



See What's New from PayDC!

Here's what's in this Release (January 12, 2022)

Improvements:

SOAP Notes Improvements

1. All references of “accident” have been changed to “collision” for patients treating under “Auto Accident Condition” in patient History & SOAP notes narrative

SOAP Notes - Patient History

Collision Collision Details Additional HPI Patient Health History Family Health History

Date collision occurred or started: 1/4/2022 Time of the day when the collision occurred or started: 4:11 PM

Describe how the collision took place: Patient's symptoms caused by the collision:

Additional Notes:

Import from Questionnaires Preview Narrative OK Cancel

Initial Exam

Patient Name: Sally Spaghetti — 3333
Date of Birth: 1/1/2013

Provider: Dave Klein, DC
Date of Service: 1/10/2022

SUBJECTIVE

HISTORY OF PRESENT ILLNESS

She has never experienced this condition before.

Collision occurred on 1/4/2022 at approximately 4:11 PM.

I was accelerating through the intersection when the other car t-boned me.

Symptoms reported: I my neck & shoulders were really tense and hurt a little bit after the impact. My headache started a little later that night.

Ms. Spaghetti was the driver of the vehicle, a 2022 VW Atlas, at the time of the **collision**. There was passenger side damage to the vehicle. The **collision** happened while she was slowly moving at Street Rd & Bristol Rd in Warminster, PA and occurred during the day. There was a stop sign. The weather was clear. Street surface was dry. The impact on the vehicle was at the side. Upon impact, the brakes were none, and the car did not move. Ms. Spaghetti was seated in the vehicle as a driver with the shoulder harness with the head rest in up position. The vehicle is equipped with air bags and they did not deploy. Ms. Spaghetti didn't see the impact coming. Upon impact, her head was looking ahead and she was thrown sideways. Ms. Spaghetti remembers the **collision** happening.



2. All references of “accident” have been changed to “injury” for patients treating under “Work Accident Condition” in patient History & SOAP notes narrative

SOAP Notes - Patient History

Injury Injury Details Additional HPI Patient Health History Family Health History

Date injury occurred or started: 1/2/2022 15

Time of the day when the injury occurred or started: 3:55 PM

Describe how the injury took place: I was climbing up the ladder to get to the roof and it tilted and I fell off,

Patient's symptoms caused by the injury: My ankle was killing me and my elbow hurt too.

Additional Notes:

Import from Questionnaires Preview Narrative OK Cancel

Initial Exam

Patient Name: Jack Sparrow
Date of Birth: 4/11/1949

Provider: Dave Klein, DC
Date of Service: 1/13/2022

SUBJECTIVE

HISTORY OF PRESENT ILLNESS

He has never experienced this condition before.

injury occurred on 1/2/2022 at approximately 3:55 PM.

I was climbing up the ladder to get to the roof and it tilted and I fell off,

Symptoms reported: My ankle was killing me and my elbow hurt too.

Sparrow presents today as the result of a work related **injury** occurring at normal working hours. The **injury** has been reported to his employer and is covered by Workers' Compensation Insurance under state law. His employer prepared the initial written report which describes the condition or symptoms he is experiencing. A claim number has been issued for this **injury**



- Grid lines appear in table showing Ortho/Neuro findings.

ORTHOPEDIC AND NEUROLOGICAL TESTS			
Test	Left	Right	Comment
Fabere-Patrick Test	Positive	QA	
Femoral Stretch Test within normal limits.			

- Text formatting changes applied to make SOAP Note narrative document more cohesive.

Billing Improvements

- Multiple partial refunds can now be applied to the same patient payment. To apply an additional refund to a payment that's already been refunded, simply open the payment from the "Find Payment" screen and click "Refund"

Enter details of the additional refund – Amount, Method, Status, Reference #, then click “Save”



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Your PayDC/APS Development Team

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- If you are a PayDC customer, the phone number is **(888) 306-1257**; please choose option 4 for Service Desk.
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- 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.