

Create Bill Templates



Introduction

The Workers' Compensation Medical Bill Process (WCMBP) System features templates that allow providers to create preset formats for billing Office of Workers' Compensation Programs (OWCP), reducing the need to recreate an entire bill with each submission. The purpose of this tutorial is to educate providers on the use of bill templates for Direct Data Entry (DDE) online bill submission. It is broken out into these three sections:

- [Creating and Managing Bill Templates](#)
- [Updating Bill Templates](#)
- [Deleting Bill Templates](#)



Creating and Managing Bill Templates





Creating and Managing Bill Templates (1 of 19)

1. Log in to the [WCMBP System](#). The system displays the **Select a Provider ID Number** page.
2. Select the **Ext Provider Bills Submitter** profile from the drop-down list and select **Go**.
3. From the **Bills** column, select the **Manage Templates** link.


Note: Under **Admin**, **Maintain Users** and **Switch OWCP Provider ID** are two different links.


Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs: 700  *



Select a profile to use during this session:

EXT Provider Bills Submitter  *



Bills
Bill Inquiry
View Payment
Bill Adjustment
On-line Bills Entry
Resubmit Denied Bill
Retrieve Saved Bills
Manage Templates
Create Bills from Saved Templates
View Accounts Receivable
Fee Schedule Calculator

Creating and Managing Bill Templates (2 of 19)

Create a Bill Template:

4. Select **Professional**, **Institutional**, or **Dental** from the **Type Of Claim** drop-down list dependent on the type of bill for which the provider wants to create a template and select **Add**.

Close Add

Create a Bill Template

Type Of Claim: Professional *

Edit View Delete SaveAs/Copy Create Batch Create Batch All Auto Batch

Bills Template List

Filter By : [] And [] [Go] [Clear Filter] [Save Filter] [My Filters]

	Template Name ▲▼	Template Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input type="checkbox"/>				
<input type="checkbox"/>				

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The **Professional Bill** page opens where the provider must enter Basic Bill information to create the provider template.

5. Select the program from the **Program** drop-down list at the top.
6. In the **Template Name** field, enter a name for the provider template.

Note: The **Submitter ID** is displayed at the top right side of the page, based on the provider login credentials.

Billing provider information populates based on the provider login credentials.

7. The Provider can enter rendering servicing facility information.

The screenshot displays the 'Professional Bill' form. The 'Basic Bill Info' section includes a 'Program' dropdown menu (set to 'DFEC - Division of Federal Employees' Compensation'), a 'Special Bill Indicator' dropdown (set to 'NONE'), and a 'Template Name' text field (containing 'Test'). A 'Submitter ID' field is visible on the right. The 'Provider Information' section, titled 'BILLING PROVIDER INFORMATION', contains fields for 'Provider ID', 'NPI', 'Provider Name', 'Address Line 1', 'Address Line 2', 'Address Line 3', 'City/Town', 'State/Province', 'County', 'Country', and 'Zip Code'. A 'Type' dropdown is set to 'OWCP ID', and a 'Taxonomy Code' field is present. At the bottom, there is a question 'Is the Billing Location also the Service Facility Location?' with 'Yes' and 'No' radio buttons.

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8. Complete the following under the **CLAIMANT INFORMATION** section:
 - a. Enter the claimant ID in the **Claimant ID** field.
 - b. Select **CASE NUMBER** from the **Type** drop-down list.
 - c. Enter the claimant's name in the **Last Name, First Name**, and **Middle Name** fields.
 - d. Enter the claimant's date of birth (DOB) in the **Date of Birth** fields.
 - e. Select the gender from the **Gender** drop-down list.

The screenshot shows a web form titled "CLAIMANT INFORMATION". The form is divided into two main sections: "CLAIMANT" and "Type". The "CLAIMANT" section contains fields for Claimant ID, Date of Injury, Last Name, Middle Name, Date of Birth, Date of Death, and Zip Code. The "Type" section contains a drop-down menu for Type, with "CASE NUMBER" and "SSN" as options. Red boxes highlight the Claimant ID field, the Date of Birth field (which is split into MM, DD, and CCYY sub-fields), and the Type drop-down menu. The "Date of Birth" field is also split into MM, DD, and CCYY sub-fields. The "Date of Injury" field is split into MM, DD, and CCYY sub-fields. The "Date of Death" field is split into MM, DD, and CCYY sub-fields. The "Type" drop-down menu is open, showing "CASE NUMBER" and "SSN" as options.

