



Fee System Manual

Clinical Management & Practice
Field Operations
201 Monroe Street
Montgomery, AL 36104

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

GENERAL INFORMATION

Instructions found in this manual were developed by the Field Operations, Bureau of Financial Services, Environmental Services, and Health Statistics and reviewed by the Office of Program Integrity. The instructions 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,
- Bureau of Financial Services
- Office of Program Integrity

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. Every county health department employee is responsible for knowledge of the fee system. If a patient or patient/client asks a question regarding fees, the employee should be able to respond competently.

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 damages from the bonding company, and then the bonding company prosecutes the employee.

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CHAPTER 1

FINANCIAL MANAGEMENT

FINANCIAL MANAGEMENT

Fees collected in the county health departments are deposited into a local depository account. The depository account in each county may be interest-bearing. Effective October 1, 2025, any interest earned shall be payable monthly to the State Treasurer into the State Treasury to the credit of the General Fund of the state. Fees are transferred on an as-needed basis by the Bureau of Financial Services to the State Treasury to meet county payroll or other county expenses.

The Bureau of Financial Services - Budget and Receipts Section should be notified by email at Finance – Budgets when deposit tickets/books orders are placed. The email should include the county name, order date, and amount, if possible.

Each county maintains a change fund used to make change for patients/clients who 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 Accountant and Director of the Bureau of Financial Services. The District Administrator must make all requests to establish, increase, or decrease change funds in writing on letterhead to the Chief Accountant and Director of the Bureau of Financial Services. All new and adjusted change funds must be approved in writing by the Chief Accountant and Director of the Bureau of Financial Services and reported to the Audit Director in the Office of Program Integrity and the Bureau of Financial Services - Budget and Receipts Section.

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.

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 or in EHR
- Collect and record fees on the E-Day sheet or in EHR, AND balance and close out the E-Day sheet and EHR
- Collect and record fees on the E-Day Sheet or in EHR, AND prepare the deposit (**REQUIRED**)
- Balance and close out the E-Day Sheet and EHR, AND prepare the Monthly Recap of the E-Day Sheets and EHR
- Balance and close out the E-Day Sheet and EHR, AND prepare the deposit
- Prepare the deposit AND prepare the Monthly Recap of the E-Day Sheets and EHR
- Prepare the deposit AND take the deposit to the bank (**REQUIRED**)

The employee designated to prepare the deposit will:

- Count out the change fund
- Return the change fund to the drawer
- Prepare deposit slip/ticket for reminder of funds

DOES NOT

- Collect and record fees on the day sheet
- Take the deposit to the bank
- Balance and close the day sheet
- Prepare the monthly report

Office manager or designee is responsible for:

- Running the Monthly Recap process, which posts totals from the E-Day Sheet and EHR to the Monthly Recap reports
- Verifying that total payments and bank deposits agree
- Transmitting the Monthly Recap file to the Bureau of Financial Services - Budget & Receipts Section 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 the E-Day Sheet and EHR
- 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/they 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, and

The rated test is placed in the employee's file at each county health department for review by the Office of Program Integrity.

TESTS ARE RATED BY	FOR
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

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ANYONE INVOLVED WITH THE FEE ACCOUNT MUST BE CERTIFIED

1. Is responsible for the shortage:
 - Primary Responsible Person: _____
 - Date Certified: _____

2. Collects fees during the intake process and records onto E-Day sheets or in EHR:
 - Primary Responsible Person: _____
 - Date Certified: _____

3. Collects fees during the intake process and records onto the E-Day sheet or in EHR:
 - Primary Responsible Person: _____
 - Date Certified: _____

4. Balance and close out the E-Day sheet or EHR:
 - Primary Responsible Person: _____
 - Date Certified: _____

5. Prepare bank deposit:
 - Primary Responsible Person: _____
 - Date Certified: _____

6. Take the deposit to the bank:
 - Primary Responsible Person: _____
 - Date Certified: _____

Alternate: _____

Date Certified: _____

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7. Prepare Monthly Recap of E-Day Sheets and EHR reports for Bureau of Financial Services - Budget and Receipts Section:

- Primary Responsible Person: _____ Alternate: _____

- Date Certified _____ Date Certified _____

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

- Primary Responsible Person: _____ Alternate: _____

- Date Certified _____ Date Certified _____

9. Receive, sign for, and record money received in the mail onto the E-Day Sheet

- Primary Responsible Person: _____ Alternate: _____

- Date Certified _____ 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 _____ Date Certified _____

11. Other (explain):

- Primary Responsible Person: _____ Alternate: _____

- Date Certified _____ Date Certified _____

12. Other (explain):

- Primary Responsible Person: _____ Alternate: _____

- Date Certified _____ Date Certified _____

Approved _____ Date: _____
District Clerical Director

Approved _____ Date: _____
District Administrator

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.

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 day sheet be made wider?

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

Question: May counties setup miscellaneous bank accounts such as building funds, special bank accounts, or donor accounts.

Answer: No, effective October 1, 2023, per the Governor of Alabama Executive Order No. 726, it is the policy of the executive branch of state government to maintain all state executive-branch agency public funds in the State Treasury (and not in a so-called "checkbook" account). No state executive-branch agency shall establish a new non-treasury bank account without the express written approval of the Governor. On September 15, 2023, the Alabama Department of Public Health was granted a permanent exemption for Public Health's Medicaid Receipts Bank Accounts (Fund BT), Local Fee Receipts Bank Accounts (Fund BC), and the Medicaid Reimbursement Safe Deposit Bank Account (Fund BD) by Governor Kaye Ivey. These accounts will be used as clearing/sweeping accounts whereby ADPH will sweep their balances into the state treasury on a regular basis with the assistance of the State Comptroller and State Treasurer.

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Public Health Outside Treasury Accounts Exempted from Executive Order No. 726.

Medicaid Receipts Bank Accounts (Fund BT) - every county has a separate bank account for Medicaid. ADPH bills Medicaid for their services as a provider. The Bureau of Financial Services - Budget & Receipts Section reviews the deposits and upload the data into a spreadsheet that sorts by county and revenue codes. Revenue source codes are matched to provider codes and funds are distributed. When the department needs cash, the Bureau of Financial Services analyze and then transfer funds from those bank accounts and records cash receipt in STAARS.

Local Fee Receipts Banks Accounts (Fund BC) – each county uses an electronic day sheet and EHR for each day's activity (i.e., birth certificates or clinical services). The monthly day sheet and bank deposit report is submitted by the end of the month. The Bureau of Financial Services - Budget & Receipts Section reconciles the E-Day sheet and bank deposit report with the bank statement and then submit the cash receipts in STAARS. When the department needs cash, the Bureau of Financial Services analyze and then transfer funds from those bank accounts and record a cash receipt in STAARS.

Medicaid Reimbursement Safe Deposit Bank Account (Fund BD) State Level – claims for BC/BS, Medicare, Immunization, STD and EPSDT CC has a code scripter which identifies provider. Payments are received in lump sums with provider numbers so funds are distributed to the counties monthly.

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EMPLOYEE ACCOUNTS

Employee Funds (Coffee Funds, Flower Funds, Black Rock-Coca Cola Vending Machine 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.

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, see example below:

 PEOPLES EXCHANGE BANK OF SOUTHWEST ALABAMA PO BOX 1000 ANTHONY, AL 36501-1000 (864) 626-0000		000 02 01
SEMINOLE COUNTY HEALTH DEPT FINANCIAL LOANER PROGRAM PO BOX 1000 SEMINOLE, AL 36000		30 1 0
		CHECKING ACCOUNT: 1006697 11/01/93 THRU 11/30/93 PAGE 1
 FOR INFORMATION CONCERNING DEPOSITS, PHONE 375-4333 JUST A REMINDER OF OUR HOURS: 8:30 AM - 4:30 PM, MONROEVILLE ONLY 8:30 TILL 1:00 DRIVE-THRU		
<hr/> CHECKING ACCOUNT 1006697 <hr/> DESCRIPTION DEBITS CREDITS DATE BALANCE BALANCE LAST STATEMENT 15.00 10/23/93 120.43 DEPOSIT 15.00 11/10/93 135.43 BALANCE THIS STATEMENT 135.43 <hr/> TOTAL CREDITS 15.00 TOTAL DEBITS 15.00		

	State of Alabama Department of Public Health Somewhere County Health Department 301 Hwy. Somewhere P. O. Box 000 Somewhere, Alabama 36000 (205) 800-0000	
INFANT SEAT LOANER PROGRAM Monthly Financial Statement		
<u>December 07</u> 1995		
Beginning Balance:	<u>November 01</u> , 1995	<u>\$150.43</u>
Revenue:		
Deposit \$15.00 (11-7-95)		
Total:	<u>15.00</u>	
Total Available:	<u>\$165.43</u>	
Expenditures:	<input checked="" type="checkbox"/>	

Total: _____
Ending Balance November 30, 1995 \$ 165.43
Signed: Severa 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 requirement 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 Bureau of Financial Services - Budget & Receipts Section, 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:

- Alabama Department of Senior Services (ADSS)/Council of Aging (COA) in E-Day Sheet
- Clinical Services in EHR
 - Adult Health
 - Family Planning
 - Immunizations
 - Sexually Transmitted Diseases or Infections (STD/STI)
 - TANF Disabilities
 - Tuberculosis (TB)
- Environmental in E-Day Sheet
- Health Statistics in E-Day Sheet
- Home Health in E-Day Sheet
- Local appropriations from city, county, etc. in E-Day Sheet
- Other Payments such as health record requests in E-Day Sheet

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 collection 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 by the 10th of the following month to the Bureau of Financial Services - Budget & Receipts Section 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.

Review account balances to determine if a patient is due a refund. If so, at this time proceed with completing the Field Voucher instructions under *Chapter 5 - Electronic Day Sheet User's Guide* under *Refund After E-Day Sheet Closeout*. The patient's account in the EHR record must be updated by BCI, and the E-Day Sheet records must be adjusted to state that a refund request has been submitted to the Bureau of Financial Services – Budgets and Receipts.

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For credit refunds, the office manager or their designated staff should run a monthly report by the 10th of the month and complete the following process:

Email BCI the monthly report so adjustments can be made to accounts requiring a refund. Copy the office manager or their designee on the email and indicate that a Field Voucher for each account requiring a refund should be submitted Bureau of Financial Services – Budgets and Receipts.

Checks, Cashier's Checks and Money Orders:

Checks, cashier's 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 recorded as a donation. Identification must be presented along with payments made by check. Checks must include a current address and phone number. Any checks received from health savings accounts or third-party payers should be forwarded to BCI for processing (see page 42 for daily overage/shortage details). Write or stamp "FOR DEPOSIT ONLY" on the back of the check, cashier's check, or money order as soon as it is received. If the patient or client has a history of two or more returned checks, then request cash as payment. Two-party and payroll checks are not accepted.

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

Returned Checks:

Returned checks are sent directly to the county health department from the Bureau of Financial Services - Budget & Receipts Section. 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 EHR. For non-clinic services, the charges will be added in the E-Day Sheet.

Returned checks should be held in a secure location. When the patient/client returns to the health department, the balance due should be requested by cash, money order, or 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 the 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 that has issued an unresolved NSF check.

RETURNED CHECK NOTICE TO PATIENT/PATIENT/CLIENT

November 24, 2025

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 October 24, 2025, 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 dishonored 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.

If you have questions about these procedures, please call the Bureau of Financial Services at (334) 206-5233.

Sincerely,

Jane Doe, Administrator
Anywhere County Health Department

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 or client should be informed of 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 to obtain payment
- Contributions help keep the clinic operational

The following methods may be used to inform patient/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 identification, sexual orientation, number of pregnancies, or marital status. Patients/clients must not be denied services or be subjected to any variation in the 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 deposits in local banks. SAFE is a uniform program for the security of public funds deposited with financial institutions in the State of Alabama. Financial institutions must meet certain requirements to serve as depositories for Alabama public funds and are then known as qualified public depositories ("QPD"). All public depositors are required to place their deposits with one or more QPDs. Local accounts are with financial institutions participating in the SAFE Program, and the Office of 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.

Who are approved SAFE Custodians and Qualified Public Depositories (QPDs)?

A list of approved SAFE Custodians and Qualified Public Depositories (QPDs) are available on the Alabama Office of State Treasurer's website under SAFE Program

<https://treasury.alabama.gov/security-for-alabama-funds-enhancement-safe-program/>

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
(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 of 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 a 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 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.

SAMPLE LETTER FOR SAFE PROGRAM

Date

Bank Contact Person
Bank
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,

CHD Contact Person
CHD

CHAPTER 2

CLINICAL SERVICES

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HOUSEHOLD INCOME

The Household Income component of EHR 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 assessed and completed at **every** visit. A signed Patient Declaration should be signed upon completion of the Household Income.

*Note: The DHR social worker who accompanies the patient/client must complete and sign the income assessment and other documents for foster children at the health department.

The Department of Health and Human Services updates income guidelines annually. These guidelines are loaded in EHR and are used to determine whether the percentage of charge will be 100%, 75%, 50%, 25%, or 0%.

Federal Poverty Level (FPL) guidelines for Field Operations for Clinical Services are as follows:

The Clerical Director or Chief Nursing Officer will send the Federal Poverty Level (FPL) guidelines annually to the Bureau of Financial Services Grants/Contracts Manager to update the Fee Income Schedule Template. After completing the template, the Grants/Contracts Manager will upload the finished Fee Income Schedule to the Document Library under Finance, titled "Fee Income Schedule XXXX." The Grants/Contracts Manager will then send an email to the Clerical Director and Chief Nursing Officer with a link to the Document Library file. They will review it and forward it to the Field Operations Director, ADPH Electronic Health Record, for upload into EHR and to notify everyone of the effective dates.

The Federal Poverty Level (FPL) guidelines for WIC are as follows:

WIC must wait until it receives permission from WIC's federal funder, the USDA Food and Nutrition Service (FNS), to implement the Federal Poverty Level (FPL) guidelines in Crossroads.

A family is defined as a person or persons related by blood, marriage (including common law), or adoption, living together in one household. Dependents attending school away from home are also included. The income of all these individuals should be counted to determine the family's total income. Follow these 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 three-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 woman expecting to deliver a 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 a family of four

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- Other examples:
 - A child is counted in the household of the parent or guardian with whom she/he live.
 - 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.
 - If a minor has parental consent for contraceptive services, the fee should be based on family income.

During patient registration, the clerk should explain that we are not a free clinic and that fees are used to provide services. If the patient refuses to disclose income, inform them that they will be charged at 100% on the sliding fee scale but will still receive services regardless of their ability to pay. In the comments section of Household Income in the EHR, the clerk should document the circumstances, such as "Patient/client refused to disclose income to determine sliding scale discount" or "Patient/client waived sliding scale assessment." However, if a patient reports zero income, the clerk should ask how the patient obtains necessities like food, shelter, clothing, and medical care. This information must be recorded as income.

The income refers to the total gross annual income for all household members. According to the Internal Revenue Service (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, workers' compensation for lost income, and severance pay
7. Union strikes benefits
8. Long-term disability benefits received prior to the 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 the sale of personal possessions
5. Loans received
6. Student loans or grants received for school expenses

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7. Earnings of children under 14 received
8. Settlements for legal damages
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

Reference: Internal Revenue Services (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:

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Test Nancy		Unapplied \$0.00	Plan Bal \$0.00			
Insurance - Appointment - Provider		Place of Service 71. Public Health Clinic				
Primary Plan	-Select-	Referral	PAN			
Secondary	-Select-	Referral	PAN			
Location	Shelby Co Health Dep	Start DOS	05/22/2025			
Claim Type	Original	Original Ref #				
Admission		Discharge	Dates			
Rendering	Taylor, Burnestine	Billing <input checked="" type="checkbox"/>	Referring			
Diagnosis & Procedure						
Diagnosis	1. Z23	Encounter for immunization	2. ICD-10			
	3. ICD-10		4. ICD-10			
Procedures	Start DOS	End DOS	Modifier	Dx. Ptr *	Units	Patient \$
<input checked="" type="checkbox"/> 90651 IM	05/22/2025	05/22/2025	0	1	1.00	UN \$ 0.00
<input checked="" type="checkbox"/> 90471 IM	05/22/2025	05/22/2025	0	1	1.00	UN \$ 5.00
<input type="checkbox"/>			0		1	UN \$ 0.00
Total: <input type="text"/>						
Notes & Comments						
Claim Status	26. Settled			Responsible Plan	-Select-	
Comments Print on HCFA [F-19] and EDI <input type="checkbox"/>	Charges reduced to \$0 per approval of hardship exemption by the District Administrator, Corey Kirkland					
General Attachments						

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

INCOME SCHEDULE

PERCENT OF FEE CHARGED															
Family Size	Range	100%		75%			50%			Use for Plan First Eligibility 146%**	25%		0%		
		SCALE CODE & PERCENT OF MAXIMUM									SCALE CODE & PERCENT OF MAXIMUM				
		A = over 250%			B = 200% - 250%			C = 150% - 200%			D = 100% - 150%			E = 100% & under	
1	Annual	\$ 37,651	& Over	\$ 30,121	-	\$ 37,650	\$ 22,591	-	\$ 30,120	\$ 21,988	\$ 15,061	-	\$ 22,590	\$ 15,060	
	Monthly	\$ 3,138	& Over	\$ 2,510	-	\$ 3,138	\$ 1,883	-	\$ 2,510	\$ 1,832	\$ 1,255	-	\$ 1,883	\$ 1,255	
	Weekly	\$ 724	& Over	\$ 579	-	\$ 724	\$ 434	-	\$ 579	\$ 423	\$ 290	-	\$ 434	\$ 290	
2	Annual	\$ 52,876	& Over	\$ 42,301	-	\$ 52,875	\$ 31,726	-	\$ 42,300	\$ 30,879	\$ 21,151	-	\$ 31,725	\$ 21,150	
	Monthly	\$ 4,406	& Over	\$ 3,525	-	\$ 4,406	\$ 2,644	-	\$ 3,525	\$ 2,573	\$ 1,763	-	\$ 2,644	\$ 1,763	
	Weekly	\$ 1,017	& Over	\$ 813	-	\$ 1,017	\$ 610	-	\$ 813	\$ 594	\$ 407	-	\$ 610	\$ 407	
3	Annual	\$ 66,626	& Over	\$ 53,301	-	\$ 66,625	\$ 39,976	-	\$ 53,300	\$ 38,909	\$ 26,651	-	\$ 39,975	\$ 26,650	
	Monthly	\$ 5,552	& Over	\$ 4,442	-	\$ 5,552	\$ 3,331	-	\$ 4,442	\$ 3,242	\$ 2,221	-	\$ 3,331	\$ 2,221	
	Weekly	\$ 1,281	& Over	\$ 1,025	-	\$ 1,281	\$ 769	-	\$ 1,025	\$ 748	\$ 513	-	\$ 769	\$ 513	
4	Annual	\$ 80,376	& Over	\$ 64,301	-	\$ 80,375	\$ 48,226	-	\$ 64,300	\$ 46,939	\$ 32,151	-	\$ 48,225	\$ 32,150	
	Monthly	\$ 6,698	& Over	\$ 5,358	-	\$ 6,698	\$ 4,019	-	\$ 5,358	\$ 3,912	\$ 2,679	-	\$ 4,019	\$ 2,679	
	Weekly	\$ 1,546	& Over	\$ 1,237	-	\$ 1,546	\$ 927	-	\$ 1,237	\$ 903	\$ 618	-	\$ 927	\$ 618	
5	Annual	\$ 94,126	& Over	\$ 75,301	-	\$ 94,125	\$ 56,476	-	\$ 75,300	\$ 54,969	\$ 37,651	-	\$ 56,475	\$ 37,650	
	Monthly	\$ 7,844	& Over	\$ 6,275	-	\$ 7,844	\$ 4,706	-	\$ 6,275	\$ 4,581	\$ 3,138	-	\$ 4,706	\$ 3,138	
	Weekly	\$ 1,810	& Over	\$ 1,448	-	\$ 1,810	\$ 1,086	-	\$ 1,448	\$ 1,057	\$ 724	-	\$ 1,086	\$ 724	
6	Annual	\$ 107,876	& Over	\$ 86,301	-	\$ 107,875	\$ 64,726	-	\$ 86,300	\$ 62,999	\$ 43,151	-	\$ 64,725	\$ 43,150	
	Monthly	\$ 8,990	& Over	\$ 7,192	-	\$ 8,990	\$ 5,394	-	\$ 7,192	\$ 5,250	\$ 3,596	-	\$ 5,394	\$ 3,596	
	Weekly	\$ 2,075	& Over	\$ 1,660	-	\$ 2,075	\$ 1,245	-	\$ 1,660	\$ 1,212	\$ 830	-	\$ 1,245	\$ 830	
7	Annual	\$ 121,626	& Over	\$ 97,301	-	\$ 121,625	\$ 72,976	-	\$ 97,300	\$ 71,029	\$ 48,651	-	\$ 72,975	\$ 48,650	
	Monthly	\$ 10,136	& Over	\$ 8,108	-	\$ 10,135	\$ 6,081	-	\$ 8,108	\$ 5,919	\$ 4,054	-	\$ 6,081	\$ 4,054	
	Weekly	\$ 2,339	& Over	\$ 1,871	-	\$ 2,339	\$ 1,403	-	\$ 1,871	\$ 1,366	\$ 936	-	\$ 1,403	\$ 936	
8	Annual	\$ 135,376	& Over	\$ 108,301	-	\$ 135,375	\$ 81,226	-	\$ 108,300	\$ 79,059	\$ 54,151	-	\$ 81,225	\$ 54,150	
	Monthly	\$ 11,281	& Over	\$ 9,025	-	\$ 11,281	\$ 6,769	-	\$ 9,025	\$ 6,588	\$ 4,513	-	\$ 6,769	\$ 4,513	
	Weekly	\$ 2,603	& Over	\$ 2,083	-	\$ 2,603	\$ 1,562	-	\$ 2,083	\$ 1,520	\$ 1,041	-	\$ 1,562	\$ 1,041	
Each add'l member add	Annual	\$ 13,751	& Over	\$ 11,001	-	\$ 13,750	\$ 8,251	-	\$ 11,000	\$ 8,030	\$ 5,501	-	\$ 8,250	\$ 5,500	
	Monthly	\$ 1,146	& Over	\$ 917	-	\$ 1,146	\$ 688	-	\$ 917	\$ 669	\$ 458	-	\$ 688	\$ 458	
	Weekly	\$ 264	& Over	\$ 212	-	\$ 264	\$ 159	-	\$ 212	\$ 154	\$ 106	-	\$ 159	\$ 106	

Based on DHHS Poverty Guidelines

* Effective January 2025

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Fee Assessment at Check-Out:

All patients must see the clerk upon completion of their visit for check-out and to receive their account balances owed.

Clinical Rate Table

ADPH BCBS Clinical Rate Table / November 2024 - October 2025				
Family Planning Visits	Procedure Code	Modifier	MD Rate	NP Rate
Annual	99214	FP	\$100.61	\$73.45
GYN Prob/Lab/Couns <u>or</u> Periodic/Revisit (Nurse Only)	99211	FP	\$26.00	\$18.98
Initial	99205	FP	\$173.00	\$126.29
Periodic/Revisit (Nurse Practitioner)	99213	FP	\$71.11	\$51.91
Family Planning Services	Procedure Code	Modifier	MD Rate	NP Rate
Implant Insertion	11981		\$186.00	\$135.78
Implant Removal	11982		\$148.03	\$108.06
IUD Insertion	58300		\$119.00	\$86.87
IUD Removal	58301		\$104.04	\$75.95
Telehealth Services	Procedure Code	Modifier	MD Rate	NP Rate
*Telehealth (Cart)	Q3014		\$29.96	\$29.96
*Telehealth visits performed via cart are policy driven therefore, payment may vary.				
NOTE: The rates are effective November 1, 2024				

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

ADPH Disease Control Services (DCS) MEDICAID Clinical Rate Table - DCS Services FY25					
Release Date					
10/1/2024					
DCS Visits	Procedure Code	Modifier	Rate	Effective Date	Termination Date
New/STD	99203		\$91.85	10/1/2024	
Deferred	99213		\$63.95	10/1/2024	
Establish/Follow-up	99214		\$93.11	10/1/2024	
Established Min	99211		\$17.00	10/1/2024	
Wart Tx Female	56501		\$97.00		4/1/2023
Wart Tx Male	54050		\$83.00		4/1/2023
DCS Lab Services	Procedure Code	Modifier	Rate	Effective Date	Termination Date
Wart Treatment Female	56501		\$97.00		4/1/2023
Wart Treatment Male	54050		\$83.00		4/1/2023
Pregnancy Test	81025		\$3.00	10/1/2024	
HIV Pre-Test Counseling	99401	25	\$13.00	10/1/2024	
HIV Post-Test Counseling	99402	25	\$13.00		5/1/2023
Amine Odor	82120	U6	\$4.00	10/1/2024	
Vaginal PH	83986	U6	\$3.00	10/1/2024	
Wet Prep	87210	U6	\$5.00	10/1/2024	
DCS J Codes Administration	Procedure Code	Modifier	Rate	Effective Date	Termination Date
96372	Bicillin 2.4 M U IM	25	\$13.45	10/1/2024	
96372	Cetriaxone 250 IM	25	\$13.45	10/1/2024	

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

**ADPH Medicaid Clinical Rate Table - FY
2025**

Updated
10/01/2024

EPSDT Visits	CPT Code	Modifier	Rate	Eff Date	End Date
Initial	99381 - 99385	EP	\$290.00	10/01/2024	
Interperiodic	99211-99215	EP	\$290.00	10/01/2024	
Revisit	99391-99395	EP	\$290.00	10/01/2024	

Family Planning Visits	CPT Code	Modifier	Rate	Eff Date	End Date
Annual	99214	FP	\$480.00	10/01/2024	
Deferred Physical	99213	FP	\$480.00	10/01/2024	
Extended/Postpartum Home visit	99212	FP	\$480.00	10/01/2024	
Initial	99205	FP	\$480.00	10/01/2024	
Periodic/Revisit	99213	FP	\$480.00	10/01/2024	
Postpartum Home visit	99347	FP	\$480.00	10/01/2024	
Deferred Physical (Telemedicine)	99213	FP CR	\$395.00		05/31/2023
Periodic/Revisit (Telemedicine)	99213	FP CR	\$395.00		05/31/2023
*Deferred Physical (Telemedicine - audio & video)	99213	FP GT	\$445.00		05/31/2023
*Periodic/Revisit Physical (Telemedicine - audio & video)	99213	FP GT	\$445.00		05/31/2023
*Deferred Physical (Telemedicine - audio only)	99213	FP FQ	\$445.00		05/31/2003
*Periodic/Revisit Physical (Telemedicine - audio only)	99213	FP FQ	\$445.00		05/31/2023

Family Planning Services	CPT Code	Modifier	Rate	Eff Date	End Date
Birth Control Pills (OCs)	S4993	FP	\$5.00	10/01/2024	
HIV Pre-test Counseling	99401		\$17.99	10/01/2024	
HIV Post-test Counseling	99402		\$17.99		05/01/2023
Implant Insertion	11981		\$92.00	10/01/2024	
Implant Removal	11982		\$108.00	10/01/2024	
Implant Removal (Capsule)	11976		\$80.00	10/01/2024	
Remove & Insert Implant (Same Day)	11983		\$165.00	10/01/2024	
IUD Insertion	58300		\$97.00	10/01/2024	
IUD Removal	58301		\$55.00	10/01/2024	
Pregnancy Test	81025		\$3.00	10/01/2024	

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VFC Immunization	CPT Code	Modifier	Rate	Eff Date	End Date
DT	90702		\$8.00	10/01/2024	
DTaP	90700		\$8.00	10/01/2024	
DTaP-Hep B-IPV	90723		\$8.00	10/01/2024	
DTaP-IPV	90696		\$8.00	10/01/2024	
DTaP-IPV-Hib	90698		\$8.00	10/01/2024	
DTap-IPV/Hib/Hep B	90697		\$8.00	10/01/2024	
HEP A	90633		\$8.00	10/01/2024	
HEP A and HEP B	90636		\$8.00	10/01/2024	
HEP B	90744		\$8.00	10/01/2024	

VFC Immunization	CPT Code	Modifier	Rate	Eff Date	End Date
Hib (PedvaxHib)	90647		\$8.00	10/01/2024	
Hib (ActHib & Hiberix)	90648		\$8.00	10/01/2024	
HPV (Cervarix)	90650		\$8.00	10/01/2024	

ADPH Medicaid Clinical Rate Table - FY 2025

Updated
10/1/2024

VFC Immunization	CPT Code	Modifier	Rate	Eff Date	End Date
HPV (Gardasil)	90649		\$8.00	10/01/2024	
HPV9	90651		\$8.00	10/01/2024	
IPV	90713		\$8.00	10/01/2024	
MenB (Bexsero)	90620		\$8.00	10/01/2024	
MenB (Trumenba)	90621		\$8.00	10/01/2024	
MCV4 (MenQuadFi)	90619		\$8.00	10/01/2024	
MCV4 (Menactra & Menveo)	90734		\$8.00	10/01/2024	
MMR	90707		\$8.00	10/01/2024	
MMRV	90710		\$8.00	10/01/2024	
PCV13	90670		\$8.00	10/01/2024	
PPV23	90732		\$8.00	10/01/2024	
Rotavirus (RV5)	90680		\$8.00	10/01/2024	
Rotavirus (RV1)	90681		\$8.00	10/01/2024	
Td	90714		\$8.00	10/01/2024	
Tdap	90715		\$8.00	10/01/2024	
Varicella	90716		\$8.00	10/01/2024	

Telemedicine	CPT Code	Modifier	Rate	Eff Date	End Date
*Telemedicine Orginiation Site Facility Fee (Cart)	Q3014		\$26.40	10/01/2024	

*This service must be billed through the Centralized Billing Unit. Please contact your district CBU representative for further details

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, they should complete an application at that time.

