



**CompuGroup™**  
Medical

**Invoice Billing**  
**Client Setup Packet**  
August 22, 2024



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## NOTICE

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## INVOICE BILLING PRACTICE INFORMATION FORM

Complete the following forms and return them to your Implementation Consultant. This information is required a minimum of **two weeks** prior to the estimated *go-live* date to ensure a smooth installation. Assign an individual to be responsible for all Invoice Billing activity.

Practice Name	_____	Client #	_____
Address	_____	City, ST Zip	_____
Contact	_____	Phone #	_____
Email	_____	Fax #	_____

### Setup Information

Provide the following information for each database that will be using Invoice Billing.

Database Name	_____	Database #	_____
Database Name	_____	Database #	_____
Database Name	_____	Database #	_____
Database Name	_____	Database #	_____
Database Name	_____	Database #	_____

You need to choose a **Default Responsible Doctor** code and a **Default Referral Source** code for each database that will be used when Invoice Billing accounts are automatically created for Department Codes.

Department Codes are used to control who receives the Invoice and a separate Invoice Billing account is automatically created for each Department Code that will contain all the procedures to be billed for each employer (client). The default values used for the required fields when creating the Invoice Billing account are stored in the *Invoice Billing Integration* function.

Database #	_____	Default Resp Dr Code #	_____	Default Ref Source Code	_____
Database #	_____	Default Resp Dr Code #	_____	Default Ref Source Code	_____
Database #	_____	Default Resp Dr Code #	_____	Default Ref Source Code	_____
Database #	_____	Default Resp Dr Code #	_____	Default Ref Source Code	_____
Database #	_____	Default Resp Dr Code #	_____	Default Ref Source Code	_____

## INVOICE INFORMATION

Indicate the **type(s) of invoice billing** you typically do:

Single-layer invoice billing     Two-layer invoice billing

Other (explain or provide a sample invoice): \_\_\_\_\_

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### Definitions

#### Single Layer Invoice Billing

- Invoice sent to one **Department/Employer**. **Example:** ABC Construction pays for all their employees charges.

#### Two Layer Invoice Billing

- Invoice is sent to a Main **Organization (Department)** that manages many employers (clients). **Example:** Main Organization is XYZ, and there are multiple Employers under XYZ. XYZ pays all the charges, but they need to know each patient's employer.

You will need to provide a sample invoice for each type of invoice billing you do.



# INVOICE SAMPLES

## Single-Layer Invoice Billing

<b>I N V O I C E</b>							
EASTSIDE MEDICAL 3838 N Central Ave Ste 1600 Phoenix, AZ 85012-1950 208-555-0172			PREPARED February 15, 2024 ACCOUNT #: 5555555 Invoice #: 041524.## PO#: BALANCE: 732.00				
Employer Name 4444 Caspar St Phoenix AZ 85036-1045			Amount Enclosed _____				
PAYMENTS MADE ONE WEEK PRIOR TO STATEMENT DATE MAY NOT BE REFLECTED							
DATE	CODE #	DESCRIPTION	CHARGES	PAYMENTS CREDITS	BALANCE		
		Patient: Johnson, Noah (Acct #26597) Superbill #:					
12-02-23	99212	OV EST LEV 2	62.00		62.00		
		Patient: Smith, Fred (Acct #24321) Superbill #:					
02-02-24	99214	OV EST LEV 4	325.00		325.00		
	36415	BLOOD DRAW	10.00		10.00		
		Patient: Thompson, Jerry (Acct #23146) Superbill #:					
02-14-24	99214	OV EST LEV 4	325.00		325.00		
	36415	BLOOD DRAW	10.00		10.00		
<b>TOTALS</b>					<b>732.00</b>		
<b>AGING:</b>		Current	30 Day	60 Day	90 Day	120 Day	<b>T O T A L</b>
					732.00		
					732.00		
PLEASE REMIT PAYMENT IMMEDIATELY. For Billing Questions call 602-277-6277.							
PLEASE PAY BALANCE ->					732.00		

**Two-Layer Invoice Billing**

<b>I N V O I C E</b>					
EASTSIDE MEDICAL 3838 N Central Ave Ste 1600 Phoenix, AZ 85012-1950 208-555-0172			PREPARED February 15, 2024 ACCOUNT #: 5555555 Invoice #: 041524.## PO#: BALANCE: 732.00		
XYZ Construction 4444 Caspar St Phoenix AZ 85036-1045			Amount Enclosed _____		
PAYMENTS MADE ONE WEEK PRIOR TO STATEMENT DATE MAY NOT BE REFLECTED					
DATE	CODE #	DESCRIPTION	CHARGES	PAYMENTS CREDITS	BALANCE
		Employer: ABC Electical			
		Patient: Johnson, Noah (Acct #26597) Superbill #:			
12-02-23	99212	OV EST LEV 2	62.00		62.00
		Patient: Smith, Fred (Acct #24321) Superbill #:			
02-02-24	99214	OV EST LEV 4	325.00		325.00
	36415	BLOOD DRAW	10.00		10.00
		Employer: MMM Plumbing			
		Patient: Thompson, Jerry (Acct #23146) Superbill #:			
02-14-24	99214	OV EST LEV 4	325.00		325.00
	36415	BLOOD DRAW	10.00		10.00
<b>TOTALS</b>					<b>732.00</b>
AGING:      Current   30 Day   60 Day   90 Day   120 Day   T O T A L					
					732.00
PLEASE REMIT PAYMENT IMMEDIATELY. For Billing Questions call 602-277-6277.					
PLEASE PAY BALANCE ->					732.00