



# **ezChartWriter User Manual**

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# **ezChartWriter**

**Ophthalmic EMR Software**

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*by Iccomplish, Inc*

# ezChartWriter User Manual

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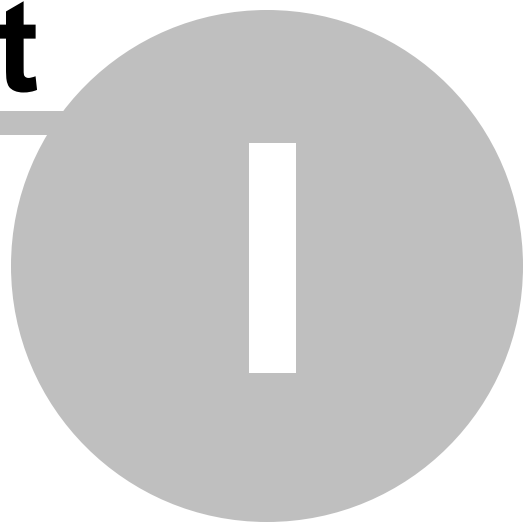
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**Part**




# 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:



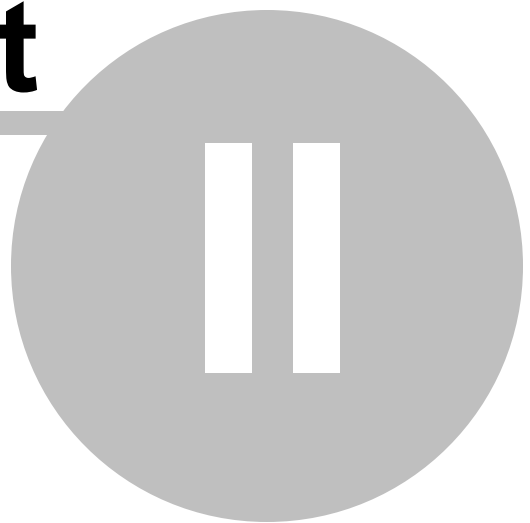
Specific warning information that may help you avoid a problem.

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# Part

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## 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.



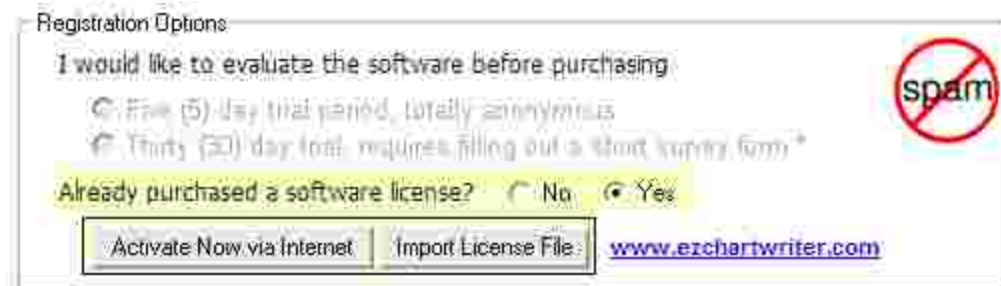
Most of the screens in ezApptScheduler have a Help button that displays relevant information.



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.



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](http://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](http://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](http://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)

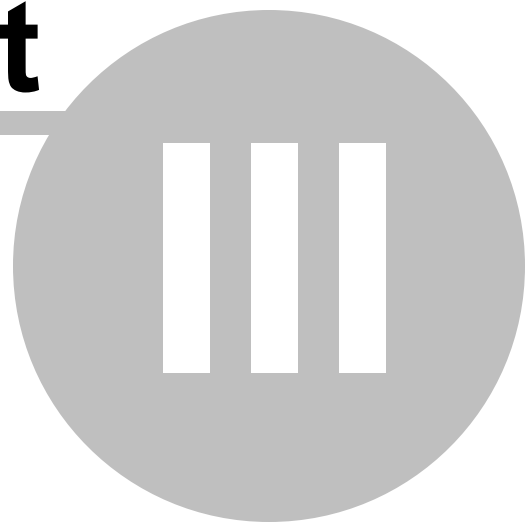
In today's technological workplace, a practice that is computerized may have a higher perceived value than one based solely on paper records. Many younger practitioners expect for your records to be computerized. The ideal situation may be a full-fledged EMR (electronic medical records) system, but as 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](http://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](#) 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

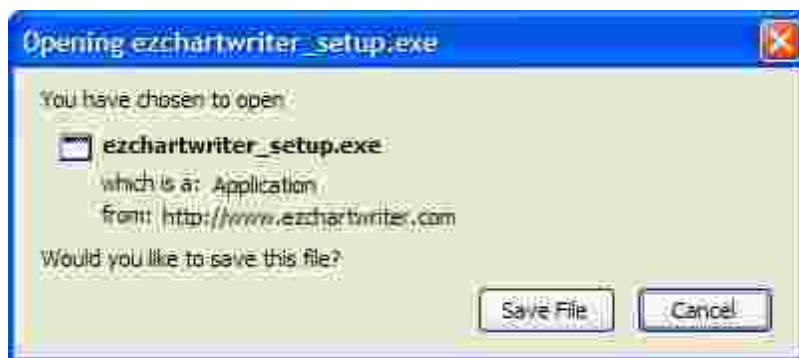
To install the software on your computer, you must either download a copy from the website or install off a CD-ROM.

### 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](http://www.ezchartwriter.com/download.php)). A confirmation screen may appear, similar to below:

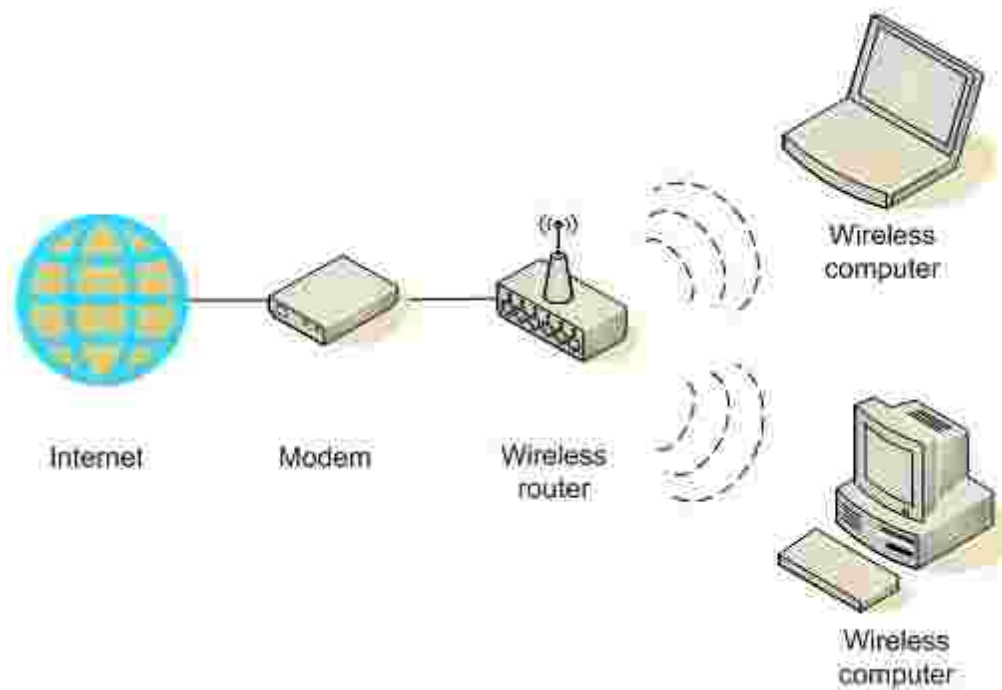


Click "Save" to save the file to your local hard-drive (usually in your "My Documents\Downloads" folder). Remember this location. Once the download is complete, double-click on the file "ezchartwriter\_setup.exe" to start the installation process. Follow the on-screen prompts.

## 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.*

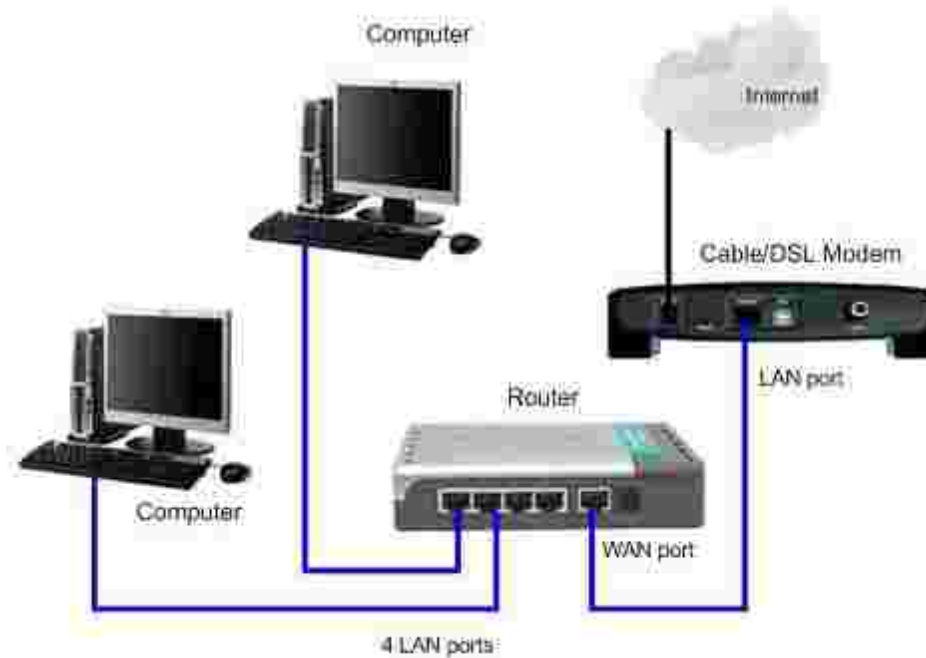
### 3.2.1 Networking the Software

- [Networking Choices](#)
- [Software/Hardware Requirements](#)
- [Setting Up the Network](#)
- [Keys to Successful Networking](#) <— **MUST READ**
- [Our Networking Recommendations](#)
  
- [Installing ezHealthWare software on your Server](#)
- [Sharing your Database Folder](#) <— **MUST READ**
- [Mapping the Networked Folder](#)
- [Installing on your Secondary Computers](#)
- [Setting up a Wireless Network](#)
  
- [Troubleshooting Network Problems](#)

**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.



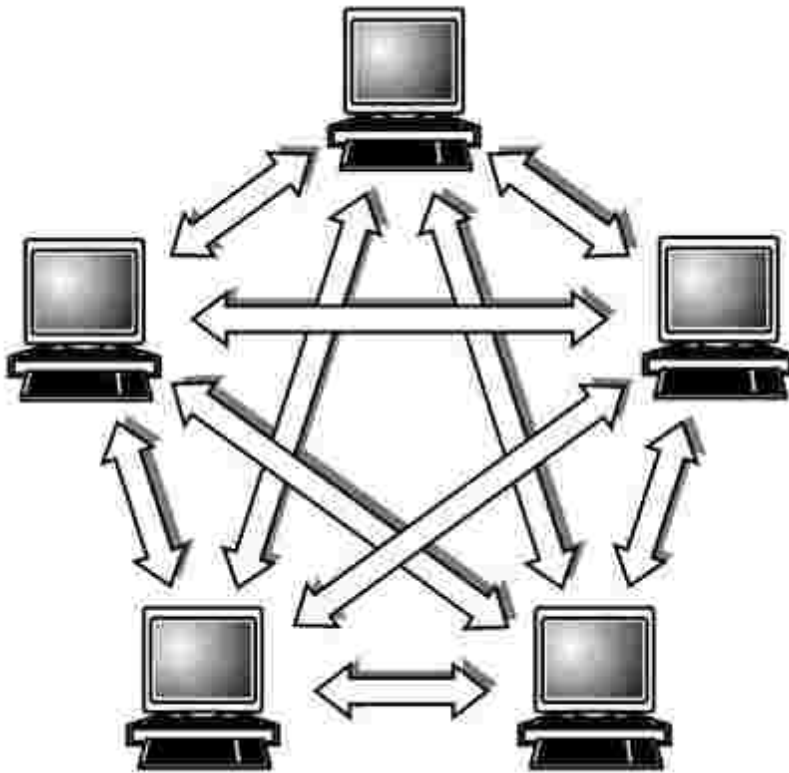
Compare [Peer-to-Peer](#) to [Client/Server](#)

Compare [Ethernet](#) to [Wireless 802.11x](#)

#### 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.

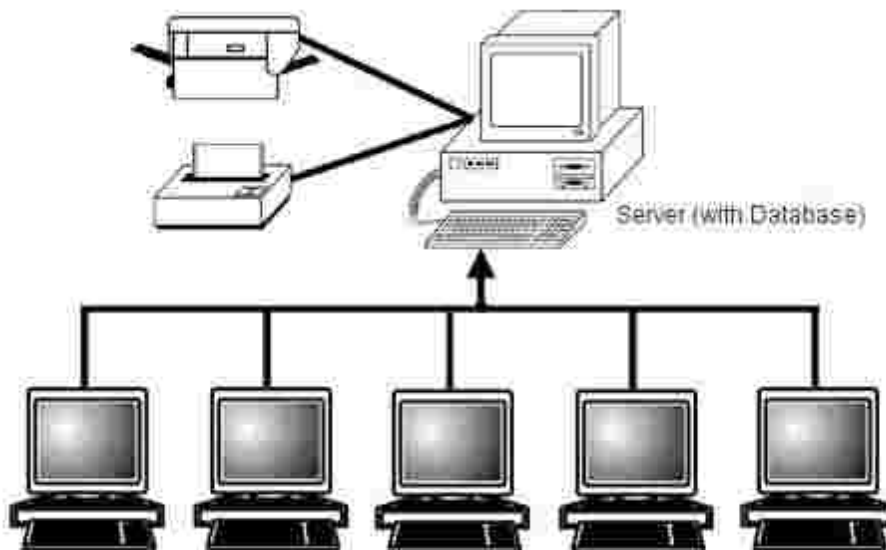
NOTE: For computers running Windows XP with Service Pack 1 (SP1), you can install Windows Peer-to-Peer Networking with the [Advanced Networking Pack for Windows XP](#).

#### 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

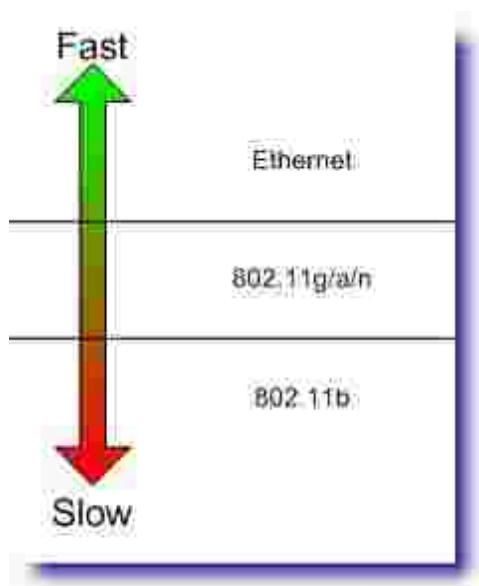


### **Wireless Networks**

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**

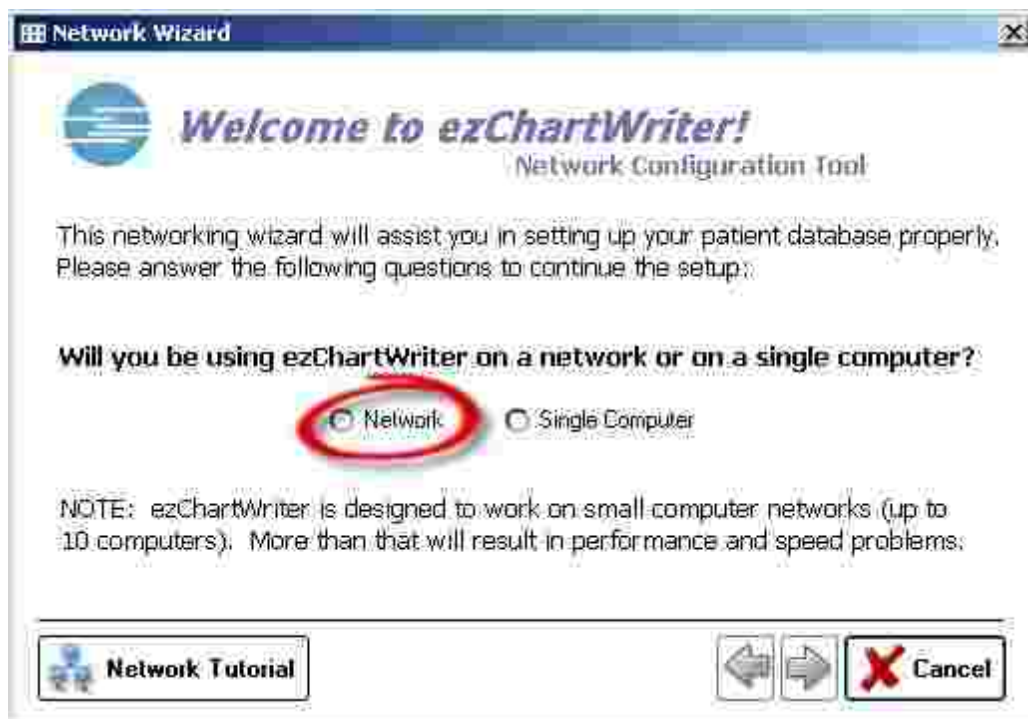
Security for your computer network should be the top concern. You can secure your network by installing the most current version of your operating system and antivirus software. Also, have a properly configured firewall (see your Windows Help section). And remember that one of the simplest things to 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](#)
- 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](#)

- 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](#)
- 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](#).

### 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](#) and [Mapping the Network Folder](#). After completing these steps you can finish by [Installing on all the Secondary Computers](#).

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

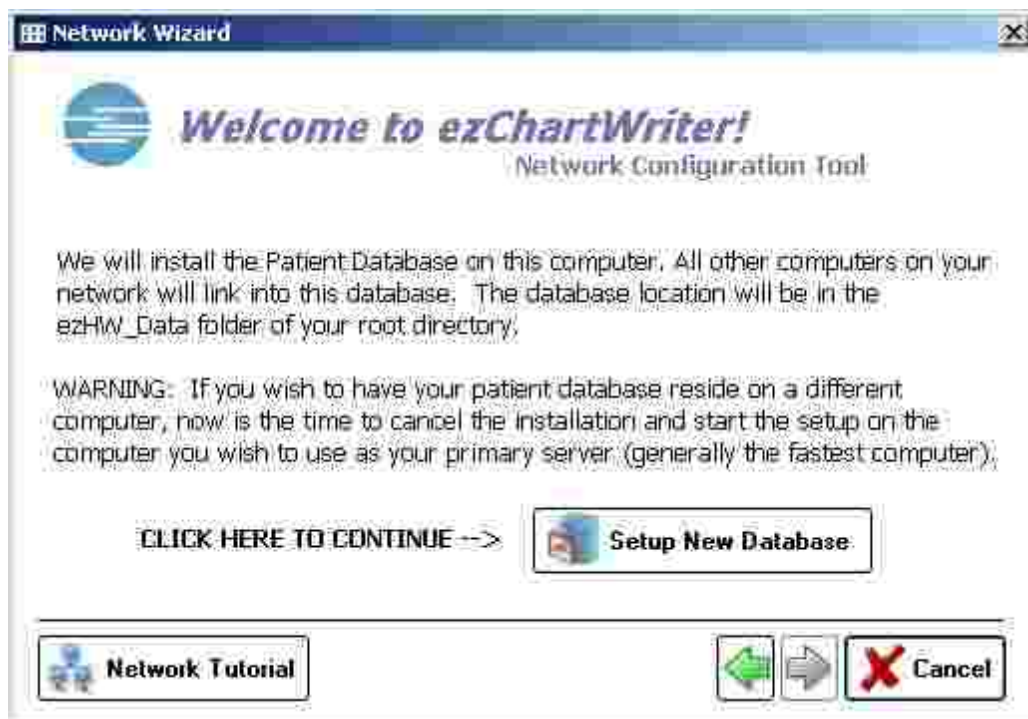


On the next screen, you will indicate that this is a first-time installation so that a brand new database is created.



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 Folder](#).

### 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](#)
- [Windows XP](#)
- [Windows Vista](#)
- [Windows 7](#)

### 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](#).

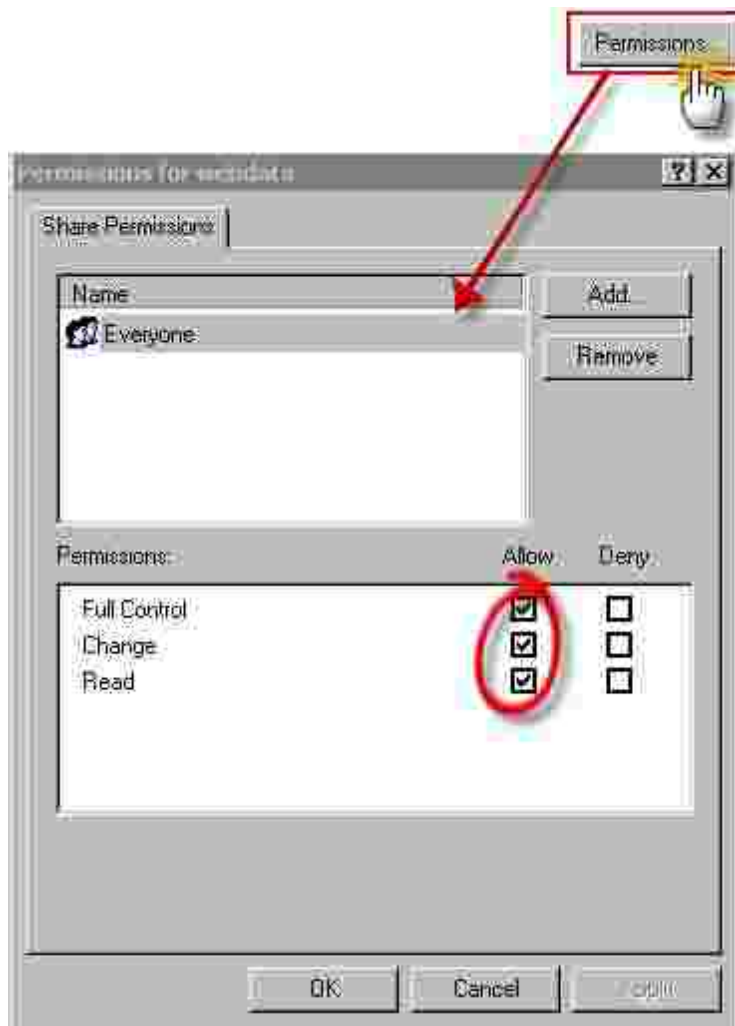
Step 1 - Open the drive that contains the ezHealthWare software database (typically "C:\ezHW\_Data"). Right-click the folder and select "Sharing..."



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!



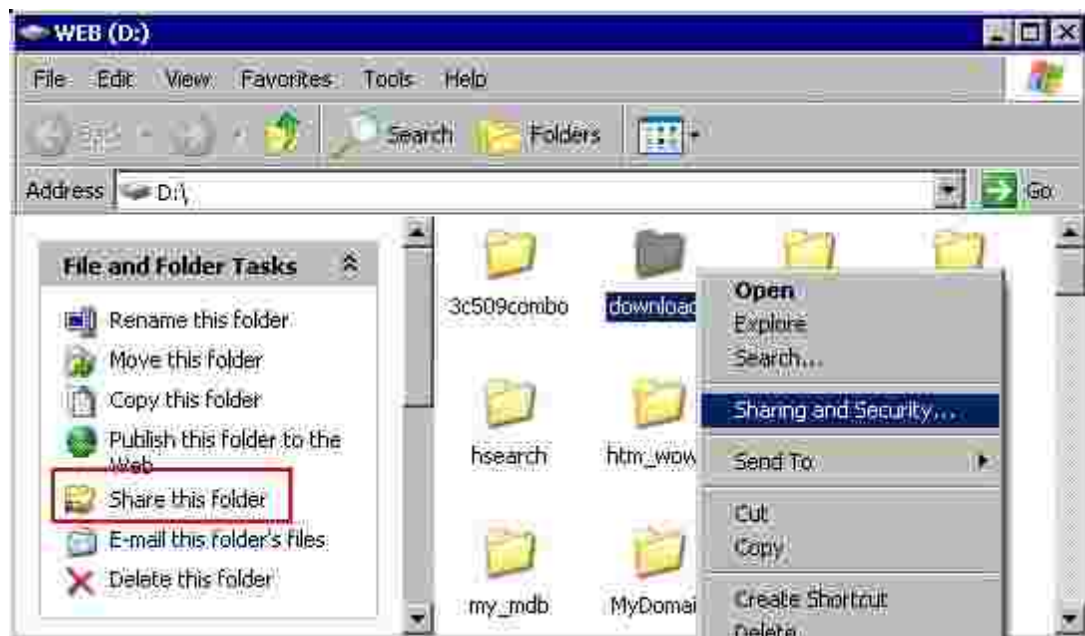
Step 4 - Verify success by looking for the "Share" icon on the original folder.



### 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](#).

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).



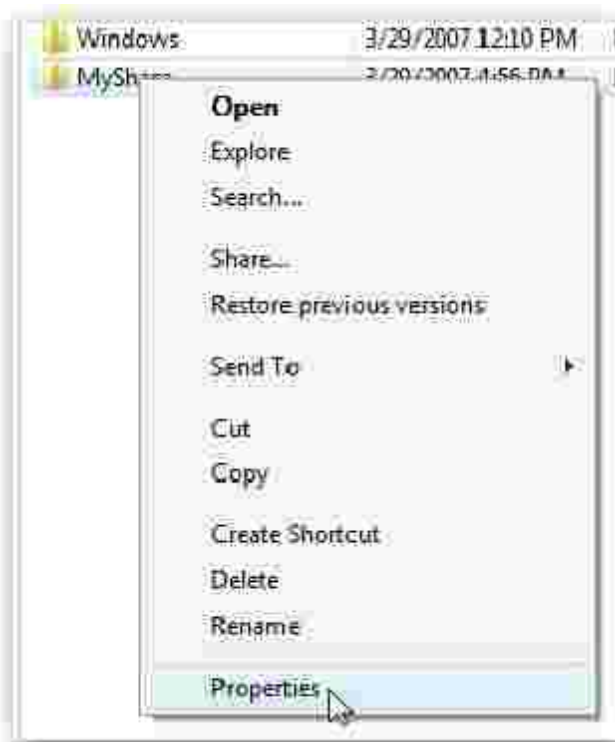
Step 4 - Verify success by looking for the "Share" icon on the original folder.



### 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 [Workgroup](#).

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

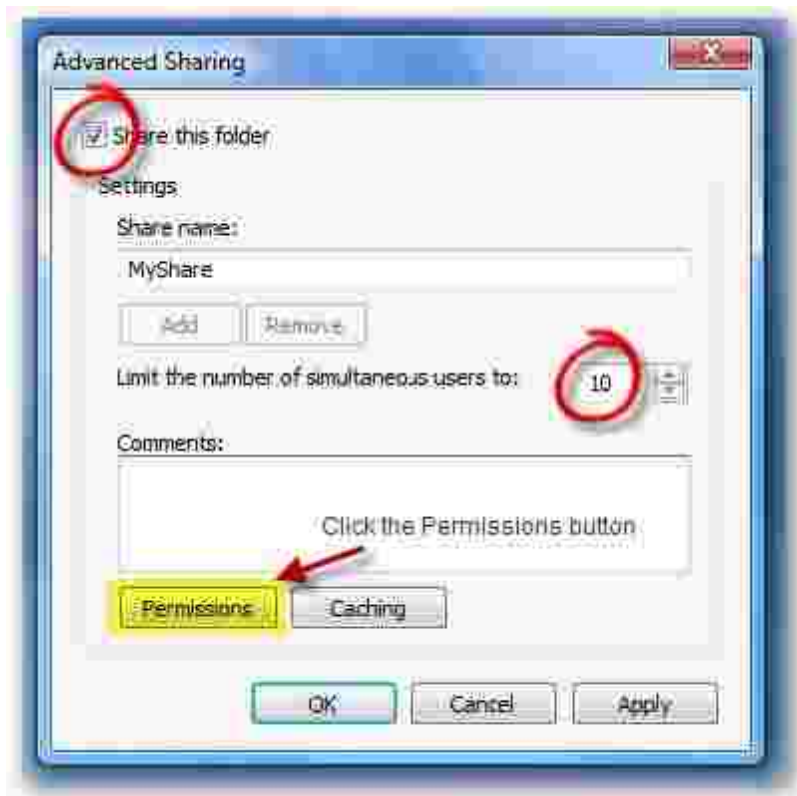


Step 2 - In the section titled "Sharing" click the "Advanced Sharing" button.



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



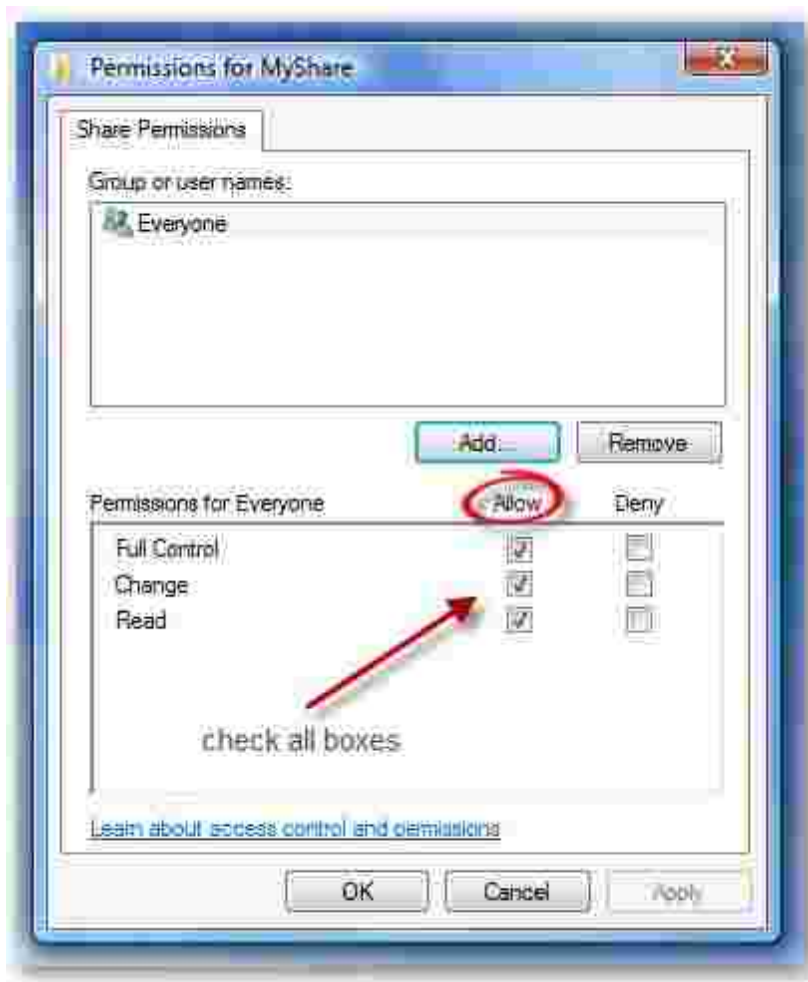


Step 4 - Change the number of simultaneous users to **AT LEAST TEN (10)**.

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.

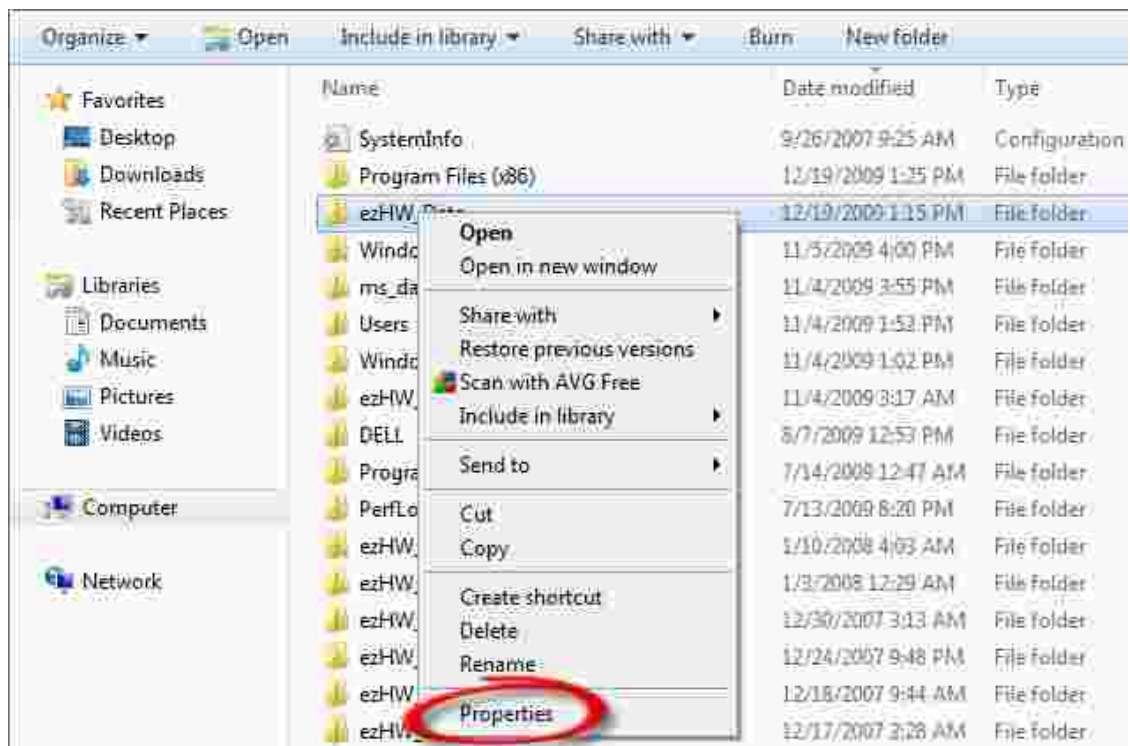


### 3.2.3.4 Windows 7

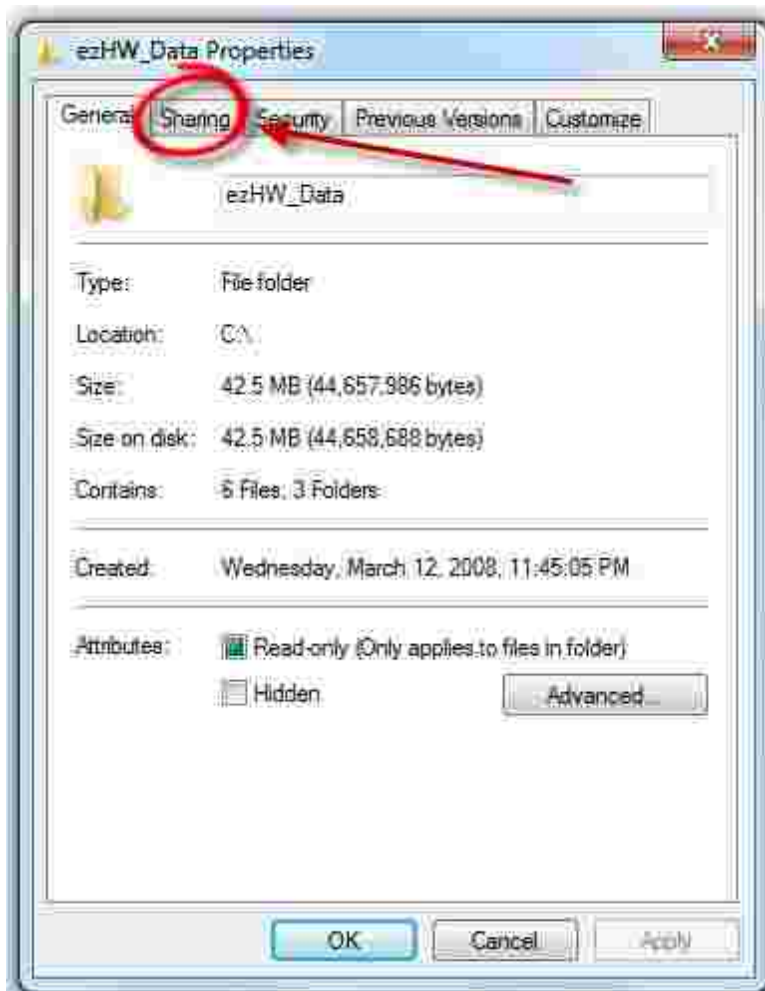
In order for other computers on your network to see the ezHealthWare software database, the folder that holds the database file needs to be made visible to other network computers. This process is called "sharing" the folder. You also need to allow other users to make changes to the file (this is called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

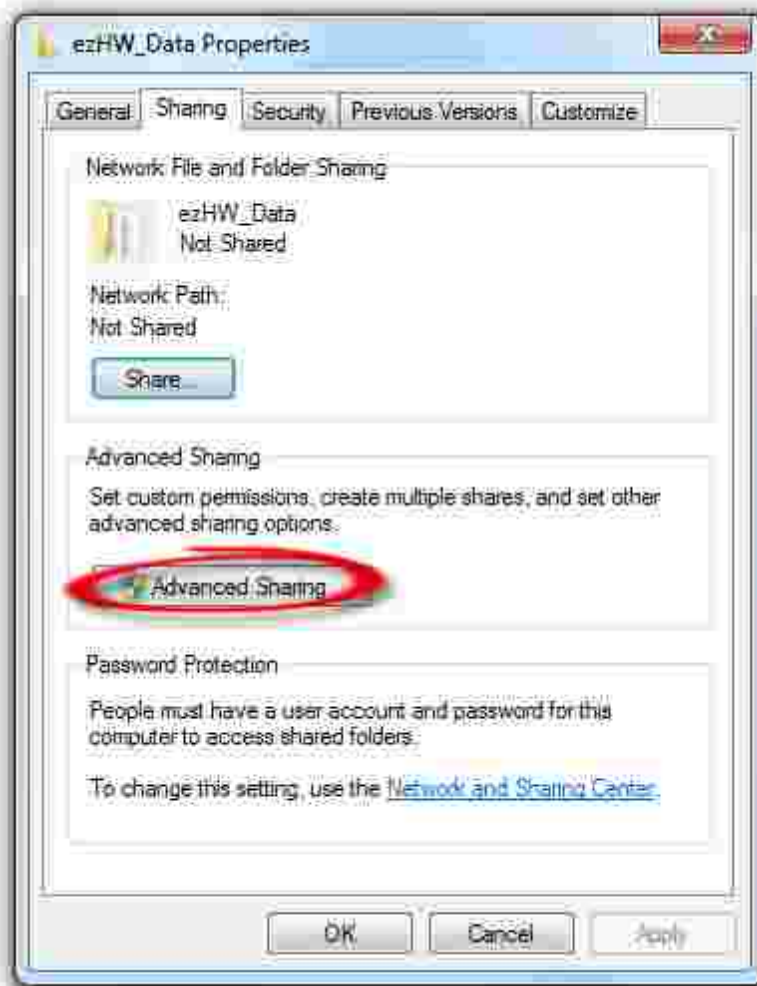
We recommend against using the Windows 7 "HomeGroup" feature for office environments. Besides it is incompatible with Vista and XP if you have multiple operating systems in your workgroups.

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

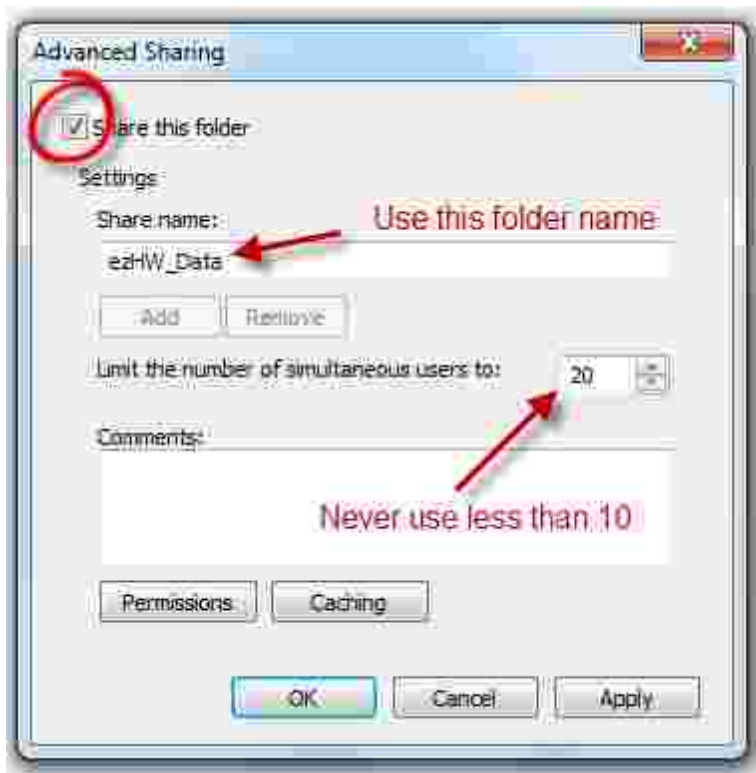


Step 2 - In the section titled "Sharing" click the "Advanced Sharing" button.





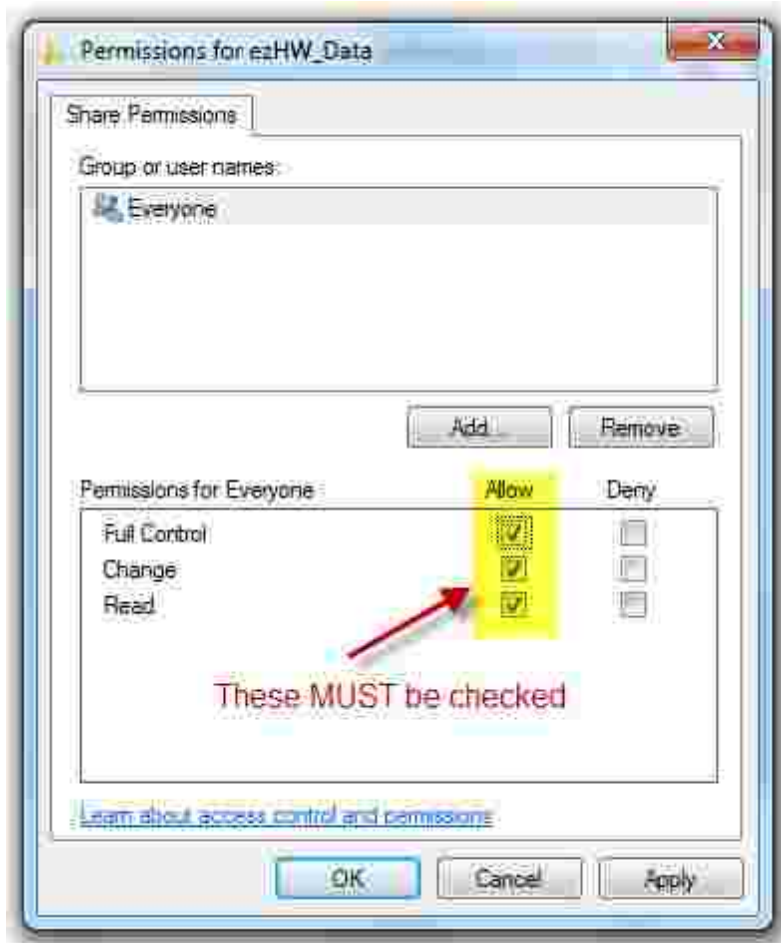
Step 3 - Check the box "Share this folder", and choose a share name (we recommend the default "ezHW\_Data").



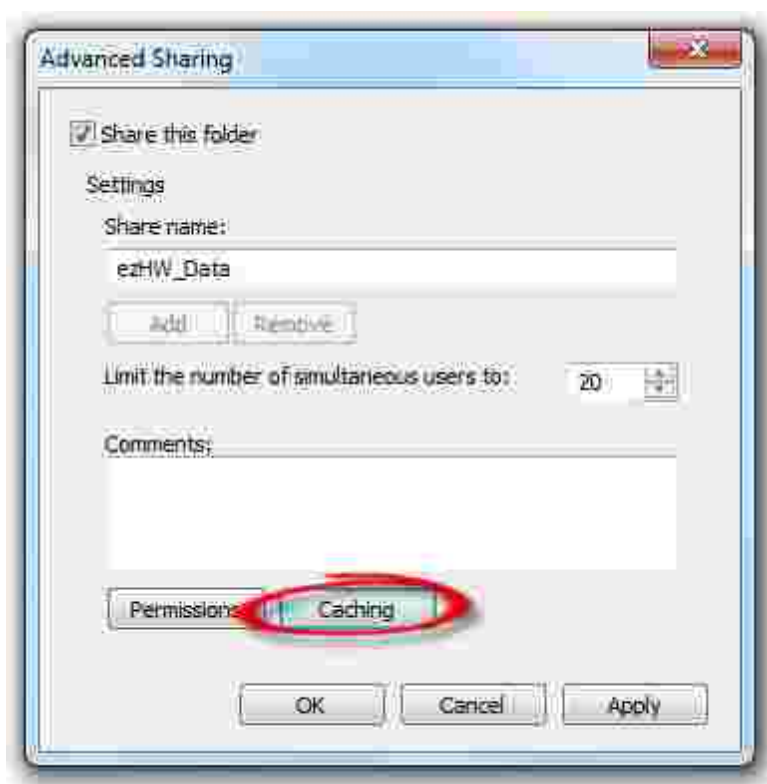
Step 4 - Change the number of simultaneous users to **AT LEAST TEN (10)**, but you can leave at the default 20.

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.

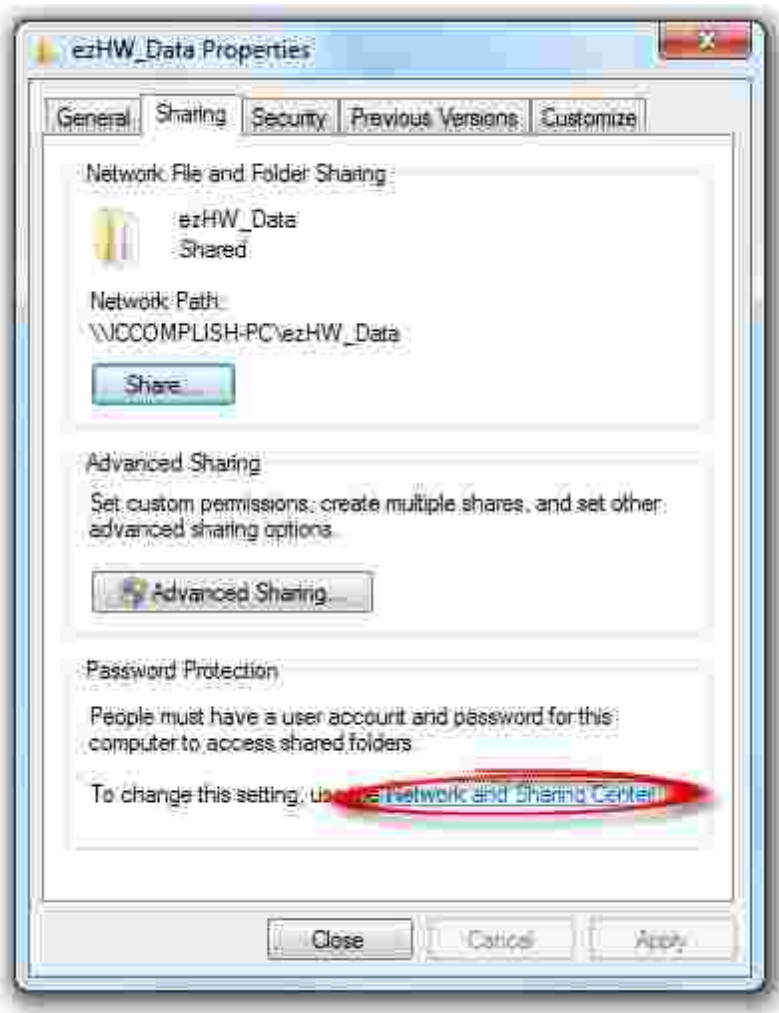


Step 7 - Select "No files or programs from the shared folder are available offline". You don't want to be making changes to the database when it's disconnected from the network or you will lose data.



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



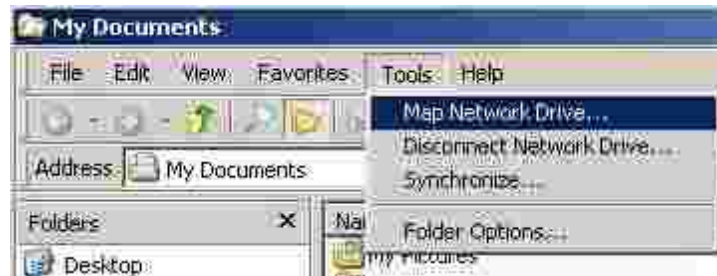
Simplify the process of finding and linking to your database folder from other computers in your network by mapping the drive. To begin, select your version of Windows below:

- [Windows 2000](#)
- [Windows XP](#)
- [Windows Vista](#)
- [Windows 7](#)

#### 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](#), 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").



#### 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](#), that the correct username and password have been entered (if necessary), and that the computer network connections are functioning properly.



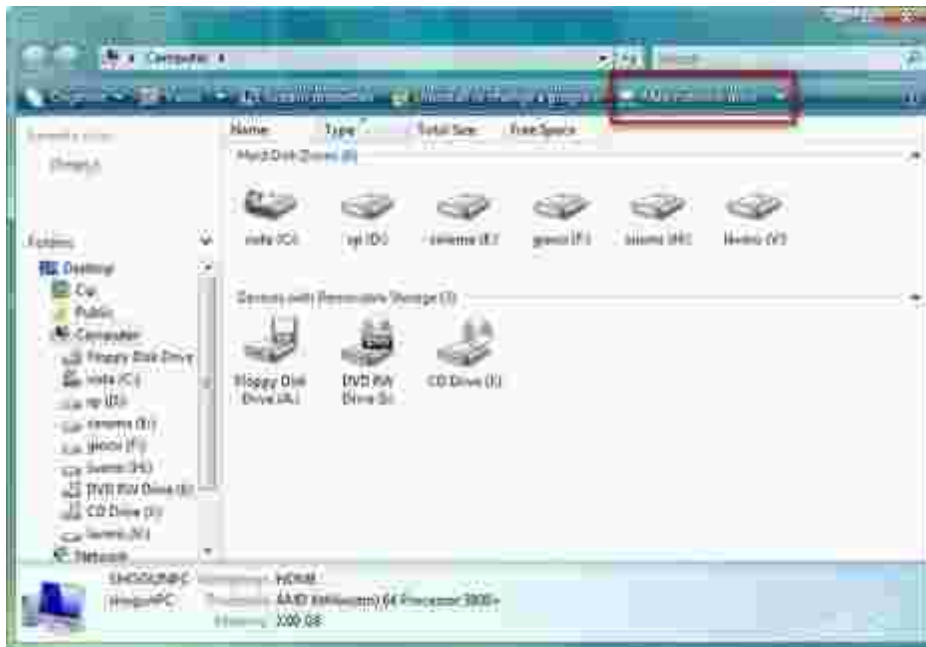
Step 3 - Click on *Finish* and the drive mapping will be created. You can verify the success of your mapping by looking at *My Computer* shortcut again where you will see that a new drive having the letter you assigned is listed. You can access at anytime just by double-clicking it (or, more importantly,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



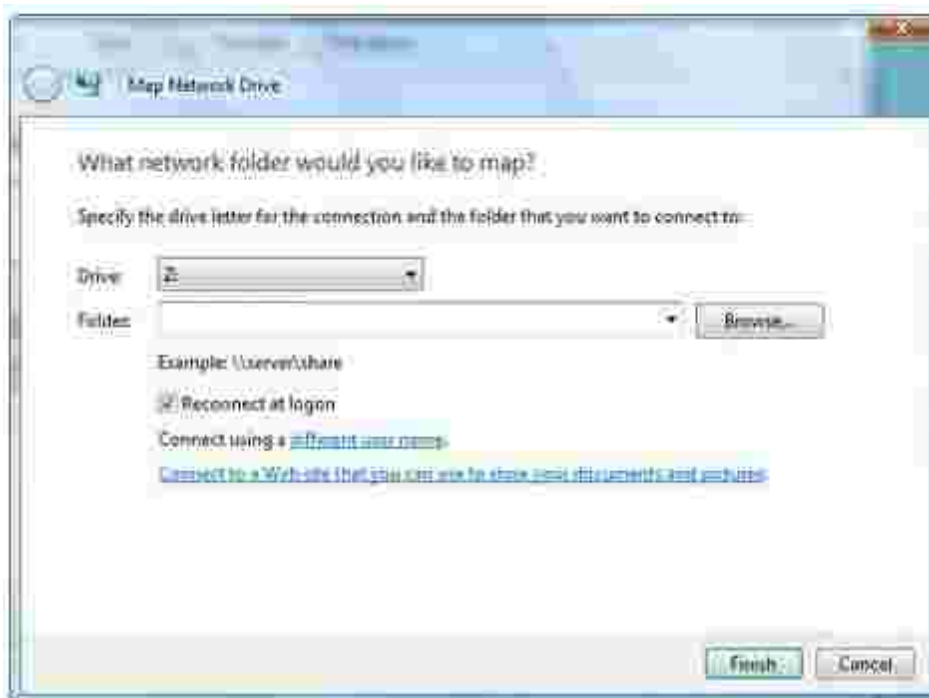
### 3.2.4.3 Windows Vista

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 computer](#), 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").

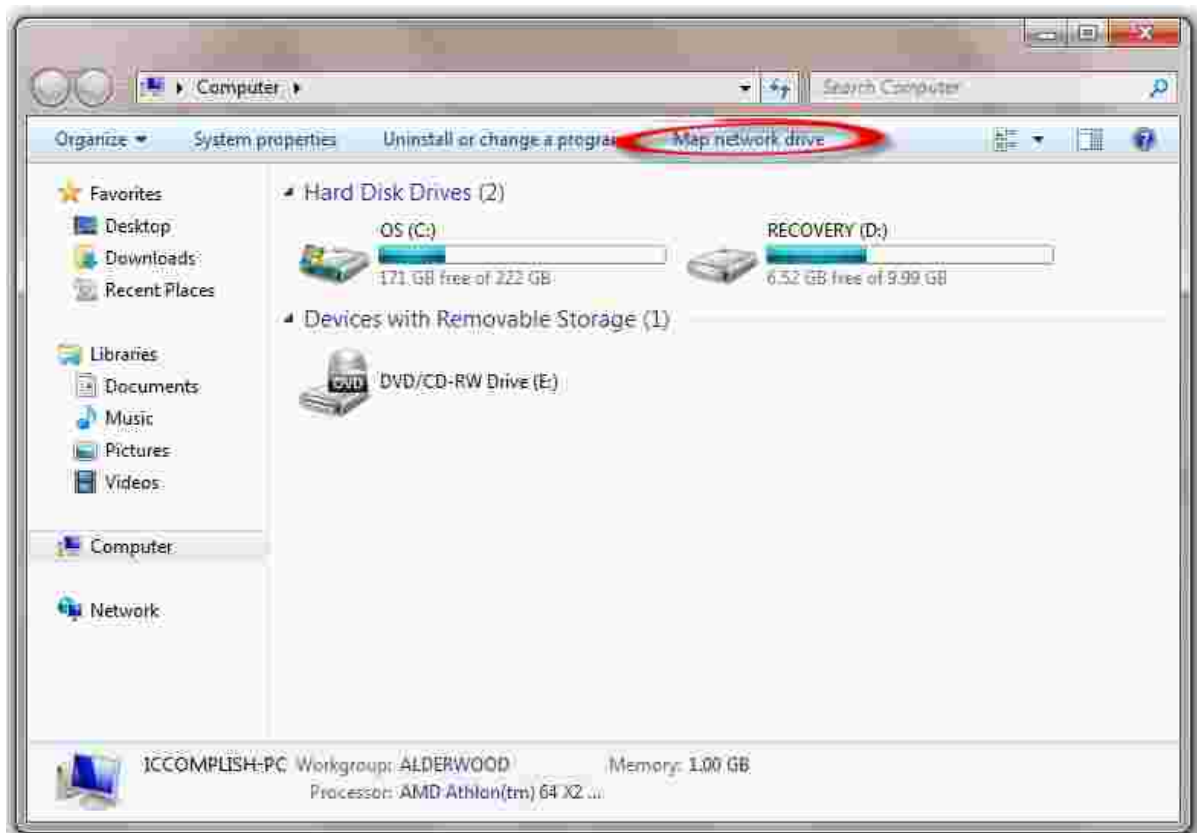


#### 3.2.4.4 Windows 7

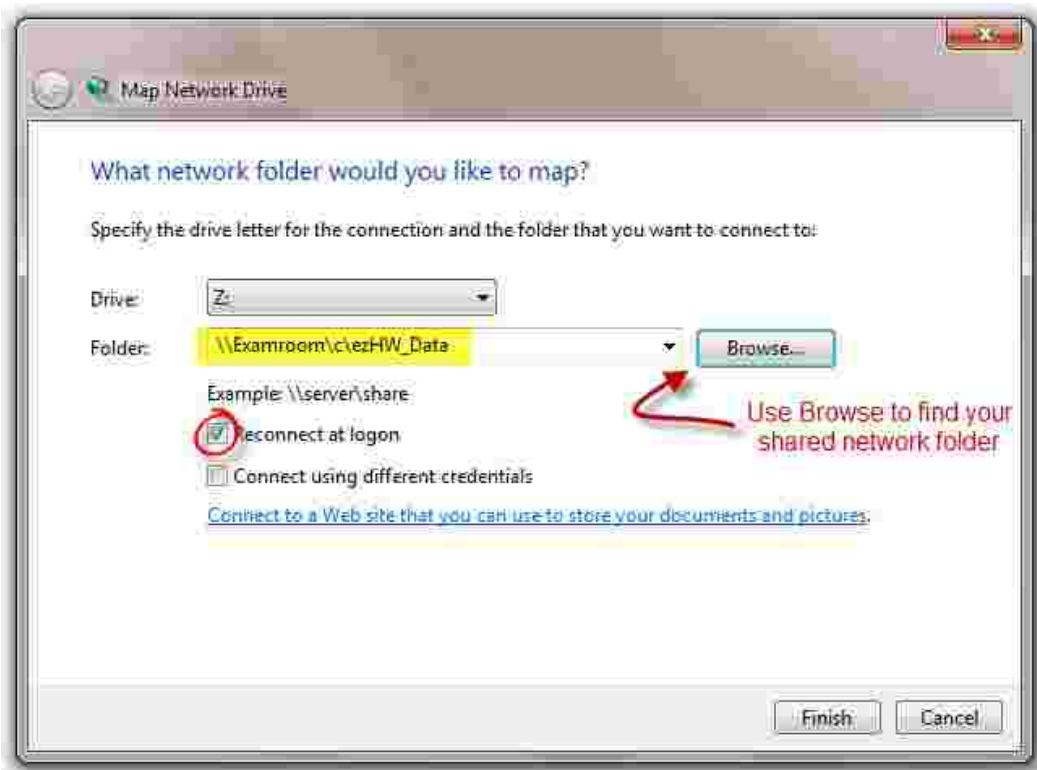
In order to simplify the process of finding and linking to your database folder from other computers, we highly recommend that you create a Mapped Network Drive. This allows the sometimes arcane network path name (\\Frontdesk-DellIPC-244\\JoesFiles\\Temp\\) down to the more memorable "Z:\\Temp". The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

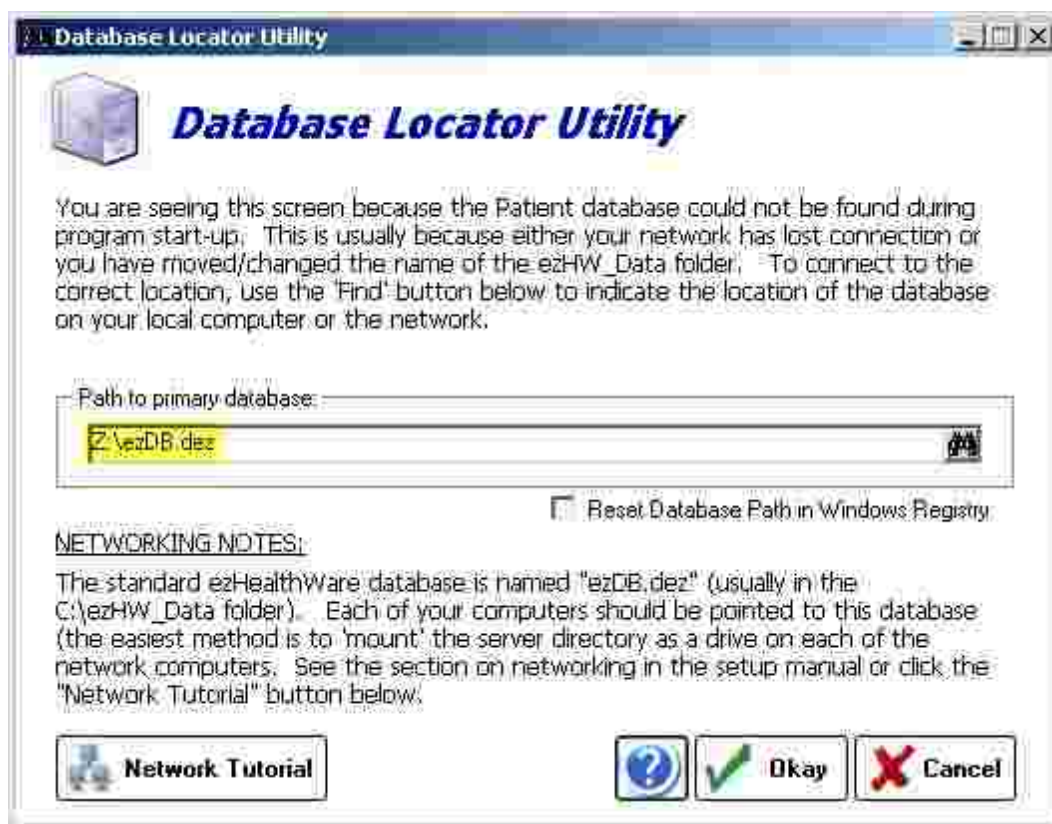
First, tell ezHealthWare software that you have already installed the Database on another computer:



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



If you have properly [shared](#) and [mapped](#) 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 Utility](#) 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](#) 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

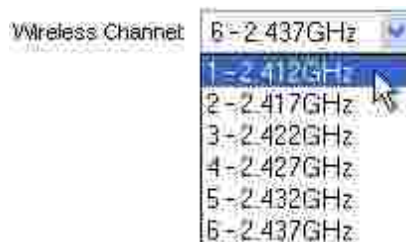
Wireless network signals must be sent both to and from your computer. Sometimes, your router can broadcast strongly enough to reach your computer, but your computer can't send signals back to your router. To improve this, replace your laptop's PC card-based wireless network adapter with a USB network 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.