Patients who request non-billing of their insurance and to be listed as Confidential 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 without insurance or those receiving services not covered by their insurance plan are responsible for the charges incurred, based on the sliding scale determined by their household income and the local county fee bill, if applicable.

The Authorization for Services and Billing form must be signed at **each** visit. This form grants the health department permission to bill, provide services, and perform other related activities. Billing for clinical services is performed within the EHR. The Billing Compliance Integrity (BCI) 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 into making donations, and donations must not be a prerequisite for receiving services and supplies. Donations from patients do not waive the billing/charging requirements. Donation amounts should not be suggested. It is acceptable to display a notice regarding the acceptance of donations. For instruction on how to properly document a donation, see the E-Day sheet User's Guide in this manual.

Sample scripts for requesting donations:

Donation #1

There are no charges for your services today because they are based on your family size and income. However, we do accept donations. "These donations offset the expenses used to provide services to our patient/clients. Would you be interested in donating today?

Donation #2

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

Donation #3

Today you had an annual exam. 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 in addition to your payment.

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Do Not Contact

A patient who does not want to be contacted by ADPH in any form, their preferences must be updated to reflect their wishes:

1. From the patient's profile, click the Preferences tab.
2. Scroll to the Reports section
3. Click on "Discontinue Statement"
4. Click the drop-down box and select "No Mail"

See below:

The screenshot shows the 'Preferences' tab of the Alabama Department of Public Health Fee System. The 'Reports' section is highlighted, showing the following settings:

- Discontinue Statement:** A dropdown menu is set to "No Mail".
- Exempt from reporting:** An unchecked checkbox.
- Medical Home:** An unchecked checkbox.
- Exempt from HIE Reporting:** An unchecked checkbox.
- Deliver Statement to:** A dropdown menu is set to "Patient-Current Address".
- Dental Home:** An unchecked checkbox.

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BREAST AND CERVICAL PROGRAM

Alabama Breast and Cervical Cancer Early Detection Program (ABCEDP) eligibility is determined based on the most recent guidelines published by the program. Patients who 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.

EPSDT SERVICES PROVIDED:

NOTE: Medicaid will reimburse for only one screening per calendar year for children over the age of three. Screening benefit availability may be verified through AVRS, Gainwell Provider Electronic Solutions software, or the Provider Assistance Center at Gainwell. Please refer to Chapter 3, Verifying Recipient Eligibility, for more information.

If a periodic screening has not been performed on time according to the periodicity schedule (for instance, if the 2 months' periodic screening was missed), a screening may be performed at an "in between" age (for example, at 3 months) and billed as a periodic screening. In other words, the child should be brought up to date on his/her screening according to his/her age. Re-screenings should occur within 2 weeks (before or after) of the established periodicity schedule. This policy applies to recipients 0-24 months of age.

EPSDT screenings fall under six broad categories:

Type of Screening	Description
Initial Screening	Initial screenings indicate the first time an EPSDT screening is performed on a recipient by an EPSDT screening provider.
Periodic Screening	Periodic screenings are well child visits performed based on a periodicity schedule. The ages to be screened are 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, and annually beginning on or after the child's third birthday.
Interperiodic Screening	Interperiodic screenings are considered problem-focused and abnormal. These are performed when medically necessary for undiagnosed conditions outside the established periodicity schedule and can occur at any age.
Vision Screening	Vision screenings must be performed on children from birth through age two by observation (subjective) and history. Objective testing begins at age three and should be documented in objective measurements.
Hearing Screening	Hearing screenings must be performed on children from birth through age four by observation (subjective) and history. Objective testing begins at age five and should be recorded in decibels.
Dental Screening	Dental screenings must be performed on children from birth through age two by observation (subjective) and history. Beginning with age one, recipients must be either under the care of a dentist or referred to a dentist for dental care.
Emotional and behavioral Screening	Emotional Assessment will cover procedure code 96127 for children age 3 months - 20 years. Assessment must be ordered and signed by a physician or Non- Physician Practitioner (i.e., Psychologist, Physician Assistant, or Certified Registered Nurse Practitioner).

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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 that do not have local fee legislation must also charge the fees established at the state level.

Note - Mobile and Jefferson Counties are required to utilize a sliding scale but use their own rates.

FAMILY PLANNING SERVICES PROVIDED:

The following services are covered services when provided by Family Planning providers.

Initial Visit (99205-FP)

The initial visit is the first time a Plan First or Family Planning recipient receives family planning services. An initial visit is limited to one per provider per recipient per lifetime.

The initial visit requires the establishment of medical records, an in-depth evaluation of an individual including a complete physical exam, establishment of baseline laboratory data, contraceptive and sexually transmitted disease prevention counseling, and issuance of supplies or prescription. Counseling in the family planning setting is interactive and includes education.

Counseling/education topics must be based on recipient's need and on protocol requirements.

Billable laboratory services for the initial visit may include:

- Hemoglobin or hematocrit,
- Urinalysis,
- Pap smear according to current, nationally recognized clinical guidelines,
- STD/HIV test, and
- Pregnancy testing.

Since a family planning visit may be the only medical encounter a female has, **performing the above laboratory tests is encouraged at the initial and annual visits.** Any laboratory procedure performed within the past 30 days with available results need not be repeated.

Pregnancy testing is a covered service during any visit where clinical indication is present and evaluation is needed.

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NOTE:

Pap smears, not technically related to any contraceptive method, may be provided accordingly to the current standard of care and schedule. Providers must have and follow a Pap smear protocol based on the guidelines of a nationally recognized organization, such as the American College of Obstetrics and Gynecology (ACOG), the American Cancer Society (ACS), or the U.S. Preventive Services Task Force (USPSTF). These guidelines can be accessed at the following links:

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2018/08/cervical-cancer-screening-update>

<https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html>

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>

The **physical assessment** is another integral part of the initial family planning visit. The following services, at a minimum, **must** be provided during the initial visit:

- Height, blood pressure, and weight check
- Thyroid palpation
- Breast and axilla examination accompanied by instruction for self-breast inspection
- Abdominal examination and liver palpation
- Auscultation of heart and lungs
- Pelvic evaluation to include bimanual and recto-vaginal examination with cervical visualization
- Examination of extremities for edema and varicosity
- Testicular, genital, and rectal inspection for males.

Annual Visit (99214-FP)

The annual visit is the re-evaluation of an established Plan First or Family Planning recipient requiring an update to medical records, interim history, complete physical examination, appropriate diagnostic laboratory tests and/or procedures, family planning counseling using PT+3 teaching method, and adjustment of contraceptive management as indicated. An annual visit is **limited to one per calendar year**.

The services listed below must be provided during the annual visit:

- Updating of entire history and screening, noting any changes
- Counseling and education, as necessary, using the PT+3 teaching method
- Complete physical assessment

The **physical assessment** is another integral part of the annual family planning visit. The following services, at a minimum, **must** be provided during the annual visit:

- Height, blood pressure, and weight check

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- Thyroid palpation
- Breast and axilla examination accompanied by instruction for self- breast examination
- Abdominal examination and liver palpation
- Auscultation of heart and lungs
- Pelvic evaluation to include bimanual and recto-vaginal examination with cervical visualization
- Examination of extremities for edema and varicosity
- Testicular, genital, and rectal examination for males.
- Issuance of supplies or prescription.

Billable laboratory services for the annual visit may include:

- Hemoglobin or hematocrit,
- Urinalysis,
- Pap smear, according to current, nationally recognized clinical guidelines,
- STD/HIV test, and
- Pregnancy testing

Periodic Revisit (99213-FP)

The periodic revisit is a follow-up evaluation of an established Plan First or Family Planning recipient with a new or existing family planning condition. Four periodic visits are available per calendar year. These visits are available for multiple reasons such as contraceptive changes, issuance of supplies, or contraceptive problems (e.g. breakthrough bleeding or the need for additional guidance). Providers may utilize the appropriate Z304 diagnosis code for ICD- 10, “Surveillance of previously prescribed contraceptive methods,” for a visit related to a contraceptive problem.

The following services, at a minimum, must be provided during the periodic revisit:

- Weight and blood pressure
- Interim history
- Symptom appraisal as needed
- Documentation of any treatment/counseling including administration/issuance of contraceptive supplies.

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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. **Based on local fee legislation, these fees vary from county to county.**

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.**

See Vaccine fee schedule below:

County health departments are responsible for maintaining documentation to support approval of the local fee schedule to include:

- The Act/Law
- Advertisements/notices of public hearings
- Meeting minutes with approval signatures

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COUNTY NAME	DESCRIPTION	Admin Fee Charge	Vaccine Fee Charge	Flu/Covid Vax - Flat fee per vaccine	Travel Vax
Autauga	\$15 per visit/per person - SFS will apply	X	N/A	\$ 15.00	
Baldwin	\$15 per visit per person - SFS will apply	X	N/A	\$ 15.00	
Barbour (No Fee)	\$			\$ -	
Bibb (No Fee)	\$			\$ -	
Blount	\$5 per vaccine Flat Fee / per visit - NO SFS	N/A	X	\$ 5.00	
Bullock (No Fee)	\$			\$ -	
Butler	\$15/visit per person - SFS will apply	X	N/A	\$ 5.00	
Calhoun	Above 150% - \$15 per vaccine -- Under 150% - Zero Per patient per vaccine. \$15 is Flat if pt is above 150% and No Charge regardless of number of vaccine if under 150%	X	N/A	\$ 15.00	
Chambers	\$14 per vaccine per person - SFS will apply	N/A	X	\$ 10.00	
Cherokee	Above 150% - 5 -- Under 150% - Zero Per patient per vaccine. \$5 is Flat if pt is above 150% and No Charge regardless of number of vaccine if under 150%	X	N/A	\$ 15.00	
Chilton	\$15 per visit per person - SFS will apply	X	N/A	\$ 15.00	
Choctaw	\$15 per visit per person - SFS will apply	X	N/A	\$ 10.00	
Clarke	\$15 per visit per person - SFS will apply	X	N/A	\$ 15.00	
Clay (No Fee)	\$	X	N/A	\$ -	
Cleburne	Above 150% - \$14 -- Under 150% - Zero Per patient per vaccine. \$14 is Flat if pt is above 150% and No Charge regardless of number of vaccine if under 150%	X	N/A	\$ 10.00	
Coffee (No Fee)	\$			\$ -	
Colbert	\$15 per vaccine per person - SFS will apply. No more than \$15 total.	N/A	X	\$ 5.00	
Conecuh	\$15 per visit per person - SFS will apply	X	N/A	\$ 15.00	
Coosa (No Fee)	\$			\$ -	

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Crenshaw (No Fee)	\$		X	N/A	\$ -	
Cullman	\$5/visit, per child. No more than \$15 total per family - SFS will apply		X	NA	\$ 5.00	
Dale	\$15/visit per person - SFS will apply		X	N/A	\$ 5.00	
Dallas (No Fee)	\$				\$ -	
Dekalb	\$5 per vaccine per person - SFS will apply		N/A	X	\$ 15.00	
Elmore	\$15 per vaccine per person - SFS will apply		N/A	X	\$ 15.00	
Escambia (No Fee)	\$				\$ -	
Etowah	\$5 per vaccine per person - SFS will apply		N/A	X	\$ 15.00	
Fayette	\$15 per visit per person - SFS will apply		X	N/A	\$ 5.00	
Franklin	\$15 per person per visit. No more than \$15 total. - SFS will apply		X	NA	\$ 5.00	
Geneva	\$15/visit per person - SFS will apply		X	N/A	\$ 5.00	
Greene	\$15 per visit per person - SFS will apply		X	N/A	\$ 5.00	
Hale	\$15 per visit per person - SFS will apply		X	N/A	\$ -	
Henry	\$15/visit per person - SFS will apply		X	N/A	\$ 5.00	
Houston	\$4 per vaccine per person - SFS will apply		X	N/A	\$ 5.00	
Jackson	\$5/visit, per child. No more than \$15 total per person. - SFS will apply		X	NA	\$ 5.00	
Lamar	\$15 per visit per person - SFS will apply		X	N/A	\$ 5.00	
Lauderdale	\$15 per visit per person - SFS will apply		X	N/A	\$ 5.00	
Lawrence	\$5/visit, per child. No more than \$15 total. - SFS will apply		X	NA	\$ 5.00	
Lee	\$15 per person per visit - SFS will apply		X	N/A	\$ -	
Limestone (No Fee)	\$				\$ -	
Lowndes (No Fee)	\$				\$ -	
Macon (No Fee)	\$				\$ -	
Madison (no Fee)	\$				\$ -	
Marengo	\$15 per visit per person - SFS will apply		X	N/A	\$ 10.00	
Marion	\$5 per vaccine per person - SFS will apply		N/A	X	\$ 5.00	
Marshall	\$5/visit, per child. No more than \$15 total. - SFS will apply		X	NA	\$ 5.00	
Monroe (No Fee)	\$				\$ -	

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Montgomery	\$30 -Admin Fee Rabies (No SFS) -- Other vaccines \$15 per person per visit	X	N/A	\$ 15.00	See Chart
Morgan	\$5 per vaccine per person - SFS will apply	N/A	X	\$ 5.00	
Perry	\$15 per visit per person - SFS will apply	X	N/A	\$ -	
Pickens	\$15 per visit per person - SFS will apply	X	N/A	\$ 5.00	
Pike	\$5 /visit per person - SFS will apply	X	N/A	\$ 5.00	
Randolph	\$14 per vaccine per person - SFS will apply	N/A	X	\$ 10.00	
Russell (No Fee)	\$			\$ -	
Shelby	\$5 per vaccine per person - SFS will apply	N/A	X	\$ 5.00	
St. Clair	\$5 per vaccine per person - SFS will apply	N/A	X	\$ 5.00	
Sumter (No Fee)	\$			\$ -	
Talladega	\$14 per vaccine per person - SFS will apply	N/A	X	\$ 15.00	
Tallapoosa	\$15 for 1st shot - \$25 for 2nd - Max of \$30 per family per visit. NO SFS	N/A	X	\$ 10.00	
Tuscaloosa	\$15 per visit per person - SFS will apply	X	N/A	\$ 10.00	
Walker	\$15 per visit per person - SFS will apply	X	N/A	\$ 5.00	
Washington (No Fee)	\$15 per visit per person - SFS will apply			\$ 15.00	
Wilcox (No Fee)	\$			\$ -	
Winston (No Fee)	\$			\$ -	

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These are the current travel vaccines offered. The maximum cost varies based on the cost at the time of county purchase.

Vax Name
Adacel (Tdap)
Bexsero
Boostrix (Tdap)
Devavac (Td)
Hep A Adult
Hep A Peds
Hep B Adult
Hep B Peds
Hib Adult
Immune Globulin
Influenza
IPV (Polio)
Menquadfi
MMR
Pneumovax 23
Prevnar 13
Rabies
Shingrix
Tenivac (Td)
Twinrix (Hep A&B)
Typhin IV
Varicella (Varivax)
Vaxneuvance (PCV 15)
Yellow Fever

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Adult Health

Injection-only fees for patients who supply the medication are charged based on the local fee legislation. The charge and payment will be posted in the EHR.

Miscellaneous Fees

Fees for duplicate immunization records are charged in accordance with local fee legislation. There is no charge for the Certificate of Immunization (COI). Use the new revenue source 92 on the E-Day sheet to record the charge and post the payment.

Fees for copies of medical records are charged based on local fee legislation; however, in counties where there is no fee legislation regarding record copies, fees should be charged in accordance with the Alabama Administrative Code, Section 420-1-5-04, Open Records. Use the new revenue source 92 on the E-Day sheet to record the charge and post the payment.

Fees for Autism Spectrum Disorder Cards for a child or adult with a completed application are \$10.00. The identification cards were developed because of Act 2014-344, passed during the 2014 session of the Alabama Legislature. Use the new revenue source 92 on the E-Day sheet 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 Electronic Encounter Form process in the EHR. Effective day one of Go Live of the Electronic Encounter Form in the EHR, the Local Administrator of the E-Day sheet in your county will edit and change the Default Reference Data to update the close-out time for your county's day sheet to 9:00 p.m.

Please note that the close-out time is set to 21:00 and cannot be changed. Based on the Go Live date specified by the county health department location, all payments for clinic services will be received through the EHR and will no longer be entered on the E-Day sheet. The daily deposit must be prepared and deposited into the bank account by noon on the following business day.

Counterfeit Bills-If ADPH discover counterfeit bills before they are deposit, then ADPH has the responsibility to contact your local police department or the local United States Secret Service field office. ADPH staff is required to keep the counterfeit bills to provide to the authorities. Also, they would need to request another form of payment for the ADPH service provided.

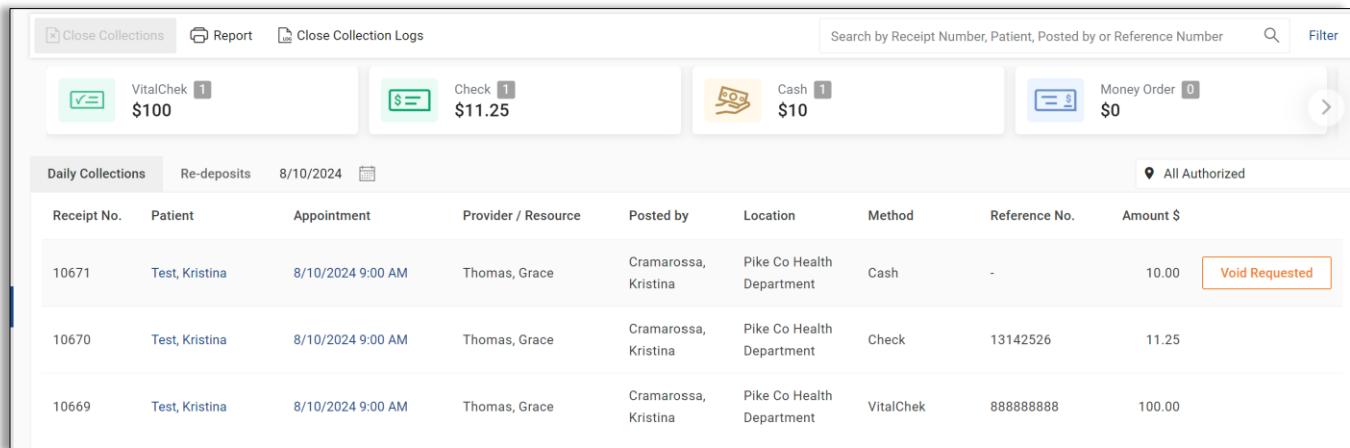
If the counterfeit bills are discovered by the bank, then the bank has the reporting responsibility, not ADPH. When the bank lowers the deposit, the county would need to post a shortage for the reduced amount of the deposit and add a memo with information provided by the bank to substantiate the issue assuming this all occurs in the same month.

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Daily Collection Management

The daily collections feature provides an overview of the daily self-pay financial transactions processed within the same day of appointment transactions, or within a specific criterion defined. Users will also navigate here to Close Collections for the day and run their Bank Deposit report.

1. Navigate To Billing -> Payments -> Daily Collections



The screenshot shows the Daily Collections interface. At the top, there are four transaction categories: VitalChek (1), Check (1), Cash (1), and Money Order (0). Below this is a search bar and a 'Filter' button. The main area displays a table of transactions with columns: Receipt No., Patient, Appointment, Provider / Resource, Posted by, Location, Method, Reference No., and Amount \$. The table contains three rows of data. The first row (Receipt No. 10671) has a 'Void Requested' button in the last column. The second row (Receipt No. 10670) has a '13142526' reference number. The third row (Receipt No. 10669) has a '88888888' reference number.

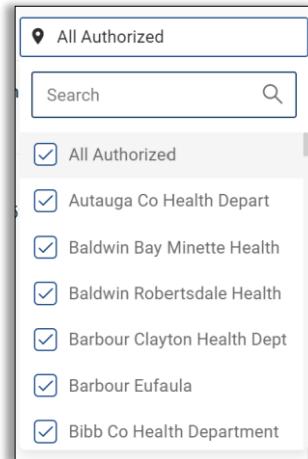
Receipt No.	Patient	Appointment	Provider / Resource	Posted by	Location	Method	Reference No.	Amount \$
10671	Test, Kristina	8/10/2024 9:00 AM	Thomas, Grace	Cramarossa, Kristina	Pike Co Health Department	Cash	-	10.00
10670	Test, Kristina	8/10/2024 9:00 AM	Thomas, Grace	Cramarossa, Kristina	Pike Co Health Department	Check	13142526	11.25
10669	Test, Kristina	8/10/2024 9:00 AM	Thomas, Grace	Cramarossa, Kristina	Pike Co Health Department	VitalChek	88888888	100.00

2. Transaction Categories are listed at the top. Transactions are categorized by methods, such as Cash, Check, VitalChek, Money Order etc.
3. Mass search options include:
 - Receipt No.
 - Patient Name/Acct No.
 - Reference No.
 - Posted By
4. Filtering options are available to help users refine their daily collections preferences. Once selections are chosen, users can 'Retain Selection'. Once selections are made an indicator including the number of filters applied will display such as,  Options include:
 - Receipt No.
 - Patient
 - Posted by
 - Methods
 - Keywords

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5. A location filter drop-down is also available, with a list of all locations authorized to the logged-in user.

- Users default location on their profile, is automatically selected on their Daily Collections location criteria.
- Users can change locations(s) within this dropdown based on their access.



6. Users can also approve void requests and confirm the redeposition of checks directly from the daily collections screen.

Closing Daily Collections

1. To complete the day's self-pay transactions, click the  Close Collections button.
2. A window appears, allowing users to manually verify all Clinical and Out of System transactions.
3. The system calculates if there is an **Overage** or **Shortage**.

NOTE: IF you notice a **(CHECK) shortage** when closing out transactions due to a check payment that BCI staff have posted, please note that this is likely a **Health Savings Account (HSA)** or **Flex Spending Account (FSA)** check. These payments are made by the insurance company on behalf of the patient.

When this occurs, please be sure to **do the following when closing daily collections:**

- Notate the **shortage** in the comment box.
- Indicate that the check was a **"HSA/FSA payment received on behalf of the patient and will be posted by the BCI staff."**

BCI staff will handle posting the check to the patient's account and forwarding to Finance for deposit.

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Daily Collections - 10/17/2024

Methods	Posted Today	Out of System	Total	Verified	Overage (+) / Shortage (-)
Cash	\$0.00	0.00	\$0.00	2.00	\$2.00
Check	\$0.00	0.00	\$0.00	0.00	\$0.00
Money Order	\$0.00	0.00	\$0.00	1.0	\$1.00

Overage (+) : \$3.00
Shortage (-) : \$0.00

① 0 receipt, amounting to \$0.00 voided today.

Comments

Add Comments...

characters left: 2000

Cancel Close Collections

4. Users can also add 'Comments' before closing collections for the day if required.
5. Once collections are closed, they cannot be reopened for that day.
6. If collections are not manually closed, the system automatically closes them to all locations by 9 PM EST.
7. After selecting **Close Collections**, the system will ask, "*Are you sure you want to close *Date* collections for *Location*? Once closed, this action cannot be reverted.*" The user can either 'Cancel' or, 'Confirm' as displayed below.

Confirm Close Collections - 10/17/2024

Are you sure you want to close 10/17/2024's collections for Houston Co Health Department?
Once closed, this action can not be reverted.

Cancel Confirm

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8. User can select  Report to print the end of day Bank Deposit Report.

- If the user selected (1) location, the County Level report will be extracted.
- If the user has selected more than (1) location, the report will display all selected locations.

