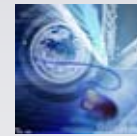


Medisoft



● The Total Revenue Cycle Solution For Physicians

Medisoft now offers medical practices a way to increase their office productivity and cash flow with **Medisoft Claims Manager**. Now, fully-integrated with Medisoft Version 12, **Claims Manager** gives you an all payer solution that submits and tracks each claim status related message from initial transmission to final payment in a true paperless format.

Medisoft Claims Manager is an Internet-based program that is secure and easy to use. In addition, **Claims Manager** is a monthly, fee-based, service that can be easily activated electronically and gives you the ability to track the current status as well as every response message that applies to each claim. Now you can eliminate the need for paper reports and work your claims in an organized manner by selecting claim status, provider, payer, subscriber, filing dates, batch and dollar amount. By editing your claims on-line with **Claims Manager**, your Medisoft system will automatically be updated with the changes you make on-line. Eliminating the need for duplicate data entry, you save time.


● This is the Total Claims Management Solution for Physicians.

Providing you with time-saving tools and powerful easy-to-use functionality are crucial. **Medisoft Claims Manager** offers a suite of real-time, electronic healthcare transactions including claims submission, claim status, eligibility verification and remittance advice.

Medisoft Claims Manager allows users to produce letters such as this proof of timely filing, claims status and appeal letters. Medisoft automatically populates the letter with the information from the claim record. Yet another time-saving feature from Medisoft's powerful revenue cycle tool.

medisoft™
CLAIMS MANAGER

Proof of Timely Filing Report

 **Medical Clinic**
67 Main St
Baton Rouge, La 70816
(800)222-2222

April 11, 2006

MEDICARE PART B
PO BOX 98501
Baton Rouge, LA 70884

We wish to request a review of the following
12/17/2004. The Subscriber is **MARY F**
charges are itemized below.

Dates	Units	CPT
12/13/2004-12/13/2004	1	85610

Services provided by: _____ Tax id: _____
Place of Service: _____ 11 Fee id: _____

Affordable Solutions To Fit Your Practice

Total Claims Management

● More Than Just A Traditional Pipeline For Claims

- Claim scrubbing for clean transmission
- Real time claim status (ANSI 276/277)
- Clinical Claims Editing*
- All claim status messages tied to each claim
- ERA's (ANSI 835)

● Claims Follow Up

- End lengthy phone calls tracking the status of claims
- Track claims by status – pending, rejected, paid
- Filter and work claims by subscriber, payer, physician, status, batch, dates or patient
- View all payer status messages and any edits made to the claim
- Paperless administration (paper reports always available if needed)
- Automatically generate letters for timely filing, claim appeal or claim status

● Rules-based Claim Management

- Reduce rejected claims with rules-based claim management
- Powerful and flexible table driven rules
- Testing rules by payer, provider or practice
- Response rules for claim status
- Substitution rules by payer, provider or practice

** Optional at additional charge*

The screenshot shows the 'Claim Manager' software interface. At the top, there is a 'Menu' button and a 'Claim Manager' title bar. Below this is a 'Claim Selection' section with various filters: 'Claim Status' (INVALID), 'Beginning' and 'Ending' dates (mm/dd/yyyy), 'Date Range' (by Date Uploaded selected), 'Uploaded File' (-Unknown-), 'Billing Prv' (-Unknown-), and 'Rendering Prv' (-Unknown-). Below the filters is a table of 'Selected REJECTED And INVALID Claims (16) Sort by EDI Clm #'. The table has columns for 'EDI Clm #', 'Status', and 'Payer (Realtime Payers in Red)'. The table lists several claims, with the one selected being EDI Clm # 51389, Status INVALID, Payer 882: MEDICARE PART B (00528). Below the table is a section for 'Status Messages for Selected Claim 51389' with columns for 'Status ID', 'Date', 'Source', and 'Msg Level'. The messages listed are REJECT and LOADED.

EDI Clm # *	Status *	Payer (Realtime Payers in Red) *
47785:I	REJECTED	1020: OCHSNER (72127)
50947:	REJECTED	413: CBSABESTCARE (41124)
51209:	REJECTED	2072: OCHSNER OHP 65 REF (OCH
51352:	INVALID	882: MEDICARE PART B (00528)
51366:	INVALID	882: MEDICARE PART B (00528)
51389:	INVALID	882: MEDICARE PART B (00528)
51423:	INVALID	882: MEDICARE PART B (00528)
51435:	INVALID	882: MEDICARE PART B (00528)
51447:	INVALID	882: MEDICARE PART B (00528)
51675:I	REJECTED	1020: OCHSNER (72127)

Status ID	Date	Source	Msg Level
358038	12/17/04 06:57am	TESTER	REJECT
358037	12/17/04 06:57am	TESTER	REJECT
358036	12/17/04 06:57am	TESTER	REJECT
357852	12/17/04 06:56am	LOADER	LOADED

Look to Medisoft to deliver secure electronic healthcare transactions that will increase your office efficiency, accelerate the payment process, enhance and manage your revenue cycle. To find out more about Medisoft's solutions, contact us at 800-333-4747 or visit us at www.Medisoft.com.



Affordable Solutions To Fit Your Practice