Atlas Chiropractic Systems

User Manual

Created: Monday, December 08, 2014

Atlas Chiropractic Systems

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Atlas Chiropractic Systems

Online **Manual**

Welcome to the Atlas Chiropractic Systems online User Manual. Browse through the help pages by clicking on the icons below or selecting pages in the Table of Contents to the left. To quickly find specific product information, enter search criteria in the search box above and click the search button.

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CA Screen (CHAS)

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CLA Integration

Subjective Questions

Ask Us

If you're unable to find what you're looking for in this help system, try these alternative resources:

Our Website
Knowledgebase
FAQ

or contact our support team:
Email:
support@atlaschirosys.com
Phone: 1-866-762-8527

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Backup:

Atlas Integrated Backup is designed to assist users in the data backup process. It is not implied to ensure proper data backup in the event of database corruption or loss. Atlas strongly recommends implementing and maintaining a proper backup system, based on your specific clinic needs. Proper backup consists of multiple database copies, testing backup copies and maintaining backup copies off-site. Mission Critical data should be backed up each day. Consult an IT specialist for assistance.

Customer Support:

Atlas Support personnel are trained specifically on the Atlas Chiropractic Software. On occasion, they are able to assist with general computer support (networking, antivirus, configuration). Atlas recommends that issues outside of the scope of Atlas Support be directed to the appropriate Support professional. A qualified, onsite IT technician can provide you with the most accurate information to resolve your Technical Issues. Atlas Support may be able to assist your technician in resolving issues regarding your Operating System or System Maintenance, to help facilitate the proper function of Atlas.

Support Contact Information:

Mon-Thur: 8am to 7:30pm EST   Fri: 8am to 4:30pm EST

Phone: 1-866-76ATLAS (2-8527)

Fax: 1-705-648-6260

Email: support@atlaschirosys.com

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System Requirements

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Download System Requirement Document

Main Computer / File Server (Small or Mid-Size Office):

	Minimum Specs	Recommended Specs
Operating System	Win 7 or 8 Home Version	Win 7 or 8 Professional
Processor	Intel (or AMD) Dual Core	Intel (or AMD) Quad Core
Memory (RAM)	2GB or higher	4GB or higher
Hard Drive	100 GB +	250GB +
Network Card	100mb Ethernet (no wireless)	Gigabit Ethernet (no wireless)
Monitor / Resolution	17" 1024x768	19" 1024x768
USB Connections	At least 1 free (for Reader)	At least 1 free (for Reader)
Input	Keyboard / Mouse	Keyboard / Mouse

Workstation (Network PC's): Minimum Requirements

	Adjusting Table	Administration	Sign In (See Below)
Operating System	Win 7 or 8 Home	Win 7 or 8 Home	Win XPSP3 or above
Processor	Intel (or AMD) Dual Core	Intel (or AMD) Dual Core	Pentium 4 or higher
Memory (RAM)	2GB	2GB	1GB

Hard Drive	40 GB (limited storage)	40GB (limited storage)	40GB
Network Card	100mb Ethernet (no wireless)	100mb (no wireless)	10/100 (no wireless)
Monitor / Resolution	23" 1920x1080 Touchscreen capable	17" 1024x768 Standard Moniotor	17" 1024x768 Touchscreen optional
USB Connections	At least 1 free (for Reader)	Optional unless assigning cards/fobs	At least 1 free (for Reader)
Input	Keyboard / Mouse	Same	Keyboard / Mouse

- A separate PC is required for Patient Sign In - see additional information in the Basic Technical Details section
- Atlas is optimized for Touchscreen monitors at the Adjusting Tables
- Family Check-In on Sign-In requires a touchscreen monitor or mouse for user input
- Subjective Questions at Sign-In requires a resolution of 1920x1080 and a touchscreen or mouse for input

Server (Optional):

	Minimum	**Recommended**
Operating System	Windows 2003 Standard	Windows SBS or Standard 2011
Processor	Pentium 4 2.8 GHz	Intel (or AMD) Quad Core or better
Memory (RAM)	4GB	6GB or higher
Hard Drive	100 GB (limited storage)	250 GB +
Network Card	10/100 (no wireless)	Gigabit Ethernet (no wireless)
Monitor / Resolution	17" 1024x768	17" 1024x768
USB Connections	Not required	Not required
Input	Keyboard / Mouse	Keyboard / Mouse

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Basic Technical Details

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Atlas recommends consulting a qualified Network Professional to install your computers, network and software.
Working with a trusted IT professional can save time and money.

You are responsible for your data backup:
Fire, Theft, Virus or Staff Negligence can render your database
unusable - restoring a backup may be your only solution.

Atlas Requires a stable network to perform properly. This includes hardwiring all connections (NO WIRELESS CONNECTIONS) and properly maintained hardware and operating system.

Operating Systems:

Atlas runs on Windows XP, Vista, Windows 7 and Windows 8. It also supports Windows Server OS 2003 and higher and Windows Small Business Server OS 2003 and higher. Either 32 or 64 bit OS are supported. Home versions of Windows OS are not recommended as Servers (Main Computers) - they have limits to how many computers can connect at one time.
Atlas must be installed on a Windows Operating System.
Atlas can be installed on a Mac running Windows Parallels Desktop or Bootcamp on a workstation but we do not support or recommend running Atlas on a Mac Server (Main Computer). Consult a trusted, local IT professional for support on Mac hardware.

Network Infrastructure:

Small offices (1-5 computers) and mid-size offices (6-9 computers) can take advantage of simple peer-to-peer networks utilizing a Windows 7 or 8 computer as a 'File Server'. Larger offices (10+ computers) may be advised by their IT professional to install a Windows Server. This Server does not require any additional software (SQL, etc) for Atlas and can be configured as a simple File Server.

Database Backup:

Atlas does not store or retain any data for backup purposes. The Atlas software does have the ability to create a 'restore point' daily basis and must be properly configured to work. This is only a small part of a Complete Backup Strategy. Atlas strongly recommends consulting with a trusted, local IT professional to create a backup plan. A good backup plan consists of local and off-site data storage. Refer to our Backup Strategy Manual available on our Support Site or www.atlaschirosys.com/backup for further information.

Network Connections:

Atlas requires a hardwired network, wireless networks are not supported. Wireless networks are subject to interference from the environment and dropped packets (data). Atlas also recommends high speed internet into your office to aid with remote troubleshooting, support and updates.

Sign-In PC Options:

Your Atlas software requires a separate PC for Patients to electronically 'check in' to your office. This PC does not have the workload other machines in your network will have and typically does not need to be as powerful. There are other features your Sign In PC can perform, such as Subjective Sign In and Family Check-In options. These additional features require enhanced hardware - See the System Requirements.

Hard Drive (Storage) Space Requirements:

Your database size depends on many factors. Among these include how long you have been using Atlas, how much data converted into Atlas from a previous system and how many images and document files you store for each Patient. These images and documents can include X-Rays, EMG Scans, New Patient intake forms, re-exam forms and more. Most new computers come equipped with large hard drives (500GB or more) which should be sufficient for most databases.

Battery Backup / UPS:

Atlas recommends the use of a UPS (Battery Backup) for each computer and networking component in your office. It is important to remember two things when choosing / installing a UPS.
1. Be sure to use a UPS that can handle the power draw of your components.
2. If you do not use a UPS on your network hardware (router, modem, switch, etc) your network will become unusable in the event of a power outage.
Consult with an IT professional for your specific requirements.

Calling Module (optional):

The Atlas Calling Module helps direct Patients to available Adjusting Tables or Exam Rooms, based on specific configuration. Setup and use of the Calling Module requires:

- Microphone: to record Patient names and Table location information
- Speakers: plugged into the computer designated as the 'Calling Computer' Atlas recommends a headset microphone with earphones to allow the recorder to create and check sounds.

Imaging (optional):

To import film X-Rays and/or Documents into your Atlas system, you will need a digital camera (at least 4 megapixels) and a TWAIN compliant document scanner. Most hardware today will easily meet these requirements.

Additional Hardware:

Atlas utilizes RFID Cards and/or Fobs to electronically sign Patients into the system. This equipment can be purchased directly from Atlas. In addition, you will need RFID readers at your Front Desk, Sign In and Adjusting Tables. In order to print Statements, Reports and other items out of Atlas you will need a standard local or networked Printer. Atlas software is compatible with almost all current Printers. A credit card reader will also be required if you are using the Atlas PowerPay feature (see PowerPay manual for details).

Additional Software:

To utilize the Health Articles feature at the Adjusting Table, you will need a copy of Microsoft Word installed. In addition, you may need a PDF viewer to view PDF documents at the Adjusting Table also.

- Imasight: Atlas integrates with the latest version of Imasight Digital X-Ray system to import x-rays and to setup work orders.
- Insight Millennium (CLA): Atlas integrates with the latest version of Insight Millennium software to import Patient EMG scans.
- Other Imaging Software: Atlas has created an feature for other Imaging Software companies to interface with Atlas allowing import from a variety of other systems - see additional documentation for details on this feature.

Hardware Acquisition:

The best option for finding hardware (computers, networking components, wiring, etc) is to consult with a trusted, local IT professional. If you are looking for hardware on your own, consider your local outlets (Best Buy, Tiger Direct, local businesses) or Cybernet http://www.cybernetman.com/en/touchscreen-all-in-one-pc

When requesting a quote from Cybernet, include model # H24A-ACS8527 Contact their Sales Team for more details.

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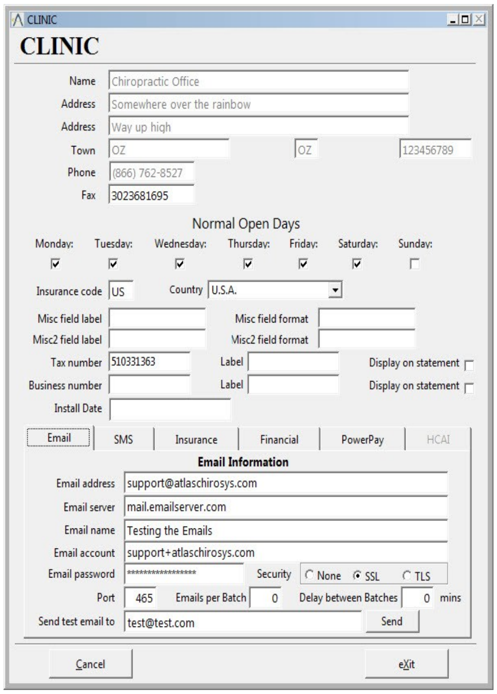
SETUP > INITIAL SETUP > CLINIC DETAILS



- **Clinic Details:** The Clinic Details are your clinics' information. These details appear on your Patient Statements and other financial reports as well as Insurance Forms. This information is in accordance with your license agreement. If you require changes to these fields, please contact Atlas Support.
- **Normal Open Days:** The days your clinic is open are checked in this area. You can change this information. Any day that is checked will be available via quick tab on the Main Schedule.
- **Insurance Code/Details:** This code is set in accordance with your clinic details. Typically it is not necessary to make changes to this area unless instructed by Atlas Support.
- **Email:** Your Atlas Software has the ability to email out to Patients (both individual emails and mass emails). To do this, it uses your outgoing email information (also known as SMTP settings). This information is available from your email provider. See Email for more information.
- **SMS:** Atlas offers a 'pay-per-use' SMS feature. Your SMS setup details are entered through this tab. See SMS for more information.
- **EDI:** This tab is where to enter specific details pertaining to your insurance setup. Typically it is not necessary to make changes to this area unless instructed by Atlas Support.
- **Financial:** The Financial tab is for bank routing information. Typically it is not necessary to make changes to this area unless instructed by Atlas Support.
- **PowerPay:** PowerPay is a 'pay-per-use' feature available from Atlas Software. The details regarding your PowerPay account are entered in this tab. See PowerPay US or PowerPay Canada for more information.
- **FAX:** The FAX number can be entered by end users. Simply type into the Fax box.

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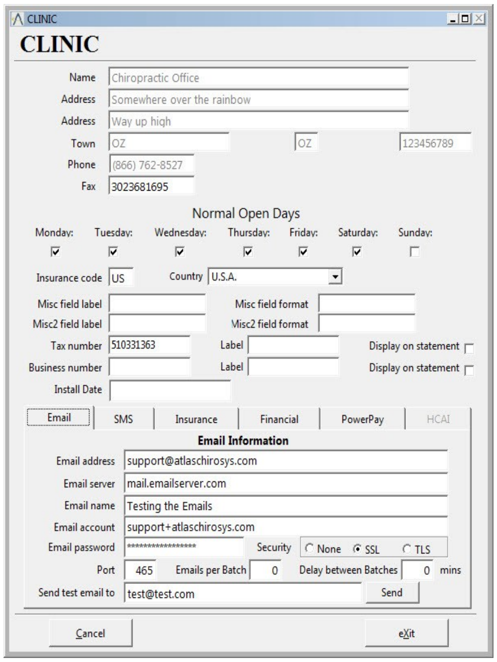

Navigate to the Email Tab to setup your Email Details.

The email details are your clinic email details as supplied by your email host (Yahoo.com, Google.com, Hotmail.com, Internet hosting provider or your website hosting provider). Atlas Support personnel do not typically have these details.

- **Email Details:** the email address you are using
- **Email Server:** the outgoing email server for your email address - also referred to as SMTP server
- **Email Name:** the name you want to appear on outgoing emails - typically your clinic name
- **Email Account:** the login name for your email account
- **Email Password:** the password for your email account
- **Security:** check off the correct type of security used for your email account. (None is selected by default)
- **Email Port:** the outgoing email port used by your email provider - Default port is 25 for no security, 465 for SSL, and 587 for TLS.

NOTE: if you fail to enter your proper outgoing email information, Atlas will not be able to send email. If you receive an error report when testing the send function, refer to the report for details. You may need to contact your email host for further instructions.

The Atlas software is not capable of receiving email.

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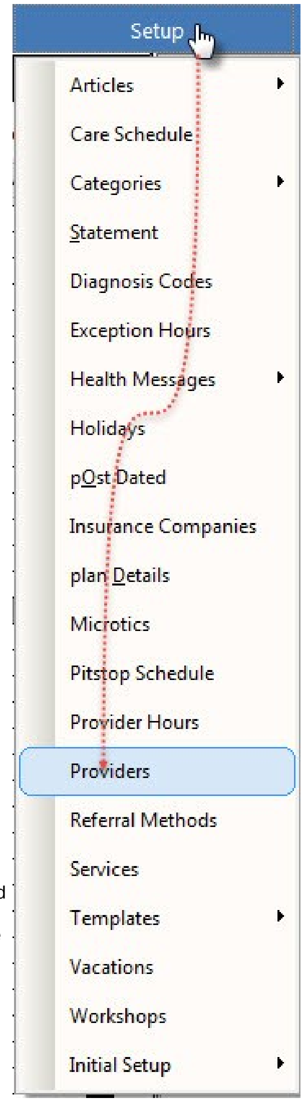
SETUP > PROVIDERS

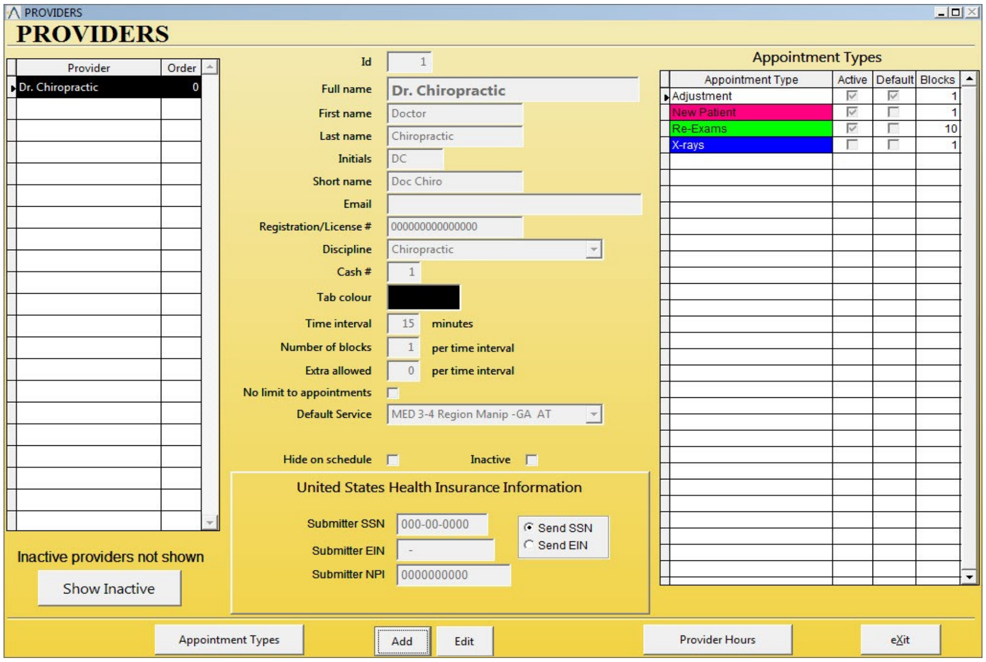
The first step in successfully configuring your new software is to properly setup your Providers list. This will reflect current Doctors, massage therapists, etc that will be using the Atlas schedule.
To ADD a new Provider, click the Add button at the bottom of the screen.
To EDIT any existing Provider details, click the Edit button at the bottom of the screen.
There is also an option to view Providers previously marked as 'Inactive' by using the Show Inactive button.
NOTE: your screen may look slightly different based on your Insurance setup.

1. **Provider Details:** area to EDIT or ADD Provider information – each entered Provider will have a separate tab on the Atlas schedule, be able to post charges and collect payments.

- **ID:** the unique ID number assigned by Atlas to each Provider
- **Name:** the full name of the Provider
- **First / Last Name:** the first and last name of the Provider
- **Initials:** Provider Initials (for best results, enter unique initials)
- **Short Name:** Provider name formatted for Schedule tabs
- **Registration/License #:** local registration or license number which will print on Patient Statements and Insurance forms as needed
- **Discipline:** the discipline your Provider will belong to - which can be used to limit the information they can view in the VTC for each Patient
- **Cash #:** Identification number of the CASH drawer for the Provider. NOTE: multiple CASH drawers can be created in System Information to separate CASH reports for Providers, as needed. In most situations, Providers can use one CASH drawer.
- **Tab Colour:** the color you want the Provider tab to display on the Main Screen
- **Time Interval:** interval between Appointment times, in minutes (ex: 15 minutes = 8:00 / 8:15 / 8:30)
- **Number of Blocks:** number of cells (columns) across in a time interval on the schedule (requires restart)
- **Extra Allowed:** number of cells 'hidden' behind Patient demographic area on Appointment Matrix
- **Default Service:** Service to be charged when the Provider presses POST ADJUSTMENT from the VTC (see TRANSACTIONS section)
- **Hide On Schedule:** use this check box to create a Provider that you can bill transactions to, but who does not require a schedule to be created
- **Inactive:** check this box to inactivate a Provider –inactive Providers will not display a schedule or be available for future billing but will remain on previous transactions

1. **Setup for Health Insurance:** use this to enter Insurance numbers for specific Providers (see Insurance)
2. **Change Provider Order:** on the Provider grid (located on the left of the screen) you can change the Provider order (the order their tabs display on the Main Screen) by changing the Order number scheme
3. **Appointment Types:** be sure to select which Appointment Types are associated with each Provider and be sure to select a Default Appointment Type for each Provider (See Appointments for more details)
4. **Blocks:** be sure that you assign the correct number of blocks to use per Appointment Type marked active. This is how we reflect how long each Appointment Type will take on your schedule. In this example the provider is setup for 15 minute time intervals, with 3 blocks across. The default appointment type is Adjustment, and it takes up 1 block on the schedule, which in this case will represent a 5 minute adjustment. You will be unable to leave this screen until all active appointments have their number of blocks configured.
5. **Provider Hours:** click this button to configure each Providers default hours (See Provider Hours for more details)





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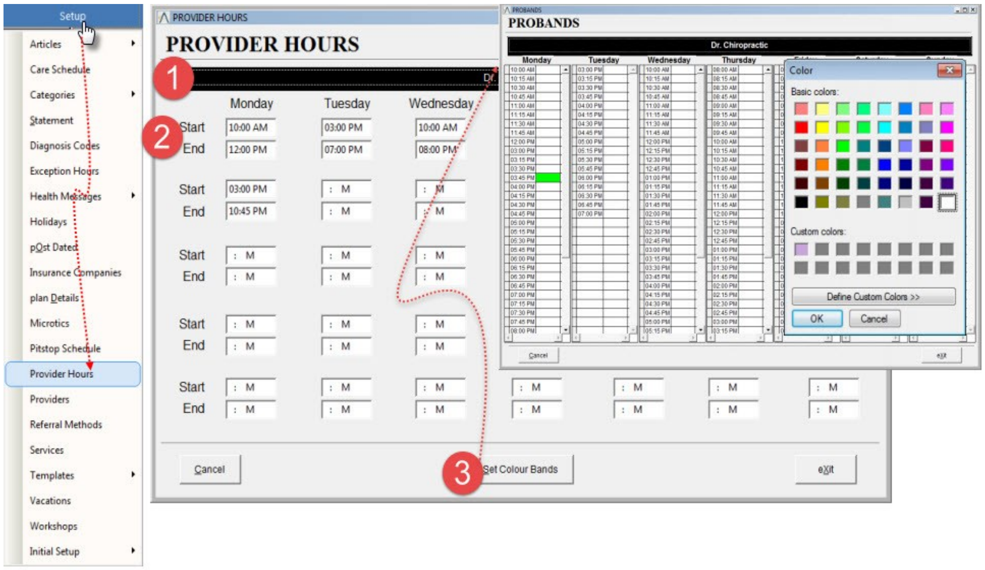

Provider hours are designed to allow proper scheduling for Patient Appointments on each Providers day sheet. There are multiple ways to change the Default Provider hours – vacations, holidays and Exception Hours. Learn more on vacations, holidays and Exception hours in the next sections.

1. **Provider Tabs:** each Provider can have unique hours for their Appointment Matrix (Schedule)
2. **Time Input Boxes:** input start and end times for each portion of the day – remember to properly format the number and choose AM or PM. Also remember to enter the correct times you want to schedule for: in the above image, Monday appointments can be scheduled up to 10:45AM meaning we will be finished adjusting by 11:00AM (lunch time!)
3. **Set Color Bands:** when hours have been input, click on Set Color Bands to open another window. NOTE: Color Bands pop-out displays only part of actual window. See Color Bands for more information

NOTE: Once changes have been made to the providers' hours, you will get a pop up notification if there are any existing appointments that were booked within the changed hours that will no longer be visible on your day sheet. You may remove such appointments by right clicking on the appointments in the patients' appointment ledger and selecting 'Delete'.

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Color Bands

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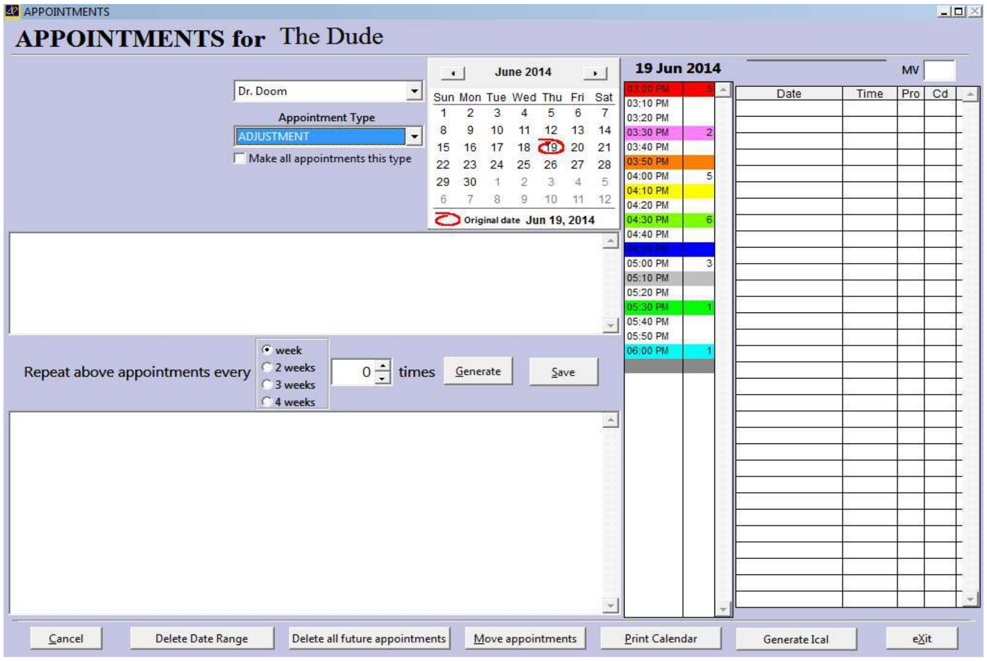
Color Banding allows you to color code specific time slots on your schedule allowing a visual reminder for Doctor Report times, Workshop times, breaks, etc. You can now leave a time slot open on the schedule but color code it to remind staff not to book that time or to only book specific Appointments for that time. Color banding is Provider specific. Follow the image in Provider Hours for more details.

- Click on the cell you wish to Color Band
- Choose desired color from the popup window
- Each cell must be color coded individually – there is no mass color option
- NOTE: Atlas recommends setting color bands one Provider at a time then saving the changes (use EXIT in bottom right corner) and moving to the next Providers' bands.

Color Banding is also visible when booking through the Appointments Screen as of version 3.94.



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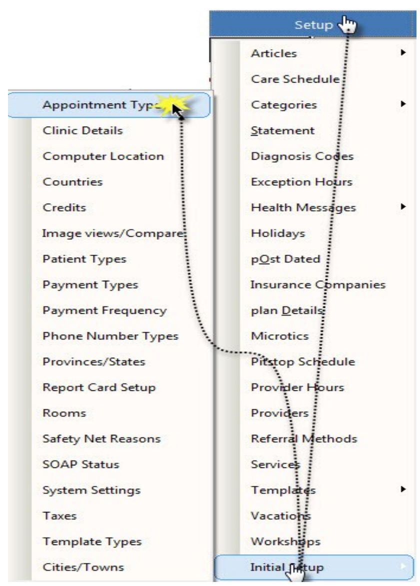
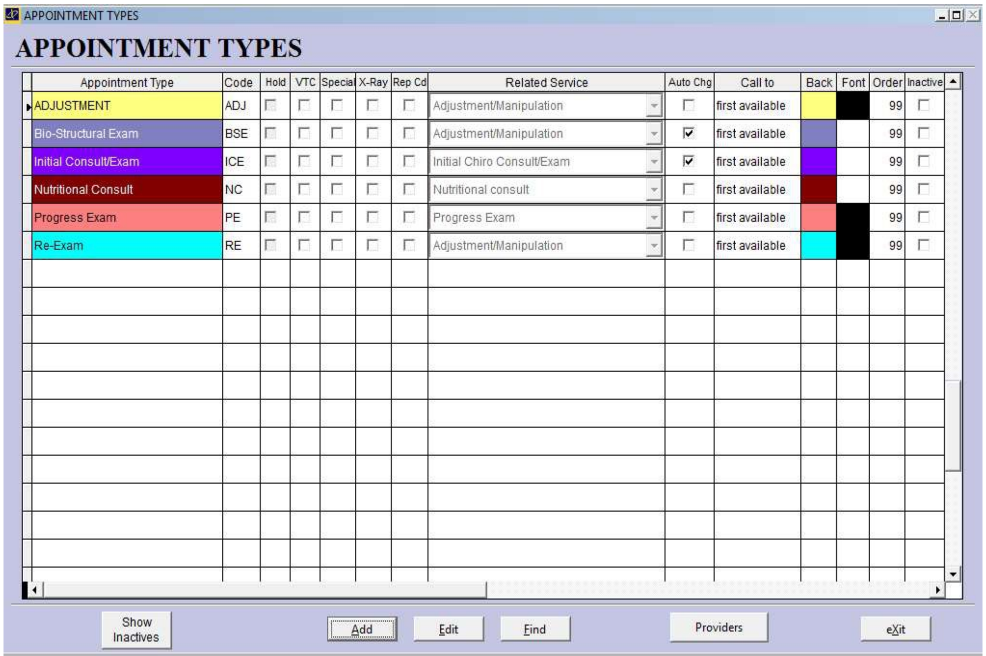
Appointment Types

Appointment Types are the different appointments Patients can be scheduled for.
Appointment Types can be shared by all Providers or be unique to a specific Provider.

Appointments are not necessarily indicative of the Services that are charged for that visit.
Ex: the **New Patient Exam** Appointment could include X-rays, a Thermal Scan and an Adjustment – but each one of these *Services* need not be scheduled.

We recommend creating an Appointment Type for each visit a Patient may have in your clinic – including workshops, x-rays, consultations, etc. We also recommend keeping your Appointment Type list as simple as possible. Too many Appointment Types can make the process of booking confusing. Atlas uses a combination of color coding, time slots and the Appointment Ledger to help you determine Patient appointments at a quick glance.





1. Appointment Type Details: – area to enter attributes for each Appointment

- **Appointment Type:** name of Appointment (limited to 20 characters)
- **Code:** short code which displays on Patient Appointment Ledger (limited to three characters)
- **Hold:** works in conjunction with the Calling System (see Calling System section) – will prevent a Patient from being called if they arrive for the specified Appointment
- **VTC:** shows the last date the selected Patient was charged for the Appointment Types' Related Service on the Virtual Travel Card Optimized for up to 5 different Appointment Types.
- **Special:** allows you to segregate your printed Day Sheets to only the Special Appointments selected.
- **Rep Cd:** (Report Card): reserved for future use
- **Related Service:** Service most commonly charged or charged by default for specific Appointment. Used when Atlas is mapping Patient Appointments as it has the ability to insert specific Appointment Types based on your Care Schedule. For example, if each Patient is supposed to have a scan at every 12th visit, Atlas can schedule this automatically. To set this up properly, it will be necessary to map a Related Service (or Service charged) to the Appointment Type. Only Appointments included in the Care Schedule, marked as 'VTC' (see above) or set for Auto Chg (see below) need to be linked. This setting does not affect actual billing.
- **Auto Chg:** automatically charges the Patient for the 'Related Service' when the Patient arrives for the Appointment Type. Atlas recommends only using this to auto-charge Patients for Workshops (even if just a $0 charge to note attendance)
- **Call to:** when using the Calling Module, Atlas can direct Patients to a specific room based on Appointment Type – ROOMS need to be configured before this feature can be used
- **Back and Font:** determines color of cell background and text on Schedule – note the selected color sample in Appointment Type box
- **Order:** reserved for future use
- **Inactive:** check this box to inactivate specific Appointment Type (no longer using) or to re-activate

1. **Show Inactives:** shows the Appointment Types previously marked as inactive
2. **Navigation Menu:** Add (add appointment type), Edit (change existing entries), Find and EXIT

NOTE: when you click ADD or EDIT the menu changes to SAVE and REVERT – Save the current changes or Revert to the original data when you entered the window.

After the Appointment Types are setup, be sure to click Providers and properly link the Appointment Types and set the Default Appointment Type for each Provider.

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Holidays

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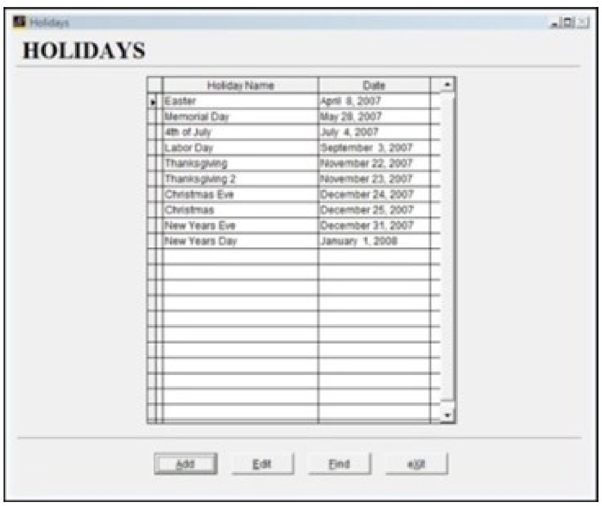
SETUP > HOLIDAYS

If you attempt to mark a day as Holiday or Vacation, that already has patients scheduled, Atlas will display a warning message alerting you to reschedule those appointments. Appointments remain on the schedule until action is taken to move them.

Holidays mark a specific day on the schedule for all Providers in the software. A day marked 'holiday' will not allow Appointments to be scheduled. As such, they are beneficial to clinics with multiple Providers to quickly lock a day on the schedule.

1. Use ADD to create a new Holiday listing – Enter Holiday name and click in the DATE column to choose date from popup calendar.
2. Use EDIT to change an existing Holiday
3. Use EXIT to save changes



NOTE: If you try to schedule a holiday on a day that already has patients booked for appointments, Atlas will have a warning message pop up and offer to generate a report of the patients' appointments affected so that you can reschedule those appointments.

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Vacations

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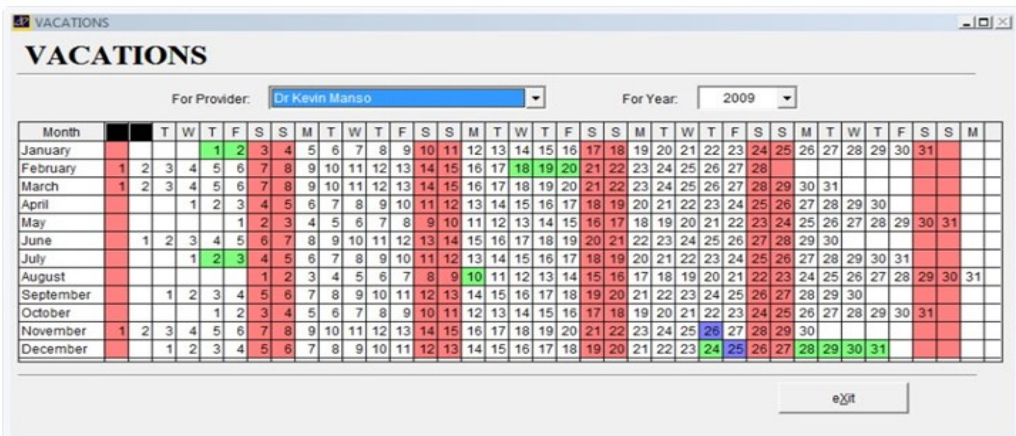
SETUP > VACATIONS

If you attempt to mark a day as Holiday or Vacation, that already has patients scheduled, Atlas will display a warning message alerting you to reschedule those appointments. Appointments remain on the schedule until action is taken to move them.

To navigate to the Vacations screen – see the menu image above in Holidays.
Vacations are Provider specific – the Vacations screen can be a fast method to enter 'days off' in the system for single Provider clinics.

1. Choose a Provider from the dropdown list
2. Choose a year (Vacations, like Holidays, must be created each calendar year
3. Click on the desired Vacation day – the day will turn GREEN to indicate a Vacation
   NOTE: any days highlighted purple are Holidays and cannot be changed through this box
4. Click EXIT to save



NOTE: Atlas will provide a warning message upon scheduling a vacation if the date happens to already have patient appointments scheduled. The warning message will provide you with the option to generate a report that will list all the patient appointments affected by the newly set Vacation.

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Exception Hours

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SETUP > EXCEPTION HOURS

If you attempt to mark a day as Holiday or Vacation, that already has patients scheduled, Atlas will display a warning message alerting you to reschedule those appointments. Appointments remain on the schedule until action is taken to move them.

To navigate to the Exception Hours screen – see the menu image above in Holidays.
Exception Hours allow you to create time slots on the daily schedule not available by the default Provider Hours setup. This could be for a clinic closing early one day or opening on a Saturday morning to accommodate overflow patients from the week. **Exception Hours are Provider Specific**.

1. Choose the date for the Exception Hours
2. Modify the new Start / End time(s)
3. Click SAVE to save changes
4. Click EXIT to exit the screen

NOTE: Atlas will provide a warning message upon scheduling exception hours if existing appointments will no longer to be visible on your day sheet. It will offer to generate a report of the patients that will be affected by the change.

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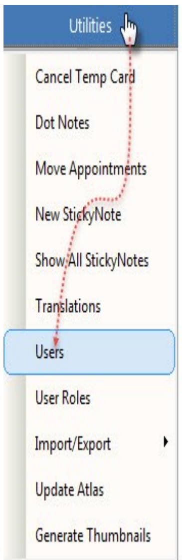

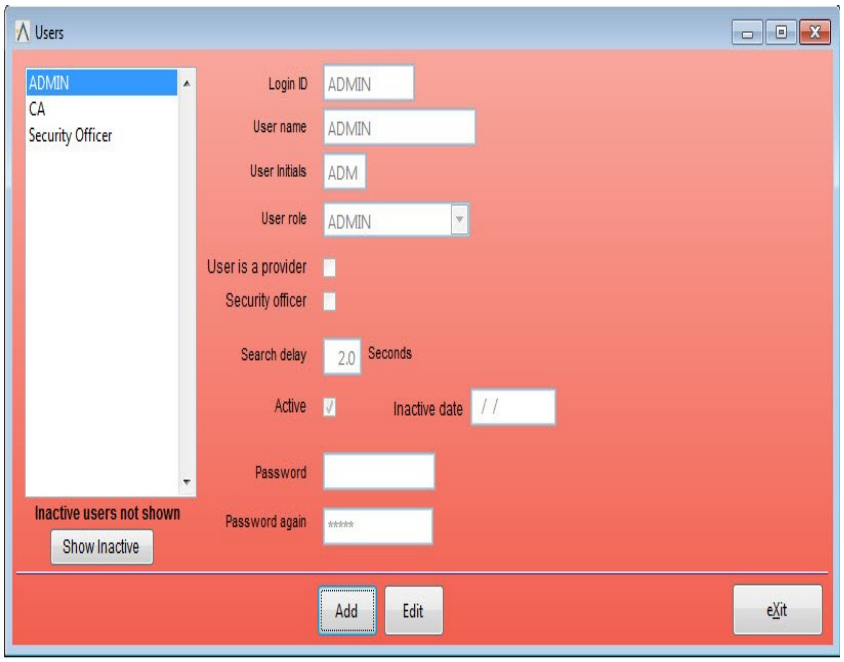

Properly setting up Security User Accounts in Atlas gives each user individual access to the software, allowing for the configuration of special permissions, tracking of changes to the software and more. One of the most important functions that Security Users performs is to automatically log the proper Providers at the VTC.

For the software to properly function, it is necessary to create a User Account for each Provider who will be accessing the Virtual Travel Card (VTC). User Accounts can be created for a computer if multiple staff share the computer.

- **Account ID:** User Name created to log into Atlas Note: can be no longer than five characters long – prints in CAPITAL letters always
- **User Name:** full name for User
- **User Initials:** initials for user – display on reports, transaction ledger and more
- **User Role:** default permissions level for user (specific permissions configured in next section) ADMIN-access to all areas CA-limited access
- **User is a Provider:** check this box and choose appropriate Provider if the User Account is to be associated login for a specific Provider
  NOTE: The software will automatically log in the provider as configured in the ROOMS configuration
- **Search Delay:** Atlas uses incremental search delay to assist you in navigating different lists: services, patients and more. Ex: You are doing a search for the service 'Adjustment' – you can type in A-d-j and it takes you to the ADJ listings. If you pause 2 seconds and type U – it will take you to the U listings. Generally a setting of 2-3 seconds is sufficient. If you type slow, set it longer; if you type fast set it shorter.
- **Active:** be sure to check this to activate the user account. When a user becomes inactive (leaves the practice) uncheck this box and a date populates
- **Password:** type a password and retype to verify – password limited to max 14 characters and passwords are CASE SENSITIVE
- Click SAVE when done and test by logging out and back in with the new account

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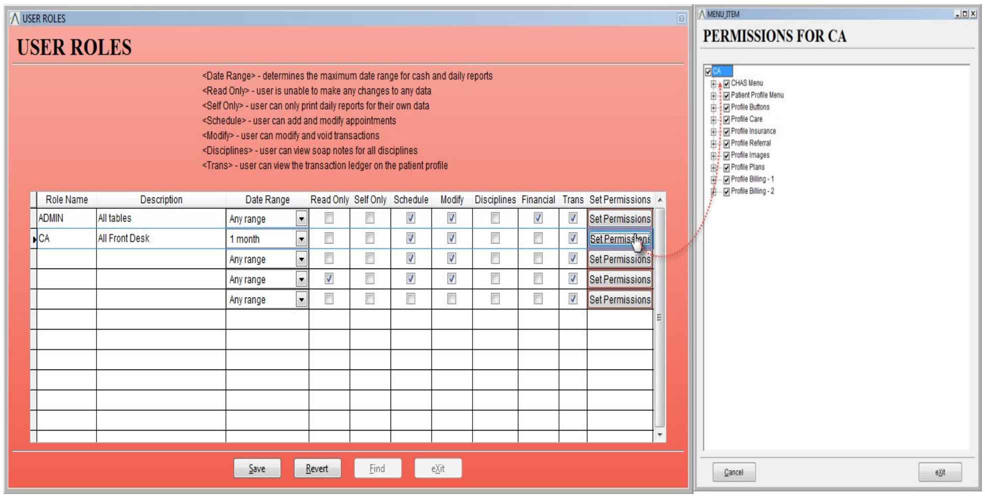
User Roles and Permissions

Home > Initial Setup > User Roles and Permissions



To navigate to User Roles – see the menu image above in User Accounts.
User Accounts can be classified into different ROLES during their initial setup. These ROLES can be configured with specific permissions in the software. This includes limited access to features; setting read only permissions and more. Be cautious when applying security permissions – it is possible to lock yourself out of the software. If you find trouble with this feature, please contact support for assistance.

- **Role Name:** Account Role being created or edited
- **Description:** short description of Account Role
- **Date Range:** options day/week/month/Any Range – limits the users in specific ROLE to being able to view reports for specified date range – Ex: week = viewing any specific week
- **Read Only:** limits user to 'view only' mode in Atlas – cannot make changes to data or system
- **Self Only:** limits user to only see reports reflecting their own data (Provider only)
- **Set Permissions:** see next section

Previous Page:
Security User Setup

Next Page:
Set Permissions

Home > Initial Setup > Set Permissions

Specific permissions can be applied to User Roles. These permissions allow limiting access to specific menu items, or entire menus depending on the level set. Please remember, certain functions can be accessed via different menus. Ex: the Daily Reports can be viewed from the CASH menu and from the REPORTS menu – hiding one view does not automatically hide the other. Also be cautious not to remove too much access and limit the user from performing their duties.

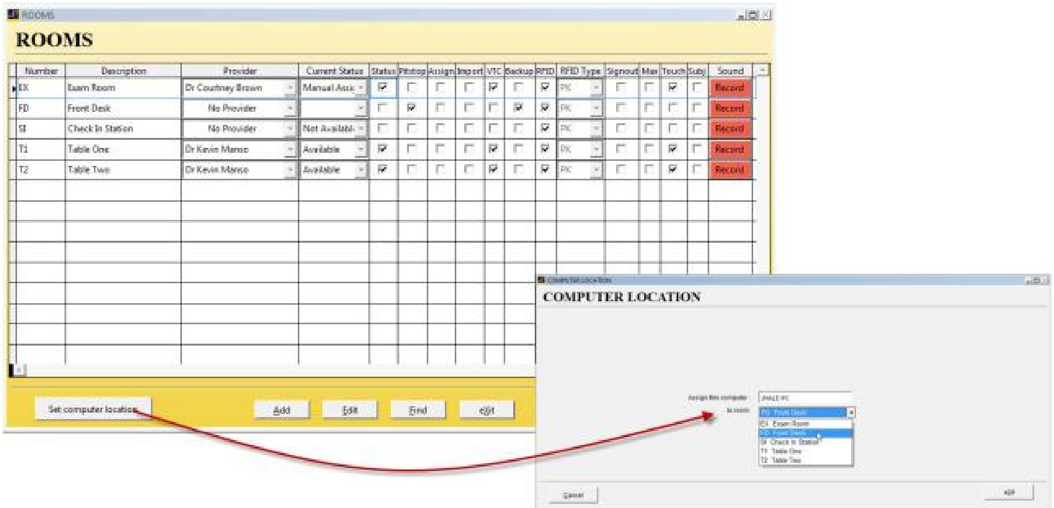
To limit access to a function, uncheck the appropriate box. If you uncheck a menu header (Cash, Stock, Safety Net, etc) the user account will not be able to see any features under that header, even if they are checked to view.

Expand each section, as needed, by clicking on the '+' next to the listing.
Shrink the section by clicking on the '-' next to expanded listings.

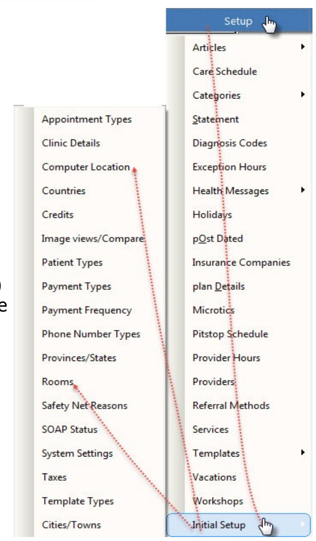
Previous Page:
User Roles and Permissions

Next Page:
Rooms and Computer Locations

Home > Initial Setup > Rooms and Computer Locations



Rooms can also be thought of as 'computers' in your network. Each computer will be assigned a particular group of attributes through this window. The attributes will control the functionality and features of the Atlas software.



Proper configuration in this screen ensures proper functionality of the software – especially at the VTC and Front Desk computers.

- **Number**: short code for the room (max three characters) used to identify the room in Status Area
- **Description**: short description of room
- **Provider**: assigns the default provider to the room. When Atlas is started at the Adjusting Tables, it will open directly into the VTC (bypassing the CA screen) allowing different functions from the VTC (posting adjustments, creating charges, etc) Atlas will use the Provider listed as the default login account (see above section on Users) to automatically open the VTC Once opened, multiple provider clinics can easily change the Table Provider 'on the fly' as described in the VTC section
- **Current Status**: set this option to configure which Rooms patients can be called to when using the Calling Feature of Atlas. The Status can be changed 'on the fly' as described in the Calling Feature section
  - Available – Patients will be called to this room automatically
  - Assigned – Patient directed to this room but not signed in yet
  - In Use – patient present in this room
  - Not Available – this Room is not for Patient use (Front Desk)
  - Reserved – Patients will not be called to this room automatically
  - Manual Assign – this Room can only be assigned by CA, patients not called automatically
- **Status**: if checked the room 'Number' is displayed in the Room Status location (see item #8 from General Overview at start of manual)
- **Pitstop**: if checked the Room will receive Pitstop messages
- **Assign**: when using the Calling Module, if the software cannot call a patient, it will prompt on the Room with ASSIGN checked for assign confirmation – usually reserved for only one computer [covered in detail in the Calling Module section]
- **Import:** this option selects which PC will monitor the shared network folder to import images from Insight Millennium and/or Imasight Digital Xray System
- **VTC**: if checked the computer starts directly into the VTC screen (such as at adjusting tables, exam rooms, etc) The software uses the Room's Provider to automatically log into the system
- **Backup**: if checked the computer will run the Atlas backup when Atlas is shutdown – usually reserved for only one computer

For the computer to properly open to the VTC, you must have CASH open, Provider User Account properly configured and linked to the room, VTC checked on that room and Computer Location properly linked to the computer.

- **RFID**: turns on the card/fob reader and touchpad for selected room NOTE: will not cause harm if all rooms without equipment are checked
- **Signout**: forces patient to use card or fob to clear room NOTE: usually reserved for clinics using Feeder Rooms
- **Max:** forces the VTC screen to open in Full Screen mode
- **Touch:** indicates that the PC is using a touchscreen monitor (used for the VTC only at this time) and to set the Atlas program to open with onscreen touchbuttons enabled
- **Subj:** indicates that the selected PC should display the Subjective Question module buttons when opening the VTC instead of the standard touch buttons
- **Record Sound**: opens new box used to record sound file for Calling Module

After configuring the Rooms in the previous section it will be necessary to set each computer on your network to their proper location. This will allow each machine to utilize the special attributes they were assigned.

Access the Computer Location screen through the Atlas menu or via the 'Computer Location' button on the ROOMS window. You can alternately toggle between the two windows using the navigation buttons.

NOTE: Computer Locations must be set at each computer individually in your network

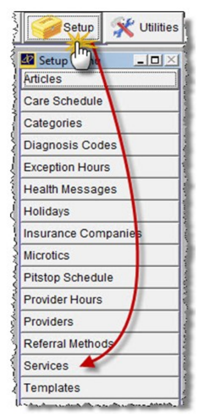
1. Choose the proper 'Room' from the drop down menu
2. Click Exit to save
3. Exit Atlas and restart Atlas on the computer for changes to take effect

Note: if the computer name in the 'Assign this Computer' box is blank or has any spaces in it, this may cause problems with the functionality of Atlas. Please consider renaming the computer.

Previous Page:
Set Permissions

Next Page:
Services

Home > Initial Setup > Services



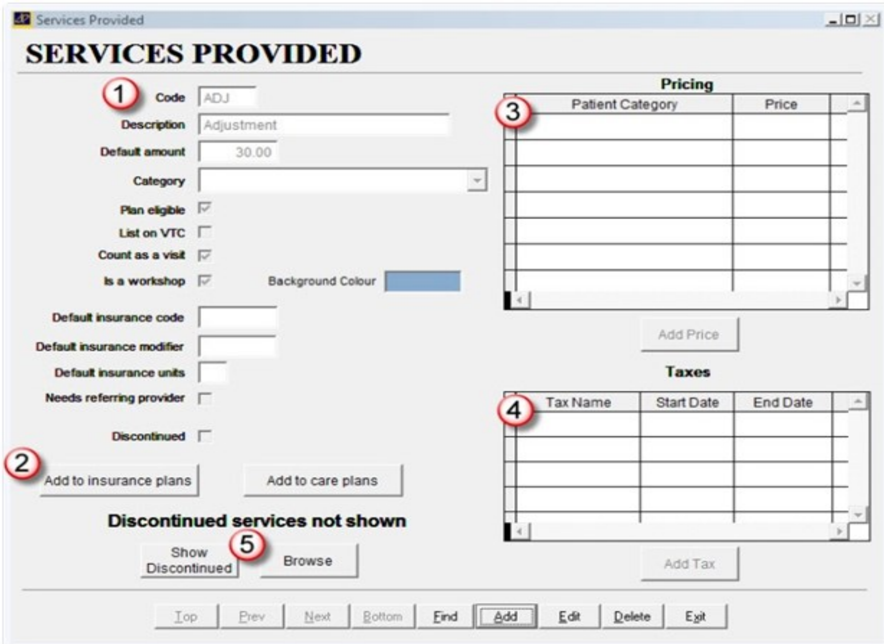
In this section we will configure the Services for your clinic. Services are generally defined as any charges patients may receive during a visit. In addition, services could constitute a $0.00 charge – that is a no charge. Examples could be workshops, re-exams or free consultations. When setting up services be aware and try to keep your list simple and concise but complete. If you are unsure about adding a service, leave it off the list and make a note. Adding a service is simple and can be done later if necessary.
A note about pricing – the services we are setting up in this section will be paired with a Default Price. This price should reflect the most common (or original) charge for the service. The Default Price can be changed in a number of ways, depending on the situation.
Services are not Provider specific; unlike Appointment Types you can apply any Service to any patient regardless of their Category, Default Provider or Appointment Scheduled.

When configuring your Services list, keep in mind Inventory can be separated out into another section – so it is not necessary to add these things (vitamins, supplements, pillows, etc) to this list. However, some clinics choose to add their Inventory into the Services list, losing the benefits of the Inventory feature.

Previous Page:
Rooms and Computer Locations

Next Page:
Services Details

Home > Initial Setup > Services > Services Details



The Main screen for Services shows detailed information for each specific Service. By using the navigation buttons at the bottom of the screen, you are able to view, edit and add Services and their details. Users can also view a condensed version of the Services list using the Browse button. The browse view shows specific important details for each service. These details are the most commonly accessed details and can be modified directly from the browse window. This option is also the best way to add or modify multiple services.

- **Code:** a short code to assist in searching for a service in lists (max 3 characters)
- Description: Service name – searching is possible by the code or the description. Displays on Patient Transaction Ledger and other reports
- **Default Amount:** default charge for the service – should reflect the most common charge – can be Zero
- **Category:** Services can be categorized to aid in attaching to insurance (See Service Categories)
- **Plan Eligible:** if checked this option allows the selected service to be included in Financial Care Plans for patients. Plan services can be customized on an individual patient basis
- **List on VTC:** this option allows the provider to charge for the selected services in addition to or including the default service, from the VTC when Posting an Adjustment. To properly configure this you also need to select 'Show Services on VTC' in the System Setting screen See the System Settings section for additional details
- **Count As A Visit**: Atlas tracks patient visits by the service that was charged – to properly count we recommend checking this box on any type of Adjustment - 3-4 region, 1-2 region, Medicare Adj, etc Ex: provider sets patient on a 82 visit schedule for the year – what that provider is saying is 'you need 82 adjustments this year' – to track those visits Atlas uses the services selected here to count
- **Is A Workshop:** sometimes it is necessary to track a patients attendance in specific Workshops offered in your clinic. To help track, we recommend creating a transaction on the patient ledger (this transaction can be a $0 charge). Using this option, in conjunction with the patient Sign In screen, Atlas can automatically post the appropriate transaction on a file.To properly configure auto Workshop transactions, first select the services attributed to the workshop. In our example, we will call our service 'Eating Healthy' and associate a $0 charge. To continue setting up this feature, skip to the heading WORKSHOPS at the end of this section.

- **Default Insurance Code:** US insurance companies often times require an Insurance code on submitted Claims, this is the area to enter that information. This prints in Box 24D on HCFA. Certain Insurance companies require special codes that can be customized in the Insurance Company Setup screen
- **Default Modifier:** US insurance companies often times require an Insurance code modifier on submitted Claims, this is the area to enter that information. Prints in Box 24D on HCFA. Certain Insurance companies require special modifiers that can be customized in the Insurance Company Setup screen
- **Default Insurance Units:** US insurance setting for Box 24G on HCFA – if blank default is one unit
- **Needs Referring providers:** if checked the service will require a provider referral – used in US insurance – Referring Provider name is configured in the Patient Insurance Screen

Discontinued: when a service is no longer needed, check this box to inactivate
NOTE: use button (item 5 in the image) labeled 'SHOW DISCONTINUED' to view inactive services

Previous Page:
Services

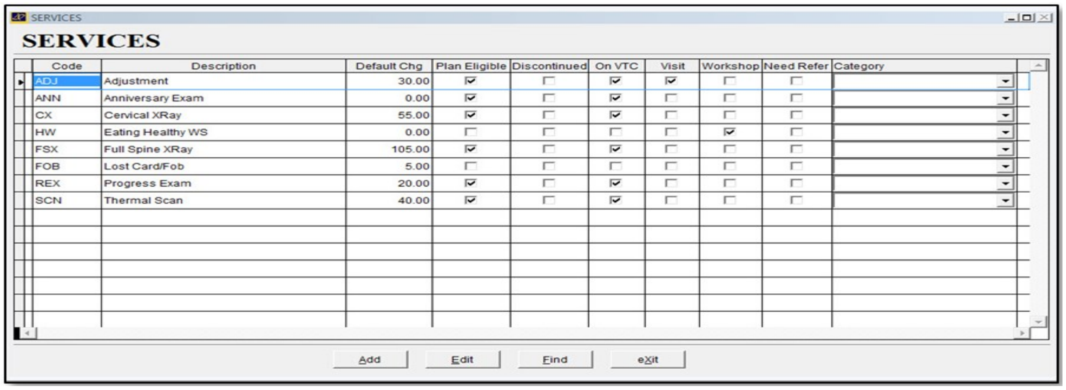
Next Page:
Services Browse

Home > Initial Setup > Services > Services Browse

This button will open another view on your Services – allowing a compact view of available Services and their attributes.

This window allows easier and faster editing of your Services list. You can quickly add the Code, Description, Charge, Plan Eligibility, Active Status, VTC status and Visit Status from here.

Use the Exit button to return to the previous Service Screen view.



Previous Page:
Services Details

Next Page:
Add to Insurance / Care Plans

Home > Initial Setup > Services > Add to Insurance / Care Plans

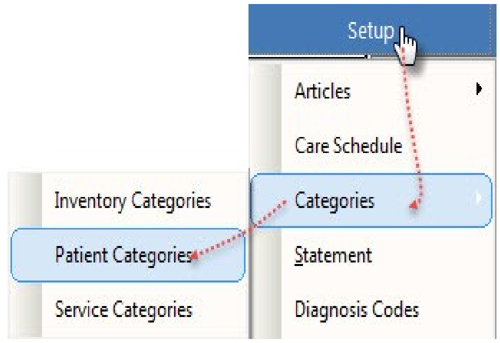
These buttons are used to add the specified Service to Patient Insurance Plans or Patient Care Plans created in the system to this point. After clicking either button you will be presented with a list of available Insurance Plans or Care Plans where you can select ALL PLANS or only specific plans, as required. This is helpful if you begin offering a new service which you would like to charge to patient insurance or would like to be covered by a patient Financial Care Plan. More details on how to effectively use these buttons can be found in the sections for Insurance and Care Plans.

Previous Page:
Services Browse

Next Page:
Patient Category Pricing

Home > Initial Setup > Services > Patient Category Pricing

Category pricing can be established to override the default charge for services or inventory. This can be helpful for automatically charging a Senior rate in your clinic, for example. Category pricing is one of the easiest ways to set a pricing structure and makes future rate changes easy. Setting up category pricing is a three-step process:



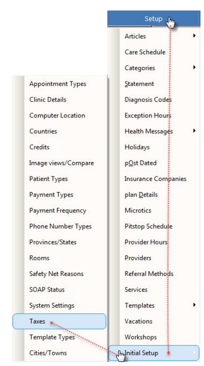
- Create the Patient Categories – Navigate to the Patient Category window. Use the ADD button or EDIT to change existing Categories in this screen
- Add the Category to each Service requiring the specialized pricing – back in the specific Service click EDIT to make changes, this will activate the ADD PRICE button, click that to choose which Categories to add to the Service and what the new price will be (repeat this step for each Service affected by Category Pricing)
- To finalize the Category Pricing feature, select the specific patient(s) who will be affected by this pricing – in the Patient EDIT screen select the Category from the drop-down menu NOTE: Category pricing will affect only transactions in the future – it will NOT change any transactions in the past.

