

DENTRIX ENTERPRISE 11.0.2

REPORTS REFERENCE

Publication Date

January 2022

Copyright

© 2022 Henry Schein One. All rights reserved.

Software License Notice

Your license agreement with Henry Schein One, which is included with the product, specifies the permitted and prohibited uses of the product. Any unauthorized duplication or use of Dentrax Enterprise in whole or in part, in print or in any other storage and retrieval system, is forbidden.

Licenses and Trademarks

Dentrax Enterprise is a registered trademark of Henry Schein One. Henry Schein One and its logo are trademarks of Henry Schein One. Microsoft, Windows, and Windows 8/10 are registered trademarks of Microsoft Corporation. All ADA CDT codes are protected by U.S. and International copyright laws; all rights reserved by the American Dental Association.

Dentrax Enterprise and Microsoft Word

Dentrax Enterprise can share its database with Microsoft Word, a word processing product created by Microsoft Corporation. To use Dentrax Enterprise with Microsoft Word, you need to license and install Microsoft Word.

Dentrax Enterprise and Microsoft Excel

Information from Dentrax Enterprise can be shared with Microsoft Excel, a spreadsheet software created by Microsoft Corporation. To use Dentrax Enterprise with Microsoft Excel, you need to license and install Microsoft Excel.

Contents

Introduction.....	1
Adjustment Summary Report	4
Aging/Credit Balance Report	6
Analysis Summary Report - Daily.....	8
Analysis Summary Report - Standard.....	12
Appointment Book View Printout	14
Appointment Cycle Time Report.....	16
Appointment Reminder Cards	18
Appointment Statistics Report	20
As Soon As Possible List	22
Assigned Rights Report	24
Audit Report - Appointments.....	26
Audit Report - Audit Log Status.....	28
Audit Report - Clinics	30
Audit Report - Combined	32
Audit Report - Patients.....	34
Audit Report - Providers/Staff	36
Audit Report - Transactions	38
Audit Rights Report - Assigned Individually.....	40
Audit Rights Report - Assigned to Groups.....	42
Audit Rights Report - Group Names.....	44
Audit Rights Report - Users to Groups	46
Billing Statement	48
Birthday List.....	50
Caries Prevalence and Periodontal Index Report.....	52
Clinical Notes Report	64
Clinical Quality Measures List.....	66
Collections Manager List	70
Continuing Care Cards - No Appointment	74
Continuing Care Cards - with Appointment	75
Continuing Care Display List	76
Coupon Book - Future Due Payments.....	78
Coupon Book - Payment Agreements.....	79
Credit Card Transaction Report.....	80
Custom Practice Information Report	82
Daily Appointment List (DX1)	84
Daily Appointment List Report.....	86
Daily Summary Report.....	88
Day Sheet (Adjustments) Report.....	90
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Receipts) Report.....	98
Day Sheet Report	100
Dental Diagnostic Code List.....	104
Dental Encounters Report	106
Deposit Slip.....	108
Document Center - Documents List Report.....	112
Document Center Audit Documents Report	114
Document Center Document.....	116

Document Center Documents Audited Report.....	118
Document Center List	120
Employers and Employed Patients Report	122
Family Ledger Report.....	124
Family Ledger Report (Single Family)	126
Fee Schedules Report.....	128
Finance Charge Report	130
Future Due Payment Plan Report - Monthly Totals.....	132
Future Due Payment Plan Report - Standard.....	134
Initial Health History Report.....	136
Insurance Carrier List.....	138
Insurance Carrier Production - Full Report.....	142
Insurance Carrier Production - Summary Report	144
Insurance Claim Aging Report	146
Insurance Claims Not Sent Report.....	148
Insurance Coverage Tables Report	150
Insurance Eligibility Report	152
Insurance Transaction Analysis Report.....	154
Late Charge Report.....	156
Letter Merge Reports	158
Meaningful Use Measure Calculation List	162
Medical Code List.....	186
Multi-Code List	188
New Patient List.....	190
Office Journal Report.....	192
Operator Day Sheet Report.....	194
Operatory Appointment List Report.....	196
Oral Health Education Report	198
Oral Health Status Report.....	200
Patient Chart and Progress Notes Printout	202
Patient Chart Printout.....	204
Patient Health Assessment Report.....	206
Patient Information Accessed Report	208
Patient Ledger Report.....	210
Patient List.....	212
Patient List (Filtered).....	214
Patient Notes Report.....	216
Patient Proposed Treatment Case Report (Your Care Plan).....	220
Patient Questionnaire	222
Patient Revenue List by Payer Report.....	224
Patient Route Slip	226
Patient Treatment Case Report	228
Patient's Ledger Report.....	230
Payment Agreement Amortization Schedule.....	232
Payment Agreement Report.....	234
Payment Summary Report	236
Perio - Combined Graphic & Data Chart Report.....	238
Perio - Data Chart Report	240
Perio - Exam Comparison Report.....	242
Perio - Graphic Chart Report.....	244
Perio - Pocket Depths Only Report.....	246

Perio Exam List.....	248
Periodontal Exam Report.....	250
Practice Analysis Report.....	252
Practice Organization List	254
Practice Statistics Report	256
Practice Treatment Case Report.....	258
Prescription Printout.....	260
Pre-Treatment Estimate Aging Report.....	262
Pre-Treatment Estimates Not Sent Report	264
Procedure Code List.....	266
Procedures by Contracted Amount Report.....	268
Procedures Not Attached to Insurance Report.....	270
Production Summary Report	272
Provider A/R Totals - Daily Report.....	276
Provider A/R Totals - Standard Report.....	278
Provider IDs List	284
Provider Revenue - Allocations Report.....	286
Provider Revenue - Charges Report.....	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report.....	292
Referral Analysis Report	294
Referral Recap Report	296
Referral Slip	298
Referred By Doctor/Other Report.....	300
Referred By Patient Report	302
Referred To Doctor Report	304
Registration Information Report.....	306
RVU Day Sheet Report	308
RVU Production Summary Report	310
RVU Schedules Report	314
RVU Utilization Report.....	316
Secondary Insurance Claims Not Created Report.....	318
Secondary Pre-Treatment Estimates Not Created Report	320
Standard Coverage Tables Report.....	322
Suspended Credits Report	324
Treatment Case Report	326
Treatment Plan Approval Report.....	328
Treatment Plan Approval Status Report	330
Truth in Lending Disclosure Statement.....	332
UDS - Age/Gender Report	334
UDS - Encounters and Users by Selected Procedure Codes Report	338
UDS - Encounters by Provider Report.....	340
UDS - Insurance Financial Class Report.....	342
UDS - Insurance Financial Class Report (2013).....	344
UDS - Medicaid/Medicare Report.....	346
UDS - Patient Related Revenue Report	348
UDS - Patient Status Report.....	350
UDS - Sealant Statistics Report	352
UDS - Tobacco Use and Intervention Report	354
Unscheduled Appointment List (DX1)	356
Unscheduled Appointment List (OM)	358

Unscheduled Treatment Plans (Condensed) Report	360
Unscheduled Treatment Plans (Detailed) Report.....	362
Updated Dental Insurance Payment Table Report	364
Utilization Report	366
Walkout - Doctor's Statement.....	368
Walkout - Family Walkout	370
Index by Symbol	376
Index by When to Run a Report	378
Index by Module.....	381
Index of Filters by Report.....	383
Index by Filter	394
Index by Report Item.....	406

Introduction

The Dentrrix Enterprise Reports Reference is designed to help your office get the most out of Dentrrix Enterprise reporting. Detailed explanations, along with sample screenshots, are provided to help your office learn why and when to use each report and how to read each report.

For additional help with Dentrrix Enterprise reports, consult the *Dentrrix Enterprise User's Guide*, refer to the Dentrrix Enterprise Help (in any module, from the **Help** menu, click **Contents**), or contact Technical Support at 1-800-459-8067.

How to Use this Book

Reports are listed alphabetically in this book. If you do not know the name of a report, do not know which report contains the data you are looking for, or want to know the filters of each report, use the Table of Contents or one of the following indexes located at the end of the manual:

- **Index by Report Name** – Lists all the reports alphabetically.
- **Index by Symbol** – Categorizes reports by Quick Reference symbol.
- **Index by When to Run a Report** – Groups reports by when it is recommended to run each report.
- **Index by Module** – Groups reports by the Dentrrix Enterprise modules from which you run each report.
- **Index of Filters by Report** – For each report, the available filters are listed.
- **Index by Filter** – For each available filter, the reports that use that particular filter are listed.
- **Index by Report Item** – Groups reports by the items found on each report. The report items are arranged in categories to help you find the report items you are looking for.






How to Read this Book

After each report is introduced, a Quick Reference section summarizes why and when to run the report. In the Quick Reference section, you'll find Quick Reference symbols that represent how your office can benefit from using the report.

Quick Reference Symbols

Quick Reference Symbols represent how your office will benefit from a report. Use the Quick Reference symbols and the “Index by Symbol” section (at the end of this manual) to help your office focus on specific aspects of the practice.

You will find the following Quick Reference symbols in this book:

Symbol	Category	Explanation
	Patient Care	Helps your practice provide patient care services.
	Information	Gathers Dentrix Enterprise information together so that you can review it without opening multiple dialog boxes.
	Financial	Helps you track , monitor, or project financial data.
	Production	Helps you track, monitor, or project production.
	Time	Saves you time.

Tips for Understanding Dentrix Enterprise Reports

Procedure Date vs. Entry Date

Many Dentrix Enterprise reports can be run by Procedure Date or Entry Date. Because the type of date by which you run a report can filter out desired data, it is essential that you understand the difference between these two options.

- **Entry Date** – The actual date a procedure is entered.
- **Procedure Date** – The date a procedure is completed. Because the clinical chart must always be accurate, this date can be back-dated.

Scenario: You have to enter last Friday’s procedures on Monday. The *Entry Date* would be Monday. The *Procedure Date* would be Friday.

Consequence: If you run a report, such as the Day Sheet, by *Entry Date* for Monday, the procedures would be included in the report. However, if you run the same report by *Procedure Date*, the procedures would not be included.

Additionally, if Friday was a previous month, the MTD totals would be affected by the option used to run the report.

Year-to-date vs. Month-to-date

Many Dentrix Enterprise reports include Year-to-date and Month-to-date totals. It is important to understand how each total is calculated.

- **Year-to-date** – The total amount since the start of the current year (January 1).
- **Month-to-date** – The total amount since the start of the current month.

Note: *Month-to-date and Year-to-date values can be affected by whether a report is run by Entry Date or Procedure Date.*

Dentrix Enterprise Reports

Adjustment Summary Report

The Adjustment Summary Report displays adjustment totals by adjustment type.



Why: To assist in preparing tax documents (to view charity care and other tax deductible totals), and to view the amount of bad debt written off

When: Yearly and quarterly

Adjustment Summary

01/01/2018 - 04/05/2018 Procedure Date

Clinics: <ALL>

Providers: <ALL>

Billing Type: <ALL>

Adjustment Types: <ALL>

Report Date: 04/05/2018

Report Generated By: enterprise

Page 1 of 1

Description	Quantity	Total	Average	Percent
+Debit Adjustment	2	100.00	50.00	100.00%
-Credit Adjustment	2	-75.00	-37.50	51.72%
-Professional Discount	4	-70.00	-17.50	48.28%
Finance Charge	3	332.00	110.67	100.00%
Late Charge	4	7,951.00	1,987.75	100.00%
Grand Totals	(A)	(B)	(C)	(D)
Total Credit Adjustments	6	-145.00	-24.17	
Total Debit Adjustments	2	100.00	50.00	(E)
Total Finance Charges	3	332.00	110.67	
Total Late Charges	4	7,951.00	1,987.75	
Totals	15	8,238.00	549.20	

How do I run the Adjustment Summary Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Adjustment Summary**. For additional details about running this report, see the "Adjustment Summary Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Quantity** – The number of adjustments posted.
- B. Total** – The total dollar amount of adjustments.
- C. Average** – The average dollar amount of adjustments (Total / Quantity).
- D. Percent** – The adjustment total divided by the combined total of all adjustments in the same category.
Note: There are four adjustment categories: credit adjustments, debit adjustments, finance charges, and late charges.
- E. Grand Totals** – The Grand Totals section includes the quantity, total, and average for all the credit adjustments, debit adjustments, finance charges, late charges, and totals (of all adjustments) on the report.

Aging/Credit Balance Report

The Aging/Credit Balance Report lists guarantors with outstanding balances or credit balances, along with their contact information.



Why: To identify guarantors with outstanding balances so that they can be targeted for collections, or to view and/or contact guarantors with a credit balance

When: Monthly

AGING REPORT

Balance as of: 04/23/2018 Procedure Date
 Last Payment Before: <ALL>
 Balance Range: <ALL>
 Guarantor Range: Abbott, James - Farrer, Lisa
 Days Past Due: 0 - <No Limit>
 Clinics: <ALL>
 Provider: <ALL>
 Billing Types: <ALL>

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 1

Guarantor Name	Phone	BT	Last Pmt Date	Last Pmt Amt	Last Stmt Date	0-30	31-60	61-90	91-120	121-150	151-180	Over 180	Sus Cred	Ins Est.	Guar Portion	Balance
Abbott, James	(404)555-5445	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Brown, Mary	(404)555-1586	2	04/22/2018	125.00	04/03/2018	0.00	230.00	4,516.00	1,302.64	0.00	118.40	0.00	1,772.00	4,792.04	6,564.04	
- Tue - Jan 20, 2018 - account note here																
Crosby, Brent R	(919) 555-1432	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cross, Jill T	(919) 555-3784	1	02/21/2018	116.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	-104.00	0.00	0.00	-104.00
Davis, Harmon J	(919) 555-3781	1	11/29/2017	83.70		0.00	0.00	0.00	0.00	0.00	0.00	360.70	0.00	0.00	360.70	360.70
Edwards, John	(919) 555-3778	1	02/21/2018	24.00		0.00	0.00	0.00	0.00	0.00	0.00	208.00	0.00	0.00	208.00	208.00
Edwards, Kelly	(919) 555-3775	1				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Farrer, Lisa	(212) 555-3333	1	11/24/2017			0.00	0.00	0.00	0.00	0.00	0.00	92.00	0.00	0.00	92.00	92.00

	0-30	31-60	61-90	91-120	121-150	151-180	Over 180	Sus Cred	Ins Est.	Guar Portion	Balance
TOTALS	397.00	0.00	230.00	4,516.00	1,302.64	0.00	779.10	-104.00	1,772.00	5,452.74	7,120.74
PERCENT	5.58%	0.00%	3.23%	63.42%	18.29%	0.00%	10.94%	-1.46%	24.89%	76.58%	

⑤

Dentrix Enterprise 11.0.2 Reports Reference

Analysis Summary Report - Daily

The Analysis Summary - Daily Report lists transaction totals. This report includes much of the same information as the Day Sheet Report, but formats it in a way that helps you compare provider and/or clinic totals for each day in a given date range.



Why: To review production totals and compare provider and/or clinic totals

When: Monthly

Analysis Summary - Daily

04/22/2018 - 04/29/2018 Entry Date

Clinics: <ALL>

Providers: <ALL>

Billing Type: <ALL>

Report Date: 04/29/2018

Report Generated By: enterprise

Page 1 of 1

Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments Suspended Payments OTH Applied Payments	Applied Ins Payments Suspended Ins Payments OTH Applied Ins Payments	Applied Credit Adj Suspended Credit Adj OTH Applied Credit Adj	Credit Special Adj Credit Initial Balances OTH Credit Special Adj	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
-------------------	-----------------------	------------	------------------------------	--	--	--	--	---	--------------------	------------------------------------	----------------	------------

04/22/2018

0.00	386.00	10.00	0.00	0.00	-148.00	0.00	-20.00	0.00	2	193.00	249.00	249.00
	0.00		21.00	0.00	0.00	0.00	0.00	0.00	0	64.33		
					0.00	0.00	0.00	0.00		0.00		

04/23/2018

249.00	3,376.56	0.00	332.00	0.00	-20.00	0.00	0.00	0.00	10	337.66	11,867.56	11,618.56
	0.00		7,930.00	0.00	0.00	0.00	0.00	0.00	3	281.38		
					0.00	0.00	0.00	0.00		0.00		

04/24/2018

11,867.56	105.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1	105.00	11,972.56	105.00
	105.00		0.00	0.00	0.00	0.00	0.00	0.00	1	35.00		
					0.00	0.00	0.00	0.00		0.00		

04/27/2018

11,972.56	973.00	0.00	0.00	0.00	-100.00	-698.40	0.00	0.00	3	324.33	12,122.16	149.60
	898.00		0.00	0.00	0.00	0.00	-25.00	0.00	0	243.25		
					0.00	0.00	0.00	0.00		0.00		

GRAND TOTALS

17,940.04	4,840.56	10.00	332.00	0.00	-268.00	-698.40	-20.00	0.00	16	302.54	30,062.20	12,122.16
	1,003.00		7,951.00	0.00	0.00	0.00	-25.00	0.00	4	193.62		
					0.00	0.00	0.00	0.00		0.00		

Analysis Summary - Daily

04/23/2018 - 04/29/2018 Entry Date
Clinics: CENTRAL
Providers: DDS1
Billing Type: <ALL>

Report Date: 04/29/2018

Report Generated By: enterprise

Page 1 of 1

Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
-------------------	-----------------------	------------	------------------------------	--	------------------	---	--	--------------------	------------------------------------	----------------	------------

Provider: DDS1

Clinic: CENTRAL

04/23/2018

1,389.00	2,586.56	0.00	332.00	0.00	0.00	0.00	0.00	5	517.31	12,237.56	10,848.56
----------	----------	------	--------	------	------	------	------	---	--------	-----------	-----------

	0.00		7,930.00	0.00		0.00	0.00	1	431.09		
--	------	--	----------	------	--	------	------	---	--------	--	--

04/27/2018

12,237.56	898.00	0.00	0.00	0.00	-82.00	-698.40	0.00	2	449.00	13,053.56	816.00
-----------	--------	------	------	------	--------	---------	------	---	--------	-----------	--------

	898.00		0.00	0.00		0.00	0.00	0	299.33		
--	--------	--	------	------	--	------	------	---	--------	--	--

Clinic: CENTRAL

1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
----------	----------	------	--------	------	--------	---------	------	---	--------	-----------	-----------

	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
--	--------	--	----------	------	--	------	------	---	--------	--	--

Provider: DDS1

1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
----------	----------	------	--------	------	--------	---------	------	---	--------	-----------	-----------

	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
--	--------	--	----------	------	--	------	------	---	--------	--	--

GRAND TOTALS

1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
----------	----------	------	--------	------	--------	---------	------	---	--------	-----------	-----------

	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
--	--------	--	----------	------	--	------	------	---	--------	--	--

Analysis Summary - Daily

04/23/2018 - 04/29/2018 Entry Date
Clinics: CENTRAL
Providers: DDS1
Billing Type: <ALL>

Report Date: 04/29/2018

Report Generated By: enterprise

Page 1 of 1

Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
-------------------	-----------------------	------------	------------------------------	--	------------------	---	--	--------------------	------------------------------------	----------------	------------

Clinic: CENTRAL

Prov: DDS1

04/23/2018

1,389.00	2,586.56	0.00	332.00	0.00	0.00	0.00	0.00	5	517.31	12,237.56	10,848.56
----------	----------	------	--------	------	------	------	------	---	--------	-----------	-----------

	0.00		7,930.00	0.00		0.00	0.00	1	431.09		
--	------	--	----------	------	--	------	------	---	--------	--	--

04/27/2018

12,237.56	898.00	0.00	0.00	0.00	-82.00	-698.40	0.00	2	449.00	13,053.56	816.00
-----------	--------	------	------	------	--------	---------	------	---	--------	-----------	--------

	898.00		0.00	0.00		0.00	0.00	0	299.33		
--	--------	--	------	------	--	------	------	---	--------	--	--

Prov: DDS1

1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
----------	----------	------	--------	------	--------	---------	------	---	--------	-----------	-----------

	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
--	--------	--	----------	------	--	------	------	---	--------	--	--

Clinic: CENTRAL

1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
----------	----------	------	--------	------	--------	---------	------	---	--------	-----------	-----------

	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
--	--------	--	----------	------	--	------	------	---	--------	--	--

GRAND TOTALS

1,389.00	3,484.56	0.00	332.00	0.00	-82.00	-698.40	0.00	7	497.79	12,355.16	10,966.16
----------	----------	------	--------	------	--------	---------	------	---	--------	-----------	-----------

	898.00		7,930.00	0.00		0.00	0.00	1	387.17		
--	--------	--	----------	------	--	------	------	---	--------	--	--

How do I run the Analysis Summary Report - Daily?

From the DXOne Reporting module, select **Management**, and then double-click **Analysis Summary**. For additional details about running this report, see the "Analysis Summary Report" topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by clinic and then by provider, or you can have the report grouped by provider and then by clinic.

A. Daily Summary – The transaction totals for each day in the date range.

B. Grand Totals – The grand total of transactions for the given date range.

C. Provider Summary

- **Clinic Subtotals** – The daily transaction totals for a provider by clinic.
- **Provider Totals** – The transaction totals for a provider.

D. Clinic Summary

- **Provider Subtotals** – The daily transaction totals for a clinic by provider.
- **Clinic Totals** – The transaction totals for a clinic.

Analysis Summary Report - Standard

The Analysis Summary - Standard report lists transaction totals. This report includes much of the same information as the Day Sheet report, but formats it in a way that helps you compare provider and and/or clinic totals.



Why: To review production totals and compare provider and/or clinic totals

When: Monthly

Analysis Summary - Standard

05/01/2018 - 05/01/2018 Entry Date

Clinics: CENTRAL

Providers: DDS1

Billing Type: <ALL>

Report Date: 05/01/2018

Report Generated By: enterprise

Page 1 of 1

Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
-------------------	-----------------------	------------	------------------------------	--	------------------	---	--	--------------------	------------------------------------	----------------	------------

GRAND TOTALS

470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		

Analysis Summary - Standard

05/01/2018 - 05/01/2018 Entry Date

Clinics: CENTRAL

Providers: DDS1

Billing Type: <ALL>

Report Date: 05/01/2018

Report Generated By: enterprise

Page 1 of 1

Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
-------------------	-----------------------	------------	------------------------------	--	------------------	---	--	--------------------	------------------------------------	----------------	------------

Provider: DDS1

Clinic: CENTRAL

470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		

Provider: DDS1

470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		

GRAND TOTALS

470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		

Analysis Summary - Standard											
05/01/2018 - 05/01/2018 Entry Date											
Clinics: CENTRAL											
Providers: DDS1											
Billing Type: <ALL>											
Report Date: 05/01/2018				Report Generated By: enterprise					Page 1 of 1		
Beginning Balance	Charges Billed to Ins	Charge Adj	Finance Charges Late Charges	Debit Initial Balances Debit Special Adj	Applied Payments	Applied Ins Payments Credit Special Adj	Applied Credit Adj Credit Initial Balances	Pats Seen New Pats	Avg Prod Per Pat Avg Chrg Per Proc	Ending Balance	Net Change
Clinic: CENTRAL											
Prov: DDS1											
470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		
Clinic: CENTRAL											
470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		
GRAND TOTALS											
470.00	1,011.00	10.00	22.00	0.00	-30.00	-105.00	-10.00	8	126.38	1,389.00	919.00
	425.00		21.00	0.00		0.00	0.00	2	48.14		

How do I run the Analysis Summary Report - Standard?

From the DXOne Reporting module, select **Management**, and then double-click **Analysis Summary**. For additional details about running this report, see the "Analysis Summary Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by clinic and then by provider, or you can have the report grouped by provider and then by clinic.


A. Grand Totals – The grand total of transactions in the given date range.

B. Provider Summary

- **Clinic Subtotals** – The transaction totals for a provider by clinic.
- **Provider Totals** – The transaction totals for a provider.

C. Clinic Summary

- **Provider Subtotals** – The transaction totals for a clinic by provider.
- **Clinic Totals** – The transaction totals for a clinic.

	<p>Why: To print daily appointments by appointment view and to have printouts of the schedule to hang up in operatories</p> <p>When: Daily or as needed</p>
---	---

Dentrix Enterprise 11.0.2 Reports Reference

How do I run the Appointment Book View Printout?

1. From the Appointment Book, select the view you want to print (for example, press F1), and navigate to the day you want to print (if not the day currently being displayed).
2. From the **File** menu, click **Print Appointment Book View** to open the **Print Appointment Book View** dialog box.
3. Click **Print** or **Batch** to generate the Appointment Book View printout. The report can be printed in color (if you are using a color printer).



For additional details about running this report, see the "Appointment Book View Report" topic in the Appointment Book portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Appointments** – The appointments in each operatory of the view.
- B. Day Note** – The note for the day, which can be entered by clicking the **Note** box in the upper-left corner of the Appointment Book.

Appointment Cycle Time Report

The Appointment Cycle Time Report helps you analyze changes in appointments' statuses. The report provides statistics regarding how long patients wait to be treated and how long they spend in treatment.

Why: To generate a report of appointment information, total visit times, and in-clinic wait times to monitor daily activity

When: Daily

Server Name: <Default>

Appointment Cycle Time

Date Range: 12/19/2018 - 12/19/2018

Clinics: <ALL>

Providers: <ALL>

Patients: <ALL> - <ALL>

Appt Time Start Status: READY

Appt Time End Status: CHKOUT

In Operatory Tracking Statuses: SEATED, SEDATE, TX, WAKE

Appt Clinic	Appt Date	Appt Type	Provider	Patient Name	Chart#	ADA Code(s)	Current Status	Event Start Time	Changed Status	Event End Time	Event Total Time
AF	12/19/2018	General	DESMITH	Morales, Debbie	MO0001C	D9110	READY	3:21PM	SEATED	3:21PM	0
							SEATED	3:21PM	CHKOUT	3:25PM	4
							Total Time				4
							ICWT				0
AF	12/19/2018	General	DESMITH	Reyes, Jose	RE140	D9310	READY	3:21PM	SEATED	3:23PM	2
							SEATED	3:23PM	CHKOUT	3:27PM	4
							Total Time				6
							ICWT				2
AF	12/19/2018	General	MHAYES	Tran, Thomas	TR0031	D0330	READY	3:25PM	SEATED	3:27PM	2
							SEATED	3:27PM	CHKOUT	3:35PM	8
							Total Time				10
							ICWT				2
AF	12/19/2018	General	DESMITH	Reed, Sandy	RE0019C	D9310	READY	4:45PM	SEATED	4:46PM	1
							SEATED	4:46PM	SEDATE	4:48PM	2
							SEDATE	4:48PM	TX	4:49PM	1
							TX	4:49PM	WAKE	4:51PM	2
							WAKE	4:51PM	CHKOUT	4:52PM	1
							Total Time				7
							ICWT				1
							ICWT				1
							Average				1
							Median				1

How do I run the Appointment Cycle Time Report?

From the DXOne Reporting module, select **Management**, and then double-click **Appointment Cycle Time**. For additional details about running this report, see the “Appointment Cycle Time Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each appointment listed, the report displays the following information:

- A. Appointment details** – The clinic, date, type, provider, patient name, chart number, and ADA code (or “Multiple” if there is more than one ADA code) associated with the appointment.
- B. Status change (waited)** – When the patient’s time in the waiting room started and stopped, and how long the patient waited.
- C. Status change (treated)** – When the patient’s time in an operatory started and stopped, and how long the patient was being treated.
- D. In-operatory statuses** – If **In Oper Tracking Statuses** were set when setting up options for this report, one or more status changes during treatment (such as imaging, sedation, treatment, and awake) may appear.
- E. Appointment subtotals** – The length of the appointment, according to the specified starting status and ending status. Also, the in-clinic wait time (ICWT) for the appointment.
- F. Average and median** – The average wait time and median wait time for all the appointments on the report.

Appointment Reminder Cards

Appointment Reminder Cards display a patient's next appointment date and time, along with a custom message.



Why: To print reminder post cards

When: Monthly, semi-monthly, or as needed

PMTS - DENTRIX DENTAL SYSTEMS Ken I Fillem, DDS 123 E. Valley Dr. Suite 500 American Fork, UT 84003 (801)555-9300	
Kirk O Baber 11 Maple Leaf Ln. Colmar, PA 18915	<p>Your next appointment with us is:</p> <p>A Tuesday - June 26, 2018 at 9:00 am</p> <p>B Present this card at your next appointment and receive 10% off your next tooth whitening.</p>

How do I run the Appointment Reminder Cards?



In the Ledger, from the **Print** menu, click **Walkout**, select **Appointment Card**, and then click **Print**. For additional details about running this report, see the “Walkout statements” topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Next Appointment Date and Time** – The patient’s next scheduled appointment.
- B. Custom Message** – The custom message entered when setting options for this report.

Appointment Statistics Report

The Appointment Statistics Report displays statistics for late appointments, on-time appointments, wait/will call appointments, broken appointments, appointments that remained in specified statuses for a specified length of time, and appointment durations based on specified statuses.



Why: To view the productivity and efficiency of your practice regarding patient visits

When: As needed

Appointment Statistics	
Appointment Date Range: 01/01/2017 - 12/31/2017	
Clinics: <ALL>	
Providers: <ALL>	
Remained in Statuses: APTSET	
Avg Appt Time Start Statuses: APTSET	
Avg Appt End Statuses: <COMPLETE>	
A	Number of Scheduled Appointments that were late: 1
	Number of Scheduled Appointments that were on time: 4
	Number of Scheduled Appointments: 5
	Number of Wait/Will Call Appointments: 0
	Number of Broken Appointments: 0
B	Total Appointments: 5
	Percent Broken Appointments: 0.00%
	Calculation: Number of Broken Appointments divided by Number of Broken Appointments + Scheduled Appointments
C	Percent Late Appointments: 20.00%
	Calculation: Number of Scheduled Appointments that were late divided by Number of Scheduled Appointments
	Number of Appointments that Remained in Status for 1 or more minutes: 1
D	Number of Appointments that Remained in Status less than 1 minutes: 0
	Percent of Appointments that Remained in Status for 1 or more minutes: 100.00%
	Average Appointment Time between status range (in minutes): 56

How do I run the Appointment Statistics Report?

In DXOne Reporting, select **Management**, and then double-click **Appointment Statistics**. Enter a date range, select the desired clinics and appointment providers, select appointment statuses, type your goal, select a beginning and an ending appointment status, and then click **OK**.

For additional details about running this report, see the “Appointment Statistics Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the Help menu of any module, click Contents).

What important information does this report provide?

This report relies on the same underlying functionality as the Appointment Book “Late Appt”

Tracking feature to monitor changes in appointment statuses, but you do not have to enable late appointment tracking to run this report (of course, the report will not show late appointment statistics).

Important: If any appointments within the date range for which you are running this report have been purged using the purge utility in the Appointment Book or Office Manager, the report data may not be accurate.

A. Number of Appointments

- The number of late and on-time appointments that were scheduled.
- The number of wait/will call and broken appointments.

B. Broken and Late Appointment Percentages

- The number of broken appointments divided by the sum of the number of broken appointments and scheduled appointments.
- The number of late appointments divided by the number of scheduled appointments.

C. Remained in Status

- The number of appointments that remained in the specified statuses for more time than the specified goal but for less time than the specified number of minutes.
- The number of appointments that remained in the specified statuses for less time than the specified goal.
- The percentage of appointments that remained in the specified statuses for more time than the specified goal but for less time than the specified number of minutes.

D. Average Length – The average length of time in between the specified starting and ending statuses for appointments lasting up to the specified number of minutes.

Date	Time Zone	Status	Name
12/03/2021	UTC -07:00 [MST]	Broken	Abbott, J
01/17/2022	UTC -07:00 [MST]	W/Call	Crosby, B
01/17/2022	UTC -07:00 [MST]	Broken	Crosby, C

As Soon As Possible List

The As Soon As Possible List displays patients who want to move up their appointment time should an opening occur in the practice schedule.



Why: To assist in filling cancellations

When: Weekly or daily

AS SOON AS POSSIBLE LIST

Date Range: 05/06/2011 - 05/06/2018

Primary Providers: <ALL>

Appointment Providers: <ALL>

Report Date: 05/06/2018

Report Generated By: enterprise

Page 1 of 1

Date	Time	Status	Patient Name	PROV/OP	Appointment Reason	Length	Phone
05/06/2018	9:00 AM	xAPTSE	Brown, Mary	DDS1/OP1	NP Ex	1h 30m	(919) 555-1234
05/06/2018	10:30 AM	xLMTape	Perkins, Shelly	DDS1/OP1	4BWX, Emerg Ex	40m	(919) 555-4457
05/06/2018	9:00 AM	xEMER	Abbott, James S	DDS1/OP2	FabPtCr+B#7	10m	(919) 555-2345
05/06/2018	9:10 AM	xLMwrk	Crosby, Brent J	DDS2/OP2	LbVnPorLm#7	40m	(919) 555-4531
05/06/2018	10:00 AM		Smith, Michael	DDS2/OP2	CCAdult, ExtEval	1h 10m	(919) 555-6278

Total Listed:

5

B

C

D

E

How do I run the As Soon As Possible List?

From the DXOne Reporting module, select **List**, and then double-click **ASAP List**. For additional details about running this report, see the “As Soon As Possible (ASAP) List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient and Appointment Information** – Each patient’s name, status, and appointment date and time.
- B. Prov/Op** – The provider and operatory assigned to the appointment.
- C. Appointment Reason** – The description of procedures for the appointment.
- D. Length** – The appointment length.
- E. Phone** – The patient’s phone number.

Assigned Rights Report

The Assigned Rights report lists the specified security rights assigned to users.



Why: To ensure security rights have been set up correctly for users across clinics

When: After Dentrix Enterprise setup, and as needed

ASSIGNED RIGHTS

Clinics: <ALL>

Users: <ALL>

Rights: Selected

Report Date: 04/29/2018

Report Generated By: enterprise

Page 1 of 1

USER	CLINIC	RIGHTS
ENTERPRISE	AF	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	CENTRAL	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	DRAPER	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	MESA	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	PINEDALE	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	PROVO	Appointments - Delete, Appointments - Edit, Appointments - Purge
ENTERPRISE	SPRING	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	AF	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	CENTRAL	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	DRAPER	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	MESA	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	PINEDALE	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	PROVO	Appointments - Delete, Appointments - Edit, Appointments - Purge
MCCLURE	SPRING	Appointments - Delete, Appointments - Edit, Appointments - Purge
MSMITH	CENTRAL	Appointments - Delete, Appointments - Edit, Appointments - Purge
SLAUGH	MESA	Appointments - Delete, Appointments - Edit, Appointments - Purge
SLAUGH	AF	Appointments - Delete, Appointments - Edit, Appointments - Purge
SLAUGH	DRAPER	Appointments - Delete, Appointments - Edit, Appointments - Purge

A

B

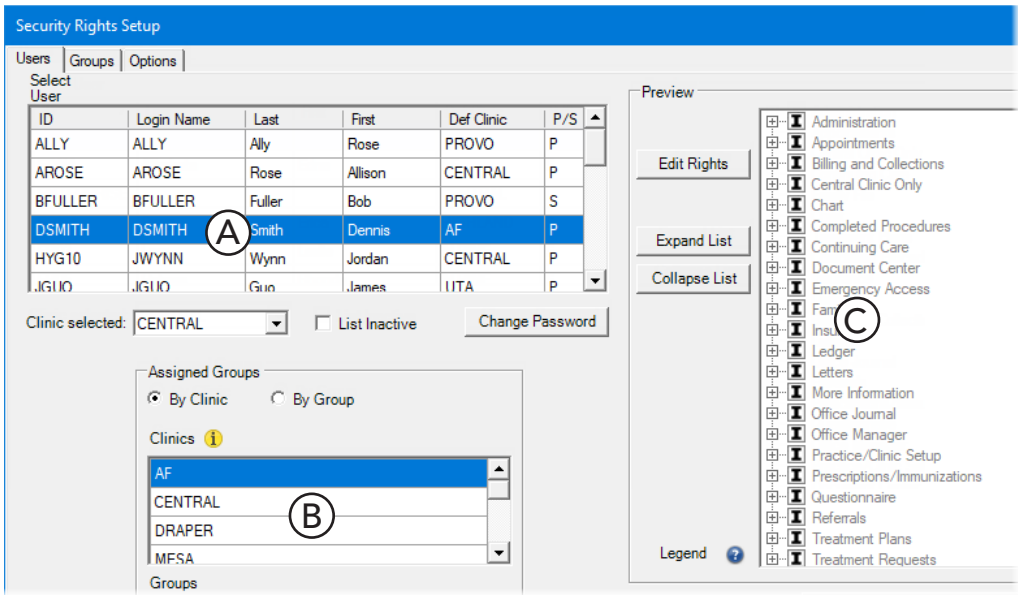
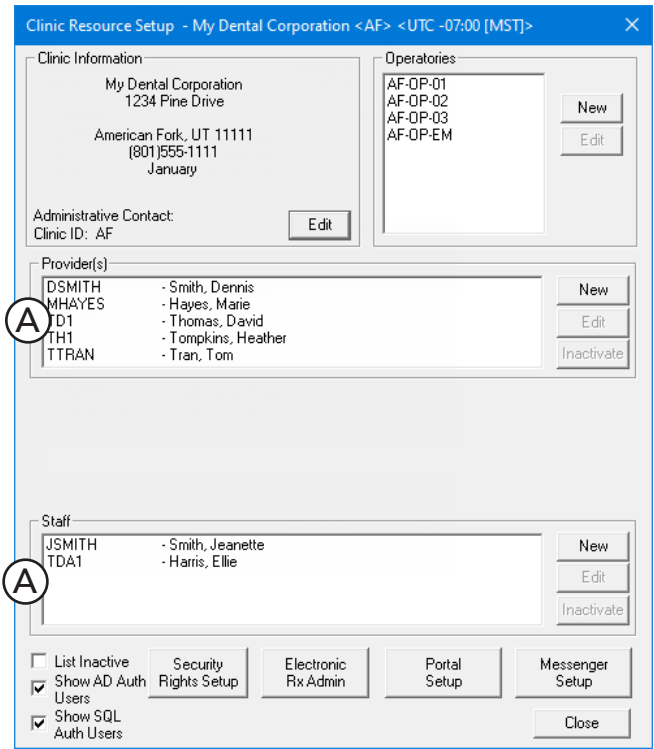
C

How do I run the Assigned Rights Report?

From the DXOne Reporting module, select **Management**, and then double-click **Assigned Rights Report - Current**. For additional details about running this report, see the “Assigned Rights Report” topic in the DXOne Reporting portion of the Dentrux Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Users** – The providers and staff listed in the **Clinic Resource Setup** and **Security Rights Setup** dialog boxes. (You can choose to group the users on the report by clinic when setting up the options for running the report.)
- B. Clinics** – The clinics to which the user has been assigned security rights.
- C. Rights** – The security rights assigned to the user.



Audit Report - Appointments

The Audit - Appointments Report lists appointments that were created, altered, and deleted during the specified date range.

	<p>Why: To ensure that appointments are being scheduled, edited, and deleted in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary</p> <p>When: Monthly and as needed</p>
--	---

A

Report Date: 4/22/2018

Reported By: enterprise

Page 7 of 8

DATE CHANGED

USER CHANGED

B

OVERRIDING USER - SECURITY OPTION

PATIENT NAME	DATE	TIME	LENGTH	TYPE	STATUS	PRODUCTION	TYPE	AMOUNT	OPERATORY	PROVIDER
<div>Date/Time: 3/8/2018 11:59:57AM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Little, Brian	03/14/2018	8:00 AM	180	FIXED	No Answer	High Production		1,110.00	HYG_1	DDS1
<div>Date/Time: 3/8/2018 12:00:16PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Little, Carol	03/14/2018	1:00 PM	200	FIXED	No Answer	High Production		2,470.00	HYG_1	DDS1
<div>Date/Time: 3/8/2018 12:00:30PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Little, Chad	03/14/2018	8:00 AM	50	FIXED	No Answer	High Production		1,540.00	OP_3	DDS1
<div>Date/Time: 3/8/2018 12:00:48PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Little, Dean	03/14/2018	9:00 AM	30	FIXED	No Answer	Low Production		111.00	OP_3	DDS1
<div>Date/Time: 3/8/2018 12:01:19PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Little, Kevin	03/14/2018	10:00 AM	10	FIXED	No Answer	Medium Production		274.00	OP_3	DDS1
<div>Date/Time: 3/23/2018 12:10:09PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Davis, Karen	03/28/2018	8:00 AM	30	FIXED	No Answer	High Production		218.00	OP_3	DDS1
<div>Date/Time: 3/23/2018 12:11:20PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Crosby, Brent L	03/28/2018	8:30 AM	50	FIXED	No Answer	Low Production		148.00	OP_3	DDS9
<div>Date/Time: 3/23/2018 12:12:12PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Crosby, Brent L	03/28/2018	8:30 AM	50	FIXED	No Answer	Low Production		148.00	OP_3	DDS9
<DELETED>										
<div>Date/Time: 3/23/2018 12:12:33PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Crosby, Brent	03/28/2018	8:30 AM	40	FIXED	No Answer	High Production		1,000.00	OP_3	DDS9
<div>Date/Time: 3/23/2018 12:13:33PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED> Edwards, Anna	03/28/2018	9:10 AM	50	FIXED	No Answer	Low Production		0.00	OP_3	DDS1
<div>Date/Time: 3/23/2018 12:13:56PM</div> <div>User Changed: Enterprise</div> <div>-</div>										
<INSERTED>										

C

D

How do I run the Audit Report - Appointments?


From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Appointments**. For additional details about running this report, see the "Audit - Appointments Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the insertion, alteration, or deletion.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Original Value** – Details of the record in its original state. (For new records, this line will read, "<INSERTED>.")
- D. New Value** – Details of the record after the change. (For deleted records, this line will read, "<DELETED>.")

Audit Report - Audit Log Status

The Audit - Audit Log Status Report lists the changes to the “patient access logging” and “patient print logging” settings during the specified date range.



Why: To ensure that patient access and print logging is set up in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

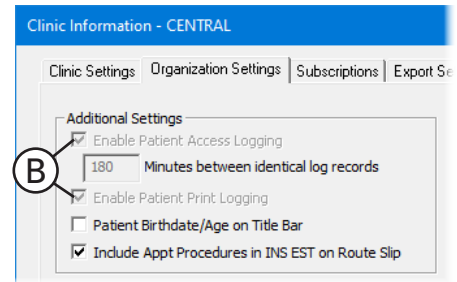
AUDIT REPORT - AUDIT LOG STATUS			
Audit Log Status report has been altered outside of Dentrix Enterprise!			
Date Range: 1/1/2018 - 1/9/2018			
Users: <ALL>			
Report Date: 01/09/2018	Page 1 of 1		
DATE TIME	AUDI T LOG OPTI ON	STATUS	USER
01/03/2018 08:47:10 AM	Enable Patient Access Logg	Enabled	ELLIOT
01/03/2018 08:47:10 AM	Enable Patient Print Logging	Enabled	ELLIOT
A	B	C	D

How do I run the Audit Report - Audit Log Status?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Audit Log Status**. For additional details about running this report, see the "Audit - Audit Log Status Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the setting change.
- B. Audit Log Option** – The **Enable Patient Access Logging** or **Enable Patient Print Logging** option.
- C. Status** – Enabled or disabled.
- D. User** – The user who made the change.



Audit Report - Clinics

The Audit - Clinics Report lists changes to clinic information during the specified date range.

Why: To ensure that practice information is being changed in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

A

AUDIT REPORT - CLINIC

Date Range: 05/11/2018 - 05/11/2018
Clinics: <ALL>
Users: <ALL>

B

Report Date: 05/11/2018
Reported By: enterprise
Page 1 of 1

DATE CHANGED	USER CHANGED	OVERRIDING USER - SECURITY OPTION	OLD RECORD TYPE	EXTERNAL ID	PRACTICE TITLE	FISCAL YEAR MONTH	BANK DEPOSIT #
Date/Time: 05/11/2018 11:50:18AM	User Changed: enterprise		CENTRAL		The Dentist Group	January	43331677-1146
			CENTRAL		The Dentist Group	January	43331677-1148
Date/Time: 05/11/2018 11:51:46AM	User Changed: enterprise		CENTRAL		The Dentist Group	January	43331677-1148
			CENTRAL		The Allied Dentist Group	April	43331677-1148
Date/Time: 05/11/2018 11:52:28AM	User Changed: enterprise		CENTRAL		The Allied Dentist Group	April	43331677-1148
			CENTRAL		The Allied Dentist Group	February	43331677-1148

C

D

How do I run the Audit Report - Clinics?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Clinics**. For additional details about running this report, see the "Audit - Clinics Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report tracks the changes made to the practice title, fiscal year month, and bank deposit number in the **Clinic Information** dialog box.

- A. Date/Time** – The date and time of the change of the clinic information.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Original Value** – Details of the record in its original state.
- D. New Value** – Details of the record after the change.

The screenshot shows the "Clinic Information - AF" dialog box. It has a blue header bar with the title "Clinic Information - AF". Below the header, there are tabs: "Clinic Settings", "Organization Settings", "Subscriptions", and "Export Settings". The "Clinic Settings" tab is selected. The form contains the following fields:

- Descriptive ID:** AF
- Internal ID:** 1000018
- Financial Number:** 12341234
- Merchant ID:** 300000014
- Clinic TIN:** 2341234
- Entity ID Code:** (empty)
- Clinic NPI:** (empty)
- Clinic OID:** (empty)
- Title:** My Dental Corporation
- Time Zone:** (UTC-07:00) Mountain Time (US & Canada)
- Show/Hide/Mask SSN:** Show Completely
- Administrative Contact:** 23121
- Bank Deposit Number:** 11112222
- Fiscal year's beginning month (1-12):** 1

Audit Report - Combined

The Audit - Combined Report lists patient information that was created, altered, deleted, viewed, printed, and exported during the specified date range.



Why: To ensure that patient information is being inserted, edited, deleted, accessed, printed, and exported in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

AUDIT REPORT - COMBINED							
Date Range: 12/03/2017 - 12/03/2017		Patient Range: Crosby, Brent - Crosby, Brent					
Clinics: <ALL>		Users: <ALL>					
Sorted By: Date/Time							
Report Date: 12/09/2017		Report Generated By: enterprise				Page 1 of 4	
DATE/TIME	USER	OVERRIDE USER	PATIENT NAME (CHART #)	ACTION TYPE		DATA ACCESSED	
Old Record Type	Entry Date	Proc Date	Description	Amount	Encounter #	Clinic	Provider
New Record Type							
12/03/2017 10:09:02AM	ENTERPRISE		Crosby, Brent (CR0004C)	Patient Module Accessed		Family File	
						CENTRAL	
12/03/2017 10:40:52AM	ENTERPRISE		Crosby, Brent (CR0004C)	Patient Module Accessed		Family File	
						CENTRAL	
12/03/2017 10:44:38AM	ENTERPRISE		Crosby, Brent (CR0004C)	Patient Module Accessed		Patient Health Exchange	
						CENTRAL	
12/03/2017 10:45:18AM	ENTERPRISE		Crosby, Brent (CR0004C)	Exported		C-CDA	
						CENTRAL	
12/03/2017 1:32:17PM	DSMITH		Crosby, Brent (CR0004C)	Inserted		Patient Chart	
	<INSERTED>						
Completed Procedure	12/03/2017	12/03/2017	Resin-1 surface, poster	90.00	111212	AF	DESMITH
12/03/2017 1:33:15PM	DSMITH		Crosby, Brent (CR0004C)	Modified		Patient Chart	
Completed Procedure	12/03/2017	12/03/2017	Resin-1 surface, poster	90.00	111212	AF	DESMITH
Completed Procedure	12/03/2017	12/03/2017	Resin-1 surface, poster	90.00	111212	AF	DESMITH
12/03/2017 1:35:17PM	DSMITH		Crosby, Brent (CR0004C)	Patient Module Accessed		Patient Goals	
						AF	
12/03/2017 1:41:26PM	DSMITH		Crosby, Brent (CR0004C)	Patient Module Accessed		Patient Medical Alerts	
						AF	

How do I run the Audit Report - Combined?


From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Combined**. For additional details about running this report, see the "Audit - Audit Log Status Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the insertion, alteration, deletion, accessing, printing, or exporting.
- B. User** – The user who made the change.
- C. Override User** – If another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B appears.
- D. Patient Name (Chart #)** – The patient whose record was accessed.
- E. Action Type** – What action was performed, such as a module was accessed or a C-CDA document was exported.
- F. Data Accessed** – The module or area of Dentrix Enterprise that was accessed.
- G. Original Value** – Details of the record in its original state.
- H. New Value** – Details of the record after the change.

Audit Report - Patients

The Audit - Patients Report lists when patient information and medical consultations notes were created, altered, and deleted during the specified date range.

	<p>Why: To ensure that patient information is being changed in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary</p> <p>When: Monthly and as needed</p>
---	--

AUDIT REPORT - PATIENT

Date Range: 02/01/2018 - 02/28/2018
 Patient Range: Abbott, James S - Abbott, Patricia
 Clinics: <ALL>
 Users: <ALL>

Report Date: 3/2/2018

Report Generated By: enterprise

Page 1 of 1

DATE CHANGED

USER CHANGED

OVERRIDING USER - SECURITY OPTION

RECORD TYPE

PATIENT NAME (CHART)

SS # or
REQUEST DATE

OTHER ID

BT

STATUS

GUARANTOR NAME (CHART)

CLINIC

PROVIDER

Date/Time: 2/16/2018 10:13:59AM

User Changed: Enterprise

Patient Changes

Abbott, James S (ABB101)

Active

Abbott, Patricia (ABB102)

CENTRAL

DROB1

Abbott, James S (ABB101)

Active

Abbott, Patricia (ABB102)

CENTRAL

DDS9

Date/Time: 2/16/2018 10:14:10AM

User Changed: Enterprise

Patient Changes

Abbott, Patricia (ABB102)

Active

Abbott, Patricia (ABB102)

MESA

DDS1

Abbott, Patricia (ABB102)

Active

Abbott, Patricia (ABB102)

MESA

DDS9

Date/Time: 2/16/2018 10:14:17AM

User Changed: Enterprise

Patient Changes

Abbott, Patricia (ABB102)

Active

Abbott, Patricia (ABB102)

MESA

DDS9

Abbott, Patricia (ABB102)

Active

Abbott, Patricia (ABB102)

CENTRAL

DDS9

Date/Time: 2/21/2018 12:17:01PM

User Changed: Enterprise

Patient Changes

Abbott, Patricia (ABB102)

000-00-0023

Active

Abbott, Patricia (ABB102)

CENTRAL

DDS9

Abbott, Patricia (ABB102)

000-00-0003

Active

Abbott, Patricia (ABB102)

CENTRAL

DDS9

Date/Time: 2/21/2018 3:46:43PM

User Changed: Enterprise

Patient Changes

Abbott, James S (ABB101)

Active

Abbott, Patricia (ABB102)

CENTRAL

DDS9

Abbott, James S (ABB101)

4

Active

Abbott, James S (ABB101)

CENTRAL

DDS9

Date/Time: 2/21/2018 3:46:43PM

User Changed: Enterprise

Patient Changes

Abbott, Patricia (ABB102)

Active

Abbott, Patricia (ABB102)

CENTRAL

DDS9

Abbott, Patricia (ABB102)

4

Active

Abbott, James S (ABB101)

CENTRAL

DDS9

How do I run the Audit Report - Patients?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Patients**. For additional details about running this report, see the "Audit - Patients Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report tracks when changes have been made to the patient information, which can be accessed by double-clicking the **Patient Information** block in the Family File, and to medical consultations notes, which can be accessed by clicking the **Medical Consultations** button in the Family File.

- A. Date/Time** – The date and time of the change.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Record Type** – The type of change made, such as a change to the patient information or medical consultation notes.
- D. Original Value** – Details of the record in its original state. (For new records, this line will read, "<INITIAL ENTRY>.")
- E. New Value** – Details of the record after the change. (For deleted records, this line will read, "<DELETED>.")

Audit Report - Providers/Staff

The Audit - Providers/Staff Report lists changes to provider and staff information during the specified date range.

Why: To ensure that provider/staff information is being changed in accordance with the desired security restrictions for each user, and to provide a legal document to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken

When: Monthly and as needed

A

AUDIT REPORT - PROVIDER\STAFF

Date Range: 05/12/2018 - 05/12/2018
Clinics: <ALL>
Users: <ALL>
Providers: <ALL>

Page 1 of 1

Report Date: 05/12/2018	Reported By: enterprise						
DATE CHANGED		USER CHANGED		OVERRIDING USER - SECURITY OPTION			
OLD RECORD TYPE	EXTERNAL ID	PROVIDER\STAFF NAME	CLASS	FEE SCHEDULE	SS #	CLINIC	LOGIN NAME
Date/Time: 05/12/2018 9:51:07AM		User Changed: enterprise					
Provider	DDS01	Smith, Dennis	Primary	1	--	CENTRAL	DDS01
Provider	DDS01	Smith, Dennis	Primary	2	--	CENTRAL	DDS01
Date/Time: 05/12/2018 9:52:00AM		User Changed: enterprise					
Provider	DDS01	Smith, Dennis	Primary	6	--	CENTRAL	DDS01
Provider	DDS01	Smith, Dennis	Primary	1	--	CENTRAL	DDS01
Date/Time: 05/12/2018 9:53:18AM		User Changed: enterprise					
Staff	HYG01	McClure, Angie	Primary	--	--	CENTRAL	
Staff	HYG01	McClure, Angi	Primary	--	--	MESA	
Date/Time: 05/12/2018 9:54:25AM		User Changed: enterprise					
Staff	HYG01	McClure, Angi	Primary	--	--	MESA	
Staff	HYG01	McClure, Angi	Primary	--	--	CENTRAL	
Date/Time: 05/12/2018 9:55:14AM		User Changed: enterprise					
Provider	DDS01	Smith, Dennis	Primary	1	--	CENTRAL	DDS01
Provider	DDS01	Smith, Dennis	Secondary	1	--	CENTRAL	DDS01
Date/Time: 05/12/2018 9:56:13AM		User Changed: enterprise					
Provider	DDS01	Smith, Dennis	Secondary	1	--	CENTRAL	DDS01
Provider	DDS01	Smith, Dennis	Primary	1	--	CENTRAL	DDS01
Date/Time: 05/12/2018 10:06:51AM		User Changed: enterprise					
<INSERTED>							
Staff	STF04	Brown, Mary	Primary	--	--	CENTRAL	

How do I run the Audit Report - Providers/Staff?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Providers/Staff**. For additional details about running this report, see the "Audit - Providers/Staff Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report tracks the changes made to the provider's or staff member's name, provider's class, provider's fee schedule selection, provider's or staff member's assigned clinic, and provider's or staff member's login information in the **Provider Information** (or **Staff Information**) dialog box.

- A. Date/Time** – The date and time of the change of the provider/staff information.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Original Value** – Details of the record in its original state. (For new records, this line will read, "<INSERTED>.")
- D. New Value** – Details of the record after the change.

Audit Report - Transactions

The Audit - Transactions Report lists transactions (completed procedures, guarantor payments, insurance payments, and adjustments) that were posted, changed, and deleted during the specified date range.



Why: To ensure that transactions are being posted, altered, and deleted in accordance with GAAP (Generally Accepted Accounting Principles) and the desired security restrictions for each user, and to provide a legal document to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken

When: Monthly and as needed

AUDIT REPORT - TRANSACTIONS

Date Range: 05/01/2018 - 05/01/2018
 Patient Range: <ALL> - <ALL>
 Clinics: <ALL>
 Users: <ALL>

Report Date: 06/26/2018

Reported By: enterprise

Page 1 of 3

DATE CHANGED		USER CHANGED		OVERRIDING USER - SECURITY OPTION						
Old Record Type	New Record Type	Patient Name (Chart)	Entry Date	Proc Date	Description	Check #	Amount	Encounter #	Clinic	Provider
Date Changed: 05/01/2018 11:04:48		User Changed: ENTERPRISE								
<INSERTED>										
Adjustment		Crosby, Brent ()	05/01/2018	05/01/2018	+Patient Refund		50.00		CENTRAL	DDS1
Date Changed: 05/01/2018 11:05:27		User Changed: ENTERPRISE								
<DELETED>										
Adjustment		Crosby, Shirley ()	05/01/2018	05/01/2018	+Patient Refund		50.00		CENTRAL	DDS1
Date Changed: 05/01/2018 11:05:53		User Changed: ENTERPRISE								
<INSERTED>										
Adjustment		Perkins, Dave ()	05/01/2018	05/01/2018	-Credit Adjustment		-50.00		CENTRAL	<MULTIPLE>
Date Changed: 05/01/2018 12:06:16		User Changed: ENTERPRISE								
<INSERTED>										
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Prophylaxis-adult		0.00		CENTRAL	<MULTIPLE>
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Prophylaxis-adult		90.00		CENTRAL	DDS1
Date Changed: 05/01/2018 12:06:26		User Changed: ENTERPRISE								
<INSERTED>										
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Periodic oral evaluation		0.00		CENTRAL	<MULTIPLE>
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Periodic oral evaluation		30.00		CENTRAL	DDS1
Date Changed: 05/01/2018 12:06:37		User Changed: ENTERPRISE								
<INSERTED>										
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Bitewings-four films		0.00		CENTRAL	<MULTIPLE>
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Bitewings-four films		250.00		CENTRAL	DDS1
Date Changed: 05/01/2018 12:06:52		User Changed: ENTERPRISE								
<INSERTED>										
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Panoramic film		0.00		CENTRAL	<MULTIPLE>
Completed Procedure		Abbott, James S (ABB101)	04/22/2018	04/22/2018	Panoramic film		158.00		CENTRAL	DDS1
Date Changed: 05/01/2018 12:07:17		User Changed: ENTERPRISE								
<DELETED>										
Insurance Payment		Abbott, James S (ABB101)	04/27/2018	04/27/2018	Insurance Payment	44587	-698.40		CENTRAL	<MULTIPLE>
Date Changed: 05/01/2018 12:21:36		User Changed: ENTERPRISE								
<INSERTED>										
Completed Procedure		Winters, Beth (PA0007)	05/01/2018	05/01/2018	Extraction crnl remnts-decid th		500.00		CENTRAL	DDS01

How do I run the Audit Report - Transactions?


From the DXOne Reporting module, select **Audit**, and then double-click **Audit - Transactions**. For additional details about running this report, see the "Audit - Transactions Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the change of the provider/staff information.
- B. Changing Users** – The user who made the change appears. Also, if another user (user B) entered his or her credentials to allow the user (user A) to make a change because user A didn't have the appropriate rights, user B and the security option being overridden appear.
- C. Original Value** – Details of the record in its original state. (For new records, this line will read, "<INSERTED>.")
- D. New Value** – Details of the record after the change. (For deleted records, this line will read, "<DELETED>.")

Audit Rights Report - Assigned Individually

The Audit Rights - Assigned Individually Report lists security rights that were granted to or removed from users during the specified date range.

	<p>Why: To ensure that security rights are being assigned in accordance with the desired security restrictions for each user, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary</p> <p>When: Monthly and as needed</p>
---	--

Audit Rights - Assigned Individually						
Date Range: 12/12/2017 - 12/12/2017						
Users: DSMITH						
Clinics: <ALL>						
Users who made change: DSMITH						
Display Date Changed value in: Logged on Clinic						
Report Generated By: DSMITH						
Page 1 of 5						
DATE CHANGED		ACTION		USER CHANGED		
OLD SECURITY RIGHT		OLD CLINIC		OLD USER		
NEW SECURITY RIGHT		NEW CLINIC		NEW USER		
12/12/2017 12:45:30PM	Removed	DSMITH	My Clinics, View	AF	DSMITH	
12/12/2017 12:45:30PM	Removed	DSMITH	Integration Settings, File Exchange	AF	DSMITH	
12/12/2017 12:45:30PM	Added	DSMITH	Treatment Request, Open	AF	DSMITH	
12/12/2017 12:45:30PM	Added	DSMITH	Treatment Request, Add/Edit	AF	DSMITH	
12/12/2017 12:45:30PM	Added	DSMITH	Treatment Request, Delete	AF	DSMITH	
12/12/2017 12:47:31PM	Added	DSMITH	My Clinics, View	AF	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Audit, Clear	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Dentrix, Log on	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Print Insurance Aging Reports	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Audit, Send To Batch	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Transactions, Delete	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Transactions, Edit	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Transactions, Enter	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	ODBC Data Access	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Clinical Record, Modify	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Month End Wizard	CENTRAL	DSMITH	
12/12/2017 12:47:53PM	Removed	DSMITH	Practice Assistant	CENTRAL	DSMITH	

How do I run the Audit Rights Report - Assigned Individually?


From the DXOne Reporting module, select **Audit**, and then double-click **Audit Rights - Assigned Individually**. For additional details about running this report, see the “Audit Rights - Assigned Individually Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the security right assignment or removal.
- B. Action** – Whether the right was added or removed.
- C. Changing User** – The user who made the change.
- D. Original Value** – Details of the record before being removed.
- E. New Value** – Details of the record after being added.

Audit Rights Report - Assigned to Groups

The Audit Rights - Assigned to Groups Report lists security rights that were granted to or removed from user groups during the specified date range.



