## **Imagine Training: Collecting Patient Balances**

Due to high deductible insurance plans, it's increasingly important for practices to collect on patient balances at check-in. This handout will discuss the most efficient ways for staff to locate patient balances in Imagine .

## Locating Patient Balances Based on the Provider Schedule:

Front desk and billing staff can quickly review all patient balances in Imagine against the following day's office schedule by following the steps below.

After logging into Imagine, click the Follow-Up menu.



Choose Tickler Main from the sub menu.

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In the Tickler Main tab that appears, choose "Patients' from the Tickler Type drop-down menu. Then choose "All" from the Representative drop-down and "All" from the Tickler View drop-down.

ickler Type:	Represent	tative:					Tickler View:		
Patient	<ul> <li>(All)</li> </ul>	•					All Charges	-	
		73 Pati	ents - 103 Assigi	ned Charges - Tota	Balance \$4,257.88			💎 Filter (None) 🔻 Op	tions
Pat	Patient First Name	ance Amount	Statement Type	Charges	Max Date Of Service Age	Max Statement	Max Initial t Age	Last Patient Paymer	nt Dat
5	JERRIE ANN	4.21	Statement 1	2	50	6	6		
17	CURTIS	\$15.36	Statement 1	1	50	22	22		
18	DEBORAH	\$30.00	Statement 1	1	50	27	27		
23	GWENDOLYN	\$10.76	Statement 1	2	48	27	27		
38	DEBRA	\$30.00	Statement 1	1	47	9	9		
45	KIMBERLY	\$25.00	Statement 1	1	48	13	13		
48	ELIZABETH	\$107.59	Statement 1	2	48	18	18		
55	CHRISTINE	\$225.60	Statement 1	1	48	9	9		
63	MARY	\$179.75	Statement 1	1	44	20	20		
64	ROBERT	\$107.59	Statement 1	2	44	2	2		
•									•
			2 Charges	- Total Balance \$1	14.21			쿢 Filter (None) 🔻 Op	tions
Visit Number	Date Of Service	Procedure		ICD9 - Diagnosis	ICD10 - Diagnosis	Balance Amount	Date Of Service Age	Last Statement Date	F
309907	1/3/2017	93000 - ELECTROCA	ARDIOGRAM,		149.1	\$15.36	50	2/16/2017	18
1309907	1/3/2017	99214 - OFFICE OUT	PATIENT VISIT		E11.22, Z86.010, I1	\$98.85	50	2/16/2017	18
•									
urance \ Res	p. Party Info								
Messaging	Reassign						Patient -	<u>N</u> otes ▼ Ac <u>t</u> i	ons

Click the Patient First Name or Patient Last Name column headers to sort by name. Use the "......" in the middle and right of the screen to manage your view in order to see as many names as possible at one time.

Tickler Type:	Represen	tative:					Tickler View:		
Patient	(All)	<b>•</b>					All Charges	-	
ducin	(***)								
		73 Pa	tients - 103 Assigr	ed Charges - Tota	al Balance \$4,257.88		5	🕈 Filter (None) 🔻 Opti	ions
Patient ID	Patient First Name	Balance Amount	Statement Type	Charges	Max Date Of Service Age	Max Statement	Max Initial Statement Age	Last Patient Payment	t Dat
15	JERD	\$114.21	Statement 1	2	50	6	6		
17		\$15.36	Statement 1	1	50	22	22		
18	DE	\$30.00	Statement 1	1	50	27	27		
23	GWENDOLYN	\$10.76	Statement 1	2	48	27	27		
38	DEBRA	\$30.00	Statement 1	1	47	9	9		
45	KIMBERLY	\$25.00	Statement 1	1	48	13	13		
48	ELIZABETH	\$107.59	Statement 1	2	48	18	18		
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63	MARY	\$179.75	Statement 1	1	44	20	20		
64	ROBERT	\$107.59	Statement 1	2	44	2	2		
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			2 Charges	- Total Balance 🖇			٩	7 Filter (None) 🔻 Opti	ions
Visit Number	Date Of Service	Procedure		ICD9 - Diagnosis		Balance Amount		Last Statement Date	B
1309907	1/3/2017	93000 - ELECTROO	ARDIOGRAM,			\$15.36		2/16/2017	18
1309907	1/3/2017	99214 - OFFICE OU	TPATIENT VISIT		E11.22, Z86.010, I1	\$98.85	50	2/16/2017	18
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urance \ Res	p. Party Info								
Messaging	Reassign						Patient -	Notes - Actio	ons