Previous Page:
Add to Insurance / Care Plans

Next Page:
Taxes - Services

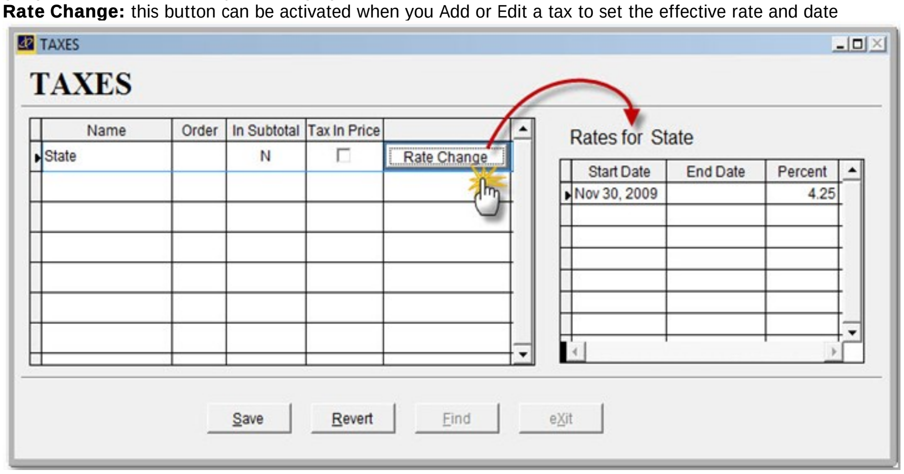
Home > Initial Setup > Services > Taxes - Services

Taxes can be added to Services or Inventory items on an individualized basis. Adding taxes is a two-step process, first creating the tax – then attaching to the Service or Item. Multiple taxes can be added (ex: State and Local tax split or in Canada – PST and GST)



STEP 1 – Create the Tax

- **Name:** tax name
- **Order:** order to display the tax on the transaction screen
- **In Subtotal:** if the tax needs to be calculated on top of the service or item subtotal and another tax, In Subtotal should be Y (Yes) – most instances this option is N (No)
- **Rate Change:** this button can be activated when you Add or Edit a tax to set the effective rate and date



- Rates for Sales Tax: shows the start and end date for the tax (a blank end date is acceptable) and the percentage for the tax - adding a new tax or changing the rate for an existing tax sets an End Date for the previous entry

STEP 2 – Add the Tax

- Select specific Service or Inventory Item
- Click EDIT on the navigation menu to activate the ADD TAX button
- Click ADD TAX and select desired Tax rates from drop down menu

This will have to be repeated for each Service or Inventory requiring Tax to be added

Previous Page:
Patient Category Pricing

Next Page:
Service Categories

Home > Initial Setup > Services > Service Categories

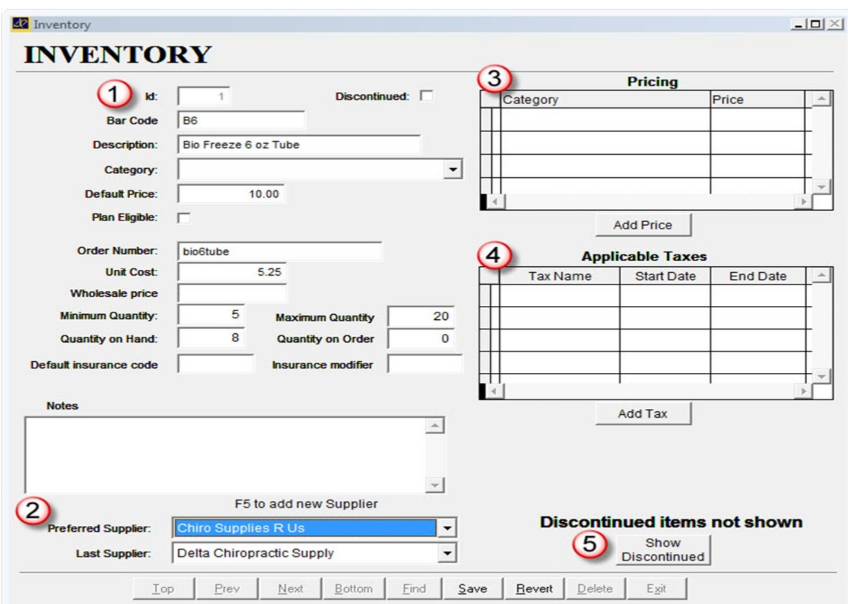
Service Categories are designed to assist when adding Services to Insurance Company coverage.
Navigate under Setup and then to Service Categories to begin configuration.
A useful example would be to separate your Services into Chiropractic, PhysioTherapy and Massage. Click ADD in the Service Categories screen to add these listings or your own.
Back in the Services window, click EDIT to make a change to an existing Service and select the proper Category from the drop down list.
NOTE: Categories do not have to be configured for Atlas to function properly
We will explain in the Insurance Section how to use these categories when adding to coverage

Previous Page:
Taxes - Services

Next Page:
Inventory Items (Stock)

Home > Initial Setup > Inventory Items (Stock)

Atlas allows the ability to separate out Inventory (Stock) items from Services. The added functionality in the Inventory feature gives your clinic access to real-time counts, supplier tracking and simple refunding. There are also a variety of reports available to help track sales in the clinic.



This section of the screen displays the details for a specific Item.
Not all details need to be filled in for proper functionality.

- **ID:** unique system number assigned automatically by Atlas
- **Discontinued:** check this to inactivate an item
- **Bar Code:** can be used to enter actual item bar code (for use with barcode scanner) or to enter a short code (max 3 characters) for use in quick searching an item
- **Description:** short description of inventory item – like Services you can search items by Code or Description
- **Category:** Inventory Items can be categorized to aid in attaching to insurance (See Inventory Categories)
- **Default Price:** default charge for the inventory item – pricing can be changed at time of transaction if needed
- **Plan Eligible:** if checked this option allows the selected item to be included in Financial Care Plans for patients. Plan items can be customized on an individualized basis
- **Order Number:** order number by supplier for item
- **Unit Cost:** cost per unit – either used to sell individual or to note cost from supplier
- **Wholesale Price:** cost to clinic
- **Quantity on Hand:** total count in house of item
- **Default Insurance Code:** if item requires an insurance code during billing, enter that here (US insurance)
- **Maximum Quantity:** max quantity desired on hand
- **Quantity On Order:** quantity currently on order – entered manually when configuring Item list, but this number updates automatically when the system is properly configured
- **Insurance Modifier:** if item requires an insurance modifier during billing, enter that here (US insurance)
- **Notes:** general notes about produce Ex: recommended usage, other sizes available, etc

Using the Suppliers option allows quick access to ordering details – who to order from, who the contact person is, special notes about the supplier and more. It will also display on the reorder sheet who the supplier per item is to assist in ordering.

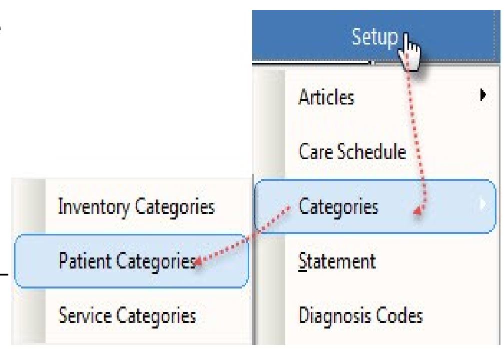
- **Preferred Supplier:** chosen from drop down menu of supplier list Use F5 on keyboard to open a new window to ADD or EDIT Supplier list
- **Last Supplier:** chosen from drop down menu of supplier list

Previous Page:
Service Categories

Next Page:
Patient Category Pricing

Home > Initial Setup > Inventory Items (Stock) > Patient Category Pricing

Category pricing can be established to override the default charge for services or inventory. This can be helpful for automatically charging a Senior rate in your clinic, for example. Category pricing is one of the easiest ways to set up a pricing structure and makes future rate changes easy. Setting up category pricing is a three-step process:

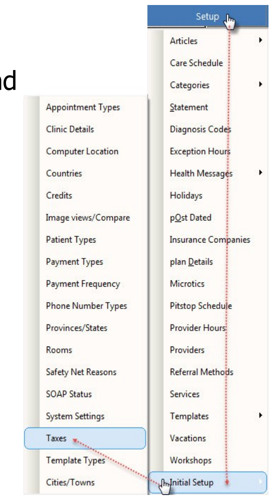


- Create the Patient Categories – Navigate to the Patient Category window. Use the ADD button or EDIT to change existing Categories in this screen
- Add the Category to each Inventory Item requiring the specialized pricing – back in the specific Inventory Item click EDIT to make changes, this will activate the ADD PRICE button, click that to choose which Categories to add to the Inventory Item and what the new price will be (repeat this step for each item affected by Category Pricing)
- To finalize the Category Pricing feature, select the specific patient(s) who will be affected by this pricing – in the Patient EDIT screen select the Category from the drop-down menu NOTE: Category pricing will affect only transactions in the future – it will NOT change any transactions in the past.

Previous Page:
Inventory Items (Stock)

Next Page:
Applicable Taxes

Home > Initial Setup > Inventory Items (Stock) > Applicable Taxes



Taxes can be added to Services or Inventory items on an individualized basis. Adding taxes is a two-step process, first creating the tax – then attaching to the Service or Item. Multiple taxes can be added (ex: State and Local tax split or in Canada – PST and GST)

STEP 1 – Create the Tax

- **Name:** tax name
- **Order:** order to display the tax on the transaction screen
- **In Subtotal:** if the tax needs to be calculated on top of the service or item subtotal and another tax, In Subtotal should be Y (Yes) – most instances this option is N (No)
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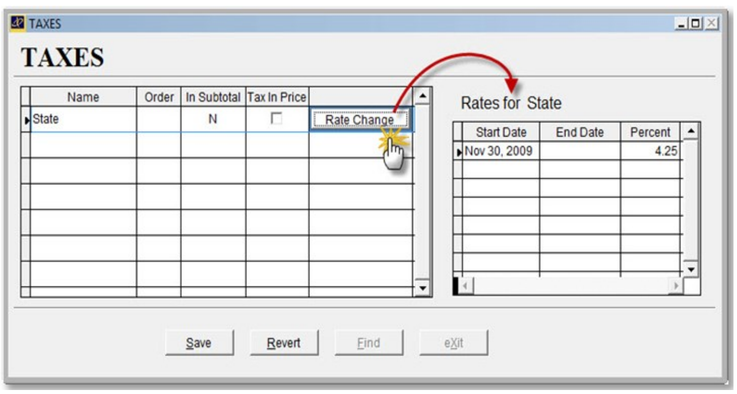

- **Rates for Sales Tax:** shows the start and end date for the tax (a blank end date is acceptable) and the percentage for the tax - adding a new tax or changing the rate for an existing tax sets an End Date for the previous entry

STEP 2 – Add the Tax

- Select specific Service or Inventory Item
- Click EDIT on the navigation menu to activate the ADD TAX button
- Click ADD TAX and select desired Tax rates from drop down menu

This will have to be repeated for each Service or Inventory requiring Tax to be added

Previous Page:
Patient Category Pricing

Next Page:
Inventory Categories

Home > Initial Setup > Inventory Items (Stock) > Inventory Categories

Inventory Categories are designed to assist when adding Inventory Items to Insurance Company coverage.
Navigate under Setup and then to Inventory Categories to begin configuration.
A useful example would be to separate your Inventory into lists of items that can be covered and ones that can't. Click ADD in the Inventory Categories screen to add these listings or your own.
Back in the Inventory Item window, click EDIT to make a change to an existing Item and select the proper Category from the drop down list.
NOTE: Categories do not have to be configured for Atlas to function properly
We will explain in the Insurance Section how to use these categories when adding to coverage

Previous Page:
Applicable Taxes

Next Page:
Inventory Reports

Home > Initial Setup > Inventory Items (Stock) > Inventory Reports

The Inventory Reports will assist you in properly configuring your Inventory Lists, assist with reordering, tracking orders and more. See the Appendix of this Manual for examples of each Report available from this section.

- **Inventory Items**: List of items available in the Inventory Items database, with cost details
- **Inventory Sales:** filter report by date range reflecting total amounts of sale during timeframe and quantities
- **Reorder List:** report showing inventory items that have reached their 'minimum on hand' number
- **Cost of Inventory:** calculated report of inventory items' Default Price multiplied by quantity on hand for all inventory
- **Cost by Supplier:** calculated report of inventory items' Default Price multiplied by quantity on hand for all inventory, sorted by Supplier

Previous Page:
Inventory Categories

Next Page:
Receiving

Home > Initial Setup > Inventory Items (Stock) > Receiving

If you have entered Supplier information (see next section) when Inventory arrives in shipment, you can enter the received quantity total into this window. It will quickly update the 'on hand' quantity number for the item, adjust the 'on order' number and set the 'Last Supplier' box.

To use:
Select the specific Supplier from the drop down list
Enter received quantities for each item on the list – using the Item drop down menu

Previous Page:
Inventory Reports

Next Page:
Suppliers

Home > Initial Setup > Inventory Items (Stock) > Suppliers

An area to enter in supplier information for inventory items – can also be used to enter supplier information for non-Atlas items such as: office supplies, water cooler, promo items, etc (quantities on non-Atlas items cannot be tracked)

Enter in as much information as needed in the window. The suppliers entered here will populate the dropdown list in the Preferred and Last Supplier list on the Inventory main screen. This will also populate the 'Received From' dropdown list in the receiving box.

Previous Page:
Receiving

Next Page:
CA Screen (CHAS)

Home > CA Screen (CHAS)

Articles in this section

Previous Page:
Suppliers

Next Page:
CHAS Basic Setup

Home > CA Screen (CHAS) > CHAS Basic Setup

The CA screen in Atlas offers many different options to assist in daily tasks. To ensure these tasks run smoothly, with minimal interruptions, we recommend taking a few minutes and setting up some specific screens before continuing. NOTE: these details can be skipped over and referred back to later in the Manual. Some of the information presented here can be configured during normal operation, as you are using the system.

You will notice a Menu Icon for some headings. This icon will direct you through theMenu selections to access the information or screen being discussed.

Patient Types

Setup > Initial Setup > Patient Types

Patient Types can be used to organize your patient database into Groups, without affecting the patient billing. Patient Types can be used to breakdown your Accounts Receivable report, Patient Lists and more.

- To create a new Patient Type – click ADD
- To change an existing Patient Type – click EDIT
- Click SAVE to save any changes.

NOTE: To finalize setup for Patient Types - your patients will need to be linked to a Type. See Patient Edit for details on this procedure.

Countries

Setup > Initial Setup > Countries

Country names used in Atlas can be customized to your geographic location and to standardize this input from user to user. Specific Countries will be linked to Specific Cities/Towns in the next section.

- Country: name of Country
- Postal Code Mask: default format of local Postal or Zip code
- Postal Code Label: specific name for Postal or Zip code in your area (regionalized)
- Province Label: specific name for Province or State in your area (regionalized)
- Phone Number Mask: default format for Phone Number on patient files

Be sure to click SAVE when complete

Cities / Towns

Setup > Initial Setup > Cities/Towns

City and Town names used in Atlas can be customized to your geographic location and to standardize this input from user to user. This list will be available in the Patient information screen.

This information can also be configured 'on the fly' when you are entering or Editing a Patients' information screen. See the section on Patients)

- Name: name of City or Town you are entering
- Province: name of Province (or State)
- Country: name of country – see Countries section to edit or press F12 on your keyboard to enter the Country edit window
- Default Postal Code: default postal (zip) code for city or town

Be sure to click SAVE when complete

Provinces / States

Setup > Initial Setup > Provinces / States

Provinces and States used in Atlas can be customized to your geographic location to help standardize input from user to user.

- Prov Code: abbreviation for Province (State)
- Province: name of Province (State)
- Country: country of Province (State)

Be sure to click SAVE when complete

Template Types

Setup > Initial Setup > Template Types

When creating documentation or emails for patients, you can set templates to make creation easier and faster. These templates can be pre-filled with patient information using ‘tokens’ in Atlas. Different template types perform different functions – allowing certain templates to be for email, others for standard Documents and yet another to be a ‘fillable document’.

Atlas has created a few specific template types by default that can be used or modified as needed. Normally this default list is sufficient for most clinics.

- Email: is for email body/subject templates. NOTE: the checkbox EMAIL makes the template perform as an email (that is giving an area for subject, recipients, attachments, etc)
- Documents: can be attached to patient files in the VTC
- SMS: text messaging template
- Fillable Document: documents

To view discontinued template types, click the Show Discontinued button

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Templates

Setup > Initial Setup > Templates

See Section above for description of Templates and how to add different Template Types, as needed.

When creating templates, be sure to use Atlas Tokens to personalize each message being sent out. Tokens allow you to automatically insert a Patient Name, Appointment or Provider Name into each message.

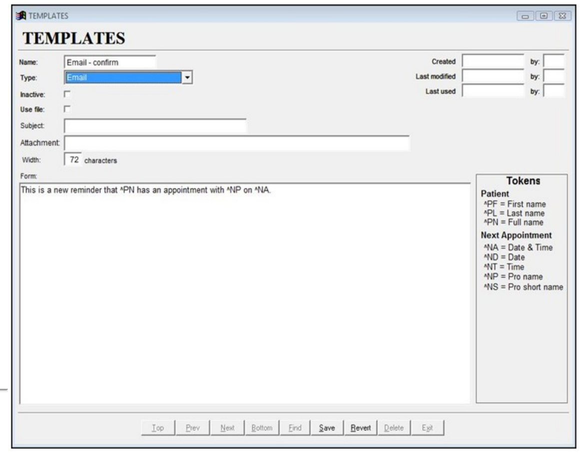
To create a Template:

- Name: descriptive name for the template
- Type: template type - chosen from dropdown menu – determines what attributes will be available to configure in Template
- Inactive: check this box if the template is no longer being used
- Use File: allows you to use a specific file (Word document, etc) for template
- Subject: (displays for Email template) – subject line for template
- Attachment: (displays for Email template) – shows files attached to email template To attach a file, click in the Text Box and navigate to desired file
- Width: maximum width (in characters) for template (72 is standard)
- Form: body of email / body of text in template: here is where the Tokens (on right) should be entered if needed. Each token will be replaced with the appropriate information when the template is used In the image example: the token ^PN would input the patients full name into the email

Be sure to click SAVE when complete

NOTE: if you choose Document as the template type, you are presented the option to format the body of the document.

Also note, in the upper right corner you can see when the template was created and when it was last modified.



Phone Number Types

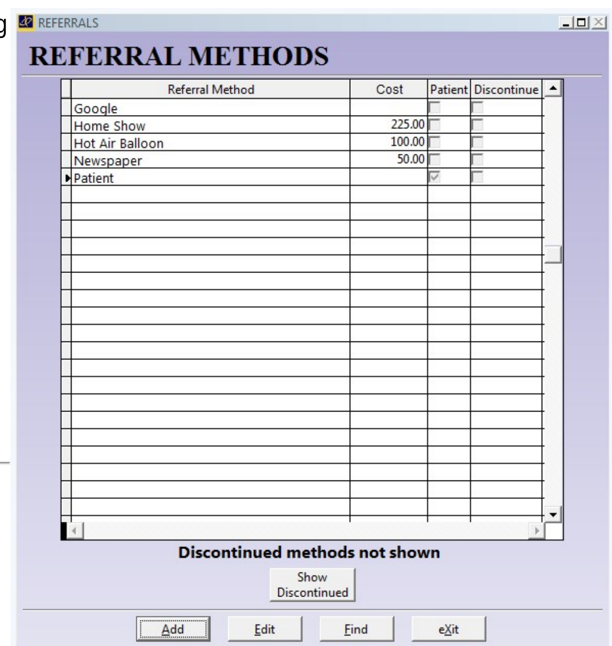
Setup > Initial Setup > Phone Number Types

When entering a phone number into a Patient record, you can enter multiple phone numbers such as cell, home and business. To setup phone number types not falling into these categories use this window. What other types of phone numbers? – I have no idea; maybe Home 2 or Spouse Cell, you decide?

Referral Methods

Setup > Initial Setup > Referral Methods

Setup > Initial Setup > Referral Methods Atlas allows tracking referral methods from patients. To create a new referral method click ADD in this window. If the method is checked 'Patient', when you use the specific method, it will prompt with your list of current patients for selection. This is useful to keep your actual referral list small but still allow proper tracking of referrals. If you are no longer using a referral method (ex: the promotion is over) you can discontinue by clicking the checkbox. This will hide the Referral Method from your list of options, but still leave it in the database for reports and searching. Users can also enter a 'cost' for the referral method to help determine the Return on Investment later when producing reports.



Credits

Setup > Initial Setup > Credits

Atlas has built into the system a CREDIT and a DISCOUNT option for transactions. These allow reductions to a Service or Inventory item price (such as in the case of a coupon or gift certificate)

If you need to specify the Credit, use this box.

Type in a short reason (or description) and the Default Amount for the Credit/Discount.

NOTE: the default amount can be $0.00 and then be filled in at the time of transaction.

There are more details available on this function in the Transactions section.

Payment Types

Setup > Initial Setup > Payment Types

Atlas has built into the system are a few different options for Payment Type (such as CASH, CHECK, MASTERCARD, VISA, etc) if you accept payment methods other than those available, click ADD to create a new one (ex: American Express)

- **Payment Type Description:** description of payment type that displays on dropdown menu in transaction screen
- **Detail:** opens the detail box on a Transaction for check number, short note, etc
- **Post Date:** allows payment method to be used for post dated payments
- **Drawer Code:** groups Payment Type with other similar Types (i.e: Visa with Credit Cards)
- **Report:** displays payment type on CASH reports
- **Auto Fill :** works in conjunction with our Fast Transaction entry feature to quickly populate the Payment screen with default information

NOTE: payment descriptions in red cannot be changed; these are coded into the system

---

Payment Frequency

Setup > Initial Setup > Payment Frequency

The Payment Frequency window allows the user to configure a specific timeframe for when Post Dated payments can be scheduled for. By default, you can schedule for Monthly or Weekly – however, in some situations a patient may have to be set on a bi-weekly payment schedule.

Be sure to configure the correct # of Days for your payment schedule.

You can use the arrows on the right side column to move the Payment Frequency up or down in the available menu.

Sticky Notes

Utilities > New Sticky Note

Sticky notes can be used in Atlas to keep lists, reminders and more. Sticky Notes have multiple features as outlined below.

After opening a Sticky Note you can simply left click inside the note and begin typing your information.
Right click in the sticky note for options:

- Delete: removes the sticky note from the system.
- Attach to Patient: attaches the current sticky note to the currently active patient file. This sticky note will only appear when the specific patient file is opened on the CA screen.
- For this User Only: attaches the current sticky note to the currently logged in user. This sticky note will only

appear when the specific user logs into Atlas
- Change Background / Foreground: allows you to change the background and text color.

NOTE: sticky notes can be resized like other windows (click and drag the edges), they can be minimized to hide out of the way and they can be moved around the screen.
If you need to display all 'displayable' sticky notes (that is ones not assigned to patients or specific users) click SHOW ALL STICKY NOTES under the Utilities button.

To completely remove a Sticky Note from your system:
Right Click in the Sticky Note and choose DELETE. Clicking the X on the note will only hide it from the current view until the next event that triggers the note displays it again.

Previous Page:
CA Screen (CHAS)

Next Page:
Patients

Home > CA Screen (CHAS) > Patients

Articles in this section

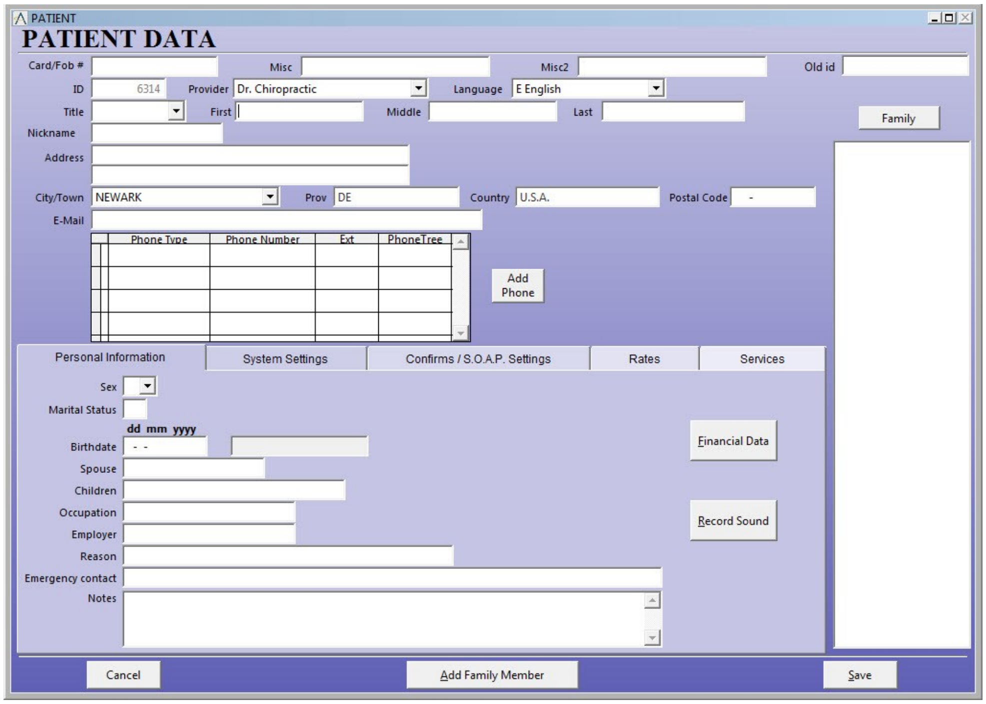
Previous Page:
CHAS Basic Setup

Next Page:
Create New Patient

Home > CA Screen (CHAS) > Patients > Create New Patient

Create a new patient file by clicking on the NEW button (alternatively you can press the '**N**' key on your keyboard). This will open a blank Patient Demographic window.

In order to schedule a patient for an appointment, you need to enter – at least – the patient Name. All other details can be filled in when the patient arrives. At anytime you can fill in as much or as little patient information as you like. It is not necessary to fill in every detail.



1. Patient Demographics Area:

- **Card Number:** if a card or key fob is assigned to the patient, the number appears here (see section Assigning Cards / Fobs for more details)
- **Misc / Misc 2:** the Misc field is for information not addressed in the other text boxes. This box can be relabeled to reflect the information in System Information
- **Old ID:** if data was converted, this box reflects old patient ID number (if available)
- **ID:** Atlas ID number automatically set when patient file is created
- **Provider:** default provider for patient, this can be overridden when creating appointments, transactions, etc
- **Language:** reserved for future use
- **First Name / Last:** Patient Name
- **Nickname:** if patient prefers a nickname (or alternate name) enter it here – used on VTC and sign in when selected – i.e. 'Mike' instead of Michael
- **Address:** street address of patient
- **City/Town:** choose from available drop down menu – add additional choices from this screen by pressing F12
- **State:** entered automatically based on setup in Cities/Towns
- **Country:** entered automatically based on setup in Cities/Towns
- **Zip:** zip (or postal) code for patient – may be filled in based on setup in Cities/Towns
- **Email:** email address of patient - system can email patients when properly configured
- **Phone Numbers**: click ADD PHONE to create new entry, choose Phone Type and enter number. This will add default area code that can be changed

Personal Information Tab

- **Sex:** Male (M) or Female(F)
- **Marital Status:** filled in with one of these options : S-single M-married O-other
- **Birth Date:** patients birth date : takes on Windows system settings for Month, Day, Year display
- **Spouse:** patient's spouse name
- **Children:** patient's childrens names
- **Occupation / Employer:** fill in the patients occupation and employer, if applicable
- **Reason:** patient reason for coming to the clinic
- Notes: area for patient general notes
- **The Patient Note area can also be accessed under the Personal Tab. To ADD or EDIT a note, simply click in the Note area to open. Use the Flag Colors to highlight the Note area with different colors.**

System Settings

- **Status:** Patient status in system
  Active – current patient
  Inactive – patient no longer active
  Deceased – patient passed away
  Lead – patient lead (possible patient)
  Address Only – file is in database because they have insurance for another patient
  Deleted – file marked to be removed from database Before Deleting a file, be sure all Transactions and Appointments – along with all Care History and SOAP notes are removed from the patient file.
- **Category:** choose Patient Category from drop down list, if applicable See Patient Category section for configuration details
- **Type:** choose Patient Type from drop down menu, if applicable See Patient Type section for configuration details
- **Referred By:** choose Referral Method for patient from drop down list See Referral Method section for configuration details
- Option Check Boxes
  - Do Not Recall – if the patient should not be placed on the Safety Net, check this box (see Safety Net section for more details)

  - Bill Monthly – if you create monthly batches of patient statements either to mail or hand out, check patient as Bill Monthly to include them in the batch (see section on Billing for more details)
  - Confirm Appointment – for patients who need their appointments confirmed – check this box; choose timeframe for confirmation and the method. Patient will appear on Safety Net at the specified time when they have an appointment requiring confirmation (see Safety Net section for more details)
  - Superbill – US insurance only – check this box to include the patient in the batch for Superbills you can create
  - Exempt from Article Schedule – to exclude patient from article schedule
- **Always call to:** when using the calling module, if a patient should always be called to a specific table, use this option to set that table (ex: Table One accommodates patients with children better – set them to be called to table one) (see Calling Module section for more details)

Confirms / SOAP Settings

- **Confirms:** set options here to confirm Patient Appointments based on time before scheduled appointment and confirmation method. Confirms display in the Safety Net. Refer to the Safety Net section for more details.
- **SOAP Settings:** setup for Subjective Questions at the Sign In. Refer to the Subjective Questions section for details.

1. Financial Data Window: You will notice when you enter the Patient Financial Data window – the background screen darkens. This shadowbox effect is designed to ensure proper entry and configuration of the Financial Information. This shadowbox effect is used in other areas of the software also.

Enter Credit Card and/or Checking information here to assist in processing Post Dated payments for patients who agree to the process This information is encrypted and secure in the Atlas database. Record Sound: The Record Sound window also utilizes the shadowbox effect as mentioned above in the Financial Details section. If you are using the calling module, use this window to enter (record) patient name (see Calling Module section for more details) Click Record, speak patient name, wait for recording to stop (4.5 seconds) then check sound file. Be sure to Click SAVE when complete and Exit. NOTE: when a sound clip has been recorded and saved, a green 'sound wave' will appear in this box.

Also NOTE:
With the release of Atlas version 3.81, users are able to copy Patient Demographic information from one member to another. This saves time of retyping address and phone details for children and spouses.

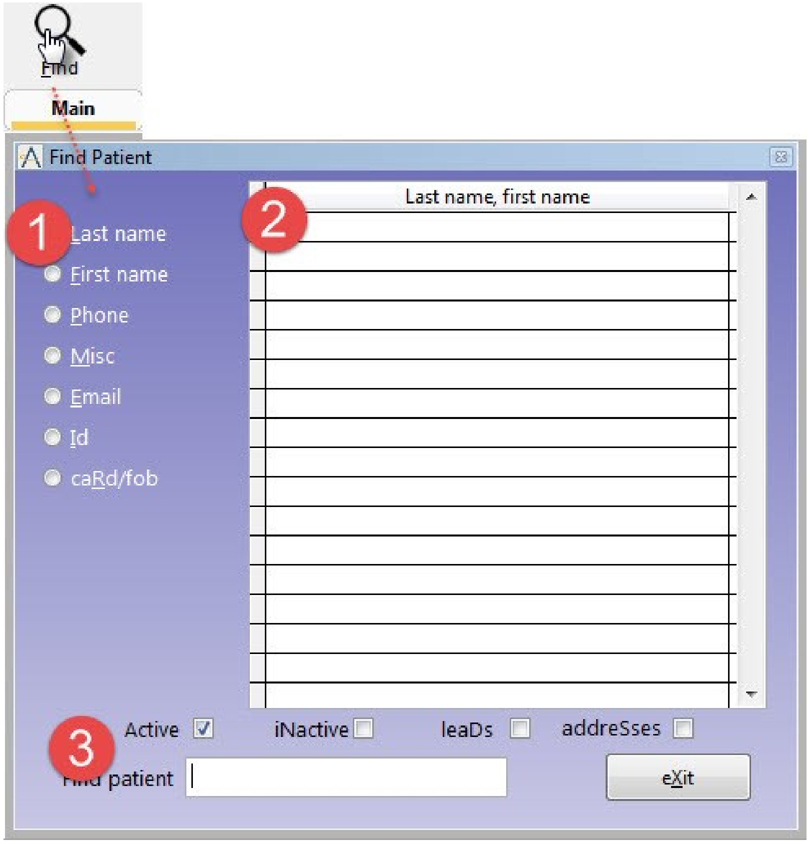
In the Patient EDIT screen, click the ADD FAMILY MEMBER button at the bottom of the screen to create a new Patient with the current Patient demographic information.

Previous Page:
Patients

Next Page:
Finding Patients

Home > CA Screen (CHAS) > Patients > Finding Patients

There are two main ways to FIND (or access) patient information in Atlas.



- **Patient FIND:** (accessed by clicking the FIND button or by pressing 'F' key on your keyboard) This opens the patient search screen (see image)

1. Choose search criteria from radio button list along the left margin
2. Note Patient list ordered according to your selection in Step 1
3. Choose the Patient Status at the bottom (multiple items can be checked)
   Active: available ACTIVE Patient files
   Inactive: available INACTIVE Patient files
   Leads: patients marked as LEAD (see Patient Data section for details)
   Address: patients entered into your database for Insurance purposes only (mainly US insurance only) – generally these entries are not current patients in clinic

Begin typing into **'Find Patient'** box - The incremental search will direct you to your specified patient file – Press Enter to select patient and open file and use your Arrow keys to fine-tune this search result – Pressing ENTER or using your mouse to Open the File
NOTE: you can type part of last name, then a comma, then part of first name to further specify your search.

- **Selecting Patient from the Schedule or queues:** when a patient name appears on the schedule sheet or in a Provider queue, you can left-click on the cell containing the name to open that patient profile.

NOTE: Patient information displays on the Right Side of the CA screen. The system is designed to have three patient information tabs open simultaneously. As you open more patient files, previously accessed files will be automatically replaced on the screen. Always make a habit of checking currently open patient profiles before performing a Patient Search.

Previous Page:
Create New Patient

Next Page:
Edit Patient Information

Home > CA Screen (CHAS) > Patients > Edit Patient Information

Once a Patient file is created, it may be necessary to EDIT that file – either Add additional details or change current details. This will also be the way to assign a
Card or Keychain Fob to a patient file (covered in the next section)

To EDIT current patient file...

- FIND the specific patient file you need to EDIT
- Click the EDIT button (alternatively you can press the 'E' key on your keyboard)
- Edit the Patient Demographics as needed
- Click SAVE when complete to exit screen – use Cancel to revert changes

Previous Page:
Finding Patients

Next Page:
Clear Patient Tabs

Home > CA Screen (CHAS) > Patients > Clear Patient Tabs

Use the X button to hide an active patient profile. This will remove the profile from the current view only – not from the database. This is useful to hide private patient information when leaving the computer unattended.

Previous Page:
Edit Patient Information

Next Page:
Sign In Cards / Key Fobs

Home > CA Screen (CHAS) > Patients > Sign In Cards / Key Fobs

Atlas utilizes the latest in RFID technology to track patient flow through your office.
RFID stands for Radio Frequency Identification and Atlas is the only software taking advantage of this technology. Your custom cards and/or fobs can contain your clinic information and logo – helping to remind patients of the benefits of your care whenever they see their card/fob. They also act as a small marketing tool. If you are reading this manual, most likely you have already been introduced to our Card/Fob procedures.

Each of your patients will be issued either a Card or Keychain Fob (based on the options you present them) and will use this to electronically 'sign in' to the Atlas Software System. Skip to the next section for details on how to assign the card/fob to your patients.

The cards and fobs are virtually indestructible – you can't wear out a magnetic strip or rub away a bar code like other systems.

Since there is no patient information stored on the card/fob they are very secure. Each card/fob has a small, passive antenna which transmits a number to the Atlas system. If a patient loses a card – no personal information will be lost.

We recommend assigning a patient his/her card or fob after they have agreed to Care. New Patients do not need a card assigned on first visit.

The cards and fobs can be reused also. If a patient drops out of care or changes their mind on which option would be better for them – you can reissue the card or fob to another patient.

Usually the Cards can be swiped while still in a wallet – an advantage to searching for a card.

A Card or Fob is not *absolutely* necessary for your patients. For certain patients you can opt to not assign a card/fob and *manually arrive* the patient (as explained later in the Manual).

Previous Page:
Clear Patient Tabs

Next Page:
Assign Patient RFID

Home > CA Screen (CHAS) > Patients > Sign In Cards / Key Fobs > Assign Patient RFID

NOTE: to assign cards or key fobs to patients, you must have an RFID reader attached and functioning on the computer you are working with. See the Appendix section covering the proper configuration of these devices.

- Find the specific Patient you would like to assign a card/fob
- Click EDIT on their profile. See the previous sections for details on this step, if needed.
- Notice in the Patient Profile screen there is a flashing cursor in the 'Card Number' box (upper left corner) – if the cursor is not there, use your mouse to Select the text box Be sure to clear any characters currently in the box and be sure these numbers are not a previously assigned card or fob that should stay active
- Hold the card or key fob, you are assigning, over the reader until you hear a BEEP and see a number populate the box
- Click SAVE when complete to exit the screen – use Cancel to revert changes

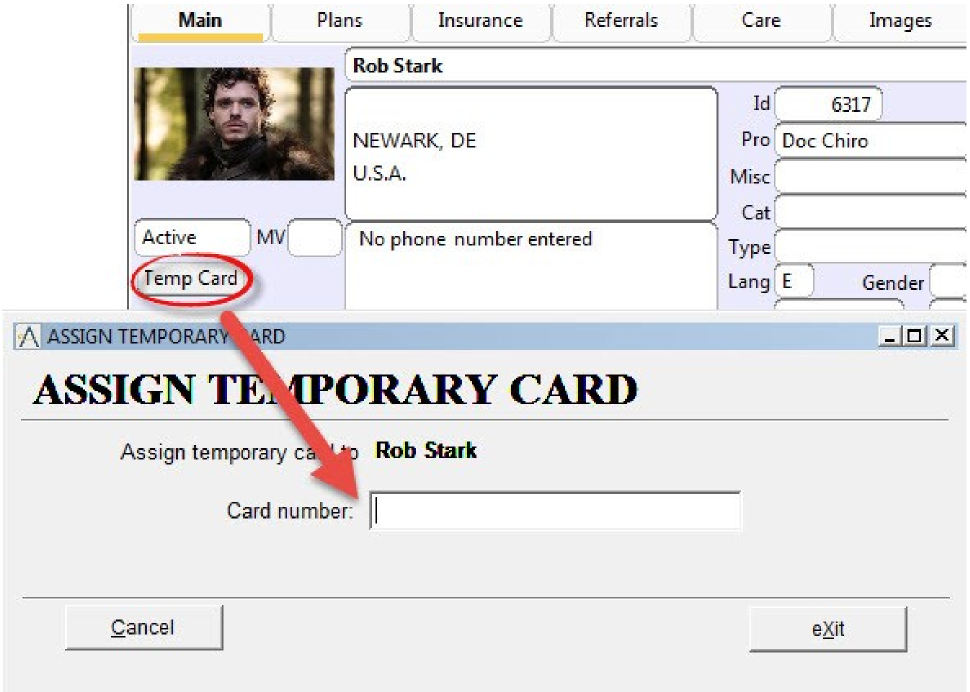
Previous Page:
Sign In Cards / Key Fobs

Next Page:
Assign Temporary RFID

Home > CA Screen (CHAS) > Patients > Sign In Cards / Key Fobs > Assign Temporary RFID

If a patient forgets their card or key fob, you can issue a temporary one for the *specific* patient visit.
Temp cards work at Sign-In and at the VTC for signing in. Once the provider has posted a charge for the patient, the temp card clears their account for use on the next patient. Temp cards should be returned by the patient before they leave the clinic.

If a temp card does not automatically clear, you can manually remove the card under Utilities>Cancel Temp Card.



- Find the specific patient profile
- Click TEMP CARD located on the Personal Tab
- Hold the card or key fob over the reader until you hear a BEEP You will see a number populate the text box
- Click SAVE when complete to exit

Atlas recommends setting aside a specific card for your Temp Card usage. You could write across the Card 'TEMP' to help avoid confusion for yourselves and your patients.

Previous Page:
Assign Patient RFID

Next Page:
Remove RFID from Patient

Home > CA Screen (CHAS) > Patients > Sign In Cards / Key Fobs > Remove RFID from Patient

It may be necessary to remove or change a Card or Fob on file for a patient.

To REMOVE a card/fob on file: follow the previous instructions to FIND and EDIT the Patient File and simply DELETE the number located in the 'Card Number' textbox.
NOTE: to easily remove the number, click on the end of the number line and use your backspace button to completely erase the numbers

To CHANGE a card/fob on file: follow the previous instructions to FIND and EDIT the Patient File.
Highlight the current Card/Fob number in the textbox – once highlighted you can hold the new card/fob over the reader until you hear a BEEP – at which point the new card/fob is assigned. The old card/fob can then be used for another patient file, if needed.

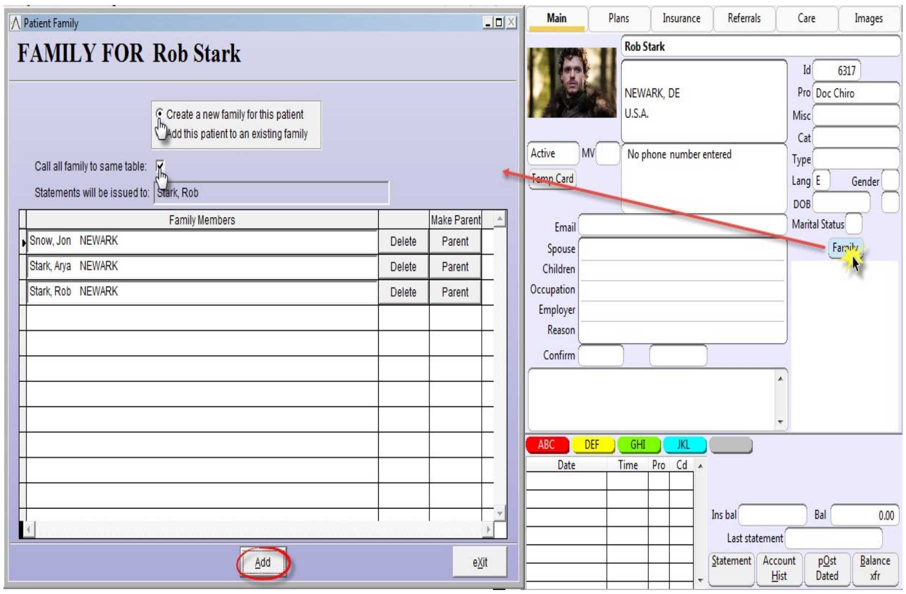
Previous Page:
Assign Temporary RFID

Next Page:
Linking Families

Home > CA Screen (CHAS) > Patients > Linking Families

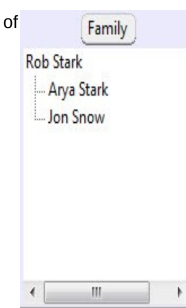
As you create Patient profiles, many of the patients can be linked into families. There are many reasons and benefits to linking Patient files as families.

- Payments can be posted through one account for entire family
- Appointments can be mapped together
- Families can be called together to the same table (if using Calling Module)
- Families can share a Financial Care Plan
- Faster access to Family files



To create a family:

- Decide which patient will be the 'head' of this Family and FIND his/her file The Head of the Family will be the Patient file which all of the other files branch from
- Open that Patients billing tab
- Click on the FAMILY button
- Check if you are creating a New family or if you are adding a member to an existing family file
- Click ADD (at bottom of screen) to add family members
- Click SAVE to finish



You can change the 'Head' of the Family (called PARENT) by clicking Parent next to their name
You can remove a member from the Family by clicking Delete

To quickly navigate family members, click on specific Patient name in the Family box.

Also NOTE:
With the release of Atlas version 3.81, users are able to copy Patient Demographic information from one member to another. This saves time of retyping address and phone details for children and spouses.

In the Patient EDIT screen, click the ADD FAMILY MEMBER button at the bottom of the screen to create a new Patient with the current Patient demographic information.

Previous Page:
Remove RFID from Patient

Next Page:
Appointments

Home > CA Screen (CHAS) > Appointments

Articles in this section

Appointments | Default Care Schedule | Create Single Appoinment | Appointment Ledger (Patient) | MAP / Multiple Appointments | Moving Groups of Appointments | Reschedule and Move Single Appointments

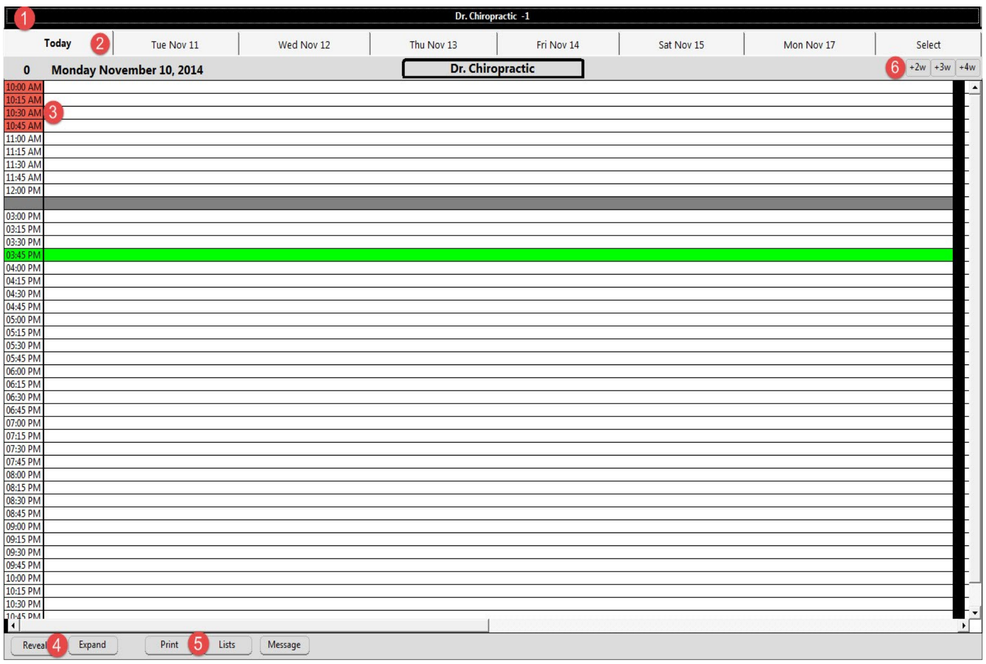
Cancelling Appointments   Missed Appointments   Delete Appointment   Print Day Sheet / Schedule

Previous Page:
Linking Families

Next Page:
Appointments

Home > CA Screen (CHAS) > Appointments > Appointments

Navigating the Appointment Matrix



Navigating the Appointment Schedule is made easier by visual clues, 'on the fly' options and quick navigation buttons. Atlas also implemented keyboard shortcuts and navigation calendars to help speed up navigation.

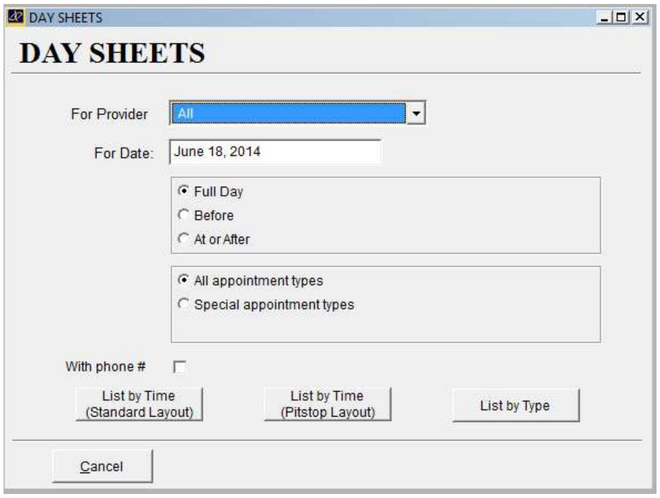
1. **Provider Tabs:** each provider can have their own schedule. Use these tabs to see patients scheduled with a specific provider.
2. **Date Tabs:** used to navigate from day to day. NOTE: navigation is enhanced by using the + (plus) and – (minus) keys on your keyboard to move forward and backward in the schedule. Also click on the 'SELECT' tab (far right) to open a calendar allowing fast navigation to other dates – the SELECT tab may be temporarily replaced by an actual date; if this is the case clicking on that date will open the calendar.

Calendar Navigation in Atlas is further enhanced by the shortcuts available on the Calendar itself.
To move from month to month – click on the Arrows located in the upper Left and Right corners.
To move quicker through the dates: click directly on the Month and/or Year to choose from the drop down menu.
Today's date is always available in at the bottom of the Calendar.

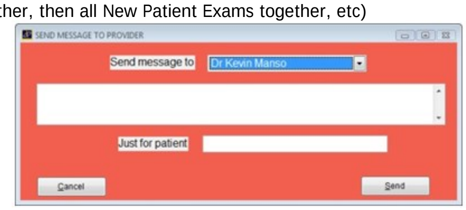
1. **Appointment Schedule Matrix:** Patient names will appear here when they have been scheduled for an appointment. The appointments will be color coded and take up a specific number of blocks on the schedule based on the Appointment Type. The schedule is broken down by time slots and columns. The above image has time slots split into 15 minute intervals and allows up to 3 – 1 block appointments to be scheduled in those time slots. This can be configured in different ways, depending on your needs. The times listed along the Left side of the screen, change to RED as time elapses, helping you see where you are at in your schedule.
2. **Day Sheet Buttons:**

- Reveal: shows or hides patient names from the day sheet – as patients arrive into the clinic, their names will automatically hide off the schedule to indicate they have been in and this button will let you see the originally scheduled patients on the Day Sheet.

- Expand: if you are using the 'Extra' option in the Provider Setup, this shows the Extra columns normally 'hidden' under the patient demographics area. Our example has no Extra columns.
- Print: prints a copy of the Day Sheet in spreadsheet format – see Reports section for example.
- Lists: breaks down the Day Sheet into different formats based on Appointment Types, Scheduled Times, by specific Provider and including phone number – see Reports section for example.



  - For Provider: Day Sheet can be printed for ALL Providers or only specific ones – use drop down menu to select
  - For Date: Day Sheet can be printed for only one date at a time – defaults to current date selected on Appointment Matrix
  - Full Day: Day Sheet will be listed for the entire business day.
  - Before: Will allow a portion of the Day sheet to be printed listing appointments before certain time of the day. By Default it is 12:00 pm.
  - At or After: Will allow a portion of the Day sheet to printed listing appointments after a certain time of the day. By Default it is 12:00 pm.
  - ALL appointment types or SPECIAL appointment types – special appointment types are configured in the Appointment Types screen
  - With Phone #: option to print Day Sheet including Patient phone numbers – useful if you need to contact the day's appointments to reschedule.
  - List by Time (Standard Layout): organizes the report by the Appointments scheduled times
  - List by Time (Pitstop Layout): organizes the report by the Appointments scheduled times, and includes any Pitstops that will be triggered for those appointments.
  - List by Type: organizes the report by the Appointments types (all Adjustments together, then all New Patient Exams together, etc)
- Message: sends message to a Provider



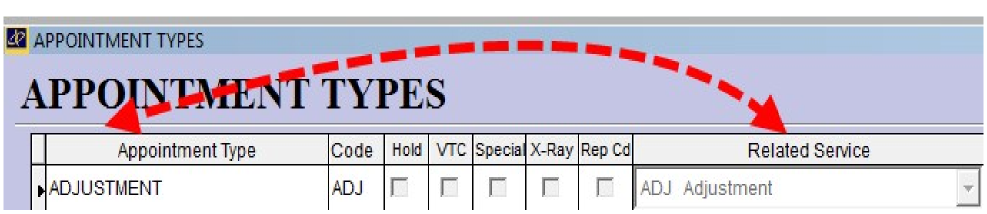
  - Select specific Provider from drop down list – the Provider must be signed into a computer running in the VTC as the message will only send to computers running the VTC.
  - Type message into text box
  - Messages can be designated to send only to the Adjusting table computer that a specific patient has signed on to.
  - By default, Messages will appear on ALL VTC computers the selected Provider is logged in at. The Message will appear as a discreet red bar located at the bottom of the VTC screen when a patient is signed in. This is done for security and privacy. The Provider can click on the red bar (or use the MSG TO DR button on the touchpad) to view the Message and then click on the Message itself to erase.
- +2w/+3w/+4w Weeks: navigates forward on day sheets quickly
- Side By Side: displays Provider schedules on a single timesheet Will only function when Provider schedules (hours) are configured the same and the option for Side By Side schedules is checked in System Information.

Previous Page:
Appointments

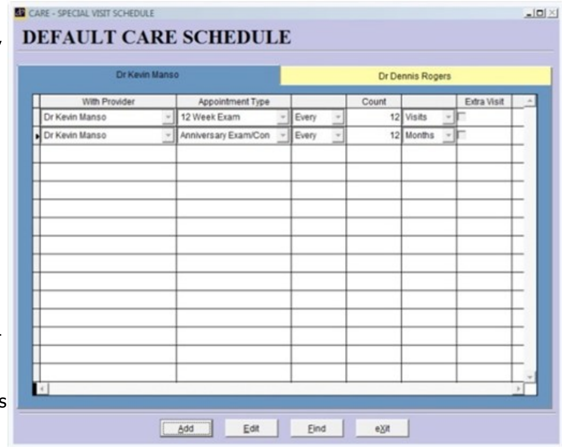
Next Page:
Default Care Schedule

Home > CA Screen (CHAS) > Appointments > Default Care Schedule

Setup > Care Schedule



Atlas has the ability to schedule Patients for specific Appointments based on your clinic Care Schedule. It is a feature designed to help schedule repeated, special Appointments automatically. It will work when mapping appointments into the future or when a patient 'walks in' without an appointment. This benefits you and your patients by insuring they get their regular evaluations or special visits. The Care Schedule hinges on two settings being properly configured – one in your Services and one in your Appointment Types.



First, in Services, it is important to have the proper services set to be 'visits' (see section Services). For most clinics, only 'Adjustments' should count as a 'visit'.

It is also important, in the Appointment Types to have 'Related Services' set for each Appointment being used in the Default Care Schedule. The 'Related Service' is the default (most common) Service charged during that scheduled appointment

To setup a Schedule:

- Choose your Provider: each Provider has their own unique Care Plans, however you can cross-over appointments onto another Provider
- Choose Appointment Type: what special appointment should be scheduled
- Choose if this Appointment should repeat: EVERY, AFTER or ON – Every repeats the appointment, After and On create the appointment only once
- Choose the Count: enter in numerical value here
- Choose how to count: VISITS, MONTHS or WEEKS
- Check EXTRA VISIT box if this appointment should be scheduled in addition to regular appointments

NOTES: More details on Default Care Schedule will be covered in the Appointment Mapping section.

Atlas will be using all of these settings to compare the past Services on a patient account, with the Appointment Type that was scheduled for that day to map these special appointments. Using the images as example, if a patient was charged for a Progress Exam and then 9 Adjustments; Atlas can determine that after 3 more Adjustments the patient is due for another Progress Exam. Also at the end of 12 months of care for the patient, he will be scheduled for an Anniversary Exam appointment.

Previous Page:
Appointments

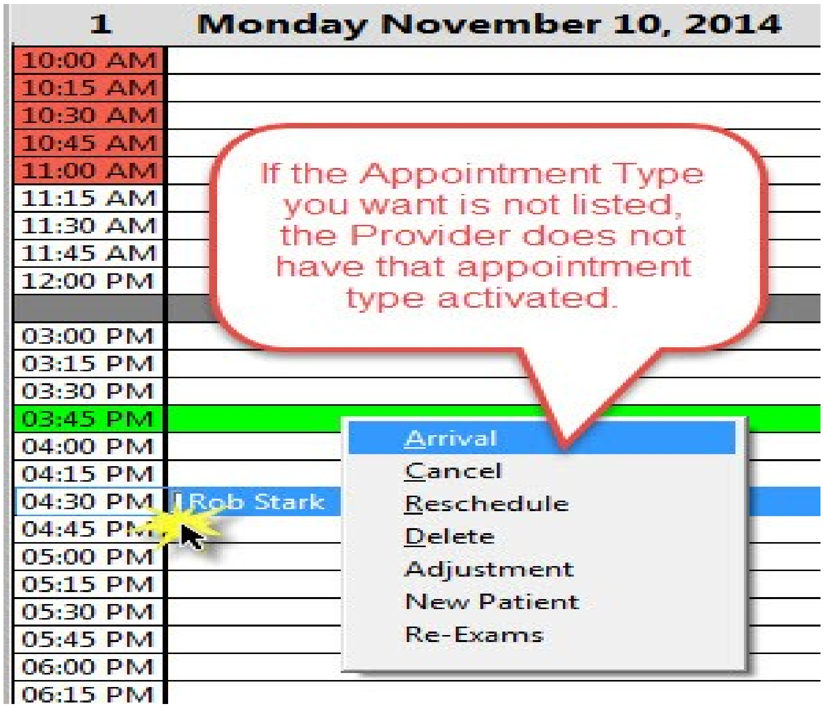
Next Page:
Create Single Appoinment

Home > CA Screen (CHAS) > Appointments > Create Single Appoinment

Creating single appointments for patients in Atlas is a quick process. The most important thing to check when creating single appointments is which patient file is active. The Active Patient File is the one that will be scheduled for the appointment. It is also important to have your Appointment Type list created before attempting to schedule patients. See the section on Appointment Types for details on how to do this.

To create a Single Appointment:

- Find the patient: it is necessary to have the patient profile open first to schedule appointments
- Select the Day and Time: navigate the schedule using the tabs and/or calendar
- Click on the Cell or Time Slot: you can click directly on an empty cell or on the specific time (left side) to schedule the appointment NOTE: the appointment scheduled will be determined by the Default Appt Type set in the Provider setup (see Providers)
- Change the Appointment Type: (if necessary) – Right Click on the patient name and select the new appointment from the menu(see image)



Previous Page:
Default Care Schedule

Next Page:
Appointment Ledger (Patient)

Home > CA Screen (CHAS) > Appointments > Appointment Ledger (Patient)

After creating the appointment, note the change in the patients' Appointment Ledger. The Ledger is located above the patient Transaction Ledger (see the General Layout Overview at the start of this manual).
The ledger will show the Appointment date, Time, Provider Initials (Pro) and Appointment Code (Cd). The ledger will also color code depending on the status of the appointment.

