

Alabama Department of Public Health

# Fee System Manual

Bureau of Financial Services

201 Monroe Street

Montgomery, AL 36104



## **ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

### **GENERAL INFORMATION**

Instructions found in this manual are designed for employees who are responsible for the collection of fees. All clinic staff should be knowledgeable about the Fee System. Although the Fee System Manual addresses issues that may not apply to all county health departments, it is necessary to understand the procedures to obtain fee certification.

Questions and situations not fully covered in this manual should be referred to the:

- Office Manager or Clerical Coordinator,  
District Administrator or District Clerical Director,
- Office of Program Integrity,
- Bureau of Financial Services.

All counties charge for Family Planning and Health Statistics services with fees based on federal or state law. Other services such as Environmental and Immunization are charged based on each county's local fee legislation and fee schedule. Family Planning fees are charged on a sliding scale. Note - Mobile and Jefferson Counties are required to utilize a sliding scale but use their own rates.

### **EMPLOYEE RESPONSIBILITY**

All employees who perform duties associated with the collection of fees and/or those with duties related to any health department bank account must be fee certified.

Knowledge of the Fee System is a responsibility of every county health department employee. In the event that a patient/client should ask a question regarding fees, the employee should be able to respond in a competent manner.

### **BLANKET FIDELITY BOND**

All merit system employees are covered by the blanket fidelity bond. The bond basically covers mismanagement or embezzlement of funds. If this occurs, the Health Department collects any damage from the bonding company and then the bonding company prosecutes the employee.

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**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**CHAPTER 1**

**FINANCIAL MANAGEMENT**

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**FINANCIAL MANAGEMENT**

Fees collected in the county health departments are deposited into a local depository only account. The depository account in each county is interest-bearing and provides another source of revenue to the county. Fees are transferred on an as needed basis by ADPH Financial Services and transferred to the State Treasury to meet county payroll or other county expenses.

Each county maintains a change fund used to make change for patients/clients that pay with cash. The change fund amount varies based on the needs of each county. The amount is determined by the District Administrator and/or Office Manager and is approved by the Chief Account of Financial Services. The Office of Program Integrity or the Budget and Receipts Office must be contacted when increasing or decreasing the change fund amount.

All cash drawers should be maintained by the office manager or designee in a single, secure location during non-business hours. The cash drawers should be counted at the start and end of each business day. If feasible, single drawer accountability should be maintained.

## SEPARATION OF DUTIES

Separation of duties helps prevent and detect errors. Duties must be separated as much as possible with available staff. This may mean rearranging duties and/or cross-training employees.

**One person should not perform the following tasks related to the fee account:**

- Open the mail AND record mail receipts on the e-Day sheet
- Collect and record fees on the e-Day sheet AND balance and close-out the e-Day sheet
- Collect and record fees on the e-Day Sheet AND prepare the deposit (**REQUIRED**)
- Balance and close-out the e-Day sheet AND prepare the Monthly Recap of Day Sheets
- Balance and close-out the e-Day sheet AND prepare the deposit
- Prepare the deposit AND prepare the Monthly Recap of e-Day Sheets
- Prepare the deposit AND take the deposit to the bank (**REQUIRED**)

**Designate one employee who:**

- Prepares daily bank deposit
- Balance change fund
- Deposits remainder into bank

**DOES NOT**

- Prepare receipt or charge slip as intake clerk
- Make e-Day Sheet or One Write entries

**Office manager or designee is responsible for:**

- Running the Monthly Recap process which posts totals from the e-Day sheet to the Monthly Recap report and file
- Verifying that total payments and bank deposits agree
- Transmitting the Monthly Recap file to the Budget Office for reconciliation

## CASH ACCOUNTABILITY PLAN

A cash accountability plan must be prepared and maintained on-site by each county health department. You must update the cash accountability plan when there are changes in staff assignments. Each cash accountability plan must be reviewed and signed by the District Clerical Director and District Administrator. Each plan identifies:

- The tasks to be performed  
The primary employee responsible for the tasks
- The alternate employee
- When certification was accomplished

### CERTIFICATION

All employees performing duties pertaining to the county depository account must be certified to handle cash including:

- Administrators
- Nurses
- Clerks
- Environmentalists, etc.

Certification procedures involve:

- Assigning responsibility,
- Certifying responsible staff, and
- Preparing a cash accountability plan.

Before certification can be accomplished, the tasks to be performed must be defined:

- Collecting fees and posting entries to E-Day Sheet
- Balancing and closing out the day's business
- Preparing the bank deposit and making the deposit
- Preparing the monthly reports
- Reconciling the bank account

After the tasks have been defined, a primary and alternate employee must be identified on the appropriate cash accountability plan.

When the employee has been identified he/she must be formally trained, tested and certified to handle cash.

- Testing material is available from the county office manager or area clerical director.
- Training, testing and certification take place at the county health department  
The Fee System Manual is reviewed with the training agenda: before the test is given to each employee,  
A passing score of 80 or above on the entirety of the test must be obtained for certification  
The rated test is placed in the employee's file at each county health department for review by the Office of Program Integrity.

| <u>TESTS ARE RATED BY</u>  | <u>FOR</u>                 |
|----------------------------|----------------------------|
| County Office Manager      | County Employees           |
| District Clerical Director | County Office Manager      |
| State Clerical Director    | District Clerical Director |

## FEE ACCOUNT CASH ACCOUNTABILITY PLAN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
COUNTY HEALTH DEPARTMENT  
LOCATION  
DATE  
Page 1 of 2

ANYONE INVOLVED WITH THE FEE ACCOUNT MUST BE CERTIFIED.

1. Is responsible for shortage:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

2. Collect fees during intake process and record onto day sheet:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

3. Collect fees during intake process and record onto day sheet:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

4. Balance and close out e-Day sheet:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

5. Prepare bank deposit:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

6. Take deposit to bank:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_



7. Prepare Monthly Recap of e-Day Sheets report for ADPH Financial Services Budget Office:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

8. Open mail, prepare a list of money received, and deliver to cashier:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

9. Receive, sign for and record money received in mail onto e-Day sheet:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

10. Collect fees other than patient fees and record on e-Day sheet (Example: death certificates and environmental fees):

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

11. Other (explain):

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

12. Other (explain):

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
District Clerical Director

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
District Administrator

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### COMMON QUESTIONS AND ANSWERS

**Question:** Is an entry made on the e-Day sheet for patients within the zero pay categories?

**Answer:** Yes. Record the gross and net charges, even when the net charge is zero. Health Care Financing Administration (HCFA) considers the "write off amounts when determining grant money for the department.

**Question:** Can two services be recorded on one receipt and the payment totaled for both services?

**Answer:** No. However, if paying for multiple permits under the same service code it can be recorded on one receipt.

**Question:** How would you record the following: A husband and wife each get flu shots, they each have a record and write one check for both shots?

**Answer:** Write a separate prenumbered receipt for each individual. Indicate in column 13 labeled check that the check was for both individuals.

**Question:** How do we distribute the charge for immunizations among the children's ledger cards when one check is written to cover several children?

**Answer:** Divide the charge equally among the children.

**Question:** For Environmental and Health Statistics fees, shouldn't the entry on the e-day sheet list the person paying for the service and the person receiving the service?

**Answer:** Yes

**Question:** Should counties not on the state fee system code their services on the e-Day sheet?

**Answer:** Yes, always use service codes. If your county has adopted a fee schedule other than the statewide fee schedule use the service code from the statewide schedule which most accurately fits the services.

**Question:** Can the payment column on the e-Day sheet be made wider?

**Answer:** No. Widening the column could only be achieved by purchasing custom made day sheets.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Miscellaneous Bank Accounts include but are not limited to:**

Miscellaneous accounts vary by county/district and are not all inclusive.

- Building Fund
- Child Restraint
- Employee Fund
- Special Bank Accounts
  - Indigent
  - March of Dimes
  - Donation

### **The Building Fund:**

- Maintains funds.
- Accumulates interest for constructing a new or remodeled health department facility.
- Exists only with approval from Financial Services.
- Requires a member of Financial Services and the county administrator to validate withdrawals.
- Requires guidelines for expenditures.

### **Child Restraint Fund:**

- is maintained in a few counties.
- is used to deposit rentals for the car seats and any donations.
- Expenditures are generally for the return of rental deposits when the seat is returned during the specified time and in good condition.
- Other expenditures are for new car seats.

### **Employee Funds must be:**

- Authorized by Local Administrator
- Disclosed annually to Program Integrity
- On Voluntary Participation
- Separated from state funds. Any commingling of State/Employee moneys becomes state money.

### **Special Bank Accounts**

- are maintained for some public health aspect.
- are specific as to the way funds may be expended
- are generally started by donations from someone in the community.
  - One example would be a transportation account used to help high risk maternity patients reach doctor's appointments in Birmingham.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### REQUIREMENTS

- All accounts must be authorized. Special accounts must have a letter of intent which identifies the type of donations to be placed in these accounts. (General donations to the health department are placed in the Fee Account).
- All cash handling, fee certification, and separation of duties requirements apply.
- Bank account requirements similar to the Imprest Account *apply*. (Exception: The administrator does not have to be a required signature on the account unless other requirements specify.)

These accounts must have documentation for expenditure and revenue requirements on file at the county health department. These accounts are subject to all departmental policies and procedures for all bank accounts, i.e. security, separation of duties, two signatures on checks, etc.

Bank signature cards must be on file in the county health department for each account.

A financial statement for each of these accounts must be submitted to the Office of Program Integrity at the end of each fiscal year.

### CERTIFICATION

All employees performing duties pertaining to the miscellaneous bank account must be certified to handle cash including:

- Administrators
- Nurses
- Clerks
- Environmentalists, etc.

Certification procedures involve:

- Assigning responsibility,
- Certifying responsible staff, and
- Preparing a cash accountability plan.

Before certification can be accomplished, the tasks to be performed must be defined:

- Collecting fees and posting entries to Pre-numbered Receipt Book
- Balancing and closing out the day's business
- Preparing the bank deposit and making the deposit
- Preparing the monthly reports
- Reconciling the bank account

After the tasks have been defined, a primary and alternate employee must be identified on the appropriate cash accountability plan.

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When the employee has been identified he/she must be formally trained, tested, and certified to handle cash.

- Testing material is available from the county office manager or area clerical director.
- Training, testing, and certification take place at the county health department.
  - The Fee System Manual and training video are reviewed with the training agenda before the test is given to each employee.
  - A passing score of 80 or above must be obtained for certification.
  - The rated test is placed in the employees' file at each county health department for review by the Office of Program Integrity.

| <u>TESTS ARE RATED BY</u>  | <u>FOR</u>                 |
|----------------------------|----------------------------|
| County Office Manager      | County Employees           |
| District Clerical Director | County Office Manager      |
| State Clerical Director    | District Clerical Director |

### SEPARATION OF DUTIES

Separation of duties helps prevent and detect errors. Duties must be separated as much as possible with available staff. This may mean rearranging duties and/or cross-training employees.

The minimum requirement for separation of duties includes that the same employee cannot:

- Approve expenditures AND complete checks
- Sign checks AND reconcile bank statement

### CASH ACCOUNTABILITY PLAN

A cash accountability plan must be prepared and maintained on-site by each county health department. The cash accountability plan must be updated when there are changes in staff assignment. Each cash accountability plan must be reviewed and signed by the district clerical director and administrator.

Each plan must identify:

- The tasks to be performed;
- The primary employee responsible for the tasks;
- The alternate employee; and
- When certification was accomplished.

MISCELLANEOUS BANK ACCOUNT  
CASH ACCOUNTABILITY PLAN

\_\_\_\_\_ COUNTY HEALTH DEPARTMENT  
\_\_\_\_\_ LOCATION  
\_\_\_\_\_ DATE  
Page 1 of 2

ANYONE INVOLVED WITH THE FEE ACCOUNT MUST BE CERTIFIED.

1. Is responsible for shortage:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

2. Approves the expenditures:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

3. Fill out the checks:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

4. Signs the checks:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

5. Maintains office copy of invoice and cross-references it to the check:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

6. Reconciles the bank statement:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

7. Reconciles the fund balance:

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

8. Other (explain):

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

9. Other (explain):

- Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_
- Date Certified: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
District Clerical Director

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
District Administrator

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Example of a Financial Statement

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

009 08 01

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WINSTON-SALEM COUNTY HEALTH DEPT  
 INFANT HEAT LOANER PROGRAM  
 200 E. 5TH ST.  
 WINSTON-SALEM, NC 27101

CHECKING ACCOUNT: 1000000  
 11/01/95 THRU 11/30/95

JUST A REMINDER OF OUR SATURDAY BANKING HOURS: MONROEVILLE ONLY  
 0830 TILL 12:00 PM THRU

| DATE     | DESCRIPTION    | DEBIT | CREDIT | BALANCE |
|----------|----------------|-------|--------|---------|
| 11/01/95 | LAST STATEMENT |       | 18.00  | 18.00   |
| 11/01/95 | DEPOSIT        |       | 15.00  | 33.00   |
| 11/01/95 | STATEMENT      | 15.00 |        | 18.00   |

STATEMENT OF FINANCIAL POSITION  
 AS OF 11/30/95



State of Alabama  
 Department of Public Health  
 Winston-Salem County Health Department  
 301 E. 5th Street  
 P. O. Box 000  
 Winston-Salem, Alabama 27101  
 (703) 960-0000



INFANT HEAT LOANER PROGRAM  
 Monthly Financial Statement  
 December 07, 1995

|                           |                   |          |
|---------------------------|-------------------|----------|
| Beginning Balance:        | November 01, 1995 | \$148.43 |
| Revenues:                 |                   |          |
| Deposit \$15.00 (11-7-95) |                   |          |
| Total:                    |                   | 15.00    |
| Total Available:          |                   | \$163.43 |
| Expenditures:             |                   |          |
| Total:                    |                   | 0.00     |
| Ending Balance:           | November 30, 1995 | \$163.43 |

Signed: Jessie Anderson  
 Date: December 7, 1995



## COUNTY DEPOSITORY ACCOUNT

Cash control and certification procedures are applied to all bank accounts maintained and operated by the county health departments. Documentation to support monies collected in the county depository account must be available upon request for auditing purposes.

*Example: Fees collected for environmental services must have the receipt number, date, and amount collected cross-referenced to the application. This procedure also applies to Health statistics fees. Audit procedures will be applied to ensure compliance with security, authorization, recording, collecting, and processing requirements of all funds.*

A county depository account provides a checking account for fees and other local money for accumulation until it is transferred to the Financial Services- Budget & Receipts Office, who is responsible for monitoring the Fee Account, for monthly bank reconciliations and makes all withdrawals from the account.

### **Deposits include:**

#### **All fees collected for:**

- ADSS/COA
- Clinic
- Environmental
- Health Statistic
- Home Health
- Immunization
- **Local appropriations from city, county, etc.**
- **Other payments**
  - Except money required to be in a separate bank account such as Child Restraint Program rentals or deposits.

## DAILY PROCESSES

### Daily Opening Process:

Funds must be counted and verified each business day to ensure the day begins with the approved change fund amount. A signed log or statement attesting to the starting balance should be completed. This log or statement should be forwarded to the office manager or designee and compared to the previous day's closing change fund balance to verify accuracy.

### Daily Closing Process:

Funds must be counted and verified each business day to ensure the day ends with the approved change fund amount. A signed log or statement attesting to the ending balance should be completed. This log or statement should be forwarded to the office manager or designee and compared to the day's opening change fund balance to verify accuracy.

**Important Note: If fee collections did not occur, the change fund must still be counted for verification.**

### Making Change for Cash Payments:

When accepting a cash payment, make change before placing the money into the cash drawer. This ensures the employee will know exactly what was given by the patient/client. Counting change should be done twice; once silently as the employee takes it from the cash drawer and a second time aloud as the employee hands it to the customer. The cash drawer must never be left unattended.

### Monthly Recap of Fees:

The Monthly Recap of Fees is created and printed from the e-Day Sheet System. At the end of each month, the county office manager or designee will create, print, and reconcile the report. After the report has been reconciled, the office manager or designee will submit the report to the Budget and Receipts Office where the report is reconciled with the bank statement.

### Accounts Receivable Write-Off:

Attempts must be made to collect amounts charged to patients for services provided. Account balances from a date of service greater than 120 days will be adjusted.

### Checks and Money Orders:

Checks and money orders should be made payable to the county health department and must be written for the correct amount. Excess amounts will be posted as a donation. Identification must be presented with payments made by check. Checks must include a current address and phone number. Write or stamp the back of the check "**FOR DEPOSIT ONLY**" as soon as it is received. If the patient/client has a history of two or more returned checks then request cash as payment. **Two-party and payroll checks are not accepted.**

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Checks and money orders for payments must be listed individually on the deposit slip by the name and amount. When the payer listed on the check is different than the patient/client name on the e-Day Sheet, both names must be on the e-Day Sheet.

### Returned Checks:

Returned checks are sent directly to the county health department from the Budget and Receipts Office. An entry must be made to add the unpaid charges and the NSF charge back to the patient/client account. For clinic services, the charges will be added in the EHR. For non-clinic services, the charges will be added on the e-Day Sheet.

If the check can be re-deposited, an entry must be made in the EHR (clinic services) or on the e-Day Sheet (non-clinic services). If the check cannot be re-deposited, it should be held in a secure location. When the patient/client returns to the health department, the balance due should be requested by cash or money order/cashier's check. When payment is received on a check that has not been turned over to the local district attorney, give the returned check back to the patient/client. A new receipt is made on the e-Day Sheet as a payment on account for non-clinic services. For clinic services, the payment will be posted in the EHR. If the original bad check has been turned over to the local DA, then the patient/client must contact the local DA for resolution.

Per policy number 2013-001, upon receipt of notice that payment has been refused by an account holder's bank, issue notice by certified mail to the account holder's address printed on the check. See sample letter on the following page. If payment has not been made upon the expiration of 10 days from the account holder's receipt of the certified mailed letter, forward the check and copy of the letter with the confirmation of the certified mail delivery to your local district attorney for criminal prosecution. A person who has presented an unresolved NSF check to the department shall not be denied needed health services. However, non-health services such as environmental licenses or permits should not be provided to a person or entity who has issued an unresolved NSF check.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**RETURNED CHECK NOTICE TO PATIENT/CLIENT**

March 12, 2013 Mrs. Gloria Smith  
1020 ABC Street  
Anywhere, AL 35099

Dear Mrs. Smith:

SUBJECT: Outstanding Balance of \$65 Patient: Janie  
Smith  
CHR No. 1234567

This statutory notice is provided pursuant to Section 13A-9-13.2 of the Alabama Code. You are hereby notified that a check or instrument numbered 7777, apparently issued by you on January 23, 2013, drawn upon Bank of the South, and payable to Anywhere County Health Department, has been dishonored. Pursuant to Alabama law, you have 10 days from receipt of this notice to tender payment of the full amount of the check or instrument plus a service charge of \$30, the total amount due being \$65.00. Unless this amount is paid in full within the specified time above, the holder of such check or instrument may assume that you delivered the instrument with intent to defraud and may turn over the dishonor instrument and all other available information related to this incident to the proper authorities for criminal prosecution.

Acceptable forms of payment to resolve an NSF check shall be cash, certified check, credit card, or debit card. If payment has not been made upon the expiration of 10 days from the account holder's receipt of the above notice, forward the check and the above notice with confirmation of certified mail delivery to your local district attorney for criminal prosecution.

A person who has presented an unresolved NSF check to the Department shall not be denied needed health services. However, non-health services (such as environmental licenses or permits) should not be provided to a person or entity who has issued an unresolved NSF check.

Questions regarding these procedures may be directed to the Bureau of Financial Services at (334) 206-5233.

**Sincerely,**  
**Jane Doe, Administrator**  
Anywhere County Health Department

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### FEE COLLECTION

All patients/clients must understand that fees will be charged for services, if applicable. They must also understand their responsibility in the fee collection process. Clinic staff should make every effort to inform patients/clients of the following facts:

- Before arriving at the clinic, there will be a fee charged for applicable services. If possible, the patient/client should know the approximate cost of services and come prepared to pay.
- What services are covered by the fees, e.g., supplies, tests, exams, etc.
- The patient/client will not be harassed and will be treated fairly and courteously regardless of ability to pay.
- The patient/client will not be pressured, but will be expected to pay the full amount due as soon as possible.
- Clinic visits will remain confidential and if requested the patient/client will not receive phone calls or statements in an effort to obtain payment.
- Contributions help keep the clinic operational.

The following methods may be used to inform patients/clients and the public that fees are a routine part of clinic services:

- Posters in the clinic
- Pamphlets
- News releases
- Word-of-mouth
- Distribution of fee information/material to other agencies, i.e., Department of Human Resources and Mental Health
- Work through the local Advisory Council

Refunds:

If fees are collected and services are not provided, a refund may be given.

**Patients/clients must be provided services without regard to religion, race, color, national origin, handicapping condition, age, gender/gender identification, sexual orientation, number of pregnancies, or marital status. Patients/clients must not be denied services or be subjected to any variation in quality of services because of their inability to pay.**

## SAFE PROGRAM

The county health departments maintain funds on deposit outside the state treasury that must be insured. The SAFE Program (Security for Alabama Funds Enhancement program) was implemented in 2001 and was designed to provide security for public funds on deposit in local banks. Local accounts are with financial institutions participating in the SAFE Program, and Program Integrity has been able to verify this by obtaining copies of the banks' SAFE Certificates. The Examiners of Public Accounts informed us that we need to ensure the security of the department's funds on deposit. It is not enough to verify the bank holds a SAFE Certificate; we must verify that all public accounts are included in the SAFE pool for collateral purposes.

### What is included?

The SAFE law, Section 41-14A-3, Code of Alabama, 1975, requires public deposits to be secured.

| INCLUDE in SAFE  | DO NOT INCLUDE in SAFE  |
|--|---|
| Fee Account  | Employee Coffee Fund  |
| Imprest Account  | Employee Flower Fund  |
| Miscellaneous Account - Money goes to fee account at end of account life | Miscellaneous Account - Reverts to donor at end of account life |
| Car Seat Account - Funded with federal money                             |   |
| Building Fund  |   |
| (Ask Program Integrity for guidance)                                     | (Ask Program Integrity for guidance)                            |

### What is required?

The State Treasurer issued instructions in the administrative code, 892-X-1-.08(2), requiring the qualified public depositories to do the following:

Annually, prior to November 1st, provide a report as of the last business day of September to each public depositor that summarizes their deposit account relationship. This report shall be in addition to regular statements. It shall include an indication to public depositors the purpose of the report and that the following accounts are designated as public deposits subject to the SAFE Program. The report shall be deemed correct unless the public depositor notifies the depository to the contrary within 60 calendar days of receipt of the statement.

Please notify your financial institution of your expectation to receive such report. A sample letter of request is enclosed for your use as you begin discussions with your bank. When you receive the report, please review carefully to ensure that all of your public accounts are included, and the September 30 account balances are stated correctly. Forward a copy of the report to the Office of Program Integrity, RSA Tower-Suite 700. Keep the original at the county health department.

If you have questions, please contact Program Integrity at (334) 206-5312.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**SAMPLE LETTER FOR SAFE PROGRAM**

Date

Bank Contact Person Bank  
Organization Name Street Address  
City, State Zip

RE: SAFE Program Requirements 892-X-1.08 Annual  
Statement of Account Relationship

Dear [insert bank contact person]:

The Alabama Department of Public Health, [insert county health department name] is a government entity and is therefore subject to the requirements of the SAFE Program identified in Section 41-14A, Code of Alabama, 1975. As such, all public funds on deposit outside of the State Treasury must be deposited in qualified public depositories and included in the SAFE Program.

Accordingly, we are requesting that you provide us with the annual report as specified in the administrative code, 892-X-1.08(2), requiring qualified public depositories to do the following:

Annually, prior to November 1st, provide a report as of the last business day of September to each public depositor that summarizes their deposit account relationship. This report shall be in addition to regular statements and shall include an indication to public depositors the purpose of the report and that the following accounts are designated as public deposits subject to the SAFE Program. The report shall be deemed correct unless the public depositor notifies the depository to the contrary within 60 calendar days of receipt of the statement.

If you have any questions regarding this request, please contact me at [insert telephone number of county health department's contact person].

Sincerely,

**CHAPTER 2**

**CLINICAL SERVICES**



## HOUSEHOLD INCOME

The Household Income component of CureMD is essential for the charging of fees. County health departments charge fees for some services on a sliding scale based on family size and income. The Household Income is completed at each patient's first visit to the clinic, when a patient volunteers an update, and annually (every twelve months). A signed Patient Declaration should be signed upon each completion of the Household Income.

\*Note — The DHR social worker must complete and sign the income assessment and other documents for foster children at the health department.

Income guidelines are updated annually by the Department of Health and Human Services. These guidelines are loaded in CureMD and are used to determine if the percentage of charge will be either 100%, 75%, 50%, 25% or 0%.

A family refers to a person or persons related or non-related by blood, marriage (including common law), or adoption living under one roof. Dependents away at school are also included. The income of all these persons should be counted to calculate the total income of the family. Adhere to the following guidelines when determining family size:

- Examples of one member families (only the patient's income is applicable):
  - A single person living alone
  - A person living with her/his parents who are not legally responsible for her/him
  - A foster child
  - A minor living with parents and in need of confidential services
- Examples of two or more member families:
  - A couple with or without children
  - A single parent with one or more children
  - A couple, with or without children, living with and being supported by a family unit of relatives all living in the same house
  - A pregnant women expecting to deliver one child is considered a family of two
  - A pregnant woman expecting twins is considered a family of three
  - A pregnant woman expecting triplets is considered to be a family of four
- Other examples:
  - A child is counted in the household of the parent or guardian with whom she/he lives.
  - In joint custody cases, fees are to be based on the income of the household of the parent who initiates the service for the child.
  - A child residing in a school/institution who is supported by the parent, guardian, or caretaker is counted in the household of the parent, guardian, or caretaker.
  - An adopted child or a child for whom a family has accepted the legal responsibility is counted in the household size if he/she resides with that family.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

- If a minor has parental consent for contraceptive services, the fee should be based on family income.

During patient registration, the clerk is to explain that we are not a free clinic and that fees are used in order to provide services. If the patient refuses to declare an income, inform him/her that he/she will be charged at 100%, thus waiving the sliding scale discount, but will not be denied services regardless of the ability to pay. In the comments section of Household Income in CureMD, the clerk is to document the circumstances such as "Client refused to disclose income to determine sliding scale discount" or "Client waived sliding scale assessment". However, in the event that a patient declares zero income, the clerk should ask for information as to how the patient obtains food, shelter, clothing, medical care, etc. That information must be recorded as income.

The income refers to the gross annual income for all members of the household. According to the Internal Revenue (IRS), income includes:

1. Wages, salaries and tips received before deductions
2. Net earnings from self-employment. Net income is determined by subtracting the self-employed individual's operating expenses from his/her gross receipts
3. Survivor's Social Security benefits such as widow's benefits or children's allowance
4. Private pensions or annuities
5. Regular contributions from persons not living in the household
6. Lump sum payments such as "new money" include gifts, inheritances, lottery winnings, worker's compensation for lost income, and severance pay
7. Union strike benefits
8. Long-term disability benefits received prior to minimum retirement age
9. Alimony

Income does NOT include:

1. Food, rent or other non-cash items received in lieu of wages
2. SNAP benefits received
3. Withdrawal from savings
4. Money received from sale of personal possessions
5. Loans received
6. Student loans or grants received for school expenses
7. Earnings of children under 14 received
8. Settlements for legal damage
9. Maturity payments on insurance policies received
10. Pay received for work while an inmate in a penal institution
11. Interest and dividends
12. Retirement Income
13. Social security
14. Unemployment benefits
15. Child Support

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Reference: Internal Revenue Service (IRS);  
<http://www.irs.gov/individuals> (search taxable income)

Fees may be waived for services and/or supplies for individuals with "Good Cause". This is self declared information and proof of cause is not required. Examples of "Good Cause" are listed below:

- Unemployment
- Medical/Hospital Expenses
- Recent Loss of Property (uncompensated damages related to fire, flood, tornado, etc.)

\*Note - The District Administrator or designee is required to approve waived fees for services. Documentation of approval should be in the comments section of the charge screen. See below for example:

\* Insurance - Appointment - Provider
Place of Service 71. Public Health Clinic

|              |                    |                          |                |               |                          |                     |                                |
|--------------|--------------------|--------------------------|----------------|---------------|--------------------------|---------------------|--------------------------------|
| Primary Plan | --Select--         | v                        | Referral       | PAN           |                          | Cupay 0.00          | <input type="checkbox"/> Paid  |
| Secondary    | --Select--         | v                        | Referral       | PAN           |                          | Adv                 | <input type="checkbox"/> Rease |
| Location     | Crenshaw Co Health | v                        | Start DOS      | 07/25/2018    | <input type="checkbox"/> | End DOS             | 07/25/2018                     |
| Claim Type   | Original           | v                        | Original Ref # |               |                          | Transaction         | 07/26/20                       |
| Admission    |                    | <input type="checkbox"/> | Discharge      |               | <input type="checkbox"/> | Dates Add New Dates |                                |
| Rendering    | Thomas, Grace      | v                        | Billing        | Thomas, Grace | v                        | Referring           | Billing Entity Cre             |

**Diagnosis & Procedure**

|           |  |       |           |       |
|-----------|--|-------|-----------|-------|
| Diagnosis | 1. Z30.8 Encounter for other contracepti | V25.3 | 2. ICD-10 | ICD-9 |
|           | 3. ICD-10                                | ICD-9 | 4. ICD-10 | ICD-9 |

| Procedures                        | Start DOS  | End DOS    | Modifier | Dx. Pr | Units   | Patient \$ | Plan \$ | Ordering Provider |
|-----------------------------------|------------|------------|----------|--------|---------|------------|---------|-------------------|
| <input type="checkbox"/> 99213 FP | 07/25/2018 | 07/25/2018 | FP       | 1 1    | 1.00 UN | \$ 0.00    | 0.00    | --Select--        |
| <input type="checkbox"/> L        |            |            |          | 0      | 1 UN    | \$ 0.00    | 0.00    | --Select--        |
| <b>Total:</b>                     |            |            |          |        |         | 0.00       | 0.00    | 0.00              |

**Notes & Comments**

|              |             |   |                  |            |
|--------------|-------------|---|------------------|------------|
| Claim Status | 26. Settled | v | Responsible Plan | --Select-- |
|--------------|-------------|---|------------------|------------|

Comments  
 Print on HCFA (F-19)

Charges reduced to \$0 per approval of hardship exemption by District Administrator, Corey Kirkland.

**Claim Attachments**

**General Attachments**

No Record Found

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### INSURANCE

An inquiry of insurance eligibility must be completed at every clinical visit. If the patient appears to be eligible for Medicaid but is not a current recipient, then the patient should complete an application at that time.

Patients who request confidentiality and non-billing of their insurance will be assessed as self-pay and charged according to the sliding scale based on their household income and the local county fee bill, if applicable. A "Request for Confidential Visit and Private Pay Agreement" form must be signed at each visit to document the patient's request and understanding of this agreement.

Patients with no insurance or patients receiving services not covered by their insurance plan are responsible for the charges incurred based on the sliding scale for their household income and the local county fee bill, if applicable.

At each visit, the Authorization for Services and Billing form must be signed. This form gives the health department permission to bill, provide services, etc. Billing for clinical services is performed within the EHR. The Centralized Billing Unit (CBU) is responsible for maintaining accurate rates within the EHR.

### CREDITS

When a patient with an outstanding balance returns to the clinic for services, the patient should be encouraged to pay their balance in full or make a partial payment on the account. **Patients should be informed that clinic service will not be denied based on the inability to make a payment.**

### DONATIONS

Voluntary donations from patients are permissible. Patients must not be pressured to make donations, and donations must not be a prerequisite for the provision of services and supplies. Donations from patients do not waive the billing/charging requirements. Donation amounts should not be suggested. It is acceptable to display notice regarding acceptance of donations. For instructions on how to properly document a donation, see eDaysheet User's Guide in this manual.

Sample scripts for requesting donations:

#### Donations #1

There are no charges for your services today because it is based on your family size and income; however, we do accept donations. These donations are used to offset the expenses used to provide services to our clients. Would you be interested in providing a donation today?"

#### Donations #2

Ms. the services you received today cost \$ . But because of where you fall on the sliding fee scale, there will be no charge. However, we do accept donations if you would like to give one today.

#### Donations #3

Today you had an <annual> exam today, we did some lab work, and you received <4 packs> of <pills>, Ms. The services you received today would have cost \$ \_\_\_\_\_. But because of where you fall on the sliding fee scale your cost is \$ \_\_\_\_\_. I will give you a receipt. Please be aware that we also accept donations if you would like to give one in addition to your payment.

## **ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

### **BREAST AND CERVICAL PROGRAM**

Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) eligibility is determined based on the most recent guidelines published by the program. Patients that are eligible for this program are enrolled through the Online Med-It Program. Charges for services provided to eligible patients are billed to the program.

### **CHILD HEALTH**

Patients who are Medicaid eligible may receive screening visits at designated intervals. Charges for services provided are billed to Alabama Medicaid.

### **FAMILY PLANNING**

Charges for family planning services provided to patients are billed to Medicaid or other applicable insurance plans.

Family planning fees charged to self-pay patients are established at the state level and supersede any rate established by local fee legislation. Counties who do not have local fee legislation must also charge the fees established at the state level.

### **IMMUNIZATION**

Charges for immunization services provided to patients are billed to Medicaid or other applicable insurance plans.

Immunization fees charged to self-pay patients for routine vaccines are administrative only. These fees vary from county to county based on local fee legislation.

Travel Clinic immunization services are charged to patients based on the cost of the vaccines plus an administration fee. The fee varies from county to county based on local fee legislation.

### **MISCELLANEOUS FEES**

Injection only fees for patients who supply the medication are charged based on the local fee legislation. Use service code 158 on eDaysheet to record the charge and post the payment.

Fees for duplicate immunization records are charged based on the local fee legislation. There is no charge for the Certificate of Immunization (COI). Use service code 166 on eDaysheet to record the charge and post the payment.

Fees for copies of medical records are charged based on the local fee legislation; however, in counties where there is no fee legislation regarding copies of records, fees should be charged based on the Alabama Administrative Code, Section 420-1-5-.04, Open Records. Use service code 168 on eDaysheet to record the charge and post the payment.

## END OF DAY CLOSEOUT FOR CLINICAL SERVICES

The instructions below are a step-by-step guide for the End of Day Closeout and preparation of the daily deposit upon your county's transition to the EHR. Effective day one of Go Live, The Local Administrator of the eDaysheet in your county will edit and change the Default Reference Data to update the close out time for your county's day sheet to 6:00pm.

Remember that the close out time must be updated using a 24-hour clock therefore the time will be entered as 18:00. Beginning Go Live, all payments received through CureMD for clinic services must be posted to the eDaysheet prior to the close of business each day before printing the Transaction by Date Report. The preparation of the daily deposit must be completed and deposited into the bank account before noon the following business day.

