DENTRIX ENTERPRISE

DENTRIX ENTERPRISE 11.0.2

RELEASE GUIDE

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Dentrix Enterprise

11.0.2

Update 8

Overview

The *Dentrix Enterprise 11.0.2 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

Notes:

- For information about using the features in this release, refer to "Using the New Features and Enhancements" in this document.
- The listing of new features and enhancements in this release is also available in the "What's New in Dentrix Enterprise?" portion of the Dentrix Enterprise Help.
- For a complete listing of new features, enhancements, and resolved issues in this release, refer to the Dentrix Enterprise Release Notes at https://hsps.pro/DentrixEnterprise/ReleaseNotes/index.htm#t=11_0_2_Update_8.htm.

Features

Dentrix Enterprise 11.0.2 Update 8 includes the following new features and enhancements:

- **Insurance**:
  - **Updating Insurance Plans Through HL7**:
    - The HL7 interface now uses the InsPlanExtID to determine how to handle updates to a patient's insurance coverage through HL7.
    - A new **Update Patient Insurance Information via HL7 for this Plan** check box has been added to the **Dental Insurance Information** dialog box (for a dental insurance plan) and to the **Medical Insurance Information** dialog box (for a medical insurance plan). The state of this check box determines if updates to the insurance plan are allowed through HL7.
  - **Changing Insurance Coverage Order** – You can now quickly change the coverage order of a patient's insurance plan. In previous versions, you had to clear the insurance plans at the affected positions in the coverage order and then re-add the insurance plans at the correct positions. Now, you can click a button as needed to move a plan up or down in the coverage order; and as you do so, the other plans' positions in the coverage order shift accordingly.
  - **Additional Insurance Information**:
    - In a patient's **Insurance Information** dialog box, a **Plan External ID** box and a **Group Plan** box and corresponding search button have been added on the **Dental Insurance** and **Medical Insurance** tabs.
    - In the **Insurance Plan History** dialog box, the **Change Type** column has been widened to display up to 40 characters, and a **Plan Ext ID** column has been added.
    - A **Plan Ext ID** column has also been added to the following windows: **Insurance Plan Selection**, **Select Dental Insurance Plan**, **Select Medical Insurance**, **Insurance Maintenance**, **Select Insurance Carriers**, **Insurance Claim History** (View All Claim History and View Claim History).
  - **Automatic Insurance Eligibilities** – Communication with the service for automatic insurance eligibilities was changed from a "pull" to a "push" approach.
- **Payment Plans**:
  - You can now edit a payment that is associated with a payment plan.
  - In the **Patient Finances** window, the accuracy of insurance estimates for payment plans has been improved.

- Dependent and Independent Modules:
  - A confirmation message no longer appears when you do any of the following: close a dependent module, close the only open independent module without any dependent modules being open, close one of multiple open independent modules with or without dependent modules being open, or log off from an independent module.
  - The following modules are now independent modules: Document Center, Office Journal, and More Information. Having the Office Manager open is no longer required for those modules. Closing the Office Manager does not close any open independent modules.
  - The Document Center and the Office Journal now have a **Log Off** option on the **File** menu.
  - You can now customize the **More Information** window's toolbar to include a **DXOne Reports** button to open the DXOne Reporting module and to include an **Office Manager** button to open the Office Manager.
  - You can now customize the Document Center's "Dentrix Modules" toolbar to include a **DXOne Reports** button to open the DXOne Reporting module.
  - The **File** menu of the Collections Manager now has a **DXOne Reports** option to open the DXOne Reporting module.
  - The **File** menu of the DXOne Reporting module now has a **Document Center** option to open the Document Center, a **More Information** option to open the **More Information** window, and an **Office Journal** option to open the Office Journal.
  - You can now use the key combination Alt+F4 (which now corresponds to the **Exit** option on the **File** menu) to close the following independent modules: Office Manager, Appointment Book, Ledger, Patient Chart, Family file, DXOne Reporting, Document Center, and Office Journal.
  - You can now use the key combination Ctrl+L (which now corresponds to the **Log Off** option on the **File** menu) to log out of Dentrix Enterprise from the following independent modules: Office Manager, Appointment Book, Ledger, Patient Chart, Family file, DXOne Reporting.
- **Managing Educational Video Links for Procedures** – Now, a description must be included with a link to any educational video that you associate with a procedure code.

  Note: For each existing link that is associated with a procedure code, after the upgrade to this version of Dentrix Enterprise, you may want to add a description.
- **Oral Health Literacy Report** – (For Indian Health Service Facilities) The Oral Health Literacy Report is a new DXOne Reporting custom report. Use this report to track information regarding oral health that was provided to patients by providers at the clinical level. This report is aggregated at the service level only and will be used by Administrators or the Health Promotion Disease Prevention (HPDP) specialist at the service unit level.
- **New Security Rights for Treatment Planner Settings** – The following security rights have been added to the "Central Clinic Only" category: "TxPlanner Settings, Add," "TxPlanner Settings, Delete," and "TxPlanner Settings, Edit " to control the Treatment Planner settings.

Installation

Install Dentrix Enterprise 11.0.2 Update 8 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 11.0.2 Update 8, contact Dentrix Enterprise Customer Support at 1-800-459-8067, option 2.

Important Notes

- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.

Using the New Features and Enhancements

The following pages contain instructions about how to use some of the new features and enhancements of this release.

Allowing Updates to Insurance Plans Through HL7

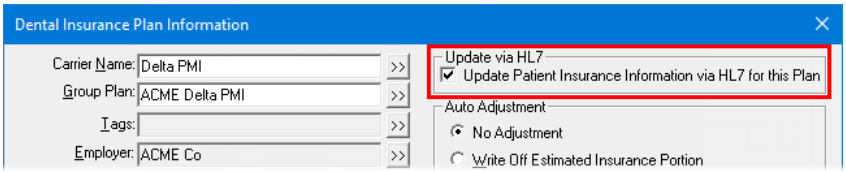
A new **Update Patient Insurance Information via HL7 for this Plan** check box has been added to the **Dental Insurance Information** dialog box (for a dental insurance plan) and to the **Medical Insurance Information** dialog box (for a medical insurance plan). The state of this check box determines if updates to the insurance plan are allowed through HL7.

- With this check box selected, the insurance plan can be updated, deleted, or replaced through an inbound HL7 message.
- With this check box clear, the insurance plan cannot be updated, deleted, or replaced through an inbound HL7 message.

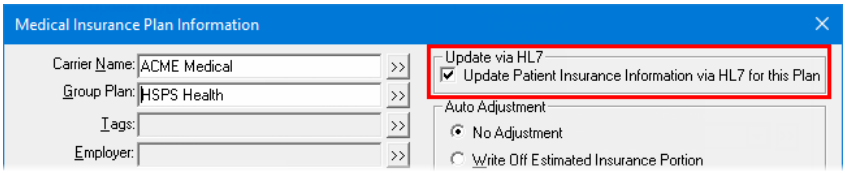
Notes:

- The check box is available only if Dentrix Enterprise has been configured to use the HL7 interface.
- Regardless of the state of the check box, you can still perform these tasks manually in Dentrix Enterprise.

Dental Plan



Medical Plan



Changing the Coverage Order of Insurance Plans

You can now quickly change the coverage order of a patient's insurance plan. In previous versions, you had to clear the insurance plans at the affected positions in the coverage order and then re-add the insurance plans at the correct positions. Now, you can click a button as needed to move a plan up or down in the coverage order; and as you do so, the other plans' positions in the coverage order shift accordingly.

Notes:

- Changing the coverage order of a plan for a subscriber or non-subscriber does not affect the coverage order for other family members who are covered under that plan.
- When the coverage order of a plan is changed, a "Moved from [Old Coverage] to [New Coverage]" entry is added to the insurance plan history.

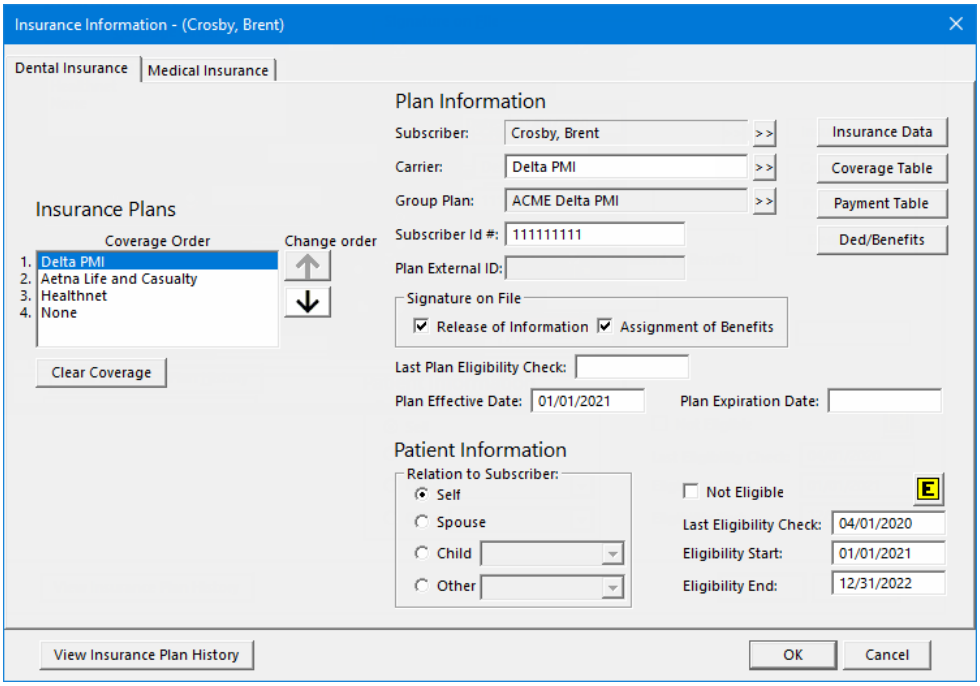
DENTAL PLAN

You can quickly change the coverage order of insurance plans that are attached to a patient's record as needed.

To change the coverage order of a dental insurance plan

1. In the Family File, double-click the Insurance Information block.

   The **Insurance Information** dialog box appears. The **Dental Insurance** tab is selected by default.



2. In the **Coverage Order** list, select a plan.
3. Click the **Move Up** button ↑ or the **Move Down** button ↓ as needed to move the plan to the desired position. As the selected plan's position in the coverage order changes, the other plans' positions in the coverage order shift accordingly.
4. Click **OK**.
5. If you have changed the coverage order of a plan with outstanding claims, a message appears as a reminder that you can manually update each unpaid claim that is affected by the coverage change. Click **OK**.

   The following information for a patient's insurance plan is preserved when you move that plan to a different position in the coverage order: subscriber, insurance plan data, carrier, subscriber ID, signature-on-file preferences, date of the last plan eligibility check, effective date, expiration date, coverage table, payment table, patient's relation to subscriber, patient's eligibility status, state of the **Not Eligible** check box, date of the last patient eligibility check, patient's eligibility start date, and patient's eligibility end date.

   However, the met deductibles and used benefits are linked to the coverage order instead of a plan, so changing a plan's position in the coverage order does not transfer the amounts for the met deductibles and used benefits automatically; you must modify those amounts manually as needed.

MEDICAL PLAN

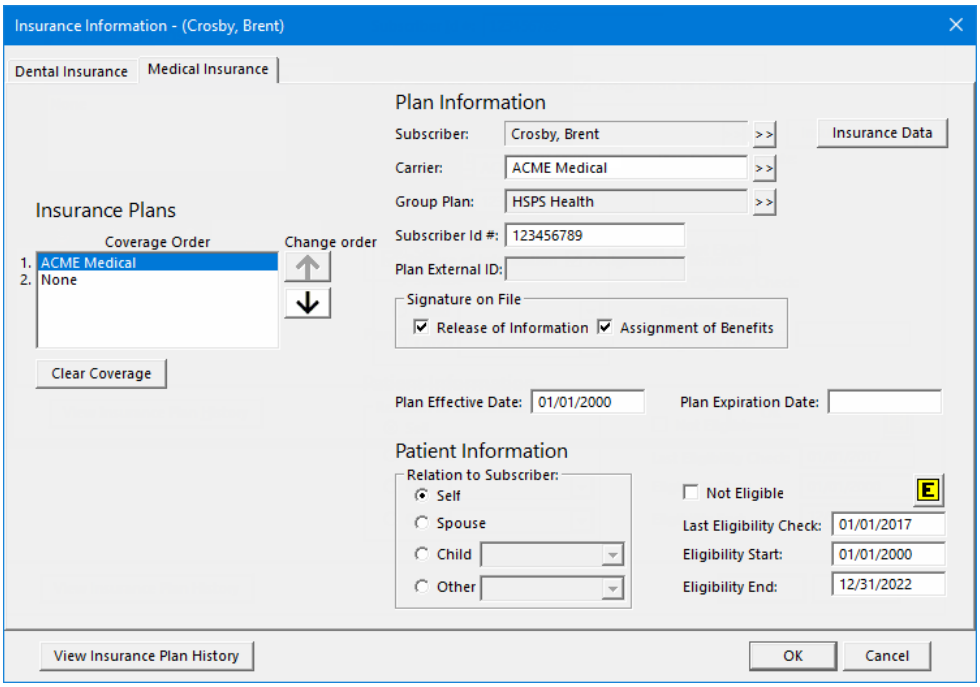
You can change the coverage order of insurance plans that are attached to a patient's record as needed.

To change the coverage order of a medical insurance plan

1. In the Family File, double-click the Insurance Information block.

   The **Insurance Information** dialog box appears.

2. Select the **Medical Insurance** tab.



3. In the **Coverage Order** list, select a plan.
4. Click the **Move Up** button ↑ or the **Move Down** button ↓ as needed to move the plan to the desired position. As the selected plan's position in the coverage order changes, the other plan's position in the coverage order shifts accordingly.
5. Click **OK**.

   If you have changed the coverage order of a plan with outstanding claims, on the message that appears, reminding you that each unpaid claim that is affected by the coverage change can be updated manually, click **OK**.

   The following information for a patient's insurance plan is preserved when you move that plan to a different position in the coverage order: subscriber, insurance plan data, carrier, subscriber ID, signature-on-file preferences, effective date, expiration date, patient's relation to subscriber, patient's eligibility status, state of the **Not Eligible** check box, date of the last patient eligibility check, patient's eligibility start date, and patient's eligibility end date.

HANDLING OUTSTANDING CLAIMS

When you change the coverage order of a plan with outstanding claims, a message appears as a reminder that you can manually update each unpaid claim that is affected by the coverage change. As needed, you can link a different insurance plan to, change the billing information for, and recalculate the insurance and patient portions for an existing unpaid claim that is affected by the change in the coverage order.

To update an outstanding claim

1. In the Ledger, double-click an affected claim.

   The insurance claim window opens.
2. Double-click the **Subscriber Information** block.

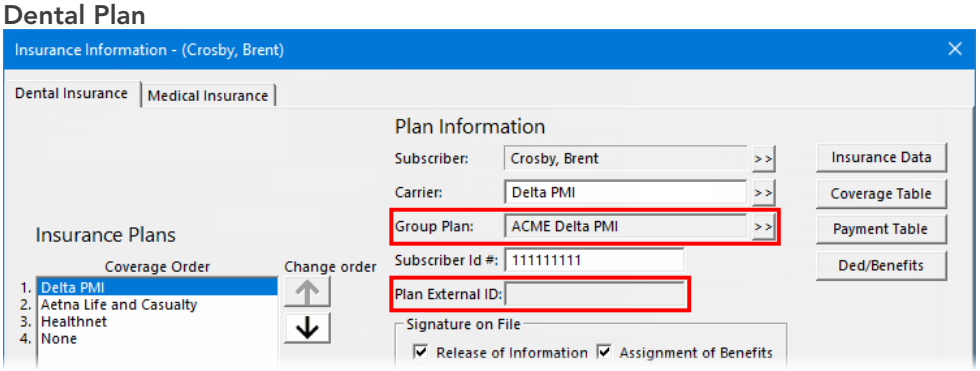
   The **Patient/Insurance Information** dialog box appears.
3. Select the applicable check box (the name of which varies according to the type of claim being edited):
   - **Update [Coverage Order] Insurance** (for a dental or medical claim).
   - **Update Medical Insurance** (for a dental claim).
   - **Update Dental Insurance** (for a medical claim).
4. Click **OK**.

Note: The insurance portion is recalculated only if the **Re-calculate Insurance Portion** check box is selected for the organization (on the **Organization Settings** tab of the Central clinic's **Clinic Information** dialog box).

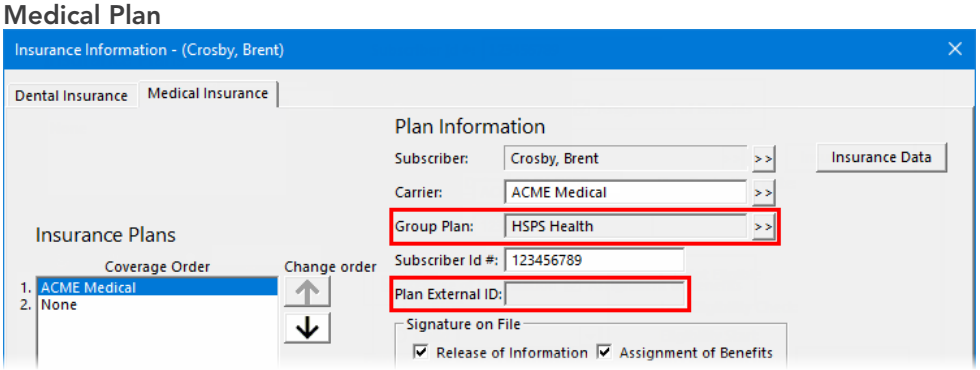
Additional Insurance Information

In a patient's **Insurance Information** dialog box, a **Plan External ID** box and a **Group Plan** box and corresponding search button have been added on the **Dental Insurance** and **Medical Insurance** tabs.

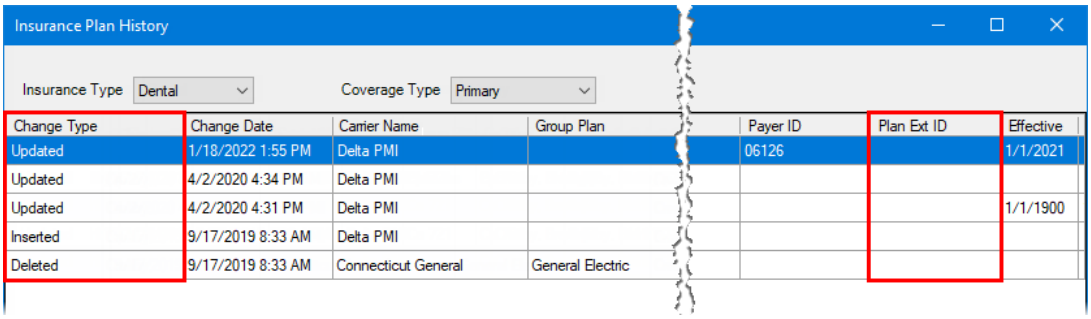
Dental Plan



Medical Plan



Also, in the **Insurance Plan History** dialog box, the **Change Type** column has been widened to display up to 40 characters, and a **Plan Ext ID** column has been added. To view the history, in the **Insurance Information** dialog box, click **View Insurance Plan History**.



New Independent Modules

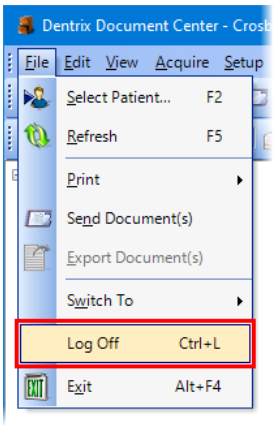
Having the Office Manager open is no longer required for the following modules:

- Document Center
- Office Journal
- More Information

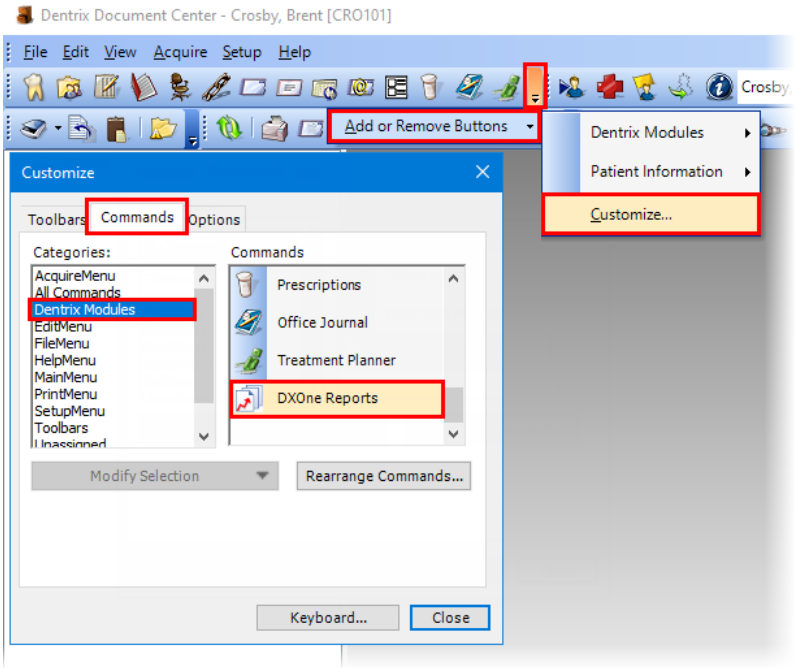
Note: Closing the Office Manager does not close any open independent modules.

DOCUMENT CENTER

The Document Center now has a **Log Off** option on the **File** menu.

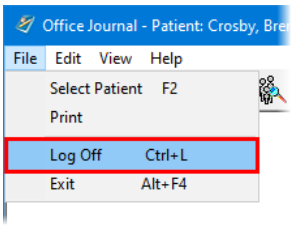


Also, you can now customize the Document Center's "Dentrix Modules" toolbar to include a **DXOne Reports** button to open the DXOne Reporting module.



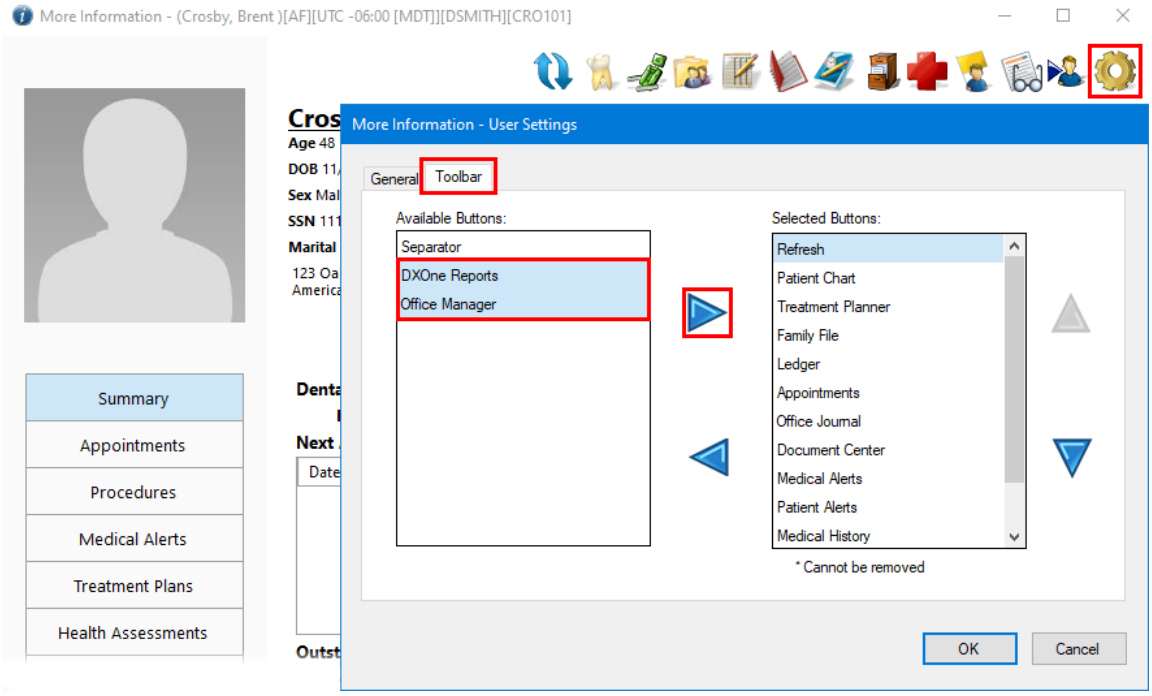
OFFICE JOURNAL

The Office Journal now has a **Log Off** option on the **File** menu.



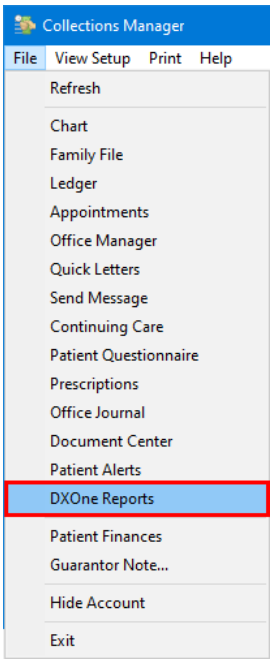
MORE INFORMATION

You can now customize the **More Information** window's toolbar to include a **DXOne Reports** button to open the DXOne Reporting module and to include an **Office Manager** button to open the Office Manager.



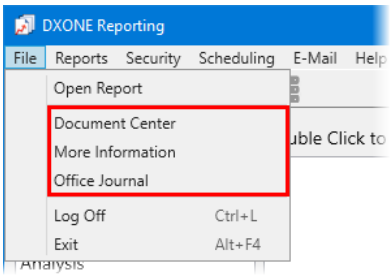
Collections Manager

The **File** menu of the Collections Manager now has a **DXOne Reports** option to open the DXOne Reporting module.



DXOne Reporting

The **File** menu of the DXOne Reporting module now has a **Document Center** option to open the Document Center, a **More Information** option to open the **More Information** window, and an **Office Journal** option to open the Office Journal.



Managing Educational Video Links for Procedures

Now, a description must be included with a link to any educational video that you associate with a procedure code.

Note: For each existing link that is associated with a procedure code, after the upgrade to this version of Dentrix Enterprise, you may want to add a description.

To add or edit a link to an educational video for a procedure

1. While logged in to the Central clinic, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Procedure Code Setup**.

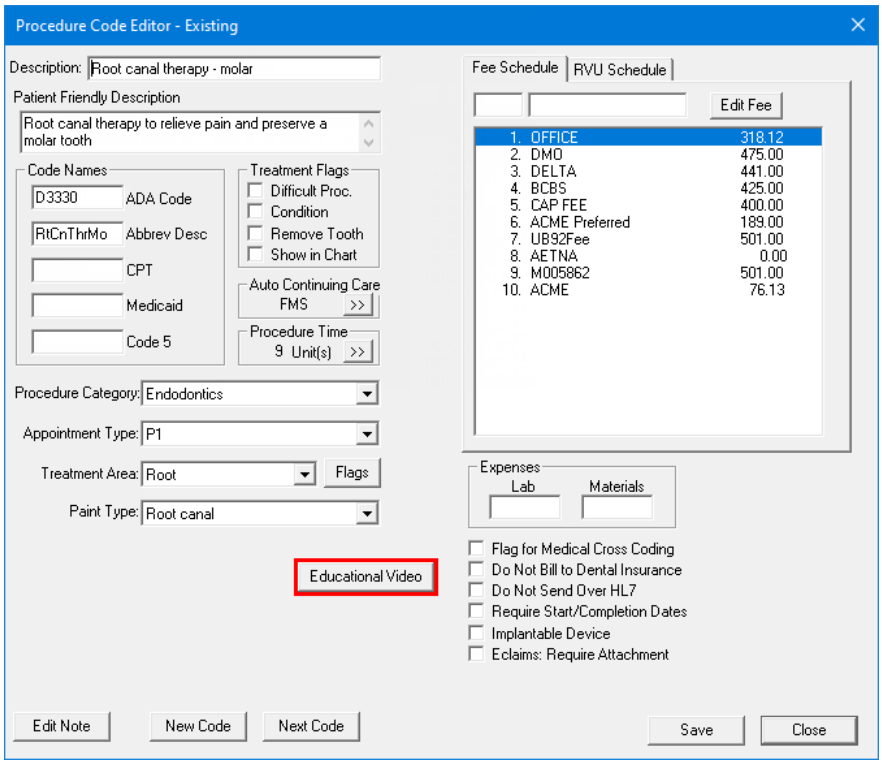
   The **Procedure Code Setup** dialog box appears.

2. Select a **Procedure Code Category**. All procedure codes associated with that category appear in the list box to the right.

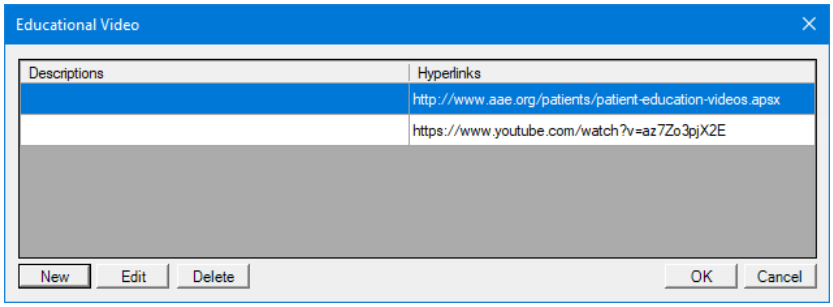
3. Select a procedure code, and then click **Edit**.

   The **Procedure Code Editor - Existing** dialog box appears.

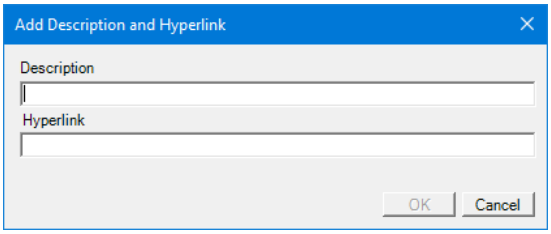
4. Click **Educational Video**.



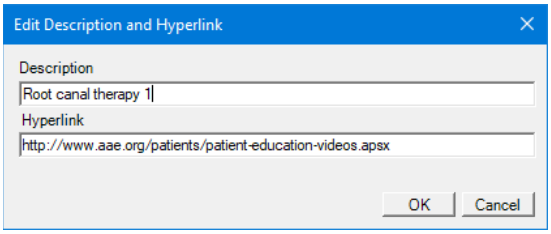
   The **Educational Video** dialog box appears.



5. Do any of the following:
   - Add a new hyperlink – Click **New**. The **Add Description and Hyperlink** dialog box appears. Enter a description for the link, enter the URL (website address) for a video that relates to this procedure, and then click **OK**.



   - Edit an existing hyperlink – Select a hyperlink, click **Edit**. The **Edit Description and Hyperlink** dialog box appears. Enter or change the description for the link, and then click **OK**.



6. Click **OK**.
7. Click **Save**.

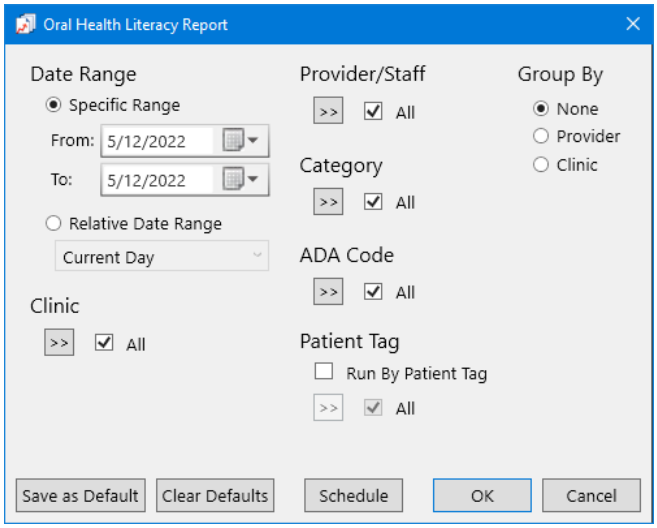
Oral Health Literacy Report

The Oral Health Literacy Report is a new DXOne Reporting custom report (for Indian Health Service facilities). The Oral Health Literacy Report displays occurrences of educational materials being provided to patients in conjuction with their appointments and a count of how many patients were involved in those occurrences. Use this report to track information regarding oral health that was provided to patients by providers at the clinical level. This report is aggregated at the service level only and will be used by Administrators or the Health Promotion Disease Prevention (HPDP) specialist at the service unit level.

To generate the report

1. In DXOne Reporting, select **Custom**, and then double-click **Oral Health Literacy Report**.

   The **Oral Health Literacy Report** dialog box appears.



2. Set up the following options:
   - **Date Range** – Either select **Specific Range**, and then enter a date range in the **From** and **To** boxes; or select **Relative Date Range**, and then select a date range.

     Note: For the **Relative Date Range**, there are no future date ranges because they are not relevant for this report.

   - **Clinic** – Click the search button >> to select the clinics you want to include on the report, or select the **All** check box to include all clinics. This is based on the clinic where a user was logged in to when an assessment was done. Only the clinics that your user account has permission to access are considered or available for selection.
   - **Provider/Staff** – Click the search button >> to select the providers/staff you want to include on the report, or select the **All** check box to include all providers/staff. This is based on the provider or staff member who was logged in when patient education was provided. Only the active providers that your user account has permission to access are considered or available for selection.
   - **Category** – Click the search button >> to select the procedure code categories you want to include on the report, or select the **All** check box to include all categories.
   - **ADA Code** – Click the search button >> to select the procedure codes you want to include on the report, or select the **All** check box to include all codes.
   - **Patient Tag** – To have the report include patients with certain tags assigned to them, select the **Run By Patient Tag** check box; and then, click the search button >> to select the desired patient tags, or select the **All** check box to include patients with any patient tag. To not filter the report by a patient tag, clear the **Run By Patient Tag** check box.

- **Group By** – Select one of the following options:
  - **None** – For no grouping. The overall totals appear.
  - **Provider** – To group the report by provider. The totals for each provider appear.
  - **Clinic** – To group the report by clinic. The totals for each clinic appear.

3. Do any of the following:
   - To save these settings for future uses of this report, click **Save as Default**.
   - To schedule the report to run later or on a recurring basis, click **Schedule**.
   - To clear any changes you have made to the settings and start over, click **Clear Defaults**.
4. Click **OK** to preview the report.

The report displays the following information:

- **Patient Education Occurrences**:
  - **Date of Service** – The date of a patient's appointment (which cannot have been canceled) when patient education was provided to that patient.

    Patient education can be provided from the following areas of Dentrix Enterprise:
    - The **Education URL** of an eductional topic that was recorded for a patient in the Patient Education module.
    - The **Procedure** link to an educational video that was clicked from the **Edit or Delete Procedure** dialog box of a treatment-planned procedure that was charted for a patient.

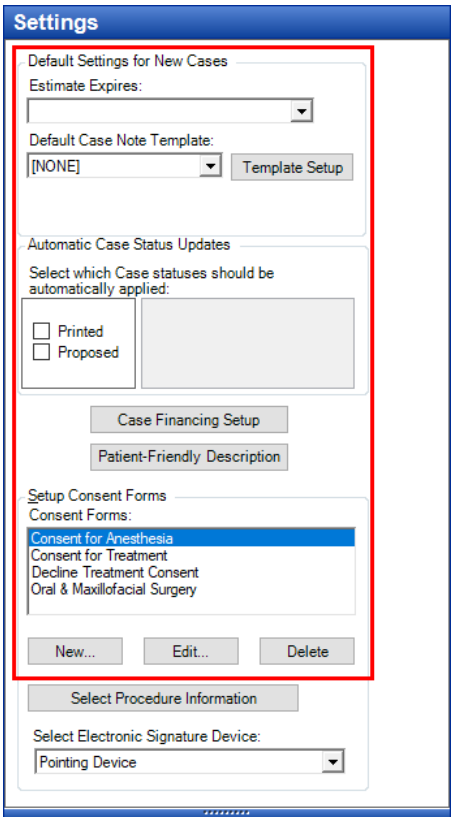
    Note: A patient may have more than one patient education occurrence on a given day or days, but the patient is only counted once for the total number of patient visits.
  - **Provider** – The provider or staff member that is logged in to Dentrix Enterprise when patient education was provided.
  - **Patient Name** – The name of the patient who is associated with the appointment and either the recorded patient education topic or the treatment-planned procedure.
  - **OHS Score** – The most recent OHS Score for the patient, if one exists.
  - **Description**:
    - The **Description** that is associated with the recorded patient education topic.
    - The **Description** that is associated with educational video link for the charted procedure.
- **Total Patient Visits** – The number of patients who are associated with at least one patient education occurrence. A patient is only counted once regardless of the number of patient education occurrences during the date range of the report.

  The total number of visits is further broken down by the following:
  - **Medicaid** – The total number of Medicaid patients.
  - **Non-medicaid** – The total number of non-Medicaid patients.

New Security Rights for Treatment Planner Settings

The following security rights have been added to the "Central Clinic Only" category: "TxPlanner Settings, Add," "TxPlanner Settings, Delete," and "TxPlanner Settings, Edit." These rights control the following options in the **Settings** section on the Navigation panel of Treatment Planner:

- **Estimate Expires** – For a selection to be saved, your user account must be granted the "TxPlanner Settings, Edit" security right.
- **Default Case Note Template** – For a selection to be saved, your user account must be granted the "TxPlanner Settings, Edit" security right.
- **Template Setup** – Click this button to open the **Case Note Template Setup** dialog box. Adding templates requires the "TxPlanner Settings, Add" security right. Modifying templates requires the "TxPlanner Settings, Edit" security right. Deleting templates requires the TxPlanner Settings, Delete" security right.
- **Automatic Case Status Updates** – For the selecting or clearing of the check boxes to be saved, your user account must be granted the "TxPlanner Settings, Edit" security right.
- **Case Financing Setup** – Click this button to open the **Case Financing Status Setup** dialog box. Adding statuses requires the "TxPlanner Settings, Add" security right. Renaming statuses requires the "TxPlanner Settings, Edit" security right. Deleting statuses requires the TxPlanner Settings, Delete" security right.
- **Patient-Friendly Description** – Click this button to open the **Patient-Friendly Description Setup** dialog box. You can view descriptions, but editing descriptions requires the "TxPlanner Settings, Edit" security right.
- **Setup Consent Forms** – Adding new forms requires the "TxPlanner Settings, Add" security right. Editing forms requires the "TxPlanner Settings, Edit" security right. Deleting forms requires the TxPlanner Settings, Delete" security right.



Note: The **Select Procedure Information** button and the **Select Electronic Signature Device** list are user-specific settings and are not controlled by the new security rights.

How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 11.0.2?" section of the Dentrix Enterprise Help.

You can view on-demand product training videos, download PDF copies of product manuals (such as the Reports Reference, User's Guide, and System Requirements), and search the support knowledgebase for troubleshooting tips and answers to common questions in the Resource Center at www.dentrixenterprise.com/support/resource-center if you have an active customer service plan.

Dentrix Enterprise

11.0.2

Update 7

Overview

The *Dentrix Enterprise 11.0.2 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

Notes:

- For information about using the features in this release, refer to "Using the New Features and Enhancements" in this document.
- The listing of new features and enhancements in this release is also available in the "What's New in Dentrix Enterprise?" portion of the Dentrix Enterprise Help.
- For a complete listing of new features, enhancements, and resolved issues in this release, refer to the Dentrix Enterprise Release Notes at https://hsps.pro/DentrixEnterprise/ReleaseNotes/index.htm#t=11_0_2_Update_7.htm.

Features

Dentrix Enterprise 11.0.2 Update 7 includes the following new features and enhancements:

- **Independent Modules** – Having the Office Manager open is no longer required for some modules.
- **Closing modules** – Now, when you close the Office Manager, independent modules do not close. Closing an independent module does not close any other modules. Also, you can now log off from the Office Manager or an independent module to close all modules.
- **DXOne Reporting Toolbar Button** – A **DXOne Reporting** button now appears on the toolbar of the Ledger, Chart, Family File, and Appointment Book modules.
- **Sorting Progress Notes by Tooth** – When you sort the progress notes in the Patient Chart by the **Tooth** column, procedures are now sorted by the treatment area instead of alphabetically.
- **Resizing, Hiding, and Showing Notes** – The **Notes** box on the **Progress Notes** panel now resizes automatically when you resize the **Patient Chart** window. You can now manually adjust the width of the **Notes** box. Also, you can now show or hide the **Notes** box.
- **Compression Type for Images** – In the **Document Center Preferences** dialog box, you can now select the type of compression Dentrix Enterprise uses when you import images into the Document Center.
- **Unlinking Conditions from Rejected Treatment Plans** – When you mark a treatment plan case as Rejected, the associated conditions are unlinked from those procedures.
- **Clinic Information** – The options in the **Clinic Information** dialog box have been reorganized.
- **Invalidating Conditions** – The **Invalidate Upon Completing TxPlan** check box in the **Clinic Information** dialog box is now an organization-level (Central clinic) setting.
- **Document Center Audit Documents Utility** – The Document Center Audit Documents utility includes several enhancements.

Installation

Install Dentrix Enterprise 11.0.2 Update 7 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 11.0.2 Update 7, contact Dentrix Enterprise Customer Support at 1-800-459-8067, option 2.

Important Notes

- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.

Using the New Features and Enhancements

The following pages contain instructions about how to use the new features and enhancements of this release.

Independent Modules

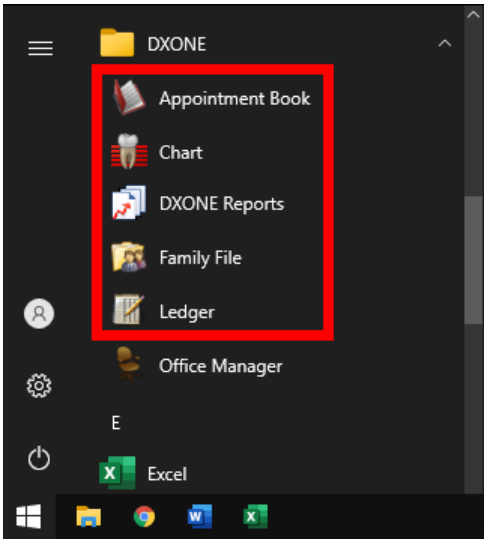
Having the Office Manager open is no longer required for the following modules:

- Ledger
- Appointment Book
- Chart
- Family File
- DXOne Reporting

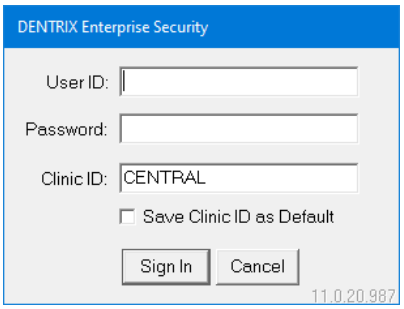
Note: Opening a module other than these independent modules opens the Office Manager, even if the dependent module is opened from one of the independent modules.

To open an independent module

1. On the Windows **Start** menu, under **DXONE**, click the shortcut link that corresponds to the module you want to open.



If no other modules are open, the **Dentrix Enterprise Security** dialog box appears.



2. Enter your credentials, and then click **Sign In**.

Closing Modules

Now, when you close the Office Manager, independent modules do not close. Closing an independent module does not close any other modules. Also, you can now log off from the Office Manager or an independent module to close all modules.

EXIT/CLOSE (INDEPENDENT MODULES)

You can close the Ledger, Appointment Book, Chart, Family File, or DXOne Reporting independently of other modules.

To close an independent module

Do one of the following:

- On the **File** menu, click **Exit**.
- Click the window's **Close** button (**X**).

The module closes. No other modules close.

EXIT/CLOSE (OFFICE MANAGER)

You can close the Office Manager and any open dependent modules without closing any open independent modules.

To close the Office Manager

1. Do one of the following:
   - On the **File** menu, click **Exit**.
   - Click the window's **Close** button (**X**).

   A message appears for you to confirm that you want to close all modules except the independent modules.
2. Click **OK**.

   The Office Manager and all dependent modules close. Independent modules stay open.

LOG OFF (OFFICE MANAGER OR INDEPENDENT MODULES)

You can close all open modules from the Office Manager, Ledger, Appointment Book, Chart, Family File, or DXOne Reporting.

To log off all modules

1. On the **File** menu, click **Log Off**.

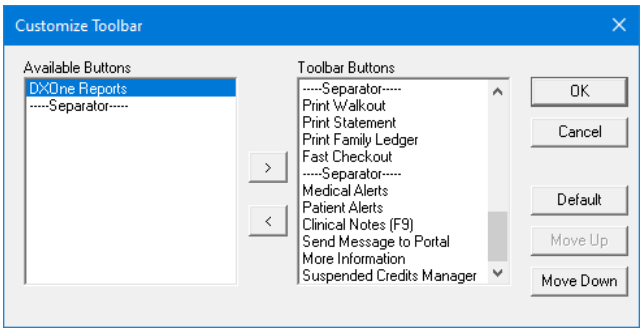
   A message appears for you to confirm that you want to close all modules.
2. Click **OK**.

   All modules close.

DXOne Reporting Toolbar Button

A **DXOne Reporting** button now appears on the toolbar of the Ledger, Chart, Family File, and Appointment Book.

Note: If the button does not appear, right-click the toolbar, and then click **Customize Toolbar**. In the **Customize Toolbar** dialog box, select **DXOne Reports** in the **Available Buttons** list, click the **Move Right** button (**>**), use the **Move Down** or **Move Up** buttons as needed to arrange the selected option in the **Toolbar Buttons** list, and then click **OK**.



Sorting Progress Notes by Tooth

When you sort the progress notes in the Patient Chart by the **Tooth** column, procedures are now sorted by the treatment area instead of alphabetically, according to the following hierarchy:

- **Ascending order** – Empty values, permanent teeth (1–32), primary teeth (A–T), arches (UA–LA), sextants (S1–S6), and then quadrants (UR–UL–LL–LR).
- **Descending order** – Quadrants (LR–LL–UL–UR), sextants (S6–S1), arches (LA–UA), primary teeth (T–A), permanent teeth (32–1), and then empty values.

Date	Tooth	Surf	Proc	Prov	Clinic	Description	N	D	M	Stat	AP	Amount
06/16/2021	19	O	15105	DSMI...	AF	Caries/decay				CON		
06/16/2021	15	L	D2391	DSMI...	AF	Resin composite-1s, posterior				TP	PAR	158.40
06/16/2021	13	M	D2140	DSMI...	AF	Amalgam-1 surf. prim/perm				E		
06/16/2021	12	B	D2140	DSMI...	AF	Amalgam-1 surf. prim/perm				EO		
02/25/2020			D0220	DSMI...	AF	Intraoral-periapical-1st film	♪			C		128.00
09/17/2019	3	MOD	D2160	DSMI...	AF	Amalgam-3 surf. prim/perm	♪			C		158.40
06/17/2019	UL		D4341	DSMI...	AF	Perio scale&root pln-4+per ...				C		302.40
11/30/2005			payme	AROSE	MESA	Payment Code-do not Delete				C		20.00
10/05/2005			payme	AROSE	MESA	Payment Code-do not Delete				C		20.00
05/06/2005			D1110	JKD1	TEST	Prophylaxis-adult				C		48.00
05/06/2005			D0120	JKD1	TEST	Periodic oral evaluation				C		25.00
05/06/2005			D1201	JKD1	TEST	Prophylaxis with fluoride-ch...				C		50.00
05/06/2005			D1120	JKD1	TEST	Prophylaxis-child				C		34.00

Resizing, Hiding, and Showing Notes

The **Notes** box on the **Progress Notes** panel now resizes automatically when you resize the **Patient Chart** window. You can now manually adjust the width of the **Notes** box. Also, you can now show or hide the **Notes** box.

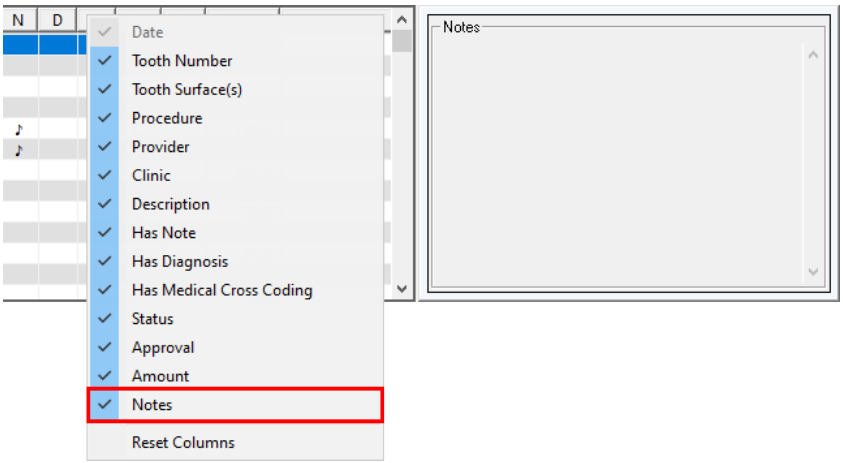
To resize the Notes manually

1. In the Patient Chart, position your pointer over the divider between the procedure list and the **Note** box until the pointer becomes a double arrow.

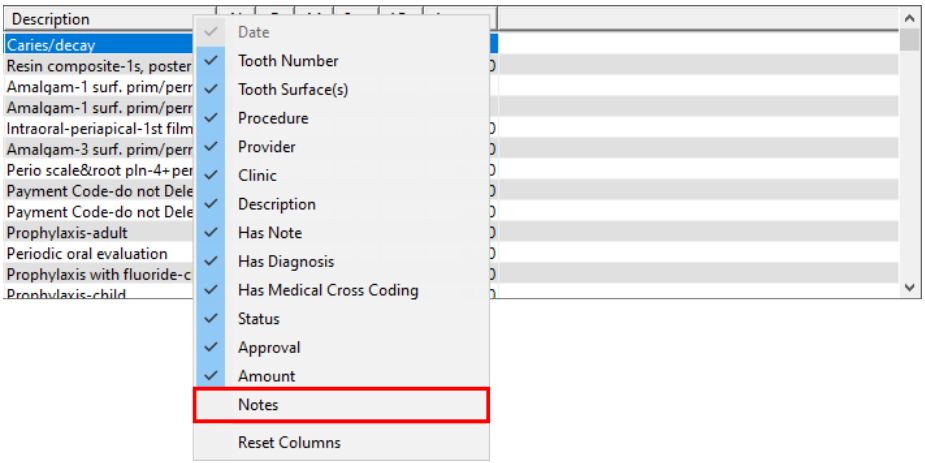
2. Drag the divider to achieve the desired width.

To show or hide the Notes

1. In the Patient Chart, on the Progress Notes panel, right-click a column header of the procedure list.
2. Do one of the following:
   - If **Notes** has a check mark next to it, to hide the **Notes** box, click **Notes**.



   - If **Notes** does not have a check mark next to it, to show the **Notes** box, click **Notes**.



Note: The size and visibility of the **Notes** box is saved per user.

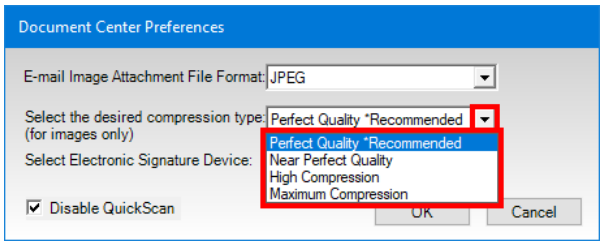
Compression Type for Images

In the **Document Center Preferences** dialog box, you can now select the type of compression Dentrix Enterprise uses when you import images into the Document Center.

To change the compression type

1. In the Document Center, on the **Setup** menu, click **Document Center Preferences**.

   The **Document Center Preferences** dialog box appears.



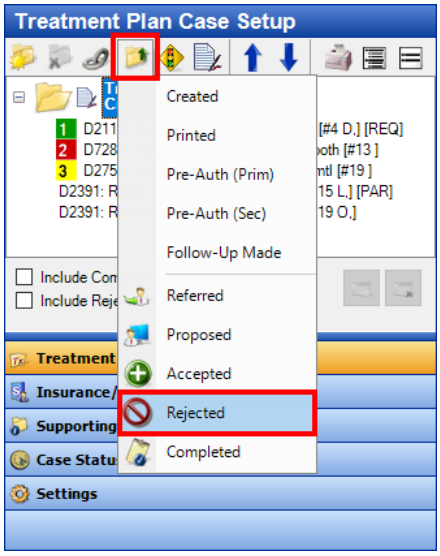
2. From the **Select the desired compression type** list, select one of the following options:
   - Perfect Quality *Recommended
   - Near Perfect Quality
   - High Compression
   - Maximum Compression
3. Click **OK**.

Unlinking Conditions from Rejected Treatment Plans

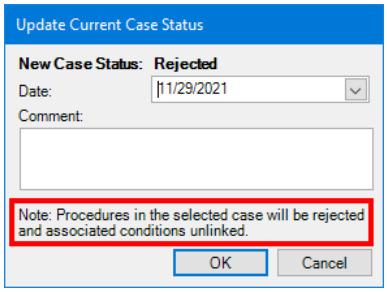
When you mark a treatment plan case as Rejected, the associated conditions are unlinked from those procedures.

To reject a treatment plan with linked conditions

1. With a patient's case selected in the Treatment Planner, from the **Update Case Status** button menu, click **Rejected**.



The **Update Current Case Status** dialog box appears. If any procedures have linked conditions, a note appears at the bottom of the dialog box to inform you that the associated conditions will be unlinked from the rejected procedures.



2. Click **OK**.

Clinic Information

The options in the **Clinic Information** dialog box have been reorganized.

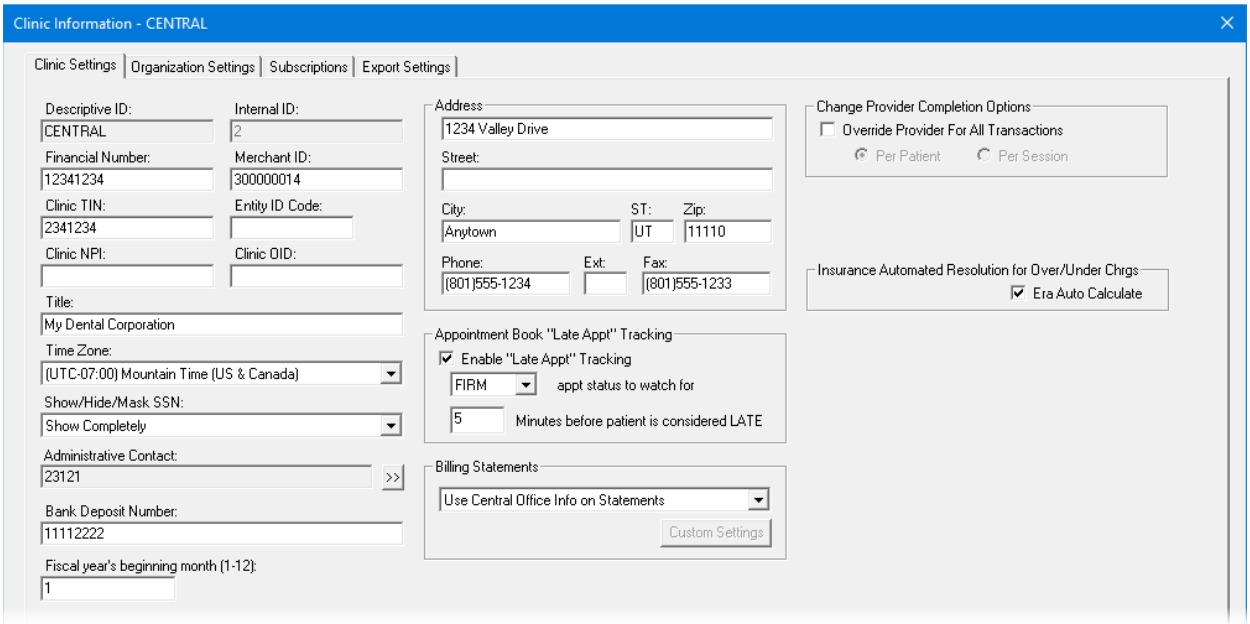
To view the clinic information

In the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resource Setup**. In the **Clinic Resource Setup** dialog box, under **Clinic Information**, click **Edit**.

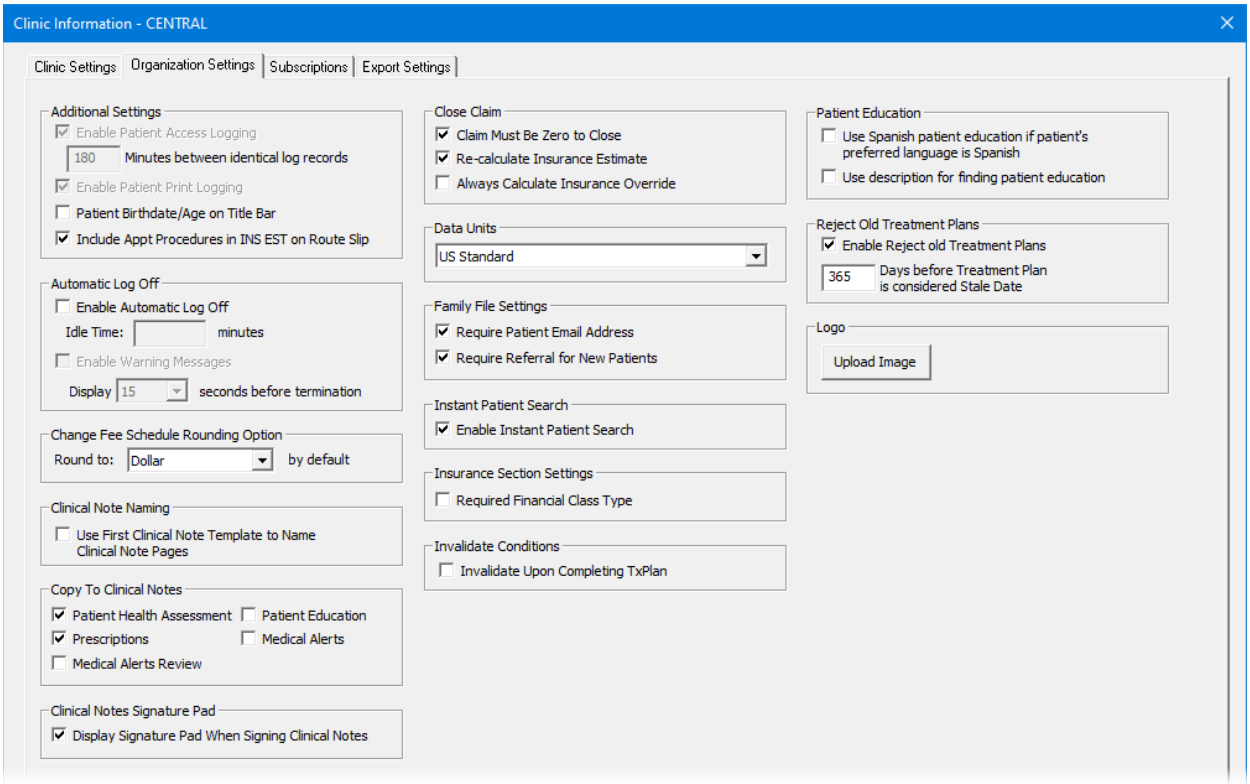
The **Clinic Information** dialog box appears.

The tabs have been renamed, and options have been rearranged. Also, the dialog box is now shorter and wider than in previous versions.

Clinic Settings (settings for the clinic that you are currently logged in to)

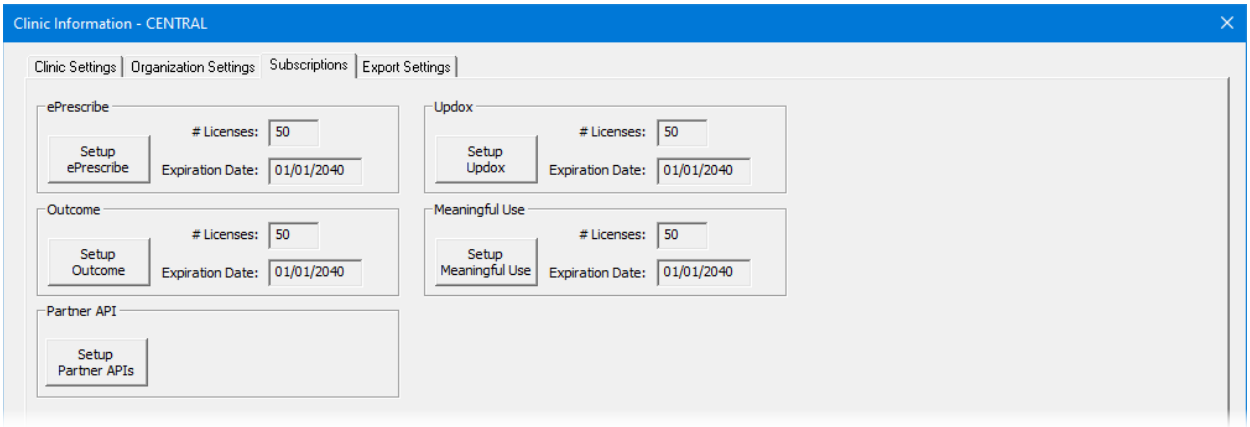


Organization Settings (settings for the Central, organization-level, clinic)

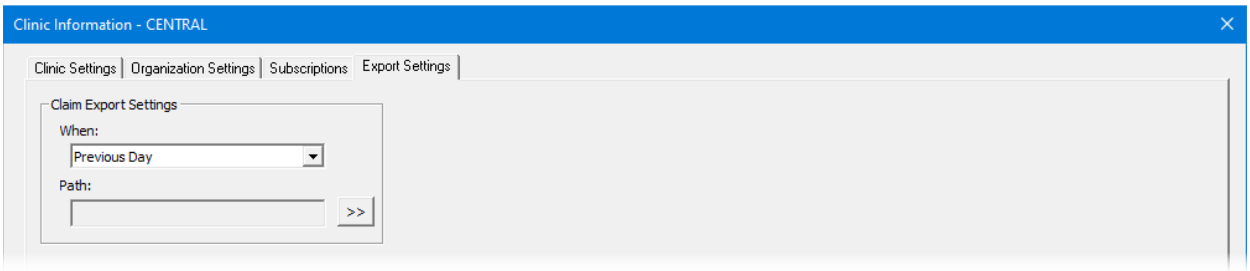


Note: You can edit the options on this tab only if you are logged in to the Central (organization-level) clinic; otherwise, you can only view the options.

Subscriptions



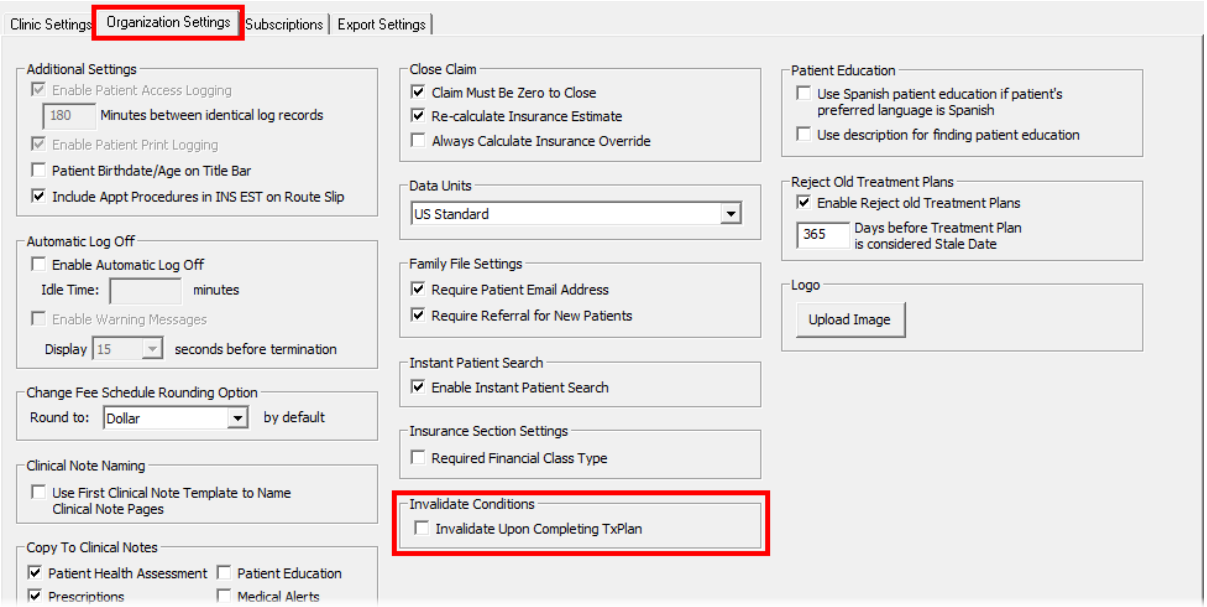
Export Settings (if applicable)



Note: This tab is available only if a certain global setting is enabled.

Invalidating Conditions

The **Invalidate Upon Completing TxPlan** check box in the **Clinic Information** dialog box is now an organization-level setting. You can change it only if you are logged in to the Central (organization-level) clinic.

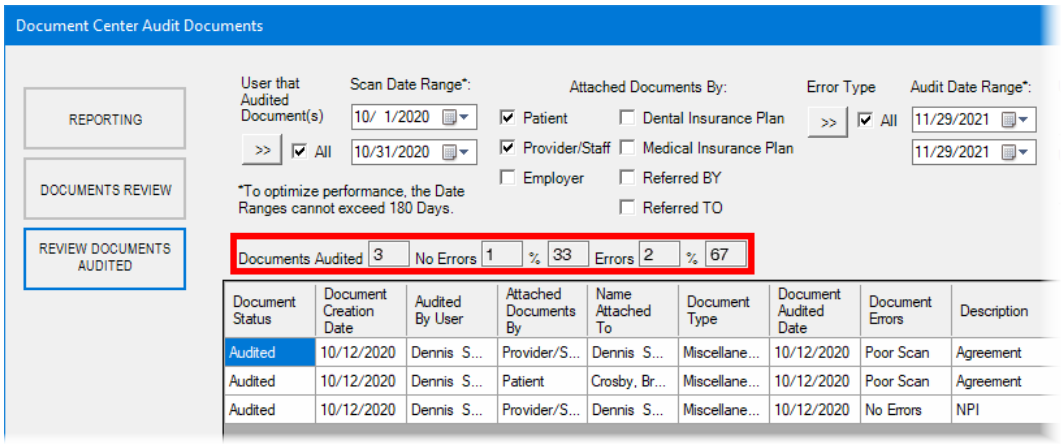


Document Center Audit Documents Utility

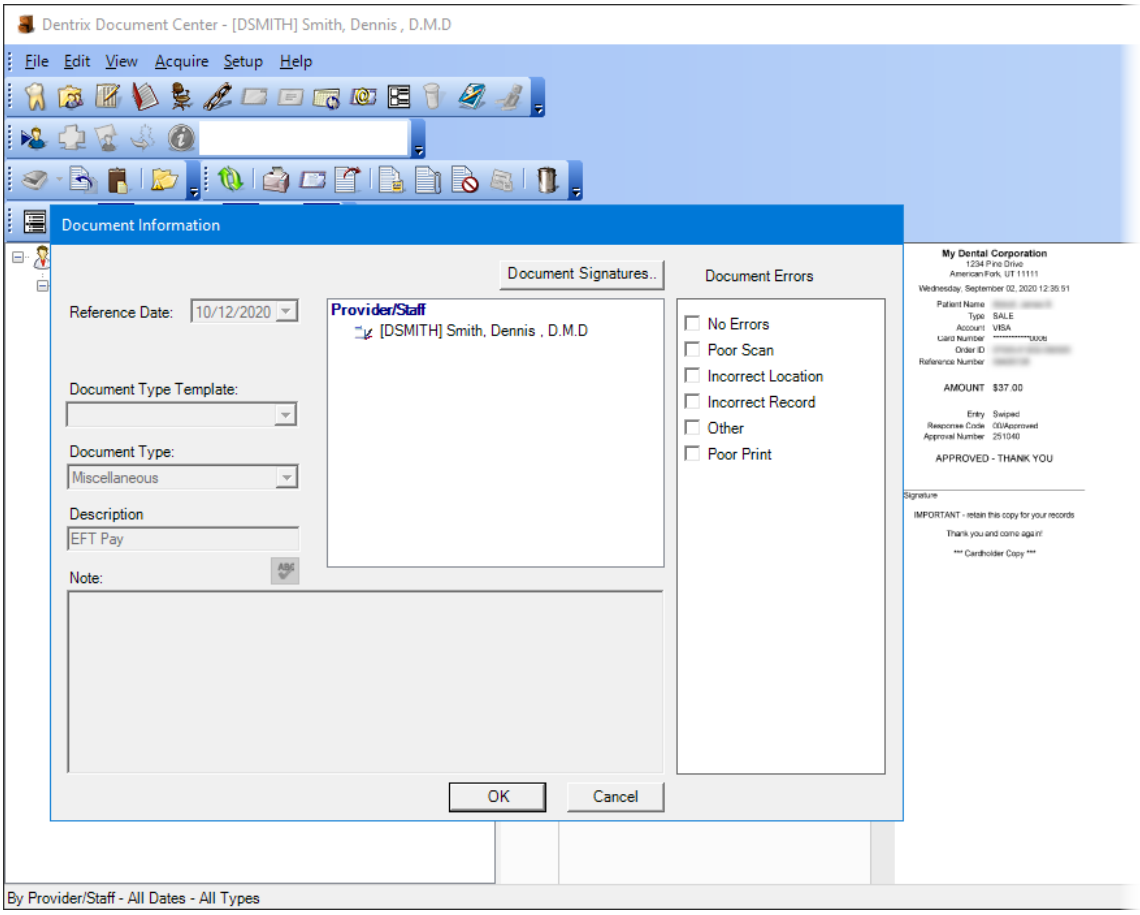
The Document Center Audit Documents utility includes the following enhancements:

- The **Refresh** button (which is available on all tabs) now has a label.

- The **Review Documents Audited** tab includes five new boxes to display the following information:
  - The total number of documents audited.
  - The total number of documents that were reviewed and had no errors.
  - The percentage of documents that were reviewed and had no errors.
  - The total number of documents that were reviewed and had errors.
  - The percentage of document that were reviewed and had errors.



- After you click the link for a document on the **Documents Review** tab to view that document in the Document Center, you can now resize or move the **Document Center** window or resize the document being viewed in the Document Center without having to complete an audit first or close the **Document Information** dialog box.



Note: To access the utility, in the Office Manager, on the **Analysis** menu, click **Document Center Audit Documents**.

How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 11.0.2?" section of the Dentrix Enterprise Help.

You can view on-demand product training videos, download PDF copies of product manuals (such as the Reports Reference, User's Guide, and System Requirements), and search the support knowledgebase for troubleshooting tips and answers to common questions in the Resource Center at www.dentrixenterprise.com/support/resource-center if you have an active customer service plan.

Dentrix Enterprise 11.0.2 Update 6

Overview

The *Dentrix Enterprise 11.0.2 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

Notes:

- For information about using the features in this release, refer to "Using the New Features and Enhancements" in this document.
- The listing of new features and enhancements in this release is also available in the "What's New in Dentrix Enterprise?" portion of the Dentrix Enterprise Help.
- For a complete listing of new features, enhancements, and resolved issues in this release, refer to the Dentrix Enterprise Release Notes at https://hsps.pro/DentrixEnterprise/ReleaseNotes/index.htm#t=11_0_2_Update_6.htm.

Features

Dentrix Enterprise 11.0.2 Update 6 includes the following new features and enhancements:

- **Insurance Eligibility Details** – The insurance eligibility details viewer can display more coverage information than in previous versions.
- **Treatment Plan Approval Status** – The treatment plan approval status is now available on the **Treatment Plans** tab of the **More Information** window.
- **Override for "Approval Status" Security Right** – If you attempt to change the treatment plan approval status in the **Edit or Delete Procedure** dialog box, but your user account has not been granted permission to do so, Dentrix Enterprise now prompts for a user with adequate permission to enter their credentials to temporarily override the restriction.
- **Saving Perio Exams** – The confirmation message "Save changes to current perio chart?" now appears when you attempt to save changes to an existing perio exam.
- **Window Sizes and Positions** – The size and position of the following windows are now saved per user in the database:
  - Patient List
  - More Information
  - Medical Alerts
  - Signature Manager
  - Treatment Request Manager
  - Scheduling Assistant
- **Longer Primary Care Provider Names** – The Primary Care Provider First Name and Last Name fields in the DDB_HL7_PD1_BASE table of the database now allow up to 50 characters each.
- **Custom Report** – If you use a certain custom install code during the upgrade of Dentrix Enterprise, the Dental Procedure and Finance Report is available in the DXOne Reporting module. The report lists all claim transactions individually by date.

Installation

Install Dentrix Enterprise 11.0.2 Update 6 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 11.0.2 Update 6, contact Dentrix Enterprise Customer Support at 1-800-459-8067, option 2.

Important Notes

- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.

Using the New Features and Enhancements

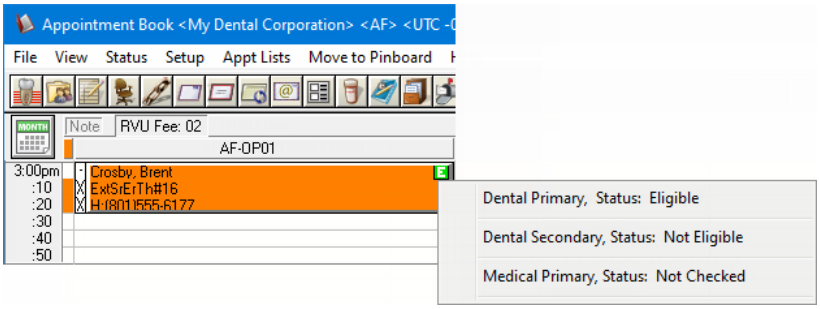
The following pages contain instructions about how to use the new features and enhancements of this release.

Insurance Eligibility Details

The insurance eligibility details viewer can display more coverage information than in previous versions. The following information is now allowed and displayed if it is received:

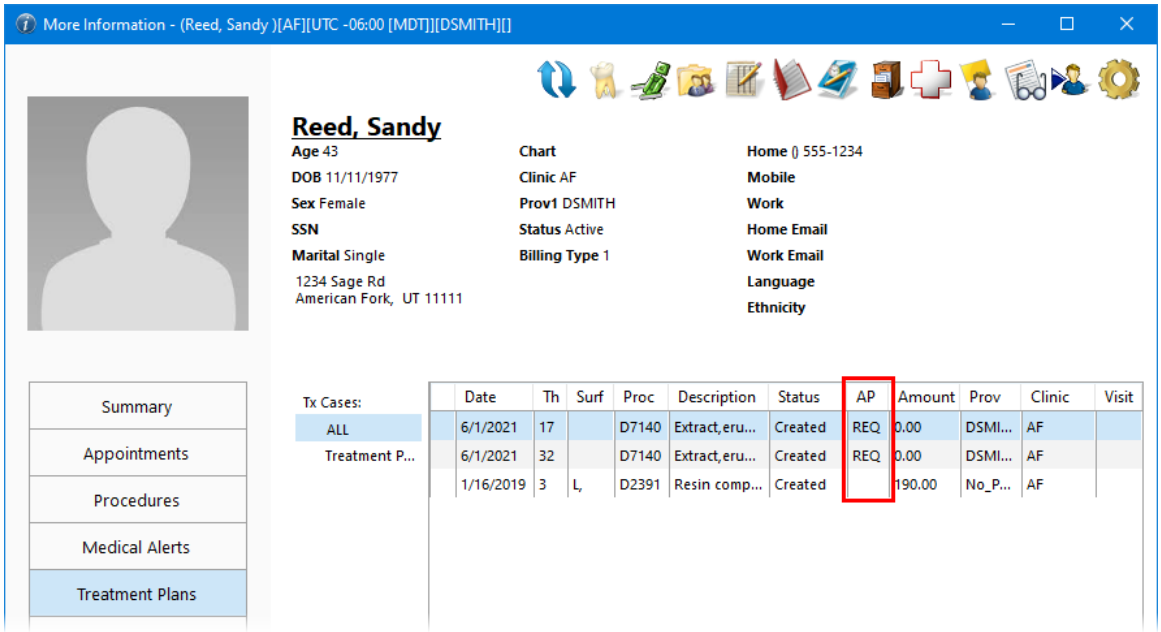
- Payer:
  - Telephone (optional)
  - Fax (optional)
  - Email (optional)
- Subscriber:
  - Plan Number (optional)
  - Plan Name (optional)
  - Case Number (optional)
- Dependent (optional):
  - Plan Number (optional)
  - Plan Name (optional)
  - Case Number (optional)
- Coverage Notes (formerly labeled “Plan Provisions”; optional)
- Other Resources (formerly labeled “Other”; optional)
- Deductibles
- Out of Pocket
- Maximum
- Coverage
- Co-Insurance
- Co-Pays
- Frequency Limitations

To view eligibility details, right-click the eligibility (E) icon on an appointment tile in the Appointment Book, and then click a dental insurance plan on the menu that appears.



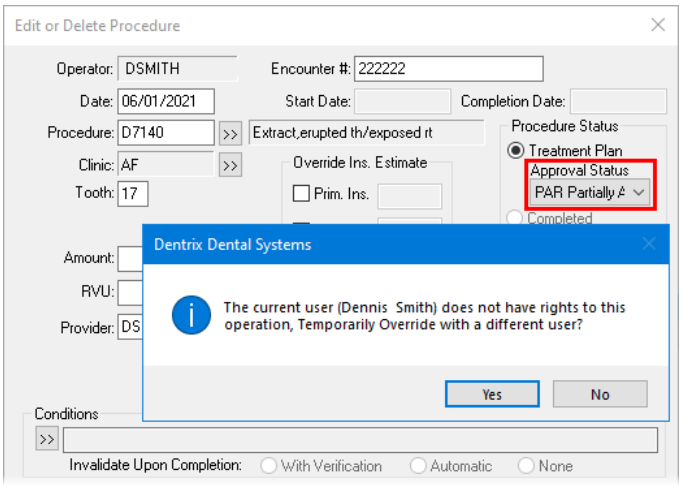
Treatment Plan Approval Status

The treatment plan approval status is now available on the **Treatment Plans** tab of the **More Information** window.



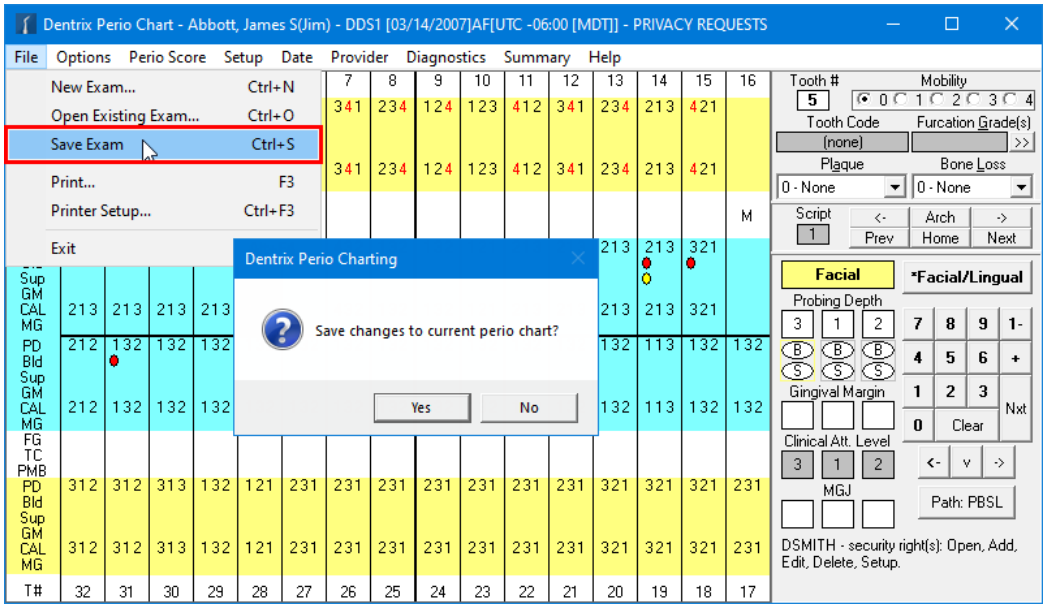
Override for "Approval Status" Security Right

If you attempt to change the treatment plan approval status in the **Edit or Delete Procedure** dialog box, but your user account has not been granted permission to do so, Dentrix Enterprise now prompts for a user with adequate permission to enter their credentials to temporarily override the restriction.



Saving Perio Exams

The confirmation message "Save changes to current perio chart?" now appears when you attempt to save changes to an existing perio exam. Click **Yes** to save the changes.



How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 11.0.2?" section of the Dentrix Enterprise Help.

You can view on-demand product training videos, download PDF copies of product manuals (such as the Reports Reference, User's Guide, and System Requirements), and search the support knowledgebase for troubleshooting tips and answers to common questions in the Resource Center at www.dentrixenterprise.com/support/resource-center if you have an active customer service plan.

Dentrix Enterprise

11.0.2

Update 5

Overview

The *Dentrix Enterprise 11.0.2 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

Notes:

- For information about using the features in this release, refer to "Using the New Features and Enhancements" in this document.
- The listing of new features and enhancements in this release is also available in the "What's New in Dentrix Enterprise?" portion of the Dentrix Enterprise Help.
- For a complete listing of new features, enhancements, and resolved issues in this release, refer to the Dentrix Enterprise Release Notes at https://hsps.pro/DentrixEnterprise/ReleaseNotes/index.htm#t=11_0_2_Update_5.htm.

Features

Dentrix Enterprise 11.0.2 Update 5 includes the following new features and enhancements:

- **Customizing the Progress Notes** – You can now customize the progress notes in the Patient Chart to suite your preferences. Each user can have different view settings for the progress notes.
- **Editing Conditions** – The **Change Condition** dialog box, which you can use to edit a condition, includes new options and existing options that are now editable.
- **Setting the Default for Invalidating Conditions** – There is a new clinic setting that determines the default selection for handling the invalidation of conditions that are linked to any treatment-planned procedure that is completed.
- **New Paint Types** – Impacted and Root Tip have been added to the paint types in the Practice Definitions. You can assign the new paint types to any procedure codes.
- **Perio Chart Enhancements** – There are several enhancements to the settings for perio exams. Also, there are new security rights for the Perio Chart.
- **New Patient List Data and Security Rights** – If certain global settings are enabled, the Patient List has new filter sets and data fields. Also, there are new security rights and a modified security right for the Patient List.
- **Updating Service Settings** – Dentrix Enterprise provides the new Services Settings Updater, which allows you to change the settings for connecting certain services to your Dentrix Enterprise database.
- **Global Setting for Clinical Notes** – A new global setting allows you to specify whether clinical notes support the UTF-16 or UTF-8 character set.
- **OHS Outcome after Appointment Report** – The new OHS Outcomes after Appointment Report measures changes in oral health after appointments, which may indicate the benefit or effectiveness of treatment performed.
- **Filtering the Document Center Audit Documents Utility** – On the **Documents Review** tab of the **Document Center Audit Documents** window, you can now filter the list by either a specific or relative range of scan creation dates. You can now filter the list by document type. Also, you can show either all or a specific percentage of documents (selected randomly) that meet the filter criteria.
- **Clinical Note Review Dashboard** – The new Clinical Note Review Dashboard helps automate the process of reviewing clinical notes. The review process includes review criteria and a score sheet.
- **Viewing Failed Axia Transactions** – If your office uses Axia for manual or recurring credit card payments, the **Patient Finances** window can now display the reason a transaction has failed and the applicable error message.

- **Aging by Financial Class Report** - If the Aging by Financial Class Report is available to your practice, on the report, there is now a **Chart** column to display a patient's ID.
- **Longer Primary Care Provider Names Allowed** – The PrimCareProv_FirstName field in the DDB_HL7_PD1_BASE table of the database now allows up to 30 characters (instead of 20 as in previous versions) for the first name of a medical primary care provider.
- **DXOne Reporting** – There are database changes for handling report queries:
  - For environments with only one reporting server for DXOne Reporting, a table and SQL Agent job will be added or updated in the database.
  - For environments with multiple reporting servers for DXOne Reporting, you must configure companion databases on each reporting server before installing or upgrading Dentrix Enterprise. A table and SQL Agent job will be added or updated in each companion database.

    Important: The companion databases must be configured on each reporting server before you install Dentrix Enterprise 11.0.2 Update 5.

Installation

Install Dentrix Enterprise 11.0.2 Update 5 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 11.0.2 Update 5, contact Dentrix Enterprise Customer Support at 1-800-459-8067, option 2.

Important Notes

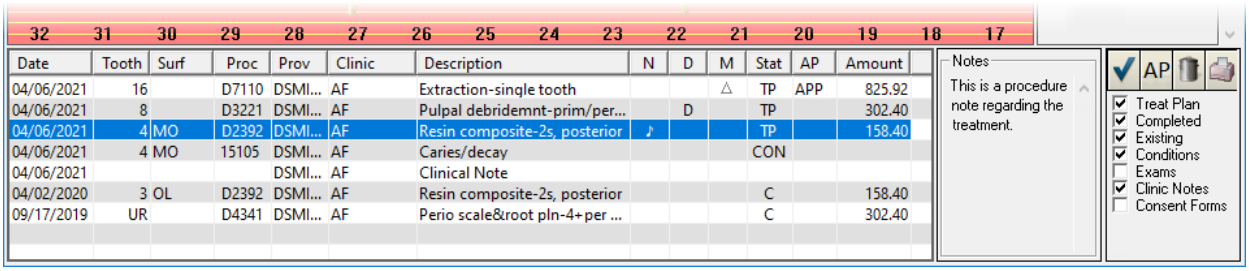
- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.
- If you use multiple reporting servers for DXOne Reporting, companion databases must be configured on each reporting server before you install Dentrix Enterprise 11.0.2 Update 5.