Date	Time	Pro	Cd
Mon Dec 7, 2009	10:15 AM	KM	ADJ
Thu Dec 3, 2009	04:45 PM	KM	ADJ
Mon Nov 30, 2009	09:15 AM	KM	AXC
Mon Nov 23, 2009	08:45 AM	KM	ADJ
Mon Nov 9, 2009	08:45 AM	KM	ADJ
Mon Nov 2, 2009	10:00 AM	KM	ADJ

- White: future appointments
- Green: current (today) appointments
- Grey: appointments patient 'arrived' for – the patient swiped their card at the Sign In or were manually arrived
- Yellow: cancelled appointment
- Red: missed appointment – patient did not arrive for appointment

To view more of the patients appointments, click anywhere on the dates (ex: Thu Dec 3, 2009) to expand the ledger out and allow vertical scrolling. To return the ledger to standard view, click anywhere on the dates again.

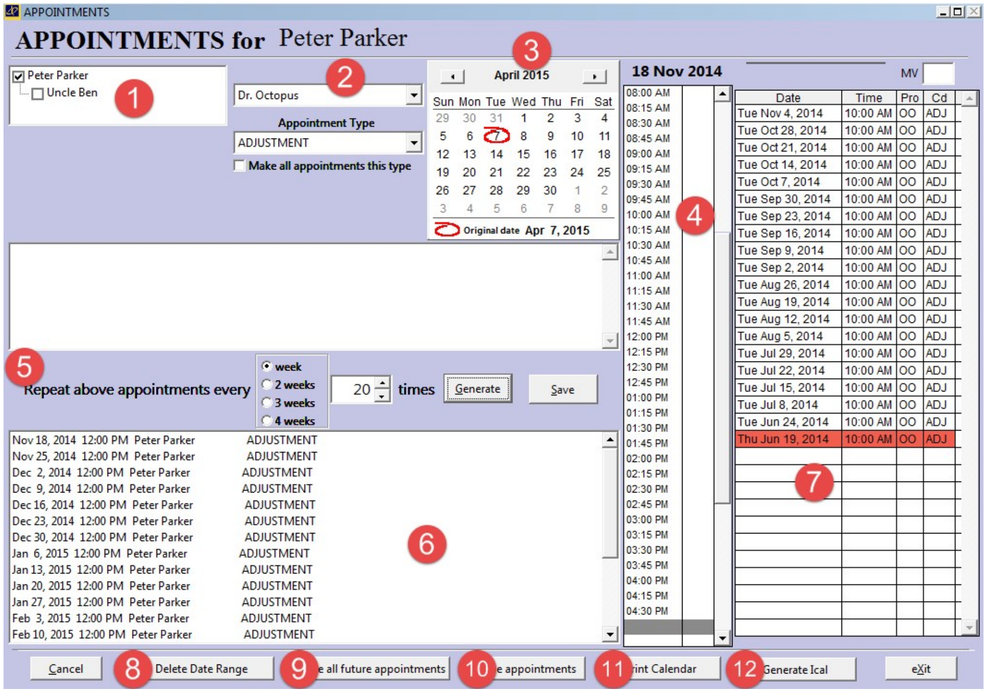
It is possible to Reschedule, Cancel, Delete or change an Appointment, by right-clicking on the specific date in the Appointment Ledger. You will be presented with the same menu available from the Appointment Matrix.

Previous Page:
Create Single Appoinment

Next Page:
MAP / Multiple Appointments

Home > CA Screen (CHAS) > Appointments > MAP / Multiple Appointments

Before you begin to map appointments, it is important to complete a few steps. Setting up holidays and vacations, creating your Appointment Types and creating your Default Care Schedule will ensure mapped appointments are scheduled properly into the future. To help in the mapping process, you may also want to link families to allow you to map appointments for all family members at once.



To schedule Multiple Appointments (map):

- Find the patient: it is necessary to have the patient profile open first to schedule appointments
- Click: the APPOINT button on the patient profile

The APPT button opens the Appointment Mapping screen:

1. If mapping a patient, linked to a family, the family member names appear here – check patients to be mapped identically here, uncheck to exclude from this mapping NOTE: family maps may not necessarily coincide depending on your Default Care Schedule setup and specific patients past visits. Ex: Your Default Care Schedule may be for every 12 visits to schedule a Re-Exam. Patient 1 (in the family) had their re-exam recently because they have been in care longer than patient 2. When you map appointments for the future, Atlas will attempt to schedule each patient according to the Default Care Schedule. Specific patient Appointments can be changed once mapped
2. Choose the Provider from the available drop down menu

   Choose the Appointment Type to start the mapping with: you can override the Appointment Types being created by clicking the 'Make all appointments this type' box
3. Choose the Date for the first appointment
4. Choose the Time for the first appointment NOTE: repeat steps 3 & 4 to create the schedule for the patients first week. Example: Lets map a patient for care at 3 times per week for 6 weeks, then 2 times per week for 6 weeks and finally 1 time a week for 26 weeks
   - Choose the Days and Times the patient wants for their 3x appointments. We will use the example of Monday at 8am, Tues at 8am and Thursday at 8am.
   - Proceed to Step 5 once your first week map is completed
5. This area is where we determine how to repeat schedule the created appointments. Choose how often to repeat the map and how many times to repeat the map NOTE: when repeating keep in mind you have already created the 'first' week of care – if you are choosing to map for 6 weeks, you would only repeat 5 more times for a total 6 weeks.

   Click GENERATE to create the map automatically – you will see the appointments being created in area 6 on the screen – note the Default Care Schedule Appointments also being created.

   NOTE: repeat these steps to map the 2x per week appointments and so on.

   MOST IMPORTANT – ONCE ALL APPOINTMENTS ARE MAPPED CLICK ON THE SAVE BUTTON TO WRITE CHANGES TO THE PATIENT APPOINTMENT LEDGER
6. Mapped appointments can be deleted from here before being saved to the patient file.
7. Check the Appointment Ledger before exiting to ensure accuracy. Appointments can be manipulated (deleted, rescheduled, changed) from this ledger before exiting.
8. Click DELETE DATE RANGE to delete all appointments within a specified date range. Upon clicking this option, you with be prompted to specify the date range of appointments you wish to delete, once the date range has been specified click the Delete Appointments button.
9. Click DELETE ALL FUTURE APPOINTMENTS to remove all the patients future appointments from the database – helpful if a patient ends care or you

have to change all of a patients mapped appointments

10. Click MOVE APPOINTMENTS to change a patient's appointments in bulk
11. Click PRINT CALENDAR to create a printout for your patient – this opens a Print Preview for you first See Reports for example.
12. Click GENERATE ICAL to generate an ical file that you may then send to your patient. The Ical file when opened by your patient will put all the patients appointments into their electronic calendar. This file format works for a wide variety of devices such as PC's, Laptops, Tablets, Cell Phones and Smart Phones. When creating this file, you can choose where you would like the file to be saved to. In earlier versions, it will be saved to your ACS folder.

Atlas will prompt you to SKIP or RESCHEDULE an appointment if it falls on a scheduled Holiday, Vacation or Exception Hour. It is very important before you begin mapping to schedule your clinic 'time off' to avoid problems.

Click CANCEL in the bottom left corner to exit without saving changes
Click EXIT when complete to leave this screen and save all changes

Click PRINT CALENDAR to create a printout for your patient – this opens a Print Preview for you first
See Reports for example.

Previous Page:
Appointment Ledger (Patient)

Next Page:
Mapping 'Shift Work'

Home > CA Screen (CHAS) > Appointments > MAP / Multiple Appointments > Mapping 'Shift Work'

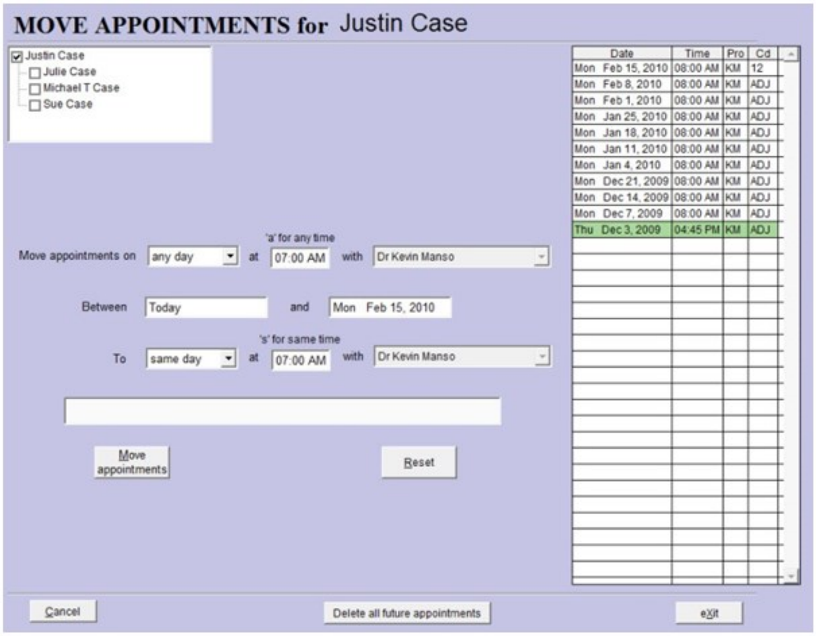
Mapping patients who are 'shift-workers' is relatively easy.
Let's use an example of Joe who alternates days and nights each week. The first week we can map him for Monday, Tuesday and Thursday at 6pm. Create the first week map following the steps above. When choosing the credentials to GENERATE with, choose the option to 'repeat the above appointments every' 2 weeks. This will create a map of his 'afternoon appointments skipping every other week. Now navigate the calendar back to his 'second' week starting day (this would be the week he is working nights) and map those days and times. Let's use Monday, Tuesday and Thursday at 9am for these weeks. Repeat the process on this map – again choosing the option to 'repeat the above appointments every' 2 weeks. You have successfully mapped his alternating weeks.

Previous Page:
MAP / Multiple Appointments

Next Page:
Moving Groups of Appointments

Home > CA Screen (CHAS) > Appointments > Moving Groups of Appointments

Sometimes patients' regularly scheduled appointment times must change…Changes to work schedules, office hours and more force these changes. It would be very labor intensive to manually move all of a patients' appointments, so Atlas includes a simple (but powerful) appointment moving option.



To use this tool, navigate into the Appointment Mapping screen and click the 'Move all Appointments' button at the bottom middle area of the screen.

The Move Appointments screen is designed to read like a paragraph.

Move appointments on…[any day : alternatively you can choose a specific day from the drop down]…at …[choose a specific time or use the variable 'a' for anytime on the day chosen in the previous box]…with…[choose the Provider desired]

Between…[choose a specific starting date or 'Today']…and…[choose an ending date : this defaults to the patients last scheduled appointment date]

To…[choose day to move appointments to : you can choose 'today' to move within the same day]…at…[choose the time to move appointments to or use the variable 'a' for anytime on the day chosen in the previous box]…with…[choose the provider desired]

Once complete, click MOVE APPOINTMENTS to start the move process or click RESET if you have made errors

CANCEL will exit the screen without saving any changes
DELETE ALL FUTURE APPOINTMENTS will delete all of the patients' future appointments
EXIT will save the changes and exit the screen

Previous Page:
Mapping 'Shift Work'

Next Page:
Reschedule and Move Single Appointments

Home > CA Screen (CHAS) > Appointments > Reschedule and Move Single Appointments

There are two scenarios for rescheduling appointments. The first is *Moving* an appointment within the same day. The second scenario involves rescheduling an appointment to another day. This second scenario also includes moving an appointment from one provider to another. Knowing the two processes can save the CA time and effort.

1. Moving an Appointment: 'moving' only works within the same day (Ex: from morning to afternoon)

- start by left clicking on the specific appointment on the Appointment Matrix to make the Patient profile active Remember, the patient profile must be active (on the right side of the screen) to allow Appointment changes
- Next, click onto the new empty cell or appropriate time block where you would like to Move the appointment – this will open the dialog box to the right
- The dialog box will alert you that the patient is already scheduled for that day: - Choose YES to move the existing appointment - Choose NO to leave the original appointment and create a new one – this option creates two appointments on the same day for a patient - Choose CANCEL to exit the dialog box without moving or changing any appointment

1. Reschedule an Appointment: to reschedule to another day or provider you have two options
    1. Find the Patient profile and right click on the specific appointment in the patients Appointment Ledger – this will open a menu, choose RESCHEDULE from the menu
    2. OR right click on the specific appointment on the schedule to access the same menu

- Once into the Appointment Mapping screen (see previous section for details and screenshot) choose the desired Provider, Appointment Type, Day and Time for the rescheduled appointment. Be sure to click SAVE when complete to record the change to the patient file

Depending on your configuration, Atlas may display the Rescheduled Appointments in the patient

Appointment Ledger, highlighted in a different color.

Previous Page:
Moving Groups of Appointments

Next Page:
Cancelling Appointments

Home > CA Screen (CHAS) > Appointments > Cancelling Appointments

Cancelled appointments are directed into the Safety Net – Atlas' Patient Recall System. The Safety Net helps staff to track cancelled or missed appointments. It also helps track patient recalls to reschedule those appointments. There are many more features to learn about in the Safety Net, read more about the Safety Net in the Safety Net section in the Appendix.

To CANCEL a patient appointment:

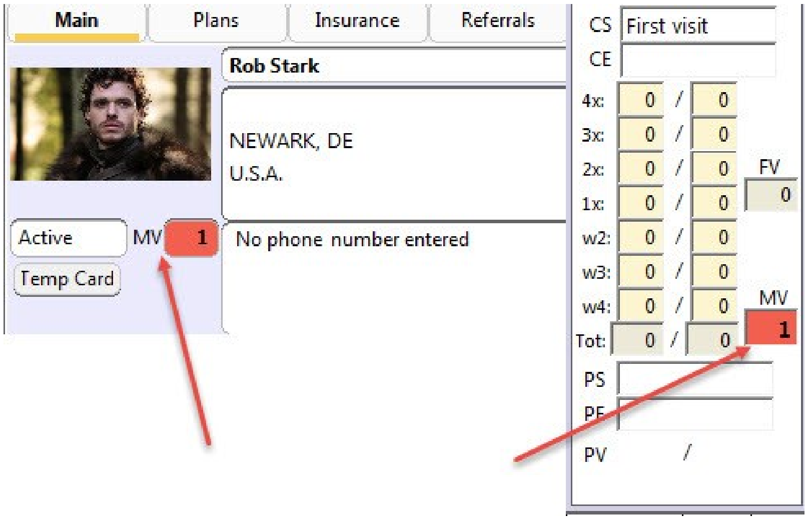
- Find the Appointment: there are multiple ways to find the desired appointment; the easiest options are to navigate to the correct day and time on the schedule and locate the appointment OR you can FIND the Patient and Cancel the Appointment using their Appointment Ledger
- Right Click on the Appointment: (either directly on the Appointment Matrix or on the Appointment Ledger, as described above)
- Choose CANCEL: choose cancel from the list of options presented NOTE: if the Appointment is in the past, the menu options change and you cannot mark the appointment as 'Cancelled' – the option available for Appointments past time is to mark them as 'Missed'
- Fill in Contact Manager Details: this is the link screen between the Appointment Matrix and the Safety Net. For full details on how to properly configure the Contact Manager Screen and the options available, see the Safety Net section.

Previous Page:
Reschedule and Move Single Appointments

Next Page:
Missed Appointments

Home > CA Screen (CHAS) > Appointments > Missed Appointments

As patients arrive into the clinic, their names (on the Appointment Matrix) disappear. This helps you quickly discern who has *Missed* their scheduled appointment. Once an appointment's time has passed, you no longer have the option to 'Cancel' the appointment. Instead, you can follow the directions above for cancelling and then choose the option 'Missed'. This will then direct you into the Patient Contact Manager on the Safety Net.



You may also want to manually update the **MV** textbox located on the Patient Demographic screen (under the Personal tab) This will help you track how many appointments a patient has missed – remember to manually edit this number again when the patient makes up a Missed Visit.

Previous Page:
Cancelling Appointments

Next Page:
Delete Appointment

Home > CA Screen (CHAS) > Appointments > Delete Appointment

Deleting an appointment should only be done when the appointment is made in error.
Deleting is permanent and removes all record of the appointment from the database. It will not put the patient onto the Safety Net and will not mark the appointment as 'missed' or cancelled.

To delete an appointment:

- Right Click on the specific appointment in the Appointment Matrix or in the Patients Appointment Ledger
- Choose the option DELETE

NOTE: There is no 'un-delete' option. Deleted appointments will have to be created again, if necessary.

Previous Page:
Missed Appointments

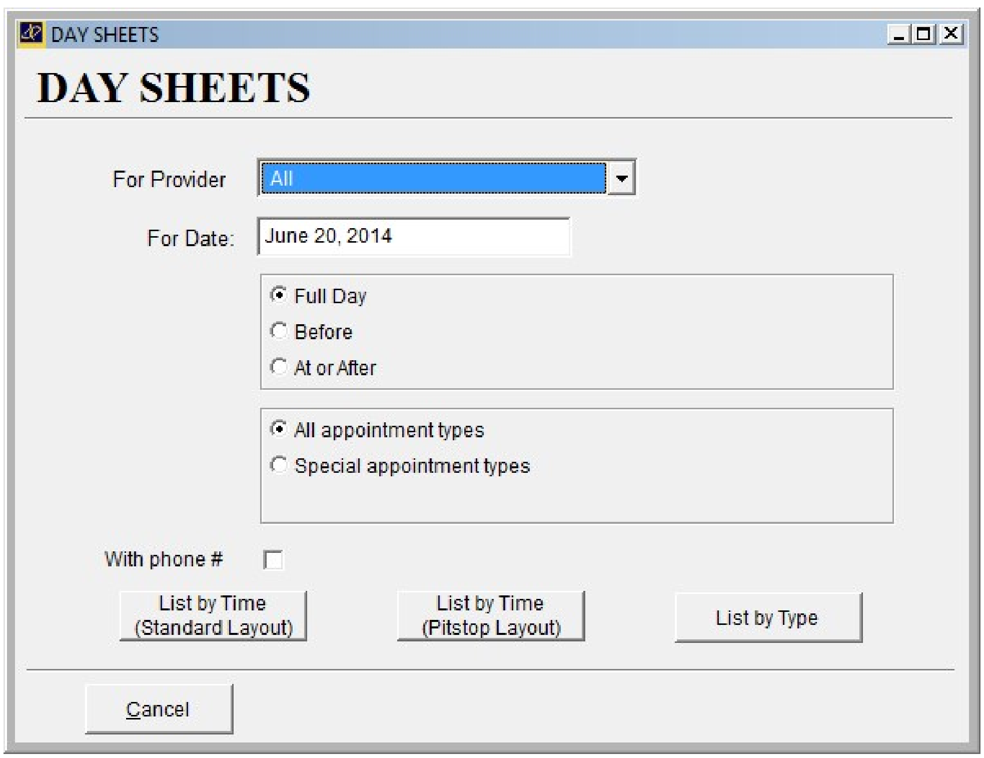
Next Page:
Print Day Sheet / Schedule

Home > CA Screen (CHAS) > Appointments > Print Day Sheet / Schedule

There are two main options for printing and viewing a Day Sheet. These options are accessible via the buttons located at the bottom of the Appointment Matrix.

The first option located under the PRINT button will allow you to print a spreadsheet layout of the schedule. You will first be presented with a Print Preview and can then print a hardcopy using the PRINT icon on the toolbar.

You could also choose to break down the schedule into more detailed sheets via the LISTS button.



Click on the LISTS button to view the options:

- Choose the Provider from the drop down menu – or choose ALL to print for all Providers

- Choose Date to print – Day Sheets can only be printed one day at a time but you can print for any available Date
- Choose whether you want the Full Day, Before a set time, or After a set time.
- Choose if the print out should show ALL Appointment Types or only Special Appointment Types (see Appointment Types for details on Special)
- If you choose to print Day Sheet for a specific Provider – as chosen in the dropdown menu – you will then be presented with the option to print only a specific Appointment Type for that provider
- Day Sheets can be printed to include the patient phone number also – helpful if you need to call your entire day of appointments due to inclement weather, etc
- LIST BY TIME (Standard Layout): group the day sheet appointments by their scheduled Time
- LIST BY TIME (Pitstop Layout): group the day sheet appointments by their scheduled time, and also list Pitstops that will trigger (if available).
- LIST BY TYPE: group the day sheet appointments by their specific type (adjustment, new patient, etc)

Previous Page:
Delete Appointment

Next Page:
Transactions

Home > CA Screen (CHAS) > Transactions

Articles in this section

Previous Page:
Print Day Sheet / Schedule

Next Page:
Overview

Home > CA Screen (CHAS) > Transactions > Overview

In Generation 3 Atlas, the providers have the ability to create patient charges directly from the Adjusting tables. Atlas determines the correct charge to attach to the transaction based on the Providers Default Service, as configured in the Provider setup screen. This charge can be modified in a variety of ways: depending on the Patient Category, Patient Special Rates, Care Plan setup, insurance status and more. It can also be configured (with changes to the initial setup of Atlas) to allow a Provider his/her choice of Services to post on a patient file. The next few sections will discuss how to set the Default Charge and different ways to supersede the default charge when necessary. We will be referring to the Services setup section discussed earlier; please be sure your Services list is properly configured before proceeding.

Note: Entering Transactions – Methods

There are a few methods for entering charges onto a Patient account. The most common method is when the Provider uses the Atlas touchpad from the VTC (Adjusting table) area to 'Post Adjustment'. This process will be covered in detail in the VTC training section. The second scenario is manually adding a Transaction to the Patient account. **This is done by using the 'Trans' button on the patient profile. Alternatively, you can use the shortcut key 'T' on your keyboard.** We will discuss this method in the following sections. The third scenario is posting to a Patients account using Post Dated payments feature. This automatically posts a pre-determined payment to the Patient account. Post Dated payments will be covered near the end of this section.

Previous Page:
Transactions

Next Page:
Pricing Hierarchy

Home > CA Screen (CHAS) > Transactions > Pricing Hierarchy

When a Provider creates a charge on a Patient file from the VTC, these are the steps Atlas takes to determine the appropriate charge.

First to determine which Service to post:

1. Atlas looks for the Service chosen by the Provider (if no service chosen, move to step 2) NOTE: This requires special configuration System Information and your Services list
2. Atlas looks for Special Service(s) on the Patient file (if no Special Service(s), move to step 3)
3. Atlas looks at the Default Service configured for the Provider (if no Default Service on the Provider, onto step 4)
4. Default System Service configured in the System Settings screen

Second, to determine the appropriate charge for the selected service:

1. Atlas looks to see if there is a Special Rate on the Patient file
2. Atlas checks the Patient category for specific pricing
3. Finally, Atlas checks the Default Amount on the Service

> NOTE: Atlas will also take into consideration if a patient is on a pre-pay plan or has insurance on their file to determine the proper Patient charge.

The setup and configuration of these options is discussed in the following sections.

For additional details, refer to the Services setup section and the Patient setup section.
Providers can refer to the VTC section for details on how to Post Charges from the VTC.

Previous Page:
Overview

Next Page:
Default Services

Home > CA Screen (CHAS) > Transactions > Pricing Hierarchy > Default Services

Setup > Initial Setup > System Information

The System Default Service configuration is located under the General tab.
To set this option, choose the appropriate Service from the available drop down menu.

Usually, this Service is an Adjustment. This will be the Default Service charged if no special criteria are setup for a patient or the Provider has no Default Service setup for themselves.

Setup > Providers

Each Provider can have his/her own Default Service configured which will override the System Default Service set in the previous section.

This benefits different Providers by allowing them to create charges based on their specific roles in the clinic. For example, the massage therapist can Post charges for massage instead of Adjustments.

In the Providers screen, simply choose the appropriate Service from the drop down menu. To access the menu, click the EDIT button in the navigation options on the bottom of the screen. Be sure to SAVE before exiting.

Previous Page:
Pricing Hierarchy

Next Page:
Category Pricing

Home > CA Screen (CHAS) > Transactions > Pricing Hierarchy > Category Pricing

Setup > Categories

Refer to the section on Patient Category Pricing for details on how to configure.

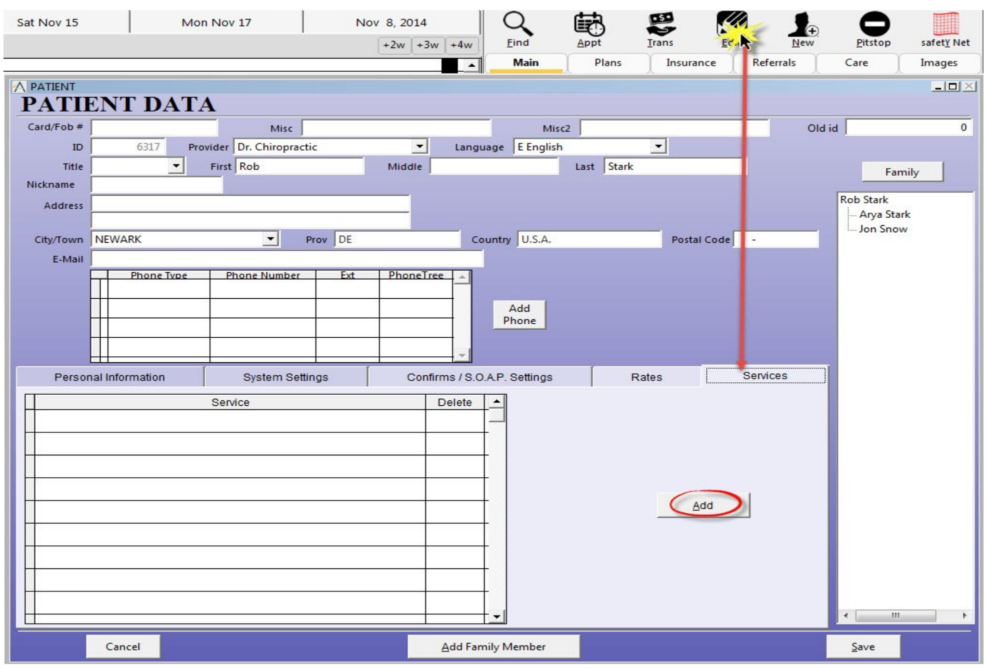
Categories are a great way to utilize different price structures, and to implement a fast pricing rate change system wide.

For this section, if a Patient is assigned to a Category, this will help determine the proper charge to associate to a Transaction.

Previous Page:
Default Services

Next Page:
Special Services

Home > CA Screen (CHAS) > Transactions > Pricing Hierarchy > Special Services



Special Services are configured on an individual Patient basis under the Patients Data (Edit). Proper configuration of Special Services may hinge on the configuration of Special Rates (covered in next section), however you can use each setting independently.

Special Services are used to override the Default Service that is posted when a Provider 'Posts Adjustment' from the VTC. They do not affect the Services that can be charged when manually entering a transaction.

To configure a Special Service click on the tab to open the screen.
Click ADD and choose the Service from the available drop down menu. Multiple Services can be added to

this screen – this means you could configure the screen to charge the Patient for more than one Service from the VTC when the Provider posts. This is useful if you need to charge a Patient for an Adjustment and Manual Traction at each visit.

Another example of when to use Special Services is to configure a Patient to be charged for an Adjustment 3-4 Region instead of the Default Adjustment 1-2 Region.

Special Services stay active on a Patient file until DELETED.

Previous Page:
Category Pricing

Next Page:
Special Rates

Home > CA Screen (CHAS) > Transactions > Pricing Hierarchy > Special Rates

Special Rates are configured on an individual Patient basis under the BILLING tab. Proper configuration of Special Rates may hinge on the configuration of Special Services, however you can use each setting independently. One major difference is that Special Rates will affect Transactions that are manually entered by the Front Desk or by the Provider from the VTC.

Special Rates are used to override the Default Service Charge created in the Services setup window.

To configure a Special Rate, click on the button to open the screen.
Click ADD at the bottom of the screen and choose a specific Service from the drop down menu.
The Default Amount for the Service should automatically fill in – to override, enter the Special Rate into the Patient Rate column. A Special Rate can be more or less than the Default Amount.

Special Rates of $0.00 cannot be added to Insurance charges (if a Patient is charged $0 for Insurance purposes, this will be setup in the Insurance section) however, you can configure a Special Rate of $0 if needed.

If many people will be sharing a similar price amount, it is better to setup Patient Categories.

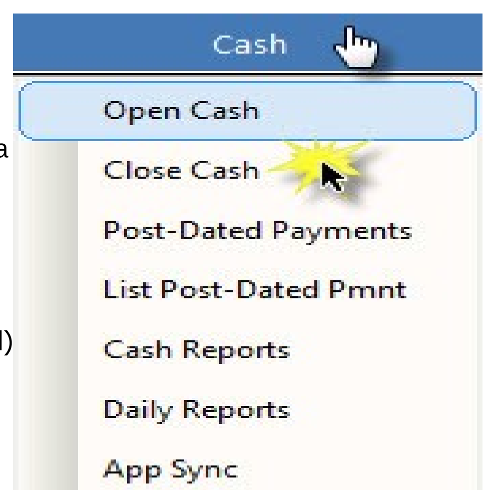
Previous Page:
Special Services

Next Page:
Open/Close Cash Dates

Home > CA Screen (CHAS) > Transactions > Open/Close Cash Dates

Before you are able to create Transactions of any kind in Atlas, you must open the CASH drawer for the day. When Atlas starts, if the CASH isn't opened a warning will appear 'Warning – Cash is not open'. After logging in with your username and password, click on the CASH button and Open Cash. This will prompt you to choose a date (defaults to current day, however you may open cash for previous days if necessary). It also prompts to enter a Float amount.

The cash date helps you balance your 'drawer'. Atlas tracks each Transaction entered by two dates (which may or may not be the same) – the Transaction date (date transaction was actually entered) and the Cash date.



Cash > Open Cash / Close Cash

It is very important to open your CASH drawer each day and close it each night. After the CASH report has been balanced (that is, all payments entered and accounted for) be sure to close the CASH date in the system. This will effectively stop anyone from entering more Payments or voiding any transactions which would affect your CASH report. Closing cash will be referred to when we cover End of Day procedures.

Some clinics choose to leave the CASH date open indefinitely. This makes balancing your CASH drawer very difficult on a day to day basis. We strongly recommend Opening and Closing CASH every day and using the available CASH reports to balance.

You can create multiple CASH drawers in your System also. This would allow each Provider (or multiple Providers) to have their own CASH drawer. This is useful if Payments are separated out into different accounts for each Provider. Multiple CASH drawers are not necessary with multiple Providers.

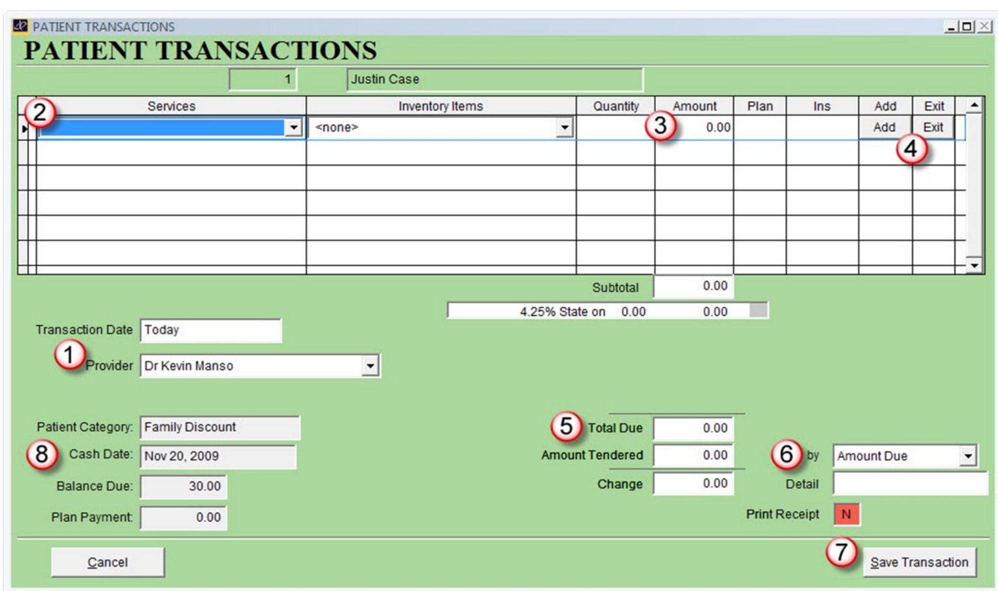
Setup > Initial Setup > System Information

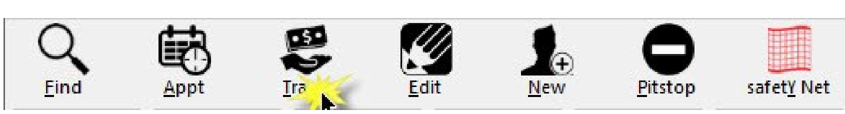
To configure multiple CASH drawers, go into System Settings, under the General tab and into the CASH settings area. Enter the number of CASH drawers to use and be sure to change the CASH drawer number for each Provider in the Provider setup screen.

Previous Page:
Special Rates

Next Page:
Transaction Screen - Navigation

Home > CA Screen (CHAS) > Transactions > Transaction Screen - Navigation





To enter a Transaction onto a Patient file, you need to first FIND the specific Patient file. To open the Transaction screen you can click the TRANS button on the specific Patient file or use the 'T' key on your keyboard (shortcut). NOTE: CASH must be open in order to process any Transactions. If the CASH date is not opened, Atlas will flash a warning and not open the window.

The Patient Transaction screen is designed to be quickly navigated using keyboard shortcuts. Using the mouse to move from box to box will be more cumbersome than using the keyboard. Learn to use the shortcuts by practicing on a test patient file. Remember to remove those Transactions.

Navigate the Transaction screen using keyboard shortcuts. To move from box to box, use the TAB key on your keyboard in conjunction with the ENTER key. TAB will move you around the screen and ENTER will select options and also move through the different boxes. Using the ALT key and an underlined letter will enter the specific command. In the image above, see that the 'Save Transaction' button has an underlined 'S'. Pressing ALT+S will enter the transaction, as completed to the point.

Once inside the Patient Transaction screen:

- Note the Patient ID number and Patient Name

1. **Select Provider / Verify Transaction Date:** in multiple Provider clinics, you can associate a charge or Payment to a specific Provider. If a Payment needs to be applied to multiple Providers, it is necessary to enter separate Transactions. In some setups (single Provider clinics, etc) this will default to one Provider and will not have to be set at each Transaction.

   The Transaction Date can be changed to a date in the past, as needed. If you modify the Transaction Date, Atlas may warn of potential changes based on Insurance files or Financial Plans on the patient file.

   - Click TAB to navigate from this area to the Transaction Line
2. **Transaction Line:** select the Service or Inventory Item you are applying to the Patient file. Each Service or Inventory Item being charged will appear on a separate line - choose the desired Service or item from the dropdown menu (to select Inventory click TAB to move into that drop down menu)

   - Click TAB to navigate from Transaction Line to Amount
3. The AMOUNT will be filled in (based on Service or Inventory selected) with the Default Price. NOTE: the Default Price is affected by multiple settings in the software as discussed in the Pricing Hierarchy section.
   NOTE: be sure to enter the 'Quantity' sold when using Inventory – Atlas will automatically calculate the total amount based on this quantity.

   If the charge is configured to be allocated to a Financial Plan, you will see 'YES' in the Plan box.
   If the charge is configured to be allocated to Insurance, you may see an amount in the Ins box.

   - Click TAB to navigate to the ADD or EXIT button
4. Use the ADD button to Add additional Services or Inventory or use the EXIT button when done entering Services or Inventory

   - Click ENTER to select ADD or EXIT and move into the next section.

5. If you click EXIT, your selection will take you down to the AMOUNT TENDERED box. You will notice the Total Due box is filled in based on your charges and taxes above. Type in the actual amount of money you are tendering – notice the Change will automatically calculate if required.

   If the Patient is not making Payment on the charges entered, leave AMOUNT TENDERED blank – alternatively you can enter part of what the total charge is (Patient is only paying for part of the Services) this option leaves money owing (debit) on Patient account. Patients paying MORE than the Amount Due (paying a Credit on their account) are handled in the next section Payments)

6. Paid By: choose the Method used for Payment (or leave as Amount Due) for non-payment Shortcut keys here are the first letter of Payment Method V=Visa M=MasterCard C=Cash CH=Check
   Additional Payment Methods are configured in the Payment Methods section

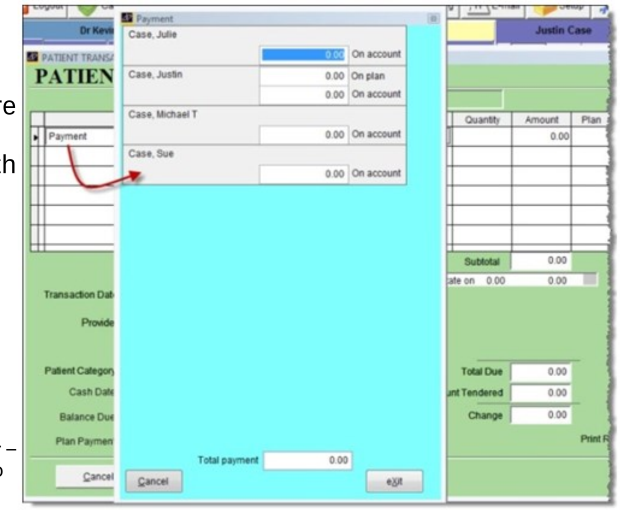
   Detail: for certain transactions, the user can enter a short text detail (check number, etc) Print Receipt: type 'Y' to print a receipt of the transaction – if configured in System Settings, this option can print a Statement for the current date

   - Clicking TAB or ENTER in these fields will navigate to the next box
7. SAVE TRANSACTION: click ENTER or ALT-S to save the current Transaction
8. Information Area: this area displays if the Patient is in a specific Category, shows what the CASH date currently is, the Patients balance and Plan Payment (if configured) This area is for information only and cannot be changed through this screen.

Previous Page:
Open/Close Cash Dates

Next Page:
Entering Payments

Home > CA Screen (CHAS) > Transactions > Entering Payments



The *Payment* option in Atlas functions slightly different from other Transactions. Payments are still entered by using TRANS and allow you to transact a patient payment for Services owing (from the past) or for future Services (as a credit on account). Payments can be entered as individual Transactions or in conjunction with other Services or Inventory.

To enter a Payment Transaction:

- Follow the steps outlined in entering a standard Transaction to a Patient file.
- In the Services column, choose the PAYMENT option (for quick access, press 'P' on your keyboard)
- Next, when you TAB, Atlas will present another screen. This screen will show you the Patient you are making Payment on, plus any linked Family members (if Family is not linked, you are only presented with the single Patient.
- Enter the Payment amount for EACH patient you are making Payment for – in the instance where 'Dad' is making Payment for his account and his two children. Atlas will default enter the Patients' current balance, be sure to verify the amount entered into each box. The default amount can be manually edited simply by typing the actual Payment.
- Use your TAB and ENTER keys to navigate through the boxes as described in the previous sections. When you come to the Amount Tendered box, it will be necessary to enter 'at least' the Total Amount equal to the Payment. This is a double check by Atlas, to ensure the full Payment is received.

If the Patient has a Financial Plan configured and active when making the Payment, Atlas will prompt you to allocate that Payment to the Plan or to the Patients Account. The Patient will always have the Account option for things that are not covered by the Financial Plan.

Previous Page:
Transaction Screen - Navigation

Next Page:
System Transactions

Home > CA Screen (CHAS) > Transactions > System Transactions

Atlas has pre-programmed the Transaction screen with a few system options. If you look closely at the dropdown menu for 'Services' you will notice an entry for the following items:

- **Write Off :** allows you to post a write-off for a balance owing on a patient account
- **Discount:** allows you to post a discount (in dollars) against services or inventory being charged on the transaction (as in a coupon)
- **Credit:** allows you to put a credit onto a patient account or Transaction

These System Transactions cannot be changed – however, you can add specific Credits or Discounts into the system. Review Credits in the next section.

Previous Page:
Entering Payments

Next Page:
Credits

Home > CA Screen (CHAS) > Transactions > System Transactions > Credits

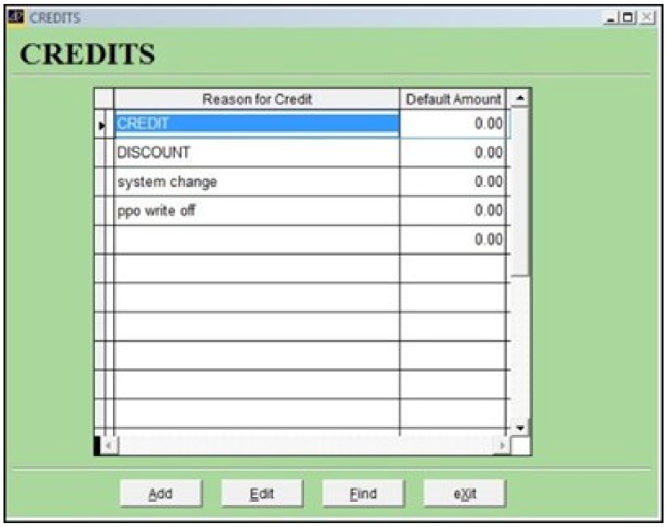
Setup > Initial Setup > Credits

Atlas has built into the system a CREDIT and a DISCOUNT option for Transactions. These allow reductions to a Service or Inventory item price (such as in the case of a coupon or gift certificate)

If you need to specify the Credit, use this box.

Type in a short reason (or description) and the Default Amount for the Credit/Discount.

NOTE: the default amount can be $0.00 and then be filled in at the time of transaction.



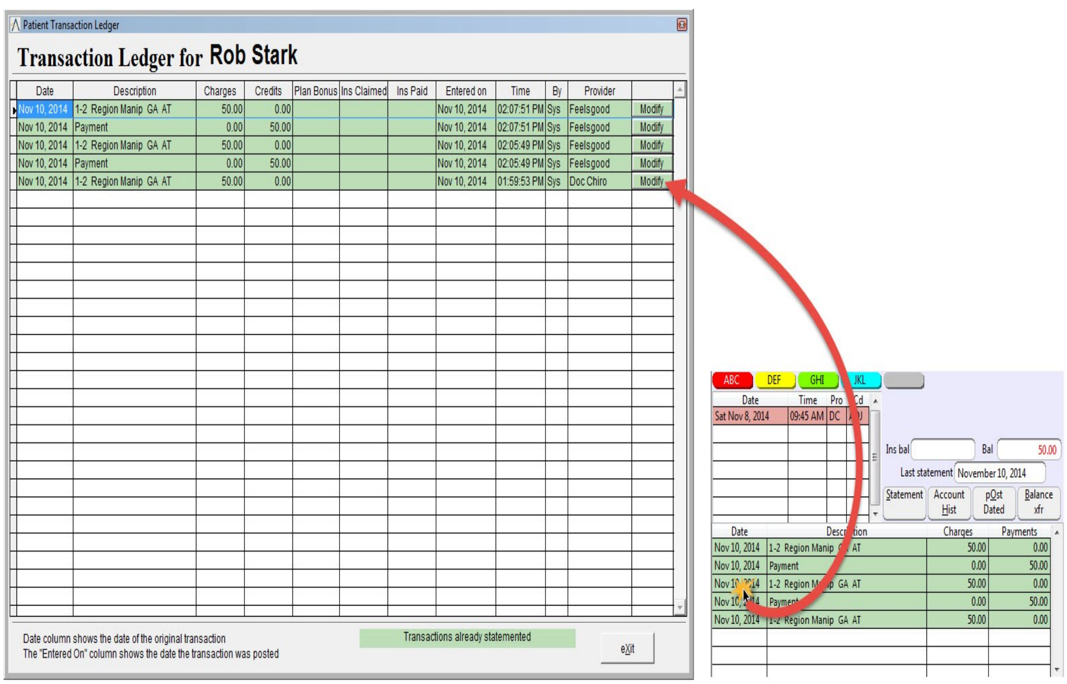
Previous Page:
System Transactions

Next Page:
Transaction Ledger

Home > CA Screen (CHAS) > Transactions > Transaction Ledger

Located in the bottom, right-hand corner of the Patient Profile area is the Patient Transaction Ledger. The Ledger displays detailed information regarding the Transactions posted to a Patient account. You can use the scroll bar to navigate a small portion of the Ledger or you can expand the Ledger to see the detail view.

To expand: Click on any of the dates (along the left side) in the compact view of the Ledger



Moving from left to right across the columns in the Transaction Ledger:

- **Date:** the date the Transaction was entered into Atlas
- **Description:** description of the Transaction

- **Charges:** amount charged to Patient for Transaction
- **Credit:** amount credited to Patient account – usually based on Payment
- **Plan Bonus:** if the Transaction is designated to go to Plan Bonus dollars, the amount shows here See section on Financial Plans for details
- **Ins Claimed:** if Transaction is posted to Insurance, the amount is shown here
- **Ins Paid:** if Insurance paid any or all of the claim, the amount is shown here
- **Entered On:** date original Transaction was posted to Atlas
- **Time:** timestamp for original Transaction
- **By:** initials of user who entered the Transaction
- **Provider:** provider name associated with Transaction (can be the Provider who posted the charge or the Provider chosen when Transaction was manually entered)
- **Modify:** allows you to modify transaction if needed - see next section

To hide the Transaction Ledger away again, click EXIT

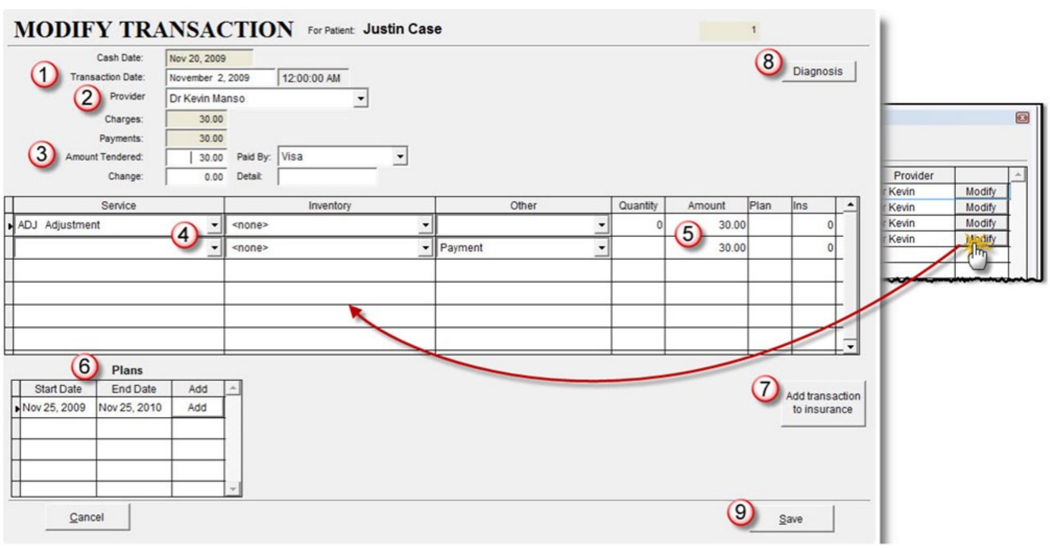
Previous Page:
Credits

Next Page:
Modify Transactions

Home > CA Screen (CHAS) > Transactions > Modify Transactions

There are multiple ways to change or remove a Transaction after it has been entered. The most common way is to 'Modify' the Transaction. There are two areas to access the Transaction modify window (1) the Transaction Ledger (as seen above) and (2) the Patient Account History screen (covered in next section). We recommend using the Modify function through the Transaction Ledger as it is easier to discern which Transaction needs to be modified.

Access the Modify screen by clicking the button located on the far right column in the Transaction Ledger screen.



There are specific details of the Transaction that can be edited and other details that cannot be edited. You can edit:

1. **Transaction Date:** change the date the Transaction was entered – new Transaction dates will post a 12:00:00 AM timestamp To make the change - click on the current date and choose the new date from the calendar
2. **Provider:** change which Provider is associated with the Transaction using the dropdown menu
3. **Paid By:** (method) change the method used for Payment (Ex: change from Visa to Mastercard) This should only be changed on Transactions with Payments
4. **Service / Inventory Item:** change the specific Service or Inventory Item being charged for in the Transaction
5. **Quantity (for Inventory Items) and total Amount Charged:** change these numbers on each line, if necessary. Atlas will not automatically calculate in the Modify screen
6. **Plans:** you can retroactively add a Transaction to a Patient Financial Plan – this may occur when a Financial Plan is created after a Patient has had Transactions posted (section Financial Plan section for details on setting up Plans) Click on the ADD button for the Plan you would like to add the Transaction
7. **Insurance:** retroactively add a Transaction to Insurance – this may be necessary if a Transaction was posted prior to Insurance being added to a Patients' file or if a Service is newly added to coverage Click on the ADD button (not visible in example image) for the specific Insurance record to add the Transaction to OR click on the 'Add Transaction to Insurance' button to let Atlas decide which Insurance record to add the Transaction to based on your current configuration
8. **Diagnosis:** change Diagnosis codes or mapping retroactively (US Insurance)

9. **Save:** be sure to SAVE the Modified Transaction to properly Exit the screen

NOTES ABOUT MODIFY:

If you modify a Service or Inventory Items or Inventory quantities; remember to update the AMOUNT field accordingly.

You cannot add or remove Services from the modify screen – you can only change lines currently on the Transaction.
To add a Service, simply create another Transaction.
To remove a Service it will be necessary to VOID the Transaction; you will have to re-create the Transaction, with the correct Services or Inventory Items.

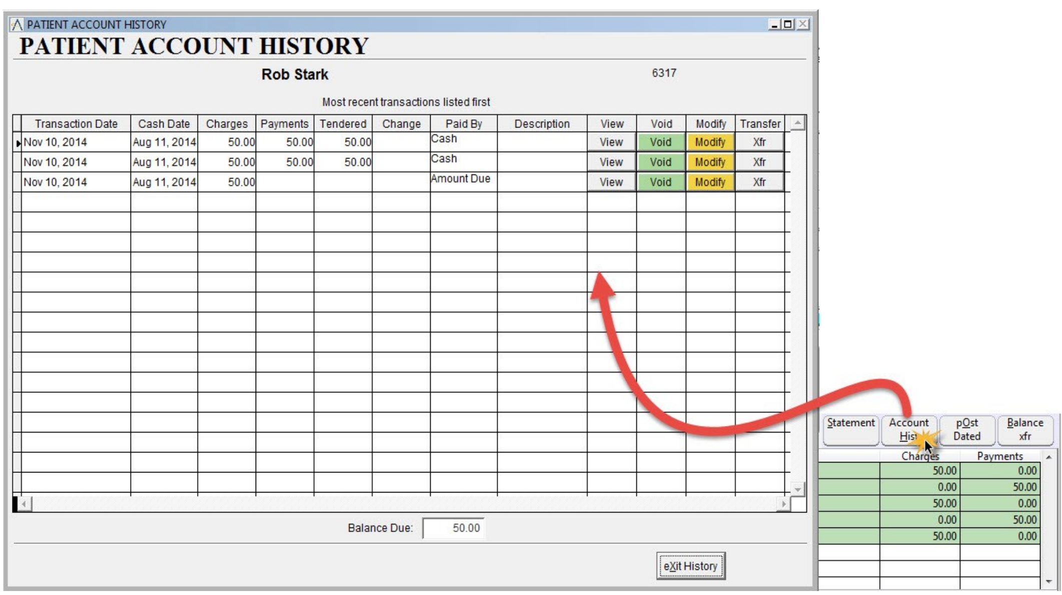
If you are attempting to add a transaction to a Financial Plan or Insurance and Atlas shows a warning 'Cannot add Transaction to Plan (or Insurance)' you will need to refer to the Financial Plans screen troubleshoot. Usually the problem occurs when attempting to enter a Service (or Inventory Item) that is not setup to be covered or the Transaction dates don't coincide with the Plan or Insurance coverage dates.

Previous Page:
Transaction Ledger

Next Page:
Account History (Void/XFR)

Home > CA Screen (CHAS) > Transactions > Account History (Void/XFR)

The Account History screen shows a Patients' Transactions, grouped together in Transaction Summaries. This allows the user the ability to see each Transaction as a whole and gives quick access to the VOID and Transfer function for each Transaction. It also allows access to the Modify screen, as discussed in the previous section.



Access the Account History button under the Patient profile BILLING tab.

The Account History screen displays:

- **Transaction date:** the posted date of the original Transaction
- **Cash Date:** the Cash date for the Transaction
- **Charges / Payments / Tendered / Change:** shows the financial details of the Transaction
- **Description:** displays any text entered into the Detail section on posted Transactions

The buttons on the right side of the Acct History screen:

- **VIEW:** shows the Transaction in 'receipt' mode – can be printed from that screen
- **VOID:** used to completely remove a Transaction from a Patient record. VOID will remove the entire Transaction but leave a record of that Transaction (marked in RED to indicate it is Voided) in the Account History screen. A Voided Transaction will NOT appear on the Patients' Transaction Ledger, printed

Statements or any reporting BUT will appear on your End of Day CASH reports to let you know that VOIDs are being done. Depending on your System Configuration, the option to Void may only be available for Transactions entered on the current date. This is a security feature. See System Information section for details. THERE IS NO UN-VOID OPTION IN ATLAS – be careful what you Void

- **MODIFY:** see previous section for details
- **XFR:** XFR allows you to transfer Transactions to another Patient file Ex: you enter a Payment on David Johnsons account but should have put it toward John Davidson's account. Click on XFR and choose the Patient file to move the Transaction to. Any Transactions can be transferred but you are limited to transfer the entire Transaction. If payments were supposed to be split between husband and wife, you will have to use alternative methods including Balance Transfer and/or Voiding and re-entering Transactions.
- **Exit History:** this button will Save any changes you have made in the Account History screen

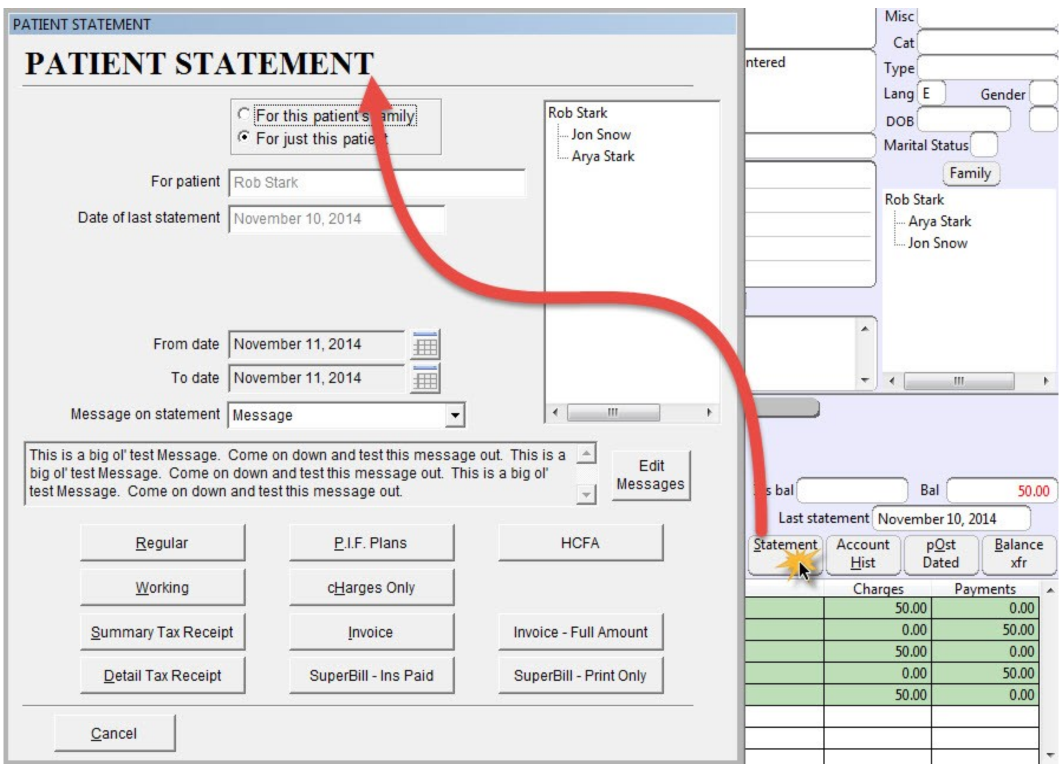
Previous Page:
Modify Transactions

Next Page:
Statements

Home > CA Screen (CHAS) > Transactions > Statements

Located under the Patient BILLING tab is the STATEMENT button. Atlas offers multiple Statement options and through this screen you can create those Statements, Invoices, Tax Receipts, Superbills and HCFA Forms (US Insurance) and more. Users also have the ability to add Messages to printed Statements.

The Statement screen may look slightly different depending on the specific Patient file you are working with. Our image shows a Patient linked to a Family – and displays each Family member and additional options to print reports for the Patient or entire Family. Be sure to note this selection when using this screen.



To create a Patient Statement:

There are two Statement options – to create a **Regular** Statement or a **Working** Statement.

- **Regular:** creates a standard Statement report for the selected Patient (or Patients) and selected Date Range. This Regular Statement will also update the 'Date of Last Statement' field. This will help the CA know when the last Statement was printed on the Patient file. Use this option only when you will give the Patient the printed Statement.
- **Working:** creates the same Statement as the Regular option based on the selected Patient (or Patients) and Date Range, however, it will NOT update the 'Date of Last Statement'. This option should only be used when you are 'working' on the Patient file.

Be sure to check these options:

- Check if you are creating the Statement for the specific Patient or the entire Family. There is no option for selecting specific Family members only – you would have to go into each Patient file individually and produce the Statement
- Date of Last Statement: indicates the last date you created a Regular Statement for the Patient NOTE: this will indicate one day after the last date – Ex: if you create a statement on April 20, 2009, the 'Date of Last Statement' will read April 21, 2009 – indicating the next time you create a statement you can use the last statement date In some instances another field 'Date of Last Superbill' will also appear. This indicates the last date a Superbill was created for the Patient file (Superbill is a US Insurance option)
- Date: reports can be printed by date range (day, week, month, etc) Be sure to select the desired From and To date

Previous Page:
Account History (Void/XFR)

Next Page:
Optional Reports

Home > CA Screen (CHAS) > Transactions > Statements > Optional Reports

The Statement button also includes other Reports available for the Patient file. These other reports can be created using the same criteria as Statements. They can be done for single Patients or an entire Family; they can be done for any Date Range and can have Messages appended.