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Note: Once the provider selects the case number type, the claimant information may auto-populate.

Note: The template can be reused for the same claimant or a different claimant.

If the template will be used for a different claimant but for same type of services, the claimant information need not be added.

9. Select **Yes or No** to the question **Does Bill have any Third-Party Liability Amount?**
 - If **Yes** is selected, enter the TPL amount in the **Third Party Liability Amount** field below.



?

Does Bill have any Third Party Liability Amount?

☒ Yes ☐ No

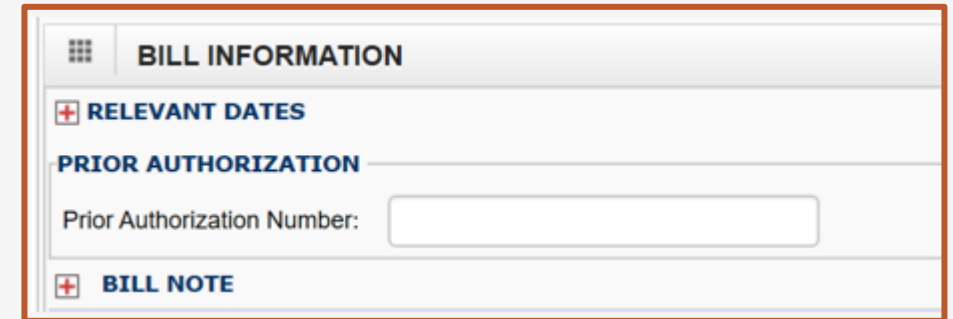
Third Party Liability Information

Third Party Liability Amount:




Creating and Managing Bill Templates (6 of 19)

10. Below the **CLAIMANT INFORMATION** section on this page, enter the **BILL INFORMATION**.

Note: Although these are not required fields, providers can select the plus icons to open the screens to enter Relevant Dates or a Bill Note. These fields are optional.




The screenshot shows a software interface for entering bill information. It features a header bar with a grid icon and the text "BILL INFORMATION". Below this, there are three expandable sections, each with a plus icon and a title: "RELEVANT DATES", "PRIOR AUTHORIZATION", and "BILL NOTE". The "PRIOR AUTHORIZATION" section is currently expanded, showing a label "Prior Authorization Number:" followed by a text input field.

BILL INFORMATION	
	RELEVANT DATES
	PRIOR AUTHORIZATION
	Prior Authorization Number: <input type="text"/>
	BILL NOTE

Creating and Managing Bill Templates (7 of 19)

11. To enter relevant dates, select the plus icon next to **RELEVANT DATES**. A new dialogue box appears to enter the information.

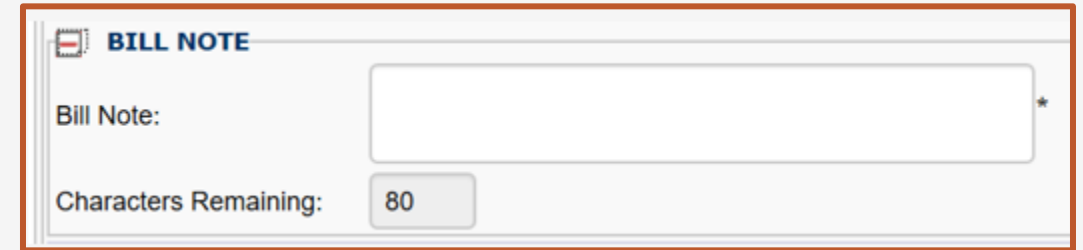
 **RELEVANT DATES**

Onset of Current Illness/symptom Date:	mm	dd	ccyy		Admission Date:	mm	dd	ccyy	
	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	
Discharge Date:	mm	dd	ccyy		Assumed Care Date:	mm	dd	ccyy	
	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relinquished Care Date:	mm	dd	ccyy		Hearing or Vision Prescription Date:	mm	dd	ccyy	
	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>	

Creating and Managing Bill Templates (8 of 19)

12. To enter a bill note related to the services the provider is entering on this bill, select the plus icon next to **BILL NOTE**. A new dialogue box appears to enter the information.

