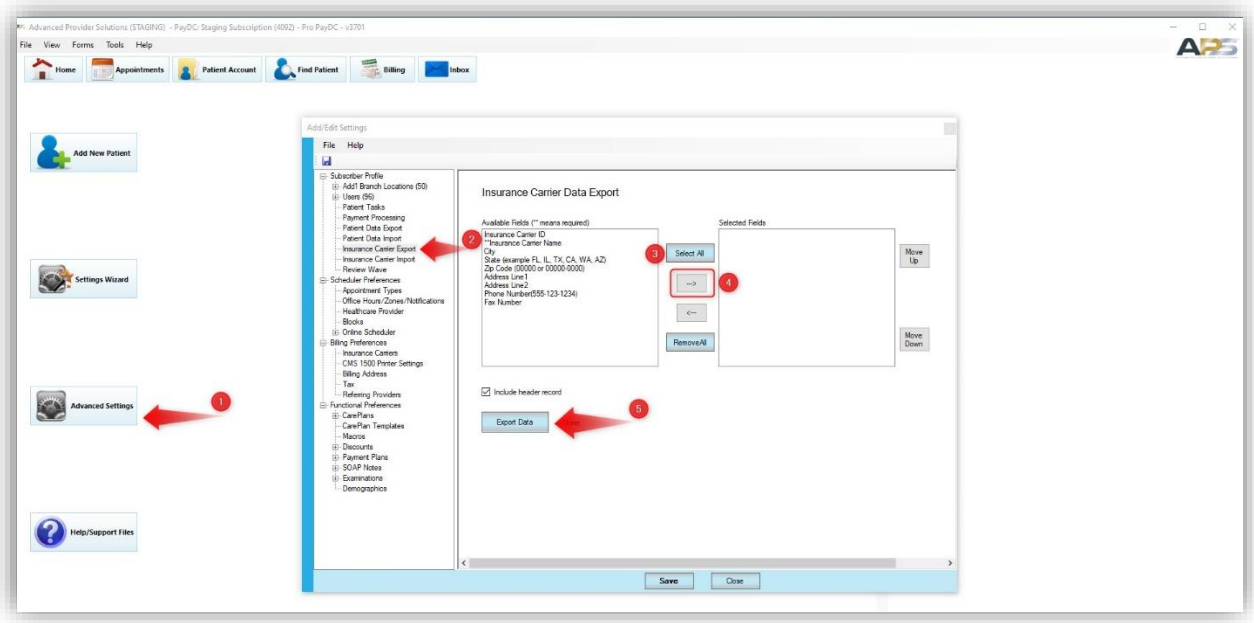
See What's New from PayDC!

Here's what's in this Release (April 14th, 2022)

NEW FEATURE in Advanced Settings will allow for the export of Insurance Carrier Data.

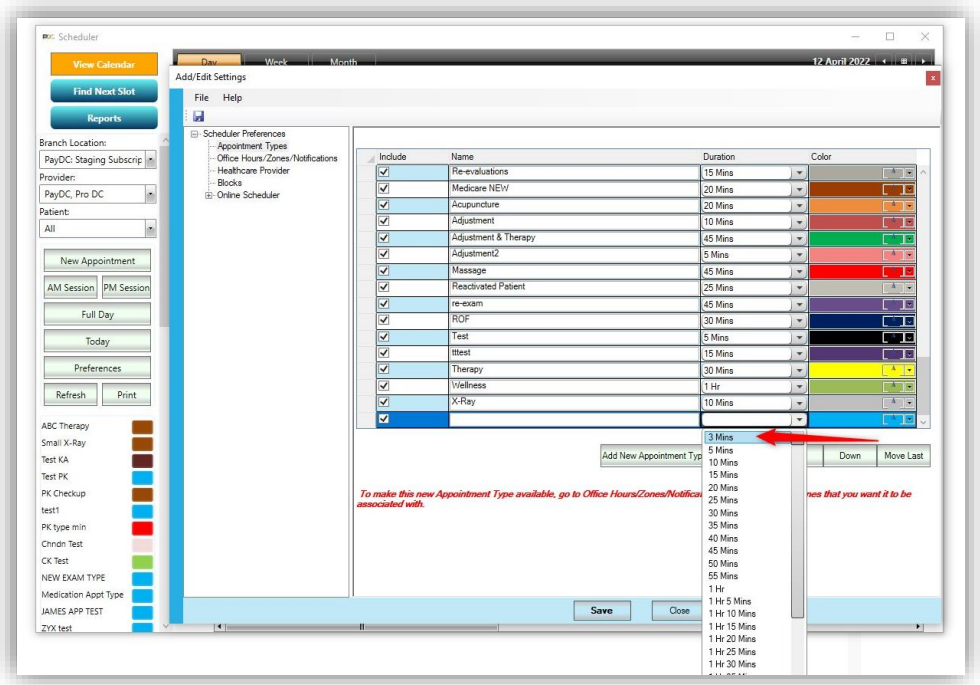
1. From your Home page, open Advanced Settings
2. Select "Insurance Carrier Export"
3. Click to highlight the data fields you'd like to include in your export
4. Click the Right → arrow to select those fields
5. Click "Export Data" to export the file