- **Summary Tax Receipt:** creates a report showing a summary of a Patient's total payments for the selected date range. This report is useful for income tax purposes, in most cases.
- **Detail Tax Receipt:** creates a report showing a summary of a Patient's total payments for the selected date range, however this option filters the report showing specific dates and Payments for those dates. This report is useful for income tax purposes, in most cases.
- **PIF Plans:** creates a report showing all charges with a corresponding Payment, regardless if a Payment had been entered or not.
- **Charges Only:** creates a report showing only charges on a Patient Account.
- **Invoice:** creates a Statement of the Patient Account, with INVOICE printed at the top – usually used for Patients who owe money on their account.
- **SuperBill:** (US only) creates a Superbill report for Insurance purposes in the US
- **HCFA:** (US only) creates a HCFA form for Insurance purposes in the US

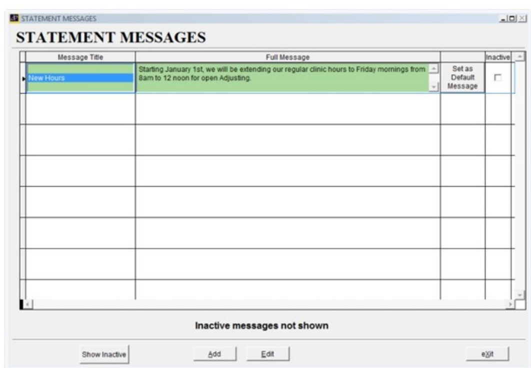
Previous Page:
Statements

Next Page:
Statement Messages

Home > CA Screen (CHAS) > Transactions > Statements > Statement Messages

Messages can be added to Patient Statements. These Messages can be added as Defaults (on all Patient Statements) or you can choose specific Messages to display on the Statement.

To create a new Message or Edit an existing Message click on the EDIT MESSAGES button in the Statement option window.



- Click ADD to create a new Message or EDIT to make changes to an existing Message
- Enter a Message Title: this will help you identify the Message that will be added to your printed Statement
- Enter the Full Message: this is the exact text that will appear on your printed Statement
- Set as Default Message: click this button if you would like to have the selected Message added to every Statement printed. Default Messages will be highlighted in green. This can be useful to announce upcoming events or reminding Patients about changing clinic hours or other useful clinic news.
- Inactive: select this box if you want to stop using a Message – Inactive Messages will not appear in your list of available options. Use the SHOW INACTIVE button, located at the bottom of the screen, if you need to access Inactive items.
- Click EXIT when done.

To add a Message onto Statements, select the desired Message Title from the drop down menu. NOTE: this drop down menu is only available after a Message has been configured.

Previous Page:
Optional Reports

Next Page:
Reports: Cash/Daily

Home > CA Screen (CHAS) > Transactions > Reports: Cash/Daily

Multiple Reports can be generated from Atlas to show Daily Transactions. These Reports are located under the CASH button and are covered in detail in the End of Day section in the manual.

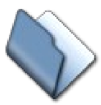
Previous Page:
Statement Messages

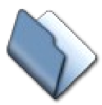
Next Page:
Financial Plans

Home > CA Screen (CHAS) > Transactions > Financial Plans

When patients decide that Chiropractic care is right for them, the next general step is to help them decide how to best pay for that care. In today's economy, many Patients appreciate multiple payment options (one time discounts, monthly payments, etc) allowing them to control their health care costs. Atlas can help you track these Financial Plans in an easy manner.

Articles in this section


Create a Plan Transaction


Plan Details Screen


Post Dated Payments


Review and Process Post Dated

Previous Page:
Reports: Cash/Daily

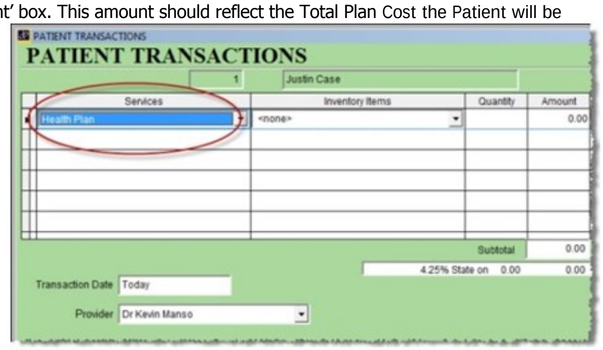
Next Page:
Create a Plan Transaction

Home > CA Screen (CHAS) > Transactions > Financial Plans > Create a Plan Transaction

To create a plan for your patient, first gather the details about the agreed upon plan. This may include consulting with your Patient, allowing them to review their options and having them sign a written agreement. Once the Plan details are in order, proceed to enter this information into Atlas.

1. Open the Patient file: refer to the Patient section for details on this step
2. Create a 'Transaction': use the TRANS button on the Patient file
3. Choose the 'HEATLH PLAN' Transaction option Health Plan is a built-in feature for Atlas which will help you navigate the proper steps to configure a Financial Plan on a Patient.
4. Enter the total amount the Patient will be paying for the Plan in the 'Amount' box. This amount should reflect the Total Plan Cost the Patient will be paying 'out of pocket'. This number is important to help Atlas properly calculate Bonus Dollars – Patients may benefit from a Financial Plan where they pay a discounted rate on Care and Atlas will be able to track the amount 'saved' by the Patient who takes advantage of this.
5. Navigate to the 'Amount Tendered' box and enter the Payment amount (if the Patient is paying). Be sure to choose the Payment method also. You can enter part of the Total Amount Due or all of it in this box, you can also leave it blank (no Payment) as needed.
6. If there is a 'Balance Owing' on this Plan (that is, the Patient made only a partial Payment or no Payment at all) clicking on SAVE TRANSACTION will direct you into the Post Dated Payment screen

   NOTE: if you are presented with the Post Dated Screen, refer to the next section on Post Dated Payments for proper configuration details. Skip to step 7 when complete.



7. After properly configuring the Post Dated Payment screen (or skipping if Plan was Paid in Full) you are directed back to the Transaction screen. Click SAVE TRANSACTION again and Atlas will move you into the Plan Detail screen (see next section).

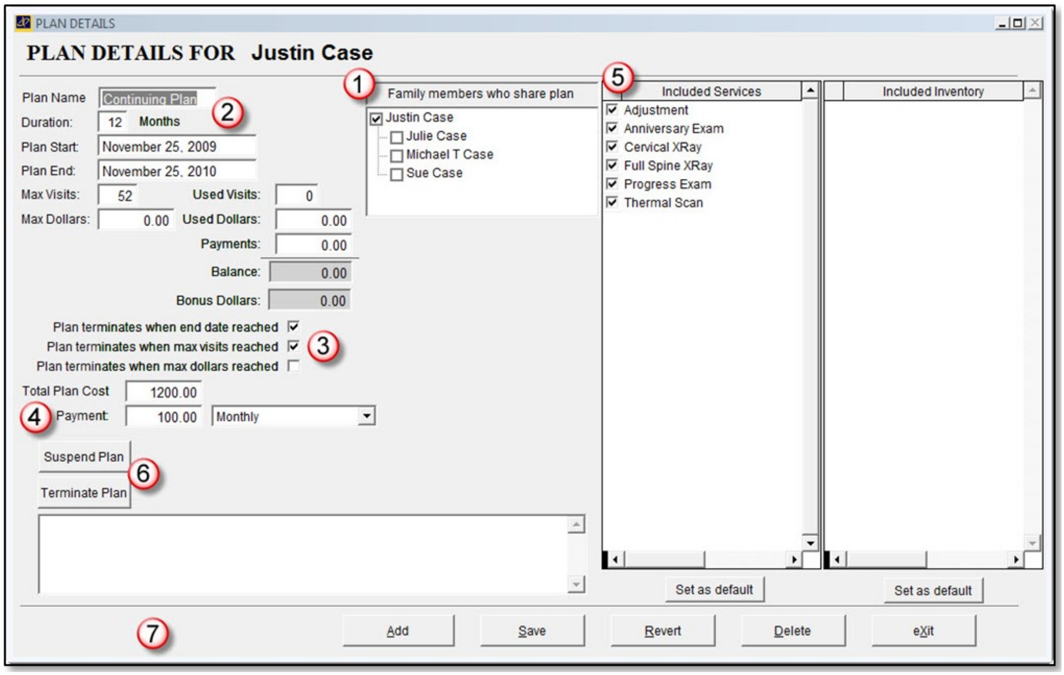
NOTE: steps 1-7 are the recommended way to create Financial Plans for Patients. This method brings all the necessary options to you, helping ensure all details are addressed. Once you are comfortable with creating Plans, you can skip these steps and create Plans by clicking on the PLAN DETAILS button (located in the Patient BILLING tab) If you use this shortcut, you must be sure to manually create the Post Dated Payments and properly configure the Plan Details.

Previous Page:
Financial Plans

Next Page:
Plan Details Screen

Home > CA Screen (CHAS) > Transactions > Financial Plans > Plan Details Screen

As discussed in the previous section, the Plan Details Screen will populate with some data based on what details are entered in the Health Plan Transaction. It is important to verify the details are accurate in this screen as well as verify that the Plan is configured properly to terminate, that there are Services that can be billed to the Plan and that the Patient does not have multiple, active Plans on file.



Family Members: linked Families can share a Financial Plan. Be sure to configure the Plan on a single Family member account and check off the box for members who are sharing the Plan.

Plan Details Area: enter the specific details of the Plan here

- Plan Name: type in a name for the Plan
- Duration: enter numerical value – in months – for length of Plan
- Plan Start / End: select specific start and end dates for this Plan – Atlas will automatically calculate the end date based on the duration and start date
- Max Visits: enter the maximum number of visits (adjustments) allowed on this Plan. Important to set this number if you are using the 'Terminate Plan when Max Visits Reached' option. Can be left blank if Plan has no max count.
- Max Dollars: enter the maximum dollar amount that can be charged against the Plan. Important to set this figure if you are using the 'Terminate Plan when Max Dollars Reached' option. Can be left blank if Plan has no max dollar amount.
- Used Visits: this represents the total number of visits charged to this Plan to date. It is based on the Services that are marked to 'count as visit' in the Services setup screen. NOTE: this field automatically updates based on charges going against the Patient account moving forward; however you can *manually* change this number to reflect past visits not yet associated with the Plan. This is helpful for situations where a Patient agrees to a Health Plan after care has begun.

- Used Dollars: this represents the total Dollar Amount charged against the Plan to date. This includes Services that count as Visits and Services that do not.
  NOTE: this field automatically updates based on charges going against the Patient account moving forward; however you can *manually* change this number to reflect past charges not yet associated with the Plan. This is helpful for situations where a Patient agrees to a Health Plan after care has begun.
- Payments: total amount of Payments posted against the Plan to date
  This field will automatically update as Payments are placed against the Plan OR can be *manually* updated to include past Payments not originally assigned to the Plan.
  This field will also calculate based on the dollar amount entered in the Health Plan Transaction as 'Amount Tendered'.
- Balance: current Plan balance calculated from the Payment amount and Used Dollars amount - this may differ from the patients overall balance because of Transactions not associated with the Financial Plan.
- Bonus Dollars: calculated based on the Total Plan Cost and the Patients' Used Dollar Amount. Reflects the total amount of charges the Patient received as 'bonus' for signing up on a Financial Plan.
  Some clinics offer discounted rates for patients who sign up on Financial Plans – for example the out of pocket on 52 visits might be $1500 in the above example the Patient paid only $1200 for those visits. The Bonus Dollar amount at the end of the Plan would be $300.

  Bonus Dollars can be configured to be handled in one of three ways – the options can be configured in System Information under the CHAS/VTC screen:

  a. Default – this option is set by default, the box 'Use Write-offs for Plans' is unchecked using this option, when Bonus Dollars are reached, the Patient is charged 0 for Services and instead the charge is entered into the Plan Bonus box on the Transaction Ledger. No Write Off is required.
  b. Use Write-offs for Plans – this option continues to charge the patient when Bonus Dollars are reached, however, the Bonus amount for each Service is entered into the Bonus Dollars box – this final total will have to be written off MANUALLY by the clinic using this option
  c. Write-off Each Transaction – when you choose the option 'Use Write-offs for Plans' this option becomes visible – this option will create a charge on the Patient account for the dollar amounts and then create a corresponding Write Off amount automatically – this is the most common option when Write Offs are being used.

Termination Methods: these options determine the criteria for ending – there are three options to choose from – multiple options can be selected causing the Plan to Terminate when the first criteria is reached.

a. End Date – the Plan will terminate when the selected end date is reached
b. Max Visits – the Plan will terminate when the Max Visit amount is reached
c. Max Dollars – the Plan will terminate when the Max Dollar amount is reached

Total Plan Cost: the Total Plan Cost can be automatically filled in from the Amount box when creating the Health Plan Transaction. The TPC is the Total Dollar amount the Patient will be paying for the Plan. This amount is important to ensure the Plan properly calculates the Bonus Dollars.

- Payment: this field is only a view field – it can be left blank – if you prefer you can fill in the amount the Patient's Payment will be – this will display on the Patient's Transaction screen and in other areas to help remind you what the Patient's Payment should be

Included Services / Inventory: in the Services window (Setup > Services), we established Services that could be included on a Plan (Plan Eligible).This list reflects that option. In each Patient Plan, you can customize the actual Services and/or Inventory that can be covered by checking them off. If you use the same Services for most of your Plans, you can set the selections as the default using the 'Set as Default' button – Services not checked as 'included' cannot be charged to a Plan

Suspend Plan: click to suspend a Plan, useful if a Patient goes onto an Insurance case or leaves the area for a prolonged period – suspended Plans can be reinstated
Suspended Plans can be marked to Suspend for a specific period of time. They will automatically re-activate based on your choice.

- Terminate Plan: Plans automatically Terminate based on the methods mentioned above, however you also have the option to manually Terminate a Plan, useful if a Patient drops out of care or a Plan doesn't Terminate properly – Terminated plans can be re-activated if necessary but do not re-activate automatically.
- Notes Area: shows status notes if a Plan was Suspended or Terminated, along with User Initials of user who performed the action – also you can enter notes manually

If multiple Plans are setup on a Patient file (either Active or Inactive), you will see a NEXT and PREVIOUS button in this area to help you navigate the details. It is important not to have two ACTIVE Plans on a Patient file that cover the same Services. Atlas will associate all charges to the first Plan only.

Once the options are completely filled, be sure to SAVE your plan and exit.
To test you can run a test Transaction against the Patient – be sure to choose a Service that is covered by the Plan. If everything was configured properly, the Service Amount should post a YES in the Plan column.

Previous Page:
Create a Plan Transaction

Next Page:
Post Dated Payments

Home > CA Screen (CHAS) > Transactions > Financial Plans > Post Dated Payments

Post Dated Payments can be generated directly from the Health Plan Transaction screen (as discussed in the previous section) or *manually* for any amount owing on a Patient's account.

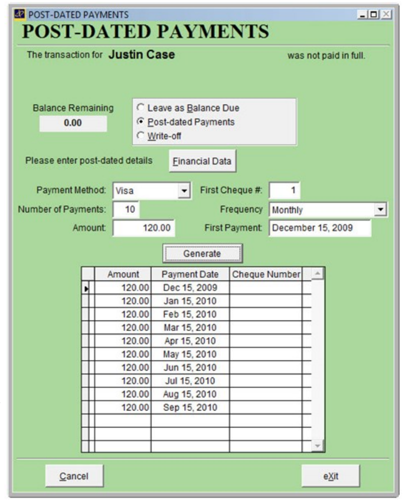
To manually configure Post Dated Payments:

- Click the Post Dated button on the Patient's BILLING tab.
- Click ADD to create a new Post Dated Payment batch
- If the Patient has a Financial Plan created (or you are entering this screen from the Health Plan Transaction), you will have the option to apply the Post Dated Payments to the Plan or onto the Patient's account. It is important to choose the correct option here to ensure Payments are allocated correctly.
- When you first enter the Post Dated creation screen (see image) the options are blank but the 'Balance Remaining' box shows the amount you are creating payments for – once the details are created and the total amount is allocated, the box should read 0.00.

NOTE: you do have the option to Leave the Balance owing on a Patient (without creating Post Dated

Payments) or Write Off the amount owing on a Patient account also.

- The Financial Data button will display the Patient's credit card and/or automatic draft payment information – if it was entered in the Patient profile EDIT screen



To create the Post Dated Payment record:

- Check the radio button 'Post Dated Payments' to allow editing
- Choose the Payment method for the Payments
- If using Post Dated Checks, you can enter the first check number, allowing Atlas to associate the corresponding check number with the payment
- Type in the total number of Payments this Balance Remaining should be split into Ex: if the Patient is making payments in 10 monthly installments and has already made the first month payment, your 'Number of Payments' would be 9
- Choose the Frequency of Payments or what interval the Payments are to be scheduled (this can be edited in Setup>Initial Setup>Payment Frequency)
- Atlas will automatically calculate the 'Amount' based on the Number of Payments and Frequency selected.
- Select the First Payment date for these Post Dated Payments NOTE: this box reflects the first date a Post Dated Payment will be processed based on the details in this screen – disregard any Payments the Patient has made in the past
- Click GENERATE to create the list of Post Dated payments NOTE: once the payments and dates are generated, it is possible to manually edit the generated list. To change an Amount, simply type in the edited amount – note the Balance Remaining box will recalculate to notify you to allocate the entire balance. To change the process date for the payment, click on the specific date and choose the new date from the calendar popup.
- Once complete, be sure to click EXIT to save

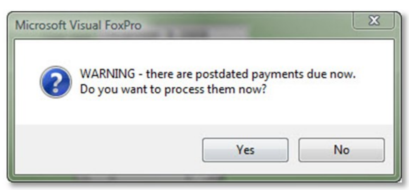
Previous Page:
Plan Details Screen

Next Page:
Review and Process Post Dated

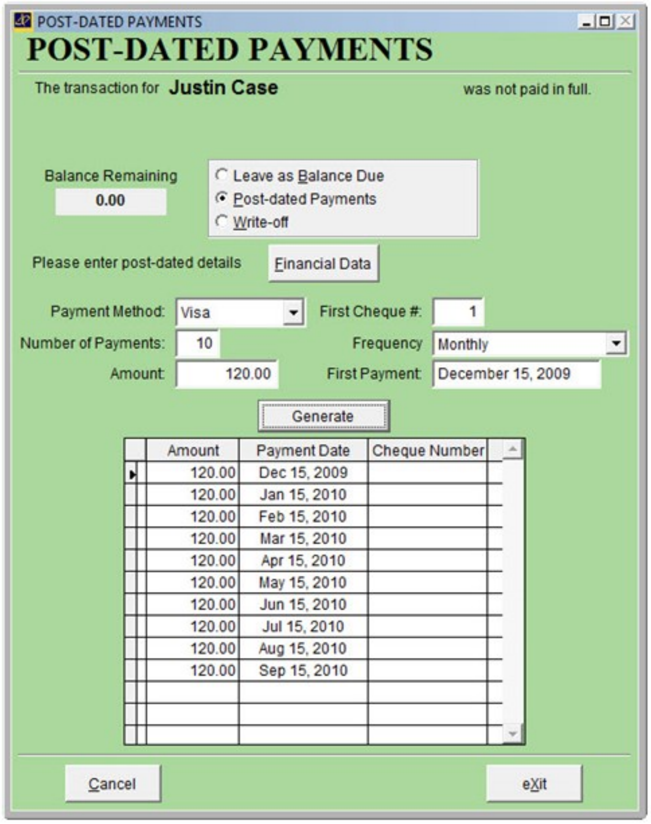
Home > CA Screen (CHAS) > Transactions > Financial Plans > Review and Process Post Dated

Properly configured Post Dated Payments will save your Front Desk staff time by allowing quick posting of multiple Payments on many different Patient files. It will also alleviate constantly reminding Patients that their monthly Payment is due. Your Staff can simply Post charges during down time and spend more time focused on Patients arriving during Adjusting hours.

When you open or close CASH on Atlas, if you have Post Dated Payments due to be processed, you will see a Warning message:



You can choose to skip processing them by selecting NO, Atlas will continue to prompt until you reconcile the Post Dated Payments that are due. If you choose option YES you will be taken to the Post Dated Payments processing screen.



The Post Dated Payments screen contains:

- Patient Name
- Payment Date: date Payment due – helps indicate Past due Payments
- Pay Type: how payment will be made
- Check Number (if applicable)
- Amount (of Payment)
- Details: shows Financial details for Patient if entered into profile
- Process: button color codes depending on status Green: Payment due Today – 'green' Process items can be acted on Yellow: Payment due in the Future – cannot process these items until due date Red: Past due Payment – 'red' Process items can be acted on
- Done: checks off automatically when Payment is properly processed
- Delete: if Post Dated Payment needs to be deleted (not processed) use this button

To make the Payment, verify Payment has been received (Credit Card approval, Check OK, etc) and simply click PROCESS. This will check off the DONE box and automatically Post the Payment directly to the Patient Account.

Processed Payments can be removed from a Patient Account by opening the Patient profile and VOIDING the Transaction.

When complete click EXIT.

You can also Generate Reports that reflect the Patients on the Post Dated Payments list.

- Navigate to the 'List Post Dated Payment' option (see image above for details)
- Choose a Date Range – this will include Payments due in this Date Range
- Click Continue to produce the Report

Previous Page:
Post Dated Payments

Next Page:
Dot Notes

Home > CA Screen (CHAS) > Dot Notes

Open the Dot Notes window.

Utilities > Dot Notes

Dot Notes are a system within Atlas to help clinics track different items for their Patients. Its original design was to help track which Patients attended workshops (and which workshops they attended specifically) but has been used for other tracking as well.

In the following tutorial we will explain how to setup the Dot Notes system to track attendance at three specific workshops offered by a clinic.

Dot Notes display in the area below the Patient Notes box on the CHAS and under the Patient Name area on the VTC. They display (by default) on all Patient files.

Make Dot Note 1 Active - may get message 'clear all notes' = yes

Determine an initial color for your 'dot' - generally select something which blends (grey, light blue) as it displays below Patient note. Or something bold to highlight Patient something needs to be addressed.

- Dot Note Code: code label for note - in our example we will use 'eat' for our Eating Healthy Workshop
- Dot Label: description of note which displays on reports and when you hover over note

ALLOWED COLORS: add, make active, select color to change note to when selected. In our example, we will change note to 'green' when patient has attended workshop, and change label to Completed

- The order option allows us to change the order if we have multiple items in our drop down.

Save this note and exit

Created notes appear on all patient files in the CHAS and VTC.

To select the note, right-click on the note in the Patient file (either from the CHAS or VTC screens) and select the option from the drop down menu.

Reports:

In the Dot Note setup window there is an option for 'Lists' - these lists are reports users can generate to display Dot Note status across Patient files.

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Review and Process Post Dated

Next Page:
Virtual Travel Card (VTC)

Home > Virtual Travel Card (VTC)

Articles in this section

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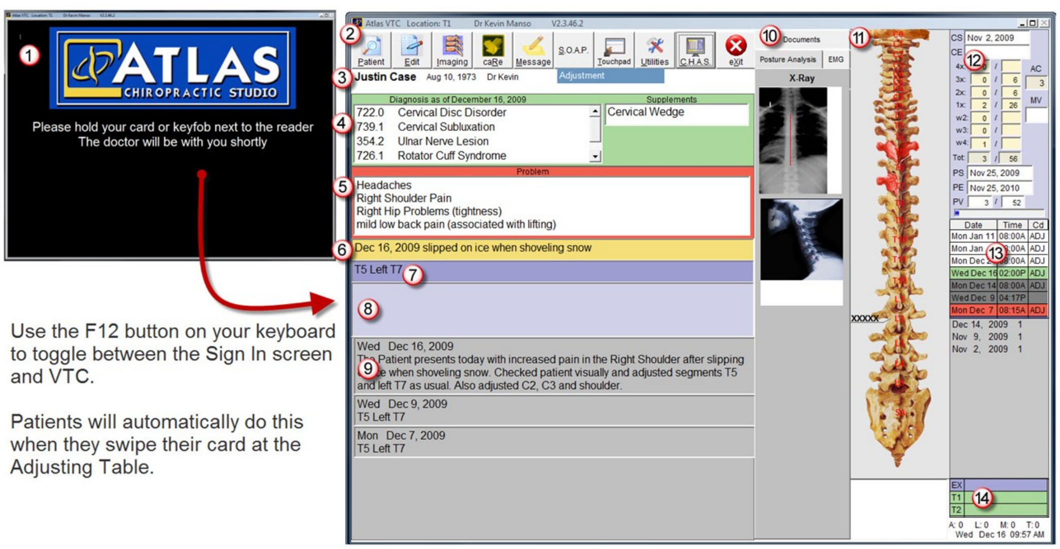
Dot Notes

Next Page:
Overview

Home > Virtual Travel Card (VTC) > Overview



VTC Sign In: the VTC Sign In screen is active when no Patient is signed into the VTC computer. It will show your customized image (when configured). When a Patient swipes their card or fob, their VTC will appear automatically. If you need to access the VTC, without a Patient present (example: to edit a Patient file) use F12 on your keyboard to toggle between VTC and Sign In.

General System Buttons: these buttons control the function of the VTC. Most functions can be accessed via the Touchpad (discussed later).

Patient Information: displays Patient name, Birthday (if configured to appear), Patients' Default Provider and Appointment Type Patient is scheduled for – may also display list of available Services to create charges for when properly configured (see section on Posting Adjustment)

Diagnosis Codes: display specific Diagnosis Codes for Patient (US Insurance)

Problem: displays primary problems (complaints) for Patient – when properly configured this area can be used to enter information into SOAP notes

Notes: displays general notes about the Patient

Default Adjustment: default SOAP note for Patient. When properly configured, this area will be Posted into the current SOAP note.

Current SOAP note: displays SOAP note currently being entered for Patient

SOAP History: displays previously entered SOAP notes – most recent note displays first

Image / Documents: these tabs organize images and documentation entered into Patient file

Spine: dynamic representation of Patient spine which allows color coding and informational segment labels.

Care Plan Details: displays recommended Care Schedule for Patient – both the recommended visit count and the actual visit count (based on past charges to the Patient)
Also displays Financial Plan details (start/end dates, actual and total visits and bar graph of progress)

Appointment Ledger: displays Patients' appointments – this is the same as CHAS Appointment Ledger (see Appointments for details)

Room Status: displays status for each room the current Provider is assigned to – shows Patient who is 'signed in' to the Room or Assigned to the Room.
Below Room Status is the day statistics – covered later in this section.

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Virtual Travel Card (VTC)

Next Page:
Configure to Open In VTC

Home > Virtual Travel Card (VTC) > Configure to Open In VTC

Atlas can be configured to automatically open to the VTC screen, enabling the software to properly create SOAP notes, charges on Patient files and more. There are five areas that need to be addressed to ensure proper function of the VTC.

1. **Room Setup / Computer Location:** Configure the Rooms as noted in section ROOMS making sure to check off VTC (this tells the software to open into the VTC directly) and configure the Computer Location as noted in section ROOMS to use the assigned attributes
2. **Provider Account / User Account:** Atlas requires a properly configured Provider Account to be associated with a User Account. This allows the software to automatically log in a specific Provider to the VTC computer.
3. **CASH Date Open:** Transactions cannot be posted unless CASH is opened and since you can post Transactions from the VTC, cash must be opened in order for the VTC to open properly. Atlas will alert the user if CASH is not open (Warning: Cash is not open) – if this appears on a VTC computer, log into Atlas, Open Cash and restart Atlas.

Press F12 to toggle the VTC screen to the Patient Sign In screen. If the Sign In screen is not visible, Patients cannot properly access their file. The Sign In screen is similar to the Front Desk Sign In screen – a black background, with your clinic image and Table message displayed.

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Overview

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Touchpad Introduction

Home > Virtual Travel Card (VTC) > Touchpad Introduction

The Touchpad is designed to reduce the amount of time needed to enter complete Patient SOAP notes and charges at the VTC. The Touchpad can be programmed to input phrases or other bits of information, directly into SOAP notes – replacing the need to manually type the information using a keyboard. With just a few quick button presses on the Touchpad, a Provider can enter a complete, accurate SOAP note onto a patient file, educate the Patient using X-ray images and Documentation and Post a charge to the Patients' account for Services provided.

We will discuss how to program the Touchpad in another section, just note as we cover the VTC screen functions; many of the options on-screen can also be manipulated or accessed via Touchpad buttons. Properly configuring and understanding the Touchpad can help reduce or eliminate the need for manually entry of information via keyboard or mouse.

On the Adjusting Table, plug a Touchpad into the computer using the supplied USB cable. Windows should automatically load the required drivers for the Touchpad. Start Atlas (or restart) when complete.

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Configure to Open In VTC

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Patient vs. Edit Buttons

Home > Virtual Travel Card (VTC) > Patient vs. Edit Buttons

The Patient and Edit buttons open the Patient Search window in Atlas.

The Patient button can also be activated via the Touchpad (upper, left corner).

Both options allow you to manually search for and display specific Patient data on the VTC.
The only difference is:
Patient – will allow you to create SOAP notes, edit images, configure Care and ***create charges*** on a Patient file, when you Post Adjustment.
Use this option only when you need to create a charge on a Patient file (example: your Patient forgets their card/fob and can't properly sign-in
Edit – will allow you to create SOAP notes, edit images and configure Care ONLY on a Patient file, when you Post Adjustment.

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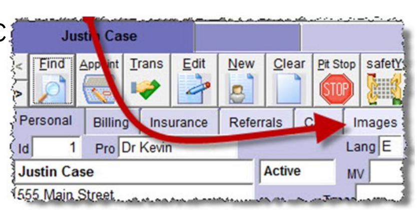
Touchpad Introduction

Next Page:
Imaging

Home > Virtual Travel Card (VTC) > Imaging

The Imaging option allows you to attach images (X-Rays, Thermal Scans, Posture Pictures, etc) or Documentation (intake forms, re-exam forms, both electronic and hard copy forms) to a Patient's file. It also offers access to the Image Edit window, where you can make changes to Images already imported to a Patient file. These images and Documents can be easily accessed at the VTC via the Touchpad or keyboard shortcuts.



NOTE: The Images options (ADD and EDIT) can be accessed via the VTC screen or the CHAS. To access via the CHAS – open the specific Patient file, click on the Images tab (located far right in Patient Profile area)

To access the Images options (ADD and EDIT) from the VTC, click on the Images button on the VTC screen. There is no corresponding button on the Touchpad to ADD Images, however you can access the EDIT screen using the Edit Images button. Refer to the VTC overview screenshot above or the Touchpad Overview image in the Appendix.

Some Notes About Images:

- There is no limit to the number of Images or Documents you can attach to a Patient file. The only limit is in the size of your storage on the Main Database computer.

- Most new digital cameras allow you to reduce the Image size (resolution) by reducing the megapixels per picture. Turning down the resolution on your camera will allow faster transfer of images across the network and allow more images to be stored on your computer, without sacrificing quality. On a 22" monitor (as example) a 4-megapixel image will still appear large and clear.
- Whether you are creating a screen capture, using a camera to save xrays or scanning paper files; practice will help improve the quality of the images you are saving.
- Atlas will open the images using its own viewer. You can, however, configure a third party software program to use when Editing images.

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Patient vs. Edit Buttons

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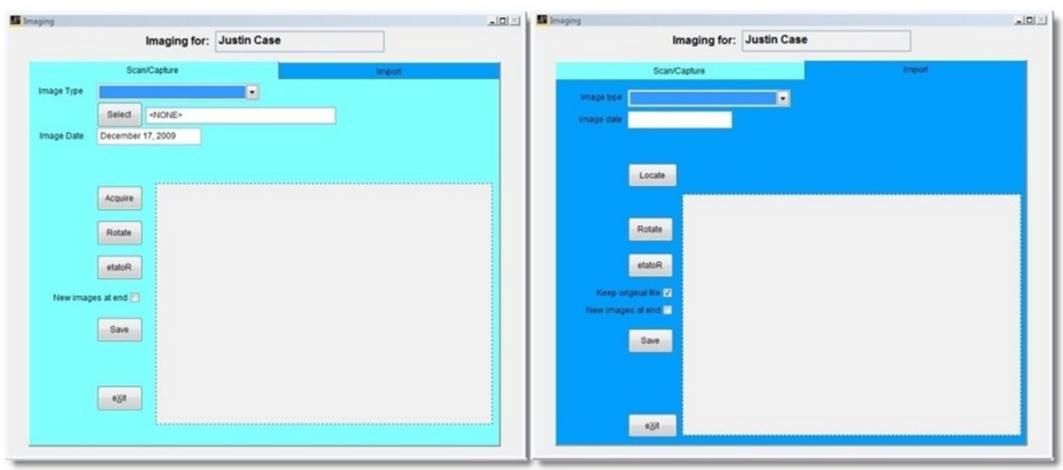
Adding Images

Home > Virtual Travel Card (VTC) > Imaging > Adding Images

To ADD Images to a Patient file:

- **Find the Patient:** use your Patient Search options to open a Patient file.
- **Navigate** to the Images tab or click on the Images button on the VTC
- **Click ADD:** the ADD option box will open presenting you with a split option screen Scan/Capture (light blue): this option allows you to access and acquire images on a TWAIN compliant device (camera, scanner) Import (dark blue): this option allows you to acquire digital images (.jpg, .bmp, etc) from a Hard Disk, Network folder or camera that supports direct file access.

Most digital cameras on the market today allow direct file access. This means when you navigate to the camera's storage folder in Windows Explorer, you can see the actual images available. Generally, older scanners and some cameras will need to be accessed via the Scan/Capture option. If you don't see the files you expect using one method, attempt the Image import using the other method. In some instances, you may have to first save the images off the camera and onto your local computer before importing.



Both options (Scan/Capture and Import) will walk you through similar steps:

- Choose the type of Image you are importing. All of the different Image Types will display on the VTC under their respective tabs, except the Patient Picture. This image will appear in the Patient Profile on the CA screen. Usually this is reserved for a headshot of the Patient and can aide new staff with face recognition of your Patients.
- Choose an Image Date. Generally, this should be the date the image was created – date of XRay, etc. This date can be edited later if entered incorrectly.
- Under Scan/Capture: click the SELECT button to choose which device you would like to access for the images.
- Under Scan/Capture: click AQUIRE to open the selected Device and see the available files.
- Under Import: click on LOCATE to open your computer directory and navigate to the desired file. Only one file can be imported/captured at a time.
- Once the Image appears in the box: you can rotate it clockwise or counter-clockwise, as needed.
- Select if you would like to add the New Images at the end of the Patient's image list or not. If you choose to Add the New Images to the End – the image you are importing will appear last in the list of Images for the Patient. This means if you have more than 6 images on the Patient file, you may be unable to access that image from the VTC.
- Click SAVE when you are done – when the image clears out of the box, it has been saved. You can repeat the process to import or scan/capture additional images without exiting the screen.
- Once you are completely done importing, EXIT the window and see the Images.

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Imaging

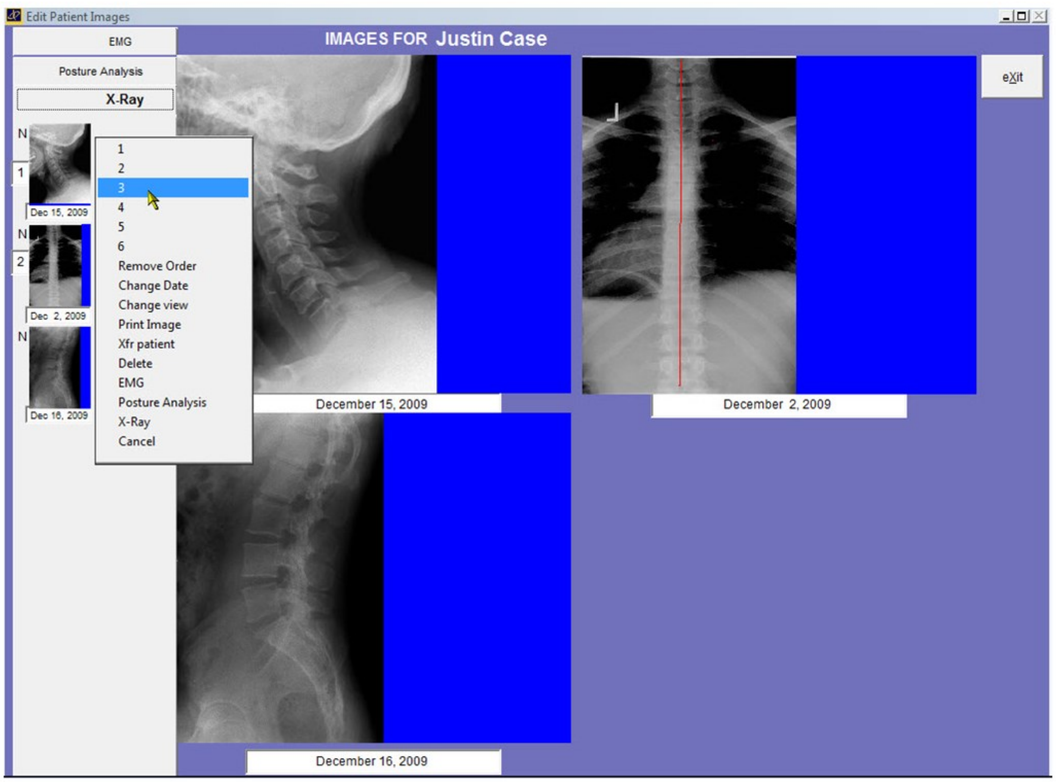
Next Page:
Editing Images

Home > Virtual Travel Card (VTC) > Imaging > Editing Images

Once images have been added onto a Patient file, you can edit them as needed. It is possible to edit the Image Properties (File Properties) or edit the Image directly through mark-ups (adding lines, text or color variations).
You can also move the Image around in the specific Patient file or move the Image from one Patient to another.

The Image Editing Options can be accessed from the CHAS by opening the desired Patient file and clicking on the Image tab. Under that tab you will see the EDIT IMAGES button.

The Image Editing Options can also be accessed from the VTC via two methods. First, you can click on the Imaging button and choose the option to EDIT or you can use the Touchpad button EDIT IMAGES to access the same screen.



The EDIT screen is comprised of two main areas.
These two areas offer access to different functions for Editing.

Left side (grey area) shows the Thumbnails

- The Thumbnail area is further separated into the 3 different containers you can organize Images into: X-Rays, Posture Analysis, EMG – click on the tab to access the Images in each
- On any of the Thumbnails you can Right Click to access the Edit Images menu options
  - Change the Order the Image appears on the VTC by selecting the desired number
    NOTE: only 4 images can be viewed initially through the VTC, however you can access all of the images as described later in this section. We recommend organizing the 6 most recent images
  - Change the Date of the Image
  - Change the View: this option relates to the Compare Feature covered later in this section
  - Print Image: sends the selected image to the default printer
  - XFR Image: transfers the selected image to another Patient file. This is helpful if you imported the image onto the wrong file.
  - Delete: to completely remove the image from the Patient file.
  - EMG/POSTURE ANALYSIS/X-RAY: moves the selected image to another container.
  - Cancel: takes you out of the menu.

Right Side (purple area) shows the Standard Views

- There is no Right Click function on the Standard View Images
- Left click on a selected Image to make edits to that image
- In the EDIT screen, click on the desired EDIT function to add it to the image
- Be sure to SAVE the changes you make before you EXIT EDIT

Atlas also gives you the option to open an Image file using third party software for editing (such as MS Paint, Adobe Photoshop or Irfanview). It is necessary to have the desired software installed on the PC. You will also need to tell Atlas where to find the desired program.

Setup > Initial Setup > System Information

Under the Imaging/Articles tab select 'Other' at the Image Editor selection. Next, point Atlas to the desired editing program executable file. When you choose to EDIT a file now, Atlas will push the Image into your selected image editor.

You can now access the Images in a Full Screen Mode through the VTC by Left Clicking on the Image. Additional options and functionality are available when using the Touchpad to access Images. Refer to the section covering Touchpad Functions for details on how to do this.

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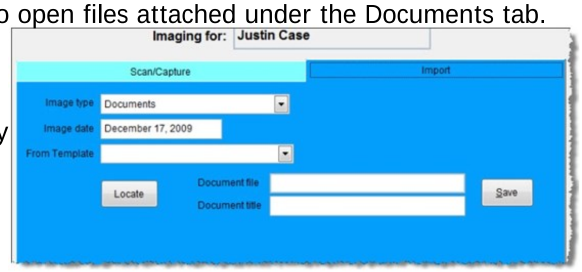
Adding Images

Next Page:
Adding Documents

Home > Virtual Travel Card (VTC) > Imaging > Adding Documents

The Documents tab works differently than the Images tabs (Xrays, Posture Analysis and EMG). You can import Electronic Documents (MS Word, MS Excel, PDF files, etc) or you can import scanned copies of paperwork documents onto a Patient file. You can also attach a Template Document onto a Patient.

Atlas will utilize the programs installed on your computer to open files attached under the Documents tab. This means, if you attach an MS Word document to a Patient, you must have a program installed that can open an MS Word file. This functionality extends to any file-type you import into the Documents tab. Spreadsheets generally open with MS Excel, or you can use Adobe Reader to open PDF files.



When adding a file to the Documents category, follow the steps for adding Images, except choose Documents as the Image Type. This will present you with different options from the Images import.

First, select if this Document is an existing Template (see Configure Desktop Templates section for details) or choose LOCATE to navigate through your file system to the desired file. Be sure to add a TITLE for your Document. This TITLE will appear in the list of available files – failing to add a TITLE will make selecting the file difficult.

Also, be mindful of the option to Keep Original File. If you choose *not* to keep the original, Atlas will remove it from the initial location when importing. If you will need future access to the Document or would like to import into other Patient files, be sure to check off 'Keep Original File'.

SAVE when complete.

NOTE: There are Free downloads available from Microsoft to allow a read-only version of Microsoft Office files to be opened. The Free, read-only versions are available for MS Word, Excel and PowerPoint. This is a cost effective solution to installing a full functioning version of MS Office on each computer.

Edit any Documents on a Patient file by Right Clicking on the Document and selecting your edit.
You can Edit the Title of the Document, the Document Date – also you can XFR (Transfer) to another Patient or Delete the Document file.
NOTE: Delete is permanent. Be sure of your changes before proceeding.

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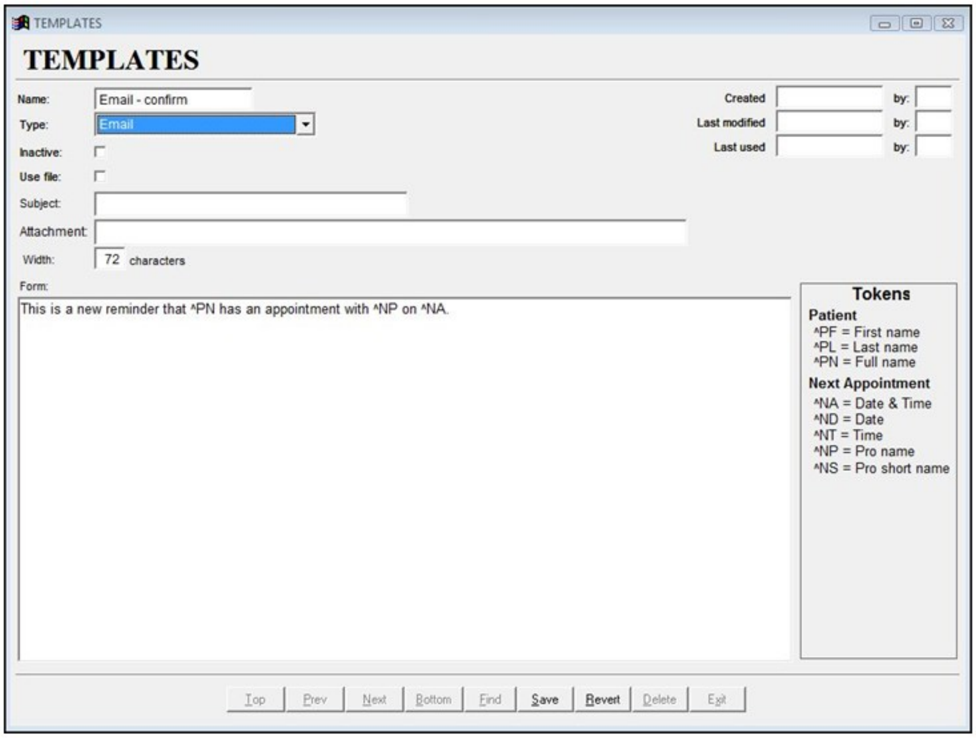
Editing Images

Next Page:
Configre Document Templates

Documents can be saved as Templates to assist in quickly attaching to Patient files. It also is helpful if you utilize many different Documents for Patient files, keeping them easily accessible and ensuring each Patient receives the same Document as required.

Setup > Templates



Use the navigation buttons at the bottom of the screen to ADD or EDIT templates. These buttons also allow you to navigate through your list of already created Templates to find a specific one.

- **Name:** Type a title name for the Template – this assists you in finding the Template from drop down lists
- **Type:** in the above image, note the menu popped up next to the Type option. Select from the drop down what type of Template you are creating. Different Template Types offer different options. Fillable Documents and SMS are only available in limited areas.
- **Inactive:** click this box to make a Template inactive – stop using that Template
- **Use File:** opens a hidden field where you can search for a specific File to use as the Document or Email
- **Subject:** available only for Email Templates – create a Subject for the Email
- **Attachment:** available only for Email Templates – attach a specific file to each message
- **Width:** specify a max width for the Document or Email
- **Document Options:** visible only when using the Document Template – allows simple formatting of the Document – Font Type, Size, Bold, Italic or Text Color
- **Form:** area where Template details will go – you can type in this box

- **Tokens:** tokens allow customized messages to be sent or customized information to be filled into each Document, based on the Patients information. The Tokens can be entered by using the Carat key (located above the number 6 on most keyboards) and the corresponding letters. See the Default Email Template for an example of Tokens in use.

Be sure to SAVE your Template before exiting the screen.

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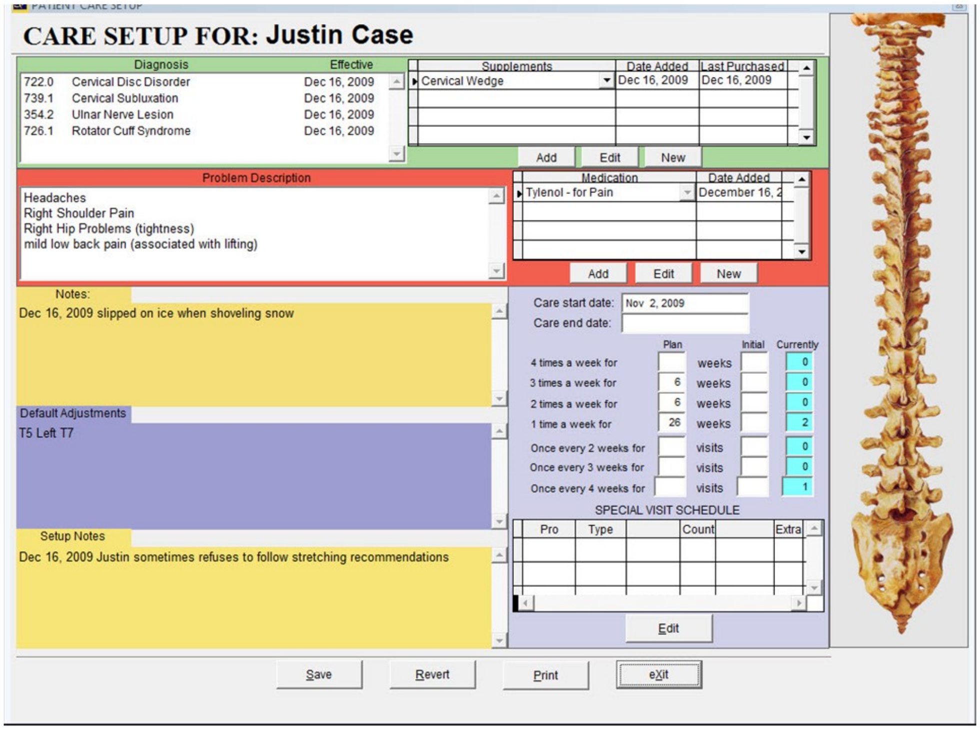
Adding Documents

Next Page:
Care Setup

Home > Virtual Travel Card (VTC) > Care Setup

The Care Setup window is designed to organize details about the Patient. It contains quick access to Diagnosis Information, their chief complaints, Default Adjustment, medications and/or supplements they are taking and more. Care Setup is accessible via the VTC using the CARE button or using the Touchpad button labeled Care Setup. It is also accessible via the CHAS by selecting the specific Patient and navigating under the Care tab and into the Care Setup.

NOTE: information must be manually entered into the Care Schedule fields. The Touchpad is not functional inside the Care Setup window.



- **Diagnosis:** area reserved for adding Diagnosis information on Patient file. To access, click inside the 'white' area which opens the editing screen. Inside the Diagnosis Editing screen, click ADD to enter Diagnosis codes. Use the NEW option to add additional Diagnosis Codes to the database. NOTE: Diagnosis Codes added to the Diagnosis Code list can be added to all Patients as needed.
- **Problem Description:** this area works in conjunction with the Atlas Touchpad. You can effectively list up to four different lines outlining the Patients' primary complaints. To edit or add to this list, click in the 'white' area. This list will be specific to the Patient file you have open (that is, each patient will have their own list of problems here) When you are on the Patient VTC (travel card), entering SOAP notes, you can quickly input a Patient problem by pressing the corresponding Problem button on the touchpad. More on this feature in the section covering Use of Touchpad.
- **Notes:** this area is designated for general, day to day notes or specific things the Provider would like to see when the VTC is open. The notes 'self-date' – the date is automatically entered, however you can use the backspace button on the Touchpad or keyboard to remove the date. Notes entered here will remain on the Patient file, visible on the VTC, until manually removed.
- **Default Adjustments:** using the example image above, you see a Default Listing for the Patient. If a Default Adjustment (Listing) is entered, the Provider can opt to have that listing automatically entered as the SOAP note for each visit when he/she Posts the Patient Adjustment. Optionally, the Provider can load this default note into the current note and edit as needed before posting. It is another way to streamline the note entering process at the table for the Provider. To edit this area, simply click inside the dark blue and type using your keyboard. NOTE: Atlas does not currently allow using the touchpad to enter a Default Adjustment through the Care Setup screen. You can only use the keyboard here. More on this feature in the section covering Use of Touchpad.
- **Setup Notes:** this note area is hidden from view on the Main VTC screen. The only way to access is directly through the Care Setup screen as shown above. Like the standard notes, this area 'self-dates' but can be overridden as needed. This area is designated for notes the Provider would like to

have access to, but may not be proper to announce on the VTC.

- **Supplements:** an area to list what supplements or inventory items a Patient is using from the clinic. This information displays on the VTC allowing a Provider to remind Patients if a supply of a purchased item is running out or to remind the Provider if a Patient received equipment such as cervical wedge, traction unit, etc. Click NEW to add additional items to the list.
- **Medications:** an area designated to list medication prescribed by another Doctor or over the counter medications being used by the Patient. This information does not display on the VTC.
- **Care Setup Area:** a place for a Provider to enter recommended Care for a Patient. By using exact Start and End dates, a Provider can effectively track where a Patient is at in their Care. Atlas will automatically count visits for the Patient and compare that to the Recommended Care. Use the 'Initial' column to track visits not entered into Atlas, example: visits logged in different software.
- **Special Care Schedule:** this Care Schedule overrides the system Default Care Schedule for a specific Patient. For example, if a Patient needs to come in for re-exam more frequently, you can add a Schedule to automatically schedule a different frequency for those Appointments. Click the EDIT button to enter details in this area.

If you make any changes to the Care Setup screen be sure to SAVE and EXIT when complete.

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Configre Document Templates

Next Page:
Messaging

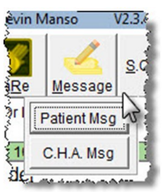
Home > Virtual Travel Card (VTC) > Messaging

Atlas has a built-in Instant Messaging system to help facilitate communication between the Front Desk and Providers. Messages from the Doctor (VTC screen) can be formatted as CHA messages (general) or Patient messages (specific to selected Patient) and both of those options can be highlighted URGENT before sending.

Messages can be programmed into a list for quick access through the Touchpad.
To program your Messages:

- Click on the TOUCHPAD button, with your mouse, on the VTC
- Press the Message button on the Touchpad you are programming the list for
- Type your Messages into the list format that appears
- Click SAVE and EXIT when complete

There are two methods for accessing the Message options



Keyboard/Mouse Combination:

- Click on the Message button located at the top of the VTC screen
- Choose which Message Type you would like to create Patient: only available when a Patient file is open – this option will append the selected Patient's name to the Message CHA: sends along a general message to the CHA screen
- Manually Type the Message or select the corresponding Message Number using the Touchpad number pad If you manually type your Message, click ENTER on your keyboard to SEND
- The Message will be sent to each computer open to the CHA screen

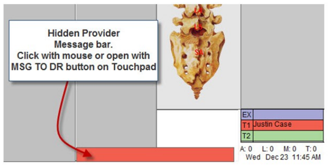
Touchpad Method:

- Press the CHA MSG or PATIENT MSG button on the Touchpad
- If the Message should be sent 'Urgent' press the URGENT button The word Urgent will appear at the bottom of the Message window. URGENT Messages appear directly on the Schedule area of the CA Screen
- Select the desired Message by using your number pad in the upper, right corner of the Touchpad NOTE: for numbers 11-19, press 10+ and then the next digit for numbers 20-29, press 20+ and then the next digit for numbers 30-39, press 30+ and then the next digit
- Messages will send immediately

Patient messages will send the text along with the selected patient name: this is good for telling your Front Desk to schedule a patient for additional visits, talk with the patient about finances and more.

CHA messages will send without a patient name and are designed for more generalized office messages.

If you are using the touchpad, you can also press URGENT once you choose a message type. URGENT messages will appear over the daily schedule on the CHA screen, helping ensure your Front Desk receive the message. Regular messages will usually appear in the lower, right corner of the CHA screen.



Along with the messaging system, your Front Desk can send messages back to the Doctor (VTC screens). These Messages appear as a discreet Red Bar on the bottom of the VTC. If a Message is pending, the Doctor can click on the bar with the mouse to open the Message. Alternatively, the Doctor can use the MSG TO DR button on the Touchpad to open the pending message. Messaging from the front can be generalized (appear on all computers open to the VTC) or specific to a Patient (only appear when specified Patient signs in at the table). It is important to be watching for Messages regularly.

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Care Setup

Next Page:
Touch Buttons

Home > Virtual Travel Card (VTC) > Touch Buttons

The Touchpad is separated into four main sections.

- Upper Left Corner and Middle: system interaction
- Upper Right Corner: number pad
- Lower Left Corner: spine segment keys
- Lower Right Corner and Middle: programmable buttons for SOAP entry

Each button comes pre-configured to perform a specific function; however, these buttons can be re-configured to change their default action. Some of the buttons can be programmed to enter specific information into a Patients' SOAP note.

Default Functions of Each Button:

- **ESC:** escapes or closes most windows or text boxes on the VTC
- **CHAS:** opens the CHA Screen
- **Patient Search:** opens the Search window – Patient Profiles opened using this button can have charges Posted to them
- **Care Setup:** opens the Care window for active Patient
- **Msg to Dr:** opens messages sent to Provider from the CHA screen
- **Cha Msg:** opens window to send a Message to the Front Desk computer
- **Urgent:** flags Patient or CHA Message being sent as URGENT on main screen
- **Patient Msg:** opens window to send a Message to the Front Desk computer with the active Patient name attached – only appears when a Patient profile is open
- **Freq**: specialized button, which can be programmed by the user, which enters information into the current SOAP note and sends that information to the Front Desk. Freq is intended to track recommended Care changes to a Patients' schedule
- **Number Pad**: used to make selections in lists for Messages, SOAP information or other programmed lists. To select numbers greater than 9, select the 10+, 20+ or 30+ button first and then select the second number = example: 27 = 20+ then 7.
- **Xray / Posture Analysis / EMG / Document:** selects specific Image container
- **Health Articles:** opens Health Articles list where Provider can select and print specific Article for Patient. Health Articles are covered in another section.
- **Compare:** opens Image Compare function where Provider can display 'normal' XRays with Patients' current XRays. Compare function is covered in another section.
- **Back to Que:** sends current Patient back to the Provider Waiting List Useful if incorrect Patient signs into the VTC
- **Change Provider**: in multiple Provider clinics, this button will open the list of available Providers. Allowing correct Provider to automatically sign into the VTC. NOTE: the Provider 'signed into' the VTC will be the Provider associated with any SOAP notes or charges posted
- **OBJ / SUBJ:** Atlas pre-programmed buttons that will present a list of available items that can be inserted into the current SOAP note More on programming and using the Touchpad in another section.
- **Image 1 / 2 / 4 / 6:** when Images are attached to a Patient file, use these buttons to open the Images in the VTC.
  - Image 1 will open the first Image in the list. Repeatedly pressing this button will scroll the Images one at a time
  - Image 2 will open the first two Images in the list. Repeatedly pressing this button will scroll two Images at a time
  - Image 4 will open the first four Images in the list. Repeatedly pressing this button will scroll the Images four at time
  - Image 6 will open the first six Images in the list. Repeatedly pressing this button will scroll the Images six at time
- **Problem 1 / 2 / 3 / 4:** these buttons work in conjunction with the Problem area in the Care Setup screen. Pressing the buttons will enter the corresponding information into the current SOAP note. This feature is covered in the Entering SOAP Note section.
- **Special Note:** opens the Special Notes section on the Care Setup screen
- **Edit Images**: opens the Image editing window
- **SOAP Notes:** opens a window where you can Edit or Delete past SOAP notes
- **Notes:** moves the cursor to the Notes (yellow) section on the VTC
- **POST ADJUSTMENT:** posts the Patient SOAP note and creates the Patient charge on account Press this button to finalize a Patient visit – it will also clear the VTC screen and return it to the Patient Sign In screen
- **Load Default:** enters the information from the Default Adjustment (dark purple) box into the current SOAP note.

