



USER MANUAL

ver 5

www.tevixMD.com :: info@tevixMD.com

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GETTING STARTED

Reset Your Password

Password Minimum Requirements

- ✦ BOTH uppercase and lowercase letters
- ✦ at least one number (0, 1, 2,...), and
- ✦ a special character (-, #, _, \$,...)

Resetting Your Password

To reset your password you must initiate a password request. Do this as follows:

Initiate a password request...

1. On the tevizMD® login screen, towards the bottom of the login panel, click the link: [Forgot your password?](#)
2. You will go to a [Reset Password page](#)
3. Enter your [tevizMD® Username](#), click the [Next button](#)
4. This will trigger a [Password Reset Request email](#) to the registered email address associated with your username. **It will contain a Security Code.**
5. Return to the web page and enter the [Security Code](#), then click the [Next button](#)
6. This will take you to a page where you can change your password.

Reset Password Window

LOGIN & LOGIN SUPPORT

Login / Forgotten Password

tevizPAS™ > Login Window

tevizMD User Login Window

LOGIN & LOGIN SUPPORT

Username

Your Username is assigned to you and is made up of your first initial and last name.

For example, for the name John Smith: Username = **jsmith**

Password

Your Password should have been set up previously. If you have not set up your password, please refer to the sections above: [Setting Your Initial Password](#).

Where to Login

Use the internet to go to: <https://app.teviz.net>

Login Problems

Forgotten Password

Click the [Forgot your password?](#) link on the login screen to receive email instructions to reset your password. Follow the instructions in the email.

If you are still unable to login...

send an email to operations@tevizmd.com

Or, for immediate assistance...

call (561) 257-0832, select [Support](#) M-F / 8a-6p ET.

LOGIN & LOGIN SUPPORT

IP Error & Security

tevizPAS™ > Login Window

Locked Out of Your Account

After 3 failed login attempts, your account will be locked. To unlock your account...

1. You will receive an email notice stating you have been locked out
2. Click on the link in the email to unlock your account.
3. You will be directed to a web page to update your password.

IP Blocked / IP Error

A user's location is stored when their account is initially set up. The IP Address is a unique address that identifies the computer you use and its location on the web. Your login ability is strictly tied to your location and **Registered IP Address**.

You will get a **Blocked IP Address error** for one of these reasons:

- ❖ You are trying to log in from a computer/location other than your registered computer or location
- ❖ The IP Address of your registered computer or location has been changed – this *does* happen.

What to do...

In the error message that pops up, there is a link you can click to report the block. This report will go directly to support. Updating of IP addresses is usually resolved very quickly, unless it is after normal business hours. See *Contacting Support* below, under *Security*.

Security

At tevizMD®, we take security very seriously. Here is a list of No No's that could lead to your personal account being terminated, as well as the termination of your company's account:



LOGIN & LOGIN SUPPORT

Contacting Support

tevizPAS™ > Login Window



DO NOT share your login with anyone, including co-workers.

1st infraction

Your facility is notified and a warning is placed on your account

2nd – Your user account is closed

3rd - Your facility permanently loses access to tevizMD®.



DO NOT attempt to use tevizMD from any computer/workstation other than the one upon which you are currently registered

You will receive an IP error and will not be allowed to log in. If you need to legitimately change your register IP address, or if it has been changed without your knowledge (this happens), then please contact support to have your registered IP Address updated.

Contacting Support

Please provide as much information as possible about your issue when contacting support. For IP Address errors, please make note of the displayed IP address in the error message.

Contact support in one of three ways:

Email: support@tevizMD.com

Submit a Support Form: www.tevizmd.com/support/

Call: 1.561.257.0832, ext 2 available M-F / 8a-6p eastern

THE TEVIXMD® PLATFORM

The tevixMD® Platform is made up of a variety of services/applications:

tevixPAS

tevixPAS™

The main engine used for processing a patient transaction (verifying identity, address, benefits and real-time deductible status). It also drives many of the features of the other applications.

Initial patient search starts here

tevix^{real-time}BATCH

tevix Real-Time BATCH™

For auto-validation (high-volume scrubbing) on any number of patient records at once. Records are imported via an import file and results are delivered either in an output file or in the PAS™ [History tab](#) or both.

tevix^{transfer}AGENT

tevix TransferAgent™

One-click feature that moves validated patient data into any of your 3rd party information systems, such as billing, LIS, HIS, order entry, etc.

Access the Transfer Agent from PAS *after a patient has been verified.* It is only available to users whose companies have turned on the Transfer Agent feature.

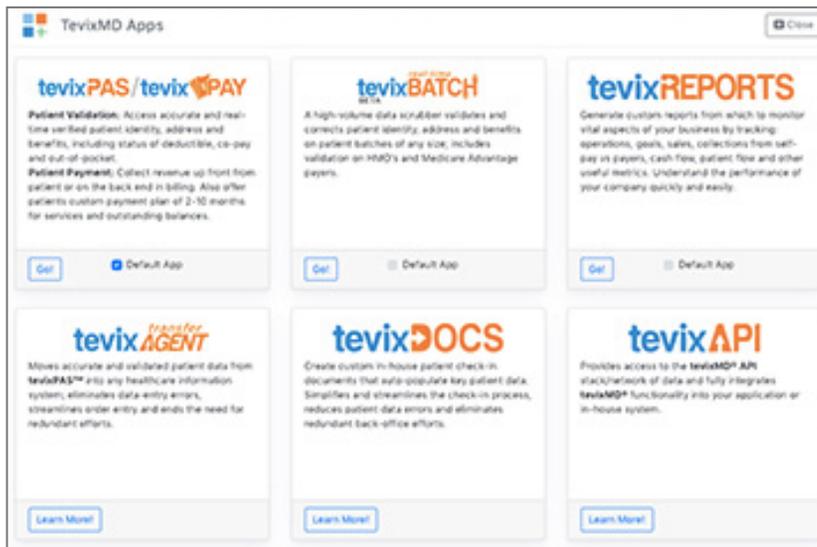
tevix\$PAY

tevixPAY™

For invoicing, accessing your fee schedule, determining the total for a patient visit, add outstanding balance to the total, collecting: co-pays, service fees, and lab fees, setting up automated patient payments, collecting total due via credit card, HSA, debit, cash, check, and for arranging future payment from patient to auto-collect remaining patient responsibility after the EOB is returned. tevixPAY™ features are only available to users whose companies have turned on the tevixPAY™ feature.

THE tevixMD® PLATFORM

The Applications / Services



App Switcher Window

Jump from App to App. Access this by clicking on the [App Switcher Icon](#) in the top-left corner of the Main PAS Window.

tevixDOCS™

For creating electronic or printed patient docs that are automatically populated with verified patient information. Use DOCS to streamline patient check-in process, reduce patient data errors, eliminate unnecessary typing and redundant back-office efforts. DOCs are custom-made for the provider and are available to users whose companies have turned on the tevixDOCS™ feature.

tevixREPORTS™

For tracking patient transactions and employee usage. Reports can be sorted and filtered by date, by transaction status, payment, user, location and more. It is especially useful for tracking cash and to enforce the following of operating procedures.

tevixAPI™

Provides access to the tevixMD API™ stack/network of data and fully integrates tevixMD functionality into your application or in-house system. Please contact your tevixMD® Rep to discuss setting this up.



If you subscribe to more than one tevixMD® platform service – PAS™, Real-time BATCH™, tevixDOCS™, tevixREPORTS™, etc., click on the APP SWITCHER image  in the very TOP-LEFT of the [Main PAS™ Window](#) to easily move between apps.

TERMINOLOGY

EOB

Explanation of Benefits - the response from a payer when a claim has been submitted and returned to the provider.

PAS™

A patient search and any activities that follow where you are interacting with a specific patient's data. Interactions could be: verifying identity, address,

Transaction

A patient search and any activities that follow where you are interacting with a specific patient's data. Interactions could be: verifying identity, address, benefits, deductible status, co-pay amount, generating an invoice for services, looking for and including an outstanding balance, collecting payment, setting up a payment plan and arranging for future payment.

TransferAgent™

A patient search and any activities that follow where you are interacting with a specific patient's data. Interactions could be: verifying identity, address,

THE PLATFORM ENVIRONMENT

Main PAS™ Window -vs- The Patient Transaction

tevivPAS™ > Main PAS™ Window

THE PLATFORM ENVIRONMENT

The Main PAS™ Window -vs- The Patient Transaction Window

In the tevivMD® Platform there are 2 main environments:

1. The tevivPAS™ MAIN Window is a broad view.

This is the *main window* where you initiate a new patient search and perform tasks / access features that are not necessarily related to a single patient, such as viewing transactions that need attention, viewing BATCH results, viewing the payment history, viewing collections, generating reports, etc.

Three of the most common tasks initiated here are:

- Searching for a patient
- Searching for transactions
- Searching for a payments / Take a quick payment
- Manually search for patient benefits

tevivPAS™ Main Window

Navigation: Patient | Benefits | Payment | History | Main Street Clinic | Your Username

Patient Search

Clear | Nobody Found, Enter Patient | Search

— Name + Zip or City/State

Last Name: Last Name | First Name: First Name / Initia | Zip Code: Zip Code | Or City: City | FL

+ Name + Date of Birth
 + SSN
 + Advanced Search

Ref. ID [Search Icon]

Annotations:

- **Tabs**: Points to the navigation bar.
- **Patient Search Options**: Points to the search bar and expandable options.
- **Expand a section to search using different data**: Points to the expandable options.
- **Username Dropdown**: Points to the 'Your Username' dropdown.
- **Sign Out Access Profile Admin**: Points to the dropdown menu.
- **Ref ID Quick Search**: Search for an individual transaction by Ref ID found on patient invoice.

THE PLATFORM ENVIRONMENT

tevixPAS™ -vs- The Patient Transaction

tevixPAS™ > Patient Transaction Window

2. The Patient Transaction Window is strictly related to single-patient tasks.

Everything you do and see in this area relates to a single patient transaction, such as verifying identity, address and benefits, viewing remaining deductible, invoicing, collecting patient payment, setting up a tevixPAY™ payment plan, arrange for future payment, print patient docs and more.

The **Patient Transaction area** opens in a separate window **ON TOP OF** the tevixPAS™ Main Window,

HEADS UP: when you are working on a patient transaction, you can exit the Patient Transaction area by clicking the **Close button** in the top-right corner of the window.

This returns you to the tevixPAS™ Main Window.

The Patient Transaction Window

Opens when you initiate a patient search. Close this window to return to the Main PAS™ Window.

● Tabs

PATIENT NAME

Patient ✓ Benefits ✓ Payment/Summary

PATIENT INFO Verify current address and click 'Save & Next'!

