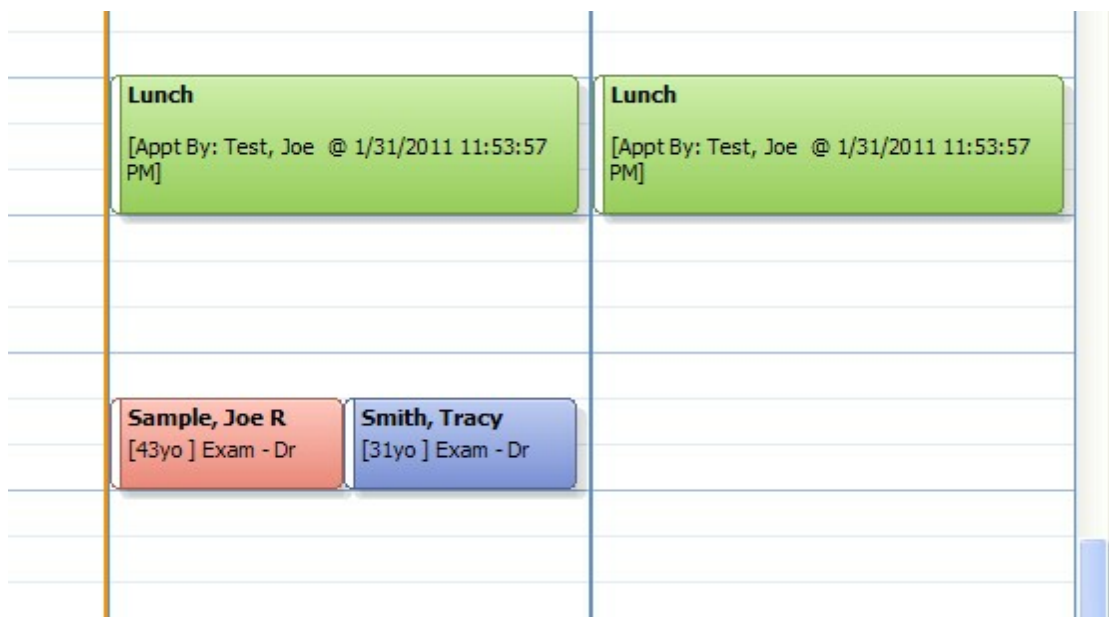


Using the Calendar with Multiple Providers

The scheduler is limited to a single provider. However you can have multiple doctor appointments display by using color coding. To do this you need to set up specific exam codes in the Appointment Types settings. For instance, Doctor Smith would have a exam category of "Exam - Smith" colored blue. Dr Jones would have "Exam - Jones" colored red.

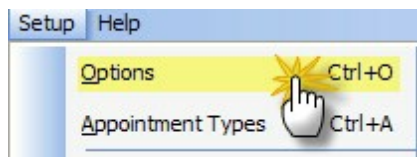
Type	Color Code	Name
2	9	CLE
2	1	Exam - Dr Jones
2	2	Exam - Dr Smith

The appointments can be double-booked in the same time slot. Use the mouse to click and drag appointments to the appropriate time. Note that by default the calendar displays the earliest appointment on the left-hand side.



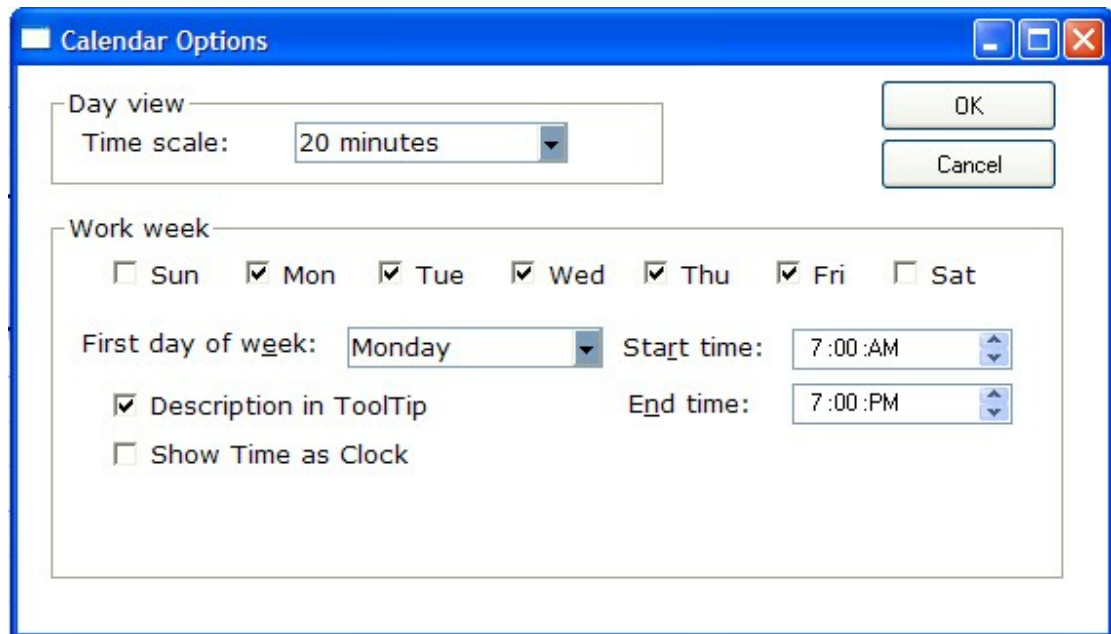
9.7 Calendar Options

The way the calendar displays and allows appointment booking can be modified.



The options include:

Time Scale - the increments to be shown on the calendar; can be anywhere from 5 to 60 minutes. Set this for the common time period that your exam lasts (for example, if you do three exams an hour use the 20 minute setting). Appointments can be booked for any time period, but when dragging/expanding appointments on screen with the mouse the blocks align to the existing time increments.



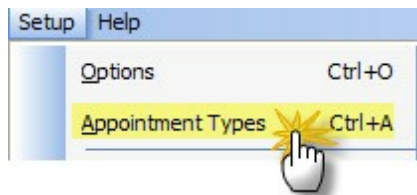
Work Week - The days of the week that you are typically open.

First Day of Week - The starting day of your work week so the calendar adjusts the viewing area appropriately.

Start/End Time - The typical starting and ending time for your office. Note this can only be set globally (e.g. for all days), so choose the earliest and latest your office opens/closes during the week. Otherwise, you will get a warning each time you schedule outside standard hours. You can set a half-day by using a recurring appointment^[402].

9.8 Customize Appointment Types

You can customize the options for appointments using the Appointment Customization tool. This effects the way your appointments display (colors, category names).



Modifying/Adding Items

There are five steps to adding/changing the appointment options:

- (1) select the category from the dropdown
- (2) click the item in the list (to edit) or click **New** button to add
- (3) enter a color code number (if you want a color other than white)
- (4) enter the Item Value (e.g. what you want to add, like "CE" for comprehensive exam)
- (5) click **Save** to save the changes

Appointment Type Setup

Appointment Customization

INSTRUCTIONS: First, select a category at the top. To add new data, click the "New" button. Enter the required data and click the "Save" button. To make changes to existing data, click on the item in the list above, make changes in the fields below, then you MUST click "Save" button. Changes will immediately appear in the list above.

Categories:

Type	Color Code	Name

Color	ID#
White	0
Red	1
Blue	2
Green	3
Grey	4
Orange	5
Cyan	6
Brown	7
Purple	8
Sea Green	9
Yellow	10

Category Name

Color Code ID# (must be a number from 0-10; match to color key above)

Item Value (e.g. "EX" for Exam)

Categories

There are four default categories that can be customized by clicking the dropdown box. Once you select a category, you can edit or delete a subitem by clicking on it in the item list. Or you can add a new item by clicking the **New** button at the bottom.

Categories:

Patient Type

Exam Type

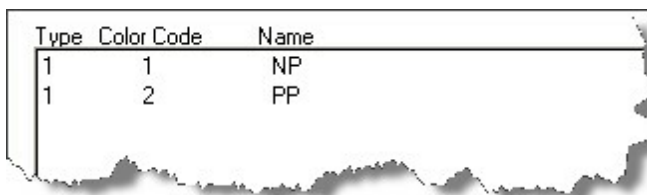
Urgency

Unavailable

The four patient types are listed below:

Patient Type

There are two default types that come built-in: NP (new patient) and PP (previous patient).



Type	Color Code	Name
1	1	NP
1	2	PP

Exam Types

The built-in exam types are:

CLE	Contact Lens Exam
FIT	Contact Lens Fitting
FU	Follow Up visit
I&R	Insertion/Removal Training
OV	Office Visit
PO	Post-Op visit
RGP	Rigid Gas Permeable lens visit
S FU	Spectacle Follow-up or Recheck
VE	Vision Exam
VF	Visual Field Testing

Urgency

The standard urgency types are:

Emergency
Urgent
Normal

Unavailable


For use when a time period is blocked off because of unavailability (e.g. closed for lunch, doctor half-day, etc).





Doctor Meeting
Lunch
Out of Office
Reserved for Walk-ins







Using Color Codes

Simply enter the number of the color code in the space at the bottom.

Color Code ID# (must be a number from 0-10; match to color key above)





 Demographics
  Encounters

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Found
	Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name																	
	Saccheus	Margaret	L	000043	08/18/1968	First Health Services...	08/18/2008	Pedigo, David J																	
	Sheldon	Marie	R	001303	05/25/1969		05/25/2009	Pedigo, David J																	
	Shield	Mary		000353	03/24/1969	Regence Blueshield	03/24/2009	Pedigo, David J																	
	Smith	Margaret		001001	03/26/1969	AK Medicaid - ACS	03/26/2009	Pedigo, David J																	
	Smith	Marlene		000264	11/15/1968	Premiera Bluecross		Pedigo, David J																	
	Snell	Marilyn	H	000588	11/15/1968	Premiera Bluecross	11/15/2008	Pedigo, David J																	

Typing: 

Would find the following:





 Demographics
  Encounters

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Found
	Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name																	
	Ferguson	Margaret		000660	12/06/1968		12/06/2008	Pedigo, David J																	
	Londo	Margaret	M	000607	12/03/1968	Cigna Healthcare	12/03/2008	Pedigo, David J																	
	Saccheus	Margaret	L	000043	08/18/1968	First Health Services...	08/18/2008	Pedigo, David J																	
	Smith	Margaret		001001	03/26/1969	AK Medicaid - ACS	03/26/2009	Pedigo, David J																	

Part



10 Billing Module



How do I ?

- How do I login or logout? [\[420\]](#)
- How do I create a new Patient? [\[423\]](#)
- How do I open an existing Patient? [\[431\]](#)
- How do I use the QuickFind tool? [\[411\]](#)
- How do I work with a patient Ledger? [\[437\]](#)
- How do I create and use a FeeSlip? [\[441\]](#)
- How do I create an insurance Claim? [\[450\]](#)
- How do I electronically submit an insurance claim? [\[459\]](#)
- How do I post payments? [\[462\]](#)
- How do I modify transactions? [\[448\]](#)
- How do I create reports? [\[467\]](#)
- How do I use the Accounts Receivable (AR) list? [\[469\]](#)
- How do I customize the settings for my practice? [\[470\]](#)

Billing Module Overview

The Billing Module is an add-on to the main software charting module which allows you to simply and quickly bill patient charges, indicate payments collected and manage the overall Accounts Receivable (AR) for your practice.

The following terms will be used extensively:

Ledger [\[437\]](#) - analogous to the "chart" on the EHR side of things, the Ledger is a complete record of the patient's financial transactions with the practice.

FeeSlip [\[441\]](#) - analogous to the "encounter", the FeeSlip represents a single discreet set of billing charges, usually corresponding to a patient encounter visit or possibly to a optical sale.

Claim (or Insurance Claim) [\[450\]](#) - is the portion of charges that are submitted to an Insurance Plan (e.g. BlueCross/BlueShield, Aetna, Medicare or other carrier). The claim is represented visually by the onscreen CMS-1500 form (previously called the HCFA-1500). Note that all insurance claim information discussed here applies ONLY to the United States. If you are practicing in another country, you will use the FeeSlips to create charges, but will have to manually create and bill your insurance claims.

Statement [\[449\]](#) - a printed version of the FeeSlip. Note that the current version of the software does not create a cumulative statement; you must print out the statements for each outstanding FeeSlip.

Post Payment - means to mark a patient account as paid (either fully or partially) by some method (e.g. by patient payment with a credit card or by a check from the insurance company).

Electronic Claim Submission - means the submission of your claim directly to a clearinghouse which

converts your claim to the X12 standard and sends it on to the various insurance companies.

Export Claim^[459] - instead of printing a claim for mailing to an insurance company, you can send the claim electronically but you must first "export" the data so that all your claims can be batched together.

Upload Claims^[459] - this step involves converting individual claims into a single batch file, ready to be uploaded to the clearinghouse. Uploading is a manual step whereby you go to the clearinghouse site (e.g. www.officeally.com) and select "Upload Claims" to transmit securely over the internet.

The basic use of the Billing Module is threefold:

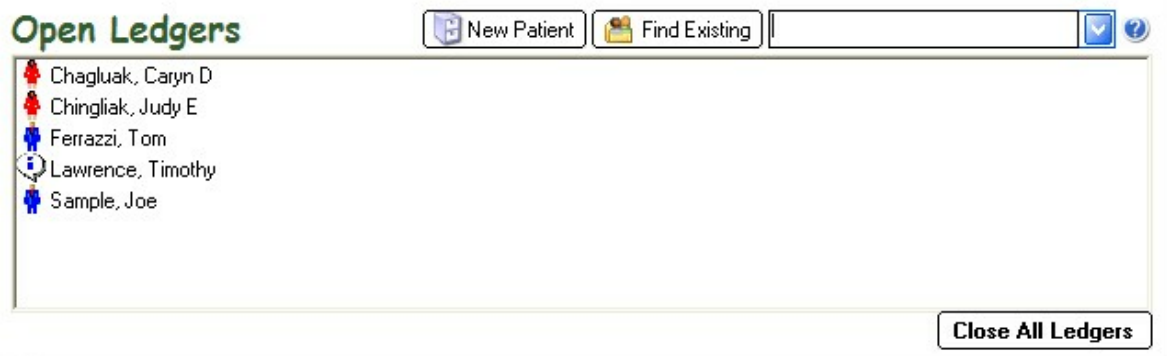
- (1) Open a patient Ledger and create a new FeeSlip for that patient's charges. You create the FeeSlip and enter the appropriate codes to indicate procedures done and the corresponding diagnosis. The charges pre-fill based on your default settings, but you can manually adjust onscreen.
- (2) Create insurance Claims and/or statements for the patient.
- (3) Post any payments. This can be done at the time of service or at a later date when actual payment is received.

10.1 Main Screen





The Main Screen of the ezClaimBiller is divided into two primary sections: the upper section is the Open Ledgers and the bottom is the Accounts Receivable (AR) List. Much like in a paper-based office, charts can be created and "opened". When in "opened" status, they display in the Open Ledgers. To avoid confusion, charts are called "Ledgers" in ezClaimBiller.

Open Ledgers Section

When you are doing work on a Ledger, it usually needs to be in "open" status (unless the you are opening just the FeeSlip via the Pending Payments screen). By double clicking on the patient name, you open the Ledger screen for that patient.



Patient Status Icons:

-  Female Patient
-  Male Patient
-  Gender not specified
-  Sticky Note^[417] present - click the patient name once to read or edit.

Right-Click Menu Options:

- View FeeSlips & Claims** - Opens the Ledger Screen
- Edit Demographics** - Opens the Patient Demographics
- Modify Name** - Allows a patient name to be changed.

Message Manager - Add a Sticky Note⁴¹⁷ or Billing Note

Close & Refile Chart - Closes the chart; will disappear from Open Ledgers list

Pending Payments/Accounts Receivable (AR) List

The AR List shows all patients with outstanding balances. You can double-click the patient name to open the associated FeeSlip.

Pending Payments (Accounts Receivable)

Aged	DOS	Patient Name	Insurance	Bal	Last Action	Date
81	10/24/2010	Flynn, Loretta	LKSD - Premier Claims ...	\$180.00		
81	10/24/2010	Kassaiuli, Curtis	AK Medicaid - ACS	\$180.00		
81	10/24/2010	Kassaiuli, Annie	AK Medicaid - ACS	\$180.00		
80	10/25/2010	Charles, Iona	AK Medicaid - ACS	\$250.00		
80	10/25/2010	Tom, Lucy	AK Medicaid - ACS	\$180.00		
80	10/25/2010	Tom, Xavier	AK Medicaid - ACS	\$180.00		
80	10/25/2010	Tom, Salina	AK Medicaid - ACS	\$180.00		
80	10/25/2010	John, Megan	AK Medicaid - ACS	\$180.00		
80	10/25/2010	Tom, Shania	AK Medicaid - ACS	\$180.00		

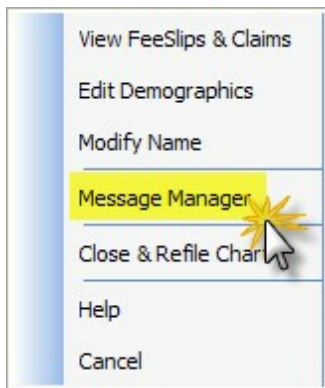
Action Note

If you double-click into the Last Action column, you will bring up the Action Note screen where you can indicate any billing status notes (for example: "Pending claim due to Medicare cross-over"). Each time you add more information the Action Date will update automatically. Note that if you overwrite prior text, it will be lost.

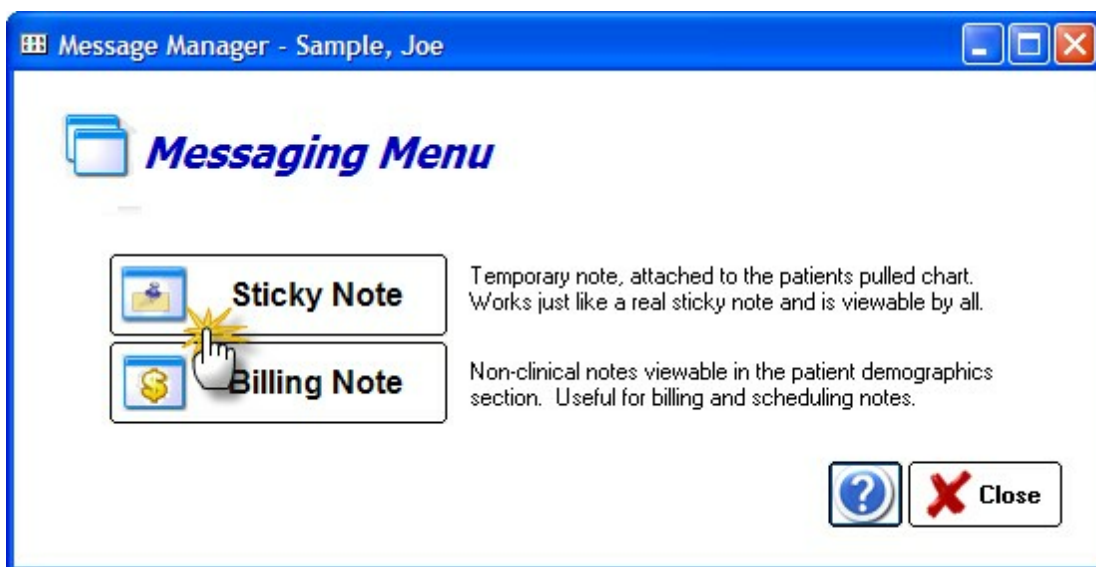
When you right-click the patient name, you can take two actions: (1) Pull the ledger into the upper Open Ledgers screen and (2) Delete the "Action Note" for the patient.

10.1.1 Sticky Note

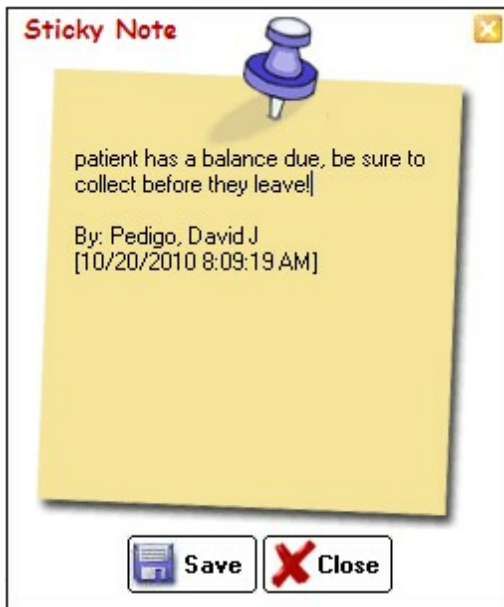
You can add short "Sticky Notes" to a Open Ledger by right-clicking and selecting the Message Manager option.



Once the Message Manager appears, select the Sticky Note button.

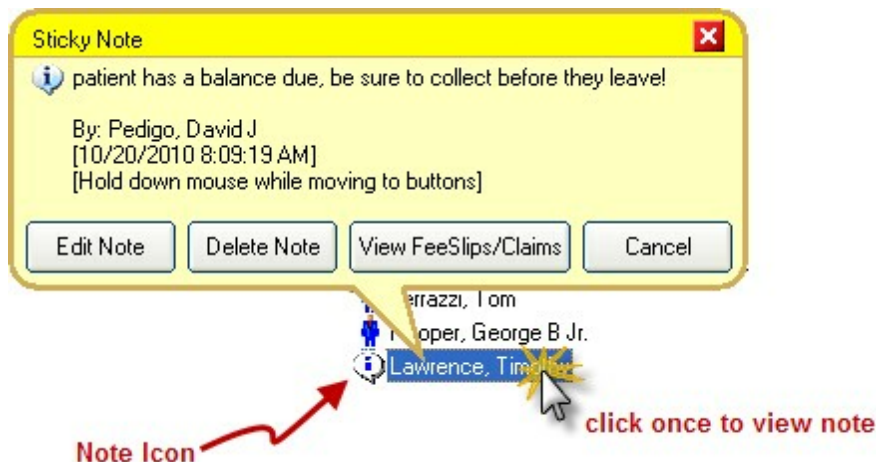


The Sticky Note edit screen will appear and you can enter any text you wish. Once you save the note a date/timestamp will append (with the user's name).



To View a Sticky Note:

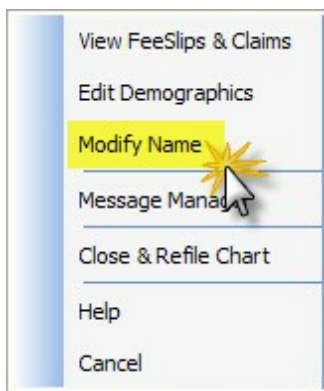
If a patient has a Note icon, simply click ONCE on the patient name to view it. You can also edit or delete the note, or click the View FeeSlips/Claims button to open the Ledger Screen⁴³⁷.



10.1.2 Modify Patient Name

Patient names (once the chart is created) can only be modified with this tool. This is done to both track name changes/reasons and to prevent data loss.

Right-click the patient name in the Open Ledgers view and select Modify Name.



The Modify Patient Name screen will show and you can enter the corrected name in the boxes at the bottom. Indicate a reason for the change and click okay.

You can also view the history of name changes by clicking the Modification History button.

Name Modification History				
[Prior Name]	[New Name]	[Change Date]	[Change Reason]	[User]
[Joe Sample:Joey Sample]		06/14/2009	Misspelled:	
[Joey Sample:Joe Sample]		06/14/2009	Misspelled:	
[Joe Sample:Joe Tomtest]		11/17/2009	Misspelled:	Pedigo, David J]
[Joe Tomtest:Joe Sample]		11/17/2009	Misspelled:	Pedigo, David J]
[Joe Sample:Joe TESTerrrr]		11/17/2009	Misspelled:	Pedigo, David J]
[Joe TESTerrrr:Joe Sample]		11/17/2009	Misspelled:	Pedigo, David J]
[Joe Sample:Joe Sampler]		11/19/2009	Misspelled:	Pedigo, David J]
[Joe Sampler:Joe Sample]		12/16/2009	Misspelled:	Pedigo, David J]

10.2 Login Screen

You can log into ezClaimBillr in one of two modes: User or Admin. Users can create feeslips, statements, and claims as well as post payments and transactions. Admin can modify finalized transactions (such as patient payments). The Admin password should be kept secure and this feature should be limited to just one or two people.



How do I ?

How do I log into the Billing Module as a User? [420](#)

How do I log out of the Billing Module? [423](#)

How do I log into the Billing Module as an Admin? [423](#)

10.2.1 Log in to Billing Module

When you click on the Billing Module icon from the Main Menu of ezChartWriter, you are automatically logged in. However, if you click the Logout button or are timed out due to inactivity, you will need to log back in before proceeding. The screen you will see will have buttons similar to those below:



After you click the User Login button, the following screen appears. You must enter your UserName (as setup by your Administrator) and password. You can change your password at any time by clicking the "Change Password" link. Click the Login button at the lower right to complete the login process.

A screenshot of a web application window titled 'Secure Login'. Inside the window, there is a section titled 'User Login' with a user icon. Below the title, there are two input fields: 'UserName:' with a dropdown menu showing 'idoktor' and 'Password:' with a masked input field. To the right of the password field is a link labeled 'Change Password'. Below the input fields, there is a line of text: 'Use of this software means that you have read, understood, and agreed to the user license. Click [HERE](#) to view the User Agreement. All rights reserved.' At the bottom right, there are two buttons: 'Login' with a green checkmark icon and 'Cancel' with a red X icon.

10.2.2 Lost/forgotten passwords

NOTE: The first time a user attempts to login, the default password is the same as the assigned UserName. After the first sign-in, the User must change the password.

User - Change Password

The User can change their own password after clicking the User Login button (only if they remember the password; if not, you must sign into the main module as Admin to reset the password).



The 'Secure Login' dialog box features a blue title bar with a lock icon and a close button. Below the title bar is a header area with a user icon and the text 'User Login'. The main area contains a 'UserName' dropdown menu with 'idoktor' selected, a 'Password' text box with masked characters, and a yellow 'Change Password' button with a mouse cursor hovering over it. Below these fields is a paragraph of text: 'Use of this software means that you have read, understood, and agreed to the user license. Click [HERE](#) to view the User Agreement. All rights reserved.' At the bottom right are two buttons: a green 'Login' button with a checkmark icon and a red 'Cancel' button with an 'X' icon.

Secure Login

User Login

UserName: idoktor

Password: xxxxxxxxxx [Change Password](#)

Use of this software means that you have read, understood, and agreed to the user license.
Click [HERE](#) to view the User Agreement. All rights reserved.

✓ Login ✗ Cancel

Enter the old password then create and enter a new password. The software will not allow you to create a blank or single letter password. If you mis-enter the password(s), you will be prompted to try again.



The 'Change Password' dialog box has a blue title bar with a lock icon and a close button. It features a header with a user icon and the text 'Change Password'. The form includes a 'User Name' field with 'idoktor', an 'Old Password' field, and two empty fields for 'New Password' and 'Confirm Password'. A note states: 'Leave the next two fields blank if you do not wish to have a password. All passwords are case sensitive.' At the bottom are three buttons: a blue question mark icon, a green 'Okay' button with a checkmark, and a red 'Cancel' button with an 'X'.

Change Password

User Name idoktor

Old Password

Leave the next two fields blank if you do not wish to have a password. All passwords are case sensitive.

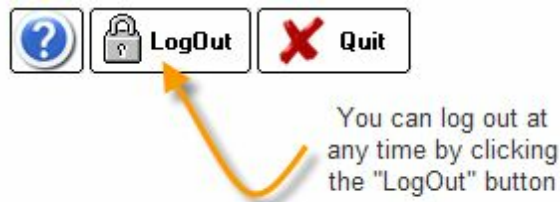
New Password

Confirm Password

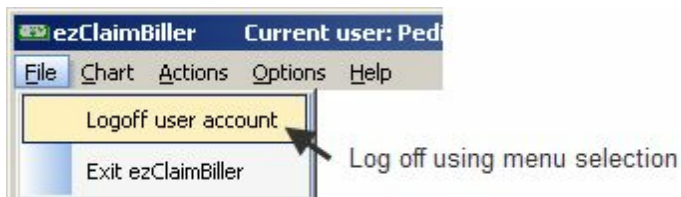
? ✓ Okay ✗ Cancel

10.2.3 Log out of Billing Module

You should log out of the Billing Module whenever you are away from your computer, even if momentarily. This is to protect your patient's privacy (as well as your clinic's privacy!). The software is set to automatically log a user off after a period of inactivity.



You can log out at any time by clicking the "LogOut" button



Log off using menu selection

10.2.4 Log in as Admin

Once you have logged out as a user⁴²³, you can re-log in as the Admin. Special features are available for the Admin, including the ability to modify posted payments. Use with care! See the Admin Features⁴⁷⁵ section for more information.

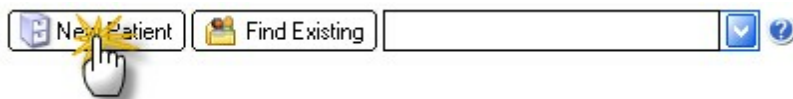


WARNING: Be sure to Log Off of the Admin account when you have completed your work.

10.3 Create New Patient

Although typically new patient charts will be created in the main module, you can create a chart directly in ezClaimBiller. The steps are given below:

1. Click the New Patient button



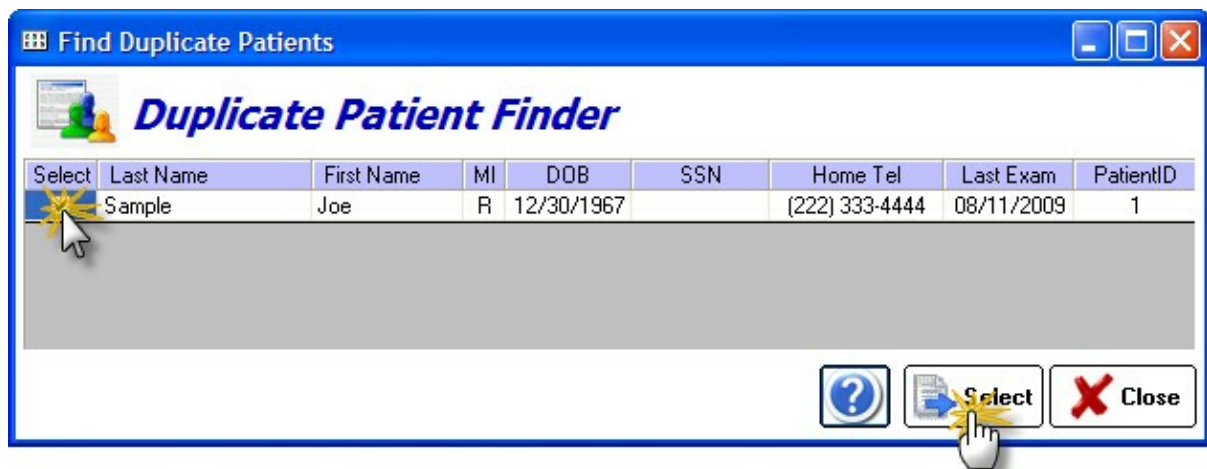
2. Enter the patient demographics. Note that only the first name, last name and date of birth are required to create the chart.

 A screenshot of the 'Demographics' form in the ezChartWriter application. The form has tabs for 'Demographics', 'More Info...', 'HIPAA', and 'Notes'. The 'Demographics' tab is active. It contains fields for Last Name (Tester), First Name (Bog), Initial, Title, Suffix, Date of Birth (01/01/2000), Age (11), Address1, Address2, City, State/Prov, Home Phone, Day Phone, Email, Employer, Occupation, and Prior Exam. There are also radio buttons for Gender (Male, Female), a dropdown for Identification#, a dropdown for Provider (Pedigo, David J), and a section for Insurance Information including Ins Company, Insured Name (Self), Relationship (Patient, Guarantor), Insured ID#, Policy Group#, and Authorization#. At the bottom, there are checkboxes for 'HIPAA Notification on file?', 'Bad Address', and 'Inactive'. A 'CREATE NEW PATIENT' button is in the top right. At the bottom, there are 'Print', 'Ledger', a help icon, a 'Save' button with a floppy disk icon, and a 'Close' button with a red X. A hand cursor is clicking the 'Save' button. On the right side of the form, there is a vertical label 'Tester, Bog' and a small 'TE' logo.

3. Click the Save button to create the new chart.

Duplicate Patients

If a patient already exists in the system, you will see the Duplicate Patient screen after you enter the name and date of birth. If a patient matches, click the checkbox next to the name and click the Select button to open that patient's chart. Otherwise, click Close and continue entering patient demographics.

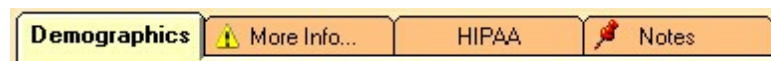


10.4 Patient Demographics Screen

The Patient Demographics screen is the primary location of all patient contact information, as well as insurance and billing details.