Why: To ensure that security rights are being assigned in accordance with the desired security restrictions for each user group, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Audit Rights - Assigned to Groups					
Date Range: 1/1/2017 - 12/12/2017					
Group Names: <ALL>					
Users who made change: DSMITH					
Display Date Changed value in: Logged on Clinic					
Report Generated By: DSMITH					
Page 1 of 2					
DATE CHANGED	ACTION	USER CHANGED	OLD GROUP NAME	OLD SECURITY RIGHT	NEW SECURITY RIGHT
NEW GROUP NAME					
1/31/2017 4:12:25PM	Removed	DSMITH	Doctors	Password, Multi-Clinics	
1/31/2017 4:12:25PM	Removed	DSMITH	Doctors	Chart, Open	
1/31/2017 4:13:40PM	Added	DSMITH	Doctors	Chart, Open	
3/20/2017 4:51:03PM	Added	DSMITH	Doctors	My Clinics, View	
3/20/2017 4:51:03PM	Added	DSMITH	Doctors	My Clinics, Select Provider	
3/20/2017 4:51:03PM	Added	DSMITH	Doctors	My Clinics, View	
3/20/2017 4:51:03PM	Added	DSMITH	Doctors	My Clinics, View	
3/20/2017 4:51:03PM	Added	DSMITH	Doctors	Security Rights Setup, View All Users	
3/20/2017 4:51:32PM	Removed	DSMITH	Admins	Password, Multi-Clinics	
3/20/2017 4:51:32PM	Added	DSMITH	Admins	My Clinics, View	
3/20/2017 4:51:32PM	Added	DSMITH	Admins	My Clinics, Select Provider	
3/20/2017 4:51:32PM	Added	DSMITH	Admins	My Clinics, View	
3/20/2017 4:51:32PM	Added	DSMITH	Admins	My Clinics, View	
3/20/2017 4:51:32PM	Added	DSMITH	Admins	Security Rights Setup, View All Users	
3/20/2017 4:51:42PM	Removed	DSMITH	Billing	Password, Multi-Clinics	
3/20/2017 4:51:42PM	Added	DSMITH	Billing	My Clinics, View	
3/20/2017 4:51:42PM	Added	DSMITH	Billing	My Clinics, Select Provider	
3/20/2017 4:51:42PM	Added	DSMITH	Billing	My Clinics, View	

How do I run the Audit Rights Report - Assigned to Groups?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit Rights - Assigned to Groups**. For additional details about running this report, see the “Audit Rights - Assigned to Groups Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the security right assignment or removal.
- B. Action** – Whether the right was added or removed.
- C. Changing User** – The user who made the change.
- D. Original Value** – Details of the record before being removed.
- E. New Value** – Details of the record after being added.

Audit Rights Report - Group Names

The Audit Rights - Group Names Report lists new, deleted, and renamed user groups during the specified date range.



Why: To ensure that security user groups are being managed in accordance with the desired policies, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Audit Rights - Group Names					
Date Range: 12/12/2017 - 12/12/2017					
Users Changed: DSMITH					
Group Names: <ALL>					
Display Date Changed value in: Logged on Clinic					
Report Date: 12/12/2017					
Report Generated By: DSMITH					
Page 1 of 1					
DATE CHANGED	ACTION	USER CHANGED	OLD NAME/CREATED	NEW NAME/DELETED	
12/12/2017 1:25:29PM	Edited	DSMITH	Billing	BillingCoords	
12/12/2017 1:26:19PM	Created	DSMITH	Created	IT	
12/12/2017 1:26:39PM	Deleted	DSMITH	IT	Deleted	
12/12/2017 1:26:51PM	Edited	DSMITH	BillingCoords	Billing	

How do I run the Audit Rights Report - Group Names?


From the DXOne Reporting module, select **Audit**, and then double-click **Audit Rights - Group Names**. For additional details about running this report, see the "Audit Rights - Group Names Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the security right assignment or removal.
- B. Action** – The type of change made.
- C. Changing User** – The user who made the change.
- D. Original/New Values** – Details of the record before and after the change. If the record was created, the original value displayed is "Created." If the record was deleted, the new value displayed is "Deleted."

Audit Rights Report - Users to Groups

The Audit Rights - Users to Groups Report lists users who were added to or removed from user groups during the specified date range.



Why: To ensure that users are being assigned to user groups in accordance with the desired security restrictions for each user group, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Audit Rights - Users to Groups						
Date Range: 1/1/2017 - 12/12/2017						
Group Names: <ALL>						
Users who made change: DSMITH						
Users Changed: DSMITH						
Clinics Changed: AF, ALPINE, CENTRAL						
Display Date Changed value in: Logged on Clinic						
Report Generated By: DSMITH						
Page 1 of 1						
DATE CHANGED	ACTION	USER CHANGED	OLD GROUP NAME NEW GROUP NAME	OLD USER NEW USER	OLD CLINIC NEW CLINIC	
3/20/2017 4:57:36PM	Removed	DSMITH	Doctors	DSMITH	CENTRAL	
3/20/2017 4:57:36PM	Removed	DSMITH	Doctors	DSMITH	ALPINE	
3/20/2017 4:57:36PM	Added	DSMITH	Doctors	DSMITH	CENTRAL	
3/20/2017 4:57:36PM	Added	DSMITH	Doctors	DSMITH	ALPINE	
3/20/2017 5:01:31PM	Removed	DSMITH	Doctors	DSMITH	AF	
3/20/2017 5:01:36PM	Removed	DSMITH	Doctors	DSMITH	ALPINE	
3/20/2017 5:01:45PM	Removed	DSMITH	Doctors	DSMITH	CENTRAL	
3/20/2017 5:03:49PM	Added	DSMITH	Admins	DSMITH	CENTRAL	
3/20/2017 5:03:49PM	Added	DSMITH	Admins	DSMITH	ALPINE	
3/20/2017 5:03:49PM	Added	DSMITH	Admins	DSMITH	AF	

How do I run the Audit Rights Report - Users to Groups?

From the DXOne Reporting module, select **Audit**, and then double-click **Audit Rights - Users to Groups**. For additional details about running this report, see the "Audit Rights - Users to Groups Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date/Time** – The date and time of the security right assignment or removal.
- B. Action** – Whether the user was added or removed.
- C. Changing User** – The user who made the change.
- D. Original Value** – Details of the record before being removed.
- E. New Value** – Details of the record after being added.

Billing Statement

Billing statements provide guarantor's with a record of their financial transactions with the practice.



Why: To keep patients informed of their financial standing

When: Monthly or semi-monthly

STATEMENT OF ACCOUNT

The Dentist Group
123 East Valley Drive
American Fork, UT 84003
(801)555-9300

CHART NO.	PAGE NO.
DAV100	1

BILLING DATE
06/10/2018

GUARANTOR NAME AND MAILING ADDRESS

Karen Davis
1234 N Pine St
Provo, UT 84601

CREDIT CARD # _____ **EXP.** _____

NAME _____
(As it appears on card)

SIGNATURE _____

TYPE OF CARD _____

AMOUNT ENCLOSED
\$ _____

TO INSURE PROPER CREDIT, PLEASE DETACH AND RETURN THIS PORTION OF THE STATEMENT WITH YOUR PAYMENT

PLEASE RETAIN THIS PORTION OF THE STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	PATIENT'S NAME	CHARGES	CREDITS
02/10/2018	Balance Forward		1428.80	
* 02/26/2018	Root canal therapy - anterior	Karen	333.00	
* 02/27/2018	Therapeutic pulpotomy(exc rest)	Kelly	92.00	
* 02/27/2018	Extraction-single tooth	Robert	71.00	

* Indicates that insurance has been billed for the procedure.

Charges on account over 90 days. **PLEASE PAY IMMEDIATELY!**

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE	INSURANCE EST.
0.00	0.00	0.00	1924.80	1924.80	0.00

Payment is Due on July 1, 2018

PLEASE PAY THIS AMOUNT →

1924.80

©DENTRIX 1987-2018 DLSTM 2
The Dentist Group - 123 East Valley Drive American Fork, UT 84003 (801)555-9300

How do I generate billing statements?

In the Office Manager, from the **Reports** menu, click **Billing**. Or, for a specific family, in the Ledger, from the **Print** menu, click **Statement**. For additional details about running this report, see the “Billing statements” topic in the Office Manager and Ledger portions of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does the statement provide?

- A. Payment Slip** – The portion of the billing statement that can be cut off and returned with the payment.
- B. Financial Transactions** – The financial transactions posted to the guarantor’s account since the previous billing statement.
- C. Financial Summary** – The guarantor’s current balance, prior balance, and total of credits and charges applied during the current billing cycle.
*Note: If you select **Print Account Aging** when setting options for generating statements, this section displays the guarantor’s aged balances.*
- D. Credit Card Information** – If you select **Allow Credit Card Payments** when setting options for generating statements, the credit card information lines appear on the payment slip.
- E. Dunning Message/Guarantor Note** – If a guarantor note has been entered for a guarantor, the note prints on the guarantor’s billing statements. If no guarantor note has been entered, the appropriate dunning message is printed. For details about how to enter guarantor notes or dunning messages, see the “Working with guarantor notes” or “Dunning messages” topics in the Ledger or Office Manager portions of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).
- F. Insurance Estimate Box** – If you select **Print Dental Insurance Estimate** when setting options for billing statements, the insurance estimate box appears on the statement.
- G. Statement Note** – If you entered a note in the **Statement Message** field when setting options for billing statements, the text of that note appears on each statement.
- H. Please Pay This Amount Box** – If you select **Print Agreed Payment** when setting options for billing statements, the Please Pay This Amount box appears on the statement.

Birthday List

The Birthday List displays patients whose birthdays fall on a selected month, day, and/or year. This report can also be run for a given date or date range.



Why: To assist in preparing birthday cards for patients

When: As needed

BIRTHDAY LIST

Birthday Range: Month: 5 - Month: 6
 Clinics: <ALL>
 Provider: <ALL>
 Billing Types: <ALL>
 Patient Range:<ALL> - <ALL>

Report Date: 05/06/2018

Report Generated By: enterprise

Page 1 of 37

PATIENT NAME	BIRTHDATE
Abbott, James 123 Pine Drive Atlanta, GA. 30361	11/11/1930
Abbott, Patricia 123 Pine Drive Yardley, PA. 19067	11/11/1965
Brown, Mary J 1234 Maple Avenue Springfield, PA. 19064	11/11/1965
Crosby, Brent G 12345 Oak St. Media, PA. 19063	11/11/1955
Crosby, Shirley 123 Hickory Place Kailua, TN. 77301	11/11/1974
Davis, Harmon 1234 Black Road Barstow, RI. 95765	11/11/1969
Edwards, Johnathan 1234 Grove Way Elk Grove, RI. 95750	11/11/1996
Edwards, John 1234 West Pond Dr. Kailua, TN. 77301	11/11/1960
Farrer, Lisa E. 12 Clover Ln Kailua, TN. 77301	11/11/1927
Gleason, Alice F 12345 Hope Rd Lowland Heights, IN. 40870	11/11/1955
Gleason, Gary O. 123 Wild Rd Kailua, TN. 77301	11/11/1926



How do I run the Birthday List?

From the DXOne Reporting module, select **List**, and then double-click **Birthday List**. For additional details about running this report, see the “Birthday List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient Details – The patient’s name and mailing address.

B. Birth Date – The patient’s birth date.

Caries Prevalence and Periodontal Index Report

The Caries Prevalence and Periodontal Index Report indicates, for various ages and age ranges, the percent of patients who have caries and how many do not, the percent of patients with certain conditions, and the percent of patients with certain pocket depths and clinical attachment levels.



Why: To print a record of patient statistics for caries, conditions, and perio measurements



When: Quarterly

Caries Prevalence and Periodontal Index Report

Date Range: 05/27/2018 - 05/28/2018
Clinics: <ALL>

Report Date: 05/28/2018

Report Generated By: enterprise

Page 1 of 3

Preschool children (2-5 years):

dmfs / dmft	20 / 12
Mean dmfs for Max. Incisors & Posterior teeth	133.33
Percent with history of decay on...	
anterior teeth	66.67%
posterior teeth	66.67%
both anterior and posterior teeth	66.67%
Percent with caries history on >= 1 maxillary incisors	33.33%
Percent with caries history on >= 2 maxillary incisors	0.00%
Percent with caries history on >= 1 maxillary incisors or dmft >= 6	66.67%
Percent with dmfs > 0	
maxillary incisor decay only	66.67%
posterior decay only	66.67%
both posterior and incisor decay	66.67%
Percent caries free children by individual ages and age cohorts	
2 Years:	50.00%
3 Years:	0.00%
4 Years:	0.00%
5 Years:	0.00%
2-4 Years:	50.00%
3-5 Years:	0.00%
2-5 Years:	50.00%

How do I run the Caries Prevalence and Periodontal Index Report?

From the DXOne Reporting module, select **List**, and then double-click **Caries Prevalence and Periodontal Index Report**. For additional details about running this report, see the “Caries Prevalence and Periodontal Index Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report prints on three pages with statistics for five age groups:

- The age group 2 - 5 years is on the first page.
- The age groups 6 - 14 years and 15 - 19 years are on the second page.
- The age groups 35 - 44 years and 55 years and older are on the third page.

Terms Used

You need to be familiar with the following terms before reading this report:

- **Caries Free** – No decayed, missing, or filled teeth
- **CPITN** – Community Periodontal Index of Treatment Needs
- **Dmfs** – Decayed, missing, or filled surfaces on primary teeth
- **DMFS** – Decayed, missing, or filled surfaces on permanent teeth
- **Dmft** – Decayed, missing, or filled primary teeth
- **DMFT** – Decayed, missing, or filled permanent teeth
- **Dentate** – Having teeth (i.e. a patient who does not have a full set of dentures)
- **Fluorosis** – An abnormal condition of the tooth enamel caused by excessive exposure to fluoride

Age Group 2 - 5 Years

The data for each of the following statistics is listed by individual ages and age ranges:

A. dmfs / dmft

- **dmfs** – The total number of surfaces with one or more untreated caries for all patients in the age group, total number of surfaces with one or more fillings, and total number of teeth (multiplied by 5 surfaces) that have been extracted (using the oral surgery procedures D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250). A surface with a code posted for untreated followed by a code posted for restoration or extraction only counts once.
- **dmft** – The total number of teeth with one or more untreated caries for all patients in the age group, the total number of teeth with one or more fillings, and the total number of teeth that have been extracted (using the oral surgery procedures D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250) or are missing. A tooth with a code posted for untreated followed by a code posted for restoration or extraction only counts once.

- B. Mean dmfs** – The mean dmfs for maxillary incisors and posterior teeth, which is the dmfs of maxillary incisors (c - h) and posterior teeth (a, b, i, j, k, l, s, and t) for all patients in the age group divided by the number of patients in the age group. A surface with an untreated caries code that has been fixed later is counted only once.
- C. Decay History** – The percent of patients in the age group with a history of decay. The statistics are broken down by decay on anterior teeth, posterior teeth, and both. Each value is the total number of patients in the age group with a caries code (15104, 15105, 15106, or 15107) or restorative code on any anterior, posterior, or anterior and posterior teeth divided by the number of patients in the age group.
- D. Caries History** – The percent of patients in the age group with caries history. The statistics are broken down by one or more caries on any maxillary incisor, two or more caries on any maxillary incisor, and one or more caries on any maxillary incisors or where dmft is greater than or equal to 6. Each value is the total number of patients in the age group with a caries code (15104, 15105, 15106, or 15107) or restorative code on the given number of caries on any of the maxillary incisors (or the total number of patients in the age group with a dmft greater than or equal to 6) divided by the number of patients in the age group.
- E. dmfs > 0** – The percent of patients in the age group with a dmfs that is greater than 0.
- F. Caries Free** – The percent of patients of each given age (or in each given age range) without caries. To be considered caries free, a patient cannot have any of the following conditions or codes posted in the Chart:
- **Caries conditions** – 15104, 15105, 15106, or 15107.
 - **Missing teeth conditions** – 15100 or 15101.
 - **Procedure codes D2000** – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, or D7999.

**An explanation of the next page
of the report begins on page 56.**

Report Date: 05/28/2018 Report Generated By: enterprise Page 2 of 3

Ages 6-14 Years:

	<---Percent Caries Free---		Percent with									
	Prim & Perm Teeth	Perm Teeth Only	Untreated Decay Prim & Perm teeth	Untreated Decay Perm teeth	Using Tobacco	Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar	Mean # of sealed teeth	Mean dmft / DMFT
6 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 8.00
7 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
8 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
9 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
10 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 2.00
11 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
12 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
13 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
14 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
6-8 Years:	0.00	0.00	100.00	100.00	0.00	100.00	100.00	100.00	100.00	100.00	1.00	0.00 / 8.00
9-11 Years:	80.00	80.00	20.00	20.00	0.00	20.00	20.00	20.00	20.00	20.00	0.20	0.00 / 0.40
12-14 Years:	100.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00 / 0.00
6-14 Years:	86.67	86.67	13.33	13.33	46.67	13.33	13.33	13.33	13.33	13.33	0.13	0.00 / 8.67

Ages 15-19 Years:

	Caries Free Prim & Perm teeth	Untreated Decay Prim & Perm teeth	Using Tobacco	Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar	Mean # of sealed teeth	Mean DMFT
15 Years:	92.31	7.69	7.69	7.69	7.69	7.69	7.69	7.69	0.08	0.38
16 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17 Years:	96.67	3.33	3.33	3.33	3.33	3.33	3.33	3.33	0.03	0.13
18 Years:	96.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	0.04	0.16
19 Years:	96.15	3.85	3.85	3.85	3.85	3.85	3.85	3.85	0.04	0.12

	Pockets < 4mm	Pockets >= 4mm & < 6mm	Pockets >= 6mm	Loss of Attachment < 3mm	Loss of Attachment >= 3mm and < 5mm	Loss of Attachment >= 5mm
15 Years:	0.00	0.00	0.00	0.00	0.00	0.00
16 Years:	0.00	0.00	0.00	0.00	0.00	0.00
17 Years:	3.33	3.33	3.33	3.33	3.33	3.33
18 Years:	4.00	4.00	4.00	4.00	4.00	4.00
19 Years:	3.85	0.00	0.00	3.85	3.85	0.00

Percent with Highest CPITN of 0,1,2,3,4

CPITN	Percent
4	1.77
3	0.00
2	0.88
1	0.00
0	0.00

Age Group 6 - 14 Years

The data for each of the following statistics is listed by individual ages and age ranges:

- F. Caries Free** – The percent of patients of each given age (or in each given age range) without caries. This statistic is broken down by primary and permanent teeth and permanent teeth only. To be considered caries free, a patient cannot have any of the following conditions or codes posted in the Chart:
- Caries conditions 15104, 15105, 15106, or 15107.
 - Missing teeth conditions 15100 or 15101.
 - Procedure codes D2000 – D4276, D4910, D4999, D6000 – D6079, D6100, D6199 – D7259, or D7999.
- G. Untreated Decay** – The percent of patients of each given age (or in each given age range) with untreated decay. An untreated caries is any caries condition code (15104, 15105, 15106, or 15107) that has not had either a procedure that covers the same surface posted after the caries condition code was posted or has not had the corresponding tooth extracted (an existing, existing other, or missing tooth condition is considered extracted for the purposes of this report). This statistic is broken down by primary and permanent teeth and permanent teeth only. A restoration code on a tooth followed chronologically by an untreated caries condition indicates that the tooth decayed again after it was fixed and is counted as untreated decay.
- H. Using Tobacco** – The percent of patients of each given age or in each given age range (with caries) who are using tobacco (patients who have the condition code "15203 Tobacco Use" posted in the Chart).
- I. Dental Fluorosis** – The percent of patients of each given age or in each given age range (with caries) who have dental fluorosis (patients who have the condition code "15200 Dental Fluorosis" posted in the Chart).
- J. Sealants** – The percent of patients of each given age or in each given age range (with caries) who have dental sealants (patients who have the sealant code D1351 posted in the Chart).
- K. Mean # of Sealed Teeth** – The total number of sealed teeth for all patients of each given age (or in each given age range) divided by the number of patients of each given age (or in each given age range).
- L. Mean dmft/DMFT** – The dmft/DMFT for all patients of each given age (or in each given age range) divided by the number of patients of each given age (or in each given age range). A tooth with an untreated caries code that has been fixed later is counted only once.

Age Group 15 - 19 Years

The data for each of the following statistics is listed by individual ages:

- F. Caries Free** – The percent of patients of each given age without caries. This statistic applies to both primary and permanent teeth. To be considered caries free, a patient cannot have any of the following conditions or codes posted in the Chart:
- **Caries conditions** – 15104, 15105, 15106, or 15107.
 - **Missing teeth conditions** – 15100 or 15101.
 - **Procedure codes** – D2000 to D4276, D4910, D4999, D6000 to D6079, D6100, D6199 to D7259, or D7999.

- G. Untreated Decay** – The percent of patients of each given age with untreated decay. An untreated caries is any caries condition code (15104, 15105, 15106, or 15107) that has not had either a procedure that covers the same surface posted after the caries condition code was posted or has not had the corresponding tooth extracted (an existing, existing other, or missing tooth condition is considered extracted for the purposes of this report). This statistic applies to both primary and permanent teeth. A restoration code on a tooth followed chronologically by an untreated caries condition indicates that the tooth decayed again after it was fixed and is counted as untreated decay.
- H. Using Tobacco** – The percent of patients of each given age (with caries) who are using tobacco (i.e. patients who have the condition code “15203 Tobacco Use” posted in the Chart).
- I. Dental Fluorosis** – The percent of patients of each given age (with caries) who have dental fluorosis (i.e. patients who have the condition code “15200 Dental Fluorosis” posted in the Chart).
- J. Sealants** – The percent of patients of each given age (with caries) who have dental sealants (i.e. patients who have the sealant code D1351 posted in the Chart).
- K. Mean # of Sealed Teeth** – The total number of sealed teeth for all patients of each given age divided by the number of patients of each given age.
- L. Mean dmft/ DMFT** – The dmft/ DMFT for all patients of each given age divided by the number of patients of each given age. A tooth with an untreated caries code that has been fixed later is counted only once.
- M. Perio Pockets** – The percent of patients of each given age with the specified perio pocket measurements.
- N. Loss of Attachment** – The percent of patients of each given age with the specified clinical attachment level.
- V. CPITN** – The percent of patients in both age groups combined (ages 6 – 19) with the highest CPITN of 0, 1, 2, 3, and 4. CPITN is calculated from periodontal exams within the date range of the report:
- Any patients who have a Probing Depth (PD or Pocket Depth) for any tooth higher than 6 mm are counted towards the 4 category and are not counted towards any other category.
 - Any patients who have a Probing Depth (PD or Pocket Depth) for any tooth of 4 - 6 mm are counted towards the 3 category and are not counted towards any other category.
 - Any patients that are marked as having Plaque (not set to “0 - None”) and a Probing Depth (PD or Pocket Depth) for any tooth less than 4 for any tooth are counted towards the 2 category and are not counted towards any other category.
 - Any patients that have bleeding marked for any tooth are counted towards the 1 category and are not counted towards any other category.
 - Any remaining patients should be counted towards the 0 category.

**An explanation of the next page
of the report begins on page 60.**

Report Date: 05/28/2018 Report Generated By: enterprise Page 3 of 3

Ages 35-44 & 55+ Years:

	← Caries Free Prim & Perm teeth	Untreated Decay Prim & Perm teeth	Using Tobacco	Percent with Dental Fluorosis	Sealants	Sealants 1st Molar	Sealants 2nd molar	Sealants 1st or 2nd Molar	Mean # of sealed teeth	Mean DMFT
35 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
36 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
37 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
38 Years:	98.04	0.00	1.96	1.96	0.00	0.00	0.00	0.00	0.00	0.08
39 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
40 Years:	97.78	2.22	2.22	2.22	0.00	0.00	0.00	0.00	0.00	0.22
41 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
55 Years:	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

(F) ← Caries Free Prim & Perm teeth (G) Untreated Decay Prim & Perm teeth (H) Using Tobacco (I) Percent with Dental Fluorosis (J) Sealants (K) Sealants 1st Molar (L) Sealants 2nd molar (M) Sealants 1st or 2nd Molar (N) Mean # of sealed teeth (O) Mean DMFT

	← with Perio Pocket < 4mm	>= 4 and < 6mm	>= 6mm	← Perio Pocket < 3mm	>= 3mm and < 5mm	>= 5mm	Diabetes	Need Biopsy	18-20 Teeth	20+ Teeth	No Natural Teeth	Dental Decay	Dental Caries
35 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
36 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
37 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
38 Years:	1.96	1.96	1.96	1.96	1.96	1.96	0.00	1.96	100.00	100.00	0.00	0.00	0.00
39 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
40 Years:	2.22	2.22	2.22	2.22	2.22	2.22	2.22	2.22	97.78	100.00	0.00	2.22	0.00
41 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
42 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
43 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
44 Years:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	0.00	0.00	0.00
55 Years:	1.27	1.27	1.27	1.27	1.27	1.27	0.00	0.00	600.00	600.27	0.00	1.27	0.00

(M) ← with Perio Pocket < 4mm (N) >= 4 and < 6mm (O) >= 6mm (P) ← Perio Pocket < 3mm (Q) >= 3mm and < 5mm (R) >= 5mm (S) Diabetes (T) Need Biopsy (U) 18-20 Teeth (V) 20+ Teeth (W) No Natural Teeth (X) Dental Decay (Y) Dental Caries

Ages 35-44 Years:

Percent with Highest CPITN of 0,1,2,3,4

CPITN	Percent
4	0.52
3	0.00
2	0.00
1	0.00
0	0.00

Ages 55+ Years:

Percent with Highest CPITN of 0,1,2,3,4

CPITN	Percent
4	0.15
3	0.00
2	0.00
1	0.00
0	0.00

(V)

Age Group 35 - 44 Years and Age Group 55 Years and Older

The data for each of the following statistics is listed by individual ages:

- F. Caries Free** – The percent of patients of each given age without caries. To be considered caries free, a patient cannot have any of the following conditions or codes posted in the Chart:
- **Caries conditions** – 15104, 15105, 15106, or 15107.
 - **Missing teeth conditions** – 15100 or 15101.
 - **Procedure codes** – D2000 to D4276, D4910, D4999, D6000 to D6079, D6100, D6199 to D7259, or D7999.
- G. Untreated Decay** – The percent of patients of each given age with untreated decay. An untreated caries is any caries condition code (15104, 15105, 15106, or 15107) that has not had either a procedure that covers the same surface posted after the caries condition code was posted or has not had the corresponding tooth extracted (an existing, existing other, or missing tooth condition is considered extracted for the purposes of this report). A restoration code on a tooth followed chronologically by an untreated caries condition indicates that the tooth decayed again after it was fixed and is counted as untreated decay.
- H. Using Tobacco** – The percent of patients of each given age (with caries) who are using tobacco (patients who have the condition code “15203 Tobacco Use” posted in the Chart).
- I. Dental Fluorosis** – The percent of patients of each given age (with caries) who have dental fluorosis (patients who have the condition code “15200 Dental Fluorosis” posted in the Chart).
- J. Sealants** – The percent of patients of each given age (with caries) who have dental sealants (i.e. patients who have the sealant code D1351 posted in the Chart).
- K. Mean # of Sealed Teeth** – The total number of sealed teeth for all patients of each given age divided by the number of patients of each given age.
- L. Mean DMFT** – The DMFT for all patients of each given age divided by the number of patients of each given age. A tooth with an untreated caries code that has been fixed later is counted only once.
- M. Perio Pockets** – The percent of patients of each given age with the specified perio pocket measurements.
- N. Loss of Attachment** – The percent of patients of each given age with the specified clinical attachment level.
- O. Diabetes** – The percent of patients of each given age (with perio measurements that appear on this report) who have diabetes (patients who have the condition code “15201 Diabetes” posted in the Chart).
- P. Need Biopsy** – The percent of patients of each given age (with perio measurements that appear on this report) who need biopsies (patients who have the condition code “15202 Needs Biopsy” posted in the Chart).
- Q. All 28 Teeth** – The percent of patients of each given age who have all 28 natural teeth (patients who do not have any Existing, Existing Other, or Completed extractions, other than wisdom teeth, or condition codes “15100 Missing Tooth > 1 year” or “15101 Missing Tooth” posted in the Chart).

- R. 20+ Teeth** – The percent of patients of each given age who have 20 or more natural teeth. A patient has a missing tooth if an extraction, appropriate condition, or appropriate Existing/Existing Other code is posted in the patient's Chart.
- S. No Natural Teeth** – The percent of patients of each given age who have no natural teeth.
- T. Untreated Decay (Dentate Adults)** – The percent of dentate patients of each given age with untreated decay (patients who do not have both D5110 and D5120 and have untreated decay—any condition code 15104 –15107—posted in the Chart). A restoration code on a tooth followed chronologically by an untreated caries condition indicates that the tooth decayed again after it was fixed and is counted as untreated decay.
- U. Root Caries (Dentate Adults)** – The percent of dentate patients of each given age with root caries (i.e. patients who have the condition code "15104 Deep Dentinal/Cemental Caries" posted in the Chart).
- V. CPITN** – The percent of patients in each age group (ages 35 – 44, and 55 and older) with the highest CPITN of 0, 1, 2, 3, and 4. CIPTN is calculated from periodontal exams within the date range of the report:
- Any patients who have a Probing Depth (PD or Pocket Depth) for any tooth higher than 6 mm are counted towards the 4 category and are not counted towards any other category.
 - Any patients who have a Probing Depth (PD or Pocket Depth) for any tooth of 4 - 6 mm are counted towards the 3 category and are not counted towards any other category.
 - Any patients that are marked as having Plaque (i.e. not set to "0 - None") and a Probing Depth (PD or Pocket Depth) for any tooth less than 4 for any tooth are counted towards the 2 category and are not counted towards any other category.
 - Any patients that have bleeding marked for any tooth are counted towards the 1 category and are not counted towards any other category.
 - Any remaining patients should be counted towards the 0 category.

Clinical Notes Report

The Clinical Notes report displays a clinical note for a patient on a specified date.



Why: To print a patient's clinical notes on a specific day

When: As needed

PATIENT CLINICAL NOTE(ABBOTT, JAMES S)

The Allied Dentist Group
Billing Types 1 - 254

Date: 05/13/2018

Page: 1

PATIENT NAME	CHART NUM	SS#	HOME PHONE	WORK PHONE	LAST VISIT
--------------	-----------	-----	------------	------------	------------

Abbott, James S	ABB101	000-00-0000	555-1586		05/05/2009
-----------------	--------	-------------	----------	--	------------

CLINICAL NOTES

Note Date: 01/28/2018

-----<Wed - Jan 28, 2018>-----<10:04:46>----- <ENTERPRISE>-----<Wed - Jan 28, 2018>-----<10:05:10>----- <ENTERPRISE>-----[] I have seen and examined the patient with the resident. I have discussed the case with the resident.[] I agree with the diagnosis and treatment plan as documented in the resident's note.[] Straight forward[] Low Complexity[] Moderate Complexity[] High Complexity[] Greater than 50% of the visit was spent counseling the patient and discussing the treatment plan.-----<Wed - Jan 28, 2018>-----<11:21:09>----- <ENTERPRISE>-----<Wed - Jan 28, 2018>-----<11:21:50>----- <ENTERPRISE>-----

A

B

How do I run the Clinical Notes Report?



In the Family File, Patient Chart, or Ledger, from the **File** menu, click **Clinical Notes**, and then click the Print button; or in DXOne Reporting, select **Lists**, and then double-click **Clinical Notes**. For more detailed instructions on how to generate this report, see the "Clinical Notes Report" and "Printing clinical notes" topics of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Details** – The patient's name, chart number, Social Security number, home and work phone numbers, and last visit date.
- B. Note Details** – The creation date and text of the clinical note.

Clinical Quality Measures List

The Clinical Quality Measures List displays each Meaningful Use measure, the corresponding results (the population, the denominator and numerator used for calculating the actual percentage for a result, exclusions, and exceptions), and the details of the requirement for that measure.



Why: To view the calculated results of Meaningful Use clinical measures

When: As needed

<div>AllCoreDental</div>								
Measure Description	Performance Rate	IPP	Den.	Excl.	Num.	Excep.	Performance Not Met	
CMS 68/MIPS 130 - Documentation of Current Medications in the Medical Record	<div><div></div></div> 7%	16	16	N/A	1	1	N/A	View Detail
CMS 74/MIPS 379 - Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<div><div></div></div> 50%	4	4	2	1	N/A	N/A	View Detail
Unstratified								
CMS 74/MIPS 379 - Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<div><div></div></div> 100%	1	1	0	1	N/A	N/A	View Detail
Stratum 1: age 0-4								
CMS 74/MIPS 379 - Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<div><div></div></div> 0%	1	1	0	0	N/A	N/A	View Detail
Stratum 2: age 5-11								

How do I run the Clinical Quality Measures List?

In the Office Manager, from the **Analysis** menu, point to **Meaningful Use**, and then click **Clinical Quality Measures**. After opening CQM solution, click **Create Report**. For additional details about running this report, see the “Clinical Quality Measures List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The CQM report results include all the measures that were defined for the report.

- A. Measures** – The list of measures.
- B. Results** – The calculated results.
- C. Population** – The patients.
- D. Denominator** – The denominator used in the calculation.
- E. Numerator** – The numerator used in the calculation.
- F. Exclusions and Exceptions** – Exclusions and exceptions that were not taken into account during the calculation.

*Note: To view details of any of the measures in the report, click **View Detail**.*

The following tables explain the calculations and requirements for each measure.

68 Documentation of Current Medications in the Medical Record	
Requirement: Percentage of patient visits for patients aged 18 years and older for which the eligible professional (EP) attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include all known prescriptions, over-the-counter drugs, herbal supplements/medicines, and vitamin/mineral/dietary (nutritional) supplements and must contain the medications’ name, dosage, frequency, and route of administration.	
Exception: Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient’s health status.	
Initial Patient Population	The number of patients 18 years old or older before the start of the specified Measurement Period who have visits occurring during the 12-month reporting period.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients (from the Denominator) for whom the EP attests to documenting a list of current medications for those patients.

74 Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists

Requirement: Percentage of children who are less than 20 years of age and who received a fluoride varnish application during the specified Measurement Period.

Initial Patient Population	The number of children who are less than 20 years old with a visit during the specified Measurement Period. <ul style="list-style-type: none"> • Stratum 1 – Patients 0 to 5 years old. • Stratum 2 – Patients 6 to 12 years old. • Stratum 3 – Patients 13 to 19 years old.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients (from the Denominator) who receive a “Fluoride Varnish” (a procedure posted from the Chart with the appropriate CDT code).

75 Children Who Have Dental Decay or Cavities

Requirement: Percentage of children who are less than 20 years old who have tooth decay or cavities during the specified Measurement Period.

Initial Patient Population	The number of children who are less than 20 years old with a visit during the specified Measurement Period.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients (from the Denominator) who have “Tooth Decay” or “Cavities” (a condition/diagnosis with the appropriate ICD-9-CM code).

138 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Requirement: Percentage of patients aged 18 years or older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user.

Exception: Documentation of medical reason(s) for not screening for tobacco use (for example, limited life expectancy or other medical reason).

Initial Patient Population	All patients aged 18 years old or older.
Denominator	The number of patients in the Initial Patient Population.
Numerator	The number of patients (from the Denominator) who have been identified as a “Tobacco User” (a patient with the appropriate SNOMED-CT code) or “Non-Tobacco User” (a patient with the appropriate SNOMED-CT code) within 24 months of a patient’s health assessment or medical encounter being entered within the specified Measurement Period.

156 Use of High-risk Medications in the Elderly

Requirement: Percentage of patients 66 years of age or older who were ordered high-risk medications.

Initial Patient Population	Patients 66 years old or older who had a visit during the specified Measurement Period.
Denominator	The number of patients in the Initial Patient Population.
Numerator 1	Patients with an order for at least one "High-risk Medication" (a prescription with the appropriate RxNorm code) during the specified Measurement Period.
Numerator 2	Patients with an order for at least two different "High-risk Medications" (prescriptions with the appropriate RxNorm codes) during the specified Measurement Period.

165 Controlling High Blood Pressure

Requirement: The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.

Initial Patient Population	The number of patients who were 18 years old or older and less than or equal to 85 years old before the beginning of the specified Measurement Period.
Denominator	<p>The number of patients in the Initial Patient Population who were diagnosed with "Hypertension" (a medical alert with the appropriate ICD-9-CM or SNOMED-CT code) up to 6 months after the specified Measurement Period and who have an "Encounter Outpatient" (a patient health assessment or medical encounter with the appropriate AMA-CPT code) with one of the selected Providers within the specified Measurement Period and who do not have one of the following:</p> <ul style="list-style-type: none"> • Evidence of end stage renal disease (ESRD) (an "active" medical alert with the appropriate ICD-9-CM or SNOMED-CT code). • One or more procedures, such as dialysis or a renal transplant, that were performed for ESRD (a procedure posted from the Chart with the appropriate AMA-CPT code). • Active diagnosis of "Pregnancy" (an "active" medical alert with the appropriate ICD-9-CM or SNOMED-CT code). • "Encounter Pregnancy" (a medical encounter with the appropriate ICD-9-CM code).
Numerator	The number of patients (from the Denominator) who have had a diastolic blood pressure reading less than 90 mmHg and a systolic blood pressure reading greater than 140 mmHg during the most recent patient health assessment with one of the selected Providers within the specified Measurement Period.

Collections Manager List

The Collections Manager List is a highly customizable report that lists guarantors with outstanding balances.



Why: To identify guarantors with outstanding balances so they can be targeted for collections

When: Monthly

Collection Manager List											
PMTS - DENTRIX DENTAL SYSTEMS											
Date: 12/31/2017											
Page: 1											
GUAR NAME	BALANCE	0->30	31->60	61->90	91->	PA REM	TO INS	INS EST			
GUAR EST	LAST PMT	PMT AMT	AMT DUE	#	PRV OJ	PRV TYPE	REMINDER	REM TYPE			
NOTE											
Abbott,James T	117.42	3.42	0.00	0.00	0.00	114.00	N/A	0.00	0.00		
117.42		0.00	0.00	0							
James is divorced from Cathy Davis and is the primary insurance provider for their three children.											
Brown,Mary T	144.20	4.20	0.00	0.00	0.00	140.00	N/A	0.00	0.00		
144.20		0.00	0.00	0							
Crosby,Brent O	3799.60	1564.60	0.00	0.00	0.00	2235.00	2363.60	895.00	785.00		
3014.60	12/29/2017	125.00	0.00	0.00	0						
Davis,Janet D	66.96	66.96	1.96	0.00	0.00	65.00	N/A	0.00	0.00		
66.96		0.00	0.00	0							
Edwards,John G	1115.00	0.00	0.00	0.00	0.00	1115.00	1115.00	0.00	0.00		
1115.00		0.00	129.90	1							
Farrer,Lisa	66.96	66.96	1.96	0.00	0.00	65.00	N/A	0.00	0.00		
66.96		0.00	0.00	0							
Gleason,Gary F	786.00	786.00	86.00	0.00	0.00	700.00	N/A	0.00	0.00		
786.00	11/18/2017	65.00	0.00	0.00	0						
Hayes,Sally	204.62	133.12	0.00	0.00	0.00	71.50	N/A	65.00	58.50		
146.12	11/18/2017	0.00	0.00	0.00	0						
Perkins,Shelly A.	66.96	66.96	1.96	0.00	0.00	65.00	N/A	0.00	0.00		
66.96		0.00	0.00	0.00	0						
Smith,Michael	66.96	66.96	1.96	0.00	0.00	65.00	N/A	0.00	0.00		
66.96		0.00	0.00	0.00	0						
Winters,CElise	133.90	133.90	3.90	0.00	0.00	130.00	N/A	0.00	0.00		
133.90		0.00	0.00	0.00	0						
TOTALS:											
BALANCE	0->30	31->60	61->90	91->	PA REM	TO INS	INS EST	GUAR EST	PMT AMT	AMT DUE	#
6568.58	1803.08	0.00	0.00	4765.50	3478.60	960.00	843.50	5725.08	190.00	129.90	1

How do I run the Collections Manager List?

1. From the Collections Manager, click **View Setup** on the menu bar to open the **Collections Manager View** dialog box.

2. Configure the view filters as needed.
3. Click **Show Columns** to open the **Show Columns** dialog box.

4. Add/remove the data you want included/excluded on the report in the **Show these columns in this order** list box.
5. Click **OK** to save the settings and close the **Show Columns** dialog box.
6. Click **OK** to save the settings and close the **Collections Manager View** dialog box.
7. From the **Print** menu, click **Collections Manager List**.
8. Click **Yes** to run the report.

For additional details about running this report, see the “Printing the Collections Manager List” topic in the Collections Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Guarantor Details – The information displayed in this section is highly customizable and depends on the settings configured in step 4 of the How do I run this report? section. The following is a comprehensive list of the possible data:



- # Pmts Missed
- 0-30 Balance
- 31-60 Balance
- 61-90 Balance
- >91 Balance
- Account Clinic
- Account Provider
- Acct Balance
- Amt Billed to Ins
- Best Time to Call
- Billing Type
- Birthday & Age
- Chart #
- Email Address
- Family Position
- Future Rem. Type
- Future Reminder Date
- Guarantor City
- Guarantor Estimate
- Guarantor Name
- Guarantor State
- Guarantor Zip Code
- Home Phone
- Insurance Estimate
- Last Payment Amount
- Last Payment Date
- Last Statement Date
- PA Amount Due
- PA Rem Balance
- Prev Office Journal Entry
- Prev OJ Entry Type
- Soc Sec #
- Suspended Credit
- Work Phone & Ext

B. Guarantor Notes – If you select **Include Guarantor Account Notes** when setting options for this report, guarantor notes appear on the report.

C. Report Totals – Combined totals for all guarantors.

Continuing Care Cards - No Appointment

The Continuing Care Cards - No Appointment letter merge generates continuing care reminder cards for patients who have continuing care attached in the Family File but are not scheduled for a continuing care appointment.

	<p>Why: To generate continuing care reminder cards</p> <p>When: Monthly</p>	
---	---	---

<p align="center">Dental Practice 1234 Oak St Suite 500 American Fork, UT 84003 (801) 555-1234</p>	
<p>Dear Brent</p> <p>This is just to remind you that it's time for your next dental examination! Please call us at your convenience to schedule an appointment. Your last exam was February 5, 2017. We look forward to hearing from you soon.</p>	<p align="right">Brent Crosby 123 Actor Lane Beverly Hills, CA 90210</p>



How do I run the Continuing Care Cards - No Appointment?

1. From the Office Manager, click **Letters** on the menu bar to open the **Letters** dialog box.
2. Click **Continuing Care** to open the **Continuing Care Letters** dialog box.
3. Select **Continuing Care - W/O Appt**, and click **Create/Merge** to open the **Create/Merge Options** dialog box.
4. Select **Create Data File and Merge Letters**, and click **OK** to create the reminder cards.

For additional details about running this report, see the "Creating cards for patients without appointments" topic in the Office Manager portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

Continuing Care Cards - with Appointment

The Continuing Care Cards - with Appointment letter merge creates reminder cards for patients who have a continuing care appointments scheduled.

	Why: To generate continuing care reminder cards When: Monthly	
---	--	---

Dental Practice
 1234 Oak St
 Suite 500
 American Fork, UT 84003
 (801) 555-1234

Dear James

This is to remind you that it is time for your Perio Maint. You have scheduled an appointment on Friday, February 22, 2018 at 8:00am. Please call us today if you need to re-schedule. We look forward to seeing you soon.

James Abbott
123 Oak St
Murray, UT 84123

How do I run the Continuing Care Cards - with Appointment?

1. From the Office Manager, click **Letters** on the menu bar to open the **Letters** dialog box.
2. Click **Continuing Care** to open the **Continuing Care Letters** dialog box.
3. Select **Continuing Care - With Appt**, and click **Create/Merge** to open the **Create/Merge Options** dialog box.
4. Select **Create Data File and Merge Letters**, and click **OK** to create the reminder cards.

For additional details about running this report, see the "Creating appointment reminder cards" topic in the Office Manager portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

Continuing Care Display List

The Continuing Care Display list displays continuing care appointments based on the continuing care views set up in the Appointment Book.



Why: To view continuing care appointments

When: Monthly or as needed

CONTINUING CARE DISPLAY LIST												
The Dentist Group												
Date:		03/23/2018							Page: 1			
DATE	TYPE	APPOINTMENT	STATUS	PRIOR TREAT.	NAME H PHONE W PHONE	AGE	PROV.	INSURANCE CARRIER CLINIC	0-30 61-90	31-60 90 ->	SUS. CR. BALANCE	
05/15/2018	PROPHY	03/28/2011+		11/11/2017	*Davis, Karen 555-1530	65	Prov1 DRAPER	Acme Benefits	Assoc 0.00 0.00 0.00 1924.80		0.00 1924.80	
09/02/2018	PROPHY	+	6M		Crosby, Jill (743)555-2381	30	Prov2 CENTRAL	Allied Group	Insurance Trust 0.00 0.00 0.00 0.00		0.00 0.00	
10/23/2018	Pmt Promis	03/28/2011+		11/11/2016	*Crosby, Brent (743)555-2381 (743)555-4900	64	Prov1 DRAPER	Allied Group	Insurance Trust 0.00 0.00 0.00 0.00		0.00 0.00	
11/11/2018	PROPHY	03/28/2011+		11/11/2017	Edwards, Anna 555-7101	57	Prov1 DRAPER	Utah Acme	Insurance Plan 0.00 0.00 0.00 21.00		0.00 21.00	
11/11/2018	PROPHY	03/28/2011+			*Edwards, John 555-7101	61	Prov1 DRAPER	Utah Acme	Insurance Plan 0.00 0.00 0.00 21.00		0.00 21.00	
11/28/2018	PROPHY	03/28/2011+	6M	11/11/2017	Davis, Harmon 555-3452	68	Prov2 DRAPER	Utah Acme	Insurance Plan 0.00 0.00 0.00 1924.80		0.00 1924.80	
11/28/2018	PERIO	+		11/11/2017	*Davis, Karen 555-1530	65	Prov1 DRAPER	Acme Benefits	Assoc 0.00 0.00 0.00 1924.80		0.00 1924.80	
A B C D E									F			

How do I run the Continuing Care Display List?

1. From any module, click the Continuing Care button to open the Continuing Care window.
2. From the **View** menu, click a continuing care view.
3. From the **File** menu, click **Print** to print the continuing care view.

For additional details about running this report, see the "Printing from Continuing Care" topic in the Other Features portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following information (with the exception of letter F) is found in the **Edit Continuing Care** dialog box, which can be accessed by double-clicking the Continuing Care block in the Family File and then double-clicking a continuing care type.


- A. Date** – The continuing care due date.
- B. Type** – The continuing care type.
- C. Appointment** – The date of the patient's scheduled continuing care appointment (if one exists).
- D. Status** – The appointment status.
- E. Prior Treatment** – The date of the patient's last posted procedure.
- F. Aged Balance** – The patient's account balances.

The screenshot shows the 'Edit Continuing Care - (Abbott, James S)' dialog box. The fields and their values are as follows:

- Type:** PROPHY (labeled with circled B)
- Description:** Periodic cleaning and x-rays
- Date Set:** 01/18/2018
- Scheduled Appt.:** 04/22/2018 (labeled with circled C)
- Due Date:** 07/21/2018 (labeled with circled A)
- Prior Treatment:** 01/20/2018 (labeled with circled E)
- Status:** 1: 6M 6 Month Recall (labeled with circled D)
- Provider:** Prov1 (selected)
- Default Appt. Time:** 5 Unit(s) (labeled with circled F)
- Motivational Note:** Come in for your cleaning and receive a free tooth whitening treatment.

Coupon Book - Future Due Payments

The Future Due Payments coupon book creates a payment slip for each payment a patient will make during a payment plan.

	<p>Why: To provide your patients with a packet of payment slips customized for their future due payment plan</p> <p>When: After creating a future due payment plan and as needed</p>
---	--

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: left;">PAYMENT NUMBER</th></tr> <tr><td style="text-align: center;">1 of 15</td></tr> <tr><th style="text-align: left;">AMOUNT PAID</th></tr> <tr><td> </td></tr> <tr><th style="text-align: left;">CHECK NO.</th></tr> <tr><td> </td></tr> <tr><th style="text-align: left;">DATE PAID</th></tr> <tr><td> </td></tr> <tr><th style="text-align: left;">BALANCE DUE</th></tr> <tr><td style="text-align: center;">1174.26</td></tr> </table>	PAYMENT NUMBER	1 of 15	AMOUNT PAID		CHECK NO.		DATE PAID		BALANCE DUE	1174.26	<p>REMIT TO: PMTS - DENTRIX DENTAL SYSTEMS 123 E. Valley Dr. Suite 500 American Fork, UT 84003 (801)555-9300</p> <p>PATIENT: Kirk O Baber 11 Maple Leaf Ln. Colmar, PA 18915</p> <p>CHANGE OF ADDRESS: _____ _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: left;">PAYMENT NUMBER</th></tr> <tr><td style="text-align: center;">1 of 15</td></tr> <tr><th style="text-align: left;">AMOUNT DUE</th></tr> <tr><td style="text-align: center;">76.74</td></tr> <tr><th style="text-align: left;">DATE DUE</th></tr> <tr><td style="text-align: center;">12/30/2017</td></tr> </table> <p>Chart: BA0001 Soc.Sec:000-00-0000</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th style="text-align: left;">AMOUNT ENCLOSED</th></tr> <tr><td> </td></tr> </table>	PAYMENT NUMBER	1 of 15	AMOUNT DUE	76.74	DATE DUE	12/30/2017	AMOUNT ENCLOSED	
PAYMENT NUMBER																				
1 of 15																				
AMOUNT PAID																				
CHECK NO.																				
DATE PAID																				
BALANCE DUE																				
1174.26																				
PAYMENT NUMBER																				
1 of 15																				
AMOUNT DUE																				
76.74																				
DATE DUE																				
12/30/2017																				
AMOUNT ENCLOSED																				

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
INSTALLMENT PLAN COUPON

How do I run the Coupon Book - Future Due Payments?

1. In the Ledger, from the **Transaction** menu, click **Process Future Due Payment Plan** to open the **Payment Plan** dialog box.
2. Enter the payment plan details.
3. Select the **Print Payment Book** check box.
4. Click **OK** to open the **Payment Book** dialog box.
5. Set print options, and click **Send to Batch** or **Print** to generate the Future Due Payments coupon book.

For additional details about running this report, see the "Creating future due patient plans" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Coupon Book - Payment Agreements

The Payment Agreement coupon book creates a payment slip for each payment a patient will make throughout the course of a payment agreement.

\$	<p>Why: To provide your patients with a packet of payment slips customized for their payment agreement</p> <p>When: After creating a payment agreement, and as needed</p>
----	---

INSTALLMENT PLAN COUPON			
PAYMENT NUMBER		PLEASE RETURN THIS PORTION WITH YOUR PAYMENT	
1 of 51	REMIT TO: PMTS - DENTRIX DENTAL SYSTEMS 123 E. Valley Dr. Suite 500 American Fork, UT 84003	1 of 51	
AMOUNT PAID	(801)555-9300	AMOUNT DUE	DATE DUE
CHECK NO.	ACCOUNT: Kirk Baber 11 Pine Tree Ln. Colmar, PA 18915 (919)555-3664	71.48	12/01/2017
DATE PAID	CHANGE OF ADDRESS:	Chart: BA0001 Soc.Sec: 000-00-0000	
BALANCE DUE		AMOUNT ENCLOSED	
2501.55			



How do I run the Coupon Book - Payment Agreements?

1. From the Ledger, click the **Payment Agreement** button to open the **Billing/Payment Agreement Information** dialog box.
2. Enter the payment agreement details.
3. Click **Print** to open the **Print for Payment Agreement** dialog box.
4. Select **Coupon Book for Scheduled Payments**, and click **Send to Batch** or **Print** to generate the Payment Agreement coupon book.

For additional details about running this report, see the "Printing payment agreement documents" in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Credit Card Transaction Report

The Credit Card Transaction Report displays a list of transactions that were processed using the integration of Axia (the third-party provider of the credit card processing service) with Dentrux Enterprise.



Why:

To review the credit card transactions that were processed through Axia, and to ensure transaction totals balance out over a variety of reports

When:

Daily and as needed

A

B

Credit Card Transaction									
1/1/2017 - 12/23/2017 Transaction Date									
Operators: <ALL>									
Billing Types: <ALL>									
Report Date: 12/23/2017			Report Generated By: enterprise				Page 1 of 1		
Transaction Date	Cardholder Name	Terminal Name	Pmt Type	Card Type	Pmt Status	Transaction ID	Operator	BT	Amount
04/07/2017 12:39 pm		Keele's Terminal	Charge	Visa	Processed	2017-04-07,12:39:00,1003,2	DSMITH	13	10.00
04/07/2017 12:47 pm		Keele's Terminal	Credit		Void	2017-04-07,12:47:15,1004,2	DSMITH	13	-10.00
04/07/2017 2:51 pm		Keele's Terminal	Charge	Visa	Processed	2017-04-07,14:51:01,1006,2	DSMITH	13	10.00
3 ITEMS								TOTAL:	10.00

How do I run the Credit Card Transaction Report?

From the DXOne Reporting module, select **Management**, and then double-click **Credit Card Transaction**. For additional details about running this report, see the “Credit Card Transaction Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Transaction** – For each transaction on the report, the following information appears: date and time, cardholder’s name, terminal name, payment type (such as charge or credit), card type (such as VISA or MasterCard), payment status (such as processed or void), transaction ID, logged-in user who posted it, billing type of patient’s family, and amount of transaction (positive or negative).
- B. Totals** – The total number of transactions on the report and the sum of those transactions

Custom Practice Information Report

The Custom Practice Information Report displays customizable information entered during Dentrix Enterprise setup (for example, billing types and payment types).

Why: To ensure custom practice information has been entered properly

When: After Dentrix Enterprise setup and as needed

CUSTOM PRACTICE INFORMATION																					
The Dentist Group																					
Date:	04/22/2018																				
Page: 1																					
A	<table border="1"> <thead> <tr> <th>ID</th> <th>BILLING TYPE</th> </tr> </thead> <tbody> <tr><td>1</td><td>Standard Billing - finance charges</td></tr> <tr><td>2</td><td>Standard Billing - no finance charges</td></tr> <tr><td>3</td><td>Insurance Family - delay finance charges</td></tr> <tr><td>4</td><td>Insurance Family - finance charges</td></tr> <tr><td>5</td><td>Payment Plan - finance charges</td></tr> <tr><td>6</td><td>Payment Plan - no finance charges</td></tr> <tr><td>7</td><td>No Statement and No Finance Charges</td></tr> <tr><td>8</td><td>Bad Debt - at risk</td></tr> <tr><td>9</td><td>Bad Debt - to collections</td></tr> </tbody> </table>	ID	BILLING TYPE	1	Standard Billing - finance charges	2	Standard Billing - no finance charges	3	Insurance Family - delay finance charges	4	Insurance Family - finance charges	5	Payment Plan - finance charges	6	Payment Plan - no finance charges	7	No Statement and No Finance Charges	8	Bad Debt - at risk	9	Bad Debt - to collections
ID	BILLING TYPE																				
1	Standard Billing - finance charges																				
2	Standard Billing - no finance charges																				
3	Insurance Family - delay finance charges																				
4	Insurance Family - finance charges																				
5	Payment Plan - finance charges																				
6	Payment Plan - no finance charges																				
7	No Statement and No Finance Charges																				
8	Bad Debt - at risk																				
9	Bad Debt - to collections																				
B	<table border="1"> <thead> <tr> <th>PAYMENT TYPES</th> </tr> </thead> <tbody> <tr><td>Check Payment - Thank You</td></tr> <tr><td>Cash Payment - Thank You</td></tr> <tr><td>Credit Card Payment -Thank You</td></tr> </tbody> </table>	PAYMENT TYPES	Check Payment - Thank You	Cash Payment - Thank You	Credit Card Payment -Thank You																
PAYMENT TYPES																					
Check Payment - Thank You																					
Cash Payment - Thank You																					
Credit Card Payment -Thank You																					
C	<table border="1"> <thead> <tr> <th>ADJUSTMENT TYPES</th> </tr> </thead> <tbody> <tr><td>-Professional Discount</td></tr> <tr><td>-Cash Discount</td></tr> <tr><td>-Credit Adjustment</td></tr> <tr><td>+Debit Adjustment</td></tr> <tr><td>+Patient Refund</td></tr> <tr><td>-Write-Off</td></tr> </tbody> </table>	ADJUSTMENT TYPES	-Professional Discount	-Cash Discount	-Credit Adjustment	+Debit Adjustment	+Patient Refund	-Write-Off													
ADJUSTMENT TYPES																					
-Professional Discount																					
-Cash Discount																					
-Credit Adjustment																					
+Debit Adjustment																					
+Patient Refund																					
-Write-Off																					
D	<table border="1"> <thead> <tr> <th>CUSTOM NOTES</th> </tr> </thead> <tbody> <tr><td>Consulted with patient about dental hygiene</td></tr> <tr><td>Patient has excellent dental hygiene</td></tr> <tr><td>Patient has normal dental hygiene</td></tr> </tbody> </table>	CUSTOM NOTES	Consulted with patient about dental hygiene	Patient has excellent dental hygiene	Patient has normal dental hygiene																
CUSTOM NOTES																					
Consulted with patient about dental hygiene																					
Patient has excellent dental hygiene																					
Patient has normal dental hygiene																					

E	APPOINTMENT STATUS TYPES xAPTSET Appointment Set 2FIRM Appointment Confirmed xLMTape Left message on tape xLMpers Left message w/person xLMwrk Left message at work xNOansw No answer xEMER Emergency appt xCANC Cancelled xMISSED Missed Appointment
F	APPOINTMENT CHECK LIST DESCRIPTIONS Appointment Verified Personal Information Insurance Coverage Referred By Consent Form Signed Follow Up? Cont. Care Set Other Family Appts Next Appointment

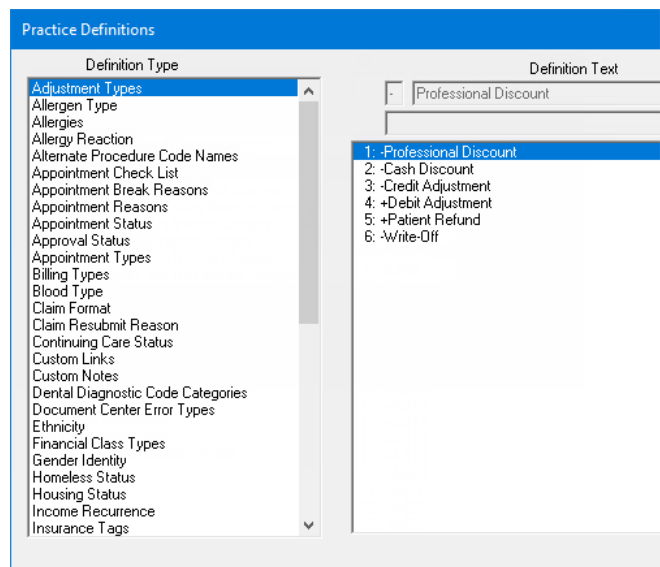
How do I run the Custom Practice Information Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Custom Practice Information**.

What important information does this report provide?

The following report information is found in the **Practice Definitions** dialog box, which can be accessed in the Office Manager. See the topics for “Practice Definitions” in the Office Manager portion of the Dentrix Enterprise Help for details about how to edit this information.

- A. Billing Types
- B. Payment Types
- C. Adjustment Types
- D. Custom Notes
- E. Appointment Status Types
- F. Appointment Check List Descriptions



Daily Appointment List (DX1)

The Daily Appointment List displays the practice's daily appointments. The report displays details of each appointment and corresponding patient information. Also, you can specify how appointments on the report are sorted.



Why: To assist with appointment confirmation phone calls, to use as a quick reference list for the current day's patients



When: Daily

Server Name: <Default>

Daily Appointment List

Date Range: 04/11/2019 - 04/11/2019

Clinics: <ALL>

Providers: <ALL>

Appointment Providers: <ALL>

Operatories: <ALL>

Sorted By: Appt Date/Time

Report Date: 4/10/2019

Report Generated By: ENTERPRISE

Page 1 of 1

Date	Time	Status	Patient Name	PROV/OP	Appointment Reason	Length	Phone
04-11-2019	08:00am	NOansw	Abbott, Patricia	TTRAN/AF-02	2BWx, ProphylAd	60m	(801) 555-1586
04-11-2019	08:10am	NOansw	Cox, Sara	DSMITH/AF-01	ExtSingTh#1, ExtEchAdd#32	60m	
04-11-2019	08:40am	LMpers	Abbott, James S	DSMITH/AF-03	FluoridCh	50m	(801) 555-1586
04-11-2019	09:00am	NOansw	Larson, Jennifer	AMCCLURE/AF-01	ProphylAd	60m	
04-11-2019	09:20am	NOansw	Smith, Donald L	DSMITH/AF-04	Consult	50m	(046) 555-6919
04-11-2019	10:00am	NOansw	Winters, Carl	MHAYES/AF-01	Amalg3Per#5	40m	
04-11-2019	11:10am	FIRM	Smith, Albert C	MHAYES/AF-03	Silicate#1	50m	(942) 555-4952
04-11-2019	01:00pm	NOansw	Abbott, Patricia S	TTRAN/AF-02	PeriodicX	70m	(919) 555-1069

A

B

C

D

E

F

How do I run the Daily Appointment List (DX1)?

From the DXOne Reporting module, select **List**, and then double-click **Daily Appointment List**. For additional details about running this report, see the “Daily Appointment List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The appointments on the report can be sorted by one of the various primary sort options available (appointment date and time, appointment status, patient name, appointment provider name, or operator name) and then by a secondary sort option (if specified). Each clinic’s appointments can start on a new page.

- A. Time - The appointment start time.**
- B. Status - The appointment status (whether the appointment has been confirmed or not).**
- C. Patient Name - The patient for whom the appointment has been scheduled.**
- D. Prov/Op - The provider and operator assigned to the appointment.**
- E. Appointment Reason - The procedures to be performed.**
- F. Phone - The patient’s phone number.**

Daily Appointment List Report

The Daily Appointment List Report displays the practice's daily appointments. Appointments are sorted by appointment date and time.