Last Name: [text] First name: CHRISTINA Middle: [text]

Gender: Male Female Lock DOB: 11/16/1984 Lock SSN: xxx-xx-9201 Lock **Unlock Fields**

CURRENT ADDRESS

Address: 400 [text] DR Address 2: Apartment, studio, or floor

City: CANTON State: GA Zip: 30114-7221

PREVIOUS ADDRESSES

[text] [text]

PHONE

Home: (201) 892-8924 I received permission to call this number

EMAIL

Email Address: [text]

Save & Next

● Close the Window

● Save Your Work

● Gender, DOB & SSN are locked fields to safeguard against accidental edits. To edit these fields...

1. Click the **Unlock Fields** button
2. You will be asked for your Password - this is YOUR tevixMD password.

THE TABS

tevirPAS™ Tabs / The Main PAS™ Screen

[tevirPAS™ > Patient Transaction Window](#)

Save your work?

If you have started a new patient search, be sure to click the [Save and Next button](#) before exiting, to save the transaction.

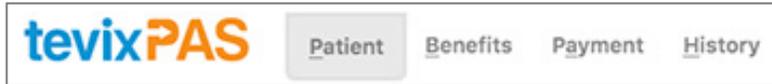
You can return to the transaction later via the History Tab (see the [History Tab section](#) later in this document). If you do not want to save the transaction, simply close the Patient Transaction window by clicking the [Close button](#).

If there is no [Close button](#), then you are NOT in the [Patient Transaction area](#). You are in the outer, main window of the tevirPAS™ environment.

Access the patient-related PAS™ area by searching for a patient or by clicking on a transaction in either the [Payment Tab](#) or [History Tab](#). Either of these actions - a patient search or click on a transaction in History or Payments - will automatically take you into the PAS™ patient area.

THE TABS

Main PAS™ Window Tabs



Tabs in the tevizPAS™ Main Window

THE TABS

A Quick Look at the Screens and What You Do on Each

The Main PAS™ Window Tabs

Again, this is looking at the main tevizPAS™ window where you initiate a new patient search and perform tasks / access features that are not necessarily related to a single patient.

Patient Tab

- ✓ Initiate a patient search / patient transaction

Benefits Tab

- ✓ Manually search for patient benefits

Payment Tab

- ✓ Setup a payment plan – without searching for a patient first
- ✓ Take a payment – without searching for a patient first
- ✓ Issue a refund to a previous transaction
- ✓ Find a single, a set or all payment transaction(s)

History Tab

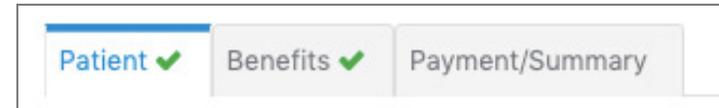
- ✓ Find a single, a set or all transactions (payment related or not)
- ✓ Print a transaction, invoice or benefits summary
- ✓ Transfer validated patient data into another information system
- ✓ Review results of a Real-Time BATCH™
- ✓ Address Batch transactions that *need attention*

THE TABS

Patient Transaction Window Tabs

Patient Transaction Window Tabs

Remember, this window strictly relates to single-patient tasks and it appears in a separate window on top of the [Main PAS™ Window](#). Everything you do and see in this area relates to a single patient transaction.



Tabs in the Patient Transaction Window

Patient Tab

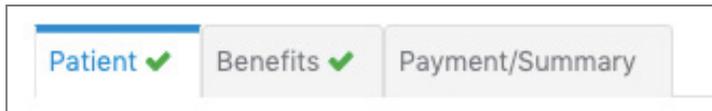
- ✓ Verify / Update (if necessary) patient identity and address information
- ✓ Add a new address for the patient
- ✓ Add additional phone numbers and email addresses

Benefits Tab

- ✓ Verify benefits
- ✓ Update benefits-related information, such as Insurance ID, etc.
- ✓ Add and verify secondary coverage

THE TABS

Patient Transaction Window Tabs



Tabs in the Patient Transaction Window

Payment/Summary Tab

BENEFITS AREA

- ✓ View benefits real-time status, deductible, co-pay, etc
- ✓ View full benefits response from payer

INVOICE and FEE SCHEDULE AREA**

- ✓ Build an invoice for today's visit
- ✓ View outstanding balance(s)
- ✓ Apply discounts to a bill

PAYMENT AREA

- ✓ Print a detailed description of the patients payment options
- ✓ Setup a payment plan
- ✓ Collect payment
- ✓ Setup a future payment

ADMINISTRATIVE / PRINTING

- ✓ Print completed patient in-take documents
- ✓ Transfer validated, real-time patient data into another information system
- ✓ Print the visit information
- ✓ Print an invoice

** Fee Schedue is available ony after it has been initially uploaded into the tevizMD system.

COMMON TASKS

Getting things done in tevixMD®

COMMON TASKS - Using tevixMD Step by Step

For the most part, these tasks are presented in the order that you would naturally perform them. Below is a quick-view list; complete instructions for each task begin below the list:

1. Search For a Patient (Main PAS™ Window)
2. Validate Identity & Address
3. Find Primary and Secondary Coverage
Switch Primary & Secondary Coverage
4. Validate Benefits & Remaining Deductible Status
View/Print Complete Benefits Response from Payer
5. Print Patient In-Take Doc(s)
6. Create an Invoice / Fee Schedule Lookup
Setting up Previous Balances
Previous Balances in the invoice
7. Collect a Payment
Print explanation of *Patient Payment Options*
tevixPAY™ Payment Options
8. Setup a Payment Plan for the Patient
Getting Patient Payment Plan Authorization from Patient
9. Setup Future Payment
Getting Future Payment Authorization from Patient
10. tevix TransferAgent™
Transferring Validated Patient Data into other Information systems
11. Printing a Patient Transaction / Printing an Invoice
12. The History Tab & Searching for Transactions
13. tevix Real-timeBATCH™

COMMON TASKS

Search For a Patient

tevizPAS™ > Main Window > Patient Tab

1. SEARCH FOR A PATIENT || [tevizPAS™ Main Window](#)

Best methods for a patient search (recommended)

These methods produce the narrowest and quickest match

- ✦ Scan a Driver's License, if available (hand-held scanner required)
- ✦ Search by SSN

Other methods, in order of quickest match and least amount of typing

- ✦ LN, FN (first initial) and Zip Code
- ✦ LN, FN (first initial) and City/ST
- ✦ LN, FN (first initial) SSN, DOB, Address, Zip Code or City/ST

NOTE: Patients Without ID

If a patient presents without an ID and multiple names are generated during your search, it is recommended that you execute an 8-point verification check using information provided in both tevizMD and your internal system and/or on the doctors order slip. Below are 11 recommended confirmation points -- **the patient should be able to verify 8 to proceed without an ID:**

- Patient Name
- Patient Address
- Patient DOB
- Patient insurance information (if 3rd party billing)
- Date of Service
- Patient Phone Number
- Patient Email Address (if listed on requisition)
- Patient Fax Number (if listed on requisition)
- Ordering physician or practice name
- Ordering physician office address
- Ordering physician phone number

COMMON TASKS

Start a Search

tevizPAS™ > Main PAS™ Window > Patient Tab

Handheld Scanner Reprogramming

DO THIS **ONLY** IF APPLICABLE:

If you have an issue with your scanner and are unable to scan a driver's license, first try reprogramming your scanner by scanning the barcode below.



Hand-held Scanner Issues

- ✘ Scanner is reading an error
- ✘ Scanner is malfunctioning (see *Scanner Reprogramming*)
- ✘ Patient is a child (no credit record)
- ✘ Patient is an adult who has not established credit (no credit record)

NOTE: Identity data is driven by credit bureaus, not the tevizMD Network. Consequently, people without credit will often not be found.

Start a Search

1. Scan the Driver's License **-OR-**
Manually enter the patient data in the desired section of the [Search Screen](#) and click the [Search button](#)

Patient Not Found?

You can always manually enter patient identity and address information. To do this, click the [Nobody Found, Enter Patient](#) button.



This opens a [Patient Transaction window](#) to the [Patient tab](#) and a blank patient form. Enter the patient identity and address info. **Fields outlined in red are required.**



Driver's License is the new global medical ID.

Searching for patients is best accomplished by scanning a driver's license, whenever possible. It eliminates typing and errors.

COMMON TASKS

Identity Verification

tevizPAS™ > Patient Transaction Window > Patient Tab

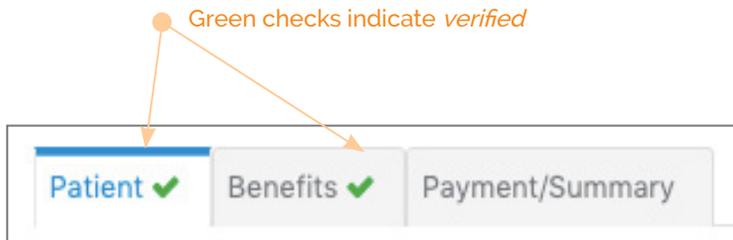


A POSSIBLE FRUSTRATION SPOT: GET YOUR BEARINGS

Selecting a patient name, opens the [Patient Transaction area](#) in a separate window on top of the [Main tevizPAS™ screen](#).

From this point forward, everything you see and do will pertain to this patient transaction, their record, their invoice and their payment(s).

You will remain in the [Patient Transaction area](#) until you close the transaction window (click the [Close button](#) in the top right).



2. VALIDATE IDENTITY AND ADDRESS || Patient Tab

Identity Verification

1. When search is complete, you will see one or more possible name matches at the bottom. The most-likely match is at or very near the top.
2. Identify the correct patient from the results list **based upon name, DOB**. If the patient is in front of you, ask them to confirm it.
3. Click the [Select button](#) next to the correct entry. This will take you to one of two possible places, depending upon whether or not the patient has been previously verified.

NOTE - Previously Verified Patients

Patients who have been previously verified by tevizMD® will have a [Verified](#) to the right of the name in the results list. However, address and benefits still need to be verified.

If NOT previously verified:

A [Patient Transaction window](#) will open and you will be on the [Patient tab](#) - where you can verify the address and other contact information.

If previously verified:

A [Patient Transaction window](#) will open and you will be on the [Payment/Summary tab](#). Click on the [Patient tab](#) to validate the address and contact information. Please continue below with address verification.

COMMON TASKS

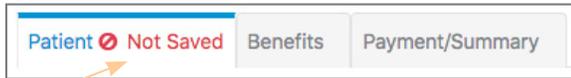
Address Verification

tevizPAS™ > Patient Transaction Window > Patient Tab

SAVE YOUR WORK BEFORE CLOSING THE WINDOW!

If you need to close the [Patient Transaction window](#), and you made **any modifications to the patient record** up to this point, then save your work before closing the window.

After verifying the address, click the [Save & Next button](#), then close the window.



Heads Up: Transaction (patient) has not been saved

Address Verification

1. A list of one or more addresses for the selected person will show in the [Previous Addresses area](#). Generally, the most recent address known for that person will be at the top.