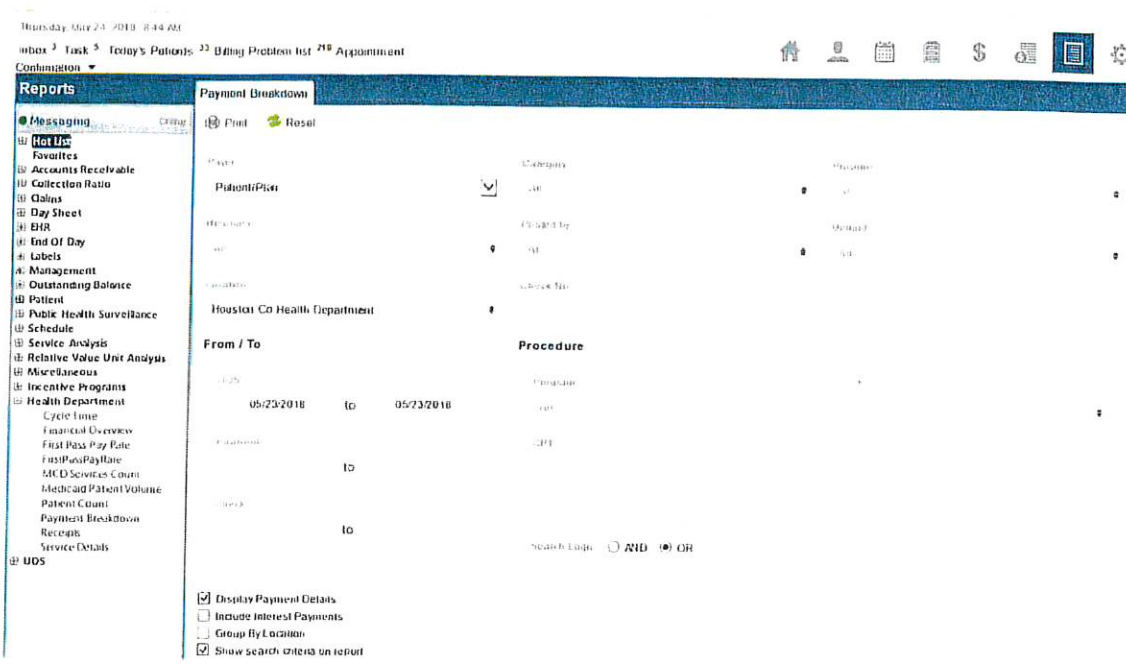
All clinic payments received through the EHR will be entered onto the eDaysheet. An entry will be made for each program and payment type received. For example, separate entries will be added for FP Cash, FP Checks, FP EHR/ACH, IMM Cash, IMM Checks, IMM EHR/ACH, etc. The credit card payments that are deposited by ACH transfer into the county fee account will be posted to the eDaysheet as EHR/ACH. The counties that have not yet received the new VitalChek credit card terminal for the EHR are to continue to accept credit card payments for clinic services using the existing VitalChek credit card machine. The payments accepted using the existing credit card terminals are to be posted to the eDaysheet and CureMD as a check. Entries into the eDaysheet will have the Payer listed as CureMD with an entry in the note section, "See Payment Breakdown Report." If no payments are received for clinic services, no entries will be made to the eDaysheet.

The following Categories and Service Codes will be used to document the transactions into the eDaysheet:

| <u>Category</u>      | <u>Service Code</u> | <u>Revenue Source</u>  |
|----------------------|---------------------|------------------------|
| Family Planning (FP) | 871                 | FP Client/Patient Fees |
| MISC-IMM             | 872                 | Immunizations          |
| Other Clinic         | 873                 | Client/Patient Fees    |

The Payment Breakdown Report is an itemized report that lists all clinic payments received through CureMD. This report is to be attached to the eDaysheet each day even if payments were not received for clinic services. To access the Payment Breakdown Report from CureMD, select the Reports Module and expand the Health Department submenu located in the tree. Select Payment Breakdown and print the report using the following search criteria: location, payment date, and 'Show search criteria on report'. See example below:

# ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL



An example of the Payment Breakdown report is seen in the attachment below. The detailed report can be used to investigate any discrepancies found while completing the daily deposit.

## Payment Breakdown

State of Alabama Department of Public Health  
 Payer: Patient/Plan  
 Category: (All)  
 Provider: (All)  
 Resource: (All)  
 Programs: (All)  
 CPT: No CPT specified

Payment Start Date: 05/21/2018 End Date: 05/21/2018

Interest Payments Excluded

| Transaction        | Patient                     | Account | Provider/Resource | Payment By | Method | Check / CC# | DOS        | Program | CPT   | Modifiers | Dx.   | Amount         | User    |
|--------------------|-----------------------------|---------|-------------------|------------|--------|-------------|------------|---------|-------|-----------|-------|----------------|---------|
| 03/21/2018         | Wooden, Janice              | 141     | Nurse             | Patient    | Cash   |             | 03/21/2018 | IM      | 90713 |           | 223   | 515.06         | Law, H  |
| 03/21/2018         | Wooden, Janice              | 141     | Nurse             | Patient    | Check  |             | 03/21/2018 | IM      | 90713 |           | 223   | 568.00         | Law, H  |
| 03/21/2018         | Rangel, Rangel, Irma Lizeth | 565     | Provider          | Patient    | Check  |             | 03/21/2018 | FP      | 81025 |           | 230.6 | 52.34          | Law, H  |
| 03/21/2018         | Rangel, Rangel, Irma Lizeth | 565     | Provider          | Patient    | Check  |             | 03/21/2018 | FP      | 11983 |           | 230.6 | 5225.00        | Law, H  |
| 03/21/2018         | GOODSON, PATSY              | 1055    | Nurse             | Patient    | Check  |             | 03/21/2018 | IM      | 90691 |           | 223   | 562.00         | Odam, K |
| 03/21/2018         | GOODSON, PATSY              | 1055    | Nurse             | Patient    | Check  |             | 03/21/2018 | IM      | 90471 |           | 223   | 515.00         | Odam, K |
| <b>Grand Total</b> |                             |         |                   |            |        |             |            |         |       |           |       | <b>5387.40</b> |         |

Summary

| Program      | CPT   | Amount         | ACH | CHECK | CREDIT CARD | CASH | OTHER | TOTAL |
|--------------|-------|----------------|-----|-------|-------------|------|-------|-------|
| FP           | 11983 | 5225.00        |     |       |             |      |       |       |
| FP           | 81025 | 52.34          |     |       |             |      |       |       |
| IM           | 90471 | 515.00         |     |       |             |      |       |       |
| IM           | 90691 | 562.00         |     |       |             |      |       |       |
| IM           | 90713 | 583.06         |     |       |             |      |       |       |
| <b>Total</b> |       | <b>5387.40</b> |     |       |             |      |       |       |

| Transactions Amount | ACH | CHECK   | CREDIT CARD | CASH   | OTHER | TOTAL   |
|---------------------|-----|---------|-------------|--------|-------|---------|
|                     |     | 5       |             | 1      |       | 6       |
|                     |     | 5372.34 |             | 515.06 |       | 5387.40 |

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Locate the **EHR Receipts** client record. The EHR Receipts client record has been added for each county using each individual county code and EHRPAY (NNNEHRPAY). For example, the Client Number for Houston County is 351EHRPAY.

### eDaySheet Houston

Date: 05/24/2018

**Site Navigation**

- Home
- Patient Client/Records
- Lookup Receipt**
- Void Receipt
- Return Check
- Debits Menu
- Report Menu
- Overdue Shortage

|                                    |            |  |        |
|------------------------------------|------------|--|--------|
| Last Name or Number<br>351EHRPAY x | First Name |  | Search |
|------------------------------------|------------|--|--------|

|        | CLIENT #       | Last Name/ Business Name | First Name   | MI | Date of Birth |
|--------|----------------|--------------------------|--------------|----|---------------|
| Select | 351EHRPAY      | Ehr                      | Ehr Receipts |    |               |
| Select | Add New Client |                          |              |    |               |

Client Type: Personal

Client Number: 351EHRPAY

|                  |                            |    |               |
|------------------|----------------------------|----|---------------|
| Last Name<br>Ehr | First Name<br>Ehr Receipts | MI | Date of Birth |
|------------------|----------------------------|----|---------------|

Street Address 1: 1781 E. Cottonwood Rd.

Street Address 2:

City: Dothan      State: AL      Zip Code: 36301

Is it ok to send mail to this address? Yes

|              |          |                 |                  |
|--------------|----------|-----------------|------------------|
| Phone Number | Comments | Current Balance | Previous Balance |
|              |          | \$0.00          | \$0.00           |

Create Receipt
Save
Cancel
Adjustment
Print Invoice
Print Ledger

The Immunization entry uses Category MISC-IMM and Service Code 872. The total amount received for Immunizations are entered as the Gross Fee Charge at 100%. Because all monies collected must be accounted for, the Gross Fee Charge, Net Amount, and Amount Paid will always be the same. The Payment Type of either cash, check, or EHR/ACH is selected and the appropriate amount entered. The Current Balance and Previous Balance should always remain as 0.00. Choose IMMUNIZATIONS as the Revenue Source. The example below shows an entry for checks received.



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

|                |                              |                  |                 |                  |             |
|----------------|------------------------------|------------------|-----------------|------------------|-------------|
| Client Number  | Last Name                    | First Name       | MI              | Date Issued      |             |
| 351EHRPAY      | Ehr                          | Ehr Receipts     |                 | 06/25/2018       |             |
| Category       | Service Code                 | Gross Fee Charge | Percent %       | Net Amount       | Amount Paid |
| MISC-IMM       | 872                          | 155.72           | 1.00            | 155.72           | 155.72      |
| Payment Type   | Cash                         | Check            | Current Balance | Previous Balance |             |
| Check          |                              | 155.72           | 0.00            | 0.00             |             |
| Revenue Source | Payer                        |                  |                 |                  |             |
| IMMUNIZATIONS  | CureMD                       |                  |                 |                  |             |
| Notes          | See Payment Breakdown Report |                  |                 |                  |             |
| Cancel         | Print Receipt                |                  |                 |                  |             |

The Family Planning entry uses Category Family Planning and Service Code 871. The total amount received is entered as the Gross Fee Charge at 100% and should also be the same for Net Amount and Amount Paid. In this scenario, the payment received was in the form of a check. If the entry is recorded correctly, the Current Balance and Previous Balance should remain at 0.00. Choose FAM PLAN PT FEES as the Revenue Source.

|                  |                              |                  |                 |                  |             |
|------------------|------------------------------|------------------|-----------------|------------------|-------------|
| Client Number    | Last Name                    | First Name       | MI              | Date Issued      |             |
| 351EHRPAY        | Ehr                          | Ehr Receipts     |                 | 05/24/2018       |             |
| Category         | Service Code                 | Gross Fee Charge | Percent %       | Net Amount       | Amount Paid |
| Family Planning  | 871                          | 227.34           | 1.00            | 227.34           | 227.34      |
| Payment Type     | Cash                         | Check            | Current Balance | Previous Balance |             |
| Check            |                              | 227.34           | 0.00            | 0.00             |             |
| Revenue Source   | Payer                        |                  |                 |                  |             |
| FAM PLAN PT FEES | CureMD                       |                  |                 |                  |             |
| Notes            | See Payment Breakdown Report |                  |                 |                  |             |
| Cancel           | Print Receipt                |                  |                 |                  |             |

A general example is provided on how to record Other Clinic Fees using Service Code 873 when cash is accepted as a form of payment.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

|                      |                              |                  |                 |                  |             |
|----------------------|------------------------------|------------------|-----------------|------------------|-------------|
| Client Number        | Last Name                    | First Name       | MI              | Date Issued      |             |
| 351EHRPAY            | Ehr                          | Ehr Receipts     |                 | 06/19/2018       |             |
| Category             | Service Code                 | Gross Fee Charge | Percent %       | Net Amount       | Amount Paid |
| Other Clinic         | 873                          | 100.00           | 1.00            | 100.00           | 100.00      |
| Payment Type         | Cash                         | Check            | Current Balance | Previous Balance |             |
| Cash                 | 100.00                       |                  | 0.00            | 0.00             |             |
| Revenue Source       | Payer                        |                  |                 |                  |             |
| PATIENT FEES CLI NIC | CureMD                       |                  |                 |                  |             |
| Notes                | See Payment Breakdown Report |                  |                 |                  |             |
| Cancel               | Print Receipt                |                  |                 |                  |             |

The entry below is an example of how to record credit card payments received for clinic services using the VitalChek terminal which automatically deposits the funds directly into the county's depository account.

|                |                              |                  |                 |                  |             |
|----------------|------------------------------|------------------|-----------------|------------------|-------------|
| Client Number  | Last Name                    | First Name       | MI              | Date Issued      |             |
| 351EHRPAY      | Ehr                          | Ehr Receipts     |                 | 06/25/2018       |             |
| Category       | Service Code                 | Gross Fee Charge | Percent %       | Net Amount       | Amount Paid |
| MISC-IMM       | 872                          | 222.52           | 1.00            | 222.52           | 222.52      |
| Payment Type   | Cash                         | Check            | Current Balance | Previous Balance |             |
| Select         |                              |                  | 0.00            | 0.00             |             |
| Revenue Source | Payer                        |                  |                 |                  |             |
| IMMUNIZATIONS  | CureMD                       |                  |                 |                  |             |
| Notes          | See Payment Breakdown Report |                  |                 |                  |             |
| Cancel         | Print Receipt                |                  |                 |                  |             |

Daily Closeout for ACH Transfer Payments from VitalChek:

The closeout time for the Vital Chek terminal associated with the EHR is at 6:00pm. Each morning while completing the the daily deposit for the previous business day, counties will access the VitalChek site and complete the end of day process. To do so, select Closeout and

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

then select Perform End of Day. The user will need to first select Show Orders in Grid, which will populate a list of orders to close. Next, click Process Close. The system will then generate the Detailed and Summary Reports which will include all payments received since the closeout the previous day. These reports will be attached to the Transaction by Date Report from the eDaysheet.

The screenshot shows a web application interface for performing end-of-day operations. At the top, there is a breadcrumb trail: Orders > Fulfillment > Closeout > Dashboard > Administration > HoustonCountyHealth Depr.. (76144) >. Below this is a header bar with the text "Perform End of Day". Underneath the header are three buttons: "Close Orders", "Reprint Report", and "Incomplete Closes".

The main area is titled "Criteria" and contains a table with four columns: Product, Order source, User, and Terminal. The "Product" column has a dropdown menu with "All CureMD Payment" selected. The "Order source" column has a dropdown menu with "All POS" selected. The "User" and "Terminal" columns are currently empty. Below the table are two buttons: "Process Close" and "Show Orders in Grid".

At the bottom, there is a section titled "Select Orders for Close" with two sub-sections: "Orders to Close" and "Orders to Exclude". Below these are four small, vertically stacked buttons with icons.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**CHAPTER 3**

**ENVIRONMENTAL SERVICES**

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Environmental service fees are only charged in counties with local authority and approval. The rates charged are based on the local fee bill, except as indicated below.

### Exceptions:

|            |  |           |
|------------|--|-----------|
| Code 625 - | Temporary License for Body Art Facility            | \$50 fee  |
| Code 643 - | Solid Waste Exception Permit: Individual Household | \$10 fee  |
| Code 653 - | License for Body Art Facility: Initial             | \$250 fee |
|            | Renewal  | \$200 fee |
| Code 680 - | Frozen Desserts Manufacturers                      | \$250 fee |
| Code 686 - | Alabama Milk Processors                            | \$250 fee |
| Code 692 - | Single Service Container Plants                    | \$250 fee |
| Code 706 - | Out of State Milk Processors                       | \$250 fee |

**ENVIRONMENTAL SERVICES**

**SCHEDULE OF PROPOSED FEES**

**ONE-TIME FEES SERVICE**

**CODE 500 - 635**

A specific project which does not require periodic review would be subject to a one-time fee.  
An example would be a permit to install a sewage disposal system.

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OSS Permit Procedure:

All clients are charged a flat fee per application. Fee must be submitted with the application before it is processed. No refund is given if the site is not approved. A new application and fees are required for resubmittal and/or if the site changes.

| <b>SERVICE CODE</b> | <b>SERVICE DESCRIPTION</b>   | <b>RECOMMENDED FEE</b> | <b>COUNTY SPECIFIC FEE</b> |
|---------------------|--|------------------------|----------------------------|
| <u>500</u>          | <b>Application for Site Evaluation:</b> Individual dwelling, small-flow conventional system (County with approved site evaluation program) | \$150 - \$250          |                            |
| <u>502</u>          | <b>Application for OSS Permit – Dwelling:</b> Conventional small-flow system   | \$100 - \$200          |                            |
| <u>504</u>          | <b>Application for OSS Permit – Dwelling:</b> Engineered small-flow system   | \$100 - \$200          |                            |
| <u>506</u>          | <b>Application for OSS Permit – Dwelling:</b> Engineered small-flow advanced treatment system  | \$100 - \$200          |                            |
| <u>508</u>          | <b>Application for OSS Permit – Dwelling:</b> Engineered large flow system   | \$200 - \$300          |                            |
| <u>510</u>          | <b>Application for OSS Permit – Dwelling:</b> Engineered large flow advanced treatment system  | \$200 - \$350          |                            |
| <u>512</u>          | <b>Application for OSS Permit – Establishment:</b> Conventional, small-flow system   | \$100 - \$200          |                            |
| <u>514</u>          | <b>Application for OSS Permit – Establishment:</b> Engineered small-flow system  | \$100 - \$200          |                            |
| <u>516</u>          | <b>Application for OSS Permit – Establishment:</b> Engineered small-flow advanced treatment system   | \$200 - \$350          |                            |
| <u>518</u>          | <b>Application for OSS Permit – Establishment:</b> Engineered large flow system  | \$300 - \$375          |                            |
| <u>520</u>          | <b>Application for OSS Permit – Establishment:</b> Engineered large flow advanced treatment system   | \$300 - \$400          |                            |
| <u>616</u>          | <b>Preparation of Loan Forms</b>   | \$30                   |                            |
| <u>618</u>          | <b>Private Water Consultation</b>  | \$15                   |                            |
| <u>619</u>          | <b>Water Sample</b> (Collection/Field Trip)  | \$30 - \$50            |                            |
| <u>620</u>          | <b>Part 1: Preliminary Large Flow Development Review</b>   | \$75 - \$100           |                            |

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

|            |   |                        |      |
|------------|---|------------------------|------|
| <u>621</u> | <b>Part 2: Large Flow Development Site Visit and Field Review</b>                 | \$150+                 |      |
| <u>622</u> | <b>Part 3: Final Large Flow Development Review</b>                                | \$50 - \$100           |      |
| <u>623</u> | <b>Certification of Existing and Previously Approved System</b>                   | \$50 - \$100           |      |
| <u>624</u> | <b>Inspection of Existing Systems for Loan Applications (includes excavation)</b> | \$200 - \$300          |      |
| <u>625</u> | <b>Temporary License for Body Art Facility (Required by Act No. 321-2000)</b>     | \$50                   | \$50 |
| <u>626</u> | <b>Cemetery Review</b>  | \$75 - \$100           |      |
| <u>627</u> | <b>Temporary Body Art Operator's Permit</b>                                       | \$25 - \$50/person     |      |
| <u>630</u> | <b>Plumbing Inspection and Permit</b>   | \$50 - \$75            |      |
| <u>631</u> | <b>Temporary Food Service</b>   | \$10/day, minimum \$30 |      |
| <u>632</u> | <b>Plan Review for Commercial Establishment</b>                                   | \$50 - \$100           |      |
| <u>633</u> | <b>For Future Use</b>   |                        |      |
| <u>634</u> | <b>Food Handler's Permit (where program exists)</b>                               | \$10/person            |      |
| <u>635</u> | <b>Record Search for permits, records of inspection or permit application</b>     | \$5 + copies of files  |      |



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 500 - Application for Site Evaluation - Individual Dwelling Small-Flow Conventional System**

**Description:** Evaluation of site conditions includes a visit to site for soil test and other appropriate activities and may include evaluation of tests and reports prepared by a Certified Site Evaluator (Public Health Environmental 5-5 Site Specialist). A Certified Site Evaluator is a special title applied to certified public health environmentalists. Application for Site Evaluation applies only to conventional small flow onsite sewage systems for individual dwellings or commercial systems.

**Procedure:** All clients are charged a flat fee prior to receiving services. Fee must be submitted with application. This does not include application for Permit to Install. **Permit to install is issued under Service Code 502 for a dwelling or Service Code 512 for a commercial establishment.** A fee is paid even if site fails inspection. This service applies only to counties with an approved Site Evaluation Program.

### **Service Code 502 - Application for Onsite Sewage System Permit - Individual Dwelling Conventional Small-Flow System**

**Description:** A permit is issued to property owner for installation of a conventional sewage disposal system for a single family dwelling up to 1,200 gallons per day. Usually 1 to 2 visits are made to site for inspection prior to system approval.

**Procedure:** Client may be given an approval or disapproval to install the system after site visit with a **Permit to Install (Repair) an Onsite Sewage Disposal System (Form ADPH CEP-4 pg.1/Rev.05/2004)**. After system is installed and regulations met, the client is issued the **Approval for use of an Onsite Sewage Disposal System (Form ADPH CEP-4 pg.3)**.

### **Service Code 504 - Application for Onsite Sewage System Permit - Individual Dwelling Engineered Small-Flow System**

**Description:** A permit is issued to property owner for the installation of an engineered sewage disposal system for a single-family dwelling. Usually 1 to 2 visits are made to the site for inspection prior to system approval.

**Procedure:** Client may be given a **Permit to Install** or **Disapproval to Install** after the site visit. After the system is installed and regulations met, the client is issued approval to use the system.

### **Service Code 506 - Application for Onsite Sewage System Permit - Individual Dwelling Engineered Small-Flow Advanced Treatment System**

**Description:** A permit is issued to property owner for the installation of an engineered advanced treatment sewage disposal system for a single-family dwelling. Usually 1 to 2 visits are made to the site for inspection prior to the system being approved.

**Procedure:** A public health environmentalist must determine if application is engineered. If system is experimental, the environmentalist must coordinate with the state level environmental staff before a decision is rendered and application is approved.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 508 - Application for Onsite Sewage System Permit - Dwelling Engineered, Large-Flow System**

**Description:** A permit is issued to individual property owner for installation of an engineered sewage disposal system of more than 1,200 gallons per day. Usually 1 to 2 visits are made to site for inspection before system approval.

**Procedure:** Client may be given **Permit to Install** or a **Disapproval to Install** after site visit. After the system is installed and regulations met, client will be issued approval to use onsite sewage system.

### **Service Code 510 - Application for Onsite Sewage System Permit - Dwelling Engineered, Large-Flow Advanced Treatment System**

**Description:** A permit is issued to individual property owner for installation of an engineered sewage disposal system of more than 1,200 gallons per day. Usually more than 2 visits are made to site for inspection before system approval.

**Procedure:** Client may be given a **Permit to Install** or a **Disapproval to Install** after site visit. After the system is installed and regulations met, client will be issued approval to use onsite sewage system.

### **Service Code 512 - Application for Onsite Sewage System Permit - Commercial Establishment Conventional, Small-Flow System**

**Description:** A permit is issued to commercial property owner for installation of a conventional small-flow sewage disposal system of 1,200 gallons or less per day of sewage. Usually 1 to 2 visits are made to site for inspection before system is approved.

**Procedure:** Client is given a **Permit to Install** or a **Disapproval to Install** after site visit. After the system is installed and regulations met, client will be issued the approval to use onsite sewage system.

### **Service Code 514 - Application for Onsite Sewage System Permit- Commercial Establishment Engineered, Small-Flow System**

**Description:** A permit is issued to commercial property owner for installation of an engineered small-flow onsite sewage disposal system of 1,200 gallons or less per day. Usually 1 to 2 visits are made to site for inspection before system approval.

**Procedure:** Client may be given a **Permit to install** or a **Disapproval to install** after site visit. After the system is installed and regulations met, client is issued approval to use onsite sewage system.

### **Service Code 516 - Application for Onsite Sewage System Permit - Commercial Establishment Engineered, Small-Flow Advanced Treatment System**

**Description:** A permit is issued to commercial property owner for installation of an engineered advanced treatment small-flow onsite sewage disposal system of 1,200 gallons or less per day. Usually more than 2 visits are made to site for inspection before system approval.

**Procedure:** Client may be given a **Permit to install** or a **Disapproval to install** after site visit. After the system is installed and regulations met, client is issued approval to use onsite sewage system.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 518 - Application for Onsite Sewage System Permit- Commercial Establishment Engineered, Large-Flow System**

**Description:** A permit is issued to a commercial property owner for installation of an engineered large-flow sewage disposal system of more than 1,200 gallons per day. Usually more than 2 visits are made to site for inspection before system approval.

**Procedure:** Client may be given **Permit to Install** or a **Disapproval to Install** after site visit. After the system is installed and regulations met, client will be issued approval to use onsite sewage system.

**Service Code 520 - Application for Onsite Sewage System Permit - Commercial Establishment Engineered Large-Flow Advanced Treatment System** **Description:** A permit is issued to a commercial property owner for installation of an engineered advanced treatment sewage disposal system of more than 1,200 gallons per day of high-strength waste or 4,000 gallons per day of sewage. Usually more than 2 visits are made to site for inspection before system approval.

**Procedure:** A public health environmentalist must determine if application is engineered. If system is experimental, the environmentalist must coordinate with the state level environmental staff before a decision is rendered and application is approved.

### **Service Code 616 - Preparation of Loan Forms**

**Description:** Assistance in preparing application for a VA, FHA, conventional loan or a loan from any other lending institution. This service is provided for loans on approved systems, after the **Approval for Use of an Onsite Sewage Disposal System- Form ADPII-F-CEP-7** is issued.

**Procedure:** All clients are charged a flat fee before completion of loan forms. If more than one lending institution is involved, the client pays only \$30 provided no field visits are involved at the time of the request. Example: The loan is through both VA and a bank. There are forms for both institutions. The client only pays \$30.

### **Service Code 618 - Private Water Consultation**

**Description:** Water samples are collected by property owners or occupants and sent to the state laboratory for analysis. This service provides property owners with:

1. Instructions on how to collect the sample
2. A determination if the water supply is suitable for consumption
3. Instructions on how to disinfect water supply
4. Meeting the requirements of various lending institutions such as VA and FHA

**Procedure:** All clients (owners or occupants) are charged a flat fee at the time they are given water sample bottles. The owner or occupant may receive additional water sample bottles at no additional charge until a suitable sample result is obtained, if re-sampling is done within 30 days.

Public water supply systems requesting water sample bottles are not charged.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 619 - Water Sample (Collection/Field Trip)**

**Description:** Water samples are collected by environmental staff and submitted to the state laboratory for analysis.

**Procedure:** All clients (owners or occupants) are charged a flat fee at the time of the request. The property owner or occupant may receive additional water sample bottles at no additional charge until a suitable water sample is obtained, if re-sampling is done within 30 days. This service code applies to public and private water supplies.

### **Service Code 620 - Part 1: Preliminary Large Flow Development Review**

**Description:** Review plans for a new development and advise property owners of the minimum approval standards.

**Procedure:** All clients are charged a flat fee per application prior to receiving preliminary development approval or disapproval. Fee is submitted with application before it can be processed.

### **Service Code 621 - Part 2: Large Flow Development Site Visit and Field Review**

**Description:** Field review for site evaluation of each lot submitted.

**Procedure:** All clients are charged a flat fee per submitted lot. Fee is submitted with application before it can be processed.

A flat fee of \$150 minimum and \$10 per lot exceeding 10 lots as shown: For subdivision exceeding 10 lots:

(No. of total lots - 10) x \$10 + \$150 = \_\_\_\_\_ fee

### **Service Code 622 - Part 3: Final Large Flow Development Final Review**

**Description:** Report is issued to developer for final development approval or disapproval.

**Procedure:** All clients are charged a flat fee per application. Fee is submitted with application before it can be processed.

### **Service Code 623 - Inspection of Existing and Previously Approved System**

**Description:** Inspect existing onsite sewage systems upon request. May require digging up system for inspection and evaluation if documentation of previous approval is not available. The public health environmentalist makes visit and evaluates existing conditions. If onsite system is uncovered, it is the responsibility of owner and is not included in certification fee.

**Procedure:** All clients are charged a flat fee prior to receiving evaluation documentation. Fee must be paid before inspection is made and no refund is given if an unfavorable evaluation is given or refusal to evaluate.

### **Service Code 624 - Inspection of Existing Systems without Previous Approval**

**Description:** Inspect existing onsite sewage systems upon request. Usually requires digging up system for inspection and evaluation if evidence exists that onsite sewage system was installed without the issuance of a permit to install and/or an approval for use. The public health environmentalist makes visit and evaluates existing conditions. If onsite system is uncovered, it is the responsibility of owner and is not included in certification fee.

**Procedure:** All clients are charged a flat fee prior to receiving evaluation documentation. The fee is paid before inspection is made and no refund is given if an unfavorable evaluation is given or a refusal to evaluate.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 625 - Temporary Body Art Facility License**

**Description:** A health license is issued for all temporary body art facilities operating in the county. This temporary license is only good for 14 calendar days (two weeks) and all body art facilities must obtain an annual license within this period to continue operating in the county. All temporary body art facilities must be located in a permanent structure or facility. **Procedure:** All clients are charged a flat fee per application before receiving license. Fee is submitted with application before it is processed. No charge for inspections.

### **Service Code 626 - Cemetery Review**

**Description:** Review proposal for cemetery including site visit and analysis of land and surrounding land use. The person requesting approval may have to provide back hoe pits or soil boring for observation by the public health environmentalist.

**Procedure:** All clients are charged a flat fee prior to receiving report from local health department. Fee is paid before inspection is made and no refund is given if recommendation for disapproval is issued. A new fee is charged for each proposal for cemetery review.

### **Service Code 627 - Application for Temporary Body Art Operator's Permit**

**Description:** A health permit is required for anybody art operator in a temporary body art facility. This includes operators performing body art activities or any related practices. The temporary operator permit shall be valid from the date of issuance and shall automatically expire at the end of the temporary facility license unless revoked sooner by the Department.

**Procedure:** All clients are charged a flat fee per application before receiving permit. Fee is submitted with application before it can be processed. No charge for inspections.

### **Service Code 630 - Plumbing Inspection and Permit**

**Description:** Issue permit and inspect plumbing projects for compliance to regulations. This applies to counties with plumbing inspection programs only.

**Procedure:** All clients are charged a flat fee prior to receiving permit.

### **Service Code 631-Temporary Food Service**

**Description:** A health permit is required for all temporary food services operating in the county. This application is not applicable to food service, retail food store, limited food service, and mobile food units.

**Procedures:** All clients are charged a flat fee per application based on days of an event before receiving permit. Fee is submitted with application before it is processed. No charge for inspections.

**Amount of Charge:** Flat fee of \$10/day up to 14 days with a minimum fee of \$30.00 per application

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 632 - Plan Review for Commercial Establishment**

**Description:** A review of plan or proposal for commercial establishment including public swimming pools, motels/hotels, food service establishments, camps, body art facilities, schools, day care centers, food processors, mobile units, commissaries, and other establishments for compliance with existing environmental regulations.

**Procedures:** All clients are charged a flat fee prior to receiving service. Fee is submitted with the plan.

### **Service Code 634 - Food Handlers Permit (Where program exists)**

**Description:** A permit is issued to individuals who work for food service or food processing establishments in positions where direct contact with food is required.

*This is applicable to Mobile and Jefferson County only.* There is no state requirement for such a fee.

**Procedure:** All clients are charged a flat fee per person prior to receiving permit/card.

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### **Service Code 635 - Record Search for Permits, Records of Inspections Or Permits Applications**

**Description:** This service includes searching for and copying environmental records pursuant to a public records request or subpoena. Records may include written inspection sheets and/or letters regarding inspections, permits applied for or issued, and complaints received and/or investigated. Subdivision plats are not copied.

**Procedure:** The copy fee is collected before the information is released. One fee is charged for each record of site, establishment or investigation. The fees are charged as noted below unless otherwise provided by law or rule.

- \$5.00 retrieval fee
- +\$1.00 per page for the first 25 pages
- +\$0.50 per page beyond 25 pages

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ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

SCHEDULE OF PROPOSED ENVIRONMENTAL FEES  
FOR COUNTY HEALTH DEPARTMENTS WITH LOCAL FEE BILLS  
ANNUAL FEES

| SERVICE CODE | SERVICE DESCRIPTION   | RECOMMENDED FEE   | COUNTY SPECIFIC FEE            |
|--------------|---|---|--------------------------------|
| 636          | Application for Sewage Tank Pumper Permit   | \$50/truck; \$100 minimum   |                                |
| 638          | Application for Septic Tank Series Manufacturer   | \$150   |                                |
| 641          | Application for Solid Waste Transfer, and Processing Facilities Permit                    | \$150   |                                |
| 642          | Application of Public Swimming Pool Permit  | \$75 - \$100  |                                |
| 643          | Solid Waste Exception Permit: Individual Household (Limited to \$10 by Act No. 89-630)    | \$10  | \$10                           |
| 644          | Solid Waste Collector Permit  | \$100 minimum   |                                |
| 645          | Application for Land Application of Septage Permit  | \$150 - \$250   |                                |
| 646          | Application for Day Care Centers Permit<br>Adult and Child – 40 or Fewer Residents        | \$100   |                                |
| 647          | Application for Day Care Centers Permit<br>Adult and Child – More than 40 Residents       | \$200   |                                |
| 648          | Food Processor<br>Annual Gross Sales from \$0 - \$999,999                                 | \$200   |                                |
| 649          | Food Processors<br>Annual Gross Sales from \$1,000,000 - \$4,999,999                      | \$300   |                                |
| 650          | Food Processors<br>Annual Gross Sales from \$5,000,000 - \$9,999,999                      | \$500   |                                |
| 652          | Food Processors<br>Annual Gross Sales from \$10,000,000 or more                           | \$900   |                                |
| 653          | License for Body Art Facility<br>(based on Act 321-2000)                                  | Initial \$250<br>Renewal \$200                                    | Initial \$250<br>Renewal \$200 |
| 659          | Hotel and Motel<br>From 1 to 20 rooms   | \$100 - \$150   |                                |
| 660          | Hotel and Motel<br>From 21 to 50 rooms  | \$200   |                                |
| 662          | Hotel and Motel<br>51 and more rooms  | \$250 + \$10/room if<br>over 80 rooms                             |                                |
| 664          | Camp Facilities<br>0 to 50 persons  | \$75  |                                |
| 666          | Camp Facilities<br>51 or more persons   | \$75 + \$1/person<br>over 50;<br>\$500 maximum                    |                                |
| 667          | Food Service Establishment – Priority Category 1<br>(May be subdivided by seating spaces) | \$50 - \$100<br>(0-25 = \$50)<br>(25-75 = \$75)<br>(75 + = \$100) |                                |
| 668          | Food Service Establishments<br>From 0 to 25 Seating                                       | \$75 - \$100  |                                |
|              |   |   |                                |

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

| <b>SERVICE CODE</b> | <b>SERVICE DESCRIPTION</b>  | <b>RECOMMENED FEE</b>   | <b>COUNTY SPECIFIC FEE</b> |
|---------------------|---|---|----------------------------|
| 669                 | <b>Food Service Establishment – Priority Category 2</b><br>(may be subdivided by seating spaces)  | \$100 - \$200<br>(0-25 = \$100)<br>(25 - 75 = \$150)<br>(75+ = \$200)   |                            |
| 670                 | <b>Food Service Establishments</b><br>(from 26 to 75 seating)                                     | \$150-\$200   |                            |
| 671                 | <b>Food Service Establishment – Priority Category 3</b><br>(may be subdivided by seating spaces)  | \$125 - \$300<br>(0-25 = \$125)<br>(25 – 75 = \$225)<br>(75+ = \$300)   |                            |
| 672                 | <b>Food Service Establishments</b><br>(76 or more seating spaces)                                 | \$250 - \$300   |                            |
| 673                 | <b>Food Services Establishment – Priority Category 4</b><br>(may be subdivided by seating spaces) | \$175 - \$350<br>(0 – 25 = \$175)<br>(25 – 75 = \$275)<br>(75+ = \$350) |                            |

- **Select only one method of charging food service establishments.**

| <b>SERVICE CODE</b> | <b>SERVICE DESCRIPTION</b>   | <b>RECOMMENED FEE</b> | <b>COUNTY SPECIFIC FEE</b> |
|---------------------|--|-----------------------|----------------------------|
| 674                 | <b>Retail Food Stores</b><br>2,500 sq ft or less devoted to retail food store operations (not applicable to limited food store establishments)   | \$50 - \$75           |                            |
| 676                 | <b>Retail Food Stores</b><br>More than 2,500 sq ft devoted to retail food store operations (not applicable to limited food store establishments) | \$150 - \$200         |                            |
| 677                 | <b>Pushcarts or Mobile Units</b>   | \$50 - \$75           |                            |
| 678                 | <b>Frozen Dessert Machine Operating Permit</b>   | \$100/machine         |                            |
| 681                 | <b>Late Penalty Fee</b>  | \$25 - \$50           |                            |
| 683                 | <b>Application for Body Art Operator’s Permit</b>  | \$25 - \$50/person    |                            |



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 636 - Application for Sewage Tank Pumper Permit**

**Description:** An annual health permit is required for each sewage tank pumper to operate in county. This includes operators of portable toilets, and grease trap and septic tank pumps/cleaners. The environmentalist may include inspection of vehicles pumping equipment and specified disposal locations before issuing permit.

