

# HCFA Form Manager 5

## Program Guide

Install Software	1
Program Setup	2
Managing Form Templates	7
Entering Form Information	9
Editing Existing Patient Forms	13
Printing Forms	15
Printer Calibration	18
Importing Forms	20
Navigation	21

## If installing from a CD . . . .

Insert the CD into the appropriate drive.

If the CD does not automatically start, click on the **Windows Start button** and select **Run...** from the menu.

Enter **D:\Setup.exe** (where D: is the drive letter of your CD/DVD Drive) and click **OK**.

## If installing using the trial version downloaded from the internet . . . .

If you downloaded the ZIP version you will need to extract the file to access the HFM5Installer.exe

Run the HFM5Installer.exe application

## The Setup Wizard screens guide you in the installation process....

**Welcome Screen:** Click **NEXT**

**License Agreement Screen:** Read the agreement and click on the **I accept the agreement** option. Click **Next**

**Information Screen:** View the **Please Read Me** instructions. Click **Next**

**Select Destination Location Screen:** The default location is **C:\HCFA Form Manager 5**. You can change the location or use the default location.

**Ready to Install Screen:** Click **Install** and in the final screen click **Finish**

### **Read Me**

The trial version is activated by the [HFMRegistration.dat](#) file. This file is included on the disc and is installed automatically when the software is installed from the CD Disc. If you install the download trial version you will need this file to activate it. The file is emailed to you at the time of purchase and you will place the file in the **HCFA Form Manager 5 folder**.



## Setup

Below are descriptions of each item in the setup menu.

### 1. Choose Form Version – 2 choices are available.

NUCC 1500 (08/05) Form

NUCC 1500 (02/12) Form

You can make your selection the default form loaded each time you start the software.

The NUCC approved the following transition timeline at its in-person meeting in Chicago on August 1, 2013.

- January 6, 2014: Payers begin receiving and processing paper claims submitted on the revised 1500 Claim Form (version 02/12).
- January 6 through March 31, 2014: Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Claim Form (version 08/05).
- April 1, 2014: Payers receive and process paper claims submitted only on the revised 1500 Claim Form (version 02/12).

### 2. Provider Information

**Add / Edit Provider Names**

Provider List  ▼

Provider Name

Address

City, State, Zip

Telephone

NPI #

Other ID #

When entering information do not use any punctuation marks such as periods, commas, quotation marks etc. as some insurance carriers will refuse these forms because they cannot accurately scan the forms electronically. This also applies to all fields on the form itself. The **ONLY EXCEPTIONS** are when entering zip codes as 9 digit codes you can use the hyphen and when entering dates in **Section 12** and **Section 31** you can use the hyphen ( - ) or the backslash ( / ). Do not use the hyphen when entering phone numbers.



Setup

Below are descriptions of each item in the setup menu.

### 3. Facility Information

The screenshot shows a window titled "Service Facilities" with the following fields and buttons:

Service Facilities	Facility One	▼
Facility Name	Facility One	
Address	Barton Road	
City, State, Zip	Loma Linda, CA. 292929	

Buttons: Insert, Edit, New, Delete, Close

When entering information do not use any punctuation marks such a periods, commas, quotation marks etc. as some insurance carriers will refuse these forms because they cannot accurately scan the forms electronically. This also applies to all fields on the form itself. The **ONLY EXCEPTIONS** are when entering zip codes as 9 digit codes you can use the hyphen and when entering dates in **Section 12** and **Section 31** you can use the hyphen ( - ) or the backslash ( / ). Do not use the hyphen when entering phone numbers.

Continued from previous page.



Setup

Below are descriptions of each item in the setup menu.

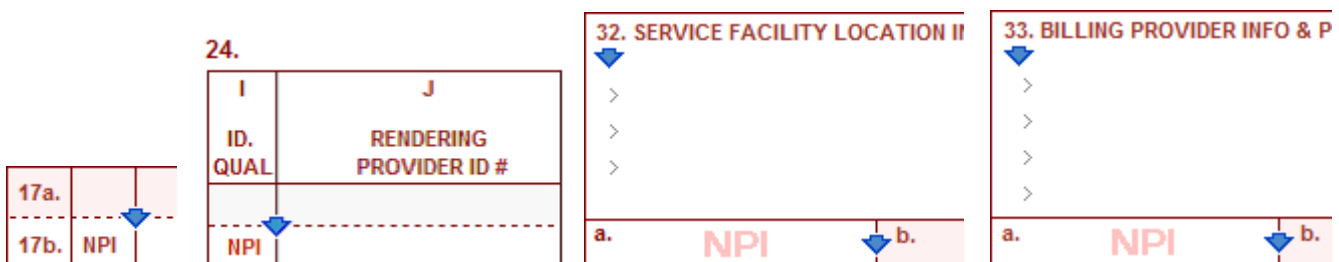
4. Other I.D. Numbers

Other I.D. Numbers		
I.D. Name	Qualifier	Number
Test One	RP	1234567890
<input type="text"/>	<input type="text"/>	<input type="text"/>

The provider enters a name for any **non-NPI number** being created along with the I.D.'s 2 digit qualifier and 12 digit number. These I.D.'s must not contain any spaces, hyphens or other separators.