- **Save as Default:** saves the current SOAP note in the Default Adjustment area. This will override any information already entered in the box without warning
- **Blue Spine Segment Buttons**: (lower left corner): used to enter specific segments into current SOAP note Highlights the corresponding spine segments in RED on the VTC Use the LEFT and RIGHT option before pressing a segment to highlight a specific side
- **CLEAR SPINE:** pressing Clear Spine once will remove the last segment highlighted Pressing Clear Spine twice will clear the entire spine
- **Enter / Space / Backspace:** aid in navigating in the current SOAP note
- **Red Buttons:** (lower middle): these buttons can be programmed by the user (Provider) to enter specific information into the SOAP notes – see Touchpad Programming section
- **Light Grey Buttons:** (lower right): these buttons can be programmed by the user (Provider) to enter specific information into the SOAP notes – see Touchpad Programming section
- **SIGN IN:** Patients should swipe their card or keychain fob over the area labeled SIGN IN to automatically access their profile at the Adjusting Table

Previous Page:
Messaging

Next Page:
Program Buttons

Home > Virtual Travel Card (VTC) > Touch Buttons > Program Buttons

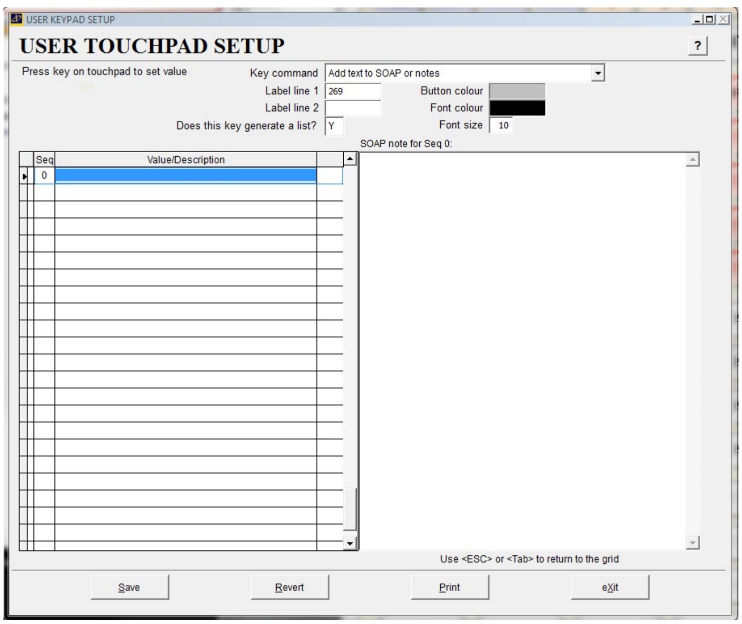
Programmed Touchpad buttons can be used to quickly enter information into Patients' SOAP notes**.** This will speed up the process of creating complete, legible and accurate SOAP notes. It also is very beneficial in multiple Provider clinics to help unify and format SOAP notes.

Touchpad buttons can represent a single value, which is entered immediately into the SOAP note when selected or can represent a list of items. The Provider can then select from the list what to enter into the SOAP note. Lists can contain up to forty different values. This allows an almost unlimited amount of options for entering SOAP note information.

Each button comes pre-configured to perform specific functions: for example, the Blue Spine Segment keys enter a value into the SOAP note and highlight the Spine Segment. During the programming of the buttons, you can change the default function of any of the buttons.

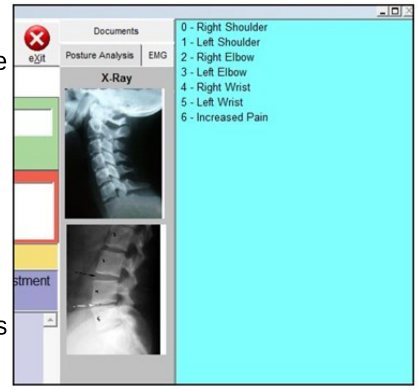
To access Touchpad Programming:

- Click on the Touchpad Button (located at the top of the VTC - may be within the Utilities Menu) with your mouse.



In the Touchpad Programming Window:

- Select the Button you want to program
- Once you select your Button, note the Default Function of that button as described in the Key Command drop down menu – for now, leave the default Key Command
- Label line 1 and Label line 2 will be used to Title the button – enter a 'title' for what the Button will represent
- Choose if the Button (key) should generate a List of Items or enter a single value only
  - Single Value: type in the value to the text box. There is no practical limit to the length of a single value.



- List: type in the value for each item in the list – the lists are limited to 40 items only, but each item can be unlimited in length.
- Type your information for the list item in the large box on the right (SOAP Note for button 0) and remember to enter a title value in the left side Value box for each note.

- Click SAVE when complete
- Test the programmed button by opening a test Patient file and pressing the button. Your programmed value or list should appear. The Touchpads on the other computers will automatically 'download' the programming, when you restart Atlas on those computers.

Follow the above tutorial to program the Light Grey and Red buttons. Also use this tutorial to re-program or add to the OBJ or SUBJ or FREQ buttons. Messages for CA and Patient can also be programmed using this method. Buttons that are already user-defined can be reprogrammed using this option.

Programming your touchpad is easy; deciding what information to program can be hard! When programming; try to think of things that you would put into a patient's notes frequently and program that information first. Remember the touchpad is a tool to enhance your practice and make notation easier. Try to program frequent keystrokes into your touchpad but not to be too specific. It is easy to add or edit touchpad buttons as needed.

Previous Page:
Touch Buttons

Next Page:
NeuroSimulator

Home > Virtual Travel Card (VTC) > Touch Buttons > NeuroSimulator

With the release of Atlas ver. 3.84, we have introduced our online NeuroSimulator.
This feature allows Doctors to quickly educate their Patients using High Definition videos designed to engage and inform. In moving to an online format, we are able to update and refine the feature easily and seamlessly.

To Start the Feature:

To start using the NeuroSimulator feature, you must program a Touch button to open the connection.

1. On a VTC computer click UTILITIES located at the top
2. Select a button on your Touchpad/Touchscreen you want to initiate the feature
3. Choose the option under 'Key Command' for New NeuroSimulator and enter a label for the onscreen button (for example Line 1: Neuro and Line 2: Simulator)
4. Save and exit
5. Restart Atlas VTC on the PC to see the button label

When you click on the button, Atlas will launch your computers' default browser (Internet Explorer, Firefox, etc) and open the NeuroSimulator page. You will be able to select specific vertebrae to view their function and other information. As well, you can access videos for specific vertebrae along the right side.

NOTE: a high speed internet connection is required to view the new NeuroSimulator.

Previous Page:
Program Buttons

Next Page:
Entering SOAP Notes

Home > Virtual Travel Card (VTC) > Entering SOAP Notes

There are two methods for entering information into the Patient SOAP note. Providers can enter information into the note by manually typing with the keyboard or by using the programmed buttons on the Touchpad. The two methods can be used together, they are not exclusive.

The main goal of touchpad programming and properly setting up the patient Care Screen is to make the entering of day-to-day notes more efficient. And when you can streamline the entering of SOAP notes, you can spend more time focused on what matters most in your practice, the Patients.

After all of the programming (and reprogramming) the first step to entering patient SOAP notes is to open a Patient file. Remember to use the EDIT button when practicing on note entering, to avoid inadvertently posting charges to Patient accounts.

To begin entering your SOAP note, press a programmed Touchpad button – the programmed information will begin to enter into the current SOAP note. Alternatively, you can click in the light blue area on the VTC which will open the current note for edit. Then you can manually type information using your keyboard. Once you begin entering the current SOAP note, you can utilize different Function Buttons to enter specialized information into the note.

- Default Note: click on LOAD DEFAULT to enter any information in the Default Adjustment (purple) area into the current SOAP note. Once the Default Note is entered, you can manually edit this using the Touchpad or keyboard. Editing in this manner will not affect the Default Note.

If you have a Default Adjustment entered for the Patient, you can Post the Adjustment and charge using one button press.
Simply press the POST ADJUSTMENT button to perform this action.

- Once you have entered the note, press the POST ADJUSTMENT button to finalize.

POST ADJUSTMENT will post the current SOAP note, post a charge on the Patient file and clear the VTC, preparing it for the next Patient to Sign In.

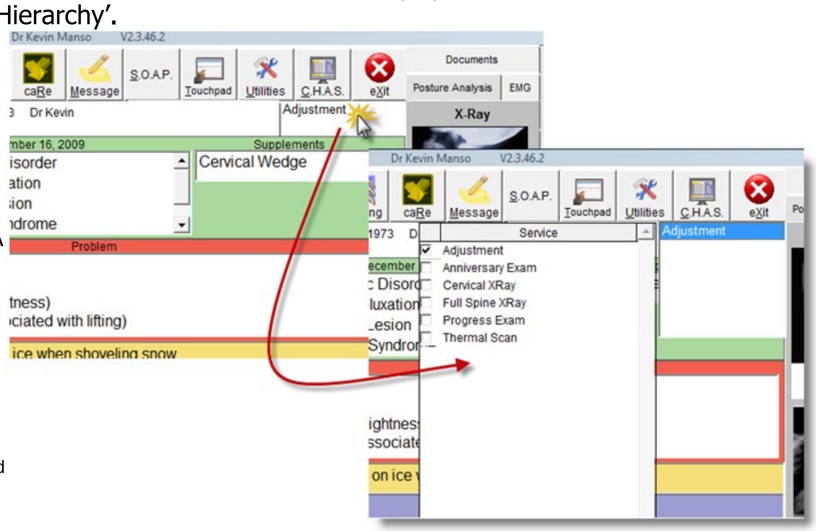
When the Provider Posts the Adjustment, Patient charges are applied based on certain criteria. Most of the configuration is out of the hands of the Provider (the pricing structure is pre-configured) however, the system can be setup to allow the Provider access to a list of charges that can be posted to a Patient Account. This option will be explained in the next section.

Previous Page:
NeuroSimulator

Next Page:
Selecting Charges at Post Adjustment

Home > Virtual Travel Card (VTC) > Selecting Charges at Post Adjustment

By Default, when a Provider Posts Adjustment for the Patient from the VTC, the Provider's Default Service will be charged to the Patient Account. Usually, this is configured as an Adjustment. To check your current configuration, navigate to the Providers Setup window (Setup > Providers) and check the Default Service drop down option. There are many other factors that can affect the charge posted to a Patient Account. These are outlined in section 'Pricing Hierarchy'.



One of the factors is the Provider selecting specific Services to charge for when he/she posts. It may be necessary to allow the Provider the ability to create different charges 'on the fly' which might normally be posted to a Patient Account by the CA at the front.

To configure this, it is necessary to setup a few options in Atlas first.

1. **Decide which Services should be included:** not all Services in your database need to be charged from the VTC. Usually only Adjustments, Manual Therapy, X Rays, Consultations, Extremity Adjustments, etc need to be charged from the VTC. Using this idea, the list of Services available to the Provider to charge for can be specific to their needs. To configure this option: navigate to your Services window (Setup > Services) use the BROWSE option to see an overview of the available Services. Click EDIT to make changes and check the box 'On VTC' to allow the specific Service to be visible to the Provider.
2. **Allow Atlas to Display the Selected Services:** navigate to the System Settings. (Setup > Initial Setup > System Information) Under the CHAS /

VTC tab, click the option 'Show Services on VTC' (located under the VTC option side)

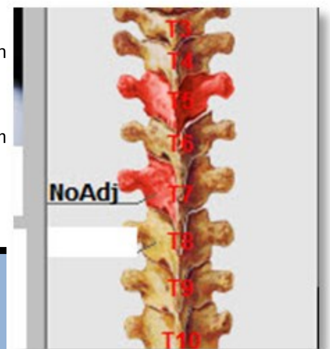
3. **Restart Atlas:** restart Atlas for the configuration to take place. When Atlas opens up again, check on the VTC. Notice the list of Services now available on the right side of the Information banner.
4. **Click on the Visible Service:** this opens the entire list of available Services. Check off the Services to create charges for and press Post Adjustment. Each selected Service will be Posted to the Patient Account. To shrink the Service list back to the compact view – click on any of the Service names in the list. NOTE: be sure to check off each Service, including any Adjustments. If the Patient has Special Services configured on their account – the Special Services will be automatically checked off in this list (if available) Services charged in this manner are still subject to Special Rate pricing, Insurance pricing and more.

Previous Page: Entering SOAP Notes

Next Page: Spine Segments

Home > Virtual Travel Card (VTC) > Spine Segments

Atlas has two options to add notation to the Virtual Spine on the VTC. The notations can be used in a variety of ways, depending on what information the Provider would like to present. The Image represents a portion of the Spine with a segment highlighted RED, half a segment highlighted and labeled with text.



- **Highlight Segments RED:** using the Blue Spine keys (located in lower, left corner of the Touchpad) the Provider can highlight different spine segments in RED. Simply press the desired button on the Touchpad when entering a Patient SOAP note. Use the Left or Right button then a Spine Segment button to highlight half a segment. This option also enters the Spine Segment into the current SOAP note. Press CLEAR SPINE once to clear the last entered segment Press CLEAR SPINE twice to completely clear the highlights
- **Add Text to Segments:** configure Atlas to allow adding text to the Spine Segments by first going to System Information (Setup > Initial Setup > System Information) and under the CHAS/VTC tab check the option 'Use Spine Text Boxes'. Restart Atlas on the VTC and hover over a Spine Segment with your mouse. If configured properly, you should see a blank label line appear. Click on the line and type with your keyboard. Labels are limited to 5 characters and are automatically saved when entered.

Under the CHAS/VTC tab in System Information, you can configure the Spine to show segment labels (and the color of those labels) by clicking the option 'Show Spine Labels' and choosing your favorite color.

Previous Page: Selecting Charges at Post Adjustment

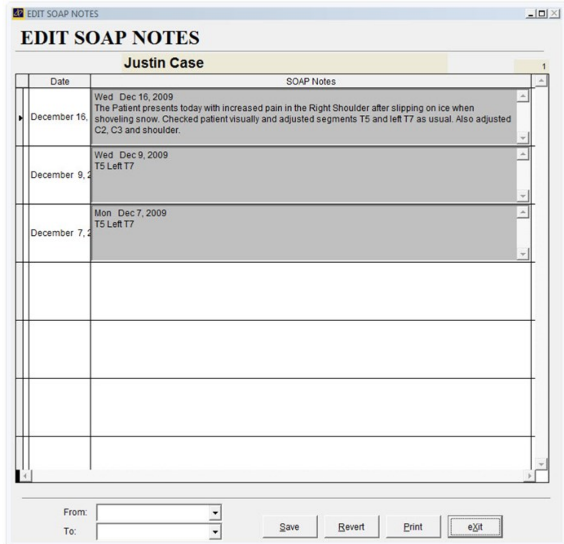
Next Page: Edit Existing SOAP Notes

Home > Virtual Travel Card (VTC) > Edit Existing SOAP Notes

Edit existing SOAP notes (notes entered and posted) by using the SOAP button. This screen can be accessed via two different methods – clicking on the SOAP button on the VTC (using your mouse) or by pressing the SOAP button on the Touchpad.

To Add or Remove Text from a SOAP Note:

- Click into the specific SOAP note and use your keyboard to edit the text.
- It is not possible to change the date in the white Date box (this is the actual posting date) however, you can change the date in the grey SOAP note box.
- To completely delete a SOAP note, click in the rectangular box to the left of the Date box – it will turn black and be removed when the user clicks SAVE.
- The user can select specific SOAP notes using the From and To option to filter dates.
- Print the entire list or the filtered list using the Print button.



Previous Page:
Spine Segments

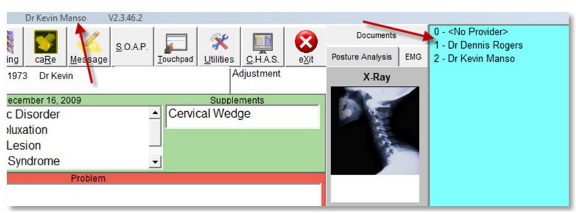
Next Page:
Utilities

Home > Virtual Travel Card (VTC) > Utilities

The Utilities button allows access to a few functions in the VTC.

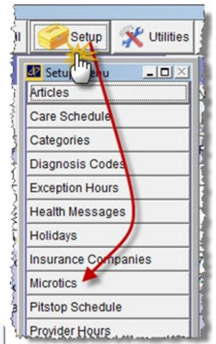
1. Change Pro: in clinics with multiple Providers, using the same Adjusting Tables, it may be necessary to change the logged in Provider to that computer. Logging in as different Providers allows SOAP notes to be posted with the correct Provider details and charges to be configured to the proper Provider. To CHANGE PRO, click on CHANGE PRO in the Utilities menu which will open up a list of available Providers. To select a new Provider, use the Touchpad number pad to select the Provider name. The Provider logged in will automatically change.

The current Provider logged into Atlas displays in the Title Bar – note the red arrow.



After changing Provider, all SOAP notes posted or charges created will be properly associated with the new Provider as configured.

1. SOAP Date: to change the Date a SOAP note is posted on (before actually Posting the note) click on the SOAP Date button. This will open a calendar – select the specific Posting Date and continue making a SOAP note as outlined in the previous sections. This note will be Posted as usual, except with the newly selected Date. This feature is helpful when posting notes for different days (a Patient had an emergency adjustment over the weekend when the clinic was closed and the doctor is posting that visit on Monday) NOTE: be sure to change the SOAP Date back to today's date before posting another note.
2. Microtics: Microtics are designed to educate Patients during their visits. Microtics in Atlas are programmed in short phrases and appear at the bottom of the VTC when a Patient Signs In. Microtics are programmed on a System Wide basis or are able to be programmed specifically for a single Patient. The Microtic configuration screen can also be accessed via the CHA screen. Click on Utilities and Microtics to begin programming. If you are in a Patient file on the VTC, you will be presented with the option to configure Microtics for that specific Patient first (as in the following example) Click on the Add Microtic button to program your list Type the Visit Number to display the Microtic and the specific text NOTE: Microtics are limited to two lines of text



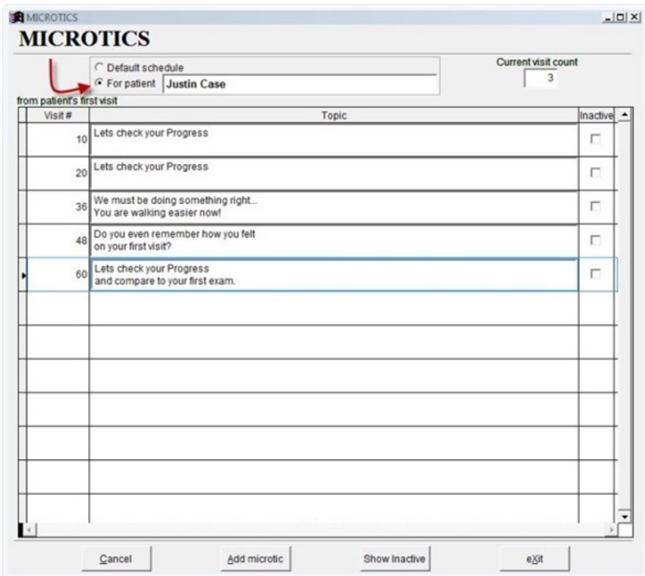
NOTE: see the Current Visit Count number in the upper, right corner for the Patient's current visit

If you are in the CHA Screen (or you would like to configure a Microtic schedule to apply to all Patients, click the Default Schedule option at the top of the screen.

The Default Schedule will be applied to all Patients who do not have a specific schedule programmed.

Microtics count by visits – the visit count is determined in the System Information screen. Navigate to Setup > Initial Setup > System Information and under the Imaging and Articles tab to configure the Visit Count criteria.

- Care Start Date: is configured in the Patient Care Tab
- First Visit: is determined by Services that count as visit and what is posted on the Patient Account
- Counting From: opens a calendar to let the user select the specific Date to begin counting from



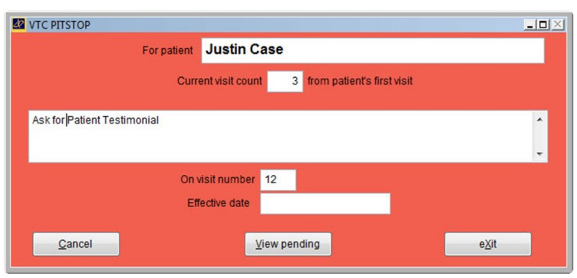
NOTE: this setting affects the Default count method for the entire System

There are pros and cons to each setting in this screen. We recommend as a general rule, that if you are using Yearly Care Plans for Patients (the Provider is recommending a new Care Schedule each year) use the 'Counting from Patients care start date' option'. This will allow you to repeat a Microtic schedule each year – reinforcing your Patient education.

The other option 'Count from Patient's first visit' – will require a Microtic schedule configured for each visit into subsequent years of care – as required.

Default Microtics appear in a yellow bar along the bottom of the VTC when a Patient signs in Personal Microtics appear in a grey bar along the bottom of the VTC when that Patient signs in

1. VTC Pitstops: the VTC Pitstop is accessible via the VTC screen or the CHA Screen. To access via the CHA screen, click the Pitstop button when you have the specific Patient file open. From the VTC, click under Utilities the VTC Pitstop option.



The window will display some information:

- Patient Name
- Current Visit Count – and where this Visit Count is calculated from – in the above example, Justin has had 3 visits since his first visit
- Text Box: area to type in Pitstop Message Messages will appear on the VTC as a discreet red bar (similar to the Provider Message) however, it is still advisable to be selective in the text selection
- On Visit Number: option for when to display Pitstop Effective Date: option for when to display Pitstop NOTE: if one of these options is set, the other is locked
- View Pending: click to view any scheduled Pitstops for the selected Patient

VTC Pitstops can be configured from the CHA screen also, using the same method. This can be beneficial if a Patient calls in and speaks with the CA about a financial concern. The CA can set the

VTC Pitstop for 'Next Visit' and alert the Provider about the Patient's situation.

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Edit Existing SOAP Notes

Next Page:
Health Articles

Home > Virtual Travel Card (VTC) > Health Articles

Health Articles are included in the Atlas software as a Patient Education tool available to Providers at the VTC. There are a series of prepared Articles included with the Atlas installation. In addition, users can add Articles to the database or edit the existing Articles to include clinic contact information, additional information, graphics and more.

Before Printing Articles, a few issues will need to be addressed.

- Printer installed on computer: you can print through a network, each computer does not need its own printer
- MS Word or Word Document Viewer: to view and print the Articles. There is a free Word Document Viewer available from Microsoft as a download. It does not support editing Documents but will allow you to view and Print.
- Articles properly Edited: The Articles database is located in your Main ACS database folder, C:\ACS\Data\Articles by default. Articles are presented in .doc format – which can be opened using MS Word or Word Viewer. Be sure to check the Articles over before you start handing them to Patients.

Articles can be added to your database.

1. Create the Article: create your Article and save it into the .doc format. NOTE: Articles can also be saved into .PDF format, however, it will be necessary to have a PDF Reader installed on the computers you would like to print from
2. Create an Article Topic: navigate under Setup > Articles > Topics to view default Topics in Atlas. Use the ADD button to Add more topics or EDIT to make changes to existing ones. We recommend making a Topic specific to your clinic to make it easier for the Provider to find the Article at the table.
3. Add Article to Database: navigate to Setup > Articles > Articles to add your newly created Article to the database. Use the ADD button, Type in an Article Title, Select a Topic to file under and click FILENAME to find your Article.

Atlas highly recommends saving your Articles in the main Articles folder to ensure proper access from all computers. By default, this is located on your Main Server in the ACS Data folder – C:\ACS\Data\Articles

1. Setup System Information: navigate to Setup > Initial Setup > System Information under the Imaging/Articles tab. Check off the options: Check Scheduled Articles at Sign-In: to have Articles print based on the Article Schedule Print Articles when Selected: to have Articles Print when selected at the VTC Notify CHA when Article Selected: to send a note to the Front Desk when an Article Prints – this helps the CA know which Patient to give the Printed Article to.

Articles can be printed on a Schedule: The Schedule is determined by the Visit Count Configuration. This option is discussed in detail in the Mircrotics topic in the previous section.

To Schedule:

1. Navigate to Setup > Articles > Schedule Articles Articles can be scheduled by Visit Number, Day Number, Week Number or Date. Visit, Day and Week Number are determined by the Visit Count Configuration. Date schedule can be configured to Print Articles for a Date Range – helpful for seasonal newsletters and more.
2. Use the ADD or EDIT button to make changes to these schedules

To Print:

1. From the VTC screen, press the Health Articles button on the Touchpad
2. Select the Topic your Article is under using the Touchpad Number pad
3. Select the Article, by Title, using the Touchpad Number pad Selected Articles may take a few seconds to print, depending on network speed and file size.

Printed Article titles will appear in a list below the Spine on the Patient File

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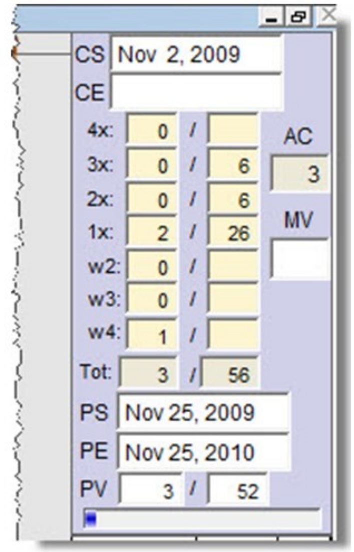
Next Page:
Reading Stats Bar

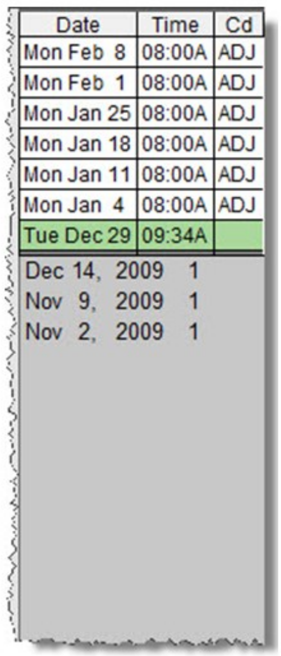
Home > Virtual Travel Card (VTC) > Reading Stats Bar



Running along the right side of the VTC is the Statistics Bar. This bar shows the User at quick glance, different Statistics about the current Patient Care Schedule and visits and some information about the clinic Statistics.

This section will break down the bar into three components: the Care Details, Appointment Ledger and Clinic Stats.

1. Care Details: the Care Details area shows stats for the Recommended Care Schedule and Financial Plan for the Patient. CS: Care Start Date – can be reset each year or to reflect a specific Date Range for recommended care CE: Care End date 4x, 3x, 2x: shows recommended Care in right column (2x per week, 3x per week, etc) and actual Visit Count in left column. The left column reflects the number of weeks with specific number of visits Tot: calculates totals for each column AC: Actual Visit Count from Patient's First Visit – reflects ALL visits MV: missed visits – manually updated from CHA screen PS / PE: Plan Start / Plan End (Financial Plan) Date PV: Plan Visit Counts – shows current visits and total for Plan (right box) Blue Bar indicates, visually, how far along the Patient is in their Financial Plan. This makes it easier for the Provider to see when a Patient is nearing the end of their Financial Plan.
2. Appointment Ledger / Visits by Week: the middle area shows the Patients' Appointment Ledger and allows the same functionality as you find on the CHA screen. Click on any of the Dates to expand the Ledger Click on any of the Dates to compact the Ledger (after expanding) Right Click options available to change the Appointment Type, Reschedule, Delete and change Status of past Appointments (see Appointment section for more details) Grey area shows Visit Counts per week – in example it shows Dec 14th the Patient had 1 visit.
3. Clinic Statistics: shows information for Room status and Daily Details Room Status is available for each Room (Table) the Provider is currently assigned to. The status is also color coded to indicate the current state of the Room and displays the Patient currently Signed In to that Room. Refer to the Room Status in the CHA section Daily Stats: A: number of Arrived Patients – this is the number of Patients Signed In and waiting L: number of Late Patients – this is the number of Patients who have not arrived for their scheduled Appointment time (Late time is configured in the System Information screen) M: number of Patients marked as Missed T: total number of Patients for the day Date / Time: stamped based on current system Date and Time



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Modules

Home > Modules

Insert Information Here

Previous Page:
Reading Stats Bar

Next Page:
Safety Net

Home > Modules > Safety Net

The Safety Net is the integrated reminder and call back system in Atlas. Its main function is to help 'catch' Patients who might otherwise drop out of care without proper follow up. To that end it is a place for staff to keep notes on Patients who miss or cancel appointments (and schedule reminders to follow up with them) as well as a system to automatically log Patients requiring follow up from staff.

The Safety Net is designed to be opened daily along with the Atlas System and accessed throughout the day. Clinics that use the Safety Net on a regular basis find Patient retention numbers go up, recommended care schedules are tracked better (Patients make up missed appointments) and communication in the office is increased (no more 'did you can Mr Smith today?'). It can also be used to help staff track other situations that require follow up with Patients (overdue accounts, workshop attendance reminders and more). One of the most important functions of the Safety Net is to automatically catch Patients who leave the office without scheduling future visits. Gone are the days when Patients will drop themselves out of care by not scheduling future appointments and your staff not knowing to follow up.

Users can find our Printable Manual HERE

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Configuration and Usage

Home > Modules > Safety Net > Configuration and Usage

The Safety Net is the integrated reminder and call back system in Atlas. Its main function is to help 'catch' Patients who might otherwise drop out of care without proper follow up. To that end it is a place for staff to keep notes on Patients who miss or cancel appointments (and schedule reminders to follow up with them) as well as a system to automatically log Patients requiring follow up from staff.

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Overview

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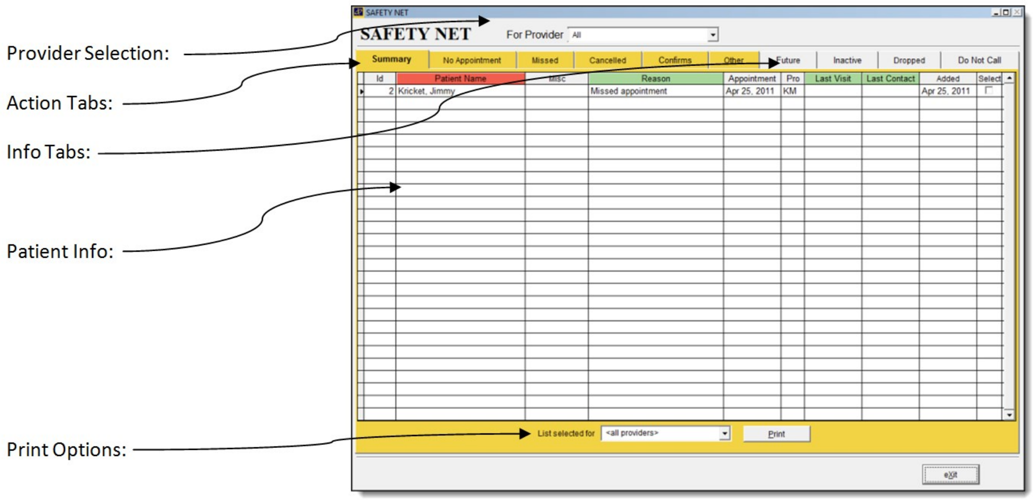


To access the Safety Net, click on the Safety Net button located near the upper left corner of your Atlas software. This differs from the Safety Net button located under the Patient profile which we will review later in this manual.

Remember!
The Safety Net is designed to be opened at the start of a shift and left open throughout the day. It is OK to minimize the Safety Net and continue working in Atlas.

The Safety Net is divided into two main sections – 'Action' tabs (yellow color) and 'Status' tabs (grey color). These sections help organize the Patients in the Safety Net, allowing staff to focus on only the Patients who need call-back/contact on a given day.

REMINDER: The Safety Net does not 'pop-up' at any time to alert staff about a pending follow up. It will organize contact details for easy reference when used properly but it is your responsibility to properly enter Patients information and to review the Safety Net on a regular basis. To expand on the Alert above, open the Safety Net each morning and review and check it periodically throughout the day - and check it at the end of the day for maximum efficiency.

ACTION TABS:

The Action Tabs are colored Yellow in the Safety Net. Patients listed under any of the Action Tabs are *pending* action from the staff (follow up call, appointment confirmation, etc). To maintain an effective Safety Net, be sure to take action on Patients appearing under those Tabs. The goal is to have no Patients pending contact under the Action tabs - aim to keep these cleared.

The SUMMARY tab displays all of the Patients listed under each Action Tab (No Appt, Missed, Cancelled, Confirm, Other).

- No Appointment: if a Patient leaves the office without scheduling (or having scheduled) a future appointment, Atlas will automatically put that Patient into the Safety Net under this tab. This helps track Patients who leave and think, since they don't have any more appointments and nobody has asked them to book, they must be 'cured'. This is especially important when the Patient is in their initial phase of care and has some relief from symptoms. They may leave without setting up another appointment and 'drop themselves' out of care.

Atlas will also *automatically* drop the Patient from the Safety Net if they are put onto the Safety Net for having left without a future appointment AND they schedule one afterwards.

This is the only method by which a Patient will automatically come off the Safety Net.

- Missed: when a Patient appointment is flagged as 'Missed' on the schedule, they will show under the Missed tab. (process described later)
- Cancelled: when a Patient appointment is flagged as 'Cancelled' on the schedule, they will show under the Cancelled tab. (process described later)
- Confirms: Patients whose profiles are marked as 'Confirm' will appear under this tab based on the options configured. (process described later)
- Other: Patients manually added to the Safety Net for 'clinic-specific' reasons will appear under this tab. (process described later)

INFO TABS:

The Info Tabs are colored grey in the Safety Net. Patients listed under any Info Tabs are mainly there for reference only. Generally, staff does not need to interact with files currently listed under the Info tabs.

- Future: the Future tab holds the list of Patients added into the Safety Net for contact in the future. For example, Joe cancelled an appointment today and the staff marked him for contact next week to follow up and reschedule. Joe would appear in the Future tab until his scheduled Next Contact date and on that date would automatically move into the appropriate Action Tab (in this case the cancelled tab). This list can grow very large (Patients could be marked for contact months into the future). Normally not reviewed or accessed by staff, however is left in view in case. NOTE: there is an option to not track Patients who leave without booking future Appointments in the System Settings, covered at the end of this manual.
- Inactive: Patients marked as 'inactive' (no longer coming into the clinic) through the Safety Net are put into this inactive heading. Not usually accessed by staff.
- Dropped: Patients dropped from the Safety Net – this means Patients who no longer need to be on the Safety Net for their specified reason – are put into this heading. This list will grow very long after time. Dropped Patients will appear back on the Safety Net if they meet some criteria for being put into the Safety Net.
- Do Not Call: some Patients prefer not to be contacted if they miss, cancel or leave without a future appointment. Patients designated as Do Not Recall in the Safety Net will be put into this heading. NOTE: Patients marked Do Not Recall in the Patient profile will not appear in this list.

NOTE: there is an option in the System Settings to *Ignore* the Patients Do Not Call designation if they cancel or miss an Appointment, covered at the end of the manual.

The Safety Net can be sorted for easier access to the specific Patients you need to contact.
There is a 'For Provider' drop down at the top of the Safety Net which filters the Safety Net by the Provider associated with the instance for the Patient being on the Safety Net. Example: A patient has Doctor A as their default provider, but misses an appointment with Doctor B. The Patient will appear on the Safety Net grouped with Doctor B.

To further aid in organizing the Safety Net, at the bottom of the window users can filter the Printed Report from the Safety Net by using the 'SELECT' check box in the far right column and selecting a specific Provider.

Previous Page:
Configuration and Usage

Next Page:
Clearing a Full Safety Net

Home > Modules > Safety Net > Clearing a Full Safety Net

Daily activities can quickly fill the Safety Net and if staff is not properly using the feature, it will quickly become unmanageable. Taking just a few minutes each day to work in the Safety Net can save hours of work later on to gain control of a cluttered Safety Net. Also, some clinics find after a database conversion, many present and former Patients end up in the Safety Net. This happens when the database scans on startup and finds these Patients don't have Future Appointments scheduled - right from Day 1, Atlas is helping your clinic!

There are two options for clinics in this scenario.

1. Staff can set aside some time to manually go through the Safety Net and take action on each Patient to clear. Further in this manual we will explain the options for action. Staff would have to schedule Patients for future follow up or drop them from the Safety Net one at a time.
2. Staff can drop Patients 'en masse' (as a group) under each specific Action Tab. At the bottom of the specific action tabs (not Summary tab) users will find the 'Select All' and 'Drop All' buttons. Users can select all of the Patients under that tab (or select specific Patients using the Select checkbox located in the right column) and Drop all of those Patients at once.

NOTE: Tabs can be further sorted 'By Provider' using the drop down menu in each tab.

Previous Page:
Overview

Next Page:
Adding Patients to the Safety Net

Home > Modules > Safety Net > Adding Patients to the Safety Net

The system offers a variety of methods to enter Patients into the Safety Net. Patients can be manually added to the Safety Net when their Appointments are marked as missed or cancelled and can be automatically added to the Safety Net for leaving without having a future Appointment scheduled. This automatic method requires no user intervention. Users can also manually add Patients for reasons established for specific purposes. Finally, when configured, Patients can be added when they have an Appointment that needs to be confirmed.

Previous Page:
Clearing a Full Safety Net

Next Page:
Adding Missed/Cancelled Appts

Home > Modules > Safety Net > Adding Patients to the Safety Net > Adding Missed/Cancelled Appts

For further information on Appointments, please refer to our User Manual. This section will assume basic understanding of the Atlas software, including creating and manipulating Patient Appointments.

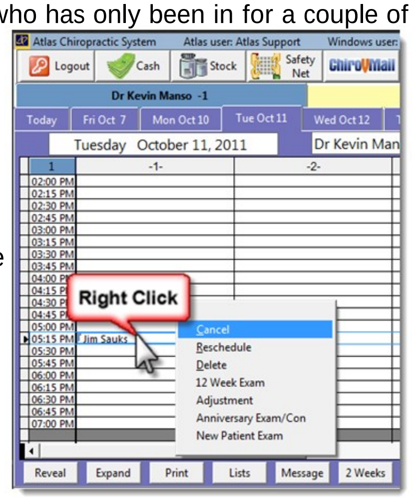
When a User (staff) right-clicks on a scheduled Appointment they are presented with a menu of options. At the top of those options they will see either 'Cancel' or 'Missed'. These two designations interchange dependent on the time of the scheduled Appointment and the time the User is right-clicking. If the Appointment time the User is working with has *passed*, the option will read 'Missed'. Alternately, if the Appointment time is in the *future*, the option will be 'Cancel'. Both options will put the Patient into the Safety Net, however they will display in the 'reason' section as 'missed' or 'cancelled' and will color code in the Appointment Ledger accordingly.

To demonstrate the process of adding a Patient to the Safety Net we will outline a specific scenario. The bullet points in the 'Scenario' will be referenced throughout this section of information.

Scenario:

(Situation) Jim calls the office and explains he has been called away for work and will not be able to make his appointment scheduled for tomorrow. He goes on to say, he will call when he returns from his trip to reschedule the appointment. Jim is a relatively new patient to the office who has only been in for a couple of Appointments.

- Jim is a relatively new Patient
- He does not have any future Appointments booked
- His recommended care is 3x per week for 6 weeks (initial phase)



(Action) The CA would find Jims appointment and right-click on the appointment to display the menu with the option to CANCEL. When Cancel is selected the Contact Manager window opens for input. The Contact Manager is the interface to the Safety Net - where Users enter the details about the interaction with the Patient communication and schedule further action as needed.

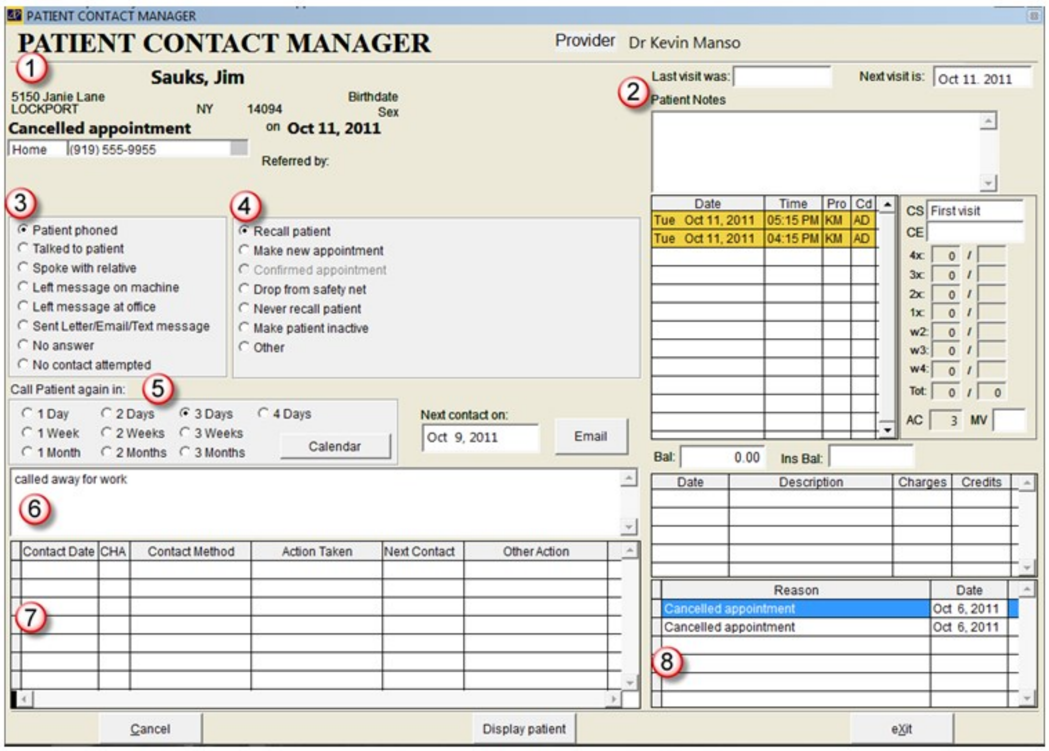
See next section for details on the Contact Manager.

Previous Page:
Adding Patients to the Safety Net

Next Page:
Contact Manager

Home > Modules > Safety Net > Adding Patients to the Safety Net > Contact Manager

This section is a tour of the Contact Manager. The Contact Manager is the first step to properly adding a Patient to the Safety Net. The settings and options checked in the Contact Manager will determine where the Patient goes in the Safety Net and how staff will access that Patient information in the future. This section will cover the areas of the Contact Manager in detail – however using the Contact Manager in your daily operations is very fast. There are three simple steps in the Contact Manager to ensure successful use of the Safety Net (they are highlighted in **bold** in the following descriptive area): Contact method, Action method and Call Patient Again In option.



1. Patient Information Area: contact information for Patient, may also include Patient Profile picture if attached to Patient.
2. General Information Area: contains Patient notes from Profile, Appointment Ledger, Care Details, Transaction Ledger and previous Safety Net details. This area is displayed for easy reference.
3. Contact Method: one of the methods of communication must be selected when adding a Patient to the Safety Net.
4. Action Method: user must select one of the methods from this box to properly include Patient on Safety Net
5.
    - Recall: if Patient needs to be recalled later in regards to this situation. If the user chooses to Recall they must also make a selection in the 'Call Patient again in:' box.
    - Make New Appt: to schedule a new appointment for the Patient.
    - Confirm Appointment: if reason to be on Safety Net is to confirm future appointment, check this to drop Patient from Safety Net after confirming (see Confirm Appointment section later in this manual).
    - Drop From Safety Net: if no contact is needed or reason is no longer valid, Patient can be simply dropped from the Safety Net. A User might select this option if Patient is usually good at keeping Appointments and has Future Appointments booked.
    - Never Recall Patient: if Patient should not appear on Safety Net in the future, Never Recall will stop them from appearing again and drop them for this instance. Ex: staff or family / friends
    - Make Patient Inactive: if the Patient has become inactive in the clinic
    - Other: various reasons not listed above. This will display a short text box to add details
6. Call Patient Again In: date or timeframe to determine when the Patient should appear on the Safety Net in the future for contact (see Continued Action section below).
7. Safety Net Notes: area for notes related to why Patient is being put into the Safety Net.
8. Previous Safety Net Activity: details of previous contact through Safety Net.
9. Safety Net Reasons: previous reasons Patient was listed on Safety Net.

One of the other options accessible in the Contact Manager is to Email patients. This gives the clinic an alternative to calling Patients. Emailing only works if the outgoing email settings are configured in Clinic Details (refer to the User Manual for more information). If you would like to email messages related to Patients missing or cancelling Appointments or leaving without scheduling Future Appointments refer to the section later in this manual covering TEMPLATES. A Template can be created to help create uniform communication in your office.

(Continued Action) Referring back to our Scenario and applying that information to Jim's Contact Manager, our CA checks off that the 'Patient Phoned' and adds the note about him being called to work and selects to

Recall the Patient in a few days. NOTE: Jim indicated that he would call to rebook when he returns from his trip, however the CA noted that he is a relatively new Patient and the CA wants to ensure proper follow up. As Jim doesn't yet have a history of regular attendance the CA opts for a reminder follow up. These selections would put Jim into the Safety Net under the FUTURE tab (see overview image). Remember, the FUTURE tab is like the Safety Net queue – holding Patients until the selected 'Recall' date and then moving them from the FUTURE tab into the yellow, ACTION tabs (in this case under the Cancelled tab and also included in the group under Summary). When the Safety Net is opened on the selected 'Recall' date, Jims name would appear and the staff would contact him and follow up.

To follow up on 'Action' cases; the User clicks on the Patient name which opens up the Contact Manager. The User can recap the situation (read the notes, check for scheduled Appointments, etc) and determine the best options for follow up. If Jim had not scheduled his Appointment, the User would call him to follow up. The call may go like this:

> CA: Hi Jim, just following up to see when you would be available to come in for your cancelled Appointment.
> JIM: Oh yeah, I forgot when I returned from my work trip - I have been so busy.
> CA: Remember the Doctor recommended regular treatment for a few weeks to begin your recovery.
> JIM: Certainly. Are there any available Appointments this afternoon?
> CA: Yes, the Doctor can see you at 2pm.
> JIM: Great! See you then.
>
> At this point, Jim sounds like he was 'forgetting' about his Care Commitment and this gentle reminder ensured he continues his care.
>
> In the Contact Manager, the CA would once again enter a few quick details:
> How they communicated with the Patient (Talked to Patient) and What they are doing with the Patient now (Make new Appointment). These actions would save the information to the Patient file and clear them from the Safety Net for this instance.

In another scenario, the Patient may be a regular wellness Patient who doesn't normally miss or cancel. One day they do Cancel an Appointment but have future appointments booked. The same process would apply (right-click on Appointment, choose Cancel and enter details into the Contact Manager) but instead of scheduling the Patient for a recall, the CA could simply DROP the Patient from the Safety Net. This creates a record of the Cancelled Appointment but since the Patient regularly comes into the office they probably don't need a follow up call.

Patients added to the Safety Net via this method (Cancelled or Missed Appointment) will stay on the Safety Net until manually removed.

Previous Page:
Adding Missed/Cancelled Appts

Next Page:
Patient Leaves without Future Appts

Home > Modules > Safety Net > Adding Patients to the Safety Net > Patient Leaves without Future Appts

Atlas can also 'catch' Patients in the Safety Net automatically. If the Patient leaves the clinic without booking a Future Appointment, Atlas will enter that into the Safety Net. Again, to demonstrate, we will use a short scenario.

Scenario 1 (without Atlas):
Jim has been coming regularly to his appointments in his initial phase of care (first six weeks). He is feeling much better but hasn't booked his second phase of care because of a changing work schedule. Also the CA or Doctor have not reminded him to book his future appointments. Jim leaves the clinic after his last scheduled Appointment and, since he feels better and nobody has asked him about scheduling more appointments, he assumes he is 'done' with care. Driving away he thinks, 'I will book another appointment if I start to feel bad again.'
Seven weeks later, the Doctor is in the local grocery store and runs into Jim and his family. Jim is walking slowly, slightly hunched and obviously in some pain. His wife explains shortly after his stopped going to the office his symptoms returned and worsened. Unfortunately, with Jims new (busy) work schedule, time

slipped away and he never booked follow up Appointments. If it wasn't for this chance meeting, Jim might not have gotten back into care.

Scenario 2 (with Atlas):
This scenario begins just like the previous one. Jim comes for regular care, feels better but doesn't book appointments for that important second phase of care. However, with Atlas, the CA notices at the end of the day that Jim has been caught in the Safety Net because he didn't book Future Appointments. She calls him the next day, explains the importance of maintaining his recovery and care and schedules him for two appointments the following week.
Seven weeks later the Doctor meets Jim and his family in the local grocery store. Jim is carrying and armful of groceries and tells the Doctor they are on their way to a family outing at the beach. Plus, Jim mentions to the Doctor that he has referred some friends to the clinic.

Atlas will also *automatically* drop the Patient from the Safety Net if they are put onto the Safety Net for having left without a future appointment AND they schedule one afterwards.

This is the only method by which a Patient will automatically come off the Safety Net.

In the System Settings there is an option to *Ignore* Patients who leave without booking Future Appointments. This feature was included in Atlas to aid clinics who either A) don't book Appointments or B) would not like to follow up on Patients not booking Future Appointments (Massage, etc).

Setup > Initial Setup > System Settings

In System Settings go under the CHAS/VTC tab and find the 'Ignore Left without Appointment' in the CHAS OPTIONS.

Previous Page:
Contact Manager

Next Page:
Appointment Confirmation

Home > Modules > Safety Net > Appointment Confirmation

The Atlas Safety Net can also be used to Confirm Patient Appointments. There are two main points to explain about the Confirmation Feature:

When a Patient is configured to have their Appointments Confirmed, each of their Future Appointments will be set for Reminders.

and

Confirmation Alerts do not 'pop-up' but instead are organized and displayed in the CONFIRMS tab of the Safety Net. Proper use of the Safety Net is required to utilize Confirmations.

Keeping those two focus points in mind, this section will explain the proper configuration and setup of the Confirm Feature.

To begin, select a Patient who wants to have Reminders sent for their Appointments.

Open the Patient profile by clicking EDIT. Near the bottom of the window you will find a checkbox labeled 'CONFIRM APPOINTMENT' - check this box to 'turn on' the feature for this specific Patient.

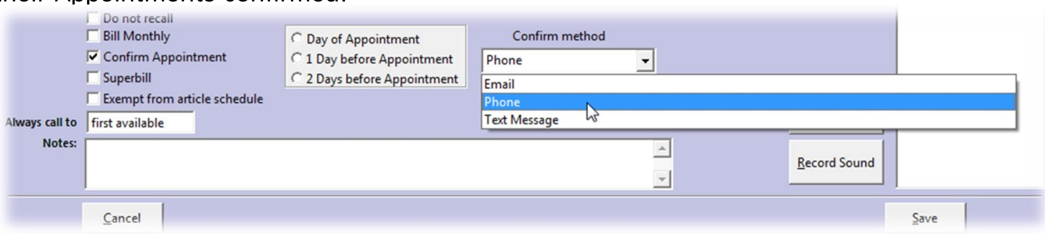
After selecting CONFIRM APPOINTMENT the user will be presented with configuration options.

- Day of Appointment: select this option to have the scheduled Appointments appear on the Safety Net the same day for which they are scheduled. User would have to open Safety Net before the shift to Confirm.
- 1 Day before Appointment: select this option to have the scheduled Appointments appear on the Safety Net 1 day before they are scheduled.
- 2 Days before Appointment: select this option to have the scheduled Appointments appear on the Safety Net 2 days before they are scheduled.

With each of the options Atlas will take into consideration 'days before' based on the selected NORMAL OPEN DAYS in the Clinic Details. To determine this setting go to:

Setup>Initial Setup>Clinic Details and review the selected check boxes listed.

The second option to configure is the CONFIRM METHOD. This option determines how the Patient will have their Appointments confirmed.



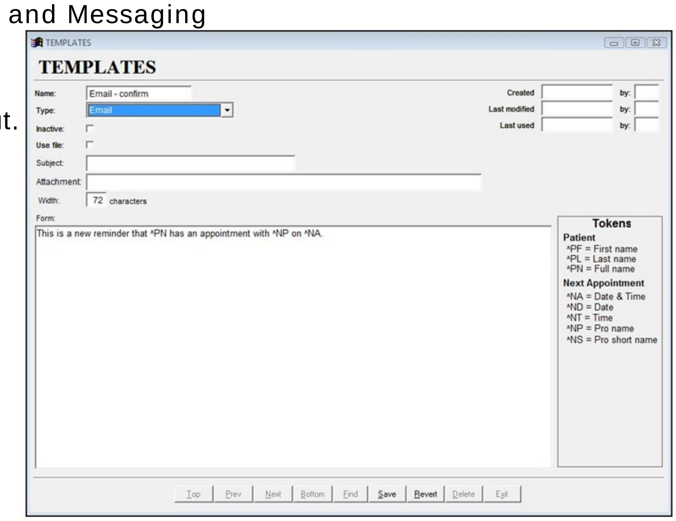
- Email: if outgoing email settings for the clinic are configured in Clinic Details (see above), Patients can have their Appointments confirmed via email. See next section to create a Template for Confirmation Emails. Using the email method, clinics have the option of confirming individual Appointments on specific days or conforming all Appointments (set for email confirm) with a single button.
- Phone: Patients set to confirm via phone will not be included in an outgoing email confirmation group. Instead they would have to be phoned, confirmed and manually removed from the Safety Net.
- Text Message: if text messaging is configured in Clinic Details (see above), Patients can have their Appointments confirmed via text message. See the next section to create a Template for Confirmation Text Messages.

Previous Page:
Patient Leaves without Future Appts

Next Page:
Templates

Home > Modules > Safety Net > Templates

Setup > Initial Setup > Templates > Email and Messaging



When creating templates, be sure to use Atlas Tokens to personalize each message being sent out. Tokens allow you to automatically insert a Patient Name, Appointment or Provider Name into each message.

To create an Email Template:

Atlas includes a default Template for Email Confirmations. Users can edit this template or remove it and create a new one. Be sure to verify the Template is selected to be used in the Safety Net settings, explained in this section.

- Name: descriptive Title for the template
- Type: template type - chosen from dropdown menu – determines what attributes will be available to configure in Template
- Inactive: check this box if the template is no longer being used
- Use File: allows you to use a specific file (Word document, etc) for template
- Subject: (displays for Email template) – subject line for Email
- Attachment: (displays for Email template) – shows files attached to email template To attach a file, click in the Text Box and navigate to desired file NOTE: only one file can be attached
- Width: maximum width (in characters) for template (72 is standard)
- Form: body of email / body of text in template: here is where the Tokens (on right) should be entered if needed. Each token will be replaced with the appropriate information when the template is used NOTE: The ^ (caret) symbol is located above the '6' on a standard keyboard

Be sure to click SAVE when complete.

Repeat the Process to create a Template for SMS (Text) Messaging, if required.

If you would like to have the option to send Patients an email if they miss or cancel an Appointment, create the Templates as outlined.

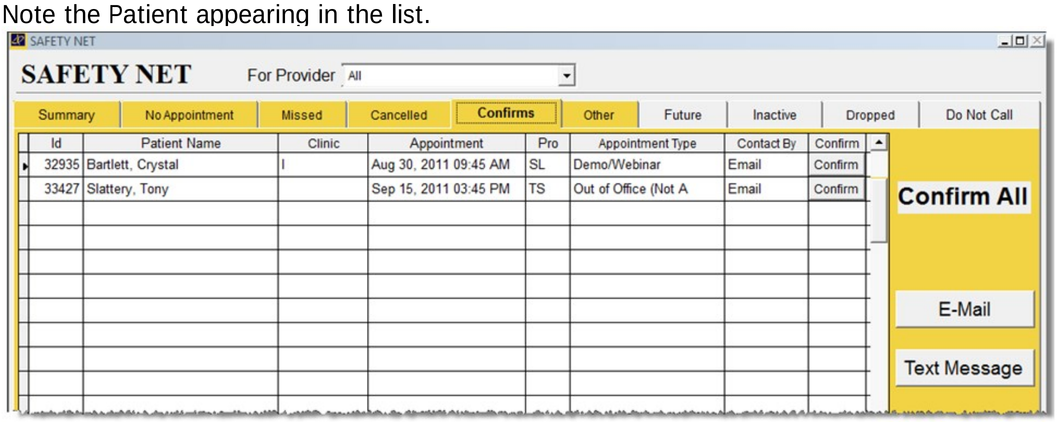
Be sure to verify the Templates you create are properly associated with the Safety Net

Setup > Initial Setup > System Information - under Safety Net Tab

Once your Templates are created, navigate to the Safety Net tab in System Settings to link the Templates. The Template linked in this screen will be the Template that is sent when a User clicks EMAIL from the Safety Net.

To Test Confirmations:
Select a test Patient and set them up for Confirm 1 Day Before their Appointment as outlined above.
Add an Appointment for that Patient on the next days schedule.
Open the Safety Net and click on the CONFIRM tab.

Note the Patient appearing in the list.



To confirm via email - either click on the EMAIL Button to the right of the list or the individual CONFIRM button on the Patient line.
The larger EMAIL Button will send email to all Patients in the list requiring Confirmation via email. Emailing will drop them off the Safety Net confirm list.
The individual CONFIRM button will send a Confirmation Email to the specific Patient and drop them from the confirmation list.

To confirm via phone - click on the Patient name and contact the Patient. Process the Contact Manager options accordingly (how you communicated, what happened - Appt Confirmed) - this will drop them off the Safety Net confirm list.

Previous Page:
Appointment Confirmation

Next Page:
Other Uses for Safety Net

Home > Modules > Safety Net > Other Uses for Safety Net

In addition to the built-in functionality of the Safety Net, clinics can setup specific reasons for putting people into the Safety Net. Many clinics use this feature to track Patients who owe money or borrow items from the office (reference books, equipment, etc).

Setup > Initial Setup > Safety Net Reasons

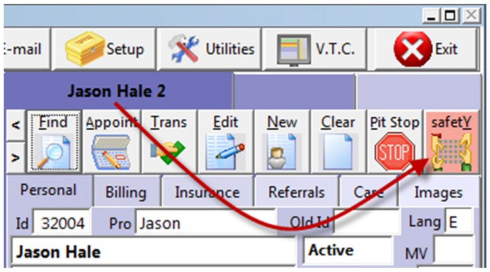
Add the Safety Net reasons in this window for use in the next section.