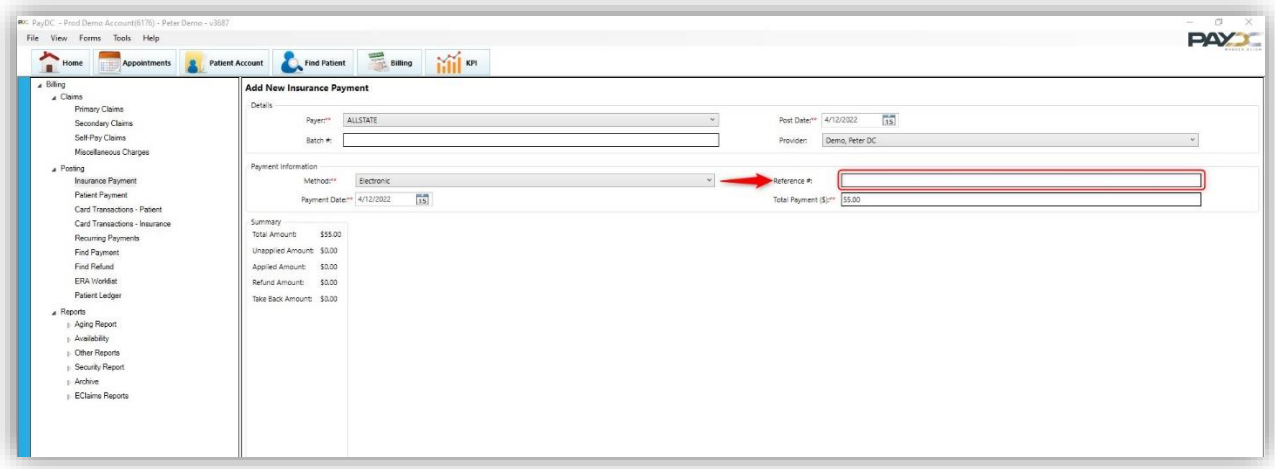
Your exported file will contain these details.

	A	B	C	D	E	F	G	H	I
1	Carrier ID	Carrier Name	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number	Fax Number
2	60054	Aetna	PO Box 981106		El Paso	TX	79998-1106	888-632-3862	
3	SX103	Blue Cross Blue Shield	PO Box 5747		Denver	CO	80217-3681	877-833-5742	
4	57254	GEHA	PO Box 4665		Independence	MO	64051-4665	877-343-1887	
5	45275	GEHA UHC	PO Box 30783		Salt Lake City	UT	84130-0783	877-343-1887	888-555-8989
6	94265	Medica	PO Box 30990		Salt Lake City	UT	84130	800-458-5512	
7	87726	UHC	PO Box 30541	3231 Healthcare Rd	Salt Lake City	UT	84130-0541	303-773-1373	303-773-1374
8	UMR01	UMR	PO Box 826		Onalaska	WI	54650-0826	303-773-1373	
9	1234	United Health One	PO Box 31374		Salt Lake City	UT	84131-0374	800-657-8205	