Note: Up to 80 characters can be entered.

A screenshot of a software interface showing a dialog box titled "BILL NOTE". The dialog box has a light gray background and a thin orange border. At the top left, there is a small icon of a document with a plus sign, followed by the text "BILL NOTE" in blue. Below this, the label "Bill Note:" is followed by a large, empty text input field. To the right of the input field is a small asterisk icon. Below the input field, the label "Characters Remaining:" is followed by a small, rounded rectangular box containing the number "80".

Creating and Managing Bill Templates (9 of 19)

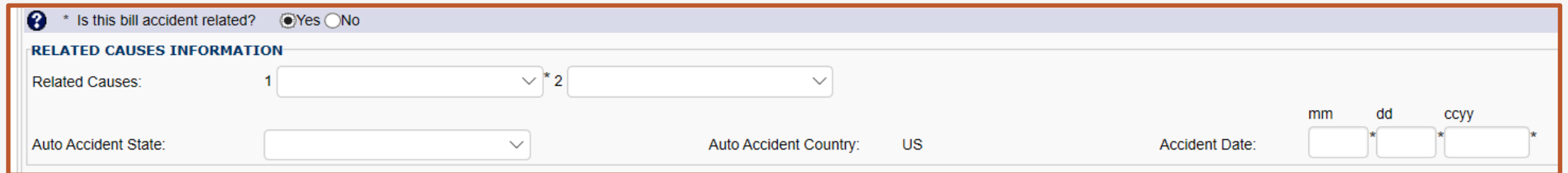
13. Proceed as applicable depending on the answer selected for "Is this bill accident related?"

- If "Yes" is selected, a screen opens for information to be entered. Select the applicable option from the **Related Causes** drop-down list.



AA-Auto Accident
EM-Employment
OA-Other Accident

← Related Causes Options.



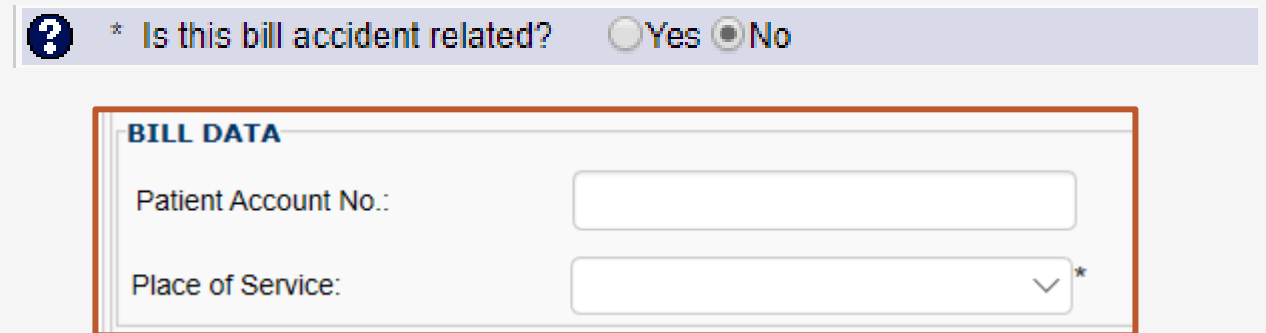
? * Is this bill accident related? ☒ Yes ☐ No

RELATED CAUSES INFORMATION

Related Causes: 1 * 2

Auto Accident State: Auto Accident Country: US Accident Date: mm dd ccyy *

- If "No" is selected, complete these steps:
 - a. Enter the patient account number in the **Patient Account No** field.
 - b. Select the applicable option from the **Place of Service** drop-down list.



? * Is this bill accident related? ☐ Yes ☒ No

BILL DATA

Patient Account No.:

Place of Service: *

Creating and Managing Bill Templates (10 of 19)

In the Bill Data, Diagnosis Codes section enter the information as described herein:

14. From the **Diagnosis Code Category** drop-down list, select the code category the provider will be using, ICD-9 or ICD-10.

15. In the **Diagnosis Codes** fields, enter up to 12 diagnosis codes. List the ICD Codes in primary order.

Notes:

- All ICD-9 or ICD-10 codes must be listed based on the Date of Service (DOS).
- ICD Codes must be listed in sequential order, 1-12 (cannot skip a number).
- ICD-9 Diagnosis Codes (applies if DOS is on or prior to September 30, 2015).
- ICD-10 Diagnosis Codes (applies if DOS is on or after October 1, 2015).
- Information continues on next slide.

