

FLOW: Posting individual patient payemtns

1 Viewing Patient Ledger

The screenshot displays the 'Ledger' page for a patient named 'Test, Dummy - TESDU000'. The interface includes a navigation bar, a patient selection dropdown, and a 'Billing Information' summary table. Below this is a search bar for transactions and a detailed table of ledger entries.

Billing Information Summary:

Insurance	Est Due	Charges:	Primary
Ins 1: Aetna, Aetna, Aetna	\$75.00	\$1,427.00	Balance
Ins 2: None	\$0.00	Adjustments: \$0.00	Std Ded
HOH: Test, Dummy	\$425.00	Ins Pmts: -\$875.00	Prv Ded
		Patient Pmts: -\$52.00	Other Ded
		Total: \$500.00	Ins 1 Used
			Ins 1 Max
		Current: \$500.00	30 Days: \$0.00

Transaction List:

Date	Note	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Inst Paid	Ins2 Paid
8/21/25		Dummy	4	D0330	panoramic radiographic image	NIC00			\$400.00	Completed	\$0.00				\$400.00		<input checked="" type="checkbox"/>
8/21/25		Dummy	4	D0140	limited oral evaluation - problem focused	NIC00			\$100.00	Completed	\$0.00				\$100.00		<input checked="" type="checkbox"/>
8/12/25		Dummy	4	D0150	comprehensive oral evaluation - new or e	NIC00			\$27.00	Completed	-\$25.00	-\$2.00			\$0.00		<input checked="" type="checkbox"/>
7/22/25		Dummy	4	INSCHECI	Insurance Check Payment	NIC00			-\$25.00	Completed	\$0.00				\$0.00		
8/12/25		Dummy	2	PATCHECI	Patient Check Pymt	NIC00			-\$2.00	Completed					\$0.00		
7/14/25		Dummy	2	D0330	panoramic radiographic image	NIC00			\$400.00	Completed	-\$400.00				\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7/14/25		Dummy	2	INSCHECI	Insurance Check Payment	NIC00			-\$400.00	Completed							

2 Procedures have been posted and the account shows a patient balance due

Billing Information

Insurance	Est Due	Charges:	Primary	Individual
Ins 1: Aetna, Aetna, Aetna	\$75.00	\$1,427.00	Balance	\$500.00
Ins 2: None	\$0.00	Adjustments: \$0.00	Std Ded	\$50.00/\$50.00
HOH: Test, Dummy	\$425.00	Ins Pmts: -\$875.00	Prv Ded	\$0.00
		Patient Pmts: -\$52.00	Other Ded	\$0.00
		Total: \$500.00	Ins 1 Used	\$925.00
			+ \$75.00	\$9
			Ins 1 Max	\$1,000.00
				\$2.5
		Current \$500.00	30 Days \$0.00	60 Days \$0.00
				90+ Days \$0.00

Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Collections In Date	Collections Phase
4	D0330	panoramic radiographic image	NIC00			\$400.00	Completed	\$0.00				\$400.00				
4	D0140	limited oral evaluation - problem focused	NIC00			\$100.00	Completed	\$0.00				\$100.00				
4	D0150	comprehensive oral evaluation - new or e	NIC00			\$27.00	Completed	-\$25.00	-\$2.00			\$0.00				
4	INSCHECI	Insurance Check Payment	NIC00			-\$25.00	Completed	\$0.00				\$0.00				
2	PATCHECI	Patient Check Pymt	NIC00			-\$2.00	Completed					\$0.00				
2	D0330	panoramic radiographic image	NIC00			\$400.00	Completed	-\$400.00				\$0.00				
2	INSCHECI	Insurance Check Payment	NIC00			-\$400.00	Completed					\$0.00				

3 On the left menu, click New Pat Payment/Adj

Ledger

Patient: Test, Dummy - TESDU000

Show All Recent and Open Billings
 Show Family
 Show All History
 Hide Zero Balances
 Only Ins Pending