Previous Page:
Templates

Next Page:
Manually Adding to Safety Net

Home > Modules > Safety Net > Manually Adding to Safety Net

On the Patient profile screen you will find the SAFETY button.



Users can manually add Patients to the Safety Net for clinic specific reasons (see section above) or for other reasons if required. They can also interact directly with Patient files on the Safety Net.

When the Safety Net button on the Patient profile is highlighted in RED, it indicates the Patient has an active entry in the Safety Net. This gentle reminder is helpful if the Patient calls into the clinic to book a cancelled or missed Appointment - the CA can quickly determine the Patient is in the Safety Net. Users can also open the Patients Safety Net information directly and edit the entries.

Manual additions to the Safety Net using this method will appear under the OTHER tab.

NOTE: this button is also a short cut to the Patient Contact Manager - details are explained in the next section.

Previous Page:
Other Uses for Safety Net

Next Page:
Quick Access Button

Home > Modules > Safety Net > Quick Access Button

If a Patient is in the Safety Net their "Safety" button will highlight in red. Opening this button will display the quick entry box. Users can open this window and quickly access the Contact Manager entry for this Patient by clicking on the Date Added, Reason or Notes entries.

This feature is useful especially in a situation where the Patient has Cancelled an Appointment. For example: they cancel and appointment and call back to the clinic before the 'Next Contact Date' is reached. The user can open the Safety button and directly access the Contact Manager to take action on that Safety Net entry. This saves the user time (navigating through the entire Safety Net to find one Patient).

Previous Page:
Manually Adding to Safety Net

Next Page:
SMS / Texting Reminders

Home > Modules > SMS / Texting Reminders

To download the SMS Reminder Manual click HERE

Atlas Systems SMS Appointment Reminder feature is available for clinics to effectively communicate with their Patients. There are a few easy steps to complete in order to implement the feature.

NOTE: SMS is available in Atlas Chiropractic Systems software version 3.79.15 and later. To use the SMS feature you must have updated to at least this version, have an active SMS plan with Atlas and have sufficient text credits in your account.

Outline Steps to Setup:

1. Purchase the monthly SMS feature and a texting credit plan
2. Setup Atlas with your account details
3. Start sending SMS confirmations to your Patients

Sign Up for the SMS Feature:

Navigate to our online Order Site in your Internet Browser:

http://atlaschirosys.com/orders

OR

From within Atlas, you can click F1 on your keyboard and select the option "Atlas Store" to go directly to the online order system.

Log into the Order Site using the credentials sent to you during your Initial Setup.

Typically your log in information is the Providers email address supplied to us during your setup and the Password is your Main Office Phone Number.

NOTE: if these credentials do not work, contact our Support Department via phone (1-866-762-8527) or email (support@atlaschirosys.com) for assistance.

Once in the Order Site, navigate to the PRODUCTS page and click on the SMS FEATURE link.

The SMS Feature includes a monthly service access fee. Once selected and added to your cart, you will need to purchase Text Credits in order to send text messages to your patients. By ordering SMS package, you agree to Atlas billing your account monthly.

After selecting to ADD the SMS Feature to your Cart, the screen will prompt to order a Text Credit Package.

Current rates for Text Message Packages are (prices subject to change):

1000 Texts for	**-**	**$50.00**	**($0.05 per text)**
3000 Texts for	**-**	**$120.00**	**($0.04 per text)**
5000 Texts for	**-**	**$145.00**	**($0.029 per text)**

All online orders, completed through our Order Site, will be billed to the account information Atlas has on file. If something has changed, please contact Atlas Sales prior to ordering.

New SMS accounts may take 1-2 business days to verify and create.

After the new account is verified and created you will receive an email confirmation with your Package Code and further details.

Previous Page:
Quick Access Button

Next Page:
Setup In Atlas

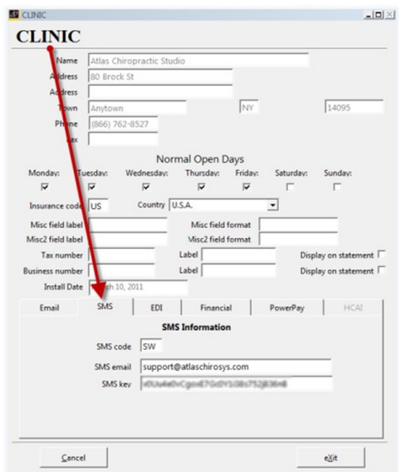
Home > Modules > SMS / Texting Reminders > Setup In Atlas

After receiving the confirmation email from the SIGN UP process you will need to enter details into Atlas to engage the new SMS Feature and link to your Text Package.

Setup > Initial Setup > Clinic Details

In Clinic Details click on the SMS Tab.

1. Enter Code SW into the SMS Code box
2. Enter your SMS Email as indicated in your Confirmation Email
3. Enter the SMS Key as indicated in your Confirmation Email We recommend Copy/Paste to enter the SMS Key to ensure accuracy
4. Click EXIT when done



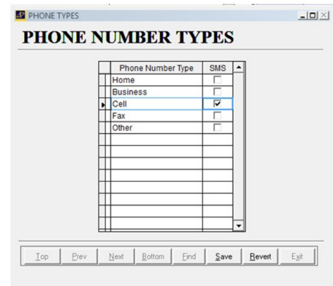
The next step to setting up Atlas to use SMS Appointment Reminders is to set a Phone Type to trigger the SMS. This ensures that when you are entering the Patient Phone Numbers and configuring the Patient to Confirm, Atlas will know which Phone Number to send the SMS to.

Finally, the last step in setting up Atlas for SMS Messaging is to configure your template that will be sent to Patients. Templates allow users to customize the message that is sent and to personalize the messages.

Setup > Initial Setup > Phone Number Types

In Phone Number Types select ONE type to trigger SMS.
Click EDIT to open the checkboxes and SAVE when completed.

EXIT this window.



Setup > Templates > Email and Messaging

In the Templates window use the Top, Prev, Next and Bottom buttons (located along the bottom of the window) to navigate through templates and find the SMS Confirm template. The NAME field (upper left corner) will indicate which template you are currently viewing.

To make any changes to the existing template, click the EDIT button along the bottom row.

Users can use the tokens listed in the right margin to customize the template message.

Previous Page:
SMS / Texting Reminders

Next Page:
Setup Patient for Confirmation

Home > Modules > SMS / Texting Reminders > Setup Patient for Confirmation

Patient Appointment Confirmation is covered, in detail, in the Safety Net manual available on our Atlas+ Support Site. Please refer to the manual for additional information. The following section will outline the setup and usage of the SMS feature on a Patient file, and will assume the user is familiar with navigating the Atlas System Safety Net.

There are two main points to explain about the Confirmation Feature:

When a Patient is configured to have their Appointments Confirmed, each of their Future Appointments will be set for Reminders.

and

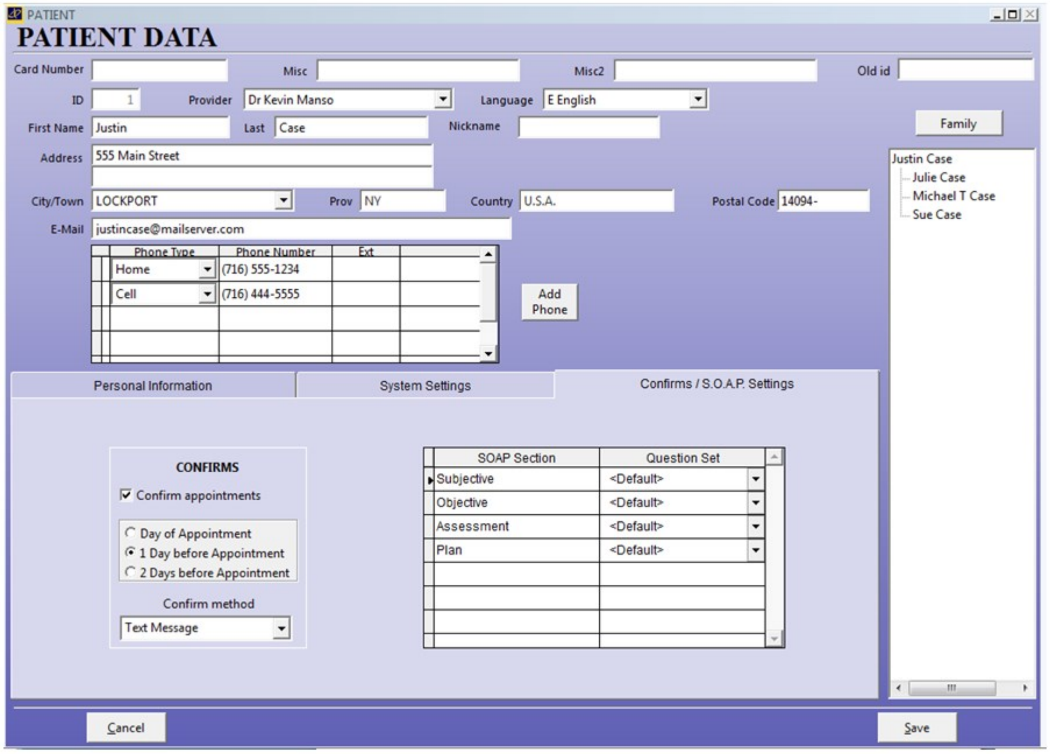
Confirmation Alerts do not 'pop-up' or send automatically, but instead are organized and displayed in the CONFIRMS tab of the Safety Net. Proper use of the Safety Net is required to utilize Confirmations.

To begin, select a Patient who wants to have Reminders sent for their Appointments.

Open the Patient profile by clicking EDIT.

Click into the Confirms / SOAP tab.

You will find a checkbox labeled 'CONFIRM APPOINTMENT' - check this box to 'turn on' the feature for this specific Patient



After selecting CONFIRM APPOINTMENT the user will be presented with configuration options.

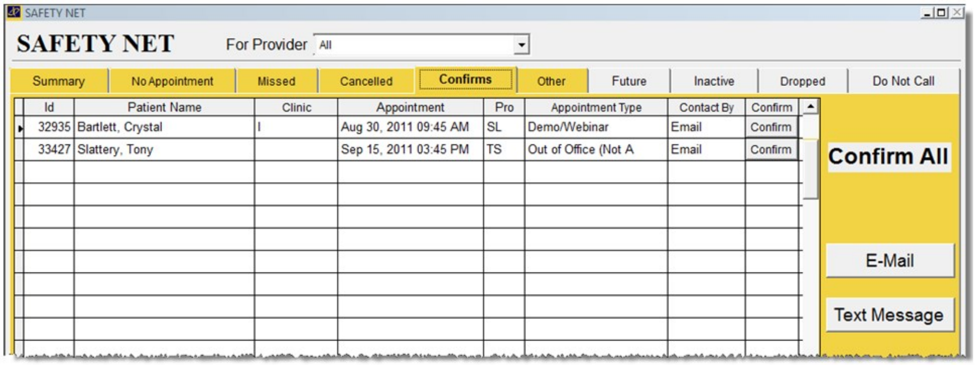
- Day of Appointment: select this option to have the scheduled Appointments appear on the Safety Net the same day for which they are scheduled. User would have to open Safety Net before the shift to Confirm.
- 1 Day before Appointment: select this option to have the scheduled Appointments appear on the Safety Net 1 day before they are scheduled.
- 2 Days before Appointment: select this option to have the scheduled Appointments appear on the Safety Net 2 days before they are scheduled.

With each of the options Atlas will take into consideration 'days before' based on the selected NORMAL OPEN DAYS in the Clinic Details.

Next select the Confirm method 'Text Messaging' from the drop-down menu.

To Test Confirmations:
Select a test Patient and set them up for Confirm 1 Day Before their Appointment as outlined above.
Add an Appointment for that Patient on the next day schedule.
Open the Safety Net and click on the CONFIRM tab.

Note the Patient appearing in the list.



The user can CONFIRM Patients by clicking the individual line CONFIRM button which will send SMS to the specific Patient or by clicking the large TEXT MESSAGING button which will send SMS to each of the Patients on the Confirm list.

Previous Page:
Setup In Atlas

Next Page:
Send Individual SMS

Home > Modules > SMS / Texting Reminders > Send Individual SMS

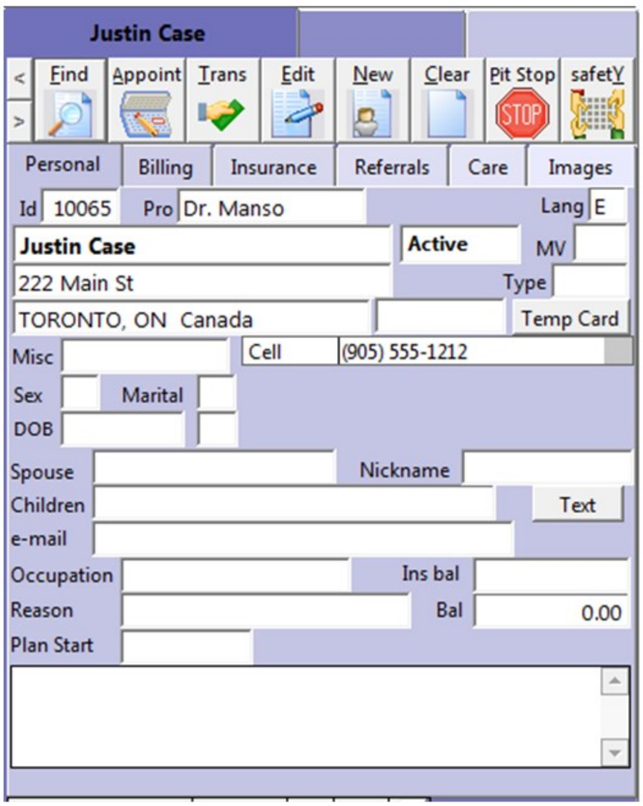
Users can send an individual SMS to any Patient configured with an SMS phone type.

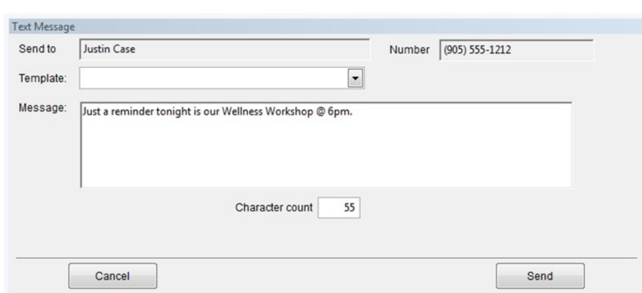
On the Patient Personal tab, click on the TEXT button. The button is located beneath the Nickname text box.

After opening the Text button, simply type in your SMS message.

NOTE: SMS messages are limited to 140 characters. There is a count box on the window to help users calculate this limit.

After entering your message, click Send to send the message.





Previous Page:
Setup Patient for Confirmation

Next Page:
Continued Usage/Refills

Home > Modules > SMS / Texting Reminders > Continued Usage/Refills

Running Low on Texts/Running Out of Texts:

When your texting package reaches the low-level, you will receive an email reminder.

To refill, navigate back to the Online Order site (http://orders.atlaschirosys.net) and select a refill package. You do not have to order the same amount each time.

NOTE: auto-refill is not an option at this time.

If you run out of texts, Atlas will alert you with a message if you attempt to send an SMS without proper credits.

Your monthly billing will not stop when you exhaust your SMS credits. To cancel the feature, please contact Atlas Support or Sales

Replies from Patients:

Replies from Patients will go back to the email address entered into Clinic Details.

NOTE: End users cannot respond to the Patient reply email. These emails are routed through a third party email server and replies will not be directed back to the Patient.

Previous Page:
Send Individual SMS

Next Page:
Calling Feature (Video/Audio)

Home > Modules > Calling Feature (Video/Audio)

The Calling System in Atlas is designed to help direct and control the Patient Flow in Chiropractic Offices. Large and small offices can benefit from the proper implementation of the Calling Feature.

When Patients sign into the System, they will be automatically directed to the open Adjusting Table or another location, based on rules and criteria established by each clinic. These rules could include ‘holding’ a Patient from the Calling Queue for a specific reason, a Special Appointment is required and more. The Calling System also allows instant control over the open Tables to allow ‘on-the-fly’ configuration.

The Calling Feature is programmed using your Staff’s voice (someone from your office will record each Patient name and Table Location) adding a sense of personality and personalization to your System. Proper use of Calling will also allow more personal interaction between Staff and Patients, as the Front Desk will no longer have to worry about ‘who is next’. Patients will also benefit from calling – instead of spending their waiting time watching for ‘their turn’ – now they can read a message board, check the latest Chiropractic Journal articles or watch a video presentation in your waiting area and simply ‘listen’ for their Adjustment.

This guide serves to help clinics new to Calling, to properly configure the first time settings. It also will instruct clinics currently using Calling to properly maintain the system and to understand the advanced functions of the feature.

Previous Page:
Continued Usage/Refills

Next Page:
Equipment

Home > Modules > Calling Feature (Video/Audio) > Equipment

The Calling Feature requires some basic computer hardware to setup, maintain and function. This equipment includes:

1. Microphone: a microphone will be used to record Patient names. A member of the clinic Staff will need to record each Patient name into the database. Although this sounds like a daunting task, it is relatively quick and easy to accomplish – even on large databases.

   Most mid-price microphones from a Computer supply or department store will work. The recordings are generally short and as such, ambient noise during the recording is usually not an issue.

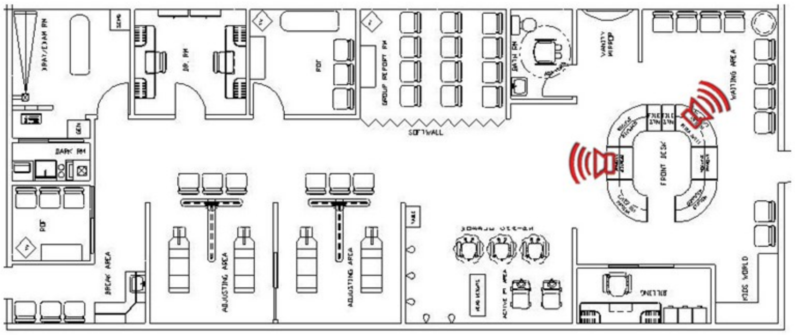
   Microphones are available in standard audio jack or USB plug format – either option will work for this purpose.

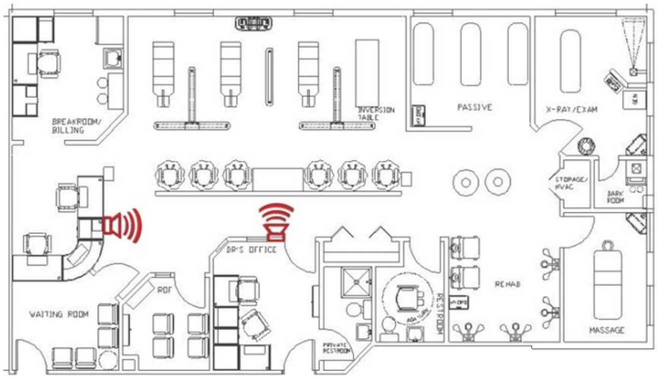
2. Speakers: your speaker system requirements will depend on your office layout and calling needs.
   Smaller clinics can use basic PC speakers, centrally located to their Waiting and Adjusting Areas, while larger clinics may have to implement a more complete office solution.

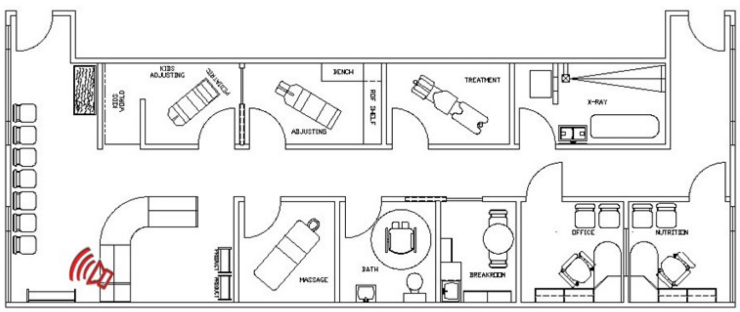
Remember to take a few criteria into consideration when selecting a speaker system:

- Size of your Waiting Area
- Maximum number of Patients in your Waiting Area at peak time
- Other sound sources in the Waiting Area: Patient conversation, background music, video, etc
- Distance from your Waiting Area to an Adjusting Area
- Obstacles between the Speakers and the Waiting Area: hallways, walls, doors, obstructions, etc

The speaker system and layout you choose should be able to easily be heard by Patients in the Waiting and Front Desk area. The following are some examples of optimal placements for speakers.







The above images are included only as example and are not implied to reflect an exact setup at any specific clinic. Consult a computer or Sound technician for proper configuration at your clinic.

Previous Page:
Calling Feature (Video/Audio)

Next Page:
Recording Names / Rooms

Home > Modules > Calling Feature (Video/Audio) > Recording Names / Rooms

The second step to properly configuring your Calling System is to record your Patient names and Rooms. Atlas will play your Patients' name along with the sound associated for the available Room.

For example, your Patient name is Mary. You have recorded 'Please proceed to Table One' for the sound file associated with Table One. Mary arrives at the clinic and signs-in at the Front Desk. When Table One is available, Mary will hear
'Mary…Please proceed to Table One'.

Be creative with Room sounds – use different phrases for each table. Remember, this message needs to be easily heard over the noise of your Waiting Area. One clinic in Texas uses the phrase 'Git 'er done, at Table One' – catchy and fun.

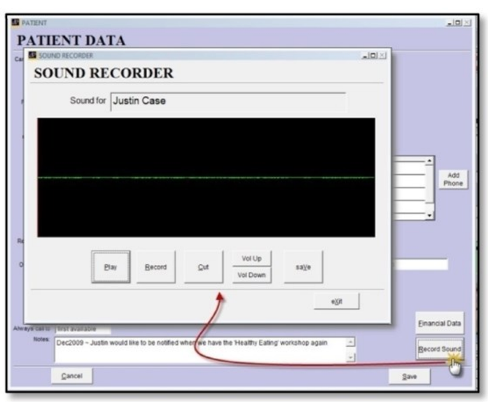
To Record Patient Name:

NOTE: to properly Record, you must have a Microphone and Speakers configured on te computer you will be working with, the Microphone to actually record and the Speakers to listen to what you have recorded. These do not have to be the speakers you will be using for the actual Calling.

Recording can only be done when the Calling Feature is TURNED OFF.

If the Record Screen closes when you try to record, check that the ASSIGN MODULE is shut off. Check the SETUP ASSIGN section near the end of this manual for more details.

1. Open the Patient File: click FIND and select your Patient from the search menu
2. Open the Edit File: click EDIT when the Patient file is open
3. Open the RECORD screen: in the Patient EDIT file, click the Record button located in the lower, right corner of the screen
4. Click RECORD: the recording session will begin. Speak your Patient name into the Microphone. Atlas will record input from the Microphone for approximately 4 seconds and automatically stop. Once the recording is complete, you will see a green WAVE line on the screen.



5. Check your Recording: to verify your recording, click the PLAY button and listen to the file playback.

You can use the Vol Up and Vol Down buttons to adjust Volume levels
NOTE: be sure not to adjust Volume levels to drastically up or down – very quiet or very loud recordings should be re-recorded once you have made changes to your Microphone setup.
You can also CUT (clip) a section of the Sound File – select the portion you would like to Cut by left clicking where you would like to start and dragging your mouse to the end. This will highlight the selected area in white. Then click CUT to remove that section. This is helpful to eliminate dead-space in short recordings. Be careful not to Cut (clip) too much of the file.

6. Save the File: once you are satisfied with the recorded name, click SAVE and Exit the screen

The quickest way to record Patient names is to select the day you would like to start using the Calling Feature. Begin recording Patient names on that Day Schedule. This will help ensure you are recording active Patients' and you are working to eliminate the most interruptions on that day. Work through your schedule from that day forward; remember you only have to record a Patients' name once. However, each Patient will have to have their own name recorded.

Take Privacy Laws and Patient Confidentiality into consideration when recording. Many clinics opt to record only First Names and Last Initials; some use only First Names. If a Patient prefers to be called by a short name or a nickname, consider using that instead.

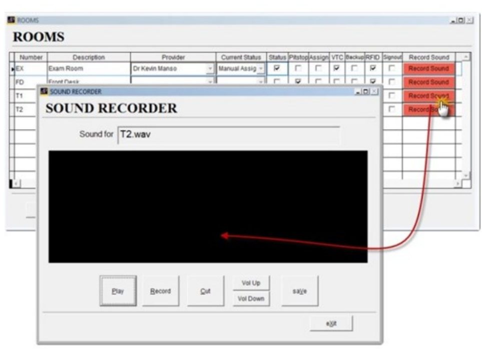
To Record Room Sounds:

NOTE: to properly Record, you must have a Microphone and Speakers configured on the computer you will be working with. The Microphone to actually record and the Speakers to listen to what you have recorded. These do not have to be the speakers you will be using for the actual Calling.

Recording can only be done when the Calling Feature is TURNED OFF.

If the Record Screen closes when you try to record, check that the ASSIGN MODULE is shut off. Check the
SETUP ASSIGN section near the end of this manual for more details.

1. Navigate to the Room Setup Screen: the setup screen is located:
   Setup > Initial Setup > Rooms



2. Click the Record Sound button: this will open the Sound Recorder window
3. Refer: refer to steps 4, 5 and 6 in the Patient Record directions above

NOTE: Be sure to SAVE before you Exit the Sound Recorder

The Record Sound button will turn green when a sound is recorded for each room.

It is not necessary to record Room Sounds for Rooms or Computers Patients will not be called to – i.e. Front Desk, Sign In, Server, etc.

Check Room 'Current Status':

NOTE: while you are recording the Room sounds, check the Current Status of each Room to ensure Patients are directed to the appropriate Rooms (Tables). Also check the option box 'Status' to be able to view and manipulate the Room Status from the CHA and VTC screens.

Select the Current Status by clicking the EDIT button and choosing from the drop down list.

Each Room (Table) a Patient can be called to, must be configured with a Provider

The Provider selected will be used to automatically log into the VTC The Provider can be changed 'on the fly' at the VTC if necessary

Status Options:

- Available: selected Room is open – Patients can be automatically assigned to this Room
- Assigned: Room has a Patient already Assigned to it – this is a System option and should not be selected by users
- In Use: Room has a Patient Signed In to it – this is a System option and should not be selected by users.
- Not Available: selected Room will not have Patients assigned to it – use this for Front Desk computers, Exam Rooms (unless you need Patients auto assigned there), Servers or Adjusting Tables where you don't want Patients auto assigned.
- Reserved: locks the selected Room (Table) from automatic Calling. Reserved Rooms are available for Patients to sign-in to, but Patients will not be assigned to this Room.

  (see Managing Calling section).

- Manual Assign: selected Room is available but will not have Patients automatically assigned – the CA can manually assign a Patient to this Room and the System will Call that Patient.

Previous Page:
Equipment

Next Page:
Configure System Settings

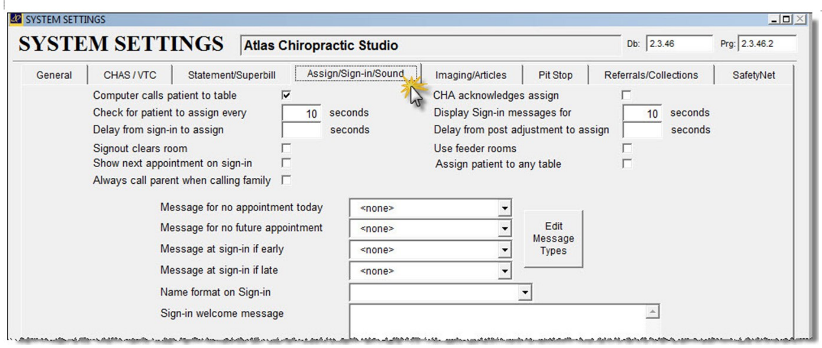
Home > Modules > Calling Feature (Video/Audio) > Configure System Settings

The next step to implementing the Calling Feature of Atlas Software is the proper conf guration of the System Settings. This includes 'turning on' Calling, setting up Families for proper calling and appointing the Control Computer.

First, we will open the System Information window and turn on Calling.

Setup > Initial Setup > System Settings

Once inside the System Settings window, navigate to the Assign/Sign-In/Sound tab.



- Computer calls Patient to Table: this is the Master Switch to turn on or off the Calling Module. Click the box to put a check and enable Calling.
- CHA acknowledges Assign: this option will require the Front Desk to approve (by mouse click) each Patient assignment before it will actually call.
- Check for Patient to Assign Every: option configured in seconds – sets the timed cycle for the software to check the list of available Patients to call to tables. Atlas recommends 10 seconds, which is a good balance between speed and network strain. A lower setting will increase the strain on the database and possibly the network.
- Display Sign-In Messages For: sets the time interval (in seconds) to display Pitstop Messages on the Sign In screen for Patients. Other Patients can Sign In when messages are displayed, however it will then immediately remove the previous message.
- Delay from Sign-In to Assign: sets the time interval (in seconds) from when a Patient Signs In at the Front Desk to when that Patient is Assigned to an available room. This option is designed to

allow Patients to move from the Sign In area to the Waiting Area. An example would be a delay to allow Patients time to remove and hang coats before being called.

- Delay from Post Adjustment to Assign: sets the time interval (in seconds) from when a Provider Posts and Adjustment at the table to when the next Patient is called to that table. This option allows time for Patients in at the table to gather belongings, leave the adjusting area, etc before the next Patient arrives in that area.
  When this option is set, the VTC will display for the selected time before clearing to the Sign In.
- Signout Clears the Room: this option is used in conjunction with a feeder-room system where the Patient card/fob must be swiped again to clear the room and allow calling.
- Use Feeder Rooms: this option turns on the system for use in a feeder room setup.
- Show Next Appointment on Sign-In: this option can be set exclusive of the Calling Feature to display a Patients next Appointment when they Sign-In at the Front Desk.
- Assign Patient to Any Table: this option is used in multiple Provider offices to allow Patients to be called (assigned) to any available Providers table. By default (option unchecked), Patients will only be assigned to their Default Provider tables.
- Always Call Parent when Calling Family: linked Families can be assigned to the same table. This option will use the Parent name when directing the Family to a table. By default, the first Family member to sign-in at the Front will be the Patient called – directing the entire Family to the table. This option will be enforced even if the Parent does not Sign-In. We would recommend recording the ‘Parent’ name as a Family name when using this option.
  Ex: instead of recording ‘Mary’ as the Parent, record ‘Smith Family’

After setting these options, it may be necessary to restart the Main Application and the Assign Module.

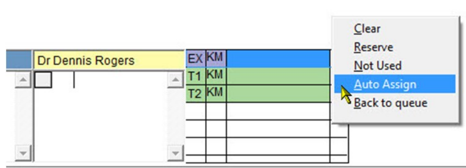
Previous Page:
Recording Names / Rooms

Next Page:
Managing the Room

Home > Modules > Calling Feature (Video/Audio) > Managing the Room

When using the Calling Module, there are options to control the Calling Flow from the CHA Screen. The current Room (Table) status is located along the bottom of the CHA screen. This area reflects a list chosen in the Rooms Setup screen (refer to the heading ‘Check Room Current Status’ in the Recording Names / Recording Rooms section). This is also available on the VTC screen, located in the lower right corner.

NOTE: on the VTC, a Provider can only see the Rooms (Tables) they are currently logged in to by default.



In the above example, there are three Rooms configured for Patient Calling. The color coding is designed to help identify the Current Room Status at a glance.

- Purple: MANUAL ASSIGN (noted above for the EX Room)
- Green: AVAILABLE (noted above for T1 and T2)
- Dark Grey: NOT USED
- White: RESERVED

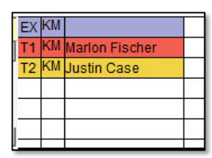
NOTE: the Room Code is located in the left side box. Our image above shows the EX (Exam Room), T1 and T2 (Table 1 and 2). The initials next to each Room Code represent the Provider currently logged in at that Table.

To change the Room Status, Right Click on the empty cell adjacent to the Provider initials. In the popup menu select the new status or action.

- Clear: Removes the Patient name in that Room. Use this for Patients who were not Posted properly by the Provider.
- Reserve: puts the Room in Reserve mode (see details in previous section)
- Not Used: puts the Room in Not Used mode (see details in previous section)
- Auto Assign: this option is available if the Room is currently set to Manual Assign – this opens the Room to automatic assignment. Available Patients will be assigned to this Room.
- Manual Assign: this option is available if the Room is currently set to Auto Assign – this closes the Room to automatic assignment. Available Patients will not be assigned to this Room.
- Back to Que: sends the Patient assigned or signed in to this Room back to the Queue (waiting list)

  The next Patient in line will be called to that Room.

When a Patient has been 'assigned' to a specific Room using Calling, the Patient name will disappear from the Queue and appear in the Room Status box highlighted in YELLOW. Once the Patient Signs-In at the Table (using their card or keychain fob) the highlight will change from Yellow to RED.



This will help the Front Desk know, at a glance, who is in a Room and who should be going to a Room.

Previous Page:
Configure System Settings

Next Page:
Managing the Patient Que

Home > Modules > Calling Feature (Video/Audio) > Managing the Patient Que

As Patients arrive into the office and Sign-In, their names will move off of the Daily Schedule and into the appropriate Queue (Waiting List). The number located to the left of the Patient name indicates how long the Patient has been in the Que. If you do not see this number (it may be replaced with a letter code or just be blank) the Patient is on HOLD. The options outlined in this section and in the section 'Configure Calling Rules'
will help users manage Patients in the Que.

There are a few options available to help staff manage the Que. Refer to the 'Configure Calling Rules' section for details on the automated management features available (hold, special directs, etc)

- Patients can be moved within the Queue (up or down) by left clicking on the white box located to the left of the Patient name. A double-ended arrow will appear allowing you to drag the name up or down in the Que. The Calling System looks to the Patient at the top of the Queue when calling.
- Users can also right click on a Patient in the Queue and 'Hold' that Patient from Calling. This will stop Atlas from assigning the Patient to a Room. You will notice the number near the Patient name will disappear using this option.
- Left click on Patients who are on 'Hold' and select RELEASE. This will put a number next to the Patients' name indicating how long the specific Patient has been in the Que. Released Patients will then be available for Calling based on their position in the Que.
- Users can also benefit by the feature to left click on a Patients' name in the Queue to open that Patient
Profile. This will help staff quickly access Patient Information if necessary.

Managing the Patient Que (VTC Screen):

Some of the same options available from the CHA Screen are available on the Providers in the VTC Screen. The Patient Queue is not visible from the VTC by default. However, the Room Status is indicated in the lower, right corner of the screen. This displays all of the Rooms the Provider is currently logged into: who is assigned to the Room and who is Signed-In to the Room.

Providers can press F10 on their keyboards to access their own Queue of Patients. The Patients in the Queue can be moved up or down, however the Provider does not have the ability to Remove or Hold a Patient in this Queue from the VTC. This Queue can then be hidden by pressing F10 again.

The options available in the Room Status area include:

- Right clicking on a Room to change the Current Status
- Right clicking on a Patient name in the Room Status to send that Patient Back to Queue (an option also available once the Patient signs-in at the Table using the Touchpad button) or choosing to Clear a Patient name
- Left clicking directly on a Patient Name to load the Patient VTC Profile – this is useful if a Patient doesn't sign-in with their card/fob and eliminates the need to manually search the Patient

The VTC Room Status also shows which Patient has been assigned to a Room (highlighted in Yellow) and which
Patients have signed-in to a Room (highlighted in Red), just like in the CHA Screen.

Previous Page:
Managing the Room

Next Page:
Configure / Start the Assign Module

Home > Modules > Calling Feature (Video/Audio) > Configure / Start the Assign Module

The Assign Module controls the Calling Feature. It is a small application, included with Atlas, which needs to run on the computer designated as the 'Calling Computer'. The Calling Computer is the one with the speakers attached. Refer to the section on Equipment for more details on setting up speakers.

To properly configure and launch the Assign Module:

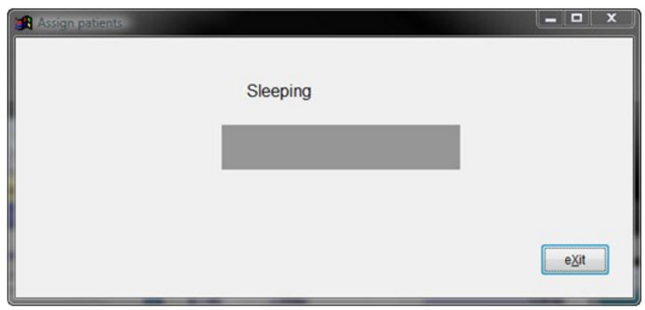
1. Create Shortcut: create the shortcut onto the user Desktop for quick access to launch the application.

   - Open the computer Network
   - navigate to the main Atlas database computer
   - open the ACS folder
   - find the file assign.exe
   - right click on the file and choose the option to 'Send to Desktop…Create Shortcut' : this will create the shortcut automatically for you on your local desktop

2. Launch to Start Calling: double click on the application shortcut to launch and start the Calling System.

The application alerts 'Sleeping' until it actually scans for or is assigning a Patient – this is normal.

Users may also see a green 'sound' file in this box.



To properly CLOSE the Assign Module, click on the EXIT

button. Assign must be properly closed each day to ensure proper functioning of the Atlas software.

Previous Page:
Managing the Patient Que

Next Page:
Testing the Calling Feature

Home > Modules > Calling Feature (Video/Audio) > Testing the Calling Feature

The final step in setting up and configuring the Calling Module, is testing.

1. Start Atlas at the Front Desk – be sure your Rooms are Available for Calling
2. Ensure the 'Calling Computer' is turned on and the speakers are working
3. Start the Assign Module on the Calling Computer
4. Choose a test Patient – be sure you have recorded a sound for that Patient
5. Sign the Patient into the System – note if the Patient is 'on hold' for any reason
6. Listen for Calling – take into consideration any delays you programmed
   You should hear the Patient name and Room over the speakers

You should also see the Patient name move from the Queue to the specified Room (highlighted in Yellow)

7. If this doesn't work, refer to this manual for assistance

Previous Page:
Configure / Start the Assign Module

Next Page:
Configuring Calling Rules

Home > Modules > Calling Feature (Video/Audio) > Configuring Calling Rules

It is possible to assign 'Rules' to certain situations that occur during Patient Sign-In, to help the software direct the Calling System. This includes putting specific Patients on 'hold', directing specific Patients to a specific Table or Room and taking manual operation of the Calling System.

Holding Patients:

Holding a Patient from the Calling Queue, stops that Patient from being automatically directed to an available

Table. 'Holds' can be done manually by the Front Desk staff or pre-configured.

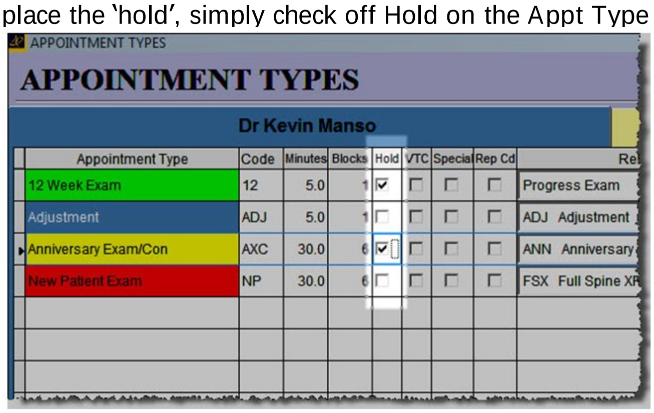
- Manually Holding Patients: the easiest way to Hold a Patient is manually.

  Once the Patient has 'arrived' into the System, their name will appear in the Provider Queue. Right-click on the Patient name in the queue and choose HOLD. Notice the number beside the Patient name changes to a code or blank. This indicates the Patient is on HOLD. To Release this HOLD, right click on the Patient name again and choose RELEASE. Notice a number reappear.
  NOTE: The number indicates how many minutes the Patient has been in the queue.

- Appointment Types: Patients can be placed on Hold because of their specific Appointment Type for that day. Ex: Patient arrives for an XRay and shouldn't be automatically directed to the Adjusting Table.

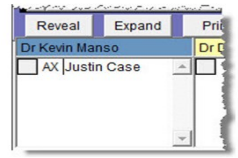
Setup > Initial Setup > Appointment Types

In the Appointment Type configuration screen, we are going to focus on the HOLD checkbox. To place the 'hold', simply check off Hold on the Appt Type screen.



Appointment Type	Code	Minutes	Blocks	Hold	VTC	Special	Rep Cd	Re
12 Week Exam	12	5.0	1	☑	☐	☐	☐	Progress Exam
Adjustment	ADJ	5.0	1	☐	☐	☐	☐	ADJ Adjustment
Anniversary Exam/Con	AXC	30.0	6	☑	☐	☐	☐	ANN Anniversary
New Patient Exam	NP	30.0	6	☐	☐	☐	☐	FSX Full Spine XR

When a Patient Signs-In for a '12 Week Exam' Appointment (in the above example image) they will not be called to a Room. Instead, they will appear in the Queue, with the code '12' next to their name. This will indicate they are 'on hold' for their '12 Week Exam' appointment. The same scenario will apply to the 'Anniversary Exam/Con' appointment; except now the Patient would appear in the Queue with the code 'AX' (the Queue can only accommodate the first two characters of the Appointment code).

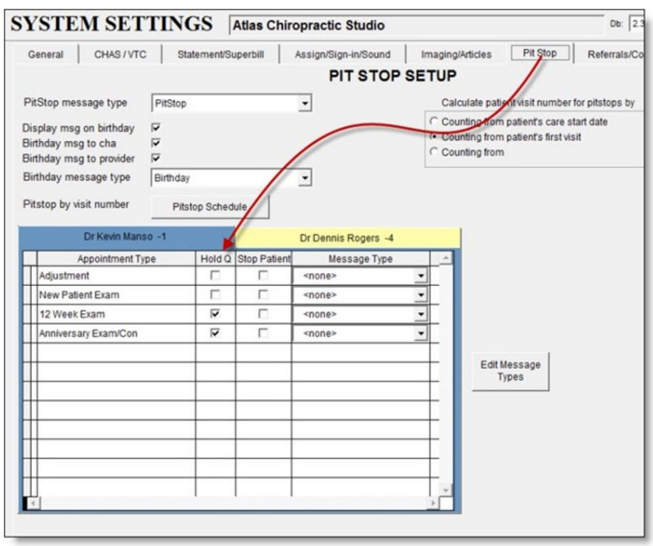


This method of 'holding' will carry over to the System Settings screen.

Setup > Initial Setup > System Settings

In the System Settings window, open the Pitstop Tab to access a similar Appointment Type setup box. Notice the column labeled 'Hold Q' and how it corresponds to the column 'Hold' from the Appointment Types screen. Changes made to either screen will sync in both places.

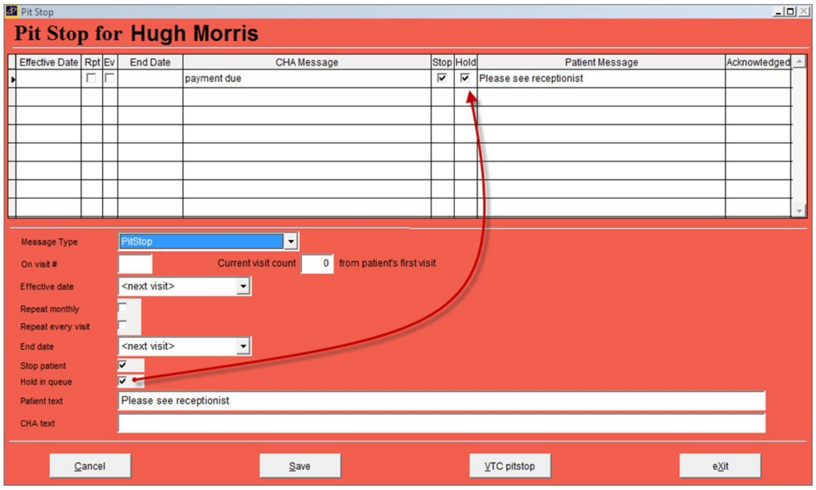
It is very important to ensure that changes you make are correct, as they will affect other areas of the software.



- Pitstops: Patients can also be placed 'on hold' when they receive specific Pitstop messages. This can be when they receive Personal Pitstop messages or when they automatically receive a Pitstop based on the System Configuration. We will quickly review the Pitstop option in this section; focusing on how to

  setup the Pitstop to 'hold'; however, to understand Pitstops, refer to the Atlas User Manual.

  To create a Personal Pitstop, open the specific Patient file and click on the PITSTOP button. When setting up the Pitstop message click the option 'Hold In Queue'. This parameter will reflect in the Pitstop schedule with a check in the cell 'Hold'.

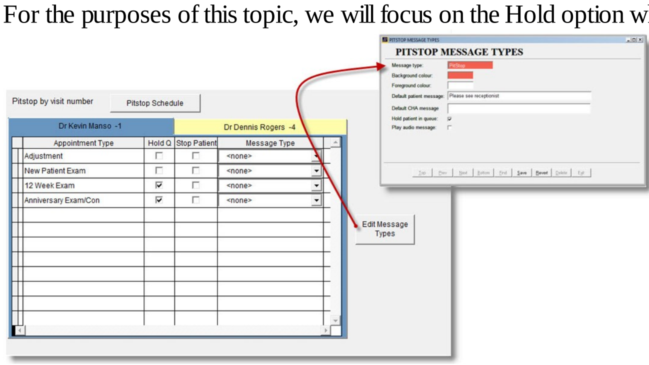


To link a Pitstop Message to an Appointment Type (ex: to alert a Patient they have a specific Appointment when they sign-in) navigate to the System Settings window.

Setup> Initial Setup > System Setting

Under the Pitstop Tab, access the Appointment Type setup box (as we did the the previous topic). However, this time, click on the Edit Message Types button to Add or Edit Pitstop Messages and configure the 'hold' option for each.

These Pistop Message Types (Templates) can be applied to certain situations; such as Appointments, Patients who arrive Early or Late or without an Appointment at all (walk-ins). To learn how to configure and apply these Pitstop Messages, refer to the Pitstop section of the Atlas User Manual.
For the purposes of this topic, we will focus on the Hold option when configuring the Message Type.



For example, a Message Type is created to alert a Patient when they sign-in without having an Appointment scheduled (walk-in). This Message Type is configured to HOLD the Patient from Calling. This benefits the Front Desk by ensuring that Patients with Appointments stay on schedule and that 'walk-in' Patients are not negatively affecting the office flow. These 'walk-in' Patients can then be 'released' into the Calling Queue as required.

> NOTE: any HOLD placed on a situation takes precedence over any option to NOT HOLD. This means that if the Appointment Type is not configured to HOLD a Patient, but the associated Pitstop Message Type is configured to HOLD a Patient – the Patient will not be called until released.

The third Pitstop option is to schedule Pitstops by Visit Count. This option can be accessed by navigating to the Pitstop Schedule using the button located above the Appointment Type setup box in System Settings (the same screen can also be accessed through Setup > Pitstop Schedule from the CHA screen). Choose the option 'Hold' when configuring a Pitstop per Visit.

NOTE: If you associate a Pitstop Message, configured to Hold, with a Pitstop by Visit that is not configured to Hold – the Hold option takes precedence. More details on properly configuring and using Pitstops can be found in the complete Atlas Chiropractic User Manual.

Releasing Hold Status for Patients:

When a Patient arrives into the clinic – their name moves from the Appointment Matrix into the appropriate Provider queue. Beside the name is a number indicating how long (in minutes) the Patient has been in the queue. If there is a HOLD condition on the Patient for any reason, this number is not displayed. The number area is replaced with an Appointment Code or a blank space. This indication is the only way to know if a Patient is on HOLD.

To release this HOLD condition, Right-Click on the Patient Name in the queue and choose the option RELEASE. This will replace the Appointment Code or blank spot with a number (indicating

how long the Patient has been in the queue) and set that Patient to be Called as available.

Previous Page:
Testing the Calling Feature

Next Page:
Automatically Assign Patient to Specific Table

Home > Modules > Calling Feature (Video/Audio) > Automatically Assign Patient to Specific Table

Automatically Assign to Specific Table:

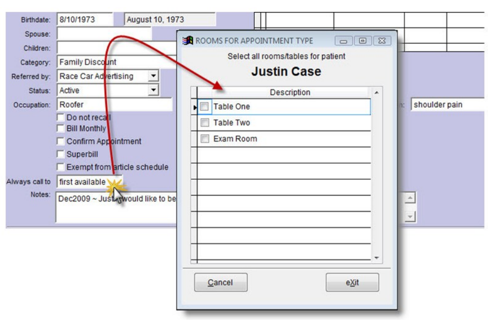
The Atlas Software also has two options for automatically assigning Patients to a specific Table or Room. This will help direct Patients with special requests or specific Appointment Types to Tables, enabling a smooth flow in the office.

- Patient Specific: to configure a specific Patient to a specific Table or Room on each visit, access that Patients' profile. Notice the option near the lower, left corner 'Always Call To:' – click on that to open the selection window.

Click on the desired Table (Room) from the menu – only one Table or Room can be selected for a Patient. This option will be effective each time the Patient signs-in:

NOTE: The Patient will be called to the selected Table based on availability. The Patient may be called after other Patients (out of order) if the Table (Room) is not available.

- Appointment Type: to configure Atlas to direct Patients to a specific Table (Room) when they arrive for a specific Appointment Type, navigate into the Appointment Type setup.



In the Appointment Types screen click on 'First Available' under the Call To: column. Choose the desired Table (Room) to have Atlas automatically direct Patients to when they Sign-In for the specified Appointment.

NOTE: The Patient will be called to the selected Table based on availability. The Patient may be called after other Patients (out of order) if the Table (Room) is not available.

Previous Page:
Configuring Calling Rules

Next Page:
Manual Assign Prompts

Home > Modules > Calling Feature (Video/Audio) > Manual Assign Prompts

Atlas will prompt a User for verification to Manually Assign Patients if the Patient or the Table (Room) does not have a sound recorded.

For example, Patient Julie Case has not been into the office lately. Staff has not recorded her name into the software. Julie stops in one day without an Appointment. There is no 'hold' configured for walk-in Patients at this office. She Signs-In and Atlas attempts to direct her to the available Table One. Since Julie has no sound recorded, Atlas cannot process the Calling. It will prompt to Manually Assign Julie...

There are a few steps required to properly configure this feature.

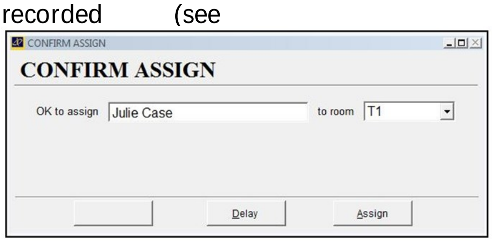
1. Designate a Computer to receive the Manual Prompt Window: in the Rooms setup screen (Setup > Initial Setup > Rooms) designate only one Room (Computer) to be ASSIGN. This designation means the chosen Computer (usually Front Desk) will receive the prompt to Manually Assign Patients without sound recorded (see


Image).
The Confirm Assign window will appear on the 'Assign' Computer only when Manually Assignment is required.
2. The Room (Computer) marked as 'Assign' can be different (and usually is) from the Computer actually doing the Calling (the one

with the speakers connected)

3. When the Confirm Assign prompt appears, the CA can choose to:

   DELAY: this does not assign the Patient to a Room, instead it leaves the Patient in the Queue and will prompt again.
   ASSIGN: choose the correct Room to direct the Patient to (use the drop down menu) and click Assign to 'send' that Patient to that Room.

   NOTE: when using Manual Assign, no sound will be heard – the Patient will have to be directed to the Room by Staff. However, Atlas will indicate which Room the Patient was directed to the Room Status area on the CHA screen and VTC.

Previous Page:
Automatically Assign Patient to Specific Table

Next Page:
Troubleshooting

Home > Modules > Calling Feature (Video/Audio) > Troubleshooting

Issue	Check
No Sound – Patients are NOT appearing in the Room Status area in yellow	• Check if ASSIGN is running – restart Assign • Check if Patient(s) are on Hold – release holds • Check if Rooms are Available – make Available • Check if there is a Prompt on the PC designated for Manual Assign – acknowledge the Prompt • Check if Calling Module is turned on in System Settings – check box to turn on
No Sound – Patients ARE appearing in the Room Status area in yellow indicates Calling is working – Patients are being assigned – sound is the issue	• Check connection between speakers and PC designated to perform Calling • Check volume levels on Calling PC • Check speakers are turned on
Patients being called out of order	• Check Hold status of Patients in queue • Check specific Calling Rules for Patients and Tables (call to specific table option) • Check Patients haven't been manually shifted in queue

Previous Page:
Manual Assign Prompts

Next Page:
PitStop Patient Messaging

Home > Modules > PitStop Patient Messaging

The Pitstop System is a complete Patient Messaging system that helps your staff by reminding Patients of specific Appointments, monthly Payments and more. Properly configured PitStops can help control Patient flow in the office; by notifying the Front Desk when a Patient arrives to early or late or when a Patient arrives without having an Appointment scheduled at all (walk-in). The PitStop system can remind Patients when they have Payments due or if they are scheduled for a Special Appointment today. When your staff can effectively use the PitStop system, they can dedicate more time to taking care of the clinic and less time 'remembering' to stop Patients when they arrive.

Previous Page:
Troubleshooting

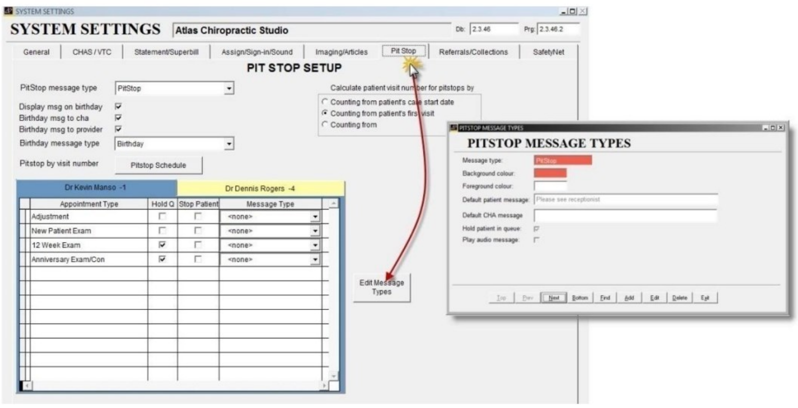
Next Page:
Message Types (Add / Edit)

Home > Modules > PitStop Patient Messaging > Message Types (Add / Edit)

PitStop Message Types allow Atlas users to pre-configure templates that can be quickly accessed to create PitStops on Patient files or can be pre-configured to trigger when certain events occur in the system. The Message Types function reduces the amount of time spent on creating PitStops and creates a uniform response to system events. Some PitStops can only be used in conjunction with a Message Type template.
To create the Message Types:

Setup > Initial Setup > System Settings

Under the PITSTOP tab, click the EDIT MESSAGE TYPES button to access the area for adding or editing Message Types.



To ADD a new Message Type, click the ADD button in the bottom navigation bar. Additionally, users can EDIT existing Messages by using the EDIT button. To view the current Message options, use the TOP, PREV, NEXT and BOTTOM buttons to move through the available Messages.
To ADD:

- Message Type: short description of Message that displays in the drop down menu when selecting a Message Type – limited to 8 characters.
- Background Color: color of background block that displays on Sign-In screen to Patient.
- Font Color: color of Font (text) that displays on Sign-In screen to Patient.
- Default Patient Message: text entered here will display to the Patient on the Sign-In screen. Be cautious of the information entered here, remembering privacy and courtesy in your text.
- Default CHA Message: text entered here will display to the CA (Front Desk) as delegated in the ROOMS setup. This text should tell Staff why or what Message a Patient received but also be as brief as possible.
- Hold Patient In Queue: when using the Calling Module in Atlas, PitStops can trigger a Patient to be 'held' from the Calling. This is effective for Patients triggered for 'Payment' PitStops, special Appointments and more. In our example, this is also effective to ensure Patients who arrive too early, will not be called 'out-of-order' and disrupt office flow.
- Play Audio Message: if equipment is properly configured (speakers hooked up, microphone in place, etc) an AUDIO message or alert can be programmed to notify the Patient a PitStop message has been received.
- To Record an Audio Message, check off the Play Audio Message box to display the RECORD SOUND button. Click the button to open the Recording window. In the Recording window, click RECORD and speak your Message into the microphone. For example, 'Please see the Front Desk for an important Message'. Click SAVE when complete. Test your speakers at the Sign In computer.

The Atlas software includes a generic Pitstop message template (used as the Default) along with a preprogrammed Referral Pitstop (thanking a Patient for referring anther and alerting the CA to this fact) and a Birthday Pitstop (which will recognize the Patient if they arrive into the clinic on their birthdate). These message templates can be reviewed and edited by using the navigation menu at the bottom of the Pitstop Message Type box.

The following sections will refer back to this PitStop Message Type setup tutorial when explaining how to configure System and Appointment Type PitStops.

Previous Page:
PitStop Patient Messaging

Next Page:
Types of Pitstops

Home > Modules > PitStop Patient Messaging > Types of Pitstops

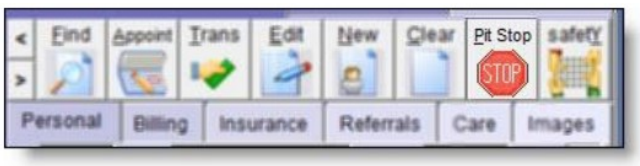
There are three main types of PitStop Messages. Each one achieves the same result – that is alerting the Front Desk and/or Patient with a specific message – but each one performs that duty in different ways. Some PitStops are triggered automatically in the system – program them and they trigger when a specific event occurs (a Patient arrives for a Re-Exam, as an example). Other types of PitStop messages can be configured 'on the fly' (personal reminders). And still others can be configured to notify the Provider, at the VTC, about something specific. The next sections will describe each PitStop Type.