Diagnosis Code Category:
Diagnosis Codes: 1: 2: 3: 4: 5: 6:
7: 8: 9: 10: 11: 12:
☐ ANESTHESIA RELATED PROCEDURE
☐ CONDITION INFORMATION
☐ DELAY REASON

Diagnosis Code Category Options

ICD-10-CM
ICD-9-CM

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16. To add an **ANESTHESIA RELATED PROCEDURE**, **CONDITION INFORMATION**, and **DELAY REASON**, select the plus icon next each of these sections. These sections open to reveal required fields.

- In the **ANESTHESIA RELATED PROCEDURE** section, update **Principle HCPCS Code** or **Other HCPCS Code**.
- In the **CONDITION INFORMATION** section, update **Condition Code**. Add another **Code** if necessary.
- In the **DELAY REASON** section, select a reason from the **Delay Reason Code** drop-down list.

Note: Providers can select the minus icon next to each of these fields to minimize or exit the screen if it is no longer needed. Providers can select **Add Another** to add another Code.

The screenshot displays a form with three main sections, each with a minus icon in the top left corner:

- ANESTHESIA RELATED PROCEDURE**: Contains two text input fields labeled "Principle HCPCS Code:" and "Other HCPCS Code:", both followed by an asterisk (*).
- CONDITION INFORMATION**: Contains a text input field labeled "1 Condition Code:" followed by an asterisk (*). To the right of the field is a blue link labeled "Add Another".
- DELAY REASON**: Contains a dropdown menu labeled "Delay Reason Code:" followed by an asterisk (*). An orange arrow points from the dropdown's arrow icon to a list of options.

Delay Reason Options (Listed in a box):

- 1-Proof of Eligibility Unknown or Unavailable
- 10-Administration Delay in the Prior Approval Process
- 11-Other
- 15-Natural Disaster
- 2-Litigation
- 3-Authorization Delays
- 4-Delay in Certifying Provider
- 5-Delay in Supplying Billing Forms
- 6-Delay in Delivery of Custom Made Appliances
- 7-Third Party Processing Delay
- 8-Delay in Eligibility Determination
- 9-Claim Denied Unrelated to Billing Limitation Rules

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17. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

- **Service Date From** and **Service Date To:** Enter the date of service range (when the services were rendered)
- **Place of Service:** (if different from header) Enter the two-digit POS Code representing where services were rendered
- **Procedure Code:** Enter the five-character HCPCS, CPT, or CDT.
- **Submitted Charges:** Enter the charge for the line item
- **Units/Quantity:** Enter the number of units provided during the DOS range listed

The screenshot shows a web form titled "BASIC LINE ITEM INFORMATION". Below the title is a section labeled "BASIC SERVICE LINE ITEMS". The form contains several input fields and dropdown menus. On the left side, there are fields for "Service Date From:" (with mm, dd, ccyy sub-labels), "Place of Service:" (a dropdown), "Procedure Code:" (a text field with an asterisk), "Submitted Charges: \$:" (a text field with an asterisk), "Units/Quantity:" (a text field with an asterisk), "Third Party Liability Amount:" (a text field), "EMG:" (a dropdown), and "Bill Note:" (a large text area). On the right side, there are fields for "Service Date To:" (with mm, dd, ccyy sub-labels), "Modifiers:" (four text fields labeled 1, 2, 3, 4), and "Diagnosis Pointers:" (four dropdown menus labeled 1, 2, 3, 4). At the bottom left, there is a "Characters Remaining:" label next to a box showing the number 80.

Remaining fields are covered on the next slide.

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18. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

- **Third Party Liability Amount:** Enter the amount that was paid by a third party

Note: If listed, monies will be deducted from the allowed reimbursement amount (Third Party Liability Amount).