Detail View | Sort by Date

Search transactions

Date	Note	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj
8/21/25		Dummy	4	D0330	panoramic radiographic image	NIC00			\$400.00	Completed	\$0.00			
8/21/25		Dummy	4	D0140	limited oral evaluation - problem focused	NIC00			\$100.00	Completed	\$0.00			
8/12/25		Dummy	4	D0150	comprehensive oral evaluation - new or e	NIC00			\$27.00	Completed	-\$25.00	-\$2.00		
7/22/25		Dummy	4	INSCHECI	Insurance Check Payment	NIC00			-\$25.00	Completed	\$0.00			
8/12/25		Dummy	2	PATCHECI	Patient Check Pymt	NIC00			-\$2.00	Completed				
7/14/25		Dummy	2	D0330	panoramic radiographic image	NIC00			\$400.00	Completed	-\$400.00			
7/14/25		Dummy	2	INSCHECI	Insurance Check Payment	NIC00			-\$400.00	Completed				
7/14/25		Dummy	2	D1110	prophylaxis - adult	NIC00			\$150.00	Completed	-\$100.00	-\$50.00		

4 Select the correct form of payment from the drop-down menu

The screenshot shows the 'Payment Amounts' form with the following fields and values:

- Payment Date: 08/21/2025
- Payment Code: **PTDBT - Patient Debit Card Payment** (selected in the dropdown menu)
- Adjustment Code: PATADJ - Adjustment
- Patient Estimate Due: \$425.00
- Account Balance: \$500.00
- Distributed Payment: \$0.00
- Total Adjustment: \$0.00

Buttons: Pay Amount, Process Card

Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
		NIC00	\$400.00	\$75.00			\$325.00			\$400.00	\$75.00	\$325.00		
		NIC00	\$100.00				\$100.00			\$100.00		\$100.00		

5 Enter Total Payment amount

The screenshot shows the 'Payment Amounts' form with the following fields and values:

- Payment Date: 08/21/2025
- Payment Code: **PTDBT - Patient Debit Card Payment** (selected in the dropdown menu)
- Adjustment Code: PATADJ - Adjustment
- Patient Estimate Due: \$425.00
- Account Balance: \$500.00
- Distributed Payment: \$0.00
- Total Adjustment: \$0.00

Buttons: Pay Amount, Process Card

The 'Total Payment' field is highlighted with an orange circle.

Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
		NIC00	\$400.00	\$75.00			\$325.00			\$400.00	\$75.00	\$325.00		
		NIC00	\$100.00				\$100.00			\$100.00		\$100.00		

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When you enter the payment amount, you will notice that the system will automatically distribute the payment to the procedures with a patient amount due.

You can change where this money applies as needed. The system is set up to automatically apply to the oldest procedures with a balance first.

If you need to apply the payment to a different procedure, simply remove the payment from the current box and add it to the correct procedure you want to apply to.

Family Charges
Today's Charges
How Billing:

Patient Estimate Due
\$425.00

Account Balance
\$500.00

Distributed Payment
\$425.00

Total Payment
Pay Amount Total Adjustment

Check/Payment Number
Pay Amount Process Card

Force CC Payment
 Save Card Info

Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
		NIC00	\$400.00	\$75.00			\$325.00			\$400.00	\$75.00	\$325.00	-\$325.00	
		NIC00	\$100.00				\$100.00			\$100.00		\$100.00	-\$100.00	

Summary Row:
Fee: \$500.00, Ins Est: \$75.00, Ins Adj: \$0.00, Ins Paid: \$0.00, Pat Est: \$425.00, Pat Adj: \$0.00, Pat Paid: \$0.00, Balance: \$500.00, Ins Due: \$75.00, Pat Due: \$425.00, Pmt Tdy: -\$425.00, Adj Tdy: \$0.00

Default to the Ledger Selection

System Tray: 105°F Sunny, 11:39 AM 8/21/2025

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You will see that you have fully distributed the payment when your payment matched the distributed payment match

Patient Payment Entry

Payment Info

Patient: **Test, Dummy - TESDU000** Only Charges At: **All facilities**

Hide Zero Balance Charges Show Family Charges
 Hide Pending Ins Charges Show Only Today's Charges
 Hide Items With Credit Balance Only Show Billing:

Payment Amounts

Payment Date: **08/21/2025** Payment Code: **PTDBT - Patient Debit Card Payment** Adjustm: **PATA**

Patient Estimate Due: **\$425.00** Total Payment: **\$425.00** Total Ad: **\$0.00**

Account Balance: **\$500.00** Check/Payment Number:

Distributed Payment: **\$425.00**

Force CC Payment
 Save Card Info

Patient Charges

Date	Name	Billing	Code	Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins
8/21/25	Dummy	4	D0330			NIC00	\$400.00	\$75.00			\$325.00			\$400.00	\$:
8/21/25	Dummy	4	D0140			NIC00	\$100.00				\$100.00			\$100.00	