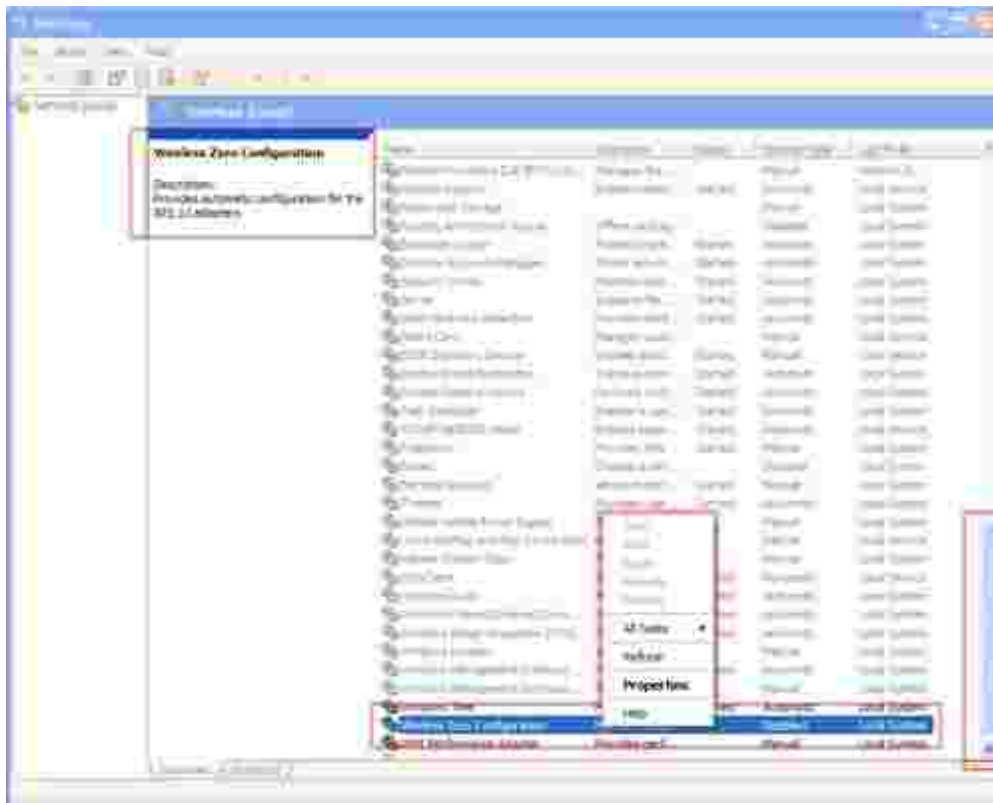
*Wireless networks never reach the advertised bandwidth limits. 802.11b networks typically get 2-5Mbps. 802.11g is usually in the 13-23Mbps range. Belkin's Pre-N equipment has been measured at 37-42Mbps.*

**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!*

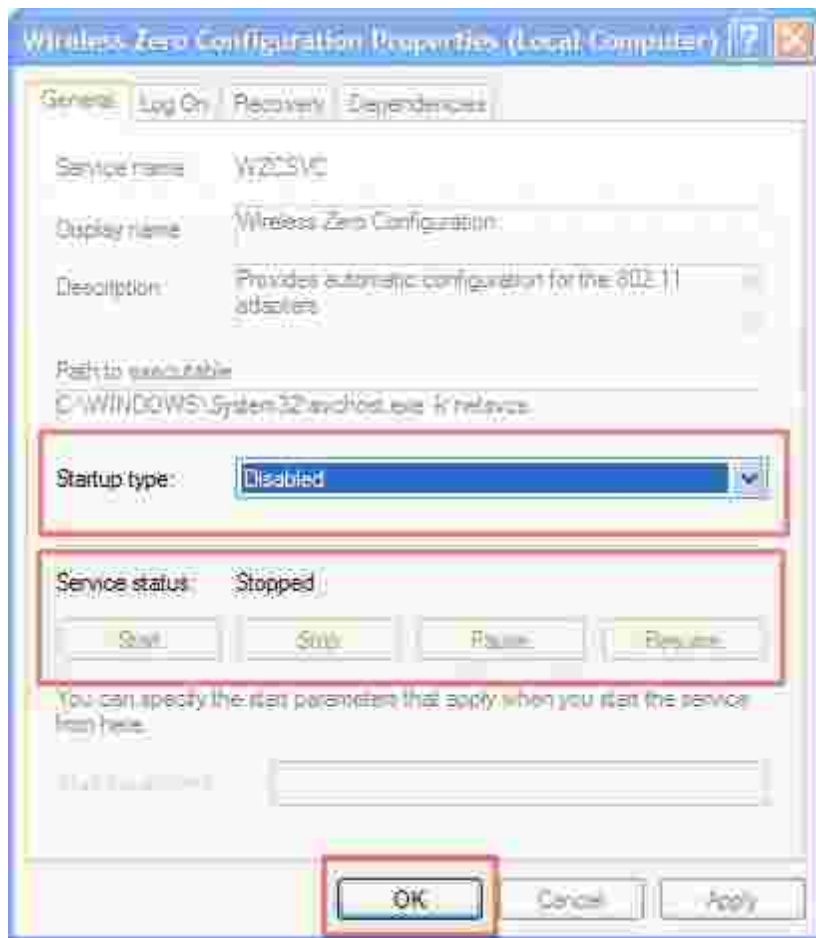
To access disable this service, you need to browse to the **Control Panel**, then **Administrative Tools** and finally double-click on **Services**. From the services window you will want to scroll all the way down to **Wireless Zero Configuration** and right-click the name, then click **Properties**.



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.

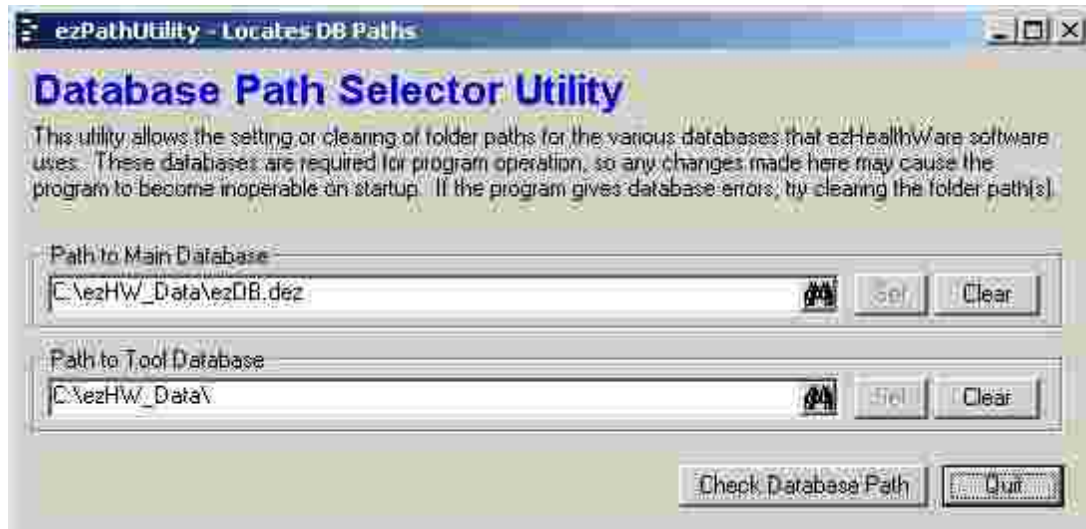
Solution: If you save your passwords in a password cache, entering the read-only password instead of the full-access password limits your access with peer servers. Try unsharing the resource and try to reshare it, or have the user of that peer server set up new full-access and read-only passwords. Alternatively, 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.



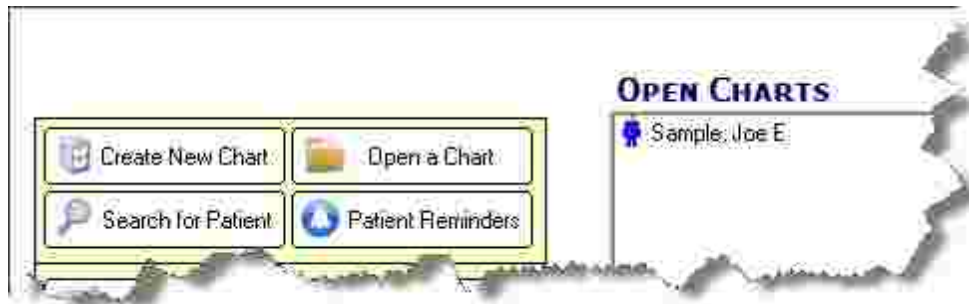


**Part**

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**IV**

## 4 Getting Started

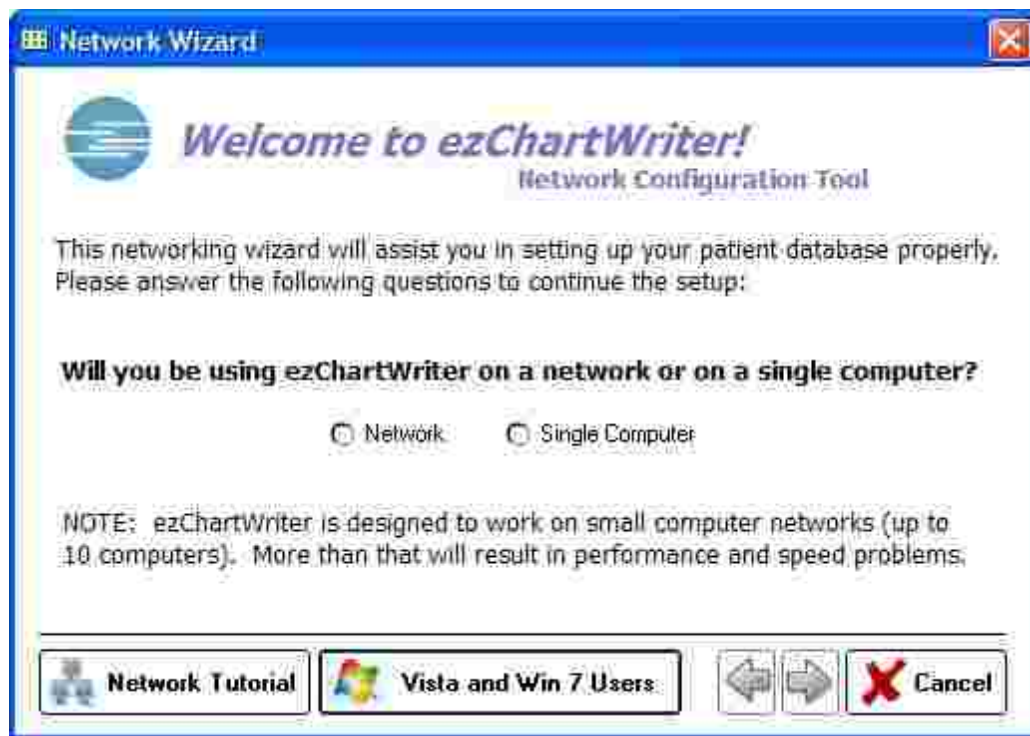


[How do I login as a User?](#)  
[How do I login as a Administrator?](#)  
[How do I recover a lost password?](#)  
[How do I access FAQ \(frequent questions\)?](#)  
[How do I access the User Manual \(pdf\)?](#)  
[How do I use the demo patient "Joe Sample"?](#)

### 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:



**Software Registration Utility**

THIS PRODUCT IS LICENSED TO:

Unregistered User  
**TRIAL VERSION**  
DATABASE SERIAL# 69925-644F6-FC489-19D77-8C56C  
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](http://www.ezchartwriter.com)

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

**Reset License** **Next** **Cancel**

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. "Imä K. Doctor, DD", 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:  Group NPI (if applicable):   
 Practice Website:

\* 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 password 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

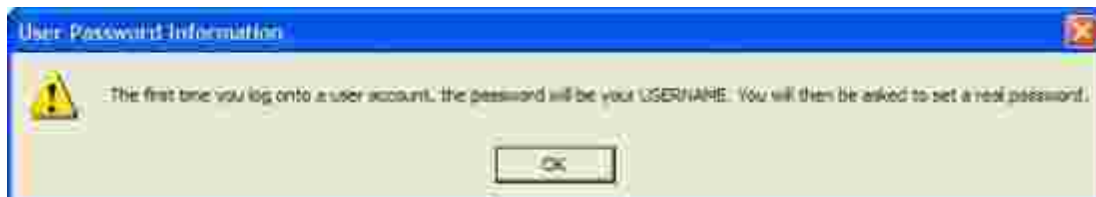
	Formatting Mask	Formatting Preview
General date format:	mm/dd/yyyy	02/15/2011
Telephone formatting:	(999) 999-9999	(912) 345-6789
Postal Code format:	99999-9999	45678
Measurements:	<input type="radio"/> Metric <input checked="" type="radio"/> Non-Metric	Dist: 20' Temp: 98.8 F

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 [Administrator](#) 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.



### 4.3 Administrator Login

Once you have [logged out as a user](#), 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).



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.



## 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.



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.



## 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](http://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**

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**V**

## 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](#)  
[Admin Settings & Options](#)  
[Reset Passwords](#)  
[View Audit Trail](#)



### 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](#)  
[Register/License Software](#)  
[View Licenses](#)  
[Change Clinic Telephone Number](#)



### 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.



### 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](#) instructions. You only need to license ONE time, no matter how many computers you have networked.

**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: ezClaimBillr 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](http://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 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)	<input type="text" value="(425) 545-1544"/>	Use formatting as you wish the number to appear on reports.
Practice Telephone (new)	<input type="text" value="(444) 555-1212"/>	
Reason for change	<input type="text" value="moved location"/>	

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 Details](#)

[User Details/Security](#)

[Global Security Settings](#)

[International Defaults](#)

### 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: MD

Title/Position: ID Type: BQ ID Number: 849999

State Lic#: 4883 OtherID2: OtherID3:

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"



### 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.



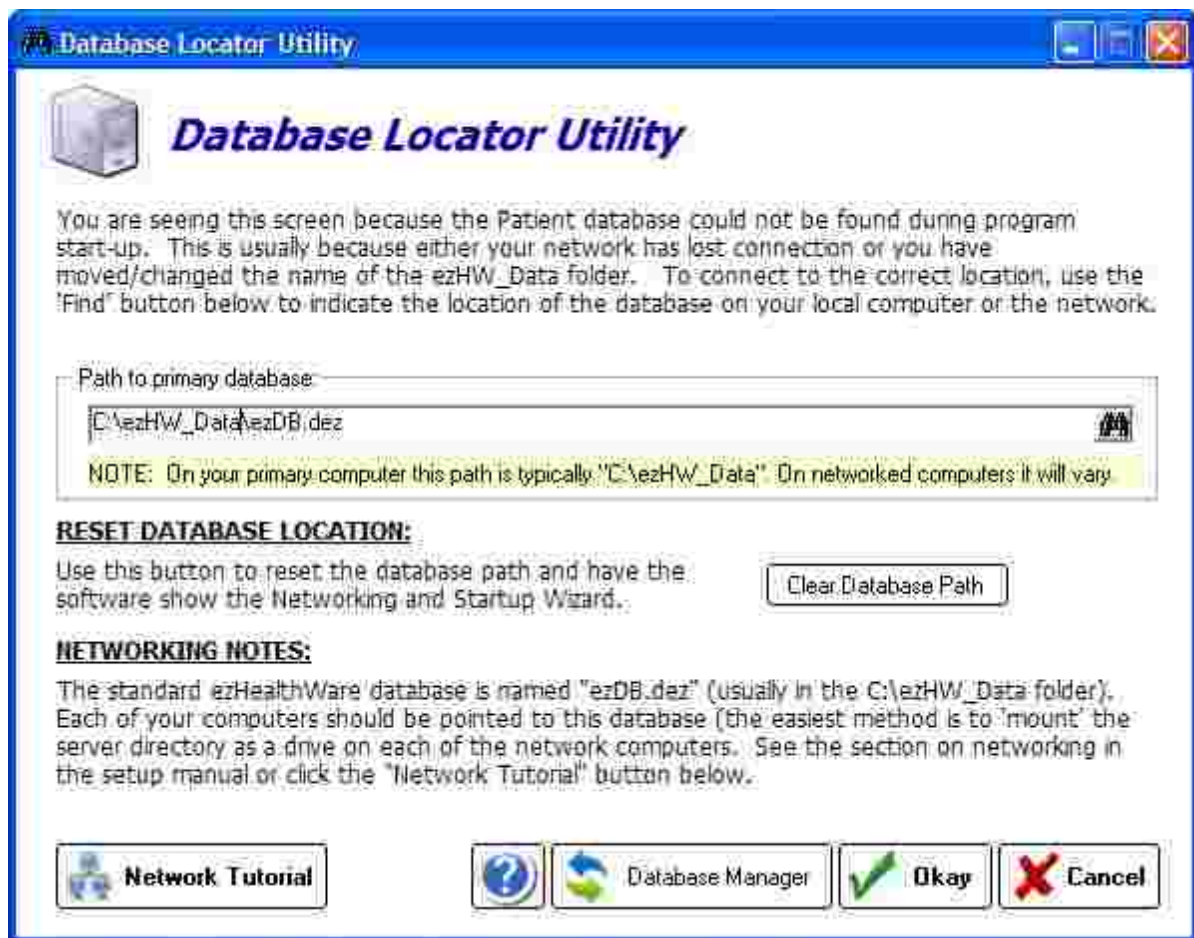
### 5.2.5 Locate Database

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	3/5/2011 8:13:30 PM
39091	ezChartWriter	Open	Chart	Sample, Joe	Pedgo, David J	3/5/2011 7:45:24 PM
39090	ezChartWriter	Login	User	n/a	Pedgo, David J	3/5/2011 7:45:15 PM
39089	ezChartWriter	Login	Admin	n/a	Admin	3/5/2011 7:25:50 PM
39088	ezChartWriter	Start	Application	n/a	n/a	3/5/2011 7:25:47 PM
39087	ezChartWriter	Login	Admin	n/a	Admin	3/5/2011 7:02:12 PM
39086	ezChartWriter	Login	User	n/a	Pedgo, David J	3/5/2011 7:01:57 PM
39085	ezChartWriter	Start	Application	n/a	n/a	3/5/2011 7:01:55 PM
39084	ezChartWriter	Open	Demographics	Sample, Joe	Pedgo, David J	3/5/2011 12:30:25 PM
39083	ezChartWriter	Open	Demographics	Sample, Joe	Pedgo, David J	3/5/2011 12:28:43 PM
39082	ezChartWriter	Login	User	n/a	Pedgo, David J	3/5/2011 12:28:34 PM
39081	ezChartWriter	Start	Application	n/a	n/a	3/5/2011 12:28:30 PM
39080	ezChartWriter	Open	Demographics	Sample, Joe	Pedgo, David J	3/5/2011 12:14:05 PM
39079	ezChartWriter	Login	User	n/a	Pedgo, David J	3/5/2011 12:13:57 PM
39078	ezChartWriter	Start	Application	n/a	n/a	3/5/2011 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	Pedgo, 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	Pedgo, David J	3/5/2011 3:08:04 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**

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**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?](#)

[Use the Admin functions?](#)

[Create a new patient?](#)

[Open an existing patient?](#)

[Use the QuickFind tool?](#)

[Create an Encounter?](#)

[Create a Rx?](#)

[Create a Report?](#)

[Create a Note?](#)

[Scan or Attach Documents?](#)



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



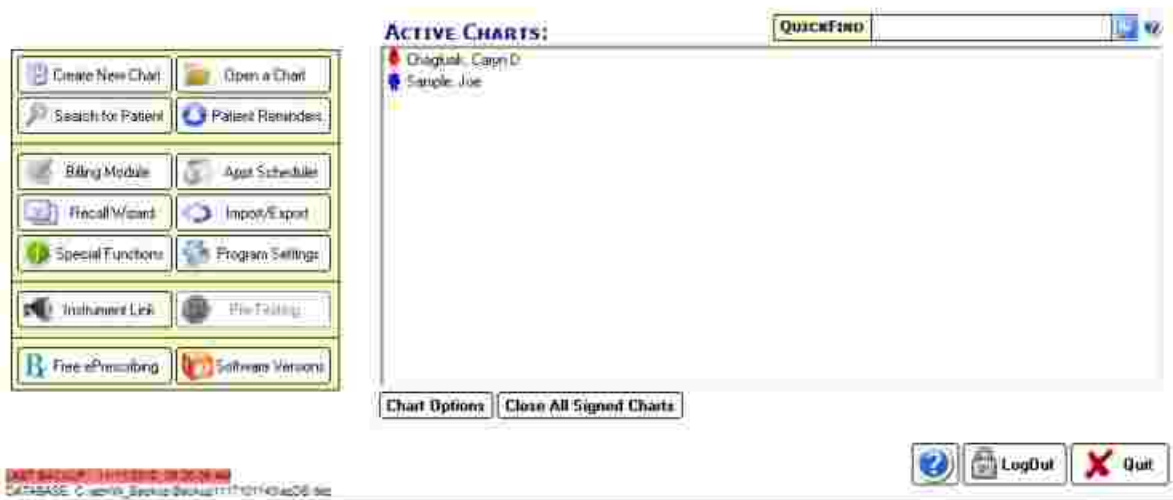
Most of the screens in ezChartWriter have a Help button that displays relevant information.



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 Note](#) 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 Note](#) or Billing Note
- Close & Refile Chart** - Closes the chart; will disappear from Open Ledgers list

## 6.1.1 Main Menu

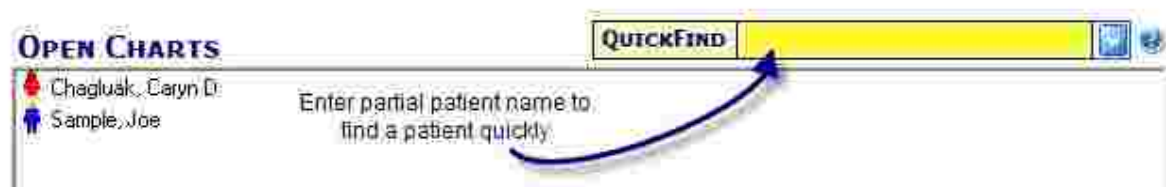


## How do I ?

- [Create a new patient chart?](#)
- [Open an existing chart?](#)
- [Search for a patient?](#)
- [View patient reminders?](#)
- [Use the Recall Wizard?](#)
- [Use the Special Functions?](#)
- [Customize program settings?](#)
- [Find out about ePrescribing?](#)
- [Import or export data?](#)

### 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 patient 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		AK Medicaid - ACS	03/26/2008	Pedigo, David J
Smith	Marlene		000264		Premiera Bluecross		Pedigo, David J
Smith	Melody		001332			05/27/2009	Pedigo, David J
Smith	Myrtle	M	000147		First Health Services...	08/24/2008	Pedigo, David J

Typing:

Would find the following:

The screenshot shows a patient 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 the first one being Margaret L. Saccheus.

Last Name	First Name	MI	Pat ID#	DOB	Insurance	Last Exam	Physician Name
Saccheus	Margaret	L	000043		First Health Services	08/18/2008	Pedigo, David J
Sheldon	Marie	R	001303			05/25/2009	Pedigo, David J
Shield	Mary		000353		Regence Blueshield	03/24/2009	Pedigo, David J
Smith	Margaret		001001		AK Medicaid - ACS	03/26/2009	Pedigo, David J
Smith	Marlene		000264		Premiera Bluecross		Pedigo, David J
Snell	Marilyn	H	000588		Premiera Bluecross	11/16/2008	Pedigo, David J

Typing:

Would find the following:

The screenshot shows a patient search interface with a search bar containing 'f.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 the first one being Margaret L. Ferguson.

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

## 6.1.3 Patient Charts



[How do I create a new patient chart?](#)

[How do I find and open an existing patient chart?](#)

### 6.1.3.1 Create a New Patient Chart

1. Click the New Patient button

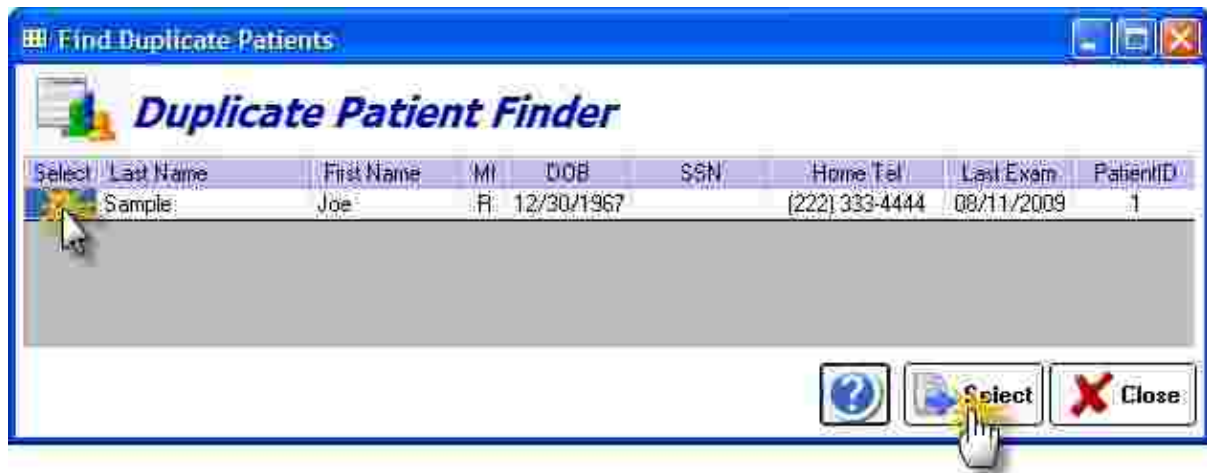


2. Enter the patient demographics. Note that only the first name, last name and date of birth are required to create the chart.

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 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.

Last Name	First Name	UI	Pal Code	DOB	Insurance	Last Exam	Physician Name
Ferdin	Thomas		002488	10/26/2010	AK Medical - ACS	10/26/2010	Pedigo, David J
Fell	John		000940	02/26/2009	RBMS, LLC	02/26/2009	Pedigo, David J
Felward	David	H	000947	02/26/2009	Premier Bluecross	02/26/2009	Pedigo, David J
Feltham	Maya		002212	05/21/2010		05/21/2010	Pedigo, David J
Ferguson	Christina		000255	Private Pay, Cash			Pedigo, David J
Ferguson	Margaret		000960	12/05/2008		12/05/2008	Pedigo, David J
Ferjanc	Rory		000359	Private Pay, Cash			Pedigo, David J
Fernoy	Lance		002330	10/15/2010		10/15/2010	Pedigo, David J
Ferrazzi	Tom		002054				Pedigo, David J
Ferre	Justin		000543	02/27/2008	RBMS, LLC	02/27/2008	Pedigo, David J
Ferr	Andrew		001898	10/24/2009		10/24/2009	Pedigo, David J
Ferr	Carol		000290	10/24/2009	Aetna	10/24/2009	Pedigo, David J
Ferr	Elaine	D	000308	04/24/2009	AK Medical - ACS	04/24/2009	Pedigo, David J
Ferr	Hannah		001208	10/24/2009		10/24/2009	Pedigo, David J
Ferr	Anthony	M	000370	Premier Bluecross			Pedigo, David J
Ferr	Christina		000968	03/03/2009	NTCA	03/03/2009	Pedigo, David J
Ferr	Loren		000907	03/25/2009	NTCA	03/25/2009	Pedigo, David J
Ferr	Ashly		000554	12/07/2008	RBMS, LLC	12/07/2008	Pedigo, David J
Ferr	Kristen		000683	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

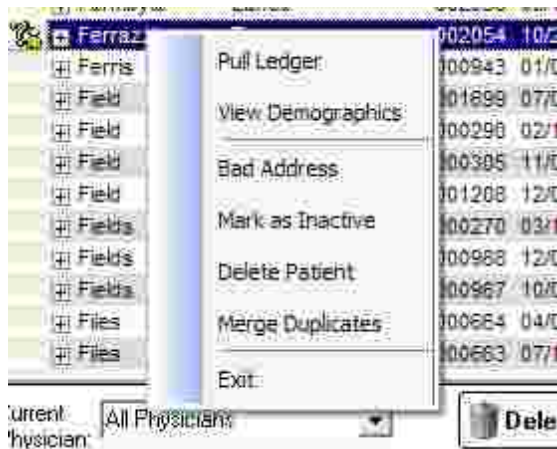
The Patient Listing is the main dashboard for working with patient's demographic charts. You enter the Patient Listing by either using the [QuickFind](#) tool or the [Find Existing](#) button.

Last Name	First Name	UI	Pal Code	DOB	Insurance	Last Exam	Physician Name
Ferdin	Thomas		002488	10/26/2010	AK Medical - ACS	10/26/2010	Pedigo, David J
Fell	John		000940	02/26/2009	RBMS, LLC	02/26/2009	Pedigo, David J
Felward	David	H	000947	02/26/2009	Premier Bluecross	02/26/2009	Pedigo, David J
Feltham	Maya		002212	05/21/2010		05/21/2010	Pedigo, David J
Ferguson	Christina		000255	Private Pay, Cash			Pedigo, David J
Ferguson	Margaret		000960	12/05/2008		12/05/2008	Pedigo, David J
Ferjanc	Rory		000359	Private Pay, Cash			Pedigo, David J
Fernoy	Lance		002330	10/15/2010		10/15/2010	Pedigo, David J
Ferrazzi	Tom		002054				Pedigo, David J
Ferre	Justin		000543	02/27/2008	RBMS, LLC	02/27/2008	Pedigo, David J
Ferr	Andrew		001898	10/24/2009		10/24/2009	Pedigo, David J
Ferr	Carol		000290	10/24/2009	Aetna	10/24/2009	Pedigo, David J
Ferr	Elaine	D	000308	04/24/2009	AK Medical - ACS	04/24/2009	Pedigo, David J
Ferr	Hannah		001208	10/24/2009		10/24/2009	Pedigo, David J
Ferr	Anthony	M	000370	Premier Bluecross			Pedigo, David J
Ferr	Christina		000968	03/03/2009	NTCA	03/03/2009	Pedigo, David J
Ferr	Loren		000907	03/25/2009	NTCA	03/25/2009	Pedigo, David J
Ferr	Ashly		000554	12/07/2008	RBMS, LLC	12/07/2008	Pedigo, David J
Ferr	Kristen		000683	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.

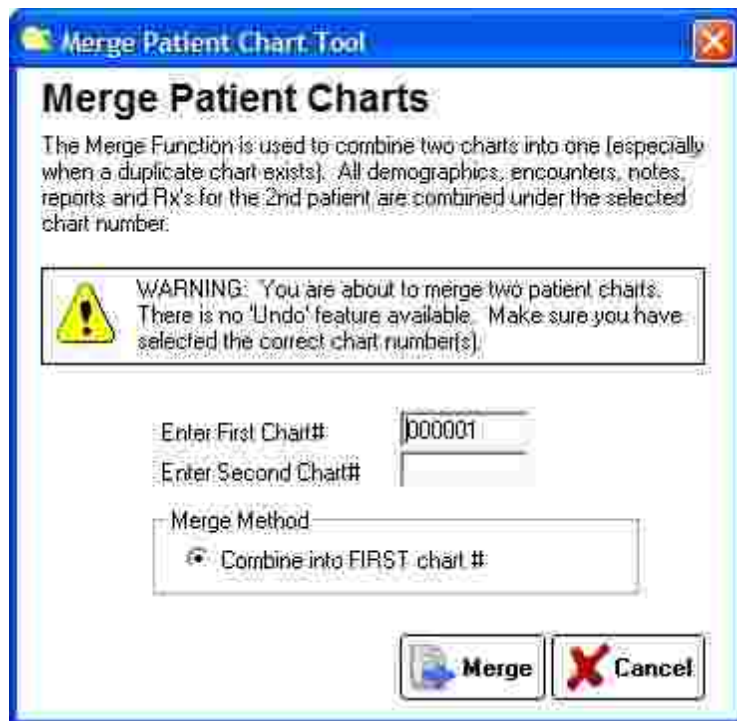
### Delete Patient

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.



The screenshot shows a window titled "Entire Patient List" with a table of patient records. The table has columns for Patient ID, Last Name, First Name, Middle Initial, DOB, Gender, Race, Ethnicity, and Insurance. The data is sorted by Patient ID, showing records 1 through 20. At the bottom, it indicates "TOTAL PATIENT COUNT: 200".

Patient ID	Last Name	First Name	Middle Initial	DOB	Gender	Race	Ethnicity	Insurance
1	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
2	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
3	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
4	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
5	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
6	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
7	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
8	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
9	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
10	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
11	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
12	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
13	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
14	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
15	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
16	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
17	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
18	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
19	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid
20	Smith	John		11/11/1967	M	White	Non-Hispanic	Medicaid

### 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	Barnett		
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		
Cell 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)

☒ Patient Information ☐ Bad Address ☐ Inactive

## More Information

☐ Demographic ☒ 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="Copy"/>
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"/> <input checked="" type="checkbox"/>
Family Group	<input type="text" value="Unspecified"/> <input checked="" type="checkbox"/>
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.

Custom Fields	
Cell Phone	425-333-2323
click to edit	
click to edit	
click to edit	
click to edit	
click to edit	

**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.

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**

Enter any specific privacy requests here.

## Acquisition Date

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



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

Original Patient Acquisition Date	8/2/2000	Recall Date	3/6/2010
-----------------------------------	----------	-------------	----------

Demographics | **Media Info** | HPV |  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.



Customize Print Enclosures Save Cancel

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

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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 'Injured' for vision/medical plans or the 'Guardian' for minors.

use blue arrows to copy data from Demographics screen

Find	Last Name	First Name	MI	Pat ID#	DOB	Insurance
<input type="checkbox"/>	Ables	Boyd		000887		Vision Service
<input type="checkbox"/>	Ables	Sharon		000888		Vision Service
<input type="checkbox"/>	Abraham	Debra		002455		
<input type="checkbox"/>	Abraham	Stella Mae		002454		AK Medical -
<input type="checkbox"/>	Abraham	Kathryn		000885		First Health Se
<input type="checkbox"/>	Active	Margaret		002530		LKSD - Premier
<input type="checkbox"/>	Adams	Archer	C	002138		
<input type="checkbox"/>	Adams	Bertha	E	000425		Amer Ben/EQ I
<input type="checkbox"/>	Adams	Bessie		000515		Private Pay Ca
<input type="checkbox"/>	Adams	Charlotte		000453		Private Pay Ca
<input type="checkbox"/>	Adams	Dora		000019		Private Pay Ca
<input type="checkbox"/>	Adams	Dorothy		000020		Private Pay Ca
<input type="checkbox"/>	Adams	Frank		001038		
<input type="checkbox"/>	Adams	Gladys	S	000438		Private Pay Ca
<input type="checkbox"/>	Adams	Gloria		001721		AK Medical -
<input type="checkbox"/>	Adams	Henrietta		000400		Premiere Bluec
<input type="checkbox"/>	Adams	Jacob		001105		

Reset

Clear

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:

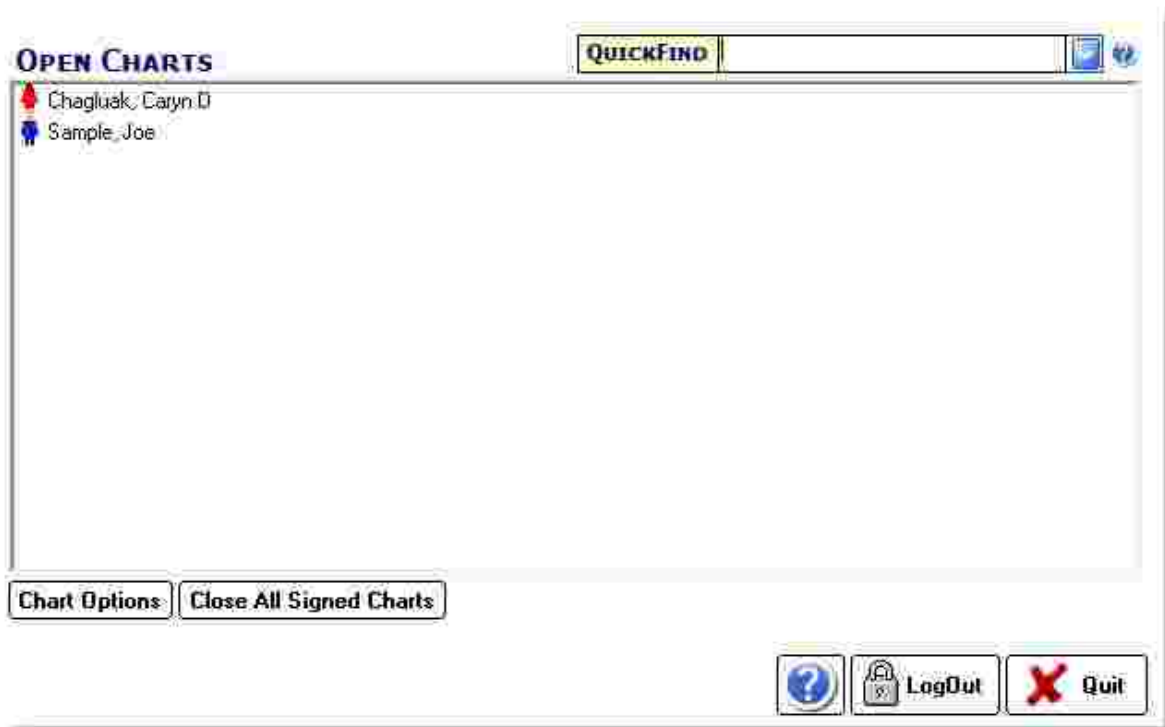
Employer:

Insurance ID:

Help Okay Close

#### 6.1.3.6 Open/Pulled Charts

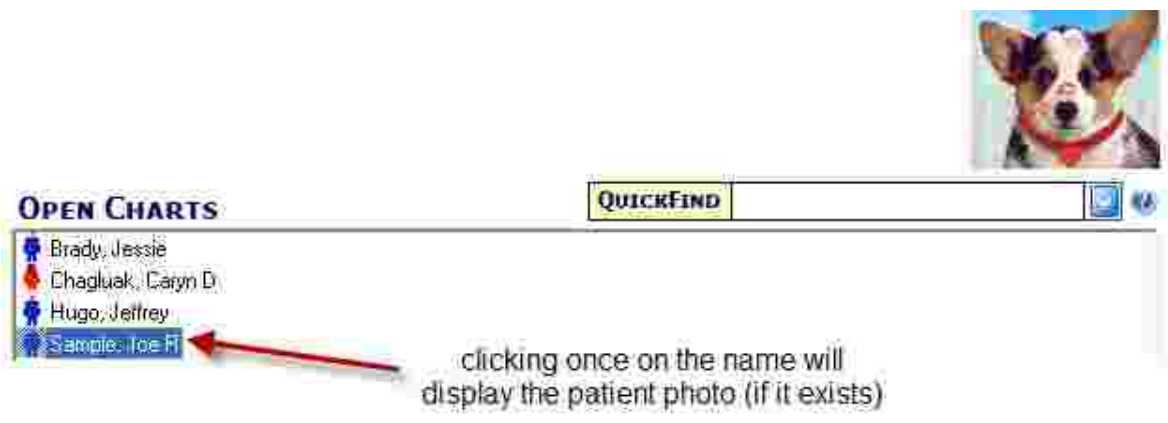
The very first screen you see upon signing in is the Open Charts screen. Much like a chart pulled from a real file cabinet, Open Charts are available for viewing and creating items (encounters, Rx's, reports, etc). When you are done with a chart, it is "closed" and removed from the Open Charts screen. 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 Patient](#), which does allow immediate closing).



To use the Open/Pulled Chart, simply right-click the name to get a list of [Chart Options](#) or double-click to be immediately taken to the [Encounter List](#).

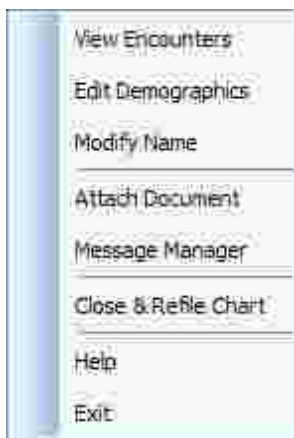
## Patient Photo's

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

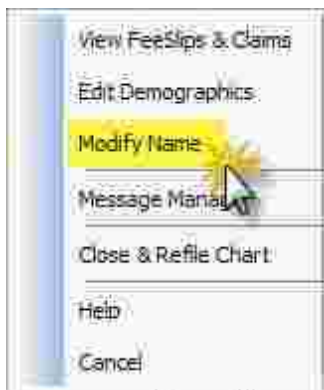
Right-click a patient name in the Pulled/Active Charts list to pull up the options menu.



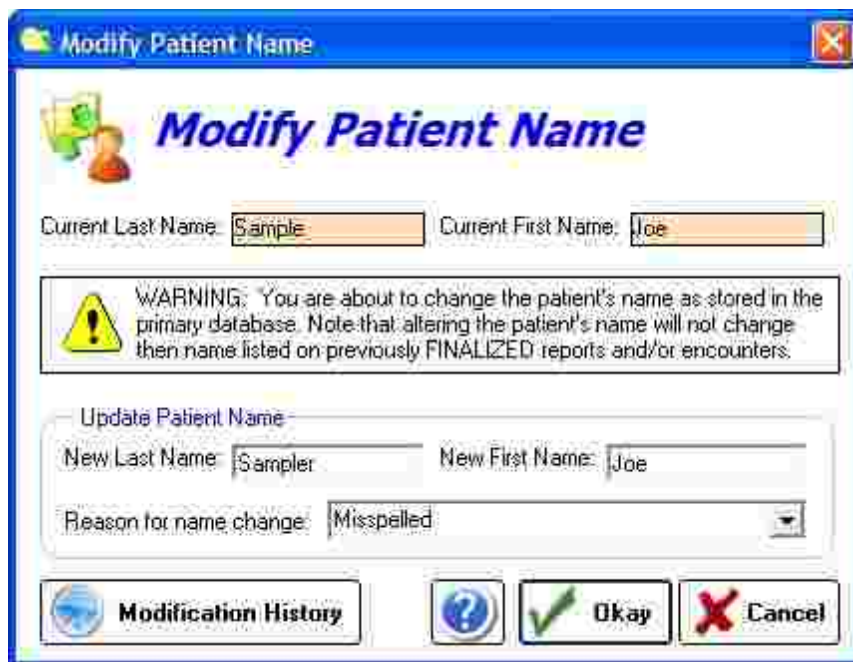
#### 6.1.3.8 Modify Name

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 their name listed on previously FINALIZED reports and/or encounters.

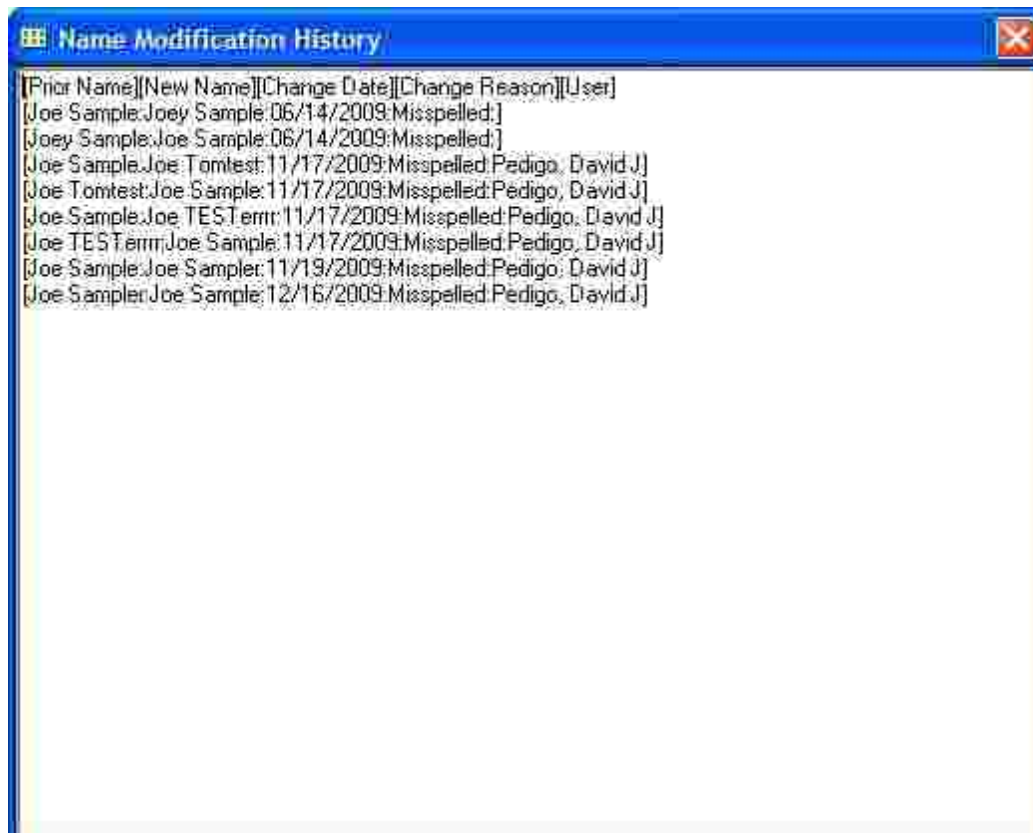
Update Patient Name

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.

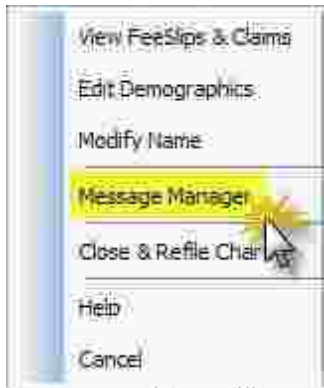


**Name Modification History**

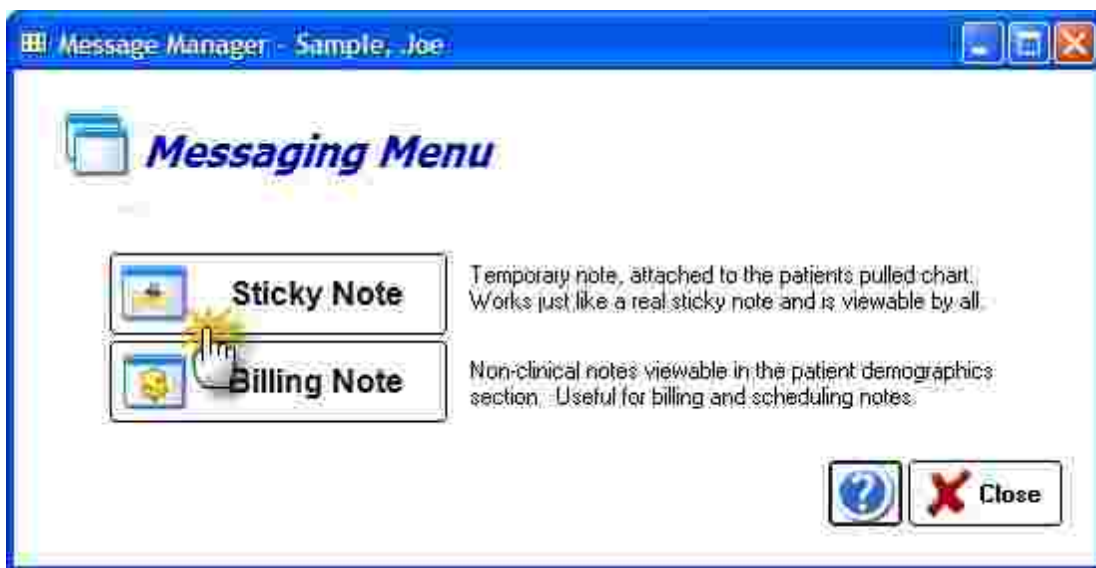
[Prior Name]	[New Name]	[Change Date]	[Change Reason]	[User]
Joe Sample	Joey Sample	06/14/2009	Misspelled	
Joey Sample	Joe Sample	06/14/2009	Misspelled	
Joe Sample	Joe Tomtest	11/17/2009	Misspelled	Pedigo, David J.
Joe Tomtest	Joe Sample	11/17/2009	Misspelled	Pedigo, David J.
Joe Sample	Joe TESTerrr	11/17/2009	Misspelled	Pedigo, David J.
Joe TESTerrr	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

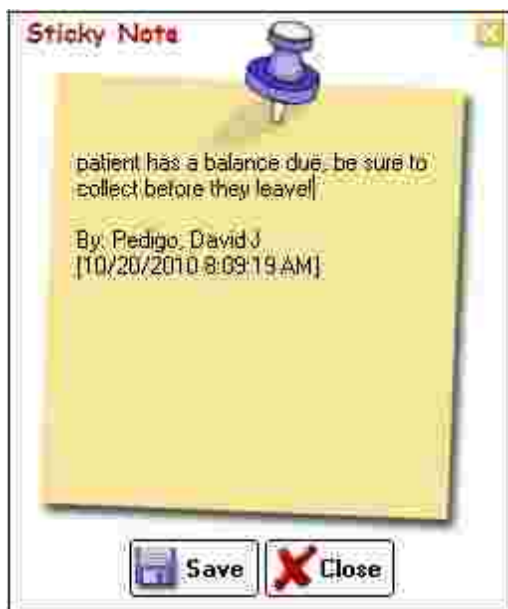
You can add short "Sticky Notes" to a Open Ledger by right-clicking and selecting the Message Manager option.



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 Screen](#).



### 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

Type	Date	Status	Description	Provider
<b>Exams</b>				
<div> <div>All Pages</div> <div>Encounters</div> <div>Rx's</div> <div>Reports</div> <div>Notes</div> </div>				
<div> <div>Name: Sample, Joe E</div> <div>Chart#: 000001</div> <div>DOB: 12/20/1977</div> <div>Provider: Doktor, Ima K</div> </div>				
<div> <div>&lt;Add New&gt;</div> <div>Double click to add new Encounter or Note</div> </div>				
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

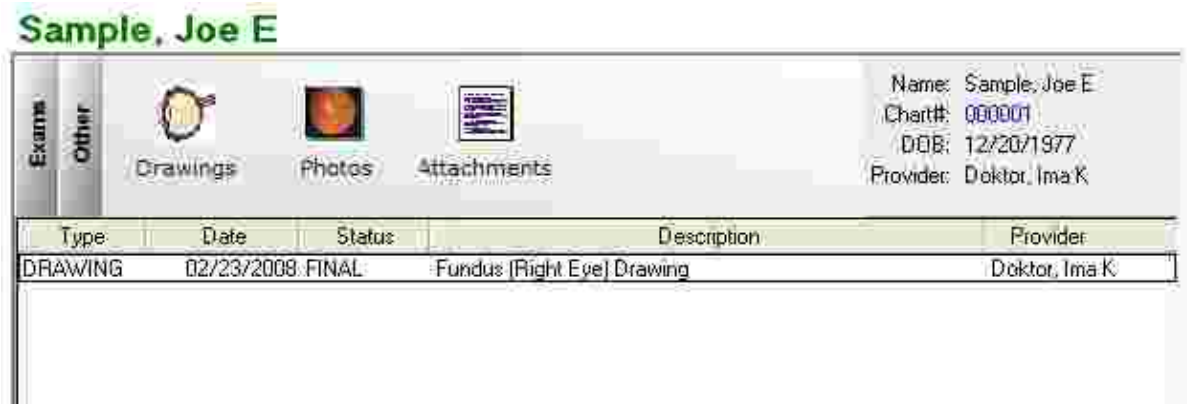
If you are using the full EMR version, you will see a list of pending and finalized exam drawings. By double-clicking an image you will see the Image Manager display.

### Photos

Not currently used in this version.

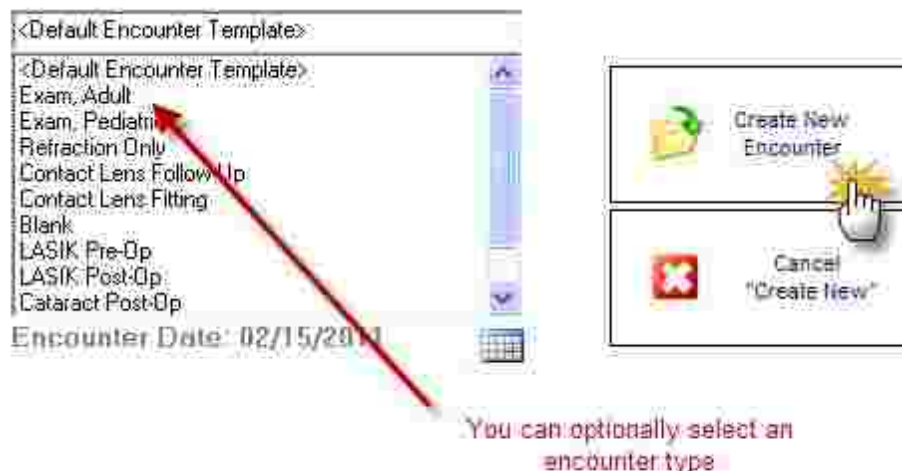
## Attachments

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/>



### 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

Type	Date	Status	Description	Provider
<a href="#">Add New</a> 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

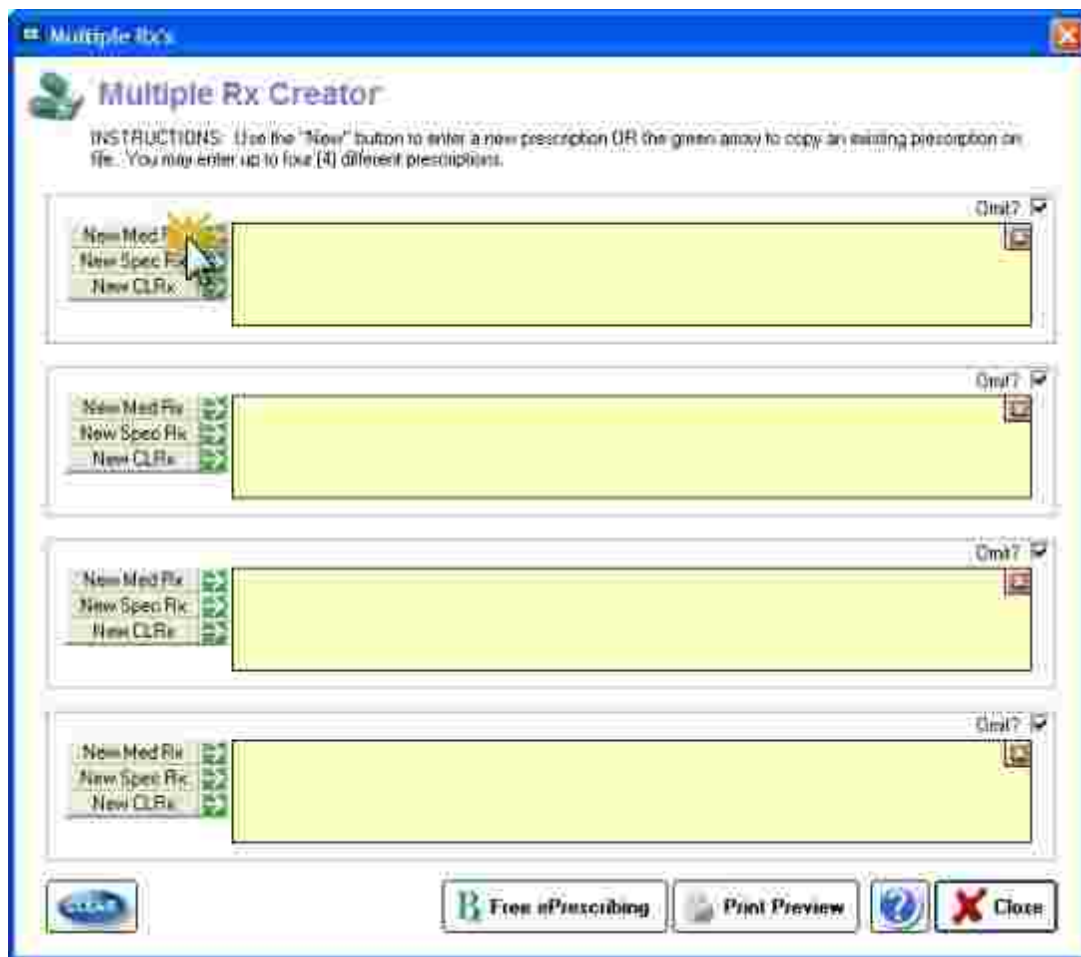
The Choose Type of Item screen will appear. Click the "Create a new Rx" button.

Choose the type of item to be created:

 Create a new ENCOUNTER	 Create a new REPORT	 SCAN document
 Create a new RX	 Create a new NOTE	 Cancel "Create New"

INSTRUCTIONS: Click on a button to create a new Encounter, Report or Note.

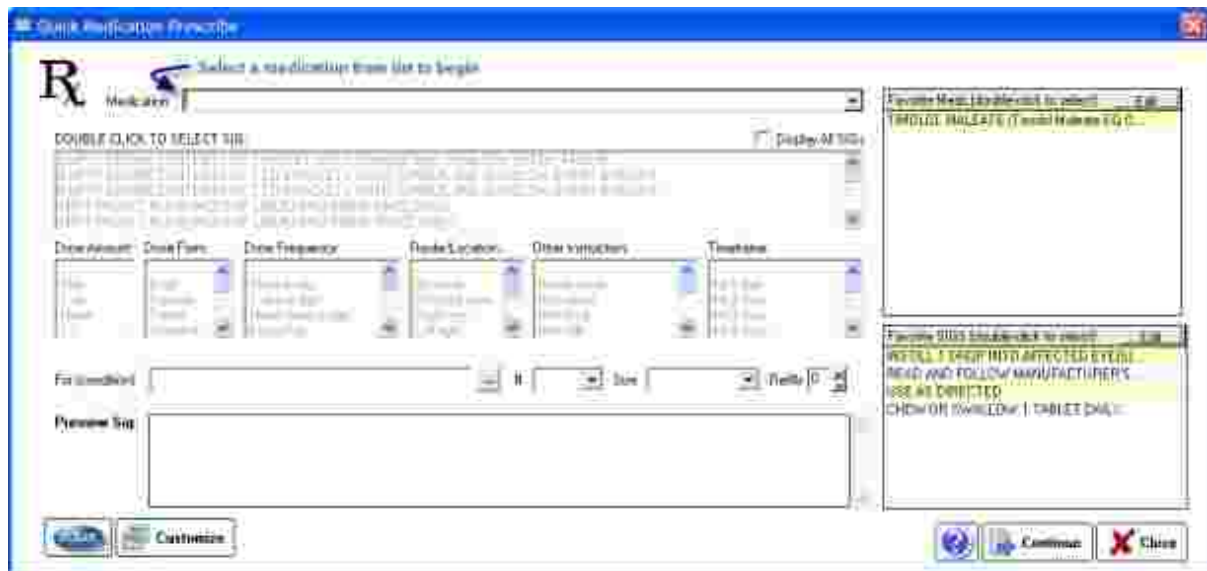
The Multiple Rx Creator tool will display. With this tool you can add up to 4 new Rx's at a time. To begin with a brand new Rx, click one of the "New" buttons on the topmost Rx box:



NOTE: If you have already entered a prescription that you wish to re-use, 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

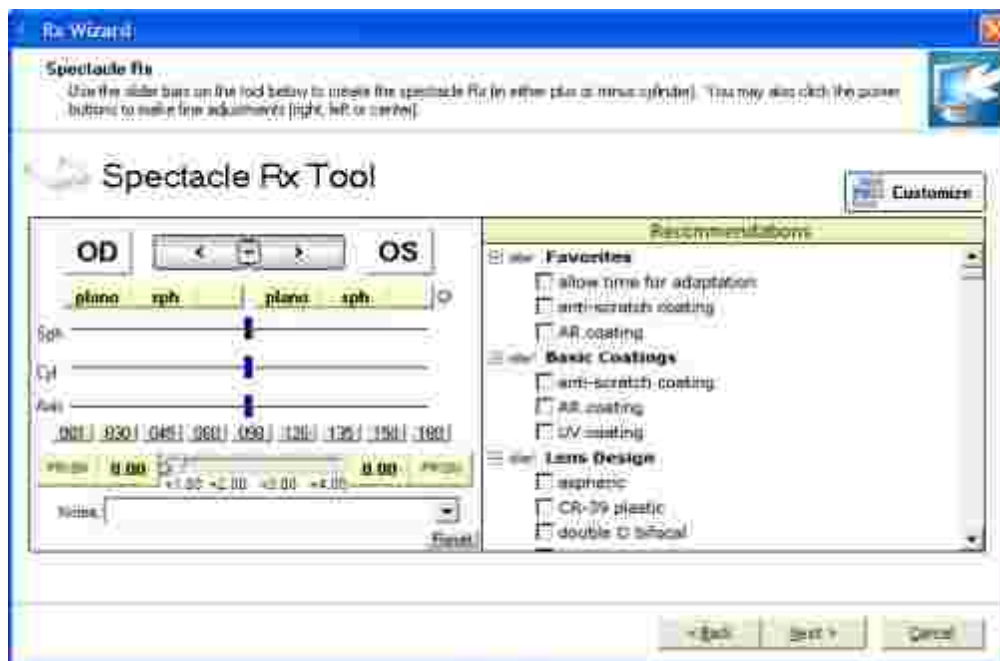
The New Med Rx button will display the Quick Medication Prescribe screen. To begin you must select a medication from the top dropdown screen (or choose one from your Favorite Meds list):



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.