**Procedure:** All clients are charged a flat fee based on the number of trucks involved prior to receiving permit. Fee is submitted with application before it can be processed. No charge for inspections.

### **Service Code 638 - Application for Septic Tank Series Manufacturer Permit**

**Description:** An annual health permit from the local health department is required for each septic tank/grease trap series manufactured or distributed by a manufacturer. A minimum of one inspection is required each year by the local health department.

**Procedure:** One permit is issued for each sewage tank series.

### **Service Code 641-Application for Solid Waste Transfer and Processing Facilities Permit**

**Description:** An annual health permit is required for each county solid waste facility which include transfer station and solid waste processing facility to operate in the county.

**Procedure:** No charge for inspections.

### **Service Code 642 - Application for Public Swimming Pool Permit**

**Description:** An annual health permit is required for operation of each public swimming pool in the county.

**Procedure:** No charge for inspections.

### **Service Code 643 -Application for Solid Waste Exception Permit Individual Household**

**Description:** A permit is issued to property owner for private hauling of trash and garbage to a permitted landfill or disposing of trash garbage onsite.

**Procedure:** No refund is given if permit is not issued.

### **Service Code 644 -Application for Solid Waste Collector Permit**

**Description:** An annual health permit is issued by the local health department for each collector and hauler of solid waste containing garbage.

**Procedure:** One permit is issued per company, but fee is based on each truck operating in the county. A new application with associated fee is required annually or when a change in ownership or a change of establishment name occurs. No charge for inspections.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 645 - Application for Land Application of Septage Permit**

**Description:** An application for annual permit is issued to property owner or applicant for land application of septage. This service requires a visit to site for evaluation before permit is issued. Permit is issued from the county health department only after a review of the initial application has been conducted by both the county and State Health Departments. The State Health Department is required to review the initial application in cases where the facility or processes have been modified or significantly altered. Application of permit renewals are not required to be reviewed by the State Health Department if the facility or processes have not been modified or altered from the initial application.

**Procedure:** No refund is given even if site is not permitted.

### **Service Code 646 - Application for Day Care Center Permit Adult & Child - 40 or Fewer Residents**

**Note:** Currently not regulated by the health department. Day care food service is permitted and charged under applicable risk category.

**Description:** An annual permit is issued to operate day care center with 40 or fewer residents.

**Procedure:** Charge is to day care centers licensed by the Department of Human Resources (DHR) that prepare and serve food. Day care centers not licensed by DHR are not inspected. Church day care centers are not exempt from fee. No charge for inspections.

### **Service Code 647 - Application for Day Care Center Permit Adult & Child - More than 40 Residents**

**Note:** Currently not regulated by the health department. Day care food service is permitted and charged under applicable risk category.

**Description:** An annual health permit is issued to operate day care center with more than 40 residents.

**Procedure:** Charge is to day care centers licensed by the Department of Human Resources (DHR) that prepare and serve food. Day care centers not licensed by DHR are not inspected. Church run day care centers are not exempt from fee. No charge for inspections.

### **Service Code 648 - Food Processor**

**Annual Gross Sales of \$0 - \$999,999**

**Description:** An annual health permit is issued for food processors with total annual sales of under \$1,000,000. Food processor fees are separate from food service fees. This refers to a specific type operation such as bottling plants, bakeries, etc.

**Procedure:** No charge for inspections. There is one fee per permit per year unless there is a change in name or ownership. By law, permits are not transferrable. Therefore, a new application for a permit would be issued for a fee.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 649 - Food Processor**

#### **Annual Gross Sales of \$1,000,000 - \$4,999,999**

**Description:** An annual health permit is issued for food processors with total annual sales from \$1,000,000 - \$4,999,999.

**Procedure:** Food processor fees are separate from food service fees. This refers to a specific type operation such as bottling plants, bakeries, etc. No charge for inspections. There is one fee per permit per year unless there is a change in name or ownership. By law, permits are not transferrable. Therefore, a new application for a permit would be issued for a fee.

### **Service Code 650 - Food Processor**

#### **Annual Gross Sales of \$5,000,000 - \$9,999,999**

**Description:** An annual health permit is issued for food processors with total annual sales from \$5,000,000 - \$9,999,999.

**Procedure:** Food processor fee is separate from food service fees. This refers to a specific type operation such as bottling plants, bakeries, etc. No charge for inspections. There is one fee per permit per year unless there is a change in name or ownership. By law, permits are not transferable. Therefore, a new application for a permit would be issued for a fee.

### **Service Code 652 - Food Processor**

#### **Annual Gross Sales of \$10,000,000 or More**

**Description:** An annual health permit is issued for food processor with total annual sales of \$10,000,000 or more.

**Procedure:** Food processor fees are separate from food service fees. This refers to a specific type operation such as bottling plants, bakeries, etc. No charge for inspections. There is one fee per permit per year unless there is a change in name or ownership. By law, permits are not transferrable. Therefore, a new permit would be issued for a fee.

### **Service Code 653 - Body Art Facility License**

**Description:** A health license is issued for all body art facilities operating in the county. This license is an annual license and all body art facilities must obtain the annual renewal license to continue operating in the county.

**Procedure:** There is one fee per application. No charge for inspections.

**Amount to Charge:** Initial license - flat fee of \$250

Annual renewal license - flat fee of \$200

The fees are based on Act No. 321-2000 and apply to all counties.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 659 - Hotels and Motels**

#### **From 1 to 20 Rooms**

**Description:** An annual health permit is required for all hotels and motels with 1 to 20 rooms.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership or name of establishment. By law, permits are not transferable. Therefore, a new application for a permit would be issued for a fee. No charge for inspections.

### **Service Code 660 - Hotels and Motels**

#### **From 21 to 50 Rooms**

**Description:** An annual health permit is required for all hotels and motels with 21 to 50 rooms. A minimum of two inspections per year is required.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership or name of establishment. By law, permits are not transferrable. Therefore, a new application for a permit would be required with a fee.

### **Service Code 662 - Hotels and Motels**

#### **51 or More Rooms**

**Description:** An annual health permit is required for all hotels and motels with 51 or more rooms.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership or name of establishment. By law, permits are not transferable. Therefore, a new application for a permit would be required with a fee.

### **Service Code 664 - Camp Facilities Up to 50 Persons**

**Description:** An annual health permit is required for all resident and day camps.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership or name of establishment. By law, permits are not transferrable. Therefore, a new application for a permit would be required with a fee. No charge for inspections. The application for a camp permit does not cover the application for food service.

### **Service Code 666 - Camp Facilities 51 or More Persons**

**Description:** An annual health permit is required for all resident and day camps.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership or name of establishment. By law, permits are not transferable. Therefore, a new application for a permit would be required with a fee. No charge for inspections. The application for a camp permit does not cover the application for food service.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 667 - Food Service**

#### **Establishment Priority Category 1**

**Description:** An annual health permit is required for all food service establishments rated as a "Priority Category 1 Food Establishment" as defined by Chapter 420-3-22 Food Rules.

**Procedure:** A new application with associated fee is required annually or when a change in ownership, establishment name, or increase in Priority Category occurs. No charge for inspections.

### **Service Code 668 - Food Service Establishment**

#### **For 0 - 25 Seating Spaces**

**Description:** An annual health permit is issued for all food service establishments with seating capacity of 25 or less.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership or establishment name. By law, permits are not transferable. Therefore, a new application for a permit would be issued for a fee. No charge for inspections.

### **Service Code 669 - Food Service**

#### **Establishment Priority Category 2**

**Description:** An annual health permit is required for all establishments rated as a "Priority Category 2 Food Establishment" as defined by Chapter 420-3-22 Food Rules.

**Procedure:** A new application with associated fee is required annually or when a change in ownership, establishment name, or increase in Priority Category occurs. No charge for inspections.

### **Service Code 670 - Food Service**

#### **Establishment 26 - 75 Seating Spaces**

**Description:** An annual health permit is issued for all food service establishment with seating capacity from 26 to 75 spaces.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership. By law, permits are not transferrable. Therefore, a new application for a permit would be issued for a fee. No charge for inspections.

### **Service Code 671 - Food Service**

#### **Establishment Priority Category 3**

**Description:** An annual health permit is required for all food service establishments rated as "Priority Category 3 Food Establishment" as defined by Chapter 420-3-22 Food Rules.

**Procedure:** A new application with associated fee is required annually or when a change in ownership, establishment name, or increase in Priority Category occurs. No charge for inspections.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 672 - Food Service Establishment 76 or More Seating Spaces**

**Description:** An annual health permit is issued for all food service establishments with a seating capacity of 76 or more.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership or establishment name. By law, permits are not transferrable. Therefore, a new application for a permit would be issued for a fee. No charge for inspections.

### **Service Code 673 - Food Service Establishment Priority Category 4**

**Description:** An annual health permit is required for all food service establishments rated as "Priority Category 4 Food Establishment" as defined by Chapter 420-3-22 Food Rules.

**Procedure:** A new application with associated fee is required annually or when a change in ownership, establishment name occurs. No charge for inspections.

### **Service Code 674 - Retail Food Store - 2,500 Sq Ft or Less Devoted to Retail Food Store Operations**

**Description:** An annual health permit is required per application for all retail food stores with 2,500 square feet or less devoted to retail food store operations. Not applicable to limited retail food store establishments. Retail food store application and permit does not cover for other food operations such as Deli, Salad Bar, etc.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership or establishment name. By law, permits are not transferrable. Therefore, a new application for a permit would be issued for a fee. No charge for inspections.

### **Service Code 676 - Retail Food Store - More than 2,500 Sq Ft Devoted to Retail Food Store Operations**

**Description:** An annual health permit is issued for all retail food stores with more than 2,500 square feet devoted to retail food store operations. Not applicable to limited retail food store establishments. Retail food store application and permit does not cover for other food operations such as Deli, Salad Bar, etc.

**Procedure:** There is one fee per permit application per year unless there is a change in ownership. By law, permits are not transferrable. Therefore, a new application for a permit would be issued for a fee. No charge for inspections.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Service Code 677 - Pushcarts or Mobile Units**

**Description:** A health authorization is required to operate for all establishments classified as a "Mobile Food Establishment" as defined by Chapter 420-3-22 Food Rules.

**Procedure:** One fee per unit per year is charged. Authorizations are not transferable. Therefore, a new application for authorization would be issued for a fee when there is a change in ownership or establishment name. No charge for inspections.

### **Service Code 678 - Application for Frozen Dessert Machine Operating Permit Description:**

An application for annual permit is issued for the operation of a frozen dessert machine. Samplers are required for each frozen dessert product in a permitted food service or store operation.

**Procedure:** A client is charged a separate fee for each frozen dessert machine operating in the establishment prior to local health department accepting Food Service, Food Store, temporary food, or mobile unit permit application.

### **Service Code 681 - Late Penalty Charge**

**Description:** Annual permits are issued by a certain date. Fee and application must be received prior to issuance date. Late application requires letter or phone reminder to client.

**Procedure:** All clients with a previous year annual permit will be charged a late penalty charge for payment of fee for the upcoming year after its due date. Fee and late charge must be submitted before a late application for permit will be accepted.

### **Service Code 683 - Application for Body Art Operator's Permit**

**Description:** An annual health permit is required for each body art operator to operate in county. This includes operators performing body art activities or any related practices. The operator permit shall be valid from the date of issuance and shall automatically expire at the end of the facility license year unless revoked sooner by the Health Department.

Environmentalist usually inspects the facility and instruments used in operation of body art or tattooing services.

**Procedure:** All clients are charged a flat fee for each body art operator application prior to receiving permit. Fee is submitted with application before it can be processed.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**ENVIRONMENTAL SERVICES**

**SCHEDULE OF FEES**

**STATE LEVEL**

**SERVICE CODE 680 - 706**

The services provided by state level personnel are of a specialized nature involving manufacturers or processing plants. The fee covers an annual permit or license to continue operations for the following year.



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

SCHEDULE OF ENVIRONMENTAL FEES  
FOR IMPLEMENTATION & USE BY STATE LEVEL PERSONNEL  
STATE LEVEL FEES

| SERVICE CODE | SERVICE DESCRIPTION                                      | ESTABLISHED FEE |
|--------------|--|-----------------|
| 680          | Frozen Desserts Manufacturers<br><i>Act No. 93-718</i>   | \$250           |
| 686          | Alabama Milk Processors<br><i>Act No. 93-718</i>         | \$250           |
| 692          | Single Service Container Plants<br><i>Act No. 93-718</i> | \$250           |
| 706          | Out of State Milk Processors<br><i>Act No. 93-718</i>    | \$250           |

This fee is set by Act No. 93-718

**Service Code 680 - Frozen Dessert Manufacturers**

**Description:** A health permit is issued for all frozen dessert manufacturers located in Alabama.

**Procedure:** All clients are charged a flat fee before receiving permit. Fee is submitted with application before it is processed. Fee does not apply to food service establishments. No charge for inspections. Permit is issued one time only and is permanent unless revoked.

**Service Code 686 - Alabama Milk Processor**

**Description:** A health permit is issued for all Alabama milk processors in the state.

**Procedure:** All clients are charged a flat fee before receiving permit. Fee is submitted with application before it is processed. No charge for inspections. Permit is issued one time only and is permanent unless revoked.

**Service Code 692 - Single Service Container Plant**

**Description:** A health permit is issued for all single service container plants in Alabama.

**Procedure:** All clients are charged a flat fee before receiving permit. Fee is submitted with application before it is processed. No charge for inspections. Permit is issued one time only and is permanent unless revoked.

**Service Code 706 - Out-of-State Milk Processors**

**Description:** An annual health permit is issued for out-of-state milk processors who ship into Alabama.

**Procedure:** All clients are charged a flat fee before receiving permit. Fee is submitted with application before it is processed.

## **CHAPTER 4**

# **HEALTH STATISTICS SERVICES**

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**HEALTH STATISTICS SERVICES**

Health Statistics fees are collected for birth, death, marriage, and divorce certificates. Records are issued at county health departments using a printer/scanner networked to the State Registrar's office.

**SCHEDULE OF FEES**

All Health Statistics record fees are recorded under Service Code 802, Vital Records. Appropriate fees must be collected at the time an application is accepted. Health Statistics fees are charged, collected, recorded, and deposited in the same manner as other fees.

Vital Records fees fall into two categories: **First Certified Copy \$15 each**  
**Additional Certified Copies \$ 6 each**

**LOCAL ISSUANCE**

To issue a vital record at the county health department, a registrar must be:

- Nominated by an administrator, a health officer, or district clerical director
- Approved by the State Registrar
- Trained and certified by the Center for Health Statistics
- Certified to handle cash

Once a registrar from the county health department has been trained and certified, he/she may issue vital records and process death certificates for the county in which he/she is authorized.

**DISTRIBUTION OF COLLECTED FEES**

Once a month, Financial Services - Budget Office distributes the deposited health record fees between the county health department that collected the fees and the State Registrar. The fee distribution appears on the Consolidated Statement of Revenues and Expenditures Summary monthly report. The state-level fees are used to complete automation of the Center for Health Statistics' statewide issuance project. The fees are distributed as follows:

|                          | <u>First</u> | <u>Additional</u> |
|--------------------------|--------------|-------------------|
| County Health Department | \$6.25       | \$3.00            |
| State Registrar          | \$8.75       | \$3.00            |
|                          | \$15.00      | \$6.00            |

For procedures regarding issuance of birth, death, marriage, and divorce certificates, refer to protocol in the Procedures Manual for County Issuance. For procedures regarding the processing of death certificates, refer to the Handbook on Death Registration for Registrars.

## **CHAPTER 5**

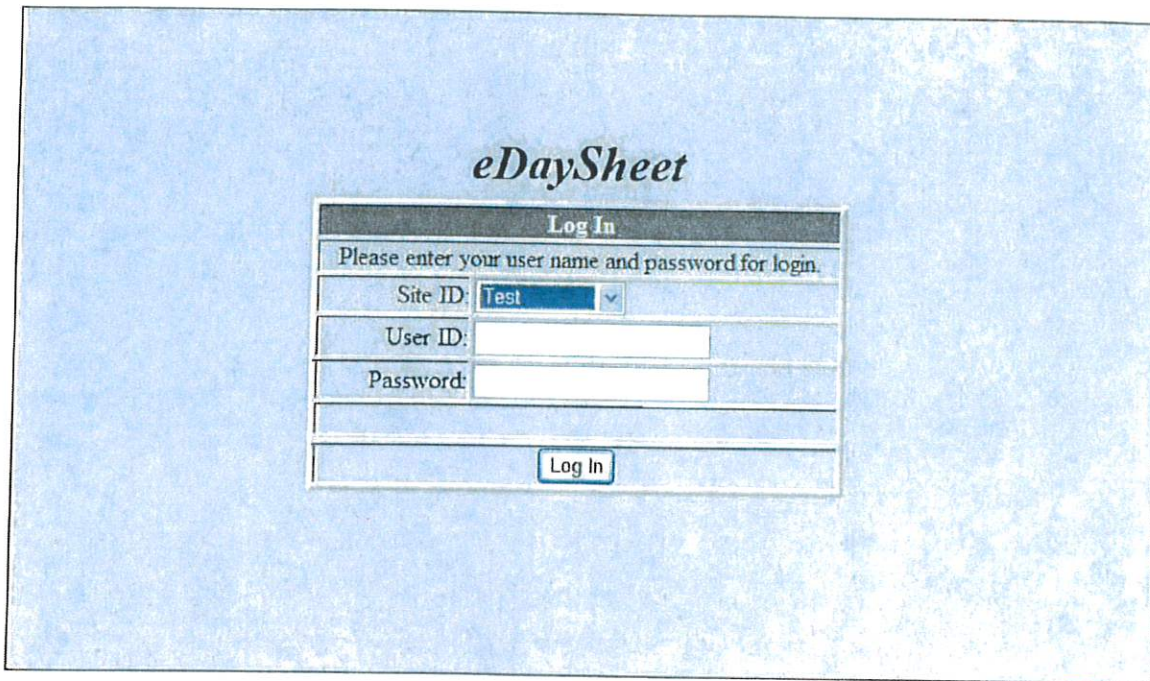
# **ELECTRONIC DAY SHEET USER'S GUIDE**

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM

MANUAL E-DAY SHEET TABLE OF CONTENTS

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**LOGIN SCREEN:**



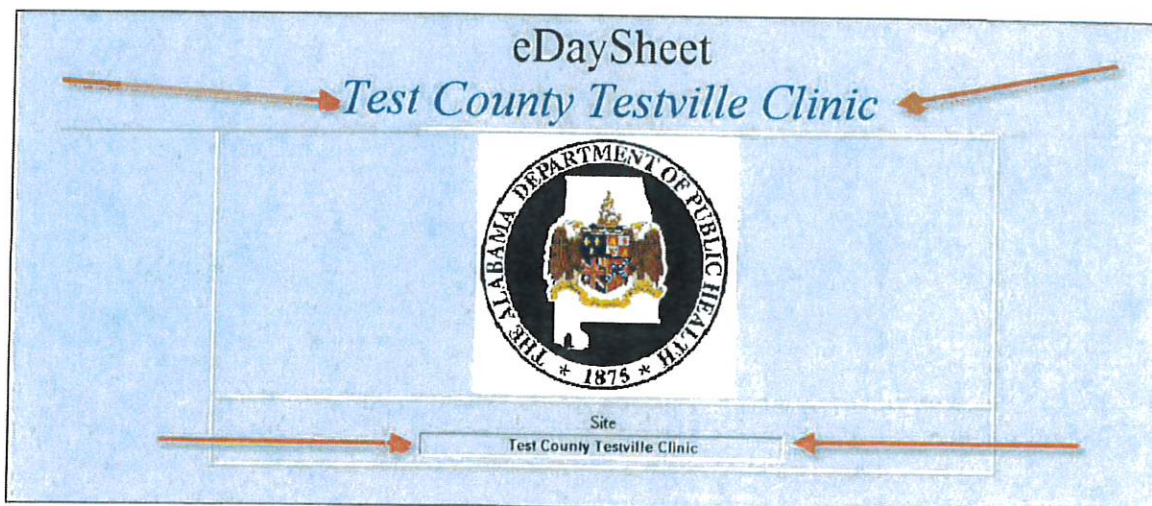
Select your clinic site from the drop down Site ID list.

Enter the User ID that has been assigned to you.

Enter the Password that has been assigned to you or created by you.

Click Log In.

If you are prompted to change your password follow the instructions on the next page.



**NOTE: IT IS VERY IMPORTANT THAT YOU SELECT THE CORRECT SITE IF YOU WORK IN MULTIPLE SITES AND/OR THERE ARE MULTIPLE SITES IN YOUR COUNTY.**

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**PASSWORD RESET and FIRST TIME LOG IN:**

The first time you log in you will be prompted to reset your password. The Password Reset screen will be displayed. The password is set to expire every 60 days. These same instructions will be followed each time your password expires.

The screenshot shows a web form titled "eDaySheet" for "Test County Testville Clinic". The form is titled "Password Reset" and includes the instruction "Your Password has expired please reset and login". The form contains the following fields and values:

| Password Reset                                   |            |
|--|------------|
| Your Password has expired please reset and login |            |
| User ID:   | h49ncler   |
| Password:  |            |
| Confirm Password:                                |            |
| User First Name:                                 | New        |
| User Middle Initial:                             |            |
| User Last Name:                                  | Clerk      |
| User Phone Number:                               | 3342065735 |
| <input type="button" value="Submit"/>            |            |

NOTE: The new password cannot be the same as the previous password.

The Log In screen will be displayed.

Select your Clinic Site and enter your User Id and newly changed password.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**User ID and/or Password is invalid:**

In the event that your User ID or your password is wrong, the login screen will display as shown below. You will need to contact a Site Administrator that is listed to assist you. The Site Administrator can reset your password for you.

*eDaySheet*

**Log In**

Please enter your user name and password for login.

Site ID:

User ID:

Password:

Site Id, User Id and/or Password is invalid.  
Please try again.

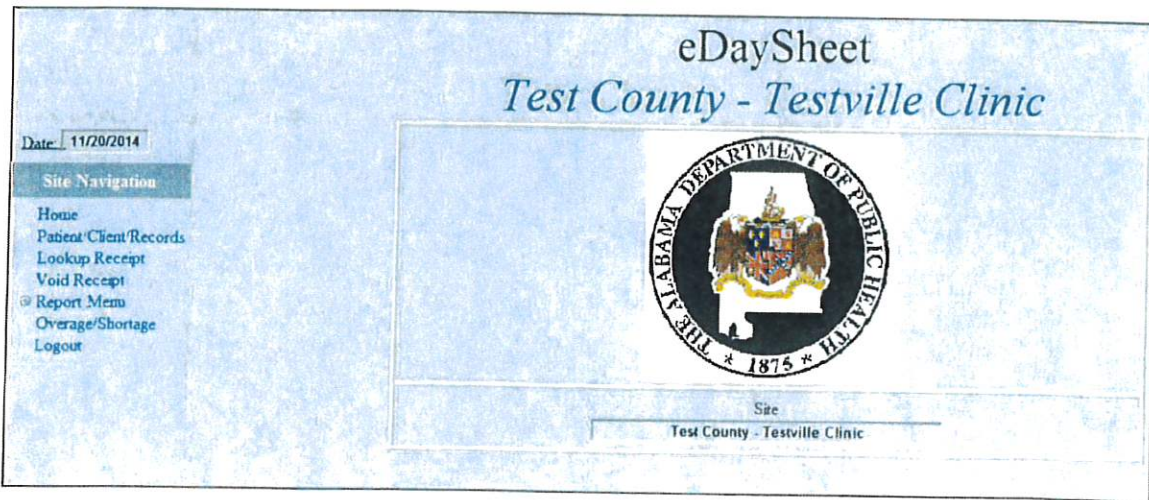
If assistance is needed, please contact Site Administration (list provided) to have your password reset.

**Site Admins - Test County - Testville Clinic**

| Name                 | Phone #        |
|----------------------|----------------|
| Test A Administrator | (555) 121-8888 |
| Test A Clerk         | (555) 222-1111 |

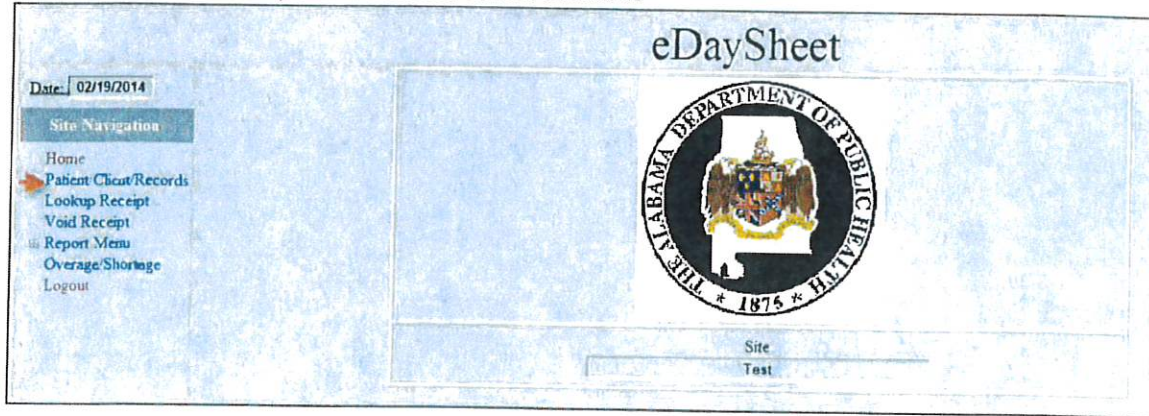


**Clerks Main Menu:**

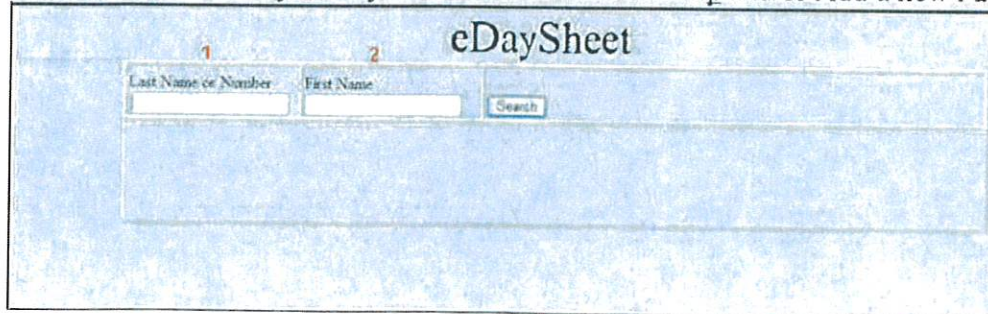


**Patient/Client Records**

From the Main Menu, select Patient/Client Records



From this menu item you may do a Patient/Client Lookup and/or Add a new Patient/Client.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

To Search for a Patient/Client:

1. Last Name or Number Field:  
Enter either the Client Number or Last Name. This field will also be used if the search is for a business account.
2. First Name Field:  
Enter the First Name. Do not enter anything when searching for a business.

Click the Search button to perform the search.

A Patient/Client Lookup is REQUIRED before any new Patient/Client records can be added and before any receipts can be issued to an existing Patient/Client record.

In the example below, the search was for “4900001”. All the patient/client records that begin with that sequence of numbers are displayed.

**eDaySheet**

Last Name or Number:  First Name:

|        | CLIENT #       | Last Name/ Business Name | First Name | MI | Date of Birth |
|--------|----------------|--------------------------|------------|----|---------------|
| Select | 490000100      | Priscual                 | Test       | A  | 5/25/1963     |
| Select | 490000101      | Patient                  | Chr        |    | 2/1/1955      |
| Select | 490000125      | Patient                  | Testy      | A  | 8/25/1963     |
| Select | 490000126      | Sackby                   | Patient    | B  | 5/24/1973     |
| Select | 490000127      | Test                     | Client     |    | 1/30/1973     |
| Select | 490000128      | People                   | Test       |    | 2/15/1973     |
| Select | 490000150      | Test                     | Client     | A  | 9/14/1966     |
| Select | 490000199      | M                        | Client     |    | 1/31/1995     |
| Select | Add New Client |                          |            |    |               |

In the example below, the search was for the Last Name “Patient” and the first letter of the First Name beginning with a “T”. All the patient/client records that have a Last Name “Patient” and the First Name begin with a “T” are displayed.

**eDaySheet**

Last Name or Number:  First Name:

|        | CLIENT #       | Last Name/ Business Name | First Name | MI | Date of Birth |
|--------|----------------|--------------------------|------------|----|---------------|
| Select | 3              | Patient                  | Test       | A  | 5/24/1963     |
| Select | 490000125      | Patient                  | Testy      | A  | 5/25/1963     |
| Select | 490049538      | Patient                  | Testone    | A  | 1/2/1900      |
| Select | T49000045      | Patient                  | Temporary  |    | 10/1/1943     |
| Select | Add New Client |                          |            |    |               |

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

If the patient/client is not displayed, click Select to Add New Client.

If the patient/client is displayed click Select next to their Client # and the ledger card for that patient/client will be displayed.

From the ledger card you may create a new receipt or update any demographic information. If updates are made to the demographic information, click Save.

### Add New Client

Complete all fields.

|   |                                       |   |                      |  |  |
|---|---------------------------------------|---|----------------------|--|--|
| Client Type:  | Personal                              |   |                      |  |  |
| Client Number:  | Add New Client                        |   |                      |  |  |
| Last Name   | First Name                            | MI  | Date of Birth        |  |  |
| <input type="text"/>  | <input type="text"/>                  | <input type="text"/>                        | <input type="text"/> |  |  |
| Street Address 1  | Street Address 2                      |   |                      |  |  |
| <input type="text"/>  | <input type="text"/>                  |   |                      |  |  |
| City  | State                                 | Zip Code                                    |                      |  |  |
| <input type="text"/>  | AL                                    | <input type="text"/>                        |                      |  |  |
| Is it ok to send mail to this address? <input type="text"/> |                                       |   |                      |  |  |
| Phone Number  | Comments                              | Current Balance                             | Previous Balance     |  |  |
| <input type="text"/>  | <input type="text"/>                  | 0.00  | <input type="text"/> |  |  |
| <input type="button" value="Non-Clinic"/>                   | <input type="button" value="Cancel"/> | <input type="button" value="Print Ledger"/> |                      |  |  |

Example for a business account:

|  |  |                                       |   |  |
|--|--|---------------------------------------|---|--|
| <h2>eDaySheet</h2>   |  |                                       |   |  |
| Client Type:   | Business   |                                       |   |  |
| Client Number:   | 12   |                                       |   |  |
| Business Name  |  |                                       |   |  |
| Funeral Home   |  |                                       |   |  |
| Street Address 1   | Street Address 2   |                                       |   |  |
| 256 Death Road   | <input type="text"/>   |                                       |   |  |
| City   | State  | Zip Code                              |   |  |
| Testville  | AL   | 36555                                 |   |  |
| Is it ok to send mail to this address? Yes <input checked="" type="text"/> |  |                                       |   |  |
| Phone Number   | Comments   | Current Balance                       | Previous Balance                            |  |
| (334) 555-0888   | This area can be used to capture any   documentation needed regarding the client. It will not print on invoices or receipts. | 50.00                                 | 50.00                                       |  |
| <input type="button" value="Create Receipt"/>                              | <input type="button" value="Save"/>  | <input type="button" value="Cancel"/> | <input type="button" value="Print Ledger"/> |  |
| 66   |  |                                       |   |  |

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Example for a personal account:

All of information should be reviewed/updated with the patient/client at each visit.

A completed Personal Ledger Card

| TRANS DATE        | RECEIPT NUMBER | Net Charges | CREDITS | AMOUNT PAID | CURRENT BALANCE | TRANS TYPE |
|-------------------|----------------|-------------|---------|-------------|-----------------|------------|
| Select 12/20/2013 | 87             | \$36.00     |         | \$36.00     | \$0.00          | Deposit    |
| Select 12/09/2013 | 53             | \$0.00      |         | \$92.00     | \$0.00          | Deposit    |

1. To create a receipt, click "Create Receipt".
2. Click "Save" to save the information if a new ledger card is being established or if changes to an existing ledger card have been made.
3. To cancel any entries or changes made, click "Cancel" to return to the client page.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

4. To print the entire ledger card, click "Print Ledger".
5. To select an individual receipt from the ledger card, click "Select".
6. "Trans Date" is the date that the receipt was created.
7. The "Receipt Number" is issued when the entry in the eDaySheet is saved.
8. The "Net Charges" on the receipt reflect the amount of the charges owed after the discounts are applied to the gross charges.
9. Amounts shown in the "Credits" column reflect any adjustments that have been made to the current balance.
10. The "Amount Paid" reflects what was collected when the receipt was created.
11. The "Current Balance" shown on the ledger card indicates the balance on the account at the time that entry was made.
12. The "Trans Type" indicates the type of transaction that was recorded to the eDaySheet. The possible transaction types are deposit, void, adjustment, overage, shortage, and return check.

Note: If a patient/client requests confidentiality, select **No** to "Is it ok to send mail to this address?"

### Create Receipt

To create a receipt, access the patient/client's ledger card.