Other I.D. Numbers and /or NPI Numbers are entered in the following sections...

- Section 17 A
- Section 24 I (qualifier) lines 1 thru 6
- Section 24 J (number) lines 1 thru 6
- Section 32 A & B
- Section 33 A & B





Setup

Below are descriptions of each item in the setup menu.

### 5. Insurance Carriers

Insurance Carriers

Insurance Carriers: National Insurance

Insurance Company: National Insurance

Address: 1000 Insurance Blvd.

City, State, Zip: Reeses Point, NC. 00123

Buttons: Insert, Edit, New, Delete, Close

You can enter up to 100 insurance names and addresses.

When editing a form you select the applicable insurance carrier by clicking on the button at the upper right corner of the HCFA 1500 form as shown in the graphic below and selecting the carrier from the drop-down menu. The insurance carrier name and address will be included at the top of the form when it is printed. If you do not want to assign the form to any insurance carrier you can select **No Insurance Carrier** from the drop-down menu.

No Insurance Carrier

1a INSURED'S I.D. NUMBER (For Program In Item 1)

Continued from previous page.



## Setup

Below are descriptions of each item in the setup menu.

### 6. **Backup Data to...**

Click this menu item for a list of storage devices you can backup program data to.

### 7. **Sound and Color**

You can turn on or off program sounds and change the form caption color to red or black.

### 8. **Create Program Shortcut Icon**

If for some reason you are unable to find the desktop shortcut for this software you can use this function to re-create one.

## Creating Templates

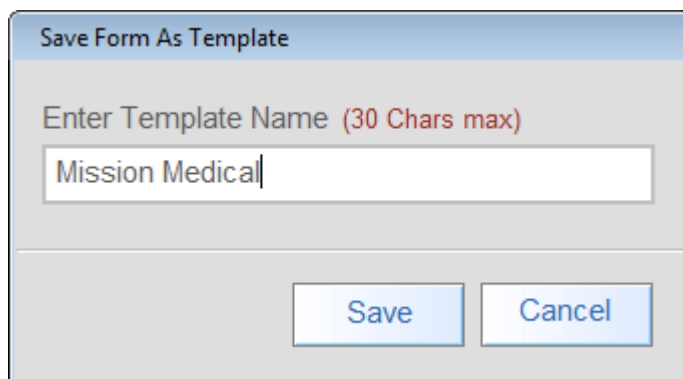
Since each health plan may require different information you may find it useful to create templates for each plan and load them as needed. Information entered into a template field will disable that field so when the template is loaded the user cannot enter information into those fields.



Click on the **Templates** icon and select **Create New Template** from the drop-down menu. A blank HCFA 1500 form will be displayed on screen. Enter information into any fields that should contain preset text. Any field you enter information into will be disabled in the template and users will be prevented from entering information in them. All new patient records created using this template will contain the information you enter into this template. A template can later be edited but any patient HCFA forms already created using the template will not reflect the changes made during editing.



After entering information for the template click on the **Save** icon. The **Save Form As Template** dialog box will be displayed as shown in below. Enter the name for the template and click **Save**.

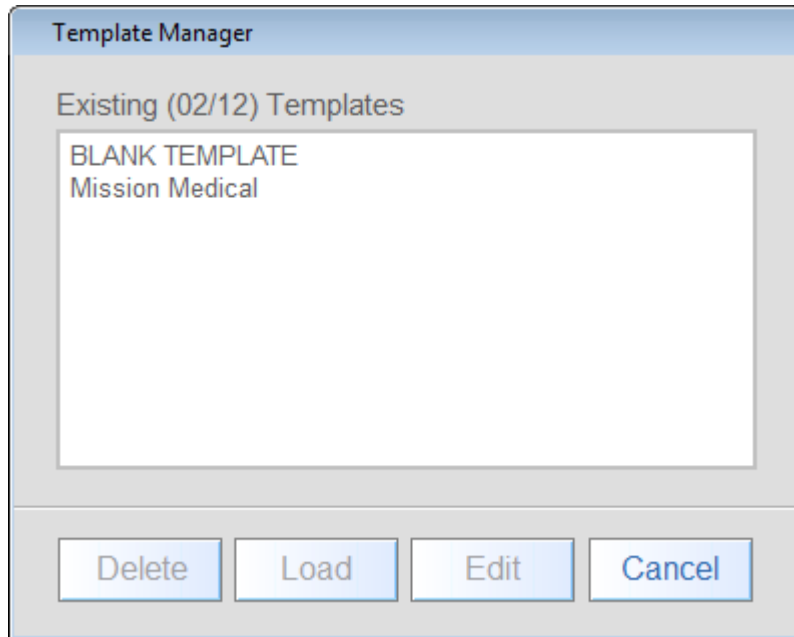
A screenshot of a dialog box titled "Save Form As Template". It has a light blue header bar. Below the title, there is a text prompt "Enter Template Name (30 Chars max)" in red. Underneath is a white text input field containing the text "Mission Medical". At the bottom of the dialog, there are two buttons: "Save" and "Cancel", both with blue text and light blue backgrounds.



