

Dentrix G7.5 Canada

RELEASE GUIDE

Includes information about new features, enhancements,
and fixes in the following versions of Dentrix Canada:
G7.1, G7.2, G7.3, G7.3 Update 1, G7.4, G7.4.5, G7.5

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Dentrix G7.5 Canada

Overview and New Features

This Dentrix G7.5 Canada Release Guide provides information about the Dentrix G7.5 Canada software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.5 Canada.

Note: For information about using the new features in Dentrix G7.5 Canada, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix G7.5 Canada?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.5 Canada includes the following enhancements:

IMPROVEMENTS TO MONTH END

- New task buttons were added to the **Reports and Tasks Scheduler** dialog box for easier access to run, suspend, resume, edit, and delete scheduled tasks.
- You can now set Month End to always run at the selected time.
- The **Month End** dialog box was added to the **Reports and Tasks Scheduler** dialog box, so you can run Month End with a single mouse click.
- Warning and success icons were added to the **Reports and Tasks Scheduler** dialog box, so you can quickly determine which reports may need to be rerun.
- A warning appears if any reports could not run because of a problem. A reminder of the warning appears once a day.
- You can now use the new **Open Modules** dialog box to check for any open Dentrix modules.

APPOINTMENT BOOK

- You can now use the **Open Office** option in the **Schedule Calendar for Practice** dialog box to open your practice on a day that it is usually closed.

HEALTH HISTORY PERMISSIONS

The permissions for Health History were modified. When you enable passwords, you can use these new permissions to better control who on your staff can make changes to your patients’ health histories. If you do not use passwords, you do not need to set permissions.

Note: If your staff members currently have permissions to the previous Health History Add/Edit permissions, the new permissions are granted to them automatically.

The new permissions are as follows:

- Health History Patient, Add – Add Health History items to patients, such as medications, allergies, medical conditions, and prescriptions.
- Health History Patient, Edit – Edit a patient’s Health History items, including adding notes to alerts.
- Health History Patient, Delete – Delete a patient’s Health History items.
- Health History Setup, Add – Add Health History items in the **Health History Setup** dialog box.
- Health History Setup, Edit – Edit Health History items in the **Health History Setup** dialog box.
- Health History Setup, Delete – Delete Health History items in the **Health History Setup** dialog box.
- Health History Setup, Open – Open the **Health History Setup** dialog box.
- Health History, Open – Open Health History.

UPDATE MANAGER

- Notifications now appear in the lower right corner of your screen when an update is available.
- You can now set an option to download and install updates automatically to all computers connected to the Dentrix database.
- A new Log Center provides you with quick access to all log files.
- A new Network Viewer displays all computers currently connected to the Dentrix database.

MISCELLANEOUS

- Updates to the Totals records are less likely to be interrupted when you run month end and other processes, thus reducing or eliminating the need to run the recalculation utility.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of features and enhancements, refer to the Dentrix Help.

Month End Improvements

You can now run month end by clicking **Close Month** in the Ledger. The **Reports and Tasks Scheduler** dialog box has been modified to simplify scheduling and running reports and tasks.

To run month end

1. In the Ledger, click **Close Month**.

The **Month End** dialog box appears.

Month End

Last Month Closed: December 2014

Recommended Tasks to Complete Month End:

Close out through end of month: Jan 2015

- ☒ Close Transactions ?
- ☒ Move Perio Exams to History ?
- ☒ Move Clinical Notes to History ?
- ☒ Reset Insurance Benefits for February ?

Other Task to Complete Month End:

- ☐ Appointment/Event Purge ⚠

Cutoff Date: 2019-04-01

* Task is currently scheduled to be run by the Task Scheduler

OK Cancel

2. The options under **Recommended Tasks to Complete Month End** are selected by default if they aren't already scheduled in the Reports and Tasks Scheduler. An asterisk denotes a scheduled task. You can clear all of the options except **Close Transactions**.

- **Close out through end of month** – Select the month and year.

Note: You cannot close out the current month. You must wait until the first day of the following month.

- **Close Transactions** – Closes all transactions up to the end of the selected month.
 - **Move Perio Exams to History** – Moves all periodontal exams up to the end of the selected month to history. You can no longer edit periodontal exams once they are moved to history.
 - **Move Clinical Exams to History** – Moves all clinical exams up to the end of the selected month to history. You can no longer edit clinical exams once they are moved to history.
 - **Reset Insurance Benefits for February** – Resets insurance plan benefits that renew for the selected month. (The month changes according to the month closed. For example, if the month closed was January, insurance benefits would be reset for February.)
3. To remove all appointments up to the selected date, under **Other Task to Complete Month End**, select **Appointment/Event Purge**, and then set a cutoff date.
 4. Click **OK**.

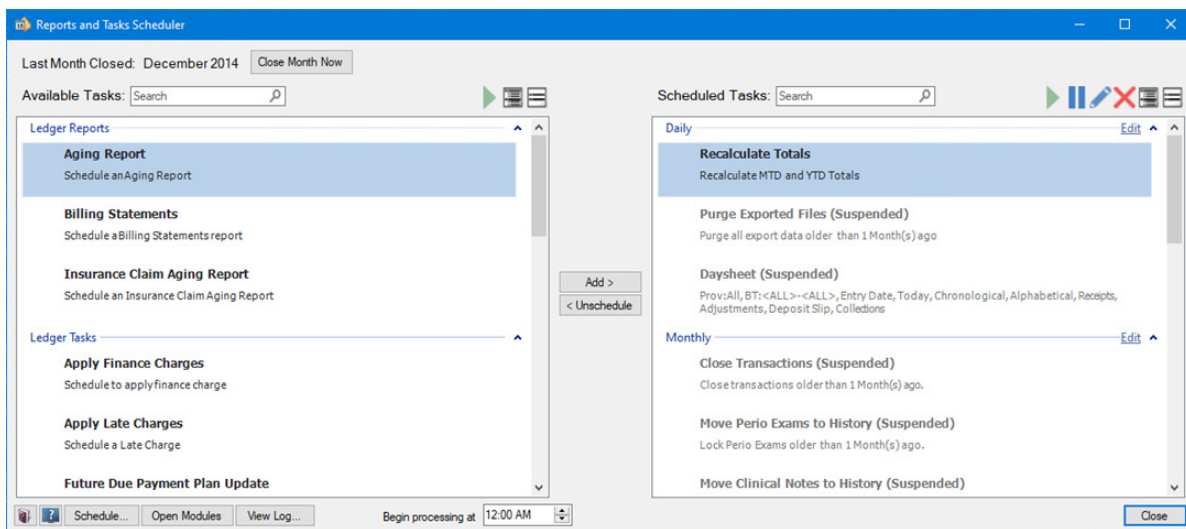
Reports and Tasks Scheduler

Task buttons were added to the **Reports and Tasks Scheduler** dialog box to make scheduling and unscheduling tasks more intuitive. New warning and success icons were also added, so you can tell at a glance whether a report needs to be rerun.

To schedule or unschedule a report or task

1. In the Ledger, click **Task Scheduler**.

The **Reports and Tasks Scheduler** dialog box appears.



2. To schedule a report or task, click the report task in the **Available Tasks** list, click **Add**, and then click **Daily**, **Monthly**, **Yearly**, or **Add to new queue**.
A dialog box associated with the report or task you selected appears.
3. Set the parameters of the report or task, and then click **OK**.
The report or task is added to the queue you selected.
4. To unschedule a report or task, under **Scheduled Tasks**, select it, and then click **Unschedule**.
A warning appears.
5. Click **Yes** to suspend the report or task.

CLOSING A MONTH

You can close a month from the **Reports and Tasks Scheduler** dialog box.

To close a month

1. In the **Reports and Tasks Scheduler** dialog box, click **Close Month Now**.

The **Month End** dialog box appears.

2. Select the tasks you want complete, and then click **OK**.

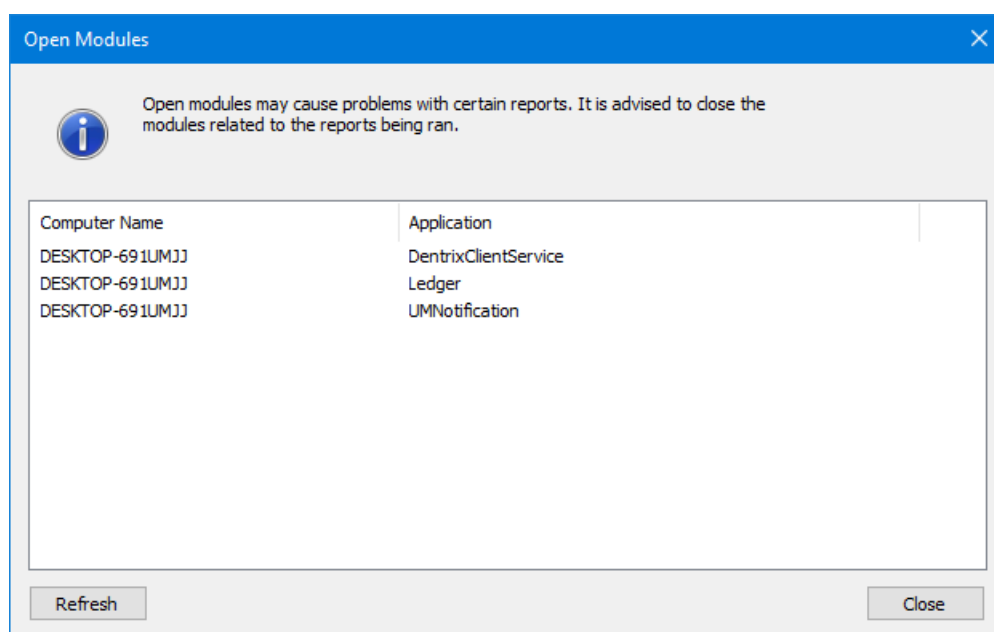
VIEWING OPEN MODULES

Some month end tasks won't run if a Dentrix module is open. You can view which of these modules remains open and on which computer using the **Reports and Tasks Scheduler** dialog box.

To view open modules

1. In the **Reports and Tasks Scheduler** dialog box, click **Open Modules**.

The **Open Modules** dialog box appears.



2. Close the module on the computer indicated, and then click **Close**.

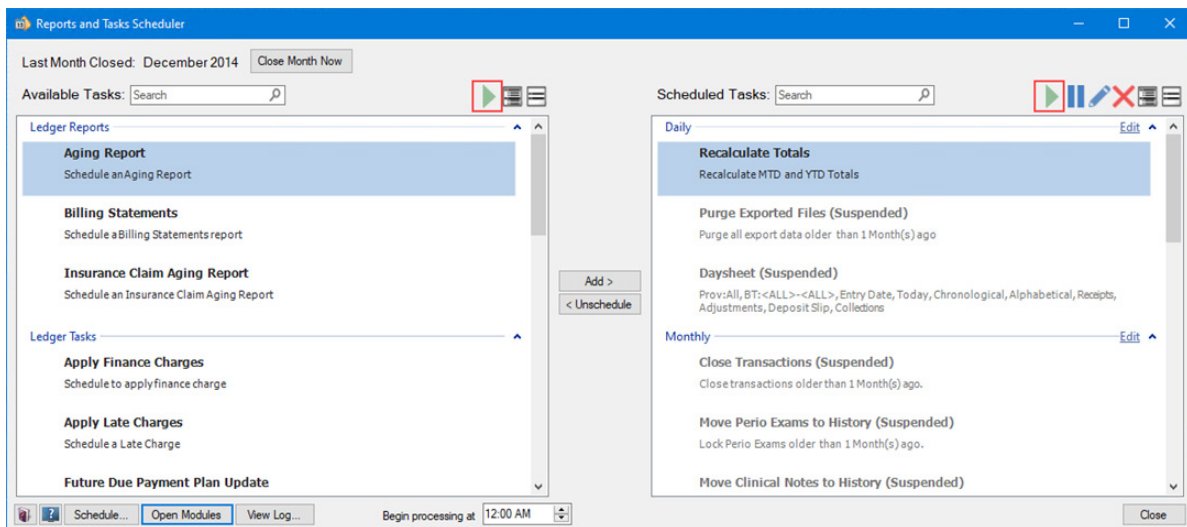
RUNNING SELECTED REPORTS OR TASKS

You can run a selected report or task from the **Available Tasks** list or the **Scheduled Tasks** list immediately with the click of a button.

To run a report or task immediately

1. In the **Ledger**, click **Task Scheduler**.

The **Reports and Tasks Scheduler** dialog box appears.



2. Select the report or task you want to run in the **Available Tasks** or **Scheduled Tasks** list, and then click the Run selected task now (**Available Tasks**) or the Run selected task or queue (**Scheduled Tasks**) button respectively.

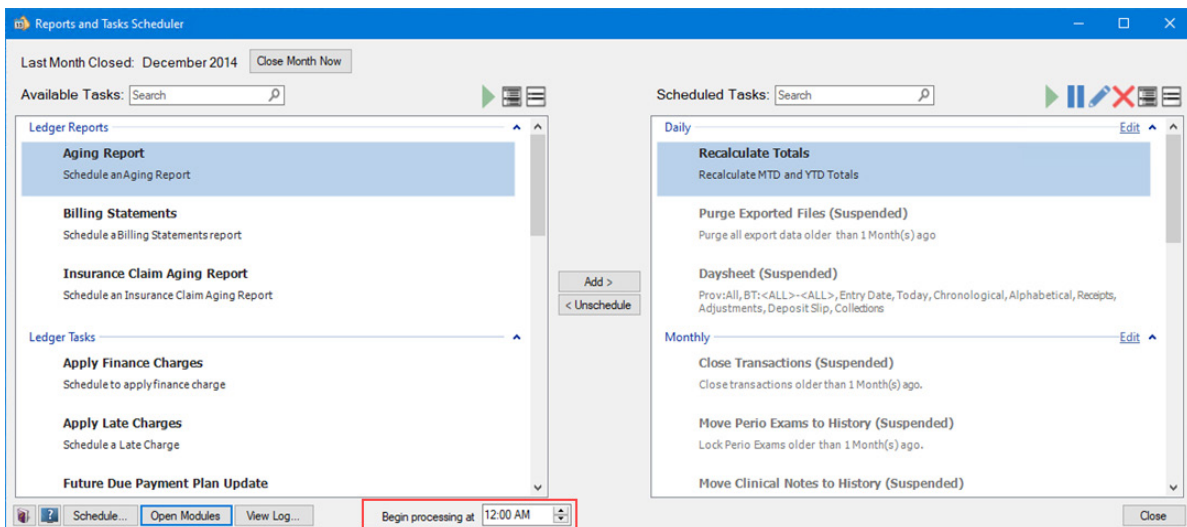
Note: You must first add a report or task to the **Scheduled Tasks** list before you can run it.

SETTING A START TIME

You no longer have to select and then set a time to run reports and tasks. Now, you simply set a time, and the reports and tasks you've selected will always run at that time.

To set a start time






1. In the Ledger, click Task Scheduler.
The Reports and Tasks Scheduler appears.



2. Next to Begin processing at, select a time to begin running your reports and tasks.
3. Click Close.

OTHER CHANGES TO THE REPORTS AND TASKS SCHEDULER

Other changes to the **Reports and Tasks Scheduler** dialog box include the following:

- A green check mark icon appears next to any task that completed successfully.
- A red triangular icon with an exclamation point appears next to any task that didn't complete successfully.
- Expand or collapse the **Available Tasks** or **Scheduled Tasks** list by clicking the Expand All  or Collapse All  icon, respectively.
- Pause a scheduled task by clicking .
- Edit a selected task or queue by clicking .
- Delete a selected task or queue by clicking .

Appointment Book

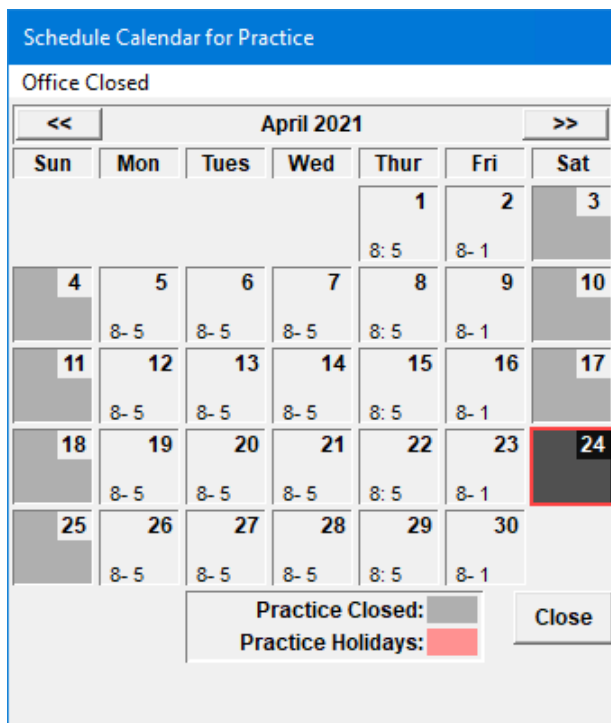
You can now easily open your practice on a day that your practice is not usually open.

Note: By default, operatory and provider schedules are also updated to the new practice schedule.

To open your practice on a day that it is usually closed

1. In the Appointment Book, click **Setup**, and then click **Practice Schedule**.

The **Schedule Calendar for Practice** dialog box appears.

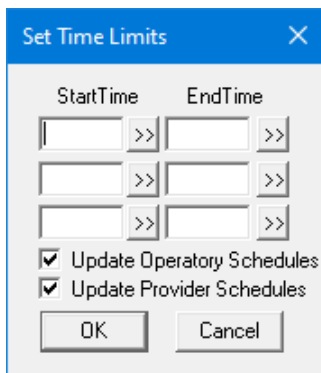


Sun	Mon	Tues	Wed	Thur	Fri	Sat
				1 8: 5	2 8- 1	3
4	5 8- 5	6 8- 5	7 8- 5	8 8: 5	9 8- 1	10
11	12 8- 5	13 8- 5	14 8- 5	15 8: 5	16 8- 1	17
18	19 8- 5	20 8- 5	21 8- 5	22 8: 5	23 8- 1	24
25	26 8- 5	27 8- 5	28 8- 5	29 8: 5	30 8- 1	

Practice Closed: ☒ Practice Holidays: ☐ Close

2. Click the day you want to open your practice.
3. Click **Office Closed**, and then click **Open Office**.

The **Set Time Limits** dialog box appears.



Set Time Limits [X]

StartTime EndTime

[] >> [] >>

[] >> [] >>

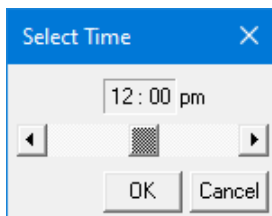
[] >> [] >>

☒ Update Operatory Schedules

☒ Update Provider Schedules

OK Cancel

4. To set a **Start Time**, click the double-chevron button.
The **Select Time** dialog box appears.



Select Time [X]

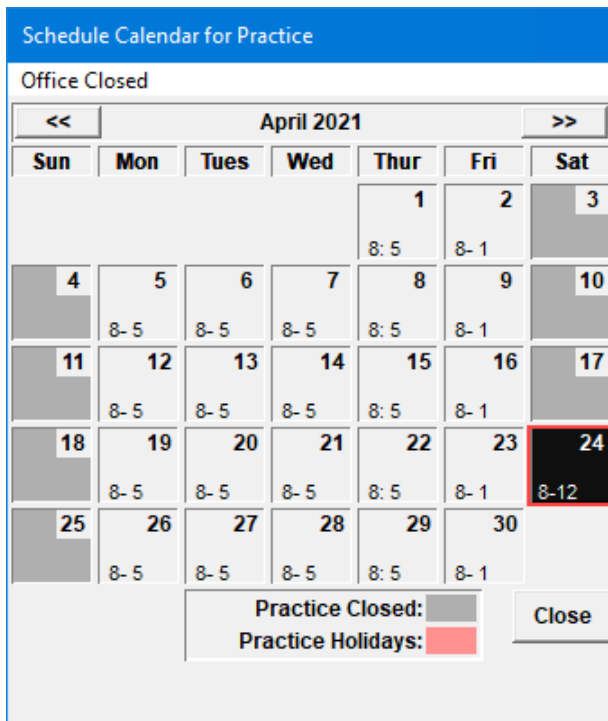
12:00 pm

◀ [] ▶

OK Cancel

5. Click the buttons to the right or left of the slider to adjust the time incrementally until the desired time appears, and then click **OK**.
6. Repeat steps 4 and 5 to set an **End Time**.
7. Click **OK** to close the **Set Time Limits** dialog box.

The hours you set appear in the **Schedule Calendar for Practice** dialog box.



Schedule Calendar for Practice

Office Closed

<< April 2021 >>

Sun	Mon	Tues	Wed	Thur	Fri	Sat
				1 8:5	2 8-1	3
4	5 8-5	6 8-5	7 8-5	8 8:5	9 8-1	10
11	12 8-5	13 8-5	14 8-5	15 8:5	16 8-1	17
18	19 8-5	20 8-5	21 8-5	22 8:5	23 8-1	24 8-12
25	26 8-5	27 8-5	28 8-5	29 8:5	30 8-1	

Practice Closed: []

Practice Holidays: []

Close

8. Click **Close**.

The Appointment Book reflects the changes you made. The new hours also appear in the Daily Huddle and Practice Advisor reports.

Update Manager

The Update Manager has been redesigned and improved. You can click the **Logs Center** tab to quickly view logs of each update, and the **Network Viewer** tab shows you which computers are attached to your network and whether they are connected to the server.

To open the Update Manager

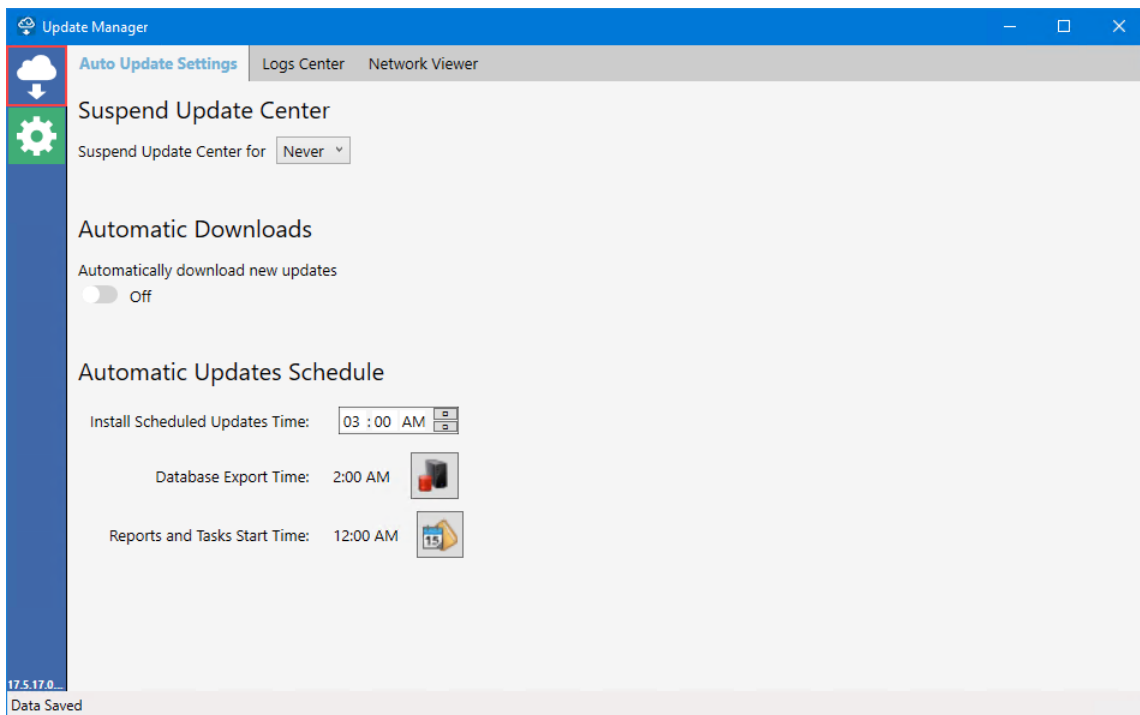
1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Preferences**.

The **Preferences** dialog box appears.

The screenshot shows the 'Preferences' dialog box with the 'General Options' tab selected. The 'Startup Options' section contains a button labeled 'Automatic Updates Settings...' which is highlighted with a red rectangle. Other visible options include 'Provider' set to 'To Guarantor's Primary Provider', 'Patient' set to 'Family Account', and 'Split Method' set to 'Guarantor Estimate'. The 'Additional Options' section includes checkboxes for 'Perio Beep on Entry', 'Suspend Patient Alerts', 'Suspend Treatment Area Flags', 'Suspend Referral Print Reminders', and 'Hide Patient SIN'. The 'Default Signature on File for New Subscribers' section includes checkboxes for 'Release of Information' and 'Assignment of Benefits'.

2. Click **Automatic Updates Settings**.

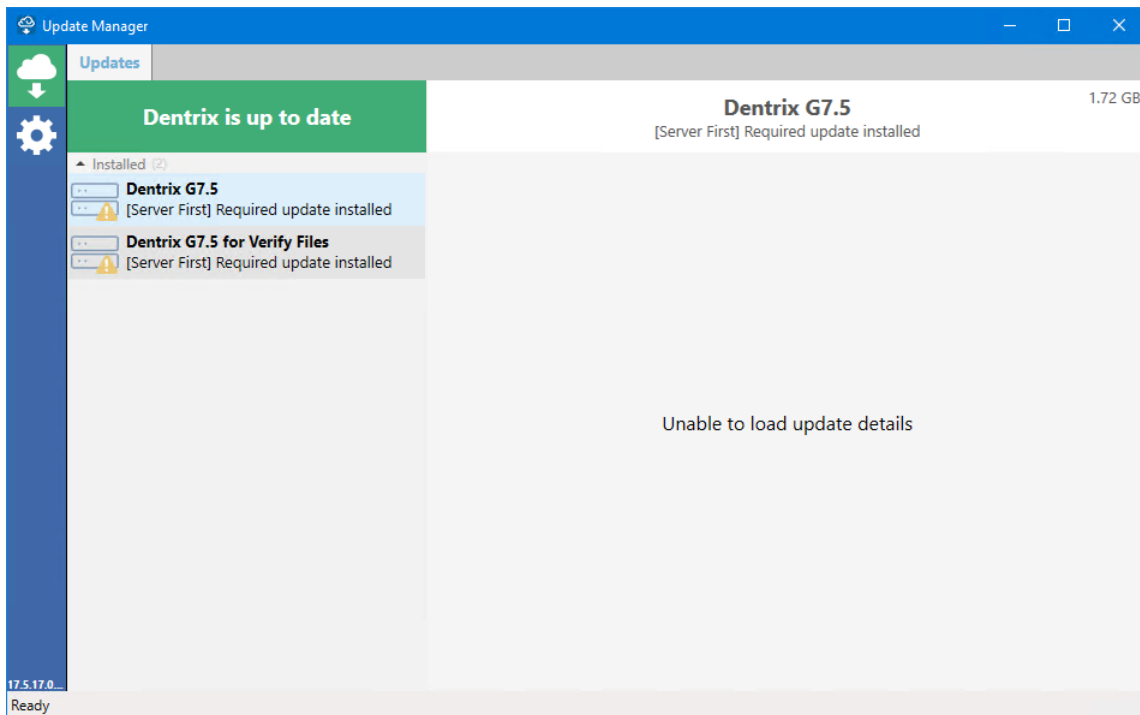
The Update Manager appears.



Note: When you open Update Manager, Dentrix software updates are checked for automatically. If any updates are available, a message appears in the lower-right of your screen. You cannot suspend critical or security updates.

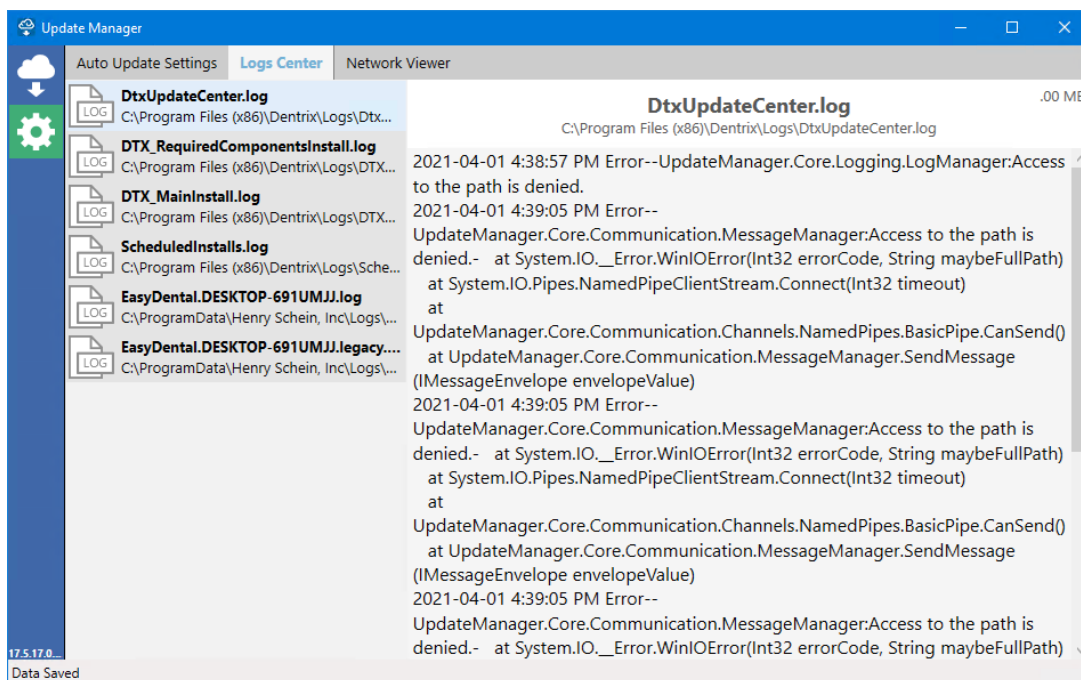
- To view which updates are available to install or have already been installed, click the Updates icon. The **Updates** pane appears listing updates waiting to be installed or that have been installed.

Note: Click an update to view details of the update.

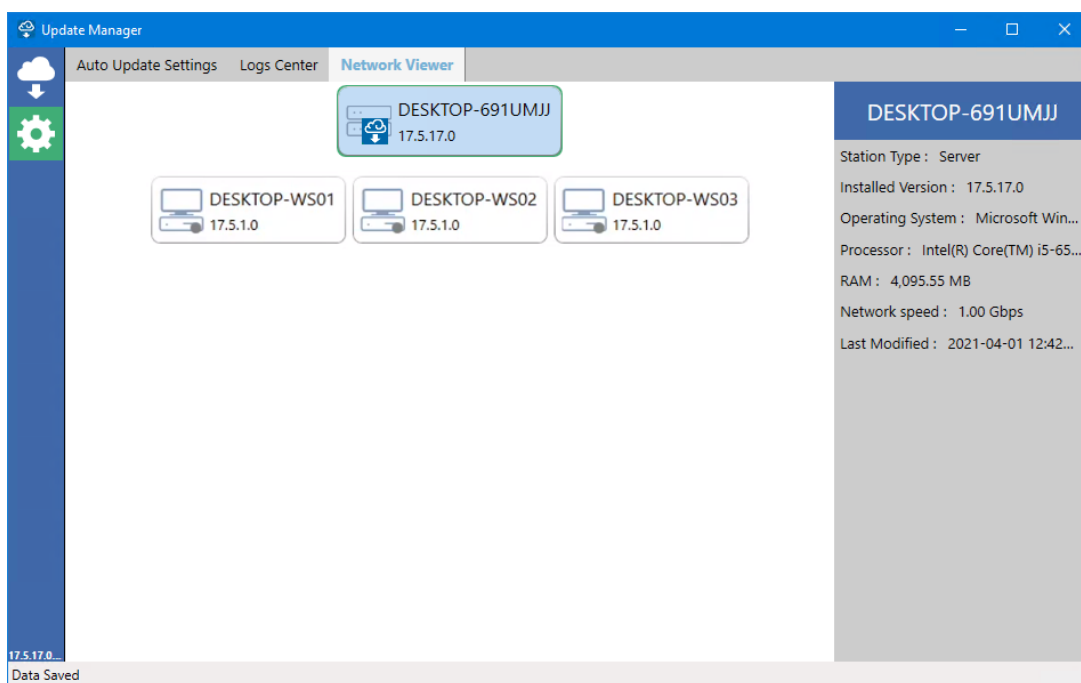


- To view and open a log file's location or the file itself, do the following:

- Click the **Logs Center** tab.
- Click the file, and then click the Down arrow.
- Click **Open File Location** or **Open Original File**, respectively.