Using the New Features and Enhancements

The following pages contain instructions about how to use the new features and enhancements of this release.

Customizing the Progress Notes

You can now customize the progress notes in the Patient Chart to suite your preferences. Each user can have different view settings for the progress notes. Dentrix Enterprise saves view settings automatically, so any customizations stay in effect for the next time you open the Patient Chart.



You can do any of the following to customize the progress notes:

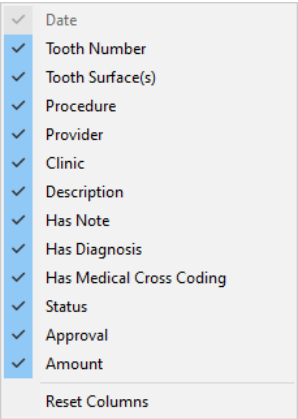
- **Hide a column** – Right-click a column header*, and then click a column name with a check mark next to it to hide that column.
- **Show a hidden column** – Right-click a column header*, and then click a column name without a check mark next to it to show that column.
- **Resize a column** – Position your pointer at the end of the column that you want to resize, and then, when the double-arrow pointer appears, drag until the column is the desired width.

- **Sort by a column** – Click a column header to sort the progress notes in ascending order by that column. Click the same column header again to sort the progress notes in descending order by the column.

  Note: By default, the progress notes are sorted by date in descending order (reverse chronological order), by provider in descending order (reverse alphabetical order), and then by clinic in descending order (reverse alphabetical order)

- **Reset the columns** – To remove any customizations that you have made and return the progress notes to the system default, right-click a column header, and then click **Reset Columns**.

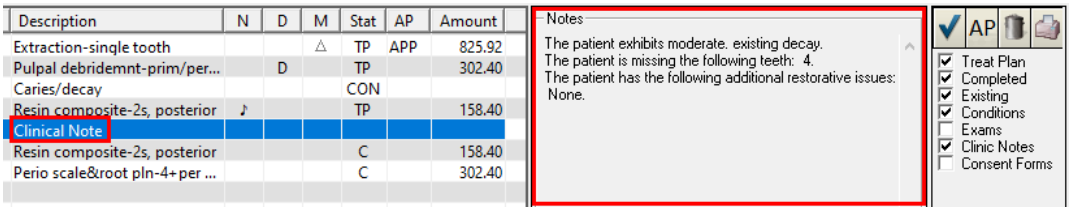
*The following menu appears when you right-click a column header:



The following columns are new to the progress notes:

- **N** – A musical note symbol in the new **N** column in the progress notes indicates that a procedure or condition has notes.
- **D** – A "D" in the new **D** column in the progress notes indicates that a procedure has been cross coded with a dental diagnostic code, ICD-9 code, or ICD-10 code.
- **M** – A triangle symbol in the new M column in the progress notes indicates that a procedure can be or has been cross coded with a medical code.

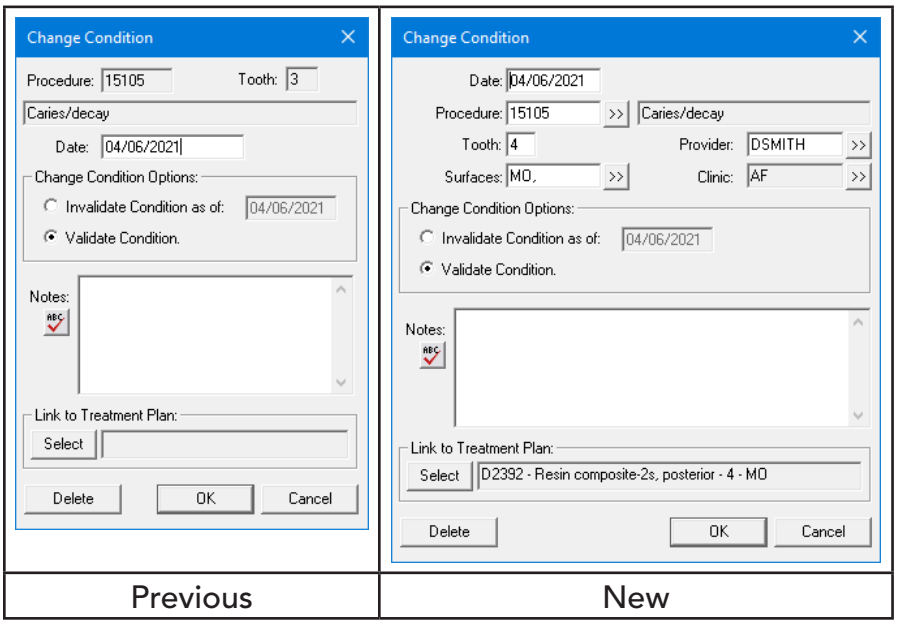
The progress notes panel now has a box for notes. If a procedure with notes, a condition with notes, or a clinical note is selected, the text of the corresponding note appears.



Note: For a clinical note with multiple pages, each page is a separate line item in the progress notes.

Editing Conditions

The **Change Condition** dialog box, which you can use to edit a condition, includes new options and existing options that are now editable.



Previous	New

The following existing options are now editable:

- **Procedure** – Click the search button >> to change the code (only codes in the Conditions category are available for selection).
- **Tooth** – Enter a tooth in the box.

There are also new options, which are editable:

- **Provider** – Click the search button >> to change the provider.
- **Clinic** – Click the search button >> to change the clinic.
- **Treatment areas** – If applicable, specify a different **Surface**, **Quadrant**, **Arch**, or **Sextant**.

Setting the Default for Invalidating Conditions

There is a new clinic setting that determines the default selection for handling the invalidation of conditions that are linked to any treatment-planned procedure that is completed.

To set the default for invalidating conditions

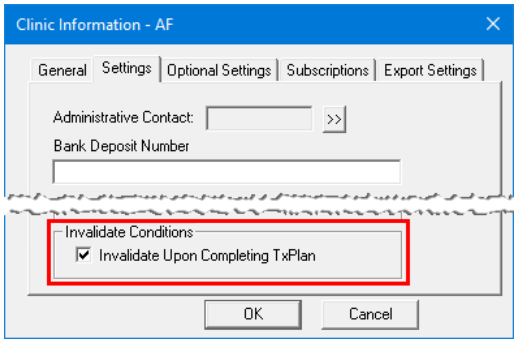
1. In the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resource Setup**.

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

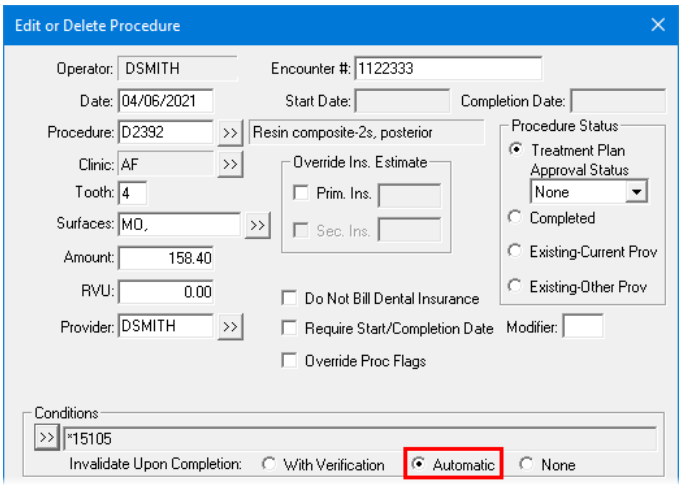
2. Under **Clinic Information**, click **Edit**.

   The **Clinic Information** dialog box appears.

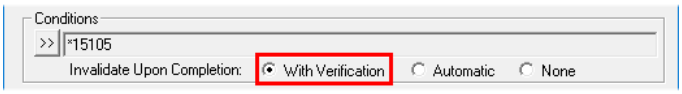
3. Select the **Settings** tab.



4. Select or clear the new **Invalidate Upon Completing Tx Plan** check box:
   - If the check box is selected, when you link conditions to a procedure, **Automatic** is selected by default for **Invalidate Upon Completion**. Unless you select a different option, when you complete the procedure, the linked condition are invalidated automatically without providing a confirmation message to allow you to choose which, if any, of the linked conditions to invalidate.



   - If the check box is clear, when you link conditions to a procedure, **With Verification** is selected by default for **Invalidate Upon Completion**. Unless you select a different option, when you complete the procedure, a confirmation message appears so you can choose which, if any, of the linked conditions to invalidate.



5. Click **OK**.

New Paint Types

Impacted and Root Tip have been added to the paint types in the Practice Definitions. You can assign the new paint types to any procedure codes. When you post one of those procedures for primary or permanent teeth, the correct charting symbol appears on the tooth chart in the Patient Chart and Treatment Planer.

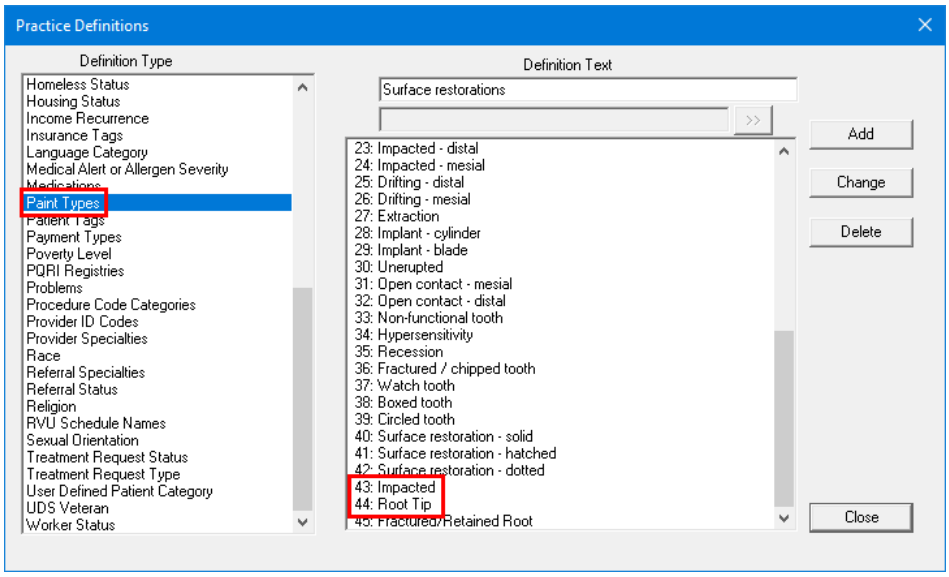
To view the new paint types

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

   The **Practice Definitions** dialog box appears.

2. In the **Definition Type** list, select **Paint Types**.

   The **Impacted** and **Root Tip** paint types that are now available have the IDs 43 and 44, respectively.

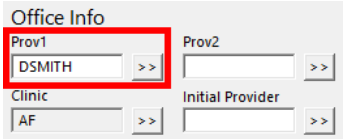


Perio Chart Enhancements

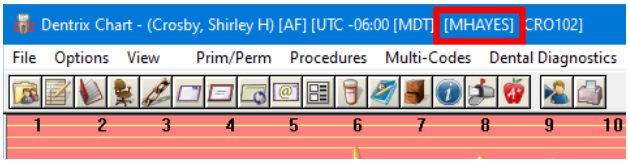
There are several enhancements to the settings for perio exams. Also, there are new security rights for the Perio Chart.

AUTOMATICALLY CHANGING THE PERIO CHART PROVIDER

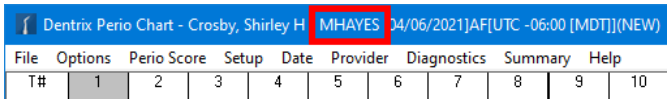
When you open a patient's Perio Chart and then start a new exam, the provider from the Patient Chart is selected for the exam. In previous versions, the default Perio Chart provider was always the patient's primary provider (from the Family File). As in previous versions, you can still change the Perio Chart provider as needed.



Prov1 in the Patient Information dialog box.



Provider in the Patient Chart.



Provider in the Perio Chart.

Note: If the Perio Chart provider changes automatically, when you start a new exam and then attempt to save it, a message regarding the provider being changed automatically appears.

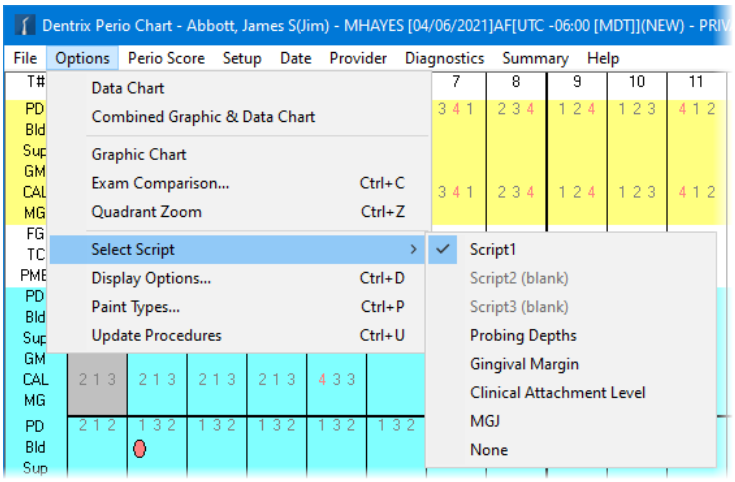
When you start a new perio exam, the Perio Chart provider is the provider who is selected in the Patient Chart. However, if you are editing an existing perio exam, the Perio Chart provider is the provider who was selected when that exam was saved.

You are notified that the provider was changed automatically when you attempt to do any of the following:

- Close the **Perio Chart** window if a new exam has been started but not saved yet.
- Save a new exam.
- Print a new exam that has not been saved yet.

SELECTING A SCRIPT FROM THE OPTIONS MENU

In the Perio Chart, the **Options** menu now has a **Select Script** option. Point to this option to view the available scripts. Select one of the scripts to use for the exam being entered or edited currently.



Note: An empty navigation script is not available for selection, and the text "(blank)" appears next to that script.

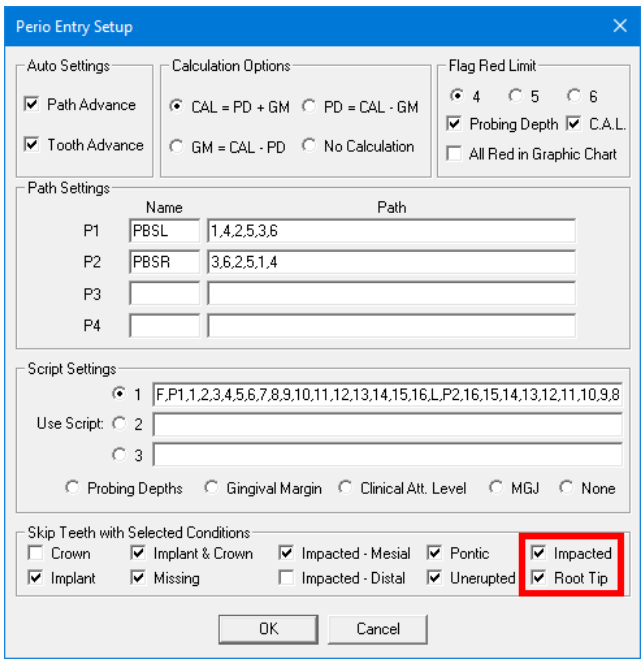
SKIPPING TEETH WITH THE NEW PAINT TYPES

In the **Perio Entry Setup** dialog box, you can now choose to skip impacted teeth or root tips when entering a perio exam in the Perio Chart.

To set up how to handle impacted teeth or root tips during perio exams

1. In the Perio Chart, click **Setup** on the menu bar.

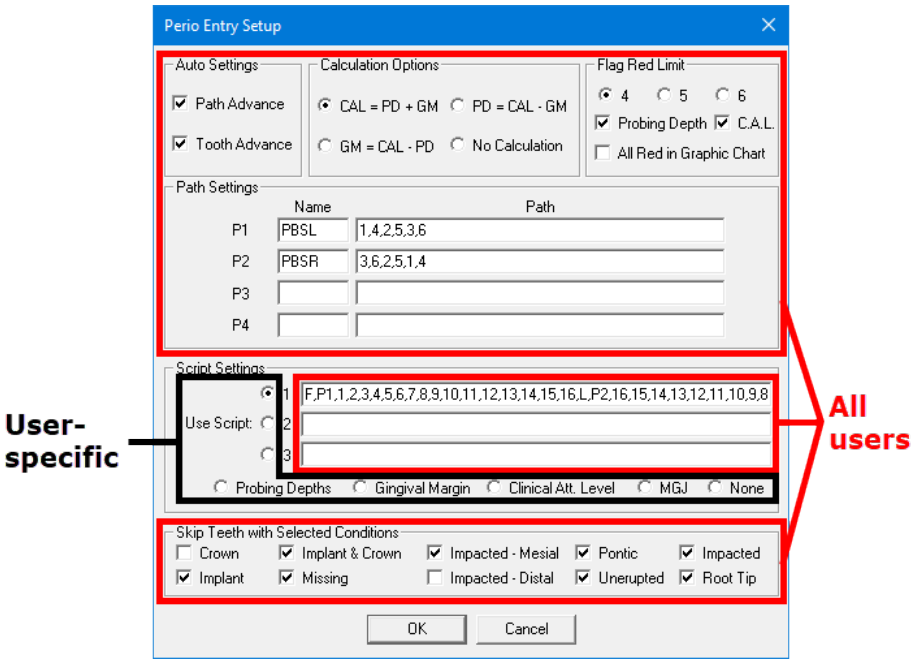
   The **Perio Entry Setup** dialog box appears.



2. Under **Skip Teeth with Selected Conditions**, select or clear the new **Impacted** and **Root Tip** check boxes.
3. Click **OK**.

SAVED PERIO ENTRY SETTINGS

The settings in the **Perio Entry Setup** dialog box are now stored in the database. In previous versions, the settings were stored in the Windows registry.



Most settings apply to all users, but one is saved per user:

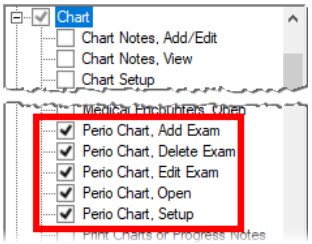
- **All users** – **Auto Settings**, **Calculation Options**, **Flag Red Limit**, **Path Settings**, **Skip Teeth with Selected Conditions**, and any data in boxes **1**, **2**, and **3** under **Script Settings**.
- **User-specific** – The selected default script under **Script Settings**.

Note: You can also select your default script from the **Options** menu.

NEW SECURITY RIGHTS

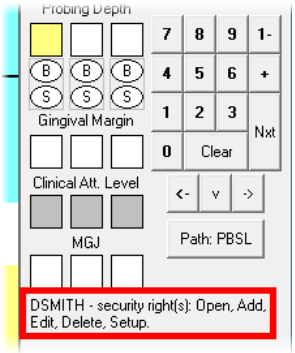
There are new security rights for the Perio Chart. When you are setting up security rights for a user or group, under the **Chart** category, the following security rights are available:

- **Perio Chart, Add Exam** – Allows a user to start and save a new perio exam, and allows a user to edit a perio exam on the day that it was created (even if the exam was backdated).
- **Perio Chart, Edit Exam** – Allows a user to edit and save the changes to a perio exam.
- **Perio Chart, Delete Exam** – Allows a user to delete a perio exam.
- **Perio Chart, Setup** – Allows the user to access and change the perio entry settings (you access the **Perio Entry Setup** dialog box from the **Setup** menu).



Note: During the upgrade to this version of Dentrix Enterprise, if a user has the "Perio Chart, Open" security right enabled, that user will be granted permission to add, edit, and delete perio exams and to access the perio entry settings. This does not apply to CA Dept. of Corrections & Rehabilitation users.

When a user opens the Perio Chart, the actions that the user has been granted permission to perform appear in the lower-right corner. If the user attempts to perform an action in the Perio Chart that is prohibited, a user with adequate security rights can override the restriction temporarily so the logged-in user can complete the task.



New Patient List Data and Security Rights

If certain global settings are enabled, the Patient List has new filter sets and data fields. Also, there are new security rights and a modified security right for the Patient List.

NEW FILTERS

For the Patient List, the following filters have been added to the **Filter Set**:

- Dental Priority Classifications
- Movement Holds
- Current Status
- Earliest Release
- Effective Communication/ADA
- SLI
- Primary Method
- Secondary Method
- Dental Chronic Care
- Program Name
- Housing Type
- RC Admit Date
- RC Eligibility
- Clinical Risk
- Mental LOC
- Transfer Date
- Movement reason
- Movement Type

NEW DATA FIELDS

For the Patient List, the following have been added to the **Data Fields**:

- **Inmate Information** – This category has been added.

  In this category, the following data fields have been added:

  - Custody Level
  - Current Status
  - Work Assignment
  - Earliest Release
  - Effective Communication/ADA
  - TABE Score
  - TABE Date
  - SLI
  - Primary Method
  - Secondary Method
  - Adaptive Support Needs
  - Dental Chronic Care
  - Program Name
  - Housing Type
  - RC Eligibility
  - RC Admit Date
  - Clinical Risk
  - MH LOC

- **Inmate Location** – This category has been added.

  In this category, the following data fields have been added:
  - Bed
  - Transfer Date
  - Movement Reason
  - Movement Type
- **Dental Priority Classifications** – This category has been added.

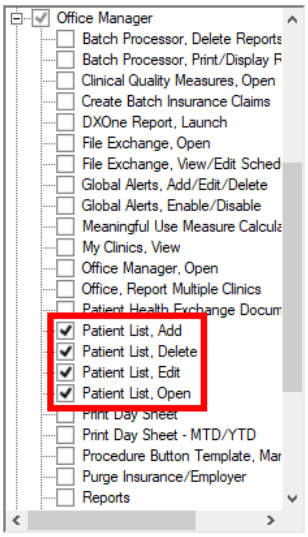
  In this category, the following data fields have been added:
  - Class
  - Date Set
  - Description
  - Status
- **Movement Holds** – This category has been added.

  In this category, the following data fields have been added:
  - Hold Date
  - Hold Type
  - Hold Reason
  - Hold Provider
  - Closed Date

NEW SECURITY RIGHTS

There are new security rights for the Patient List. When you are setting up security rights for a user or group, under the **Office Manager** category, the following security rights are available:

- **Patient List, Add** – Allows a user to create a new patient list.
- **Patient List, Edit** – Allows a user to edit an existing patient list but not save the changes unless the "Patient List, Add" security right is enabled.
- **Patient List, Delete** – Allows a user to delete an existing patient list.



Also, the "Patient List, Open" security right has been modified, so it only allows a user to run an existing patient list.

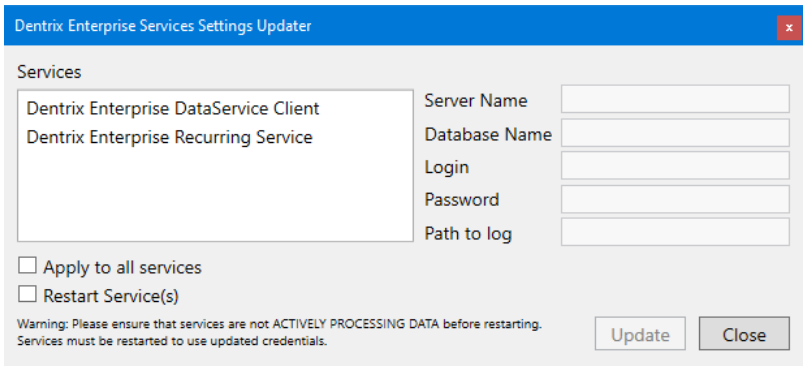
Updating Service Settings

Dentrix Enterprise provides Windows services that handle recurring payments through AxiaMed (the third-party provider of credit card processing) and insurance eligibility verifications through Change Healthcare (the third-party provider of electronic claims processing). The new Services Settings Updater allows you to change the settings to connect those services to your Dentrix Enterprise database.

To update service settings

1. Open the following folder: **C:\Program Files (x86)\Dtx.DataService**.
2. Double-click **ServicesShared.SettingsUpdater.exe**.

   The **Dentrix Enterprise Services Settings Updater** window appears.

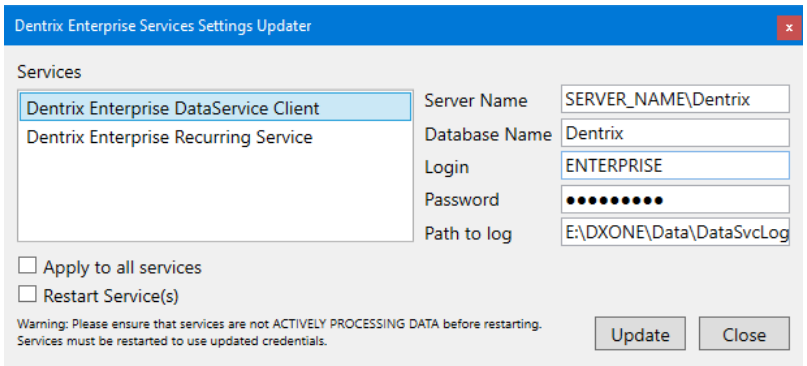


   The following services, if installed, appear in the **Services** list:

   - Dentrix Enterprise DataService Client (for eligibility verifications)
   - Dentrix Enterprise Recurring Service (for recurring payments)

3. In the **Services** list, select a service.

   The settings for that service appear.



4. Change any of the following as needed:

   - **Server Name** – The name of the database server, a backslash (\), and then the name of the Microsoft SQL Server instance that houses your Dentrix database.
   - **Database Name** – Dentrix is the default name of the database, but it may be different if it has been customized for your installation.
   - **Login** – The user name of a super user, such as Enterprise or SA.
   - **Password** – The user's password.

- **Path To Log**:
  - For the Dentrix Enterprise Recurring Service, this is the directory where you want Dentrix Enterprise to store log files regarding recurring payments. This path can reference a local folder (for example, **E:\DtxData\PymtLogs**) or a network location (for example, **\\DtxServer\DtxData\PymtLogs**).
  - For the Dentrix Enterprise DataService Client, this is the directory where you want Dentrix Enterprise to store log files regarding eligibility verifications. This path can reference a local folder (for example, **E:\DtxData\EligLogs**) or a network location (for example, **\\DtxServer\DtxData\EligLogs**).

5. To apply all the settings to both services, select the **Apply to all services** check box.
6. To have Dentrix Enterprise restart the service or services (if the **Apply to all services** check box is selected), select the **Restart Service(s)** check box. If you have changed the credentials, the change will not take effect until you restart the service.

   Important: Do not restart a service that is actively processing data. If a service is in use, make sure that the **Restart Service(s)** check box is clear before you click **Update**. Once the service is no longer in use, you can manually restart it.

7. Click **Update**.

   Note: If there is an error connecting to the database or accessing the log folder, an error message appears. Click **OK**. You must address the issue or change settings to proceed.

   If the settings were updated successfully, a message that states such appears.
8. Click **OK**.

Global Setting for Clinical Notes

Support for the UTF-16 character set in clinical notes was removed previously because the UTF-16 character set caused issues with some HL7 implementations. Now, a global setting allows you to specify whether clinical notes support the UTF-16 or UTF-8 character set. By default, the UTF-8 character set is supported.

Important: If you opt to allow the UTF-16 character set, you are responsible for ensuring that your environment and HL7 implementation are compatible with the UTF-16 character set.

The selection for the applicable global setting determines which character set is supported:

- **Disabled** – The UTF-8 character set is supported.
- **Enabled** – The UTF-16 character set is supported.

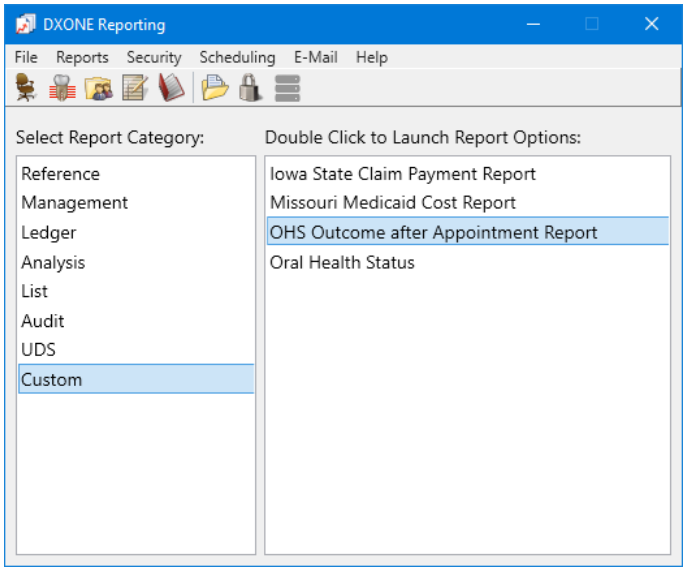
OHS Outcome after Appointment Report

The OHS Outcome after Appointment Report has been added to the Custom category in DXOne Reporting. This report is available only if the global setting for the Oral Health Status features is enabled.

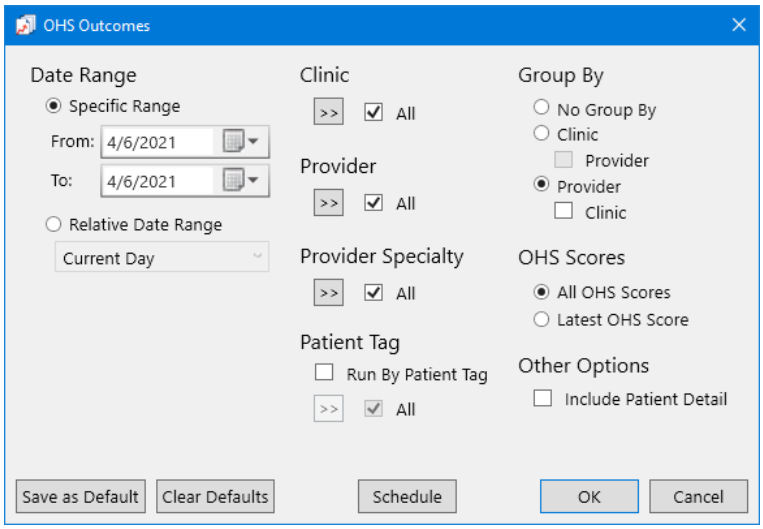
The OHS Outcome after Appointment Report measures changes in oral health after appointments, which may indicate the benefit or effectiveness of treatment performed. This report should be used at the Service Unit level only.

To run the report

1. In DXOne Reporting, select **Custom**, and then double-click **OHS Outcome after Appointment Report**.



The **OHS Outcomes** dialog box appears.



2. Set up the following options:
   - **Date Range** – Either select **Specific Range**, and then enter a date range in the **From** and **To** boxes; or select **Relative Date Range**, and then select a date range.

     Note: For the **Relative Date Range**, there are no future date ranges because they are not relevant for this report.

- **Clinic** – Click the search button >> to select the clinics you want to include on the report, or select the **All** check box to include all clinics. This is based on the clinic where a user was logged in to when an assessment was done. Only the clinics that your user account has permission to access are considered or available for selection.
- **Provider** – Click the search button >> to select the providers you want to include on the report, or select the **All** check box to include all providers. This is based on the provider or staff member who signed a clinical note, which is not necessarily the logged in user. Only the active providers that your user account has permission to access are considered or available for selection.
- **Provider Specialty** – Click the search button >> to select the specialties you want to include on the report, or select the **All** check box to include all specialties.
- **Patient Tag** – To have the report include patients with certain tags assigned to them, select the **Run By Patient Tag** check box; and then, click the search button >> to select the desired patient tags, or select the **All** check box to include patients with any patient tag. To not filter the report by a patient tag, clear the **Run By Patient Tag** check box.
- **Group By** – Select one of the following options:
  - **No Group By** – For no grouping. The summary report will be generated. The overall total number of patients will be displayed.
  - **Clinic** – To group the report by clinic. Select the **Provider** check box to group by provider within each clinic grouping. The totals for each provider (in a clinic grouping) and for each clinic appear.
  - **Provider** – To group the report by provider. Select the **Clinic** check box to group by clinic within each provider grouping. The totals for each clinic (in a provider grouping) and for each provider appear.
- **Other Scores** – Select one of the following to select the amount of OHS scores that will be displayed from the amount available during the specified timeframe:
  - **All OHS Scores** – The report will show all the OHS score changes completed during the selected time frame for all patients that had OHS score changes.
  - **Latest OHS Score** – The report will only display the most recent OHS score change within the time frame for each patient that had OHS score changes.
- **Other Options** – Select an additional filter for the report:
  - **Include Patient Detail** – To include patient details.

3. Do any of the following:
   - To save these settings for future uses of this report, click **Save as Default**.
   - To schedule the report to run later or on a recurring basis, click **Schedule**.
   - To clear any changes you have made to the settings and start over, click **Clear Defaults**.
4. Click **OK** to preview the report.

The report displays the following information:

- **Patient Details** – If the report includes patient details, the post-treatment assessments are sorted first by date (in chronological order) and then by patient name (in alphabetical order, by first name and then last name). A post-treatment assessment is included on the report if the assessment was completed within the date range for the report, the assessment is linked to a clinical note, and the other report criteria are met.

  Note: There may be multiple post-treatment assessments for a patient on the same day or across multiple days. Each is listed separately.

  For each post-treatment assessment, the following details appear:

  - **OHS Score Pre-Treatment** – If a pre-treatment assessment was completed prior to the post-treatment assessment, the pre-treatment assessment is linked to a clinical note, and the other report criteria are met (except for the date range), the pre-treatment assessment's score appears. The **OHS Score Pre-Treatment** is different from the pre-treatment assessment's recorded score if one of the following conditions is met:
    - If the score for the pre-treatment assessment was a 1, 2, or 3, and more than 2 years passed until the post-treatment assessment was done, the **OHS Score Pre-Treatment** changes to 6.
    - If the score for the pre-treatment assessment was a 4, and more than 2 years but not more than 3 years passed until the post-treatment assessment was done, the **OHS Score Pre-Treatment** changes to 5.
    - If the score for the pre-treatment assessment was a 4, and more than 3 years passed until the post-treatment assessment was done, the **OHS Score Pre-Treatment** changes to 6.

    Notes:

    - If a pre-treatment assessment does not exist, the **OHS Score Pre-Treatment** is blank, and the assessment is included in the **OHS Score Improved**.
    - The date when a pre-treatment assessment was completed can fall outside of the date range for the report.
  - **OHS Score Post Treatment** – The post-treatment assessment's score.
  - **Assessment Date** – The date when the post-treatment assessment was completed.
  - **Signer** – The user ID of the provider who signed the associated clinical note.
  - **Patient Name** – The patient's name.
  - **Chart** – The patient's chart number.
  - **Birthdate** – The patient's birth date (if entered in the Family File record).
  - **Score change** – An "X" appears in one of the following columns to indicate how the patient's OHS score has changed:
    - **OHS Score Degraded** – If the **OHS Score Post Treatment** is higher than the **OHS Score Pre-Treatment**.
    - **OHS Score No Change** – If the **OHS Score Post Treatment** is the same as the **OHS Score Pre-Treatment**.
    - **OHS Score Improved** – If the **OHS Score Post Treatment** is lower than the **OHS Score Pre-Treatment**, or if the **OHS Score Pre-Treatment** is blank.
- **Totals** – The following subtotals (for each grouping), if applicable, and totals (for the entire report) appear:
  - **Assessments** – The number of post-treatment assessments.
  - **OHS Score Degraded** – The number of post-treatment assessments that have an **OHS Score Degraded**.
  - **% OHS Score Degraded** – The **OHS Score Degraded** divided by the **Assessments**.

- **OHS Score No Change** – The number of post-treatment assessments that have an **OHS Score No Change**.
- **% OHS Score No Change** – The **OHS Score No Change** divided by the **Assessments**.
- **OHS Score Improved** – The number of post-treatment assessments that have an **OHS Score Improved**.
- **% OHS Score Improved** – The **OHS Score Improved** divided by the **Assessments**.

Note: There may be multiple post-treatment assessments for a patient on the same day or across multiple days. Each is counted separately toward the applicable totals.

Report examples:

- No grouping, without patient detail

	Assessments	OHS SCORE Degraded	OHS SCORE No Change	OHS SCORE Improved
		%	%	%
TOTALS	11	1	1	9
		9.09%	9.09%	81.82%

- No grouping, with patient detail

Assessment Date	Signer	Patient Name	Chart	Birthdate	OHS SCORE Pre-Treatment	OHS SCORE Post Treatment	OHS SCORE Degraded	OHS SCORE No Change	OHS SCORE Improved
					Assessments		%	%	%
03/15/2015	7BPROV1	Russell Linch	LI0016E	04/04/1944		2			X
03/15/2015	7BPROV1	Rose Loche	LO0002E	04/04/1944		3			X
03/15/2015	7BPROV1	Velma Luna	LU0006E	11/11/1956		4			X
03/15/2015	7BPROV1	Rose Knight	KN0003E	04/04/1943		4			X
03/15/2017	7BPROV1	Russell Linch	LI0016E	04/04/1944	6	3			X
03/15/2017	7BPROV1	Velma Luna	LU0006E	11/11/1956	5	4			X
03/15/2017	7BPROV1	Rose Knight	KN0003E	04/04/1943	4	3			X
03/15/2018	7BPROV1	Rose Loche	LO0002E	04/04/1944	6	3			X
03/15/2019	7BPROV1	Rose Knight	KN0003E	04/04/1943	3	3		X	
03/15/2020	7BPROV1	Rose Knight	KN0003E	04/04/1943	3	1			X
03/15/2020	7BPROV1	Rose Knight	KN0003E	04/04/1943	1	2	X		
TOTALS					11		1	1	9
							9.09%	9.09%	81.82%

Filtering the Document Center Audit Documents Utility

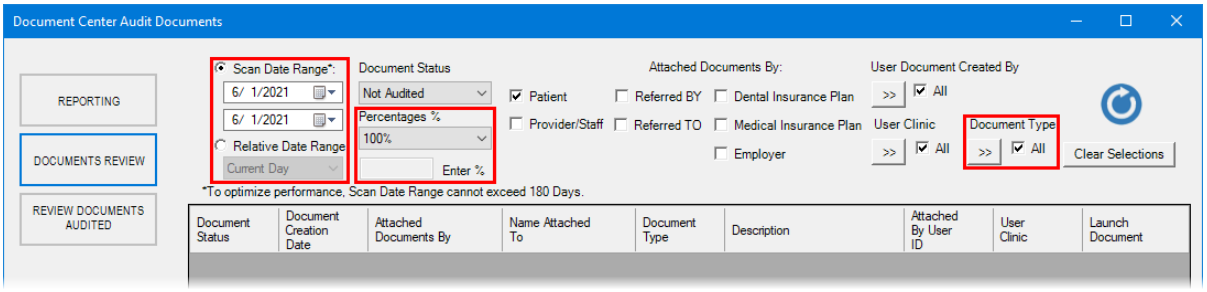
On the **Documents Review** tab of the **Document Center Audit Documents** window, you can now filter the list by either a specific or relative range of scan creation dates. You can now filter the list by document type. Also, you can show either all or a specific percentage of documents (selected randomly) that meet the filter criteria.

To use the new filters

1. In the Office Manager, from the **Analysis** menu, click **Document Center Audit Documents**.

   The **Document Center Audit Documents** window appears.

2. Select the **Documents Review** tab.



3. Set up any of the following new filters as needed:
   - **Scan creation date** – Select one of the following options:
     - **Scan Date Range** – To include documents that were acquired on a specific date or in a specific date range, enter the date or range in the two date boxes. The current date is entered by default.
     - **Relative Date Range** – To include documents that were acquired relative to the current date, select the desired relative date or date range: **Current Day**, **Current Week**, **Current MTD**, **Previous Day**, **Previous Week**, or **Previous Month**.
   - **Percentages %** – To show all documents that meet the filter criteria. To show a specific percentage of documents (selected randomly) that meet the filter criteria, select **25%**, **50%**, or **Custom %**. If **Custom %** is selected, enter the desired percentage (as a whole number) in the **Enter %** box.
   - **Document Type** – To include documents of any type, select the **All** check box. To include documents of only specific types, click the search button >> to select those types.

Clinical Note Review Dashboard

The new Clinical Note Review Dashboard helps automate the process of reviewing clinical notes. The review process includes review criteria and a score sheet. Also, there are new security rights for the dashboard.

To review clinical notes

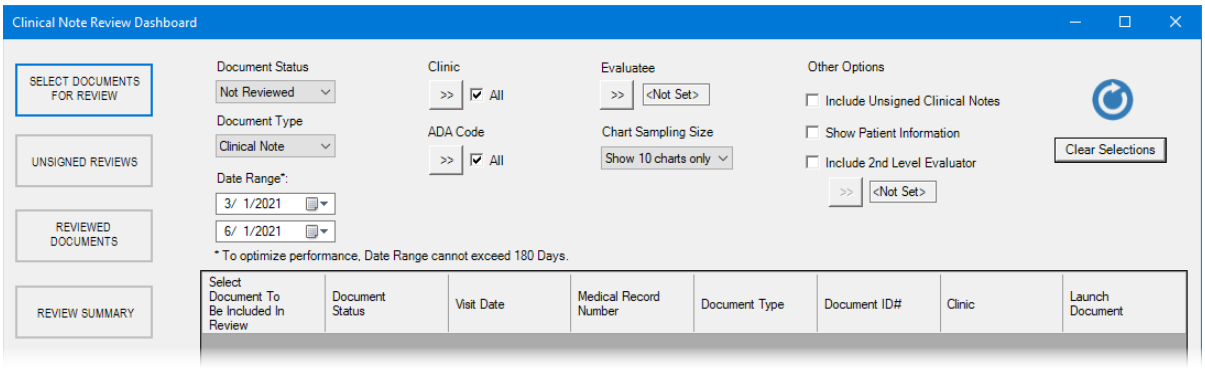
1. In the Office Manager, from the **Analysis** menu, click **Clinical Note Review Dashboard**.

   The **Clinical Note Review Dashboard** window appears.

2. Apply filters, view the resulting data, and perform actions on the following tabs:
   a. **Select Documents for Review** (this tab is selected by default)
   b. **Unsigned Reviews**
   c. **Reviewed Documents**
   d. **Review Summary**

SELECT DOCUMENTS FOR REVIEW TAB

The evaluator compiles clinical notes and begins the review process.



On the **Select Documents for Review** tab, do the following as the evaluator:

1. Set up the following filters:
   - **Document Status** – To include clinical notes regardless of the status, select **All**; otherwise, select **In Progress**, **Reviewed**, or **Not Reviewed** (which is selected by default) to include documents with only that status.
   - **Document Type** – Currently, **Clinical Note** is the only type.
   - **Date Range** – By default, the date range is the past three months, but you can change the date range as needed. To include clinical notes on a different date or within a different date range, enter the desired date or date range in the two boxes.

     Note: The date range cannot exceed 180 days.

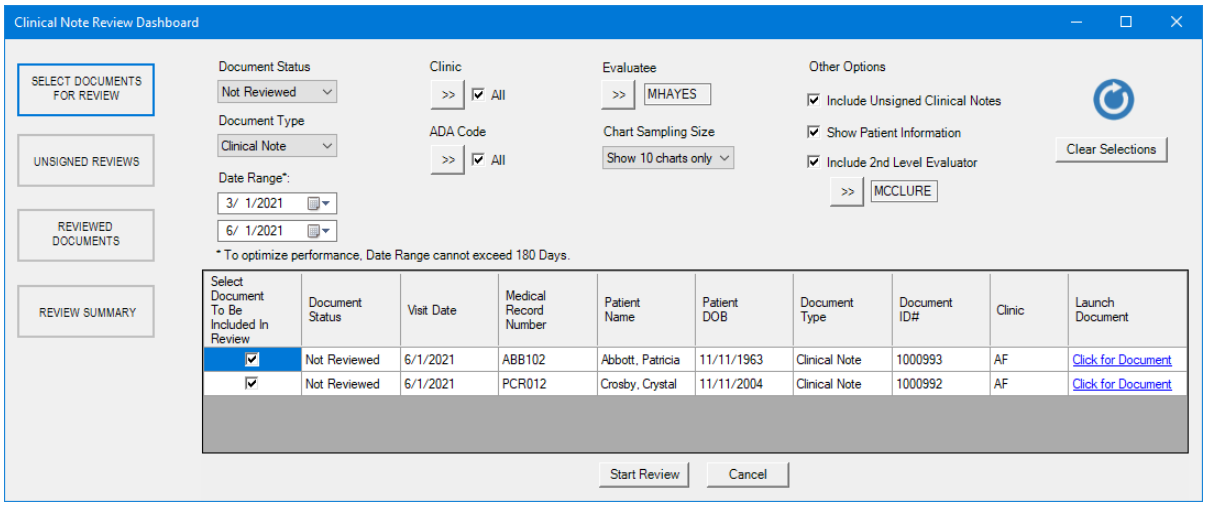
   - **Clinic** – To include clinical notes from any clinic, select the **All** check box. To include clinical notes from only specific clinics, click the search button >> to select the desired clinics.
   - **ADA Code** – To include clinical notes for any procedure, select the **All** check box. To include clinical notes for only specific procedures, click the search button >> to select the desired procedures.
   - **Evaluatee** – Click the search button >> to select the provider whose clinical notes you want to evaluate. You cannot select yourself. The evaluatee of an unsigned clinical note is the provider who is attached to the clinical note. The evaluatee of a signed clinical note is the provider who signed the clinical note.

- **Chart Sampling Size** – To show all clinical notes that meet the filter criteria, select **Show 100%**; otherwise, to show a specific number or percentage of clinical notes (selected randomly) that meet the filter criteria, select **Show 10 charts only** (which is selected by default), **Show 20 charts only**, **Show 5%**, **Show 10%**, **Show 20%**, **Show 30%**, **Show 40%**, **Show 50%**, **Show 60%**, **Show 70%**, **Show 80%**, or **Show 90%**.
- **Other Options**:
  - **Include Unsigned Clinical Notes** – To include signed and unsigned clinical notes, select this check box. With the check box clear, signed clinical notes are included, but unsigned clinical notes are not included.
  - **Show Patient Information** – To include additional columns for patient details in the data grid, select this check box.
  - **Include 2nd Level Evaluator** – To add a second-level evaluator, select this check box, and then click the search button >> to select that evaluator.

Note: To return the filters to their default states and clear the data grid, click **Clear Selections**.

2. Click the **Refresh** button.

   The data grid is updated according to the specified criteria.



   For each clinical note in the data grid, the following information appears:

   - **Document Status** – The status of the review of the clinical note.
   - **Visit Date** – The visit date associated with the clinical note.
   - **Medical Record Number** – The patient's chart number.
   - **Document Type** – Currently, the only type is **Clinical Note**.
   - **Document ID#** – The unique ID number of the clinical note.
   - **Clinic** – The clinic associated with the clinical note.

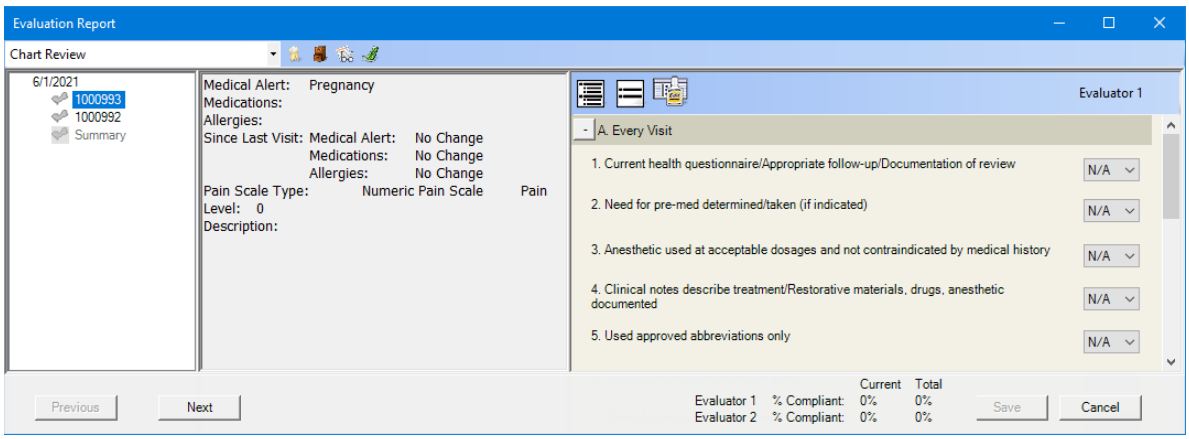
   The following columns appear if the **Show Patient Information** check box is selected:

   - **Patient Name** – The patient's first and last name (in a Last Name, First Name format).
   - **Patient DOB** – The patient's birth date.

   Note: To view the text of a clinical note, click the corresponding **Click for Document** link in the **Launch Document** column.

3. For each clinical note that you want to include in the review, select the check box in the **Document To Be Included In Review** column. You can select up to 10 clinical notes.
4. To start the review process for the selected clinical notes, click **Start Review**.

The **Evaluation Report** dialog box appears.

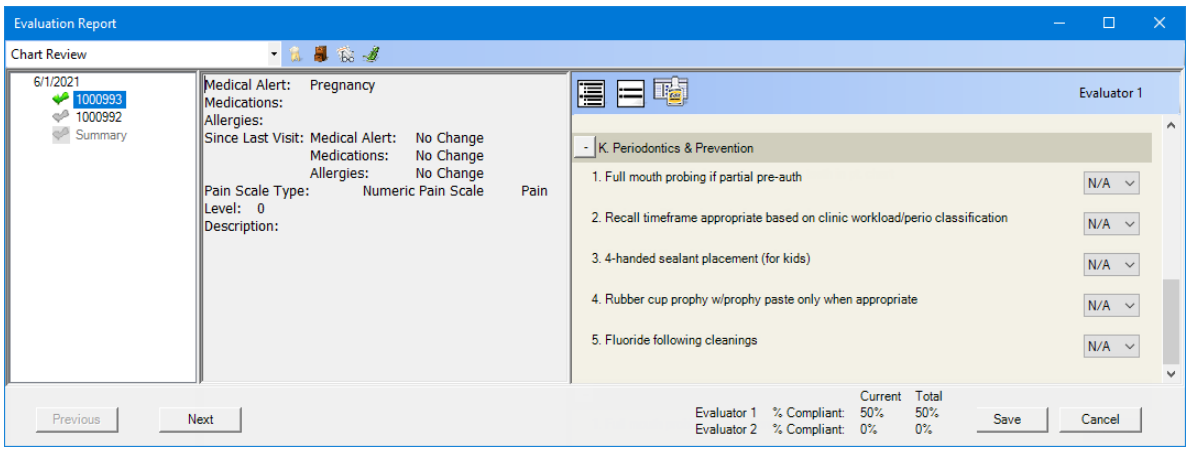


5. From the list at the top, select a clinical note review template to use the corresponding evaluation criteria.

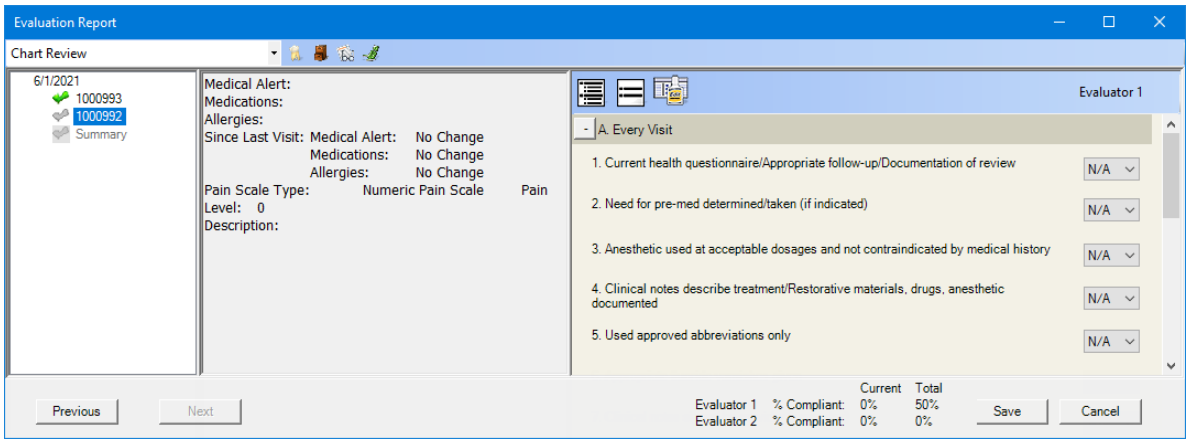
   Note: For information about managing clinical note review templates, see "Setting Up Clinical Note Review Templates."

6. For the first clinical note, select **Yes** or **No** for all applicable evaluation criteria. Leave **N/A** selected for the criteria that are not applicable.

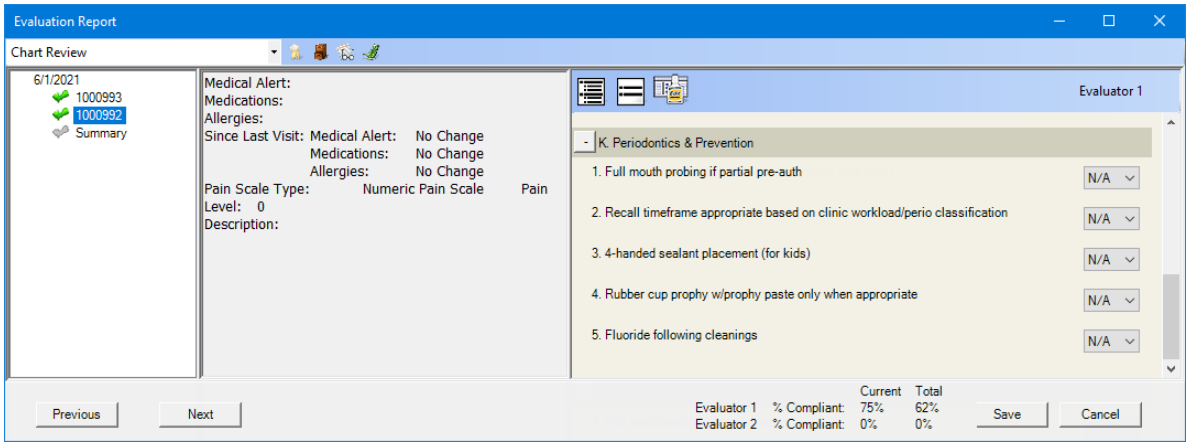
   Note: If you have evaluated a clinical note, a green check mark appears next to its document ID on the left.



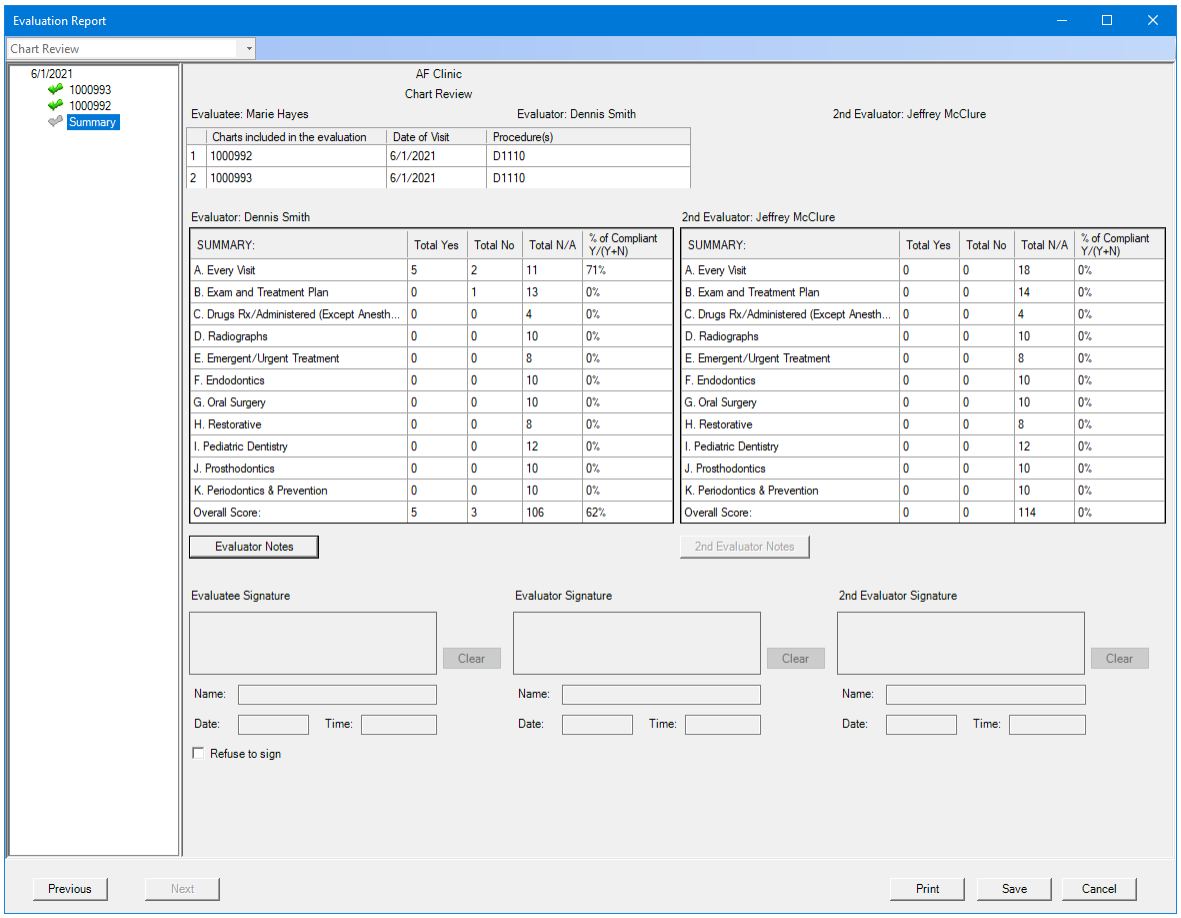
7. Click **Next**.



8. For each of the remaining clinical notes, select **Yes** or **No** for all applicable evaluation criteria, and then click **Next**.



After you evaluate the last clinical note and click **Next**, the **Summary** page opens.



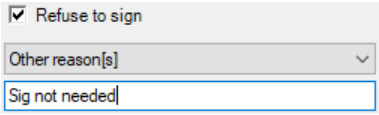
Note: The **Summary** page is available only if all clinical notes have been evaluated. A clinical note is considered to have been evaluated if there is at least one response to the evaluation criteria that is not **N/A**.

9. To add notes, click **Evaluator Notes**.

10. If the evaluatee will sign the review, the evaluatee will need to log in and sign the review after you save it. However, if the evaluatee will not or cannot sign the review, do the following:

    a. Under **Evaluatee Signature**, select the **Refuse to sign** check box.

b. From the list that appears, select the reason why the evaluatee will not sign:
   - **Evaluatee is not present to sign the review**.
   - **Evaluatee no longer works at this clinic**.
   - **Evaluatee refuses to sign/acknowledge the evaluation**.
   - **Other reason(s)**. With this option selected, enter the reason in the box that appears.

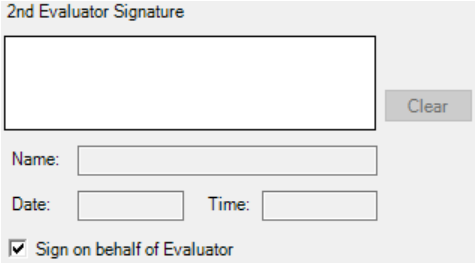


11. If the **Refuse to sign** check box is selected, to sign the review, sign in the **Evaluator Signature** box.

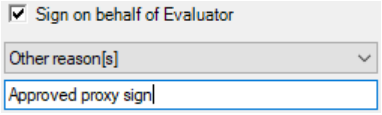
    Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

12. If there is a signature in the **Evaluator Signature** box, if a second-level evaluator is assigned to the review but will not or cannot sign, and if you are allowed to sign on behalf of evaluators, to sign as the second-level evaluator, do the following:

    a. Under **2nd Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



    b. From the list that appears, select the reason why you are signing on behalf of the second-level evaluator:
       - **Evaluator is not present to sign the review**.
       - **Evaluator no longer works at this clinic**.
       - **Evaluator refuses to sign/acknowledge the evaluation**.
       - **Other reason(s)**. With this option selected, enter the reason in the box that appears.

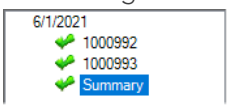


    c. Sign in the **2nd Evaluator Signature** box.

       Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

13. Click **Save**.

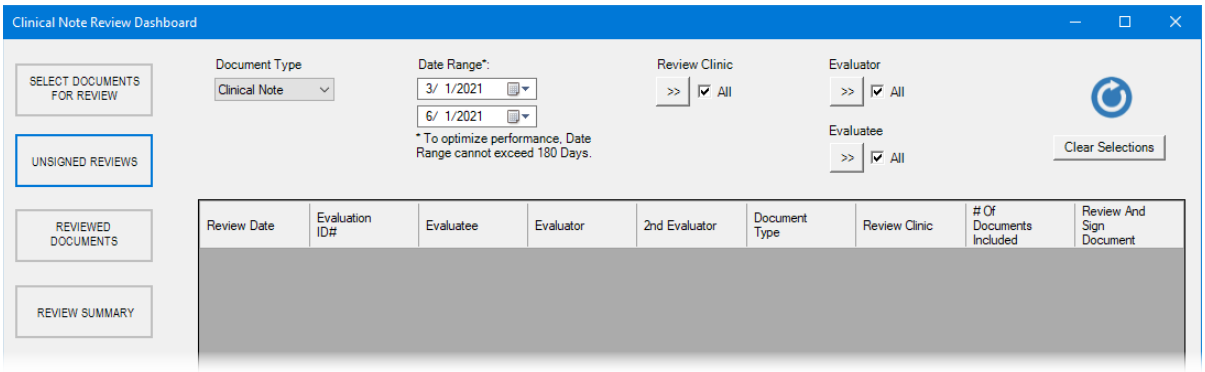
    Note: You can save the review with or without evaluating all clinical notes or signing the review.
    - If you have not evaluated a clinical note, its status remains Not Reviewed.
    - If you have evaluated a clinical notes but not signed the review, the status of that evaluated clinical note changes to In Progress.
    - If you have evaluated all clinical notes and signed the review, the status of each evaluated clinical note changes to Reviewed, and a green check mark appears next to **Summary** on the left.



UNSIGNED REVIEWS TAB

Do one of the following:

- If the evaluator and second-level evaluator (if one is assigned) have both completed their reviews, the evaluatee looks over and then signs the review.
- If the review is not complete, the evaluator (or someone acting on his or her behalf) resumes his or her review.
- If the review is unsigned, and if a second-level evaluator is assigned to the review, the second-level evaluator (or someone acting on his or her behalf) starts or resumes his or her review.



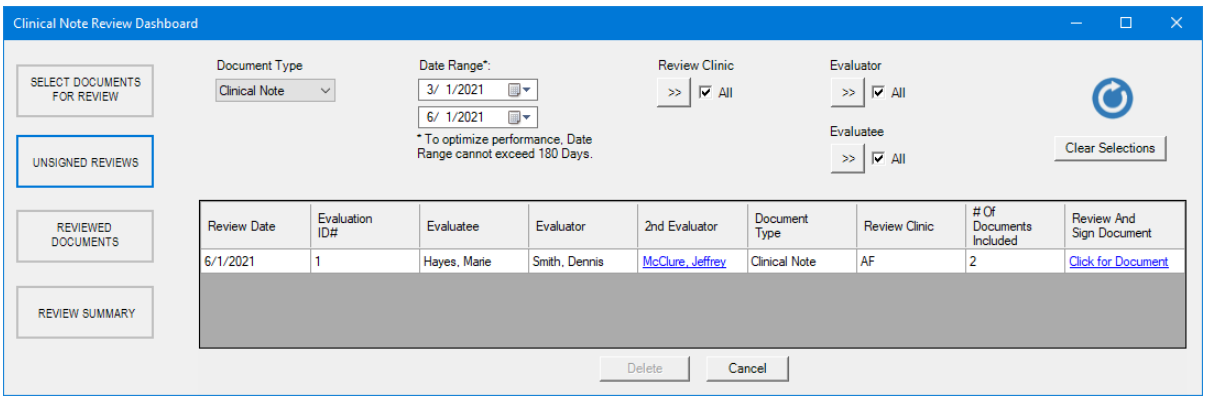
On the **Unsigned Reviews** tab, do the following as the evaluatee, evaluator, or second-level evaluator:

1. Set up the following filters:
   - **Document Type** – Currently, **Clinical Note** is the only type.
   - **Date Range** – By default, the date range is the past three months, but you can change the date range as needed. To include reviews that were started on a different date or within a different date range, enter the desired date or date range in the two boxes.

     Note: The date range cannot exceed 180 days.
   - **Review Clinic** – To include reviews that were started in any clinic, select the **All** check box. To include reviews that were started in only specific clinics, click the search button >> to select those clinics.
   - **Evaluator** – To include reviews that were started by any evaluator, select the **All** check box. To include reviews that were started by only specific evaluators, click the search button >> to select those evaluators.
   - **Evaluatee** – To include reviews for any evaluatee, select the **All** check box. To include reviews for only specific evaluatees, click the search button >> to select those evaluatees.

   Note: To return the filters to their default states and clear the data grid, click **Clear Selections**.
2. Click the **Refresh** button .

The data grid is updated according to the specified criteria.



For each review in the data grid, the following information appears:

- **Review Date** – That date when the review was started.
- **Evaluation ID#** – The review's unique ID number.
- **Evaluatee** – The person being evaluated.
- **Evaluator** – The person who started the review.
- **2nd Evaluator** – If applicable, the second-level evaluator assigned to the review.
- **Document Type** – Currently, the only type is **Clinical Note**.
- **Review Clinic** – The clinic where the review was started.
- **# Of Documents Included** – The number of clinical notes that are included in the review.

Note: To delete a review, select it, and then click **Delete**.

3. To resume, edit, or sign a review, click the corresponding **Click for Document** link in the **Review And Sign Document** column.

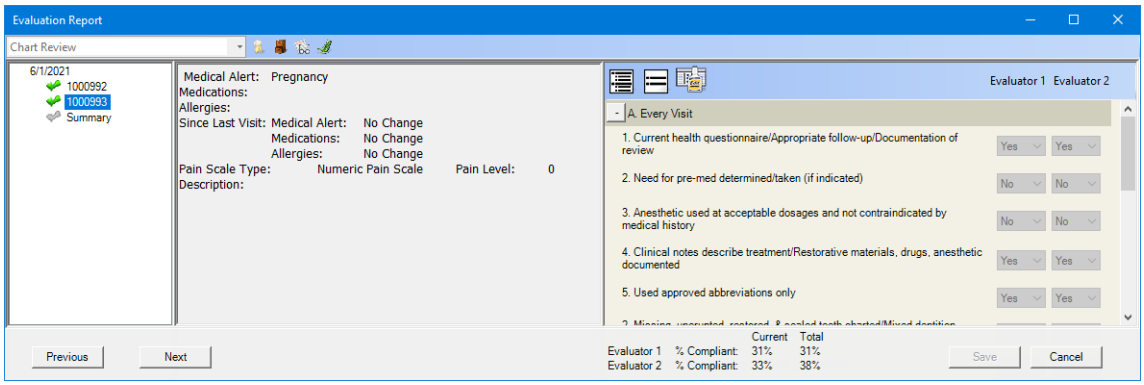
   The **Evaluation Report** dialog box appears.

4. Do one of the following:

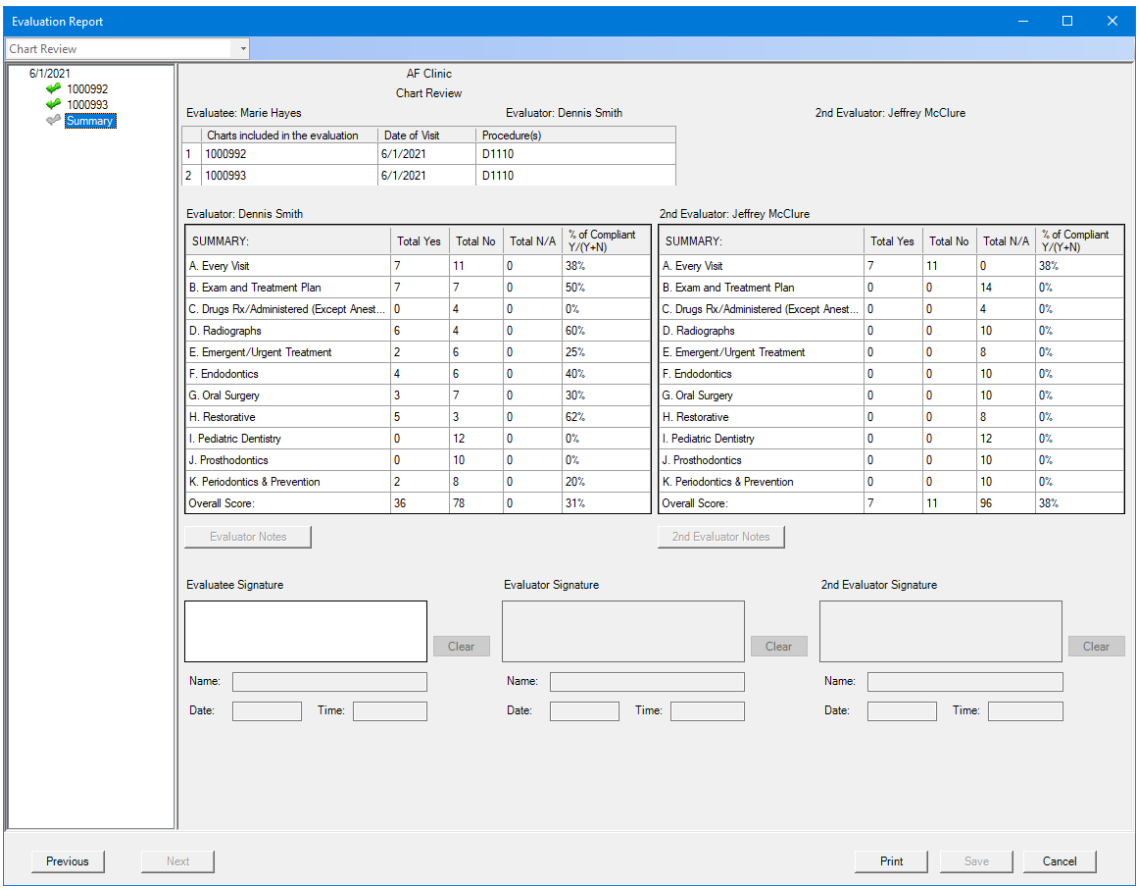
Evaluatee

As the evaluatee, to look over and sign the review, do the following:

a. Select each clinical note's ID number on the left to view the corresponding responses to the evaluation criteria.



b. Select **Summary** on the left to view the summary.



c. Sign in the **Evaluatee Signature** box.

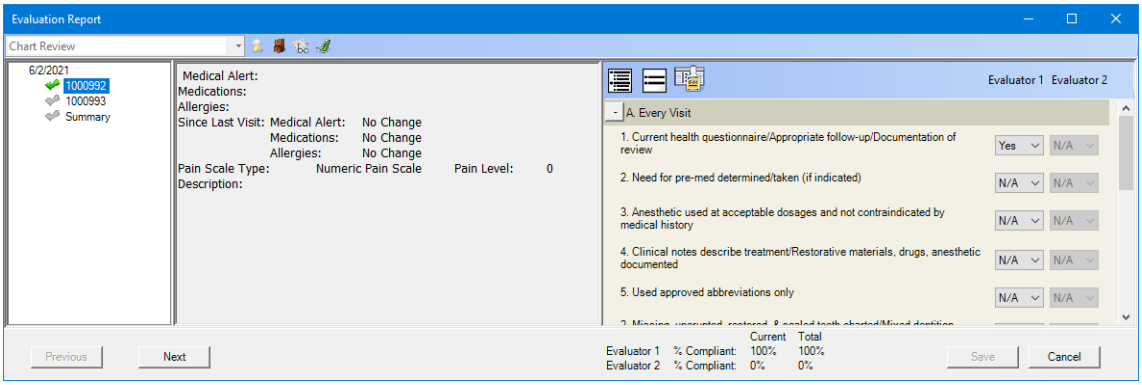
Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

d. Click **Save**.

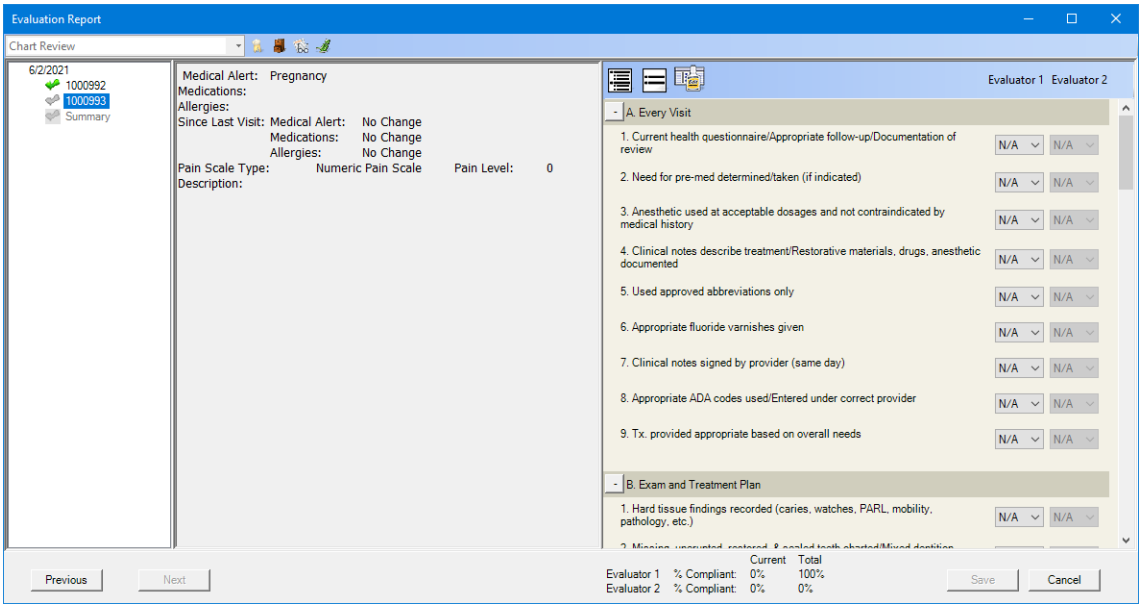
Evaluator

As the evaluator (or someone acting on his or her behalf), to resume your review, do the following:

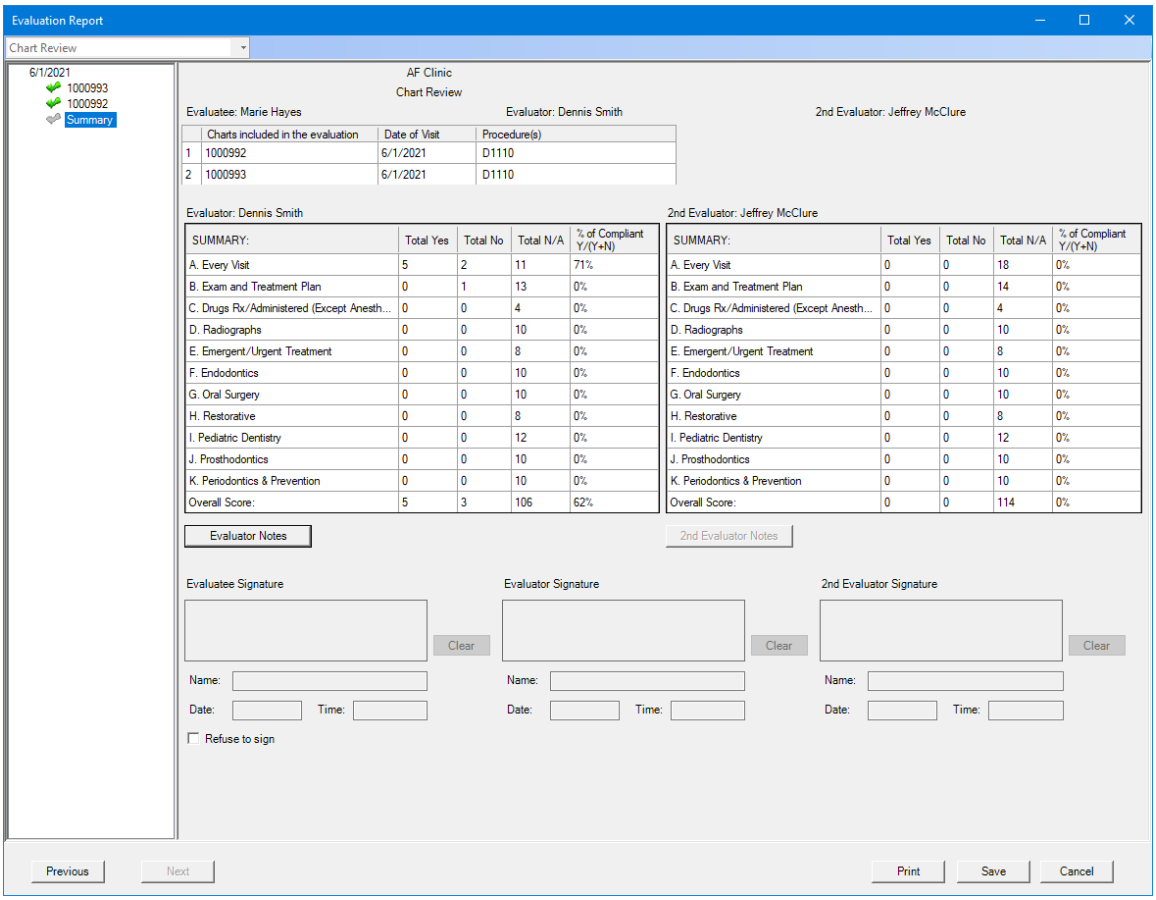
a. For each clinical note that you have evaluated (meaning it has at least one response that is not **N/A**), a green check mark appears next to its ID number on the left. To edit your responses for any of those clinical notes, select its ID on the left to view the corresponding evaluation criteria, and then change your responses in the **Evaluator 1** column by selecting **Yes** or **No** for all applicable evaluation criteria or **N/A** for the criteria that are not applicable.



b. For each clinical note that you have not evaluated (all its responses are **N/A**), select its ID on the left to view the corresponding evaluation criteria, and then select **Yes** or **No** for all applicable evaluation criteria in the **Evaluator 1** column. Leave **N/A** selected for the criteria that are not applicable.



c. If you have evaluated all clinical notes, select **Summary** on the left to view the summary.



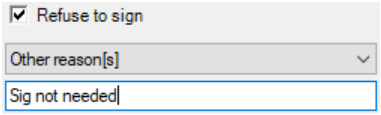
d. To add notes, click **Evaluator Notes**.

e. If the evaluatee will sign the review, the evaluatee will need to log in and sign the review after you save it. However, if the evaluatee will not or cannot sign the review, do the following:

1). Under **Evaluatee Signature**, select the **Refuse to sign** check box.

2). From the list that appears, select the reason why the evaluatee will not sign:

- **Evaluatee is not present to sign the review**.
- **Evaluatee no longer works at this clinic**.
- **Evaluatee refuses to sign/acknowledge the evaluation**.
- **Other reason(s)**. With this option selected, enter the reason in the box that appears.



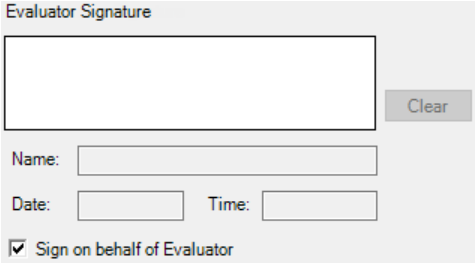
f. If the **Refuse to sign** check box is selected, do one of the following:

- If you are the evaluator (the person who created the review), to sign the review, sign in the **Evaluator Signature** box.

  Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

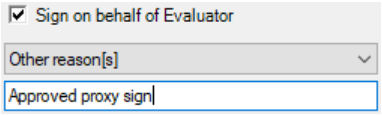
- If you are not the evaluator (the person who created the review) but are allowed to sign on behalf of evaluators, to sign as the evaluator, do the following:

  1). Under **Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



  2). From the list that appears, select the reason why you are signing on behalf of the evaluator:

  - **Evaluator is not present to sign the review**.
  - **Evaluator no longer works at this clinic**.
  - **Evaluator refuses to sign/acknowledge the evaluation**.
  - **Other reason(s)**. With this option selected, enter the reason in the box that appears.

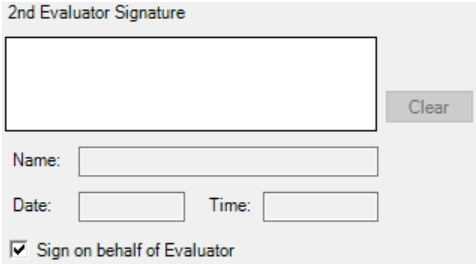


  3). Sign in the **Evaluator Signature** box.

  Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

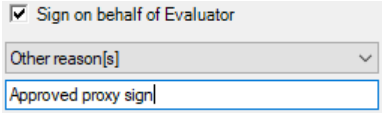
g. If there is a signature in the **Evaluator Signature** box, if a second-level evaluator is assigned to the review but will not or cannot sign, and if you are allowed to sign on behalf of evaluators, to sign as the second-level evaluator, do the following:

1). Under **2nd Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



2). From the list that appears, select the reason why you are signing on behalf of the second-level evaluator:

- **Evaluator is not present to sign the review**.
- **Evaluator no longer works at this clinic**.
- **Evaluator refuses to sign/acknowledge the evaluation**.
- **Other reason(s)**. With this option selected, enter the reason in the box that appears.



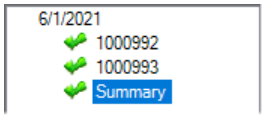
3). Sign in the **2nd Evaluator Signature** box.

Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

h. Click **Save**.

Note: You can save the review with or without evaluating all clinical notes or signing the review.

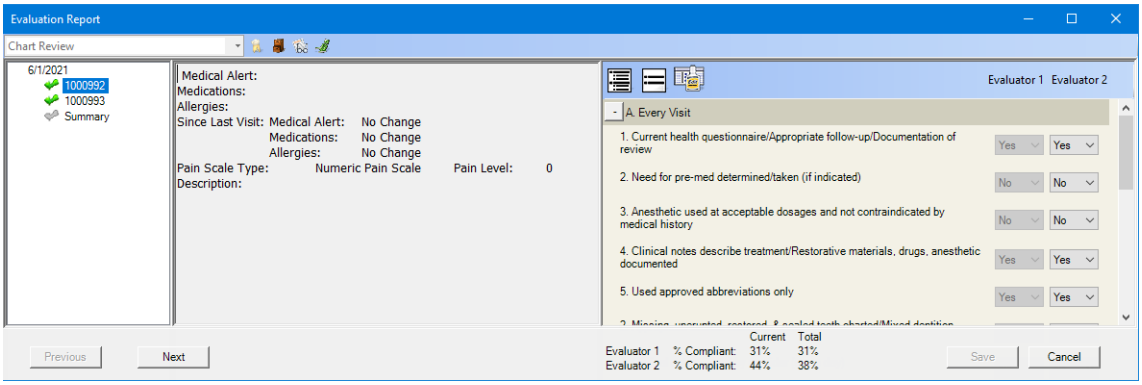
- If you have not evaluated a clinical note, its status remains Not Reviewed.
- If you have evaluated a clinical notes but not signed the review, the status of that evaluated clinical note changes to In Progress.
- If you have evaluated all clinical notes and signed the review, the status of each evaluated clinical note changes to Reviewed, and a green check mark appears next to **Summary** on the left.