STAGING-State of Alabama Department of Public Health						
DAILY BANK DEPOSIT REPORT						
Pike Co Health Department						
DATE: 08/07/2024						
CLOSING TIME: 9:00 pm						
CLOSED BY: CureMD Billing Automation						
Methc	Transactions Posted	Amounts Posted	Amounts Verified	Reconciliation	Overage / (Shortage)	Void
Cash	5	\$430.00	\$0.00	\$0.00	\$(430.00)	\$0.00
Check	0	\$0.00	\$0.00	\$0.00	\$0.00	\$9.00
Totals	5	\$430.00	\$0.00	\$0.00	\$(430.00)	\$9.00
Patient ID	Patient	Receipt No.	Adjustment	Amount	Method	Comments
1	Kristina Test	10604	0.00	\$4.00	Cash	Kristina Cramarossa
2777	Newton Amanda	10603	0.00	\$1.00	Cash	Lisa Brown
4387	Awais Test	10602	0.00	\$300.00	Cash	Support CureMD
4387	Awais Test	10601	0.00	\$50.00	Cash	Support CureMD
4255	Test Patient SelfPay	10600	0.00	\$75.00	Cash	Self Pay
4255	Test Patient SelfPay	10598	0.00	\$5.00	Check	Self Pay
4255	Test Patient SelfPay	10597	0.00	\$4.00	Check	Self Pay
4255	Test Patient SelfPay	10595	0.00	\$2.00	Check	Self Pay
4255	Test Patient SelfPay	10594	0.00	\$1.00	Check	Self Pay
Void						
4255	Test Patient SelfPay	10599	0.00	\$6.00	Check	Self Pay
4255	Test Patient SelfPay	10599	Voided	\$(6.00)	Check	Self Pay
4255	Test Patient SelfPay	10596	0.00	\$3.00	Check	Self Pay
4255	Test Patient SelfPay	10596	Voided	\$(3.00)	Check	Self Pay
						Test

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Return Checks or Voiding Payments:

1. Navigate to Patient > Billing > Payments.
2. Under this section, users will see a record of all payments allocated to an appointment(s).
3. Click the arrow  beside the appointment DOS to expand the details. Users may have the option to mark Return Checks  or 'Void Payments .

Returning Check Workflow:

Return Check capabilities are role-based, and only authorized users will be allowed to return a check.

The system will only allow users to mark a check as returned when the payment was posted with the payment method "Check". See below to process a return check:

- Finance returns the check or a copy of the check to the Office Manager
- The Office Manager contacts the Patient to let them know that the check was returned and asks them to bring cash for payment that was returned, plus \$30.00 NSF fee
- We add the NSF fee to the patient's account
- If the patient fails to bring cash, we send them a regular and registered letter.
- After ten (10) days, we take a registered letter card, a copy of the driver's license (if we have a copy), and a copy of the return check to the DA's office for prosecution

1. Locate the check payment in question and click 'Check Return'  in the corresponding row on the right.

	Roger, Gol	04/08/2024 02:23 AM	Paid (F)	Dr. Cooper, Ryan	(None)	0.00	0.00	
04/08/2024	Paid: \$4.00		Transfers: \$0.00	W/O: \$0.00	By: Roger, Gol	User: Adams, John		
04/08/2024	Voided: \$4.00		Transfers: \$0.00	W/O: \$0.00	By: Roger, Gol	User: Adams, John		
04/08/2024	Paid: \$10.00		Transfers: \$0.00	W/O: \$0.00	By: Roger, Gol	User: Adams, John		
04/08/2024	Check Returned: \$1.00		Transfers: \$0.00	W/O: \$0.00	By: Roger, Gol	User: Adams, John		
04/08/2024	Paid: \$3.00		Transfers: \$0.00	W/O: \$0.00	By: Roger, Gol	User: Adams, John		
04/08/2024	Paid: \$3.00		Transfers: \$0.00	W/O: \$0.00	By: Roger, Gol	User: Adams, John		

2. Select one of the following options based on the situation:
 - No = to acknowledge that the check cannot be re-deposited. Original payment will be reversed, and the **NSF** charge, where applicable, will be applied to the appointment.
 - No = Account Closed: to indicate that the check comes from a closed account.
- If a check is marked No or No – Account Closed, a **NSF** charge of \$30.00 is applied to the patient balance.

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Return Check X

 Post

Check Amount \$10.00

Re-Deposit:

i A \$30.00 NSF Charge will be applied to this appointment.

Comments*:

- Hovering over this text displays the check's return history.

Check Redeposited: \$10.00 Transfers: \$0.00 W/O: \$0.00

\$10.00 Check Returned

Receipt Number: 10142

 Check Re-deposited
Adams, John - 04/19/2024 02:57 AM

 Check Returned Return Check
Adams, John - 04/19/2024 02:57 AM

- No = Selecting it reverses the original payment and applies an **NSF** charge of \$30.00 to the appointment, if applicable.

50 AM Paid (P) Dr MacClare, AMC X

Check Returned

Amount **\$90.00**

Re-Deposit:

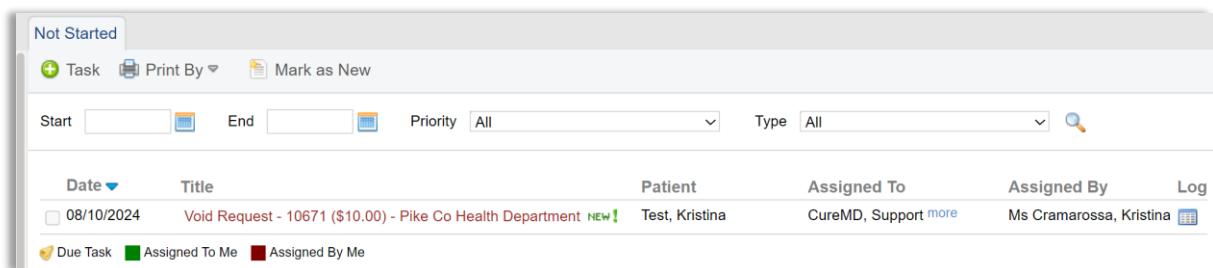
Comments*:

3. Add comments in the provided field to record the specific reason for returning the check.

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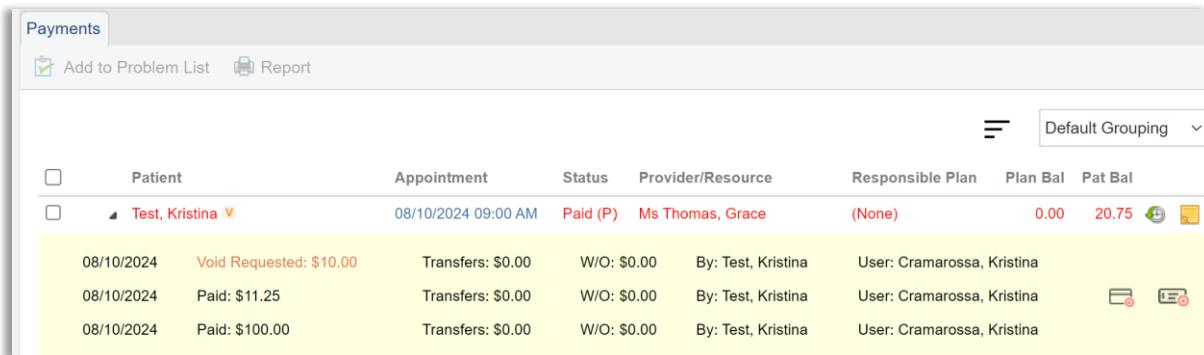
Voiding Payments:

1. Method can only be Voided on the same date as the date of the transaction.
2. Voiding capabilities are user permissions granted to the role to either Request/Approve a Void.
3. Where a Void request is initiated, the status of the receipt shall be changed to “**Voided – Pending Approval**”, and a  status is displayed by the patient’s name and linked with the DOS.
4. Users are required to confirm original “Patient Receipt Collected” and “Comments” are entered.
5. Users with permission to approve a void request can either approve or reject the request from either of the following workflows:
 - Home -> Dashboard -> Tasks Not Started -> Select Patient -> Billing -> Payments -> Select DOS
 - Personal Quick Link -> Tasks -> Select Patient -> Billing -> Payments -> Select DOS



The screenshot shows a software interface for managing tasks. The title bar says 'Not Started'. Below it is a toolbar with 'Task', 'Print By', and 'Mark as New' buttons. There are search filters for 'Start' and 'End' dates, 'Priority' (set to 'All'), and 'Type' (set to 'All'). A search icon is also present. The main table has columns for 'Date', 'Title', 'Patient', 'Assigned To', 'Assigned By', and 'Log'. A single row is visible: '08/10/2024' for Date, 'Void Request - 10671 (\$10.00) - Pike Co Health Department' for Title, 'Test, Kristina' for Patient, 'CureMD, Support' for Assigned To, 'Ms Cramarossa, Kristina' for Assigned By, and a 'Log' button. Below the table are buttons for 'Due Task', 'Assigned To Me', and 'Assigned By Me'.

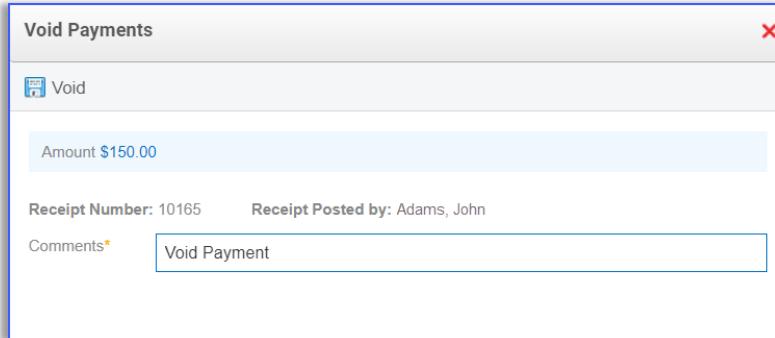
- Patient -> Billing -> Payments -> Select DOS
- Billing -> Payments -> Daily Collections -> Define Search Criteria > Select DOS



The screenshot shows a software interface for managing payments. The title bar says 'Payments'. Below it is a toolbar with 'Add to Problem List' and 'Report' buttons. There is a 'Default Grouping' dropdown. The main table has columns for 'Patient', 'Appointment', 'Status', 'Provider/Resource', 'Responsible Plan', 'Plan Bal', and 'Pat Bal'. A single row is visible: 'Test, Kristina' for Patient, '08/10/2024 09:00 AM' for Appointment, 'Paid (P)' for Status, 'Ms Thomas, Grace' for Provider/Resource, '(None)' for Responsible Plan, '0.00' for Plan Bal, and '20.75' for Pat Bal. The row is highlighted with a yellow background. Below this row are three more rows, each with a different date and amount: '08/10/2024 Void Requested: \$10.00', '08/10/2024 Paid: \$11.25', and '08/10/2024 Paid: \$100.00'. The last two rows have a light yellow background.

6. Locate the payment to Void  and click the ‘Void’ button in the respective row.
7. A pop-up window appears to create a void request. Here, users can document the reason for voiding the transaction.
8. Once the reason is entered, click ‘Void’ to create a void request.

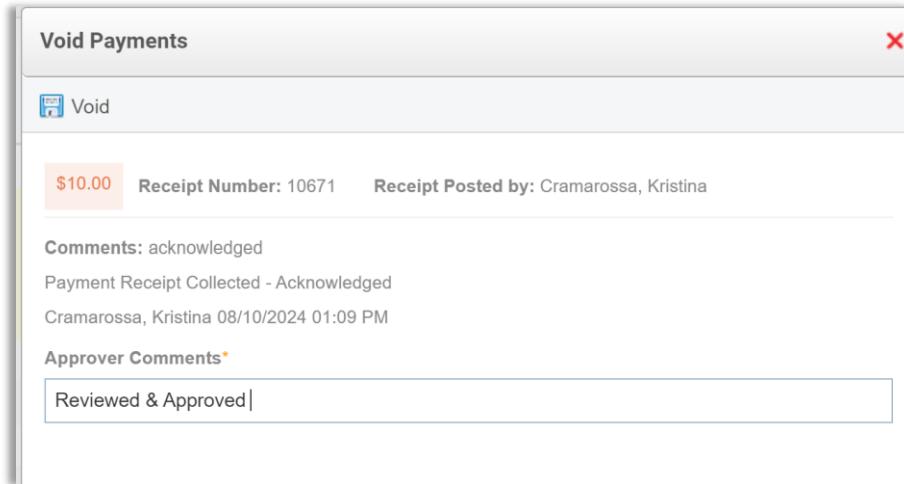
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The screenshot shows a software interface for voiding a payment. The title bar says 'Void Payments'. Below it is a 'Void' button. A text input field shows 'Amount \$150.00'. Below the amount, the receipt number '10165' and the user 'Adams, John' are listed. A 'Comments' field contains 'Void Payment'.

9. Creating a void request changes the status of the payment to “**Void Requested: \$<amount>**”.
10. This request then needs to be approved by users who have permission to perform this action.
11. While approving a Void request, the approver will see the following:

- Amount
- Receipt number
- Receipt posted by
- Voided by
- Void initiator
- Reason for void
- Ability to add additional comments



The screenshot shows a software interface for voiding a payment. The title bar says 'Void Payments'. Below it is a 'Void' button. A text input field shows '\$10.00'. Below the amount, the receipt number '10671' and the user 'Cramarossa, Kristina' are listed. A 'Comments' field contains 'Comments: acknowledged' and 'Payment Receipt Collected - Acknowledged'. A 'Comments' field for the approver contains 'Reviewed & Approved'.

12. If a void request is not approved on the same date, it will be cancelled, and the original status of the payment will be restored.
13. If a void request is rejected, it will be cancelled, and the original status of the payment shall be restored.
14. If a void request is accepted, the payment will be voided in the patient's ledger, and users will be allowed to print a void receipt.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Same Day Refund

If fees are collected and services are not provided, or the patient asks for their payment back, a refund may be given on the same business day. Obtain the original receipt from the client, void the receipt, and issue a refund. Attach original and voided receipts to the Daily Close-out Report.

Note: Voids must be done on the same day services were provided prior to close-out, and the patient/client must be present.

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

Check/Money Order refunds will be made by returning the check/money order to the patient/client. If using Vital Chek, payment will be refunded to their card.

Refund After Daily Close-Out

If the Daily Close-Out Sheet 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.

The following information must be included on the Field Voucher

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

A copy of the original receipt must be attached to the Field Voucher. The receipt may be issued from EHR. The documents should be mail to:

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

Before issuing a field voucher for a payment made by check, the check must clear the bank. It typically takes 7-14 business days for a check to clear.

The Bureau of Financial Services - Budgets and Receipts office will process the Field Voucher, and a state warrant will be mailed directly to the client, unless instructed otherwise. A copy of the Field Voucher and the original receipt must be maintained at the county level. See below for an example of a completed Field Voucher.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

STATE OF ALABAMA STATE HEALTH DEPARTMENT

FIELD VOUCHER

04-Dec-25

To Mary Doe

(Payee)

Address Route 1, Box 2

Anytown, Alabama 35123

Articles or Services (Itemized)

Health Department: Anywhere

Program: Immunization

Name: James Doe

Address: Route 1, Box 2, Anytown, Alabama 35123

Date Fee Paid: October 24, 2025

Specific Service: Immunization

Refund Amount \$20.00

Receipt Number: 098765

Patient Account Number: XXXXXX

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 June 30, 2025, and requested that her payment be refunded. The child was going to the doctor to get the immunizations.

Ms. Doe has requested the refund be sent to the Health Department office as she is having a problem with her mail being tempered with. She will pick the check up at the office.

\$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.

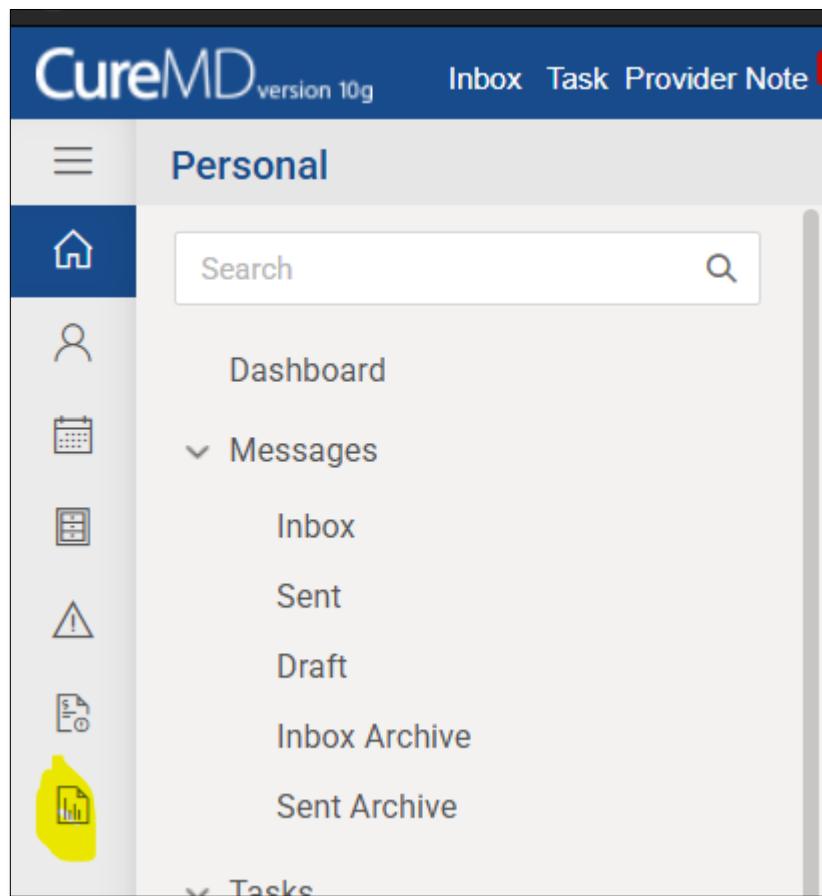
Paid by
Voucher Number

Office Manager, District Administrator or District Clerical Director

AUTHORIZED SIGNATURE

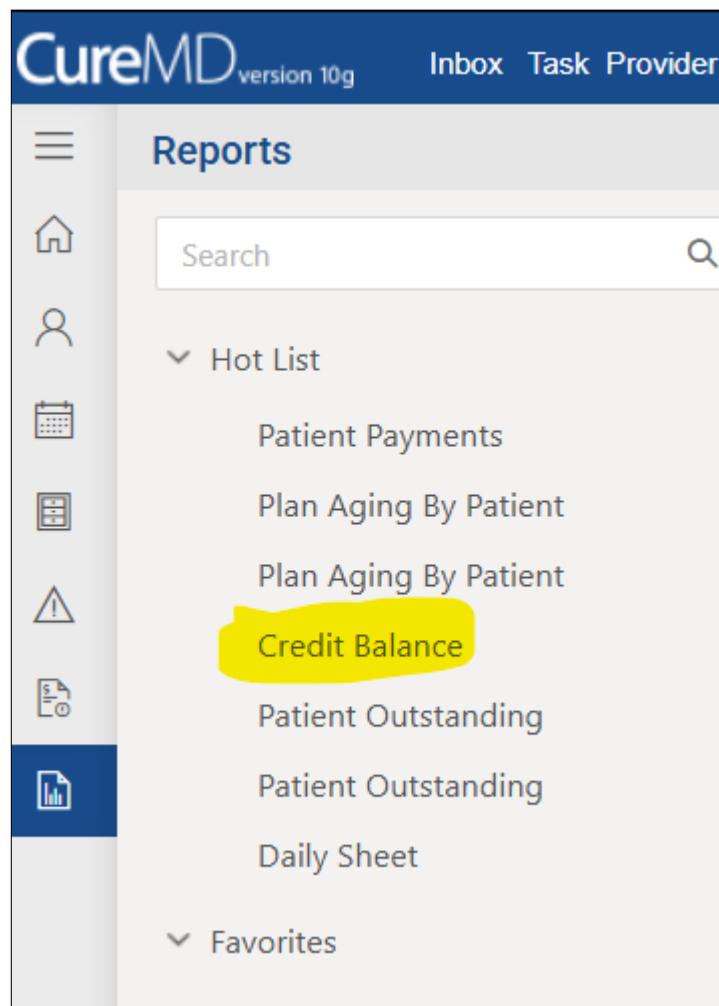
Steps to check Credit balances

Step 1 Click Reports



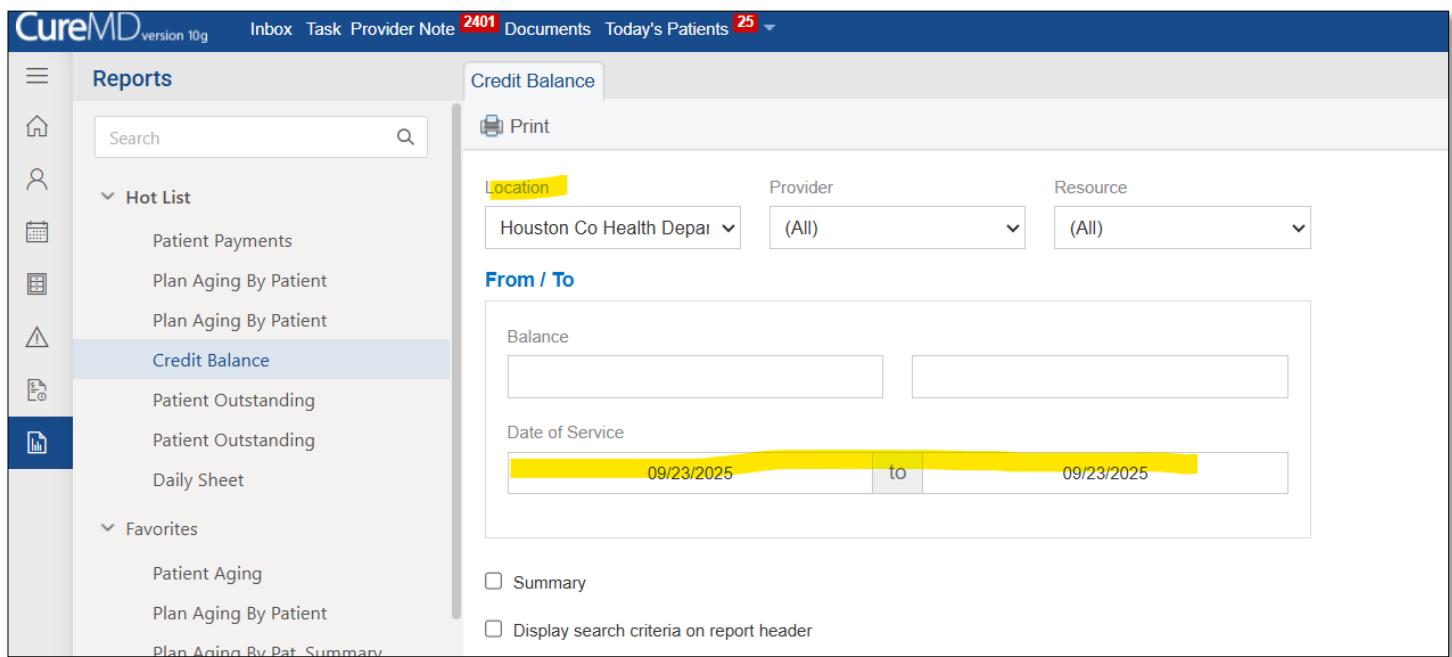
Step 2

Click Credit Balance



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Step 3 Filter to your County's Need



The screenshot shows the CureMD software interface. The top navigation bar includes 'Inbox', 'Task', 'Provider Note 2401', 'Documents 25', and 'Today's Patients'. The left sidebar has a 'Reports' section with a 'Hot List' containing 'Patient Payments', 'Plan Aging By Patient', 'Credit Balance' (which is selected and highlighted in blue), 'Patient Outstanding', and 'Daily Sheet'. Below 'Hot List' is a 'Favorites' section with 'Patient Aging', 'Plan Aging By Patient', and 'Plan Aging By Pat. Summary'. The main content area is titled 'Credit Balance' and includes a 'Print' button. It has three dropdown filters: 'Location' set to 'Houston Co Health Depar', 'Provider' set to '(All)', and 'Resource' set to '(All)'. Below these are 'From / To' fields for 'Balance' and 'Date of Service' (set from '09/23/2025' to '09/23/2025'). At the bottom are two checkboxes: 'Summary' and 'Display search criteria on report header'.

CHAPTER 3

ENVIRONMENTAL SERVICES

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

ENVIRONMENTAL SERVICES

Environmental service fees are only charged in counties with local authority and approval. In those counties with such local authority and approval, all environmental services are charged on a flat fee basis (no sliding scale discounts). Environmental fees are not discounted based on income unless specifically allowed in the local county fee bill.

SCHEDULE OF PROPOSED ENVIRONMENTAL FEES

The schedule of proposed environmental fees is shown on pages 5-4, 5-13, 5-14, and 5-39. The schedule includes the following information for service:

- Service code
- Service description
- Recommended or proposed fee amount

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service codes are grouped as follows:

One-time fees: Service codes 500 to 699A

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.

Annual fees: Service Codes 636 to 683

Annual fees are those fees billed on an annual basis to business establishments for a permit or license to continue their business activity for the following year. The establishments generally receive various services throughout the year.

Services provided by state level personnel: Service Codes 680 to 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.

CERTIFICATION AND FEE INSTRUCTIONS

Environmental fees are charged, collected, recorded, and deposited in the same manner as clinic fees.

All employees who process environmental fees must be certified to handle cash.

Cash certification procedures are detailed in Chapter 1, Cash Accountability Plan.

For more information regarding environmental services, contact the Bureau of Environmental Services @ 334.206.5373.

ENVIRONMENTAL SERVICES

SCHEDULE OF PROPOSED FEES

ONE-TIME FEES SERVICE CODE 500 - 699A



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

SCHEDULE OF PROPOSED ENVIRONMENTAL FEES FOR COUNTY HEALTH DEPARTMENTS WITH LOCAL FEE BILLS ONE-TIME FEES

SERVICE CODE	SERVICE DESCRIPTION	RECOMMENDED FEE	COUNTY SPECIFIC FEE
<u>500</u>	Application for Site Evaluation: Conventional small-flow system (County with approved site evaluation program)	\$150 - \$250	
<u>502</u>	Application for OSS Permit – Dwelling: Conventional small-flow system	\$100 - \$200	
<u>504</u>	Application for OSS Permit – Dwelling: Engineered small-flow system	\$100 - \$200	
<u>508</u>	Application for OSS Permit – Dwelling: Engineered large flow system	\$200 - \$300	
<u>512</u>	Application for OSS Permit – Establishment: Conventional small-flow system	\$100 - 300	
<u>514</u>	Application for OSS Permit – Establishment: Engineered small-flow system	\$100 - 300	
<u>518</u>	Application for OSS Permit – Establishment: Engineered large flow system	\$300 - \$375	
<u>618</u>	Private Water Consultation	\$15	
<u>619</u>	Water Sample (Collection/Field Trip)	\$30 - \$50	
<u>620</u>	Part 1: Preliminary Large Flow Development Review	\$75 - \$100	
<u>621</u>	Part 2: Large Flow Development Site Visit and Field Review	\$150+	
<u>622</u>	Part 3: Final Large Flow Development Review	\$50 - \$100	
<u>623</u>	Certification of Existing and Previously Approved System	\$75 - \$150	
<u>625</u>	Temporary License for Body Art Facility (Required by Act No. 321-2000)	\$50	\$50
<u>626</u>	Cemetery Review	\$100 - \$200	
<u>631</u>	Temporary Food Service	\$10/day, minimum \$30	
<u>632</u>	Plan Review for Commercial Establishment	\$75 - \$200	
<u>633</u>	For Future Use		
<u>634</u>	Food Handler's Permit (where program exists)	\$10/person	
<u>635</u>	Record Search for permits, records of inspection or permit application	\$20 minimum	
<u>699A</u>	Grease Trap Violation (Required by Act-No. 2018-268)	\$100/per day	\$100.00/per day



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 500

Site Evaluation - Conventional Small-Flow System

Description: An evaluation performed by a Certified Site Evaluator (Public Health Environmental Site Specialist) includes a visit to a site for soil tests and the completion of any subsequent reports. Site Evaluation applies only to conventional small-flow onsite sewage systems for dwellings or establishments.