# eDaySheet

|   |                  |                 |                  |
|---|------------------|-----------------|------------------|
| Client Type:  | Individual       |                 |                  |
| Client Number:  | 13               |                 |                  |
| Last Name   | First Name       | MI              | Date of Birth    |
| F   | Client           |                 | 5/25/1963        |
| Street Address 1  | Street Address 2 |                 |                  |
| 25 Test Ave   |                  |                 |                  |
| City  | State            | Zip Code        |                  |
| Testville   | AL               | 36555           |                  |
| Is it ok to send mail to this address? Yes <input type="checkbox"/> |                  |                 |                  |
| Phone Number  | Comments         | Current Balance | Previous Balance |
|   |                  | \$0.00          | \$0.00           |

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

New receipt entry screen:

1. The Clerk is the User ID of the person creating the receipt.
2. The "Receipt #" is automatically generated when the receipt is created.
3. The "Client Number" is a number that is automatically generated by the eDaySheet system.
4. The "First Name" of the Patient/Client record is added to the receipt based on the information on the ledger card. Business accounts will show the business name. This information cannot be changed.
5. The "Middle Initial" of the Patient/Client record is added to the receipt based on the information on the ledger card. This field will not be shown on business accounts. This information cannot be changed.
6. The "Last Name" of the Patient/Client record is added to the receipt based on the information on the ledger card. This field will not be shown on business accounts. This information cannot be changed.
7. The "Date Issued" is the date the receipt is being issued or added to the eDaySheet. The date issued cannot be changed. If it is past your sites closeout time, the date will roll to the next business day.
8. The "Category" drop down box contains all available categories.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

9. The applicable "Service Code" will be selected from the the drop down list. The service code selections will vary based on the category selected.
10. The "Gross Fee Charge" will populate based on the category and service code selected. If no charge populates when the entry is made on the eDaySheet, key the charge approved on your local county fee schedule, if applicable.
11. The "Percent %" amount is used to slide a patient/client charge, if applicable.
12. The "Net Amount" is the amount that populates when the gross fee charge and percentage have been entered. This amount should be consistent with the local approved fee amount. This field can be over written to avoid rounding on certain types of receipts. For example, donations, appropriations, immunization, and payment on an account.
13. The payment amount is entered in the "Amount Paid" field.
14. The "Payment Type" is selected from the drop down box. It can be Cash, Check, Both, or EHR/ACH.
15. If "Cash" is selected as the payment type the amount paid will be populated in this box. If "Both" was selected in the payment type the amount of cash collected for this receipt will need to be entered.
16. If "Check" is selected in the payment type the amount paid will be populated in this box. If "Both" was selected in the payment type the check amount collected for this receipt will need to be entered
17. The "Current Balance" is the client/patient's current balance that is the result of this most recent entry on the eDaySheet.
18. The "Previous Balance" is the client/patient's balance before the most recent entry was made on the eDaySheet.
19. "Vital Stats-1<sup>st</sup>" will be displayed only when Vital Stats is selected in the category field. Enter the total amount of money collected for Vital Stats first copies. This amount must equal the current amount charged for a first copy times the number of first copies being issued on this receipt.
20. "Vital Stats-2<sup>nd</sup>" will be displayed only when Vital Stats is selected in the category field. Enter the total amount of money collected for Vital Stats second copies. This amount must equal the current amount charged for a second copy times the number of second copies being issued on this receipt.  
Note: the total of Vital-Stats-1<sup>st</sup> and Vital Stats-2<sup>nd</sup> must equal the Amount Paid.
21. "Revenue Source" is selected from the drop down box. If there is more than one revenue source code for the service category, select the appropriate option. This code determines how the money is distributed on the Monthly Recap report.
22. The name of the person paying is entered in the "Payee" field.
23. The "Comments" section is an open text field that can be used for extra documentation about the receipt. When a Revenue Source of Miscellaneous is used, a description of what the receipt is for must be entered in the "Comments" section. This description is to aid the State Budget Office in determining why the money was coded to Miscellaneous. There should be enough information so they will understand where the money came from. This Description for Miscellaneous Revenue Source will be used on the Electronic Monthly Recap and sent with your Monthly Recap file. Entries in this field will print out on the Receipt and the Transactions by Date report.
24. Selecting "Cancel" will stop the issuing of this receipt. You will be returned to the patient/client ledger card.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

25. Use the “Print Receipt” button to print the receipt. When this is done a receipt number will be assigned and the transaction will be recorded to the patient/client’s ledger card.

See example below for a completed Receipt entry screen:

The screenshot shows the 'eDaySheet' software interface. At the top, it says 'eDaySheet'. Below that, there are fields for 'Clerk: 1491clor' and 'Receipt #: NEW RECEIPT'. The main form is divided into several sections:

- Client Information:** Client Number (13), Last Name (F), First Name (Client), MI, and Date Issued (11/15/2013).
- Transaction Details:** Category (Vital Stats), Service Code (802), Gross Fee Charge (36.00), Percent % (1.00), Net Amount (36.00), and Amount Paid (36.00).
- Payment Information:** Payment Type (Both), Cash (15.00), Check (21.00), Current Balance (0.00), Previous Balance (0.00), Vital Stats-1st (30.00), and Vital Stats-2nd (6.00).
- Revenue Source and Payee:** Revenue Source (V S FEES 1ST COPY) and Payee (Client F).
- Comments:** A text box containing the instruction: 'This is for documentation of the receipt. NOTE: What is entered in this box will print on the receipt.'
- Buttons:** 'Cancel' and 'Print Receipt' (highlighted in yellow).

Note the client paid for this receipt with both Cash and Check.

The following message will appear confirming that you want to create the receipt, select “OK”. After clicking “OK”, a receipt will appear on the screen as a PDF. Click the print icon to issue a copy of the receipt to the patient/client. To exit the receipt print screen, click on the “Back” button in the top center of the screen.

Refer to the example below of a printed receipt:



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### Receipt/Current Invoice

|                     |                              |                             |                           |                        |                            |                                 |
|---------------------|------------------------------|-----------------------------|---------------------------|------------------------|----------------------------|---------------------------------|
| 11/14/2013          | 13                           | 36.00                       | 36.00                     | 0.00                   | 36.00                      | 0.00                            |
| <small>Date</small> | <small>Client Number</small> | <small>Gross Charge</small> | <small>Net Charge</small> | <small>Credits</small> | <small>Amount Paid</small> | <small>Current Balance</small>  |
|                     |                              |                             |                           |                        |                            | 0.00                            |
|                     |                              |                             |                           |                        |                            | <small>Previous Balance</small> |

Client F  
Name of Client

VS  
Transaction Category

Client F  
Received from Payer

Test  
100 Test Place  
  
Testville, AL 38888  
(334) 206-5735      (334) 206-5570  
Phone                                  Fax

Next Appointment (Date) \_\_\_\_\_

Receipt Printed: 11/14/2013  
DPH-A-101-Rev. 11/2008

Receipt Number  
20

This is for Documentation of the receipt. NOTE: What is entered in this box will print on the receipt.  
Notes

### Lookup Receipt

To lookup and/or print additional copies of a previously issued receipt, select “Lookup Receipt” from the Site Navigation Menu.

## eDaySheet

Date: 02/19/2014Receipt Lookup

Site Navigation

Receipt Number:

CancelLookup

- Home
- Patient Client Records
- Lookup Receipt
- Void Receipt
- Report Menu
- Overage/Shortage
- Logout

Enter the receipt number, click “Lookup” to view the receipt. The information entered on the receipt cannot be edited. To print additional copies, select “Print Copy”. To return to the eDaySheet home screen, click “Cancel”. See example below.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### eDaySheet

Clerk: **h49telor**      Receipt #: **56**

|               |            |    |           |             |
|---------------|------------|----|-----------|-------------|
| Client Number | First Name | MI | Last Name | Date Issued |
| 27            | Test       | A  | Receipt   | 9/23/2013   |

|             |              |                  |           |            |             |
|-------------|--------------|------------------|-----------|------------|-------------|
| Category    | Service Code | Gross Fee Charge | Percent % | Net Amount | Amount Paid |
| Vital Stats | 802          | 21.00            | 0.00      | 21.00      | 21.00       |

|              |      |       |                 |                  |                 |                 |
|--------------|------|-------|-----------------|------------------|-----------------|-----------------|
| Payment Type | Cash | Check | Current Balance | Previous Balance | Vital Stats-1st | Vital Stats-2nd |
| UNPAID       |      | 21.00 | 0.00            | 0.00             | 15.00           | 6.00            |

Revenue Source:       Payee:

Vital Stats-1st:       Test A Receipt

Comments:

After printing the receipt, click on the "Back" button in the top center of the screen to return to the menu screen.

See example below of a printed copy of a receipt:

## Receipt/Current Invoice

|            |               |              |            |         |             |                  |
|------------|---------------|--------------|------------|---------|-------------|------------------|
| 09/23/2013 | 27            | 21.00        | 21.00      |         | 21.00       | 0.00             |
| Date       | Client Number | Gross Charge | Net Charge | Credits | Amount Paid | Current Balance  |
|            |               |              |            |         |             | 0.00             |
|            |               |              |            |         |             | Previous Balance |

Test A Receipt  
Name of Client

\*\*\*\* COPY COPY COPY COPY \*\*\*\*

VS  
Transaction Category

Test A Receipt  
Received from Payer

Notes

Test  
100 Test Place  
Testville, AL 38888  
(334) 206-5735      (334) 206-5570  
Phone                              Fax

Next Appointment (Date) \_\_\_\_\_

Receipt Printed: 9/23/2013

PH-A-101-Rev. 11/2008

Receipt Number

## Void Receipt

By selecting “Void Receipt” on the Site Navigation Menu, users have the ability to lookup and void a previously issued receipt. A receipt may only be voided on the same date the receipt was issued or dated. After selecting “Void Receipt”, enter the receipt number to be voided and click “Search”.

The screenshot shows the eDaySheet interface. At the top right, the text "eDaySheet" is displayed. Below it, there is a "Date:" field containing "02/19/2014" and a "Search" button. On the left side, there is a "Site Navigation" menu with the following items: Home, Patient/Client/Records, Lookup Receipt, Void Receipt, Report Menu, Overage/Shortage, and Logout. A "Cancel" button is located at the bottom center of the navigation area.

The receipt will populate with the void option. Verify that this is the correct receipt to be voided and then click “Void”. Click “OK” to complete the void.

The screenshot shows the eDaySheet interface with a receipt form populated. The form includes fields for Client Number, Last Name, First Name, MI, Date Issued, Category, Service Code, Gross Fee Charge, Percent %, Net Amount, Amount Paid, Payment Type (Cash, Check), Current Balance, Previous Balance, Vital Signs-1st, Vital Signs-2nd, Revenue Source, and Patient. A "Void" button is visible at the bottom left. A confirmation dialog box is open in the center, asking "Are you sure you want to void this receipt?" with "OK" and "Cancel" buttons.

The Void Receipt must be printed and attached to the Transaction by Date Report for that day. **A Voided Receipt must have two signatures or initials and be dated in red.** A brief explanation of why the transaction was voided must also be written on the receipt. To exit the Void Receipt, click “Back” in the top center of the screen.

See example below of a Voided Receipt.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

| Void Receipt/Current Invoice  |                              |                             |   |                        |                               |                                 |
|---|------------------------------|-----------------------------|---|------------------------|-------------------------------|---------------------------------|
| 10/15/2013  | 26                           | 15.00                       | -15.00  |                        | -15.00                        | 0.00                            |
| <small>Date</small>   | <small>Client Number</small> | <small>Gross Charge</small> | <small>Net Charge</small>                           | <small>Credits</small> | <small>Amount Paid</small>    | <small>Current Balance</small>  |
|   |                              |                             |   |                        |                               | 0.00                            |
|   |                              |                             |   |                        |                               | <small>Previous Balance</small> |
| <p style="text-align: center;">**** VOID VOID VOID VOID****</p> <p>Test<br/>100 Test Place<br/>Testville, AL 38888<br/><br/>(334) 206-5735      (334) 206-5570<br/><small>Phone                      Fax</small></p> <p>Signature/ (Date) _____</p> <p>Signature/ (Date) _____</p> <p>Receipt Printed: 10/15/2013<br/><small>DPH-A-101-Rev. 11/2008</small></p> |                              |                             | Test A Client<br><small>Name of Client</small>      |                        |                               |                                 |
|   |                              |                             | VS<br><small>Transaction Category</small>           |                        |                               |                                 |
|   |                              |                             | Test A Client<br><small>Received from Payer</small> |                        |                               |                                 |
|   |                              |                             | <br><small>Notes</small>                            |                        |                               |                                 |
|   |                              |                             | <br>  |                        |                               |                                 |
|   |                              |                             |   |                        | <small>Receipt Number</small> | 11                              |

**Same Day Refund**

If fees are collected and services are not provided, a refund may be given on the same business day. Obtain original receipt from the patient/client, void receipt, and issue refund. Attach original and voided receipts to the Transaction by Date Report.

Cash refunds will only be made if the patient/client paid with cash.

Check/Money Order refunds will be made by returning the check/money order to the patient/client.

**Refund After eDaySheet Closure**

If the eDaySheet has been balanced and closed at the end of the day, or if the deposit has already been made, a refund will be made in the form of a field voucher. Before a field vouchers is issued for a payment made by check, the check must clear the bank. It usually takes 7-14 business days for a check to clear.

The following information must be included on the Field Voucher (Form HF-2):

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

- Current Date
- County Health Department
- Program Name
- Payee's Name and Address
- Patient/Client's Name and Address
- Date of Payment
- Specified Service
- Refund Amount
- Receipt Number
- Patient/Client/CureMD Account Number
- Brief Explanation of Refund
- Authorized Signature

A copy of the original receipt must be attached to the HF-2. The receipt may be issued from CureMD or the eDaySheet. The documents should be mail to:

Alabama Department of Public Health  
Financial Services – Budget and Receipts Office  
201 Monroe Street  
Montgomery, AL 36104

The Budget and Receipts Office will process the HF-2 and a state warrant will be mailed directly to the client, unless instructed otherwise. A copy of the HF-2 and the original receipt must be maintained at the county level. See below for an example of a completed HF-2.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

STATE OF ALABAMA  
STATE HEALTH DEPARTMENT

FIELD VOUCHER

Date January 1, 1996

Anywhere Health Department  
Immunization Program

---

To (Payee) Mary Doe

---

Address Route 1, Box 2  
Anytown, Alabama (zip) 35123

| Articles or Services<br>(Itemized)  |         |
|---|---------|
| <p>Name: James Doe<br/>Address: Route 1, Box 2, Anytown, Alabama 35123<br/>Date Fee Paid: December 23, 1999<br/>Specific Service: Immunization<br/>Refund Amount: \$20.00<br/>Receipt Number: 098765<br/>CHR Number: XXXXXX</p> <p>Ms. Doe paid \$20.00 for her child's immunization and then the child did not receive the service due to a slight fever. She returned on January 1, 2000, and requested that her payment be refunded. The child was going to the doctor to get the immunizations.</p> <p>Ms. Doe has requested that the refund be sent to the Health Department office as she is having a problem with her mail being tampered with. She will pick the check up at this office.</p> | \$20.00 |
| TOTAL   | \$20.00 |

I certify that the items listed on this voucher were purchased and received and/or service performed in the official business of the Health Department and are approved for payment.

*Jane Smith*  
\_\_\_\_\_  
AUTHORIZED SIGNATURE  
*Office Manager*

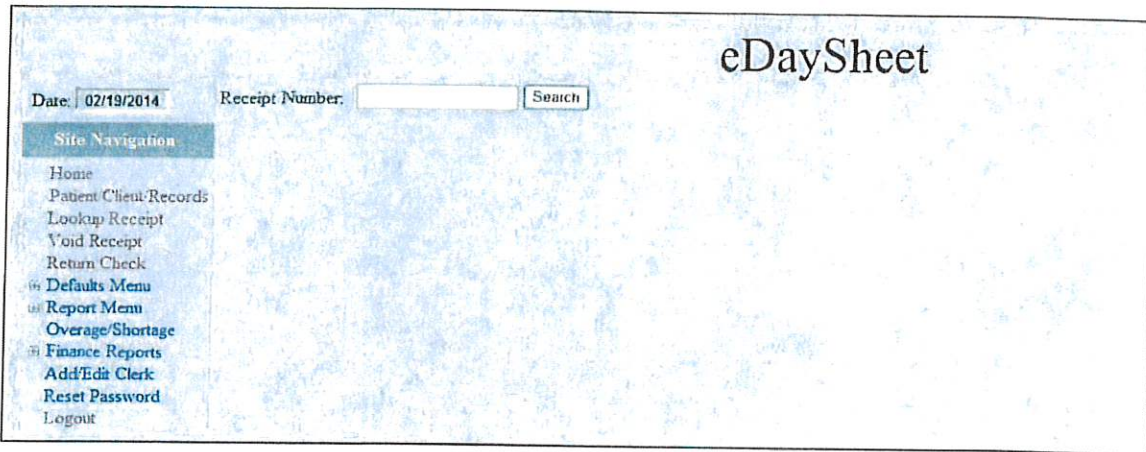
|                           |
|---------------------------|
| Paid by<br>Voucher Number |
|---------------------------|

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### Returned Check

See next section for instructions related to patients/clients without an individual eDaySheet receipt that corresponds to the returned check.

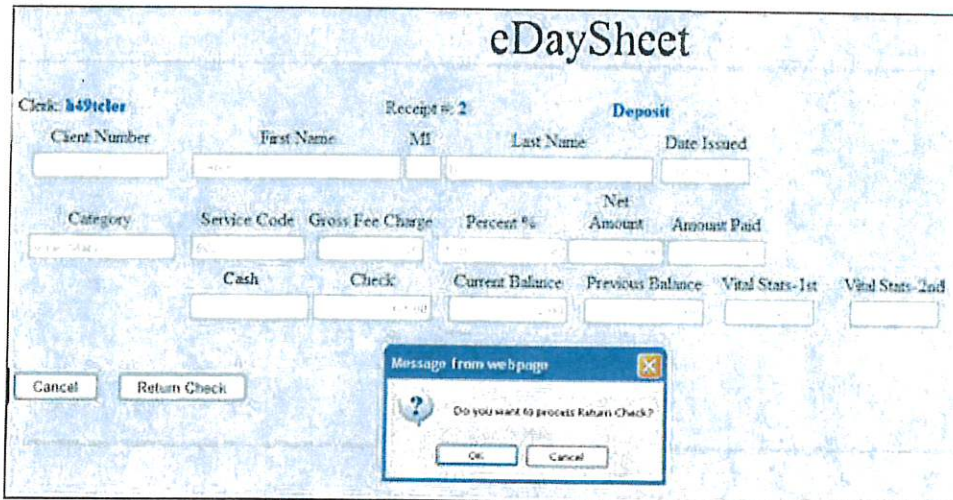
To process a returned check, select "Return Check" from the Site Navigation Menu. Enter the receipt number and click on the Search Button.



The screenshot shows the eDaySheet application interface. At the top right, the title "eDaySheet" is displayed. Below the title, there are two input fields: "Date:" with the value "02/19/2014" and "Receipt Number:" followed by an empty text box and a "Search" button. On the left side, there is a "Site Navigation" menu with the following items: Home, Patient Client Records, Lookup Receipt, Void Receipt, Return Check, Defaults Menu, Report Menu, Overage/Shortage, Finance Reports, Add/Edit Clerk, Reset Password, and Logout.

The receipt will populate with the return check option. Verify that this is the correct receipt to be returned and then click "Return Check". Click "OK" to complete the transaction.

To stop processing, click "Cancel".



The screenshot shows the eDaySheet application interface with a receipt form populated. The title "eDaySheet" is at the top. Below the title, the "Clerk:" field is set to "h49tcler" and the "Receipt #:" field is set to "2". The "Deposit" field is also visible. The form contains several input fields for Client Number, First Name, MI, Last Name, Date Issued, Category, Service Code, Gross Fee Charge, Percent %, Net Amount, and Amount Paid. Below these fields, there are fields for Cash, Check, Current Balance, Previous Balance, Vital Signs-1st, and Vital Signs-2nd. At the bottom left, there are "Cancel" and "Return Check" buttons. A "Message from web page" dialog box is open in the center, asking "Do you want to process Return Check?" with "OK" and "Cancel" buttons.

A copy of the returned check receipt should be printed, attached to the transaction by date report, and maintained at the county level. See below for example.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

## Returned Check Receipt/Current Invoice

|            |               |              |            |         |                  |                  |
|------------|---------------|--------------|------------|---------|------------------|------------------|
| 11/20/2013 | 8             | 63.00        | 63.00      | - 63.00 | -63.00           | 63.00            |
| Date       | Client Number | Gross Charge | Net Charge | Credits | Return Check Amt | Current Balance  |
|            |               |              |            |         |                  | 0.00             |
|            |               |              |            |         |                  | Previous Balance |

Client B  
Name of Client

VS  
Transaction Category

Received from Payer

Notes

Test  
100 Test Place  
Testville, AL 38888

(334) 555-5555      (334) 444-4444  
Phone                      Fax

Next Appointment (Date) \_\_\_\_\_

Receipt Printed: 11/20/2013      Receipt Number: 40

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**RETURNED CHECK for Receipt number: 2**

To exit the returned check receipt print screen, click "Back" in the top center of the screen.

The patient/client's ledger card will reflect the returned check receipt and the current balance will be increased by that amount. See example below.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**eDaySheet**

Client Number:   
 Client Type:

Last Name:  First Name:  MI:  Date of Birth:   
 Street Address 1:  Street Address 2:   
 City:  State:  Zip Code:   
 Testable:  Is it ok to send mail to this address?

Phone Number:  Comments:   
 Current Balance:  Previous Balance:

|        | TRANS DATE | RECEIPT NUMBER | Net Charges | CREDITS   | AMOUNT PAID | CURRENT BALANCE | TRANS TYPE |
|--------|------------|----------------|-------------|-----------|-------------|-----------------|------------|
| Select | 11/20/2013 | 40             | \$63.00     | (\$63.00) | \$63.00     | \$63.00         | ReturnChk  |
| Select | 11/20/2013 | 26             | \$15.00     |           | \$15.00     | \$0.00          | Deposit    |
| Select | 10/09/2013 | 2              | \$63.00     |           | \$63.00     | \$0.00          | Deposit    |

If multiple receipts were issued for the returned check these instructions must be followed for each receipt.

### Instructions for processing returned checks where no individual eDaySheet receipt corresponds to the returned check.

Access the patient/client ledger card. If the patient does not have an existing ledger card, create a new patient/client record.

- Create a receipt using the example below:
- The percent % must be “.00”.
- Amount paid must be “0.00”.
- Payment type must be “Check”.
- The check amount must equal the returned check amount.
- The payer must be entered as “RTR CHK FROM: Person’s Name”.
- In the comments box, enter additional documentation to explain the purpose of the receipt. For example, “Receipt used to establish account balance to process a returned check received through the EHR.”

Select “Print Receipt” and follow the returned check instructions above using the new receipt number as the receipt to process the returned check against.

Attach both the receipt and the returned check receipt to the Transactions by Date report.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

ipt #: **NEW RECEIPT**

Client Number:  Last Name:  First Name:  MI:  Date Issued:

Category:  Service Code:  Gross Fee Charge:  Percent %:  Net Amount:  Amount Paid:

Payment Type:  Cash:  Check:  Current Balance:  Previous Balance:

Revenue Source:  Payer:

Notes:

**Redeposit of Returned Check/Payment on Account**

*If the return check is not going to be redeposited, see the instructions below for charging the NSF fee.*

To process a payment on account or redeposit a returned check, look up the patient/client ledger card and click "Create Receipt".

## eDaySheet

Client Type:

Client Number:

Last Name:  First Name:  MI:  Date of Birth:

Street Address 1:  Street Address 2:

City:  State:  Zip Code:

Is it ok to send mail to this address?  Yes

Phone Number:  Comments:

Current Balance:  Previous Balance:

| TRANS DATE        | RECEIPT NUMBER | Net Charges | CREDITS | AMOUNT PAID | CURRENT BALANCE | TRANS TYPE |
|-------------------|----------------|-------------|---------|-------------|-----------------|------------|
| Select 12/20/2013 | 89             | \$20.00     |         | \$20.00     | \$63.00         | Deposit    |

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Select the appropriate program category and payment on account option service code. Gross fee, percent %, and net charges will be zero. Enter the amount of payment in the amount paid field. Because there is not a Vital Statistics service code for payment on account, select "802". Enter the Vital Stats 1<sup>st</sup> and Vital Stats 2<sup>nd</sup> amounts. Click "Print Receipt" to complete.

## eDaySheet

Clerk: **b49tcler**      Receipt #: **NEW RECEIPT**

|               |           |            |    |             |
|---------------|-----------|------------|----|-------------|
| Client Number | Last Name | First Name | MI | Date Issued |
| 490000125     | Patient   | Testy      | A  | 03/03/2014  |

| Category        | Service Code | Gross Fee Charge | Percent % | Net Amount | Amount Paid |
|-----------------|--------------|------------------|-----------|------------|-------------|
| Family Planning | FPPOA        | 0.00             | 1.00      | 0.00       | 63.00       |

| Payment Type | Cash | Check | Current Balance | Previous Balance |
|--------------|------|-------|-----------------|------------------|
| Check        |      | 63.00 | 0.00            | 63.00            |

|                  |               |
|------------------|---------------|
| Revenue Source   | Payer         |
| FAM PLAN PT FEES | Testy Patient |

Notes

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

## Receipt/Current Invoice

|            |               |              |            |        |             |                   |
|------------|---------------|--------------|------------|--------|-------------|-------------------|
| 03/03/2014 | 490000125     | 0.00         | 0.00       |        | 63.00       | 0.00              |
| Date       | Client Number | Gross Charge | Net Charge | Credit | Amount Paid | Current Bal. Invo |
|            |               |              |            |        |             | 63.00             |
|            |               |              |            |        |             | Previous Balance  |

**Patient Testy A**  
Name of Client

**FP**  
Transaction Category

**Testy Patient**  
Received from Payer

**Test**  
100 Test Place  
Testville, AL 38898  
(334) 555-5555      (334) 444-4444  
Phone                      Fax

Next Appointment (Date) \_\_\_\_\_

Receipt Printed: 3/3/2014

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Facility Number  
**126**

The Current Balance and Previous Balance boxes will be updated on the ledger card.

### NSF (Non Sufficient Fund) Charge

If the return check is not going to be redeposited and will be turned over to the local DA, follow the instructions in this section for charging the NSF fee.

To assess the NSF charge, look up the patient/client ledger card and select "Create Receipt".

- Select "Misc" from the category drop down box.
- Select "900" from the service code drop down box.
- The gross fee charge will automatically populate with a \$30.00 fee.
- Select "1.00" from the percent % drop down box.
- The net amount will automatically populate with a \$30.00 fee.
- Enter "0.00" for amount paid.
- The current balance will be increased by \$30.00.
- The previous balance will show the current balance prior to starting this receipt.
- Select "MISCELLANEOUS" from the revenue source drop down box.
- In the comments section, enter "\$30 NSF Charge".

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Click "Print Receipt" to process the NSF receipt. The patient/client ledger card will now reflect the \$30 NSF charge and the current balance will be updated. The receipt for the NSF charge should be mailed with the certified letter requesting payment of the returned check and NSF charge. A sample certified letter can be found in **CHAPTER 1**.

The screenshot shows the 'eDaySheet' interface for creating a 'NEW RECEIPT'. The form includes the following fields and values:

- Client Information:** Client Number: 8, Last Name: B, First Name: Client, MI: [blank], Date Issued: 11/20/2013.
- Charge Details:**
  - 1 Category: Misc
  - 2 Service Code: 900
  - 3 Gross Fee Charge: 30.00
  - 4 Percent %: 1.00
  - 5 Net Amount: 30.00
  - 6 Amount Paid: 0.00
- Payment Information:**
  - Payment Type: Cash
  - Current Balance: 93.00
  - Previous Balance: 63.00
- Revenue Source:** 9 MISCELLANEOUS
- Comments:** 10 To establish the \$30 NSF charge

Buttons at the bottom: Cancel, Print Receipt

### Payment for NSF Charge

*The payment for the NSF charge must be documented on a separate receipt.*

To process a payment for a NSF charge, look up the patient/client ledger card and click "Create Receipt".

- Select "Misc" as payment category.
- Select "900" service code.
- Change the gross fee charge from "30.00" to "0.00".
- Select ".00" as the percent %.
- Net charges will be "0.00".
- The amount paid will be "30.00".
- Select the revenue source "MISCELLANEOUS".
- In the comments section, make a note stating "Payment for NSF charge".

Click on "Print Receipt" to complete the transaction.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

The screenshot shows the 'eDaySheet' interface. At the top, it displays 'Clerk: 491cler' and 'Receipt #: NEW RECEIPT'. Below this, there are fields for 'Client Number' (8), 'Last Name' (B), 'First Name' (Client), 'MI' (empty), and 'Date Issued' (1/6/2014). A table section contains the following data:

| Category | Service Code | Gross Fee Charge | Percent % | Net Amount | Amount Paid |
|----------|--------------|------------------|-----------|------------|-------------|
| Misc     | 900          | 0.00             | 00        | 0.00       | 30.00       |

Below the table, there are 'Payment Type' options: 'Cash' (30.00) and 'Check' (empty). It also shows 'Current Balance' (63.00) and 'Previous Balance' (93.00). The 'Revenue Source' is 'MISCELLANEOUS' and the 'Payee' is 'Client B'. A 'Comments' field contains the text 'Payment for NSF Charge'. At the bottom, there are 'Cancel' and 'Print Receipt' buttons.

The current balance and previous balance will be updated on the patient/client ledger card.

Note: Balances on a patient/client ledger card that are a result of a returned check for Environmental or Vital Statistics services are not written off.

### DONATION RECEIPTS

Donations from a patient/client with a current balance of greater than zero will be processed as a payment on account.

If a patient/client overpays for Vital Statistics at the time of service and wishes to make the overpayment a donation, complete the following:

1. Create a receipt for the certificates issued.
2. Create a separate receipt on the same ledger card for the donation.
  - a. Select category "Misc".
  - b. Select service code "1".
  - c. Enter the gross fee Charge of "0.00".
  - d. Select a percent % of "1.00%".
  - e. Enter the net amount of "0.00".
  - f. Enter the amount of the donation as amount paid.
  - g. Select "Miscellaneous" for the revenue source code.
  - h. In the comments section document "Vital Statistics Donation".
3. After creating the receipt, the ledger card will show a negative balance.
4. An adjustment will need to be done to bring the current balance of the ledger card to zero. Adjustments can only be completed by the office manager/designee.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Note: If the payment was made by check/money order, brackets must be drawn on the Transaction by Date Report to indicate that both receipts were paid with the same check.

The screenshot shows the 'eDaySheet' software interface. At the top, it displays 'Clerk: 1491cler' and 'Receipt #: NEW RECEIPT'. Below this, there are several input fields for client information: Client Number (35), Last Name (Client), First Name (Good), MI, and Date Issued (01/09/2014). A table follows with columns for Category, Service Code, Gross Fee Charge, Percent %, Net Amount, and Amount Paid. The Category is set to 'Misc', Service Code to '1', Gross Fee Charge to '0.00', Percent % to '1.00', Net Amount to '0.00', and Amount Paid to '4.00'. Below the table, there are fields for Payment Type (Check), Cash, Check, Current Balance (-4.00), and Previous Balance (0.00). There are also fields for Revenue Source (MISCELLANEOUS) and Payee (Good Client). A large text area for Comments is present, with the text 'Vital Statistics Donation' entered. At the bottom, there are 'Cancel' and 'Print Receipt' buttons.

If a patient/client makes a donation to any program other than Vital Statistics, complete the following:

1. Locate the patient/client ledger card. If no ledger card exists, one should be established.
2. Create a receipt for the donation.
  - a. If the donation is being made to a specific program, select the program from the category drop down. If a program is not specified, select "Misc".
  - b. Select the appropriate donation service code from the drop down for the selected program (EX: FPDON for Family Planning). Any other type would be "Misc".
  - c. The gross fee charge will be "0.00".
  - d. The percent % will be "1.00".
  - e. The net amount will be "0.00".
  - f. The amount paid will be the amount of the donation.
  - g. Complete the remainder of the receipt as usual.
3. After creating the receipt, the ledger card will show a negative balance.
4. An adjustment will need to be done to bring the current balance of the ledger card to zero. Adjustments can only be completed by the office manager/designee.

Note: The comment section is required to document the reason for miscellaneous receipts.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**eDaySheet**

Clerk: h49tcler      Receipt #: NEW RECEIPT

Client Number: 1      Last Name: Env      First Name: Test      MI:      Date Issued: 01/09/2014

Category: Environmental Fee      Service Code: ENDON      Gross Fee Charge: 0.00      Percent %: 1.00      Net Amount: 0.00      Amount Paid: 25.00

Payment Type: Cash      Check:      Current Balance: -25.00      Previous Balance: 0.00

Revenue Source: ENVIRONMENTAL FEE      Payee: Test Env

Comments: [Empty text area]

Buttons: Cancel, Print Receipt

The example below is of an adjustment receipt to bring the current balance to zero after a donation receipt was issued. To bring the negative current balance to zero, the credit amount must be entered as a negative number. The Account Adjustments section later in this chapter will provide further details.