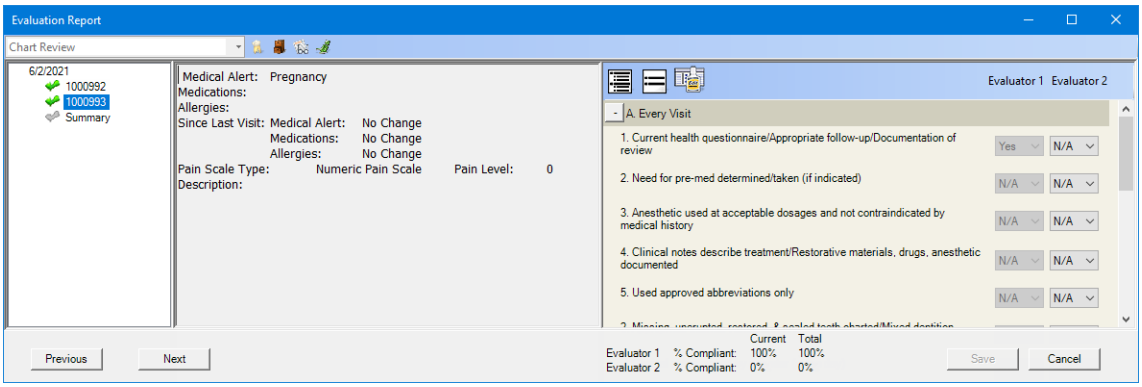
Second-level Evaluator

As the second-level evaluator (or someone acting on his or her behalf), to start or resume your review, do the following:

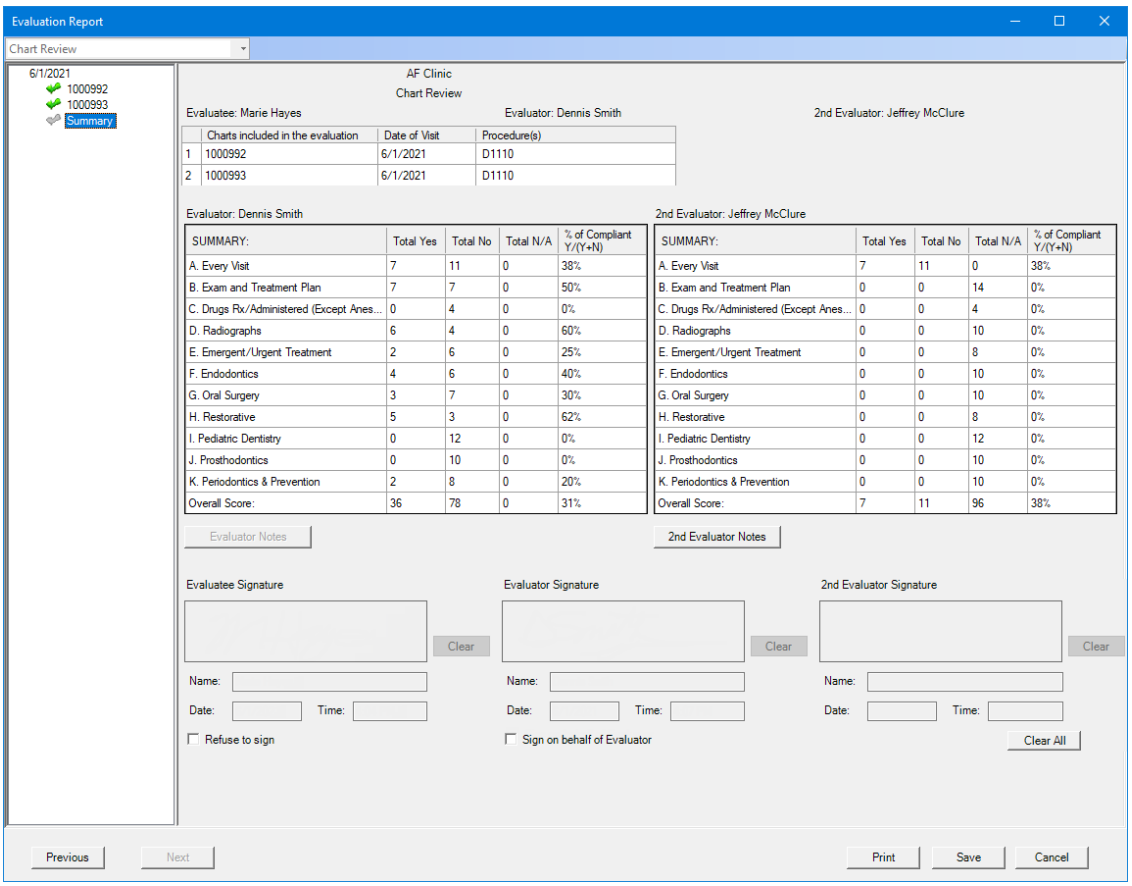
a. For each clinical note that you have evaluated, to edit your responses, select the clinical note's ID on the left to view the corresponding evaluation criteria, and then change your responses in the **Evaluator 2** column by selecting **Yes** or **No** for all applicable evaluation criteria or **N/A** for the criteria that are not applicable. Then, to navigate to the next clinical note, click **Next**.



b. For each clinical note that you have not evaluated, select its ID on the left to view the corresponding evaluation criteria, and then select **Yes** or **No** for all applicable evaluation criteria in the **Evaluator 2** column. Leave **N/A** selected for the criteria that are not applicable. Then, to navigate to the next clinical note, click **Next**.



c. If you have evaluated all clinical notes, select **Summary** on the left to view the summary.



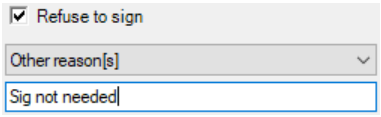
d. To add notes, click **2nd Evaluator Notes**.

e. If the evaluatee will sign the review, the evaluatee will need to log in and sign the review after you save it. However, if the evaluatee will not or cannot sign the review, do the following:

1). Under **Evaluatee Signature**, select the **Refuse to sign** check box.

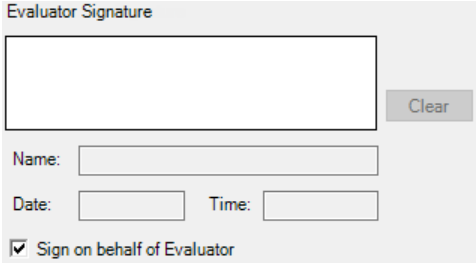
2). From the list that appears, select the reason why the evaluatee will not sign:

- **Evaluatee is not present to sign the review**.
- **Evaluatee no longer works at this clinic**.
- **Evaluatee refuses to sign/acknowledge the evaluation**.
- **Other reason(s)**. With this option selected, enter the reason in the box that appears.



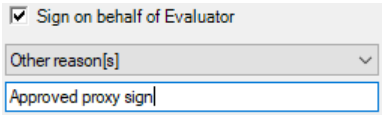
f. If the evaluator will not or cannot sign the review, and if you are allowed to sign on behalf of evaluators, to sign as the evaluator, do the following:

1). Under **Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



2). From the list that appears, select the reason why you are signing on behalf of the second-level evaluator:

- **Evaluator is not present to sign the review**.
- **Evaluator no longer works at this clinic**.
- **Evaluator refuses to sign/acknowledge the evaluation**.
- **Other reason(s)**. With this option selected, enter the reason in the box that appears.



3). Sign in the **Evaluator Signature** box.

Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

g. If the **Refuse to sign** check box is selected under **Evaluatee Signature**, and if there is a signature in the **Evaluator Signature** box, to sign the review, sign in the **2nd Evaluator Signature** box.

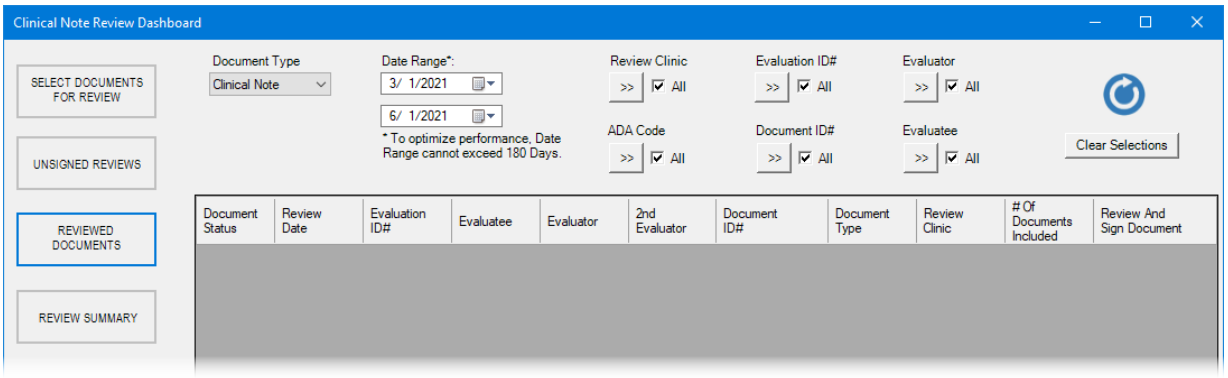
Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

h. Click **Save**.

REVIEWED DOCUMENTS TAB

Do one of the following:

- If the evaluator and second-level evaluator (if one is assigned) have both completed their reviews, and if the evaluatee has signed the review, the evaluator (or someone acting on his or her behalf) signs the review.
- If either the evaluatee or evaluator have signed the review, and if a second-level evaluator is assigned to the review, the second-level evaluator (or someone acting on his or her behalf) signs the review.



On the **Reviewed Documents** tab, do the following as the evaluator or second-level evaluator:

1. Set up the following filters:
   - **Document Type** – Currently, **Clinical Note** is the only type.
   - **Date Range** – By default, the date range is the past three months, but you can change the date range as needed. To include reviews that were started on a different date or within a different date range, enter the desired date or date range in the two boxes.

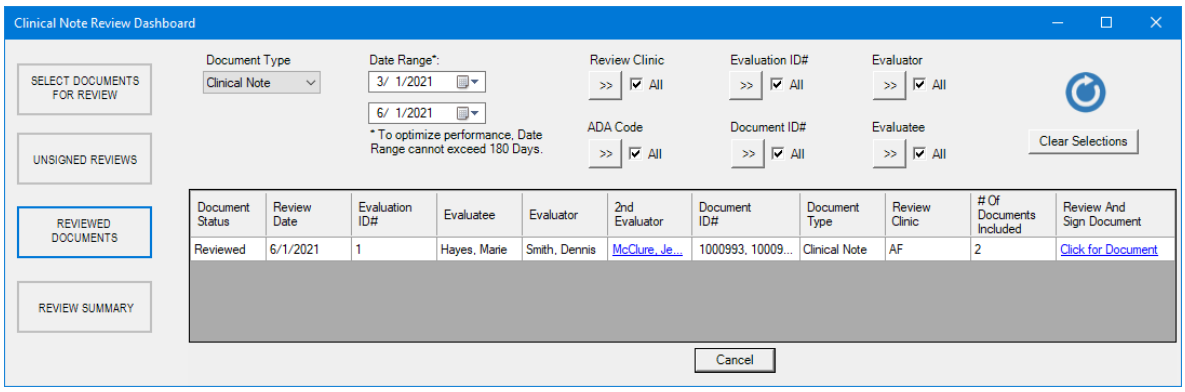
     Note: The date range cannot exceed 180 days.

   - **Review Clinic** – To include reviews that were started in any clinic, select the **All** check box. To include reviews that were started in only specific clinics, click the search button >> to select those clinics.
   - **ADA Code** – To include reviews with any procedure, select the **All** check box. To include reviews with only specific procedures, click the search button >> to select the desired procedures.
   - **Evaluation ID#** – To include reviews with any evaluation ID, select the **All** check box. To include reviews with only specific evaluation IDs, click the search button >> to select those IDs.
   - **Document ID#** – To include reviews of clinical notes with any ID number, select the **All** check box. To include reviews of clinical notes with only specific IDs, click the search button >> to select those IDs.
   - **Evaluator** – To include reviews that were started by any evaluator, select the **All** check box. To include reviews that were started by only specific evaluators, click the search button >> to select those evaluators.
   - **Evaluatee** – To include reviews for any evaluatee, select the **All** check box. To include reviews for only specific evaluatees, click the search button >> to select those evaluatees.

   Note: To return the filters to their default states and clear the data grid, click **Clear Selections**.

2. Click the **Refresh** button.

The data grid is updated according to the specified criteria.



For each review in the data grid, the following information appears:

- **Document Status** – The status of the review of the clinical note.
- **Review Date** – That date when the review was started.
- **Evaluation ID#** – The review's unique ID number.
- **Evaluatee** – The person being evaluated.
- **Evaluator** – The person who started the review.
- **2nd Evaluator** – If applicable, the second-level evaluator assigned to the review.
- **Document ID#** – The clinical note's unique ID number.
- **Document Type** – Currently, the only type is **Clinical Note**.
- **Review Clinic** – The clinic where the review was started.
- **# Of Documents Included** – The number of clinical notes that are included in the review.

3. To sign a review, click the corresponding **Click for Document** link in the **Review And Sign Document** column.

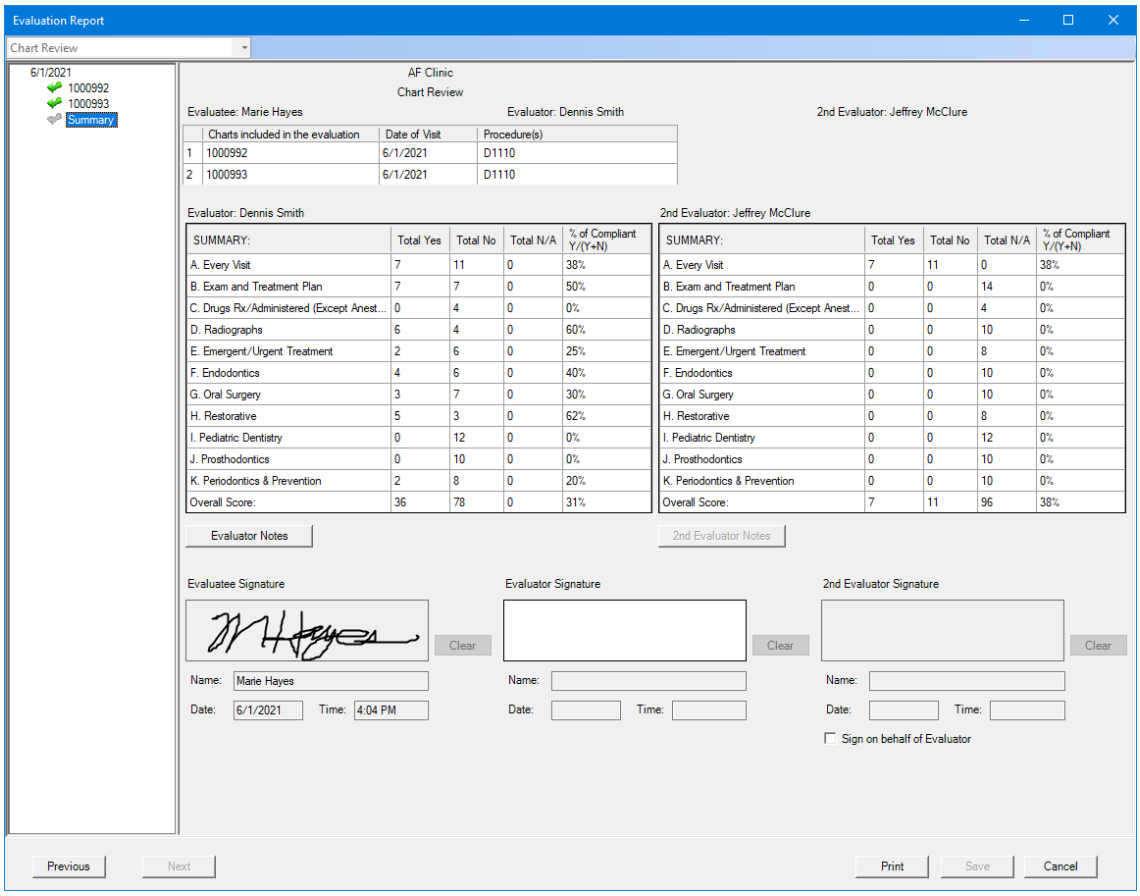
   The **Evaluation Report** dialog box appears.

4. Do one of the following:

Evaluator

As the evaluator, do the following:

a. Select **Summary** on the left to view the summary.



b. If you are the evaluator, to add notes, click **Evaluator Notes**.

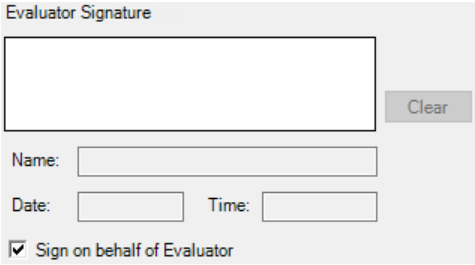
c. Do one of the following:

- If you are the evaluator, to sign the review, sign in the **Evaluator Signature** box.

  Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

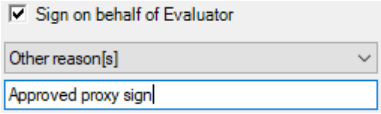
- If you are not the evaluator, and if you are allowed to sign on behalf of evaluators, to sign as the evaluator, do the following:

  1). Under **Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



2). From the list that appears, select the reason why you are signing on behalf of the evaluator:

- **Evaluator is not present to sign the review**.
- **Evaluator no longer works at this clinic**.
- **Evaluator refuses to sign/acknowledge the evaluation**.
- **Other reason(s)**. With this option selected, enter the reason in the box that appears.

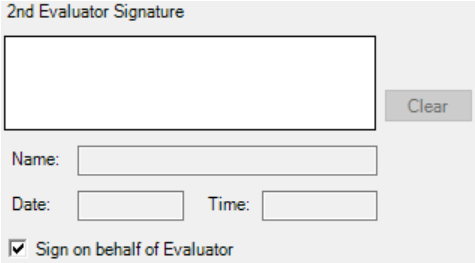


3). Sign in the **Evaluator Signature** box.

Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

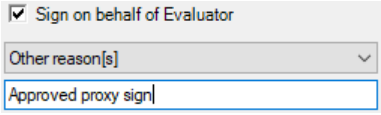
d. If the second-level evaluator will not or cannot sign the review, and if you are allowed to sign on behalf of evaluators, to sign as the second-level evaluator, do the following::

1). Under **2nd Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



2). From the list that appears, select the reason why you are signing on behalf of the second-level evaluator:

- **Evaluator is not present to sign the review**.
- **Evaluator no longer works at this clinic**.
- **Evaluator refuses to sign/acknowledge the evaluation**.
- **Other reason(s)**. With this option selected, enter the reason in the box that appears.

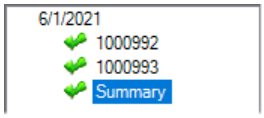


3). Sign in the **2nd Evaluator Signature** box.

Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

e. Click **Save**.

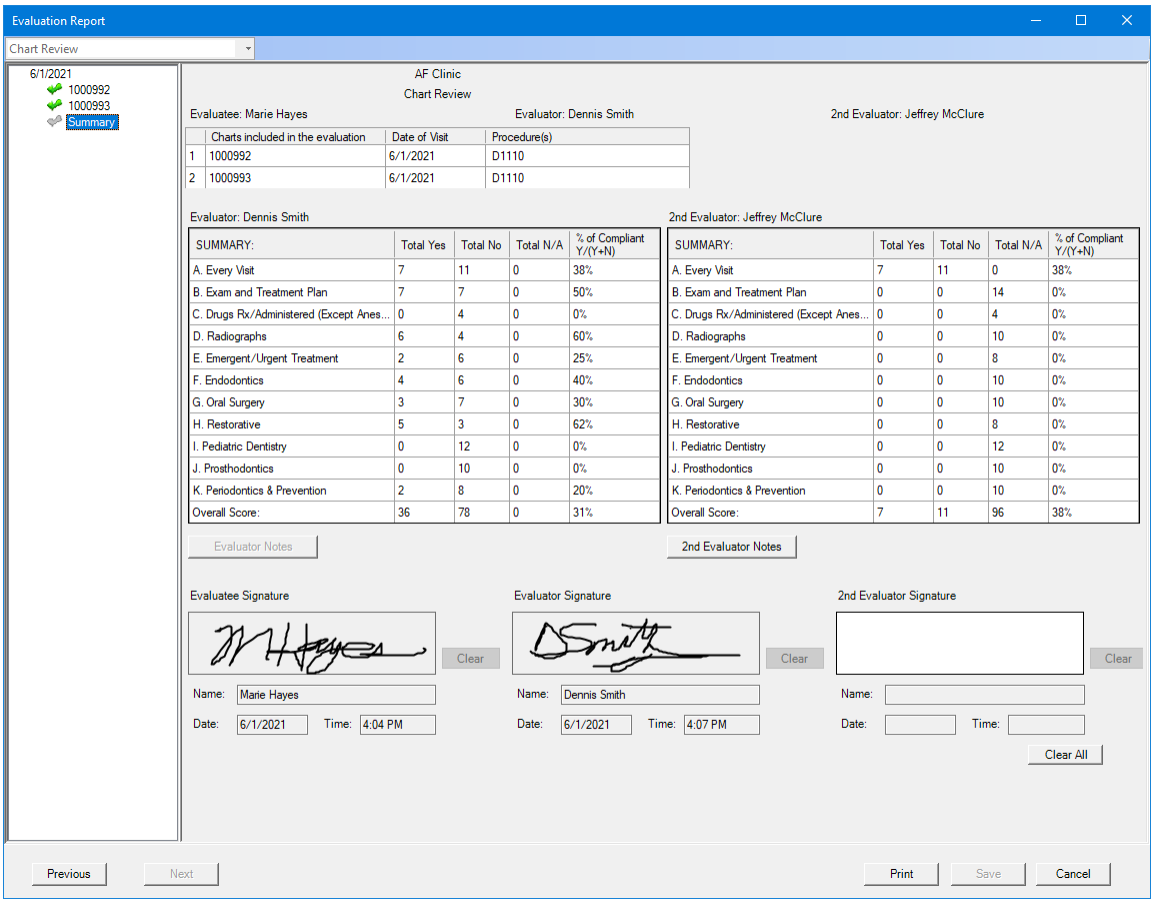
Note: If you have signed the review, a green check mark appears next to **Summary** on the left.



Second-level Evaluator

As the second-level evaluator, do the following:

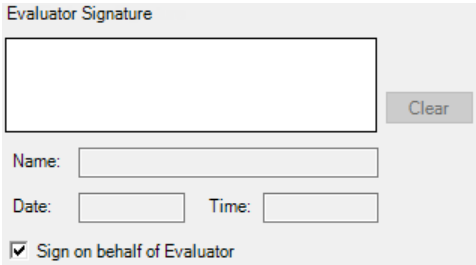
a. Select **Summary** on the left to view the summary.



b. If you are the second-level evaluator, to add notes, click **2nd Evaluator Notes**.

c. If the evaluator has not signed the review and will not or cannot sign the review, and if you are allowed to sign on behalf of evaluators, to sign as the evaluator, do the following:

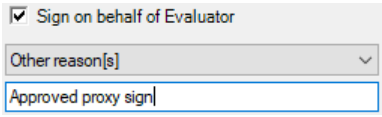
1). Under **Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



2). From the list that appears, select the reason why you are signing on behalf of the evaluator:

- **Evaluator is not present to sign the review**.
- **Evaluator no longer works at this clinic**.

- **Evaluator refuses to sign/acknowledge the evaluation**.
- **Other reason(s)**. With this option selected, enter the reason in the box that appears.



3). Sign in the **Evaluator Signature** box.

Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

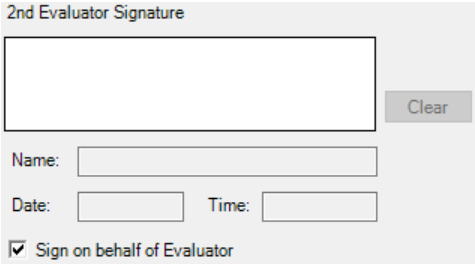
d. Do one of the following:

- If you are the second-level evaluator, to sign the review, sign in the **2nd Evaluator Signature** box.

  Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

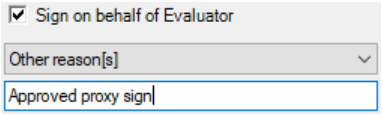
- If you are not the second-level evaluator, and if you are allowed to sign on behalf of evaluators, to sign as the second-level evaluator, do the following:

  1). Under **2nd Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



  2). From the list that appears, select the reason why you are signing on behalf of the second-level evaluator:

  - **Evaluator is not present to sign the review**.
  - **Evaluator no longer works at this clinic**.
  - **Evaluator refuses to sign/acknowledge the evaluation**.
  - **Other reason(s)**. With this option selected, enter the reason in the box that appears.



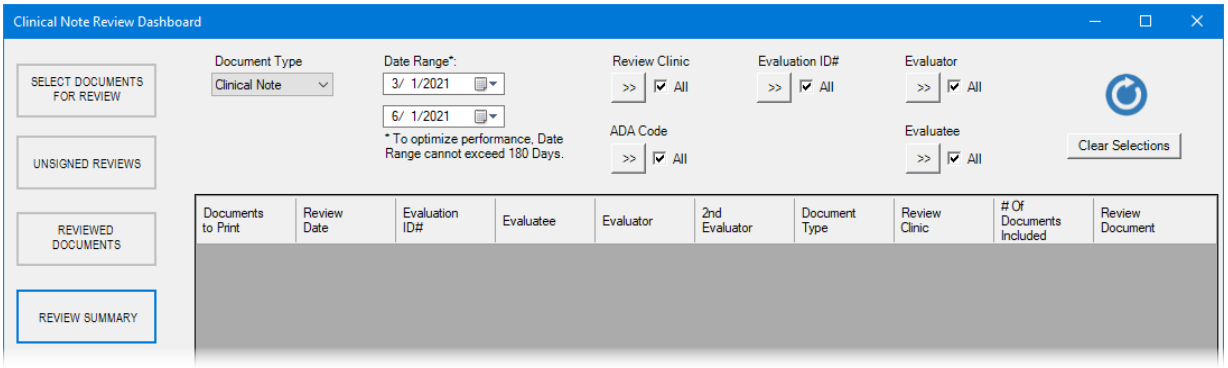
  3). Sign in the **2nd Evaluator Signature** box.

  Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

e. Click **Save**.

REVIEW SUMMARY TAB

If the evaluator has signed the review, and if a second-level evaluator is assigned to the review, the second-level evaluator (or someone acting on his or her behalf) signs the review if he or she has not already done so. Also, you can print clinical note reviews on this tab.



On the **Review Summary** tab, do the following:

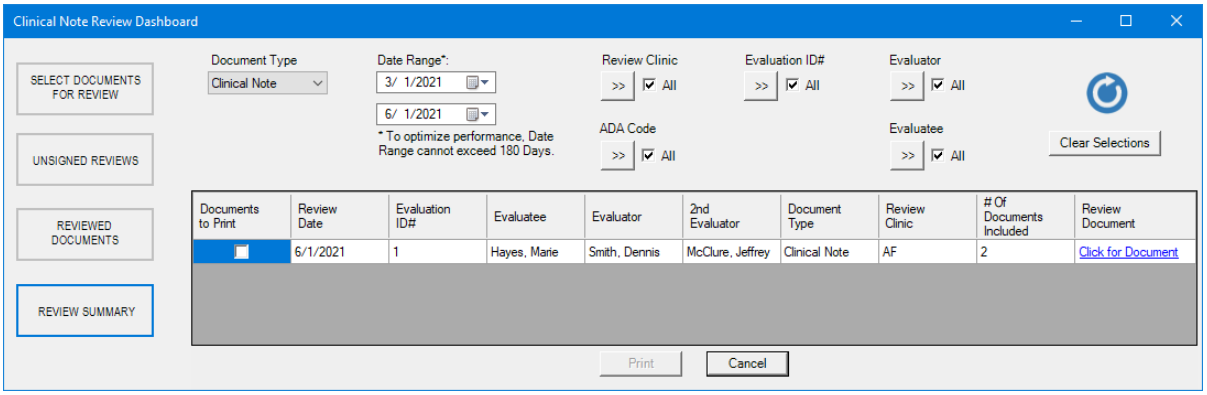
1. Set up the following filters:
   - **Document Type** – Currently, **Clinical Note** is the only type.
   - **Date Range** – By default, the date range is the past three months, but you can change the date range as needed. To include reviews that were started on a different date or within a different date range, enter the desired date or date range in the two boxes.

     Note: The date range cannot exceed 180 days.
   - **Review Clinic** – To include reviews that were started in any clinic, select the **All** check box. To include reviews that were started in only specific clinics, click the search button >> to select those clinics.
   - **ADA Code** – To include reviews with any procedure, select the **All** check box. To include reviews with only specific procedures, click the search button >> to select the desired procedures.
   - **Evaluation ID#** – To include reviews with any evaluation ID, select the **All** check box. To include reviews with only specific evaluation IDs, click the search button >> to select those IDs.
   - **Evaluator** – To include reviews that were started by any evaluator, select the **All** check box. To include reviews that were started by only specific evaluators, click the search button >> to select those evaluators.
   - **Evaluatee** – To include reviews for any evaluatee, select the **All** check box. To include reviews for only specific evaluatees, click the search button >> to select those evaluatees.

   Note: To return the filters to their default states and clear the data grid, click **Clear Selections**.

2. Click the **Refresh** button .

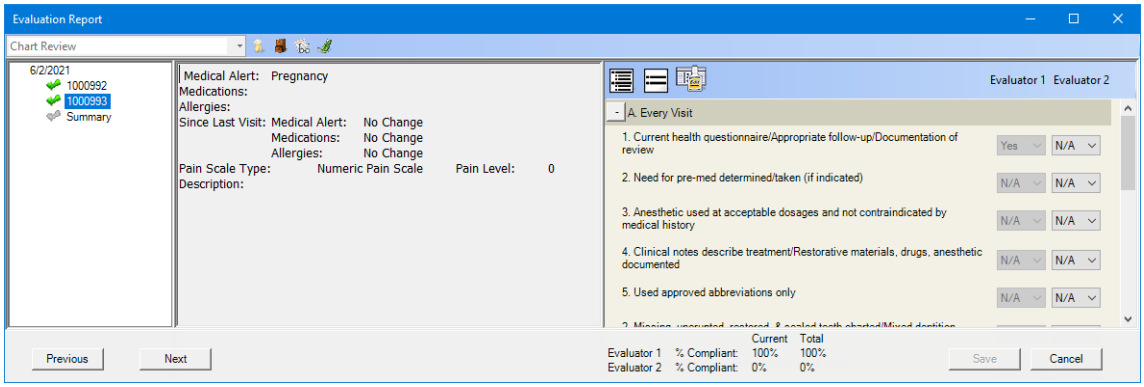
The data grid is updated according to the specified criteria.



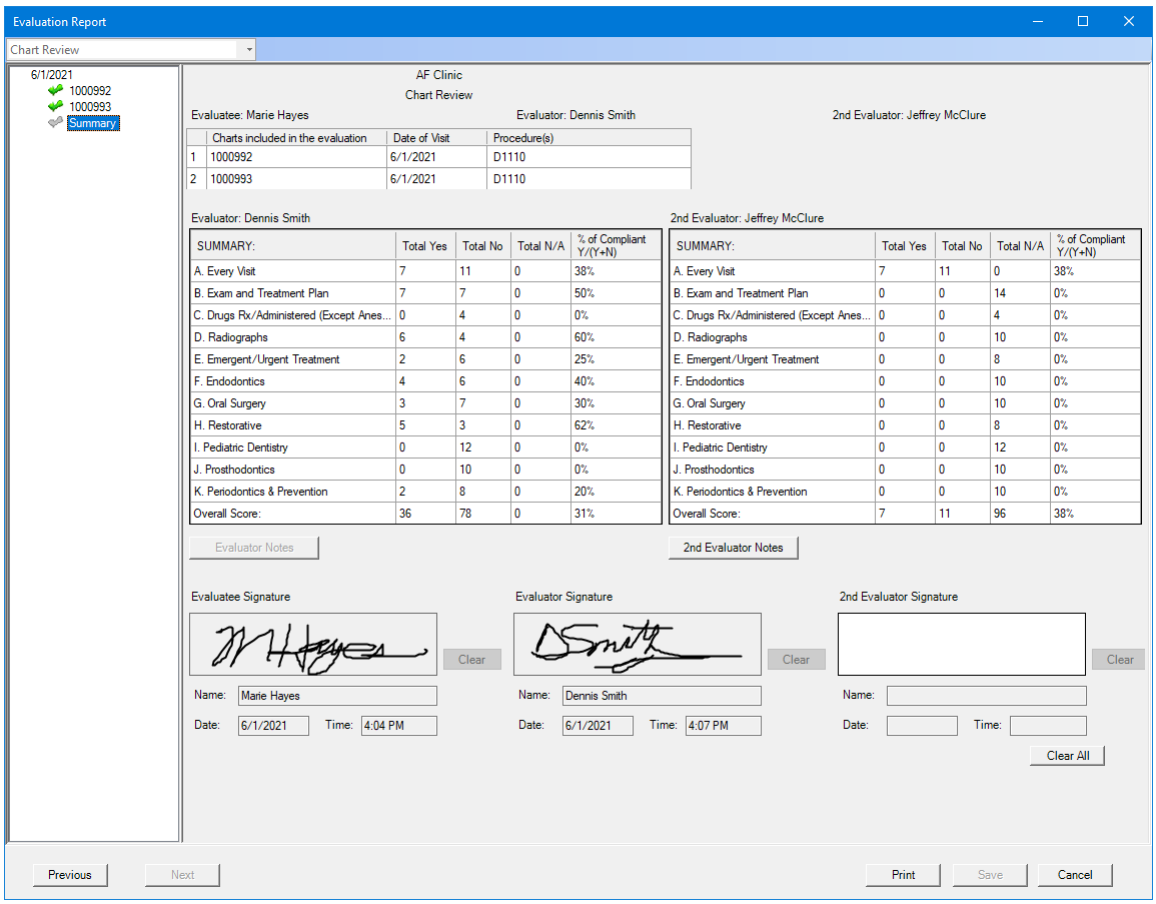
For each review in the data grid, the following information appears:

- **Review Date** – That date when the review was started.
- **Evaluation ID#** – The review's unique ID number.
- **Evaluatee** – The person being evaluated.
- **Evaluator** – The person who started the review.
- **2nd Evaluator** – If applicable, the second-level evaluator assigned to the review.
- **Document Type** – Currently, the only type is **Clinical Note**.
- **Review Clinic** – The clinic where the review was started.
- **# Of Documents Included** – The number of clinical notes that are included in the review.
- **Document ID#** – The clinical note's unique ID number.

3. To open or sign a review do the following:
   a. Click the corresponding **Click for Document** link in the **Review Document** column.
      The **Evaluation Report** dialog box appears.
   b. Click each clinical notes ID number on the left to view the responses to the evaluation criteria.



c. Click **Summary** on the left to view the summary.



d. If you are the second-level evaluator, to add notes, click **2nd Evaluator Notes**.

e. As the second-level evaluator, do the following if a signature is needed:

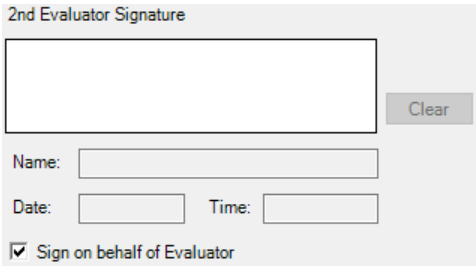
1). Do one of the following:

- If you are the second-level evaluator, to sign the review, sign in the **2nd Evaluator Signature** box.

  Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

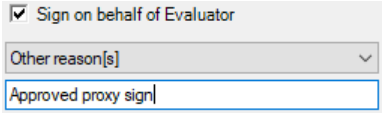
- If you are not the second-level evaluator, and if you are allowed to sign on behalf of evaluators, to sign as the second-level evaluator, do the following:

  a). Under **2nd Evaluator Signature**, select the **Sign on behalf of Evaluator** check box.



b). From the list that appears, select the reason why you are signing on behalf of the second-level evaluator:

- **Evaluator is not present to sign the review**.
- **Evaluator no longer works at this clinic**.
- **Evaluator refuses to sign/acknowledge the evaluation**.
- **Other reason(s)**. With this option selected, enter the reason in the box that appears.

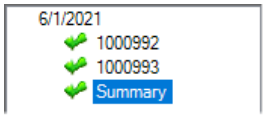


c). Sign in the **2nd Evaluator Signature** box.

Note: If you need to remove the signature to re-sign, you can click the corresponding **Clear** button.

2). Click **Save**.

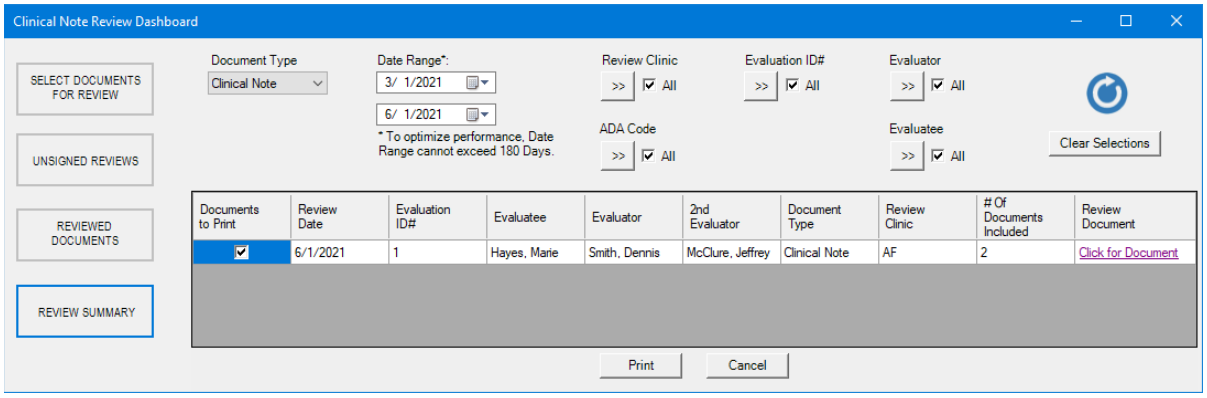
Note: If you have signed the review, a green check mark appears next to **Summary** on the left.



f. If you need to clear all the signatures for the review, click **Clear All**, and then click **Save** to save the change.

g. Click **Cancel** to return to the **Clinical Note Review Dashboard** window.

4. For each review that you want to include on a report, select the check box in the **Documents To Print** column.



5. To preview the selected reviews, click **Print**. Then, you can print or save the report.

SETTING UP CLINICAL NOTE REVIEW TEMPLATES

You can add clinical note review templates as needed. You can edit a template only if it is not associated with a saved review. You can delete a template only if it is not associated with a saved review and if it is not the only template.

Notes:

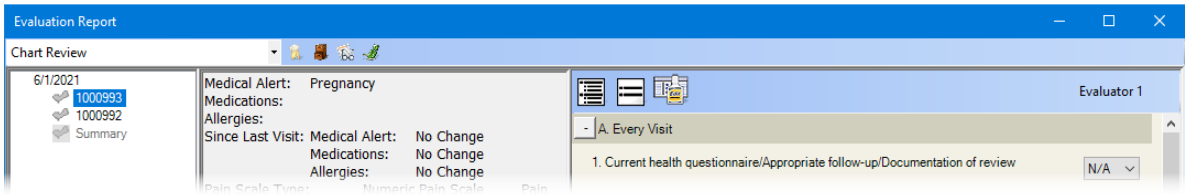
- Each question in an evaluation must be worded in a way that the response could be Yes, No, or N/A.
- The default template should be the template that you will use most often and will be the template that is selected by default when you open the **Evaluation Report** dialog box to start a review.

To set up clinical note review templates

1. In the Office Manager, from the **Analysis** menu, click **Clinical Note Review Dashboard**.

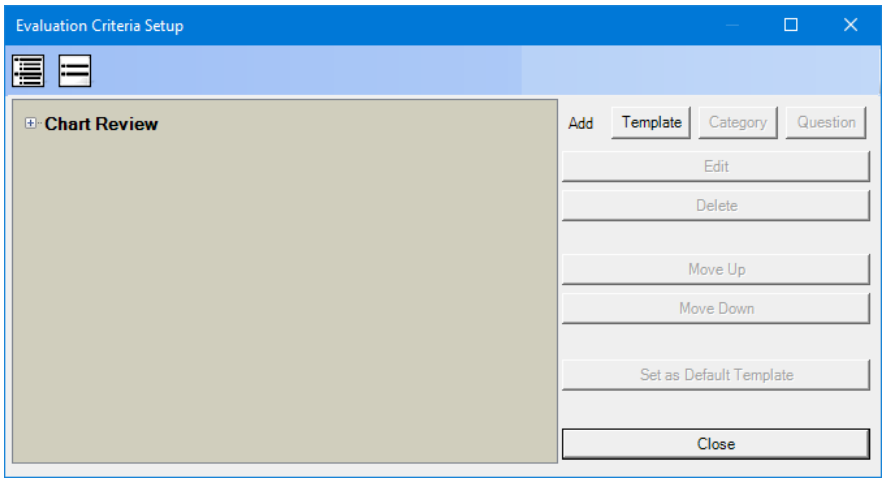
   The **Clinical Note Review Dashboard** window appears.
2. Select the **Select Documents for Review** tab.
3. Set up the filters, and then click the **Refresh** button .
4. With at least one check box selected in the **Document To Be Included In Review** column, click **Start Review**.

   The **Evaluation Report** dialog box appears.



5. Click the **Template Setup** button .

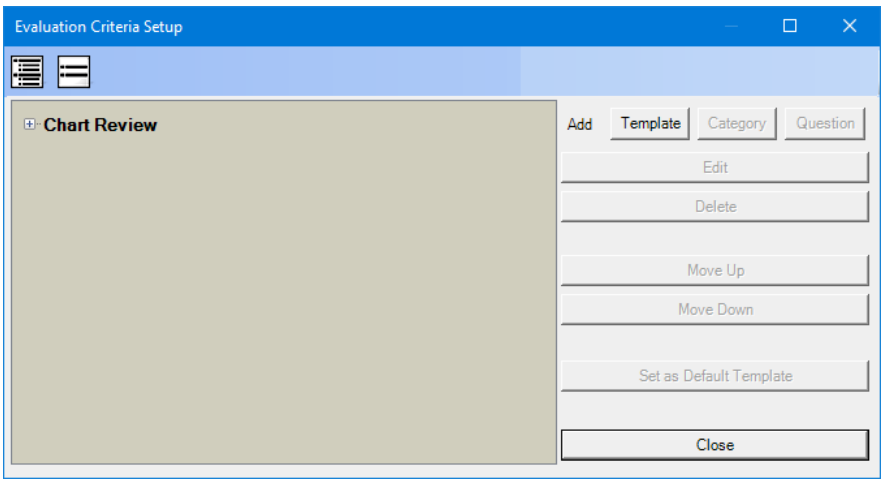
   The **Evaluation Criteria Setup** dialog box appears.



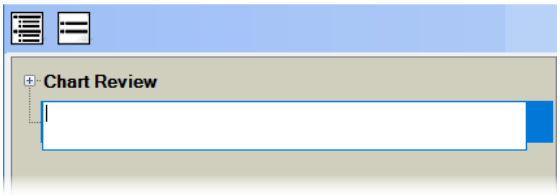
6. Do any of the following as needed:

Add a template:

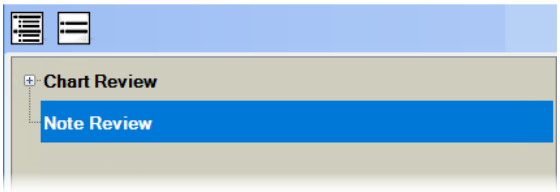
a. Next to **Add** on the right, click **Template**.



b. In the box that appears on the left, enter a name for the template, and then press Enter.

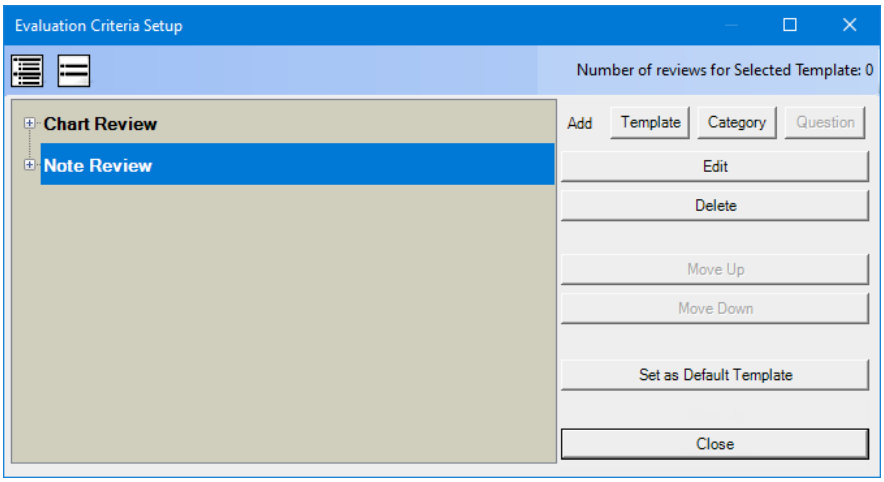


The new template is now selected, so you can add categories and questions to it.

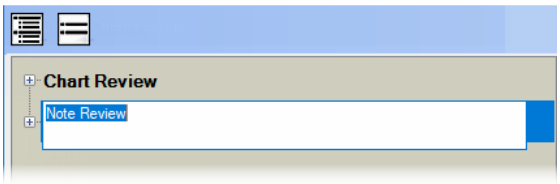


Rename a template:

a. On the left, select a template, and then click **Edit** on the right.

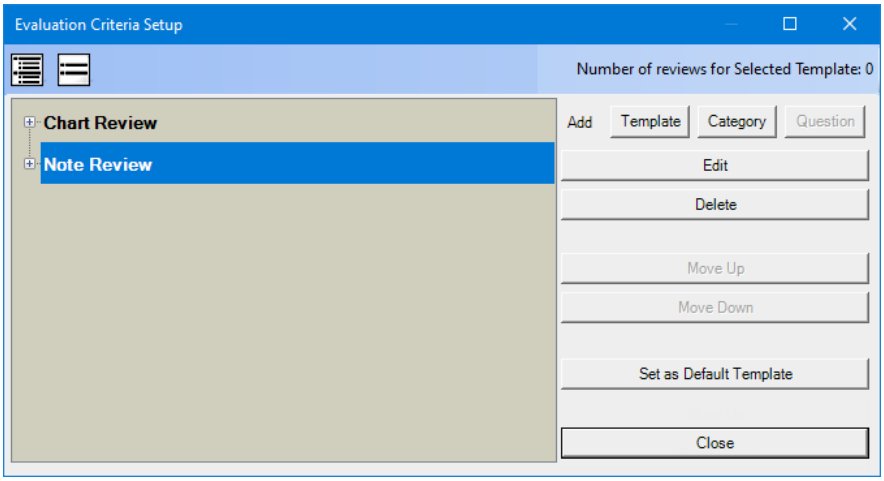


b. The template name becomes an editable box. Change the name, and then press Enter.



Delete a template:

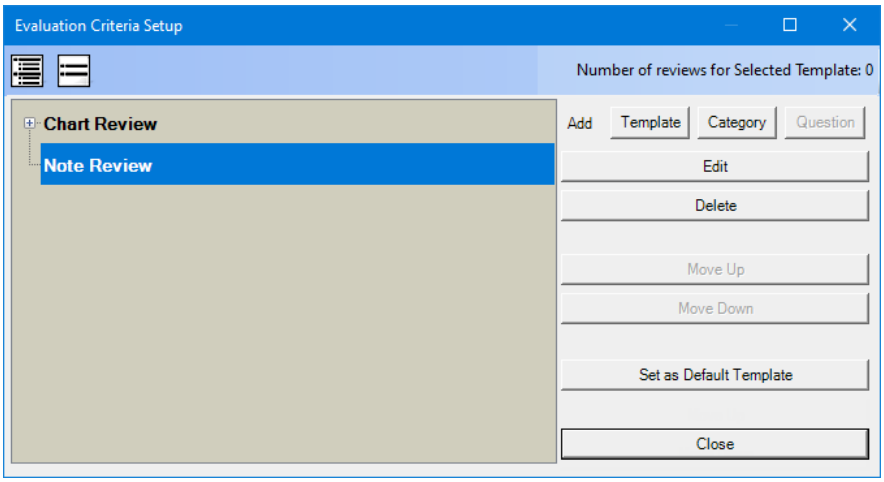
a. On the left, select a template, and then click **Delete** on the right.



b. On the confirmation messages that appear, click **Yes**.

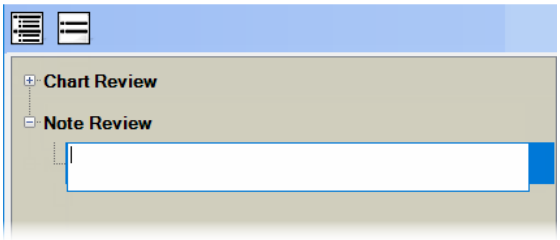
Add a category:

a. On the left, either select a template to add a category as the last one for that template, or select an existing category to add a new one after the selected one.

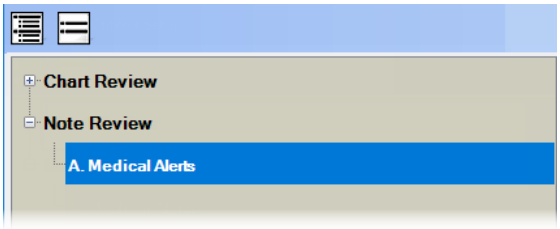


b. Next to **Add** on the right, click **Category**.

c. In the box that appears on the left, enter a name for the category, and then press Enter.

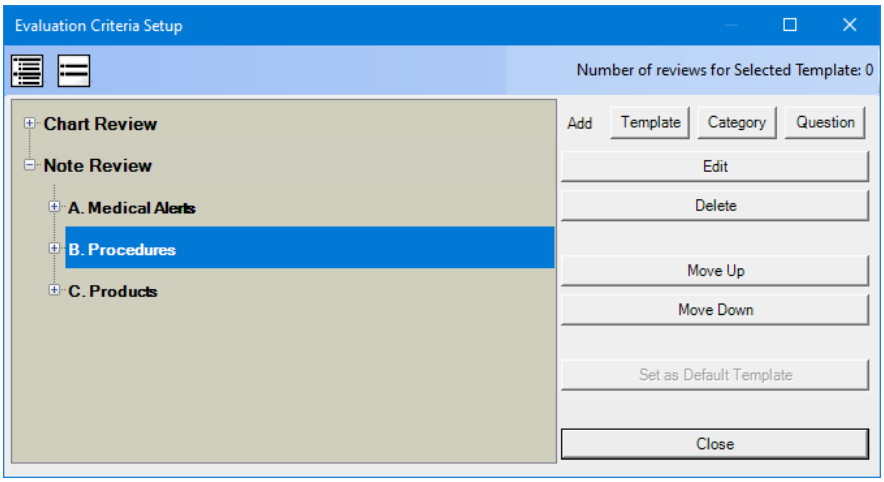


An uppercase letter, period, and space are added to the beginning of the name automatically. Also, the new category is now selected, so you can add questions to it.

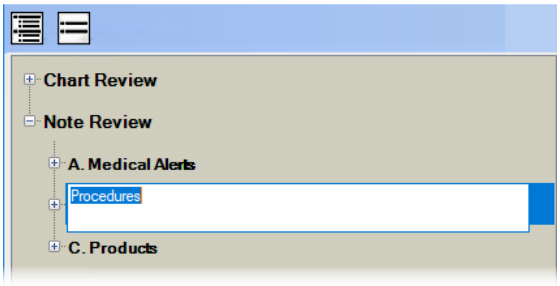


Rename a category:

a. On the left, select a category, and then click **Edit** on the right.

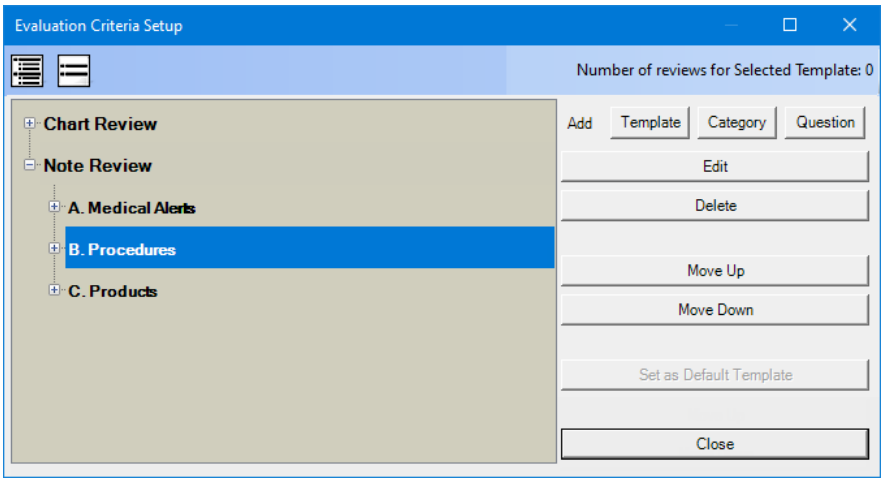


b. The category name becomes an editable box. Change the name, and then press Enter.



Delete a category:

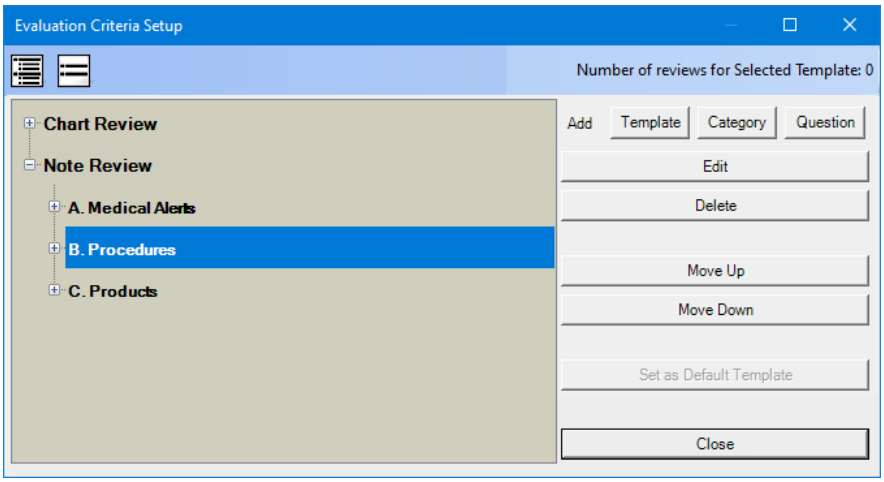
a. On the left, select a category, and then click **Delete** on the right.



b. On the confirmation message that appears, click **Yes**.

Reorder categories:

a. On the left, select a category.

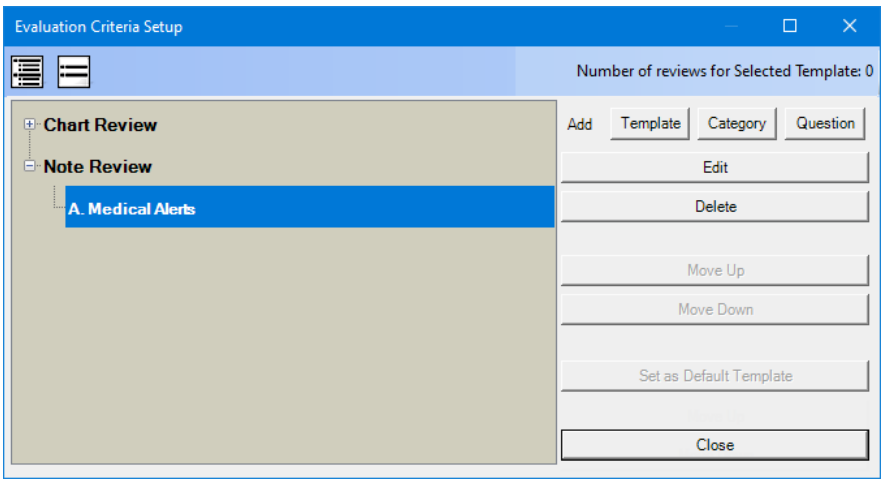


b. On the right, click **Move Up** or **Move Down** as needed to move the category to the desired position in the template.

c. Repeat these steps as needed for other categories to achieve the desired order.

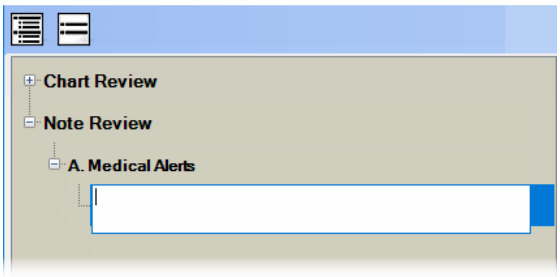
Add a question:

a. On the left, either select a category to add a question as the last one in that category, or select an existing question to add a new one after the selected one.

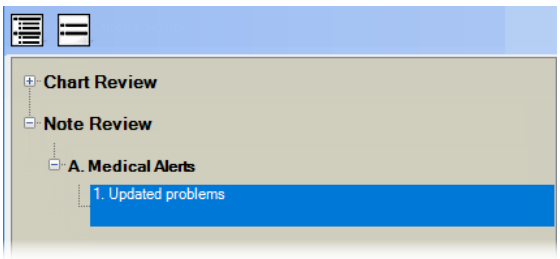


b. Next to **Add** on the right, click **Question**.

c. In the box that appears on the left, enter the text of the question, and then press Enter.

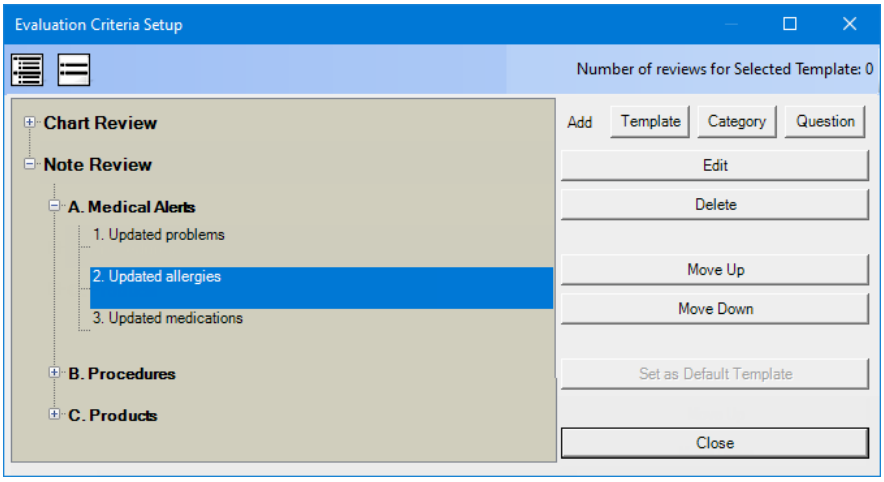


A number, period, and space are added to the beginning of the question automatically.

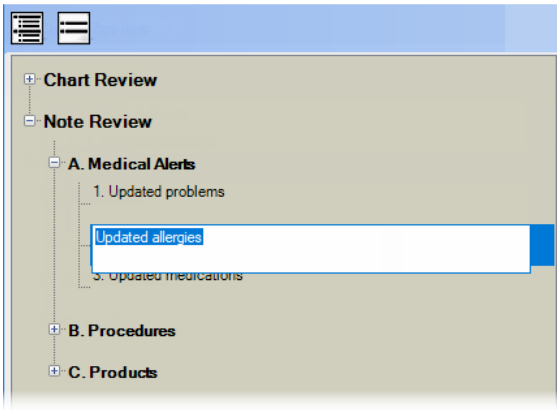


Edit a question:

a. On the left, select a question, and then click **Edit** on the right.

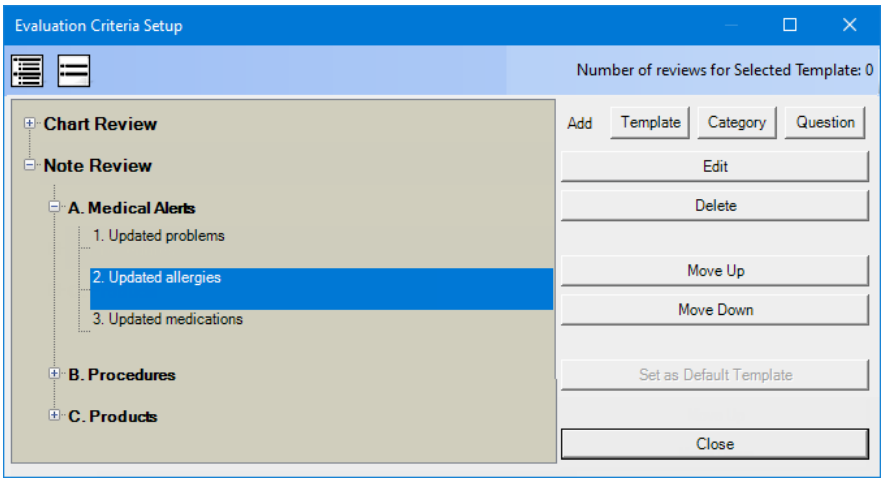


b. The question becomes an editable box. Change the text of the question, and then press Enter.



Delete a question:

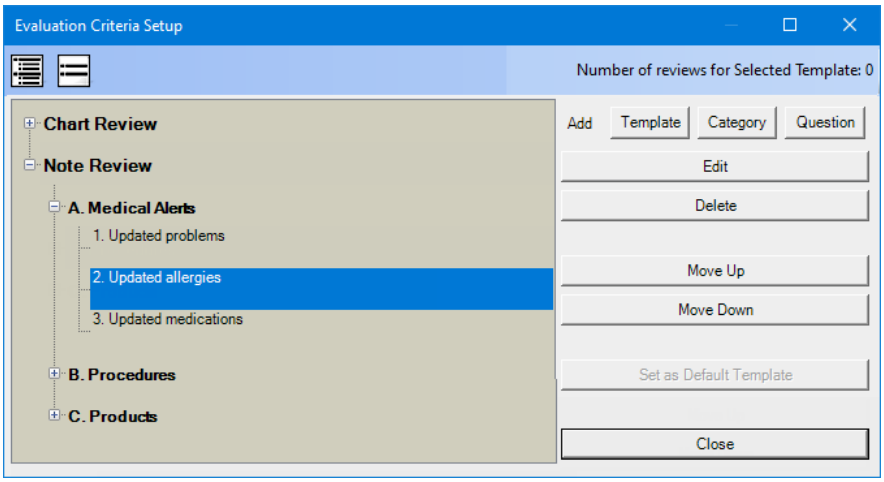
a. On the left, select a question, and then click **Delete** on the right.



b. On the confirmation message that appears, click **Yes**.

Reorder questions:

a. On the left, select a question.

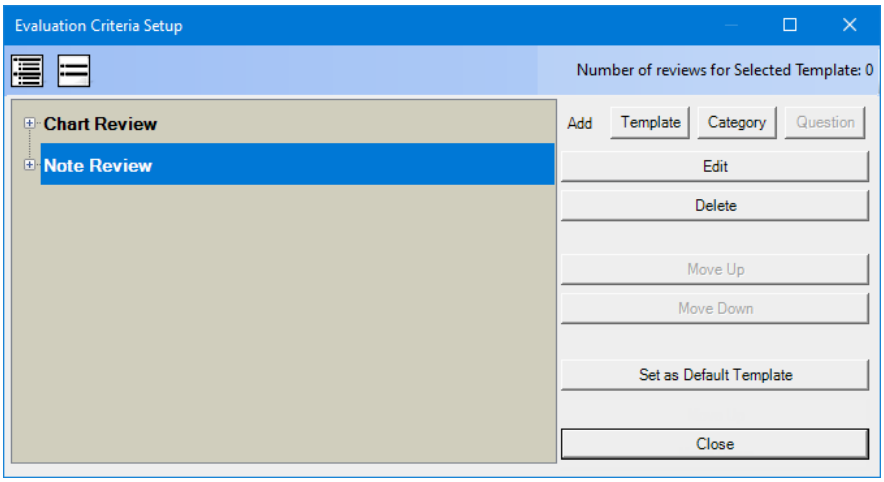


b. On the right, click **Move Up** or **Move Down** as needed to move the question to the desired position in the list.

c. Repeat these steps as needed for other questions to achieve the desired order.

Set the default template:

a. On the left, select a template.



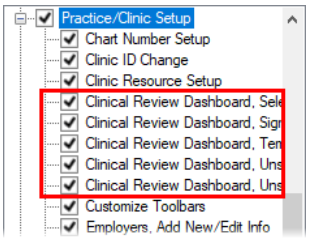
b. On the right, click **Set as Default Template**. This button is available only if there is more than one template and if the selected template is not already the default template.

7. Click **Close**.
8. In the **Evaluation Report** dialog box, click **Cancel** because you are managing templates and not performing an evaluation. Then, on the confirmation message, click **Yes**.

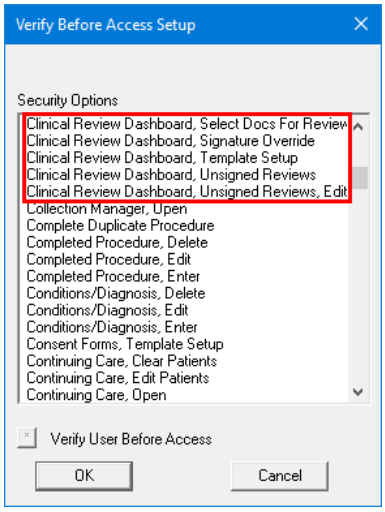
NEW SECURITY RIGHTS

When you are setting up security rights for a user or group, under the **Practice/Clinic Setup** category, the following security rights are available:

- **Clinical Review Dashboard, Select Docs For Review** – Allows a user to access the **Select Documents for Review** tab on the Clinical Review Dashboard.
- **Clinical Review Dashboard, Signature Override** – Allows a user to sign clinical review evaluations on behalf of evaluatees and evaluators.
- **Clinical Review Dashboard, Template Setup** – Allows a user to add and edit templates for the Clinical Review Dashboard.
- **Clinical Review Dashboard, Unsigned Reviews** – Allows a user to access the **Unsigned Reviews** tab on the Clinical Review Dashboard.
- **Clinical Review Dashboard, Unsigned Reviews, Edit** – Allows a user to add second-level evaluators to, change or remove providers from, and delete unsigned reviews on the **Unsigned Reviews** tab of the Clinical Review Dashboard.



Also, options for the new security rights are available in the **Verify Before Access Setup** dialog box. To access these options, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup** > **Security Setup**, and then click **Verify User Before Access**.



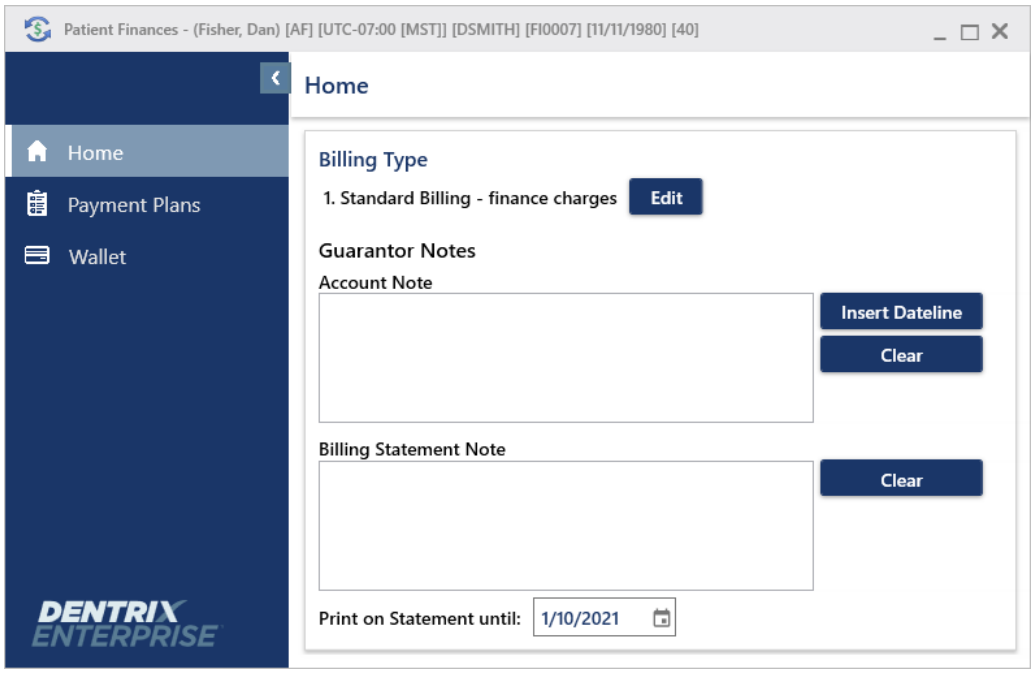
Viewing Failed Axia Transactions

If your office uses Axia for manual or recurring credit card payments, the **Patient Finances** window can now display the reason a transaction has failed and the applicable error message.

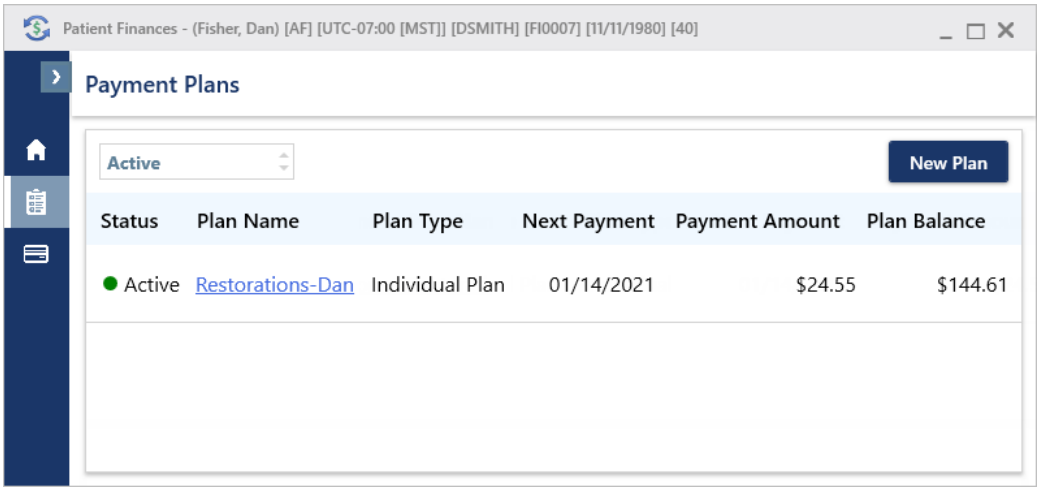
To view failed transactions

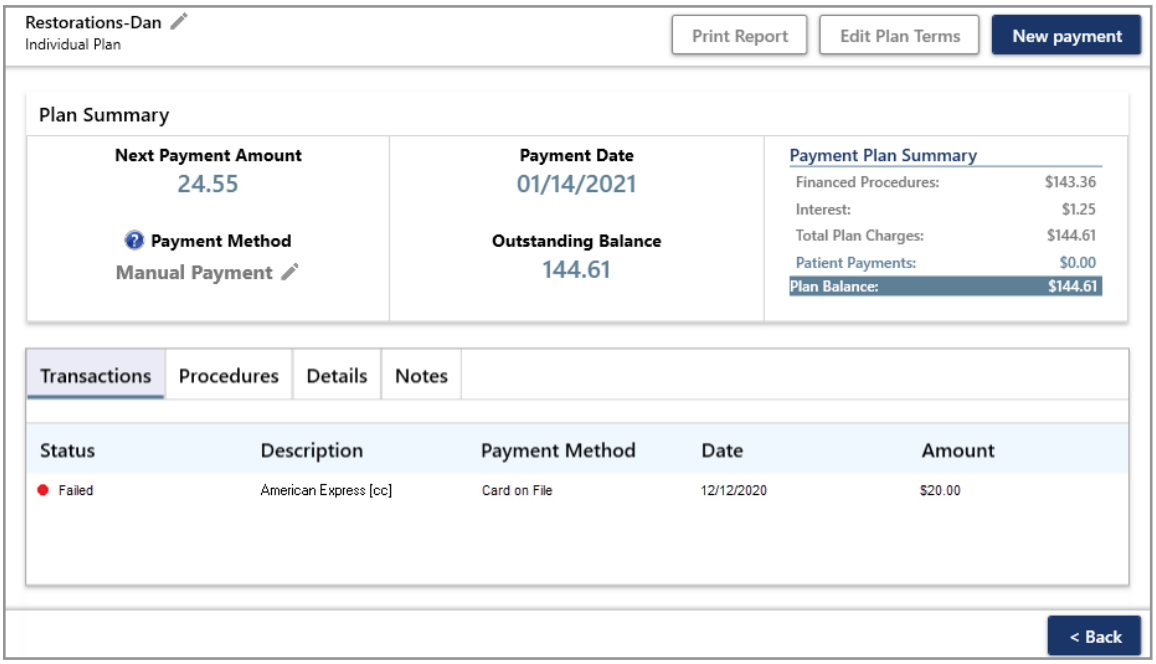
1. With a patient selected in the Ledger, click the **Patient Finances** button .

   The **Patient Finances** window appears.

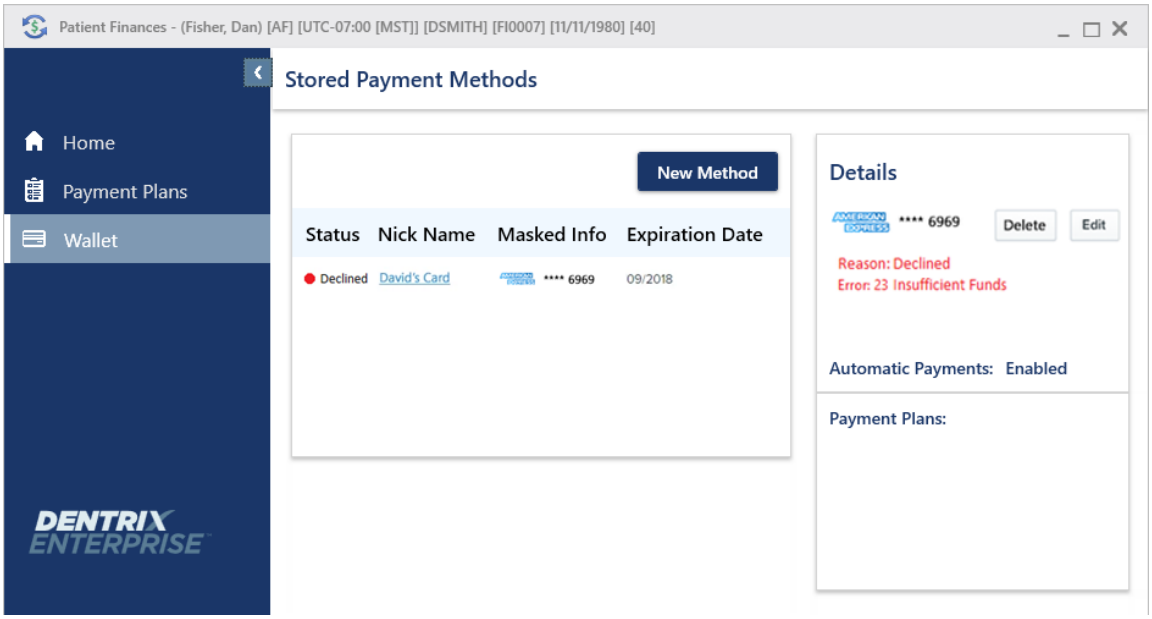


2. Select the following tabs to view possible transaction errors:
   - **Payment Plans** – On the **Payment Plans** tab, click a **Plan Name** link to view the corresponding plan's details. On the **Transactions** tab, for a failed transaction, an error indicator appears in the **Status** column.





- **Wallet** – On the **Wallet** tab, for a payment method with a failed transaction, an error indicator appears in the **Status** column. Click the payment method's **Nick Name** link to view the reason, error code, and description under **Details** on the right.



How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 11.0.2?" section of the Dentrix Enterprise Help.

You can view on-demand product training videos, download PDF copies of product manuals (such as the Reports Reference, User's Guide, and System Requirements), and search the support knowledgebase for troubleshooting tips and answers to common questions in the Resource Center at www.dentrixenterprise.com/support/resource-center if you have an active customer service plan.

Dentrix Enterprise

11.0.2

Update 4

Overview

The *Dentrix Enterprise 11.0.2 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

Note: For information about using the new features in this release, refer to "Using the New Features and Enhancements" in this document or the "What's New in Dentrix Enterprise?" portion of the Dentrix Enterprise Help.

Features

Dentrix Enterprise 11.0.2 Update 4 includes the following new features and enhancements:

- **Patient Finances**:
  - **New Interface** – The **Billing/Payment Agreement Information** dialog box has been replaced with the **Patient Finances** window.
  - **Payment Plans** – You can create payment plans (formerly known as payment agreements) for a specific patient or for multiple family members. And if you use Axia to process credit cards, you can store a credit card on file for recurring payments.
  - **Credit Cards on File** – If you use Axia to process credit cards, you can store credit cards on file for future or recurring payments.
  - **Manual Payments for Payment Plans** – You can now make a manual payment for procedures included in a payment plan that has been set up for manual or automatic payments.
- **New Patients with an appointment** – Dentrix Enterprise provides a new way for you to quickly create a patient record using information from a new-patient appointment.
- **Treatment Requests**:
  - **New Statuses** – There are two new statuses for treatment requests: Canceled and Completed.
  - **New Type** – There is a new type for treatment requests: RC Dental Screening.
  - **Restricting the Source of Treatment Requests** – You can now restrict the adding and updating of treatment requests of a certain type to either Dentrix Enterprise or HL7 messages.
  - **Canceling or Completing Treatment Requests** – You can now cancel or complete a treatment request from the Treatment Request Manager.
  - **Automatic Status Changes** – The status of a treatment request can now change automatically in certain scenarios.
- **Dental Priority Classification**:
  - **Updating DPCs Without Signing Clinical Notes** – A new global setting controls whether you can update a patient's Dental Priority Classification (DPC) only when signing a clinical note or with or without having to sign a clinical note. If this setting is enabled, as in previous versions of Dentrix Enterprise, you can update a patient's DPC only from the Clinical Notes or Signature Manager window. However, if this setting is not enabled, you can update a patient's DPC from the Clinical Notes, Signature Manager, or More Information window.
  - **Skipping DPC Updates** – If a patient's DPC has already been set for a visit, and you do not need to update the DPC again when signing a clinical note, you can choose to skip the updating of the DPC. This applies to signing a clinical note from the Clinical Notes or Signature Manager window.
- **Movement Holds**:
  - **Multiple Hold Types** – Throughout Dentrix Enterprise, "dental hold" labels have been renamed to "movement hold" to allow for various types of holds, including dental, medical, mental health, and other holds.
  - **Closing Movement Holds (for Today)** – You can now quickly close a movement hold from the **Movement Holds** dialog box instead of having to edit the hold and then close it.

- **837i** – For hospitals and skilled nursing facilities, if you submit dental insurance claims using eClaims (also known as eTrans), which is the electronic claims service that is provided by Henry Schein One, you can now use it to submit medical insurance claims electronically as 837i files.
- **Oral Health Surveys (OHS)** – With a certain global setting enabled, an OHS meter and an **OHS** tab now appear in the **More Information** window: You can now view or edit an OHS survey from the **More Information** window. Also, you can now view OHS data over time as graphs.
- **Treatment Consent Forms (Enhanced)** – With a certain global setting enabled, there are changes to the consent form interface and functionality in the Treatment Planner. Using a consent form template as a guide, you can quickly and accurately create a custom consent form with minimal typing or editing.
- **Medical Alert Reviews** – Now when you specify that you have reviewed a patient's medical alerts from the **Medical Alerts** dialog box or the **More Information** window, Dentrix Enterprise can automatically copy a list of the patient's active problems, allergies, and medications (PAM) into a clinical note, so you don't need to manually enter PAM in a clinical note. There is a new clinic setting that controls whether PAM is automatically copied to clinical notes or not.
- **Treatment Plan Approval Statuses** – The treatment plan approval status is available in various areas of Dentrix Enterprise, such as the Patient Chart and Ledger. The approval status can now appear in the Treatment Planner, where you build treatment plans. Also, you can now quickly apply an approval status to multiple procedures at one time.
- **Applying Surfaces to Multiple Teeth** – When charting a procedure with multiple teeth selected, you can set the same surfaces for all the selected teeth at once, or you can specify surfaces for each selected tooth separately. This functionality applies to procedures and conditions that require a surface to be selected.
- **Overpayments on Electronic EOBs** – Dentrix Enterprise can now automatically resolve insurance overpayments on electronic EOBs that you import using the 835 EOB import utility. There is a new clinic setting that controls whether this automation is turned on or off by default.
- **More Information Window Changes**:
  - **New Information** – The following information has been added to the **Inmate** tab of the **More Information** window: **Adaptive Support Needs**, **TABE Date**, **SLI**, **LEP**, **Prim. Method**, **Second. Method**, **Dental Chronic Care**, **MH LOC**, **Clinical Risk**, and **PID**.
  - **Removed Information** – The **Threat Group** and **Ext RC** have been removed from the **Inmate** tab of the **More Information** window.
  - **Bed Details** – On the **Inmate** tab of the **More Information** window, you can now expand and collapse the **Bed Details**.
  - **Movement History** – On the **Inmate** tab of the **More Information** window, under **Movement History**, the "Movement Reason" column is now named **Movement Type/Reason**.
- **Resizable Windows** – You can now resize the following windows:
  - Perio Chart
  - Medical Alerts
  - More Information
  - Signature Manager
  - Treatment Request Manager

  Also, each window's size and position are saved per user in the database.
- **Perio Chart Colors** – The perio graphic chart colors are now saved per user in the database.
- **Clinic Time Zone Setting** – In the **Clinic Information** dialog box, the **Time Zone** option has been moved from the **Settings** tab to the **General** tab.

Installation

Install Dentrix Enterprise 11.0.2 Update 4 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 11.0.2 Update 4, contact Dentrix Enterprise Customer Support at 1-800-459-8067, option 2.

Important Notes

- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.

Using the New Features and Enhancements

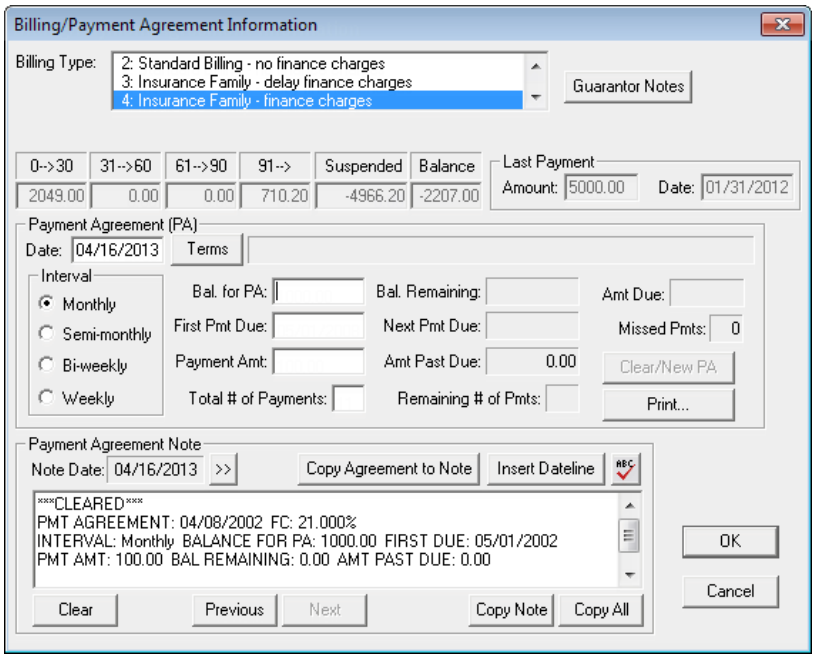
The following pages contain instructions about how to use the new features and enhancements of this release.

Patient Finances

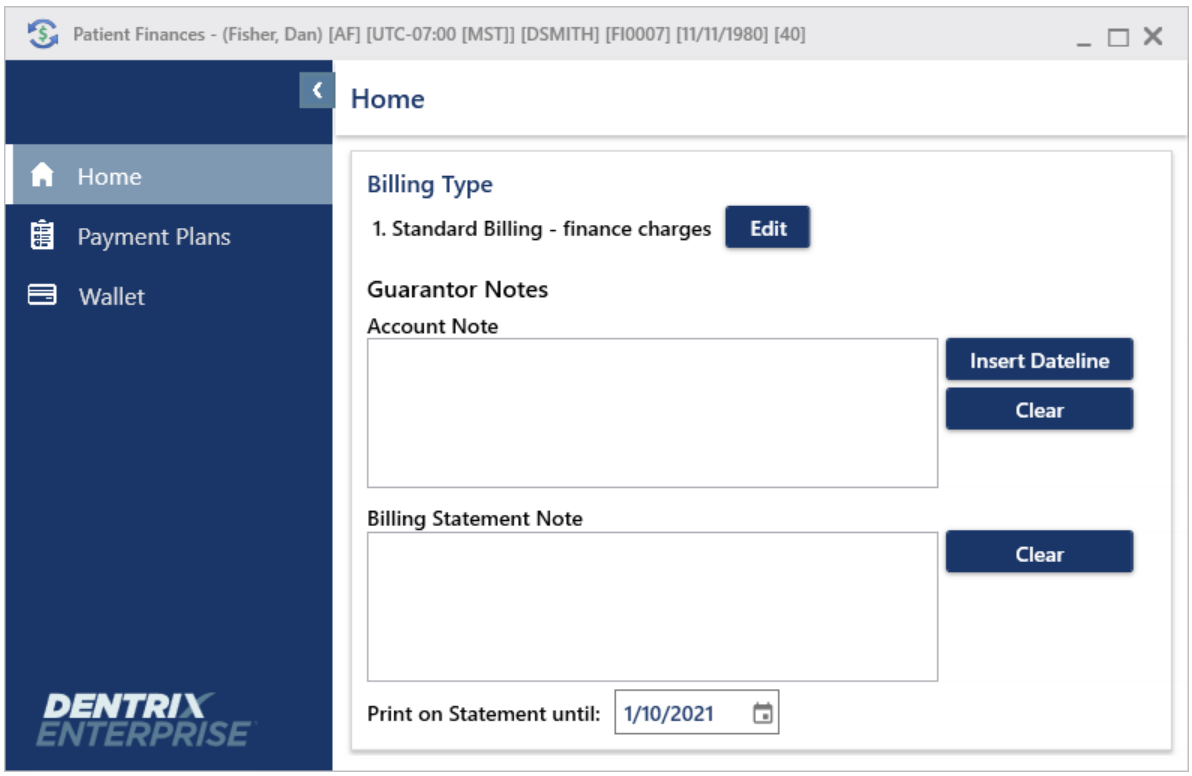
NEW WINDOW

The **Billing/Payment Agreement Information** dialog box has been replaced with the **Patient Finances** window:

- **Old** – The **Billing/Payment Agreement Information** dialog box.



- **New** – The **Patient Finances** window.



In the new **Patient Finances** window, you can manage the following for an account: the billing type, guarantor notes, and payment plans. And if you have an Axia license to process credit cards, you can now keep credit cards on file and set up recurring payments.

NEW MENU OPTION

On the **File** menu, the **Billing/Payment Agreement** option has been replaced with the **Patient Finances** option.

NEW TOOLBAR BUTTON

The **Billing/Payment Agreement** button has been replaced with the **Patient Finances** button .