Why: To assist with appointment confirmation phone calls, to use as a quick reference list for the current day's patients



When: Daily

DAILY APPOINTMENT LIST

The Dentist Group
Providers <ALL> - <ALL>
Operatories <ALL> - <ALL>
Sorted By: Appt Date/Time, Operatory Name
04/24/2018 - 04/24/2018

Date: 04/23/2018

Page: 1

DATE	TIME	STATUS	PATIENT NAME	PROV/OP	APPT. REASON	LENGTH	PHONE
04/24/2018	10:00am	<CMPL>	Abbott, James S	DDS1/DEF_OP1	CCAdult, ProphylAd	110m	() 555-1586
04/24/2018	11:00am	<CMPL>	Little, Brian R	DDS1/DEF_OP2	ResCmP2s#15	10m	()
04/24/2018	11:00am	<CMPL>	Taylor, Mark	DDS1/DEF_OP3	Sealant#15, Sealant#1	30m	()
04/24/2018	11:40am	<CMPL>	Abbott, Patricia	DDS2/DEF_OP1	ExtErpTh#16, ExtErpT	50m	() 555-1586
04/24/2018	11:40am	NOansw	Brown, Mary	DDS1/DEF_OP2	ExtEval	10m	() 555-1586
04/24/2018	1:00pm	NOansw	Johnson, Rachelle	DDS1/DEF_OP1	ProphylAd	60m	(801) 555-5266
04/24/2018	1:10pm	NOansw	Crosby, Brent	DDS1/DEF_OP2	NutriCnsl	10m	() 555-1586
04/24/2018	1:00pm	NOansw	Crosby, Shirley	DDS01/DEF_OP3	2BW/X, LwParMtBs#2	50m	() 555-1586
04/24/2018	2:20pm	NOansw	Little, Carol	DDS1/DEF_OP2	ExtEval	40m	()
04/24/2018	3:00pm	NOansw	Edwards, John S	DDS1/DEF_OP1	4BW/X	10m	() 555-1586
04/24/2018	3:50pm	NOansw	Edwards, Anna	DDS1/DEF_OP2	FabPtCr+B#5	90m	() 555-1586
04/24/2018	5:00pm	<CMPL>	Farrer, Lisa	DDS1/DEF_OP1	CCAdult, Pano, FabPt	80m	() 375-1586

A

B

C

D

E

F

How do I run the Daily Appointment List Report?




In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Daily Appointment List**. Ensure the **Daily Appointment List** option is selected, and click **OK**. For additional details about running this report, see the “Daily Appointment List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Time** – The appointment start time.
- B. Status** – The appointment status (whether the appointment has been confirmed or not).
- C. Patient Name** – The patient for whom the appointment has been scheduled.
- D. Prov/Op** – The provider and operator assigned to the appointment.
- E. Appointment Reason** – The procedures to be performed.
- F. Phone** – The patient’s phone number.

Daily Summary Report

The Daily Summary Report displays statistics for new guarantors, new patients, total patients seen, appointments made, production, collections, and adjustments.



Why: To generate a report of patient, appointment, and financial statistics to monitor daily activity

When: Daily

Daily Summary		
9/20/2017 - 9/20/2017 Entry Date		
Clinics: <ALL>		
Billing Types: <ALL>		
Payment Types: <ALL>		
Adjustment Types: <ALL>		
Report Date: 9/20/2017	Report Generated By: DSMITH	Page 1 of 1
<div><div>A</div><div>B</div><div>C</div><div>D</div><div>E</div></div>	New Guarantors (New families in Family File)	4
	New Patients (New patients in Family File)	10
	Total Patients Seen	24
	New Appointments	12
	Charges from Procedures	9105.00
<div><div>D</div><div>E</div></div>	Patient Payments	
	Amex	100.00
	Care Credit	3256.00
	Cash Payment	250.00
	Check Payment	120.00
	Credit Card Payment	964.00
	Discover	60.00
	Insurance Payment	4960.00
	Master Card	620.00
	Visa	758.00
	Total:	11088.00
	Adjustments	
	Credit	2150.00
	Debit	100.00
	Total:	21600.00

How do I run the Daily Summary Report?

From the DXOne Reporting module, select **Management**, and then double-click **Daily Summary**. For additional details about running this report, see the “Daily Summary Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by clinic. The following information can be used to monitor daily activity:

- A. New Guarantors** – The number of new families that were created in the Family File.
- B. New Patients** – The number of new patients that were created in the Family File.
- C. Total Patients Seen** – The number of patients who had procedures completed.
- D. New Appointments** – The total number of appointments made. An appointment is counted if it was newly created, rescheduled from the unscheduled list, or moved from another day. An appointment with multiple changes is counted only once.
- E. Charges from Procedures** – The total amount of charges. This does not include adjustments, finance charges, or late charges.
- F. Patient Payments** – For each payment type, the total amount posted. The total amount of all payment types also appears.
- G. Adjustments** – For each adjustment type, the total amount posted. The total amount of all adjustment types also appears.

Day Sheet (Adjustments) Report

The Adjustments Day Sheet report lists credit adjustments, charge adjustments, finance charges, and late charges that have been posted to the Ledger.

\$	<p>Why: To print a record of adjustments each day, to review adjustment totals for a date or date range, and to ensure adjustment totals balance out over a variety of reports</p> <p>When: Daily</p>
-----------	---

Adjustment Day Sheet

04/22/2018 - 04/22/2018 Procedure Date

Clinics: <ALL>

Providers: <ALL>

Billing Type: <ALL>

Adjustment Types: <ALL>

Report Date: 04/22/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Chart	BT	Provider	Clinic	Operator ID	Amount
------------	-----------	--------------	-------	----	----------	--------	-------------	--------

+Debit Adjustment

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	10.00
QUANTITY: 1			AVERAGE: 10.00			TOTAL: 10.00		

Charge

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	21.00
QUANTITY: 1			AVERAGE: 21.00			TOTAL: 21.00		

-Professional Discount

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	-10.00
04/22/2018	04/22/2018	Crosby, Brent <Family>	CRO987	1	DDS1	CENTRAL	ENTERPRISE	-10.00
QUANTITY: 2			AVERAGE: -10.00			TOTAL: -20.00		

Grand Totals

	Quantity	Amount	Average
Total Credit Adjustments	2	-20.00	-10.00
Total Debit Adjustments	1	10.00	10.00
Total Finance Charges	0	0.00	0.00
Total Late Charges	1	21.00	21.00
Totals	4	11.00	2.75

Provider: DDS1

Clinic: CENTRAL

+Debit Adjustment

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	10.00
QUANTITY: 1			AVERAGE: 10.00			TOTAL: 10.00		

Late Charge

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	21.00
QUANTITY: 1			AVERAGE: 21.00			TOTAL: 21.00		

-Professional Discount

04/22/2018	04/22/2018	Larson, Bill <Family>		1	DDS1	CENTRAL	ENTERPRISE	-10.00
QUANTITY: 1			AVERAGE: -10.00			TOTAL: -10.00		

QUANTITY: 3

AVERAGE: 7.00

CLINIC TOTAL: 21.00

QUANTITY: 3

AVERAGE: 7.00

PROVIDER TOTAL: 21.00

E

Clinic: CENTRAL**Provider: DDS1****+Debit Adjustment**

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	10.00
QUANTITY: 1			AVERAGE: 10.00			TOTAL: 10.00		

Late Charge

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS1	CENTRAL	ENTERPRISE	21.00
QUANTITY: 1			AVERAGE: 21.00			TOTAL: 21.00		

-Professional Discount

04/22/2018	04/22/2018	Larson, Bill <Family>		1	DDS1	CENTRAL	ENTERPRISE	-10.00
QUANTITY: 1			AVERAGE: -10.00			TOTAL: -10.00		

QUANTITY: 3	AVERAGE: 7.00	PROVIDER TOTAL: 21.00
--------------------	----------------------	------------------------------

Provider: DDS2**-Professional Discount**

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS2	CENTRAL	ENTERPRISE	-10.00
QUANTITY: 1			AVERAGE: -10.00			TOTAL: -10.00		

QUANTITY: 1	AVERAGE: -10.00	PROVIDER TOTAL: -10.00
--------------------	------------------------	-------------------------------

QUANTITY: 4	AVERAGE: 2.75	CLINIC TOTAL: 11.00
--------------------	----------------------	----------------------------

How do I run the Day Sheet (Adjustments) Report?

From the DXOne Reporting module, select **Management**, and then double-click **Day Sheet - Adjustments**. For additional details about running this report, see the “Day sheet - adjustments” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor adjustments for each provider and/or clinic:

A. Adjustments – The adjustments (grouped and totaled by type) posted to the Ledger.

B. Adjustment Details – Each adjustment provides the following information:

- **Entry Date** – The date an adjustment is posted to the Ledger.
- **Procedure Date** – The backdated or postdated date of an adjustment. (This date is usually the same as the entry date.)

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the Frequent Problems to Understanding Dentrix Enterprise Reports section in the Introduction of this book.*

- **Amount** – The amount of the adjustment.

C. Grand Totals – The following information appears in the Grand Totals section:

- **Credit Adjustments** – The quantity, total amount, and average amount of the credit adjustments.
- **Debit Adjustments** – The quantity, total amount, and average amount of the debit adjustments.
- **Finance Charges** – The quantity, total amount, and average amount of the finance charges.



- **Late Charges** – The quantity, total amount, and average amount of the late charges.
- **Totals** – The quantity, total amount, and average amount of all adjustments.

D. Provider Totals – The adjustments are shown for the provider with a breakdown of the adjustments for each clinic the provider works in. Each clinic's adjustments for that provider are subtotaled. The adjustment totals for the provider appear below the clinic subtotals.

E. Clinic Totals – The adjustments are shown for the clinic with a breakdown of the adjustments by each provider at that clinic. Each provider's adjustments for that clinic are subtotaled. The adjustment totals for the clinic appear below the provider subtotals.

Day Sheet (Charges and Receipts) Report

The Day Sheet (Charges and Receipts) report lists financial transactions (charges, payments, credit adjustments, and charge adjustments) that have been posted to the Ledger.

	Why: To print a record of transactions each day, to review transactions and production totals for a date or date range, and to ensure transaction totals balance out over a variety of reports
	When: Daily

DAY SHEET (CHRONOLOGICAL)										
Date: 04/22/2018		04/22/2018 Providers <ALL> - <ALL>							Page: 1	
ENTRY DATE	PROCEDURE DATE	PATIENT NAME	TH	CODE	DESCRIPTION	CHARGES	PMTS.	BT	PROV	PHONE #
04/22/2018	04/22/2018	Abbott, James S	5	D6970	Post/core + brdg retainer, fabr	230.00		2	DDS1	()555-1586
04/22/2018	04/22/2018	Abbott, James S		D1110	Prophylaxis-adult	0.00		2	DDS1	()555-1586
04/22/2018	04/22/2018	Abbott, James S		D0120	Periodic oral evaluation	0.00		2	DDS1	()555-1586
04/22/2018	04/22/2018	Abbott, James S		D0274	Bitewings-four films	0.00		2	DDS1	()555-1586
04/22/2018	04/22/2018	Abbott, James S		D0330	Panoramic film	0.00		2	DDS1	()555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Fa			-Professional Discount		-10.00	2	DDS2	()555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Fa			+Debit Adjustment	10.00		2	DDS1	()555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Fa			Check Payment - Thank You		-125.00	2	<MPL>	()555-1586
GRAND TOTALS:										
				CURRENT	MONTH-TO-DATE	YEAR-TO-DATE	PREVIOUS MONTH			
CHARGES:				230.00	230.00	5902.00	0.00			
COMPARED TO OFFICE:				393.00						
NET DIFFERENCE:				163.00						
APPLIED PAYMENTS:				-125.00	-125.00	-709.00	0.00			
SUSPENDED PAYMENTS:				250.00	250.00	1418.00	0.00			
APPLIED CREDIT ADJUSTMENTS:				-10.00	-10.00	-10.00	0.00			
SUSPENDED CREDIT ADJUSTMENTS:				20.00	20.00	20.00	0.00			
CHARGE ADJUSTMENTS:				10.00	10.00	10.00	0.00			
FINANCE CHARGES:				0.00	0.00	22.00	0.00			
LATE CHARGES:				21.00	21.00	21.00	0.00			
CHARGES BILLED TO INSURANCE:				0.00	0.00	1964.00	0.00			
NEW PATIENTS:				0	0	0	0			
PATIENTS SEEN:				1	1					
AVG PROD PER PATIENT:				230.00	230.00					
AVG CHG PER PROCEDURE:				46.00	46.00					
PREVIOUS BALANCE				168146.34						
BALANCE AS OF 04/22/2018				168272.34						
NET CHANGE				126.00						
SMITH, DENNIS D - DDS1 TOTALS:										
				CURRENT	MONTH-TO-DATE	YEAR-TO-DATE	PREVIOUS MONTH			
CHARGES:				230.00	230.00	460.00	0.00			
COMPARED TO OFFICE:				393.00						
NET DIFFERENCE:				163.00						
APPLIED PAYMENTS:				0.00	0.00	-7.00	0.00			
APPLIED CREDIT ADJUSTMENTS:				0.00	0.00	0.00	0.00			
CHARGE ADJUSTMENTS:				10.00	10.00	10.00	0.00			
FINANCE CHARGES:				0.00	0.00	22.00	0.00			
LATE CHARGES:				21.00	21.00	21.00	0.00			
CHARGES BILLED TO INSURANCE:				0.00	0.00	0.00	0.00			
NEW PATIENTS:				0	0	0	0			
PATIENTS SEEN:				1	1					
AVG PROD PER PATIENT:				230.00	230.00					
AVG CHG PER PROCEDURE:				46.00	46.00					
PREVIOUS BALANCE				616707.30						
BALANCE AS OF 04/22/2018				616968.30						
NET CHANGE				261.00						

How do I run the Day Sheet (Charges and Receipts) Report?

In the Office Manager, from the **Reports** menu, point to **Management**, and then click **Day Sheet (Charges and Receipts)**. For additional details about running this report, see the “Day sheet (charges and receipts)” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Transactions – The transactions posted to the Ledger. Transaction can be sorted by running one of the following report options:

Note: Each of the following options prints as a separate report to the Batch Processor.

- **Chronological Day Sheet** – Lists all transactions in the order they were posted (the most recent transactions appear at the top of the report).
- **Alphabetical Day Sheet** – Lists all transactions alphabetically by the patients’ last name.

B. Transaction Details – Each transaction provides the following information:

- **Entry Date** – The date a transaction is posted to the Ledger.
- **Procedure Date** – The date a procedure is posted to the Chart.

Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the Frequent Problems to Understanding Dentrix Enterprise Reports section in the Introduction of this book.

- **TH** – The tooth number(s) associated with a procedure.
- **BT** – Billing type.

C. Grand Totals Information (Default) – Regardless of the report options you select, the following information appears in the Grand Totals section:

- **Charges Billed to Insurance** – The total amount billed to insurance.
- **Average Prod Per Patient** – The average value of procedures per patient (the total charged for procedures divided by the total number of patients seen).
- **Average Chg Per Procedure** – The average charge per procedure (the total charged for procedures divided by the total number of procedures performed).

D. Fee Schedule Details – If you select **Compare to Fee Schedule** when setting options for this report, you can compare the actual total of charges with the estimated total, had all charges been applied using the selected fee schedule.

- **Compared to [Fee Schedule]** – The estimated total of charge,s had all procedures been billed using the selected fee schedule.
- **Net Difference** – The difference between the actual total and the estimated total. A negative value indicates that the practice would have lost revenue, had all procedures been billed using the selected fee schedule. A positive value indicates the office would have increased revenue.

- E. MTD and YTD Totals** – If you select **Include MTD and YTD Totals** when setting options for this report, the month-to-date and year-to-date totals appear on the report. You can use these totals to ensure the practice is on track to meet its production goals for the month and year. You can also use these totals to compare the current production levels with the previous month.


***Note:** MTD and YTD totals only appear when running the report by Entry Date.*

- F. Extended MTD Totals** – If you select **Include Extended MTD Totals** when setting options for this report, the Avg Prod Per Patient and Avg Chg Per Procedure appears in the Month-to-date column. The Extended MTD Totals help you determine whether the current day's production average is higher or lower than the current month's average.

- G. Provider Totals** – If you select **Include Provider Totals** when setting options for this report, the transaction totals for each provider appear on the report. Providers can use this information to monitor their daily production.

Day Sheet (Receipts) Report

The Receipts Day Sheet report lists receipts by payment type.

	<p>Why: To print a record of receipts each day, to review receipt totals for a date or date range, and to ensure receipt totals balance out over a variety of reports</p> <p>When: Daily</p>
---	--

Receipts Day Sheet

04/22/2018 - 04/22/2018 Procedure Date

Clinics: <ALL>

Providers: <ALL>

Billing Type: <ALL>

Payment Types: <ALL>

Report Date: 04/22/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Chart	BT	Provider	Clinic	Operator ID	Amount
------------	-----------	--------------	-------	----	----------	--------	-------------	--------

Check Payment - Thank You

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	<MULTIPLE>	CENTRAL	ENTERPRISE	-1
04/22/2018	04/22/2018	Crosby, Brent <Family>		1	DDS1	CENTRAL	ENTERPRISE	-1

QUANTITY: 2

AVERAGE: -74.00

TOTAL: -1

Grand Totals

QUANTITY: 2

AVERAGE: -74.00

TOTAL: -148.00

Provider: DDS1

Clinic: CENTRAL

Check Payment - Thank You

04/22/2018	04/22/2018	Larson, Bill <Family>		1	DDS1	CENTRAL	ENTERPRISE	-23.00
------------	------------	-----------------------	--	---	------	---------	------------	--------

QUANTITY: 1

AVERAGE: -23.00

TOTAL: -23.00

QUANTITY: 1

AVERAGE: -23.00

CLINIC TOTAL: -23.00

QUANTITY: 1

AVERAGE: -23.00

PROVIDER TOTAL: -23.00

Clinic: CENTRAL

Provider: DDS1

Check Payment - Thank You

04/22/2018	04/22/2018	Larson, Bill <Family>		1	DDS1	CENTRAL	ENTERPRISE	-23.00
------------	------------	-----------------------	--	---	------	---------	------------	--------

QUANTITY: 1

AVERAGE: -23.00

TOTAL: -23.00

QUANTITY: 1

AVERAGE: -23.00

PROVIDER TOTAL: -23.00

Provider: DDS2

Check Payment - Thank You

04/22/2018	04/22/2018	Abbott, Patricia <Family>	ABB102	2	DDS2	CENTRAL	ENTERPRISE	-7.20
------------	------------	---------------------------	--------	---	------	---------	------------	-------

QUANTITY: 1

AVERAGE: -7.20

TOTAL: -7.20

QUANTITY: 1

AVERAGE: -7.20

PROVIDER TOTAL: -7.20

QUANTITY: 2

AVERAGE: -15.10

CLINIC TOTAL: -30.20

F

Initial Provider:		DSMITH							
Provider:		DESMITH							
Visa									
04/20/2015	04/20/2015	Winters, Carl	WI211	1	DESMITH	AF	DSMITH	-72.80	
QUANTITY: 1			AVERAGE: -72.80				TOTAL: -72.80		
QUANTITY: 1			AVERAGE: -72.80				PROVIDER TOTAL: -72.80		
Provider:		DSMITH							
Check Payment - Thank You									
04/20/2015	04/20/2015	Crosby, Brent <Family>	CR93	1	DSMITH	AF	DSMITH	-38.00	
QUANTITY: 1			AVERAGE: -38.00				TOTAL: -38.00		
Primary Dental Insurance Check Payment									
04/20/2015	04/20/2015	Crosby, Brent	CR93	1	DSMITH	0 CENTRAL	DSMITH	-168.00	
QUANTITY: 1			AVERAGE: -168.00				TOTAL: -168.00		
Visa									
04/20/2015	04/20/2015	Crosby, Brent <Family>	CR93	1	DSMITH	CENTRAL	DSMITH	-42.00	
QUANTITY: 1			AVERAGE: -42.00				TOTAL: -42.00		
QUANTITY: 3			AVERAGE: -82.67				PROVIDER TOTAL: -248.00		
INITIAL PROVIDER TOTAL: -320.80									

How do I run the Day Sheet (Receipts) Report?

From the DXOne Reporting module, select **Management**, and then double-click **Day Sheet - Receipts**. For additional details about running this report, see the “Day sheet - receipts” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. The report can be grouped and subtotaled by clinic with a breakdown by provider. The report can be grouped and subtotaled by initial provider with a breakdown by rendering provider. The following information can be used to monitor receipts for each provider, clinic, and initial provider.

A. Receipts – The receipts (grouped and totaled by payment type) posted to the Ledger.

B. Receipt Details – Each receipt provides the following information:

- **Procedure Date** – The date of a payment posted to the Ledger.
- **Provider** – The provider of procedures that a payment was applied to.
- **Clinic** – The rendering or collecting clinic (depending on the selected option for the report).
- **Amount** – The amount of the payment.

C. Grand Total – The grand total of receipts listed.

D. Provider Totals – The receipts are shown for the provider with a breakdown of the receipts for each clinic the provider works in. Each clinic’s receipts for that provider are subtotaled. The receipts totals for the provider appear below the clinic subtota.

E. Clinic Totals – The receipts are shown for the clinic with a breakdown of the receipts by each provider at that clinic. Each provider’s receipts for that clinic are subtotaled. The receipts totals for the clinic appear below the provider subtota.

F. Initial Provider Totals – The receipts are shown for the initial provider with a breakdown of the receipts by each rendering provider. Each rendering provider’s receipts are subtotaled. The receipts totals for the initial provider appear below the rendering provider subtota.

Day Sheet Report

The Day Sheet report lists financial transactions (charges, payments, credit adjustments, charge adjustments, finance charges, and late charges) that have been posted to the Ledger.



Why: To print a record of transactions each day, to review transactions and production totals for a date or date range, and to ensure transaction totals balance out over a variety of reports

When: Daily

Alphabetical Day Sheet

04/22/2018 - 04/22/2018 Entry Date

Clinics: <ALL>

Providers: <ALL>

Billing Type: <ALL>

Report Date: 04/22/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Charges	Credits	BT	Prov	Clinic	Phone
04/22/2018	04/22/2018	Abbott, James S	D6970 : 5 : Post/core + brdg retainer, fabr	230.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, James S	D1110 : 0 : Prophylaxis-adult	0.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, James S	D0120 : 0 : Periodic oral evaluation	0.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, James S	D0274 : 0 : Bitewings-four films	0.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, James S	D0330 : 0 : Panoramic film	0.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Family>	-Professional Discount		-10.00	2	DDS2	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You		125.00	2	<MULTIPLE>	CENTRAL	555-1586
04/22/2018	04/22/2018	Abbott, Patricia <Family>	+Debit Adjustment	10.00		2	DDS1	CENTRAL	555-1586
04/22/2018	04/22/2018	Larson, Bill	D2150 : 12(OD) : Amalgam-2 surf. prim/perm	156.00		1	DDS1	CENTRAL	
04/22/2018	04/22/2018	Larson, Bill <Family>	-Professional Discount		-10.00	1	DDS1	CENTRAL	
04/22/2018	04/22/2018	Larson, Bill <Family>	Check Payment - Thank You		23.00	1	DDS1	CENTRAL	

GRAND TOTALS

Charges:	386.00	Applied Payments:	-148.00	Patients Seen:	2
Charge Adjustments:	10.00	Suspended Payments:	0.00	New Patients:	0
Finance Charges:	0.00	Applied Ins Payments:	0.00	Avg Prod Per Patient:	193.00
Late Charges:	21.00	Suspended Ins Payments:	0.00	Avg Chg Per Proc:	64.33
Debit Special Adj:	0.00	Applied Credit Adj:	-20.00	OTH Applied Payments:	0.00
Debit Initial Balances:	0.00	Suspended Credit Adj:	0.00	OTH Applied Ins Payments:	0.00
Billed to Insurance:	0.00	Credit Special Adj:	0.00	OTH Applied Credit Adj:	0.00
Previous Balance:	17,388.04	Credit Initial Balances:	0.00	OTH Applied Credit Special Adj:	0.00
Balance as of 04/22/2009	17,637.04			OTH Applied Credit Initial Bal:	0.00
Net Change:	249.00				

Provider: DDS01**Clinic: CENTRAL**

04/22/2018	04/22/2018	Smith, Brandon	D1110 : 0: Prophylaxis-adult	48.00	1	DDS01	CENTRAL
04/22/2018	04/22/2018	Smith, Brandon	D0120 : 0: Periodic oral evaluation	25.00	1	DDS01	CENTRAL
04/22/2018	04/22/2018	Smith, Brandon	D0274 : 0: Bitewings-four films	32.00	1	DDS01	CENTRAL

Clinic: CENTRAL**Provider: DDS01****TOTALS****Provider: DDS01****Clinic: CENTRAL**

Charges:	105.00	Applied Payments:	0.00	Patients Seen:	1
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	1
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	105.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	35.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	105.00				
Previous Balance:	70.00				
Balance as of 04/22/2018	175.00				
Net Change:	105.00				

Provider: DDS01

Charges:	105.00	Applied Payments:	0.00	Patients Seen:	1
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	1
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	105.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	35.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	105.00				
Previous Balance:	70.00				
Balance as of 04/22/2018	175.00				
Net Change:	105.00				

D

Clinic: CENTRAL**Prov: DDS01**

04/22/2018	04/22/2018	Smith, Brandon	D1110 : 0: Prophylaxis-adult	48.00	1	DDS01	CENTRAL
04/22/2018	04/22/2018	Smith, Brandon	D0120 : 0: Periodic oral evaluation	25.00	1	DDS01	CENTRAL
04/22/2018	04/22/2018	Smith, Brandon	D0274 : 0: Bitewings-four films	32.00	1	DDS01	CENTRAL

Prov: DDS01**Clinic: CENTRAL****TOTALS****Clinic: CENTRAL****Prov: DDS01**

Charges:	105.00	Applied Payments:	0.00	Patients Seen:	1
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	1
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	105.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	35.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	105.00				
Previous Balance:	70.00				
Balance as of 04/22/2018	175.00				
Net Change:	105.00				

SUSPENDED CREDITS

Charges:	0.00	Applied Payments:	0.00	Patients Seen:	0
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	0
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	0.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	0.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	0.00				
Previous Balance:	0.00				
Balance as of 04/22/2018	0.00				
Net Change:	0.00				

Clinic: CENTRAL

Charges:	105.00	Applied Payments:	0.00	Patients Seen:	1
Charge Adj:	0.00	Applied Ins Payments:	0.00	New Patients:	1
Finance Charges:	0.00	Applied Credit Adj:	0.00	Avg Prod Per Patient:	105.00
Late Charges:	0.00	Credit Special Adj:	0.00	Avg Chg Per Proc:	35.00
Debit Special Adj:	0.00	Credit Initial Balances:	0.00		
Debit Initial Balances:	0.00				
Billed to Insurance:	105.00				
Previous Balance:	70.00				
Balance as of 04/22/2018	175.00				
Net Change:	105.00				

E

How do I run the Day Sheet Report?

From the DXOne Reporting module, select **Management**, and then double-click **Day Sheet**. For additional details about running this report, see the “Day sheet” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor production for each provider and/or clinic:

A. Transactions – The transactions posted to the Ledger.

B. Transaction Details – Each transaction provides the following information:

- **Entry Date** – The date a transaction is posted to the Ledger.
- **Procedure Date** – The date a procedure is posted to the Chart.

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the Frequent Problems to Understanding Dentrix Reports section in the Introduction of this book.*

- **Patient Name** – The patient’s name.
- **Description** – The ADA code and description, or transaction description.
- **Charges or Credits** – Any charges or credits.
- **Clinic** – The clinic where the transaction was posted.
- **Phone** – The patient’s phone number.
- **BT** – Billing type.

C. Grand Totals – The following information appears in the Grand Totals section:

- **Charges and Adjustments** – The total amounts billed to insurance, charged to patients, and adjusted on an account.
- **Balances** – The balance prior to the date of the day sheet, the balance for the date of the day sheet, and the net change between the two balances.
- **Payments** – The total amounts of payments received from insurance and patients or adjusted on an account.
- **Average Prod Per Patient** – The average value of procedures per patient (the total charged for procedures divided by the total number of patients seen).
- **Average Chg Per Procedure** – The average charge per procedure (the total charged for procedures divided by the total number of procedures performed).

D. Provider Totals – The transactions are shown for the provider with a breakdown of the procedures for each clinic the provider works in. Each clinic’s transactions for that provider are subtotaled. The transaction totals for the provider appear below the clinic subtotals.

E. Clinic Totals – The transactions are shown for the clinic with a breakdown of the procedures performed by each provider at that clinic. Each provider’s transactions and suspended credits for that clinic are subtotaled. The transaction totals for the clinic appear below the provider subtotals.

Dental Diagnostic Code List

The Procedure Code List allows you to view and print the dental diagnostic codes entered in Dentrix Enterprise.



Why: To ensure Dentrix Enterprise dental diagnostic codes match current dental diagnostic codes, and to view any custom dental diagnostic codes

When: After Dentrix Enterprise setup, after dental diagnostic codes are updated

DENTAL DIAGNOSTIC CODE LIST

The Dentist Group

Date: 04/22/2018

Page: 1

CODE	DESCRIPTION	PAINT TYPE	TREATMENT AREA
01234	Dental Diagnostic Code		Other
D5-10000	Dental Disease NOS		Other
D5-10001	Disease of Teeth NOS		Other
D5-10002	Tooth Disorder NOS		Other
D5-10578	Tooth Sensitivity		Other
D5-22071	Painful Lips		Other
F-51540	Expectoration of bloody sputum		Other
F-51541	Expectoration of hemorr sputum		Other
F-A3610	Facial Nerve Function NOS		Other
T-53120	Dorsal Surface of Tongue		Other

A

B

C

How do I run the Dental Diagnostic Code List?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Diagnostic Code List**. For additional details about running this report, see the “Dental Diagnostic Code List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Dental Diagnostic Code Editor** dialog box, which can be accessed in the Office Manager. See the “Dental Diagnostic Code Setup” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**) for details on how to edit this information.

- A. Diagnostic Code** – The code associated with the dental diagnosis.
- B. Description** – The dental diagnostic code’s description.
- C. Treatment Area** – The dental diagnostic code’s treatment area.

Procedure Code Setup

Diagnostic Code Category	Diagnostic Code	Description
[None]	01234	Dental Diagnostic Code
Diagnostic Category 1	D5-10000	Dental Disease NOS
Diagnostic Category 2	D5-10001	Disease of Teeth NOS
	D5-10002	Tooth Disorder NOS
	D5-10578	Tooth Sensitivity
	D5-22071	Painful Lips
	F-51540	Expectoration of bloody sputum
	F-51541	Expectoration of hemorrhagic sputum
	F-A3610	Facial Nerve Function NOS
	T-5	Dorsal Surface of Tongue

Dental Diagnostic Code Editor - Existing

Description: Dental Diagnostic Code

Diagnostic Code: 01234

Treatment Flags: ☐ Remove Tooth

Diagnostic Category: Diagnostic Category 1

Treatment Area: Arch

Paint Type: [None]

Buttons: Edit Note, New Code, Next Code, Save, Close

Dental Encounters Report

The Dental Encounters Report lists procedures posted during a specified date range (each procedure must be attached to a claim to appear on the report), along with the amount that is expected to be paid by insurance.



Why: To submit dental encounters to Medicaid

When: As needed

Dental Encounters

4/11/2018 - 4/12/2018 Entry Date

Clinics: <ALL>

Providers: <ALL>

Carrier Range: <ALL> - <ALL>

Patient Range: <ALL> - <ALL>

Report Date: 4/13/2018

Report Generated By: enterprise

Page 1 of 1

Patient Name	Beneficiary ID	Proc Code	Amount Paid or Expected to be Paid	Date of Service	Group NPI	Rendering NPI
Abbott, James	123456789	D2387	0.00	4/11/2018 12	0	0
Brown, Mary	123456789	D2387	0.00	4/11/2018 12	0	0
Crosby, Brent	123456789	D3310	0.00	4/11/2018 12	0	0
Davis, Harmon	123456789	D2792	0.00	4/11/2018 12	0	0
Farrer, Lisa	123456789	D1205	78.00	4/12/2018 12	0	0
Gleason, Alice	123456789	D5915	365.00	4/12/2018 12	0	0
Smith, Michael	123456789	D3330	189.00	4/12/2018 12	0	0
Winters, Carl	123456789	D3330	85.40	4/12/2018 12	0	0



How do I run the Dental Encounters Report?

From the DXOne Reporting module, select **Management**, and then double-click **Dental Encounters**. For additional details about running this report, see the “Dental Encounters Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Procedures – For each procedure, the date of service, the name of the patient who received treatment, the subscriber ID (Beneficiary ID) of the subscriber of the patient’s insurance plan, and the appropriate NPI numbers are shown.

Deposit Slip

The Deposit Slip allows you to view payments by payment type, and you can use the Deposit Slip to deposit cash and checks at your bank.

\$

⌚

Why: To save time by automatically generating deposit slips and to ensure cash, check, and credit card totals match up at the end of each day (in other words, the amount of cash left in the till is correct, each check has been accounted for, and the total charges processed on your credit card machine are correct)

When: Daily

Deposit Slip

04/22/2018 - 04/29/2018 Procedure Date
 Clinics: <ALL>
 Operator: <ALL>
 Billing Type: <ALL>

Report Date: 04/29/2018

Report Generated By: enterprise

Page 1 of 1

Procedure Date	Name	BT	Provider	Clinic	Bank	Check #	Amount
Cash Payment - Thank You							
04/22/2018	Crosby, Brent L<Family>	2	DDS01	CENTRAL			-20.00
04/22/2018	Little, Brian<Family>	2	<MULTIPLE>	CENTRAL			-100.00
TOTAL:							-120.00
Check Payment - Thank You							
04/22/2018	Abbott, Patricia<Family>	2	DDS01	CENTRAL			-45.00
04/22/2018	Davis, Janet<Family>	1	DDS01	CENTRAL			-23.00
04/23/2018	Winters, Carl<Family>	2	<MULTIPLE>	CENTRAL			-100.00
TOTAL:							-168.00
Dental Insurance Check Payment							
04/27/2018	Metropolitan Life	2	DDS1	CENTRAL		44587	-698.40
TOTAL:							-698.40
TOTAL DEPOSIT:							-986.40

PAID IN BY

The Dentist Group

FOR CREDIT OF

43331677-1146

BANK ACCOUNT

E	Operator: ENTERPRISE					
	Clinic: CENTRAL					
	Cash Payment - Thank You					
	04/27/2018	Payne, Mildred<Family>	1	<MULTIPLE>	CENTRAL	-100.00
	1 ITEM					TOTAL: -100.00
	Check Payment - Thank You					
	04/22/2018	Abbott, Patricia<Family>	2	<MULTIPLE>	CENTRAL	-125.00
	04/22/2018	Larson, Bill<Family>	1	DDS1	CENTRAL	-23.00
	04/23/2018	Payne, Mildred<Family>	1	DDS01	CENTRAL	-20.00
	3 ITEMS					TOTAL: -168.00
F	Dental Insurance Check Payment					
	04/27/2018	Metropolitan Life	2	DDS1	CENTRAL	44587 -698.40
	1 ITEM					TOTAL: -698.40
	5 ITEMS					CLINIC TOTAL: -966.40
						OPERATOR TOTAL: -966.40

H	Clinic: CENTRAL					
	Operator: ENTERPRISE					
	Cash Payment - Thank You					
	04/27/2018	Payne, Mildred<Family>	1	<MULTIPLE>	CENTRAL	-100.00
	1 ITEM					TOTAL: -100.00
	Check Payment - Thank You					
	04/22/2018	Abbott, Patricia<Family>	2	<MULTIPLE>	CENTRAL	-125.00
	04/22/2018	Larson, Bill<Family>	1	DDS1	CENTRAL	-23.00
	04/23/2018	Payne, Mildred<Family>	1	DDS01	CENTRAL	-20.00
	3 ITEMS					TOTAL: -168.00
I	Dental Insurance Check Payment					
	04/27/2018	Metropolitan Life	2	DDS1	CENTRAL	44587 -698.40
	1 ITEM					TOTAL: -698.40
	5 ITEMS					OPERATOR TOTAL: -966.40
						CLINIC TOTAL: -966.40

How do I run the Deposit Slip?

From the DXOne Reporting module, select **Management**, and then double-click **Day Sheet - Deposit Slip**. For additional details about running this report, see the "Day sheet - deposit slip" topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following information can be used to monitor payments for each provider and/or clinic:

A. Payments – The payments (grouped and totaled by type) posted to the Ledger.

B. Payment Details – Each payment provides the following information:

- **Procedure Date** – The date of a payment posted to the Ledger.
- **Amount** – The amount of the payment.

C. Total Deposit – The total of all payment types.

D. Account Information – The following report information (except for the first item) is found in the **Clinic Information** dialog box:

- **Paid in By** – The name of the employee making the deposit.
- **For Credit Of** – The name of the practice for which the deposit is being made.
- **Bank Account** – The practice's bank deposit number.

E. Operator Payments – The payments for an operator by clinic.

F. Clinic Subtotal – The total for an operator by clinic.

G. Operator Total – The total for an operator.

H. Clinic Payments – The payments for a clinic by operator.

I. Operator Subtotal – The total for a clinic by operator.

J. Clinic Total – The total for a clinic.


Clinic Information - AF

Clinic Settings | Organization Settings | Subscriptions | Export Settings

Descriptive ID: AF	Internal ID: 1000018
Financial Number: 12341234	Merchant ID: 300000014
Clinic TIN: 2341234	Entity ID Code:
Clinic NPI: 	Clinic OID:
Title: My Dental Corporation	
Time Zone: (UTC-07:00) Mountain Time (US & Canada)	
Show/Hide/Mask SSN: Show Completely	
Administrative Contact: 23121	
Bank Deposit Number: 11112222	
Fiscal year's beginning month (1-12): 1	

Document Center - Documents List Report

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.



Why: To view details regarding documents that are attached to entities

When: As needed

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: 10/12/2020Report Generated By: DSMITHPage 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\EDXONE\Data\DocFiles\
10/12/2020	Provider/Staff	Smith, Dennis	Miscellaneous	Agreement	DSMITH	AF	10/12/2020	Dennis Smith, D.M.D.; Brent Crosby	\\gwinn17215\EDXONE\Data\DocFiles\
10/12/2020	Provider/Staff	Smith, Dennis	Miscellaneous	NPI	DSMITH	AF			\\gwinn17215\EDXONE\Data\DocFiles\
10/12/2020	Provider/Staff	Smith, Dennis	Miscellaneous	EFT Pay	DSMITH	AF	10/12/2020	Dennis Smith, D.M.D	\\gwinn17215\EDXONE\Data\DocFiles\

A

B

C

D

E

F

G

H

I

J

How do I run the Document Center - Documents List Report?

From the DXOne Reporting module, select **List**, and then double-click **Document Center - Documents List**. For additional details about running this report, see the “Document Center - Documents List Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The documents on the report can be sorted by the acquisition date of documents, by the type of entity that the documents are associated with, or by the name of the entity that documents are associated with.

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:

- A. Date File Attached** – The document’s acquisition date.
- B. 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.
- C. File Attached To** – The name of the entity that the document is associated with.
- D. Type of File** – The document’s type (the folder name in the document tree).
- E. File Description** – The document’s description (the file name in the document tree).
- F. User ID Attaching File** – The user who acquired the document.
- G. Clinic of User ID** – The clinic that the user who acquired the document was logged in to when he or she acquired the document.
- H. Date Locked/Signed** – The date when the document was signed.
- I. Signed By** – The name of each person who signed the document.
- J. DC File Path** – The location of the repository that contains the document.

How do I run the Document Center Audit Documents Report?

In the Office Manager, from the **Analysis** menu, click **Document Center Audit Documents**. On the **Reporting** tab, set up the filters as desired, and then click **Print Data Grid**. For additional details about running this report, see the “Document Center Audit Documents utility” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?


For each date that documents were acquired on, the report displays the following information:

- A. Date** – The acquisition date.
- B. Total Documents** – The total number of documents in the **Scan Date Range**. A document is counted once, regardless of the number of associated entities.
- C. Total Audited** – Of the documents included in the **Total Documents** count, the total number that have been audited (documents with an Audited status).
- D. % 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**.
- E. 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).
- F. % 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**.
- G. Error types:**
 - **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.
- H. Comments/Follow-Up** – A comment that you entered in the data grid regarding the documents included on this line.

The report also includes totals for all dates (refer to **I**).

Document Center Document

You can print documents that have been attached to a patient’s or provider’s Document Center.



Why: To print documents that have been attached to a patient or provider

When: As needed



How do I run the Document Center Document?


From a patient's or provider's Document Center, from the **File** menu, point to **Print**, and then click **Print Document(s)**. For additional details about running this report, see the "Printing documents" topic in the Document Center portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date Attached** – The date the document was attached to the patient, provider, referral, employer, or insurance plan.
- B. Name** – The name of the patient, provider, referral, employer, or insurance plan.

Document Center Documents Audited Report

Document Center Documents Audited Report displays.



Why: To view details regarding audited documents

When: Daily and as needed

User that Audited Document(s): <ALL>

Scan Date Range: 10/1/2020 - 10/31/2020

Attached Documents By: Patient, Provider

Error Type: <ALL>

Audit Date Range: 10/12/2020 - 10/12/2020

User Document Created By: <ALL>

User Clinic: <ALL>

Report Date: 10/12/2020

Page 1 of 1

Document Status	Document Creation Date	Audited By User	Attached Documents By	Name Attached To	Document Type	Document Audited Date	Document Errors	Description	Attached By User ID	User Clinic
Audited	10/12/2020	Dennis Smith, D.M.D	Provider/Staff	Dennis Smith, D.M.D	Miscellaneous	10/12/2020	Poor Scan	Agreement	Dennis Smith, D.M.D	AF
Audited	10/12/2020	Dennis Smith, D.M.D	Patient	Crosby, Brent	Miscellaneous	10/12/2020	Poor Scan	Agreement	Dennis Smith, D.M.D	AF
Audited	10/12/2020	Dennis Smith, D.M.D	Provider/Staff	Dennis Smith, D.M.D	Miscellaneous	10/12/2020	No Errors	NPI	Dennis Smith, D.M.D	AF

A

B

C

D

E

F

G

H

I

J

K

How do I run the Document Center Documents Audited Report?

In the Office Manager, from the **Analysis** menu, click **Document Center Audit Documents**. On the **Review Documents Audited** tab, set up the filters as desired, and then click **Print Data Grid**. For additional details about running this report, see the “Document Center Audit Documents utility” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

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 report displays the following information:

A. Document Status – The document’s audit status: Audited or Not Audited.

B. Document Creation Date – The document’s acquisition date.

C. Audited By User – The name of the user who audited the document.

D. 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.

E. Name Attached To – The name of the entity that the document is associated with.

F. Document Type – The document’s type (the folder name in the document tree).

The screenshot shows the 'Document Information' window. It has a blue header bar. Below the header, there are several sections:

- Reference Date:** A dropdown menu showing '10/12/2020'.
- Document Type Template:** A dropdown menu.
- Document Type:** A dropdown menu showing 'Miscellaneous' with a circled 'F' next to it.
- Description:** A text field showing 'Agreement' with a circled 'I' next to it.
- Note:** A text area with a small icon.
- Document Signatures:** A section showing 'Patient' and 'Provider/Staff' with names and a circled 'D'.
- Document Errors:** A section with checkboxes for 'No Errors', 'Poor Scan' (checked), 'Incorrect Location', and 'Incorrect Record'. A circled 'H' is next to the 'Poor Scan' checkbox.


G. Document Audited Date – The date when the document was audited.

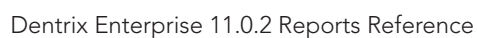
H. Document Errors – The error type that is associated with the document (No Errors, Poor Scan, Incorrect Location, Incorrect Record, or a user-defined error type).

I. Description – The document’s description (the file name in the document tree).

J. Attached By User ID – The name of the user who acquired the document.

K. User Clinic – The clinic that the user who acquired the document was logged in to when he or she acquired the document.

	<p>Why: To print documents that have been attached to a patient or provider</p> <p>When: As needed</p>
---	--



How do I run the Document Center List?

From a patient's or provider's Document Center, from the **File** menu, point to **Print**, and then click **Document Center List**. For additional details about running this report, see the "Printing the Document Center List" topic in the Document Center portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Name** – The name of the patient, provider, referral, employer, or insurance plan.
- B. Document Type** – The document type.
- C. Date Attached** – The date the document was attached.
- D. Document Description** – The document's description. Any notes appear below the description.

Employers and Employed Patients Report

The Employers and Employed Patients Report allows you to view and print the employers entered in Dentrix Enterprise. Depending on how you run the report, the employees associated with each employer may also appear on this report.



Why: To identify individuals whose insurance information needs to be updated when an employer changes insurance carriers

When: As needed

Employers and Employed Patients

Employers: <ALL> - <ALL>

Clinics: <ALL>

Providers: <ALL>

Report Date: 04/22/2018

Report Generated By: enterprise

Page 1 of 6

(A)	Employer Name: A.C.S.	Phone: (408) 555-3000	(B)
	Address: Division Of Acme Computer Services 1234 LAKESIDE DRIVE Santa Clara, CA 95052	# Employed: 4	

EMPLOYEE	BIRTHDATE	CHART#	FAMILY	SOCIAL SECURITY #	(C)
Abbott, Patricia	11/11/1970	ABB123	Single	000-00-0000	
Baber, Kirk O	11/11/1970	BAB123	Single	000-00-0000	
Gleason, Alice	11/11/1970	GLE123	Single	000-00-0000	
Little, Brian	11/11/1970	LIT123	Single	000-00-0000	

Employer Name: Acme Insurance Plan	Phone:
Address: 1233 Rodeo Drive	# Employed: 24
Beverly Hills, CA 90210	

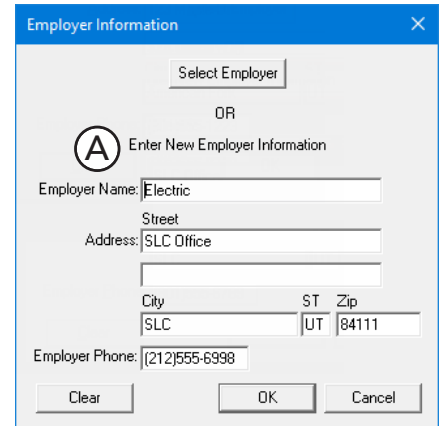
EMPLOYEE	BIRTHDATE	CHART#	FAMILY	SOCIAL SECURITY #
Abbott, James	11/11/1970	ABB123	Single	000-00-0000
Brown, Mary	11/11/1970	BRO123	Single	000-00-0000
Crosby, Brent	11/11/1970	CRO123	Single	000-00-0000
Davis, Janet	11/11/1970	DAV123	Single	000-00-0000
Farrer, Lisa	11/11/1970	FAR123	Single	000-00-0000
Gleason, Alice	11/11/1970	GLE123	Single	000-00-0000
Gleason, Gary	11/11/1970	GLE123	Single	000-00-0000
Hansen, George	11/11/1970	HAN123	Single	000-00-0000
Hayes, Sally	11/11/1970	HAY123	Single	000-00-0000
Jensen, Linda	11/11/1970	JEN123	Single	000-00-0000
Johnson, Rachelle	11/11/1970	JOH123	Single	000-00-0000
Jones, John	11/11/1970	JON123	Single	000-00-0000
Keller, Nina	11/11/1970	KEL123	Single	000-00-0000
Little, Brian	11/11/1970	LIT123	Single	000-00-0000
Little, Kevin	11/11/1970	LIT124	Single	000-00-0000
Myers, Henry	11/11/1970	MEY123	Single	000-00-0000
Nelson, Chris	11/11/1970	NEL123	Single	000-00-0000
Olsen, Paul	11/11/1970	OLS123	Single	000-00-0000
Perkins, Allen	11/11/1970	PER123	Single	000-00-0000
Reeves, Elisabeth	11/11/1970	REE123	Single	000-00-0000
Schow, Lawrence	11/11/1970	SCH123	Single	000-00-0000
Taylor, Kerri	11/11/1970	TAY123	Single	000-00-0000
Winters, Carl	11/11/1970	WIN123	Single	000-00-0000
Young, Tina	11/11/1970	YOU123	Single	000-00-0000

How do I run the Employers and Employed Patients Report?

From the DXOne Reporting module, select **Reference**, and then double-click **Employers and Employed Patients**. For additional details about running this report, see the “Employers and Employed Patients Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Employer Details** – The name, mailing address, and phone number of the employer. This information is found in the **Employer Information** dialog box, which can be accessed in the Office Manager module. See the “Adding and editing employers” topic in the Office Manager portion of the Dentrix Enterprise Help for details about this information (from the **Help** menu of any module, click **Contents**).
- B. Number employed** – If you select **Include Employees** when setting options for this report, the number of patients employed by the employer appears on the report.
- C. Employee Details** – If you select **Include Employees** when setting options for this report, the name, birth date, chart number, family status, and Social Security number of each patient employed by the employer appears on the report.



The screenshot shows the "Employer Information" dialog box with a blue title bar and a close button (X). Inside, there is a "Select Employer" button at the top. Below it is the text "OR" and a circled "A" icon next to the text "Enter New Employer Information". The form contains several input fields: "Employer Name" with the value "Electric", "Street" with the value "SLC Office", "City" with the value "SLC", "ST" with the value "UT", and "Zip" with the value "84111". There is also an "Employer Phone" field with the value "(212)555-6998". At the bottom, there are three buttons: "Clear", "OK", and "Cancel".

Family Ledger Report

The Family Ledger Report displays transactions posted for a family. Depending on report settings, the current balance of each patient in the family is also displayed on the report.

\$

Why: To provide a family with a record of their transactions

When: As needed

How do I run the Family Ledger Report?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Family Ledger Report**. For additional details about running this report, see the “Family Ledger Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Family History** – Displays all financial transactions posted to the Ledger for all family members.
- B. Family Totals** – Displays year-to-date totals for the family.

Family Ledger Report (Single Family)

The Single Family Ledger Report displays transactions posted for a family.

\$

Why: To provide a family with a record of their transactions

When: As needed

SINGLE FAMILY LEDGER						
The Allied Dentist Group				Page: 1		
Date: 05/14/2018						
Guar Name: Peggy Perkins 123 Street Philadelphia, PA 19102				Chart Number:		
				Billing Type: 1		
DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
04/22/2018		Balance Forward		90.00		90.00
04/23/2018		Finance Charge	Peggy	100.00		190.00
04/23/2018		Late Charge	Peggy	7840.00		8030.00
04/23/2018	8*12	Mand partial-metal base w/sdls	Peggy	452.00		8482.00
04/23/2018	9	Surg place implant: endosteal	Shelly	780.00		9262.00
04/23/2018	4	Crown-porc fuse high noble mtl	Shelly	78.00		9340.00
04/23/2018		Check Payment - Thank You	<Family>		-20.00	9320.00
04/27/2018		Cash Payment - Thank You	<Family>		-100.00	9220.00
05/01/2018	15	Mand partial-metal base w/sdls	Shelly	801.00		10021.00
05/01/2018	9	Extraction crnl remnts-decid th	Shelly	501.00		10522.00
05/05/2018	9	Retainer crn-porc fused-hi nob	Peggy	200.00		10722.00
05/05/2018	12	Retainer crn-porc fused-hi nob	Peggy	200.00		10922.00
05/05/2018	10	Pontic-porcelain fused to hnob	Peggy	200.00		11122.00
05/05/2018	11	Pontic-porcelain fused to hnob	Peggy	200.00		11322.00
TOTAL FAMILY BALANCE AS OF 05/14/2009:						11322.00
YTD Finance Charges:						100.00
YTD Late Charges:						7840.00
YTD Payments:						-120.00
YTD Insurance Payments:						0.00

How do I run the Family Ledger Report (Single Family)?

In the Ledger, from the **Print** menu, click **Family Ledger**. For additional details about running this report, see the "Family Ledger Report" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Family History** – All financial transactions posted to the Ledger (starting with the specified first transaction date) for all family members.
- B. Family Totals** – Year-to-date totals for the family.

Fee Schedules Report

The Fee Schedules Report lists procedure fees for selected fee schedules. This report also lists the lab expenses and material expenses associated with each procedure.

	Why: To ensure each fee schedule is set up properly, to compare multiple fee schedules side by side, and to ensure lab expenses and material expenses are up to date
	When: After Dentrix Enterprise setup, and as needed

FEE SCHEDULE								
ADA Code Selection: <ALL>								
Report Date: 04/22/2018			Report Generated By: enterprise			Page 3 of 11		
CODE	DESCRIPTION	Office	PULLEM	DONTIST	DMO	FEE 5	LAB EXPENSE	MATERIAL
D2331	Resin-two surfaces, anterior	90.00	85.00	78.00	74.00	69.00	0.00	25.00
D2332	Resin-three surfaces, anterior	115.00	105.00	95.00	89.00	85.00	0.00	35.00
D2335	Resin-4+ w/incis angle-anterior	150.00	133.00	125.00	115.00	105.00	0.00	70.00
D2336	Compos resin crwn-anterior-prim	170.00	150.00	142.00	125.00	115.00	100.00	150.00
D2380	Resin-1 surface, poster-primary	71.00	65.00	60.00	58.00	55.00	0.00	21.00
D2381	Resin-2 surface, poster-primary	92.00	85.00	79.00	74.00	70.00	0.00	34.00
D2382	Resin-3 surface, poster-primary	119.00	105.00	95.00	88.00	85.00	0.00	84.00
D2385	Resin-1 surface, post-permanent	80.00	75.00	69.00	65.00	61.00	0.00	15.00
D2386	Resin-2 surface, post-permanent	110.00	98.00	92.00	87.00	84.00	0.00	30.00
D2387	Resin-3 surface +, post-perm	146.00	128.00	115.00	106.00	100.00	0.00	86.00
D2390	Resin composite crown, anterior	0.00	0.00	0.00	0.00	0.00	0.00	18.00
D2391	Resin composite-1s, posterior	0.00	0.00	0.00	0.00	0.00	0.00	18.00
D2392	Resin composite-2s, posterior	0.00	0.00	0.00	0.00	0.00	0.00	39.00
D2393	Resin composite-3s, posterior	0.00	0.00	0.00	0.00	0.00	0.00	88.00
D2394	Resin composite-4+s, posterior	0.00	0.00	0.00	0.00	0.00	0.00	121.00
D2410	Gold foil-one surface	331.00	300.00	246.00	225.00	200.00	0.00	0.00
D2420	Gold foil-two surfaces	398.00	390.00	367.00	350.00	338.00	0.00	0.00
D2430	Gold foil-three surfaces	450.00	432.00	393.00	374.00	344.00	0.00	0.00
D2510	Inlay-metallic-one surface	406.00	390.00	375.00	345.00	319.00	0.00	0.00
D2520	Inlay-metallic-two surfaces	468.00	438.00	421.00	395.00	366.00	0.00	0.00
D2530	Inlay-metallic-three + surfaces	520.00	495.00	474.00	440.00	420.00	0.00	0.00
D2542	Onlay-metallic-two surfaces	0.00	0.00	0.00	0.00	0.00	0.00	0.00
D2543	Onlay-metallic-three surfaces	503.00	475.00	428.00	393.00	302.00	0.00	0.00
D2544	Onlay-metallic-four + surfaces	553.00	522.00	470.00	432.00	332.00	0.00	0.00
D2610	Inlay-porcel/ceramic-1 surface	460.00	414.00	393.00	372.00	350.00	0.00	0.00
D2620	Inlay-porcel/ceramic-2 surface	493.00	450.00	440.00	419.00	560.00	0.00	0.00
D2630	Inlay-porcel/ceramic-3+ surface	553.00	500.00	468.00	440.00	445.00	0.00	0.00
D2642	Onlay-porcel/ceram-2 surface	553.00	500.00	468.00	440.00	325.00	0.00	0.00
D2643	Onlay-porcel/ceram-3 surface	583.00	527.00	493.00	464.00	343.00	0.00	0.00
D2644	Onlay-porcel/ceram-4 + surface	608.00	550.00	515.00	484.00	357.00	0.00	0.00
D2650	Inlay-resin based composite-1s	440.00	410.00	388.00	350.00	323.00	0.00	0.00
D2651	Inlay-resin based composite-2s	473.00	435.00	390.00	375.00	359.00	0.00	0.00
D2652	Inlay-resin based composite-3+s	515.00	468.00	450.00	433.00	400.00	0.00	0.00
D2662	Onlay-resin based composite-2s	458.00	440.00	413.00	335.00	227.00	0.00	0.00
D2663	Onlay-resin based composite-3s	488.00	468.00	440.00	357.00	242.00	0.00	0.00
D2664	Onlay-resin based composite-4+s	505.00	485.00	455.00	369.00	250.00	0.00	0.00
D2710	Crown-resin composite(indirect)	395.00	350.00	320.00	287.00	251.00	0.00	0.00
D2712	Crown-3/4 resin-based comp-ind	0.00	0.00	0.00	0.00	0.00	0.00	0.00
D2720	Crown-resin w/high noble metal	542.00	600.00	573.00	499.00	478.00	0.00	0.00
D2721	Crown-resin w/ most base metal	573.00	546.00	493.00	454.00	413.00	0.00	0.00
D2722	Crown-resin with noble metal	630.00	590.00	508.00	463.00	444.00	0.00	0.00
D2740	Crown-porcelain/ceramic substr	630.00	570.00	525.00	500.00	487.00	0.00	0.00
D2750	Crown-porc fuse high noble mtl	613.00	575.00	534.00	500.00	487.00	0.00	0.00
D2751	Crown-porc fused to base metal	563.00	503.00	485.00	465.00	449.00	0.00	0.00
D2752	Crown-porc fused noble metal	590.00	548.00	515.00	495.00	472.00	0.00	0.00

A

B

C

D

How do I run the Fee Schedules Report?

From the DXOne Reporting module, select **Reference**, and then double-click **Fee Schedule**. For additional details about running this report, see the “Fee Schedule Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Procedure Code Editor** dialog box, which can be accessed in the Office Manager. See the “Procedure Code Setup” or “Auto fee schedule changes” topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to edit this information.

- A. Code** – The procedure code.
- B. Fee** – The fee assigned to a procedure.
- C. Lab Expense** – The estimated lab expense associated with the procedure.
- D. Material** – The estimated materials expense for the procedure.

Procedure Code Editor - Existing

Description: Prophylaxis-adult

Patient Friendly Description
Cleaning of adult's teeth to help prevent disease

Code Names
D1110 ADA Code

Treatment Flags
☐ Difficult Proc.
☐ Condition
☐ Remove Tooth
☒ Show in Chart

Auto Continuing Care
PROPHY >>

Procedure Time
5 Unit(s) >>

Procedure Category: Preventive

Appointment Type: P3

Treatment Area: Mouth

Paint Type: [None]

Expenses
Lab Materials

Flag for Medical Cross Coding
Do Not Bill to Dental Insurance
Do Not Send Over HL7
Require Start/Completion Dates
Implantable Device
Eclaims: Require Attachment

Fee Schedule | RVU Schedule

1. OFFICE	156.03
2. DMO	44.00
3. DELTA	40.00
4. BCBS	38.00
5. CAP FEE	37.00
6. ACME Preferred	92.70
7. UB92Fee	51.00
8. AETNA	0.00
9. M005862	0.00
10. ACME	76.13

Save Close

Finance Charge Report

The Finance Charge Report lists the finance charges the practice has issued for a selected date or date range.