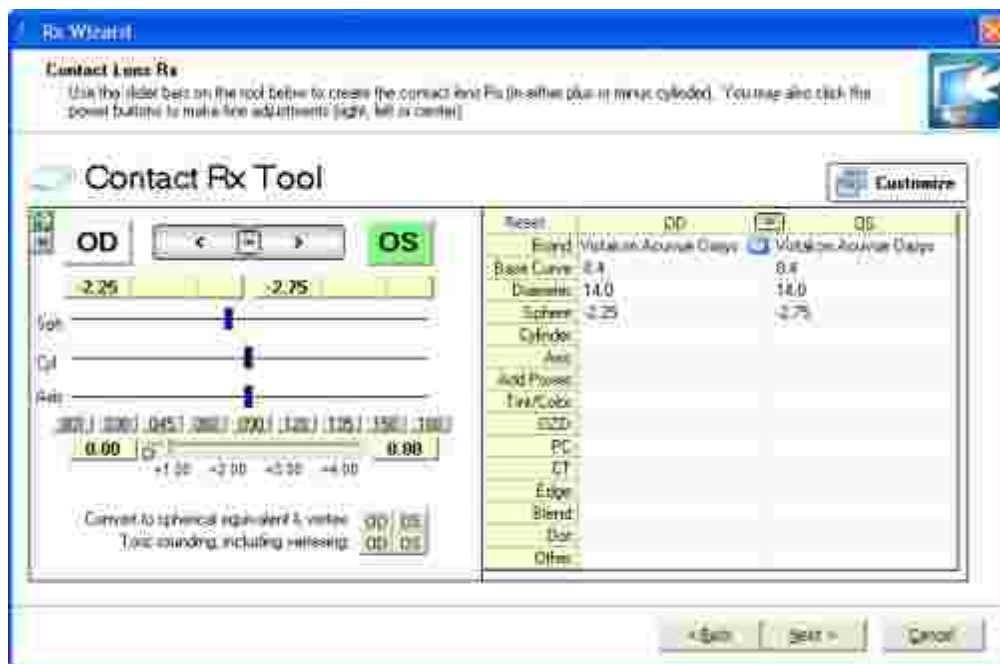
## Spectacle Rx

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



## 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.



## 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**

**Change Default Font**

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 List](#).

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.



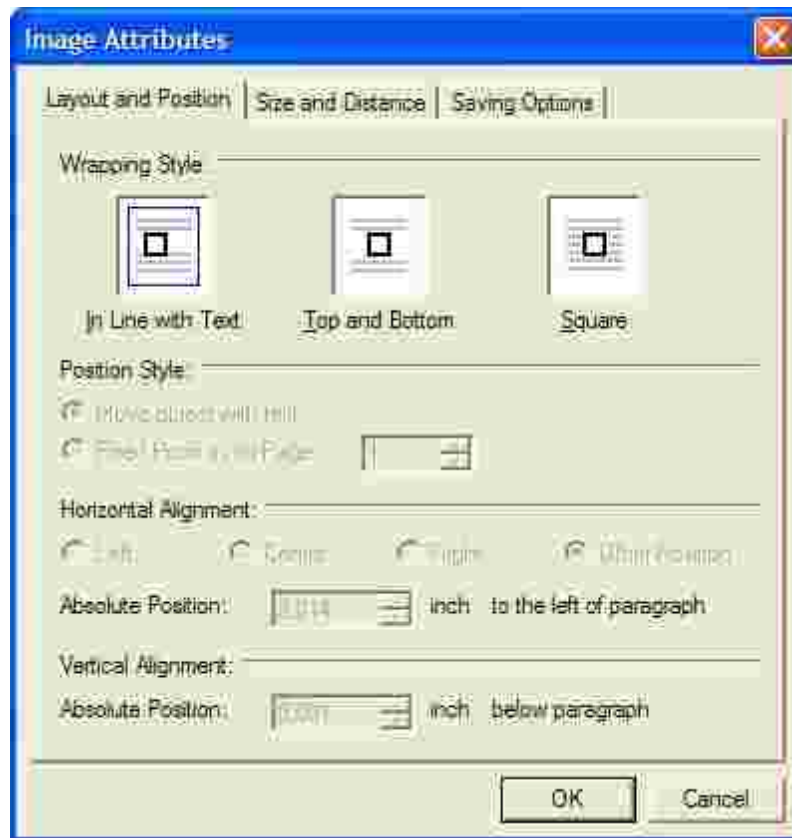
Find an image you would like to insert into your report and note its location in Windows Explorer.

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 Designer](#) 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
ddddd

bbbbb Table 2
ccccc

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.

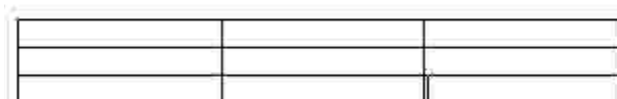
To add a row, select the existing row below which you want the new row to appear. by clicking in it.

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**<sup>1</sup>.

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.

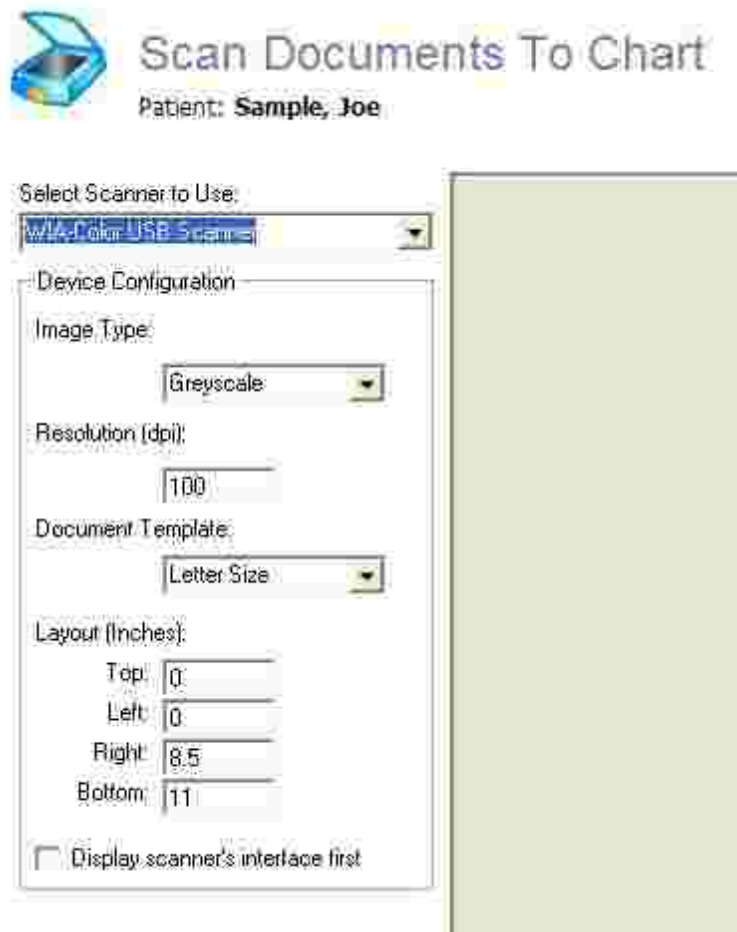


**WARNING:** Do not move, rename or delete files in the Document folder as this will cause the file to become unavailable for browsing/opening in the Encounter List.

#### **Direct Scan Method** (requires a TWAIN compatible scanner):

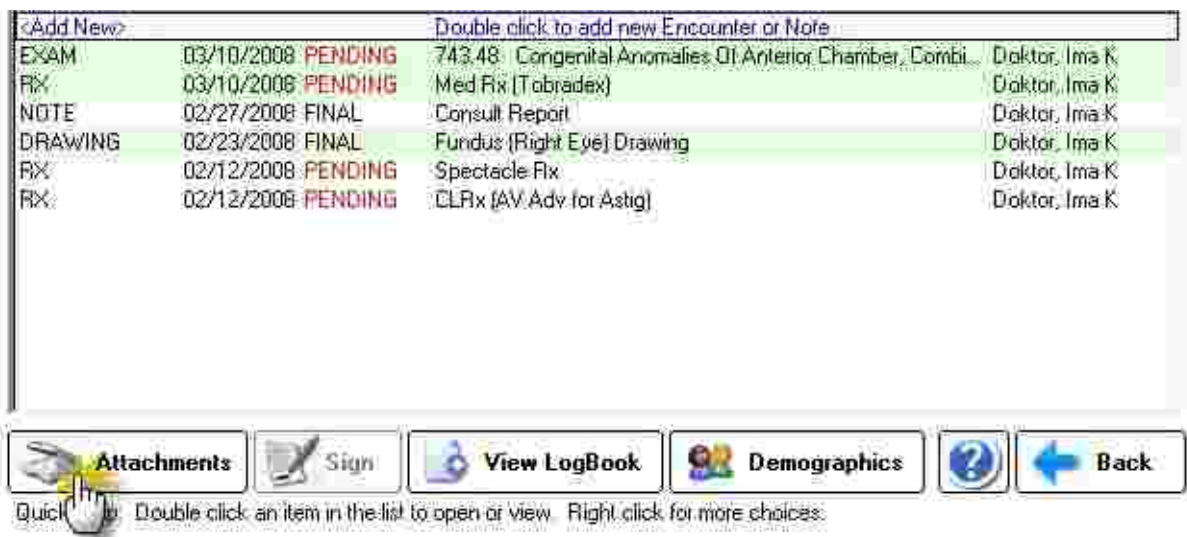
Click the Scan Document button after you select <Add New>.



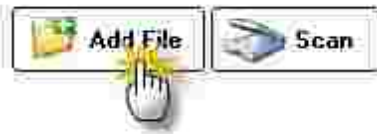


## Attach File Method

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.



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.



#### 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

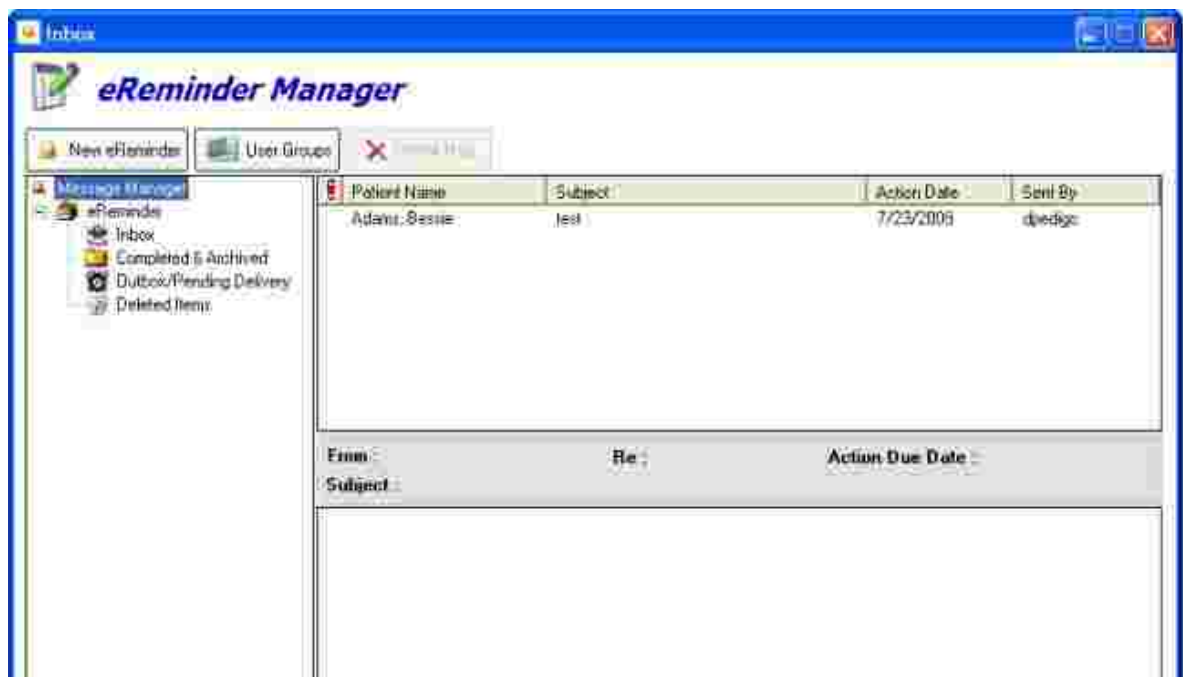


Double-click an item to select. Use the Expand/Collapse checkbox to show/hide the full prescription.

## 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 sub-header "eReminder Message Editor". The window contains several input fields and controls:

- To:** A dropdown menu.
- Action Date:** A date field showing "3 / 2 / 2011".
- Re:** A button labeled "Click to Select Patient...".
- Patient ID:** A text input field.
- Subject:** A text input field.
- Urgency:** A dropdown menu showing "Normal".
- Mark as confidential:** A checkbox with the text "Mark as confidential (will require password to open)".
- Rich Text Editor:** A toolbar with icons for "Set Font", bold (B), italic (I), underline (U), list, link, unlink, and undo. Below the toolbar is a large text area for the reminder body.
- Buttons:** At the bottom right, there 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

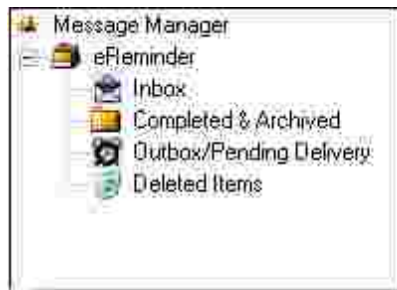
Contains a list of your completed Reminders (those marked as completed by the user).

### 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 Maintenance](#)

[Backup Database](#)

[Compact Database](#)

### [Software Maintenance](#)

[Report Bugs](#)

[Check for Updates](#)

### [Data Management](#)

[Query/Statistics](#)

[Encrypt/Compress Reports](#)

### [Miscellaneous Functions](#)

[Report Designer](#)

[Rolodex Utility](#)

### 6.3.1 Database Maintenance

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



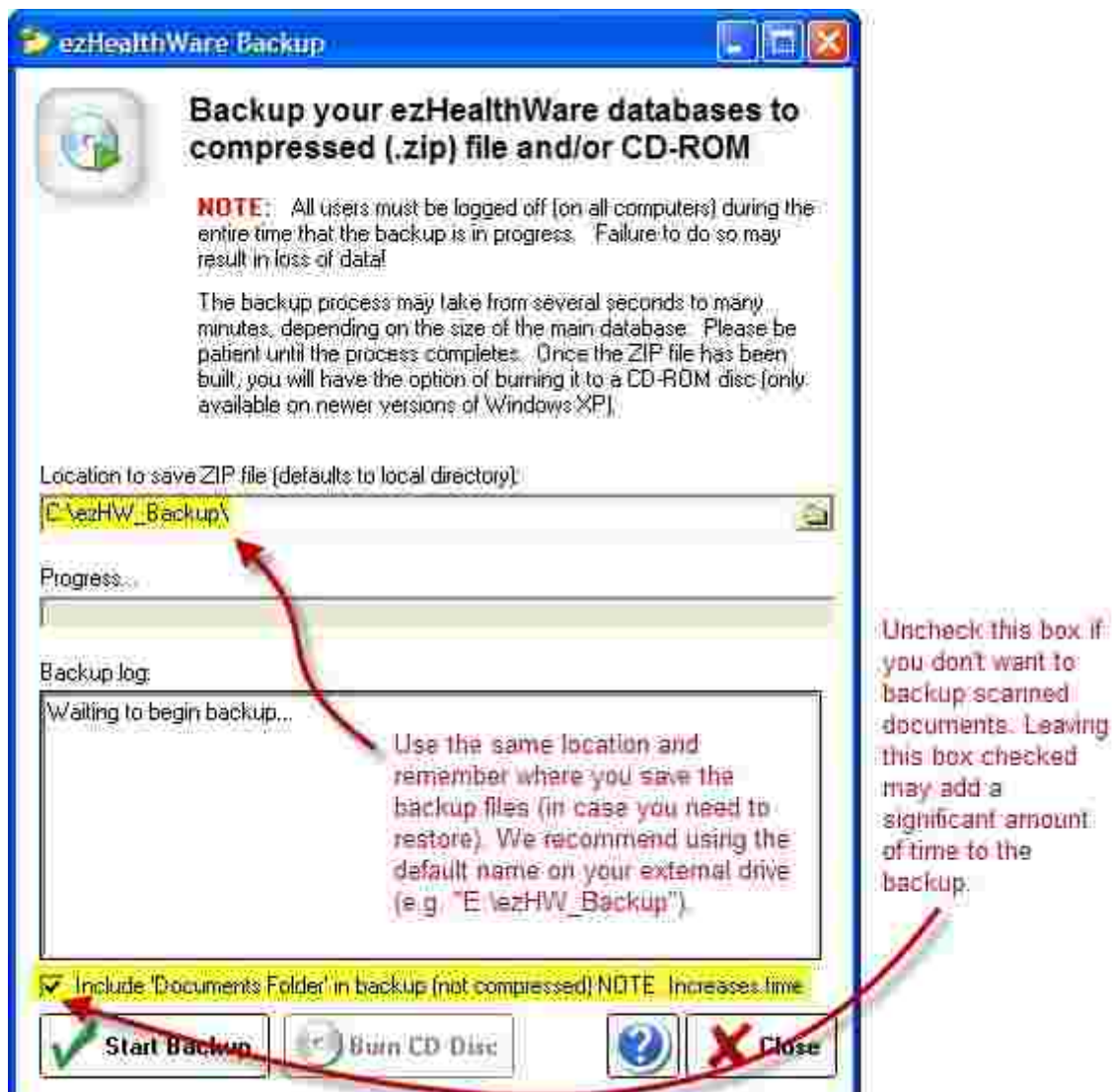
[Backup Database](#)

[Compact Database](#)

#### 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.

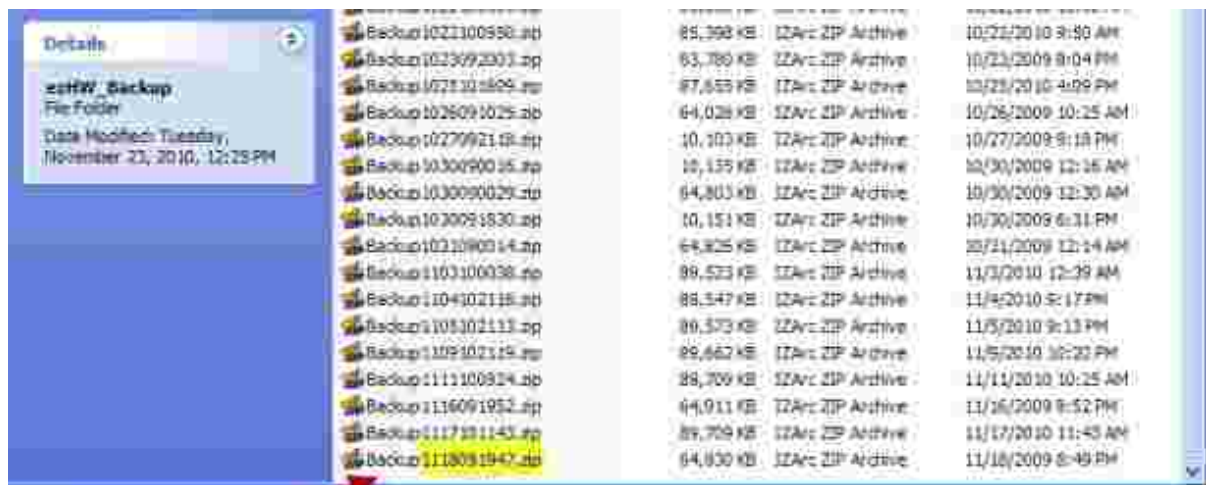
## Burn CD Disc

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!).

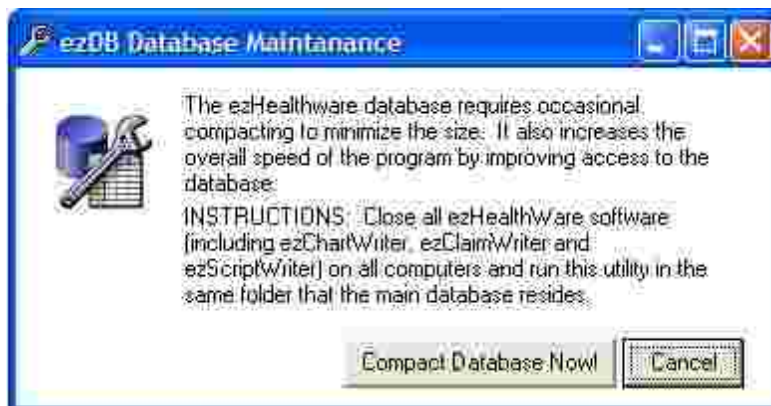


**WARNING:** If you are restoring the database files from a utility other than ezBackup (for example, a utility you run every night to backup the entire hard-drive) you need to take extra precautions to ensure you do not accidentally overwrite good data with outdated files. If your backup software does 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

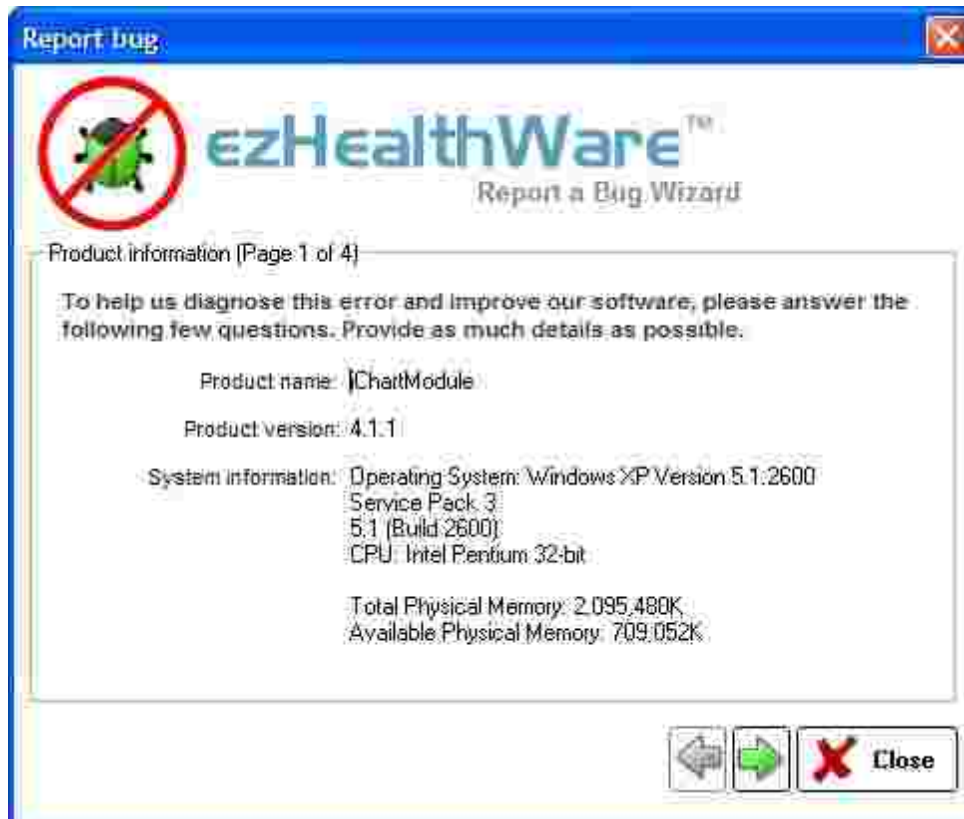
Use these menu items to look for software updates or send bug reports.



[Report Bugs](#)  
[Check for Updates](#)

### 6.3.2.1 Report Bugs

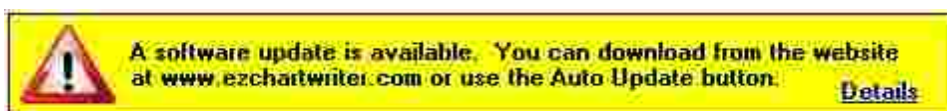
If you encounter a persistent error or glitch (programmers call them “bugs”), you can upload or fax a report to us so that the issue may be resolved. Simply follow the on-screen instructions to generate the bug report.



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](#)

[Encrypt/Compress Reports](#)

#### 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
			And

Select Database to Search: ☐ Patient List ☒ Encounter List 

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	Darita	08/15/2008
2	Nassuk	Jamie	08/15/2008
3	Narouk	Chad	08/15/2008
4	Narouk	Nina	08/15/2008
5	Nassuk	Jolene	08/15/2008
6	Charles	Leo	08/15/2008
7	Narouk	Drew	08/15/2008
8	Charles	Lucille	08/15/2008
9	Henry	Evel	08/15/2008
10	Anasogak	David	08/15/2008
11	Charles	Arlene	08/15/2008
12	Narouk	Gary	08/15/2008
13	Dewey	Randall	08/16/2008
14	Dewey	Joshua	08/16/2008
15	Dewey	Jeanne	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.

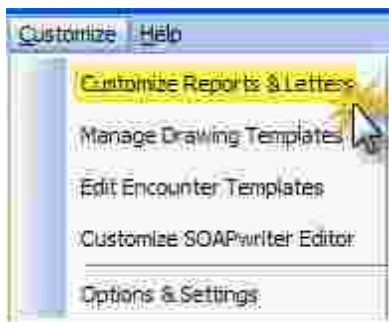


[Report Designer](#)

[Rolodex Utility](#)

#### 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-

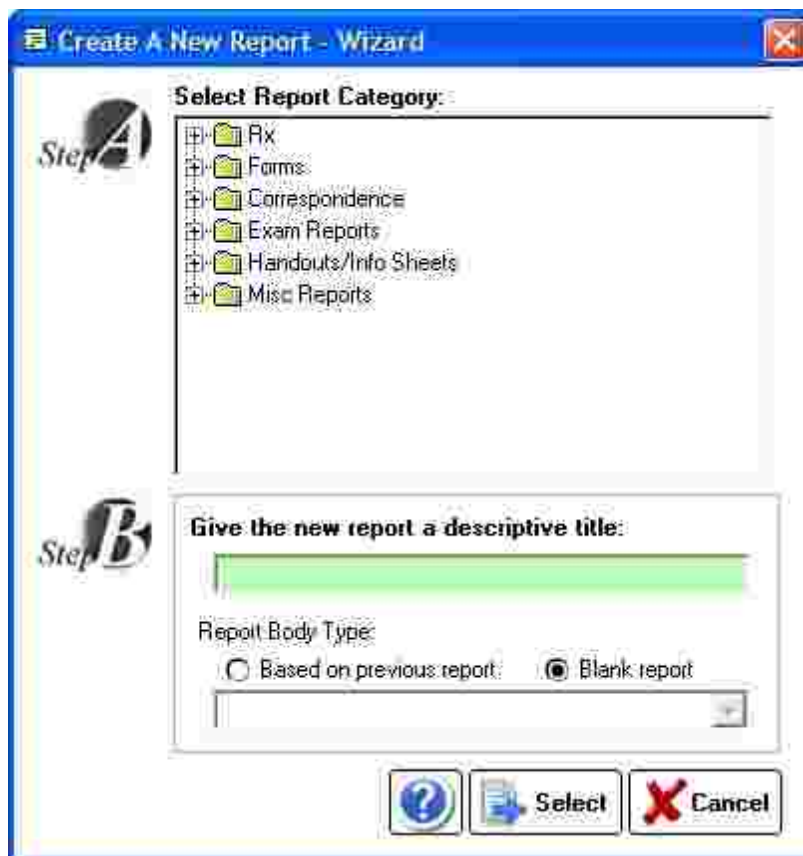
click the report name). To create a new report click the New button and a dialog will appear to guide you through creating a new report:



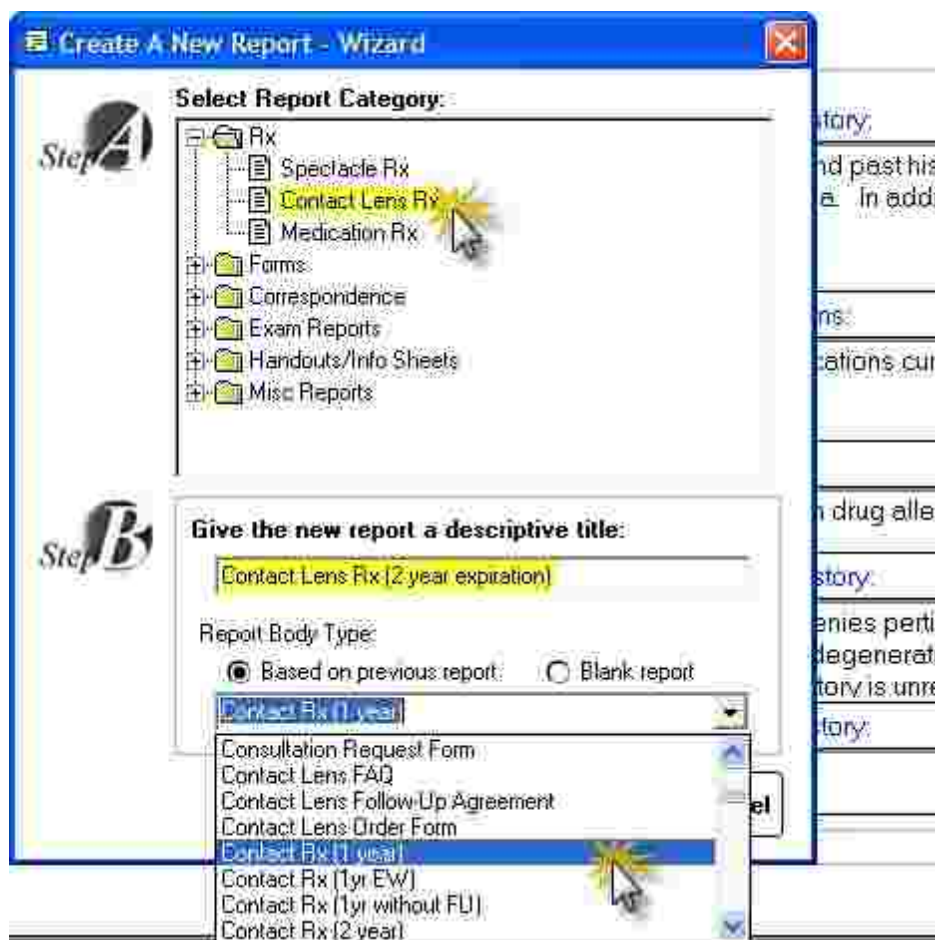
**Step A:** Select an appropriate category for the report. If the report does not easily fit one of the pre-defined categories, use the Misc. Reports category.

**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.





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 fields](#) 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)	[[FirstLastNam]]
Patient - Name (Full, Last First)	[[LastFirstMI]]
Patient - Name (First only)	[[FirstName]]
Patient - Name (Last only)	[[LastName]]
Patient - Salutation	[[NameTitle]]

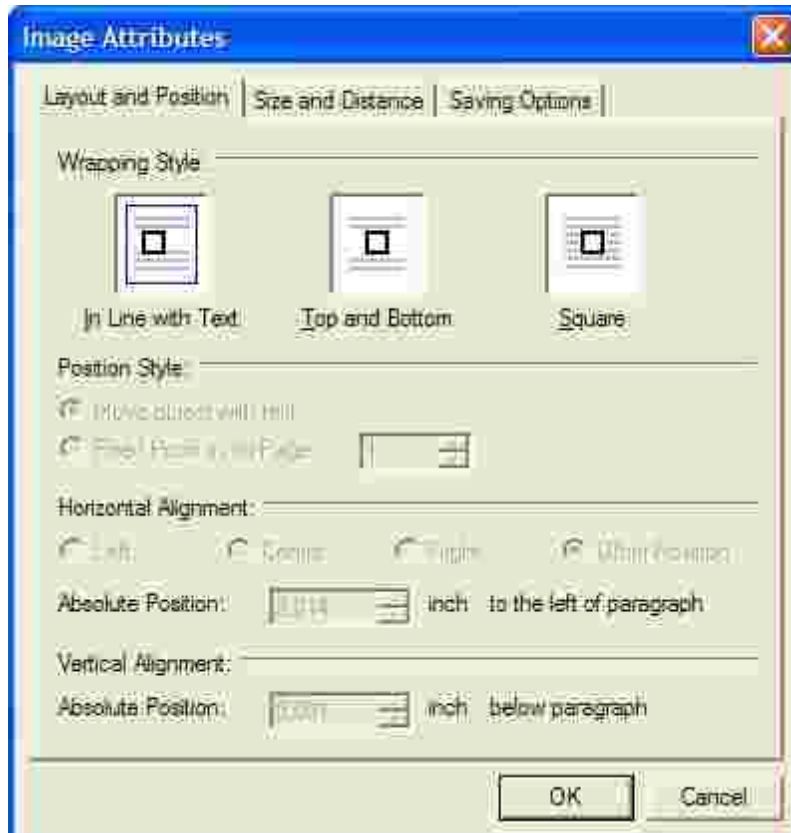
## Images

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.

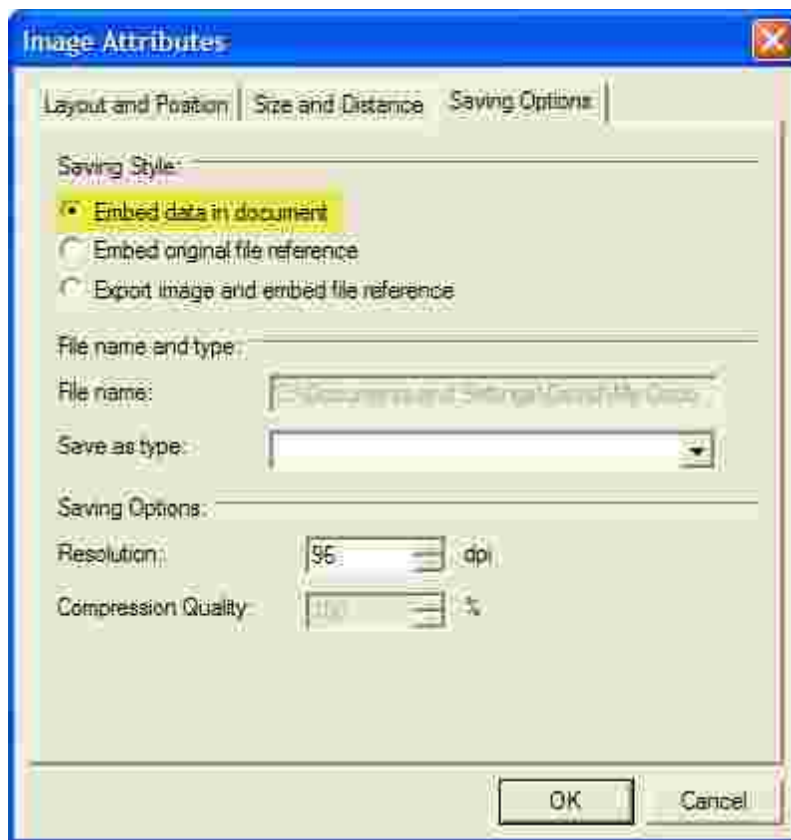


**WARNING:** Images consume lots of disc space and if you embed a large image in a report, then each and every report you save will have a copy of that image saved to the database. It is recommended that you limit embedded images to small (under 10K) size. Examples would be a signature block. Typically, 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:

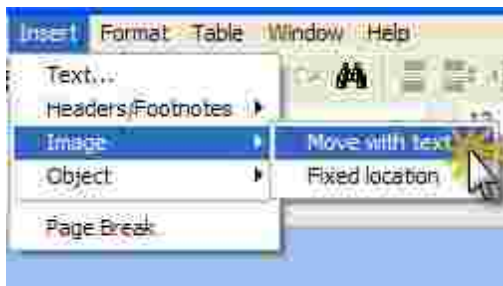


### Embed data in document

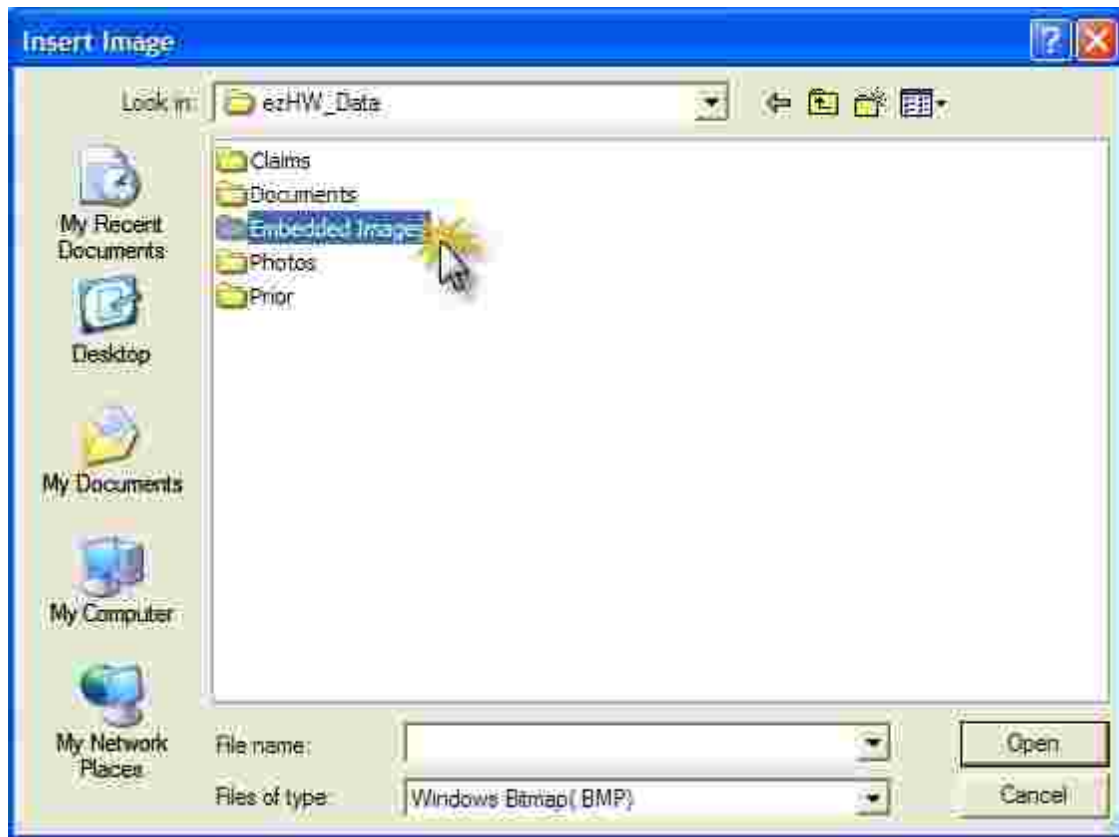
This is the simplest way, but can quickly fill up your report database. Only use very small, low resolution images with this method. To convert and resize your image, use a product like SnagIt ([www.techsmith.com](http://www.techsmith.com)) to reduce the resolution. If you embed too large an image you 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 separately 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 Writer](#) 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).

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)	[[FirstLastName]]
Patient - Name (Full, Last First)	[[LastFirstMI]]
Patient - Name (First)	[[FirstName]]
Patient - Name (Initial)	[[Initial]]
Patient - Name (Last)	[[LastName]]

[[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

<input type="radio"/> Exam Date Range	3 / 1 / 2010	To	3 / 31 / 2010
<input checked="" type="radio"/> Recall Date Range	3 / 1 / 2011	To	3 / 31 / 2011
<input type="radio"/> 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

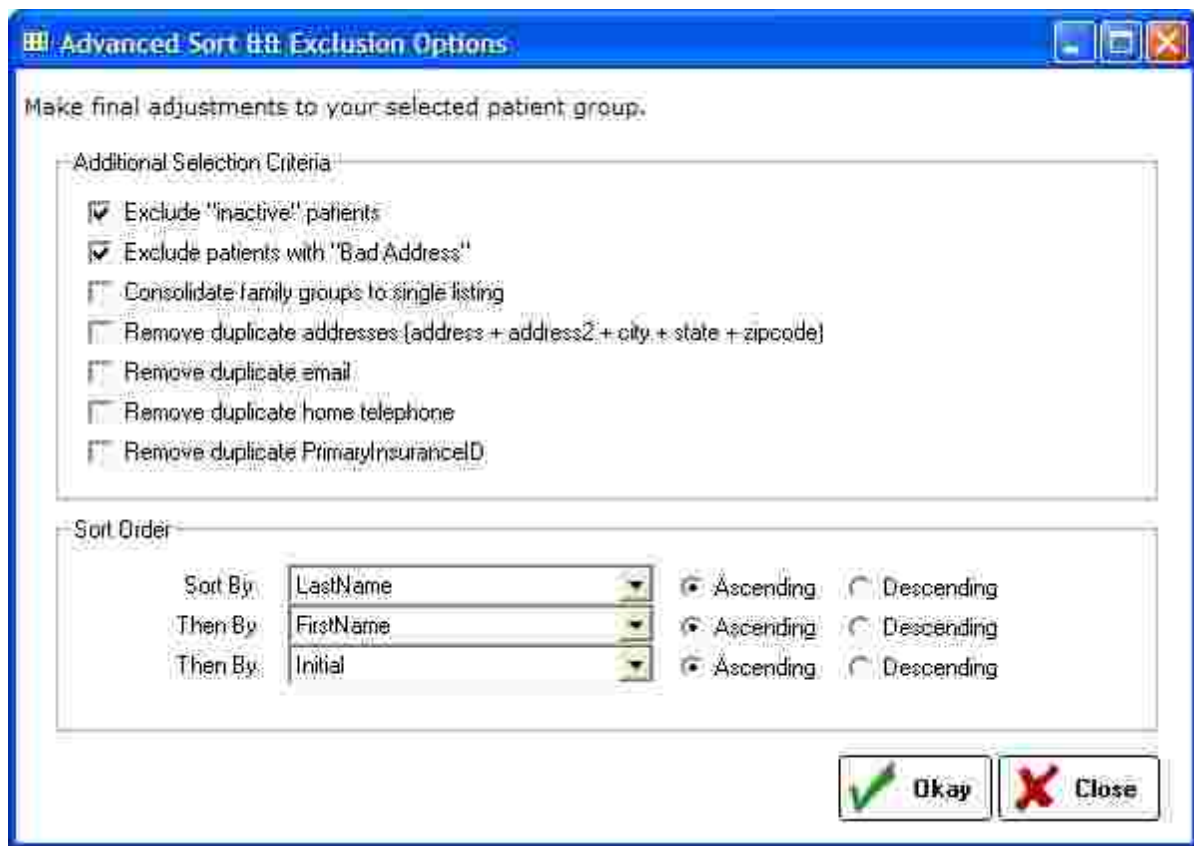
After clicking the green next arrow, a list of patients found will be presented. This list can be further refined and sorted.

Sort By		Sort Order	
<input checked="" type="radio"/> LastName	<input type="radio"/> Zipcode	<input checked="" type="radio"/> Ascending/increasing	
<input type="radio"/> LastExam	<input type="radio"/> PatientID	<input type="radio"/> Descending/decreasing	

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

Excludes		Advanced Search/Sort	
Would you like to exclude inactive patients?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you like to exclude bad addresses?		<input checked="" type="radio"/> Yes	<input type="radio"/> 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](#)
- [Create Form Letters](#)
- [Generate Email List](#)
- [Generate Phone List](#)
- [Export the Data](#)



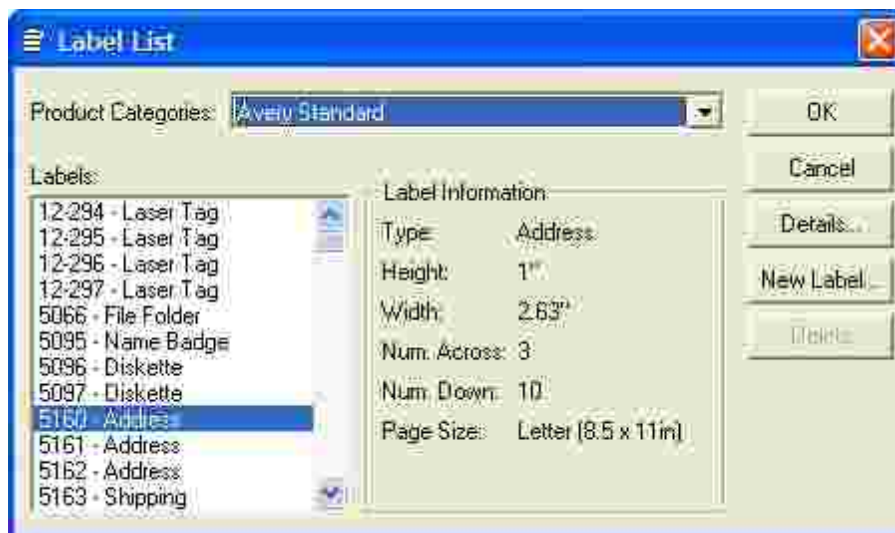
### 6.4.1.1 Create Labels

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.

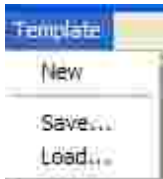


#### 6.4.1.2 Create Form Letters

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 print out 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.



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](http://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



2 Create a campaign

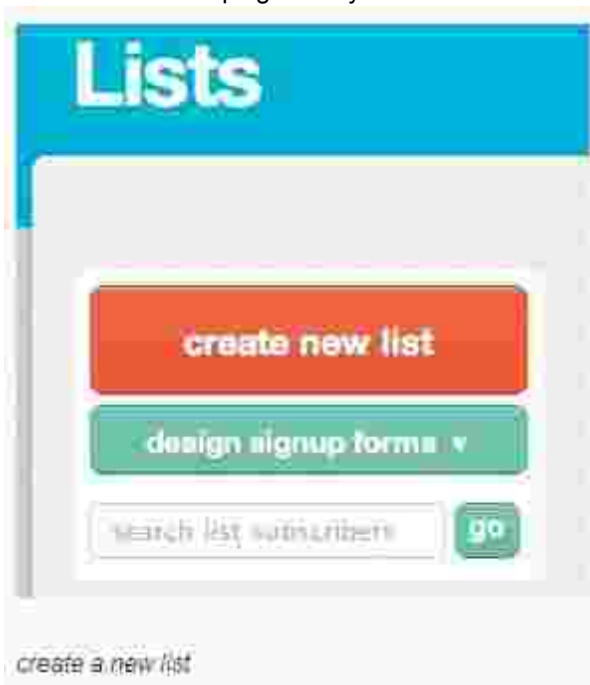


3 View campaign reports



### 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

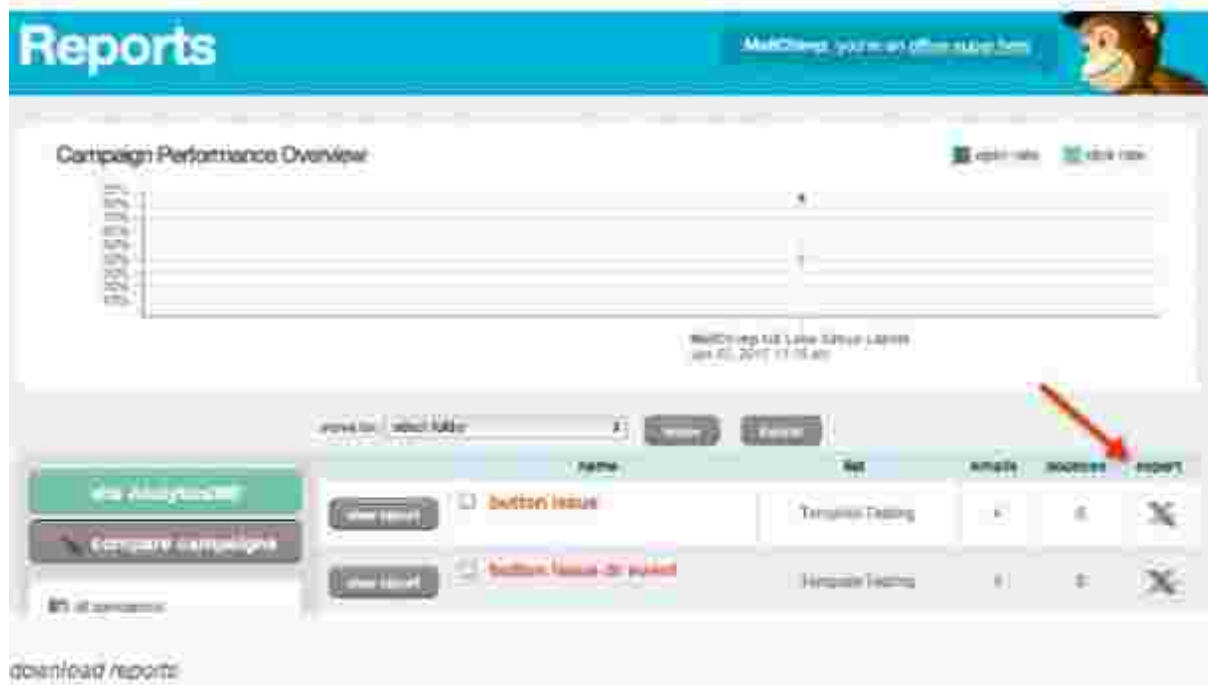
Now that you have a list to send an email to, let's create an email!



### Step 3 - Reports

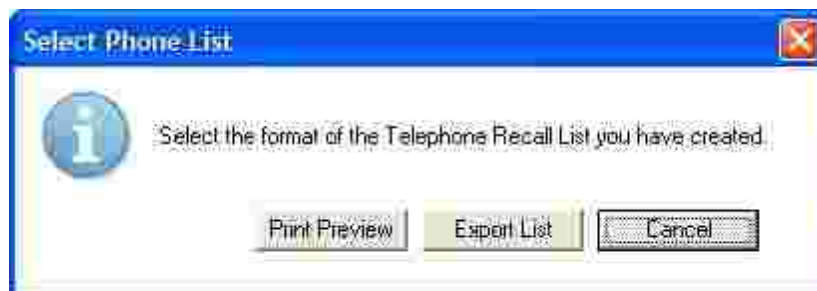
We'll show you how many times you opened and clicked in the test campaign, how many bounces you got, and more.

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.



#### 6.4.1.4.1 Using "Dial My Calls"

DialMyCalls ([www.dialmycalls.com](http://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.







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.

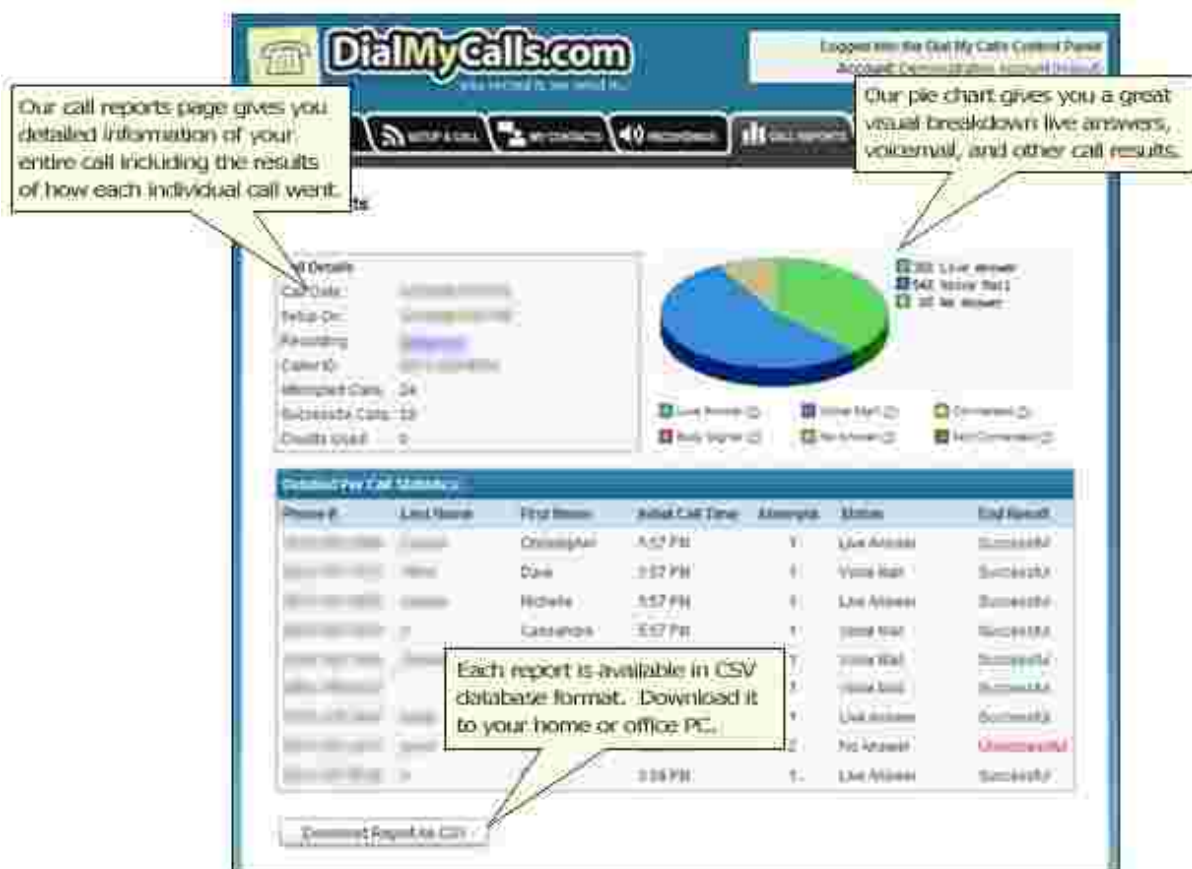
- **Use the Text-to-Speech Tool**

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.



### 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](http://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

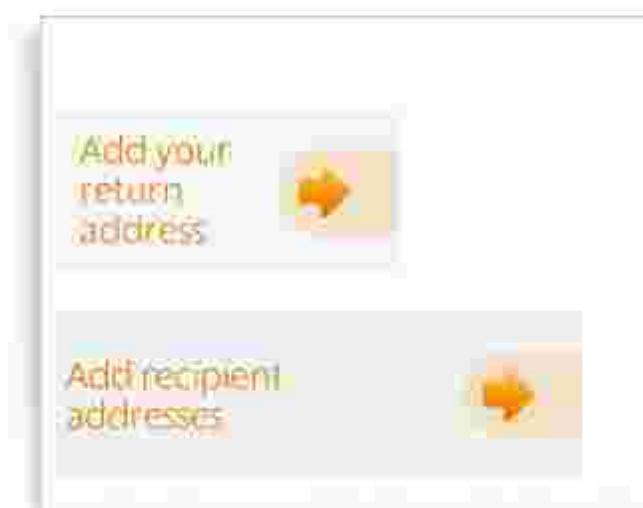
1. Return address: This is the name and address to which you want the mailpiece returned if it is undeliverable.

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 Data](#)

[Exporting Data](#)

## 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.

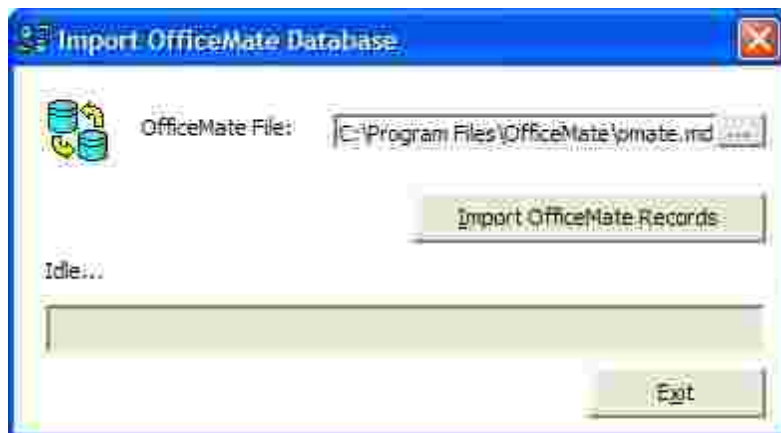
The current version of the Import Wizard will not allow you to import EMR or billing information. This type of data is too complex for the Wizard (smart as it may be). If you wish to populate your new database with more detailed information from your current practice management and/or EMR system, please contact Tech Support at [support@ezchartwriter.com](mailto: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.

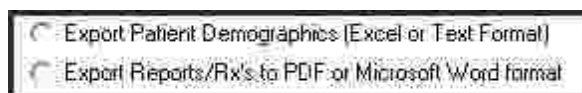
## OfficeMate Database Import

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:



(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).



The image shows a software window titled "Export Details" with a blue title bar. Inside, the main heading is "Export Options" in a large, stylized blue font. Below the heading, a note states: "This version of the Export Wizard only exports basic patient demographic information." The window is divided into several sections. The "Export File Details" section contains a "Format" field with two radio buttons: "Comma Separated File (csv)" (selected) and "Tab-delimited Text". Below this is a "File Path" text box containing "C:\Documents and Settings\David\My Documents\" and a browse button. The "Additional Selection Criteria" section has three options: "Export ALL patients in database" (checked), "Export a Selected Patient" (unchecked), and "Export by 'Last Exam' Date" (unchecked). The "Export a Selected Patient" option includes a text box and a "Click to Select Patient..." button. The "Export by 'Last Exam' Date" option includes "Start Date" and "End Date" dropdown menus, both set to "3 / 5 / 2010". At the bottom, there is an "Export Progress" bar, an "Advanced Details" button with a gear icon, and "Next" and "Cancel" buttons with green and red arrows respectively.

**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 / 2010

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 Jma	MI K	Last Name Doktor	Degree/Suffix OD
Title/Position		ID Type	ID Number
State Lic # 034844		OtherID1	
DEA #		OtherID2	
UPIN		OtherID3	
NPI 1093948344		Security Settings	
		Username: idoktor <span>Change Password</span> Security Setting: <b>Level 10</b> Type: <b>Provider</b> <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\Attachments\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.

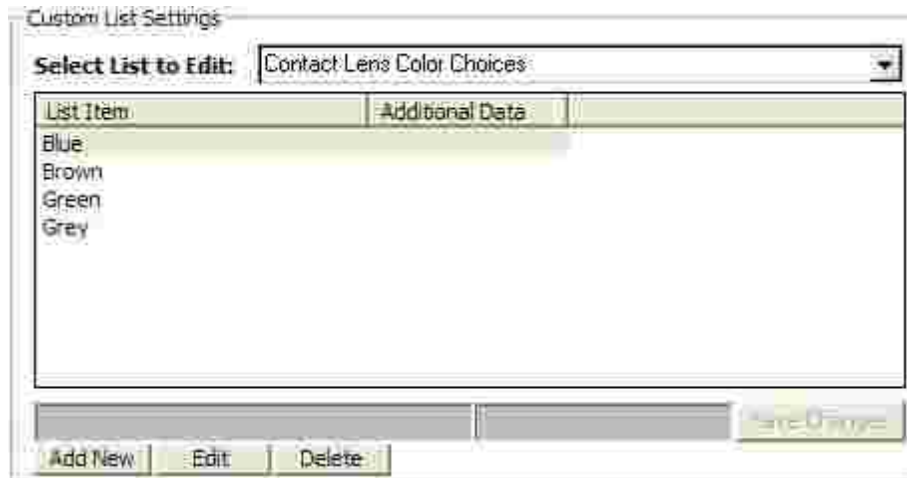
### Path to Patient Photos

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



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:

Reports/Letters   Prescriptions   Encounter Reports

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
Spect 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 DEAR  
☒ 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.



## 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.

	<b>\$89.00 annual license</b> Basic patient demographic management with appointments and insurance claim billing.
	<b>\$129.00 annual license</b> Everything in ezFrontDesk plus the ability to generate printed or electronic Rx's.
	<b>\$189.00 annual license</b> Hybrid of electronic patient charts with scans of your existing paper charts. Includes ability to print/electronic Rx's.
	<b>\$199.00 annual license</b> 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.

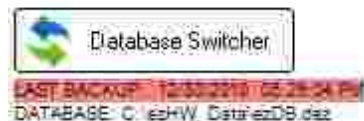


**WARNING:** Be sure to close all ezChartWriter modules on this computer, since any running modules will crash if the database path is changed while running. Use the ezForceClose utility if necessary. Otherwise, possible database damage could occur.



## 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.



 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: Your help is greatly appreciated!