This view is showing all patient balances in Imagine for your practice. User can now review the list and search for balances against the provider's schedule. Balance amount and Statement Stage can also be seen in this view.

ickler Type:	Represent	tative:					Tickler View:		
Patient	(All)	•					All Charges	•	
		73 Pa	tients - 103 Assign	ed Charges - Tota	l Balance \$4,257.88		٩	📅 Filter (None) 🝷 Opt	ions
Patient ID	Patient First Name	Balance Amount	Statement Type	Charges	Max Date Of Service Age	Max Statement	Max Initial Statement Age	Last Patient Payment	t Dat
15	JERRIE ANN	\$114	Stateme	2	50	6	6		-
17	CURTIS		<u>s</u>	1	50	22	22		
18	DEBORAH	\$30	State	1	50	27	27		
23	GWENDOLYN	\$10.76	Statement 1	2	48	27	27		
38	DEBRA	\$30.00	Statement 1	1	47	9	9		
45	KIMBERLY	\$25.00	Statement 1	1	48	13	13		
48	ELIZABETH	\$107.59	Statement 1	2	48	18	18		
55	CHRISTINE	\$225.60	Statement 1	1	48	9	9		
63	MARY	\$179.75	Statement 1	1	44	20	20		
64	ROBERT	\$107.59	Statement 1	2	44	2	2		-
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			2 Charges	- Total Balance \$1	14.21		•		ions
Visit Number	Date Of Service	Procedure		ICD9 - Diagnosis	ICD10 - Diagnosis	Balance Amount	Date Of Service Age	Last Statement Date	Re
1309907	1/3/2017	93000 - ELECTRO	ARDIOGRAM,		149.1	\$15.36	50	2/16/2017	183
1309907	1/3/2017	99214 - OFFICE OL	TPATIENT VISIT		E11.22, Z86.010, I1	\$98.85	50	2/16/2017	18
4									
urance \ Res	p. Party Info								
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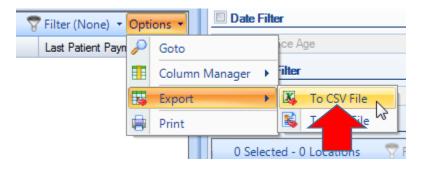
Created: 02222017 Updated: 06112018

## **Exporting Patient Balances:**

To export the complete list of patient balances, click the "Options" button at the top right of the window.

ickler Type:	Represent	tative:					Tickler View:		
Patient	(All)	•					All Charges	·	
		73 Pat	ients - 103 Assign	ed Charges - Total	Balance \$4,257.88			💎 Filter (No e) 🔻 Op	tions •
Patient ID	Patient First Name	Balance Amount	Statement Type	Charges	Max Date Of Service Age	Max Statement	Max Initial Statement Age	Last Patient Paymer	it Dat
15	JERRIE ANN	\$114.21	Statement 1	2	50	6	6		-
17	CURTIS	\$15.36	Statement 1	1	50	22	22		
18	DEBORAH	\$30.00	Statement 1	1	50	27	27		
23	GWENDOLYN	\$10.76	Statement 1	2	48	27	27		
38	DEBRA	\$30.00	Statement 1	1	47	9	9		
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63	MARY	\$179.75	Statement 1	1	44	20	20		
64	ROBERT	\$107.59	Statement 1	2	44	2	2		-
4									
			2 Charges	- Total Balance \$1	14.21			📅 Filter (None) 🔻 Op	tions
Visit Number	Date Of Service	Procedure		ICD9 - Diagnosis	ICD10 - Diagnosis	Balance Amount	Date Of Service Age	Last Statement Date	Ref
1309907	1/3/2017	93000 - ELECTROC	ARDIOGRAM,		149.1	\$15.36	50	2/16/2017	183
1309907	1/3/2017	99214 - OFFICE OU	TPATIENT VISIT		E11.22, Z86.010, I1	\$98.85	50	2/16/2017	183
4								1	
,									
surance \ Res	p. Party Info								
Messaging	Reassign						Patient -	Notes - Acti	ons