Why: To keep a record of the finance charges the practice issues each month, and to ensure finance charges are not duplicated

When: Monthly

FINANCE CHARGE REPORT

04/20/2018 - 04/23/2018 Procedure Date
Clinics: <ALL>
Provider: <ALL>
Billing Types: <ALL>

Report Date: 04/23/2018

Report Generated By: [A] [B] [C] [D] [E] [F] [G] [H] [I] [J] [K] [L] [M] [N] [O] [P] [Q] [R] [S] [T] [U] [V] [W] [X] [Y] [Z] [AA] [AB] [AC] [AD] [AE] [AF] [AG] [AH] [AI] [AJ] [AK] [AL] [AM] [AN] [AO] [AP] [AQ] [AR] [AS] [AT] [AU] [AV] [AW] [AX] [AY] [AZ] [BA] [BB] [BC] [BD] [BE] [BF] [BG] [BH] [BI] [BJ] [BK] [BL] [BM] [BN] [BO] [BP] [BQ] [BR] [BS] [BT] [BU] [BV] [BW] [BX] [BY] [BZ] [CA] [CB] [CC] [CD] [CE] [CF] [CG] [CH] [CI] [CJ] [CK] [CL] [CM] [CN] [CO] [CP] [CQ] [CR] [CS] [CT] [CU] [CV] [CW] [CX] [CY] [CZ] [DA] [DB] [DC] [DD] [DE] [DF] [DG] [DH] [DI] [DJ] [DK] [DL] [DM] [DN] [DO] [DP] [DQ] [DR] [DS] [DT] [DU] [DV] [DW] [DX] [DY] [DZ] [EA] [EB] [EC] [ED] [EE] [EF] [EG] [EH] [EI] [EJ] [EK] [EL] [EM] [EN] [EO] [EP] [EQ] [ER] [ES] [ET] [EU] [EV] [EW] [EX] [EY] [EZ] [FA] [FB] [FC] [FD] [FE] [FF] [FG] [FH] [FI] [FJ] [FK] [FL] [FM] [FN] [FO] [FP] [FQ] [FR] [FS] [FT] [FU] [FV] [FW] [FX] [FY] [FZ] [GA] [GB] [GC] [GD] [GE] [GF] [GG] [GH] [GI] [GJ] [GK] [GL] [GM] [GN] [GO] [GP] [GQ] [GR] [GS] [GT] [GU] [GV] [GW] [GX] [GY] [GZ] [HA] [HB] [HC] [HD] [HE] [HF] [HG] [HH] [HI] [HJ] [HK] [HL] [HM] [HN] [HO] [HP] [HQ] [HR] [HS] [HT] [HU] [HV] [HW] [HX] [HY] [HZ] [IA] [IB] [IC] [ID] [IE] [IF] [IG] [IH] [II] [IJ] [IK] [IL] [IM] [IN] [IO] [IP] [IQ] [IR] [IS] [IT] [IU] [IV] [IW] [IX] [IY] [IZ] [JA] [JB] [JC] [JD] [JE] [JF] [JG] [JH] [JI] [JJ] [JK] [JL] [JM] [JN] [JO] [JP] [JQ] [JR] [JS] [JT] [JU] [JV] [JW] [JX] [JY] [JZ] [KA] [KB] [KC] [KD] [KE] [KF] [KG] [KH] [KI] [KJ] [KK] [KL] [KM] [KN] [KO] [KP] [KQ] [KR] [KS] [KT] [KU] [KV] [KW] [KX] [KY] [KZ] [LA] [LB] [LC] [LD] [LE] [LF] [LG] [LH] [LI] [LJ] [LK] [LL] [LM] [LN] [LO] [LP] [LQ] [LR] [LS] [LT] [LU] [LV] [LW] [LX] [LY] [LZ] [MA] [MB] [MC] [MD] [ME] [MF] [MG] [MH] [MI] [MJ] [MK] [ML] [MM] [MN] [MO] [MP] [MQ] [MR] [MS] [MT] [MU] [MV] [MW] [MX] [MY] [MZ] [NA] [NB] [NC] [ND] [NE] [NF] [NG] [NH] [NI] [NJ] [NK] [NL] [NM] [NN] [NO] [NP] [NQ] [NR] [NS] [NT] [NU] [NV] [NW] [NX] [NY] [NZ] [OA] [OB] [OC] [OD] [OE] [OF] [OG] [OH] [OI] [OJ] [OK] [OL] [OM] [ON] [OO] [OP] [OQ] [OR] [OS] [OT] [OU] [OV] [OW] [OX] [OY] [OZ] [PA] [PB] [PC] [PD] [PE] [PF] [PG] [PH] [PI] [PJ] [PK] [PL] [PM] [PN] [PO] [PP] [PQ] [PR] [PS] [PT] [PU] [PV] [PW] [PX] [PY] [PZ] [QA] [QB] [QC] [QD] [QE] [QF] [QG] [QH] [QI] [QJ] [QK] [QL] [QM] [QN] [QO] [QP] [QQ] [QR] [QS] [QT] [QU] [QV] [QW] [QX] [QY] [QZ] [RA] [RB] [RC] [RD] [RE] [RF] [RG] [RH] [RI] [RJ] [RK] [RL] [RM] [RN] [RO] [RP] [RQ] [RR] [RS] [RT] [RU] [RV] [RW] [RX] [RY] [RZ] [SA] [SB] [SC] [SD] [SE] [SF] [SG] [SH] [SI] [SJ] [SK] [SL] [SM] [SN] [SO] [SP] [SQ] [SR] [SS] [ST] [SU] [SV] [SW] [SX] [SY] [SZ] [TA] [TB] [TC] [TD] [TE] [TF] [TG] [TH] [TI] [TJ] [TK] [TL] [TM] [TN] [TO] [TP] [TQ] [TR] [TS] [TT] [TU] [TV] [TW] [TX] [TY] [TZ] [UA] [UB] [UC] [UD] [UE] [UF] [UG] [UH] [UI] [UJ] [UK] [UL] [UM] [UN] [UO] [UP] [UQ] [UR] [US] [UT] [UU] [UV] [UW] [UX] [UY] [UZ] [VA] [VB] [VC] [VD] [VE] [VF] [VG] [VH] [VI] [VJ] [VK] [VL] [VM] [VN] [VO] [VP] [VQ] [VR] [VS] [VT] [VU] [VV] [VW] [VX] [VY] [VZ] [WA] [WB] [WC] [WD] [WE] [WF] [WG] [WH] [WI] [WJ] [WK] [WL] [WM] [WN] [WO] [WP] [WQ] [WR] [WS] [WT] [WU] [WV] [WW] [WX] [WY] [WZ] [XA] [XB] [XC] [XD] [XE] [XF] [XG] [XH] [XI] [XJ] [XK] [XL] [XM] [XN] [XO] [XP] [XQ] [XR] [XS] [XT] [XU] [XV] [XW] [XX] [XY] [XZ] [YA] [YB] [YC] [YD] [YE] [YF] [YG] [YH] [YI] [YJ] [YK] [YL] [YM] [YN] [YO] [YP] [YQ] [YR] [YS] [YT] [YU] [YV] [YW] [YX] [YY] [YZ] [ZA] [ZB] [ZC] [ZD] [ZE] [ZF] [ZG] [ZH] [ZI] [ZJ] [ZK] [ZL] [ZM] [ZN] [ZO] [ZP] [ZQ] [ZR] [ZS] [ZT] [ZU] [ZV] [ZW] [ZX] [ZY] [ZZ]

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
04/20/2018	Abbott, Patricia <Family>	22.00	2	DDS1	CENTRAL
04/23/2018	Abbott, Patricia <Family>	45.00	2	DDS1	CENTRAL
04/23/2018	Little, Brian <Family>	187.00	1	DDS1	CENTRAL
04/23/2018	Perkins, Shelly <Family>	100.00	1	DDS1	CENTRAL

TOTAL CHARGES:

354.00

* family has payment agreement

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
Provider: DDS1		354.00			
Clinic: CENTRAL		354.00			
04/20/2018	Abbott, Patricia <Family>	22.00	2	DDS1	CENTRAL
04/23/2018	Abbott, Patricia <Family>	45.00	2	DDS1	CENTRAL
04/23/2018	Little, Brian <Family>	187.00	1	DDS1	CENTRAL
04/23/2018	Perkins, Shelly <Family>	100.00	1	DDS1	CENTRAL

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
Clinic: CENTRAL		354.00			
Provider: DDS1		354.00			
04/20/2018	Abbott, Patricia <Family>	22.00	2	DDS1	CENTRAL
04/23/2018	Abbott, Patricia <Family>	45.00	2	DDS1	CENTRAL
04/23/2018	Little, Brian <Family>	187.00	1	DDS1	CENTRAL
04/23/2018	Perkins, Shelly <Family>	100.00	1	DDS1	CENTRAL

Dentrix Enterprise 11.0.2 Reports Reference

How do I run the Finance Charge Report?

From the DXOne Reporting module, select **Management**, and then double-click **Finance/Late Charge**. For additional details about running this report, see the “Finance Charge Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The report contains the following information.

A. Guarantor Name – The guarantor to which a finance charge has been applied.

Note: Finance charges are applied to the guarantor of an account, not the patient.

B. Amount – The amount of the finance charge.

C. Total Charges – The total finance charges within the date range of the report.

D. Provider Totals – The finance charges are shown for the provider with a breakdown of the finance charges for each clinic the provider works in. Each clinic’s finance charges for that provider are subtotaled. The finance charge totals for the provider appear below the clinic subtotaals.

E. Clinic Totals – The finance charges are shown for the clinic with a breakdown of the finance charges by each provider at that clinic. Each provider’s transactions for that clinic are subtotaled. The finance charge totals for the clinic appear below the provider subtotaals.

Future Due Payment Plan Report - Monthly Totals

The Future Due Payment Plan - Monthly Totals Report displays future due payment totals by month.

\$	Why: To project future revenue from future due payment plans When: Monthly or at the beginning of each budgeting cycle
----	---

MONTHLY TOTALS REPORT			The Dentist Group	
			04/01/2017 - 05/01/2018	
Date: 05/30/2018			Page: 1	
MONTH		NUMBER OF CHARGES	TOTAL CHARGE AMOUNT	
1. April	2017	2	4005.56	
2. May	2017	1	105.56	
3. June	2017	1	105.56	
4. July	2017	1	105.56	
5. August	2017	1	105.56	
6. September	2017	1	105.56	
7. October	2017	1	105.56	
8. November	2017	1	105.56	
9. December	2017	1	105.56	
10. January	2018	1	105.56	
11. February	2018	1	105.56	
12. March	2018	A	B	
13. April	2018			
14. May	2018			
C		TOTAL NUMBER OF CHARGES: 15	TOTAL AMOUNT:	5377.84
		AVERAGE NUMBER OF CHARGES: 2	AVERAGE MONTHLY CHARGE AMOUNT:	384.14
REMAINING AFTER MAY 2010				
D		NUMBER OF CHARGES: 0	TOTAL AMOUNT:	0.00
			NEXT CHARGE AMOUNT:	0.00

How do I run the Future Due Payment Plan Report - Monthly Totals?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Future Due Payment Plan Report**. For additional details about running this report, see the "Future Due Payment Plan Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Payment Plan** dialog box. To access this dialog box, in the Ledger, from the **Transaction** menu, click **Process Future Due Payment Plan**. Select a future due payment plan, and then click **OK**. The report contains the following information:

- A. Number of Payments** – The number of payments anticipated during a month.
- B. Total Payment Amount** – The projected revenue total from future due treatment plans.
- C. Report Totals** – The combined totals for all months.
- D. Remaining** – The number of charges, total amount, and next charge amount that will remain for all future due payment plans in a year from the current month.

Future Due Payment Plan Report - Standard

The Future Due Payment Plan Report displays patients with future due payment plans. Patients are listed alphabetically by the guarantor.



Why: To review future due payment plans by patient

When: Monthly or at the beginning of each budgeting cycle

FUTURE DUE PAYMENT PLAN REPORT							
The Dentist Group							
01/01/2018 - 01/01/2018							
Date: 04/23/2018						Page: 1	
GUARANTOR NAME	PATIENT NAME	PHONE NUM.	BILLING TYPE	DATE	TOTAL	REMAINING	MONTHS
						CHARGE AMT	
Abbott, Patricia	Abbott, Patricia	555-1586	2	Last Claim Date:		Last Payment:	
				01/01/2018	5000.00	3900.00	1
Winters, Carl	Winters, Carl		1	Last Claim Date:		Last Payment:	
				01/01/2018	2000.00	1900.00	18
						5800.00	
						4005.56	

GUARANTOR NAME	PATIENT NAME	PHONE NUM.	BILLING TYPE	DATE	TOTAL	REMAINING	MONTHS	CHARGE AMT
Abbott, Patricia	Abbott, Patricia	555-1586	2	Last Claim Date:		Last Payment:		
				01/01/2018	5000.00	3900.00	1	3900.00

How do I run the Future Due Payment Plan Report?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Future Due Payment Plan Report**. For additional details about running this report, see the "Future Due Payment Plan Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Payment Plan** dialog box. To access this dialog box, in the Ledger, from the **Transaction** menu, click **Process Future Due Payment Plan**. Select a future due payment plan, and then click **OK**. The report contains the following information:

- A. Total Amount Remaining** – The total balance of future due payment plans.
- B. Total Monthly Charges** – The total monthly revenue expected from future due payment plans listed in the report.
- C. Last Claim Date** – The date of the last claim for the procedures associated with the future due payment plan (if applicable).
- D. Last Payment** – The date and amount of the last payment (if any) posted to the patient's Ledger.
- E. Date** – The date the payment agreement was created.
- F. Total** – The total future due payment plan amount.
- G. Remaining** – The remaining amount to be paid.
- H. Months** – The number of remaining months for the plan.
- I. Payment** – The monthly amount charged to the patient.

Initial Health History Report

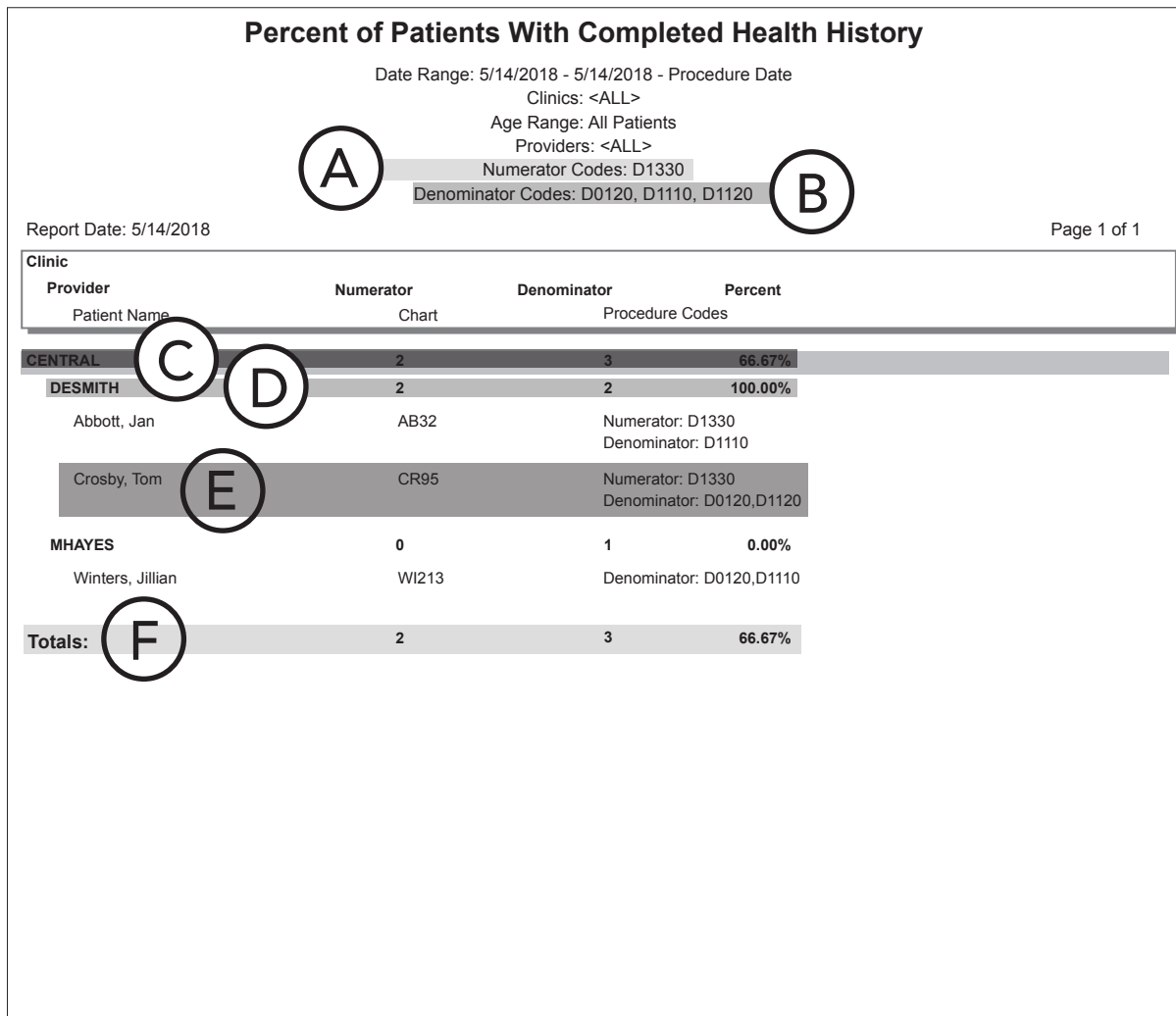
The Initial Health History Report displays the percentage of new oral health patients who have a **First Visit Date** in the Family File that is within a specified time frame and who had an initial health history (determined by specified ADA and/or condition codes) entered into their electronic records during the same time frame.

For example, you may want to track new patients who received a comprehensive oral exam (ADA code D0150)—the denominator code—and who have a history of smoking or tobacco use (a condition code; for example, 15995)—the numerator code.



Why: To view statistics regarding the oral health history of new patients

When: Yearly



How do I run the Initial Health History Report?

From DXOne Reporting, select **Lists**, and then double-click **Initial Health History**. For additional details about running this report, see the “Initial Health History Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report contains the following information:

- A. Numerator** – The specified ADA codes and/or conditions.
- B. Denominator** – The specified ADA codes and/or conditions.
- C. Clinic Totals** – The Numerator, Denominator, and Percent totals for the providers at a given clinic on the report.
- D. Provider Totals** – The Numerator, Denominator, and Percent totals for a given provider who is attached to the Numerator and/or Denominator codes.
- E. Details** – If you select **Include Details** when setting options for this report, patient names, chart numbers, and procedures codes (numerators and denominators) appear on the report.
- F. Totals** – The Numerator, Denominator, and Percent grand totals for all clinics on the report.

Insurance Carrier List

The Insurance Carrier List displays a list of the dental/medical insurance carriers entered in Dentrix Enterprise. Depending on how you run the report, the subscribers and patients, or providers associated with each carrier can also appear on this report.



Why: To ensure insurance carriers are properly set up in Dentrix Enterprise

When: After Dentrix Enterprise setup, and as needed

DENTAL INSURANCE CARRIERS AND PROVIDER IDs

Insurance Carriers: <ALL> - <ALL>
Financial Class Types: <ALL>

Report Date: 04/27/2018

Report Generated By: enterprise

Page 1 of 10

A

CARRIER: Aetna	GROUP NAME: HSPS A	DED S/P/O: LT,	0/0/0
ADDRESS: 32465 Street Name	GROUP NUM:	IND,	0/0/0
City, UT 84003	UNION NUM:	FAM,	0/0/0
PHONE:	CLAIM FORMAT:	BENEFITS: IND,	0.00
CONTACT:	TIME LIMIT: 0 days	FAM,	0.00
ALT CODE: ADA Code	SOURCE OF PMT:	BENEFIT RENEWAL: January	
PAYOR ID:	EMPLOYER:	LAST UPDATE: 12/15/2017	
	FINANCIAL CLASS:	# PROVIDERS: 1	
<input type="checkbox"/> Replace Initial Zero of Procedure Code on Claims		<input type="checkbox"/> Do Not Bill To Dental Insurance if 0% Coverage	
<input type="checkbox"/> Do Not Print Dental Diagnostic Codes on Claim		<input type="checkbox"/> Do Not Bill To Dental Insurance	

B

PROVIDER	PROVIDER ID CODE	PROVIDER ID NUMBER
DDS01 Smith, Dennis	0B State License Number	12345abc678def

DENTAL INSURANCE CARRIERS AND SUBSCRIBERS

Insurance Carriers: Aetna - HSPS B - Aetna - HSPS B -
Financial Class Types: <ALL>

Report Date: 04/27/2018

Report Generated By: enterprise

Page 1 of 1

A

CARRIER: Aetna	GROUP NAME: HSPS B	DED S/P/O: LT,	0/0/0
ADDRESS: 32465 Street Name	GROUP NUM:	IND,	0/0/0
City, UT 84003	UNION NUM:	FAM,	0/0/0
PHONE:	CLAIM FORMAT:	BENEFITS: IND,	0.00
CONTACT:	TIME LIMIT: 0 days	FAM,	0.00
ALT CODE: ADA Code	SOURCE OF PMT:	BENEFIT RENEWAL: January	
PAYOR ID:	EMPLOYER:	LAST UPDATE: 12/15/2017	
	FINANCIAL CLASS:	# SUBSCRIBERS: 2	
		# INSURED PATIENTS: 3	
<input type="checkbox"/> Replace Initial Zero of Procedure Code on Claims		<input type="checkbox"/> Do Not Bill To Dental Insurance if 0% Coverage	
<input type="checkbox"/> Do Not Print Dental Diagnostic Codes on Claim		<input type="checkbox"/> Do Not Bill To Dental Insurance	

C

SUBSCRIBER NAME	BIRTHDATE	CHART#	SUBSCRIBER #	EMPLOYER	FAMILY	DED MET	BENEFITS
(P)Little, Patrick R	11/11/1975	P32143	000-00-0000		Single	0/0/0	105.00
(S)Little, Patrick R	11/11/1975	P32143	000-00-0000		Single	0/0/0	0.00

DENTAL INSURANCE CARRIERS, SUBSCRIBERS AND PATIENTS

Insurance Carriers: Aetna - HSPS B - - Aetna - HSPS B -
Financial Class Types: <ALL>

Report Date: 04/27/2018
Report Generated By: enterprise
Page 1 of 1

CARRIER: Aetna ADDRESS: 32465 Street Name City, UT 84003 PHONE: CONTACT: ALT CODE: ADA Code PAYOR ID:	GROUP NAME: HSPS B GROUP NUM: UNION NUM: CLAIM FORMAT: TIME LIMIT: 0 days SOURCE OF PMT: EMPLOYER: FINANCIAL CLASS:	DED S/P/O: LT, 0/0/0 IND, 0/0/0 FAM, 0/0/0 BENEFITS: IND, 0.00 FAM, 0.00 BENEFIT RENEWAL: January LAST UPDATE: 12/15/2017 # SUBSCRIBERS: 2 # INSURED PATIENTS: 3
---	--	--

☐ Replace Initial Zero of Procedure Code on Claims
☐ Do Not Bill To Dental Insurance if 0% Coverage

☐ Do Not Print Dental Diagnostic Codes on Claim
☐ Do Not Bill To Dental Insurance

NAME	BIRTHDATE	CHART#	SUBSCRIBER #	EMPLOYER	FAMILY	DED MET	BENEFITS
(P)Little, Brian R	11/11/1975	P32143	000-00-0000		Single	0/0/0	105.00
(S)Smith, Michael	11/11/1975	P32143	000-00-0000		Single	0/0/0	0.00
(P)Smith, Maggie	11/11/2000				Single		

How do I run the Insurance Carrier List?

From the DXOne Reporting module, select **Reference**, and then double-click **Insurance Carrier List**. For additional details about running this report, see the "Insurance Carrier List" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

When running the report, you can choose to include subscribers, subscribers and patients, or providers on the report. Of the following items, only the relevant ones appear on the report, depending on which option is selected when setting up options to run the report.

A. Insurance Carrier Details – The first four items that follow are found in the **Dental/Medical Insurance Plan Information** dialog box, which can be accessed in the Office Manager. The remaining items are found in the **Insurance Coverage** dialog box (dental only).

- **Claim Format** – The claim form used to send printed claims.
- **Alt Code** – Indicates whether ADA or alternate procedure codes are used when sending claims to the insurance carrier (dental only).
- **Payor ID** – A unique number used to identify an insurance carrier when submitting claims electronically. Payor IDs are updated regularly by the eServices clearinghouse.
- **Source of Payment** – The category used to identify payments received from the insurance carrier.
- **Claim Deadline** – The number of days/weeks/months/years in which a claim must be submitted to the insurance carrier.
- **Ded S/P/O**
 - **LT** – The lifetime deductible of a policy (if any).
 - **Ind** – The annual deductible for an individual.
 - **Fam** – The annual deductible for a family.
- **Benefits**
 - **Ind** – Yearly benefits for individuals.
 - **Fam** – Yearly benefits for families.

Dental Insurance Plan Information

Carrier Name: Connecticut General >>
 Group Plan: Executive Plan A >>
 Tags: >>
 Employer: General Electric >>
 Street Address: 123 Concord Lane
 City, ST Zip: Hartford CT 00123
 Phone: (800)255-5669 Ext: 100
 Contact: >>
 Group #: 11023 Local: >>
 Last Update: 01/01/1997 Benefit Renewal: JAN
 Alt Code: ADA >> Other Code: >>
 Claim Format: DX2012 Claim Setup
 Fee Schedule: <NONE> >>
 RVU Schedule: <NONE> >> Provider ID Setup
 Payor ID: 12345 >>
 Plan External ID: >>
 National Plan ID: >>
 Source of Payment: Commercial Insurance Co.
 MU Payor SOP: >>

Insurance Coverage - (Aetna Dental/GE Aetna)

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	25	75
Preventive	0	0	0
Other	0	0	0

Maximum Benefit

Individual: 2000 Family: 8000
☒ Ortho Plan - Use as Ortho Lifetime Max

Claim Deadline: 3M >>

Coverage Table

Begin Proc	End Proc	Category	Cov %	Ded	Co-Pay	Pre Est?
D0100	D1999	Diag/Preventive	100	Pt	0.00	
D0100	D1999	Diag/Preventive	100	P	0.00	N
D2000	D2699	Basic Restor	80	S	0.00	N
D2700	D2899	Crowns	50	S	0.00	N
D2900	D2999	Restorative	80	S	0.00	N
D3000	D3999	Endodontics	80	S	0.00	N
D4000	D4999	Periodontics	80	S	0.00	N
D5000	D5999	Prosthodontics	50	S	0.00	N

Select Category

☐ Co-Payment Calculations for Ins Portion:

☒ Total Fee x Coverage %
☐ (Total Fee - Co-Pay) x Cov %
☐ (Total Fee x Cov %) - Co-Pay

Select Table: >>

Notes OK Cancel

- B. Provider Details** – The name, ID code, and ID number for each provider with an identification code entered for an insurance carrier. This information is found in the **Provider ID Setup** dialog box (see the “Setting up provider IDs for dental insurance” topic in the Family File portion of the Dentrix Enterprise Help for details on how to edit this information).

- C. Subscriber Details** – The name, birth date, chart number, subscriber number, employer, and family status of each subscriber. The report also includes the portion of the subscriber’s deductible that has currently been met and the total benefits that have been used year-to-date.

Notes:

- “(P)” indicates a primary subscriber. “(S)” indicates a secondary subscriber.
- When viewing subscribers and patients on the report, subscribers are denoted with an asterisk.

- D. Patient Details** – The name, birth date, chart number, employer, and family status for each patient associated with the insurance carrier. The report also includes the portion of the patient’s deductible that has currently been met and the total benefits that have been used year-to-date.

Notes:

- “(P)” indicates a primary subscriber. “(S)” indicates a secondary subscriber.
- When viewing subscribers and patients on the report, subscribers are denoted with an asterisk.

Insurance Carrier Production - Full Report

The Insurance Carrier Production - Full Report lists the insurance carriers to which claims have been submitted. The production, payments, and adjustments appear individually for each carrier.



Why: To compare the amount of payments received from insurance carriers with the production billed to the corresponding carriers

When: Monthly and quarterly

Dental Insurance Carrier Production Report

04/23/2018 - 04/23/2018 Entry Date

Clinics: <ALL>

Providers: <ALL>

Financial Class Types: Plans with no Financial Class Assigned

Patient Range: <ALL> - <ALL>

Insurance Carriers: Aetna - HSPS A - - Aetna Life and Casualty - Aetna - 321863

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 1

Patient Name	Entry Date	Provider	Clinic	Description	Primary Production Amount	Secondary Production Amount	Insurance Payment Amount	Credit Adjustments	Debit Adjustments
--------------	------------	----------	--------	-------------	---------------------------	-----------------------------	--------------------------	--------------------	-------------------

Aetna

Little, Brian R	04/23/2018	DDS1	CENTRAL	D0120 - Periodic oral evaluation	25.00	0.00	-25.00		
Little, Brian R	04/23/2018	DDS1	CENTRAL	D0274 - Bitewings-four films	32.00	0.00	-32.00		
Little, Brian R	04/23/2018	DDS1	CENTRAL	D1110 - Prophylaxis-adult	48.00	0.00	-48.00		

Insurance Plan Totals: 105.00 0.00 -105.00 0.00 0.00

Aetna Life and Casualty

Abbott, James S	04/23/2018	DROBB	CENTRAL	D5212 - Mandibular partial - resin base	0.00	690.00	0.00		
-----------------	------------	-------	---------	---	------	--------	------	--	--

Aetna Life and Casualty Insurance Plan Totals: 0.00 690.00 0.00 0.00 0.00

Grand Totals: 105.00 690.00 -105.00 0.00 0.00

How do I run the Insurance Carrier Production - Full Report?

From the DXOne Reporting module, select **Management**, and then double-click **Insurance Carrier Production**. For additional details about running this report, see the “Insurance Carrier Production Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance Carrier** – The primary and secondary insurance carrier that has production within the date range of the report:
- B. Procedure Details** – The procedures for which a claim has been created appear with the following information:
- **Patient Name** – The name of the patient on whom the service was performed.
 - **Entry Date** – The date the procedure was posted to the Ledger.
 - **Primary Production** – The amount of production for which a primary claim has been created.
 - **Secondary Production** – The amount of production for which a secondary claim has been created.
 - **Insurance Payment** – The amount of the payment received from the insurance carrier for the procedure.
 - **Credit** – The credit adjustments made to the production.
 - **Debit** – The debit adjustments made to the production.
- C. Plan Totals** – The production, payment, and adjustment totals for the insurance carrier.
- D. Grand Totals** – The combined production, payment, and adjustment totals for the insurance carriers on the report.

Insurance Carrier Production - Summary Report

The Insurance Carrier Production - Summary Report lists the insurance carriers to which claims have been submitted. The production, payments, and adjustments appear for each carrier.



Why: To compare the amount of payments received from insurance carriers with the production billed to the corresponding carriers

When: Monthly and quarterly

Dental Insurance Carrier Production Report

04/23/2018 - 04/23/2018 Entry Date

Clinics: <ALL>

Providers: <ALL>

Financial Class Types: <ALL>

Patient Range: <ALL> - <ALL>

Insurance Carriers: <ALL> - <ALL>

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 1

Insurance Carrier	Primary Production Amount	Secondary Production Amount	Insurance Payment Amount	Credit Adjustments	Debit Adjustments
A Aetna	105.00	0.00	-105.00	0.00	0.00
Aetna Life and Casualty	0.00	690.00	0.00	0.00	0.00
Met Life	90.00	0.00	0.00	0.00	0.00
Metropolitan Life	2,304.00	0.00	-532.00	0.00	0.00
B Grand Totals:	2,499.00	690.00	-637.00	0.00	0.00

C

How do I run the Insurance Carrier Production - Summary Report?

From the DXOne Reporting module, select **Management**, and then double-click **Insurance Carrier Production**. For additional details about running this report, see the “Insurance Carrier Production Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Insurance Carriers – The primary and secondary insurance carriers that have production within the date range of the report.

B. Production

- **Primary Production** – The amount of production for which primary claims have been created.
- **Secondary Production** – The amount of production for which secondary claims have been created.
- **Insurance Payments** – The amount of the payments received from the insurance carrier.
- **Adjustments** – The following adjustments:
 - **Credit** – The credit adjustments made to the production.
 - **Debit** – The debit adjustments made to the production.

C. Grand Totals – The combined production, payment, and adjustment totals for the insurance carriers on the report.

Insurance Claim Aging Report

The Insurance Claim Aging Report lists outstanding insurance claims, grouped by insurance carrier, along with the aged balances of each claim.



Why: To identify unpaid claims so they can be targeted for collections

When: Monthly

Dental Insurance Claim Aging

Days Past Due: Over 0
Patient Range: <ALL> - <ALL>
Carrier Range: <ALL> - <ALL>
Clinics: <ALL>
Providers: <ALL>
Billing Types: <ALL>

Report Date: 05/04/2018

Report Generated By: enterprise

A

Page 1 of 1

INSURANCE COMPANY/GROUP PLAN				PHONE #				GROUP NUM.											
SUBSCRIBER	ID NUM	TYPE	SENT	SERV.	TRACER ON HOLD	RE-SENT	PATIENT NAME	BIRTHDAY	ESTIMATE	1-30	31-60	61-90	91-120	121-150	151-180	181+	TOTAL		
Aetna Life and Casualty/Aetna								(800) 555-6444				321863							
Kenner, Spencer A	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Kenner, Spencer A	11/11/1977	391.20	0.00	0.00	0.00	0.00	0.00	0.00	514.00	514.00	
Perkins, Shelly	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Perkins, Shelly	11/11/1975	341.60	452.00	0.00	0.00	0.00	0.00	0.00	0.00	452.00	
Allied Group Insurance Trust/Allied Group Insurance Trust								(800) 555-7635				16023							
Smith, Dorothy	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Smith, Dorothy	11/11/1929	206.40	0.00	0.00	0.00	0.00	0.00	0.00	308.00	308.00	
Butchers Local 551/Butchers Local 551												SS#							
Crosby, Brent	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Crosby, Brent	11/11/1975	183.00	0.00	0.00	0.00	0.00	0.00	0.00	183.00	183.00	
Crosby, Carol	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Crosby, Carol	11/11/1975	183.00	0.00	0.00	0.00	0.00	0.00	0.00	183.00	183.00	
Crosby, Shirley	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Crosby, Shirley	11/11/1975	292.00	0.00	0.00	0.00	0.00	0.00	0.00	292.00	292.00	
Crosby, Tommy	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Crosby, Tommy	11/11/1975	905.00	0.00	0.00	0.00	0.00	0.00	0.00	905.00	905.00	
Acme Parts Insurance/A.c.s.												SS#							
Little, Brian	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Little, Brian	11/11/1975	3,093.00	0.00	0.00	0.00	0.00	0.00	0.00	6,186.00	6,186.00	
Met Life/Murphy's Trucking																			
Taylor, Mark	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Taylor, Mark	11/11/1975	90.00	0.00	0.00	0.00	0.00	90.00	0.00	90.00	90.00	
Metropolitan Life Insurance/Dental								(800) 555-8484				0027186							
Smith, Michael	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Little, Brian	11/11/1975	64.00	105.00	0.00	0.00	0.00	0.00	0.00	180.00	105.00	
										ESTIMATE	1 - 30	31 - 60	61 - 90	91-120	121-150	151-180	181+	TOTAL	
PRIMARY CLAIM TOTALS:										5,749.20	557.00	0.00	0.00	0.00	90.00	0.00	8,571.00	9,218.00	
ARY CLAIM TOTALS:										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL ALL CLAIMS:										5,749.20	557.00	0.00	0.00	0.00	90.00	0.00	8,571.00	9,218.00	

E

INSURANCE COMPANY/GROUP PLAN							PHONE #		GROUP NUM.			
SUBSCRIBER	ID NUM	TYPE	SENT	SERV.	TRACER ON HOLD	RE-SENT	PATIENT NAME		BIRTHDAY ESTIMATE			
Aetna Life and Casualty/Aetna							(800) 555-6444		321863			
Kenner, Spencer A	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Kenner, Spencer A	11/11/1977	391.20		
Perkins, Shelly	000-00-0000	PRM	5/1/18	5/2/18	5/3/18	5/3/18	5/4/18	Perkins, Shelly	11/11/1975	341.60		

How do I run the Insurance Claim Aging Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Insurance Claim Aging**. For additional details about running this report, see the "Insurance Claim Aging Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Aged Balances – The claim's aged balances.

B. Service Date – The service date (the date of the procedure) is found in the **Primary** (or **Secondary**) **Insurance Claim** dialog box, which can be accessed by double-clicking a claim in the Ledger. The service date is automatically entered when a claim is created.

C. Dates associated with the claim – If you have entered dates in the **Insurance Claim Status** dialog box, the corresponding dates appear on the report.

- **Sent** – The date the claim was sent. If you send a claim electronically, the Sent date is automatically entered in the **Insurance Claim Status** dialog box.
- **Tracer** – The date the tracer was sent (if any).
- **On Hold** – Indicates the date the claim was placed on hold (if any).
- **Re-Sent** – The date the claim was re-sent to the insurance carrier (if applicable). If you re-send a claim electronically, the Re-sent date is automatically entered in the **Insurance Claim Status** dialog box.

D. ID Num – A unique number that Dentrix Enterprise assigns to the claim. This number is not the same number that the insurance carrier assigns to the claim.

E. Totals – Totals for all insurance carriers listed.

Primary Dental Insurance Claim (01/20/2022) Sent

File Claim Enter Payment Note Print Help

Patient: Crosby, Brent
Subscriber: Crosby, Brent
Employer: General Electric

Carrier: Delta PMI
Group Plan: (Release of Info/Assign of Benefits) (Secondary Insurance)

Billing Provider: Smith, Dennis
Rendering Provider: Smith, Dennis
Pay-To Provider: Smith, Dennis

Claim Information: Standard
Diag. Codes:

Tooth	Surface	Description	Date	Code	Fee	Ins Amt
11		Prophylaxis-adult	01/20/2022	D1110	156.03	0.00
		Surg place implant: endosteal	01/20/2022	D6010	488.13	0.00

Total Billed: 644.16
Est Ins Portion: 346.03
Ins Amt Total: 0.00
Total Paid: 0.00
Total Credit Adj: 0.00
Total Chrg Adj: 0.00
Ded S/P/O: 0/0/0
Amt Outstanding: 346.03

Invoice #: 010003700
Create Date: 01/20/2022
Date Sent:

Tracer:
On Hold:
Re-Sent:
Voided:

Claim Status Note:
 - Thu - Jan 20, 2022 01:20:57 PM -> Batched

Insurance Notes:
 Ask Debbie if you have coverage questions.

Insurance Claim Status

Create Date: 01/20/2022

Status: C Date

☒ Claim Sent: 01/20/2022

☒ Tracer Sent: 02/06/2022

☒ On Hold: 02/06/2022

☒ Re-Sent: 02/07/2022

☒ Voided: 02/06/2022

Insurance Claims Not Sent Report

The Insurance Claims Not Sent Report lists insurance claims that have been created from the Ledger but not sent to the Batch Processor, printed, or sent through eClaims.

\$

Why: To ensure claims are processed after being created from the Ledger

When: Daily or weekly

Dental Insurance Claims Not Sent							
Date Range: 04/23/2018 - 04/23/2018							
Patient Range: <ALL> - <ALL>							
Carrier Range: <ALL> - <ALL>							
Clinics: <ALL>							
Providers: <ALL>							
Billing Types: <ALL>							
Report Date: 04/23/2018				Report Generated By: enterprise		Page 1 of 1	
CLAIM DATE	TYPE	PATIENT NAME	INSURANCE COMPANY NAME	PROVIDER	CLINIC	AMOUNT	EXPIRES
04/23/2018	SEC	Abbott, James S	Aetna Life and Casualty	DDS2	CENTRAL	71.00	10/20/2018
04/23/2018	PRM	Abbott, James S	Metropolitan Life	DDS1	CENTRAL	230.00	07/22/2018
TOTAL OF PRIMARY NOT SENT:						230.00	
TOTAL OF SECONDARY NOT SENT:						71.00	
TOTAL OF CLAIMS NOT SENT:						301.00	

How do I run the Insurance Claims Not Sent Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Insurance Claims Not Sent**. For additional details about running this report, see the "Insurance Claims Not Sent Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Claim Date** – The date on which the claim was created from the Ledger.
- B. Amount** – The claim amount.
- C. Expires** – The deadline by which the insurance carrier must receive the claim after the service date.
- D. Totals** – The amount of the primary, secondary, and all claims not sent.

Insurance Coverage Tables Report

The Insurance Coverage Tables Report allows you to view and print the coverage tables that have been set up for each insurance plan.



Why: To ensure coverage tables have been set up properly for each insurance plan

When: After Dentrix Enterprise setup, and as needed

A

INSURANCE COVERAGE TABLES

The Dentist Group

Date: 04/22/2018

Page: 19

CONNECTICUT GENERAL
P.O. Box 123456
Hartford, CT 06104

Group Name: Acme Electric
Group #: 0443737

BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?
D0100	D1999	Diag/Preventive	90	Standard	0.00	N
D2000	D2699	Basic Restor	80	Standard	0.00	N
D2700	D2899	Crowns	50	Standard	0.00	N
D2900	D2999	Restorative	80	Standard	0.00	N
D3000	D3999	Endodontics	80	Standard	0.00	N
D4000	D4999	Periodontics	80	Standard	0.00	N
D5000	D5999	Prosth, remov	50	Standard	0.00	N
D6000	D6999	Prosth, fixed	50	Standard	0.00	N
D7000	D7999	Oral Surgery	80	Standard	0.00	N
D8000	D8999	Orthodontics	100	Standard	0.00	N
D9000	D9999	General Service	80	Standard	0.00	N

F

G

Co-Payments Used in Calculations? (No)
Co-Pay Calculation For Ins Portion: (None)

B

C

D

E

CONNECTICUT GENERAL
P.O. Box 1234
Hartford, CT 06104

Group Name: Actors Guild
Group #: 0443737

BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?
D0100	D1999	Diag/Preventive	90	Standard	0.00	N
D2000	D2699	Basic Restor	80	Standard	0.00	N
D2700	D2899	Crowns	50	Standard	0.00	N
D2900	D2999	Restorative	80	Standard	0.00	N
D3000	D3999	Endodontics	80	Standard	0.00	N
D4000	D4999	Periodontics	80	Standard	0.00	N
D5000	D5999	Prosth, remov	50	Standard	0.00	N
D6000	D6999	Prosth, fixed	50	Standard	0.00	N
D7000	D7999	Oral Surgery	80	Standard	0.00	N
D8000	D8999	Orthodontics	100	Standard	0.00	N
D9000	D9999	General Service	80	Standard	0.00	N

Co-Payments Used in Calculations? (No)
Co-Pay Calculation For Ins Portion: (None)

CONNECTICUT GENERAL
P.O. Box 1234
Hartford, CT 06104

Group Name: Actors Guild - Top Grossers
Group #: 0443737

BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?
D0100	D1999	Diag/Preventive	90	Standard	0.00	N
D2000	D2699	Basic Restor	80	Standard	0.00	N
D2700	D2899	Crowns	50	Standard	0.00	N
D2900	D2999	Restorative	80	Standard	0.00	N
D3000	D3999	Endodontics	80	Standard	0.00	N
D4000	D4999	Periodontics	80	Standard	0.00	N
D5000	D5999	Prosth, remov	50	Standard	0.00	N
D6000	D6999	Prosth, fixed	50	Standard	0.00	N
D7000	D7999	Oral Surgery	80	Standard	0.00	N
D8000	D8999	Orthodontics	100	Standard	0.00	N
D9000	D9999	General Service	80	Standard	0.00	N

Co-Payments Used in Calculations? (No)
Co-Pay Calculation For Ins Portion: (None)

How do I run the Insurance Coverage Tables Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Insurance Coverage Tables**. For additional details about running this report, see the "Insurance Coverage Tables Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

All of the following information (except for letter A) is found in the **Insurance Coverage** dialog box, which can be accessed in the Office Manager. For details on how to edit a carrier's coverage information, see the "Assigning coverage tables" topic in the Family File portion of the Dentrix Enterprise Help.

A. Insurance Carrier Details – The name, mailing address, group name, and group number of the insurance plan.

B. Cov % – The percentage of a procedure covered by the insurance plan.

C. Deductible – The type of deductible (such as, None, Standard, Preventive, or Other).

D. Co Pay – The co-pay amount.

E. Pre Auth? – Indicates whether or not a procedure group requires pre-authorization from the insurance carrier.

F. Co-Payments Used in Calculations? – Indicates whether or not co-payments are considered when calculating the insurance portion of a procedure.

G. Co-Pay Calculated For Ins Portion – The method used to calculate the insurance portion of a procedure when taking into consideration co-payments: **Total Fee X Coverage %, (Total Fee - Co-Pay) x Cov %, or (Total Fee x Cov %) - Co-Pay.**

Insurance Coverage - (Aetna Dental/GE Aetna)

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	25	75
Preventive	0	0	0
Other	0	0	0

Maximum Benefit

Individual: 2000 Family: 8000

☒ Ortho Plan - Use as Ortho Lifetime Max

Claim Deadline: 3M >>

Coverage Table

Beg Proc	End Proc	Category	Cov %	Ded	Co-Pay	Est?
D0100	D1999	Diag/Preventive	100	Pr	0.00	
D0100	D1999	Diag/Preventive	100	P	0.00	N
D2000	D2699	Basic Restor	80	S	0.00	N
D2700	D2899	Crowns	50	S	0.00	N
D2900	D2999	Restorative	80	S	0.00	N
D3000	D3999	Endodontics	80	S	0.00	N
D4000	D4999	Periodontics	80	S	0.00	N
D5000	D5999	Prosthodontics	50	S	0.00	N

Select Category

☐ Co-Payment Calculations for Ins Portion:

☒ Total Fee x Coverage %

☐ (Total Fee - Co-Pay) x Cov %



☐ (Total Fee x Cov %) - Co-Pay

Select Table: >>

Buttons: Add, Change, Delete, Clear Table, Notes, OK, Cancel

Insurance Eligibility Report

The Insurance Eligibility Report displays patients with appointments who are eligible for coverage.



Why: To ensure the practice has checked insurance eligibility for patients with upcoming appointments

When: Daily

A

C

The Dentist Group									
Appointment Date Range 04/01/2018 - 04/25/2018									
Date: 04/24/2018								Page: 1	
INSURANCE COMPANY/GROUP PLAN	Patient	Chart #	GROUP# DOB	PHONE # Prim/Sec	STREET ADDRESS Subscriber	Subscriber ID	Appt Date/Time	CITY ST	
Aetna Life and Casualty / Aetna	Perkins, Peggy		321863	(800)555-6444	P.O. Box 12345,			Fort Wa	
04/22/2018			11/11/1957	Primary	Perkins, Peggy	000-00-0000	04/24/2018 9:00 AM		
Aetna Life and Casualty / Aetna	Perkins, Shelly	PA00070	321863	(800)555-6444	P.O. Box 40945,			Fort Wa	
04/22/2018	Perkins, John	PA0008	11/11/1980	Primary	Perkins, Peggy	000-00-0000	04/24/2018 9:10 AM		
04/22/2018	Abbott, James S	ABB101	11/11/1960	Primary	Perkins, Peggy	000-00-0000	04/24/2018 9:20 AM		
Metropolitan Life Insurance / Dental	Abbott, Patricia		0027186	(800)555-8484	P.O. Box 480,			Warwic	
Smith, Michael		SM0010	11/11/1962	Secondary	Abbott, Patricia	000-00-0000	04/24/2018 9:10 AM		
Metropolitan Life / Metropolitan	Smith, Michael		74170	(415)555-3222	P.O. Box 2978,			Englew	
04/22/2018	Abbott, Shirley	ABB102	11/11/1970	Primary	Smith, Michael	000-00-0000	04/24/2018 10:10 AM		
			11/11/1962	Primary	Abbott, James S	000-00-0000	04/24/2018 9:10 AM		

B

How do I run the Insurance Eligibility Report

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Insurance Eligibility Report**. For additional details about running this report, see the “Insurance Eligibility Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance** – The insurance company and group plan information.
- B. Patient** – The patient’s information and the next scheduled appointment.
- C. Eligibility Date** – Indicates the date that insurance eligibility was last checked for the patient. Use this date to ensure all patients with appointments on a given day are currently eligible for coverage. If no date appears, eligibility has never been checked and entered for the patient. The **Last Eligibility Check** is found in the **Insurance Information** dialog box, which can be accessed from the Family File. For details about how to enter the date when insurance eligibility is verified, see the topics for “Working With Insurance” in the Family File portion of the Dentrix Enterprise Help.

Insurance Information - (Crosby, Brent)

Dental Insurance | Medical Insurance

Insurance Plans

Coverage Order

1. Delta PMI
2. Aetna Life and Casualty
3. Healthnet
4. None

Clear Coverage

Plan Information

Subscriber: Crosby, Brent >>

Carrier: Delta PMI >>

Subscriber Id #: 111111111

Signature on File

☒ Release of Information ☒ Assignment of Benefits

Last Plan Eligibility Check:

Plan Effective Date: 01/01/2021 Plan Expiration Date:

Patient Information

Relation to Subscriber:

☒ Self ☐ Spouse ☐ Child ☐ Other

☐ Not Eligible

Last Eligibility Check: 04/01/2020

Eligibility Start: 01/01/2021

Eligibility End: 12/31/2022

View Insurance Plan History

OK Cancel

Insurance Transaction Analysis Report

The Insurance Transaction Analysis Report displays charges (claims) and payments posted for a selected date range. Charges and payments are grouped by insurance carrier.



Why: To view the claims and payment issued for a selected date range for an insurance carrier, and to view the total value of claims posted for all insurance carriers

When: As needed

Dental Insurance Transaction Analysis

01/01/2018 - 06/30/2018 Procedure Date

Insurance Type: Dental Insurance Include -Secondary-Tertiary-Quaternary-

Clinics: <ALL>

Charge Providers: <ALL>

Billing Types: <ALL>

Financial Classes: <ALL>

Report Date: 6/30/2018

Report Generated By: DSMITH

Page 1 of 2

Access Dental									
Group Name: HSPS3									
Financial Class:									
Group #: 4455558									
Patient Name	Chart	Sent	Received	Claim Amt	Estimate	Birthdate	SS#	Subscriber #	
Transaction Date	Description			Charge Amt	Payment Amt		Provider	Clinic	
Crosby, Brent	CR93	S	06/30/2018	950.00	425.00	11/11/1970	111-11-1111	222-22-2222	
05/14/2018	D2750 [TH:6] Crown-porc fuse high noble mtl			850.00			DSMITH	CENTRAL	
05/14/2018	-Write-Off				-20.00		DSMITH	CENTRAL	
05/14/2018	Insurance Payment				-405.00		DSMITH	CENTRAL	
05/14/2018	Insurance Payment				-20.00		DSMITH	CENTRAL	
05/14/2018	POCHK Post Operative Check			100.00			DSMITH	CENTRAL	
05/14/2018	Visa				-100.00		DSMITH	CENTRAL	
Farrer, Lisa	FA64	P 03/31/2018	03/31/2018	669.00	535.20	11/11/1988	111-11-1111		
03/31/2018	D3330 [TH:14] Root canal therapy - molar			669.00			MHAYES	AF	
03/31/2018	Insurance Payment				-669.00		MHAYES	AF	
03/31/2018	+Debit Adjustment			81.00			MHAYES	AF	
03/31/2018	Insurance Payment				-81.00		MHAYES	AF	
ACME Insurance									
Group Name: HSPS1									
Financial Class:									
Group #: 1112223									
Patient Name	Chart	Sent	Received	Claim Amt	Estimate	Birthdate	SS#	Subscriber #	
Transaction Date	Description			Charge Amt	Payment Amt		Provider	Clinic	
Crosby, Brent	CR93	P 04/20/2018	04/20/2018	210.00	0.00	11/11/1970	111-11-1111	1111111111	
04/20/2018	D2392 [TH:15] Resin-2 surface_poster			210.00			DSMITH	CENTRAL	
04/20/2018	Visa				-42.00		DSMITH	AF	
04/20/2018	Insurance Payment				-168.00		DSMITH	CENTRAL	
Crosby, Brent	CR93	P 05/14/2018	06/30/2018	950.00	425.00	11/11/1970	111-11-1111	1111111111	
05/14/2018	D2750 [TH:6] Crown-porc fuse high noble mtl			850.00			DSMITH	CENTRAL	
05/14/2018	-Write-Off				-20.00		DSMITH	CENTRAL	
05/14/2018	Insurance Payment				-405.00		DSMITH	CENTRAL	
05/14/2018	Insurance Payment				-20.00		DSMITH	CENTRAL	
05/14/2018	POCHK Post Operative Check			100.00			DSMITH	CENTRAL	
05/14/2018	Visa				-100.00		DSMITH	CENTRAL	

Total Claims Sent: 4
 Total Claims Received: 4
 Insured Charges: 7 1,700.00
 Total Insurance Payments: 5 -1,033.00
 Total Patient Payments: 3 -207.00
 Total Credit Adjustments: 1 -20.00
 Total Charge Adjustments: 0 1,700.00

TOTALS

F

Total Claims Sent: 11
 Total Claims Received: 8
 Insured Charges: 23 6,130.00
 Total Insurance Payments: 8 -3,166.20
 Total Patient Payments: 6 -1,192.30
 Total Credit Adjustments: 3 -231.00
 Total Charge Adjustments: 4 7,080.00

How do I run the Insurance Transaction Analysis Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Insurance Transaction Analysis**. For additional details about running this report, see the "Insurance Transaction Analysis Report" topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Claim Details

***Note:** If a patient has multiple claims posted during the date range of the report, each claim appears separately.*

- **Sent** – The date the claim was posted.

***Note:** If a report is filtered by procedure date, the sent date can fall outside the date range of the report.*

- **Received** – The date a payment was received for the claim.

Secondary/Tertiary/Quaternary Claims – If you select **Include Secondary Claims**, **Include Tertiary Claims**, and/or **Include Quaternary Claims** when setting options for this report, secondary, tertiary, and/or quaternary claims appear on the report.

***Note:** For secondary, tertiary, and quaternary claims, claim charges are not itemized.*

- B. Charges** – If you select **Include Charges** when setting options for this report, the procedures billed on a claim appear on the report.


- C. Insurance Payments** – If you select **Include Claim Charges and Payments** when setting options for this report, payments made by the insurance carrier are itemized on the report.

- D. Adjustments** – If you select **Include Charge Adjustments** and/or **Include Credit Adjustments** when setting options for this report, adjustments appear on the report.

- E. Patient Payments** – If you select **Include Patient Payments** when setting options for this report, patient payments appear on the report.

- F. Totals** – If you select **Include SubTotals by Carrier** and/or **Include Grand Totals** when setting options for this report, totals for each carrier appear on the report, and/or totals for all carriers appear at the end of the report. The following totals appear, according to the information you choose to include when setting options for this report:

- **Total Claims Sent & Received** – The number of claims sent and received.
- **Insured Charges** – The number and dollar amount of charges billed to insurance.
- **Total Insurance & Patient Payments** – The number and dollar amount of insurance payments and patient payments.
- **Total Credit & Charge Adjustments** – The number and dollar amount of credit and charge adjustments.

	Why: To keep a record of the late charges the practice issues each month, and to ensure late charges are not duplicated
	When: Monthly

D	DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
	Provider: DDS1		7,951.00			
	Clinic: CENTRAL		7,951.00			
	04/22/2011	Abbott, Patricia <Family>	21.00	2	DDS1	CENTRAL
	04/23/2011	Abbott, Patricia <Family>	20.00	2	DDS1	CENTRAL
	04/23/2011	Little, Brian <Family>	70.00	1	DDS1	CENTRAL
	04/23/2011	Perkins, Shelly <Family>	7,840.00	1	DDS1	CENTRAL

DATE	GUARANTOR NAME	AMOUNT	BILLING TYPE	PROVIDER	CLINIC
Clinic: CENTRAL		7,951.00			
Provider: DDS1		7,951.00			
04/22/2011	Abbott, Patricia <Family>	21.00	2	DDS1	CENTRAL
04/23/2011	Abbott, Patricia <Family>	20.00	2	DDS1	CENTRAL
04/23/2011	Little, Brian <Family>	70.00	1	DDS1	CENTRAL
04/23/2011	Perkins, Shelly <Family>	7,840.00	1	DDS1	CENTRAL

How do I run the Late Charge Report?

From the DXOne Reporting module, select **Management**, and then double-click **Finance/Late Charge**. For additional details about running this report, see the “Finance/Late Charge” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The report contains the following information.

A. Guarantor Name – The guarantor to which a late charge has been applied.

Note: Late charges are applied to the guarantor of an account, not the patient.

B. Amount – The amount of the late charge.

C. Total Charges – The total late charges within the date range of the report.

D. Provider Totals – The late charges are shown for the provider with a breakdown of the late charges for each clinic the provider works in. Each clinic’s late charges for that provider are subtotaled. After the clinic subtotalets, the late charge totals for the provider appear.

E. Clinic Totals – The late charges are shown for the clinic with a breakdown of the late charges by each provider at that clinic. Each provider’s late charges for that clinic are subtotaled. The late charge totals for the clinic appear below the provider subtotalets.

Letter Merge Reports

The Dentrix Enterprise Letter Merge feature allows you to create custom reports and letters.

  	<p>Why: To create custom reports</p> <p>When: As needed</p>	 
---	---	---

	A	B	C	D	E	F	G	H	I
1	LName	FName	Street	Street2	City	State	Zip	HPhone	Prov_Name
2	Abbott	Ken	123 S Oak St	Apt. 101	Eastside	NV	11111	(801)555-1586	Dennis Smith
3	Brown	Mary	123 N Cedar Ave	Apt. 304	Eastside	NV	11111	(801)555-4509	Dennis Smith Junior
4	Crosby	Brent	123 N Spruce St	P.O. Box 110	Eastside	NV	11111	(801)555-5969	Dennis Smith
5	Crosby	Shirley	123 N Spruce St	P.O. Box 110	Eastside	NV	11111	(801)555-5969	Dennis Smith
6	Davis	Kelly	1234 N. State Road #65		Eastside	NV	11111	(801)555-1530	Dennis Smith
7	Edwards	John	123 N Pine St		Eastside	NV	11111	(801)555-7101	Erica Evans
8	Edwards	Kimberly	124 N Pine St		Eastside	NV	11111	(801)555-7101	Erica Evans
9	Farrer	Lisa	123 S Cedar St		Southside	NV	33333	(801)555-0213	Dennis Smith
10	Gleason	Alice	123 S Pine Rd		Southside	NV	33333	(801)555-8539	Dennis Smith
11	Hansen	Corey	123 N 123 E		Southside	NV	33333	(801)555-1714	Dennis Smith
12	Hayes	Sally	123 Oak Street	Suite # 500	Eastside	NV	11111	(111)555-8961	Dennis Smith
13	Johnson	Rachelle	123 W Main St		Southside	NV	33333	(111)555-8962	Dennis Smith
14	Kenner	Spencer	123 N Olive		Southside	NV	33333	(801)555-8504	Brenda Childs
15	Little	Brian	123 N 123 W		Southside	NV	33333	(111)555-6241	Dennis Smith
16	Nelson	Chris	745 Rice Ave		Westside	NV	44444	(801)555-5824	Dennis Smith
17	Perkins	Shelly	123 S Oak St		Westside	NV	44444	(801)555-5462	Paula Pearson
18	Reeves	Elisabeth	123 N Garden Dr.		Westside	NV	44444	(801)555-2729	Dennis Smith
19	Smith	Michael	1234 Topple Rd		Westside	NV	44445	(801)555-2730	Steve Sorensen
20	Taylor	Mark	123 S Center St		Centerville	NV	55555	(801)555-3324	Dennis Smith
21	Valgardson	Adrian	123 S Opal Dr		Centerville	NV	55555	(801)555-1821	Dennis Smith
22	Winters	Carl	1234 S Main St		Centerville	NV	55555	(801)555-5495	Dennis Smith

How do I run the Letter Merge Reports?

From the Office Manager, select **Letters**, and then set up a letter merge. For additional details about merging letters, see the “Merging Dentrix Enterprise letters” and “Other create and merge options” topics in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The information displayed in this reports is customizable and depends on letter setup configurations. The following is a comprehensive list of possible data you can display:

Patient

Last Name	Status
First Name	Birth Date
Middle Initial	Family Position
Address	Preferred Name
City	First Visit Date
State	Last Visit Date
Zip	Last Referral Date
Home Phone	Salutation
Work Phone	Title
Work Phone Extension	Other ID
Social Security Number	Language
Chart Number	E-mail Address
Gender	

Practice

Name	Phone
Address	Phone Extension
City, State, and Zip	

Billing

Billing Type	Balance
Aging 0-30	Last Payment Date
Aging 30-60	Last Payment Amount
Aging 60-90	Guarantor Last Name
Aging >90	Guarantor First Name

Insurance

Primary Insurance Name	Secondary Insurance Name
Primary Remaining Benefits	Secondary Remaining Benefits
Primary Subscriber ID	Secondary Subscriber ID

Employer

Name	City, State, and Zip
Address	Phone

Referred By

Referral Source Last Name	Salutation
Referral Source First Name	Address
Middle Initial	City, State, and Zip
Title	Phone

Referred To

Referral Last Name	Address
Referral First Name	City, State, and Zip
Middle Initial	Phone
Title	Date
Salutation	

Payment Plan

Total	Payment
Balance	Payment Date

Provider

Name
Title

Appointment

Date	Provider ID
Time	Phone
Reason	Address
Name	City, State, and Zip
Provider	

Continuing Care

Due Date	Appointment Date
Type Name	Appointment Time
Type Description	Appointment Reason
Note	Appointment Provider
Prior Work Date	

Date of Service

Procedure Date	Insurance Payments
Total Charges	

Meaningful Use Measure Calculation List

The Meaningful Use Measure Calculation List displays the result of each Meaningful Use measure, the denominator and numerator used for calculating the actual percentage for that result, and the details of the requirement for that result.



Why: To view the calculated results of Meaningful Use measures for eligible providers



When: As needed

Meaningful Use Measure Calculation

Selected Report Options

Stage: Stage 3
 Provider: <All>
 Date: Q1 of 2019

Calculation

Calculate and Print
 Calculate Only

Meaningful Use Measure Calculation Results (From Last Calculation)

<All Providers>

Title	Numerator	Denominator	Required	Actual
CPOE Medications	0	0	60%	0%
CPOE Laboratory	0	0	60%	40%
CPOE Radiology/Diagnostic Imaging	0	0	60%	40%
ePrescribing	0	0	60%	10%
Patient Electronic Access	0	0	80%	60%
View, Download, Transmit	0	0	10%	0%
Patient Education	0	0	35%	33%
Medication/Clinical Information Reconciliation	0	0	80%	0%
Transitions of Care	0	0	50%	40%
Secure Messaging	0	0	25%	0%
Patient Generated Health Data	0	0	5%	0%
Receive and Incorporate	0	0	40%	0%

Details:

Title: CPOE Medications
 Description: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry

How do I run the Meaningful Use Measure Calculation List?

In the Office Manager, from the **Analysis** menu, point to **Meaningful Use**, and then click **Meaningful Use Measure Calculation**. Select the desired report options, and then click **Calculate and Print** or **Calculate Only**. For additional details about running this report, see the “Meaningful Use Measure Calculation List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

You can view the list of calculations for all providers or a specific provider.

- A. Measures** – The list of measures.
- B. Numerator** – The numerator used in the calculation. Double-click to view a list of patients.
- C. Denominator** – The denominator used in the calculation. Double-click to view a list of patients.
- D. Required** – The percentage required.
- E. Actual** – The calculated actual percentage.
- F. Details** – An explanation of the requirements for a selected measure.