Procedure: All clients are charged a flat non-refundable fee prior to receiving services. This service applies only to counties with an approved Site Evaluation Program.

Amount of Charge: Flat fee of \$150 - \$250

Service Code 502

Application for Onsite Sewage System Permit –

Dwelling: Conventional Small-Flow System

Description: An application is submitted by the property owner for a permit to install a conventional small-flow sewage disposal system for dwellings.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. However, if the site is changed, a new application and fee will be required.

Amount of Charge: Flat fee of \$100 - \$200

Service Code 504

Application for Onsite Sewage System Permit –

Dwelling: Engineered Small-Flow System

Description: An application is submitted by the property owner for a permit to install an engineered small-flow sewage disposal system for dwellings.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. However, if the site is changed, a new application and fee will be required.

Amount of Charge: Flat fee of \$100 - \$200



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 508

Application for Onsite Sewage System Permit –

Dwelling: Engineered Large-Flow System

Description: An application is submitted by the property owner for a permit to install an engineered large-flow sewage disposal system for dwellings.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. However, if the site is changed, a new application and fee will be required.

Amount of Charge: Flat fee of \$200 - \$300

Service Code 512

Application for Onsite Sewage System Permit –

Establishment: Conventional Small-Flow System

Description: An application is submitted by the property owner for a permit to install a conventional small-flow sewage disposal system for establishments.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. However, if the site is changed, a new application and fee will be required.

Amount of Charge: Flat fee of \$100 - \$300

Service Code 514

Application for Onsite Sewage System Permit –

Establishment: Engineered Small-Flow System

Description: An application is submitted by the property owner for a permit to install an engineered small-flow sewage disposal system for establishments.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. However, if the site is changed, a new application and fee will be required.

Amount of Charge: Flat Fee of \$100 - \$300



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 518

Application for Onsite Sewage System Permit –

Establishment: Engineered Large-Flow System

Description: An application is submitted by the property owner for a permit to install an engineered large-flow sewage disposal system for establishments.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. However, if the site is changed, a new application and fee will be required.

Amount of Charge: Flat fee of \$300 - \$375

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

Procedure: All clients (owners or occupants) are charged a flat fee at the time they are given a consultation with the water sample bottles. The owner or occupant may receive additional water sample bottles at no additional charge.

Amount of Charge: Flat fee of \$15

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 for each request. The property owner or occupant may receive additional water sample bottles at no additional charge.

Amount of Charge: Flat fee of \$30 - \$50



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 620

Part 1: Preliminary Large Flow Development Review

Description: An application is submitted with the preliminary details for a proposed large-flow development to initiate discussion between the local health department and other relevant parties.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed.

Amount of Charge: Flat fee of \$75 - \$100

Service Code 621

Part 2: Large-Flow Development Site Visit and Field Review

Description: An application is submitted with soil data and accompanying documentation for the local health department to perform a site evaluation of the large-flow development.

Procedure: All clients are charged a flat fee per submitted lot. The fee must be submitted with the application before it can be processed.

Amount of Charge: Flat fee of \$10 - \$50 per lot with minimum of \$150

Service Code 622

Part 3: Final Large-Flow Development Final Review

Description: An application is submitted with a final development plan for the local health department to issue approval or disapproval of the large-flow development.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed.

Amount of Charge: Flat fee of \$50 - \$100



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 623

Inspection of Existing and Previously Approved System

Description: An application is submitted requesting inspection of an existing onsite sewage systems. The public health environmentalist visits the site and evaluates the existing system.

Procedure: All clients are charged a flat fee prior to receiving evaluation documentation. The fee must be paid before an inspection is made and no refund is given.

Amount of Charge: Flat fee of \$75 - \$150

Service Code 625

Temporary Body Art Facility License

Description: An application is submitted for license to operate a temporary body art facility. This temporary license is only good for 14 calendar days.

Procedure: All clients are charged a flat fee per application. The fee must be submitted with the application before it can be processed. No charge for inspections.

Amount of Charge: Flat fee of \$50, based on Act No. 321-2000

Service Code 626

Cemetery Review

Description: A written request is submitted to review a proposed cemetery. The public health environmentalist visits the site to evaluate soil conditions for feasibility of a cemetery.

Procedure: All clients are charged a flat fee prior to receiving a report from the local health department. The fee is paid before an inspection is made and no refund is given. A new fee is charged for each proposal for cemetery review.

Amount of Charge: Flat fee of \$100 - \$200



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 631

Temporary Food Service

Description: An application is submitted for each food service establishment vendor operating at a temporary event within the county.

Procedures: All clients are charged a flat fee per application based on number of days of operation during an event before receiving permit. The fee is submitted with the 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

Service Code 632

Plan Review for Commercial Establishment

Description: An application is submitted for the review of plans for proposed commercial establishments including public swimming pools, motels/hotels, food service establishments, camps, body art facilities, schools, daycare centers, food processors, mobile units, commissaries, solid waste facilities, and other establishments for compliance with existing environmental regulations.

Procedures: The fee must be submitted with the application before it can be processed.

Amount of Charge: Flat fee of \$75 - \$200

Service Code 635

Record Search for Permits, Records of Inspections, Or Permits Applications

Description: A request is made for environmental records pursuant to a public records request or subpoena. The local health department will search for and copy any relevant paperwork to provide to the requester. Records may include written inspection sheets and/or letters regarding inspections, permits applied for or issued, and complaints received and/or investigated.

Procedure: The fee is collected before the information is released.

Amount of Charge: Flat fee of \$20 minimum



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 699A

Grease Trap Violation

Description: A citation is issued for food establishments with an unsecured grease trap lid.

Procedure: All clients are charged a flat fee for each day the grease trap remains unsecured.

Amount of Charge: Flat fee of \$100 per day, based on Act No 2018-268.



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

ENVIRONMENTAL SERVICES SCHEDULE OF PROPOSED FEES

ANNUAL FEES SERVICE CODE 636 – 683

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
<u>636</u>	Application for Sewage Tank Pumper Permit	\$50/truck; \$100 minimum	
<u>638</u>	Application for Septic Tank Series Manufacturer	\$150	
<u>641</u>	Application for Solid Waste Transfer Station Permit	\$150 - \$200	
<u>642</u>	Application of Public Swimming Pool Permit	\$100 - \$200	
<u>643</u>	Solid Waste Exception Permit: Individual Household (Limited to \$10 by Act No. 89-630)	\$10	\$10
<u>644</u>	Solid Waste Collector Permit	\$100 minimum	
<u>645</u>	Application for Land Application of Septage Permit	\$150 - \$250	
<u>648</u>	Food Processor Annual Gross Sales from \$0 - \$999,999	\$200	
<u>649</u>	Food Processors Annual Gross Sales from \$1,000,000 - \$4,999,999	\$300	
<u>650</u>	Food Processors Annual Gross Sales from \$5,000,000 – \$9,999,999	\$500	
<u>652</u>	Food Processors Annual Gross Sales from \$10,000,000 or more	\$900	
<u>653</u>	License for Body Art Facility (based on Act 321-2000)	Initial \$250/ Renewal \$200	Initial \$250/ Renewal \$200
<u>659</u>	Hotel and Motel 1 to 20 rooms	\$100 - \$150	
<u>660</u>	Hotel and Motel 21 to 50 rooms	\$200	
<u>662</u>	Hotel and Motel 51 and more rooms	\$300	
<u>664</u>	Camp Facilities 0 to 50 persons	\$75	
<u>666</u>	Camp Facilities 51 or more persons	\$200 - \$300	

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
<u>667</u>	Food Service Establishment: Priority Category 1	\$50 - \$100	
<u>669</u>	Food Service Establishment: Priority Category 2	\$100 - \$200	
<u>671</u>	Food Service Establishment: Priority Category 3	\$200 - \$300	
<u>673</u>	Food Service Establishment: Priority Category 4	\$300 - \$400	
<u>677</u>	Pushcarts or Mobile Units	\$50 - \$75	
<u>681</u>	Late Penalty Fee Charge	\$25 - \$50	
<u>683</u>	Application for Body Art Operator's Permit	\$25 - \$50/ person	

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 636

Application for Sewage Tank Pumper Permit

Description: An application is submitted for a permit for each sewage tank pumper to operate in a county.

Procedure: All clients may be charged a flat fee for each application or may be charged per truck. The fee must be submitted with the application before it can be processed. No charge for inspections.

Amount of Charge: Flat fee of \$50/truck; \$100 minimum

Service Code 638

Application for Septic Tank Series Manufacturer Permit

Description: An application is submitted for a permit for each septic tank/grease trap series manufactured for use in a sewage disposal system.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. One permit is issued for each sewage tank series.

Amount to Charge: Flat fee of \$150 for each tank series

Service Code 641

Application for Solid Waste Transfer Station Permit

Description: An application is submitted for a permit to operate a transfer station.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No charge for inspections.

Amount of Charge: Flat fee of \$150 - \$200 per facility

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 642

Application for Public Swimming Pool Permit (Where Program Exists)

Description: An application is submitted for a permit to operate a public swimming pool in the county.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No charge for inspections.

Amount to Charge: Flat fee of \$100 - \$200

Service Code 643

Application for Solid Waste Exception Permit Individual Household

Description: An application is submitted by the property owner for a certificate of exception to haul their own garbage to a permitted landfill/transfer station or share garbage service with a neighbor instead of participating in mandatory garbage collection.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed.

Amount of Charge: Flat fee of \$10, based on Act No. 89-630

Service Code 644

Application for Solid Waste Collector Permit

Description: An application is submitted for a permit to collect and haul solid waste containing garbage.

Procedure: All clients may be charged a flat fee for each application or may be charged per truck. The fee must be submitted with the application before it can be processed. No charge for inspections.

Amount to Charge: Flat fee of \$50/truck; \$100 minimum

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 645

Application for Land Application of Septage Permit

Description: An application is submitted by the property owner or applicant for a permit to land apply septage.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied.

Amount of Charge: Flat fee of \$150 - \$250 per site

Service Code 648

Food Processor: Annual Gross Sales of \$0 - \$999,999

Description: An application is submitted for a permit to operate a food processing facility with total annual sales less than \$1,000,000.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: Flat fee of \$200

Service Code 649

Food Processor: Annual Gross Sales of \$1,000,000 - \$4,999,999

Description: An application is submitted for a permit to operate a food processing facility with total annual sales from \$1,000,000 - \$4,999,999.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount of Charge: Flat fee of \$300

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 650

Food Processor: Annual Gross Sales of \$5,000,000 - \$9,999,999

Description: An application is submitted for a permit to operate a food processing facility with total annual sales from \$5,000,000 - \$9,999,999.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: Flat fee of \$500

Service Code 652

Food Processor: Annual Gross Sales of \$10,000,000 or More

Description: An application is submitted for a permit to operate a food processing facility with total annual sales of \$10,000,000 or more.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount of Charge: Flat fee of \$900

Service Code 653

Body Art Facility License

Description: An application is submitted for a permit to operate a body art facility.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: The fees are based on Act No. 321-2000

Initial license	Flat fee of \$250
Annual renewal license	Flat fee of \$200

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 659

Hotels and Motels: 1 to 20 Rooms

Description: An application is submitted for a permit to operate a hotel or motel with 1 to 20 rooms.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount of Charge: Flat fee of \$100 - \$150

Service Code 660

Hotels and Motels: 21 to 50 Rooms

Description: An application is submitted for a permit to operate a hotel or motel with 21 to 50 rooms.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: Flat fee of \$200

Service Code 662

Hotels and Motels: 51 or More Rooms

Description: An application is submitted for a permit to operate a hotel or motel with 51 or more rooms.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount of Charge: Flat fee of \$300

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 664

Camp Facilities: Up to 50 Persons

Description: An application is submitted for a permit to operate resident or day camps.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: Flat fee of \$75

Service Code 666

Camp Facilities: 51 or More Persons

Description: An application is submitted for a permit to operate resident or day camps.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount of Charge: Flat fee of \$200 - \$300

Service Code 667

Food Service Establishment: Priority Category 1

Description: An application is submitted for a permit to operate food service establishments classified as a “Priority Category 1 Food Establishment” as defined by Chapter 420-3-22, Food Rules.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: Flat fee of \$50 - \$100

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 669

Food Service Establishment: Priority Category 2

Description: An application is submitted for a permit to operate food service establishments classified as a “Priority Category 2 Food Establishment” as defined by Chapter 420-3-22, Food Rules.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: Flat fee of \$100 - \$200

Service Code 671

Food Service Establishment: Priority Category 3

Description: An application is submitted for a permit to operate food service establishments classified as a “Priority Category 3 Food Establishment” as defined by Chapter 420-3-22, Food Rules.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: Flat fee of \$200 - \$300

Service Code 673

Food Service Establishment: Priority Category 4

Description: An application is submitted for a permit to operate food service establishments classified as a “Priority Category 4 Food Establishment” as defined by Chapter 420-3-22, Food Rules.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount to Charge: Flat fee of \$300 - \$400

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 677

Pushcarts or Mobile Units

Description: An application is submitted for a permit to operate establishments classified as a "Mobile Food Unit" as defined by Chapter 420-3-22, Food Rules.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. No refund is given if the application is denied. No charge for inspections.

Amount of Charge: Flat fee of \$50 - \$75

Service Code 681

Late Penalty Charge

Description: Annual permits are issued or renewed by a specified date. An application and fee must be submitted by the date the permit expires.

Procedure: All clients will be charged a late penalty fee for an application and fee received after the permit has expired. The application fee and late penalty fee must be received before an application that was submitted late can be processed.

Amount of Charge: Flat fee of \$25 - \$50

Service Code 683

Application for Body Art Operator Permit

Description: An application is submitted for a permit for each body art operator to operate in a body art facility.

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.

Amount to Charge: Flat fee of \$25 - \$50/operator

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

ENVIRONMENTAL SERVICES SCHEDULE OF FEES

STATE LEVEL SERVICE CODE 680 – 706

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
<u>680</u>	Frozen Desserts Manufacturers <i>Act No. 93-718</i>	\$300
<u>686</u>	Alabama Milk Processors <i>Act No. 93-718</i>	\$300
<u>692</u>	Single Service Container Plants <i>Act No. 93-718</i>	\$300
<u>706</u>	Out of State Milk Processors <i>Act No. 93-718</i>	\$300

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Service Code 680 Frozen Dessert Manufacturers

Description: An application is submitted for a permit to manufacture frozen desserts in Alabama.

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. The fee does not apply to food service establishments. No charge for inspections.

Amount of Charge: Flat fee of \$300, based on Act No. 93-718.

Service Code 686 Alabama Milk Processors

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

Procedure: All clients are charged a flat fee for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. The fee does not apply to food service establishments. No charge for inspections.

Amount to Charge: Flat fee of \$300, based on Act No. 93-718.

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 for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed. The fee does not apply to food service establishments. No charge for inspections.

Amount of Charge: Flat fee of \$300, based on Act No. 93-718.

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 for each application prior to receiving a permit. The fee must be submitted with the application before it can be processed.

Amount to Charge: Flat fee of \$300, based on Act No. 93-718.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

COMMON QUESTIONS AND ANSWERS

Question: Do we charge for re-inspection of food service establishments if the patient/client fails the first inspection?

Answer: No. There is no charge for re-inspection. See Service Code 668, Food Service Establishment.

Question: Could you please clarify when the fee for water sample bottles should be collected?

Answer: The fee covers the entire service, not just the bottle. The fee is collected at the time the client is given the bottle. If the environmentalist is going to take the sample for the client, the client must pay the fee before the sample is taken.

Question: Could you please clarify if there is an additional charge for actual sample testing?

Answer: No. Even if the environmentalist does the actual work, there is still only a one-time fee.

Question: Isn't the charge for water samples too high?

Answer: The charge is not too high. The fee covers the entire service cost. There are many occasions when environmentalists must take samples and provide assistance to homeowners.

Question: If a person has made a mistake in obtaining a water sample, resulting in an unsatisfactory lab test, can we charge an additional fee for the second test?

Answer: No. The fee is a one-time payment that covers the cost of all necessary resampling until satisfactory lab results are achieved. If the well becomes contaminated in the future and a new testing cycle is needed, the fee will be charged at the start of that cycle.

Question: Is there a charge for temporary food service permits (such as carnivals, church bazaars, etc.)?

Answer: Not usually unless your local Board of Health has approved a fee for this service.

CHAPTER 4

HEALTH STATISTICS

SERVICES

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

HEALTH STATISTICS SERVICES

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

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 is \$15 each, Additional Certified Copies of the same record are \$6 each.**

LOCAL ISSUANCE

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

- Nominated by an administrator, health officer, or district clerical director
- Approved by the State Registrar
- Trained and certified by the Center for Health Statistics
- Certified to handle cash (See page 4 for more information about cash certification)

Once a registrar from the county health department has been trained and certified, he/she may issue vital records and forward death certificates for the county (ies) 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 maintain the Center for Health Statistics' statewide issuance system. The fees are distributed as follows:

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

For procedures regarding issuance of birth, death, marriage, and divorce certificates, and Acknowledgements of Paternity, refer to protocol in the Procedures Manual for County Issuance. For procedures regarding the forwarding of death certificates to the State Registrar's Office, refer to Death Registration Module in the Procedures Manual for County Issuance.

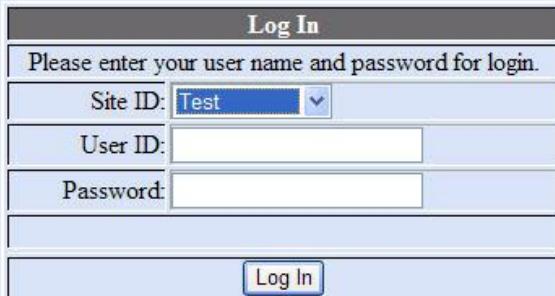
CHAPTER 5

ELECTRONIC DAY SHEET USER'S GUIDE

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LOGIN SCREEN:



The image shows the 'eDaySheet' login interface. At the top, the text 'eDaySheet' is displayed in a stylized font. Below it is a 'Log In' box with a dark header. Inside the box, the text 'Please enter your user name and password for login.' is displayed. There are three input fields: 'Site ID' with a dropdown menu containing 'Test', 'User ID' (empty), and 'Password' (empty). At the bottom of the box is a 'Log In' button.

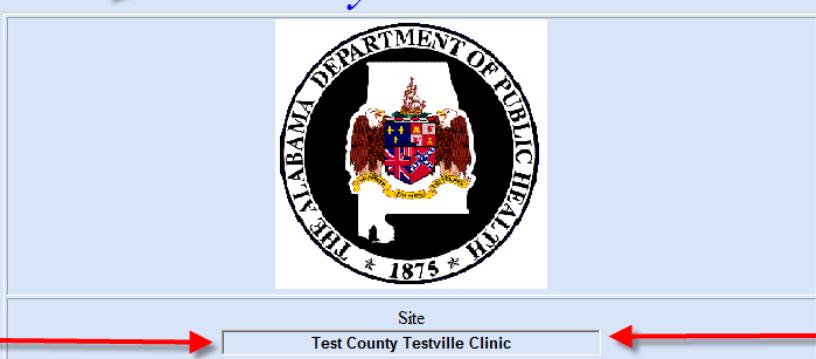
Select your clinic site from the drop-down Site ID list.

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.



The image shows the 'eDaySheet' home screen. At the top, the text 'eDaySheet' is displayed in a stylized font, with 'Test County Testville Clinic' written in blue text below it. A red arrow points to the text 'Test County Testville Clinic'. In the center is the Alabama Department of Public Health seal, which includes a map of Alabama and the text 'THE ALABAMA DEPARTMENT OF PUBLIC HEALTH 1875'. At the bottom, there is a 'Site' dropdown menu with the text 'Test County Testville Clinic' selected. A red arrow points to this dropdown menu.

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.

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-based application interface. At the top, the title 'eDaySheet' is displayed in a dark blue serif font, followed by 'Test County Testville Clinic' in a larger, blue, italicized serif font. Below this, a form titled 'Password Reset' is shown. A message 'Your Password has expired please reset and login' is displayed above the form fields. The form consists of several input fields and labels:

User ID:	<input type="text" value="h49ncler"/>
Password:	<input type="password"/>
Confirm Password:	<input type="password"/>
User First Name:	<input type="text" value="New"/>
User Middle Initial:	<input type="text"/>
User Last Name:	<input type="text" value="Clerk"/>
User Phone Number:	<input type="text" value="3342065735"/>
<input type="button" value="Submit"/>	

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

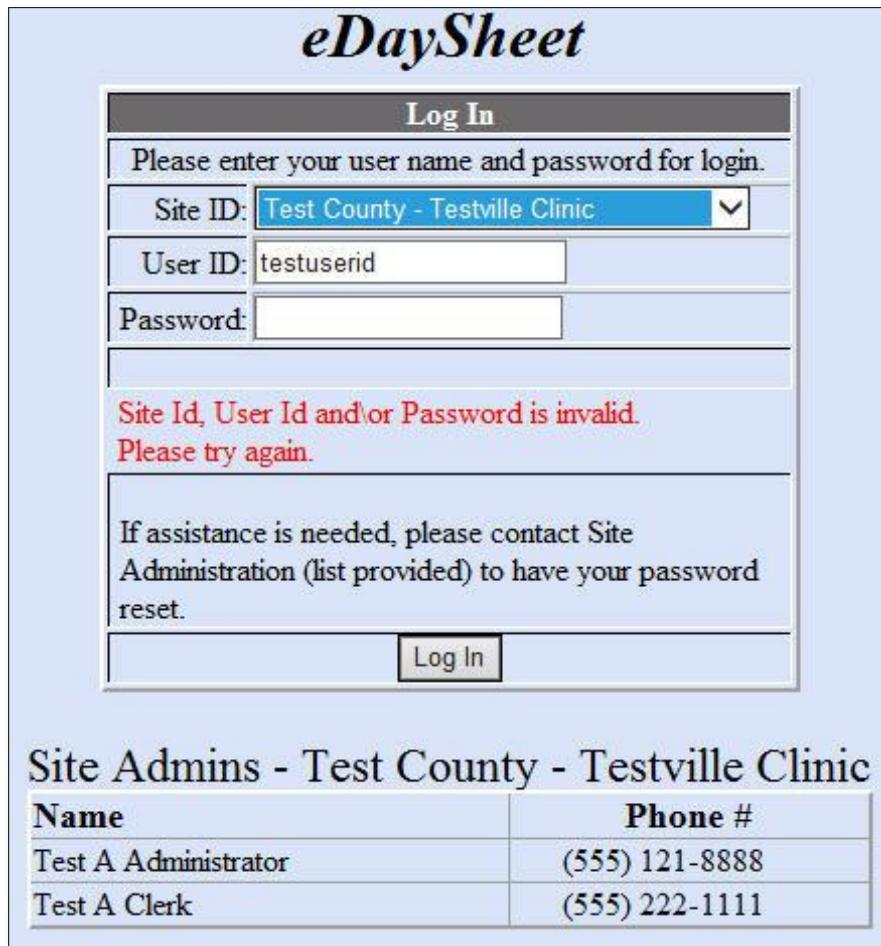
The Log In screen will be displayed.

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:

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



The image shows a screenshot of the eDaySheet login interface. The title 'eDaySheet' is at the top. A 'Log In' button is at the top of the form. The form fields are: 'Site ID' (dropdown menu showing 'Test County - Testville Clinic'), 'User ID' (text input field showing 'testuserid'), and 'Password' (text input field). Below the form, a red message box contains the text 'Site Id, User Id and/or Password is invalid. Please try again.' At the bottom of the page, a table titled 'Site Admins - Test County - Testville Clinic' lists two administrators with their names and phone numbers.

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

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

CLERKS' MAIN MENU:

Date: 09/05/2025

Site Navigation

- [Home](#)
- [Client Records](#)
- [Lookup Receipt](#)
- [Void Receipt](#)
- [Report Menu](#)
- [Overage/Shortage](#)
- [Logout](#)

eDaySheet
Autauga



Site
Autauga

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Patient/Client Records

From the Main Menu, select Client Records

Date: 09/05/2025

Site Navigation

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

Last Name or Number First Name Search

From this menu item you may do a client Lookup and/or Add a new client

Last Name or Number First Name Search

1 2

To Search for a 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 client lookup is REQUIRED before any new client records can be added and before any receipts can be issued to an existing client record.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

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

eDaySheet
Test County - Testville Clinic

Last Name or Number 4900001	First Name	Search			
	CLIENT #	Last Name/ Business Name	First Name	MI	Date of Birth
Select	490000101	Patient	Char		2/4/1955
Select	490000102	Patient	Testy	A	8/25/1963
Select	490000100	Personal	Test	A	5/25/1963
Select	490000103	Sickly	Patient	B	5/25/1973
Select	490000104	Test	Client		1/10/1973
Select	Add New Client				

In the example below, the search was for the last name “client” and the first letter of the first name beginning with a “T”. all the client records that have a last name “client” and the first name begin with a “T” are displayed.

eDaySheet
Test County - Testville Clinic

Last Name or Number patient	First Name t	Search

If the client is not displayed, click Select to add new client.