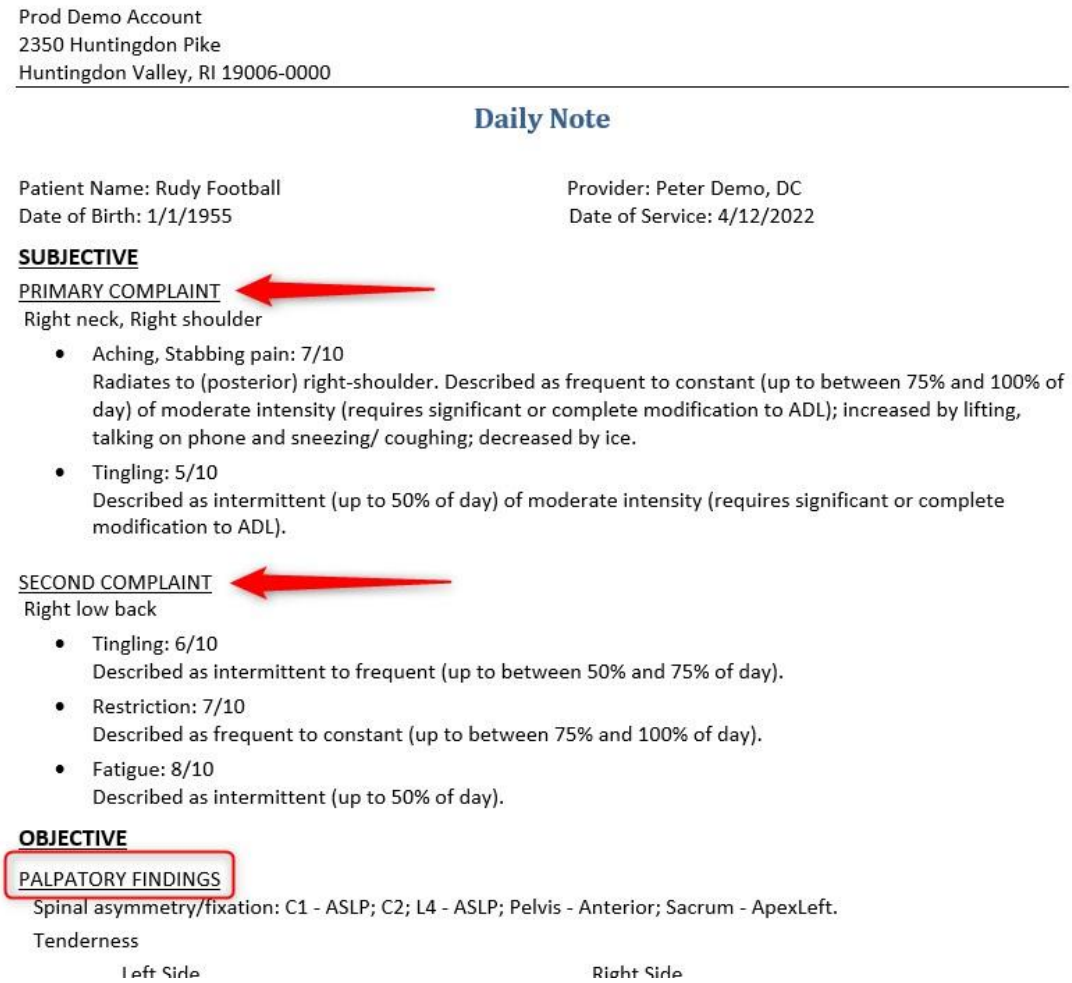
Scheduler Preferences will now include an Appointment Type duration option of 3 minutes.



Expanded maximum number of digits allowed in Reference # in Insurance Payment Screen.



Reformatted Narrative Subjective Headers for uniformity with Objective Headers.



Prod Demo Account
2350 Huntingdon Pike
Huntingdon Valley, RI 19006-0000

Daily Note

Patient Name: Rudy Football
Date of Birth: 1/1/1955

Provider: Peter Demo, DC
Date of Service: 4/12/2022

SUBJECTIVE

PRIMARY COMPLAINT
Right neck, Right shoulder

- Aching, Stabbing pain: 7/10
  Radiates to (posterior) right-shoulder. Described as frequent to constant (up to between 75% and 100% of day) of moderate intensity (requires significant or complete modification to ADL); increased by lifting, talking on phone and sneezing/ coughing; decreased by ice.
- Tingling: 5/10
  Described as intermittent (up to 50% of day) of moderate intensity (requires significant or complete modification to ADL).

SECOND COMPLAINT
Right low back

- Tingling: 6/10
  Described as intermittent to frequent (up to between 50% and 75% of day).
- Restriction: 7/10
  Described as frequent to constant (up to between 75% and 100% of day).
- Fatigue: 8/10
  Described as intermittent (up to 50% of day).

OBJECTIVE

PALPATORY FINDINGS
Spinal asymmetry/fixation: C1 - ASLP; C2; L4 - ASLP; Pelvis - Anterior; Sacrum - ApexLeft.
Tenderness
Left Side Right Side

Corrected Scanned File Cabinet document names to disallow special characters.

Corrected patient email addresses to disallow instances of duplicates.

Fixed Care Plan Summary number of evaluations is incorrect.

Thank you for trusting us as your software vendor!

Questions? You can always ask our 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.