The tables on the pages that follow explain the calculations and requirements for each measure.

Stage 1

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE)			
Standard measure for CPOE	More than 30 percent of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE.	The number of patients who have at least one medication (active or inactive) and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date that falls within the specified Date Range.	The number of patients (from the Denominator) who have at least one medication that was ordered using CPOE.
Alternate measure for CPOE	More than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using CPOE (Alternative measure - effective 2013 onward).	The number of patients who have at least one medication (active or inactive) and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date that falls within the specified Date Range.	The number of prescriptions that were ordered using CPOE by one of the selected Providers within the specified Date Range.
Problem List	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have at least one entry or an indication that no problems are known for the patient recorded as structured data.	The number of patients who were seen by one of the selected Providers within the specified Date Range.	The number of patients (from the Denominator) who have at least one medical alert/problem or an indication that the patient has no known problems.

Measure	Requirement	Denominator	Numerator
Electronic Prescribing (eRx)	More than 40 percent of all permissible prescriptions written by the EP during the EHR reporting period are transmitted electronically using Certified EHR Technology.	The number of prescriptions (except for OTC drugs and controlled substances) that were written by one of the selected Providers within the specified Date Range.	The number of prescriptions (from the Denominator) that were written by one of the selected Providers and transmitted electronically within the specified Date Range.
Medication List	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have at least one medication entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date that falls within the specified Date Range.	The number of patients (from the Denominator) who have at least one medication with an active status or an indication that no medications are known for the patient.
Medication Allergy List	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have at least one medication allergy entry (or an indication that the patient has no known medication allergies) recorded as structured data.	The number of patients who were seen by one of the selected Providers within the specified Date Range.	The number of patients (from the Denominator) who have at least one medical alert/problem or an indication that the patient has no known medication allergies.
Demographics	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.	The number of patients who were seen by one of the selected Providers within the specified Date Range.	The number of patients (from the Denominator) who have data in their records for all the required demographics (including any specific exclusions if the patient declined to provide that information or if recording that element is contrary to state law).

Measure	Requirement	Denominator	Numerator
Vital Signs			
Standard measure for vital signs	More than 50 percent of all unique patients age 2 and over seen by the EP have height, weight and blood pressure recorded as structured data.	The number of patients who are at least two years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) for whom height/length, weight, and blood pressure have been recorded in a patient health assessment within the specified Date Range.
Alternate measure for vital signs with no vital sign exclusions	More than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data (Optional effective 2013/ Required 2014).	The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) who are at least 3 years old and for whom height/length, weight, and blood pressure have been recorded in a patient health assessment within the specified Date Range; and the number of patients younger than 3 years of age for whom height/length and weight have been recorded in a patient health assessment within the specified Date Range.
Alternate measure for vital signs with blood pressure exclusion	More than 50 percent of all unique patients seen by the EP during the EHR reporting period have height/length and weight (for all ages) recorded as structured data (Optional effective 2013/Required 2014).	The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) for whom height/length and weight have been recorded in a patient health assessment within the specified Date Range.

Measure	Requirement	Denominator	Numerator
<p>Vital Signs (cont'd)</p> <p>Alternate measure for vital signs with height/length and weight exclusion</p>	More than 50 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) recorded as structured data (Optional effective 2013/ Required 2014).	The number of patients who are at least 3 years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) who are at least 3 years old and for whom blood pressure has been recorded in a patient health assessment within the specified Date Range.
Smoking Status	More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	The number of patients who are at least 13 years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) who have a smoking status set.
<p>VDT - View, Download, or Transmit Health Information</p> <p>Measure A</p>	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.	The number of unique patients who were seen by n EP within the specified Date Range.	The number of patients (from the Denominator) who have timely (within 4 business days after the information is available to the EP) online access to their health information.

Measure	Requirement	Denominator	Numerator
VDT - View, Download, or Transmit Health Information (cont'd) Measure B	More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.	The number of unique patients who were seen by n EP within the specified Date Range.	The number of unique patients, or their authorized representatives, (from the Denominator) who have viewed online, downloaded, or transmitted the patient's health information to a third party.
Clinical Summary	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.	The number of office visits that were performed by the EP within the specified Date Range.	The number of office visits (from the Denominator) for which the corresponding patient was provided a clinical summary within three business days.
Summary Of Care Measure A	The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals during the EHR reporting period.	Number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.	The number of transitions of care and referrals (from the Denominator) where a summary of care record was provided electronically.
Patient Reminders	More than 20 percent of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.	The number of patients who are 5 years old or younger or who are 65 years old or older. If the EP does not have any patients that meet the age criteria, that EP is excluded from the requirement (the EP must select No next to the appropriate exclusion and then click Apply to attest to the exclusion).	The number of patients (from the Denominator) that were sent the appropriate reminder.

Measure	Requirement	Denominator	Numerator
Patient Education	More than 10 percent of all unique patients seen by the EP during the EHR reporting period are provided patient-specific education resources.	The number of patients who were seen by the EP within the specified Date Range.	The number of patients (from the Denominator) who were provided patient-specific education resources.
Medication Reconciliation	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	The number of transitions of care within the specified Date Range for which the EP was the receiving party of the transition. If an EP was not on the receiving end of any transition of care within the specified Date Range, that EP is excluded from the requirement (the EP must select No next to the appropriate exclusion and then click Apply to attest to the exclusion).	The number of transitions of care (from the Denominator) where medication reconciliation was performed.

Stage 2

Measure	Requirement	Denominator	Numerator
Demographics	More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.	The number of patients who were seen by one of the selected Providers within the specified Date Range.	The number of patients (from the Denominator) who have data in their records for all the required demographics (including any specific exclusions if the patient declined to provide that information or if recording that element is contrary to state law).

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) - Medications	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of prescriptions that were ordered by one of the selected Providers within the specified Date Range.	The number of prescriptions (from the Denominator) that were ordered using CPOE by one of the selected Providers within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Laboratory	More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of laboratory orders that were created by an EP and that have an order date that is within the specified Date Range.	The number of laboratory orders (from the Denominator) that were recorded using CPOE and that have an order date that is within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Radiology	More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of radiology orders that were created by an EP and that have a creation date that is within the specified Date Range.	The number of radiology orders (from the Denominator) that were recorded using CPOE and that have a creation date that is within the specified Date Range.
Electronic Prescribing (eRx)	More than 50 percent of all permissible prescriptions, or all prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	The number of prescriptions written by one of the selected Providers (except for OTC drugs and controlled substances) within the specified Date Range.	The number of prescriptions (from the Denominator) that were queried for a drug formulary and transmitted electronically.

Measure	Requirement	Denominator	Numerator
Vital Signs No vital sign exclusions	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) and height/length and weight (for all ages) recorded as structured data.	The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) who are at least 3 years old and for whom height/length, weight, and blood pressure have been recorded in a patient health assessment within the specified Date Range; and the number of patients younger than 3 years of age for whom height/length and weight have been recorded in a patient health assessment within the specified Date Range.
Blood pressure exclusion	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have height/length and weight (for all ages) recorded as structured data.	The number of patients who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) for whom height/length and weight have been recorded in a patient health assessment within the specified Date Range.
Height/length and weight exclusion	More than 80 percent of all unique patients seen by the EP during the EHR reporting period have blood pressure (for patients age 3 and over only) recorded as structured data.	The number of patients who are at least 3 years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) who are at least 3 years old and for whom blood pressure has been recorded in a patient health assessment within the specified Date Range.

Measure	Requirement	Denominator	Numerator
Smoking Status	More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	The number of patients who are at least 13 years old and who have a patient health assessment, medical encounter, or dental procedure with one of the selected Providers and with a procedure date within the specified Date Range.	The number of patients (from the Denominator) who have a smoking status set.
VDT - View, Download, or Transmit Health Information			
Measure A	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.	The number of unique patients who were seen by n EP within the specified Date Range.	The number of patients (from the Denominator) who have timely (within 4 business days after the information is available to the EP) online access to their health information.
Measure B	More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit their health information to a third party.	The number of unique patients who were seen by n EP within the specified Date Range.	The number of unique patients, or their authorized representatives, (from the Denominator) who have viewed online, downloaded, or transmitted the patient's health information to a third party.

Measure	Requirement	Denominator	Numerator
Clinical Summary	Clinical summaries provided to patients or patient-authorized representatives within 1 business day for more than 50 percent of office visits during the EHR reporting period.	The number of office visits conducted by the EP within the specified Date Range.	The number of office visits (from the Denominator) where the patient or a patient-authorized representative is provided a clinical summary of the patient's visit within 1 business day (or patient declined clinical summary).
Patient Reminders	More than 10 percent of all unique patients who have had two or more office visits for preventive or follow-up care with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder per patient preference (if available).	The number of unique patients who have had two or more office visits with an EP in the 24 months prior to the beginning of the specified Date Range. Exclusion: A unique patient with less than two office visits with the EP in the 24 months prior to the beginning of the specified Date Range.	The number of patients (from the Denominator) who were sent a reminder per patient preference (if available) within the specified Date Range.
Patient Education	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	The number of unique patients with office visits who were seen by the EP within the specified Date Range.	The number of patients (from the Denominator) who were provided patient-specific education resources identified by the EHR technology.

Measure	Requirement	Denominator	Numerator
Medication Reconciliation	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP during the EHR reporting period.	The number of transitions of care (defined as first encounters with a new patient and encounters with existing patients where a summary of care record of any type is provided to the receiving provider as a hard copy, scanned copy, or electronic C-CDA) for which the EP was the receiving party of the transition within the specified Date Range.	The number of transitions of care (from the Denominator) where medication reconciliation was performed.
Summary Of Care Measure A	The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals during the EHR reporting period.	Number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.	The number of transitions of care and referrals (from the Denominator) where a summary of care record was provided electronically.

Measure	Requirement	Denominator	Numerator
Summary Of Care (cont'd) Measure B	The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals during the EHR reporting period either: (a) electronically transmitted using Certified EHR Technology to a recipient; or (b) where the recipient receives the summary of care record via an exchange facilitated by an organization that is a Nationwide Health Information Network (NwHIN) Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.	The number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.	The number of transitions of care and referrals (from the Denominator) where the recipient receives the summary of care record electronically—via an exchange facilitated by an organization that is a NwHIN Exchange participant, or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.
Secure Electronic Messaging	A secure message was sent using the electronic messaging function of Certified EHR Technology by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.	The number of unique patients who were seen by an EP within the specified Date Range.	The number of patients or patient-authorized representatives (from the Denominator) who send a secure electronic message to the EP.

Measure	Requirement	Denominator	Numerator
Electronic Notes	Enter at least one electronic progress note created, edited, and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text-searchable and may contain drawings and other content.	Number of unique patients with at least one office visit with EPs with the specified Date Range.	The number of unique patients (from the Denominator) who have at least one electronic progress note from an eligible professional recorded as text-searchable data.
Family Health History	More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry (health history or unknown) for one or more first-degree relatives (parents, siblings, and children).	Number of unique patients seen by the EP within the specified Date Range.	The number of patients (from the Denominator) with a structured data entry (health history or unknown) for one or more first-degree relatives.

Modified Stage 2

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) - Medications	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of prescriptions that were ordered by one of the selected Providers within the specified Date Range.	The number of prescriptions (from the Denominator) that were ordered using CPOE by one of the selected Providers within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Laboratory	More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of laboratory orders that were created by an EP and that have an order date that is within the specified Date Range.	The number of laboratory orders (from the Denominator) that were recorded using CPOE and that have an order date that is within the specified Date Range.

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) - Radiology	More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of radiology orders that were created by an EP and that have a creation date that is within the specified Date Range.	The number of radiology orders (from the Denominator) that were recorded using CPOE and that have a creation date that is within the specified Date Range.
Electronic Prescribing (eRx)	More than 50 percent of all permissible prescriptions, or all prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	The number of prescriptions written by one of the selected Providers (except for OTC drugs and controlled substances) within the specified Date Range.	The number of prescriptions (from the Denominator) that were queried for a drug formulary and transmitted electronically.
VDT Measure A - Timely Online Access Measure B - View, Download, or Transmit Health Information	More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information. At least one patient seen by the EP during the EHR reporting period (or their authorized representative) views, downloads, or transmits their health information to a third party. Yes or No answer.	The number of unique patients who were seen by n EP within the specified Date Range. The number of unique patients who were seen by n EP within the specified Date Range.	The number of patients (from the Denominator) who have timely (within 4 business days after the information is available to the EP) online access to their health information. The number of unique patients, or their authorized representatives, (from the Denominator) who have viewed online, downloaded, or transmitted the patient's health information to a third party.

Measure	Requirement	Denominator	Numerator
Patient Education	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	The number of unique patients with office visits who were seen by the EP within the specified Date Range.	The number of patients (from the Denominator) who were provided patient-specific education resources identified by the EHR technology.
Medication Reconciliation	The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP during the EHR reporting period.	The number of transitions of care (defined as first encounters with a new patient and encounters with existing patients where a summary of care record of any type is provided to the receiving provider as a hard copy, scanned copy, or electronic C-CDA) for which the EP was the receiving party of the transition within the specified Date Range.	The number of transitions of care (from the Denominator) where medication reconciliation was performed.

Measure	Requirement	Denominator	Numerator
Summary Of Care	The EP that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals during the EHR reporting period (or 5 percent if the reporting period is in 2017). The provider of care must (1) use a Certified EHR Technology to create a summary of care record; and (2) electronically transmit such summary of care record to a receiving provider.	The number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.	The number of transitions of care and referrals (from the Denominator) where the summary of care record is created using a Certified EHR Technology and electronically transmitted.
Secure Electronic Messaging	For at least one patient seen by the EP during an EHR reporting period in 2016 (or 5 percent if the report period is in 2017), a secure message was sent to the patient either: (a) using the electronic messaging function of a Certified EHR Technology; or (b) in response to a secure message sent by the patient. Yes or No answer.	The number of unique patients who were seen by an EP within the specified Date Range.	The number of patients (from the Denominator) who were sent a secure electronic message.

Modified Stage 3

Measure	Requirement	Denominator	Numerator
Computerized Provider Order Entry (CPOE) - Medications	More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of prescriptions that were ordered by one of the selected Providers within the specified Date Range.	The number of prescriptions (from the Denominator) that were ordered using CPOE by one of the selected Providers within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Laboratory	More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of laboratory orders that were created by an EP and that have an order date that is within the specified Date Range.	The number of laboratory orders (from the Denominator) that were recorded using CPOE and that have an order date that is within the specified Date Range.
Computerized Provider Order Entry (CPOE) - Radiology/ Diagnostic Imaging	More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	The number of diagnostic imaging orders that were created by an EP and that have a creation date that is within the specified Date Range.	The number of diagnostic imaging orders (from the Denominator) that were recorded using CPOE and that have a creation date that is within the specified Date Range.
Electronic Prescribing (ePrescribing)	More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.	The number of prescriptions written by one of the selected Providers (except for OTC drugs and controlled substances) within the specified Date Range.	The number of prescriptions (from the Denominator) that were queried for a drug formulary and transmitted electronically.

Measure	Requirement	Denominator	Numerator
Patient Electronic Access	For more than 80 percent of all unique patients seen by the EP during the EHR reporting, (1) the patient (or the patient-authorized representative) is provided timely (available to the patient within 48 hours after the information is available to the EP) access to view online, download, and transmit their health information; and (2) the provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in a Certified EHR Technology.	The number of unique patients who were seen by n EP within the specified Date Range.	The number of patients, or their authorized representatives, (from the Denominator) who have timely (within 48 hours after the information is available to the EP) online access to their health information, or who have access to their health information through an application that uses the API for a Certified EHR Technology.


Measure	Requirement	Denominator	Numerator
View, Download, or Transmit	More than 10 percent of all unique patients (or their authorized representatives) seen by the EP during the EHR reporting period actively engage with the electronic health record made accessible by the provider and either: (1) views, downloads, or transmits to a third- party their health information; or (2) accesses their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in a Certified EHR Technology; or (3) does a combination of (1) and (2).	The number of unique patients who were seen by n EP within the specified Date Range.	The number of unique patients, or their authorized representatives, (from the Denominator) who have viewed online, downloaded, or transmitted to a third party the patient's health information; who have accessed their health information through an API; or both.
Patient Education	For more than 35 percent of all unique patients with office visits seen by the EP during the EHR reporting period, patient-specific education resources identified by a Certified EHR Technology are provided to patients.	The number of unique patients with office visits who were seen by the EP within the specified Date Range.	The number of patients (from the Denominator) who were provided patient-specific education resources identified by a Certified EHR Technology.

Measure	Requirement	Denominator	Numerator
Medication/ Clinical Information Reconciliation	For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation for the following three clinical information sets: (a) a review of the patient's medications, including the name, dosage, frequency, and route of each medication; (b) a review of the patient's known medication allergies; and (c) a review of the patient's current and active diagnoses.	Within the specified Date Range, the number of transitions of care or referrals received for which the EP was the receiving party, and the number of the EP's first encounters (encounters with a new patient).	The number of transitions of care (from the Denominator) where medication and clinical information reconciliation was performed.
Transitions of Care	For more than 50 percent of the transitions to another setting of care or referrals to another provider of care during the EHR reporting period, the EP transitioning or referring their patients (1) creates a summary of care record using a Certified EHR Technology; and (2) electronically exchanges such summary of care record.	The number of transitions of care and referrals for which the EP was the transferring or referring provider within the specified Date Range.	The number of transitions of care and referrals (from the Denominator) where the summary of care record is created using a Certified EHR Technology and electronically exchanged.

Measure	Requirement	Denominator	Numerator
Secure Messaging	For more than 25 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent to the patient (or their authorized representative) either: (a) using the electronic messaging function of a Certified EHR Technology; or (b) in response to a secure message sent by the patient (or their authorized representative).	The number of unique patients who were seen by an EP within the specified Date Range.	The number of patients (from the Denominator) who were sent a secure electronic message.
Patient Generated Health Data	For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, patient-generated health data or data from a non-clinical setting is incorporated into a Certified EHR Technology.	The number of unique patients who were seen by an EP within the specified Date Range.	The number of patients (from the Denominator) who had health data from patient-generated or non-clinical sources incorporated into a Certified EHR Technology.
Receive and Incorporate	For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.	The number of transitions of care or referrals received by the EP, and the number of patient encounters in which the provider has never before encountered the patient, within the specified Date Range.	The number of electronic summary of care documents incorporated into patient records.

Medical Code List

The Medical Code List allows you to view and print the medical codes entered in Dentrix Enterprise. Codes are grouped by code type (AMA, ICD, Modifier, Place of Service, and Type of Service).

	<p>Why: To ensure medical codes are up to date, and to view the ICD-9-CM codes associated with each AMA CPT code</p> <p>When: After Dentrix Enterprise setup, and as needed</p>
---	---

MEDICAL CODE LIST - AMA CPT CODES A	
The Dentist Group	
Date: 04/23/2018	Page: 1
CODE	DESCRIPTION
INCLUDED ICD-9-CM CODES	
473.0	Chr Maxillary Sinusitis
	053.12 Postherpes Trigem Neural
	053.13 Postherpes Polyneuropath
	053.19 H ZosterNerv Syst NEC
478.22	Parapharyngeal Abscess
478.24	Retropharyngeal Abscess

MEDICAL CODE LIST - ICD-9-CM DIAGNOSTIC CODES C	
The Dentist Group	
Date: 04/23/2018	Page: 2
CODE	DESCRIPTION
053.12	Postherpes Trigem Neural
053.13	Postherpes Polyneuropath
053.19	H ZosterNerv Syst NEC

MEDICAL CODE LIST - MODIFIER CODES D	
The Dentist Group	
Date: 04/23/2018	Page: 3
CODE	DESCRIPTION
21	Prolonged Evaluation and Management Service
22	Unusual Procedural Services
23	Unusual Anesthesia

MEDICAL CODE LIST - PLACE OF SERVICE E	
The Dentist Group	
Date: 04/23/2018	Page: 4
CODE	DESCRIPTION
11	Office
12	Home
13	Mobile Unit

MEDICAL CODE LIST - TYPE OF SERVICE F		
Date: 04/23/2018		The Dentist Group
		Page: 5
CODE	DESCRIPTION	
0	Whole blood or packed red cells	
1	Medical Care	
2	Surgery	

How do I run the Medical Code List?

From the DXOne Reporting module, select **Reference**, and then double-click **Medical Code List**. For additional details about running this report, see the “Medical Code List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?


The following report information is found in the **Medical/Cross Code Setup** dialog box, which can be accessed in the Office Manager. See the “Adding, editing, and deleting medical codes” topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to edit codes listed on this report.

- A. AMA CPT Codes** – If you select **AMA CPT** when setting options for this report, AMA CPT codes appear on the report.
- B. Included ICD-9-CM Codes** – If you select **List Included ICD-9-CM** when setting options for this report, the ICD-9 codes associated with each AMA CPT code appear on the report.
- C. ICD-9 Codes** – If you select **ICD-9-CM** when setting options for this report, ICD-9 codes appear on the report.
- D. Modifier Codes** – If you select **Modifier** when setting options for this report, Modifier codes appear on the report.
- E. Place of Service** – If you select **Place of Service** when setting options for this report, Place of Service codes appear on the report.
- F. Type of Service** – If you select **Type of Service** when setting options for this report, Type of Service codes appear on the report.

Code Types	Code	Description
AMA-CPT (A)	0004F	Tobacco Counseling
AMA-CPT Modifiers (D)	01995	Anes-IV Local Upper/L
CPT-Place Of Service (E)	10060	Drain Skin Abscess
CPT-Type Of Service (F)	10061	Drain Skin Abscess
ICD-10-CM	10120	Remove Foreign Body
ICD-9-CM (C)	10121	Remove Foreign Body
	10140	Drain Hematoma/Fluid
	10160	Puncture Drain Lesion
	10180	Complex Drainage Wound
	11040	Debride Skin Partial
	11041	Debride Skin Full
	11042	Debride Skin/Tissue
	11043	Debride Tissue/Muscle
	11044	Debride Tissue/Muscle
	11100	Biopsy Skin Lesion
	11101	Biopsy Skin Lesion Add
	11310	Shaving of Lesion <0.5
	11311	Shaving of Lesion 0.6-1
	11312	Shaving of Lesion 1.1-1.5

Multi-Code List

The Multi-Code List allows you to view and print the multi-codes entered in Dentrix Enterprise.

	<p>Why: To ensure treatment planning services that require multiple steps/appointments (for example, dentures) have multi-codes that have been setup properly, to ensure each multi-code contains the proper procedure codes, and to ensure each multi-code reserves a proper length of time in the Appointment Book</p> <p>When: After Dentrix Enterprise setup, and as needed</p>
---	---

MULTI-CODE LIST							
The Dentist Group							
Date: 04/22/2018		Page: 1					
CODE	DESCRIPTION PROC/DIAG	ABBREV DESC DESCRIPTION	UNITS	CODE TYPE	APPT TYPE	ENABLED	PERMANENT
xx111	Crm, Pst & Core, Insert D2752 D2954 D2761 D5-10578 D5-10002 F-A3610	CrmPClms Crown-porc fused noble metal Prefab post&core in add to crm Crown Insert Tooth Sensitivity Tooth Disorder NOS Facial Nerve Function NOS	31	Standard	High Production	YES	NO
xx2sA	DO Amalgam, permanent D2150 OD	DO Amalg. Amalgam-2 surf. prim/permm	3	Standard	High Production	YES	NO
xx2sC	DO Composite, post-permanent D2386 OD	DO Comp. Resin-2 surface, post-permanent	3	Standard	High Production	YES	NO
xx3sA	MOD Amalgam D2160 MOD	MOD Amal Amalgam-3 surf. prim/permm	4	Standard	High Production	YES	NO
xx3sC	MOD Composite, post-permanent D2387 MOD	MOD Comp Resin-3 surface +, post-perm	4	Standard	High Production	YES	NO
xxBRG	Bridge D6240 MOD D6750 MOD	Bridge Pontic - Pontic-porcelain fused to hnob Retainer-Crown - Retainer crm-porc fused-hi nob	4	Bridge	High Production	YES	NO
xxCCA	Cont. Care - Prophy, Adult D1110 D0120 D0274	CCAdult Prophylaxis-adult Periodic oral evaluation Bitewings-four films	6	Standard	Low Production	YES	NO
xxCCP	Cont. Care - Prophy, Child D0120 D1120 D0272	CCChild Periodic oral evaluation Prophylaxis-child Bitewings-two films	3	Standard	High Production	YES	NO
xxCIm	Crown/Implant D6010 D2750	CrmImp Surg place implant: endosteal Crown-porc fuse high noble mtl	28	Standard	High Production	YES	NO
xxNPX	New Patient Exam D0150 D1110 D0274 D0210	NP Ex Comp oral eval-new/estab pat Prophylaxis-adult Bitewings-four films Intraoral-complete series (bw)	9	Standard	Low Production	YES	NO
xxOAM	O Amalgam, permanent D2140 O	Oamalg Amalgam-1 surf. prim/permm	5	Standard	High Production	YES	NO
xxORS	O Resin, post-perm D2385 O	Oresin Resin-1 surface, post-permanent	6	Standard	High Production	YES	NO
xxPDX	Partial Mand D5214 15101	PartMand Mand partial-metal base w/sdls Missing tooth	10	Standard	High Production	YES	NO
xxPex	Initial Perio Exam D0150 D0210 D4341 D4341	PerioExam Comp oral eval-new/estab pat Intraoral-complete series (bw) Perio scale&root pln-4+per quad Perio scale&root pln-4+per quad	5	Standard	High Production	YES	NO
<div style="display: flex; justify-content: space-around; align-items: center;"> A B C D E F </div>							

How do I run the Multi-Code List?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Multi-Code List**. For step-by-step instructions on how to run this report, see the “Multi-Code List” topic in the Office Manager portion of the Dentrix Enterprise Help.

What important information does this report provide?

The following report information (with the exception of letter F) is found in the **Multi-Code Editor** dialog box, which can be accessed in the Office Manager. See the “Multi-Code Setup” topic in the Office Manager portion of the Dentrix Enterprise Help for information about how to edit multi-codes.

- A. Codes** – The multi-code’s code.
- B. Description** – The multi-code description.
- C. Units** – The units of time reserved for the multi-code when the code is scheduled in the Appointment Book.
- D. Code Type** – The multi-code type (i.e. Standard or Bridge).
- E. Enabled** – Indicates whether or not the multi-code is enabled for selection when posting a procedure.
- F. Permanent** – Due to the 2004 ADA code update, the data in this column is no longer relevant. All codes should have a “No.”

The screenshot shows the 'Multi-Code Editor' dialog box. It contains the following fields and controls:

- Description:** A text field containing 'Crm, Pst & Core, Insert' (labeled B).
- Multi-Code:** A text field containing 'xx111' (labeled A).
- Abbrev. Desc.:** A text field containing 'CrmPCIns'.
- Appointment Type:** A dropdown menu showing 'P1'.
- Procedure Time:** A text field containing '31' and a '>>' button, followed by 'Unit(s)' (labeled C).
- Type:** Radio buttons for 'Standard' (selected) and 'Bridge' (labeled D).
- Code List:** A table with two columns: 'Code' and 'Description'.

Code	Description
*D2752	Crown-porc fused noble metal
*D2954	Prefab post&core in add to crm
*D2761	Crown Insert

 To the right of the table are 'Add', 'Edit', and 'Delete' buttons.
- Disable This Multi-Code:** A checkbox (labeled E) with 'OK' and 'Cancel' buttons.

At the bottom, there is a note: '*Procedure requires treatment information when used'.

New Patient List

The New Patient List displays patients whose first visit date falls within a selected date range.

	<p>Why: To view how many new patients the practice has acquired, to keep track of how many new patients went inactive, to keep track of how many new patients were archived, and to view the total number of non-patients that had an appointment within the date range</p> <p>When: Yearly and monthly</p>
--	---

NEW PATIENT LIST (STANDARD LIST)					
PMTS - DENTRIX DENTAL SYSTEMS					
01/16/2017 - 12/23/2017					
Date: 01/18/2018		Page: 1			
PATIENT NAME	FIRST VISIT DATE	FIRST PROCEDURE	PROVIDER	PATIENT STATUS	REFERRED BY
Crosby, Brent A 1234 Farmington Ave Buffalo, NY 14223	11/18/2017	11/18/2017	DR10	Non-Patient	Yellow Page Ad 06/23/2017
Crosby, Patricia 1234 Anita Court Hebron, KY 41840	06/09/2017	06/23/2017	DR10	Patient	Busman, James C 06/09/2017
Hansens, Corey 123 S. Meadow Mist Kailua, TN 77301	06/24/2017	06/24/2017	DR10	Patient	Baber, Brenda 06/23/2017
Keeler, Rachel 123 N. Saddleback Dr. Orem, UT 84007	02/22/2017	03/27/2017	DR10	Inactive	Direct Mail 1 02/22/2017
Myers, Patrick 123 W. 1600 N Orem, UT 84057	03/03/2017	03/03/2017	DR10	Patient	Yellow Page Ad 03/03/2017
Olsen, Paul 1234 Teakwood Dr Kannapolis, WA 20007	04/30/2017	04/30/2017	DR10	Patient	Yellow Page Ad 06/23/2017
Perkins, Shelly, M 12345 N. Dearborn Rd Hinkley, MI 47841	10/04/2017	10/04/2017	DR10	Patient	O'Neal, Thomas J. 06/23/2017
Reeves, Elizabeth 123 Utah Valley Drive American Fork, UT 84003	11/03/2017	11/05/2017	DR10	Patient	MULTIPLE 11/05/2017
Taylor, Mark E 12345 Queens Blvd Stamford, CT 06903	09/12/2017	09/12/2017	DR20	Archived	
Winters, Carl 123 Utah Valley Drive Apt.50 American Fork, UT 84003	11/06/2017	11/11/2017	DR20	Patient	Brackett, DMD 11/06/2017
(A)		(B)		(C)	
		(D)		TOTAL ACTIVE NEW PATIENTS: 7 TOTAL INACTIVE NEW PATIENTS: 1 TOTAL "NON-PATIENT" NEW PATIENTS: 1 TOTAL ARCHIVED NEW PATIENTS: 1 TOTAL NEW PATIENTS: 10	

How do I run the New Patient List?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **New Patient List**. For additional details about running this report, see the “New Patient List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The information for letters A and C are found in the **Patient Information** dialog box, which can be accessed by double-clicking the Patient Information block in the Family File.

A. First Visit Date – The patient’s first appointment date. This report can be sorted by the **First Visit Date**.

B. First Procedure Date – The date of the patient’s first completed procedure.

C. Patient Status – The patient’s status.

D. Totals

- **Total Active New Patients** – The total number of new patients that are still active.
- **Total Inactive New Patients** – The total number of new patients that are now inactive.
- **Total “Non-Patient” New Patients** – The total number of “non-patients” that came in for an appointment. Patients that were changed from a non-patient status to a patient status.
- **Total Archived New Patients** – The total number of new patients that are now archived.
- **Total New Patients** – The total number of new patients.

Patient Information

Personal		Demographics		Office Info	
Last	First	Patient Status	Sex	Prov1	Prov2
Krosby	Brent	Patient	Male	DSMITH	
Middle	Preferred	Marital	Language	Clinic	Initial Provider
		Married	Unspecified	AF	
Suffix	Salutation	Race	Other Race	Fee Schedule	
		Unspecified	Unspecified	<Prov Default>	
Title	Pat Class	Ethnicity	Other Ethnicity	Chart #:	
	<input type="checkbox"/> Title on Stmt	Unspecified	Unspecified	CRO101	
Birthdate	Age	Poverty Level	Religion	Consent Date	
11/11/1973	48	Unspecified	Unspecified	09/04/1997	
SS#	Other ID	Veteran		First Visit	Last Visit
111-11-1111		Unspecified		09/04/1997	02/25/2020
Pat Ext ID:	Driver's License #	User Def. Cat.	Worker Status	Last Missed Appt	# Missed
		Unspecified	Unspecified		0

Office Journal Report

The Office Journal Report itemizes each Office Journal correspondence by date, time, medium, provider, type of service rendered, or transaction made. This report can be run for a patient, provider, or referral provider.



Why: To view Office Journal history

When: As needed

Office Journal		Date: 05/13/2018 Page: 1
Patient: Abbott, James S[Jim] 05/13/2018 Appointment: Date: 05/13/2018, Time: 1:00:00 PM, Provider: DDS1 PntcCtHNM#19, PntcCtHNM#20, PntcCtHNM#21, PntcCtHNM#22 Reminder: reminder Date: 05/13/2018, Clinic: CENTRAL Reason: called to remind him of upcoming appt Phone: Post-op Date: 05/13/2018, Clinic: CENTRAL Reason: Checked in with patient - doing fine he says 04/27/2018 Appointment: Date: 04/27/2018, Time: 10:00:00 AM, Provider: DDS1 LwParMtBs#25*26 04/24/2018 Appointment: Date: 04/24/2018, Time: 9:10:00 AM, Provider: DDS1 CCAdult 04/22/2018 Broken Appointment Date: 04/22/2018, Provider: DDS1, Clinic: CENTRAL CCAdult, Pano, FabPtCr+B#5 03/02/2018 Appointment: Date: 03/02/2018, Time: 11:00:00 AM, Provider: DDS1 ExtEval		

How do I run the Office Journal Report?

In the Office Journal, from the **File** menu, click **Print**. For additional details about running this report, see the “Printing from the Office Journal” topic in the Office Journal portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The information displayed in this report is highly customizable and depends on the settings configured in the Office Journal. The following is a comprehensive list of possible data:

- HIPAA Privacy Entries
- Journal Entry Notes
- Miscellaneous Journal Entries
- Patient Archived Appointments
- Patient Billing Statements
- Patient Broken Appointments
- Patient Financing Requests
- Patient letters
- Patient Perio Letters
- Patient Purged Appointments
- Phone Calls
- Referral Gratuities
- Referral Recaps
- Referral Slips
- Reminders

Operator Day Sheet Report

The Operator Day Sheet Report lists financial transactions (charges, payments, credit adjustments, charge adjustments, and finance charges) that have been posted to the Ledger, as well as some patient and practice statistics.



Why: To print a record of transactions for the current date

When: Daily

OPERATOR DAY SHEET(ENTERPRISE) ALPHABETICAL

Date: 04/27/2018

04/27/2018

Page: 1

ENTRY DATE	PROCEDURE DATE	PATIENT NAME	TH	CODE	DESCRIPTION	CHARGES	PAYMENTS	BT	PROV	CLINIC	CHART	ENC
04/27/2018	04/27/2018	Abbott, James			Insurance Payment		-698.40	2		CENT	ABB101	
04/27/2018	04/27/2018	Abbott, James	25*	D5214	Mand partial-metal base w/sdls	898.00		2	DDS1	CENT	ABB101	
04/27/2018	04/27/2018	Perkins, Shelly		D9110	Emerg treatment, palliative	0.00		1	DDS1	CENT		
04/27/2018	04/27/2018	Perkins, Shelly		D0330	Panoramic film	0.00		1	DDS1	CENT		
04/27/2018	04/27/2018	Perkins, Peggy			Cash Payment - Thank You		-100.00	1		CENT		
04/27/2018	04/27/2018	Reeves, Joshua			-Professional Discount		-25.00	1		CENT		
04/27/2018	04/27/2018	Smith, Michael		D9310	Consultation-per session	75.00		1	DDS0	CENT	SM0010	


GRAND TOTALS:

TOTAL CHARGES:	973.00	Check Payment - Thank You	0.00
MEDICAID CHARGES:	0.00	Cash Payment - Thank You	-100.00
TOTAL PAYMENTS:	-798.40	Credit Card Payment -Thank Y	0.00
INSURANCE PAYMENTS:	-698.40		
MEDICAID PAYMENTS:	0.00		
CREDIT ADJUSTMENTS:	-25.00		
CHARGE ADJUSTMENTS:	0.00		
FINANCE CHARGES:	0.00		
UNIQUE COUNTERS:			
ENCOUNTERS:	0		
PATIENTS:	5		
PATIENTS WITH MEDICAID:	0		

* Medicaid Insurance without a Medicaid Number

--- Medicaid Number without Medicaid Insurance

How do I run the Operator Day Sheet Report?

From the Office Manager, click the Operator Day Sheet Report button  on the toolbar. To find out which button this is, see the “Using the Office Manager toolbar” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Transactions – The transactions posted to the Ledger (including the patient’s name, procedure code and description, charge or payment, provider, and clinic).

B. Transaction Details – Each transaction provides the following additional information:

- **Entry Date** – The date a transaction is posted to the Ledger.
- **Procedure Date** – The date a procedure is posted to the Chart.

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the Frequent Problems to Understanding Dentrix Reports section in the Introduction of this book.*

- **TH** – The tooth number(s) associated with a procedure.
- **BT** – Billing type.

C. Grand Totals – The following information appears in the Grand Totals section for the current date:

- **Charges** – The total amount of the procedures posted, the amount of the procedures that were posted for patients with Medicaid (included in the total charges), and the total amount of the finance charges posted.
- **Payments** – The total amount of all payments made (the payments are broken down by type), and the amount of the payments made by Medicaid.
- **Adjustments** – The total credit and charge adjustments.
- **Statistics** – The number of unique encounters, patients, and number of patients with Medicaid (included in the Patients total) appear.

Operatory Appointment List Report

The Operatory Appointment List Report displays appointments scheduled each day and the operatories assigned to each appointment. Appointments are sorted by appointment time.



Why: To quickly view which operatory a patient is assigned to when the patient checks in

When: Daily

OPERATORY APPOINTMENT LIST (<ALL>)

The Dentist Group
Providers <ALL> - <ALL>
Operatories <ALL> - <ALL>
01/01/2018 - 04/24/2018

Date: 04/24/2018

Page: 1

DATE	TIME	STATUS	PATIENT NAME	PROV/OP	APPT. REASON	LENGTH
01/08	1:00p		Abbott, James S	DDS1/DEF_OP1	CCAdult, ProphyAd	110m
01/09	11:00a	<CMPL>	Little, Brian R	DDS1/DEF_OP1	ResCmP2s#15	10m
01/09	11:00a	<CMPL>	Taylor, Mark	DDS1/DEF_OP2	Sealant#15, Sealant#18, Seal...	30m
01/09	11:00a	<CMPL>	Abbott, Shirley	DDS2/DEF_OP3	ExtErpTh#16, ExtErpTh#32, Ex...	50m
01/10	8:00a	NOansw	Brown, Mary	DDS1/DEF_OP1	ExtEval	10m
01/10	8:10a	NOansw	Johnson, Rachelle	DDS1/DEF_OP1	ProphyAd	50m
01/10	8:20a	NOansw	Crosby, Brent	DDS1/DEF_OP2	NutriCnsl	10m
01/10	8:30a	NOansw	Crosby, Shirley	DDS01/DEF_OP3	2BWx, LwParMtBs#25*26	50m
01/10	9:00a	NOansw	Little, Carol	DDS1/DEF_OP2	ExtEval	40m
01/10	1:00p	NOansw	Reeves, Elisabeth	DDS1/DEF_OP2	4BWx	10m
01/10	1:50p	NOansw	Reeves, Joshua	DDS1/DEF_OP1	FabPtCr+B#5	90m
01/10	2:00a	<CMPL>	Winters, Carl	DDS1/DEF_OP1	CCAdult, Pano, FabPtCr+B#5	80m

A

B

C

How do I run the Operator Appointment List Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Daily Appointment List**. Ensure the **Operator Appointment List** option is selected, and then click **OK**. For additional details about running this report, see the “Daily Appointment List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Time** – The appointment start time.
- B. Prov/Op** – The provider and operator assigned to the appointment.
- C. Length** – The appointment length.

Oral Health Education Report

The Oral Health Education Report displays the percentage of oral health patients who received oral health education (determined by specified ADA and/or condition codes) at least once during a specified time frame.

For example, you may want to track patients who received a comprehensive oral exam (ADA code D0150) or a periodic recall oral evaluation (ADA code D0120)—the denominator codes—and then received oral hygiene instructions (ADA code D1330) or tobacco counseling (ADA code D1320)—the numerator codes.



Why: To view statistics regarding the oral health education of patients

When: Yearly

Percent of Patients Who Have Received Oral Health Education

Date Range: 5/14/2018 - 5/14/2018 - Procedure Date

Clinics: <ALL>

Age Range: All Patients

Providers: <ALL>

Numerator Codes: D1330

Denominator Codes: D0120

Report Date: 5/14/2018

Page 1 of 1

Clinic		Numerator	Denominator	Percent
Provider	Patient Name	Chart	Procedure Codes	
CENTRAL		3	2	150.00%
DESMITH		2	1	200.00%
	Abbott, Jan	AB32	Numerator: D1330	
	Crosby, Tom	CR95	Numerator: D1330 Denominator: D0120	
DSMITH		1	0	0.00%
	Crosby, Shirley	CR94	Numerator: 1330	
MHAYES		0	1	0.00%
	Winters, Jillian	WI213	Denominator: D0120	
Totals:		3	2	150.00%

How do I run the Oral Health Education Report?

From DXOne Reporting, select **Lists**, and then double-click **Oral Health Education**. For additional details about running this report, see the "Oral Health Education Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report contains the following information:

- A. Numerator** – The specified ADA codes and/or conditions.
- B. Denominator** – The specified ADA codes and/or conditions.
- C. Clinic Totals** – The Numerator, Denominator, and Percent totals for the providers at a given clinic on the report.
- D. Provider Totals** – The Numerator, Denominator, and Percent totals for a given provider who is attached to the Numerator and/or Denominator codes.
- E. Details** – If you select **Include Details** when setting options for this report, patient names, chart numbers, and procedures codes (numerators and denominators) appear on the report.
- F. Totals** – The Numerator, Denominator, and Percent grand totals for all clinics on the report.

Oral Health Status Report

The Oral Health Status (OHS) Report displays OHS survey data within a specified date range and can include patient details.



Why: To track oral health, leading to early diagnosis and timely intervention

When: As needed

OHS Statistics								
Date Range: 5/20/2019 - 5/26/2019								
Age: <ALL>								
Clinics: <ALL>								
Providers: <ALL>								
Report Generated By: ANNAD								
26/05/2019								
Age Statistics	OHS 1	OHS 2	OHS 3	OHS 4	OHS 5	OHS 6	NO OHS	Age Total
Patient(s) that are 5 to 6 years old	0	1	0	0	0	0	0	1
Patient(s) that are 7 to 8 years old	0	0	0	0	0	0	1	1
Patient(s) that are 13 to 14 years old	0	0	0	0	0	0	2	2
Patient(s) that are 15 to 16 years old	0	0	0	0	0	0	8	8
Patient(s) that are 17 to 20 years old	0	0	0	0	0	0	413	413
Patient(s) that are 21 to 30 years old	0	0	0	0	0	0	3,610	3,610
Patient(s) that are 31 to 40 years old	0	0	0	0	0	0	3,704	3,704
Patient(s) that are 41 to 50 years old	0	0	0	1	0	0	5,019	5,020
Patient(s) that are 51 to 60 years old	0	0	1	0	0	0	9,660	9,661
Patient(s) that are 61 to 70 years old	0	0	0	0	0	0	10,271	10,271
Patient(s) that are 71 to 80 years old	0	0	0	0	0	0	2,436	2,436
Patient(s) that are 81 years and older	0	0	0	0	0	0	2,036	2,036
Patient(s) without a birthday entered	0	0	0	1	0	0	104	105
Total Number of Patients	0	1	1	2	0	0	37264	37268

How do I run the Oral Health Status Report?

From the DXOne Reporting module, select **Custom**, and then double-click **Oral Health Status Report**. For additional details about running this report, see the "Oral Health Status Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The appointments on the report can be grouped by provider and then by clinic or grouped by clinic and then by provider. Each clinic's statistics can start on a new page.

- A. Oral Health Statuses** – The number of patients of a given age for each of the oral health statuses.
- B. No OHS** – The number of patients of a given age without OHS survey data.
- C. Age Total** – The number of patients of a given age.
- D. Total Number of Patients** – The total number of patients in each OHS column, the No OHS column, and the Age Total column.

Patient Chart and Progress Notes Printout

The Patient Chart and Progress Notes Printout allows you to print a patient's graphical chart and progress notes.



Why: To print a patient's dental chart and progress notes as a clinical record for the patient

When: As needed

		Patient Progress Notes																																																																																																																																																																																																						
A		Patient: James S. Abbott Birthdate: 11/11/1960 Provider: Dennis Smith Phone: (480)555-6525 Office: 1234 South Pine Mesa, AZ 85210	Date: 05/13/2018 SS#: 000-00-0000																																																																																																																																																																																																					
		Chart #: ABB101																																																																																																																																																																																																						
B																																																																																																																																																																																																								
C		Progress Notes																																																																																																																																																																																																						
		<table border="1"> <thead> <tr> <th>Date</th> <th>Tooth</th> <th>Surf</th> <th>Proc</th> <th>Prov</th> <th>Description</th> <th>Stat</th> <th>AP</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>10/15/2016</td> <td>14</td> <td>MOD</td> <td>D2160</td> <td>DDS2</td> <td>Amalgam-3 surf. prim/perm</td> <td>C</td> <td></td> <td>90.00</td> </tr> <tr> <td>10/15/2016</td> <td>16</td> <td></td> <td>D7110</td> <td>DDS1</td> <td>Extraction-single tooth</td> <td>C</td> <td></td> <td>71.00</td> </tr> <tr> <td>07/07/2017</td> <td></td> <td></td> <td>D1110</td> <td>DROBB</td> <td>Prophylaxis-adult »</td> <td>C</td> <td></td> <td>48.00</td> </tr> <tr> <td>07/28/2017</td> <td></td> <td></td> <td></td> <td></td> <td>Clinical Note</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12/15/2017</td> <td></td> <td></td> <td>D8670</td> <td>DROBB</td> <td>Periodic ortho visit (contract</td> <td>C</td> <td></td> <td>950.00</td> </tr> <tr> <td>12/15/2017</td> <td>1</td> <td></td> <td>D7140</td> <td>DROBB</td> <td>Extract,erupted th/exposed rt»</td> <td>C</td> <td>P2</td> <td>135.00</td> </tr> <tr> <td>12/15/2017</td> <td>16</td> <td></td> <td>D7140</td> <td>DDS2</td> <td>Extract,erupted th/exposed rt</td> <td>C</td> <td></td> <td>135.00</td> </tr> <tr> <td>12/15/2017</td> <td>17</td> <td></td> <td>D7230</td> <td>DDS2</td> <td>Extraction-impacted/part bony</td> <td>C</td> <td>P1</td> <td>213.00</td> </tr> <tr> <td>12/15/2017</td> <td>32</td> <td></td> <td>D7140</td> <td>DDS2</td> <td>Extract,erupted th/exposed rt</td> <td>C</td> <td>P1</td> <td>135.00</td> </tr> <tr> <td>01/07/2018</td> <td>30</td> <td>DLB</td> <td>D2160</td> <td>DROBB</td> <td>Amalgam-3 surf. prim/perm »</td> <td>C</td> <td></td> <td>90.00</td> </tr> <tr> <td>01/09/2018</td> <td></td> <td></td> <td>95831</td> <td>DROBB</td> <td>Muscle testing</td> <td>C</td> <td></td> <td>0.00</td> </tr> <tr> <td>01/09/2018</td> <td></td> <td></td> <td>90620</td> <td>DROBB</td> <td>Exam and consultation</td> <td>C</td> <td></td> <td>0.00</td> </tr> <tr> <td>01/09/2018</td> <td></td> <td></td> <td>95868</td> <td>DROBB</td> <td>Electromyography</td> <td>C</td> <td></td> <td>0.00</td> </tr> <tr> <td>01/09/2018</td> <td></td> <td></td> <td>D0270</td> <td>DROBB</td> <td>Bitewing-single film</td> <td>C</td> <td></td> <td>15.00</td> </tr> <tr> <td>01/09/2018</td> <td></td> <td></td> <td>D0350</td> <td>DROBB</td> <td>Oral/Facial Photographic Image</td> <td>C</td> <td></td> <td>0.00</td> </tr> <tr> <td>01/09/2018</td> <td>2-15</td> <td></td> <td>D5110</td> <td>DROBB</td> <td>Complete denture - maxillary</td> <td>C</td> <td></td> <td>850.00</td> </tr> <tr> <td>01/09/2018</td> <td>5</td> <td></td> <td>D7250</td> <td>DROBB</td> <td>Surgic removel resid tooth roo»</td> <td>C</td> <td></td> <td>25.00</td> </tr> <tr> <td>01/09/2018</td> <td>S1</td> <td></td> <td>D2110</td> <td>DROBB</td> <td>Amalgam-1 surface, primary »</td> <td>C</td> <td></td> <td>51.00</td> </tr> <tr> <td>01/09/2018</td> <td>S1</td> <td></td> <td>D2110</td> <td>DROBB</td> <td>Amalgam-1 surface, primary »</td> <td>C</td> <td></td> <td>51.00</td> </tr> <tr> <td>01/09/2018</td> <td>LR</td> <td></td> <td>D5120</td> <td>DROBB</td> <td>Complete denture - mandibular</td> <td>C</td> <td></td> <td>828.00</td> </tr> <tr> <td>01/15/2018</td> <td></td> <td></td> <td>90620</td> <td>DROBB</td> <td>Exam and consultation</td> <td>C</td> <td></td> <td>500.00</td> </tr> </tbody> </table>		Date	Tooth	Surf	Proc	Prov	Description	Stat	AP	Amount	10/15/2016	14	MOD	D2160	DDS2	Amalgam-3 surf. prim/perm	C		90.00	10/15/2016	16		D7110	DDS1	Extraction-single tooth	C		71.00	07/07/2017			D1110	DROBB	Prophylaxis-adult »	C		48.00	07/28/2017					Clinical Note				12/15/2017			D8670	DROBB	Periodic ortho visit (contract	C		950.00	12/15/2017	1		D7140	DROBB	Extract,erupted th/exposed rt»	C	P2	135.00	12/15/2017	16		D7140	DDS2	Extract,erupted th/exposed rt	C		135.00	12/15/2017	17		D7230	DDS2	Extraction-impacted/part bony	C	P1	213.00	12/15/2017	32		D7140	DDS2	Extract,erupted th/exposed rt	C	P1	135.00	01/07/2018	30	DLB	D2160	DROBB	Amalgam-3 surf. prim/perm »	C		90.00	01/09/2018			95831	DROBB	Muscle testing	C		0.00	01/09/2018			90620	DROBB	Exam and consultation	C		0.00	01/09/2018			95868	DROBB	Electromyography	C		0.00	01/09/2018			D0270	DROBB	Bitewing-single film	C		15.00	01/09/2018			D0350	DROBB	Oral/Facial Photographic Image	C		0.00	01/09/2018	2-15		D5110	DROBB	Complete denture - maxillary	C		850.00	01/09/2018	5		D7250	DROBB	Surgic removel resid tooth roo»	C		25.00	01/09/2018	S1		D2110	DROBB	Amalgam-1 surface, primary »	C		51.00	01/09/2018	S1		D2110	DROBB	Amalgam-1 surface, primary »	C		51.00	01/09/2018	LR		D5120	DROBB	Complete denture - mandibular	C		828.00	01/15/2018			90620	DROBB	Exam and consultation	C	
Date	Tooth	Surf	Proc	Prov	Description	Stat	AP	Amount																																																																																																																																																																																																
10/15/2016	14	MOD	D2160	DDS2	Amalgam-3 surf. prim/perm	C		90.00																																																																																																																																																																																																
10/15/2016	16		D7110	DDS1	Extraction-single tooth	C		71.00																																																																																																																																																																																																
07/07/2017			D1110	DROBB	Prophylaxis-adult »	C		48.00																																																																																																																																																																																																
07/28/2017					Clinical Note																																																																																																																																																																																																			
12/15/2017			D8670	DROBB	Periodic ortho visit (contract	C		950.00																																																																																																																																																																																																
12/15/2017	1		D7140	DROBB	Extract,erupted th/exposed rt»	C	P2	135.00																																																																																																																																																																																																
12/15/2017	16		D7140	DDS2	Extract,erupted th/exposed rt	C		135.00																																																																																																																																																																																																
12/15/2017	17		D7230	DDS2	Extraction-impacted/part bony	C	P1	213.00																																																																																																																																																																																																
12/15/2017	32		D7140	DDS2	Extract,erupted th/exposed rt	C	P1	135.00																																																																																																																																																																																																
01/07/2018	30	DLB	D2160	DROBB	Amalgam-3 surf. prim/perm »	C		90.00																																																																																																																																																																																																
01/09/2018			95831	DROBB	Muscle testing	C		0.00																																																																																																																																																																																																
01/09/2018			90620	DROBB	Exam and consultation	C		0.00																																																																																																																																																																																																
01/09/2018			95868	DROBB	Electromyography	C		0.00																																																																																																																																																																																																
01/09/2018			D0270	DROBB	Bitewing-single film	C		15.00																																																																																																																																																																																																
01/09/2018			D0350	DROBB	Oral/Facial Photographic Image	C		0.00																																																																																																																																																																																																
01/09/2018	2-15		D5110	DROBB	Complete denture - maxillary	C		850.00																																																																																																																																																																																																
01/09/2018	5		D7250	DROBB	Surgic removel resid tooth roo»	C		25.00																																																																																																																																																																																																
01/09/2018	S1		D2110	DROBB	Amalgam-1 surface, primary »	C		51.00																																																																																																																																																																																																
01/09/2018	S1		D2110	DROBB	Amalgam-1 surface, primary »	C		51.00																																																																																																																																																																																																
01/09/2018	LR		D5120	DROBB	Complete denture - mandibular	C		828.00																																																																																																																																																																																																
01/15/2018			90620	DROBB	Exam and consultation	C		500.00																																																																																																																																																																																																

How do I run the Patient Chart and Progress Notes Printout?

In the Patient Chart, from the **File** menu, point to **Print**, and then click **Patient Chart**. For more detailed instructions on how to run this report, see the “Printing progress notes with the chart” topic in the Patient Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Information** – The patient’s name, birth date, chart number, and Social Security number appear on the report.
- B. Graphic Chart** – The graphical chart appears on the report.
- C. Progress Notes** – The following is a comprehensive list of what can appear in the progress notes section:

Columns	Filters
<ul style="list-style-type: none">• Procedure Date• Tooth• Surface• Procedure Code• Provider• Procedure Description• Procedure Status• Approval Status• Procedure Amount	<ul style="list-style-type: none">• Treatment Plans• Completed Work• Existing Work• Conditions• Exams• Procedure Notes• Clinical Notes

Patient Chart Printout

The Patient Chart Printout allows you to print a patient's graphical chart and treatment plan.



Why: To print a patient's dental chart with a treatment plan to give to the patient

When: As needed

Patient: James S. Abbott
Birthdate: 11/11/1960
Provider: Dennis Smith
Phone: (480)555-6525
Office: 1234 South Pine
Mesa, AZ 85210

Chart
Chart #: ABB101
Date: 05/14/2018
SS#: 000-00-0000

A

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Today's Completed Work

Tooth	Description	Amount
	27 Amalgam-1 surf. prim/perm	55.00
Charges for this Visit		55.00

Treatment Plan Estimate

Tooth	Description	Amount	Pat.	Dental Ins.
	Periodic oral evaluation	25.00	0.00	25.00
	Prophylaxis-child	34.00	0.00	34.00
	Bitewings-two films	21.00	0.00	21.00
	UR Perio scale&root pln-4+per quad	131.00	0.00	131.00
	7 Post/core + brdg retainer, fabr	230.00	0.00	230.00
	12*14 Maxil partial-metal Base W/sdls	890.00	0.00	890.00
	18 Reimplantation/stabilization	0.00	0.00	0.00
	19 Pontic-cast high noble metal	603.00	0.00	603.00
	20 Pontic-cast high noble metal	603.00	0.00	603.00
	21 Pontic-cast high noble metal	603.00	0.00	603.00
	22 Pontic-cast high noble metal	603.00	0.00	603.00
	23 Cast post/part of brdg retainer	218.00	0.00	218.00
	24 Cast post/part of brdg retainer	218.00	0.00	218.00
	25 Cast post/part of brdg retainer	218.00	0.00	218.00
	31 Extraction-single tooth	71.00	0.00	71.00
Treatment Plan Totals		4468.00	0.00	4468.00

* Treatment Plans Are Estimates Only

How do I run the Patient Chart Printout?

In the Patient Chart, from the **File** menu, point to **Print**, and then click **Patient Chart**. For more detailed instructions on how to run this report, see the "Printing a patient's chart" topic in the Patient Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Information** – The patient's name, birth date, chart number, and Social Security number appear on the report.
- B. Dental Chart** – If **Print Chart as Displayed** is selected when setting options for this report, the graphical chart appears on the report.
- C. Today's Work** – If **Print Today's Work** is selected when setting up options to run this report, the procedures that were completed on the current date are displayed and totaled.
- D. Treatment Plan Estimate** – If **Print Treatment Plan** and **Print TP Estimate Details** are selected when setting up options to run this report, the patient's treatment-planned procedures and total estimate appear below the dental chart.

Patient Health Assessment Report

The Patient Health Assessment Report displays health information entered for a patient, a family, or a range of patients in specified clinics. The blood pressure, pulse rate, age, height, weight, and body mass index (BMI) of each patient appears on the report.



Why: To print a patient's or multiple patients' health assessments, such as blood pressure, weight, and body mass index

When: As needed

PATIENT HEALT ASSESSMENT

Assessment Date: 8/22/2017 - 8/22/2017

Patient Range: <ALL> to <ALL>

linic(s): <A >

Date: 8/22/2017 1:57:54PM

Page 1 of 1

Date	Patient Name	Blood Pressure	Pulse	Age	Height	Weight	BMI	Provider	Clinic
08/22/2017	Crosby, Brent [CRO124]	128/76	63	64	5ft 10in	185lbs	27	DDS1	CENTRAL
08/22/2017	Crosby, Shirley [CRO102]	166/70	60	52	5ft 4in	110lbs	19	DDS1	CENTRAL
08/22/2017	Raab, Kenneth D [RAA111]	112/80	65	0	6ft 0in	200lbs	27	DDS1	CENTRAL
08/22/2017	Valgardson, Adrian [VAL100]	187/75	66	55	5ft 9in	153lbs	23	DDS1	CENTRAL

How do I run the Patient Health Assessment Report?


For a range of patients, from DXOne Reporting, select **Reference**, and then double-click **Patient Health Assessment Report**. Or, for an individual patient or that patient's entire family, in the Patient Chart, from the **File** menu, click **Patient Health Assessment**, and then click **Print**. For additional details about running this report, see the "Patient Health Assessment Report" topic in the DXOne Reporting portion and the "Printing patient health assessments " topic in the Patient Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each patient in the date range of the report, the following appear: blood pressure, pulse rate, age, height, weight, and body mass index (BMI). The provider and clinic attached to each health assessment also appear.

Patient Information Accessed Report

The Patient Information Accessed Report helps you track when any patient's record has been viewed.



Why: To ensure that patient information is being viewed in accordance with patient privacy standards in your office, and to inform the doctor, office manager, and business owner of any situations so that appropriate action can be taken if necessary

When: Monthly and as needed

Patient Information Accessed							
Date Range: 2/1/2018 - 3/1/2018							
Family of Patient: Abbott, James S							
Users: <ALL>							
Clinics: <ALL>							
Report Date: 3/1/2018				Page 1 of 1			
Time	Location Module/Feature	Patient	Chart Number	Clinic	Status	User	
2/18 12:16:51PM	Family File	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/18 12:31:28PM	Family File	Abbott, Timothy	ABB103	CENTRAL	Viewed	ENTERPRISE	
2/21/2018 12:45:17PM	Family File	Abbott, James S	ABB101	CENTRAL	Viewed	ENTERPRISE	
2/21/2018 3:31:18PM	Family File	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/21/2018 3:35:28PM	Family File	Abbott, Timothy	ABB103	CENTRAL	Viewed	ENTERPRISE	
2/21/2018 3:46:45PM	Family File	Abbott, James S	ABB101	CENTRAL	Viewed	ENTERPRISE	
2/22/2018 11:21:14AM	Chart	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/22/2018 12:28:59PM	Ledger	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/28/2018 10:27:44AM	Family File	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/28/2018 10:27:54AM	Document Center	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/28/2018 11:31:02AM	Chart	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/28/2018 11:31:14AM	Treatment Planner	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/28/2018 12:09:17PM	Appointment Book	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/28/2018 3:03:58PM	Family File	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
2/28/2018 3:04:02PM	Document Center	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	
3/1/2018 8:43:28AM	Document Center	Abbott, Patricia	ABB102	CENTRAL	Viewed	ENTERPRISE	

How do I run the Patient Information Accessed Report?

From DXOne Reporting, select **Audit**, and then double-click **Patient Information Accessed**. For additional details about running this report, see the “Patient Information Accessed Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report contains the following information:

A. Patient – The patient whose record was accessed.

B. Status – An indicator that the patient’s information was viewed. A patient record is considered to have been viewed in the following situations:

- When you select a patient in the **Select Patient** dialog box and then click **OK**.
- When you select a patient in the **Select Patient** dialog box and then click **More Patient Information**.
- When you double-click a patient’s appointment and then click **Patient Info**.
- When you switch from one module to another (patient-specific modules only) with a patient selected. For example, if you open a patient’s Patient Chart and then switch to that patient’s Family File record, Dentrix Enterprise logs two entries for the report.
- When accessing the same patient record in the same module, at the same clinic, on the same date, and/or by the same user after a specified number of minutes has elapsed since the last time that patient’s record was accessed in the same module, at the same clinic, on the same date, and/or by the same user.

C. Other information – Each entry on the report provides the date and time when the patient information was accessed, the module from which it was accessed, the clinic from which it was accessed, the user that accessed it, and the chart number of the patient whose record it was.