If the client is displayed click, select next to their client# and the ledger card for that 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.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Add New Patient/Client

Complete all fields:

eDaySheet
Test County - Testville Clinic

Client Type:	Personal <input type="button" value="▼"/>	1
Client Number:	Add New Client 2	
Last Name 3	First Name 4	MI 5 Date of Birth 6
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address 1 7	Street Address 2 8	
<input type="text"/>	<input type="text"/>	
City 9	State 10	Zip Code 11
<input type="text"/>	AL	<input type="text"/>
Phone Number 12	Comments 13	Current Balance 14 Previous Balance 15
<input type="text"/>	<input type="text"/>	<input type="text" value="0.0"/>
16	17	18
<input type="button" value="Non-Clinic"/>	<input type="button" value="Cancel"/>	<input type="button" value="Print Ledger"/>

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Example for a Business account:

eDaySheet
Test County - Testville Clinic

Client Type:	Business		
Client Number:	1		
Business Name			
Client Q			
Street Address 1	Street Address 2		
577 Test Blvd			
City	State	Zip Code	
Testville	AL	36555	
Phone Number	Comments	Current Balance	Previous Balance
		\$369.00	\$369.00
<input type="button" value="Create Receipt"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Adjustment"/> <input type="button" value="Print Invoice"/>		<input type="button" value="Print Ledger"/>	

Example for a personal account:

eDaySheet
Test County - Testville Clinic

Client Type:	Personal		
Client Number:	491084067		
Last Name	First Name	MI	Date of Birth
Sick	Sara	B	02/24/1992
Street Address 1	Street Address 2		
1003 Somewher Court			
City	State	Zip Code	
Testville	AL	68888	
Phone Number	Comments	Current Balance	Previous Balance
		\$0.00	\$0.00
<input type="button" value="Create Receipt"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Adjustment"/> <input type="button" value="Print Invoice"/>		<input type="button" value="Print Ledger"/>	

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

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

A completed Personal Ledger Card

eDaySheet
Test County - Testville Clinic

Client Type:	Personal	Client Number:	27				
Last Name	First Name	MI	Date of Birth				
Duck	Donald						
Street Address 1	Street Address 2						
100 Castle Rd							
City	State	Zip Code					
Orlando	AL	59888					
Phone Number	Comments	Current Balance	Previous Balance				
		\$0.00	\$0.00				
<input type="button" value="Create Receipt"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Adjustment"/> <input type="button" value="Print Invoice"/> <input type="button" value="Print Ledger"/>							
TRANS DATE	RECEIPT NUMBER	CATEGORY	NET CHARGES	CREDITS	AMOUNT PAID	CURRENT BALANCE	TRANS TYPE
Select	11/05/2025	179	ENV	\$0.00		\$0.00	\$210.00 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 patient/client page.
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 E-Day Sheet 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 E-Day Sheet. The possible transaction types are deposit, void, adjustment, overage, shortage, and return check.

Note: If a client request confidentiality, select NO to “Is it ok to send mail to this address”?

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Create Receipt

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

eDaySheet
Autauga

Date: 09/10/2025

Site Navigation

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



Site
Autauga

eDaySheet
Test County - Testville Clinic

Clerk: **fsadmin** Receipt #: **NEW RECEIPT**

Client Number	Last Name	First Name	MI	Date Issued
45	Client	Joe		11/05/2025

Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	
1	Environmental Fees	600	150.00	1	1.00	150.00	Remove
2	Environmental Fees	606	60.00	1	1.00	60.00	Remove
							Add New Row

Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance
210.00	210.00	Check		210.00	0.00	0.00

Revenue Source Payer

ENVIRONMENT FEE Joe Client

Note: What is entered in the box WILL print on the receipt.
This area is for documentation of the receipt if needed.

Notes

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 E-Day Sheet system.
4. The First Name of the 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 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 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 E-Day Sheet. 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.

Date: 09/10/2025	Clerk: F01cglov	Receipt #: NEW RECEIPT																																				
Site Navigation		Client Number Business Name Date Issued																																				
		1922 Davis Funeral Home 09/10/2025																																				
<table border="1"> <thead> <tr> <th>Row #</th> <th>Category</th> <th>Service Code</th> <th>Gross</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Select</td> <td>Select</td> <td></td> </tr> <tr> <td></td> <td>Select</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Environmental Fees</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Misc</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total Due</td> <td>Payment</td> <td></td> </tr> <tr> <td></td> <td>Misc-Immun</td> <td>Type</td> <td>Cash</td> </tr> <tr> <td></td> <td>Other Clinic-Dental</td> <td>Select</td> <td>Check</td> </tr> <tr> <td></td> <td>Vital Stats</td> <td></td> <td></td> </tr> </tbody> </table>			Row #	Category	Service Code	Gross	1	Select	Select			Select				Environmental Fees				Misc				Total Due	Payment			Misc-Immun	Type	Cash		Other Clinic-Dental	Select	Check		Vital Stats		
Row #	Category	Service Code	Gross																																			
1	Select	Select																																				
	Select																																					
	Environmental Fees																																					
	Misc																																					
	Total Due	Payment																																				
	Misc-Immun	Type	Cash																																			
	Other Clinic-Dental	Select	Check																																			
	Vital Stats																																					
Home Client Records Lookup Receipt Void Receipt Report Menu Overage/Shortage Logout																																						

9. The applicable Service Code will be selected from 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 E-Day Sheet, key the charge approved on your local county fee schedule, if applicable.
11. The Percent % amount is used to slide a client charge, if applicable.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

12. The Net Amount is the amount that should be consistent with the local approved fee amount. This field can be overwritten 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 ACH.
15. If Cash is selected as the payment type the amount paid will be populated in this box.
16. If Check is selected in the payment type the amount paid will be populated in this box.
17. If Both is selected in the payment type, enter the amount of cash collected and the amount of the check for this receipt.
18. If ACH is selected, both cash and check boxes are locked mainly used for vital check payment.
19. The Current Balance is the client's balance before the most recent entry was made on the E-Day Sheet.
20. The Previous Balance is the client's balance before the most recent entry was made on the E-Day Sheet.
21. Vital Stats-1st will be displayed only when Vital Stats is selected in the category field. Enter the total amount of money collected for the Vital Stats. This amount must equal the current charge for a first copy times the number of copies being issued on this receipt.
22. Vital Stats-2nd 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-1st and Vital Stats-2nd must equal the Amount Paid.

23. Revenue Source is selected from the drop-down box. If there are 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.
24. The name of the person paying is entered in the Payee field.
25. The Comments section is an open text field that can be used for extra documentation about the receipt. **Do not select Miscellaneous if the revenue source is in the drop-down category box. 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.
26. Selecting Cancel will stop the issuing of this receipt. You will be returned to the client ledger card.
27. 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 client's ledger card.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

See example below for a completed Receipt entry screen:

eDaySheet
Test County - Testville Clinic

Clerk: **fsdadmin** Receipt #: **NEW RECEIPT**

Client Number	Last Name	First Name	MI	Date Issued
45	Client	Joe		11/05/2025

Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	
1	Environmental Fees	600	150.00	1	1.00	150.00	Remove
2	Environmental Fees	606	60.00	1	1.00	60.00	Remove
							Add New Row

Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance
210.00	210.00	Check		210.00	0.00	0.00

Revenue Source Payer
ENVIRONMENT FEE Joe Client

Note: What is entered in the box WILL print on the receipt.
This area is for documentation of the receipt if needed.

Notes

Note: The client paid for this receipt with Check

The following message will appear, confirming that you want to create the receipt

fs-web01 says

Are you sure you want to Create this 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 client. To exit the receipt print screen, click on the Back button in the top center of the screen.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Refer to the example below of a printed receipt:

Receipt/Current Invoice												
11/05/2025	45	210.00	210.00	Credits	210.00	0.00						
Date	Client Number	Gross Charge	Net Charge	Credits	Amount Paid	Current Balance						
0.00												
Previous Balance												
Joe Client												
Name of Client												
ENV												
Transaction Category												
Joe Client												
Received from Payer												
Test County Health Department				Note: What is entered in the box WILL print on the receipt.								
3060 Test Highway				This area is for documentation of the receipt if needed.								
Notes												
Testville, AL 36108												
(334) 555-8888		(334) 293-6410										
Phone		Fax										
Next Appointment (Date) _____												
Receipt Date: 11/5/2025				Receipt Number								
DPH-A-101-Rev. 11/2008				176								
<table border="1"><thead><tr><th>SERVICE CODE</th><th>NET CHARGES</th></tr></thead><tbody><tr><td>600</td><td>150.00</td></tr><tr><td>606</td><td>60.00</td></tr></tbody></table>							SERVICE CODE	NET CHARGES	600	150.00	606	60.00
SERVICE CODE	NET CHARGES											
600	150.00											
606	60.00											
Patient/Client Copy												

Lookup Receipt

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

Date:

Site Navigation

- [Home](#)
- [Client Records](#)
- [Lookup Receipt](#)
- [Void Receipt](#)
- [Report Menu](#)
- [Overage/Shortage](#)
- [Logout](#)

Receipt Lookup

Receipt Number:

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 E-Day Sheet home screen, click Cancel. See example below.

eDaySheet
Test County - Testville Clinic

Clerk: **fsdadmin** Receipt #: **176**

Client Number	Last Name	First Name	MI	Date Issued
45	Client	Joe		11/5/2025

Category	Service Code	Gross Fee Charge	Percent %	Net Amount
ENV	600	150.00	1.00	150.00
ENV	606	60.00	1.00	60.00

Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance
210.00	Check		210.00	0.00	0.00

Revenue Source Payer

ENVIRONMENT FEE

Notes Note: What is entered in the box WILL print on the receipt.
This area is for documentation of the receipt if needed.

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

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

See example below of a printed copy of a receipt:

Receipt/Current Invoice												
11/05/2025	45	210.00	210.00	Credits	210.00	0.00						
Date	Client Number	Gross Charge	Net Charge		Amount Paid	Current Balance						
0.00 Previous Balance												
Joe Client Name of Client												
ENV Transaction Category												
Joe Client Received from Payer												
Test County Health Department 3060 Test Highway Testville, AL 36108 (334) 555-8888 (334) 293-6410 Phone Fax												
Note: What is entered in the box WILL print on the receipt. This area is for documentation of the receipt if needed. Notes												
Next Appointment (Date) _____												
Receipt Date: 11/05/2025				Receipt Number								
Receipt Printed: 11/5/2025				176								
DPH-A-101-Rev. 11/2008				Patient/Client Copy								
<table border="1"><thead><tr><th>SERVICE CODE</th><th>NET CHARGES</th></tr></thead><tbody><tr><td>600</td><td>150.00</td></tr><tr><td>606</td><td>60.00</td></tr></tbody></table>							SERVICE CODE	NET CHARGES	600	150.00	606	60.00
SERVICE CODE	NET CHARGES											
600	150.00											
606	60.00											

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Void Receipt

Voiding a receipt should only be done if the patient/client has changed their mind about making a payment and is present on the same day. To void a receipt, obtain the original receipt from the client, void the receipt, and issue a refund. Attach original and voided receipts to the Daily Close-out Report.

By selecting "Void Receipt" on the Site Navigation Menu, users can look up and cancel a previously issued receipt. After selecting "Void Receipt," enter the receipt number to be voided and click "Search."

Note: Do not void a transaction simply to change the method of payment. Treat this as an error correction. Refer to error correction section on page 159 for instructions.

Void Receipt

Receipt Number:

Client Number	Last Name	First Name	MI	Date Issued
45	Client	Joe		11/5/2025

Category	Service Code	Gross Fee Charge	Percent %	Net Amount
VS	802	27.00	1.00	27.00

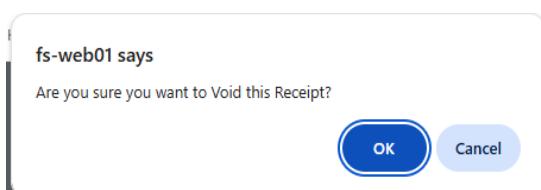
Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance	Vital Stats-1st	Vital Stats-2nd
27.00	Check		27.00	0.00	0.00	15.00	12.00

Revenue Source
V S FEES 1ST COPY -

Comments
*

• You must enter in comments why you are voiding the receipt.

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.



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Void Receipt

Receipt Number:

Client Number	Last Name	First Name	MI	Date Issued
45	Client	Joe		11/5/2025

Category	Service Code	Gross Fee Charge	Percent %	Net Amount
VS	802	27.00	1.00	27.00

Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance	Vital Stats-1st	Vital Stats-2nd
27.00	Check		27.00	0.00	0.00	15.00	12.00

Revenue Source: Payee:

Comments: The receipt was voided because the client changed their mind. This occurred on the same day the receipt was issued. A refund was provided.

The Void Receipt must be printed and attached to the Transaction by Date Report for that day. A Voided Receipt must include two signatures or initials and be dated, in ink. 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

11/05/2025	45	27.00	27.00		(27.00)	0.00
Date	Client Number	Gross Charge	Net Charge	Credits	Amount Paid	Current Balance
						0.00

Previous Balance

Joe Client

Name of Client

**** VOID VOID VOID VOID****

VS

Transaction Category

Joe client

Received from Payer

Test County Health Department

3060 Test Highway

The receipt was voided because the client changed their mind. This occurred on the same day the receipt was issued. A refund was provided.

Notes

Testville, AL 36108

(334) 555-8888

Phone

(334) 293-6410

Fax

Signature/ (Date) _____

Signature/ (Date) _____

Receipt Date: 11/05/2025

Receipt Number

Receipt Printed: 11/5/2025

175

DPH-A-101-Rev. 11/2008

SERVICE CODE	NET CHARGES
802	27.00

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 client, void receipt, and issue refund. Attach original and voided receipts to the Transaction by Date Report.

Note: Voids must be done on the same day services were provided prior to close-out, and the patient/client must be present.

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

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

Refund After E-Day Sheet Closeout

If the E-Day Sheet has been balanced and closed at the end of the day, or the following morning, and the deposit has been prepared or made, a refund must be made in the form of a field voucher.

The following information must be included on the Field Voucher

- Current Date
- Payee's Name and Address
- County Health Department
- Program Name
- Client's Name and Address
- Date Fee Paid
- Specified Service
- Receipt Number
- Refund Amount
- Client E-Day Sheet Number
- Brief Explanation of Refund
- Authorized Signature

A copy of the original receipt must be attached to the Field Voucher. If the original receipt is not available, please provide an explanation with a reprinted receipt.

The documents should be mailed to:

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

Before issuing a field voucher for a check payment, the check must be cleared by the bank. It typically takes 7-14 business days for a check to clear.

The Bureau of Financial Services - Budgets and Receipts office will process the Field Voucher, and a state warrant will be mailed directly to the client, unless instructed otherwise. A copy of the Field Voucher and the original receipt must be maintained at the county level. See below for an example of a completed Field Voucher.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Example of Field Voucher for Refund

STATE OF ALABAMA
STATE HEALTH DEPARTMENT

FIELD VOUCHER

04-Dec-25

To Mary Doe

(Payee)

Address Route 1, Box 2

Anytown, Alabama 35123

Articles or Services
(Itemized)

Health Department: Anywhere

Program: Immunization

Name: James Doe

Address: Route 1, Box 2, Anytown, Alabama 35123

Date Fee Paid: October 24, 2025

Specific Service: Immunization

Refund Amount \$20.00

Receipt Number: 098765

Patient Account Number: XXXXXXX

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 June 30, 2025, and requested that her payment be refunded. The child was going to the doctor to get the immunizations.

Ms. Doe has requested the refund be sent to the Health Department office as she is having a problem with her mail being tempered with. She will pick the check up at the office.

\$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.

Paid by
Voucher Number

Office Manager, District Administrator or District Clerical Director

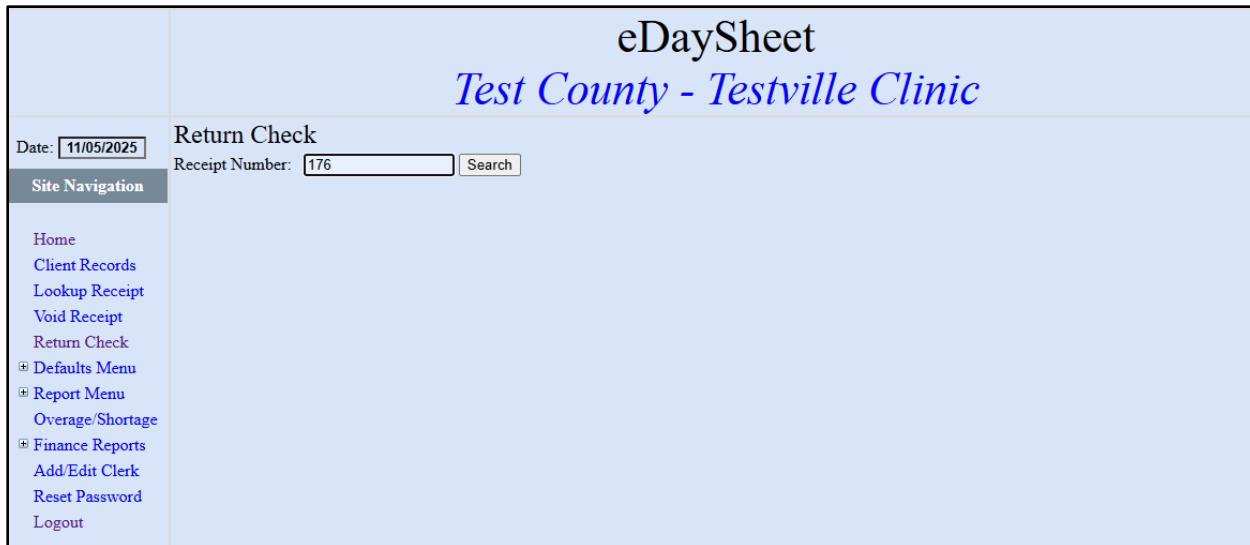
AUTHORIZED SIGNATURE

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Return Check

See next section for instructions related to clients without an individual E-Day Sheet receipt that corresponds to the return check.

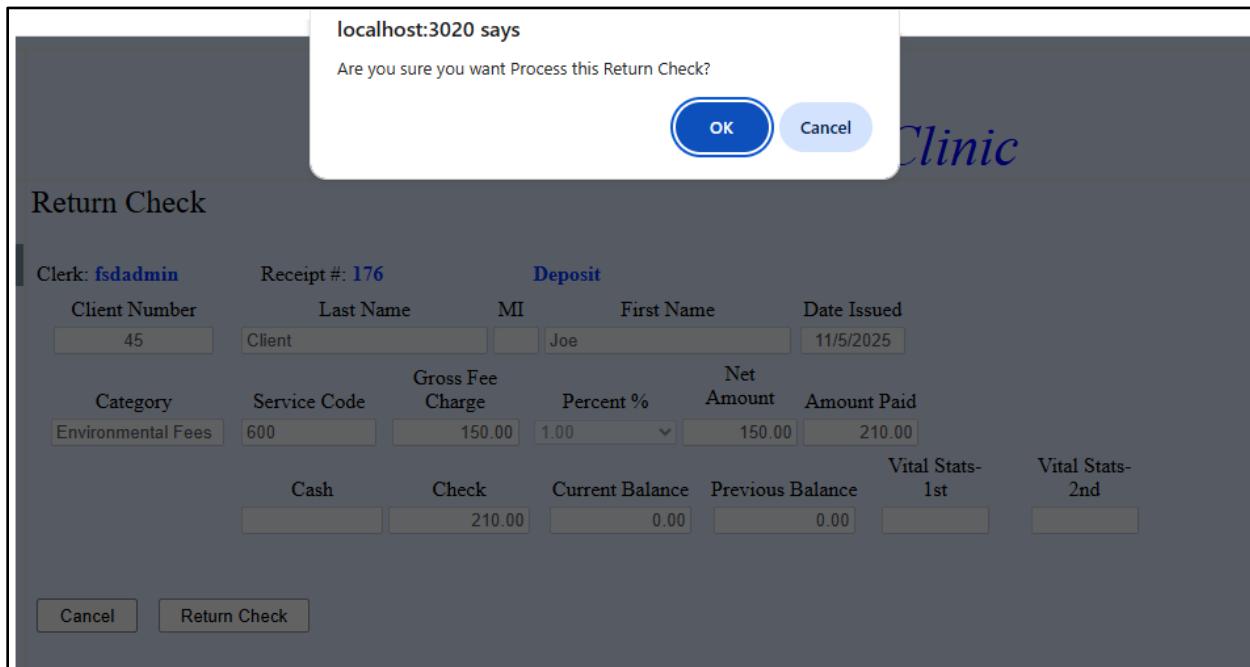
To process a return check, select Return Check from the Site Navigation Menu. Enter the receipt number and click on the Search Button.



The screenshot shows the eDaySheet software interface for Test County - Testville Clinic. The main title is "eDaySheet" and "Test County - Testville Clinic". The "Site Navigation" menu is open, showing various options: Home, Client Records, Lookup Receipt, Void Receipt, Return Check, Defaults Menu, Report Menu, Overage/Shortage, Finance Reports, Add/Edit Clerk, Reset Password, and Logout. The "Return Check" option is highlighted. On the left, there is a date field "Date: 11/05/2025" and a receipt number field "Receipt Number: 176" with a "Search" button.

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. Now you will need to do an NSF transaction. See page 112

To stop processing, click Cancel.



The screenshot shows the "Return Check" transaction window. At the top, it says "localhost:3020 says" and "Are you sure you want Process this Return Check?". There are "OK" and "Cancel" buttons. Below this, the "Return Check" window is visible, showing a table of fees and payment details. The table includes columns for Category, Service Code, Gross Fee Charge, Percent %, Net Amount, and Amount Paid. The "Amount Paid" column shows "210.00". At the bottom, there are "Cancel" and "Return Check" 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.

Returned Check Receipt/Current Invoice

11/05/2025	45	150.00	150.00	(210.00)	(210.00)	210.00
Date	Client Number	Gross Charge	Net Charge	Credits	Return Check Amt	Current Balance
						0.00

Joe Client

Name of Client

ENV

Transaction Category

Received from Payer

Test County Health Department

3060 Test Highway

Testville, AL 36108

(334) 555-8888 (334) 293-6410
Phone Fax

Next Appointment (Date)

Receipt Printed: 11/5/2025

DPH-A-101-Rev. 11/2008

Receipt Number

177

RETURNED CHECK for Receipt number: 176

Patient/Client Copy

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

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

eDaySheet
Test County - Testville Clinic

Client Type:	Personal							
Client Number:	45							
Last Name	First Name	MI						
Client	Joe							
Street Address 1	Street Address 2							
100 Main St								
City	State	Zip Code						
Sometown	AL	36102						
Phone Number	Comments	Current Balance	Previous Balance					
(334) 555-1234		\$30.00	\$60.00					
<input type="button" value="Create Receipt"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/> <input type="button" value="Adjustment"/> <input type="button" value="Print Invoice"/> <input type="button" value="Print Ledger"/>								
Select	TRANS DATE	RECEIPT NUMBER	CATEGORY	NET CHARGES	CREDITS	AMOUNT PAID	CURRENT BALANCE	TRANS TYPE
Select	11/05/2025	177	ENV	\$150.00	(\$210.00)	(\$210.00)	\$210.00	ReturnChk
Select	11/05/2025	176	ENV	\$210.00		\$210.00	\$0.00	Deposit
Select	11/05/2025	175	VS	(\$27.00)		(\$27.00)	\$0.00	Void

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

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Instructions for processing returned checks where no individual E-Day Sheet receipt corresponds to the returned check

Access the 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 0.0
- 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.

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

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

Clerk: fsdadmin		Receipt #: NEW RECEIPT																																
Client Number	Last Name	First Name	MI	Date Issued																														
45	Client	Joe		11/05/2025																														
<table border="1"><thead><tr><th>Row #</th><th>Category</th><th>Service Code</th><th>Gross Fee Charge</th><th>Multiplier X</th><th>Percent %</th><th>Net Amount</th></tr></thead><tbody><tr><td>1</td><td>Environmental Fees</td><td>605</td><td>0.00</td><td>1</td><td>.00</td><td>0.00</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Remove</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>Add New Row</td></tr></tbody></table>							Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	1	Environmental Fees	605	0.00	1	.00	0.00							Remove							Add New Row
Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount																												
1	Environmental Fees	605	0.00	1	.00	0.00																												
						Remove																												
						Add New Row																												
Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance																												
0.00	0.00	Check		210.00	210.00	210.00																												
Revenue Source	Payer																																	
ENVIRONMENT FEE	RTR CHECK FROM JOE CLIENT																																	
Notes	To establish a receipt to process a Returned Check without a receipt.																																	
<input type="button" value="Cancel"/> <input type="button" value="Print Receipt"/>																																		

NSF (Non-Sufficient Funds) Charge

The return check will not 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 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
- 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 \$30.00 NSF Charge.

Click "Print Receipt" to process the NSF receipt. The client ledger card will now reflect the \$30.00 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.

eDaySheet
Test County - Testville Clinic

Clerk: fsdadmin	Receipt #: NEW RECEIPT																						
Client Number	Last Name	First Name	MI	Date Issued																			
45	Client	Joe		11/21/2025																			
<table border="1"><thead><tr><th>Row #</th><th>Category</th><th>Service Code</th><th>Gross Fee Charge</th><th>Multiplier X</th><th>Percent %</th><th>Net Amount</th><th>Remove</th></tr></thead><tbody><tr><td>1</td><td>Misc</td><td>900</td><td>30.00</td><td>1</td><td>1.00</td><td>30.00</td><td><input type="button" value="Add New Row"/></td></tr></tbody></table>								Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	Remove	1	Misc	900	30.00	1	1.00	30.00	<input type="button" value="Add New Row"/>
Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	Remove																
1	Misc	900	30.00	1	1.00	30.00	<input type="button" value="Add New Row"/>																
Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance																	
30.00	0.00	Cash	0.00		60.00	30.00																	
Revenue Source Payer																							
<input type="button" value="MISCELLANEOUS"/>																							
To Establish the NSF Charge.																							
Notes																							
<input type="button" value="Cancel"/>				<input type="button" value="Print Receipt"/>																			

Payment for NSF Charge

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

To process a payment for an NSF charge, look up the 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

eDaySheet
Test County - Testville Clinic

Clerk: fsdadmin	Receipt #: NEW RECEIPT																						
Client Number	Last Name	First Name	MI	Date Issued																			
45	Client	Joe		11/21/2025																			
Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount																	
1	Misc	900	0.00	1	1.00	0.00	Remove																
<table border="1"> <tr> <td>Total Due</td> <td>Amount Paid</td> <td>Payment Type</td> <td>Cash</td> <td>Check</td> <td>Current Balance</td> <td>Previous Balance</td> <td></td> </tr> <tr> <td>0.00</td> <td>30.00</td> <td>Cash</td> <td>30.00</td> <td></td> <td>30.00</td> <td>60.00</td> <td></td> </tr> </table>								Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance		0.00	30.00	Cash	30.00		30.00	60.00	
Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance																	
0.00	30.00	Cash	30.00		30.00	60.00																	
<table border="1"> <tr> <td>Revenue Source</td> <td>Payer</td> </tr> <tr> <td>MISCELLANEOUS</td> <td>Joe Client</td> </tr> </table>								Revenue Source	Payer	MISCELLANEOUS	Joe Client												
Revenue Source	Payer																						
MISCELLANEOUS	Joe Client																						
<table border="1"> <tr> <td>Payment for the NSF charge.</td> </tr> </table>								Payment for the NSF charge.															
Payment for the NSF charge.																							
<table border="1"> <tr> <td>Notes</td> </tr> </table>								Notes															
Notes																							
<table border="1"> <tr> <td>Cancel</td> <td>Print Receipt</td> </tr> </table>								Cancel	Print Receipt														
Cancel	Print Receipt																						

the “Print Receipt” to complete the transaction.