- To view which workstations are connected to the Dentrix server, click the **Network Viewer** tab. The **Network Viewer** appears.



Note: A gray dot indicates that a computer is not connected to the server. A computer can remain offline for up to 30 days. After 30 days, the computer is removed from the Network Viewer.

- Close the Update Manager.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.5 Canada release.

LEDGER

- The **Adj Amt** column in the **Provider Amounts for Write-Off** dialog box did not display correctly. This has been fixed.

OFFICE MANAGER

- When printed, the status of reports was incorrectly set to Schd-1, causing printing issues. This has been fixed.

PATIENT CHART

- If a treatment-planned procedure with two lab fees is set complete, the second lab fee was incorrectly added to the procedure cost. This has been fixed.

Dentrix G7.4.5 Canada

Overview and New Features

This Dentrix G7.4.5 Canada Release Guide provides information about the Dentrix G7.4.5 Canada software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.4.5 Canada.

Note: For information about using the new features in Dentrix G7.4.5 Canada, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix G7.4.5 Canada?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.4.5 Canada includes the following enhancements:

UPDATED PERIO CASE TYPES

- The new American Academy of Periodontology (AAP) classifications are now available in the Perio Chart.
- You can now create templates and record notes using the new AAP classifications.

FLAGGING CLAIMS TO REMAIN OPEN

- You can now flag a partially paid claim to remain open and outstanding, so you can continue to track the outstanding balance as a pending claim.
- You can now set an option to view partially paid claims in the Insurance Aging Report. Partially paid claims are denoted with an asterisk.
- You can now set an option to include billing statements for patients who have partially paid claims.

DENTAL INSURANCE BENEFITS AND COVERAGE

An **Allowed Amounts** column was added to the Payment Table. As with Payment Table entries, you can add, edit, and/or copy Allowed Amounts in the Family File or the Office Manager.

ADDING CDA CODES TO LEDGER PRINTOUTS

- You can now include the Canadian Dental Association (CDA) codes and Provider IDs on Family and Patient Ledger reports.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of features and enhancements, refer to the Dentrix Help.

Perio Case Types

In Dentrix, you can use the American Academy of Periodontology (AAP) Periodontal Classifications so you can better diagnose and treat periodontitis. By default, all periodontal diseases and conditions are set to None.

To diagnose a periodontal disease and condition

1. Open the Perio Chart for the selected patient.
2. Click the **Exam Information** tab in the Perio panel.

The Exam Information section appears.

3. Navigate to **Periodontal Diseases and Conditions**, and then do the following:
 - **Health, Gingival Diseases and Conditions** – Select the diagnosis from the list:
 - None – (Default)
 - Periodontal Health and Gingival
 - Gingivitis: Dental Biofilm-Induced
 - Gingival Diseases: Non-Dental Biofilm-Induced

- **Supporting Info** – Select the option from the list corresponding to your selected diagnosis.
 - **Area Affected** – Select **Generalized** or **Localized**, and then type a description of up to 100 characters in the adjacent text box.
4. Under **Periodontitis**, do the following:
- **Form of Periodontitis** – Select the diagnosis.
 - **Select Stage** – Select the stage of the disease. To review the stages, click the additional info icon. The **Periodontitis Stages Reference Chart** appears.

SEVERITY	PERIODONTITIS	STAGE I	STAGE II	STAGE III	STAGE IV
	Interdental CAL (at site of greatest loss)	1 – 2 mm	3 – 4 mm	≥5 mm	≥5 mm
	RBL	Coronal third (<15%)	Coronal third (15% - 33%)	Extending to middle third of root and beyond	Extending to middle third of root and beyond
	Tooth loss (due to periodontitis)	No tooth loss		≤4 teeth	≤5 teeth
COMPLEXITY	Local	• Max. probing depth ≤4 mm • Mostly horizontal bone loss	• Max. probing depth ≤5 mm • Mostly horizontal bone loss	In addition to Stage II complexity: • Probing depths ≥6 mm • Vertical bone loss ≥3 mm • Furcation involvement class II or III • Moderate ridge defects	In addition to Stage III complexity: • Need for complex rehabilitation due to: – Masticatory dysfunction – Secondary occlusal trauma (tooth mobility degree ≥2) – Severe ridge defects – Bite collapse, drifting, flaring – < 20 remaining teeth (10 opposing pairs)
	EXTENT AND DISTRIBUTION	Add to stage as descriptor For each stage, describe extent as: • Localized (<30% of teeth involved); • Generalized; or • Molar/Incisor pattern			

- **Select Grade** – Select the progression grade of the disease. To review the grades, click the additional info icon.

The **Progression Grades Reference Chart** appears.

PRIMARY CRITERIA	PROGRESSION		GRADE A: SLOW RATE	GRADE B: MODERATE RATE	GRADE C: RAPID RATE
	Direct	Radiographic bone loss or CAL	No loss over 5 yrs	<2 mm over 5 yrs	≥2 mm over 5 yrs
	Indirect evidence	% bone loss / age Case phenotype	<0.25 Heavy biofilm deposits with low levels of destruction	0.25 to 1.0 Destruction commensurate with biofilm deposits	>1.0 Destruction exceeds expectations given biofilm deposits; specific clinical patterns suggestive of periods of rapid progression and/or early onset disease
GRADE MODIFIERS	Risk factors	Smoking	Non-smoker	<10 cigarettes/day	≥10 cigarettes/day
		Diabetes	Normoglycemic/no diagnosis of diabetes	HbA1c <7.0% in patients with diabetes	HbA1c ≥7.0% in patients with diabetes

- **Area Affected** – Select the appropriate area from the list, and then type any additional information of up to 100 characters in the adjacent text box.
5. If other conditions exist, select the diagnosis and **Supporting Info** from the list.
6. If a peri-implant disease is manifest, select the diagnosis, and then specify the affected implants.
7. If applicable, select the patient's **Risk Factors** and **Health Factors**.
8. Under **Miscellaneous Notes**, type any additional information pertinent to your diagnosis.

Flagging Partially Paid Claims to Remain Open

You can flag a claim as partially paid. The claim will not have a status of "Received" and will remain open. You can change the flag whenever you add or edit an insurance payment in the **Insurance Claim Status** dialog box.

To flag a claim as partially paid

1. In the Ledger, create an insurance claim, and then double-click the claim to enter a payment.
2. Click **Enter Payment**, and then click **Total Payment Only**.

The **Total Insurance Payment** dialog box appears.

Total Insurance Payment

Enter Insurance Payment
 Date: 2020-11-13
 Payment Type: Cheque Payment
 Cheque #:
 Bank/Branch #:
 Provider Amounts
 Calculate according to:
☒ Family Balance ☐ Patient Balance

Prov	Itemized	Balance	Amt Paid	New Bal
JHY1	0.00	113.89	0.00	113.89
JLD1	0.00	56.94	0.00	56.94
MJL1	0.00	0.00	0.00	0.00
MHY1	0.00	0.00	0.00	0.00

 Payment Total: 0.00
 Add Edit Re-apply Amt Paid using FIFO
 Deductible Applied For Claim
 Standard Preventive Other
 0.00 0.00 0.00

Claim Totals
 PreAuth Number:
 Coverage Amount: 0.00
 Total Amount Billed: 56.94
 Itemized Total: 0.00
 Total Amount Paid: 0.00

Enter Adjustment
 None \$ % Type
 Total Amount:
☐ Split Adjustment by Provider Prov Amts...
☒ Claim is partially paid
 Delete
 OK/Post
 Cancel

3. Use the following options to update the claim information:
 - **Payment Type** – Select **Cheque Payment**, **Electronic Payment**, or **Credit Card Payment**.
 - **Cheque #** – If applicable, type the cheque number.
 - **Bank/Branch #** – If applicable, type the bank/branch number.
4. Select the provider to whom you want to credit the payment, click **Edit**, enter the amount paid, and then click **OK**.
5. If the amount you recieved was a partial payment, select **Claim is partially paid**, and then click **OK/Post**.

The status of the claim changes in the Primary Dental Insurance Claim window.

Primary Dental Insurance Claim (2020-11-13) Sent, Partially Paid

File Create Secondary Enter Payment Remarks Submit Benefits/Cov Help
 Patient: Cairns, George Carrier: Sun Life
 Subscriber: Cairns, George Group Plan: Dominion Securities
 Employer: (Release of Info) (Secondary Insurance)
 Billing Provider: Davidson, James L. Claim Information: Non-Standard

Tooth Surface	Description	Date	Code	Fee	Ins Paid
	Exam Permanent	2020-11-13	01103	56.94	0.00

	Pmt Date	Pmt Amt	Description	Prov
Total Billed:	2020-11-13	75.00	CKH 3456	JHY1
Est Ins Portion:				
Itemized Total:				
Total Paid:				
Total Credit Adj:				
Total Chrg Adj:				
Ded S/P/P/D:				

Status
 Create Date: 2020-11-13 Tracer:
 Date Sent: 2020-11-13 On Hold:
 Re-Sent:
 Claim Status Note:
 (No Note)

Insurance Plan Note
 (No Note)
 Remarks for Unusual Services
 (No Note)

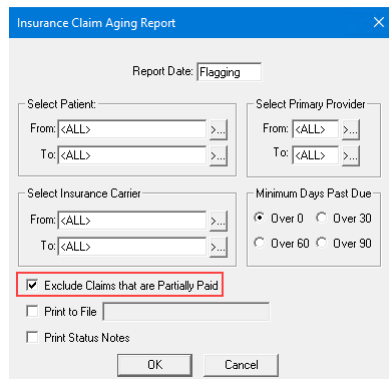
Flagging Partially Paid Claims in the Insurance Claim Aging Report

By default, partially paid claims will appear in the Insurance Claim Aging Report marked with an asterisk. If you want, you can exclude these claims from the report.

To exclude partially paid claims from the Insurance Claim Aging Report

1. In the Office Manager, click **Reports**, point to **Ledger**, and then click **Insurance Aging Report**.

The Insurance Claim Aging Report dialog box appears.



The dialog box titled "Insurance Claim Aging Report" contains the following fields and options:

- Report Date:** Flagger
- Select Patient:** From: <ALL> To: <ALL>
- Select Primary Provider:** From: <ALL> To: <ALL>
- Select Insurance Carrier:** From: <ALL> To: <ALL>
- Minimum Days Past Due:** Over 0 (selected), Over 30, Over 60, Over 90
- ☒ **Exclude Claims that are Partially Paid** (highlighted with a red box)
- ☐ **Print to File**
- ☐ **Print Status Notes**
- OK** and **Cancel** buttons.

2. Select **Exclude Claims that are Partially Paid**.
3. Click **OK**.

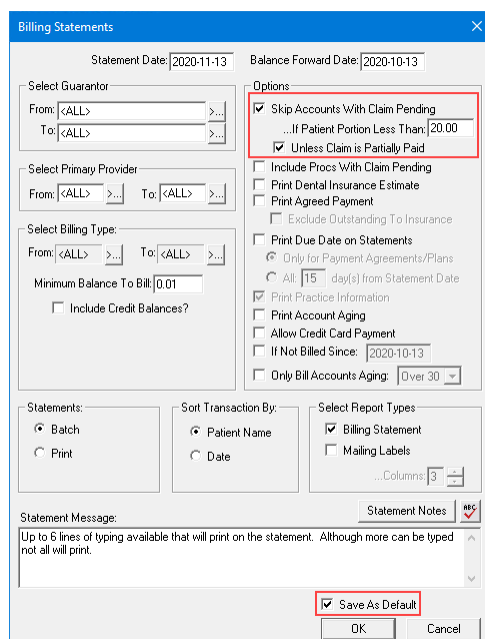
Including Partially Paid Claims in Billing Statements

You can set an option to include partially paid claims in billing statements.

To include partially paid claims in billing statements

1. In the Office Manager, click **Reports**, and then click **Billing**.

The Billing Statements dialog box appears.



The dialog box titled "Billing Statements" contains the following fields and options:

- Statement Date:** 2020-11-13
- Balance Forward Date:** 2020-10-13
- Select Guarantor:** From: <ALL> To: <ALL>
- Select Primary Provider:** From: <ALL> To: <ALL>
- Select Billing Type:** From: <ALL> To: <ALL>
- Minimum Balance To Bill:** 0.01
- ☐ **Include Credit Balances?**
- Options:**
 - ☒ **Skip Accounts With Claim Pending** (highlighted with a red box)
 - ...If Patient Portion Less Than:** 20.00
 - ☒ **Unless Claim is Partially Paid** (highlighted with a red box)
 - ☐ Include Procs With Claim Pending
 - ☐ Print Dental Insurance Estimate
 - ☐ Print Agreed Payment
 - ☐ Exclude Outstanding To Insurance
 - ☐ Print Due Date on Statements
 - ☐ Only for Payment Agreements/Plans
 - ☐ All: 15 day(s) from Statement Date
 - ☒ Print Practice Information
 - ☐ Print Account Aging
 - ☐ Allow Credit Card Payment
 - ☐ If Not Billed Since: 2020-10-13
 - ☐ Only Bill Accounts Aging: Over 30
- Statements:** Batch (selected), Print
- Sort Transaction By:** Patient Name (selected), Date
- Select Report Types:** Billing Statement (selected), Mailing Labels
- Columns:** 3
- Statement Message:** Up to 6 lines of typing available that will print on the statement. Although more can be typed not all will print.
- Statement Notes:** (highlighted with a red box)
- ☒ **Save As Default** (highlighted with a red box)
- OK** and **Cancel** buttons.

2. Under **Options**, select **Skip Accounts With Claim Pending**, and then select **Unless Claim is Partially Paid**.
3. To save your settings as the default, select **Save As Default**.
4. Click **OK**.

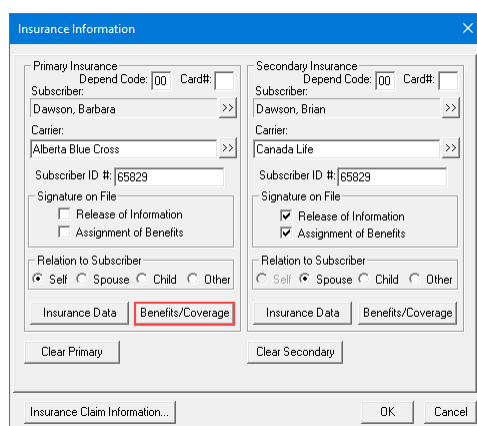
Dental Insurance Benefits and Coverage

You can use a payment table and allowable amounts when an insurance carrier always pays the same fee for a procedure, rather than a percentage. You can copy a payment table and allowed amounts from a fee schedule or an insurance plan. Or, you can enter an allowable amount to a selected procedure manually.

To copy allowable amounts from a fee schedule

1. With a patient selected in the Family File, double-click the patient's **Insurance Information** block.

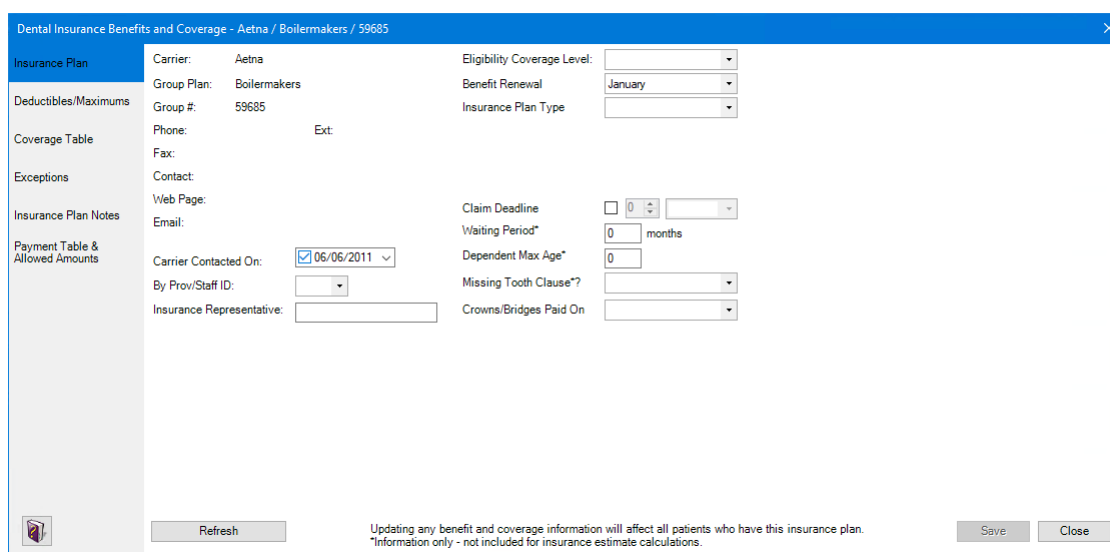
The **Insurance Information** dialog box appears.



The **Insurance Information** dialog box is shown. It has two main sections: **Primary Insurance** and **Secondary Insurance**. Each section includes fields for **Subscriber**, **Depend Code**, **Card#**, **Carrier**, **Subscriber ID #**, **Signature on File** (with checkboxes for **Release of Information** and **Assignment of Benefits**), and **Relation to Subscriber** (with radio buttons for **Self**, **Spouse**, **Child**, and **Other**). Below these fields are tabs for **Insurance Data** and **Benefits/Coverage**. The **Benefits/Coverage** tab is selected and highlighted with a red box. At the bottom are buttons for **Clear Primary**, **Clear Secondary**, **Insurance Claim Information...**, **OK**, and **Cancel**.

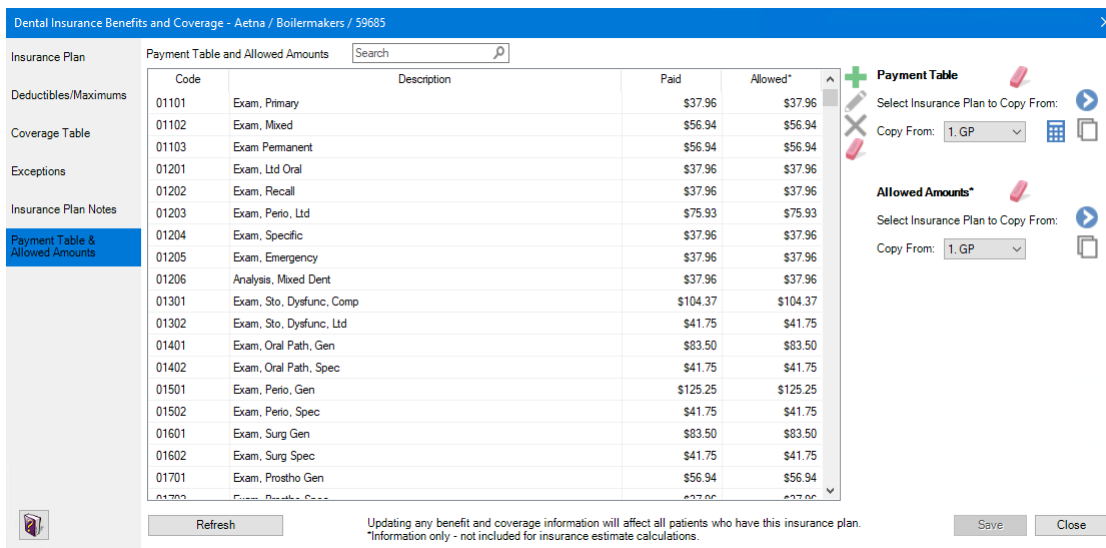
2. Click **Benefits/Coverage**.

The **Dental Insurance Benefits and Coverage** dialog box appears.



The **Dental Insurance Benefits and Coverage** dialog box is shown. It has a left sidebar with tabs: **Insurance Plan**, **Deductibles/Maximums**, **Coverage Table**, **Exceptions**, **Insurance Plan Notes**, and **Payment Table & Allowed Amounts**. The **Insurance Plan** tab is selected. The main area contains fields for **Carrier** (Aetna), **Group Plan** (Boilermakers), **Group #** (59685), **Phone**, **Ext**, **Fax**, **Contact**, **Web Page**, **Email**, **Carrier Contacted On** (06/06/2011), **By Prov/Staff ID**, **Insurance Representative**, **Eligibility/Coverage Level**, **Benefit Renewal** (January), **Insurance Plan Type**, **Claim Deadline**, **Waiting Period*** (0 months), **Dependent Max Age*** (0), **Missing Tooth Clause***, and **Crowns/Bridges Paid On**. At the bottom are buttons for **Refresh**, **Save**, and **Close**. A note at the bottom states: "Updating any benefit and coverage information will affect all patients who have this insurance plan. *Information only - not included for insurance estimate calculations."

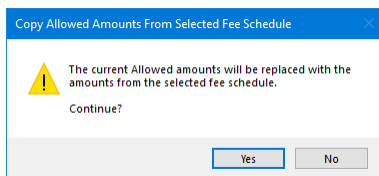
3. Click the **Payment Table & Allowed Amounts** tab.
- The **Payment Table and Allowed Amounts** table appears.



Code	Description	Paid	Allowed*
01101	Exam, Primary	\$37.96	\$37.96
01102	Exam, Mixed	\$56.94	\$56.94
01103	Exam Permanent	\$56.94	\$56.94
01201	Exam, Ltd Oral	\$37.96	\$37.96
01202	Exam, Recall	\$37.96	\$37.96
01203	Exam, Perio, Ltd	\$75.93	\$75.93
01204	Exam, Specific	\$37.96	\$37.96
01205	Exam, Emergency	\$37.96	\$37.96
01206	Analysis, Mixed Dent	\$37.96	\$37.96
01301	Exam, Sto, Dysfunc, Comp	\$104.37	\$104.37
01302	Exam, Sto, Dysfunc, Ltd	\$41.75	\$41.75
01401	Exam, Oral Path, Gen	\$83.50	\$83.50
01402	Exam, Oral Path, Spec	\$41.75	\$41.75
01501	Exam, Perio, Gen	\$125.25	\$125.25
01502	Exam, Perio, Spec	\$41.75	\$41.75
01601	Exam, Surg Gen	\$83.50	\$83.50
01602	Exam, Surg Spec	\$41.75	\$41.75
01701	Exam, Prostho Gen	\$56.94	\$56.94
01702	Exam, Prostho Spec	\$37.96	\$37.96

- To copy the allowed amounts from a selected fee schedule, select a schedule in the **Copy From** list under **Allowed Amounts**, and then click **Copy From Fee Schedule**.

The **Copy Allowed Amounts From Selected Fee Schedule** dialog box appears.



- Click **Yes**.

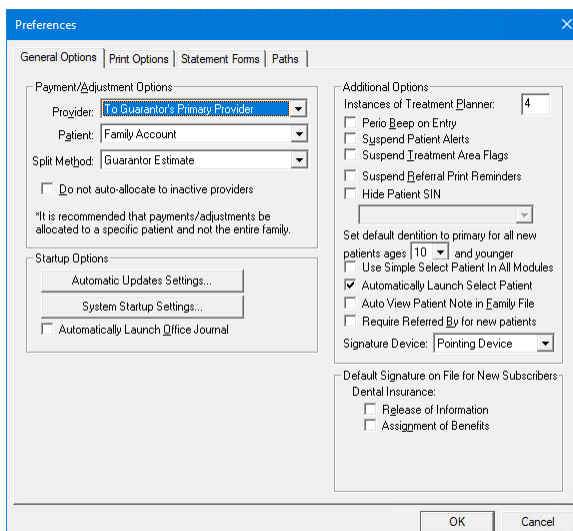
Adding CDA Codes to Ledger Printouts

In the Office Manager, you can set options to print CDA Codes and Provider IDs on Family and Patient Ledger reports.

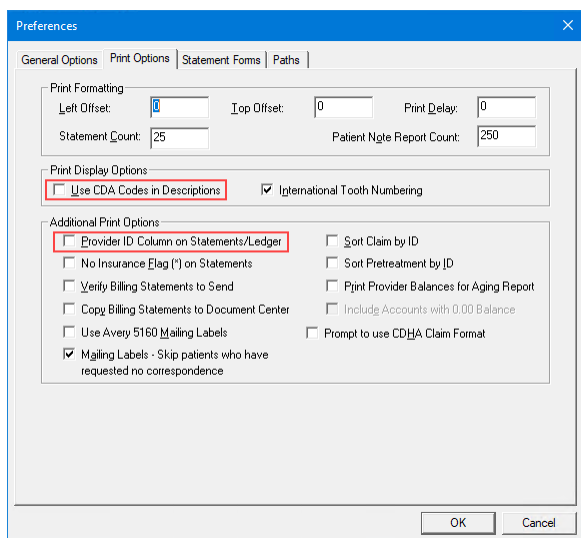
To add CDA Codes and Provider IDs to Ledger Printouts

- In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Preferences**.

The **Preferences** dialog box appears.



- Click the **Print Options** tab.



- Under **Print Display Options**, select **Use CDA Codes in Descriptions**.
- Under **Additional Print Options**, select **Provider ID Column on Statements/Ledger**.
- Click **OK**.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.4.5 Canada release.

FAMILY FILE

- When you changed family relationships, account balances were incorrect in the summary of the changes. This has been fixed.
- The Move and Undo All buttons no longer worked after editing family relationships. This has been fixed.

LEDGER

- The Ledger stopped responding when you deleted offsetting adjustments. This has been fixed.
- Claim status notes weren't being updated from the **Batch Insurance Payment Entry** dialog box. This has been fixed.
- When you printed recommendation notes on walkout statements, the note text overlapped the Ledger columns and didn't indicate which procedure they were associated with. This has been fixed.
- When you printed recommendation notes on walkout statements, some of the procedure notes didn't print. This has been fixed.

OFFICE MANAGER

- Providers could not be inactivated if they had scheduled appointments or appointments on the **Unscheduled List**. This has been fixed.
- The **Provider Information** dialog box contained data fields not pertinent to Canada. This has been fixed.
- You could enter text in a Case Note Template without first selecting a template. This has been fixed.

PATIENT CHART

- The spell checker auto-corrected Clinical Note prompt names causing prompt and prompt name mismatches. This has been fixed.
- Set Related Referral was reset when you switched to another Dentrix module. This has been fixed.

TREATMENT MANAGER

- If you included treatment-planned procedures when you printed the Treatment Manager List, descriptions were cut off. This has been fixed.
- Rejecting treatment plans with invalid tooth ranges didn't remove them from the Treatment Manager List. This has been fixed.

Dentrix G7.4 Canada

Overview and New Features

This Dentrix G7.4 Canada Release Guide provides information about the Dentrix G7.4 Canada software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.4 Canada.

Note: For information about using the new features in Dentrix G7.4 Canada, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix G7.4 Canada?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.4 Canada includes the following enhancements:

INSURANCE BENEFITS AND COVERAGES

To make the process of assigning insurance easier, a database of insurance companies is compiled as you enter them. Most insurance carriers provide patients with a schedule of benefits to declare the maximum annual benefits for the individual and for the entire family. The schedule of benefits also includes deductible amounts and plan maximums. In the Office Manager, you can set and manage network and out-of-network benefits and coverages easier now with the **Dental Insurance Benefits and Coverage** dialog box.

Additionally, the **Dental Insurance Benefits and Coverage** dialog box was modified for the Family File to include the beginning date of a subscriber’s and a patient’s benefits, a subscriber’s ID and a patient’s continuing care. To learn more about these features in the Office Manager and the Family File, refer to “Managing insurance benefits and coverages” in the Office Manager and the Family File Help.

- Record more information about the insurance plan, such as benefit begin dates, eligibility coverage level, and coordination of benefits.
- Indicate Preferred Provider Organization (“PPO”), in-network/out-of-network benefits for an insurance plan, and add and view out-of-network insurance plan benefits and coverage information.
- Add waiting period, insurance plan types, and when crowns/ bridges are paid (prep date or seat date).
- View the patient’s insurance plan benefits and coverage while treatment planning procedures and when scheduling appointments.
- Select which providers participate in each insurance plan.
- Add exceptions for procedure code ranges such as max-age, minimum age, frequency limitations, downgrades, waiting periods, and if a procedure is only covered for certain tooth types.
- Add custom benefit maximum and deductible types.
- Update individual and family lifetime maximum benefits for all maximum benefit types and the amounts used.
- Copy the coverage table, payment table, or other benefit information from one insurance plan to another.
- Access insurance plan benefits and coverage information through a link in the claim window.
- New alerts are available when scheduling an appointment or treatment planning for patients with insurance plans with a missing tooth clause, a waiting period, exceptions, and so on.
- Get a warning when continuing care is scheduled before it’s due, if there is a waiting period, or if the provider does not participate in the patient’s insurance plan.
- Calculate payment table amounts using a selected fee schedule and the coverage table percentages.

- Access additional insurance plan contact information such as fax number, email address, and website address.
- Flag procedure codes to use the office fee schedule amount when the procedure code is posted or treatment planned. The Office fee schedule is selected in **Fee Schedule Maintenance** dialog box.

EDITING FAMILY RELATIONS

- You now have more information and choices when you're editing family relations.
- Special adjustments are no longer necessary. You can post offsetting adjustments if you choose to keep family balances the same when you move patients from one family to another. You can also select which adjustment types to use.
- You can choose whether the balance for transaction history (for patients being moved) remains with the original family or is moved with the patients.
- You can view what the new balances for both families will be and see any offsetting balances that will result. Offsetting balances are posted as current transactions and linked so that if necessary, you can later delete them as a group.
- You can move a patient even if the family has open claims as long as the patient is not a subscriber for any open claims and has no open claims.

INACTIVATING PROVIDERS

- Using the new streamlined process for inactivating a provider, you can automatically transfer that provider's balance to another provider using offsetting adjustments. The resulting offsetting adjustments appear in the new Provider/Staff Inactivation Report that replaces the Provider/Staff Audit Trail Report.

REPORT IMPROVEMENTS

The following reports were modified to include information for offsetting adjustments:

- Provider A/R Totals Report: Has columns for offsetting adjustment totals for production and collections.
- Practice Advisor Report: Has rows to show production and collections offsetting adjustment totals.
- Daily Collections Day Sheet Report: Flags which transactions are offsetting adjustments; and indicates which adjustment types are applied to production and which are applied to collections, with additional totals for adjustment assignments.
- Analysis Summary Report: Has a column for offsetting adjustment amounts.
- Adjustment Only Day Sheet Report: Flags which transactions are offsetting adjustments; and indicates which adjustment types are applied to production and which are applied to collections, with additional totals for adjustment assignments.
- Day Sheet Report: Flags which transactions are offsetting adjustments and adds a total for offsetting adjustments.
- Practice Analysis Adjustment Report: Indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.
- Appointment Book Calendar: You can exclude offsetting adjustments when you select **Calculate with Production Adjustments** with the option to show Scheduled Production.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of features and enhancements, refer to the Dentrix Help.

Insurance Benefits and Coverages

To make the process of assigning insurance easier, a database of insurance companies is compiled as you enter them. Most insurance carriers provide patients with a schedule of benefits to declare the maximum annual benefits for the individual and for the entire family. The schedule of benefits also includes deductible amounts and plan maximums. In Dentrix, you can manage insurance benefits and coverages in the Family File or the Office Manager.

For more information, refer to the “Managing insurance benefits and coverages” topics in the Family File or the Office Manager in the Dentrix Help.

EDITING PLAN BENEFITS AND COVERAGES

Using the new **Dental Insurance Benefits and Coverages** dialog box, you can update benefit and coverage information including deductible, maximums, and payment and exceptions tables. You can even create and manage out-of-network benefits and coverages.

Note: Updating or changing any benefit and coverage information will affect all patients who subscribe to the selected group plan.

To edit plan benefits and coverages

1. In the Family File, double-click a patient’s Insurance Information block.

The **Insurance Information** dialog box appears.

2. Click **Benefits/Coverage**.

The **Dental Insurance Benefits and Coverage** dialog box for the selected patient appears. The carrier and group plan names appear in the title bar.

Dental Insurance Benefits and Coverage - Alberta Blue Cross / Victoria Hospital / 13900 [Primary Insurance]

Insurance Plan
 Subscriber: Barbara Dawson Benefit Begin Date: 03/06/2020 Subscriber ID: 65829
 Patient: Barbara Dawson Benefit Begin Date: 03/06/2020

Deductibles/Maximums
 Carrier: Alberta Blue Cross
 Group Plan: Victoria Hospital
 Group #: 13900
 Phone: (403)560-2516 Ext:
 Fax:
 Contact:
 Web Page:
 Email:

Coverage Table
 Eligibility Coverage Level:
 Benefit Renewal: January
 Insurance Plan Type:
 Participating Providers* Does not apply
 Out-Of-Network Benefits*
 Coordination of Benefits*
 Claim Deadline
 Waiting Period* 0 months
 Dependent Max Age* 0
 Missing Tooth Clause*
 Crowns/Bridges Paid On*

Exceptions
 Carrier Contacted On: 06/06/2011
 By Prov/Staff ID:
 Insurance Representative:

Insurance Plan Notes
 Payment Table

Out-Of-Network Deductibles/Maximums
 Out-Of-Network Coverage Table
 Out-Of-Network Exceptions

Refresh

Updating any benefit and coverage information will affect all patients who have this insurance plan.
 *Information only - not included for insurance estimate calculations.