Previous Page:
Message Types (Add / Edit)

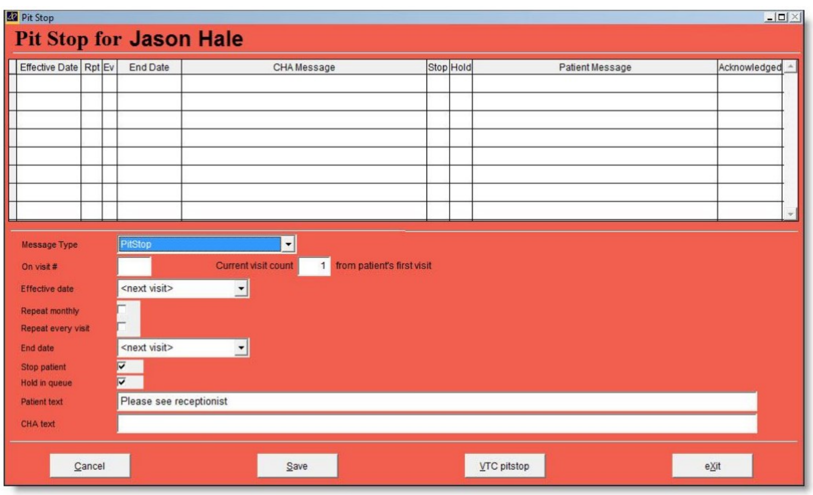
Next Page:
Personal

Home > Modules > PitStop Patient Messaging > Types of Pitstops > Personal

Personal PitStops are designed to message a specific Patient about a specific event – such as a recurring Payment is due. These PitStops can be configured 'on the fly' – you can schedule one months in advance or just a few minutes before it should trigger.
To access and configure Personal PitStops, open the Patient file you would like to work with. Refer to the Patient section of the User Manual for details on the Patient Search. Two basic methods to open a Patient file are to click on the Patient name in the Appointment Matrix or to use the FIND button to search your Patient database.



The Personal PitStop button is located in the upper right corner of Atlas, see the image.



The Personal PitStop screen is organized into two main sections: the upper portion displays PitStops already programmed on the Patient account and the lower section is for creating new PitStops. There is also a third portion, accessible by clicking on a programmed PitStop, for editing or deleting PitStops.
To begin programming a Personal PitStop, click on the ADD button located in the bottom navigation area. Notice in our image, the ADD button has already been clicked since it now shows the PitStop creation options.
Options and Settings:

- **Message Type:** predefined templates used to quickly setup PitStop Messages. These templates can be configured in the System Settings screen (see System PitStop Type section for more details).
- **On Visit #:** personal PitStops can be configured to trigger on a Patient's specific visit count – enter the visit number in this box making note of the Patient's current visit count (next box) and where that number is counting from (patient's first visit or care start date).
  NOTE: the option for counting from Patient's first visit or Care Start date is setup in the System Settings screen (see System PitStop Type section for more details).
- **Effective Date:** personal PitStops can be configured to trigger on a specific date by clicking in this box and selecting the date from the calendar. You can also schedule a personal Pitstop to trigger the 'next visit' (or next time the Patient arrives in the clinic). This is an effective option for Patients who don't have an appointment scheduled or for messages that need to be displayed whenever the

Patient arrives next, into the clinic.

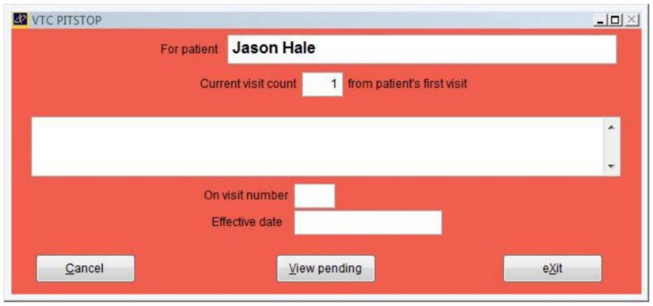
- **Repeat Monthly:** when a specific date is selected, the user has the option to repeat the PitStop each month on the selected date. This option is useful for reminding a Patient their monthly Payment is due.
- **Repeat Every Visit:** this check option will repeat the PitStop every time a Patient arrives in the system.
- **End Date:** if the 'Repeat Monthly' option is selected, the End Date needs to be set to effectively stop the PitStop from triggering.
- **Stop Patient:** if this box is checked the 'Patient Text' box will be visible and editable. The Patient Text will display to the Patient on the Sign-In screen. This message will alert the Patient of a PitStop with your programmed text. By default it directs the Patient to 'Please see Receptionist'. This can be overwritten in the Message Type or when programming the PitStop.
  NOTE: take consideration of the text that is displayed at the Sign-In screen. While you want to give the Patient details about the PitStop message, in certain situations it is better just to direct them to the Front Desk (for privacy concerns).
- **Hold in Queue:** if you are using the Calling Feature in Atlas, you can 'hold' a Patient from being called to a table using this checkbox. This is useful if the PitStop is a Payment reminder (stopping the Patient from potentially getting adjusted and walking out the door without making the Payment), special Visit Reminder (so the Patient can fill out paperwork or be directed to a specific area) and more.
  NOTE: any 'hold' on the Patient will take precedence in the System.
- **Patient Text:** when the 'Stop Patient' option is checked, the Patient Text box is visible. Text entered into this box will be displayed on the Sign -In screen when the Patient arrives. Consider the text that is entered in here for security and personal information. This text can be pre-programmed with different PitStop Message Types or can be overwritten 'on-the-fly'.
- **CHA Text:** this is the text that will be displayed to the CA (Front Desk) when the PitStop is triggered.
  NOTE: the CHA Text is the most important part of the PitStop – it is the reminder for the staff as to why the Patient is receiving the PitStop message. Take consideration to be precise with this text, yet brief to ensure any staff viewing the CHA Text can understand it without taking up lots of space on the screen. The CHA Text will display in the PitStop window on each computer configured to receive PitStops.
  See the 'Display on CHAS' section for more details.

Be sure to SAVE the PitStop when configured.

To Edit or Delete a Personal PitStop:
Configured PitStop messages (that haven't triggered yet) will be displayed in the upper section grid. It will show the effective date (or blank for 'next visit' PitStops), the CHA text and Patient text and the Stop or Hold status. To EDIT or DELETE one of the messages, click on the CHA Message text area. In the box that opens, EDIT the details as necessary or click DELETE to remove the PitStop.

VTC PitStop Option:
Personal PitStops can also be configured to display on the VTC when a Patient signs into a VTC computer (adjusting table).

VTC PitStops DO NOT display text to the Front Desk (CA) or to the Patient.
VTC PitStops only display their message to the Provider, at their discretion, at the VTC computer.



Verify the correct Patient is active in the 'For Patient' field.
Choose when to trigger the PitStop message :

- On a specific Visit Count number
- On a specific Date or the Patients next visit (by clicking in the Effective Date box and choosing on the calendar)

Once the criteria are set – enter your message text in the large box and EXIT to Save.

Use the VIEW PENDING button to view previously created VTC PitStops.

To Edit or Delete a VTC PitStop:
Configured VTC PitStop messages will not be readily displayed in the PitStop window. To access them, click on the VTC PitStop button and then click the VIEW PENDING button. The new window will allow you to edit existing PitStop messages or delete them.

This will only work for messages that HAVE NOT been triggered yet.

Previous Page:
Types of Pitstops

Next Page:
System

Home > Modules > PitStop Patient Messaging > Types of Pitstops > System

System PitStops help with Patient flow in the office and help by alerting Staff and Providers to specific events when a Patient Signs-In. The System PitStops are configured in the system setup and triggered automatically when a specific event or criteria happens. Some examples of System PitStops are when a Patient arrives early or late for their Appointment or arrives to the clinic on their birthday.
Most of the configuration of System PitStops will occur in the System Settings window.

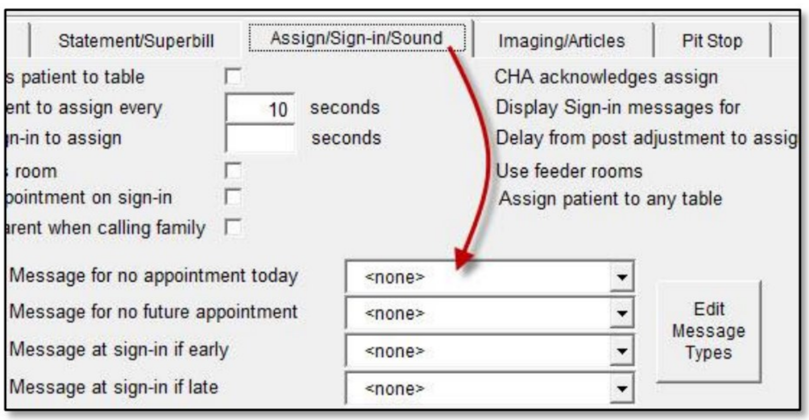
Setup > Initial Setup > System Settings

View the System PitStop options under the PITSTOP tab.

Late or Early Arrival for Appointment: Patients arriving too early or too late for their scheduled Appointments can disrupt Patient flow in your office. Using PitStop Messages to alert those Patients (and more importantly, alert your staff) is an effective way to ensure proper flow.

1. The first step to configuring the Late/Early PitStops is to determine within what timeframe a Patient should be considered 'late or early'. For our example here, we will use 30 minutes for each – 30 minutes before an Appointment is too early and 30 minutes after a scheduled Appointment is too late.
   Our PitStops will trigger for that criteria.
   - Navigate in the System Settings window to the 'GENERAL' tab to setup the timeframes.
   - In the GENERAL tab, note the option boxes for 'Patient is Considered Late (and Early)': these text boxes accept an entry in minutes. For our example, enter 30 minutes to each.

1. The second step is to properly configure the 'early' and/or 'late' PitStop Message Types. Refer back to the first topic in this section to learn how to access and modify the Messages.
   Remember to create a Patient Text considerate of the privacy of the arriving Patient. The usual best option is to display 'Please see the Front Desk for a Message' is always a safe option. However, the important component is the CHA text (Front Desk) which should reflect why the Patient is coming to see the Front Desk (Pat early) or (Pat late).
2. After configuring a PitStop Message Type for 'early' and 'late', navigate back to the 'ASSIGN/SIGNIN/SOUND' tab to associate the Message with the event.
3. Note the 'Message at Sign In If Late (and Early)' drop down boxes. Select the correct Message Type for each event.



EXIT the System Settings screen when completed.

It may be necessary to restart the 'Sign-In' module for the settings to take effect.
Once this option is properly configured, a Patient who signs in before or after their scheduled Appointment (based on the set time criteria) will be triggered with this PitStop.

THESE PITSTOPS DO NOT HAVE TO BE CONFIGURED FOR THE SOFTWARE TO OPERATE
THEY ARE OPTIONAL SETTINGS IN ATLAS

No Future Appointment Scheduled: Patients who do not have future appointments scheduled can also be triggered for a PitStop message. This will help alert the Front Desk to these Patients and ensure they continue care in the clinic. The software can be configured to show the Patient their next Appointment on sign-in, however the default configuration would not include a message to the Front Desk – this is where the PitStop would be important.
Follow the steps above for configuring the 'Late/Early' messages, creating a Message Type for 'No Fut App' and applying it to the 'Message for no future appointment' option box.

THESE PITSTOPS DO NOT HAVE TO BE CONFIGURED FOR THE SOFTWARE TO OPERATE
THEY ARE OPTIONAL SETTINGS IN ATLAS

No Appointment Today: Patients who do not have an Appointment scheduled for today (walk-in) can also be triggered for a PitStop message.
Follow the steps above for configuring the 'Late/Early' messages, creating a Message Type for 'No App

Today' and applying it to the 'Message for no appointment today' option box.

THESE PITSTOPS DO NOT HAVE TO BE CONFIGURED FOR THE SOFTWARE TO OPERATE
THEY ARE OPTIONAL SETTINGS IN ATLAS

Previous Page:
Personal

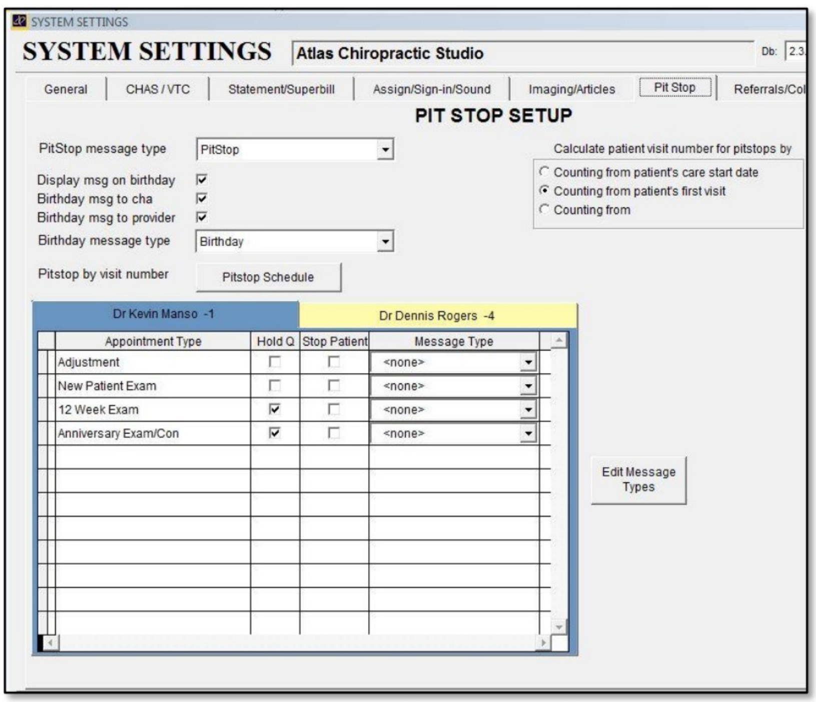
Next Page:
Appointment

Home > Modules > PitStop Patient Messaging > Types of Pitstops > Appointment

PitStops can also be triggered to occur when a Patient arrives in the clinic for a specific Appointment (re-exam, consultation, x-rays, etc). This allows for additional notification to the Patient and/or the Front Desk staff that a specific, 'special' Appointment is scheduled. When this option is configured in conjunction with a Default Care Schedule, it can also trigger Patients who are not regularly scheduling Appointments but are instead 'walking in' to the clinic, unscheduled. The benefit being, these types of Patients can be ensured regular re exams and continued care.

Setup > Initial Setup > System Settings

In the System Settings, click the PITSTOP tab to access the Appointment Type PitStop options.



Each Provider in Atlas can have uniquely configured Appointment PitStop messages. As such, if you configure a message for 'Re-Exam', you must associate that message with each Provider as needed.

> **To Configure and Associate:** First you must create the Message Type (Template) for use when the PitStop is triggered.
> Click on the Message Type button and configure as outlined in the section 'PitStop Message Types'.
> Once the Message Type is configured use the drop down menu to select the Message for each Appointment Type.
> It is recommended NOT to create PitStops for each Appointment Type – but to reserve it for only 'special' Appointments.

The system must be restarted before configured Appointment Type PitStops will trigger.
The Appointment Type PitStops will automatically trigger when the Patient arrives for a scheduled Appointment.

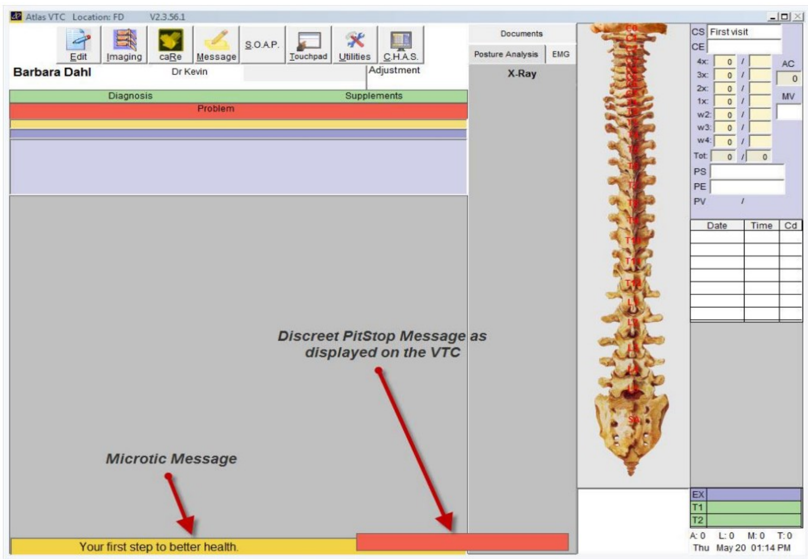
Previous Page:
System

Next Page:
VTC Pitstops

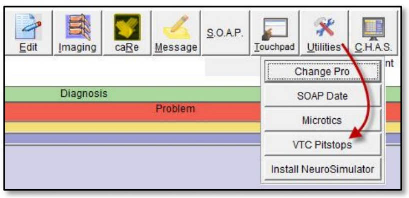
Home > Modules > PitStop Patient Messaging > VTC Pitstops

Providers can also be alerted by PitStops directly in the VTC (Virtual Travel Card). These messages can be configured from within the VTC or from the CHAS.
Appointment Type PitStops and the System PitStops (early, late, walk-in, etc) are not available to view on th e VTC, however, Personal PitStops and specific VTC PitStops (configured by the Provider) are available. This extends flexibility to the Provider to schedule specific messages related to Patient Care, Patient Education and more; in addition to allowing the Front Desk to alert the Provider with specific information.

VTC PitStops appear in a discreet red bar along the bottom of the VTC screen until the Provider clicks on them to reveal. This allows sensitive information to be passed to the Provider, if needed.



From the CA Screen:
VTC Pitstops can be configured by the Front Desk following the procedure outlined above for creating Personal
PitStops on individual Patient files. After entering the Personal PitStop window, click on the VTC PitStop
button located along the bottom menu.
From the VTC Screen:
To access the configuration screen for PitStops directly from the VTC click on the UTILITIES button located
along the top menu.
Once in the VTC Pitstop option window, refer to the explanation outlined in the previous section of this
Manual titled 'Personal'.



VTC PitStops appear the same as Provider Messages however have some important differences. PitStops can be pre-configured (scheduled) and can be programmed to a specific Patient file.

To Acknowledge:
When a PitStop is received in the VTC the Provider has two options to acknowledge the message.
First, they could click on the red bar with the mouse cursor. This would open the message for viewing. Then the Provider could left click on the viewed message to remove it from the screen.
Second, they could use the MSG TO DR button located along the top row of the Touchpad. This option would replace the mouse click. The Provider could then press the MSG TO DR button again to remove the viewed PitStop from the screen.
VTC PitStops cannot be saved after being viewed, unlike general Front Desk PitStops.

Previous Page:
Appointment

Next Page:
Display Configuration

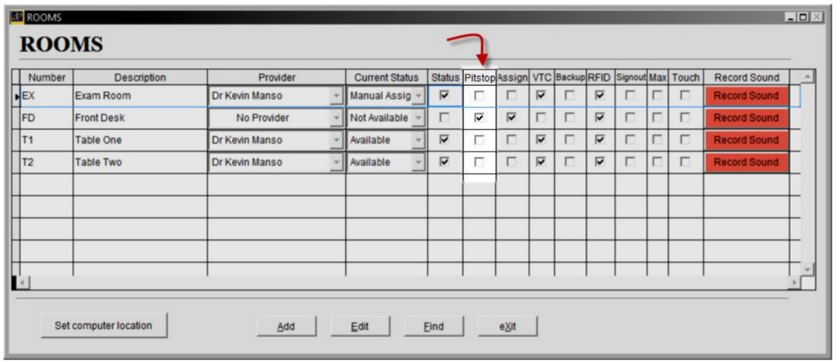
Home > Modules > PitStop Patient Messaging > Display Configuration

To properly view PitStops on the computers they must first be configured to display the window and a PitStop must be triggered in the system.

Computer Configuration

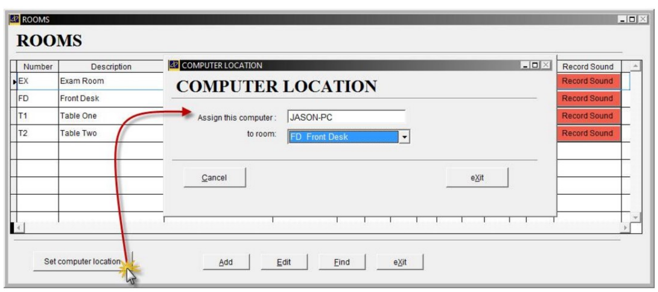
System PitStop messages will display on the Patient Sign-In screen (if the STOP PATIENT option is selected and text is entered) and on the CA screens designated in the ROOM SETUP to display them.
Refer to the previous sections outlining the proper configuration of messages to configure the Patient message on each type of PitStop.
To configure a CA computer to view PitStops navigate to:

Setup > Initial Setup > Rooms

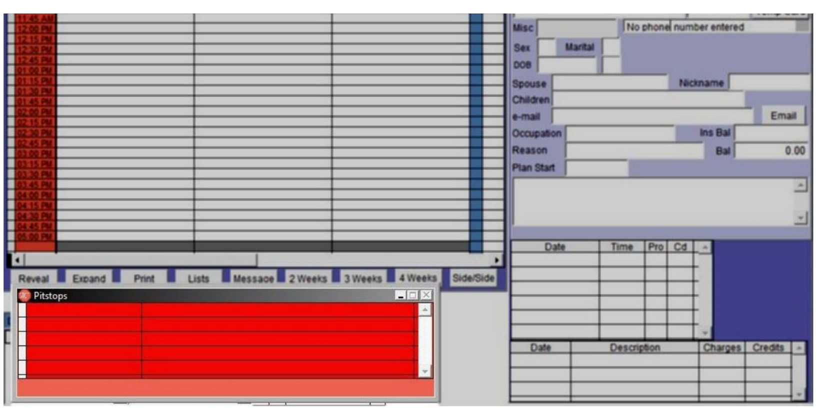


For a detailed explanation on the configuration of the ROOMS, please refer to the Atlas User Manual

Next, verify the computer is properly connected to the ROOMS setup.
On the computer you need to configure, navigate to the ROOMS setup screen and click on the SET COMPUTER LOCATION button (see image below). Choose the correct ROOM from the available dropdown menu. Atlas must be restarted on the computer.



When a computer is properly configured to view PitStops, the PitStop window will appear in the TaskBar.
When a PitStop is received, the window will open and show the PitStop message.



Note the image to see the default location for the PitStop window.
This window will appear and can be moved around the screen by left clicking on the titlebar and moving to the new location.
Patient Names and the corresponding PitStop message will appear in the window. Acknowledged messages can be removed from the list by simply left clicking on the Patient Name in the list.
Alternately, users can right click on the Patient Name to see a short list of options for that message.

- Load Patient: this will load the Patient Profile into the CA screen making it faster than using FIND to bring open the Patient file to post a Transaction or work with Appointments
- Next Visit: will reschedule the selected PitStop to trigger on the Patients next visit. This option will also remove the current PitStop from the list

The PitStop list can be scrolled using the scroll bar on the right side.
The PitStop window can be minimized (without clearing the list) to Save the previously received PitStops.

Previous Page:
VTC Pitstops

Next Page:
Reports

Home > Modules > PitStop Patient Messaging > Reports

There are two reports available for PitStops – one which displays Pending Messages and one that displays the PitStop History (previously displayed).

Reports > PitStop Lists

- Pending PitStops: displays a list of PitStops scheduled to display in the future. It shows the Patient Name, Message, whether it is set to Repeat (RPT) and the Effective and Ending Dates (if repeating). Users can PRINT this list for review using the PRINT button.
- PitStop History: the history report can be generated for a Date Range. Select a starting and Ending Date (or the same Date for only one day) and click CONTINUE. This report will show the Patient ID and Name, the Message and what date the message was acknowledged. This report can be printed using the toolbar at the top.

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Display Configuration

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Backup Solutions

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DATA BACKUP IS YOUR RESPONSIBILITY.

This guide is designed to explain the proper setup and configuration of the Online Backup Solution offered by Atlas Chiropractic System powered by KineticD. It is in no way to be construed as the only online backup solution available or the only solution compatible with the Atlas Chiropractic System.

Please review this document with your IT Coordinator to determine the best solution for your specific clinic. Atlas is not responsible for lost data or damages arising from the use of this backup service. In most cases, Atlas Support can assist with the use, configuration and problems arising when using the KineticD backup system.

Some technical issues will be directed to the KineticD support center. KineticD Online Backup Solution is a ‘pay-per-use’ service separate from your Atlas monthly fees. Additional bandwidth usage fees may apply. Consult with your Internet Provider to determine your monthly bandwidth allocation.

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Sign Up Instructions

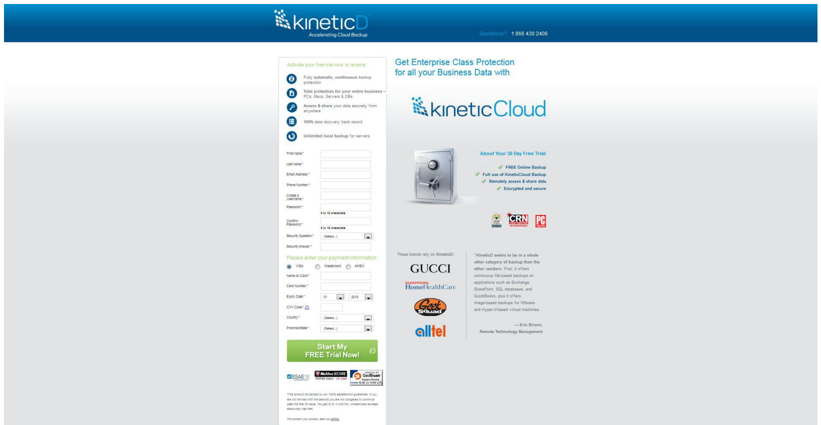
Home > Modules > Backup Solutions > Sign Up Instructions

Setup and Configure of KineticD for Atlas:

_In just a few minutes you can easily setup your online backup service.

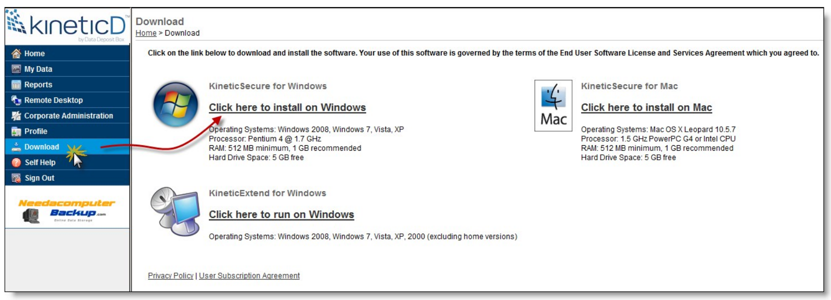
1. Sign Up for KineticD Service:

Visit http://needacomputerbackup.com and sign up for their service. The link will send you to the website for KineticD backup solution. Follow the link on that page to create your account.



2. Download the KineticD Backup Utility:

Once you have created your account and logged in for the first time, you can access the DOWNLOADS section for KineticD.



Choose the appropriate option to download the utility for your Windows or Mac based computer. NOTE: Atlas typically runs on a Windows based computer.

The backup would most likely run best from the computer where the Main Atlas Database is stored – sometimes referred to as 'Server'. This may not necessarily be the computer at your Front Desk. If you are unsure, contact Atlas Support for assistance.

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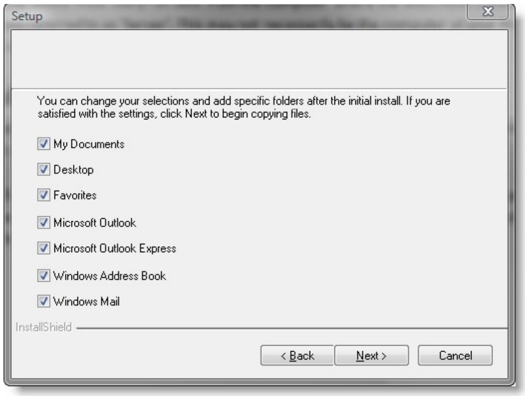
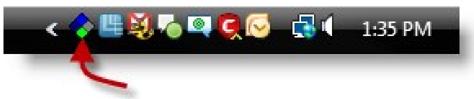
3. Install the KineticD Backup Utility:

The setup and configuration of the KineticD Backup Utility may be different at your location based on network setup, computer names and more.

- During the installation process you will be prompted to enter a username and password that will be used to encrypt your data across the internet. This may be the same username/password used to log into your KineticD account.
- Next you will be prompted to select the Folders you would like KineticD to backup.
- NOTE: these files do not include the Atlas Database Folders. Refer to the next section of this document to properly configure the KineticD Backup Utility to backup your Atlas data.You may also choose at this point to uncheck the default backup locations at this point of the installation process.



- Once installed you should see the KineticD Backup Utility Tray Icon. This icon indicates the status of your Backup Utility. You can double click to open or right click for a menu of options.



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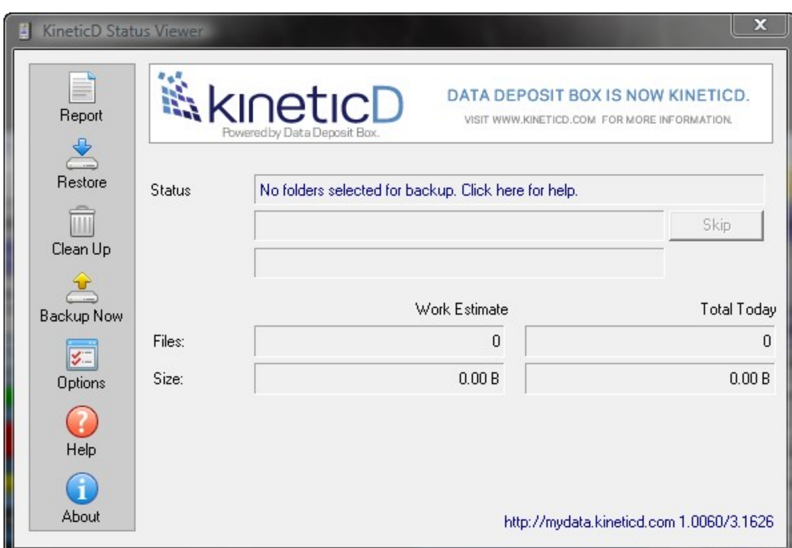
4. Configure the KineticD Backup Utility:

Access your KineticD Backup Utility by double-clicking on the icon in the System Tray.

This will open the KineticD Status Viewer window where you can setup the backup options, restore your backup, access reports for your backup and find answers to questions about your backup.

Options in this window are protected with the username/password you created when you setup your account and installed the KineticD Backup Utility.

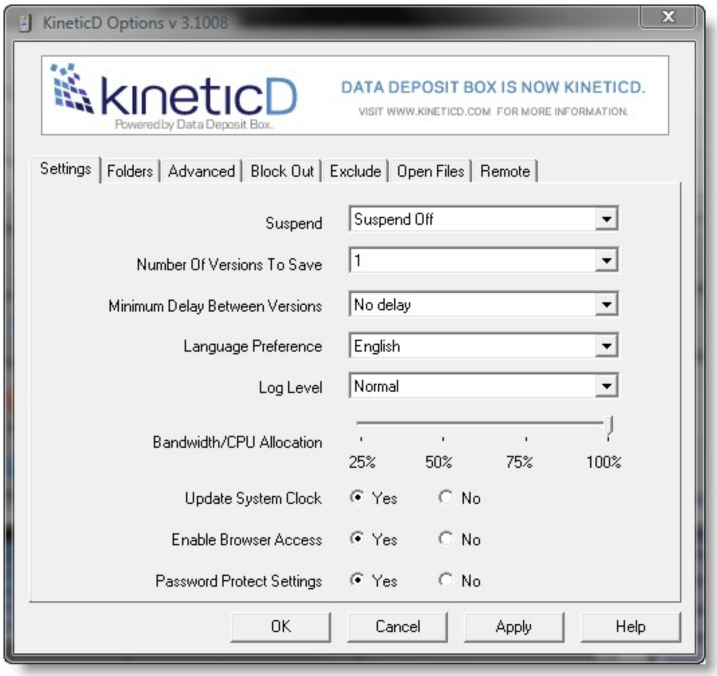


The first place we will access is the OPTIONS section. Click on the Options button located on the left side of the box. When prompted enter your username/password.

In this manual we will only cover the recommended configuration settings to work with Atlas. There are many options available – please refer to the KineticD online help. Options configured for Atlas may not be the best options for other files you would like to include in backup (versioning, delays, backup times, etc).

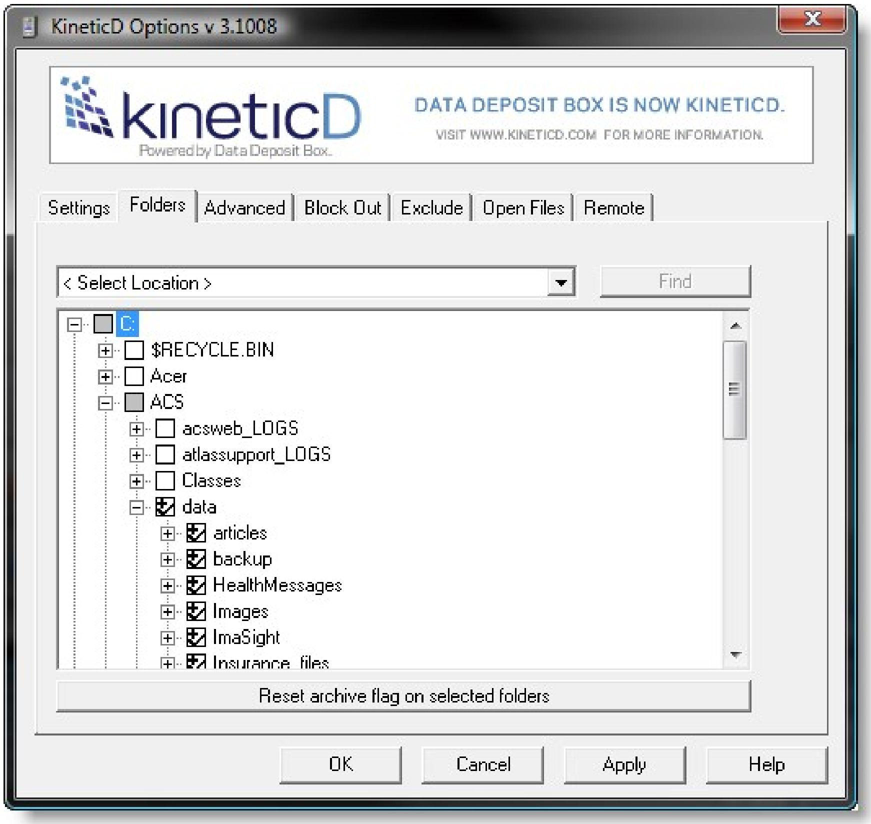
It is important to understand the backup process and options to maximize your benefits of using this online backup solution.

- **SETTINGS:** in the Settings tab we configure:
- - Number of versions to save (1)
- - Minimum Delay Between Versions (no delay)
- The remainder of the settings can be configured based on your individual needs and understanding of the options.



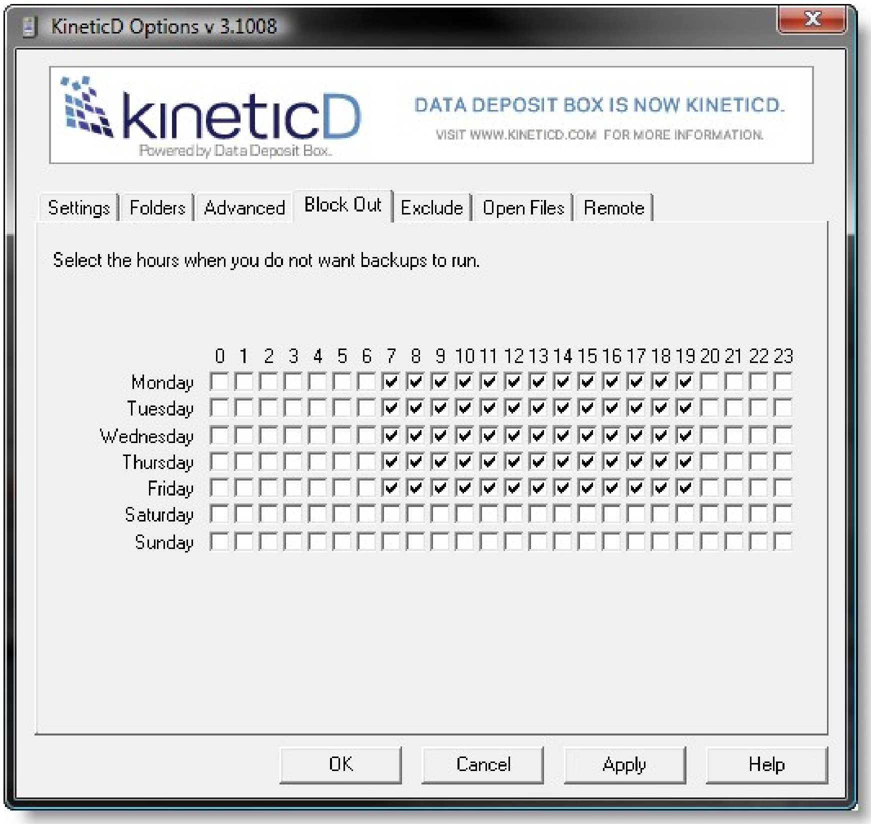
FOLDERS: under the Folders tab is where you can select folders/files to be included in the backup.
For Atlas – the minimum to backup is the DATA folder located under the ACS folder.

Additional files/folders in the ACS folder can be included as needed. The options shown in the example will backup all of the current data (appointments, transactions, insurance, etc) and the Patient Images/Documents, Patient Sounds (for the calling system) and additional information.



BLOCK OUT: this allows you to delegate times in your day that KineticD will NOT backup data. We recommend not backing up your data while you are seeing patients.

NOTE: the schedule starts at 0 = 12 midnight and goes to 23 = 11 PM (military time). Our example shows no backups occurring from 7am to 7pm.



Once the backup is configured, the service will need to be started from the initial window. The backup will commence dependent on the scheduled times and configuration. Your initial backup may take some time, refer to the section 'Incremental' below for more details.

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5. Verify Online Backup:

The Final step in the backup process is to verify the data you are backing up. This step is important to ensure that when you need your backup files, they are available and stable. There are many horror stories about a client who needs to restore a backup and discovering that their backup media has been corrupted for months – leaving them with no viable alternative.

After your initial online backup is complete be sure to log into your KineticD account and verify the correct data is saved (the time varies to complete the initial backup dependent on the amount of data you are backing up, your internet connection speed and other factors).

The KineticD web interface will also show you the total amount of data backed up, any errors in the backup process and more. Make a habit of reviewing this information to avoid any problems with your backup data.

6. Incremental:

The KineticD software is designed to backup your data incrementaly. This means the first time data is backed up, all of the data will be copied to the backup location. Subsequent backups will only copy over files / folders that have changed or been updated.

For example: your data has 583 images stored on patient files. The first time KineticD backs up the Images folder, it will copy over all 583 images. The next day you add 13 images to your Patient files. KineticD will then only copy those additional 13 images. This means the first backup will take some time but subsequent backups will take less time. It also helps avoid excessive bandwidth usage as not all of the files will be copied over the internet each time the system backs up.

Some clinics opt to setup the backup to work over the weekend to ensure the initial backup can complete in a timely manner – however this is not required.

7. Additional Options in KineticD Backup Utility:

For additional information on the options available in the KineticD Backup Utility, please refer to the HELP section in the utility. KineticD offers a great deal of information in this section and links to additional help online to gain the most benefit from your online backup.

Additional Information:

KineticD users can also benefit from using KineticD extend – a service included with their KineticD subscription. KineticD extend allows users to connect through the internet to their office computer where the KineticD Backup Utility is installed. This option makes it possible to remotely control an office PC. There is also a KineticExtend app available for iPhone users to download. Please refer to the help section on the KineticD Backup Utility for more information. Please refer to the Atlas Integrated Backup Manual for additional information regarding the built-in backup functions for your Atlas Software, available online through our Support Portal or by contacting Atlas Support.

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Next Page:
PowerPay US

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PowerPay System

PowerPay System Overview

The integrated PowerPay feature in Atlas allows clinics to quickly and securely process Credit Card and ACH payments into their software. It allows staff to input Payment information into Atlas automatically with the swipe of the Patient credit card.

PowerPay also features a recurring payment option which automatically processes payments and updates patient accounts in Atlas on your predetermined schedule (an enhancement to the Atlas Chiropractic Post Dated Payments feature). Previously staff would have to process payments first through the gateway (swipe card, get approval) and then manually transact that payment into Atlas – a time-consuming and sometimes missed step.

This guide will cover the basic setup and operation of the PowerPay system. For additional information on the Atlas Chiropractic System, please refer to our Atlas User Manual.

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Setup Checklist:

Step 1 - Fill out application as per instructions on the Payments Gateway site
http://atlaschirosys.com/powerpay.php

Step 2 - Purchase needed equipment*: MagTek SureSwipe USB, Part #21040145
*Equipment can be purchased from numerous online retailers including MagTek (www.Magtek.com)

Step 3 - Confirm Finalized Application Process with Payments Gateway

Step 4 - Contact Atlas Support to install code and configure the system

Step 5 – Start processing payments

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Application Instructions

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Application Instructions:

There are the two application types – Retail and Moto. We suggest completing both applications in order to always receive the best rates regardless if you swipe the credit card, the card information is manually entered (damaged card or card not present), or you use recurring payments. If recurring or post-dated payments are not currently being performed, only application #1 (Retail) need be completed at this time. If in the future this changes the second application can be completed at any time.

To complete the online form(s) please visit (click on the link or enter into your browser address bar):

http://atlaschirosys.com/powerpay.php

Online submission is recommended; however the forms can also be printed and faxed to: 469-675-8740.

The website will include instructions on how to fill out the application. Questions pertaining to the application process should be directed to Payments Gateway.

After the application is completed and submitted, Payments Gateway will contact you once approved. You will then receive their welcome packet with your account information included. Payments Gateway will also alert Atlas that you have been approved. After you receive this approval and your MagTek SureSwipe reader, please contact Atlas Support to schedule a time for us to configure your Atlas System with the account details.

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Setup Checklist

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Rates and Fees

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Rates and Fees:

Currently the account fee is $29.95* per month and includes both Retail and Moto accounts. It is the same fee if you apply for one or both accounts. This fee is charged by Payments Gateway.

Credit Card Rates*:

- CC Retail for credit card swipe (1.79%)
- CC Moto for recurring credit card payments (2.09%)

25¢ per transaction fee

ACH Rate*:

19¢ per transaction fee only

Questions about rates/fees can be emailed to newaccounts@paymentsgateway.com

PCI COMPLIANCE INFO:

PCI compliance is the standard by which retailers prove they meet certification and security requirements for proper handling of customer financial information. It also helps the retailer understand and avoid credit card fraud. More information can be found at https://www.pcisecuritystandards.org

Forte works with a Qualified Security Assessor, called TrustWave, to provide PCI compliance scanning. TrustWave charges a $7.99* per month fee to provide this service. NOTE: you are not required to use the TrustWave service but you are required to prove PCI compliance. There are other Qualified Security Assessors specializing in PCI compliance scanning.

* Rates and fees not set by Atlas are subject to change without notice and may be different than quoted in this guide. Please refer to Payments Gateway or TrustWave for current rates and fees.

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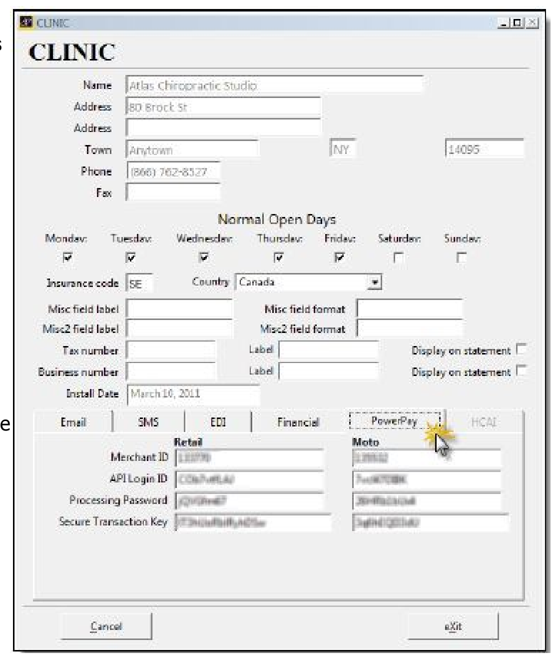
System Configuration:

During the setup and configuration session, your Atlas Support Representative will ask you to input your account information and help you configure your payment type details. Please have your account information packet ready.

1. Account Information

Your Payments Gateway Account information for the Retail and Moto accounts should be entered into Atlas through the Clinic Details window.

Setup > Initial Setup > Clinic Details



Be sure to copy the information exactly.
Also be sure to enter the correct information into the Retail and Moto sides.

- Merchant ID found in Payment Gateway paperwork
- API Login ID (generated at Payment Gateway website – see below)
- Processing Password sent in document from Payment Gateway
- Secure Transaction Key (generated at Payment Gateway website – see below)

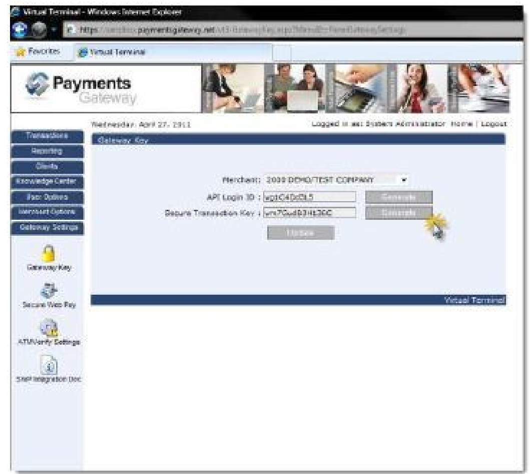
To Generate Required Keys:

1. Navigate to http://paymentsgateway.com and login using the credentials supplied in your Approval Paperwork.

2. Click into the Gateway Settings area from the menu on the left side of the screen

3. Open the 'Gateway Key' generator

4. Generate the necessary API Login ID and Secure Transaction Key and enter the codes into the Clinic Details window in Atlas.

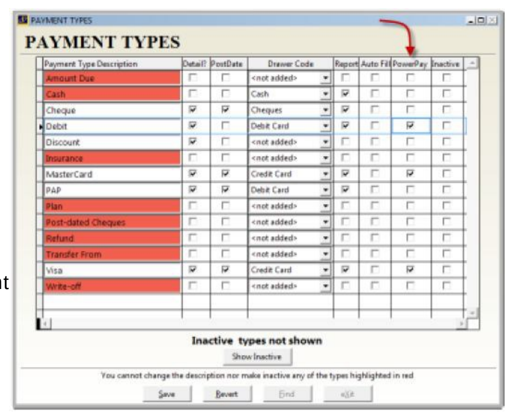


Refer to the section above to ensure the numbers generated are entered into the correct boxes.

2. Select Payment Types to Associate:

The final step in configuration is to associate specific Payment Types to work with the PowerPay system.

Setup > Initial Setup > Payment Types



To edit the Payment Types window, click the EDIT button located at the bottom. Check the PowerPay check box for each Payment Type you need to associate with PowerPay processing. Usually this will be only your Credit Cards and checks.
As an added option, select the Auto Fill feature for these Payment Types also. This feature will automatically fill in the Amount Tendered box equal to the Total Amount Charged when entering a transaction – saving one more step in the process.

MagTek SureSwipe Card Reader Part Number: 21040145

After this configuration you will also have to plug in your MagTek Sureswipe USB card reader. Instructions and drivers (if required) will be included with the reader.

NOTE: image may differ from actual product

Swipe Readers are not included with Atlas or from Payments Gateway. Many online retailers including www.magtek.com

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One time Payments

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How to Use PowerPay:

Using the PowerPay system is as easy as entering a Transaction into Atlas. Please refer to the full User Manual for additional details on creating and working with Transactions.

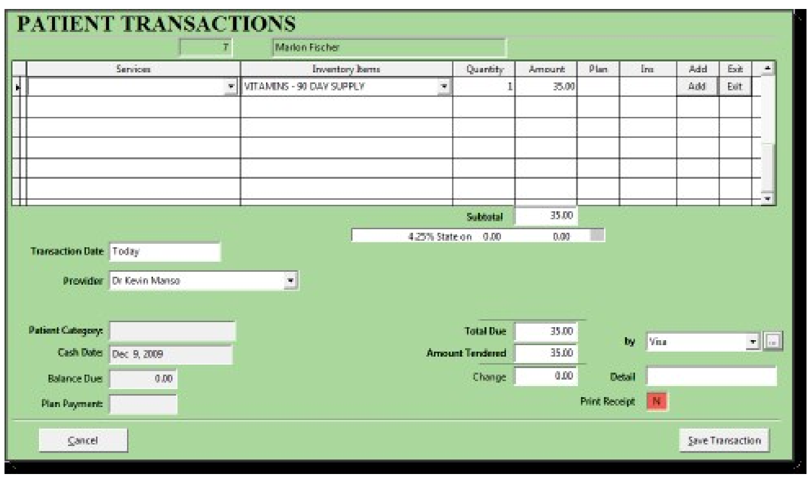
The first part of this section will walk through the process of entering a basic transaction for the sale of Vitamins. The same process can be applied to Payments or transactions for Services at your clinic.

The second part will outline the steps to create Recurring Payments whether they be for Financial Plans or high-ticket item payments (orthotics, decompression sessions, etc).

Section 1: One Time Payments / Time of Service Payments:

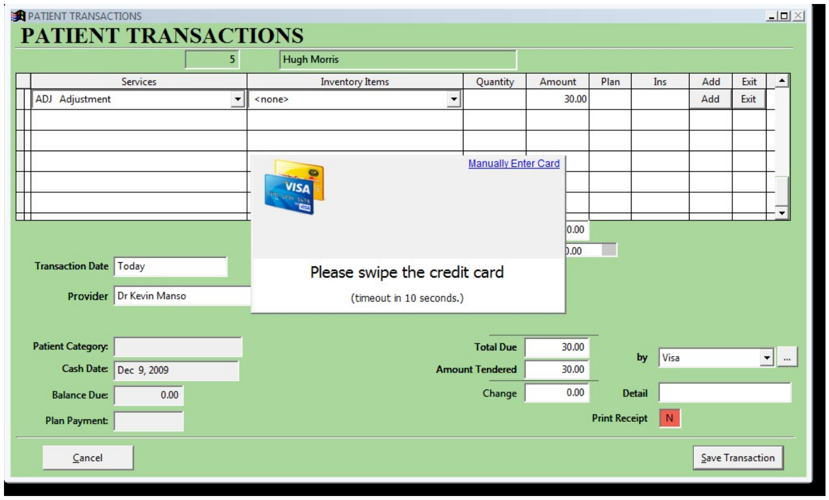
Open your Patient Transaction window by clicking on the TRANS button or pressing T on your keyboard.

Choose the transaction type you want to charge for. In our example, we will sell the Patient Vitamins and enter a time of transaction payment for those Vitamins.

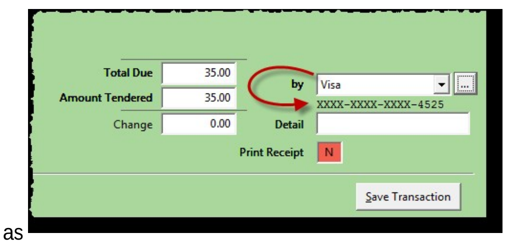


Be sure you are choosing the appropriate Payment Type in the 'By' drop down menu. Payment Types not associated with PowerPay (see section 2 in System Configuration) will not prompt for card swipe.

After you move from the Pay Type field (click 'Save Transaction'), Atlas will prompt for the Card Swipe or manual entry of the card details.



At this point you can swipe the card and the details will automatically populate into the screen. If the card does not read, you can also manually enter the card information into the screen.



Atlas will display the Payment Type and the card number (see image below for example) on the Transaction screen.

Clicking SAVE TRANSACTION again to process the Payment and complete the process

NOTE: if the gateway returns a DECLINE message, Atlas will alert you with a DECLINE message. The user can still choose to process the transaction in Atlas however without attaching the card information to the transaction. In cases such as this, the user must process the card manually and receive approval through the online payment gateway.

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Next Page:
Void/Modify Power Pay Transactions

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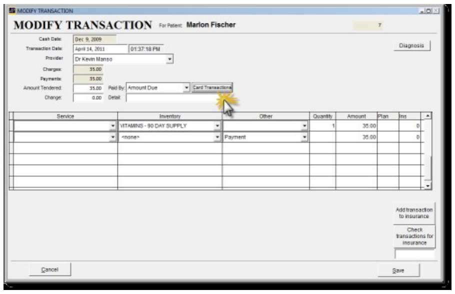
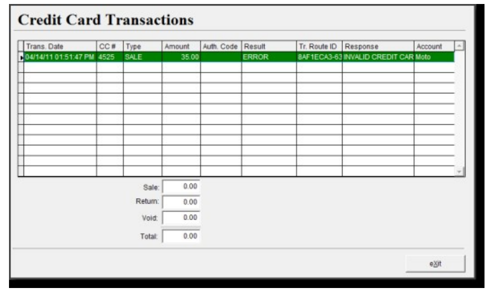
Void / Modify PowerPay Transactions:

Users can continue to Void and/or Modify Transactions through the standard methods in the Atlas Chiropractic System. One thing to note: in the Modify screen a new option to view Card Transactions is available. This screen allows review of previously processed transactions using PowerPay. Users can see the ending digits of the card used, the result, Trace Route ID and response and which account (Retail or Moto) the transaction was processed through.





VOIDS properly processed through Atlas will void directly to the Payment Type used (credit card, debit card, etc). If you MODIFY a transaction through Atlas and reduce the Amount Tendered; Atlas will automatically refund that difference to the Payment Type used (credit card, debit card, etc). Please note however, if the user MODIFIES a transaction and increases the Amount Tendered; that difference will NOT be charged to the Patients Payment Type automatically.

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Recurring Payments

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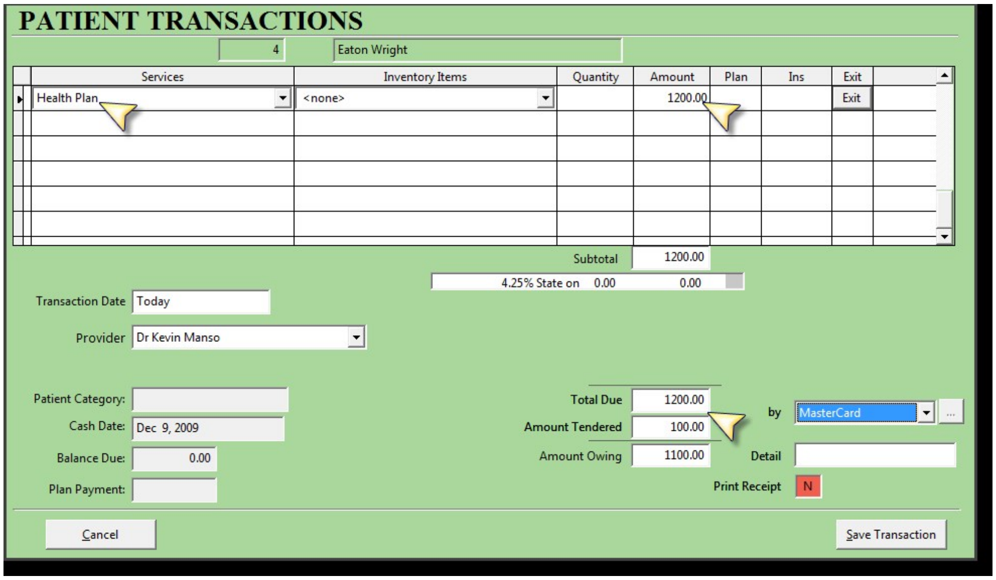
Section 2: Recurring Payments (Post Dated Payments):

Using recurring payments in Atlas with the PowerPay module require attention on three key points.

1. The user has to process a Payment on the date the recurring payments are created. Previously Atlas users could setup Post Dated payments in Atlas without processing a transaction. With PowerPay, the user needs to process a Payment Transaction at the time of card swipe. More details will be discussed in the following sections.
2. Recurring payments process through the Payment Gateway on the day configured during the setup. Those payments are not reconciled into Atlas until the user opens the Post Dated Payments window.
3. Clinics must properly OPEN CASH and CLOSE CASH to reconcile payments into Atlas and to generate accurate end-of-day reports for reconciliation.

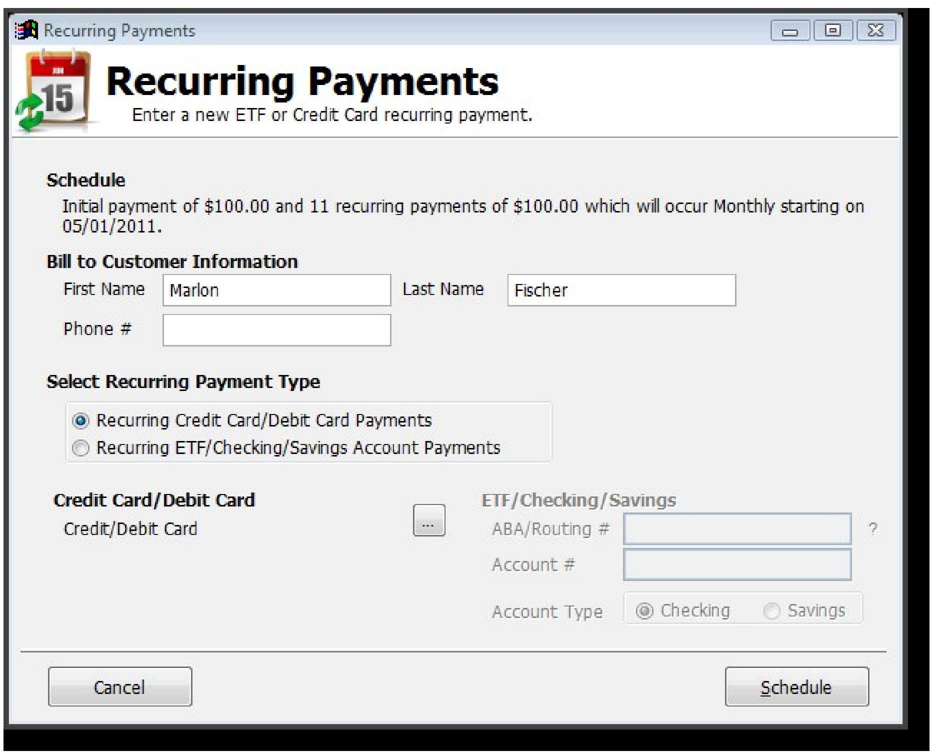
Any transaction in Atlas that produces a Balance Owing and the user chooses a Payment Method linked to PowerPay will prompt the user to create recurring payments.