- **EMG:** (Optional) Select **Yes** or **No** as to whether this is an emergency service
- **Bill Note:** (Optional) Enter a bill note, up to 500 characters
- **Modifiers:** These are separate fields (up to four modifiers can be entered)
- **Diagonal Pointers:** Enter the diagnostic reference number (one to twelve) from the **Bill Information** section) to relate the DOS and procedure performed to the appropriate DX

The screenshot displays the 'BASIC LINE ITEM INFORMATION' form. It is divided into two main columns. The left column contains fields for 'Service Date From' (with mm, dd, ccyy sub-fields), 'Place of Service' (a dropdown), 'Procedure Code' (with an asterisk), 'Submitted Charges: \$' (with an asterisk), 'Units/Quantity' (with an asterisk), 'Third Party Liability Amount', 'EMG' (a dropdown), and 'Bill Note'. The right column contains 'Service Date To' (with mm, dd, ccyy sub-fields), 'Modifiers' (four input boxes labeled 1, 2, 3, 4), and 'Diagnosis Pointers' (four dropdown boxes labeled 1, 2, 3, 4). At the bottom left, there is a 'Characters Remaining' indicator showing '80'.

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18. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

- **Third Party Liability Amount:** Enter the amount that was paid by a third party

Note: If listed, monies will be deducted from the allowed reimbursement amount (Third Party Liability Amount).

- **EMG:** (Optional) Select **Yes** or **No** as to whether this is an emergency service
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The screenshot displays the 'BASIC LINE ITEM INFORMATION' form. It is divided into two main columns. The left column contains fields for 'Service Date From' (with mm, dd, ccyy sub-fields), 'Place of Service' (a dropdown), 'Procedure Code' (with an asterisk), 'Submitted Charges: \$' (with an asterisk), 'Units/Quantity' (with an asterisk), 'Third Party Liability Amount', 'EMG' (a dropdown), and 'Bill Note'. The right column contains 'Service Date To' (with mm, dd, ccyy sub-fields), 'Modifiers' (four input boxes labeled 1, 2, 3, 4), and 'Diagnosis Pointers' (four dropdown boxes labeled 1, 2, 3, 4). At the bottom left, there is a 'Characters Remaining' indicator showing '80'.

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19. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

Prior Authorization Number : Enter the provider authorization number

- **Rendering Provider ID (if different from header):** Enter if different from the header provider information
- **Ordering Provider ID:** Enter if different from the header provider information
- **Referring Provider ID (if different from header):** Enter if different from the header provider information

Note: The **Prior Authorization Number**, **Rendering Provider ID**, **Ordering Provider ID**, and **Referring Provider ID** fields are not required.

- Select the applicable response (Yes or No) next to **Is the Header Service Facility Location also the Service Line Facility Location?**

Note: If "No" is selected, a dialogue box will allow the provider to add the Servicing Facility Location (address), Provider ID, and Type information.

The screenshot shows the 'BASIC LINE ITEM INFORMATION' section of a form. It includes the following fields and controls:

- Prior Authorization Number:** A text input field with a red arrow pointing to it from the right.
- Rendering Provider ID (If different from header):** A text input field.
- Ordering Provider ID:** A text input field.
- Referring Provider ID (If different from header):** A text input field.
- Type:** Three dropdown menus corresponding to the three Provider ID fields.
- Taxonomy Code:** A text input field.
- Is the Header Service Facility Location also the Service Line Facility Location?:** A question with a help icon (?) and radio buttons for 'Yes' (selected) and 'No'. A red arrow points to this section from the right.
- LINE DRUG INFORMATION:** A section header with a plus icon and a minus icon.
- Buttons:** 'Add Service Line Item' and 'Update Service Line Item' at the bottom right.

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20. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

- **Is the Header Service Facility Location also the Service Line Facility Location?:** Proceed as applicable depending on the answer selected.

Note: This section automatically defaults to **Yes**.

- If **Yes**, proceed to the next step.
- If selecting **No**, a dialogue box opens to add the Service Line Facility Location in the Billing Provider Information.
 - a. In the **Provider ID** field, enter the Servicing Facility Provider ID.
 - b. Select **NPI** from the **Type** drop-down list.
 - c. Select the plus icon next to **Address** to enter the Servicing Facility Location address. The **Address details** window opens.
 - d. Complete the **Address Line 1** and **Zip Code** fields, then select **Validate Address**. The remaining address fields automatically populate.
 - e. To return to the **Professional Bills Online Submission** page, select **OK**.