## Load/Manage Templates



Click on the **Templates** icon and select **Load/Manage Templates** to show all available form templates as shown below.



### Loading an existing template...

Select the template and click **Load**. After the template has been loaded a message box will ask if you want to make this the default template. If you select YES , each time you start the program this template will be loaded as the default form template and all new patient records created will be based on it until a different template is loaded. If you select NO , this template will only be used until a different template is loaded or until you close the program..

**NOTE:** If no template has previously been selected as the default template form the default template **BLANK TEMPLATE** will be used.

### Edit an existing template...

Select the template and click **Edit**. The Templates dialog box will close and the template will be loaded and ready to edit.



Edit the template and click on the **Save** icon to apply the template changes. You can also save the template as a new template by changing the name in the **Save Form As Template dialog box** as described on the previous page.

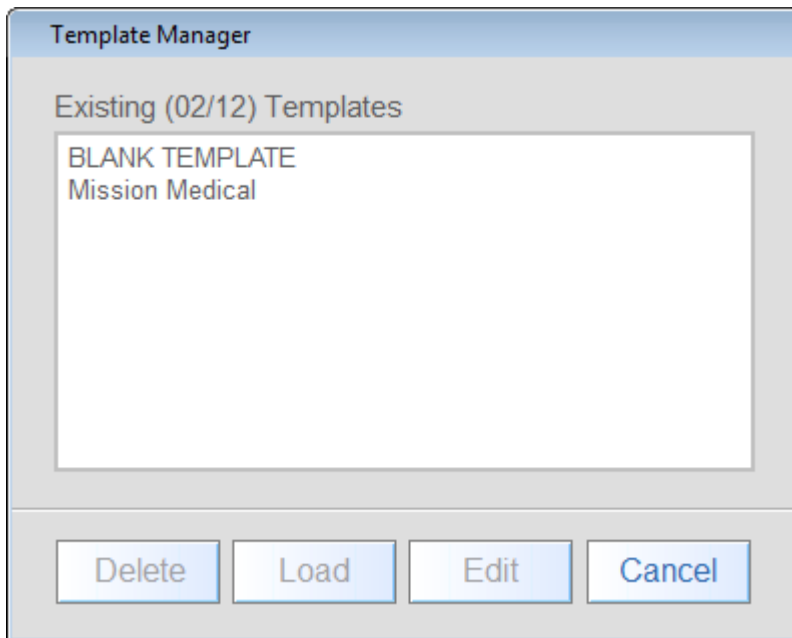
**NOTE :** You cannot edit or delete the Blank Template as this is the default template if no other templates are available.

## Entering Form Information

When creating a new HCFA form you must first select a template that corresponds to the insurance carrier you are billing. If a template does not exist you can use the program's default blank template or creating a specific form template as described on Page 7.




Click on the **Templates** icon and select **Load/Manage Templates** from menu to show all available form templates as shown below.

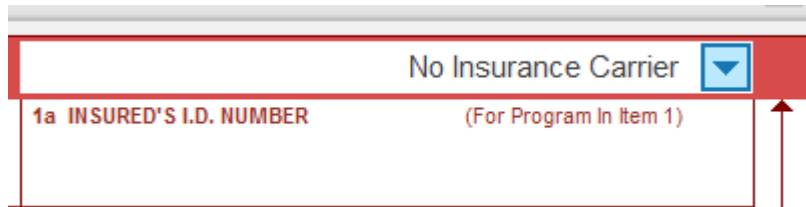


Select the template and click **Load**. After the template has been loaded a message box will ask if you want to make this the default template. If you select YES , each time you start the program this template will be loaded as the default form template and all new patient records created will be based on it until a different template is loaded. If you select NO , this template will only be used until a different template is loaded or until you close the program..

**NOTE:** If no template has previously been selected as the default template form Blank Template will be used.

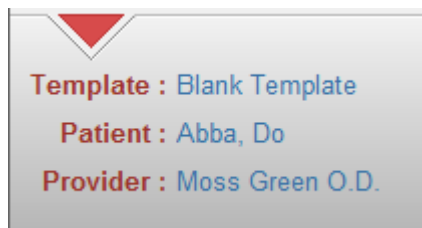
Click on the **Create**  icon to enter information for a new patient form.