SECURITY RIGHTS

The following security rights have been modified to restrict access to the **Patient Finances** window:

- **Billing/Payment Agreement, Modify** – This right was renamed to "Patient Finances, Modify." This right allows the user to change the billing type, manage payment plans. If you have a license for Axia, the new "Patient Finances, Add Payment Method" rights allows the user to manage credit cards on file and recurring payments.
- **Guarantor Note, Modify** – This right was expanded. It still applies to the **Guarantor Notes** dialog box, but now it also applies to the **Patient Finances** window. This right allows the user to change the **Account Note**, **Billing Statement Note**, and **Print on Statement Until** date.

OPENING PATIENT FINANCES

With a patient selected in the Ledger, click the **Patient Finances** button on the toolbar. The **Patient Finances** window opens. The **Home** tab is selected by default.

CHANGING THE BILLING TYPE AND ENTERING NOTES

In the **Patient Finances** window, on the **Home** tab, do any of the following as needed:

- Edit the **Billing Type**:
  1. Click **Edit**.
  2. Select a billing type.
  3. Click **OK**.
- Enter or edit the **Account Note**.

  Note: You can click **Insert Dateline** to insert today's date where the text cursor is located in the note. You can click **Clear** to delete the entire note.

- Enter or edit the **Billing Statement Note**. Then, select a **Print on Statement until** date to specify the date after which the statement note will no longer be included on billing statements. By default, the date is one month in the future.

  Note: You can click **Clear** to delete the entire note.

ADDING PAYMENT PLANS

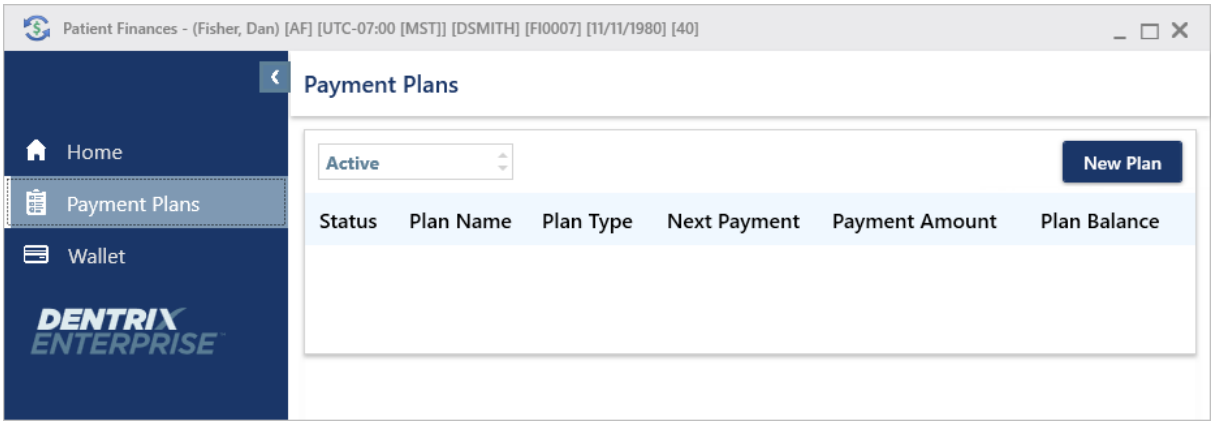
You can create payment plans (formerly known as payment agreements) for a specific patient or for multiple family members. And if you use Axia to process credit cards, you can store a credit card on file for recurring payments.

Note: Any existing payment agreements from previous versions of Dentrix Enterprise are converted to payment plans during the upgrade to the new version of Dentrix Enterprise. You cannot edit converted payment agreements, but you can add notes.

To add a payment plan

1. In the **Patient Finances** window, select the **Payment Plans** tab.

   Any active payment plans appear.

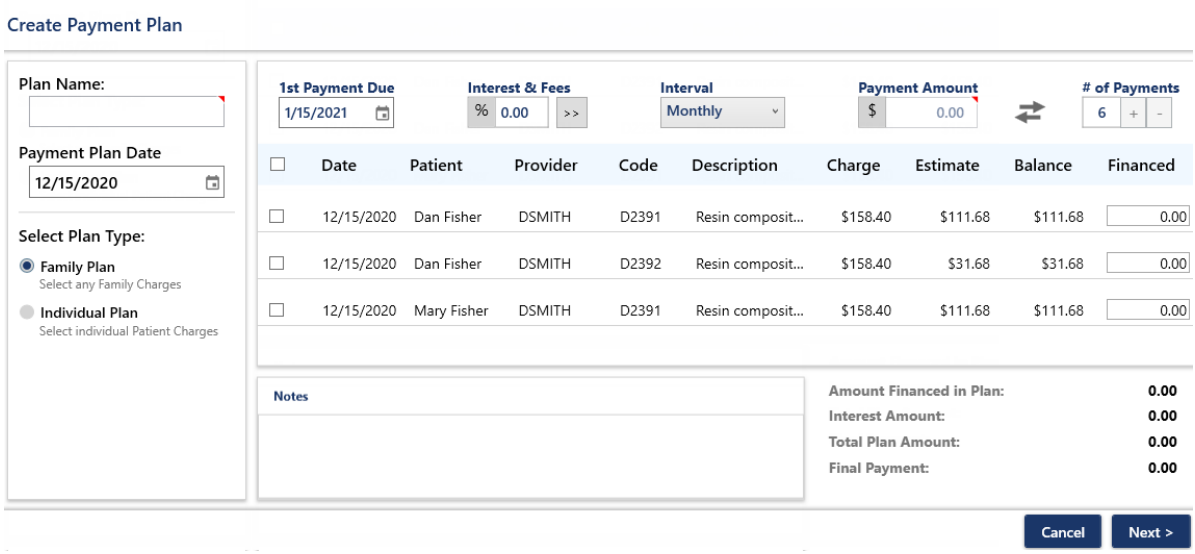


   Notes:

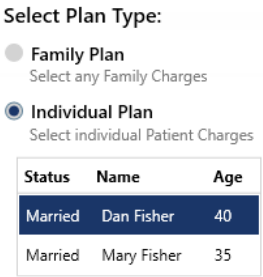
   - By default, the plans are sorted first by **Status** and then by **Plan Name**.
   - To view active and inactive plans, select **All** from the list near the top.

2. Click **New Plan**.

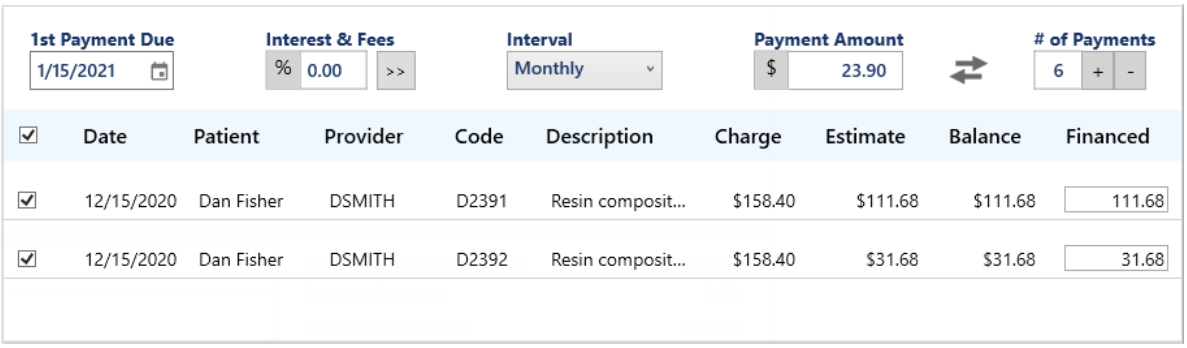
The **Create Payment Plan** options appear.



3. Set up the following options:
   - **Plan Name** – A name to identify the plan.
   - **Payment Plan Date** – The date of the plan. The current date is displayed by default. You cannot select a past date.
   - **Plan Type** – Select one of the following options:
     - **Family Plan** – With this option selected, the procedures for all family members are available.
     - **Individual Plan** – With this option selected, the list of family members appears. Select the correct family member to view only that patient's procedures.



4. Select the check box of each procedure that you want to include. You can select or clear the check box at the top of the list to select or deselect all the procedures at once.



Notes:

- Only completed procedures that have an unpaid estimated patient portion appear.
- Procedures that are included in another payment plan do not appear.
- The procedures are sorted by date, from oldest to latest.
- The date displayed for a procedure is the procedure date, which may be different from its entry date (such as for a backdated procedure).

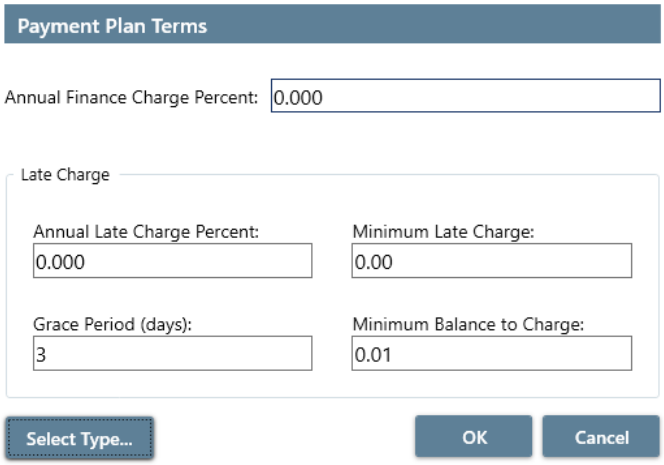
For each procedure, the following financial information appears:

- **Charge** – The amount charged.
- **Estimate** – The estimated patient portion of the **Charge**.
- **Balance** – The remaining patient portion. This may be different from the **Estimate**, such as if a patient payment is applied.
- **Financed** – The amount to finance. When you select a procedure's check box, the **Balance** amount is inserted automatically in the **Financed** box.

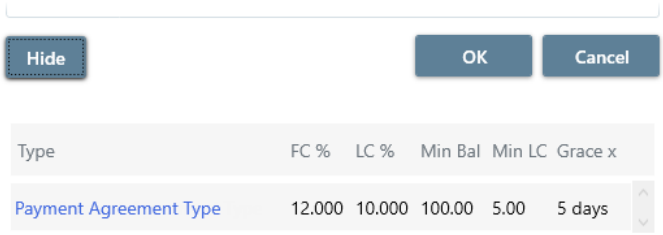
5. Set up the following terms:
   - **1st Payment Due** – The date when the first payment is due. This date must be at least one day after the **Payment Plan Date**. By default, the date is one month in the future.
   - **Interest & Fees** – By default the interest is 0.00. To specify a different interest rate and late fees, do the following:

     a. Click the search button >>.

     The **Payment Plan Terms** dialog box appears.

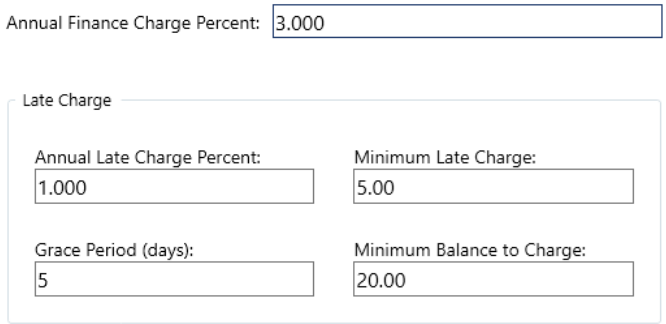


     b. To view your pre-set payment agreement types, click **Select Type**. Then, to insert the values from one of the types into the applicable boxes, click the name of the correct type.



     Note: To hide the payment agreement types, click **Hide**.

c. Change any of the following as needed:



- **Annual Finance Charge Percent** – The finance charge percent is used to calculate the finance charge amount. Dentrix Enterprise will automatically calculate the amount to assess based on a monthly charge (for example, if 18% was entered as the annual percentage rate, then 1.5% would be charged monthly). If you do not want to apply finance charges, type 0 in the box.
- **Annual Late Charge Percent** – If payment is missed, a late charge can be assessed. The late charge percent is used to calculate the amount of a late charge. Dentrix Enterprise will automatically calculate the amount to assess based on a monthly, semi-monthly, bi-weekly, or weekly charge. If you do not want to apply late charges, type 0 in the box.
- **Minimum Late Charge** – The minimum amount to assess as a late charge.
- **Grace Period (days)** – The number of days (0–30) for the grace period. A late charge will not be assessed if a payment is late until after the specified number of days after the due date.
- **Minimum Balance to Charge** – The minimum balance will be compared to the plan balance. Only if the plan balance is greater than the minimum balance will a finance or late charge be assessed. The amount must be at least 0.01.

d. Click **OK**.

- **Interval** – Select the frequency of the payments: **Monthly** (the default), **Semi-Monthly**, **Bi-Weekly**, or **Weekly**.
- **Payment Amount** – The amount of each payment. The amount must be at least 5.00 and no more than the **Total Plan Amount** or 99999.99, whichever is less. By default, the **Payment Amount** is the **Total Plan Amount** divided by the **# of Payments**. If you change the **Payment Amount**, the **# of Payments** is updated automatically.
- **# of Payments** – The number of payments to be made. By default, the number is 6. The maximum number of payments is from 24 to 104, depending on the interval; you may need to adjust the **Payment Amount** to not exceed that limit. If you change the **# of Payments**, the **Payment Amount** is updated automatically.
- **Notes** – Any notes, up to 8,000 characters in length, regarding plan. The **Notes** box is available until you save the plan.

1st Payment Due 1/15/2021 | Interest & Fees % 3.00 >> | Interval Monthly | Payment Amount $ 24.55 | # of Payments 6 + -

☑	Date	Patient	Provider	Code	Description	Charge	Estimate	Balance	Financed
☑	12/15/2020	Dan Fisher	DSMITH	D2391	Resin composit...	$158.40	$111.68	$111.68	111.68
☑	12/15/2020	Dan Fisher	DSMITH	D2392	Resin composit...	$158.40	$31.68	$31.68	31.68

Notes

Amount Financed in Plan:	143.36
Interest Amount:	1.25
Total Plan Amount:	144.61
Final Payment:	21.86

Cancel Next >

The following appear for your reference and are updated automatically as needed:

- **Amount Financed in Plan** – The sum of the Financed amounts.
- **Interest Amount** – The amount of interest to be paid.
- **Total Plan Amount** – The sum of the **Amount Financed in Plan** and the **Interest Amount**. The **Total Plan Amount** must be greater than 0.00 and greater than or equal to the **Payment Amount**.
- **Final Payment** – The amount of the last payment to be made. This may be different from the **Payment Amount**.

6. Click **Next**.

   The **Payment Method** options appear.

Create Payment Plan

Payment Method

Billing Method

Credit or Debit Card

Manual Payments

Card on File

Use an existing Linked Credit or Debit Card

Linked Accounts

New Linked Account

Add a new Linked Account

Credit Card Terminal

Card Name:

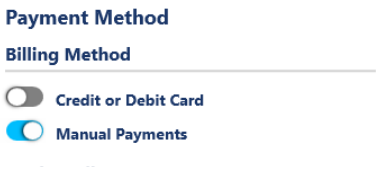
Add card

☑ The patient has authorized this payment method to be saved on file for future transactions.

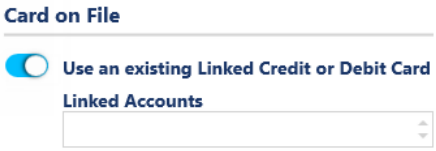
Notes

Cancel < Back Next >

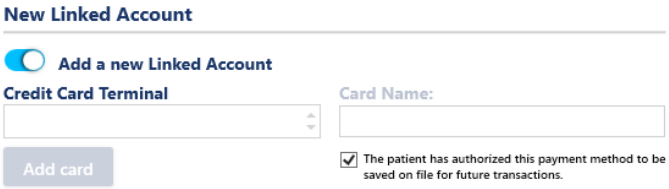
7. Under **Billing Method**, select one of the following:
   - **Credit or Debit Card** – If you use Axia for credit card processing and want to set up automatic payments.
   - **Manual Payments** – If you want to post payments manually in Dentrix Enterprise, even if you do use Axia for credit card processing.



8. If **Credit or Debit Card** is set as the **Billing Method**, do one of the following:
   - Use an existing **Card on File**:



     a. Select the **Use an existing Linked Credit or Debit Card** option. This option is selected by default if the account has at least one card on file.
     b. From the **Linked Account** list, select an active card on file (which you can identify by the specified card name).
   - Add a **New Linked Account**:

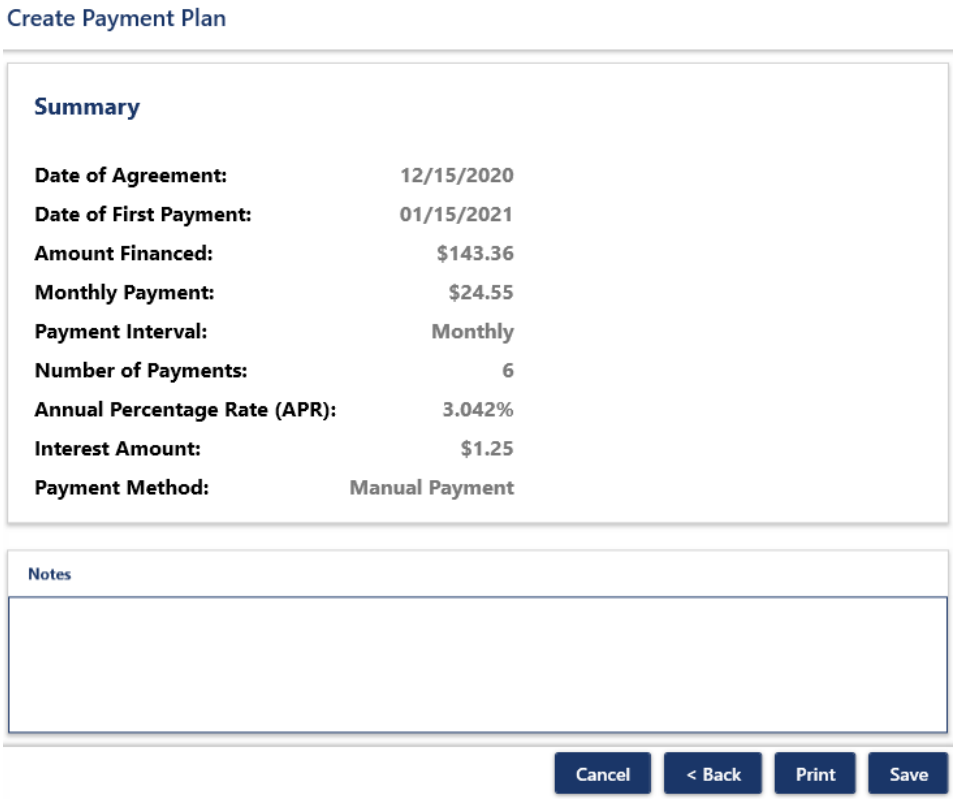


     a. Select the **Add a new Linked Account** option. This option is selected by default if the account does not have any cards on file.
     b. Select the **Credit Card Terminal** to use for swiping the card.
     c. Click **Add Card**.
     d. Either the cardholder swipes or inserts the card in the terminal, or you enter the card details using the terminal.
     e. Enter a **Card Name** to identify the card on file.

     Note: Make sure that you obtain permission from the cardholder to keep this card on file for recurring payments for this plan and for future transactions that may or may not be related to this plan. The **The patient has authorized this payment method to be saved on file for future transactions** check box is selected to help remind you.

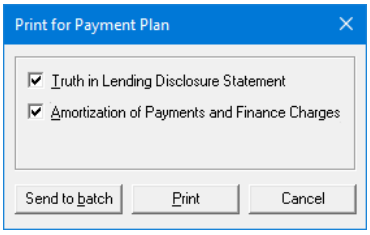
9. Click **Next**.

The **Summary** appears.



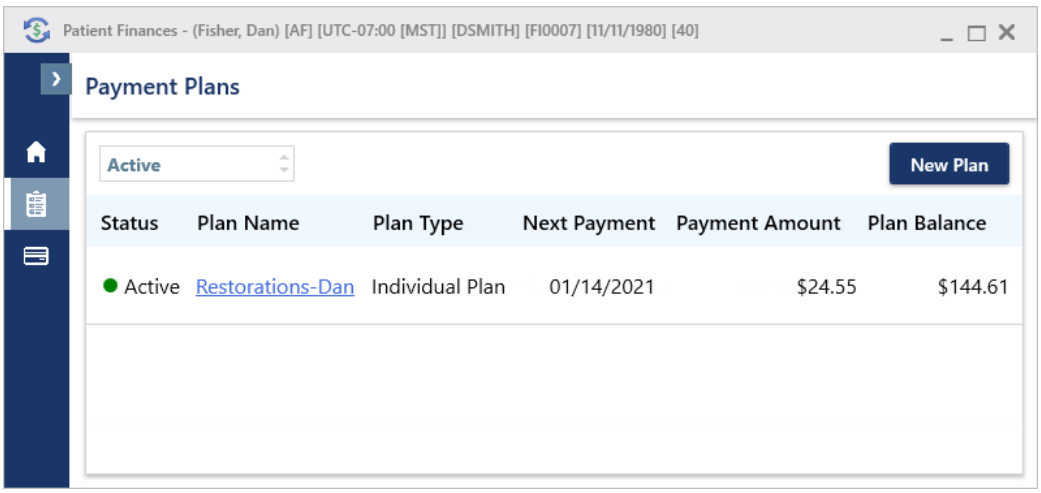
10. To print documents regarding this plan, do the following:
    a. Click **Print**.

       The **Print for Payment Plan** dialog box appears.



    b. Select the documents that you want to give to the patient/guarantor:
       - **Truth in Lending Disclosure Statement** – Discloses the terms of the agreement. It includes the annual percentage rate, the finance charge amount, the total amount financed, and the total amount paid at the end of the agreement.
       - **Amortization of Payments and Finance Charges** – Prints a schedule that lists the interest accrued on the balance amount for each payment interval.
    c. Click either **Send to Batch** or **Print**.
11. Click **Save**.

The plan now appears in the plan list.



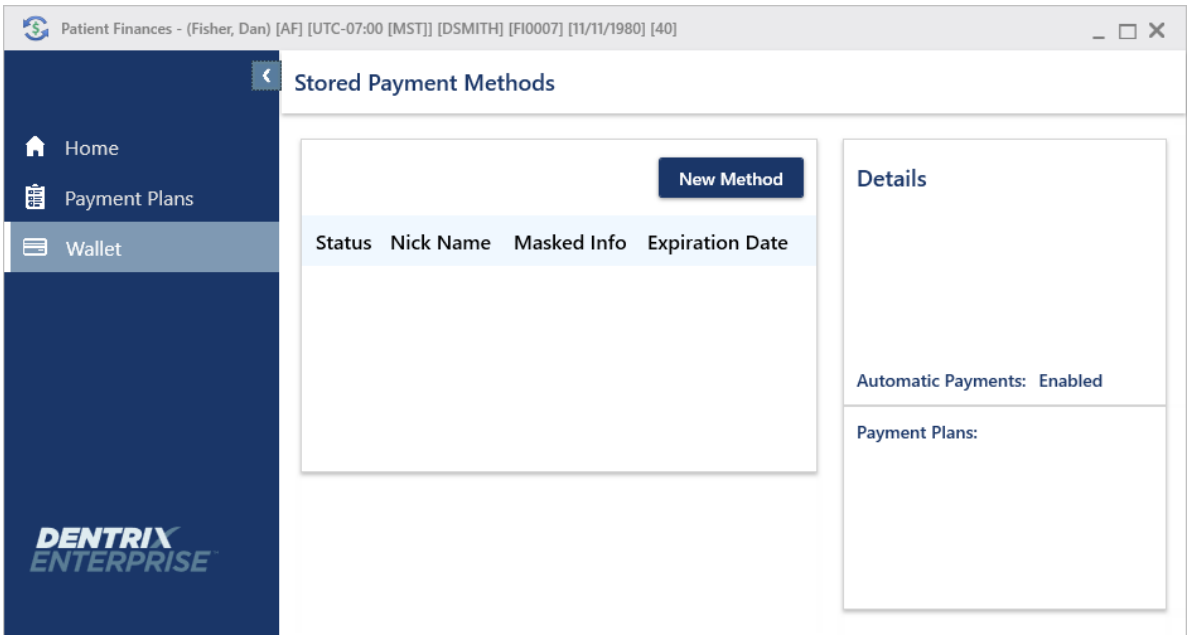
ADDING CREDIT CARDS ON FILE

If you use Axia to process credit cards, you can store credit cards on file for future or recurring payments.

Note: Credit cards on file are not stored in Dentrix Enterprise but in Axia.

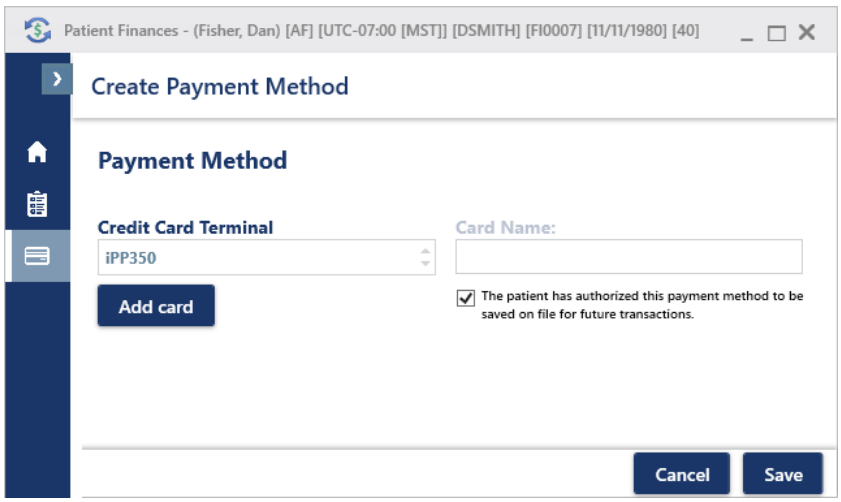
To add a credit card on file

1. In the **Patient Finances** window, select the **Wallet** tab.
   Any credit cards on file appear.



2. Click **New Method**.

The **Create Payment Method** options appear.



3. Select the **Credit Card Terminal** to use for swiping the card.
4. Click **Add Card**.
5. Either the cardholder swipes or inserts the card in the terminal, or you enter the card details using the terminal.
6. Enter a **Card Name** to identify the card on file.

   Note: Make sure that you obtain permission from the cardholder to keep this card on file for future or recurring payments. The **The patient has authorized this payment method to be saved on file for future transactions** check box is selected to help remind you.

7. Click **Save**.

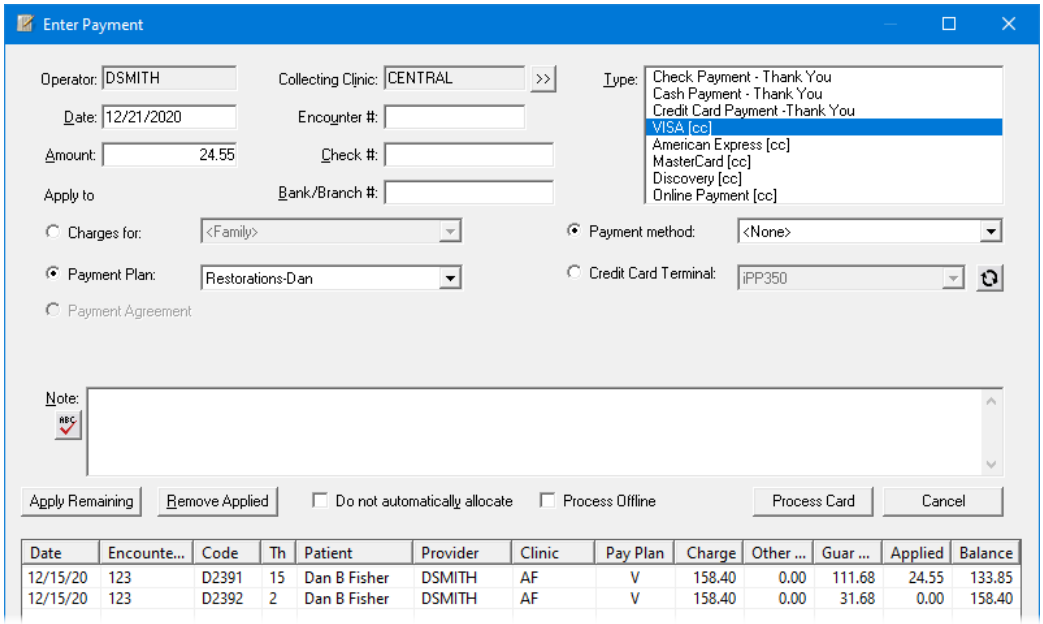
POSTING MANUAL PAYMENTS TO PAYMENT PLANS

You can now make a manual payment for procedures included in a payment plan that have been set up for manual or automatic payments.

To post a manual payment for a payment plan

1. In the **Enter Payment** dialog box, enter the payment **Amount**.
2. Select a payment **Type**.

3. Under **Apply to**, select **Payment Plan**, and then select the payment plan to which you want to apply the payment.



4. Do one of the following:
   - If you use Axia for processing credit cards, to use a credit card on file, select **Payment method**, and then select the card name of the credit card on file that you want to use.

   - If you use Axia or Dentrix Enterprise Pay for processing credit cards, to use a credit card terminal (with or without a card present), select **Credit Card Terminal**, and then select the terminal that you want to use.

   - If the selected payment **Type** is not set up for credit card processing through Axia or Dentrix Enterprise Pay, skip this step.
5. Do one of the following:
   - If you are using a credit card on file or a credit card terminal, click **Process Card**.
   - If you are not using a credit card on file or a credit card terminal, click **OK/Post**.

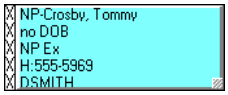
Adding a New Patient with an Appointment

When you schedule an appointment for a new patient, a patient record does not exist for that patient. It is not until the patient arrives for his or her appointment that you want to create a record for him or her in your patient database. However, you don't want to have to re-enter any of the patient information that was entered when the appointment was scheduled. Dentrix Enterprise provides a way for you to quickly create a patient record using information from a new-patient appointment.

Note: If you are using an HL7 interface and a certain global setting is enabled, you cannot add a new patient to a family from Dentrix Enterprise. You must add new patients from your medical software.

To add a new patient with an appointment

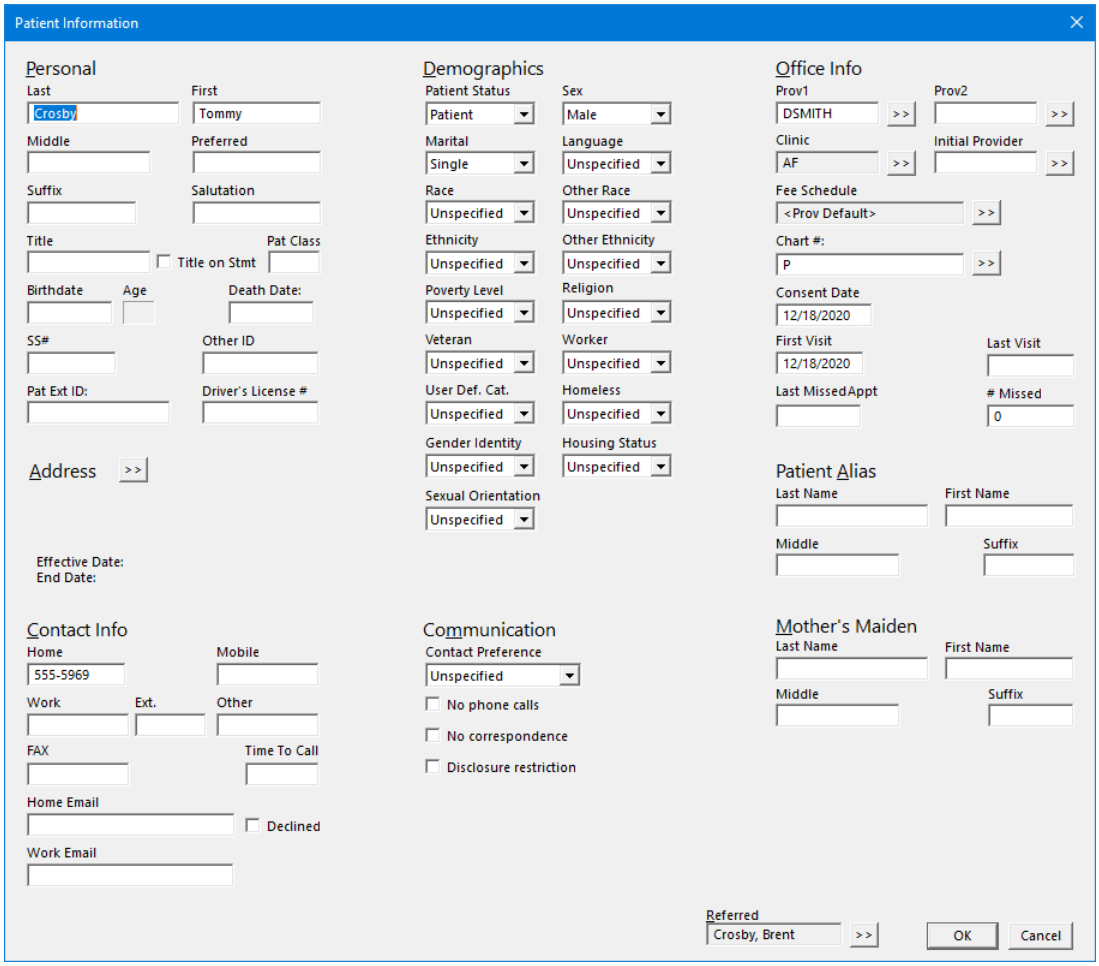
1. In the Appointment Book, select a new-patient appointment.



Note: A new-patient appointment has an "NP" preceding the patient's name.

2. Do one of the following:
   - Create a family with the new patient as the head of house:
     a. Right-click the new patient's appointment, point to **Create New Patient with Appt.**, and then click **Create New Family**.

     The **Patient Information** dialog box appears and is populated with information from the appointment.



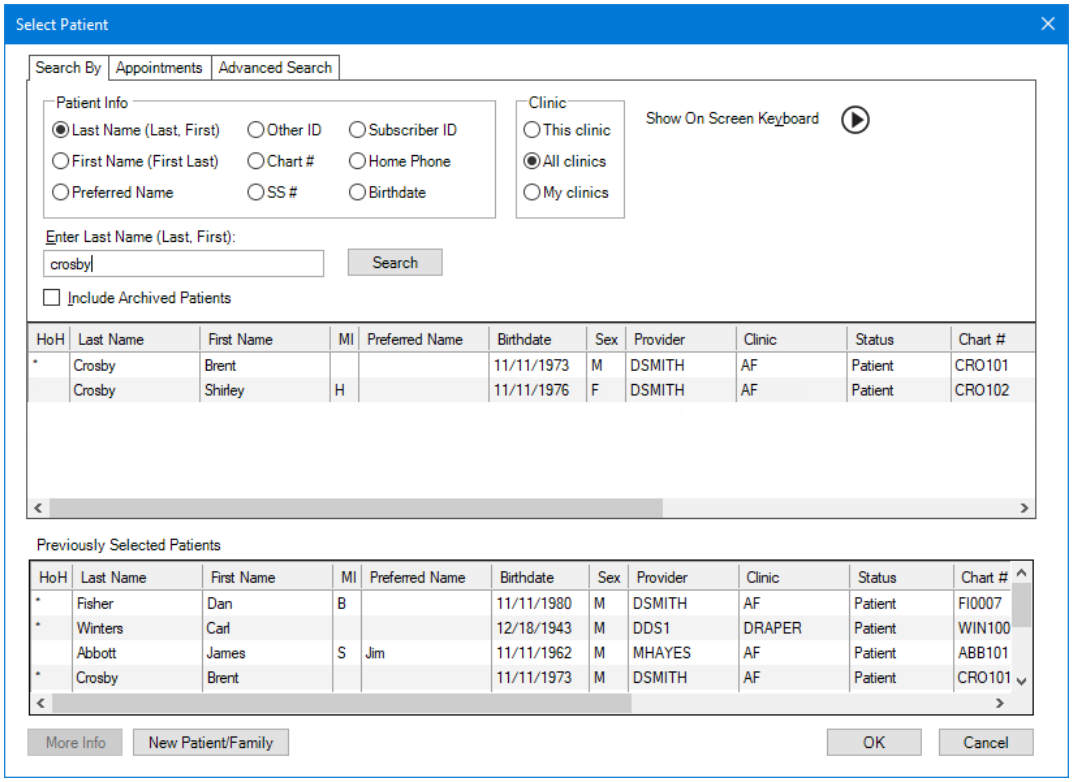
b. Enter the rest of the head of household's information.

c. Click **OK**.

- Add the new patient to an existing family:

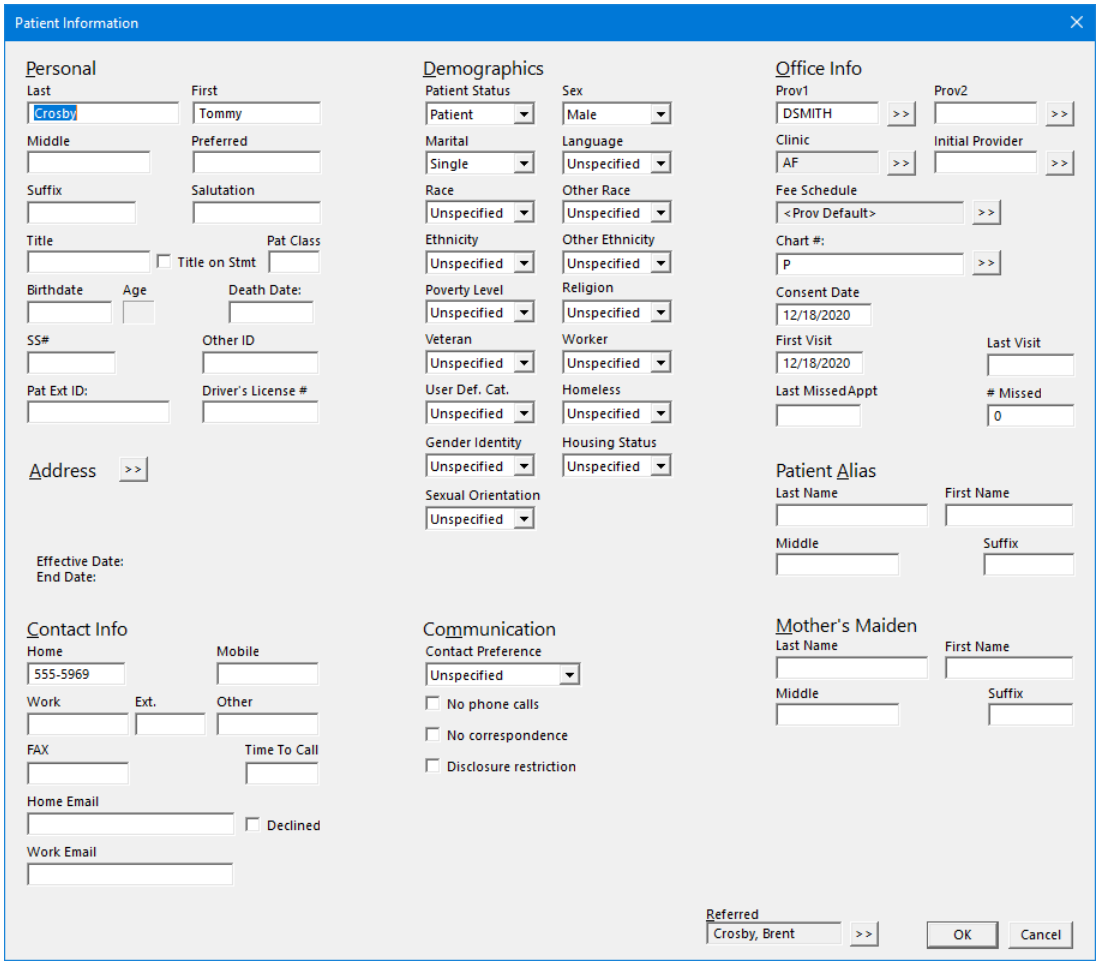
a. Right-click the new patient's appointment, point to **Create New Patient with Appt.**, and then click **Select Family**.

The **Select Patient** dialog box appears.



b. Search for and select any of the new patient's family members who are patients of record, and then click **OK**.

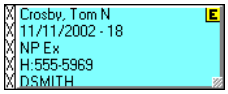
The **Patient Information** dialog box appears and is populated with information from the appointment.



c. Enter the rest of the patient's information.

d. Click **OK**.

The Appointment Book now shows the appointment as a regular appointment (the "NP" is gone).



Treatment Requests

NEW STATUSES

There are two new statuses for treatment requests: Canceled and Completed.

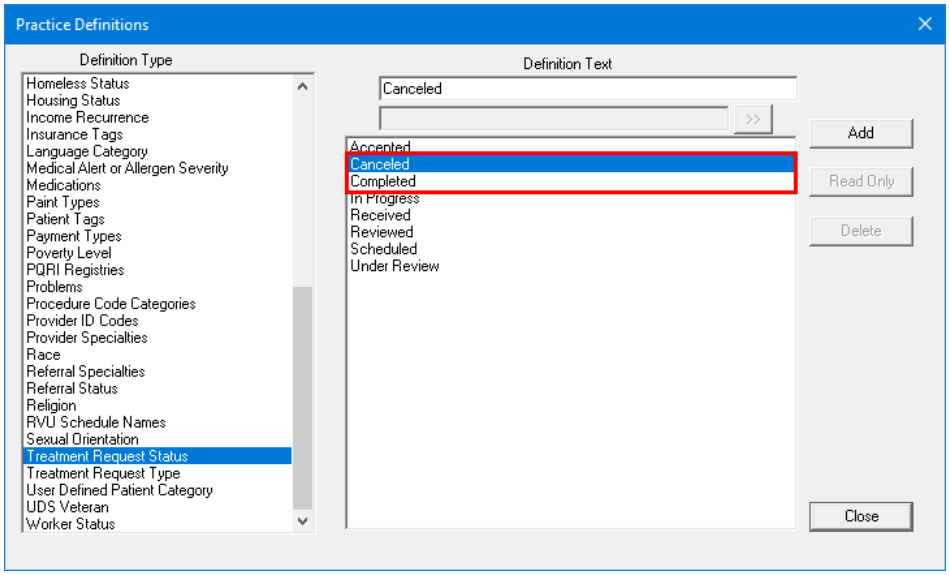
To view the definitions for the Treatment Request Status definition type

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

   The **Practice Definitions** dialog box appears.

2. From the **Definition Type** list, select **Treatment Request Status**.

   The corresponding definitions appear in the list on the right, including **Canceled** and **Completed**.



Note: You cannot edit or delete these two statuses.

NEW TREATMENT REQUEST TYPE

You can now assign the treatment request type "RC Dental Screening" to treatment requests. This new treatment request type is defined in the Practice Definitions.

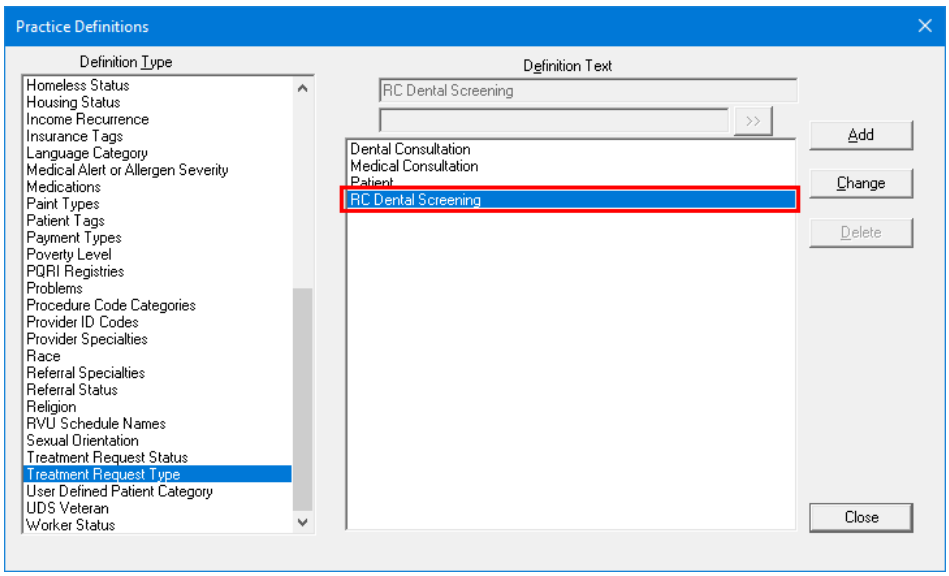
To view the definition

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

   The **Practice Definitions** dialog box appears.

2. In the **Definition Type** list, select **Treatment Request Type**.

The new definition appears in the list on the right.



Note: You cannot rename or delete this definition because it is a default definition.

RESTRICTING THE SOURCE OF TREATMENT REQUESTS

You can now restrict the adding and updating of treatment requests of a certain type to either Dentrix Enterprise or HL7 messages.

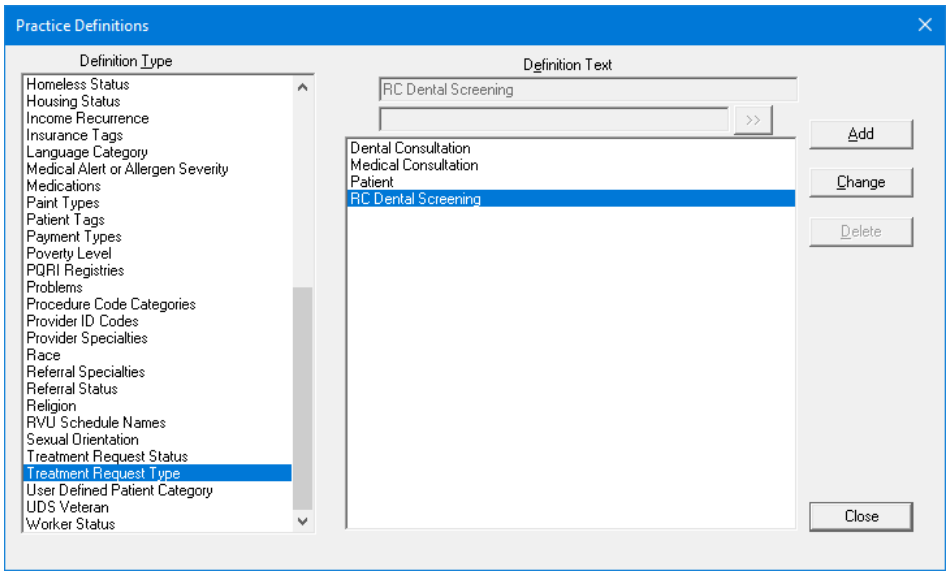
To restrict the source of a treatment request

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

   The **Practice Definitions** dialog box appears.

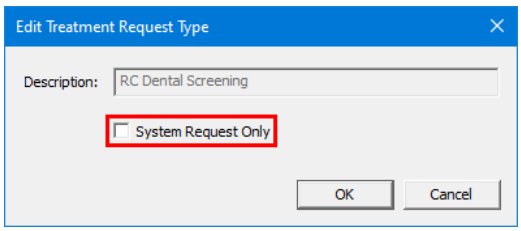
2. In the **Definition Type** list, select **Treatment Request Type**.

   The available definitions appear in the list on the right.



3. Select a definition, and then click **Change**.

The **Edit Treatment Request Type** dialog box appears.

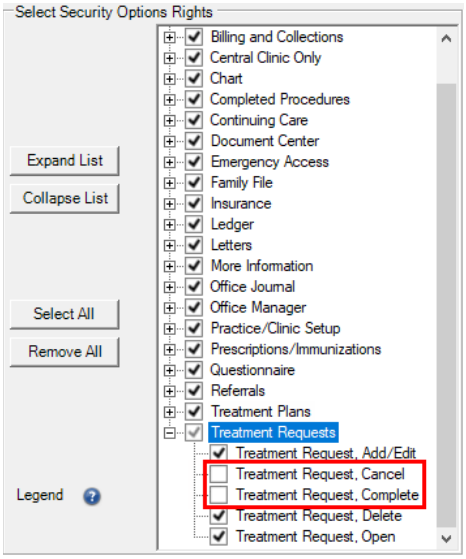


4. Select or clear the **System Request Only** check box.
   - With the check box selected, requests of this type can be added only through HL7 messages, and when you are adding or editing a request manually in Dentrix Enterprise, this type is not available for selection.
   - With the check box clear, when you are adding or editing a request manually in Dentrix Enterprise, this type is available for selection, but requests of this type cannot be added or updated through HL7 messages.
5. Click **OK**.

NEW SECURITY RIGHTS

There are new security rights that allow a user to complete and cancel treatment requests. When you are setting up security rights for a user or group, under the **Treatment Requests** category, the following options now appear:

- **Treatment Request, Complete** – Allows the user to complete treatment requests and complete appointments with a treatment request attached.
- **Treatment Request, Cancel** – Allows the user to cancel treatment requests.

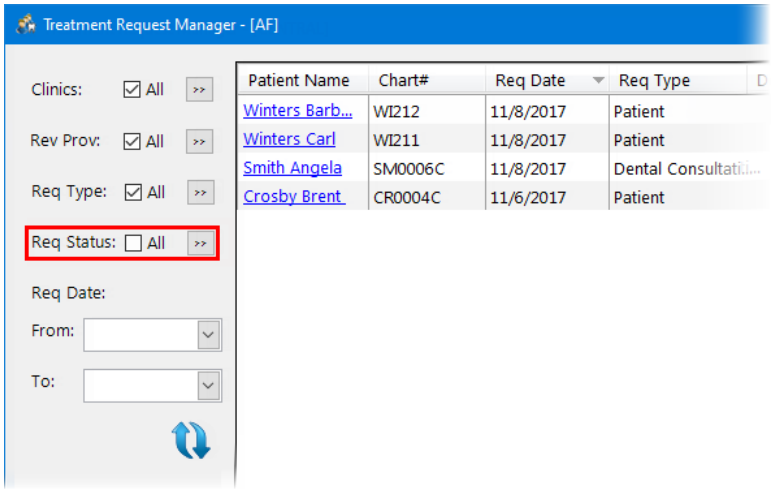


FILTER

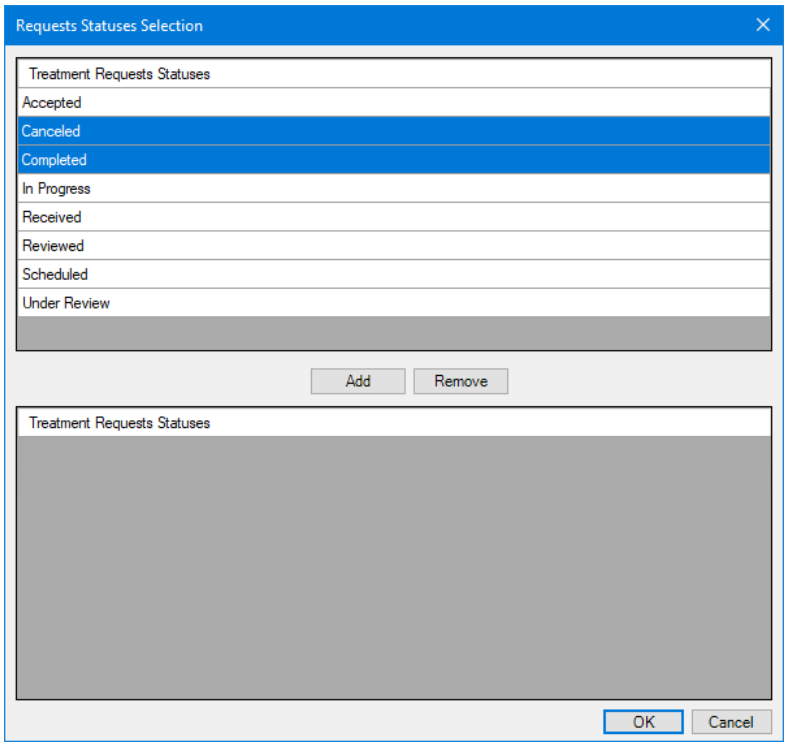
You can now filter the list of treatment requests to include or exclude canceled or completed requests.

To filter the list of treatment requests by status

1. In the Treatment Request Manager, click the **Req Status** search button >>.



The **Request Status Selection** dialog box appears.



2. Select **Canceled** and **Completed** in the upper list.
3. Click **Add**.
4. Click **OK**.

CANCELING OR COMPLETING TREATMENT REQUESTS

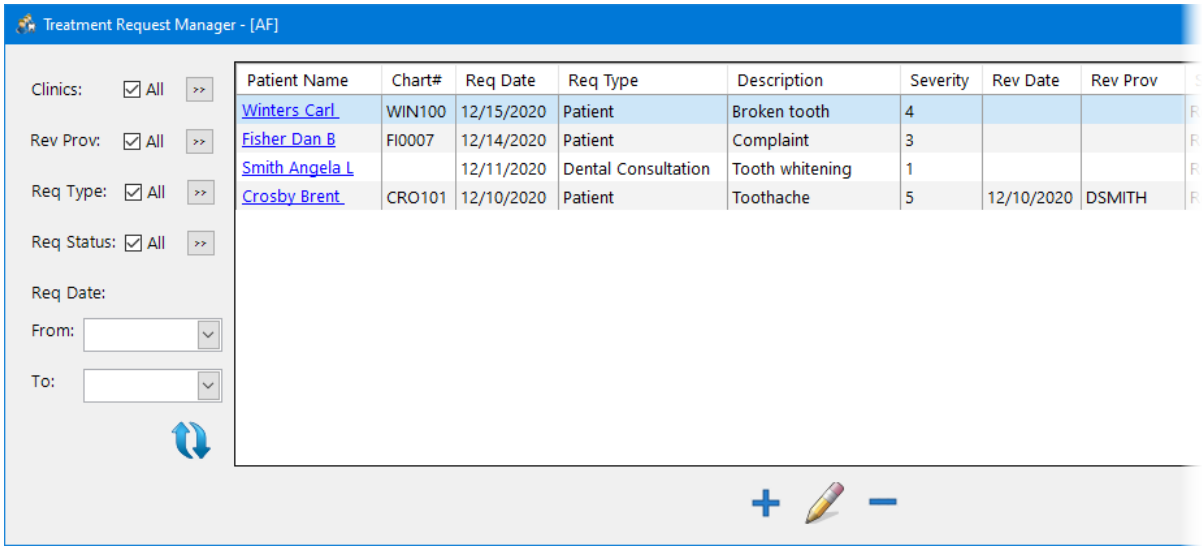
You can now cancel or complete a treatment request from the Treatment Request Manager.

Notes:

- You cannot edit a treatment request once it has been canceled or completed.
- You cannot create an appointment for a treatment request that has been canceled or completed.

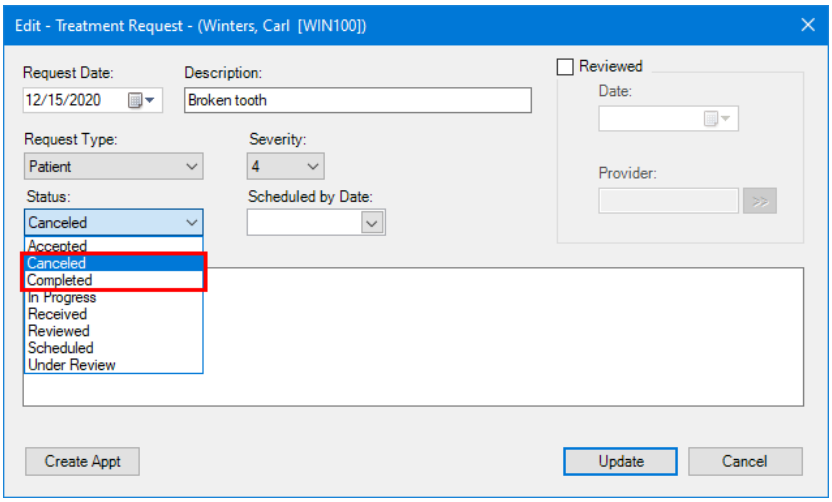
To cancel or complete a treatment request

1. In the Treatment Request Manager, select a treatment request.



2. Click the **Edit Treatment Request** button .

   The **Edit - Treatment Request** dialog box appears.



3. From the **Status** list, select **Canceled** or **Completed**.
4. Click **Update**.

   If your user account does not have the security right to cancel or complete treatment requests, a message appears and asks if another user can override the block this one time; otherwise, skip to step 7.
5. Click **Yes**.

   A password dialog box appears.

6. The overriding user enters his or her credentials, and then clicks **OK**.

   A confirmation message appears, stating that this treatment request will no longer be editable.

7. Click **Yes**.

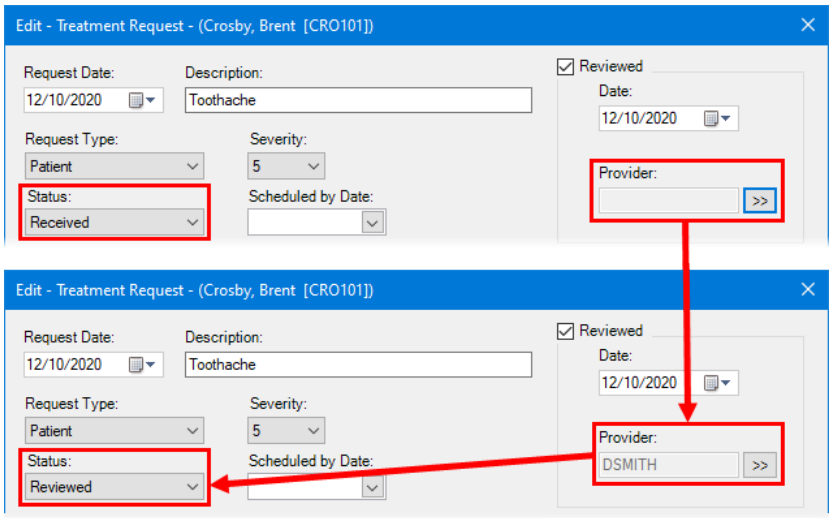
AUTOMATIC STATUS CHANGES

The status of a treatment request can now change automatically in certain scenarios.

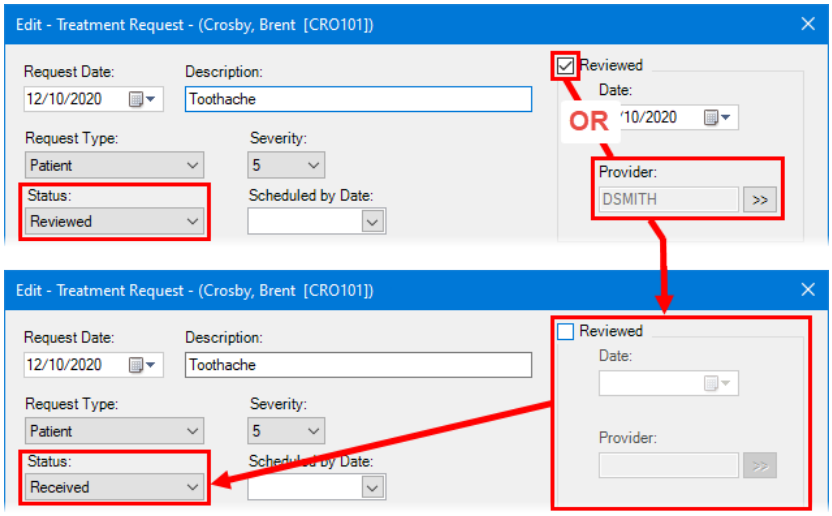
Modifying review details

The status of a treatment request changes automatically when you modify the review details:

- If the **Reviewed** check box is selected, and you select the reviewing **Provider**, the **Status** changes to **Reviewed** automatically.



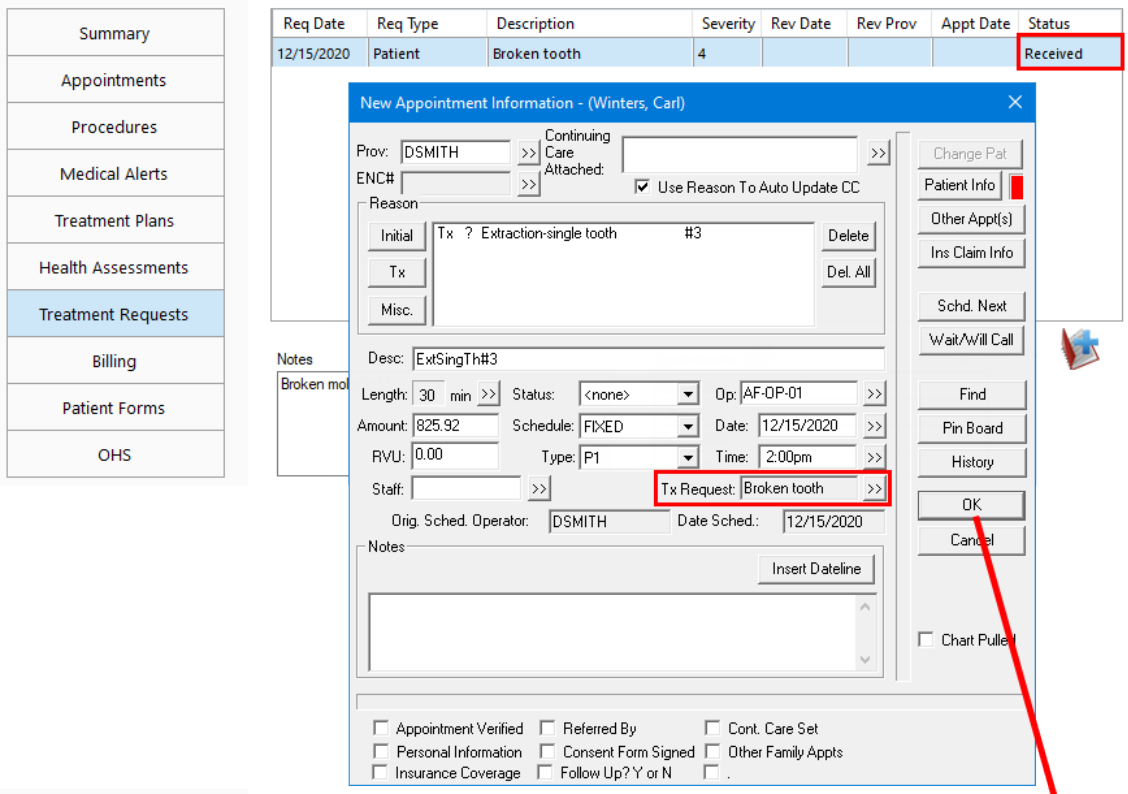
- If you clear the **Reviewed** check box or the **Provider** box, the **Status** changes to **Received** automatically.



Exception: If the treatment request has a Scheduled status, the **Status** does not change automatically.

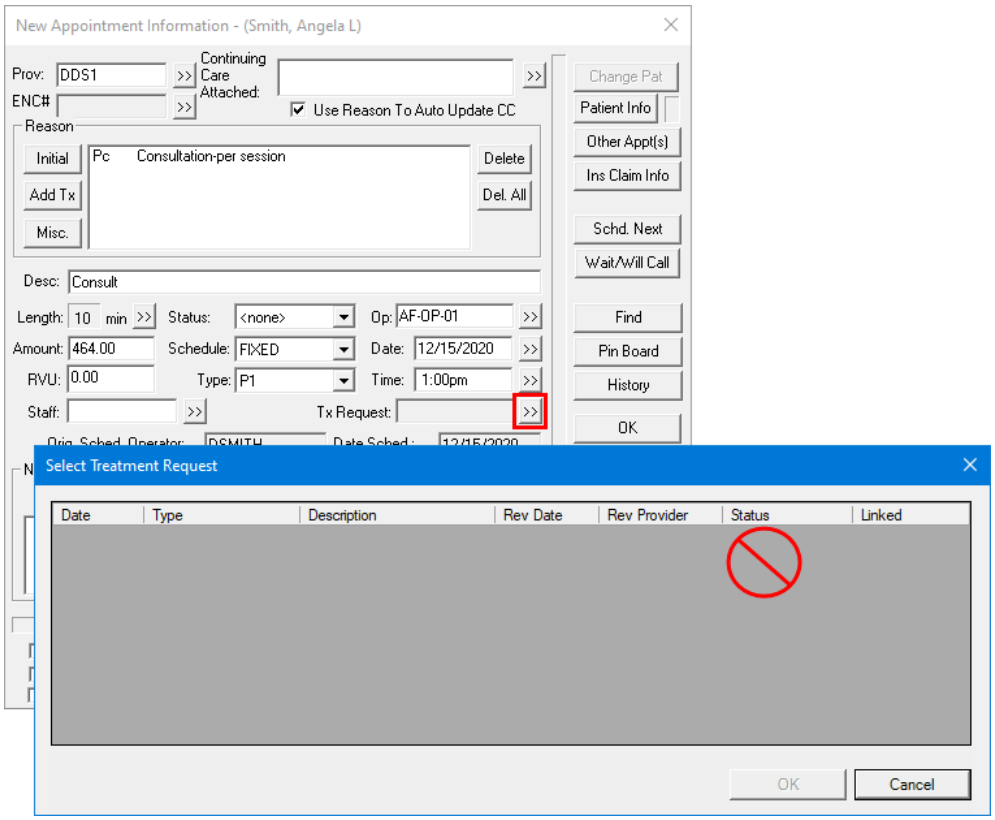
Attaching to appointments

The status of a treatment request changes to Scheduled automatically when you attach the treatment request to an appointment (scheduled or unscheduled).

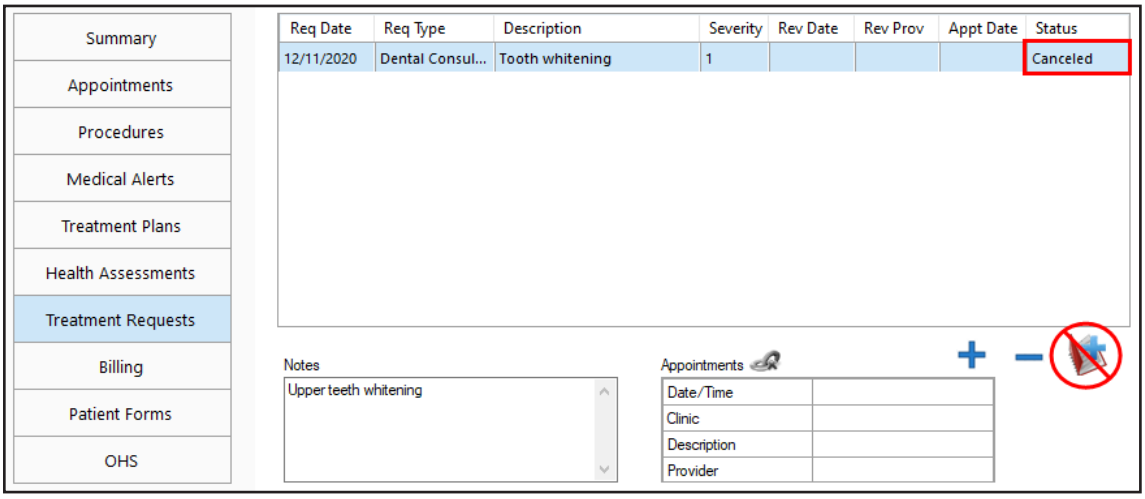


Notes: You cannot attach a treatment request with a Canceled or Completed status to an appointment. Likewise, you cannot create an appointment for a treatment request with a Canceled or Completed status.

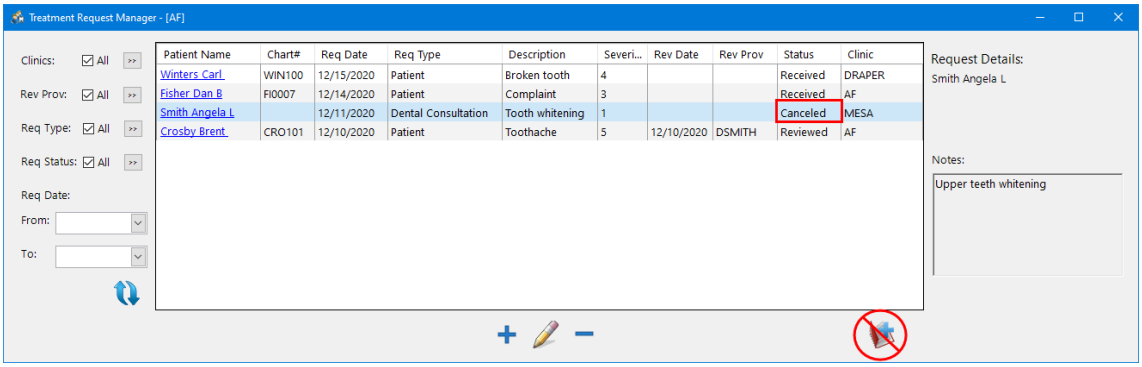
- From the **New Appointment Information** or **Edit Appointment Information** dialog-box, when you click the **Tx Request** search button, the dialog box that appears does not display Canceled or Completed treatment requests.



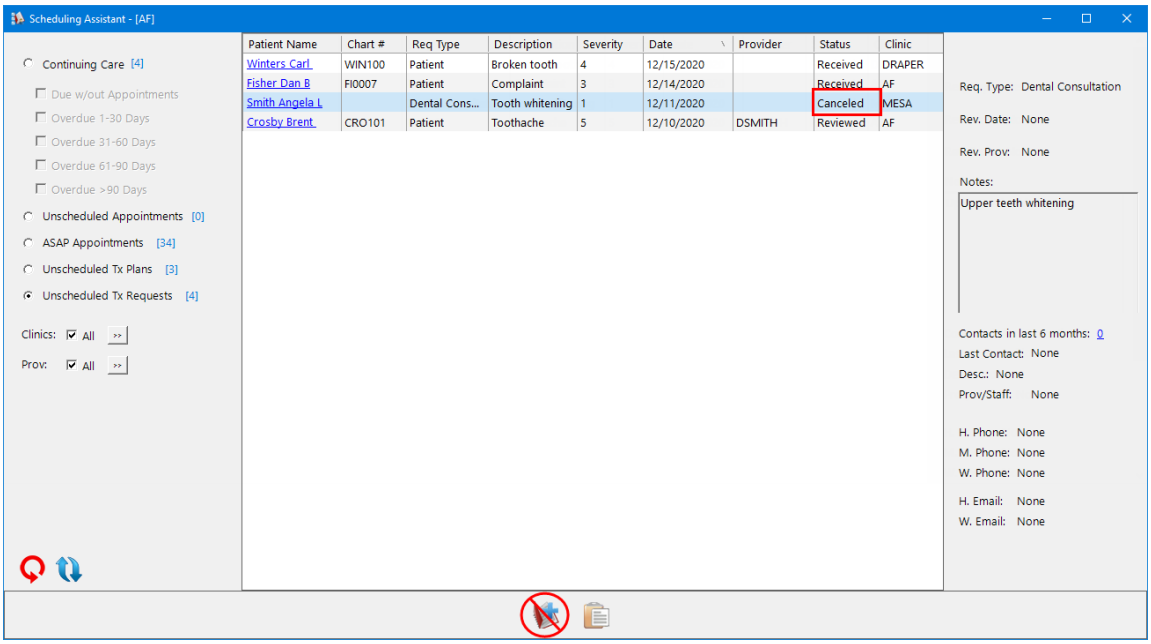
- When you attempt to create an appointment for a Canceled or Completed treatment request from any of the following areas, a message appears, stating that the appointment cannot be created because the treatment request is locked:
  - **Treatment Request** tab of the **More Information** window.



- **Treatment Request Manager**.



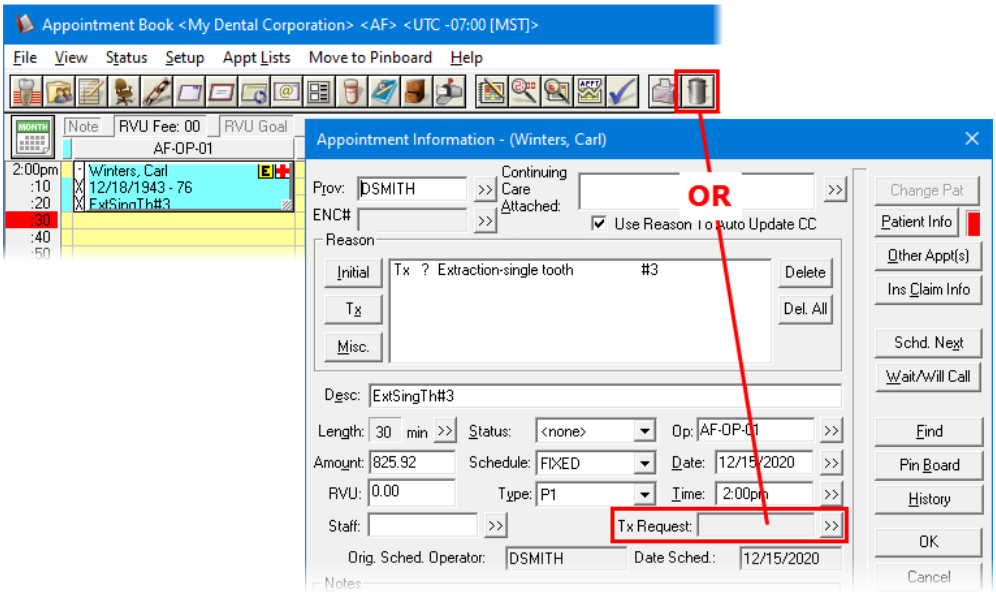
- **Scheduling Assistant**.



Removing from or deleting appointments

The status of a treatment request changes automatically when you remove the treatment request from an appointment or delete an appointment that the treatment request is attached to.

Req Date	Req Type	Description	Severity	Rev Date	Rev Prov	Appt Date	Status
12/15/2020	Patient	Broken tooth	4			12/15/2020	Scheduled



- With a reviewing provider selected, the status changes to Reviewed.

Req Date	Req Type	Description	Severity	Rev Date	Rev Prov	Appt Date	Status
12/15/2020	Patient	Broken tooth	4	12/15/2020	DSMITH		Reviewed

- Without a reviewing provider selected, the status changes to Received.

Req Date	Req Type	Description	Severity	Rev Date	Rev Prov	Appt Date	Status
12/15/2020	Patient	Broken tooth	4				Received

Receiving updates through HL7

When a treatment request with a Scheduled status is updated through an HL7 message, the status of the treatment request changes to Received automatically.

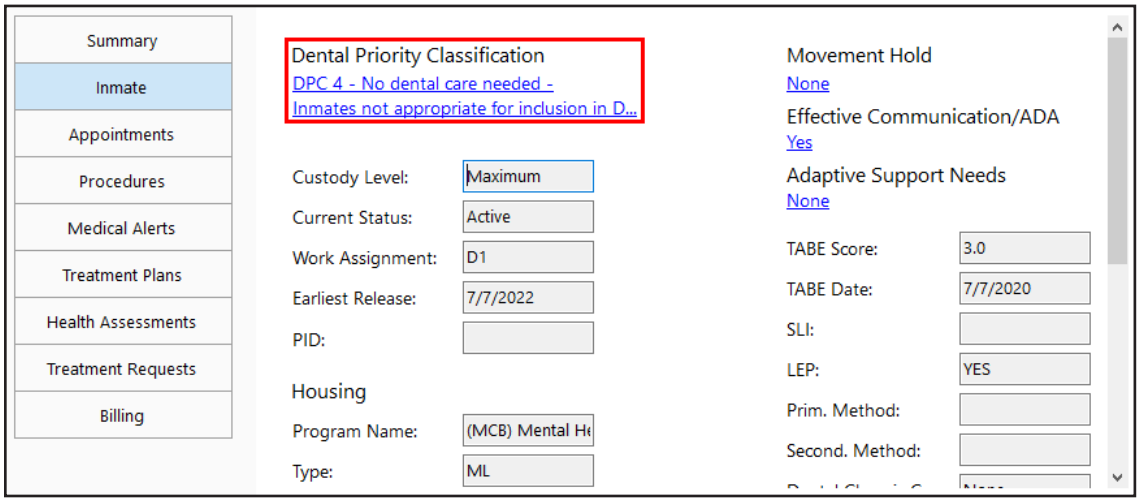
Dental Priority Classification

UPDATING DPCS WITHOUT SIGNING CLINICAL NOTES

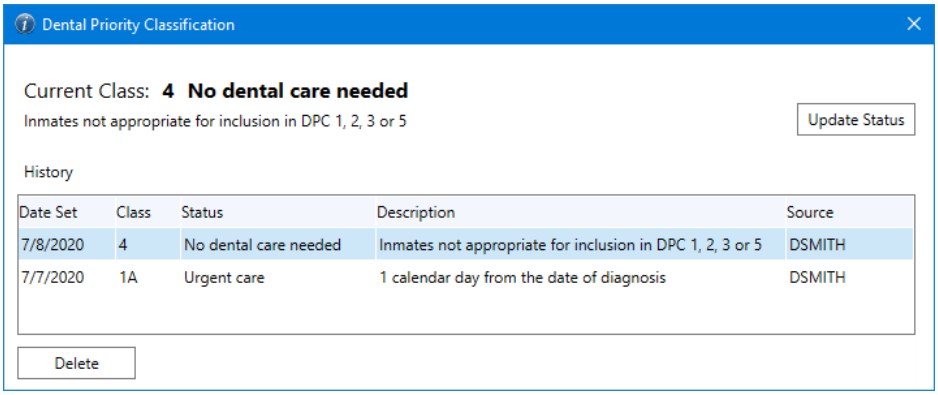
A new global setting controls whether you can update a patient's Dental Priority Classification (DPC) only when signing a clinical note or with or without having to sign a clinical note. If this setting is enabled, as in previous versions of Dentrix Enterprise, you can update a patient's DPC only from the Clinical Notes or Signature Manager window. However, if this setting is not enabled, you can update a patient's DPC from the Clinical Notes, Signature Manager, or More Information window.

To update a patient's DPC

1. On the **Inmate** tab of a patient's **More Information** window, click the link under **Dental Priority Classification**.

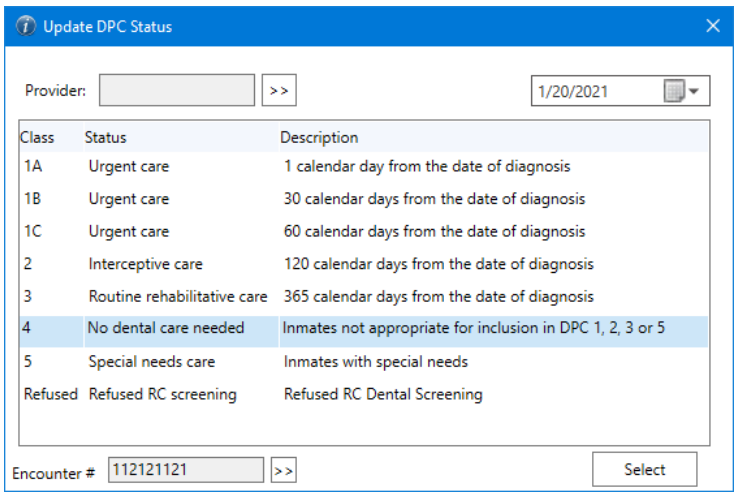


The **Dental Priority Classification** dialog box appears.



2. Click **Update Status**.

The **Update DPC Status** dialog box appears.



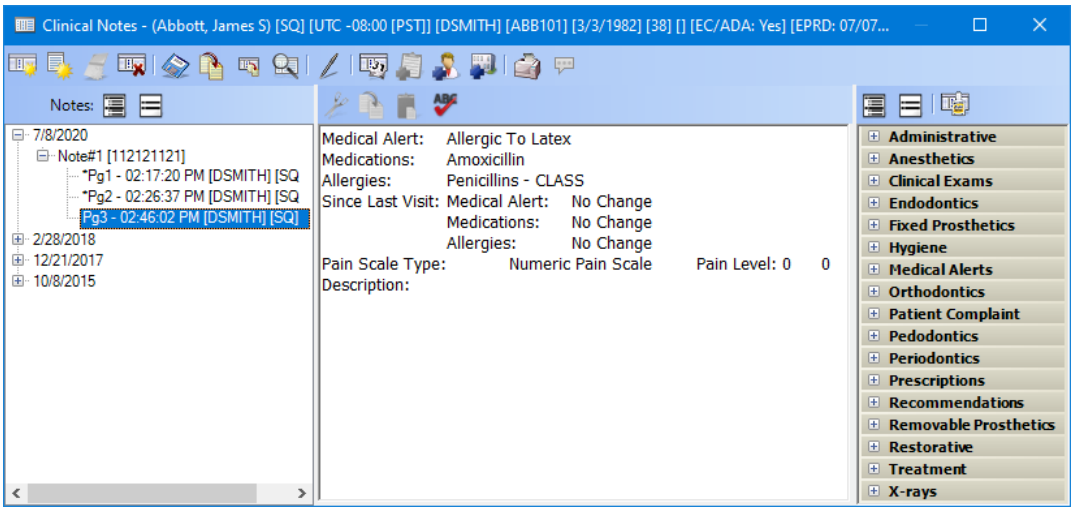
3. Select the correct provider, encounter number, and status, and then click **Select**.

SKIPPING DPC UPDATES

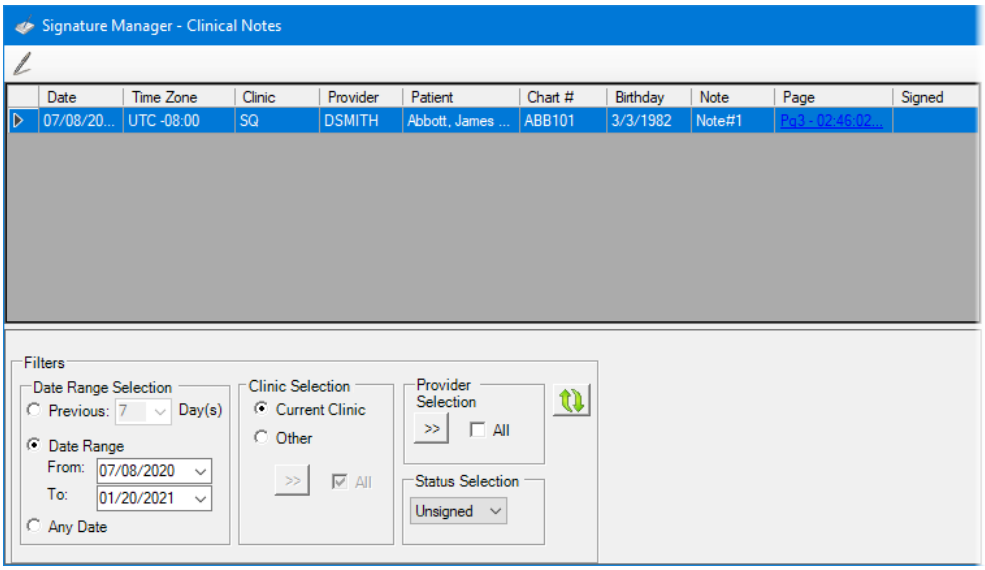
If a patient's DPC has already been set for a visit, and you do not need to update the DPC again when signing a clinical note, you can choose to skip the updating of the DPC. This applies to signing a clinical note from the Clinical Notes or Signature Manager window.

To skip the updating of a patient's DPC

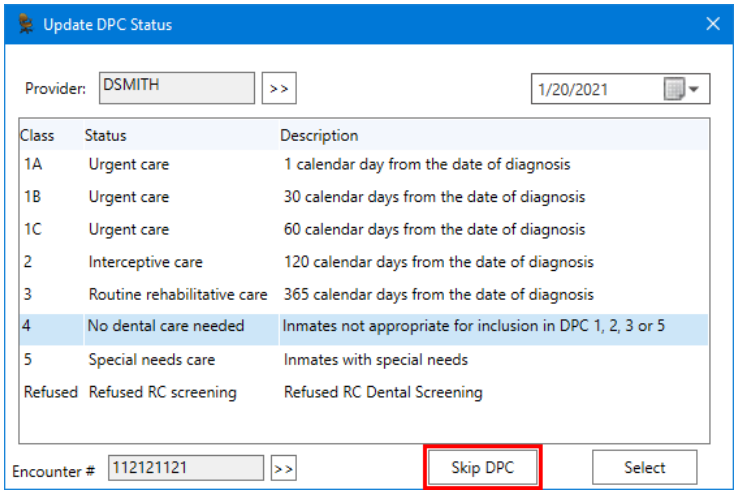
1. Do one of the following:
   - In the **Clinical Notes** window, with a clinical note's page selected, click the **Sign Clinical Note** button .



- In the **Signature Manager** window, with a clinical note's page selected, click the **Sign** button .



The **Update DPC Status** dialog box appears.



2. Click **Skip DPC**.

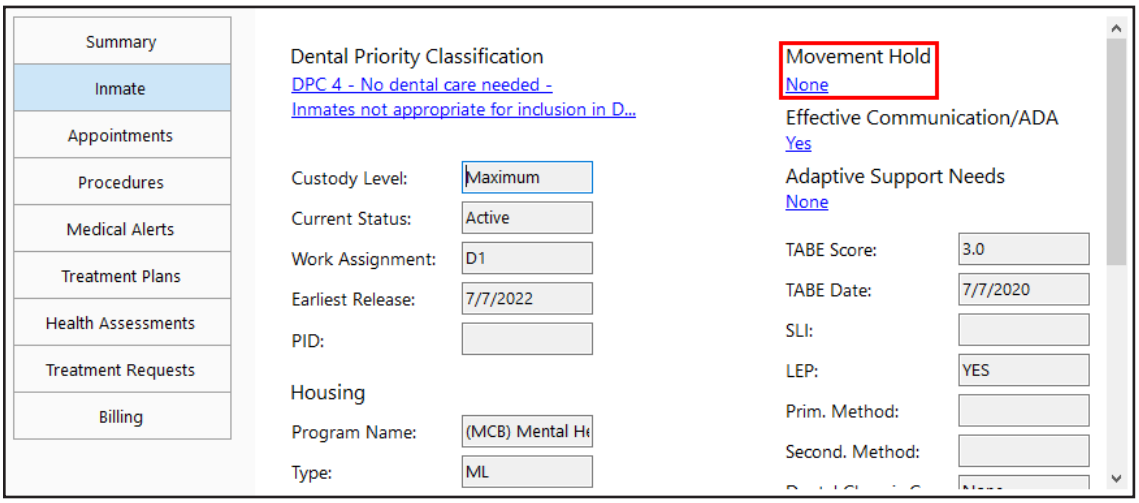
   The clinical note is now signed.