Is the Header Service Facility Location also the Service Line Facility Location?
☐ Yes ☒ No

Servicing Facility Location

Provider ID: *

Provider Name:

Type: *

Address Line 1: * Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

Address details

Address Line 1: * Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: *

State/Province: *

County: *

Country: *

Zip Code: -

Creating and Managing Bill Templates (17 of 19)

21. In the **BASIC LINE ITEM INFORMATION** section, complete the following basic service line items:

- To add an additional line, select the plus icon next to **LINE DRUG INFORMATION**.
- To add additional line items to the bill, select **Add Service Line Item**. Repeat this step for additional lines.

Note: Providers can select **Update Service Line Item** to update an existing line item.

Prior Authorization Number:

Rendering Provider ID (if different from header): Type: Taxonomy Code:

Ordering Provider ID: Type:

Referring Provider ID (if different from header): Type:

? Is the Header Service Facility Location also the Service Line Facility Location? ☒ Yes ☐ No

+ LINE DRUG INFORMATION

+ Add Service Line Item Update Service Line Item

- LINE DRUG INFORMATION

National Drug Code: * Quantity: * Unit: *

Qualifier: Prescription/Link No: Prescription Date: MM DD CCYY

+ Add Service Line Item Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Units/Quantity: 0.000 Total Submitted Charges: \$ 0.00

Line No	Service Dates From	To	Proc. Code	Modifiers 1 2 3 4	Diagnosis Pntrs 1 2 3 4	Submitted Charges	Units	PA Number
---------	--------------------	----	------------	-------------------	-------------------------	-------------------	-------	-----------

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22. Once a line item has been selected, the line item information added will be displayed.

Note: Providers can select the **Line No** link to make updates or they can select the **Delete** link to remove the line item.

23. Once providers have entered all line items, scroll back to the top of the page and select **Save Template** to save the provider bill template.

Note: Providers have an option to reset the bill if they want to start all over.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$ 100.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	PA Number	
	From	To		1	2	3	4	1	2	3	4				
1			97140									\$ 100.00	3		Delete

This site says...

Do you want to save the Template?

OK

Cancel



Close



Save Template



Reset

Note: A dialogue displays requesting confirmation that the provider wants to save the template.

Creating and Managing Bill Templates (19 of 19)

Note: Once the provider saves the provider template, it will be listed on the **Bills Template List** located at the top of the page.

EditViewDeleteSaveAs/Copy+ Create Batch+ Create Batch AllB Auto Batch

Bills Template List

Filter By :AndGoClear FilterSave FilterMy Filters

	Template Name ▲▼	Template Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input type="checkbox"/>	Test	Professional	FLOW2BMSR	03/17/2020

View Page: 1Go+ Page CountSaveToCSVViewing Page: 1<< First< Prev> Next>> Last

Updating Bill Templates



Updating Bill Templates (1 of 3)

1. Log in to the WCMBP System. The system will display the default **Select a Provider ID Number** page.
2. Select the appropriate profile, **EXT Provider Bills Submitter**, from the drop-down list and select **Go**.
3. In the column under **Bills**, select **Manage Templates**.

Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs: 700 ✓ *

Go

Select a profile to use during this session:

EXT Provider Bills Submitter ✓ *

Go

Bills
Bill Inquiry
View Payment
Bill Adjustment
On-line Bills Entry
Resubmit Denied Bill
Retrieve Saved Bills
Manage Templates
Create Bills from Saved Templates
View Accounts Receivable
Fee Schedule Calculator

Updating Bill Templates (2 of 3)

4. Select the checkbox to the left of the Template Name the provider wants to modify.
5. Select **Edit**.

EditViewDeleteSaveAs/Copy+ Create Batch+ Create Batch AllB Auto Batch

Bills Template List

Filter By :

And

Go

Clear Filter

Save Filter

My Filters

<input type="checkbox"/>	Template Name ▲▼	Template Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input checked="" type="checkbox"/>	EN-P-25	Professional		09/23/2025

View Page: 1Go

Viewing Page: 1

FirstPrevNextLast

Updating Bill Templates (3 of 3)

The Bill Template displays with the data prepopulated.

