

TherAssist Report Request Form

Fax your completed form to TherAssist at (305) 245-7861

Contact Info - tell us who you are

Description

Please provide a brief description of the report. Mention any similarities with existing reports to give an idea of where to start designing the report. When mentioning an existing report, also note what is different about the new report you are requesting.

Report Name

As it should appear at the top of the printed report. For example, Daily Billing Summary by Therapist.

Report Description

A more descriptive name as it should appear in the list of reports in the TherAssist application. For example, *Daily Billing Summary by Therapist grouped by Discipline and Therapist.*

Valid Queries - Don't just select them all, think about what would be logical for the user.

- Date Range
- Insurance Type
- Primary Referral Source
- Patient

Report Layout

Attach a layout of the report exactly as it should appear. **THIS IS VERY IMPORTANT!**

Keep the following in mind:

- Groups (group by date, therapist, and diagnosis?)
- Page Breaks (new page for each date, discipline, referral source?)
- Subtotals & Totals (any totals or subtotals involved?)
- Sorting (date, therapist, discipline?)

The more detailed, the more likely the report will be created!