   Note: The ID of the user who skipped the DPC update has been added to the clinical note.

Movement Holds

MULTIPLE HOLD TYPES

Throughout Dentrix Enterprise, "dental hold" labels have been renamed to "movement hold" to allow for various types of holds, including dental, medical, mental health, and other holds.



Note: In Dentrix Enterprise, you can add, edit, or close dental holds, but you can only view non-dental holds, such as medical and mental health holds. Non-dental holds are added, updated, or closed through HL7 messages.

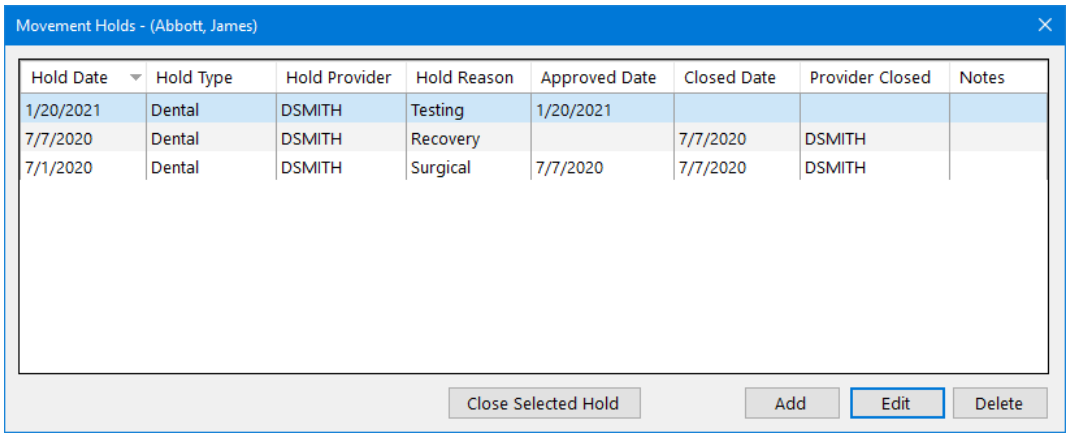
CLOSING MOVEMENT HOLDS (FOR TODAY)

You can now quickly close a movement hold from the Movement Holds dialog box instead of having to edit the hold and then close it.

To close a movement hold (today only)

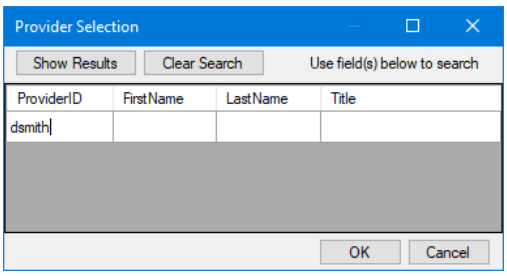
1. On the **Inmate** tab of a patient's **More Information** window, click the link under **Movement Hold**. If the link text is "Yes," the inmate has an active movement hold.

   The **Movement Holds** dialog box appears.



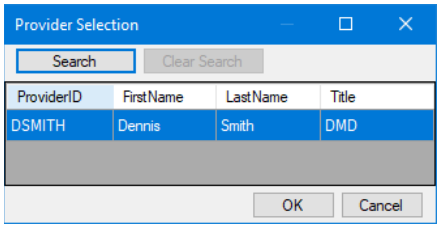
2. Select a movement hold, and then click **Close Selected Hold**.

The **Provider Selection** dialog box appears.



3. Enter your search criteria, and then click **Show Results**.

   The matching providers appear.



4. Select the provider who is releasing the hold, and then click **OK**.

   A message appears and states that the date of the release will be today.

5. Click **OK**.

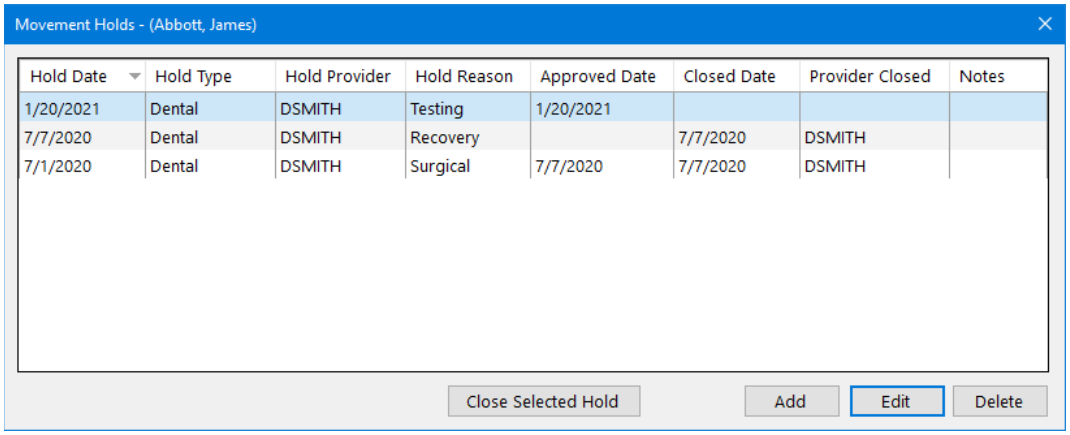
CLOSING MOVEMENT HOLDS (FOR TODAY OR A PRIOR DATE)

You can still close a movement hold by editing it.

To close a movement hold (today or prior)

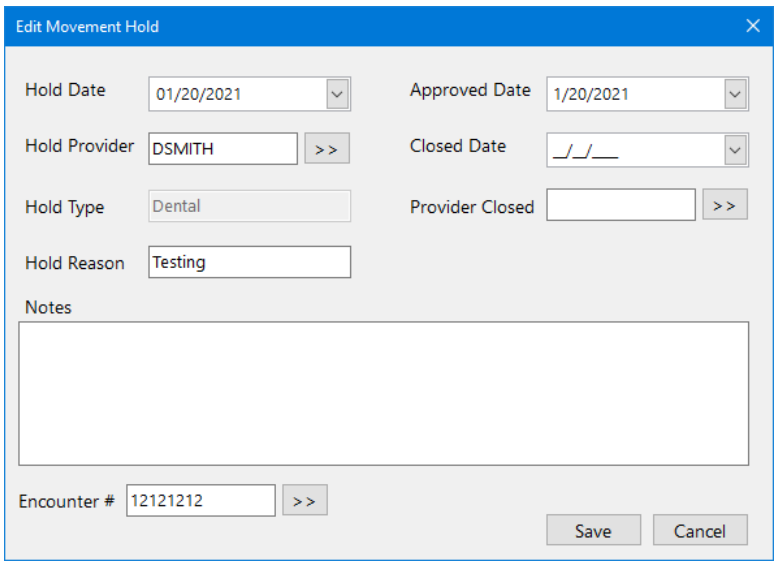
1. On the **Inmate** tab of a patient's **More Information** window, click the link under **Movement Hold**. If the link text is "Yes," the inmate has an active movement hold.

   The **Movement Holds** dialog box appears.



2. Select a movement hold, and then click **Edit**.

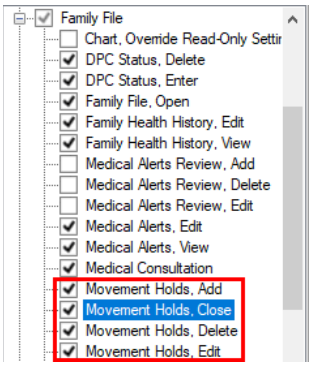
The **Edit Movement Hold** dialog box appears.



3. Set up the following options:
   - **Closed Date** – The date that the hold is being released. Select today's date or a prior date. You cannot use a future date.
   - **Provider Closed** – The provider releasing the hold. Click the search button >> to select a provider.
4. Click Save.

NEW SECURITY RIGHT

There is a new security right that allows a user to close movement holds. When you are setting up security rights for a user or group, under the Family File category, the Movement Holds, Close option now appears.



Notes:

- If a user does not have rights to close movement holds, a user who does have rights can temporarily override the restriction so the other user can perform the task.
- The rights that were previously labeled with "Dental Holds" are now named "Movement Holds, Add," "Movement Holds, Delete," and "Movement Holds, Edit."

837i

OVERVIEW

For hospitals and skilled nursing facilities, if you submit dental insurance claims using eClaims (also known as eTrans), which is the electronic claims service that is provided by Henry Schein One, you can now use it to submit medical insurance claims electronically as 837i files.

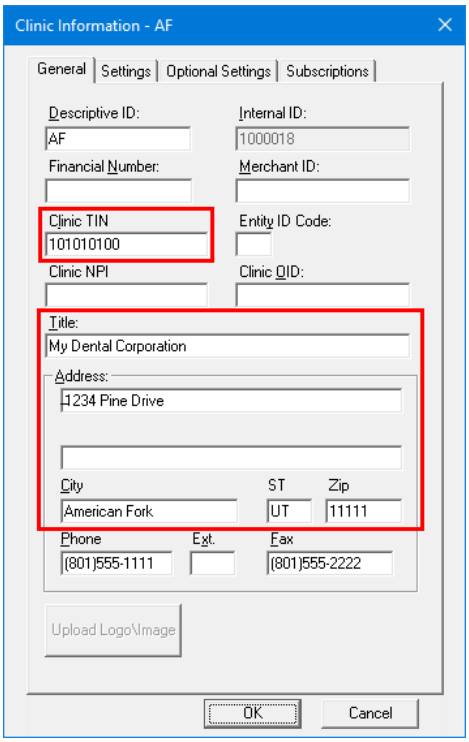
Important: The submission of 837i files is supported. The submission of 837p files is not supported.

- The 837i is the electronic version of the paper form UB-04. 837i files are used to transmit institutional claims. Institutional claims are those submitted by hospitals and skilled nursing facilities.
- The 837p is the electronic version of the paper form CMS-1500. 837p files are used to transmit professional claims. Professional claims are those submitted by physicians, suppliers, and other non-institutional providers for either inpatient or outpatient services.

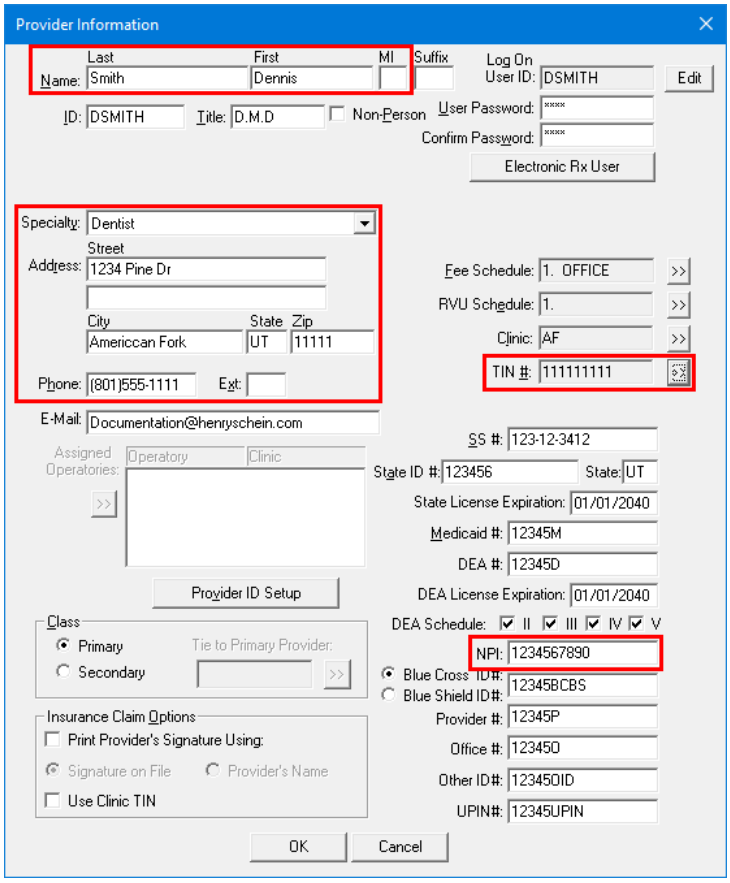
REQUIREMENTS

For the successful transmission of medical insurance claims, make sure that the required information is set up in the following areas of Dentrix Enterprise:

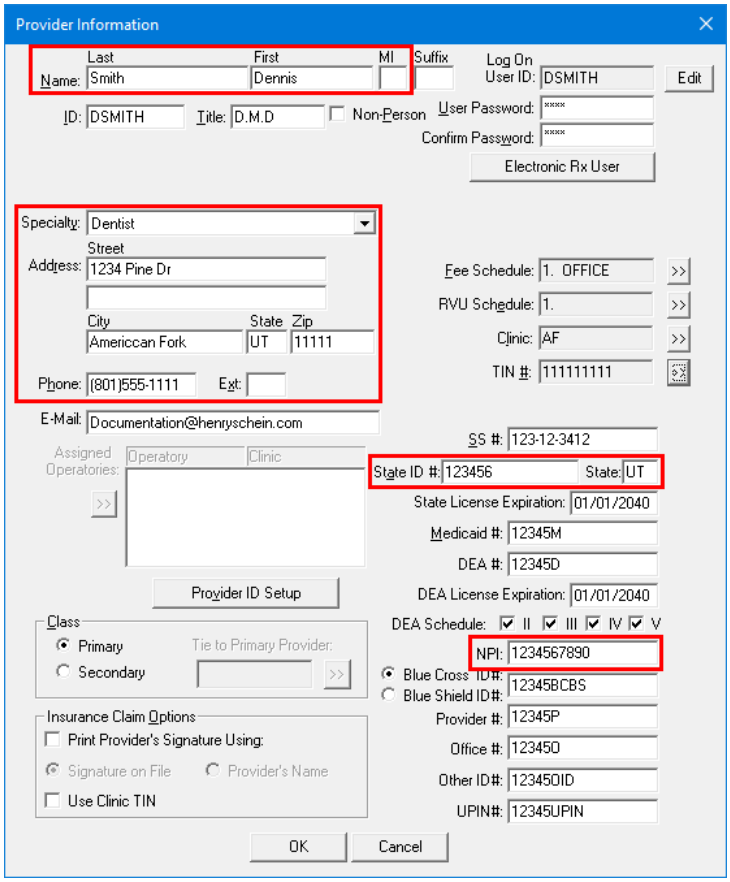
- **Clinic Information** – Verify the clinic information for each clinic where services are rendered. While logged in to a clinic, in the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resources Setup**. In the **Clinic Resource Setup** dialog box, under **Clinic Information**, click **Edit**. In the **Clinic Information** dialog box, the following information is required:
  - **Clinic TIN**.
  - **Title**.
  - **Address** – Street, **City**, **ST**, and **Zip**.



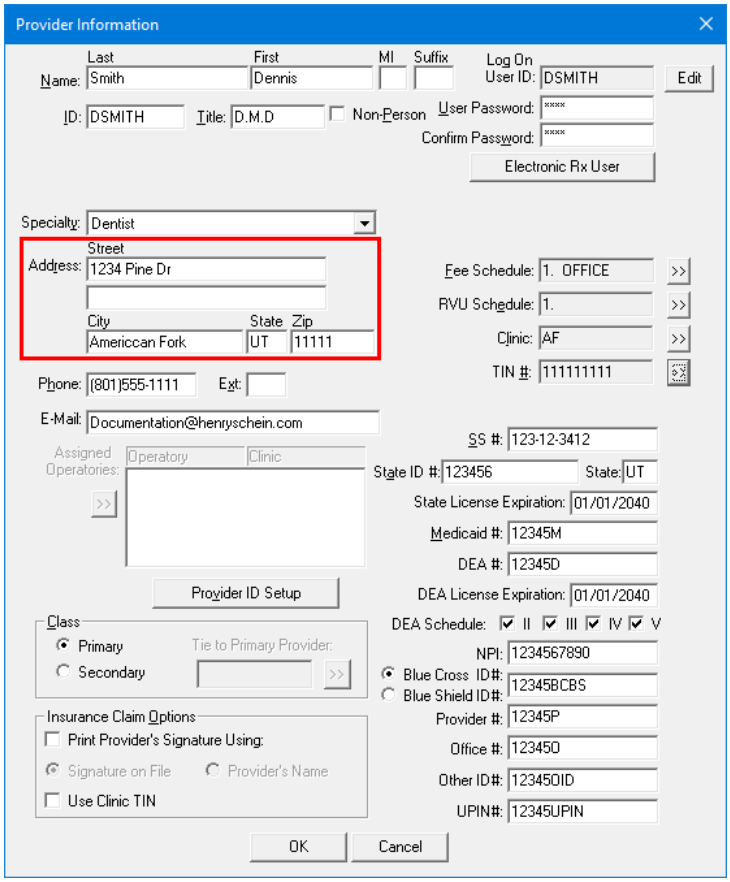
- **Billing Provider Information** – Verify the provider information for each billing provider. In the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resources Setup**. In the **Clinic Resource Setup** dialog box, under **Provider(s)**, double-click a provider. In the **Provider Information** dialog box, the following information is required:
  - **Name**.
  - **Specialty**.
  - **Address** – **Street**, **City**, **ST**, and **Zip**.
  - **Phone**.
  - **TIN #**.
  - **NPI**.



- **Rendering Provider Information** – Verify the provider information for each provider who renders services. In the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resources Setup**. In the **Clinic Resource Setup** dialog box, under **Provider(s)**, double-click a provider. In the **Provider Information** dialog box, the following information is required:
  - **Name**.
  - **Specialty**.
  - **Address** – **Street**, **City**, **ST**, and **Zip**.
  - **Phone**.
  - **State ID**.
  - **NPI**.



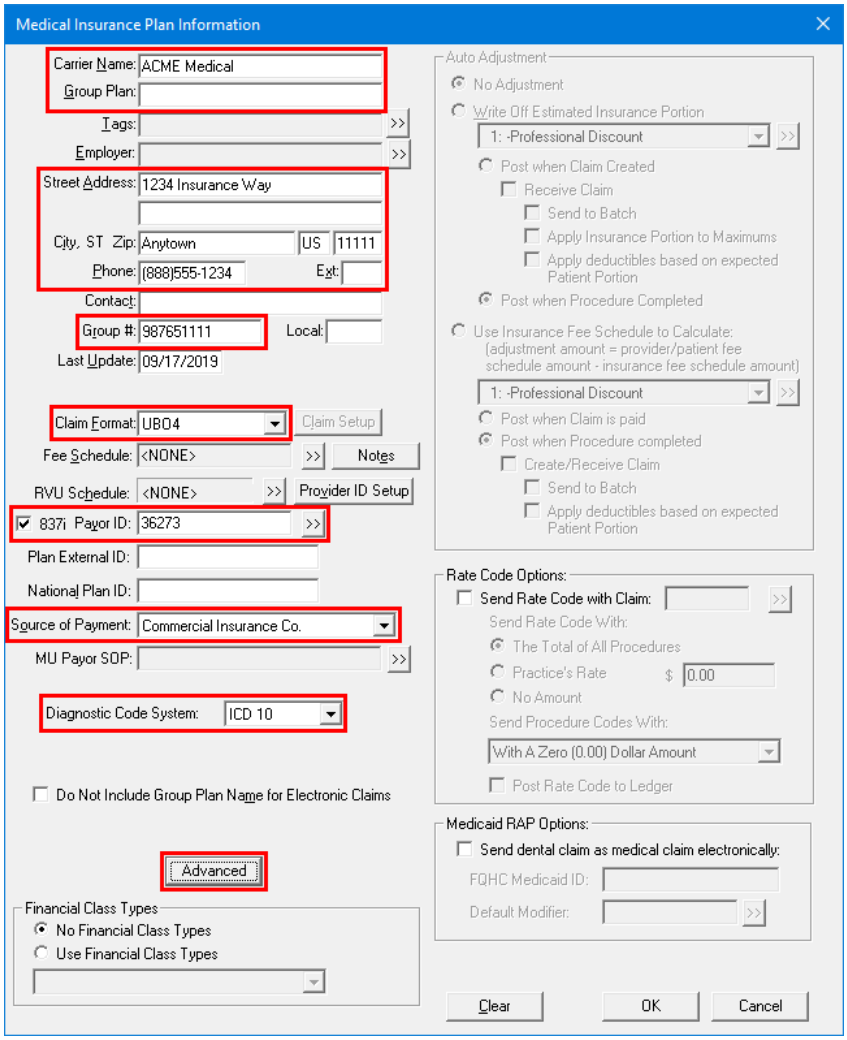
- **Pay-To Provider Information** – Verify the provider information for each pay-to provider. In the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resources Setup**. In the **Clinic Resource Setup** dialog box, under **Provider(s)**, double-click a provider. In the **Provider Information** dialog box, the following information is required:
  - **Address** – **Street**, **City**, **ST**, and **Zip**.



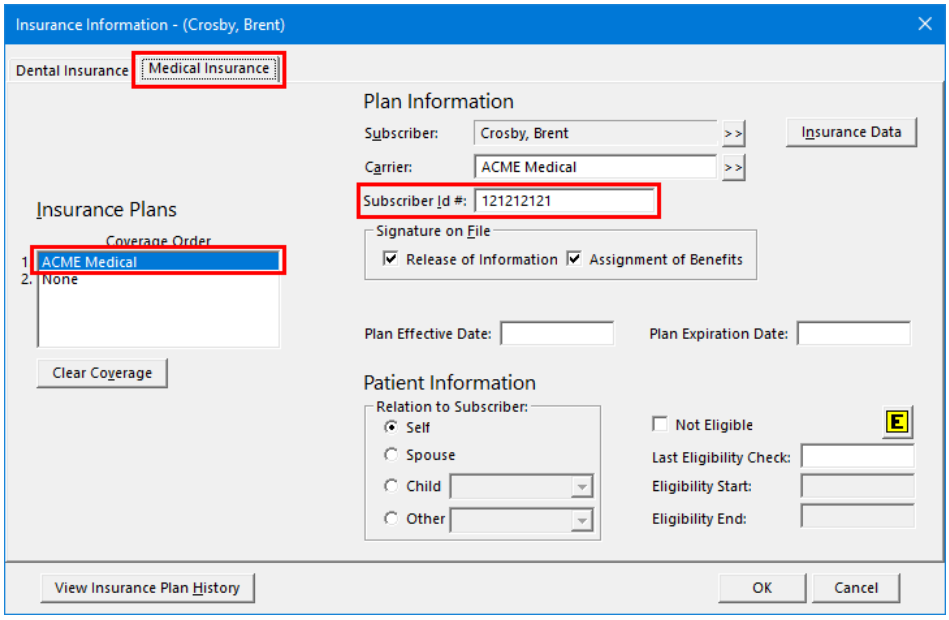
- **Medical Insurance Plan Information** – Verify the information for each medical insurance plan that is attached to a patient. With a patient selected in the Family File, double-click the Insurance Information block. In the **Insurance Information** dialog box, select the **Medical Insurance** tab, select a plan in the **Coverage Order** list, and then click **Insurance Data**. In the **Medical Insurance Plan Information** dialog box the following information is required:
  - **Carrier Name**.
  - **Group Plan** – Optional if **Group #** is present.
  - **Address** – **Street Address**, and **City, ST Zip**.
  - **Group #**.
  - **Claim Format** – **UBO4** must be selected.
  - **837i** – Check box must be selected.
  - **Payor ID** – Optional if **Group Plan** is present.

    Note: If blank, the default Provider ID will be populated on the claim form.

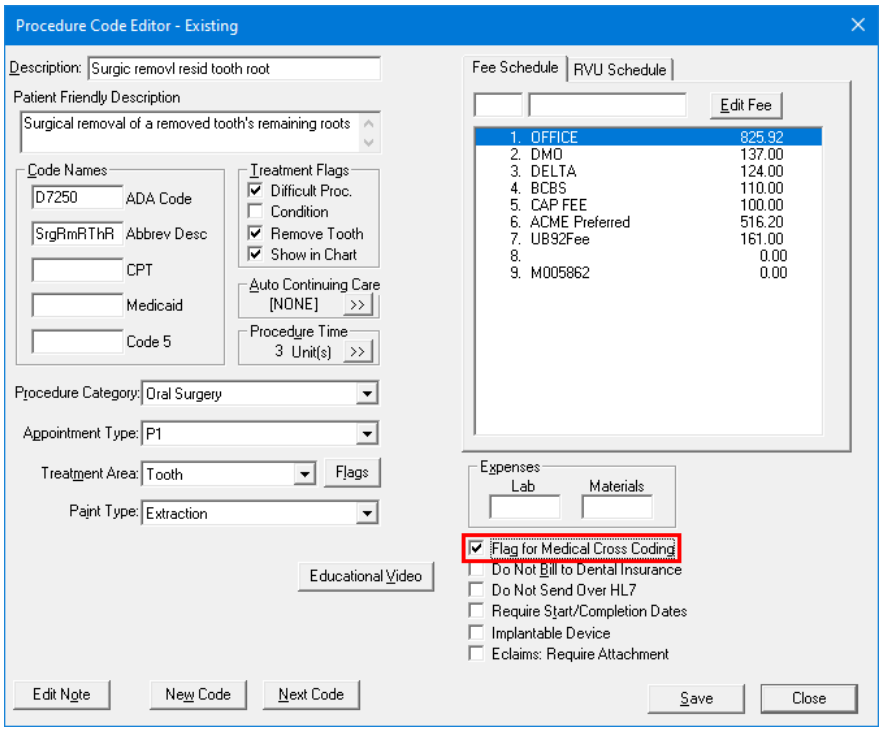
  - **Source of payment** – Cannot be **[None]**.
  - **Diagnostic Code System** – **ICD 9** or **ICD 10**.
  - **Advanced** – Optional claim settings.



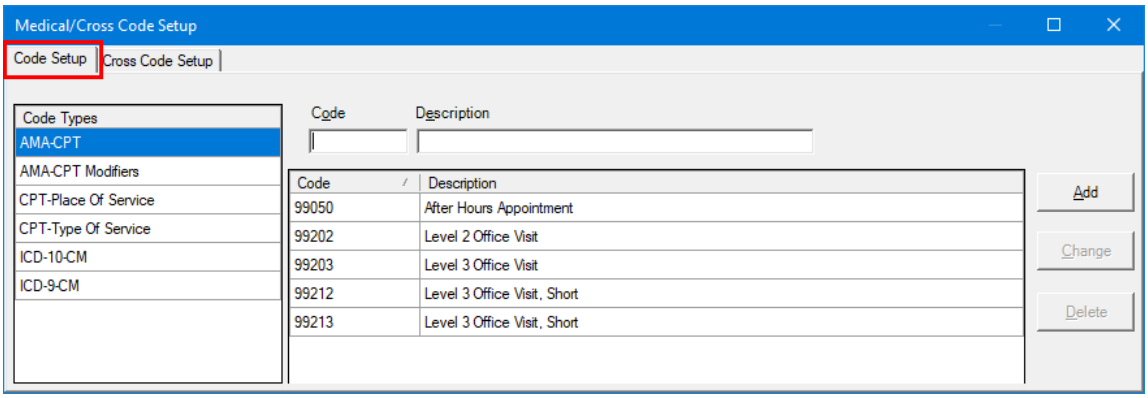
- **Patient** – Verify the subscriber information for each medical insurance plan that is attached to a patient. With a patient selected in the Family File, double-click the Insurance Information block. In the **Insurance Information** dialog box, select the **Medical Insurance** tab, and then select a plan in the **Coverage Order** list. The following information is required
  - **Medical Insurance Plan**.
  - **Subscriber Id #**.



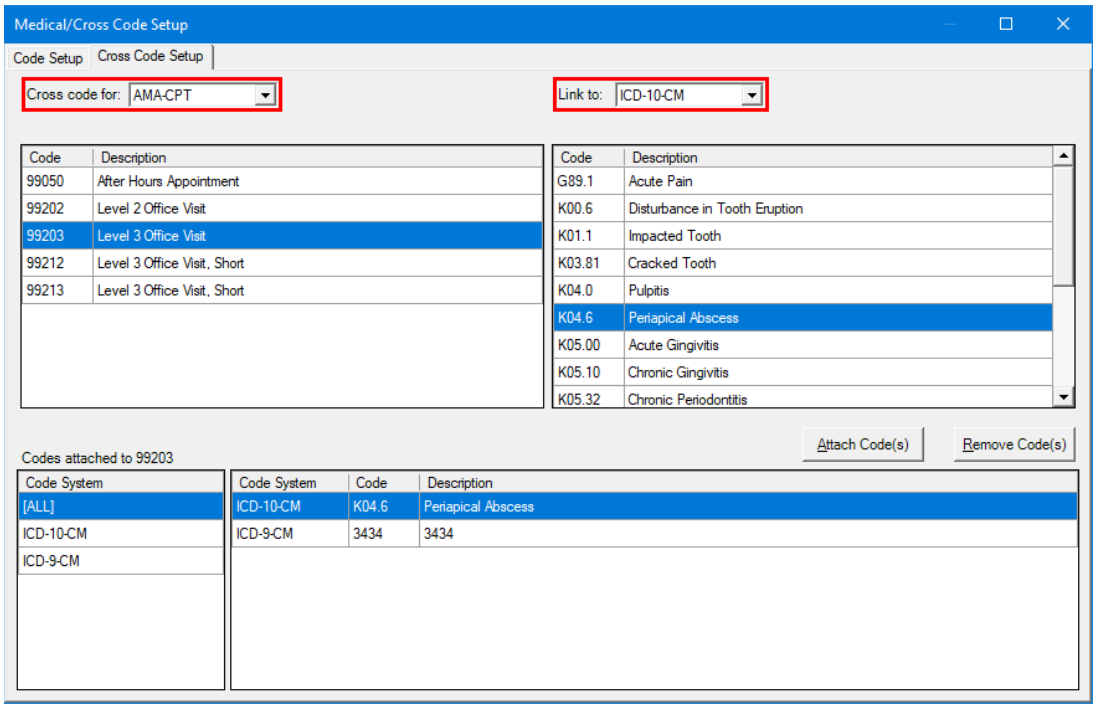
- **Procedure code** – Verify each ADA procedure code that will be billed to medical insurance can be cross coded. While logged in to the Central clinic, in the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Procedure Code Setup**. In the **Procedure Code Setup** dialog box, select a category in the **Procedure Code Category** list, and then double-click a procedure in the list on the right. In the **Procedure Code Editor - Existing** dialog box, the following information is required:
  - **Flag for Medical Cross Coding** – This must be selected.



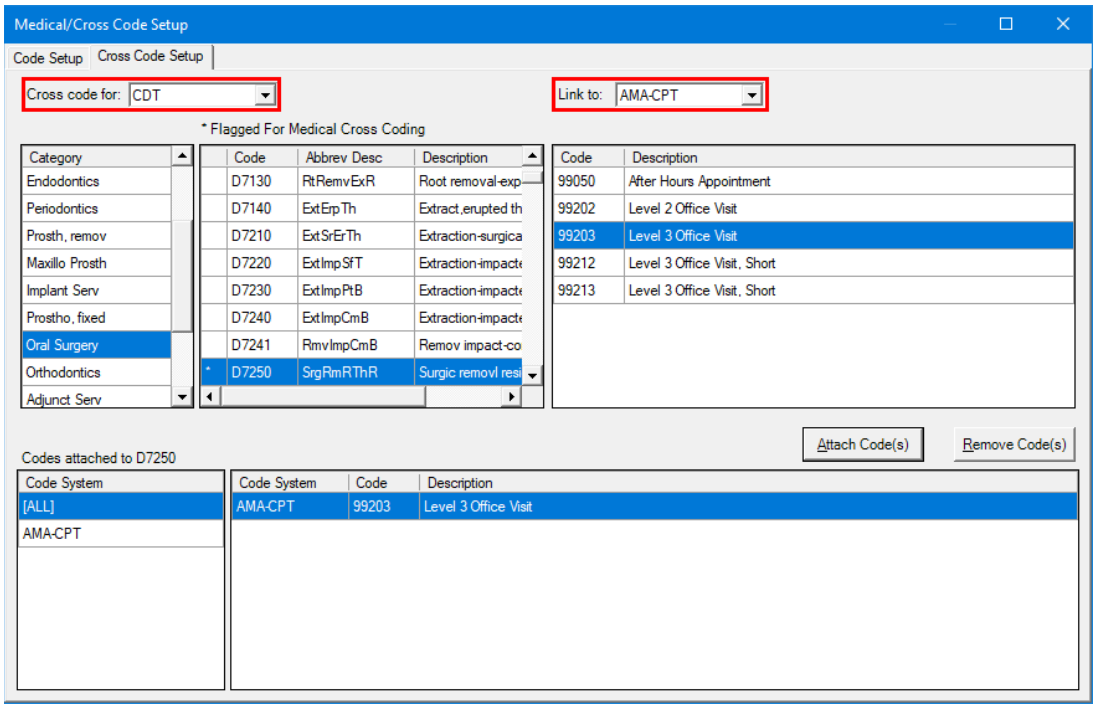
- **Medical cross coding**: Verify the necessary medical codes are entered and cross coding is complete. In the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Cross-Coding and Medical Code Setup**. In the **Medical/Cross Code Setup** dialog box, perform cross coding on the following tabs:
  - **Code Setup** – Verify applicable codes exist for the following types: **AMA-CPT**, **AMA-CPT Modifiers**, **CPT-Place of Service**, **CPT-Type of Service**, and **ICD-10-CM** or **ICD-9-CM** (depending on medical insurance plan).



- **Cross Code Setup** – Verify applicable medical and dental codes are cross coded:
  - **AMA-CPT** to **ICD-9-CM** and/or **ICD-10-CM**.



  - **CDT** to **AMA-CPT**.

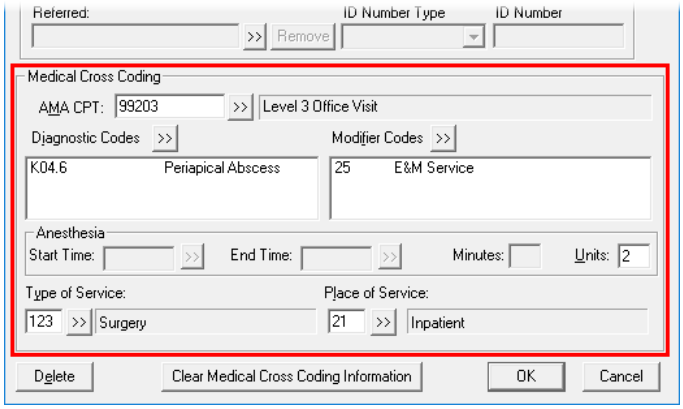


POSTING PROCEDURES AND SUBMITTING CLAIMS

With all applicable setup complete, you can post procedures, cross code them, and submit medical claims for them.

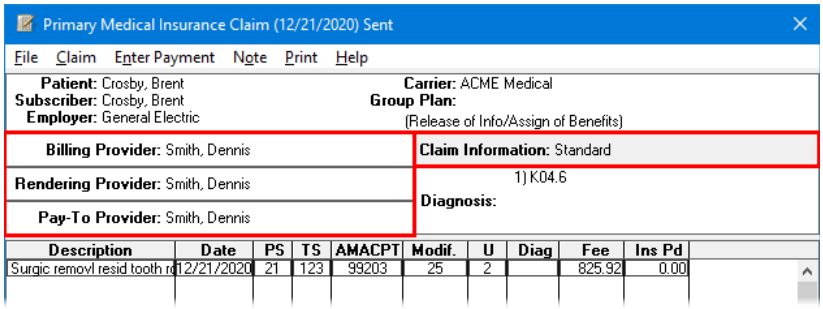
To post a procedure and submit a claim

1. Post a procedure that is cross coded for medical billing:



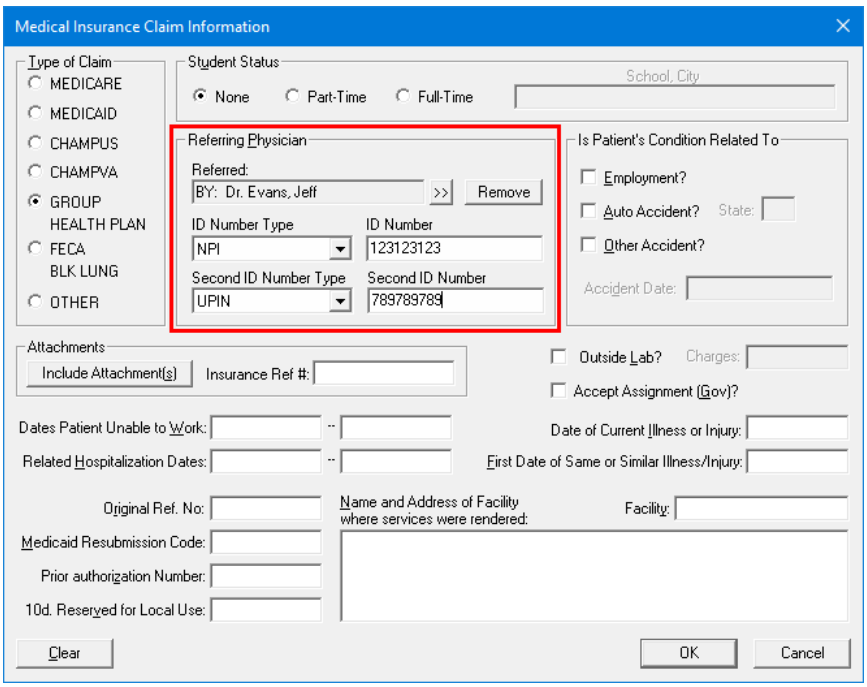
- **AMA CPT** – ICD-9 or ICD-10 code (depending on the medical insurance plan).
- **Diagnostic Codes**.
- **Modifier Codes**.
- **Type of Service**.
- **Place of Service**.

2. Create a primary medical claim with the following information:



- **Providers**:
  - **Billing Provider**.
  - **Rendering Provider**.
  - **Pay-To Provider**.

- **Claim Information** (if applicable):



  - **Referring Physician**:
    - **Referred**.
    - **ID Number** – Only one ID is required: **NPI** or **UPIN**. But if you use both types, the first one must be **NPI**.
    - **Second ID Number** – If you use two types, the second type must be **UPIN**.
  - Any additional details, such as **Auto- Accident?** or **Prior authorization Number**.

3. Send the claim.

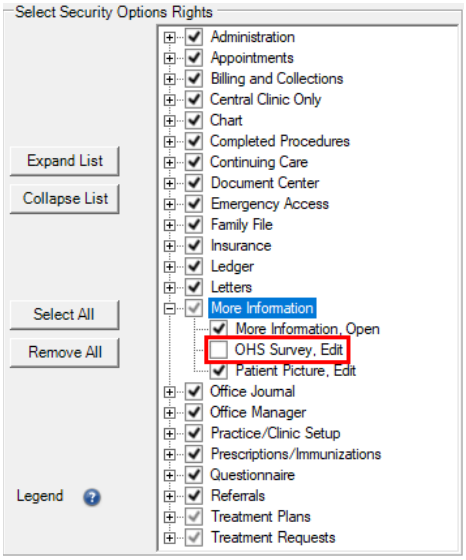
   The **eClaims Pre-Submission Summary** dialog box appears.
4. Correct any errors that the validation tool may find.
5. Resend the claim.

Note: You can create a secondary claim only after you receive the adjudication on the primary claim.

Oral Health Surveys (OHS)

NEW SECURITY RIGHT

With a certain global setting enabled, there is a new security right that allows a user to edit an OHS survey from the **OHS** tab of the **More Information** window. When you are setting up security rights for a user or group, under the **More Information** category, the "OHS Survey, Edit" security right is available.

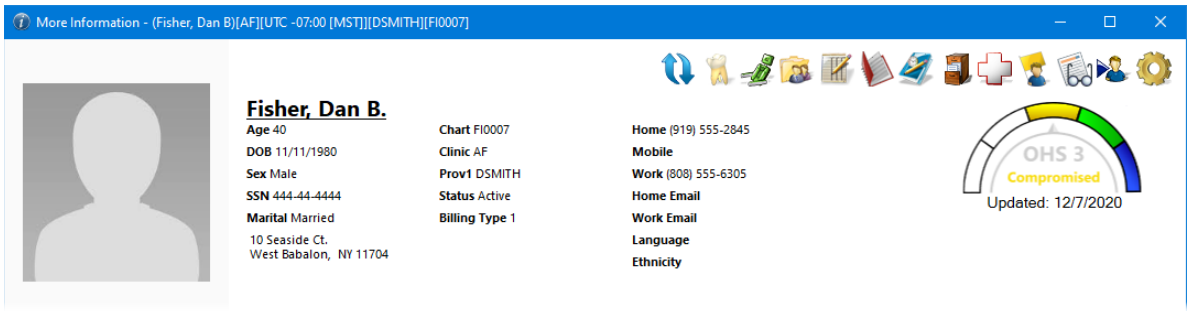


Note: The "Verify user before access" options is available for this security right. To set this option, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup** > **Security Setup**, and then click **Verify User Before Access**.

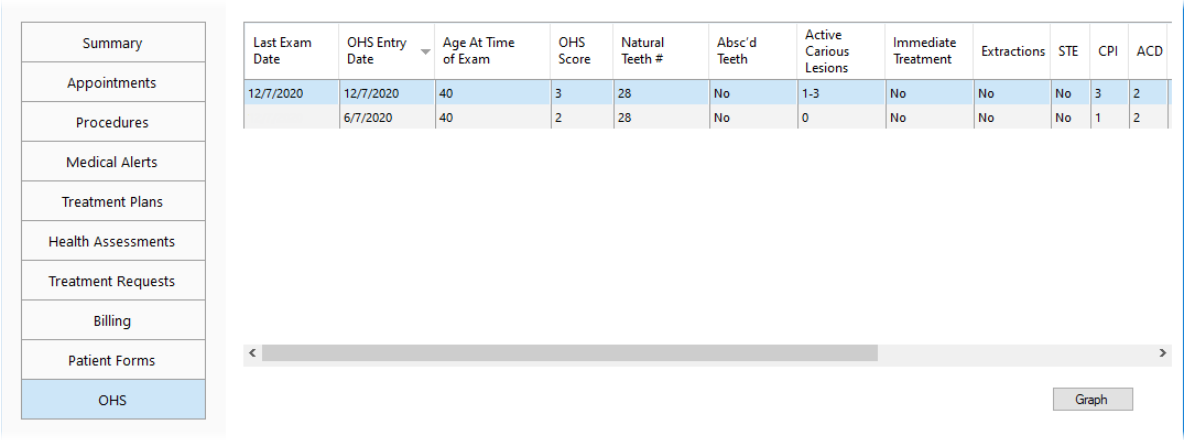
MORE INFORMATION WINDOW CHANGES

With a certain global setting enabled, an OHS meter and an **OHS** tab now appear in the **More Information** window:

- By default, the OHS meter (in the upper-right corner) displays the patient's most recent OHS score. If you select a different OHS survey (only one), on the **OHS** tab, the OHS meter displays the score that corresponds to that survey.



- The **OHS** tab displays the patient's OHS surveys. By default, the OHS surveys are sorted by the dates that the OHS surveys were created, with the most recent at the top.



Last Exam Date	OHS Entry Date	Age At Time of Exam	OHS Score	Natural Teeth #	Absc'd Teeth	Active Carious Lesions	Immediate Treatment	Extractions	STE	CPI	ACD
12/7/2020	12/7/2020	40	3	28	No	1-3	No	No	No	3	2
	6/7/2020	40	2	28	No	0	No	No	No	1	2

Note: If the patient does not have any surveys, "No OHS" appears in the **OHS Score** column, and all of the other columns are blank.

The following details appear for each of the OHS surveys listed:

- **Last Exam Date** – The date of the last exam that was completed for the survey, or the date when the survey was last saved. This is blank if an exam was not completed.
- **OHS Entry Date** – The creation date of the survey.
- **OHS Score** – The score that was calculated based on the responses on the survey.
- **Natural Teeth #** – The specified number of remaining teeth.
- **Absc'd Teeth** – Whether any abscessed teeth were specified.
- **Active Carious lesions** – The specified number of teeth with active carious lesions.
- **Immediate Treatment** – Whether any teeth were specified as requiring immediate treatment or restoration.
- **Extractions** – Whether any teeth were specified as needing extraction due to caries, periodontal disease, or abscesses.
- **STE** – Whether any definitively-diagnosed oral or pharyngeal cancer was specified, and whether any abnormal oral lesions were specified as needing biopsies.
- **CPI** – The CPI composite score.
- **ACD** – The ACD composite score.
- **Caries Risk** – The specified caries risk level.
- **Smoking Tobacco Use** – Whether smoking was specified.
- **Diabetes** – Either the specified type of diabetes or None (no history of diabetes).
- **Dry Mouth** – The specified evaluation of the dryness of the mouth.

Also, if you select an OHS survey (only one), the OHS meter displays the score that corresponds to that survey.

VIEWING OR EDITING OHS SURVEYS

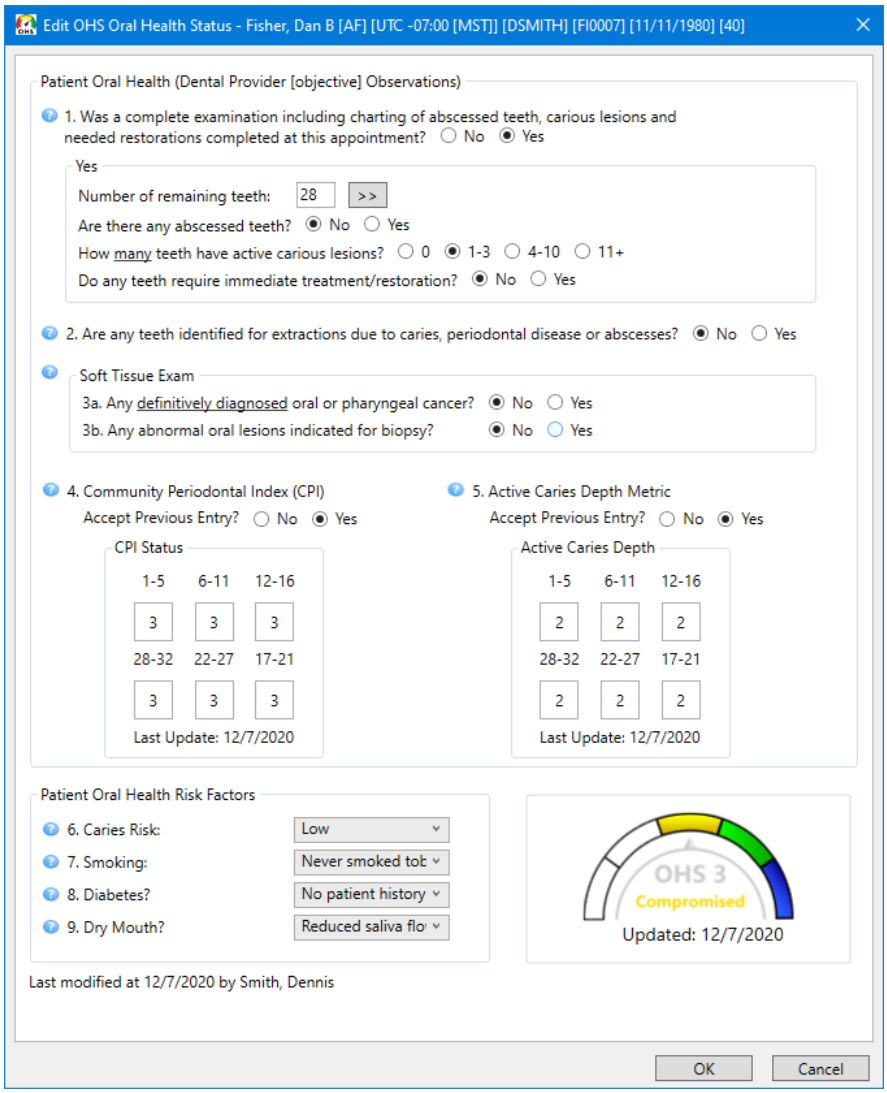
You can now view or edit an OHS survey from the **More Information** window.

Note: Only users with the "OHS Survey, Edit" security right enabled can edit an OHS survey from the **More Information** window. Those who do not can only view an OHS survey from the **More Information** window.

To view or edit an OHS survey

1. In the **More Information** window, on the **OHS** tab, double-click a survey.

   The **Edit OHS Oral Health Status** dialog box appears.



   Note: You cannot change the entry date of the survey because it is always the date when the survey was initially created. Also, the date and name of the user who last modified the survey appears at the bottom for your reference.

2. If you are allowed to do so, make any necessary changes.
3. If you have made changes, click **OK**; otherwise, click **Cancel**.

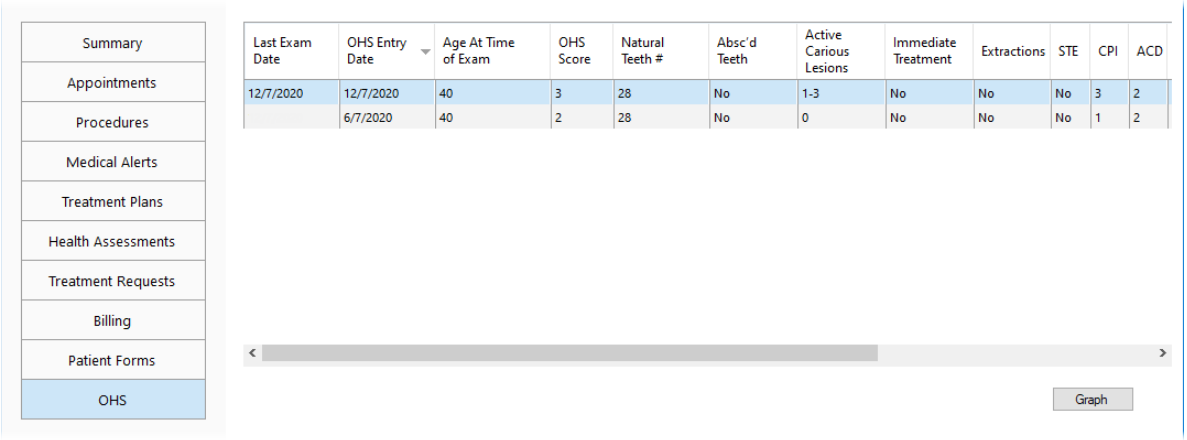
   Note: Whether or not you have made changes to the survey, if you click **OK**, the **Last Exam Date** for the survey will be updated to today's date.

VIEWING OHS GRAPHS

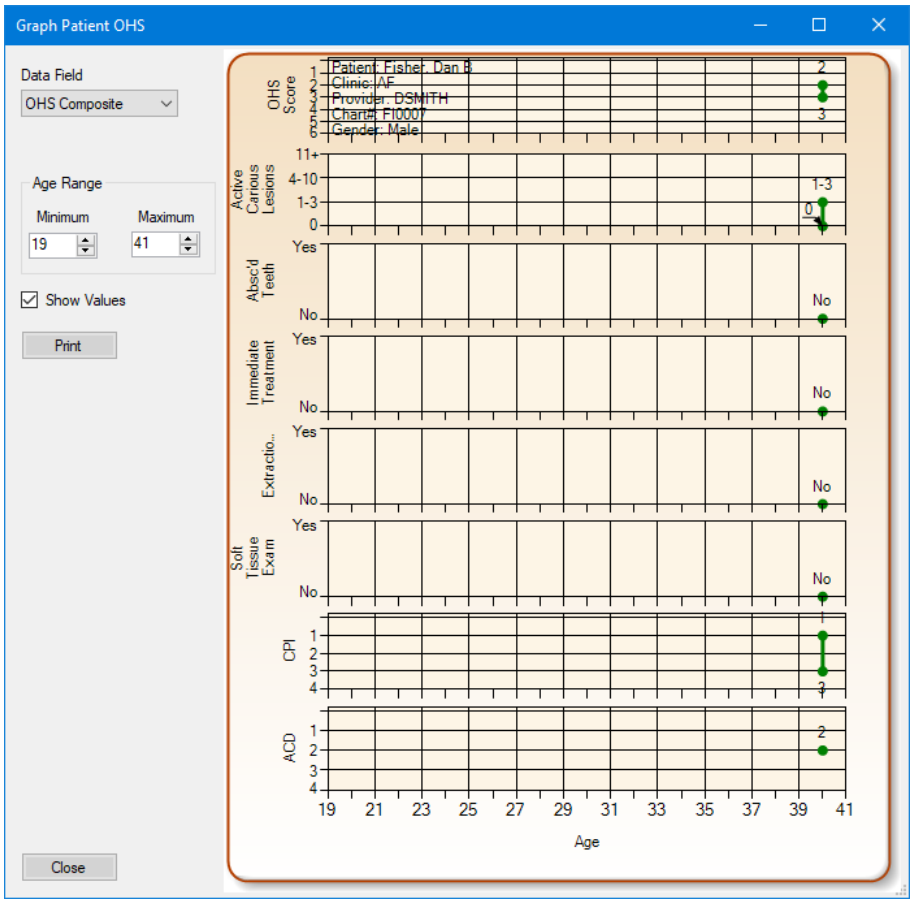
You can now view OHS data over time as graphs.

To view OHS graphs

1. In the **More Information** window, on the **OHS** tab, click **Graph**.



The **Graph Patient OHS** dialog box appears. By default, the OHS Composite graph is displayed.



2. Do any of the following:
   - To change which graph is being displayed, from the **Date Field** list, select any of the following graphs:
     - **OHS Composite**
     - **OHS score**

- **Natural teeth #**
- **Active Carious lesions**
- **Absc'd teeth**
- **Immediate Treatment**
- **Extractions**
- **Soft Tissue Exam**
- **CPI** (6 line graphs; one for each sextant)

  Note: An X indicates that all teeth are missing, so the graph line ends. If, for example, the placement of an implant is done later, the graph line will start again after a gap.

- **ACD** (6 line graphs; one for each sextant)

  Note: An X indicates that all teeth are missing, so the graph line ends. The graph line may start again after a gap.

- **Caries Risk**
- **Smoking tobacco use**
- **Diabetes**
- **Dry Mouth**

- To view values for specific range of ages, under **Age Range**, enter the **Minimum** and **Maximum** ages. The maximum age must be at least one year after the minimum age.
- To have an exact value appear next to each point on the graph, select the **Show Values** check box.
- To print the graph that is being displayed currently, click **Print**. Then, in the **Print Preview** dialog box that appears, click the **Print** button .

Treatment Consent Forms (Enhanced)

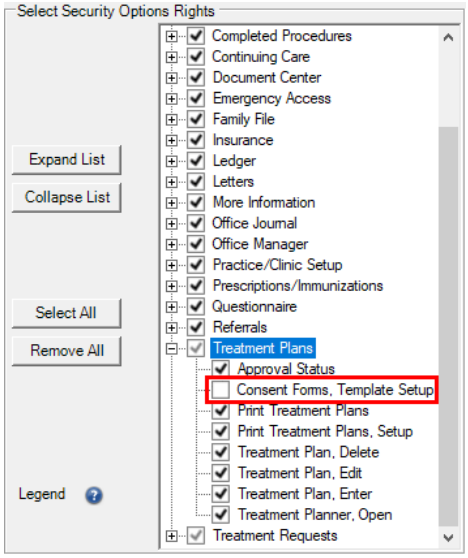
OVERVIEW

With a certain global setting enabled, there are changes to the consent form interface and functionality in the Treatment Planner. Using a consent form template as a guide, you can quickly and accurately create a custom consent form with minimal typing or editing. Dentrix Enterprise comes with a default template, but you can modify it to suit your needs or create new ones. Templates are grouped by category. Also, each template can have any number of prompts, which are messages that prompt you to enter responses to user-defined questions.

> **Important**: Enable this new functionality only if your workflow allows for creating a form and immediately signing it. With this new functionality, when you add a consent form to a case, before you can save the form, the patient (or his or her representative), someone from the practice (such the dentist), and a witness (or interpreter) must sign it.

NEW SECURITY RIGHT

With a certain global setting enabled, there is new security right that allows a user to manage consent form templates. When you are setting up security rights for a user or group, under the **Treatment Planner** category, the "Consent Forms, Template Setup" security right is available.



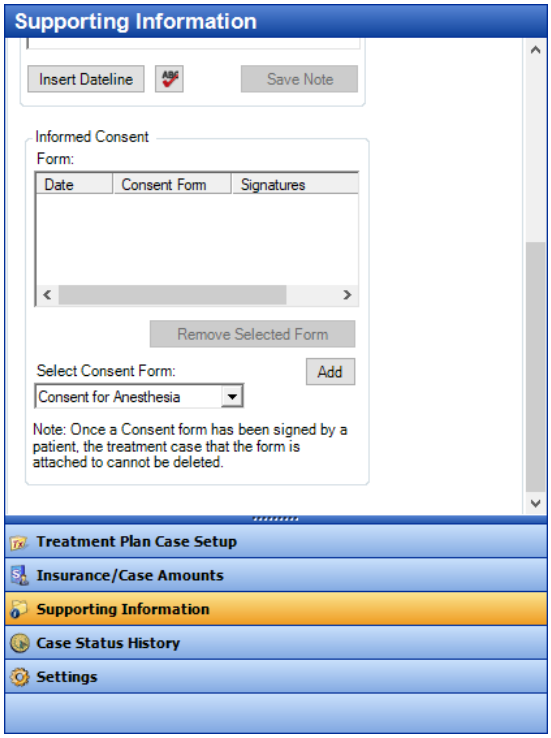
SETTING UP CONSENT FORM TEMPLATE CATEGORIES

You can customize the categories for organizing consent form templates.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can set up consent form categories.

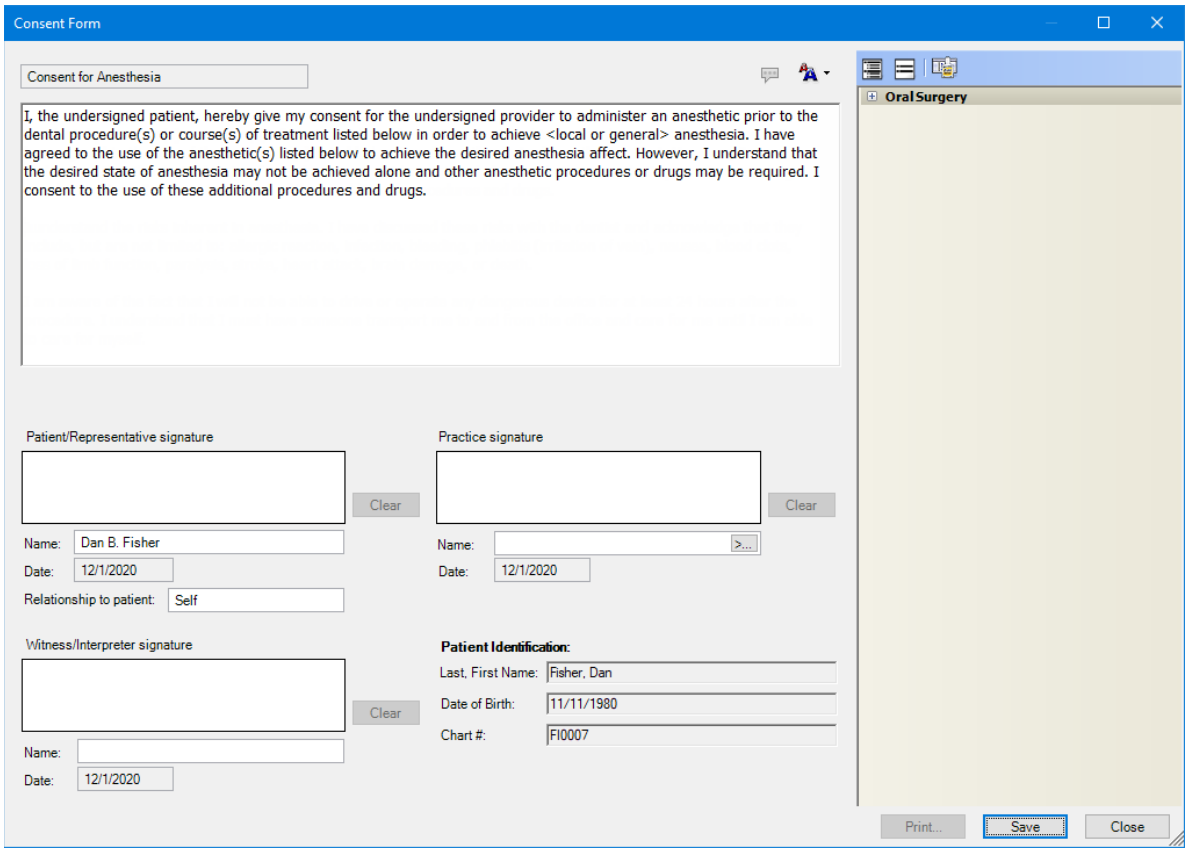
To set up a consent form template category

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



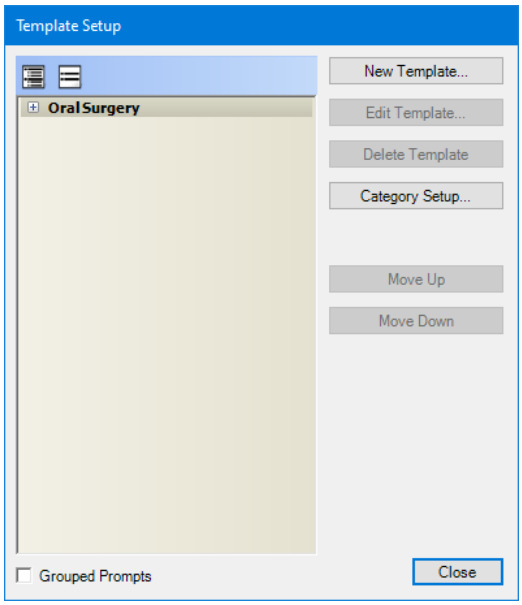
2. Under **Informed Consent**, click **Add**.

   The **Consent Form** dialog box appears.



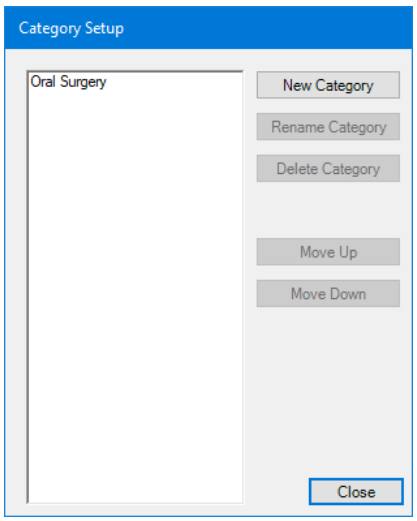
3. Click the **Template Setup** button .

   The **Template Setup** dialog box appears.

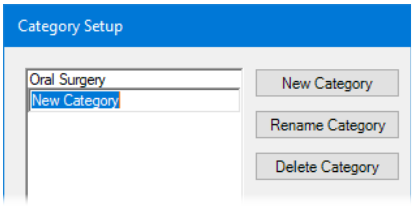


4. Click **Category Setup**.

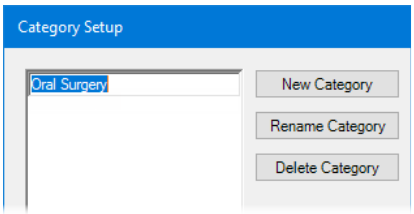
The **Category Setup** dialog box appears.



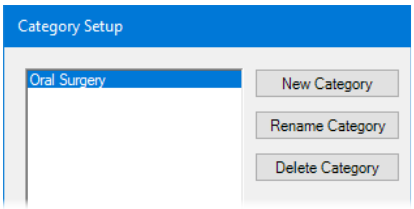
5. Do any of the following as needed:
   - **Create a new category** – Click **New Category**, enter the category name in the box that appears at the bottom of the list, and then press Tab (or Enter if you want to close the **Category Setup** dialog box after making the new category).



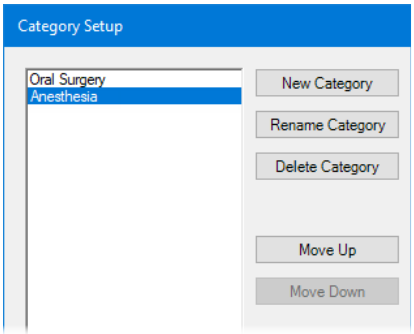
   - **Rename a category** – Select the category that you want to rename, click **Rename Category** to make the name editable, change the name, and then press Tab (or Enter if you want to close the **Category Setup** dialog box after making the change).



   - **Delete a category** – You can only delete a category if it does not contain any templates. Select the category that you want to delete, click **Delete Category**, and then click **Yes** to confirm the deletion.



- **Change the order of the categories** – Select a category, and then click **Move Up** or **Move Down** until you achieve the desired order. Repeat this process for any other categories that you want to move.



6. If the **Category Setup** dialog box is still open, click **Close**.
7. In the **Template Setup** dialog box, click **Close**.
8. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could set up template categories.

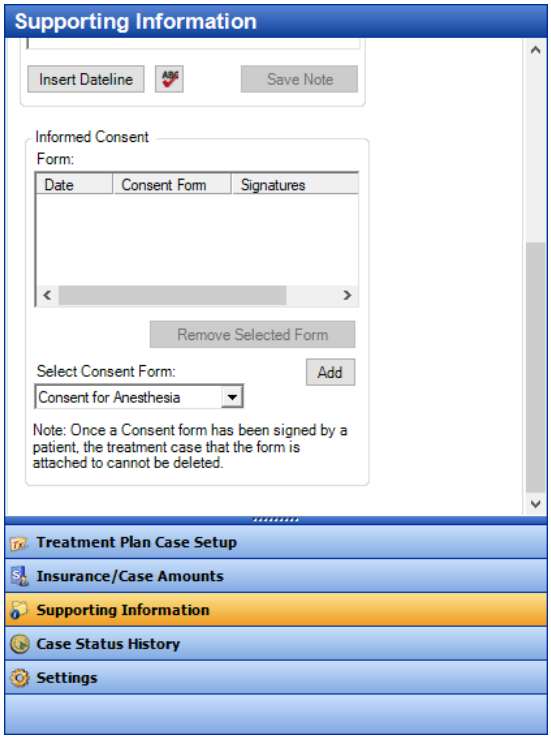
CREATING CONSENT FORM TEMPLATES

You can create consent form templates to use for adding consent forms to treatment plans.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can create consent form templates.

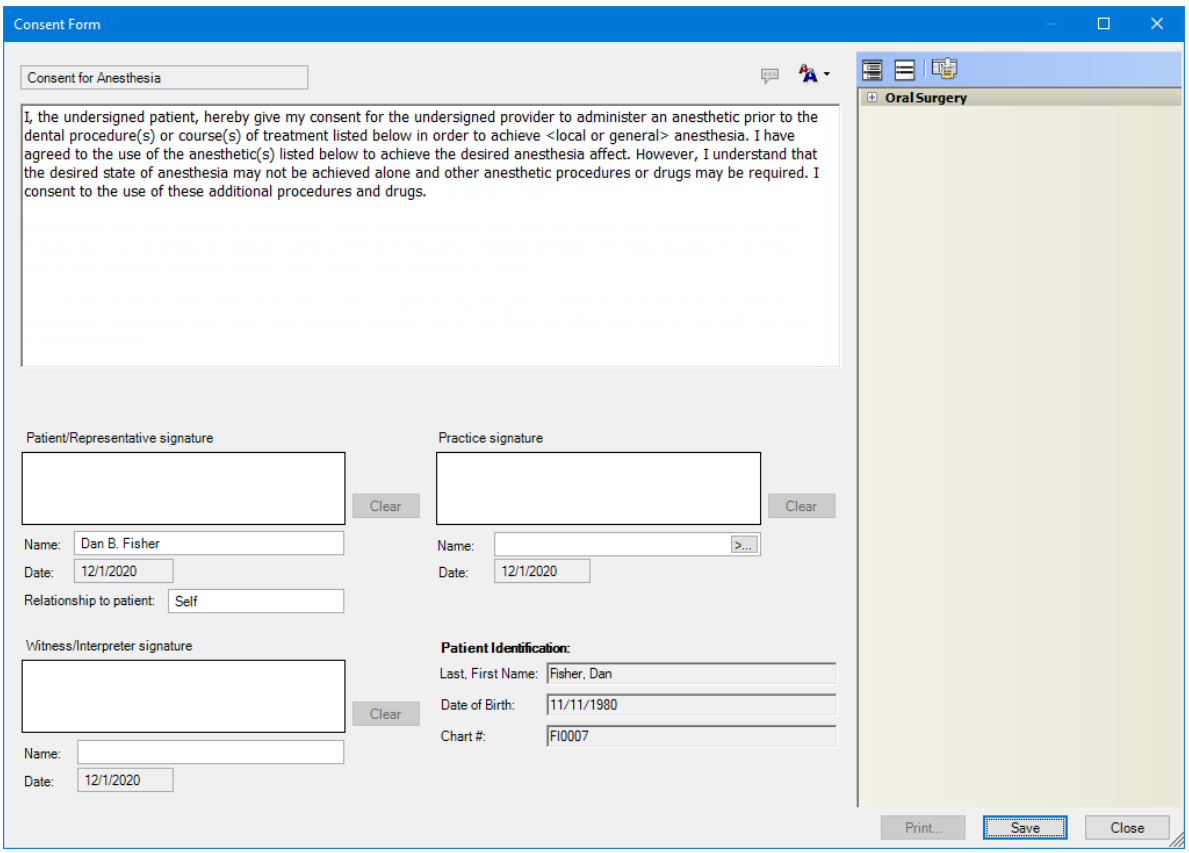
To create a consent form template

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



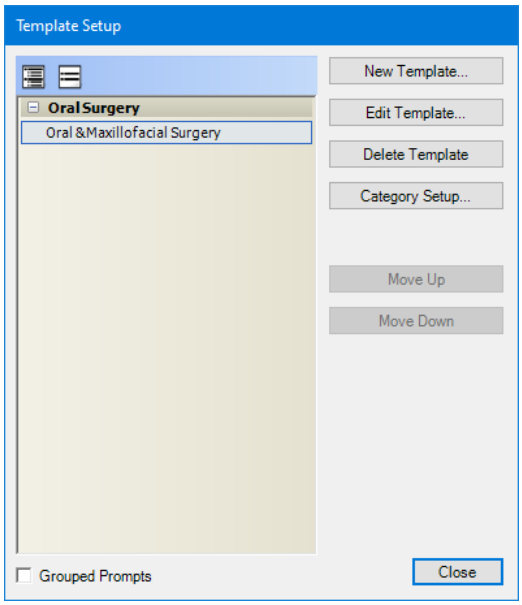
2. Under **Informed Consent**, click **Add**.

The **Consent Form** dialog box appears.



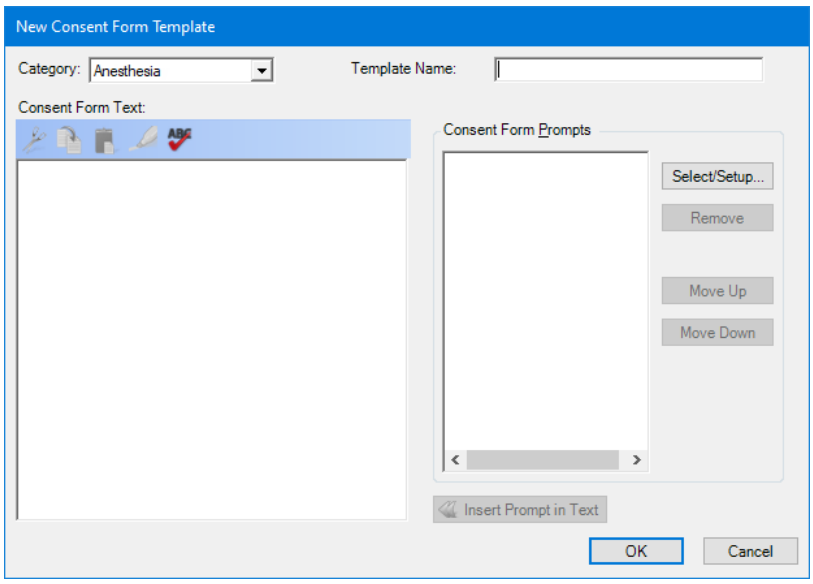
3. Click the **Template Setup** button .

   The **Template Setup** dialog box appears.



4. Optionally, select the category that you want to add the template to. (Or, you can select a category later on.)
5. Click **New Template**.

The **New Consent Form Template** dialog box appears.



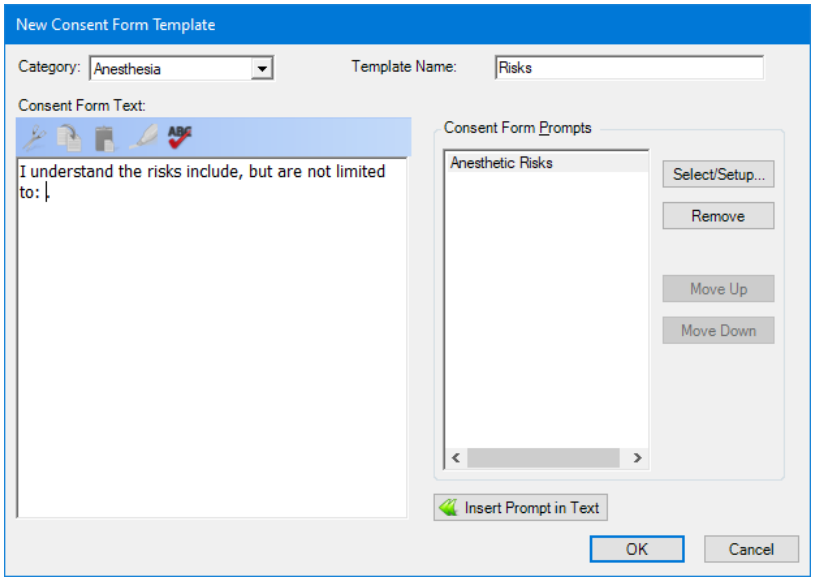
6. If you selected a category in step 4, that category is selected by default in the **Category** list, but you can change it; otherwise, select the **Category** that you want to add the template to.
7. In the **Template Name** box, enter a name for the template.
8. Do any of the following as needed:
   - Add prompts to the template (see "Adding Prompts to and removing prompts from Consent Form Templates").

     Note: A consent form template can have multiple prompts with an odontogram to select teeth, quadrants, or sextants, but the text of a consent form can have only one odontogram. If you use a template with multiple odontograms, one consolidated odontogram will be inserted into the form text with all the applicable selections. If an odontogram has already been inserted into the form text, you cannot use another template with an odontogram for the same form.

   - In the **Consent Form Text** box, enter the default text of the consent form template.

     Note: You can click the **Check Spelling** button to check the spelling of the text. This button is available only if a certain preference setting has been enabled.

- To insert a prompt where the text cursor is located in the **Consent Form Text** box, select a prompt from the **Consent Form Prompts** list, and then click **Insert Prompt in Text**.



Tip: You may need to add a space before and after the prompt placeholder (which uses the format "~[prompt name]~"), so the completed consent form will be displayed properly.

- If you have added multiple prompts to the template, to change the order of the prompts, under **Consent Form Prompts**, select a prompt, and then click **Move Up** or **Move Down** to move the prompt up or down by one item in the list. When you add text to a form using this template, the prompts will appear in the specified order regardless of where they are inserted in the text.

9. Click **OK**.
10. In the **Template Setup** dialog box, click **Close**.
11. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could set up a template.

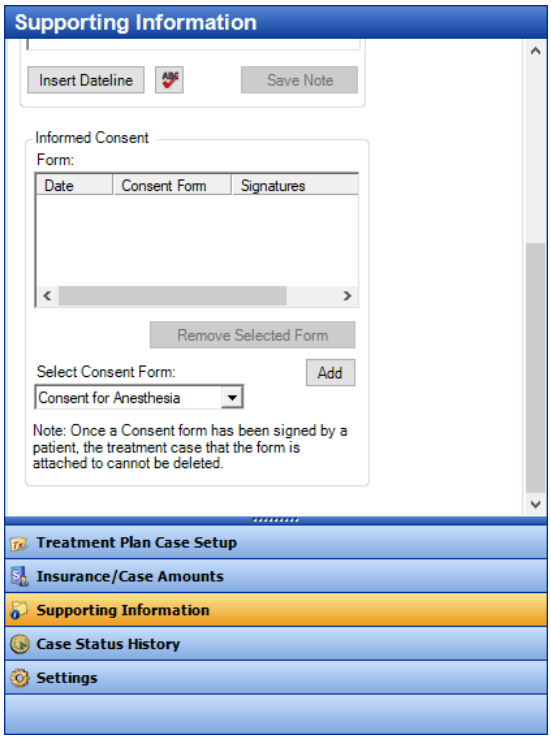
EDITING CONSENT FORM TEMPLATES

You can edit consent form templates as needed. Any changes will not affect consent forms that have already been added to patient records using the same template.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can modify consent form templates.

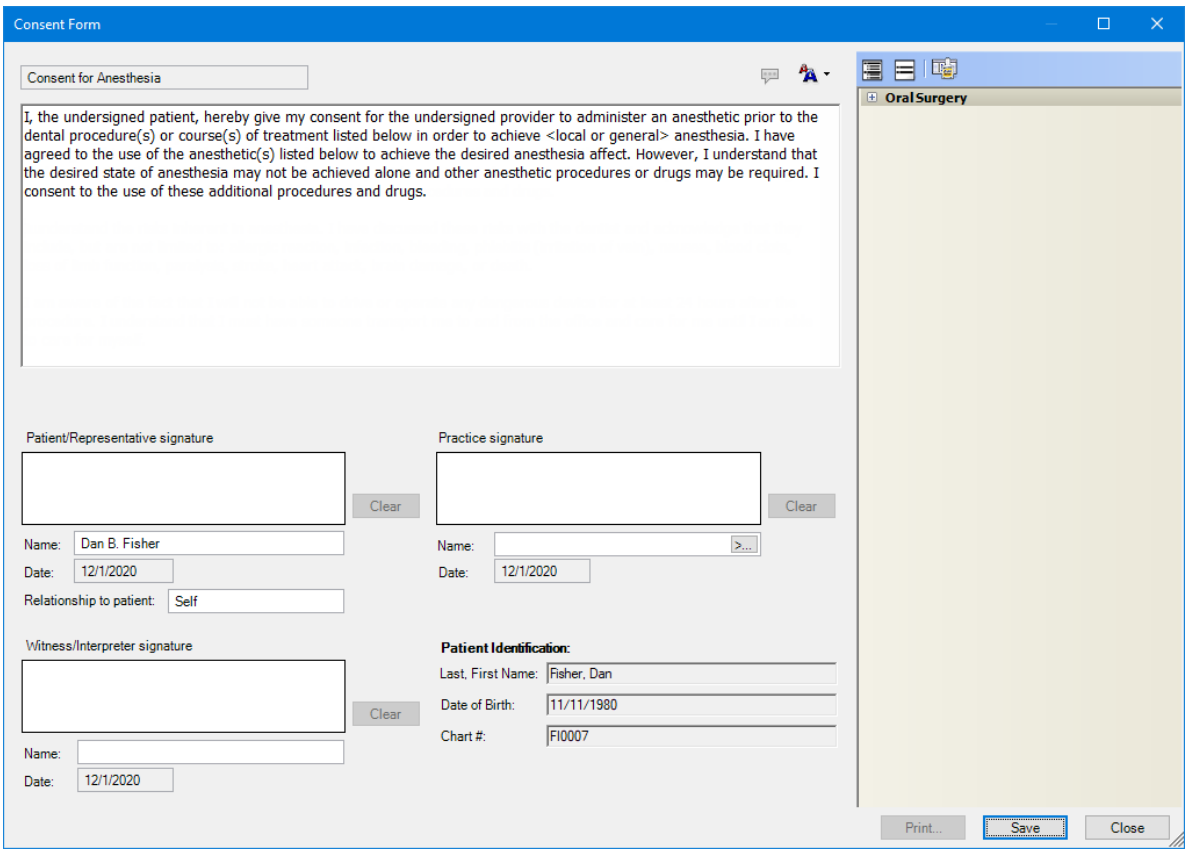
To edit a consent form template

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



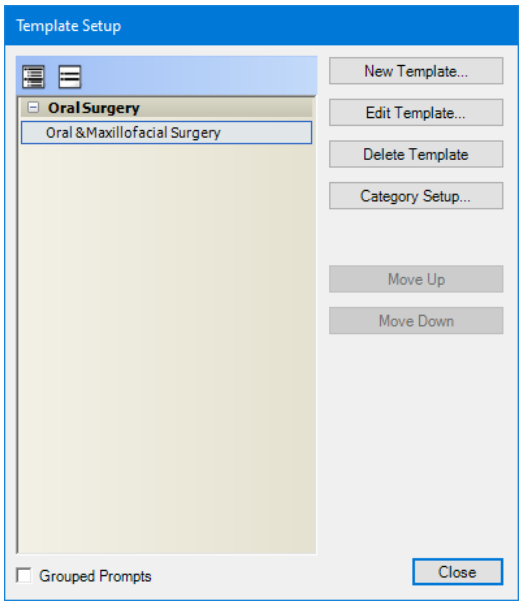
2. Under **Informed Consent**, click **Add**.

The **Consent Form** dialog box appears.



3. Click the **Template Setup** button .

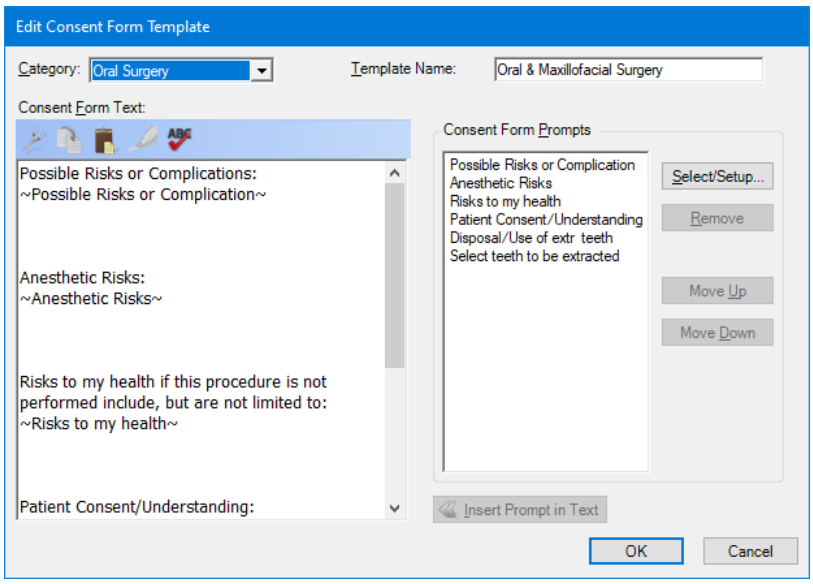
   The **Template Setup** dialog box appears.



4. Expand a category, and select the template that you want to edit.
5. Click **Edit Template**.

   Note: This button is available only if a template is selected.

The **Edit Consent Form Template** dialog box appears.



6. Do any of the following as needed:
   - Select a different **Category** to move the template to that category.
   - In the **Template Name** box, change the name for the template.
   - Add or remove prompts (see "Adding Prompts to and removing prompts from Consent Form Templates").

     Note: A consent form template can have multiple prompts with an odontogram to select teeth, quadrants, or sextants, but the text of a consent form can have only one odontogram. If you use a template with multiple odontograms, one consolidated odontogram will be inserted into the form text with all the applicable selections. If an odontogram has already been inserted into the form text, you cannot use another template with an odontogram for the same form.

   - In the **Consent Form Text** box, change the default text of the consent form template.

     Note: You can click the **Check Spelling** button to check the spelling of the text. This button is available only if a certain preference setting has been enabled.

   - To insert a prompt where the text cursor is located in the **Consent Form Text** box, select a prompt from the **Consent Form Prompts** list, and then click **Insert Prompt in Text**.

     Tip: You may need to add a space before and after the prompt placeholder (which uses the format "~[prompt name]~"), so the completed consent form will be displayed properly.

   - To change the order of the prompts, under **Consent Form Prompts**, select a prompt, and then click **Move Up** or **Move Down** to move the prompt up or down by one item in the list. When you add text to a form using this template, the prompts will appear in the specified order regardless of where they are inserted in the text.
7. Click **OK**.
8. In the **Template Setup** dialog box, click **Close**.
9. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could edit a template.

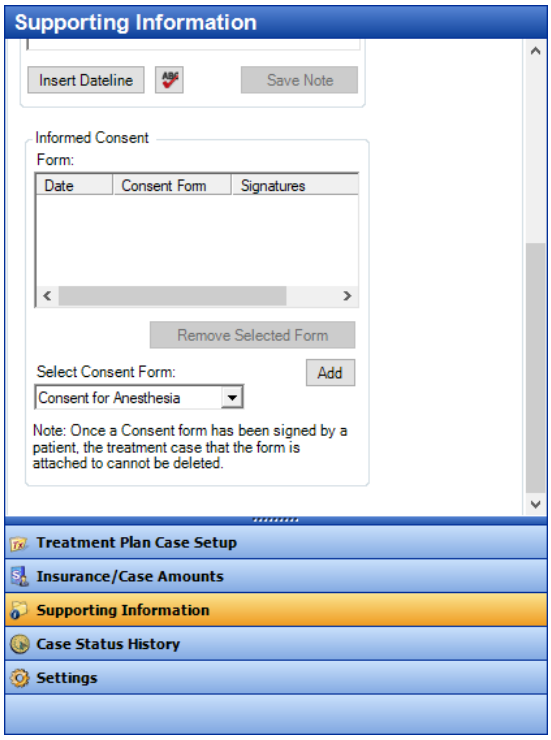
DELETING CONSENT FORM TEMPLATES

You can delete a consent form template as needed. This does not affect any consent forms that were entered using that template.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can delete consent form templates.