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

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

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Returned Checks- Checks will not be redeposited

Payment on Account

To process a payment on account that resulted from a returned check, look up the client ledger card and click Create Receipt.

eDaySheet

Test County - Testville Clinic

Client Type:	Personal
Client Number:	45

Last Name	First Name	MI	Date of Birth
Client	Joe		
Street Address 1	Street Address 2		
100 Main St			
City	State	Zip Code	
Sometown	AL	36102	
Is it ok to send mail to this address? <input type="checkbox"/> Yes			
Phone Number	Comments	Current Balance	Previous Balance
(334) 555-1234		\$30.00	\$60.00

[Create Receipt](#) [Save](#) [Cancel](#) [Adjustment](#) [Print Invoice](#) [Print Ledger](#)

	TRANS DATE	RECEIPT NUMBER	CATEGORY	NET CHARGES	CREDITS	AMOUNT PAID	CURRENT BALANCE	TRANS TYPE
Select	11/21/2025	189	MISC	\$0.00		\$30.00	\$30.00	Deposit
Select	11/21/2025	188	MISC	\$30.00		\$0.00	\$60.00	Deposit
Select	11/07/2025	187	MISC	\$30.00		\$0.00	\$30.00	Deposit
Select	11/07/2025	186	MISC	\$0.00		\$0.00	\$0.00	Deposit
Select	11/07/2025	185	ENV	\$0.00		\$110.00	\$0.00	Deposit
Select	11/05/2025	180	ENV	\$0.00		\$100.00	\$110.00	Deposit
Select	11/05/2025	178	ENV	\$0.00		\$0.00	\$210.00	Deposit
Select	11/05/2025	177	ENV	\$150.00	(\$210.00)	(\$210.00)	\$210.00	ReturnChk
Select	11/05/2025	176	ENV	\$210.00		\$210.00	\$0.00	Deposit
Select	11/05/2025	175	VS	(\$27.00)		(\$27.00)	\$0.00	Void

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 no Vital Statistics service code for payment on account, select 802. Enter the Vital Stats 1st and Vital Stats 2nd amounts. Click Print Receipts to complete.

eDaySheet
Test County - Testville Clinic

Clerk: fsdadmin	Receipt #: NEW RECEIPT																											
Client Number	Last Name	First Name	MI	Date Issued																								
45	Client	Joe		11/07/2025																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Row #</th> <th>Category</th> <th>Service Code</th> <th>Gross Fee Charge</th> <th>Multiplier X</th> <th>Percent %</th> <th>Net Amount</th> <th>Remove</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Environmental Fees</td> <td>ENPOA</td> <td>0.00</td> <td>1</td> <td>1.00</td> <td>0.00</td> <td><input type="button" value="Add New Row"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	Remove	1	Environmental Fees	ENPOA	0.00	1	1.00	0.00	<input type="button" value="Add New Row"/>								
Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	Remove																					
1	Environmental Fees	ENPOA	0.00	1	1.00	0.00	<input type="button" value="Add New Row"/>																					
Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance																						
0.00	110.00	Cash	110.00		0.00	110.00																						
Revenue Source		Payer																										
ENVIRONMENT FEE		Joe Client																										
Payment on account Balance																												
Notes																												
<input type="button" value="Cancel"/>		<input type="button" value="Print Receipt"/>																										

Receipt/Current Invoice

11/07/2025	45	0.00	0.00	0.00	110.00	0.00				
Date	Client Number	Gross Charge	Net Charge	Credits	Amount Paid	Current Balance				
						110.00				
Previous Balance										
<input type="text" value="Joe Client"/> Name of Client										
<input type="text" value="ENV"/> Transaction Category										
<input type="text" value="Joe Client"/> Received from Payer										
Test County Health Department 3060 Test Highway Testville, AL 36108 (334) 555-8888 (334) 293-6410 Phone Fax										
Next Appointment (Date) _____										
Receipt Date: 11/7/2025										
DPH-A-101-Rev. 11/2008 Receipt Number <input type="text" value="185"/>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SERVICE CODE</td> <td style="width: 50%;">NET CHARGES</td> </tr> <tr> <td>ENPOA</td> <td>0.00</td> </tr> </table>							SERVICE CODE	NET CHARGES	ENPOA	0.00
SERVICE CODE	NET CHARGES									
ENPOA	0.00									
Patient/Client Copy										

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

NSF (Non-Sufficient Funds) Charge

If a check is returned and have not been picked up by patient/client within 10 days, it 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 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 \$35.00 fee.
- Select 1.00 from the percent % drop-down box
- The net amount will automatically populate with a \$35.00 fee
- 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 \$35.00 NSF Charge.

Click “Print Receipt” to process the NSF receipt. The client ledger card will now reflect the \$35.00 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.

eDaySheet							
<i>Test County - Testville Clinic</i>							
Clerk: fsdadmin		Receipt #: NEW RECEIPT					
Client Number		Last Name		First Name		MI	Date Issued
45		Client		Joe			11/07/2025
Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	
1	Misc	900	30.00	1	1.00	30.00	Remove
							Add New Row
Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance	
30.00	0.00	Cash	0.00		30.00	0.00	
Revenue Source		Payer					
MISCELLANEOUS							
To establish the \$30 NSF charge							
Notes							
Cancel		Print Receipt					

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Payment for NSF Charge

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

To process a payment for an NSF charge, look up the 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 the “Print Receipt” to complete the transaction.

eDaySheet
Test County - Testville Clinic

Clerk: fsdadmin		Receipt #: NEW RECEIPT																																			
Client Number	Last Name	First Name	MI Date Issued																																		
45	Client	Joe																																			
<table border="1"><thead><tr><th>Row #</th><th>Category</th><th>Service Code</th><th>Gross Fee Charge</th><th>Multiplier X</th><th>Percent %</th><th>Net Amount</th><th>Remove</th></tr></thead><tbody><tr><td>1</td><td>Misc</td><td>900</td><td>0.00</td><td>1</td><td>1.00</td><td>0.00</td><td><input type="button" value="Add New Row"/></td></tr><tr><td>Total Due</td><td>Amount Paid</td><td>Payment Type</td><td>Cash</td><td>Check</td><td>Current Balance</td><td>Previous Balance</td><td></td></tr><tr><td>0.00</td><td>30.00</td><td>Cash</td><td>30.00</td><td></td><td>0.00</td><td>30.00</td><td></td></tr></tbody></table>						Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	Remove	1	Misc	900	0.00	1	1.00	0.00	<input type="button" value="Add New Row"/>	Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance		0.00	30.00	Cash	30.00		0.00	30.00	
Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	Remove																														
1	Misc	900	0.00	1	1.00	0.00	<input type="button" value="Add New Row"/>																														
Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance																															
0.00	30.00	Cash	30.00		0.00	30.00																															
Revenue Source Payer																																					
MISCELLANEOUS Joe Client																																					
Payment for the NSF charge.																																					
Notes																																					
<input type="button" value="Cancel"/> <input type="button" value="Print Receipt"/>																																					

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

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

Donation Receipts

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

If a 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 the 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 made to bring the current balance of the ledger card to zero. Adjustments can only be completed by the office manager/designee.

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.

eDaySheet
Test County - Testville Clinic

Clerk: h49tcler	Receipt #: NEW RECEIPT						
Client Number	Last Name	First Name	MI	Date Issued			
24	Test	Balance		03/21/2023			
Row #	a Category	b Service Code	c Gross Fee Charge	d Multiplier X	e Percent %	f Net Amount	
1	Misc	1	0.00	1	1.00	0.00	Remove
							Add New Row
g Total Due	g Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance	
0.00	4.00	Select			0.00	0.00	
Revenue Source h		Payer					
MISCELLANEOUS		Balance Test					
i Vital Stats Donation Notes							
Cancel Print Receipt							

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

If a client donates to any program other than Vital Statistics, complete the following:

1. Locate the 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 be needed to bring the current balance of the ledger card to zero.
Only the office manager or designee can complete adjustments.

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

eDaySheet
Test County - Testville Clinic

Clerk: fsdadmin		Receipt #: NEW RECEIPT																																							
Client Number	Last Name	First Name	MI Date Issued																																						
46	Client	Susie																																							
<table border="1"><thead><tr><th>Row #</th><th>Category</th><th>Service Code</th><th>Gross Fee Charge</th><th>Multiplier X</th><th>Percent %</th><th>Net Amount</th></tr></thead><tbody><tr><td>1</td><td>Environmental Fees</td><td>EDON</td><td>0.00</td><td>1</td><td>1.00</td><td>0.00</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>							Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount	1	Environmental Fees	EDON	0.00	1	1.00	0.00																					
Row #	Category	Service Code	Gross Fee Charge	Multiplier X	Percent %	Net Amount																																			
1	Environmental Fees	EDON	0.00	1	1.00	0.00																																			
Total Due	Amount Paid	Payment Type	Cash	Check	Current Balance	Previous Balance																																			
0.00	27.00	Cash	27.00		-27.00	0.00																																			
Revenue Source	Payer																																								
ENVIRONMENT FEE	Susie Client																																								
Notes	Env donation																																								
<input type="button" value="Cancel"/> <input type="button" value="Print Receipt"/>																																									

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

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
Test County - Testville Clinic

Clerk: **fsdadmin** Receipt #: **NEW RECEIPT**

Client Number	Last Name	First Name	MI	Date Issued
46	Client	Susie		11/05/2025

Credit Note: Category

-27.00 Correct the negative balance caused by the donation. Adju

Current Previous Category

Balance Balance

0.00 -27.00 Adju

TRANSACTIONS REPORTS

The Report Menu contains the following reports:

- Transactions by Date
- Transactions by Category
- Transactions by Service Code
- Transactions by Revenue Source Code
- Vital States Summary by Date



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Transactions by Date Report

This report displays all transactions 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.

Transactions by Date									
SiteName: Test									
Date	Receipt	Patient Number	Adjustments	Amount Paid	Cash Amt	Check Amt	Cat/ Rev Src	Svc Code	Clerk
12/20/2013									
Patient: I Client Received From: I Client Notes: Reverse adjustment receipt 38 made to wrong account									0 h49tadmi
Adjustment Totals ==> 63.00									
Patient: Testy Patient	84	490000125		20.00	20.00		FP / 13	100la	h49toler
Received From: Testy Patient									
Notes:									
Patient: Test Family	86	490000002		15.00		15.00	IMM / 23	146	h49toler
Received From: Test Family									
Notes: Flu Shot									
Patient: Test Client	87	26		36.00	6.00	30.00	VS / 71	802	h49toler
Received From: Test Client									
Notes: Bo for Jane Doe 2 first 1 second									
Patient: Test Env	88	1		85.00		85.00	ENV / 24	842	h49toler
Received From: Test Env									
Notes:									
Patient: Testy Patient	89	490000125		20.00	20.00		OC / 22	122	h49toler
Received From: Testy Patient									
Notes:									
Patient: Business Account	91	29		80.00		80.00	ENV / 24	ENPOA	h49toler
Received From: Business Account									
Notes: Redeposit of Return check									
Patient: Shortage Account	OS11	SHORTAGE		-1.00	-1.00		Misc / 05	1	h49toler
Received From: Shortage Account									
Notes: Shortage due to incorrect change									
Deposit Totals ==> 255.00 45.00 210.00									
Patient: Business Account	90	29	-80.00	-80.00		-80.00	ENV / 24	602	h49toler
Received From: Business Account									
Notes:									
ReturnChk Totals ==> -80.00 -80.00 -80.00									
Patient: Test Family	85	490000002		-15.00		15.00	IMM / 23	144	h49toler
Received From: Test Family									
Notes: Flu Shot									
Void Totals ==> -15.00 15.00									
Friday, December 20, 2013 08:33 AM									Page 1 of 1

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

No Transaction Report

When the Transactions by Date report is run for a day on which no receipts were issued, the following report will automatically be produced. Two employees must verify and sign this report.

No Transactions Report								
Date: <u>12/19/2013</u>	Thru	<u>12/19/2013</u>	Receipt	Patient Number	Adjustments	Amount	Cash Amt	Check Amt
						Cat/Rev/Br	Svc Code	Clerk
<p><u>Date: 12/19/2013</u></p> <p>Cash Funds have been confirmed, No receipts issued today.</p> <p>Signed: _____ Date: _____</p> <p>Signed: _____ Date: _____</p>								

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Transactions by Category Report

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

Transactions by Category									
Date	Receipt	Patient	Adjustments	Amount	Cash Amt	Check Amt	Cat/ Rev Src	Svc Code	Clerk
12/16/2013									
Patient: I Client	07	33	(03.00)					0	h40tclm
Received From: I Client									
Notes: Bring Current Balance From Old System									
Patient: Client D	00	11	03.00					0	h40tclm
Received From: Client D									
Notes: Test Adjustments									
	Adjustment	Totals ==>	0.00						
Patient: Business Account	78	20		80.00			80.00	ENV / 24	ENPOA h40tclm
Received From: Business Account									
Notes: Re Deposit of Return Check									
Patient: Client B	80	8		140.00			140.00	ENV / 24	005 h40tclm
Received From: Client B									
Notes:									
Patient: Client C	81	0		140.00			140.00	ENV / 24	008 h40tclm
Received From: Client C									
Notes:									
	Deposit	Totals ==>	360.00				360.00		
Patient: Test Family	70	400000002		0.00	0.00		FP / 13	100la	h40tclm
Received From: Test Family									
Notes:									
Patient: Clinic Patient	71	400000000		50.00	25.00		25.00	FP / 13	101Aa h40tclm
Received From: Clinic Patient									
Notes:									
	Deposit	Totals ==>	50.00	25.00		25.00			
Patient: Client A	72	400000010		7.00			7.00	IMM / 23	144 h40tclm
Received From: Client A									
Notes:									
Patient: Client L	73	400000011		8.00	8.00		IMM / 23	140 h40tclm	
Received From: Client L									
Notes:									
	Deposit	Totals ==>	15.00	8.00		7.00			
Patient: Client M	74	400000012		1.00	1.00		MAT / 08	108	h40tclm
Received From: Client M									
Notes:									

Monday, March 03, 2014 08:02 AM

Page 1 of 2

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Transactions by Service Code Report

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

Transactions by Service Code						
Date: <u>12/20/2013</u>		Thru <u>12/20/2013</u>		SiteName: <u>Test</u>		
Svc Code	Date	Type	Client Number	Patient Name	Receipt #	Amount
	12/20/2013	Adjustment	<u>33</u>	I Client		92
		Number of Patients	1		Total For The Service Code	
1	12/20/2013	Deposit	<u>SHORTAGE</u>	Shortage Account	OS11	-1.00
		Number of Patients	1		Total For The 1 Service Code	
1001a	12/20/2013	Deposit	<u>490000125</u>	Testy Patient	84	20.00
		Number of Patients	1		Total For The 1001a Service Code	
122	12/20/2013	Deposit	<u>490000125</u>	Testy Patient	89	20.00
		Number of Patients	1		Total For The 122 Service Code	
144	12/20/2013	Void	<u>490000002</u>	Test Family	85	-15.00
		Number of Patients	1		Total For The 144 Service Code	
146	12/20/2013	Deposit	<u>490000002</u>	Test Family	86	15.00
		Number of Patients	1		Total For The 146 Service Code	

Friday, December 20, 2013 11:36 AM

Page 1 of 2

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.

Transactions by Revenue Source Code						
Rev Code	Date	Type	Client Number	Patient Name	Receipt #	Amount
06	12/16/2013	Deposit	11	Client D	82	10.00
	12/16/2013	Deposit	OVERAGE	Overage Account	OG10	1.00
<hr/> Deposit Total =====> 11.00						
Number of Receipts				2	Total For The MISCELLANEOUS =====> 11.00	
08	12/16/2013	Deposit	400000012	Client M	74	1.00
	12/16/2013	Deposit	400000015	Client F	75	5.00
<hr/> Deposit Total =====> 6.00						
Number of Receipts				2	Total For The MATERNITY CARE COORDINATION =====> 6.00	
13	12/16/2013	Deposit	400000002	Test Family	70	0.00
	12/16/2013	Deposit	400000009	Clinic Patient	71	50.00
<hr/> Deposit Total =====> 50.00						
Number of Receipts				2	Total For The FAM PLAN PT FEES =====> 50.00	
22	12/16/2013	Deposit	400000020	Client Test	70	10.00
<hr/> Deposit Total =====> 10.00						
Number of Receipts				1	Total For The PATIENT FEES CLINIC =====> 10.00	
23	12/16/2013	Deposit	400000010	Client A	72	7.00
	12/16/2013	Deposit	400000011	Client L	73	8.00
<hr/> Deposit Total =====> 15.00						
Number of Receipts				2	Total For The IMMUNIZATIONS =====> 15.00	
24	12/16/2013	Deposit	20	Business Account	78	80.00
	12/16/2013	Deposit	8	Client B	80	140.00
	12/16/2013	Deposit	0	Client C	81	140.00
<hr/> Deposit Total =====> 360.00						
Monday, March 03, 2014 08:04 AM				Page	1 of 2	

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: <u>Test</u>				
Vital Stats Summary				
Date: <u>12/20/2013</u>	Thru	<u>12/20/2013</u>		
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”.

Date: 09/10/2025

Site Navigation

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

eDaySheet
Autauga

Overage

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

eDaySheet

Test County - Testville Clinic

Over/Shortage Entry

Select Type: **Overage**

	TRANS DATE	RECEIPT NUMBER	OS Type	Net Charges	AMOUNT PAID	CURRENT BALANCE	TRANS TYPE
Select	4/24/2014	OS4	Overage	\$4.00	\$4.00	\$0.00	Deposit
Select	4/2/2014	OS3	Overage	\$4.00	\$4.00	\$0.00	Deposit
Select	4/24/2014	OS2	Overage	\$4.00	\$4.00	\$0.00	Deposit

Clerk: **h49tadmi** 1 Receipt #:

2 Client Number 3 **OVERAGE**

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 by “OS”.
2. “Client Number” will be displayed when creating the overage/shortage because these entries are created on a separate ledger card.
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 “Comment” section, document the reason for the overage receipt. There is a 10-character minimum for this field.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Clerk: h49tadmi Receipt #:

Client Number

Overage Date Overage Amount Payment Type

Comments:
Overage due to incorrect change.

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 the overage occurred. Attach the overage receipt to the new report. Keep both the original and the new report on file.

Clerk: h49tadmi Receipt #:

Client Number

Overage Date Overage Amount Payment Type

Comments:
Overage due to incorrect change.

Message from webpage

Are you sure you want to Create this Receipt?

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

Shortage Receipt

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

Test County - Testville Clinic

Over/Shortage Entry

Select Type:

	TRANS DATE	RECEIPT NUMBER	OS Type	Net Charges	AMOUNT PAID	CURRENT BALANCE	TRANS TYPE
Select	7/15/2014	OS5	Shortage	(\$1.00)	(\$1.00)	\$0.00	Deposit
Select	4/11/2014	OS1	Shortage	(\$2.00)	(\$2.00)	\$0.00	Deposit

Clerk: **h49tadmi** 1 Receipt #:

2 Client Number 3

4 Shortage Date 5 Shortage 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 by “OS”.
2. “Client Number” will be displayed when creating the overage/shortage because these entries are created on a separate ledger card.
3. “SHORTAGE” is shown to notate the type of receipt being issued. If this is not the correct type of receipt, select “Cancel”.
4. The “Shortage Date” is the date on which the shortage occurred. The shortage receipt will appear on the Transaction by Date Report for that date.
5. The “Shortage Amount” is the amount of the shortage. Do not enter as a negative number.
6. Select “Payment Type” of cash or check.
7. In the “Comments” section, document the reason for the shortage receipt. This field requires a minimum of 10 characters.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Clerk: h49tadmi Receipt #:

Client Number

Shortage Date Shortage Amount Payment Type

Comments

Message from webpage

Are you sure you want to Create this Receipt?

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 shortage occurred. Attach the shortage receipt to the new report. Keep both the original and the new report on file.

Shortage/Current Invoice

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

SHORTAGE
Name of Client

Misc
Transaction Category

Received from Payer

Shortage due to incorrect change.

Notes

Next Appointment (Date)

Receipt Printed: 2/19/2014

DPH-A-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”.

 <i>Test County - Testville Clinic</i>							
Over/Shortage Entry							
Select Type: <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px;" type="button" value="ALL"/> <input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px 10px;" type="button" value="Print"/>							
	TRANS DATE	RECEIPT NUMBER	OS Type	Net Charges	AMOUNT PAID	CURRENT BALANCE	TRANS TYPE
Select	7/15/2014	OS5	Shortage	(\$1.00)	(\$1.00)	\$0.00	Deposit
Select	4/24/2014	OS4	Overage	\$4.00	\$4.00	\$0.00	Deposit
Select	4/2/2014	OS3	Overage	\$4.00	\$4.00	\$0.00	Deposit
Select	4/24/2014	OS2	Overage	\$4.00	\$4.00	\$0.00	Deposit
Select	4/11/2014	OS1	Shortage	(\$2.00)	(\$2.00)	\$0.00	Deposit

<u>LEDGER CARD REPORT</u>																																																
Test																																																
Client Name: All Overage/Shortage																																																
<table border="1"> <thead> <tr> <th>Trans Date</th><th>Receipt Number</th><th>OS Type</th><th>Net Charges</th><th>Amount Paid</th><th>Current Balance</th><th>Trans Type</th></tr> </thead> <tbody> <tr> <td>7/15/2014</td><td>OS5</td><td>Shortage</td><td>(1.00)</td><td>(1.00)</td><td>0.00</td><td>Deposit</td></tr> <tr> <td>4/24/2014</td><td>OS4</td><td>Overage</td><td>4.00</td><td>4.00</td><td>0.00</td><td>Deposit</td></tr> <tr> <td>4/2/2014</td><td>OS3</td><td>Overage</td><td>4.00</td><td>4.00</td><td>0.00</td><td>Deposit</td></tr> <tr> <td>4/24/2014</td><td>OS2</td><td>Overage</td><td>4.00</td><td>4.00</td><td>0.00</td><td>Deposit</td></tr> <tr> <td>4/11/2014</td><td>OS1</td><td>Shortage</td><td>(2.00)</td><td>(2.00)</td><td>0.00</td><td>Deposit</td></tr> </tbody> </table>							Trans Date	Receipt Number	OS Type	Net Charges	Amount Paid	Current Balance	Trans Type	7/15/2014	OS5	Shortage	(1.00)	(1.00)	0.00	Deposit	4/24/2014	OS4	Overage	4.00	4.00	0.00	Deposit	4/2/2014	OS3	Overage	4.00	4.00	0.00	Deposit	4/24/2014	OS2	Overage	4.00	4.00	0.00	Deposit	4/11/2014	OS1	Shortage	(2.00)	(2.00)	0.00	Deposit
Trans Date	Receipt Number	OS Type	Net Charges	Amount Paid	Current Balance	Trans Type																																										
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4/11/2014	OS1	Shortage	(2.00)	(2.00)	0.00	Deposit																																										

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

eDaySheet
Test County - Testville Clinic

Date: 03/24/2023

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](#)

The seal of the Alabama Department of Public Health. It is circular with a black background. The outer ring contains the text "THE ALABAMA DEPARTMENT OF PUBLIC HEALTH" at the top and "1875" at the bottom, separated by two stars. The inner circle features a central shield with a map of Alabama, a plow, a sheaf of wheat, and a cotton plant, all under a sunburst. Above the shield is a crest with a figure holding a sword and a shield.

Site
Test County - Testville Clinic

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Default Categories

The Defaults Categories section contains a list of all available service codes, categories, descriptions, and rates. The office manager/designee may edit this list by following the instructions below.

eDaySheet
Test County - Testville Clinic

List of Default Categories

Add New Category **1**

	Service Code 2	Category 3	Short Cat 4	Description 5	Rate 6	Rate 7	Start Date 8	End Date 9
Edit 10	00110	Other Clinic-Dental	DEN	Initial Exam	\$13.50		4/10/2014	
Edit	00120	Other Clinic-Dental	DEN	Periodic Exam	\$13.50		4/10/2014	
Edit	00130	Other Clinic-Dental	DEN	Emergency Exam	\$9.00		4/10/2014	
Edit	00210	Other Clinic-Dental	DEN	Full Mouth Series	\$29.00		4/10/2014	
Edit	00220	Other Clinic-Dental	DEN	1st Periapical	\$4.50		4/10/2014	
Edit	00230	Other Clinic-Dental	DEN	Additional Periapical	\$3.60		4/10/2014	
Edit	00240	Other Clinic-Dental	DEN	Occlusal Film	\$10.00		4/10/2014	
Edit	00250	Other Clinic-Dental	DEN	Extraoral, 1st Film	\$20.00		4/10/2014	
Edit	00260	Other Clinic-Dental	DEN	Extraoral, Additional Film	\$20.00		4/10/2014	
Edit	00270	Other Clinic-Dental	DEN	Bitewing, Single Film	\$6.00		4/10/2014	
Edit	00272	Other Clinic-Dental	DEN	Bitewings (2)	\$9.00		4/10/2014	
Edit	00274	Other Clinic-Dental	DEN	Bitewings, 4 Films	\$18.00		4/10/2014	
Edit	00321	Other Clinic-Dental	DEN	Other TMJ Film	\$71.00		4/10/2014	
Edit	00330	Other Clinic-Dental	DEN	Panoramic Film	\$30.00		4/10/2014	
Edit	00470	Other Clinic-Dental	DEN	Diagnostic Casts	\$16.00		4/10/2014	
Edit	1	Misc	MISC	Miscellaneous	\$0.00		4/10/2014	
Edit	108	Other Clinic	OC	Maternity - Initial Visit with Laboratory Services	\$77.00		4/10/2014	
Edit	110	Other Clinic	OC	Maternity Revisit	\$30.00		4/10/2014	

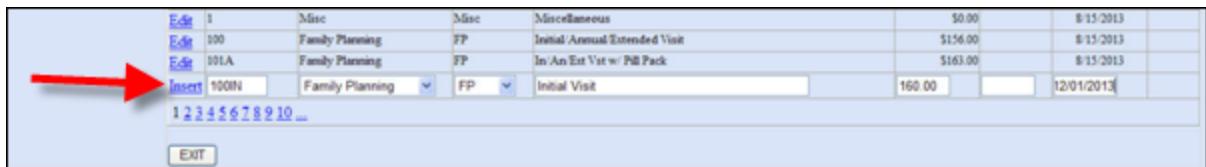
1 2 3 4 5 6 7 8 9 10 [... 11](#)

[EXIT](#)

1. To add a new service code, select “Add New Category”.
2. The “Service Code” identifies the services rendered. It 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 funding distribution 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 Statistics record. It is manually added by entering it in the available field.
8. The “Start Date” represents the first available date for using the Service Code. It is manually added to the available field and must be the current or a future date.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

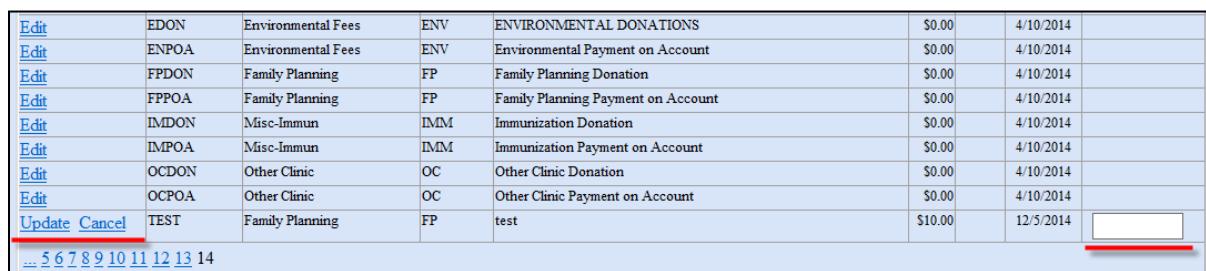
The final step to adding a new category is to select “Insert”.



