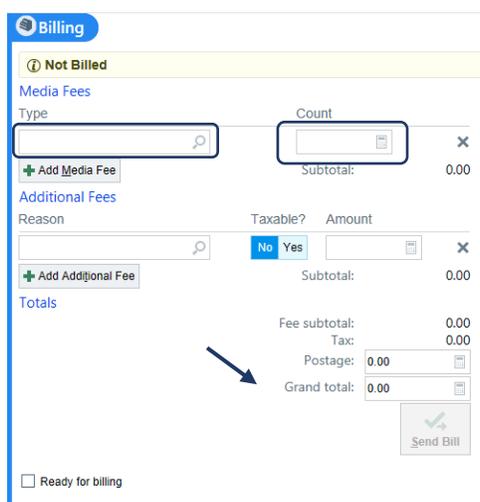


Invoicing Guidelines

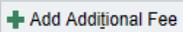
PURPOSE: Depending on the requester a fee may be required for the release of records. If this is the case the request will need to be invoiced. User will enter in invoicing information in order to create the fee based on release type and format of records.

Creating the Fee:

- In the **EPIC** dropdown on the top left select **HIM** then  **Releases** Enter the release ID and select **open**
 - NOTE:** verify the request, release type, billing workflow and page count of the files being sent.
- Select **Not Billed** on the bottom of the ROI module.
- A pop-up screen will open. Enter in the media type (based on release type and format records are being sent) and page count this will automatically populate the grand total section. If records are being mailed postage will need to be added. see page 2 for how postage is chosen.



The screenshot shows the 'Billing' interface with a 'Not Billed' status. It includes sections for 'Media Fees' and 'Additional Fees'. The 'Media Fees' section has a 'Type' dropdown and a 'Count' input field. The 'Additional Fees' section has a 'Reason' dropdown, a 'Taxable?' dropdown (set to 'No'), and an 'Amount' input field. A 'Send Bill' button is located at the bottom right, with an arrow pointing to it from the text below.

- NOTE:** if a patient directed request and is being sent via paper additional fees may be needed.
 - Select  and enter # 20, supplies/CD/envelope, under the reason box. Click the **amount** box and enter the fee (the fee is \$1.30 plus .01 per page)

- Select



Invoicing Guidelines

Postage:

1. Postage is determined by the page count & zip code. i.e. if the page count is 98 pages and the zip code is 53224 the postage fee would be \$ 8.30

2019 Postage Rates

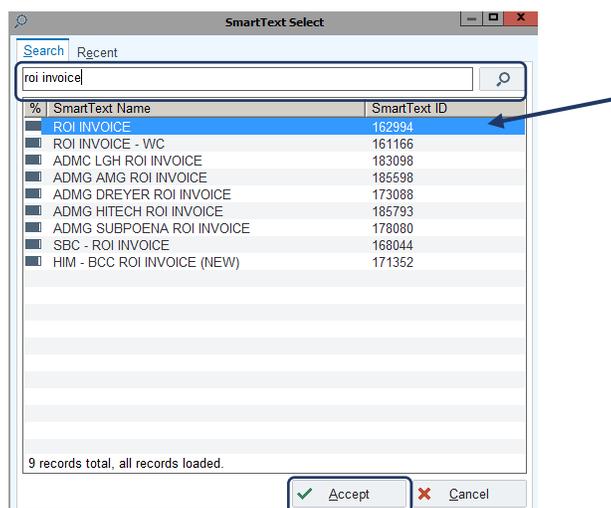
	00000	11111	22222	33333	44444	55555	66666	77777	88888	99999
80-94	8.00	8.00	8.00	8.20	7.85	7.35	7.85	8.00	8.00	8.60
95-194	10.40	10.40	10.40	11.20	9.45	8.30	9.45	10.40	10.40	13.00
195-289	11.95	11.95	11.95	12.60	10.50	9.25	10.50	11.95	11.95	16.10
290-389	13.40	13.40	13.40	16.45	11.10	10.15	11.10	13.40	13.40	19.80
390-489	13.70	13.70	13.70	18.70	11.60	10.85	11.60	13.70	13.70	22.70
490-589	14.95	14.95	14.95	20.80	12.30	11.10	12.30	14.95	14.95	24.65
590-699	18.05	18.05	18.05	23.05	14.80	12.60	14.80	18.05	18.05	27.65
700-799	21.70	21.70	21.70	26.15	16.45	13.95	16.45	21.70	21.70	30.60
800-899	24.75	24.75	24.75	28.45	18.20	15.05	18.20	24.75	24.75	33.05
900-999	26.85	26.85	26.85	30.75	19.60	16.15	19.60	26.85	26.85	36.35
1000-1099	29.00	29.00	29.00	33.00	21.05	17.30	21.05	29.00	29.00	40.15
1100-1199	31.05	31.05	31.05	35.90	22.60	18.55	22.60	31.05	31.05	43.40
1200	32.80	32.80	32.80	38.55	23.90	19.65	23.90	32.80	32.80	45.15
CD	3.78	3.78	3.78	3.82	3.74	3.66	3.74	3.78	3.78	3.94