Patient Ledger Report

The Patient Ledger report displays transactions posted for a patient.



Why: To provide a patient with a record of his/her transactions

When: As needed

SINGLE PATIENT LEDGER

The Allied Dentist Group

Date: 05/14/2018

Page: 1

Patient Name: Shelly Perkins
123 Street
Philadelphia, PA 19102

Chart Number: PA0007

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
04/22/2018		Balance Forward		0.00		0.00
04/23/2018	9	Surg place implant: endosteal	Shelly	780.00		780.00
04/23/2018	4	Crown-porc fuse high noble mtl	Shelly	78.00		858.00
05/01/2018	15	Mand partial-metal base w/sdls	Shelly	801.00		1659.00
05/01/2018	9	Extraction crrl remnts-decid th	Shelly	501.00		2160.00

TOTAL PATIENT BALANCE AS OF 05/14/2018:

2160.00

How do I run the Patient Ledger Report?

In the Ledger, from the **Print** menu, click Patient **Ledger**. For more detailed instructions on how to generate this report, see the "Patient Ledger Report" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Family History** – All financial transactions posted to the Ledger (starting with the specified first transaction date) for the patient.
- B. Patient Total Balance** – The patient balance as of the current date.

Patient List

The Patient List allows you to view patients entered into Dentrix Enterprise. To sort patients alphabetically, run the Patient List (Standard List) report. To sort patients by chart number, run the Patient List (Chart Number Report).

	Why: To view active patients, inactive patients, non-patients, and archived patients entered in Dentrix Enterprise, to view patients who prefer a specific provider, and to view patients with a specific billing type
	When: As needed

PATIENT LIST

Last Visit Before: <ALL>
 Patient Status: Active, Inactive, Non-Patient, Archived
 Patient Range: <ALL> - <ALL>
 Clinics: CENTRAL
 Providers: <ALL>
 Billing Types: <ALL>

Report Date: 05/06/2018

Report Generated By: enterprise

Page 1 of 4

Abbott, James S

1234 Pine Ave
Murray, UT 84123

Dental Pri: Metropolitan Life
 Dental Sec: Aetna Life and Casualty
 Medical Pri: Aetna Medical
 Medical Sec:

Prov/Clin: DROBB/CENTRAL

Home Phone: (J)375-1586

Work Phone:

Other:

Fax:

Pager:

E-mail:

Birthdate: 11/11/1962

SS: 000-00-0000

Chart: ABB101

Drivers Lic#:

Med/Other ID:

First Visit Date: 12/15/2008

Last Visit Date: 05/05/2018

Status: Active

Gender: Male

Position: Married

Billing Type: 002

Davis, Harmon P

12345 Oak Drive
East Granby, CT 06026

Dental Pri: Delta Dental
 Dental Sec:
 Medical Pri:
 Medical Sec:

Prov/Clin: DDS7/CENTRAL

Home Phone:

Work Phone:

Other:

Fax:

Pager:

E-mail:

Birthdate: 11/11/1970

SS: 000-00-0000

Chart:

Drivers Lic#:

Med/Other ID:

First Visit Date: 12/15/2008

Last Visit Date:

Status: Active

Gender: Male

Position: Single

Billing Type: 001

Hansen, Cory S

1234 Amhurst Street
Brooklyn, NY 11215

Dental Pri: BLUE SHIELD PA
 Dental Sec: CIGNA
 Medical Pri:
 Medical Sec:

Prov/Clin: DDS1/CENTRAL

Home Phone: (919) 555-2656

Work Phone: (808) 555-5864

Other:

Fax:

Pager:

E-mail:

Birthdate: 11/11/1957

SS: 000-00-0000

Chart: HA0002

Drivers Lic#:

Med/Other ID:

First Visit Date: 11/18/2015

Last Visit Date:

Status: Active

Gender: Male

Position: Single

Billing Type: 001

Kenner, Spencer

12345 Lindon Place
Miami, WA 20226

Dental Pri: MLB Insurance Plan
 Dental Sec:
 Medical Pri:
 Medical Sec:

Prov/Clin: DDS1/CENTRAL

Home Phone: (781) 555-9616

Work Phone: (701) 555-9885

Other:

Fax:

Pager:

E-mail:

Birthdate: 11/11/1949

SS: 000-00-0000

Chart:

Drivers Lic#:

Med/Other ID:

First Visit Date:

Last Visit Date:

Status: Active

Gender: Male

Position: Single

Billing Type: 001

Little, Brian

1234 Oak Street
Glen Rock, PA 17327

Dental Pri: Metropolitan Life

Prov/Clin: DDS1/CENTRAL

Home Phone:

Work Phone:

Other:

Fax:

Birthdate: 11/11/1955

SS: 000-00-0000

Chart:

Drivers Lic#:

Med/Other ID:

Status: Active

Gender: Male

Position: Single

Billing Type: 001

PATIENT LIST (CHART NUMBER REPORT)

Last Visit Before: <ALL>
 Patient Status: Active, Inactive, Non-Patient
 Patient Range: <ALL> - <ALL>
 Clinics: CENTRAL
 Providers: <ALL>
 Billing Types: <ALL>

Report Date: 05/06/2018

Report Generated By: enterprise

Page 1 of 1

A

PATIENT NAME	BIRTH DATE	SOC.SEC.#	CHART #
Abbott, James S	11/11/1962	000-00-0000	ABB101
Crosby, Brent P	11/11/1962	000-00-0000	CRO101
Davis Harmon S	11/11/1962	000-00-0000	DAV101
Davis, Karen	11/11/1962	000-00-0000	DAV102
Edwards, Anna	11/11/1962	000-00-0000	EDW101
Edwards, John	11/11/1962	000-00-0000	EDW102
Edwards, Kimberly	11/11/1962	000-00-0000	EDW103
Farrer, Lisa R	11/11/1962	000-00-0000	FAR101
Gleason, Alice	11/11/1962	000-00-0000	GLE101
Hansen, Corey	11/11/1962	000-00-0000	HAN101
Hayes, Sally	11/11/1962	000-00-0000	HAY101
Johnson, Rachelle	11/11/1962	000-00-0000	JOH101
Little, Brian	11/11/1962	000-00-0000	LIT101
Little, Carol	11/11/1962	000-00-0000	LIT101
Perkins, Allen	11/11/1962	000-00-0000	PER101
Perkins, Peggy M	11/11/1962	000-00-0000	PER101
Reeves, Elisabeth	11/11/1962	000-00-0000	REE101
Smith, Michael	11/11/1962	000-00-0000	SMI101
Taylor, Kerri	11/11/1962	000-00-0000	TAY101
Winters, Carl	11/11/1962	000-00-0000	WIN101
Young, Tina	11/11/1962	000-00-0000	YOU101

How do I run the Patient List?

From the DXOne Reporting module, select **List**, and then double-click **Patient/Inactive Patient List**. For step-by-step instructions on how to run this report, see the "Patient and Inactive Patient List" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient Details – The Patient List (Chart Number Report) displays the name, birth date, Social Security number, and chart number of each patient. The Patient List (Standard List) includes all of the information covered by the Patient List (Chart Number Report), plus general patient information (such as, address, phone numbers, and insurance information).

Patient List (Filtered)

The Patient List (Filtered) displays a list of patients according to specified criteria, such as information from their medical alerts/problems, medications, prescriptions, demographics, and laboratory test results.



Why: To view and sort a list of patients according to specified criteria

When: As needed

A

Patient Name	Age	Chart	Problem Description	Problem Date Diagnosed
Abbott, James S	51	ABB101	Asthma	
Abbott, James S	51	ABB101	Dizziness	05/15/2018
Abbott, James S	51	ABB101	Other	04/25/2018
Crosby, Brent L	48	CRO101	Arthritis	07/09/2017
Crosby, Brent L	48	CRO101	Blood Disease	06/18/2018

How do I run the Patient List (Filtered)?

In the Office Manager, from the **Analysis** menu, click **Patient List**. For as many filters as you want to set up, under **Double click on filter below**, double-click each desired item to specify the criteria of that filter. Click the **OK** button . Click the **Next** button . In the desired categories, double-click the data fields that you want to include. Click the **Next** button . Then, click the **Run** button .

For additional details about running this report, see the "Patient List (Filtered)" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient – The specified patient information:

- **Allergies** – Description and/or Discovery Date.
- **Appointments** – Appt Date/Time, Next Appt Date/Time, and/or Provider.
- **Completed Procedures** – ADA Code, Amount, Clinic, Entry Date, Procedure Date, and/or Provider.
- **Continuing Care** – Due Date and/or Name.
- **ICD-9-CM** – Code, Entry Date, and/or Procedure Date.
- **Immunizations** – Administered Date/Time and/or Vaccine Abbr Desc.
- **Laboratory Test Results** – Test Date, Test Name, and/or Test Result.
- **Medical Alerts/Problems** – Date Diagnosed and/or Description.
- **Medications** – Description and/or Prescribed Date.
- **Patient Information** – Age, Birth Date, Chart, City, Clinic, Contact, County, Email, Ethnicity, Gender, Home Phone, Homeless Status, Language, Mobile Phone, OtherID, Pat ExtID, Patient Name, Poverty Level, Pref Contact, Prim Prov, Race, Religion, State, Street 1, Street 2, User Def Cat, Veteran, Work Phone, Worker Status, and/or ZIP Code.
- **Prescriptions** – Drug Name and/or Rx Date.

A patient will show in the results list according to the setup of the selected filters:

- **Age** – A patient who is older or younger than the specified age or who is between the specified ages (inclusive).
- **Allergies** – A patient who has all or any one of the specified allergies that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Appointment Date** – A patient who has an appointment on or before a specified date, on or after a specified date, or between specified dates (inclusive).
- **Assigned Clinic** – A patient who is assigned to the specified clinic.
- **Completed Procedures** –
- **Continuing Care** – A patient who has the specified continuing care types attached to his or her records and who is due for a continuing care visit on any date, on or before a specified date, on or after a specified date, or between specified dates (inclusive).
- **Ethnicity** – A patient of the specified ethnicity.
- **Gender** – A patient of the specified gender.
- **Homeless Status** – A patient with the specified homeless status.
- **ICD-9-CM Diagnostic Codes** – A patient who has been diagnosed with all or any one of the specified diagnoses that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Laboratory Test Results** – A patient who has lab test results that are equal to, greater than, greater than or equal to, less than, or less than or equal to the specified test result that was received on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Language** – A patient who speaks the specified language.
- **Medical Alerts/Problems** – A patient who has all or any one of the specified medical alerts that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Medications** – A patient who has all or any one of the specified medications that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Poverty Level** – A patient with the specified poverty level.
- **Preferred Contact** – A patient with the specified preferred contact method.
- **Prescriptions** – A patient who has all or any one of the specified prescriptions that were entered on any date, before a specified date, after a specified date, or between specified dates (inclusive).
- **Primary Provider** – A patient with the specified primary provider.
- **Race** – A patient of the specified race.
- **Religion** – A patient of the specified religion.
- **User Defined Category** – A patient with the specified user-defined category.
- **Veteran** – A patient with the specified veteran status.
- **Worker Status** – A patient with the specified worker status.

Note: A patient may show up more than once if he or she meets the search criteria for multiple filter types (for example, medical alerts, medications, and prescriptions).

Patient Notes Report

The Patient Notes Report displays notes and alerts attached to patients.



Why: To view notes and alerts by patient

When: As needed

PATIENT NOTE REPORT					
Dentrix Dental Practice					
Date: 03/08/2018		Page: 1			
PATIENT NAME	CHART NUM	SS#	HOME PHONE	WORK PHONE	LAST VISIT
A Abbott, Timothy PATIENT ALERT NOTES - Require Payment - Always Payment must be at time of service.	AB0003	000-00-0003	(801)555-1586	(801)555-1487	11/11/2017
B Brown, Mary PERIO EXAM NOTES Perio Date: 03/08/2018 The patient is suffering from severe suppuration and was advised to begin treatment immediately.	BR0001	000-00-0004	(801)555-4509	(801)555-2000	07/02/2017
C Crosby, Brent L APPOINTMENT NOTES Appointment Date: 03/08/2018 The patient has a sever tooth ache.	CR001	000-00-0005	(801)555-5969	(801)555-6600	07/02/2017
D Davis, Harmon MEDICAL ALERTS Allergy - Aspirin	DA0007	000-00-1234	(801)555-1530	()	03/22/2018
E Davis, Karen PATIENT NOTE - Tue - Mar 8, 2018 - Karen is divorced from Harmon Davis who is listed in her file as a non-patient to provide insurance coverage for their children. He is also set up in his own Family File.	DA0003	000-00-0007	(801)555-1530	()	01/01/2018
F CONTINUING CARE NOTES 03/08/2018 PROPHY Come in for your cleaning and receive a free tooth whitening treatment.					
G Davis, Kelly INSURANCE CLAIM STATUS NOTES Claim Date: 03/08/2018 The claim was lost somewhere between our office and the insurance carrier. We are consequently re-sending it.- Tue - Mar 8, 2011 - GW	DA0004	000-00-0123	(801)555-1530	()	03/08/2018
H Davis, Lyle PAYMENT PLAN NOTES Provider DDS1: Since the first payment was set on the weekend, we agreed to push it back to the following Monday.	DA0005	000-00-0234	(801)555-1530	()	03/22/2018
I Edwards, John GUARANTOR NOTE - Edwards, John John has been out of work for several weeks - Tue - Mar 8, 2018 - GW	ED0002	000-00-9876	(801)555-7101	()	01/01/2018
J GUARANTOR STATEMENT NOTE - Edwards, John; Print Until 04/08/2018 We appreciate your prompt payment.					

How do I run the Patient Notes Report?

From the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Patient Notes Report**. For step-by-step instructions on how to run this report, see the "Patient Notes Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Alert Notes** – The patient alerts assigned to a patient. Patient alerts are found in the **Patient Alerts** dialog box. To access this dialog box, select a patient in the Family File, and then click the **Patient Alerts** button.

Start Date	End Date	Description	Fam/Pat
01/24/2022	01/24/2023	Family Alert	Fam
01/24/2022	01/24/2023	Patient Alert	Pat

- B. Perio Exam Notes** – The notes attached to a patient's perio exam. Perio exam notes are found in the **Perio Clinical Notes** dialog box. To access this dialog box, select an exam in the Perio Chart, and then click **Diagnostics** on the menu bar.

- C. Appointment Notes** – The notes attached to a patient's appointment. Appointment notes are found in the **Appointment Information** dialog box. To access this dialog box, double-click an appointment in the Appointment Book.

D. Medical Alerts – The problems, medications, allergies, and devices that are attached to a patient. Medical alerts are found in the **Medical Alerts** window. To access this window, select a patient in the Family File, and then double-click the Medical Alerts block.

Medical Alerts [D] y, Brent [AF] [UTC -07:00 [MST]] [DSMITH] [CRO101]

Problems:

Problem Description	Status	Severity
Arthritis	Active	Unknown
Artificial Joints	Active	Unknown
Kidney Disease	Active	Unknown

Medications / Prescriptions:

Medication Description	Status	Strength	P
Advil 200 MG Oral Capsule	Active	200 mg	O
Amoxicillin 250 mg	Created	250 mg	O
metFORMIN HCl 850 MG Or...	Active	850 mg	O

Allergies:

Allergy Description	Status	Allergen Type
Codeine	Active	Drug allergy
Sulfadiazine	Active	Drug allergy

Devices:

Device Description	Status
Surg place implant: endosteal	Active

E. Patient Notes – The notes attached to a patient. Patient notes are found in the **Patient Note** dialog box. To access this dialog box, select a patient in the Family File, and then double-click the Patient Notes block.

Patient Note

Insert Dateline ☒ ABC

- Tue - Jan 11, 2021 - Had a baby
- Tue - May 18, 2021 - Son hit home run!

E

Clear OK Cancel

F. Continuing Care Notes – The notes attached to a patient's continuing care type. Continuing care notes are found in the **Edit Continuing Care** dialog box. To access this dialog box, select a patient in the Family File, double-click the Continuing Care block, and then double-click a continuing care type.

Edit Continuing Care - (Abbott, James S)

Type: PROPHY Description: Periodic cleaning and x-rays

Date Set: 01/18/2018 Scheduled Appt.: 04/22/2018

Due Date: 07/21/2018 >> Prior Treatment: 01/20/2018

Status: 1: 6M 6 Month Recall

Provider: ☐ Prov1 ☒ Prov2

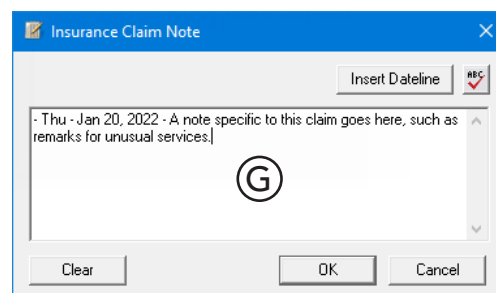
Default Appt. Time: ☒ Time? 5 Unit(s) Set Time...

Motivational Note: ☒ ABC
Come in for your cleaning and receive a free tooth whitening treatment!

F

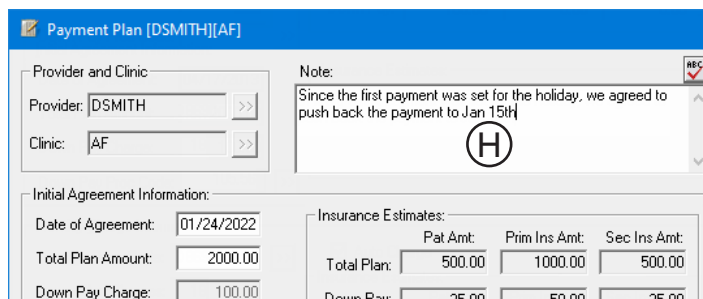
OK Cancel

- G. Insurance Claim Notes** – The notes attached to an insurance claim. Insurance claim notes are found in the **Insurance Claim Notes** dialog box, which can be accessed by clicking the **Note** menu option in the insurance claim window.



The **Insurance Claim Note** dialog box has a title bar with a close button. It contains a text area with the placeholder text: "Thu - Jan 20, 2022 - A note specific to this claim goes here, such as remarks for unusual services." Below the text area is a large circled 'G' icon. At the top right is an "Insert Dateline" button and a "REC" checkbox with a checkmark. At the bottom are "Clear", "OK", and "Cancel" buttons.

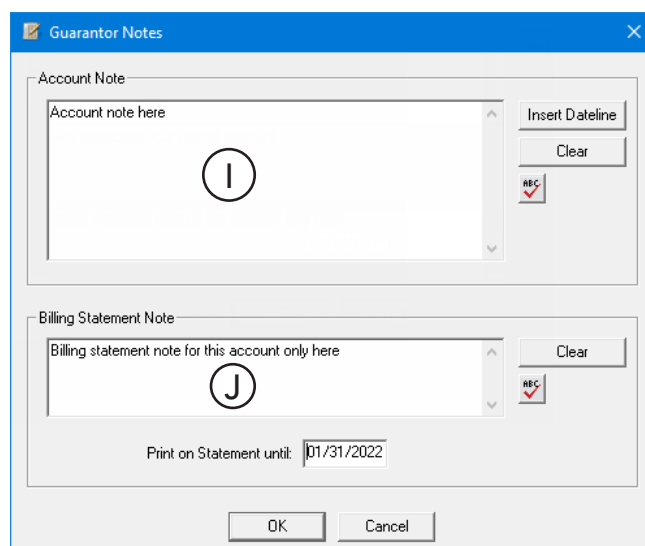
- H. Payment Plan Notes** – The notes attached to a future due payment plan. Payment plan notes are found in the **Payment Plan** dialog box. To access this dialog box, from the **Transaction** menu in the Ledger, click **Process Future Due Payment Plan**, select a future due payment plan, and then click **Edit**.



The **Payment Plan [DSMITH][AF]** dialog box has a title bar with a close button. It is divided into several sections. The top section is "Provider and Clinic" with "Provider: DSMITH" and "Clinic: AF". Below this is "Initial Agreement Information" with fields for "Date of Agreement: 01/24/2022", "Total Plan Amount: 2000.00", and "Down Pay Charge: 100.00". To the right is a "Note" section with a text area containing "Since the first payment was set for the holiday, we agreed to push back the payment to Jan 15th" and a large circled 'H' icon. Below the note is an "Insurance Estimates" table. At the top right is an "Insert Dateline" button and a "REC" checkbox with a checkmark. At the bottom are "OK" and "Cancel" buttons.

	Pat Amt:	Prim Ins Amt:	Sec Ins Amt:
Total Plan:	500.00	1000.00	500.00
Down Pay:	25.00	50.00	25.00

- I. Guarantor Note** – The notes attached to a guarantor. Guarantor notes are found in the **Guarantor Notes** dialog box. To access this dialog box, select a patient in the Ledger, and then click the **Guarantor Notes** button.



The **Guarantor Notes** dialog box has a title bar with a close button. It contains two main sections: "Account Note" and "Billing Statement Note". The "Account Note" section has a text area with the placeholder "Account note here" and a large circled 'I' icon. The "Billing Statement Note" section has a text area with the placeholder "Billing statement note for this account only here" and a large circled 'J' icon. Below the "Billing Statement Note" section is a "Print on Statement until:" field with the value "01/31/2022". At the top right of the "Account Note" section is an "Insert Dateline" button and a "REC" checkbox with a checkmark. At the bottom are "OK" and "Cancel" buttons.

- J. Guarantor Statement Note** – The notes attached to guarantor statements. Guarantor statement notes are found in the **Guarantor Notes** dialog box. To access this dialog box, select a patient in the Ledger, and then click the **Guarantor Notes** button.

How do I run the Patient Proposed Treatment Case Report (Your Care Plan)?

In the Treatment Planner module, from the **File** menu, point to **Print**, and then click **Patient Proposed Tx Case Report**. For additional details about running this report, see the “Patient Proposed Treatment Case Report” topic in the Treatment Planner portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Information** – The patient’s name, chart number, Social Security Number, birth date, and primary provider (from the Family File).
- B. Treatment Case Details** – The name of each proposed treatment plan case and a subtotal of the fees, estimated patient portions, and estimated insurance portions for all treatment in each case.
- C. Totals** – The total fee, estimated patient portion, and estimated insurance portion for all treatment in all proposed treatment plan cases.

Patient Questionnaire

You can print a hard copy of the patient questionnaire, which contains the patient's personal, referral, guarantor/spouse, employment, and insurance information along with any custom questions (for example, questions regarding medical or dental history).



Why: To provide the patient with a printout from which he or she can review personal and insurance information and medical and dental history

When: At patient check-in

A						Chart#: ABB101 <small>FOR OFFICE USE ONLY</small>	
Patient Information							
Patient Name: <u>Abbott, James S</u>		Jim		Date: <u>03/08/2018</u>			
<small>Last</small>		<small>First</small>		<small>MI</small>		<small>(Preferred Name)</small>	
Gender(M/F): <u>M</u>		Marital Status: <u>Married</u>		Birth Date: <u>11/11/1982</u>		Social Security #: <u>000-00-0041</u>	
Driver's License #:				E-Mail Address:			
Address: <u>1234 S Oak,</u>							
<small>Street</small>		<u>Murray</u>		<u>UT</u>		<u>84123</u>	
<small>City</small>		<small>State</small>		<small>Zip Code</small>			
Phone #'s: Home <u>555-1586</u>		Work		Ext		Best time to call:	
FAX		Pager		Other			
Referral Information							
Name of person, office or other source referring you to our practice: <u>Crosby, Brent L</u>							
Spouse or Responsible Party Information							
Name: <u>Abbott, James S</u>		Jim		Date: <u>03/08/2018</u>			
<small>Last</small>		<small>First</small>		<small>MI</small>		<small>(Preferred Name)</small>	
Gender(M/F): <u>M</u>		Marital Status: <u>Married</u>		Birth Date: <u>11/11/1982</u>		Social Security #: <u>000-00-0041</u>	
Driver's License #:				E-Mail Address:			
Address: <u>1234 S Oak,</u>							
<small>Street</small>		<u>Murray</u>		<u>UT</u>		<u>84123</u>	
<small>City</small>		<small>State</small>		<small>Zip Code</small>			
Phone #'s: Home <u>555-1586</u>		Work		Ext		Best time to call:	
FAX		Pager		Other			
Employment Information							
The following is for: <input checked="" type="checkbox"/> the patient <input type="checkbox"/> the person responsible for payment							
Employer Name: <u>Acme Bank</u>							
Address: <u>123 Hill Dr</u>		<u>Provo</u>		<u>UT</u>		<u>84604</u> <u>555-4701</u>	
<small>Street</small>		<small>City</small>		<small>State</small>		<small>Zip Code</small> <small>Phone</small>	
Insurance Information							
Primary							
Name of Insured: <u>Abbott, James S</u>							
<small>Last</small>		<small>First</small>		<small>MI</small>			
Insured's Birth Date: <u>11/11/1982</u>		ID #: <u>000-00-0000</u>		Group #: <u>16023</u>			
Insured's Address: <u>1234 S Oak</u>		<u>Murray</u>		<u>UT</u>		<u>84123</u>	
<small>Street</small>		<small>City</small>		<small>State</small>		<small>Zip Code</small>	
Insured's Employer Name: <u>Acme Bank</u>							
Address: <u>123 Hill Dr</u>		<u>Provo</u>		<u>UT</u>		<u>84604</u>	
<small>Street</small>		<small>City</small>		<small>State</small>		<small>Zip Code</small>	
Patient's relationship to insured: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other							
Insurance Plan Name and Address: <u>Allied Group Insurance Trust, P.O. Box 29109,</u>							
<u>St. Louis, MO, 63126</u>							
Secondary							
Name of Insured: <u>Abbott, Timothy</u>							
<small>Last</small>		<small>First</small>		<small>MI</small>			
Insured's Birth Date: <u>11/11/1984</u>		ID #: _____		Group #: <u>321863</u>			
Insured's Address: <u>1234 S Oak</u>		<u>Murray</u>		<u>UT</u>		<u>84123</u>	
<small>Street</small>		<small>City</small>		<small>State</small>		<small>Zip Code</small>	
Insured's Employer Name: _____							
Address: _____		<small>City</small>		<small>State</small>		<small>Zip Code</small>	
Patient's relationship to insured: <input type="checkbox"/> Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other							
Insurance Plan Name and Address: <u>Aetna Life and Casualty, P.O. Box 12345,</u>							
<u>Fort Wayne, IN, 46801</u>							

A Patient Information	
Patient: Abbott, James S	Date: 03/08/2018
Birth Date: 11/11/1982	Chart#: ABB101
Provider: DDS9	SS#: 000-00-0041
Phone: 555-1586	
Address: 1234 S Oak	
Murray, UT 84123	

B Patient Questionnaire	
Date of Questionnaire	03/08/2018
Do you have any medical conditions that we should be aware of?	No
If yes, please explain: _____	
Have you ever had any complications following dental treatment?	No
If yes, please explain: _____	

How do I run the Patient Questionnaire?

1. From any module (except the Office Manager), click the Patient Questionnaire button to open the Patient Questionnaire History window.
2. Select an existing questionnaire, and click **View** or **Edit**. Or, select a questionnaire type from the list, and click **New**.
3. To print the full questionnaire (all the patient information and custom questions), click **Print**. To print just the custom questions, click **Print Questions**. The responses to the questions will print if you are viewing or editing an existing questionnaire; new questionnaires don't have any responses, yet.

For more detailed instructions on printing a patient questionnaire, see the "Printing questionnaires" topic in the Other Features portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient Information

- **Full Questionnaire** – The patient's personal, referral, guarantor/spouse, employment, and insurance information stored in the Family File.
- **Questions Only** – The patient's name, birth date, chart number, and Social Security number stored in the Family File.

- B. Questions** – Questions regarding medical/dental history and/or other custom questions, and the patient's responses (if any).

Patient Revenue List by Payer Report

The Patient Revenue List by Payer Report displays the total amount of charges, payments, and adjustments that have been posted to a given patient’s record, on a given service date or entry date, and for a given payer.



Why:

To track revenue by payer

When:

As needed

Patient Revenue List By Payer							
Date Range: 2/25/2020 - 2/25/2020 Procedure Date							
Clinics: AF							
Patient Range: <ALL> - <ALL>							
Patient Status: <ALL>							
Report Date: 2/25/2020		Report Generated By: ENTERPRISE				Page 1 of 1	
Payer Name	Clinic	Patient Name	Chart Number	Date of Service	Total Charges by Date of Service	Total Payments by Date of Service	Total Adjustments by Date of Service
Delta PMI	AF	Crosby, Brent	CRO101	02/25/2020	128.00	-128.00	
Acme Insurance Co	AF	Reed, Sandy		02/25/2020	128.00	-128.00	
Lincoln National	AF	Winters, Carl	WIN100	02/25/2020	286.40	-200.40	-86.00

How do I run the Patient Revenue List by Payer Report?

From the DXOne Reporting module, select **List**, and then double-click **Patient Revenue List By Payer**. For additional details about running this report, see the “Patient Revenue List by Payer Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

You can hide the patient names by selecting the **Do not display Patient Name** check box when setting up the options to run this report. You can also display this report in a format that you can easily export to a spreadsheet program. The list is sorted by patient, date, and then payer.

A. Payer Name, Patient Name, and Date of Service/Entry Date – The following details appear:

- The name of the primary dental insurance carrier of claim that has the completed procedure attached to it. If the procedure is not attached to a primary dental claim, the payer is blank. If the procedure is attached to a primary medical claim and then to primary dental claim, the payer is blank. For a transaction on a date that is not associated with a payer, the payer is blank.
- The last name, first name, and middle initial of the patient.
- The date of service (if the report was run by **Procedure Date**) or entry date (if the report was run by **Entry Date**).

B. Total Charges by Service Date/Entry Date – The sum of the charges affecting the family balance:

- Completed procedures
- Finance and late charges
- Charge adjustments
- Charge initial balances
- Insurance charge adjustments
- Charge special adjustments

C. Total Payments by Service Date/Entry Date – The sum of the payments affecting the family balance:

- Guarantor payments
- Insurance payments

D. Total Adjustments by Service Date/Entry Date – The sum of the other credits affecting the family balance:

- Credit adjustments
- Credit special adjustments
- Credit initial balances

Notes:

- Allocation date as it relates to showing a portion of a payment should not be considered on the report however allocations as they tie back to charges should be considered.

For example, a given patient has the following on a given date:

- A completed procedure for \$100.00 that is attached to a claim for a given payer (Aetna).
- A guarantor payment of \$50.00, with \$25.00 of it being applied to the completed procedure, and the remaining \$25.00 is suspended.

Then, the \$25.00 that was applied the completed procedure and is attached to a claim appears on the line where Aetna is the payer. The guarantor payment of \$25.00 appears on a line where the payer is blank because this portion is not associated with a payer.

- Allocated credits should inherit from the associated charge clinic. This essentially means that the report is run by “rendering clinic.” Any portion of a credit not associated with a charge will use the clinic associated with that credit.

Patient Route Slip

The Patient Route Slip report allows you to print route slips for each appointment scheduled on a selected date or date range.



Why: To review patient details prior to an appointment, and to communicate work between the back office and front office



When: Daily, and as needed

Tuesday - March 8, 2018 at 9:50am		PATIENT ROUTE SLIP		For Mr. Brent L Crosby																																					
<div style="text-align: center;">A</div> PATIENT INFORMATION																																									
PATIENT NAME: Mr. Brent L Crosby 123 E Everberry Ln Eastside, NV 11111		<input checked="" type="checkbox"/> PATIENT STATUS PENDING		PRIMARY PROVIDER: DDS1 SECONDARY PROVIDER: FIRST VISIT DATE: 04/14/2015 YEARS AS A PATIENT: 5 LAST VISIT DATE: 07/02/2017 CCDATES: 01/03/2018 BITEWINGS LAST PROPHYLAXIS: 07/02/2017 01/03/2018 PROPHY MISSED APPT NUM: 0 LAST MISSED APPT: LAST REFERRED BY: LAST REFERRED TO: # REFERRALS: 0 LAST REFERRAL: LAST GRATUITY:																																					
HOME: (801)555-5969 WORK: (801)555-6600 EMPLOYER: Allied Plumbing SOC SEC NUMBER: 000-00-0005 CHART NUMBER: CR001 MEDICAL ALERTS:																																									
Patient Notes:																																									
<div style="text-align: center;">B</div> ACCOUNT INFORMATION			<div style="text-align: center;">C</div> INSURANCE INFORMATION																																						
GUARANTEE NAME: Mr. Brent L Crosby 123 E Everberry Ln Eastside, NV 11111 HOME: (801)555-5969 WORK: (801)555-6600 EMPLOYER: Allied Plumbing SOC SEC NUMBER: 000-00-0005 BILLING TYPE: 1 LAST PAYMENT: NEXT PAYMENT: NA			<input checked="" type="checkbox"/> FAMILY CLAIMS PENDING PRIMARY CARRIER: Ameritas SUBSCRIBER: Brent L Crosby (Self) EMPLOYER: Allied Plumbing GROUP NUMBER: 11220 MAXIMUM BENEFITS: 2000.00 BENEFITS USED: 1340.00 Jan BENEFITS REMAINING: 660.00 DED OWED S/P/O: PAT-50/50/0, FAM-0/0/0 PREV: 100% BASIC: 80% MAJOR: 50% ORTHO: 50% SECONDARY CARRIER: Connecticut General SUBSCRIBER: Shirley H Crosby (Spouse) EMPLOYER: GROUP NUMBER: 65001 MAXIMUM BENEFITS: 2000.00 BENEFITS USED: 0.00 Jan BENEFITS REMAINING: 2000.00 DED OWED S/P/O: PAT-0/25/0, FAM-0/0/0 PREV: 100% BASIC: 80% MAJOR: 50% ORTHO: 50%																																						
<table border="1"> <thead> <tr> <th>0==>30</th> <th>31==>60</th> <th>61==>90</th> <th>91==></th> <th>INS EST</th> <th>SUS CRED</th> <th>BALANCE</th> </tr> </thead> <tbody> <tr> <td>100.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>45.00</td> <td>0.00</td> <td>100.00</td> </tr> </tbody> </table>			0==>30	31==>60	61==>90	91==>	INS EST	SUS CRED	BALANCE	100.00	0.00	0.00	0.00	45.00	0.00	100.00																									
0==>30	31==>60	61==>90	91==>	INS EST	SUS CRED	BALANCE																																			
100.00	0.00	0.00	0.00	45.00	0.00	100.00																																			
<table border="1"> <thead> <tr> <th>NAME (2 of 2)</th> <th>POSITION</th> <th>GEN</th> <th>BIRTHDAY</th> <th>AGE</th> <th>LAST VISIT</th> <th>LAST PROPHY</th> <th>CCDATE</th> <th>NEXT APPT</th> <th>TP</th> </tr> </thead> <tbody> <tr> <td>*Mr. Brent L Crosby</td> <td>Married</td> <td>M</td> <td>11/11/1967</td> <td>43</td> <td>07/02/2017</td> <td><div style="text-align: center;">D</div></td> <td>01/03/2018(+)</td> <td>04/04/2018(+)</td> <td>S</td> </tr> <tr> <td>Mrs. Shirley H Crosby</td> <td>Married</td> <td>F</td> <td>11/11/1969</td> <td>41</td> <td>01/01/2018</td> <td></td> <td>01/07/2019 (+)</td> <td></td> <td>N</td> </tr> </tbody> </table>						NAME (2 of 2)	POSITION	GEN	BIRTHDAY	AGE	LAST VISIT	LAST PROPHY	CCDATE	NEXT APPT	TP	*Mr. Brent L Crosby	Married	M	11/11/1967	43	07/02/2017	<div style="text-align: center;">D</div>	01/03/2018(+)	04/04/2018(+)	S	Mrs. Shirley H Crosby	Married	F	11/11/1969	41	01/01/2018		01/07/2019 (+)		N						
NAME (2 of 2)	POSITION	GEN	BIRTHDAY	AGE	LAST VISIT	LAST PROPHY	CCDATE	NEXT APPT	TP																																
*Mr. Brent L Crosby	Married	M	11/11/1967	43	07/02/2017	<div style="text-align: center;">D</div>	01/03/2018(+)	04/04/2018(+)	S																																
Mrs. Shirley H Crosby	Married	F	11/11/1969	41	01/01/2018		01/07/2019 (+)		N																																
<div style="text-align: center;">E</div> APPOINTMENT INFORMATION																																									
APPT DATE: 04/10/2019 TIME: 10:00 SCHEDULED TIME: 40 Minutes APPT AMOUNT: 2913.00 OPERATORY: DEF_OP1 PROVIDER: AROSE APPT STATUS:																																									
NOTES:																																									
<table border="1"> <thead> <tr> <th>DATE</th> <th>ORDER</th> <th>TOOTH</th> <th>CODE</th> <th>PROCEDURE</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>04/10/2019</td> <td></td> <td></td> <td>D0240</td> <td>Intraoral-occlusal film</td> <td>2515.00</td> </tr> <tr> <td>04/10/2019</td> <td></td> <td></td> <td>D0290</td> <td>Skull & facial bone survey film</td> <td>84.00</td> </tr> <tr> <td>04/10/2019</td> <td></td> <td></td> <td>D0320</td> <td>TMJ arthrogram, incl injection</td> <td>253.00</td> </tr> <tr> <td>04/10/2019</td> <td></td> <td></td> <td>D0330</td> <td>Panoramic film</td> <td>61.00</td> </tr> <tr> <td>04/11/2019</td> <td></td> <td></td> <td>D0320</td> <td>TMJ arthrogram, incl injection</td> <td>253.00</td> </tr> </tbody> </table>						DATE	ORDER	TOOTH	CODE	PROCEDURE	AMOUNT	04/10/2019			D0240	Intraoral-occlusal film	2515.00	04/10/2019			D0290	Skull & facial bone survey film	84.00	04/10/2019			D0320	TMJ arthrogram, incl injection	253.00	04/10/2019			D0330	Panoramic film	61.00	04/11/2019			D0320	TMJ arthrogram, incl injection	253.00
DATE	ORDER	TOOTH	CODE	PROCEDURE	AMOUNT																																				
04/10/2019			D0240	Intraoral-occlusal film	2515.00																																				
04/10/2019			D0290	Skull & facial bone survey film	84.00																																				
04/10/2019			D0320	TMJ arthrogram, incl injection	253.00																																				
04/10/2019			D0330	Panoramic film	61.00																																				
04/11/2019			D0320	TMJ arthrogram, incl injection	253.00																																				
TOTAL:					3166.00																																				
<div style="text-align: center;">F</div> <table border="1"> <thead> <tr> <th>DATE</th> <th>TIME</th> <th>PROVIDER</th> <th>REASON</th> </tr> </thead> <tbody> <tr> <td>04/11/2019</td> <td>10:00am</td> <td>AROSE</td> <td>TMJarthro</td> </tr> </tbody> </table>						DATE	TIME	PROVIDER	REASON	04/11/2019	10:00am	AROSE	TMJarthro																												
DATE	TIME	PROVIDER	REASON																																						
04/11/2019	10:00am	AROSE	TMJarthro																																						

How do I run the Patient Route Slip?

1. In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Daily Appointment List**.
2. Ensure the **Patient Route Slips** option is selected.
3. Click **OK**.

OR

From the Appointment Book, right-click an appointment, and select **Print Route Slip**.

For step-by-step instructions on how to run this report, see the "Daily Appointment List" and "Route slip" topics in the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Information** – The patient's contact information, employer, preferred provider(s), number of years as a patient, number of missed appointments, and referral information.

If a certain clinic setting is enabled, this section also includes the patient's financial information: aged balances, estimated insurance portion, suspended credits, balance, and estimated patient portion (Balance + Appt Amount – Ins Est). The estimated insurance portion is the insurance estimate for the procedures attached to the appointment for which the route slip is generated. However, if the clinic setting is not enabled, the financial information does not appear.

PATIENT INFORMATION							
PATIENT NAME: Mr. Brent L Crosby 123 E Everberry Ln Eastside, NV 11111				<input checked="" type="checkbox"/> PATIENT CLAIMS PENDING			
HOME: (801)555-5969				WORK: (801)555-6600			
EMPLOYER: Allied Plumbing							
SOC SEC NUMBER: 000-00-0005				CHART NUMBER: CR001			
MEDICAL ALERTS:							
0==>30	31==>60	61==>90	91==>	INS EST	SUS CRED	BALANCE	EST PAT PO
100.00	0.00	0.00	0.00	1500.00	0.00	100.00	1513.00

- B. Account Information** – The guarantor's information and the financial information for the account: aged balances, estimated insurance portion, suspended credits, and balance.

If a certain clinic setting is enabled, this section also includes the estimated guarantor portion (Balance + Appt Amount – Ins Est). The estimated insurance portion includes the insurance estimate for other family members' completed procedures (whether or not they are attached to a claim) and includes the insurance estimate for the procedures attached to the appointment for which the route slip is generated. However, if the clinic setting is not enabled, the estimated guarantor portion does not appear, and the estimated insurance portion is the insurance estimate for the patient's and the other family members' completed procedures.

ACCOUNT INFORMATION							
GUARANTOR NAME: Mr. Brent L Crosby 123 E Everberry Ln Eastside, NV 11111				<input checked="" type="checkbox"/> FAMILY CLAIMS PENDING			
HOME: (801)555-5969				WORK: (801)555-6600			
EMPLOYER: Allied Plumbing							
SOC SEC NUMBER: 000-00-0005				LAST STATEMENT:			
BILLING TYPE: 1				LAST PMT AMT: 0			
LAST PAYMENT:				PAYMENT DUE: NA			
NEXT PAYMENT: NA				EST GUAR PORTION: 1513.00			
0==>30	31==>60	61==>90	91==>	INS EST	SUS CRED	BALANCE	
100.00	0.00	0.00	0.00	1500.00	0.00	100.00	

- C. Insurance Information** – The patient's primary and secondary insurance information.
- D. Continuing Care** – The patient's continuing care due date and next appointment date.
- E. Appointment Information** – The procedures to be completed during the current appointment.
- F. Future Appointments** – The dates and times of the patient's future appointments.

Patient Treatment Case Report


The Patient Treatment Case Report displays treatment plan cases for a specific patient within specific procedure and case expiration dates. The report may also include items, such as patient and family account balances and dental insurance plan maximums and deductibles.



Why: To print the treatment cases created for a patient

When: As needed

Patient Treatment Case Report													
Patient: Abbott, James S Provider: Dennis Smith, D.D.S Phone: (801)555-1942 Office: 1234 Pine St American Fork, UT 84003								Date: 3/8/2018 Chart #: ABB101 SS #: 000-00-0041 Birthdate: 11/11/1962					
Case Name: Treatment Plan				Priority: None				Finance Status: None					
Alternate Cases:													
Status: Created				Last Updated: 3/8/2011									
Comment: Case created by user: ENTERPRISE													
Case Note:													
Ent Date	Prc Date	Visit	Tooth	Surface	Code	Prov	Description	Fee	Pat	Prim Ins	Sec Ins	Office	
3/8/2018	3/8/2018	1	4	D,	D2110	DDS9		151.00	0.00	80.80	70.20	151.00	
Visit: 1 Subtotal:								151.00	0.00	80.80	70.20	151.00	
Ent Date	Prc Date	Visit	Tooth	Surface	Code	Prov	Description	Fee	Pat	Prim Ins	Sec Ins	Office	
3/8/2018	3/8/2018	2	13		D7280	DDS9	Surgical method to expose a covered tooth so it can grow in normally	350.00	240.00	100.00	10.00	350.00	
3/8/2018	3/8/2018	2	14		D7280	DDS9	Surgical method to expose a covered tooth so it can grow in normally	350.00	145.00	200.00	5.00	350.00	
3/8/2018	3/8/2018	2	15		D7280	DDS9	Surgical method to expose a covered tooth so it can grow in normally	350.00	0.00	100.00	250.00	350.00	
Visit: 2 Subtotal:								1,050.00	385.00	400.00	265.00	1,050.00	
Ent Date	Prc Date	Visit	Tooth	Surface	Code	Prov	Description	Fee	Pat	Prim Ins	Sec Ins	Office	
3/8/2018	3/8/2018	3	19		D2750	DDS9	Crown restoration made of porcelain fused to high noble metal (has a strong, hypo-allergenic base)	713.00	0.00	500.00	213.00	713.00	
Visit: 3 Subtotal:								713.00	0.00	500.00	213.00	713.00	
Total:								1,914.00	385.00	980.80	548.20	1,914.00	
Treatment Plan Total												1,914.00	
Estimated Deductible to be Applied												75.00	
Estimated Insurance Payment												1,529.00	
Estimated Patient's Portion												385.00	
Patient Balance												-12,430.55	
Family Balance												52.00	

Dental Insurance Benefits		Patient	
		Primary	Secondary
Annual Plan Benefits		1,500.00	2,000.00
Paid Benefits YTD		0.00	0.00
Pending Insurance Est. YTD		0.00	0.00
Est. Benefits Remaining YTD		1,500.00	2,000.00
Benefits Expire		12/31/2018	12/31/2018
Deductible Owed YTD	Standard	50.00	25.00
	Preventive	0.00	0.00
	Other	0.00	0.00
Primary Dental Insurance	Allied Group Insurance Trust		
Secondary Dental Insurance	Aetna Life and Casualty		

How do I run the Patient Treatment Case Report?

1. In the Treatment Planner, select the appropriate patient.
2. From the **File** menu, point to **Print**, and then click **Patient Treatment Case Report**.

For additional details about running this report, see the "Printing the Patient Treatment Case Report" topic in the Treatment Planner portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Treatment** – The treatment-planned procedures are grouped by visit. A subtotal of fees, patient portions, and insurance estimates for each visit are given.
- B. Case Totals** – The total fees, patient portions, and insurance estimates totals for all visits in the case.
- C. Other Totals** – The treatment plan total, estimated insurance portion, deductible to be applied, estimated patient portion, and patient and family account balances.
- D. Insurance Benefits** – Details of the current insurance plan maximums and deductibles for the patient are shown.

Patient's Ledger Report

The Patient's Ledger Report displays all transactions posted to the Ledger for an individual patient. Depending on report settings, the total family balance, individual family balances, and guarantor payments and adjustments also appear on this report.



Why: To provide a patient with a record of his or her transactions

When: As needed

A

B

PATIENT'S LEDGER REPORT

The Dentist Group

Date: 04/23/2018

Page: 1

Patient Name: James S Abbott

123 S Oak St

Murray, UT 84123

Chart Number: ABB101

Billing Type: 2

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
03/23/2018		Balance Forward		6407.84		6407.84
04/22/2018	5	Post/core + brdg retainer, fabr	James	230.00		6637.84
04/22/2018		Prophylaxis-adult	James	0.00		6637.84
04/22/2018		Periodic oral evaluation	James	0.00		6637.84
04/22/2018		Bitewings-four films	James	0.00		6637.84
04/22/2018		Panoramic film	James	0.00		6637.84
04/22/2018		Professional Discount	<Family>		-10.00	6627.84
04/22/2018		Check Payment - Thank You	<Family>		-125.00	6502.84
04/23/2018	6	Extraction-single tooth	James	71.00		6573.84
TOTAL PATIENT BALANCE AS OF 04/23/2018:						6573.84

C

How do I run the Patient's Ledger Report?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Patient's Ledger Report**. For additional details about running this report, see the "Patient's Ledger Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient Details** – The patient's name, street address, chart number, and billing type.
- B. Patient History** – All transactions posted to the patient's Ledger during the date range of the report.
- C. Total Patient Balance** – The patient's current balance.

Payment Agreement Amortization Schedule

The Payment Agreement Amortization schedule displays an amortization schedule for a patient's payment agreement. You might want to print this report and provide it to patients at the time a payment agreement is created.



Why: To provide patients with an amortization schedule

When: After creating a payment agreement, and as needed

PAYMENT AGREEMENT AMORTIZATION

The Allied Dentist Group

Date: 05/15/2018

Page: 1

Guarantor Name: Abbott, Patricia

Chart Number: ABB102
Payment Interval: Monthly

#	DATE DUE	AGREED PAYMENT AMOUNT	INTEREST 12 % Annual f / 12 = f	PRINCIPAL	BALANCE
					5956.04
1	04/30/2018	1000.00	59.56	940.44	5015.60
2	05/30/2018	1000.00	50.16	949.84	4065.76
3	06/30/2018	1000.00	40.66	959.34	3106.42
4	07/30/2018	1000.00	31.06	968.94	2137.48
5	08/30/2018	1000.00	21.37	978.63	1158.85
6	09/30/2018	1000.00	11.59	988.41	170.44
TOTALS		6000.00	214.40	5785.60	



How do I run the Payment Agreement Amortization Schedule?

1. From the Ledger, click the Payment Agreement button to open the **Billing/Payment Agreement Information** dialog box.
2. Click **Print** to open the **Print for Payment Agreement** dialog box.
3. Select **Amortization of Payments and Finance Charges**.
4. Click **Print** or **Send to Batch**.

For additional details about running this report, see the “Printing payment agreement documents” topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Payment Details** – The payment due date, amount, interest to be applied, amount to be applied to principal, and balance of the financed amount.
- B. Totals** – The total amount paid by the end of the finance period, interest to be paid, and principal to be paid.

Payment Agreement Report

The Payment Agreement Report lists the payment agreements that have not been completed.



Why: To ensure the practice follows up with guarantors that fail to make payments, to identify and assist guarantors prone to default on the agreement, and to reduce the amount of bad debt the practice writes off

When: As frequently as your patients are required to make payments

PAYMENT AGREEMENT REPORT

For Provider(s): <ALL> - <ALL>

Date: 04/23/2018

Page: 1

GUARANTOR NAME	PHONE#	PA DATE	BAL FOR PA	AGREE AMT	NEXT PMT DATE	LAST PMT DATE
BT/PROV	FC%/GRACE	1st PMT	BAL REMAIN	TOT.# PMTS	NEXT AMT DUE	LAST PMT AMT
LAST LATE CHARGE	DATE/AMOUNT	PA INTERVAL	ACCT BAL	REM.# PMTS	AMT PAST DUE	# PMTS MISSED
Reeves, Joshua	(919)555-1978	04/23/2018	7800.00	1000.00	05/01/2018	
1/DDS2	12.000/0	05/01/2018	7800.00	9	1000.00	0.00
	none	monthly	0.00	9	0.00	0
Jeff has paid once a month and will begin payments 13 days from the date of this payment agreement to coincide with his monthly pay check.						
Taylor, Mark L	(919)555-1045	04/23/2018	180.00	20.00	04/30/2018	
1/DDS2	12.000/0	04/30/2018	180.00	10	20.00	0.00
	none	monthly	180.00	10	0.00	0

TOTAL # OF PAYMENT AGREEMENTS:	2
TOTAL BALANCES REMAINING:	7980.00
TOTAL ACCOUNT BALANCES:	180.00
TOTAL AGREED PAYMENT AMOUNTS:	1020.00
TOTAL AMOUNTS PAST DUE:	0.00
TOTAL AMOUNTS DUE:	1020.00

A

B

C

GUARANTOR NAME	PHONE#	PA DATE	BAL FOR PA	AGREE AMT	NEXT PMT DATE	LAST PMT DATE
BT/PROV	FC%/GRACE	1st PMT	BAL REMAIN	TOT.# PMTS	NEXT AMT DUE	LAST PMT AMT
LAST LATE CHARGE	DATE/AMOUNT	PA INTERVAL	ACCT BAL	REM.# PMTS	AMT PAST DUE	# PMTS MISSED
Reeves, Joshua	(919)555-1978	04/23/2018	7800.00	1000.00	05/01/2018	
1/DDS2	12.000/0	05/01/2018	7800.00	9	1000.00	0.00
	none	monthly	0.00	9	0.00	0
Jeff has paid once a month and will begin payments 13 days from the date of this payment agreement to coincide with his monthly pay check.						

D

How do I run the Payment Agreement Report?

In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Payment Agreement Report**. For additional details about running this report, see the "Payment Agreement Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Original Agreement Details – In addition to the name and phone number of the guarantor, the following information is included:

- **PA Date** – The date of the payment agreement.
- **Bal For PA** – The original balance of the payment agreement.
- **Agree Amt** – The monthly payment amount.

B. Future Transactions

- **Next Pmt Date** – The next payment due date.
- **Next Amt Due** – The next payment amount.

C. Current Status:

- **Last Pmt Date** – The guarantor's last payment date.
- **Last Pmt Amt** – The amount of the guarantor's last payment.
- **Rem # Pmts** – The number of payments remaining.
- **Bal Remain** – The remaining balance of the payment agreement.
- **Acct Bal** – The guarantor's current account balance.

D. PA Notes – If you check **Print Last PA Note** when setting options for the report, the last payment agreement note prints on the report.

Payment Summary Report

The Payment Summary Report displays totals by payment type.



Why: To verify bank and credit processing statements, to compare collection agencies, and to view payment totals by payment types

When: As needed

Payment Summary

05/01/2018 - 05/05/2018 Procedure Date

Clinics: <ALL>

Providers: <ALL>

Billing Type: <ALL>

Payment Types: <ALL>

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

Description	Quantity	Total	Average	Percent
Cash Payment - Thank You	3	-140.00	-46.67	25.93%
Check Payment - Thank You	4	-200.00	-50.00	37.04%
Credit Card Payment -Thank You	2	-23.96	-11.98	4.44%
Dental Insurance - Primary		-10.00	-10.00	2.59%
Grand Totals	A	B	C	D
	13	-539.96	-41.54	

E

How do I run the Payment Summary Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Payment Summary**. For additional details about running this report, see the "Payment Summary Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Quantity** – The number of payments received.
- B. Total** – The total dollar amount of payments received.
- C. Average** – The average payment amount (Total / Quantity).
- D. Percent** – The payment total compared to all payments (Total / Total Of All Payments). The percent column assists you in comparing the most popular payment types. The higher the percentage, the more revenue was brought in by the payment type.
- E. Grand Totals** – The Grand Totals section includes the quantity, total, and average for all the payments on the report.

Perio - Combined Graphic & Data Chart Report

The Perio - Combined Graphic & Data Chart Report is a data chart and graphical representation of all periodontal data collected during a perio examination.



Why: To provide a patient with the results of his/her perio exam

When: After completing a perio exam, and as needed

Perio Examination

Patient: James S. Abbott
Birthdate: 11/11/1960
Provider: Dennis D. Smith D.D.S.
Phone: (801)555-9300
Office: 123 E. Valley Drive # 500
 American Fork, UT 84003

Date: 05/15/2018
SS#: 000-00-0000

	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD	
PD		111	414	112	222		323	332	323		333	322		213	111	PD
GM																GM
CAL		111	414	112	222		323	332	323		333	322		213	111	CAL
MG																MG

FACIAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	MAXILLARY
LINGUAL																	

	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD	
PD		132	133	231	321		323	333	432		432	132		431	232	PD
GM																GM
CAL		132	133	231	321		323	333	432		432	132		431	232	CAL
MG																MG

RIGHT	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD	LEFT
PD		113	212	212	333	321	432	132	223	143	321	443	232	132	113	PD
GM																GM
CAL		113	212	212	333	321	432	132	223	143	321	443	232	132	113	CAL
MG																MG

LINGUAL	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	MANDIBULAR
FACIAL																	

	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD	
PD		341	312	323	412	132	322	234	123	223	123	231	231	212	312	PD
GM																GM
CAL		341	312	323	412	132	322	234	123	223	123	231	231	212	312	CAL
MG																MG

D = Distal GM = Gingival Margin CAL = Clinical Attachment Level MG = Mucogingival Junction
 C = Central ● Bleeding ● Suppuration ● Bleeding and Suppuration
 M = Mesial Furcation: F1 F2 F3 F4 Mobility: 1 2 3 4 PD = Prb Depth

© Dentrrix 1990 - 2018

How do I run the Perio - Combined Graphic & Data Chart Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

***Note:** This report prints in a landscape format.*

What important information does this report provide?

This report contains the following perio exam results:

- Probing Depth
- Bleeding/Suppuration
- Gingival Margin
- Clinical Attachment Level
- Mucogingival Junction
- Plaque/Mobility/Bone Loss
- Furcation Grade
- Maxillary/Mandibular Tooth Codes

***Note:** A legend is provided below the chart.*

Perio - Data Chart Report

The Perio - Data Chart Report is a table of all periodontal data collected during a periodontal examination.



Why: To provide a patient with the results of his/her periodontal exam

When: After completing a periodontal exam, and as needed

The Allied Dentist Group
123 East Valley Dr
American Fork, UT 84003
(801)555-9300

Patient: James S. Abbott
Exam by: Dennis D. Smith D.D.S.

Report Date: 05/15/2018
Exam Date: 05/15/2018

MAXILLARY TOOTH NUMBER:		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
		DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
Probing Depth	- Facial	-	1 1 1	4 1 4	1 1 2	2 2 2	-	3 2 3	3 3 2	3 2 3	-	3 3 3	3 2 2	-	2 1 3	1 1 1	-
	- Lingual	-	1 3 2	1 3 3	2 3 1	3 2 1	-	3 2 3	3 3 3	4 3 2	-	4 3 2	1 3 2	-	4 3 1	2 3 2	-
Bleeding/Suppuration	- Facial	-					-				-			-			-
	- Lingual	-					-				-			-			-
Gingival Margin	- Facial	-					-				-			-			-
	- Lingual	-					-				-			-			-
Clinical Attachment Level	- Facial	-	1 1 1	4 1 4	1 1 2	2 2 2	-	3 2 3	3 3 2	3 2 3	-	3 3 3	3 2 2	-	2 1 3	1 1 1	-
	- Lingual	-	1 3 2	1 3 3	2 3 1	3 2 1	-	3 2 3	3 3 3	4 3 2	-	4 3 2	1 3 2	-	4 3 1	2 3 2	-
Mucogingival Junction	- Facial	-					-				-			-			-
	- Lingual	-					-				-			-			-
Plaque/Mobility/Bone Loss	-	-					-				-			-			-
Furcation Grade	- Buccal	-					-				-			-			-
	- Lingual	-					-				-			-			-
Maxillary Tooth Codes		M				C	M	C			M			M			M

MANDIBULAR TOOTH NUMBER:		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
		DCM	DCM	DCM	DCM	DCM	DCM	DCM	DCM	MCD	MCD	MCD	MCD	MCD	MCD	MCD	MCD
Probing Depth	- Facial	-	3 4 1	3 1 2	3 2 3	4 1 2	1 3 2	3 2 2	2 3 4	1 2 3	2 2 3	1 2 3	2 3 1	2 3 1	2 1 2	3 1 2	-
	- Lingual	-	1 1 3	2 1 2	2 1 2	3 3 3	3 2 1	4 3 2	1 3 2	2 2 3	1 4 3	3 2 1	4 4 3	2 3 2	1 3 2	1 1 3	-
Bleeding/Suppuration	- Facial	-															-
	- Lingual	-															-
Gingival Margin	- Facial	-															-
	- Lingual	-															-
Clinical Attachment Level	- Facial	-	3 4 1	3 1 2	3 2 3	4 1 2	1 3 2	3 2 2	2 3 4	1 2 3	2 2 3	1 2 3	2 3 1	2 3 1	2 1 2	3 1 2	-
	- Lingual	-	1 1 3	2 1 2	2 1 2	3 3 3	3 2 1	4 3 2	1 3 2	2 2 3	1 4 3	3 2 1	4 4 3	2 3 2	1 3 2	1 1 3	-
Mucogingival Junction	- Facial	-															-
	- Lingual	-															-
Plaque/Mobility/Bone Loss	-	-															-
Furcation Grade	- Buccal	-															-
	- Lingual	-															-
Mandibular Tooth Codes		M															M

LEGEND				
TOOTH CODES	GINGIVA PROBING CODES	PLAQUE	BONE LOSS	OTHER CODES
M Missing	0 to 9 mm below the CEJ	1 - Light	1 - Mild	B Bleeding
U Unerupted	> >9 mm below the CEJ	2 - Moderate	2 - Moderate	S Suppuration
P Pontic	A 1 mm above the CEJ	3 - Heavy	3 - Severe	* Bleeding & Suppuration
I Implant	B 2 mm above the CEJ			> Greater than 9 mm
C Crown	C 3 mm above the CEJ			
IC Implant+Crown	D 4 mm above the CEJ			
ID Impacted Distal	E >4 mm above the CEJ			
IM Impacted Mesial				

How do I run the Perio - Data Chart Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Note: *This report prints in a landscape format.*

What important information does this report provide?