The Demographic screen has four primary tabs and a lower button bar:

Basic Demographics



Last Name - required (apostrophe's are allowed; minimum 1 character)

First Name - required

Middle Initial - optional (can enter multiple characters)

NOTE: You can enter the name in all lowercase for speed; it will be converted automatically.

Title - the patient's salutation

Suffix - generational suffixes such as Jr, Sr, III

Date of Birth (DOB) - highly recommended. Can enter just 2-digit year, but day/month require 2-digits.

Address block - you can customize the city/state/zip list under Settings in the Main Module.

Home Phone - primary telephone at home (Note that there is no cellphone field; use the Custom Fields)

Day Phone - typically the work phone number; can be used for cellphone also

Email - patient's email; will automatically check for correct formatting.

Employer - will display on the Insurance Claim form

Occupation -

Prior Exam - date of last encounter with patient

Last Name	Sample		
First Name	Joe	Initial	R
Title	Mr.	Suffix	
Date of Birth	12/30/1967	Age	43
Address1	123 South Street		
Address2			
City	Seattle		
State/Prov	WA	98001	
Home Phone	(222) 333-4444		
Day Phone			
Email	joe.sample@yahoo.com		
Employer	Boeing		
Occupation	Paper plane modeler		
Prior Exam:	08/11/2009		

Gender - recommended. if not selected, you will be prompted on saving chart

Chart No. - created automatically and cannot be edited or changed.

Identification # - previously for Social Security number; can be used for any ID you wish.

Provider - the patients provider (in your office)

Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	No.	000001
Identification#			
Provider	Doktor, Ima K		

Insurance Company - select from list (you can add new companies in the Settings)

Insured Name - same as the Subscriber or Guarantor (e.g. who holds the policy)

Relationship - how is the Subscriber related to the patient (self or guarantor)

Insured ID - the insurance plan ID

Policy Group # - if the insurance plan has a group number, enter it here

Authorization # - if the insurance plan requires pre-approval and gives an authorization number

Notes - do not display on Claim Form; for your own internal use

Additional Insurance Plans - click the button to add or view additional plans (only for 2nd or additional)

Insurance Information

Ins Company Medicare Part B

Subscriber Self

Relationship ☒ Patient ☐ Guarantor

Insured ID# 444-22-3333

Policy Group#

Authorization#

Notes has never used benefit

2 insurance plans Additional Insurance Plans

HIPAA Notification status - allows you to indicate that patient has read/understood HIPAA requirements

Bad Address - if mail is returned and you wish to remove patient from mailing/recall lists

Inactive - if patient leaves the practice for some reason (charts will still be available for viewing)

☒ HIPAA Notification on file? ☐ Bad Address ☐ Inactive

More Information

Demographics  More Info... HIPAA  Notes

Nickname - an alternate preferred name by the patient

Marital Status - will display on the Insurance Claim form

Hobbies - useful to track patient activities to assist provider rapport

Source - what got the patient into your office

Referred by - who, if anyone, got the patient into your office

Family Group - if a patient is part of a family, you can indicate it here

Emergency Contact - a person to contact if a medical emergency occurs in office.

Nickname Joey

Marital Status Married

Hobbies

Source Professional Referral

Referred by Unspecified

Family Group Unspecified

Emergency Contact Info

Name

Tel

Race/Ethnicity - hold the mouse over the letters to see what abbreviations indicate.

Patient Picture - if you wish to have an image of the patient you need to: (1) take picture with a digital camera or camcorder, (2) save the image to a shared network folder or similar, and (3) click the Set button to find and display the image. Click Clear to reset to blank image. NOTE: Patient photos display in the Main Module when you click the patient name once.

Custom Fields - up to six custom fields can be created for inclusion in the patient demographics. Once you create a field name, it CANNOT be altered. This is to prevent data mixing (e.g. you create a field called 'email' then want to change it to 'cell phone', but the original data remains). If you wish to change a field you can only create a new one (and stop using the old one). Custom Fields can contain nearly any data. Examples can include: Cell Phone, Facebook ID, Nursing Home Facility, Prior Chart #, etc.

Chart Alerts - for important chart information that you wish to flag. The Alert icon will display at the top tab when you open the Patient Demographics, alerting you to the existence of a note. The Chart Alerts can be of any nature, but typically are special circumstances such as allergy notifications or collection accounts.

HIPAA Information

Notification of Privacy Policy - checking the HIPAA box on first Demographics screen auto checks these two boxes.

Notification of Privacy Policy

- ☒ HIPAA 'Notice of Privacy Practices' read and understood
- ☒ Acknowledgement on file

PHI Disclosures - Patient Health Information disclosures can be tracked on this screen. Each time the patient or an outside entity sends a record request, you should use the "Add New" button to record the event. You can print the Disclosure list when/if a patient requests to know who has requested PHI. Be sure to click Save on the Patient Demographics screen to finalize the data.

PHI Disclosures

Date	Recipient of Records	Reason for Disclosure	Recorded By	Auth Re
11/17/2009	Dr Bev DeAngelo, MD	Provider Request	Doktor, Ima	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Add New Print Disclosure List

Health Information Disclosure Log
✕

Patient PHI Disclosure

Recipient:

Reason:

By:

?
✓ Okay
✕ Cancel

Privacy Requests - any specific privacy requests can be noted here

Patient-Specific Privacy Notes/Requests

Do not give info out to anyone!

Acquisition Date - the original date the patient was entered into the database (or otherwise acquired by the practice.

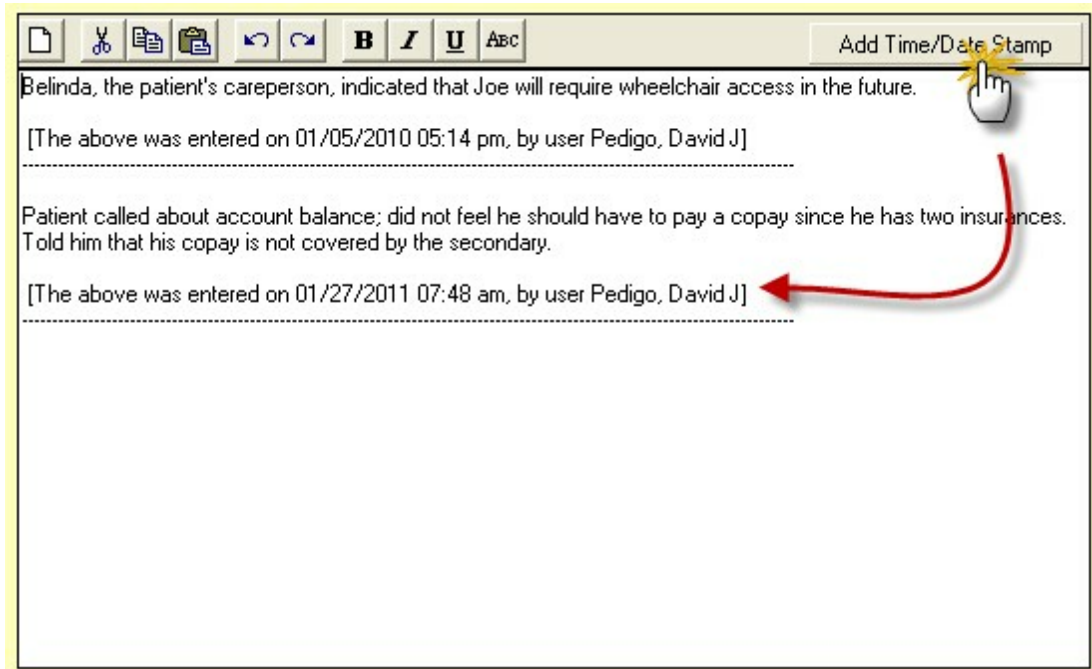
Recall Date - the date the patient is scheduled for recall visit.

Original Patient Acquisition Date Recall Date

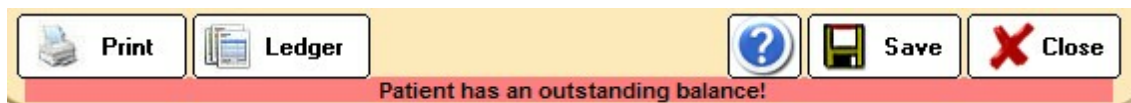
Patient Notes



Free Text Notes - any sort of billing or personal notes can be entered in this section. It is NOT for clinical notes (it is not printed as part of the chart). The "Time/Date Stamp" will automatically add a separator after you enter the note with current date/time information.



Lower Button Bar



Print Button - prints a Patient Demographic Summary page.

Ledger Button - switches to Ledger view⁴³⁷

Save Button - used after any changes are made to the demographic record. Also used to pull a chart when displayed in the Patient List into the Open Ledgers screen.


10.5 Subscriber Info

In order to bill a patient's insurance plan, you will need to enter the Subscriber info. This screen can also be used to enter the Guarantor info for a minor patient (e.g. the parent or guardian). To open, click the

Subscriber button in the Insurance Information section. NOTE: To clear a subscriber, click the red delete button.

Insurance Information

Ins Company: Medicare Part B

Subscriber: Self 

Relationship: ☒ Patient ☐ Guarantor

The Guarantor/Subscriber screen will open. The default type is "self", but you can enter either an existing patient (by selecting from the displayed patient list) or enter a new guarantor/subscriber. Use the blue arrows to transfer information (such as same last name or address). Be sure to select the appropriate "Relationship to Guarantor".

Select Guarantor

Setup Guarantor for Patient

◆ Guarantor is "SELF"
 ◆ Guarantor is an existing patient
 ◆ Guarantor is not a patient

NOTE: A guarantor is the person who is responsible for the patient's billing charges. This would be the 'Insured' for vision/medical plans or the 'Guardian' for minors.

Find: Reset


	Last Name	First Name	MI	Pat ID#	DOB	Insurance
<input checked="" type="checkbox"/>	Ables	Boyd		000887	11/11/1948	Vision Service
<input checked="" type="checkbox"/>	Ables	Sharron		000888	06/23/1952	Vision Service
<input checked="" type="checkbox"/>	Abraham	Delores		002455	02/26/1962	
<input checked="" type="checkbox"/>	Abraham	Stella Mae		002484	07/26/1965	AK Medicaid -
<input checked="" type="checkbox"/>	Abrams	Kaitlyn		000695	11/23/1986	First Health Se
<input checked="" type="checkbox"/>	Active	Margaret		002530	07/26/1985	LKSD - Premier
<input checked="" type="checkbox"/>	Adams	Amber	C	002136	06/22/1988	
<input checked="" type="checkbox"/>	Adams	Bertha	E	000425	06/11/1957	AmeriBen/IEC
<input checked="" type="checkbox"/>	Adams	Bessie		000515	06/02/1938	Private Pay Ca
<input checked="" type="checkbox"/>	Adams	Charlene		000453	06/11/1936	Private Pay Ca
<input checked="" type="checkbox"/>	Adams	Doris		000019	07/06/1985	Private Pay Ca
<input checked="" type="checkbox"/>	Adams	Dorothy		000020	07/06/1985	Private Pay Ca
<input checked="" type="checkbox"/>	Adams	Frank		001038	11/26/1966	
<input checked="" type="checkbox"/>	Adams	Gladys	S	000438	06/07/1935	Private Pay Ca
<input checked="" type="checkbox"/>	Adams	Gloria		001721	05/21/1987	AK Medicaid -
<input checked="" type="checkbox"/>	Adams	Henrietta		000460	12/19/1977	Premiera Bluec
<input checked="" type="checkbox"/>	Adams	Jacob		001105	02/23/1982	

Reset

Clear

Patient Relationship to Guarantor:

☒ Self ☐ Spouse ☐ Child ☐ Other


Last Name: 

First Name: Initial:

Title: Suffix:

Gender: ☐ Male ☐ Female No.

Date of Birth: Age:

Address: 

Address:

City:

State/ZIP:

Home Phone:

Employer:

Insurance ID:

?, Okay, Close

10.6 Open Existing Patient

There are two methods to open an existing patient chart:

Method 1 - QuickFind Tool

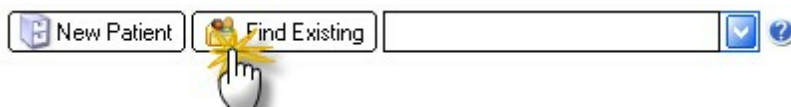
This is the preferred method for quickly finding a patient. Using the **QuickFind** field, you simply need to enter a few letters of the patient name and press **Enter**. The list of matching patients is displayed in the **Patient Listing**.



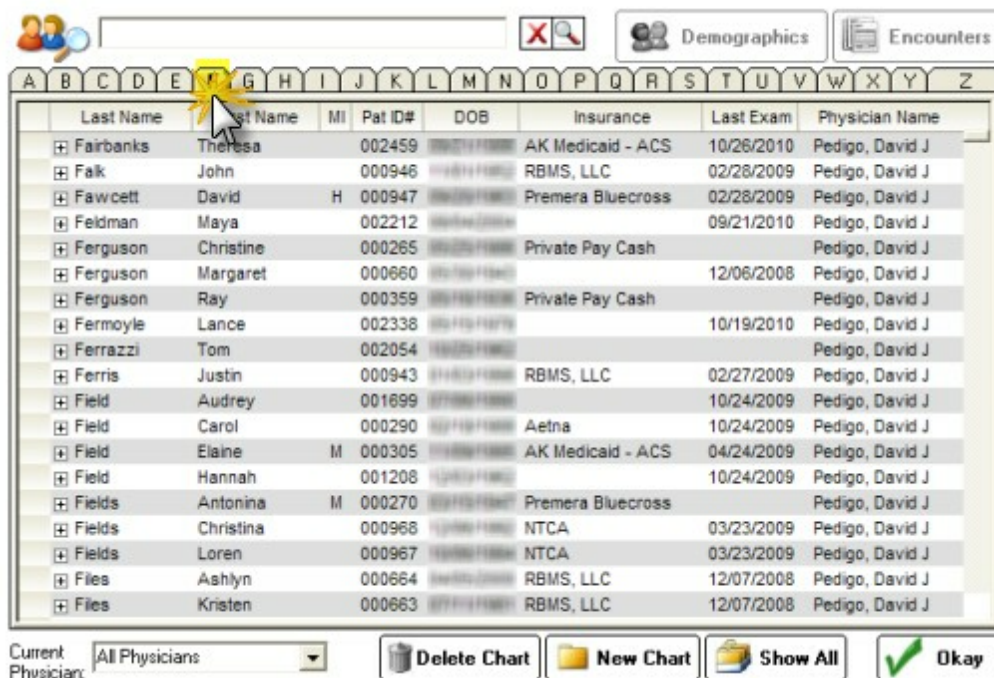
QuickFind Tool

Method 2 - Patient Listing

This method allows you to view complete lists of your patients, arranged in alphabetical order. When in Patient Listing view there are additional features available by right-clicking the patient name.



To find a patient, click on the Letter tab at the top and scroll down. You may double-click the patient name to directly open to the Demographics screen. You may also enter the name in the Search Box at the top of the Patient Listing.



10.7 Patient List

The Patient Listing is the main dashboard for working with patient's demographic charts. You enter the Patient Listing by either using the QuickFind⁴¹¹ tool or the Find Existing⁴³¹ button.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name																		
Fairbanks	Theresa		002459	01/10/1960	AK Medicaid - ACS	10/26/2010	Pedigo, David J																		
Falk	John		000946	01/10/1960	RBMS, LLC	02/28/2009	Pedigo, David J																		
Fawcett	David	H	000947	01/10/1960	Premiera Bluecross	02/28/2009	Pedigo, David J																		
Feldman	Maya		002212	01/10/1960		09/21/2010	Pedigo, David J																		
Ferguson	Christine		000265	01/10/1960	Private Pay Cash		Pedigo, David J																		
Ferguson	Margaret		000660	01/10/1960		12/06/2008	Pedigo, David J																		
Ferguson	Ray		000359	01/10/1960	Private Pay Cash		Pedigo, David J																		
Fermoyle	Lance		002338	01/10/1960		10/19/2010	Pedigo, David J																		
Ferrazzi	Tom		002054	01/10/1960			Pedigo, David J																		
Ferris	Justin		000943	01/10/1960	RBMS, LLC	02/27/2009	Pedigo, David J																		
Field	Audrey		001699	01/10/1960		10/24/2009	Pedigo, David J																		
Field	Carol		000290	01/10/1960	Aetna	10/24/2009	Pedigo, David J																		
Field	Elaine	M	000305	01/10/1960	AK Medicaid - ACS	04/24/2009	Pedigo, David J																		
Field	Hannah		001208	01/10/1960		10/24/2009	Pedigo, David J																		
Fields	Antonina	M	000270	01/10/1960	Premiera Bluecross		Pedigo, David J																		
Fields	Christina		000968	01/10/1960	NTCA	03/23/2009	Pedigo, David J																		
Fields	Loren		000967	01/10/1960	NTCA	03/23/2009	Pedigo, David J																		
Files	Ashlyn		000664	01/10/1960	RBMS, LLC	12/07/2008	Pedigo, David J																		
Files	Kristen		000663	01/10/1960	RBMS, LLC	12/07/2008	Pedigo, David J																		

Current Physician: All Physicians

Buttons: Delete Chart, New Chart, Show All, Okay

Double clicking on a patient name opens the demographic screen. Right-clicking a patient name opens up the additional features menu. Note that you MUST have the patient name highlighted for the menu to open.

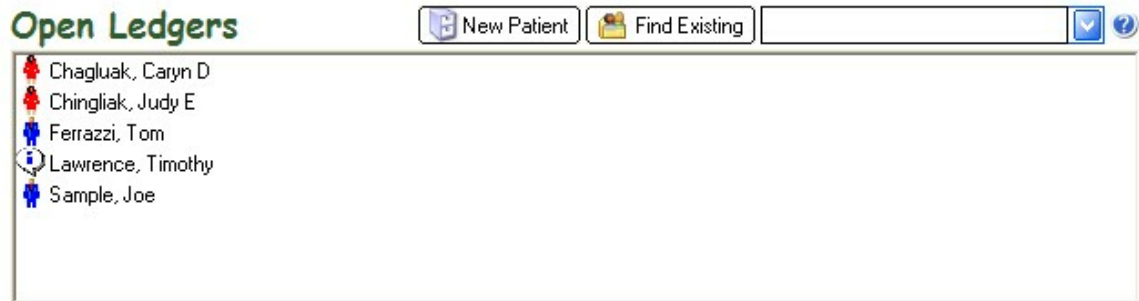
Last Name	First Name	MI	Pat ID#	DOB
Ferrazzi	Tom		002054	10/2
Ferris	Justin		000943	01/10
Field	Audrey		001699	07/10
Field	Carol		000290	02/10
Field	Elaine	M	000305	11/10
Field	Hannah		001208	12/10
Fields	Antonina	M	000270	03/10
Fields	Christina		000968	12/10
Fields	Loren		000967	10/10
Files	Ashlyn		000664	04/10
Files	Kristen		000663	07/10

Current Physician: All Physicians

Buttons: Delete

Pull Ledger

This option pulls the chart and adds to the **Open Ledgers** screen. It does not display the Demographics screen. This is useful if you need to pull multiple patients.



View Demographics

Opens directly to the patients demographic screen (equivalent to double-clicking the patient name in the **Patient Listing**).

Bad Address

Allows you to mark the patient as having a "bad address", without having to open the demographics screen.

Mark as Inactive

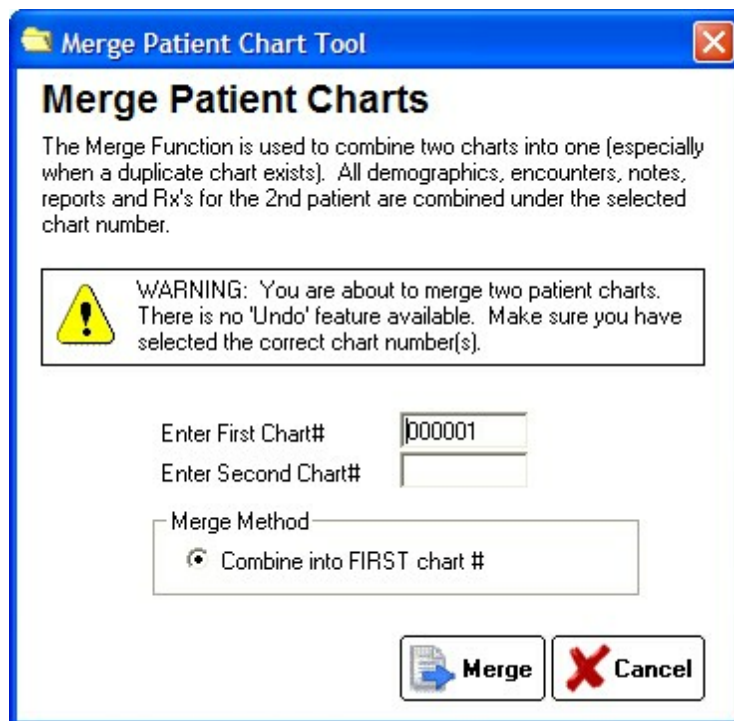
Allows you to mark the patient as "inactive", without having to open the demographics screen.

Delete Patient

Allows you to delete the patient chart. Note this requires you to have sufficient Security Level to perform this action. The Admin function in the Main Module allows for security settings to be adjusted.

Merge Duplicates

If you accidentally create two charts on the same patient (for instance because of a name change), you can merge the data together. The merge function keeps the demographics of the "First" patient (which you select by chart number) and merges all documents and reports under that first patient ID. There is no undo function, so use this function with care.



Exit

Leaves the menu without change.

Button Bar

The Button Bar at the bottom of the Patient Listing allows a few additional features.



Select Current Physician

If you wish to display only charts for a selected physician, use the dropdown box to choose the physician. The default is to show all physicians.

Delete Chart

Allows you to delete the patient chart. Note this requires you to have sufficient Security Level to perform this action. The Admin function in the Main Module allows for security settings to be adjusted.

New Chart

Same function as clicking Create New Patient⁴²³ button.

Show All

All patients in the database are shown in a single list. Note: This may take a long time to run, if you

have a large number of patients (in excess of 20-30K). The actual patient list can be exported using the Import/Export feature in the Main Module.

Show All Patients

Entire Patient List

Click the headings to sort

ID	Last Name	First Name	MI	DOB	Address	City	State	Postal Code	Home Tel	Last Exam
1	Sample	Joe		12/30/1967	123 South Street	Seattle	WA	98001	(202) 333-4444	8/11/2009
2	Douglas	Danila	R	10/4/1992	PO Box 53072	Kapusk	AK	99753	(907) 963-6537	8/15/2008
3	Nazruk	Roger	V	12/22/1929	PO Box 53036	Kapusk	AK	99753	(907) 963-2396	8/15/2008
4	Nazruk	James		4/26/1980	PO Box 53095	Kapusk	AK	99753	(907) 963-2484	8/15/2008
5	Nazruk	Chad	B	1/20/1993	PO Box 843	Kotzebue	AK	99755	(907) 963-3141	10/20/2009
6	Nazruk	Nina	J	6/20/1957	PO Box 843	Kotzebue	AK	99753	(907) 763-3141	10/20/2009
7	Nazruk	Jolene	R	2/5/1988	PO Box 53071	Kapusk	AK	99753		8/15/2008
8	Charles	Leo	M	8/29/1961	PO Box 53048	Kapusk	AK	99753	(907) 963-2362	8/15/2008
9	Nazruk	Drew	C	3/13/1997	PO Box 843	Kotzebue	AK	99753	(907) 963-3141	10/19/2009
10	Charles	Lucille	C	1/30/1964	PO Box 53008	Kapusk	AK	99753	(907) 963-6168	8/15/2008
11	Henry	Evel	A	1/6/1983	PO Box 53086	Kapusk	AK	99753	(907) 963-2491	8/15/2008
12	Anasogak	David	R	11/13/1960	PO Box 53007	Kapusk	AK	99753	(907) 963-2315	8/15/2008
13	Henry	Megan	R	6/21/2003	PO Box 53086	Kapusk	WA	99753	(907) 963-2491	8/15/2008
14	Charles	Adlene		1/24/1959	PO Box 13	Kapusk	AK	99753	(907) 963-2380	8/15/2008
15	Nazruk	Gary	D	6/18/1986	PO Box 53112	Kapusk	AK	99753	(907) 963-2482	8/15/2008
16	Devey	Randall	J	11/24/1971	PO Box 53082	Kapusk	AK	99753	(907) 963-2248	8/16/2008
17	Devey	Joshua	W	11/1/1994	PO Box 53082	Kapusk	AK	99753	(907) 963-2248	8/16/2008
18	Devey	Jeanne		7/1/1998	PO Box 53082	Kapusk	AK	99753	(907) 963-2248	8/16/2008
19	Adlene	Doris		1/6/1993	PO Box 53087	Kapusk	AK	99753	(907) 963-2232	8/16/2008
20	Adlene	Dorothy		11/11/1999	PO Box 53063	Kapusk	AK	99753	(907) 963-3001	8/16/2008
21	Henry	Valeke	J	2/14/1984	PO Box 53017	Kapusk	AK	99753	(907) 963-2483	8/16/2008
22	Kinchokak	Arthur	L	9/23/1965	PO Box 53017	Kapusk	AK	99753	(907) 963-2015	8/16/2008
23	Charles	Luan		8/6/1993	PO Box 53061	Kapusk	AK	99753	(907) 963-3521	8/16/2008
24	Millcock	Sophie	R	3/25/1986	PO Box 53116	Kapusk	AK	99753	(907) 963-4051	8/16/2008
25	Anasogak	Pete		7/26/1987	PO Box 53048	Kapusk	AK	99753	(907) 963-2362	8/16/2008
26	Hadley	Derek	L	6/4/2003	PO Box 53051	Kapusk	AK	99753	(907) 963-2238	8/16/2008
27	Nazruk	Dylanne		1/27/1992	PO Box 53094	Kapusk	AK	99753	(907) 963-2396	8/16/2008
28	Nazruk	Ruby		3/11/1963	PO Box 53094	Kapusk	AK	99753	(907) 963-2396	8/16/2008
29	Dawa	Guhvi		2/16/1945	PO Box 53073	Kapusk	AK	99753	(907) 963-4003	8/17/2008

TOTAL PATIENT COUNT: 2953
To export your patient list, use the ezDataExchange module.

Close

10.8 QuickFind Tool

Using the QuickFind Tool, you may enter some, or all, of a patient's name to quickly pull up their chart. You may use just a single letter of either the first or last name, or as many as you wish. The more letters you enter, the more unique your search results. You may also use the wildcard character "*" to indicate that you do not know the letter. Just press the Enter Key to quickly start the search.

Use the **QuickFind** tool to quickly pull up Patient Ledgers

Open Ledgers


New Patient Find Existing **sm, mich**

Sample, Joe

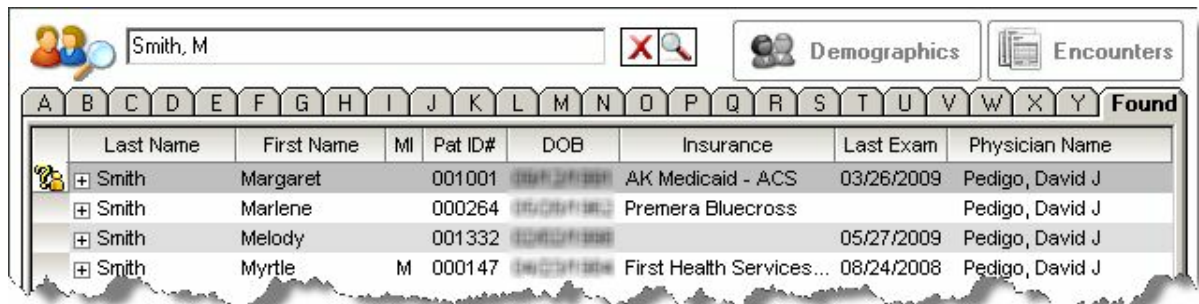
If you wish to search by Chart Number, simply enter the number you are searching for and the matching patient will be displayed.

Examples





Imagine we are trying to quickly pull up Margaret Smith, while trying to type the minimum number of letters. We could try it each of the following ways. The best method is to enter two letters of both first and last name.


Typing: 

Would find the following:

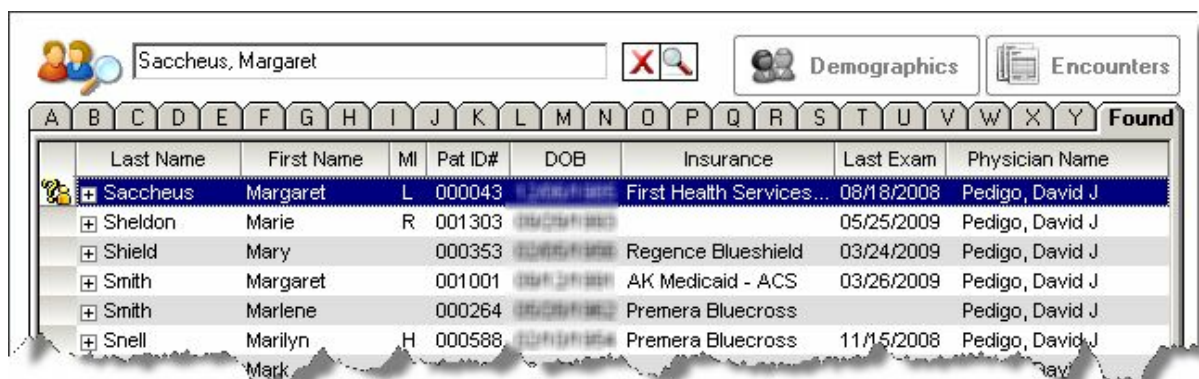


Search results for "Smith, M". The interface includes a search bar with "Smith, M", a clear button, a magnifying glass icon, and tabs for "Demographics" and "Encounters". Below the search bar is a table with columns A through Y and a "Found" column. The table contains the following data:







	Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
	Smith	Margaret		001001	03/26/2009	AK Medicaid - ACS	03/26/2009	Pedigo, David J
	Smith	Marlene		000264	05/27/2009	Premiera Bluecross		Pedigo, David J
	Smith	Melody		001332	05/27/2009		05/27/2009	Pedigo, David J
	Smith	Myrtle	M	000147	08/24/2008	First Health Services...	08/24/2008	Pedigo, David J


Typing: 

Would find the following:



Search results for "s, mar". The interface includes a search bar with "Saccheus, Margaret", a clear button, a magnifying glass icon, and tabs for "Demographics" and "Encounters". Below the search bar is a table with columns A through Y and a "Found" column. The table contains the following data:

	Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
	Saccheus	Margaret	L	000043	08/18/2008	First Health Services...	08/18/2008	Pedigo, David J
	Sheldon	Marie	R	001303	05/25/2009		05/25/2009	Pedigo, David J
	Shield	Mary		000353	03/24/2009	Regence Blueshield	03/24/2009	Pedigo, David J
	Smith	Margaret		001001	03/26/2009	AK Medicaid - ACS	03/26/2009	Pedigo, David J
	Smith	Marlene		000264		Premiera Bluecross		Pedigo, David J
	Snell	Marilyn	H	000588	11/15/2008	Premiera Bluecross	11/15/2008	Pedigo, David J

Typing: 

Would find the following:



Search results for "*,margaret". The interface includes a search bar with "Ferguson, Margaret", a clear button, a magnifying glass icon, and tabs for "Demographics" and "Encounters". Below the search bar is a table with columns A through Y and a "Found" column. The table contains the following data:




	Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
	Ferguson	Margaret		000660	12/06/2008		12/06/2008	Pedigo, David J
	Londo	Margaret	M	000607	12/03/2008	Cigna Healthcare	12/03/2008	Pedigo, David J
	Saccheus	Margaret	L	000043	08/18/2008	First Health Services...	08/18/2008	Pedigo, David J
	Smith	Margaret		001001	03/26/2009	AK Medicaid - ACS	03/26/2009	Pedigo, David J


10.9 Ledger Screen


The Ledger screen is the primary way you can view the historical billing record for a patient. Two primary items will appear in the Ledger: (1) FeeSlips⁴⁴¹ and (2) Insurance Claims⁴⁵⁰. You can click the top tabs


(Full Ledger, FeeSlips or Ins Claims) to limit your view to a specific category of information.


Ledger for Sample, Joe

Ledger			 Full Ledger  Fee Slips  Ins Claims				Name: Sample, Joe Chart#: 000001 DOB: 12/30/1967 Provider: Doktor, Ima K		
Type	Date	Status	Description	Total	Pat Chgs	Ins Chgs			
<Add New>			Double click to add new Fee Slip						
FEE SLIP	01/13/2011	PENDING	Pending Payment	250.00	70.00	180.00			
INS CLAIM	01/13/2011	PENDING	Billed to: Cigna Healthcare	250.00	70.00	180.00			

 **Billing Statement**

 **Demographics**



 **Back**

Functions available in the Ledger Screen:

Add New

Double-clicking the <Add New> line allows you to add a new FeeSlip⁴⁴¹ for the patient. You can only add FeeSlips, as Insurance Claims are created directly on the FeeSlip screen.