**Suggestion Form**

**Name/Clinic:** Main Street Optical

**Your Name:** Ima K Doktor, OD

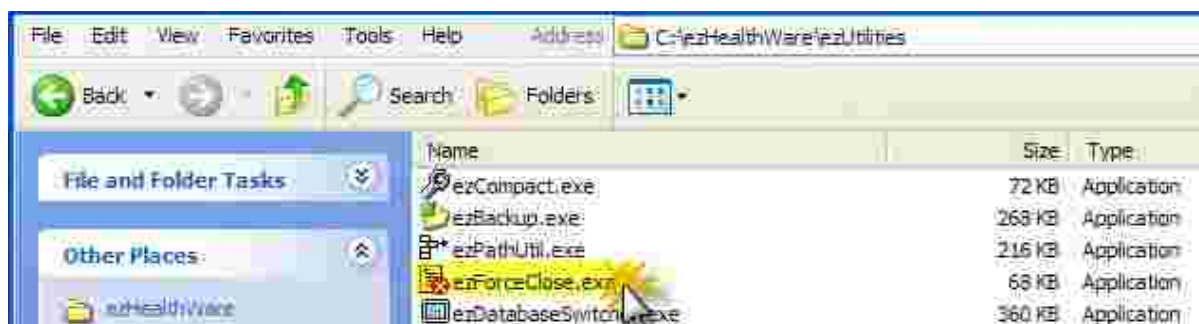
When you submit your suggestion, it will be used to improve future versions of the ez software applications. We may not be able to incorporate every potential idea (due to technical difficulty or poor fit with software goals). However, in many cases, your directly incorporated into the software. If you have found a feature that doesn't or 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 (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. .

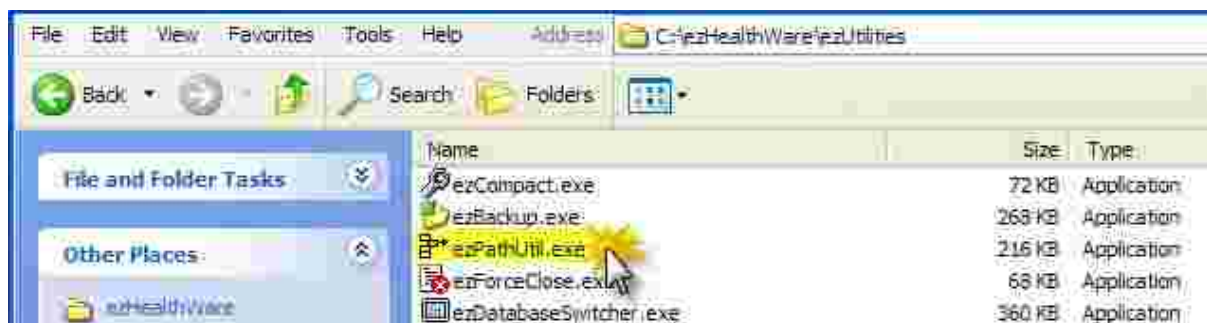


Note that if you have open work in ezChartWriter you should save it first.

