



MEDEBILL MANUAL

VERSION 3

**An Example of the Precision
Advantage!**

www.precisionmed.co.za

0860 199 199



Follow the link www.medebill.co.za using your Ipad/Tablet
MedEBill is a web based program and will always need internet
connectivity to function.

GETTING STARTED: Username & Password

A screenshot of the MedEBill login interface. The page has a grey header with the word "LOGIN" and a settings gear icon. Below the header, there are three input fields: "Username:" with the value "doca@lani.co.za", "Password:" with masked characters "*****", and "Medical Practice:" with the value "Precision Medical Solutions". Below these fields is a checked checkbox labeled "Remember me". At the bottom are two buttons: a red "X RESET" button and a green "LOGIN" button. A callout box with a black border and white background points to the username field, containing the text: "Type in your allocated Username & Password, tick 'Remember Me' & login".

MEDEBILL - VERSION 3.000
THIS SYSTEM WAS DESIGNED AND DEVELOPED BY LANI COMPUTER ENGINEERING © COPYRIGHT 2017.
2018-02-26 12:07

Read through the Terms and Conditions and insert tick in
open box and press Accept

A screenshot of a terms and conditions acceptance box. It contains a checked checkbox followed by the text "Accept Terms and Conditions" and a green "ACCEPT" button.

You will be prompted to change your password.

Thereafter every 60 days for security purposes.

CHANGE PASSWORD






You need to change your password ever 60 days. Please change it now.

Password:

Confirm Password:

Main Menu: Submission of Cases

MAIN MENU

-  **MANAGE PATIENTS**
-  **VIEW RECORDS**
-  **STATISTICS AND AUDIT SHEETS**
-  **BULK DOWNLOAD OF RECORDS**
-  **CREATE COST ESTIMATE**

Press the **MANAGE PATIENTS** tab

Press the **ADD PATIENT** tab to start the process

ADMITTED PATIENTS

PATIENT NAME	REFERENCE	DATE OF BIRTH	ACTIONS
--------------	-----------	---------------	---------

ADD PATIENT

FILE NO

Enter File Number

The **ADD PATIENT** screen will open
The minimum data that has to be completed is the **FILE NO >**
Press **SAVE**

Completion of all data fields is not necessary
Images uploaded will contain majority of information

The Case created will now show under ADMITTED PATIENTS

+ CASE

To insert further information on the case, press on the + CASE button. **PATIENT AREA** will open

ADMITTED PATIENTS

PATIENT NAME	REFERENCE	DATE OF BIRTH	ACTIONS
	Test	2018-02-26	<input type="button" value="+ CASE"/> <input type="button" value="REMOVE"/>
	Training2	0000-00-00	<input type="button" value="+ CASE"/> <input type="button" value="REMOVE"/>

To navigate you need to use the tabs below

PATIENT AREA



IMPORTANT: Complete the information on the tabs before pressing **SUBMIT**

1. **PATIENT INFO:** Complete information available – Completion of all data inserts is not necessary > Press **SAVE**
2. **ESTIMATE:** Not Compulsary to submit - Can be completed and if **ACCEPT** is clicked, the values will be added to **COST ESTIMATE NOTES** under the **BILLING** tab

CONSULTATION	<input checked="" type="checkbox"/> 0151	CLINICAL INFORMATION	
DURATION (0023)	<input type="text" value="60"/>	AGE (YEARS)	<input type="text" value="30"/>
PROCEDURE CODE	<input type="text" value="0304"/>	WEIGHT	<input type="text" value="160"/>
		LENGTH	<input type="text" value="1.6"/>
		BMI	<input type="text" value="62.5"/>

CONSULTATION - Tick 0151 block
DURATION (0023) – Insert minutes of procedure
PROCEDURE CODE – Insert main procedure code
AGE (YEARS) – If information is available
BMI – If required