Billing Statement

Create a simple Account Statement that includes all patient balances across all FeeSlips. Be sure that you have transferred outstanding balances that you billed to insurance over to the patient (using the FeeSlip Transactions⁴⁴⁸ button), if necessary.

Functions available by right-clicking in Ledger Screen:

Ledger for Sample, Joe

Type	Date	Status
<Add New>		Double cli
FEE SLIP	01/12/2011	PENDING
INS CLAIM		Pending F

Void FeeSlip

Allows you to "Void" the FeeSlip (used when you cannot delete the FeeSlip because it has associated transactions).

Delete FeeSlip

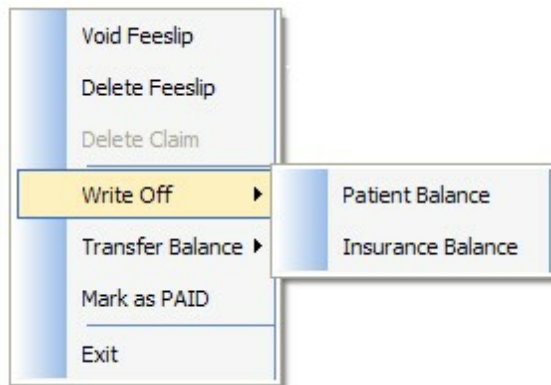
Allows you to delete the patient FeeSlip. Note this can only be done on FeeSlips with no associated transactions (e.g. payments or open claims).

Delete Claim

Allows you to delete an unprocessed claim. Useful if you created a claim for the wrong insurance plan or otherwise made a mistake. Before deleting a FeeSlip, you must delete all Claims first.

Write Off Balance

Allows you to write off the remaining patient or insurance balance that is associated with the given FeeSlip.



Transfer Balance

Allows you to transfer the remaining insurance balance to the patient's responsibility or to another insurance.

Mark as Paid

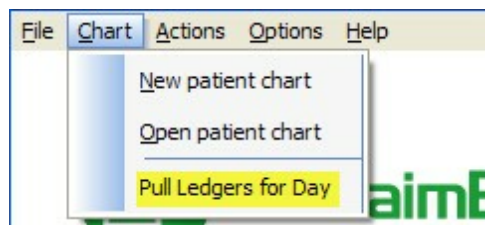
If a FeeSlip still shows as unpaid (for example, in the AR List) when there is no actual balance left, you can "Mark as Paid" to update the system. Note this is NOT a method to indicate the patient has paid; to do that you need to open the FeeSlip and use the Patient Payments⁴⁴⁷ button. Or, for insurance payments, use the Post Payments⁴⁶² button.

Miscellaneous Features

In the menu at the very top of the screen are several miscellaneous features which make using the software easier.

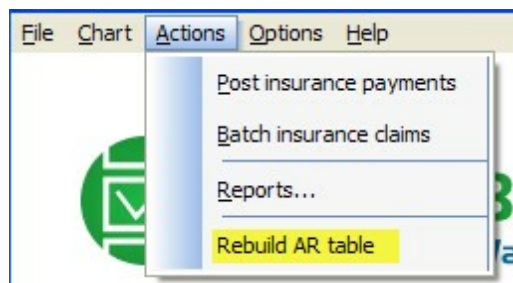
Pull Ledgers for a Given Day

If you are working on patients from a previous day, you can pull all the Ledgers for patients with FeeSlips of the same DOS (date of service). This can be useful when billing for each day separately.



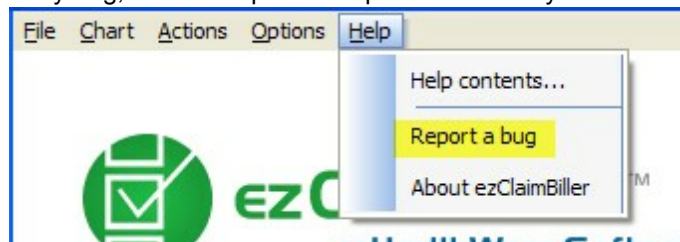
Rebuild the Accounts Receivable List

If you have errors or phantom FeeSlips in the AR list, you can use this feature to delete the current list and rebuild it. This may take several minutes to complete. **WARNING!** This will delete all Action Notes you have entered!



Submit a Bug Report

If you find a bug in the software, please upload a Bug Report. Although we may not contact you for every bug, we do keep a list of problems and try to correct them for a future update of the software.



10.10 FeeSlips

The **FeeSlip** is the most important piece of the billing module. Every transaction revolves around the **FeeSlip** you create for a patient. A new FeeSlip should be created for each visit/encounter. We also recommend using a separate **FeeSlip** for product sales. ezClaimBiller keeps two separate running balances: one for what the patient owes and one for the insurance payment due. They are always listed separately on the **FeeSlip**, although when posting under the Transactions button balances can be transferred from one side to the other.

CODE	DIAGNOSIS	INSURANCE PLAN	QTY	USC FEE	DISC	DISC REASON	TAX	INS.	PAT.
32004	367.1	Cigna-Healthcare	1	125.00	0.00		0.00	125.00	0.00
32015	367.1	Cigna-Healthcare	1	55.00	0.00		0.00	55.00	0.00
32310	367.1	Cigna-Healthcare	1	70.00	0.00		0.00	0.00	70.00

TOTAL FEES	DISCOUNT AMOUNT	TAX AMOUNT	PROJECTED FEE TOTAL	TOTAL INS.	TOTAL PAT.
250.00	0.00	0.00	250.00	180.00	70.00
PAYMENTS:				0.00	0.00
ADJUSTMENTS:				0.00	0.00
CURRENT BALANCE DUE:				180.00	70.00



How do I ?

- How do I select the service date? [442](#)
- How do I enter fee/product data on a line? [442](#)
- How do I use the templates? [445](#)
- How do I use the summary & totals? [446](#)
- How do I apply a patient payment? [447](#)
- How do I view or edit transactions? [448](#)
- How do I create a printed statement? [449](#)
- How do I create or edit an insurance claim form? [450](#)
- How do I edit a FeeSlip that has been paid? [449](#)
- How do I delete a FeeSlip? [450](#)

10.10.1 Selecting Service Date

The Service date is used by many insurance companies to track the date you saw the patient. Even if you do not bill insurance, your service date should match your exam date for proper accounting records. The Entry date is when you created/entered the FeeSlip information.

Patient Name: **Sample, Joe**
 Patient ID#: **000001** Fee Slip#: **001437** [VIEW DIAG CODES](#)

Provider: Doktor, Ima Service Date: 7 /15/2009
 Entry Date: 7 /16/2009

In some cases you may need to enter different Service and Entry dates (for instance, if you are creating FeeSlips days later from when the date of service occurred).

10.10.2 Entering Fee Slip Line Data

A FeeSlip consists of up to eight lines of billing data (note that the CMS-1500 is capable of only six claim lines, so we recommend you split a FeeSlip if you will have more than six lines). Each line represents a billable procedure code or product. In general, ezChartWriter uses standard CPT procedure codes, as well as ICD-9 diagnosis codes.

The parts of the FeeSlip billing lines are:

CODE	DIAGNOSIS	INSURANCE PLAN	QTY	U&C FEE	DISC.	DISC REASON	TAX	INS.	PAT.
------	-----------	----------------	-----	---------	-------	-------------	-----	------	------

CODE - either the numeric CPT code for the procedure (e.g. 92004) or a custom created code (e.g. NSF for a non-sufficient funds returned check fee). See the section on creating custom Fee & Product Codes [472](#).

DIAGNOSIS - Uses the standardized ICD-9 codes (e.g. 367.4 for presbyopia). You can also enter your own code directly on the line (this must be done manually each time).

INSURANCE PLAN - Assuming you indicated the patient had an insurance plan when creating their chart, you can select from the available insurances. Otherwise, leave blank to indicate "self-pay".

QTY - Typically used with product codes (e.g. V2020) to indicate quantity purchased.

U&C FEE - The "usual and customary" fee you charge for this service or product (before all insurance or other discounts).

DISC - Discount amount which can be entered in your local currency or as a percentage (use the % sign to indicate which).

DISC REASON - When you give a discount, you will need to indicate a reason.

TAX - The amount of tax for the line item. Can be entered in your local currency or as a percentage (use the % sign to indicate which).

INS - This is the dollar amount (or other currency if outside USA) of the portion of the bill to be submitted to insurance. You can manually adjust this amount at any time (and it automatically adjusts the patient column).

PAT - This is the dollar amount (or other currency if outside USA) of the portion of the bill to be by the patient.



DELETE - By clicking the delete button (small red "X"), you will remove the current FeeSlip line. Be careful, as there is no undo feature.

DETAILS BUTTON - Calls up the FeeSlip Line Details⁴⁴³ for this particular line. This includes the ability to edit modifiers, date of service for individual lines and place of service codes. Typically used infrequently.

10.10.2.1 FeeSlip Line Details

You can enter additional information for each line of the FeeSlip using the Details button. This is most commonly used to enter Modifiers. Note that you can also manually add modifiers and other Local Use notes directly into the onscreen Claim Form.

FeeSlip Line Details

FeeSlip / Insurance Line Details

FeeSlip Line Summary - Line# 1

CODE	DESCRIPTION
92004	Comprehensive Exam, New
DIAGNOSIS	INSURANCE PLAN
367.1	Cigna Healthcare

QTY	U&C FEE	DISC.	DISC REASON	INS. TOT	PAT. TOT
1	125.00	0.00		125.00	0.00

Line Details

Date of Service - Begin: 1/13/2011

Date of Service - End: 1/13/2011

Modifier 1:

Modifier 2:

Modifier 3:

Modifier 4:

Days/units: 1

Local Use:

Place/Type of Service

Place of Service:

Set as Default

?, Save, Close

10.10.2.2 Superbill Import

If the provider entered billing codes when completing an Encounter, you can import the codes with the Superbill button. The button is activated ONLY when two conditions exist: (1) the provider actually entered CPT and ICD-9 codes and (2) the Date of Service (DOS) you entered at the top of the FeeSlip matches the date of the Encounter.



The CPT codes are not currently associated with the ICD-9, so it is assumed that each CPT code is associated with the FIRST diagnosis on the list. In the example below, both 92004 and 92015 will correspond to the 367.1 diagnosis.

Billing Tool

SuperBill

Patient Name: **Mark, Charlie L**
Service Date: **11/10/2010**

Procedure/Exam Codes

Procedure/Exam Codes
<input type="checkbox"/> 65222 - Foreign body removal (\$149.00)
<input type="checkbox"/> 66984 - Cataract 90-day post op (\$175.00)
<input type="checkbox"/> 68761 - Punctal Occlusion (\$87.00)
<input type="checkbox"/> 92002 - Intermediate Exam (\$70.00)
<input checked="" type="checkbox"/> 92004 - Comprehensive Exam, New (\$125.00)
<input type="checkbox"/> 92012 - Intermediate Exam, Estab (\$70.00)
<input type="checkbox"/> 92014 - Comprehensive Exam, Estab (\$125.00)
<input checked="" type="checkbox"/> 92015 - Refraction (\$55.00)
<input type="checkbox"/> 92020 - Gonioscopy (\$55.00)
<input type="checkbox"/> 92081 - Limited Visual Field (\$20.00)
<input type="checkbox"/> 92082 - Intermediate Visual Field (\$40.00)

Selected CPT Codes

Primary	92004
Secondary	92015
Tertiary	
Forth	
Fifth	

Diagnosis Codes

Primary	367.1
Secondary	367.21
Tertiary	
Forth	
Fifth	

? Import Close

10.10.3 Using FeeSlip Templates

Located at the top left side of the FeeSlip, the Templates dropdown box is a powerful way to prefill your FeeSlip with common data (especially if your provider is not using Superbill feature).

Select a Template:

▼

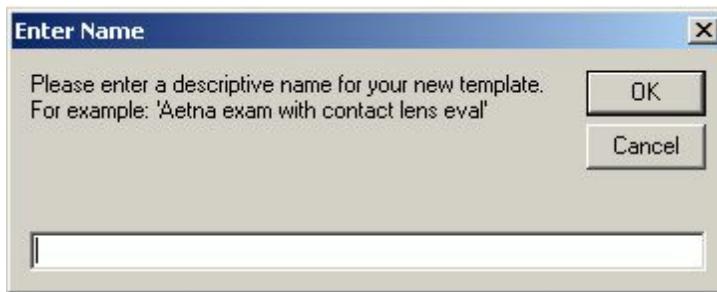
[Manage Templates](#) | [Set as New Template](#)

Most of the billing data that a typical optometry practice enters is redundant in nature. You see a new patient and bill a comprehensive exam, refraction and maybe a contact lens fitting. Sometimes it's billed to insurance, sometimes to the patient.

The FeeSlip templates help you quickly enter repetitive data. By selecting a template from the dropdown list, you can quickly fill in all lines of data. For example, you could have a template called "Routine Exam, New, Self-Pay". It would be set up to include the 92004 and 92015 codes. The diagnosis is pulled from your exam record. The fee amounts are pulled from the default fees you have set up for each of your procedures.

CREATING A TEMPLATE

To create a brand new template, complete a regular FeeSlip for a patient that has the type of data you wish to capture (e.g. a cash paying contact lens fitting). Then simply select "Set as New Template". You will be asked for a descriptive name.



EDITING & MANAGING TEMPLATES

Click the manage templates button to view your existing templates and to make changes to the name or to delete unwanted templates.



10.10.4 FeeSlip Totals

The bottom right-side box gives a running total of FeeSlip charges. This includes all payments entered (insurance or patient) as well as adjustments (e.g. write-offs). The Current Balance Due reflects both the total Insurance Balance and total Patient Balance.

TOTAL FEES	DISCOUNT AMOUNT	TAX AMOUNT	PROJECTED FEE TOTAL	TOTAL INS.	TOTAL PAT.
250.00	- 0.00	+ 0.00	= 250.00	180.00	70.00
PAYMENTS:				0.00	0.00
ADJUSTMENTS:				0.00	0.00
CURRENT BALANCE DUE:				180.00	70.00

10.10.5 Applying Patient Payments

Patient payments can ONLY be applied within the FeeSlip. To add a patient payment, click the **Apply Payment** button on the bottom left side of the FeeSlip screen:



When first opening the Apply Payment screen for a patient with a balance due, you will see the Quick Payment form:

A screenshot of the 'QuickPayment' window. At the top, there is a 'Mark Paid in Full' button, a 'Date:' field with 'Today's Date', and an 'Exam Date' field with '01/13/2011'. Below these are four tabs: 'Cash', 'Check', 'Credit Card', and 'Other'. The 'Credit Card' tab is selected. In the center, there is a table with three rows: 'Total' with value '70.00', 'Paid Amount' with value '0.00', and 'Remaining Balance' with value '70.00'. To the right of the table is a dropdown menu labeled 'Select Credit Card Type' with a blue arrow icon. Below the dropdown is a 'Ref:' field. At the bottom right, there are 'Accept' and 'Cancel' buttons.

There are four tabs: Cash, Check, Credit Card and Other. To mark a QuickPayment, simply click the appropriate tab and enter the amount in the Paid Amount field. You can enter additional payment details in the other boxes, if appropriate.

Detailed Payment Transactions

You can use the Detailed Payment form to see all payment transactions, enter transactions and printout the payments list.

Date	Payment Method	Amount	Balance	Chk/Reference No.	Type/Bank No.	Recorded By	Finalized
1/13/2011	Patient Responsibility	70.00	70.00	FeeSlip# 2642		Pedigo, David	<input checked="" type="checkbox"/>
1/13/2011							<input type="checkbox"/>
	Cash						<input type="checkbox"/>
	Check						<input type="checkbox"/>
	Credit Card						<input type="checkbox"/>
	Other						<input type="checkbox"/>
	---						<input type="checkbox"/>
	Misapplied Amount						<input type="checkbox"/>

TOTAL CURRENT CHARGES: 70.00

QuickPayment Print All Payments Save Close

Note that any amount you enter in the Amount column will be converted to a negative number, thus ensuring that it reduces the balance. The only category that allows either positive or negative amounts is the Misapplied Amount category.

10.10.6 View/editing all Transactions

The Transactions button opens the Transactions screen, where ALL transactions relevant to the FeeSlip are listed in one place, including patient/insurance payments, write-offs, balance transfers and misapplied amounts.



A note about entering transactions: certain categories of transactions will always default to either a positive or negative currency amount (e.g. patient payment will always be negative since the payment REDUCES the balance). Other transaction categories have no effect (in other words, transferring from the primary insurance to the secondary insurance would have no balance effect). These transactions would have square brackets "[100.00]" around the amount. The last type is "Amount as Entered" wherein the amount entered (with or without minus sign) is used to directly increase/decrease the balance. An example would be a misapplied amount, which could be either positive or negative. If you mis-entered a patient payment of \$50.00 (which always shows as a NEGATIVE amount), you would need a POSITIVE transaction of \$50.00 in the misapplied amount category to balance out.

Transaction Category	Type	Default
Patient Payment	Patient Payment	Minus/Reduce Balance
Insurance Payment	Insurance Payment	Negative
Insurance Adjustment	Insurance Adjustment	Amount as Entered
Insurance Write-Off	Insurance Adjustment	Negative
Patient Write-Off	Patient Payment	Negative
Transfer to Another Insurance	Transfer	No Effect
Transfer from Insurance to Patient	Transfer	No Effect
Late Charge	Patient Payment	Plus/Add to Balance
Finance Charge	Patient Payment	Plus/Add to Balance
Global Insurance Write-off	Insurance Adjustment	Minus/Reduce Balance
Product Return	Patient Payment	Minus/Reduce Balance
Refund to Patient	Patient Payment	Plus/Add to Balance
Non-refundable Adjustment	Patient Payment	Amount as Entered
VSP - Insurance Charge Adj.	Insurance Adjustment	Amount as Entered
VSP - Lab Charge Adjustment	Insurance Adjustment	Amount as Entered
Transfer from Patient to Insurance	Patient Payment	No Effect
Unpaid copay	Patient Payment	Plus/Add to Balance
Misapplied amount (patient)	Patient Payment	Amount as Entered
Paid on collection acct	Patient Payment	Minus/Reduce Balance
NSF Check Fee	Patient Payment	Plus/Add to Balance
Refund to Insurance Company	Insurance Adjustment	Minus/Reduce Balance
Refund to Other	Insurance Adjustment	Minus/Reduce Balance
Product Return (billed to ins)	Insurance Adjustment	Minus/Reduce Balance
Misapplied amount (insurance)	Insurance Adjustment	Amount as Entered

10.10.7 Print Preview - FeeSlip Statement

The Print Preview button opens the FeeSlip Statement. The FeeSlip Statement is a printable version of all the transactions of a single FeeSlip. Note that if you wish to print a Statement that includes multiple FeeSlips and overall patient balance, you must use the Billing Statement button at the bottom of the Ledger Screen⁴³⁷.



10.10.8 Editing Finalized FeeSlips

To edit a FeeSlip that has been paid/closed, use the **Allow Edit** button found at the bottom of the FeeSlip.



10.10.9 Deleting FeeSlips

FeeSlips that have not been saved will be deleted automatically if you click Cancel. However, this only works if you have not entered any transactions or claim forms. Otherwise, if you created a claim first save the FeeSlip then open the Ledger Screen^[437] and delete the claim, then the FeeSlip.

10.11 Claims

ezClaimBiller allows you to create a standard CMS-1500 claim form, as used by nearly all US health care organizations and insurance companies. It is required for Medicare and Medicaid claims. Claims can be printed on paper or export for upload to an EDI clearinghouse.

All claims are based on a FeeSlip, so before you can create a claim you must have a FeeSlip completed ^[442]. Once the claim is opened, it is visible onscreen just like the real CMS-1500. You can edit all fields, although most are pre-populated with data from the patient record.



How do I ?

How do I set the Claim Defaults?^[451]

How do I create/edit a Claim?^[454]

How do I print a Claim?^[456]

How do I export a Claim?^[459]

10.11.1 Default Claim Setup

Before creating your first Claim, you should setup the Claim Defaults. This screen can be opened in one of two ways: (1) from the main screen menu (**Options->Default Claim Settings**) or (2) on the Open Insurance Claim Form:

The screenshot shows a software window titled "Process Insurance Payment" with a sub-header "Open Insurance Claim Form". The form contains the following fields and controls:

- Type of Claim to Open: OPEN PRIOR - 5/18/2010 AK Medicaid - ACS FeeSlipt (dropdown)
- Primary Insurance: AK Medicaid - ACS (dropdown)
- Secondary Insurance: [NONE SELECTED] (dropdown)
- Claim Date: 5/18/2010 (dropdown)
- Provider: Pedigo, David J (dropdown)
- Recorded Date: 5/19/2010 (dropdown)
- By: Pedigo, David (dropdown)
- Claim Format: ☒ New CMS-1500 08/05 ☐ Old HCFA-1500 (pre-2007)
- Buttons at the bottom: "Add New Insurance", "Claim Setup" (highlighted by a mouse cursor), a help icon (?), an "Okay" button with a green checkmark, and a "Close" button with a red X.

The Default Claim Setup screen will display:

FeeSlip & Insurance Claim Setup

Insurance Claim Defaults

Box 1
Insurance Type: Other

Box 25 Federal Tax ID Number
Tax ID Number: 912555555 Type of ID: ☒ SSN ☐ EIN ☐ Neither

Box 26 Patient's Account No.
Print Account Number? ☒ Yes ☐ No

Box 31 Signature of Physician
Signed: Ima K Doktor OD ☐ Signature on File ☒ Print Date on Form

Box 32 Service Facility Location Address
Facility Name: Ima K Doktor OD PS
Address: 333 Main Street
City, State, Zip: Seattle WA 98200
Facility NPI: 1093790455

Box 33 Billing Provider Info & Phone
Billing Name: Ima K Doktor OD PS
Address: 11111 SW Mall Way
City, State, Zip: Seattle WA 98200
Provider NPI: 1093790455
Telephone: (425) 645-1548

Box 6
Patient Relationship to Insured: Self

Box 27 Accept Assignment
Accept Assignment? ☒ Yes ☐ No

Miscellaneous options:
☒ Box 12 - use "Signature on File"
☒ Box 12 - use Current Date
☒ Box 13 - use "Signature on File"
 Box 11d Default answer for "Is there another health plan?"
☐ Yes ☒ No ☐ Leave Blank
 Place of Service: 11

?
✓ Okay
✗ Cancel
▶ Apply

Below are the various default options. All defaults apply when there is no other overriding value (for instance, your Box 1 default will apply unless the software detects that you used Medicare or Medicaid). Some defaults will apply to ALL claims (for instance box 32 & 33) and can only be changed on the Claim Form (or by resetting the defaults).

Box 1 - Insurance Type

Select the primary insurance type you deal with. For most offices this will almost always be "Other".

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP	FECA	OTHER
<input type="checkbox"/> (Medicare #)	<input type="checkbox"/> (Medicaid #)	<input type="checkbox"/> CHAMPUS (Sponsor's SSN)	<input type="checkbox"/> (Member ID#)	<input type="checkbox"/> HEALTH PLAN (SSN or ID)	<input type="checkbox"/> BLK LUNG (SSN)	<input checked="" type="checkbox"/> (ID)

Box 6 - Patient Relationship to Insured

The software will update to the correct choice if you entered a subscriber/guarantor in the Patient Demographics screen. Otherwise, the default (usually "Self" will apply).

6. PATIENT RELATIONSHIP TO INSURED			
Self	<input checked="" type="checkbox"/>	Spouse	<input type="checkbox"/>
Child	<input type="checkbox"/>	Other	<input type="checkbox"/>

Box 25 - Federal Tax ID Number

One of the most important fields on the claim form; you must CORRECTLY enter your tax ID number. This will be your group TIN if you are a group, partnership or corporation. Otherwise you will use your social security number. Check the SSN or EIN box as appropriate.

25. FEDERAL TAX I.D. NUMBER	SSN	EIN
915553434	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Box 26 - Print Patient's Account Number

We recommend that you include the Patient Account Number (the Chart ID#), as this will help you in cases of mismatched information when the insurance company processes the claim. In rare instances the EOB may not show a name (since it did not match) but will show the account number.

26. PATIENT'S ACCOUNT NO.
1001

Box 27 - Accept Assignment

The usual default is Yes unless you have specific reasons for not accepting payments from the insurance plans.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Box 31 - Signature of Physician

This is the legal name of the Provider who is responsible for the claim and should match the name as referenced by the various insurance companies. The date will always insert by the software when the claim is created.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	
Ima K Doktor, OD	011311
SIGNED	DATE

Box 32 - Service Facility Location

Where you provided the service you are billing; for many providers this is a set location. Note that the NPI for the Service Facility should be entered here.

32. SERVICE FACILITY LOCATION INFORMATION	
Ima K Doktor OD PS 222 West Main St Seattle WA 98200	
a. 1093799999	b.

Box 33 - Billing Provider Information

Your billing location and contact information. And the Billing Location NPI.

33. BILLING PROVIDER INFO & PH # (425) 6451333	
Ima K Doktor OD PS 222 West Main St Seattle WA 98200	
a. 1093799999	b.

Miscellaneous Options

Various other settings that most providers can leave as the defaults given, unless you have specific needs to change. The question "Is there another health plan?" will set to Yes automatically on a claim if you include secondary insurance information.

NOTE: Be sure to set up the Provider's NPI in the User Settings. This can be done in the Main Module when signed in as an Administrator.

10.11.2 Creating/Editing Claim Forms

The insurance claim can be created by clicking the Claim Form button on the bottom left side of the FeeSlip. All claim forms must be created from an existing FeeSlip.



You will see the Open Insurance Claim Form which allows you to select a New or Prior claim. You can also select the primary and secondary insurances.

The screenshot shows a software window titled "Process Insurance Payment" with a blue header bar. Below the header, there's a green title "Open Insurance Claim Form" next to a small icon of a document. The form contains several fields: "Type of Claim to Open:" with a dropdown menu showing "OPEN PRIOR - 5/18/2010 AK Medicaid - ACS FeeSlip"; "Primary Insurance:" with a dropdown menu showing "AK Medicaid - ACS"; "Secondary Insurance:" with a dropdown menu showing "[NONE SELECTED]"; "Claim Date:" with a date picker showing "5/18/2010"; "Provider:" with a dropdown menu showing "Pedigo, David J"; "Recorded Date:" with a date picker showing "5/19/2010"; "By:" with a dropdown menu showing "Pedigo, David"; and "Claim Format:" with two radio buttons, "New CMS-1500 08/05" (selected) and "Old HCFA-1500 (pre-2007)". At the bottom, there are five buttons: "Add New Insurance", "Claim Setup", a help icon (question mark), "Okay" (with a green checkmark), and "Close" (with a red X).

Add New Insurance

You can also add New Insurances with the Settings menu at top of the ezClaimBiller screen (Insurance Plan List⁴⁷¹).

Claim Setup

The Claim Setup⁴⁵¹ button allows claim defaults and customization to be specified.

Open Claim

Clicking Okay will take you to the onscreen Insurance Claim⁴⁵⁴.

Editing a Claim Onscreen

Once the claim opens, you can edit any field simply by clicking in the appropriate box. Generally this is not required as the Claim is populated with the data from the FeeSlip. But sometimes you may wish to adjust the modifiers or diagnosis pointers to better reflect the level of service.

Diagnosis Pointers and Modifiers

One of the most confusing areas of the claim form is Box 24; entering data incorrectly will most likely result in claim denial.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 367.1 3. _____

2. 366.2 4. _____

24. A. DATE OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER
From	To										
MM	DD	YY	MM	DD	YY						
01	13	11	01	13	11	11		92004	E1	E2	12
01	13	11	01	13	11	11		92015			1

Note that you can enter the individual modifiers in the yellow boxes (they must be separated). And to enter detailed Diagnosis Pointers, enter numbers that match the diagnosis in the top four numbered locations. The numbers should not be separated by commas. So the 92004 code would have a primary diagnosis of 367.1 and a secondary of 366.2. The 92015 code is only tied to the 367.1 diagnosis.

Patient Payments

In many cases you can leave the amount paid by the patient as zero, since the insurance plan will deduct copays irrespective of any values entered. If you wish to enter patient payments, they can be entered directly on the Claim Form in Box 29 (the other boxes will update as necessary to balance).

28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE
\$ 180.00	\$ 20.00	\$ 160.00

10.11.3 Printing Claims

To print your claims, first use CMS approved paper in your laser or inkjet printer. Assuming you have set the Alignment properly (see below), you can click the print button and send your claim directly to your printer.



Alignment Problems with Claim Printing:



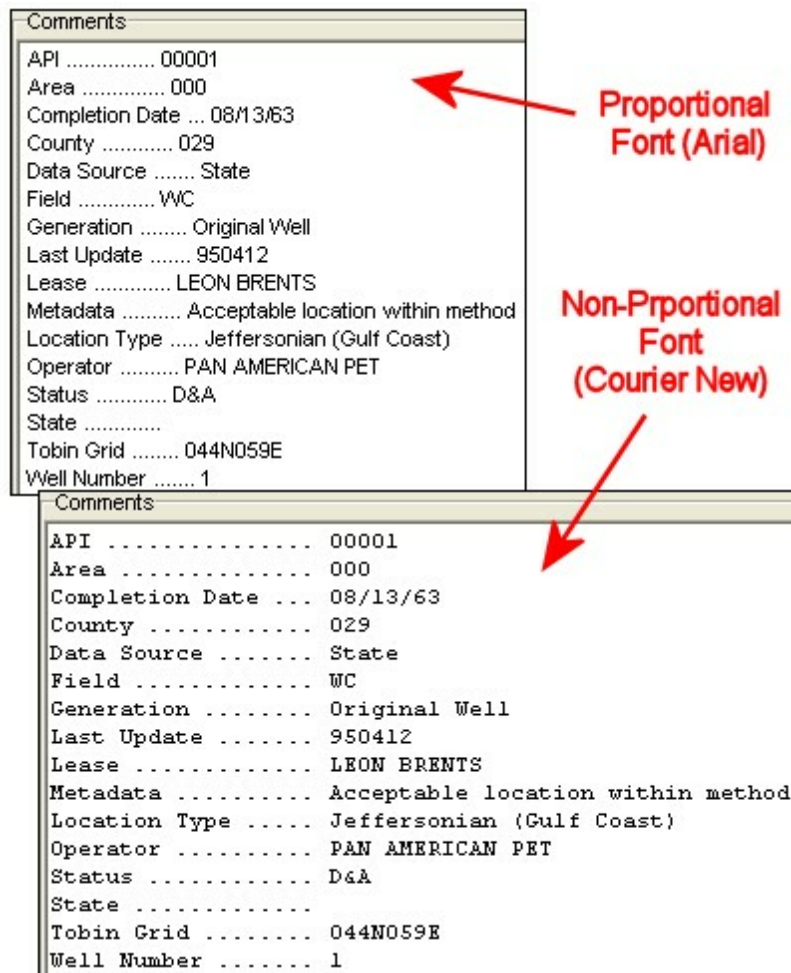
There are two reasons that claims may be misaligned:

Wrong Font

The problem may be with the font, not the alignment. On some computers the default system font is "proportional" and so all the text is squeezed together. To fix the issue, you must select a different

font. On the alignment tool, select font "Courier" or "Lucida" and font size "12". That should fix the alignment problem (you can try other fonts if it doesn't, but these usually work best).

How can you tell if it's a font problem? It's all about spacing!! Proportional fonts will jumble together on the left side. Non-proportional will be evenly spaced, even if not fully aligned. Once you have the correct font selected (non-proportional), you can move on to aligning the printout.



In order for the claims to print (or export) they have to be in a "fixed-width" or "monospaced" font (just like a typewriter... each key's character takes up the same space on the paper). Monospaced fonts are often used in software programs that contain tables, charts, graphs or any place where maintaining vertical alignment of characters is mandatory.

Sometimes, the default Courier font does not work on certain computers (likely because it was replaced by a another software application on your computer). In order to make the form print (or export) properly, take the following steps:

- (1) open a claim form
- (2) click Align at the top
- (3) select the FONTS button
- (4) from the list, choose one of the following fonts:

Andale Monospace
 Arial Monospace
 Courier
 Letter Gothic
 Liberation Mono
 Lucida Console
 OCR-A
 OCR-B
 MICR
 Typewriter
 Typewriter Elite
 Typewriter Gothic

(5) try printing a claim form. If the form is too spread out, decrease the font point size (e.g. go from 12 to 11pt). If the form is too compressed, try going up a point size or two.

(6) if after test it still does not align, you will need to go back to step one above and choose another font.

Misalignment of Text

If the text is spaced properly, but still prints slightly offset from the boxes you need to use the Alignment Tool to adjust the margins. You will have to use trial and error to move the text up/down or right/left. Usually only the Top and Left margins need changing. The goal is to use the Alignment Tool to select the proper font (some computers lack non-proportional courier) and the proper starting alignment.