**eDaySheet**

Clerk: h49tadmi      Receipt #: NEW RECEIPT

Client Number: 35      Last Name: Client      First Name: Good      MI:      Date Issued: 2/20/2014

Credit Note: Correct negative balance caused by donation. |

Category: Adju

Current Balance: 0.00      Previous Balance: -4.00

Buttons: Cancel, Print Receipt

## Reports

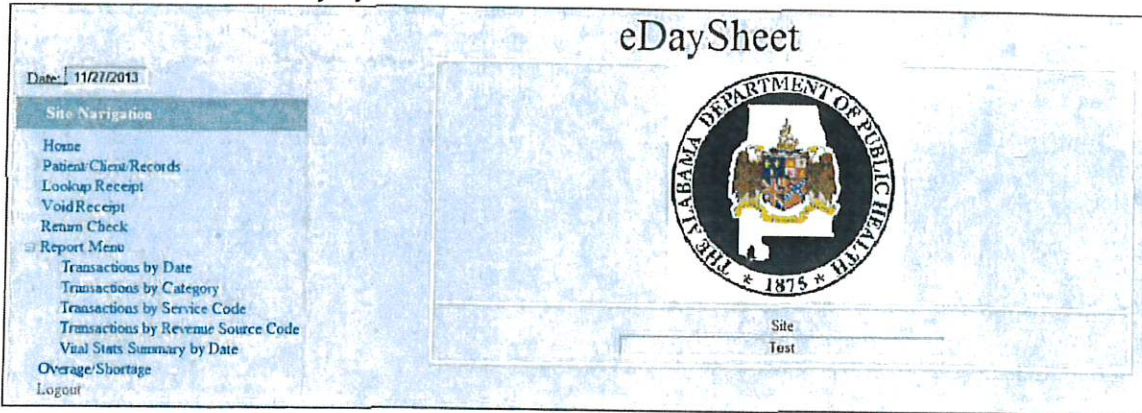
The Report Menu contains the following reports:

- Transactions by Date
- Transactions by Category
- Transactions by Service Code
- Transactions by Revenue Source Code



# ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

- Vital Stats Summary by Date



## Transactions by Date Report

This report displays all transactions that have been recorded on the selected date and must be printed every day at the close of business. The Transaction by Date Report is used to balance the drawer and reconcile the daily deposit. Adjustments, voids, returned checks, and overage/shortage receipts are to be attached to the report.

| SiteName: Test   |         |                |                       |                      |          |           |              |          |          |
|--|---------|----------------|-----------------------|----------------------|----------|-----------|--------------|----------|----------|
| Transactions by Date   |         |                |                       |                      |          |           |              |          |          |
| Date: 12/20/2013 From: 12/20/2013  |         |                |                       |                      |          |           |              |          |          |
| Date   | Receipt | Patient Number | Adjustments           | Amount Paid          | Cash Amt | Check Amt | Cat/ Rev Src | Svc Code | Clerk    |
| 12/20/2013   | 82      | 33             | 63.00                 |                      |          |           |              | 0        | h10adm   |
| Patient: I Client<br>Received From: I Client<br>Notes: Reverse adjustment receipt 38 made to wrong account |         |                |                       |                      |          |           |              |          |          |
|  |         |                | Adjustment Totals ==> | 63.00                |          |           |              |          |          |
| 12/20/2013   | 84      | 400000125      |                       | 20.00                | 20.00    |           | FP / 13      | 1001a    | h10clerk |
| Patient: Testy Patient<br>Received From: Testy Patient<br>Notes:   |         |                |                       |                      |          |           |              |          |          |
| 12/20/2013   | 86      | 400000002      |                       | 15.00                |          | 15.00     | IMM / 23     | 148      | h10clerk |
| Patient: Test Family<br>Received From: Test Family<br>Notes: Flu Shot                                      |         |                |                       |                      |          |           |              |          |          |
| 12/20/2013   | 87      | 28             |                       | 38.00                | 6.00     | 30.00     | VS / 71      | 602      | h10clerk |
| Patient: Test Client<br>Received From: Test Client<br>Notes: Bc for Jane Doe 2 first 1 second              |         |                |                       |                      |          |           |              |          |          |
| 12/20/2013   | 88      | 1              |                       | 85.00                |          | 85.00     | ENV / 24     | 642      | h10clerk |
| Patient: Test Env<br>Received From: Test Env<br>Notes:   |         |                |                       |                      |          |           |              |          |          |
| 12/20/2013   | 89      | 400000125      |                       | 20.00                | 20.00    |           | OC / 22      | 122      | h10clerk |
| Patient: Testy Patient<br>Received From: Testy Patient<br>Notes:   |         |                |                       |                      |          |           |              |          |          |
| 12/20/2013   | 91      | 29             |                       | 50.00                |          | 80.00     | ENV / 24     | ET/POA   | h10clerk |
| Patient: Business Account<br>Received From: Business Account<br>Notes: Redeposit of Return check           |         |                |                       |                      |          |           |              |          |          |
| 12/20/2013   | 0511    | SHORTAGE       |                       | -1.00                | -1.00    |           | Misc / 05    | 1        | h10clerk |
| Patient: Shortage Account<br>Received From: Shortage Account<br>Notes: Shortage due to incorrect change    |         |                |                       |                      |          |           |              |          |          |
|  |         |                |                       | Deposit Totals ==>   | 255.00   | 45.00     | 210.00       |          |          |
| 12/20/2013   | 90      | 29             | -80.00                | -80.00               |          | -90.00    | ENV / 24     | 692      | h10clerk |
| Patient: Business Account<br>Received From: Business Account<br>Notes:                                     |         |                |                       |                      |          |           |              |          |          |
|  |         |                |                       | ReturnChk Totals ==> | -80.00   | -80.00    | -80.00       |          |          |
| 12/20/2013   | 85      | 400000002      |                       | -15.00               |          | 15.00     | IMM / 23     | 144      | h10clerk |
| Patient: Test Family<br>Received From: Test Family<br>Notes: Flu Shot                                      |         |                |                       |                      |          |           |              |          |          |
|  |         |                |                       | Void Totals ==>      | -15.00   | 15.00     |              |          |          |

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### No Transactions Report.

When the Transactions by Date report is run for a day that no receipts were issued, the following report will automatically be produced. This report must be verified and signed by two employees.

| Site Name: <u>Test</u>                                    |      |         |                |            |             |           |            |              |          |       |
|---|------|---------|----------------|------------|-------------|-----------|------------|--------------|----------|-------|
| <b>No Transactions Report</b>                             |      |         |                |            |             |           |            |              |          |       |
| Date  | Thru | Receipt | Patient Number | Adjustment | Amount      | Cash Amt. | Check Amt. | Col.Pav Amt. | Inv Code | Clerk |
| Date: <u>12/19/2013</u>                                   |      |         |                |            |             |           |            |              |          |       |
| Cash Funds have been confirmed, No receipts issued today. |      |         |                |            |             |           |            |              |          |       |
| Signed: _____   |      |         |                |            | Date: _____ |           |            |              |          |       |
| Signed: _____   |      |         |                |            | Date: _____ |           |            |              |          |       |

Friday, December 20, 2013 11:33 AM Page 1 of 1

### Transactions by Category Report

This report displays transactions by the type of entry and category for the dates selected. This report may be generated for all categories or for an individual category.

# ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

| Site Name: <u>Test</u>                         |         |           |             |        |          |           |              |          |         |
|--|---------|-----------|-------------|--------|----------|-----------|--------------|----------|---------|
| Transactions by Category                       |         |           |             |        |          |           |              |          |         |
| Date: <u>12/16/2013</u> To: <u>12/16/2013</u>  |         |           |             |        |          |           |              |          |         |
| Date   | Receipt | Patient   | Adjustments | Amount | Cash Amt | Check Amt | Col/ Rev Src | Svc Code | Clerk   |
| 12/16/13                                       |         |           |             |        |          |           |              |          |         |
| Patient: Client                                | 07      | 09        | (0.00)      |        |          |           |              |          | h401309 |
| Received From: Client                          |         |           |             |        |          |           |              |          |         |
| Notes: Billing Current Balance From Old System |         |           |             |        |          |           |              |          |         |
| Patient: Client D                              | 08      | 11        | 03.00       |        |          |           |              |          | h401309 |
| Received From: Client D                        |         |           |             |        |          |           |              |          |         |
| Notes: Total Adjustments                       |         |           |             |        |          |           |              |          |         |
| Adjustment Totals                              |         |           |             | 0.00   |          |           |              |          |         |
| Patient: Business Account                      | 70      | 00        |             | 00.00  |          | 00.00     | ENV / 21     | ENV/DA   | h401309 |
| Received From: Business Account                |         |           |             |        |          |           |              |          |         |
| Notes: No Deposit or Return Check              |         |           |             |        |          |           |              |          |         |
| Patient: Client B                              | 00      | 05        |             | 140.00 |          | 140.00    | ENV / 24     | 000      | h401309 |
| Received From: Client B                        |         |           |             |        |          |           |              |          |         |
| Notes:   |         |           |             |        |          |           |              |          |         |
| Patient: Client D                              | 01      | 05        |             | 140.00 |          | 140.00    | ENV / 21     | 000      | h401309 |
| Received From: Client D                        |         |           |             |        |          |           |              |          |         |
| Notes:   |         |           |             |        |          |           |              |          |         |
| Deposit Totals                                 |         |           |             | 280.00 |          | 280.00    |              |          |         |
| Patient: Test Family                           | 70      | 400000002 |             | 0.00   | 0.00     |           | FF / 13      | 1000     | h401309 |
| Received From: Test Family                     |         |           |             |        |          |           |              |          |         |
| Notes:   |         |           |             |        |          |           |              |          |         |
| Patient: Client Patient                        | 71      | 400000000 |             | 30.00  | 25.00    | 25.00     | FF / 13      | 1016A    | h401309 |
| Received From: Client Patient                  |         |           |             |        |          |           |              |          |         |
| Notes:   |         |           |             |        |          |           |              |          |         |
| Deposit Totals                                 |         |           |             | 30.00  | 25.00    | 25.00     |              |          |         |
| Patient: Client A                              | 72      | 400000010 |             | 7.00   |          | 7.00      | ENV / 23     | 114      | h401309 |
| Received From: Client A                        |         |           |             |        |          |           |              |          |         |
| Notes:   |         |           |             |        |          |           |              |          |         |
| Patient: Client L                              | 73      | 400000011 |             | 8.00   | 8.00     |           | ENV / 23     | 110      | h401309 |
| Received From: Client L                        |         |           |             |        |          |           |              |          |         |
| Notes:   |         |           |             |        |          |           |              |          |         |
| Deposit Totals                                 |         |           |             | 15.00  | 8.00     | 7.00      |              |          |         |
| Patient: Client M                              | 74      | 400000012 |             | 1.00   | 1.00     |           | MAY / 08     | 100      | h401309 |
| Received From: Client M                        |         |           |             |        |          |           |              |          |         |
| Notes:   |         |           |             |        |          |           |              |          |         |

Monday, March 03, 2014 08:52 AM

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ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**Transactions by Service Code Report**

This report displays transactions by the type of entry and service code for the dates selected. This report may be generated for all service codes or for an individual service code.

| SiteName: <u>Test</u>                          |            |                    |                 |                 |                                  |        |
|--|------------|--------------------|-----------------|-----------------|----------------------------------|--------|
| Transactions by Service Code                   |            |                    |                 |                 |                                  |        |
| Date: <u>12/20/2013</u> thru <u>12/20/2013</u> |            |                    |                 |                 |                                  |        |
| Svc Code                                       | Date       | Type               | Client Number   | Patient Name    | Receipt #                        | Amount |
|  | 12/20/2013 | Adjustment         | <u>33</u>       | (Client)        | 92                               |        |
|  |            | Number of Patients | 1               |                 |                                  |        |
|  |            |                    |                 |                 | Total For The Service Code       |        |
| 7  | 12/20/2013 | Deposit            | <u>54000000</u> | Storage Account | 0811                             | -1.00  |
|  |            | Number of Patients | 1               |                 |                                  |        |
|  |            |                    |                 |                 | Total For The 7 Service Code     | -1.00  |
| 1001a  | 12/20/2013 | Deposit            | <u>40000000</u> | Testy Parents   | 84                               | 20.00  |
|  |            | Number of Patients | 1               |                 |                                  |        |
|  |            |                    |                 |                 | Total For The 1001a Service Code | 20.00  |
| 122  | 12/20/2013 | Deposit            | <u>40000000</u> | Testy Patient   | 89                               | 20.00  |
|  |            | Number of Patients | 1               |                 |                                  |        |
|  |            |                    |                 |                 | Total For The 122 Service Code   | 20.00  |
| 144  | 12/20/2013 | Void               | <u>40000000</u> | Test Family     | 88                               | -15.00 |
|  |            | Number of Patients | 1               |                 |                                  |        |
|  |            |                    |                 |                 | Total For The 144 Service Code   | -15.00 |
| 148  | 12/20/2013 | Deposit            | <u>40000000</u> | Test Family     | 86                               | 18.00  |
|  |            | Number of Patients | 1               |                 |                                  |        |
|  |            |                    |                 |                 | Total For The 148 Service Code   | 18.00  |

# ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

## Transactions by Revenue Source Code Report

This report displays transactions by the type of entry and revenue source code for the dates selected. This report may be generated for all revenue source codes or for an individual revenue source code. Adjustment receipts are not included on this report.

| SiteName: <u>Test</u>                         |            |         |               |                  |               |   |
|---|------------|---------|---------------|------------------|---------------|---|
| Transactions by Revenue Source Code           |            |         |               |                  |               |   |
| From: <u>12/10/2013</u> To: <u>12/10/2013</u> |            |         |               |                  |               |   |
| Rev Code                                      | Date       | Type    | Client Number | Patient Name     | Receipt #     | Amount                                    |
| 06  | 12/10/2013 | Deposit | 11            | Client D         | 72            | 10.00                                     |
|   | 12/10/2013 | Deposit | OVERLAP       | Business Account | 0010          | 1.00                                      |
|   |            |         |               |                  | Deposit Total | 11.00                                     |
| Number of Receipts                            |            |         |               |                  | 2             | Total For The MEDICAL CENTER              |
|   |            |         |               |                  |               | 11.00                                     |
| 08  | 12/10/2013 | Deposit | 40000012      | Client H         | 74            | 1.00                                      |
|   | 12/10/2013 | Deposit | 40000015      | Client F         | 75            | 5.00                                      |
|   |            |         |               |                  | Deposit Total | 6.00                                      |
| Number of Receipts                            |            |         |               |                  | 2             | Total For The MATERNITY CARE COORDINATION |
|   |            |         |               |                  |               | 6.00                                      |
| 18  | 12/10/2013 | Deposit | 40000007      | Test Family      | 70            | 0.00                                      |
|   | 12/10/2013 | Deposit | 40000008      | Client Patient   | 71            | 50.00                                     |
|   |            |         |               |                  | Deposit Total | 50.00                                     |
| Number of Receipts                            |            |         |               |                  | 2             | Total For The FAM PLAN PT FEES            |
|   |            |         |               |                  |               | 50.00                                     |
| 22  | 12/10/2013 | Deposit | 40000020      | Client Total     | 73            | 10.00                                     |
|   |            |         |               |                  | Deposit Total | 10.00                                     |
| Number of Receipts                            |            |         |               |                  | 1             | Total For The PATIENT FEES CLINIC         |
|   |            |         |               |                  |               | 10.00                                     |
| 28  | 12/10/2013 | Deposit | 40000010      | Client A         | 76            | 7.00                                      |
|   | 12/10/2013 | Deposit | 40000011      | Client           | 78            | 8.00                                      |
|   |            |         |               |                  | Deposit Total | 15.00                                     |
| Number of Receipts                            |            |         |               |                  | 2             | Total For The IMMUNIZATION                |
|   |            |         |               |                  |               | 15.00                                     |
| 24  | 12/10/2013 | Deposit | 00            | Business Account | 80            | 80.00                                     |
|   | 12/10/2013 | Deposit | 0             | Client B         | 80            | 140.00                                    |
|   | 12/10/2013 | Deposit | 0             | Client C         | 81            | 140.00                                    |
|   |            |         |               |                  | Deposit Total | 360.00                                    |

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**Vital Stats Summary by Date Report**

This report displays a summary of the deposit for vital statistics receipts for the dates selected.

SiteName: Test

### Vital Stats Summary

Date: 12/20/2013 Thru 12/20/2013

| Date       | Total of Vital Stats-1st | Number 1st Copy | Total of Vital Stats-2nd | Number 2nd Copy |
|------------|--------------------------|-----------------|--------------------------|-----------------|
| 12/20/2013 |                          |                 |                          |                 |
| Deposit    | 30.00                    | 2               | 6.00                     | 1               |
|            | Total 30.00              | Total 2         | Total 6.00               | Total 1         |

**Overage/Shortage**

From the Site Navigation Menu, select "Overage/Shortage".



**Overage**

An overage receipt is created when the money collected is greater than the receipts issued. Select "Overage" from the drop down and click "Create Overage".

| TRANS DATE | RECEIPT NUMBER | OS Type | Net Charges | AMOUNT PAID | CURRENT BALANCE | TRANS TYPE |
|------------|----------------|---------|-------------|-------------|-----------------|------------|
| 12/4/2013  | OS7            | Overage | \$5.00      | \$5.00      | \$0.00          | OS         |
| 11/26/2013 | OS5            | Overage | \$15.00     | \$15.00     | \$0.00          | OS         |
| 11/25/2013 | OS3            | Overage | \$5.00      | \$5.00      | \$0.00          | OS         |
| 11/29/2013 | OS1            | Overage | \$5.00      | \$5.00      | \$0.00          | OS         |

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Clerk: **h49tadmi**      1 Receipt #:

2 Client Number      3

4 Overage Date      5 Overage Amount      6 Payment Type

Comments 7

1. The "Receipt #" is the number that is automatically assigned when the user selects "Print Receipt". The overage/shortage receipt numbers are preceded with "OS".
2. "Client Number" will be displayed when creating the overage/shortage because these entries are created on a ledger card of their own.
3. "OVERAGE" is shown to notate the type of receipt being issued. If this is not the correct type of receipt, select "Cancel".
4. The "Overage Date" is the date on which the overage occurred. The overage receipt will appear on the Transaction by Date Report for that date.
5. The "Overage Amount" is the amount of the overage.
6. Select "Payment Type" of cash or check.
7. In the "Comments" section, document the reason for the overage receipt. There is a 10 character minimum for this field.

Clerk: **h49tadmi**      Receipt #:

Client Number     

Overage Date      Overage Amount      Payment Type

Comments

Once all information has been entered into the receipt, select "Print Receipt". The Transaction by Date Report should be reprinted for the date on which overage occurred. Attach the overage receipt to the new report. Keep both the original and the new report on file.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### Overage/Current Invoice

|                     |                              |                             |                           |                        |                            |                                |
|---------------------|------------------------------|-----------------------------|---------------------------|------------------------|----------------------------|--------------------------------|
| 12/04/2013          | OVERAGE                      | 5.00                        | 5.00                      |                        | 5.00                       | 0.00                           |
| <small>Date</small> | <small>Client Number</small> | <small>Gross Charge</small> | <small>Net Charge</small> | <small>Credits</small> | <small>Overage Amt</small> | <small>Current Balance</small> |

Previous Balance

Name of Client

Transaction Category

Received from Payer

Notes

**Next Appointment (Date)** \_\_\_\_\_

**Receipt Printed: 12/5/2013**

DPH-A-101-Rev. 11/2008

Receipt Number

To exit the overage receipt print screen, select "Back" in the top center of the screen.

### Shortages

A shortage receipt is created when the money collected is less than the receipts issued. Select "Shortage" from the drop down and click "Create Shortage".

### eDaySheet

**Over Shortage Entry**

Select Type: Shortage

| TRANS DATE | RECEIPT NUMBER | OS Type  | Net Charges | AMOUNT PAID | CURRENT BALANCE | TRANS TYPE |
|------------|----------------|----------|-------------|-------------|-----------------|------------|
| 12/3/2013  | OS3            | Shortage | (\$5.00)    | (\$5.00)    | \$0.00          | OS         |
| 11/24/2013 | OS6            | Shortage | (\$15.00)   | (\$15.00)   | \$0.00          | OS         |
| 11/16/2013 | OS4            | Shortage | (\$5.00)    | (\$5.00)    | \$0.00          | OS         |
| 11/27/2013 | OS2            | Shortage | (\$5.00)    | (\$5.00)    | \$0.00          | OS         |





ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

## Shortage/Current Invoice

|            |               |              |            |         |                  |
|------------|---------------|--------------|------------|---------|------------------|
| 12/05/2013 | SHORTAGE      | (5.00)       | (5.00)     | (5.00)  | 0.00             |
| Date       | Client Number | Gross Charge | Net Charge | Credits | Shortage Amt     |
|            |               |              |            |         | Current Balance  |
|            |               |              |            |         | 0.00             |
|            |               |              |            |         | Previous Balance |

Name of Client:

Transaction Category:

Received from Payer:

Notes:

Next Appointment (Date): \_\_\_\_\_

Receipt Printed: 2/19/2014

DPHA-101-Rev. 11/2008

Receipt Number:

To exit the shortage receipt print screen, select "Back" in the top center of the screen.

### Overage/Shortage Ledger Card

To view or print the ledger card, select "All", "Overage", or "Shortage" from the drop down and click "Print".

### eDaySheet

Over/Shortage Entry

Select Type: ALL

| TRANS DATE | REGISTRY NUMBER | OS Type  | Net Charge | AMOUNT PAID | CURRENT BALANCE | TRANS TYPE |
|------------|-----------------|----------|------------|-------------|-----------------|------------|
| 12-5-2013  | OS8             | Shortage | (\$5.00)   | (\$5.00)    | \$0.00          | OS         |
| 12-4-2013  | OS7             | Overage  | \$5.00     | \$5.00      | \$0.00          | OS         |
| 11-26-2013 | OS6             | Shortage | (\$15.00)  | (\$15.00)   | \$0.00          | OS         |
| 11-26-2013 | OS5             | Overage  | \$15.00    | \$15.00     | \$0.00          | OS         |
| 11-26-2013 | OS4             | Shortage | (\$5.00)   | (\$5.00)    | \$0.00          | OS         |
| 11-25-2013 | OS3             | Overage  | \$5.00     | \$5.00      | \$0.00          | OS         |
| 11-23-2013 | OS2             | Shortage | (\$5.00)   | (\$5.00)    | \$0.00          | OS         |
| 11-20-2013 | OS1             | Overage  | \$5.00     | \$5.00      | \$0.00          | OS         |

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**LEDGER CARD REPORT**  
Test

Client Name: All Overage/Shortage

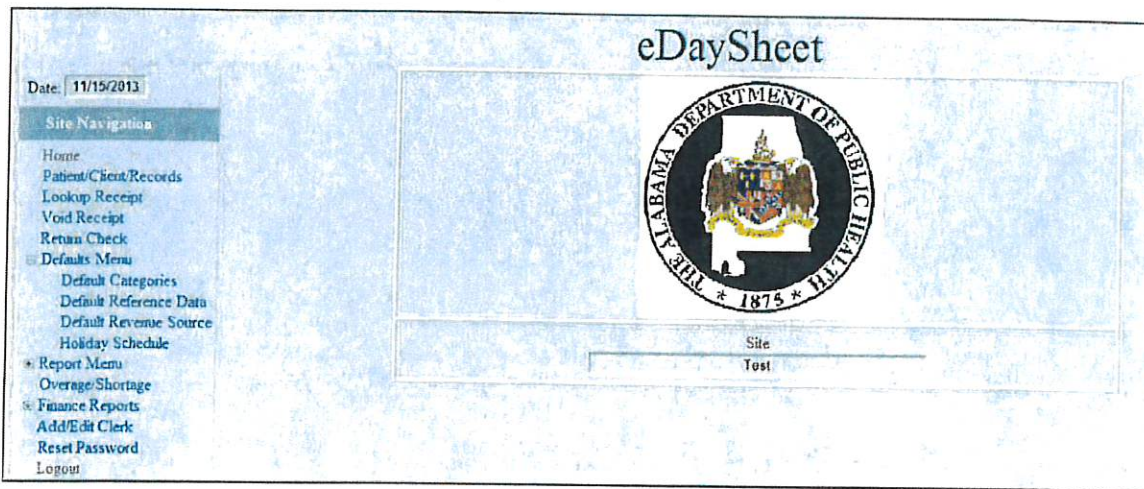
| Trans Date | Receipt Number | OS Type  | Net Charges | Amount Paid | Current Balance | Trans Type |
|------------|----------------|----------|-------------|-------------|-----------------|------------|
| 12/5/2013  | OS8            | Shortage | -5.00       | -5.00       | 0.00            | OS         |
| 12/4/2013  | OS7            | Overage  | 5.00        | 5.00        | 0.00            | OS         |
| 11/26/2013 | OS6            | Shortage | -15.00      | -15.00      | 0.00            | OS         |
| 11/26/2013 | OS5            | Overage  | 15.00       | 15.00       | 0.00            | OS         |
| 11/26/2013 | OS4            | Shortage | -5.00       | -5.00       | 0.00            | OS         |
| 11/25/2013 | OS3            | Overage  | 5.00        | 5.00        | 0.00            | OS         |
| 11/21/2013 | OS2            | Shortage | -5.00       | -5.00       | 0.00            | OS         |
| 11/20/2013 | OS1            | Overage  | 5.00        | 5.00        | 0.00            | OS         |

**Additional Options for the Office Manager/Designee**

The following selections are available in the Site Navigation Menu for the office manager/designee:

- Defaults Menu
- Client Balance Reports
- Finance Reports
- Add/Edit Clerk
- Reset Password

**Defaults Menu**



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### Default Categories

A list of all available service codes, categories, descriptions, and rates can be found in the Defaults Categories section. This list may be edited by the office manager/designee by following the instructions below.

**eDaySheet**

Date: 11/18/2013      List of Default Categories

Add New Category: 1

| Site Navigation        | Service Code 2 | Category 3          | Short Cat 4 | Description 5                 | Rate 6   | Rate 2 7 | Start Date 8 | End Date 9 |
|------------------------|----------------|---------------------|-------------|-------------------------------|----------|----------|--------------|------------|
| Home                   | 00120          | Other Clinic-Dental | DEN         | Periodic Exam                 | \$13.00  |          | 8/15/2013    |            |
| Patient Client Records | 00130          | Other Clinic-Dental | DEN         | Emergency Exam                | \$9.00   |          | 8/15/2013    |            |
| Lookup Receipt         | 00210          | Other Clinic-Dental | DEN         | Full Mouth Series             | \$29.00  |          | 8/15/2013    |            |
| Void Receipt           | 00220          | Other Clinic-Dental | DEN         | 1st Periapical                | \$4.30   |          | 8/15/2013    |            |
| Return Check           | 00230          | Other Clinic-Dental | DEN         | Additional Periapical         | \$2.40   |          | 8/15/2013    |            |
| Defaults Menu          | 00240          | Other Clinic-Dental | DEN         | Occlusal Film                 | \$10.00  |          | 8/15/2013    |            |
| Report Menu            | 00250          | Other Clinic-Dental | DEN         | Extraoral, 1st Film           | \$20.00  |          | 8/15/2013    |            |
| Coverage Shortage      | 00300          | Other Clinic-Dental | DEN         | Extraoral, Additional Film    | \$20.00  |          | 8/15/2013    |            |
| Finance Reports        | 00370          | Other Clinic-Dental | DEN         | Bitewings, Single Film        | \$8.00   |          | 8/15/2013    |            |
| Add/Edit Clerk         | 00372          | Other Clinic-Dental | DEN         | Bitewings (I)                 | \$0.00   |          | 8/15/2013    |            |
| Reset Password         | 00374          | Other Clinic-Dental | DEN         | Bitewings, 4 Films            | \$18.00  |          | 8/15/2013    |            |
| Logout                 | 00321          | Other Clinic-Dental | DEN         | Other TMJ Film                | \$1.00   |          | 8/15/2013    |            |
|                        | 00330          | Other Clinic-Dental | DEN         | Panoramic Film                | \$30.00  |          | 8/15/2013    |            |
|                        | 00410          | Other Clinic-Dental | DEN         | Diagnostic Casts              | \$16.00  |          | 8/15/2013    |            |
|                        | 00471          | Other Clinic-Dental | DEN         | Diagnostic Photos 3           | \$35.00  |          | 8/15/2013    |            |
|                        | 1              | Misc                | Misc        | Miscellaneous                 | \$0.00   |          | 8/15/2013    |            |
|                        | 100            | Family Planning     | FP          | Initial Annual Extended Visit | \$158.00 |          | 8/15/2013    |            |
|                        | 101A           | Family Planning     | FP          | In Ann Ext Visit- Pill Pack   | \$163.00 |          | 8/15/2013    |            |

11 1 2 3 4 5 6 7 8 9 10 ...

EXIT

1. To add a new service code, select “Add New Category”.
2. The “Service Code” is used to identify the services rendered. The code is manually added by entering it in the available field.
3. Services Codes are grouped together by “Category” which is selected from the drop down box.
4. The Service Code and Category are identified by the “Short Cat” which references the Revenue Source code for distribution of funds and is selected from the drop down box.
5. The “Description” is an abbreviation of the service associated with the Service Code which is manually added by entering it in the available field.
6. The “Rate” is the maximum amount that may be charged for this Service Code. It is manually added by entering it in the available field.
7. “Rate 2” is only used for the second copy of a Vital Statistic record. It is manually added by entering it in the available field.
8. The “Start Date” represents the first available date for use of the Service Code. It is manually added in the available field and must be the current date or a future date.

The final step to adding a new category is to select “Insert”.

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1 2 3 4 5 6 7 8 9 10 ...

9. The “End Date” represents the date in which the Service Code will no longer be available for use. It is manually added in the available field.
10. Click “Edit” to enter the End Date.

The final step to adding an End Date is to select “Update”.

|                        |                        |                    |     |                                    |         |           |
|------------------------|------------------------|--------------------|-----|------------------------------------|---------|-----------|
| <a href="#">Edit</a>   | EDON                   | Environmental Fees | ENV | ENVIRONMENTAL DONATIONS            | \$0.00  | 4/10/2014 |
| <a href="#">Edit</a>   | ENPOA                  | Environmental Fees | ENV | Environmental Payment on Account   | \$0.00  | 4/10/2014 |
| <a href="#">Edit</a>   | FPDON                  | Family Planning    | FP  | Family Planning Donation           | \$0.00  | 4/10/2014 |
| <a href="#">Edit</a>   | FPPOA                  | Family Planning    | FP  | Family Planning Payment on Account | \$0.00  | 4/10/2014 |
| <a href="#">Edit</a>   | IMDON                  | Misc-Immuniz       | IMM | Immunization Donation              | \$0.00  | 4/10/2014 |
| <a href="#">Edit</a>   | IMPOA                  | Misc-Immuniz       | IMM | Immunization Payment on Account    | \$0.00  | 4/10/2014 |
| <a href="#">Edit</a>   | OCDON                  | Other Clinic       | OC  | Other Clinic Donation              | \$0.00  | 4/10/2014 |
| <a href="#">Edit</a>   | OCPOA                  | Other Clinic       | OC  | Other Clinic Payment on Account    | \$0.00  | 4/10/2014 |
| <a href="#">Update</a> | <a href="#">Cancel</a> | TEST               | FP  | test                               | \$10.00 | 12/5/2014 |

5 6 7 8 9 10 11 12 13 14

11. The page numbers are located at the bottom of the list.

### Default Reference Data

Default Reference Data is where the office manager/designee can edit the site setup for the county. All information except Site ID and County Name may be edited.

eDaySheet

Date:

Site Navigation

- Home
- Patient/Client/Records
- Lookup Receipt
- Void Receipt
- Return Check
- Defaults Menu
- Report Menu
- Overage Shortage
- Finance Reports
- Add/Edit Clerk
- Reset Password
- Logout

| Site Setup |  |
|------------|--|
| 1          | Site ID: <input type="text" value="49T"/>                    |
| 2          | Site Name: <input type="text" value="Testville"/>            |
| 3          | County Name: <input type="text" value="Test"/>               |
| 4          | Site Address: <input type="text" value="100 Test Place"/>    |
| 5          | Site City: <input type="text" value="Testville"/>            |
| 6          | Site Zip Code: <input type="text" value="38888"/>            |
| 7          | Site Phone: <input type="text" value="(334) 555-5555"/>      |
| 8          | Site Fax Number: <input type="text" value="(334) 444-4444"/> |
| 9          | Contact First Name: <input type="text" value="Test"/>        |
| 10         | Contact Last Name: <input type="text" value="Contact"/>      |
| 11         | Close Out Time hh:mm: <input type="text" value="14:00"/>     |

1. The “Site ID” is the 3 digit code that identifies the clinic location.
2. The “Site Name” is the name of the county and/or site location. For example, Escambia/Brewton, Coffee, or Baldwin/Env.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

3. The "County Name" is the name of the county in which the clinic site is located.
4. The "Site Address" is the mailing address for the county clinic site.
5. The "Site City" is the city in which the clinic is located.
6. The "Site Zip Code" is the zip code for the county clinic site.
7. The "Site Phone" is the main phone number for the county clinic site.
8. The "Site Fax Number" is the fax number for the county clinic site.
9. The "Contact First Name" is the first name of the contact person for the county clinic site which will appear on the patient/client invoices.
10. The "Contact Last Name" is the last name of the contact person for the county clinic site which will appear on the patient/client invoices.
11. The "Close Out Time hh:mm" is the time that is set for the eDaySheet to close each day. This must be entered using a 24 hour format.

To save any changes made to this information, select "Update".

### Default Revenue Source Codes

The Revenue Source for the Monthly Recap is displayed in this section. This information is managed by the Budget Office in Finance. The codes are populated for each county at the state level. Approved descriptions must be listed for local codes, which may be edited by county level staff. If needed, a list of approved codes can be provided to the office manager/designee or the district clerical director by Finance.

To edit the Revenue Description/Revenue Category, select "Edit" for the appropriate Revenue Source. Select the individual fields to manually update the current description and/or category. Once completed, select "Update".

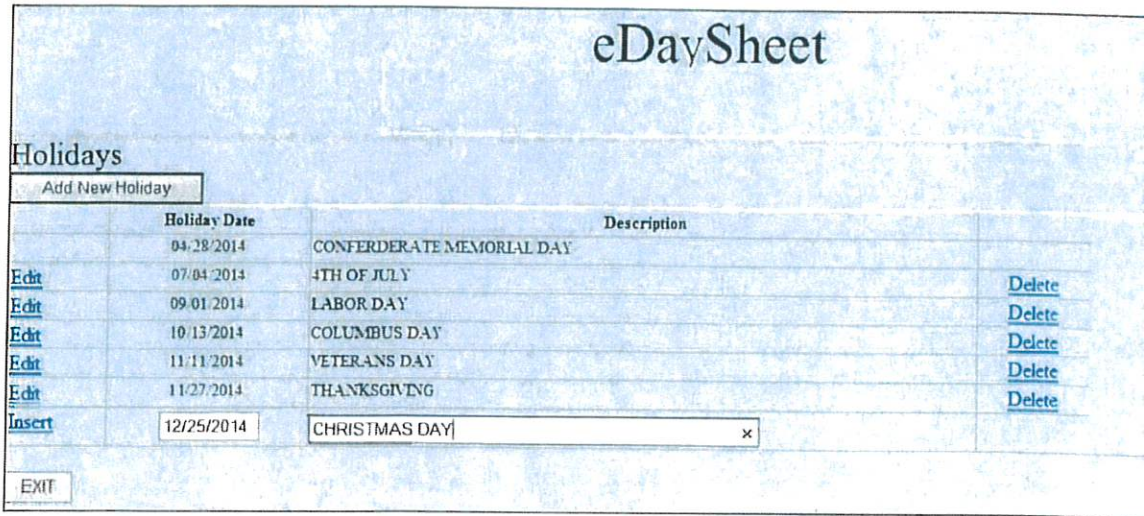
| eDaySheet                        |   |                     |                                |      |
|----------------------------------|---|---------------------|--------------------------------|------|
| Date: 11/18/2013                 |   |                     |                                |      |
| Revenue Source For Monthly Recap |   |                     |                                |      |
|                                  | Revenue Source                                | Revenue Description | Revenue Category               |      |
| Site Navigation                  | <a href="#">Edit</a>                          | 01                  | COUNTY FUNDS                   | MISC |
| Home                             | <a href="#">Edit</a>                          | 05                  | MISCELLANEOUS                  | MISC |
| Print Client Records             | <a href="#">Edit</a>                          | 08                  | MATERNITY CARE COORDINATION    | MAT  |
| Lookup Receipt                   | <a href="#">Edit</a>                          | 09                  | GIFT OF LIFE                   | MISC |
| Void Receipt                     | <a href="#">Edit</a>                          | 10                  | HOME HLTH OTH FEES             | MISC |
| Return Check                     | <a href="#">Edit</a>                          | 11                  | Family Planning Contraceptive  | MISC |
| Defaults Menu                    | <a href="#">Edit</a>                          | 13                  | FAM PLAN PT FEES               | FP   |
| Report Menu                      | <a href="#">Edit</a>                          | 14                  | MEDICAID MATERNITY - FEE SERVI | MAT  |
| Overage Shortage                 | <a href="#">Edit</a>                          | 15                  | MATERNITY PT FEE               | MAT  |
| Finance Reports                  | <a href="#">Edit</a>                          | 16                  | MEDICAID WAIVER COA            | MISC |
| Add/Edit Clerk                   | <a href="#">Edit</a>                          | 18                  | DONATIONS                      | MISC |
| Reset Password                   | <a href="#">Edit</a>                          | 20                  | PATIENT FEES DENTAL            | DEN  |
| Logout                           | <a href="#">Edit</a>                          | 22                  | PATIENT FEES CLINIC            | OC   |
|                                  | <a href="#">Edit</a>                          | 23                  | IMMUNIZATIONS                  | IMM  |
|                                  | <a href="#">Edit</a>                          | 24                  | ENVIRONMENTAL FEE              | ENV  |
|                                  | <a href="#">Edit</a>                          | 27                  | MATERNITY OTHER                | MAT  |
|                                  | <a href="#">Edit</a>                          | 28                  | MEDICAID DENTAL                | DEN  |
|                                  | <a href="#">Update</a> <a href="#">Cancel</a> | 30                  | LOCAL SUPPORT                  | MISC |

NOTE: The valid Revenue Categories are DEN, ENV, FP, IMM, MAT, MISC, OC, and VS.