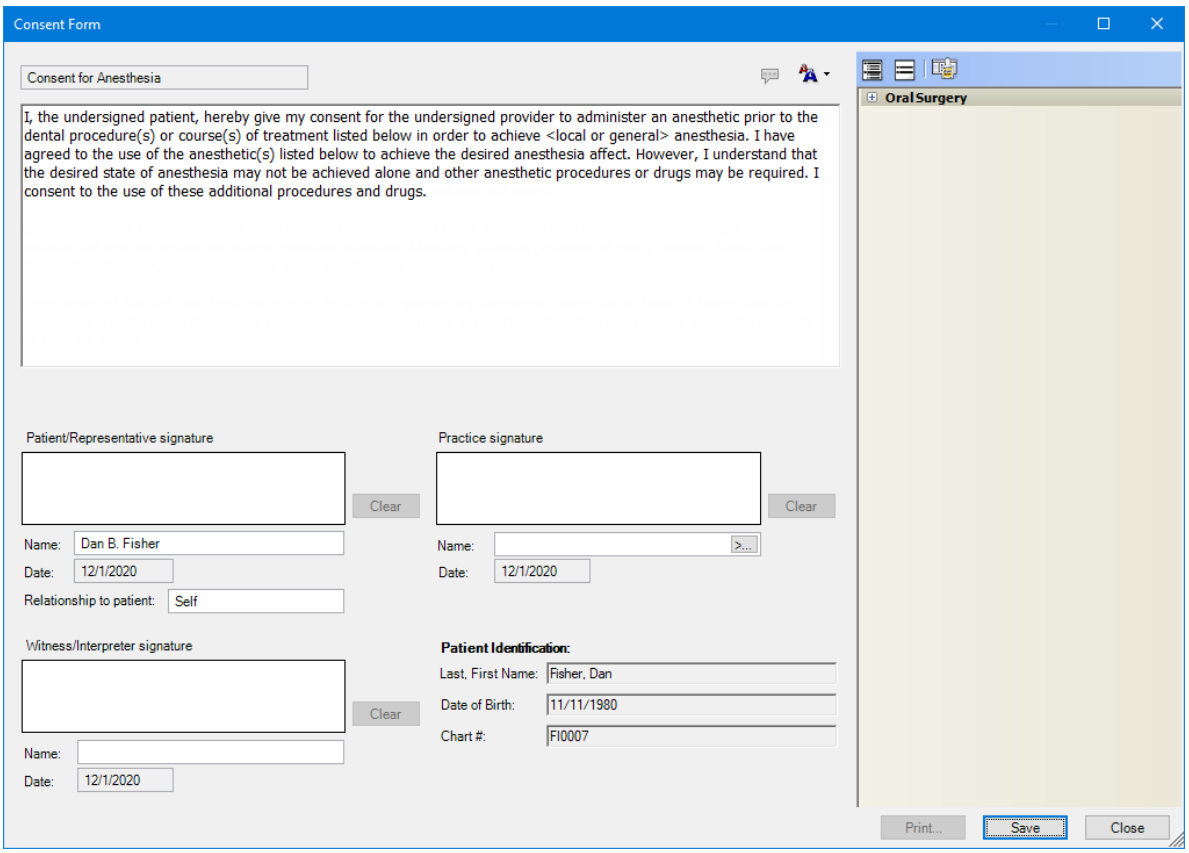
To delete a consent form template

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



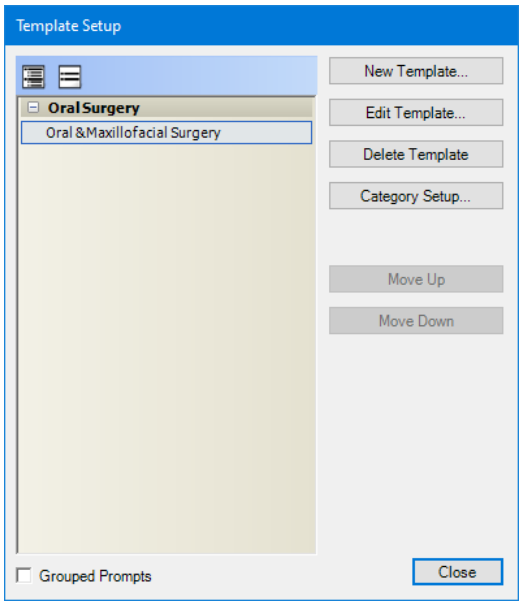
2. Under **Informed Consent**, click **Add**.

The **Consent Form** dialog box appears.



3. Click the **Template Setup** button .

   The **Template Setup** dialog box appears.



4. Expand a category, and select the template that you want to delete.
5. Click **Delete Template** (this button is only available if a template is selected).

   A confirmation message appears.
6. Click **Yes**.

7. In the **Template Setup** dialog box, click **Close**.
8. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could delete a template.

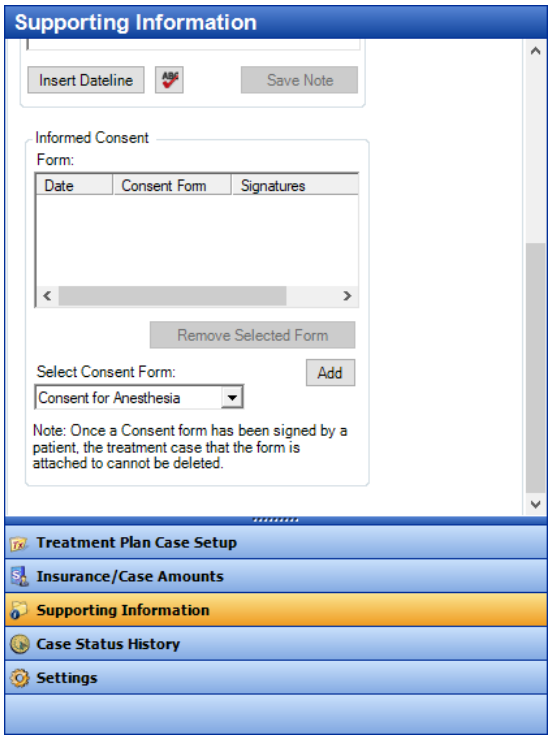
CREATING CONSENT FORM PROMPTS

You can create a consent form from a template dynamically using consent form prompts. When you add text to a consent form using a template that has prompts, Dentrix Enterprise will show messages that prompt you to enter responses to user-defined questions.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can create consent form prompts.

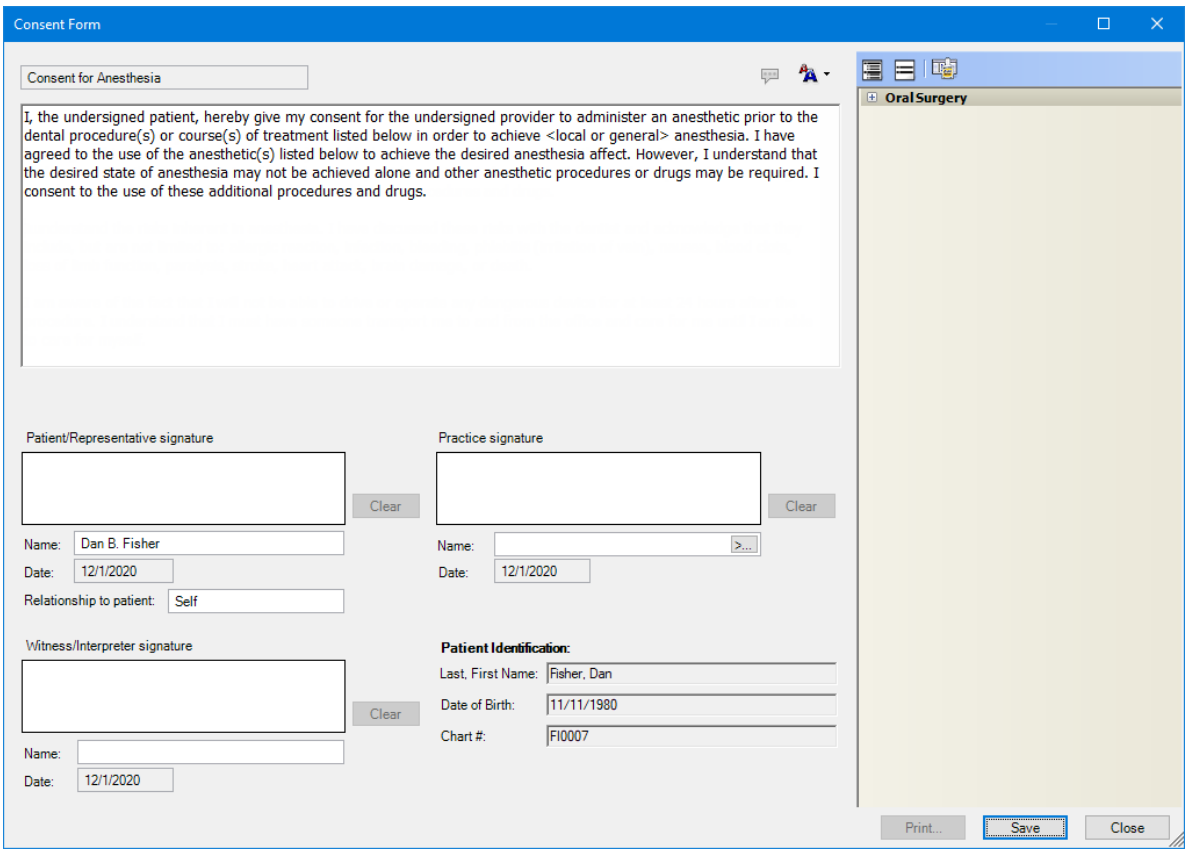
To create a consent form prompt

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



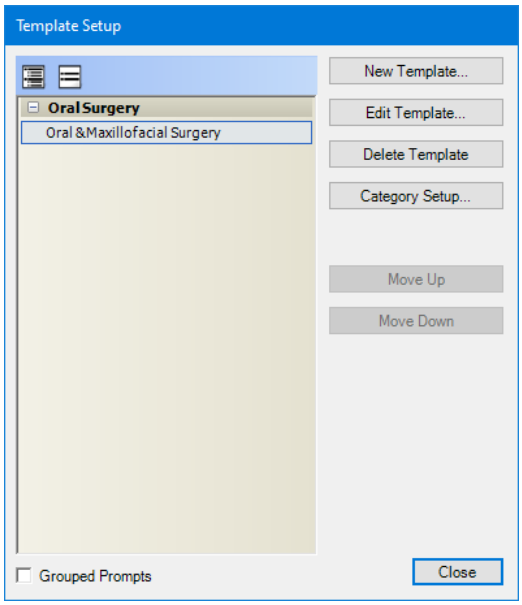
2. Under **Informed Consent**, click **Add**.

The **Consent Form** dialog box appears.



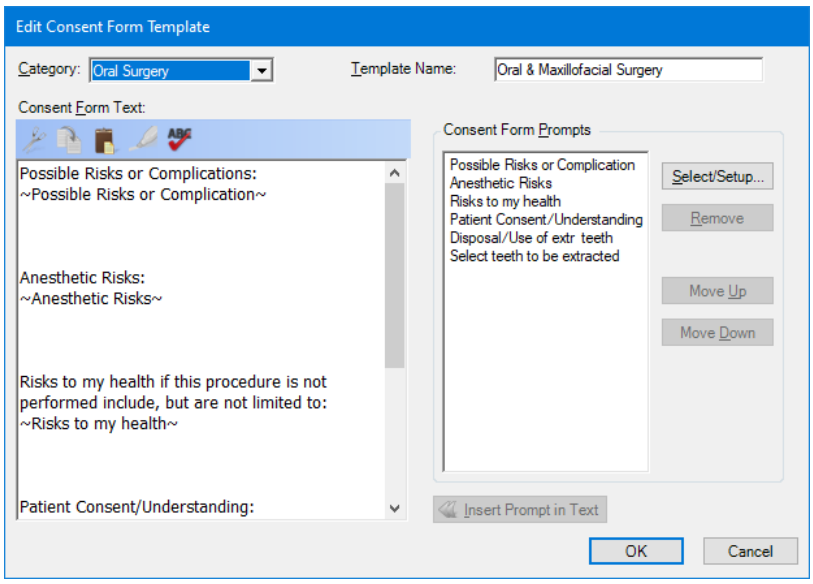
3. Click the **Template Setup** button .

   The **Template Setup** dialog box appears.



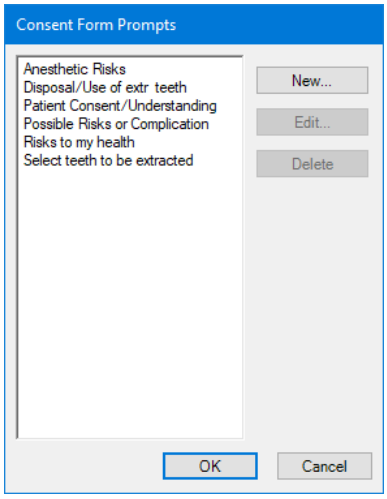
4. Do one of the following:
   - Expand a category, select a template, and then click **Edit Template**.
   - Click **New Template**.

The **Edit Consent Form Template** or **New Consent Form Template** dialog box appears.



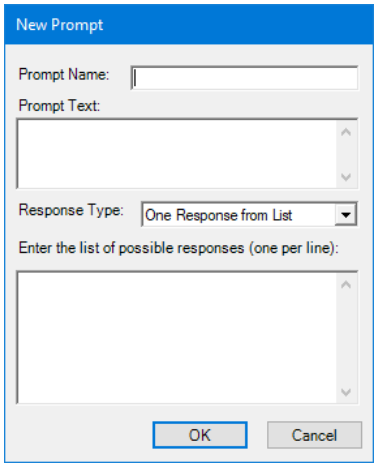
5. Under **Consent Form Prompts**, click **Select/Setup**.

   The **Consent Form Prompts** dialog box appears.



6. Click **New**.

   The **New Prompt** dialog box appears.



7. Set up the following options:
   - **Prompt Name** – This name is used to identify the prompt in the list and template text.

     Note: When you insert a prompt into the text of a template, a placeholder (which uses the format "~[prompt name]~") appears in the text.
   - **Prompt Text** – This is a question or statement that explains how to respond to the prompt. When you are adding text to a consent form using a template with this prompt, you will see this text when the prompt appears. This text does not get inserted into the consent form text.
   - **Response Type** – The selected type and its corresponding options (if applicable) determine how you can respond. Select one of the following types, and then set up the options for it as applicable:
     - **Confirmation Only** – To provide a yes or no response to the prompt text.
     - **One Response from List** – To provide a list of options from which you can select only one response to the prompt text. Enter a list of possible responses (one per line) in the lower box.
     - **Checkbox Responses** – To provide a list of options from which you can select one or more responses to the prompt text. Enter a list of possible responses (one per line) in the lower box.
     - **Date** – To provide a date response to the prompt text. Do one of the following: enter a date in the **Select a default date** box if you want the prompt to use that date, clear the date from the **Select a default date** box if you want the prompt to not have a default date, or select the **Default to "Today"** check box if you want the prompt to use the system date by default. When you are adding text to a consent form using a template with this prompt, you will be able to change the date.
     - **Number/Amount** – To provide a number or an amount as a response to the prompt text. Optionally, enter a number that you want to be the default response to the prompt text. When you are adding text to a consent form using a template with this prompt, you will be able to change the number.
     - **Text** – To provide text as a response to the prompt text. Optionally, enter the text you want to be the default response to the prompt text. When you are adding text to a consent form using a template with this prompt, you will be able to change the text.
     - **Select Tooth** – To provide a way to select teeth as a response to the prompt text. To allow only one tooth to be selected, leave the **Allow multiple selections** check box cleared. To allow more than one tooth to be selected, select the **Allow multiple selections** check box.
     - **Select Surfaces** – To provide a way to select surfaces as a response to the prompt text.
     - **Select Quadrant** – To provide a way to select quadrants as a response to the prompt text. To allow only one quadrant to be selected, leave the **Allow multiple selections** check box cleared. To allow more than one quadrant to be selected, select the **Allow multiple selections** check box.
     - **Select Sextant** – To provide a way to select sextants as a response to the prompt text. To allow only one sextant to be selected, leave the **Allow multiple selections** check box cleared. To allow more than one sextant to be selected, select the **Allow multiple selections** check box.
8. Click **OK**.
9. In the **Consent Form Prompts** dialog box, click **OK**.
10. In the **Edit Consent Form Template** or **New Consent Form Template** dialog box, click **Cancel** because you do not want to attach the prompt to the template; you were only accessing a template so that you could create a prompt.
11. In the **Template Setup** dialog box, click **Close**.
12. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could create a prompt.

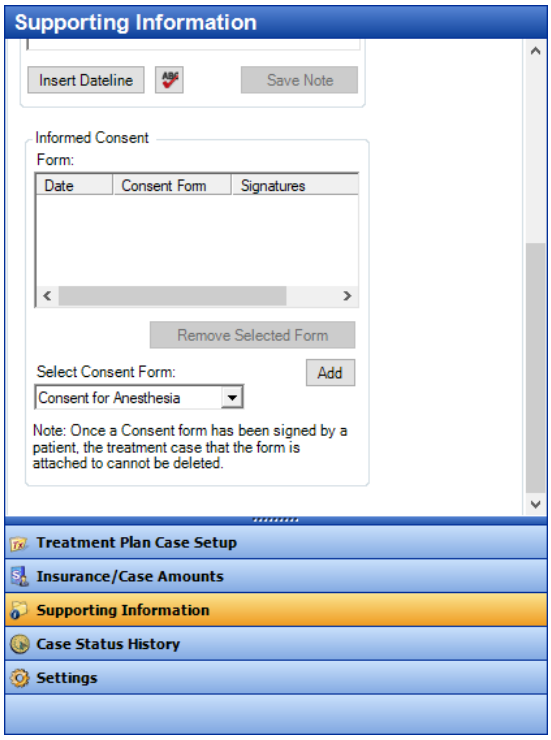
EDITING CONSENT FORM PROMPTS

You can edit consent form prompts as needed. Any changes to a prompt will not affect consent forms attached to patient records that used the same prompt.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can modify consent form prompts.

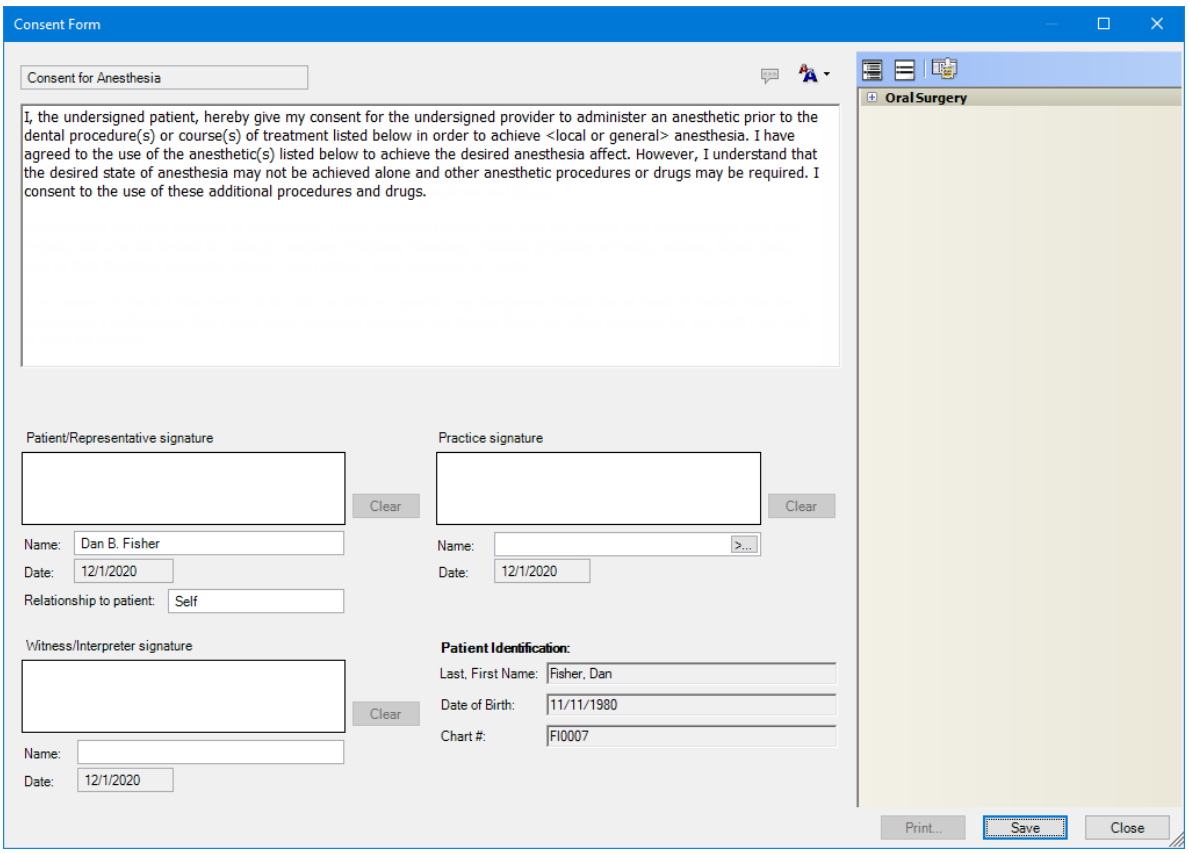
To edit a consent form prompt

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



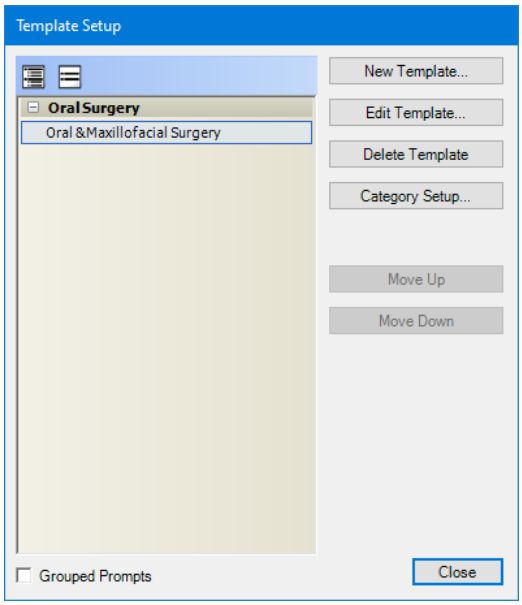
2. Under **Informed Consent**, click **Add**.

The **Consent Form** dialog box appears.



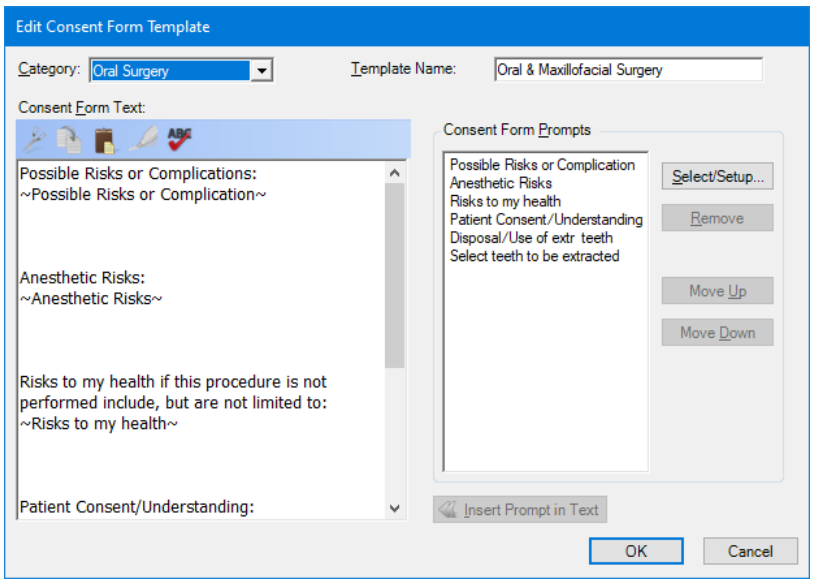
3. Click the **Template Setup** button .

   The **Template Setup** dialog box appears.



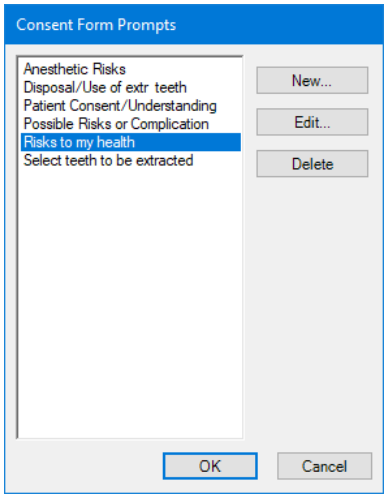
4. Do one of the following:
   - Expand a category, select a template, and then click **Edit Template**.
   - Click **New Template**.

The **Edit Consent Form Template** or **New Consent Form Template** dialog box appears.



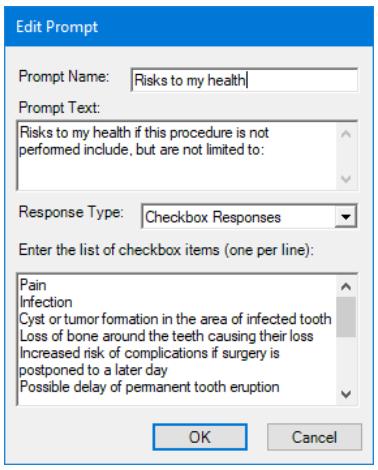
5. Under **Consent Form Prompts**, click **Select/Setup**.

   The **Consent Form Prompts** dialog box appears.



6. Select the prompt that you want to edit, and then click **Edit** (this button is only available if a prompt is selected).

The **Edit Prompt** dialog box appears.



7. Make changes to any of the following options as needed:
   - **Prompt Name** – This name is used to identify the prompt in the list and consent form text.

     Note: When you insert a prompt into the text of a template, a placeholder (which uses the format "~[prompt name]~") appears in the text.
   - **Prompt Text** – This question or statement explains how to respond to the prompt. When you are adding text to a consent form using a template with this prompt, you will see this text when the prompt appears. This text does not get inserted into the consent form text.
   - **Response Type** – The selected type and its corresponding options (if applicable) determine how you can respond, but you can change them as needed:
     - **Confirmation Only** – To provide a yes or no response to the prompt text.
     - **One Response from List** – To provide a list of options from which you can select only one response to the prompt text. Enter a list of possible responses (one per line) in the lower box.
     - **Checkbox Responses** – To provide a list of options from which you can select one or more responses to the prompt text. Enter a list of possible responses (one per line) in the lower box.
     - **Date** – To provide a date response to the prompt text. Do one of the following: enter a date in the **Select a default date** box if you want the prompt to use that date, clear the date from the **Select a default date** box if you want the prompt to not have a default date, or select the **Default to "Today"** check box if you want the prompt to use the system date by default. When you are adding text to a consent form using a template with this prompt, you will be able to change the date.
     - **Number/Amount** – To provide a number or an amount as a response to the prompt text. Optionally, enter a number that you want to be the default response to the prompt text. When you are adding text to a consent form using a template with this prompt, you will be able to change the number.
     - **Text** – To provide text as a response to the prompt text. Optionally, enter the text you want to be the default response to the prompt text. When you are adding text to a consent form using a template with this prompt, you will be able to change the text.
     - **Select Tooth** – To provide a way to select teeth as a response to the prompt text. To allow only one tooth to be selected, clear the **Allow multiple selections** check box. To allow more than one tooth to be selected, select the **Allow multiple selections** check box.
     - **Select Surfaces** – To provide a way to select surfaces as a response to the prompt text.

- **Select Quadrant** – To provide a way to select quadrants as a response to the prompt text. To allow only one quadrant to be selected, clear the **Allow multiple selections** check box. To allow more than one quadrant to be selected, select the **Allow multiple selections** check box.
- **Select Sextant** – To provide a way to select sextants as a response to the prompt text. To allow only one sextant to be selected, clear the **Allow multiple selections** check box. To allow more than one sextant to be selected, select the **Allow multiple selections** check box.

8. Click **OK**.
9. In the **Consent Form Prompts** dialog box, click **OK**.
10. In the **Edit Consent Form Template** or **New Consent Form Template** dialog box, click **Cancel** because you do not want to attach the prompt to the template; you were only accessing a template so that you could edit a prompt.
11. In the **Template Setup** dialog box, click **Close**.
12. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could edit a prompt.

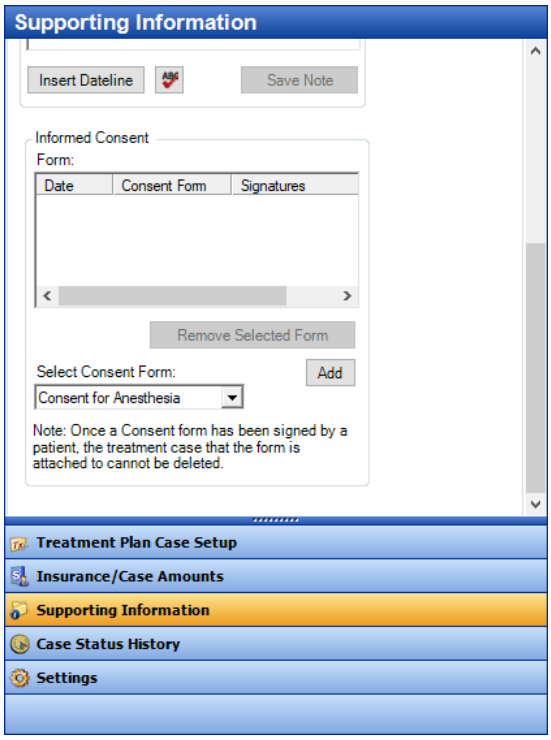
DELETING CONSENT FORM PROMPTS

You can delete a consent form prompt that is not attached to a consent form template. Any deletion of a prompt will not affect consent forms attached to patient records that used the same prompt.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can delete consent form prompts.

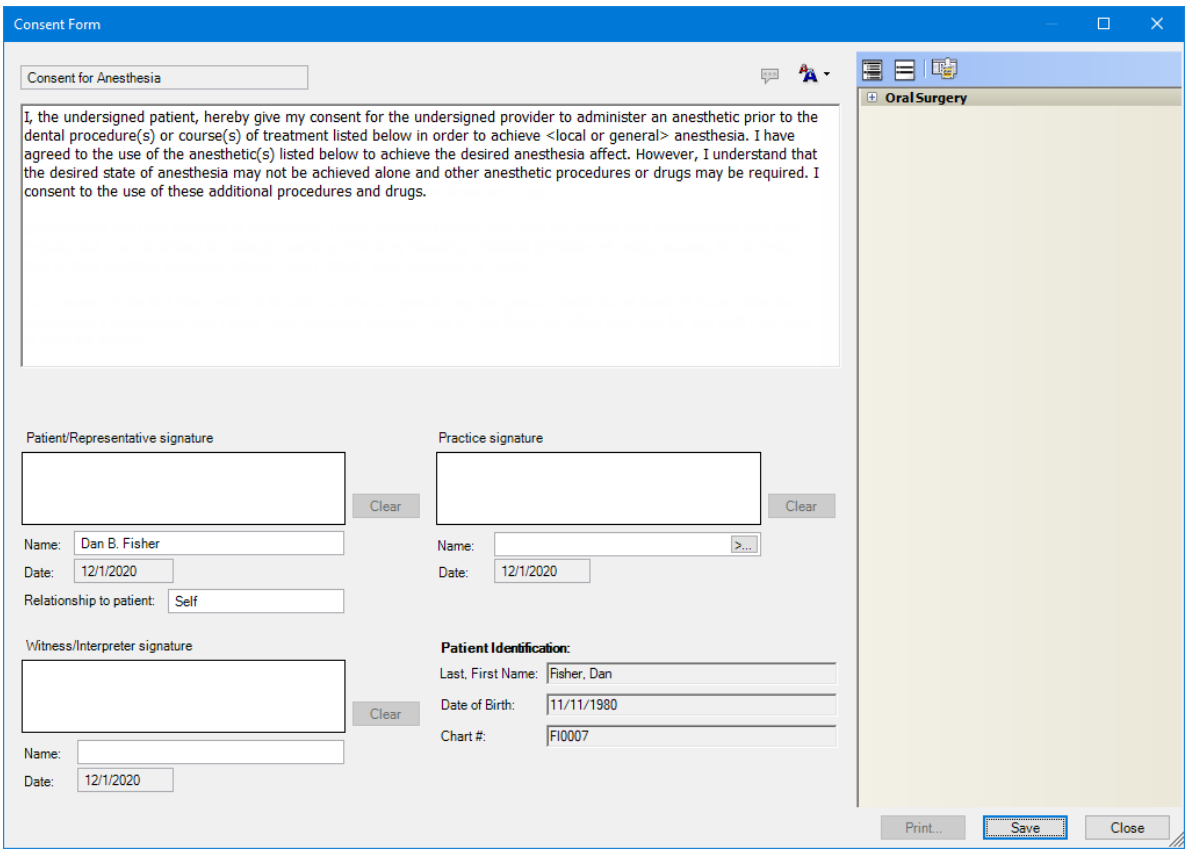
To delete a consent form prompt

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



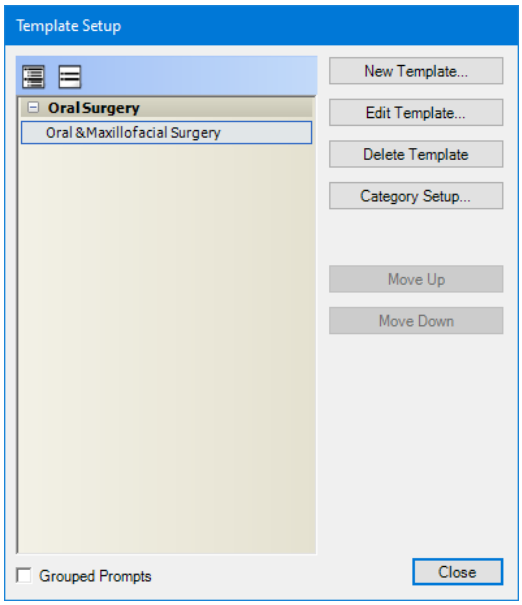
2. Under **Informed Consent**, click **Add**.

The **Consent Form** dialog box appears.



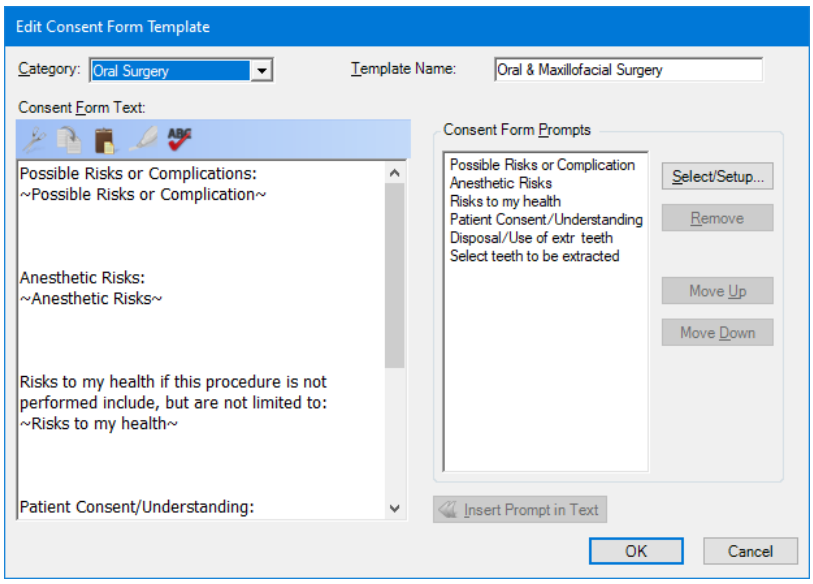
3. Click the **Template Setup** button .

   The **Template Setup** dialog box appears.



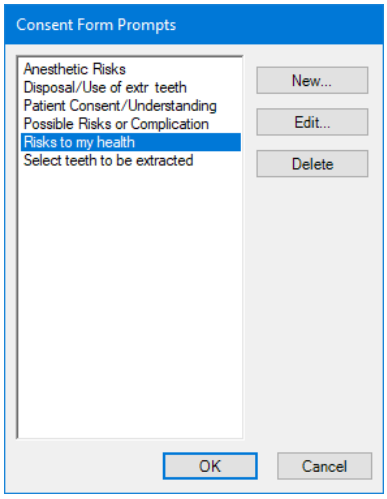
4. Do one of the following:
   - Expand a category, select a template, and then click **Edit Template**.
   - Click **New Template**.

The **Edit Consent Form Template** or **New Consent Form Template** dialog box appears.



5. Under **Consent Form Prompts**, click **Select/Setup**.

   The **Consent Form Prompts** dialog box appears.



6. Select the prompt that you want to delete, and then click **Delete** (this button is only available if a prompt is selected).

   Note: You can delete a prompt only if it is not attached to a consent form template. If you try to delete a prompt that is attached to any templates (inserted in the text or not), a message will appear with a list of templates that are using the prompt; you must remove the prompt from those templates before you can delete the prompt.

7. If the prompt is not being used by a template, a confirmation message appears. Click **Yes**.
8. Click **OK**.
9. In the **Edit Consent Form Template** or **New Consent Form Template** dialog box, click **Cancel** because you do not want to attach the prompt to the template; you were only accessing a template so that you could delete a prompt.
10. In the **Template Setup** dialog box, click **Close**.
11. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could delete a prompt.

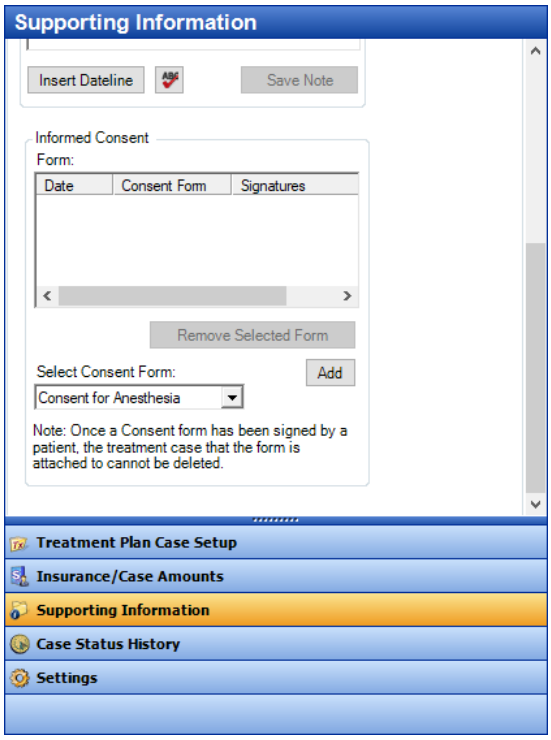
ADDING PROMPTS TO AND REMOVING PROMPTS FROM CONSENT FORM TEMPLATES

You can add prompts to and remove prompts from a consent form template as needed. This does not affect consent forms that were created previously using the same template.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can modify a consent form's prompts.

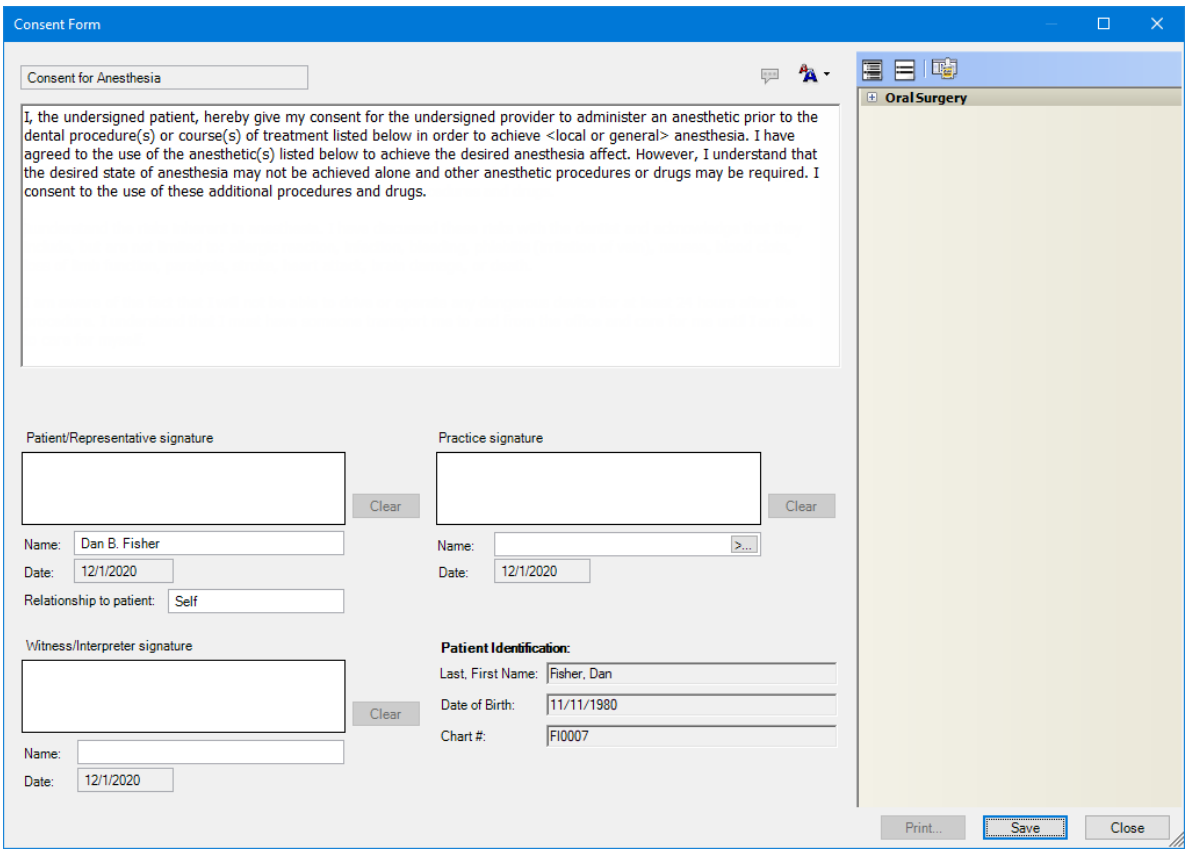
To add and remove prompts

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



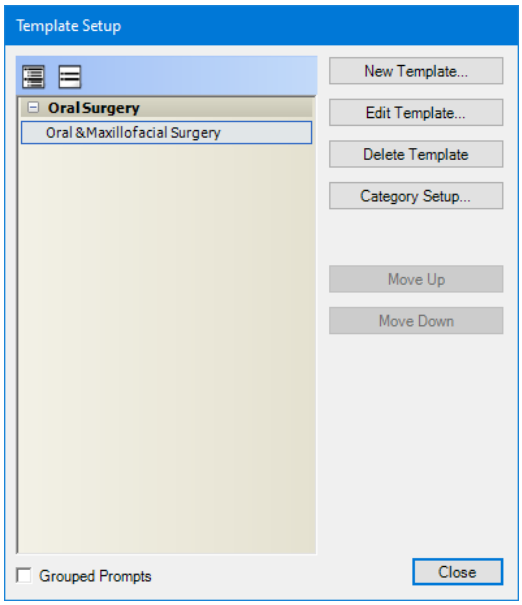
2. Under **Informed Consent**, click **Add**.

The **Consent Form** dialog box appears.



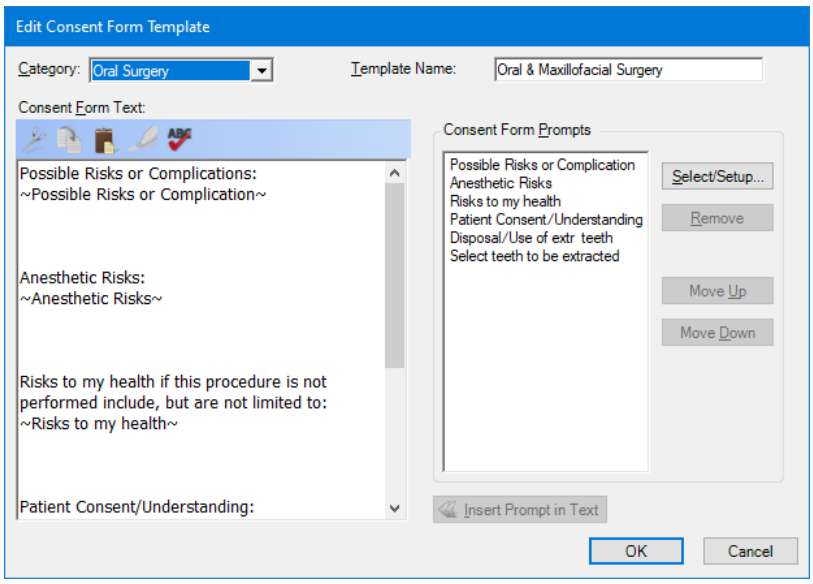
3. Click the **Template Setup** button .

   The **Template Setup** dialog box appears.



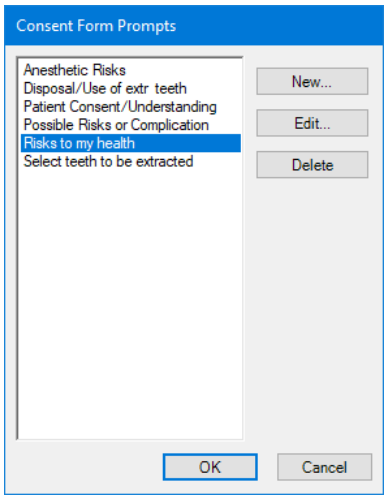
4. Do one of the following:
   - Expand a category, select the template that you want to modify, and then click **Edit Template**.
   - Click **New Template**.

The **Edit Consent Form Template** or **New Consent Form Template** dialog box appears.



5. Under **Consent Form Prompt**s, do any of the following as needed:
   - **Add a prompt**:
     a. Click **Select/Setup**.

     The **Consent Form Prompts** dialog box appears.



     b. Select the correct prompt, or create a prompt (see "Creating consent form prompts" on page 63).

     Note: A consent form template can have multiple prompts with an odontogram to select teeth, quadrants, or sextants, but the text of a consent form can have only one odontogram. If you use a template with multiple odontograms, one consolidated odontogram will be inserted into the form text with all the applicable selections. If an odontogram has already been inserted into the form text, you cannot use another template with an odontogram for the same form.

c. Click **OK**.

Note: The prompt is added to the bottom of the **Consent Form Prompts** list. To change the order of the added prompt, select the prompt, and then click **Move Up** or **Move Down** to move the prompt up or down by one item in the list. When you add text to a form using this template, the prompts will appear in the specified order regardless of where they are inserted in the text.

d. To insert the added prompt into the text where the text cursor is located, select the prompt from the **Consent Form Prompts** list, and then click **Insert Prompt in Text**.

Tip: You may need to add a space before and after the prompt placeholder, so the completed consent form will be displayed properly.

- **Remove a prompt**:
  a. Select the prompt that you want to remove, and then click **Remove**.

     A confirmation message appears.

  b. Click **Yes**.

6. In the **Edit Consent Form Template** or **New Consent Form Template** dialog box, click **OK**.
7. In the **Template Setup** dialog box, click **Close**.
8. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could modify a template.

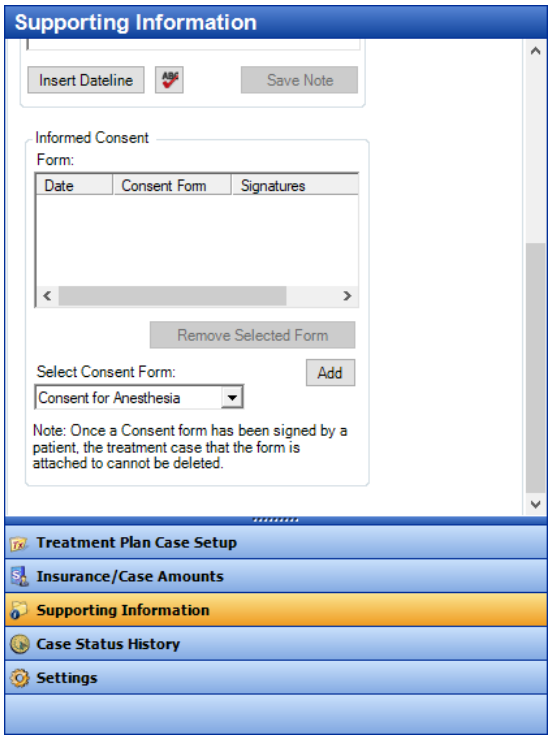
SETTING UP THE CONSENT FORM TEMPLATE PREFERENCE

You can customize an option for handling consent form template prompts.

Note: Only users with the "Consent Forms, Template Setup" security right enabled can modify the template preference.

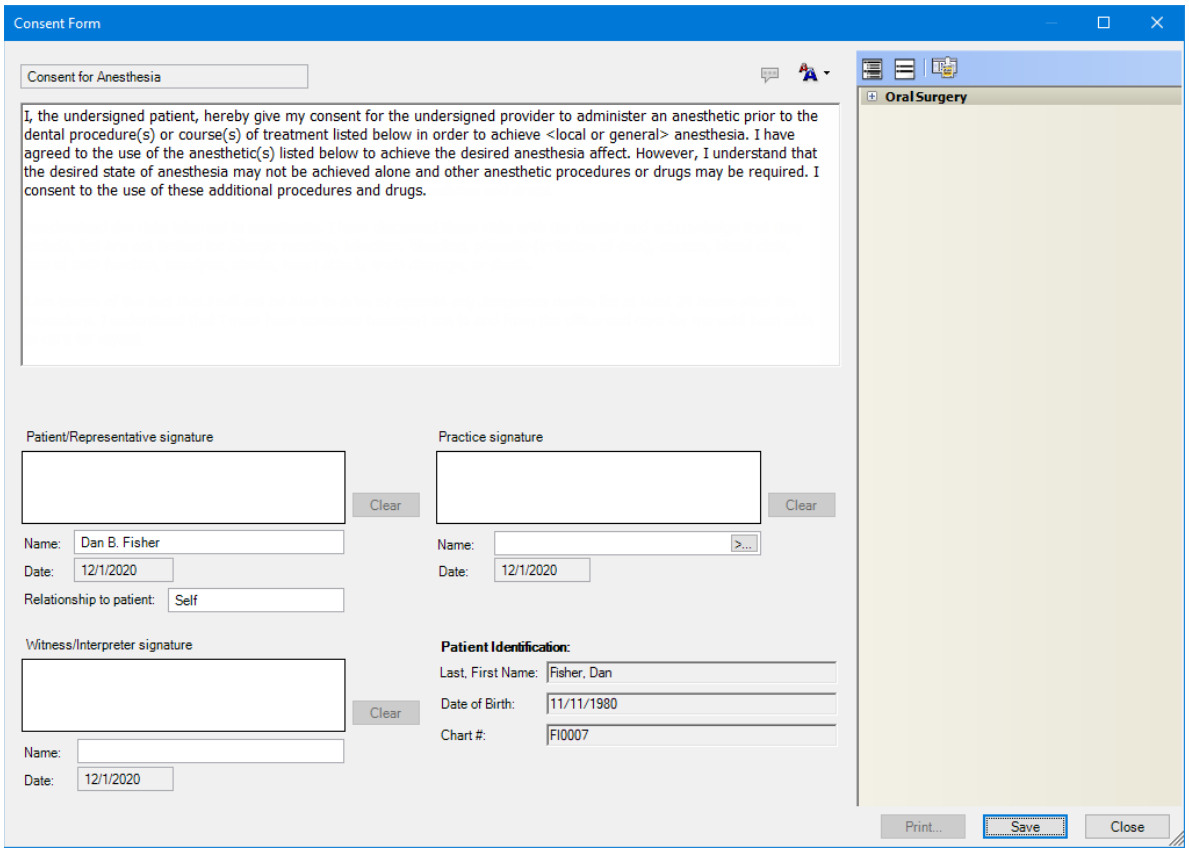
To set up the preference

1. In the Treatment Planner, on the Navigation panel, open the **Supporting Information** section.



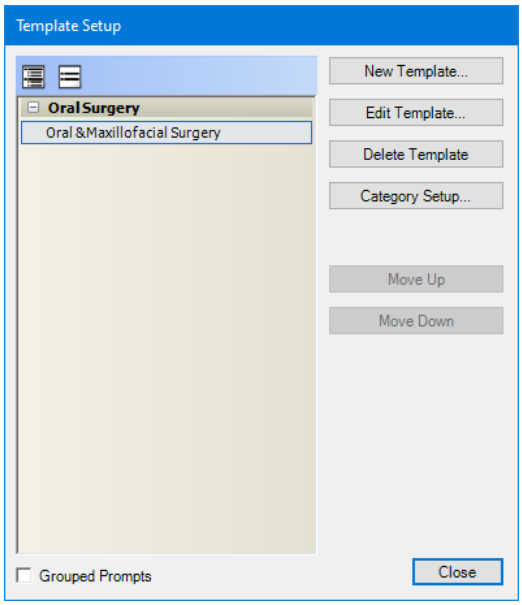
2. Under **Informed Consent**, click **Add**.

   The **Consent Form** dialog box appears.



3. Click the **Template Setup** button .

   The **Template Setup** dialog box appears.



4. Select or clear the **Grouped Prompts** check box. With this check box clear, if a template has multiple prompts, each prompt will appear in separate dialog boxes for you to respond to in the specified order. With this check box selected, all the prompts for a template will appear in one dialog box.
5. Click **Close**.

6. In the **Consent Form** dialog box, click **Close** because you do not want to attach the consent form to the case; you were only accessing a form so that you could set up the preference.

ADDING CONSENT FORMS (ENHANCED) TO CASES

In the Treatment Planner, from the **Supporting Information** and **Treatment Plan Case Setup** sections on the Navigation panel, you can add a consent form to a case, enter or modify the text of the form as needed, and then have all parties digitally sign it.

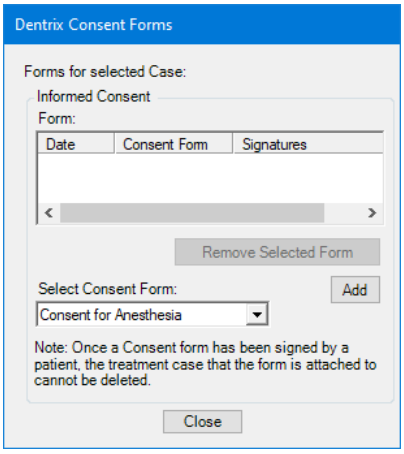
> **Important**: When you add a consent form to a case, before you can save the form, the patient (or his or her representative), someone from the practice (such the dentist), and a witness (or interpreter) must sign it.

Note: The consent form symbol next to a case varies depending on the status of the consent forms for the case.

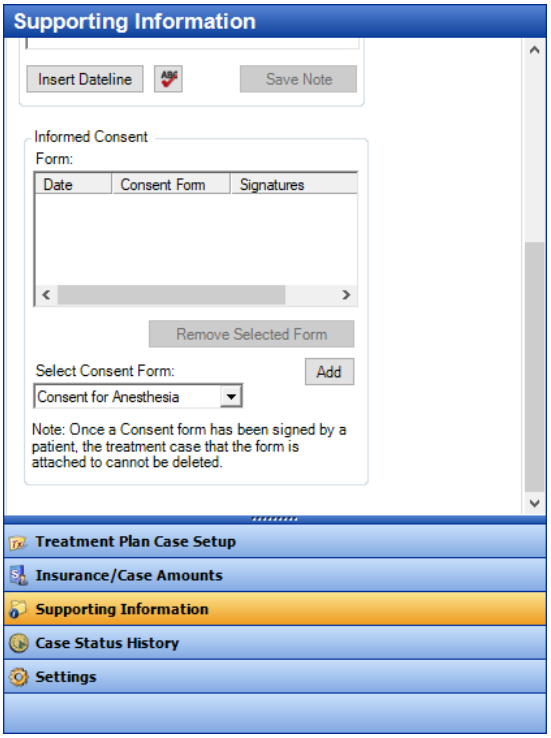
	No consent forms are attached to the case.
	Signed consent forms are attached to the case.

To add a consent form to a case

1. In the Treatment Planner, in the **Treatment Plan Case Setup** section on the Navigation panel, select the case to which you want to add a consent form.
2. Do one of the following:
   - In the **Treatment Plan Case Setup** section, right-click the selected case, and then click **Consent Forms**. The **Dentrix Consent Forms** dialog box appears.



- Open the **Supporting Information** section on the Navigation panel, and then scroll down to **Informed Consent**.

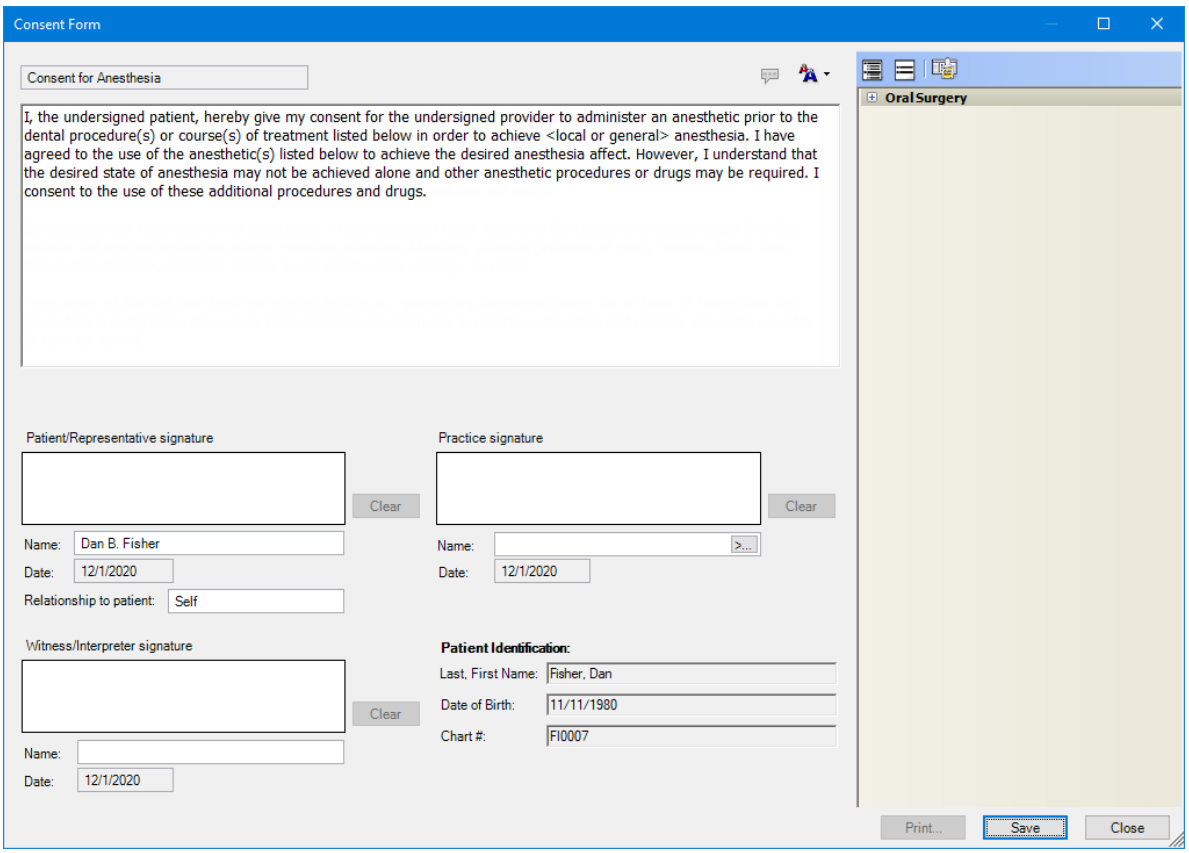


3. From the **Select Consent Form** list, select the form that you want to add to the selected case.

   Note: You can manage the default consent forms from the **Settings** section of the Navigation panel.

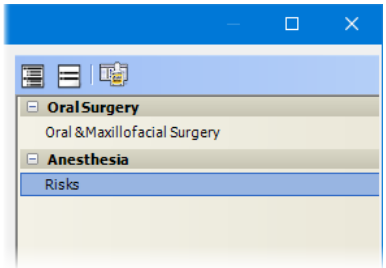
4. Click **Add**.

The **Consent Form** dialog box appears.



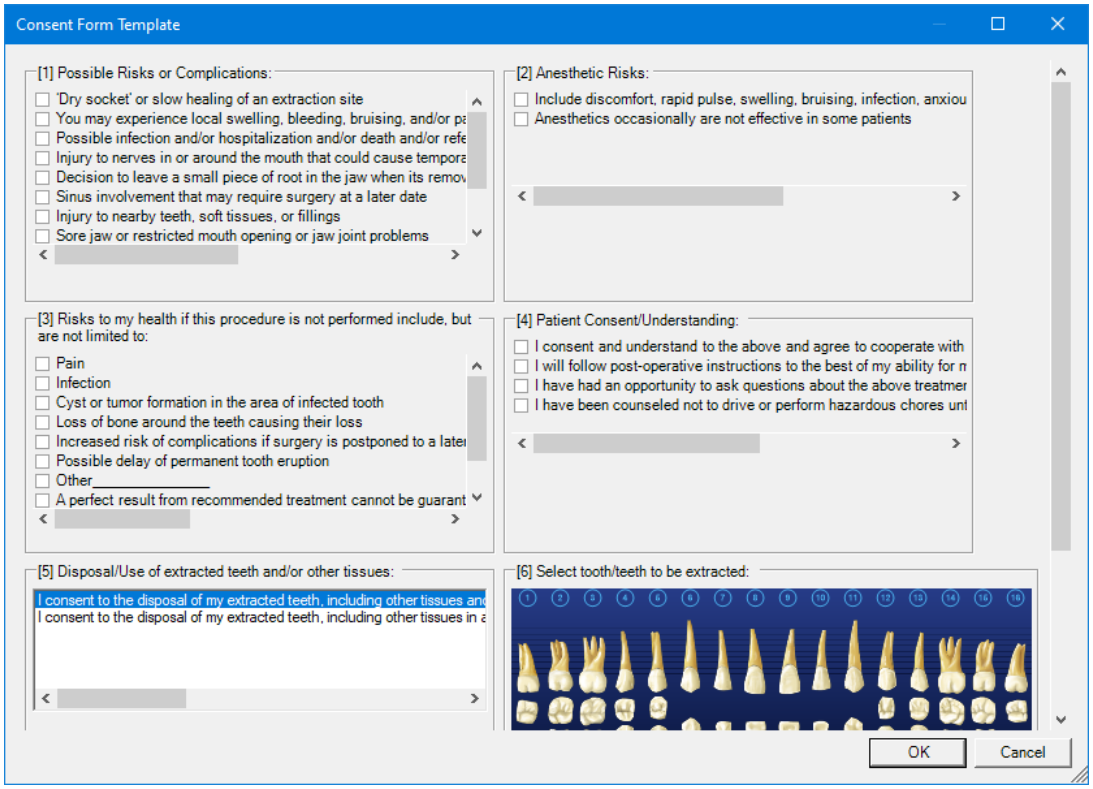
Note: The patient's name, birth date, and chart number appear in the lower-right corner for your reference.

5. Do any of the following as needed:
   - Enter the text of the consent form, or modify any existing text.
   - Use a template to enter text for the consent form:
     a. In the template pane (on the right), expand a category to view the list of available templates for that category by clicking the plus sign (+) next to the category name, and then locate the template that you want to use.



b. Double-click the desired template.

Any prompts that are associated with the template and that require responses appear. The prompts may appear one at a time in individual dialog boxes, or they may appear grouped together in one dialog box.



Note: A consent form template can have multiple prompts with an odontogram to select teeth, quadrants, or sextants, but the text of a consent form can have only one odontogram. If you use a template with multiple odontograms, one consolidated odontogram will be inserted into the form text with all the applicable selections. If an odontogram has already been inserted into the form text, you cannot use another template with an odontogram for the same form.

c. Respond to the prompts that are associated with the template. If no prompts appear, skip this step.

The template text is automatically appended to any existing text for the consent form.

d. After entering a clinical note using a template, edit the text, or enter additional text as needed.

Note: To save the consent form, it must have text. The text, including procedure information, can be up to 10,000 characters in length.

6. Set up the following signature options:

- **Patient/Representative signature** – The patient selected in the Treatment Planner is entered in the **Name** box. Also, "Self" is entered in the **Relationship to patient** box by default. If necessary, edit the patient information (for example, if the person signing is not the patient, enter the name of the patient's spouse or parent, and enter "Spouse" or "Parent").

  Note: The signature, name, and relationship to patient are required to save the form. Once you save the form with a patient or patient representative signature (even the slightest mark registers as a signature), you cannot change the signature, name, and relationship.

- **Practice signature** – If the correct provider is not already entered in the **Name** box, click the search button to select the provider (primary or secondary) who will sign the form, or you can enter the provider's name in the box.

  Note: The signature and name are required to save the form. Once you save the form with a practice signature (even the slightest mark registers as a signature), you cannot change the signature and name.

- **Witness/Interpreter signature** – In the **Name** box, enter the name of the witness or interpreter who will sign the form.

  Note: The signature and name are required to save the form. Once you save the form with a witness or interpreter signature (even the slightest mark registers as a signature), you cannot change the signature and name.

7. Have the patient or patient's representative, the provider or staff member, and the witness or interpreter sign the consent form. All parties must sign before you can save the consent form.

   Notes:

   - If someone needs to re-sign, you can click the corresponding **Clear** button to clear the signature.
   - If there is at least one signature, you cannot change the text of the consent form.

8. Click **Save**.

   Note: You can save the consent form only if it has text, all three names, the relationship to the patient, and all three signatures.

9. Click **Print**.

   Note: You can print the consent form only if it is signed.

10. Click **Close**.

    The signed consent form appears in the list of forms for the selected case, and a copy is saved to the patient's record as a Document Center document.

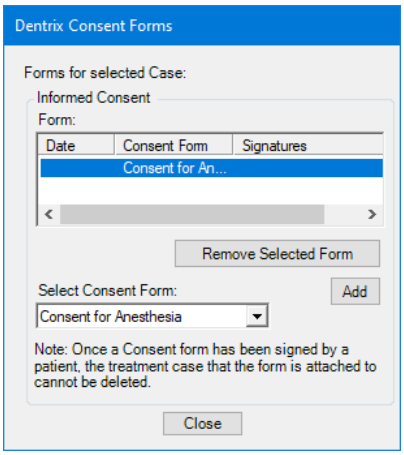
VIEWING AND PRINTING CONSENT FORMS (ENHANCED) FOR CASES

In the Treatment Planner, from the **Supporting Information** and **Treatment Plan Case Setup** sections on the Navigation panel, you can view and print a consent form that is attached to a case.

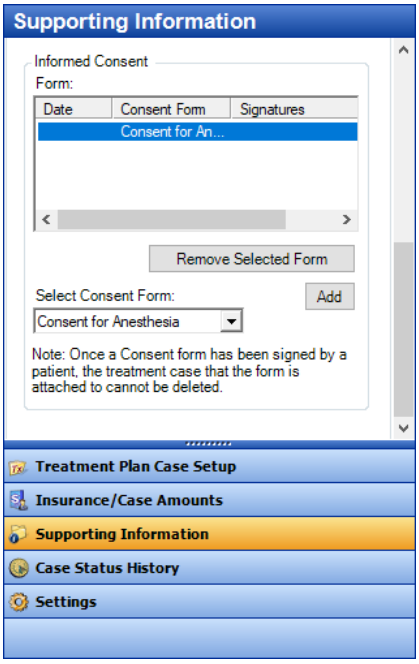
Note: When you view a consent form for a specific case, the information about that case that is listed in the case detail is shown at the bottom of the consent form if the form allows the viewing of procedure information, so patients know exactly which procedures they are giving consent to have performed.

To view and print a consent form for a case

1. In the Treatment Planner, in the **Treatment Plan Case Setup** section on the Navigation panel, select the case with the consent form that you want to view.
2. Do one of the following:
   - In the **Treatment Plan Case Setup** section, right-click the selected case, and then click **Consent Forms**. The **Dentrix Consent Forms** dialog box appears.



   - Open the **Supporting Information** section on the Navigation panel, and then scroll down to **Informed Consent**.

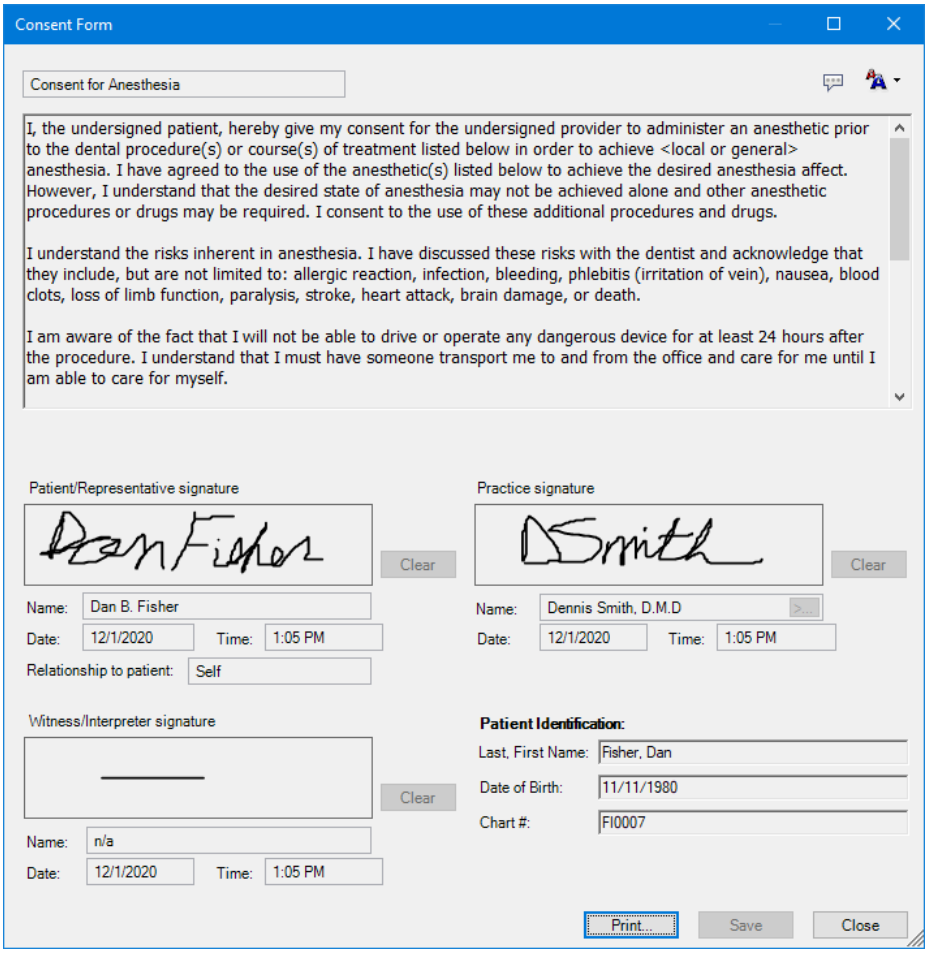


The consent forms that are attached to the case appear in the **Form** list.

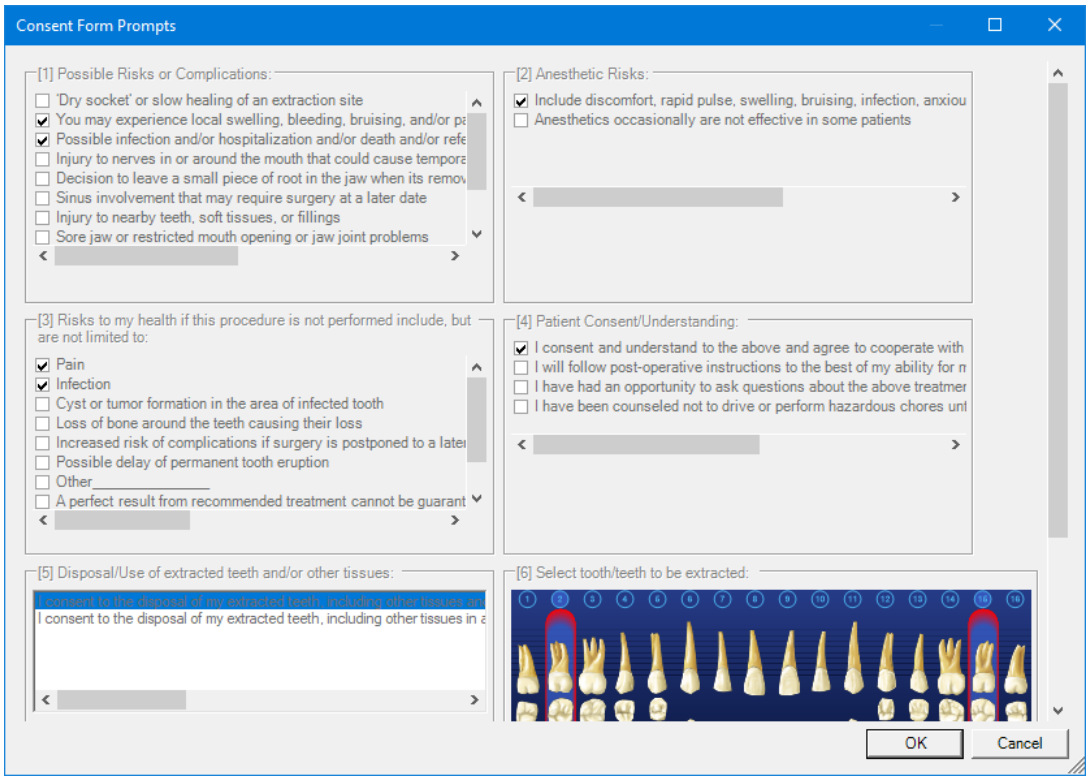
Note: For each attached consent form, the date when it was signed (if applicable), its name, and who signed (patient and/or provider, if applicable) appear for your reference.

3. Double-click the correct form.

   The **Consent Form** dialog box appears.



4. If any of the text of the consent form was entered using a template with prompts, to view the corresponding responses, click the **View Prompts** button .

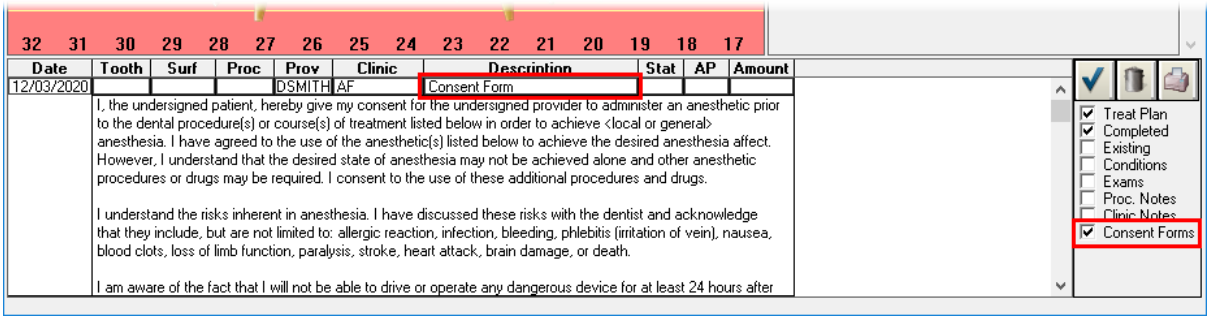


You cannot edit any of the responses. When you are finished viewing the responses, click **OK**.

5. To print the consent form, click **Print**.
6. Click **Close**.

VIEWING CONSENT FORMS FROM THE PROGRESS NOTES

To show or hide saved consent forms in the progress notes of the Patient Chart, select or clear the **Consent Forms** check box on the right side of the Progress Notes panel. Also, you can double-click a consent form to open it.



Medical Alert Reviews

Now when you specify that you have reviewed a patient's medical alerts from the **Medical Alerts** dialog box or the **More Information** window, Dentrix Enterprise can automatically copy a list of the patient's active problems, allergies, and medications (PAM) into a clinical note, so you don't need to manually enter PAM in a clinical note. There is a new clinic setting that controls whether PAM is automatically copied to clinical notes or not.

Notes:

- This functionality does not apply when you add a review to a patient's record from the **Medical Alert Review History** dialog box.
- This functionality does not apply when you specify that you have reviewed a patient's medical alert from the **Medical History Review** dialog box.

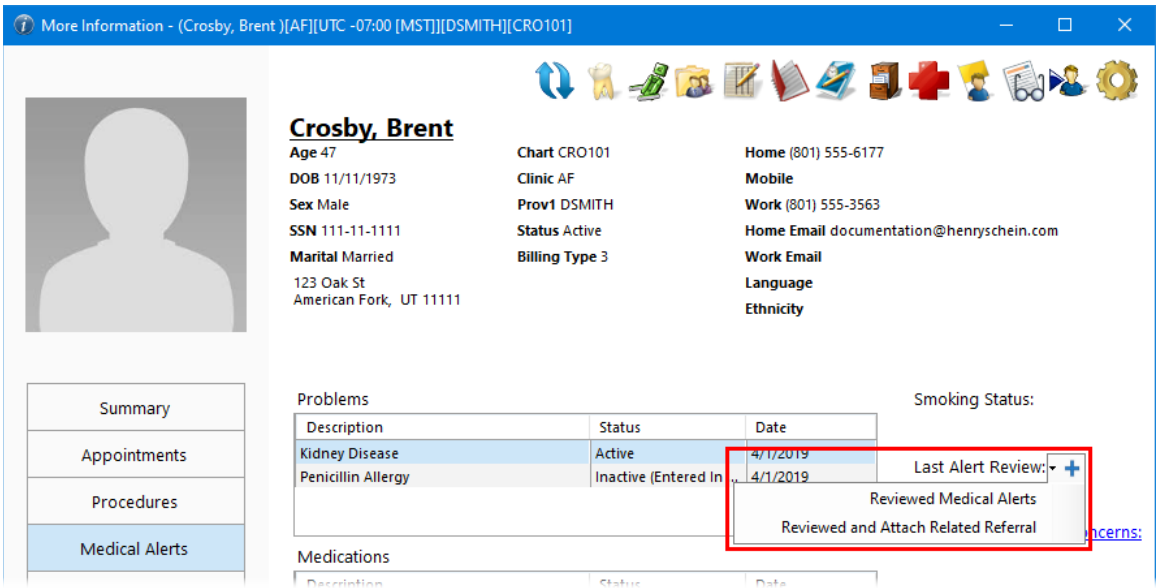
AUTOMATICALLY ADDING MEDICAL ALERTS TO CLINICAL NOTES

With a new clinic setting enabled, Dentrix Enterprise can copy a list of a patient's problems, allergies, and medications to a clinical note on the day that you mark the patient's medical alerts as having been reviewed.

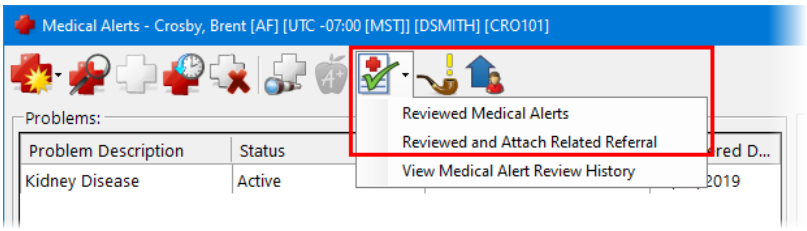
To automatically add medical alerts to a clinical note

In either a patient's **More Information** window or **Medical Alerts** dialog box, from the **Medical Alert Review** button menu, click one of the following options:

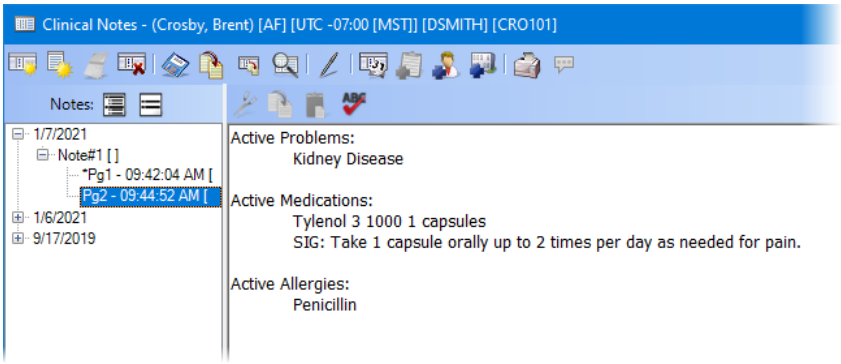
- **Reviewed Medical Alerts** – To mark the medical alerts as having been reviewed.
- **Reviewed and Attach Related Referral** – To mark the medical alerts as having been reviewed and attach a referral. Next, you select or add the related referral, and then click **OK**.



OR



If a clinical note already exists for today, a list of the patient's problems, allergies, and medications are appended to that clinical note; otherwise, a new clinical note is created and the information is inserted.



The following information is inserted in the clinical note automatically:

- **Problems** – "Active Problems" is inserted. Then, if the patient has any active problems, a list of the names of those problems is inserted; otherwise, "None Recorded" is inserted.
- **Medications** – "Active Medications" is inserted. Then, if the patient has any active medications, a list of the names (descriptions), dosages, and sigs (instructions) of those medications is inserted; otherwise, "None Recorded" is inserted.
- **Allergies** – "Active Allergies" is inserted. Then, if the patient has any active allergies, a list of the names of those allergies is inserted; otherwise, "None Recorded" is inserted.

SETTING UP CLINICS

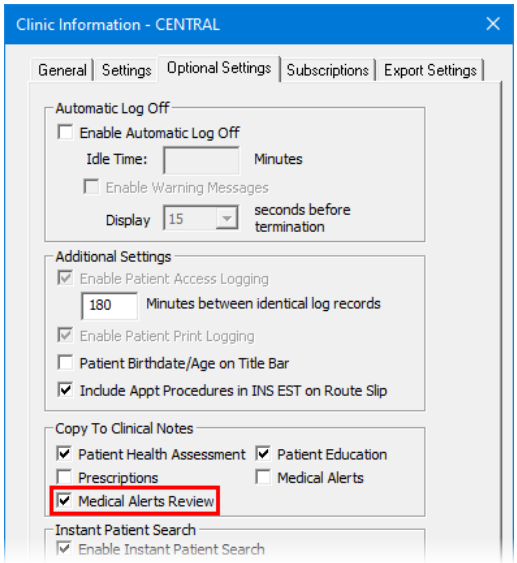
There is a new setting that controls whether Dentrix Enterprise automatically copies a list of a given patient's active problems, allergies, and medications to a clinical note or not.

To set up the clinics

1. While logged in to the Central clinic, in the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resource Setup**. In the **Clinic Resource Setup** dialog box, under **Clinic Information**, click **Edit**.

   The **Clinic Information** dialog box appears.

2. On the **Optional Settings** tab, under **Copy To Clinical Notes**, select the **Medical Alert Review** check box.



3. Click **OK**.

NEW SECURITY RIGHTS

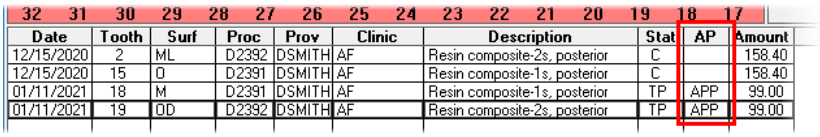
There are new security rights that allow a user to work with medical alert reviews. When you are setting up security rights for a user or group, under the **Family File** category, the following options now appear:

- **Medical Alerts Review, Add** – Allows a user to add a medical alert review record and, if the applicable clinic setting is enabled, to have Dentrix Enterprise copy a list of a patient's active problems, allergies, and medications to a clinical note.
- **Medical Alerts Review, Edit** – Allows a user to edit an existing medical alert review record.
- **Medical Alerts Review, Delete** – Allows a user to delete a medical alert review record.

Note: If a user does not have rights to perform one of these tasks, a user who does have rights can temporarily override the restriction so the other user can perform the task.

Treatment Plan Approval Statuses

The treatment plan approval status is available in various areas of Dentrix Enterprise, such as the Patient Chart and Ledger.



Date	Tooth	Surf	Proc	Prov	Clinic	Description	Stat	AP	Amount
12/15/2020	2	ML	D2392	DSMITH	AF	Resin composite-2s, posterior	C		158.40
12/15/2020	15	O	D2391	DSMITH	AF	Resin composite-1s, posterior	C		158.40
01/11/2021	18	M	D2391	DSMITH	AF	Resin composite-1s, posterior	TP	APP	99.00
01/11/2021	19	OD	D2392	DSMITH	AF	Resin composite-2s, posterior	TP	APP	99.00

The approval status can now appear in the Treatment Planner, where you build treatment plans. Also, you can now quickly apply an approval status to multiple procedures at one time.

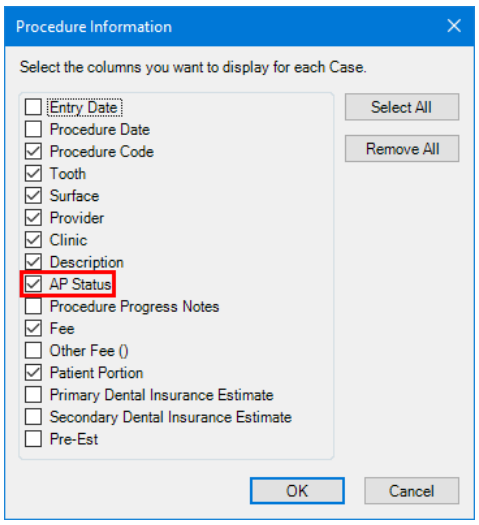
MODIFYING THE PROCEDURE INFORMATION BEING VIEWED

In the Treatment Planner, you can now modify the view so that the Cases Details list displays the treatment plan approval status for each procedure.