Set Default for Claim Alignment

Claim Form Alignment Tool

Use the Printer Alignment tool to properly position the text printout for your Claim Forms. This may need to be done when first setting up the program or whenever you change printers. Note that usually only small changes are necessary.

Font Name: Font Size:

Click the Arrows to Align Claim Form so that the First 'X' is centered in the MEDICARE box on your printout (as shown to the right).

1. Medicare (Medicare #)	Mec
2. Patient's Name (Last Name)	

Left	600
Top	550
Right	300
Bottom	500

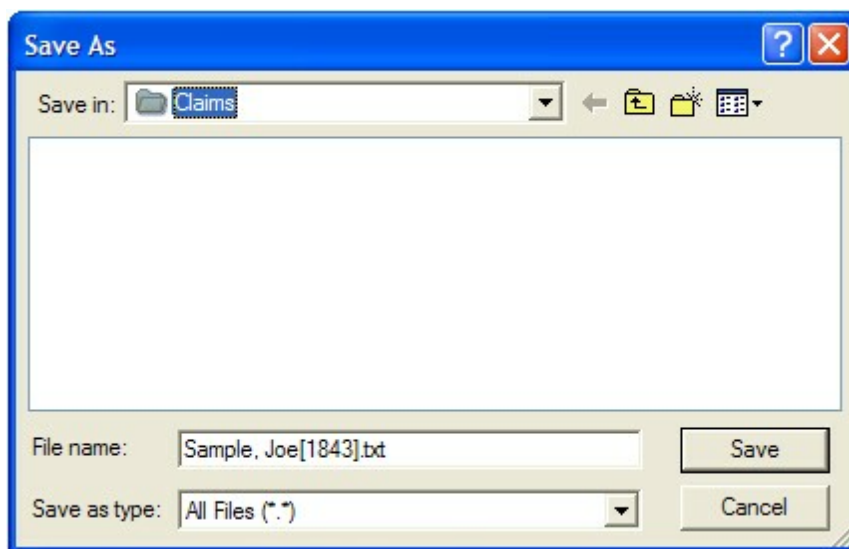
10.11.4 Exporting Claims

Exporting claims to be electronically processed is a four step process:

(1) After creating a claim, click the Export button at the top of the form to export it to a file.



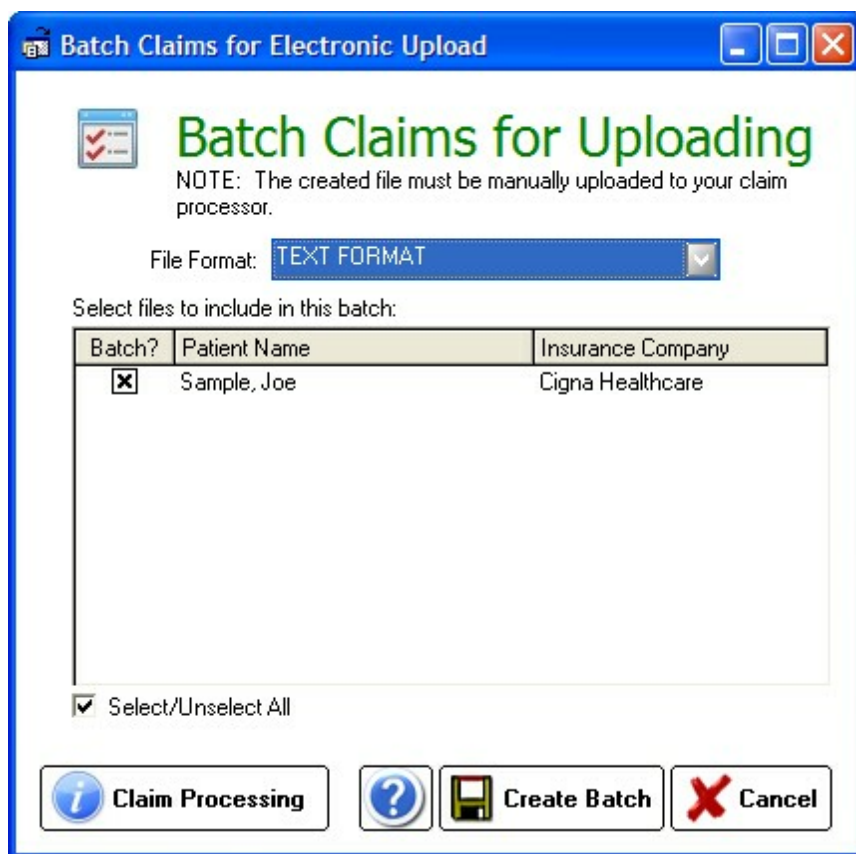
You will be asked where to save the file. The default (and recommended) location is the Claims folder located in the ezHW_Data folder. Typically this will be C:\ezHW_Data\Claims\ but the actual location may vary depending on where your database is located on the network.



(2) Once you have finished creating claims for the day, you are ready to batch and send. Click the Upload Button on the main ezClaimBiller screen.



The claims are then combined into one large batch file that can be uploaded to the clearinghouse of your choice (there are many free ones; we recommend www.OfficeAlly.com). You must select where to save the batch file (the default location is in a folder called Batch, located in the same place as your Claim folder). You must remember this location as you will need it in Step 3.



(3) Open your web browser and navigate to the clearinghouse site (e.g. www.officeally.com). Login as usual and you will see the main. Every clearinghouse is different, but using OfficeAlly as an example, here is how to upload the batch file:



FFICE ALLY

| Home |

Service Center

User: dpedigo000

[Available Services]

- ▶ Process Credit Card Transaction
- ▶ Process eCheck Transaction

Claims

- ▶ Upload Claims
- ▶ Claim Fix

Download

- ▶ Download File Summary
- ▶ Download EOB / ERA 835

Office A

Attn: M

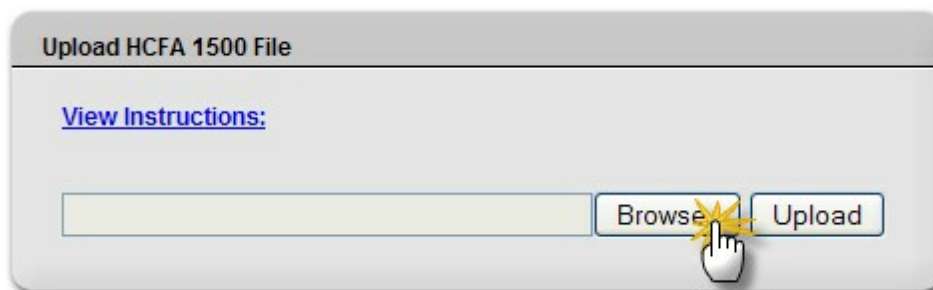
Posted on:

Medicaid

Conversion Medicaid

Medicaid October 2008 transaction

Click the Browse button to locate the batch file on your computer (most likely at C:\ezHW_Data\Claims\Batch, but it could be in a different location if you are using a networked computer). It will be at the location you saved at in Step 2 above.

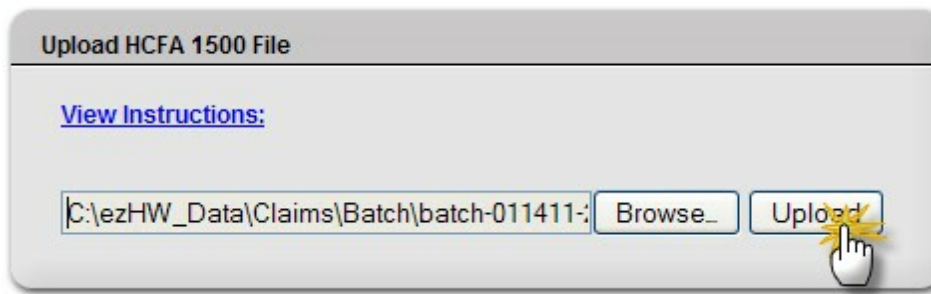


Upload HCFA 1500 File

[View Instructions:](#)

Browse Upload

Once the location is in the box, click the Upload button to send it to the clearinghouse.



Within moments you should receive a confirmation that the file was uploaded successfully. However, it may take some time to process the file, at which point you should receive notification that the claims were processed. In OfficeAlly you use the View Claim History link to see the status.

Reports

- ▶ View Claim History
- ▶ Inventory Reporting

Some FAQ's:

Q: Does this software include edits and error correction capabilities?

ANS: No, but OfficeAlly does (see below)

Q: Where do I enter electronic specifications in your program for billing?

ANS: Our software requires sending to an intermediary first (i.e. a clearinghouse). We recommend www.OfficeAlly.com which is free for most claims (Medicare/Medicaid claims may incur a fee).

Q: How do you configure printer settings to conform to the CMS-1500 form, so that it prints properly.

ANS: On the CMS-1500 form display, use the Align Button at the top. It allows font selection (use non-proportional font, like Courier 12pt)

Q: We would like to submit claims through different clearinghouses. For example VSP only uses Eyefinity.com for electronic claim submission. We would like to know if any of the following formats are available for upload through this software. Transaction type 270,837P, 276, 278.

ANS: Currently our software exports a text version of the claim form, which most clearinghouses can easily convert to the X12.837P standard electronic format. We recommend OfficeAlly for that reason.

Q: Is there a way to use downloaded electronic remittance advices and enter these without doing them again by hand?

ANS: No, not currently. You must use the Post Payments button to enter payments you receive.

Q: We currently use ezClaimBiller to print paper forms. How easy is it to go electronic?

ANS: If you are already printing the paper HCFA/CMS-1500 forms, you only need to add a few steps to go electronic. First, you have to sign up with officeally.com or similar EDI clearinghouse. Then use the instructions given in the Help section above to get your first batch created (most clearinghouses will require a 10 claim batch to verify that they are being processed properly; this is done after you first set up your account).

10.12 Posting Payments

Posting patient and insurance payments are handled differently. Patient payments are handled exclusively within the FeeSlip environment whereas the insurance payments are posted with the Post Insurance tool.



How do I ?

How do I post insurance payments? ⁴⁶³

How do I post patient payments? ⁴⁶⁷

10.12.1 Post Insurance Payments

When you receive a payment check from an insurance company, you must post the payment so that the patient's account is properly credited. This is done using the Post Payments button found at the bottom of the ezClaimBiller main screen.



You can only post payments for one insurance plan at a time; the check serves as the basic starting point. In the Post Insurance Payments screen, enter the insurance name, the amount of the check and check number. These are all required fields.

Process Insurance Payment

Post Insurance Payments

NOTE: To post patient payments, use the actual feeslip.

Insurance Company: Medicare Part B

Amount of Check: 3499.00 Check#: 2332323323

Check Date: 1/14/2011 By: Doktor, Ima

? Okay Cancel

Once you click Okay, the "Virtual Check" page appears showing a list of patients that have payments pending for the insurance company you selected.

1	Patient Name	DOS	CPT	U&C	Expect	Paid Full	Actual	Bal	Write-Off	To Pat.	To 2
+	Abraham, Stella Mae	10/27/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Agali, Aaron	09/19/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Agali, Isabella	09/19/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Agimuk, Karla	10/19/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Agnus, Brittany	10/26/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	Agnus, Nora	10/26/2010			180.00	<input type="checkbox"/>	165.00	15.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agnus, Nora	10/26/2010	NONE	125.00	125.00	<input checked="" type="checkbox"/>	125.00	0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Agnus, Nora	10/26/2010	NONE	55.00	55.00	<input checked="" type="checkbox"/>	40.00	15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Agnus, Rosemary	10/26/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Albert, Lawrence	11/06/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Alexie, Nick	10/27/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Alitalia, Emira	10/23/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Allen, Brandon	09/20/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Allen, Marjorie	09/16/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Anaruk, Danielle	10/28/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Anaruk, Kristen	10/28/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Andrew, Timothy	08/20/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
+	Angask, Ezekiel	07/17/2010			180.00	<input type="checkbox"/>	0.00	180.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT UNAPPLIED AMOUNT: **835.00**

Options available to process the payment check include:

Plus Sign Expanders

Clicking the small "plus" sign next to the Patient Name expands the billing to display each line item that was billed to the insurance plan.

Paid Full Checkbox

If the insurance company paid 100% of the claim you can simply check the paid full checkbox and move on to the next patient. If the insurance paid 100% of one line item, then use the plus sign expander to show all lines and click the appropriate line.

Actual Payment

In most instances the insurance will only pay a portion of your expected payment; enter the actual paid amount from the EOB (explanation of benefits) into the yellow shaded column. You can enter in the single line (without expanding) and the software will calculate the percent paid for each line item. This method is not particularly accurate, so it is always recommended that you expand the lines and enter each paid amount separately.

Write-Off/Transfer Options

After entering the Actual Payment, you must decide how to handle the remaining balance. There are only three options: (1) write-off the balance, (2) transfer it to patient responsibility or (3) transfer to the secondary insurance. Note that if you wish to do two of these options (e.g. write-off a portion and transfer a portion) you cannot do it on this screen. Instead, mark the transfer button then when completed posting the payment open the patients FeeSlip and edit the Transactions List⁴⁴⁸.




NOTE: You will not be able to close out the Post Payment screen until all payments have been balanced and the unapplied amount of the check is zero. If you have a discrepancy, you will need to close out the Post Payment screen and open the FeeSlip of the problem claim to edit.


Posting Zero-Balance EOB's (Explanation of Benefits)

If you receive an insurance EOB with no check (for instance, the entire amount went to a deductible or the patient wasn't eligible for benefits), you cannot use the Post Payment button since there is a zero balance. Instead, you need to open the patient's FeeSlip and enter a Transaction. Typically this would be a "Transfer from Insurance to Patient" so that the patient's balance increases and insurance shows no balance due. Remember, ezClaimBiller keeps two separate running balances: one for what the patient owes and one for the insurance payment due.

Transaction Summary

 **Transactions**

Patient Name: **Sample,**
Patient ID#: **000001**

Date	Transaction Type	Amount	Balance	Reference/Notes
1/13/2011	FeeSlip Charges	380.68	380.68	FeeSlip# 2641
1/13/2011	Billed to Insurance	[125.00]	380.68	Cigna Healthcare
1/13/2011	Billed to Insurance	[55.00]	380.68	Cigna Healthcare
1/7/2011				
	Non-refundable Adjustment			
	NSF Check Fee			
	Paid on collection acct			
	Patient Payment			
	Patient Write-Off			
	Product Return			
	Product Return (billed to ins)			
	Refund to Insurance Company			
	Refund to Other			
	Refund to Patient			
	Transfer from Insurance to Patient			
	Transfer from Patient to Insurance			
	Transfer to Another Insurance			
	Unpaid copay			
	VSP - Insurance Charge Adj.			

Enter the amount of transfer (that insurance didn't pay) here. Use the brackets [] to indicate neutral transaction (not +/- signs).

Select your transaction (typically "Transfer to Patient" if insurance didn't pay, but could be "Write-Off")

First, you must decide if you are going to write-off any of the amount. If so, you need to decide if it will be an Insurance Write-off or Patient Write-off. Then transfer accordingly

Examples:

Case #1 You billed \$200 exam, but usually charge cash patients \$190. So the write-off is on the Patient side. You should transfer the FULL amount to the patient (using the "Transfer from Insurance to Patient" from the dropdown list) and put the amount that the insurance didn't pay (\$200). Then create another transaction right below that is for "Patient Write-off" in the amount of \$10. This will leave a patient balance of \$190 and an insurance balance of zero.

Case #2 You billed the same \$200 exam, but this time the EOB says that the allowed amount is \$150 and that the entire \$150 went to deductible. So you should first do an Insurance Write-off of \$50, to bring the allowed insurance balance to \$150. Then you can "Transfer from Insurance to Patient" the remaining \$150 balance. At that point, if you wish to indicate a patient cash discount, you can enter a Patient Write-off.

NOTE: You can write off on either the patient or insurance side if you wish (the numbers will still add up) but if you ever want to know how much you are writing off from Insurance you need to enter the proper transactions.

Posting to a Second Insurance

To transfer an amount to a second insurance, you can use the Transfer to Second Insurance checkbox on the **Post Payments** screen or use the Transaction^[448] button on the FeeSlip^[441]. In order for this to work, you MUST have entered the secondary insurance in the Patient Demographics^[119] screen. Once the balance is transferred to the other insurance, you will need to create a new insurance claim. Open the FeeSlip, click Claim Form and then on the drop-down select New Claim:

The screenshot shows a software window titled "Process Insurance Payment" with a sub-header "Open Insurance Claim Form". The form contains the following fields and options:

- Type of Claim to Open:** A dropdown menu showing "OPEN PRIOR - 1/13/2011 Cigna Healthcare FeeSlipID#2".
- Primary Insurance:** A dropdown menu with "NEW CLAIM" selected and highlighted by a yellow starburst.
- Secondary Insurance:** A dropdown menu showing "OPEN PRIOR - 1/13/2011 Cigna Healthcare FeeSlipID#2".
- Claim Date:** A dropdown menu showing "1/13/2011".
- Recorded Date:** A dropdown menu showing "1/13/2011".
- By:** A dropdown menu showing "Pedigo, David".
- Claim Format:** Two radio buttons: "New CMS-1500 08/05" (selected) and "Old HCFA-1500 (pre-2007)".

At the bottom of the window are five buttons: "Add New Insurance", "Claim Setup", a help icon (?), "Okay" (with a green checkmark), and "Close" (with a red X).

Then you must change the Primary Insurance to the one you wish to now bill (i.e. the secondary). Leave the Secondary Insurance as [NONE SELECTED]. Then click Okay to build the claim.

10.12.2 Post Patient Payments

All patient payments are posted via the FeeSlip. See the section on Applying Patient Payments⁴⁴⁷.

10.13 Creating Reports

The Reports module is very basic. Currently there are five report types:

- Accounts Receivable Report⁴⁶⁸
- Daily Production Report⁴⁶⁹
- Patient Payments Report⁴⁶⁹
- Revenue By Patient Report⁴⁶⁹
- Summary of Revenue Report⁴⁶⁹
- Sales By Product Code & Tax Collected⁴⁶⁹

Clicking the Reports button will call up the Billing Reports screen.





Select Billing Report

Billing Reports

Accounts Receivable
The Accounts Receivable report shows the outstanding balances that your patients and insurance companies owe you (minus any adjustments/contractual discounts). [Print](#)

Daily Production Totals
The Daily Production Totals report shows the total fees and sales generated for the specified date, by patient name.
Select Report Date: 1/26/2011 [Preview](#)

Patient Payments Report
The Patient Payments Report shows the total patient collected fees for the specified period.
Select Report Date Range: 12/26/2010 to 1/26/2011 [Preview](#)

Revenue By Patient List
The Revenue report shows the total fees and sales generated for the specified period.
Select Report Date Range: 12/26/2010 to 1/26/2011 [Preview](#)

Summary Revenue Report
The Revenue report shows the total fees and sales generated for the specified period.
Select Report Date Range: 12/26/2010 to 1/26/2011 [Preview](#)

Sales by Product Code (and Tax Collected)
The Sales by Product report shows the total sales generated (after discounts BUT before write-offs, as well as tax collected, for the specified period.
Select Report Date Range: 12/26/2010 to 1/26/2011 [Preview](#)

[?](#) [Close](#)

10.13.1 Accounts Receivable Report

The AR Report is a printed version of the AR List⁴⁶⁹ shown on the main screen.

Accounts Receivable
The Accounts Receivable report shows the outstanding balances that your patients and insurance companies owe you (minus any adjustments/contractual discounts). [Print](#)

10.13.2 Daily Production Report

Daily Production Totals

The Daily Production Totals report shows the total fees and sales generated for the specified date, by patient name.

Select Report Date: 1/14/2011 ▼

Preview

10.13.3 Patient Payments Report

Patient Payments Report

The Patient Payments Report shows the total patient collected fees for the specified period.

Select Report Date Range: 12/14/2010 ▼ to 1/14/2011 ▼

Preview

10.13.4 Revenue By Patient Report

Revenue By Patient List

The Revenue report shows the total fees and sales generated for the specified period.

Select Report Date Range: 12/14/2010 ▼ to 1/14/2011 ▼

Preview

10.13.5 Summary of Revenue Report

Summary Revenue Report

The Revenue report shows the total fees and sales generated for the specified period.

Select Report Date Range: 12/14/2010 ▼ to 1/14/2011 ▼

Preview

10.13.6 Sales By Product Code & Tax Collected

Sales by Product Code (and Tax Collected)

The Sales by Product report shows the total sales generated (after discounts BUT before write-offs, as well as tax collected, for the specified period.

Select Report Date Range: 12/26/2010 ▼ to 1/26/2011 ▼

Preview

10.14 Accounts Receivable (AR) List

The Pending Payments or "AR List" is a powerful means to keep tabs on the profitability of your practice. Within seconds you can see how much of your patient billing is outside of 30, 60, even 90

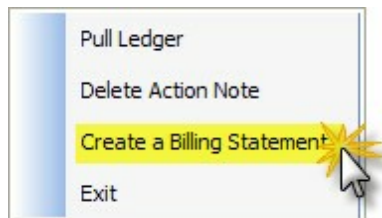
days. Having the Accounts Receivable front-and-center forces everyone in the practice to keep an eye on cash flow.

Pending Payments (Accounts Receivable)

Aged	DOS	Patient Name	Insurance	Bal	Last Action	Date
81	10/24/2010	Flynn, Loretta	LKSD - Premier Claims ...	\$180.00		
81	10/24/2010	Kassaiuli, Curtis	AK Medicaid - ACS	\$180.00		
81	10/24/2010	Kassaiuli, Annie	AK Medicaid - ACS	\$180.00		
80	10/25/2010	Charles, Iona	AK Medicaid - ACS	\$250.00		
80	10/25/2010	Tom, Lucy	AK Medicaid - ACS	\$180.00		
80	10/25/2010	Tom, Xavier	AK Medicaid - ACS	\$180.00		
80	10/25/2010	Tom, Salina	AK Medicaid - ACS	\$180.00		
80	10/25/2010	John, Megan	AK Medicaid - ACS	\$180.00		
80	10/25/2010	Tom, Shania	AK Medicaid - ACS	\$180.00		

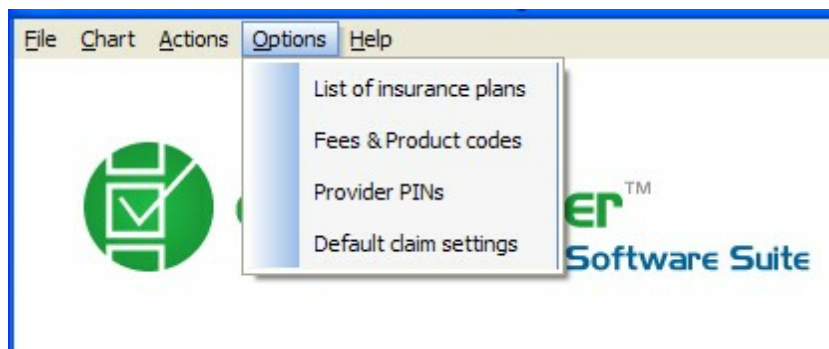
Here are some of features that make the AR List very useful:

- You can sort each of the columns by click the top heading (e.g. you can sort by Patient Name or Insurance)
- You can add Action Notes to the AR list so that the status of each unpaid item can be assessed in a glance
- Double-clicking a patient name will open the corresponding FeeSlip^[44]
- Right-clicking a patient will show a menu of options, including "pulling" the chart up to the Open Ledgers^[43] screen, deleting existing Action Note^[41] and Creating a Billing Statement^[43].



See the Main Screen^[41] description for additional details.

10.15 Options & Settings



How do I ?

Add/edit Insurance Plans? [471](#)

Add/edit CPT codes/Fees/Products? [472](#)

Enter Provider PINs? [473](#) NOTE: Obsolete; not required since NPI's introduced.

Set Default Claim Settings? [451](#)

10.15.1 Insurance Plan List

The Insurance List allows for custom entry of any insurance plan you accept. The information you enter (e.g. address) will appear on the claim exactly as you enter it.

Manage Insurance Companies

Insurance Company List

AARP Discount
Administrators West
Administrators West/Oregon
Adult Learning Programs of AK, Inc
Advantica Eye Care
Advantra Freedom
Aetna
Aetna Discount
Aetna/US Healthcare
AK Medicaid - ACS
Alaska Laborers H&S Fund
AmeriBen/IEC Group
APIA Health Dept
ARM, Ltd Northwest
AVMA Group Health and Life Insurance T
Banner Health
Benesight
Blue Cross of Washington & Alaska
Boeing Selections/Regence
Boeing Traditional
Carpenters Trust
CBSA Performax
Cement Masons & Plasterers Trust
Cigna
Cigna Healthcare
COD
Coldwell Banker Bain Associates

Company Name: Aetna
Address: PO Box 14079
City: Lexington
State: KY Zipcode: 40512-4079
Telephone:
Fax Number:
Payer ID: 60054
Insurance Notes:

New Edit Delete Save Changes
? X Close

10.15.2 Fees & Product Codes

All the codes you need to bill for services and products can be entered in the Products & Service Codes screen. Some standard codes are pre-populated, but you will need to edit the Fee and Tax fields to reflect your practice fee schedule.

Product & Service Codes

Products & Service Codes
Click an item to edit or choose 'New' to add a new item.

Current Products & Services

CPT/Code	Product Description	Fee	Taxable?	Tax Percent	Favorite?
65222	Foreign body removal	\$149.00	<input type="checkbox"/>		<input type="checkbox"/>
66984	Cataract 90-day post op	\$175.00	<input type="checkbox"/>		<input type="checkbox"/>
68761	Punctal Occlusion	\$87.00	<input type="checkbox"/>		<input type="checkbox"/>
92002	Intermediate Exam	\$70.00	<input type="checkbox"/>		<input type="checkbox"/>
92004	Comprehensive Exam, New	\$125.00	<input type="checkbox"/>		<input type="checkbox"/>
92012	Intermediate Exam, Estab	\$70.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
92014	Comprehensive Exam, Estab	\$125.00	<input type="checkbox"/>		<input type="checkbox"/>
92015	Refraction	\$55.00	<input type="checkbox"/>		<input type="checkbox"/>
92020	Gonioscopy	\$55.00	<input type="checkbox"/>		<input type="checkbox"/>
92081	Limited Visual Field	\$20.00	<input type="checkbox"/>		<input type="checkbox"/>
92082	Intermediate Visual Field	\$40.00	<input type="checkbox"/>		<input type="checkbox"/>
92083	Extended Visual Fields	\$89.00	<input type="checkbox"/>		<input type="checkbox"/>
92100	Serial Tonometry	\$47.00	<input type="checkbox"/>		<input type="checkbox"/>
92225	Ophthalmoscopy Extended p	\$65.00	<input type="checkbox"/>		<input type="checkbox"/>
92226	Ophthalmoscopy, Subsequent	\$55.00	<input type="checkbox"/>		<input type="checkbox"/>
92250	Retinal Photography	\$69.00	<input type="checkbox"/>		<input type="checkbox"/>
92310	Contact Lens Eval	\$70.00	<input type="checkbox"/>		<input type="checkbox"/>

Product/Service ID# CPT/Product Code Fee ☐ Taxable Item? %

Product Description ☐ Favorite?

10.15.3 Provider Insurance ID's

The Provider Insurance ID's are no longer used in most cases as they are replaced by the NPI. If for some reason you have to enter a special provider ID number for a specific insurance plan, you can do it with this tool.

Provider PINs

Manage Provider Insurances

Select Provider to view:

Select an action to perform:

Provider Insurance Plan Manager

Manage Provider Specific Insurances

Select Provider to view: Doktor, Ima K

Provider Insurance Plans

Participating Insurance Panels (move any insurances to right side if on panel):

Available		Selected
APIA Health Dept		Aetna
ARM, Ltd Northwest	>>	AVMA Group Health and Life Insurance T
Banner Health	>	Blue Cross of Washington & Alaska
Benesight		Cigna Healthcare
Boeing Selections/Regence		
Boeing Traditional		
Carpenters Trust	<	
CBSA Performax	<<	
Cement Masons & Plasterers Trust		
Cigna		
COD		
Coldwell Banker Bain Associates		

Buttons: ? OK Close

Provider Insurance Plan Manager

Manage Provider Insurances ID Numbers

Select Provider to view: Doktor, Ima K

Provider Specific Insurance PINs

List of available insurances for provider:

- Aetna
- AVMA Group Health and Life Insurance Trust
- Blue Cross of Washington & Alaska
- Cigna Healthcare

Provider PIN: 9999

Qualifier: B3 Group ID #: 444

Electronic Submit ID #: 63434

☒ Accept Assignment

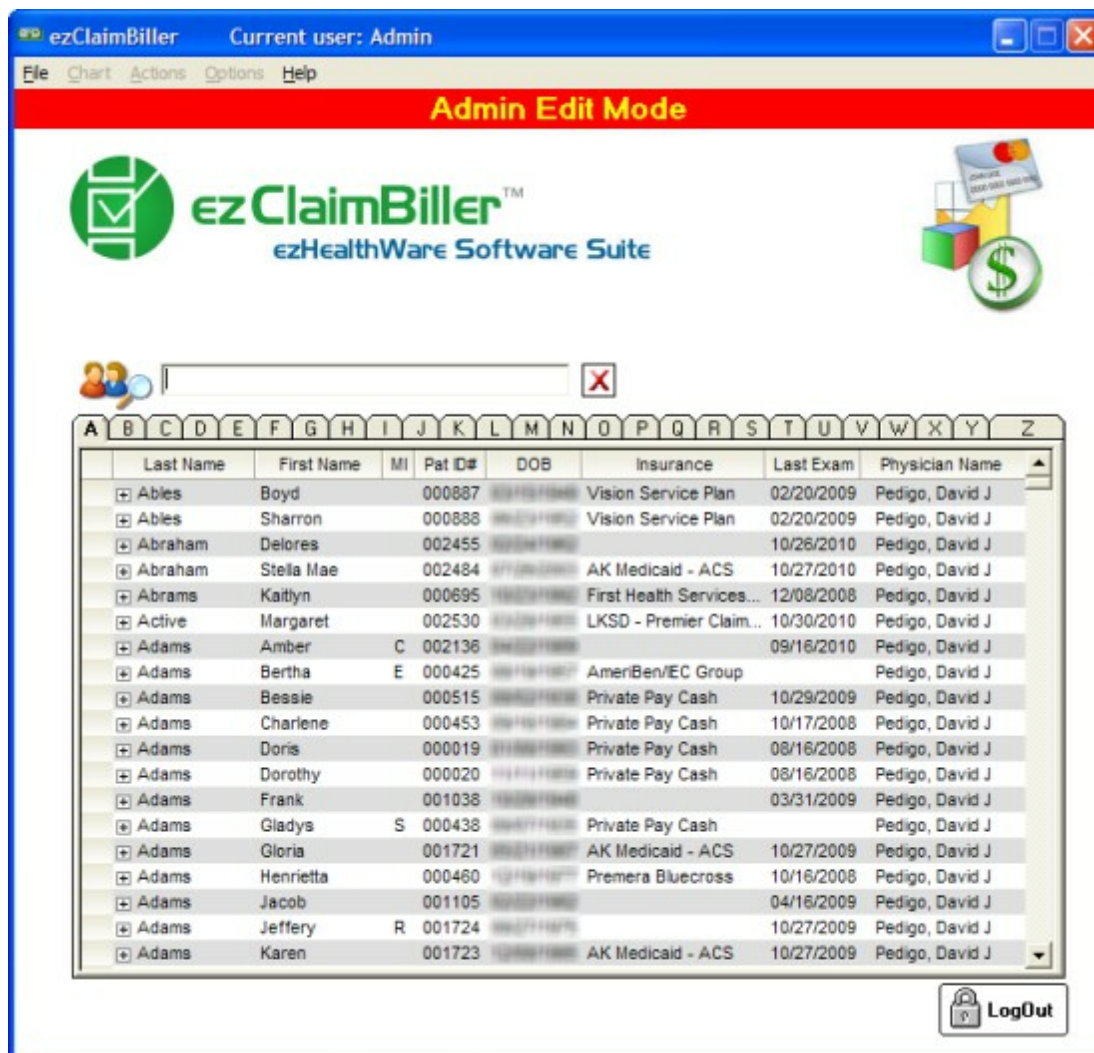
Buttons: Delete Save Changes

Buttons: ? Close

10.16 Admin Features

The Admin mode allows you to edit nearly ALL transactions on a patient ledger. This is useful if a mistake was made (for instance the wrong patient was credited with making a payment). Only limited staff should have access to the Admin module.

Note the red bar which indicates when you are in Admin mode. Always sign out completely when done.



To begin, find and double-click on the patient name you wish to edit. The Transactions Edit screen will appear.

Indicate which transactions to delete or change the Transaction Type/Date/Amount. See the section on Editing Transactions⁴⁴⁸ for the options available.