If previously verified, the last-known patient address and contact info will populate the form.
2. If necessary, click the [Select button](#) next to the correct address and, if possible, ask the patient to verbally confirm it.
3. Enter a PHONE and EMAIL for a more complete patient record.
4. Click the [Save & Next button](#).
This takes you to the [Benefits tab](#) where you can validate benefits.

Patient Tab - Patient Transaction Window

Address in the form may be the correct one;

Verify it with the patient, if possible. If no address appears or it is inaccurate, either:

Select the correct address from the [Previous Addresses list](#)

Or, manually enter the correct address.

PATIENT NAME

Patient ✓ Benefits ✓ Payment/Summary

PATIENT INFO Verify current address and click "Save & Next".

Last Name: [text] First name: CHRISTINA Middle: [text]

Gender: Male Female DOB: 11/16/1984 SSN: xxx-xx-9201 Unlock Fields

CURRENT ADDRESS

Address: 400 [text] DR Address 2: Apartment, studio, or floor

City: CANTON State: GA Zip: 30114-7221

PREVIOUS ADDRESSES

[Select] 16 10TH AVE [text] [text]

[Select] 704 WILSON ST [text] [text]

PHONE

Home: (201) 892-8924 Remove

I received permission to call this number

+ Add Another Phone

EMAIL

Email Address: [text] Remove

+ Add Another Email

Save & Next Print Close

Save & Next button

Don't forget the phone and email info!

COMMON TASKS

Search for Benefits

tevizPAS™ > Patient Transaction Window > Benefits Tab

SELECT PAYOR	
Medicare	●
Aetna	●
Florida BCBS	●
Cigna	●
United Healthcare - UHC	●
Medicare y Mucho Mas (INMEDIATA HEALTH GROUP)	●
Physicians Medical Group - PMG	●
Other Payers	▼

1. Select Payer List

AETNA		Clear Form
Date of Service - ...	01/30/2019	
Ins ID:	Ins ID	
Ins First Name:	CHRISTINA	
Ins Last Name:	XXXXXXXX	
Insured DOB - M...	11/16/1984	
Pt First Name:	XXXXXXXX	
Pt Last Name:	XXXXXXXX	
Patient DOB - MM...	11/16/1984	
Relation To Insured:	Self	
Benefit Types:		
x Health Benefit Plan Coverage		

2. Payer Search Form

Complete any blank fields before search or correct fields before re-running the search.

RESULTS	
2019-1-30	
✓ United Healthcare - UHC	View Co-Pay Rerun

4. Results will show to the right.

If there were issues, the payer error messages will be listed here.



DON'T MAKE ASSUMPTIONS – the patient may have moved, been married or divorced, etc., since their last credit report update. Make certain you are selecting the patient's current address.

If the patient says that none of the addresses are correct, enter the correct address and identity information directly into the form on the screen.

3. SEARCH FOR BENEFITS || Benefits Tab

If the patient was displayed as **Verified**, skip this step – move to the **Payment/Summary tab** and proceed below to Step 4: *Validate Benefits and Deductible Status.*

Because the patient has never been verified, you need to start from scratch on benefits validation.

1. Select the patient's Primary Payer from the **Select Payor list** OR select Self Pay. To expand the Payer list, click the **Other Payers dropdown**.
2. A **Payer Search form** for the selected payer will show to the right. Enter any missing information on the form.
3. Click the **Get Results button**. 
4. The results of the verification will show on the right. If there is any missing information, it will be noted on the far right.
5. Correct any missing information or fields reported as errors and click the **Rerun button**

COMMON TASKS

Payer Response & Secondary Payer

tevizPAS™ > Patient Transaction Window > Benefits Tab

UNDERSTANDING THE RESPONSE

tevizMD® uses colors to signify the response to a benefits search.

- Eligible - Patient has valid insurance, no add'l action needed
- Not Active - Benefits are **not active** - pateint is self-pay
- Needs Attention - Missing/incorrect info or patient not found
- Web Search
- ReRun - provider's server is down, re-run the search

A more detailed explanation a *Needs Attention* response can be found below, in *Step 4: Validate Benefits*.

View / Print the Full, Detailed Benefits Response

To view a detailed benefits response from the payer, click the [View button](#) to the right of the payer name in the [Results section](#).

When open, you can print the response by clicking the [Print button](#).

View Co-Pay

To view the detailed payer Co-pay response information, click the [Co-Pay button](#) to the right of the payer name in the [Results section](#).

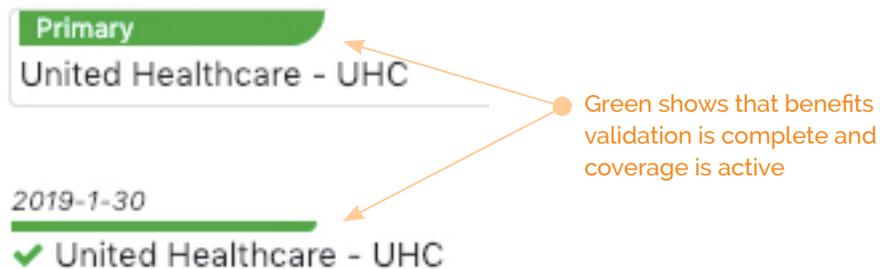
Is there a Secondary Payer?

If the patient has a secondary payer, click the [Options dropdown](#) to the right of the Primary Payer Name. Select [+Add Another](#) and repeat the steps above for finding the primary payer.

When the payer(s) have been validated or the self-pay information has been completed, click the [Results and Next button](#) to proceed to the [Payment/ Summary Tab](#).

Benefits Verification Staus

In various places where benefits information is displayed, you always immediately know the status of the validation by the color of various elements, as shown below.



COMMON TASKS

Payment/Summary Tab Overview

tevizPAS™ > Patient Transaction Window > Payment/Summary Tab

PAYMENT/SUMMARY TAB OVERVIEW

On the Payment/Summary Tab, you can...

- ✓ View/print the FULL benefits response from the Payer
- ✓ Check the current status of the deductible and co-pay
 - ✓ Setup an invoice for this visit/test (if tevizPAY™ feature is activated)
 - ✓ Collect payment
 - ✓ Setup a *payment plan* for the patient (if tevizPAY™ feature is activated)
 - ✓ Setup a *Future Payment* from the patient to auto-collect after the EOB is returned (if tevizPAY™ feature is activated)

Real-time Benefits Status
Primary & secondary payers' status
Remaining deductible, co-pay, etc.

Payment/Summary Tab

The screenshot displays the Payment/Summary Tab interface. At the top, there are tabs for Patient, Benefits, and Payment/Summary. The Benefits section shows Primary Insurance (United Healthcare - UHC) and Secondary Insurance (Cigna) with their respective deductibles and co-pays. The Invoice section lists two items: FMR1 FRAGILE X-A and FULL GENE SEQUENCE-A. The bottom section, titled '1. Tell patient their payment options:', includes options for Credit, Debit or HSA (with a 'powered by tevizPAY' logo), Cash, Check, and Setup Future Payment. A calculator on the right shows Copay, Remaining Deductible, Total Patient Responsibility, Discount, and Collect From Patient.

Invoice Builder (tevizPAY™ feature)
Add/remove charges
Lookup fees in a custom fee schedule
Include outstanding balances

Calculator
Keeps track of patient's financial responsibility against today's invoice

tevizPAY™ Payments
Payment method options vary. If you subscribe to tevizPAY™, then you will see all the options shown here.

COMMON TASKS

Verify Benefits & Deductible Status

tevizPAS™ > Patient Transaction Window > Payment/Summary Tab

COLOR CODING
helps you quickly
identify benefits
status.

Active
Not active
Needs attention
Rerun
etc.

Primary	United Healthcare - UHC
Secondary	Florida BCBS
Primary	United Healthcare - UHC
Primary	Aetna

4. VERIFY BENEFITS & DEDUCTIBLE || Payment/Summary Tab

You now have the patient's real-time identity and address and you have the correct payer information, or you have determined this is a self-pay.

Now, you need to determine if this insured patient is actually a self-pay - depending upon the current deductible and co-pay status. This tells you who owes you for today's services/tests.

1. Verify that the coverage is **ELIGIBLE** - displays as Green. Any other color should be investigated (see *Benefits Status Key* below)
2. If there is a problem with the coverage - **Not Active, Needs Attention**, etc., - go to the *Benefits tab* to correct any missing or inaccurate patient information and *rerun* the benefits validation.
3. Very likely, you may ultimately determine that this is a Self-Pay situation - for instance, when the remaining deductible does not cover today's fees.

BENEFITS STATUS KEY

tevizMD uses colors to signify the benefits status.

- Eligible - Patient has valid insurance, no add'l action needed
- Not Active - Benefits are **not active** - patient is self-pay
- Needs Attention - Missing/incorrect info or patient not found
- Web Search
- ReRun - provider's server is down, re-run the search

Common Responses that need attention:

Patient Not Found

Please Correct and Resubmit, Invalid/Missing Patient ID Please Correct and rerun the request

COMMON TASKS

View/Print Payer Benefits Response

tevixPAS™ > Patient Transaction Window > Payment/Summary Tab

Full Benefits Response From Payer

Benefits Response Filter Response

Print **Close**

PATIENT NAME - UNITEDHEALTHCARE Active Coverage on 02/28/2019

Subscriber

Name: [REDACTED]
 DOB: 08/23/1961
 Gender: Female
 Address: [REDACTED] FL 34243
 Member ID: [REDACTED]
 Plan Number: 0001 0000
 Group Number: 2Y0402
 Relationship: Self
 Dates:
 Plan Begin: 01/01/2019

Payer

Name: UNITEDHEALTHCARE
 Payor ID: 10002
 Info Contact:
 URL: WWW.UNITEDHEALTHCAREONLINE.COM

Provider

Name: [REDACTED]
 NPI: [REDACTED]

Health Benefit Plan Coverage

Active Coverage

Commercial
 CHOICE PLUS
 UNITEDHEALTHCARE
 Payor Identification: 87726
 P.O. BOX 740800
 ATLANTA, GA 303740800
 Information Contact

Subscriber/Insured Not Found

Please Correct and Resubmit, Invalid/Missing Subscriber/Insured ID.
 Correct and rerun the request

Contact Payer for Eligibility or Benefit Information

Note: Try checking the exact payer name provided in the response message and rerun.