In the drop-down that appears, click the "Export" option and then choose "CSV".





Created: 02222017 Updated: 06112018 A "Save As" window will appear. When exporting files while in the remote computer it is important to choose the correct folder or desktop option so that the file is sent to your desktop instead of the remote computer's desktop. See the example below. In the left side of the window we see two options for "Desktop", one at the top of the list and another under the "This PC" section. To export to our own computer, we should choose the "Desktop" under "This PC". Then name the file and click Save. The exported list of patients and balances should then be found on your computer's desktop.

Ð	Select a File to Save		x
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This PC C on PITLP01 D on PITLP01 Desktop Documents Downloads	▼ < III		>
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Hide Folders	S	Gave Cancel	]



## **Locating Individual Patient Balances:**

In some cases the practice staff may want to review individual patient accounts for balance information.

After logging into Imagine, click the Patients menu.

	File	Charges	Billing	Patients	Payments	Follow Up	Contracts	Dashboard	Performance Manager	Help
		🚴 Pati	ent Main		🐻 Tickler M	ain				
					🐻 Mail Retu	rn	(Select Repo	ort)	▼ View	
_	nt Inquiry			_	💩 Patients v	v/o Charges				
Accou	nt Inquiry		Patient		Rela	ted		Related	Reports	

Then choose Account Inquiry from the sub menu.

	File	Charges	Billing	Patients	Payments	Follow Up	Contracts	Dashboard	Performance Manager	Help
		🚴 Pati	ent Main		🖾 Tickler M	ain				
	7				🕞 Mail Retu	rn	(Select Repo	ort)	▼ View	
	nt Inquiry	r			💩 Patients v	v/o Charges				
Accou	nt Inquiry	1	Patient		Rela	ted		Related I	Reports	

In the Account Inquiry window that appears, open the search window by clicking F3 or the "..." in Patient ID.

Account Inquiry						
Patient Information				A	count Status Sur	imary
Patient ID:	Name:	R	lesponsible Party	:		
SSN:	DOB: Age	: Gender:				
Phone Number:	Cell Phone Number:					
Account Charges	Charge \ Payment Hist	ory Account N	Notes Insurance	History Follow Up	Activity	
🔲 View Last Visi	t First					
						0 Charges
ISO Num.	Visit Number	Location	Post Date	Date Of Service	Procedure	Modifier (



	ts												
Patient ID:	V	isit Number:		Last Nam	ne:	Firs	t Name:	Middle Name		SSN:		DOB:	
				test		nikk	ci						
ddress:	С	ity:		State:		Zip:		Phone Number	er:	Employ	yer:	Policy	Number:
)ate of Service:	0	rder Numbe	r:	Group Nu	umber:	Hist	tory Number:	ICN Number:		Claim	ID:	Locatio	on Group:
										0			
Credit Balan	ce [	Responsi	ble Par	ty Search	Inclue	de Aro	chived Patients		This	Practice	e	•	<u>S</u> earch
					1 Patient						💎 Filter	(None) 🔻	Options
Patient ID	MALIN		Last I	lama	First Name		Account Balance	Amount	SSN		Address		
Patient ID	MIDDIE	e Name	Last I	vame	Thist Manie		Account balance	se Amount	2214		Address		
Patient ID 10	Middle	e Name	TEST		NIKKI	,	\$225.60	ce Amount		9-8527	123 Main S	Street	
	Middle	e Name				,		e Amouni		9-8527		Street	
	Middle	e Name				-		e Amount		9-8527		itreet	
	Middle	e Name				2		e Anouni		9-8527		itreet	
	Middle	e Name				,		e Announi		9-8527		itreet	
	Middle	e Name				2		A Anount		9-8527		itreet	
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	Middle	e Name				2		A Anount		9-8527		itreet	
						2		A Anount		9-8527		itreet	

Enter the patient details and Select the patient to open their Account Inquiry.