	1-6 PGS	1-5 PGS	5-10 PGS							
REGULAR ENVELOPE 4 X6	.55	.75	.85							
#pages	1-20	21-29	30-34	35-39	40-45	46-50	51-55	56-60	61-65	70-79
FLATS	1.45	1.60	1.75	1.90	2.05	2.20	2.35	2.50	2.65	2.80

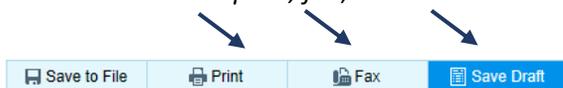
Invoicing Guidelines

Creating the Invoice Letter:

1. Select **+ Add Letter** and enter ROI INVOICE then click **Accept**.
 - **NOTE:** if the request is a work comp request use ROI INVOICE – WC



2. A pop-up box with an invoice will appear. This will auto populate with the correct invoice information.
 - **NOTE:** ROI-INVOICE- WC may require some editing to the letter. Right click on any area highlighter pink and select **“Mark Text Editable”**. This will allow you to make any changes necessary.
3. Choose whether to print, fax, or save as draft and click **Accept**.



- **NOTE:** If the request is pre-pay, add a note on the invoice stating this as well as any request identifying information i.e. claim # and send the invoice. If it is post pay save the invoice as draft and return to processor.
- **NOTE:** see page 4 on how to invoice a short term/long term disability.

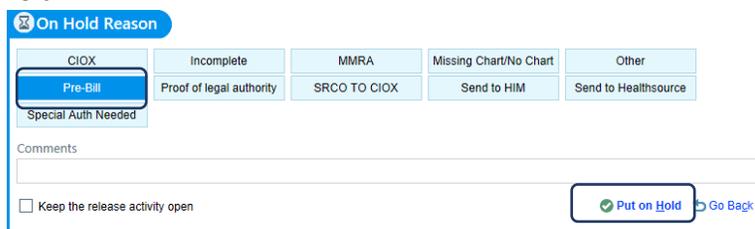
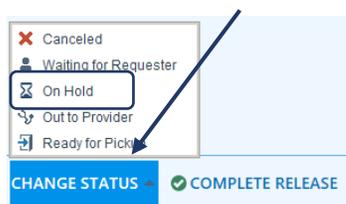
Invoicing Guidelines

Short Term/Long Term Disability:

1. Anytime it states “disability” records get sent right away. Double check the fax # and claim # match what is on the request. Verify by reading the request who is responsible for the invoice.
2. If the requester is responsible for the Invoice:
 - a. Invoice like a billable
 - If the page count is low enough for the records to be faxed (50 pages or less) there is no postage fee.
 - If the records are to be mailed include a postage fee.
 - b. When creating the invoice use ROI Invoice and add the claim #.
 - c. Fax invoice and records
 - d. Mark as fulfilled and leave a comment records were sent.
3. If the Patient is responsible for the invoice:
 - a. Do not bill for 1 date of service.
 - b. In the billing section:
 - Records are billed as electronic records. Enter page count.
 - Manually enter the charge fee of \$6.50
 - c. When creating the invoice use ROI INVOICE – WC
 - Verify page count matches
 - Add the \$6.50 charge
 - On the invoice make a comment to the patient that the records were sent to the insurance company
 - Mail the invoice to patient
 - d. In the tracking section leave comment “billed pt—faxed records”
 - e. Fax records to insurance

Change Status:

1. Once invoicing is complete the status of the request must be changed. If the request is pre-pay, select **change status** on the bottom right of the ROI Module then select **on hold**. Select **pre-bill** as the reason then click **put on hold**.



Invoicing Guidelines

If the request is post pay, select **Mark as Fulfilled** in the delivery section of the request. Then exit the request and notify the processor the request has been invoiced and is ready to be sent.