Select the insurance carrier this form will be submitted to from the drop down list by clicking on the arrow button at the top-right corner of the form as shown below. If the insurance carrier is not listed you can click on **Add New Company** at the top of the list to access the Insurance Carrier screen deescribed on Page 5.



The screenshot shows a form header with a red border. At the top, there is a dropdown menu with the text "No Insurance Carrier" and a blue downward-pointing arrow. Below this, there is a text input field with the label "1a INSURED'S I.D. NUMBER" and a subtitle "(For Program In Item 1)". To the right of the input field, there is a red vertical bar with a white upward-pointing arrow.

To enter information, click on the appropriate field or use the **Enter,Tab, Up or Down arrow keys** to move back and forth through the fields. Each field will be highlighted in pale green as an indicator that the field can be edited. As you enter the patient name in **Section 2** of the form their name will appear in the **form information block** at the lower left-corner of the program screen as shown below. Likewise when entering a provider name in **Line 1, Section 33** the name will also appear here as well as the template name.



The screenshot shows a grey box with a white downward-pointing arrow at the top. Inside the box, there are three lines of text: "Template : Blank Template", "Patient : Abba, Do", and "Provider : Moss Green O.D.".

Check boxes  require an **X** as input.

When editing a check box, pressing any key or the left mouse will enter an **X** on the box .

If you load a template that has fields already filled in, these fields cannot be changed by the user. If information is incorrect on the template the template must be edited prior to it's use.

When entering information onto a form you should refrain from using punctuation such as periods, commas, hyphens, slash-backslash etc... as some insurance carrier's scanners are confused by them and the form may be rejected. **HOWEVER** you **must** use a comma to separate the **LAST name** from the **FIRST name** in **Section 2** of the form. You may also use a hyphen or backslash when entering dates in **Section 12** and **Section 31**.

The following sections require you enter the provider's NPI number and/or their Other I.D. number....

- **Section 17 A**
- **Section 24 I (qualifier) lines 1 thru 6**
- **Section 24 J (number) lines 1 thru 6**
- **Section 32 A & B**
- **Section 33 A & B**

The diagram illustrates four form sections with arrows indicating where to click to insert identifiers:

- Section 17:** A table with two rows. The first row has a cell labeled '17a.' and an empty cell. The second row has a cell labeled '17b.' and a cell labeled 'NPI'. A blue arrow points down from the empty cell in row 1 to the 'NPI' cell in row 2.
- Section 24:** A table with two columns labeled 'I' and 'J'. Column 'I' has a cell labeled 'ID. QUAL'. Column 'J' has a cell labeled 'RENDERING PROVIDER ID #'. Below the table, a blue arrow points down to a dashed line, which then points to a cell labeled 'NPI'.
- Section 32:** A box titled '32. SERVICE FACILITY LOCATION II'. It contains three lines, each starting with a right-pointing chevron '>'. Below the box, there are two cells labeled 'a.' and 'b.'. A blue arrow points down from the top of the box to the 'b.' cell.
- Section 33:** A box titled '33. BILLING PROVIDER INFO & P'. It contains three lines, each starting with a right-pointing chevron '>'. Below the box, there are two cells labeled 'a.' and 'b.'. A blue arrow points down from the top of the box to the 'b.' cell.

On any of the blue arrows **Left Click** to select and paste an existing **Other I.D. Number** into the **b.** box of the appropriate section or **Right Click** to select and paste an existing **NPI Number** into the **a.** box of the appropriate section. These identifiers can also be typed in if they are not already in the database.

Enter the location address where the service was performed in **Section 32**. Click on the arrow below the caption in **Section 32** to select one already in the database. Click the **Insert** button and the information will be inserted into the section.

Enter the billing provider information in **Section 33**. Click on the arrow below the caption in **Section 33** to select one already in the database. Click the **Insert** button and the information will be inserted into the section.

You can also access these 2 databases when the text cursor is in line 1 of either of the 2 sections by pressing the **DOWN ARROW** key while pressing the **SHIFT** key.



When you are finished entering information click the **Save** icon. If this is a new patient the form will be **automatically saved**. However, if a patient with the same name and birth date already exists the **Save Patient Form** dialog box will appear as shown below.

Save Patient Form

Record(s) with this patient name and date of birth already exist.

Patient Name	DOB	Created	Provider	Claim Type	Status
Abba Do	--	11-01-13 08:06 pm	Moss Green O D	None	Pending
Abba Do	--	11-01-13 08:07 pm	Moss Green O D	None	Pending

No Address or Phone  
Form 1500 (08/05)

You may select one of the existing patient's records and click the **Replace Record** button to overwrite the selected record with the new record information. If you do not wish to replace any of the patient's existing records, click on the **Save New Record** button.

