

# What's the difference between Financial Transactions (fka Day Sheet) & the Product/Procedure Report?

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DrChrono offers a variety of ways to look at your practice-created data.

Two frequently used reports are the Financial Transactions (fka Day Sheet) and the Product Procedure Report. Here's a description of each and how they could be useful in your practice.

## Financial Transactions (fka Day Sheet)

- The Financial Transactions (fka Day Sheet) will show you what has been posted (charges, insurance/patient payments, and insurance/patient adjustments) for a particular day or a date range. You can specify other parameters including the office and even the exam room.
- Many practices use this report to balance at the end of the day and verify that all cash/payments that were received were posted. The information listed is in real-time, so it can change as charges are placed on appointments and ERAs/EOBs are posted if it fits within the parameters you selected.

The Financial Transactions (fka Day Sheet) can be found by navigating to **Billing > Financial Transactions (Day Sheet)**.

Once inside the report, you will have additional filters available. The red box below indicates where you can specify a date range (from a single date to a max of 31 days).

Once you have selected your options, click on the blue **Update** (green arrow below) on the right, and the information will be retrieved from the server and displayed for you. This information will also be stored as cached data for 24 hours. Any additional queries made during that period will first be pulled from cached data if available. This will speed up the time it takes to generate the report.

You will want to use the **Update All** (purple arrow below) option if additional entries have been added for the time period you are searching. By selecting the Update All button, the system will retrieve refreshed data from the server and will display it for you. The date and time of the latest cached data will be listed just to the left of the Update All button.

Day Sheet    Default    Reimbursement Analysis

08/01/2022    08/31/2022    Max 31 days)    Patient    All Office    All Room    All Reasc

Claim Type: All Claims    Display Credits & Adjmt by: Posted Date    Display Charges by: Posted Date    Include Moved Cash: Yes

Data as of: 08/31/2022 8:36 AM    Update All    Update

Grand Totals    Credits & Adjustments    Patient Payments    Charges    Action

\$0.00	\$0.00	\$0.00	\$0.00
DEBIT	CREDIT	ADJUSTMENT	PATIENT PAYMENT

The information will be displayed as a summary, like the example below. The default is set to land on the **Grand Totals** tab. You can see at a glance 4 key metrics:

- **Debit** - Amount of charges posted for the specified parameters (date/office/exam room)
- **Credit** - Amount of insurance payments posted for the specified parameters (date/office/exam room)
- **Adjustment** - Amount of adjustments posted for the specified parameters (date/office/exam room)
- **Patient Payment** - Amount of patient payments posted for the specified parameters (date/office/exam room)

Grand Totals    Credits & Adjustments    Patient Payments    Charges    Action

\$0.00	\$0.00	\$0.00	\$0.00
DEBIT	CREDIT	ADJUSTMENT	PATIENT PAYMENT

For detailed information in any of these categories, just click on the blue tab that corresponds to the information you are seeking. Each will bring up all of the details (patient, date of service, amount, etc.) that make up the amount shown on the summary **Grand Total** tab.

Grand Totals    Credits & Adjustments    Patient Payments    Charges    Action

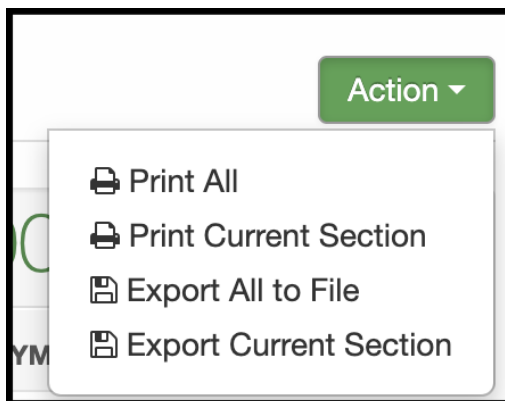
\$0.00	\$0.00	\$0.00	\$0.00
DEBIT	CREDIT	ADJUSTMENT	PATIENT PAYMENT

You can print or export the report by clicking the green **Action** button on the right.

Grand Totals    Credits & Adjustments    Patient Payments    Charges    Action

\$0.00	\$0.00	\$0.00	\$0.00
DEBIT	CREDIT	ADJUSTMENT	PATIENT PAYMENT

Any exported report will be generated and available in your message center.



## Product/Procedure Report

- The Product/Procedure Report will show you what CPT/HCPCS/Custom and ICD-10 codes have been billed throughout your practice, along with detailed patient information if you need to dig deeper. Offices use this report to identify the most used procedures/custom codes within their office.
- If you would like to view a video walkthrough of the Day Sheet, you can find it here.[Product/Procedure Report Video](#)

The Product/Procedure Report can be found by navigating to **Billing > Product/Procedure**.

Once inside the report, you will have several options to choose from. You can enter a specific code or a date range.

A screenshot of a web application interface for the Product/Procedure report. At the top, there are four tabs: 'Product/Procedure', 'CPT/HCPCS/Custom', 'ICD-9', and 'ICD-10'. The 'CPT/HCPCS/Custom' tab is selected and highlighted. Below the tabs, there is a search bar labeled 'Code (CPT/HCPCS/Custom)' with a magnifying glass icon. To its right is a dropdown menu labeled 'Service Date' with a downward arrow. Further right are two date input fields: the first contains '06/10/2020' and the second contains '09/08/2020'. On the far right is a blue button with a refresh icon and the text 'Update'.

If you want to know what CPT/HCPCS/Custom codes were charged for a specific date range, just leave the code field blank, make sure you select **Service Date** and the date range you would like, and click on the blue **Update** on the right.

Your information will populate like the example below. It will show the CPT/HCPCS/Custom code, along with the number of times it has been charged (**Units**) during the date range you selected, along with the total charges.

To see which patient appointments those codes are listed on, just click on the blue code and description. The patient information, including the patient's name, date of service, provider, and payer will populate.

Code	Units	Charge
<b>Totals:</b>	<b>2172.00</b>	<b>\$461,243.00</b>
90792: PSYCH DIAG EVAL W/MED SRVCS	3	\$0.00
90833: PSYTX W PT W E/M 30 MIN	1027	\$110,379.00
90836: PSYTX W PT W E/M 45 MIN	6	\$615.00
96127: BRIEF EMOTIONAL/BEHAV ASSMT	7	\$70.00
96365: THER/PROPH/DIAG IV INF INIT	5	\$2,950.00
96366: THER/PROPH/DIAG IV INF ADDON	5	\$1,375.00
96367: TX/PROPH/DG ADDL SEQ IV INF	5	\$750.00
99203: OFFICE/OUTPATIENT VISIT NEW	1	\$0.00
99204: OFFICE/OUTPATIENT VISIT NEW	4	\$1,435.00

The same works if you would like to see what ICD10 codes have been used during a certain time period. To pull up this information, first, click on the **ICD-10** tab at the top of the screen.

Once you select your date range (and specific ICD10, if applicable), the system will provide the information you requested. To see which appointment the particular ICD10 code is attached to, just click on the actual code or description. The patient information, along with the date of service and provider will be listed.

Code	# of Appointments	Description
E28.2	1	Polycystic ovarian syndrome
F06.31	1	Mood disorder due to known physiological condition with depressive features
F06.32	4	Mood disorder due to known physiological condition with major depressive-like episode
F10.10	2	Alcohol abuse, uncomplicated
F10.11	2	Alcohol abuse, in remission
F10.180	2	Alcohol abuse with alcohol-induced anxiety disorder
F11.21	1	Opioid dependence, in remission

You can export the information in the product procedure report by clicking on the gray **Export** button over on the

right. The report will generate and available in your message center.

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