This report contains the following perio exam results:

- Probing Depth
- Bleeding/Suppuration
- Gingival Margin
- Clinical Attachment Level
- Mucogingival Junction
- Plaque/Mobility/Bone Loss
- Furcation Grade
- Maxillary/Mandibular Tooth Codes

Note: *A legend is provided below the chart.*



When: After completing a periodontal exam, and as needed

Report Date: 05/15/2018

MAXILLARY TOOTH #		1 DCM	2 DCM	3 DCM	4 DCM	5 DCM	6 DCM	7 DCM	8 DCM	9 MCD	10 MCD	11 MCD	12 MCD	13 MCD	14 MCD	15 MCD	16 MCD
Facial	12/15/2017	5 4 5	6 1 1	1 8 8	8 1 8	9 1 2	1 6 5	1 3 1	6 5 1	3 2 1	6 1 6	5 1 1	6 5 1	5 6 1	3 1 6	3 5 1	M
	Change		↑ ↑ ↑	↓ ↓ ↓	↑ ↑ ↑	↑ ↓ ↓		↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓		↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↑ ↑ ↑	↑ ↑ ↑	
	05/15/2018	M	1 1 1	4 1 4	1 1 2	2 2 2	M	3 2 3	3 3 2	3 2 3	M	3 3 3	3 2 2	M	2 1 3	1 1 1	M
Lingual	12/15/2007	3 3 6	6 1 5	1 1 1	1 2 5	6 1 3	4 5 6	1 2 3	1 5 3	4 6 5	1 3 5	1 1 5	1 5 3	1 3 1	1 5 1	3 1 5	M
	Change		↑ ↑ ↑	↓ ↓ ↓	↑ ↓ ↓	↑ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	
	05/15/2018	M	1 3 2	1 3 3	2 3 1	3 2 1	M	3 2 3	3 3 3	4 3 2	M	4 3 2	1 3 2	M	4 3 1	2 3 2	M
MANDIBULAR TOOTH #		32 DCM	31 DCM	30 DCM	29 DCM	28 DCM	27 DCM	26 DCM	25 DCM	24 MCD	23 MCD	22 MCD	21 MCD	20 MCD	19 MCD	18 MCD	17 MCD
Facial	12/15/2017	3 1 1	5 1 5	1 1 5	1 6 3	1 5 6	1 5 3	2 1 2	3 1 6	6 6 1	6 1 6	1 3 2	1 3 1	3 1 6	5 4 6	5 1 3	1 6 5
	Change		↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓
	05/15/2018	M	3 4 1	3 1 2	3 2 3	4 1 2	1 3 2	3 2 2	2 3 4	1 2 3	2 2 3	1 2 3	2 3 1	2 3 1	2 1 2	3 1 2	M
Lingual	12/15/2017	4 4 4	4 5 1	4 5 1	4 5 1	4 4 4	5 1 2	1 5 3	6 6 3	5 5 6	2 2 1	1 5 1	2 1 2	4 4 5	3 1 2	1 6 5	6 4
	Change		↑ ↑ ↑	↑ ↑ ↑	↑ ↑ ↑	↑ ↑ ↑	↑ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓	↓ ↓ ↓
	05/15/2018	M	1 1 3	2 1 2	2 1 2	3 3 3	3 2 1	4 3 2	1 3 2	2 2 3	1 4 3	3 2 1	4 4 3	2 3 2	1 3 2	1 1 3	M

LEGEND

TOOTH CODES	GINGIVAL MARGIN (GM) PROBING CODES	CHANGE SYMBOLS
M Missing	0 to 9 mm below the CEJ	↓ >1mm and 2mm worse
U Unerupted	> >9 mm below the CEJ	× >2mm worse
P Pontic	A 1 mm above the CEJ	× >1mm and 2mm better
I Implant	B 2 mm above the CEJ	↑ >2mm better
C Crown	C 3 mm above the CEJ	
IC Implant+Crown	D 4 mm above the CEJ	
ID Impacted Distal	E >4 mm above the CEJ	
IM Impacted Mesial		

How do I run the Perio - Exam Comparison Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

***Note:** This report prints in a landscape format.*

What important information does this report provide?

Printing a comparison of exams is only possible if you are viewing a comparison. To indicate the exams you want to compare, from the **Options** menu in the Perio Chart, click **Exam Comparison**. This report displays the following changes since the previous perio exam:

- Probing Depths are presented in a data chart.
- Gingival Margins are presented in a data or graphical chart.
- Clinical Attachment Levels are presented in a data or graphical chart.
- Mobility is presented in a data chart.
- Furcation Involvement is presented in a data chart.

***Note:** A legend is provided below the chart.*

Perio - Graphic Chart Report

The Perio - Graphic Chart Report is a graphical representation of all periodontal data collected during a periodontal examination.



Why: To provide a patient with the results of his or her periodontal exam

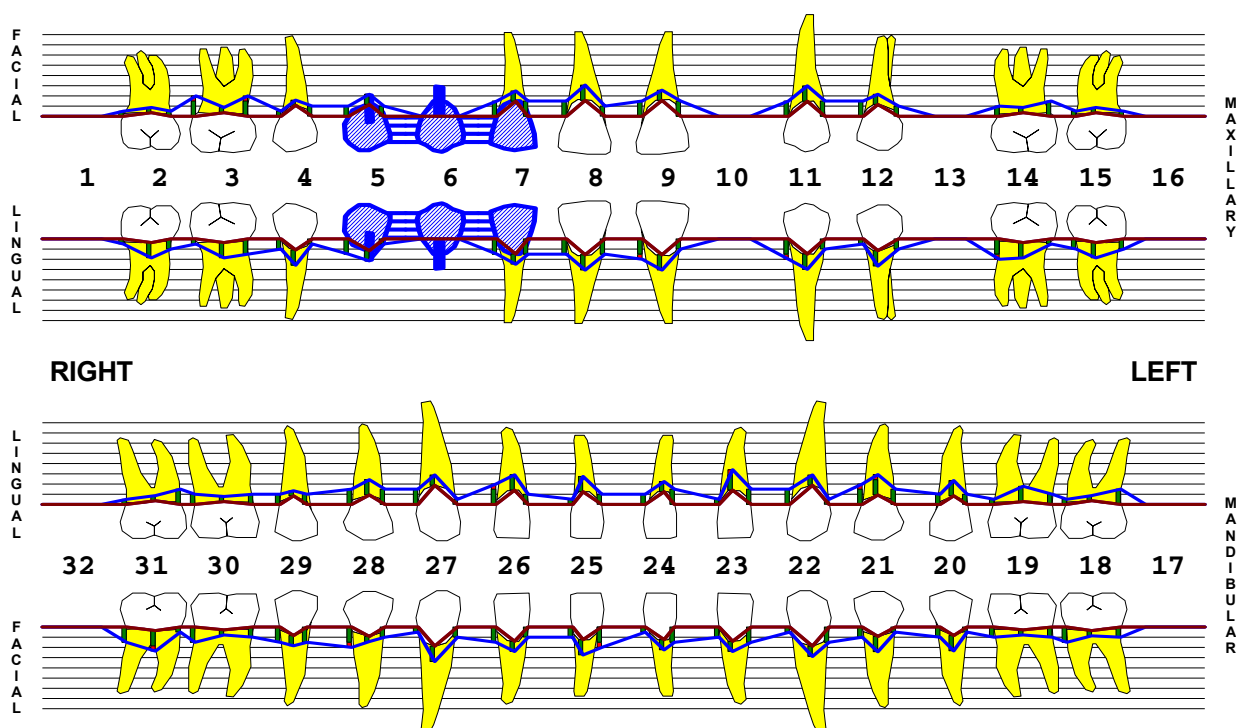
When: After completing a periodontal exam, and as needed

Perio Examination

Patient: James S. Abbott
Birthdate: 11/11/1960
Provider: Dennis D. Smith D.D.S.
Phone: (801)555-9300
Office: 123 E. Valley Drive # 500
 American Fork, UT 84003

Chart #: ABB101

Date: 05/15/2018
SS#: 000-00-0000



© Dentrix 1990 - 2018

— Gingival Margin — Clinical Attachment Level — Mucogingival Junction
 ● Bleeding ● Suppuration ● Bleeding and Suppuration
 Furcation: F1 ∨ F2 ∇ F3 ▼ F4 ▼ Mobility: 1 2 3 4 ■ Prb Depth

Provider's Signature: _____

Date: _____

How do I run the Perio - Graphic Chart Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Note: *This report prints in a landscape format.*

What important information does this report provide?

This report contains the following perio exam results:

- Probing Depth
- Bleeding/Suppuration
- Gingival Margin
- Clinical Attachment Level
- Mucogingival Junction
- Mobility
- Furcation Grade

Note: *A legend is provided below the chart.*

Perio - Pocket Depths Only Report

The Perio - Pocket Depths Only Report is a table of the pocket depths recorded during a periodontal examination.



Why: To provide a patient with the results of his/her periodontal exam

When: After completing a periodontal exam, and as needed

The Allied Dentist Group
123 East Valley Dr
American Fork, UT 84003
(801)555-9300

Patient: James S. Abbott
Exam by: Dennis D. Smith D.D.S.

Report Date: 05/15/2018
Exam Date: 05/15/2018

MAXILLARY TOOTH NUMBER:	1 DCM	2 DCM	3 DCM	4 DCM	5 DCM	6 DCM	7 DCM	8 DCM	9 MCD	10 MCD	11 MCD	12 MCD	13 MCD	14 MCD	15 MCD	16 MCD
Probing Depth - Facial	-	1 1 1	4 1 4	1 1 2	2 2 2	-	3 2 3	3 3 2	3 2 3	-	3 3 3	3 2 2	-	2 1 3	1 1 1	-
Probing Depth - Lingual	-	1 3 2	1 3 3	2 3 1	3 2 1	-	3 2 3	3 3 3	4 3 2	-	4 3 2	1 3 2	-	4 3 1	2 3 2	-
Maxillary Tooth Codes	M				C	M	C			M			M			M
MANDIBULAR TOOTH NUMBER:	32 DCM	31 DCM	30 DCM	29 DCM	28 DCM	27 DCM	26 DCM	25 DCM	24 MCD	23 MCD	22 MCD	21 MCD	20 MCD	19 MCD	18 MCD	17 MCD
Probing Depth - Facial	-	3 4 1	3 1 2	3 2 3	4 1 2	1 3 2	3 2 2	2 3 4	1 2 3	2 2 3	1 2 3	2 3 1	2 3 1	2 1 2	3 1 2	-
Probing Depth - Lingual	-	1 1 3	2 1 2	2 1 2	3 3 3	3 2 1	4 3 2	1 3 2	2 2 3	1 4 3	3 2 1	4 4 3	2 3 2	1 3 2	1 1 3	-
Mandibular Tooth Codes	M															M

LEGEND

TOOTH CODES	OTHER CODES
M Missing	> Greater than 9 mm
U Unerupted	
P Pontic	
I Implant	
C Crown	
IC Implant+Crown	
ID Impacted Distal	
IM Impacted Mesial	

How do I run the Perio - Pocket Depths Only Report?

From the Perio Chart, from the **File** menu, click **Print**. For additional details about running this report, see the "Printing Perio Chart reports" topic in the Perio Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


Note: *This report prints in a landscape format.*

What important information does this report provide?

This report contains the following periodontal exam results:

- Probing Depth
- Maxillary/Mandibular Tooth Codes

Note: *A legend is provided below the chart.*

	<p>Why: To see if the office is using the Perio Chart feature, and to view periodontal exams the practice has performed for a selected date and/or patient range</p> <p>When: As needed</p>
---	---

Dentrix Enterprise 11.0.2 Reports Reference

How do I run the Perio Exam List?

From the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Perio Exam List**. For additional details about running this report, see the "Perio Exam List" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Date** – The date of the perio exam.
- B. Name** – The patient for which the perio exam was performed.

Periodontal Exam Report

The Periodontal Exam Report displays the percentage of oral health patients who received a periodontal exam (determined by specified ADA and/or condition codes) at least once during a specified time frame.

For example, you may want to track patients who received a comprehensive oral exam (ADA code D0150) or a periodic recall oral evaluation (ADA code D0120)—the denominator codes—and then received a periodontal exam (ADA code D0180)—the numerator code.



Why: To view statistics regarding the periodontal examinations for patients

When: Yearly

Percent of Patients Who Have Received a Periodontal Exam

Date Range: 5/14/2018 - 5/14/2018 - Procedure Date

Clinics: <ALL>

Age Range: All Patients

Providers: <ALL>

Numerator Codes: D1330

Denominator Codes: D0120

Report Date: 5/14/2018

Page 1 of 1

Clinic	Provider	Numerator	Denominator	Percent
	Patient Name	Chart	Procedure Codes	
CENTRAL		3	2	150.00%
DESMITH		2	1	200.00%
	Abbott, Jan	AB32	Numerator: D1330	
	Crosby, Tom	CR95	Numerator: D1330 Denominator: D0120	
DSMITH		1	0	0.00%
	Crosby, Shirley	CR94	Numerator: 1330	
MHAYES		0	1	0.00%
	Winters, Jillian	WI213	Denominator: D0120	
Totals:		3	2	150.00%

How do I run the Periodontal Exam Report?

From DXOne Reporting, select **Lists**, and then double-click **Periodontal Exam**. For additional details about running this report, see the “Periodontal Exam Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report contains the following information:

- A. Numerator** – The specified ADA codes and/or conditions.
- B. Denominator** – The specified ADA codes and/or conditions.
- C. Clinic Totals** – The Numerator, Denominator, and Percent totals for the providers at a given clinic on the report.
- D. Provider Totals** – The Numerator, Denominator, and Percent totals for a given provider who is attached to the Numerator and/or Denominator codes.
- E. Details** – If you select **Include Details** when setting options for this report, patient names, chart numbers, and procedures codes (numerators and denominators) appear on the report.
- F. Totals** – The Numerator, Denominator, and Percent grand totals for all clinics on the report.

Practice Analysis Report

The Practice Analysis report provides statistical data for production, receivables, patients, and financial contracts (payment agreements and future due payment plans).

\$	Why: To view general practice vitality for the current day, month, year, and past three months
	When: After closing out the month

A

Practice Analysis									
Date Type: Procedure Date Clinics: <ALL> Providers: <ALL>									
Report Date: 05/05/2018					Report Generated By: enterprise				
Production Analysis		Range 04/01/2017 - 05/05/2018		MTD 05/01/2018 - 05/05/2018		Avg 02/01/2018 - 04/30/2018		YTD 01/01/2018 - 05/05/2018	
Beginning Balance		161,633.30		182,676.90		168,846.67		163,657.34	
Charges									
Non-insured Charges		15,546.56		3,405.00		1,732.52		13,648.56	
Insured Charges		2,923.00		2,552.00		58.67		2,728.00	
Sub-Total		18,469.56		5,957.00		1,791.19		16,376.56	
Finance Charges		354.00		0.00		110.67		354.00	
Late Charges		7,951.00		0.00		2,650.33		7,951.00	
Debit Adjustments		185.00		0.00		33.33		100.00	
Other Debits		1,510.00		0.00		503.33		1,510.00	
TOTAL CHARGES		28,469.56		5,957.00		5,088.85		26,291.56	
Credits									
Guarantor Payments		-363.96		-20.00		-96.00		-340.00	
Insurance Payments		-176.00		-71.00		0.00		-71.00	
Sub-Total		-539.96		-91.00		-96.00		-411.00	
Credit Adjustments		-170.00		-50.00		-31.67		-145.00	
Other Credits		-900.00		0.00		-300.00		-900.00	
TOTAL CREDITS		-1,609.96 5.66%		-141.00 2.37%		-427.67 8.40%		-1,456.00 5.54%	
Ending Balance		188,492.90		188,492.90		173,507.86		188,492.90	

Production Analysis is calculated according to the provider attached to transactions.

B

Receivables Analysis		
Current	20,787.56	11.03%
31-60 Days	0.00	0.00%
61-90 Days	0.00	0.00%
Over 90 Days	188,073.64	99.78%
Suspended Credits	-20,368.30	-10.81%
Total Receivables	188,492.90	
Credit Balances as of: 05/05/2009	-20,368.30	

C

Activity Analysis	Range 04/01/2017 - 05/05/2018	MTD 05/01/2018 - 05/05/2018	Avg 02/01/2018 - 04/30/2018	YTD 01/01/2018 - 05/05/2018
New Patients:	18	0	2	12
Referred Patients:	3	0	0	2
Active Patients:	4,593			
Insured Active Patients:	216			
Number Of Families:	3,060			
Number of Missed Payments:	83			

Activity Analysis is calculated according to the primary provider attached to the patients.

D

Contract Analysis	
Payment Agreements	18,323.04
Future Due Payment Plans	28,314.44

Contract Analysis is calculated according to the provider attached to the payment plans.

How do I run the Practice Analysis Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Practice Analysis**. For additional details about running this report, see the "Practice Analysis Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report is divided into the following sections:

- A. Production Analysis** – Provides an overview of charges, payments, and adjustments. The following columns appear in this section:
 - **Range** – Totals for the date range of the report.
 - **MTD** – Month-to-date totals.
 - **AVG** – The average for the past three months.
 - **YTD** – Year-to-date totals.
- B. Receivables Analysis** – Displays outstanding balance totals. Balances are broken down by current, 31-60, 61-90, over 90, and suspended credits.
- C. Activity Analysis** – Breaks down the number of new patients and referred patients seen. The number of active patients, active patients with insurance, families, and missed payments figures are calculated according to the primary providers attached to patients' records from the Family File. The following columns appear in this section:
 - **Range** – Totals for the date range of the report.
 - **MTD** – Month-to-date totals.
 - **AVG** – The average for the past three months.
 - **YTD** – Year-to-date totals.
- D. Contract Analysis** – Displays the total of future due payment plans and payment agreements.

Practice Organization List

The Practice Organization List displays provider information.



Why: To ensure provider information has been entered properly, and to keep a printed record of provider identification numbers on hand

When: After Dentrix Enterprise setup, and as needed

PRACTICE ORGANIZATION LIST				
Clinics: MESA Providers/Staff: <ALL>				
Report Date: 05/16/2018	Report Generated By: DSMITH			
Page 1 of 2				
Clinic: MESA				
A	<table border="1"> <tr> <td> Provider Name: McClure, Angela Title: Dr. ID: AMCCCLURE Clinic: MESA Address: 7856 South State Mesa, AZ 85210 Phone: (480)555-6525 NPI: 1234567890 BC/BS ID#: 345678 Specialty: Dentist Provider Class: Primary </td> <td> B </td> <td> Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 12345 Medicaid#: 12345 DrugID#: 112233 Provider#: 987654 Office#: 2222 TIN#: <Default>: 460909000 </td> </tr> </table>	Provider Name: McClure, Angela Title: Dr. ID: AMCCCLURE Clinic: MESA Address: 7856 South State Mesa, AZ 85210 Phone: (480)555-6525 NPI: 1234567890 BC/BS ID#: 345678 Specialty: Dentist Provider Class: Primary	B	Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 12345 Medicaid#: 12345 DrugID#: 112233 Provider#: 987654 Office#: 2222 TIN#: <Default>: 460909000
Provider Name: McClure, Angela Title: Dr. ID: AMCCCLURE Clinic: MESA Address: 7856 South State Mesa, AZ 85210 Phone: (480)555-6525 NPI: 1234567890 BC/BS ID#: 345678 Specialty: Dentist Provider Class: Primary	B	Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 12345 Medicaid#: 12345 DrugID#: 112233 Provider#: 987654 Office#: 2222 TIN#: <Default>: 460909000		
<table border="1"> <tr> <td> Provider Name: Hayes, Deborah Title: DDS ID: DHAYES Clinic: MESA Address: 1234 Oak St Mesa, AZ 12345 Phone: (801)555-1234 NPI: 123456789 BC/BS ID#: 2222 Specialty: Dentist Provider Class: Primary </td> <td> Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 1234 Medicaid#: 12345 DrugID#: 123456 Provider#: 3333 Office#: 4444 TIN#: </td> </tr> </table>		Provider Name: Hayes, Deborah Title: DDS ID: DHAYES Clinic: MESA Address: 1234 Oak St Mesa, AZ 12345 Phone: (801)555-1234 NPI: 123456789 BC/BS ID#: 2222 Specialty: Dentist Provider Class: Primary	Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 1234 Medicaid#: 12345 DrugID#: 123456 Provider#: 3333 Office#: 4444 TIN#:	
Provider Name: Hayes, Deborah Title: DDS ID: DHAYES Clinic: MESA Address: 1234 Oak St Mesa, AZ 12345 Phone: (801)555-1234 NPI: 123456789 BC/BS ID#: 2222 Specialty: Dentist Provider Class: Primary	Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 1234 Medicaid#: 12345 DrugID#: 123456 Provider#: 3333 Office#: 4444 TIN#:			
<table border="1"> <tr> <td> Provider Name: Robbins, David Title: ID: DROBB Clinic: MESA Address: 7856 South Marigold Mesa, AZ 85210 Phone: (480)555-6525 NPI: 0 BC/BS ID#: 154863 Specialty: Dentist Provider Class: Primary </td> <td> Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 154896 Medicaid#: 65491835984 DrugID#: 123456 Provider#: 3333 Office#: 4444 TIN#: </td> </tr> </table>		Provider Name: Robbins, David Title: ID: DROBB Clinic: MESA Address: 7856 South Marigold Mesa, AZ 85210 Phone: (480)555-6525 NPI: 0 BC/BS ID#: 154863 Specialty: Dentist Provider Class: Primary	Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 154896 Medicaid#: 65491835984 DrugID#: 123456 Provider#: 3333 Office#: 4444 TIN#:	
Provider Name: Robbins, David Title: ID: DROBB Clinic: MESA Address: 7856 South Marigold Mesa, AZ 85210 Phone: (480)555-6525 NPI: 0 BC/BS ID#: 154863 Specialty: Dentist Provider Class: Primary	Fee Schedule: 1: Office RVU Schedule: 1 SS#: 111-11-1111 State ID#: 154896 Medicaid#: 65491835984 DrugID#: 123456 Provider#: 3333 Office#: 4444 TIN#:			
<table border="1"> <tr> <td> Provider Name: Kimball, Jacob A Title: ID: JKD1 Clinic: MESA Address: 789 W Acorn St Mesa, AZ 84601 Phone: (801)555-7845 NPI: 1234567890 BC/BS ID#: 132456 Specialty: Dentist Provider Class: Primary </td> <td> Fee Schedule: 1: Office RVU Schedule: 1 SS#: 460-93-9333 State ID#: 123345 Medicaid#: 123541 DrugID#: 112233 Provider#: 3333 Office#: 4444 TIN#: <Default>: 460939333 </td> </tr> </table>		Provider Name: Kimball, Jacob A Title: ID: JKD1 Clinic: MESA Address: 789 W Acorn St Mesa, AZ 84601 Phone: (801)555-7845 NPI: 1234567890 BC/BS ID#: 132456 Specialty: Dentist Provider Class: Primary	Fee Schedule: 1: Office RVU Schedule: 1 SS#: 460-93-9333 State ID#: 123345 Medicaid#: 123541 DrugID#: 112233 Provider#: 3333 Office#: 4444 TIN#: <Default>: 460939333	
Provider Name: Kimball, Jacob A Title: ID: JKD1 Clinic: MESA Address: 789 W Acorn St Mesa, AZ 84601 Phone: (801)555-7845 NPI: 1234567890 BC/BS ID#: 132456 Specialty: Dentist Provider Class: Primary	Fee Schedule: 1: Office RVU Schedule: 1 SS#: 460-93-9333 State ID#: 123345 Medicaid#: 123541 DrugID#: 112233 Provider#: 3333 Office#: 4444 TIN#: <Default>: 460939333			
<table border="1"> <tr> <td> Staff Name: Smith, Mary Kaye Title: Office Manager ID: MSMITH </td> <td> SS#: 111-11-1111 </td> </tr> </table>		Staff Name: Smith, Mary Kaye Title: Office Manager ID: MSMITH	SS#: 111-11-1111	
Staff Name: Smith, Mary Kaye Title: Office Manager ID: MSMITH	SS#: 111-11-1111			

How do I run the Practice Organization List?

From the DXOne Reporting module, select **Reference**, and then double-click **Practice Organization List**. For additional details about running this report, see the “Practice Organization List” topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Provider Information** dialog box, which can be accessed in the Office Manager. For details about how to edit this information, see the “Adding, editing, inactivating, and reactivating providers” topic in the Office Manager portion of the Dentrax Enterprise Help.

- A. Provider Details** – The provider’s name, title, provider ID, address, phone number, specialty, and provider class (primary or secondary).
- B. Provider Numbers and Fee Schedule** – The provider’s TIN, Social Security Number, state ID, Medicaid number, DEA number, NPI, BC/BS IDs, provider number, office number, and other ID. This section also includes the provider’s default fee and RVU schedules.

Provider Information

Name: Last: Smith First: Dennis MI: Suffix: Log On User ID: DSMITH Edit

ID: DSMITH Title: D.M.D. Non-Person User Password: Confirm Password: Electronic Rx User

Specialty: Dentist

Address: Street: 1234 Pine Dr City: American Fork State: UT Zip: 11111

Phone: (801)555-1111 Ext: E-Mail: Documentation@henryschein.com

Assigned Operators: Operator Clinic

Provider ID Setup

Class: Primary Tie to Primary Provider: Secondary

Insurance Claim Options: ☒ Print Provider's Signature Using: ☒ Signature on File ☐ Provider's Name ☒ Use Clinic TIN


Fee Schedule: 1. OFFICE >> RVU Schedule: 1. >> Clinic: AF >> TIN #: <CLINIC> >>

SS #: 123-12-3412 State ID #: 123456 State: UT State License Expiration: 01/01/2040 Medicaid #: 12345M DEA #: 12345D DEA License Expiration: 01/01/2040 DEA Schedule: ☒ II ☒ III ☒ IV ☒ V NPI: 1940290137 Blue Cross ID #: 12345BCBS Blue Shield ID #: 12345P Provider #: 12345P Office #: 12345D Other ID #: 12345OID UPIN #: 12345UPIN

OK Cancel

Practice Statistics Report

The Practice Statistics Report allows you to review statistical information about your patients.

	<p>Why: To view patient demographics, and to assist you in developing strategic business plans</p> <p>When: As needed</p>
---	---

Practice Statistics

Clinics: <ALL>
Providers: <ALL>

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 19

A

Patient Statistics	Total	Percent
Total Number Entered in Family File (any status)	4,592	100.00%
Number of guarantors that are not patients	3	0.07%
Number of patients that are not guarantors	1,533	33.38%
Number of guarantors that are active patients	3,054	66.51%
Number of male patients	2,818	61.37%
Number of female patients	1,769	38.52%
Number of other patients	0	0.00%
Number of unknown patients	0	0.00%

B

Age Statistics	Total	Percent
Patient(s) that are 0 to 2 years old	1	0.02%
Patient(s) that are 3 to 4 years old	0	0.00%
Patient(s) that are 5 to 6 years old	0	0.00%
Patient(s) that are 7 to 8 years old	2	0.04%
Patient(s) that are 9 to 10 years old	1	0.02%
Patient(s) that are 11 to 12 years old	5	0.11%
Patient(s) that are 13 to 14 years old	9	0.20%
Patient(s) that are 15 to 16 years old	30	0.65%

C

Continuing Care Statistics	Total	Percent
Number of patients that are eligible for Prophy Continuing Care	3	0.07%
Due for prophy April 2018	0	0.00%
Due for prophy May 2018	0	0.00%
Due for prophy June 2018	2	0.04%
Due for prophy July 2018	0	0.00%
Due for prophy August 2018	0	0.00%
Due for prophy September 2018	0	0.00%
Due for prophy October 2018	1	0.02%
Due for prophy November 2018	0	0.00%
Due for prophy December 2018	0	0.00%
Due for prophy January 2019	0	0.00%
Due for prophy February 2019	0	0.00%
Due for prophy March 2019	0	0.00%
Number of patients who are not on Prophy Continuing Care or are past due	4,632	100.87%

D

New Patient Statistics									
New	Referred	New	Referred	New	Referred	New	Referred	New	Referred
Apr/2018	0	0	Jan/2018	5	0	Oct/2017	0	Jul/2017	0
Mar/2018	0	0	Dec/2017	6	1	Sep/2017	0	Jun/2017	0
Feb/2018	0	0	Nov/2017	0	0	Aug/2017	0	May/2017	0

Number of new patients and number of new patients who were referred, by month for the past year.

E	Provider Statistics		Total	Percent
	Number of patients that prefer each provider			
	Abbott, James (DDS7)		2	0.04%
	Brown, Mary D (DDS2)		370	8.06%
	Kenner, Spencer A (JKD1)		1	0.02%
	Little, Brian (AMCCLURE)		8	0.17%
	Perkins, Peggy (DROBB)		14	0.30%
	Smith, Michael D (DDS1)		4,192	91.29%

F	Patient by Zip Code Statistics		Total	Percent
	Number of patients with no zip code on file			
	6447		44	0.96%
	7828		1	0.02%
	00720		1	0.02%
	00731		1	0.02%
	01111		3	0.07%
	01129		1	0.02%
	01291		2	0.04%
	02030		1	0.02%
	02125		2	0.04%
	06001		1	0.02%

How do I run the Practice Statistics Report?

From the DXOne Reporting module, select **Management**, and then double-click **Practice Statistics**. For additional details about running this report, see the "Practice Statistics Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient Statistics

- Total number of patients.
- Number of guarantors that are not patients.
- Number of guarantors/non-guarantors.
- Number of male/female patients.
- Number of married/single/child/other/widowed/divorced/separated patients.
- Breakdown of patients by insurance status.

B. Age Statistics – A breakdown of the patients by age group.

C. Continuing Care Statistics – A breakdown of the number of patients due for prophylaxis in the next 12 months and the number of patients not on Prophylaxis Continuing Care.

D. New Patients – A breakdown of the number of new patients entered in the Family File in the past 12 months.

E. Provider Statistics – A breakdown of the number of patients that prefer each provider.

F. Patient by Zip Code Statistics – A breakdown of patients by ZIP Code.

Practice Treatment Case Report

The Practice Treatment Case Report displays treatment plan cases for a range of patients within specific procedure and case expiration dates. The report may also include items, such as procedure details, case status history, and patient and insurance estimates.



Why: To print the treatment cases created in the practice



When: As needed

Practice Treatment Case Report											
All Providers, Patients Abbott, James S - Crosby, Brent L, All Billing Types											
Procedure Code Date Range: <ALL> - <ALL>											
Fee Expiration Date Range: <ALL> - <ALL>											
Print Subtotals by Visit, Include Finance Status, Include Procedures for Treatment Case, Use Patient Friendly Descriptions, Include Case Status History											
Patient	Provider			Chart #	SS#	Birthdate	Billing Type				
Case Name	Severity			Finance Status							
Alternate Cases											
Status	Last Updated			Comment							
Date	Visit	Tooth	Surface	Code	Prov	Description	Fee	Pat	Prim Ins	Sec Ins	
Abbott, James S DDS9 ABB101 000-00-0041 11/11/1962 4											
Treatment Plan None [NONE]											
Accepted 3/8/2018 Case Accepted, with the following linked Case(s) marked as 'Rejected':.											
Created 3/8/2018 Case created by user: ENTERPRISE											
3/8/2018	3/8/2018	1	4	D,	D2110	DDS9	151.00	0.00	60.00	91.00	
Visit 1 Subtotal							151.00	0.00	60.00	91.00	
3/8/2018	3/8/2018	2	13		D7280	DDS9	350.00	240.00	100.00	10.00	
3/8/2018	3/8/2018	2	14		D7280	DDS9	350.00	345.00	0.00	5.00	
3/8/2018	3/8/2018	2	15		D7280	DDS9	350.00	0.00	100.00	250.00	
Visit 2 Subtotal							1,050.00	585.00	200.00	265.00	
3/8/2018	3/8/2018	3	19		D2750	DDS9	713.00	142.60	0.00	570.40	
Visit 3 Subtotal							713.00	142.60	0.00	570.40	
Total							1,914.00	727.60	260.00	926.40	
Expiration Date 3/8/2019+											



	Accepted	Pre-Authorized	Scheduled	Completed	Referred	Sched Appt	Unscheduled	Total Cases	Total Tx Planned Amount
Totals	0.50	0.00	0.00	0.25	0.00	1	3	4	5,097.00

How do I run the Practice Treatment Case Report?

In the Treatment Planner, from the **File** menu, point to **Print**, and then click **Practice Treatment Case Report**. For additional details about running this report, see the “Printing the Practice Treatment Case Report” topic in the Treatment Planner portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Case Information** – The report displays the case name, status, and severity; and a history of changes made to the status of the treatment plan case.
- B. Treatment** – The treatment-planned procedures are grouped by visit. A subtotal of fees, patient portions, and insurance estimates for each visit are given.
- C. Case Totals** – The total fees, patient portions, and insurance estimated totals for all visits in the case. The expiration date of the case is also shown.
- D. Other Totals** – The report displays the percentage of accepted, pre-authorized, scheduled, completed, and referred treatment plan cases on the report in decimal format; the number of scheduled and unscheduled appointments for cases on the report, the total number of cases on the report; and the total treatment-planned amount of all cases on the report.

Prescription Printout

A prescription printout is a copy of a prescription for a patient, including dosage, date, refills, and instructions or notes for the patient.



Why: To quickly print a prescription

When: As needed

The Allied Dentist Group
123 East Valley Dr
American Fork UT 84003

PRESCRIBER: Dennis Smith
TELEPHONE: (801)555-9300
DEA NO:
NPI: 0

PATIENT: James S. Abbott
ADDRESS: 123 S Pine St
Murray, UT 84123

TELEPHONE: 555-1586
DOB: 11/11/1980
DATE: 12/22/2017

Rx Erythromycin 250 mg
Disp: 24
1 tab TID
Refills: zero

☐ DISPENSE AS WRITTEN

☒ GENERIC SUBSTITUTION PERMITTED

SIGNATURE OF PRESCRIBER

Copyright 1997-2009 Henry Schein, Inc. RX01

cut here

PATIENT: James S. Abbott
PRESCRIPTION: Erythromycin 250 mg
PRESCRIBED BY: David Robb

DATE: 12/22/2017

Please advise our office immediately if you
experience an adverse reaction. Our emergency
phone number is (555)555-5555

How do I print a prescription?

1. From any module (except the Office Manager), click the Prescriptions button to open the Patient Prescriptions window.
2. Select a prescription, and click **Edit** to view an existing prescription (skip step 3). Or, click **New** to open the **New Patient Prescription** dialog box.
3. Enter the prescription details.
4. Click **Print** to print the prescription.

For additional details about running this report, see the topics for "Prescriptions" in the Other Features portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

Note: This report does not show pre-treatment estimates entered the same day as the report.



When: As needed

Days Past Due: Over 0
Patient Range: <ALL> - <ALL>
Carrier Range: <ALL> - <ALL>
Clinics: <ALL>
Providers: <ALL>
Billing Types: <ALL>

Page 1 of 1

INSURANCE COMPANY/GROUP PLAN				PHONE #				GROUP NUM.									
SUBSCRIBER	ID NUM	TYPE	SENT	TRACER	ON HOLD	RE-SENT	PATIENT NAME	BIRTHDAY	ESTIMATE	1-30	31-60	61-90	91-120	121-150	151-180	181+ TOTAL	
Allied Group Insurance Trust/Allied Group Insurance Trust							(800) 555-7635	16023									
Smith, Dorothy		PRM	4/12/18				Smith, Dorothy	11/11/1979	600.00	0.00	0.00	0.00	0.00	0.00	0.00	900.00 900.00	
Blue Cross Blue Shield of FL/Dental Claims							(800) 555-3398	45067									
Smith, Michael K		PRM	4/12/18				Smith, Michael	11/11/1979	872.00	0.00	0.00	0.00	0.00	0.00	0.00	900.00 900.00	
Acme Company/A.c.s.								SS#									
Little, Brian		PRM	4/12/18				Little, Brian	11/11/1979	262.00	0.00	0.00	0.00	0.00	0.00	0.00	524.00 524.00	
Insurance/Group Plan																	
Winters, Carl		PRM	4/12/18				Winters, Carl	11/11/1979	301.00	0.00	0.00	0.00	0.00	301.00	0.00	0.00 301.00	
Metropolitan Life/Metropolitan							(415) 555-3222	74170									
Abbott, James S		PRM	4/12/18				Abbott, James S	11/11/1979	108.00	0.00	0.00	0.00	135.00	0.00	0.00	0.00 135.00	

	ESTIMATE	1 - 30	31 - 60	61 - 90	91-120	121-150	151-180	181+	TOTAL
PRIMARY CLAIM TOTALS:	2,143.00	0.00	0.00	0.00	135.00	301.00	0.00	2,324.00	2,760.00
SECONDARY CLAIM TOTALS:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL ALL CLAIMS:	2,143.00	0.00	0.00	0.00	135.00	301.00	0.00	2,324.00	2,760.00

How do I run the Pre-Treatment Estimate Aging Report?


From the DXOne Reporting module, select **Ledger**, and then double-click **Pre-Estimate Aging**. For additional details about running this report, see the "Pre-Estimate Aging Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance Carrier** – The insurance carrier name, group number, and phone number.
- B. Estimate** – The pre-treatment estimate submitted to the insurance carrier.
- C. Aging Totals** – The aged balances pre-treatment estimates included on the report.

Pre-Treatment Estimates Not Sent Report

The Pre-treatment Estimates Not Sent Report lists estimates that have been created from the Ledger but not sent to the Batch Processor, printed, or sent through eClaims. Estimates are sorted by claim expiration date.

	<p>Why: To ensure estimates are processed after being created from the Ledger</p> <p>When: Daily or weekly</p>
---	--

Dental Pre-Treatment Estimates Not Sent

Date Range: 04/23/2018 - 04/23/2018

Patient Range: <ALL> - <ALL>

Carrier Range: <ALL> - <ALL>

Clinics: <ALL>

Providers: <ALL>

Billing Types: <ALL>

Report Date: 04/23/2018

Report Generated By: enterprise

B

Page 1 of 1

CLAIM DATE	TYPE	PATIENT NAME	INSURANCE COMPANY NAME	PROVIDER	CLINIC	AMOUNT	EXPIRES	
04/23/2018	SEC	Abbott, James S	Aetna Life and Casualty	DDS01	CENTRAL	898.00	10/20/2018	
04/23/2018	PRM	Abbott, James S	Metropolitan Life	DDS01	CENTRAL	654.00	07/22/2018	
<div>A</div>						<div>D</div>	<div>C</div>	
						TOTAL OF PRIMARY NOT SENT:		654.00
						TOTAL OF SECONDARY NOT SENT:		898.00
						TOTAL OF CLAIMS NOT SENT:	1,552.00	

How do I run the Pre-treatment Estimates Not Sent Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Pre-Estimates Not Sent**. For additional details about running this report, see the "Pre-Estimates Not Sent Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Claim Date** – The date on which the estimate was created from the Ledger.
- B. Amount** – The estimate amount.
- C. Expires** – The deadline by which the claim (not the estimate) must be submitted to the insurance carrier after the service date. The expiration date is found in the **Insurance Coverage** dialog box. To access the **Insurance Coverage** dialog box, double-click the Insurance block in the Family File, and then click **Coverage Table**.
- D. Totals** – The amount of the primary, secondary, and all pre-treatment estimates not sent.

Procedure Code List

The Procedure Code List allows you to view and print the procedure codes entered in Dentrix Enterprise.

Why: To ensure Dentrix Enterprise procedure codes match current ADA codes, to view AMA and CPT codes associated with each procedure, and to view dental diagnostic codes associated with each procedure

When: After Dentrix Enterprise setup, and after ADA codes are updated

PROCEDURE CODE LIST										
The Dentist Group										
Codes D0120 - D9999										
Date: 04/22/2018		Page: 1								
CODE	DESCRIPTION	ABBREV DESC	CPT	MEDICAL	CODE 5	TIME	APPT TYPE	PAINT TYPE	TREAT.	INS?
INCLUDED DIAGN. CODES		INCLUDED AMA CPT CODES								
D0120	Periodic oral evaluation	PeriodicX				1	Low Product		Mouth	
D0140	Limited oral evaluation	LimitedEx				2	High Produc		Mouth	
	D5-10000 Dental Disease NOS		99201	Office Visit						
	D5-10001 Disease of Teeth NOS		99202	Office Visit New Patient						
	D5-10002 Tooth Disorder NOS		99211	Office Visit Est Patient						
	D5-10578 Tooth Sensitivity		99281	Emergency Dept Visit						
	D5-22071 Painful Lips									
	F-51540 Expectoration of bloody									
	F-51541 Expectoration of hemorr sp									
	F-A3610 Facial Nerve Function NOS									
	T-53120 Dorsal Surface of Tongue									
D0145	Oral evaluation < 3 yrs of age	EvalK3yrs				1	High Produc		Mouth	
D0150	Comp oral eval-new/estab pat	CompEx				1	High Produc		Mouth	
D0160	Detail/extensive oral eval, B/R	ExtEval				1	High Produc		Mouth	
D0170	Limited re-evaluation estab pat	ReEval				1	Medium Pro		Mouth	
D0180	Comprehensive perio evaluation	CmpPerEvl				1	Medium Pro		Mouth	
D0210	Intraoral-complete series (bw)	FMX				2	High Produc		Mouth	
D0220	Intraoral-periapical-1st film	PA1st				1	High Produc		Mouth	
D0230	Intraoral-periapical-each add'l	PAadd				1	High Produc		Mouth	
D0240	Intraoral-occlusal film	OcclusalX				1	High Produc		Mouth	
D0250	Extraoral-first film	Extraor1s				1	High Produc		Mouth	
D0260	Extraoral-each additional film	ExtraorX+				1	High Produc		Mouth	
D0270	Bitewing-single film	BW1Xray				1	High Produc		Mouth	
D0272	Bitewings-two films	2BWx				1	High Produc		Mouth	
D0273	Bitewings-three films	3BWx				1	High Produc		Mouth	
D0274	Bitewings-four films	4BWx				1	Low Product		Mouth	
D0277	Vertical bitewings-7 to 8 films	VertBWx				1	Medium Pro		Mouth	
D0290	Skull & facial bone survey film	SurvXray				1	High Produc		Mouth	
D0310	Sialography	Salio				1	High Produc		Mouth	
D0320	TMJ arthrogram, incl injection	TMJarthro				1	High Produc		Mouth	
D0321	Other TMJ films, by report	OtherTMJX				1	High Produc		Mouth	
D0322	Tomographic survey	Tomograph				1	High Produc		Mouth	
D0330	Panoramic film	Pano				1	High Produc		Mouth	
D0340	Cephalometric film	Cephalo				1	High Produc		Mouth	
D0350	Oral/Facial Photographic Images	Orallmags				1	Medium Pro		Mouth	
D0360	Cone beam-CT/craniofacial data	CnCTReco				1	High Produc		Mouth	
D0362	Cone beam-2D multi img recon	Cn2dlmgRc				1	High Produc		Mouth	
D0363	Cone beam-3D multi img recon	Cn3dlmgRc				1	High Produc		Mouth	
D0415	Collection of microorg culture	BactStud				1	High Produc		Mouth	
D0416	Viral Culture	VriCultr				1	High Produc		Mouth	
D0417	Collection of saliva sample	CltSaliva				1	High Produc		Mouth	
D0418	Analysis of saliva sample	AnlSaliva				1	High Produc		Mouth	
D0421	Genetic test-suscept oral dis	GenetTest				1	High Produc		Mouth	
D0425	Caries susceptibility tests	CariTest				1	High Produc		Mouth	
D0431	Adjunc pre-diag test-detect muc	TestMucAb				1	High Produc		Mouth	
D0460	Pulp vitality tests	PulpVitTe				1	High Produc		Mouth	
D0470	Diagnostic casts	DiagCasts				1	High Produc		Mouth	
D0471	Diagnostic photographs	DiagPhoto				1	High Produc		Mouth	
D0472	Accession of tiss, gr exam/rpt	AcTisExam				1	Medium Pro		Mouth	
D0473	Acc of tissue, gr mic exam/rpt	AcTisGrEx				1	Medium Pro		Mouth	
D0474	Acc of tiss-gr mic ex surg mar	AcTisDsEx				1	Medium Pro		Mouth	
D0475	Decalcification Procedure	DecalcPrc				1	High Produc		Mouth	
D0476	Special stains for microorg	StnsMicro				1	High Produc		Mouth	
D0477	Special stains-not for microorg	StnsNotMi				1	High Produc		Mouth	
D0478	Immunohistochemical stains	ImmunStns				1	High Produc		Mouth	
Current Dental Terminology (CDT) Copyright © 2002, 2004, 2007 American Dental Association (ADA). All rights reserved.										

A

B

C D

How do I run the Procedure Code List?

From the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Procedure Code List**. For additional details about running this report, see the “Procedure Code List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information (with the exception of letters E and F) is found in the **Procedure Code Editor** dialog box, which can be accessed in the Office Manager. See the topics for “Procedure Code Setup” in the Office Manager portion of the Dentrix Enterprise Help for details on how to edit this information.

- A. Code** – The ADA code associated with a procedure.
- B. Description** – The procedure’s description.
- C. Treat** – The procedure’s treatment area.
- D. INS** – Indicates whether or not a procedure is set to be billed to insurance.
- E. Included Dental Diagnostic Codes** – The dental diagnostic codes associated with each procedure code. This information is found in the **Medical/Cross Code Setup** dialog box. Dental diagnostic cross coding must be set up for dental diagnostic codes to appear on this report. See the “Dental diagnostic cross coding” topic in the Dentrix Enterprise Help for details about how to set up dental diagnostic cross coding.

Procedure Code Editor - Existing

Description: Prophylaxis-adult

Patient Friendly Description: Cleaning of adult's teeth to help prevent disease

Code Names: D1110 ADA Code

Treatment Flags: ☒ Show in Chart

Procedure Category: Preventive

Appointment Type: P3

Treatment Area: Mouth

Insurance: Code 5

1. OFFICE
2. DMO
3. DELTA
4. BCBS
5. CAP FEE
6. ACME Preferred
7. UB92Fee
8. AETNA
9. M005862
10. ACME

- F. Included AMA CPT Codes** – The AMA and CPT codes associated with each procedure code. This information is found in the **Medical/Cross Code Setup** dialog box. Medical cross coding must be set up for AMA and CPT codes to appear on this report. See the “Medical cross coding” topic in the Dentrix Enterprise Help for details on how to set up medical cross coding.

Medical/Cross Code Setup

Code Setup Cross Code Setup

Cross code for: CDT Link to: Dental Diagnostic

* Flagged For Medical Cross Coding

Category	Code	Abbrev Desc	Description
Prosth, remov	D7110	ExtSingTh	Extraction-single t
Maxillo Prosth	D7111	CorRemDcd	Coronal remnants
Implant Serv	D7120	ExtEchAdd	Extraction-each a
Prosth, fixed	D7130	RtRemvEX	Root removal-exp
Oral Surgery	D7140	ExtEipTh	Extract.erupted th
Orthodontics	D7210	ExtSrErTh	Extraction-surgica
Adjunct Serv	D7220	ExtImpSFT	Extraction-impact
Conditions	D7230	ExtImpPb	Extraction-impact
Misc.			

Category	Code	Description
[None]	01234	Dental Diagnostic
Diagnostic Category 1		
Diagnostic Category 2		

Codes attached to D7110

Code System	Code	Description
[ALL]	AMA-CPT	112546
AMA-CPT	Dental Diagnostic	01234 Dental Diagnostic Code Test

Medical/Cross Code Setup

Code Setup Cross Code Setup

Cross code for: CDT Link to: AMA-CPT

* Flagged For Medical Cross Coding

Category	Code	Abbrev Desc	Description
Prosth, remov	D7110	ExtSingTh	Extraction-single t
Maxillo Prosth	D7111	CorRemDcd	Coronal remnants
Implant Serv	D7120	ExtEchAdd	Extraction-each a
Prosth, fixed	D7130	RtRemvEX	Root removal-exp
Oral Surgery	D7140	ExtEipTh	Extract.erupted th
Orthodontics	D7210	ExtSrErTh	Extraction-surgica
Adjunct Serv	D7220	ExtImpSFT	Extraction-impact
Conditions	D7230	ExtImpPb	Extraction-impact
Misc.			

Category	Code	Description
Tobacco Counseling	11443	Remove Benign Skin
Anes-IV Local Upper/...	11444	Remove Benign Skin
Drain Skin Abscess	11446	Remove Malignant Sk
Drain Skin Abscess	11640	Remove Malignant Sk
Remove Foreign Body	11641	Remove Malignant Sk
Remove Foreign Body	11642	Remove Malignant Sk
Drain Hematoma/Fluid	11643	Remove Malignant Sk
Puncture Drain Lesion	11644	Remove Malignant Sk
Complex Drainage W...	11646	Remove Malignant Sk

Codes attached to D7110

Code System	Code	Description
[ALL]	AMA-CPT	11443 Remove Benign Skin Lesion 2.1-3.0
AMA-CPT	AMA-CPT	40805 Remove Foreign Body Mouth

Procedures by Contracted Amount Report

The Procedures by Contracted Amount Report displays completed procedures (and other charges) and the payments and adjustments that are associated with those procedures (or charges). For each completed procedure, the contracted rate with the patient's insurance carrier (payer) also appears.



Why: To analyze contracted rates for payers

When: As needed

Procedures by Contracted Amount

Date Range: 2/25/2020 - 2/25/2020 Procedure Date

Clinics: AF

Patient Range: <ALL> - <ALL>

Patient Status: <ALL>

Report Date: 2/25/2020

Report Generated By: ENTERPRISE

Page 1 of 1

Clinic	Date Of Service	Chart Number	Patient Name	ADA Procedure	ADA Description	Provider Name	Payer Name	Charge	Contracted Rate	Payment	Adjustments	Remainig Balance
AF	02/25/2020	CRO101	Crosby, Brent	D0220	Intraoral-periapical-1st film	Dennis Smith	Delta PMI	128.00		-128.00		0.00
AF	02/25/2020		Reed, Sandy	D0120	Periodic oral evaluation	Dennis Smith	Acme Insurance Co	128.00	80.00	-128.00		0.00
AF	02/25/2020	WIN100	Winters, Carl	D0160	Detail/extensive oral eval, B/R	Dennis Smith	Lincoln National	128.00		-128.00		0.00
AF	02/25/2020	WIN100	Winters, Carl	D2391	Resin composite-1s, posterior	Dennis Smith	Lincoln National	158.40		-72.40	-86.00	0.00

A

B

C

D

E

F

How do I run the Procedures by Contracted Amount Report?

From the DXOne Reporting module, select **List**, and then double-click **Procedures By Contracted Amount**. For additional details about running this report, see the "Procedures by Contracted Amount Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

You can hide the patient names by selecting the **Do not display Patient Name** check box when setting up the options to run this report. You can also display this report in a format that you can easily export to a spreadsheet program. The list is sorted by patient, payer, and then date (of the completed procedure, of the charges not applied, and then of the credits not applied).

- A. Procedure Information** – Details regarding the procedure, such as the Date of Service (if the report was run by Procedure Date) or Entry Date (if the report was run by Entry Date), Patient Name, ADA Procedure Code and Description, and Payer Name (based on the primary dental insurance carrier of the claim with the completed procedure attached to it; or if there is not a claim, the payer is blank).
- B. Charge** – Consists of one of the following:
 - The amount charged for the completed procedure.
 - The sum of other charges:
 - Charge adjustments
 - Insurance charge adjustments
 - Finance and late charges
 - Charge initial balances
 - Charge special adjustments
- C. Contracted Rate** – The amount allowed by the payer. This amount based on the insurance carrier's fee schedule. If the procedure is not attached to a primary dental claim, the contracted rate is blank. If the procedure is not associated with the insurance carrier's fee schedule (or the insurance carrier does not have a fee schedule), the contracted rate is blank.
- D. Payment** – The sum of the payments associated with the completed procedure regardless of the allocation date:
 - Guarantor payments
 - Insurance payments
- E. Adjustment** – The sum of any adjustments associated with the completed procedure regardless of the allocation date:
 - Credit adjustments
 - Credit initial balances
 - Credit special adjustments
- F. Remaining Balance** – The difference of the Charge and the Payment and Adjustment amounts.

Procedures Not Attached to Insurance Report

The Procedures Not Attached to Insurance Report displays insured patients with completed procedure(s) that have not had an insurance claim created for the procedure(s).



Why: To ensure procedures are billed to a patient's insurance

When: Daily

Procedures Not Attached to Insurance

Either

Date Range: 04/01/2018 - 05/04/2018

Patient Range: <ALL> - <ALL>

Clinics: <ALL>

Providers: <ALL>

Billing Types: <ALL>

Report Date: 05/04/2018

Report Generated By: enterprise



Page 1 of 1

PATIENT NAME	DATE	TOOTH	CODE	BT DESCRIPTION	AMOUNT	EXPIRES	CLINIC	PROVIDER
Abbott, James S				2	Total: 3,029.00			
04/22/2018	5	D6970		Post/core + brdg retainer, fabr	230.00	07/21/2018	CENTRAL	DDS1
04/22/2018		D1110		Prophylaxis-adult	90.00	07/21/2018	CENTRAL	DDS1
04/22/2018		D0120		Periodic oral evaluation	30.00	07/21/2018	CENTRAL	DDS1
04/22/2018		D0274		Bitewings-four films	250.00	07/21/2018	CENTRAL	DDS1
04/22/2018		D0330		Panoramic film	158.00	07/21/2018	CENTRAL	DDS1
04/23/2018	6	D7110		Extraction-single tooth	71.00	07/22/2018	CENTRAL	DDS2
04/27/2018	25*26	D5214		Mand partial-metal base w/sdls	898.00	07/26/2018	CENTRAL	DDS1
05/01/2018	12	D5214		Mand partial-metal base w/sdls	801.00	07/30/2018	CENTRAL	DDS2
05/01/2018	13	D7111		Extraction crnl remnts-decid th	501.00	07/30/2018	CENTRAL	DDS2
Abbott, Patricia				2	Total: 1,100.00			
04/23/2018		D3221		Pulpal debridemnt-prim/perm th	1,100.00	04/23/2019	CENTRAL	DDS1
Gleason, Gary				1	Total: 300.00			
04/23/2018		D1110		Prophylaxis-adult	300.00	07/22/2018	DRAPER	DDS1
Little, Brian				1	Total: 125.00			
04/23/2018		D1110		Prophylaxis-adult	125.00	07/22/2018	DRAPER	DDS1
Little, Carol				1	Total: 127.00			
04/22/2018	12	D2150		Amalgam-2 surf. prim/perm	156.00	04/22/2019	CENTRAL	DDS1
04/23/2018	12	D7120		Extraction-each additional	71.00	04/23/2019	CENTRAL	DDS1
Perkins, Peggy				1	Total: 2,160.00			
04/23/2018	9	D6010		Surg place implant: endosteal	780.00	10/20/2018	CENTRAL	DDS1
04/23/2018	4	D2750		Crown-porc fuse high noble mtl	78.00	10/20/2018	CENTRAL	DDS1
05/01/2018	15	D5214		Mand partial-metal base w/sdls	801.00	10/28/2018	CENTRAL	DDS3
05/01/2018	9	D7111		Extraction crnl remnts-decid th	501.00	10/28/2018	CENTRAL	DDS3
Smith, Michael				1	Total: 1,377.00			
04/27/2018		D9310		Consultation-per session	75.00	10/24/2018	CENTRAL	DDS1
05/01/2018	12	D5214		Mand partial-metal base w/sdls	801.00	10/28/2018	CENTRAL	DDS1
05/01/2018	7	D7111		Extraction crnl remnts-decid th	501.00	10/28/2018	CENTRAL	DDS1
Taylor, Kerri L				1	Total: 69.00			
04/23/2018	4	D2386		Resin-2 surface, post-permanent	69.00	10/20/2018	CENTRAL	DDS2
Winters, Carl				1	Total: 105.56			
04/23/2018		D8690		Ortho treatment (bill/contract)	105.56	04/23/2019	CENTRAL	DDS1



COMPLETED PROCEDURES TOTAL:

8,492.56

How do I run the Procedures Not Attached to Insurance Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Procedures Not Attached to Insurance**. For additional details about running this report, see the “Procedures Not Attached to Insurance Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Procedure Details** – The patient’s name, procedure date, tooth number(s) involved in the procedure, procedure code, description, and procedure total.
- B. Expires** – The deadline for submitting a claim for the procedure.
- C. Total** – The total amount of the completed procedures included on the report.

Production Summary Report

The Production Summary Report displays production for procedures that have been posted to the Ledger.



Why: To compare procedure production statistics, to print a record of transactions each day, to review production totals for a date or date range

When: Yearly, at the beginning of each budgeting cycle, or daily (the frequency depends on how the report is run)

Production Summary

05/05/2018 - 05/05/2018 Procedure Date

Clinics: <ALL>

Provider: <ALL>

Billing Types: <ALL>

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

Procedure Date	Entry Date	Patient Name	BT	Description	Amount
Quantity	Total	Average	Percent		

05/05/2018	05/05/2018	Abbott, James S	2	D5214 - Mand partial-metal base w/sdls	801.00
05/05/2018	05/05/2018	Little, Brian	1	D2386 - Resin-2 surface, post-permanent	120.00
05/05/2018	05/05/2018	Little, Brian	1	D2761 - Crown Insert	110.00
05/05/2018	05/05/2018	Little, Brian	1	D2752 - Crown-porc fused noble metal	110.00
05/05/2018	05/05/2018	Little, Brian	1	D2954 - Prefab post&core in add to cm	110.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer cm-porc fused-hi nob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer cm-porc fused-hi nob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob	200.00

GRAND TOTALS:

Medicaid	0	0.00	0.00	0.00%
Non-Medicaid	9	2,051.00	227.89	100.00%
Total	9	2,051.00	227.89	100.00%

C

DDS1**CENTRAL**

05/05/2018	05/05/2018	Little, Brian	1	D2386 - Resin-2 surface, post-permanent	120.00
05/05/2018	05/05/2018	Little, Brian	1	D2761 - Crown Insert	110.00
05/05/2018	05/05/2018	Little, Brian	1	D2752 - Crown-porc fused noble metal	110.00
05/05/2018	05/05/2018	Little, Brian	1	D2954 - Prefab post&core in add to crn	110.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer crn-porc fused-hi nob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer crn-porc fused-hi nob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob	200.00

CENTRAL

Medicaid	0	0.00	0.00	0.00%
Non-Medicaid	8	1,250.00	156.25	100.00%
Total	8	1,250.00	156.25	100.00%

DDS1

Medicaid	0	0.00	0.00	0.00%
Non-Medicaid	8	1,250.00	156.25	100.00%
Total	8	1,250.00	156.25	60.95%

D

CENTRAL**DDS1**

05/05/2018	05/05/2018	Little, Brian	1	D2386 - Resin-2 surface, post-permanent	120.00
05/05/2018	05/05/2018	Little, Brian	1	D2761 - Crown Insert	110.00
05/05/2018	05/05/2018	Little, Brian	1	D2752 - Crown-porc fused noble metal	110.00
05/05/2018	05/05/2018	Little, Brian	1	D2954 - Prefab post&core in add to crn	110.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer crn-porc fused-hi nob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6750 - Retainer crn-porc fused-hi nob	200.00
05/05/2018	05/05/2018	Perkins, Peggy	1	D6240 - Pontic-porcelain fused to hnob	200.00

DDS1

Medicaid	0	0.00	0.00	0.00%
Non-Medicaid	8	1,250.00	156.25	100.00%
Total	8	1,250.00	156.25	60.95%

DDS2

05/05/2018	05/05/2018	Abbott, James S	2	D5214 - Mand partial-metal base w/sdls	801.00
------------	------------	-----------------	---	--	--------

DDS2

Medicaid	0	0.00	0.00	0.00%
Non-Medicaid	1	801.00	801.00	100.00%
Total	1	801.00	801.00	39.05%

CENTRAL

Medicaid	0	0.00	0.00	0.00%
Non-Medicaid	9	2,051.00	227.89	100.00%
Total	9	2,051.00	227.89	100.00%

How do I run the Production Summary Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Production Summary**. For additional details about running this report, see the “Production Summary Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor production for each provider and/or clinic:

A. Procedures – The procedures posted to the Ledger are listed if **Include Patient Detail** is selected when setting up the options to run this report. Each procedure provides the following information:

- **Entry Date** – The date a procedure is posted to the Ledger.
- **Procedure Date** – The date a procedure is posted to the Chart.

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details about these dates, see the “Tips for Understanding Dentrix Enterprise Reports” section in the Introduction of this book.*

- **Patient Name** – The name of the patient on whom the procedure was performed.
- **Code and Description** – The ADA code and description of the procedure.
- **Amount** – The fee for the procedure posted in the Ledger.

B. Grand Totals – The Grand Totals section displays the following information:

- **Quantity** – The number of procedures posted during the date range of the report.
- **Total** – The total amount of the procedures billed for the procedures.

***Note:** This amount is not affected by payment adjustments (for example, if \$500 was posted for a procedure, but the patient was given a \$400 charity care adjustment, \$500 would be used to calculate the procedure total).*

- **Average** – The average amount charged for a procedure (Total / Quantity).
- **Percent** – The Total divided by the Total Production Charges. The percent column assists you in comparing procedures. The higher the percentage, the more money the procedure is bringing into the office.
- **Medicaid Totals** – If **Separate Totals for Medicaid and Non-Medicaid Patients** is selected when setting up options to run this report, the Grand Totals section will divide up the Totals to reflect production from patients with Medicaid and those without Medicaid.
- **Totals** – The combined amounts of the Medicaid and Non-Medicaid totals.

C. Provider Totals – The production is shown for the provider with a breakdown of the procedures for each clinic the provider works in. Each clinic’s production is subtotaled. After the clinic subtotals, a totals summary for the provider appears.

D. Clinic Totals – The production is shown for the clinic with a breakdown of the procedures performed by each provider at that clinic. Each provider’s production is subtotaled. After the provider subtotals, a totals summary for the clinic appears.

Provider A/R Totals - Daily Report

The Provider A/R Totals - Daily Report displays daily production totals. For additional information on this report, see the "Provider A/R Totals - Standard Report" on page 278.