Patient Birth Date Does Not Match That for the Patient on the Database

Correct and rerun the request

Invalid/Missing Patient Name

Correct and rerun the request

Duplicate request detected, no search executed – Medicare only

View/Print Complete Payer Benefits Response

- To view the complete benefits response from the either the primary or secondary payer, click the **View button** to the far right of the **payer name**.
- The **Benefits Response window** opens
- To print the results, click the **Print button** – in the top-right
- Close the **Benefits Response window**

PATIENT NAME Documents Transfer Print Close

Patient **Benefits** Payment/Summary

BENEFITS

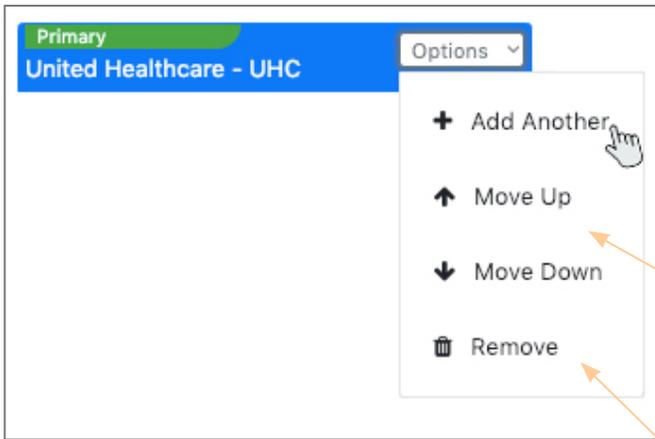
Primary Insurance	Remaining Deductible	Co-Pay	View
United Healthcare - UHC			
In Network	\$1,500 Individual \$3,000 Family	In Network \$0	
Out of Network	\$4,000 Individual \$8,000 Family	Out of Network \$0	

View complete payer benefits response

COMMON TASKS

Secondary Coverage

tevizPAS™ > Patient Transaction Window > Payment/Summary Tab



Add Secondary Payer

5. FIND/ADD SECONDARY COVERAGE || Payment/Summary Tab

1. If a secondary payer needs to be added, go to the [Benefits tab](#).
2. Click the [Options dropdown](#) to the right of the Primary Payer Name.
3. Select [+Add Another](#) and repeat the steps above for finding the primary payer - *Step 3: Find Benefits*.
4. When the secondary payer has been validated click the [Results and Next button](#) to return to the [Payment/Summary Tab](#).

Switch Primary and Secondary Payers

If the primary and secondary coverage need to be switched – primary is actually the secondary, and vice versa – this is easily done.

1. Click the dropdown to the right of either payer name, primary or secondary
2. Select [Move Up](#) or [Move Down](#), whichever applies.

Delete Payer

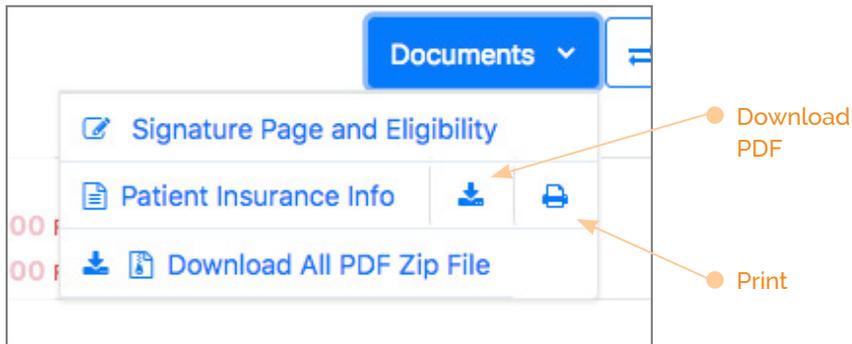
If a payer is no longer valid for the patient, you can delete it from the patient's record.

1. Click the dropdown to the right of the payer name.
2. Select [Remove](#).

COMMON TASKS

Print In-Take Docs

tevizPAS™ > Patient Transaction Window > Payment/Summary Tab



6. PRINT PATIENT IN-TAKE DOCS || Payment/Summary Tab

This feature is only available to users who have previously purchased this add-on. It can include any number of auto-populated documents you may need.

The most common document is the In-Take or Signature page, or the Patient insurance information. Your list may include others.

NOTE: Search for the patient *BEFORE* printing the in-take doc.

1. Click the [Documents](#) button - top-right of the [PatientTransaction](#) window.
2. Select the doc you need, and click [Download](#) or [Print...](#)

Download or Print Documents

You have the option of printing or downloading PDF versions of any document.

Download ALL Documents For a Patient

You can also download a ZIP file of all the PDF documents at once - this can be very convenient when a number of documents are involved.



NOTE: PRINT DOCS -vs- PRINT INVOICE

Printing patient docs is a different task than *printing a patient invoice*.

To print an invoice, please refer to Section 11 below: *Print Patient Transaction / Print Patient Invoice*.

COMMON TASKS

Create an Invoice / Using the Fee Schedule

tevizPAS™ > Patient Transaction Window > Payment/Summary Tab

INVOICE	qty	amt	total
<input type="text" value="Enter Procedure or click 'Lookup'"/>	<input type="button" value="Q Lookup"/>	Invoice Total:	\$0.00

Invoice Area

Copay	\$	0.00
Remaining Deductible	\$	0.00
Total Patient Responsibility	\$	0.00
Discount	\$ %	0.00
Collect From Patient	\$	0.00

The Calculator

7. CREATE AN INVOICE / USING THE FEE SCHEDULE || Payment/Summary Tab

This feature is only available to tevizPAY™ subscribers.

Use this section to build an invoice for today's charges + any outstanding balances, and, if the patient has insurance, you can compare today's total to the patient's remaining deductible and co-pay to determine if and how much you need to collect from the patient.

The Invoice Area

- ❖ You build your invoice here using the [Fee Schedule](#).
- ❖ Any required charges will automatically show here
- ❖ Any outstanding balances will show here (if previously uploaded - see the *Previous Balances section* below for more information)

The Calculator

The calculator is automatic. It breaks up charges to quickly see

- ❖ Co-Pay
- ❖ The remaining deductible
- ❖ Discounts may be manually applied here
- ❖ See full patient responsibility for today's total
- ❖ How much you need to collect from the patient

COMMON TASKS

Using the Fee Schedule

tevivPAS™ > Patient Transaction Window > Payment/Summary Tab

Price List		
<input type="text" value="Search by order code, description or CPT"/> Close		
Description	Amount	
ACUTE HEPATITIS PANEL CPT Code(s): 80074	45.76	Add
ADIPONECTIN CPT Code(s): 83520	15.00	Add
ADMA PANEL CPT Code(s): 82136,82131	39.00	Add
AHB_OLEIC ACID CPT Code(s): 82725,83921	25.00	Add

test	<input type="button" value="Q Lookup"/>
<ul style="list-style-type: none"> <li style="background-color: #007bff; color: white; padding: 2px;">80327 DIHYDROTESTOSTERONE 84402 FREE TESTOSTERONE 84402 FREE TESTOSTERONE 84403 FREE TESTOSTERONE_NAVA 83550 IRON BINDING TEST 	

The Fee Schedule

Important Note: You must first upload your company's fee schedule before it will appear in the *Payment/Summary* tab. If you subscribe to tevivPAY™ and your fee schedule does not appear, please contact support - see *Contacting Support* later in this manual.

You can quickly access your tests, procedures and services and add them to the invoice. Find an item to add to the invoice in one of three ways...

Via the Lookup Button

Click the *Lookup* button and a *pop-up fee schedule* will appear. Using it is self-explanatory.

INVOICE		
	qty	amt
<input type="text" value="Enter Procedure or click 'Lookup'"/>		
<input type="button" value="Q Lookup"/>		
		Invoice Total: \$0.00

Enter procedure name

Click in the *Enter Procedure* field and start typing the **name of the test/service**. The system will use predictive text to pop-up matches from which to choose.

Enter Procedure Code

Click in the *Enter Procedure* field and start typing the **CODE**. The system will use predictive text to pop-up matches from which to choose.

COMMON TASKS

Previous Balances

Patient Transaction Window > Payment/Summary Tab

The Previous Balances functionality is available only to users who have subscribed to the tevizPAY™ feature.

Adding tevizPAY™ to your system is quick and easy.

Contact implementation@tevizMD.com to inquire or get started .

INVOICE	qty	amt	total	
Previous Balance: 11/01/2018 - ORD199 (Patient Responsibility)	1	\$ 2.06	\$2.06	Required
Previous Balance: 11/01/2018 - ORD271 (Patient Responsibility)	1	\$ 3.60	\$3.60	Required
Service Fee Main Street	1	\$ 10.00	\$10.00	Required
Transport Fee Main Street	1	\$ 5.00	\$5.00	Required

Patient Previous Balance(s) appear automatically in Invoice Area

8. PREVIOUS BALANCES || Payment/Summary Tab

A little administration, first: Before patient previous balances will show in the [Invoice section of the Payment/Summary screen](#), you need to upload your previous balances into tevizMD®.



It is recommended that you to adopt a recurring and regular procedure to upload previous balances to assure they are always available and up to date.

The data you will upload will generally come out of your Billing System as a data export.

The steps required for using previous balances:

1. Uploading an up-to-date *Previous Balance Data File*
2. Creating an input profile
3. Mapping the data fields

The Previous Balance Data File

A Previous Balance Data file contains patient information exported from your billing system.

Details of the Data File

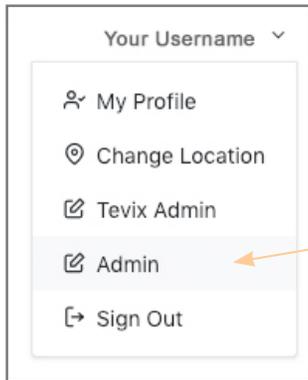
Required fields: PatientID, Lastname, Firstname, DOB, Procedure Code, Amount.

Acceptable File Formats: csv, xls, xlsx

COMMON TASKS

Previous Balances / Uploading Data

Main PAS™ Window > Admin Area



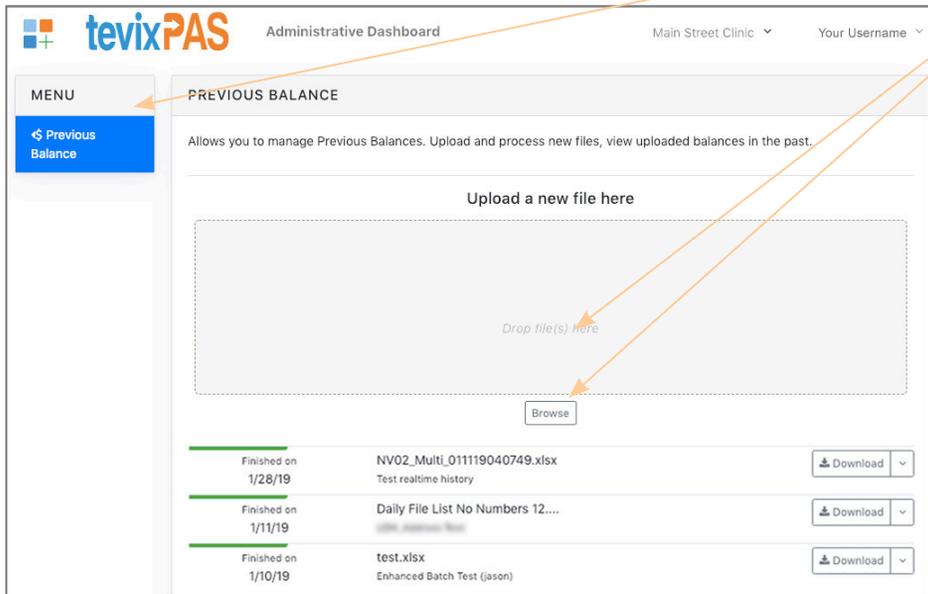
Frequency of Upload: This depends on your office procedures, but many providers do this weekly. A data upload updates the existing entries in the Previous Balance database.