Edit	1	Misc	Misc	Miscellaneous	\$0.00	8/15/2013	
Edit	100	Family Planning	FP	Initial Annual Extended Visit	\$156.00	8/15/2013	
Edit	101A	Family Planning	FP	In An Ext Vst w/ Pill Pack	\$163.00	8/15/2013	
Insert	100IN	Family Planning	FP	Initial Visit	160.00		12/01/2013

9. The “End Date” represents the date on 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”.



Edit	EDON	Environmental Fees	ENV	ENVIRONMENTAL DONATIONS	\$0.00	4/10/2014	
Edit	ENPOA	Environmental Fees	ENV	Environmental Payment on Account	\$0.00	4/10/2014	
Edit	FPDON	Family Planning	FP	Family Planning Donation	\$0.00	4/10/2014	
Edit	FPPOA	Family Planning	FP	Family Planning Payment on Account	\$0.00	4/10/2014	
Edit	IMDON	Misc-Immun	IMM	Immunization Donation	\$0.00	4/10/2014	
Edit	IMPOA	Misc-Immun	IMM	Immunization Payment on Account	\$0.00	4/10/2014	
Edit	OCDON	Other Clinic	OC	Other Clinic Donation	\$0.00	4/10/2014	
Edit	OCPOA	Other Clinic	OC	Other Clinic Payment on Account	\$0.00	4/10/2014	
Update Cancel	TEST	Family Planning	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

Test County - Testville Clinic

<p>Date: 12/04/2025</p> <p>Site Navigation</p> <p>Home Client Records Lookup Receipt Void Receipt Return Check Defaults Menu Report Menu Overage/Shortage Finance Reports Add/Edit Clerk Reset Password Logout</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #90EE90;"> <th colspan="2">Site Setup</th> </tr> </thead> <tbody> <tr> <td style="width: 15%; text-align: right; padding-right: 5px;">1</td> <td>Site ID: <input type="text" value="49t"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">2</td> <td>Site Name: <input type="text" value="Test County - Testville Clinic"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">3</td> <td>County Name: <input type="text" value="Test"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">4</td> <td>Site Address: <input type="text" value="3060 Test Highway"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">5</td> <td>Site City: <input type="text" value="Testville"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">6</td> <td>Site Zip Code: <input type="text" value="36108"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">7</td> <td>Site Phone: <input type="text" value="(334) 555-8888"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">8</td> <td>Site Fax Number: <input type="text" value="(334) 293-6410"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">9</td> <td>Contact First Name: <input type="text" value="Bonnie"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">10</td> <td>Contact Last Name: <input type="text" value="King"/></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">11</td> <td>Close Out Time hh:mm <input type="text" value="21:00"/></td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 5px;"> <input type="button" value="Update"/> <input type="button" value="Exit"/> </td> </tr> </tbody> </table>	Site Setup		1	Site ID: <input type="text" value="49t"/>	2	Site Name: <input type="text" value="Test County - Testville Clinic"/>	3	County Name: <input type="text" value="Test"/>	4	Site Address: <input type="text" value="3060 Test Highway"/>	5	Site City: <input type="text" value="Testville"/>	6	Site Zip Code: <input type="text" value="36108"/>	7	Site Phone: <input type="text" value="(334) 555-8888"/>	8	Site Fax Number: <input type="text" value="(334) 293-6410"/>	9	Contact First Name: <input type="text" value="Bonnie"/>	10	Contact Last Name: <input type="text" value="King"/>	11	Close Out Time hh:mm <input type="text" value="21:00"/>	<input type="button" value="Update"/> <input type="button" value="Exit"/>	
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<input type="button" value="Update"/> <input type="button" value="Exit"/>																											

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, such as Escambia/Brewton, Coffee, or Baldwin/Env.
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 first name of the contact person for the county clinic site, which will appear on the client invoice.
9. The “Contact First Name” is the first name of the contact person for the county clinic site, which will appear on the 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 client invoices.
11. The “Close Out Time hh: mm” is the time that is set for the E-Day Sheet 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 code is 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”.

Revenue Source For Monthly Recap			
Date:	Revenue Source	Revenue Description	Revenue Category
Edit 01	COUNTY FUNDS	MISC	
Edit 05	MISCELLANEOUS	MISC	
Edit 08	MATERNITY CARE COORDINATION	MAT	
Edit 09	GIFT OF LIFE	MISC	
Edit 10	HOME HLTH OTH FEES	MISC	
Edit 11	Family Planning Contraceptive		
Edit 13	FAM PLAN PT FEES	FP	
Edit 14	MEDICAID MATERNITY - FEE SERVI	MAT	
Edit 15	MATERNITY PT FEE	MAT	
Edit 16	MEDICAID WAIVER-COA	MISC	
Edit 18	DONATIONS	MISC	
Edit 20	PATIENT FEES DENTAL	DEN	
Edit 22	PATIENT FEES CLINIC	OC	
Edit 23	IMMUNIZATIONS	IMM	
Edit 24	ENVIRONMENT FEE	ENV	
Edit 25	VACCINE REIMB	IMM	
Edit 27	MATERNITY OTHER	MAT	
Edit 28	MEDICAID DENTAL	DEN	
Edit 30	Scottsboro City Appropriations	MISC	
Edit 31	LOCAL SUPPORT	MISC	
Edit 32	LOCAL SUPPORT	MISC	
Edit 33	LOCAL SUPPORT	MISC	
Edit 34	LOCAL SUPPORT	MISC	
Edit 35	LOCAL SUPPORT	MISC	
Edit 37	HIV/AIDS WAIVER	MISC	
Edit 38	BIOMONITORING	MISC	
Edit 40	LOCAL SUPPORT	MISC	
Edit 41	CASE MANAGEMENT	MISC	
Edit 44	OPTIONS II	MISC	
Edit 45	OFFICE VISITS - MEDICAID	MISC	
Edit 47	LOCAL SUPPORT	MISC	
Edit 4A	OPTIONS I	MISC	
Edit 50	LOCAL SUPPORT	MISC	
Edit 51	LOCAL SUPPORT	MISC	
Edit 52	LOCAL SUPPORT	MISC	
Edit 53	LOCAL SUPPORT	MISC	
Edit 54	LOCAL SUPPORT	MISC	
Edit 55	LOCAL SUPPORT	MISC	
Edit 56	LOCAL SUPPORT	MISC	
Edit 58	LOCAL SUPPORT	MISC	
Edit 59	LOCAL SUPPORT	MISC	
Edit 60	LOCAL SUPPORT	MISC	
Edit 61	LOCAL SUPPORT	MISC	
Edit 62	LOCAL SUPPORT	MISC	
Edit 63	LOCAL SUPPORT	MISC	
Edit 64	LOCAL SUPPORT	MISC	
Edit 65	LOCAL SUPPORT	MISC	
Edit 69	LOCAL SUPPORT	MISC	
Edit 6C	TANF Urine Specimen Collection	MISC	
Edit 71	V S FEES 1ST COPY -	VS	
EXIT			

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

REPORTS

Patient/Client Balance Reports

The Patient/Client Balance Reports provide information regarding client balances, contact information, account aging, and invoices.

eDaySheet
Test County - Testville Clinic

Date: 03/27/2023

Site Navigation

- Home
- Patient/Client/Records
- Lookup Receipt
- Void Receipt
- Return Check
- + Defaults Menu
- + Report Menu
 - Transactions by Date
 - Transactions by Category
 - Transactions by Revenue Source Code
 - Transactions by Service Code
 - Transactions by Service Code Summary
 - Vital Stats Summary by Date
- + Client Balance Reports
 - Credit Balances
 - Positive Balances
 - Do Not Contact Report
 - Aged Accounts Report
 - Client Invoices
 - Client Invoice Labels
- Overage/Shortage
- + Finance Reports
 - Add/Edit Clerk
 - Reset Password
 - Logout

Site
Test County - Testville Clinic



The seal of the Alabama Department of Public Health, featuring a circular design with the text "THE ALABAMA DEPARTMENT OF PUBLIC HEALTH" around the top and "1875" at the bottom, with a central emblem.

Credit Balance Report

The “Credit Balances” report displays all clients with a negative current balance. To view the report, select “Credit Balances” from the client Balance Report Menu and select “Submit.”

	<p style="text-align: center;">eDaySheet <i>Test County - Testville Clinic</i></p> <p>Date: <input type="text" value="03/27/2023"/></p> <p>Site Navigation</p> <ul style="list-style-type: none">HomePatient/Client/RecordsLookup ReceiptVoid ReceiptReturn CheckDefaults MenuReport MenuOverage/ShortageFinance ReportsAdd/Edit ClerkReset PasswordLogout <p>CREDIT BALANCES REPORT</p> <p>Report shows current balances that are negative.</p> <p style="text-align: center;"><input type="button" value="SUBMIT"/> <input type="button" value="CANCEL"/></p>
--	--

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

If the client is not owed a refund, Office Managers will 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 clients who have a current balance due. To view the report, select “Positive Balances” from the client Balance Report Menu and select “Submit”.

eDaySheet
Test County - Testville Clinic

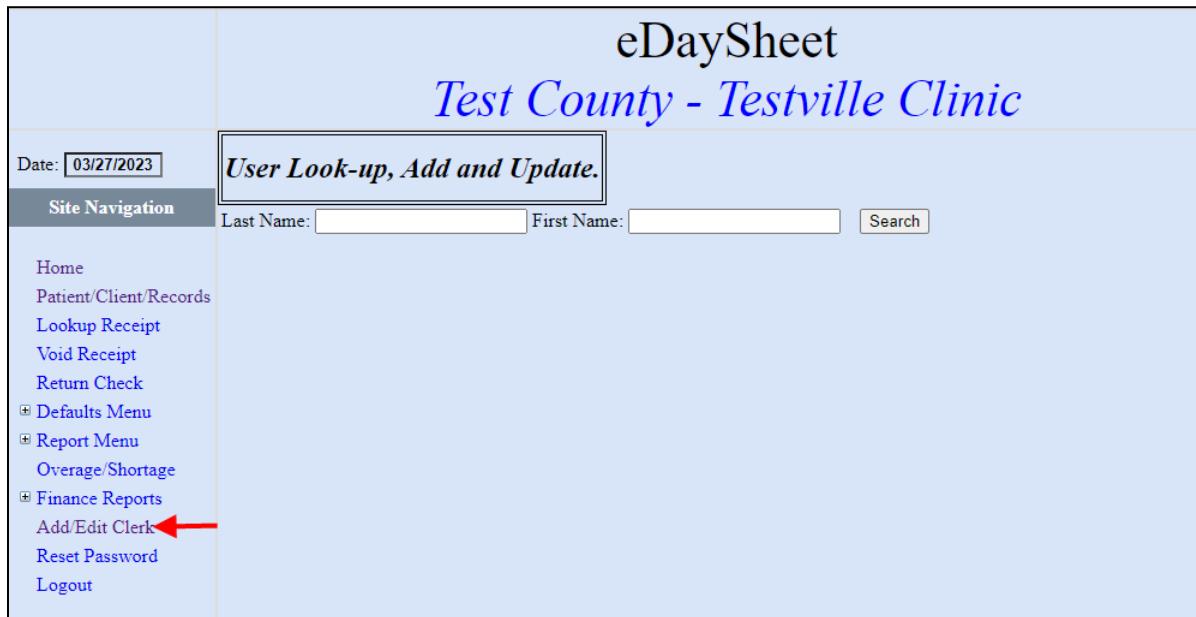
Date: <input type="text" value="03/27/2023"/>	
Site Navigation	POSITIVE BALANCES REPORT
Home Patient/Client/Records Lookup Receipt Void Receipt Return Check Defaults Menu Report Menu Overage/Shortage Finance Reports Add/Edit Clerk Reset Password Logout	Report shows current balances that are greater than zero. <input type="button" value="SUBMIT"/> <input type="button" value="CANCEL"/>

Positive Balances - Test

Patient Number	Patient Name	Current Balance
3	Test A Patient	\$8.00
6	Test A Bail	\$15.00
8	Client B	\$63.00
10	Test Funeral Home	\$150.00
11	Client D	\$200.00
15	Client H	\$15.00
490000002	Test A Family	\$232.00
490000009	Clinic Patient	\$122.00
490000010	Client A	\$37.00
490000012	Client M	\$40.00
490000015	Client F	\$3.00
490000020	Client A Test	\$23.00
490000099	Client S	\$39.00
490000125	Testy A Patient	\$63.00
490000126	Patient B Sickly	\$82.00
490000128	Test People	\$117.00
491020001	New Patient	\$140.00
		<hr/> \$1,349.00

Add/Edit Clerk

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

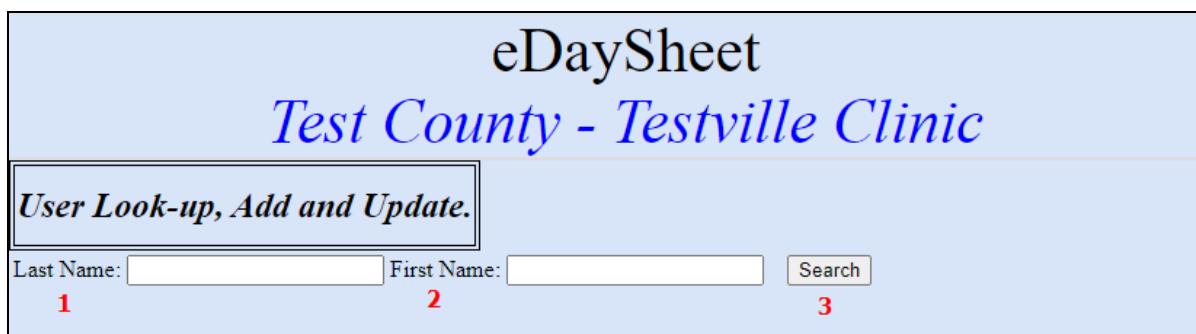


The screenshot shows the eDaySheet interface for 'Test County - Testville Clinic'. The main title 'eDaySheet' and the location 'Test County - Testville Clinic' are at the top. Below the title, a date '03/27/2023' is displayed. A search bar for 'User Look-up, Add and Update.' is present, with fields for 'Last Name' and 'First Name' and a 'Search' button. On the left, a 'Site Navigation' menu lists various options: Home, Patient/Client/Records, Lookup Receipt, Void Receipt, Return Check, Defaults Menu, Report Menu, Overage/Shortage, Finance Reports, Add/Edit Clerk (which has a red arrow pointing to it), Reset Password, and Logout.

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.



The screenshot shows the 'User Look-up, Add and Update.' screen. It features a search bar with 'Last Name' and 'First Name' fields and a 'Search' button. The fields are labeled with red numbers: '1' under 'Last Name', '2' under 'First Name', and '3' under the 'Search' button.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

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.

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

	Last Name	First Name	MI	User id	ACTIVE
Select	ADD USER				

There were no employee/users found.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Click on Select by Add User to and the new user.

The screen below is the Add User screen:

eDaySheet
Test County - Testville Clinic

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

Below is an example of a completed New User Setup Screen

eDaySheet
Test County - Testville Clinic

New User Setup	
User ID:	h49nuser
Password:
Confirm Password:
User First Name:	New
User Middle Initial:	
User Last Name:	User
User Phone Number:	3349999999
Fee Certified:	Yes <input type="button" value="▼"/>
Fee Certified Date:	10/18/2023
User Email Address:	nuser@adph.state.al.us
<input type="button" value="Submit"/> <input type="button" value="Exit"/>	

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

eDaySheet
Test County - Testville Clinic

User Look-up, Add and Update.

Last Name: First Name:

User id has been added

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:	<input type="button" value="Search"/>		
	Last Name	First Name	MI	User id
Select	Administrator	Test	A	h49tadmi
Select	Cart-Smith	Bobbie		h49bcar
Select	Clerk	Test	A	h49tcler
Select	Employee	Test		h49templ
Select	Person	New		h49npers
Select	Taylor	Randolph		h49rtatu
Select	User	Test	A	h49tuser
Select	ADD USER			

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

Editing a User:

eDaySheet
Test County - Testville Clinic

Edit User	
User ID:	<input type="text" value="h49nuser"/>
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:	<input type="button" value="Yes ▾"/>
Fee Certified Date:	<input type="text" value="10/18/2023"/>
User Email Address:	<input type="text" value="nuser@adph.state.al.us"/>
User Active:	<input type="button" value="Yes ▾"/>
<input type="button" value="Exit"/> <input type="button" value="Update"/>	

E-Day sheet and editing a User:

The User ID cannot be changed.

All other fields displayed on the screen may be changed.

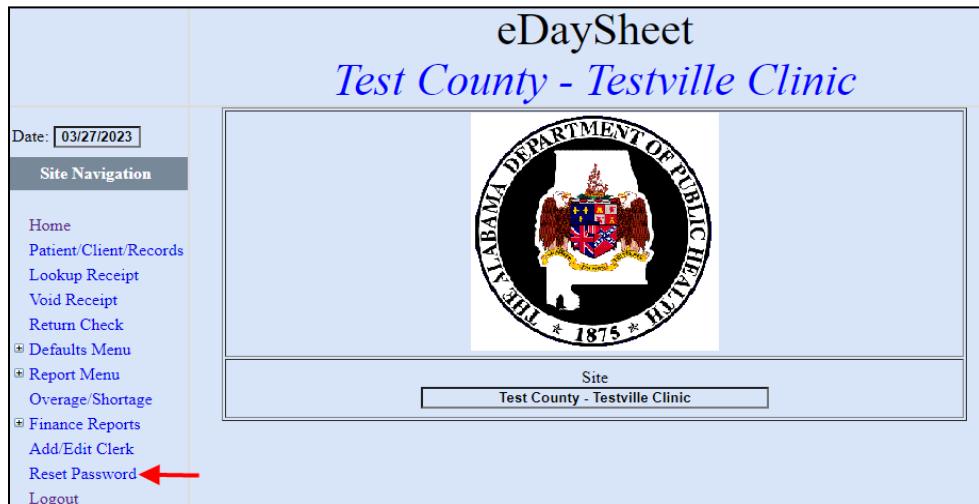
Note: The User Active field is displayed now. This can be changed to NO for a user that is no longer an employee or using the E-Day sheet.

Password Reset is covered on the next page.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

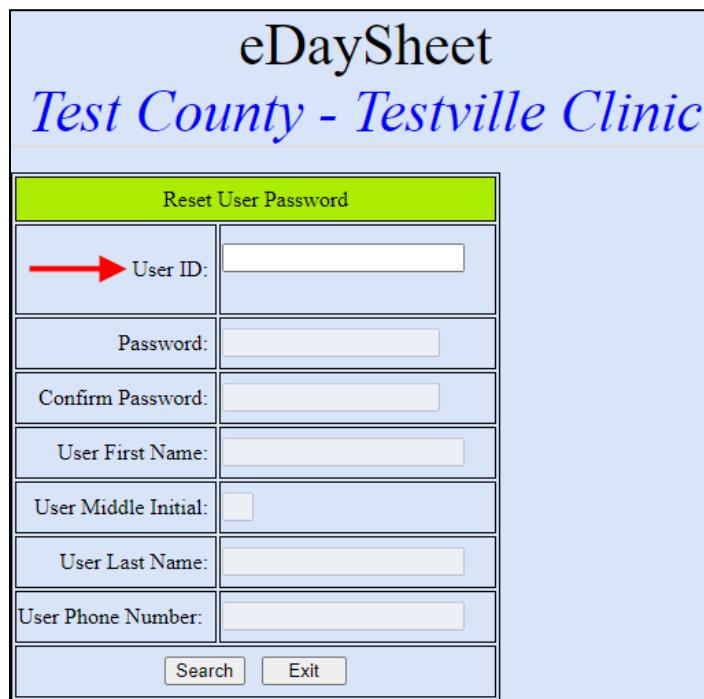
Reset Password

From the Main Administrator's Menu select Reset Password.



The screenshot shows the eDaySheet interface for 'Test County - Testville Clinic'. The main title 'eDaySheet' and the site name 'Test County - Testville Clinic' are at the top. On the left, a 'Site Navigation' menu is displayed 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, and Reset Password (which has a red arrow pointing to it). Below the menu is a 'Logout' link. In the center, there is a circular seal of the Alabama Department of Public Health, and at the bottom, a 'Site' label with the text 'Test County - Testville Clinic'.

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' screen. The title 'eDaySheet' and 'Test County - Testville Clinic' are at the top. The main area is a table with the following columns: 'Reset User Password', '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 table are 'Search' and 'Exit' buttons.

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 and 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.

The screenshot shows a web-based password reset form. At the top, the title 'eDaySheet' is displayed in a dark blue serif font, followed by 'Test County - Testville Clinic' in a blue serif font. Below the title is a green header bar with the text 'Reset User Password' in white. The main form area contains several input fields and labels. The labels are in a dark blue serif font, and the input fields are in a light blue serif font. The fields are as follows: 'User ID:' with value 'h49nuser', 'Password:' (empty), 'Confirm Password:' (empty), 'User First Name:' with value 'New', 'User Middle Initial:' (empty), 'User Last Name:' with value 'User', and 'User Phone Number:' with value '3349999999'. At the bottom of the form are two buttons: 'Submit' and '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 required to change the password the next time they sign on to a unique password that is different from the 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.

eDaySheet
Test County - Testville Clinic

Reset User Password	
User ID:	<input type="text" value="h49nuser"/>
Password:	<input type="password" value="....."/>
Confirm Password:	<input type="password" value="....."/>
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="3349999999"/>
<input type="button" value="Submit"/> <input type="button" value="Exit"/>	

Note: The password information will not be displayed on the screen. If the two passwords do not match exactly an error message will be displayed.

Click Submit to reset the password.

You will receive the following message.



Click OK to continue.

CHAPTER 6

ONE-WRITE SYSTEM

(BACKUP SYSTEM TO E-DAY SHEET and EHR)

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

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 and EHR, if the system is down. It provides consistent recording, depositing, and reporting of collected fees. The system has three major components: Patient/client Prenumbered Receipt, Ledger Card, day sheet (paper).

Fees should be collected at the end 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
- Provides 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:

-Patient/client's prenumbered Receipt is:

Used when collecting fees for the county depository account issued for all money collected

-Ledger Card is:

Completed on each patient/client

A record of all charges, payments, and balances maintained in the patient/client's medical file are:

Completed daily for all business transactions

All forms are a permanent accounting record for audit by: ADPH Office of Program Integrity, District Staff, and the Alabama Department of Examiners of Public Accounts.

PATIENT/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 the supply
 - The numbers are dispersed
 - The date was dispersed and
 - To whom was dispersed
- Retain all voided receipts.
 - Mark VOID and staple the voided receipt to the back of the Day sheet close out report.
 - Do not put voided receipts in the patient/client folder.

After the receipt is completed on top of the Ledger Card and Day Sheet it is given to the patient/client. It provides the patient/client with a record of:

- The type of visit
- Date of visit

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

- Services provided
- Net charges
- Amount paid
- Current balance owed
- Appointment date

Each patient/client's prenumbered receipt is:

- Used when collecting fees for the county depository account
- Issued for all money collected
- Used in numerical order
 - break in sequence, note reason
- Pre-numbered and carbonized
- Completed on each patient/client 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 patients/client after completed

LEDGER CARD FORM ADPH-A-100

A Ledge Card is placed between the patient/client's Prenumbered Receipt and Day Sheet. Carbon paper should be placed between the Ledger Card and Day Sheet so that information will copy clearly.

The Ledger Card is:

- Completed on each patients/client.
- Placed between the patient/client Receipt and Day Sheet.
- Carbon copy of patient/client payment information.
- A record of all charges, payments, and balances.
- Maintained in the patients/client file. It should be securely placed in the patients/client file or in an authorized alphabetical file.

A Ledger Card sample is shown below.

DATE		DESCRIPTION	CHARGE	CREDITS		CURRENT BALANCE
				PAYMENTS	ADJ	

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

DAY SHEET 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 patients/client Prenumbered Receipt
- Carbon copy of patient/client payment information.
- Kept by date, month, and fiscal year for a minimum of 3 years or until audited by the Alabama Department of Examiners of Public Accounts. Refer to the ADPH's RDA for retention period and for update instructions.

ONE-WRITE SYSTEM INSTRUCTIONS:

Place on Peg Board in the following order (top to bottom):

- Patients/client Prenumbered Receipt
- Ledger Card
- Carbon Paper
- Day Sheet

Circle the services to be provided on the Patient/Client Prenumbered Receipt:

1. Clinical
2. Environmental
3. Vital Statistics
4. Other _____

The following information should already be posted on the Ledger Card.

- CLIENT'S NAME
- CLIENT'S ADDRESS
- PREVIOUS BALANCE BROUGHT FORWARD

Post the following information on the Patients/client 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 NAME
- NET CHARGES
- Review the 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

Post the following information on client's Prenumbered Receipt with carbon copy entry on the Day Sheet:

- PREVIOUS BALANCE, outstanding balance on patients/client ledger card before current transaction.
- NAME
- If payment is cash, client'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 (patient's/client name and the payer's name)

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's Prenumbered Receipt from the Day Sheet and give to the client. This will be repeated for each client.

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 (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 who pay fees with cash.

- No borrowing
- No IOUs
- No cashing of checks
- No purchases are paid from this account

The standard amount is \$100.

- All health departments should have documentation on file from Financial Services "Chief Accountant approving the amount of the change fund.
- All new and adjusted change funds must be approved in writing by Financial Services' Chief Accountant and reported to the Office of Program Integrity.
- Health Finance will provide instructions for establishing or adjusting the amount of the change fund.