To modify the view

1. In the Treatment Planner, on the **View** menu, click **Procedure Information**.

The **Procedure Information** dialog box appears.

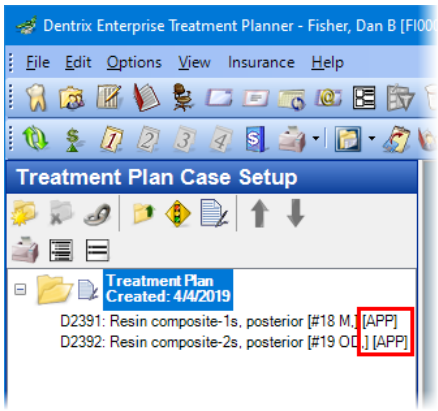


2. Select the **AP Status** check box.
3. Click **OK**.

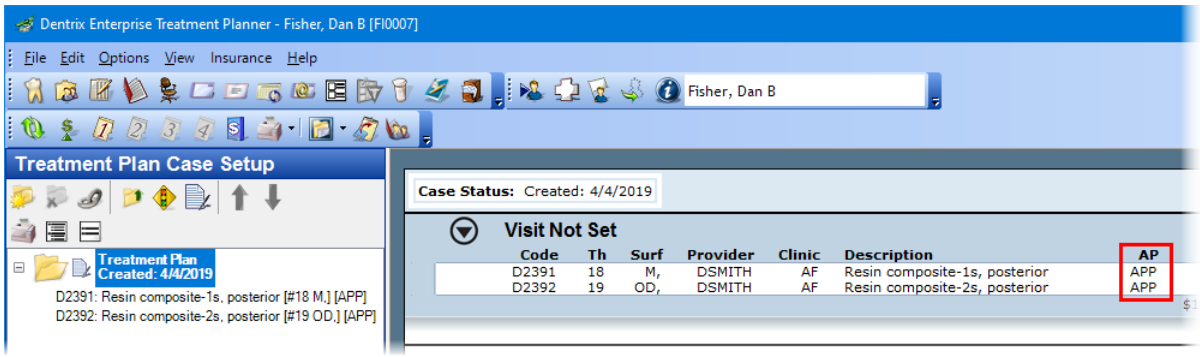
VIEWING THE TREATMENT PLAN APPROVAL STATUS OF PROCEDURES IN A CASE

To view treatment plan approval statuses in the Treatment Planner, do any of the following:

- Expand a case in the **Treatment Plan Case Setup** section of the Navigation panel to show all the associated procedures. For each procedure with an approval status, the approval status appears after the procedure description or, if applicable, the tooth number and surface.



- If the procedure information for the view includes the approval status, select a case in the **Treatment Plan Case Setup** section of the Navigation panel. For each procedure with an approval status, the approval status appears in the **AP** column of the Case Details list.

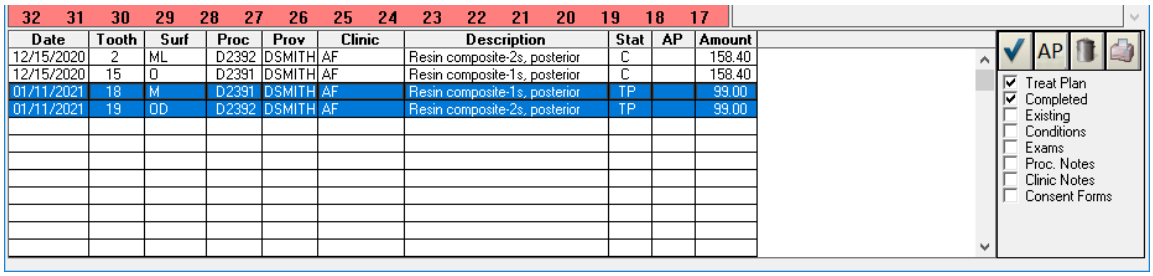


SETTING THE TREATMENT PLAN APPROVAL STATUS FOR MULTIPLE PROCEDURES

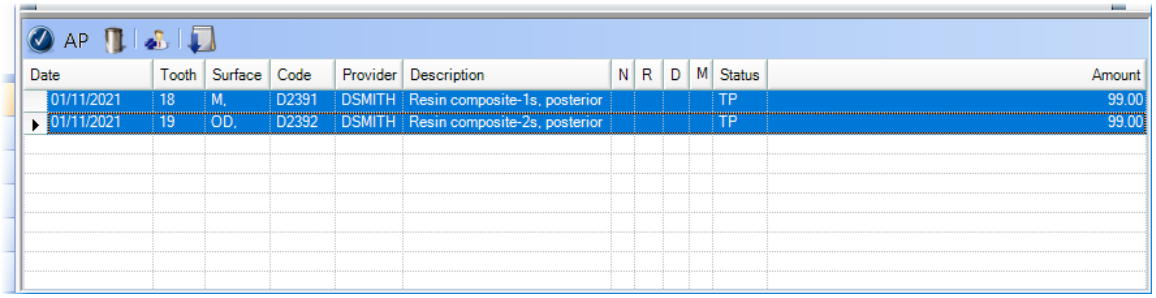
You can now specify a treatment plan approval status for multiple procedures at one time instead of having to open each procedure separately to select a status. This functionality is available in the progress notes of the Patient Chart and Treatment Planner.

To set the treatment plan approval status

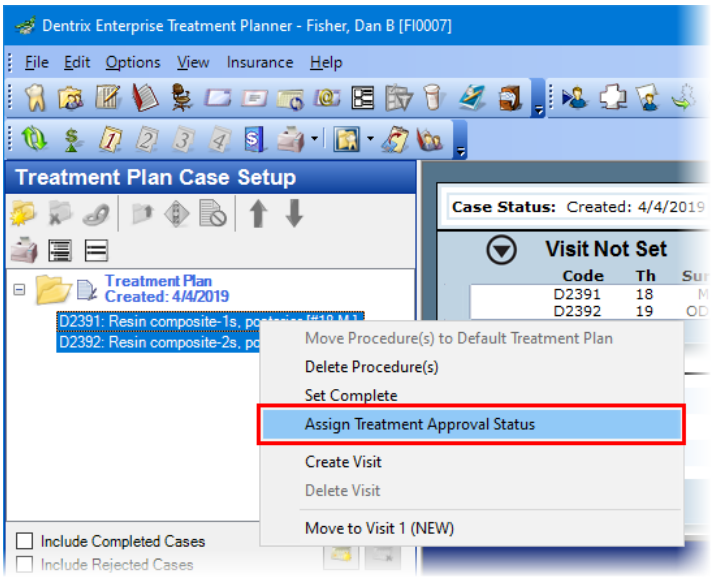
1. Do one of following:
   - With a patient selected in the Patient Chart, select treatment-planned procedures in the Progress Notes pane (it is possible to also select other types of procedures—existing or completed—but the approval status will be applied to only the treatment-planned procedures).



   - With a patient selected in the Treatment Planner, select treatment-planned procedures in the Progress Notes pane.



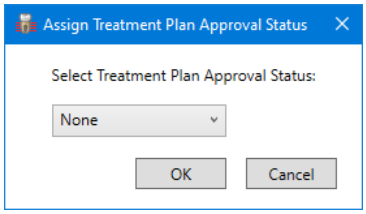
   - With a patient selected in the Treatment Planner, expand a case in the **Treatment Plan Case Setup** section of the Navigation panel to show all the associated procedures, select treatment-planned procedures, right-click one of the selected procedures, and then click **Assign Treatment Approval Status**. Skip the next step.



2. Click the **Assign Treatment Approval Status** button AP.

   Note: If any of the selected procedures are not treatment-planned, a message appears, informing you that the approval status for only the treatment-planned procedures will be updated. Click **OK**.

   The **Assign Treatment Approval Status** dialog box appears.



3. From the **Select Treatment Approval Status** list, select the status that you want to apply to all the selected treatment-planned procedures.

   Note: You can define approval statuses in the Practice Definitions.

4. Click **OK**.

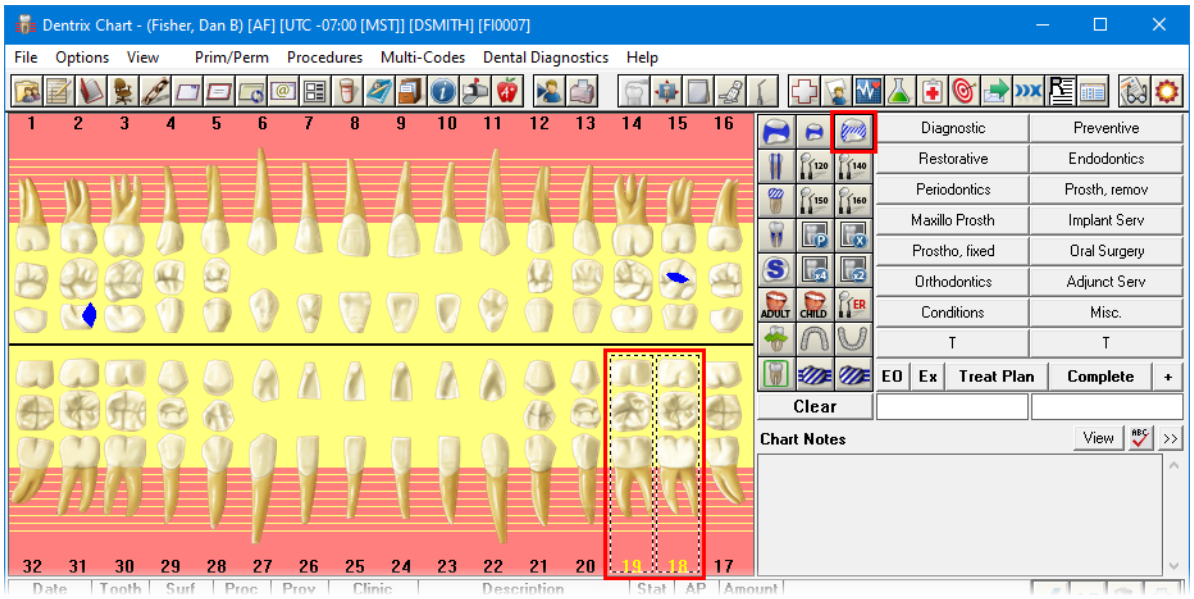
Note: If any of the selected procedures already has an approval status, and it is different from the status that you selected in the **Assign Treatment Approval Status** dialog box, the approval status will be changed for those procedures.

Applying Surfaces to Multiple Teeth

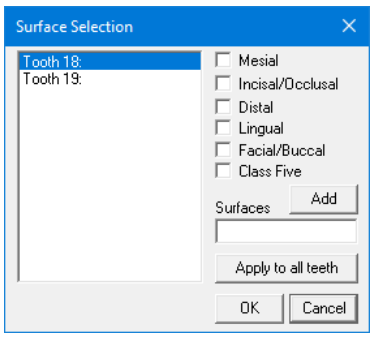
When charting a procedure with multiple teeth selected, you can set the same surfaces for all the selected teeth at once, or you can specify surfaces for each selected tooth separately. This functionality applies to procedures and conditions that require a surface to be selected.

To apply surfaces

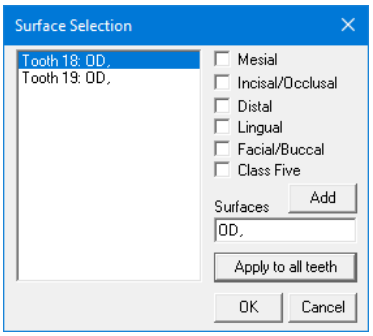
1. With a patient selected in the Patient Chart, select multiple teeth, and then select a procedure that requires a surface to be selected.



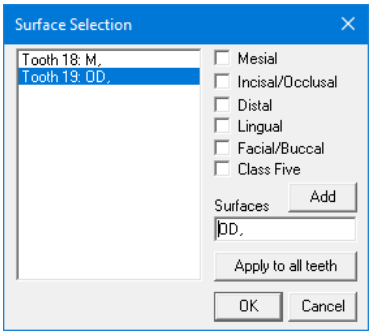
The **Surface Selection** dialog box appears and lists the teeth that are selected on the graphical chart.



2. With the first tooth selected in the list on the left, select the check boxes of the applicable surfaces, and then click **Add**.
3. Do one of the following for the other teeth listed:
   - To apply the specified surfaces to all the other teeth listed, click **Apply to all teeth**. On the confirmation message that appears, click either **Yes** to apply the surfaces to all the teeth listed (you can change the surfaces of any tooth as needed before you click **OK**) or **No** to apply the surfaces to only the selected tooth (you must then add surfaces to each tooth separately before you click **OK**).



   - To add surfaces to each tooth separately, select a different tooth in the list on the left, select the check boxes of the applicable surfaces, and then click **Add**. Repeat this process as needed for the other teeth listed.

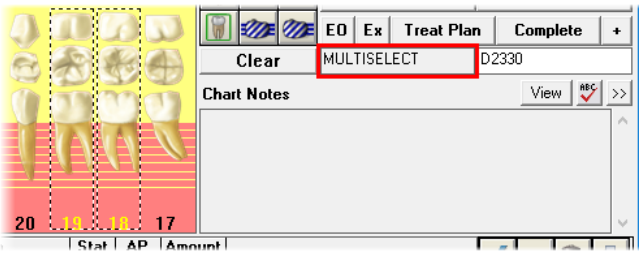


Notes:

- You can also change the surfaces for any tooth in the list by selecting that tooth.
- To continue, every tooth in the list must have at least one surface applied.

4. Click **OK**.

Note: "MULTISELECT" appears in the Surface box because the procedure applies to multiple teeth.



5. Click **EO**, **Ex**, **Treat Plan**, or **Complete**.

Overpayments on Electronic EOBs

Dentrix Enterprise can now automatically resolve insurance overpayments on electronic EOBs that you import using the 835 EOB import utility. There is a new clinic setting that controls whether this automation is turned on or off by default.

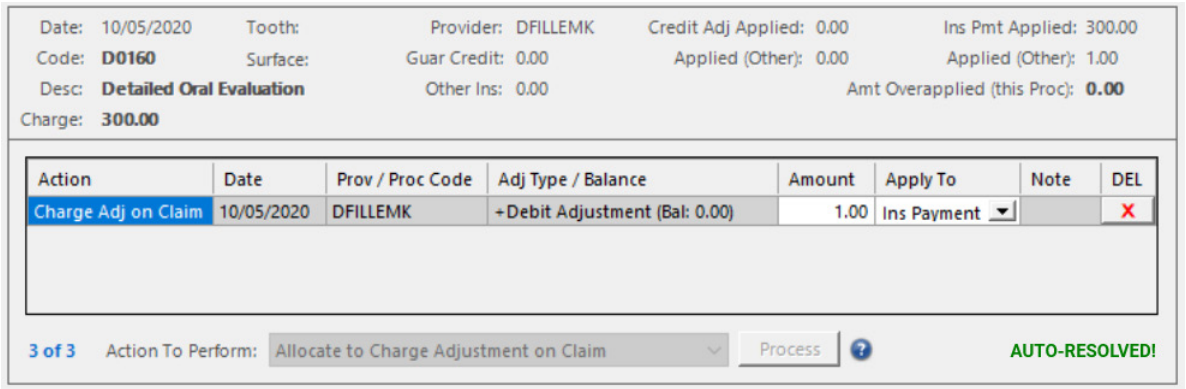
Note: An overpayment occurs when the amount of a payment that is allocated to a procedure exceeds the remaining balance for the procedure.

AUTOMATICALLY RESOLVING OVERPAYMENTS

When you post an insurance payment from an imported EOB, if an allocation to a procedure causes an overpayment, the **Procedures Undercharged or Overpaid** dialog box appears. If the setting that allows the automated resolution of overpayments is enabled for the current clinic, Dentrix Enterprise automatically resolves the overpayment according to the following criteria:

- On the EOB, there is a charge adjustment for the amount of the overpayment.

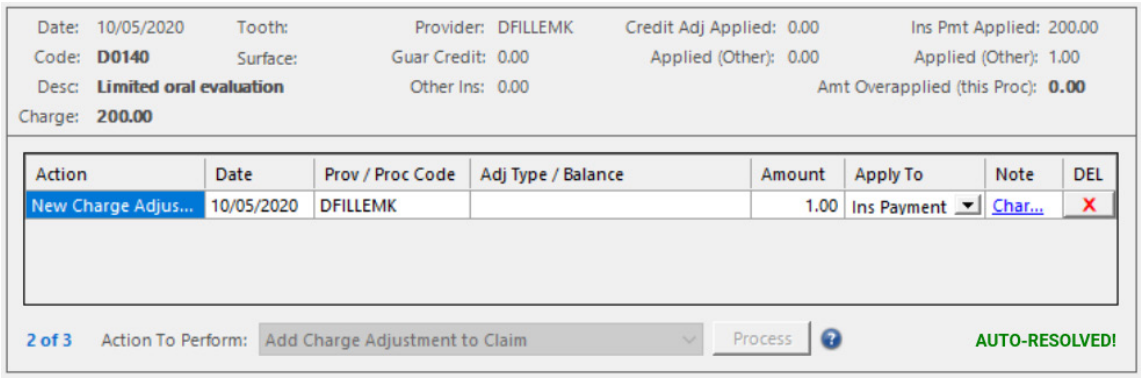
  For the overpaid procedure, **Allocate to Charge Adjustment on Claim** is selected automatically as the **Action To Perform**. This allocates the amount overpaid to the existing charge adjustment.



- On the EOB, there is not a charge adjustment for the amount of the overage.

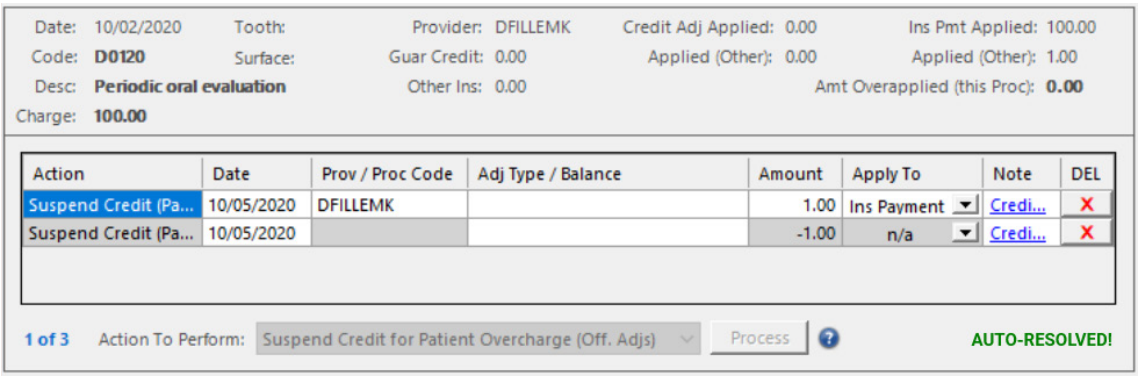
- The amount overpaid equals the difference of the amount billed to insurance and the amount charged for the procedure.

  For the overpaid procedure, **Add Charge Adjustment to Claim** is selected automatically as the **Action To Perform**. This adds a charge adjustment and allocates the amount overpaid to that adjustment.



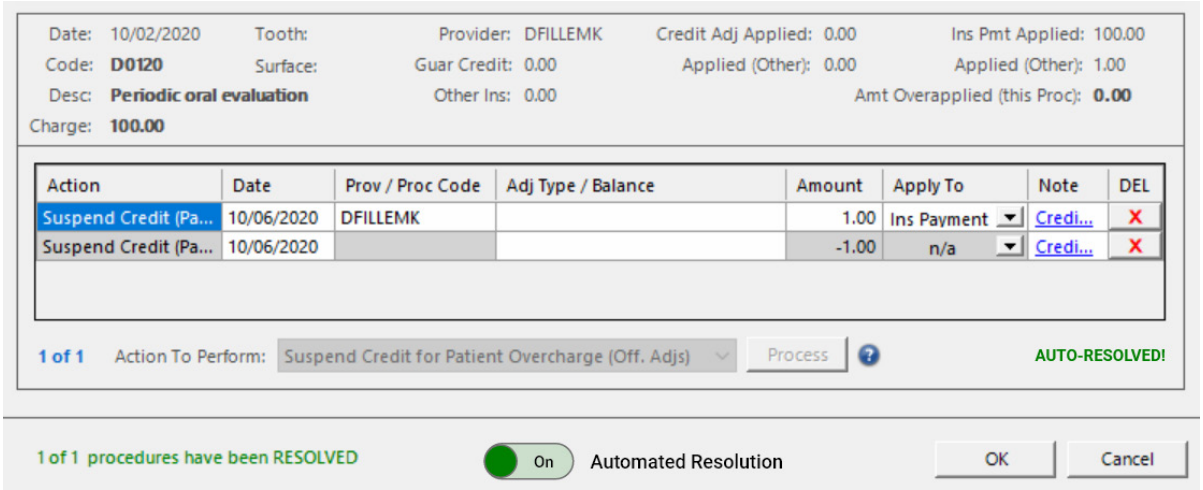
- The amount overpaid does not equal the difference of the amount billed to insurance and the amount charged for the procedure.

  For the overpaid procedure, **Suspend Credit for Patient Overcharge** is selected automatically as the **Action To Perform**. This adds an offsetting adjustment and allocates the amount overpaid to that adjustment.

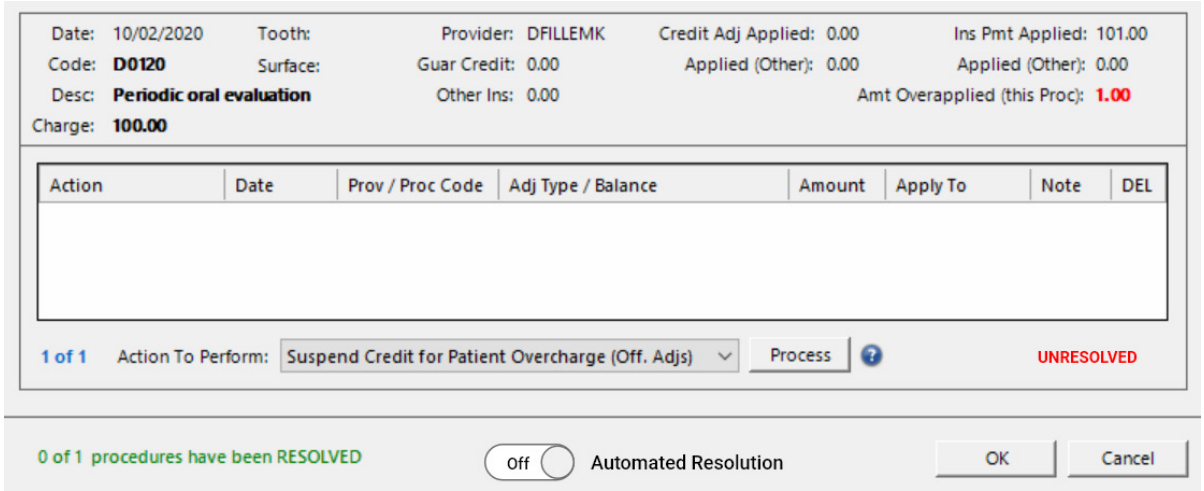


Notes:

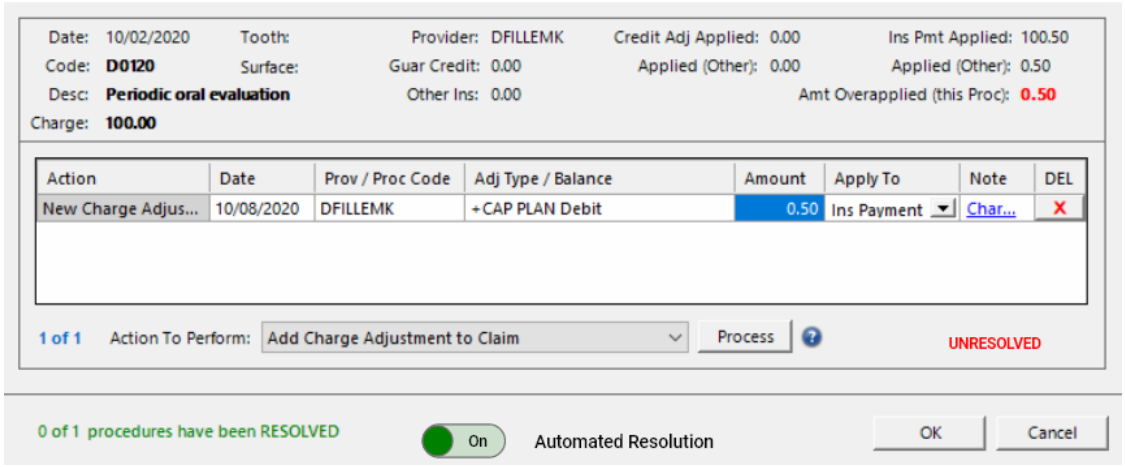
- For each procedure whose overpayment has been resolved automatically, the status is AUTO-RESOLVED.



- If you set the **Automated Resolution** switch to **Off**, the action items for all the procedures with an AUTO-RESOLVED status (whose overpayment was resolved automatically) are deleted, and their status changes to UNRESOLVED. Procedures with a RESOLVED status (whose overpayment was resolved manually) are not affected.



- If you set the **Automated Resolution** switch to **On**, Dentrix Enterprise automatically resolves the overpayment for procedures with an UNRESOLVED status, except those that have an action item applied (whose overpayment is partially-resolved).



For each procedure whose overpayment has been resolved automatically, the status changes to AUTO-RESOLVED.

- You can change the details (**Prov/Proc Code**, **Adj Type/Balance**, **Amount**, or **Apply To**) of an action item that is applied to a procedure, or delete the action item, whether the procedure's overpayment was resolved automatically or manually, and the status changes accordingly.

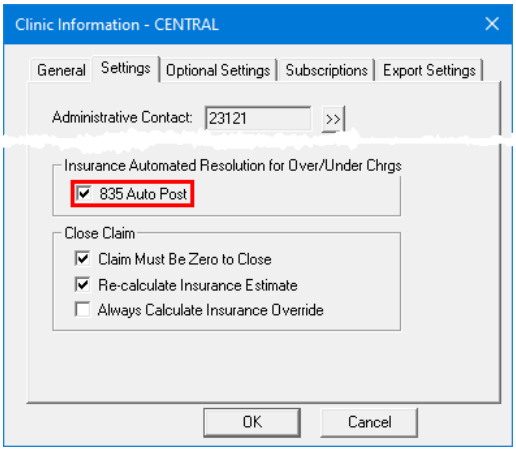
SETTING UP CLINICS

You can specify whether the default behavior of Dentrix Enterprise will be to automatically resolve overpayments for procedures on an imported EOB or to not automatically resolve any overpayments. You can specify the default behavior for the Central clinic and have other clinics use that default, or you can specify the default behavior per clinic.

To set up a clinic

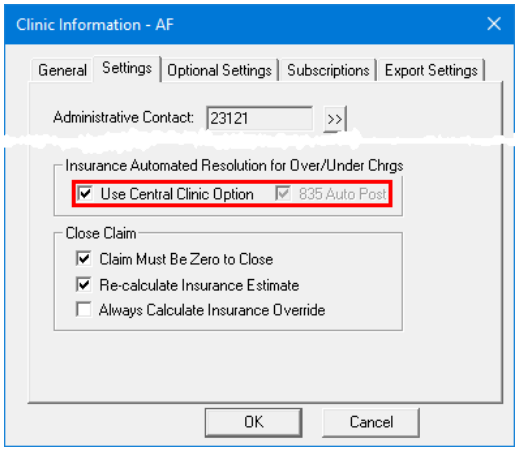
1. Do one of the following:
   - For the Central clinic only – While logged in to the Central clinic, in the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resource Setup**. In the **Clinic Resource Setup** dialog box, under **Clinic Information**, click **Edit**.
   - For any clinic, do one of the following:
   - While logged in to the Central clinic, in the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Enterprise Setup**. In the **Enterprise Setup** dialog box, under **Clinics**, select a clinic, and then click **Edit**.
   - While logged in to any clinic, in the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resource Setup**. In the **Clinic Resource Setup** dialog box, under **Clinic Information**, click **Edit**.

   The **Clinic Information** dialog box appears.
2. On the **Settings** tab do the following as needed:
   - For the Central clinic, select or clear the **835 Auto Post** check box.

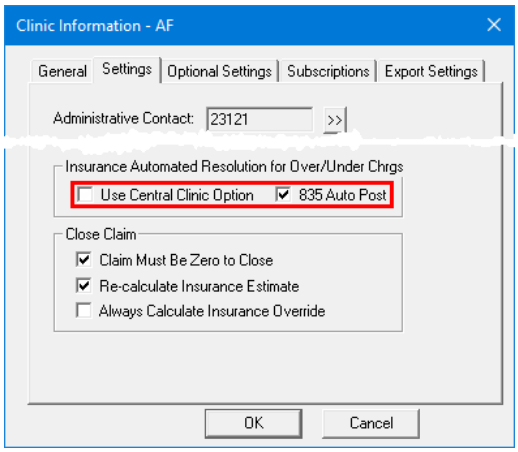


   - For other clinics, do one of the following:

- If the **Use Central Clinic** check box is selected (this is the default state initially), do one of the following:
  - To let this option be controlled by the Central clinic, leave the **Use Central Clinic** check box selected. The state of the **835 Auto Post** check box matches that of the Central clinic.
  - To control this option independently from the Central clinic, clear the **Use Central Clinic** check box, and then select or clear the **835 Auto Post** check box.



- If the **Use Central Clinic** check box is not selected, do one of the following:
  - To use the Central clinic's setting, select the **Use Central Clinic** check box. The state of the **835 Auto Post** check box now matches that of the Central clinic.
  - To change this clinic's setting, select or clear the **835 Auto Post** check box.



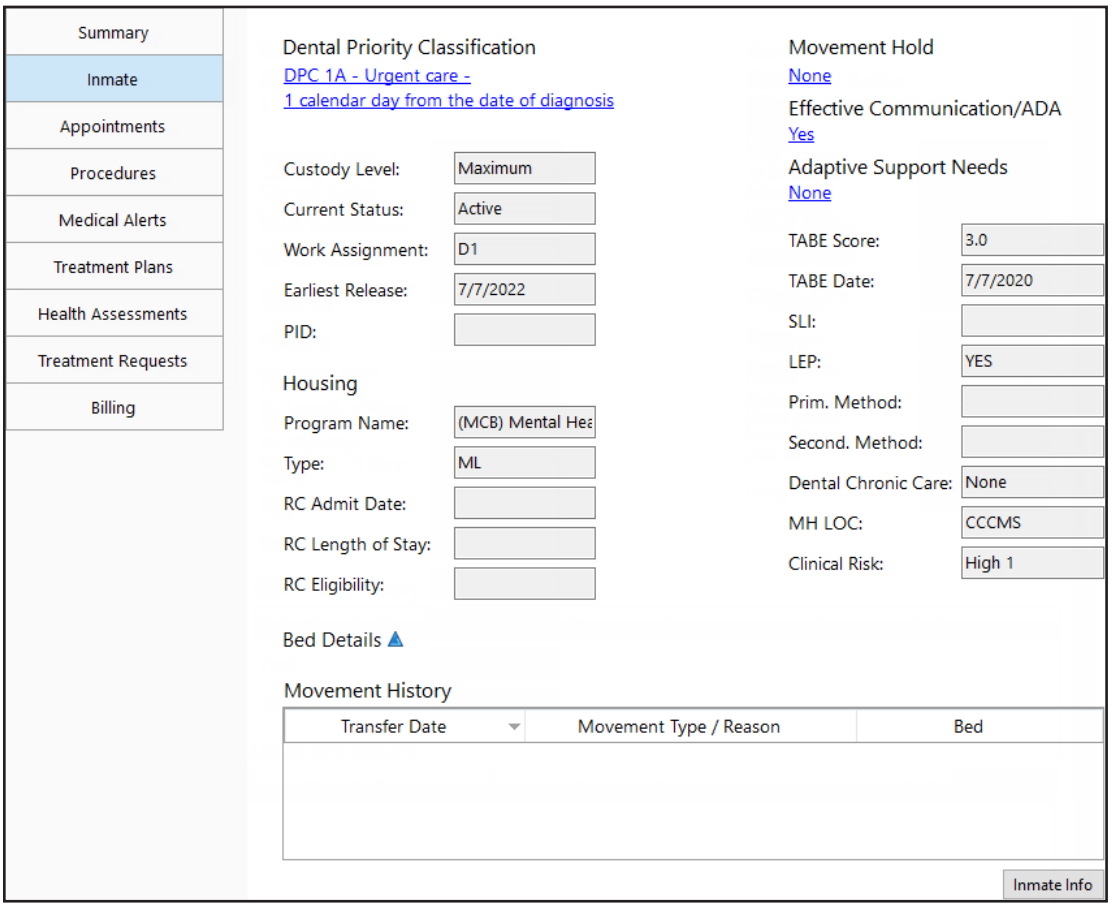
Note: The 835 Auto Post check box is available only if the Use Central Clinic check box is clear.

3. Click **OK**.

According to the status of the **835 Auto Post** check box for a given clinic, when you post a payment from an imported EOB, if the **Procedures Overcharged or Undercharged** dialog box appears, one of the following occurs:

- With the **835 Auto Post** check box selected, the **Automated Resolution** switch in the **Procedures Overcharged or Undercharged** dialog box is set to **On** by default, but you can turn it off as needed.
- With the **835 Auto Post** check box clear, the Automated Resolution switch in the **Procedures Overcharged or Undercharged** dialog box is set to **Off** by default, but you can turn it on as needed to have Dentrix Enterprise automatically resolve overpayments.

More Information Window Changes



NEW INFORMATION

The following information has been added to the **Inmate** tab of the **More Information** window:

- **Adaptive Support Needs** – This indicates if adaptive support needs (ASN) exist. If not, a None link appears; otherwise, a Yes link appears. Click the link to view the patient's ASN. In the pop-up box that appears, categories are marked with an asterisk (*). You cannot edit the text. This text comes from an HL7 message. Up to 255 character are allowed. To close the pop-up box, click outside of the box.
- **TABE Date** – If there is a **TABE Score**, this date indicates the date when the TABE score was recorded. You cannot edit the date. This date comes from an HL7 message.
- **SLI** – This indicates if a sign language interpreter is needed. If so, "Yes" appears; otherwise, the box is blank. You cannot edit the value. This value comes from an HL7 message.
- **LEP** – This indicates if there is limited English proficiency. Limited, No, Sign Language, Unknown, or Yes are allowed. You cannot edit the value. This value comes from an HL7 message.
- **Prim. Method** – This indicates the primary communication method. Up to 50 characters are allowed. If this method is not specified, the box is blank. You cannot edit the primary method. This method comes from an HL7 message.
- **Second. Method** – This indicates the secondary communication method. Up to 50 characters are allowed. If this method is not specified, the box is blank. You cannot edit the secondary method. This method comes from an HL7 message.
- **Dental Chronic Care** – If there is no dental chronic care, "None" appears; otherwise, the type of care appears. You cannot edit the value. This value comes from an HL7 message.
- **MH LOC** – This indicates the level of care pertaining to mental health. If this is not specified, the box is blank. You cannot edit the value. This value comes from an HL7 message.

- **Clinical Risk** – This indicates the clinical risk. If this is not specified, the box is blank. You cannot edit the value. This value comes from an HL7 message.
- **PID** – This is the external patient ID, or Pat Ext ID. You cannot edit the ID.

REMOVED INFORMATION

The **Threat Group** and **Ext RC** have been removed from the **Inmate** tab of the **More Information** window.

BED DETAILS

On the **Inmate** tab of the **More Information** window, you can now expand and collapse the **Bed Details**.

MOVEMENT HISTORY

On the **Inmate** tab of the **More Information** window, under **Movement History**, the "Movement Reason" column is now named **Movement Type/Reason**. For each movement, in this column, the movement type or "Not Specified", a forward slash (/), and then the movement reason or "Not Specified" appear.

Resizable Windows

PERIO CHART

You can now resize the **Perio Chart** window, whether you are viewing the data chart, the combined graphic and data chart, the graphic chart, or an exam comparison. The size of the fonts and the bleeding and suppuration symbols adjust accordingly. Each window's size and position are saved per user in the database.

MEDICAL ALERTS

You can now resize the Medical Alerts dialog box. The dialog box's size and position are saved per user in the database.

MORE INFORMATION

You can now resize the More Information window. The window's size and position are saved per user in the database.

SIGNATURE MANAGER

You can now resize the Signature Manager window. The window's size and position are saved per user in the database.

TREATMENT REQUEST MANAGER

You can now resize the Treatment Request Manager window. The window's size and position are saved per user in the database.

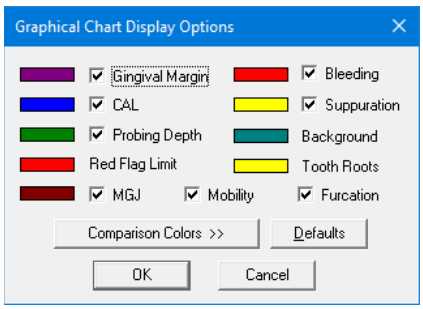
Perio Chart Colors

The perio graphic chart colors are now saved per user in the database.

To change the colors

1. In the Perio Chart, on the **Options** menu, click **Display Options**.

The **Graphical Chart Display Option**s dialog box appears.



2. Select the chart and comparison colors as needed.
3. Click **OK**.

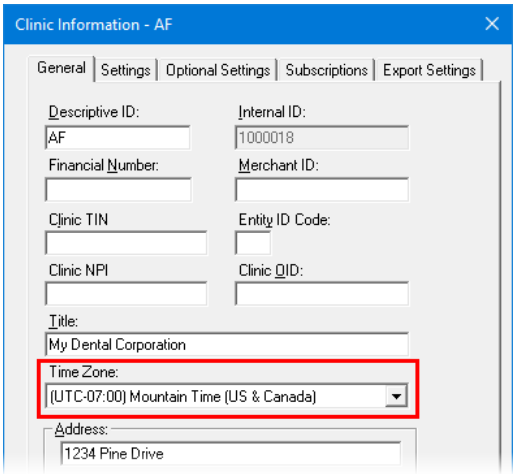
Clinic Time Zone Setting

In the **Clinic Information** dialog box, the **Time Zone** option has been moved from the **Settings** tab to the **General** tab.

To access a clinic's time zone setting

In the Office Manager, on the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resource Setup**. In the **Clinic Resource Setup** dialog box, under **Clinic Information**, click **Edit**.

The **Clinic Information** dialog box appears with the **General** tab selected by default. The **Time Zone** setting is located between the **Title** and **Address**.



How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 11.0.2?" section of the Dentrix Enterprise Help.

You can view on-demand product training videos, download PDF copies of product manuals (such as the Reports Reference, User's Guide, and System Requirements), and search the support knowledgebase for troubleshooting tips and answers to common questions in the Resource Center at www.dentrixenterprise.com/support/resource-center if you have an active customer service plan.

Dentrix Enterprise

11.0.2

Update 3

Overview

The *Dentrix Enterprise 11.0.2 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

Note: For information about using the new features in this release, refer to "Using the New Features and Enhancements" in this document or the "What's New in Dentrix Enterprise?" portion of the Dentrix Enterprise Help.

Features

Dentrix Enterprise 11.0.2 Update 3 includes the following new features and enhancements:

- **Document Auditing**:
  - Dentrix Enterprise has four default error types that you can use to "audit" a document (specify whether there are errors or not), and you can define additional error types as needed.
  - When you are editing the information for a document in the Document Center, check boxes now appear in the **Document Information** dialog box. With these check boxes, you can "audit" a document.
  - With the new Document Center Audit Documents utility, you can identify audited documents and documents that have not been audited yet. From the utility, you can also access any document's information to make changes or audit the document as needed.
- **Document Center - Documents List Report** – The new Document Center - Documents List Report displays the list of documents that were acquired within a specified date range and their corresponding details. You can filter the list of documents to include documents that are associated with patients, providers/staff, referrals (inbound and outbound), insurance plans (dental and medical), and employers.

Installation

Install Dentrix Enterprise 11.0.2 Update 3 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 11.0.2 Update 3, contact Dentrix Enterprise Customer Support at 1-800-DSCHEIN, option 4.

Important Notes

- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.

Using the New Features and Enhancements

The pages that follow contain instruction about how to use the new features and enhancements of this release.

Document Auditing

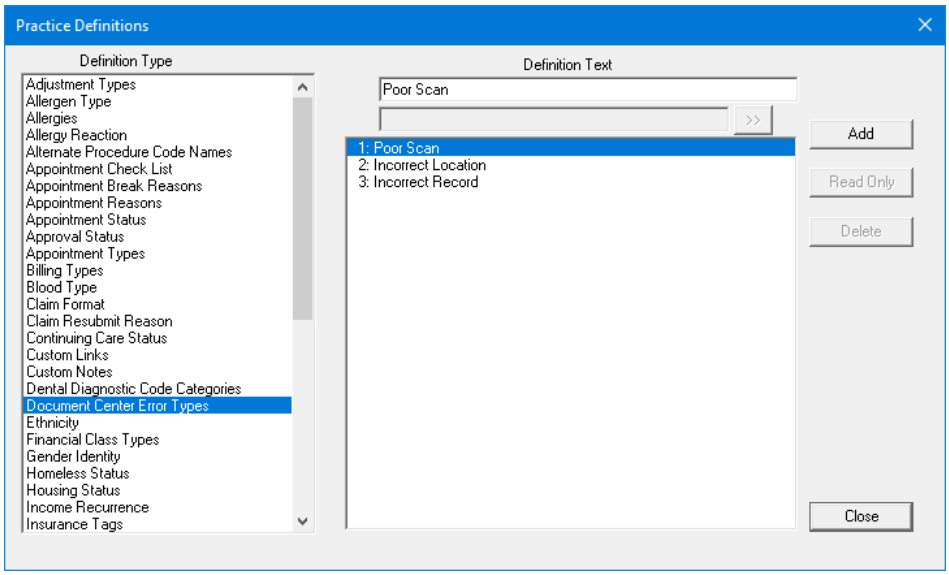
CUSTOMIZING DOCUMENT CENTER ERROR TYPES

Dentrix Enterprise has four default error types that you can use to "audit" a document (specify whether there are errors or not), and you can define additional error types as needed.

To customize Document Center Error Types

1. While logged in to the Central clinic, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Definitions**.

   The **Practice Definitions** dialog box appears.



   Note: The default error type "No Errors" does not appear in the **Practice Definitions** dialog box but is available for selection in the **Document Information** dialog box.

2. From the **Definition Type** list, select **Document Center Error Types**.
3. Add, edit, or delete a definition:
   - **Add** – To add a new definition, with any definition selected, replace the existing **Definition Text**, and then click **Add**. The new definition is added in the first available spot (if there are no gaps in the sequence, it will be the last item) and given an ID.
   - **Edit** – To edit a definition, select that definition, replace the existing **Definition Text**, and then click **Change**. The change affects all instances of this error type that have been assigned to documents.

     Note: You cannot edit the default error types: **Poor Scan**, **Incorrect Location**, and **Incorrect Record**. The **Change** button changes to **Read Only** and becomes unavailable when one of these is selected.

- **Delete** – To delete a definition, select that definition, click **Delete**, and then click **Yes** on the confirmation message.

  Note: You cannot delete the default error types: **Poor Scan**, **Incorrect Location**, and **Incorrect Record**. The **Delete** button becomes unavailable when one of these is selected.

  Important: Only delete an error type if you know it is not assigned to any documents. If you delete an error type that is assigned to documents, when you add an error type (with the same or a different name) using the same ID as the deleted error type, any documents that had the deleted error type assigned to them (and a different error type was not selected for those documents) will have the new error type assigned to them.

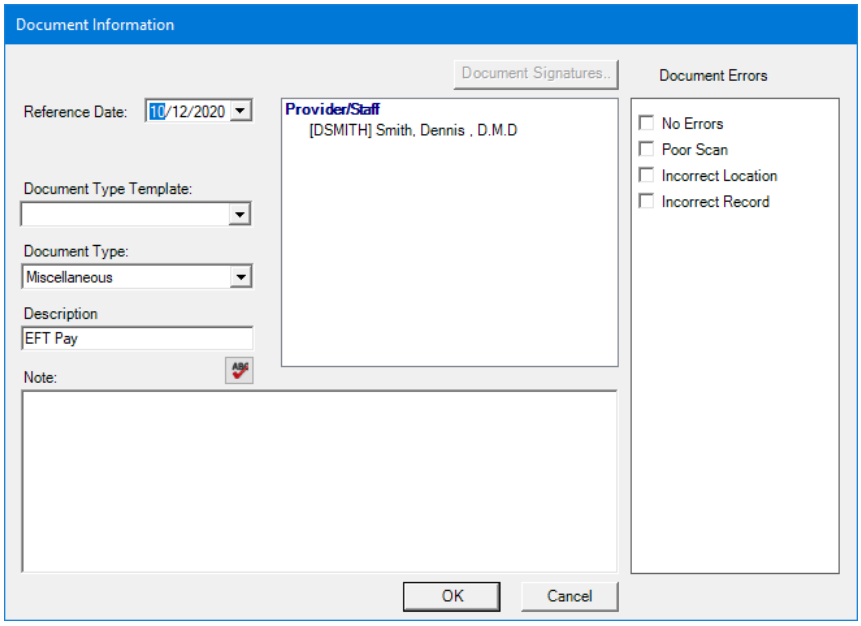
AUDITING DOCUMENT CENTER DOCUMENTS

When you are editing the information for a document in the Document Center, check boxes now appear in the **Document Information** dialog box. With these check boxes, you can "audit" a document.

To audit a document

1. In the Document Center document tree, select a document.
2. From the **Edit** menu, click **Document Information**.

   The **Document Information** dialog box appears.



3. Under **Document Errors**, there are check boxes for the default and user-defined error types. Do one of the following to audit the document:
   - Select the **No Errors** check box.

     Note: With this check box selected, the other check boxes become unavailable.
   - Select the check box of each applicable error type (**Poor Scan**, **Incorrect Location**, **Incorrect Record**, and any user-defined error type).

     Note: With any of these check boxes selected, the **No Errors** check box becomes unavailable.
4. Make any other changes as needed.
5. Click **OK**.

   The document's status changes from Not Audited to Audited.

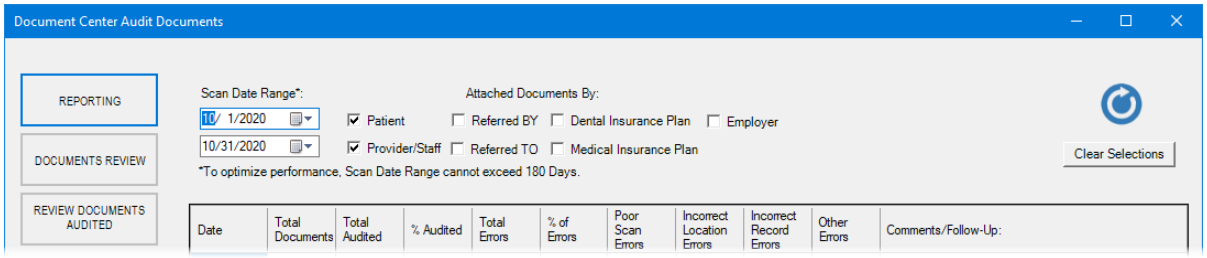
USING THE DOCUMENT CENTER AUDIT DOCUMENTS UTILITY

With the new Document Center Audit Documents utility, you can identify audited documents and documents that have not been audited yet. From the utility, you can also access any document's information to make changes or audit the document as needed.

To view documents in the Document Center Audit Documents utility

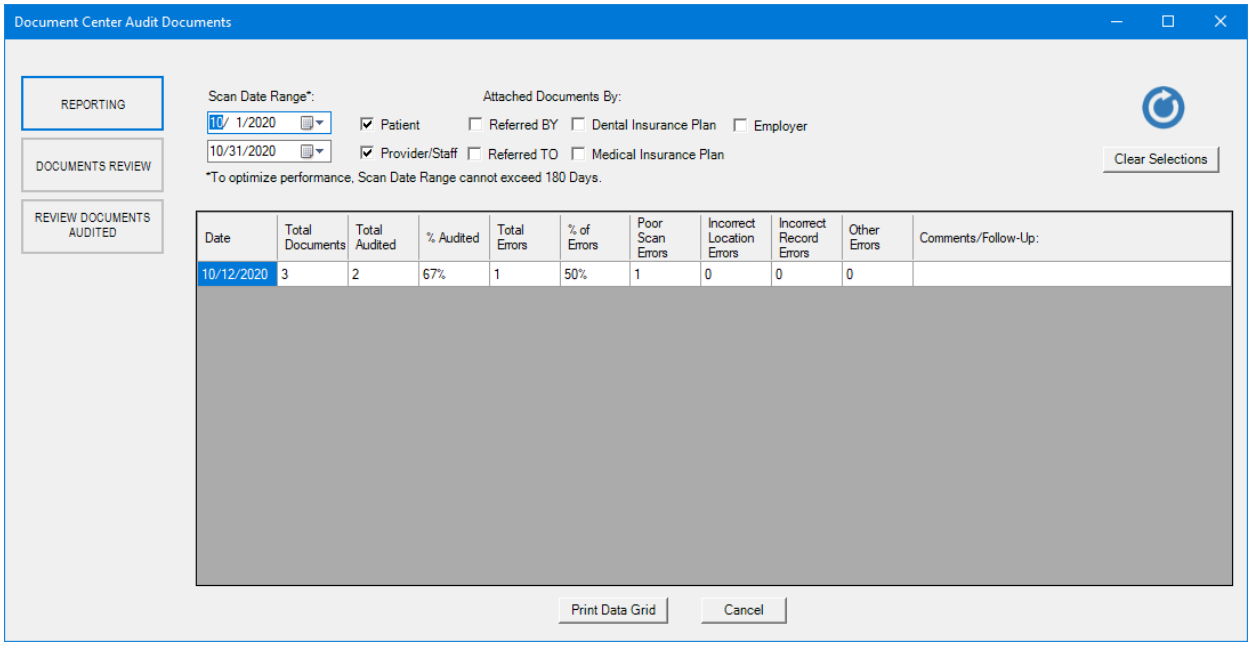
1. In the Office Manager, on the **Analysis** menu, click **Document Center Audit Documents**.

   The **Document Center Audit Documents** window appears.



2. Apply filters, and view the resulting data on any of the following tabs:
   - **Reporting** (this tab is selected by default)
   - **Documents Review**
   - **Review Documents Audited**

Reporting Tab



On the **Reporting** tab, do the following:

a. Set up the following filters:
   - **Scan Date Range** – Specify a date range to include documents that were acquired on those dates. The current month is specified by default.

     Note: The date range cannot exceed 180 days.

   - **Attached Documents By** – Select any of the following types of entities to include documents that are associated with those types of entities: **Patient**, **Provider/Staff**, **Referred BY**, **Referred TO**, **Dental Insurance Plan**, **Medical Insurance Plan**, and **Employer**.

b. Click the **Refresh** button .

The data grid is updated according to the specified criteria.

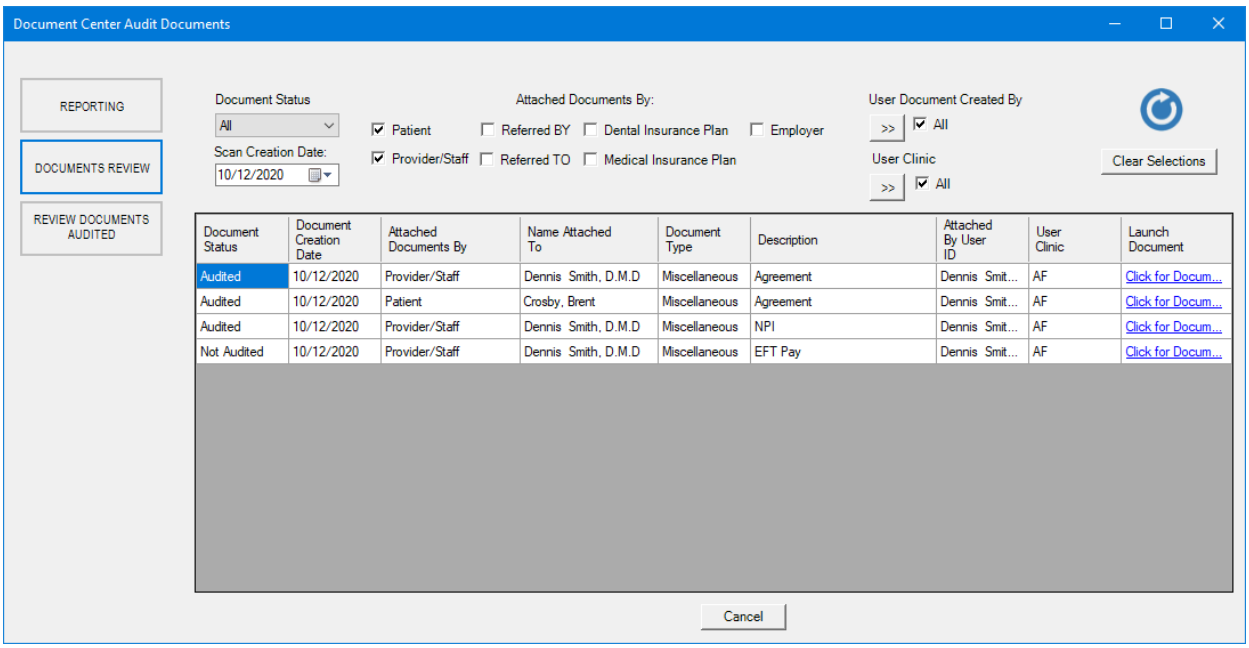
For each date that documents were acquired on, the data grid displays the following information:

- **Date** – The acquisition date.
- **Total Documents** – The total number of documents in the **Scan Date Range**. A document is counted once, regardless of the number of associated entities.
- **Total Audited** – Of the documents included in the **Total Documents** count, the total number that have been audited (documents with an Audited status).
- **% Audited** – Of the documents included in the **Total Documents** count, the percentage that have been audited (documents with an Audited status). This is calculated by dividing **Total Audited** by **Total Documents**.
- **Total Errors** – Of the documents included in the **Total Audited** count, the total number that have been marked as having an error (Poor Scan, Incorrect Location, Incorrect Record, or any user-defined error type).
- **% of Errors** – Of the documents included in the **Total Audited** count, the percentage that have been marked as having an error (**Poor Scan**, **Incorrect Location**, **Incorrect Record**, or any user-defined error type). This is calculated by dividing **Total Errors** by **Total Audited**.
- **Poor Scan Errors** – Of the documents included in the **Total Errors** count, the total number that have been marked with the Poor Scan error type.
- **Incorrect Location Errors** – Of the documents included in the **Total Errors** count, the total number that have been marked with the Incorrect Location error type.
- **Incorrect Record Errors** – Of the documents included in the **Total Errors** count, the total number that have been marked with the Incorrect Record error type.
- **Other Errors** – Of the documents included in the **Total Errors** count, the total number that have been marked with any user-defined error type.
- **Comments/Follow-Up** – In the box, enter any comments regarding that line of the data grid. The comments appear on the report but are not saved anywhere in Dentrix Enterprise.

  Note: To return the filters to their default states and clear the data grid, click **Clear Selections**.

c. Click **Print Data Grid** to preview the report. Then, you can print or save the report.

Documents Review tab



On the **Documents Review** tab, do the following:

a. Set up the following filters:

- **Document Status** – Select one of the following options:
  - **All** – To include all documents (audited and unaudited).
  - **Audited** – To include audited documents only.
  - **Not Audited** – To include unaudited documents only. This option is selected by default.
- **Scan Creation Date** – Select a date to include documents that were acquired on that date. The current date is selected by default.
- **Attached Documents By** – Select any of the following types of entities to include documents that are associated with those types of entities: **Patient**, **Provider/Staff**, **Referred BY**, **Referred TO**, **Dental Insurance Plan**, **Medical Insurance Plan**, and **Employer**.
- **User Document Created By** – Click the search button >> to select the users who acquired documents that you want to include, or select the **All** check box to include documents that were acquired by any user. The **All** check box is selected by default.

  Note: Which users are available depends on the following security rights: under Central Clinic Only, the "View All Providers" right; and under Practice/Clinic Setup, the "My Clinics, Select Provider" right.

- **User Clinic** – Click the search button >> to select the clinics where users acquired documents that you want to include, or select the **All** check box to include documents that were acquired by users in any clinic. The **All** check box is selected by default.

  Note: Which clinics are available depends on the following security rights: under Central Clinic Only, the "View All Providers" right; and under Practice/Clinic Setup, the "My Clinics, View" right.

b. Click the **Refresh** button .

The data grid is updated according to the specified criteria.

Note: A document may appear more than once in the data grid, depending on the number of attachments and the specified filters.

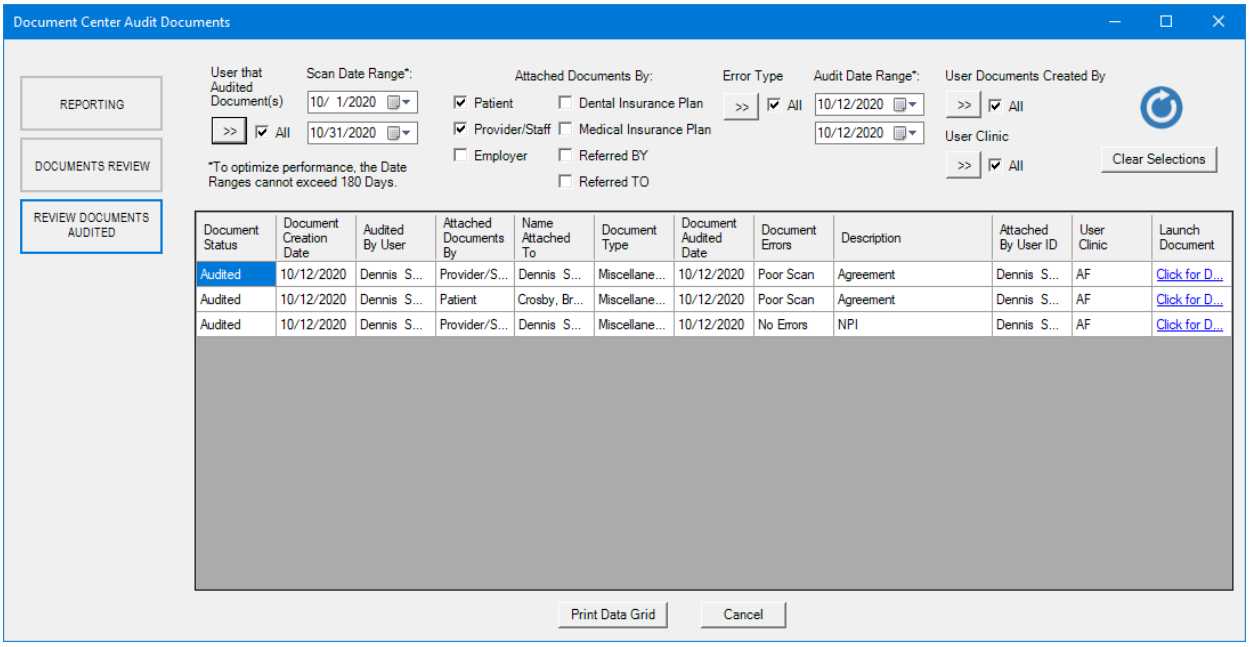
For each document, the data grid displays the following information:

- **Document Status** – The document's audit status: **Audited** or **Not Audited**.
- **Document Creation Date** – The document's acquisition date.
- **Attached Documents By** – The type of entity that the document is associated with: **Patient**, **Provider/Staff**, **Referred BY**, **Referred TO**, **Dental Insurance Plan**, **Medical Insurance Plan**, or **Employer**.
- **Name Attached To** – The name of the entity that the document is associated with.
- **Document Type** – The document's type (the folder name in the document tree).
- **Description** – The document's description (the file name in the document tree).
- **Attached By User ID** – The name of the user who acquired the document.
- **User Clinic** – The clinic that the user who acquired the document was logged in to when he or she acquired the document.
- **Launch Document** – Click the link to open the **Document Information** dialog box for the document. Then, you can review or edit the document information and audit the document as needed.

  Note: The corresponding entity's Document Center is open behind the **Document Information** dialog box, and the corresponding document is selected.

Note: To return the filters to their default states and clear the data grid, click **Clear Selections**.

Review Documents Audited tab



Note: To access the **Review Documents Audited** tab, your user account must have the "Document Center, Review Documents Audited" security right enabled.

On the **Review Documents Audited** tab, do the following:

a. Set up the following filters:

- **User that Audited Document(s)** – Click the search button » to select the users who audited documents that you want to include, or select the **All** check box to include documents that were audited by any user. The **All** check box is selected by default.

  Note: Which users are available depends on the following security rights: under Central Clinic Only, the "View All Providers" right; and under Practice/Clinic Setup, the "My Clinics, Select Provider" right.

- **Scan Date Range** – Specify a date range to include documents that were acquired on those dates. The current month is specified by default.

  Note: The date range cannot exceed 180 days.

- **Attached Documents By** – Select any of the following types of entities to include documents that are associated with those types of entities: **Patient**, **Provider/Staff**, **Referred BY**, **Referred TO**, **Dental Insurance Plan**, **Medical Insurance Plan**, and **Employer**.
- **Error Type** – Click the search button » to select the error types that are associated with documents that you want to include, or select the **All** check box to include documents with any error type. The **All** check box is selected by default. The default error types (**No Errors**, **Poor Scan**, **Incorrect Location**, and **Incorrect Record**) and any user-defined error types are available.
- **Audit Date Range** – Specify a date range to include documents that were audited on those dates. The current date is specified by default.

  Note: The date range cannot exceed 180 days.

- **User Documents Created By** – Click the search button » to select the users who acquired documents that you want to include, or select the **All** check box to include documents that were acquired by any user. The **All** checkbox is selected by default.

  Note: Which users are available depends on the following security rights: under Central Clinic Only, the "View All Providers" right; and under Practice/Clinic Setup, the "My Clinics, Select Provider" right.

- **User Clinic** – Click the search button » to select the clinics where users acquired documents that you want to include, or select the **All** check box to include documents that were acquired by users in any clinic. The **All** check box is selected by default.

  Note: Which clinics are available depends on the following security rights: under Central Clinic Only, the "View All Providers" right; and under Practice/Clinic Setup, the "My Clinics, View" right.

b. Click the **Refresh** button .

The data grid is updated according to the specified criteria.

Note: A document may appear more than once in the data grid, depending on the number of attachments, the number of associated error types, the number of auditors, and the specified filters.

For each document, the data grid displays the following information:

- **Document Status** – The document's audit status: **Audited** or **Not Audited**.
- **Document Creation Date** – The document's acquisition date.
- **Audited By User** – The name of the user who audited the document.
- **Attached Documents By** – The type of entity that the document is associated with: **Patient**, **Provider/Staff**, **Referred BY**, **Referred TO**, **Dental Insurance Plan**, **Medical Insurance Plan**, or **Employer**.

- **Name Attached To** – The name of the entity that the document is associated with.
- **Document Type** – The document's type (the folder name in the document tree).
- **Document Audited Date** – The date when the document was audited.
- **Document Errors** – The error type that is associated with the document (**No Errors**, **Poor Scan**, **Incorrect Location**, **Incorrect Record**, or a user-defined error type).
- **Description** – The document's description (the file name in the document tree).
- **Attached By User ID** – The name of the user who acquired the document.
- **User Clinic** – The clinic that the user who acquired the document was logged in to when he or she acquired the document.
- **Launch Document** – Click the link to open the **Document Information** dialog box for the document. Then, you can review or edit the document information and audit the document as needed.

  Note: The corresponding entity's Document Center is open behind the **Document Information** dialog box, and the corresponding document is selected.

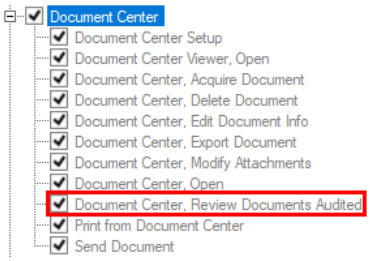
Note: To return the filters to their default states and clear the data grid, click **Clear Selections**.

c. Click **Print Data Grid** to preview the report. Then, you can print or save the report.

NEW SECURITY RIGHT TO REVIEW AUDITED DOCUMENTS

There is a new security right that allows a user to access the **Review Documents Audited** tab of the Document Center Audit Document utility, your user account must have the "Document Center, Review Documents Audited" security right enabled.

Document Center > Document Center, Review Documents Audited



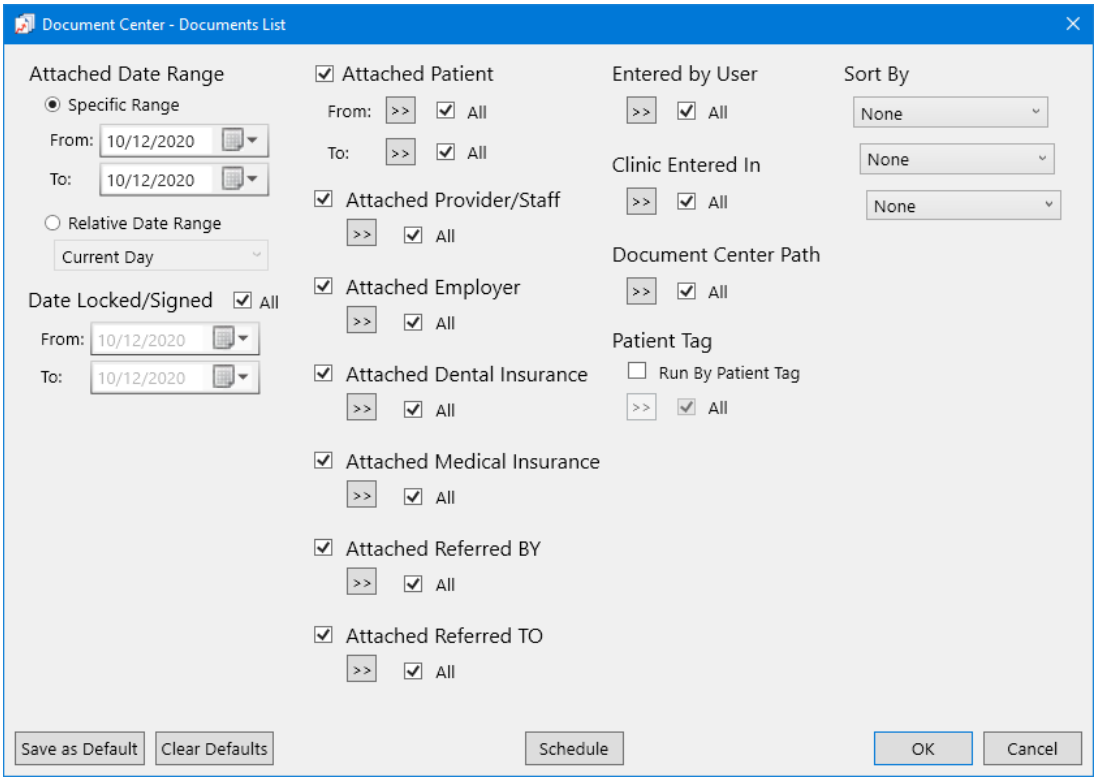
Document Center - Documents List Report

The new Document Center - Documents List Report displays the list of documents that were acquired within a specified date range and their corresponding details. You can filter the list of documents to include documents that are associated with patients, providers/staff, referrals (inbound and outbound), insurance plans (dental and medical), and employers.

To generate the report

1. In DXOne Reporting, select the **List** category, and then double-click **Document Center - Documents List**.

   The **Document Center - Documents List** dialog box appears.



2. Set up the following filters:
   - **Attached Date Range** – Do one of the following:
     - Select **Specific Range**, and then enter the date range in the **From** and **To** boxes.
     - Select **Relative Date Range**, and then select the range:

Current Day	Previous Day	Previous 6 Months	Next Week	Next Fiscal Year
Current MTD	Previous Week	Previous Fiscal Year	Next Month	Next Calendar Year
Current Fiscal YTD	Previous Month	Previous Calendar Year	Next 3 Months	
Current Calendar YTD	Previous 3 Months	Next Day	Next 6 Months	

Notes:

- Using a relative date range is recommended if you are saving your report settings as the default so that you do not have to manually enter a date range each time you run the report.
- For a document to be included on the report, it must have an acquisition date within the specific date range or relative date range.

- **Date Locked/Signed** – Enter a date range in the **From** and **To** boxes to include only documents that were signed within the specified date range, or select the **All** check box to include signed and unsigned documents.
- **Attachments** – Select the check box of any of the following types of entities to include documents that are associated with those types of entities:
  - **Attached Patient** – To filter the report by patient attachments, select the **Attached Patient** check box. Then, click the **From** and **To** search buttons to select the range of patients that are associated with documents that you want to include, or select both **All** check boxes to include documents that any patient is associated with. To not filter the report by patient attachments, clear the **Attached Patient** check box.

    Note: Which patients are available depends both on the clinics that have been allowed for your user account for this report and on a patient's default clinic being one of the allowed clinics.

  - **Attached Provider/Staff** – To filter the report by provider/staff attachments, select the **Attached Provider/Staff** check box. Then, click the search button to select the providers/staff that are associated with documents that you want to include, or select the **All** check box to include documents that any provider/staff is associated with. To not filter the report by provider/staff attachments, clear the **Attached Provider/Staff** check box.

    Note: Which providers/staff are available depends on the providers/staff who have been allowed for your user account for this report.

  - **Attached Employer** – To filter the report by employer attachments, select the **Attached Employer** check box. Then, click the search button to select the employers that are associated with documents that you want to include, or select the **All** check box to include documents that any employer is associated with. To not filter the report by employer attachments, clear the **Attached Employer** check box.
  - **Attached Dental Insurance** – To filter the report by dental insurance attachments, select the **Attached Dental Insurance** check box. Then, click the search button to select the dental insurance plans that are associated with documents that you want to include, or select the **All** check box to include documents that any dental insurance plan is associated with. To not filter the report by dental insurance attachments, clear the **Attached Dental Insurance** check box.
  - **Attached Medical Insurance** – To filter the report by medical insurance attachments, select the **Attached Medical Insurance** check box. Then, click the search button to select the medical insurance plans that are associated with documents that you want to include, or select the **All** check box to include documents that any medical insurance plan is associated with. To not filter the report by medical insurance attachments, clear the **Attached Medical Insurance** check box.
  - **Attached Referred BY** – To filter the report by referred-by attachments, select the **Attached Referred BY** check box. Then, click the search button to select the referral sources that are associated with documents that you want to include, or select the **All** check box to include documents that any referral source is associated with. To not filter the report by referred-by attachments, clear the **Attached Referred BY** check box.
  - **Attached Referred TO** – To filter the report by referred-to attachments, select the **Attached Referred TO** check box. Then, click the search button to select the outbound referrals that are associated with documents that you want to include, or select the **All** check box to include documents that any outbound referral is associated with. To not filter the report by referred-to attachments, clear the **Attached Referred TO** check box.

- **Entered by User** – Click the search button to select the users who acquired documents that you want to include, or select the All check box to include documents that were acquired by any user.

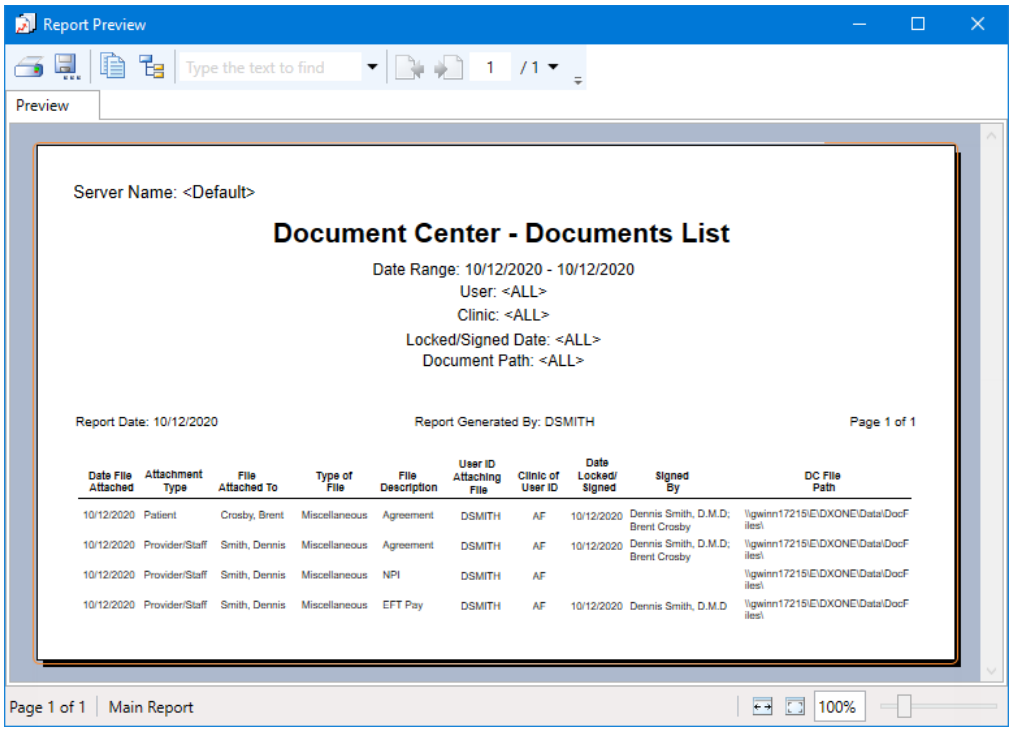
  Note: Which providers/staff are available depends both on the providers/staff who have been allowed for your user account for this report and on a provider/staff having a user ID for logging on to Dentrix Enterprise.

- **Clinic Entered In** – Click the search button to select the clinics where users acquired documents that you want to include, or select the **All** check box to include documents that were acquired by users in any clinic.

  Note: The clinics that are available are the clinics that have been allowed for your user account for this report.

- **Document Center Path** – Click the search button to select the repository that has documents that you want to include, or select the All check box to include documents in any repository.
- **Patient Tag** – To have the report include documents that are associated with patients who have certain tags assigned to them, select the **Run By Patient Tag** check box. Then, click the search button to select the desired patient tags, or select the **All** check box to include any patient tag. To not filter the report by a patient tag, clear the **Run By Patient Tag** check box.
- **Sort By** – By default the documents on the report are sorted by the **Date File Attached**, but you can specify an alternative sort:
  - From the first list, select a primary sort option:
    - **None** (selected by default)
    - **Attach Date**
    - **Attach Type**
    - **Attach To**
  - From the second list, select a secondary sort option:
    - **None** (selected by default)
    - **Attach Date**
    - **Attach Type**
    - **Attach To**
  - From the third list, select a tertiary sort option:
    - **None** (selected by default)
    - **Attach Date**
    - **Attach Type**
    - **Attach To**

3. Click **Save as Default** to save the current settings for the next time you run the report.
4. Click **Clear Defaults** to revert the dialog box options to the original defaults.
5. Click **Schedule** to schedule a report job.
6. Click **OK** to preview the report.



Report Preview

Type the text to find 1 / 1

Preview

Server Name: <Default>

Document Center - Documents List

Date Range: 10/12/2020 - 10/12/2020
User: <ALL>
Clinic: <ALL>
Locked/Signed Date: <ALL>
Document Path: <ALL>

Report Date: 10/12/2020 Report Generated By: DSMITH Page 1 of 1

Date File Attached	Attachment Type	File Attached To	Type of File	File Description	User ID Attaching File	Clinic of User ID	Date Locked/ Signed	Signed By	DC File Path
10/12/2020	Patient	Crosby, Brent	Miscellaneous	Agreement	DSMITH	AF	10/12/2020	Dennis Smith, D.M.D; Brent Crosby	\\gwinn17215\E\DXONE\Data\DocFiles\
10/12/2020	Provider/Staff	Smith, Dennis	Miscellaneous	Agreement	DSMITH	AF	10/12/2020	Dennis Smith, D.M.D; Brent Crosby	\\gwinn17215\E\DXONE\Data\DocFiles\
10/12/2020	Provider/Staff	Smith, Dennis	Miscellaneous	NPI	DSMITH	AF			\\gwinn17215\E\DXONE\Data\DocFiles\
10/12/2020	Provider/Staff	Smith, Dennis	Miscellaneous	EFT Pay	DSMITH	AF	10/12/2020	Dennis Smith, D.M.D	\\gwinn17215\E\DXONE\Data\DocFiles\

Page 1 of 1 | Main Report 100%

Note: A document may appear more than once on the report, depending on the number of attachments and the specified filters.

For each document, the report displays the following information:

- **Date File Attached** – The document's acquisition date.
- **Attachment Type** – The type of entity that the document is associated with: **Patient**, **Provider/Staff**, **Referred BY**, **Referred TO**, **Dental Insurance Plan**, **Medical Insurance Plan**, or **Employer**.
- **File Attached To** – The name of the entity that the document is associated with.
- **Type of File** – The document's type (the folder name in the document tree).
- **File Description** – The document's description (the file name in the document tree).
- **User ID Attaching File** – The user who acquired the document.
- **Clinic of User ID** – The clinic that the user who acquired the document was logged in to when he or she acquired the document.
- **Date Locked/Signed** – The date when the document was signed.
- **Signed By** – The name of each person who signed the document.
- **DC File Path** – The location of the repository that contains the document.

How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 11.0.2?" section of the Dentrix Enterprise Help.

You can view on-demand product training videos, download PDF copies of product manuals (such as the Reports Reference, User's Guide, and System Requirements), and search the support knowledgebase for troubleshooting tips and answers to common questions in the Resource Center at www.dentrixenterprise.com/support/resource-center if you have an active customer service plan.

Dentrix Enterprise

11.0.2

Update 1

Overview

The *Dentrix Enterprise 11.0.2 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

Note: For information about using the new features in this release, refer to "Using the New Features and Enhancements" in this document or the "What's New in Dentrix Enterprise?" portion of the Dentrix Enterprise Help.

Features

Dentrix Enterprise 11.0.2 Update 1 includes the following new features and enhancements:

- **Missouri Medicaid Cost Report** – The Missouri Medicaid Cost Report displays cost information (charges, adjustments, and net insurance payments) regarding procedures billed to insurance carriers. The report displays only procedures that are associated with dental claims.
- **Chart Number Setup** – You can specify how Dentrix Enterprise handles chart numbers for your patients. The chart number settings can help you eliminate duplicate chart numbers, speed data entry for new patients, and maintain the integrity of your chart numbering system.
- **Electronic Claims**:
  - You can restrict who can send electronic claims for a given location from Dentrix Enterprise.
  - You can specify what to base authorization on when a user attempts to sent an individual claim electronically.
  - You can specify which procedures require attachments for electronic claims.
  - If a claim has a procedure that requires an attachment for e-claims, but the claim does not have an attachment, eTrans informs you that the claim will not be sent.

Installation

Install Dentrix Enterprise 11.0.2 Update 1 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 11.0.2 Update 1, contact Dentrix Enterprise Customer Support at 1-800-DSCHEIN, option 4.

Important Notes

- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.

Using the New Features and Enhancements

The pages that follow contain instruction about how to use the new features and enhancements of this release.

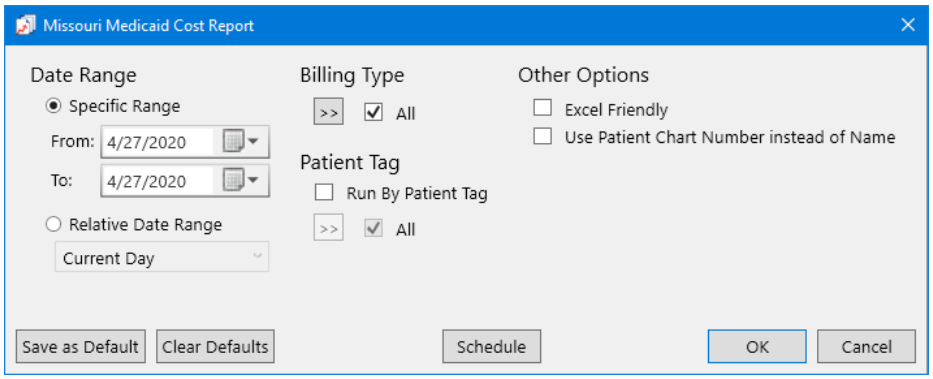
Missouri Medicaid Cost Report

The Missouri Medicaid Cost Report displays cost information (charges, adjustments, and net insurance payments) regarding procedures billed to insurance carriers. The report displays only procedures that are associated with dental claims.

To generate the report

1. In DXOne Reporting, select **Custom**, and then double-click **Missouri Medicaid Cost Report**.

   The **Missouri Medicaid Cost Report** dialog box appears.



2. Set up the following options:
   - **Date Range** – Select **Specific Range**, and then enter a date range in the **From** and **To** fields; or select **Relative Date Range**, and then select a date range. The report displays only procedures with procedure dates that are within the specified date range.
   - **Billing Type** – Click the search button >> to select the billing types of patients you want to include on the report, or select All to include all billing types.
   - **Patient Tag** – To have the report include patients with certain tags assigned to them, select the **Run By Patient Tag** check box; and then, click the search button >> to select the desired patient tags, or select the **All** check box to include patients with any patient tag. To not filter the report by a patient tag, clear the **Run By Patient Tag** check box.
   - **Other Options** – Select any additional filters for the report:
     - **Excel Friendly** – This report format allows you to view the data in a spreadsheet program.
     - **Use Patient Chart Number instead of Name** – With this check box selected, the report displays the chart number (instead of the first and last name) of each patient. With this check box clear, the report displays the first and last name of each patient.
3. Click **OK** to preview the report.

Missouri Medicaid Cost Report

Date Range: 4/27/2010 - 4/27/2020
Billing Type: <ALL>

Report Date: 4/27/2020 Report Generated By: ENTERPRISE

Clinic Name	Clinic NPI	Patient First Name	Patient Last Name	Insurance Claim ID	Provider		
Patient Primary Insurance Name	Patient Primary Insurance Subscriber #	Patient Secondary Insurance Name	Patient Secondary Insurance Subscriber #	Patient Tertiary Insurance Name	Patient Tertiary Insurance Subscriber #	Patient Quaternary Insurance Name	Patient Quaternary Insurance Subscriber #
Date of Service	Procedure Code	Charge	Adjustments	Net Payment by Primary Payer	Net Payment by Secondary Payer	Net Payment by Tertiary Payer	Net Payment by Quaternary Payer
My Dental Corporation		Kathy	Fredrickson	1000320_2	Smith, Dennis		
Aetna Life and Casualty							
04/27/2020	D0471	100.00	0.00	0.00	0.00	0.00	0.00
My Dental Corporation		Shelly	Fredrickson	1000323_2	Smith, Dennis		
Aetna Life and Casualty							
04/27/2020	D0322	115.00	0.00	0.00	0.00	0.00	0.00
My Dental Corporation		Sandy	Reed	1000332_2	Smith, Dennis		
Acme Insurance Co	111223333						
04/27/2020	D2387	158.40	-40.00	-118.40	0.00	0.00	0.00
My Dental Corporation		Brent	Crosby	1000338_2	Smith, Dennis		
Delta PMI	111111111	Aetna Life and Casualty	22222222				
04/27/2020	D0220	128.00	0.00	-78.00	-40.00	0.00	0.00

For each procedure on the report, the following details appear:

- **Clinic Name** – The practice title of the clinic.
- **Clinic NPI** – The clinic's NPI.
- **Patient First Name** – The first name of the patient (unless the report is showing chart numbers).
- **Patient Last Name** – The last name of the patient (unless the report is showing chart numbers).
- **Chart Number** – The chart number of the patient (unless the report is showing patient names).
- **Insurance Claim ID** – A unique number that identifies the claim.
- **Provider** – The first and last name of the provider.
- **Patient Primary Insurance Name** – The name of the patient's primary insurance carrier.
- **Patient Primary Insurance Subscriber #** – The subscriber ID for the patient's primary insurance plan.
- **Patient Secondary Insurance Name** – The name of the patient's secondary insurance carrier.
- **Patient Secondary Insurance Subscriber #** – The subscriber ID for the patient's secondary insurance plan.
- **Patient Tertiary Insurance Name** – The name of the patient's tertiary insurance carrier.
- **Patient Tertiary Insurance Subscriber #** – The subscriber ID for the patient's tertiary insurance plan.
- **Patient Quaternary Insurance Name** – The name of the patient's quaternary insurance carrier.
- **Patient Quaternary Insurance Subscriber #** – The subscriber ID for the patient's quaternary insurance plan.
- **Date of Service** – The service date of the procedure.
- **Procedure Code** – The ADA Procedure Code.
- **Charge** – The amount charged for the procedure.
- **Adjustments** – The sum of all credit adjustments associated with the charge.
- **Net Payment by Primary Payer** – The sum of all primary insurance payments associated with the charge.
- **Net Payment by Secondary Payer** – The sum of all secondary insurance payments associated with the charge.
- **Net Payment by Tertiary Payer** – Sum of all tertiary insurance payments associated with the charge.
- **Net Payment by Quaternary Payer** – Sum of all quaternary insurance payments associated with the charge.