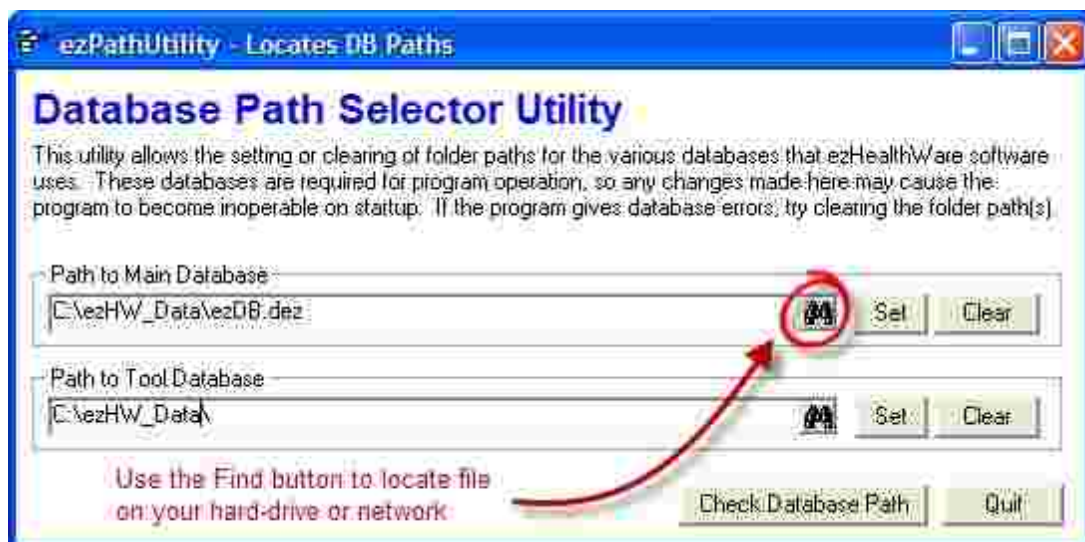


### ezPathUtil

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
```

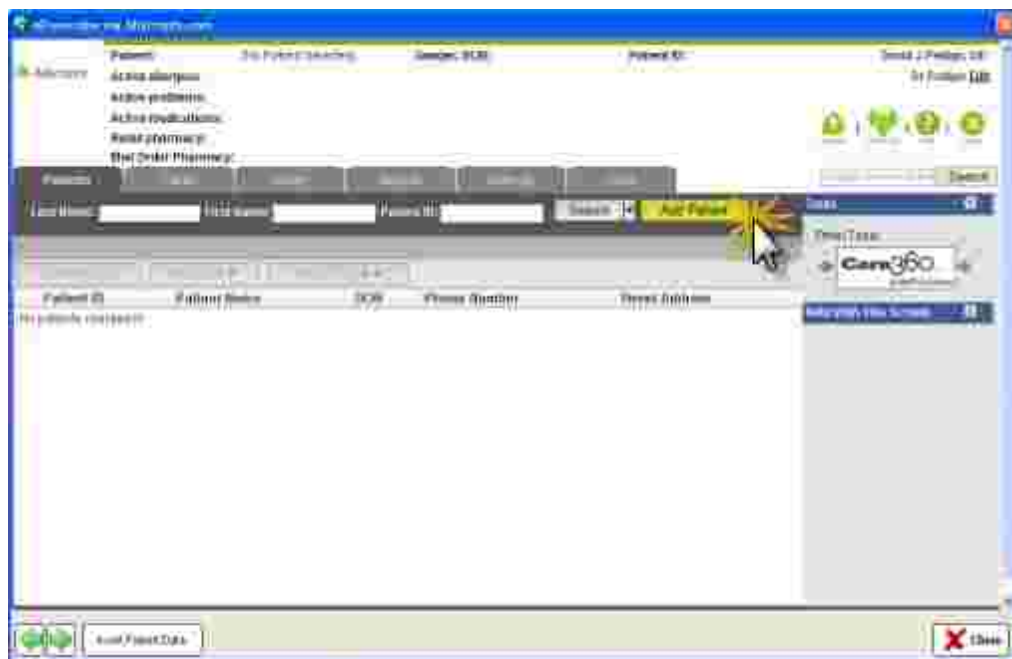
## 6.10 ePrescribe

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).

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.

 A screenshot of the 'Add New Patient' form. The form contains fields for Phone, Mobile Phone, First Name, Last Name, Date of Birth, Gender, Patient ID (MRN), Address 1, Address 2, City, State (WA), ZIP Code, and Email. A red arrow points from the 'Phone' field to the 'Insert Patient Data' button at the bottom. Text annotations provide instructions: 'Step 1 - Click in the Phone field so the data will paste in sequence.' and 'Step 2 - Click the Insert Patient Data to send to AllScripts.'
 

**Step 1 -** Click in the Phone field so the data will paste in sequence.

**Step 2 -** Click the Insert Patient Data to send to AllScripts.

The patient should show up in the AllScripts Patient List, but if it does not enter the last and first name to Search.

Patient ID	Patient Name	DOB	Phone Number	Street Address
000001	Sample, Joe E	12/30/1957	425-555-8888	123 South Street
1222-333-4444	Sample, Joe	12/30/1957	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 found

Coverage: None Available

Back

Review Script Pad

Medication and Sig

Quantity

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

Back

	Drug Name	Strength	Unit	Dosage Form	Route
<input type="radio"/>	Gentamicin Sulfate			Powder	Does not apply
<input checked="" type="radio"/>	Gentamicin Sulfate	0.1	%	Cream	External
<input type="radio"/>	Gentamicin Sulfate	0.1	%	Ointment	External
<input type="radio"/>	Gentamicin Sulfate	0.3	%	Ointment	Ophthalmic
<input checked="" type="radio"/>	Gentamicin Sulfate	0.3	%	Solution	Ophthalmic
<input type="radio"/>	Gentamicin Sulfate	10	MG/ML	Solution	Intravenous
<input type="radio"/>	Gentamicin Sulfate	10	MG/ML	Solution	Injection
<input type="radio"/>	Gentamicin Sulfate	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

Back Select Sig

Drug Name

Choose Sig: Preferred

Choose or write a Sig for Gentamicin Sulfate 0.3% Solution Ophthalmic:

Back Patient Ed Sheet Change Med Add to Script Pad Add & Review

☒ 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: 5 Choose Package/Unit: ML

Quantity: 2 Quantity = 2(2 x ML)

Refills: 2 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):

OUR Check

Back Submit

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:

**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**

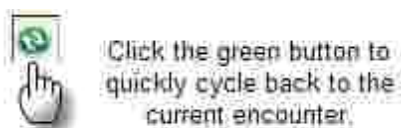
[How do I view prior records?](#)  
[How do I switch chart views?](#)  
[How do I use the Tools to enter data?](#)  
[How do I edit text in the SOAP note?](#)  
[How do I print a copy of the Encounter?](#)  
[How do I export the encounter to PDF?](#)  
[How do I finalize the encounter?](#)  
[How do I upload to PracticeFusion EHR Website?](#)  
[How do I make changes to signed encounter?](#)

#### 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.



### 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.

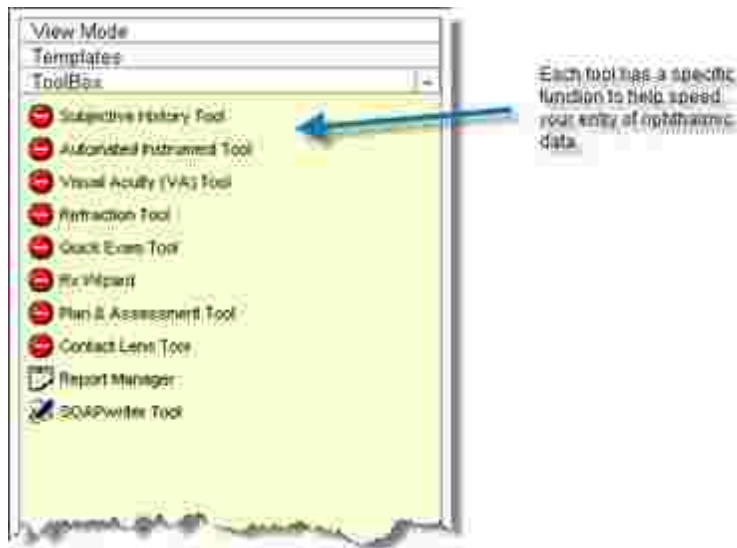




When you attempt edit data in the ExamSheet view, you are automatically switched to SOAPnote format, as this is the only allowed view supporting editing of text directly.

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.



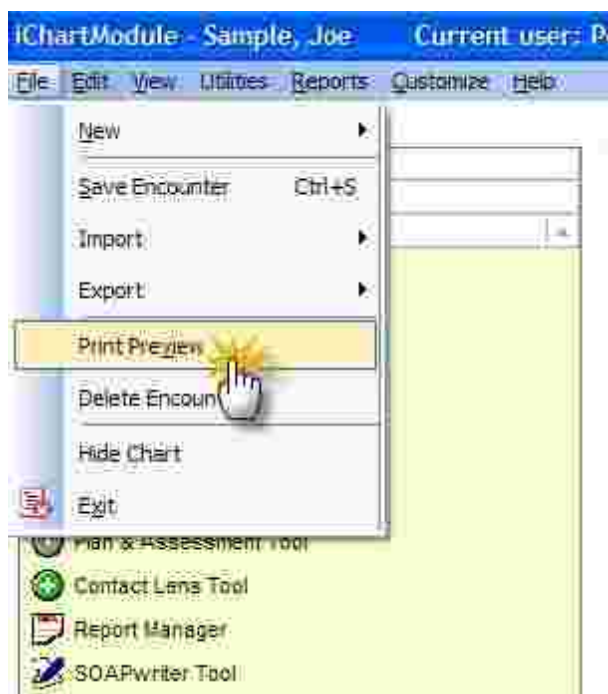
You can add, delete or move data just like in any standard word processing application. However, it is advisable to NOT move the built-in tags surrounded with curly brackets {TAG}. Although you can add text features such as bold or underline by pasting formatted text into the box, these changes will 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.

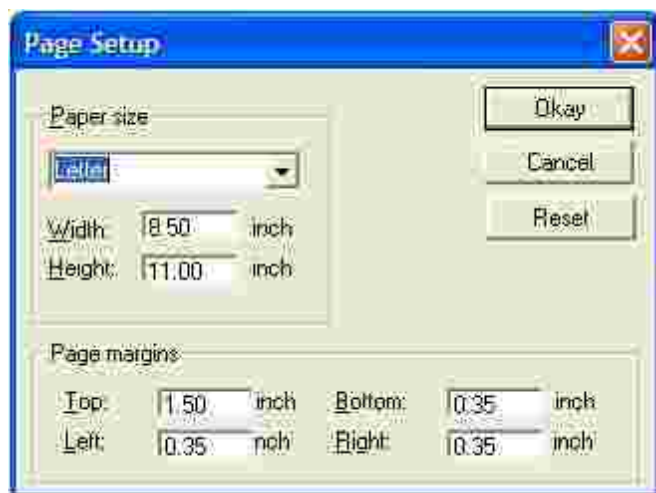
#### 7.2.5 Print a copy of the Encounter

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.



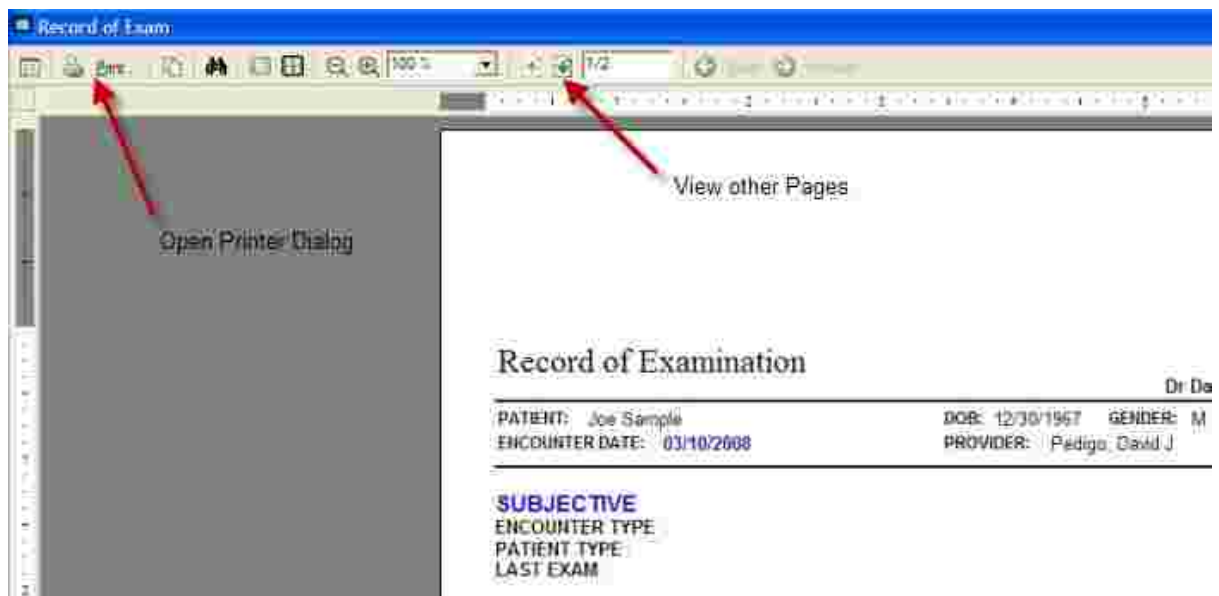
Alternatively, you can click the Print icon when in SOAPnote view in the ribbon bar at the top of the SOAP note.

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.



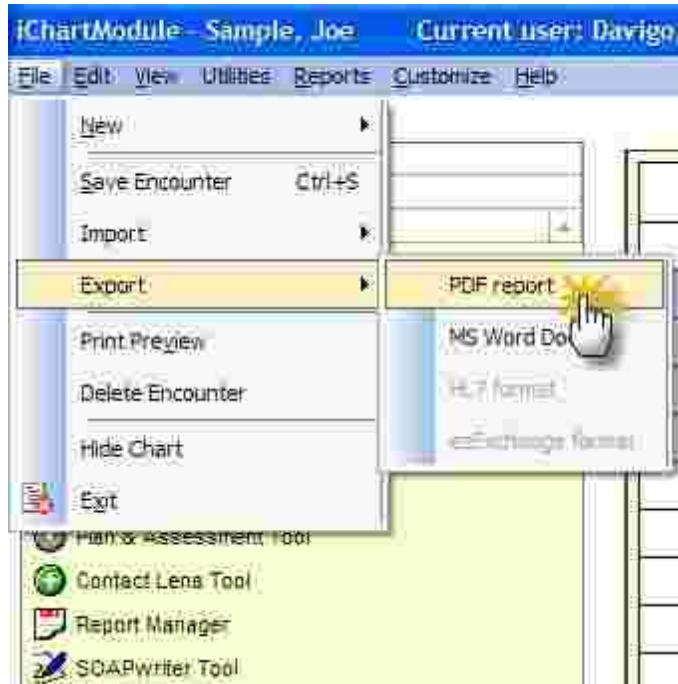
Once the Print Preview opens, you can review the chart or **Print** it out by clicking the Printer button.





## 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:

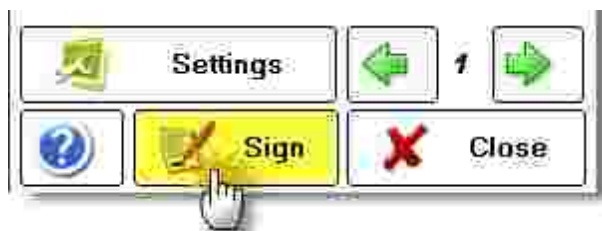
<http://get.adobe.com/reader/otherversions/>

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:



### 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:



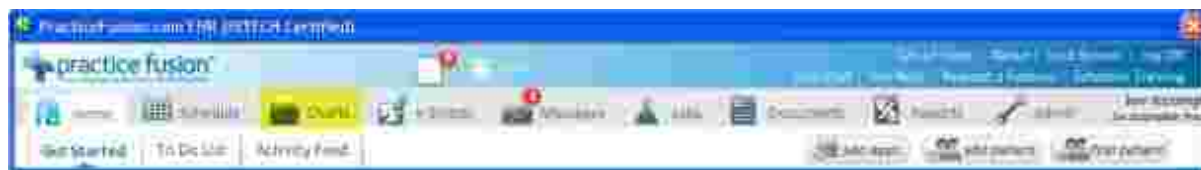
Once the website opens, you must log into your PracticeFusion account. Note: If you have yet to create an account, open the website ([www.practicefusion.com](http://www.practicefusion.com)) on your browser and sign up. It is a very quick and easy process and is totally free. The next few times you log 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 an asterisk, "Last name" with an 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.

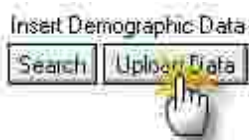
You can fill the patient name and date of birth by clicking the "Search" button in ezChartWriter.



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

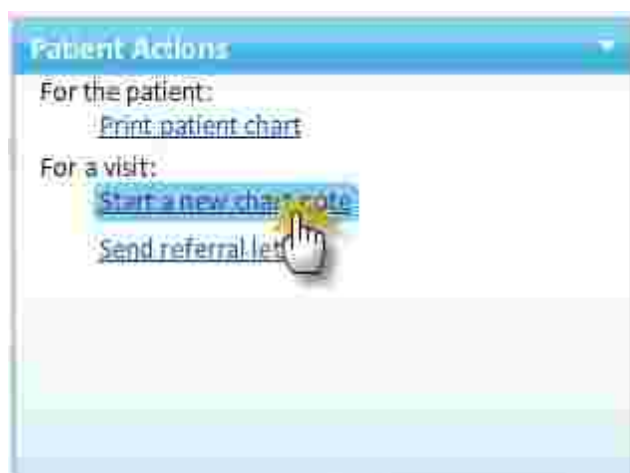
PracticeFusion uses a standard SOAP note to store data, just like ezChartWriter. To begin (if the patient chart is not already open), click the Charts tab at the top and find the patient for which you wish to enter SOAP data.



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:

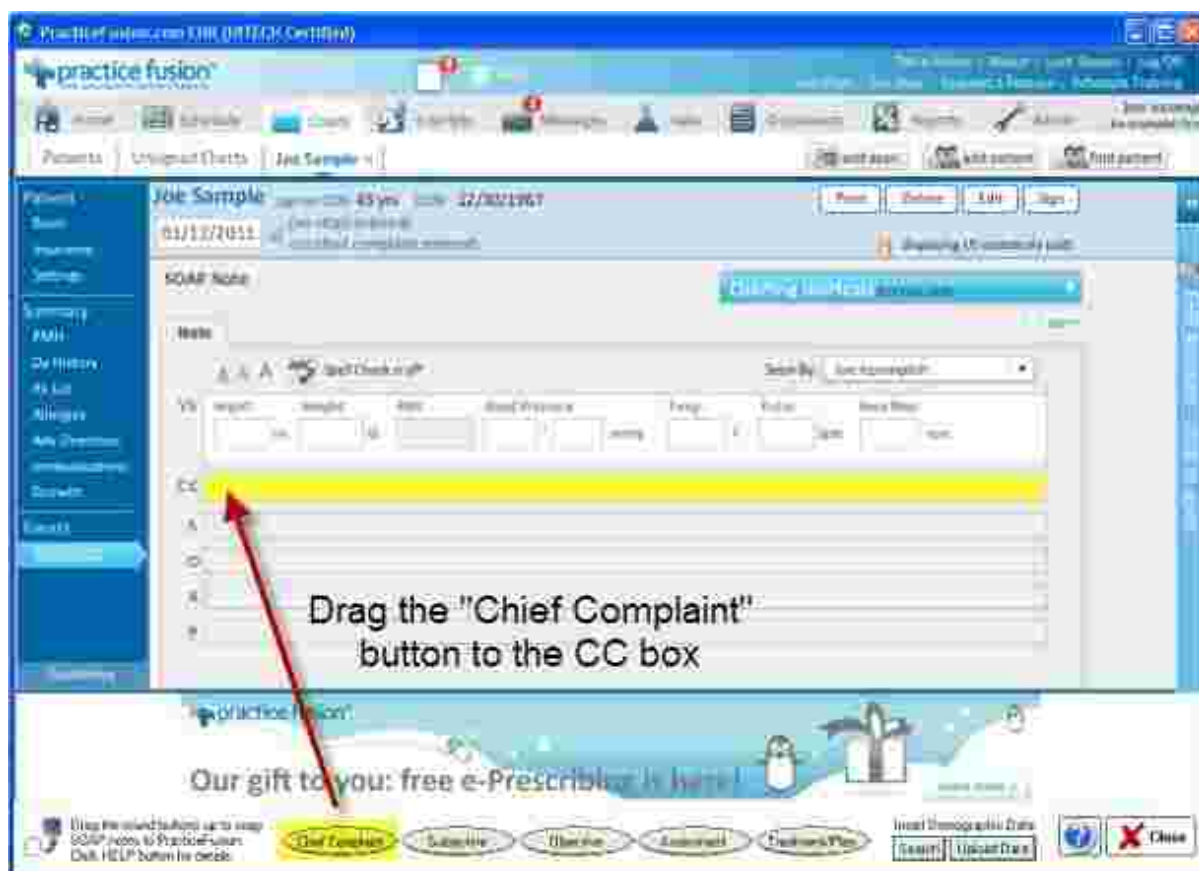


You MUST select the SOAP note format so you data fields can be inserted into the PracticeFusion chart:

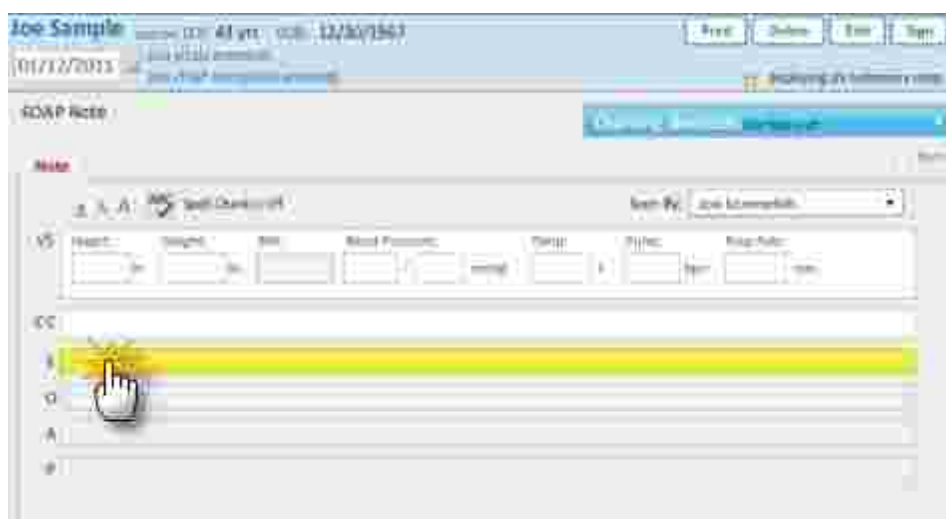


On the screen you will see the condensed SOAP note. Only the Chief Complaint (CC) field and vital signs are editable on this screen. To insert the Chief Complaint, drag the "Chief Complaint" button from the bottom of the ezChartWriter screen up to the CC box.





To fill in the other SOAP fields, you must click the Subjective field first to get to the detailed SOAP section:

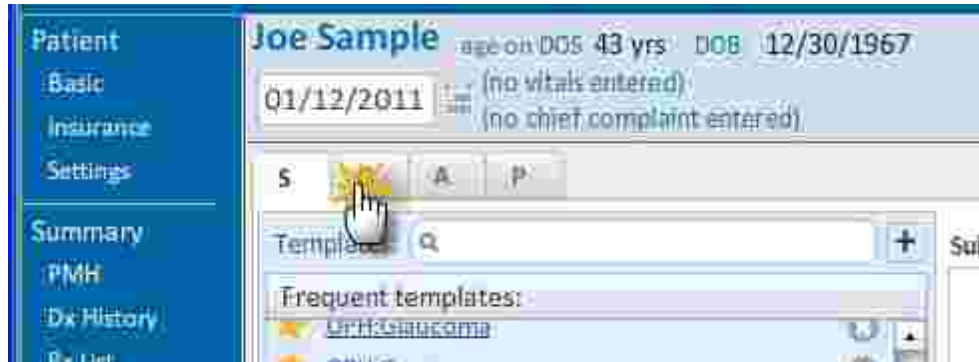


Drag the "Subjective" button up to the field, dropping it anywhere in the Subjective box. Your data will populate the field. If you make a mistake, simply select the text and use the Delete key to erase.





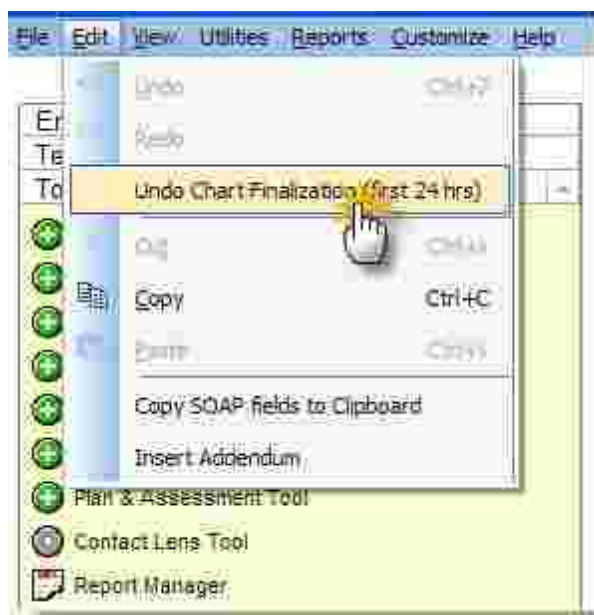
To enter the other SOAP fields, click the letter tabs as appropriate and drag the buttons from the bottom like you did for the Subjective data.



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.



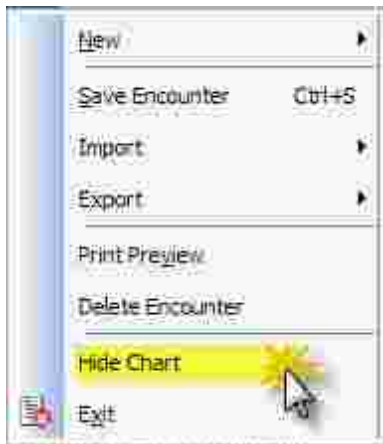
Sometimes, when you have multiple tools open, the login screen does not display. You need to open the screen by double-clicking the tab at the bottom left side. This will reposition the login window to the center of the screen.



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



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](#)  
[Automated Instrument Tool](#)  
[Visual Acuity Tool](#)  
[Refraction Tool](#)  
[Quick Exam Tool](#)  
[Rx Wizard](#)  
[Plan & Assessment Tool](#)  
[Contact Lens Tool](#)  
[Report Manager](#)  
[SOAPwriter Tool](#)

**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:



### Prior Data Button



Use the green arrow to pull data from any lensometry, autorefraction or prior data you have entered. This is the fastest way to populate the tool with data.



### 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.



### 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.



#### Copy OD to OS



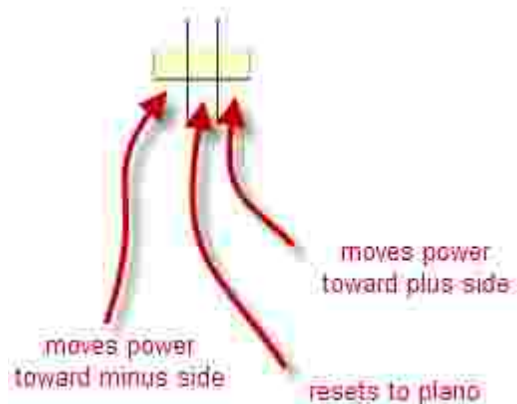
Use the equal sign to copy all numerical data from right eye to left.



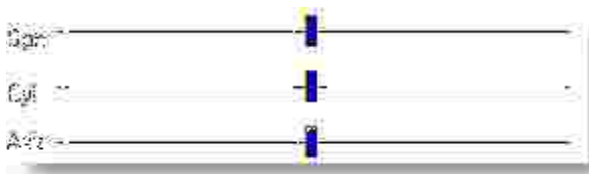
#### Sphere/Cylinder/Axis Buttons



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.



#### Slider Bars



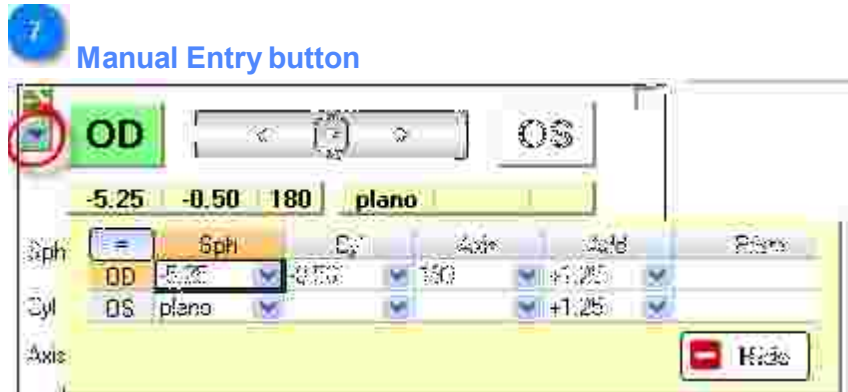
There are three slider bars each corresponding to Sphere, Cylinder and Axis from top to bottom. In general moving sliders to the left makes the power more minus and to the right more positive (just like moving along a standard number line). The diopter powers range from -20.00 D to +24.00 D sphere and -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)

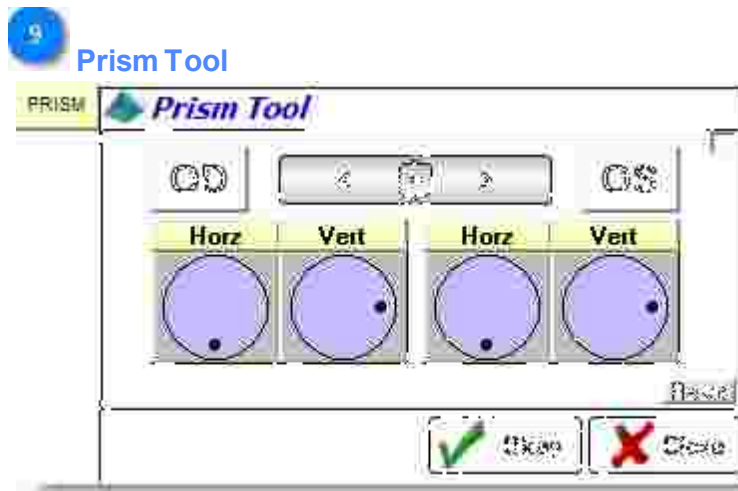
You can use the sliders in conjunction with the Sphere/Cylinder/Axis buttons to move the power quickly.



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.



Besides using the Axis slider bar, you can quickly choose common axis choices by clicking the buttons.



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).



### 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.



### 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).



### 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](#), [Complaints](#), [SOAPwriter](#) and [Preview](#) 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?](#)
- [Use the "Quick Fill Template"?](#)
- [Indicate a chief complaint?](#)
- [Enter medical/ocular history?](#)
- [Pull forward a previous medical/ocular history?](#)
- [Use the SOAPwriter tool?](#)
- [Use the Subjective ToolBox?](#)
- [HPI Wizard?](#)
- [Customize the Subjective History Tool?](#)

## 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 you 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 Tool](#) 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):



2 - Age/Gender only:



3 - Age/Gender and Race selected:

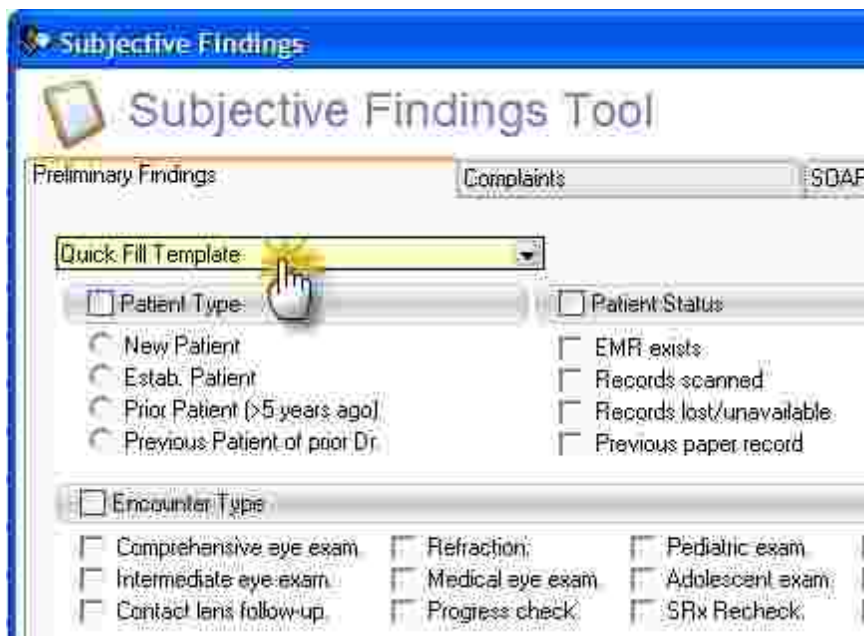


NOTE: You can click the button a second time to remove the entry.

### 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.

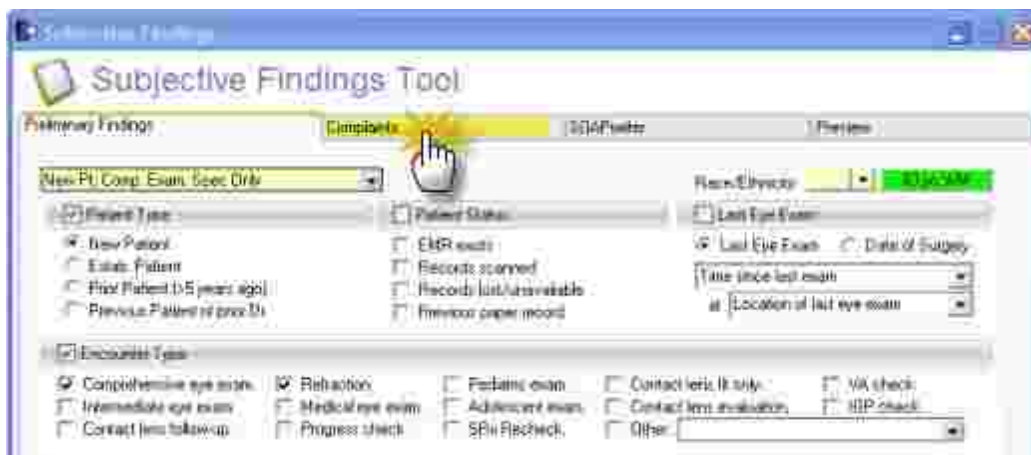


Select whether the patient is New or Established, then select the template you wish to use. Most of the basic information will pre-fill, and all ocular and medical history will set to normal.

From this point, you can easily indicate any medications or past history. See the section on [Entering medical/ocular history](#) 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. It features two main sections: 'Chief Complaint' and 'Also Reporting'. Each section contains a list of checkboxes for various eye-related complaints. In the 'Chief Complaint' section, 'Blurry DVA' and 'Other: Dryness' are checked. In the 'Also Reporting' section, 'Eystain at near' is checked. A dropdown menu is visible below the 'Chief Complaint' section, showing 'Dryness' as the selected option.

#### 7.3.2.4 Customize the complaints

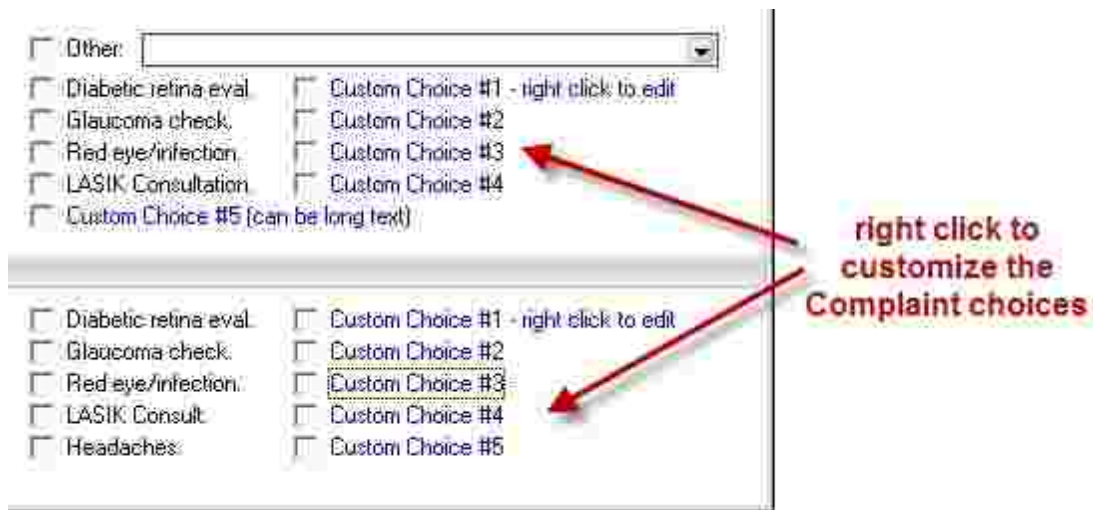


**IMPORTANT NOTE:** Customization within ezChartWriter is of two types: (1) per computer and (2) system-wide (all computers on the network). The "Customizing of Complaints" is per computer. Only the computer you are currently working will have the settings retained. Each user can have their own custom 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.





### 7.3.2.5 Enter medical/ocular history

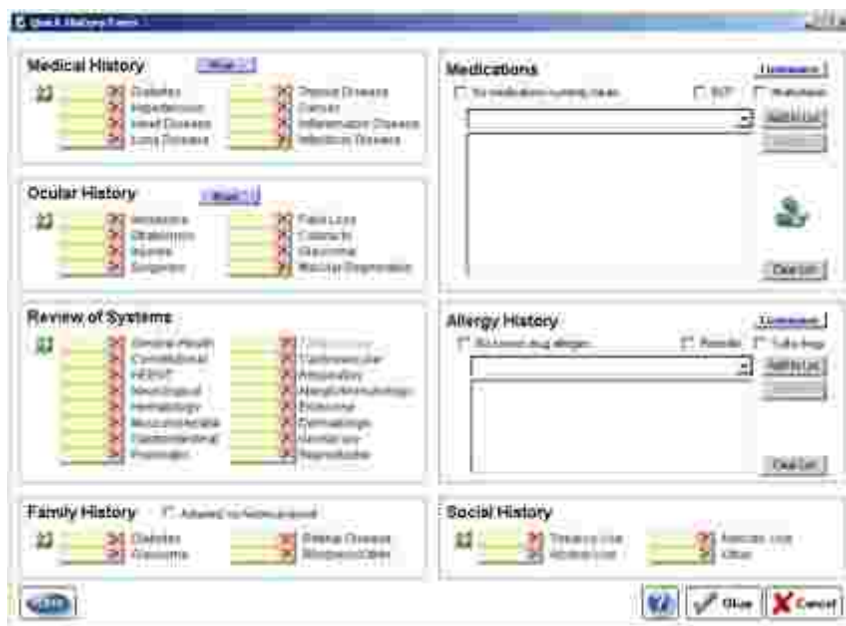
The simplest method is to click the green "All-Normal" arrow button. This will set the history buttons to green ("normal"). If the patient has no other history to report, you are done!



NOTE: You can customize which buttons will set to All-Normal by using the [Customization Tool](#).

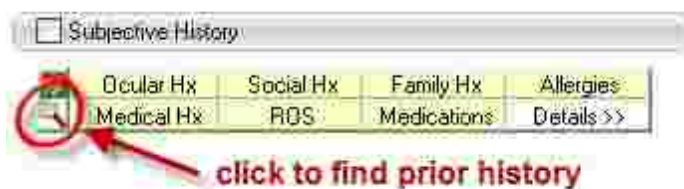


To enter more detailed information, click on the Details>> button. The [Quick History Tool](#) will display.



#### 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:



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	<b>FINAL</b>	340.30 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**

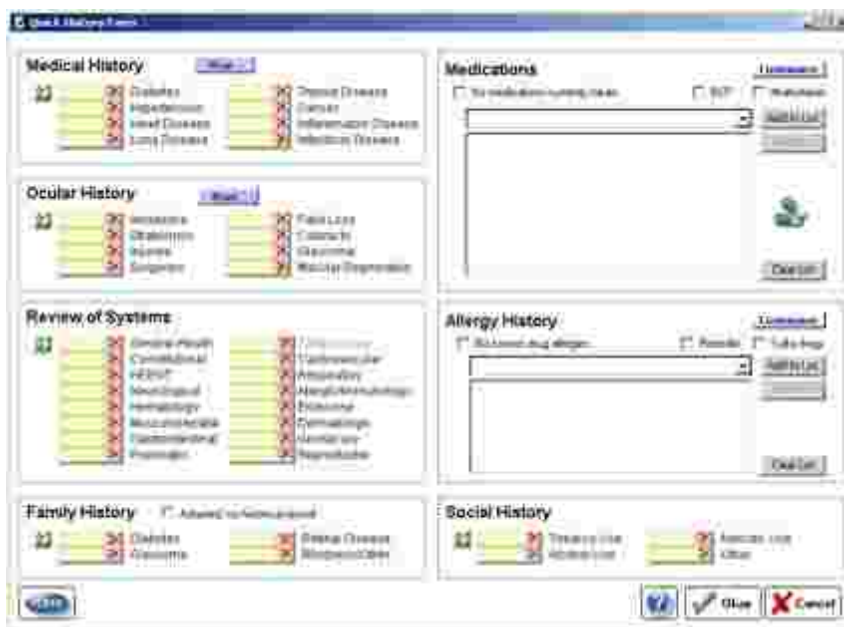
Patient denies pertinent family history including blindness, glaucoma, macular degeneration and retinal detachment. In addition, pertinent systemic family history is unremarkable.

☐ **Social History**

☒ Select/Unselect All

  **Select**  **Close**

## 7.3.2.5.2 Quick History Tool

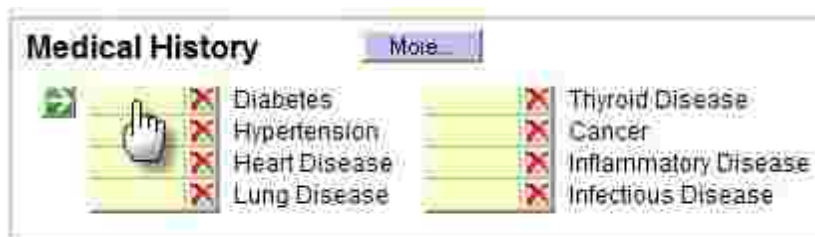


## How do I...

- [Mark a history item as normal/abnormal?](#)
- [Enter detailed history of an item?](#)
- [Enter detailed ROS information?](#)
- [Enter patient medications?](#)
- [Enter family history?](#)
- [Enter social history?](#)
- [Add custom medications, allergies, etc?](#)

## 7.3.2.5.2.1 Mark a history item as normal/abnormal

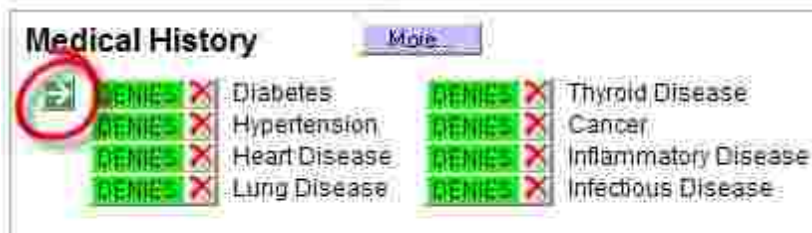
All buttons in the Quick History Tool work in a similar fashion. The beige color button indicates an "unanswered" category (e.g. in the Medical History section shown below, the Diabetes button is beige and has no data).



There are three (3) states for the history buttons:

1. Beige - No Data Reported
2. Green - Normal
3. Pink/Red - Abnormal finding recorded

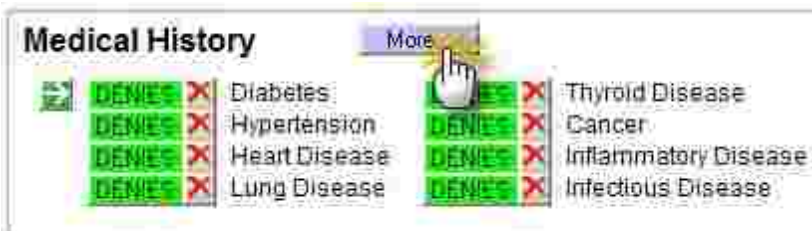
NOTE: When you first click a button that is beige, it turns red/abnormal and the subsection's Details box will display. If you click a green button, the same thing occurs. If you click a red/abnormal button, it will turn green/normal. To reset to beige/no data you must click the red delete button next 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	Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENIES numbness
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENIES tingling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paralysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENIES headaches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENIES dizziness/vertigo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADMITTS seizures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENIES tremors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DENIES head injuries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**KEY:**   DENIES   ADMITS

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 listed

<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

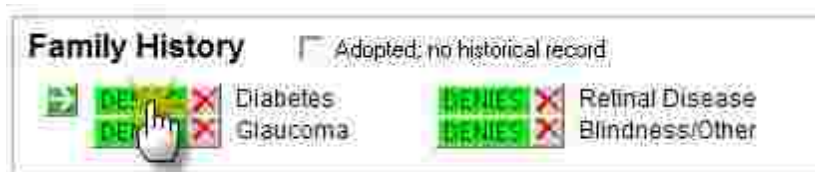
You can enter allergies from the dropdown list, or select from the common drug allergies in the checkboxes. Click the Customize button to add to your allergy list.



The "Allergy History" dialog box features a title bar with a "Customize" button. Below the title, there is a checked checkbox labeled "No known drug allergies" (highlighted in green), followed by two unchecked checkboxes for "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 dialog 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" dialog box includes a title bar and a checkbox labeled "Adopted; no historical record". Below this, there are two columns of disease buttons. The first column contains "Diabetes" and "Glaucoma", each with a green button that has a white arrow pointing right. The second column contains "Retinal Disease" and "Blindness/Other", each with a green button that has a white "X" in the top right corner. A mouse cursor is shown clicking the "Diabetes" button.

You can also specify the type of disease, as well as make general comments (such as "Unspecified Family Member").



**Family History Tool**

**Family History Tree**  
Click on the corresponding family members to indicate a positive family history for the disease entity.

Diagram showing family members: MGM, MGF, PGM, PGF, Mat Aunt, Mother, Father, Pat Aunt, Mat Uncle, Pat Uncle, Mat Cousin, Sister, Brother, Pat Cousin, Daughter, Son.

Maternal side | Daughter | Son | Paternal side

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** **Denies** **Denies** **Denies** **Denies** **Denies**

Tobacco Use ☒ **Denies** ☒ **Denies** ☒ **Denies** ☒ **Denies** ☒ **Denies**

Alcohol Use ☒ **Denies** ☒ **Denies** ☒ **Denies** ☒ **Denies** ☒ **Denies**

Narcotic Use ☒ **Denies** ☒ **Denies** ☒ **Denies** ☒ **Denies** ☒ **Denies**

Other ☒ **Denies** ☒ **Denies** ☒ **Denies** ☒ **Denies** ☒ **Denies**


**Social History Tool**

☒ Tobacco usage: **Current smoker, 2 plus day**  
☐ Alcohol use: **Denies**  
☐ Narcotic use: **Denies**  
☐ Other: **Denies**

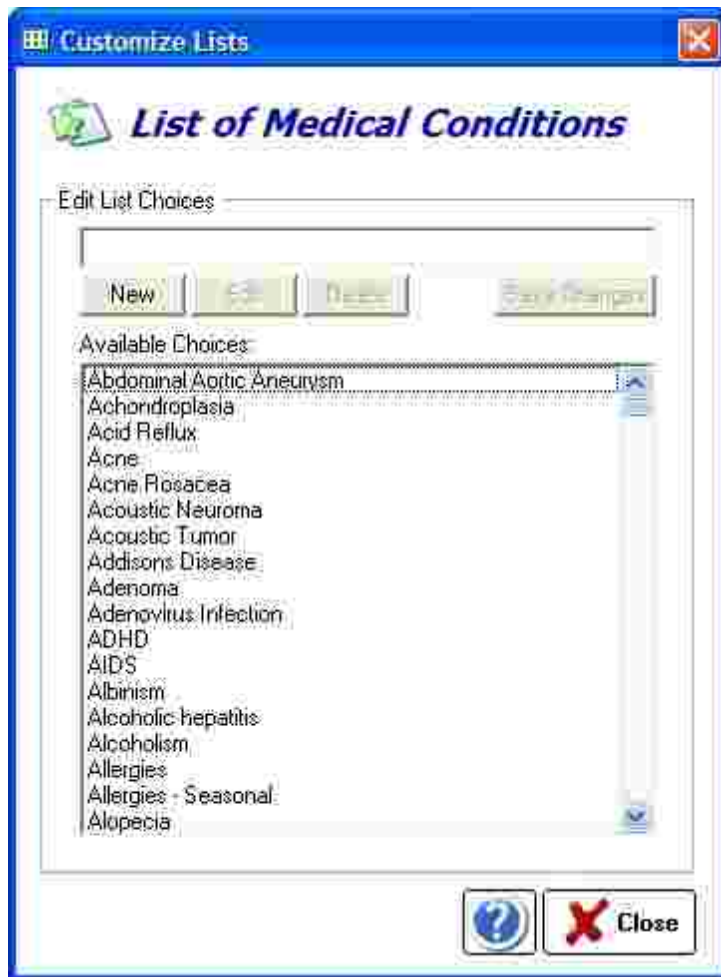
**Okay** **Cancel**



#### 7.3.2.5.2.8 Add custom meds, allergies, diseases

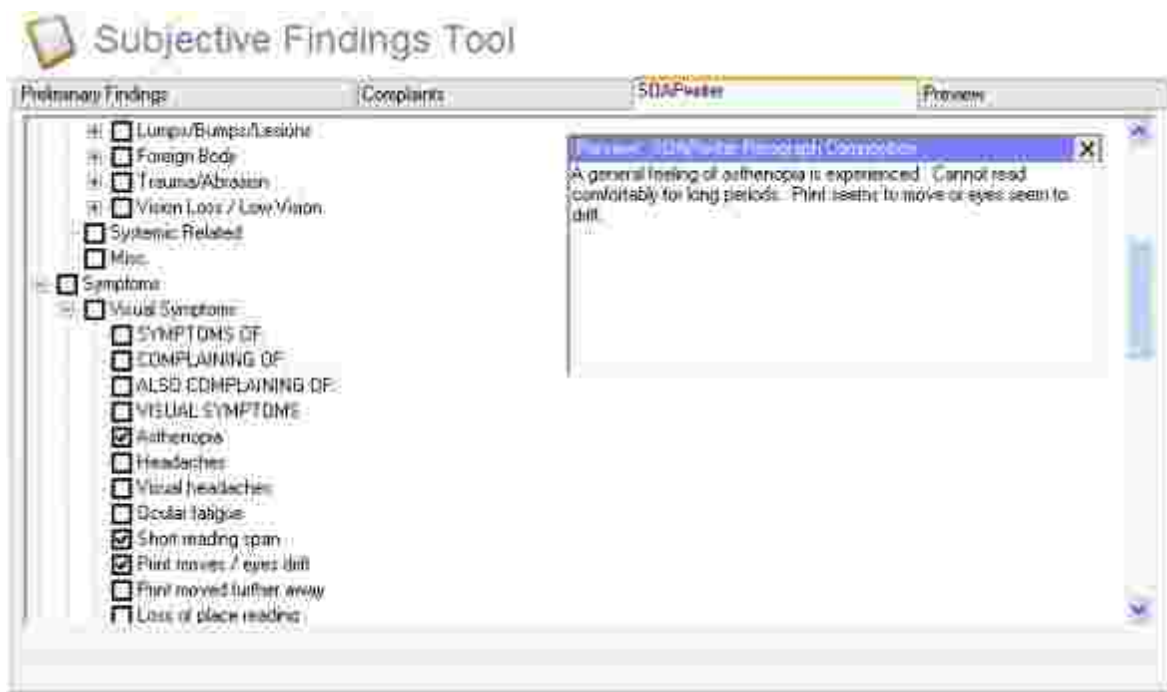
To customize many items, you need only click the Customize button located to next to the topic. The button looks like this: 

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](#)  
[Ocular Symptoms Tool](#)  
[Computer Usage Tool](#)  
[Occupations Tool](#)  
[Hobbies Tool](#)  
[Prior History Tool](#)



#### 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 correct match for your free-text. Remember to save. Midpoint guidelines you must enter at least FOLIR of the HPI column.

**Location:** Where is it?  
☒ right eye  
☐ left eye  
☐ both eyes  
☐ back of right eye  
☐ back of left eye

**Quality:**  
☐ 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  
☐ woke up this morning with it  
☐ first noticed a long time ago  
☐ started easy recently

**Chief Complaint:**

**Timing/Onset:** ☒ constant  
☐ occasional  
☐ upon waking  
☐ periodically  
☐ intermittent  
☐ in the evenings

**Contact:** ☒ with head movements  
☐ with eye movements  
☐ with glasses on  
☐ with glasses off  
☐ with contact lenses on  
☐ with contact lenses off

**Modifying Factors:** ☒ better w/ extended wear of contacts; relieved with 1 drop  
☐ no modifying factors reported  
☒ seems to extend wear of contacts  
☐ doesn't extend wear of contacts  
☐ wear wearing eye protection  
☐ wear not wearing eye protection  
☒ relieved with 1 drop every drop

**Associated Signs/Sx's:** ☒ blurred vision  
☐ tearing  
☐ no headache  
☐ halting lights  
☐ no flashing lights  
☐ floating spots

Buttons: ? [OK] [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 Symptom Review**

PASTE TO: ☒ Ocular Symptoms ☐ Chart Compiler

<input checked="" type="checkbox"/> DENIES	<input checked="" type="checkbox"/> Flashes	<input checked="" type="checkbox"/> Distorted/warped vision
<input checked="" type="checkbox"/> DENIES	<input checked="" type="checkbox"/> Floaters	<input checked="" type="checkbox"/> Glare/light sensitivity
<input checked="" type="checkbox"/> DENIES	<input checked="" type="checkbox"/> Double vision	<input checked="" type="checkbox"/> Dryness/burning
<input checked="" type="checkbox"/> DENIES	<input checked="" type="checkbox"/> Pain	<input checked="" type="checkbox"/> Itching eyes/eyelids
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Fluctuating vision	<input checked="" type="checkbox"/> Foreign body sensation	<input checked="" type="checkbox"/> Tired eyes/asthenopia
<input checked="" type="checkbox"/> ADMITS	<input checked="" type="checkbox"/> Blackout of vision	<input checked="" type="checkbox"/> Eye turn
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Discharge	<input checked="" type="checkbox"/> Excessive tearing	<input checked="" type="checkbox"/> Film over eyes
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Redness/Infection	<input checked="" type="checkbox"/> Loss of side vision	<input checked="" type="checkbox"/> Halos around lights
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Drooping eyelid	<input checked="" type="checkbox"/> Test Custom	<input checked="" type="checkbox"/> Crusting eyelashes
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <Custom2>	<input checked="" type="checkbox"/> <Custom2>	<input checked="" type="checkbox"/> Bump on eye/eyelid
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <Custom3>	<input checked="" type="checkbox"/> <Custom3>	<input checked="" type="checkbox"/> <Custom6>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <Custom4>	<input checked="" type="checkbox"/> <Custom4>	<input checked="" type="checkbox"/> <Custom7>
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <Custom5>	<input checked="" type="checkbox"/> <Custom5>	<input checked="" type="checkbox"/> <Custom8>
		<input checked="" type="checkbox"/> <Custom9>
		<input checked="" type="checkbox"/> <Custom10>

#### 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.



The **Computer Use Assessment** dialog box is titled "Computer Usage" in the window title bar. It features a computer icon and the title "Computer Use Assessment" in a large, bold, italicized font. Below the title, there are three dropdown menus labeled "Hours per day:", "Extent of usage:", and "Ergonomic factors:". Below these menus is a checkbox labeled "Contact lenses worn at computer:". At the bottom of the dialog, there are three buttons: a help button (question mark icon), an "Okay" button (green checkmark icon), and a "Close" button (red X icon).

#### 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.



The **Occupation Selection Tool** dialog box is titled "Occupation Selection Tool" in the window title bar. It features a worker icon and the title "Occupation List" in a large, bold, italicized font. Below the title, there is a "Select occupation:" dropdown menu. To the right of the dropdown menu are two buttons: "Add to List" and "Remove". Below the dropdown menu is a large text area. To the right of the text area is a "Clear List" button. Below the text area, there is a "Paste to:" label followed by two radio buttons: "Social Hx" and "Subjective". At the bottom of the dialog, there are four buttons: a "Customize" button (with a list icon), a help button (question mark icon), an "Okay" button (green checkmark icon), and a "Close" button (red X icon).

## 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

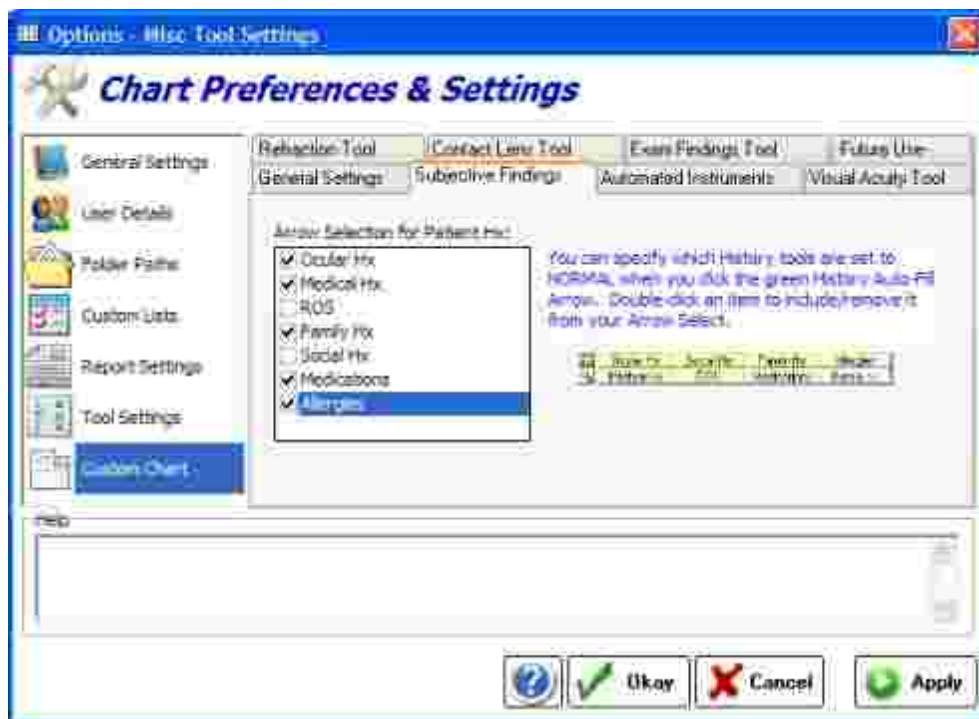


**IMPORTANT NOTE:** Customization within ezChartWriter is of two types: PER COMPUTER and SYSTEM WIDE. The "Customizing of Subjective Tool for Patient History" is SYSTEM WIDE. Every computer on the network will have this same setting.

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 tool](#) 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](#) 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**

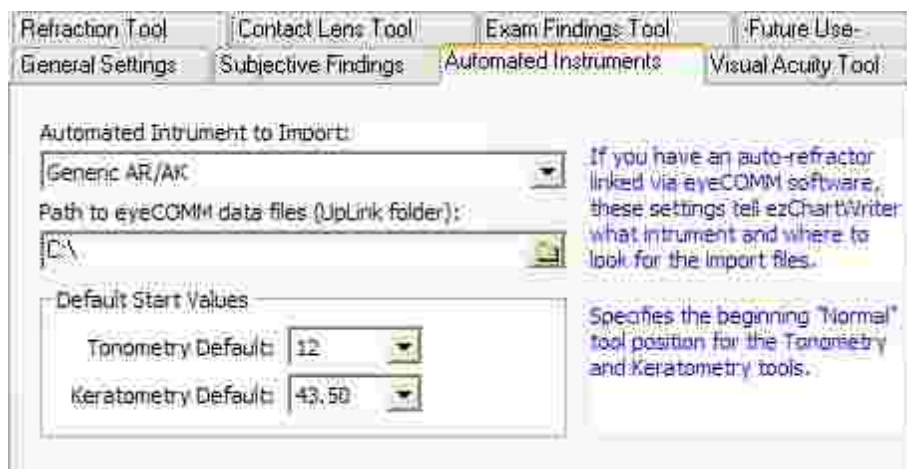
## Instrument Link

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.



## 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.



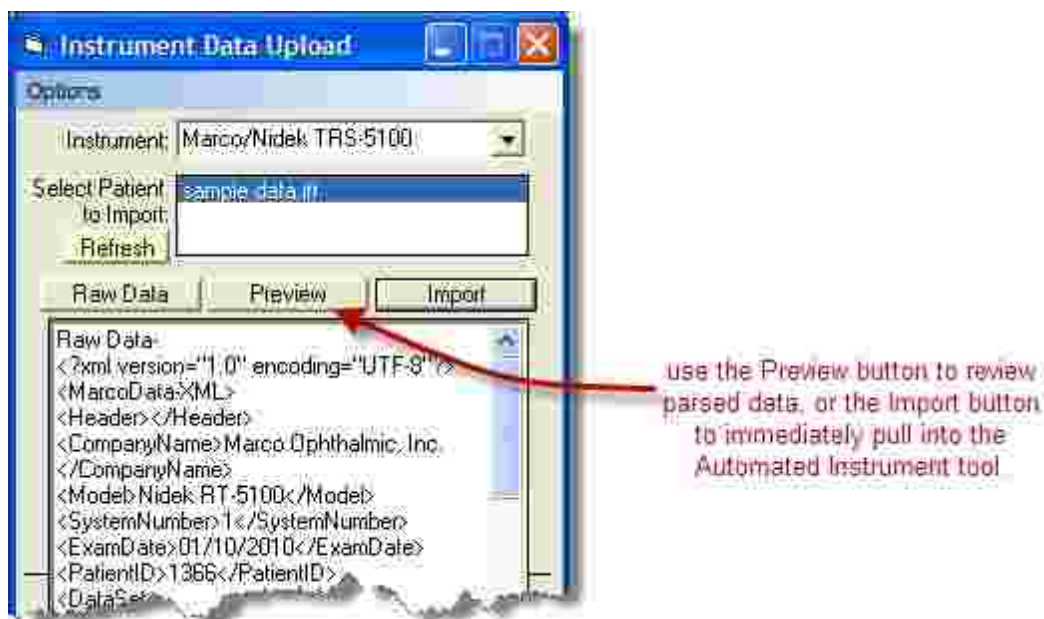
The first time you try to use the Instrument Link, you need to define the Setup options:



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.



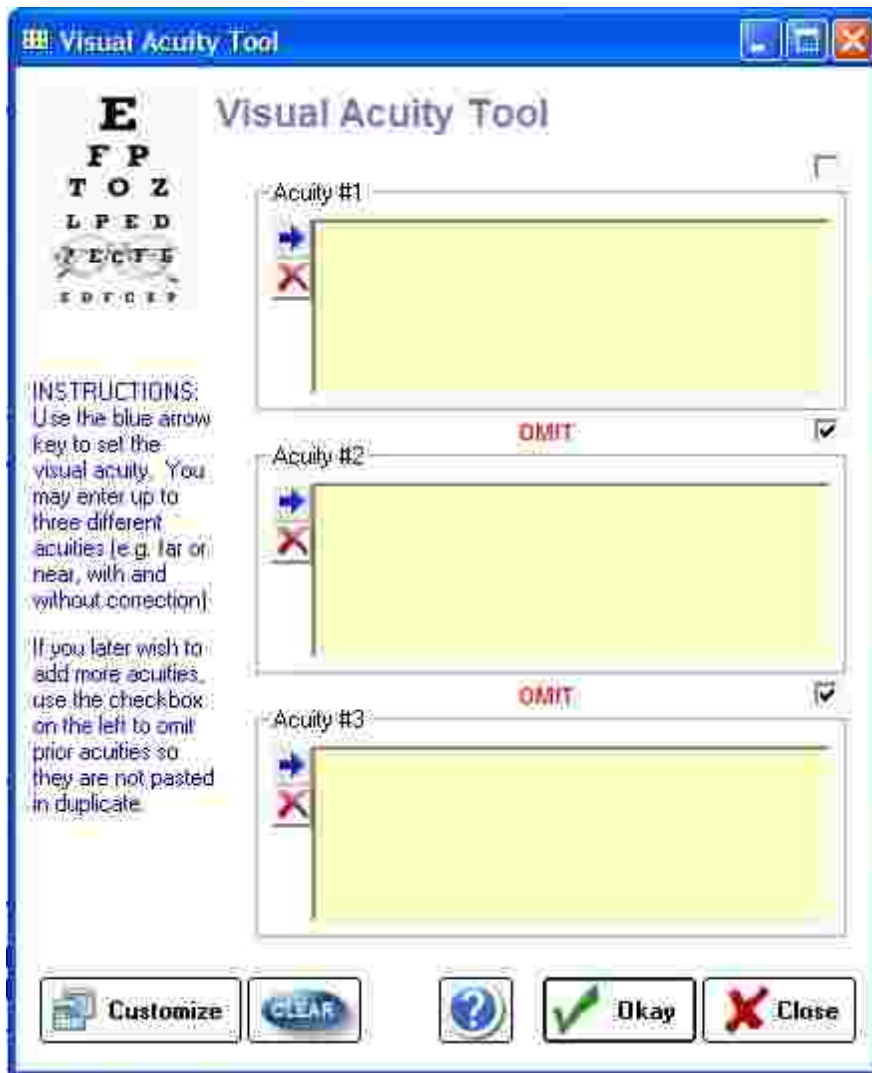
### 7.3.4 Visual Acuity Tool

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