Part

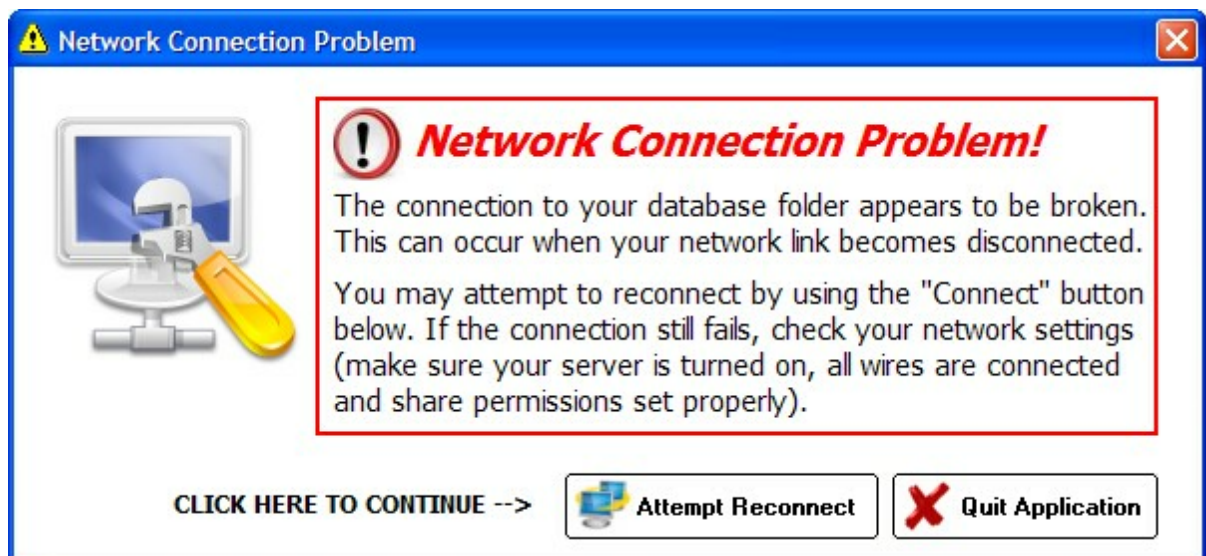
XI

11 Troubleshooting Problems

Network Crash

Network crashes are the worst disaster that can befall your database! If you are working on a chart at the same time the network goes down, there is a high probability that your database may be damaged. Using a wireless network for a portion of your network increases the risks. Since ezHealthWare software is an intensive database-driven program, you can expect a wireless network to be slower than a typical 100Mbps wired LAN (how much slower depends on the wireless system you choose). If you must use a wireless network, it is probably best to use the exam room computer as the server and let other computers link into that system. Bad network cards and faulty cables can also be a culprit.

Broken network connections, as sometimes happen with wireless systems, can result in database corruption! Do regular backups of your data (at least daily).



Database Crash

You will recognize a database crash when you see this dreaded message: Unrecognized Database Format or something similarly ominous.



WARNING: Do an immediate backup using the instructions below before doing anything else!

- (1) Make an immediate backup (copy the entire "C:\ezHW_Data\" folder to a flash drive and/or external drive (BEFORE DOING ANYTHING ELSE).
- (2) Do you have an existing recent backup? If so, roll back to that copy.
- (3) If it's been a few days since your backup, send the following file to us so we can analyze and attempt to repair the database:

C:\ezHW_Data\ezDB.dez

Right-click and choose Send To->Compressed Folder to zip the file; better yet use the ezBackup utility to create a copy that's already compressed.

You can use the link we send you to securely upload the database to us (do this at the end of your workday; we will TRY and return it the next day if it is repairable). Note that some database crashes cannot be repaired and you MUST return to your most recent backup.

Software Crashes - low memory

The MOST common cause of crashes of the software is due to low memory. If you are running the software and getting persistent errors (that don't seem to have a pattern), ask yourself if you have (1) 2 or more charts open at once and (2) less than 2 GB of RAM. If so, upgrade your RAM. You can also increase the size of your Virtual RAM. This allows you to simulate RAM by using your hard drive to store the data that would be on the physical RAM.

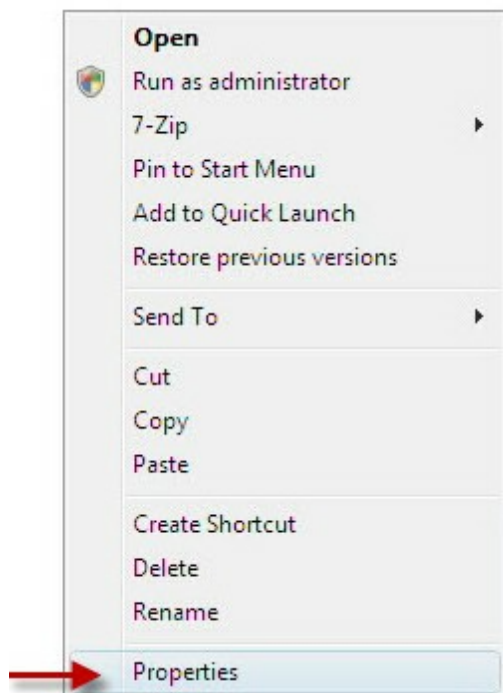
Steps to Increase Virtual Memory

1. Under the start menu go into the Control Panel.
2. Double click Performance and Maintenance and then on System.
3. Under the Advanced tab click on Performance and then on Settings.
4. Where you see Virtual Memory shown click Change.
5. Click on the hard drive where your OS is installed (this is where your paging file should be).
6. Once you have completed all of this check the Custom Size checkbox. Now you are able to input how much memory you want to save for virtual memory. There will be two fields there, the first one is called initial and the other is called maximum. If you want the best performance out of your machine you should set these the same as each other.

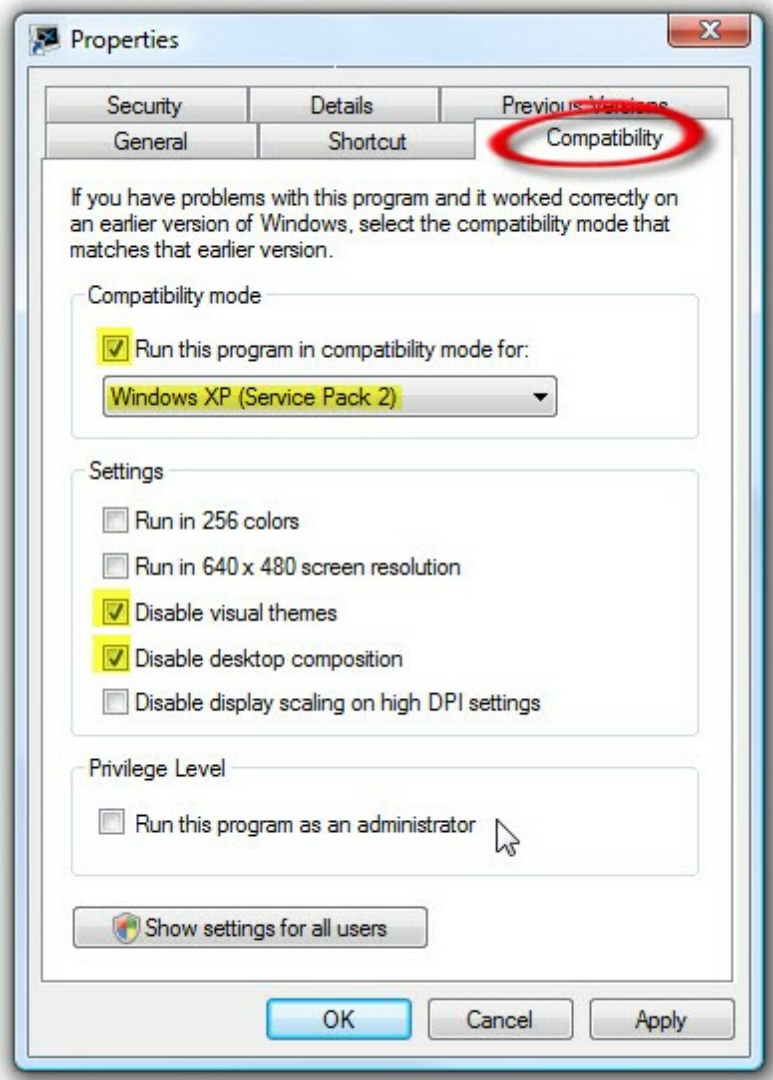
Vista Compatibility

We recommend Windows 7 Professional or WinXP for all our software products. Win7 can be either 32 or 64 bit systems. In many instances our software runs perfectly in Windows Vista. But in some situations, there may be minor, or even major, malfunctions. This is especially true for the Database Upgrade utility, Online Licensing module and scanning modules. To get around this problem, you simply need to start the software in XP Compatible Mode.

To use Windows XP compatibility mode, right-click the ezChartWriter icon and choose **Properties** from the context menu that appears:



After choosing Properties from the context menu, a window will appear displaying the different properties of the application organized in tabs. Select the Compatibility tab to run the application Windows XP mode:



On this screen, place a check in each of these checkboxes:

- Run this program in compatibility mode for Windows XP (service pack 2)
- Disable Visual Themes
- Disable Desktop Composition

Then click OK to save the changes.

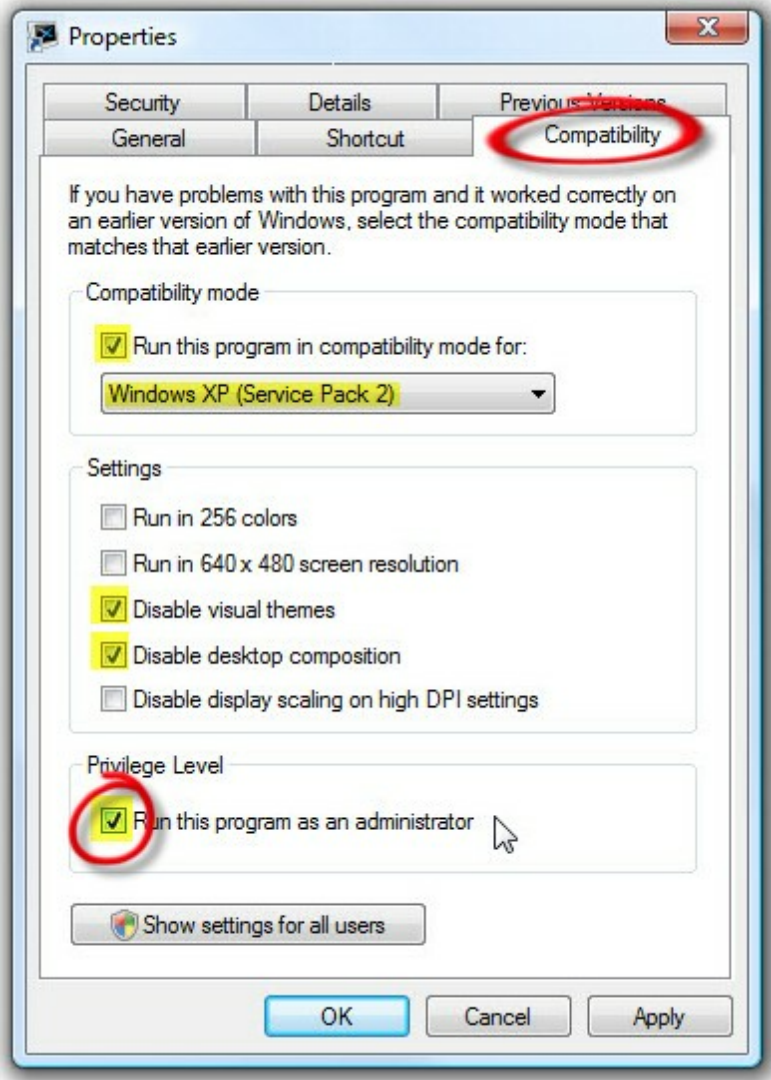
NOTE: If this does not work and problems remain, try running the Program Compatibility Wizard by clicking the Start button, clicking Control Panel > Programs > Programs and Features > Use an older program with this version of Windows

If compatibility mode and the wizard does not solve the problem, contact Tech Support for further help.

Upgrading Database Fails

If your attempts to upgrade your database fail, you may need to run the software as an Administrator (in Vista/Windows7). Right-click the application ezChartWriter.exe and choose **Properties** from the

context menu, a window will appear displaying the different properties of the application organized in tabs. Select the Compatibility tab to run the application Windows XP mode and check the Run as Administrator checkbox. Once the database has finished upgrading you can uncheck the box.



Locked Chart

If you attempt to open a chart that has already been opened by yourself or another user, the Locked Chart warning appears. A problem may occur when a chart was opened and the software crashes leaving the chart still marked as open. If this is the case, then it is safe to use the "Unlock Chart" button. If you are unsure or another user may possibly have the chart open, it is best to check with other users before attempting to unlock the chart.



Uninstalling the Software:

- (1) In the Windows Control Panel, click the "Add/Remove Programs" icon.
 - (2) Find the entry for ezChartWriter and click "Remove"
 - (3) Navigate to "C:\Program Files" and delete the entire folder "ezHealthWare"
- NOTE: This does NOT delete the patient database. To delete the existing database use the topic "Instructions to do a Fresh Start (with empty patient database)".

How to Rollback to Prior Version of Software

Starting in version 4.0 and later, the software retains the prior version so your can rollback if your have problems (for instance, your database did not fully upgrade and the new version does not start). To switch back, you simply need to recreate an icon on your desktop for the old version. Navigate to your program folder (typically it is "C:\Program Files\ezHealthWare\ezChartWriter", although on 64-bit systems select "Program Files (x86)"). Be sure it is NOT the ezHealthWare 4.0 folder, you need the one without "4.0". Now find the file called "ezChartWriter" and double-click it.

Alignment Problems with Claim Printing

There are two reasons that claims may be misaligned:

- (1) The text is spaced properly, but prints slightly offset from the boxes. This can be fixed by adjusting the margins with the Alignment tool. You will have to use trial and error to move the text up/down or right/left.
- (2) The problem may be with the font, not the alignment. On some computers the default system font is "proportional" and so all the text is squeezed together. To fix the issue, you must select a different font. On the alignment tool, select the font "Lucida Console" or "Courier" and font size "12". That should fix the alignment problem (you can try other fonts if it doesn't, but these usually work best).

Insurance Address & Name Not Printing

The insurance will only print on the upper right hand side if it is an existing insurance from the drop-down list (which you select in the Patient Demographics screen). If you mistype or hand-enter the insurance name, it can't be matched to an existing insurance company in the database.

If you wish to add or edit an insurance company, use Main Menu->Program Settings->Insurances in ezChartWriter or within the ezClaimBiller module you can use the top menu Options->List of Insurance Plans

Dealing with a Total Network Outage

- (1) Keep a 4-GB USB stick drive handy (empty)
- (2) Keep a laptop computer in the office with the newest version of ezChartWriter installed. But don't run the software yet, since it doesn't have a database to attach to (yet)
- (3) When you have a network emergency, use the USB stick drive to copy the database folder from your server to the stick drive. You need to copy the five files that end in ".dez" to a folder on the stick drive you create called "ezHW_Data".
- (4) Once the files are copied, insert the stick drive in your laptop.
- (5) Start ezChartWriter on the laptop. If it's the first time run, it will show a setup screen and ask whether you've installed before... say YES and select Find Database. Link to the files on your USB drive. If you have run ezChartWriter before on this computer, it will open to the blank database. Simply click Switch Database on the main screen and select the location on the stick drive.
- (6) Now you can enter data normally on your laptop... for instance working in your exam room right on the laptop.
- (7) When your network is operating again, you need to copy the database files back on to the server. Be careful that you are copying FROM the usb drive TO the server.
- (8) Restart computers on your network and they should be back to normal operations.

Part

XII

12 Frequently Asked Questions

Top Six Questions

[Is ezChartWriter software CCHIT certified? Will it be eligible for EHR bonus from ARRA?](#)

In order to keep our software very low cost (only \$199 per year per location with unlimited computers/users) we are not pursuing certification at this time. However, because some of our doctors see a significant amount of Medicare patients, we have partially integrated with PracticeFusionEHR.com. That site is a free EHR and has ONC certification. Sponsored in part by Dell Computers, they are the leading free EHR solution. This fits nicely with our own low cost software model. The website is fairly limited in optometric functions (which is where our software comes into play). You simply paste your SOAP note to the site and keep a parallel system online. So it also functions as a "backup" of your SOAP notes that can be accessed anywhere there is internet.

To qualify, you have to be an eligible provider who bills CMS. Next, you need to use a certified EHR system and meet 20 criteria for Meaningful Use. For 2011, you will attest to CMS that you met the Meaningful Use criteria for 90 consecutive days and your incentives will be paid with your reimbursements.

Practice Fusion's EHR is ONC-ATCB 2011/2012 compliant and is certified as an EHR Module in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services (HHS).

[What are the "meaningful use" requirements?](#)

1. Record patient demographics (including gender, race and ethnicity, date of birth, preferred language) at least 50% of the time
2. Record vital signs (height, weight, blood pressure, body mass index, and growth charts for children) at least 50% of the time
3. Maintain up-to-date problem lists at least 80% of the time
4. Maintain active medication lists at least 80% of the time
5. Maintain active medication allergy lists at least 80% of the time
6. Record smoking status for patients older than 13 years of age at least 50% of the time
7. Provide patients with a clinical summary for each office visit within 3 business days, at least 50% of the time
8. On request, provide patients with an electronic copy of their health information (including test results, problem lists, meds lists, allergies) within 3 business days, at least 50% of the time
9. Generate electronic prescriptions at least 40% of the time
10. Use Computerized Physician Order Entry (CPOE) for medication orders at least 30% of the time. (note: CPOE for lab ordering, imaging ordering, and referrals are not addressed here – only medications)
11. Implement drug-drug and drug-allergy interaction checks at least 40% of the time
12. Be able to exchange key clinical information among providers by performing at least one test of the EMR's ability to do this.
13. Implement one clinical decision support rule, and ability to track compliance with the rule (this is reduced from the previous 5 rules to the final 1 rule)
14. Implement systems that protect privacy and security of patient data in the EMR, by conducting or reviewing a security risk analysis, and taking corrective step if needed
15. Report clinical quality measures to CMS or states – for 2011 provide aggregate numerator and denominator through attestation; for 2012, electronically submit measures (this refers to PQRI measures)

*abstracted from PracticeFusion website

[How much does ezChartWriter cost?](#)

The annual license fee is super simple, only \$199.00 per year (per clinic location). This includes unlimited numbers of doctors, users and/or computers. No additional charges to network computers or use with multiple doctors like many systems charge.

[What happens if I don't renew my license? Does the software lock up?](#)

It expires after one year. We will provide you with a "read-only" version of the software to view existing data (but not enter new data) if you don't wish to renew the annual license. You can also purchase a perpetual license that gives you complete access to the software forever.

[How can I link my AutoRefractor?](#)

You use the FREE included ezInstrumentLink software (found in the ezUtilities folder) to import Topcon, Reichert and Marco/Nidek instrument data.

[Does the software work on Windows 7?](#)

The software underwent a major overhaul from version 2.5 to 4.0 to make it more compatible with Vista and Win7. You should be using version 4.1+ (available for download from the website www.ezchartwriter.com/download.php). Occasionally, Vista (and sometimes Win7) is picky about how the application runs and you may need to run in XP compatible mode. Instructions are located here: www.iccomplish.com/vista.htm

[Sales - Pre Purchase](#)

- [Hardware/System Requirements](#)
- [Pricing & Annual Fees](#)
- [Support Availability](#)
- [Ordering, Downloading & Installing](#)
- [Medicare Compliance & CCHIT Certification](#)
- [Data Conversion & Scanning](#)
- [Linking to other PMS systems](#)
- [Linking to Instruments](#)
- [Multiple Offices](#)
- [International Sales](#)

[Sales - Post Purchase](#)

- [Licensing Issues](#)
- [Lost Passwords](#)
- [Removing Demo Patients](#)

[Install Problems/Troubleshooting](#)

[Networking](#)

[Using the Software](#)

- [HIPAA Requirements](#)
- [Working with Encounters](#)
- [Customization](#)
- [Reports & Rx's](#)
- [Backup Utilities](#)
- [Billing Module](#)
- [Appointment Scheduler](#)

- [Recall Manager](#)^[523]
- [Data Exchange](#)^[523]

[Errors & Crashes](#)^[523]

[Getting Help](#)^[525]

[Uninstalling Software](#)^[525]

[Ideas and Future Plans](#)^[526]

12.1 Sales - Pre Purchase

- [Hardware/System Requirements](#)^[488]
- [Pricing & Annual Fees](#)^[491]
- [Support Availability](#)^[493]
- [Ordering, Downloading & Installing](#)^[494]
- [Medicare Compliance & CCHIT Certification](#)^[499]
- [Data Conversion & Scanning](#)^[499]
- [Linking to other PMS systems](#)^[501]
- [Linking to Instruments](#)^[501]
- [Multiple Offices](#)^[505]
- [International Sales](#)^[505]

12.1.1 Hardware/System Requirements

Q: My front desk computer is about 5 years old. It has Windows XP v. 2002 with service pack 3. It runs on a Pentium 4 processor at 2.80 ghz and has 2.0 GB of RAM. Is this computer good enough for EMR or should I purchase a new computer or hard drive for the front desk?

A: *That setup will work, but you'll eventually want to replace it if you find your system is bogging down too much. You want your fastest computer in the exam room, since that's where a lot of your intense processing power will be used.*

Q: Should I purchase a server when I set up the network? I see the network as being a wired Ethernet network connecting the front desk computer, a laptop in the exam room, and my personal laptop in my office.

A: *If your laptop in the exam room is fast, you can use it as the "server"; otherwise it would make more sense to get a fast desktop for the front desk. It doesn't have to be anything fancy, just new. We do recommend Windows XP (until Microsoft comes out with more stable version of Vista).*

Q: Are you coming out with a Mac version of the software?

A: *Not anytime soon, as it would take a major re-writing of the software and the market is slimmer for Mac software.*

Q: What should I do about setting up a network?

A: Networking issues would be the domain of your "computer guy". But most users, once the "shared" drives are set up, find it relatively easy to make network connections the software.

Q: Does it work on Vista?

A: *The software underwent a major overhaul from version 2.5 to 4.0 to make it more compatible with Vista and Win7. You should be using version 4.1+ (available for download from the website www.ezchartwriter.com/download.php). Occasionally, Vista (and sometimes Win7) is picky about how the application runs and you may need to run in XP compatible mode. Instructions are located here: www.iccomplish.com/vista.htm*

Q: I am about to buy new computers to do this. I see that Vista is OK but should I get a 32 or 64bit configuration?

A: The software will only work on the 32-bit version of Vista, but either 32 or 64-bit with Windows 7.

Q: Is this program based on SQL server or MS ACCESS? My experience with MS ACCESS is that it tends to be a slight bit slower after about 10,000 files.

A: Based on MS Access. And yes, it does indeed have many limitations, but even with 50000+ files we rarely notice a slowdown.

Q: Would it be beneficial to have a tablet laptop?

A: Realistically, no. Although it would apparently be more efficient to write on a tablet with a stylus, the reality is you need to do a bit of typing on nearly every patient. A keyboard makes it much faster. Having said that, some docs do use a tablet. Touchscreen computers are also an option.

Q: Will your software run w/ Vista?

A: It does, but we still recommend WinXP or Windows 7, since there seems to be less glitches.

Q: When I typed "ezChartWriter" in Yahoo, it pulled up several websites that stated, "Warning: Dangerous Downloads", from simtel.net, softpile.com and filehungry.com, just to name a few. Just thought you might want to know.

A: This is a new feature of Yahoo to warn users of questionable sites. Unfortunately, many of the shareware download sites we use are getting blacklisted because of a tiny amount of virus-laden software that hackers are uploading. Rest assured that our software is thoroughly tested for viruses and most shareware sites download directly from us, so you likely have no danger. However, to be super safe you can download the software directly from our website: www.ezChartWriter.com.

Q: When I buy a computer, does the software run better on Windows XP or Vista, or does it matter?

A: We recommend XP or Windows 7 (I've actually have had Microsoft employees as patients and they recommend the same!!!)

Q: Can the ezChartWriter software run on windows 98?

A: No, and the install program will block if from trying to install. It will run only on newer Windows systems, Windows 2000 and up (preferably on WinXP/Win7). I recommend against Vista.

Q: Is the software compatible with the new Windows 7.0 due out in 2010?

A: Yes, both 32 and 64 bit versions. You may need to run in compatibility mode: www.iccomplish.com/vista.htm

Q: How much space does a patient database take up?

A: Surprisingly little. You should use the built-in compacting utility once in a while (monthly) to keep the size even smaller. Once you get upwards of 50,000 charts the file will get large enough that you might need to archive charts.

Q: Do I have to have an Internet connection even if I don't use the billing module?

A: Having an Internet connection is not absolutely necessary, but it makes things a lot easier. The licensing process works best when done via Internet. And regular updates are available via Internet download.

Q: Can a laptop work or does have to be a stationary computer?

A: A laptop is fine.

Q: Do I need a server to run ezChartWriter?

A: No. Peer-to-peer is fine (using any computer that is fast and has enough memory/hard-drive space).

Q: What hardware do I need? I'm thinking four computers/monitors, two printers, a scanner for the old paper files. Anything else I should have?

A: Yes, that should do it. Although I wouldn't bother scanning paper charts in unless the patient is returning (i.e. when you create a new EMR chart, then scan the document into PDF format and "attach" to the chart using the Attachment Manager).

Q: How much space do I need for your database storage.(I.E. How big of a Hard Drive do you recommend for a Practice that sees 50 to 60 Patients a week for 10 to 15 years ? Is a 100 Gigabyte Hard-drive sufficient....or should I specify something very large ? I am really just asking advice on selecting adequately sized Hardware to go with your Software. I have read that a 2 Gigahertz processor with 256 Megabytes of ram are all that is required....that doesn't seem like much ram to me ? I would rather know what you recommend above that so that I can be sure to get the most speed and performance out of our system using your product?

A: Your database will be in the sub-gigabyte range for many years, so disk size really isn't an issue. RAM is a determining factor in how many open charts the doctor can have open at the same time. As a practical limit, most doctors wouldn't need to have more than three charts open at a time, which is about the max you can do with a 2 gig machine. With under a gig, you can comfortably open one, maybe two charts at a time.

Q: I have read in Blogs about your product that some people use a server for the main machine and desktops for the other stations. If your Software runs as a stand-alone product on each machine and is not served to the other machines by means of license files,,,,,why would anyone need a server at all to use your product ? Am I missing something here....or are people using servers for some reason not related to ezChartWriter ?

A: For simplicity, we sometimes refer to the computer holding the database as the "server" (since most lay-people get the concept, even though it's not technically correct).

Q: Does your product Tie into Microsoft Office in any way ? Do I need Microsoft Office on any of the machines to use your product ? Should I order any other software on the machines that I buy in order to make the most of your product ?

A: No, you do not need MS Office or any other software to use ezChartWriter. There is a built-in backup utility with the software

Q: I understand from your reply that your product works with either XP or Vista . I prefer XP too. All of the New Machines that are offered seem to come with Vista . I know I can downgrade them to XP.....But I worry that downgrading to XP will invalidate any Microsoft support that came with the purchase of new Vista Machines ?

A: We recommend XP, but it's your personal choice. Remember, you don't need to have the newest machines to make this work. You can buy a few refurbished Dell desktops and do just fine for half the cost.

Q: With a relatively powerful "server" crt to hold the database file can this system function well with as many as 9 "viewing stations"? on our pier to pier ethernet? It is unlikely that more than 4 at a time will be in use.

A: The software will probably work fine with 4 -5 users logged in. Unfortunately, the database is built on Microsoft's Access system which, while low cost, does limit the network usability. Changing database systems at this point in the software development is not likely, so we are stuck with those limitations. It's one of the reasons we only market to small and mid-sized practices.

Q: We have about 15000 patient files. Will this push this software (or hardware) too far???

A: No, the software can readily hold many more records. In any case, since these are EXISTING records that you are scanning (I assume), they would be "attachments" which are stored outside the database. Are you planning on importing your patient demographics also? You'd want to do that FIRST so that the basic patient data exists in the new database. From there you can add attachments (although usually most doctors do this just when a patient returns, leaving the prior paper charts in co-existence until you decide to archive/discard them; you don't want to have to scan 15K records!).

12.1.2 Pricing & Annual Fees

Q: What are the annual costs?

A: *You only pay \$199.00 per year (per clinic location). This includes unlimited numbers of doctors and/or computers at ONE clinic location (unless your network tech sets up a VPN so you can access the single database via multiple locations).*

Q: As I was checking on the manual/help, it has a section "What you get for \$499". Another place says \$329 year. Is that an old purchase price?

A: Yes that was the old price. We now charge an annual fee of \$199 per year with free email support.

Q: I am very interested in purchasing your software for both of my offices, but the pricing confuses me. Your web page states \$199.00 . Then further down the page says \$1299.00 per office?

A: To simplify things, the pricing on the software is \$199 per year and includes all modules -OR- you can purchase a one-time perpetual license for \$1299. The license fee is per clinic location, no matter how many computers and/or doctors work at your practice. If you prefer a single purchase rather than annual licenses, then you can order a perpetual license for a one-time fee. Use the built-in order form to purchase the perpetual license or visit the website.

Q: What types of practices buy your software?

A: We sell to both private doctors and corporate. We have many Wal-Mart doctors. Mostly because it's inexpensive and it works very well in corporate practices (and small private offices). But, the reason our cost is so low is that we don't offer much support or hand-holding; most users learn the software just with playing around and trying it out, using the built-in help.

Q: If I need to renew on an annual basis and the company is no longer in existence (for whatever reason), how do we make sure we can continue to use the software?

A: If for some reason the software is discontinued, we would release a lifetime license. Realistically though, we don't foresee this occurring and have many established users who motivate us to keep improving the product.

Q: New pricing?

A: The \$199 price is new price. That is an annual licensing fee. Functionally, the working software is exactly the same as the demo (if you are using the newest version 4.0). When you purchase the software, the license is downloaded from the Internet and unlocks the software for further use. You can network as many computers as you like in a single clinic (although about 10 is the max before performance starts to drop).

Q: Will there be a charge to update later?

A: You only pay the annual licensing fee. All updates are free (if you have Internet access). If no Internet, then be sure to purchase the \$15 CD-ROM option from our software renewal form (or from the website).

Q: If I need to suspend for a year, will the program still allow me to access/view the patient files after the expiration/renewal date?

A: Yes, you can get a free copy of the read-only software. Only if you have paid the \$199 license fee for that year will you be able to edit or add data though.

Q: If in the unfortunate event that you could no longer support this program, would you make available a permanent unlock key so that users would not be left high and dry? I have been burned once, so this is an important issue.

A: Sure, in an event such as this the software would be released into the public domain and a perpetual license key would be provided. You need not worry about getting burned, and we don't intend on going out of business anytime soon!

Q: Are any new versions to be released soon?

A: We periodically update the software and fix bugs that are reported.

Q: Does the software buyer own the software outright or will it self-destruct after one year?

A: It expires after one year. You can purchase a "read-only" version of the software to view data (but not enter new data) if you don't wish to renew the annual license. You can also purchase a perpetual license that gives you access to the software "forever". Otherwise *you can request the read-only version of the software that only allows viewing/printing of your existing patients. This would be available at no charge.*

Q: Regarding the \$199/year? Does that mean software locks you out after a year if \$199 not received?

A: The software does stop working, but you can request a "read-only" version to continue viewing charts. *There is no charge for this.*

Q: Is the price per location or per computer per location?

A: Pricing is per clinic location (you can have all your computers networked together at no additional cost). If you have two locations, then each would be separate and would require two licenses.

Q: Would you please ask a client of yours if they would allow me to contact them about this software

and its usage?

A: Sure, try emailing these doctors and see if they can help you with more info (most have been using the software at least 2-3 years and have been satisfied enough to keep renewing): [contact us for dr emails]

Q: You said that in the summer I "should see quite an improvement" in the lack of training. Would I be able to try the software again for another 30 days after those tutorials and instructions are in place?

A: That wouldn't be a problem. As you have probably figured out, I'm not too worried about making money on the software; it's done more for spreading the idea of Electronic Medical Records. I'm a believer! Most of the issues with help manuals and such are a lack of time on my part. But I'm dedicating time to getting it done, so you should have something soon.

Q: If I purchase ezChartWriter and use it for a year and switch to another program (due to the Medicare incentive), will I be able to access patient records(review not write or edit) that I have on ezChartWriter or the Appointment Scheduler?

A: *You have several options. You can purchase a perpetual license. This option is best if you will still need full access to all functions (of course, you could also just continue your existing license for a few years). Otherwise, you can request the read-only version of the software that only allows viewing/printing of your existing patients. This would be available at no charge. As of now I've not had anyone request it and we have a 90% renewal rate (the other 10% were likely doctors who "tested the waters" but switched to a different EMR).*

12.1.3 Support Availability

Q: What type of support do you offer?