Save Close

3. Edit the following information as necessary:

- **Benefit Begin Date (Subscriber)** – The date benefits began for the subscriber. The default is the current date. To change the date, click the Down arrow, and then select the correct date from the calendar.
- **Benefit Begin Date (Patient)** – The date benefits began for the patient. The default is the current date. To change the date, click the Down arrow, and then select the correct date from the calendar.
- **Carrier Contacted On** – The date the carrier was most recently contacted. The date updates automatically any time you make a change to the carrier information in the **Dental Insurance Plan Information** dialog box. You can also change the date by clicking the Down arrow and selecting a date from the calendar.
- **By Prov/Staff ID** – Click the Down arrow, and then from the list, select the Provider/Staff ID of the person from your office who most recently contacted the insurance carrier.
- **Insurance Representative** – Type the name of the insurance carrier's representative the provider or staff member spoke to most recently.
- **Eligibility Coverage Level** – Click the Down arrow, and then from the list, select the appropriate coverage for the selected group plan.
- **Benefit Renewal** – Click the Down arrow, and then from the list, select the month when the plan's benefits renew.
- **Insurance Plan Type** – Click the Down arrow, and then from the list, select the appropriate plan type:
 - **Traditional/Indemnity** – Claim payment is based on the procedures performed, usually as a percentage of the charges. Can be paired with a PPO.
 - **PPO** – A regular indemnity insurance plan combined with a network of dentists under contract to deliver specified services for set fees.
 - **HMO/DMO** – A contracted dentist is "pre-paid" a certain amount each month for each patient assigned to that dentist.
 - **Capitation** – A contracted dentist must provide certain contracted services at no-cost or reduced cost to specified patients.
 - **Fee Schedule** – A type of indemnity plan that pays a set amount for each procedure regardless of the actual charges. Patients are responsible for the difference between the carrier's payment and the charged fee. May be paired with a PPO that limits contracted dentists to a maximum allowable charge.

- **Other** – These types of plans could include Exclusive Provider Organizations (EPO), point of service plans, direct reimbursement plans, and so on.
 - **Participating Providers** – Click the button, and then in the **Select Participating Providers** dialog box, select the providers who participate in the selected plan.
 - **Out-Of-Network Benefits** – Click the Down arrow, and then from the list, select **Yes** or **No**.
 - **Coordination of Benefits** – Click the Down arrow, and then from the list, select **Standard**, **Non-Duplication**, or **Other**.
 - **Claim Deadline** – Click the Down arrow, and then from the list, select a number (1-12). Click the Down arrow in the adjacent box, and then from the list, select **Years**, **Months**, **Weeks**, or **Days**.
 - **Waiting Period** – Type the appropriate number of months.
 - **Dependent Max Age** – Type the maximum age that coverage applies to a dependent.
 - **Missing Tooth Clause** – Click the Down arrow, and then from the list, select **Yes** or **No**.
 - **Crowns/Bridges Paid On** – Click the Down arrow, and then from the list, select **Seat Date** or **Prep Date**.
4. Click **Save**.

ADDING DEDUCTIBLE TYPES

Each time patients come to your practice they use some of their insurance benefits. Some patients may even reach the maximum amount of their benefits or deductibles. To calculate insurance estimates properly, you must record these amounts. You can enter benefits used and deductibles paid in the Family File rather than through insurance claims.

To add a deductible type

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.
The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Deductibles/Maximums** tab.
The **Deductibles** and **Maximums** tables appear.
3. To add a deductible type, click the **Add new deductible type** button.
A row is added to the deductibles table.

Dental Insurance Benefits and Coverage - Alberta Blue Cross / Victoria Hospital / 13900 [Primary Insurance]

Insurance Plan: Subscriber: Barbara Dawson Benefit Begin Date* 03/06/2020 Subscriber ID: 65829 Signature on File: ☐ Release of Information ☐ Assignment of Benefits View Secondary Continuing Care

Deductibles/Maximums Patient: Barbara Dawson Benefit Begin Date* 03/06/2020

Coverage Table Exceptions Insurance Plan Notes Payment Table Out-Of-Network Deductibles/Maximums Out-Of-Network Coverage Table Out-Of-Network Exceptions

Select Insurance Plan to Copy From: >

Current Year's							Previous Year's							
Deductibles	Individual Annual Required	Individual Annual Met	Individual Lifetime Required	Individual Lifetime Met	Family Annual Required	Family Annual Met		Maximums	Individual Annual Benefit	Individual Annual Used	Individual Lifetime Benefit*	Individual Lifetime Used*	Family Annual Benefit	Family Annual Used
Standard	25.00	0.00	0.00	0.00	0.00	0.00		Standard	3500.00	1261.55	0.00	0.00	0.00	1261.55
Preventive	0.00	0.00	0.00	0.00	0.00	0.00		New*	0.00	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00								
	0.00	0.00	0.00	0.00	0.00	0.00								

Undo

Updating any benefit and coverage information will affect all patients who have this insurance plan.
*Information only - not included for insurance estimate calculations.

Save Close

4. Complete the following tasks:
 - **Deductibles** – Type a name for the deductibles type.

- **Individual Annual Required** – Type the amount in dollars.
 - **Individual Annual Met** – Type the amount in dollars.
 - **Individual Lifetime Required** – Type the amount in dollars.
 - **Individual Lifetime Met** – Type the amount in dollars.
 - **Family Annual Required** – Type the amount in dollars.
 - **Family Annual Met** – Type the amount in dollars.
5. Do one of the following:
- To reverse your changes, click **Undo**.
 - To save your changes, click **Save**.

ADDING MAXIMUM TYPES

Each time patients come to your practice they use some of their insurance benefits. Some patients may even reach the maximum amount of their benefits or deductibles. To calculate insurance estimates properly, you must record these amounts. You can enter benefits used and deductibles paid in the Family File rather than through insurance claims.

To add a maximum type

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.
The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Deductibles/Maximums** tab.
The **Deductibles** and **Maximums** tables appear.
3. To add a maximum type, click the **Add new maximum type** button.
A row is added to the table.

Dental Insurance Benefits and Coverage - Alberta Blue Cross / Victoria Hospital / 13900 [Primary Insurance]

Insurance Plan: Subscriber: Barbara Dawson Benefit Begin Date: 03/06/2020 Subscriber ID: 65829 Signature on File: View Secondary

Deductibles/Maximums Patient: Barbara Dawson Benefit Begin Date: 03/06/2020 Release of Information: Continuing Care

Coverage Table Select Insurance Plan to Copy From:

Current Year's		Previous Year's				
Deductibles	Individual Annual Required	Individual Annual Met	Individual Lifetime Required	Individual Lifetime Met	Family Annual Required	Family Annual Met
Standard	25.00	0.00	0.00	0.00	0.00	0.00
Preventive	0.00	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00
New*	0.00	0.00	0.00	0.00	0.00	0.00

Maximums	Individual Annual Benefit	Individual Annual Used	Individual Lifetime Benefit*	Individual Lifetime Used*	Family Annual Benefit	Family Annual Used
Standard	3500.00	1261.55	0.00	0.00	0.00	1261.55
	0.00	0.00	0.00	0.00	0.00	0.00

Undo

Updating any benefit and coverage information will affect all patients who have this insurance plan.
*Information only - not included for insurance estimate calculations.

Save Close

4. Complete the following tasks:
 - **Maximums** – Type a name for the maximums type.
 - **Individual Annual Benefit** – Type the amount.
 - **Individual Annual Used** – Type the amount used to date.
 - **Individual Lifetime Benefit** – Type the amount. This amount is for information only and is not used to calculate insurance estimates.

- **Individual Lifetime Used** – Type the amount. This amount is for information only and is not used to calculate insurance estimates.
 - **Family Annual Benefit** – Type the amount.
 - **Family Annual Used** – Type the amount used to date.
5. Do one of the following:
- To reverse your changes, click **Undo**.
 - To save your changes, click **Save**.

EDITING DEDUCTIBLES AND MAXIMUMS

Each time patients come to your practice they use some of their insurance benefits. Some patients may even reach the maximum amount of their benefits or deductibles. To calculate insurance estimates properly, you must record these amounts. You can enter benefits used and deductibles paid in the Family File rather than through insurance claims.

Note: To save time entering deductibles and maximums, you can copy them from other insurance plans. You can also delete deductibles and maximums. To learn more, refer to “Copying deductibles and maximums” and/or “Deleting deductibles and maximums” in the Dentrix Help.

To edit a deductible and a maximum

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.
The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Deductibles/Maximums** tab.
The **Deductibles and Maximums** tables appear.

Dental Insurance Benefits and Coverage - Alberta Blue Cross / Victoria Hospital / 13900 [Primary Insurance]

Insurance Plan: Subscriber: Barbara Dawson Benefit Begin Date: 03/06/2020 Subscriber ID: 65829 Signature on File: View Secondary

Deductibles/Maximums: Patient: Barbara Dawson Benefit Begin Date: 03/06/2020 Release of Information: Continuing Care

Coverage Table: Select Insurance Plan to Copy From: [Select]

Current Year's		Previous Year's				
Deductibles	Individual Annual Required	Individual Annual Met	Individual Lifetime Required	Individual Lifetime Met	Family Annual Required	Family Annual Met
Standard	25.00	0.00	0.00	0.00	0.00	0.00
Preventive	0.00	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00
New*	0.00	0.00	0.00	0.00	0.00	0.00

Maximums	Individual Annual Benefit	Individual Annual Used	Individual Lifetime Benefit*	Individual Lifetime Used*	Family Annual Benefit	Family Annual Used
Standard	3500.00	1261.55	0.00	0.00	0.00	1261.55
New*	0.00	0.00	0.00	0.00	0.00	0.00

Undo Updating any benefit and coverage information will affect all patients who have this insurance plan. *Information only - not included for insurance estimate calculations. Save Close

3. To edit the amount of the annual required deductibles, select the deductible type, click the Edit Deductible button, and then type the amount in the appropriate fields.
4. To edit the amount of deductibles applied to the patient's account, select the deductible type, click the Edit Deductible button, and then type the amount in the appropriate fields.
5. To edit the amount of the annual maximum benefits (individual and family), select the maximum type, click the Edit Maximum button, and then type the amount in the appropriate fields.
6. To edit the annual maximum benefits used (individual and family), select the maximum type, click the Edit Maximum button, and then type the amount in the appropriate fields.

- Copy a coverage table from another insurance plan by clicking the **Select Insurance Plan to Copy From** button. Select an insurance company from the list, click **OK**, and then edit the table entries as necessary.

The **Select Insurance Carrier** dialog box appears.

Carrier Name	Group Plan	Employer Name	Group #	Local #	Payor ID	Address
Aetna	Boilemakers	Herbalife Canada	59685			...
Aetna Insurance	Boilemakers Union	CBS Studio	59855		610070	7324-Burnard Street, ...
Aetna Insurance	Kovac engineering	Kovac Engineering	524A		610070	7324 Burnard Street, ...
Alberta Blue Cross	Hair Stylists Assoc.	Focus Hair Studio	15825		000090	10009 90th St., Edmo...
Alberta Blue Cross	Victoria Hospital	Victoria Hospital	13900			10009 90th St., Edmo...
Canada Life	Vancouver Sun-Ma...	Vancouver Sun	95235		000014	900 Howe Street-9th ...
Canada Life	Herbalife Canada	Herbalife Canada	44518		000014	900 Howe Street-9th ...
Canada Life	Belleville Communit...	Belleville Community Assoc.	445877		000014	5512 Millrise Pl., Missi...
Cigna	IGA	IGA	3432			4456 Whitehill Dr., To...
Clarica	Safeway	Safeway	77452		000019	445 Lincoln Dr., Toro...

- Under **Select a Standard Coverage Table**, click the Down arrow, and then select one of the standard coverage tables included with Dentrix.
- Click the Add button, and then enter each table entry manually.

The **Coverage Table** fills in.

Dental Insurance Benefits and Coverage - Alberta Blue Cross / Victoria Hospital / 13900 [Primary Insurance]

Insurance Plan: Subscriber: Barbara Dawson Benefit Begin Date: 03/06/2020 Subscriber ID: 65829 Signature on File: [] View Secondary

Deductibles/Maximums: Patient: Barbara Dawson Benefit Begin Date: 03/06/2020 [] Release of Information [] Assignment of Benefits [] Continuing Care

Coverage Table	Beg Proc	End Proc	Category	Cov%	Deductible	Co-Pay	Pre-Auth Required
Exceptions	00001	09999	Diagnostic	75	Standard	\$0.00	<input type="checkbox"/>
Insurance Plan Notes	10000	19999	Preventative	75	Standard	\$0.00	<input type="checkbox"/>
Payment Table	20000	21300	Restorative	75	Standard	\$0.00	<input type="checkbox"/>
Out-Of-Network Deductibles/Maximums	21301	21405	Cores/Pins	50	Standard	\$0.00	<input checked="" type="checkbox"/>
Out-Of-Network Coverage Table	21406	23515	Restorative	75	Standard	\$0.00	<input type="checkbox"/>
Out-Of-Network Exceptions	23516	29999	Crowns/Onlays	50	Standard	\$0.00	<input checked="" type="checkbox"/>
	30000	39999	Endodontics	75	Standard	\$0.00	<input type="checkbox"/>
	40000	49999	Periodontics	75	Standard	\$0.00	<input type="checkbox"/>
	50000	59999	Prosthodontics	50	Standard	\$0.00	<input checked="" type="checkbox"/>
	60000	69999	Prosthodontics	50	Standard	\$0.00	<input checked="" type="checkbox"/>
	70000	79999	Oral Surgery	75	Standard	\$0.00	<input type="checkbox"/>
	80000	89999	Orthodontics	50	Standard	\$0.00	<input checked="" type="checkbox"/>
	90000	99110	Adjunctive	75	Standard	\$0.00	<input type="checkbox"/>
	99111	99999	Adjunctive Lab	50	Standard	\$0.00	<input checked="" type="checkbox"/>

Refresh Updating any benefit and coverage information will affect all patients who have this insurance plan. *Information only - not included for insurance estimate calculations. Save Close

- Do one of the following:
 - To undo your changes, click **Undo**.
 - To save your changes, click **Save**.

SPLITTING COVERAGE TABLE CATEGORIES

Using the coverage table, you can group several procedures into categories and assign the percentage the insurance will pay. You can split a category into smaller procedure code ranges, and you can limit a category to a single procedure. When you modify coverage table categories, you must use the CDA procedure codes, but you may not overlap the beginning and ending procedure codes in any given range.

To split a coverage table category

- In the **Insurance Information** dialog box, click **Benefits/Coverage**.
The **Dental Insurance Benefits and Coverage** dialog box appears.
- Click the **Coverage Table** tab.

The **Coverage Table** appears.

3. Select the category that you want to split, and then click the Split button.

The selected category splits.

Dental Insurance Benefits and Coverage - Alberta Blue Cross / Victoria Hospital / 13900 (Primary Insurance)

Insurance Plan: Subscriber: Barbara Dawson Benefit Begin Date* 03/06/2020 Subscriber ID: 65829 Signature on File: ☐ Release of Information ☐ Assignment of Benefits View Secondary

Deductibles/Maximums: Patient: Barbara Dawson Benefit Begin Date* 03/06/2020 Continuing Care

Coverage Table

Beg Proc	End Proc	Category	Cov%	Deductible	Co-Pay	Pre-Auth Required
00001	09999	Diagnostic	75	Standard	\$0.00	<input type="checkbox"/>
		Diagnostic	75	Standard	\$0.00	<input type="checkbox"/>
	09999	Diagnostic	75	Standard	\$0.00	<input type="checkbox"/>
10000	19999	Preventative	75	Standard	\$0.00	<input type="checkbox"/>
20000	21300	Restorative	75	Standard	\$0.00	<input type="checkbox"/>
21301	21405	Cores/Pins	50	Standard	\$0.00	<input checked="" type="checkbox"/>
21406	23515	Restorative	75	Standard	\$0.00	<input type="checkbox"/>
23516	29999	Crowns/Onlays	50	Standard	\$0.00	<input checked="" type="checkbox"/>
30000	39999	Endodontics	75	Standard	\$0.00	<input type="checkbox"/>
40000	49999	Periodontics	75	Standard	\$0.00	<input type="checkbox"/>
50000	59999	Prosthodontics	50	Standard	\$0.00	<input checked="" type="checkbox"/>
60000	69999	Prosthodontics	50	Standard	\$0.00	<input checked="" type="checkbox"/>
70000	79999	Oral Surgery	75	Standard	\$0.00	<input type="checkbox"/>
80000	89999	Orthodontics	50	Standard	\$0.00	<input checked="" type="checkbox"/>
90000	99110	Adjunctive	75	Standard	\$0.00	<input type="checkbox"/>

Update any benefit and coverage information will affect all patients who have this insurance plan.
*Information only - not included for insurance estimate calculations.

Save Close

4. In the coverage table list, do one or more of the following:

- **Procedure code range** – Double-click, and then type or select new **Beg Proc** and **End Proc** procedure codes.

Note: Do not overlap the beginning or ending procedure codes in any range.

- **Category name** – Double-click the **Category** text box, and then type a new category name.
- **Coverage percentage** – Double-click the **Cov %** text box, and then type a new percentage.

Note: A 0% coverage is estimated for any procedure codes not listed in the **Coverage Table**.

- **Deductible type** – Double-click the **Deductible** text box, click the Down arrow, and then select the deductible type from the list.
- **Co-pay amount** – Double-click the **Co-Pay** text box, and then type the amount.

Important:

- Enter a co-pay amount only if you are setting up or modifying a capitation plan.
- Select a **Co-Payment Calculations for Ins. Portion** menu option only when one or more co-pay amounts are entered in the coverage table. Usually, Dentrix estimates the patient portion owed by subtracting the calculated insurance portion from the amount for the procedure. When you use co-payments, the patient portion is the amount shown in the **Co-Pay** column of the coverage table, or less, for procedures in the category range (even if the amount is \$0.00). The **Co-Payment Calculations for Ins. Portion** menu option you select is used to calculate the insurance portion for all procedures. When you use co-payments, the total of the patient portion and the insurance portion may be less than the procedure amount, depending on the option you selected and the percentage entered in the **Cov%** column.
- **Pre-authorization** – Select the **Pre-Auth Required** check box if the insurance carrier requires preauthorization for the specified procedures.

5. Do one of the following:

- To save your changes, click **Save**.
- To undo your changes, click **Undo**.

CREATING EXCEPTIONS TABLES

Exceptions or exclusions are services that are not covered by an insurance plan. In Dentrix, you can create an exceptions table to document and track these exceptions for in-network and out-of-network insurance plans.

To create an exceptions table

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.
The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Exceptions** tab.

The **Exceptions Table** appears.

[illegible]

3. To create an exceptions table, do one of the following:
 - Copy an exceptions table from another insurance plan by clicking the **Select Insurance Plan to Copy From** button. Select an insurance company from the list, click **OK**, and then, as necessary, you can edit the exceptions entries.

The **Select Insurance Carrier** dialog box appears.

Carrier Name	Group Plan	Employer Name	Group #	Local #	Payor ID	Address
Aetna	Boilemakers	Herbafife Canada	59685			...
Aetna Insurance	Boilemakers Union	CBS Studio	59685		610070	7324-Bunard Street, ...
Aetna Insurance	Kovac engineering	Kovac Engineering	524A		610070	7324 Bunard Street, ...
Alberta Blue Cross	Hair Syltists Assc.	Focus Hair Studio	15825		000090	10009 90th St., Edmo...
Alberta Blue Cross	Victoria Hospital	Victoria Hospital	13900			10009 90th St., Edmo...
Canada Life	Vancouver Sun-Ma...	Vancouver Sun	95235		000014	900 Howe Street-9th ...
Canada Life	Herbafife Canada	Herbafife Canada	44518		000014	900 Howe Street-9th ...
Canada Life	Belleville Communit...	Belleville Community Assoc.	445877		000014	5512 Milnise Pl., Miss...
Cigna	IGA	IGA	3432			4456 Whitehill Dr., To...
Clarica	Safeway	Safeway	77452		000019	445 Lincoln Dr., Toro...

- Click the Add button, and then enter each table entry manually.
The **Exceptions Table** fills in.

Dental Insurance Benefits and Coverage - Alberta Blue Cross / Victoria Hospital / 13900 [Primary Insurance]

Insurance Plan: Subscriber: Barbara Dawson Benefit Begin Date* 03/06/2020 Subscriber ID: 65829 Signature on File: View Secondary

Deductibles/Maximums: Patient: Barbara Dawson Benefit Begin Date* 03/06/2020 Release of Information: Continuing Care

Coverage Table

Exceptions Table*

Beg Proc	End Proc	Service	Waiting Period	Downgrade Procedure	Downgrade Tooth Types	Age Max	Age Min	Covers Only Tooth Type	Frequency Limits	Shares Freq?	Same Day?	Exception Note
01101	01204	Exams							1 visit/s per 6 m...			

Select Insurance Plan to Copy From: [Dropdown]

Insurance Plan Notes

Payment Table

Out-Of-Network Deductibles/Maximums

Out-Of-Network Coverage Table

Out-Of-Network Exceptions

Refresh

Updating any benefit and coverage information will affect all patients who have this insurance plan.
*Information only - not included for insurance estimate calculations.

Save Close

- Click the Insert Exceptions Template button.

The **Exceptions Table** fills in, and then, as necessary, you can then edit the exceptions entries.

4. Do one of the following:

- To undo your changes, click **Undo**.
- To save your changes, click **Save**.

ADDING PROCEDURES TO PAYMENT TABLES

You can use the payment table to enter the dollar amount that an insurance plan pays for specific procedures. As you receive payment from insurance providers, you may update the insurance coverage. The actual payment information is stored in the payment table. You can either enter procedures into the payment table manually, or if you itemize insurance payments, you can update the payment table whenever you post a payment to a claim.

Important:

- Updating or changing any benefit and coverage information will affect all patients who subscribe to the selected group plan.
- If a procedure is in the coverage table and the payment table, the amount in the payment table overrides the amount in the coverage table.

To add a procedure to a payment table

- In the **Insurance Information** dialog box, click **Benefits/Coverage**.
The **Dental Insurance Benefits and Coverage** dialog box appears.
- Click the **Payment Table** tab.
The **Payment Table** appears.

[illegible]

- To add a procedure code, click the Add button, and then do one of the following:
 - Type the procedure code that you want to add under **Code**.
 - Click the Down arrow, click the type of code, and then select the code from the list.
- If you typed the procedure code, press the Tab key, and then type a description of the code.

Note: If you selected the code from the Procedure Code List, the description appears automatically.

- Under **Paid**, type the amount the insurance provider paid for the procedure.
- Click **Save**.

EDITING OUT-OF-NETWORK EXCEPTIONS

Exceptions or exclusions are services that are not covered by an insurance plan. In Dentrrix, you can create an exceptions table to document and track these exceptions for in-network and out-of-network insurance plans.

Note: Updating or changing any benefit and coverage information will affect all patients who subscribe to the selected group plan.

To edit an out-of-network exception

1. In the **Insurance Information** dialog box, click **Benefits/Coverage**.
The **Dental Insurance Benefits and Coverage** dialog box appears.
2. Click the **Out-Of-Network Exceptions** tab.
The **Exceptions Table** appears.

Dental Insurance Benefits and Coverage - Alberta Blue Cross / Victoria Hospital / 13900 [Primary Insurance]

Insurance Plan: Subscriber: Barbara Dawson Benefit Begin Date* 03/06/2020 Subscriber ID: 65829 Signature on File: ☐ Release of Information ☐ Assignment of Benefits View Secondary

Deductibles/Maximums: Patient: Barbara Dawson Benefit Begin Date* 03/06/2020 Continuing Care

Coverage Table

Exceptions Table*

Beg Proc	End Proc	Service	Waiting Period	Downgrade Procedure	Downgrade Tooth Types	Age Max	Age Min	Covers Only Tooth Type	Frequency Limits	Shares Freq?	Same Day?	Exception Note
01101	01902	Exams							1 visit/s per 6 m...			

Copy From In-Network Exceptions:

Insurance Plan Notes

Payment Table

Out-Of-Network Deductibles/Maximums

Out-Of-Network Coverage Table

Out-Of-Network Exceptions

Undo

Updating any benefit and coverage information will affect all patients who have this insurance plan.
*Information only - not included for insurance estimate calculations.

Save Close

3. To edit an exception, select it, click the Edit Selected Exception button, and then do one or more of the following:

- **Beg Proc** – Double-click the cell, and then type the beginning code of the procedure code range, or click the Down arrow and select the code from the list.
- **End Proc** – Double-click the cell, and then type the end code of the procedure code range, or click the Down arrow and select the code from the list.
- **Service** – Double-click the cell, and then type a description of up to 15 characters of the type of service.
- **Waiting Period** – Double-click the cell, type the appropriate number, and then select **Years**, **Months**, **Weeks**, or **Days** in the list. To clear your entries, click the Clear button.

- **Downgrade Procedure** – Double-click the cell, click the Down arrow, and then select the appropriate procedure from the list.
- **Downgrade Tooth Types** – Double-click the cell, and then select the applicable tooth types from the list. To clear your selections, click the Clear button.

- **Age Max** – Double-click the cell, and then type the maximum age (1-99). You can leave this cell blank.
- **Age Min** – Double-click the cell, and then type the minimum age (1-99). You can leave this cell blank.
- **Covers Only Tooth Type** – Double-click the cell, and then select the applicable tooth types from the list. To clear your selections, click the Clear button.

- **Frequency Limits** – Double-click the cell, type the applicable number (1-99) in each text box, and then select the applicable option in each list. To clear your entries, click the Clear button.

- **Shares Freq?** – Double-click the cell, click the Down arrow, and then select **No** or **Yes** in the list. You can leave this cell blank.
- **Same Day?** – Double-click the cell, click the Down arrow, and then select **No** or **Yes** in the list. You can leave this cell blank.
- **Exception Note** – Double-click the cell, and then type a note in the **Note** text box.

- Do one of the following:
 - To undo your changes, click **Undo**.
 - To save your changes, click **Save**.

Editing Family Relations

Using the Family File, you can move a patient to a new account or combine two accounts. With the release of Dentrrix G7.4 Canada, you now have more information and choices when you're editing family relations.

To edit family relationships

- With a patient selected in the Family File, click **Edit**, and then click **Edit Family Relations**.
The **Edit Family Relations** dialog box appears.

Edit Family Relations

Family 1: Clear Selected

- HoFH Ins+, Brian Dawson
Age: 36 Status: Patient
Open Claims: none
- Ins+, Barbara Dawson
Age: 35 Status: Patient
Open Claims: none
- Ins, William Dawson
Age: 11 Status: Patient
Open Claims: none

New Family: Clear Selected

Move >>
Merge
Set HoFH
Undo All

Next > Cancel

- Select the family member that you want to move to another account, and then click **Move >>**.
The selected patient moves to the **New Family** pane as the head-of-household.

Edit Family Relations

Family 1: Clear Selected

- HoFH Ins+, Brian Dawson
Age: 36 Status: Patient
Open Claims: none
- Ins, William Dawson
Age: 11 Status: Patient
Open Claims: none

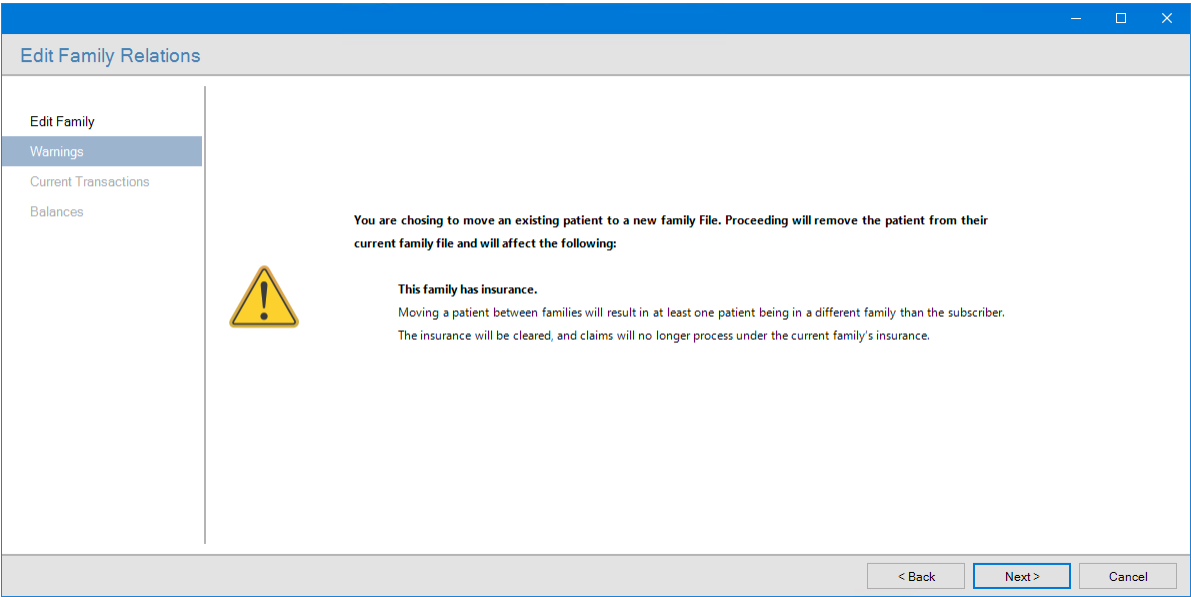
New Family: Clear Selected

- HoFH Ins+, Barbara Dawson
Age: 35 Status: Patient
Open Claims: none

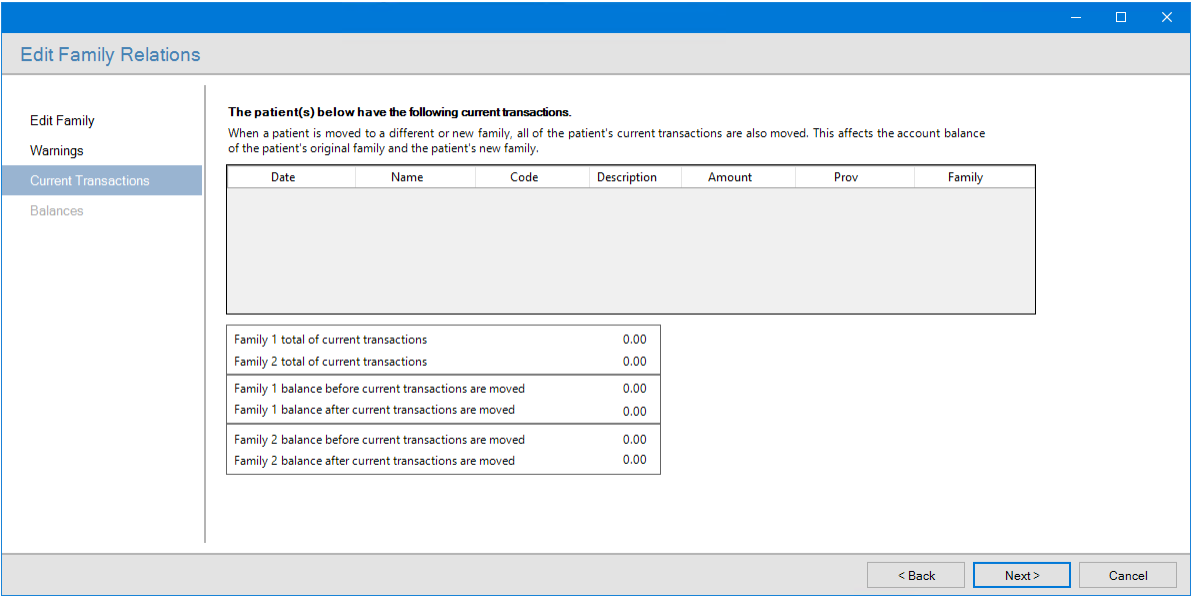
Move >>
Merge
Set HoFH
Undo All

Next > Cancel

- As necessary, move any other member of the family, and then click **Next**.
The following warning appears.