**NOTE:** When you click on a record in the list the patient's address and phone number is displayed below the list and can be useful in determining whether or not the patients are the same. The form version is also displayed below the address.

When finished with the form .....



To meet privacy concerns you can click on the **Reset** icon to clear the information from the on screen form. The data is not erased from the patient's saved form but simply cleared from the screen form. To view the form again you must access it from the **Patients** screen.

**IMPORTANT:** If you were editing a form of a different version type than the current default form type clicking on the Reset icon also changes the form type back to the current default type.

## Edit/View Existing Patient Forms

When a new HCFA form is created and saved the patient's name in **Section 2** and their birth date in **Section 3** are used to create a record that can later be viewed and edited. A patient's previous form can be edited, relevant information changed to reflect the current office visit and either saved as a **new record** or the existing record can be replaced with the updated record.



Click on the **Patients** icon to display the **Existing Patient HCFA Forms** screen as shown in below. This screen displays all existing patient HCFA form records and shows their birth date, date the form was created or last updated, the provider's name and whether the form is pending or paid. Select a name in the list and the patient's address and phone number and the form type will be displayed below the list.

Existing Patient HCFA Forms

Provider: All Providers  Find Patient:

Patient Name { 2 }	DOB	Created	Provider	Claim Type	Status <input type="button" value="?"/>
Abba Do	--	11-01-13 08:06 pm	Moss Green O D	None	Pending
Abba Do	--	11-01-13 08:07 pm	Moss Green O D	None	Pending

No Address or Phone  
Form 1500 (08/05)

[Click to Hide Paid Records](#)


Sort by ...  Name  Pending  Paid

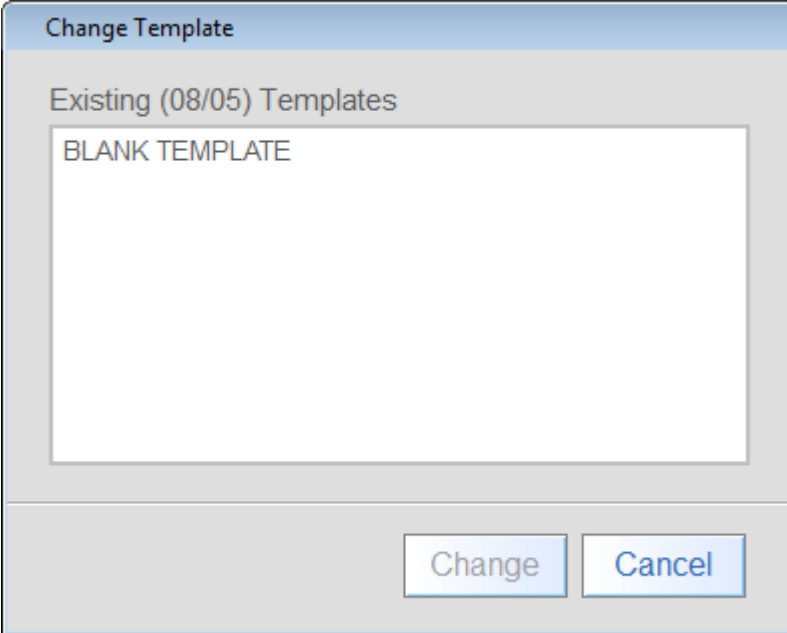
Select a patient from the list and click **View/Edit**. This screen will close and the selected patient form will be displayed on the program's main screen. The name of the currently loaded patient form, the template used to create it and the provider's name is shown at the lower left-hand portion of the screen.

To edit the selected patient form click on the **Edit**  icon.

**Optional: Update Form**  **Icon.**


If the patient form you are editing was created using the **(08/05)** form and you want to change it to the newer **(02/12)** form click on the **Update Form** icon.

**Optional: Change Template**  **icon.** If you want to change the form's template click the **Change Template** icon and the **Change Template** dialog box will appear as shown below. If you do intend to change the template it is recommended doing so prior to making any other form changes.



The image shows a dialog box titled "Change Template". It has a header bar with the title. Below the header, there is a section labeled "Existing (08/05) Templates". Inside this section is a list box containing the text "BLANK TEMPLATE". At the bottom of the dialog box, there are two buttons: "Change" and "Cancel".

Select the template that you want this form to use and click **Change**.

When you have finished editing the patient's form click on the **Save**  icon and the **Save Patient Form** dialog box will be displayed as shown in as described on Page 12.

When finished with the form .....



To meet privacy concerns you can click on the **Reset** icon to clear the information from the on screen form. The data is not erased from the patient's saved form but simply cleared from the screen form. To view the form again you must access it from the **Patients** screen.

**IMPORTANT:** If you were editing a form of a different version type than the current default form type clicking on the Reset icon also changes the form type back to the current default type.