6. Make the necessary updates and select **Save Template**, or select **Close** to return to the previous page.

The screenshot shows the 'eCAMS HCE' logo in the top left corner. Below it is a navigation bar with a user profile icon and the text 'Profile: EXT Provider Bills Submitter'. On the right side of the navigation bar are links for 'Help', 'External Links', and 'Logout'. Below the navigation bar is a breadcrumb trail: 'Home > Provider Portal > Bills Template List > Professional Bill'. Below the breadcrumb trail are three buttons: 'Close', 'Save Template', and 'Reset'. Below the buttons is a section titled 'Professional Bill' with a grid icon and an upward arrow. Below this section is a note: 'Note: asterisks (*) denote required fields.' Below the note is a tabbed interface with the 'Basic Bill Info' tab selected. Below the tabs are three fields: 'Program:' with a dropdown menu showing 'DCMWC - Division of Coal Mine Workers' Compensation' and an asterisk; 'Special Bill Indicator:' with a dropdown menu showing 'NONE'; and 'Template Name:' with a text input field containing 'blung' and an asterisk. On the right side of the form is a 'Submitter ID:' field with a masked input.

eCAMS[™] HCE

Profile: EXT Provider Bills Submitter

Help External Links Logout

Home > Provider Portal > Bills Template List > Professional Bill

Close Save Template Reset

Professional Bill

Note: asterisks (*) denote required fields.

Basic Bill Info

Provider | Claimant | Bill | Service

Program: DCMWC - Division of Coal Mine Workers' Compensation *

Special Bill Indicator: NONE

Template Name: blung *

Submitter ID:


Deleting Bill Templates



Deleting Bill Templates (1 of 3)


1. Log in to the WCMBP System. The system will display the default **Select a Provider ID Number** page.
2. Select the appropriate profile, **EXT Provider Bills Submitter**, from the drop-down list and select **Go**.
3. In the column under **Bills**, select **Manage Templates**.


Select a Provider ID Number to continue to the Provider Portal:

Available Provider IDs: 700  *

 Go

Select a profile to use during this session:

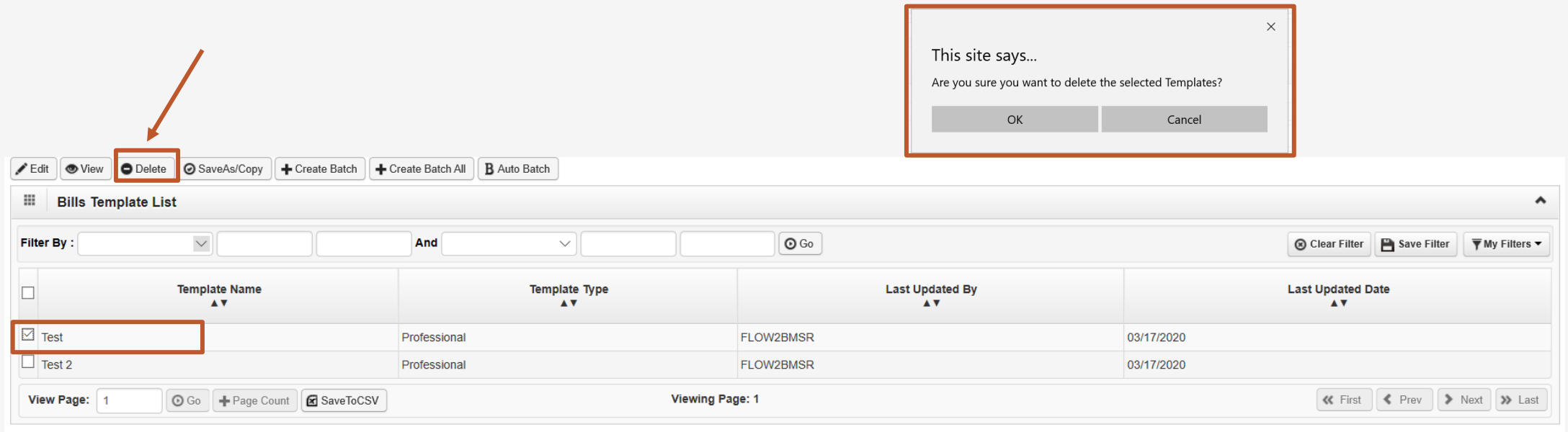
EXT Provider Bills Submitter  *

 Go

Bills
Bill Inquiry
View Payment
Bill Adjustment
On-line Bills Entry
Resubmit Denied Bill
Retrieve Saved Bills
Manage Templates
Create Bills from Saved Templates
View Accounts Receivable
Fee Schedule Calculator

Deleting Bill Templates (2 of 3)

4. Select the checkbox to the left of the Template Name the provider wants to delete.
5. Select **Delete**. The system will display a dialogue requesting confirmation to delete the template.
6. Select **OK** to delete or select **Cancel** to keep it on the **Bill Template List**. When OK is selected, the system deletes the template.