1 Upload the Data File || tevivPAS™ Main Window

1. In the top-right of the [tevivPAS® Main window](#), click the dropdown under your username and select [Admin](#).

Heads Up: If you are in a [Patient Transaction window](#), save and close it to access the username dropdown..

2. Admin Section opens
3. Click [Previous Balance](#)
4. Upload your data file one of two ways:
Click the [Browse](#) button or
Drag & Drop into the gray drag & drop area.
5. You will automatically proceed to setup and field mapping, if applicable (see explanation below).



Admin Section: Previous Balance Data File Upload Screen

2. Set Up or Select an Input Profile

Your data file contains columns of data - LN, FN, DOB, outstanding balance, etc. Each column is called a field, and some of them are required. Anything beyond that is optional.

tevivMD® anticipates that your file contains at least the required fields, but most files will contain any number of additional fields, and sometimes in differing order; this is OK. Also, tevivMD® has its own, internal names for most, if not all of the fields.

Setting up a profile is telling tevivMD® which fields in your file are which and this is called [Mapping](#). Mapping only needs to be done the very first time you

COMMON TASKS

Previous Balances / Mapping Your Fields

Main PAS™ Window > Admin Area

Field Mapping

Select Input Field Name	TevixMD Field Name
Required Fields	
✘ None <input type="button" value="Clear"/>	FirstName
✔ LastName <input type="button" value="Clear"/>	LastName
✘ None <input type="button" value="Clear"/>	DOBString
✘ None <input type="button" value="Clear"/>	PayorId
Suggested Fields	
✔ SSN <input type="button" value="Clear"/>	SSN

Dropdown lists of your fieldnames

tevizMD fieldnames

Needs Attention - red box w/ X

Mapping complete - green box w/ check

upload data, or when you upload a data file with different data columns and/or a different column order than before.

In other words: If your data files always contain the same fields in the same order, you can reuse the same profile over and over.

3. Map the Fields in Your File

- The tevizMD® fieldnames appear in the right column.
- Your fieldnames appear in the dropdown lists in the left column.
- Moving row by row, select YOUR fieldname from each dropdown list that corresponds to the tevizMD® fieldname to the right in that row.
- **ALL required fields must be mapped successfully.**
- **Optional Fields** - click the *Clear* button (none):
 - ✧ If no corresponding field exists on the left, OR
 - ✧ If your file does not contain the tevizMD® field on the right.
- **External PatientID:** Your internal ID for the patient
- **Procedure Code:** Anything you use to identify the service or procedure that has the outstanding balance - such as CPT Code or the test/procedure name.

4. **When finished**, click on the App Switcher icon  and select **tevizPAS™** to return to the **Main PAS™ window**.

COMMON TASKS

Previous Balances in the Invoice

Main PAS™ Window > Admin Area

5. Previous Balances in the Invoice || Payment/Summary Tab



IMPORTANT

Previous balances will ONLY show in an invoice when a *previous balance data file* has been already loaded into tevixMD®. Instructions for uploading a data file are immediately above.

If you are working on a transaction for a patient you know has an outstanding balance, but you don't see the previous balance data has not yet been uploaded into tevixMD®.

Indicates one or more previous balances exist for this patient

PATIENT NAME Previous Balance Documents | Transfer | Print | Close

Patient | Benefits | **Payment/Summary**

BENEFITS
No Benefits

INVOICE

	qty	amt	total	
Previous Balance: 11/01/2018 - ORD199 (Patient Responsibility)	1	\$ 2.06	\$2.06	Required
Previous Balance: 11/01/2018 - ORD271 (Patient Responsibility)	1	\$ 3.60	\$3.60	Required
Service Fee Main Street	1	\$ 10.00	\$10.00	Required
Transport Fee Main Street	1	\$ 5.00	\$5.00	Required
<input type="text" value="Enter Procedure or click 'Lookup'"/> <input type="button" value="Lookup"/>			Invoice Total	\$20.66

When REQUIRED appears...

It means your office requires patients address their previous balance(s) now.

They can either pay them in full or set up a tevixPAY payment plan to pay them off.

Taking Payment / Payment Plan

You can initiate a payment plan or take payment immediately in the Payment Section of the Payment/Summary Tab

A previous balance entry in the invoice

Service or procedure date

Procedure Code

This is any internal code or ID that you use to identify the service, procedure or test that is listed in this entry, and which has the previous balance.

Such as: CPT Code or Internal Procedure Code, or similar

COMMON TASKS

Payments & Payment Plans w/ tevizPAY™

Patient Transaction Window > Payment/Summary Tab > Payment Area



1. Tell patient their payment options:



Credit, Debit or HSA

Pay over 3 months \$30.27/mo

Select

Pay over 6 months \$15.13/mo

Select

Pay all at once Pay in full \$90.80

Select

Cash Pay in full \$90.80

Select

Check Pay in full \$90.80

Select

Setup Future Payment

Select

Print **Payment Options** for Patient

tevizPAY™ - Payment Section

Collect a payment, setup a payment plan or future payment

Payment Plans are disabled. Turn payment plans on by clicking here:
[Request Payment Plans](#)

9. COLLECT PAYMENT/PAYMENT PLAN || Payment/Summary Tab

Depending on what tevizPAY™ features you have subscribed to, the payment options you see in the *Payment* section of the *Payment/Summary* tab will vary.

tevizPAY™ walks you through the necessary steps for any payment method you select – simply follow the guided steps.

Some unique features for each payment method can be found below.

Available payment options for the patient, depending upon your tevizPAY™ product level:

Credit/Debit/HSA/FSA card payments -- available to all users.

2-10 month automated payment plans -- tevizPAY™ users only.

Collect outstanding balance(s) -- tevizPAY™ users only.

Future Payments -- tevizPAY™ users only.

Cash – available to all users..

Check – available to all users.

EASILY ADD PAYMENT OPTIONS to Your Account...

Additional payment methods - *Payment Plans* and *Future Payments* - can be added to your application quickly and easily.

To inquire about or add a payment method to your payment offerings, click on the link provided in the *Payment* section of the *Payment/Summary* tab.

OR contact implementation@tevizMD.com

COMMON TASKS

Take a Payment

Patient Transaction Window > Payment/Summary Tab > Payment Area



Eliminate the need to repeatedly explain payment options!

If you offer *payment plans* or expect to *collect future payments*, then print a *Payment Options document*. to help patients understand their options and make informed decisions to select the method that best suits their needs. This eliminate the need to repeatedly explain.

 [Print *Payment Options* for Patient](#)

Print Payment Options for Patient

You can print this document for the patient at nearly every step of the payment process. Just look for the link shown above.

Take a Payment

1. In the **Payment area**, click the **Select button** next to the payment method the patient wants to use.
2. This starts the guided process for that method. Just follow the steps.

● **If you offer payment plans: Print Payment Options for the Patient.**

CASH / CHECK

Available to all users

1. Select the CASH or CHECK payment option.
2. Enter the amount collected, click the **Next button**
1. Enter a **3rd party ID** -- an internal patient ID or account number
Enter **patient email address** - invoice will be sent here
Enter any necessary **notes** (optional)
2. Click the **Process Payment button**

CREDIT / DEBIT/ HSA

Available to all users

1. Select the **Credit/Debit/HSA** payment option.
2. Enter the amount to collect, click the **Next button.**
3. Swipe the card or manually enter the credit card info, click **Next.**
Enter a **3rd party ID** -- an internal patient ID or account number
Enter **patient email address** - invoice will be sent here
Enter any necessary **notes** (optional)
4. Click the **Process Payment button**

COMMON TASKS

Setup a Payment Plan

Patient Transaction Window > Payment/Summary Tab > Payment Area

1. Tell patient their payment options:

Credit, Debit or HSA

- Pay over 3 months \$30.27/mo
- Pay over 6 months \$15.13/mo
- Pay all at once Pay in full \$90.80

Cash Pay in full \$90.80

Check Pay in full \$90.80

Setup Future Payment

[Print Payment Options for Patient](#)

Setup a 2-10 Month Payment Plan

The most popular plan lengths (3 & 5 mos) are displayed.

You can adjust the plan length on a later step.

4. Setup Teviv Pay

Total \$ 15

Number of payments 2 3 4 5 6 7 8 9 10

1 payment now 1.5

9 monthly payments 1.50

Day of month 16 Next payment will be processed on: 02/16/2019

Adjust Plan Length

In most cases, up to 10 months can be selected.

However, the max number of months may be determined by the **card expiration date**.

If the card expires in 5 mos., then 5 mos. will be the max plan length available.. The system automatically calculates this for you.

4. Setup Teviv Pay

Total \$ 15

Number of payments 2 3 4

1 payment now

9 monthly payments

Day of month 16

Next payment will be processed on: 02/16/2019

Adjust the Payment Date

Use the popup calendar to adjust the day of the month recurring payments will be collected - this is especially useful for HSA and FSA plan holders.

SET UP A 2-10 MONTH PAYMENT PLAN - tevivPAY™

This feature is only available to tevivPAY™ subscribers.

This offers your patients a flexible, automatic and immediately available 2-10 month, interest free payment plan that *does not require a credit check*. A payment plan can be set up and started in minutes, and **patients can manage their accounts and payments using a convenient online payment portal or mobile app**.

A few points to note...

- ✘ Requires a credit card.
- ✘ Outstanding patient balance(s) can be added to the payment plan.
- ✘ The patient will be asked to accept a **6-digit Secure Code** via text or email, right at time of payment (optional, but highly recommended).
- ✘ The patient will give you the **Secure Code**, which you enter on the screen – this serves as formal authorization by the patient.
- ✘ You can either swipe the card or manually enter the card information, for payment by phone.

4. Secure Code Validation

Send code to cardholder

Phone number (561) 702-0541

Email address

Ask the patient to tell you the code they received and enter in the 6 boxes below

1 3 0 0 4 6

Secure Code can be overridden for patients who cannot text or email - this is highly discouraged **for your safety**.

- ✘ **A detailed description of the tevivPAY™ payment plan can be printed** for the patient on the fly using the print link on the screen: [Print Payment Options Doc for Patient](#).
- ✘ The patient makes their 1st payment immediately, at setup. It includes a very small processing fee.
- ✘ Subsequent payments are automatically processed monthly by tevivPAY™. No provider interaction is necessary.