# Printing Forms



Click on the **Print** icon to display the **Print Form** dialog box shown below.

**Print Form**

Select Printer

Samsung Universal Print Driver 2 ▼ Calibrate

Print Form in Red

Batch Print by Date

Start Date 11/04/2013 End 11/04/2013

All Insurance Carriers ▼

Font Size 8 ▼ Record Settings

Select Form Type

Pre-Printed Form Software Generated Form

Additional Print Options

Blank Form Form Instructions

Close

Select the printer to use from the drop-down printer list.

Select the font size to use when printing data on to the form. This can vary by printer. 8 is the default setting.

If the printer selected is a color printer and you are not printing to pre-printed forms you can print the actual form in red and the form data in black by placing a ✓ check-mark in the box labeled **Print Form in Red**. If you are using pre-printed forms or want the entire form to print in black you must un-check this box.

To print all forms created during a specific time period ✓ check-mark the box labeled **Batch Print by Date** and enter the date range you want to print. You can further filter the results of the batch print by selecting a specific insurance carrier from the drop-down list below the date range boxes. All forms created within these dates and belonging to a certain insurance carrier, if selected, will be printed.



Continued from previous page.

There are 2 methods for printing forms.

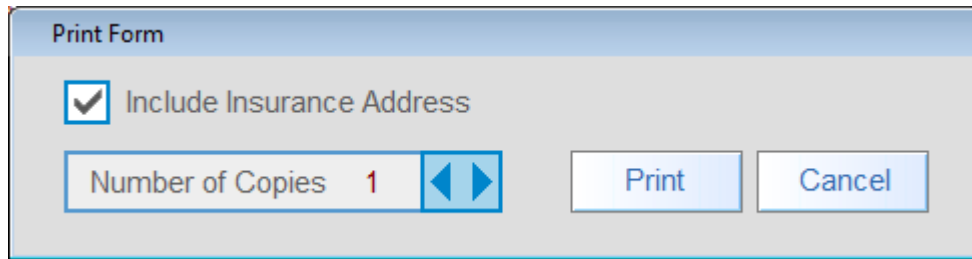
1. Print form data to a pre-printed HCFA 1500 form.

Insert your pre-printed HCFA 1500 form into the printer.  
Click the **Pre-Printed Form** button.

2. Print form data to a software generated HCFA 1500 Form.

Insert blank paper into the selected printer and click the **Software Generated Form** button. A HCFA 1500 form representation will be printed in black unless the **Print Form in Red** box is  checked. The data entered on the form will be printed in black.

After clicking on a print button the **Print Form** screen will appear shown below.



Select how many copies of each form you want to print and whether or not to include the name and address of the Insurance Carrier assigned to this form in the upper right-hand corner of the form. The print insurance carrier option is not available when printing blank forms for hand entry of data.

If a single form is printing on multiple pages or form data is not in proper alignment then see **Page 18** for **Printer Calibration**.

**Important.** Form data does not need to be precisely placed in each field of the form to be properly scanned by insurance carriers. Alignment just needs to be close as shown below.

The following examples will scan properly  

29. AMOUNT PAID
\$ 165 00

29. AMOUNT PAID
\$ 165:00

If **Batch Print by Date** is  check marked the screen shown below instead of the **Print Form** screen shown on the previous page.

Batch Print from 06/02/2013 to 11/02/2013

Print	Patient Name	Form Date
Yes	Abba Do	11-01-13 08:06 pm
Yes	Abba Do	11-01-13 08:07 pm

Select . . .  All  Pending  Paid      Forms Selected : 2

Include Insurance Address

Number of Copies 1

The **Batch Print** screen lists all forms that match the date range and insurance carrier settings as described on Page 15. You can remove the ✓ check for any form you do not wish to print. You may further filter the results by clicking on the **Pending** or **Paid** options just below the list. When one of these options is selected the list is updated to reflect the choice. Only those forms in the list and ✓ checked are printed.

Select how many copies of each form you want to print and whether or not to include the name and address of the Insurance Carrier assigned to this form in the upper right-hand corner of the form. The print insurance carrier option is not available when printing blank forms for hand entry of data.

If a single form is printing on multiple pages or form data is not in proper alignment then see **Page 18** for **Printer Calibration**.

**Important.** Form data does not need to be precisely placed in each field of the form to be properly scanned by insurance carriers. Alignment just needs to be close as shown below.