4. To continue, click **Next**.
A summary of the current transactions for both families appears.



5. Click **Next**.
A summary of the balances for both families and the **Family Edit Offsetting Adjustments** dialog box appears.

Edit Family Relations

Provider Balance as of Balance Forward 2011-01-31 for patients that are being moved

Name	Balance	Prov	Family
Barbara	76.70	MJL1	FAM1-->FAM2
Barbara	0.00	MHY1	FAM1-->FAM2

Family Edit Offsetting Adjustments

Select what to do with the balance:

☒ Move Balance to New Family
☐ Keep Balance on Existing Family

- Credit Adjustment Type:

+ Charge Adjustment Type:

Family 1 balance after moving current transactions: 0.00
 Family 2 balance after moving current transactions: 76.70

☐ Switch to New Family on Finish

< Back Finish Cancel

6. Select a **Credit Adjustment Type** and a **Charge Adjustment Type**, and then click **OK**.

Note: You must select adjustment types to complete editing the family.

7. Select one of the following:
 - **Move Balance to New Family** – Posts the offsetting adjustments to the new family.
 - **Keep Balance on Existing Family** – Posts the offsetting adjustments to both families for each provider with a balance for the patients moved. To change how the adjustments post, click the **Settings** button.
8. Click **Finish**.

Inactivating Providers

While you cannot delete a provider in Dentrix, you can inactivate one. Using the new streamlined process for inactivating a provider, you can automatically transfer that provider's balance to another provider using offsetting adjustments. The resulting offsetting adjustments appear in the new **Provider/Staff Inactivation Report** that replaces the **Provider/Staff Audit Trail Report**.

To inactivate a provider

1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Practice Resource Setup**.

The **Practice Resource Setup** dialog box appears.

Practice Resource Setup

Henry Schein Dental Clinic

345 Townline Road
Niagara On The Lake, ON L0S-1J0
(905)646-1711

Administrative Contact Not Set
HIPAA Officer Not Set
Fiscal Year: January
Bank Number : 2345-003

▼ Operators

Search

ID	Title
OP-1	Operator 1
OP-2	Operator 2
OP-3	Operator 3
OP-4	Operator Four
OP-5	Operator Five

▼ Providers

Search

ID	Name	Title	Status
JHY1	Mills, Donna S.	R.D.H.	Secondary
JLD1	Davidson, James L.	D.D.S.	Primary
MHY1	Patton, Helen W.	R.D.H.	Secondary
MJL1	Lang, Michael J.	DDS	Primary

▼ Staff Members

Search

ID	Name	Title	Status
CDA1	Hill, Nancy	CDA Lev...	Staff
PT01	Goodstaff, Suzan I.	Part time ...	Staff
ST01	Smith, Gail	Admin	Staff

Close

- Under **Providers**, select the provider that you want to inactivate from the list.
- Click the Inactivate/Activate Selected Provider button.

The **Inactivate Provider** dialog box appears.

Inactivate Provider

Inactivate Provider JHY1 Donna S Mills

Replacement Provider

Provider Balance Check
Allocate Balances
Inactivate Provider
Summary

Please select the provider who will replace JHY1.

Replacement Provider:

It is recommended to BACK UP the database before inactivating a provider. If a database backup has not been performed, please click 'Cancel'.

Next > Cancel

- Click the **Replacement Provider** drop-down arrow, select the replacement from the list, and then click **Next**.

If the provider you are inactivating has any patient balances remaining, the **Provider Balance Check** pane appears in the **Inactivate Provider** dialog box.

Inactivate Provider JHY1 Donna S Mills

Replacement Provider
Provider Balance Check
 Allocate Balances
 Inactivate Provider
 Summary

JHY1 has transactions for 13 patient(s).

Allocate Balances Options

☒ **DO NOT transfer patient balances from JHY1 to MHY1**
 JHY1 patient balances will not change.

☐ **Transfer patient balances from JHY1 to MHY1**
 Offsetting adjustments will be created for patient ledgers to transfer provider balances from JHY1 to MHY1.

< Back Next > Cancel

5. Do one of the following, and then click **Next**:
 - Do not transfer patient balances to the replacement provider (default).
 The **Inactivate Provider** pane appears.
 - Transfer patient balances from the archived provider to the replacement provider.
 Offsetting adjustments are created, and the **Allocate Balances** pane appears from which you can apply the credit and charge adjustment types.
 The **Inactivate Provider** pane appears summarizing the changes that will take place.
6. To begin the process for inactivating the provider, click **Inactivate**.
 The **Summary** pane appears.
7. Click **Close**.

Report Improvements

Several reports were modified to include information for offsetting adjustments. To review the changes to these reports, please see the sample reports in the Reports Reference document in the Resource Center. A brief description of the changes to these reports appears in the following list:

- **Provider A/R Totals Report:** Now includes columns for offsetting adjustment totals for production and collections.
- **Practice Advisor Report:** Now includes rows to show production and collections offsetting adjustment totals.
- **Daily Collections Day Sheet Report:** Now flags which transactions are offsetting adjustments and indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.
- **Analysis Summary Report:** Now includes a column for offsetting adjustment amounts.
- **Adjustment Only Day Sheet Report:** Now flags which transactions are offsetting adjustments and indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.
- **Day Sheet Report:** Now flags which transactions are offsetting adjustments and adds a total for offsetting adjustments.
- **Practice Analysis Adjustment Summary Report:** Now indicates which adjustment types are applied to production and which are applied to collections with additional totals for adjustment assignments.
- **Appointment Book Calendar:** You can now exclude offsetting adjustments when you select **Calculate with Production Adjustments** with the option to show Scheduled Production.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.4 Canada release.

DOCUMENT CENTER

- The screen capture feature in the Document Center was not working correctly. This has been fixed.

LEDGER

- The **Batch Insurance Payment Entry** dialog box was slow to load claims. This has been fixed.

PRESCRIPTIONS

- The Standard form in the **Prescriptions Setup** dialog box did not remain highlighted after it was selected as the default form. This has been fixed.
- The spell checker was incorrectly flagging the entry, OneQ 6 H, as a spelling error. This has been fixed.

REPORTS

- The Practice Advisor and Daily Huddle reports reported treatment accepted and treatment diagnosed totals incorrectly. This has been fixed.
- The Provider A/R Totals Report incorrectly included two identical Totals rows. This has been fixed.

MISCELLANEOUS

- After Dentrix was uninstalled and then reinstalled, the path in the Windows Registry incorrectly pointed to the previous database location. This has been fixed.
- A warning and the Match button did not appear if the patid (patient ID) does not have a match with the identid (guarantor ID). This has been fixed.
- WebSync incorrectly referred to MSXML versions that Microsoft no longer supports. This has been fixed.
- The **User Permissions** dialog box failed to open after passwords were enabled. This has been fixed.

Dentrix G7.3 Update 1

Overview and New Features

This Dentrix G7.3 Update 1 Canada Release Guide provides information about the Dentrix G7.3 Update 1 Canada software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.3 Update 1.

Note: For information about using the new features in Dentrix G7.3 Update 1 Canada, refer to “Using the New Features and Enhancements” in this section of the Release Guide. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.3 Update 1 Canada includes the following enhancements:

PASSWORD ADMINISTRATION

Setting up and administering passwords has been enhanced to make the process more intuitive. Setting up passwords was simplified through enhanced search options and customizable user-permission templates.

ACTIVE DIRECTORY

Active Directory is a directory service developed for Windows domain networks. If you enable Active Directory, you can reduce the number of user IDs and passwords your Dentrix users must remember by aligning their Dentrix accounts to their Microsoft network accounts and then letting them log into Dentrix using their Microsoft network credentials. If you have up to 250 providers and 250 staff members, you can let users who are logged into your network automatically access Dentrix without re-entering their network credentials.

ADJUSTMENT TYPES

You are no longer limited to 40 adjustment types. You can now enter up to 255 adjustment types in the Office Manager, and to more quickly select them, you can sort and search adjustment types anywhere they appear. To learn more about adding adjustment types, refer to “Adding adjustment types” in the Dentrix Help.

HEALTH HISTORY

In Health History Setup, you can now select multiple Medical Conditions, Allergies, and Medications to change the Critical, Pop-up Alert, or Show on Questionnaires Forms status. You can also apply changed statuses for all patients who have the selected Health History items in their charts, or only use status changes for future Health History entries.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release.

Password Administration

The main reason for using passwords in your office is security. For example, you can use passwords to prevent unauthorized persons from performing sensitive tasks, such as changing information, deleting transactions, accessing financial information, and so forth. You can also use passwords, in conjunction with the Audit Trail Report, to track who in your office has made changes to information in Dentrix.

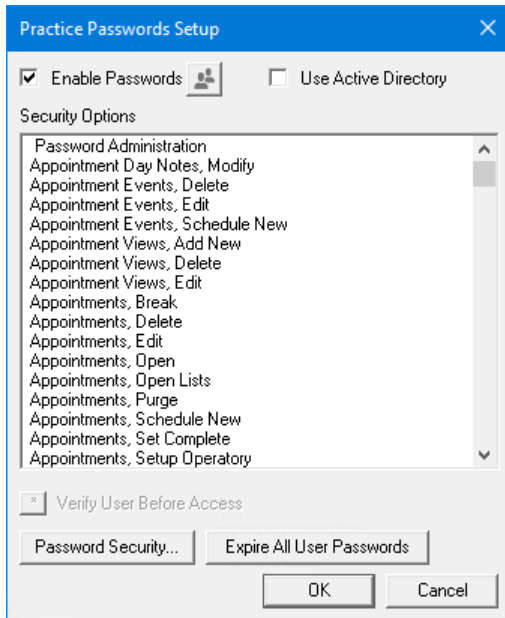
SETTING UP A PASSWORD ADMINISTRATOR

Because passwords are not enabled when you install Dentrix, the first step in setting up passwords is to enable passwords and set up a password administrator. After you enable passwords, users must log in each time they start Dentrix.

To set up a password administrator

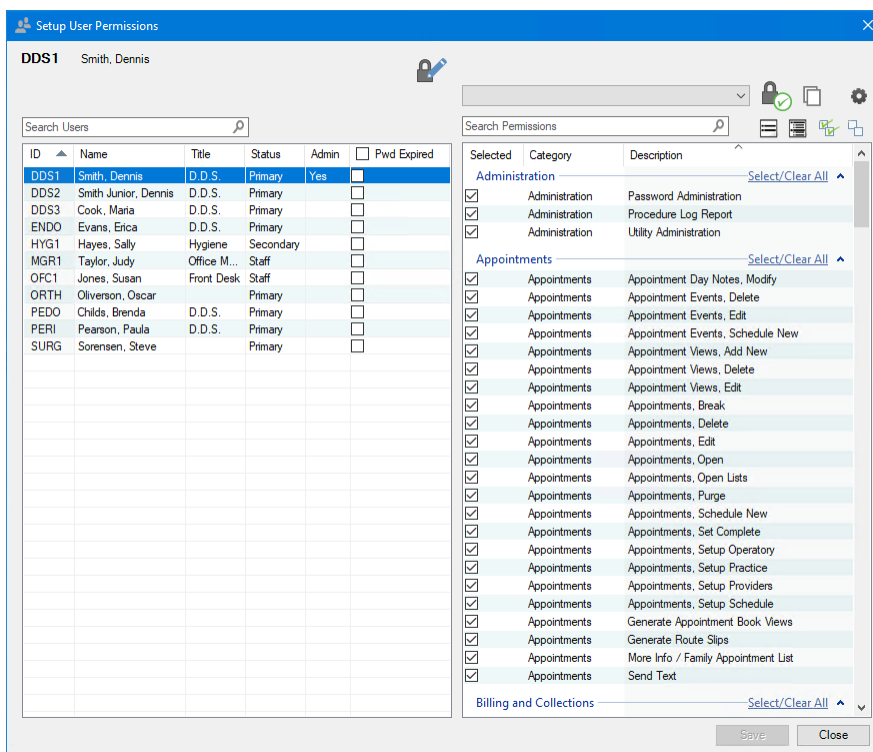
1. In the **Maintenance** menu in the Office Manager, point to **Practice Setup > Passwords**, and then click **Practice Passwords Setup**.

The **Practice Passwords Setup** dialog box appears.



2. Select **Enable Passwords**., and then click **OK**.

The **Setup User Permissions** dialog box appears.



3. In the User list, select a password administrator.
4. **(Required)** To grant permissions to the administrator, do one of the following:
 - Under **Administration**, click **Password Administration**. The **Office Manager, Open** permission is selected automatically. These are the minimum permissions required.
 - To grant all permissions to the administrator, click the Check All Permissions button.
5. To save the user as a password administrator, click the **Save** button.

Active Directory

To set up Active Directory, you must first enable passwords in Dentrix and set up a password administrator.

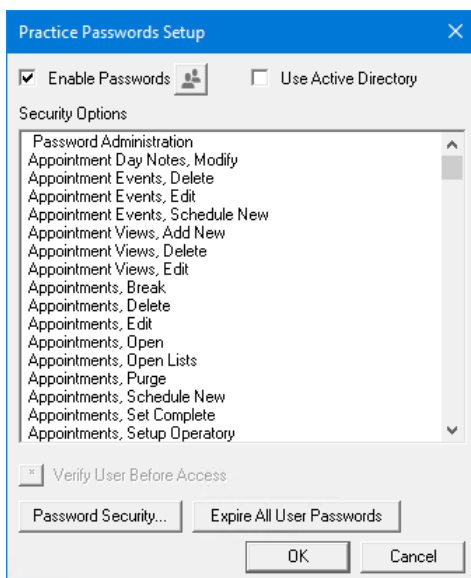
SETTING UP ACTIVE DIRECTORY

You can set up Active Directory only after first enabling passwords.

To set up Active Directory

1. In the **Maintenance** menu in the Office Manager, point to **Practice Setup > Passwords**, and then click **Practice Passwords Setup**.


The **Practice Passwords Setup** dialog box appears.



2. Select **Use Active Directory**, and then click **OK**.

The **Validate Passphrase** dialog box appears.

Validate Passphrase



Using Active Directory Integration allows authentication and authorization of users against a Windows domain network instead of using the User ID and Password setup in Dentrix.

Do you authorize the request to enable/disable Active Directory Integration with Dentrix.

Enter your Dentrix Passphrase and Click 'Yes' to authorize the request to enable/disable Active Directory. Click 'No' to deny this request.


Authentication

Dentrix Passphrase:

3. Type your Dentrix passphrase, and then click **Yes**.
The **Active Directory Setup** dialog box appears.

Active Directory Setup

Domain Name:

Users: 

User ID	Name	Title	Active Directory User	Admin	Status
DDS1	Smith, Dennis	D.D.S.		True	
DDS2	Smith Junior, Dennis	D.D.S.		False	
DDS3	Cook, Maria	D.D.S.		False	
ENDO	Evans, Erica	D.D.S.		False	
HYG1	Hayes, Sally	Hygiene		False	
MGR1	Taylor, Judy	Office Manager		False	
OFC1	Jones, Susan	Front Desk		False	
ORTH	Oliverson, Oscar			False	
PEDO	Childs, Brenda	D.D.S.		False	
PERI	Pearson, Paula	D.D.S.		False	
SURG	Sorensen, Steve			False	

☐ Automatically log into Dentrix with current System User

4. In the **Domain Name** text box, type the name of the domain you want to authenticate to.
5. In the **Search** box, enter the domain name of a domain user, and then click **Save & Close**.

Health History

You can select multiple Medical Conditions, Allergies, and Medications to change the Critical, Pop-up Alert, or Show on Questionnaires Forms status.

To change the critical status of multiple medical conditions

1. Open the Health History module.

The Health History window appears.

2. Click the Setup button.

The Health History Setup dialog box appears.

3. Select the medical conditions whose critical status you want to change.
4. Right-click your selections, point to Change Critical Status, and then click one of the following options:
 - Add Critical Status to all selected items
 - Clear Critical Status from all selected items

The critical status of the selected items changes.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.3 Update 1 release.

APPOINTMENT BOOK

- The Appointment Book stopped responding when you hovered your cursor over a patient appointment with 20 procedures. This has been fixed.
- If you set a treatment-planned procedure with surfaces set to MODL5, and then created an appointment for that procedure, the surfaces in the Appointment Book showed as MODL and not MODL5. This has been fixed.

DOCUMENT CENTER

- If you dragged an unfiled document from the Unfiled Documents window to the Document Center, the document type was always incorrectly set to Billing Statements. This has been fixed.

LEDGER

- The Copy keystroke command (Ctrl+C) was missing from the context menu in the Provider Credit Balances Manager window. This has been fixed.
- The option "Prompt to close claims without Assignment of Benefits" was missing from the Insurance Payment Setup dialog box. This has been fixed.
- If you edited a claim after it was posted as a credit card payment and then changed the payment type to check or electronic payment, the Bank/Branch # text box showed the credit card name instead of being blank. This has been fixed.
- When you split a claim, attachments were not copied to both claims. This has been fixed.
- If you typed the tooth surfaces OL (Occlusal & Lingual) as LO (Lingual & Occlusal), the number is deleted when you post the procedure. This has been fixed.
- If you printed the Walkout/Doctor's Statement, adjustments did not print on the enhanced form. This has been fixed.
- Insurance claim forms were set to **Self** in Box 10 regardless of the "Relation to Subscriber" setting in the Family File. This has been fixed.

QUESTIONNAIRES

- The alignment of lines and boxes in printed forms were different from how they appeared in print preview. This has been fixed.

MISCELLANEOUS

- If you set Windows to the 24-hour clock format, and the Dentrix Time Clock was set to the 12-hour clock format, you could not edit a clock punch out to 12:00 P.M. This has been fixed.

- If you set Windows to the 24-hour clock format, and the Dentrix Time Clock was set to the 12-hour clock format, the Dentrix Time Clock used the 24-hour clock format. This has been fixed.
- The 06126 payor ID was not listed in the **Select Payor** dialog box. This has been fixed.

Dentrix G7.3 Canada

Overview and New Features

This Dentrix G7.3 Canada Release Guide provides information about the Dentrix G7.3 Canada software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix G7.3 Canada.

Note: For information about using the new features in Dentrix G7.3 Canada, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix G7.3 Canada?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix G7.3 Canada includes the following enhancements:

QUICKBILL ESTATEMENTS

- You can control billing costs and delivery options by choosing between new email statements or traditional electronic statements delivered by mail.

ALLOCATE CREDIT BALANCES

- You can now transfer patient/provider balances without affecting the aging of the account.
- You can view and adjust individual family member and family account balances by provider without changing views in the Ledger.
- You can now transfer balances from archived patients and inactive providers.
- Allocation (offsetting) balances are not itemized on walkout statements if you did not itemize them on billing statements.
- A password security option was added to the Allocate Credit Balances feature in the Ledger.
- You can now edit and/or delete offsetting adjustments to maintain the integrity of an account.
- When you delete an offsetting adjustment, you are notified that all offsetting adjustments for that day will be deleted before you can complete the deletion.
- When you edit an offsetting adjustment, the **Allocate Credit Balances** dialog box appears with all of the offsetting adjustments for the same day to ensure that any edit to an adjustment still results in a \$0.00 balance.

PROVIDER CREDIT BALANCES MANAGER

- You can use the new Provider Credit Balances Manager in the Ledger to find accounts and providers with credit balances and then to easily transfer those balances.
- You can also open the **Allocate Credit Balances** dialog box for the selected family to create offsetting adjustments to transfer any provider balances.

SPLIT CREDIT ADJUSTMENTS

- You can now split credit adjustments and discounts that use credit adjustments by patient and provider just as you can split payments.
- You can now split discounts that use credit adjustments by patient and provider.

ARCHIVE PATIENT

- When you archive a patient, patient provider balances are checked and, if found, are reported. Offsetting adjustments are displayed so you can transfer any balances before archiving the selected patient.

- The right to the “Patients, Archive” password security option will be removed during installation for those users who do not have rights to “Password Administration,” so that you can grant the right to archive patients to only those staff members who you want to create offsetting adjustments.

REQUIRE A REFERRAL SOURCE FOR NEW PATIENTS

- A new option (**Require Referred By for new patients**) was added to the **Preferences** dialog box. If you select this option, you must select a referral source before you can add a new patient appointment or create a new patient in the Family File.
- You can now select a referral source in the **Patient Information** dialog box also.

AUTOMATIC WORKSTATION UPDATES

- For future Dentrix updates, you can save time installing updates to workstations. Updates that you install to the Dentrix server will be installed automatically to each Dentrix workstation.

SMART IMAGE UPDATES

- An update feature was added to Smart Image. The update feature automatically checks for both required and optional updates to Smart Image. If an update is required, you receive a notification of the update automatically, and the **Smart Image Auto Update** dialog box appears from which you can download and install the update immediately or choose to be reminded later. You must check for optional updates manually.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of features and enhancements, refer to the Dentrix Help.

Allocating Credit Balances

You can now more easily edit and/or delete offsetting balances to ensure that your patient accounts are accurate.

You can offset a patient’s credit balance by family members or family account.

To allocate a credit balance

1. With a patient selected in the Ledger, in the **Transaction** menu, click **Allocate Credit Balances**.
The **Allocate Credit Balances** dialog box appears.

Allocate Credit Balances

Provider Balances According to: **Family Members** Amounts to Allocate: Balance: 124.00 Guar Est: 124.00 Date: 5/ 6/2019 Setup

Patient	Provider	Balance	Guar Est	Adjustment	New Balance	New Guar Est
Davis, Karen * [DA0003]						
Davis, Karen * [DA0003]	DDS1	-124.00	-124.00	0.00	-124.00	-124.00
Davis, Kelly [DA0004]						
Davis, Kelly [DA0004]	PEDO	62.00	62.00	0.00	62.00	62.00
Davis, Lyle [DA0005]						
Davis, Lyle [DA0005]	PEDO	62.00	62.00	0.00	62.00	62.00

* Guarantor/Head-of-House
<A> Archived Patient
<I> Inactive Provider

Offsetting Adjustments Total: 0.00 (must be 0.00 to Post)

Allocation Methods: **Guarantor Estimate**, FIFO, Priority to selected item(s)

Double-click on adjustment amount to edit it.
Ctrl+click to select additional rows in the list.

Clear All Adjustments

Family Provider Balances Family Balance: 0.00 OK/Post Cancel

- In the **Provider Balances According to** list, select one of the following:
 - Family Members** – To calculate the provider's balance according to each family member's balance.
 - Family Account** – To calculate the provider's balance according to the family balance.
- If the provider that you want to allocate to is not listed, click **Add Provider**.

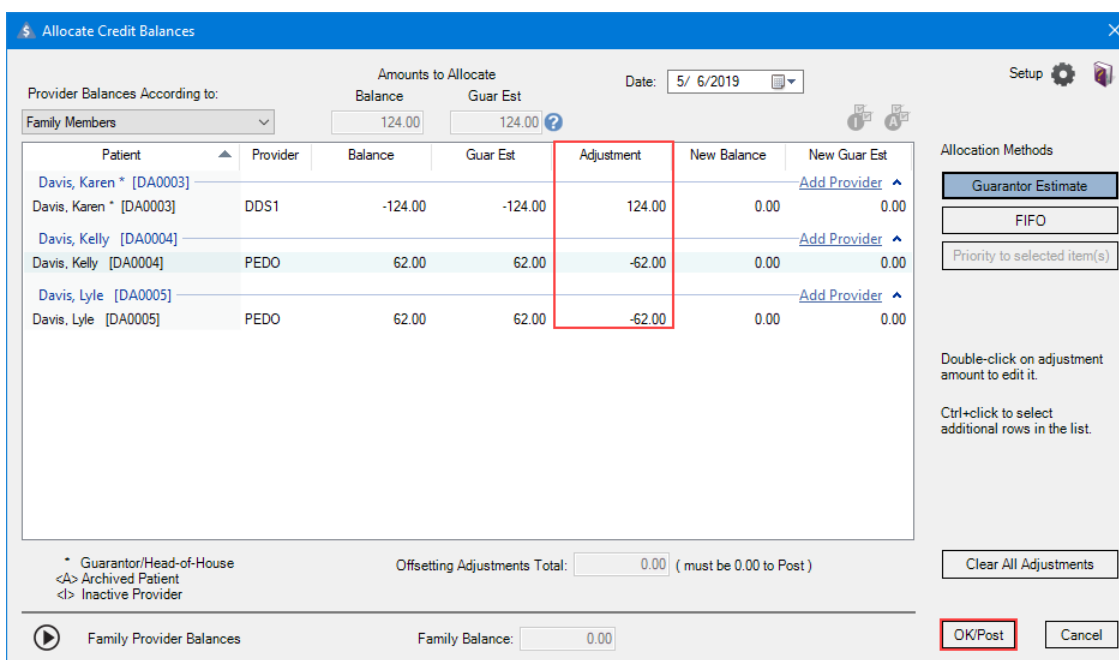
The **Select Provider** dialog box appears.

Select Provider ☐ List Inactive

ID	Name	Status
DDS1	Smith, Dennis	Primary
DDS2	Smith Junior, Dennis	Primary
DDS3	Cook, Maria	Primary
ENDO	Evans, Erica	Primary
HYG1	Hayes, Sally	Secondary
ORTH	Oliverson, Oscar	Primary
PEDO	Childs, Brenda	Primary
PERI	Pearson, Paula	Primary
SURG	Sorensen, Steve	Primary

OK Cancel

- Select the appropriate provider, and click **OK**.
- To allocate a credit balance automatically according to the provider who has a balance as a guarantor estimate, click **Guarantor Estimate**.



Allocate Credit Balances

Provider Balances According to: **Family Members**

Amounts to Allocate: Balance: 124.00, Guar Est: 124.00, Date: 5/ 6/2019

Patient	Provider	Balance	Guar Est	Adjustment	New Balance	New Guar Est
Davis, Karen * [DA0003]	DDS1	-124.00	-124.00	124.00	0.00	0.00
Davis, Kelly [DA0004]	PEDO	62.00	62.00	-62.00	0.00	0.00
Davis, Lyle [DA0005]	PEDO	62.00	62.00	-62.00	0.00	0.00

Allocation Methods: **Guarantor Estimate**, FIFO, Priority to selected item(s)

Offsetting Adjustments Total: 0.00 (must be 0.00 to Post)

Family Provider Balances: Family Balance: 0.00

Buttons: OK/Post, Cancel

- Click OK/Post.

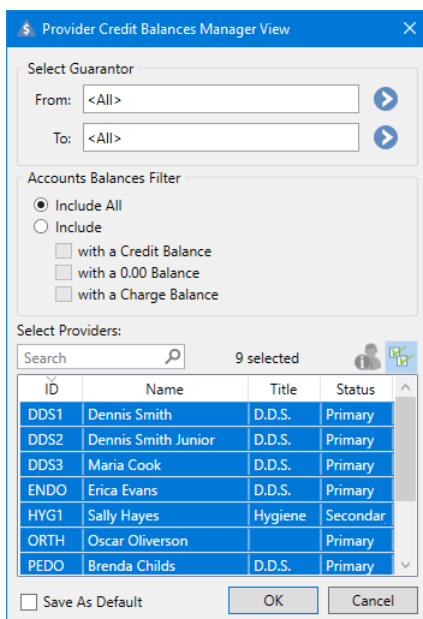
Opening the Provider Credit Balances Manager

The Provider Credit Balances Manager lists which providers have a credit balance by patient account. You can list accounts with a credit balance by a single, a selected group, or all providers. You can also open the **Allocate Credit Balances** dialog box from the Provider Credit Balances Manager to create offsetting adjustments and transfer those balances among providers.

To open the Provider Credit Balances Manager

- In the Ledger, click **File**, and then from the menu, click **Provider Credit Balances Manager**.

The **Provider Credit Balances Manager View** dialog box appears.



Provider Credit Balances Manager View

Select Guarantor: From: <All>, To: <All>

Accounts Balances Filter: ☒ Include All, ☐ Include with a Credit Balance, with a 0.00 Balance, with a Charge Balance

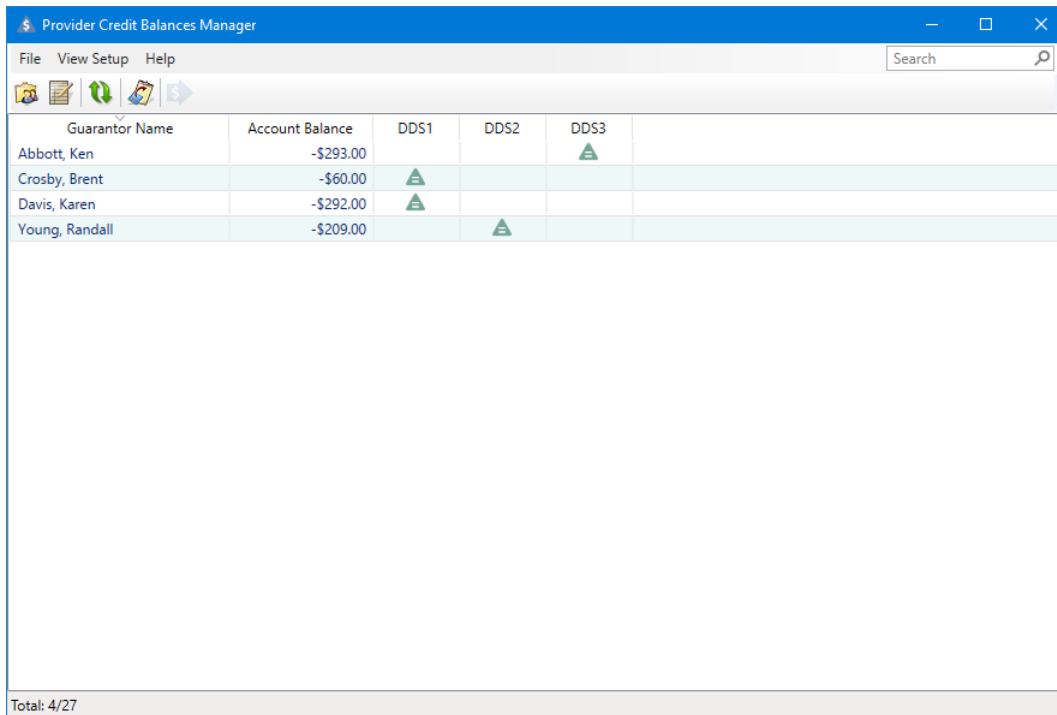
Select Providers: Search, 9 selected

ID	Name	Title	Status
DDS1	Dennis Smith	D.D.S.	Primary
DDS2	Dennis Smith Junior	D.D.S.	Primary
DDS3	Maria Cook	D.D.S.	Primary
ENDO	Erica Evans	D.D.S.	Primary
HYG1	Sally Hayes	Hygiene	Secondar
ORTH	Oscar Oliverson		Primary
PEDO	Brenda Childs	D.D.S.	Primary

Buttons: Save As Default, OK, Cancel

- To open the Provider Credit Balances Manager with the default settings, click **OK**.

The Provider Credit Balances Manager window appears.

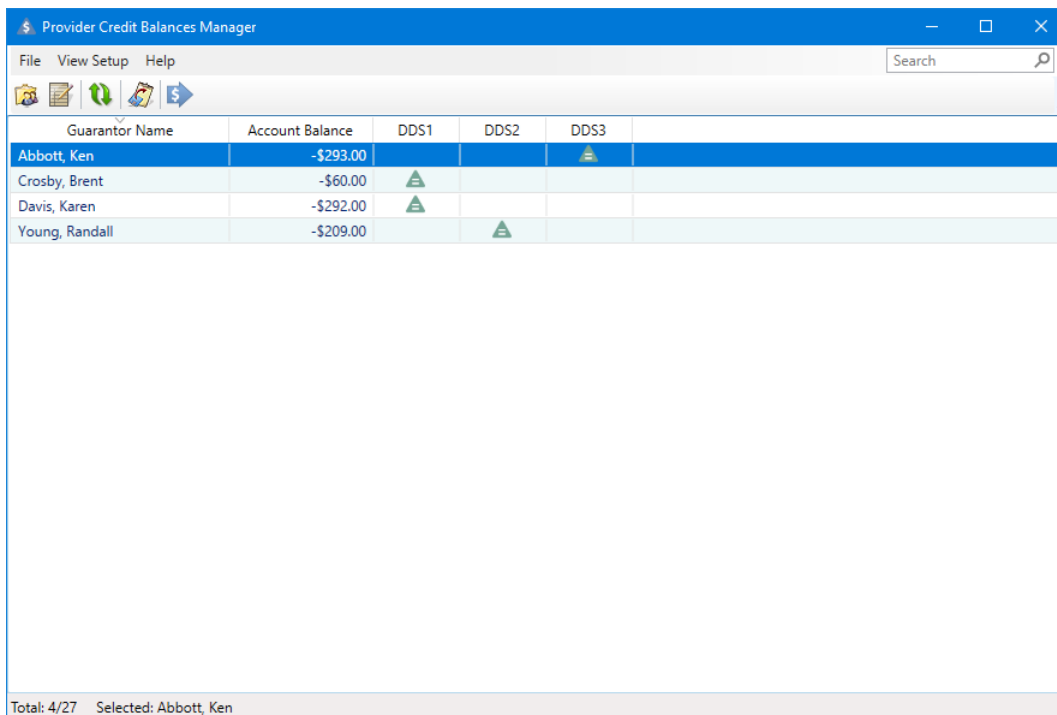


The screenshot shows the 'Provider Credit Balances Manager' window. It has a menu bar with 'File', 'View Setup', and 'Help'. Below the menu is a toolbar with icons for file operations and a search box. The main area contains a table with the following data:

Guarantor Name	Account Balance	DDS1	DDS2	DDS3
Abbott, Ken	-\$293.00			▲
Crosby, Brent	-\$60.00	▲		
Davis, Karen	-\$292.00	▲		
Young, Randall	-\$209.00		▲	

At the bottom of the window, it says 'Total: 4/27'.