COMMON TASKS

Setup Future Payment

Patient Transaction Window > Payment/Summary Tab > Payment Area

1. Tell patient their payment options:

powered by **tevizPAY**

Credit, Debit or HSA

Pay over 3 months \$30.27/mo	Select
Pay over 6 months \$15.13/mo	Select
Pay all at once Pay in full \$90.80	Select
Cash Pay in full \$90.80	Select
Check Pay in full \$90.80	Select
Setup Future Payment	Select

[Print Payment Options for Patient](#)

4. Secure Code Validation

Send code to cardholder

Phone number [Send Text Message](#)

Email address [Send Email](#)

> Ask the patient to tell you the code they received and enter in the 6 boxes below

1 3 0 0 4 6

Patient Cannot Validate Code

- ❏ Patients can manage their plan – change/update their credit card, make an extra payment, pay off their plan, update their contact information – themselves using an online payment portal.
- ❏ Once the payment plan is set up and authorized, there is nothing left for you, the provider, to do.

SETUP FUTURE PAYMENT - tevizPAY™

This feature is only available to tevizPAY™ subscribers.

Use this feature to set up *automatic future collection* of any remaining patient financial responsibility **after the EOB** (Explanation of Benefits) **is returned** by the insurance provider.

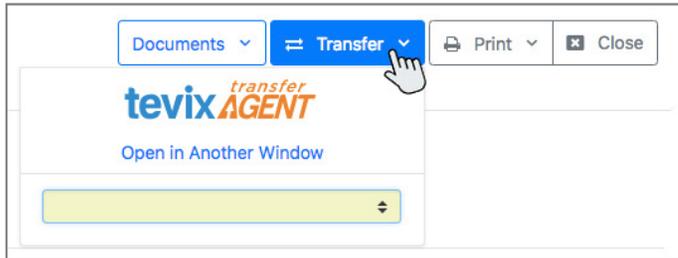
A few points to note:

- ❏ Requires a credit card.
- ❏ Patient can set a *maximum future transaction amount* to collect.
- ❏ The patient will be asked to accept a **6-digit Secure Code** via text or email, right at time of payment (optional, but highly recommended).
- ❏ The patient will give you the **Secure Code**, which you enter on the screen – this serves as formal authorization by the patient.
- ❏ The credit card information is not stored – a highly-secured token of it is stored which will be used to automatically run the future transaction.
- ❏ No one at the provider's office nor at tevizMD has access to the credit card information at any time.
- ❏ If the maximum amount allowed by the patient does not cover the patient's total remaining responsibility after the EOB is returned, the patient is automatically notified by email that there is still an outstanding balance.
- ❏ The *Remaining Outstanding Balance email* has a very clear and detailed explanation of why there is an outstanding balance, along with the date and amounts that were discussed the day they agreed to the future payment.

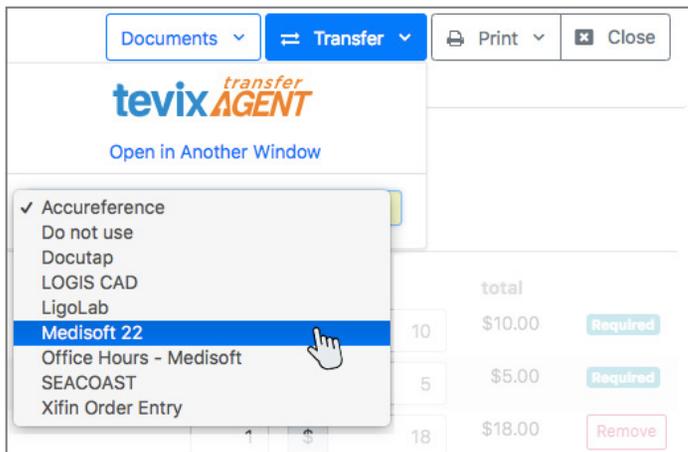
COMMON TASKS

Transfer Verified Data Into Other Info Systems

Patient Transaction Window > Payment/Summary Tab



1. Click the Transfer button



2. Select the target information system from the dropdown list

- ✦ The *Remaining Outstanding Balance email* also contains a [payment-portal link](#) the patient can use to pay the remaining amount due, online.

10. TRANSFER VALIDATED DATA INTO OTHER INFORMATION SYSTEMS - tevix TransferAgent™ || Payment/Summary Tab

This feature is only available to users who have previously purchased this add-on.

The tevix TransferAgent™ moves your validated and up-to-date patient information directly into any number of 3rd party information systems, such as your Billing, HIS, LIS, Order Entry Systems, etc.

Ultimately, transferring your verified data is virtually a few clicks - it is very simple and the transfer is automatic. However, because the transferAgent™ is a custom add-on, the *exact* steps to complete a transfer vary slightly from customer to customer.

The first couple clicks are the same for everyone, as follows...

Transfer Patient Data

When the patient transaction is completed – and **before** closing the patient transaction:

1. Click the [Transfer button](#) in the top-right of the Patient Transaction window
2. Click the dropdown list and select the target system for the verified data (your OES, Billing System, etc.) from the list.
3. The remaining step is simple, but relative to your transferAgent™. You should have been trained on using it.

COMMON TASKS

Print Invoice / Print Transaction

[Patient Transaction Window](#) > [Payment/Summary Tab](#)



NOTE: PRINT DOCS -vs- PRINT INVOICE

Printing patient invoice is a different task than *printing a patient in-take or signature doc*.

To print in-take or signature docs, please refer to Section 6 above:
Print Patient In-Take Docs.

11. PRINT PATIENT TRANSACTION / PRINT INVOICE || [Payment/Summary Tab](#)

You can print a transaction from within the [Patient Transaction Window](#) (when you are running a transaction on an individual patient), or from the outer, [Main tevixPAS™ screen](#) using the [History Tab](#).

Here, we show you how to do it from the [Patient Transaction Area](#) when you are viewing/processing a specific patient.

To learn more about printing a patient transaction from the [History Tab](#), see the [History Tab Section](#), below.

Print a Patient Visit or Invoice

1. Click the Print button in the top-right of the patient window
2. Select Print visit or Print Invoice

Print to printer or PDF?

The print method MAY default to PDF. If it does, and you want to print to a printer, you can change the printer in the printer pop-up window.

Print Visit

Includes all currently-verified patient information + the full benefits response from the insurance provider

Print Invoice – only available to tevixPAY™ subscribers

Includes patient name, A short benefits summary, the invoice line items and the calculator items: co-pay, remaining deductible, total patient responsibility, discount and total to collect from patient.

HISTORY TAB / GENERAL SEARCHING

Searching for Transactions

Main PAS™ Window > History Tab



USE REF ID TO QUICKLY FIND A TRANSACTION



You can quickly jump to an individual transaction if you have the Ref ID.

Ref. ID is printed on tevizMD Invoices. Use it to pull up a payment transaction quickly.

Ref. ID Search Box is found in the bottom-right of the Main tevizPAS™ window

Quickly Find Transactions That *Need Attention* Using the Status Column

Filter transactions by *status* to quickly see transactions that need your attention to be completed

HISTORY TAB & SEARCHING FOR TRANSACTIONS

The *History tab* is accessed from the [tevizPAS™ Main screen](#) - the outer window.

If you don't see the **History tab among the tabs at the top**, then you are in the [Patient Transaction area](#) and must close that window (*please read the heads up immediately below*). To return to the [Main tevizPAS™ screen](#), click the [Close button](#) in the top-right of the window.



HEADS UP! Before you close, do you need to save your work?

If you are in the middle of a patient transaction and have not saved your work, any changes you have made will be lost when you close the [Patient Transaction](#) window.

On the History Tab You Can....

- ✓ Find a single, a set or all transactions (payment related or not), and sort them by a number of criteria,
- ✓ Review results of a [Real-Time Batch™](#)
- ✓ Address [Batch transactions](#) that *Need Attention*.
- ✓ Print a transaction, invoice or benefits summary
- ✓ Use the [Ref ID](#) from an invoice to quickly find an invoiced transaction
- ✓ Transfer validated patient data into another information system via the Transfer Agent.

HISTORY TAB / GENERAL SEARCHING

Filtering and Searching for Transactions

Main PAS™ Window > History Tab

What you'll see on the History Tab...

When you start, the data on the screen defaults to today's transactions.

What is a transaction?

A transaction is a patient search and any-and-all subsequent activities related to the searched patient's data, such as: search benefits, create an invoice, collect payment, set up a payment plan, etc.

Benefits Status / Color
Colored dots help quickly identify transactions that *Need Attention*.

Column Heads - for filtering what is displayed.
You can filter by status, date range, name, DOB, payer, etc.

Open / print a transaction or Transfer transaction using transferAGENT™

Columns Dropdown
Select which columns to display

Quick reset all filters

The screenshot shows a search interface for transactions. At the top, there are filters for date range (01/30/2019 - 01/30/2019), search criteria (Last Name), and other filters like Payers, Payment, Users, and Real Time. A 'Reset Filters' button is visible. Below the filters is a table of transaction results. Each row includes a colored dot (green for 'Need Attention'), a timestamp, patient name, DOB, payer information, and user name. Action buttons (Open, Print, Transfer) are provided for each transaction. At the bottom, there is a pagination control showing 'Results: 1 - 5 / 5', a 'Limit' dropdown set to 10, and a 'Ref. ID' search box.

Transaction History on the History Tab

Ref ID
Search for a single transaction using the Ref ID found on an invoice

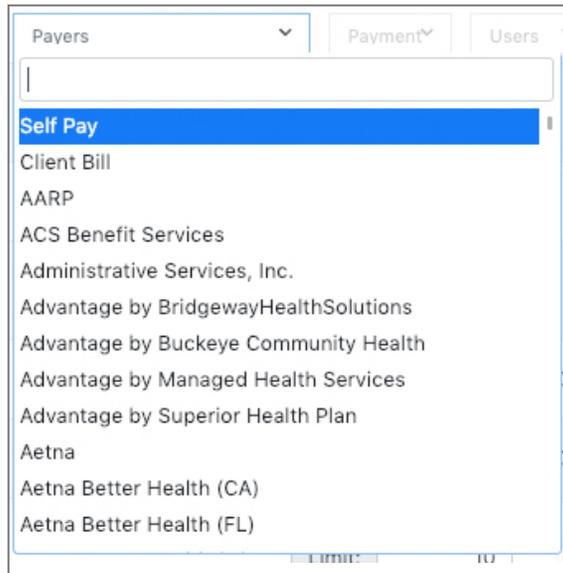
Refresh results
Useful when working results that are populating while you are running a Real-time BATCH™

HISTORY TAB / GENERAL SEARCHING

Filtering and Searching for Transactions

Main PAS™ Window > History Tab

FILTERING Transactions on the History Screen



Filter by Payer



Filter by Transaction Date

Some useful features of the History tab...