ADDITIONAL PROCEDURE CODES

MODIFIER CODES

TARIFF FOR COST ESTIMATE

MEDICAL AIDS

MEDICAL AID DISCOVERY HEALTH

OPTION CLASSIC COMPREHENSIVE

ADDITIONAL PROCEDURE CODES can be inserted in these areas

Tick box of **MODIFIER CODE/S** if relevant

Tick the relevant **Tariff** fee for estimate calculation

Select the **MEDICAL AID** & plan **OPTION**

ADDITIONAL PROCEDURE CODES	MODIFIER CODES
<input type="text"/>	<input type="checkbox"/> 0039
<input type="text"/>	<input checked="" type="checkbox"/> 0011
<input type="text"/>	<input type="checkbox"/> 0032
	<input type="checkbox"/> 0034
	<input type="checkbox"/> 0038
	<input type="checkbox"/> 0042
	<input type="checkbox"/> 0043
	<input type="checkbox"/> 0044
	<input type="checkbox"/> 0018
	<input type="checkbox"/> 0019
	<input type="checkbox"/> 5441
	<input type="checkbox"/> 5443
	<input type="checkbox"/> 5445
	<input type="checkbox"/> 0109
	<input type="checkbox"/> 1204
	<input type="checkbox"/> 1215
	<input type="checkbox"/> 1218
	<input type="checkbox"/> 1220
	<input type="checkbox"/> 1221
	<input checked="" type="checkbox"/> 2800
	<input type="checkbox"/> 2801
	<input type="checkbox"/> 2802
	<input type="checkbox"/> 0146
	<input type="checkbox"/> 0147
	<input type="checkbox"/> 5442
	<input type="checkbox"/> 5444
	<input type="checkbox"/> 5448

TARIFF FOR COST ESTIMATE

TARIFF FOR COST ESTIMATE	TARIFF FOR COST ESTIMATE
<input type="checkbox"/> NHRPL 100%	<input type="checkbox"/> DH Keycare
<input type="checkbox"/> NHRPL 125%	<input type="checkbox"/> DH Rate
<input type="checkbox"/> NHRPL 150%	<input type="checkbox"/> DH Prem B
<input type="checkbox"/> NHRPL 200%	<input checked="" type="checkbox"/> DH Classic Direct (204%)
<input type="checkbox"/> NHRPL 250%	<input type="checkbox"/> DH Executive
<input type="checkbox"/> NHRPL 300%	<input type="checkbox"/> Fedhealth (Main Arrangement)
<input type="checkbox"/> NHRPL 400%	<input type="checkbox"/> Fedhealth (Entry Level)
<input type="checkbox"/> Practice Private Fee	<input type="checkbox"/> WCA

MEDICAL AIDS

MEDICAL AID	MEDICAL AID
<input type="checkbox"/> NHRPL 100%	<input type="checkbox"/> DH Keycare
<input type="checkbox"/> NHRPL 125%	<input type="checkbox"/> DH Rate
<input type="checkbox"/> NHRPL 150%	<input type="checkbox"/> DH Prem B
<input type="checkbox"/> NHRPL 200%	<input checked="" type="checkbox"/> DH Classic Direct (204%)
<input type="checkbox"/> NHRPL 250%	<input type="checkbox"/> DH Executive
<input type="checkbox"/> NHRPL 300%	<input type="checkbox"/> Fedhealth (Main Arrangement)
<input type="checkbox"/> NHRPL 400%	<input type="checkbox"/> Fedhealth (Entry Level)
<input type="checkbox"/> Practice Private Fee	<input type="checkbox"/> WCA

Cost Estimate Details will calculate on bottom field

COST ESTIMATE DETAILS

ESTIMATE VALUE	R2893.94	CO-PAY MED AID	R0.00
MEDICAL AID	R2893.94	CO-PAY RPL 100%	R1618.57
100% RPL	R1275.37	STATUS	Idle

ACCEPT

To add the ESTIMATE to the **COST ESTIMATE NOTES** under the BILLING tab, Press **ACCEPT**

AGREEMENT AND BILLING FIELDS WERE POPULATED

OK

3. AGREEMENT: Patient can read, agree and sign the anaesthetic card terms and conditions as well as acknowledge the estimate value