A: **All support is email only.** The reason the software was reduced in price is to better reflect the "do-it-yourself" nature of the tech support. All support is via email only. I had to make the choice of either greatly increasing the cost of the software to hire tech support personnel (which defeats the goal of an affordable EMR system) or reduce the cost and limit support to email only (and hopefully some better tutorials and manuals as time goes on).

Q: I have tried for the past three weeks to have someone return my telephone call from your company. I was very interested in purchasing your software and left several messages because I had a few questions before ordering.

A: We provide Internet/email-only support for this product. Please send any questions you may have and I'll try to answer them for you (usually within 24-48 hours; I'm a practicing optometrist too, so it works best by email). Realize that for a \$199 EMR system you are not going to get the type of telephone support that you would for \$10K packages. Most of my users download and install the software to their computers so they can "demo" the various features and verify that the software will work okay. I will provide support if you get stuck with a feature or have other problems that you can't solve yourself.

Q: ETA on more tutorials & online forum?

A: The online forum is down until I can figure out a better way to filter out the spammers. More tutorials will be available in the 3rd quarter of 2011.

Q: Is there any telephone support available?

A: No, all support is via email and your own resources

Q: I am trying to utilize tech support but I haven't gotten an answer from anyone. Am I leaving important

info out so that they will respond? Do they need my phone number so that they know I am licensed user?

A: Be sure to send mail to support@ezChartWriter.com (we have other software products, so make sure you use the correct email address). We do not offer telephone support, so if you leave voicemail without a return email address, you likely won't hear from us.

Q: How quick are support questions answered?

A: The typical email response time is anywhere from 2 hours to 2 days. Typically within 24 hours.

Q: There seems to be a lack of manual/training methods. Is this being addressed?

A: This has been brought up frequently and we are aware that the training system is woefully inadequate. We are in the process of developing a more robust training system to include a completed user manual, tutorial videos and a DVD with training sessions and/or webinars. Right now, as you can see, we have only the skeleton outlines of the training in place. Over the summer you should see quite a bit of improvement. This FAQ is part of the ongoing efforts to make more support available.

Q: Do you offer any SSP's (Software Subscription Plans) with your software ? I notice that you have done quite a few software fixes and patches based on your revision History. How are users notified of these updates and patches ? How do they download them ? I am used to paying for an SSP so that I can be assured that I always have the latest and greatest version of software on my machines.

A: If you have an Internet connection, the software checks daily for updates automatically and informs you of any that are available. This is all included in the annual license fee.

Q: I apologize for all of the questions.....I am an Electrical Engineer.....so I am used to asking hundreds of questions before I commit to any hardware Architectures..... Sales people usually "Hate" talking to me!

A: I don't mind helping you and your wife with this decision. Realize that any software will have pros/cons. I think your wife will do fine with the software, but realize that it was written by an optometrist and not an engineer (i.e. things that would drive you nuts about how it works may be just fine for your wife!). Heck it drives me crazy at times, and I wrote it!!! I recommend doing the full 30 day trial to get a sense of the software before making a purchasing decision.

Q: Does "Email Support Only" imply that you are only willing to give minimal support to people who buy your product....or that you are willing to support people who have problems with your product..... but people must be patient and willing to wait before they get a reply. I just want to know what to expect in the coming years. I am okay with waiting for assistance.....But I would like to think that there is someone at the other end of the wire that is going to support us if we have problems with your product..

A: We will be here to help you. We just ask that you spend some time reviewing the help & support systems first, since 90% of questions are probably covered.

12.1.4 Ordering, Downloading & Installing

Q: I just opened a brand new office & I hoping to get up and running soon. Any hints?

A: Go slow if you are not comfortable with computer data entry. You might want a paper backup system in place if you run into trouble. Realize that it is normal for the first few days (weeks!) to be more stressful as you learn the software.

Q: I have a PC in my office that does not have Internet capabilities. Would you be able to send me a demo CD-ROM so I could see if your program would meet my needs?

A: You have two options: (1) download for free to a USB flash ("thumb") drive on another computer, then copy to your office computer or (2) go to the website order page and add the CD-ROM only to the shopping cart (there is a \$15.00 charge). If you later decide to order, we will send another CD-ROM with your license code at no additional cost. Also, please be aware that updates are only provided online. You will need to order an update CD-ROM once a year (same procedure as above).

Q: I recently requested a trial version of ezChartWriter and I downloaded the software under my administer and used shared folder in attempt to allow my staff to enter demographics and scheduling. However, I was not able to access it with my staff log-in. I was wondering would I be able to install the software under the administer and allow staff log-in to access this software for everyday routine with the actual purchase?

A: The trial version and actual versions are the same. You should be able to install the software so that both yourself and staff can access it. To allow staff to access, sign in as staff, then open Program Files \ezHealthWare

Q: Any docs in the Denver area? Do you know of any other LensCrafters docs using ezChartWriter? Or other "corporate" docs?

A: A number of "corporate" doctors use the software (e.g. at Pearle Vision, Wal-Mart, Sam's Clubs to name a few). Send an email to info@ezChartWriter.com to request doctors in your area.

Q: Could you send me a CD of the software?

A: You'd need to order one from the website (although you can download copies from free from the website at any time): http://www.ezChartWriter.com/buy_now.php

Q: Is your software downloadable or is it delivered on CD?

A: Downloading is recommended (and it's free!). The version you download is identical to the purchased version (you just need the License Code to use beyond the trial period).

Q: Do you offer Discounts for Educational/Govt./Non- Profit Organizations?

A: Yes, We do offer discounts to such Organizations. The amount of the discount depends upon the profile and history of the organization. We also actively donate our software licenses from time to time. If your organization appears to meet the criteria, please email our Sales department to receive the discount and/or donated license code. Please make sure you provide the following information:

1. Profile: Brief overview of your organization (and it's status, e.g. non-profit, academic, etc).
 2. Products: Product(s) that you would like to purchase or have donated.
 3. Purpose: How do you intend to use the software?
-

Q: As I continue to practice working through your software and troubleshooting it for my practice and similar offices, I become more impressed. The one issue that, if unresolved, would keep me from going forward with it is that of multiple doctors. It seems as if I am limited to a single doctor.

A: There must be some confusion. Multiple doctors are allowed, and can create and sign-off on patient encounters. Only the Appointment Scheduler is limited to a single provider (although multiple patients can be booked side-by-side; you have to manually indicate doctor using color coding). To create additional "providers", use Admin->Settings & Options->User Details.

Q: My trial time with ezChartWriter has expired; can I download the software again?

A: If you are still actively investigating the software, we can give you a short extension of the trial period. Email support@ezChartWriter.com for more information.

Q: During installation on a network, when we try to open it on a second computer we get a message that the database is corrupt and when we try to fix it on the main computer it says it can not connect or is not a correct path.

A: You must set the permissions properly for the database folder on the XP server machine. In other words, you must have set that folder for sharing with read/write enabled. Right-click the folder C:\ezHW_Data and select Sharing & Security, then Share this Folder, then "Allow Network Users to Change data". If the allow changes box is not checked, then you can't run the software over the network.

Q: Are you sending it by CD or sending it in the downloadable file?

A: The software is available by download only directly from the website www.ezChartWriter.com (unless you purchased a CDROM)

Q: Also please let us know how to transfer it from one user's computer to other user's computer?

A: You must install it on each computer. You can transfer the database by copying the C:\ezHW_Data folder.

Q: How much time will it take to get the software installed on our computer?

A: Installation is fairly fast and simple; usually under 15 minutes.

Q: Do we need to have software engineer for installing the software?

A: If you have minimal computer skills you can download and install the software. An expert may be required for network setup however.

Q: How often are there updates?

A: At least twice a year, or more often if specific bugs need to be addressed.

Q: If I purchase the software and later decide that it does not meet my requirements will I still have access to the data that had been entered prior to the renewal date? I understand that I would not be able to enter new information, but am concerned with access to old records.

A: You can purchase a read-only version of the software for a nominal fee (equivalent to one year's annual license fee). This read-only does not need to be renewed.

Q: I'm an optometrist in a two-door state that has a lease at a Wal-Mart SuperCenter. Currently I have one exam lane, a small pretest room, and the receptionist desk. Will the software work well for me in this situation?

A: Your setup is ideal for ezChartWriter!

Q: Does it make more sense to download the demo onto my personal laptop or should I set up a network in the office first before trying out the software?

A: You can do it either way, but if you want a database to "practice" on first (with the intention of deleting and starting with a fresh slate), then just use the laptop. BUT, if you will be entering live data, be sure to (1) use your real clinic number since it's a hassle to change the licensed number and (2) enter your test charts on the sample patient (Joe Sample) so they won't get confused with real charts. You can use the laptop for this just in your exam room at first, then when you upgrade to a network you'd copy the database folder to the primary computer (which can actually remain a laptop if you wish).

Q: If I purchase a new laptop and then download ezChartWriter onto it, will I be able to take my laptop to

the office and download it to a desktop in my office?

A: Yes. Copy the setup file (and update files) from your laptop to your desktop. You can use a flash-drive for this. Then run each (setup, then updates). Then run the ezChartWriter software. Install the software FIRST on the computer you wish to hold the database.

http://www.ezChartWriter.com/downloads/ezChartWriter_setup.exe

Q: I would like to have the software on my computers in the office, but take my laptop home to bill insurance claims. Am I being logical? My mind does not function in the electronic realm.

A: This would work. Even easier: just copy the database folder (C:\ezHW_Data) to a small thumb USB drive flash drive. You could then take that anywhere. Just don't lose it!

Q: My practice will have three machines on a peer-to-peer network. From what I am reading all three of these machines will have a stand-alone copy of your software installed, pointing to the network location of the database. Does your product create/edit and maintain its own database.....or do I need to purchase and install Access or Sql Server on one or all of the machines in conjunction with your software ?

A: The setup is just as you describe, single database with each computer running ezChartWriter and accessing a central database. No need to purchase any database licenses.

Q: Can your software and its database be on different Hard drives ? (ezChartWriter on C drive.....and its Database on J Drive ?)

A: Yes, this is the standard setup for networking anyway

Q: Does your software care where the database is ?

A: NO, you can specify the file location on your single computer or on a network (although we always recommend the default location for troubleshooting purposes)

Q: I would like to specify the database to be on a shared Drive on one of the machines that is removable resource. (USB Drive ...or Blade Drive) something that is easily serviceable and swappable. If I do that I can also take the database home on Sundays when the vision center is closed to work on Patient files with your software from home. Do you see any issues with this ?

A: It would cause your system to run a bit slower if you use an external drive, and most USB drives/flash drives won't have the speed of an internal drive. What I usually do is copy the entire database folder (C:\ezHW_Data) to a flash drive at night if I need to work on the database at home (or on laptop), then copy it back the next day. But you can easily try it on your external drive and see if the speed is adequate. The software is quite flexible about where the database is located.

Q: There anyway to acquire the software and use it at home (currently we do billing out of our house) and then switch it over to a network in the office once the hardware and office remodel is completed.

A: Sure, that sounds like a good idea. You can download the trial software at www.ezChartWriter.com. If you are just going to be doing testing and NOT wanting to carry over your data when you go live, then just install again on the new computers. If you wish to keep your data, email me when you are ready and I'll give you detailed instructions on how to copy the databases. Also, you'd want to use your real clinic telephone number when setting up, so that there won't be a problem if you decide to license your existing database.

Q: I have been having trouble activating my new license at the new location. I have the receipt showing

that the purchase was made, but my credit card has not been charged either. Can you help.

A: Your licenses for both locations should work now. Your credit card will be billed in a week or two, we're running behind on processing orders at the moment.

Q: I tried to purchase your software over the Internet and as of yet I have not received an activation code. I was curious as to whether my credit card info was transmitted or not. Please let me know ASAP so I can re-transmit it if necessary.

A: Check your spam email folder, it may have been sent there by mistake.

Q: Is there a sample period we can use your software in action ?

A: In answer to your question... you can download the software directly and try it for up to 30 days (no obligation).

Q: I have paid for CD rom copy of the ezChartWriter and have not received it yet.

A: Sorry about that. I'll get a CD-ROM out to you when I get back in town next week.

Q: I like your software from the demo so far. I am looking at purchasing, but both my IT tech and I always like to have hard copies of software, just in case. My question is, if I download the product, can I do it as a save download, copy the file to a CD, and then actually have a functional copy of the software? Sometimes when this is tried, the software won't actually function.

A: Yes, that would work fine. Your patient database holds the license keys.

Q: I recently requested a trial version of ezChartWriter and I downloaded the software under my administer login and used shared folder in attempt to allow my staff to enter demographics and scheduling. However, I was not able to access it with my staff log-in. I was wondering would I be able to install the software under the administer and allow staff log-in to access this software for everyday routine with the actual purchase?

A: You should be able to share the software with various users. The software should be installed in the usual "Program Files" folder. Just create a shortcut icon for each user. If you are using Vista, you can right-click the program (ezChartWriter.exe) and set the admin permissions.

Q: Also, while I was installing the software, it did ask me if I want to be able to view this software from other computer in the office. Would I be able to do that and how?

A: The software can be networked and my users do just that. I would suggest finding a local "network" guru in your area (ask your staff if they know of anyone good with computers). They should be able to assist you in setting up a simple network and allow you to have all the User accounts access the software.

Q: Is there such thing as try out??? From your description it sounds great but still have doubt. I found your software on EBAY, how long have you been selling the software?

A: Your questions are good ones. (1) We do have a trial version you can download from the website (www.ezChartWriter.com). (2) The software is pretty good, but it has its learning curve. We are working on adding more training videos and help manuals. (3) We've been on ebay since 2009. The software itself has been on the market for several years, but we market mostly with word-of-mouth. Most doctors purchase the software directly on the ezChartWriter website (or the built-in ordering module within the software). The eBay thing was a new idea to see if we could hit more customers. And the website traffic did seem jump way up! Anyway, download and try the software... and make your own judgment.

Q: If I download the product on to my laptop, can I save it to a jump drive and download it to the other PC's to my office, or do I have to download from the Internet on each computer. (Would the CD help?)

A: Absolutely. You actually want to download the update program also, so that you can run them both together. Once installed you will be prompted to "find" the database on the network.

Links to Downloads:

http://www.ezChartWriter.com/downloads/ezChartWriter_setup.exe

http://www.ezChartWriter.com/downloads/ezChartWriter_update.exe

12.1.5 Medicare Compliance & CCHIT Certification

Q: Are you planning on getting CCHIT certification for the software?

A: *Maybe. The basic premise of CCHIT is to certify that software meets specific criteria (most of which doesn't apply to a small optometrist office). Many of the features required to meet CCHIT criteria would add thousands of dollars to the cost of our software. Add in the fact that it costs \$23,000 for the certificate, plus \$4,800 in annual fees and you can see why it's not practical for a small software company. Many of the large medical-oriented EMRs have signed up, but then they charge users many thousands of dollars for their software. You can read a detail description of CCHIT and how it applies to your software selection choices at this site: [Should CCHIT Influence Your EHR Selection?](#)*

Q: Are you planning on getting government certification for EHR?

A: We are still waiting for the government to issue final standards on what constitutes meaningful use.

Q: Will ezChartWriter be compliant for the Medicare incentive within the next year or two?

A: I'd like to say yes, but we are not sure yet what the government has in mind. Medicare requires certification (but has yet to select a certification agency although CCHIT seems to have the momentum). Most of my customers are "small potato" practices and don't have the resources to invest 10K+ in an EMR system plus hardware. The good news is that most of the CCHIT requirements are met by ezChartWriter (although some are not applicable, like immunizations and "Do Not Resuscitate" orders and such). The main areas we are not compliant in are ePrescribing and HL7 document exchange. The ePrescribing may be added as a partnership with a third-party in the future. So if there is some change in the certification process in the future, it's possible I will submit for it.

12.1.6 Data Conversion & Scanning

Q: We are currently using different Practice Management Software. Is it possible to convert these files to your system?

A: You would have to first export the data into CSV (comma-separated format), then you can use the ezDataExchange module to import the patient demographics. Check your Practice Management software's User Guide or contact their tech support to find out if the software is capable of doing this type of export. Note that ezChartWriter only imports patient demographics, not billing or EMR information.

Q: Can we scan our existing patients' paper records into the program and have it stored and linked up to their electronic records?

A: *Yes, but you must scan to your computer first. Then you "attach" the file to the patient's chart. Just right-click the patient name in the Pulled Charts screen and select "Attach Document".*

Q: We have scanned all our charts from the past years. They are PDFs. Would we be able to attach it to the ezChartWriter folder?

A: Yes, but you'd have to do it manually. Right-click patient in Pulled Charts and select "Attachment Manager", then Add File button.

Q: Would it be possible to transfer the data from my existing software to this one? I have iFile from MSFCI. <http://www.msfc.com/IFILEUS.html>

A: There is a data exchange (import) module available. BUT it requires your software to be able to OUTPUT the data (preferably in comma or tab-delaminated format).

Q: How much would it cost for you to transfer the data from my existing software? I can send you a thumb drive with my entire program on it.

A: I'm willing to take a look and see what I can do. No promises. Contact support@ezChartWriter.com for info on how to send us your database.

Q: My question is about adding files to an encounter such as pdf's of previous paper chart, jpeg's of HRT's and visual fields & photos

A: You can "attach" a scanned document (pdf), photos (jpg's) or any other format for that matter to the chart using the Attachment Manager. To open the Attachment Manager, look for the button on the bottom left on the Encounters list or right-click the patient name in the Pulled Charts section. From there, you simple "find" the file on your harddrive (or network) and it will be attached to that patients chart.

Q: Could you send me detailed instructions on how to import data? Just patient name, address, and birthday.

A: The demographics can be imported with the ezDataExchange module. You must first Export the data from your existing software to a compatible file type (.cvs,.txt,.xls).

Q: Is there any way to convert my existing patient database (at least some of it) over to your software? We are currently using MS-DOS OfficeMate but could convert it to the windows version.

A: There is a Data Exchange module that will allow for the simple import of patient data (but not Rx's or billing info). Many practices keep the old software running side-by-side, with all new patients switched to ezChartWriter.

Q: I own an Optical Company and do a large volume of eyeglasses for my Dr's. I am scanning the invoices to keep patients records, but would like to have a better way to do this, but do you think this would be an overkill for what I would need ?

A: Depending on what you hope to accomplish, the software might be able to get the job done. You can track customer demographic info, keep a log of their Rx's (although the software is designed for doctors to create Rx's, you can use the same function to track them) and you can use the billing module to create FeeSlips and HCFA/CMS-1500 claim forms. Realize, however, that there will be some limitations you'd have to work around since the software is oriented towards creating chart notes and encounters. And there is no inventory module as of yet.

Q: Is there a way to transport the officemate database to ezChartWriter?

A: We can probably import your patient demographics into ezCW, although not the billing histories and such. Sometimes Rx's if you've been entering them.

Q: Is there a way to scan my examination chart into the software to store?

A: You have to use separate scanning software to produce a PDF file, which you then use the Attachment Manager to "attach" to the patient chart. We recommend ScanToPDF software (<http://www.scantopdf.eu/>) to create the PDF's. In a future version we will include similar functionality right in the software.

12.1.7 Linking to other PMS systems

Q: Does ezChartWriter integrate with any online billing systems?

A: No, but there is a companion billing module available called ezClaimBiller. You can upload claims to an online EDI processor (we recommend www.officeally.com)

Q: Our current practice management system is a program called Eminence, are you familiar with it and what would be required for transfers from this system?

A: I've not heard of that PM software. Do you have a website for them? In general, we don't connect to many PM software, since they are all so different.

Q: If we use QuickBooks, can the patient info we type up to create their receipt automatically fill the cells in ezChartWriter?

A: No, you will unfortunately have to enter the data again.

Q: Is the ezChartWriter compatible with "compulink"love to use ezChartWriter for EMR, yet continue to use COMPULINK for back office stuff....is this possible?

A: There is no built-in functions to transfer data between the two systems, although you may be able to use the ezDataExchange module if Compulink allows exporting of data. Most users that have practice management software used concurrently with ezChartWriter get around this problem by entering just the patient name and DOB; all other tracking would be done by the practice management software (PMS).

Q: Is it compatible with any online schedulers (4patientcare)?

A: No. There is a simple schedule module that's integrated.

Q: Would this software be compatible with a phone dialer?

A: Not sure, depends on the type of dialer software you are using and whether it will accept exported data. Email us with specific details.

12.1.8 Linking to Instruments

Q: Is there a way in hook up an FDT visual field to the software so we do not have scan it?

A: No, not currently.

Q: I have a Topcon 8000 AR/AK not a 8800 will it will work?

A: The Topcon 8800 should work fine.

Q: How does eyeCOMM software work?

A: The eyeCOMM software is installed with ezChartWriter. It is currently a testing version, hence we don't guarantee that it will work with any instrument. I have had it successfully used eyeCOMM with Reichert and Topcon instruments. To use the software, open eyeCOMM.exe and set the matching baud rates for the instrument you wish to use. Typically, this requires some trial and error using the Setup feature of the Topcon.

Q: I've been looking at your software package and really like it . I have a retinal camera that can save digital images, can they be imported or somehow attached to the patient records?

A: Yes, you can "attach" the image to the patient's chart. You do this by: (1) In the Pulled Charts

screen, right- click a patient (or click Chart Options once a patient name is highlighted) and select "Attach Document". This option can also be reached with the "Attachment" button at the bottom of the Encounters list. (2) Click "Add File" at the bottom left. (3) Select subject as "Photos" and contents as "Image". Click the Find button and select the file location (note that a COPY, not the original, of the file will be moved to your server's hard-drive upon completion). Also, if your imaging software only stores your images in a database or uses numeric codes for patient image files, you have to export and/or figure out which photo goes with which patient name. To export, choose jpg as the image type (results in smaller files). (4) Enter the description and click okay. Note that the current version doesn't tell you that you have an attachment for a given patient chart. But you can see it at any time by clicking the "Attachments" button. You can actually attach ANY type of outside document this way.

Q: Will it adapt to the Humphrey auto lensometer, Humphrey auto-refractor, Topcon auto NCT, and what do I need to achieve that?

A: You have to use the eyeCOMM utility (found in ezUtilities folder), which can currently only read in Topcon and Reichert AR/AK readings (but your tech can enter the lensometry/NCT data manually on the pretest computer).

Q: Do most of your doctors input in the pretest info themselves or is it inputted by the receptionist?

A: It varies, but most have a "pretest" computer that sits near the instrumentation. The tech doing the pretest will enter the data into the eyeCOMM utility (found in ezHealthWare\ezUtilities), which will save the data in a folder you specify (usually on the same computer as the main patient database). You can then "import" the data into the chart with the Automated Instruments tool (using "Instrument Link" button).

Q: Is it compatible with linking up to instruments?

A: This area is a bit weak in the software; hopefully we will have improvements with more instruments in the upcoming year. Right now you can test out the eyeCOMM module, but it is unsupported (i.e. if it works great, if not you'll have to wait for enhancements).

Q: I am trying to link the ezChartWriter to the Topcon AutoRefractor. How do you do it? Is there a special program i need?

A: You must use the eyeCOMM software in ezUtilities folder.

Q: How do I connect the autorefractor, lensometer, tonometer to import the data. I also want to get a retinal camera (which started this whole process!).

A: The software is very limited on instrument support right now. If you have a Reichert AR/AK, that works fine. Some Topcon models do, but only if they have serial ports (not USB). You can attach retinal images by using the Attachment Manager.

Q: How do I get autorefractor and NCT information integrated into the ezChartWriter writer? I could not find the instructions in the manual.

A: The instrument interface is somewhat limited. It currently works only with Topcon and Reichert AutoRef/AutoK instruments. The NCT results are manually entered once the AR/AK results have downloaded. To test it out, open the "C:\Program Files\ezHealthWare\ezUtilities\EyeCOMM" folder and double-click the "eyeCOMM.exe" utility (this should be done on the Pre-Test computer). It will ask you to setup the instrument. See the attached documents for details.

Q: Could you please send me instructions on how to connect a computer to the autorefractor. I have a Topcon 8800 and I connected the AutoRefractor to the computer and cannot seem to capture data.

A: Use the attached guide to setup communication. The interface is very basic and only supports certain instruments (the Topcon should work however).

Q: Can you hook up prescreen equipment to the program - I thought I saw an import area in the automated equipment - how would you do this?

A: The software supports a limited set of AutoRef/Keratometers currently. The pretest program (called eyeCOMM) will also allow the entry of lensometry and NCT data manually by you Tech. This presupposes that the pretest equipment is attached to a different computer in a different room. If you're hooked into your exam room computer, then you can use eyeCOMM to pass just the AR/AK and then you would enter the NCT/Lenso data directly into ezChartWriter. A serial port is required (some newer laptops don't come with one!).

Q: Current instruments that work with eyeCOMM:

A: Topcon 8000, Reichert 550/555. Other instruments Under investigation: Topcon 8800, Canon, Zeiss Humphrey Acuitus. See the eyeCOMM user guide for details. (eyeCOMM.zip)

Q: Can the software communicate with instruments I have SPEEDY K AUTO REFRACTOR, NIKON AUTO phopter, MATRIX VISUAL FIELD, TOPCON LENSMETER, AND RTA5. I NOT WORRY IF THE IS AN ADDITION CHARGE I UNDERSTAND WHAT S INVOLVED !

A: The software currently only interfaces with the Topcon 8000 AR/AK and Rechiert AR/AK 550 instruments. New instruments may be added in the future.

Q: Is it possible to have an IT person create interfaces ?

A: Since instrument interfaces are not standardized, it would be difficult. The eyeCOMM instrument module is an unsupported feature of the software; it may be enhanced and released commercially in the future, but for now it's just for testing purposes (e.g. it only works on the limited number of instruments).

Q: I am attempting to setup ezChartWriter in my office and I am having difficulty getting my autorefractor and the program to work together. I have a Reichert AR/AK 600. I haven't been able to find any information in the help section to help me get this setup. I would appreciate any help that you can give me.

A: See the eyeCOMM instruction file

Q: After much trial and error, I finally got the correct numbers to cross between the Topcon KR 8800. But then I can't seem get the numbers to go into the patient's chart in ezChartWriter.

A: Using the "Automated Instrument Tool", click the "Instrument Link" button at the bottom, then select the "Options" menu, then Settings. Choose the Topcon instrument and select the path to the location where the instrument files are located (this would usually be the pre-test computer where eyeCOMM resides; the location for both ezChartWriter and eyeCOMM should match).

Q: I am having problems interfacing autorefractor/keratometer data with ezChartWriter. You sent me the directions and I have matched all the port settings. Keep getting "no data port connection " Topcon seems clueless. Could you send me more information on the data port settings? The instructions that you e-mailed me did not make a whole lot of sense. My computer tech said I needed a different cable for the com port since ezChartWriter is not set up for a usb port so I bought the \$150 cable hooked it up and nothing happens!!! Any help would be appreciated

A: You should only need a serial cable (about \$10 or so). You have to adjust the Topcon settings to match eyeCOMM software. Also the Topcon has multiple profile settings; you'll have to experiment to find one that allows the data to cross over. buy at Radio Shack

Q: Also, I am wanting to link up my Autorefractor, Nct, and Autolensometer up to the software. Is there something you can email me that can help me do this. My Autorefractor is the topcon CL-100, my autorefractor is the Topcon KR-8800, and my NCT is the topcon CT-80. I also have an Oculus Easyfield that I would like to link up as well if possible.

A: I've attached the eyeCOMM manual. Realize that many instruments are not currently supported (the interface is still a work in progress).

Q: I am trying to link the ezChartWriter to the topcon autorefractor. How do you do it. Is there a special program i need?

A: You need to use the eyeCOMM program (found in the Program Files\ezHealthWare\ezUtilities folder. See the attached file for setup instructions. The Topcon will likely need to have it's settings adjusted also. Also realize that there are limited instruments that the software currently supports.

Q: I followed the instructions but no success. I have the Topcon KP 8800 AR/AK and it has a data output slot with a usb cable. Do you know what cables are necessary for the uplink on that instrument since it is on your list. And how exactly to link it up.

A: You must have a newer model Topcon 8800? Usually there is either a 9-pin or 25-pin serial connector. Look for rectangular shaped connector with either 9 or 25 pins (or holes). The eyeCOMM software will not work with a USB connector.

Q: I am currently setting up newly purchased ezChartWriter and can't seem to interface the Topcon KR8800 to it properly...I have the cables...I've played with Eyecomm...just can't seem to get it down. Can you please email me with specific directions to get accomplished? Thank you very much! I am hooking up Topcon cable with Radioshack USB...driver is installed.

A: You will have to use a real serial cable, not the USB cable. On the Topcon, there are some settings that you will need to update to get the interface to match (both eyeCOMM and Topcon instrument must have same baud rate, parity and error checking settings). From there you should send some test files across. What you are looking for are actual English characters, even if the numbers all run together. Once you get this far, try opening the file with ezChartWriter. If you get an error about "Unable to Parse Data" then send me a copy of the data that appeared onscreen (using ctrl -c to copy to NotePad).

Q: Can you please email me a list of equipment ie autorefractors, autolens meters, visual fields, and imaging equipment that can be used and interface with ezChartWriter? Also at my expense is it possible to create interfaces with other equipment (i.e. Humphrey matrix, RTA-5, Topcon EZ-200 lensometer and Righton medical phoropter.

A: As far as instruments, the software currently is very limited. Only the Reichert AR and some models of Topcon are linking properly. The main problem is that most manufacturers are creating their own proprietary interfaces. If you can find out from the manufacturers whether there instruments will pass data via a serial cable into ASCII formatted text, it may be possible to create an interface. We are actively working on adding support for more instruments.

Q: Do you know if anyone has integrated the Marco TRS 2100 system with your software?

A: It has not been done as of yet.

Q: Which instruments can be integrated with this software?

A: We don't officially support any instruments, although with minor trial and error both the Reichert AR550 and Topcon 8000 have worked with the software.

Q: What kind of cable do I need to connect my Topcon to the software?

A: Use standard serial cable (usually 9-pin), not USB cable or computer-to-computer transfer cable.

Q: I also have a question about the data exchange. I have not been using this feature and am wondering if it will work with the following instruments: Topcon CL-100 lensometer Topcon CT-80 tonometer Topcon KR-8800 autorefractor/autokeratometer Oculus Easyfield If so, where would I find instructions on setting up the data connection?

A: See the eyeCOMM instructions, although most of those instruments are not currently supported.

Q: Can your program import images from my digital retinal camera (cannon) and my digital slit lamp (Topcon) into the pt's EMR. If so what is your price for the entire (all programs available) package. We will have 5 workstations.

A: We do not have direct linkage for retinal imaging... however you can work around this by "attaching" a retinal image with the document manager or use a screen capture program (such as SnagIt) that will allow direct pasting into an drawing.

12.1.9 Multiple Offices

Q: I have two offices, can I run both off the same laptop (purchasing two software) or do I need separate computers for each office?

A: It is possible to do this, but you will have to do one additional step right before you start-up the software at each office. The path to your data file is stored in the computer's registry so it knows where to look. The simple way to switch back and forth is given below:

1. open the program ezPathUtil.exe found in the "C:\Program Files\ezHealthWare\ezUtilities" folder.
2. set the paths to the correct database location and save.

NOTE: To setup the different databases, first install the first office. Once completely installed, change the name of the data folder ("C:\ezHW_Data") to something different (e.g. "C:\ezHW_Data_OFFICE1"). Then open the ezPathUtil.exe program and CLEAR both database paths. Run ezChartWriter again and it will install a brand new database (which you set up with your 2nd office data). You can rename the data file to "C:\ezHW_Data_OFFICE2". Then open the ezPathUtil.exe one more time and set it to one of the above offices. You can then switch back and forth at any time just by changing the path.

Q: I will be closing the 2nd office later this summer, is there a way to merge the patient charts with the other office?

A: It may be possible, but we may have to do it manually for you (and it may not be possible to merge the billing module data, just the encounters and reports).

12.1.10 International Sales

Q: I am practicing in Ontario, Canada. Is there a Canadian version of your software (for billing purposes). We are using the "EDT" system here for file submission to the Ontario government health plan.

A: We currently do not have a Canadian specific version of our software, although 99% of the software functions just fine. We do have Canadian (and other international) users. Billing is the main variable. You would likely have to have an outside billing program.

Q: Is there a Spanish language version of ezChartWriter EMR?

A: Not currently. But if you are interested in a Spanish version, please email info@ezChartWriter.com so

we can gauge the level of interest.

Q: I have downloaded a trial version of your software and am intrigued with the possibility of using it. However my biggest question is in regard to billing our provincial insurance plan. In my practice over 70% of my billing is to OHIP (Ontario Health Insurance Plan), which requires the data to be submitted in a specific manner. Is there an add-on module for this purpose or would I have to program it to create the right output?

