



Topic: Generating Simplified Statements
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There are two different types of “simple” statements you can generate:

- Y “All Payor Summary” type of period statement
- Y “Open Item” alternate statement

All Payor Summary Statement

Start from **Bills/Claims > Create Period Statements**, then click the **Create & Output New Batch** button. The batch options window used to create statements includes an option for *Statement Type*. Your selection here determines the content of the details lines on the statements. The first option, *All Payor Summary*, produces greatly simplified content without splits or details of balance transfers.

A screenshot of the 'Create Patient Statements File' dialog box. The 'Date for Report Heading' is set to 1/05/2001. The 'Date' is set to Custom Date, with 'From' 12/01/2000 and 'Through' 1/05/2001. Under 'OPTIONS', the 'Type of Statement' section has three radio buttons: 'All Payor Summary' (selected and circled in red), 'All Payor Details', and 'Payor Specific Details'. There are several checkboxes for printing options, such as 'Include Aging on statement' and 'Print Provider on detail line'. The 'Supplier for Statement Header' is set to 'Pines Psychological Associates' with ID '107'. The 'SELECTIONS' section includes 'Patient's Primary Provider' set to '???' and 'Patient Category' set to 'ALL PATIENT CATEGORIES'. The 'ALPHABETIC RANGE' section has 'Start with payor' set to 'First Payor' and 'Finish with payor' set to 'Last Payor'. On the right side, there are two green buttons: 'Last Aging 01/05/2001' and 'Last Finance Charge Calc 01/05/2001', each with an 'Info' button below it. At the bottom right, there are 'Billing Setup', 'Cancel', and 'Continue' buttons.

This option prints the entire balance (all payors combined) in the "Pay this Amount" box. Those who prefer to bill the patient for the entire amount can now do so regardless of how much they split to insurance.

The result is a statement without splits, transfers or any related complications: one line for each new charge and one line for each new credit. The total balance at the bottom reflect the entire account, so be sure to set the option to Print "Amount due from Ins" if you want to include a breakdown of pending insurance payments and just the patient (non-insurance) portion in the “Pay

this Amount” box on the statement.

Open Item Statement

The Open Item Statement is a completely different approach to statements. Instead of printing all the charges and credits for a specified period, this statement prints only charge items, regardless of the date, with information about how much is still expected from insurance and how much is still due from the patient or other non-insurance payors. Here is a sample of the output:

Date	Description	Charge	Amount Ins Paid	Amount You Paid	Amount Adjusted	Expected From Ins	Amount You Owe
11/15/01	INITIAL/EVALUATION	110.00	60.00	10.00	35.00	0.00	5.00
12/20/01	INDIVIDUAL PSYCHOTHERAPY	100.00	45.00	0.00	40.00	0.00	15.00
01/17/02	RETURNED CHECK CHARGE	25.00	0.00	0.00	0.00	0.00	25.00
01/31/02	Finance Charge	0.30	0.00	0.00	0.00	0.00	0.30

This statement is quite easy to understand and has become very popular with SOS users since its introduction.

To print Open Item statements, select **Bills/Claims > Create Alternate Statements**, then highlight “Open Item Statement By Patient with Aging” and click **Select**.

Below are some facts that will help you better understand how accounts are selected for printing and what is included and excluded in the output of the Open Item Statement.

- Accounts will generate statements only if a primary provider is specified on the Patient form. The "letterhead" information on the statement is drawn from the Supplier form, which is linked to a particular patient account only through a designated primary provider. If no primary provider is selected, the report cannot select a supplier to find header text.
- If you do not select the option to *Include statements with zero patient-portion balances* then the system will create statements only for accounts that have an amount due, after subtracting all credits from all charges for each of the non-insurance payors. This selection step does not examine whether the payments are actually applied or not. As a result, if you had a charge with an open \$20 balance and also an unapplied \$20 payment, the statement will not print -- even if the balance and payment are on different non-insurance payors. It is for this reason that it is especially important to process all unapplied payments prior to running your open-item statements.