- To allocate the credit balances, select an account, and then click the Allocate Credit Balances toolbar button.



The screenshot shows the 'Provider Credit Balances Manager' window with the 'Abbott, Ken' row selected. The table data is the same as in the previous screenshot, but the first row is highlighted. The status bar at the bottom now says 'Total: 4/27 Selected: Abbott, Ken'.

Guarantor Name	Account Balance	DDS1	DDS2	DDS3
Abbott, Ken	-\$293.00			▲
Crosby, Brent	-\$60.00	▲		
Davis, Karen	-\$292.00	▲		
Young, Randall	-\$209.00		▲	

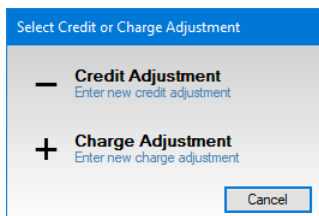
Splitting Credit Balances

Credit and charge adjustments have been separated so that you can split credit adjustments by provider and patient just as you can split payments. You can also now use the Enter Tax/Discount option to split discounts that use credit adjustments by patient and provider.

To split a credit balance

1. With a patient selected in the Ledger, in the **Transaction** menu, click **Enter Adjustment**.

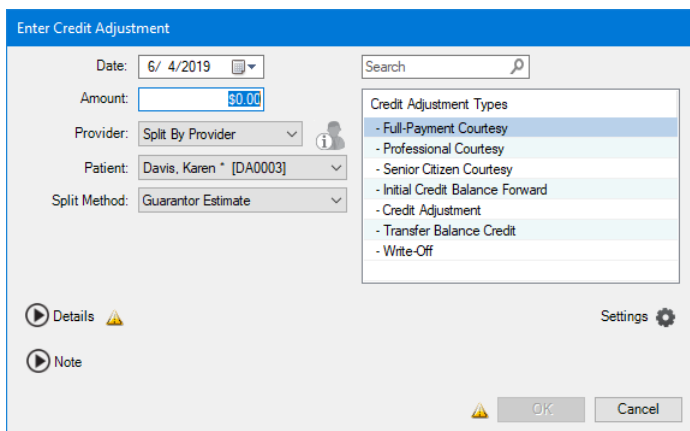
The **Select Credit or Charge Adjustment** dialog box appears.



The dialog box titled "Select Credit or Charge Adjustment" has a blue header. It contains two main options: "Credit Adjustment" with a minus sign icon and "Charge Adjustment" with a plus sign icon. Each option has a link below it: "Enter new credit adjustment" and "Enter new charge adjustment" respectively. A "Cancel" button is located at the bottom right.

2. Click **Credit Adjustment**.

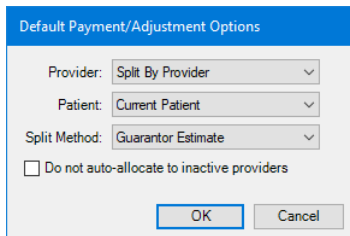
The **Enter Credit Adjustment** dialog box appears.



The "Enter Credit Adjustment" dialog box has a blue header. It includes several input fields: "Date" (6/4/2019), "Amount" (\$0.00), "Provider" (Split By Provider), "Patient" (Davis, Karen * [DA0003]), and "Split Method" (Guarantor Estimate). There is a "Search" field and a list of "Credit Adjustment Types" including Full-Payment Courtesy, Professional Courtesy, Senior Citizen Courtesy, Initial Credit Balance Forward, Credit Adjustment, Transfer Balance Credit, and Write-Off. At the bottom, there are "Details" and "Note" buttons, a "Settings" gear icon, and "OK" and "Cancel" buttons.

3. Do one or more of the following:
 - **Date** – Type or paste your account token.
 - **Amount** – Type your acceptor ID.
 - **Credit Adjustment Types** – Select the type of credit adjustment that you want to enter.
 - **Provider** – If necessary, select the appropriate provider from the list.
 - **Patient** – Select the appropriate patient from the list, or select **Split By Family Members**.
 - **Split Method** – Select the appropriate split method from the list:
 - **Percentage Payments** – Divides the adjustment among the providers according to the provider's percentage of the total adjustment.
 - **Guarantor Estimate** – (Default) Applies the adjustment to providers who have balances as guarantor estimates and ignores provider balances that insurance is estimated to pay the remainder of.
 - **FIFO (First In First Out)** – Applies the adjustment toward the oldest completed procedures first.
 - **Equal Adjustments** – Splits the adjustment equally among all providers.
4. To change the default adjustment settings, click the **Settings** button.

The **Default Payment/Adjustment Options** dialog box appears.



Default Payment/Adjustment Options

Provider: Split By Provider

Patient: Current Patient

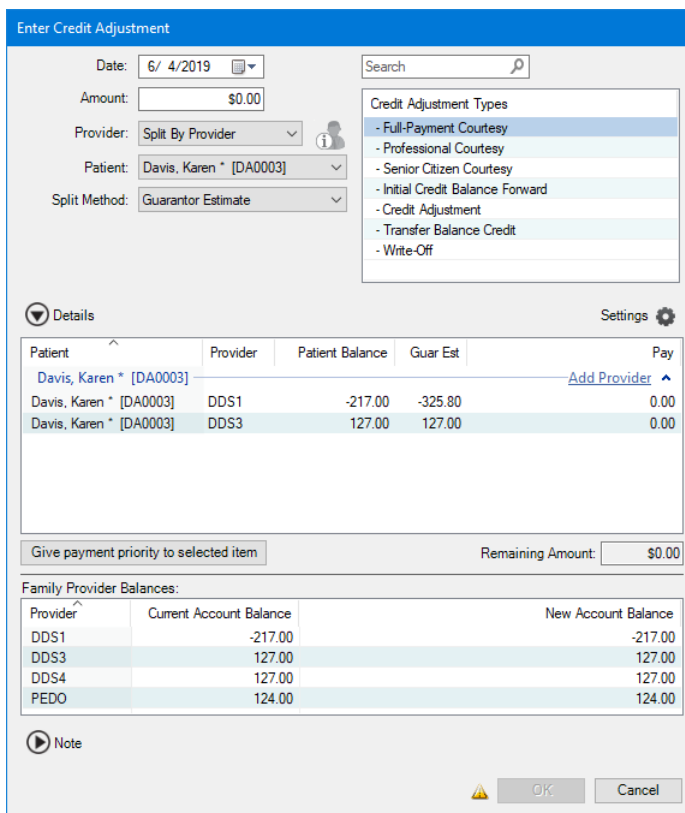
Split Method: Guarantor Estimate

☐ Do not auto-allocate to inactive providers

OK Cancel

- Make any necessary adjustments to the default setting, and then click **OK**.
- To add a provider other than the guarantor's primary provider, in the **Enter Credit Adjustment** dialog box, click the **Details** icon.

The **Details** pane appears.



Enter Credit Adjustment

Date: 6/ 4/2019

Amount: \$0.00

Provider: Split By Provider

Patient: Davis, Karen * [DA0003]

Split Method: Guarantor Estimate

Search

Credit Adjustment Types

- Full-Payment Courtesy
- Professional Courtesy
- Senior Citizen Courtesy
- Initial Credit Balance Forward
- Credit Adjustment
- Transfer Balance Credit
- Write-Off

Details

Patient	Provider	Patient Balance	Guar Est	Pay
Davis, Karen * [DA0003]				
Davis, Karen * [DA0003]	DDS1	-217.00	-325.80	0.00
Davis, Karen * [DA0003]	DDS3	127.00	127.00	0.00

Give payment priority to selected item

Remaining Amount: \$0.00

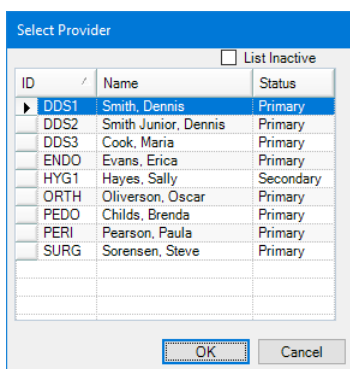
Family Provider Balances:

Provider	Current Account Balance	New Account Balance
DDS1	-217.00	-217.00
DDS3	127.00	127.00
DDS4	127.00	127.00
PEDO	124.00	124.00

Note

OK Cancel

- Click **Add Provider**.
- The **Select Provider** dialog box appears.



Select Provider

☐ List Inactive

ID	Name	Status
DDS1	Smith, Dennis	Primary
DDS2	Smith Junior, Dennis	Primary
DDS3	Cook, Maria	Primary
ENDO	Evans, Erica	Primary
HYG1	Hayes, Sally	Secondary
ORTH	Oliverson, Oscar	Primary
PEDO	Childs, Brenda	Primary
PERI	Pearson, Paula	Primary
SURG	Sorensen, Steve	Primary

OK Cancel

- Select the appropriate provider, and then click **OK**.

- To add a note, to clarify or document the credit, click the **Note** icon.
The **Note** pane appears.

- Type an explanation for the credit adjustment, and then click **OK**.

Archiving Patients with Provider Balances

Before you can archive a patient, you must allocate and post any outstanding balances the patient may have for the patient and guarantor. Using the Archive Patient Wizard, you can check for and display any outstanding balances. You can then post offsetting adjustments for the patient and guarantor according to the adjustment types you have set for allocating balances.

To archive a patient with a provider balance

- In the Family File, select the patient you want to archive.
- In the Family File window, double-click the Patient Information block.

The **Patient Information** dialog box appears.

The Patient Information dialog box is shown with the Status dropdown menu open. The 'Archived' option is highlighted in blue. The patient's name is Davis, Karen, and the status is currently set to Patient.

- In the **Status** list, select **Archived**, and then click **OK**.
The **Archive Patient Wizard** dialog box appears.

The Archive Patient Wizard dialog box is shown for patient Davis, Kelly. It displays a table of provider balances and the total patient balance.

Provider	Balance
PEDO	62.00

Patient Balance: \$62.00

Offsetting adjustments will be created to 0.00 the patient's provider balances.

Offsetting adjustments will be created to transfer the patient's balance to the guarantor.

Buttons: Next >, Cancel

- Click **Next**.
The **Allocate Balances Settings** options appear.

The screenshot shows the 'Archive Patient Wizard' window for patient 'Davis, Kelly'. The 'Allocate Balances' step is selected in the left sidebar. The main area displays 'Allocate Balances Settings' with two dropdown menus: '- Credit Adjustment Type' set to '- Full-Payment Courtesy' and '+ Charge Adjustment Type' set to '+ Credit Card Credit'. At the bottom are '< Back', 'Next >', and 'Cancel' buttons.

5. Do one of the following:
- Click **Next** to accept the default **Allocate Balances Settings**.
 - Change the **- Credit Adjustment Type** and/or **+ Charge Adjustment Type**, and then click **Next**.
- The **Offsetting Adjustments** appear.

The screenshot shows the 'Archive Patient Wizard' window for patient 'Davis, Kelly'. The 'Offsetting Adjustments' step is selected in the left sidebar. The main area displays a table of offsetting adjustments and a summary table.

The following offsetting adjustments will be posted for the patient and guarantor.

Name	Description	Amount	Provider
Davis, Karen *			
Davis, Karen *	+ Credit Card Credit	62.00	PEDO
Davis, Kelly			
Davis, Kelly	- Full-Payment Courtesy	-62.00	PEDO

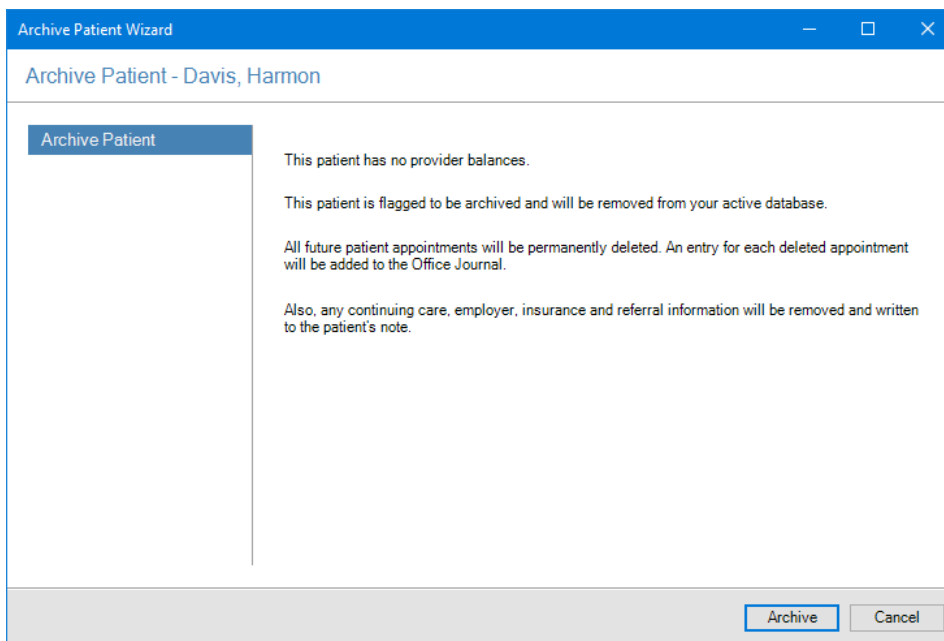
* Guarantor / Head-of-House

Family Provider Balances

Provider	Account Balance
DDS1	-124.00
PEDO	124.00

At the bottom are '< Back', 'Next >', and 'Cancel' buttons.

6. To post offsetting adjustments for the patient and guarantor, click **Next**.
The **Archive Patient** summary appears.



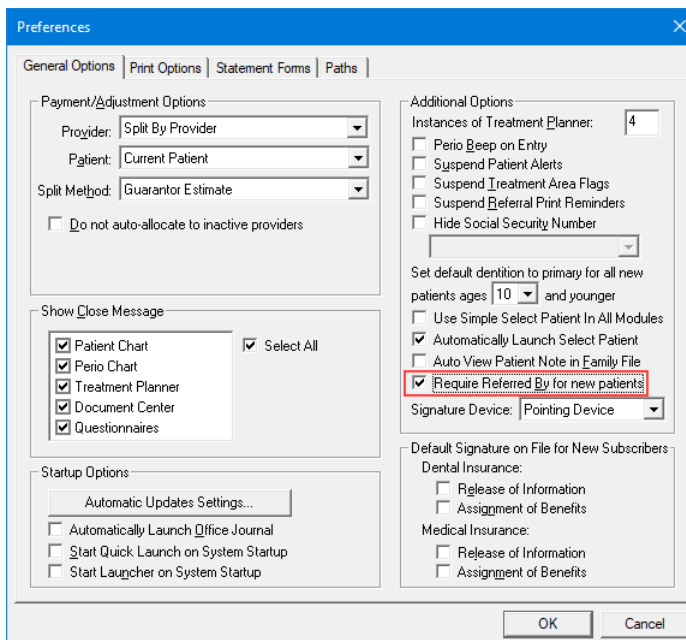
7. To archive the patient, click **Archive**.

Requiring Referral Sources for New Patients

By setting a new option in the **Preferences** dialog box, you can now require a referral source for your new patients.

To require a referral source for a new patient

1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Preferences**.
The **Preferences** dialog box appears.



2. Under **Additional Options**, select **Require Referred By for new patients**.
3. Click **OK**.

Updating Smart Image

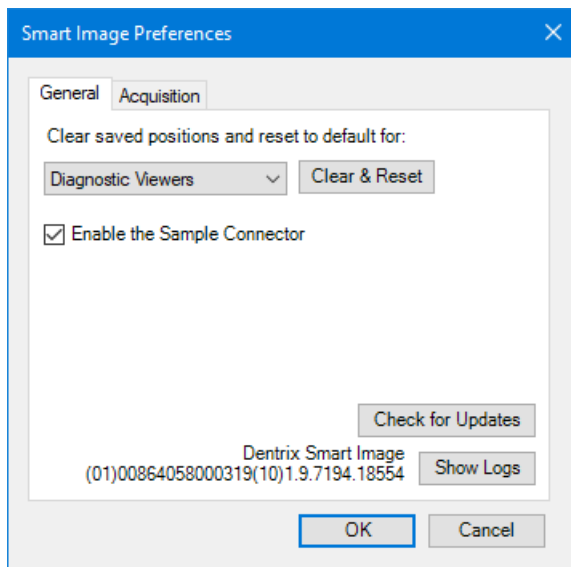
You have two ways to update Smart Image: manually or automatically.

Note: The update feature automatically checks for both required and optional updates to Smart Image. If an update is required, you receive a notification of the update automatically, and the Smart Image Auto Update dialog box appears from which you can download and install the update immediately or choose to be reminded later. You must check for optional updates manually.

To update Smart Image manually

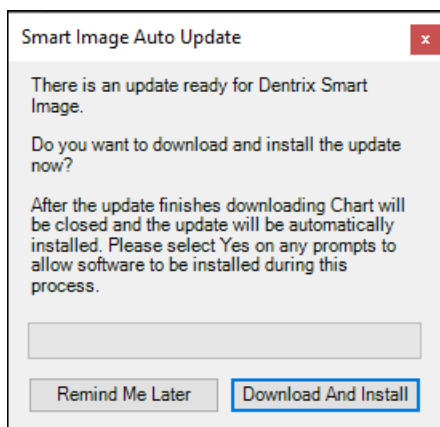
1. In the **Smart Image** panel, click the **Show Smart Image Preferences** button.

The **Smart Image Preferences** dialog box appears.



2. Click **Check for Updates**.

If an update is available, the **Smart Image Auto Update** dialog box appears.



3. Click **Download And Install** to install the update immediately.

What's Changed?

The list below contains the fixes and changes that have been included in the Dentrix G7.3 Canada release.

APPOINTMENT BOOK

- If you made a change to an appointment with its status set to "Complete," the status changed to "None" instead of remaining as "Complete." If you edited the appointment again, the status appeared in red. This has been fixed.

DOCUMENT CENTER

- If documents were attached to a provider and the provider's ID was changed, the documents were not moved to the provider's new ID. This has been fixed.

HEALTH HISTORY

- Medical conditions continued to appear after being inactivated. This has been fixed.

LEDGER

- If you created a claim, deleted the patient's insurance carrier from the patient's family file, and then sent the claim electronically, a message appeared incorrectly stating that the claim was sent successfully. This has been fixed.

OFFICE JOURNAL

- If the Letters filter option was selected, Office Journal opened slowly. This has been fixed.

OFFICE MANAGER

- Practice Advisor report previews were not being generated. This has been fixed.

QUESTIONNAIRES

- The Medical History Questionnaire form would not save to the Dentrix database. This has been fixed.
- If you created or edited a questionnaire form using the Patient Information question to which you added the Medication field or the Health History check boxes, reported medications specified as non-critical always appeared as critical in Health History. This has been fixed.
- If you created a questionnaire form containing the PI-Health History check boxes, the patient's responses did not appear in the completed form. This has been fixed.

TREATMENT PLANNER

- If you printed a treatment plan, the title, address, and header did not print unless you used an Adobe Reader or .pdf device format. This has been fixed.

MISCELLANEOUS

- In the Time Clock, the Auto Punch Out Time you specified was not being saved. This has been fixed.

Dentrix G7.2 Canada

Overview and New Features

This Dentrix G7.2 Canada Release Guide provides information about the new software release. This overview section includes important notes regarding this release, followed by a brief description of the new features and enhancements available in this release.

Note: For information about using the new features in this release, refer to “Using the New Features and Enhancements” in this document or “What’s New in Dentrix?” in the Dentrix Help.

New Features

Dentrix G7.2 Canada includes the following new features and enhancements:

HEALTH HISTORY

- You can now inactivate Health History items automatically for future dates.
- You can now rank Health History entries as Critical to make them more prominent in Health History.
- You can track patients’ health status at a glance through the colour of the Health History icon (red, yellow, or white depending on the type of alert and its criticality).
- A persistent alert warning was added to the Patient Chart so that you will continue to receive health alerts in the Patient Chart even if someone in the front office closes Health History pop-up alerts.
- You can use Health History filters to include Health History alerts with letter merge.

FEE GUIDE UPDATE

- With this new feature, you can view the Dentrix Fee Schedules names and preview any changes to fee schedules before you update them.

SMART IMAGE

- The **Smart Image Preferences** dialog box was modified to include an **Acquisition** tab. The **General** tab now includes an option called “**Enable Sample Connector**,” the Unique Device Identifier (UDI), and the Smart Image version number.
- The toolbar now includes an Application Launch button for each connector that you have installed. Clicking this button opens the imaging software and integrates the selected patient with the connector.

Using the New Features and Enhancements

The following information will introduce you to the new features and enhancements in this release and briefly explain how to use them. For a more complete explanation of these features and enhancements, please refer to the Dentrix Help.

Health History

In Health History, you can now inactivate Health History items automatically for future dates and rank entries as Critical to make them more prominent. You can track patients’ health status at a glance through the colour of the Health History button. A persistent alert warning was added to the Patient Chart so that you will continue to receive patient health alerts in the Patient Chart even if Health History pop-up alerts are closed in the front office. You can also use Health History filters to include alerts with letter merge.

EDITING A PATIENT'S HEALTH HISTORY

You can edit a patient's Health History entries to inactivate them and remove pop-up and/or critical alerts.

To edit a patient's Health History

1. In any module other than the Office Journal and eDex, click **File**, point to **Switch To**, and then click **Health History**.

The Health History window appears.

Health History- Davis, Karen [DA0003]

Medical Conditions

Description	Status	Reported Date	Inactivated Date	Pop-up	Critical	Note
Sinus Problems	Active	11/10/2018		!		

Allergies

Description	Status	Reported Date	Inactivated Date	Pop-up	Critical	Note
Allergy - Hay Fever	Active	11/10/2018		!	+	

Patient Reported Medications

Description	Status	Reported Date	Inactivated Date	Pop-up	Critical	Note
Kenalog	Active	11/10/2018		!	+	

Prescriptions

Description	Provider	Prescribe Date	NS	eRx
Misc - Peridex 3x 16 oz	DDS1	11/10/2018		

Patient Profile: Karen Davis
 Birthday: 02/02/1978
 Home Phone: (555)555-0110
 Mobile Phone: (555)555-0111

Health History Note [Edit Note]

Contacts

Emergency Contact: Name: Relationship: Father Phone: [Clear]

Physician Contact: Name: Specialty: Phone: [Clear]

Preferred Pharmacy: Name: Fax: Phone: Location: [Clear]

Health History Questionnaire Forms

Form Name	Response Date
Medical & Dental History	11/10/2018

2. Double-click the item in the patient's health history that you want to edit.

The dialog box that appears varies depending on the item (medical condition, allergy, or patient-reported medication) you select.

3. Do one or more of the following:

- **Inactivated Date** – To inactivate the health history entry, click the calendar button, and select the appropriate date from the calendar.

The entry is inactivated automatically on the date you selected.

- **Show as Critical** – Clear the check box to prevent the entry from appearing as critical.

The Critical icon is removed from the patient's Health History, and the Health History toolbar button changes to yellow for the selected patient in any Dentrix module that has the Health History toolbar button.

Note: If the Show as Critical option is selected for one or more medical conditions, allergies, or patient-reported medications, the Health History icon remains red.

- **Display Pop-up Alert for the Patient** – Clear the check box to prevent pop-up alerts for the selected patient from appearing.

4. To enter a note, type the text in the **Note** text box.

5. Click OK.

Fee Guide Update

You can view the names of the Dentrix Fee Schedules and meaningful names of the fee schedules in the Fee Schedule Update. You can also preview any changes to fee schedules and payment tables. To download the Fee Guide for your province, log in to the Dentrix Canada Resource Centre, download the Fee Guide Install zipped file, and install the update.

UPDATING FEE SCHEDULES AND PAYMENT TABLES

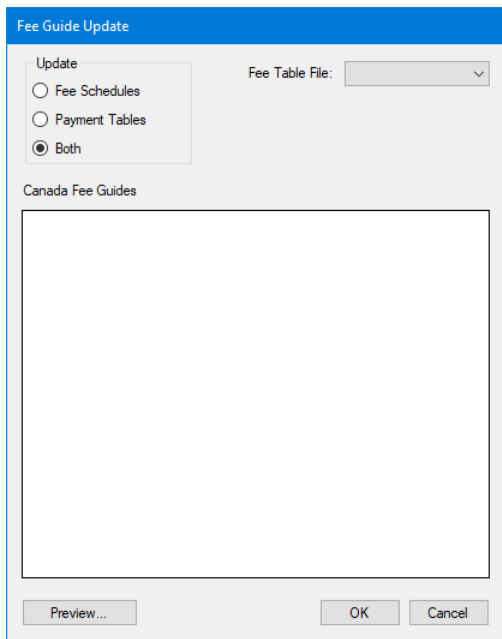
After installing the fee guide update, you can preview the changes.

To update fee schedules and payment tables

1. To download the Fee Guide for your province, log in to the Dentrix Canada Resource Centre, and go to Canadian Fee Guides - File Download.
2. Select the fee guide for your province and download the file.

3. Right-click the file, and then click **Extract All**.
4. Run the install program.
5. In the Office Manager, click **Maintenance**, point to **Reference**, and then click **Change Fees**.

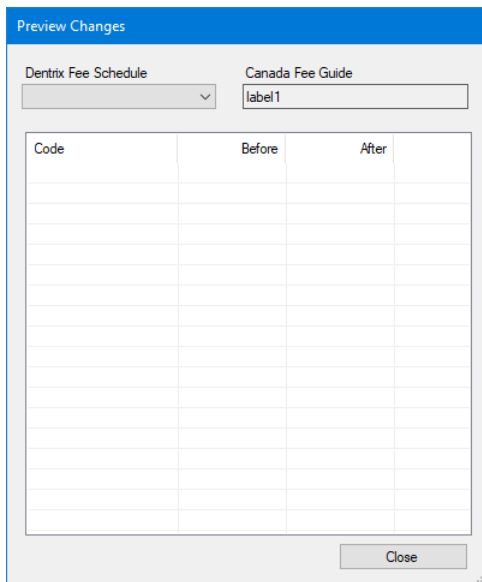
The **Fee Guide Update** dialog box appears.



The **Fee Guide Update** dialog box has a blue title bar. Inside, there's an 'Update' section with three radio buttons: 'Fee Schedules', 'Payment Tables', and 'Both' (which is selected). To the right is a 'Fee Table File:' dropdown menu. Below this is a large empty rectangular area labeled 'Canada Fee Guides'. At the bottom are three buttons: 'Preview...', 'OK', and 'Cancel'.

2. Click the **Preview** button.

The **Preview Changes** dialog box appears.



The **Preview Changes** dialog box has a blue title bar. It contains two dropdown menus at the top: 'Dentrix Fee Schedule' and 'Canada Fee Guide' (which shows 'label1'). Below these is a table with three columns: 'Code', 'Before', and 'After'. The table has 15 rows. At the bottom right is a 'Close' button.

Code	Before	After

The **Preview Changes** dialog box lists the procedure codes, the **Before** column lists the fee schedules you have already set, and the **After** column lists the changes according to your province.

Smart Image

Dentrix Smart Image is designed to integrate with various third-party imaging software solutions. Depending on the brands of 2D, 3D, and CAD/CAM imaging software you use in your practice, you can use Dentrix Smart Image to interact with one or more of your imaging software applications and imaging devices to automate common imaging and practice management related activities.

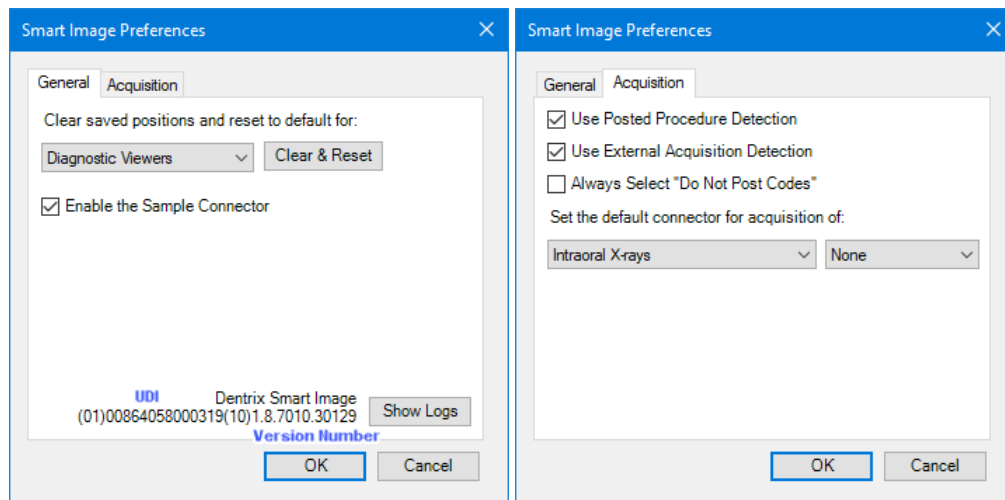
CHANGING SMART IMAGE PREFERENCES

You can change the default settings for Smart Image in the **Smart Image Preferences** dialog box.

To change Smart Image preferences

1. In the Smart Image panel, click the Show Smart Image Preferences button.

The **Smart Image Preferences** dialog box appears.



The Unique Device Identifier (UDI) and version number appear adjacent to the Show Logs button. The UDI begins and ends with numbers in parentheses. In this example, the UDI is (01)00864058000319(10), and the version number follows 1.8.70.30129.

2. Click the **Acquisition** tab.
3. Select or clear one or more of the following options:
 - **Use Posted Procedure Detection** (Default) – Clear to turn off posted procedure detection.
 - **Use External Acquisition Detection** (Default) – Clear to turn off the automatic detection of external acquisition devices.
 - **Always Select "Do Not Post Codes"** – Select to never post associated procedure codes.
4. Click **OK**.

What's Changed?

The following list contains the fixes and changes that are included in the Dentrix G7.2 Canada release.

HEALTH HISTORY

- The Health History button in the Prescriptions module was red indicating a critical state when the button should have been yellow to indicate a non-critical state. This has been fixed.

LEDGER

- If the number of payment agreements with amounts due exceeded 9, the number of amounts due to process did not appear in **Process Due Amounts** button. This has been fixed.

OFFICE MANAGER

- Passwords were not being accepted and accounts were being locked after upgrading Dentrix. This has been fixed.
- The preview of the Insurance Aging Report was blank, and patient ages for 65 and Over and 12 and Under were not calculated correctly. These items have been fixed.
- If you specified a large date range (two years, for example) in the Referred by Doctor/Other Report and then tried to print the report, DXPrint stopped responding. This has been fixed.

PATIENT CHART

- You received an error message if you referred a treatment planned procedure to another provider and then set the procedure to complete. This has been fixed.

How to Learn More about Dentrix Releases

For more information on how to use the new features in this release, refer to the Dentrix Help. For information about new features and enhancements in previous Dentrix releases, see “What’s New in Dentrix?” in the Dentrix Help.

To find essential Dentrix learning resources for your entire dental office team, visit the Dentrix Resource Center. New team members can learn Dentrix basics with on-demand tutorials. Experienced staff can enhance their knowledge of Dentrix with webinars, user’s guides, and searchable knowledgebase articles. These resources are free with your Dentrix Customer Service Plan. Log in today at canada.dentrix.com/support/resource-center.

Dentrix G7.1 Canada

Overview and New Features

This Dentrix G7.1 Canada Release Guide provides information about the new software release. This overview section includes important notes regarding this release, followed by a brief description of the new features and enhancements available in this release.