### Holiday Schedule

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

The office manager/designee is to enter all scheduled state holidays and any additional holidays granted by the Governor through the "Holiday Schedule".



The screenshot shows the "eDaySheet" interface. At the top, there is a title "eDaySheet". Below it, the word "Holidays" is displayed. A button labeled "Add New Holiday" is visible. The main part of the interface is a table with the following columns: "Holiday Date", "Description", and a column for actions. The table contains the following entries:

|                        | Holiday Date                            | Description                                |                                  |
|------------------------|---|--|----------------------------------|
|                        | 04/28/2014                              | CONFEDERATE MEMORIAL DAY                   |                                  |
| <a href="#">Edit</a>   | 07/04/2014                              | 4TH OF JULY                                | <a href="#">Delete</a>           |
| <a href="#">Edit</a>   | 09/01/2014                              | LABOR DAY                                  | <a href="#">Delete</a>           |
| <a href="#">Edit</a>   | 10/13/2014                              | COLUMBUS DAY                               | <a href="#">Delete</a>           |
| <a href="#">Edit</a>   | 11/11/2014                              | VETERANS DAY                               | <a href="#">Delete</a>           |
| <a href="#">Edit</a>   | 11/27/2014                              | THANKSGIVING                               | <a href="#">Delete</a>           |
| <a href="#">Insert</a> | <input type="text" value="12/25/2014"/> | <input type="text" value="CHRISTMAS DAY"/> | <input type="button" value="x"/> |

At the bottom left of the interface, there is an "EXIT" button.

To add a holiday, select "Add New Holiday" and enter the date and description of the holiday. To save the holiday entry, select "Insert".

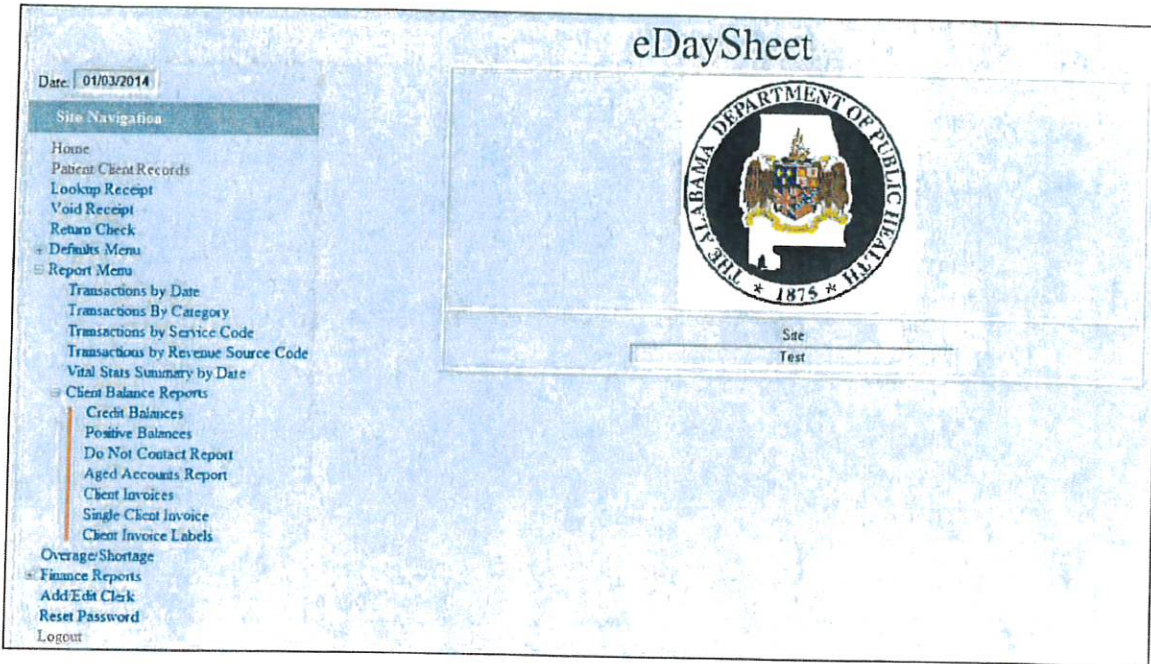
Select "Edit" to make updates to an existing holiday entry. Once a holiday has passed, the edit option will no longer be available.

If a holiday needs to be removed, select "Delete". Once a holiday has passed, the delete option will no longer be available.

### Client Balance Reports

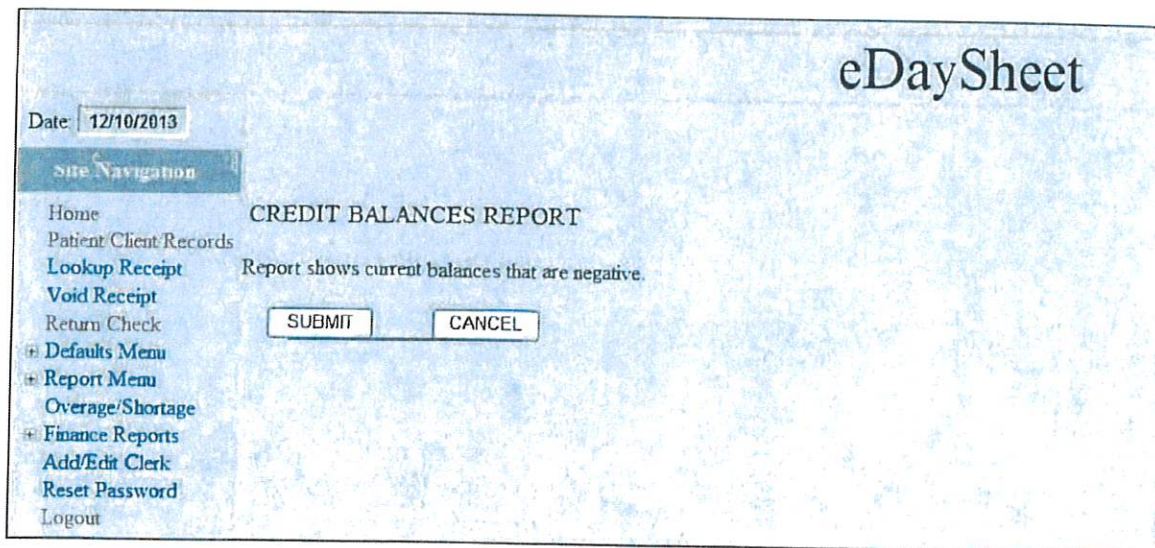
The Client Balance Reports provide information regarding patient/client balances, contact information, aging of accounts, and invoices.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL



### Credit Balance

The "Credit Balances" report displays all patients/clients who have a negative current balance. To view the report, select "Credit Balances" from the Client Balance Report Menu and select "Submit".



If an account has a current balance that is negative, investigate to determine the cause and document the findings. If the patient/client is owed a refund, follow the instructions earlier in this chapter for processing a refund.



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If the patient/client is not owed a refund, follow the Write Off Instructions later in this chapter.  
NOTE: In this instance, the credit amount that is being adjusted will be entered as a negative number.

| Credit Balances - Test |              |                 |
|------------------------|--------------|-----------------|
| Patient Number         | Patient Name | Current Balance |
| 17                     | J's A Client | (\$10.00)       |
|                        |              | (\$10.00)       |

### Positive Balances

The "Positive Balances" report displays all patients/clients who have a current balance due. To view the report, select "Positive Balances" from the Client Balance Report Menu and select "Submit".

The screenshot shows the eDaySheet application interface. At the top right, the text "eDaySheet" is displayed. On the left side, there is a "Site Navigation" menu with the following items: Home, Patient Client Records, Lookup Receipt, Void Receipt, Return Check, Defaults Menu, Report Menu, Overage/Shortage, Finance Reports, Add/Edit Clerk, Reset Password, and Logout. The "Report Menu" item is expanded, showing "POSITIVE BALANCE REPORT". Below this, a description reads: "Report shows current balances that are greater than zero." At the bottom of the report area, there are two buttons: "SUBMIT" and "CANCEL". The date "01/03/2014" is displayed in the top left corner.

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**Positive Balances - Houston**

| Patient Number | Patient Name | Last Visit | Current Balance |
|----------------|--------------|------------|-----------------|
| 35101          |              | 03/08/2018 | \$148.00        |
| 35101          |              | 03/12/2018 | \$103.00        |
| 35101          |              | 03/13/2018 | \$512.00        |
| 35101          |              | 03/13/2018 | \$15.00         |
| 35101          |              | 03/13/2018 | \$9.00          |
| 35101          |              | 03/13/2018 | \$17.00         |
| 35101          |              | 03/21/2018 | \$9.00          |
| 35101          |              | 03/29/2018 | \$28.00         |
| 35101          |              | 05/30/2018 | \$114.00        |
|                |              |            | <u>\$855.00</u> |

**Do Not Contact Report**

The "Do Not Contact Report" provides a listing of all patients/clients with a response of "NO" to the mailing question on their ledger card. This report should be reviewed to avoid mailing invoices to any patient/client, regardless of the service. From the Client Balance Report menu, select "Do Not Contact Report".

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**No Contact Report**

SITE: Test

| CLIENT NUMBER | LAST NAME | FIRST NAME | MI | CURRENT BALANCE | LAST VISIT |
|---------------|-----------|------------|----|-----------------|------------|
| 11            | ID        | Client     |    | 200.00          | 12/16/2013 |
| 3             | Patient   | Test       | A  | 8.00            |            |
| 40000002      | Family    | Test       | A  | 232.00          | 12/20/2013 |
| 40000015      | IF        | Client     |    | 3.00            | 12/16/2013 |
| 40000025      | New       | Clients    |    | 0.00            |            |
| 40000100      | Personal  | Test       | A  | 0.00            | 10/6/2013  |
| 40102001      | Patient   | New        |    | 140.00          |            |
| 40040536      | Patient   | Testing    | A  | 0.00            |            |
|               |           |            |    | 583.00          |            |

12/20/2013 12:30:27 PM Page: 1 of 1

**Aged Accounts Report**

The Aged Accounts Report is a single process used to generate the following four reports that indicate the duration of a balance on a patient/client account:

1. 31 – 60 Days
2. 61 – 90 Days
3. 91 – 120 Days
4. Greater Than 120 Days

From the Client Balance Report menu, select “Aged Accounts Report”. In the “Select Run Date” field, enter the appropriate run date which will be 01/05/YYYY, 04/05/YYYY, 07/05/YYYY, and 10/05/YYYY, regardless of the actual date the report is run. If a run date falls on a weekend or holiday, the report will be

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run on the following business day using the specified run dated listed above. Select, "Next" to generate the reports.


## eDaySheet

### Aged Accounts Report

When you select/enter a valid Run Date, this option will generate all 4 Aged Reports:

1. 31 - 60 Days
2. 61 - 90 Days
3. 91 - 120 Days
4. Greater Than 120 Days

The Aged Accounts Reports should be run on 01/05/YYYY, 04/05/YYYY, 07/05/YYYY, and 10/05/YYYY.  
 These are the dates that will be entered for the RUN DATE.  
 If the Run Date falls on a Holiday or a weekend, wait until the next business day to print the reports.  
 However, you will still enter one of the above dates for the Run Date.

Select Run Date :  

Examples of the Aged Accounts Reports:

| Aged Accounts Report |          | <u>Test</u>                     |         |         |          |
|----------------------|----------|---------------------------------|---------|---------|----------|
|                      |          | 1/5/2014                        |         |         |          |
|                      |          | 31 - 60 Days                    |         |         |          |
|                      |          | From: 11/00/2013 To: 12/05/2013 |         |         |          |
| Client Number        | Name     | Last Visit                      | Balance | Contact | Comments |
| 490000099            | Client S | 11/20/2013                      | 39.00   | Yes     |          |

| Aged Accounts Report |                | <u>Test</u>                     |         |         |          |
|----------------------|----------------|---------------------------------|---------|---------|----------|
|                      |                | 1/5/2014                        |         |         |          |
|                      |                | 61 - 90 Days                    |         |         |          |
|                      |                | From: 10/07/2013 To: 11/05/2013 |         |         |          |
| Client Number        | Name           | Last Visit                      | Balance | Contact | Comments |
| 490000199            | Client M       | 10/31/2013                      | 100.00  | Yes     |          |
| 490000126            | Patient Sickly | 10/07/2013                      | 82.00   | Yes     |          |
| 490000128            | Test People    | 11/05/2013                      | 117.00  | Yes     |          |

| Aged Accounts Report |             | <u>Test</u>                     |         |         |          |
|----------------------|-------------|---------------------------------|---------|---------|----------|
|                      |             | 1/5/2014                        |         |         |          |
|                      |             | 91 - 120 Days                   |         |         |          |
|                      |             | From: 09/07/2013 To: 10/00/2013 |         |         |          |
| Client Number        | Name        | Last Visit                      | Balance | Contact | Comments |
| 490000055            | Clients New | 09/17/2013                      | 100.00  | No      |          |

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| Aged Accounts Report |              | <u>Test</u>                  |        |         |         |
|----------------------|--------------|------------------------------|--------|---------|---------|
|                      |              | <u>1/5/2014</u>              |        |         |         |
|                      |              | <u>Greater Than 120 Days</u> |        |         |         |
|                      |              | <u>From: 09/09/2013</u>      |        |         |         |
| DATE                 | NAME         | LAST VISIT DATE              | AMOUNT | CONTACT | REMARKS |
| 09                   | Billy Carter | 12/16/2008                   | 12.50  | No      |         |
| 19                   | Client O     | 08/28/2013                   | 100.00 | No      |         |

The Aged Accounts Reports must be worked before any invoices are mailed or any write offs occur.

**Instructions for working the Aged Accounts Reports:**

| AGING                 | ACTION  |
|-----------------------|---|
| 0 – 30 Days           | Account balance is considered current, no action needed |
| 31 – 60 Days          | Mail invoice to patient/client                          |
| 61 – 90 Days          | Mail invoice to patient/client                          |
| 91 – 120 Days         | Mail invoice to patient/client                          |
| Greater Than 120 Days | Write-Off account balance                               |

On the Aged Accounts Reports, the Last Visit Date is used to determine the the duration of the balance on the account. If there is a “NO” in the the Contact column, do not mail an invoice.

When working the reports where an invoice is needed, use the following tick marks to indicate the actions taken for each patient/client:

- Use a “√” by the dollar amount to indicate that the balance owed on the account is correct
- Place an “X” by the name of the patient/client who requested no mail
- Place an “M” in the comments section to indicate that a patient/client invoice was mailed

The tick marks will be listed at the bottom of the reports to show the actions taken. The reports should be kept on file at the county level.

The “Greater Than 120 Days” report will be used to write off old balances. All adjustment receipts for balances written off will be attached to this report and filed for audit purposes.

**Write Off/Account Adjustment**

Adjustments are performed periodically by the office manager/designee to update the ledger card balance of a patient/client. Possible reasons are: data entry errors, credit balances created by donation receipts, and account balance write-offs.

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Locate the patient/client ledger card and select “Adjustment”.

The screenshot shows the 'eDaySheet' form with the following fields and values:

- Client Type:** Patient
- Client Number:** 490000009
- Last Name:** Patient
- First Name:** Clinic
- MI:** (empty)
- Date of Birth:** 1/1/1923
- Street Address 1:** 24 Clinic Ave
- Street Address 2:** (empty)
- City:** Clinicville
- State:** AL
- Zip Code:** 36555
- Is it ok to send mail to this address?:** Yes
- Phone Number:** (empty)
- Comments:** (empty)
- Current Balance:** \$122.00
- Previous Balance:** \$122.00

Buttons at the bottom include: Create Receipt, Save, Cancel, **Adjustment** (highlighted), Print Invoice, and Print Ledger.

To decrease the current balance, a positive amount will be entered in the “Credit” field. For example, to decrease an account balance by \$20, enter “20.00”. A reason for the adjustment is to be entered in the “Note” field. For example, “Balance greater than 120 days”. For Write Offs, use the amount indicated on the Aged Account Report. Verify that the amount in the Current Balance field reflects the applied adjustment.

To increase the current balance or to bring a negative balance to zero, a negative amount will be entered in the “Credit” field. For example, to increase the account balance by \$20, enter “-20.00”. A reason for the adjustment is to be entered in the “Note” field. For example, “An adjustment was made on account to bring balance to zero after donation.” Verify that the amount in the Current Balance field reflects the applied adjustment.

The screenshot shows the 'eDaySheet' form with the following fields and values:

- Date:** 01/22/2014
- Clerk:** b491admi
- Receipt #:** NEW RECEIPT
- Client Number:** 490000009
- Last Name:** Patient
- First Name:** Clinic
- MI:** (empty)
- Date Issued:** 1/23/2014
- Credit:** 0.00
- Note:** (empty)
- Current Balance:** 122.00
- Previous Balance:** 0.00

Buttons at the bottom include: Cancel and **Print Receipt** (highlighted).

Select “Print Receipt”. The patient/client ledger card will reflect the adjustment. For routine adjustments, the adjustment invoice is to be signed and attached to the Transaction by Date report. Adjustment invoices created due to Write Offs, must be attached to the Aged Accounts Report for audit purposes.



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DO NOT CONTACT Clients will not print an invoice. However; double check the Aged Accounts Report to make sure there is not any DO NOT CONTACT invoices printed. If there are some DO NOT CONTACT invoices, pull them out and do not mail them.

The Invoice/Letter is formatted to print on County Health Department letterhead.

An example of a Client Invoice is on the next page.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Example of a Client Invoice.

January 16, 2014

Dear Client H:

SUBJECT: Outstanding Balance of \$15.00  
Patient: Client H  
CHR No. 15

The Alabama Department of Public Health is proud to offer certain clinical services to our customers on a sliding scale with discounts based on family size and income. As you were informed at your last Health Department clinic visit on November 20, 2013, the balance due on your account is \$15.00

Payment is due on your account by February 15, 2014

Please send your payment to:  
Test County Health Department  
100 Test Place  
Testville, AL, 38888

Clinic services will not be denied due to inability to pay.

If you have any questions or if there have been any changes in your financial situation which might affect your account, please contact the Health Department at (334) 555-5555

Sincerely,  
  
Test County Health Department

*The date is the current date they are printed. Close out time and date roll over DOES NOT affect this date.*

1. Client Name: Prints just as it is entered on the ledger card.
2. Outstanding Balance: comes from the CURRENT BALANCE box on the Patient/Client Ledger Information on the screen next to the Comments box.
3. Clinic Visit: date of the last receipt issued.
4. Due date is calculated 30 days from the date the invoices were run. Run them after verifying the Aged Accounts Report.
5. Send payment to: name and address comes from what is entered in the Defaults Reference data for County name and address, as well as the telephone number.
6. County contact name: comes from what is entered in the Defaults Reference data for Contact First and Last name.

***Before mailing invoices, each account on the Aged Balances report must be verified. If there are instances where the balance is incorrect, these invoices should be held and worked after the correct balance invoices are mailed.***

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**Single Client Invoices**

If you only want to print one invoice for a certain client, select Patient/Client Ledger card from the main menu and click on the Print Invoice button.

This can only be done by the Office Manager or their designee.

See example below:

The screenshot shows the 'eDaySheet' interface with the following fields and data:

- Client Type:** Personal
- Client Number:** 491000222
- Last Name:** Ache
- First Name:** Heqada
- MI:** [Empty]
- Date of Birth:** 7/15/1955
- Street Address 1:** 822 Test Ave So
- Street Address 2:** [Empty]
- City:** Testville
- State:** AL
- Zip Code:** 35999
- Is it ok to send mail to this address?:** Yes
- Phone Number:** [Empty]
- Comments:** [Empty]
- Current Balance:** \$21.00
- Previous Balance:** \$0.00

Buttons at the bottom include: Create Receipt, Save, Cancel, Adjustment, Print Invoice, and Print Ledger.

|        | TRANS DATE | RECEIPT NUMBER | Net Charges | CREDITS | AMOUNT PAID | CURRENT BALANCE | TRANS TYPE |
|--------|------------|----------------|-------------|---------|-------------|-----------------|------------|
| Select | 01/06/2014 | 3              |             | \$21.00 |             | \$21.00         | Adjustment |

Only one invoice for the selected client will print.

**Mailing Invoices:**

If the Client’s address is not entered in the e-Day Sheet Patient/Client Database Ledger Information screen, the CHR number can be used to print a PHALCON address label for mailing the invoice.

The client address information can be entered at anytime by selecting Patient/Client/Records from the Main Menu. Click on Patient Lookup and search by either the name or client number. Enter the address information.

If the Client’s address information is entered in the e-Day Sheet there is an option to print invoice mailing labels. Select Client Invoice Labels from the Client Balance Reports menu.

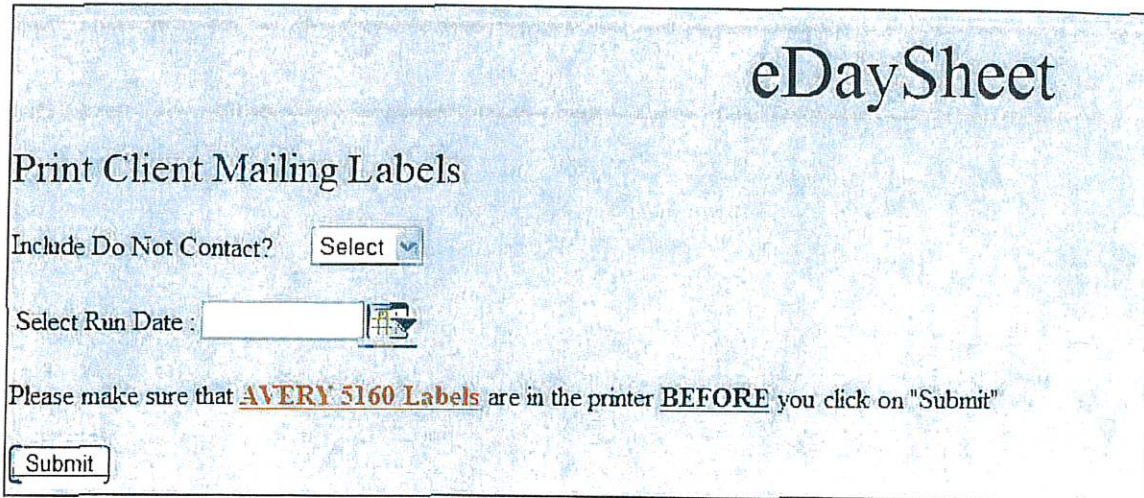
**Please include a self addressed return envelope when the invoice is mailed.**

## Client Invoice Labels

**NOTE: THE WRITE OFF FOR THE 120 days and great MUST have been done BEFORE printing these labels.**

From the Client Balance Report menu, click on Client Invoice Labels and press enter.

The following screen will be displayed.



The screenshot shows a web interface titled "eDaySheet". Below the title is the heading "Print Client Mailing Labels". There are two input fields: "Include Do Not Contact?" with a "Select" dropdown menu, and "Select Run Date:" with a text box and a calendar icon. Below these fields is a warning message: "Please make sure that **EVERY 5160 Labels** are in the printer **BEFORE** you click on "Submit"". At the bottom left is a "Submit" button.

If this was selected in error, click on Home and you will be returned to the Main Menu screen.

**MAKE SURE THE GREATER THAN 120 DAY ACCOUNTS HAVE BEEN WRITTEN OFF BEFORE PROCEEDING.**

In the drop down box beside: **Include Do Not Contact? Select NO.**

Enter the Run Date for the Aging Period. (This is the same date entered to run the Aged Accounts Reports and Invoices)

This will produce one set of Client Mailing labels for all clients with current balance that is greater than 0 and older than 30 days. By doing one set of labels this should reduce the number of unused labels that are left on a sheet of labels.

**The labels are formatted to print on the equivalent of Avery sheet labels 5160, three (3) across and ten (10) down. See the example on the next page.**

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Below is an example of Client Mailing Labels:

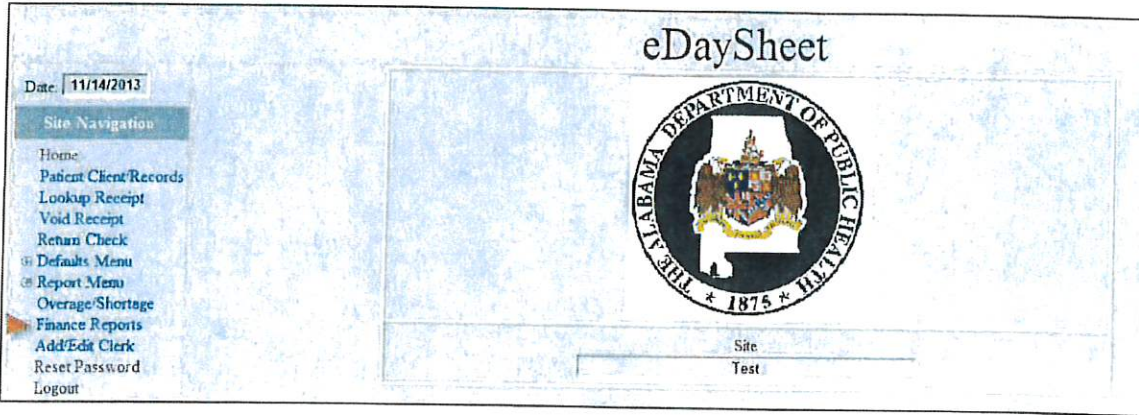
---

|  |   |  |
|--|---|--|
| Christmas Day<br>24 Yule Ave<br>Testville, AL 35999  | Heada Acha<br>822 Test Ave So<br>Testville, AL 35999            | I Client<br>100 Main St<br>Montgomery, AL 36111      |
| Client A<br>25 Test St<br>Testville, AL 35999        | Johnny Test<br>25 Somewhere Ave<br>Testville, AL 35999          | Test Family<br>24 Pretty Lane<br>Testville, AL 35600 |
| Client B<br>88 Test Ave<br>Testville, AL 36555       | Test Or Us<br>Test<br>Test, AL 36111                            |  |
| Matthew Carter<br>100 Test St<br>Testville, AL 36111 | Business Account<br>8715 Test Loop Drive<br>Testville, AL 34999 |  |

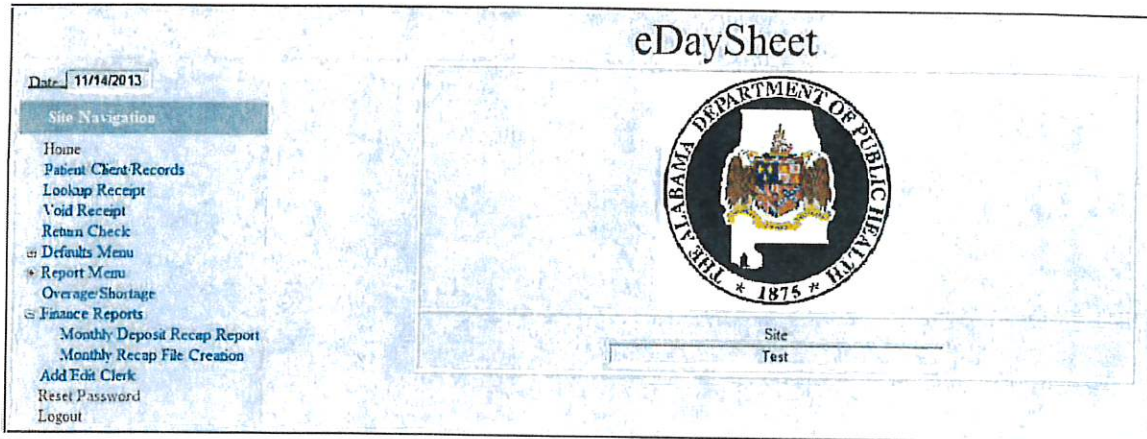
# ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

## Finance Reports

Click on the + next to Finance Reports to open that section of the Main Menu.



From this menu you will run your Monthly Recap process



From this menu you can select the Monthly Deposit Recap Report

## MONTHLY RECAP REPORTS

Monthly Recap Report screen:

1. Report Type: Select either Deposit or Return Check from the drop down box.
2. Start Date: Select or enter the Start date for the Month. (always the 1<sup>st</sup> of the month)
3. End Date: Select or enter the End date for the Month. (always the last date of the month)

Click the Next button.

**NOTE: Both the Deposit and Return Check Monthly Recap reports are required to be run every month. If there were no Return Checks for a specified month, the report will show that information.**

To exit this screen without running a Monthly Recap report, select another item from the menu or click on Logout.

These reports should also be reconciled with the Day Sheets for each day of the month, before creating the Monthly Recap File.

The data is also to be printed and stored. These reports print on regular letter size paper.

Below is an example of the Deposit Monthly Recap report.

| Finance Monthly Deposit Recap  |             | <u>Test</u>   |              |             |               |               |                |
|--------------------------------|-------------|---------------|--------------|-------------|---------------|---------------|----------------|
|                                | 12/01/2013  | 12/05/2013    | 12/11/2013   | 12/13/2013  | 12/16/2013    | 12/20/2013    | Total          |
| 05 MISCILLANEOUS               | 5.00        |               |              |             | 11.00         |               | 16.00          |
| 08 MATERNITY CARE COORDINATION |             |               |              |             | 5.00          |               | 5.00           |
| 13 FAMI PLAN PT FEES           |             | 52.00         |              |             | 30.00         | 20.00         | 102.00         |
| 22 PATIENT FEES CLERK          |             | 60.00         |              |             | 10.60         | 20.00         | 90.60          |
| 23 ORGANIZATIONS               |             | 12.00         |              |             | 15.00         | 15.00         | 42.00          |
| 24 ENVIRONMENTAL FEE           |             | 255.00        |              |             | 350.00        | 165.00        | 760.00         |
| 28 MEDICAD MEDICAL             |             | 14.00         |              |             |               |               | 14.00          |
| 71 V.S. FEES 1ST COPY          |             | 150.00        | 15.00        | 6.00        | 42.60         | 36.00         | 249.60         |
| <b>Total</b>                   | <b>5.00</b> | <b>581.00</b> | <b>15.00</b> | <b>6.00</b> | <b>451.60</b> | <b>256.00</b> | <b>1355.00</b> |

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Below is an example of the Return Check Monthly Recap report.

| Monthly Returned Check Recap Report <u>Test</u> |            |            |            |        |
|---|------------|------------|------------|--------|
|   | 10/01/2013 | 10/15/2013 | 10/28/2013 | TOTAL  |
| 23 IMBURSEMENTS                                 | -14.00     |            |            | -14.00 |
| 24 ENVIRONMENTAL FEE                            |            | -45.00     | -40.00     | -85.00 |
| TOTAL   | -14.00     | -45.00     | -40.00     | -99.00 |

The Recap reports should reflect transaction amounts for the dates receipts and/or returned checks were issued.

Below is an example of a Return Check Recap report with NO Return Checks.

| No Returned Checks Report <u>Test</u>                                      |             |
|--|-------------|
| For: <u>9/1/2013</u> Thru <u>9/30/2013</u>                                 |             |
| During recap processing there were no returned checks for this time frame. |             |
| Signature: _____   | Date: _____ |

## Monthly RECAP File Creation

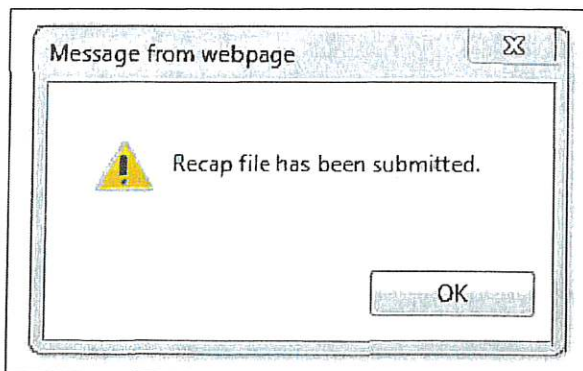
This sub menu option will create the Monthly Recap file.

The screenshot shows the 'Monthly Recap File Creation' interface. At the top right, the 'eDaySheet' logo is displayed. The main heading is 'Monthly Recap File Creation'. Below this, there are two input fields for dates: 'Start Date' and 'End Date'. Each field is followed by a calendar icon. A red number '1' is positioned to the right of the first calendar icon, and a red number '2' is to the right of the second. Below the date fields is a button labeled 'Create File', with a red number '3' to its right.

Monthly Recap File Creation screen:

1. Start Date: Enter or select the beginning of the month for the Monthly Recap File.
2. End Date: Enter or select the end of the month for the Monthly Recap File.
3. Create File: Click on the Create File button to create the Monthly Recap File.

The following message will be displayed indicating the Monthly Recap File has been created and transmitted.



Click OK to continue.

This is the end of the Monthly Recap Process.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### Add/Edit Clerk

From the Main Administrator's Menu select Add/Edit Clerk.



You will receive the User Lookup, Add, and Update screen.

A Clerk/User Lookup is REQUIRED before any new records can be added.

The more characters you enter, the more you narrow the search. You may enter as many characters as you like.

A screenshot of the "User Look-up, Add and Update" screen. The page has a light blue background. At the top right, it says "eDaySheet". In the center, there is a box with the text "User Look-up, Add and Update." Below this, there are three input fields: "Last Name:" with a red "1" above it, "First Name:" with a red "2" above it, and a "Search" button with a red "3" above it.

Search User:

1. Last Name: Enter either the entire or partial Last name.
2. First Name: Enter either the entire or partial First Name.
3. Search: Leave the Last Name and First Name blank and click on search to receive all employees/users that have been entered for this site.

Click the Search button to perform the search.

# ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

In the below example I searched on the first initial of the last and first name.

**eDaySheet**

*User Look-up, Add and Update.*

Last Name:  First Name:

|               | Last Name       | First Name | MI | User id |
|---------------|-----------------|------------|----|---------|
| <u>Select</u> | <u>ADD USER</u> |            |    |         |

There were no employee/users found.

Click on Select by ADD USER to add the new user.

The screen below is the Add User screen:

**eDaySheet**

**New User Setup**

|                      |                                    |    |
|----------------------|------------------------------------|----|
| User ID:             | <input type="text"/>               | 1  |
| Password:            | <input type="text"/>               | 2  |
| Confirm Password:    | <input type="text"/>               | 3  |
| User First Name:     | <input type="text"/>               | 4  |
| User Middle Initial: | <input type="text"/>               | 5  |
| User Last Name:      | <input type="text"/>               | 6  |
| User Phone Number:   | <input type="text"/>               | 7  |
| Fee Certified:       | <input type="button" value="v"/> 8 |    |
| Fee Certified Date:  | <input type="text"/>               | 9  |
| User Email Address:  | <input type="text"/>               | 10 |

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Below is an example of a completed New User Setup Screen

| New User Setup  |                              |
|---|------------------------------|
| User ID:  | h99nuser                     |
| Password:   | ••••••••                     |
| Confirm Password:   | ••••••••                     |
| User First Name:  | New                          |
| User Middle Initial:  |                              |
| User Last Name:   | User                         |
| User Phone Number:  | 3349999999                   |
| Fee Certified:  | Yes <input type="checkbox"/> |
| Fee Certified Date:   | 10/18/2013                   |
| User Email Address:   | nuser@testemail.com          |
| <input type="button" value="Submit"/> <input type="button" value="Exit"/> |                              |

The following message will be display upon a successful addition of a user:

| eDaySheet                                   |  |
|---|--|
| <b><i>User Look-up, Add and Update.</i></b> |  |
| Last Name: <input type="text"/>             | First Name: <input type="text"/> <input type="button" value="Search"/> |
| <u>User id has been added</u>               |  |

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Below is an example of a search leaving the Last and First Names blank and clicking on Search.

eDaySheet

Test County - Testville Clinic

**User Look-up, Add and Update.**

Last Name:  First Name:

|                        | Last Name     | First Name | MI | User id  |
|------------------------|---------------|------------|----|----------|
| <a href="#">Select</a> | Administrator | Test       | A  | h49tadmi |
| <a href="#">Select</a> | Cart-Smith    | Bobbie     |    | h49bcar  |
| <a href="#">Select</a> | Clerk         | Test       | A  | h49tcler |
| <a href="#">Select</a> | Employee      | Test       |    | h49templ |
| <a href="#">Select</a> | Person        | New        |    | h49npers |
| <a href="#">Select</a> | Taylor        | Randolph   |    | h49rtatu |
| <a href="#">Select</a> | User          | Test       | A  | h49tuser |
| <a href="#">Select</a> | ADD USER      |            |    |          |

From this screen you may select a user to edit or select Add User.