A: There is no module currently. Can you provide a link to a website with information about the data submission requirements and/or sample form.

12.2 Sales - Post Purchase

- [Licensing Issues](#)^[506]
- [Lost Passwords](#)^[506]
- [Removing Demo Patients](#)^[506]

12.2.1 Licensing Issues

Q: I purchased the software and still have not received an email confirmation about how to register my software.

A: *The email might have ended up in your SPAM folder. You can request a new email confirmation (send email to info@ezChartWriter.com) or request a fax confirmation (send us your fax number and clinic telephone number that you licensed).*

Q: Please explain how to activate my software.

A: You should have received a confirmation email with instructions. You can check to see if you software was activated by signing in Admin and clicking Software Account-> Register Software -> Activate via Internet.

Q: My software says its expired. I just purchased it in June - what gives????

A: I just checked all your license files and they are valid until June 2009. Try restarting your computer, as the application that checks the license status may have a glitch. On rare occasions the system file that encrypts the license key goes haywire. Usually a computer restart will fix the problem.

Q: I am trying to activate via Internet but I am getting an error message. "No valid license data for your account (#11122211333)."

A: Before you can initiate the licensing process you must receive the confirmation email that your license is active. This can sometimes take a few days. If you still have problems, it may be because you have used a different telephone number at some point. Double check the Admin->Software Account->View Licenses and check the number.

12.2.2 Lost Passwords

Q: Can you provide the admin username and password from my order?.

A: Contact Tech Support at support@ezchartwriter.com for an unlock code.

12.2.3 Removing Demo Patients

Q: I've been creating bogus patients just to play around with the software and wanted to know how to remove them?

A: If they are not FINALIZED, then you would right-click from the Encounter List and select delete (works on all types, including encounters, notes, reports, etc). If they are Finalized, then you can't delete them. You can do one of three things then:

- 1) Change the names of each patient to something nonsensical (like AAA Patient1, etc). That way they would never be confused with actual patients.
- 2) Merge all the charts with the Joe Sample patient (which is the default "Sample" patient). Do this by signing in as a User, then clicking on the Open drawer of the file cabinet. For each extra patient, Right- Click and select Merge Patient on the menu. Enter the "Merge To" patient ID (which will be 00001, the sample patient). All documents will merge into the new patient.
- 3) Start COMPLETELY fresh (you'll have to re-enter your clinic info and other settings). Navigate to "C:\ezHW_Data" (or wherever you put your patient database on a network). Change the name of this folder to ezHW_Data2. Open this program and follow the setup instructions. Check the box for First-Time Installation so it will automatically create a blank database again.

NOTE: You are free to use the sample patient (Joe Sample), which is the ONLY chart that can be closed with Pending Encounters (applies to version 3.0.50 and higher).

12.3 Install Problems/Troubleshooting

Q: I tried to download the newer version to try it out on Vista but could not get the database updated.

A: One of the "security" features of Vista is that it will not let a program modify a file unless it is in a location considered safe. The new version of ezChartWriter has moved the database to a folder call ezHW_Data on the computer's root drive. What you can do to test a new version (fresh install) is this:

- 1) Go to the folder "C:\Program Files\ezHealthWare\ezUtilities" and find the program "ezPathUtil.exe". Double click it and use the Clear button to reset both paths listed. Save the changes.
- 2) Change the name of the entire ezHealthWare folder to ezHealthWare2 or ezHealthWare_Old. It will look like this: "C:\Program Files\ezHealthWare_Old"
- 3) Click the My Computer icon on your desktop and click the C: drive open. Look for a folder called "ezHW_Data". If you find it, rename it "ezHW_Data_Old".
- 4) Now try and install again. The software will think it's a brand new installation and rebuild everything fresh. This will give you a new trial period to test with on Vista.

Q: I downloaded the trial of EZChartwriter a few months back, and never got around to trying it out during the trial period. Is there a way that I can get a new 30 day trial period?

A: If you wish to start-over completely, follow these steps:

- 1) Delete the database folder "C:\ezHW_Data" on each of the computers.
- 2) Then download and re-install the software (and updates):
http://www.ezchartwriter.com/downloads/ezchartwriter_setup.exe
- 3) Run the software on the "primary" computer where you want your database stored. Follow the setup instructions on the screen. Be sure to enter your current clinic number that matches what you licensed.

12.4 Networking

Q: If we are using 2 computers, 1 for staff entering info and pre-testing, and 1 for me examining patients. How do we do this? (sorry for the computer ignorance)

A: You need to set up a small network. With Windows XP, setting up a network with two computers is fairly easy. I recommend that you hire a local company (you can get a recommendation from a local

computer shop) to set everything up for you. Once the network is running, it's just a matter of "sharing" the folder that holds your patient database. Again, a local computer technician can do this step.

Q: Could this be the issue/ could my wireless card be interfering?

A: The wireless card may be an issue if the connection to the database is being broken. What happens is that Windows try to constantly update to the best connection (but in the meantime keeps breaking existing connections). There is a way to shut off this mode; it's always best to have a wired connection for best speed/performance on an actual network.

Q: Can I download to more than one computer at each office?

A: Yes, as long as each computer is networked into the same database at the office, they all use the same license file. See the tutorial on networking (Admin->Settings & Options->Set Database ->Network Tutorial

Q: While I was installing the software, it asked me if I want to be able to view this software from other computer in the office. Would I be able to do that and how?

A: Yes, you need to have a network installed with your computers first. View the Networking Tutorial in the setup wizard (or in online help); if you lack experience in setting up a network I highly recommend you hire a local tech support person to do this for you.

Q: Can only one computer in a network access the data at any one moment, or all computers can access the data and change it all at once? Which computer will have the priority in saving the data if one or two computer accesses a file at once?

A: Only one can access a chart at a time to prevent overwriting of others data (the software detects that someone else has opened a chart and warns you).

Q: I am an OD who has a nursing home practice, so I would install this on a laptop. I have a tech who lives in a different town, who needs to be able to share the exam and glasses data when she gets home so she can schedule followup and order glasses that we fit while in the facility. How can I share this data with her?

A: No problem with doing the laptop idea; as far as sharing data you have several options:

- 1) Transfer a copy of the database folder (zipped, which is what the backup utility does). She'd then have to do the same thing for you before you go out again (works well if you only do visits once a week).
 - 2) you can use GoToMyPC or similar software. This allows her to link into your computer. This would probably require a high-speed Internet connection (like DSL or cable-modem).
 - 3) We're working on a module to synchronize two different databases; this should be available is several months, maybe sooner. So then you can each make changes, then synch the databases from time-to-time.
-

Q: I am interested in beginning a trial run of the program. What do I need to do in my office as far as computers and networking to set the software up? I currently only have one computer in the office. I suppose I will need computers in each exam lane and the pretest room. I have many questions about setting up the computers to network.

A: I recommend downloading the trial version and just testing it out. You will need to have a functioning network (preferably wired, not wireless) for multiple computers to use the software. Install the software on your exam computer (or whichever computer you wish to use as the server). The software will guide you in linking the computers, assuming you set your database folder on the server to have permission to share. This type of networking setup would be done by your local IT/network technician. Once they have

your network up and running, and the exam room database set with proper permissions to share data, you should be able to install the software on multiple computers and link together.

Q: When I try to do a new patient encounter, it tells me the chart is locked by another user, even though I am the only user? When I hit the unlock button it gives me the same message?

A: If you have previously opened an encounter and the chart was NOT fully closed (say due to a crash), it will show as being open. Usually you can click 'okay to unlock' to proceed (if you are sure that you don't have a chart open for that patient on another computer). You cannot have the same chart open on multiple computers at the same time (by same user or different users), since the data will over-write each other.

Q: If I network it with another computer, does it need to run on the same windows operating system for all the computers?

A: You can mix/match operating systems (although it's best to use all WinXP machines).

Q: We want to know whether the package is multi-user system or single user i.e. whether more than one person can use the system at a time and update the database?

A: Yes, you can have multiple users opening multiple patients. But only one user can have an Encounter open and in editing mode at a time (for the obvious reason of not having one user overwriting the data of the other). But once the encounter is finalized (not editable), then it can be opened simultaneously. There is a practical limit of about 10 users before the software slows down dramatically.

Q: Is it okay to work with ezChartWriter wirelessly? We have 3 laptop computers (Main Reception Desk, Prelim Room, and Exam Room)

A: You can use the software wirelessly, although it will run slower than in a wired environment. You also risk more database crashes due to lost network connections.

Q: Do we need to run it off a server?

A: No, you can do peer-to-peer.

Q: I assume I need to connect my network with a routing / switching hub, then connect to everything using cat 5 cable?

A: Yes, that's the way to go.

Q: I suppose I need a local info-tech company to set up my network. Do you have any resources for me?

A: A local tech guy to setup your network would be best. You can consult with your local computer repair shop for recommendations; many times a friend or co-worker can point you to a local guru who'll set everything up for much less than a commercial outfit. I do recommend using consistent hardware (i.e. all Dell Computers using WinXP; all HP or Minolta printers, etc). Many users report problems with Vista (with various software, not just ezChartWriter), so if you have the choice, stick with XP. There are companies that will come onsite and have a network setup for you in a couple of hours.

Q: How stable is the software for networking?

A: For small offices (under 10 computers), it works fine. Database errors can occur if you use wireless networking extensively or have more than 4-5 users logged on concurrently. Nightly backups are recommended (a simple backup utility is included).

Q: Do you have people using your products on Peer to Peer Networked Vista machines ? Any Problems you can warn me about before I decide which way to go ?

A: Yes, with all the newest updates to the software installed, the software seems to run fine on Vista . Vista also has an XP compatibility setting if you do run into problems.

Q: I would prefer to use your product on a wired Network, but I am concerned that Wal-Mart won't let me run my own Cat5 wire between machines in their vision center ? (I still need to ask them about this).

A: We've had other Wal-Mart docs tell us that Wal-Mart prefers a wired network, so this shouldn't be a problem (although they may require that the wiring work be done by their people... you'll have to check on this).

Q: If their answer is No, I assume I can set up a Secure Wireless network between the three machines. Will your software work fine in this situation as well ? Do you have people using your product on Wireless Networks ?

A: The only problem would be speed issues; you would likely notice a much slower software operation (since it is very database driven). If you have poor signal or connection drop, you will suffer from potential database crashes!

Q: I installed ezChartWriter on my third computer of my network but don't know the password. Do I need a CD to install the program??

A: No you should be able to either download the software (or use a prior setup file) to copy to the new computer. Once you open on the new computer, during the setup phase be sure to point to the correct network path where your server is located.

Q: We are trying to install software on networked computers. The ezChartWriter works on the server but on a remote computer it will not. When you try to open the program I keep getting an error message that the database is corrupt.

A: Did you set the Share Settings for the database folder (on the server) to allow network access? You would do this (at least on an WinXP machine) by right-clicking the database folder (ezHW_Data) and selecting "Sharing and Security". Then in the network sharing section, click the box "Share this folder". Then you MUST check the box "Allow users to change files".

12.5 Using the Software

- [HIPAA Requirements](#)^[510]
- [Working with Encounters](#)^[511]
- [Customization](#)^[515]
- [Reports & Rx's](#)^[516]
- [Backup Utilities](#)^[517]
- [Billing Module](#)^[414]
- [Appointment Scheduler](#)^[522]
- [Recall Manager](#)^[523]
- [Data Exchange](#)^[523]

12.5.1 HIPAA Requirements

Q: What about the patient's signature for HIPAA? How do you keep that?

A: That should be on your patient info sheet (that would get scanned). Then you click the HIPAA

acknowledgement on demographics indicating that you've done this step (and provided a copy of privacy notice). This meets HIPAA requirements.

Q: Will your software be able to send to insurance companies a claim/encounter form in the HIPAA standard X12 837 content and data format?

A: Although it's technically possible to add X12.837 capability, we've found it's simpler to use a clearinghouse to convert files (which most do for free; see www.OfficeAlly.com as an example).

12.5.2 Working with Encounters

Q: I noticed that when a staff logs in, such as Joe Smith, I noticed that the pulled charts display menu will display the patients' names, under the patient name heading; however, it displays "Joe Smith" under the Provider heading. Is it saying that "Joe Smith" is the provider on the record even though Joe Smith is a staff member? Or is that just designating the person who worked on the file? If so, is there a reason for Joe Smith to be under the "Provider" heading? I only set up as me under the provider settings.

A: Until the encounter/report/note is signed, the person who created it will be listed. Once signed, the provider (who presumably should only be allowed to sign off on encounters) will be the listed person.

Q: Is there are drawing capability?

A: Yes, it's part of the Exam Tool.

Q: How do you do a drawing with an exam encounter?

A: Drawings can only be inserted with the Quick Exam Tool. On the right side menu, click the "Quick Exam Tool" menu option. Say for example that you want to add a cornea drawing, you would click the cornea button (when it's Green/Norm) and you will get the Q- Tool screen. The third tab at the top shows the "Drawing Tool". From there you choose the correct Image Template and draw on it just like a regular Paint-type program. Once you hit Save, the software will ask if you want to insert the drawing into your exam notes. Typically you would say yes.

NOTE: There are a few quirks to the drawing module. You can only view one inserted image in the chart at a time (although any additional drawings you make are there and visible in the Image Manager). Also, when you use the undo near the beginning of a drawing, it sometimes clears the template too. Just re-select the template. You can add your own templates with the Customize menu choice at the top menu on the exam encounter.

Q: Is there a Contact lens order or trial contact lens section? Or just a general note section to keep track of any communications w/ the patient?

A: The Contact Lens Tool allows for up to 4 sets of trials per encounter. Also finalized CLx's are tracked in the LogBook tool. Typically doctors incorporate their CL findings & assessments directly into an encounter/SOAP note.

Q: Can you copy forward a previous exam for a patient?

A: You can copy the prior Subjective history (either by selecting Established Patient on the "Quick Fill Template" dropdown at top of Subjective Findings Tool or by clicking the little Find button next to the medical history buttons. You can pull forward prior exam findings, but you can easily cut/paste the entire objective section (or parts of it) if desired.

Q: How do you review previous years chart when you have a new chart open.

A: Click the "Chart Review" button on the bottom left side of chart (it looks like a double headed arrow). From there you can review any prior chart.

Q: Can the chart be resized?

A: In most cases yes. Simply double-click the title bar.

Q: I saw that you had a coding wizard to make sure you've fulfilled to the level you're billing. Does this include (or could it in the future) nursing home E&M codes like 99308, 99309, etc?

A: It doesn't at the moment. I'm not too familiar with those codes, but if you point me to a website that covers the requirements I can look into incorporating a wizard for them.

Q: And does this feature also make sure you've done all the testing necessary to fulfill the 92000 ophthalmic codes?

A: The coding wizard is fairly simple. You click on the boxes of areas you've completed and it will tell you what coding level you are at. It doesn't, unfortunately, analyze the data as it's entered.

Q: Is it possible to carry patient info forward from previous records at subsequent encounters or must all be re entered at each encounter?? examples: allergies, family Hx, old spec Rx's ocular history medications.

A: You bet. This can be done in two ways: (1) by selecting a Patient Type of "Established" from the dropdown list at the top of the subjective tool, which will pull forward the most recent history data or (2) by clicking the little blue arrow next to the history buttons. Note that the little blue arrow will appear throughout the software and is a shortcut for pulling data into the specified tool (if available).

Q: When I attempt pull patient history forward I get "no prior history exists for this patient". Is there something I'm doing wrong?

A: The history will only pull from a FINALIZED encounter. To test this, open the sample patient (Joe Sample) and create an encounter dated last week (use the "Change Date" button that appears in the far right-hand side of the "Open New Encounter" screen). Then create some Medical/Ocular history items (use the Green Button to pre- fill as normal). Then save the tool and SIGN the encounter. It becomes FINALIZED. Close the encounter and create a fresh one with today's date. You can now pull forward the "prior" history.

Q: When it does pull the old data, can it be copied forward to the current encounter? If so, what gets copied? History? Rx, Contact lens, Medicines? The "copy forward" is one of the most significant attributes of EMR and I need to know how it works.

A: Yes, all the medical, ocular, medication, allergy and Rx's can be "copied forward".

Q: I do not see where I am able to input data from biomicroscopy and ophthalmoscopy separately for the right and left eyes. I have a lot of pathology in my practice and need to be able to enter information for each eye separately without a lot of typing. Is the program set up to enter information for each eye individually?

A: This can be done easily. For example, click the cornea button, and then uncheck the "normal" text statement. Then right-click the abnormal finding to get the menu and select OD or OS. You can do this with nearly any finding in the exam tool.

Q: My technicians perform non-contact tonometry with multiple readings on each eye. Can I record each reading rather than an average? I also often obtain Goldmann applanation tonometry myself. Is the program able to record both methods on the same exam?

A: The NCT tool (on the Automated Instruments screen) only allows for 2 readings per eye. The doctor

can enter his own Goldmann readings using the Tonometry slider on the Exam Tool (second tab). You can also manually add more readings directly in the SOAP note.

Q: When a previous patient returns for a yearly exam, will the program mirror the last exam to use a starting point for the new exam?

A: For history, yes (you just select Previous Patient from the template list on the subjective findings or use the little blue arrow near the history section). For exam findings, not so much. You can cut/paste from prior exams for long verbiage that you don't have pre-defined template text.

Q: I'm concerned about how much time it takes to chart versus just using paper. This seems to take much longer!

A: Believe it or not, you can chart a "normal" patient (say a -2.00 myope) in under 90 seconds. Our software is designed on an "exception to normal" format, so you click less if everything is okay. But you do have to do some work (aka clicking), since part of the template is designed to make sure you don't overlook something important!

It takes time to get fast charting with EMR. My experience (and that of most other doctors) is that it takes LONGER to do an exam with EMR during the first few weeks (or months) as you build familiarity with the software, learn shortcuts, and develop compatible exam practices (such as finding moments that allow for a bit of typing without interrupting exam flow). If you have a great memory, you can do your regular exam and then chart at the end. But if you are like most of us, you have to have a few stopping points to enter relevant data (I do it after discussing history with patient, then after the refraction, and one last time at the end of the exam). Normal patients will become super fast. It's the "abnormal" ones that add time and the whole point of any software system is to make it easier; it's also one of the most complex of programming tasks since EVERY doctor has different ways of doing exams!

Q: When fitting a patient with contact lenses, where is the section where I can fill out how the contact lenses looked on the patient, their visual acuity, etc...?

A: On the left-hand menu in the main chart, click Contact Lens Tool. Enter the contact lens parameters of the CL's you have on the patient's eyes (using the sliders and dropdown boxes). Then on the right side in the 2nd section down (Lens Evaluation), click the blue arrow to transfer the lens parameters. Then click the Details button to bring up the evaluation screen.

Q: Can a Rx in the LogBook be deleted? I have a long list of testing Rx's that I'd like to erase.

A: Yes. Open the patient Encounter and go to the exam page that shows the Rx LogBook (this is only visible in Exam Sheet mode). From there, right click the Rx and select delete.

Q: Can I bring forward exam data from previous encounters to the next or must all history and exam be re entered with each visit??

A: Here is a synopsis of the various data that can be pulled forward in the current version:

MEDICAL/OCULAR HISTORY:

You can bring the patient medical/ocular history forward quite easily. On the Subjective History Tool, on the first tab (Preliminary Findings) you will see a row of boxes near the middle with different history options (e.g. Medical, Ocular, Social, etc). Normally you would use the green arrow to make All Normal, then maybe the Details button to make any exceptions to normal. But if you have a prior history, you would click the Find button (looks like a magnifying glass) right below the green arrow or use the Prior History button at the bottom. To make it even quicker, when you select from the Quick Fill Template list at the top of this same screen, it automatically populates with your most recent history (as well as prior exam date).

SPECTACLE RX's:

You can find a prior Rx and pull it into current lensometry data on the Automated Instrument Tool. Use the Find Prior Rx button on the bottom of the Automated Instrument Tool.

REFRACTION/FINAL RX's:

On most of the dioptric power slider tools, you will see a small green arrow near the top left corner. Clicking on it will give a menu of options for importing prior (or current data). For instance, on the Refraction Tool you use the green arrow to pull prior lensometry or autorefraction data forward.

CONTACT LENS TOOL:

You use the green arrow to import Subjective Refraction findings or maybe a lensometry reading. You would then click the Contact Lens Power Conversions buttons at the bottom to clean up the data. To pull prior years Contact Lens parameters, you would click the large Find Contacts button(s) on the CL tool.

PRIOR EXAM FINDINGS:

There is no simple way to copy prior exam findings (and you generally wouldn't want to, since they would likely be different). However, you may on occasion want to copy some of the verbiage from a prior record (say a description of a corneal problem). To do this you open the prior chart from within the current chart (by clicking Full Chart on bottom left side of buttons in chart view), then use the dropdown at top to find relevant prior encounter. Use your mouse to select the text you wish to copy and then right-click select "copy" (or just use ctrl-c from keyboard). Close the prior encounters and paste the text into your Soap Note at the appropriate place using ctrl-v or right-click (the background changes to green in edit mode). NOTE: Try not to delete any of the Anchor Tags (that have curly brackets like this: "{Cornea}") as these are used to create your remaining exam findings

TONOMETRY & C/D:

Currently the software does not pull these forward. This will be addressed in an upcoming version. Also we will likely add an alert if the entered tonometry and c/d doesn't match a prior finding.

Q: I enter chart data, but when my staff looks at it they can't open the chart.

A: You must have the security settings of the User set high enough that they can view Pending charts (usually level 7 or higher).

Q: I can't seem to figure out how to put a previous prescription in correctly (from an exam from 2005). When I put in the prescription and change the date, it does not save the correct date but puts in today's date. Thanks for your help.

A: I tested that out and you are correct, the date seems to revert to today's date. You can correct the date on the report itself by manually editing it on-screen and then when saving, changing to the correct date. That way the printout that is save in the chart will be correct. However, the Rx Logbook will show the incorrect date, and as of yet there is no way to edit it.

Q: Cannot find the ADD area or button to attach an ADD to the SRx when using the refraction tool. I can use the prescription viewer to add it in later, but a button or place in the refraction tool would be useful.

A: With the 'Refractive Findings Tool', the slider near the bottom gives the Add powers... changing should change the two boxes marked 0.00 to the correct Add power. The range is hard-wired at +0.75 to +4.00. Clicking the actual (green) box once you have entered the Add causes it to reset (blank). To enter unequal adds, click the small red circle that is located in the bottom left part of the Add Power slider.

Q: I have trouble pulling up the Drawing template for like fundus or externals, etc when I am in the exam record. It does not give the template but just brings up a blank Paint screen. (I am using Vista, will the

drawing module work with XP better?)

A: You are going about it the wrong way. For example, a cornea drawing can be done by: open the Quick Exam Tool, then click the Anterior Segment tab. Click the cornea button twice to pull up the Detailed Findings section and across the top tabs you see on called "Drawing Tool". This is the one you want to use for all your drawings. It has the advantage of pasting your drawing into the exam record in the appropriate section, if desired. Any of the buttons on the Quick Exam Tool work this way.

Q: Is it easy to link a patient's ezChartWriter record to previously scanned records (e.g. PDF's)? I believe there was a section, but I think that it was reserved for "Future Use." Can't remember exactly what it says, my demo is expired.

A: Yes. You use the Document Manager to "attach" the document. Simply right-click the patient's name and select "Attach Document".

12.5.3 Customization

Q: How do you edit the reports that come with the program?

A: On the main screen (click the Main Menu button at the bottom if you aren't on the main screen), click the Special Functions button (the big "F" in green circle). Select the option "Report Designer". To edit a report just double-click it or select "Edit". You can make any changes you like, but remember that the items in double brackets `[[code]]` are codes to set placement of text. The names are pretty self-explanatory. You can enter new codes using the drop-down box at the top. You can create your own reports and handouts the same way (just select new; you can even copy an existing report as the template). By the way, you can also get to the Report Designer in any open chart by clicking the menu item "Customize-->Customize Reports & Letters".

Q: Can the exam form be customized to mimic as close as possible the flow of our current exam form?

A: Not really, in the sense that the exam is basically presented in SOAP format and you use a series of tools to complete the encounter. You'll have to try the demo to see if it meets your needs. Within the tools, many options are customizable.

Q: On your website, it is stated that, "data tools customizable to your needs" (in future versions). What does that mean?

A: Obviously, the more customization available, the more likely we can meet the needs of many doctors. The reality of software limitations and time constraints unfortunately limits how much customization is possible. Right now, many of the text statements that are pasted into your SOAP note (or examsheet view) are customizable.

Q: Can you make your own custom exam templates? If so how.

A: Not really necessary, since it's the Tool Data that you would want to customize. You can also customize the text pasted into your exam record. To do this, open the Quick Exam Tool, click on any of the buttons (for instance, "Pupils"), then click the "Customize" button in the bottom left side. From there you can enter your own text data. Of course, you can edit the actual SOAP data at any time just like in a word processor.

Q: We would like to know whether reports generated by the system could be configured (i.e. whether we can suppress the "normal" remarks of investigation and print only the "abnormal remarks so that the report can be limited to one page)?

A: This would be impossible to do given how the software is designed; additionally, for legal reasons all notations, whether normal or abnormal, should be part of the medical chart.

Q: Is it possible to design a totally custom exam template? (i.e. for s-code/routine exams, ortho-k, etc...)

A: The current version of the software is somewhat limited in customization in that sense. Future versions will include more customization.

Q: Can we add our own information such as states and cities to the lists?

A: You can edit the states and zip codes in the "Settings" screen (use the customize lists option). You will likely have to edit the report templates also (using the "Report Designer") in special functions.

12.5.4 Reports & Rx's

Q: When printing spectacle Rx's, I like to print on half sheets of paper, but I have to constantly reset page length and top and bottom margins to do this. How do you print up your Rx's?

A: This can be done in two ways:

- 1) If you have paper that's already cut in half, just insert the half sheet and the Rx will print just that page (this works if you have a printer that allows half-sheets); you'd have to edit the Rx report as described above to eliminate the second half of the page which on most Rx's is a duplicate. If you are using a laser printer, you also might have to use the secondary feed rather than the tray (although my printer uses the tray fine). I use half sheets like this when printing medication Rx's on security paper.
 - 2) You can also print on pre-perforated copy paper so you get a duplicate Rx (top and bottom identical). Then tear in half... one copy for patient and one for optician/lab tray. This type of paper can be ordered in bulk from any office supply store (try www.OfficeDepot.com).
-

Q: When I print contact lens Rx with follow-up, is there a way to print one that does include continuous (EW) instructions. The one now says lenses are not for EW.

A: All Rx's are really just "reports" which you can edit with the Report Designer. A few Rx's are "system" reports; you can modify them, but you can't delete them. These are the ones that automatically show when you open a new Rx. You can always select a different Rx simply by opening the Rx in the Report Manager. (That's how I open an EW Rx). Note, some Rx's (especially medication and grid-based Rx's open the Rx wizard automatically; simply use the Logbook to find the Rx numbers you need)

Q: When you are about to print the Rx, are the cells automatically populated?

A: Yes. Normally you don't have to enter any additional information.

Q: How do I avoid printing the details of the header thru ezChartWriter because we are printing on the pre-printed letter head.

A: The standard exam printouts (which are generated using File->Print Print Preview in the Encounter) cannot be changed. They are hard-wired in that format. See the Q&A below on how to get around that.

Q: To make some space on top of the report to accommodate the Pre-printed letter's Header lines.

A: You can only make extra space on reports that are available in the "Report Designer". So, you would need to create your own exam report. Do this by opening the Report Designer (in an Encounter, on the top menu click Customize->Customize Letters and Reports). In the dialog box, click on Exam Reports->Encounter Reports - SOAP. Enter a report Title below and leave Blank Report selected. A blank Report Designer screen will appear. Since you need to leave room for your letterhead, use the <Enter> key to move the cursor down far enough. Then insert a Table (menu Table->Insert->Table...), you can enter

enough rows and columns to add the date and patient name/address. Just below the table, you need to enter the fields that print the Exam data. Do this by placing your cursor just below the table (you can add some extra lines if you like), then choosing "Exam - Entire SOAP Note" from the drop down list at the top. Then click Insert Field. See the attached screenshots to see what it looks like. Save the new report.



Switch View Mode (ExamSheet or SOAP format)

In order to use the report you need to have a chart open with exam data finished. Then on the left side menu click "Report Manager" (don't use the File->Print Preview, as this gives on the standard report). Once the Report Manager opens, select your report type (click Exam Reports, then Encounter Report - SOAP, then click the name of the report your designed in the right-side list. Double-click or click "Select". Your report showing the new format will appear on screen. Once you've designed the report as above, you can open and use it for ANY patient. You can build whatever reports you desire this same way.



Open Full Chart (to view previous data)

12.5.5 Backup Utilities

Q: I am using an online backup service, should I still back up the data using the ezBackup utility included with the software?

A: We recommend that you ALSO use the internal backup utility (at least weekly, if you are using another software, otherwise daily). It keeps all the database files together in one compressed file that can be easily restored. Daily backups would be ideal, since at most you would lose only a single day's work, which you could likely recreate if needed. Note that you should make sure the backups are saved on a DIFFERENT computer and/or drive than the server (use the Main Menu->Program Settings button to set the backup path).

Q: How large of a backup is needed, do you need to backup with an external hard drive, or can you back up with a flash drive?

A: Typically the backup files are quite small, even if your database has grown large. For example, my own patient database is greater than 1 gigabyte, but it compresses down to under 50MB (in a .zip file). That file can easily be fit onto an older USB flash drive or burned to a CD Rom. You should have no problem with space, as long as you compress the data.

Q: How do you compress your backup file to a flash drive?

A: If you use ezChartWriter to do the backup, the files are automatically compressed. Sign in as a User and select Special Functions->Backup Database. Note that the default location for backups is: C:\ezHW_Backup\ Once the backup is completed, you can then copy the data to a CD-ROM using the Burn CD Rom button or manually copy the file to your flash drive (by opening the C:\ezHW_Backup\ folder and dragging the "Backup000000.zip" file to your flash drive). Each backup is time/date stamped. I HIGHLY recommend that you back up at the end of each day. Did I say highly? I meant "absolutely, positively, always" => I've only had one doctor so far lose data, but it was 10 days worth of charts! That was due to wireless network problems with accessing the database. I've been using the software since 2002 and haven't lost any patient charts yet (>25000 records). But I still recommend backing up frequently just to be safe.

Q: I am having problems backing up at one of my offices. It keeps saying that the file is being used, so it cannot backup - but neither of my computers are using files, and one is completely signed out. I have not had any problems at the other office. Any suggestions?

A: Typically this happens with a software process is left open (i.e. the application closes on screen and looks done, but leaves something running in the background). Most frequently this is seen when you experience a crash, but can happen at other times also. When you get this error, open the Windows Task Manager. Do this on the computer that gave the error. To open the Task Manager, simply hold down the Alt-Ctrl-Del keys together. On the Task Manager screen, click the 2nd tab labeled "Processes" and click the heading "Image Name" to sort alphabetically. Then look for any of the following: echart.exe, ezChartWriter.exe, ezClaimBiller.exe or ezApptScheduler.exe. If you see them, right click and choose "End Process Tree". Now you can restart ezChartWriter and select the backup and it should work. Note that you can accomplish the same thing by restarting the computer, which automatically clears all open process trees.

Q: I backed up my database to a disc. Can I restore the backup easily?

A: Yes, you just need to copy the database files (end in ".dez") back into the ezHW_Data folder.

Q: My computer crashed and when I restarted ezChartWriter it gives an error and won't load. What should I do?

A: Your database may be corrupted. Roll back to a prior version or contact Tech Support (support@ezChartWriter.com) for instructions on having your database repaired.

Q: I carry my laptop back home daily and would like to back up and restore to the laptop. Is it ok to copy C:\ezHW_Data folder to the laptop. This seems to work.

A: Yes, you can copy the entire ezHW_Data folder and that will contain all the patient records. You can also use the internal backup utility (Main Menu->Special Functions->ezBackup), which will compressed the files (which becomes important later on as the grow very large)

Q: Is there a way to run the backup utility automatically every night?

A: Unfortunately, the process is not automatic at this point. We generally assign one staff member to do a backup at end of day (or first thing next morning). Typically the backup process will be 10 minutes or less, especially starting out with fewer patients. You can purchase commercial software that will backup all your data files every night (we still recommend running our backup utility in addition, since it simplifies restoring if you need to get up and running in a hurry).

Q: Where is the information on how to restore a data base file from a back-up. Is this available in you manual? Please advise.

A: It's not in the current manual. But it's easy to do. The backup utility creates a zip file with a date

string. To restore, find the most current zip file, then unzip it. Copy the files into the database folder (usually "C:\ezHW_Data" on your primary computer, unless you changed the default location).

Q: Is the data from the network able to be stored in the local group computer as well e.g. laptop that is used both at the office and at home?