Note: For information about using the new features in this release, refer to “Using the New Features and Enhancements” in this document or “What’s New in Dentrix?” in the Dentrix Help.

New Features

Dentrix G7.1 Canada includes the following new features and enhancements:

APPOINTMENT BOOK

- You can now manage the Appointment, ASAP, Open, Unscheduled, and Pinboard lists through a single Appointment List window.
- The Scheduled Production Calendar now includes an **Options** button, which when clicked, opens the **Appointment Book Productions Options** dialog box. From this dialog box, you can select **Use Total Charges from Practice Analysis** (default) or **Calculate with Production Adjustments**. If you select **Calculate with Production Adjustments**, you must select either **By Entry Date** (when transaction was posted; displays total procedure and adjustment amounts) or **By Procedure Date** (you can change this date). The production amount includes production adjustments as set for the Practice Advisor Report, the Provider A/R Totals Report, and DXPort as well as completed procedures for the Calendar month for the providers selected for the current Appointment Book View.

DENTRIX SMART IMAGE

- Dentrix Smart Image is an optional module of the Dentrix Practice Management System. Dentrix Smart Image is designed to integrate with various third-party imaging software solutions. Depending on the the brands of 2D, 3D, and CAD/CAM imaging software you use in your practice, you can use Dentrix Smart Image to interact with one or more of your imaging software applications and imaging devices to automate common imaging and practice management related activities including the following:
 - Display thumbnail images of all 2D, 3D, and CAD/CAM scans in the Patient Chart.
 - Double-click thumbnail images to load images directly in your imaging software in the Patient Chart.
 - Single-click to view full-size images in the Patient Chart.
 - Acquire 2D images, 3D volumes, and CAD/CAM scans from the Patient Chart using CDA codes.
 - Acquire 2D images, 3D volumes, and CAD/CAM scans for the selected teeth in the Patient Chart.
 - Use multiple 2D, 3D, or CAD/CAM imaging software applications simultaneously.
 - View multiple images simultaneously for comparison.
 - View images from multiple imaging software applications simultaneously.
 - Display icons in the Patient Chart for each tooth that show the type of images that exist for each tooth.
 - View all images of a specific tooth or of specific teeth with a single click directly in the Patient Chart.
 - Control billing in the practice management modules for images acquired in the imaging software and eliminate having to post completed imaging procedures manually in the Patient Chart.

DOCUMENT CENTER

- A new DLL was added to improve the compression of scanner images.

EDEX

- The **Setup Wizard** dialog box has been replaced by the **eDex Settings** dialog box. The text in the **eDex Settings** dialog box was modified to more clearly explain how enabling lock in eDex works in conjunction with Dentrix passwords.

HEALTH HISTORY

- The Health History module replaces medical alerts and is not restricted to 64 alerts. You can set up an unlimited number of medical conditions, medications, and allergies, and you can inactivate them if your patients' health changes. You can also choose which medical conditions, medications, and allergies to include in the Questionnaires form and track inactive medical conditions, medications, and allergies.

LEDGER

- The Reports and Tasks Scheduler replaces the Month-End Wizard and Month-End Update. In the Reports and Tasks Scheduler, you can schedule reports or tasks to run automatically at daily, weekly, monthly, or yearly intervals, or you can run them immediately or just once. For example, you could apply finance charges automatically on the fifteenth day of every month or the first Tuesday of each month.
- You can use the new Payment Agreement Manager to filter and sort payment agreements and to post payment agreement payments from a single location for multiple accounts without going through the Ledger.
- The **Billing/Payment Agreement** dialog box was enhanced to make it more intuitive.
- The **Total Insurance Payment** dialog box was enhanced so that you can record credit card payments.
- The **Edit or Delete Procedure** dialog box has been modified to always allow the **Override Dental Insurance Estimate** to be updated or edited. Previously, you could only enter or edit this estimate before a procedure was attached to a claim or is moved to history.
- You can now split payments manually more easily than in previous versions of Dentrix.

OFFICE MANAGER

- In the **Practice Advisor Report** and **Daily Huddle Report** dialog boxes, you can now select dentists only or hygienists only.
- If **Require Secure User Passwords** is enabled and a user tries to log in with a blank password, a message appears stating that blank passwords are not valid and the **Change Password** dialog box appears.
- You must now set up a new password administrator before you can inactivate a provider or staff member who is the last or only user to have the password administrator right.
- The style used in the controls to select dentists and hygienists in the **Practice Advisor Report** dialog box was modified to match the style in the **Daily Huddle Report** dialog box.
- The **Practice Advisor Report** dialog box was modified to work the same way as the **Daily Huddle Report** dialog box when you select dentists or hygienists.
- Route Slips now include patients' mobile phone numbers.

PRESCRIPTIONS

- The Prescriptions module has been redesigned so that you can filter and sort the displayed list of prescriptions.
- Prescription form layouts are now stored as a separate file that can be updated without having to update Dentrix.

QUESTIONNAIRES

- The **With Responses** and **Needs Responses** tabs were removed from the Questionnaires module. You can now view forms and questionnaires at a single glance in the Questionnaires List pane. The Questionnaires List pane contains five columns: **Form Name**, **Response Date**, **Expiration Date**, **Update Patient Info**, and **Signed**. The Questionnaires List is also divided into two sections: **Completed** and **No Response**.
- The design and layout have been improved. You can now view and fill out questionnaires without excessive paging. The improved design and layout provides more space for form questions.
- Questionnaires now uses forms in HTML format instead of Flash. These forms will provide users with a much more flexible and robust environment in which to create custom forms.
- You can more easily reconcile your patients' information from a questionnaire with their information in the Family File. The information from a questionnaire form and from the Family File appears side-by-side in the Questionnaires module.
- The Questionnaires **Print Preview** dialog box now includes a **Use larger text size** check box.

TIME CLOCK

- You can now calculate overtime using both hours in a day and hours in a week for the same employee.

UPDATE MANAGER

- You can no longer permanently disable Dentrix from automatically checking for updates by clearing the **Automatically check for updates** check box. This check box was removed from the **Check for Updates** dialog box. You can now suspend the check for updates feature for a day, a week, or a month. If an update is found, the Update Manager appears so that you can schedule updates during times more convenient to your practice.
- You can now view the updates you have already installed and those that you have suspended.

MISCELLANEOUS

- You can now send data using Transport Layer Security (TLS 1.2) for communications between workstations and server.
- The **Help** menu in all modules now contains a menu item called **Dentrix Marketplace**.
- You can now press the F5 key to refresh any Dentrix module.
- You can set and alter the passphrase Dentrix uses to connect to its Faircom database.
- You can run Dentrix as a standard Windows user.

Using the New Features and Enhancements

The following information will introduce you to the new features and enhancements in this release and briefly explain how to use them. For a more complete explanation of these features and enhancements, please refer to the Dentrix Help.

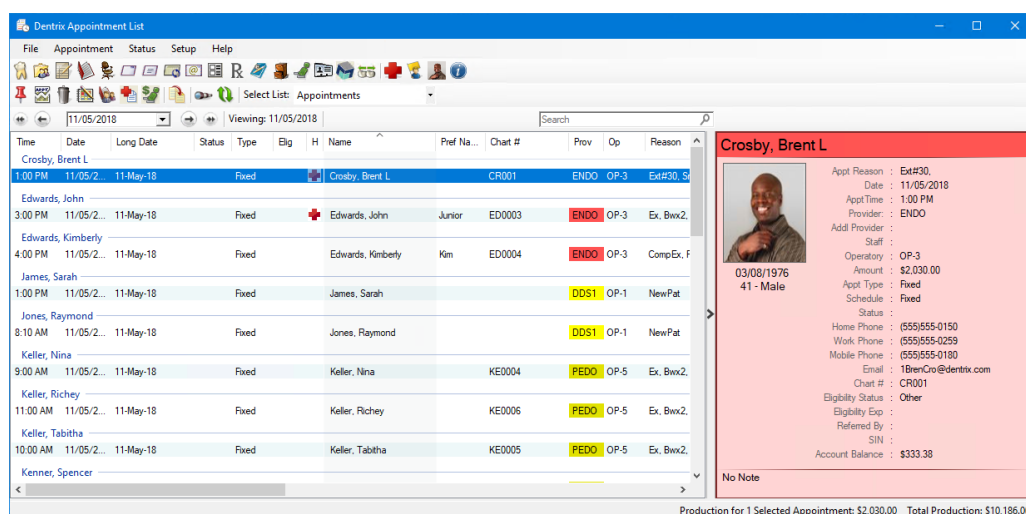
Appointment List

The Appointment List displays all appointments scheduled in the Appointment Book for a selected date. In the Appointment List, you can view the time, status, eligibility, patient name, provider, operator, reason, length, and patient phone numbers for the appointment. You can also see the production amount totals for the selected appointment and the day.

To open the Appointment List window

1. On the Appointment Book menu bar, click **Appt List**.

The Appointment List window appears.



Note: By default, the Appointment List window displays all scheduled appointments for the current date, not the date you may have selected in the Appointment Book.

2. Click the date down arrow and select a date from the calendar to view the appointments for that day rather than the current one.
3. To see more information about or to make changes, double-click an appointment.
The **Appointment Information** dialog box appears from which you can make the changes you want to the appointment.
4. To open the ASAP, Unscheduled, or Pinboard lists, click the **Select List** down arrow, and select the list.
The appointments associated with the type of list you selected appear.

Scheduled Production Calendar

Dentrix provides you with a calendar from which you can view production goals, scheduled production, and actual production, making it easy for you to quickly evaluate your progress in meeting production objectives. The calendar now includes an Options button that allows you to select how Dentrix calculates production amounts.

To view production using the calendar

1. In the Appointment Book, click the Calendar button.

The **Calendar** dialog box appears.

2. Click **Scheduled Production**.

The calendar view changes to show production figures and variances.

May 2018						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
		1 0	2 0	3 0	4 0	5
6	7 278	8 5114	9 5232	10 3785	11 10188	12
13	14 0	15 0	16 0	17 0	18 0	19
20	21 0	22 0	23 0	24 0	25 0	26
27	28 0	29 0	30 0	31 0		

Scheduled: 24595
 Month Goal: 0
 Variance: 24595
 Production: 1381
 MTD New Patients: 3

Options OK Cancel

3. Click the **Options** button.

The **Appointment Book Production Options** dialog box appears.

Appointment Book Production Options

☒ Use Total Charges from Practice Analysis
☒ Calculate with Production Adjustments *
☒ By Entry Date
☐ By Procedure Date

* Selecting this option may cause the Calendar to take more time to refresh while calculating the Production amount

OK Cancel

4. Select one of the following options, and then click **OK**:

- **Use Total Charges from Practice Analysis** – (Default) Calculates production from the total charges in the Practice Analysis Report.
- **Calculate with Production Adjustments** – Calculates production from the total charges and production adjustments as set in the Practice Advisor Report, A/R Totals Report, DXPort, and completed procedures for the month for the selected providers. Select one of the following options:
 - **By Entry Date** – Calculates totals based on when transactions were posted.
 - **By Procedure Date** – Calculates totals when procedures were scheduled.

5. To return to the calendar's default view, click **Scheduled Production**.

Dentrix Smart Image

Dentrix Smart Image is designed to integrate with various third-party imaging software solutions. Depending on the brands of 2D, 3D, and CAD/CAM imaging software you use in your practice, you can use Dentrix Smart Image to interact with one or more of your imaging software applications and imaging devices to automate common imaging and practice management related activities.

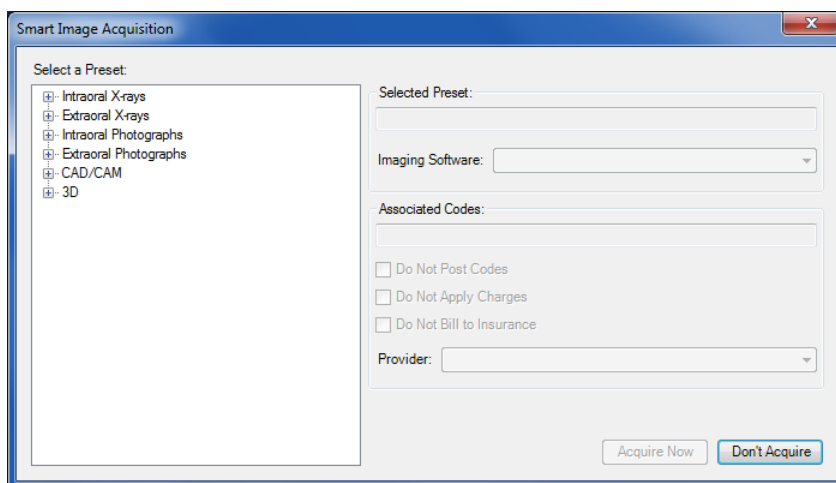
ACQUIRING IMAGES

After installing Dentrix Smart Image, a **Smart Image** tab (adjacent to the **Clinical Notes** tab) is added to the Patient Chart. To open Smart Image, click the tab. You can then use Smart Image to acquire images with a few clicks of your mouse.

To acquire an image using Smart Image

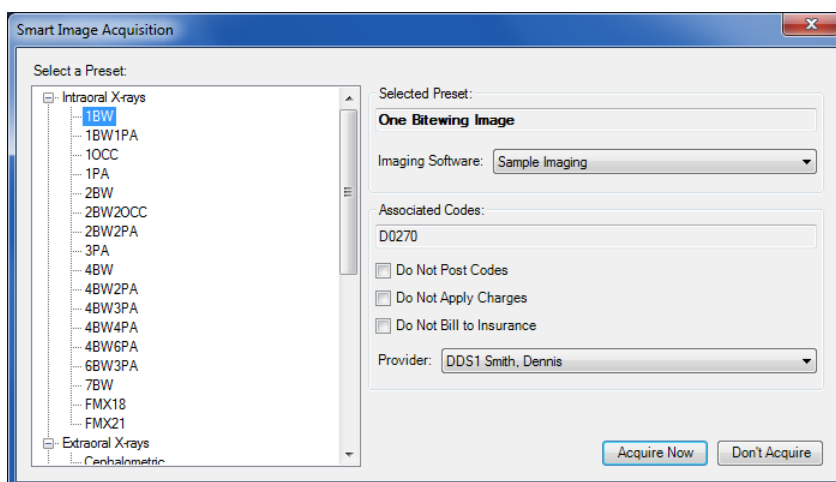
1. In the Smart Image toolbar, click the Acquire a 2D/3D or CAD/CAM Image button.

The **Smart Image Acquisition** dialog box appears.



2. Under **Select a Preset**, click the image type (**Intraoral X-rays**, for example), and then the specific type of image (**1BW**) you want to capture.

The type of image you selected appears in the **Selected Preset** box, and if applicable, the associated codes in the **Associated Codes** box.



3. Select one of the following options:
 - **Do Not Post Codes** – No procedure codes are posted for the acquisition.
 - **Do Not Apply Charges** – The amount of posted procedure codes is set to \$0.
 - **Do Not Bill to Insurance** – Posted procedure codes are not billed to insurance providers.
4. To change the provider, click the Down arrow, and select the appropriate provider from the list.
5. Click **Acquire Now**.

The imaging application opens from which you can select the template and acquire the images.

Health History

Using the Health History module, you can create and maintain a record of your patient's medical conditions; allergies; medications; prescriptions; emergency, physician, and preferred pharmacy information; and Questionnaire forms. There are no restrictions on the number of medical conditions, allergies, and medications that providers can create and document. You can also choose which allergies, medical conditions, and medications to include in the Questionnaires forms and track inactive medical conditions, allergies, and medications. To learn more, please refer to "Health History Overview" in the Dentrrix Help.

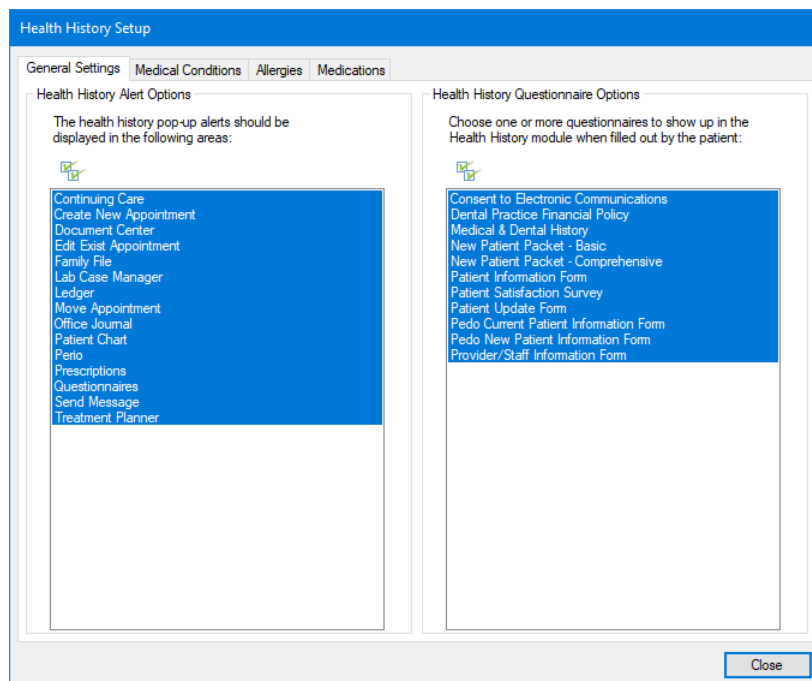
SETTING UP HEALTH HISTORY

While the Health History window includes many common medical conditions and allergies, the list is not exhaustive. You can add to the list and edit or inactivate entries.

To set up Health History

1. In any module other than the Office Journal and eDex, click **File**, point to **Switch To**, and then click **Health History**.
2. In the Health History window toolbar, click the Setup button.

The **Health History Setup** dialog box appears.



3. To change any of the settings in the **General Settings** tab, clear the Select All check boxes in the **Health History Setup** dialog box, and then select which areas you want to display pop-up alerts and which questionnaires you want to appear in Health History.

Note: To stop pop-up alerts from appearing, under **Health History Alert Options**, clear the Select All check box.

4. To set up medical conditions, allergies, and medications, click their respective tabs.

Description	Status	Pop-up	Show on Questionnaire Forms
*Pre-Med - Amox	Active	✓	✓
*Pre-Med - Clind	Active	✓	✓
*Pre-Med - Other	Active	✓	✓
Anemia	Active	✓	✓
Arthritis	Active	✓	✓
Artificial Joints	Active	✓	✓
Asthma	Active	✓	✓
Blood Disease	Active	✓	✓
Cancer	Active	✓	✓
Diabetes	Active	✓	✓
Dizziness	Active	✓	✓
Epilepsy	Active	✓	✓
Excessive Bleeding	Active	✓	✓
Fainting	Active	✓	✓
Glaucoma	Active	✓	✓
Head Injuries	Active	✓	✓
Heart Disease	Active	✓	✓
Heart Murmur	Active	✓	✓
Hepatitis	Active	✓	✓
High Blood Pressure	Active	✓	✓
HIV	Active	✓	✓
Jaundice	Active	✓	✓
Kidney Disease	Active	✓	✓
Liver Disease	Active	✓	✓
Mental Disorders	Active	✓	✓

5. Click the button or buttons corresponding to the task you want to complete:
 - **Add** – Click to add a medical condition, allergy, or a medication to their respective lists.
 - **Edit** – Click after selecting the medical condition, allergy, or medication you want to edit.
 - **Inactivate** – Click after selecting the medical condition, allergy, or medication you want to inactivate.
 - **Delete** – Click after selecting the medical condition, allergy, or condition you want to delete.
 - **Move To Conditions** – Click after selecting the item you want to move.
 - **Move To Allergies** – Click after selecting the item you want to move.

ASSIGNING MEDICAL CONDITIONS TO PATIENTS

You can assign medical conditions to your patients in Health History to remind you of and to keep a record of any conditions or illnesses your patients may suffer from. You can also record your patients' allergies and medications.

Important: The Personal Information Protection and Electronic Documents (PIPEDA) protects an individual's medical records and other personal health information. Health care providers must ensure that appropriate safeguards are in place to protect personal health information. Health care providers must also respect the limits and conditions regarding the uses of and disclosures that they may make of such information without a patient's authorization.

To assign a medical condition to a patient

1. In any module other than the Office Journal and eDex, click **File**, point to **Switch To**, and click **Health History**.

The Health History window appears.

Health History - Davis, Karen [DA0003]

Medical Conditions

Description	Status	Reported Date	Inactivated Date	Note
Sinus Problems	Active	01/05/2018		

Allergies

Description	Status	Reported Date	Inactivated Date	Note
Allergy - Penicillin	Active	01/05/2018		

Patient Reported Medications

Description	Status	Reported Date	Inactivated Date	Note
Simvastatin	Active	02/05/2018		

Prescriptions

Description	Provider	Prescribe Date	NS	eRx
Misc - Peridex 3x 16 oz	DDS1	01/05/2018		

Karen Davis
 Birthday: 02/02/1975
 Home Phone: (555)555-0110
 Mobile Phone: (555)555-0111

Health History Note [Edit Note]

Contacts

Emergency Contact:
 Name: Martin Fairfax
 Relationship: Father
 Phone: (555)555-7890

Physician Contact:
 Name: Marcus Smith
 Specialty: Family Medicine
 Phone: (555)555-0345

Preferred Pharmacy:
 Name: Hansen's Pharmacy
 Fax: (555)555-7491
 Phone: (555)555-7409
 Location: 123 Oak Street

Health History Questionnaire Forms

Form Name	Response Date
Patient Information Form	01/05/2018

- If necessary, click the Select Patient toolbar button, and select the patient you want to assign a medical condition to.
- Click the Add toolbar button, and then click **Medical Condition**.
The **Add Medical Condition** dialog box appears.

Add Medical Condition for Davis, Karen

Reported Date: 23/04/2018

Start Date: 26/04/2018

Inactivated Date:

Medical Condition: [Search Box] >>

☐ Display Pop-up Alert for this Patient

Note

[Text Area] [Red Heart Icon]

OK Cancel

- Click the **Medical Condition** search button.

Note: You can also type the name of the condition in the **Medical Condition** box.

The **Select Medical Condition** dialog box appears.



5. Select the appropriate condition from the list and click **OK**.
6. If necessary, in the **Add Medical Condition** dialog box, type a note in the **Note** box.
7. Click **OK**.

The selected condition is added to the patient's **Medical Conditions** list in the Health History window.

Reports and Tasks Scheduler

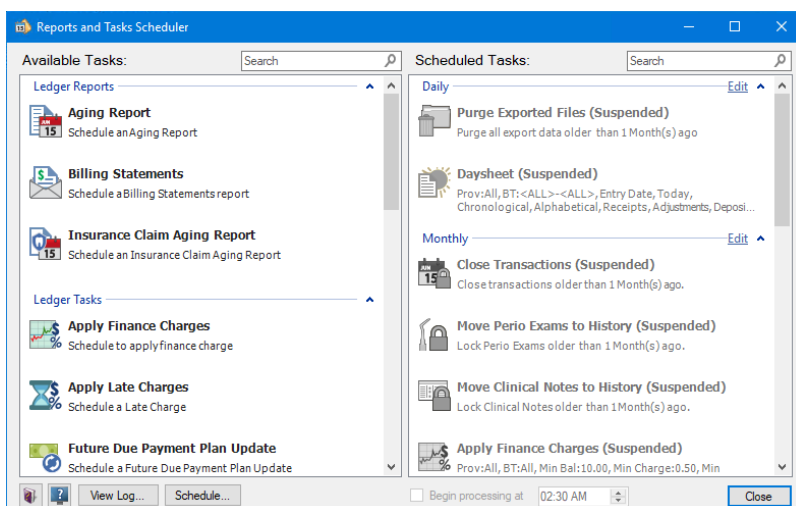
The **Reports and Tasks Scheduler** dialog box consists of the **Available Tasks** and **Scheduled Tasks** lists. The **Scheduled Tasks** list is divided into **Daily**, **Monthly**, and **Yearly** queues, and each queue lists the reports or tasks that we recommend you run within those time frames. (These tasks are suspended until you schedule one from the **Available Tasks** list.)

You can add other reports and tasks from the Available Tasks list based on the needs of your practice. The Available Tasks list is divided into the following categories: **Ledger Reports**, **Ledger Tasks**, **Management Reports**, **Move to History**, and **Purge and Reset**.

To add a report or task to a queue

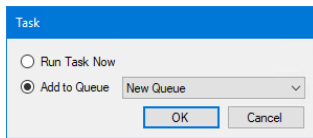
1. In the Ledger menu, click **Task Scheduler (Month End)**.

The **Reports and Tasks Scheduler** dialog box appears.



2. In the **Available Tasks** list, double-click the report or task that you want to add to a queue.

The **Task** dialog box appears.



3. Select **Add to Queue**.
4. Click the down arrow, and select one of the following queues from the list:
 - **New Queue**
 - **Daily**
 - **Monthly**
 - **Yearly**

5. Click **OK**.

A dialog box appears corresponding to the report or task. For example, if you selected **Apply Finance Charges**, the **Apply Finance Charges** dialog box appears. (See "Applying finance charges" in the Dentrix Help.)

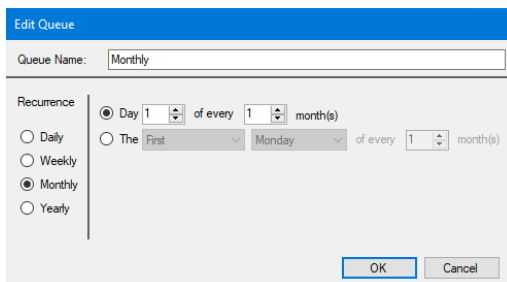
6. Set the parameters of the report or task in the dialog box and click **OK**.

The report or task is added to the **Scheduled Tasks** list.

Note: By default, all tasks start processing at 12:00 AM. You can change this time.

7. To set how often the report or task recurs, select it in the **Scheduled Tasks** list, and then click **Edit** to the right of the appropriate queue name.

The **Edit Queue** dialog box appears.



8. For a monthly report or task, select **Day**, and then set the day of the month and how often the task recurs. For example, **Day 1 of every 1 month(s)** means the task recurs on the first day of every month. Or, select the second option to set the task to recur on the first, second, third, or fourth selected day of the week every month. For example, to run a task on the second Tuesday of every month, you would select: **Second, Tuesday**, and the number **1**.
9. Click **OK**.

The report or task is scheduled to run according to the parameters you set.

Tip: Click the **Schedule** button to verify the schedule.

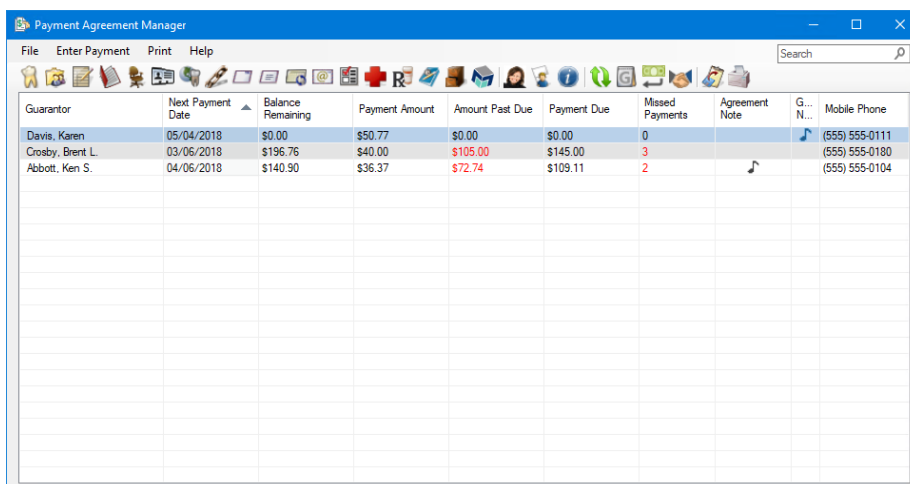
Payment Agreement Manager

Dentrix G7.1 includes a Payment Agreement Manager that you can use to manage payment agreements and to post payments to multiple accounts from a single location. Payment Agreements are set up by account and not by patient.

To enter a payment agreement payment with the Payment Agreement Manager

1. With a patient selected in the Ledger, in the **File** menu, click **Payment Agreement Manager**.

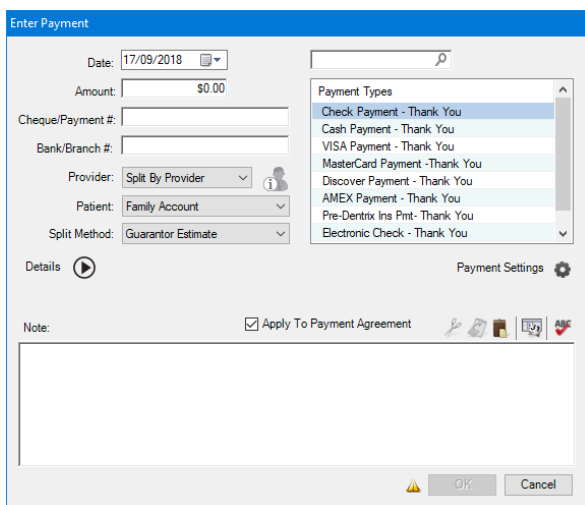
The Payment Agreement Manager window appears.



Guarantor	Next Payment Date	Balance Remaining	Payment Amount	Amount Past Due	Payment Due	Missed Payments	Agreement Note	G... N...	Mobile Phone
Davis, Karen	05/04/2018	\$0.00	\$50.77	\$0.00	\$0.00	0			(555) 555-0111
Crosby, Brent L.	03/06/2018	\$196.76	\$40.00	\$105.00	\$145.00	3			(555) 555-0180
Abbott, Ken S.	04/06/2018	\$140.90	\$36.37	\$72.74	\$109.11	2			(555) 555-0104

2. Click **Enter Payment** or the Enter Payment toolbar button.

The **Enter Payment** dialog box appears.



Enter Payment

Date: 17/09/2018

Amount: \$0.00

Cheque/Payment #:

Bank/Branch #:

Provider: Split By Provider

Patient: Family Account

Split Method: Guarantor Estimate

Payment Types:

- Check Payment - Thank You
- Cash Payment - Thank You
- VISA Payment - Thank You
- MasterCard Payment - Thank You
- Discover Payment - Thank You
- AMEX Payment - Thank You
- Pre-Dentrix Ins Pmt - Thank You
- Electronic Check - Thank You

Details

Note: ☒ Apply To Payment Agreement

OK Cancel

3. Complete the following to enter a payment:
 - **Date** – If necessary, type a new date, or select one from the calendar.
 - **Payment Types** – Select the appropriate payment type from the list.
 - **Amount** – Type the amount of the payment.
 - **Cheque/Payment #** – Type the check or the payment number.
 - **Bank/Branch #** – Type the appropriate number. (This number appears on the Dentrix Deposit Slip.)
 - **Provider** – Defaults to **Split By Provider**.

- **Patient** – Defaults to the selected patient.
 - **Split Method** – Select one of the following options:
 - **Percentage Payments** – Divides the payment among the providers according to the provider's percentage of the total amount owed.
 - **Guarantor Estimate** – (Default) Applies the payment to providers who have balances as guarantor estimates and ignores provider balances that Dentrix estimates insurance will pay the remainder of.
 - **FIFO (First In First Out)** – Applies the payment toward the oldest completed procedures first.
 - **Equal Payments** – Splits payment amounts equally among all providers with debit balances.
 - **Note** – If appropriate, type a note.
4. Click OK.

Payment Agreements

The **Billing/Payment Agreement** dialog box was modified to make setting up payment agreements easier. For more information on setting up and managing payment agreements, see "Payment agreements overview" in the Dentrix Help.

To create a payment agreement

1. With a patient selected in the Ledger, in the **File** menu, click **Billing/Payment Agreement**.

The **Billing/Payment Agreement Information** dialog box appears.

Billing / Payment Agreement Information - Little, Dean

0-30	31-60	61-90	>90	Balance
\$27.90	\$0.00	\$0.00	\$1,860.00	\$1,887.90

Billing Type: 4: Insurance Family - Dual Insurance

Last Payment: <No Payment> Guarantor Notes

Agreement Date: 08/05/2018 Agreement Templates Copy Agreement to Note

Interval: Monthly Agreement Notes

Annual Finance Charge %: 0.000 ☐ Late Charges

Total Agreed Amount: 1887.90 Annual Late Charge %: 0.000

First Payment Due: 08/05/2018 Grace Period (Days): 0

Payment Amount: 0.00 Minimum Late Charge: 0.00

of Payments: 0 Minimum Balance to Charge: 0.01

Balance Remaining	Remaining # of Payments	Missed Payments	Monthly Payment	Amount Past Due	Payment Due	Due Date
1887.90	0	0	0.00	0.00	0.00	08/05/2018

Enter Payment Print Clear/View OK Cancel

2. The current date appears in the **Agreement Date** field by default.

Note: If necessary, click the Down arrow to change the date of the agreement.