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  
 ccDVA  
 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		OS - Left		OU - Both	
20/20	20/200	20/10	20/200	20/10	20/200
20/15	20/400	20/15	20/400	20/15	20/400
20/20	20/800	20/20	20/800	20/20	20/800
20/25	CF @ 3'	20/25	CF @ 3'	20/25	CF @ 3'
20/30	CF @ 6'	20/30	CF @ 6'	20/30	CF @ 6'
20/40	HM @ 3'	20/40	HM @ 3'	20/40	HM @ 3'
20/50	HM @ 6'	20/50	HM @ 6'	20/50	HM @ 6'
20/60	LP	20/60	LP	20/60	LP
20/70	NLP	20/70	NLP	20/70	NLP
20/80	NI	20/80	NI	20/80	NI
20/100	NR	20/100	NR	20/100	NR

Buttons: CLEAR, Customize, ? (Help), 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 the 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. Acuties 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 tool](#) sliders/buttons should be reviewed.

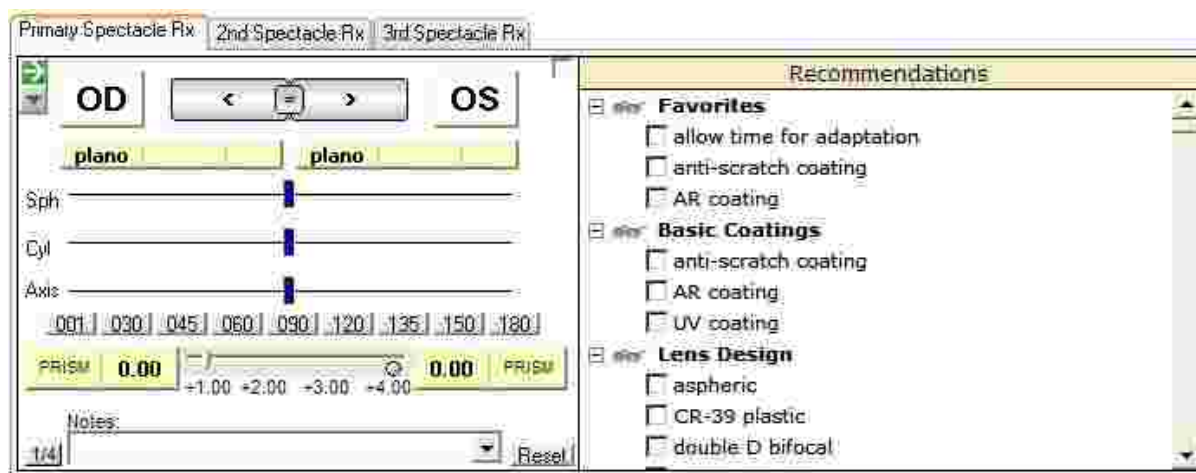
##### Data Entry Shortcuts:

- 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'. Below the tabs are fields for 'plano' (plano) and 'plano' (plano). There are sliders for 'Sph', 'Cyl', and 'Axis'. Below these are buttons for 'PRISM' and 'PRISM'. There are also buttons for 'Dist Acuity' and 'Near Acuity'. At the bottom, there is a checkbox for 'Binocular Balanced Refraction' and 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.



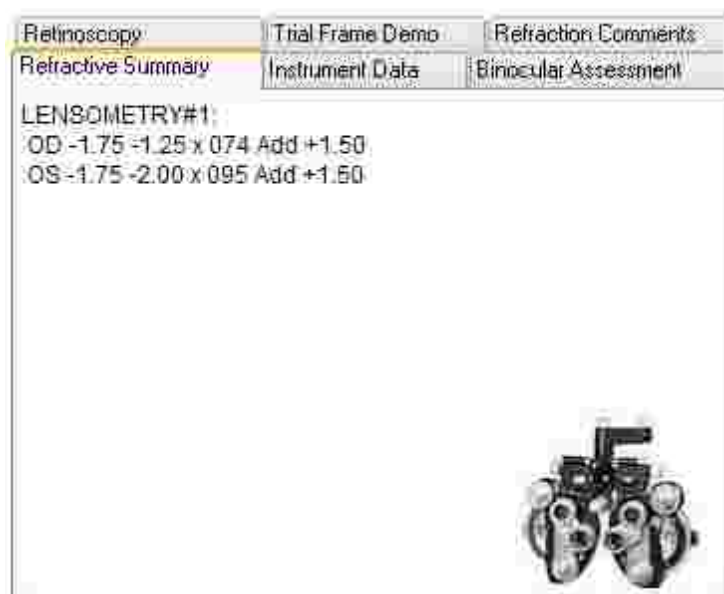
The Recommendations list (including the Favorites) can be customized using the Customize button.

## 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.



### 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				
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](#).

## 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).



### Save Button

The Save button immediately inserts the spectacle Rx (and plan notes you have selected) into the SOAP note.

### Print Now Button

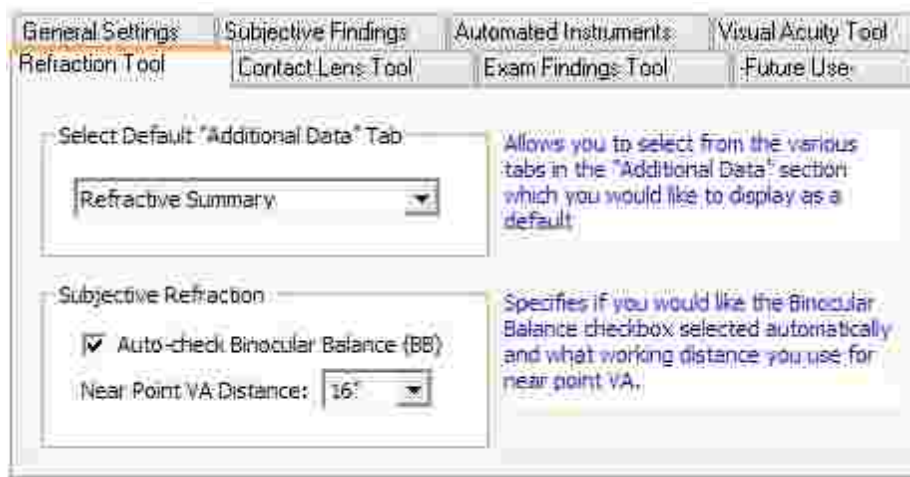
The Print Now button will open the onscreen spectacle Rx ("Prescription Pad") for final review. You can cancel if you still need to make changes (for example, if you forgot to enter recommendations or notice a typographical error).



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.



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.

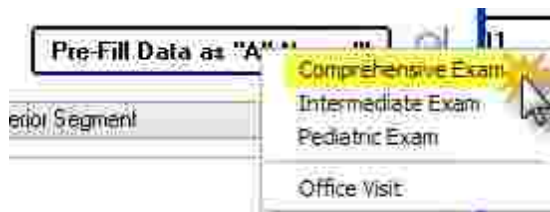


### 7.3.6 Quick Exam Tool

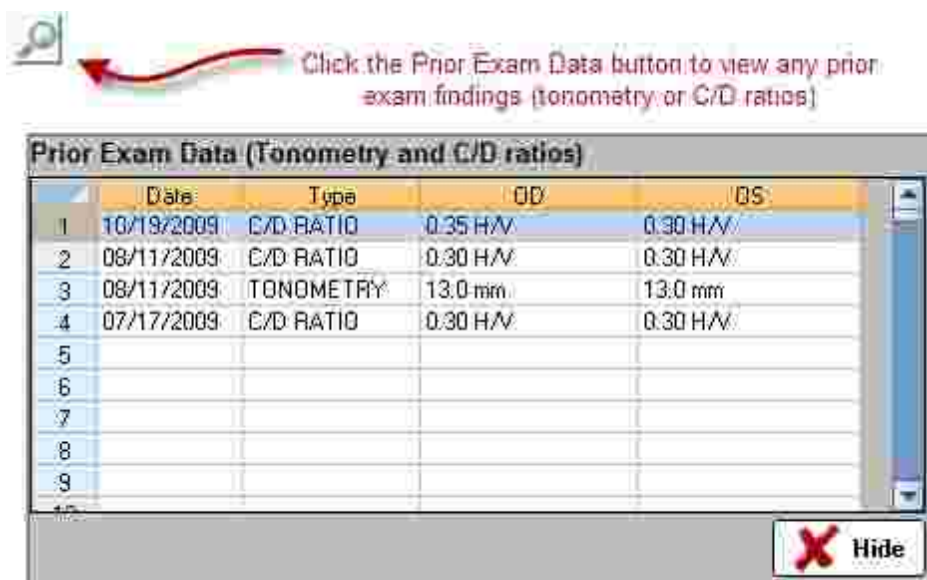
The Ocular Exam Findings tool allows for a complete assessment and documentation of eye health. It is divided into three major parts: General Findings, Anterior Segment and Posterior Segment.

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).



## General Findings

To indicate Normal Findings, click the beige color button next to the item one time. It will turn green to indicate normal.



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 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

R2

01:35 12hr 24hr Set to 'Now'

**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.

Use the Green Arrow to pre-fill the Fundus Evaluation section.

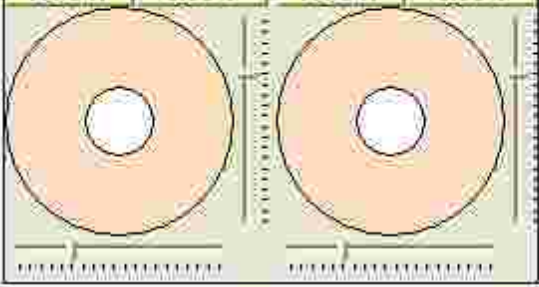
The C/D Tool and ONH Assessment allows you to quickly define the optic nerve head ratios (use the slider buttons to adjust or simply drag the circles bigger or smaller). The left ONH prefills with the data from the right.



**Cup/Disc Ratio Tool** OMIT ☒


OD <  > OS


0.30 H 0.30 V 0.30 H 0.30 V



**Optic Nerve Head Assessment**

☒ Optic Nerve ☒ Nerve Fiber Layer

Rim notching:  

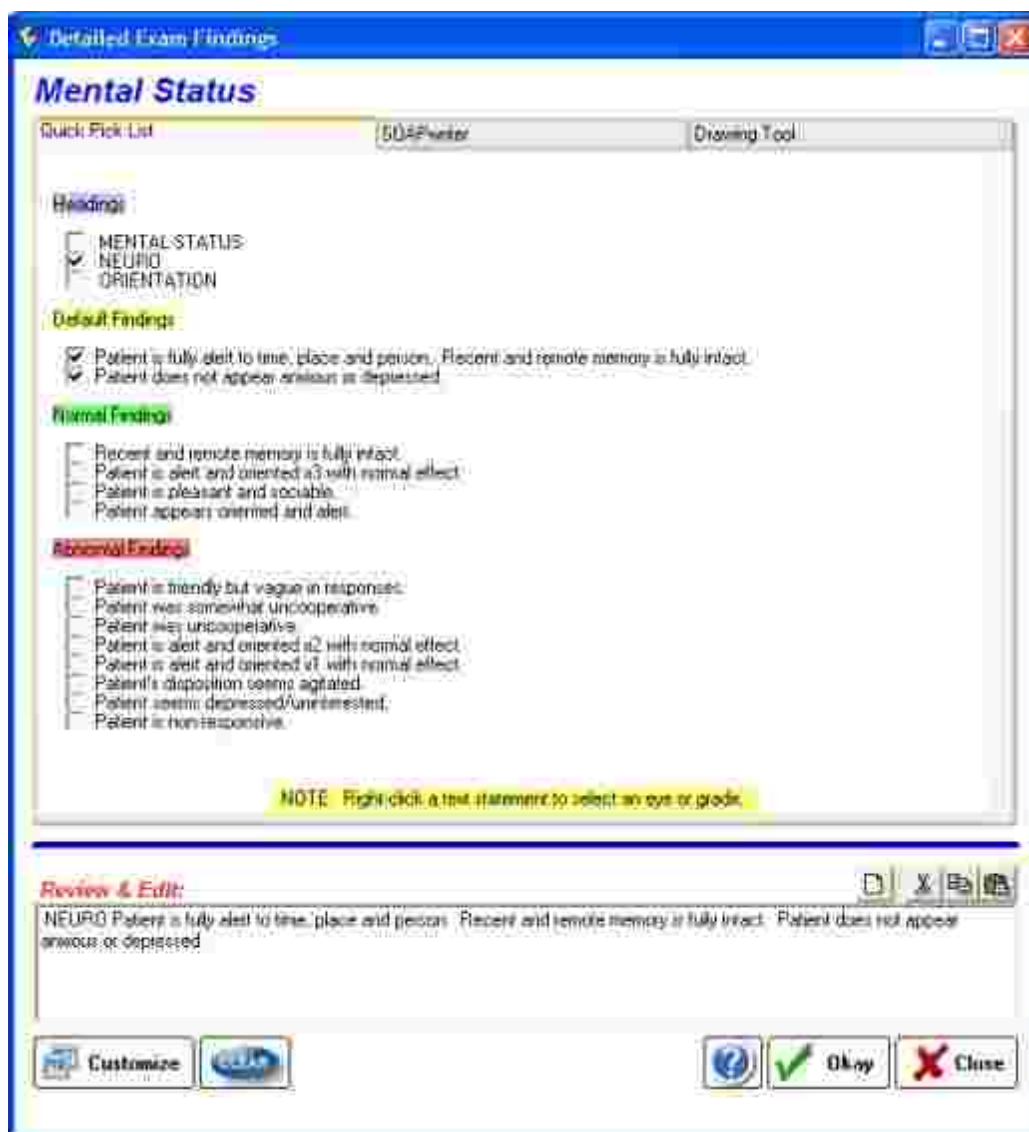
Rim thinning:  

Optic Nerve Descriptors:

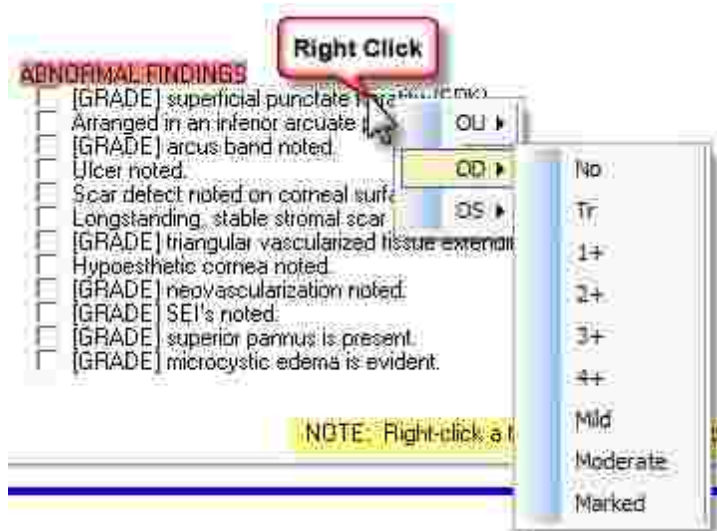
OD	OS	OD	OS
<input type="checkbox"/> Deep/lamina	<input type="checkbox"/>	<input type="checkbox"/> Peripap atrophy	<input type="checkbox"/>
<input type="checkbox"/> Shallow	<input type="checkbox"/>	<input type="checkbox"/> Scleral crescent	<input type="checkbox"/>
<input type="checkbox"/> Round	<input 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.

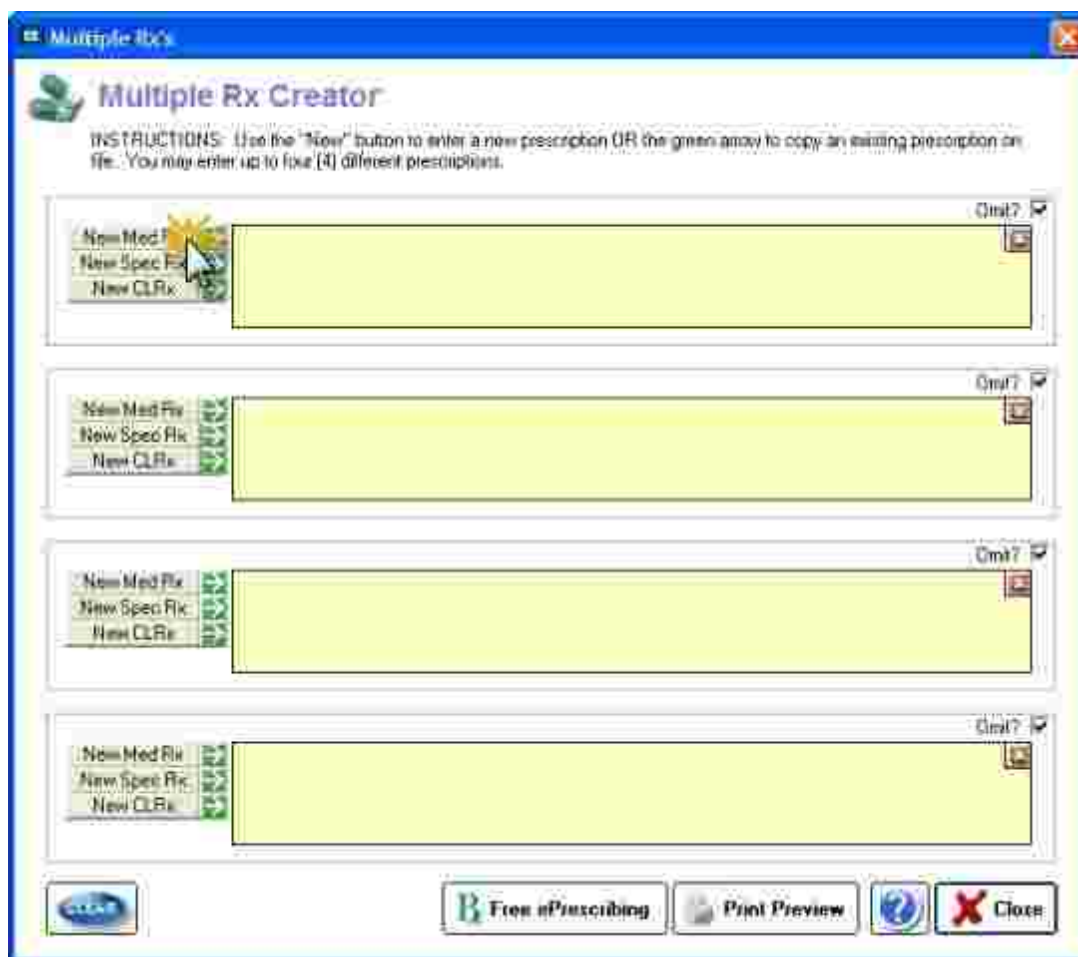


NOTE: To indicate a particular eye, right-click the item and select the eye. Also, some items have a built-in tag called [GRADE] which causes the grading menu to appear. Right-click these items to set the severity/grade of the problem.



### 7.3.7 Rx Wizard

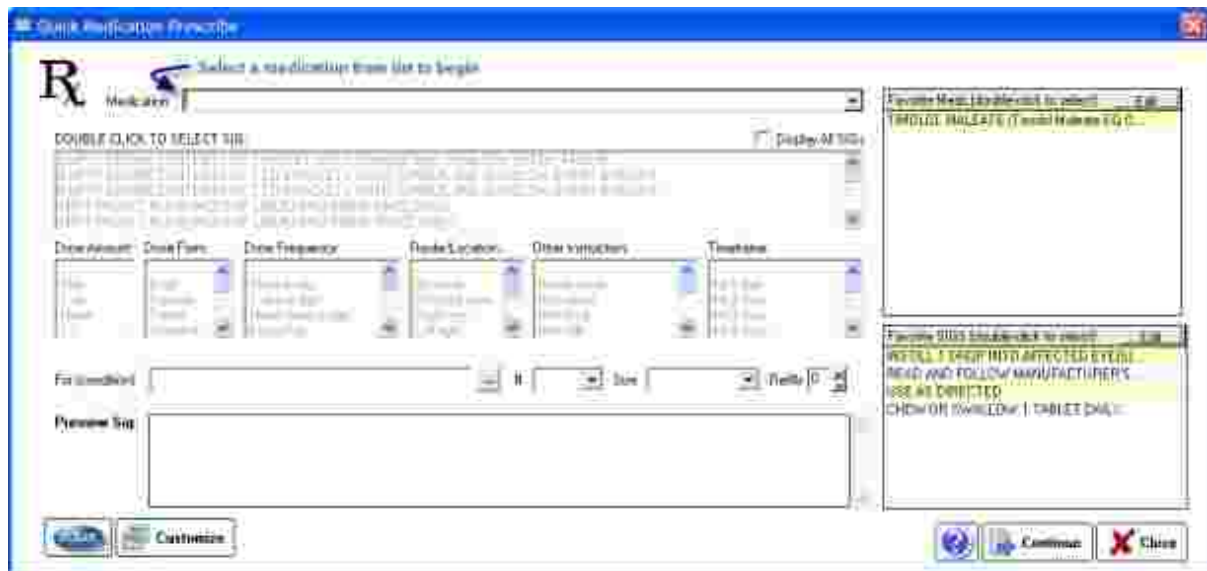
When you click on the Rx Wizard menu item, the Multiple Rx Creator tool will display. With this tool you can add up to 4 new Rx's at a time. To begin with a brand new Rx, click one of the "New" buttons on the topmost Rx box:



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

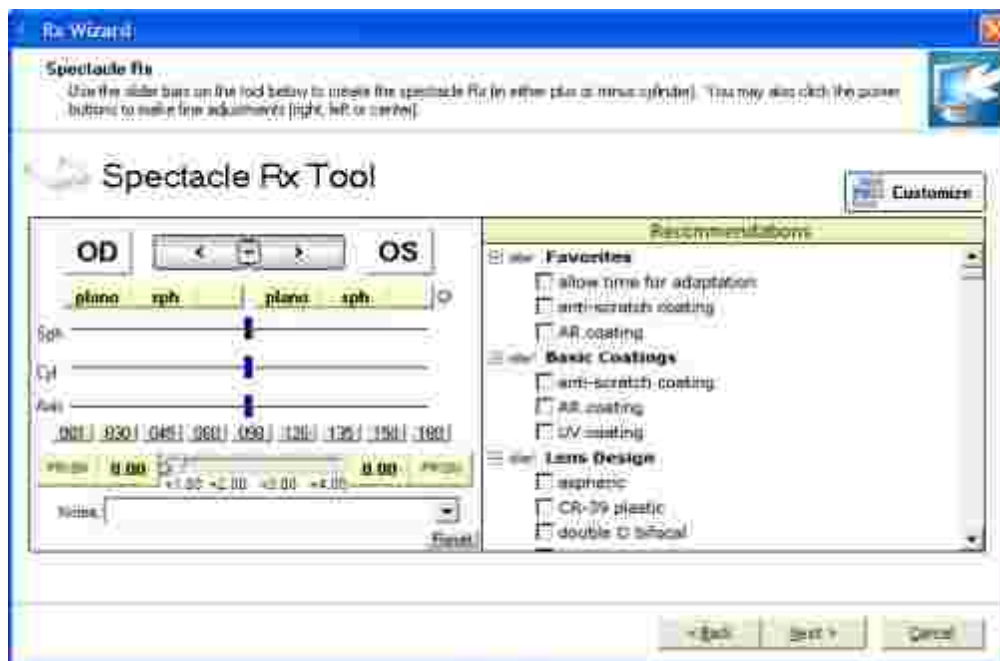
The New Med Rx button will display the Quick Medication Prescribe screen. To begin you must select a medication from the top dropdown screen (or choose one from your Favorite Meds list):



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.

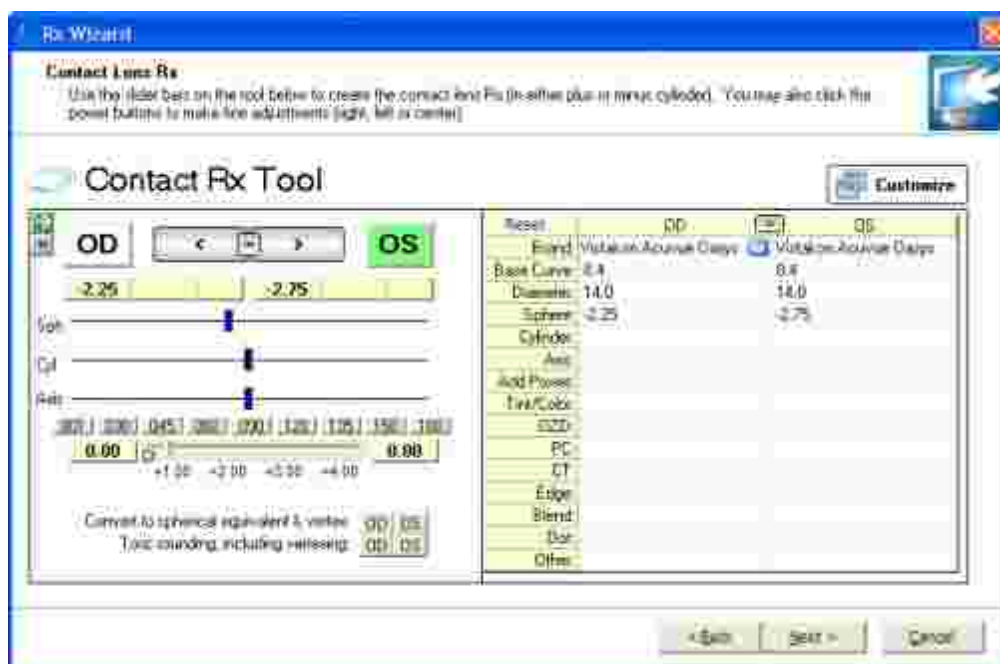
## Spectacle Rx

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



## 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.



## 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**

[Change Default Font](#)

  **Continue**  **Cancel**

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.

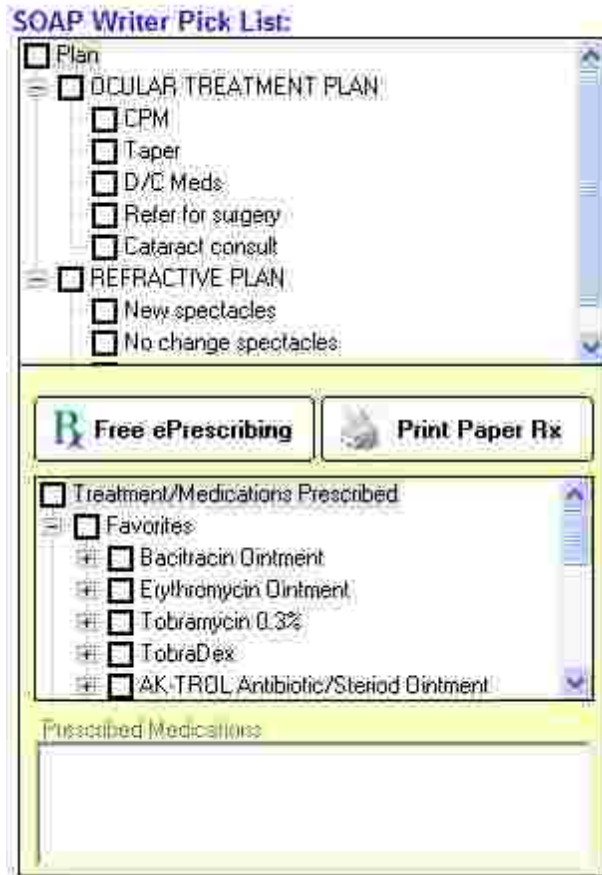




## Plan

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).



## Follow-Up

Includes sections for: Follow-Up Timeline, Follow-Up Recommendations, Recall Date.

**Follow-up Timeline** Year: 11/21/12 12/1

<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	11/3/12
Recall Date	09/11/2010	Year	11/21/12

### 7.3.9 Contact Lens Tool

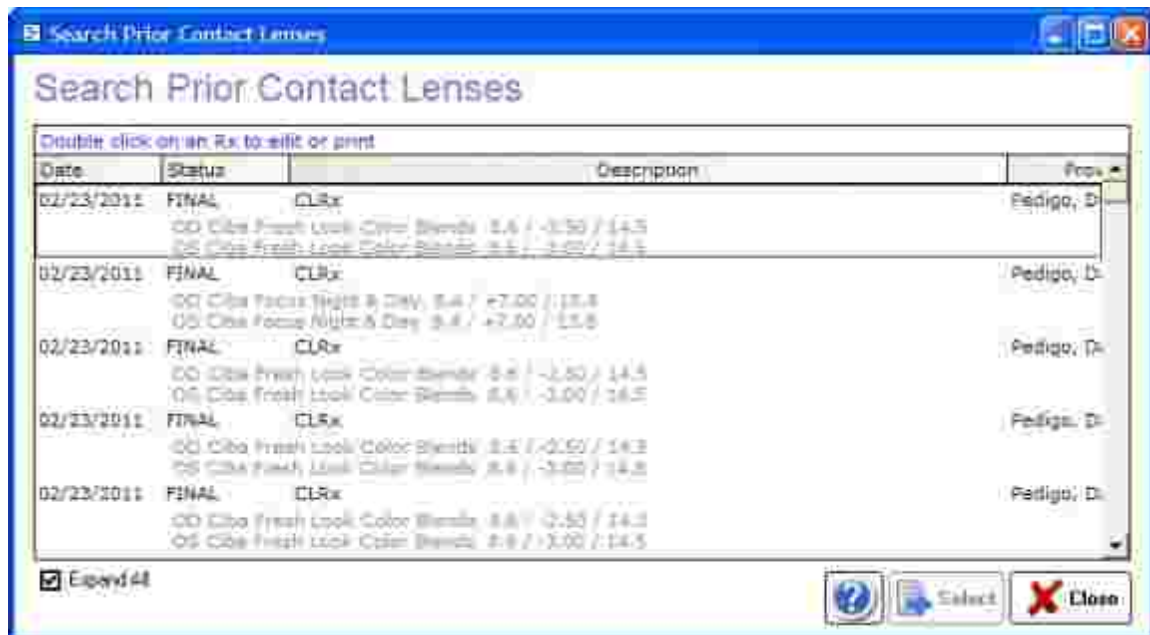
The Contact Lens Tool allows for entry of contact lens prescriptions and fit assessments. The tool divides contacts into four broad categories:

#### 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.



After clicking the Add New button the [Contact Lens Power Tool](#) 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.



To quickly move contacts from one section to another (for example, from the Habitual to the Final Rx), click and drag the Rx down.

The Habitual section has a special tool for evaluating a detailed wear history (especially if you are not doing a complete fit assessment).

## 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](#). But before you can begin using the tool you must select the contact lens brand using the dropdown arrow:



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).



## PowerTool

To automatically convert the power for vertexing or toric conversion, use the buttons in the grid below the [diopter power sliders](#).

The screenshot shows the 'Contact Lens Parameters' dialog box in the ezChartWriter software. The dialog is split into two main sections for the right eye (OD) and left eye (OS). At the top, there are tabs for 'OD' and 'OS', with a central navigation button. Below the tabs, the 'plano' option is selected for both eyes. The 'Sph' (Spherical) and 'Cyl' (Cylindrical) fields are set to 0.00. The 'Axis' field is set to 090. A scale for axis values is provided, ranging from 001 to 180 in increments of 15. Below the axis field, there are buttons for '+1.00', '+2.00', '+3.00', and '+4.00'. At the bottom, there are two checkboxes: 'Convert to spherical equivalent & vertex' and 'Toric rounding, including vertexing', both of which are checked.

Parameter	Value
plano	plano
Sph	0.00
Cyl	0.00
Axis	090
Convert to spherical equivalent & vertex	<input checked="" type="checkbox"/>
Toric rounding, including vertexing	<input checked="" type="checkbox"/>

## 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
OZO		
IC/W		
PC/W		
Bitoric BC		
Bitoric Power		
RZO		
LZA		
Skirt Curve		
Bifocal Seg		
Edge Lift		
Blend		
Lens Type		
Material		
Color/Tint		
Lenticular		
Warranted	Yes	Yes
Reorder/Return		
Clotted		
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:
<input type="checkbox"/> Brand <input type="checkbox"/> Parameters <input type="checkbox"/> 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.

**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)  
☒ 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="checkbox"/> Wear schedule
<input type="checkbox"/> Very pleased <input type="checkbox"/> Satisfied <input type="checkbox"/> Unhappy	<input type="checkbox"/> Average wear-time
<input type="checkbox"/> Vision is clear <input type="checkbox"/> Vision is adequate	<input type="checkbox"/> Cleaning protocol
<input type="checkbox"/> Reports decreased distance acuity	<input type="checkbox"/> Discontinued due to
<input type="checkbox"/> Reports decreased near acuity	<input type="checkbox"/> Monovision wear
<input type="checkbox"/> Reports decreased acuity at dist and near	
<input type="checkbox"/> Reports decreased intermediate acuity	
<input type="checkbox"/> OD worse than OS <input type="checkbox"/> OS worse than OD	
<input type="checkbox"/> Intermittant blur <input type="checkbox"/> Squinting is noted	
<input type="checkbox"/> Good comfort <input type="checkbox"/> Dryness	
<input type="checkbox"/> Reduced comfort <input type="checkbox"/> Redness	
<input type="checkbox"/> CL Intolerance <input type="checkbox"/> Itching	
<input type="checkbox"/> Dec. wear time <input type="checkbox"/> Excessive Mov't	
<input type="checkbox"/> Lens handling difficulties <input type="checkbox"/> I&R improving	

## 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-Refraction**

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 -1.00 -2.00 +3.00 +4.00 0.00 PRISM

Dist Acuity 20/20 20/20 DU DVA

Hear Acuity OD NVA OS NVA DU NVA @ 16"

1/4 Binocular Balanced Over-Refraction Reset

**O/R Notes:**

- ☐ Photopter
- ☐ Loose trial lenses
- ☐ Binocular Over Refraction
- ☐ No improvement with spherical over-refraction
- ☐ OD Dominant
- ☐ OS Dominant

## 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**

Make OD normal Copy All > Make OS normal

Movement	Optimal movement	Optimal movement
Centration	Well centered	Well centered
Coverage	360 degree corneal coverage	360 degree corneal coverage
Fluorescein		
Surface		

**Toric Lens Assessment**

Set No Rotation DU

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"/> Intermittent 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	8.5 / -2.50 / 14.5	
	Ciba Fresh Look Color Blends	8.5 / -3.00 / 14.5	

**New Contact Lens Trials:**

<input type="checkbox"/> Hold CLRx, dispense new trials for comparison	
<input type="checkbox"/> Hold CLRx, order new trials for comparison	
<input type="checkbox"/> New trials dispensed	<input type="checkbox"/> New trials for comparison
<input type="checkbox"/> New trials ordered	<input type="checkbox"/> Patient to call if prefers new trials

**Comments & Notes for Plan:**

<input type="checkbox"/> Patient to defer fitting	<input type="checkbox"/> Proper CL cleaning/care
<input type="checkbox"/> D/C contact wear	<input type="checkbox"/> Insertion/Removal training
<input type="checkbox"/> Patient non-adapt	<input type="checkbox"/> Risk of EW contacts
<input type="checkbox"/> Allow time for adaptation	<input type="checkbox"/> Risks of CL overwear

**Follow Up:**

☒ RTC in  for

## 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-Refraction              | <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.



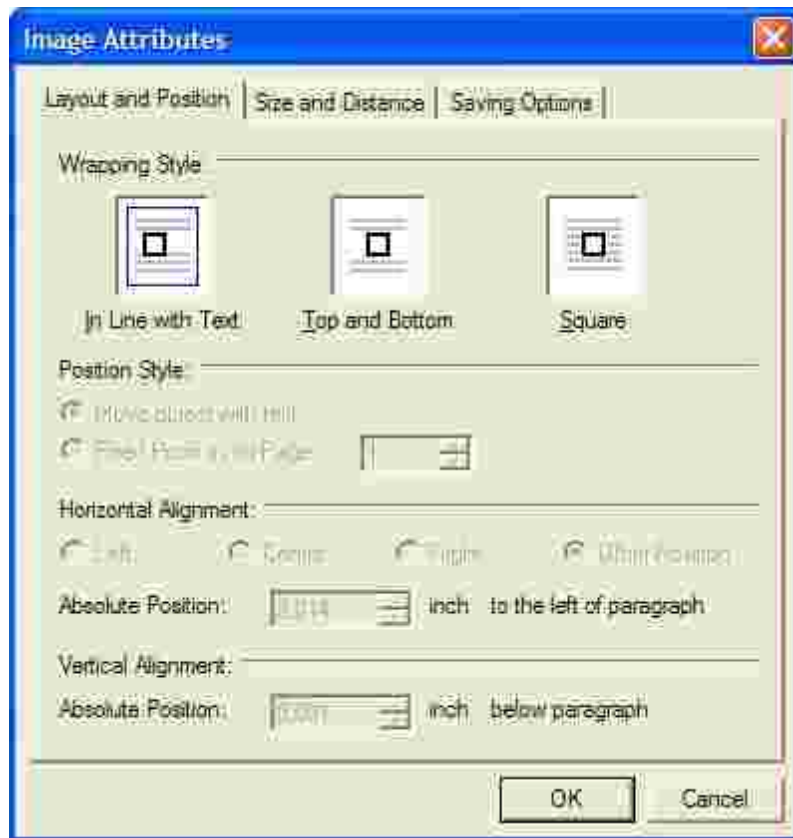
Find an image you would like to insert into your report and note its location in Windows Explorer.

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 Designer](#) 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
ddddd

bbbbb Table 2
ccccc

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

ddddd
-------

bbbbbb Table 2
ccccc

Now, position the report cursor in the top row (bbbbbb) 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.

aaaaa Table 1
bbbbbb Table 2
ccccc
ddddd

bbbbbb Table 2
ccccc

Finally, delete Table 2 and tidy up. Done!

aaaaa Table 1
bbbbbb
ccccc
ddddd

## 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**<sup>1</sup>.

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.

---

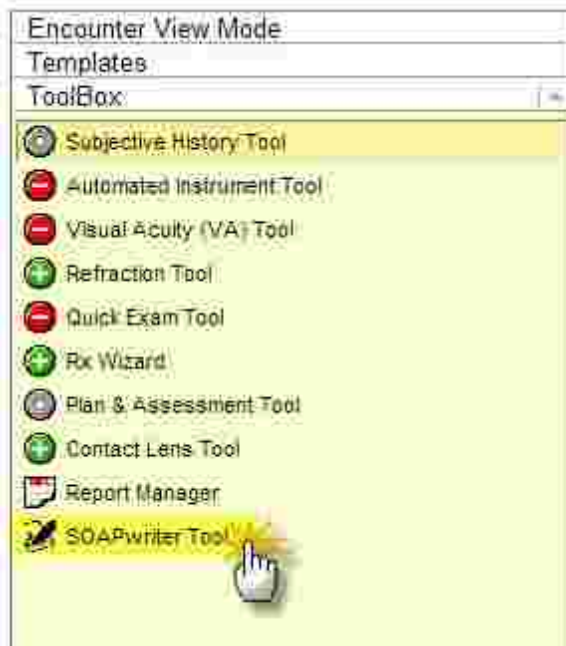
## Table Hints and Tips

### To Insert Images into Tables

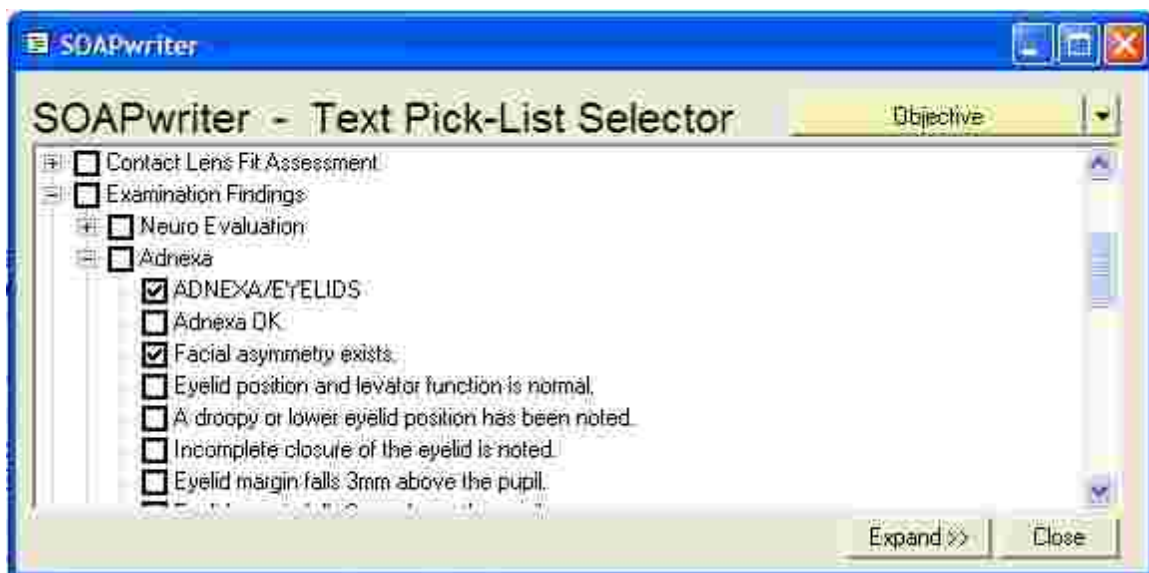
Tables are a good way to store images, which can be inserted using the **Main menu / Insert / Image at Caret Position** command. Just like web-pages which owe their neatness to tables with hidden borders, you can hide the table borders once you have finished inserting images. If you wish to display the 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.

VS Date	VS Time	Systolic	Diastolic	Pulse	Resp	Temp	Weight	Has Note	Recorded By
8/21/2009	2:27:00 PM	120	80			102		No	Pedigo, David J

### 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.

Category	Date	Time	Code	Description	Value	Units	Flag	Note?	Recorded By
Glaucoma	8/20/2009	1:56:00 PM	1P_CD	Preduct visual field, right eye	FULL		SEE REPORT	NO	Pedigo, David J
Glaucoma	8/21/2009	3:30:00 AM	1P_CD	Preduct visual field, left eye	75	%	ABNORMAL	NO	Pedigo, David J
Laboratory	8/21/2009	12:32:00 PM	22v_CD	22v serum creatinine, left eye	1.21	mg/dL	ABNORMAL	YES	Pedigo, David J
Laboratory	8/21/2009		High	Hemoglobin	44	g/dL		NO	Pedigo, David J

Use the Add New button to add test results:



**Add/Edit Test Results**

**Enter Test Results**

Category: Glaucoma Test Code: Pach, OD

Description: pachymetry, right eye

Test Value: 760

Units: nm Flags:

Test Date: 2/26/2011 Test Time: 10:28 AM

Observation/Notes: ☒ include time of test

Apply Cancel

### 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



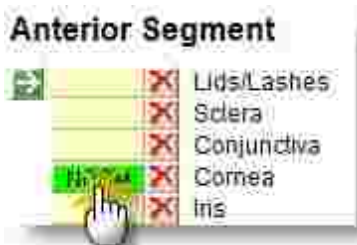
The new drawing will be inserted at the end of the Objective field, since it is not associated with a particular category.

#### 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)

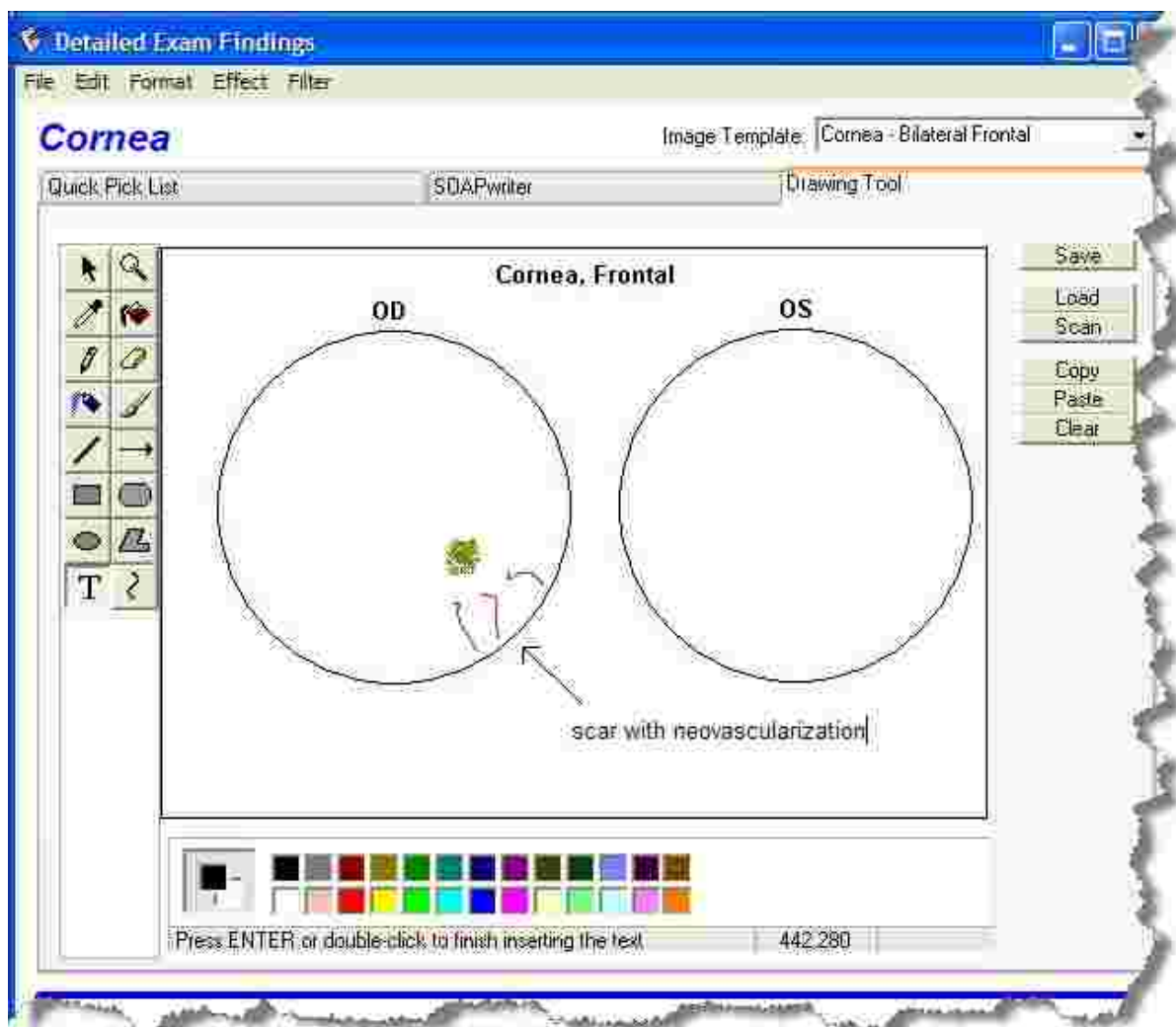


(3) The Detailed Findings Tool will display; click on the Drawing Tab at the top



## 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

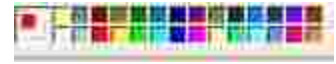
### To Color the Background

- 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



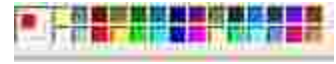
### To Add Text

- 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.

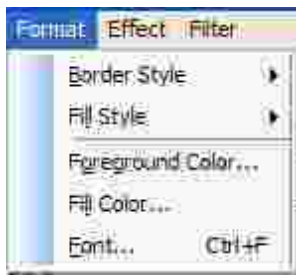
#### The Curved Line Tool

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

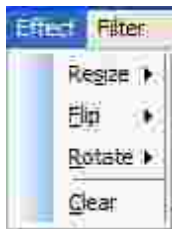
Allows you to adjust border and fill styles, colors and font.





#### Effects Menu

The Effects menu allows for image (or selection) resizing, flipping and rotating. You can also clear the image.



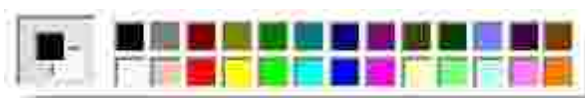
#### Filter Menu

The Filter menu applies image processing to the entire image (such as brightening, grayscale or blur).



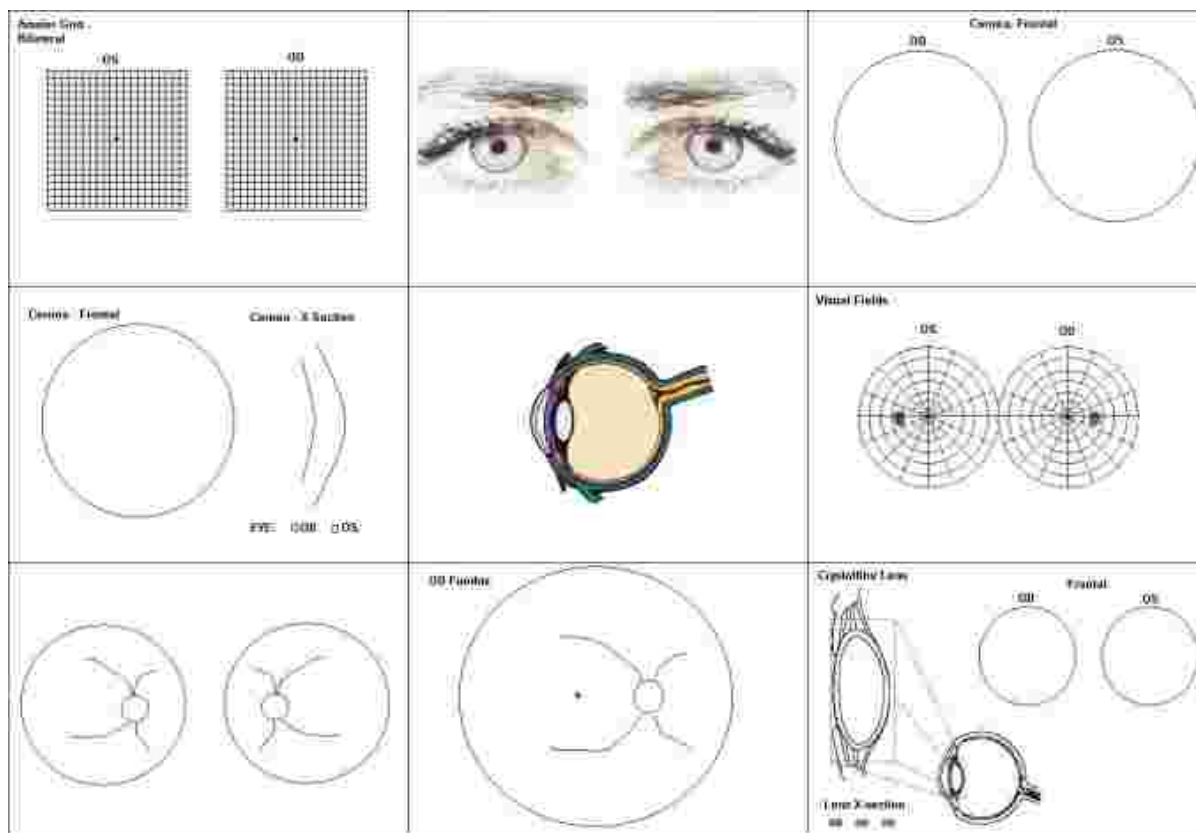
#### Color Palette

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](http://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.

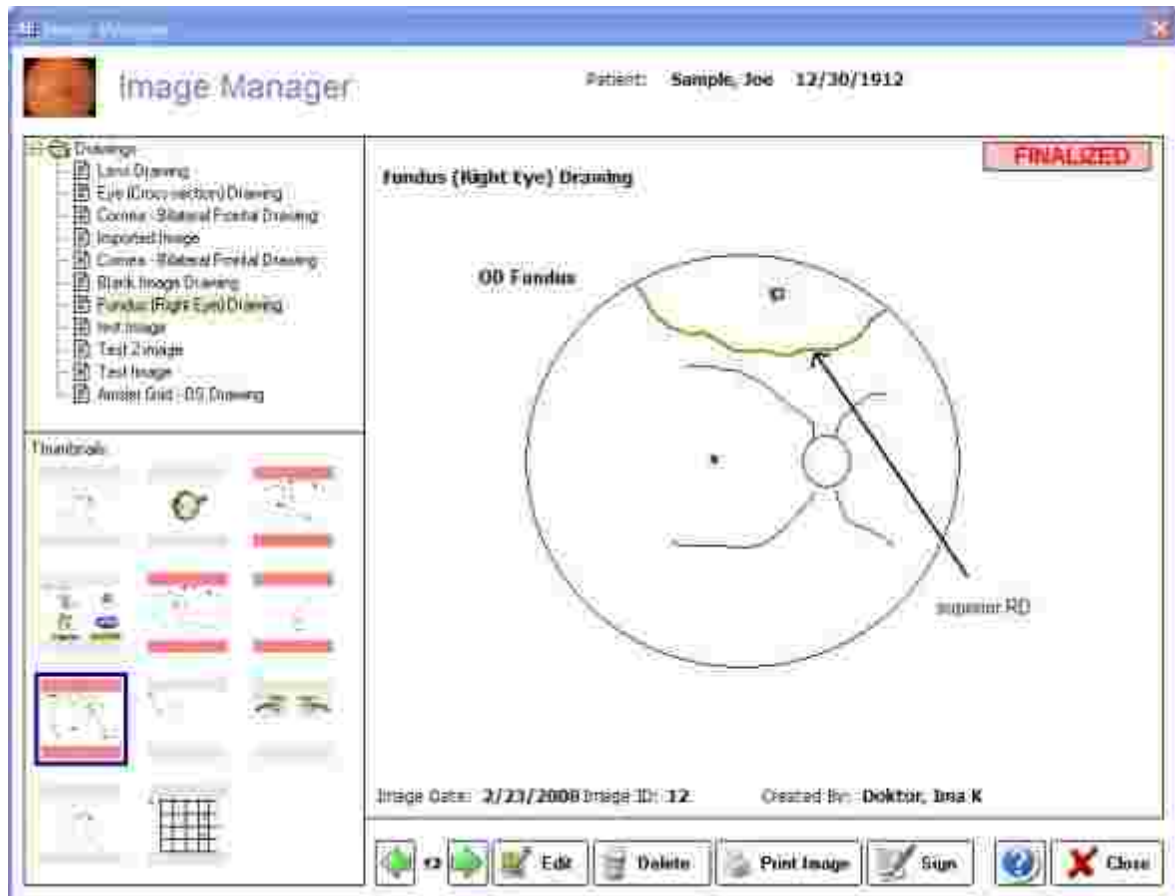


This image was captured  
and resized using Snagit  
software.

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](#) 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 'Foreign body removal', 'Cataract 90-day post op', 'Punctal Occlusion', and various 'Intermediate Exam' and 'Comprehensive Exam' codes. Two items are checked: '92014 - Comprehensive Exam, Estab (\$125.00)' and '92015 - Refraction (\$55.00)'. The 'Selected CPT Codes' section shows 'Primary' as 92014 and 'Secondary' as 92015. The 'Diagnosis Codes' section shows 'Primary' as 367.4. 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 (\$53.00)
<input type="checkbox"/>	92310 - Contact Lens Eval (\$70.00)

Selected CPT Codes	
Primary	92014
Secondary	92015
Tertiary	
Fourth	
Fifth	

Diagnosis Codes	
Primary	367.4
Secondary	
Tertiary	
Fourth	
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.

**Evaluation & Management Coding Wizard**  
 INSTRUCTIONS: Click on the appropriate item under each heading. Select None or Establish Patient with two buttons.

**HISTORY:** New Patient Establish Patient

- Chief complaint
- HPI 1-3 elements
- HPI 4+ elements
- Review of min 3 chronic/inactive conditions
- Occur review of systems
- ROS (Systemic) 1-9 systems
- ROS (Systemic) 9+ systems
- Past medical history
- Family history

Calculated History Level: 0

**EXAMINATION:**

- Exam 1-5 elements documented
- Exam 6-8 elements documented
- Exam 9 elements documented
- Exam: all elements, single system specialty
- Mental Status

Calculated Exam Level: 0

**DECISION MAKING:**

- Minimal number of diagnoses/management options
- Limited number of diagnoses/management options
- Multiple number of diagnoses/management options
- Extensive number of diagnoses/management options
- Minimal complexity of data to be reviewed
- Limited complexity of data to be reviewed

Decision Making Level: 0

Established Patients require only 2 of 3 categories to fall at that level.

Suggested ESM Coding Level: **99211**

Buttons: [Help] [OK] [Close]

## 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:

<b>Number of diagnoses or management options</b>	<b>Amount and/or complexity of data to be reviewed</b>	<b>Risk of complications and/or morbidity or mortality</b>	<b>Type of decision making</b>
Minimal	Minimal or None	Minimal	<i><b>Straightforward</b></i>
Limited	Limited	Low	<i><b>Low Complexity</b></i>
Multiple	Moderate	Moderate	<i><b>Moderate Complexity</b></i>
Extensive	Extensive	High	<i><b>High Complexity</b></i>

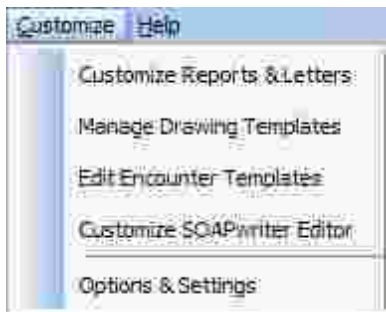
## Audit Flags

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

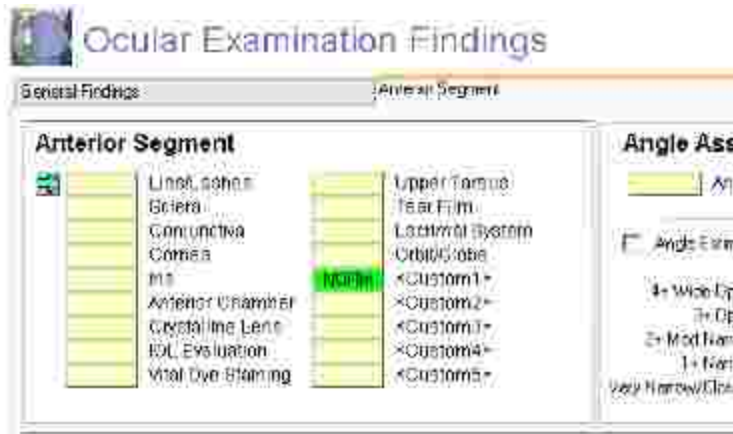
Open the Quick Exam tool (use the left-side menu bar and click on "Quick Exam Tool").



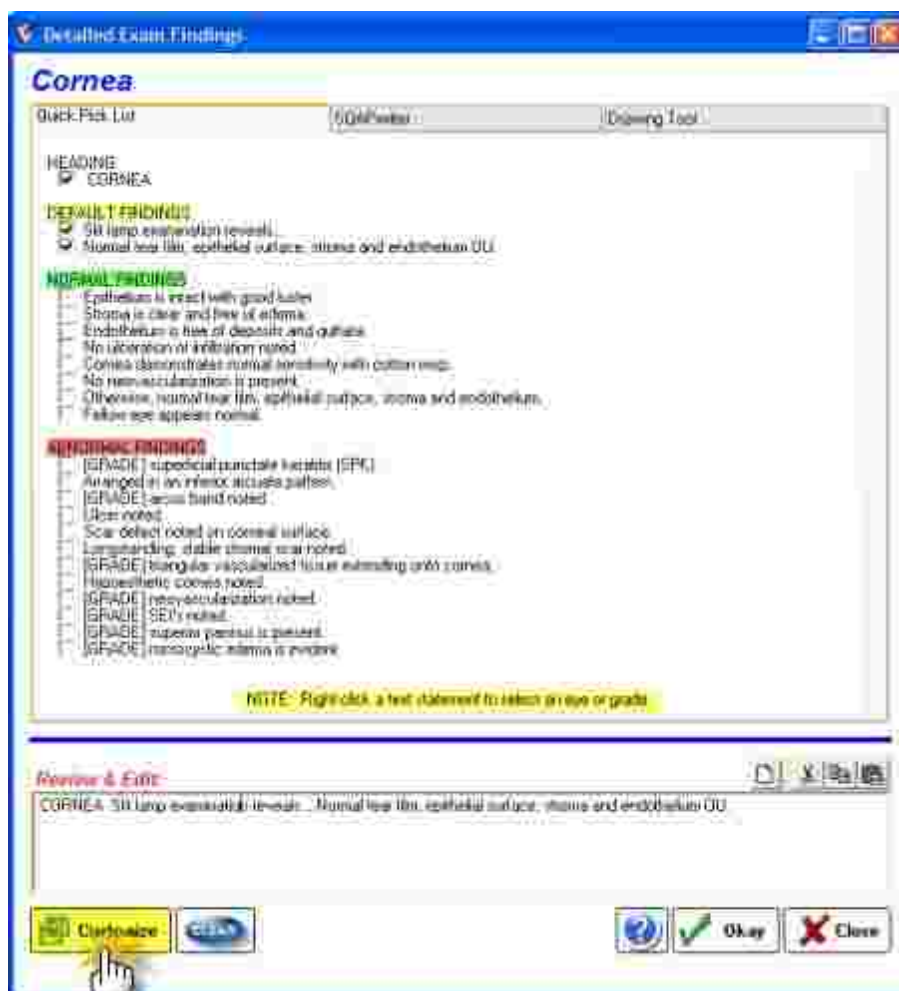


### Step 3

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.





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 limbux, 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.



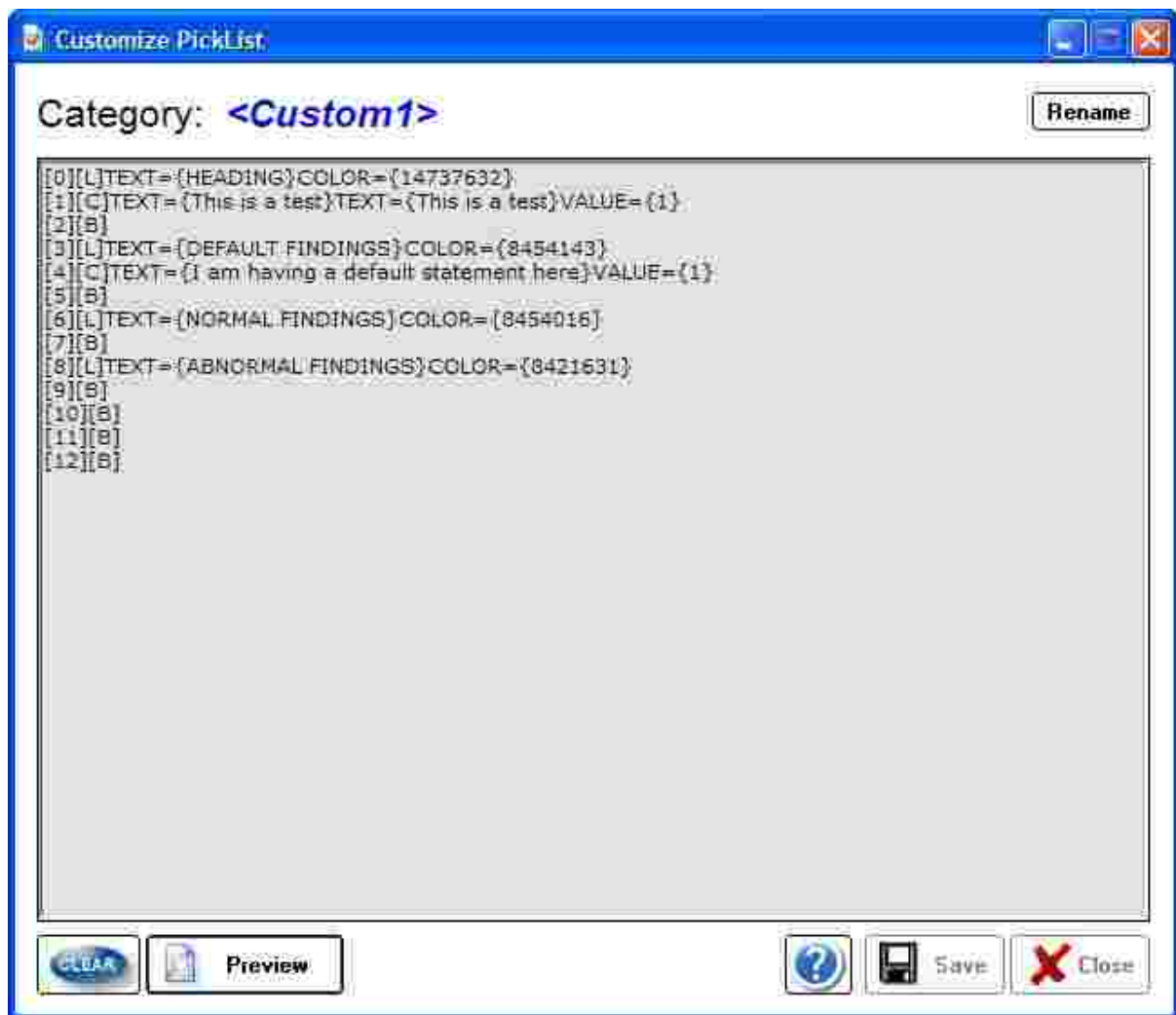
The Fields are as follows:

- [#] - 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

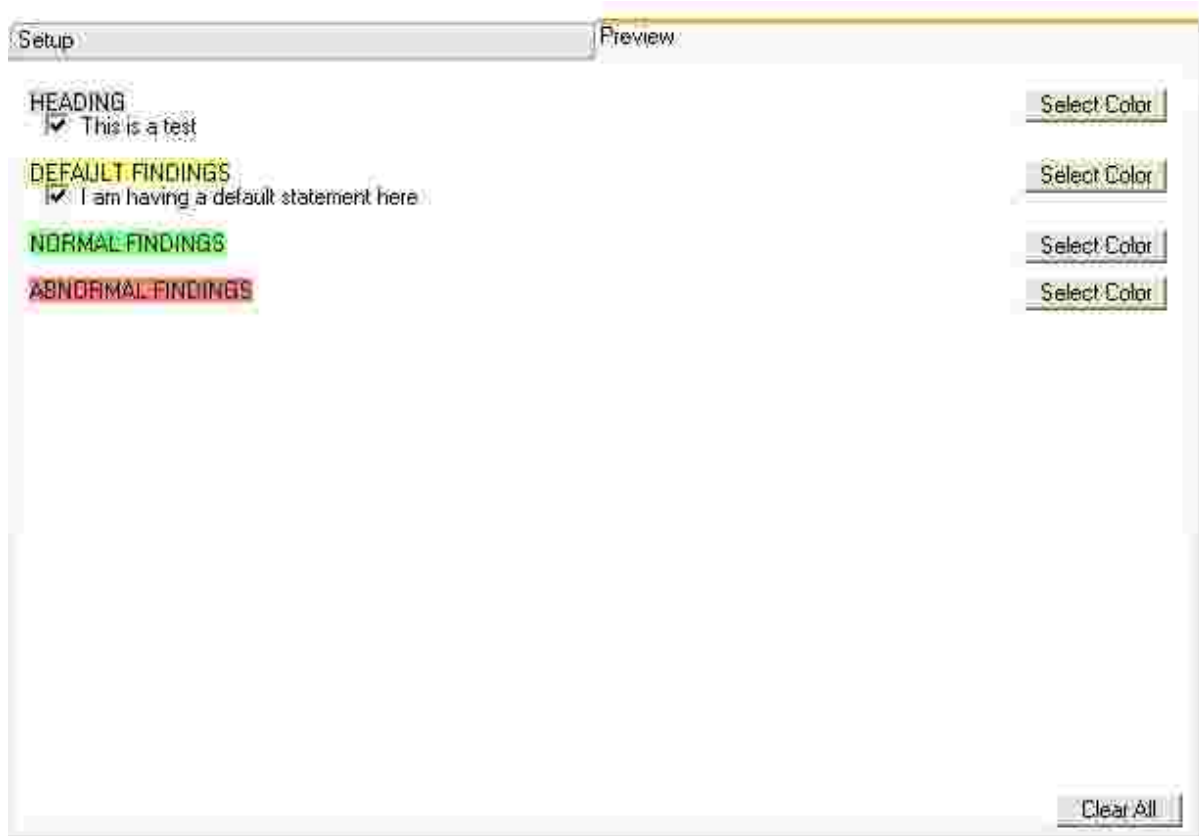
TEXT=  
COLOR=  
VALUE=

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.

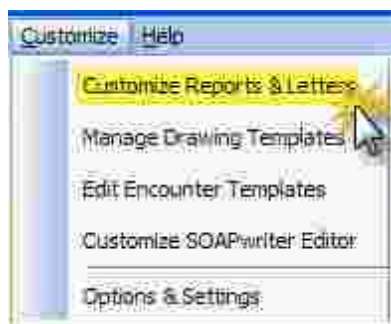


How it looks in Preview Mode:



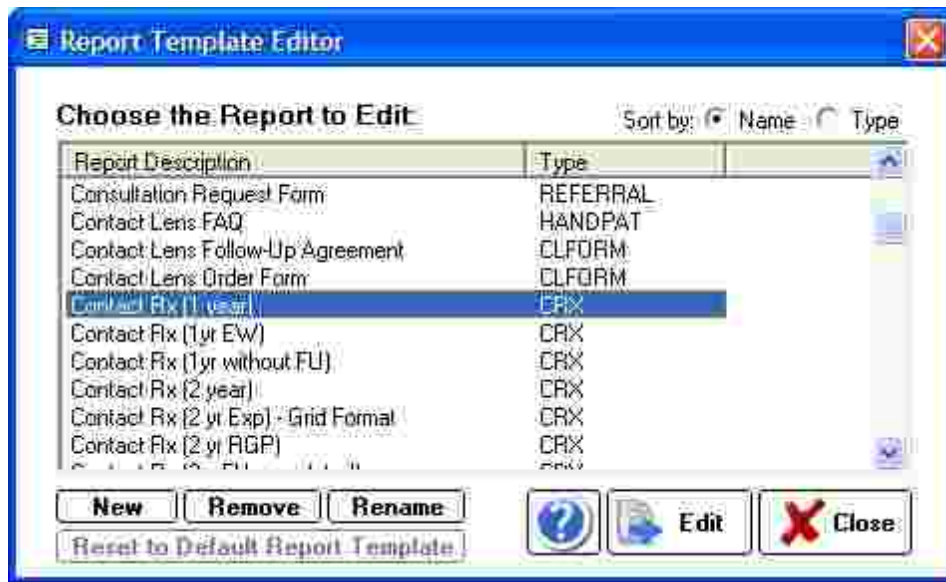
### 7.6.2 Report Designer

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.



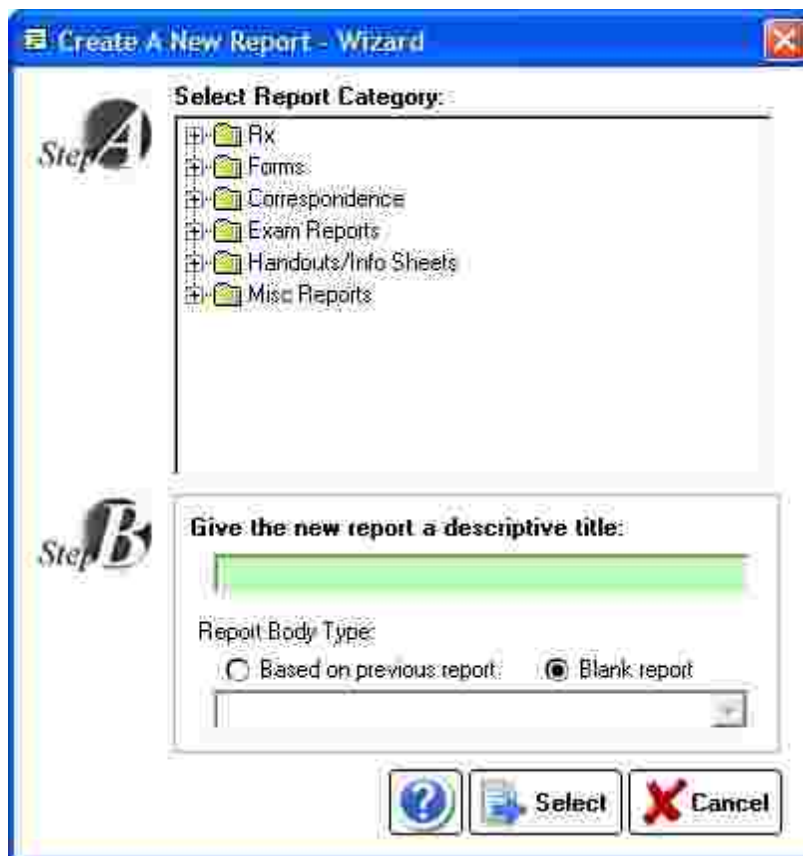
To edit an existing report, click on the name and then click the Edit button (or, alternatively, just double-click the report name). To create a new report click the New button and a dialog will appear to guide you through creating a new report:



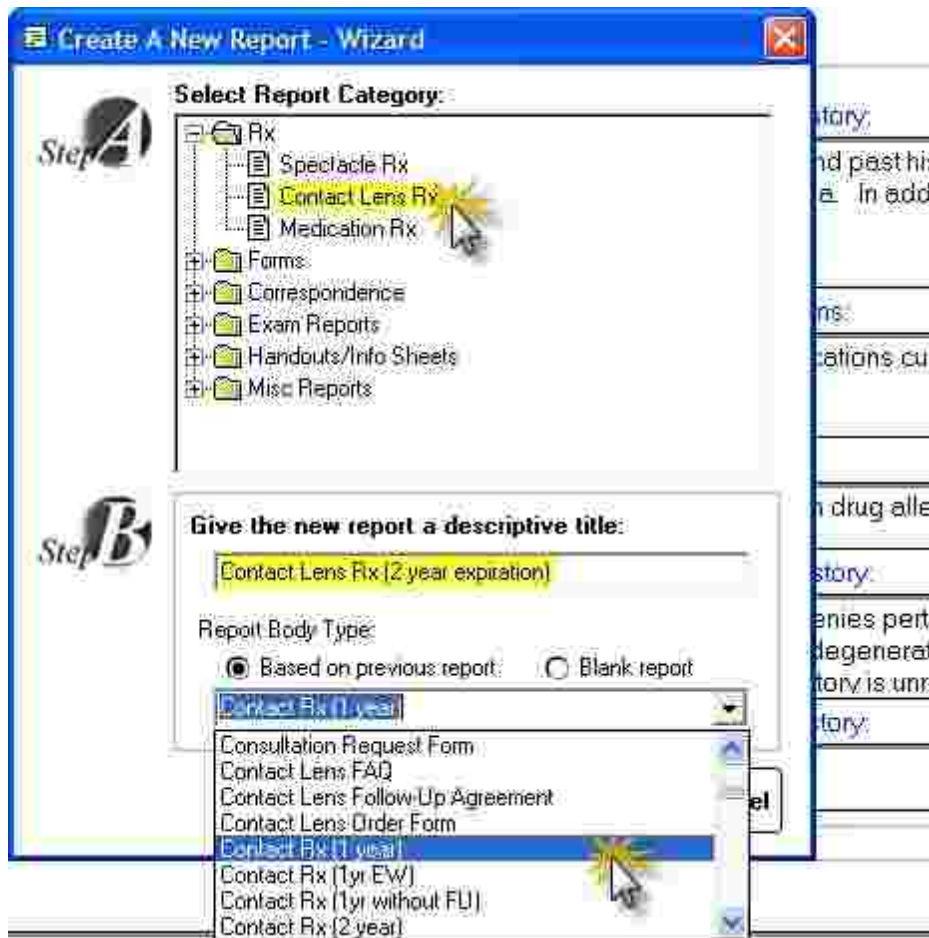


**Step A:** Select an appropriate category for the report. If the report does not easily fit one of the pre-defined categories, use the Misc. Reports category.

**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 fields](#) 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)	[[FirstLastNam]]
Patient - Name (Full, Last First)	[[LastFirstMI]]
Patient - Name (First only)	[[FirstName]]
Patient - Name (Last only)	[[LastName]]
Patient - Salutation	[[NameTitle]]

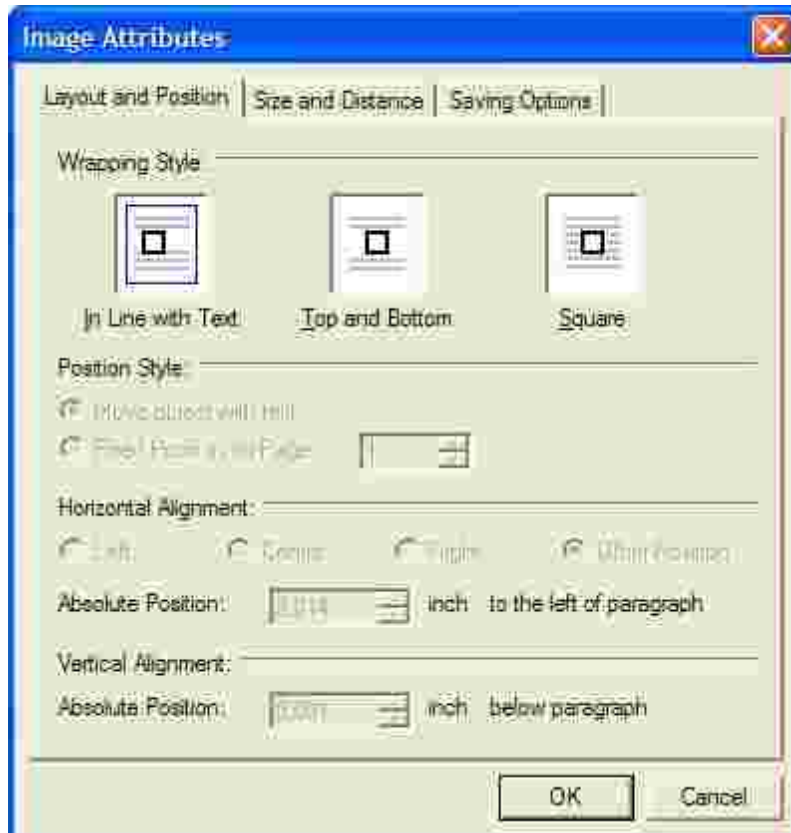
## Images

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.

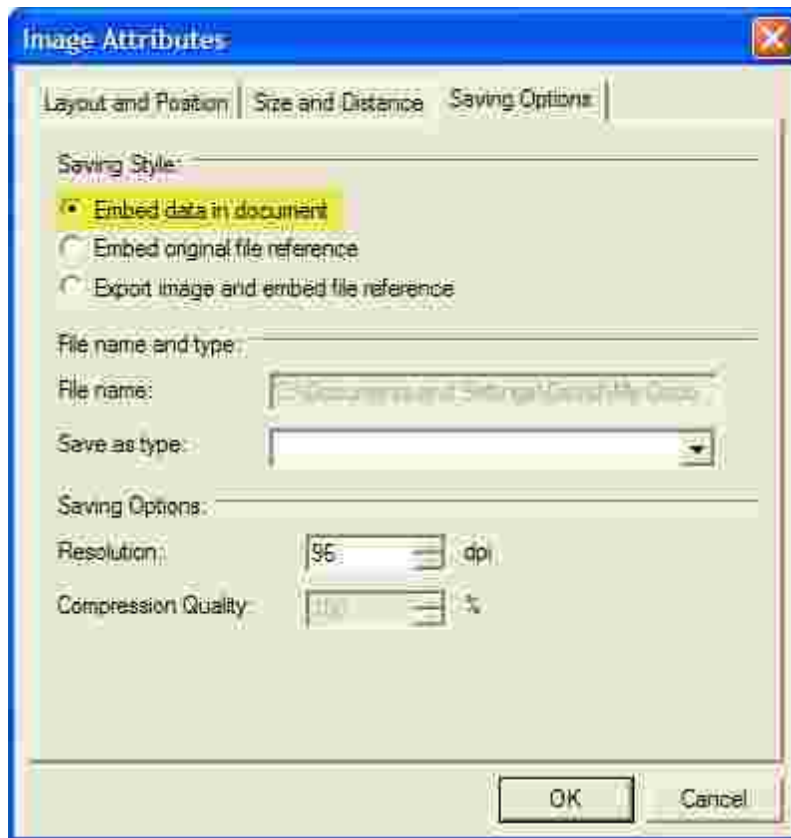


**WARNING:** Images consume lots of disc space and if you embed a large image in a report, then each and every report you save will have a copy of that image saved to the database. It is recommended that you limit embedded images to small (under 10K) size. Examples would be a signature block. Typically, 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:

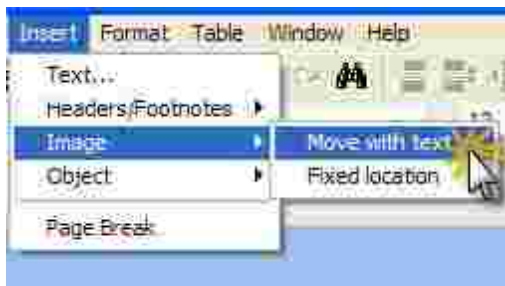


### Embed data in document

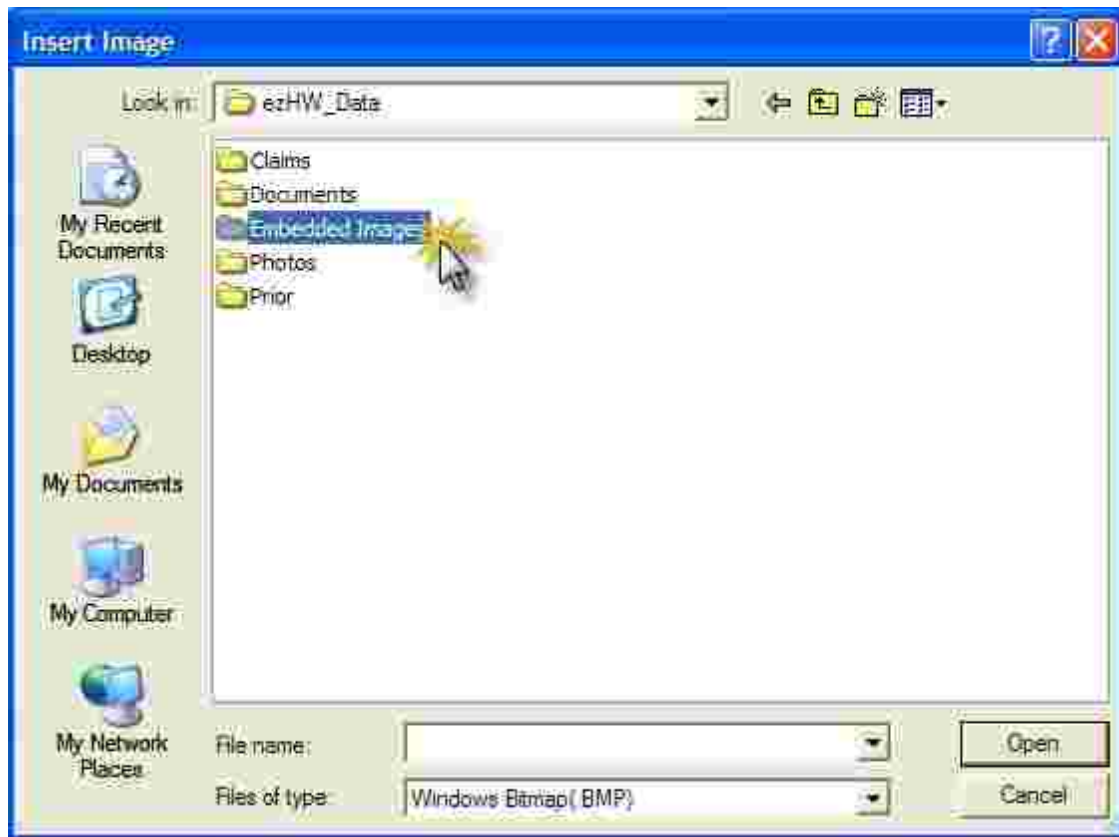
This is the simplest way, but can quickly fill up your report database. Only use very small, low resolution images with this method. To convert and resize your image, use a product like SnagIt ([www.techsmith.com](http://www.techsmith.com)) to reduce the resolution. If you embed too large an image you 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 separately 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]]

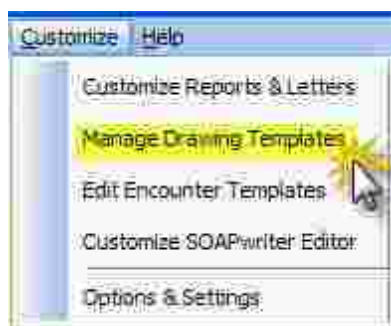
[[Med Rx]]

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

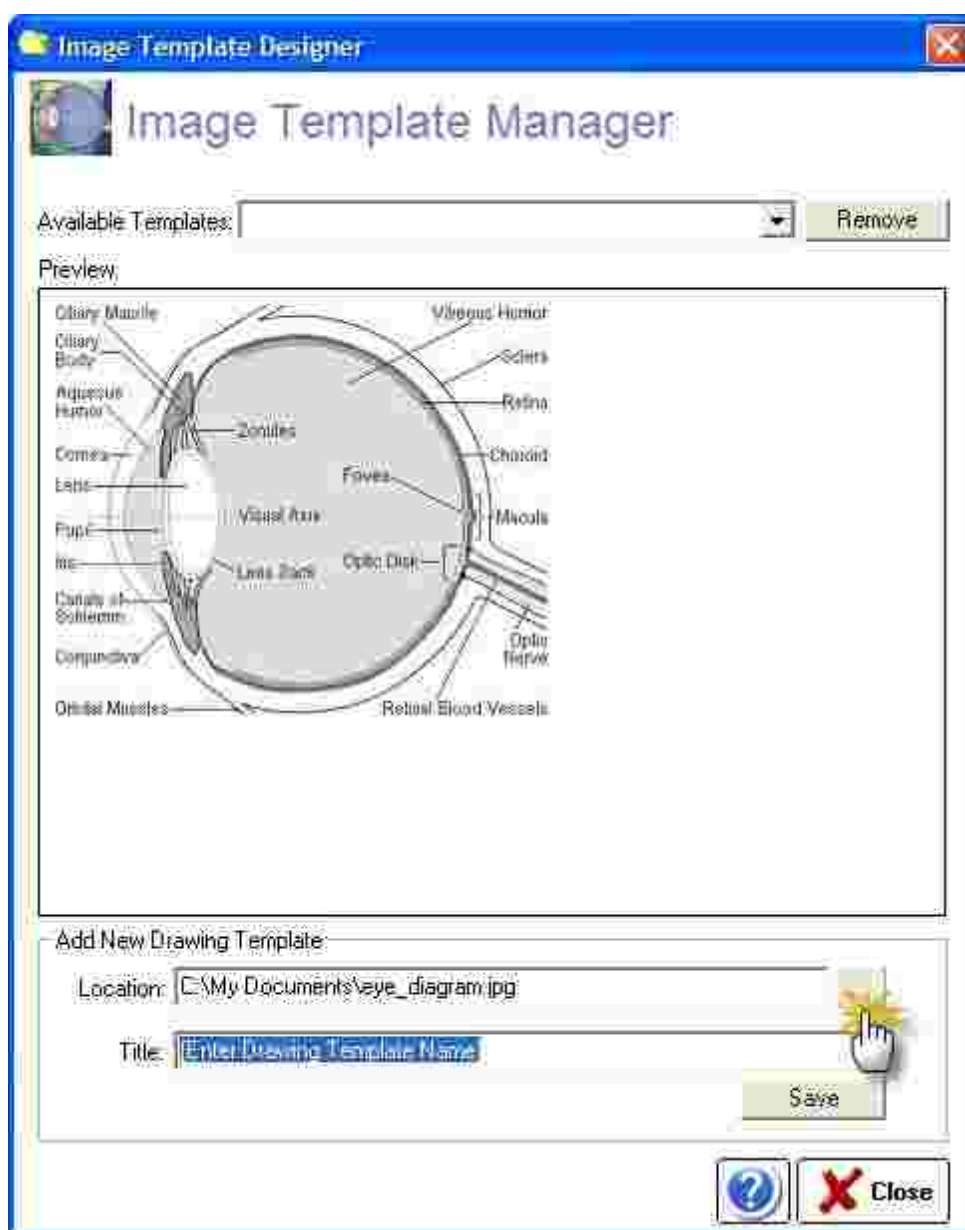
[[SRxTool]]  
[[CLRxTool]]  
[[MedRxTool]]

### 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.

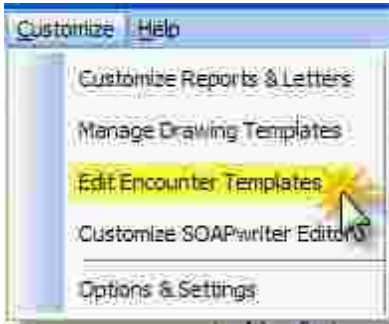


To view or remove existing templates click and choose from the dropdown list at the top. Add new image templates in the box at the bottom.

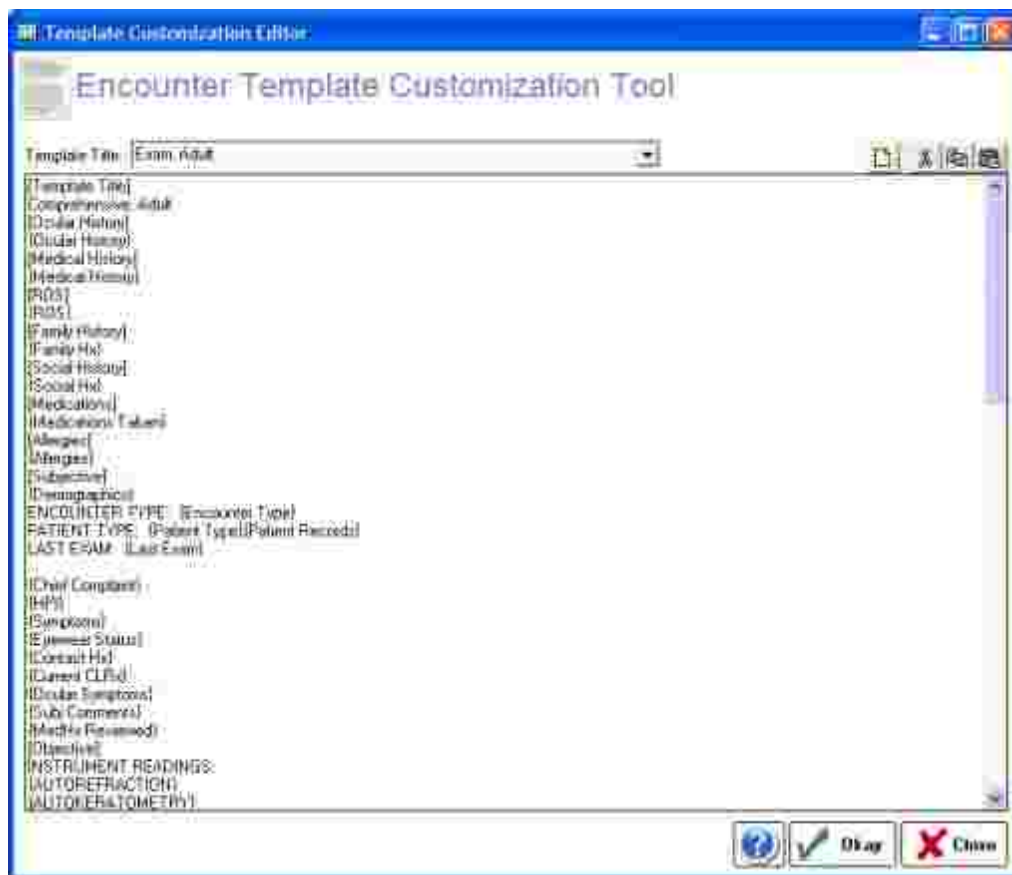


### 7.6.4 Encounter Template

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 YOUR 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).



**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:** "%%"

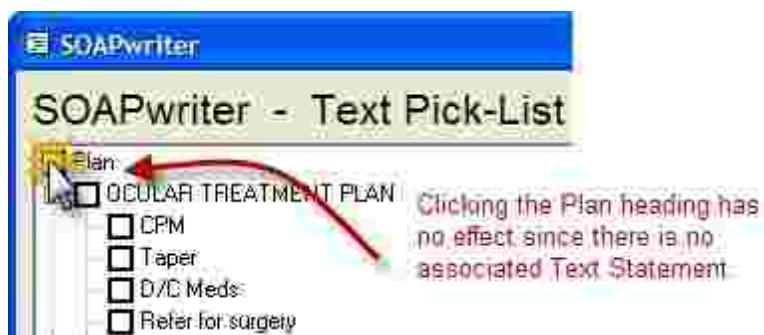
**Required:** No

**Visible in SOAPwriter:** No

**Inserted into SOAP Note:** Yes

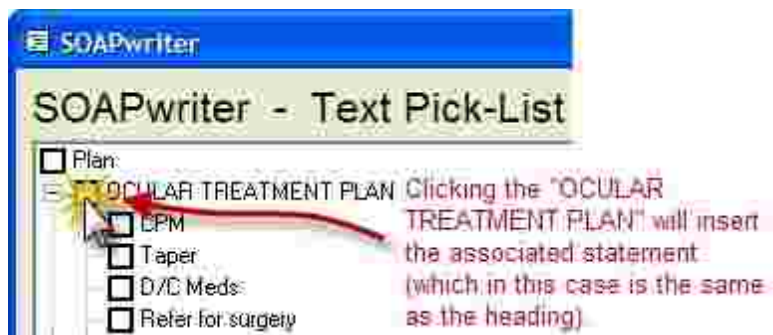
**Note:** Only applicable if a Text Statement is present. This forces a linefeed/return at the end of the sentence so that Text Statements that follow start on a new line.

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



### 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 Jma	MI K	Last Name Doktor	Degree/Suffix OD
Title/Position	ID Type    ID Number OtherID1 <input type="button" value="v"/> <input type="text"/> OtherID2 <input type="button" value="v"/> <input type="text"/> OtherID3 <input type="button" value="v"/> <input type="text"/>		
State Lic # 034844			
DEA #			
UPIN			
NPI 1093948344			

**Security Settings**

UserName: idoktor

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 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\	<input type="button" value="Browse"/>
Default folder to store Patient Photos:	C:\ezHW_Data\Photos\	<input type="button" value="Browse"/>
Default folder to store Attachments/Scanned Docs:	C:\ezHW_Data\Attachments\Documents\ (cannot be modified)	<input type="button" value="Browse"/>
Default folder to store Database Backups:	C:\ezHW_Backup\	<input type="button" value="Browse"/>

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.

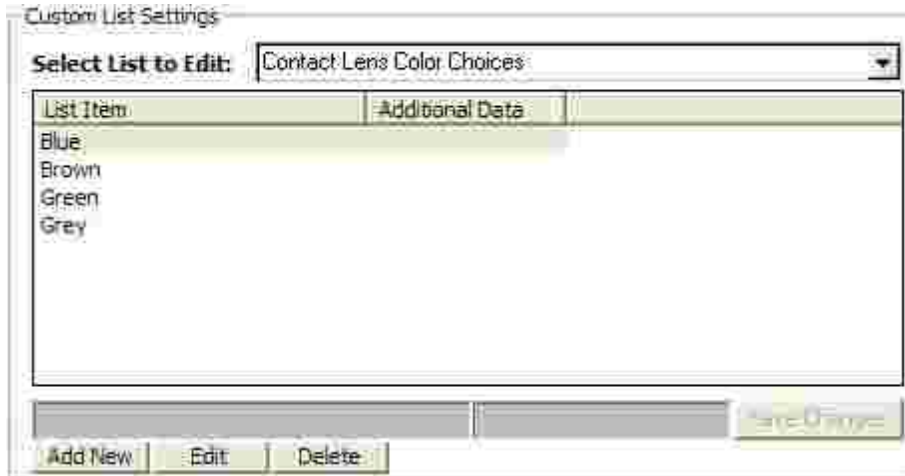
### Path to Patient Photos

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