The following examples will scan properly  

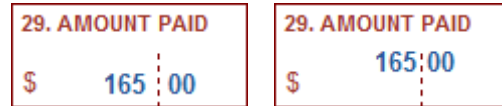
29. AMOUNT PAID
\$ 165 : 00

29. AMOUNT PAID
\$ 165:00

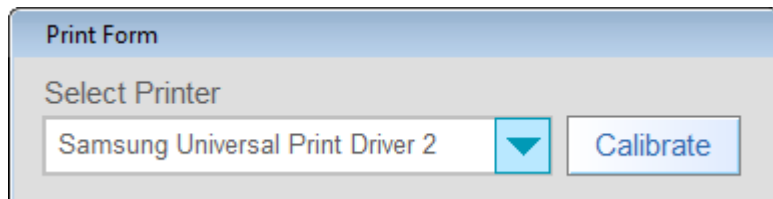
## Printer Calibration

Since all printers have different characteristics it may be necessary to calibrate the selected printer to align the information properly when printing data onto **pre-printed forms**. Misalignment can also be due to slight variations of the **pre-printed forms** themselves. Because of these slight differences it may not be possible to get the data to print precisely in each box or field and it is not required to do so. Data need only be printed in the approximate assigned area to be successfully read by automatic data scanners.

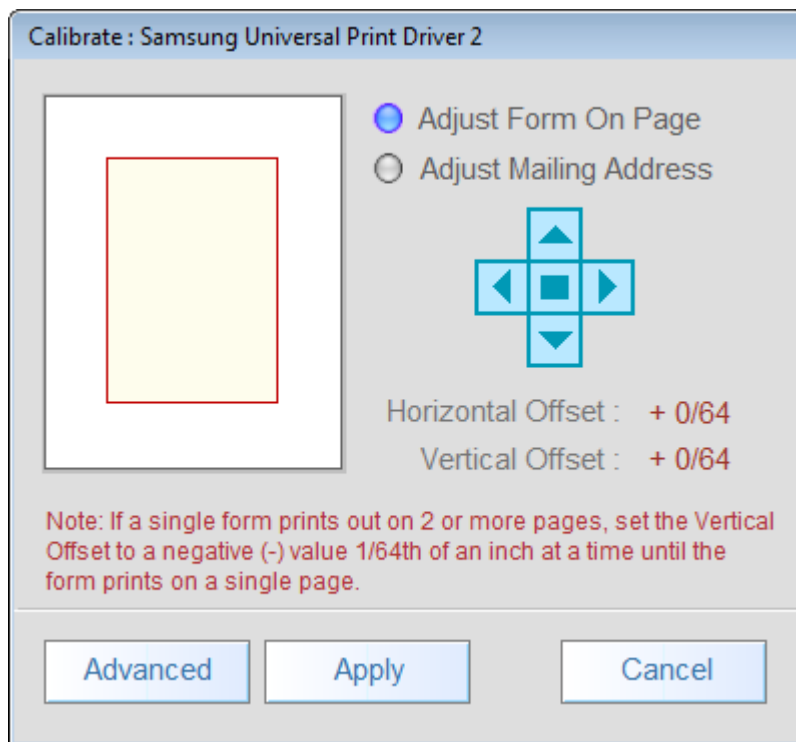
The following examples will scan properly  



Click on the **Print**  icon to show the **Print Form**.



Select the printer to calibrate and click the **Calibrate** button.



From this screen you can adjust separately both the position of the data printed on the form and the printed position of the insurance carrier's mailing address at the top right of the form.

As shown below the text printed onto the form is too high and too far to the left and needs to be shifted to the right and down.

- Adjust Form On Page
- Adjust Mailing Address

HEALTH INSURANCE CLAIM FORM		
1. MEDICARE	MEDICAID	TRICARE
<input type="checkbox"/> (Medicare #)	<input checked="" type="checkbox"/> (Medicaid #)	<input type="checkbox"/> (ID#)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		
COYOTE, WYLE E		



Horizontal Offset : + 0/64  
Vertical Offset : + 0/64

Use the **right arrow button** to move the print to the right on the form +1/ 64 of an inch at a time. This is the **Horizontal Offset**

Use the **down arrow button** to move the print down on the form +1/ 64 of an inch at a time. This is the **Vertical Offset**

Click on the **Apply** button to make this the default setting for the selected printer. Each time you select this printer these settings will be used.

Print to a **pre-printed form** and check the alignment. If the alignment is off recalibrate again. You may have to do this several times to find the correct settings.

**IMPORTANT:** If you are **not printing on a pre-printed form** but instead are printing a **Completed Form** and it is printing on multiple pages such as the form itself on one page and the data on a separate page this usually is a **Vertical Offset** error. Use the **up arrow button** to move the print up on the form -1/ 64 of an inch at a time and recheck the print out.

For even more precise control you can change the print location of individual fields on the form by clicking the **Advanced** button.