ANAESTHETIC CARD TERMS AND CONDITIONS

PATIENT:

1. I understand that no one can guarantee an incident free anaesthetic.
2. I understand that the theatre staff and equipment are supplied by the hospital. Anaesthetic equipment is checked on a daily basis.
3. I agree not to drink alcohol, drive a car, or operate any dangerous equipment, make important decisions or conclude agreements for 24 hours after recovering from anaesthesia.
4. I agree to allow my personal data to be forwarded to the relevant organisations as required by law and to allow anonymous data of a clinical and practice management nature, to be collected to help to improve the patients healthcare experience.

I have read, understood and agree to the conditions mentioned above. I declare that I am of sound mind at the time of signing this agreement and that I am not under duress. I hereby give permission for anaesthesia on myself.

I AGREE

PAYMENT:

1. Your Anaesthetic account is rendered completely independently from the accounts rendered by the hospital and the surgeon.
2. The makeup of the cost estimate for the anaesthetic service has been discussed with me.
3. The cost estimate as set out in section C is time-based and may change as a result of unforeseen circumstances and unexpected complications.
4. You are personally responsible for payment and not your medical scheme. Your medical scheme may not cover the full amount on your accounts, depending on the medical scheme and the plan option which you have chosen.
5. Should your account be handed over for collection, interest will be charged at 2% per month on all outstanding amounts. All costs incurred to collect the arrears will be for your accounts on attorneys and client scale.


I have read, understood and agree to the conditions mentioned above. I declare that I am of sound mind at the time of signing this agreement and that I am not under duress.

I AGREE

ESTIMATE/QUOTE VALUE

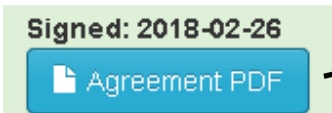
CO-PAY RPL 100%	R2893.94
CO-PAY MED AID	R1618.57
	R0.00

ESTIMATE/QUOTE VALUE calculation will be imported from Estimate tab when accepted





Press **AGREE** after all the above has been inserted



Signed agreement can be shared with the patient, by pressing the **AGREEMENT PDF** button. This will download the agreement in PDF format, should you want to email the agreement to the patient.

4. BILLING:

Click on open line and complete required field

IMPORTANT: DATE field – Today's date is automatically populated.
Change this date to your service date

The screenshot shows a medical billing form with the following sections and fields:

- Patient Info:** Patient Info, Estimate, Agreement, Billing, Images, History, Examination, Theater, Operation, Post Op
- LOCATION:** Kloof Hospital
- SURGEON:** Dr. Precision
- DIAGNOSIS:** Laceration
- TARIFF RATE:** Classic 17
- DATE:** 2018/02/26
- ICD10 CODES:** S01.0
- BMI PARAMETERS:** WEIGHT (120), LENGTH (1.6), BMI (46.87)
- PROCEDURE TIME:** START (08:00 AM), END (08:30 AM), DURATION (30)
- POSITION:** L Lateral, R Lateral, Prone, Beach Chair, Other
- ASA:** 1, 2, 3, 4, 5, 6
- PROCEDURE CODES:** 0304, 0145, 0146, 0147, 1215, 1218, 0032, 0034, 0038, 2802, 0018, 0019, 0151, 0039, 0011, 0109, 1220, 1221, 2800, 2801, 0043, 0044, 5103

ICD10 CODES
Insert codes in open fields
To search for codes, press SEARCH button on the bottom of the page

PROCEDURE TIME
Insert Start and End time > Tab
Depending on the type of device being used AM/PM might be added afterwards for duration to calculate

PROCEDURE CODES
Insert procedure code/s – open spaces below can also be used.
Tick next to any additional codes on list

- **BMI PARAMETERS:** If required details can be inserted
- **POSITION:** Tick block of appropriate position
- **ASA:** Modifiers related to physical status – tick required block