Editing a User:

eDaySheet

Edit User

|                      |  |
|----------------------|--|
| User ID:             | <input type="text" value="h99nuser"/>            |
| User First Name:     | <input type="text" value="New"/>                 |
| User Middle Initial: | <input type="text"/>                             |
| User Last Name:      | <input type="text" value="User"/>                |
| User Phone Number:   | <input type="text" value="(334) 999-9999"/>      |
| Fee Certified:       | Yes <input type="button" value="v"/>             |
| Fee Certified Date:  | <input type="text" value="10/18/2013"/>          |
| User Email Address:  | <input type="text" value="nuser@testemail.com"/> |
| User Active:         | Yes <input type="button" value="v"/>             |

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

E-Day sheet & editing a User:

The User ID cannot be changed

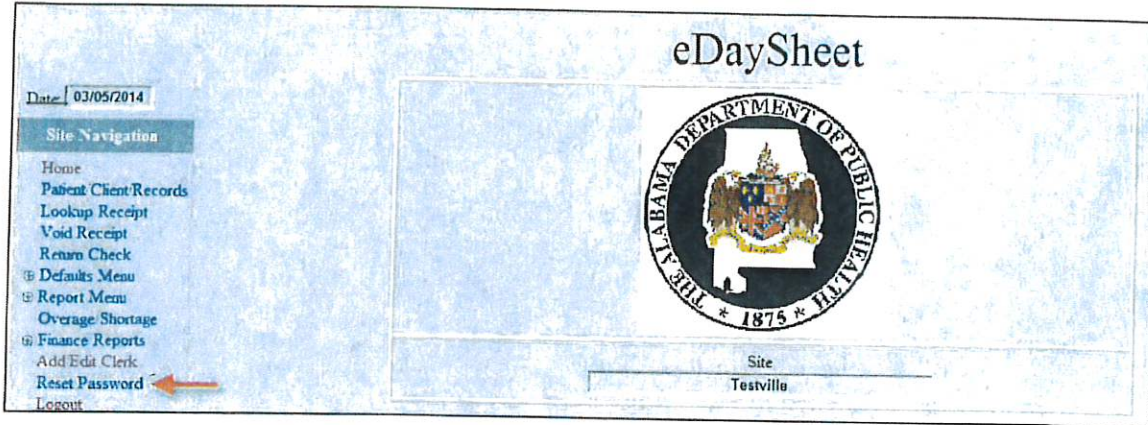
All other fields displayed on the screen may be changed.

NOTE: The User Active field is displayed now. This can be changed to NO for a user that is no longer an employee or using the E-Day sheet.

Password Reset is covered on the next page.

## Reset Password

From the Main Administrator's Menu select Reset Password.



If an employee should forget their password the administrator/office manager or designee will select the reset password option and receive the screen below.

The screenshot shows the 'Reset User Password' form. The form has a title bar 'Reset User Password' and several input fields: 'User ID', 'Password', 'Confirm Password', 'User First Name', 'User Middle Initial', 'User Last Name', and 'User Phone Number'. A red arrow points to the 'User ID' field. At the bottom of the form are two buttons: 'Search' and 'Exit'.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

The only information that can be entered on this screen is the User ID of the password that needs to be reset.

Enter the User ID

Click on Search

To leave this screen, without making changes, click on the Exit button.

The following Password Reset screen for the employee will be displayed.

| Reset User Password   |            |
|---|------------|
| User ID:  | h99nuser   |
| Password:   |            |
| Confirm Password:   |            |
| User First Name:  | New        |
| User Middle Initial:  |            |
| User Last Name:   | User       |
| User Phone Number:  | 3349999999 |
| <input type="button" value="Submit"/> <input type="button" value="Exit"/> |            |

The employee information will be displayed in gray.

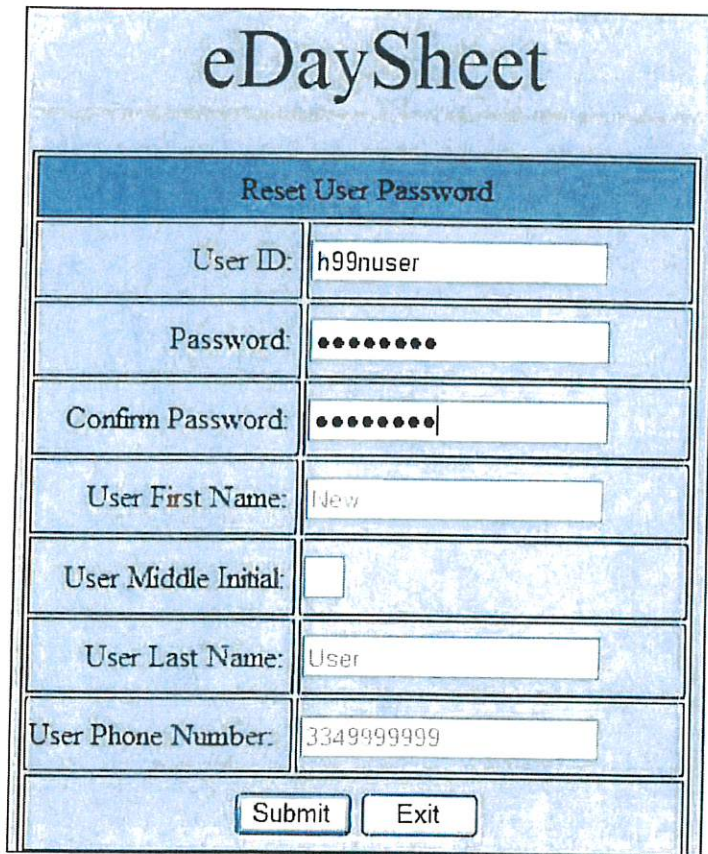
The only information that may be entered is the new password and the confirmation password.

On a password reset the password can be reset to the word password.

The user will be require to change the password the next time they signon to a unique password that is different from current expired password.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Enter the new password and the confirmation password. Refer to the screen example below.



The screenshot shows a web form titled "eDaySheet" with a sub-header "Reset User Password". The form contains several input fields:

| Reset User Password  |            |
|----------------------|------------|
| User ID:             | h99nuser   |
| Password:            | ••••••••   |
| Confirm Password:    | ••••••••   |
| User First Name:     | New        |
| User Middle Initial: |            |
| User Last Name:      | User       |
| User Phone Number:   | 3349999999 |

At the bottom of the form are two buttons: "Submit" and "Exit".

NOTE: the password information will not be displayed on the screen. If the two passwords do not match exactly a error message will be displayed.

Click Submit to reset the password.

You will receive the following message.



Click OK to continue



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**CHAPTER 6**

**COUNTY IMPREST FUND**

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### GENERAL INFORMATION

#### Purpose

The Imprest Account is a local county bank account that is used to write checks for expenses.

#### History

The Imprest Account was established in the late 1980's by withholding fees from deposits with approval of Financial Services.

#### Today

The amount of the approved fund balance is determined by the administrator and by ADPH Financial Services. The amount varies from county to county but usually represents up to two and one-half of the month's local expenditures. The amount of the fund can be increased or decreased at any time by the administrator with approval from the Chief Accountant in Financial Services.

### FUND REQUIREMENTS

The Imprest account is referred to as a non-expendable account. This means that any payments from the account must be replaced by reimbursement warrants from Financial Services. At all times, the balance in the checking account plus any unreimbursed expenditures must equal the established fund balance. The only difference would be interest earned on the account. Any other differences are referred to as overages or shortages.

The Imprest Account must be a bank account. Cash accounts and change funds are not allowed. The requirements for maintaining account are:

- Checks must be preprinted and prenumbered.
- Checks must require two signatures; one must be that of the assistant district administrator or higher. In absence of assistant district administrator, Health Officer or district administrator may be authorized to sign checks.
- A letter from the District Administrator or Local/District Health Officer must be on file designating an employee authorized to sign checks.
- Blank checks must not be pre-signed.
- Cancelled checks or imaging of cancelled checks must be returned with statements if they are available. Statements cannot be truncated to prevent the return of these items.
- Voided checks must be marked void and retained.
- Bank and fund reconciliations must be performed promptly each month by an employee without signature authority over the account.
- Bank and fund reconciliation must be reviewed by an employee other than the preparer.

#### The County Imprest Account:

- **provides local purchasing power of less than \$1000 at the county health departments for:**
  - Operating expenses such as postage (no limit)
  - Utility bills (no limit)
  - Travel is sent directly to Finance and Supplies are sent to Procurement
- **must be a bank account.**
  - No cash fund or change fund is acceptable
  - Established fund amount must be approved in writing by:
    - Alabama Department of Public Health
    - Financial Services- Chief Accountant
    - 201 Monroe Street
    - Montgomery, AL 36104

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### The County Imprest Account (continued):

- Must consist of reimbursement warrants and adjustments after initial deposit.  
At all times, the balance of the checking account plus any unreimbursed expenditures must equal the established fund balance.
  - Shortages in account must be replaced by the administrator that is responsible for the account.
  - Overages must be corrected immediately, contact the office of Program Integrity or Financial Services – Payables Section for assistance.
- May earn interest.
  - Earned interest must be transferred to Fee Depository Account each January.
- May NOT be used for
  - Automotive equipment used for transportation activities
  - Advanced payments for subscriptions, books, etc.
  - Checks written to CASH
  - Employee's per diem and mileage
  - Employee's personal use (coffee, awards, etc..)
  - Equipment
  - Federal employee's travel (WIC, FP, etc.)
  - Gifts or flowers
  - Multi-county employee's travel
  - Payroll
  - Parties or decorations
  - Recurring monthly, quarterly, semiannual, or annual expenses (other than utilities)
  - Refreshments for meetings
  - Registration fees
  - Salary or travel advance to employees

### CERTIFICATION

All employees performing duties pertaining to the Imprest Account must be certified to handle cash including:

- Administrators
- Nurses
- Clerks
- Environmentalists, etc.

Certification procedures involve:

- Assigning responsibility,
- Certifying responsible staff through training and testing and
- Preparing a cash accountability plan.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### CERTIFICATION (continued)

**Before certification can be accomplished, the tasks to be performed must be defined:**

- Approve expenditures.
- Ensure that checkbook and deposit slips are locked up when not in use.
- Deposit reimbursement warrants from Financial Services on the day received.
- Obtain appropriate support documentation for all expenditures.
- Write check for expenditures.
- Post the check stub each time a check is written, a deposit is made, or an adjustment is made. (Check stub must be posted at time of each transaction and must always be kept up to date.)
- Cross-reference payments to supporting documentation. (Supporting invoices should be stamped paid and marked with check number, date, and amount paid. When multiple invoices are being paid by one check, mark the amount paid for each particular invoice and the number of the payment check on each invoice.)
- Submit requests for reimbursement in a timely manner so that the balance in the account is not depleted (monthly).
- Reconcile the bank statement once per month (initial & date).
- Reconcile the fund balance once per month (initial & date).
- Review the bank reconciliation (initial & date).
- Review the fund balance reconciliation (initial & date).

**After the tasks have been defined, a primary and alternate employee must be identified on the cash accountability plan.**

**When employees have been identified, each must be formally trained, tested, and certified to handle cash.**

- Testing material is available from the county office manager or district clerical director.
- Training, testing, and certification take place at the county health department.
  - The Fee System Manual and training video are reviewed with the training agenda before the test is given to employees.
  - A passing score of 85 or above must be obtained for certification.
  - The rated test is placed in the employee's file at each county health department for review by the Office of Program Integrity.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### CERTIFICATION (continued)

#### TESTS ARE RATED BY

County Office Manager  
District Clerical Director  
State Clerical Director

#### FOR

County Employees  
County Office Managers  
District Clerical Directors

### SEPARATION OF DUTIES

Separation of duties is required as much as possible with existing staff. **One employee should not perform the following tasks related to the Imprest Account:**

- Approve expenditures AND complete checks. **(Required)**
- Sign checks AND reconcile bank statement. **(Required)**
- Prepare reimbursement requests AND reconcile fund balance. **(Required)**
  - Complete checks AND sign checks.
  - Reconcile bank statements AND deposit reimbursement warrants.

### CASH ACCOUNTABILITY PLAN

A cash accountability plan must be prepared and maintained on-site by each county health department. You must update the cash accountability plan when there are changes in staff assignment. Each cash accountability plan must be reviewed and signed by the district clerical director and district administrator. Each plan identifies:

- The tasks to be performed.
- The primary employee responsible for the tasks.
- The alternate employee.
- When certification was accomplished

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

IMPREST FUND  
CASH ACCOUNTABILITY PLAN  
\_\_\_\_\_  
COUNTY HEALTH DEPARTMENT  
\_\_\_\_\_  
LOCATION  
\_\_\_\_\_  
DATE

Page 1 of 2

ANYONE INVOLVED WITH THE IMPREST FUND MUST BE CERTIFIED

- Is responsible for shortages:  
Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Date Certified: \_\_\_\_\_ Date Certified: \_\_\_\_\_
- Approves the expenditures:  
Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Date Certified: \_\_\_\_\_ Date Certified: \_\_\_\_\_
- Fill out the checks:  
Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Date Certified: \_\_\_\_\_ Date Certified: \_\_\_\_\_
- Signs the checks:  
(Signatures which must be on the check)  
Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Date Certified: \_\_\_\_\_ Date Certified: \_\_\_\_\_
- Others who may co-sign checks:  
\_\_\_\_\_  
Date Certified: \_\_\_\_\_ Date Certified: \_\_\_\_\_
- Maintains office copy of invoice and cross-references it to the check:  
Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_  
Date Certified: \_\_\_\_\_ Date Certified: \_\_\_\_\_
- Prepares reimbursement requests:  
Primary Responsible Person: \_\_\_\_\_ Alternate: \_\_\_\_\_  
\_\_\_\_\_  
Date Certified: \_\_\_\_\_ Date Certified: \_\_\_\_\_

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

IMPREST FUND  
CASH ACCOUNTABILITY PLAN  
\_\_\_\_\_  
COUNTY HEALTH DEPARTMENT  
\_\_\_\_\_  
LOCATION  
\_\_\_\_\_  
DATE

Page 2 of 2

ANYONE INVOLVED WITH THE IMPREST FUND MUST BE CERTIFIED

- Reconciles reimbursement warrants with reimbursement requests:

Primary Responsible Person:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

Alternate:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

- Reconciles the bank statement:

Primary Responsible Person:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

Alternate:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

- Reconciles the fund balance:

Primary Responsible Person:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

Alternate:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

- 11. Deposits reimbursement warrants:

Primary Responsible Person:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

Alternate:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

- Other (explain)

Primary Responsible Person:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

Alternate:

\_\_\_\_\_

Date Certified: \_\_\_\_\_

District Clerical Director:

\_\_\_\_\_

Date: \_\_\_\_\_

District Administrator

\_\_\_\_\_

Date: \_\_\_\_\_

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### SUPPORTING DOCUMENTS

- **Checks can only be written with approved supporting documentation for all expenditures:**
  - Vendor invoices.
  - Receipts.
- **All supporting documentation must be reviewed for accuracy to ensure correct amount is paid.**
- **Only current charges can be paid from the Imprest Account.**
  - No arrears.
  - No previous balances.
  - No sales tax (except for utility bills)
- **Supporting vendor invoices must be:**
  - Stamped PAID.
  - Marked with check number, date paid, and amount paid.
  - Initialed by the local administrator.
- **Multiple invoices from one vendor can be paid with one check.**
  - Mark the amount paid on each invoice.
  - Post the check number on each invoice.
  - Identify by date
  - Initialed by local administrator.

### REIMBURSEMENT WARRANTS

#### Reimbursement warrants must be:

- deposited the day received.
- reconciled when received.

**Overages and Shortages must be investigated and resolved immediately.**

#### OVERAGES AND SHORTAGES

Overages and shortages in the county Imprest Account are amounts over-reimbursed or under-reimbursed by Financial Services - Payable Section.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### Shortages:

The only shortages in the account are amounts not reimbursed by Financial Services - Payable Section. All unreimbursed items must be repaid by the employee responsible for the fund, if additional documentation to the Payable Section does not prove acceptable for reimbursement. When repayment deposits are made, deposit the amount on a separate deposit slip marked "payment of items (specify check number or type of error) not reimbursed by Payable Section."

EXAMPLE: "Sales tax paid in error, CK# 1756."

### Overages:

Duplicate reimbursements or reimbursements greater than the amount of the check result in an overage. This does sometimes happen, identify what caused the overage (submitted travel voucher twice for payment and paid twice).

### To correct Overages or Shortages:

- **Adjust the vendor's next check, whenever possible.**

*For example, this is vendor used on a regular basis.*

- Telephone bill is over paid on previous balance by \$30.

County health department submits Field Voucher for reimbursement. Financial Services deducts \$30 from Field Voucher (HF-2) and check. Imprest account is \$30 short.

When the next telephone bill is received for current charges of \$50.

Write a check for \$20 to telephone company to offset \$30 paid the previous month. Submit Field Voucher for reimbursement of \$50 for current charges.

Financial Services will reimburse current telephone expense for \$50. The Imprest Account is in balance and no longer short by \$30.

The telephone company is paid up-to-date.

- **If unable to adjust vendor's next check, contract the Office of Program Integrity at 334-206-5312.**
- **The local administrator is responsible for unresolved shortages and must be repaid.**
  - Deposit the shortage on a separate deposit slip with explanation and include:
    - Item not reimbursed
    - Check number
    - Field voucher date

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### The requirements for the Imprest Account state that:

- **Checks must:**
  - be preprinted,
  - be pre-numbered,
  - be written in sequential order, and
  - Have two signatures (one signature must be the assistant area administrator or higher classification. In absence of the assistant area administrator then the Health Officer or Area Administrator may be authorized to sign checks if they are on the signature card. Authorization to sign checks below the level of assistant area administrator must be granted by Area Administrator or higher classification.) Authorization of more than two signatures on the check must be approved by ADPH Chief Accountant in writing. Several names may be on the signature card and these names must be designated by the Area Administrator.
  
- **Voided checks must be retained in numerical sequence by fiscal year.**
  
- **Cancelled checks, debits, and credits must be:** returned with bank statement each month and maintained by fiscal year for audit purposes if they are available.
  
- **Outstanding checks for over three months must be investigated and results documented.**
  
- **Bank statements must be given to preparer unopened.**
  
- **Bank statement reconciliation must be:**
  - Formal
  - Written
  - Completed every month
  - Initialed and dated by preparer
  - Reviewed, dated, and initialed monthly by someone other than the preparer
  
- **Fund balance reconciliations must be:**
  - completed every
  - month signed and
  - dated by preparer
  - reviewed, dated, and initialed monthly by someone other than preparer

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### CREDIT CARDS

The use of charge cards for local purchases is not much different from the local "charge accounts" that some of our counties currently have with some of their vendors. The basic thing to remember, Imprest Account rules and restrictions still apply. Credit card purchases are still limited to \$500 per vendor per reimbursement period (in this case you are looking at the reimbursement period being one month or one billing cycle).

#### Authorization:

The administrator, also being responsible for county operations and shortages in the Imprest Account, needs to specify who has the authority to open accounts in the health department's name. This function can only be performed by the Area or Assistant Area Administrator.

The charge card needs to be in the name of the county health department. (For example Etowah County Health Department) If possible, do not *put* an individual's name on the card. This potentially limits the flexibility of allowing someone other than the named employee from using the card. Also, having the individual's name on the card could potentially impact their personal credit ratings, etc. If the vendor requires a specific name, make sure the county health department name is also present.

Administrators must then determine who may use the cards and have a letter on file (maintained locally) that specifies the individuals who may use the cards. This is similar to the letter maintained locally which specifies who can sign checks for the Imprest Account.

Administrators also need to determine who will authorize specific purchases. Since administrators are responsible for the shortages in the account, in theory, administrators should be approving all purchases. Some office managers have been given great latitude in authorizing certain purchases through mostly informal means. However, administrators should communicate expectations and authorizations to the employees in writing. The administrator should also communicate any spending restrictions for those individuals. (For example, purchase of items over \$200.00 requires administrator approval.)

#### Purchases:

An employee, identified on the list of authorized card users, will sign a log showing they have received the card from the health department to make purchases (Credit Card check out/check in log). They will then go to the store and purchase the items with the card. The sales receipt will be signed by the employee who used the card for the purchases. (If the employee's electronic signature from the keypad does not print on the receipt, the employee making the purchase will physically sign the itemized sales receipt.) Another employee will verify the items were purchased and received at the health department.

Purchases with charge cards cannot exceed any limits or restrictions for other purchases through the Imprest Account. Credit cards cannot be used to obtain cash advances. Utilize state contracts instead of charge cards, charge accounts, or the Imprest Account when possible.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### CREDIT CARDS (CONTINUED)

#### Documentation:

Itemized sales receipts, signed by both the purchaser and the employee who verified receipt of the goods, must be maintained and matched with the monthly billing statements. The monthly billing statement will be processed through the local Imprest Account. The monthly billing statement and the itemized sales receipts must be submitted to Health Finance with the Imprest Account reimbursement request. Remember, if credit card purchases exceed Imprest limitations, the Imprest Account will reflect a shortage. The administrator is responsible for shortages in the Imprest Account.

#### Security:

The administrator needs to know how many cards are on the account and who has them. Do not allow employees to maintain these cards in their possession; instead, keep the cards in a secure location at the health department and issue to employees to make purchases only when needed. This is similar to the requirement to maintain the blank check stock in a secure location. Administrators will also maintain a "Credit Card check out/check in" log to assist with accountability of purchases.

#### Credit Card Account Limitations:

When establishing the account with the vendor, keep the credit limitation to \$1,500.00 or less. This will allow ample time for payment processing and continued use of the credit card. It will also limit liability should the card become lost or stolen.

## COUNTY IMPREST FUND REIMBURSEMENT

After expenditure has been incurred and the invoice has been received.

- **Prepare a Field Voucher (ADPH-F-DF-2) with the following information:**
  - County Health Department name
  - Program name
  - Current date
  - Vendor's name and address
  - Date paid
  - Specified paid service
  - Reimbursement amount
  - Invoice number
  - Imprest Fund Reimbursement for the period
  - Authorized signature
  
- **Attach original vendor's invoices to original field voucher.**
  - in same order as listed on field voucher.
  
- **Attach copies of vendor's invoices to copy of field voucher.**
  - in same order as listed on field voucher.
  
- **Attach copy of field voucher.**
  - Maintain a copy of the field voucher and copies of the vendor's invoices.
  
- **Mail above field voucher with vendor's invoices to:**
  - Alabama Department of Public Health
  - Financial Services - Payable Section
  - 201 Monroe Street
  - Montgomery, Alabama 36104
  
- **The Payable Section will process the field voucher. A reimbursement warrant and a copy of the field voucher will be mailed to county health department.**

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### HELPFUL HINTS FOR A SPEEDY REIMBURSEMENT ON THE IMPREST ACCOUNT

#### INVOICES:

- Must be credited instead of marking through original invoices.
- Must have descriptions rather than item numbers.
- Must be separated by originals and copies, and in the order listed on field voucher.
- Must be charged to an appropriate cost center. The cost center coding should be listed on field voucher.
- Must include a copy of advertising ads with the invoice/or sworn copy (affidavit) for payment.
- Must be original bills unless the original goes to the vendor. When orders are placed for special checks or pamphlets with specific information on subscriptions, the vendor will accept copies of the subscription notice and the original should be submitted to Financial Services-Payable Section.

#### FIELD VOUCHERS:

- Require approval signatures. Before mailing, check the field voucher for signatures.
- Must include itemized description, such as batteries, i.e. dopplers, Home Health recorders/beepers, clocks, flashlights, etc. and must be charged to specific cost center codes.
- Serves as material receipt. When submitting a field voucher for reimbursement to Imprest Account, do not submit a material receipt.

#### NOTARY COMMISSIONS:

- Must be on a separate field voucher for approval by Risk Management.

#### COPIES:

- Send two copies of everything.

### IMPREST ACCOUNT QUESTIONS

**Question:** What is done with interest earned on the Imprest Checking Account?

**Answer:** The total interest earned for the year must be transferred to the depository account each January. To accomplish this, record the deposit as miscellaneous revenue on the day sheet (you must write a pre-numbered receipt). The amount will be recorded on the monthly recap under other and designated as Imprest Account interest.

**Question:** Is the fund balance of the Imprest Account reconciled monthly?

**Answer:** Yes. The reconciliation is important. It is a good way to tell whether or not all expenditures have been reimbursed or whether reimbursement is pending.

Common reconciliation items consist of unreimbursed expenditures. For example, a lost receipt was never sent to the Bureau of Financial Services, or an expenditure, or part of expenditure, was not reimbursable by the Bureau of Financial Services.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### Quicken Instructions

The Quicken software is used by the county health departments to process and track transactions of the local Imprest Accounts. The software can be obtained through the Department's Bureau of Information Technology. It accounts for all financial transactions, including deposits into the account, checks drawn on the account, and any adjustments. The Quicken software is also used to handle the monthly bank reconciliation.

The instructions that follow are not intended to address every situation you will encounter. It does not attempt to illustrate routine processes such as completing or printing checks. Rather, the instructions address functions that are often misunderstood or overlooked.

### Security Requirements

- The account must be password protected. It is recommended that at least two people know the password, but the password for the program should not be common knowledge. The password should be changed periodically. It must be changed if responsibilities change.
  - If you are locked out of the account, then the Quicken software would have to be re- installed by assigned IT personnel.
- The check stock used with the Quicken software must also be secured when not in use.
- Retain voided checks.

### Establishing a New Account

All Imprest Accounts are currently operating with the Quicken software. If you have the need to establish a new Imprest Account or Miscellaneous Account, please call the Office of Program Integrity for guidance.

### Working With an Existing Account

#### Deposits:

Deposits must identify the date of the transaction, the date deposited with the bank.

If the deposit includes multiple field vouchers, include only the total amount since the total of the deposit will be listed on the bank statement.

If separate deposit entries are made for each field voucher, list each deposit separately since the bank statement will also list the deposits individually.

#### Checks:

Checks must be used in sequential order.

All checks must be accounted for on the check register. If a check is voided, the check must still be listed in the register.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### VOIDS

The "void function" in Quicken **can only be used in the current month to affect a current month's transaction**, [Edit-Transaction- Void or CTRL+V] For example, if you print checks today and notice the alignment is off, you can "void" the transactions. Quicken will replace the check amounts with a zero or a blank amount in the payment column and adjust the ending balance accordingly. The check numbers will be maintained in the number column so that there is no break in the sequence of check numbers.

The "void function" **must not** be used to void a check **from a previous month and must not** be used to void a check in the **current month** that has **already been issued**. While Quicken will allow the void function to be used in this manner, it is not proper accounting procedures, doing so destroys the history and thus deletes the audit trail. It is like using the magic whiteout pen in the check register. To void a check from a previous month, or one that has already been issued:

- Make an entry with today's date to add back lost/stale check number xxx (deposit entry). This is an offsetting entry in the same amount as the check that was originally written,
- Issue a new check to replace the old check in the same amount as the original check. (Be sure to follow the Unclaimed Property Procedures should those apply.)
- Do not ask for reimbursement of the newly issued check since you should have already received reimbursement from Health Finance for the original expenditure.
- The next time you perform the bank reconciliation, mark the old check number and the offsetting deposit entry as cleared, even though neither transaction actually processed through the bank. The two transactions have a zero sum effect on the bank reconciliation since the payment amount and the deposit amount are the same,
- The newly issued check will be reconciled only after it is processed by the bank.

### Bank Reconciliations

- Bank reconciliations are to be prepared promptly. Promptly is defined as by the end of the following month. (January should be completed before the end of February.)
- Reconciliations need to be prepared as of the end of the month. (There are a few counties whose bank cut off dates are in the middle of the month. For these counties, reconciliations will still be through the end of the month even though the bank statement cutoff was earlier in the month. For example, the bank cut off date is January 20. The bank reconciliation is prepared on February 5, the report date for the reconciliation will be January 31.)
- The person preparing the reconciliation needs to sign/initial and date the reconciliation to verify compliance with the county Cash Accountability Plan and that the person does not have signature authority on the account.
- The person assigned the responsibility to review the reconciliation will also need to sign/initial and date the reconciliation to verify compliance with the county Cash Accountability Plan.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### BANK ADJUSTMENTS

Sometimes the bank will process a transaction for the wrong amount. For example, you wrote the check for \$156.29 but the bank processed the check for \$159.29. They took \$3.00 too much from your account. You cannot correct this issue by adjusting the check amount, because you didn't write the check for that amount. Likewise, you do not need to let Quicken prepare the "balance adjustment" for you. The balance adjustment prepared by Quicken is nothing more than a plug figure to force the account to balance. There is no audit trail with this process. To properly handle this issue, consider the following:

- Let us assume you are preparing the bank reconciliation for January 2019.
- Open the register and record an entry in the register to reflect a transaction on the last business day of January. (Remember, you are reconciling through the end of the month.)
- The number column will be blank.
- The payee column will be "BankError."
- In this case, the bank took \$3.00 too much from your account, so you will need to record \$3.00 in the payment column.
- The memo line will reflect the check number that the bank processed in error.
- Return to the reconciliation process and mark this entry as cleared, along with the check that processed through the bank.
- You must contact the bank to bring the error to their attention and tell them to correct the error.
- The \$3.00 will be shown as a shortage on the fund balance reconciliation since this represents an amount that Health Finance is not going to reimburse.
- Unfortunately, errors of this nature usually take more than one month to resolve.

### Reprinting Previous Reconciliations

Occasionally you have the need to reprint the previous bank reconciliation. You can only do this for the last reconciliation performed. For example, it is February 2019. You prepared the January 2019 reconciliation a few days ago, but you have misplaced the report. To reprint the report: select "reports" from the top row, below the blue Quicken title bar (not the reports icon). From the drop-down box, select "cash flow." This will bring up another drop-down box; select "reconciliation." Enter the report title (optional) and identify the report date. Remember, you want to "Show reconciliation to bank balance as of the end of the month. For this example, you will use 01/31/2019.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### End of Year Close-out

When should this be done?

This process is recommended at the end of the fiscal year in which the Office of Program Integrity performed an administrative audit. This occurs about every 3 years.

### Why should we perform year-end closeout?

The year-end close out is designed to minimize the file size and therefore reduce the amount of time it takes to back-up your account data. It therefore minimizes the amount of data loss in the event of hardware or software failure.

### How do we perform Year-end close out?

Steps to start a new year

- Open register
  - Click "File" (at the top of the screen, below the blue Quicken title bar)
  - Click "File Operations"
  - Click "Year-end Copy"
  - Click "Start New Year." (Read this screen. It will help you understand what we are trying to accomplish.)
  - Type in file name for the backup. (I recommend county name and the year-end date (county 092019)).
  - Type in "start date" where prompted. (Use 09/30/2019 in this example.)
- Identify file to use for New Year (this should be the default).

### What does this process do?

It sends everything up to 09/30/2019 (in this example) to a file (a backup file).

The computer identifies the "cleared" balance as of 09/30/2019 and uses it as the "opening" balance for the New Year's file.

Any transactions prior to 09/30/2019 that have not cleared the bank will be listed in the New Year's file and also in the old file. (These outstanding items will be listed in the new file, probably before the cleared balance of 09/30/2019 but this is OK. Also, the check numbers and dates of transactions will be pulled forward.)

When the outstanding items clear the bank, you will not have to go back to the old file. (When the item is cleared, it will only be listed in the new file since you are no longer working in the old file.)

### Backups

Backups of you data should be performed monthly and stored in a secure location.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**Chapter 7**

**ONE-WRITE SYSTEM**

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### ONE-WRITE SYSTEM (BACKUP SYSTEM TO E-DAY SHEET)

The One Write System is an efficient manual accounting system with built-in disciplines that is used as a backup to the E-Day Sheet, if the system is down. It provides consistent recording, depositing, and reporting of collected fees. The system has three major components: Client/Patient's Prenumbered Receipt, Ledger Card, and Day Sheet.

Fees should be collected at the beginning of each visit. At intake, the clerk will complete the One-Write System.

#### The One-Write System:

- records all money collected for services provided under the Fee System
- provided consistent recording of collected fees
- provides consistent depositing of all collected fees.
  - All funds are deposited in a local bank account daily.
- is completed together with three main components:
  - Client's Prenumbered Receipt is:
    - Used when collecting fees for county depository account issued for all money collected
  - Ledger Card is:
    - Completed on each client
    - A record of all charges, payments, and balance Maintained in client's medical file
  - Day Sheet is:
    - Completed daily for all business transactions
    - All forms are a permanent accounting record for audit by: ADPH Office of Program Integrity, District staff, and Alabama Department of Examiners of Public Accounts

#### CLIENT'S PRENUMBERED RECEIPTS Form ADPH-A-101

Prenumbered receipts are used when collecting fees for the county depository account. Always:

- Issue a prenumbered receipt for all money collected.
- Account for all prenumbered receipts.
- Use the prenumbered receipts in numerical order.
  - If a break in sequence occurs, note the reason.
  - A log must be maintained to document:
    - The numbers received from supply
    - The numbers dispersed
    - The date dispersed and
    - To whom dispersed
- Retain all voided receipts.
  - Mark VOID and staple the voided receipt to the back of tire day sheet.
  - Do not put voided receipts in the client/patient's folder.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

After the receipt is completed on top of Ledger Card and Day Sheet, it is given to the client/patient. It provides the client/patient with a record of:

- The type of visit
- Date of visit
- Services provided
- Net charges
- Amount paid
- Current balance owed
- Appointment date

Each client/patient's prenumbered receipt is:

- Used when collecting fees for county depository account
- Issued for all money collected
- Used in numerical order
  - break in sequence note reason
- Pre-numbered and carbonized
- Completed on each client/patient with a ball point pen
- Placed on top of the Ledger Card and Day Sheet
- Removed from Day Sheet after all columns are posted
- Given to client/patient after completed

### **LEDGER CARD      Form ADPH-A-100**

A Ledger Card is placed between the Client/Patient's Prenumbered Receipt and Day Sheet. Carbon paper should be placed between the Ledger Card and Day Sheet, so information will copy clearly.

The Ledger Card is:

- Completed on each client/patient.
- Placed between the Client/patient's Receipt and Day Sheet.
- Carbon copy of client payment information.
- A record of all charges, payments, and balance.
- Maintained in client/patient's file. It should be securely placed in the client/patient's in an envelope in the back or in an authorized, alphabetical file.

