

**THE THERAPIST PRO 2.5 HCFA BOX DATA LOCATIONS**

<b>Box #</b>	<b>Description</b>	<b>Screen Where Data Is Input</b>
1	Medicare, Medicaid, Champus, Etc.	Setup>Lookup Lists>Carriers>specific Carrier> Change> CMS 1500> check boxes
1a	Insured's ID Number	Patient>Insurance>Change>Eligibility tab> Insurance ID
2	Patient Name	Patient>Demographics>General> First Name, MI, Last, Generation
3	Patient Birthdate	Patient>Demographics>General> Date of Birth
	Sex	Patient>Demographics>General> Sex
4	Insured's Name	Patient>Insurance>Change>General> First Name, MI, Last
5	Patient's Address	Patient>Demographics>General> Address 1, City, State, Zip
6	Patient Relationship To Insured	Patient>Insurance>Change>General> Relationship (select correct button)
7	Insured's Address	
8	Patient Status	Patient>Insurance>Change>General> Address 1, City, State, Zip, Area Code, Telephone Number
9	Other Insured's Name	Patient>Demographics> Status Tab> Marital Status and Student Status (select correct button)
9a	Other Insured's Policy or Group #	Patient>Insurance>specific Carrier> Change> Box 9 tab> First Name, MI, Last
9b	Other Insured's Date of Birth	Patient>Insurance>Change> Box 9 tab> Other Policy or Group
9b	Sex	Patient>Insurance>Change> Box 9 tab> Date of Birth
9c	Employer or School Name	Patient>Insurance>Change> Box 9 tab> Sex
9d	Insurance Plan Name or Program Name	Patient>Insurance>Change>Box 9 tab> Other Employer tab
10	Patient Condition Related To	Patient>Insurance>Change>Box 9 tab> Plan or Program Name
10a	Employment	<i>left blank</i>
10b	Auto Accident	Patient>Case/Diagnosis>Case Information>Condition> Employment Related (select correct button)
10c	Other Accident	Patient>Case Information>MISC> Accident
10d	Reserved for local use	Patient>Case Information>MISC> Accident> Other >
11	Insured's Policy Group or FECA Number	Patient>Insurance>specific Carrier>Billing tab> Reserved Local Box 10c
11a	Insured's Date of Birth	Patient>Insurance>Change>Eligibility> Policy Group Number
11a	Sex	Patient>Insurance>Change>General> Date of Birth
11b	Employer or School Name	Patient>Insurance>Change>General> Sex
11c	Insurance Plan or Program Name	Patient>Insurance>Change>Employment> Employer Name
11d	Is there another health benefit plan	Patient>Insurance>Change>Eligibility> Plan Name
12	Patient Signature	Patient>Insurance>Change>Eligibility> Another Health Plan (select correct button);
13	Insured or Authorized Signature	Patient> Demographics> Claims tab> Release of Information & Signature Date
14	Date of Current Illness	Patient> Demographics> Claims tab> Payment of Benefits
15	Date of Similar Illness	Patient> Case/Diagnosis> Case Information>General> Onset/Symptom Date
16	Dates Patient Unable To Work	Patient> Case/Diagnosis> Case Information>Condition tab> check box and Date for Same/Similar date)
17	Name of Referring Physician	Patient> Case/Diagnosis> Case Information>Condition tab> Disability box (select button and fill in date)
		Patient> Case/Diagnosis> Case Information>Links tab> Referring Physician

17a	ID Number of Referring Physician	Patient> Case/Diagnosis> Case Information>Links> Referring Physicians> Select> UPIN number
18	Hospitalization Dates Relating To Services	Patient> Case/Diagnosis> Case Information> Inpatient Tab> Admission Date
19	Reserved for local use	Patient>Insurance>specific Carrier>Billing tab> Reserved Local Box 19
20	Outside Lab	Patient> Case/Diagnosis> Case Information> MISC> Outside Lab box
21	Diagnosis or Nature of Illness or Injury	Patient> Case/Diagnosis> Diagnosis
22	Medicaid Resubmission Code	(Single or Batch Print options)
22	Original Reference #	Patient>Case Information>MISC> Original Reference No.
23	Prior Authorization#	Patient> Insurance> highlight Carrier> Authorizations> specific Authorization> Authorizations tab> Authorization number
24b	Place of Service	Transactions>Service>General> Place of Service
24c	Type of Service	Transactions>Service>General> Type of Service
24d	CPT/Modifier	Transactions>Service>General> Modifier Codes 1-3
24e	Reference to Diagnosis in 21	Transactions>Service>Diagnosis tab> THIS IS SYSTEM GENERATED
24f	Charges	Transactions>Service>Money> specific Insurance tab> Bill to Insurance
24g	Days or Units	Transactions>Service>General> Units
24h	EPSDT Family Plan	Transactions>Service>General> EPSDT
24i	EMG	Transactions>Service>General> Emergency
24J	COB	Transactions>Service>General> COB Code
24K	Reserved for local use	Transactions>Service>General> Reserved 24K
24K	Reserved for local use	Setup> Lookup Lists> Carriers>Highlight specific carrier> Change>HCFA 1500> Box 24K
24K	Reserved for local use	24K
25	Federal Tax ID - SSN - EIN	Setup>Providers>Provider>ID>Specific Number
26	Patient's Account No.	Patient>Demographic>General> Patient ID
27	Accept Assignment	Setup> Lookup Lists> Carriers> specific Carrier> Change> Contract tab> Accept Assignments
27	Accept Assignment	Override: Setup> Preferences> Provider Preferences> Carrier Options> Carrier> change> Override Assignment
28	Total Charge	Transactions>Service>Money
29	Amount Paid	Setup> Lookup Lists> Carriers> specific Carrier> change> Claims tab> Reported Amounts Paid
30	Balance Due	Not an editable field. Comes from Transactions>Payments
31	Signature of Physician	Calculated from 28 and 29
31	Date	Setup> Preferences> Provider Preferences>Provider> Provider Options> Claims tab
32	Facility Address	This is set from the Computer System Date or Working Date
32	Facility Address	Setup>Lookup Lists>Facilities>General Must be assigned to the patient. Patient List>Case\Diagnosis>Case Information>Inpatient Tab>Facility> click on the Select button and select the Facility where the Services were rendered.
32	Facility Address	Setup> Lookup Lists> Carriers> specific Carrier> change> CMS-1500 tab> For service provider name and practice address into box 32

33	Physician's Billing Name, Address	Setup> Preferences> Provider Preferences>Provider> Provider Options> Claims tab
	PIN#	Setup> Preferences> Provider Preferences> Provider> Provider Options> ID Number tab> UPIN; this number can be any number listed under Provider Preferences> ID Numbers and then selected on Carrier> Claims> Provider ID Preference pull down.
	PIN#	Override: Setup> Preferences> Provider Preferences> Carrier Options> Carrier> change> ID Number tab> UPIN
	GRP#	Number
	GRP#	Override: Setup> Preferences> Provider Preferences> Carrier Options> Carrier>change>ID Number tab>Group