The current balance information can be found in the top section of the window under Account Status Summary. Balance details are divided into Insurance, Patient, and Total.

File Charges Billing Patients P	ayments Follow Up Co	ontracts Dashboard F	Performance Manager	Help	
Account Inquiry Account Inquiry Patient	) Tickler Main Mail Return Patients w/o Charges Related	elect Report) Related Rej	View ports		
Account Inquiry      Patient Information		Account Status	Summary	Insurance Informat	ion
Patient ID:         Name:           10          TEST, NIKKI           SSN:         DOB:         Age:         Gender           423-19-8527         02/01/1986         31         F           Phone Number:         Cell Phone Number:         (615)851-6033         (615)476-2553         Address:	Responsible Party: Test, Nikki 123 Main Street Nashville, TN 37203 SSN: 423-19-8527 Phone Number: Cell Number: Employer:	Status: Ins. Last Paym Ins. Balance: Pat. Last Paym Pat. Balance: In Collections: Collections WO: Bad Debt WO: Total Balance:	\$0.00 hent: N/A \$225.60 \$0.00 \$0.00 \$0.00	Last Statement: Date: Arnount: Next Statement: Date: Primary Plan: Secondary Plan:	Statement \$ Statement 1 In Review 1008 - MEDICARE PART A B 2006 - BCBS PREFERRED
123 Main Street Nashville, TN 37203 Account Charges Charge \ Payment History Acco	Larry D. Gurley, MD 300 20th Ave N Suite 102,na (615)851-6033 Ext.				



Created: 02222017 Updated: 06112018 All posted charges can be seen in the bottom section of the window. Use the filter options to view only charges with patient responsibility.

View Las	t Visit First					ICN:	(AII)	Visit Filter.	(All)	All Charges
					1 Chi	rge				All Charges Open Items Only
lum. 🛆	Charge ID	Visit Number	Batch Number	Post Date	Date Of Service	Procedure			osi	Closed Items Only Insurance Responsibility Only
	2201	1384175	02222017LNT	2/22/2017	1/3/2017	99214 - OFFICE OUTPATIENT VISIT				Patient Responsibility Only
										Credit Balances Only Refund Activity

To view and/or print a copy of the most recent statement, click "Assoc Docs" at the bottom of the window

	View L	ast Visit First		<u>`````````````````````````````````````</u>	<u>`</u>			ICN:	(AII)		Visit Filter:	(All)
						1 Cha	arge					
	Num. Z	Charge ID	Visit Number	Batch Number	Post Date	Date Of Service	Procedure					ICD10 - Diagnos
	1	2201	1384175	02222017LNT	2/22/2017	1/3/2017	99214 - OFFICE OUTPATIENT VISIT					E10.40
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<		•   <b>x</b>			Patie	nt A <u>u</u> dit <u>H</u> old	▼ <u>C</u> harge ▼ <u>V</u> isit ▼	Assoc. Do	cs. <u>N</u> otes	s 🔹 🗛	tion 🔹	Ledger Ipa

In the Associated Documents window that appears, Statements will appear in the top middle of the screen. Double click the statement to view and/or print the image.

S Account Inquiry	S Associated Documents										
Patient:	10 - TEST, NIKKI							Vis	it Filter: (All)	Select (	Charge
0 Patient Images			1 Statement 💎 Filter (None) 🔻 Options 👻		0 Letters				8		
Image File		Date Created	Print Date 🕔	Date Of Service	Statement Stage	Balance Amount	Туре	Print Date	Denial	Insurance Plan Number	
				1/3/2017	Statement 1	\$225.60					