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Click the save icon on the upper right corner or

Browser tabs: Creating New, Scribehov, Microsoft edg, Patient Payme, FLOW: Enterin, FLOW: Enterin, FLOW: ADDIN, FLOW: ADDIN

1-bb2d-4b29-9bba-01f180908e5c/false

TESDU000 - Dummy Test

At: **s**

Only Today's Charges

ow Billing:

Payment Amounts

Payment Date: **08/21/2025** Payment Code: **PTDBT - Patient Debit Card Payment** Adjustment Code: **PATADJ - Adjustment**

Patient Estimate Due: **\$425.00** Total Payment: **\$425.00** Total Adjustment: **\$0.00**

Account Balance: **\$500.00** Check/Payment Number: **Process Card**

Distributed Payment: **\$425.00**

Force CC Payment
 Save Card Info

Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pat Paid	Balance	Ins Due	Pat Due	Pmt Tdy	Adj Tdy
		NIC00	\$400.00	\$75.00			\$325.00			\$400.00	\$75.00	\$325.00	-\$325.00	
		NIC00	\$100.00				\$100.00			\$100.00		\$100.00	-\$100.00	

9 Click Save Changes on the left menu

Payment Info

Patient: Test, Dummy - TESDU000
 Only Charges At: All facilities

Hide Zero Balance Charges
 Hide Pending Ins Charges
 Hide Items With Credit Balance

Show Family Charges
 Show Only Today's Charges
 Only Show Billing

Payment Amounts

Payment Date: 08/21/2025
 Payment Code: PTDBT - Patient Debit Card Paymer

Patient Estimate Due: **\$425.00**
 Account Balance: **\$500.00**
 Distributed Payment: **\$425.00**

Total Payment: [Input Field]
 Check/Payment Number: [Input Field]

Patient Charges

Date	Name	Billing	Code	Tooth	Surface	Provider	Fee	Ins Est	Ins Adj	Ins Paid	Pat Est	Pat Adj	Pa
8/21/25	Dummy	4	D0330			NIC00	\$400.00	\$75.00			\$325.00		
8/21/25	Dummy	4	D0140			NIC00	\$100.00				\$100.00		

10 On the ledger you will see the payments posted to the individual procedures.

HUH: Test, Dummy SU.UU Patient Pmts: -\$477.00 Prv Ded
 Total: \$75.00 Other Ded
 Ins 1 Used
 Ins 1 Max \$
 Current \$75.00 30 Days \$0.00 60 Days \$0.00

Note	Name	Billing	Code	Description	Provider	Tooth	Surface	Amount	Status	Ins Pd	Pat Pd	Ins Adj	Pat Adj	Bal	Ins1 Paid	Ins2 Paid	Collections Tr
	Dummy	4	D0330	panoramic radiographic image	NIC00			\$400.00	Completed	\$0.00	-\$325.00			\$75.00			<input checked="" type="checkbox"/>
	Dummy	4	PTDBT	Patient Debit Card Payment	NIC00			-\$325.00	Completed								
	Dummy	4	D0140	limited oral evaluation - problem focused	NIC00			\$100.00	Completed	\$0.00	-\$100.00			\$0.00			<input checked="" type="checkbox"/>
	Dummy	4	PTDBT	Patient Debit Card Payment	NIC00			-\$100.00	Completed								
	Dummy	4		evaluation - new or e	NIC00			\$27.00	Completed	-\$25.00	-\$2.00			\$0.00			<input checked="" type="checkbox"/>
	Dummy	4	INSCHECI	Insurance Check Payment	NIC00			-\$25.00	Completed		\$0.00			\$0.00			
	Dummy	2	PATCHECI	Patient Check Pymt	NIC00			-\$2.00	Completed					\$0.00			
	Dummy	2	D0330	panoramic radiographic image	NIC00			\$400.00	Completed	-\$400.00				\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Dummy	2	INSCHECI	Insurance Check Payment	NIC00			-\$400.00	Completed								
	Dummy	2	D110	prophylaxis - adult	NIC00			\$150.00	Completed	-\$100.00	-\$50.00			\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Dummy	2	INSCHECI	Insurance Check Payment	NIC00			-\$100.00	Completed								
	Dummy	2	PATCHECI	Patient Check Pymt	NIC00			-\$50.00	Completed								
	Dummy	2	D0120	periodic oral evaluation - established pati	NIC00			\$50.00	Completed	-\$50.00				\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Items View Ledger Items View: Detail - All