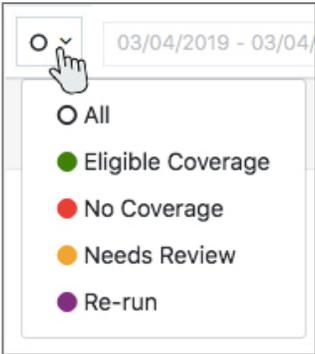
- The default view includes all available columns, in this order:
 - ❖ Benefits validation status
 - ❖ Transaction date
 - ❖ Patient last name
 - ❖ Patient DOB
 - ❖ Payer(s)
 - ❖ Payments
 - ❖ Username that ran the transaction
 - ❖ Transaction type: Real-time (PAS) or Batch

- Data is always sorted by [transaction date](#).
- **Unnecessary columns can be hidden** from view - click the [Columns Dropdown icon](#)  in the TOP-RIGHT of the data table to show/hide columns.
- **Refresh the view** at any time by clicking the [Refresh button](#)  in the TOP-RIGHT of the data table.
- **Change the date range** in the date column header - select pre-set date range or enter a custom date range.
- When you start, the data displayed defaults to *today's transactions*.
- Filter data by...
 - ❖ Date
 - ❖ Patient last name
 - ❖ Patient DOB
 - ❖ Payer
 - ❖ Payment paid
 - ❖ Username
 - ❖ Transaction type - Real-time (PAS) or Batch

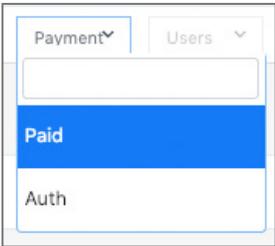
HISTORY TAB / GENERAL SEARCHING

Filtering and Searching for Transactions

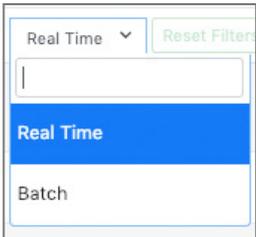
Main PAS™ Window > History Tab



Filter by Benefits Status



View Only Payments or Auth-Only Transactions



View Real-Time or BATCH Transactions only

- **View details** of any transaction by:
 - ❖ clicking anywhere on the transaction in the list, **OR**
 - ❖ clicking the *Open* button for the transaction
- **Print transaction** details by clicking the *Print* button
- **Transfer the validated patient** into another information system by clicking the *Transfer* button -- requires the teviz TransferAgent™.
- Transactions-per-screen defaults to 10. Adjust this on the *Limit* box at the bottom of the History window.
- Jump to a specific page quickly via the *page jump* box and *buttons*.
- **Real-Time BATCH™ transactions** appear in the history screen as they are completed.
- **Quickly address batch transactions that *Need Attention*** by filtering the history screen to display ONLY transactions that need attention.

Searching for Transactions Using the Ref ID

Most often, you will search for transactions in the *History tab*, but accessible on any tab in the Main tevizPAS™ area, you can search for transactions using the Ref ID search box - found in the very **BOTTOM-RIGHT** of the **Main teviz-PAS™ window**.

Every transaction has a tevizMD-assigned *Ref. ID*. It appears in the payment receipt.



Administrative Tasks

Searching for Transactions

Main PAS™ Window > History Tab

Administrative Tasks Quick Reference

Searching for a Past Patient Transaction

There are two ways to search for a transaction:

Via Ref ID - the fastest way to find a single transaction

The *Ref ID* is found printed on a patient invoice.

1. Go to the [Main PAS™ Window](#).
2. In the very Bottom-Right of the window, see the [Ref ID search box](#).



3. Enter the Ref ID and click the search button.

Via History Tab

1. Go to the [History Tab](#) from the [Main PAS™ Window](#).
2. Initially you will see today's transactions sorted in ascending order by transaction time.
3. Use the Column Heads to filter the data to find the transaction you are looking for - lastname, DOB, date, etc.
4. When you find the transaction, you can...
 - click the [Open button](#) or double click on the transaction to view/edit
 - click the [Print button](#) to print
 - click the [Transfer button](#) to transfer the transaction to another information system - this opens the [teviz TransaferAgent™](#). This feature is only available to users who have included this add-on to their system.

Administrative Tasks

Searching for Payments

Main PAS™ Window > Payment Tab

Searching for Payments

You can search for payment transactions via the *Payment Tab* on the *Main PAS Window*.



Payment Tab -vs- Payment / Summary Tab

Careful: Do not confuse the *Payment Tab* on the *Main PAS™ Window* with the *Payment/Summary Tab* in the *Patient Transaction Window*.

The *Payment Tab* works exactly like the *History Tab*, but it searches and displays ONLY payments / payment-related transactions.

Some useful features of the Payment tab...

- The default view includes all available columns, in this order:
 - ❖ Transaction date
 - ❖ Payment Method - cash, check, credit card, etc.
 - ❖ Patient Name filter
 - ❖ Card Info filter
 - ❖ Transaction Type - paid or authorization only
 - ❖ 3rd party ID - the ID you entered when running the transaction
 - ❖ Notes Filter - keywords from the notes that were entered
 - ❖ Processing Status - paid, processing or authorized

- Data is always sorted by *transaction date*.
- **Unnecessary columns can be hidden** from view - click the *Columns Dropdown icon*  in the TOP-RIGHT of the data table to show/hide columns.
- **Refresh the view** at any time by clicking the *Refresh button*  in the TOP-RIGHT of the data table.

Administrative Tasks

Searching for Payments

Main PAS™ Window > Payment Tab

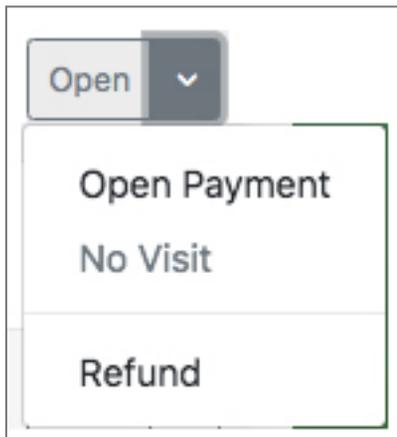
- **Change the date range** in the date column header - select pre-set date range or enter a custom date range.
- When you start, the data displayed defaults to *today's payments*.
- Filter payments by...
 - ❖ Transaction date
 - ❖ Payment Method - cash, check, credit card, etc.
 - ❖ Patient Name filter
 - ❖ Card Info filter
 - ❖ Transaction Type - paid or authorization only
 - ❖ 3rd party ID - the ID you entered when running the transaction
 - ❖ Notes Filter - keywords from the notes that were entered
 - ❖ Processing Status - paid, processing, authorized

- **View details** of any payment by simply double clicking on the payment entry in the list...

or clicking the [Open Dropdown](#) to the right of the transaction, then...

Select Open Payment.- to view or print the payment
Select Refund - to issue a refund

- **Print payment** details by first opening the payment and clicking the [Print button](#)
- Transactions-per-screen defaults to 10. Adjust this on the [Limit box](#) at the bottom of the History window.
- Jump to a specific page quickly via the [page jump box](#) and [buttons](#).



OPEN Dropdown - open a payment to...

view/print a payment
 edit the payment notes
 issue a refund



Adjust # of items/page

Page jump box

Administrative Tasks

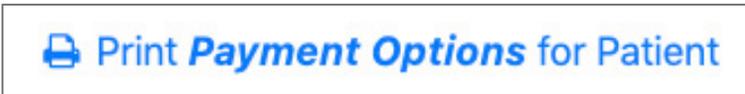
Taking a Payment / Setting up a Payment Plan

[Main PAS™ Window > Payment Tab](#)



Ref. ID Search Box

Found in the BOTTOM-RIGHT corner of the Main PAS Window.



Print Payment Options for Patient

You can print this document for the patient at nearly every step of the payment process. Just look for the link shown above.

Searching for Payment Using the Ref ID

Most often, you will search for payment in the [Payment tab](#), but accessible on any tab in the Main tevizPAS™ area, you can search for payments using the [Ref ID search box](#) - found in the very BOTTOM-RIGHT of the [Main teviz-PAS™ window](#).

Every payment transaction has a tevizMD-assigned [Ref. ID](#). It appears in the payment invoice.

Taking a Payment / Setting up a Payment Plan

You can take a payment or set up a payment plan at any time without searching for a patient first.

1. Open the [Payment tab](#) of the [Main PAS Window](#).
2. Click the [Accept Payment/Refund button](#)
3. Select the payment method - click the [Select button](#) next to:
 - ✘ Credit, Debit or HSA
 - ✘ Payment Plan / Pay over 3 or 5 months (this can be adjusted later)
 - ✘ Pay all at once
 - ✘ Cash or check

If cash or check...

1. Enter the amount
2. Click [Next button](#)
3. Complete the invoice information
4. Click [Process and Confirm Payment button](#)

Administrative Tasks

Issuing a Refund

[Main PAS™ Window > Payment Tab](#)

If Credit/Debt/HSA...

1. Swipe the card or enter the card information
2. Click the [Next button](#)
3. Enter the amount
4. Select the number of months for the payment plan OR select 1 month for Pay all at Once.
5. Click the [Next button](#)
6. Complete the invoice information
7. Click [Process and Confirm Payment button](#)

Issuing a Refund

2 Ways to issue a refund:

By first finding the original payment and running the refund from the payment transaction window. You must first find and open a payment transaction in order to issue a refund this way.

OR, by processing a refund directly, on the fly, without attaching it to the original payment transaction.

To Refund by First Finding the Original Payment



Payment Tab -vs- Payment / Summary Tab

Careful: Do not confuse the [Payment tab](#) on the [Main PAS™ Window](#) with the Payment/Summary Tab in the Patient Transaction Window.

Administrative Tasks

Processing a Refund

[Main PAS™ Window > Payment Tab](#)

2 Methods to find a payment transaction:

Via Ref ID - the Ref ID for a payment appears on the invoice/receipt. To search by Ref ID, enter the ID in the [Ref ID search box](#).

Or, via the [Payment tab](#) on the [Main PAS™ Window](#). The [Payment tab](#) works exactly like the [History tab](#), but it searches and displays ONLY payments.

Issue a refund

1. Find and open the payment via one of the 2 methods above
2. From the payment window, click the [Refund button](#)
3. Confirm that you want to issue the refund

To Refund Directly WITHOUT finding the original payment transaction

1. Open the [Payment tab](#) of the [Main PAS Window](#).
2. Click the [Accept Payment/Refund button](#)
3. Select the refund method - [Select button](#) next to:
 - ✕ Cash Refund
 - ✕ Credit Refund

If cash ...