- **NOTE: DO NOT COMPLETE IF THE REQUEST HAS NOT BEEN PAID FOR.**
- **NOTE: if the request is patient- directed and needs a fee approval put on hold and make a comment "pending fee approval"**

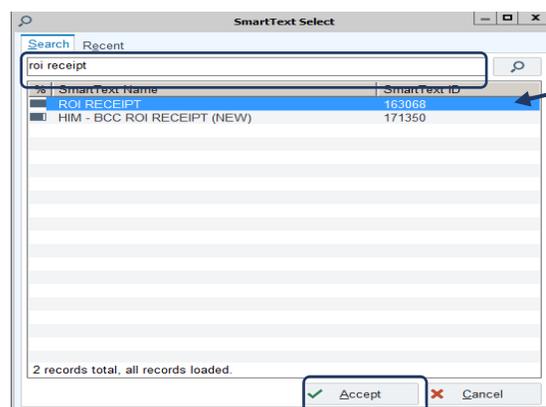


Posting a Payment:

1. In the **EPIC** dropdown on the top left select **HIM** then  **Releases**. Enter the release ID and select open.
 - **NOTE: If the release ID is unknown the request can also be opened searching by patient name or searching by invoice number. i.e. INV.xxxxxx.**
2. Select **Pay In Full** on the bottom bar. A pop-up box will appear.
3. Enter the total amount as well as the reference number (use check # or credit card approval code). Click **Accept**.
4. Once the payment is posted you can select . If a receipt is needed follow the instructions on page 5.
 - **NOTE: If the request was a pre-bill add the receipt and notify the processor records are ready to be sent.**

Creating a Receipt:

1. Select  **Add Letter** and enter ROI RECEIPT then click **Accept**.



Invoicing Guidelines

2. A pop-up screen will appear. Select F2 on your keyboard to advance to the areas that need information entered.
3. Select **save as draft** then **accept**. Notify processor request is ready to be sent.

ROI RECEIPT

Patient: Zlest Old, Ken, M
MRN: 1218742
Invoice Number: []

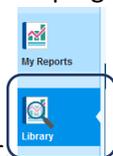
Holy Family Memorial Inc
2021 S ALVERNO RD
MANITOWOC WI 54200

Total Amount Billed: \$ []
Amount Paid: \$ []
Date Paid: 05/21/21
Payment Source: (payment source:149348)
Reference: ***
Amount Due: \$ []

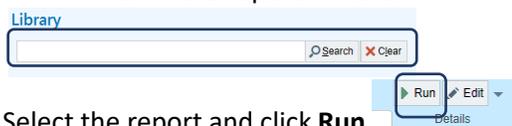
Save to File Print Fax Save Draft Accept Cancel

Running a Batch in Epic:

1. Select the **EPIC** drop-down on the top right. Go to Reports then  My Reports



2. Select **Library** on the left banner.
3. In the search bar type in ROI SA 800 USER BATCH SUMMARIES and click **search**.
 - **NOTE:** the report will show all users, this can be edited to show only you.



4. Select the report and click **Run**
 - **NOTE:** to save a report as a favorite click the  that appears to the left of the template. Once that is selected the report will now appear under my reports tab on the left banner and you can skip steps 2 & 3.
5. Select **print** and choose how many copies are needed.

Invoicing Guidelines

Daily Cash Sheet:

- On the Daily Cash Sheet (see example on page 8) fill out column 2 (check payments, credit card payments & total) using the numbers from the batch report ran in EPIC.

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	PER MANUAL RECEIPTS	PER USER BATCH	START UP CASH	TOTAL REC'TS AND START UP	CASH/CKS/CC COUNTED	(OVER) UNDER
ADU: CASH PMTS	0.00	0.00	0.00	= 0.00	0.00	
CHECK PMTS	0.00		0.00	=		
CREDIT CARD PMT	0.00		0.00	=		
TRAVELERS CKS	0.00	0.00	0.00	= 0.00	0.00	
MONEY ORDERS	0.00	0.00	0.00	= 0.00	0.00	
TOTAL	0.00		0.00	=		

- Skip column 3. To fill out column 4 add all the numbers from column 1-3.
- Add up all the credit card payments and checks you received and posted that day.
 - NOTE:** using a calculator that prints what is inputted is recommended for easy review.
- Fill out column 5 (check payments, credit card payments & total) using the numbers from step 3.

