



See What's New from PayDC!

At PayDC, we are constantly updating and improving our system. We are listening to your suggestions and addressing them. Check out our latest and greatest features and enhancements!

Latest Features and Updates (May 14, 2014)

Functional Enhancements

- ✓ Notes: New “Other” Option for Review of Systems
- ✓ Notes: “Chiro” Section Renamed to “Extremity”
- ✓ Notes: Option to Specify Performing Provider Separately from Signing Provider
- ✓ Patient Ledger: Display Patient Name at the Top of Screen and Report
- ✓ File Cabinet: Scan Documents directly to the File Cabinet

NOTE: Details Regarding These Functional Enhancements Are Provided Below

Functional Enhancement Details

Notes: New “Other” Option for Review of Systems

A new option, “Other” has been added to the bottom of the Review of Systems tab in SOAP Notes. If the system you want to include is not already listed, type it in the text box under “Other” to include it in the narrative.

Patient Condition	Patient Health History	Review of Systems
Neurological: ☐ Negative ☐ Loss of Strength ☐ Numbness ☐ Headaches ☐ Heavy Head ☐ Tremors ☐ Memory Loss		
Psychiatric: ☐ Negative ☐ Anxiety/Depression ☐ Mood Swings ☐ Difficult Sleeping ☐ Nervousness ☐ Tension		
Respiratory: ☐ Negative ☐ Cough ☐ Coughing Blood ☐ Wheezing ☐ Chills		
Skin: ☐ Negative ☐ Rash/Sores ☐ Lesions ☐ Itching/Burning		
Other: ☐ Negative 		
Preview: 		

Notes: “Chiro” Section Renamed to “Extremity”

Under the Objective section of SOAP Notes, the sub-section previously named “Chiro” has been renamed to “Extremity” in order to better represent its usage.

▲	Objective		
▼	Spinal		
▲	Extremity		
	Head	Shoulder	ForeArm
	Wrist	Finger	LowerLeg
	Sternum	Knee	Foot
	Bicep	Patella	
	TMJ	UpperArm	Elbow
	Hand	UpperLeg	Rib
	Hip	Ankle	Toe
	MCP Jt. II		

Notes: Option to Specify Performing Provider Separately from Signing Provider

If the provider signing the SOAP Note did not actually perform all of the procedures or services listed in the Plan section, you can now specify the performing provider separately: simply select the Nurse Practitioner or other performing provider from the “Performed By” list before signing the Note. The change will be reflected in the Note and the narrative. The “Performed By” provider defaults to the current provider, and if it is not changed, there is no impact on the Note or narrative.

Code	Modifier	Description	Type	Body Areas/Sites	Goals/Rationales	Time	Unit	Diagnoses	Performed by	Exclude in Super Bill
98940		CMT 1-2 Regions	diversified techniqu..	Adjustments	relieve pain			722.11	Test Doctor, DC	☐
99202	25	Level 2		Body Areas/Sites				722.11	DoctorA DGIA, DC	☐

Patient Ledger: Display Patient Name at the Top of Screen and Report

The patient name and birthdate are now displayed at the top of the Patient Ledger screen and the Ledger Report.

Patient Ledger [Doe, Jon - 1/1/1969]

Filter
Patient: Doe, Jon
From: 11/11/2013 To: 5/11/2014
Payment Summary

Ledger Details
Patient: Aaron, Abbey (12/22/1981)
Ledger Transaction Date Range: 11/12/2013 to 5/12/2014.

File Cabinet: Scan Documents directly to the File Cabinet

You can now scan documents directly from the scanner to the File Cabinet, rather than first having to save them to your hard drive. Simply click the new “Scan” button at the bottom of the File Cabinet screen. On the “Scan Document” popup screen, enter the file name you want to save it as, and choose a file format if you want something besides the default (PDF). Then load the document in your scanner and click the “Scan” button. After the scan is complete, you’ll see a preview of the image. Click “Save” to upload the scanned image to the File Cabinet. You can then scan additional items for the patient by repeating the process.

View File

Add File

Delete File

Edit Properties

Scan

Close

Scan Document

File Name: Format: **PDF**

Comment: Category: **PDF**

Image Preview

JPEG
GIF
PNG
TIFF

Scan

Save

Scan using HP Photosmart C6100

What do you want to scan?

Paper source
Flatbed

Select an option below for the type of picture you want to scan.

☒ Color picture

☐ Grayscale picture

☐ Black and white picture or text

☐ Custom Settings

You can also:
[Adjust the quality of the scanned picture](#)

Page size: Legal 8.5 x 14 inches (216 x 356)

Preview Scan Cancel

Scan Document

File Name: **Jon Doe Consent Form** Format: **PDF**

Comment: Category: **Consent Forms**

Image Preview

First Testing Subscription
660 Main Street, Huntington Valley, PA, 19006
(888) 306-1256

PATIENT CONSENT FORM

Regarding the Use & Disclosure of Protected Health Information
(Consent Form)

For the purpose of this Consent Form, "Office" shall refer to: First Testing Subscription

I understand that some of my health information may be used and/or disclosed by the Office in connection with my treatment, payment, or health care operations, and that for a more complete description of such use and disclosure I should refer to the Office's privacy notice entitled: "Our Privacy Promise." I understand that I may review this privacy notice at any time prior to signing this form.

I understand that over time the Office's privacy practices may change in accordance with law and that I will be notified by the Office as to when I should call the Office to request such copy.

I understand that I may request redaction on how my information is used or disclosed to seek out treatment, payment, or health care operations, and that I can also make the Office (U.S.) know I understand that the Office has not taken action to redact the information and also provided that I consent in writing.

I understand that, for my protection, any request to amend my health information or to access my medical records must be made in writing.

Printed Name (please print): Jon Doe Date: 5/13/2014

Signature: Jon Doe

Save