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:

Reports/Letters   Prescriptions   Encounter Reports

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
Spect 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 DEAR  
☒ 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.

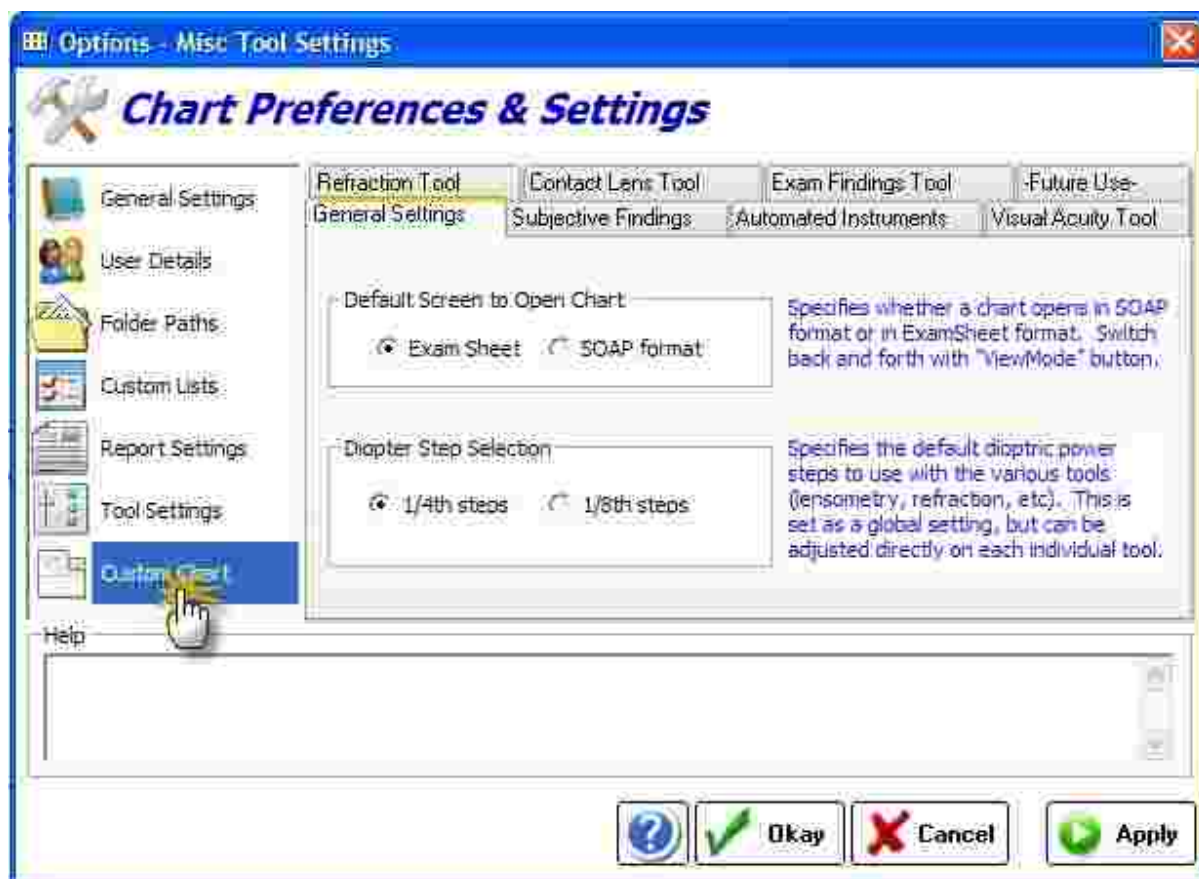
**Set default fonts**

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.

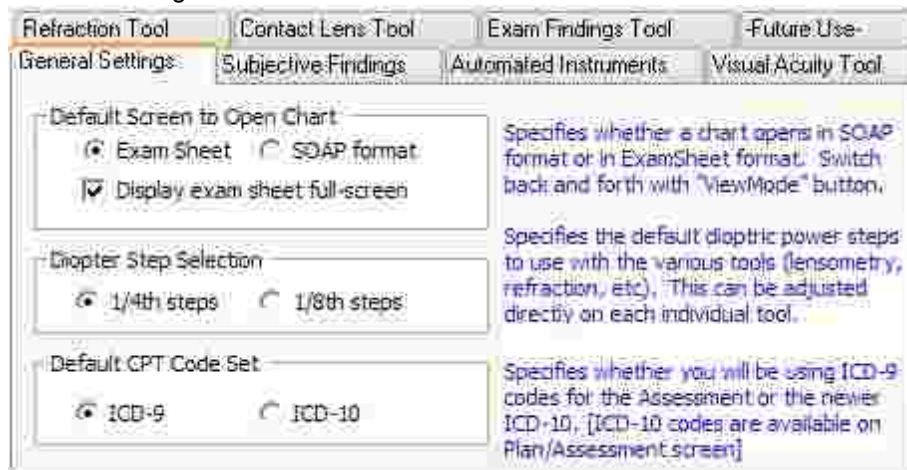
**Default Rx Wizard**

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,

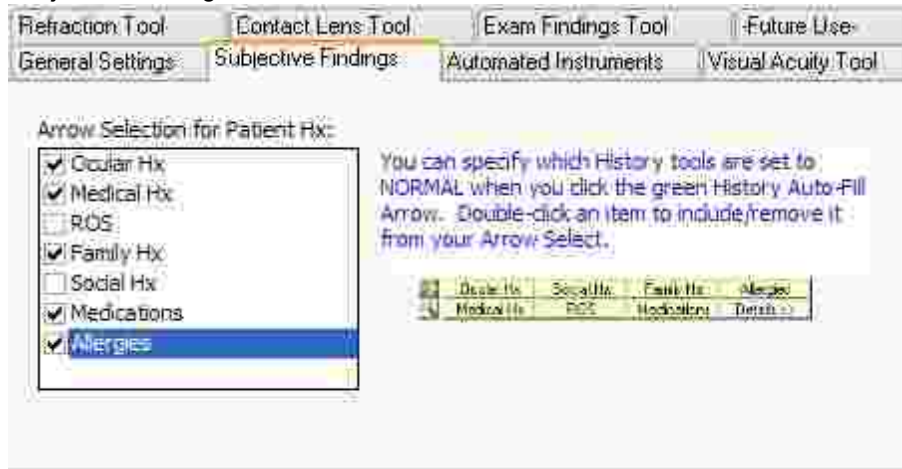


refraction, etc). This can be adjusted directly on each individual tool.

### Default ICD Code Set

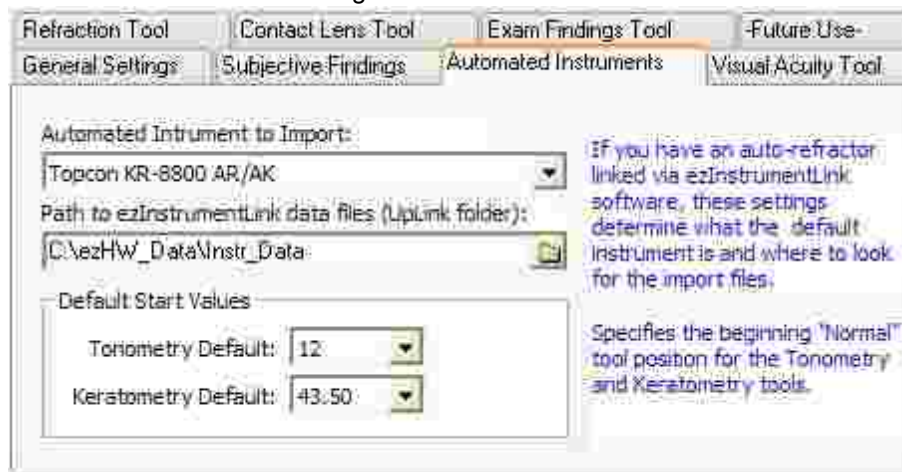
Specifies whether you will be using ICD-9 codes for the Assessment or the newer ICD-10.

#### 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.

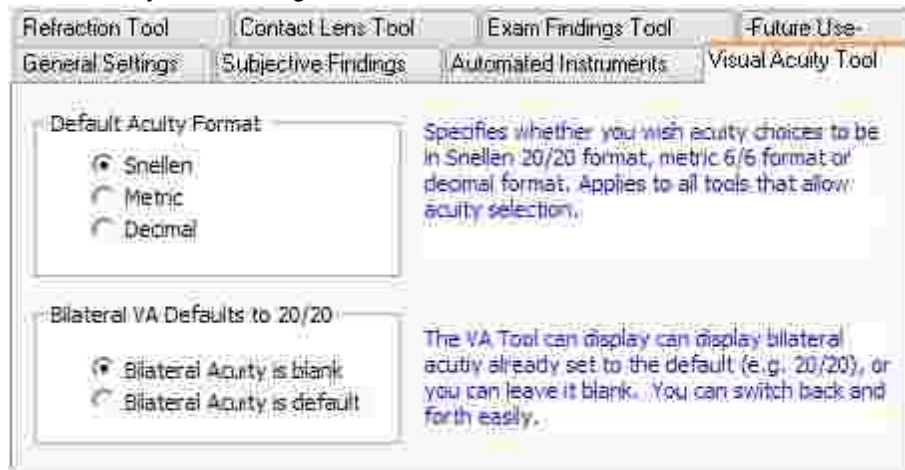
### Path to ezInstrumentLink Files

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



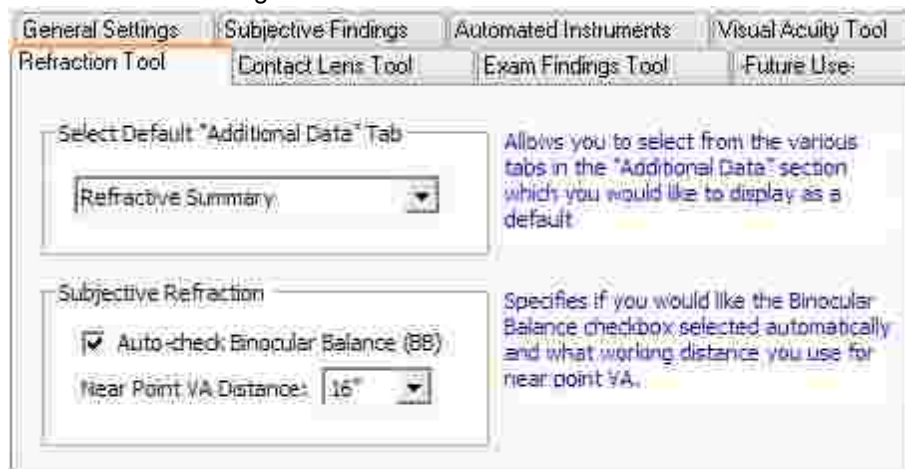
#### Default Acuity Format

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



#### 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).

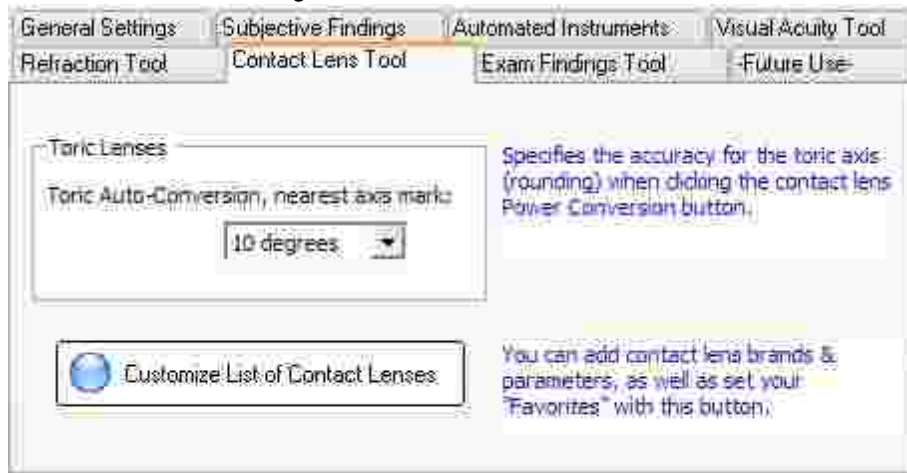
#### Binocular Balance

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

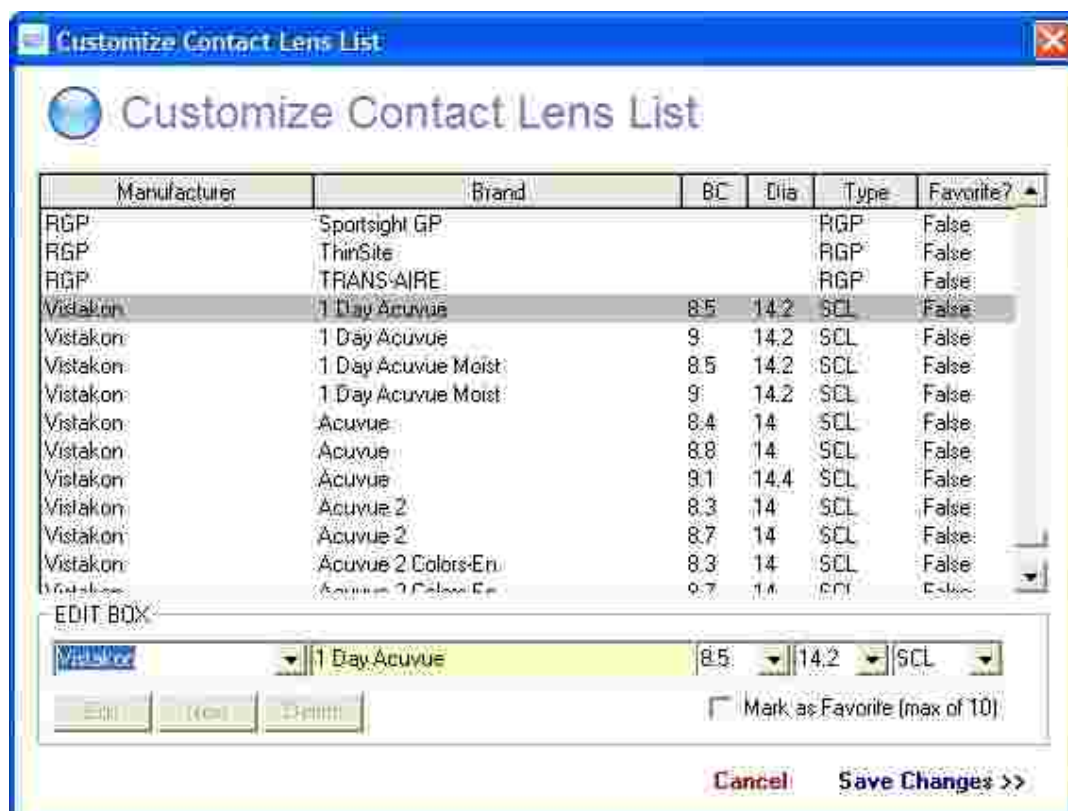


## Toric Lens Conversion

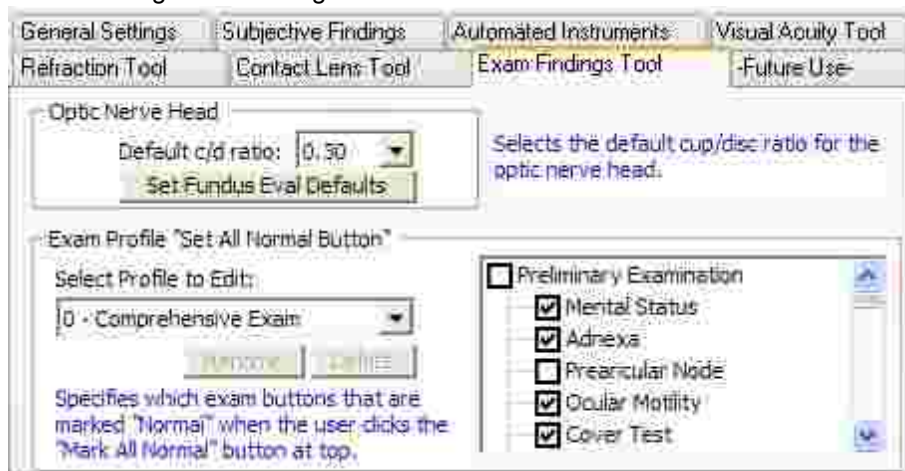
When using the "Toric Conversion" button, the nearest axis mark can be indicated (typically 10 degrees).

## 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    [Dropdown]

**Evaluated with:**  
☐ 78D lens    ☐ 20D BIO lens    ☐ scleral depression  
☐ 90D lens    ☐ PR 2.2 BIO lens    ☐ direct ophthalmoscope  
☐ Other: [Dropdown]

**Notes:**  
☐ Patient advised of effects of DFE    ☐ DFE refused AME  
☐ DFE to be rescheduled    ☐ DFE not indicated  
☐ DFE declined    ☐ DFE contraindicated  
☐ Fundus imaging performed    ☐ Recent DFE

**Buttons:** 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.

ezInstrumentLink

Options Help

ezInstrumentLink™

Patient Information:

Click to Select Patient...

Last Name  Chart No.

First Name  Initial

☐ Male ☐ Female Age

Clear Capture

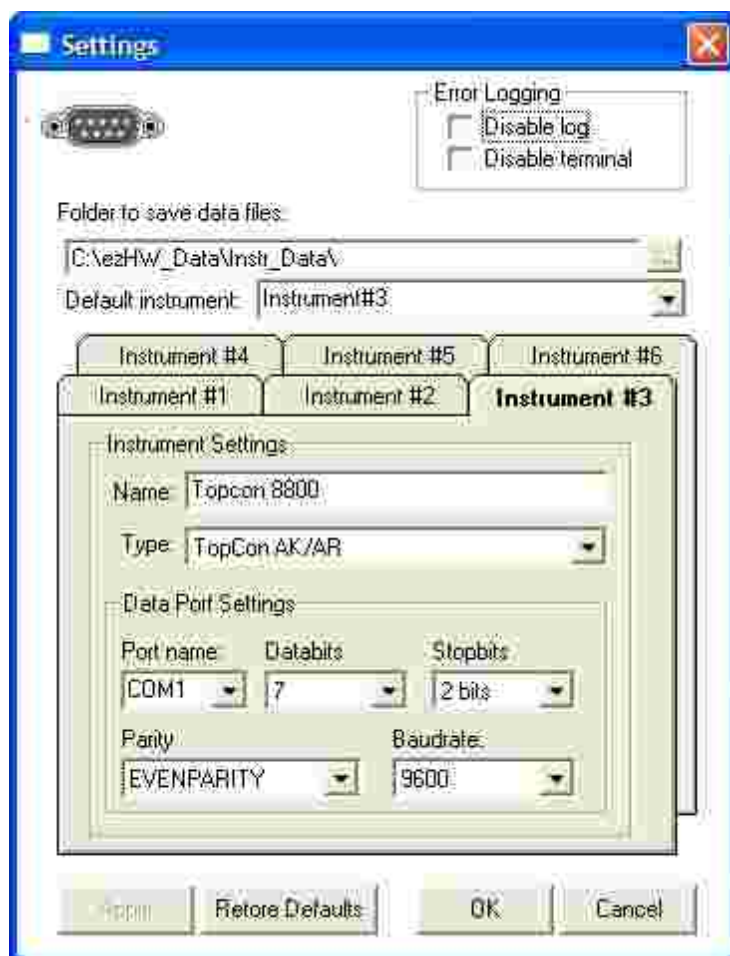
Enter patient data to start...

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
INIT AUTO = YES
CD MEMORY = NO
CREDI BI LI TY NUM = NO
ADD MODE = NO
DI SPLAY STYLE = LAYOUT1
SERI AL NO. = 1307
SERI AL OUT TV = YES
SERI AL OUT PRT = 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 Tool](#)).



**Part**

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**IX**

## 9 Appointment Scheduler



### How do I ?

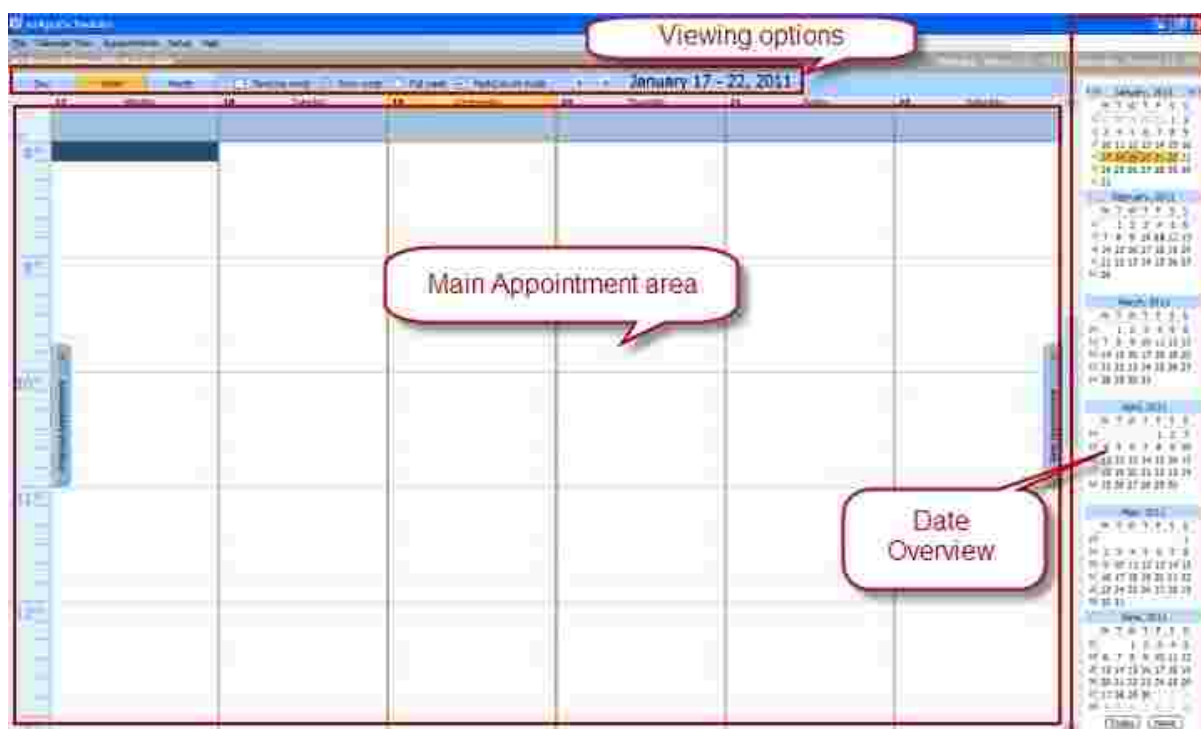
- [Create a new appointment?](#)
- [Edit/change/move an existing appointment?](#)
- [Select the viewing mode?](#)
- [Set calendar options?](#)
- [Set appointment types?](#)
- [Use special features?](#)

### 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](#) by customizing the [Appointment Types](#)). 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

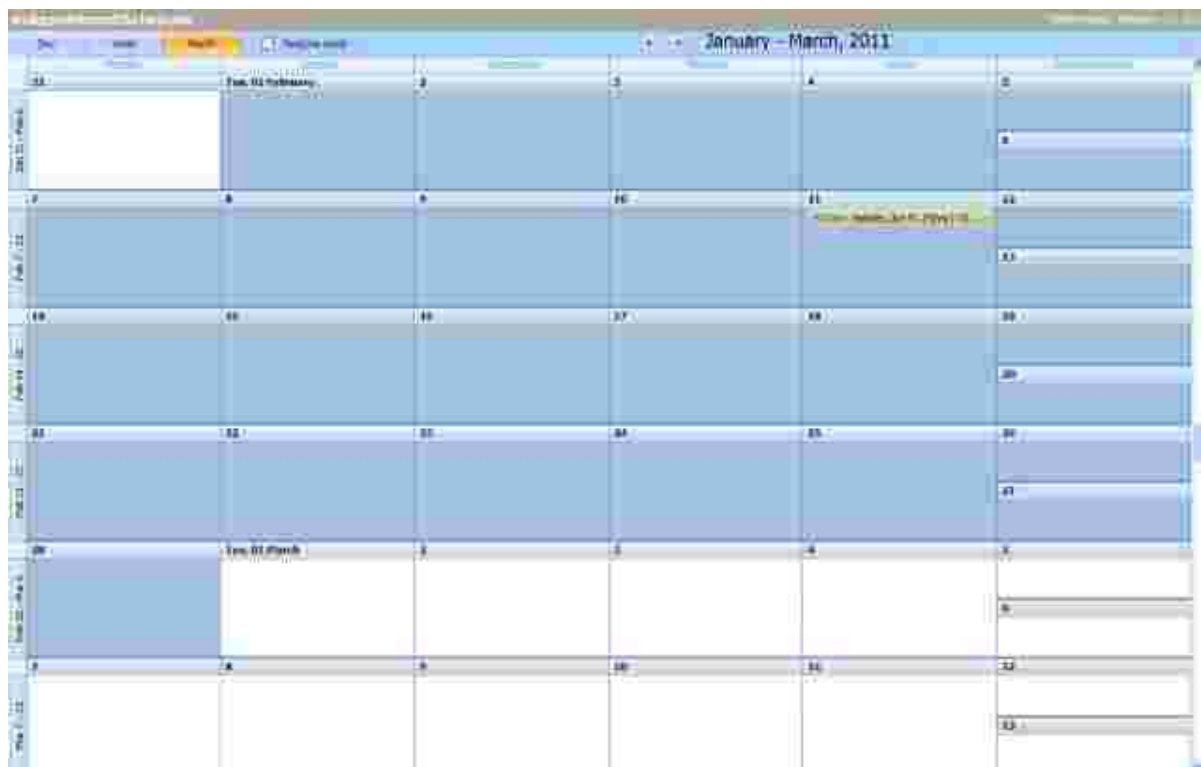
Allows you to select the [View Mode](#) (Day, Week or Month) as well as setting the Timeline and Multi-column mode.

## 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

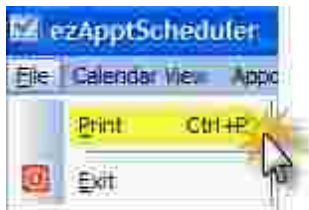
This is the area where appointments are created, edited and displayed. The View Options determines how the screen will look. To create an appointment you double-click where you wish the appointment to occur.

## 9.2 Menu Options

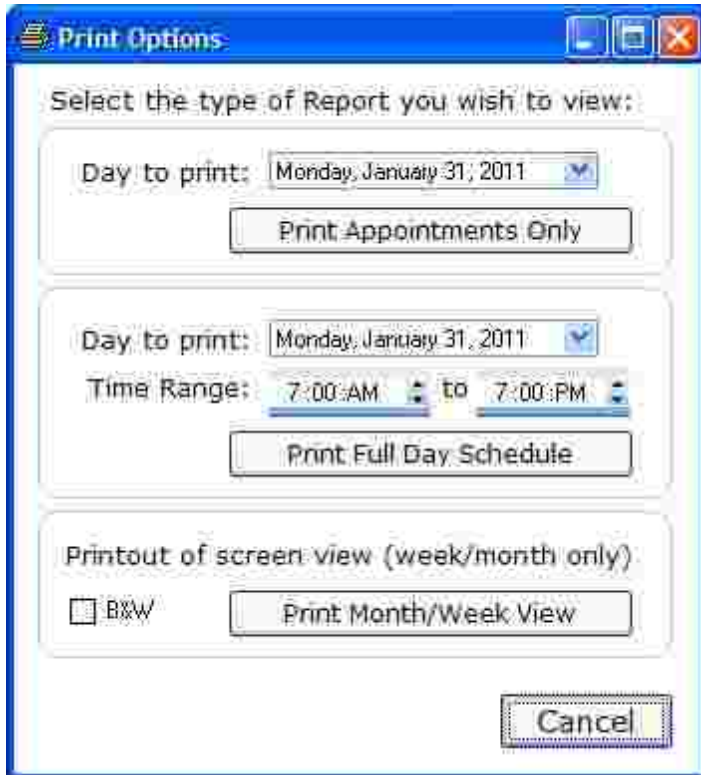
The menu at the top of the main screen allows you to view, print and customize your schedule.

### Print the Schedule

The daily schedule can be printed in one of three ways: Full Day Schedule, Appointment List Only and Month/Week View.



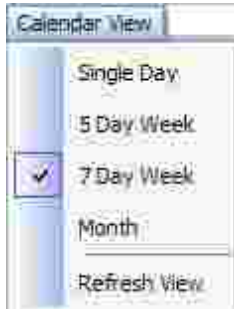
The Print Options screen will appear.



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

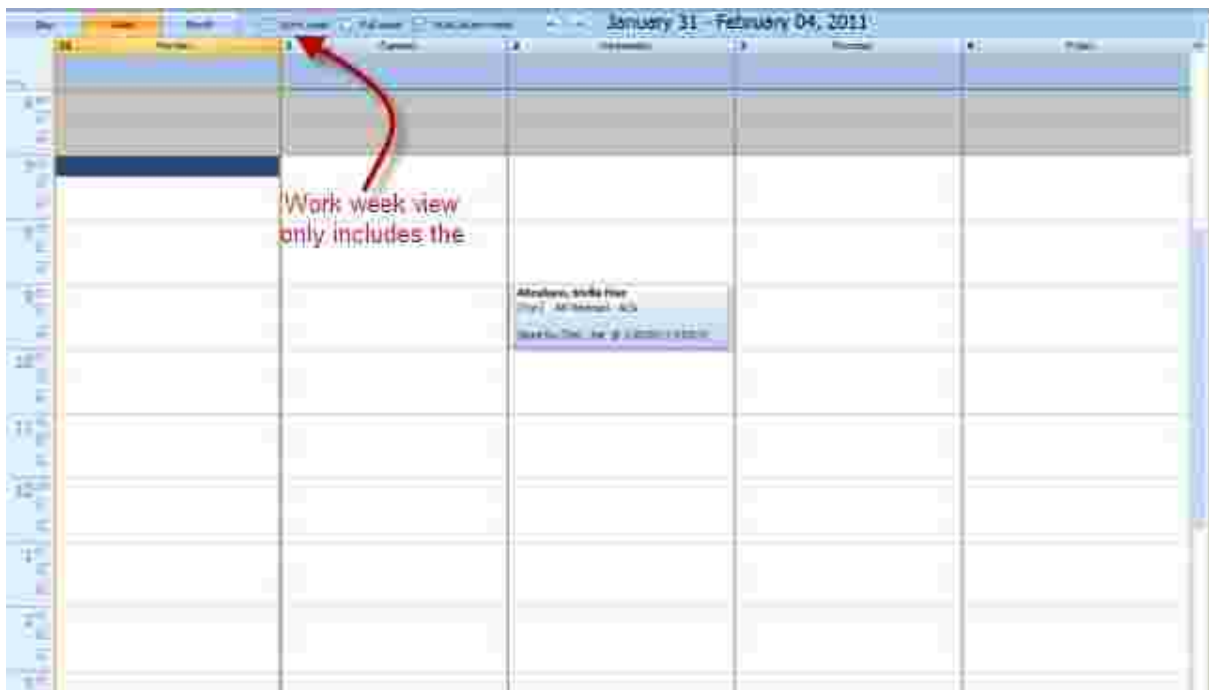


The calendar screen can be displayed in several formats, ranging from a single day up to a full month view. Once the screen updates to the new display, you can use the tabs and checkboxes at the top to further refine your view (in Week View only). The **Refresh View** option forces an immediate update 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).

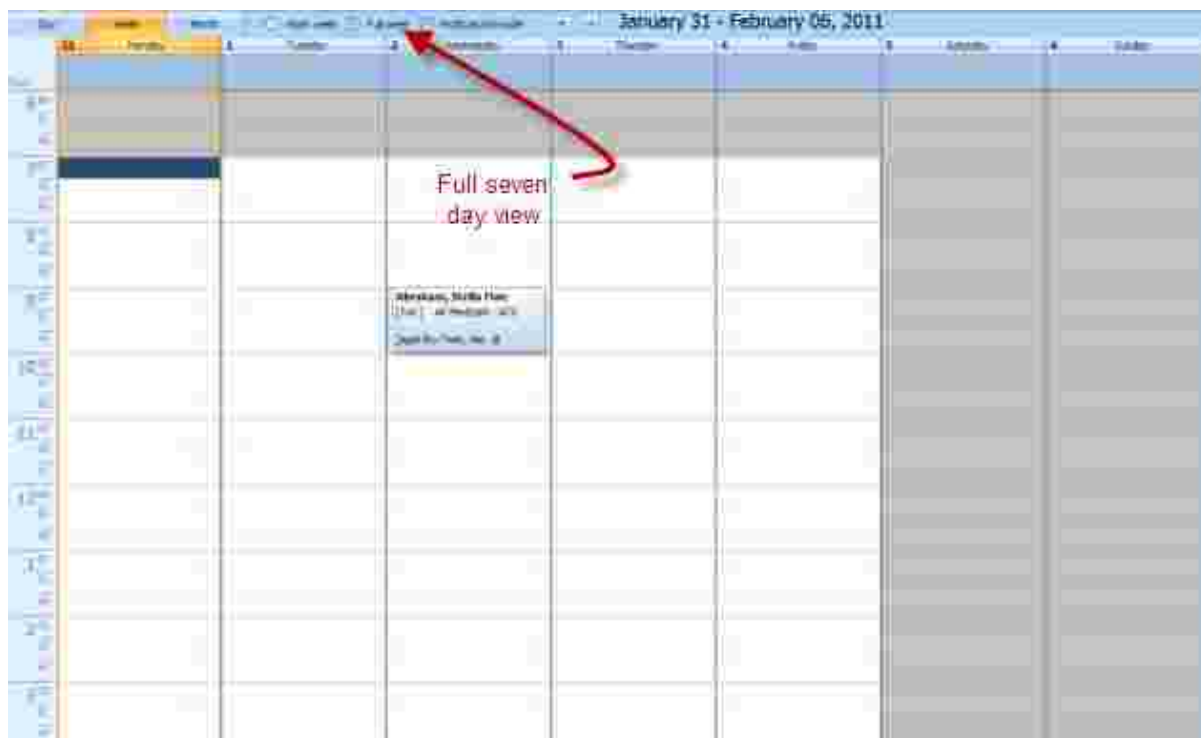


### Full Week

Shows all seven days of the week, irrespective of the default work days you have set. This is useful if

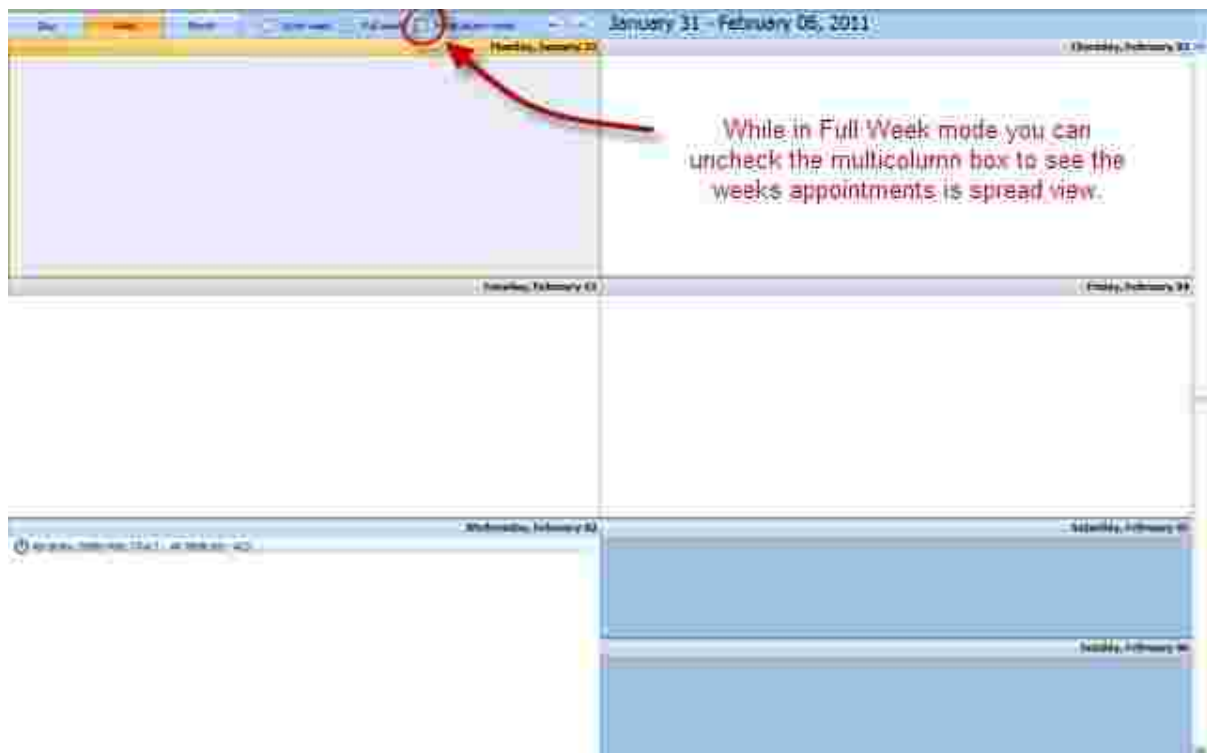


you schedule patients on a weekend very rarely.



#### **Multicolumn Mode**

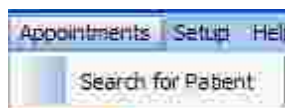
Converts from the 7 day work week column view to a spread view. The checkbox has no effect in 5 day view.



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.

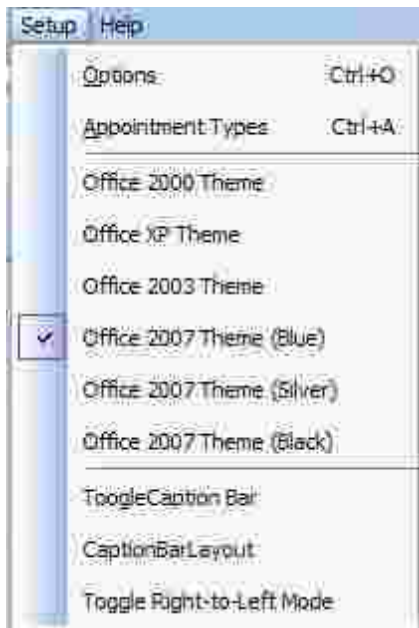


You must enter the patient name in Last, First format (e.g. "Smith, J" would find Joe Smith or Jane Smith, whichever appears first; by entering the full first name the patient will be found).



## 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](#) 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](#) section.

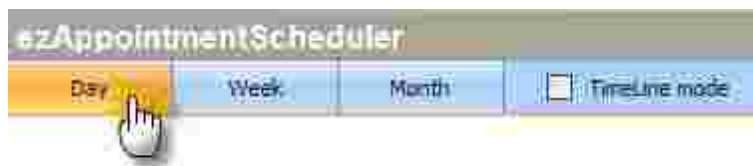
### Themes

The visual color scheme of the calendar can be modified by selecting one of the pre-set themes.

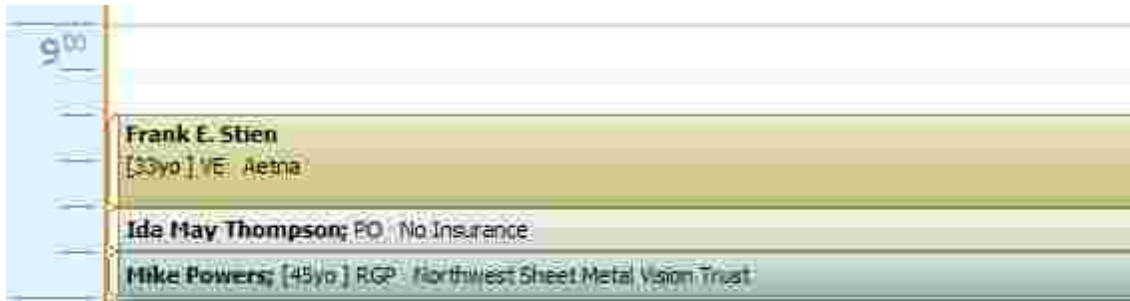
## 9.3 Select Viewing Mode

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

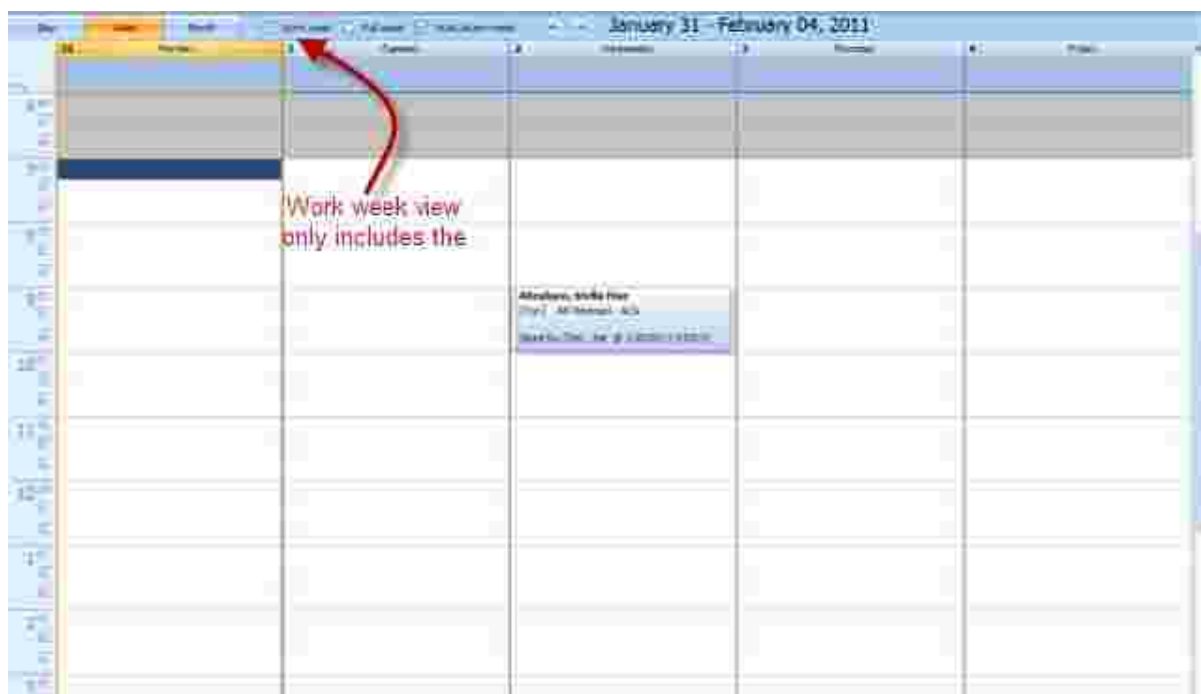


The week view is the typical view used by most offices. It allows a good overview of the day's appointments with the ability to drag/move appointments between days.



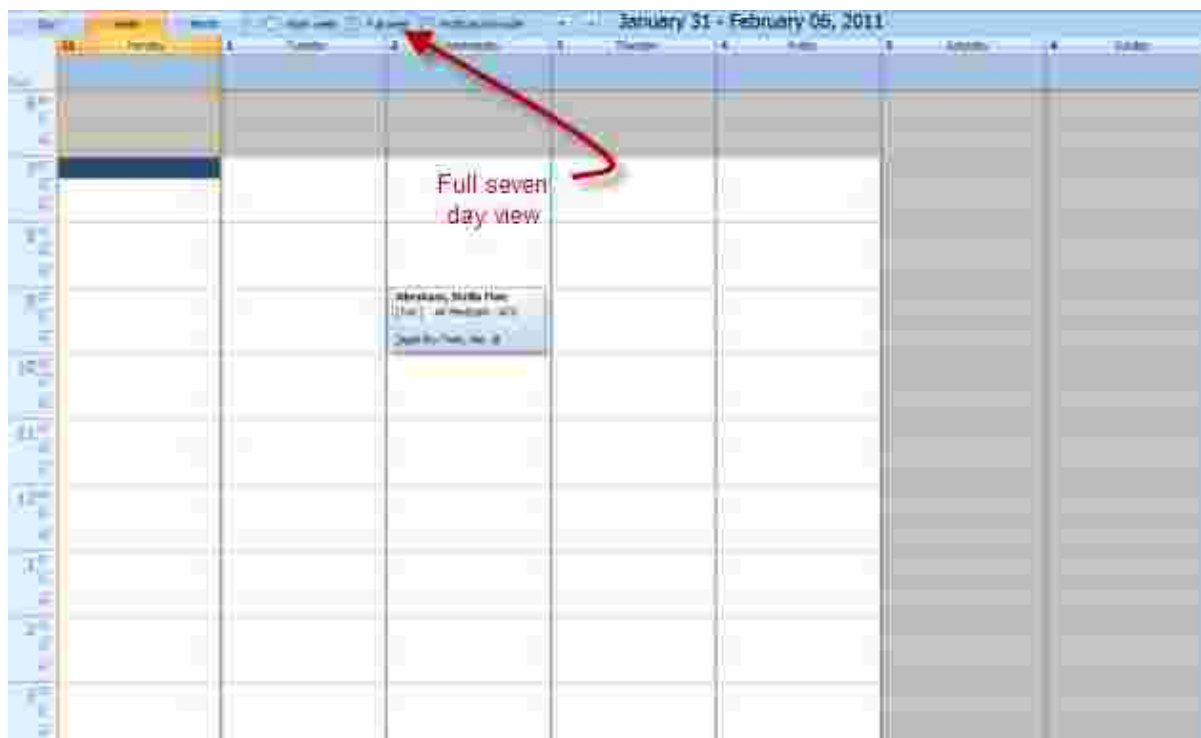
### Work Week

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

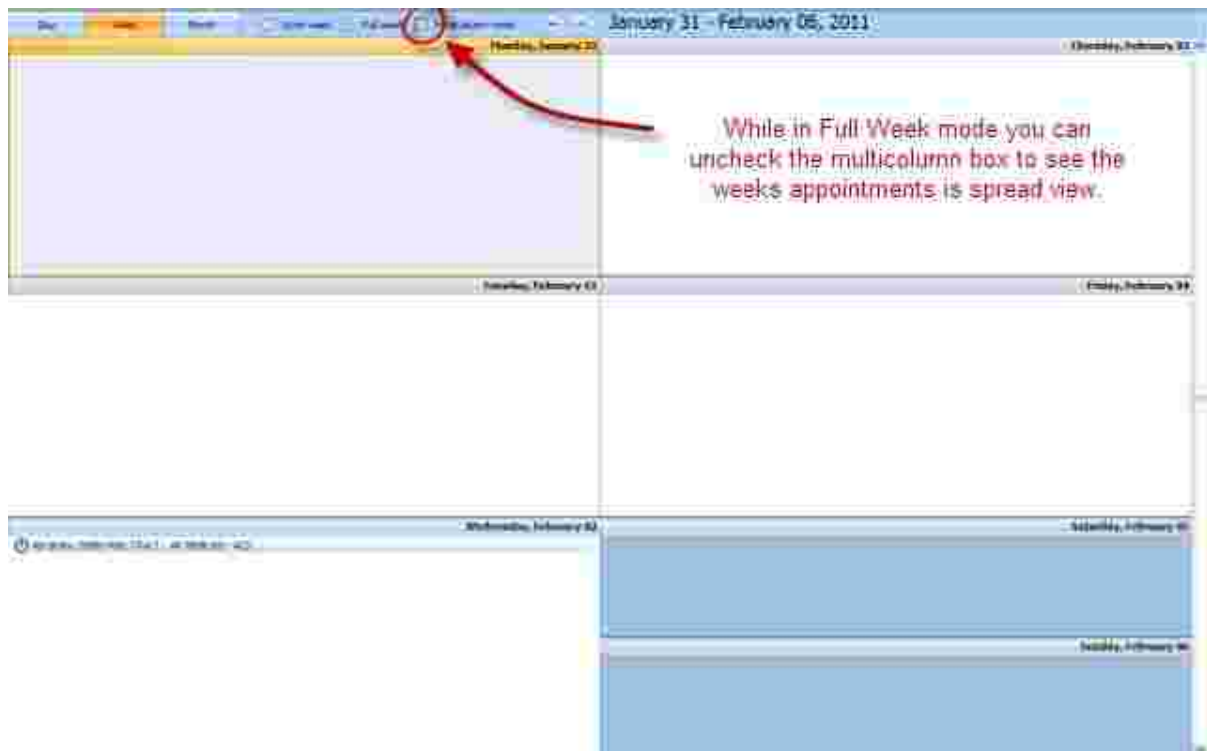
Shows all seven days of the week, irrespective of the default work days you have set. This is useful if you schedule patients on a weekend very rarely.



### 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.

## 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.



## 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 [QuickFind](#) 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

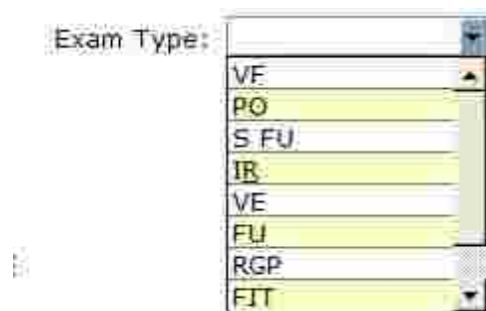
schedule an appointment without this information. NOTE: If you did not get a telephone number, enter "000-000-0000" to save. This should only be done in rare instances. Other information is optional such as age, patient type (new or previous) and date of birth.

## 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 dropdown. 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.

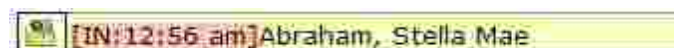
## Flags

The appointment status can be indicated with one of the four Status buttons at the bottom.



### Mark as Arrived

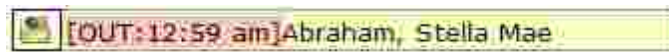
A timestamp is added to the appointment display to indicate the time arrived.



### Mark as Completed

A time-stamp is added to the appointment display to indicate the time of completion.





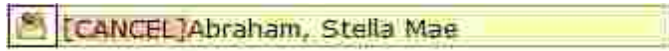
### No Show

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

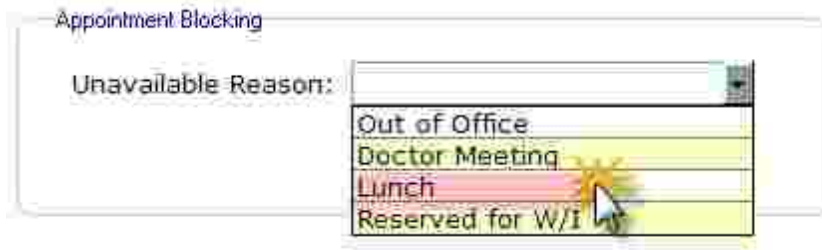
You can delete an existing appointment in two ways: right-clicking and selecting "Delete" or by clicking once on the appointment and pressing the delete key. **WARNING:** There is no undo function (but you will be asked to confirm the delete operation). Appointments marked "Completed" will not allow 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.

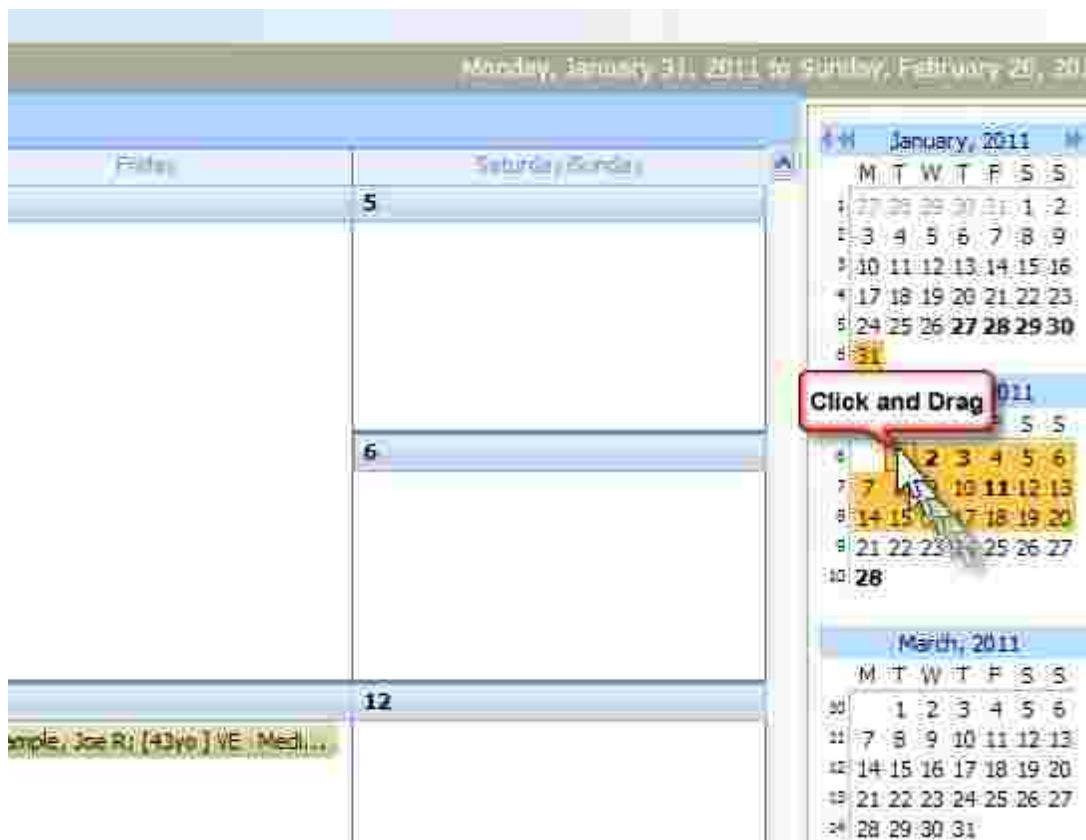


### Selecting a Range of Dates to view

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:

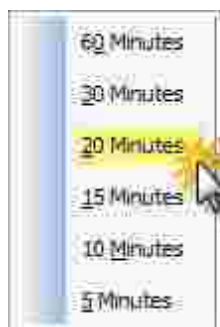


The corresponding days will show in the main calendar view.



## Quickly Changing the Timescale

Right-click the timescale and choose the minute increment you desire.

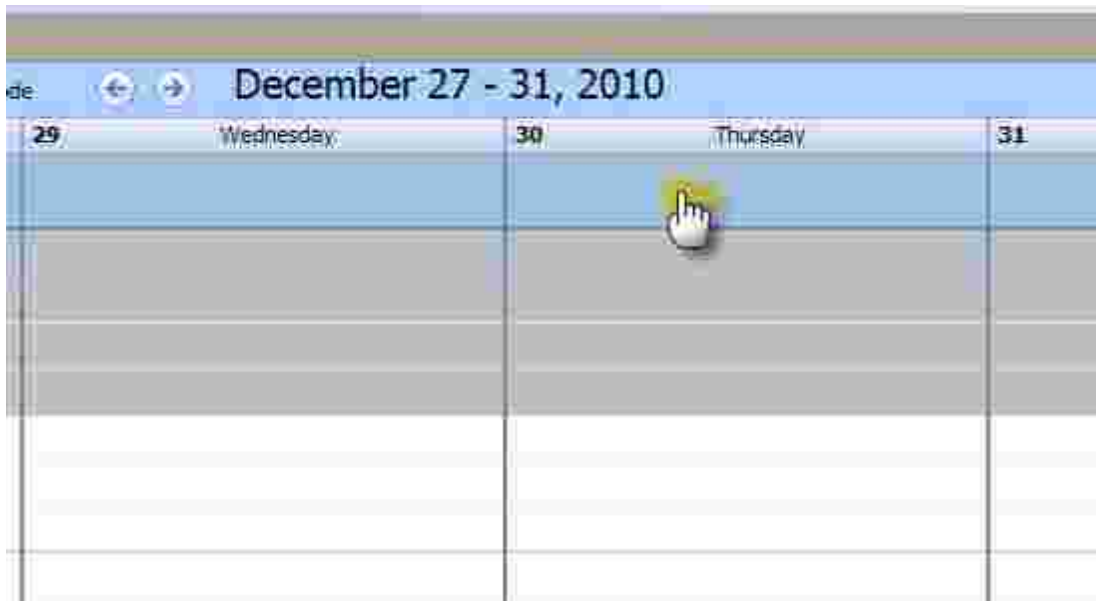


## Copying Multiple Appointments at once

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.



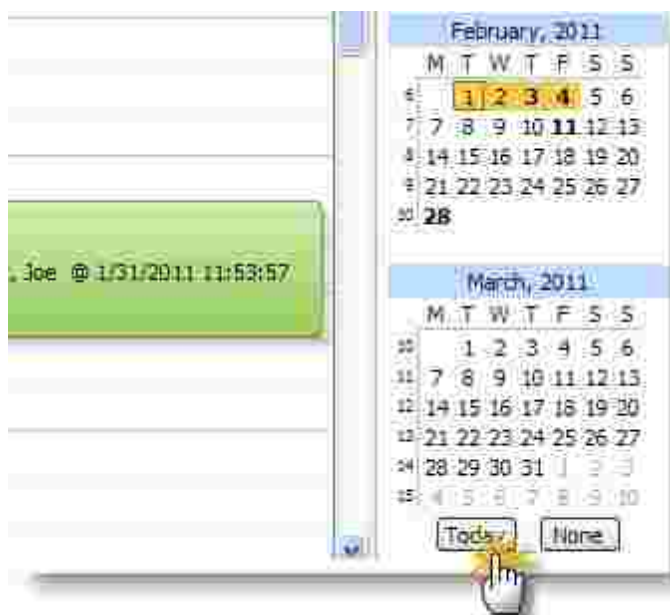
## Jump to Next Appointment Day

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.

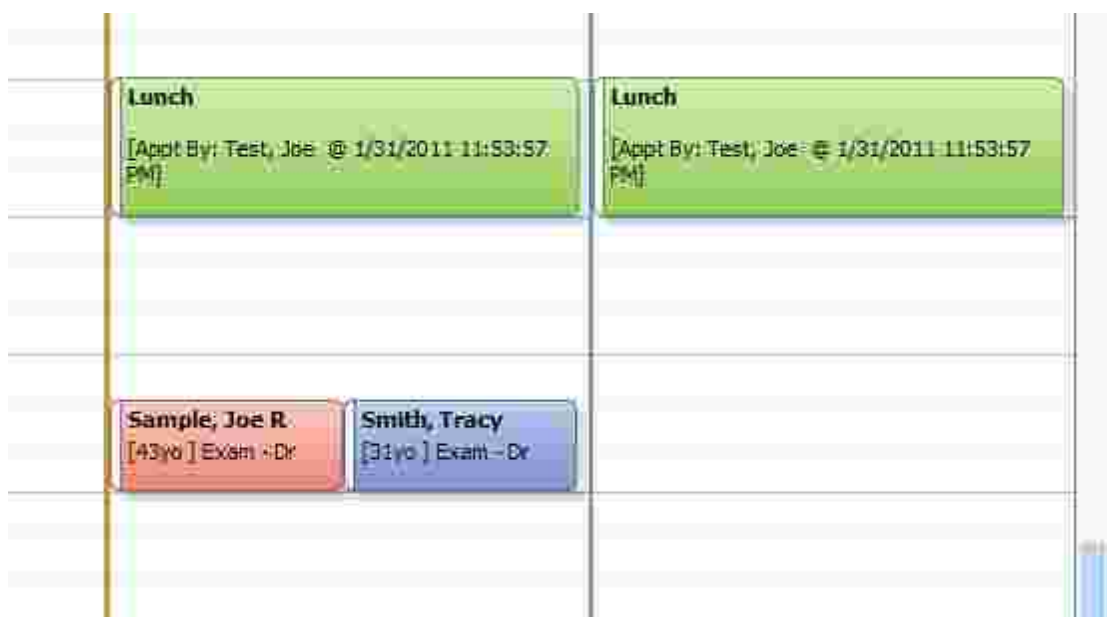


## Using the Calendar with Multiple Providers

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.

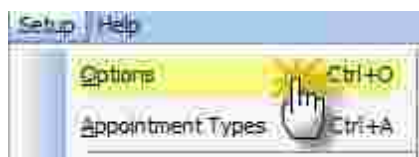
Type	Color Code	Name
2	9	CLE
2	1	Exam - Dr Jones
2	2	Exam - Dr Smith

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.



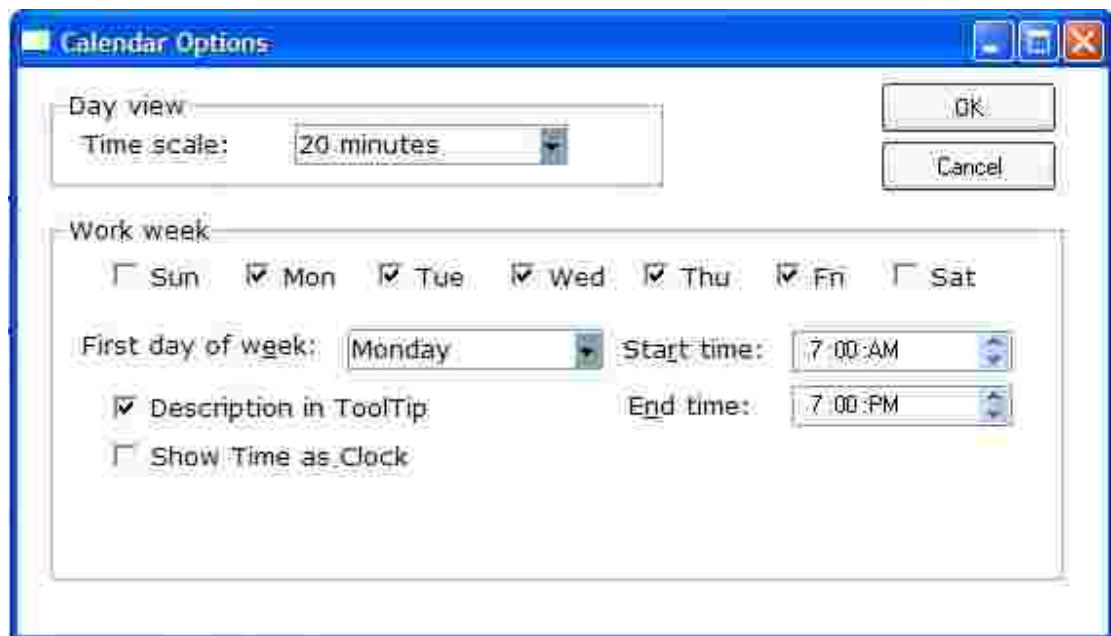
## 9.7 Calendar Options

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.



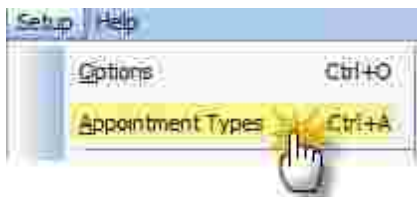
**Work Week** - The days of the week that you are typically open.

**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](#).

## 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).



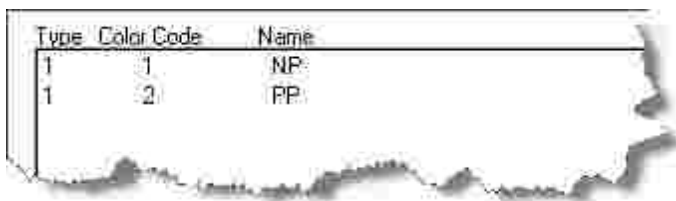
### Modifying/Adding Items

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







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

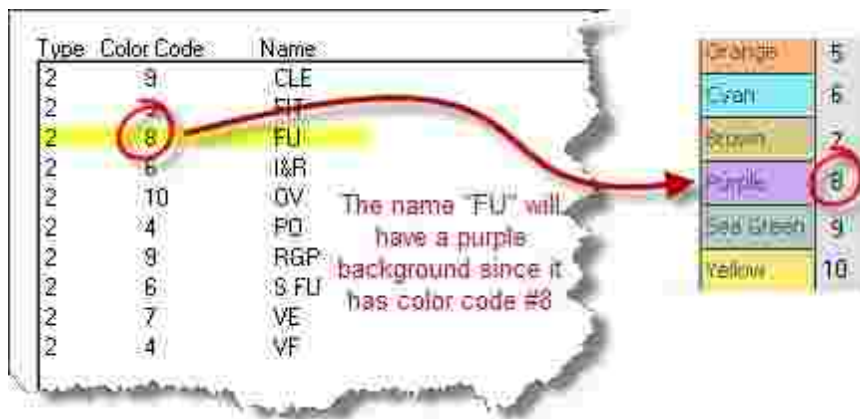
For use when a time period is blocked off because of unavailability (e.g. closed for lunch, doctor half-day, etc).

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#	<input type="text"/>	(must be a number from 0-10; match to color key above)
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## 9.9 QuickFind Tool

Using the QuickFind Tool, you may enter some, or all, of a patient's name to quickly pull up their information. 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 next letter. Just press the Enter Key to quickly start the search.

### 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:







 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												
Smith		Margaret			001001		03/26/2008		AK Medicaid - ACS		03/26/2008		Pedigo, David J												
Smith		Marlene			000264		05/27/2009		Primeria 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:





 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		First Health Services	08/16/2008	Pedigo, David J
	Sheldon	Marie	R	001303			05/25/2009	Pedigo, David J
	Shield	Mary		000353		Regence Blueshield	03/24/2009	Pedigo, David J
	Smith	Margaret		001001		AK Medicaid - ACS	03/26/2009	Pedigo, David J
	Smith	Martene		000284		Premiera Bluecross		Pedigo, David J
	Snell	Marilyn	H	000588		Premiera Bluecross	11/16/2008	Pedigo, David J

Mark 1897

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			12/06/2008	Pedigo, David J
	Londo	Margaret	M	000607		Cigna Healthcare	12/03/2008	Pedigo, David J
	Saccheus	Margaret	L	000043		First Health Services	08/16/2008	Pedigo, David J
	Smith	Margaret		001001		AK Medicaid - ACS	03/26/2009	Pedigo, David J

# Part

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## 10 Billing Module



### How do I ?

- [How do I login or logout?](#)
- [How do I create a new Patient?](#)
- [How do I open an existing Patient?](#)
- [How do I use the QuickFind tool?](#)
- [How do I work with a patient Ledger?](#)
- [How do I create and use a FeeSlip?](#)
- [How do I create an insurance Claim?](#)
- [How do I electronically submit an insurance claim?](#)
- [How do I post payments?](#)
- [How do I modify transactions?](#)
- [How do I create reports?](#)
- [How do I use the Accounts Receivable \(AR\) list?](#)
- [How do I customize the settings for my practice?](#)

## 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** - 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** - 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)** - 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** - 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 in on to the various insurance companies.

**Export Claim** - 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** - 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](http://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](#) 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 Note](#) 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

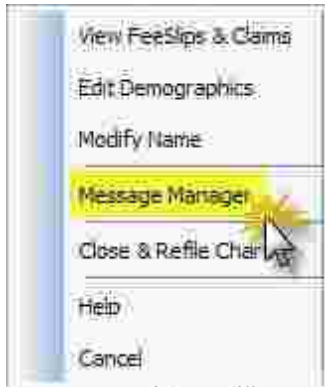
If you double-click into the Last Action column, you will bring up the Action Note screen where you can indicate any billing status notes (for example: "Pending claim due to Medicare cross-over"). Each time you add more information the Action Date will update automatically. Note that if you overwrite 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.

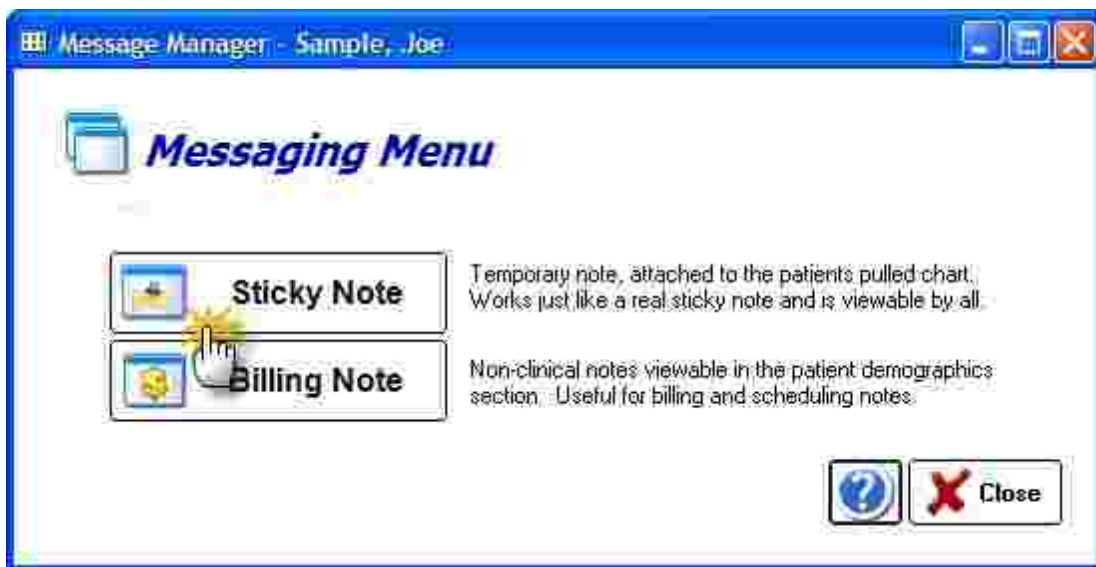


### 10.1.1 Sticky Note

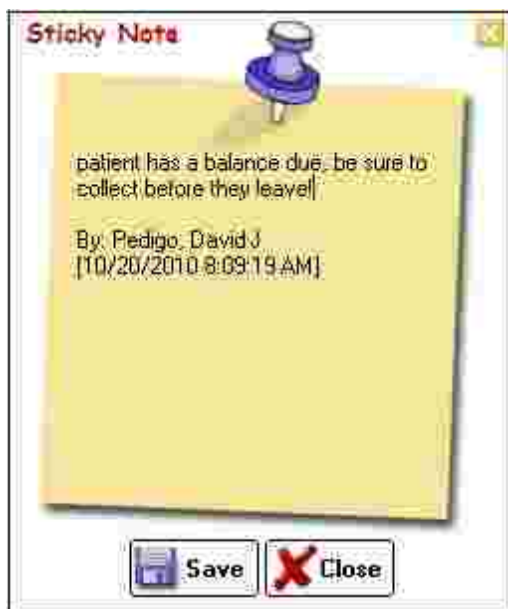
You can add short "Sticky Notes" to a Open Ledger by right-clicking and selecting the Message Manager option.



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:

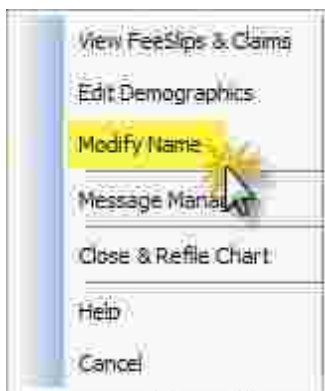
If a patient has a Note icon, simply click ONCE on the patient name to view it. You can also edit or delete the note, or click the View FeeSlips/Claims button to open the [Ledger Screen](#).



### 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.

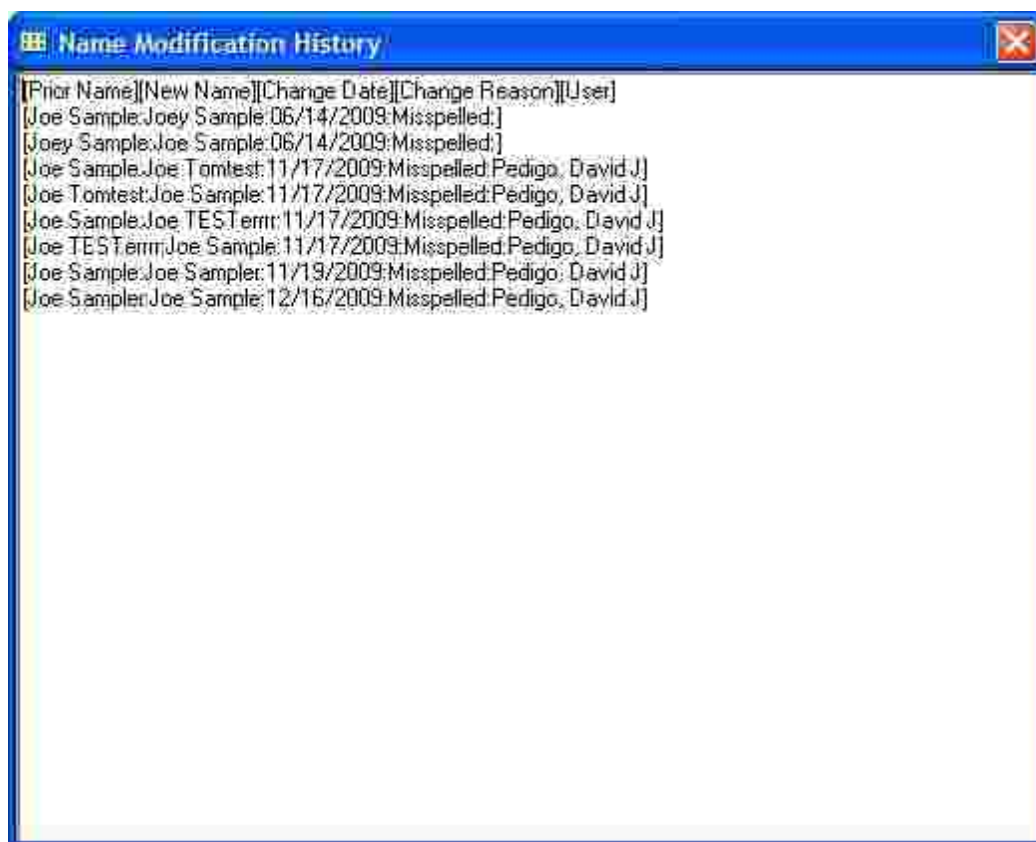
Right-click the patient name in the Open Ledgers view and select Modify Name.



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.

A screenshot of the 'Modify Patient Name' dialog box. The title bar says 'Modify Patient Name'. Inside, there's a warning icon and text: '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 their name listed on previously FINALIZED reports and/or encounters.' Below this, there's a section 'Update Patient Name' with two text boxes: 'New Last Name' (containing 'Sample') and 'New First Name' (containing 'Joe'). Below these is a dropdown menu for 'Reason for name change' (set to 'Misspelled'). At the bottom, there are four buttons: 'Modification History' (with a globe icon), a help button (with a question mark icon), 'Okay' (with a green checkmark icon), and 'Cancel' (with a red X icon).

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



## 10.2 Login Screen

You can log into ezClaimBiller 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?](#)

[How do I log out of the Billing Module?](#)

[How do I log into the Billing Module as an Admin?](#)

### 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 small icon of two people. Below this, there are two input fields: 'UserName' with the value 'idoktor' and 'Password' with masked characters. 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).



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.



### 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.



### 10.2.4 Log in as Admin

Once you have [logged out as a user](#), 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 Features](#) section for more information.

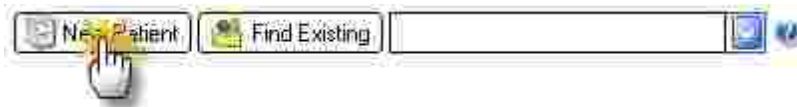


**WARNING:** Be sure to Log Off of the Admin account when you have completed your work.

## 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 'CREATE NEW PATIENT' form. The form is divided into several sections: 'Demographics' (Last Name, First Name, Title, Date of Birth, Address, City, State/Prov, Home Phone, Day Phone, Email, Employer, Occupation, Prior Exam), 'Gender' (Male, Female, No), 'Identification#', 'Provider' (Pedigo, David J), 'Insurance Information' (Ins. Company, Insured Name, Relationship, Insured ID#, Policy Group#, Authorization#, Notes), and 'Additional Insurance Plans'. At the bottom, there are checkboxes for 'HIPAA Notification on file?', 'Bad Address', and 'Inactive'. A mouse cursor is clicking on the 'Save' button in the bottom right corner. Other buttons include 'Print', 'Ledger', 'Close', and a 'Patient - Boy' tab on the right.

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 (selected), 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

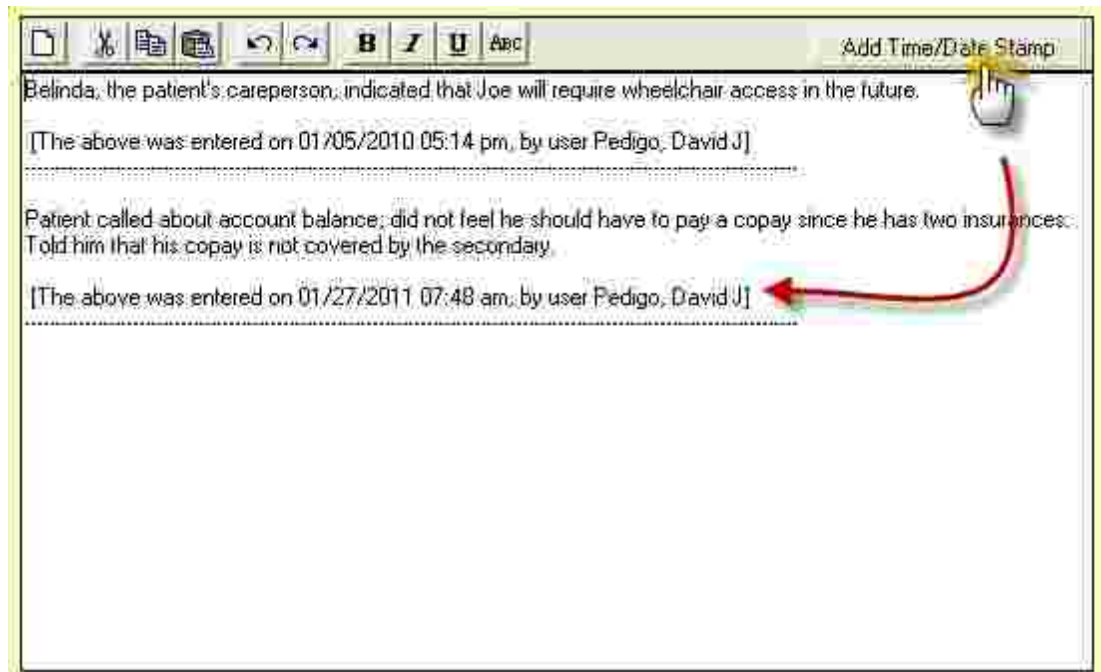
**Notification of Privacy Policy** - checking the HIPAA box on first Demographics screen auto checks these two boxes.



## 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 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 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] [Delete]

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".

**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	Per ID#	DOB	Insurance
Ables	Boyd		000887		Vision Service
Ables	Sharon		000888		Vision Service
Abraham	Debra		002455		
Abraham	Stella Mae		002454		AK Medicaid -
Abraham	Kathryn		000895		First Health Se
Active	Margaret		002530		LKSD - Premier
Adams	Archer	C	002138		
Adams	Bertha	E	000425		Amer Ben/E C
Adams	Bessie		000515		Private Pay Ca
Adams	Charlene		000453		Private Pay Ca
Adams	Dora		000019		Private Pay Ca
Adams	Dorothy		000020		Private Pay Ca
Adams	Frank		001038		
Adams	Gladys	S	000438		Private Pay Ca
Adams	Gloria		001721		AK Medicaid -
Adams	Henrietta		000400		Premiere Bluec
Adams	Jacob		001105		

Patient Relationship to Guarantor:

☒ Self  
☐ Spouse  
☐ Child  
☐ Other

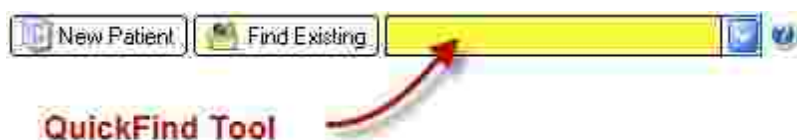
Last Name: [ ]  
 First Name: [ ] Initial: [ ]  
 Title: [ ] Suffix: [ ]  
 Gender: ☐ Male ☐ Female No. [ ]  
 Date of Birth: [ ]/[ ]/[ ] Age: [ ]  
 Address: [ ]  
 Address: [ ]  
 City: [ ]  
 State/ZIP: [ ] [ ]  
 Home Phone: [ ]  
 Employer: [ ]  
 Insurance ID: [ ]

## 10.6 Open Existing Patient

There are two methods to open an existing patient chart:

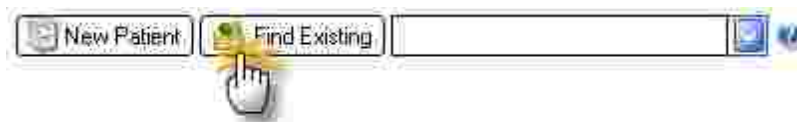
### Method 1 - QuickFind Tool

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**.

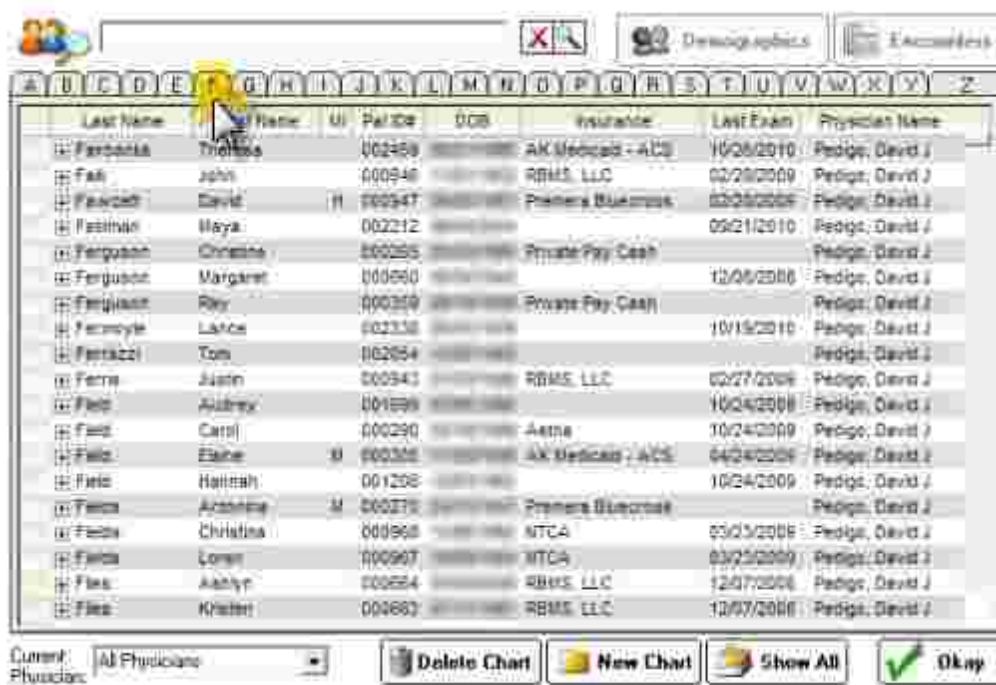


### Method 2 - Patient Listing

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.



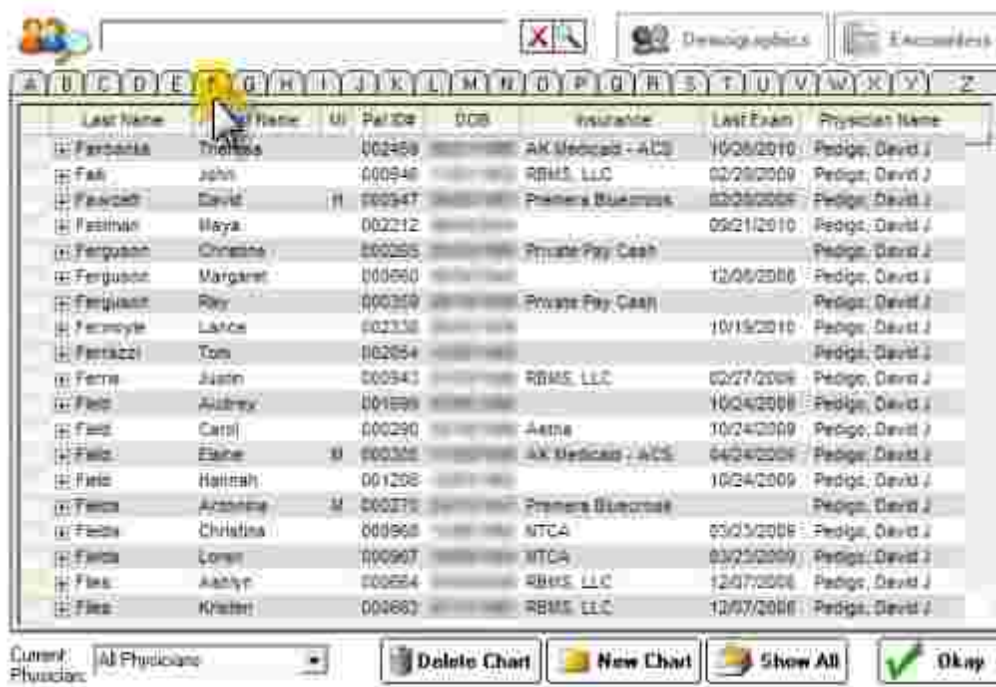
To find a patient, click on the Letter tab at the top and scroll down. You may double-click the patient name to directly open to the Demographics screen. You may also enter the name in the Search Box at the top of the Patient Listing.



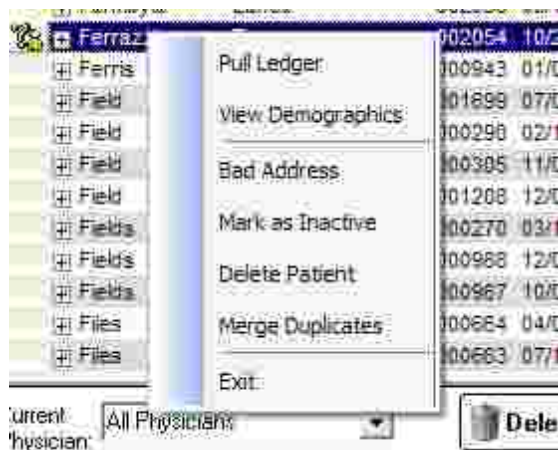
## 10.7 Patient List

The Patient Listing is the main dashboard for working with patient's demographic charts. You enter the Patient Listing by either using the [QuickFind](#) tool or the [Find Existing](#) button.





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**

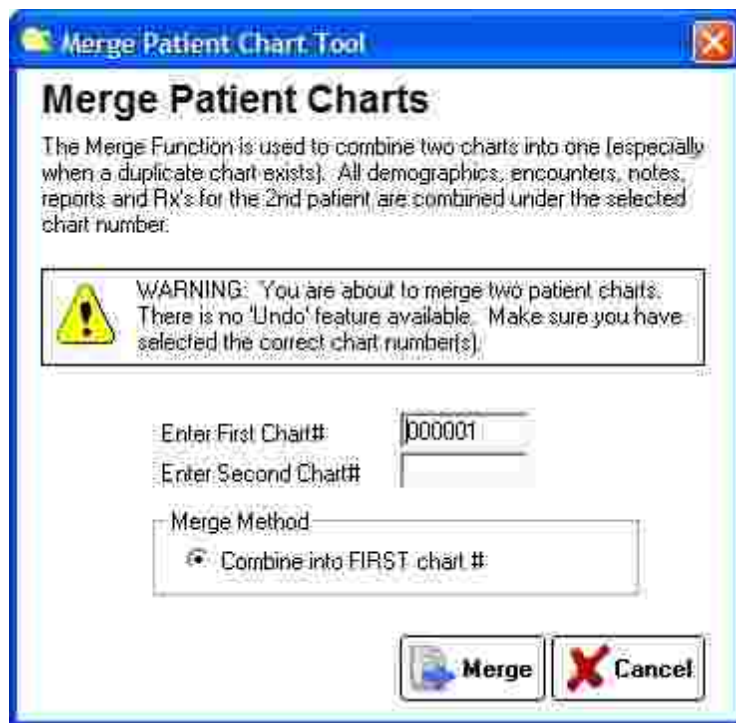
Allows you to mark the patient as "inactive", without having to open the demographics screen.

### **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.

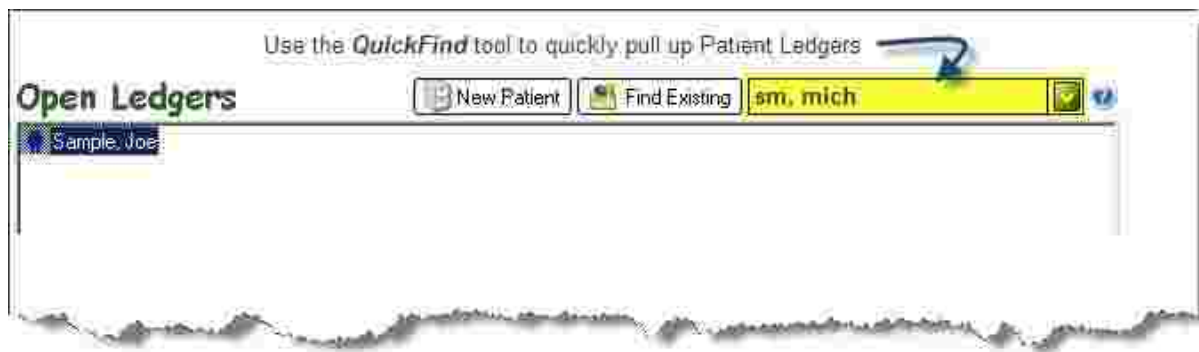


The screenshot shows a window titled "Entire Patient List" with a table of patient data. The table has columns for Patient ID, Last Name, First Name, Sex, DOB, Address, City, State, Zip, and Phone. The data is sorted by Patient ID, and the first few rows are visible. At the bottom of the window, there is a status bar that reads "TOTAL PATIENT COUNT: 2500" and a message "To export this data to a file, click on the 'Export' button." There are also buttons for "Print" and "Close" at the bottom right.

Patient ID	Last Name	First Name	Sex	DOB	Address	City	State	Zip	Phone
1	Sample	Joe	M	11/11/1980	123 Main Street	Anytown	CA	90210	555-1234
2	Sample	John	M	10/10/1980	456 Main Street	Anytown	CA	90210	555-1234
3	Sample	John	M	11/11/1980	789 Main Street	Anytown	CA	90210	555-1234
4	Sample	John	M	12/12/1980	101 Main Street	Anytown	CA	90210	555-1234
5	Sample	John	M	13/13/1980	112 Main Street	Anytown	CA	90210	555-1234
6	Sample	John	M	14/14/1980	123 Main Street	Anytown	CA	90210	555-1234
7	Sample	John	M	15/15/1980	134 Main Street	Anytown	CA	90210	555-1234
8	Sample	John	M	16/16/1980	145 Main Street	Anytown	CA	90210	555-1234
9	Sample	John	M	17/17/1980	156 Main Street	Anytown	CA	90210	555-1234
10	Sample	John	M	18/18/1980	167 Main Street	Anytown	CA	90210	555-1234
11	Sample	John	M	19/19/1980	178 Main Street	Anytown	CA	90210	555-1234
12	Sample	John	M	20/20/1980	189 Main Street	Anytown	CA	90210	555-1234
13	Sample	John	M	21/21/1980	200 Main Street	Anytown	CA	90210	555-1234
14	Sample	John	M	22/22/1980	211 Main Street	Anytown	CA	90210	555-1234
15	Sample	John	M	23/23/1980	222 Main Street	Anytown	CA	90210	555-1234
16	Sample	John	M	24/24/1980	233 Main Street	Anytown	CA	90210	555-1234
17	Sample	John	M	25/25/1980	244 Main Street	Anytown	CA	90210	555-1234
18	Sample	John	M	26/26/1980	255 Main Street	Anytown	CA	90210	555-1234
19	Sample	John	M	27/27/1980	266 Main Street	Anytown	CA	90210	555-1234
20	Sample	John	M	28/28/1980	277 Main Street	Anytown	CA	90210	555-1234
21	Sample	John	M	29/29/1980	288 Main Street	Anytown	CA	90210	555-1234
22	Sample	John	M	30/30/1980	299 Main Street	Anytown	CA	90210	555-1234
23	Sample	John	M	31/31/1980	310 Main Street	Anytown	CA	90210	555-1234
24	Sample	John	M	32/32/1980	321 Main Street	Anytown	CA	90210	555-1234
25	Sample	John	M	33/33/1980	332 Main Street	Anytown	CA	90210	555-1234
26	Sample	John	M	34/34/1980	343 Main Street	Anytown	CA	90210	555-1234
27	Sample	John	M	35/35/1980	354 Main Street	Anytown	CA	90210	555-1234
28	Sample	John	M	36/36/1980	365 Main Street	Anytown	CA	90210	555-1234
29	Sample	John	M	37/37/1980	376 Main Street	Anytown	CA	90210	555-1234
30	Sample	John	M	38/38/1980	387 Main Street	Anytown	CA	90210	555-1234

## 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.



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	03/26/2008	AK Medicaid - ACS	03/26/2008	Pedigo, David J
Smith	Marlene		000264		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:

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 the first name Margaret.

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	03/26/2008	AK Medicaid - ACS	03/26/2008	Pedigo, David J
Smith	Marlene		000264		Premiera Bluecross		Pedigo, David J
Snell	Marilyn	H	000588	11/16/2008	Premiera Bluecross	11/16/2008	Pedigo, David J

Typing:

Would find the following:

The screenshot shows a search interface with a search bar containing 'f,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 the first name Margaret.

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	03/26/2008	AK Medicaid - ACS	03/26/2008	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) [FeeSlips](#) and (2) [Insurance Claims](#). 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**  
 Char#: **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 [FeeSlip](#) 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 Transactions](#) button), if necessary.

## Functions available by right-clicking in Ledger Screen:





### **Void FeeSlip**

Allows you to "Void" the FeeSlip (used when you cannot delete the FeeSlip because it has associated transactions).