3. Set the terms of the payment agreement using the following options:
 - **Interval** – Select the payment interval from the list:
 - **Monthly** – Requires a payment once a month.
 - **Semi-monthly** – Requires a payment twice a month.
 - **Bi-weekly** – Requires a payment every two weeks.
 - **Weekly** – Requires a payment once a week.
 - **Annual Finance Charge %** – Type the amount of the finance charge.
 - **Total Agreed Amount** – To change the amount, type the total that you agreed to finance. (By default, Dentrix enters the total amount of the patient's account.)

- **First Payment Date** – The default is the current date. To change the date, type a new date or click the Down arrow and click the appropriate date in the calendar.
4. Do one of the following:
 - **Payment Amount** – Type the amount of each payment, and Dentrix automatically calculates the number of payments.
 - **# of Payments** – Type the number of payments or set them using the spin box, and Dentrix automatically calculates the amount of each payment.
 5. To apply late charges, select **Late Charges**.
 6. Use the following options to set the terms of late charges:
 - **Annual Late Charge %** – Type an annual percentage rate. Dentrix uses the percentage rate to calculate the monthly amount of the late charge. For example, if you use 18% as the annual rate, Dentrix calculates a monthly late charge of 1.5%.
 - **Grace Period (Days)** – Type the number of days or set them using the spin box.
 - **Minimum Late Charge** – Type the minimum amount to assess as a late charge.
 - **Minimum Balance to Charge** – Accounts with a balance greater than the minimum receive a finance or late charge. The default minimum is \$0.01. You may increase this amount, but you cannot make it less than \$0.01.
 7. To note the terms of the payment agreement or to create a guarantor note, click the **Copy Agreement to Note** or the **Guarantor Notes** button respectively.
 8. Click OK.

Insurance Payments

You can now post insurance payments that were made by credit card.

Note: As with posting insurance payments paid by check, you can post credit card payments as a total payment or an itemized payment. The total payment method is described here. For information on posting itemized payments, please refer to “Posting itemized insurance payments” in the Dentrix Help.

To post an insurance payment made by credit card

1. Create an insurance claim.
2. In the **Enter Payment** menu in the Insurance Claim window, click **Total Payment Only**.
The **Total Insurance Payment** dialog box appears.

3. Select **Credit Card Payment** in the **Payment Type** list, and then type the last four digits of the

credit card number and a short description (up to 20 characters – the card, type for example) in the corresponding fields.

4. Under **Provider Amounts**, complete the following:
 - Select **Family Balance** to add the amount owed the provider to the patient's family balance.
 - Select **Patient Balance** to add the amount owed the provider to the patient's balance only.
 - Select the entry in the list box, and do one of the following:
 - **Add** – Click if the provider you want to credit the payment to is not listed. In the **Provider Payment** dialog box, click the **Provider** search button and select the appropriate provider. Type the amount in the **Amount Paid** text box and click **OK**.
 - **Edit** – Click if the provider you want to credit the payment to is listed. In the **Provider Payment** dialog box, type the amount paid, and then click **OK**.
 - **Re-apply Amt using FIFO** – Click to re-apply the amount of the total payment to the oldest provider balances first and then to more recent provider balances (if any of the payment amount is left over to do so).
5. If the patient paid a deductible, under **Deductible Applied For Claim**, type the amount in one of the following text boxes:
 - **Standard**
 - **Preventive**
 - **Other**
6. Click **OK/Post**.

Splitting Payments Manually

Splitting patient payments manually is easier than in previous versions of Dentrix. The following example assumes that you don't need to change any of the default settings.

To split a payment manually

1. In the **Transaction** menu in the Ledger, click **Enter Payment**.
2. In the **Enter Payment** dialog box, type the amount of the patient's payment in the **Amount** text box, and if necessary, type the check number in the **Check/Payment #** text box.
3. Click **Details**.

The **Details** panes appear in the **Enter Payment** dialog box.

Enter Payment

Date: 08/05/2018 Search

Amount: \$75.00

Cheque/Payment #: Payment Types

Bank/Branch #: Check Payment - Thank You

Provider: Split By Provider Cash Payment - Thank You

Patient: Family Account VISA Payment - Thank You

Split Method: Guarantor Estimate MasterCard Payment - Thank You

Discover Payment - Thank You

AMEX Payment - Thank You

Pre-Dentrix Ins Pmt - Thank You

Electronic Check - Thank You

Details Payment Settings

Patient	Provider	Provider Balance	Guar Est	Pay
Crosby, Brent L [CR001]				Add Provider
Crosby, Brent L [CR001]	DDS1	460.38	300.38	75.00

Give Payment Priority to selected Item Remaining Amount: \$0.00

Provider Balances:

Provider	Account Balance	New Balance
DDS1	460.38	385.38

Note: ☒ Apply To Payment Agreement

OK Cancel

4. To add a provider, click **Add Provider**.
5. In the **Select Provider** dialog box, select the providers you want to split the payment with, and click **OK**.

Note: To change the default payment priority, select the providers you want to pay first, and then click **Give Payment Priority to Selected Item**.

6. Double-click the provider amounts in the **Pay** column, and type the amounts that you want to pay each provider so that the **Remaining Amount** totals **\$0.00**.

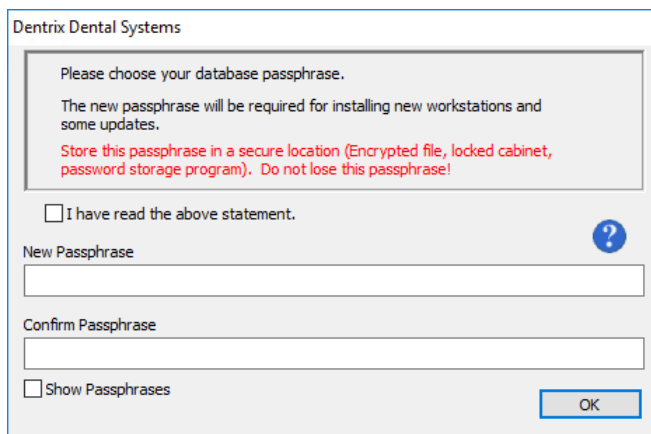
Note: The **Provider Balances** pane shows the patient's account balance. The **New Balance** column lists the primary provider's balance minus the amounts paid to any additional providers.

7. Click **OK**.

Passphrase

During the installation/upgrade process, you will be asked to provide a database passphrase. The passphrase is required to install workstations and some software updates. We recommend that you store the passphrase in a secure location, such as an encrypted file, locked cabinet, or password storage program.

During installation, the following dialog box appears asking you to enter a new passphrase.



The screenshot shows a dialog box titled "Dentrix Dental Systems". Inside, there is a text area with the following instructions: "Please choose your database passphrase. The new passphrase will be required for installing new workstations and some updates. Store this passphrase in a secure location (Encrypted file, locked cabinet, password storage program). Do not lose this passphrase!". Below this text is a checkbox labeled "I have read the above statement." and a blue question mark icon. There are two text input fields: "New Passphrase" and "Confirm Passphrase". At the bottom left is a checkbox labeled "Show Passphrases", and at the bottom right is an "OK" button.

The passphrase must have the following characteristics:

- Be at least 10 characters long.
- Contain at least one capital letter.
- Contain at least one numeral.
- Contain at least one special character (asterisk, question mark, or other character).

To create a passphrase

1. Type the passphrase in the **New Passphrase** box.
2. Re-type the passphrase in the **Confirm Passphrase** box.
3. Select **I have read the above statement**, and then click **OK**.

Note: To see the passphrase as you enter it, select **Show Passphrase**. To review the requirements for the passphrase, hover your mouse pointer over the question mark icon.

Passwords

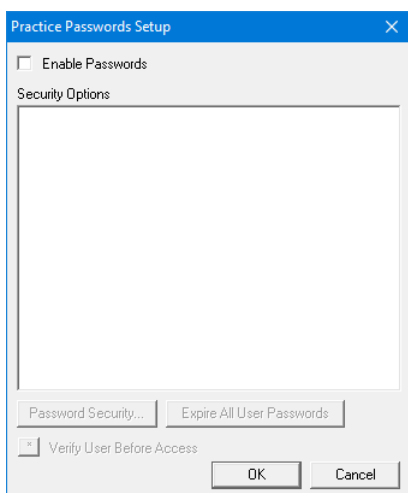
You can now require more complex passwords (eight or more characters and uppercase, lowercase, numeric, and special characters, or a 12-character minimum). You can also require that passwords be reset every 90, 180, or 365 days, and if needed, you can force an immediate system-wide password reset at any time.

Because passwords are not enabled when you install Dentrix, you must enable passwords and set up a password administrator after installing Dentrix.

To enable passwords and set up an administrator

1. In the **Maintenance** menu in the Office Manager, point to **Practice Setup > Passwords**, and then click **Practice Passwords Setup**.

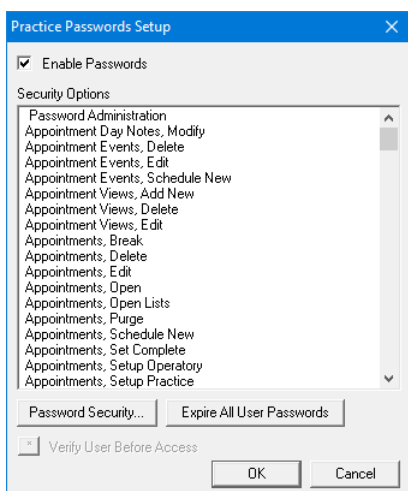
The **Practice Passwords Setup** dialog box appears.



2. Select **Enable Passwords**.

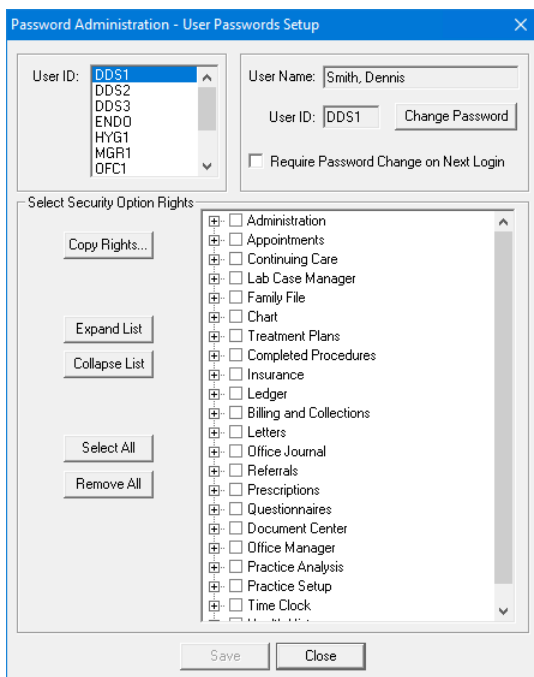
All of the available security options appear in the **Security Options** list.

Note: Once you enable passwords, all of the tasks appearing in the **Security Options** list are protected. In order for users to perform any of these tasks, you must assign them rights to the security option.



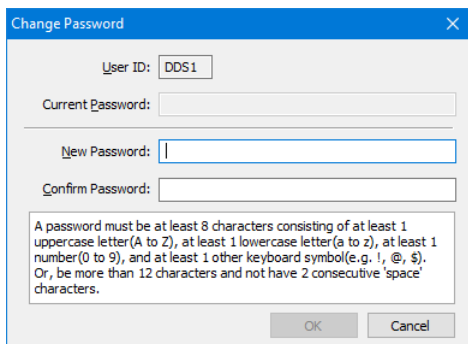
3. Click **OK**.

The **Password Administration – User Passwords Setup** dialog box appears.



4. In the **User ID** list, select a password administrator.
5. Click **Change Password**.

The **Change Password** dialog box appears.



6. In the **New Password** box, type a password that meets the described requirements, re-type the password in the **Confirm Password** box, and then click **OK**.
7. (Required – grant administration rights to the administrator) In the **Password Administration – User Passwords Setup** dialog box under **Select Security Option Rights**, complete one of the following tasks:
 - Select **Administration** and **Office Manager** from the list to grant the rights to administer passwords and to open the Office Manager only. These are the minimum rights required.
 - Click **Select All** to grant the rights to administer passwords and to open all of the Dentrix modules.

The **Require Password Change in Next Login** option in the **Password Administration – User Passwords Setup** dialog box is selected.

Password Administration - User Passwords Setup

User ID: **DDS1** (dropdown list: DDS1, DDS2, DDS3, ENDO, HYG1, MGR1, OFC1)

User Name: **Smith, Dennis**

User ID: **DDS1** (text field) **Change Password** (button)

☒ **Require Password Change on Next Login**

Select Security Option Rights

Copy Rights... Expand List Collapse List Select All Remove All

- ☐ Administration
- ☐ Appointments
- ☐ Continuing Care
- ☐ Lab Case Manager
- ☐ Family File
- ☐ Chart
- ☐ Treatment Plans
- ☐ Completed Procedures
- ☐ Insurance
- ☐ Ledger
- ☐ Billing and Collections
- ☐ Letters
- ☐ Office Journal
- ☐ Referrals
- ☐ Prescriptions
- ☐ Questionnaires
- ☐ Document Center
- ☐ Office Manager
- ☐ Practice Analysis
- ☐ Practice Setup
- ☐ Time Clock

Save Close

8. Click Save.

Practice Advisor and Daily Huddle Reports

In the **Practice Advisor Report** and **Daily Huddle Report** dialog boxes, you can now select dentists only or hygienists only. The **Practice Advisor Report** dialog box was modified to work the same way as the **Daily Huddle Report** dialog box when users select dentists or hygienists. For more details, see “Running the Practice Advisor Report” and “Running the Daily Huddle Report” in the Dentrix Help.

Practice Advisor Report

Options:

Default (dropdown)

Generate Report As Of: 09/05/2018

Production & Collections By:

- ☒ Entry Date
- ☐ Procedure Date

YTD Calculations By:

- ☒ Fiscal Year
- ☐ Calendar Year

Unfilled Hours Calculations:

- ☒ Exclude Double-Scheduled Time
- ☐ Include Double-Scheduled Time

Select Dentists: DDS1, DDS2, DDS3, ENDO, ORTH, PEDO, PERI, SURG

Select Hygienists: HYG1

Select Billing Types:

- 1: Standard Billing - finance charges
- 2: Standard Billing - no finance charges
- 3: No Insurance
- 4: Insurance Family - Dual Insurance
- 5: Insurance Family - finance charges
- 6: Payment Plan - finance charges
- 7: Payment Plan - no finance charges

Select Report Options:

Number of Copies: 1

- ☒ Include Recommendation Footnotes
- ☒ Include Cover Page of Options Selected
- ☐ Send to eMail Addresses:

Select Report Sections & Related Options:

- ☒ Production
 - ☒ Include Dentist Detail
 - ☒ Include Hygienist Detail
 - ☒ Include Graphs for Production
- ☒ Collections
 - ☒ Include Collections Graphs
- ☒ New Patient Analysis
 - ☒ Include Dentist Detail
 - ☒ Include Graphs for New Patient Analysis
- ☒ Continuing Care
 - Select CC Types

Type	Description
PROPHY	periodic cleaning and exam
BITEWINGS	annual bitewings
ORTHO	ortho post-treatment stabiliz.
PANOREX	panoramic film
PERIO	periodontal maintenance
SCREENING	oral cancer screening
FMX	Full Mouth Xrays

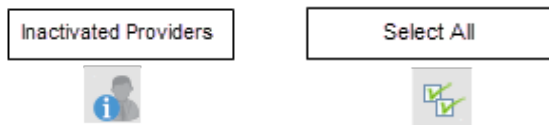
- ☒ Include Graphs for Continuing Care
- ☒ Schedule Management
 - ☒ Include Dentist Detail
 - ☒ Include Hygienist Detail
 - ☒ Include Graphs for Schedule Management

Manage Options... Save Options...

This is a detailed report that takes considerable time to generate.

Preview Cancel

Note the addition of the following buttons that replaced the **All** check boxes in previous versions of these dialog boxes.



Prescriptions

The Prescriptions module was redesigned so that you can filter and sort the displayed list of prescriptions. To set up and use prescriptions, you must first set up and define each prescription type and then set up a printer and customize the printer defaults. You can also edit or delete prescription types. Once you have set up and defined your prescription types and set up your printer, you can create and print prescriptions and refills for your patients.

To create a prescription

1. From any Dentrix module except the Office Manager, select a patient.
2. Do one of the following:
 - In the **File** menu, point to **Switch To**, and then click **Prescriptions**.
 - In the module's toolbar, click the Prescriptions button.

The **Patient Prescriptions** dialog box appears.

1. In the **Prescriber** list, select the provider who is prescribing the drug.
2. Click **Print** to print the prescription.

The prescription prints to the printer you selected in the **Prescription Setup** dialog box, and the prescription is added to the list of patient prescriptions in the **Patient Prescriptions** dialog box.

Questionnaires

The Questionnaires window was modified. The **With Responses** and **Needs Responses** tabs were removed and the List pane was divided into two sections. You can now view forms and questionnaires at a single glance in the List pane.

To open the Questionnaires module

1. In the **File** menu in the Patient Chart, point to **Switch To**, and then click **Questionnaires**.

The Questionnaires window appears.

Form Name	Response Date	Expiration Date	Update Patient Info	Signed
Completed [1 item]				
Patient Information Form	01/05/2018	No Expiration	Done	N/A
No Responses [9 items]				
Pedo New Patient Information Form		No Expiration		
Pedo Current Patient Information Form		No Expiration		
Patient Update Form		No Expiration		
Patient Satisfaction Survey		No Expiration		
New Patient Packet - Comprehensive		No Expiration		
New Patient Packet - Basic		No Expiration		
Medical & Dental History		No Expiration		
Dental Practice Financial Policy		No Expiration		
Consent to Electronic Communications		No Expiration		

The Questionnaires List pane consists of the following five columns:

- **Form Name** – Name of the form or questionnaire.
- **Response Date** – Date a patient responded to the form or questionnaire.
- **Expiration Date** – Indicates when or if the form or questionnaire expires.
- **Update Patient Info** – Indicates whether a patient's information needs to be updated.
- **Signed** – Indicates whether a patient signed a form or questionnaire.

The List pane is also divided into a **Completed** section and a **No Responses** section, so that you can see at a glance which questionnaires patients have responded to and which they have not.

Update Patient Information

You can update patient information in the Family File based on Questionnaire responses.

To update patient information in the Family File

1. In the Questionnaires **Edit** menu, click **Update Patient Information**.

The **Update Patient Information** dialog box appears with the name of the patient, the name of the form, and the response date in the title bar.

- In the upper-left quadrant of the dialog box, select the category that you want to preview and update.

Note: A yellow square preceding the category signifies that the information in the questionnaire form differs from the information in the patient's family file. A preview of the selected information appears in the **From Questionnaire** section. Any responses that are different from the information in the Family File appear in yellow.

- Do one of the following:
 - To update the Family File with all of the information appearing in yellow, click the double chevron button.
 - To update a single item in the Family File, select the item in **From Questionnaire**, and then click the single chevron button.
- Click **Update** to update the patient's Family File.
- Click **Close**.

The changes are saved.

Medical History Forms

You can now create medical history forms in Questionnaires featuring Yes/No responses instead of check boxes. You can also add a text box in which your patients can list their medications.

To create a medical history form

- In the Questionnaires module, click **Edit**, and then click **Questionnaire Setup**.

The **Questionnaire Setup** dialog box appears.

Questionnaire Setup

Questionnaire Forms

Active	Form Name	Date	Form ID	Type	Category	Expiration
<input checked="" type="checkbox"/>	Consent to Electronic Communications	01/09/2018	10	Patient	Standard	None
<input checked="" type="checkbox"/>	Dental Practice Financial Policy	01/09/2018	11	Patient	Standard	None
<input checked="" type="checkbox"/>	Medical & Dental History(2)	06/20/2018	1	Patient	Standard	None
<input checked="" type="checkbox"/>	Medical History	06/20/2018	45	Patient	Standard	None
<input checked="" type="checkbox"/>	New Patient Packet - Basic	06/19/2018	9	Patient	Web Forms	None
<input checked="" type="checkbox"/>	New Patient Packet - Comprehensive	06/19/2018	8	Patient	Web Forms	None
<input checked="" type="checkbox"/>	Patient Information Form	01/09/2018	2	Patient	Standard	None
<input checked="" type="checkbox"/>	Patient Satisfaction Survey	01/09/2018	3	Patient	Standard	None
<input checked="" type="checkbox"/>	Patient Update Form	06/19/2018	5	Patient	Web Forms	None
<input checked="" type="checkbox"/>	Pedo Current Patient Information Form	06/19/2018	7	Patient	Standard	None
<input checked="" type="checkbox"/>	Pedo New Patient Information Form	06/19/2018	6	Patient	Web Forms	None

☐ View Inactive

Settings

Form Style for Viewing: Style 1 Blue >... Practice Website: Signature Device: Pointing Device v

Form Style for Printing: Simple >... Practice Email:

Buttons: Preview Form..., New Form..., Edit Form..., Inactivate Form..., Set Expiration, Category Setup..., Close

- Click New Form.
- In the **New Questionnaire Form Options** dialog box, select **Start with Blank Form**, and click OK. The **Questionnaire Form Setup** dialog box appears.

Questionnaire Form Setup

Form Category: Standard v Form Name: Medical History Respondents: Patient v

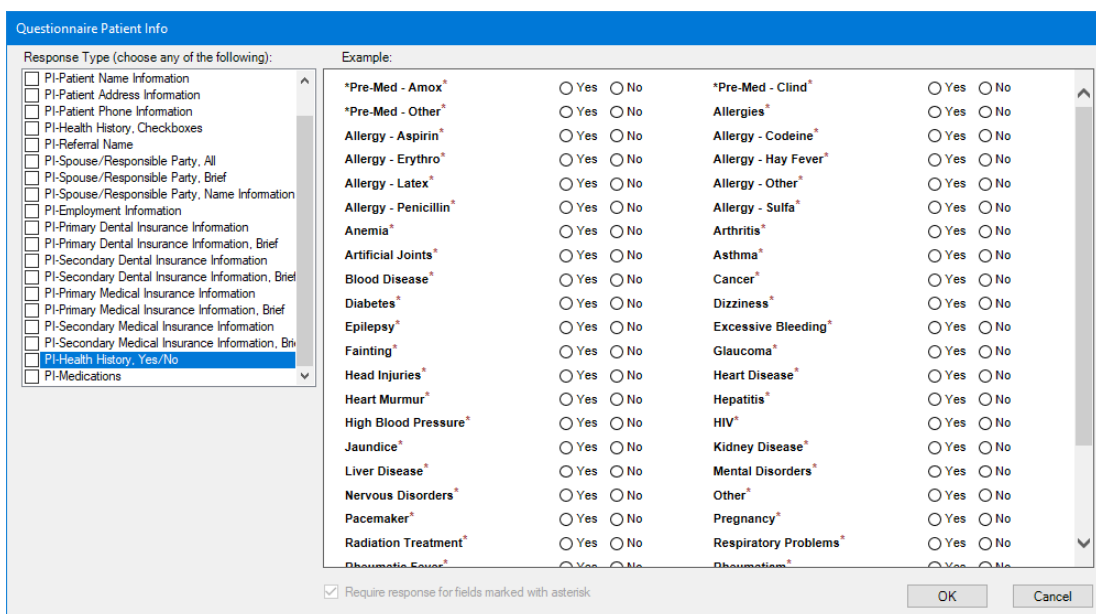
☐ Responses to form expire every 1 month(s) Electronic Signature(s) for Questionnaire: ☐ Patient ☐ Provider ☐ Witness

Form Questions:

Question	Response Type	Req

Buttons: Preview Form..., New Question..., Edit Question..., Insert Patient Info..., Insert Blank Line, Insert Separator, Insert Page Break, Delete, Move Up, Move Down, Close

- Name the form, and click **Insert Patient Info**. The **Questionnaire Patient Info** dialog box appears.



Questionnaire Patient Info

Response Type (choose any of the following):

- ☐ PI-Patient Name Information
- ☐ PI-Patient Address Information
- ☐ PI-Patient Phone Information
- ☐ PI-Health History, Checkboxes
- ☐ PI-Referral Name
- ☐ PI-Spouse/Responsible Party, All
- ☐ PI-Spouse/Responsible Party, Brief
- ☐ PI-Spouse/Responsible Party, Name Information
- ☐ PI-Employment Information
- ☐ PI-Primary Dental Insurance Information
- ☐ PI-Primary Dental Insurance Information, Brief
- ☐ PI-Secondary Dental Insurance Information
- ☐ PI-Primary Medical Insurance Information
- ☐ PI-Primary Medical Insurance Information, Brief
- ☐ PI-Secondary Medical Insurance Information
- ☐ PI-Secondary Medical Insurance Information, Brief
- ☒ PI-Health History, Yes/No
- ☐ PI-Medications

Example:

Pre-Med - Amox	<input type="radio"/> Yes <input type="radio"/> No	*Pre-Med - Clind*	<input type="radio"/> Yes <input type="radio"/> No
Pre-Med - Other	<input type="radio"/> Yes <input type="radio"/> No	Allergies*	<input type="radio"/> Yes <input type="radio"/> No
Allergy - Aspirin*	<input type="radio"/> Yes <input type="radio"/> No	Allergy - Codeine*	<input type="radio"/> Yes <input type="radio"/> No
Allergy - Erythro*	<input type="radio"/> Yes <input type="radio"/> No	Allergy - Hay Fever*	<input type="radio"/> Yes <input type="radio"/> No
Allergy - Latex*	<input type="radio"/> Yes <input type="radio"/> No	Allergy - Other*	<input type="radio"/> Yes <input type="radio"/> No
Allergy - Penicillin*	<input type="radio"/> Yes <input type="radio"/> No	Allergy - Sulfa*	<input type="radio"/> Yes <input type="radio"/> No
Anemia*	<input type="radio"/> Yes <input type="radio"/> No	Arthritis*	<input type="radio"/> Yes <input type="radio"/> No
Artificial Joints*	<input type="radio"/> Yes <input type="radio"/> No	Asthma*	<input type="radio"/> Yes <input type="radio"/> No
Blood Disease*	<input type="radio"/> Yes <input type="radio"/> No	Cancer*	<input type="radio"/> Yes <input type="radio"/> No
Diabetes*	<input type="radio"/> Yes <input type="radio"/> No	Dizziness*	<input type="radio"/> Yes <input type="radio"/> No
Epilepsy*	<input type="radio"/> Yes <input type="radio"/> No	Excessive Bleeding*	<input type="radio"/> Yes <input type="radio"/> No
Fainting*	<input type="radio"/> Yes <input type="radio"/> No	Glaucoma*	<input type="radio"/> Yes <input type="radio"/> No
Head Injuries*	<input type="radio"/> Yes <input type="radio"/> No	Heart Disease*	<input type="radio"/> Yes <input type="radio"/> No
Heart Murmur*	<input type="radio"/> Yes <input type="radio"/> No	Hepatitis*	<input type="radio"/> Yes <input type="radio"/> No
High Blood Pressure*	<input type="radio"/> Yes <input type="radio"/> No	HIV*	<input type="radio"/> Yes <input type="radio"/> No
Jaundice*	<input type="radio"/> Yes <input type="radio"/> No	Kidney Disease*	<input type="radio"/> Yes <input type="radio"/> No
Liver Disease*	<input type="radio"/> Yes <input type="radio"/> No	Mental Disorders*	<input type="radio"/> Yes <input type="radio"/> No
Nervous Disorders*	<input type="radio"/> Yes <input type="radio"/> No	Other*	<input type="radio"/> Yes <input type="radio"/> No
Pacemaker*	<input type="radio"/> Yes <input type="radio"/> No	Pregnancy*	<input type="radio"/> Yes <input type="radio"/> No
Radiation Treatment*	<input type="radio"/> Yes <input type="radio"/> No	Respiratory Problems*	<input type="radio"/> Yes <input type="radio"/> No
Rheumatic Fever*	<input type="radio"/> Yes <input type="radio"/> No	Rheumatism*	<input type="radio"/> Yes <input type="radio"/> No

☒ Require response for fields marked with asterisk

OK Cancel

- To include Yes/No responses in the form, select **PI-Health History, Yes/No** from the **Response Type** list.
- To include a text box for listing medications, select **PI-Medications**.
- Click **OK**.

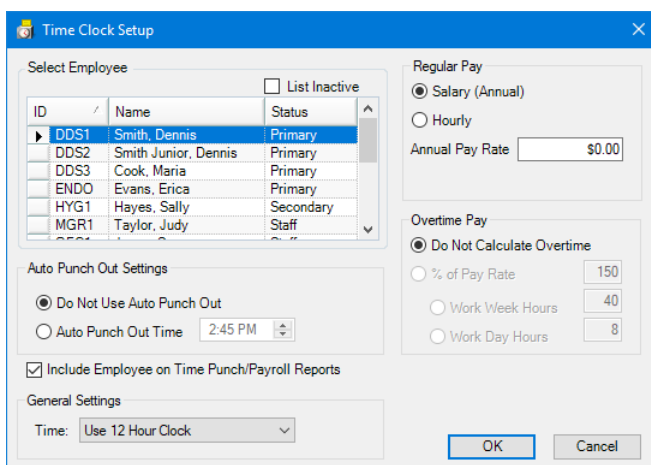
Time Clock

You can set up the Time Clock to calculate overtime daily, weekly, or both for the same employee.

To set up overtime

- Right-click the Dentrix Quick Launch button in the notification area of the Windows taskbar.
- In the menu, point to **Time Clock**, and then click **Time Clock Setup**.

The **Time Clock Setup** dialog box appears.



Time Clock Setup

Select Employee

ID	Name	Status
DDS1	Smith, Dennis	Primary
DDS2	Smith Junior, Dennis	Primary
DDS3	Cook, Maria	Primary
ENDO	Evans, Erica	Primary
HYG1	Hayes, Sally	Secondary
MGR1	Taylor, Judy	Staff

☐ List Inactive

Auto Punch Out Settings

☒ Do Not Use Auto Punch Out

☐ Auto Punch Out Time: 2:45 PM

☒ Include Employee on Time Punch/Payroll Reports

General Settings

Time: Use 12 Hour Clock

Regular Pay

☒ Salary (Annual)

☐ Hourly

Annual Pay Rate: \$0.00

Overtime Pay

☒ Do Not Calculate Overtime

☐ % of Pay Rate: 150

☐ Work Week Hours: 40

☐ Work Day Hours: 8

OK Cancel

- Select the employee you want to set up overtime for.
- Under **Regular Pay**, select **Hourly**, and type the hourly pay rate.
- Under **Overtime Pay**, select **% of Pay Rate**, and then select one or both of the following options:
 - Work Week Hours
 - Work Week Days

- 6 If necessary, adjust the number of hours the employee must work before you pay overtime.
7. Click **OK**.

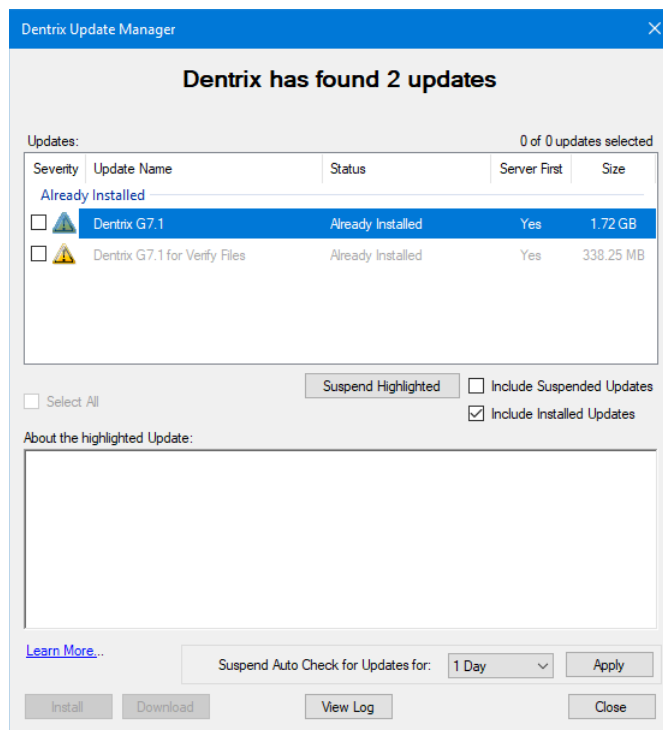
Update Manager

You can use the Update Manager to view which updates you have installed or suspended.