HEALTH INSURANCE CLAIM FORM						Form 1500 (02/12)	
1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP HEALTH PLAN	FECA BLK LUNG	OTHER	
<input type="checkbox"/> (Medicare #)	<input type="checkbox"/> (Medicaid #)	<input type="checkbox"/> (ID#/DoD#)	<input type="checkbox"/> (Member ID #)	<input type="checkbox"/> (ID#)	<input type="checkbox"/> (ID#)	<input type="checkbox"/> (ID#)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE		SEX	
<input type="text"/>				MM	DD	YY	M <input type="checkbox"/> F <input type="checkbox"/>

Hovering the mouse cursor over a field for a second or two will show that field's **Vertical and Horizontal** offset. Right clicking on the field will show a menu allowing you to move the field's printout **up, down, right and left** 1/64 at a time. Hover on the field again to check the new setting. When finished click the **Save** icon.

**Note:** You do not actually see the fields move on the screen form when making adjustments. The adjustments made to the field are reflected when the form is sent to the printer.

If you have been using an earlier version of HCFA Form Manager and want to use patient forms created by it you can import them into this new version.



Click on the **Patients** icon to display the **Existing Patient HCFA Forms** screen as shown on Page 13. Click the **Import (08/05) Forms** button to display the screen below.

*Import Patient Forms From A Pervious Version*

Import HCFA Forms From.....

D: [NEW VOLUME]

- D:\
- HFM Backup
- Patient HCFA Forms
- Templates

Patient Name	DOB	Created	Provider
Abba Do	--	07-03-07 09:47 am	Moss Green O D
Abba Do	--	07-03-07 09:47 am	Moss Green O D
Kirker Thomas	12-25-1956	09-08-13 05:21 pm	Doctor One
Kirker Thomas	12-25-1956	09-15-06 01:32 pm	Doctor One
Kirker Thomas	12-25-1956	10-11-06 01:58 pm	Doctor One
Kirker Thomas	12-25-1956	10-11-06 01:58 pm	Doctor One
Smith James X	10-15-1988	04-12-07 02:27 pm	Doctor One
Smith James X	10-15-1988	10-05-06 03:15 pm	Doctor One
Smith James X	10-15-1988	10-11-06 02:04 pm	Doctor One
Test HJohn	--	10-05-07 09:03 am	DoDa
Test Robert	--	07-19-06 08:16 pm	Dr Joe
Test Robert	--	08-27-08 09:04 am	Dr Joe

Include All Forms

If these imported (08/05) forms are later updated to the newer (02/12) forms please verify and correct any data that may not be correctly applied to the appropriate fields. This is especially critical for the diagnosis codes in Section 21 of the (02/12) form.

You can navigate to the folder location of the Patient HCFA Forms and import all forms contained in that folder or just select individual patient forms to import.

## Speed Keys – while editing patient forms.

Pressing the **Space** bar while the cursor is in the **Date** field of **Sections 12 & 31** automatically enters the current date into the field.

Pressing the **Space** bar while the cursor is in any field in **lines 2 thru 6 of Section 24** automatically copies the same data entered in the field above it to the current field.

When entering the **Dates of Service in Section 24** you can copy the **MM/DD/YY** values entered in the **From Dates of Service** fields to the **To Dates of Service** fields by pressing the **Enter/Return** key while the cursor is in a blank **To Dates of Service** field.

Hold the **Ctrl** key and press the **Up or Down arrow keys** to move to the first field in the next or previous section on the form.



### Setup

Set the type of form version to use (08/05) or (02/12).  
 Edit Provider Information including NPI numbers.  
 Edit Facility Information.  
 Edit Provider's other I.D. numbers.  
 Edit Insurance Carrier Information.  
 Backup Program Data to storage devices.  
 Turn Program Sounds on and off. Set on screen form captions to black or red.



### Print

Send forms to selected printer.  
 Printer Calibration – Fine tune where data is printed on the forms.



### Templates

Create templates for often used insurance forms. Enter static info into templates so you do not need to enter that data each time you create a new form.



### Reset

Clears the form's data currently on display from the screen. If you reset after loading and editing a patient's previous created form the screen form version is changed back to the original form version if it was different from the one just edited.



**Edit**

Opens an existing patient form for editing that has been loaded from the **Existing Patients HCFA Forms** screen. The patient's form is displayed in the form version it was last saved in. Either **(08/05)** or **(02/12)**.



**Create**

Opens a new patient form of the form version type you have currently selected, either **(08/05)** or **(02/12)** and with the template you have chosen. If no template is chosen it will open using the default blank template.



**Patients**

Opens the **Existing Patients HCFA Forms** screen. All previously created patient forms are shown here. From this screen you can view, edit and delete patient forms. You can also import forms created in earlier versions of this software.



**Update Form**

Update a patient form you are editing that was created using the **(08/05)** form version to the newer **(02/12)** form version. This is a one way process and you cannot update a newer form version to an older from version.



**Change Template**

Change a patient's form template to a different template. When changing a form's existing template you should verify that the current data has transferred correctly into the new template and make any changes necessary due to the possible differences between the old and the new template.

## End of Program Guide