ADJUSTMENTS

Adjustments refer to any transactions that affect the client's balance other than the assessment of fees for current services.

Anytime an entry is made on the Day Sheet, a client prenumbered receipt must be given.

The following types of transactions can be made on the Day Sheet.

TRANSACTION	COLUMN ENTRY
Returned check	Adjustment
Write-Off terminated patient/client/patient's	Adjustments
Account balance	
Payment on account balance	Payments
Adjustment for Overcharge or Undercharge	Net Charge Decreased Net Charge Increased

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

ERROR CORRECTIONS

Error corrections are incorrect entries on the Day Sheet that you did not intend to make. For example, if you record money collected from the client 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 receipts is given to the client:

- 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 patient/client:

- 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 patient/client is charged for a service but it cannot be delivered and a refund is requested, the transaction must be voided so the money can be returned to the patient/client.

Note: Voids must be done on the same day services were provided prior to the Day Sheet close-out, and the patient/client must be present.

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 that was deposited the previous day is received from the bank. Review the original E-Day sheet/EHR to ensure the check belongs to the county health department. The chargeback and the NSF are recorded on the day they are received from the Bureau of Financial Services - Budget & Receipts Section. To record a bad check chargeback, 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 number in the Current Balance Column.

If the patient/client did not have a previous balance, the current balance would be the amount of the check. If the patient/client had a previous balance, the bad check amount would be added to the previous balance to arrive at a new current balance.

Staff must also establish a charge of \$30.00 for the non-sufficient funds (NSF) fee to the patient's/client account, which represents the maximum amount allowed by Section 8-8-15 of the Code of Alabama.

REDEPOSIT OF RETURNED CHECK

ADPH does not redeposit checks returned by the bank for non-sufficient funds. Follow the instructions in Policy 2013-001, Policy for Checks Drawn on Non-Sufficient Funds.

PAYMENT ON ACCOUNT

To record a payment on account, such as mail-in payments or amounts received directly from the patient's/client, complete a receipt to record the amount paid in the Paid Column and reduce the patient/client'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 PATIENT/CLIENT/PATIENT

To write-off a terminated patient/client'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.

All transactions recorded on the manual One-Write system will have to be repeated in the electronic system once the electronic system is available.

THIRD PARTY INSURANCE COMPANY CHECK

A check was received for \$xx for Home Health services. In the Name Column, post the payer's name. Before the money is deposited, the receipt column must agree with the deposit slip.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

CASH RECEIVED FROM HOME HEALTH PATIENT

Cash of \$xx was received from a Home Health patient. Record the program and date of service in the Patient Number Column. Record the patient/client name in the 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 Bingham in the Name Column.

ONE PAYMENT FOR MULTIPLE SERVICES

A business owner visited the Health Department to apply for annual permits for three food service establishments. The business owner submitted three separate applications for the licenses as required but paid the yearly permit fee with one check. Complete individual receipts for each client/establishment and make an entry on the day sheet to show the 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 E-Day Sheet/HER)

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 the next workday.

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 the 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.
- The change fund was counted incorrectly.
- A non-cash entry was posted in the PAYMENT column.
- An error was made in making a change by giving too much or too little change.
- Money was put in the cash box without making an entry on the Day Sheet.
- Money was removed from the cash box.

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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 the payer's name.
- include a carbon copy of the deposit slip and retain it 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 the payer's name to match entries on the Day Sheet. Both names (patient/client's and payer's) must be on the Day Sheet if they are different. When deposits are taken to the bank, the bank teller will provide a deposit ticket/receipt to the clerk. This deposit ticket/receipt will include machine coding that indicates the amount the bank received, as well as the date and time stamp for the deposits. Attach the deposit ticket/receipt to the Day Sheet.

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.
- If the shortage is not resolved, the clerk balancing the Day Sheet and the supervisor will initial and date the Day Sheet.
- Post the shortage on the Monthly Recap of Day Sheet if the electronic system is down for an extended period.

OVERTAGES

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 Sheet if the electronic system is down for an extended period.

DAILY CLOSEOUT OF Day Sheet

Procedures for daily close-out of the Day Sheet: (which may occur next morning if the 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

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

- Current Balance
- Previous Balance
- Cash - Deposit Section
- Check - Deposit Section

DAILY CLOSEOUT OF Day Sheet (Continued)

- 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 error 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, completing the following:
- If no total lines for columns, post totals at the bottom of sheet.
- Post the totals of 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 E-DAY SHEETS/EHR

The Monthly Recap of E-Day Sheets/EHR summarizes the monthly fee collections and is sent to the 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 the STAARS financial accounting system, maintained by the Financial Services - Budget & Receipts Section, and are NOT service codes listed on the E-Day Sheet/EHR).

The Monthly Recap of E-Day Sheets/EHR:

- Must be completed daily after the E-Day Sheet/EHR has been totaled and the deposit prepared.
- Must be completed and submitted by the 10th of the following month to Financial Services – Budget & Receipts Office (Health Finance reconciles the Monthly Recap with the bank statement, enters the deposits into the STAARS system, and reports the deposits on the County Fund Balance Report).
- The copy must be maintained at the county health department
- The district Clerical Director can provide an automated template if the electronic system is down for a significant 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 the 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 the 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

7. INDIVIDUAL CLINIC DEPOSITS

-Enter individual daily deposits made by clinic(s)

-Complete if only one site

8. TOTAL DEPOSITED BY CLINIC

-Enter the Sum total deposited by the clinic for each date

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

Monthly Recap Instructions (Continued)

9. TOTALS

- Enter the sum 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 faced up and fold from left to right until page 1 overlaps page 2
- Stop folding page 1 at XXXXX in the lower section of the revenue source code column on page 2
- Enter sum totals for each line entry by revenue source code on both pages

11. LIST ANY RETURNED CHECKS RECEIVED AND RECORDED THIS MONTH

- Enter the name of the patient/client, the amount of the check, and the type of service provided

12. DATE MAILED

- Enter the date the recap is mailed to the Budget & Receipts Office.

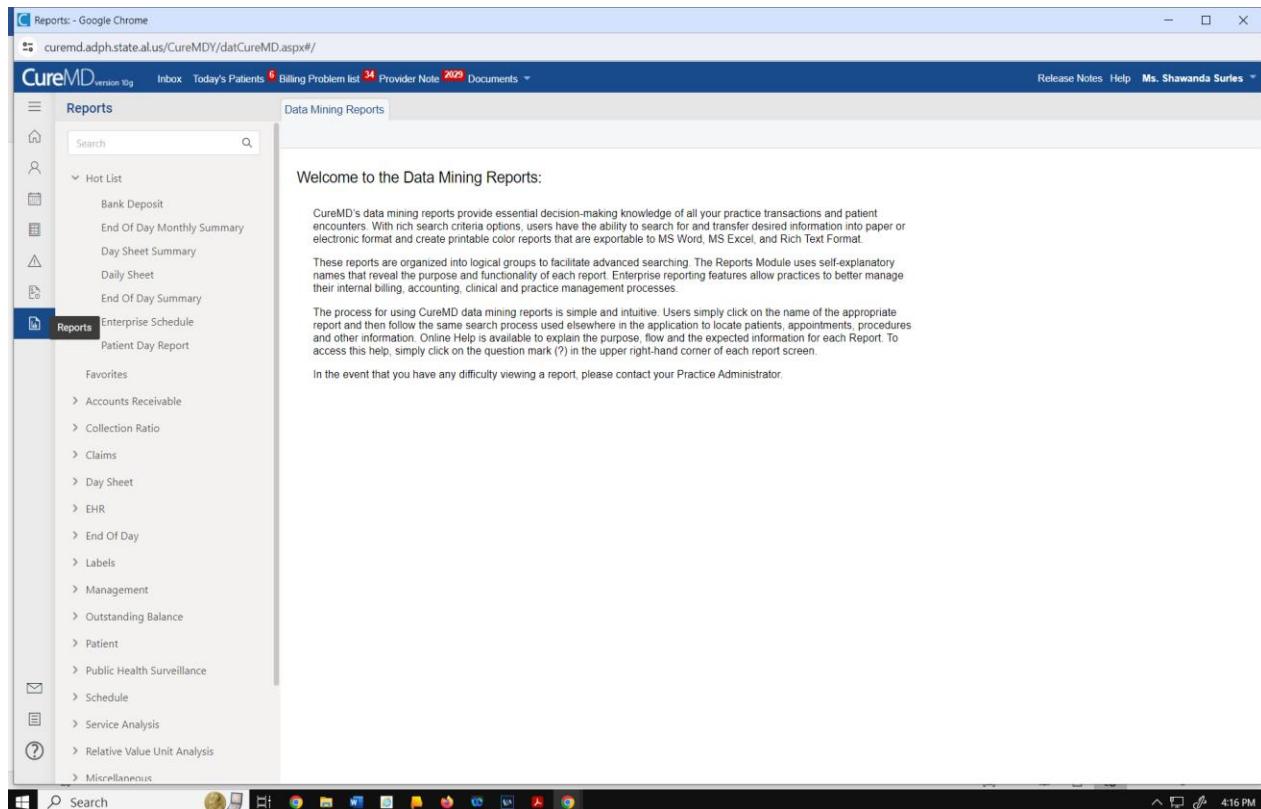
13. SIGNATURE OF PREPARER

- Preparer reviews and signs recap

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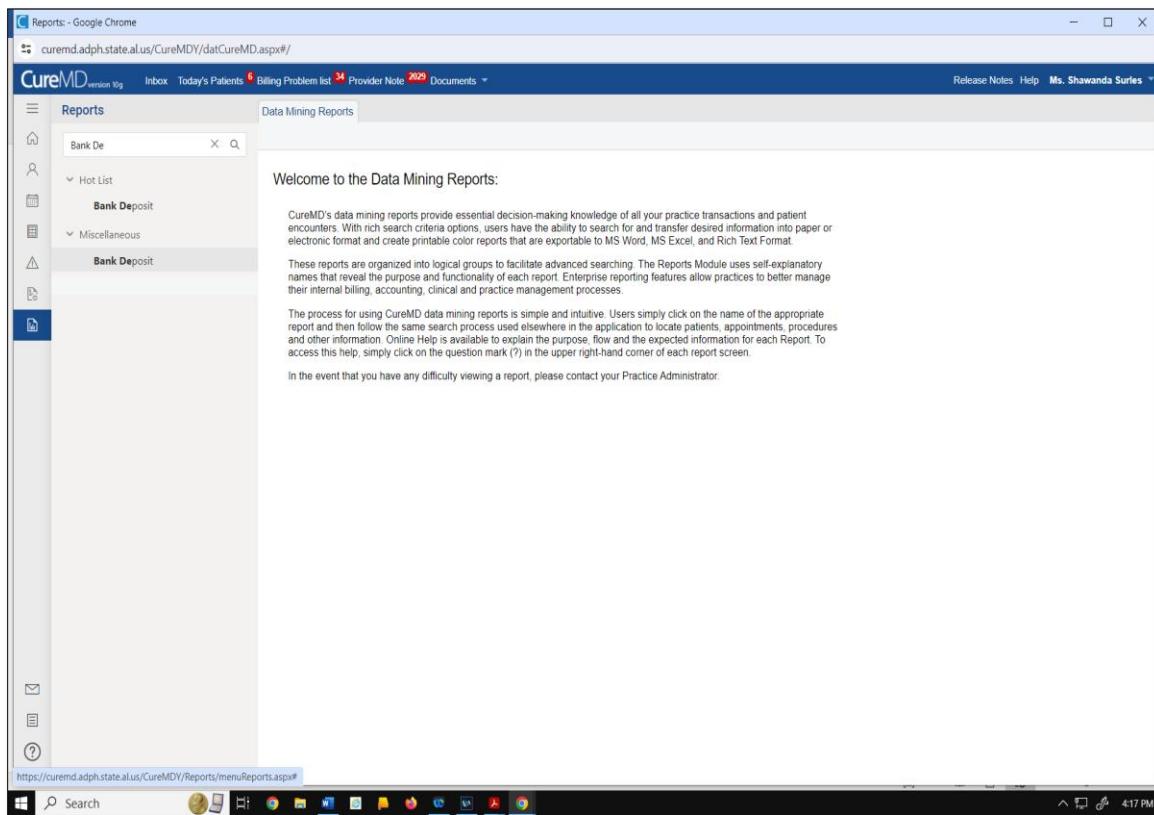
Monthly Recap Instructions for EHR:

GO TO REPORTS



ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

GO TO MISCELLANEOUS OR TYPE IN THE SEARCH BAR **BANK DEPOSIT**



LOCATION: (YOUR COUNTY HEALTH DEPARTMENT)

*******PLAN: DROP DOWN SELECT (NONE)**

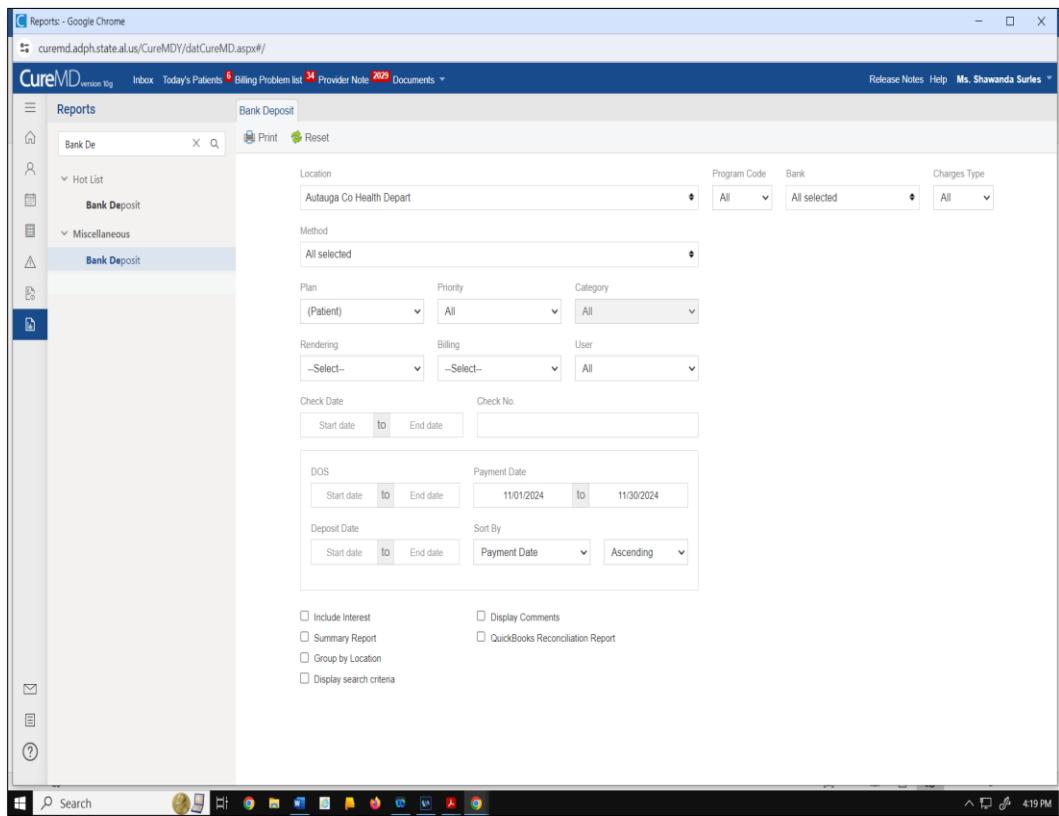
PAYMENT DATE: (THE MONTH YOU NEED THE REPORT FOR)

DO NOT PUT ANYTHING IN DEPOSIT DATE!!!!

NOTE:

Only use what is on this screenshot (Location, Plan and Payment Date) then Search and Print

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL



Click Print.

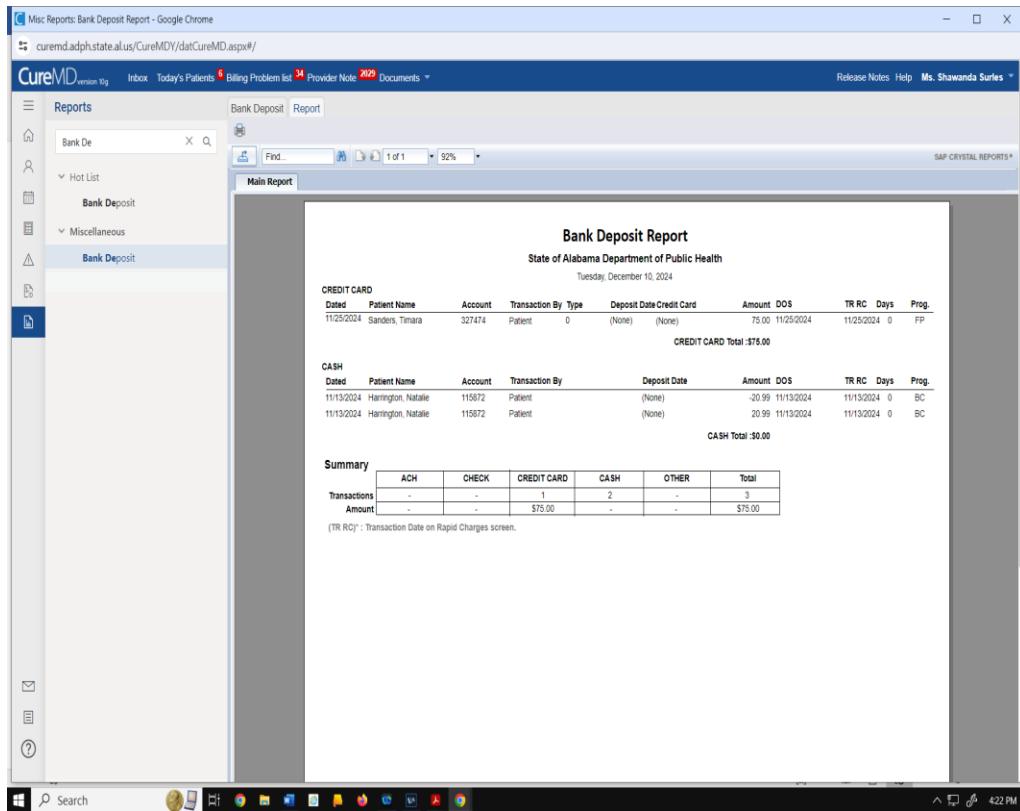
Print this report and make sure that it matches up with what you have deposited.

Add what you have on your E-Day report and this report from CureMD. It should match what you have deposited from your deposit slips.

After you have verified that everything is correct:

- Send this report to Finance (Serita Pace and Sierra Martin) when you do your Monthly Recap Report
- Staple this report from CureMD to your Monthly Recap Report from e-Day and file together monthly

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 Patient/client Prenumbered Receipts
- ADPH-A-102 E-Day Sheet

See images below.

These forms can be requested in 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

ADPH Ledger Card

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

ADPH Patient Pre-Numbered Receipt

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

ADPH Day Sheet

CHAPTER 7

UNCLAIMED PROPERTY

GENERAL REPORTING INSTRUCTIONS **(As of 2024)**

The Bureau of Financial Services – Budget and Receipts section will run a report from E-Day Sheet and EHR annually on July 15th to determine any unclaimed property such as credits to report unclaimed property per the reporting guidelines on the Treasury website www.treasury.alabama.gov by clicking on "Unclaimed Property" and "About".

WHAT DOES THE ALABAMA UNCLAIMED PROPERTY ACT OF 2013 PROVIDE AND HOW DOES IT RELATE TO BUSINESS?

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 by clicking on "Unclaimed Property" and "About".

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 "Unclaimed Property" and "About". Questions regarding the Unclaimed Property Act may be directed to the Director of the Unclaimed Property Division,

WHAT IS UNCLAIMED PROPERTY?

Unclaimed property consists of abandoned financial assets such as checking and savings accounts, unpaid wages, securities, life insurance payouts, uncashed checks, and the proceeds of safe deposit boxes that are without activity for a certain period of time. It does not include real estate or vehicles.

The organization holding the potential unclaimed property makes every effort to contact the owner and establish activity through an online login, written correspondence, a withdrawal or deposit, or an update to personal information. If these attempts do not produce activity, the asset is reported to the state of the owner's last known address.

Unclaimed property laws began in the United States as a consumer protection program and they have evolved to protect not only the owners, but their heirs and estates as well. Once property is in the custody of the state and its unclaimed property program, an aggressive outreach effort begins through mailings, social media, advertisements, and local media coverage. The state will maintain custody of the property in perpetuity until the rightful owner or heirs come forward to claim.

WHAT QUALIFIES AS REPORTABLE UNCLAIMED PROPERTY FROM A BUSINESS?

- Tangible contents of safe deposit boxes from financial institutions.
- Intangible property such as checking and savings accounts, wages or commissions, money orders, expired State of Alabama issued 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

State of Alabama issued checks/warrants: All warrants expire one year from issue date. Duplicate warrants will expire one year from the original warrant issue date regardless of when the duplicate warrant is issued. The expired warrants are turned over to the Unclaimed Property Division of the State Treasurer's Office. The vendor may request payment from the Treasurer's Office. Information on recovering funds from expired warrants is available at the State Treasurer's website at www.treasury.alabama.gov under Unclaimed Property.

For additional information refer to the unclaimed property law, Section 35-12- 72, Code of Alabama 1975, as amended.

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 the following occur:

- The last known address of the apparent owner, as shown on the records or 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 or 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 or 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 or the unclaimed property. and the last known address or 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.

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 a 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 by clicking on "About", then "Forms", and the "NAUPA endorsed FREE reporting software".

Alabama **NO LONGER ACCEPTS** unclaimed property reports in paper format.

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) . **Alabama law requires businesses to 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:	Synovus Bank
ABA ROUTING #:	061100606
ACCOUNT #:	01030418
ACCOUNT NAME:	State of Alabama Office of State Treasurer- Unclaimed Property
ACCOUNT TYPE:	Checking

STANDARD ENTRY CLASS CODE: CTX (Corporate Trade Exchange) Classification Code

ADDENDA RECORD: EDI Formatting for Addenda Record Remittance Reporting

*Special Instructions: Include Name of Reporting Business **and** Tax ID #)

**Standard Entry Class CCD+ is allowable if only a single report is being submitted, however, if more than one report reported per ACH payment, use CTX class

Wiring Instructions for Unclaimed Property Account:

RECEIVING BANK:	Synovus Bank
ABA ROUTING #:	061100606 1600 Broadway Columbus, GA 31902 877-803-3762
BENEFICIARY NAME:	State of Alabama Office of State Treasurer- Unclaimed Property
BENEFICIARY ADDRESS:	600 Dexter Ave Montgomery, AL 36104
BENEFICIARY ACCOUNT #:	01030418
COMMENT FIELD:	Name of Reporting Business & Tax ID #
ACCOUNT NAME:	State of Alabama – Unclaimed Property

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 and unclaimed@treasury.alabama.gov.

Worthless securities and shares of non-marketable, privately held securities should NOT be remitted. Worthless securities should be handled as follows:

A. Hold in State house account and report/remit during next reporting cycle, if/when the security gains value.

ALABAMA DEPARTMENT OF PUBLIC HEALTH FEE SYSTEM MANUAL

B. Return to owner account.

Please note, the State of Alabama does not accept physical certificates. Do not report/remit physical certificates.

Open-End Mutual Funds

Mutual Fund Accounts held for the State of Alabama must be open in advance. AVENUE INSIGHTS & ANALYTICS will provide the account numbers for all mutual funds to be transferred into the state's account. Please contact . AVENUE INSIGHTS & ANALYTICS at upch.custody@avenuinsights.com to obtain the account numbers 3 business days prior to attempting delivery.

Please send interested party statements for Open-End Mutual Fund accounts to the following:

AVENU INSIGHTS & ANALYTICS
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:

AVENU INSIGHTS & ANALYTICS
Email: upch.custody@avenuinsights.com

For Federal Reserve Securities

Please deliver as follows:

Federal Reserve Bank of New York
ABA # 0210-001-8
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.

BUSINESS 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.

RECLAIMED 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 items 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 TO 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 mailing, 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.

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All Securities should be delivered via DTC with a valid customer 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. Prove the beginning and ending dates on which, the amounts were payable.

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 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.

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, 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 in part, if the reporting business is found to have acted in good faith. Reporting questions should be directed to Alabama Unclaimed Property prior to the November 1st reporting deadline.

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 with 120 days after filing the unclaimed property.

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 prior to delivery. In addition, the business should contact our office to schedule delivery dates.

ALABAMA DORMANCY PERIODS FOR CLASSIFYING AND REMITTING UNCLAIMED/ABANDONED PROPERTY

Reporting Periods:	July 1 st – June 30 th
Date Property Due:	November 1 st (report & remit) for period ending June 30 th
Aggregate Amount:	Value less than \$50
Negative Reporting:	Zero/negative reports (filing of no property) are NO longer required

PROPERTY TYPE	DORMANCY PERIOD (in years)
Certificates of Deposit	3
Checking Accounts	3
Credit Memos	1
Debt (government bonds)	3
Debt (private bonds)	3
Demutualization (funds/securities)	2
Dissolution/Liquidation	1
Dividends	3
Federal Courts/Agencies	1
Fiduciaries	3
Gift Certificates*	3
Insurance Proceeds	3
IRA Keogh	3
Life Insurance Matured	3
Mineral Proceeds	3
Money Orders	5
Official Bank Checks	3
Safe Deposit Boxes	3
Savings Accounts	3
Securities	3
State Courts/Agencies	1
Travelers Checks	15
Utility Deposits/Refunds	1
Vendor Payments	3
Wages	1
All other Property	3

**Gift Certificates would comprise property other than those exempt under § 35-12-73 of the Alabama Disposition of Unclaimed Property Act of 2004.*

The Alabama Disposition of Unclaimed Property Act of 2004 as mandated under Article 2A, Title 35, Chapter 12, § 70 – 96, Code of Alabama 1975, as amended, sets out the time periods in designating when personal property is considered unclaimed/abandoned and reportable to the State of Alabama, Office of State Treasurer.

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FOR ASSISTANCE OR INQUIRIES RELATED TO THE REPORTING OF UNCLAIMED OR ABANDONED PROPERTY, PLEASE CONTACT:

**UNCLAIMED PROPERTY
ATTN: BUSINESS REPORTING
PO BOX 302520
MONTGOMERY, ALABAMA 36130-2520**

Telephone: 334-242-9614 OR 1-888-844-8400
Website: WWW.TREASURY.ALABAMA.GOV
Email: Unclaimed@treasury.alabama.gov

Version 5/2022 & 8/2024

CHAPTER 8

VITALCHEK MACHINE

VitalChek MACHINE

Instructions for payment using VitalChek

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:

PATIENT/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 VitalChek Machine:

At the end of your business day, you will perform the End of 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.

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 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.

Processing Fee:

The Lexis Nexis Service fee is nonrefundable.