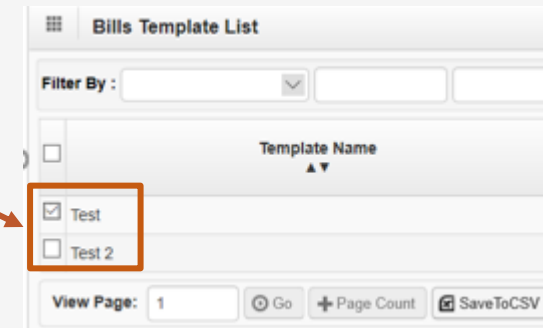
The screenshot shows the 'Bills Template List' interface. At the top, there is a toolbar with buttons: Edit, View, Delete (highlighted with a red box and an arrow), SaveAs/Copy, Create Batch, Create Batch All, and Auto Batch. Below the toolbar is a filter section with 'Filter By' dropdowns and a 'Go' button. The main table has four columns: Template Name, Template Type, Last Updated By, and Last Updated Date. The first row, 'Test', has its checkbox selected and is highlighted with a red box. The second row, 'Test 2', is not selected. At the bottom, there is a 'View Page' section with a 'Go' button and a 'Page Count' button, and a 'Viewing Page: 1' indicator. A confirmation dialog box is overlaid on the right side of the table, titled 'This site says...' with the text 'Are you sure you want to delete the selected Templates?' and two buttons: 'OK' and 'Cancel'.

	Template Name ▲▼	Template Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input checked="" type="checkbox"/>	Test	Professional	FLOW2BMSR	03/17/2020
<input type="checkbox"/>	Test 2	Professional	FLOW2BMSR	03/17/2020

Deleting Bill Templates (3 of 3)

Note: Before deletion, the Bill Template List displayed two Template Names: Test and Test 2.

Note: After deletion, the deleted template – Test – no longer appears on the list page. Only Test 2 displays.

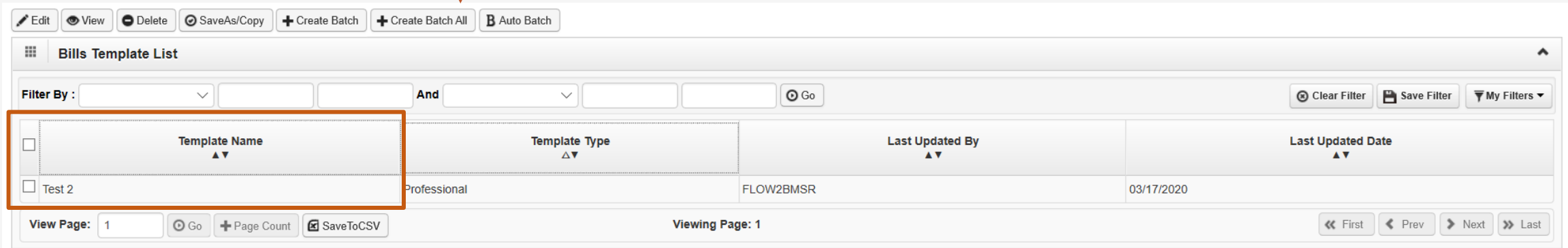


Bills Template List

Filter By : [dropdown] [input] [input]

	Template Name ▲▼
<input checked="" type="checkbox"/>	Test
<input type="checkbox"/>	Test 2

View Page: 1 [Go] [Page Count] [SaveToCSV]



[Edit] [View] [Delete] [SaveAs/Copy] [Create Batch] [Create Batch All] [Auto Batch]

Bills Template List

Filter By : [dropdown] [input] [input] And [dropdown] [input] [input] [Go] [Clear Filter] [Save Filter] [My Filters ▼]

	Template Name ▲▼	Template Type ▲▼	Last Updated By ▲▼	Last Updated Date ▲▼
<input type="checkbox"/>	Test 2	Professional	FLOW2BMSR	03/17/2020

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THANKS!