A: As long as you connect each computer to the database folder (e.g. "C:\ezHW_data"), that folder can reside anywhere. You could, for instance, keep your patient database on an external hard-drive (with a folder address of say "E:\ezHW_Data") that you remove nightly and take home (keeping a backup hopefully in the office!). Or you can use your laptop. Or use a desktop in your office, but copy it to your laptop at night (but be sure to copy it back in the morning, if you've made changes!).

12.5.6 Auto Update Feature

Q: How do I update computers not connected to the internet?

A: You may either download the update file (see link in question below) to a home computer and copy it to a USB flash drive (a 1GB size is more than sufficient, available for under \$20 at Walmart or Office Depot). Then just run the file off the flash drive on each computer. Alternately, you can purchase a CD-ROM from the website to get the latest version.

Q: When I update it keeps telling me that it can't continue when the software is running, but it's closed.

A: You might have a hidden window still running in background. Try restarting the computer and trying again.

Q: How can I update without using the Auto Update feature?

A: You must manually download the update file from the website and install it yourself. Download from this link and click run:

http://www.iccomplish.com/update_ezchartwriter.htm

12.5.7 Billing Module_2

Q: Does it auto code for us and generate a HCFA form?

A: The billing module includes the ability to create FeeSlips from which you click a button and create a HCFA (that can be either printed or upload to www.OfficeAlly.com for electronic submittal). In the exam section, the billing codes are created when you finish the Plan & Assessment Tool. At the moment, they do not cross over to the billing module automatically (they may in next version of the software). Also, a simple E&M coding wizard is available in the Plan & Assessment Tool.

Q: Does it generate a daily log sheet or daily report that will break down the day's receipts/ \$ totals into various categories i.e. eye exams, Contact lens fits, contact lens supplies sold, visual fields etc? Can this be customized to mimic how we currently reconcile the numbers at the end of the day?

A: The billing module includes a daily totals report. However this is quite basic. In the future, a more advanced reporting feature will be added that allows for breakdowns as you've described.

Q: I can't get insurance payments to post to an account.

A: First, make sure you have selected the appropriate insurance in the patients demographics screen in ezChartWriter. Assuming you have a fee slip with the same insurance selected as the insurance type (and at least some dollar amount indicated as payment due from the insurance company), the patient should have an "Insurance Balance". To indicate that you received a check from the insurance company, click the "Post Payments" button at the bottom of the main screen. You would then select the

appropriate insurance company and enter the check amount. A list of patients with balances owed for that insurance company will be displayed. If the insurance company "paid in full", you need to simply click the sixth column's check box (Paid Full). Otherwise, click the small plus sign on the left to display the full charges and enter the actual amounts in column seven (7), labeled "Actual" payment. Use the other checkboxes on the row to indicate write-offs and balance transfers. Note that when you enter an amount paid in the payment line BEFORE you click the small expansion plus-sign button, the software will auto calculate each amount in proportion to the total amount. You would likely have to edit these amounts.

Q: How do I set the charges for the different procedure codes?

A: In the Billing Module, select the menu item at top: Options, then Fees/Products. You can edit them there. You can also add your own codes as needed.

Q: Is there a way to get the amount the patient paid on the CMS ins. form? Maybe I'm not doing it right, but the total and pt pmt is not coming up on the insurance form?

A: I will check into that; it should port over, but there may be a bug somewhere.

Q: Does the insurance part import the diagnosis codes from the EMR? I find that it has to be entered separately in each section - is that right?

A: Unfortunately, no. The billing module was written as an add-on module, so currently the EMR and billing module don't "talk" to each other. That will be fixed in a future version.

Q: In your billing module, do you have the facility to include other forms of state taxes?

A: Not currently.

Q: When will you have the HL7 ready for electronic filing?

A: We offer electronic insurance claim filing via clearinghouse conversion. The ezClaimBiller module includes claim (CMS/HCFA-1500) creation for uploading to a third-party EDI service (we recommend OfficeAlly.com).

Q: Can we bill and send electronic claims to Medicare on your system?

A: Yes, with the ezClaimBiller module you can either print paper claims or generate batch files to be uploaded to your EDI clearinghouse (we use www.OfficeAlly.com, but any that can read text files/print images should work)

Q: How do I post an insurance payment when there is no dollar amount because it went to the deductible?

A: You must enter the transaction manually. Open the original FeeSlip, then click the Transactions button. Start a new line and select "Insurance Payment" from the dropdown.

Q: We do have one problem however, the insurance claim form does not line up when printed out. The tutorial says that only minor adjustments should have to be made, but ours is way off.

A: The problem is with the font, not the alignment. On some computers the default system font is not proportional and so all the text is squeezed together. To fix the issue, you must select a different font (also found on the alignment tool). You will have to experiment a bit to find one of the six available fonts that matches one on your computer. I recommend keeping the font size at 12pt though.

Q: Using office ally as an electronic billing solution for ezChartWriter. How do you use that? Do you

convert the paper form to electronic?

A: If you are already printing the paper HCFA/CMS-1500 forms, you only need to add a few steps to go electronic. First, you have to sign up with officeally.com or similar EDI clearinghouse. Then, for each claim you create on screen you would click the "Export" button at the top (instead of "Print"). At the end of the day (or week, or whatever schedule you desire), you need to batch and upload the claims. To "batch" your individual claims, you click the UPLOAD button on the billing module main screen. Select all claims to include and press SAVE. Remember where the folder is that you saved to (typically C:\ezHW_Data\Claims\Batch". So you now have a file that the clearinghouse can use. You must upload the claim to the website; you do this by logging into OfficeAlly and clicking the "Upload Claims" menu on the left. You will be directed to locate the batch file. A confirmation screen appears telling you the upload was successful.

Q: When I click on the help button in the Billing Software mode, it opens up the EMR help. There are no instructions on how to use the billing software, and I don't know where to begin with it.

A: I'm sad to say there is not a billing manual ready yet... I've been holding off pending making finalized changes to the module (should be ready late 2009).

Q: How do I go about billing a patient visit?

A: The basic flow of the billing module is to pull a patient chart (called a ledger on the billing side) and create a FeeSlip (analogous to the encounter on the EMR side). You populate the FeeSlip by typing the CPT code and selecting any insurances and/or discounts. From there you can: (1) record a payment with the button on bottom left of FeeSlip, (2) print a billing statement and (3)

Q: How do you prepare and print out a patient Superbill?

A: You can do a paper Superbill by simply printing out from the Reports Manager->Misc->Billing->Superbill Grid which will give you a report you can hand-fill out and give to patient. If you are thinking more of a statement with billing codes, it's quicker to open the Billing Module, open the patient and create a FeeSlip. You can then click the Print Preview button to get a nice formatted statement.

Q: Can you tell me how I go about importing/uploading the CMS 1500 into Office Ally for making the insurance claim?

A: If you are already printing the paper HCFA/CMS-1500 forms, you only need to add a few steps to go electronic. First, you have to sign up with officeally.com or similar EDI clearinghouse. Then, for each claim you create on screen you would click the "Export" button at the top (instead of "Print"). At the end of the day (or week, or whatever schedule you desire), you need to batch and upload the claims. To "batch" your individual claims, you click the UPLOAD button on the billing module main screen. Select all claims to include and press SAVE. Remember where the folder is that you saved to (typically C:\ezHW_Data\Claims\Batch". So you now have a file that the clearinghouse can use. You must upload the claim to the website; you do this by logging into OfficeAlly and clicking the "Upload Claims" menu on the left. You will be directed to located the batch file. A confirmation screen appears telling you the upload was successful.

Q: I still have a very hard time trying bring back the patient's FEE SLIP. Hopefully you able to give some hint?

A: Once you create a FeeSlip, you can find it two ways: (1) if there is an outstanding balance, it will show up on the Accounts Receivables (AR) list on the main page or (2) you enter the patient name (or partial name, such as "Smi,J" to find Joe Smith in the QuickFind box. Once the patient name is displayed in the Pulled Ledgers list, you double-click it to pull up the list of prior FeeSlips and insurance claims. This works very similar to how you pull up patient encounters on the charting side.

Q: How can I give a patient a simple superbill?

A: There are pre-printed SuperBills in the Report Manager that you can use. On the main ezChartWriter screen, open the Encounter List and click the Report icon, then "Add New" then Misc->Billing Reports->SuperBill Grid. This report does NOT save CPT or ICD-9 codes, but is nice if you need a simple record of charges to give patient. You can edit the report to your liking with the Report Designer in the Special Functions menu.

Q: Is the ezClaimBiller capable of uploading to a clearinghouse? If so, can you recommend one?

A: Yes you can use ezClaimBiller to upload to a clearinghouse. The recommended one is OfficeAlly.com. Instead of clicking "Print" claim, you would select "Export", then save the file. When ready to upload all your claims, just hit the "Upload" button to convert them into a machine-readable batch file. The go to OfficeAlly.com and upload them into their system.

Q: I just had a question about your software for billing ins. Can you input the info into the emr billing section and electronically sent it to the ins co. via the Internet? Or do you have to print out a form and mail it in? I currently am looking at your software and just had some questions.

A: You can send it to the insurance company electronically, but you actually send it to a clearinghouse first. The one we recommend is called www.OfficeAlly.com. It's free to use (the insurance companies pay them) and fairly easy. All you would do is click the Export button instead of the Print button on the HCFA/CMS-1500 form screen. Then when you are ready to send them to OfficeAlly, you click the Upload button to convert to machine-readable format and then go to the OfficeAlly site to upload/send them the file.

Q: To electronically file your billing, do we need to contract thru a clearinghouse or does your company do that for your customers? Either way do you know how much extra that would cost ?

A: You do need to use a clearinghouse (we don't process claims). Most clearinghouses are paid by the insurance company, so they charge only a nominal fee. We recommend OfficeAlly.com (they are free and charge only for any claims that require paper mailing). As far as our software, the claim generation, batching and uploading is included in your licensing fee of the ezClaimBiller module.

12.5.8 Appointment Scheduler

Q: What is the recommended way to add a new patient on the appointment book? I notice that it does not have a function to transfer some of the information such as the name, phone number, and insurance information from the appointment book to the demographics if a new patient was to come in on the appointment book. Is there a button to connect the appointment book to start a chart (new or existing) from the appointment book?

A: The appointment module was originally designed to stand alone, so the connectivity with the main database is limited. Eventually there will be tighter integration. Basically, you have to switch to the main ezChartWriter screen to enter all demographic data, although once it is enter you can "find" it with the "Select Patient" button on the new appointment screen.

Q: When I am in the Appointment scheduler, I type in the patient's appointment and brief insurance info. Is there anyway that info could be carried over into the Demographic portion of ezChartWriter without double typing?

A: That would be nice, but is not currently available.

12.5.9 Recall Manager

Q: Very impressed with the software. I need to send out appointment remainders for patients. Can you do that with the software?

A: The current version of the software has features in the ezRecallManager to generate labels for recall/reminders. As of now, there is no method to send reminders for patients in the appointment module (ezApptScheduler). A future version will incorporate some of these features.

Q: We do our recall by last exam date. Is this same as "Prior Exam" on patient demographics?

A: It is the same.

12.5.10 Data Exchange

Q: I think the ezDataExchange would be the only extra module I would be interested in. How does it work and can it be set up to use any database or is it only compatible with certain software database?

A: The ezDataExchange module is designed to import/export patient demographics (usually as a batch when first starting to use the program). It can be used to import a few patients at a time. The major limitation is that the data being imported must be of a standard format. It must be in a CSV (comma separated values) file or a tab-delimited text file. So your Medisoft program must be able to Export your patient data in this format. If so, then the ezChartWriter software should be able to import it.

Q: I wanted to ask whether or not the software will allow demographic information from Medisoft? This is an important consideration before purchasing your product.

A: You can send your Medisoft database for evaluation (use www.transferbigfiles.com and email us to let know it's coming); sometimes it is possible to directly extract the data. Otherwise, you can try exporting the data from Medisoft and then importing it into ezChartWriter using the ezDataExchange module.

Q: I was wondering if later the examination data saved in the program could be exported into CCHIT compliant program?

A: Typically only the patient demographics can be exchanged; there is no recognized standard format for exchanging clinical data as of yet.

12.6 Errors & Crashes

Q: Vista problems - They just randomly occur while I am trying to utilize the program.

A: Some of the issues might have been resolved in the newest release. Also, Microsoft has released several upgrades that improve compatibility, so those should be downloaded from the Microsoft site if not done already. Vista was a major overhaul for Microsoft and much work had to be done with ezChartWriter to make it fully compatible. Some bugs probably persist and will be fixed as they are discovered. If at all possible, try to use XP (or Win 2000) systems (especially for your exam computer). I do have users with Vista though that seem to do fine.

Q: My computer keeps giving a message that states it can't operate in 'modal' form during an encounter, then closes the whole encounter without saving and I have to start over. Is this common with Vista? what can I do? I like using your program, but I have to keep re-entering the information, which wastes exam time.

A: That does sound extremely frustrating. From the way you described it, the error only happens sometimes and not on every chart? There can be two causes for this error: (1) insufficient computer memory and (2) a bug.

The lack of computer memory is the most likely culprit. Even with new computers with lot's of memory, the resources can be used up quickly if you have multiple charts open or if you have a single chart and have memory hogs like Internet Explorer or Firefox open also. To check your memory usage, use alt-ctrl-del key combination to open the "Task Manager". Then click "Processes" and click the "Mem Usage" heading to sort by amount used. This will provide clues to what's running and using up memory. On my computers, I can typically have two charts open, but not with an Internet browser window open. Trust me, I've lost enough charts over the years to be totally p***-off when it happens... and I wrote the software! I've learned that the Subjective History tool is the biggest memory hog, so I usually open and close that window quickly. It's always best to close a tool out as soon as you've entered the data (that forces an automatic save also, so your work up to that point is saved).

The second possibility is that there is a specific bug that causes the error. If that is the case, then there is likely some combination of clicks or actions that lead to it. Have you noticed a pattern at all (e.g. the crashes only occur when entering the history or the plan/assessment)? If you detect a pattern, let me know.

Q: I keep getting a runtime error'401' (can't show non-modal form when modal form is displayed) while I am in the history screen with medications.

A: Thanks for catching that bug! I will send you an updated exam module in a few days with the fix.

Q: Any updates or suggestions to fix the problem I had with my Toshiba tablet pc?

A: You might also try disabling the wireless connection and connect the Tablet to the network with a cable (into your router directly). See if that allows connection to the database.

Q: While attempting to update, I get an error. It says to click "try again" to repeat, "ignore" to skip this file (not recommended), or "abort" to cancel. Retry keeps getting stuck at the same spot. Ignore didn't do anything. It acted like it was continuing to install the new updates however, when I tried the program I didn't notice any changes to the features like I did one my other computer.

A: Try restarting that computer and trying again. You can also use the direct download link, rather than doing it with auto- update. That should allow the setup to continue.

Q: I have windows media player, but couldn't get the spectacle prescription video tutorial to play. The screen remained blank despite pushing the play icon

A: The video player may be an older version. Try updating to the newest version.

Q: Is it normal that your program does not show up in the Windows "Add/Remove Programs" window?

A: No, it should have the uninstall option. The only thing I can think of is that maybe you already uninstalled it using the Add/Remove?

Q: When I try to logon as an administrator the program prohibits me from going forward, telling me that my 30 day trial is over. Am I missing something???

A: I'm assuming that you actually have passed your 30-day period? What's SUPPOSED happen is that when you first start the software, a warning message tells you that your license has expired. The program then loads as usual and you reach the login screen. The User button should be grayed out and only the Admin button can be used. There should be button visible for purchasing software (which you already did). Once you login into the Admin, you should be able to click on the Software Account screen, then the Register Software button, from which you click the "Activate Via Internet" button.

So, if you can tell me exactly where the program is halting, it will help determine the error. Is it right after it displays the "License Expired" message?

Two other questions:

- (1) Is the clinic telephone number you licensed the same as what you used during the trial?
 - (2) Did you try restarting your computer?
-

Q: I am getting the following error message when I attempt to run the setup program. It prevents me from completing the setup. The error shows: "RegSvr32: regsp.exe - Entry Point Not Found. The procedure entry point ?NP_GetAcctCell@CPortView@@@UAGHHHPAD@Z could not be located in the dynamic link library SPORT.dll."

A: That's an interesting error; haven't had any other reports of that one. It's the Windows library for controlling the serial port (for use with eyeCOMM instrument link). I believe, however, that this file (sPort.dll) is the LAST file to be registered, so you may still be able to run the software. There may be no icons created on your desktop, but try navigating to Program Files \ ezHealthWare \ ezChartWriter \ and double click on ezChartWriter.exe to start the software. If it starts okay, then the error won't effect program operation (unless you try to use eyeCOMM).

Q: I hate to bother you with this because I know you're working on it, but I've been having so many problems with the software freezing up on me lately. The program usually doesn't freeze while doing a patient encounter (luckily). It usually happens when opening a new patient to start another encounter or obtain info. on a patient. In order to remedy the problem I have to restart the computer. This can take some time as the ezChartWriter program doesn't want to end. I have to wait till the 'end now' screen comes up on the task scheduler program to stop the program. The 'end now' screen may pop up 2 to 3 times before the program actually ends and the computer begins the shut down process.

A: Usually the cause of this type of problem is limited resources (which could be overall memory, graphics card memory or the windows memory stack). The software has been updated to eliminate many of the crashes when out of memory, although you won't be able to open Tools until you free up memory elsewhere (e.g. close some other program). The best solution is to add more RAM to your system.

Q: I get an error message if I close the Examination Note using the small x in the upper right corner instead of the close button near the sign chart button on the lower left of the screen.

A: Fixed in the new update. Although on one of my computers, I also get an occasional error when closing with the bottom button; the chart saves okay, but seems to generate an error code on closing. working on a fix for that too.

12.7 Getting Help

Q: Is there documentation available or coming soon for the accounting, recall, or appointment modules?

A: Yes, I'm trying to put together some documentation for all the main sections and modules. This will also be available on the website when it is revamped.

Q: Is there a forum where users can discuss problems or ask questions?

A: I'm working on making a new, more user- friendly website. It will include a forum (I had to delete the last forum due to high spam messages).

12.8 Uninstalling Software

Q: I would like to wipe this XP machine clean of all remnants of your software.....Including the registry.....In hopes that I can do a fresh Clean install. Do you have any advice on completely purging my

XP machine of your software ?

A: To manually delete the software, follow these steps:

- 1) In the Windows Control Panel, click the "Add/Remove Programs" icon. Find the entry for ezChartWriter and click "Remove"
- 2) Delete the program files (if present): delete C:\Program Files\ezHealthWare folder entirely
- 3) Re-install the software by downloading the setup file: www.ezchartwriter.com/downloads/ezchartwriter_setup.exe. DO NOT RUN software yet.
- 4) Instead, go to the ezHealthWare\ezUtilities folder and open the ezPathUtil.exe file. You will see two lines (path to database and to the tool database). Click clear for each and hit okay, then confirm if asked.
- 5) Start the software now. It should run as if a fresh install. Use the default settings for install location of database (e.g. C:\ezHW_Data).

NOTE: This does NOT delete the patient database. To delete the existing database use the topic "Instructions to do a Fresh Start (with empty patient database)".

12.9 Ideas & Future Plans

Q: Is there a way to put in more insurance company info to a patient's demographic data other than the primary and secondary insurance that is available at present

A: In the past, there was a benefits screen in the Patients Demographics section, but most docs weren't using it and it took up lot's of valuable space (made things quite cluttered). So it was removed; if enough user's request the feature it may be added again.

Q: In the mandatory fields requiring completion in the set up phase there is a drop down arrow requiring you to select either GP or OD . In SA neither application is applicable, can this be omitted.

A: In a future version we will make this change. What designation do you use? In the mean-time, you could just choose OD; it doesn't really matter in the software (except reports, for which you can edit the actual template). You do want to choose "type" as Provider so that you can enter EMR chart data.

Q: We make use of ICD 10 codes, can these be loaded instead of CPT codes.

A: Maybe. I'll have to research it.

Q: Can a facility be loaded to load our state applicable medical aid details and relevant codes that pertain to them?

A: I'd need more information about what you have in mind.

Q: Do you plan to add the ability to include glasses or contact lens orders or have an inventory module?

A: Yes, but I couldn't say when it will be complete. It's something I'd like to have for my own practice, so that tends to get things done sooner LOL.

Q: Is there a way to put in more insurance company info to a patient's demographic data other than the primary and secondary insurance that is available at present?

A: In the past, there was a benefits screen in the Patients Demographics section, but most docs weren't using it and it took up lot's of valuable space (made things quite cluttered). So I took it out. What type of information were you looking to store?

Q: Do you have an interface to a stock module?

A: For tracking inventory, not yet; it's under consideration.

Q: I would be able to send you a list of our applicable tariff codes and corresponding prices, could these be included?

A: Again maybe... depends on whether it requires just a database update or a whole re-write of software.

Q: When will the next updated version come out with the multiple diagnosis codes

A: Not sure, maybe within a few months depending on how quickly some other projects get done.

Q: When typing a patient medication in the Medications field, the drop down box will list the drugs spelled similarly. However, it lists 2 of every drug with the exact same spelling. So you either have to spell the entire drug completely and then hit enter. Or, after you see the drug you are interested in you must hit the down arrow on the keyboard and then enter to select it. This process is timelier than it was before the update.

A: I'm working a fix for this issue and should have something soon.

Q: When trying to use the default templates in the drawing tool (located in the Quick Exam Tool); my vista computers will not open any of the drawings up so you can edit them to show the pathology you want. But, my XP computers can open the images up to edit them and then paste the pictures in the record for documentation.

A: I will test this on a Vista computer and find out what is causing the problem.

Q: It may sound like I'm really frustrated with trying to grasp this software but, you know what? I really love using it.

A: Thanks! Your comments and bug reports are welcomed, since they make the software more stable for the next doctor (who might not have your patience!).

Q: Is there a way to type in the "auto instrument" values, such as the K readings, auto-refraction, and NCT instead of using the sliders?

A: Not currently, but that's a good idea and I will look into it for some future version.

Q: Can I add more History option, such as the Family Medical History to include HTN, Heart DZ, Cancer, Thyroid, and also Family Ocular History?

A: Not currently, but I am looking at ways to add customization to the history section

Q: If we have our own exam form, would we be able to incorporate that into your software? Is that extra?

A: No, that is not available (our charting system is SOAP based).

Q: Is there a way I can add more HPI onto the HPI section? I do believe Medicare now requires 7 elements for 99204 or 99205. I would be go just to have the elements on the program to remind me to be Medicare compliant, and for those health care insurances as well, for the Office Visits, and comprehensive ophthalmological exams.

A: We will look into this issue and provide an update in the future.

Q: It would be optimum to select the rendering physician at each encounter.

A: The rendering physician is the currently logged in provider (since you wouldn't want others making changes to charts unless they were logged in).

Q: Is ezChartWriter compatible with the new Medicare e -Rx bonus program?

A: No. We are investigating a partnership with an online ePrescribing system, but they are all rather costly at the moment. And we strive for low cost!

Q: Just wondering how the inventory system is doing for ezChartWriter? Is a Beta version close to completion as of yet?

A: It's not ready for prime-time yet, but I'll be working on it over the next few months.

Q: I have found a couple of bugs in the contact lens Rx system, but haven't used enough to pinpoint the problem specifically. When you create a CLRx with the dropdown menus when you finalize the info does not paste in the final Rx also the date are funky if you need to change a expiration date.

A: The CL tool still has a number of bugs; at some point it will be totally revamped to improve functionality.

Q: Did you know that in the history part of the exam if you enter a condition (ie. FHx diabetes or SHx smoking) it does not show the other options (ie. FHx -glaucoma or SHx denies alcohol)?

A: That made it onto a bug list once before, but apparently never got fixed =(I'll look into it!

Q: Will you guys be adding a eFax prescription module to be compliant with Medicare soon?

A: We're looking into it, to see if it would be cost effective to add the feature. Otherwise I might partner with a third-party e-prescribing system.

Q: How about your work on a general medical or podiatry version? I am really impressed by your software, but it would have limited application to feet, as is

A: Sorry, as of now the software is designed for the eye care community. A simple SOAP note version of the software may be developed in the future (if enough interest is shown), with templates self-created by users.

Q: There is no way to add more lenses to the posterior seg eval lenses used. For example, where you check 78D lens and 20D lens, there is the area for other. When I check other and put in SuperField or SuperPupil, it will not store onto the Examination Chart.

A: Good point... never finished writing the code for that feature. Should be working for you in next version.

Part



13 Software License Agreement

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Index

- A -

- abnormal findings 260, 285
- accounts receivable 415
- accounts receivable list 469
- action note 415
- active charts 110, 131
- acuity tool 278
- admin
 - functions 92
 - login 85
- Adobe Reader 233
- allergy list 263
- AllScripts 220
- appointment 388
 - edit/move 401
 - lunch hour 402
 - new 398
- appointment scheduler 388
- AR list 415, 469
- AR report 468
- AR/AK readings 272, 276
- ARRA 18, 235
- assessment 296
- attach 160
- attachments 136
- audit flags 340
- audit trail 105
- auto log off 242
- auto save 208, 370
- auto select provider 208, 370
- auto update 172

- B -

- backup database 168
- backups 208, 370
- batch claims 459
- billing module 420
 - Admin sign-in 423
- billing reports 467
- binocular assessment 281
- blood pressure 328

- bugs 171, 172

- C -

- calendar options 407
- CCHIT 18
- certification 18, 235
- change signed encounter 241
- change telephone number 96
- check for updates 172
- chief complaint 255, 266
- claim alignment 478
- claim defaults 451
- claim EDI 459
- clearinghouse 459
- Click2Mail 203
- clinic details 97
- CMS-1500 450
- compact database 168, 171
- compress 173, 175
- computer use 269
- consultant 186
- contact lens Rx 291
- contact lens tool 298
- contact lenses
 - brand 302
 - customization 370
 - final prescription 298
 - fit assessment 305
 - ordering 298
- CPT 442, 472
- CPT code 339
- CPT Codes 208, 370
- crash
 - database 478
 - network 478
 - software 478
- create CMS-1500 claim 454
- create reminder 164
- credit cards 447
- CSV format 202
- customization 256, 265, 271, 344, 366, 370, 471
 - appointment types 408

- D -

- daily production report 469

data
 exporting 206
 importing 205
 data management 173
 database
 backup 168, 215
 backups 208, 370
 compact 168, 171
 find missing 103
 maintenance 168, 171
 switcher 215
 upgrade 478
 database crash 478
 date format 208, 370
 date of service 442
 day view 395
 default user 208, 370
 delete feeslip 450
 delete patient payment 475
 detailed exam findings tool 289
 detailed history 261
 diagnosis 442
 Dial My Calls 199
 diopter power tool 246
 diopter steps 208, 370
 discount 442
 DOS 442
 drawings 136, 329
 DYMO printer 190

- E -

E&M coding 340
 edit appointment 401
 edit CMS-1500 claim 454
 edit feeslip 449
 editing transactions 448
 email list 195
 email recall 195
 encounter
 assessment 296
 create 138
 follow-up 296
 plan 296
 encounter templates 365
 encounters 136
 allergies 263
 chief complaint 255

customization 265, 271, 344, 365, 366, 370
 demographics button 254
 drawings 329
 edit text in SOAP 231
 exam findings tool 285
 exporting to MS Word 233
 exporting to PDF 233
 family history 263
 modify finalized 241
 patient medications 262
 printing 231
 prior history 258
 quick fill template 254
 sign/finalize 234
 social history 264
 switch views 230
 view prior 229
 encrypt 173, 175
 eprescribe 220, 291
 ExamSheet 230
 export data 202
 export patients 206
 exporting claims 459
 exporting data 206
 ezPathUtil 215

- F -

facility 186
 family history 263
 fees 472
 feeslip 441, 446, 449
 finalize encounter 234
 fit assessment tool 305
 follow-up 296
 font 478
 fonts 208
 force close 215
 form letters 194

- G -

glaucoma logbook 328
 guarantor 130, 430

- H -

handouts 311
hardware requirements 21
help functions 215
HIPAA notification 208, 370
history of present illness 266
hobbies list 271
HPI 266, 340

- I -

ICD-10 208, 370, 442
ICD-9 208, 370, 442
image manager 339
image templates 329, 363
images 148, 329
import instrument data 276
import patients 205
importing data 205
inbox 164
instruments 272, 276, 370, 384
insurance 463
insurance balance 442
insurance claim 450
insurance claim defaults 451
insurance plan 442
insurance plan list 471
insurance plans 208
insurance provider ID's 473
international settings 102

- K -

keywords 369

- L -

lab tests 328
labels 187, 190
ledger 415
ledger screen 437
letters 311
license agreement 530
locked chart 478
logbook 162, 208, 244

login 420
logout 242, 423
low memory 21, 478
lunch hour, scheduler 402

- M -

Mail Chimp 195
manage reminders 166
Marco 272, 276, 386
margins 208, 370
medical complexity 340
medical decision making 340
medical history 257
Medicare 340
medication list 262
medication Rx 291
Microsoft Excel 202
misspelled patient name 133, 418
modify name 133, 418
money orders 447
month view 395
move appointment 401
multiple providers, scheduler 402

- N -

name alerts 244
navigation buttons 243
network problem 478
networking 28
 mapping database folder 58
 sharing database folder 41
new appointment 398
new patient 423
Nidek 272, 276, 386
notes 136, 159

- O -

occupation list 270
ocular history 257
ocular symptoms 267
OfficeAlly 459
OfficeMate
 import patient database 205
open charts 110, 131, 431

open ledgers 415
options 208, 370, 470

- P -

password 84, 85, 104, 208, 370, 421
path utility 215
patient
 change name 133, 418
 demographics 119
 new chart 114
 open chart 115
 photos 208, 370
 reminders 163
 search 111
patient balance 442
patient demographics 425
patient list 116, 432
patient payments 447, 454, 467
patient payments report 469
PCP 186
PDF documents 208, 370
pending payments list 469
phone list 198
photos 136, 208, 370
picklist 289
plan 296
post payment
 insurance 463
 patient 467
power tool 246, 302
PracticeFusion EHR 235
prescriptions 311
primary care provider 186
print Rx 281, 291
printing
 appointments 391
 CMS-1500 456
 encounter 231
 feeslip 449
 insurance claim 456
 schedule 391
 statement 449
prior history 258
prism 246
product code 442
product codes 472
provider PINs 473

pulled charts 131

- Q -

query 173
quickfind tool 111, 411

- R -

race/ethnicity 254
recall
 email list 195
 export list 202
 form letter 194
 labels 190
 phone list 198
recall wizard 187
recalls 187
record release 208, 370
refraction 281
report bugs 171, 172
report designer 175
report fields 182, 359
report template 175
report writer 145
reports 136, 144, 175, 311
 accounts receivable 468
 customization 352
 daily production 469
 designing 175
 images 315
 patient payments 469
 revenue by patient 469
 sales by product 469
 summary of revenue 469
 tables 315
 tax collected 469
 text editing 312
reset database path 215
revenue by patient report 469
review of systems 261
risk assessment 340
rolodex 186
ROS 261
Rx wizard 291
Rx's 136, 138

- S -

- sales by product report 469
- sales tax 469
- sample patient 89
- sample SOAP note 226
- save report 208, 370
- scan 160
- scheduler 388, 401
- security settings 101, 208, 370
- service codes 472
- service date 442
- service location 186
- settings 208, 370, 470
- setup 78
- sign encounter 234
- sign in 420
- sign out 423
- similar names 244
- snellen 278
- SOAP 226, 231
- SOAPnote 230
- SOAPwriter 265, 326, 366
- social history 264
- software
 - check for updates 171
 - download 26
 - license agreement 530
 - purchase 20, 93
 - register 19, 94
 - report bugs 171, 172
 - trial 214
 - updates 172
- software crash 478
- software versions 214
- special functions 167, 168, 171, 173
- specialist 186
- spectacle Rx 281, 291
- spectacle Rx tool 246
- statistics 173
- sticky note 135, 417
- subjective findings tool 250
- subjective refraction 281
- subscriber 130, 430
- suggest idea/feature 215
- summary of revenue report 469
- superbill 339, 444

- switch chart view 230
- system info 106

- T -

- tables 151
- tax 442, 469
- template
 - form letter 194
 - SOAPwriter 369
- templates 365, 445
- timescale 402
- tip of the day 215
- toggle button 260
- toolbox 230, 245
- TOPCON 272, 276, 385
- transactions 448, 475
- transfer balance to patient 448
- trial frame Rx 281
- trial period 19
- troubleshooting 478
 - network problems 73

- U -

- U&C fee 442
- undo billing transaction 475
- uninstall software 478
- updates 172
- upgrade database 478
- upload claims 459
- user details 98
- user groups 166
- user login 84
- user name 208, 370

- V -

- view licenses 96
- view prior encounters 229
- Vista 21, 478
- visual acuity 278
- vital signs 328

- W -

- week view 395

weight 328
Windows7 21, 478
wireless network 68
write-off
 insurance balance 448
 patient balance 448

- X -

XP compatibility 21, 478