To view previously installed or suspended updates

1. Right-click the Dentrix Quick Launch button in the notification area of the Windows taskbar.
2. In the menu, point to **Updates**, and then click **Check for Updates**.
3. Select one or both of the following options:
 - **Include Suspended Updates**
 - **Include Installed Updates**

The updates that you have suspended or installed appear in the **Update Manager** dialog box.



4. Click **Close**.

What's Changed?

The following list contains the fixes and changes that are included in the Dentrix G7.1 release.

APPOINTMENT BOOK

- Scheduled production goal amounts were not being totaled correctly. This has been fixed.
- Clicking the Pinboard button didn't post events to the Pinboard. This has been fixed.
- Posting an event to the Pinboard using the Pinboard button incorrectly posted subsequent events to the Pinboard. This has been fixed.
- In the Appointment List, you could not change the status of a scheduled appointment if you had also selected an unscheduled appointment. This has been fixed.
- Scheduled daily production amounts were not updated if the amount charged for a procedure was modified. This has been fixed.
- Moving appointments to and from the Pinboard on more than one computer caused the most recently moved appointment to be selected on every computer. This has been fixed.
- Changing the amount charged for a procedure was not being saved if you created a route slip. This has been fixed.
- After restoring a database, you could not break or delete some appointments. This has been fixed.
- The Appointment Book stopped responding when four procedures with the same continuing care were set complete. This has been fixed.
- You could open the **More Information** dialog box from the **File** menu even though you hadn't selected an appointment. This has been fixed.
- Archived patients appeared in the Daily Huddle Report as family members without a future appointment. This has been fixed.
- Setting leap day (February 29) as a holiday generated year, month, and day errors in the Daily Huddle Report. This has been fixed.
- The Scheduled Patient Summary Report sorts alphabetically regardless of the sort order you selected. This has been fixed.
- If an appointment on the Pinboard was moved on a workstation other than the one the appointment was created on, the wrong patient was associated with the appointment on the first workstation. This has been fixed.
- If you edited an event, the changes were not distributed automatically to all workstations until you moved the event, changed its status, or refreshed each workstation manually. This has been fixed.
- You could not break two appointments that started at the same time for the same patient. This has been fixed.
- The prompt to keep appointments on or to remove them from the Pinboard did not appear when the Appointment Book was closed. This has been fixed.
- You could not archive patients if you had too many broken appointments. This has been fixed.
- The **Prov** text box in the **Appointment Information History** dialog box was sometimes left blank when you edited notes multiple times in the **Appointment Information** dialog box. This has been fixed.
- The Hover window remained open and multiple Appointment Book icons appeared in the task bar if you rapidly moved the cursor outside the Hover window's border. This has been fixed.
- The date in the **Created** text box of the **Appointment Information** dialog box doesn't change when you click the **Schd Next** button to create a new appointment. This has been fixed.
- The year in the title bar of the **Appointment Book Day Note** dialog box was being cut off. This has been fixed.

- When you clicked the Delete Appointment/Event toolbar button without selecting an appointment or event, a message appeared reading, "No appointment selected!" The message has been modified to read "No appointment or event selected."
- The **Update Operatory Schedules** option in the **Set Time Limits** dialog box disappeared if you opened a second instance of the **Schedule Calendar for Practice** dialog box. This has been fixed.
- An unhandled exception occurred if, in the **Print Appointment Book View** dialog box, you deleted (rather than selected [none]) the text from the lines under **Appointment Display Info** and then tried to print or batch the view. This has been fixed.
- If patients had more than 90 appointments, the line dividing past and future appointments no longer appeared in the **Family Appointment List** dialog box. This has been fixed.
- You could not set an appointment if the amount in the **Amount Set** field exceeded six characters. This has been fixed.
- If you opened an appointment with continuing care attached, the **Patient Pending C. Care** dialog box appeared with nothing selected. If you clicked **OK** to close the dialog box, the continuing care was removed from the Appointment Book. This has been fixed.
- The time in the **Appointment History** tab was incorrect if the appointment was scheduled from 12:00 PM to 1:00 PM. This has been fixed.
- If you deleted appointments from the bottom of the ASAP List window, odd characters and error messages appeared below the last item in the list. This has been fixed.
- The ASAP List window incorrectly duplicated or removed appointments from the list. This has been fixed.
- If you minimized the ASAP or Unscheduled List windows and dragged an appointment from the Appointment Book to the Pinboard or from the Pinboard to the Appointment Book, the Appointment Book stopped responding until the ASAP or Unscheduled List windows refreshed. This has been fixed.
- If you created a new patient appointment and then clicked the **New Pat Inf** button in the **Appointment Information** dialog box before saving the appointment, the patient's mobile phone number and email address were deleted. This has been fixed.
- If you set up an event to occur two days a week for a month and then re-opened the event to edit it, every day of the week is selected instead of the two days you selected. This has been fixed.
- The **Place of Treatment** text box in the **Insurance Claim Information** dialog box is always enabled. This has been fixed.
- You could set appointments complete without having the permissions to do so. This has been fixed.
- Moving an appointment from the Unscheduled List to the Appointment Book did not remove it from the Unscheduled List. This has been fixed.
- The character limit in the **Email** text box in the **New Patient Appointment** dialog box was increased to 59 characters to match the limit in the Family File.
- The ASAP List continued to display appointments that were set complete. This has been fixed.
- Adding more than 20 procedures to an appointment now generates an error message. This has been fixed.
- When you set a Continuing Care appointment to complete and automatically scheduled the next appointment, the creation date for the next appointment was set to the last date the original appointment was edited. This has been fixed.
- All deleted appointments in the Appointment History List had a 12:00 A.M. timestamp. This has been fixed.
- If you changed practice and provider hours, the finding available times feature did not find all available times. This has been fixed.
- After archiving patients, you could still set appointments for them. This has been fixed.

- Appointments scheduled until midnight could not be dragged to another time. This has been fixed.
- When a patient has multiple appointments, the Scheduled Patient Summary Report sorts alphabetically regardless of the selected sort order. This has been fixed.

DOCUMENT CENTER

- If you imported a tiff file consisting of multiple pages, only the first page appeared. This has been fixed.
- If you added a tiff file consisting of multiple pages, the toolbar button did not change to show that documents were available. This has been fixed.
- Opening DentrIXlink from the Document Center did not open the imaging software for the selected patient. This has been fixed.
- Images scanned using TWAIN or WIA were not being compressed regardless of the compression options selected in QuickScan or OEM applications. This has been fixed.
- Selecting a file path using the **Browse** button generated the following error: "Error exporting document." This has been fixed.
- An error occurred when you clicked the **Add Journal Entry** button in the **More Information** dialog box. This has been fixed.
- Some multiple page TIFF files only displayed the first page when they were imported into the Document Center. This has been fixed.
- Received an error if you set up Auto Acquire but did not use the default DPI setting. This has been fixed.
- If your database contained an excessive number of unfiled documents (several thousand), the Unfiled Document window stopped responding when you tried to delete a document. This has been fixed.
- An error message appeared when you closed the Unfiled Documents window, This has been fixed.
- The Document Center list was empty for selected patients even though the Family File showed that documents were attached to those patients. This has been fixed.
- The chevron buttons for setting ranges in several dialog boxes did not display correctly. This has been fixed.
- When you purged an insurance plan that had attached documents, the links to those documents were not purged. This has been fixed.

FAMILY FILE

- Production amounts did not appear for most referrals if **Include all referral sources** was selected. This has been fixed.
- An error message was changed to read, "A patient must have a zero balance to be archived" if you tried to archive a patient who had an outstanding balance.
- The Primary Dental Insurance window would not open for some patients. This has been fixed.
- If you created a patient alert for a patient and then moved that patient to another family, the Patient Alerts button was white instead of red and the alert appeared with the original guarantor. This has been fixed.
- If you deleted a billing type in the Office Manager and then selected one of the remaining billing types as a replacement, the replacement was not selected in the Family File. This has been fixed.
- You could not enter or edit family members in the **Edit Family Relations** dialog box. An error message falsely indicated that claims were open. This has been fixed.
- The **Always Print Patient Information** option under **Advanced Options** in the **Claim Setup** dialog box, didn't have a tooltip. This has been fixed.
- If you assigned a secondary insurance carrier to a patient and then closed and reopened the

Insurance Information dialog box, the secondary insurance carrier appears as both the primary and secondary insurance carriers. This has been fixed.

- The automatic chart numbering feature did not track chart numbers assigned manually and so tried to reuse them. This resulted in an error message. This has been fixed.
- If you previewed or printed a Route Slip, referral information did not appear on the slip. This has been fixed.
- In the **Gratuity** dialog box, you could attach gratuities to inactive providers. This has been fixed.

LAB CASE MANAGER

- If you filtered by a single patient, the results were inconsistent sometimes returning multiple patients, sometimes a single patient. This has been fixed.
- In the **View** dialog box in the Lab Case Manager, if you used the select buttons (chevrons) to select an option, you had to click **OK** twice before your selections took effect. This has been fixed.
- The **Delete Case(s)** option was enabled even if no patient was selected. This has been fixed.

LEDGER

- Split payment amounts were off by a penny. This has been fixed.
- Batch payments for multiple procedures were off by a penny when amounts were rounded off. This has been fixed.
- When procedures had pre-authorizations for both primary and secondary insurance and you created the claims, the pre-authorization number appeared in the primary insurance claim but not the secondary insurance claim. This has been fixed.
- If you posted a multi-code and one of the codes required a quadrant but it was not the last code in the list, the code was not posted. This has been fixed.
- Clicking the **Add Provider** button in the **Allocate Credit Balance** dialog box did not open the **Select Provider** dialog box. This has been fixed.
- You were able to make a payment to a payment plan if the payment was dated prior to the creation date of the payment plan. This has been fixed.
- You could not enter a payment in an account with a \$0.00 balance. This has been fixed.
- Patients were omitted from the Credit Balance Report if **Calculate Aged Balance** was selected. This has been fixed.
- Received an error when editing a \$0.00 patient payment and adding a note to the payment. This has been fixed.
- Dates, names, codes, and descriptions were missing from some patients' ledger entries. This has been fixed.
- If you created a secondary claim on two computers for the same patient, two secondary claims were created. This has been fixed.
- If you posted an adjustment that created a credit balance for the patient and family, the Ledger stopped responding. This has been fixed.
- Box 9b (Reserved for NUCC USE) on HCFA2012 contained data when it should have been blank. This has been fixed.
- If you entered an itemized payment without updating the payment table and then tried to edit the claim, the amount of the itemized payment was replaced with the default amount from the payment table. This has been fixed.
- After entering several insurance payments, some users reported slowing issues with the Ledger. This has been fixed.

- If you selected **Auto-Create Secondary Claim with Primary Payment** and **Prompt to Close Pending Claims for Non-Assignment Patients** in the **Insurance Payment Setup** dialog box, a secondary claim was not created. This has been fixed.
- In the **Batch Insurance Payment Entry - Check** dialog box if you selected **Split Adjustment by Provider** and changed the adjustment type to **Write-Off (-)**, you could edit the **Total Amount** text box. This has been fixed.
- The **FIFO (First In First Out)** split payment type was not calculating split amounts correctly. This has been fixed.
- There were discrepancies between the provider balances in the **Total Insurance Payment** and **Allocate Credit Balance** dialog boxes for the same patient and procedures. This has been fixed.
- If you assigned an adjustment type to a tax or a discount and then deleted the adjustment type, the tax or discount option was broken. This has been fixed.
- Patient alerts did not appear when you entered a payment. This has been fixed.
- Procedures that had an earlier procedure date applied were not sorted correctly. This has been fixed.
- Balances in the **Allocate Credit Balance** dialog box and in the **Guar Est** column of the **Enter Payment** dialog box (when splitting a payment) did not match for some patients. This has been fixed.
- Claims were not sorted correctly if they were still outstanding after 2.5 years. This has been fixed.
- When you created a pretreatment estimate, the insurance override was set to \$0 until you deleted the pretreatment estimate or entered an insurance estimate. This has been fixed.
- Walkout/Doctor's Statements incorrectly printed insurance payments for patients who were not a head-of-household. This has been fixed.
- If primary and secondary insurance plans were the same, secondary insurance estimates weren't being calculated after a secondary insurance claim was created. This has been fixed.
- You could enter negative amounts in the **Future Due Payment Plan** dialog box. This has been fixed.
- After submitting a batch or other transactions, the Ledger scrolled to the top of the transaction log. This has been fixed.
- In the **Enter Payment** dialog box, if you entered a Bank/Branch # longer than 20 characters, an error message, "There was an error writing the payment(s)," appeared. The error message no longer appears.
- If you entered a Claim Status Note and then split the claim, the note was deleted in both claims. This has been fixed.
- An application error appeared if you closed the Ledger while a claim and the **Remarks** dialog box remained open. This has been fixed.
- The **Type** list under **Enter Adjustment** was blank after selecting **Write-Off (-)** or **Refund (+)** in the **Total Insurance Payment** dialog box. This has been fixed.
- If you changed the fee for a treatment-planned procedure that was attached to a pre-treatment estimate, the procedure appeared as "Accepted" in the **Ins** column of the Transaction Log. This has been fixed.
- If you modified a column's size and then selected two or more transactions, the rows were only partially selected. This has been fixed.
- Adjustment type names longer than 30 characters caused the Ledger to stop responding. This has been fixed.
- Total adjustments and total amounts fields in **Total Insurance Payment** and the **Batch Insurance Payment Entry** dialog boxes were not working properly. This has been fixed.
- If you split a primary claim, attachments disappeared. This has been fixed.
- If you selected **Show Inactive Providers** in the **Split Payment** dialog box, inactivated providers did not appear in the provider list. This has been fixed.

- The **Copy All Payment Agreement Notes** button was enabled for new payment agreements. Only the **New Payment Agreement Note** button should be enabled for a new payment agreement. This has been fixed.
- When you edited a payment, provider balances did not update correctly. This has been fixed.
- Pressing the Delete or Backspace keys to remove an amount from the **Amount** text box in the **Enter Payment** dialog box did not remove the entire amount. This has been fixed.
- If a Patient Ledger Report was longer than 18 pages, payment amounts were incorrect. This has been fixed.

OFFICE JOURNAL

- Journal entries were attached to the wrong users. This has been fixed.
- If you selected single filters and added a journal entry, the following error appeared: "Encountered an improper argument." The error message no longer appears.
- If you added a new letter to the Office Journal and clicked the Show Info toolbar button, the entry for the new letter was blank. This has been fixed.
- When a note began with a hard return, the **OK** button was not enabled. This has been fixed.
- Adding an entry to the Office Journal through the **More Information** dialog box allowed you to enter any text as a note type, and if the text you entered was not valid, the type was set to **Billing Statement**. This has been fixed.
- Switching patients in the Office Journal took more time than opening the Office Journal for each patient separately. This has been fixed.
- Other Dentrix modules stopped responding if the Office Journal opened slowly. This has been fixed.

OFFICE MANAGER

- Occasionally, the Tasks and Reports log was overwritten. This has been fixed.
- Passwords were not being accepted and accounts were being locked after upgrading Dentrix. This has been fixed.
- If you batched a patient's claim, deleted that patient's primary insurance, and then ran a Billing Report after selecting Skip accounts with claim pending, the Billing Report was blank. This has been fixed.
- Reports generated in the Reports and Tasks Scheduler wouldn't print to file until the report was previewed in the Batch Processor. This has been fixed.
- The zoom setting in Verify Billing Statements was always set to 80%. This has been fixed.
- Rejected case amounts were not removed from Amount of Treatment Accepted in the Daily Huddle Report if the case was accepted first. This has been fixed.
- The Daily Huddle Report incorrectly included completed procedure amounts in the **Scheduled Remaining Month** total. This has been fixed.
- Printing payment agreements directly to a printer failed after upgrading. This has been fixed.
- Inactivating a provider did not reassign all of that provider's appointments to a new provider. This has been fixed.
- Changing the report font to bold did not change the entry in the **BOLD** text box to "Yes" in the **Report Font** dialog box. This has been fixed.
- You could not select archived patients for the Archived Patient List. This has been fixed.
- If you removed a procedure code's flags in the **Surface Flags** dialog box and saved your changes but didn't close the **Procedure Code Editor** dialog box while the Ledger was open, those changes were not reflected in the Ledger. This has been fixed.
- The Scheduled Production Analysis Report contained incorrect revenue totals and scheduled hours numbers. This has been fixed.

- The Practice Advisor Report contained the incorrect number of hygienist production days. This has been fixed.
- The "What's New in Dentrix G6" Help topic was modified because it incorrectly stated that Route Slips had been modified to include a patient's email address and mobile phone number.
- The **Sending to Dentrix** Document Center message box appeared when you printed the Aging Report even though you were not sending the report to the Document Center. This has been fixed.
- If you selected the **By Largest to Smallest Balance** sort option and the **Calculate Aged Balance as of** option in the **Aging Report** dialog box, the total in the **Current** column of the Aging Report was incorrect. This has been fixed.
- If you set the **Minimum Days Past Due to Over 30** and the **Sort Options to By Over 90 to Current Balance** in the **Aging Report** dialog box, the last statement date was missing from the Aging Report. This has been fixed.
- You could add an adjustment type without entering a plus (+) or a minus (-) sign. This has been fixed.
- If you selected **By Over 90 to Current Balance** under **Sort Options** in the **Aging Report** dialog box, the insurance estimate total was \$0.00. This has been fixed.
- Instead of opening a warning message, Dentrix did not save your changes if you set the **Interval** in the **Edit Continuing Care Type** dialog box to 0 or to a number greater than 180. This has been fixed.
- Adjustment Types with long names did not appear correctly in the Adjustment Only Daysheet. This has been fixed.
- Generating batch insurance claims for some providers created claims that were missing procedures. This has been fixed.
- You could not print to the Microsoft XPS Document Writer from the **Print Preview** dialog box. This has been fixed.
- The **Edit** button in the **Referral Maintenance** dialog box did not work if the pre-loaded referral table's RefID in the database was a negative number. This has been fixed.
- Changing the patient range of a billing statement in which you selected printing payment agreements only changed the balance due. This has been fixed.
- Running a recalculation after exporting the database changed the amount in the Payment Agreement portion of the Practice Analysis. This has been fixed.
- If you printed a Patient Notes Report for Clinical Notes and the clinical note exceeded 3981 characters, the report stopped printing and an error message appeared stating that "Dxprint.exe has stopped working." This has been fixed.
- If a patient had multiple appointments on the same day, an appointment reminder card was generated for the appointment you created first instead of the appointment having the earliest time. This has been fixed.
- In the Aging Report, the **Calculate Aged Balance As Of** option was not calculating the aged balances correctly. This has been fixed.
- If you moved a family member from a family to his or her own family in the Family File and then filtered the Patient List by patient name, the list still contained the family member you moved. This has been fixed.
- In the Pre-authorization Aging Report, the wording for setting the provider filter (Select Provider) differed from the Insurance Claim Aging Report (Select Primary Provider). This has been changed to be consistent with the Insurance Claim Aging Report.
- If you posted duplicate procedures, the procedures do not combine on the claim in the Batch Processor. This has been fixed.
- If you exported a fee schedule and saved it as a .csv file then opened it in Excel, the fees and descriptions were not separated into the correct columns. This has been fixed.
- Family payments were missing from deposit slips even if you had not selected the **Combine Family Payments** option. This has been fixed.

- The payment amount differed in the Practice Analysis Report depending on whether you filtered the production summary by category or processor code range. This has been fixed.
- If the number of staff members was at the maximum allowed, you could not edit them and instead received an error message, "No additional staff members can be added." This has been fixed.
- If you exported several fee schedules as comma delimited files without closing the **Fee Schedule Setup** dialog box, fees were duplicated in the comma delimited files. This has been fixed. Multiple patients appeared in the Patient List if you were printing Chart Labels even though you only selected one patient to print a label for. This has been fixed.
- If you verified Billing Statements prior to sending and copying them to the Document Center and then posted procedures to another patient that passed through the Billing Statement filters, the text of the patient information and procedures overlapped in the statement and the patient's Billing Statement was copied to another patient. This has been fixed.
- Splitting payments changed the date on deposit slips. This has been fixed.
- You could not print the Audit Trail Report as a text file. This has been fixed.
- If you copied a Practice Analysis Report to an Excel spreadsheet, the **Contract Analysis** section appeared twice and **Future Due Payment Plans** and **Payment Agreements** appeared in the same row instead of separately. This has been fixed.
- The **Practice Definitions** dialog box accepted more than 30 characters in **Definition Text** field. This caused the Ledger to stop responding. This has been fixed.
- Typing codes in the **Enter the code for faster selection** text box did not select a code from the list. This has been fixed.
- If you ran an Audit Trail Report on a large database, the report was not generated, and you could not run any other reports. This has been fixed.
- An unhandled exception occurred if you added procedures to a multi-code and the total time exceeded 240 minutes. This has been fixed.
- The Insurance Carrier List printed with the label printer offsets. This has been fixed.
- The Appointment History List did not show all of the appointments in the selected date range. This has been fixed.
- The Aging Report took longer to process compared to earlier versions of Dentrix. This has been fixed.
- Totals in the Day Sheet Report and the Practice Analysis Report for the same date range did not match. This has been fixed.

PATIENT CHART

- The Procedure Codes list in the Patient Chart now displays "Fewer Codes" instead of "Less Codes."
- Changing the Chart's panel layout was not being saved until it was changed a second time. This has been fixed.
- Adding a clinical note template to a clinical note added two hard returns instead of one to the note. This has been fixed.
- If you added a clinical note template to a clinical note, the text of the template appeared on top of the clinical note's existing text. This has been fixed.
- An unhandled exception occurred if you printed the Chart for a child who had at least one treatment-planned procedure on a primary tooth. This has been fixed.
- If you changed flags and added a procedure with a range of teeth, you received an "Invalid Range" error message. This has been fixed.
- Paint types for conditions overrode completed procedures paint types. This has been fixed.
- A Security Update for Windows Kernel-Mode Drivers: May 10, 2016 broke notations in the **Edit Chart Notations** dialog box. This has been fixed.

- An “Unhandled Exception: Key Not Found” error occurred when you edited a procedure attached to a deleted multi-code from a procedure button set. This has been fixed.
- If you copied a patient’s Progress Notes to the Clipboard and then pasted them to Excel, the data appeared in the wrong columns, and the columns were not in the correct order. This has been fixed.
- If you opened a condition in the **Progress Notes** panel, you could only paste text into the **Notes** text box in the **Change Conditions/Diagnosis** dialog box by pressing Ctrl + V, and the copied text appeared in bold-faced type. The **Copy/Paste** context menu would not appear if you right-clicked the mouse. This has been fixed.
- You could not open the Perio Chart if you double-clicked a perio exam in the **Progress Notes** panel. This has been fixed.
- Clinical Notes in the **Progress Notes** panel were not sorted correctly when you clicked the Default Sort toolbar button. This has been fixed.
- If you created a new provider and a new patient and assigned the new provider as the primary provider for the new patient, you could create a Clinical Note for the new patient even though the new provider did not appear in the providers list. This has been fixed.
- Creating a Clinical Note without selecting a provider or by selecting an invalid provider caused an unhandled exception error. This has been fixed.
- The Chart Notations icon and options were disabled if the workstation did not support 3D graphics and you tried to switch to the Chart view. You had to click the Refresh button to enable the Chart Notations icon and options. This has been fixed.
- The Spell Checker incorrectly auto-corrected Clinical Note prompt names. This has been fixed.
- The Graphic Chart depicted a bridge charting symbol connected to an extracted tooth. This has been fixed.

PERIO CHART

- When you performed a new exam the Plaque, Mobility, and Bone Loss items did not have focus. This has been fixed.
- Probing depths were missing from perio exams attached to insurance claims. This has been fixed.

PRESCRIPTIONS

- The last two digits of the year were missing from the Long Date Prescription Form. This has been fixed.
- You could not enter the acronyms for measurements such as milliliters (ML) or milligrams (MG) or decimal numbers in the **Disp** text box in the **New Patient Prescription** dialog box. You could only enter a whole number that represented the number of pills to distribute. This has been fixed.
- When you clicked the **Refill** button in the **Patient Prescriptions** dialog box, the prescription date was not updated. This has been fixed.
- The Prescriptions Report was not filtering correctly. This has been fixed.
- The header in the Prescriptions Report displayed an invalid range (<All> - <All>) when the range should have been for a single patient. This has been fixed.
- The refill amount was blank when you printed a prescription. This has been fixed.

PRESENTER

- Closing and then re-opening the Presenter cleared the **Auto-hide** setting. This has been fixed.
- An error occurred if you moved panels and then closed and re-opened the Presenter. This has been fixed.

QUESTIONNAIRES

- Text in the **Note** field sometimes disappeared after editing a questionnaire. This has been fixed.
- Printing from the Questionnaires module caused other modules on the screen to appear briefly on top of the Questionnaires window. This has been fixed.
- Page breaks incorrectly occurred between the question and selection lists. This has been fixed.
- The spell check button overlapped the **Response List** text box. This has been fixed.
- "Patient Name" was changed to "Name" in the Spouse or Responsible Party section of the Patient Information form because a responsible party might not be a patient.
- Tooltips did not appear when the Show Changes and Compare to Previous toolbar buttons did not have focus. This has been fixed.
- The Consent for Implant Surgery form in the Sample database contained errors. This has been fixed.
- If you tried to update a patient's information through updating patient information while that patient's Family File was open, update patient information stopped responding until you closed the Family File. This has been fixed.
- Update patient information indicated that information in Questionnaires differed from information in the Family File when the information was identical. This has been fixed.
- The **Signed** and **Prov** columns did not display any information until you clicked the Refresh toolbar button. This has been fixed.
- Buttons in the **Questionnaire Form Setup** dialog box were not working correctly. This has been fixed.
- An error message appeared indicating that a patient's information could not be updated if you modified and included all patient information questions. This has been fixed.
- If you were previewing a patient's questionnaire in the Print Preview window then switched to a blank questionnaire and changed the font size, the "blank" questionnaire contained the responses to the patient's questionnaire that you were viewing previously. This has been fixed.
- Masking a Social Insurance Number removed it from Enter New Responses. This has been fixed.
- Social Insurance Numbers incorrectly appeared in yellow in the PI-Spouse Responsible Party, All and the PI-Spouse Responsible Party, Brief questions. This has been fixed.

TREATMENT PLANNER

- The Practice Advisor Report was improved to calculate the total revenues from treatment-planned procedures more accurately. The Practice Advisor Report incorrectly included revenue totals from treatment-planned procedures based on when these procedures were completed rather than when they were accepted. The Practice Advisor Report also incorrectly included revenue totals from procedures that were never treatment planned. The report now excludes any procedures that were not treatment planned and diagnostic procedures and procedures for the "mouth" treatment area that were not treatment planned.
- If users didn't use maximums and deductibles, the printed treatment case did not show the correct amounts. This has been fixed.
- The **Relationship to Patient** box was missing from consent forms. This has been fixed.
- If you printed a treatment case without including the patient's secondary insurance, the fee schedule selected for **Compare to Fee Schedule** did not appear in the **Totals** text box. This has been fixed.
- The Practice Treatment Case Report included cases outside the date range and patients without treatment plans. This has been fixed.
- An unhandled exception occurred if you clicked **Case Presentation Setup** and then opened the Presenter. This has been fixed.
- The deductible amount was incorrect if you overrode the primary insurance amount in a pre-treatment estimate and printed the treatment plan having turned off Use Dental Plan Maximums and Deductible. This has been fixed.

- A null reference exception appeared when you tried to open the **Welcome Page Setup** dialog box in the Presenter. This has been fixed.
- Clicking the **Insert Dateline** button inserted the dateline in the upper left corner of a case note instead of at the insertion point. This has been fixed.
- The **Estimated Guarantor Portion** amounts in **Insurance/Case Amounts** and **Case Detail** did not match. This has been fixed.
- If you printed a treatment case for a patient without insurance, what printed in the **Totals** text box differed from one version of Dentrix to the next. This has been fixed.
- An unhandled exception error occurred if you deleted a case and then tried to recreate the case. This has been fixed.
- The Practice Signature was mislabelled in the Consent Form. This has been fixed.
- The **All Dates** button remained selected even after you specified a procedure code or a case fee expiration date range. This has been fixed.
- The same patient alert appeared twice when you opened the Treatment Planner. This has been fixed.

MISCELLANEOUS

- In Quick Labels, the Appointment Reminder Label sometimes printed a label with the current date instead of starting with labels for appointments in the future. This has been fixed.
- Notes that were created in a third-party program and copied and pasted into Dentrix as patient alerts and appointment notes did not have line breaks. This has been fixed.
- If the Dentrix database was in single user mode and you tried to open Dentrix, multiple instances of the "Dentrix is exclusively open" message appear. This has been fixed.
- The text in the Update Manager log files was sometimes incomplete. This has been fixed.
- The Copy Fee Schedule feature has been improved so that it no longer copies any procedure codes that are outside the Conditions range or procedure codes that are in the [None] category (practices use the [None] category for inactive procedure codes).
- The **Register Now** dialog box was easily bypassed. This has been fixed.
- Long clinical notes scrolled automatically. This has been fixed.
- If you enabled Auto Spell Check for clinical notes, long clinical notes loaded slowly. This has been fixed.
- When you searched for a patient in the **Select Patient** dialog box, the patient's name appeared briefly and then disappeared. This has been fixed.
- If the server's name started with a hyphen, the server admin utility and export would not work. This has been fixed.
- In the Time Clock, an unhandled exception occurred if you added or removed punches and exceeded the 16 slots allocated for the day. This has been fixed.
- If you submitted a claim, opened the **Practice Information** dialog box, and then reopened and resubmitted the claim, an error message, "Report file open at another workstation" appeared. If you clicked the error message's **Cancel** button, a new claim entry was created in the Batch File. This has been fixed.
- If you selected the 24-hour clock in Time Clock, Dentrix recognized 12:15 PM and 00:15 as the same time instead of recognizing 00:15 as 12:15 AM. This has been fixed.
- Time Clock failed to open if you set up a Time Clock Report, saved the report by clicking the **Save as Default** button, closed Time Clock, and then changed a provider's Provider ID. This has been fixed.
- If you clicked the **History** tab in Time Clock and tried to set a date range in which the **From** date was one week prior to the current date and then from the **To** date list clicked the Back One Month arrow, the **From** date changed and graphical artifacts appeared in the **Time Clock** dialog box. This has been fixed.

- An error message appeared when running the Check Address utility because of a limitation in the Maintenance utility. This has been fixed.
- Server Admin utility was not displaying the correct UNC path. This has been fixed.
- The Update Manager did not ignore a selected update for the amount of time the user specified. This has been fixed.
- The Claims Tracking log contained usernames and passwords whenever you uploaded claims. This has been fixed.
- The Time Clock Report allowed invalid date ranges (**From** date to a date after the **To** date). This has been fixed.
- The Daily Huddle Report incorrectly contained Amount of Treatment Diagnosed/Accepted information for procedures flagged as mouth whether they were treatment-planned or not. This has been fixed.
- If you added an Office Journal entry through the Collections Manager by copying text from a Quick Letter, the Collections Manager stopped responding. This has been fixed.
- The text of a "misspelled" word remained red even after you added the word to the dictionary. The text remained red until you closed and reopened the note. This has been fixed.
- The Daily Huddle Report incorrectly reported split payment amounts. This has been fixed.
- If the Time Clock was already running in the background and you clicked its icon in the Launcher, a second instance of the Time Clock opened rather than coming to the foreground. This has been fixed.
- Instead of restarting from the point the download stopped, the Update Manager started the download from the beginning when you clicked the **Retry** button. This has been fixed.
- An unhandled exception appeared when you clicked **Delete Snapshot**. This has been fixed.
- The **Password** dialog box did not move to the front when some modules were opened. This has been fixed.

How to Learn More about Dentrix Releases

For more information on how to use the new features in this release, refer to the Dentrix Help. For information about new features and enhancements in previous Dentrix releases, see “What’s New in Dentrix?” in the Dentrix Help.

To find essential Dentrix learning resources for your entire dental office team, visit the Dentrix Resource Center. New team members can learn Dentrix basics with on-demand tutorials. Experienced staff can enhance their knowledge of Dentrix with webinars, user’s guides, and searchable knowledgebase articles. These resources are free with your Dentrix Customer Service Plan. Log in today at canada.dentrix.com/support/resource-center.