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	PER MANUAL RECEIPTS	PER USER BATCH	START UP CASH	TOTAL REC'TS AND START UP	CASH/CKS/CC COUNTED	(OVER) UNDER
ADU: CASH PMTS	0.00	0.00	0.00	= 0.00	0.00	
CHECK PMTS	0.00		0.00	=		
CREDIT CARD PMT	0.00		0.00	=		
TRAVELERS CKS	0.00	0.00	0.00	= 0.00	0.00	
MONEY ORDERS	0.00	0.00	0.00	= 0.00	0.00	
TOTAL	0.00		0.00	=		

- Compare the totals in columns 4 and 5. These numbers should match. If they do not match go back and review these steps as well as what was posted in epic. If you can not figure out why column 4 and 5 do not match, record the over or under amount in column 6.

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	PER MANUAL RECEIPTS	PER USER BATCH	START UP CASH	TOTAL REC'TS AND START UP	CASH/CKS/CC COUNTED	(OVER) UNDER
ADU: CASH PMTS	0.00	0.00	0.00	= 0.00	0.00	
CHECK PMTS	0.00		0.00	=		
CREDIT CARD PMT	0.00		0.00	=		
TRAVELERS CKS	0.00	0.00	0.00	= 0.00	0.00	
MONEY ORDERS	0.00	0.00	0.00	= 0.00	0.00	
TOTAL	0.00		0.00	=		

- Give reports and payments to leadership.

Invoicing Guidelines

Sample Letters & Forms:

DAILY CASH SHEET

DATE: _____
 NAME: _____
 LOCATION: _____

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
	PER MANUAL RECEIPTS	PER USER BATCH	START UP CASH	TOTAL REC'TS AND START UP	CASH/CKS/CC COUNTED	(OVER) UNDER
AUJ:						
CASH PMTS	0.00	0.00	0.00	0.00	0.00	
CHECK PMTS	0.00		0.00			
CREDIT CARD PMT	0.00		0.00			
TRAVELERS CKS	0.00	0.00	0.00	0.00	0.00	
MONEY ORDERS	0.00	0.00	0.00	0.00	0.00	
TOTAL	0.00		0.00			

This Total will agree to the User Batch Report from EPIC.

For Deposit Purposes only:

Less: Start Up _____

Subtotal _____

Less: Credit card receipts _____

Deposit Total _____

BRIEF INSTRUCTIONS:

- Total amounts paid as listed on manual receipts (cash, checks, charges, travelers ck, money orders are listed separately) and record in column 1.
- Record amounts from EPIC User Batch Report in column 2.
- Record the start up cash amount for your cash box in column 3.
- Add each item in columns 1 to 3 across. Record totals in column 4.
- Count cash/coins, total checks, charge slips, travelers cks and money orders collected and record totals in column 5.
- Verify that amounts in column 4 agree to amounts in column 5.
- If you cannot figure out why column 4 and 5 do not agree, record over or under amount in column 6.
- Arrange all manual receipts in numerical order and record receipt numbers in the Receipts section in the lower right hand corner of this spreadsheet.

AAH deposit in the bank all cash, travelers cks, money orders and checks. To help the accounting department reconcile their deposit, please fill in the grayed out area by subtracting your start up cash (which you will keep) and credit card sales (which are submitted electronically). The deposit total will not necessarily agree to the user batch report.

MANUAL RECEIPTS
 .BEG. MANUAL RECEIPT NO: _____
 ENDING MANUAL RECEIPT NO: _____

work-comp
O.D

 **Aurora Health Care®**

PO Box 090996
 Milwaukee, WI 53209-0996
 Phone (414)-979-4590
 Fax (414) 979-2702

RELEASE OF INFORMATION INVOICE

Patient: _____

Hickey & Turim
 5150 N Port Washington Rd
 Ste 243
 Glendale, WI, 53217

Invoice Number: 225565
 Billing Date: 4/5/2018

Number of Paper Pages	212	
Cd	1	
Sub Total		\$26.00
Amount Due		\$26.00

Please include a copy of the invoice with payment

Send payment to:
 Aurora Health Care
 ATTN: Medical Records-Release of Information
 P.O. Box 090996
 Milwaukee, WI 53209-0996
 TIN 39-1442285

E-mailed
work-comp

 **Aurora Health Care®**

PO Box 090996
 Milwaukee, WI 53209-0996
 Phone (414)-979-4590
 Fax (414) 979-2702

RELEASE OF INFORMATION INVOICE

Patient: _____

Argent Insurance
 1900 S 18th Ave
 West Bend, WI, 53095

Invoice Number: 225595
 Billing Date: 4/5/2018

Electronic Records	57	
Sub Total		\$26.00
Amount Due		\$26.00

Please include a copy of the invoice with payment

Send payment to:
 Aurora Health Care
 ATTN: Medical Records-Release of Information
 P.O. Box 090996
 Milwaukee, WI 53209-0996
 TIN 39-1442285