- BILLING NOTES: This area can be used for any billing notes
- COST ESTIMATE NOTES: Cost Estimate value will be imported in this area

BILLING NOTES

COST ESTIMATE NOTES

Selected Tariff: Practice Private Fee
 Selected Medical Aid: BANKMED - CORE SAVER PLAN
 Estimated Value: R2969.16
 Med Aid Value: R989.76
 100% RPL Value: R989.76
 Co-Pay Med Aid: R1979.40

Press SAVE – Not SUBMIT

SEARCH FUNCTION

SEARCH

ICD10

Procedure Codes

PMB

Medical Aid

Coding

Insert Keyword or Code and press Search

Keyword or Code:

➔ Search

ICD10

DESCRIPTION

U98.1

Service provider refusal to disclose clinical information

Press on Code – will automatically be inserted in billing information field

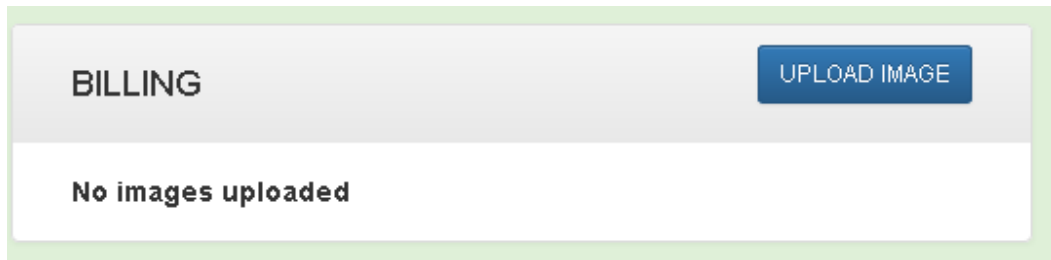
U98.1 was inserted into ICD10 billing field.

OK

After search press on PATIENT AREA on top to return to billing screen

PATIENT AREA

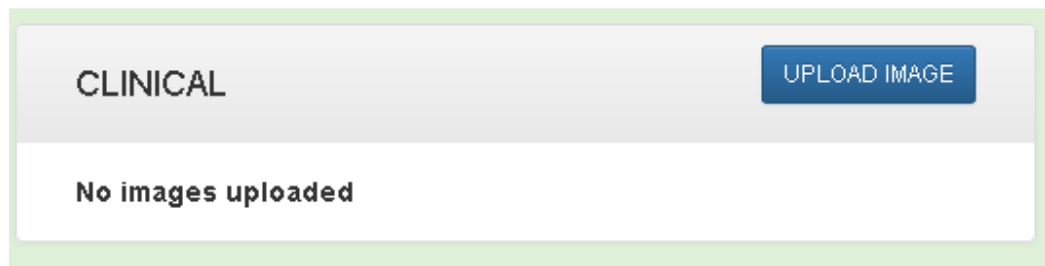
5. IMAGE – Uploading photos of stickers, cards, hospital A-slip & consents



BILLING UPLOAD IMAGE

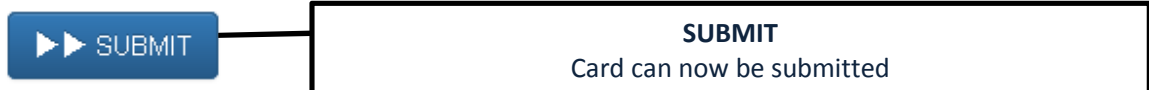
No images uploaded

Clinical Images – These images will only be seen by doctor and not by Precision Medical Solutions staff



CLINICAL UPLOAD IMAGE

No images uploaded



▶▶ SUBMIT SUBMIT
Card can now be submitted

Thank You for choosing MedEbill and MedEquote

Please visit our website
www.precisionmed.co.za
to see the full range of services offered by

PRECISION MEDICAL SOLUTIONS

The leaders in Medical Practice Management and innovation in Anaesthetic billing.

**For a free consultation on how Precision can improve your practice e-mail
precisionmed@mweb.co.za or call 0860 199 199**