### **DAYSHEET      Form ADPH-A-102**

The Day Sheet is a daily log of all monies collected at the County Health Department for services provided under the Fee System.

The Day Sheet is:

- Completed daily for all business transactions.
- Placed on the bottom of Ledger Card and Client/Patient's Prenumbered Receipt
- Carbon copy of client/patient payment information.
- Kept by date, month, and fiscal year for a minimum of 3 years or until audited by Alabama Department of Examiners of Public Accounts. Refer to ADPH's RDA for retention period and for update instructions.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**ONE-WRITE SYSTEM INSTRUCTIONS:**

Place on Peg Board in the following order (top to bottom):

- Client/Patient 's Prenumbered Receipt
- Ledger Card
- Carbon Paper
- Day Sheet

Circle the services to be provided on the Client/Patient's Prenumbered Receipt:

1. Clinical
2. Environmental
3. Vital Statistics
4. Other \_\_\_\_\_

The following information should already be posted on the Ledger Card.

- CLIENT/PATIENT'S NAME
- CLIENT/PATIENT'S ADDRESS
- PREVIOUS BALANCE BROUGHT FORWARD

Post the following information on Client/Patient's Prenumbered Receipt with carbon entries on the Ledger Card and Day Sheet:

- DATE of service and collection of money.
- GROSS CHARGES record gross charges for all family planning and other clinic services.
- CLIENT/PATIENT NAME
- NET CHARGES
  - Review last Income Assessment
  - Find pay class on Income Schedule for fee charge
  - Post fee charge. It should be consistent with Service Code
- PAYMENTS received for service.
  - Cash, check, or money order
- ADJUSTMENTS for account receivable only.
- CURRENT BALANCE - Prior Balance+ Net Charges - Payments + (-) Adjustments

Remove Ledger Card from Client's Prenumbered Receipt and Day Sheet.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**ONE-WRITE SYSTEM INSTRUCTIONS (continued):**

Post the following information on Client/Patient's Prenumbered Receipt with carbon copy entry on the Day Sheet:

- PREVIOUS BALANCE, outstanding balance on client/patient's ledger card before current transaction.
- NAME
  - If payment is cash, client/patient's name on file
  - If payment is check or money order, payer's name must match the deposit slip
  - If payer and patient are not the same, enter both names (name: client/patient & name: payor)

Post the following information directly on the Day Sheet:

- RECEIPT NUMBER from the prenumbered receipt
- SERVICE CODE from the fee schedule (identifies service provided)
- CASH, if received
- CHECKS, if received
- BUSINESS ANALYSIS SUMMARIES SECTION
  - Family Planning
  - Other Clinic
  - Environmental Fees
  - Health Statistics Fees
  - Miscellaneous Receipts - All other collections, appropriations, donations, and miscellaneous Home Health receipts

Remove the Client/Patient's Prenumbered Receipt from the Day Sheet and give to the client/patient. This will be repeated for each client/patient.

**The Cash Control Section must be completed each day to reduce the change fund to the approved amount and to prepare the daily deposit.**

| ACTION   | AMOUNT |
|--|--------|
| Enter beginning cash on hand                     | \$     |
| Add total receipts today                         | +      |
| Total  | \$     |
| Less Paid Outs                                   | -      |
| Less Bank Deposit                                | -      |
| Closing Cash on Hand<br>(must equal Change Fund) | \$     |

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**CHANGE FUND**

At the close of each business day, the change fund is reduced to the approved amount by depositing all funds in excess of the approved amount.

The change fund is used only for making change to clients/patient who pay fees with cash.

- No borrowing
- No IOUs
- No cashing of check
- No purchases are paid from this account

The standard amount is \$100.

- All new and adjusted change funds must be approved in writing by Financial Services' Chief Accountant and reported to the Office of Program Integrity.

**ADJUSTMENTS**

Adjustments are any transactions that affect the client/patient's balance other than the assessment of fees for current services.

Anytime an entry is made on the Day Sheet, a client/patient prenumbered receipt must be given.

The following type of transactions can be made on the Day Sheet.

| TRANSACTION   | COLUMN ENTRY                                 |
|---|--|
| Returned check  | Adjustment                                   |
| Write Off terminated client/patient's account balance | Adjustments                                  |
| Redeposit on returned check                           | Payments                                     |
| Payment on account balance                            | Payments                                     |
| Adjustment for Overcharge or Undercharge              | Net Charge Decreased<br>Net Charge Increased |



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### ERROR CORRECTIONS

Error corrections are incorrect entries on the Day Sheet which you did not intend to make. For example, if you record money collected from the client/patient in the Adjustments Column, an error has been made because the entry should have been placed in the Payments Column. Another type of error would be writing the wrong amount such as \$10.00 instead of \$12.00.

*To make an error correction before the receipt is given to the client/patient:*

- Draw one red line through the error on the Receipt, Ledger Card, and Day Sheet.  
*Do not cross it out, white it out, write over it, or erase it.*
- Write the correction in red ink on all documents.
- Initial the error in red ink on all documents.
- Obtain the initials of a witness in red ink on all documents.

*If the error is discovered after the receipt is given to the client/patient:*

- Draw one red line through the error on the Ledger Card (if applicable) and Day Sheet.
- Make the correction in red ink on both documents.
- Initial the error in red ink on both documents.
- Obtain the initials of a witness in red ink on both documents.

Illegible entries are treated as errors, follow the error correction procedures identified above.

**Void transactions** - Void transactions are incorrect entries on the Day Sheet. for example, if a client/patient is charged for a service but it cannot be delivered and a refund was requested, the transaction must be voided so money can be returned to client

Void procedures must be performed in the following manner on all parts of the One-Write System:

- Verify that the service was not provided or that a void is necessary.
- Draw one red line through the transaction (Receipt, Ledger Card and Day Sheet).
- Write the word "VOID" in red (Receipt, Ledger Card, and Day Sheet).
- Initial the voided transaction (Receipt, Ledger Card, and Day Sheet).
- Obtain the initials of a witness (Receipt, Ledger Card, and Day Sheet).
- Attach voided receipt to the back of the Day Sheet

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **RETURNED CHECK CHARGE-BACK**

A returned check is received from the bank which was deposited in a previous day. Review the original day sheet to ensure the check belongs to the county health department. The charge back is recorded on the day it is received from the Bureau of Financial Services - Budget and Receipts Office. To record a bad check charge-back, complete a new receipt documenting the returned check amount. Enter the amount in the Adjustment Column as a negative amount. Enter the amount as a positive amount to the Current Balance Column.

If the client/patient did not have a previous balance, the current balance would be the amount of the check. If the client/patient had a previous balance, the bad check amount would be added to the previous balance to arrive at a new current balance.

### **REDEPOSIT OF RETURNED CHECK**

When a returned check is deposited again, it is handled as a payment on account. Record the amount of check in the Paid Column and reduce the previous balance by the amount of payment. A receipt should be made to record the payment and date the current balance.

Returned checks are classified in the appropriate column in the Business Analysis Summaries section.

### **PAYMENT ON ACCOUNT**

To record a payment on account, such as mail-in payments or amounts received directly from clients/patients, complete a receipt to record the amount paid in the Paid Column and reduce the client/patient's previous balance. The amount paid must be classified in the Business Analysis Summaries section.

### **CORRECTION OF AN OVERCHARGE**

Correction of an overcharge is made by completing a new receipt and posting a negative amount in the Net Charges Column and reducing the previous balance by the amount of the net charge to get the current balance. A full explanation should be given on the receipt.

### **CORRECTION OF AN UNDERCHARGE**

The correction for an undercharge is made by completing a new receipt to record the additional charge. Record the additional amount in the Net Charges column and add to previous balance to get the new current balance.

### **WRITE-OFF OF TERMINATED CLIENT/PATIENT**

To write off a terminated client/patient's balance, complete a receipt and post the amount to be written off in the Adjustment Column. The previous balance will be reduced by the amount of the write-off to arrive at the new current balance.

Anything done in the manual system will have to be repeated in the electronic system once the electronic system is available.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### THIRD PARTY INSURANCE COMPANY CHECK

A check was received for \$xx for Home Health services. In the Name Column, post the payor's name. Before the money is deposited the receipt column must agree with the deposit slip.

### CASH RECEIVED OF HOME HEALTH PATIENT

Cash of \$xx was received from a Home Health patient. Record program and date of service in the Patient Number Column. Record client/patient name in Name Column and show the fee as Miscellaneous Home Health Receipts.

### COUNTY COMMISSION APPROPRIATION

Received a check for \$x,xxx from County Commission. Complete a receipt and record the amount in the Net Charges Column, Payment Column, and the Miscellaneous Column. Record as County Commission in the Patient Name Column.

### CITY APPROPRIATION

Received a check for \$500 from the City of Bingham. Complete a receipt and record the amount paid in the Net Charges Column, the Payment Column, and the Miscellaneous Column. Record as City of Birmingham in Name Column.

### ONE PAYMENT FOR TWO PATIENTS

Two clients came to the clinic for premarital blood tests. Both services were paid for with one check. Complete individual receipts for each client and make an entry on your day sheet to show both services were paid with the same check.

### DONATION

Record receipt of a donation from a local civic organization. There are no gross or net charges to record. Enter the amount of the donation in the Payment Column and as a negative amount in the Adjustment Column. Show the name of the donating payer in the Name Column. Also enter the amount as a miscellaneous donation.

## DAILY DEPOSITS

### Daily close-out of Day Sheet

Each Day Sheet must be balanced and closed out so that the bank deposit can be prepared daily and deposited no later than noon of next work day.

Daily deposits are required.

To determine the amount of deposit:

- Remove money from the cash box
- Count out the amount of approved change fund
- Put change fund back in the cash box
- The remaining money is deposited and should equal the Payments Column total

If the deposit does not agree with the Total Payments Column of the Day Sheet, an error has been made and may be due to:

- The PAYMENT column was added incorrectly

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### DAILY DEPOSITS (continued)

- Change fund was counted incorrectly
- A non-cash entry was posted in the PAYMENT column
- An error was made in making change by giving too much or too little change
- Money was put in cash box without making an entry on the Day Sheet
- Money was removed from cash box

When an overage or shortage occurs in the cash box, the error should be reported immediately to the supervisor. The supervisor will assist in determining the error and will sign and date the Day Sheet. The clerk will also sign with the supervisor. Overages must be deposited with the fee collections. All overages and shortages must be reported on the Monthly Recap of Fees.

Each deposit must:

- be intact  
(Do not hold out checks or cash from the deposit)
- list each check individually on the deposit slip by payer's name
- include a carbon copy of the deposit slip and retain in the office  
(No machine copies)

Bank deposits are made in duplicate. The original deposit slip is sent to the bank and the carbon copy is attached to the Day Sheet. The deposit slip must list all checks individually by payer's name to match entries on the Day Sheet. Both names (client/patient's and payor's) must be on the Day Sheet if they are different.

### SHORTAGES

If there is a shortage on the Day Sheet

- Report it immediately to the supervisor
- The shortage will be investigated
  - Depending on the outcome of the investigation, the employee responsible for cash will reimburse the fee account.
- The clerk balancing the Day Sheet and the supervisor will initial and date the Day Sheet, if the shortage is not resolved.
- Post the shortage on the Monthly Recap of Day Sheets if electronic system is down for an extended period of time

### OVERAGES

If there is an overage on the Day Sheet

- Report it immediately to the supervisor
- If the overage cannot be identified
  - Deposit it
- The clerk balancing the Day Sheet and the supervisor will initial and date the Day Sheet, if the overage is not resolved.
- Post the overage on the Monthly Recap of Day Sheets if electronic system is down for an extended period of time.

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**DAILY CLOSEOUT OF DAY SHEET**

Procedures for daily dose-out of the Day Sheet: (which may occur next morning if day sheet is closed at the end of the day)

At the close of each business day, prepare the Close-out Section of the Day Sheet by totaling the following columns:

- Gross Charges
- Net Charges
- Payments
- Adjustments
- Current Balance
- Previous Balance
- Cash - Deposit Section
- Check - Deposit Section
- Family Planning Fees Paid
- Other Clinic Fees Paid (include dental fees)
- Environmental Fees Paid
- Health Statistics Fees Paid
- Miscellaneous Receipts

**PROOF OF POSTING**

The Proof of Posting Section:

- must be completed each day
- is a mathematical equation that must balance
- must be completed for each Day Sheet to quickly locate posting errors, if multiple Day Sheets are used

The Business Analysis Summaries section total must match the Payment Column.

- Post the Column Totals at the bottom of the Day Sheet if electronic system is unavailable for an extended period of time, complete the following:
- If no total lines for columns, post totals at the bottom of sheet
- Post the totals on the Monthly Recap of Day Sheets

Complete the Proof of Posting Section to test accuracy of daily posting.

| COLUMN                 | AMOUNT |
|------------------------|--------|
| Enter Column D Total   | \$     |
| Add Column A Total     | +      |
| Subtotal               | \$     |
| Minus Column B-1 Total | -      |
| Minus Column B-2 Total | -      |
| Total                  | \$     |
| Must equal Column C    | \$     |

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### MONTHLY RECAP OF DAY SHEETS

The Monthly Recap of Day Sheets summarizes the monthly fee collections and is sent to Financial Services - Budget & Receipts Office at the beginning of the next month.

Each day's collections are:

- Listed separately
- Identified by the specific revenue source code (revenue codes are revenue line items in AFNS financial accounting system maintained by Financial Services – Budget & Receipts Office and are NOT service codes listed on the Day Sheet)

The Monthly Recap of Day Sheets:

- Must be completed on a daily basis after the Day Sheet has been totaled and deposit prepared
- Must be completed and submitted by the 10<sup>th</sup> of the following month to Financial Services – Budget & Receipts Office (they reconcile the Monthly Recap with the bank statement, enters the deposits into the AFNS system and reports deposits on the County Fund Balance Report)
- Copy must be maintained at the county health department
- An automated template is available from the District Clerical Director if electronic system is down for a significant time period.

### MONTHLY RECAP INSTRUCTIONS:

Enter the following information on the Monthly Recap

1. COUNTY
  - Enter the county name
2. MONTH OF
  - Enter the month and year
3. PHONE NUMBER
  - Enter work phone number
4. DATES OF DEPOSIT
  - Enter the dates of deposit from left to right
5. AMOUNT OF DEPOSIT BY REVENUE SOURCE CODE
  - Enter the amount of deposit by appropriate revenue source code
  - Include cash over or cash shortage adjustment, if applicable
  - Post deposits from top to bottom of column
6. AMOUNT DEPOSITED
  - Enter the total amount deposited daily

**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**MONTHLY RECAP INSTRUCTIONS (continued)**

**7. INDIVIDUAL CLINIC DEPOSITS**

- Enter individual daily deposits made by clinic(s)
- Complete if only one site

**8. TOTAL DEPOSITED BY CLINIC**

- Enter Sum total deposited by clinic for each date

**9. TOTALS**

- Enter the sum total amounts for each line entry by revenue source code from left to right on each page
- If you only complete page 1 (if page 2 is completed, repeat the above steps and continue with the steps below)

**10. TOTAL BOTH PAGES**

- Sum totals for both pages
- Place page 2 face up and fold from left to right until page 1 overlaps page 2
- Stop folding page 1 at XXXXX in lower section of revenue source code column on page 2
- Enter sun totals for each line entry by revenue source code of both pages

**11. LIST ANY RETURNED CHECKS RECEIVED AND RECORDED THIS MONTH**

- Enter the name of the client/patient, amount of check, and type of service provided

**12. DATE MAILED**

- Enter the date Recap is mailed to Budget & Receipts Office

**13. SIGNATURE OF PREPARER**

- Preparer reviews and signs recap

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### ONE-WRITE FORMS

The forms that are needed for the One-Write System are:

ADPH-A-100 Ledger Card  
ADPH-A-101 Client/Patient Prenumbered Receipts  
ADPH-A-102 Day Sheet

These forms can be requested the following ways:

1. Procure It Inventory system
2. Email
3. Fax
4. Contact information is:

ADPH – Warehouse Operations – Forms Unit  
1635 Mitchell Young Road  
Montgomery, AL 36108  
(334) 613-5356



**ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL**

**CHAPTER 8**

**UNCLAIMED PROPERTY**

## **GENERAL REPORTING INSTRUCTIONS**

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### **WHAT DOES THE ALABAMA UNCLAIMED PROPERTY ACT OF 2013 PROVIDE AND HOW DOES IT RELATE TO BUSINESSES?**

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The Act provides that the State Treasurer shall serve as the custodian of property or funds deemed abandoned under its provisions. This law requires that all businesses review their records each year to determine whether they are in possession of any reportable unclaimed property, to file an annual report of their findings, and to remit the unclaimed property due to the State of Alabama Treasurer's Office, Unclaimed Property. The report must be filed with the State Treasurer before November 1 of each year and cover the 12 months preceding July 1 of that year and any unclaimed property not reported from previous years.

### **IMPLEMENTATION AND COMPLIANCE WITH THE UNCLAIMED PROPERTY ACT**

The State Treasurer's Office of Alabama is committed to working with businesses to fully comply with the Alabama Unclaimed Property Law. The law may be accessed on the Treasury website [www.treasury.alabama.gov](http://www.treasury.alabama.gov) by clicking on "About", and then "Unclaimed Property Law".

### **RULES AND REGULATIONS**

Unclaimed Property Program Rules and Regulations have been established to support the Unclaimed Property Act. The Rules may be accessed on the website by clicking on "About", and then "Unclaimed Property Law". Questions regarding the Unclaimed Property Act may be directed to the Director of the Unclaimed Property Division,

### **WHAT IS UNCLAIMED PROPERTY?**

All intangible property and the tangible contents of safe deposit boxes, that have remained unclaimed by owners for a specific period of time may be or become reportable unclaimed property. Intangible property includes, but is not limited to, checking and savings accounts, wages or commissions, money orders, State of Alabama issued expired checks/warrants, money orders, insurance proceeds, underlying shares, mutual funds, account balances, general ledger items, court proceeds, dividends, customer deposits, credit balances, refunds, and any other funds or accounts payable distributable or due to a person or entity. (For additional information refer to the unclaimed property law, Section 35-12-72, Code of Alabama 1975, as amended.)

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### WHAT SHOULD BE REPORTED

All property that is presumed abandoned, whether located in this or another state is subject to the unclaimed property laws of this state if any of the following occur:

- The last known address of the apparent owner, as shown on the records of the reporting business is in this state;
- The records of the reporting business do not reflect the identity of the person entitled to the property and it is established that the last known address of the person entitled to the property is in this state;
- The records of the reporting business do not reflect the last known address of the apparent owner and it is established that:
  - The last known address of the person entitled to the property is in this state; or
  - The reporting business is domiciled in this state or is a government or governmental subdivision or agency.
- The last known address of the apparent owner is in a state that does not provide for the reporting/ remitting of the unclaimed property and the reporting business is domiciled in this state or is a government or governmental subdivision or agency.
- The last known address of the apparent owner is in a foreign country and the reporting business is domiciled in this state or is a government or governmental subdivision or agency.
- The transaction out of which the property arose occurred in this state, the reporting business is domiciled in a state that does not provide for the reporting/remitting of the unclaimed property, and the last known address of the apparent owner or other person entitled to the property is unknown or is in a state that does not provide for the reporting/remitting of the unclaimed property.
- The unclaimed property is a traveler's check or money order purchased in this state, or the issuer of the traveler' s check or money order has its principal place of business in this state and the issuer' s records show that the instrument was purchased in a state that does not provide for the reporting/remitting of the unclaimed property , or do not show the state in which the instrument was purchased.

Every state administers an unclaimed property program for its respective state. Businesses are requested to report, and remit identified unclaimed property to the state of the last known address of its owner. For more information and access to other state's unclaimed property offices, please visit the National Association of Unclaimed Property Administrators (NAUPA) website at [www.unclaimed.org](http://www.unclaimed.org).

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### WHO IS REQUIRED TO FILE?

Any business entity, financial institution, insurance company or other holder of unclaimed property as described by law, whether for profit or not for profit, including proprietorships, partnerships, corporations, estates, trusts, charitable organizations; fraternal or cooperative associations; and other legal or government entities which are in possession of property belonging to another.

All businesses holding unclaimed property for a resident of Alabama must file an annual report with the State Treasurer's Office. Any business that does not have unclaimed property to report is **not required** to file a report in the given report year.

### WHEN TO REPORT

All reports are due annually on or prior to November 1 of each year, for period ending June 30.

### HOW TO REPORT

The Alabama Disposition of Unclaimed Property Act requires all businesses to electronically file and remit unclaimed assets to the State Treasurer's Office. A link to obtain free reporting software, to view the law, and other related information is available through our website. We encourage all businesses to visit the site or contact our office for assistance with filing your unclaimed property report.

Reporting of Data Records ( Diskette , CD, FTP (online) upload, or Email):

The standardized format is termed NAUPA format and is predominately accepted by most states as the standardized format for reporting and remitting unclaimed property data records. Free business diskette reporting software (HRS Pro) is available and may be downloaded from the Treasury website [www.treasury.alabama.gov](http://www.treasury.alabama.gov) by clicking on " About", then " Forms", and then "NAUPA endorsed FREE reporting software" .

Alabama **NO LONGER ACCEPTS** unclaimed property reports in paper format.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### INSTRUCTIONS FOR ELECTRONIC TRANSFER OF FUNDS

The State Treasurer's Office requires businesses to forward or mail the electronic NAUPA formatted unclaimed property report (to include ACH/Wire confirmation receipt) and electronically transfer the related funds to the State Treasury, Unclaimed Property Account.

A reporting business should utilize the following funds transfer methods as shown below.  
**(Please note: ACH transfer is the preferred method for funds delivery)**

#### ACH Instructions for Unclaimed Property Account:

RECEIVING BANK: Sterling Bank  
ABA ROUTING #: 062203997  
ACCOUNT #: 01030418  
ACCOUNT NAME: State of Alabama Office of State Treasurer  
Unclaimed Property  
ACCOUNT TYPE: Checking

\* Special Instructions: Include Name of Reporting Business and Tax ID #)

ADDENDA RECORD: Standard EDI Remittance File

#### Wiring Instructions for Unclaimed Property Account:

RECEIVING BANK: Columbus Bank & Trust  
PO Box 120, Columbus, GA 31902  
ABA ROUTING#: 061100606  
BENEFICIARY ACCOUNT #: 01030418  
COMMENT FIELD: Name of Reporting Business & Tax ID #  
ACCOUNT NAME: State of Alabama – Unclaimed Property

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### DELIVERY OF SECURITIES

When reporting securities, please remember that your report is not complete until you provide evidence of the property being transferred into the ownership of the State of Alabama. The required evidence depends on the type of security and how it will be delivered to the State. Two days prior to delivery, you MUST E-mail an intent to deliver to our custodian - see instructions below.

All Book Entry eligible shares MUST be delivered through DTC, DRS or DWAC (if not DTC participant) as follows:

|                    |                             |
|--------------------|-----------------------------|
| DTC # 901          | Reference: State of Alabama |
| Agent Bank # 26500 | Acct # 698871               |

Two business days prior to actual delivery, we request an excel list of the securities, including cusip numbers, number of shares, issue names, and the delivering party's DTC participant number. Please email the list to [upch.custody@avenuinsights.com](mailto:upch.custody@avenuinsights.com) and [unclaimed@treasury.alabama.gov](mailto:unclaimed@treasury.alabama.gov).

Register and deliver Physical Certificates ONLY if unable to deliver through DTC, DRS or DWAC:

CONDUENT  
FINANCE & REVENUE SOLUTIONS  
100 HANCOCK STREET, 10<sup>th</sup> FLOOR  
QUINCY, MA 02171

**Please note: Physical certificates will be returned if DTC, DWAC, or DRS eligible.**

**Worthless securities and shares of non-marketable, privately held securities should NOT be remitted.**

Two days prior to actual delivery, we request an excel list of the securities, including cusip numbers, number of shares, issue names, certificate #s and the delivering party's information. Please email the list to [upch.custody@avenuinsights.com](mailto:upch.custody@avenuinsights.com) and [unclaimed@treasury.alabama.gov](mailto:unclaimed@treasury.alabama.gov).

#### Open-End Mutual Funds

Mutual Fund Accounts held for the State of Alabama must be open in advance. Conduent will provide the account numbers for all mutual funds to be transferred into the state's account. Please contact Conduent at [upch.custody@avenuinsights.com](mailto:upch.custody@avenuinsights.com) to obtain the account numbers 3 business days prior to attempting delivery.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Please send interested party statements for Open-End Mutual Fund accounts to the following:

Conduent State & Local Solutions, Inc.  
Custody Department  
100 Hancock Street, 10th Floor  
Quincy MA 02171

**A confirmation statement showing the 'State of Alabama' as the owner of the shares must accompany your Report of Unclaimed Property, in order for your report to be complete.**

### **Dividend Reinvestments Plans (DRP) & Closed-End Funds**

Close accounts and forward whole shares via DTC (See DTC instructions above). Fractional shares must be sold at the owner level and money applied to each individual owner.

Please include the original check with your Report of Unclaimed Property.

### **For Foreign Securities**

Please contact our securities custodian for instructions:

Conduent State & Local Solutions, Inc  
Email: [upch.custody@avenuinsights.com](mailto:upch.custody@avenuinsights.com)

### **For Federal Reserve Securities**

Please deliver as follows:

Federal Reserve Bank of New York  
ABA#0210-0001-8  
Bk of N YC/CUST  
Account # 698871 - State of Alabama

## **FEDERAL TAX IDENTIFICATION NUMBER**

The State Treasury of Alabama Tax Identification Number is **63-6045055**

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## **BUSINESSES OBLIGATION TO OWNERS PRIOR TO REPORTING ACCOUNTS**

**Due Diligence Requirements:** At least 60 days before filing the report, the reporting business (holder of unclaimed property) must send written notice to the apparent owner at his/ her last known address informing him/ her that the business is in possession of property that may be presumed abandoned. No written notice is required by the holder if there is no known address or the property has a value of less than \$50.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### RECLAIMING PROPERTY REPORTED

A business that has paid money to the Treasurer pursuant to the Alabama Unclaimed Property Law may reclaim if the Treasurer has not already paid a claim for the property. To file an adjustment to a previously remitted unclaimed property report you must complete a Business Adjustment Affidavit. The only acceptable substitute for this adjustment form will be the NAUPA Business Adjustment Form.

### REPORTING ACCOUNTS UNDER \$50 OR AGGREGATE REPORTING:

Each individual property item valued under fifty dollars (\$50) may be totaled and reported in a lump sum or aggregate without owner detail. However, all businesses are required to include a detailed listing of aggregated names, addresses if possible (as a separate document or file which will be retained on file by the Unclaimed Property Division).

Do not aggregate or combine cash dividends or any other property type that involves a periodic distribution to the owner.

### REPORTING SECURITIES OR SECURITIES RELATED CASH

All securities and related cash are reportable as unclaimed property under the following situation:

Stock or other equity interest in a business association or financial organization, including a security entitlement under Article 8 of Title 7, the Uniform Commercial Code, three years after the earlier of:

- the date of the most recent dividend, stock split, or other distribution unclaimed by the apparent owner; or
- the date of the second mailing of a statement of account or other notification or communication that was returned as undeliverable or after the business discontinued mailings, notifications, or communications to the apparent owner.

Once securities and dividends have reached the dormancy or holding period by the business and due diligence has been performed, these properties must be remitted to the State of Alabama along with all dividends accrued up to the time the report is filed.

All Securities should be delivered via DTC with a valid cusip number.

### COMBINING PROPERTIES OWED TO THE SAME OWNER (Optional):

For your convenience, owners who are owed more than one amount of the same property type may be listed on the report only once. Combine all the amounts due the owners during the applicable reporting period into one total. Provide the beginning and ending dates on which, the amounts were payable.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### PROVIDE COMPLETE OWNER INFORMATION

In accordance with sections 35-12-76 of the Alabama Unclaimed Property Law, the following minimum information is required when filing an unclaimed property report:

- The owner(s) name, last known address, social security number or taxpayer identification number;
- Insurance policies; the policy number and the owner's full name;
- Last known address of the annuitant or insured and of the beneficiary;
- A description of the property;
- The date, if any, on which the property became payable, demandable, or returnable;
- The date of the last transaction with the apparent owner with respect to the property;
- Check number;
- Other information as prescribed by Alabama Unclaimed Property.

### EXTENSION REQUEST

Filing and remitting of unclaimed property reports are due annually on or before November 1 of each year. Before the date for filing the report, the business holding and filing the property presumed abandoned may request the Treasurer to extend the time for filing the report. Alabama Unclaimed Property may grant the extension for good cause.

If you need additional time to submit your report, you must request an extension. The request should be in writing and should contain the reason(s) for the request as well as the amount of time needed. The Unclaimed Property Division will review each request and respond in writing to the extension request.

### UPDATING REPORTING BUSINESS CONTACT INFORMATION

As a business, it is your responsibility as a business is to keep Alabama Unclaimed Property Division apprised of any changes in your address, contact person, telephone number, fax number, email or other contact information. All correspondence should include your federal employer identification number and suffix. Updates are accepted by email at [unclaimed@treasury.alabama.gov](mailto:unclaimed@treasury.alabama.gov).

### PENALTIES

Section 35-12-92, Code of Alabama 1975, as amended, provides for penalties for a business in noncompliance with the Alabama Unclaimed Property Law. As outlined by law, the following penalties may be applied by Alabama Treasury:

- \$100 for each business day up to \$5,000 for failure to report, pay or deliver property within the required time period;
- \$500 for each business day up to \$25,000 for willful failure to report, pay or deliver property within the required time period;
- \$1,000 for each business day up to \$25,000 for a fraudulent report.

The Treasurer for good cause may waive, in whole or part, if the reporting businesses is found to have acted in good faith. Reporting questions should be directed to Alabama Unclaimed Property prior to the November 1st reporting deadline.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### INVENTORY, REPORT AND REMITTANCE OF SAFEKEEPING ITEMS

Tangible and intangible property held in a safe deposit box or other safekeeping depository in this state is reportable as unclaimed property three years after expiration of the lease or rental period on the box or other depository and following the required due diligence efforts.

Tangible property held in a safe deposit box or other safekeeping depository shall be delivered to the Alabama Unclaimed Property within 120 days after filing the unclaimed property report.

Property removed from a safe deposit box or other safekeeping depository is received by the Alabama Unclaimed Property subject to the reporting business's right to be reimbursed for the cost of the opening. The Treasury shall reimburse the holder out of the proceeds remaining after deducting the expense incurred by Alabama Unclaimed Property in selling the property (35-12-79(g)). After 12 months of receipt of abandoned property, Alabama Unclaimed Property shall sell the remaining remitted safe deposit box contents in accordance with the unclaimed property law.

When reporting property held in a safe deposit box or other safekeeping depository, the reporting business must provide at minimum, an indication of the place where it was held, the full name and last known address of the apparent owner, and any amounts owed to the reporting business.

The reporting manifest should be emailed to [unclaimed@treasury.alabama.gov](mailto:unclaimed@treasury.alabama.gov) prior to delivery. In addition, the business should contact our office to schedule delivery dates.

**FOR ASSISTANCE OR INQIDRIES RELATED TO THE REPORTING OF UNCLAIMED OR ABANDONED PROPERTY, PLEASE CONTACT:**

UNCLAIMED PROPERTY  
ATTN: BUSINESS REPORTING  
P O BOX 302520  
MONTGOMERY, ALABAMA 36130-2520

TELEPHONE: 334-242-9614 OR 1-888-844-8400 WEBSITE:

[WWW.TREASURY.ALABAMA.GOV](http://WWW.TREASURY.ALABAMA.GOV)

EMAIL: [Unclaimed@treasury.alabama.gov](mailto:Unclaimed@treasury.alabama.gov)

Version 1/2019

**ALABAMA DEPARTMENT OF PUBLIC HEALTH SEE SYSTEM MANUAL**

## **CHAPTER 9**

# **VITALCHEK MACHINE**

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### VitalChek MACHINE

#### VITAL STATISTICS CERTIFICATES

Please follow these instructions when Vital Statistics certificates are paid for with the VitalChek machine.

Issue a receipt with the e-day sheet as you have been doing for Vital Statistics making sure you do the following:

CLIENT NAME on the Non-Clinic number will be the name of the person *APPLYING* for the Certificate. Received From/Payer will be *VitalChek confirmation number on the receipt* if your county has (1) VitalChek (POS) machine, or the clinic name and the *VitalChek confirmation number on the receipt* if your county has multiple VitalChek(POS) machines. The confirmation number is referenced under the heading "Order#" on the "Detail - Closed Orders" report which is printed at the end of the day.

If the certificate is not for the applicant, put the name the certificate is for in the COMMENTS section of the receipt.

#### Receipts from the VitalChek Machine:

Two receipts will print from the VitalChek machine. The "Merchant Copy" receipt will automatically print; you must select "Yes" on the machine's keypad to print the "Customer Copy" receipt. Both receipts will show the breakdown of the charges - amount for the certificate(s), convenience fee, and total amount of transaction. If the transaction is a credit card transaction, the customer will need to sign the receipt. Keep the original signed receipt and attach it to the vital statistics application(s). Give the customer their copy of the receipt. If the transaction is a debit transaction, the receipt will indicate "no signature needed." Keep one receipt and attach it to the vital statistics application(s) and give the other receipt to the customer.

#### Performing the End of Day Process for the VitalChek Machine:

At the end of your business day, you will perform the End of the Day process on your computer to "close out" that day's VitalChek transactions and print the check. Only one check will print for all of that day's VitalChek transactions. You will print the Detail-Closed Orders Report. This is a detailed list of the confirmation number(s) (heading is "Order#") and the breakdown of charges that have taken place since the last time you printed the Detail - Closed Orders Report. This report should be stapled to the day sheet for that day.

## ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

### **Check from the VitalChek Machine:**

After you print the Detail- Closed Orders Report, place a check into the designated printer. When the check prints, the "real" check (the bottom portion) should be deposited per the instructions above. The non-negotiable check "copy" (top two sections of the check) should be kept with the Detailed - Closed Orders Report and the day sheet for that day.

### **Other Services Paid for using the VitalChek Swipe machine:**

Other services may be paid for using the VitalChek machine. Follow the same instructions on the previous page **except:**

#### **ENVIRONMENTAL:**

Two receipts will print from the VitalChek machine. The "Merchant Copy" receipt will automatically print; you must select "Yes" on the machine's keypad to print the "Customer Copy" receipt. Both will show the breakdown of the charges - amount for the service provided, convenience fee, and total amount of transaction.

If the transaction is a credit card transaction, the customer will need to sign the receipt. Keep the original signed receipt and attach it to the *environmental application*. Give the customer their copy of the receipt.

If the transaction is a debit transaction, the receipt will indicate "no signature needed." Keep one receipt and attach it to the *environmental application* and give the other receipt to the customer.

#### **OTHER CLINIC SERVICES:**

Two receipts will print from the VitalChek machine. The "Merchant Copy" receipt will automatically print; you must select "Yes" on the machine's keypad to print the "Customer Copy" receipt. Both will show the breakdown of the charges - amount for the service provided, convenience fee, and total amount of transaction.

If the transaction is a credit card transaction, the customer will need to sign the receipt. Keep the original signed receipt and attach it to the back of the *Daysheet* for that day. Give the customer their copy of the receipt.

If the transaction is a debit transaction, the receipt will indicate "no signature needed." Keep one receipt and attach it to the back of the *Daysheet* for that day and give the other receipt to the customer.