Creating Financial Plans (Health Plan) for Patients is the most common reason for generating Recurring or Post Dated Payments. Most Patient Financial Plans have an option for Monthly payments which the clinic would like to process without the Patient presenting their card or even being present each time.



The above example shows a Health Plan created for $1200 with a 'time of transaction' payment of $100. The Pay By method is Mastercard (a preconfigured PowerPay form of payment) so Atlas will prompt upon completion to create the recurring payment schedule and will process the $100 payment today.

Refer to the Atlas Chiropractic Systems User Manual for details on the Post Dated Payments window.



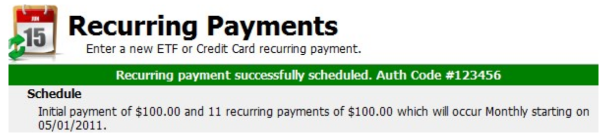
Review the Schedule summarized in the first lines.

Enter the customer Phone Number where prompted.

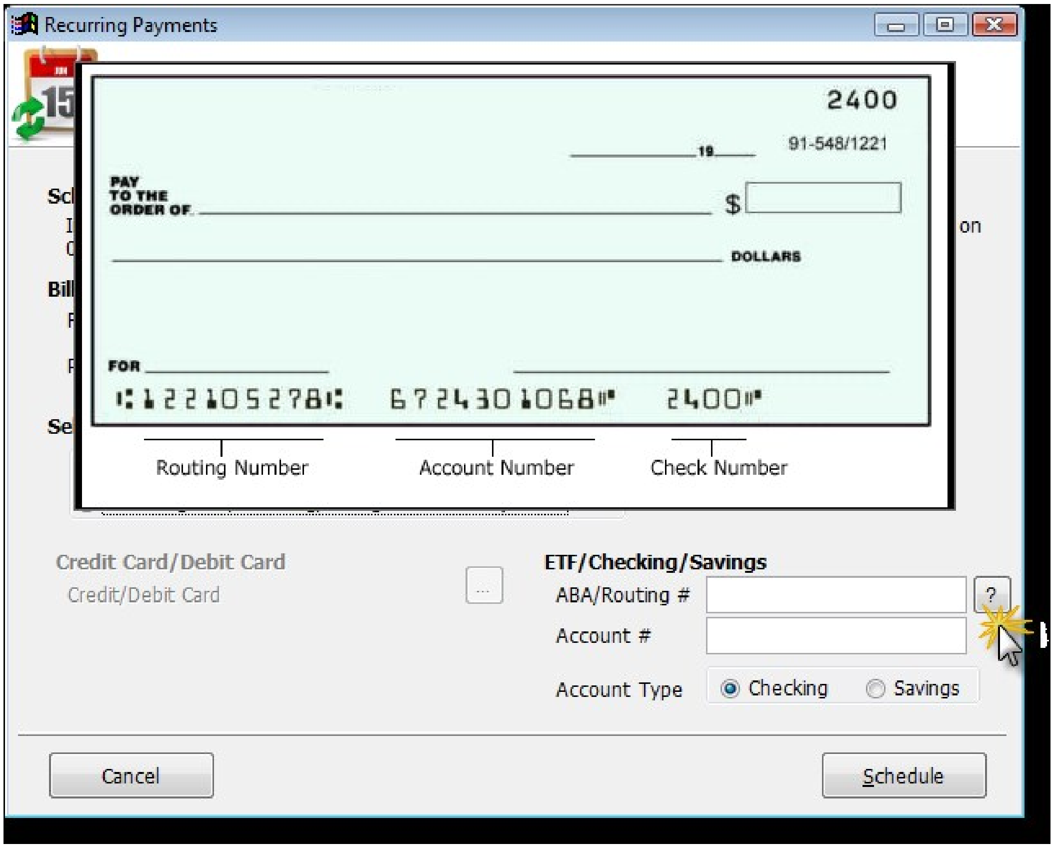
Swipe or manually enter the Credit/Debit Card details.

Click SCHEDULE when complete

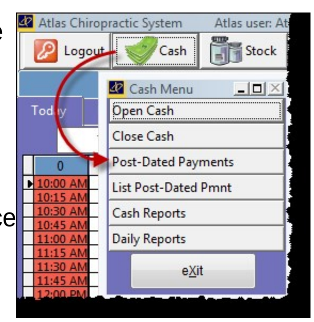
Verify success and note Authorization Code.



NOTE: If you select 'Recurring ETF/Checking/Savings Account Payments' option, Atlas will display an image of a check to ensure proper entry of the Routing and Account Numbers.



Post Dated / Recurring Payments will process on the scheduled date according to what was setup in the previous steps. However, you must open the Post Dated Payment screen in Atlas after Payment Gateway has processed to sync the payments into Atlas.



You will see a Payment Syncing window when you open Post Dated Payments. Depending on the number of Payments to sync this could take a few minutes. Once complete you can review the sync using the CASH report.

Further Reading:

Further information is available in our Atlas Chiropractic Systems User Manual. It includes extended information on using the Transaction screen, configuring Services and Inventory, understanding the Transaction Ledger and more.

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Insert Information Here

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Setup Atlas Account

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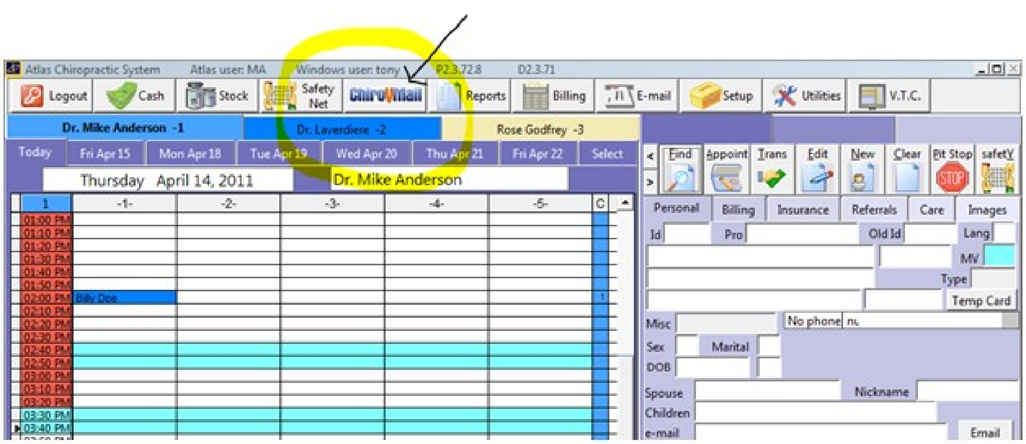
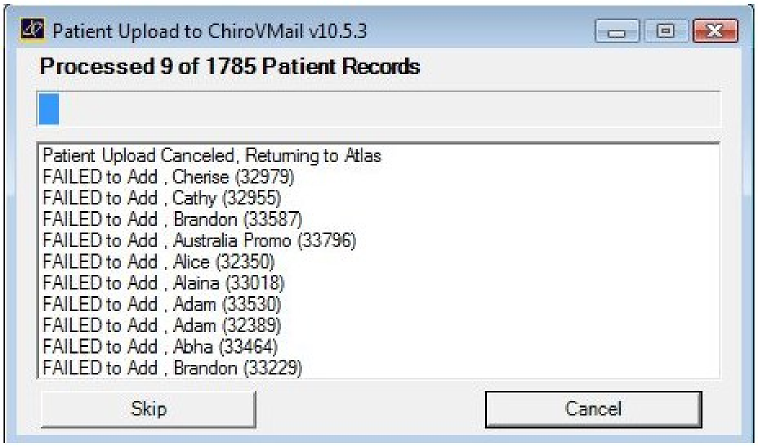
Initial Setup of ChiroVmail through the Atlas Launch Button.

Click on the ChiroVmail button in Atlas.

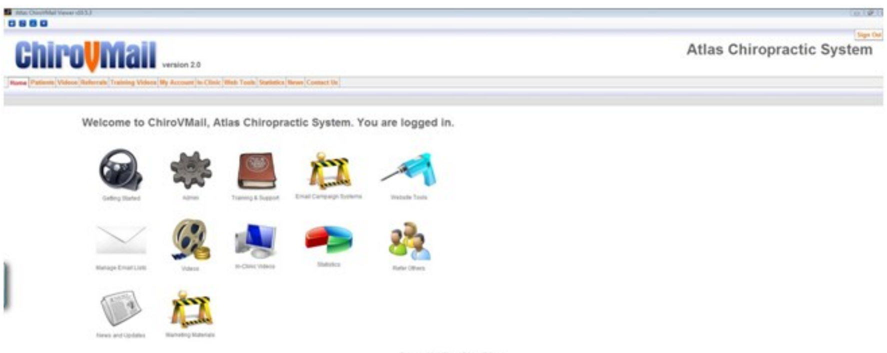


When prompted for sign in and password, simply choose a sign-in email address and password you want to use.(the email address you provide will be the one you get response emails back so it is recommended that you use a clinic email address)

The system will then automatically update/Transfer your current Leads and Active Patient data and setup the account.



When the upload is completed it will automatically launch your default browser and auto login to your account.



Your account will now be ready to use.

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Create Newsletter Blast

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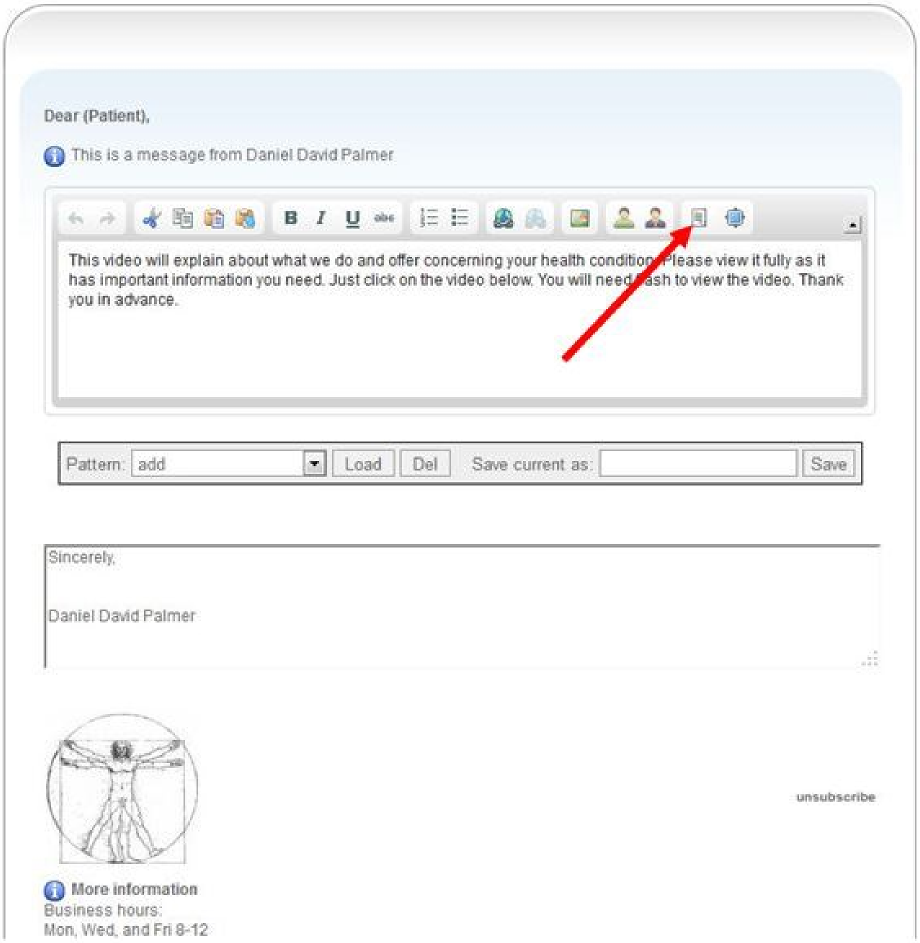
Chirovmail setup of Newsletter Blast.

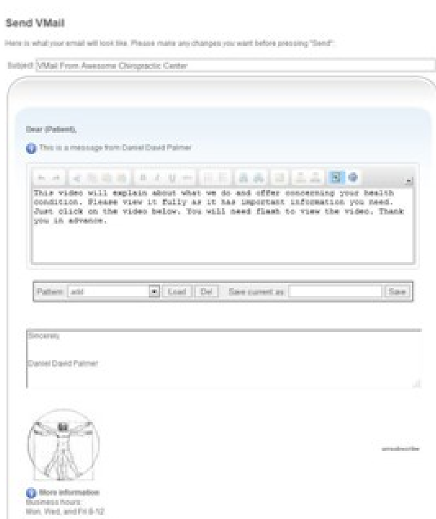
Once you have selected the group to send to, You can edit the Template by adding in the text from a website or word document. Or you can easily type in your information.

Step 1. In this case you would first click on the View Source Button in the Tool bar.(see red arrow)

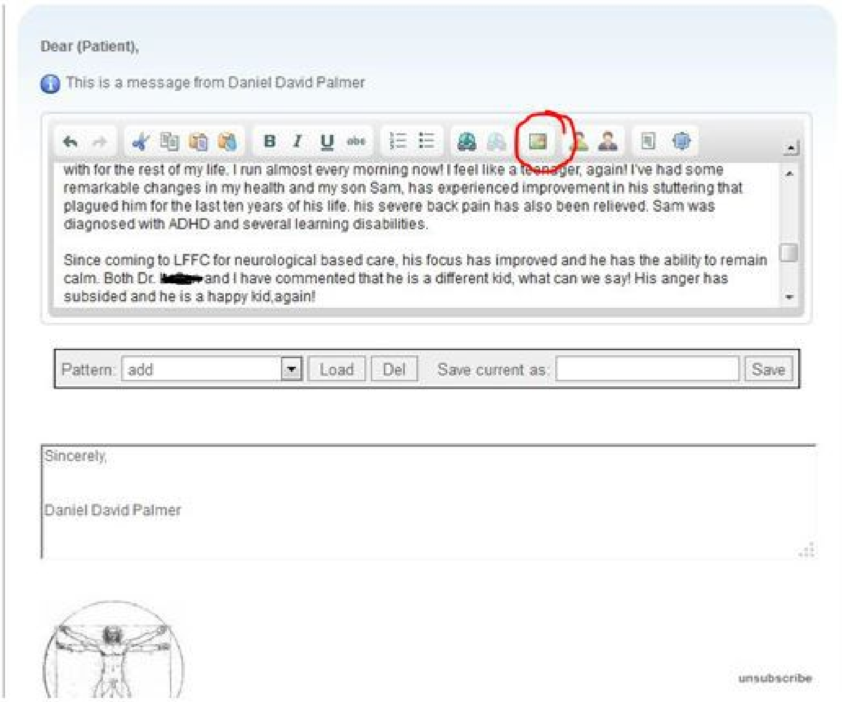


This will display the input screen for you to copy over your newsletter info.

In this box you would highlight and then paste the new text into the box. To paste the text use the CTL+V button on the keyboard.



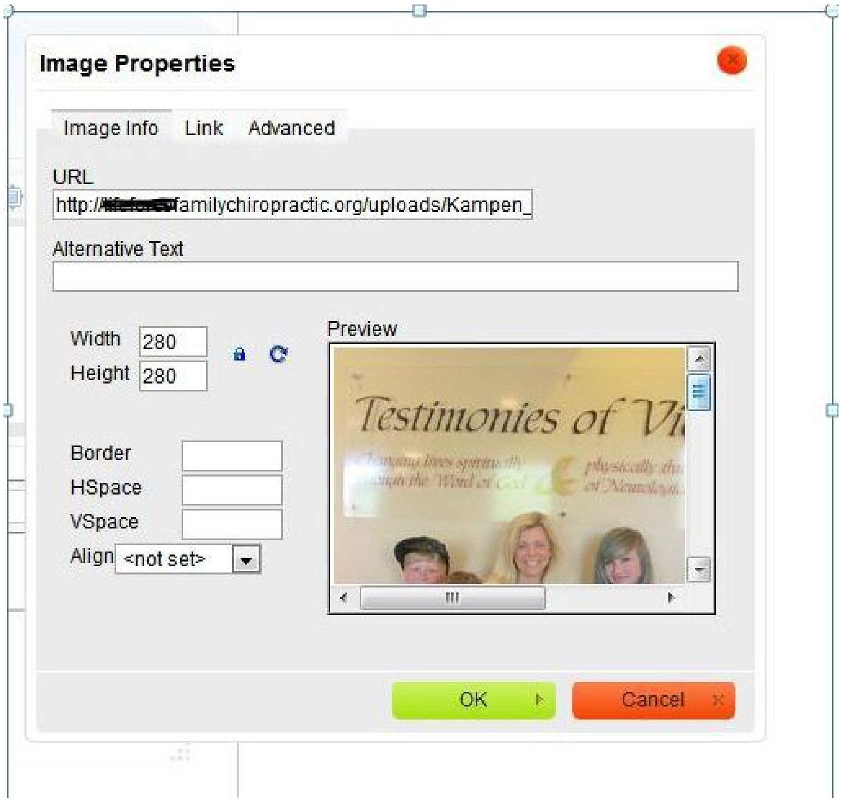
You will notice if you try to right click and copy it, the Paste is not visible. It is important to understand you have to use the Keyboard shortcut keys to paste this information.



Once the information is pasted in, click on the Edit Source Button again and you will then see the actual layout and look of the email. If you need to move or add information or place spaces you can do this in this window.

Adding Images.

Select the spot in the document you want to include an image. Once your cursor is in that spot click on the image Button in the Tool bar.



The Add image box will come up. In the URL spot copy the link of the image from your website to the box. Then in the Width and Height spot place the image size to 280. This will make the image a nice size for most newsletters. If you wish to make it smaller or larger you can do that. Test it out.

To click back on the image to resize, click on it in the newsletter and then in the tool bar choose the image button again. This will bring it up to resize.

Save the template as a pattern and test it by sending it to yourself to ensure it looks like you want it to.

If all is good resend to your group.

Previous Page:
Setup Atlas Account

Next Page:
Embedding image in CVM

Home > Modules > ChiroVmail > Embedding image in CVM

How to embed an image into Chirovmail.

Step 1: The image that you wish to embed in the Vmail needs to be hosted on a website. ChiroVmail does not "add" the image to the vmail. It will import the image through a link in the vmail from the online source.

Once you have that image uploaded to your website the following code below will allow you to copy and place that code into the vmail and it will show the image.(as long as the person receiving the email is online at the time.)

SOURCE CODE

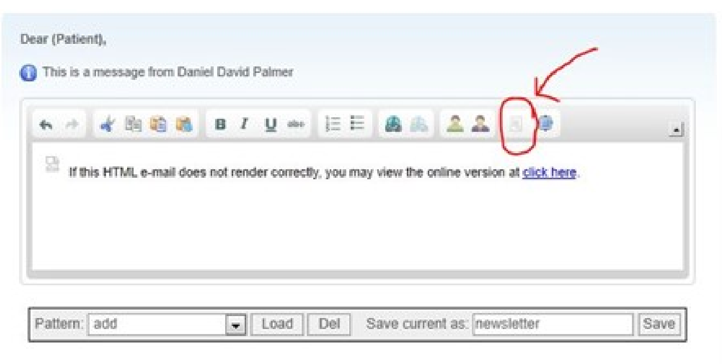
```
<html>

<head>

<title></title>

</head>

<body>


<a href="http://www.yourwebsite.com/"><img src="http://www.yourwebsite.com/images/imagename.jpg"></a>


If this HTML e-mail does not render correctly, you may view the online

version at <a href="your link here">click here</a>.


</body>

</html>
```

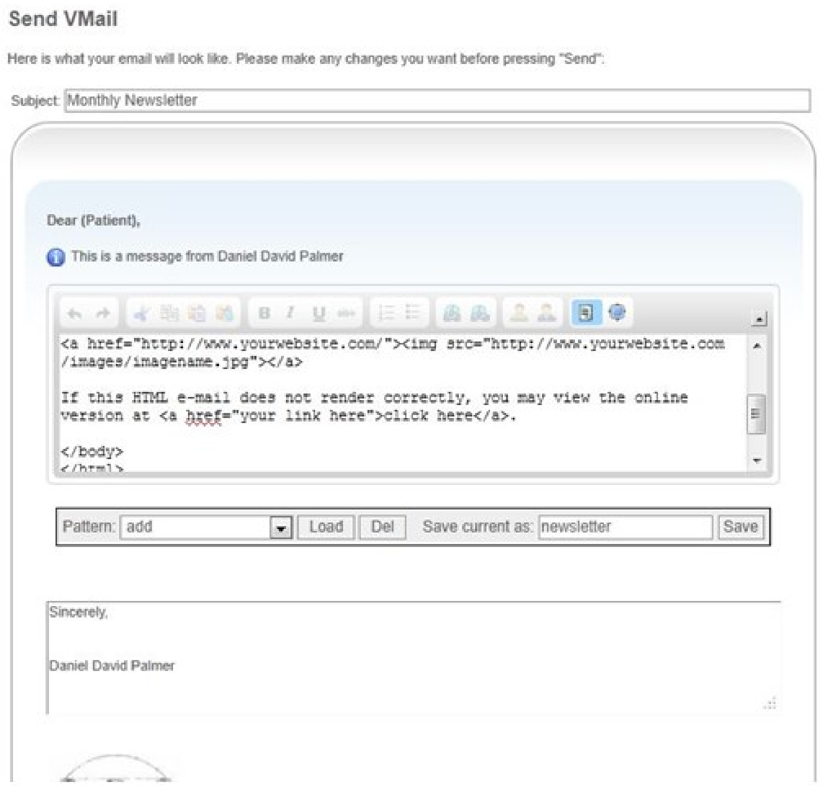
Step 2: the above code will need to have your website links placed in the blue highlighted areas. Make sure the image locations are correct as any error will cause a broken link.

You will then in the Vmail click on the view source button (as seen below) this will then bring up the HTML window. You then should place the above edited code into the vmail.

It is recommended that when you make a newsletter or flyer that you want images included. It may be easier to create the document and save it as a jpeg. Then arrange to upload it as an image to your website in a folder.

So when you send the entire vmail, the entire document is sent as an image. This will allow for you to upload new future mailings to the same location on the website and then you can send the same vmail each time (save as a Pattern in CVM).





Step 3: Once the code is copied in the vmail. Click the Source Code button again and it will then switch back to the Vmail view.

Here you should see the image come up. As it will pull the image from your website location.

This will allow you to then save it as a PATTERN. Make sure to change the subject of the vmail prior to sending it out.

Always do a test run of the vmail to your own address to ensure no problems with it.

Step #4: Now you can send your vmail and know that the images are included in the vmail.

Previous Page:
Create Newsletter Blast

Next Page:
Apps - Intake Forms

Home > Apps - Intake Forms

Atlas Intake App feature offers an online feature allowing Patients to fill out their intake forms prior to their visit. This feature can be used outside or inside your office.

Before using this feature you must add on the service though the Atlas online store (http://atlaschirosys.com/orders).

Follow this Link to download the User Manual and Setup Instructions.

Previous Page:
Embedding image in CVM

Next Page:
CLA Integration

Home > CLA Integration

In the Atlas Software, it is possible to have your images from your CLA Millennium Insight Software imported.

To configure both your Atlas software and your Millennium Software, you must follow these steps in both your Atlas Software, as well as in your Millennium Software.

First we will start by configuring atlas to know that you are using Millennium.

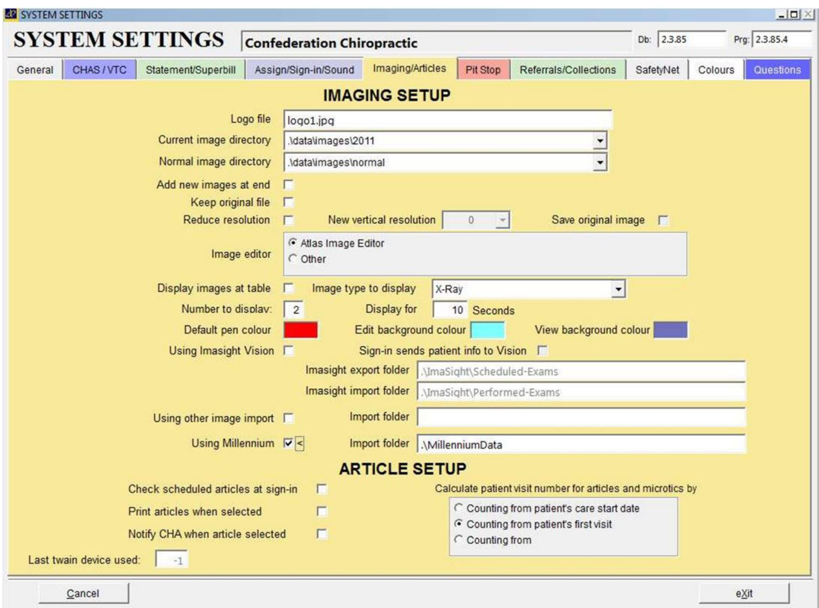
Previous Page:
Apps - Intake Forms

Next Page:
Setting up Atlas

Home > CLA Integration > Setting up Atlas

To begin, we need to turn on the CLA integration feature in Atlas. Part of this process is to also configure a PC in your network to run the sync program. The CLA sync program runs 'in the background' when Atlas is running on the specified computer, more about this later.

First, we need to go to **Setup > Initial Setup > System Settings**.



Click **Imaging/Articles > Using Millennium**
NOTE: be sure the Import Folder is also set to ./MillenniumData (this is default)

Now that Atlas knows that you will be using Millennium, you now need to tell Atlas which room will be responsible to handle importing all the images from Millennium into the correct patient files.

Previous Page:
CLA Integration

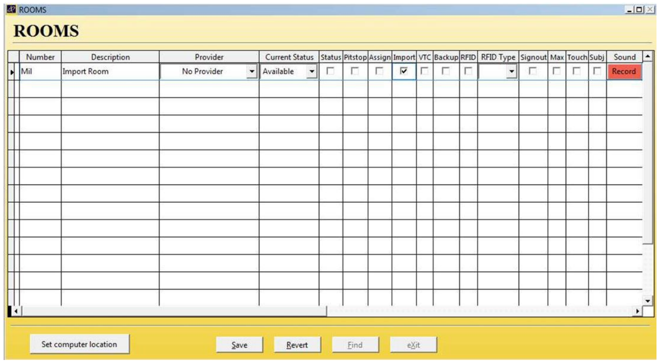
Next Page:
Configure Synchronization Feature

Home > CLA Integration > Configure Synchronization Feature

The sync feature (when running) looks in the MillenniumData folder (set in the last step) on a regular interval. If it detects a new file in the folder, it will import it automatically to Atlas.

It is important to setup the sync to run on a computer that will have Atlas open on a regular basis, but this computer does not need to be one linked to the Imaging Software (ex: the Millennium computer). Most offices opt to have their Front Desk PC run the sync program.

Click **Setup > Initial Setup > Rooms**



NOTE: in the above example, there is only 1 'Room' available - most offices will have a list of options here and should have one designated 'Front Desk' (or Main PC, etc). To determine which PC you are using, click on the Set Computer Location button.
Check off IMPORT on the room you want to trigger the sync program.

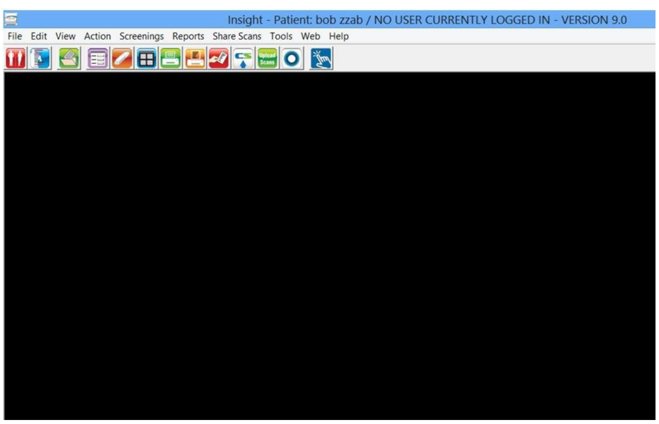
IMPORTANT: Only check off one room for IMPORT - Atlas must be running on this PC for the IMPORT function to work!

Previous Page:
Setting up Atlas

Next Page:
Millennium Configuration

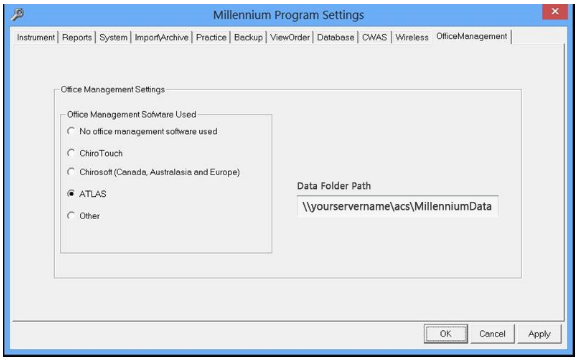
Home > CLA Integration > Millennium Configuration

If you experience any issues with setting up or using your Millennium software please contact Millennium first. They can verify you are running the correct version and that your settings are correct.



Click **Tools > Configuration and Maintenance > Office Management** tab

Check the Atlas option and enter your Server Millennium Data folder network path.



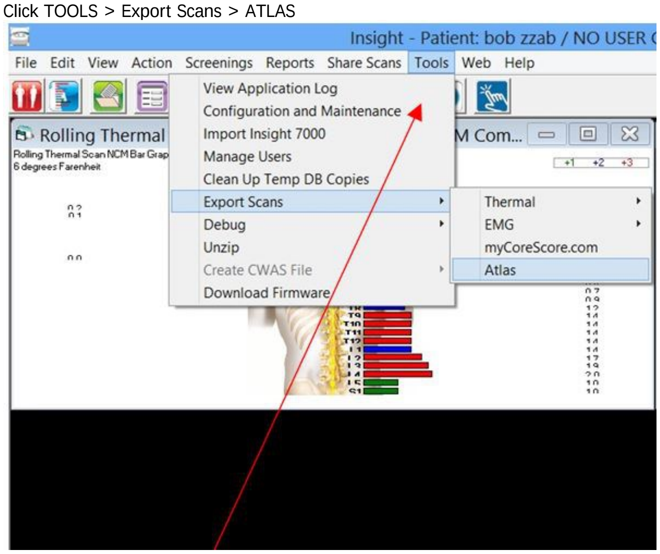
Previous Page:
Configure Synchronization Feature

Next Page:
Exporting from Millennium

Home > CLA Integration > Exporting from Millennium

This section takes into consideration that your office is trained on the proper usage of your Millennium scan system. Including taking scans, saving scans and accessing Patient information. If you require any assistance navigating your Millennium software, please contact CLA directly.

1. Find your Patient in Millennium
2. Find your Patient ID number in Atlas (refer to Edit Patient Information)
3. Enter the Atlas Patient ID number in the Patient Number field in Millennium
4. Open the Scan List for the Patient
   Click ACTIONS>Open Scan List for Patient
5. Highlight the scan(s) you want to import
   The displayed scan(s) will be selected for export. You can close unwanted scans from this screen before proceeding
6. Click TOOLS > Export Scans > ATLAS



7. Click OK at the Successful Export message
8. Review the Patient file in Atlas (under the EMG tab in Imaging) to see the exported scans

Previous Page:
Millennium Configuration

Next Page:
Subjective Questions

Home > Subjective Questions

Subjective Question Feature

The Subjective Question feature has become fully available with release 86.11. To utilize the feature you must be updated to at least this version.

The Subjective Question feature allows offices to setup specific questions that can be answered by Patients regarding their subjective information per visit. Questions can be answered using a touchscreen computer (best option) or with a keyboard and mouse. The Patients can be presented with the questions either at first Sign In or at the Adjusting Table. These questions can be programmed to display only to a select group of Patients and different question sets can be presented to selected groups of Patients. The system can be pre-loaded with general subjective questions or offices can program their own questions and answers. These answers are easily inserted into the Patients daily treatment note during the visit.

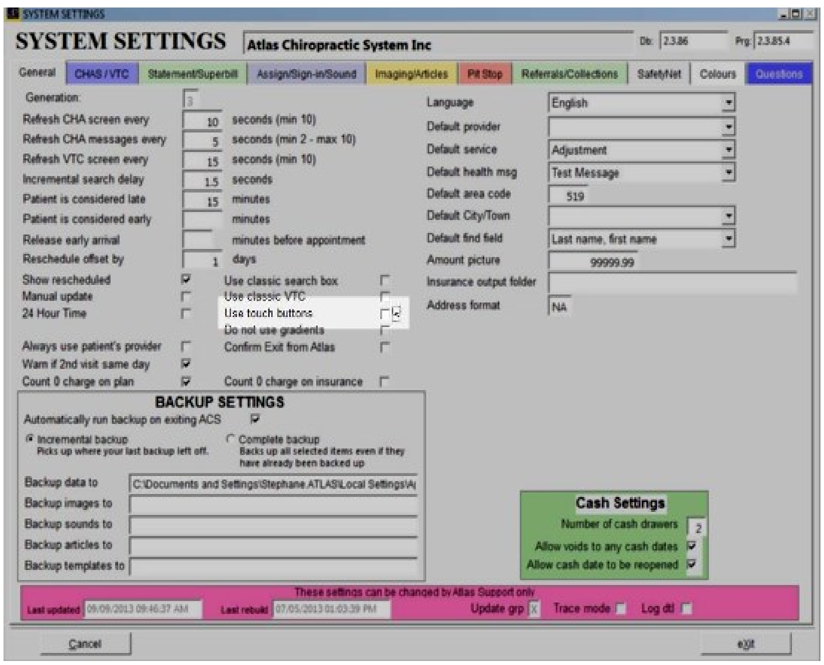
See our System Requirements at http://atlasplus.net for hardware requirements.

Previous Page:
Exporting from Millennium

Next Page:
Enable Feature

Home > Subjective Questions > Enable Feature

To configure your atlas to utilize the subjective questions setup you must first go into Setup > Initial Setup > System Settings then uncheck the option "Use Touch Buttons.



Once you have completed this task, the next step will be to go into Setup > Initial Setup > Rooms.

This is where you will tell atlas which room location will be responsible for asking the patients your questions. There are 2 types of locations that are designed to handle this, the sign in, or the VTC. When you have decided which room you want to ask the questions, click edit then check off the option in the Subj column of the rooms form, and then click save followed by exit.

Now that the initial configuration for the use of subjectives are set, you may now create patient types that will help categorize your patients and the sets of questions they will be asked when they come to the clinic.

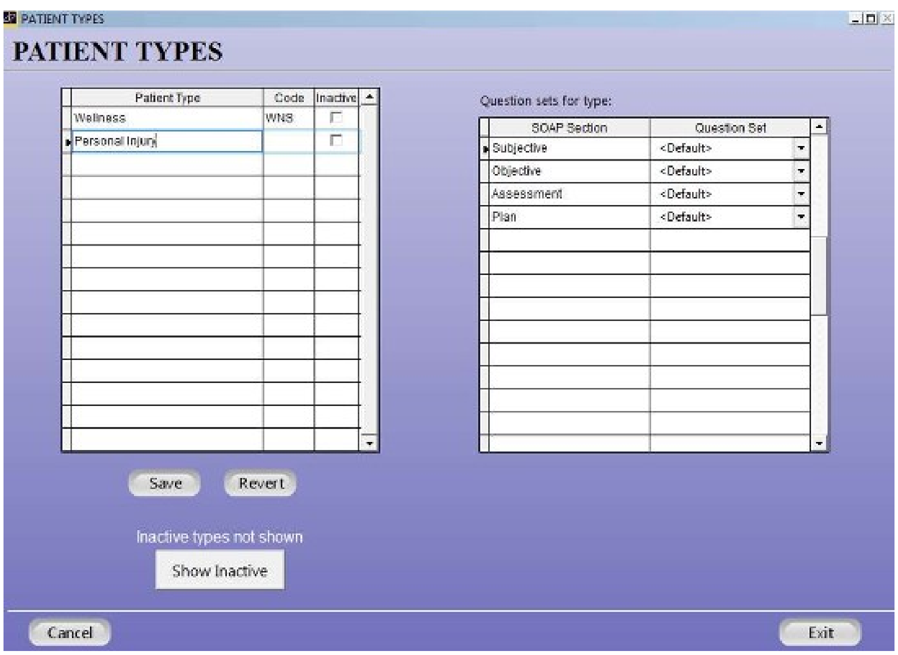
Previous Page:
Subjective Questions

Next Page:
Configure Patient Setup

Home > Subjective Questions > Configure Patient Setup

Patients can be assigned different groups of questions to be presented with when they sign in. For example, your Insurance Patient may need a different set of questions from your Wellness Patient.

In order to create your patient types go to Setup > Initial Setup > Patient Types.



In the patient types form, click the add button then type in the name of the type of patient you are creating, for example "Personal Injury". Once you have created the patient type, on the right hand side of the form it will show the question sets for this type.

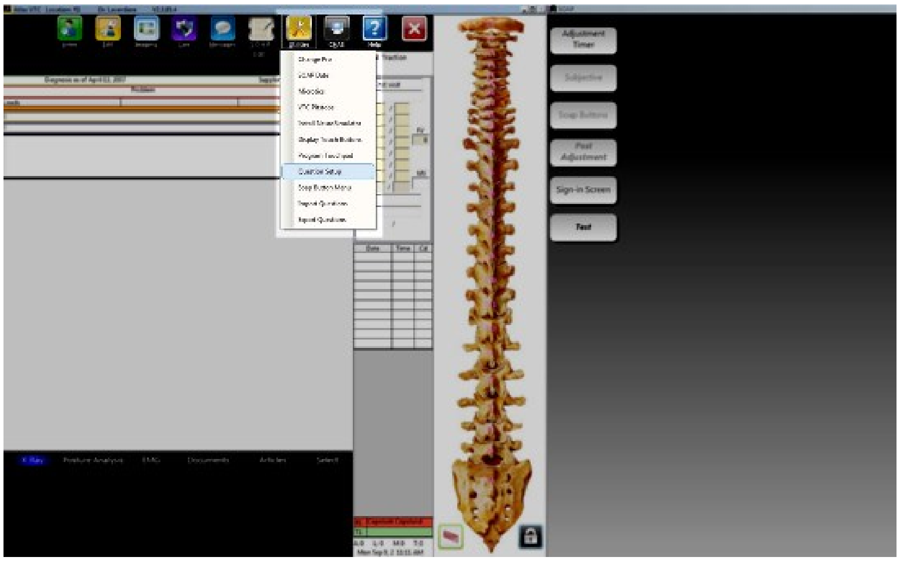
You can come back to this form at anytime to assign the set of questions you created to this new patient type.

Previous Page:
Enable Feature

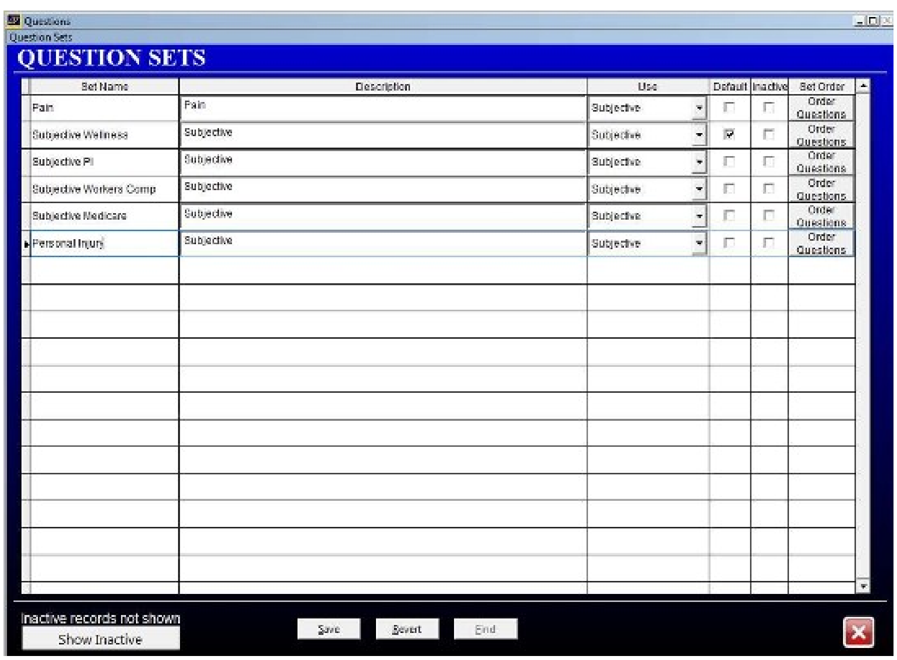
Next Page:
Setup Question Sets

Home > Subjective Questions > Setup Question Sets

Launch your VTC computer, if it was already running when you made the previous changes, close it down and restart it for those changes to take effect. Once you have the VTC open, go to the Utilities menu, then select Question Setup.

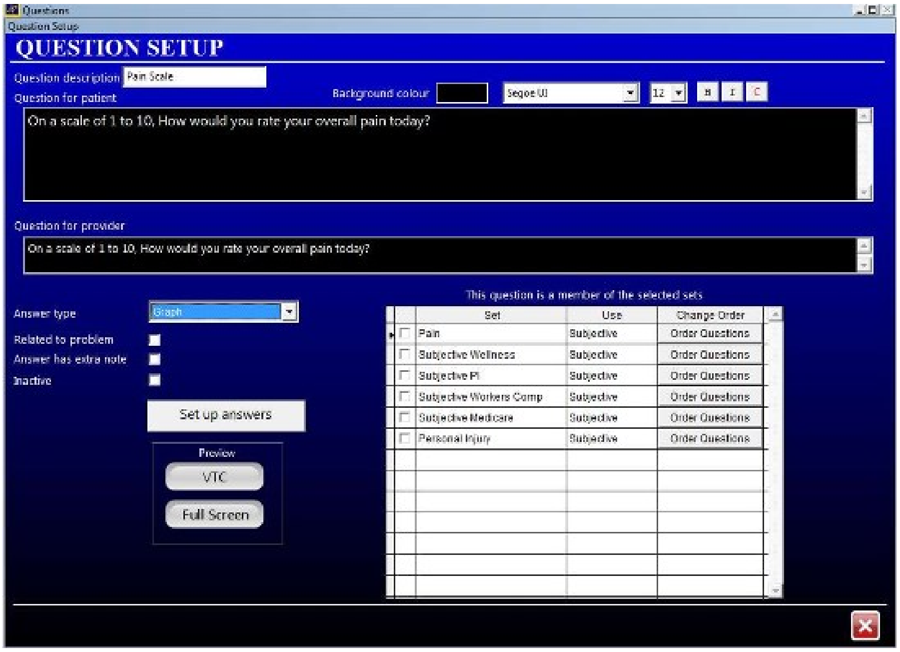


Inside of the question setup screen, you will see the options of Edit Sets, Add New Question, and show inactive. To start, we will create a new Question set for the new patient type we created. Click the Edit Sets button.



In this screen you will need to click the add button at the bottom of the screen, once you have done this you will need to type out the name of the new set, in this case we will call it "Personal Injury" for the sake of keeping the naming convention in line with the patient type. The description can be Subjective, Pain, Pain Subjective or any other description you choose to assign it. Under the use menu, ensure that you select Subjective. The default check box is for the question set that will be asked to all patients, and the inactivate is to disable a set of questions. The order questions box is to arrange the order in which questions are asked to this set of patients. Now that we have created the question set, click save then click the Red X button to close out of this screen.

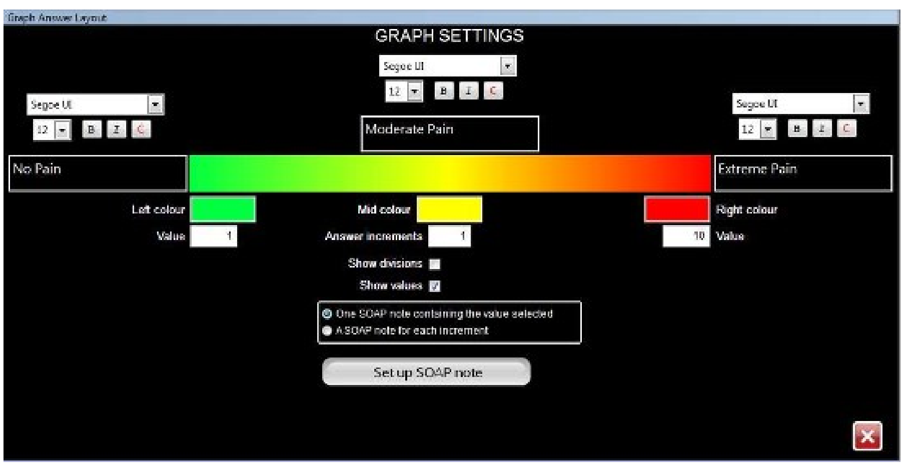
Next we will click on Add New Question and create our first pain scale graph for our patients.



To create the graph question, click the add new question button and the Question Setup screen will appear.

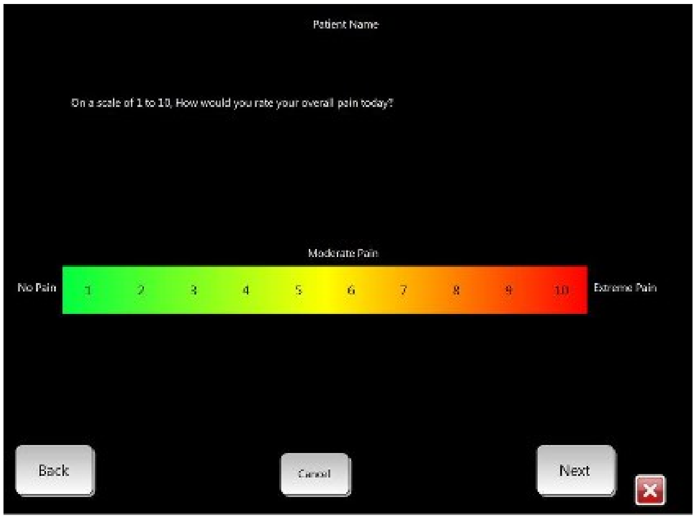
Under the question description give it a clear and precise description so that it is easily identifiable later. Then under the Question for patient, word your question in the way that you will want your patients to have it presented to them. When you are finished and click out of that field, it will auto-populate the Question for provider, if you want the wording slightly different for the doctor you may change it.

Under the Answer type we will need to select the answer type of Graph. If the question is going to ask the question relating to the patients problems listed in their individual problem descriptions, then you may click the Related to problem check box.



When you check the Set up answers button you will be able to configure the graph. The left value field you will want to set as a low value, typically 0 or 1 and assign it a colour by clicking in the box that says "Left Colour". The colours and values will also need to be assigned to the Right box as well. If you would like the values of the graph to be displayed to the patient as opposed to a solely colour graph, click the Show Values check box. You are fully capable of modifying the Fonts, their sizes and colours in this screen as well. To save any of the changes that you have made, simply click the X Button.

Now that the question has been configured the next step will be to preview your question, so from the Question setup screen, you can click the Full Screen button to see a preview of what the patient will be seeing at the sign in.



The VTC preview will show what the doctor will be seeing after the patient has answered the question.

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Configure Patient Setup

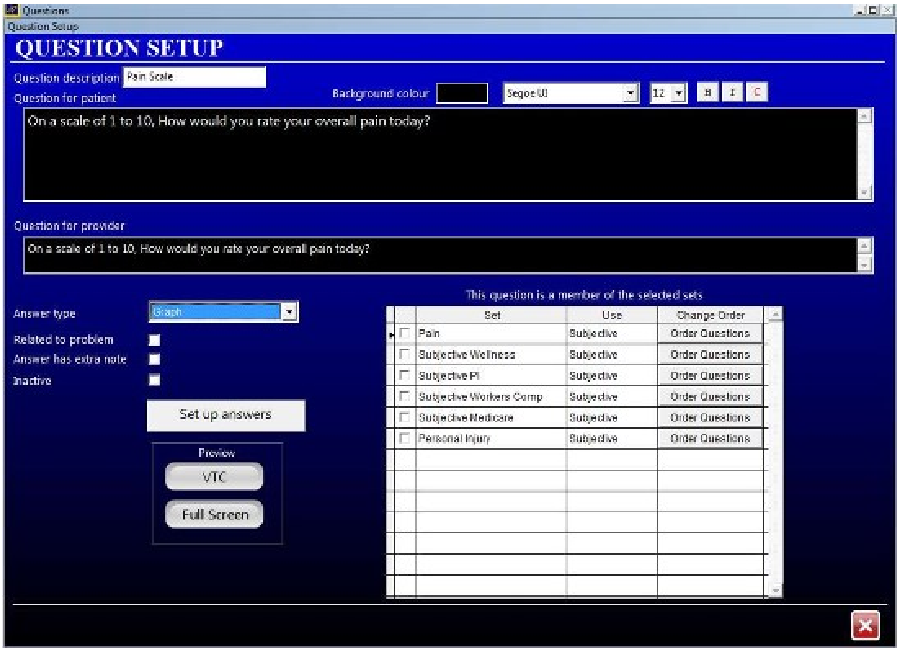
Next Page:
Horizontal Question

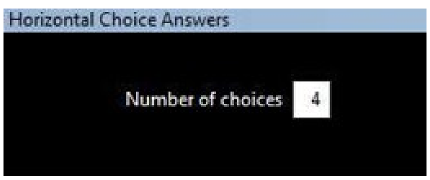
Home > Subjective Questions > Horizontal Question

To create a horizontal question, click the Add New Question button.

Inside of the question setup screen, give the question a description. In this case, we will use this type of question to ask the patient about their improvement, so the description will be "Improvement".

Then type out the question as you would like it worded to the patient, for example "How would you describe your overall improvement since beginning care?". Next we will select the answer type of Choice – Horizontal.

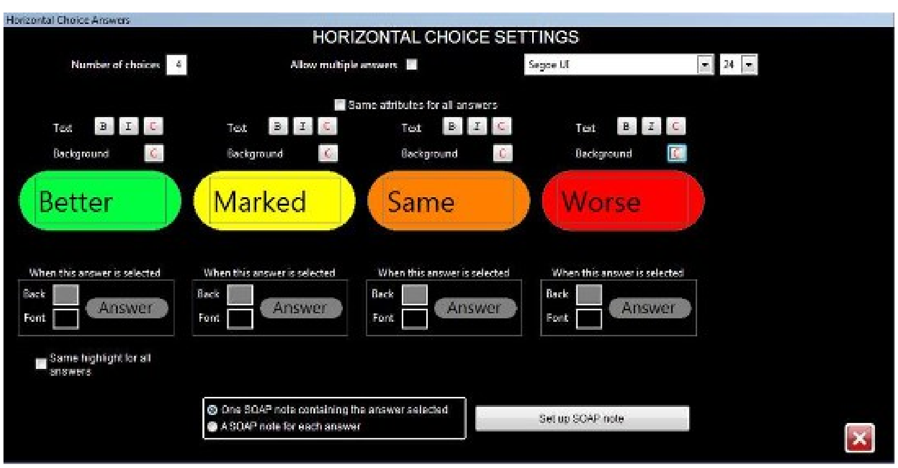




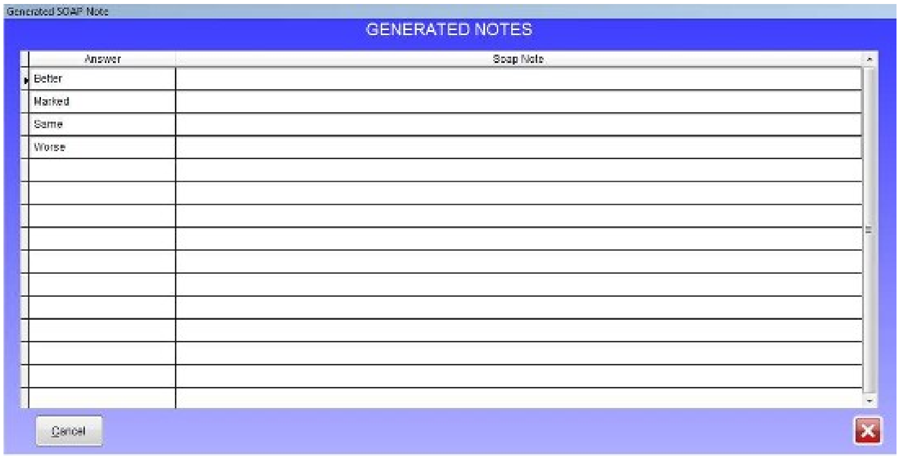
The next step will be to select the Set up answers button, you will be prompted in the top left corner to specify the number of choices, in this example we will have 4 options.

If this question made sense to have multiple choices selected you could also check off “Allow Multiple answers” in the middle of the screen.

If you click the red C button above each of the buttons, you can assign the colour of the button that the patient and you will see. Underneath the buttons is where you can specify the colour of the buttons once they have been selected, by default it will have a grey background and black font.



At the bottom of the Horizontal Choice Answers screen there are 2 options and a button labeled “Set up SOAP note”. If you select “One SOAP note containing the answer selected” you will have 1 standard note entered regardless of what was selected detailing what they stated, for example I selected marked improvement, the note could be “Patient was asked about their overall improvement since beginning care, they stated <<patient answer>>” where <<patient answer>> would be “marked”. The other option would be to select a SOAP note for each answer, in which you can configure you note to be worded differently for each possible answer.



In this example we will use the option to have "A SOAP note for each answer", so ensure you have that selected then click the "Set up SOAP note" button. This will bring you to the Generated SOAP Note screen, you will see your answer options listed on the left, and their soap notes on the right. Click into the SOAP note portion of the answer you want to configure the note for, and it will bring up the text editor where you can begin typing the note.

Please note, on the right hand side there are a few Tokens available for your use in programming the notes, some highly useful tokens would be the he/she, him/her to reference the patients gender and modifies the note accordingly. You also will have use of the patient answer token which will input what the patient answered into the note. Here is an example of what a programmed note will look like.

So in the case of a female patient called Mia Hunter who received care on July 30, 2013 at 10:30 am and answered marked, the note would appear as:

Mia Hunter was asked if she has felt that there has been any improvement in their condition as of July 30, 2013. She stated that their improvement has been Marked.

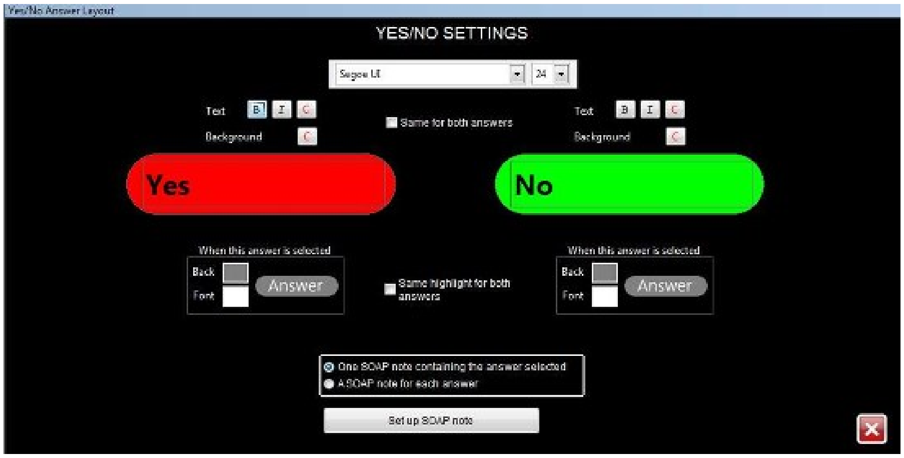
Now that we have the SOAP note for that answer entered, all that is left would be for you to configure the other answers notes. Once everything has been configured, you can click the Red X to close the generate soap note screen.

Previous Page:
Setup Question Sets

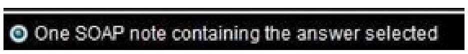
Next Page:
Configure Yes/No Question

Home > Subjective Questions > Configure Yes/No Question

The next type of question that we will be configuring is a simple Yes/No Question type. In this case, we will be asking if the patient has any new or worsening conditions. So under the description we will call it New or Worse, then type out the question for the patient "Do you have any new or worsening conditions?", followed by the answer type of "Yes/No".



Now we can click the Set up answers button, to go into the Yes/No Answer layout screen, where we can assign the colours to the buttons. In this case, we will make "Yes" have a red background by selecting the Red C button and assigning it the colour red. The "No" answer will have a background of Green, by selecting the Red C button above it and assigning it the colour green.



In this case, since there is not much variation between the possible answers, we will use the "One SOAP note containing the answer selected" and click the Set up SOAP note button. In the Generated SOAP Note screen you will see "For all answers" on the left side, and on the right we will see the soap note.

Click in the blank soap note field to bring up the text editor and enter the note that you want generated for this question. In this example I will enter the following:

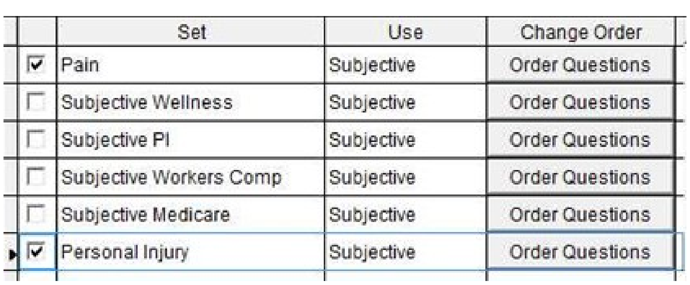
Now that the note has been entered, all that is left to do is click the Red X button to save and exit the text editor, and click the other Red X to close out of the generated soap note screen. Once you are happy with the configuration of the answers you can close out of the Yes/No Answer layout screen as well. The last step in the configuration of this question, is to assign it to the question sets you wish by clicking the corresponding check box in the Question Setup screen to the Question set you desire.

Previous Page:
Horizontal Question

Next Page:
Assign Question Sets

Home > Subjective Questions > Assign Question Sets

Navigate back to the Question Setup in the VTC to assign Patient Groups specific Question Sets.



On the right hand side next to these preview buttons is the Question sets, this is where we assign this question to the different sets of patients we have. Since we created the personal injury question set earlier, we can now assign our first question to that set, simply check the box next to the Personal Injury set to assign that question to it.

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Configure Yes/No Question

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