Chart Number Setup

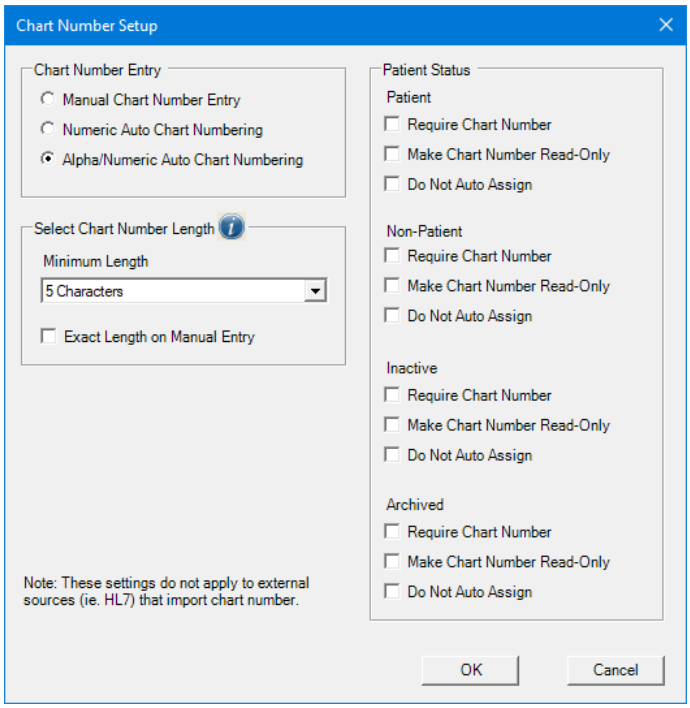
SETTING UP CHART NUMBERS

You can specify how Dentrix Enterprise handles chart numbers for your patients. The chart number settings can help you eliminate duplicate chart numbers, speed data entry for new patients, and maintain the integrity of your chart numbering system.

To set up chart numbers

1. In the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Chart Number Setup**.

   The **Chart Number Setup** dialog box appears.



2. Set up the following options to suit your preferences:
   - **Chart Number Entry** – Select one of the following options:
     - **Manual Chart Number Entry** – Select this option to not use chart numbers in your office or to assign chart numbers manually.
     - **Numeric Auto Chart Numbering** – Select this option to have Dentrix Enterprise automatically assign a numeric chart number to each new patient.
     - **Alpha/Numeric Auto Chart Numbering** – Select this option to have Dentrix Enterprise automatically assign a combination alpha and numeric chart number to each new patient. This option will create a chart number using the initial two characters of the patient's last name and then a unique numeric ID. For example, John Smith might be assigned the chart number SM0001.
   - **Select Chart Number Length**:
     - **Minimum Length** – Select the minimum length that chart numbers must be from the list. Chart numbers can have a minimum length of anywhere from 5 to 10 characters or not have minimum length (if you select **None**).
     - **Exact Length on Manual Entry** – To require that chart numbers be exactly as long as the selected **Minimum Length** when someone enters chart numbers manually, select this check box.

- **Patient Status** – For each of the patient statuses (**Patient**, **Non-Patient**, **Inactive**, and **Archived**), select any of the following check boxes:
- **Require Chart Number** – A chart number is required for a patient record with the given patient status selected.
- **Make Chart Number Read-Only** – The chart number is read-only when editing a patient's record with the given patient status selected. However, a user with the "Chart, Override Read-Only Setting" right selected can edit the chart number in such a patient's record.
- **Do Not Auto Assign** – Dentrix Enterprise does not automatically assign a chart number to a patient's record with the given patient status selected. This option is not available for any patient status if **Manual Chart Number Entry** is selected.

3. Click **OK** to save the changes.

NEW CHART NUMBER SECURITY RIGHT

There is a new security right that allows a user to edit chart numbers in patient records even if the Chart Number Setup dictates that, for a given patient's status, the chart number should be read-only.

Family File > Chart, Override Read-Only Setting

Electronic Claims

NEW ETRANS SECURITY RIGHTS

You can restrict who can send electronic claims and pre-treatment estimates from Dentrix Enterprise. The following rights control sending electronic claims and pre-treatment estimates:

- **Central Clinic Only > Security Right Options, Add/Edit** – Allows a user to change the authorization option on the **Options** tab of the **Security Rights Setup** dialog box.
- **Insurance > Send Electronic Claims** – Allows a user to send electronic claims and pre-treatment estimates for specific clinics.

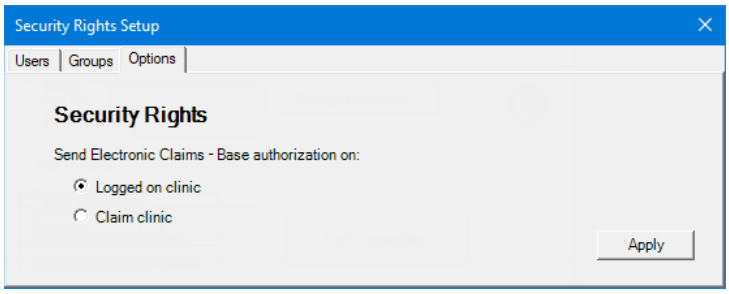
CHANGING THE AUTHORIZATION OPTION

You can specify what to base authorization on when a user attempts to sent an individual claim or pre-treatment estimate electronically.

To change the authorization option

1. In the Office Manager, from the **Maintenance** menu point to **Practice Setup** > **Security Setup**, and then click **Security Rights Setup**.

   The **Security Rights Setup** dialog box appears.



2. On the **Options** tab, specify what you want to base authorization on when sending an individual claim or pre-treatment estimate:
   - **Logged on clinic** – A user can send claim electronically if that user has the "Send Electronic Claims" right for the logged-in clinic.

- **Claim clinic** – A user can send claim electronically if that user has the "Send Electronic Claims" right for the clinic that the claim is associated with.

Note: A right controls who can change the setting on the **Options** tab. If a user has the right, that user can change the selection while logged in to any clinic.

3. Click **Apply**.

REQUIRING ATTACHMENTS FOR CLAIMS

You can specify which procedures require attachments for electronic claims.

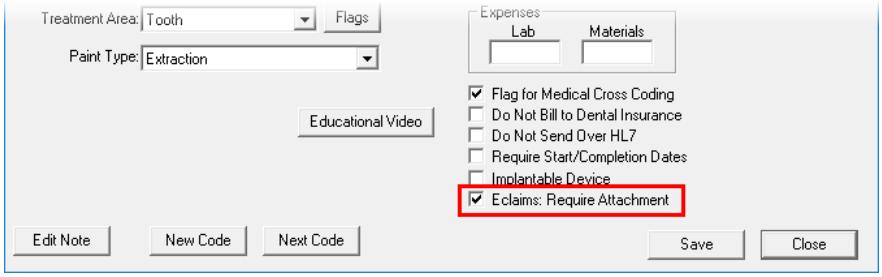
To require attachments

1. While logged in to the Central clinic, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Procedure Code Setup**.

   The **Procedure Code Setup** dialog box appears.

2. Select a **Procedure Code Category**, select a code on the right, and then click **Edit**.

   The **Procedure Code Editor** dialog box appears.



3. Select the **Eclaims: Require Attachment** check box.
4. Click **Save**.

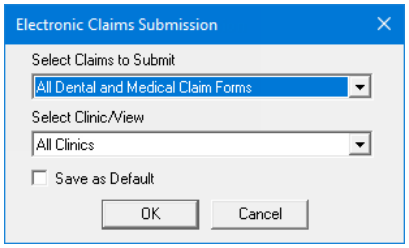
Sending Electronic Claims

Using eTrans, you can transmit insurance claims electronically from your Dentrix Enterprise practice management software to the insurance carriers. Electronic claims can only be sent from a computer with an Internet connection or a modem.

To send electronic claims

1. In Dentrix Enterprise, create an insurance claim and send it to the electronic claims batch.
2. When you are ready to submit your claims, select the claims you want to send (if you want to send specific claims), and then click the **Electronic Claim Submission** button on the Office Manager toolbar.

   The **Electronic Claims Submission** dialog box appears.



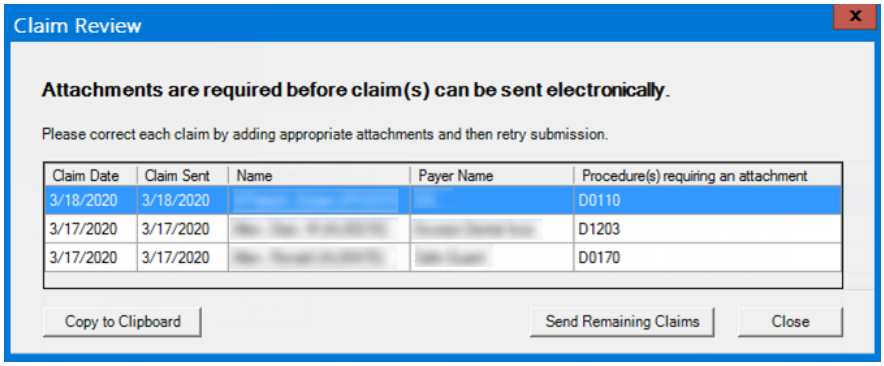
3. Do the following:
   a. From the Select Claims to Submit list, select one of the following options:
      - **All Dental and Medical Claim Forms** – To submit all dental and medical claims (electronic and non-electronic).
      - **Selected Dental Claim Forms** – To submit only the dental claims you have selected in the Batch Processor.
      - **Selected Medical Claim Forms** – To submit only the medical claims you have selected in the Batch Processor.
      - **All Electronic Dental Claim Forms** – To submit all the electronic dental claims.
      - **All Electronic Medical Claim Forms** – To submit all the electronic medical claims.
      - **All Dental Claim Forms** – To submit all the dental claims (electronic and non-electronic).
      - **All Medical Claim Forms** – To submit all the medical claims (electronic and non-electronic).
   b. From the **Select Clinic/View** list, select one of the following options:
      - **All Clinics** – To submit claims for all clinics.
      - **Current Clinic** – To submit claims for the current clinic.
      - **Current View** – To submit claims currently being viewed in the Batch Processor.

      The **Select Clinic/View** list is unavailable if **Selected Claims Forms** or **Retrieve Reports** is selected in the **Select Claims to Submit** list because as the Current View will always be used for those two selections.

      Note: You can send electronic claims only for clinics that you have the "Send Electronic Claims" right enabled for:

      - If you have the "Send Electronic Claims" right for all clinics, the **Select Clinic/View** list is enabled, and the user can select a different option.
      - If you have the "Send Electronic Claims" right for the clinic that you are logged in to, **Current Clinic** will be the default in the **Select Clinic/View** list, and the list will be unavailable so that you cannot select a different option.
      - If you do not have the "Send Electronic Claims" right, the **Override User** dialog box appears. A user with the "Send Electronic Claims" right for all clinics or for the current clinic must enter his or her credentials.
   c. If you want to save the selections for the next time you submit claims, select **Save as Default**. This option is specific to each Windows user, so each user can have a different default on the computer.
4. Click **OK**.
5. If a claim or pre-treatment estimate has a procedure that requires an attachment for e-claims, but the claim does not have an attachment, the claim will not be sent. In this case, the **Claim Review** dialog box (or message box) appears. Do one of the following:

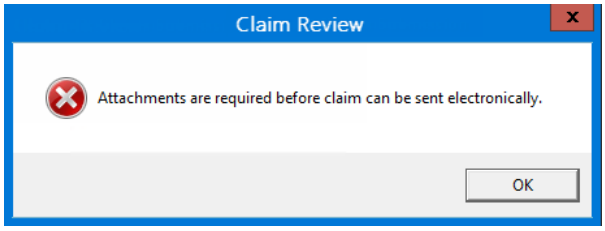
For multiple claims or pre-treatment estimates – In the **Claim Review** dialog box, click **Send Remaining Claims**. On the confirmation message that appears, click either **Yes** to send claims that are not listed, or **No** to return to the **Claim Review** dialog box.



Notes:

- The **Claim Sent** date is blank if the claim was not sent previously.
- The **Procedure(s) requiring an attachment** box contains a comma-delimited list of the procedure codes requiring an attachment. If there are duplicate procedures on the claim, the procedure appears only once.
- Double-click a claim (not a pre-treatment estimate) to open the **Claim Information** window and add an attachment.
- Right-click a claim or pre-treatment estimate, and then click one of the following options:
  - **Go to Claim** – To open the claim (or pre-treatment estimate) information.
  - **Go to Ledger** – To open the patient's Ledger.
- Click **Copy to Clipboard** to copy all the data displayed, including the column headers, to the Windows Clipboard.
- Clicking **Close** returns you to the **Electronic Claims Submission** dialog box.

For an individual claim or pre-treatment estimate – In the **Claim Review** message box, click **OK**.



6. Continue with the submission. For more information, refer to the *eTrans for Dentrix Enterprise User's Guide*.

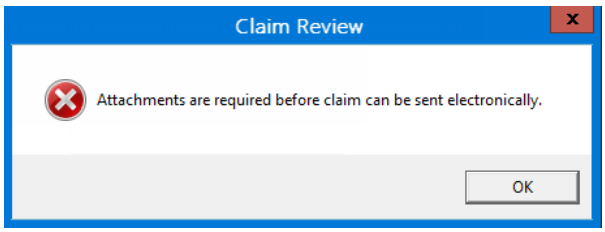
To send an individual claim

1. In a patient's Ledger, double-click a claim or pre-treatment estimate that has been created but not printed or sent to the Batch Processor, and then click **Print** on the menu bar.

Note: You can send e-claims only for authorized clinics:

- If Dentrix Enterprise is setup to base authorization on the claim clinic, you can send the claim electronically if you have the "Send Electronic Claims" right for the clinic that the claim is associated with.
- If Dentrix Enterprise is setup to base authorization on the logged on clinic, you can send the claim electronically if you the "Send Electronic Claims" right for the clinic that you are currently logged in to.

2. Click **Send Electronically**.
3. If the claim or pre-treatment estimate has a procedure that requires an attachment for e-claims, but the claim does not have an attachment, the claim will not be sent. In this case, the **Claim Review** message box appears. Click **OK**.



4. Continue with the submission. For more information, refer to the *eTrans for Dentrix Enterprise User's Guide*.

How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 11.0.2?" section of the Dentrix Enterprise Help.

You can view on-demand product training videos, download PDF copies of product manuals (such as the Reports Reference, User's Guide, and System Requirements), and search the support knowledgebase for troubleshooting tips and answers to common questions in the Resource Center at www.dentrixenterprise.com/support/resource-center if you have an active customer service plan.

Dentrix Enterprise

11.0.2

Overview

The *Dentrix Enterprise 11.0.2 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

Note: For information about using the new features in this release, refer to "Using the New Features and Enhancements" in this document or the "What's New in Dentrix Enterprise?" portion of the Dentrix Enterprise Help.

Features

Dentrix Enterprise 11.0.2 includes the following new features and enhancements:

- **Recording Patient Education in Clinical Notes** – When you record that patient education has been presented to a patient, you can now have Dentrix Enterprise automatically copy the details of the recorded patient education into a clinical note.
- **Automated Insurance Eligibility Verification** – You can now install and configure a service that automatically verifies patients' insurance eligibilities for their upcoming appointments. You must set up the eligibility service to use any existing eTrans (eClaims) accounts that you may have or to use Data Services accounts, and you can link each account to specific clinics.
- **Viewing a Patient's Insurance Eligibility for an Appointment** – An icon on a patient's appointment now indicates the patient's current eligibility status. By right-clicking that icon, you can now view a document that contains insurance coverage information (if your practice uses the automated insurance eligibility verification feature).
- **Referral Reports** – The following referral reports have been moved from the Office Manager to the DXOne Reporting module: Referred By Doctor/Other Report, Referred By Patient Report, and Referred to Doctor Report.
- **Referral Statuses** – You can now create up to 99 referral statuses and assign those statuses to outbound referrals. Also, you can now filter the Referred to Doctor Report by referral status.
- **Viewing Billing Statements from the More Information Window** – From the **More Information** window, you can now view a history of billing statements that have been printed for a patient, and you can view any of the statements as needed.
- **New Security Right** – There is a new security right that allows a user to delete a billing statement from the **More Information** window. Also, you can require everyone to always enter their credentials before they can delete billing statements.
- **Outstanding Claim Manager** – With the Outstanding Claim Manager, you can identify unpaid claims and close them by posting zero payments and write-offs. An outstanding claim is a claim that does not have any associated insurance payments.
- **New Security Right** – There is a new security right that allows a user to access the Outstanding Claim Manager.
- **Family Balance Manager** – With the Family Balance Manager, you can identify accounts with credit and charge balances and then post write-offs on those accounts at the same time.
- **New Security Right** – There is a new security right that allows a user to access the Family Balance Manager.

Installation

Install Dentrix Enterprise 11.0.2 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 11.0.2, contact Dentrix Enterprise Customer Support at 1-800-DSCHEIN, option 4.

Important Notes

- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.

Using the New Features and Enhancements

The pages that follow contain instruction about how to use the new features and enhancements of this release.

Patient Education

RECORDING PATIENT EDUCATION IN CLINICAL NOTES

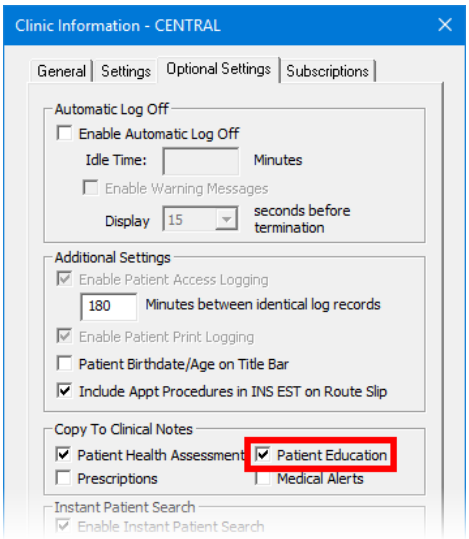
When you record that patient education has been presented to a patient, you can now have Dentrix Enterprise automatically copy the details of the recorded patient education into a clinical note.

Note: This functionality is controlled by a Central clinic setting and, therefore, applies to all clinics.

To enable the copying of recorded patient education into clinical notes

1. Make sure that you are logged in to the Central clinic. In the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resource Setup**.
2. In the **Clinic Resource Setup** dialog box, under **Clinic Information**, click **Edit**.

   The **Clinic Information** dialog box appears.



3. On the **Optional Settings** tab, under **Copy to Clinical Note**, select the **Patient Education** check box.
4. Click **OK**.

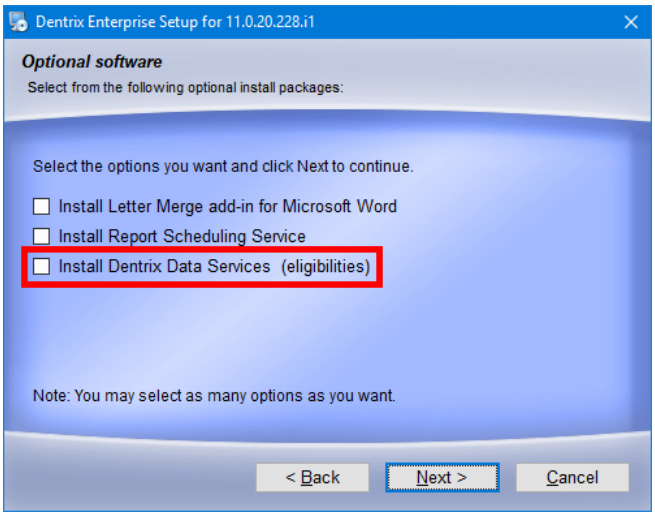
Notes:

- Dentrix Enterprise will combine several patient education recordings that are done on the same day into one clinical note page (unless the character limit for that page is reached; in which case, an additional page will be added).
- If you attempt to edit the date, provider, or education URL of a record in the **Patient Education History** dialog box, a message, stating that the clinical note will not be updated, will appear.
- If you delete a record from the **Patient Education History** dialog box, the record will remain in the clinical note until you manually delete it from the clinical note (if the note is not locked).

Automated Insurance Eligibility Verification

INSTALLING THE ELIGIBILITY SERVICE

During the installation of Dentrix Enterprise 11.0.2, you can choose to install the service for handling automated insurance eligibility verifications for patients' upcoming appointments. For more information on how to install the service, refer to the *Dentrix Enterprise 11.0 Installation Guide*.



Note: Contact your Customer Success Manager for pricing to use this service, to sign up for eClaims or Data Services accounts, and to enroll in eligibility verification.

CONFIGURING THE ACCOUNT AND SERVICE INTEGRATION

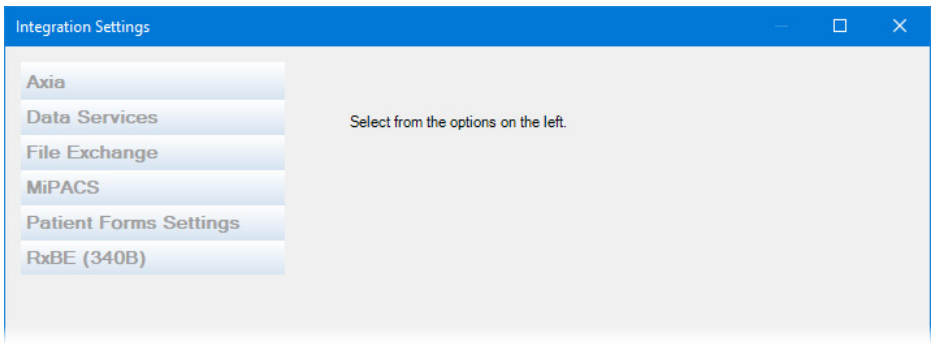
You can now configure the service that automatically verifies patients' insurance eligibilities for their upcoming appointments. You must set up the eligibility service to use any existing eTrans (eClaims) accounts that you may have or to use Data Services accounts, and you can link each account to specific clinics.

Note: Contact your Customer Success Manager for pricing to use this service, to sign up for eClaims or Data Services accounts, and to enroll in eligibility verification.

To configure the integration

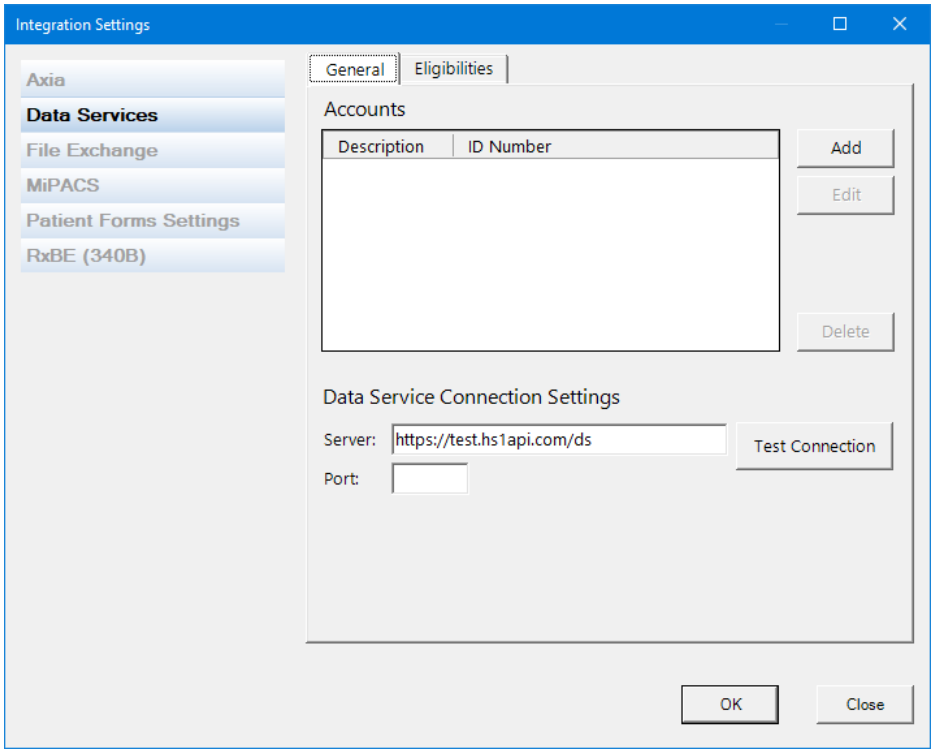
1. While logged in to the Central clinic, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Integration Settings**.

   The **Integration Settings** dialog box appears.



2. Select the **Data Services** tab.

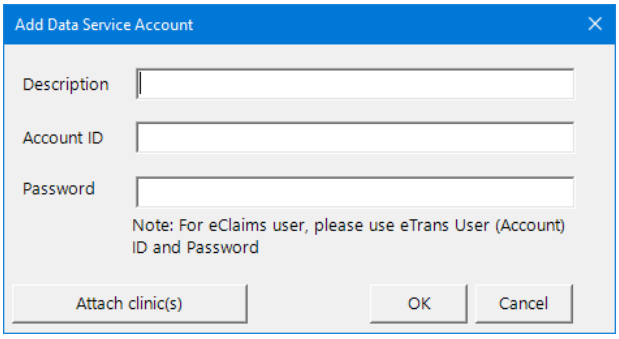
   The options for setting up data services appear.



3. You must link your eTrans (eClaims) or Data Services accounts to the service and assign specific clinics to each account. To add an account, do the following:

   a. Click **Add**.

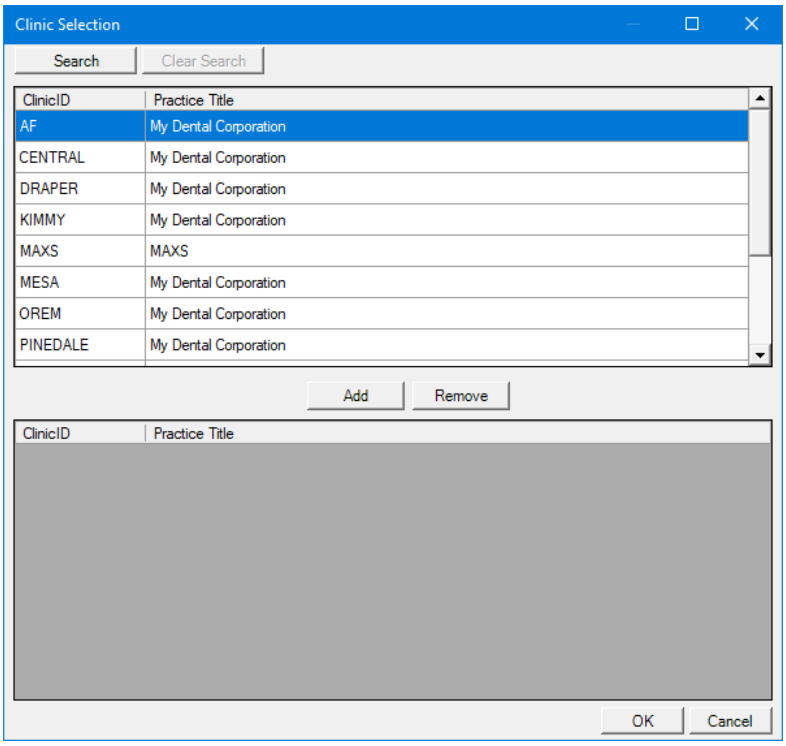
      The **Add Data Service Account** dialog box appears.



   b. Enter a unique **Description** to identify the account, and enter the applicable eTrans (eClaims) or Data Services **Account ID** and **Password**.

   c. Click **Attach clinic(s)** to select the clinics that are associated with this account.

      The **Clinic Selection** dialog box appears.



d. Select the applicable clinics in the upper list, and then click **Add**.

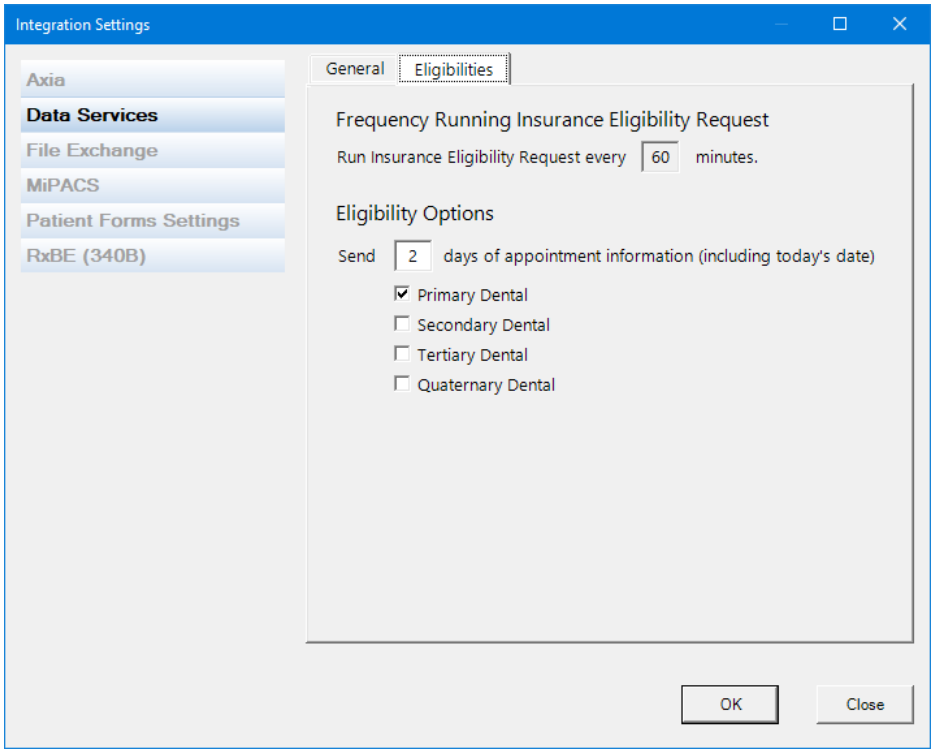
e. Click **OK** to save the clinic selections and return to the **Integration Settings** dialog box.

f. Click **OK**.

4. Under **Data Service Connection Settings**, enter the URL to the API **Server** and optionally the **Port** to use to allow communication through your firewalls. Click **Test Connection** to verify that you can connect to the specified server.

5. Select the **Eligibilities** tab.

   The options for checking eligibilities appear.

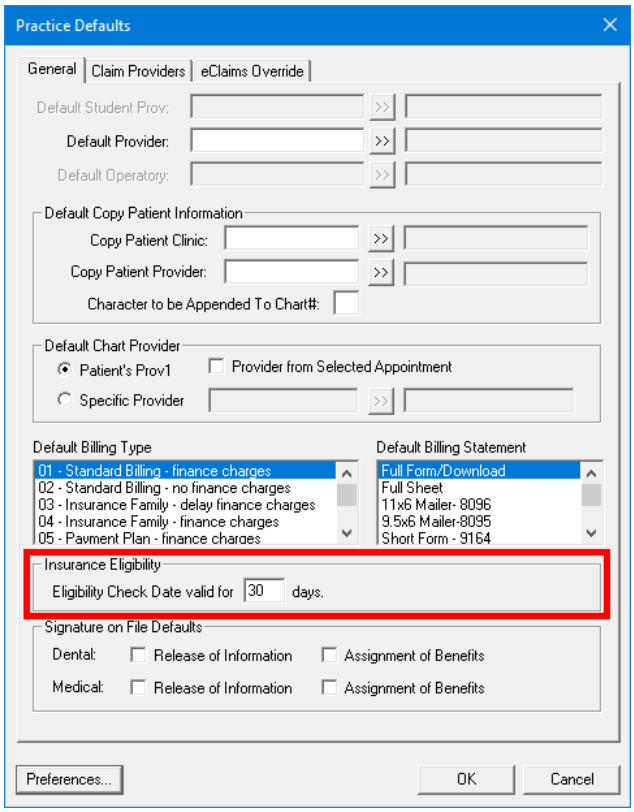


Note: The service checks eligibilities every 60 minutes. You cannot change this.

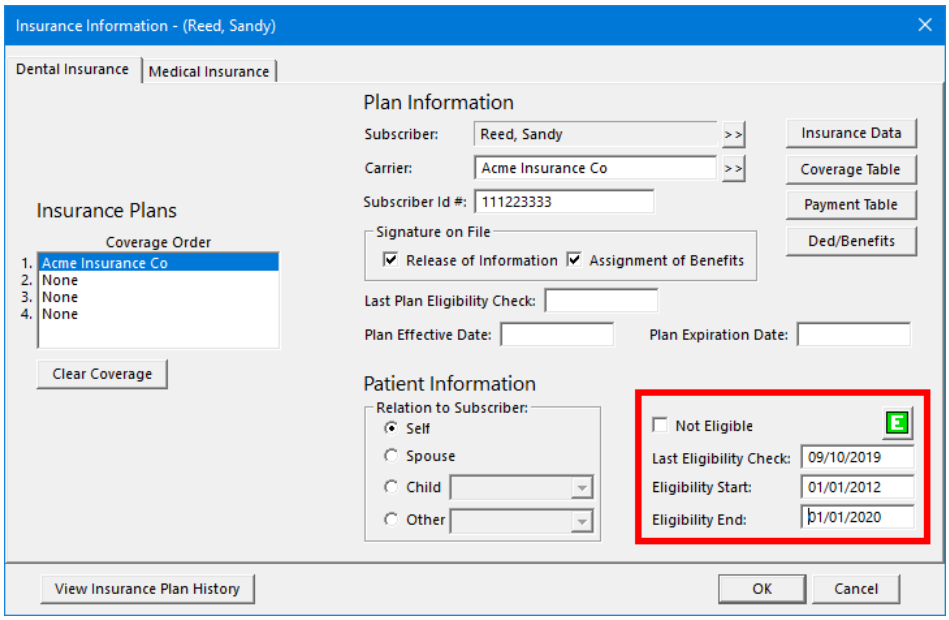
6. Under **Eligibility Options**, specify the following:
   - In the **Send [X] days of appointment information (including today's date)** box, enter a number between 1 and 99 to indicate how many business days worth of future appointments, starting from today's date, that you want the service to check eligibilities for.
   - Select the types of coverage that you want the service to verify eligibilities for: **Primary Dental**, **Secondary Dental**, **Tertiary Dental**, and/or **Quaternary Dental**. At least one check box must be selected.
7. Click **OK**.

Notes:

- As in previous versions of Dentrix Enterprise, a practice default indicates how long a verification of insurance eligibility is valid. In the **Eligibility Check Date valid for** box, enter how long an eligibility check should be valid for. The eligibility service will not re-check a patient's eligibility for any appointments before the specified time has elapsed.



- As in previous versions of Dentrix Enterprise, with this release, you can still manually specify a patient's eligibility by editing his or her insurance information from the Family File. However, with the new automated insurance eligibility verification feature in this release, a patient's eligibility information is updated automatically.

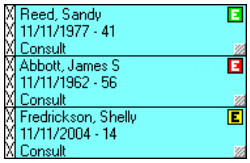


VIEWING A PATIENT'S INSURANCE ELIGIBILITY FOR AN APPOINTMENT

An icon on a patient's appointment now indicates the patient's current eligibility status. By right-clicking that icon, you can now view a document that contains insurance coverage information (if your practice uses the automated insurance eligibility verification feature).

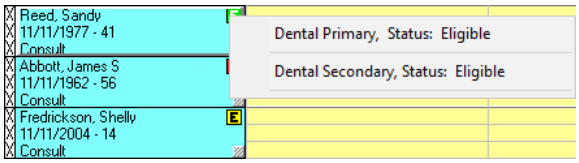
To view a patient's insurance eligibility for an appointment

1. In the Appointment Book, look at the color of the **E** icon on a patient's appointment, which indicates the eligibility status for the patient's primary dental insurance plan. An eligibility status can be one of the following:
   - Green is Eligible.
   - Red is Not Eligible.
   - Yellow is Not Checked or Reverify.



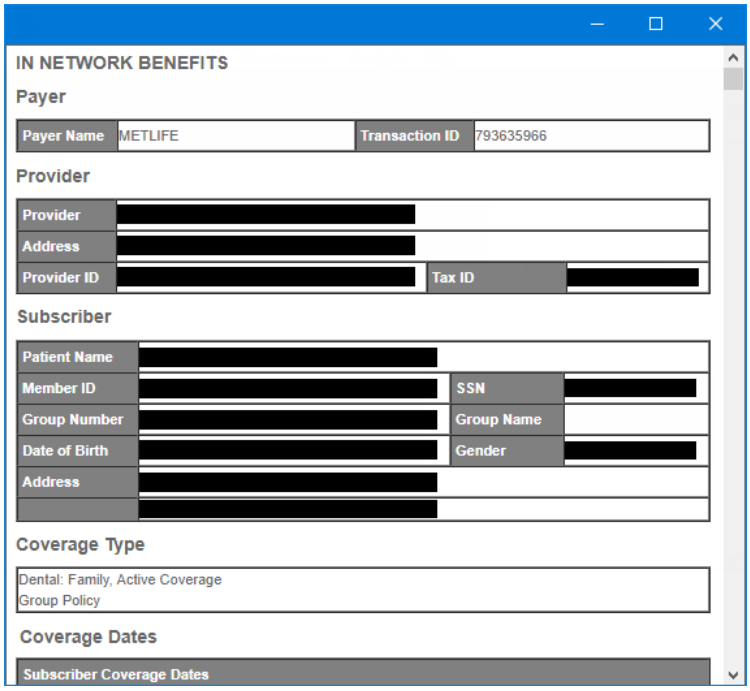
2. To view eligibility statuses for all the patient's insurance plans, right-click the **E** icon on the patient's appointment.

   The patient's coverage types and corresponding eligibility statuses appear on the menu.



3. If your practice uses the automated insurance eligibility verification feature, to view details regarding the patient's dental insurance coverage, on the menu, click a dental coverage type.

   A viewer window appears.



Referral Reports

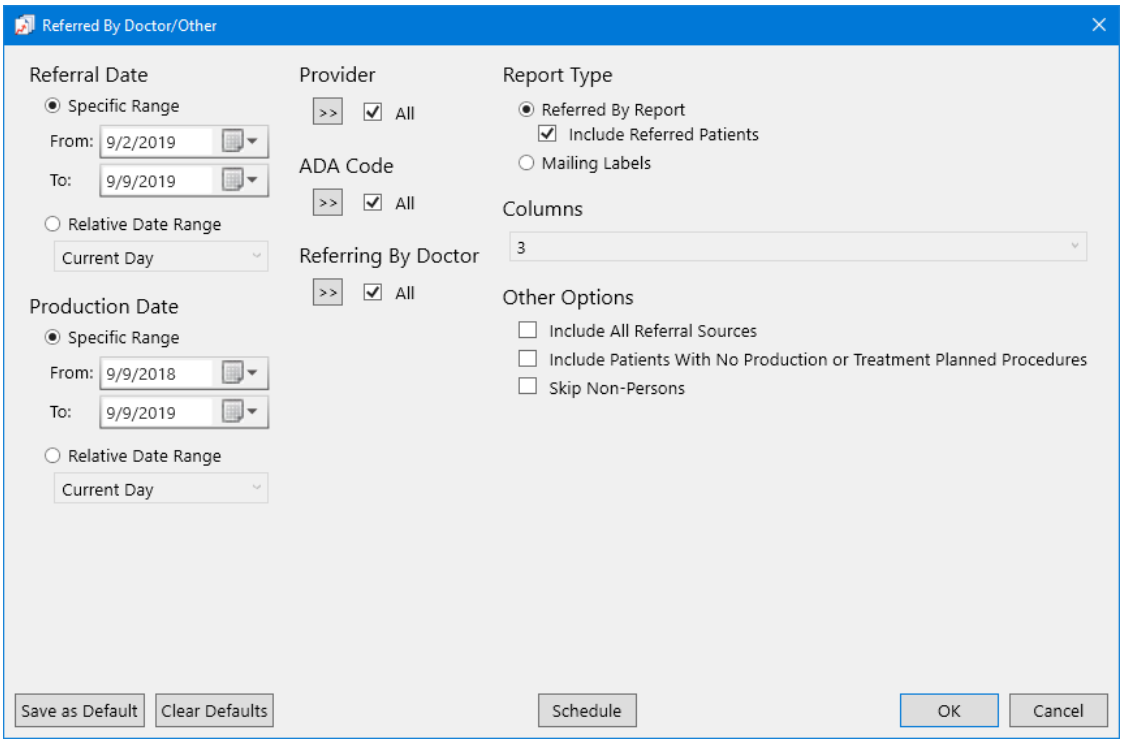
REFERRED BY DOCTOR/OTHER REPORT

You now run the Referred By Doctor/Other Report from the DXOne Reporting module. In previous versions, the report was available from the Office Manager.

To run the report

1. In DXOne Reporting, select **Management**, and then double-click **Referred By Doctor/Other**.

   The **Referred By Doctor/Other** dialog box appears.



2. Set up the following options:
   - **Referral Date** – Do one of the following:
     - Select **Specific Range**, and then enter the date range in the **From** and **To** boxes.
     - Select **Relative Date Range**, and then select the desired range.

     For a referral to be included on the report, the patient must have been referred to your practice within the specific date range or relative date range. The **Referral Date** options are available only if the **Include All Referral Sources** check box under **Other Options** is clear.
   - **Production Date** – Do one of the following:
     - Select **Specific Range**, and then enter the date range in the **From** and **To** boxes.
     - Select **Relative Date Range**, and then select the desired range.

     For a referral to be included on the report, the patient must have completed or treatment-planned procedures within the specified date range or relative date range. The **Production Date** options are available only if the **Include Patients With No Production or Treatment Planned Procedures** check box under **Other Options** is clear.
   - **Provider** – Click the search button >> to select the providers for referred patients you want to include on the report, or leave **All** selected to include all providers. The **Provider** options are available only if the **Include All Referral Sources** check box under **Other Options** is clear.

- **ADA Code** – Click the search button >> to select the procedure codes (posted to patients who have been referred to your practice) you want to include on the report, or leave **All** selected to include all procedure codes. The **ADA Code** options are available only if the **Include All Referral Sources** and **Include Patients With No Production or Treatment Planned Procedures** check boxes under **Other Options** are clear.
- **Referring By Doctor** – Click the search button >> to select the referral sources you want to include on the report, or leave **All** selected to include all sources.
- **Report Type** – Select one of the following options:
  - **Referred By Report** – To generate the report. If you want to include the name and referral date of each patient who was referred by each referral source, select the **Include Referred Patients** check box.
  - **Mailing Labels** – To generate mailing labels with each referring doctor's name and address. Then, select the number of **Columns** of labels your label sheets have on them.
- **Other Options**:
  - **Include All Referral Sources** – If you want to include patients with referrals for all dates, providers, and procedure codes, select this check box.
  - **Include Patients With No Production or Treatment Planned Procedures** – If you want to include patients whether or not they have treatment-planned or completed procedures, select this check box.
  - **Skip Non-Persons** – If you do not want to include non-person referral sources on the report, select this check box.

3. Click **OK**.

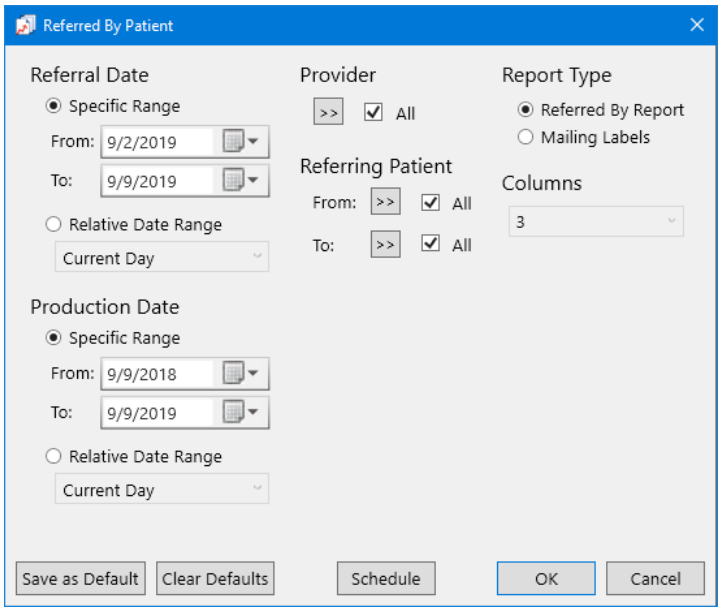
REFERRED BY PATIENT REPORT

You now run the Referred By Patient Report from the DXOne Reporting module. In previous versions, the report was available from the Office Manager.

To run the report

1. In DXOne Reporting, select **Management**, and then double-click **Referred By Patient**.

   The **Referred By Patient** dialog box appears.



2. Set up the following options:
   - **Referral Date** – Do one of the following:
     - Select **Specific Range**, and then enter the date range in the **From** and **To** boxes.
     - Select **Relative Date Range**, and then select the desired range.

     For a referral to be included on the report, the patient must have been referred to your practice within the specific date range or relative date range.
   - **Production Date** – Do one of the following:
     - Select **Specific Range**, and then enter the date range in the **From** and **To** boxes.
     - Select **Relative Date Range**, and then select the desired range.

     For a referral to be included on the report, the patient must have completed or treatment-planned procedures within the specified date range or relative date range.
   - **Provider** – Click the search button >> to select the providers for referred patients you want to include on the report, or leave **All** selected to include all providers.
   - **Referring Patient** – Click the **From** and **To** search buttons >> to select the range of referring patients you want to include on the report, or leave both **All** check boxes selected to include all referring patients.
   - **Select Report Type** – Select one of the following options:
     - **Referred By Report** – To generate the report.
     - **Mailing Labels** – To generate mailing labels with each referring patient's name and address. Then, select the number of **Columns** of labels your label sheets have on them.
3. Click **OK**.

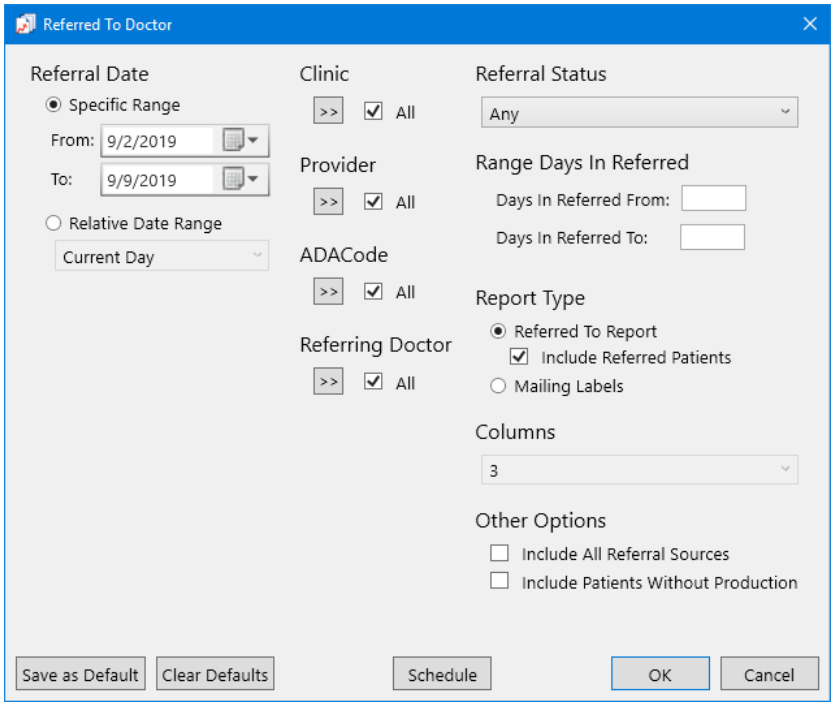
REFERRED TO DOCTOR REPORT

You now run the Referred To Doctor Report from the DXOne Reporting module. In previous versions, the report was available from the Office Manager.

To run the report

1. In DXOne Reporting, select **Management**, and then double-click **Referred To Doctor**.

   The **Referred To Doctor** dialog box appears.



2. Set up the following options:
   - **Referral Date** – Do one of the following:
     - Select **Specific Range**, and then enter the date range in the **From** and **To** boxes.
     - Select **Relative Date Range**, and then select the desired range.

     For a referral to be included on the report, the patient must have been referred to another doctor within the specific date range or relative date range. The **Referral Date** options are available only if the **Include All Referral Sources** check box under **Other Options** is clear.
   - **Clinic** – Click the search button >> to select the clinics with referred patients, or leave **All** selected to include all clinics. The **Clinic** options are available only if the **Include All Referral Sources** check box under **Other Options** is clear.
   - **Provider** – Click the search button >> to select the providers for referred patients you want to include on the report, or leave **All** selected to include all providers. The **Provider** options are available only if the **Include All Referral Sources** check box under **Other Options** is clear.
   - **ADA Code** – Click the search button >> to select the procedure codes (posted to patients who have been referred to other doctors) you want to include on the report, or leave **All** selected to include all procedure codes. The **ADA Code** options are available only if the **Include All Referral Sources** and **Include Patients Without Production** check boxes under **Other Options** are clear.
   - **Referring Doctor** – Click the search button >> to select the referred-to doctors (doctors to whom patients have been referred) you want to include on the report, or leave **All** selected to include all referred-to doctors.
   - **Referral Status** – Leave **Any** selected to include referrals with any status on the report, or select a specific status to include only referrals with that status.
   - **Range Days In Referred** – Enter a time range in the **Days In Referred From** and **Days In Referred To** boxes to include referrals referred out for a specified number of days on the report, or leave the boxes blank to include referrals referred out for any duration. A referral is included on the report if the number of days from when the treatment-planned procedure is referred until it is completed is within the specified range. The **Days In Referred From** box can have a value up to 999. The **Days In Referred To** box can have a value up to 999 and must be greater than or equal to the **Days In Referred From** value (if not blank).

Note: If the date of a referral is in the future, the **Range Days In Referred** is ignored, and the report does not display a referred-out duration for that referral.

- **Report Type** – Select one of the following options:
  - **Referred To Report** – To generate the standard report. If you want to include the name and referral date of each patient who was referred by each referral source, select the **Include Referred Patients** check box.
  - **Mailing Labels** – To generate mailing labels with each referred-to doctor's name and address. Then, select the number of **Columns** of labels your label sheets have on them.
- **Other Options**:
  - **Include All Referral Sources** – If you want to include patients with referrals for all dates, clinics, providers, and procedure codes, select this check box.
  - **Include Patients Without Production** – If you want to include patients whether or not they have treatment-planned or completed procedures, select this check box.

3. Click **OK**.

Referral Statuses

ADDING REFERRAL STATUS DEFINITIONS

You can now create up to 99 referral statuses. The name of a status can be up to 50 characters in length and must be unique.

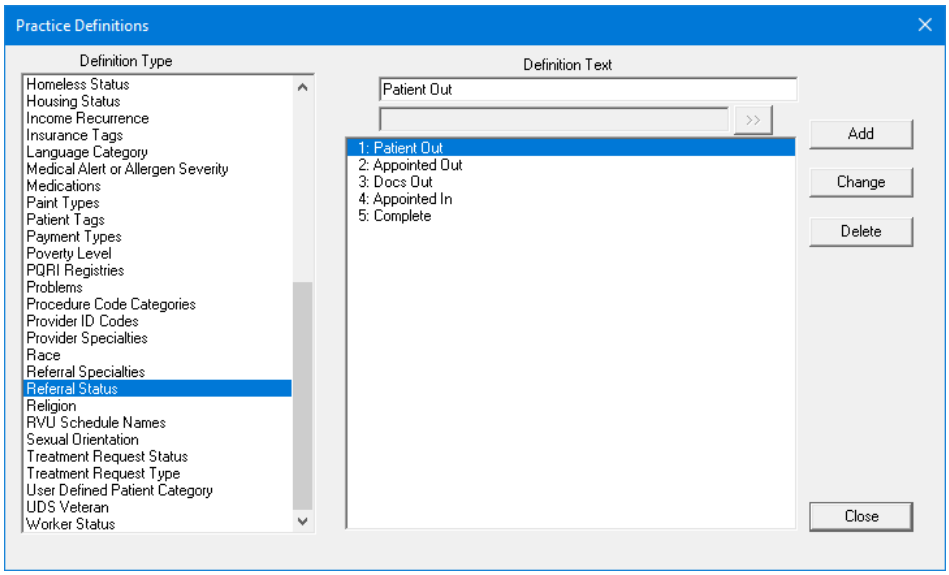
Notes:

- You can now filter the Referred to Doctor Report by referral status.
- You can delete a referral status only if it is not assigned to any referrals.

To add a Referral Status definition

1. While logged in to the Central clinic, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Definitions**.

   The **Practice Definitions** dialog box appears.



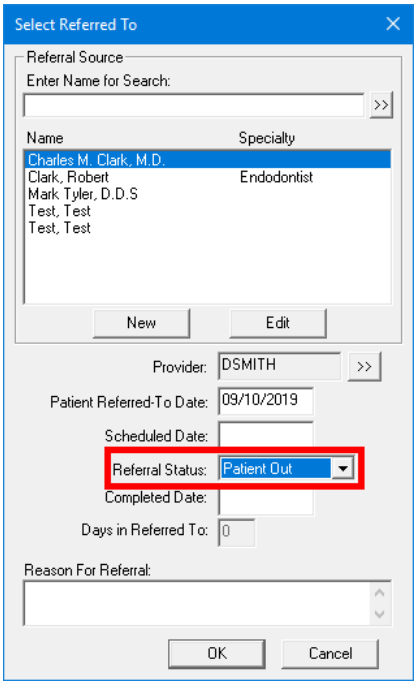
2. From the **Definition Type** list, select **Referral Status**.
3. Enter a name for the new status in the **Definition Text** box, and then click **Add**.

ASSIGNING STATUSES TO REFERRALS

You can now assign a status to an outbound referral.

To assign a status to a referral

While attaching an outbound referral to a procedure from the Patient Chart, or while adding an outbound referral to a patient's record from the Family File, select a **Referral Status** in the **Select Referred To** dialog box.



Billing Statements

VIEWING BILLING STATEMENTS FROM THE MORE INFORMATION WINDOW

From the **More Information** window, you can now view a history of billing statements that have been printed or sent electronically for a patient, and you can view any of the statements as needed.

Dentrix Enterprise saves single billing statements that are printed from the Ledger or the batch processor in the Office Manager.

- To print the statement from the Ledger, do any of the following:
  - In the Ledger, click the **Print Statement** button .
  - In the Ledger, on the **Print** menu, click **Statement**. Then, click **Print**.
- To send the statement to the batch processor and then print it from the Office Manager, do the following:
  1. In the Ledger, on the **Print** menu, click **Statement**. Then, click **Send to Batch**.
  2. In the Office Manager, select the patient's **Single Billing Statement** in the **Batch Processor**, and then do one of the following:
     - Click the **Print Report(s)** button .
     - On the **File** menu, click **Print**.

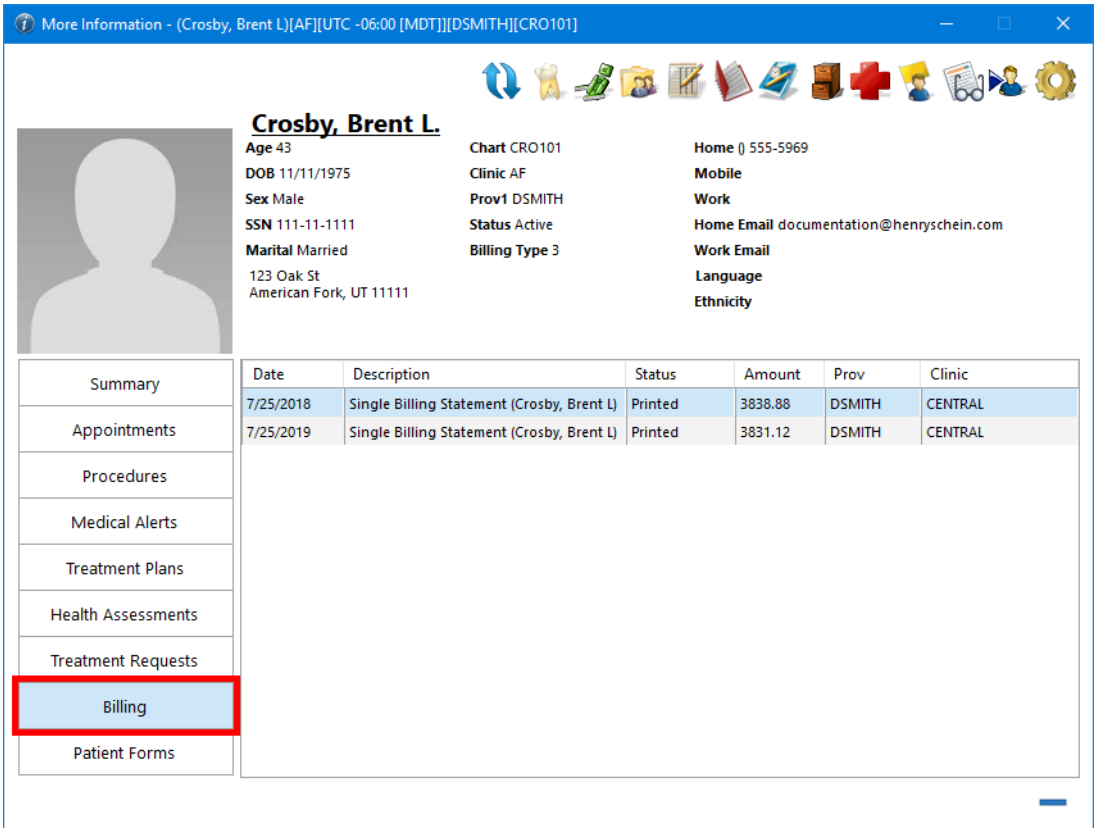
- Click the **Print Preview** button to preview the statement. Then, click the **Print Report** button.
- On the **File** menu, click **Print Preview** to preview the statement. Then, click the **Print Report** button.

Dentrix Enterprise saves billing statements that are generated as a batch from the Office Manager and then printed or sent electronically.

- To print a batch of statements, do the following:
  1. Generate a batch of billing statements. In the Office Manager, on the **Reports** menu, click **Billing**. Set up the options as needed, and then click **OK**.
  2. Select the batch of **Billing Statements** in the **Batch Processor**, and then do one of the following:
     - Click the **Print Report(s)** button.
     - On the **File** menu, click **Print**.
     - Click the **Print Preview** button to preview the statement. Then, click the **Print Report** button.
     - On the **File** menu, click **Print Preview** to preview the statement. Then, click the **Print Report** button.
- To send a batch of statements electronically, do the following:
  1. Generate a batch of billing statements. In the Office Manager, on the **Reports** menu, click **Billing**. Set up the options as needed, and then click **OK**.
  2. Select the batch of **Billing Statements** in the **Batch Processor**. Then, on the **File** menu, click **EBS**.

To view billing statements

1. In a patient's **More Information** window, select the **Billing** tab on the left.



2. Do any of the following:
   - To view a statement, double-click the corresponding statement history entry. To copy the text of the statement being viewed to the Windows Clipboard (in a tab-delimited format), select the text, and then, while pressing the Ctrl key, press C.
   - To sort the statement history list, click the desired column header.
   - To copy the history list to the Windows Clipboard (in an Excel-friendly format), select all the history entries, and then, while pressing the Ctrl key, press C.

     Note: To select multiple, drag over the desired entries; select a desired entry, and then select the others while pressing the Ctrl key; or select the first entry of desired range, and then select the last entry of the desired range while pressing the Shift key.

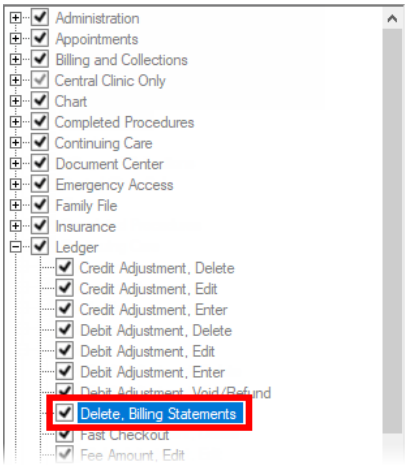
   - To delete a billing statement, select the desired entry, and then click the **Delete** button ▬.

     Notes:
     - To select multiple, drag over the desired entries; select a desired entry, and then select the others while pressing the Ctrl key; or select the first entry of desired range, and then select the last entry of the desired range while pressing the Shift key.
     - You can delete a billing statement only if your user account is allowed to do so (according to a new security right). However, if you are not allowed to delete it, Dentrix Enterprise asks for a user who does have rights to delete statements to enter his or her credentials. If you are attempting to delete multiple statements, the overriding user must enter his or her credentials for each statement being deleted.

NEW SECURITY RIGHT

There is a new security right that allows a user to delete a billing statement from the **More Information** window.

Ledger > Delete, Billing Statements

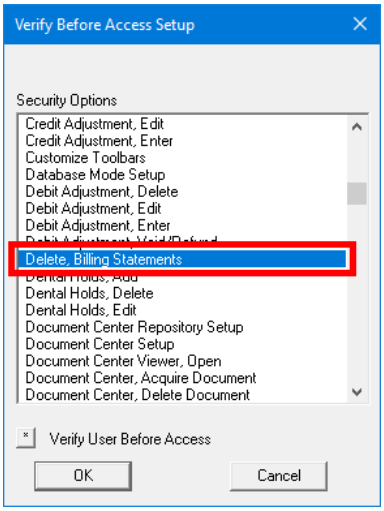


Also, you can require everyone to always enter their credentials to delete billing statements.

To set this up

1. From the **Maintenance** menu, point to **Practice Setup** > **Security Setup**, and then click **Verify User Before Access**.

   The **Verify Before Access Setup** dialog box appears.



2. Select **Delete, Billing Statements** in the **Security Options** list.
3. Next to **Verify User Before Access**, click the button with an asterisk (*).
4. Click **OK**.

Outstanding Claim Manager

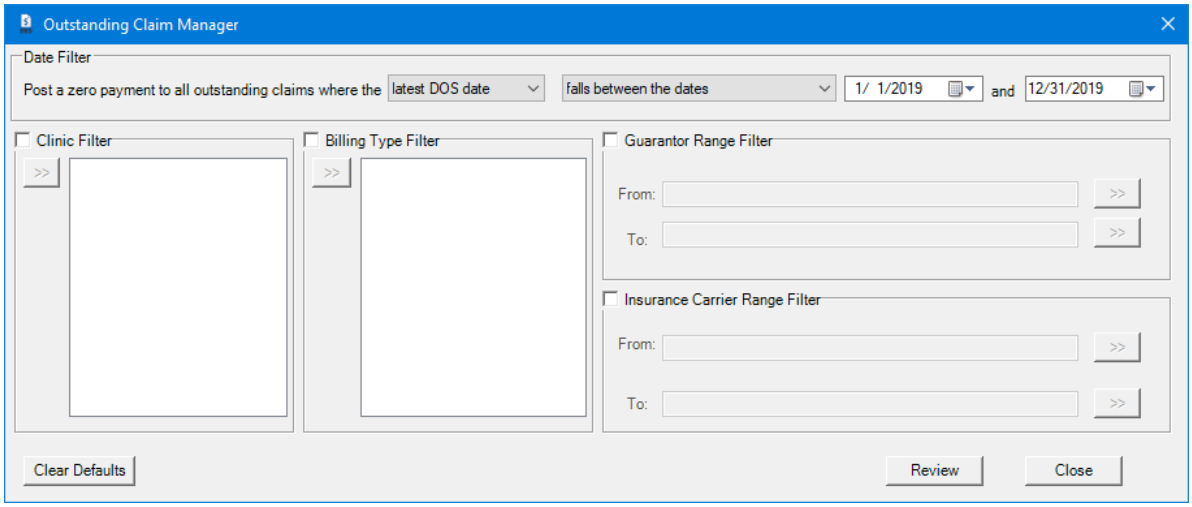
PROCESSING OUTSTANDING CLAIMS

With the Outstanding Claim Manager, you can identify unpaid claims and close them by posting zero payments and write-offs. An outstanding claim is a claim that does not have any associated insurance payments.

To process outstanding claims

1. In the Office Manager, click the **Outstanding Claim Manager** button .

   The Outstanding Claim Manager opens.



2. Set up the following options as needed:
   - **Date Filter** – Select whether you want to search for claims according to the **latest DOS date** (date of service), **claim creation date**, or **date sent date**. Select whether you want to include a claim according to whether that date **falls between the dates** specified, **is greater than or equal to** a specified date, or **is less than or equal** to a specified date. Then, enter the desired

date or date range.

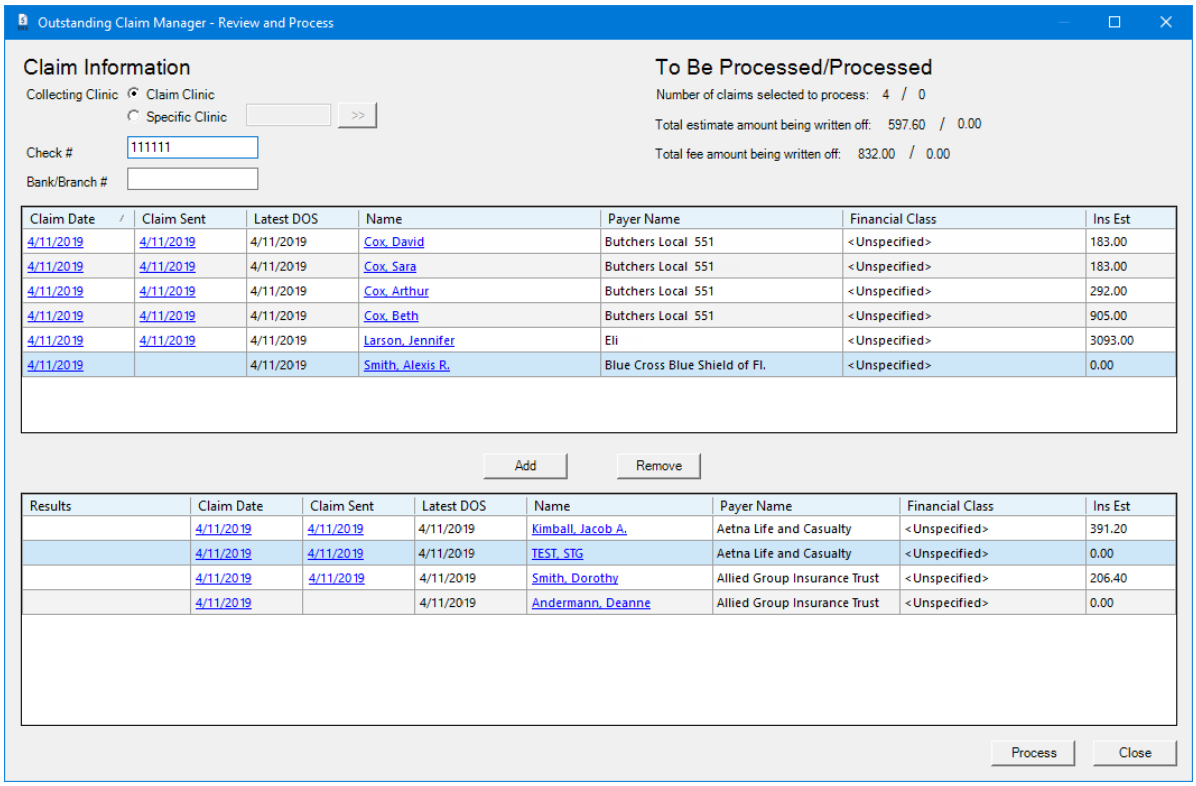
- **Clinic Filter** – To search for claims by clinic, select the check box, and then click the search button >> to select the desired clinics.
- **Billing Type Filter** – To search for claims by patients' billing types, select the check box, and then click the search button >> to select the desired billing types.
- **Guarantor Range Filter** – To search for claims by guarantor, select the check box, and then click the **From** and **To** search buttons >> to select the desired range of guarantors.
- **Insurance Carrier Range Filter** – To search for claims by carrier, select the check box, and then click the **From** and **To** search buttons >> to select the desired range of carriers.

Notes:

- If you have made any changes to the filters, and you attempt to close the Outstanding Claim Manager, a message that asks if you want to save the new filters appears. To save the filters for the next time you open the Outstanding Claim Manager, click **Yes**.
- If you have made any changes to the filters, and want to reset them to the default states, click **Clear Defaults**.

3. Click **Review**.

   The **Outstanding Claim Manager - Review and Process** dialog box appears.



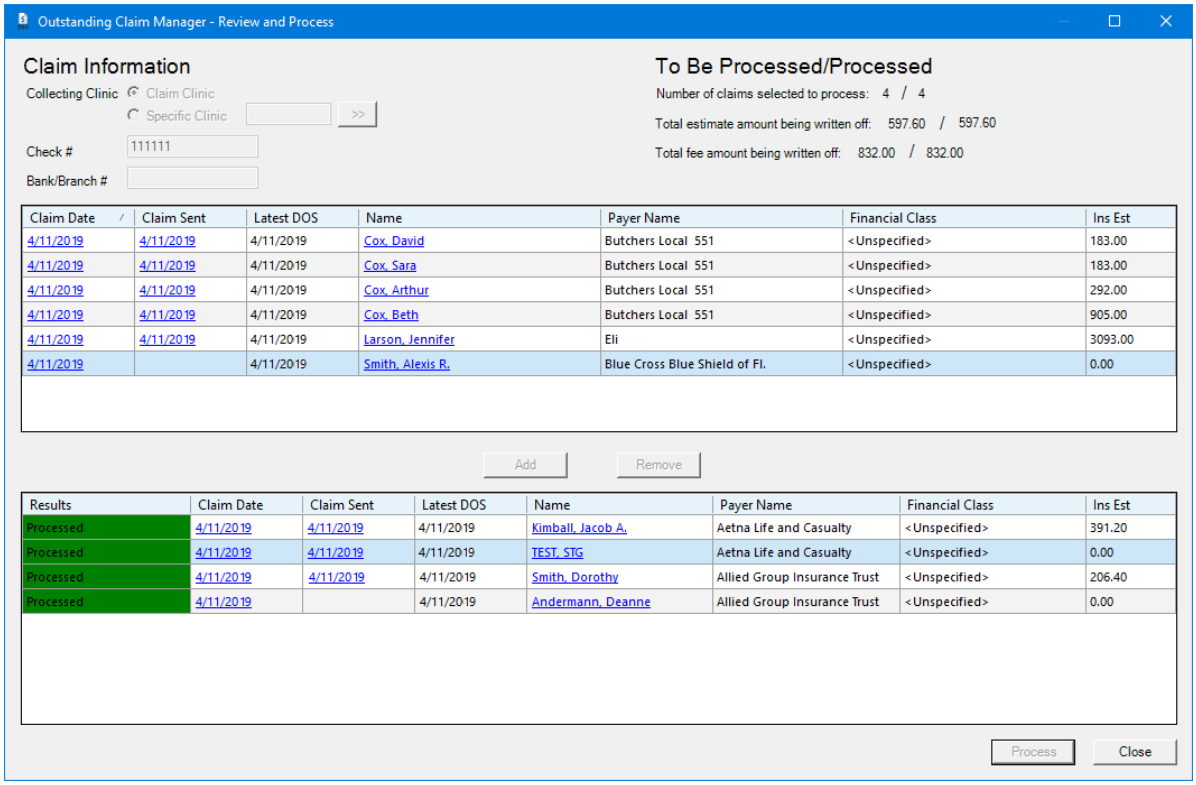
4. Specify the following information for the insurance payment:
   - **Collecting Clinic** – Leave **Claim Clinic** selected, or select **Specific Clinic** to select the correct clinic by clicking the search button >>.
   - **Check #** – Optionally, enter the applicable check number.
   - **Bank/Branch** – Optionally, enter the account number of your clinic's or organization's bank.
5. In the upper list, select the desired claims, and then click **Add** to move them to the lower list.

   Notes:

- The **Number of claims selected to process**, **Total estimate amount being written off**, and **Total fee amount being written off** appear for your reference.
- To remove a claim from the lower list, select it, and then click **Remove**.

6. Click **Process**.
7. When the claims have been processed, click **OK** on the success message that appears.

   The claims in the lower list now have Processed (with a green background) in the **Results** column.

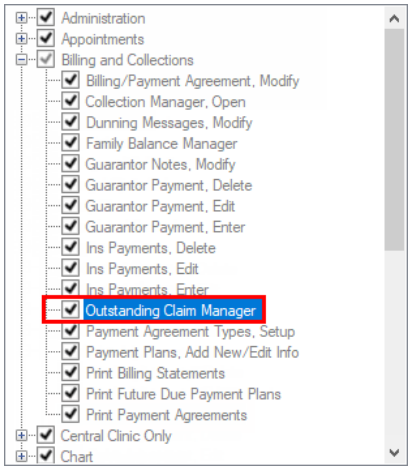


8. Click **Close**.

NEW SECURITY RIGHT

There is a new security right that allows a user to access the Outstanding Claim Manager.

Billing and Collections > Outstanding Claim Manager



Family Balance Manager

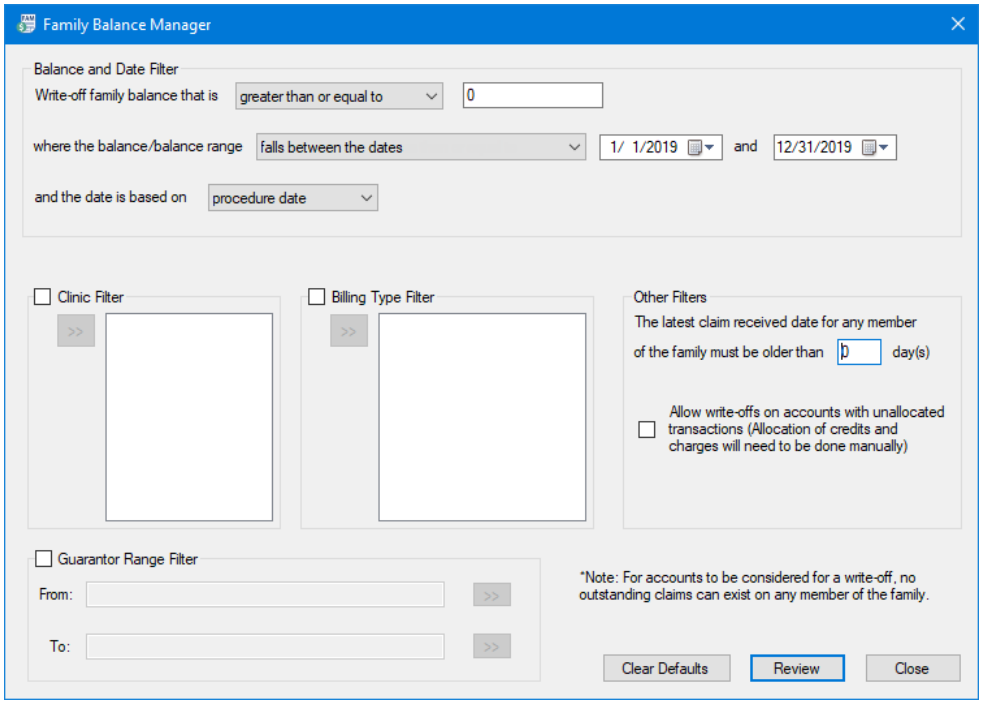
PROCESSING FAMILY BALANCES

With the Family Balance Manager, you can identify accounts with credit and charge balances and then post write-offs on those accounts at the same time.

To process family balances

1. In the Office Manager, click the **Family Balance Manager** button .

   The Family Balance Manager opens.



2. Set up the following options:
   - **Balance and Date Filter**:
     - Select whether you want to search for accounts with balances that are **between** two specified amounts, **greater than or equal to** a specified amount, or **less than or equal** to a specified amount. Then, enter the desired amount or amount range.
     - Select whether you want to search for accounts where a balance **falls between the dates** specified, **exists and the date is greater than or equal to** a specified date, or **exists and the date is less than or equal to** a specified date. Then, enter the desired date or date range.
     - Select whether the date of a balance is based on the **procedure date** or **entry date** of transactions. Entry date indicates the date of a transaction that was entered into the database. Procedure date indicates the date of a transaction that was manually changed. Most of the time, procedures will have the same entry and procedure date. They will only differ when you backdate a procedure. Applied credits use the allocate date instead of entry or procedure date.
   - **Clinic Filter** – To search for accounts by clinic, select the check box, and then click the search button >> to select the desired clinics.
   - **Billing Type Filter** – To search for accounts by billing type, select the check box, and then click the search button >> to select the desired billing types.

- **Guarantor Range Filter** – To search for accounts by guarantor, select the check box, and then click the **From** and **To** search buttons >> to select the desired range of guarantors.
- **Other Filters**:
  - Enter a quantity for **day(s)** to specify how old the most recent received claim on an account must be. For an account to be included, the received (paid) date of the most recent claim of any family member associated with that account must be longer ago than the number of days entered.

    Note: For an account to be considered for a write-off, no member of the family can have any outstanding claims.

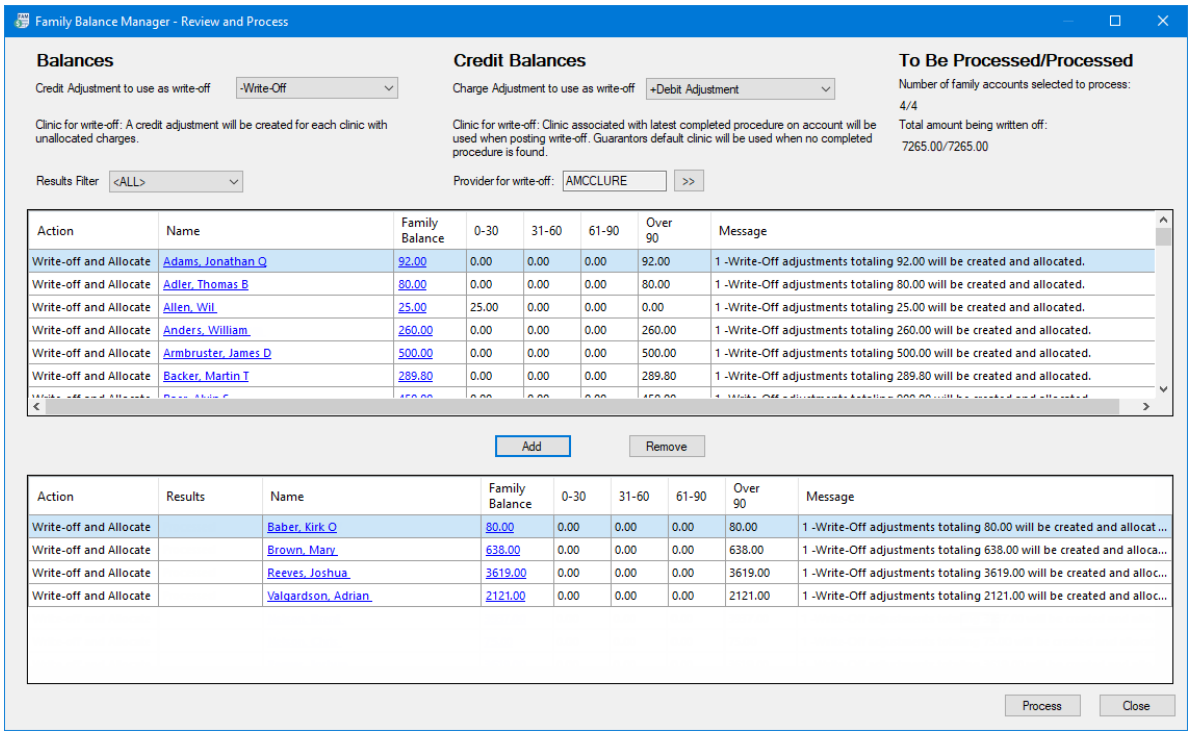
  - Select the **Allow write-offs on accounts with unallocated transactions** check box if you want to allow this. You will have to allocate credits and charges manually.

Notes:

- For an account to be considered for a write-off, no member of the family can have any outstanding claims.
- If you have made any changes to the filters, and you attempt to close the Family Balance Manager, a message that asks if you want to save the new filters appears. To save the filters for the next time you open the Family Balance Manager, click **Yes**.
- If you have made any changes to the filters and want to reset them to the default states, click **Clear Defaults**.

3. Click **Review**.

   The **Family Balance Manager - Review and Process** dialog box appears.



4. Set up the following options:
   - **Balances** – From the **Credit Adjustment to use as write-off** list, select the type of credit adjustment to use for any write-offs to adjust charge balances.

     Note: If the **Allow write-offs on accounts with unallocated transactions** check box was not selected in step 2, a credit adjustment will be posted for each clinic with unallocated charges.

- **Results Filter** – To show accounts according to which actions will be performed, select one of the following actions:
  - **<ALL>** – Accounts are displayed regardless of the actions to be performed.
  - **Write-off and Allocate** – This applies to an account only if the **Allow write-offs on accounts with unallocated transactions** check box was not selected in step 2, if the account balance is not equal to zero, and if the account does not meet the conditions for it to be skipped.
  - **Write-off Only** – This applies to an account only if the **Allow write-offs on accounts with unallocated transactions** check box was selected in step 2 and if the account does not meet the conditions for it to be skipped.

    Note: A single adjustment (credit or charge, depending on the family balance) will be posted. However , the adjustment will not be allocated. For a credit adjustment, the guarantor's default clinic will be used.

  - **Account Skipped** – This applies to an account if any of the following conditions are met:
    - Any member of the family has an outstanding claim (a claim that does not have a received status).
    - All family members' claims have been received, but the received date of the most recent claim of any family member associated with that account is not older than the **day(s)** entered in step 2.
- **Credit Balances** – Specify the following information for any adjustments to credit balances:
  - From the **Charge Adjustment to use as write-off** list, select the type of charge (debit) adjustment to use for write-offs.

    Note: The clinic that is associated with the most recent completed procedure on an account will be used for posting a write-off. If there is not a completed procedure on an account, the guarantor's default clinic will be used for posting a write-off.

  - Click the **Provider for write-off** search button to select the provider to attach to write-offs.

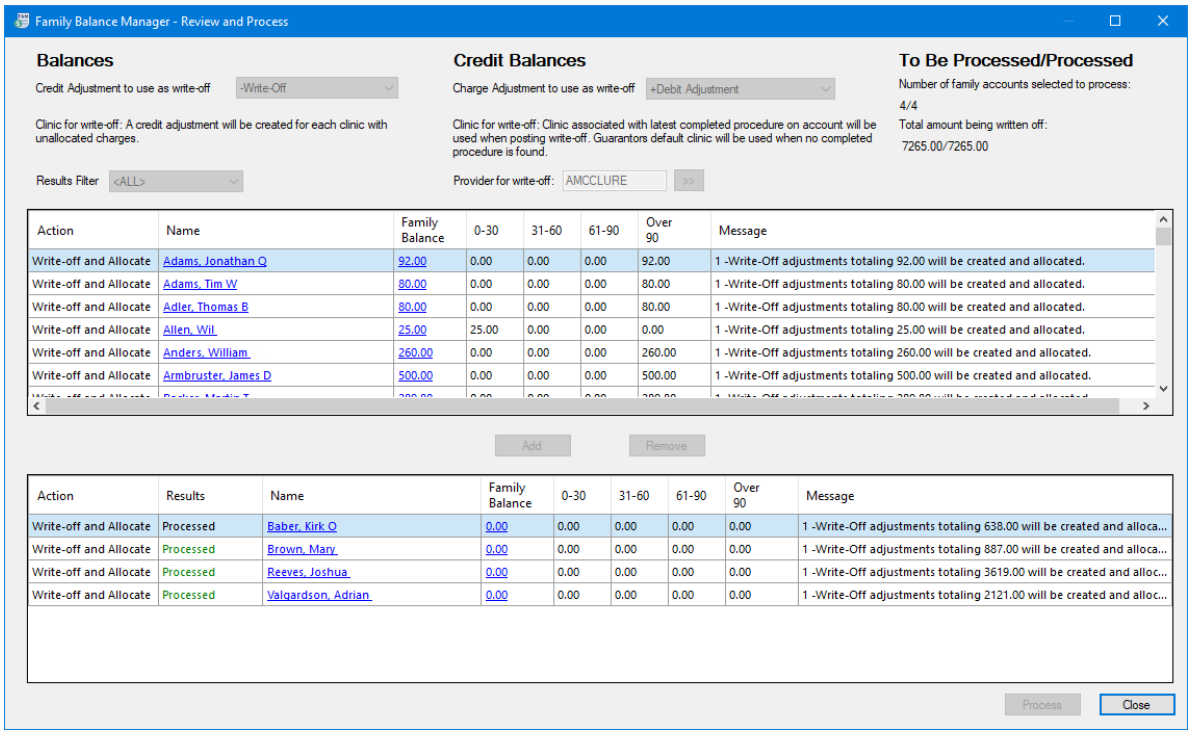
5. In the upper list, select the desired accounts, and then click **Add** to move them to the lower list.

   Notes:

   - The **Number of family accounts selected to process** and **Total amount being written off** appear for your reference.
   - To remove an account from the lower list, select it, and then click **Remove**.

6. Click **Process**.
7. When the accounts have been processed, click **OK** on the success message that appears.

   The accounts in the lower list now have Processed (with a green font) in the **Results** column and 0.00 in the **Family Balance** column.

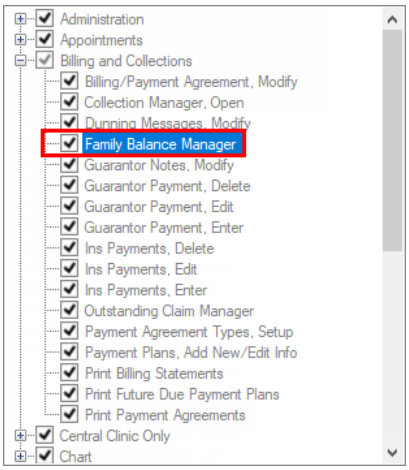


8. Click **Close**.

NEW SECURITY RIGHT

There is a new security right that allows a user to access the Family Balance Manager.

Billing and Collections > Family Balance Manager



How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 11.0.2?" section of the Dentrix Enterprise Help.

You can view on-demand product training videos, download PDF copies of product manuals (such as the Reports Reference, User's Guide, and System Requirements), and search the support knowledgebase for troubleshooting tips and answers to common questions in the Resource Center at www.dentrixenterprise.com/support/resource-center if you have an active customer service plan.