### **Delete FeeSlip**

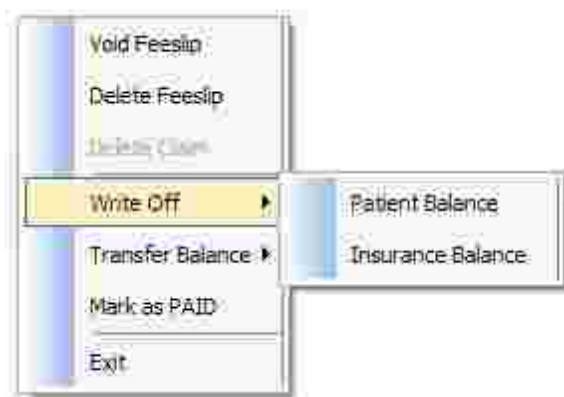
Allows you to delete the patient FeeSlip. Note this can only be done on FeeSlips with no associated transactions (e.g. payments or open claims).

### **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

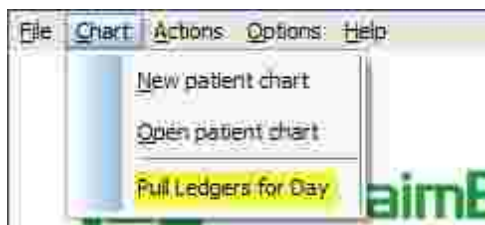
If a FeeSlip still shows as unpaid (for example, in the AR List) when there is no actual balance left, you can "Mark as Paid" to update the system. Note this is NOT a method to indicate the patient has paid; to do that you need to open the FeeSlip and use the [Patient Payments](#) button. Or, for insurance payments, use the [Post Payments](#) 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.

**Fee Slip**

Patient: Joe Sample  
 Patient ID: 000001  
 Tax ID: 000042

Select a Template: [Template: Careful Billing] [Printer: (Blank)] [Billing Date: 1/15/2013] [Slip Date: 1/15/2013]

CODE	DESCRIPTION	INPATIENT FLAG	ST	DISC FEE	DISC	DISC REASON	TOT	PAID	PAY	STATUS
10000	Office Visit			100.00	0.00		100.00	0.00	100.00	OK
10000	Office Visit			100.00	0.00		100.00	0.00	100.00	OK
10000	Office Visit			100.00	0.00		100.00	0.00	100.00	OK

Buttons: Apply Payment, Transactions, Print Preview, Claim Form

Summary:

PAID	UNPAID	TAX	PAID TO DATE	UNPAID TO DATE	TOTAL	PAID	UNPAID
0.00	300.00	0.00	0.00	300.00	0.00	300.00	
0.00	300.00	0.00	0.00	300.00	0.00	300.00	
0.00	300.00	0.00	0.00	300.00	0.00	300.00	

Buttons: Save, Close



## How do I ?

- [How do I select the service date?](#)
- [How do I enter fee/product data on a line?](#)
- [How do I use the templates?](#)
- [How do I use the summary & totals?](#)
- [How do I apply a patient payment?](#)
- [How do I view or edit transactions?](#)
- [How do I create a printed statement?](#)
- [How do I create or edit an insurance claim form?](#)
- [How do I edit a FeeSlip that has been paid?](#)
- [How do I delete a FeeSlip?](#)

### 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	UAC 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](#).

**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 Details](#) 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 Summary - Line# 1

CODE	DESCRIPTION
92004	Comprehensive Exam, New

DIAGNOSIS	INSURANCE PLAN
367.1	Cigna Healthcare

QTY	UAC 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

Buttons: ? 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	<b>92004</b>
Secondary	<b>92015</b>
Tertiary	
Fourth	
Fifth	

Diagnosis Codes:

Primary	<b>367.1</b>
Secondary	<b>367.21</b>
Tertiary	
Fourth	
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 a software window titled 'QuickPayment'. At the top, there are buttons for 'Mark Paid in Full', 'Date: Today's Date', and 'Exam Date: 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 a value of '70.00', 'Paid Amount' with a value of '0.00', and 'Remaining Balance' with a value of '70.00'. To the right of this table is a dropdown menu labeled 'Select Credit Card Type' and a text field labeled 'Ref:'. At the bottom right, there are two buttons: 'Accept' and 'Cancel'.

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.

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 Screen](#).



### 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](#) 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](#). 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?](#)

[How do I create/edit a Claim?](#)

[How do I print a Claim?](#)

[How do I export a Claim?](#)

### 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:

Process Insurance Payment

## Open Insurance Claim Form

Type of Claim to Open: OPEN PRIOR - 5/18/2010 AK Medicaid - ACS FeeSlip

Primary Insurance: AK Medicaid - ACS

Secondary Insurance: [NONE SELECTED]

Claim Date: 5/18/2010 Provider: Pedigo, David J

Recorded Date: 5/19/2010 By: Pedigo, David

Claim Format: ☒ New CMS-1500 08/05 ☐ Old HCFA-1500 (pre-2007)

Add New Insurance Claim Setup ? Okay Close

The Default Claim Setup screen will display:

**FreeSlip & Insurance Claim Setup**

## Insurance Claim Defaults

**Box 1:** Insurance Type: Other

**Box 6:** Patient Relationship to Insured: Self

**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 27:** Accept Assignment  
Accept Assignment? ☒ 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

**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

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".

☐ MEDICARE  
☐ MEDICAID  
☐ TRICARE  
☐ CHAMPUS  
☐ CHAMPVA  
☐ CHAMP  
☐ HEALTH PLAN  
☐ MEDICAID  
☒ OTHER

### 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).

### 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.

### 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.

### Box 27 - Accept Assignment

The usual default is Yes unless you have specific reasons for not accepting payments from the insurance plans.

### 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.

### 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	
1093799999	

### Box 33 - Billing Provider Information

Your billing location and contact information. And the Billing Location NPI.

33 - BILLING PROVIDER INFO & TYPE (425) 6451333	
Ima K Doktor OD PS 222 West Main St Seattle WA 98200	
1093799999	

### 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.



**Process Insurance Payment**

**Open Insurance Claim Form**

Type of Claim to Open: OPEN PRIOR - 5/18/2010 AK Medicaid - ACS FeeSlip

Primary Insurance: All Medicaid - ACS

Secondary Insurance: [NONE SELECTED]

Claim Date: 5/18/2010 Provider: Pedigo, David J

Recorded Date: 5/19/2010 By: Pedigo, David

Claim Format: ☒ New CMS-1500 08/05 ☐ Old HCFA-1500 (pre-2007)

Buttons: Add New Insurance, Claim Setup, ? (Help), ✓ Okay, ✗ Close

### Add New Insurance

You can also add New Insurances with the Settings menu at top of the ezClaimBiller screen ( [Insurance Plan List](#) ).

### Claim Setup

The [Claim Setup](#) button allows claim defaults and customization to be specified.

### Open Claim

Clicking Okay will take you to the onscreen [Insurance Claim](#).

## 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 (Provide ICD-9 or ICD-10 code for every line)

1. 367.1

2. 366.2

24. A. DATE OF SERVICE						B. D. D. PROCEDURE, SERVICE, OR SUPPLY		E. DIAGNOSIS POINTER	
MM	DD	YY	MM	DD	YY	ICD-9	ICD-10	ICD-9	ICD-10
01	13	11	01	13	11	11	92004	E1	E2
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:

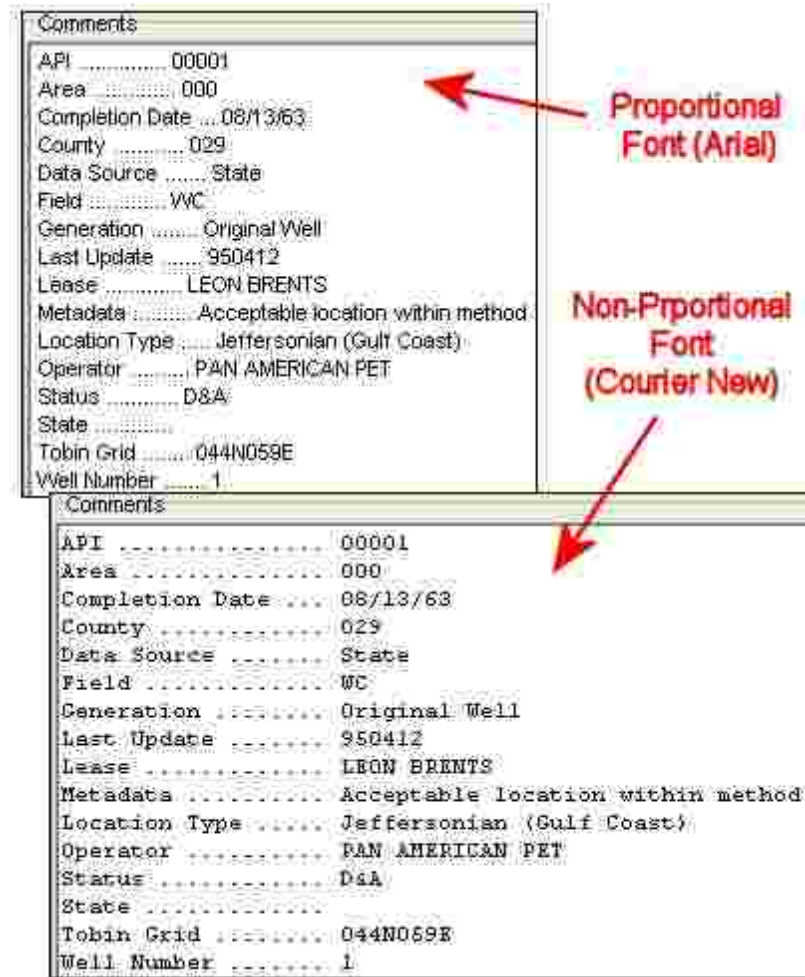
#### Wrong Font

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:

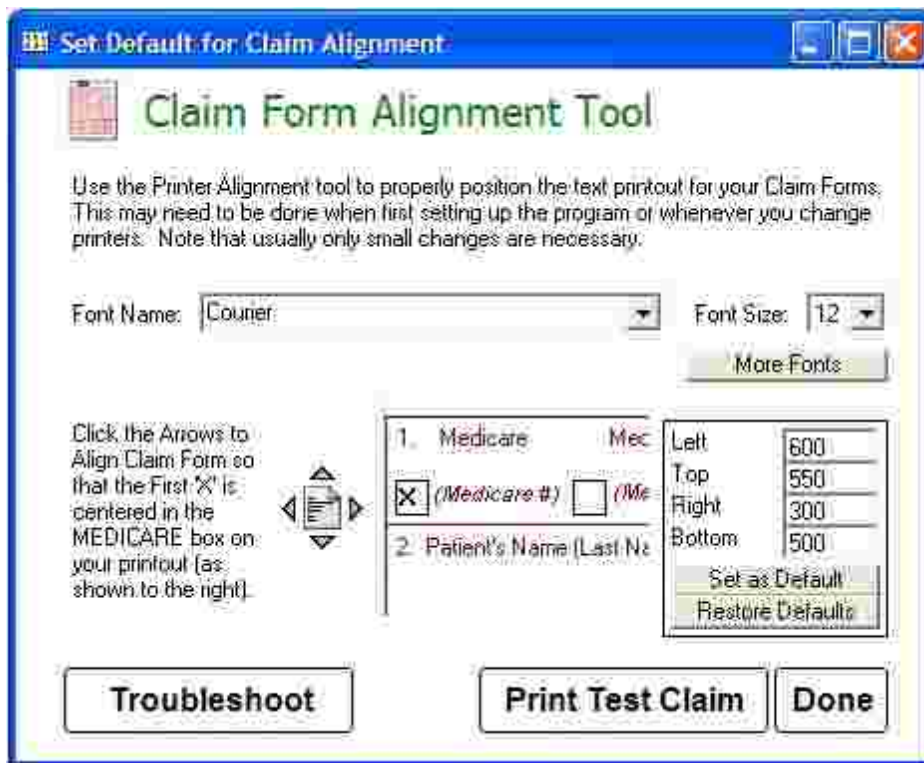
Andale Monospace  
 Arial Monospace  
 Courier  
 Letter Gothic  
 Liberation Mono  
 Lucida Console  
 OCR-A  
 OCR-B  
 MICR  
 Typewriter  
 Typewriter Elite  
 Typewriter Gothic

(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.



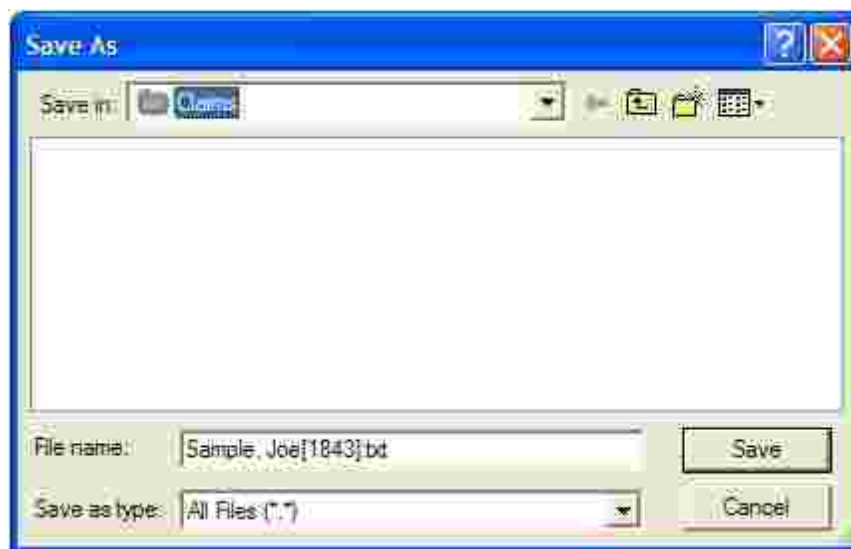
### 10.11.4 Exporting Claims

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.



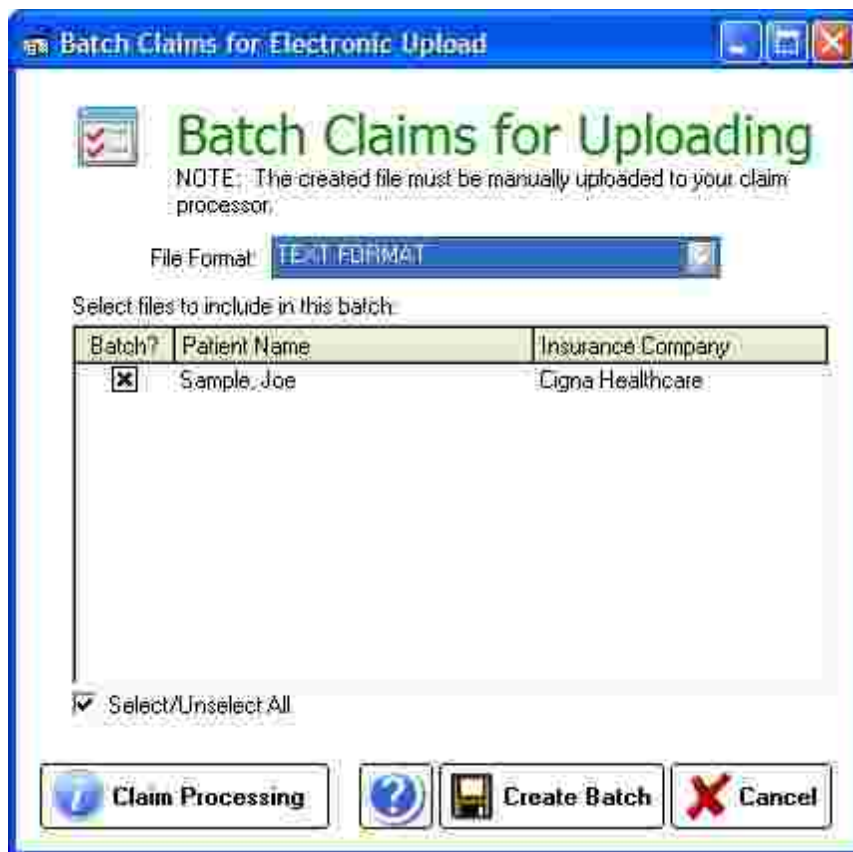
You will be asked where to save the file. The default (and recommended) location is the Claims folder located in the ezHW\_Data folder. Typically this will be C:\ezHW\_Data\Claims\ but the actual location may vary depending on where your database is located on the network.



(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.



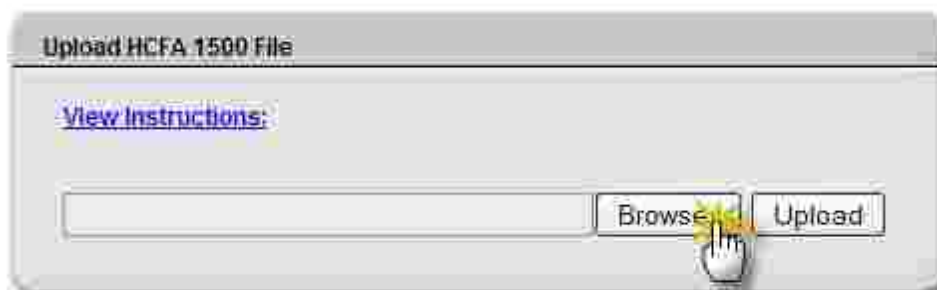
The claims are then combined into one large batch file that can be uploaded to the clearinghouse of your choice (there are many free ones; we recommend [www.OfficeAlly.com](http://www.OfficeAlly.com)). You must select where to save the batch file (the default location is in a folder called Batch, located in the same place as your Claim folder). You must remember this location as you will need it in Step 3.



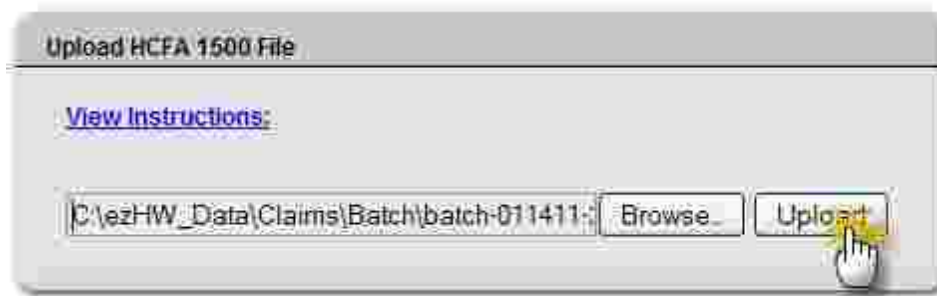
(3) Open your web browser and navigate to the clearinghouse site (e.g. [www.officeally.com](http://www.officeally.com)). Login as usual and you will see the main. Every clearinghouse is different, but using OfficeAlly as an example, here is how to upload the batch file:



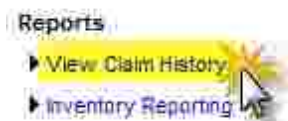
Click the Browse button to locate the batch file on your computer (most likely at C:\ezHW\_Data\Claims\Batch, but it could be in a different location if you are using a networked computer). It will be at the location you saved at in Step 2 above.



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.



## 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](http://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?](#)

[How do I post patient payments?](#)

### 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.

Once you click Okay, the "Virtual Check" page appears showing a list of patients that have payments pending for the insurance company you selected.

**Insurance Payment**

**AX Medicaid - ACS**  
Seattle, WA  
206 444 2222

03/14/2011

David J. Fudge, DO PS

One Thousand Dollars and No Cents

1000.00

11111

	Patient Name	DOB	OFF	UIC	Expected	Paid Full	Actual	Std	Auto-Def	To-Paid	To-Def
+	Abraham, Stella Mae	10/27/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Agan, Aaron	09/19/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Agan, Isabella	09/19/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Agan, Kaita	10/19/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Agan, Brittany	10/25/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	<b>Agnes, Nora</b>	<b>10/26/2010</b>			<b>100.00</b>	<input checked="" type="checkbox"/>	<b>105.00</b>	<b>15.00</b>			
+	Agnes, Nora	10/26/2010	NONE	125.00	125.00	<input checked="" type="checkbox"/>	125.00	0.00			
+	Agnes, Nora	10/26/2010	NONE	95.00	95.00	<input checked="" type="checkbox"/>	45.00	15.00	<input checked="" type="checkbox"/>		
+	Agnes, Rosemary	10/26/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Albert, Lawrence	11/05/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Alper, Nick	10/27/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Alper, Eric	10/28/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Allen, Brandon	09/20/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Allen, Matthew	09/16/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Angela, Danielle	10/26/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Anna, Kaitlin	10/20/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Andrew, Timothy	08/20/2010			100.00	<input type="checkbox"/>	0.00	100.00			
+	Angela, Elisha	07/17/2010			100.00	<input type="checkbox"/>	0.00	100.00			

CURRENT UNPAID AMOUNT: 835.00

OK Cancel

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 patient's FeeSlip and edit the [Transactions List](#).



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	Fee Slip Charges	380.68	380.68	Fee Slip# 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				

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](#) button on the [Fee Slip](#). In order for this to work, you MUST have entered the secondary insurance in the [Patient Demographics](#) screen. Once the balance is transferred to the other insurance, you will need to create a new insurance claim. Open the Fee Slip, 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:** OPEN PRIOR - 1/13/2011 Cigna Healthcare FeeSlipID#1
- Primary Insurance:** ☒ NEW CLAIM
- Secondary Insurance:** OPEN PRIOR - 1/13/2011 Cigna Healthcare FeeSlipID#2
- Claim Date:** OPEN PRIOR - 1/13/2011 Cigna Healthcare FeeSlipID#2
- Recorded Date:** 1/13/2011
- By:** Fedina, David
- Claim Format:** ☒ New CMS-1500 08/05 ☐ Old HCFA-1500 (pre-2007)

At the bottom of the window are five buttons: "Add New Insurance", "Claim Setup", a help icon (?), an "Okay" button with a green checkmark, and a "Close" button 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 Payments](#).

## 10.13 Creating Reports

The Reports module is very basic. Currently there are five report types:

[Accounts Receivable Report](#)  
[Daily Production Report](#)  
[Patient Payments Report](#)  
[Revenue By Patient Report](#)  
[Summary of Revenue Report](#)  
[Sales By Product Code & Tax Collected](#)

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**

**Help** **Close**

### 10.13.1 Accounts Receivable Report

The AR Report is a printed version of the [AR List](#) 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

### 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

### 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

### 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

### 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

## 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

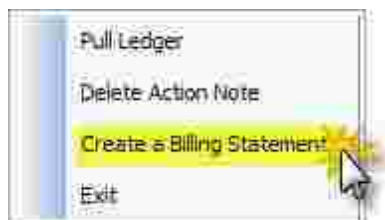
days. Having the Accounts Receivable front-and-center forces everyone in the practice to keep an eye on cash flow.

### 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:

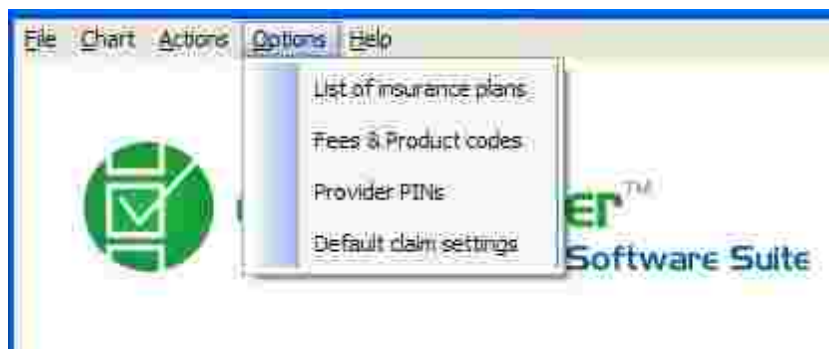
- You can sort each of the columns by click the top heading (e.g. you can sort by Patient Name or Insurance)
- You can add Action Notes to the AR list so that the status of each unpaid item can be assessed in a glance
- Double-clicking a patient name will open the corresponding [FeeSlip](#)
- Right-clicking a patient will show a menu of options, including "pulling" the chart up to the [Open Ledgers](#) screen, deleting existing [Action Note](#) and [Creating a Billing Statement](#).



See the [Main Screen](#) description for additional details.

## 10.15 Options & Settings





## How do I ?

[Add/edit Insurance Plans?](#)

[Add/edit CPT codes/Fees/Products?](#)

[Enter Provider PINs?](#) NOTE: Obsolete; not required since NPI's introduced.

[Set Default Claim Settings?](#)

### 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  
Advantica Freedom  
**Aetna**  
Aetna Discount  
Aetna/US Healthcare  
AK Medicaid - ACS  
Alaska Laborers H&S Fund  
AmerBen/IEC Group  
APLA Health Dept  
ARM, Ltd Northwest  
AYMA 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  
CDD  
Coldwell Banker Bain Associates

Company Name: Aetna  
Address: PO Box 14072  
City: Lemington  
State: IL Zipcode: 60512-4072  
Telephone:  
Fax Number:  
Payer ID: 60094  
Insurance Notes:

New Edit Delete Save Client ? 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 change. *Need to add a new item?*

**Current Products & Services**

CPT/Code	Product Description	Fee	Taxable?	Tax Percent	Favcode?
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"/>
88261	Punctal Occlusion	\$97.00	<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	\$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 (form)  %

Product Description  ☐ Favcode?

### 10.15.3 Provider Insurance ID's

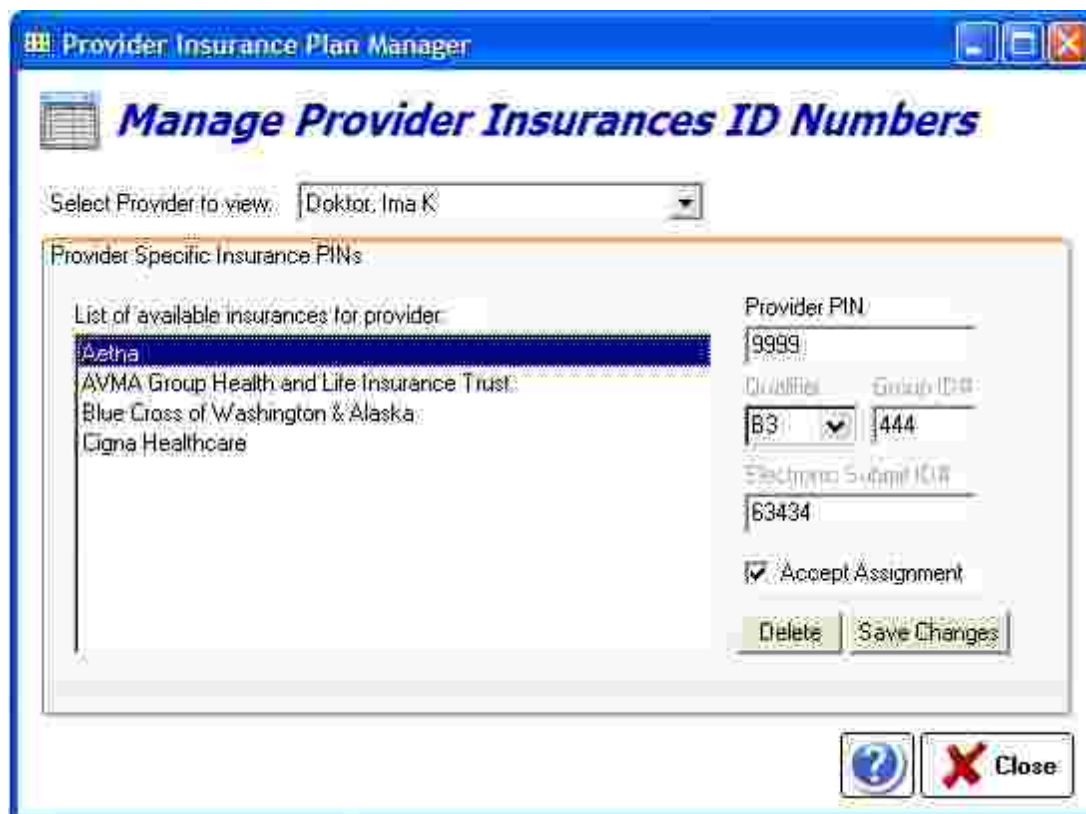
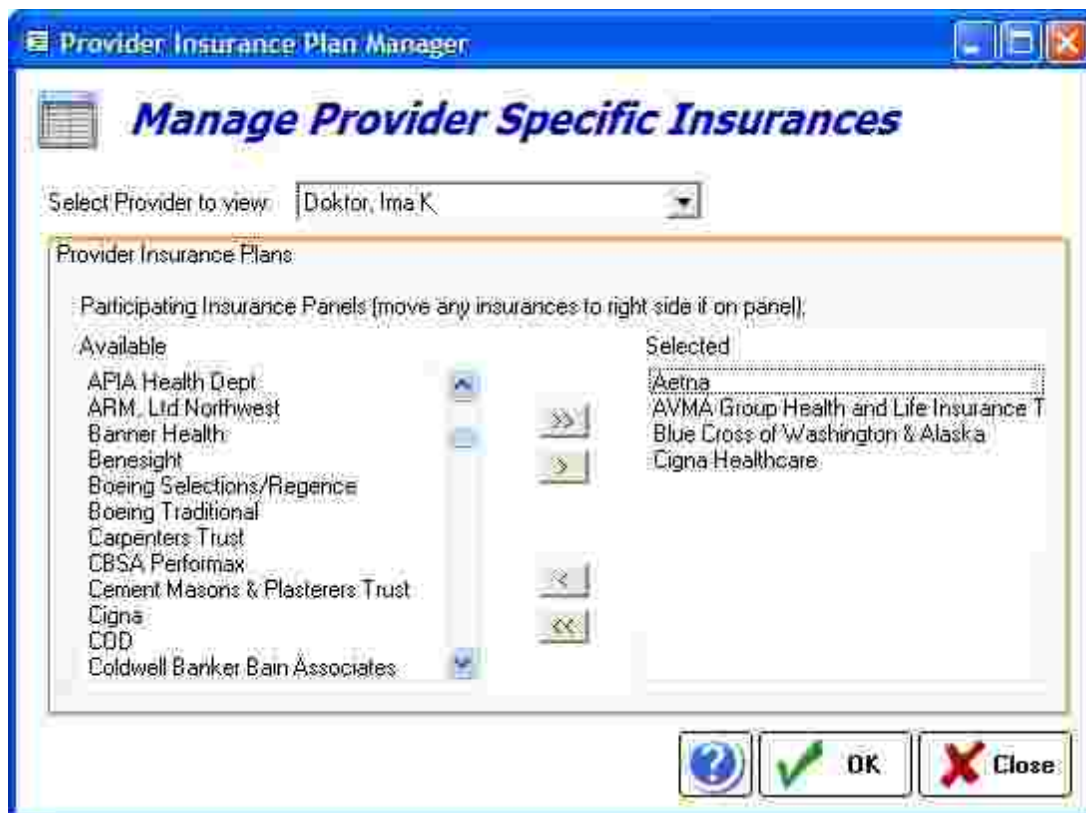
The Provider Insurance ID's are no longer used in most cases as they are replaced by the NPI. If for some reason you have to enter a special provider ID number for a specific insurance plan, you can do it with this tool.

**Provider PINs**

*Manage Provider Insurances*

Select Provider to view:

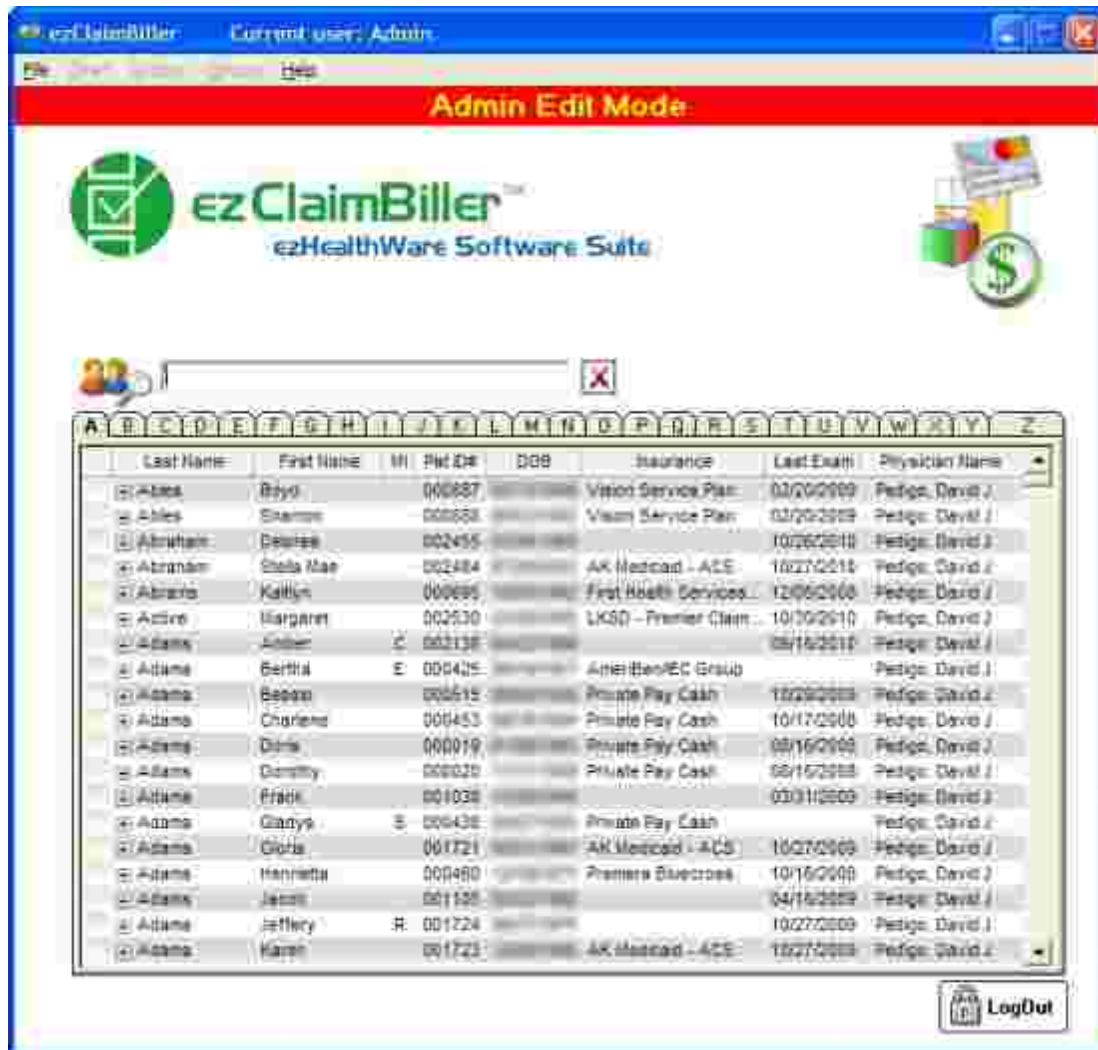
Select an action to perform:



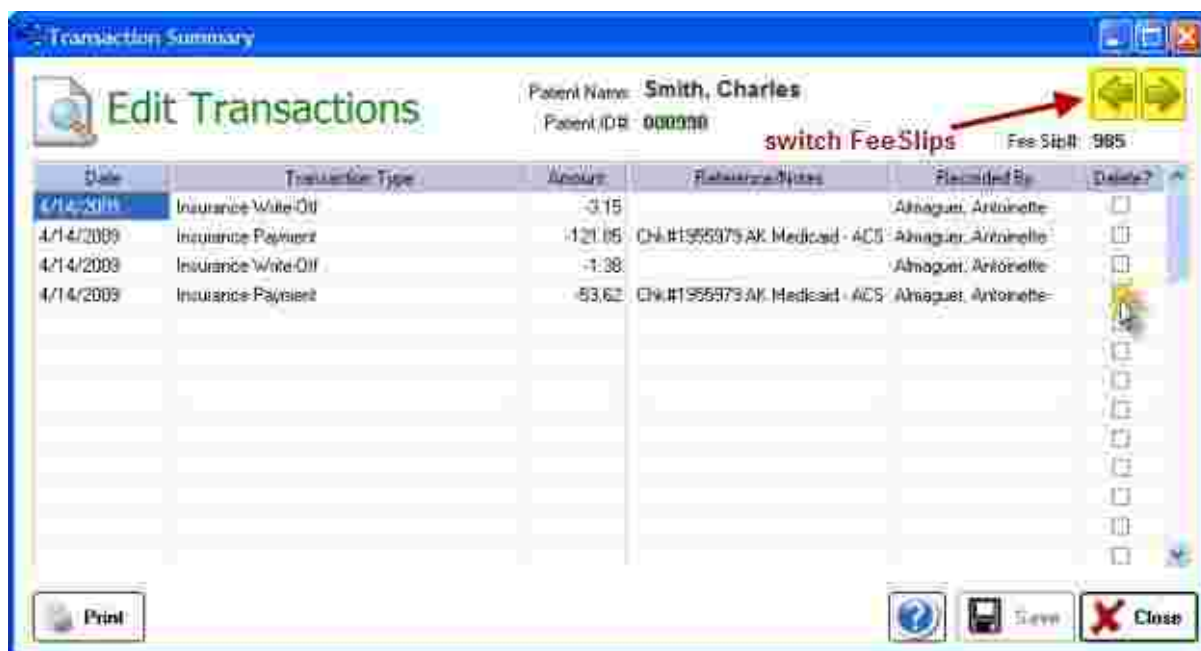
## 10.16 Admin Features

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 Transactions](#) for the options available.

**Part**

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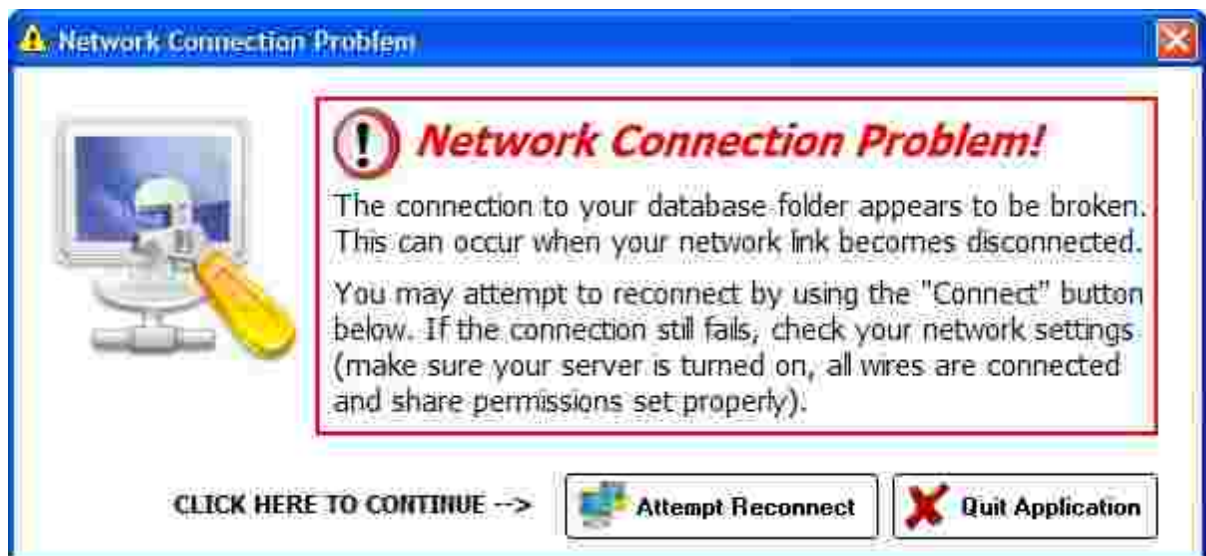
**XI**

## 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.

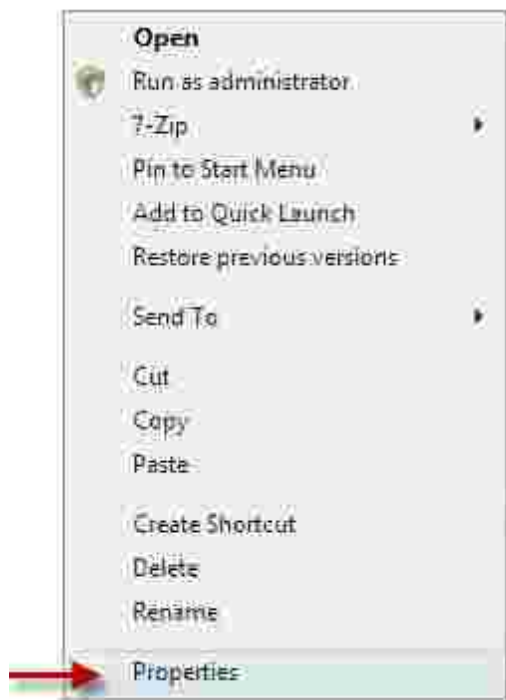
### Steps to Increase Virtual Memory

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

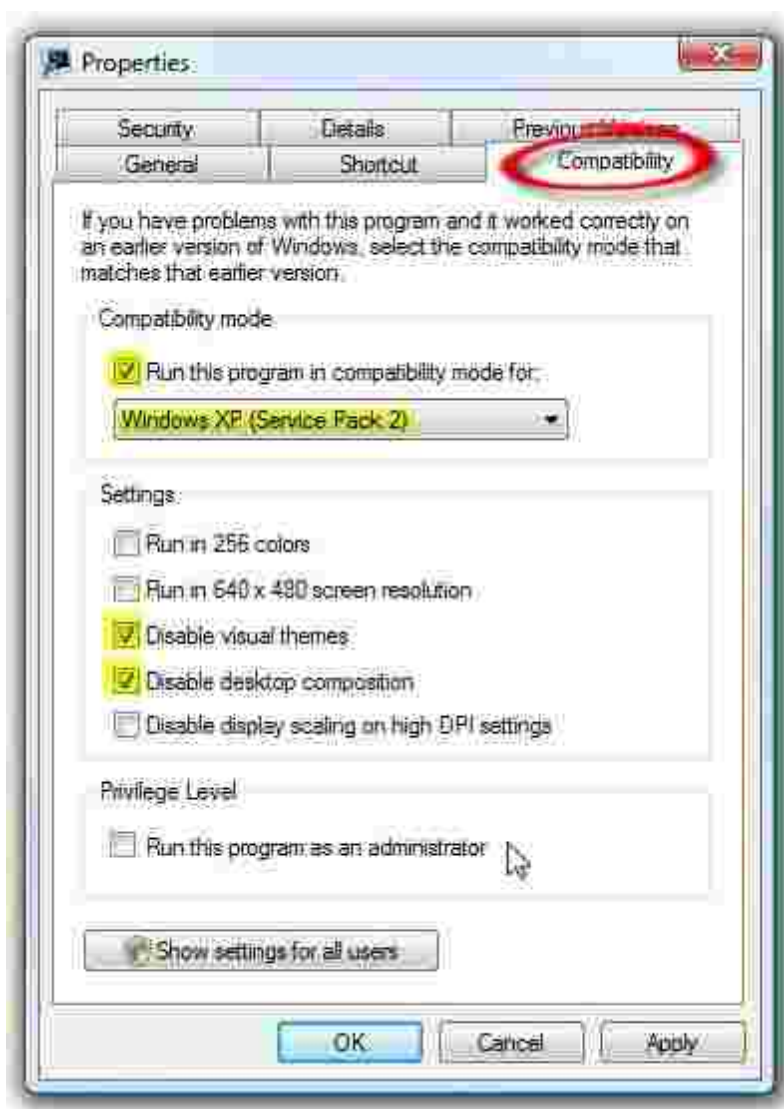
We recommend Windows 7 Professional or WinXP for all our software products. Win7 can be either 32 or 64 bit systems. In many instances our software runs perfectly in Windows Vista. But in some situations, there may be minor, or even major, malfunctions. This is especially true for the Database Upgrade 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.

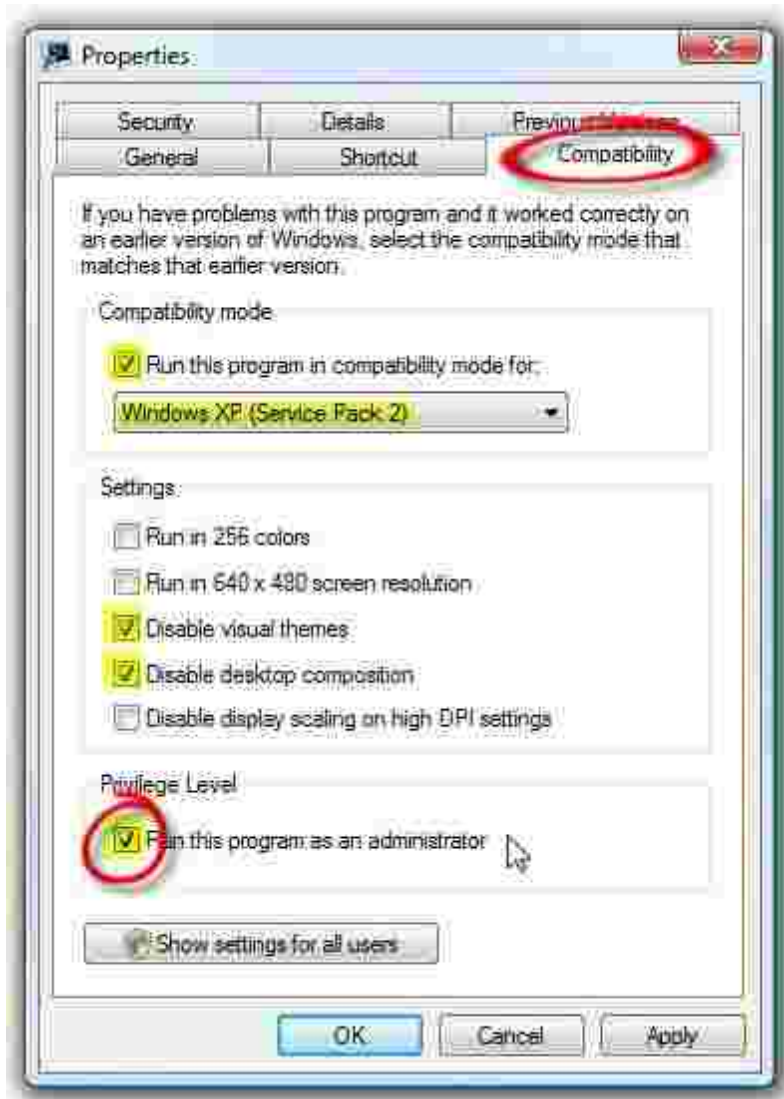
NOTE: If this does not work and problems remain, try running the Program Compatibility Wizard by clicking the Start button, clicking Control Panel > Programs > Programs and Features > Use an older program with this version of Windows

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**

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**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](http://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](http://www.iccomplish.com/vista.htm)

### **Sales - Pre Purchase**

- [Hardware/System Requirements](#)
- [Pricing & Annual Fees](#)
- [Support Availability](#)
- [Ordering, Downloading & Installing](#)
- [Medicare Compliance & CCHIT Certification](#)
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### **Sales - Post Purchase**

- [Licensing Issues](#)
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### **Install Problems/Troubleshooting**

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- [HIPAA Requirements](#)
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## [Errors & Crashes](#)

## [Getting Help](#)

## [Uninstalling Software](#)

## [Ideas and Future Plans](#)

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## 12.1 Sales - Pre Purchase

- [Hardware/System Requirements](#)
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### 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](http://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](http://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](http://www.ezChartWriter.com).

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**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](http://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](mailto: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

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**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](mailto:info@ezChartWriter.com) to request doctors in your area.

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**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](http://www.ezChartWriter.com/buy_now.php)

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**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).

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**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](mailto: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](http://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](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](http://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](http://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_setup.exe)

[http://www.ezChartWriter.com/downloads/ezChartWriter\\_update.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](mailto: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](http://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](mailto:info@ezChartWriter.com) so

we can gauge the level of interest.

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**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](#)
- [Lost Passwords](#)
- [Removing Demo Patients](#)

### 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](mailto:info@ezChartWriter.com)) or request a fax confirmation (send us your fax number and clinic telephone number that you licensed).*

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**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.

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**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](mailto: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](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

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**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](#)
- [Working with Encounters](#)
- [Customization](#)
- [Reports & Rx's](#)
- [Backup Utilities](#)
- [Billing Module](#)
- [Appointment Scheduler](#)
- [Recall Manager](#)
- [Data Exchange](#)

### 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.

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**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](http://www.OfficeAlly.com) as an example).

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## 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.

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**Q:** Is there are drawing capability?

**A:** Yes, it's part of the Exam Tool.

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**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.

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**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.

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**Q:** Can the chart be resized?

**A:** In most cases yes. Simply double-click the title bar.

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**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".

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**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

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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](http://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)

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**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.

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**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 CDROM 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](mailto: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](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](http://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.

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**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](http://www.OfficeAlly.com), but any that can read text files/print images should work)

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**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](http://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](http://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.

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**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](http://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**



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