1. Enter the amount
2. Click [Next button](#)
3. Complete the invoice information
4. Click [Process and Confirm Payment button](#)

Administrative Tasks

Processing a Refund

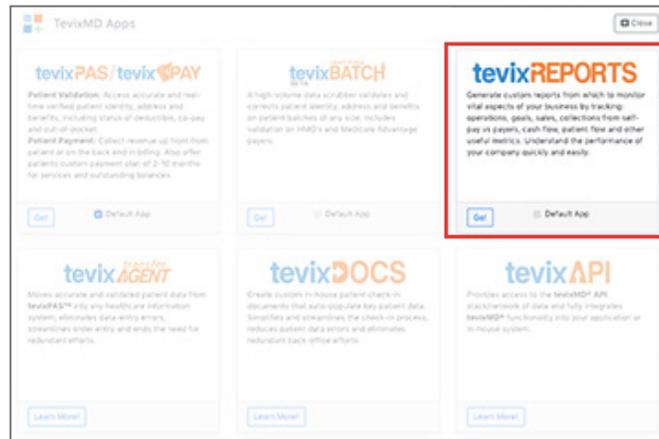
[Main PAS™ Window > Payment Tab](#)

If Credit...

1. Enter the amount
2. Click the [Next button](#)
3. Swipe the card or enter the card information
4. Click the [Next button](#)
5. Complete the invoice information
6. Click [Process and Confirm Payment button](#)

Administrative Tasks

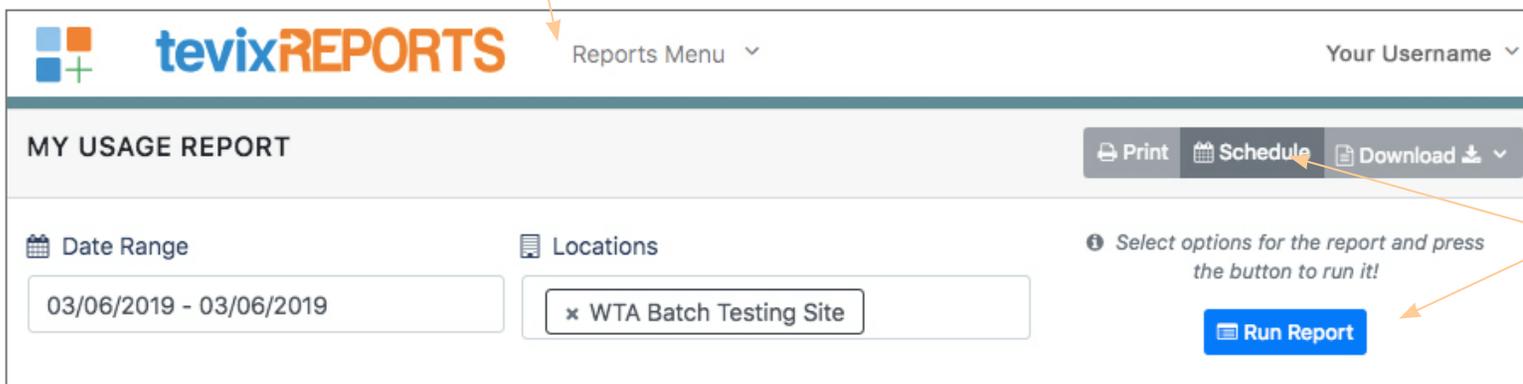
Generating Reports with tevivREPORTS™



tevivMD® App Switcher

● **Reports Menu - START HERE**
Click here to select the report you want.
Then adjust the report options

tevivREPORTS™ Dashboard



● **STEP 2**
Run or Schedule a report

Generating Reports with tevivREPORTS™

Generating reports is performed in the [tevivREPORTS™ app](#). Use the [teviv App Switcher](#) to access tevivREPORTS™ (see below).

Reports :

- ✘ Usage
- ✘ Performance
- ✘ Payments/collection
- ✘ Administrative
- ✘ List of currently-scheduled reports

Some useful features about generating reports...

- Generate reports on the fly or schedule recurring reports.
- Scheduled reports are recurring (daily, weekly, etc.).
- Multiple file types are available: PDF, XLSX and CSV
- Reports can be downloaded or emailed to one or more addresses.

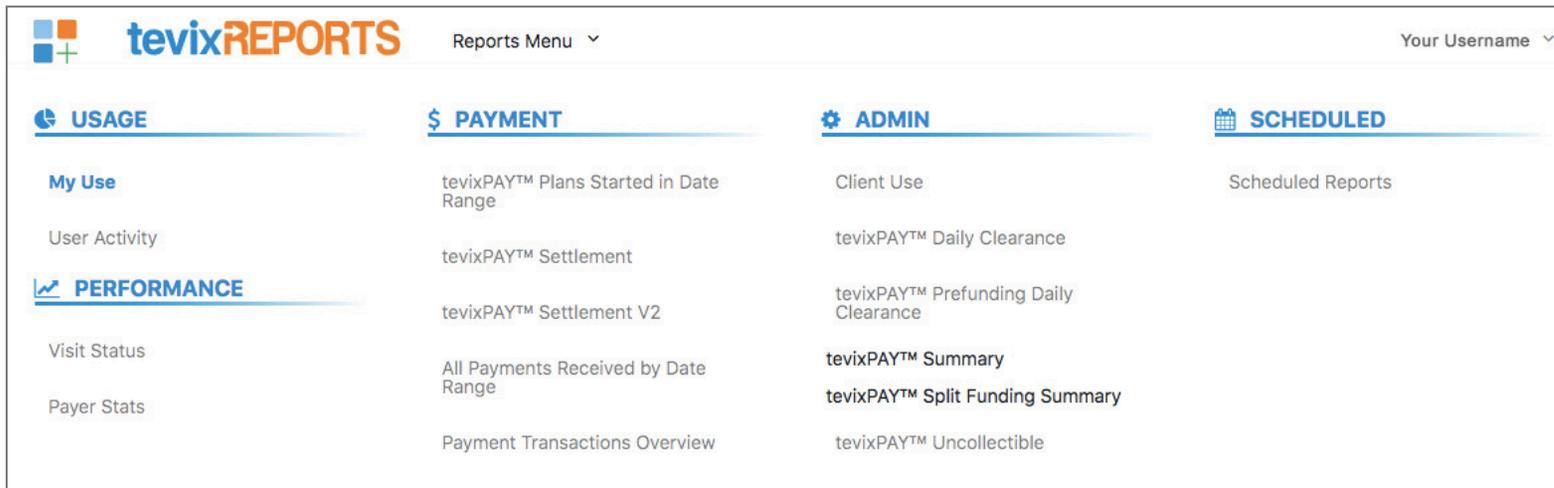
Administrative Tasks

Generating Reports with tevizREPORTS™

Generate a Report

1. If necessary, go to the [tevizREPORTS app](#) by clicking on the APP SWITCHER image  in the very TOP-LEFT of the [Main PAS™ Window](#) - click on the tevizREPORTS App.
2. The [Reports dashboard](#) will open
3. Select the report you want to create in the [Reports dropdown menu](#).

Reports Menu



USAGE	PAYMENT	ADMIN	SCHEDULED
My Use User Activity	tevizPAY™ Plans Started in Date Range tevizPAY™ Settlement tevizPAY™ Settlement V2	Client Use tevizPAY™ Daily Clearance tevizPAY™ Prefunding Daily Clearance	Scheduled Reports
PERFORMANCE Visit Status Payer Stats	All Payments Received by Date Range Payment Transactions Overview	tevizPAY™ Summary tevizPAY™ Split Funding Summary tevizPAY™ Uncollectible	



AVAILABILITY OF REPORTS

Not all reports shown above in the [Reports menu](#) are available to all users. Some must be explicitly enabled by tevizMD® Support (see [Contacting Support](#) below), and others are only available to tevizPAY™ subscribers.

Please refer to the chart below for more information.

4. Refine your report by adjusting the options that are displayed - options vary from report to report. Some options are:
 - ✦ the date range - the default is *today*
 - ✦ the location - restricts the report to just one location for your company
 - ✦ Hiding users with zero transactions (*o TX*)
 - ✦ Display users by tevizMD® username
 - ✦ Separate users by locations

Administrative Tasks

Generating Reports with tevizREPORTS™

Report Availability

AVAILABILITY	REPORT NAME
Available to all Users	USAGE reports Scheduled Reports - under SCHEDULED
Needs Enabling Contact Support	PERFORMANCE reports Client Use - under ADMIN
tevizPAY™ Subscribers Only	Any report with tevizPAY™ in the name

CONTACT US

To Enable Reports

Enabling reports is quick and easy - and in most cases free. Simply contact support@tevizMD.com or call: **561.257.0832, ext 2**

To Request/Inquire About Custom Reports

We can create any report to suit your needs. To request a custom report quote, contact sales@tevizMD.com or call: **561.257.0832, ext 1**

A Note About The *Visit Status Report*..

This report gives an overview of the effectiveness of the patient validations you are performing. This should reflect a greatly-improved claims response rate and, ultimately, a better financial outcome for your business.

The report shows the total GREEN, YELLOW and RED payer responses at two different points in the validation process:

- ✓ **INITIAL SEARCH** - responses after an initial search
- ✓ **COMPLETED VISIT** - responses after additional information has been provided

5. Run the report OR schedule the report..

Run the report

1. Click the *Run Report* button.
2. Then print and/or download the report

Schedule the report

1. Click the *Schedule* button.
2. The *Schedule Report window* opens
3. Complete the options form...
 - ✓ The name of the report file
 - ✓ Locations
 - ✓ Frequency - monthly, weekly, etc.
 - ✓ Email report to multiple addresses
 - ✓ Output file type
4. Click the Save button

View a list of your scheduled reports from the *Reports Menu* ---> *Scheduled Reports*.



Administrative Tasks

Previous Balances / Hand-Held Scanners

Working with Previous Balances

For complete details about working with previous balances, see the section above: ***Common Tasks - Previous Balances***

Hand-Held Scanner Reprogramming

DO THIS ***ONLY*** IF APPLICABLE:

If you have an issue with your scanner and are unable to scan a driver's license, first try reprogramming your scanner by scanning the barcode below.



Contacting Support

- Send an email to operations@tevivmd.com
- Submit an online Support Request: www.tevivMD.com/support
- **Call (561) 257-0832**, select *Support*
Available **M-F / 8a-6p ET**.

Training

Training is always available and is highly encouraged in order to see the most success and to maximize the enormous financial benefits of the tevivMD Platform.

To schedule training, contact...

- implementation@tevivMD.com, or
- **Call (561) 257-0832**, select *Support*

BATCH - Short for teviv Real-TimeBATCH™

EOB

Explanation of Benefits - the response from a payer when a claim has been submitted and returned to the provider.

Information System / 3rd Party Information System

Explana

Hand-Held Scanner - a hand scanner that you use to scan a patient driver's license at check-in.

HIS - Hospital Information System

LIS - Laboratory Information System

OES - Order Entry System

PAS™ - Short for tevivPAS™

Transaction

A patient search and any activities that follow where you are interacting with a specific patient's data. Interactions could be: verifying identity, address, benefits, deductible status, co-pay amount, generating an invoice for services, looking for and including an outstanding balance, collecting payment, setting up a payment plan and arranging for future payment.

TransferAgent™ - Short for teviv TransferAGENT™

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