

See What's New from PayDC!

Here's what's in this Release (September 1, 2021)

Patient Kiosk

- Added capability for additional comments for each area of complaint in 'Subjective Check-In' mode

Prod Demo Account Check In Subjective Check In Hello supportdemo@paydc.com [Log off]

Intermittent-Frequent **Moderate** Bending Eating Being outdoors NSAIDs
 Frequent Moderate-Severe Exposure to allergen Working Allergy medication
 Frequent-Constant Severe Driving Walking up stairs Pain medication
 Constant Palpation

Frequency	Qualitative
Infrequent - less than daily i.e. once every 2 weeks	The extent that the patient has to modify Activities of Daily Living(ADL) in order to alleviate the symptom. For example:
Occasional - up to 25% of the day	Minimal - requires very little or no modification to ADL
Occasional-Intermittent - between 25% and 50% of the day	Minimal-Slight - requires some modification to ADL
Intermittent - up to 50% of the day	Slight-Moderate - requires significant or complete modification to ADL
Intermittent-Frequent - between 50% and 75% of the day	Moderate - requires significant or complete modification to ADL
Frequent - up to 75% of the day	Moderate-Severe - symptom is not alleviated by any amount of modification to ADL
Frequent-Constant - between 75% and 100% of the day	
Constant - up to 100% of the day	

Do you have any additional comments or any new complaints?

Patient's additional comments for complaint #1

Save and Continue

By clicking "Save and Continue" I understand that some of my health information may be used and/or disclosed by this Office to carry out treatment, payment, or health care operations, and that for a more complete description of such uses and disclosures I should refer to the Office's privacy notice entitled, "Our Privacy Practices" available at the front desk. I understand that I may review this privacy notice at any time. I understand that over time the Office's privacy practices may need to change in accordance with law and that I wish to obtain a copy of the notice as revised. I can call the Office to request such copy. I understand that I may request restrictions on how my information is used or disclosed to carry out treatment, payment, or health care operations, and that I can also review this Consent in, but only to the extent that the Office has not taken action in reliance thereon and also provided that I do so in writing. I understand that for my protection, any requests to amend my health information or to access my medical records must be made in writing.

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Intermittent-Frequent **Frequent** Bending Eating Being outdoors NSAIDs
 Frequent Moderate Exposure to allergen Working Allergy medication
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Constant - up to 100% of the day	

Do you have any additional comments or any new complaints?

Patient's additional comments for complaint #2

Save and Continue

By clicking "Save and Continue" I understand that some of my health information may be used and/or disclosed by this Office to carry out treatment, payment, or health care operations, and that for a more complete description of such uses and disclosures I should refer to the Office's privacy notice entitled, "Our Privacy Practices" available at the front desk. I understand that I may review this privacy notice at any time. I understand that over time the Office's privacy practices may need to change in accordance with law and that I wish to obtain a copy of the notice as revised. I can call the Office to request such copy. I understand that I may request restrictions on how my information is used or disclosed to carry out treatment, payment, or health care operations, and that I can also review this Consent in, but only to the extent that the Office has not taken action in reliance thereon and also provided that I do so in writing. I understand that for my protection, any requests to amend my health information or to access my medical records must be made in writing.

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SOAP Notes - Jones, Sarah - Modify SOAP-Note

Patient: Jones, Sarah Date of Onset: 12/13/2018 Date of Service: 9/1/2021

Subjective: #1 Neck Pain with no radiation (10) Stiffness (7) #2 L-Low-Back R-Low-Back Pain (8) Stiffness (6)

Notes - Comment

Comments for complaint #2.
Comments on complaint #1.

As always, you can use the Expander button to the far right of each tab to open a larger 'Additional Notes' area

Scheduler:

- Fixed capability to filter for a single patient

Scheduler

View Calendar: Day Week Month 1 September 2021

Final Next Slot

Reports

Branch Location: Prod Demo Account

Provider: All

Patient: Jones, Sarah

New Appointment

AM Session PM Session

Full Day

Today

Preferences

Refresh Print

Acupuncture 15 30 45

DOT 15 30 45

Add An Appt Type Here

Adjustment 15 30 45

Adjustment with 2 mod 15 30 45

Decompression Therapy 15 30 45

Myofascial Release 15 30 45

Injections 15 30 45

Massage 30 45

Massage 60 45

New Patient Exam 45

Re-Bal 15

Therapy 15

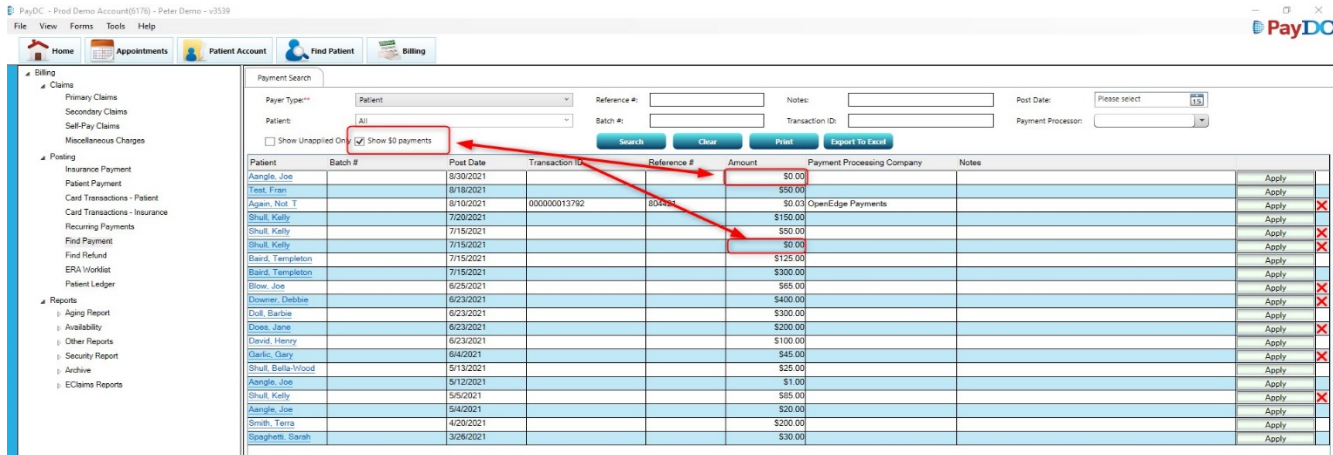
Branch non working hours

Sarah Jones

Peter DC

Billing:

- Fixed self pay claims not generating for self pay codes
- Added new filter in Find Payment screen to display \$0 payments



Patient	Batch #	Post Date	Transaction ID	Reference #	Amount	Payment Processing Company	Notes	
Aomple, Joe		8/30/2021			\$0.00			Apply
Test, Fran		8/18/2021			\$90.00			Apply
Agem, Nat, J		8/10/2021	00000013792	SOA001	\$0.00	OpenEdge Payments		Apply
Shull, Kelly		7/20/2021			\$150.00			Apply
Shull, Kelly		7/15/2021			\$50.00			Apply
Shull, Kelly		7/15/2021			\$0.00			Apply
Barid, Templeton		7/15/2021			\$125.00			Apply
Barid, Templeton		7/15/2021			\$300.00			Apply
Shaw, Joe		6/25/2021			\$95.00			Apply
Downey, Debbie		6/23/2021			\$400.00			Apply
Ortl, Barlow		6/23/2021			\$300.00			Apply
Doos, Jane		6/23/2021			\$200.00			Apply
David, Henry		6/23/2021			\$100.00			Apply
Clark, Gary		6/4/2021			\$45.00			Apply
Shull, Bella-lyood		5/13/2021			\$25.00			Apply
Aomple, Joe		5/12/2021			\$1.00			Apply
Shull, Kelly		5/5/2021			\$85.00			Apply
Aomple, Joe		5/4/2021			\$20.00			Apply
Smith, Terra		4/20/2021			\$200.00			Apply
Spagheeth, Sarah		3/26/2021			\$30.00			Apply

SOAP Notes:

- Fixed Auto Accident Questionnaire verbiage regarding patient facing and thrown upon impact
- Fixed Auto Accident Questionnaire "vehicle equipped with" defaulting to yes/no values

Thank you for trusting us as your software vendor!

PayDC/APS Development Team

Questions? You can always contact the Service Desk.

- If you are a PayDC customer, the phone number is **(888) 306-1257**; please choose option 4 for Service Desk.
- If you are an Advanced Provider Solutions customer, the phone number is **(855) 283-4940**; please choose option 4 for Service Desk.
- If you would like to contact the Service Desk via **e-mail**, please use the [Contact Us form on our website](#). Please note: The Contact Us form is now secure, so you can include PHI in your description.