Why: To view daily production totals for a date range

When: As needed

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 2

Beginning Balance	Production					Collection				Ending Balance	Net Change	% Collected
	Charges	+Adj	-Adj	Total	Payments	+Adj	-Adj	Total				
	Debit Initial Balances	Debit Special Adjustments	Finance Charges	Late Charges	Insurance Payments	Credit Initial Balances	Credit Special Adjustments					
04/22/2018	2,205.00	386.00	10.00	0.00	417.00	-30.20	0.00	-20.00	-50.20	2,571.80	366.80	12.04%
		0.00	0.00	0.00	21.00	0.00	0.00	0.00				
04/23/2018	2,571.80	0.00	0.00	0.00	8,262.00		0.00	0.00	0.00	10,833.80	8,262.00	0.00%
		0.00	0.00	332.00	7,930.00		0.00	0.00				
GRAND TOTALS												
	2,205.00	386.00	10.00	0.00	8,679.00	-30.20	0.00	-20.00	-50.20	10,833.80	8,628.80	0.58%
		0.00	0.00	332.00	7,951.00	0.00	0.00	0.00				

DDS1												
<div>D</div>	04/22/2009											
	1,722.00	386.00	10.00	0.00	417.00	-23.00	0.00	-10.00	-33.00	2,106.00	384.00	7.91%
		0.00	0.00	0.00	21.00	0.00	0.00	0.00				
	04/23/2009											
	06.00	0.00	0.00	0.00	8,262.00	0.00	0.00	0.00	0.00	10,368.00	8,262.00	0.00%
		0.00	0.00	332.00	7,930.00	0.00	0.00	0.00				
	04/24/2009											
	1,722.00	386.00	10.00	0.00	8,679.00	-23.00	0.00	-10.00	-33.00	10,368.00	8,646.00	0.38%
		0.00	0.00	332.00	7,951.00	0.00	0.00	0.00				

Production Adjustments						Collection Adjustments					
04: +Debit Adjustment						01: -Professional Discount					
05: +Patient Refund						02: -Cash Discount					
						03: -Credit Adjustment					
						06: -Write-Off					

How do I run the Provider A/R Totals - Daily Report?

From the DXOne Reporting module, select **Management**, and then double-click **Provider A/R Totals**. For additional details about running this report, see the "Provider Accounts Receivable Report" topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by initial or rendering provider with a daily A/R breakdown. The report contains the following information.

- A. Daily Break Down** – A daily breakdown of production totals.
- B. Standard Provider A/R Totals** – Standard provider accounts receivable totals. See the "Provider A/R Totals - Standard Report" on page 278 for details about each column on this report.
- C. Grand Totals** – The combined daily production totals for all providers on the report.
- D. Provider Totals** – If **Initial Provider** or **Rendering Provider** is selected when setting up options to run this report, the totals are grouped and subtotaled by initial or rendering provider.
- E. Adjustment Types List** – If you select **Include Adjustment Types List** when setting options for running this report, the Adjustment Types List appears on the report. This list identifies whether an adjustment type has been set as a Production or Collections adjustment for the report.

Provider A/R Totals - Standard Report

The Provider A/R Totals - Standard Report displays production totals. This report is more accurate than other production reports because it takes into account production and collection adjustments. For example, if a procedure was posted for \$1000, but a \$900 Charity Care credit was given to the patient, the Production A/R Totals Report will show the procedure produced \$100 in revenue, rather than \$1000.



Why: To view production totals for a date range

When: Yearly, and monthly or weekly

Note: For accurate reporting, follow these recommendations:

- Post charge (production) and credit (collections) adjustments properly.
- Close your books nightly.
- Look at the net production figures within the date range of the report.
- To see where allocations occur, you can run the Provider Revenue Report.

PROVIDER A/R - STANDARD											
04/30/2018 - 04/30/2018 Procedure Date											
Clinics: <ALL>											
Providers: AMCCLURE, DDS01, DDS1, DDS2											
Billing Type: <ALL>											
Report Date: 04/30/2018											
Report Generated By: enterprise											
Page 1 of 2											
Beginning Balance	Production				Collection				Ending Balance	Net Change	% Collected
	Charges	+Adj	-Adj	Total	Payments	+Adj	-Adj	Total			
	Debit Initial Balances	Debit Special Adjustments	Finance Charges	Late Charges	Insurance Payments	Credit Initial Balances	Credit Special Adjustments				
AMCCLURE											
	7,843.00	100.00	0.00	100.00	0.00	0.00	0.00	0.00	7,943.00	100.00	0.00%
		0.00	0.00	0.00	0.00	0.00	0.00	0.00			
DDS01											
	90.00	180.00	0.00	1,690.00	-38.00	0.00	0.00	-38.00	1,742.00	1,652.00	2.25%
		1,510.00	0.00	0.00	0.00	0.00	0.00	0.00			
DDS1											
	1,187.00	4,920.56	100.00	13,325.56	-132.00	0.00	-10.00	-945.40	13,567.16	12,380.16	7.09%
		0.00	0.00	7,951.00	-803.40	0.00	0.00				
DDS2											
		552.00	0.00	552.00	-7.20	0.00	-10.00	-17.20			
		0.00	0.00	0.00	0.00	0.00	0.00				
GRAND TOTALS											
	9,120.00	5,752.56	100.00	15,667.56	-177.20	0.00	-20.00	-1,000.60	23,786.96	14,666.96	6.39%
		1,510.00	0.00	7,951.00	-803.40	0.00	0.00				

Production Adjustments		Collection Adjustments	
04: +Debit Adjustment		01: -Professional Discount	
05: +Patient Refund		02: -Cash Discount	
		03: -Credit Adjustment	
		06: -Write-Off	

How do I run the Provider A/R Totals - Standard Report?

From the DXOne Reporting module, select **Management**, and then double-click **Provider A/R Totals**. For additional details about running this report, see the "Provider A/R Totals Report" topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Beginning Balance – The outstanding amount that is owed to the provider/clinic at the end of the day prior to the beginning date range of the report.

B. Production

- **Charges** – The total charges for the provider/office within the date range.
- **Debit Initial Balances** – The total positive initial balances entered from the Ledger.
- **+ Adj** – The total production adjustments that increase (debit) accounts receivable. This amount does not include debit initial balances, debit special adjustments, finance charges, and late charges.
- **Debit Special Adjustments** – The total debit adjustments made during the editing of family relations from the Family File.
- **- Adj** – The total production adjustments that reduce (credit) accounts receivable.
- **Finance Charges** – The total finance charges for payment agreements.
- **Late Charges** – The total late fees for delinquent payments.
- **Total** – The total production.

C. Collection

- **Payments** – The total payments for the provider/office within the date range.
- **Insurance Payments** – The total payments from insurance companies for the provider/office within the date range.
- **+ Adj** – The total collection adjustments that increase (debit) accounts receivable.
- **Credit Initial Balances** – The total negative initial balances entered from the Ledger.
- **- Adj** – The total collection adjustments that decrease (credit) accounts receivable.
- **Credit Special Adjustments** – The total credit adjustments made during the editing of family relations from the Family File.

D. Ending Balance – The outstanding amount that is owed to the provider/clinic at the end date of the report.

E. Net Change – The difference between the Beginning Balance and Ending Balance (or between Production and Collections).

F. % Collected – The percentage of collections (the Production Total divided by the Collections Total) within the date range of the report.

G. Provider and Grand Totals – According to the **Group By** option selected when setting options for this report, the totals can be grouped by initial or rendering provider. The grand totals of all providers on the report also appear.

H. Adjustment Types List – If you select **Include Adjustment Types List** when setting options for running this report, the Adjustment Types List appears on the report. This list identifies whether an adjustment type has been set as a production or collections adjustment for the report.

Grouping and Clinic Selection Scenarios

Keep the following in mind when setting up the options for the Provider A/R Totals Report:

- When grouping the report by **Initial Provider**:
 - The **Collecting Clinic** and **Rendering Clinic** options are not available.
 - The report uses the **Collecting Clinic** for credits and the **Rendering Clinic** for charges.
- When grouping the report by something other than the initial provider (such as **No Group By**):
 - Regardless of whether **Collecting Clinic** or **Rendering Clinic** is selected, the report always uses the **Rendering Clinic** for charges.
 - With **Collecting Clinic** selected, the report uses the **Collecting Clinic** for credits.
 - With **Rendering Clinic** selected, the report uses the **Rendering Clinic** for credits.
- Make sure the **Adjustment Types** for the report are set up correctly:
 - The adjustment types that affect production are assigned to **Production Adjustments**.
 - The adjustment types that affect collections are assigned to **Collection Adjustments**.

This screenshot shows the configuration window for the Provider A/R Totals Report. The 'Clinic' section has 'Collecting Clinic' selected. The 'Report Type' is 'Standard Summary'. The 'Group By' section has 'Initial Provider' selected. The 'Provider' section has 'All' selected. The 'Exclude ADA Codes' section has 'None' selected.

This screenshot shows the configuration window for the Provider A/R Totals Report. The 'Clinic' section has 'Collecting Clinic' selected. The 'Report Type' is 'Standard Summary'. The 'Group By' section has 'No Group By' selected. The 'Provider' section has 'All' selected. The 'Exclude ADA Codes' section has 'None' selected.

This screenshot shows the 'Assign Adjustment Types' window. The 'Adjustment Types' section has 'Debits vs Credits' selected. The 'Production Adjustments' list includes: 004: +Debit Adjustment, 005: +Patient Refund, 009: +Finance Charge, 010: +Adj10, 015: +Adj15, and 016: +Adj16. The 'Collection Adjustments' list includes: 001: -Professional Discount, 002: -Cash Discount, 003: -Credit Adjustment, 006: -Write-Off, 007: -Over Payment, and 008: -Adj08.

Beginning Balance

A charge or applied credit is included according to the following criteria:

Initial Provider	No Group By	
	Collecting Clinic	Rendering Clinic
Ending Balance, plus Credits, minus Charges	Ending Balance, plus Credits, minus Charges	One of the following types: <ul style="list-style-type: none"> • Completed Procedure Codes • Charge Adjustments • Finance Charges • Charge Special Adjustments • Charge Initial Balances
		Charges minus Applied Credits
		(Charge only) The provider is one of the specified providers
		(Charge only) The amount is greater than zero
		(Charge only) The entry date or procedure date is before the beginning date of the specified range
		(Credit only) The allocation date is before the beginning date of the specified range (Entry or procedure date is ignored)
		The corresponding charge meets the criteria to be included on the report
		(Credit only) Applied to a completed procedure for an ADA code not being excluded
		The corresponding procedure meets the criteria to be included on the report

Charges (Production)

A transaction is included as a charge on the report according to the following criteria:

Initial Provider	No Group By	
	Collecting Clinic	Rendering Clinic
One of the following types: <ul style="list-style-type: none"> Completed Procedures Charge Adjustments (+Adj or -Adj, depending on production adjustment types specified) Finance Charges Debit Special Adjustments Late Charges Debit Initial Balances 		
The amount is greater than zero		
The entry date or procedure date is within the specified range		
The billing type of the family is one of the specified billing types		
The rendering clinic is one of the specified clinics		
The patient has an initial provider	The provider is one of the specified providers	The provider is one of the specified providers
(Completed procedure only) The ADA code is not being excluded		

Credits (Collection)

A transaction is included as a credit on the report according to the following criteria:

Initial Provider	No Group By	
	Collecting Clinic	Rendering Clinic
One of the following types: <ul style="list-style-type: none"> (Guarantor) Payments Credit Adjustments (+Adj or -Adj, depending on the collection adjustment types specified) Insurance Payments Credit Special Adjustments Credit Initial Balances 		
The amount is less than zero (The full amount of the credit)	The amount is less than zero (The applied amount only)	The amount is less than zero (The applied amount only)
The entry date or procedure date is within the specified range	The allocation date is within the specified range (Entry or procedure date is ignored)	The allocation date is within the specified range (Entry or procedure date is ignored)
The billing type of the family is one of the specified billing types		
The rendering clinic is one of the specified clinics	The collecting clinic is one of the specified clinics	The rendering clinic is one of the specified clinics
The patient has an initial provider	The provider is one of the specified providers	The provider is one of the specified providers
Ignores ADA code exclusions	Applied to a completed procedure for an ADA code not being excluded	Applied to a completed procedure for an ADA code not being excluded

Ending Balance

A charge or credit is included according to the following criteria:

Initial Provider	No Group By	
	Collecting Clinic	Rendering Clinic
One of the following types: <ul style="list-style-type: none"> Completed Procedure Codes Guarantor Payments Charge Adjustments Credit Adjustments Insurance Payments Finance Charges Charge Special Adjustments Credit Special Adjustments Late Charges Charge Initial Balances 	One of the following types: <ul style="list-style-type: none"> Completed Procedure Codes Charge Adjustments Finance Charges Charge Special Adjustments Charge Initial Balances 	Beginning Balance, minus Credits, plus Charges
Charges plus Credits	Charges minus Applied Credits	
The patient has an initial provider	(Charge only) The provider is one of the specified providers	
	(Charge only) The amount is greater than zero	
The entry date or procedure date is on or before the ending date of the specified	(Charge only) The entry date or procedure date is on or before the ending date of the specified range	
	(Credit only) The allocation date is on or before the ending date of the specified range (Entry or procedure date is ignored) The corresponding charge meets the criteria to be included on the report	
The billing type of the family is one of the specified billing types		
The rendering clinic is one of the specified clinics	The collecting clinic is one of the specified clinics	
(Completed procedure only) The ADA code is not being excluded	(Completed procedure only) The ADA code is not being excluded	
	(Credit only) Applied to a completed procedure for an ADA code not being excluded The corresponding procedure meets the criteria to be included on the report	

Provider IDs List

The Provider IDs List displays information about each provider and the insurance carriers for which each provider has an ID.



Why: To ensure claim forms populate with the correct provider ID

When: After Dentrix Enterprise setup, and as needed

PROVIDER IDS LIST

Insurance Carriers: <ALL> - <ALL>
Clinics: <ALL>
Providers: <ALL>

Report Date: 04/22/2018
Report Generated By: enterprise
Page 1 of 4

A

Provider Name: McClure, Angela
Address: P.O. Box 123456
Hartford, CT 06104

Title: Dr.
ID: AMCCURE
Clinic: MESA
Phone: (800) 555-4343
BC/BS ID#: 1234567
Specialty: Dentist
Provider Class: Primary

SS#: 000-00-0000
FEE Schedule: 1: Office
RVU Schedule: <Not Assigned>
State ID#: 123456
TIN#: 000000000
Medicaid#: 12345
DrugID#:
Provider#:
Office#:
NPI: 0

B

Clinic: CENTRAL
Clinic TIN#:

C

Dental Carrier: Connecticut General
Address: P.O. Box 1234
Hartford, CT 06104
Phone: (800) 555-4343
Contact:

Group Name: Acme Insurance Group
Group #: 1234567
Local (Union):
Employer: Acme Inc
Payor ID:

D

Provider ID Code: 0B State License Number
Provider ID Number: 1234a1234b

E

Provider Name: Smith, Dennis
Address: 123456 Street Name
City, UT 84003

Title: Dr
ID: DDS01
Clinic: CENTRAL
Phone:
BC/BS ID#:
Specialty: Dentist
Provider Class: Primary

SS#:
FEE Schedule: 1: Office
RVU Schedule: 1
State ID#:
TIN#:
Medicaid#:
DrugID#:
Provider#:
Office#:
NPI:

F

Clinic: CENTRAL
Clinic TIN#:

Dental Carrier: Aetna
Address: 123456 Street Name
City, UT 84003
Phone:
Contact:

Group Name: HSPS A
Group #:
Local (Union):
Employer:
Payor ID:

G

Provider ID Code: 0B State License Number
Provider ID Number: 12345abc678def

H

Dental Carrier: Aetna
Address: 12345 Street Name

Group Name: HSPS B
Group #:
Local (Union):

How do I run the Provider IDs List?

From the DXOne Reporting module, select **Reference**, and then double-click **Provider IDs List**. For additional details about running this report, see the “Provider IDs List” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Provider Details – Displays general information about each provider, including important numbers associated with the provider. This information is found in the **Provider Information** dialog box, which can be accessed from the Office Manager module. For details about how to edit this information, see the “Adding, editing, inactivating, and reactivating providers” topic in the Dentrix Enterprise Help.

B. Clinics – The clinics to which a provider has been assigned.

C. Carrier Details – Displays general information about each insurance carrier for which a provider ID has been entered. Insurance carrier information is found in the **Dental Insurance Plan Information** dialog box, which can be accessed from the Office Manager. For details about how to enter provider IDs, see the “Adding and editing insurance plans” topic in the Dentrix Enterprise Help.

D. Provider ID Details – Displays the provider’s ID code and number that has been entered for the insurance carrier. Provider ID information is found in the **Provider ID Setup** dialog box, which can be accessed from the Office Manager. For details on how to enter provider IDs, see the “Adding and editing insurance plans” topic in the Dentrix Enterprise Help.

Provider Revenue - Allocations Report

The Provider Revenue Detail for Allocations Report lists payments and credits allocated to charges that have been posted for each provider.



Why: To have a record of revenue generated by each provider, to view the payments and adjustments that are being applied to charges, and to ensure correct allocation of payments and credits to procedures that have been performed

When: Daily

Provider Revenue Detail for Allocations

Date Range: 01/07/2018 - 04/23/2018
 Include Allocations: <ALL>
 Guarantor Range: <ALL> - <ALL>
 Clinics: <ALL>-(Collecting)
 Providers: <ALL>
 Billing Type: <ALL>
 Adjustment Type(s): <ALL>
 Payment Type(s): <ALL>

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Amount	BT	Clinic
Provider: DDS1						
Allocate Date: 04/22/2018				Allocated Amount:	10.00	
04/22/2018	04/22/2018	Larson, Bill	D2150:Amalgam-2 surf. prim/perm	156.00	1	CENTRAL
04/22/2018	04/22/2018	Larson, Bill <Family>	-Professional Discount	-10.00	1	CENTRAL
Allocate Date: 04/22/2018				Allocated Amount:	23.00	
04/22/2018	04/22/2018	Larson, Bill	D2150:Amalgam-2 surf. prim/perm	156.00	1	CENTRAL
04/22/2018	04/22/2018	Larson, Bill <Family>	Check Payment - Thank You	-23.00	1	CENTRAL
DDS1-				<i>Insurance:</i>	0.00	<i>Non-Insurance:</i>
					23.00	<i>Credit Adjustments:</i>
					10.00	<i>Total:</i>
						33.00
Provider: DROBB						
Allocate Date: 04/22/2018				Allocated Amount:	9.60	
01/07/2018	01/07/2018	Abbott, James S	D1110:Prophylaxis-adult	48.00	2	CENTRAL
04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You	-125.00	2	CENTRAL
Allocate Date: 04/22/2018				Allocated Amount:	108.20	
01/15/2018	01/15/2018	Abbott, James S	D8670:Periodic ortho visit (contract)	950.00	2	CENTRAL
04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You	-125.00	2	CENTRAL
DROBB-				<i>Insurance:</i>	0.00	<i>Non-Insurance:</i>
					117.80	<i>Credit Adjustments:</i>
					0.00	<i>Total:</i>
						117.80
Grand Totals-				<i>Insurance:</i>	0.00	<i>Non-Insurance:</i>
					140.80	<i>Credit Adjustments:</i>
					10.00	<i>Total:</i>
						150.80

How do I run the Provider Revenue - Allocations Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Provider Revenue**. For additional details about running this report, see the "Provider Revenue Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each provider, each allocation is listed with the corresponding charge, and payments and/or credit adjustments.

- A. Allocation** – The date the allocation was posted and the amount that was allocated to a charge appear.
- B. Charge** – For the charge, the following details appear: entry date, procedure date, patient name, procedure description, amount, billing type, and clinic (where service was rendered).
- C. Payment/Credit** – For each payment or credit, the following details appear: entry date, procedure date, patient name, payment/credit adjustment description, amount, date the amount was allocated to the charge, amount allocated to the charge, billing type, and collecting/rendering clinic.

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the "Tips for Understanding Dentrix Enterprise Reports" section in the Introduction of this book.*

- D. Provider Totals** – The insurance and non-insurance payments, credit adjustments, and total revenue (which is the sum of the payments and credits) for the provider.
- E. Grand Totals** – The totals for all providers on the report.

Provider Revenue - Charges Report

The Provider Revenue Detail for Charges Report lists payments and credits allocated to charges that have been posted for each provider.



Why: To have a record of revenue generated by each provider, to view the payments and adjustments that are being applied to charges, and to ensure correct allocation of payments and credits to procedures that have been performed

When: Daily

Provider Revenue Detail for Charges

Date Range: 04/01/2018 - 05/05/2018

Include Allocations: <ALL>

Guarantor Range: <ALL> - <ALL>

Clinics: <ALL>(Collecting)

Providers: <ALL>

Billing Type: <ALL>

Adjustment Type(s): <ALL>

Payment Type(s): <ALL>

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Amount	Alloc Date	Alloc Amt	BT	Clinic
------------	-----------	--------------	-------------	--------	------------	-----------	----	--------

Provider: DDS01

04/23/2018	04/23/2018	Payne, Scott	D2160:Amalgam-3 surf. prim/perm	90.00				1 CENTRAL
04/23/2018	04/23/2018	Payne, Mildred <Family>	Check Payment - Thank You	-20.00	04/23/2009	20.00		1 CENTRAL
04/27/2018	04/27/2018	Payne, Mildred <Family>	Cash Payment - Thank You	-100.00	04/27/2009	18.00		1 CENTRAL

DDS01- Insurance: 0.00 Non-Insurance: 38.00 Credit Adjustments: 0.00 Total: 38.00

Provider: DDS1

04/22/2018	04/22/2018	Larson, Bill	D2150:Amalgam-2 surf. prim/perm	156.00				1 CENTRAL
04/22/2018	04/22/2018	Larson, Bill <Family>	Check Payment - Thank You	-23.00	04/22/2009	23.00		1 CENTRAL
04/22/2018	04/22/2018	Larson, Bill <Family>	-Professional Discount	-10.00	04/22/2009	10.00		1 CENTRAL
04/23/2018	04/23/2018	Larson, Bill	D7120:Extraction-each additional	71.00				1 CENTRAL
05/05/2018	05/05/2018	Larson, Bill	Insurance Payment	-71.00	05/05/2009	71.00		1 CENTRAL
04/23/2018	04/23/2018	Payne, Mildred <Family>	Finance Charge	100.00				1 CENTRAL
04/27/2018	04/27/2018	Payne, Mildred <Family>	Cash Payment - Thank You	-100.00	04/27/2009	82.00		1 CENTRAL
04/30/2018	04/30/2018	Larson, Bill <Family>	+Debit Adjustment	90.00				1 CENTRAL
04/29/2018	04/22/2018	Larson, Bill <Family>	Cash Payment - Thank You	-20.00	04/30/2009	20.00		1 CENTRAL

DDS1- Insurance: 71.00 Non-Insurance: 125.00 Credit Adjustments: 10.00 Total: 206.00

Provider: DROBB

04/07/2018	04/07/2018	Abbott, James S	D1110:Prophylaxis-adult	48.00				2 CENTRAL
04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You	-125.00	04/22/2009	9.60		2 CENTRAL
04/15/2018	04/15/2018	Abbott, James S	D8670:Periodic ortho visit (contract)	950.00				2 CENTRAL
04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You	-125.00	04/22/2009	108.20		2 CENTRAL
04/30/2018	04/30/2018	Abbott, Patricia <Family>	-Professional Discount	-25.00	04/30/2009	25.00		2 CENTRAL
04/15/2018	04/15/2018	Abbott, James S	90620:Exam and consultation	500.00				2 CENTRAL
05/01/2018	05/01/2018	Abbott, Patricia <Family>	Cash Payment - Thank You	-20.00	05/01/2009	20.00		2 CENTRAL

DROBB- Insurance: 0.00 Non-Insurance: 137.80 Credit Adjustments: 25.00 Total: 162.80

Grand Totals- Insurance: 71.00 Non-Insurance: 300.80 Credit Adjustments: 35.00 Total: 406.80

How do I run the Provider Revenue - Charges Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Provider Revenue**. For additional details about running this report, see the "Provider Revenue Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each provider, each charge is listed with the payments and/or credit adjustments allocated to that charge.

- A. Charges** – For each charge, the following details appear: entry date, procedure date, patient name, procedure description, amount, billing type, and clinic (where service was rendered).
- B. Allocations** – For each payment or credit, the following details appear: entry date, procedure date, patient name, payment/credit adjustment description, amount, date the amount was allocated to the charge, amount allocated to the charge, billing type, and collecting/rendering clinic.

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the "Tips for Understanding Dentrix Enterprise Reports" section in the Introduction of this book.*

- C. Provider Totals** – The insurance and non-insurance payments, credit adjustments, and total revenue (the sum of the payments and credits) for the provider.
- D. Grand Totals** – The totals for all providers on the report.

Provider Revenue - Credits Report

The Provider Revenue Detail for Credits Report lists payments and credits allocated to charges that have been posted for each provider.



Why: To have a record of revenue generated by each provider, to view the payments and adjustments that are being applied to charges, and to ensure correct allocation of payments and credits to procedures that have been performed

When: Daily

Provider Revenue Detail for Credits

Date Range: 01/23/2018 - 04/23/2018

Include Allocations: <ALL>

Guarantor Range: <ALL> - <ALL>

Clinics: <ALL>(Collecting)

Providers: <ALL>

Billing Type: <ALL>

Adjustment Type(s): <ALL>

Payment Type(s): <ALL>

Report Date: 04/23/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Amount	Alloc Date	Alloc Amt	BT	Clinic
------------	-----------	--------------	-------------	--------	------------	-----------	----	--------

Provider: DDS1

04/22/2018	04/22/2018	Larson, Bill <Family>	Check Payment - Thank You	-23.00		23.00	1	CENTRAL
04/22/2018	04/22/2018	Larson, Bill	D2150:Amalgam-2 surf. prim/perm	156.00	04/22/2018	23.00	1	CENTRAL
04/22/2018	04/22/2018	Larson, Bill <Family>	-Professional Discount	-10.00		10.00	1	CENTRAL
04/22/2018	04/22/2018	Larson, Bill	D2150:Amalgam-2 surf. prim/perm	156.00	04/22/2018	10.00	1	CENTRAL

DDS1- Insurance: 0.00 Non-Insurance: 23.00 Credit Adjustments: 10.00 Total: 33.00

Provider: DROBB

04/22/2018	04/22/2018	Abbott, Patricia <Family>	Check Payment - Thank You	-125.00		117.80	2	CENTRAL
01/27/2018	01/27/2018	Abbott, James S	D1110:Prophylaxis-adult	48.00	04/22/2018	9.60	2	CENTRAL
02/15/2018	02/15/2018	Abbott, James S	D8670:Periodic ortho visit (contract)	950.00	04/22/2018	108.20	2	CENTRAL

DROBB- Insurance: 0.00 Non-Insurance: 117.80 Credit Adjustments: 0.00 Total: 117.80

Grand Totals- Insurance: 0.00 Non-Insurance: 140.80 Credit Adjustments: 10.00 Total: 150.80

How do I run the Provider Revenue - Credits Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Provider Revenue**. For additional details about running this report, see the "Provider Revenue Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each provider, each payment and/or credit adjustment is listed with the charge to which it was allocated:

A. Allocations – For each payment or credit, the following details appear: entry date, procedure date, patient name, payment/credit adjustment description, amount, amount allocated, billing type, and collecting/rendering clinic.

B. Charges – For each charge, the following details appear: entry date, procedure date, patient name, procedure description, amount, date an amount was allocated to the charge, amount allocated to the charge, billing type, and clinic (where service was rendered).


***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the "Tips for Understanding Dentrix Enterprise Reports" section in the Introduction of this book.*

C. Provider Totals – The insurance and non-insurance payments, credit adjustments, and total revenue (the sum of the payments and credits) for the provider.

D. Grand Totals – The totals for all providers on the report.

Provider Revenue - Summary Report

The Provider Revenue Detail Summary Report lists payments and credits allocated to charges that have been posted for each provider.

	<p>Why: To have a record of revenue generated by each provider, to view the payments and adjustments that are being applied to charges, and to ensure correct allocation of payments and credits to procedures that have been performed</p> <p>When: Daily</p>
---	--

Provider Revenue Detail Summary

Date Range: 12/1/2017 - 12/23/2017
 Include Allocations: <ALL>
 Guarantor Range: <ALL> - <ALL>
 Clinics: <ALL>(Collecting)
 Providers: <ALL>
 Billing Type: <ALL>
 Adjustment Type(s): <ALL>
 Payment Type(s): <ALL>

Report Date: 12/23/2017

Report Generated By: ENTERPRISE

Page 1 of 1

Provider	Insurance	Non-Insurance	Cr Adjustments	Total Revenue
AMCCLURE	145.00	50.00	22.00	217.00
DDS1	100.00	243.96	35.00	378.96
DDS-1	260.00	108.00	0.00	368.00
DDS2	0.00	100.00	0.00	100.00
DDS-2	105.00	0.00	0.00	105.00
DROBB	511.90	345.00	321.20	1,178.10
Grand Totals	1,121.90	846.96	378.20	2,347.06

A

B

How do I run the Provider Revenue - Summary Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Provider Revenue**. For additional details about running this report, see the "Provider Revenue Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Provider Totals** – The provider is listed with the corresponding insurance and non-insurance payments, credit adjustments, and total revenue, which is the sum of the payments and credits.
- B. Grand Totals** – The totals for all providers on the report.

Referral Analysis Report

The Referral Analysis report displays the number of referrals from each referral source. The report also displays the amount of production generated as a result of the referrals.

	Why: To compare referral sources and to view the total number of referrals over a specified date range
	When: As needed

Referral Analysis					
First Visit Date Range: 12/01/2017 - 12/17/2017					
Treatment Date Range: 12/01/2017 - 12/17/2017 - Entry Date					
Clinic(s): <ALL>					
Provider(s): <ALL>					
Sort by: Referral Name					
Date: 12/31/2017		Report Generated By: enterprise			Page 1 of 1
Patient Referred By	Number of Patients	Total Production	Average Per Patient	Percent of Number of Patients	Percent of Production
Dr. Evans, Jeff	10	\$1,433.00	\$143.30	34.48%	54.74%
Dr. Tyler, Mark	5	\$950.00	\$190.00	17.24%	36.29%
Family	2	\$105.00	\$52.50	6.90%	4.01%
Phone Survey	1	\$0.00	\$0.00	3.45%	0.00%
Yellow Page Ad	11	\$130.00	\$11.82	37.93%	4.97%
Total	29	\$2,618.00	\$397.62	100.00 %	100.00 %
Clinic Name	Number of Patients	Total Production	Average per patient		
CENTRAL	3	\$225.00	\$75.00		
Total Production	3	\$225.00	\$75.00		

How do I run the Referral Analysis Report?

From the DXOne Reporting module, select **Analysis**, and then double-click **Referral Analysis**. For additional details about running this report, see the "Referral Analysis Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

This report can be sorted by the name of the referral source, number of patients referred, and production as a result of the referral. The report contains the following information:

A. Referral Sources

- **Patient Referred By** – The name of the person or entity that referred the patient.
- **Number of Patients** – The number of referrals from the referral source.
- **Total Production** – The total amount of production resulting from the referral source.
- **Average Per Patient** – The average production resulting from the referral source (Total Production/Number of Patients).
- **Percent of Number of Patients** – The percent of the referred patients on the report that come from the referral source listed (the total number of patients divided by the number of patients for the given referral source).
- **Percent of Production** – The production total divided by the combined production total.


B. Total – The totals for all referral sources.

C. Clinic Totals – The number of patients, total production, and average production per patient for each clinic.

D. Total Production – The total number of patients, total production, and average production per patient for all clinics on the report.

Referral Recap Report

The Referral Recap report lists the work completed and/or treatment planned for patients referred to your practice.

	Why: To inform the referring doctor of the work completed/planned as a result of the referral
	When: Monthly or weekly

REFERRAL RECAP																													
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>Dennis Smith, 1234 South Pine St Mesa, AZ 85210 (480)555-6525</div> <div style="font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">A</div> </div> </div> <div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #cccccc; text-align: center; font-weight: bold; font-size: 0.8em;">REFERRAL INFORMATION</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Dr. Evans, Jeff 1234 N Maple Provo, UT 84601 555-5622</div> <div style="font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">B</div> </div> </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #cccccc; text-align: center; font-weight: bold; font-size: 0.8em;">PATIENT INFORMATION</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>James S Abbott 123 S Oak Rd Murray, UT 84123 555-1586</div> <div style="font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">C</div> </div> </div>																												
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Date: 04/23/2018 COMPLETED TREATMENT </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">COMPLETED DATE</th><th style="text-align: left;">TOOTH</th><th style="text-align: left;">SURFACE</th><th style="text-align: left;">CODE</th><th style="text-align: left;">DESCRIPTION</th></tr> </thead> <tbody> <tr> <td>04/15/2018</td><td>17</td><td></td><td>D7230</td><td>Extraction-impacted/part bony</td></tr> <tr> <td>04/15/2018</td><td>16</td><td></td><td>D7140</td><td>Extract,erupted th/exposed rt</td></tr> <tr> <td>04/15/2018</td><td>32</td><td></td><td>D7140</td><td>Extract,erupted th/exposed rt</td></tr> <tr> <td>04/22/2018</td><td></td><td></td><td>D0274</td><td>Bitewings-four films</td></tr> </tbody> </table> <div style="text-align: center; margin-top: 20px; font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">D</div>					COMPLETED DATE	TOOTH	SURFACE	CODE	DESCRIPTION	04/15/2018	17		D7230	Extraction-impacted/part bony	04/15/2018	16		D7140	Extract,erupted th/exposed rt	04/15/2018	32		D7140	Extract,erupted th/exposed rt	04/22/2018			D0274	Bitewings-four films
COMPLETED DATE	TOOTH	SURFACE	CODE	DESCRIPTION																									
04/15/2018	17		D7230	Extraction-impacted/part bony																									
04/15/2018	16		D7140	Extract,erupted th/exposed rt																									
04/15/2018	32		D7140	Extract,erupted th/exposed rt																									
04/22/2018			D0274	Bitewings-four films																									
<div style="text-align: center; margin-bottom: 5px;">TREATMENT STILL IN PROGRESS</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">REFERRED DATE</th><th style="text-align: left;">TOOTH</th><th style="text-align: left;">SURFACE</th><th style="text-align: left;">CODE</th><th style="text-align: left;">DESCRIPTION</th></tr> </thead> <tbody> <tr> <td>04/23/2018</td><td>UR</td><td></td><td>D4341</td><td>Perio scale&root pin-4+per quad</td></tr> </tbody> </table> <div style="text-align: center; margin-top: 20px; font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">E</div>					REFERRED DATE	TOOTH	SURFACE	CODE	DESCRIPTION	04/23/2018	UR		D4341	Perio scale&root pin-4+per quad															
REFERRED DATE	TOOTH	SURFACE	CODE	DESCRIPTION																									
04/23/2018	UR		D4341	Perio scale&root pin-4+per quad																									
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> Additional Notes: Additional notes appear here. </div> <div style="text-align: center; margin-top: 20px; font-size: 2em; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;">F</div>																													

How do I run the Referral Recap Report?

- In the Office Manager, from the **Reports** menu, point to **Ledger**, and then click **Referral Recap**.
- In the Patient Chart, from the **File** menu, click **Print Referral**.
- In the Ledger, from the **Print** menu, click **Referral Recap**.

For additional details about running this report, see the “Referral Recap Report,” “Printing the Referral Recap Report,” and “Walkout statements” topics in the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Provider** – The provider associated with the referral.
- B. Referring Doctor** – The referring doctor.
- C. Patient** – The referred patient.
- D. Completed Procedures** – All procedures completed as a result of the referral.
- E. Treatment Plans** – All procedures treatment planned as a result of the referral.
- F. Additional Notes** – Additional notes entered in the **Referral Recap Report** dialog box.

The screenshot shows the "Referral Recap Report" dialog box. It includes the following sections and controls:

- Select Referral Source:** "From:" and "To:" dropdown menus, both currently set to "<ALL>".
- Select Patient:** "From:" and "To:" dropdown menus, both currently set to "<ALL>".
- Completed Work Date Range:** "From:" and "To:" date pickers, both set to 01/13/2022.
- Procedure Code Range:** "From:" and "To:" dropdown menus, both currently set to "<ALL>".
- Select Provider:** "From:" and "To:" dropdown menus, both currently set to "<ALL>".
- Select Billing Type:** "From:" and "To:" dropdown menus, both currently set to "<ALL>".
- Additional Notes:** A large text area containing a circled "F".
- Buttons:** "OK" and "Cancel" buttons at the bottom.

Why: To provide specialists with referral information

When: After entering a referral in Dentrix Enterprise and before a patient leaves your office after being referred to a specialist

Dentrix Enterprise 11.0.2 Reports Reference

How do I run the Referral Slip?



In the Patient Chart, from the **File** menu, point to **Print Referral**, and then click **Referral Slip**. For additional details about running this report, see the "Printing a referral slip" topic in the Patient Chart portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Procedures** – The procedures that have been completed within the specified date range are listed.
- B. Custom Note** – The note that was entered in the **Additional Notes** field when setting up the options to run this report.

Referred By Doctor/Other Report

The Referred By Doctor/Other report displays patients that have been referred to your practice by other doctors or non-person sources (such as, advertisements). This report also lists the production totals resulting from each referral.

	Why: To identify effective referral sources, to track revenue generated as a result of a referral source, and to maintain professional relations
	When: As needed

REFERRED BY DOCTOR/OTHER REPORT					
The Dentist Group					
Referral Date: 01/16/2018 - 04/23/2018					
Date: 04/23/2018		Page: 1			
DOCTOR/OTHER'S NAME REFERRED PATIENT NAME		PHONE REFERRAL DATE	TREATMENT PLAN	PRODUCTION	BALANCE
<div>Dr. Evans, Jeff 1234 N Cherry Ln Provo, UT 84601</div>		555-5622	<div>B</div> <div>Total Referrals: 13 Listed Referrals: 4 Last Gratuity Date: 04/23/2018 Gratuity Given: money</div>		
<div>C</div>	James S Abbott	01/25/2018	5366.00	0.00	6573.84
	James S Abbott	01/26/2018	5366.00	0.00	6573.84
	James S Abbott	01/27/2018	5366.00	0.00	6573.84
	James S Abbott	04/23/2018	5366.00	0.00	6573.84
<div>Dr. Tyler, Mark 1235 N. Cherry Ln Provo, UT 84601</div>		555-5962	<div>Total Referrals: 5 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:</div>		
	Patricia Abbott	01/25/2018	5235.00	0.00	6573.84
<div>Family</div>			<div>Total Referrals: 2 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:</div>		
	Brian R Little	01/18/2018	765.00	0.00	200.00
<div>Yellow Page Ad</div>			<div>Total Referrals: 12 Listed Referrals: 3 Last Gratuity Date: Gratuity Given:</div>		
	Kevin, Little	04/23/2018	0.00	0.00	194.00
	Mark Taylor	01/17/2018	484.00	0.00	130.00
	Kerri Taylor	01/25/2018	484.00	0.00	130.00
		<div>D</div>	TOTAL REFERRALS:		32
			TOTAL LISTED REFERRALS:		9

How do I run the Referred By Doctor/Other Report?

From the DXOne Reporting module, select **Management**, and then double-click **Referred By Doctor/Other**. For additional details about running this report, see the “Referred By Doctor/Other Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Doctor Information – The name, mailing address, and phone number of the referring doctor.

B. Referral Details – In addition to the date and description of the last gratuity given to the referral source, the following information appears on this report:

- **Total Referrals** – The total number of patients referred by the referral source. Be aware that report filters have no affect on this number; this number represents the total number of patients ever referred by the referral source.
- **Listed Referrals** – The total number of referrals displayed on the report for the referring doctor.

*Note: This number only appears if you select **Include All Referral Sources** when setting options for this report.*

C. Referred Patients – If you select **Include Referred Patients** when setting options for this report, referred patients appear on the report. In addition to the name and referral date, the following information is listed for each referral displayed on the report:

- **Treatment Plan** – The total value of treatment plans for the patient.
- **Production** – The total value of completed procedures.

*Note: If all production values are zero, clear **Include Patients With No Production or Treatment Planned Procedures** when setting options for this report.*

- **Balance** – The patient’s current balance.



D. Report Totals

- **Total Referrals** – The total number of patients referred by the referral sources.
- **Listed Referrals** – The total number of referrals listed in this report.

*Note: This number only appears if you select **Include All Referral Sources** when setting options for this report.*

Referred By Patient Report

The Referred By Patient Report lists the patients that have been referred to your practice by other patients. This report also lists the production totals resulting from each referral.

	Why: To track revenue resulting from patient referrals
	When: As needed

REFERRED BY PATIENT REPORT					
The Dentist Group					
Date: 03/08/2018		Referral Date: 03/08/2018 - 03/08/2018		Production Date: 03/08/2018 - 03/08/2018	
				Page:	
PATIENT'S NAME	REFERRAL DATE	PHONE	TREATMENT PLAN	PRODUCTION	BALANCE
Crosby, Brent T. (Patient) 123 Golden Pine Rd Kailua, TN 77308 Male		(743)555-2381			
				Total Referrals: 1 Listed Referrals: 1 Last Gratuity Date: 02/23/2018 Gratuity Given: 2 movie tickets	
C Shirley Crosby	03/08/2018		0.00	0.00	125.00
Larsen, Mark (Patient) 123 W. Oak St Mesa, AZ 85210 Male					
				Total Referrals: 3 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:	
Amy Larson	03/08/2018		220.00	292.00	337.00
Perkins, Peggy M (Patient) 12345 Oakwood East Pointe, IN 40021 Female		(343)555-2507			
				Total Referrals: 1 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:	
Shelly Perkins	03/08/2018		1303.00	69.00	180.00
Reeves, Elisabeth (Patient) 12345 W. Country Ln Shire Hill, MI 47032 Female		(146)555-3896			
				Total Referrals: 1 Listed Referrals: 1 Last Gratuity Date: Gratuity Given:	
Joshua Reeves	03/08/2018		0.00	300.00	300.00
				D TOTAL REFERRALS: 6 TOTAL LISTED REFERRALS: 4	

How do I run the Referred By Patient Report?

From the DXOne Reporting module, select **Management**, and then double-click **Referred By Patient**. For additional details about running this report, see the “Referred By Patient Report” topic in the DXOne Reporting portion of the Dentrax Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Referring Patient Information** – The name, mailing address, phone number, and gender of patients that have provided referrals to your practice.
- B. Referral Details** – In addition to the date and description of the last gratuity given to the referring patient, the following information appears on this report:
- **Total Referrals** – The total number of patients referred by the patient. Be aware that report filters have no affect on this number; this number represents the total number of patients ever referred by the patient.
 - **Listed Referrals** – The total number of referrals displayed on the report for the referring patient.
- C. Referred Patients** – In addition to the name and referral date, the following information is listed for each referral displayed on the report:
- **Treatment Plan** – The total value of treatment plans for the referral.
 - **Production** – The total value of completed procedures.
 - **Balance** – The referral’s current balance.
- D. Report Totals**
- **Total Referrals** – The total number of referrals provided by the referring patients.
 - **Listed Referrals** – The total number of referrals listed in this report.

Referred To Doctor Report

The Referred To Doctor Report lists the number of patients your practice has referred to another practice. Depending on report settings, this report also lists the name and referral date of each referral.



Why: To maintain professional relations

When: As needed

Server Name: <Default>

REFERRED TO DOCTOR REPORT

Clinics: <ALL>
Providers: <ALL>
ADA Codes: <ALL>
Referral Date: All Referral Sources

Report Date: 9/18/2019 Report Generated By: ENTERPRISE Page 1 of 1

DOCTOR'S NAME	PHONE				
Referred Patient Name	Referral Date	Scheduled Date	Completed Date	Referral Status	Days Referred
Baker, Bruce (Periodontics) 1234 Palma Rd #201 Anytown, US 11111 Brent Crosby	09/17/2019				
					Total Referrals: 1 Listed Referrals: 1
Charles M. Clark, M.D. (Surgery, Oral & Maxillofacial) 1750 N Medical Way Mesa, AZ 85210					
					Total Referrals: 12 Listed Referrals: 5
Mary Brown	05/05/2016				999+
Joshua Reeves	06/15/2016				999+
Patricia Abbott	11/22/2016				999+
Tom N Crosby	10/09/2016				999+
Brent Crosby	06/17/2017	06/30/2017	06/30/2017	Complete	13
Dr. Clark, Robert (Endodontist) 1750 University Ave. Suite 200 Anytown, PA 99999 Shirley Crosby	06/21/2005				
					Total Referrals: 1 Listed Referrals: 1
					999+
TOTAL REFERRALS:					14
TOTAL LISTED REFERRALS:					7

How do I run the Referred To Doctor Report?

From the DXOne Reporting module, select **Management**, and then double-click **Referred To Doctor**. For additional details about running this report, see the "Referred To Doctor Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Doctor Information – The name, mailing address, and phone number of a doctor to which the practice provided referrals.

B. Doctor Totals

- **Total Referrals** – The total number of patients referred to the doctor. Be aware that report filters have no affect on this number; this number represents the total number of patients ever referred to the doctor.
- **Listed Referrals** – The total number of referrals listed for the doctor.

***Note:** This number only appears if you select **Include Referred Patients** when setting options for this report.*

C. Referred Patients – If you select **Include Referred Patients** when running this report, the following details regarding each outbound referral appear on the report:

- Patient name
- Referred, scheduled, and completed dates
- Status
- Number of days referred out

D. Report Totals

- **Total Referrals** – The total number of referred patients.
- **Listed Referrals** – The total number of referred patients listed in this report.

***Note:** Listed Referrals only appears if you select **Include Referred Patients** when setting options for this report.*

Registration Information Report

The Registration Information Report displays the practice's registration information and Dentrix Enterprise serial number.



Why: To quickly access your registration information and serial number

When: As needed

REGISTRATION INFORMATION

The Dentist Group

Date: 04/22/2018

Page: 1

A

PRACTICE TITLE: [The Dentist Group]
STREET1: [123 East Valley Drive]
STREET2: []
CITY: [American Fork]
STATE: [UT]
ZIP: [84003]
PHONE: [(801)555-9300]
FISCAL MONTH: [January]
COUNTRY: []
SERIAL #: [<EVALUATION COPY>]

B

How do I run the Registration Information Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Registration Information**. For additional details about running this report, see the "Registration Information Report" topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).



What important information does this report provide?

A. Practice Information – The practice information associated with your serial number.

B. Serial Number – The Dentrix Enterprise product serial number.

RVU Day Sheet Report

The RVU Day Sheet report lists RVU production for procedures that have been posted to the Ledger.

	Why: To print a record of transactions each day, to review RVU production totals for a date or date range
	When: Daily

Production RVU Day Sheet

Date Range: 04/24/2018 - 04/24/2018 Procedure Date

Clinics: <ALL>

Providers: <ALL>

Billing Type: <ALL>

Report Date: 05/01/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Chart #	TH Code	Description	RVU	Lab Exp.	Net RVU	BT
04/24/2018	04/24/2018	Smith, Brandon	SM0010	D1110	Prophylaxis-adult	25.00	0.00	25.00	1
04/24/2018	04/24/2018	Smith, Brandon	SM0010	D0120	Periodic oral evaluation	25.00	45.00	-20.00	1
04/24/2018	04/24/2018	Smith, Brandon	SM0010	D0274	Bitewings-four films	374.00	0.00	374.00	1

Total Summary

RVU

Lab Exp.

Net RVU

424.00

45.00

379.00

DDS1 (Dennis Smith)

CENTRAL

04/24/2018	04/24/2018	Baber, Tom		64550	Transcutan. electric. stimulat.	2,345.00	0.00	2,345.00	1
04/24/2018	04/24/2018	Abbott, Patricia	ABB102	16 D2391	Resin composite-1s, posterior	0.00	0.00	0.00	4
04/24/2018	04/24/2018	Abbott, Patricia	ABB102	17 D2391	Resin composite-1s, posterior	90.00	0.00	90.00	4
04/24/2018	04/24/2018	Raab, Kenneth D		14 D2150	Amalgam-2 surf. prim/perm	125.00	0.00	125.00	1
04/24/2018	04/24/2018	Raab, Kenneth D		3 D2750	Crown-porc fuse high noble mtl	900.00	450.00	450.00	1

CENTRAL Summary:

3,460.00 450.00 3,010.00

DDS1 (Dennis Smith) Summary:

3,460.00 450.00 3,010.00

Unique Patient Count for DDS1 (Dennis Smith): 3

Unique Visit Count for DDS1 (Dennis Smith): 3

CENTRAL

DDS1 (Dennis Smith)

04/24/2018	04/24/2018	Baber, Tom		64550	Transcutan. electric. stimulat.	2,345.00	0.00	2,345.00	1
04/24/2018	04/24/2018	Abbott, Patricia	ABB102	16 D2391	Resin composite-1s, posterior	0.00	0.00	0.00	4
04/24/2018	04/24/2018	Abbott, Patricia	ABB102	17 D2391	Resin composite-1s, posterior	90.00	0.00	90.00	4
04/24/2018	04/24/2018	Raab, Kenneth D		14 D2150	Amalgam-2 surf. prim/perm	125.00	0.00	125.00	1
04/24/2018	04/24/2018	Raab, Kenneth D		3 D2750	Crown-porc fuse high noble mtl	900.00	450.00	450.00	1

DDS1 (Dennis Smith) Summary:

3,460.00 450.00 3,010.00

Unique Patient Count for DDS1 (Dennis Smith): 3

Unique Visit Count for DDS1 (Dennis Smith): 3

CENTRAL Summary:

3,460.00 450.00 3,010.00

How do I run the RVU Day Sheet Report?

From the DXOne Reporting module, select **Management**, and then double-click **RVU Day Sheet**. For additional details about running this report, see the “RVU day sheet” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor RVU production for each provider and/or clinic:

A. Procedures – The procedures posted to the Ledger are listed if **Include Procedures** is selected when setting up the options to run this report. Each procedure provides the following information:

- **Entry Date** – The date a procedure is posted to the Chart (and to the Ledger simultaneously).
- **Procedure Date** – The date a procedure is done in the Chart.
Note: It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the “Tips for Understanding Dentrix Enterprise Reports” section in the Introduction of this book.
- **Patient Name** – The name and chart number of the patient on whom the procedure was performed.
- **TH** – The tooth number(s) associated with a procedure.
- **Code and Description** – The ADA code and description of the procedure.
- **RVU** – The Relative Value Units that were assigned to the procedure from the **Procedure Code Editor** dialog box.
- **Lab Expenses** – The lab expenses that were assigned to the procedure from the **Procedure Code Editor** dialog box. This column appears if **Subtract Lab Expenses** is selected when setting up the options to run this report.
- **Net RVU** – The net RVU is calculated by subtracting lab expenses (if the **Subtract Lab Expenses** option was selected) from the RVU.
- **BT** – The billing type of the patient on whom the procedure was performed.

B. Total Summary – The total RVU, lab expenses, and net RVU.

C. Provider Totals – The RVU production is shown for the provider with a breakdown of the procedures for each clinic the provider works in. Each clinic’s RVU production is subtotaled. After the clinic subtotals, a totals summary for the provider appears. Also, for the provider, a unique patient count and unique visit count are given.

D. Clinic Totals – The RVU production is shown for the clinic with a breakdown of the procedures performed by each provider at that clinic. Each provider’s RVU production is subtotaled. After the provider subtotals, a totals summary for the clinic appears. Also, for the provider, a unique patient count and unique visit count are given.

RVU Production Summary Report

The RVU Production Summary Report lists RVU production for procedures that have been posted to the Ledger.



Why: To print a record of transactions each day, to review RVU production totals for a date or date range



When: Daily

RVU Production Summary

04/24/2018 - 04/24/2018 Procedure Date

Clinics: <ALL>

Provider: <ALL>

Billing Types: <ALL>

Report Date: 05/01/2018

Report Generated By: enterprise

Page 1 of 1

Procedure Date	Entry Date	Patient Name	BT	Description	Amount		
		Quantity	Total	Average	Percent	Lab Exp.	Net RVU

04/24/2018	04/24/2018	Smith, Brandon	1	D0120 - Periodic oral evaluation	25.00
04/24/2018	04/24/2018	Smith, Brandon	1	D1110 - Prophylaxis-adult	25.00
04/24/2018	04/24/2018	Smith, Brandon	1	D0274 - Bitewings-four films	374.00

GRAND TOTALS:

Medicaid	0	0.00	0.00	0.00%	0.00	0.00
Non-Medicaid	3	424.00	141.33	100.00%	45.00	379.00
Total	3	424.00	141.33	100.00%	45.00	379.00

C	DDS1						
	CENTRAL						
	04/24/2018	04/24/2018	Larson, Bill	1	D7120 - Extraction-each additional	171.00	
	CENTRAL						
	Medicaid		0	0.00	0.00	0.00%	0.00
	Non-Medicaid		1	171.00	171.00	100.00%	171.00
	Total		1	171.00	171.00	100.00%	171.00
	DDS1						
	Medicaid		0	0.00	0.00	0.00%	0.00
	Non-Medicaid		1	171.00	171.00	100.00%	171.00
	Total		1	171.00	171.00	50.00%	171.00

D	CENTRAL						
	DDS01						
	04/24/2018	04/24/2018	Smith, Brandon	1	D0120 - Periodic oral evaluation	25.00	
	04/24/2018	04/24/2018	Smith, Brandon	1	D1110 - Prophylaxis-adult	125.00	
	04/24/2018	04/24/2018	Smith, Brandon	1	D0274 - Bitewings-four films	374.00	
	DDS01						
	Medicaid		0	0.00	0.00	0.00%	0.00
	Non-Medicaid		3	424.00	141.33	100.00%	45.00
	Total		3	424.00	141.33	100.00%	45.00
	CENTRAL						
	Medicaid		0	0.00	0.00	0.00%	0.00
	Non-Medicaid		3	424.00	141.33	100.00%	45.00
	Total		3	424.00	141.33	100.00%	45.00

How do I run the RVU Production Summary Report?

From the DXOne Reporting module, select **Management**, and then double-click **RVU Production Summary**. For additional details about running this report, see the “RVU Production Summary Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information can be used to monitor RVU production for each provider and/or clinic:

A. Procedures – The procedures posted to the Ledger are listed if **Include Patient Detail** is selected when setting up the options to run this report. Each procedure provides the following information:

- **Procedure Date** – The date a procedure is posted to the Chart.
- **Entry Date** – The date a procedure is posted to the Ledger.

***Note:** It is essential that you understand the difference between Entry Dates and Procedure Dates. For details on these dates, see the “Tips for Understanding Dentrix Enterprise Reports” section in the Introduction of this book.*

- **Patient Name** – The name of the patient on whom the procedure was performed.
- **Code and Description** – The ADA code and description of the procedure.
- **Amount** – The Relative Value Units (RVU) that were assigned to the procedure from the **Procedure Code Editor** dialog box.

B. Grand Totals

- **Medicaid Totals** – If **Separate Totals for Medicaid** and **Non-Medicaid Patients** are selected when setting up options to run this report, the Grand Totals section will divide up the Totals to reflect production from patients with Medicaid and those without Medicaid.
- **Totals** – The Grand Totals section displays the Totals for the quantity of procedures, total amount of the procedures, average charge per procedure, percent of RVU, lab expenses assigned to the procedure from the **Procedure Code Editor** dialog box, and net RVU of the procedures, which is calculated by subtracting lab expenses (if the **Subtract Lab Expenses option** was selected) from the RVU.

C. Provider Totals – The RVU production is shown for the provider with a breakdown of the procedures for each clinic the provider works in. Each clinic's RVU production is subtotaled. After the clinic subtotalets, a totals summary for the provider appears.

D. Clinic Totals – The RVU production is shown for the clinic with a breakdown of the procedures performed by each provider at that clinic. Each provider's RVU production is subtotalet. After the provider subtotalets, a totals summary for the clinic appears.

RVU Schedules Report

The RVU Schedules report lists procedure RVUs for selected RVU schedules. This report also lists the lab expenses and material expenses associated with each procedure.



Why: To ensure each RVU schedule is set up properly, to compare multiple RVU schedules side by side, and to ensure lab expenses and material expenses are up to date



When: After Dentrix Enterprise setup, and as needed

RVU SCHEDULE

277, D0290, D0310, D0320, D0321, D0322, D0350, D0360, D0362, D0363, D0415, D0416, D0417, D0418, D0421, D0425, D0431, D0460, D0472, D0473, D047

Report Date: 04/22/2018

Report Generated By: enterprise

Page 1 of 2

CODE	DESCRIPTION	RVU 1	RVU 2	RVU 3	RVU 4	RVU 5	LAB EXPENSE	MATERIAL
D0001	Oral Cancer Screening	15.00	16.00	0.00	0.00	0.00	9.00	15.00
D0120	Periodic oral evaluation	25.00	27.00	0.00	0.00	0.00	45.00	78.00
D0140	Limited oral evaluation	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0145	Oral evaluation < 3 yrs of age	5.00	5.00	0.00	0.00	0.00	0.00	0.00
D0150	Comp oral eval-new/estab pat	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0160	Detail/extensive oral eval, B/R	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0170	Limited re-evaluation estab pat	565.00	614.00	0.00	0.00	0.00	0.00	0.00
D0180	Comprehensive perio evaluation	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0210	Intraoral-complete series (bw)	9.00	10.00	0.00	0.00	0.00	0.00	23.00
D0220	Intraoral-periapical-1st film	6.00	7.00	0.00	0.00	0.00	0.00	24.00
D0230	Intraoral-periapical-each add'l	36.00	39.00	0.00	0.00	0.00	0.00	12.00
D0240	Intraoral-occlusal film	35.00	38.00	0.00	0.00	0.00	0.00	23.00
D0250	Extraoral-first film	6.00	7.00	0.00	0.00	0.00	0.00	25.00
D0260	Extraoral-each additional film	5.00	5.00	0.00	0.00	0.00	0.00	14.00
D0270	Bitewing-single film	321.00	349.00	0.00	0.00	0.00	0.00	24.00
D0272	Bitewings-two films	61.00	66.00	0.00	0.00	0.00	0.00	24.00
D0273	Bitewings-three films	98.00	107.00	0.00	0.00	0.00	0.00	25.00
D0274	Bitewings-four films	374.00	406.00	0.00	0.00	0.00	0.00	47.00
D0277	Vertical bitewings-7 to 8 films	67.00	73.00	0.00	0.00	0.00	0.00	326.00
D0290	Skull &facial bone survey film	3,499.00	3,802.00	0.00	0.00	0.00	0.00	233.00
D0310	Sialography	316.00	343.00	0.00	0.00	0.00	0.00	0.00
D0320	TMJ arthrogram, incl injection	64.00	70.00	0.00	0.00	0.00	0.00	2,344.00
D0321	Other TMJ films, by report	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0322	Tomographic survey	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0330	Panoramic film	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0340	Cephalometric film	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0350	Oral/Facial Photographic Images	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0360	Cone beam-CT/craniofacial data	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0362	Cone beam-2D multi img reconst	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0363	Cone beam-3D multi img reconst	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0415	Collection of microorg culture	25.00	27.00	0.00	0.00	0.00	23.00	15.00
D0416	Viral Culture	25.00	27.00	0.00	0.00	0.00	14.00	3.00
D0417	Collection of saliva sample	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0418	Analysis of saliva sample	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0421	Genetic test-suscept oral dis	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0425	Caries susceptibility tests	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0431	Adjunc pre-diag test-detect muc	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0460	Pulp vitality tests	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0470	Diagnostic casts	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0471	Diagnostic photographs	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0472	Accession of tiss, gr exam/rpt	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0473	Acc of tissue, gr mic exam/rpt	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0474	Acc of tiss-gr mic ex surg mar	25.00	27.00	0.00	0.00	0.00	0.00	0.00
D0475	Decalcification Procedure	25.00	27.00	0.00	0.00	0.00	0.00	0.00

A

B

C

D

How do I run the RVU Schedules Report?

From the DXOne Reporting module, select **Reference**, and then double-click **RVU Schedule**. For additional details about running this report, see the “RVU Schedule Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Procedure Code Editor** dialog box, which can be accessed from the Office Manager. See the “Procedure Code Setup” or “Auto RVU schedule changes” topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to edit this information.

- A. Code** – The procedure code.
- B. Fee** – The RVU assigned to a procedure.
- C. Lab Expense** – The estimated lab expense associated with the procedure.
- D. Material** – The estimated materials expense for the procedure.

Procedure Code Editor - Existing

Description: Prophylaxis-adult
 Patient Friendly Description: Cleaning of adult's teeth to help prevent disease

Code Names
 D1110 ADA Code
 ProphylAd Abbrev Desc
 CPT
 Medicaid
 Code 5

Treatment Flags
☐ Difficult Proc.
☐ Condition
☐ Remove Tooth
☒ Show in Chart

Auto Continuing Care
 PROPHY >>

Procedure Time
 5 Unit(s) >>

Procedure Category: Preventive
 Appointment Type: P3
 Treatment Area: Mouth
 Paint Type: [None]

RVU Schedule

RVU	Value
1. RVU 1	1030.00
2. RVU 2	0.00
3. RVU 3	0.00
4.	0.00
5.	0.00
6.	0.00
7.	0.00
8.	0.00
9.	0.00
10.	0.00
11.	0.00
12.	0.00
13.	0.00
14.	0.00
15.	0.00
16.	0.00
17.	0.00
18.	0.00

Expenses
 Lab ☐ Materials ☐

☐ Flag for Medical Cross Coding
☐ Do Not Bill to Dental Insurance
☐ Do Not Send Over HL7
☐ Require Start/Completion Dates
☐ Implantable Device
☐ Eclaims: Require Attachment

Buttons: Edit Note, New Code, Next Code, Save, Close

How do I run the RVU Utilization Report?

From the DXOne Reporting module, select **Management**, and then double-click **RVU Utilization**. For additional details about running this report, see the “RVU Utilization Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance Carriers** – The report is divided by insurance carriers. The carrier’s name, group plan name and number, and phone number are shown.
- B. Procedures** – The procedures posted in the Ledger for patients with the displayed insurance carrier. For each procedure the following are shown:
 - **Fee** – The RVU fee that would have been attached to a procedure had the RVU fee from the RVU schedule you selected (when setting up the report options) been used.
 - **RVU** – The RVU fee attached to the procedure posted in the Ledger.
- C. Insurance Carrier Totals** – The total fees, co-pays, (Fee - RVU), office visits, and patients seen appear for each insurance carrier. The following is an explanation of the insurance carrier’s Fee and CoPay totals:
 - **Fee** – The RVU fee that would have been attached to a procedure, had the RVU fee from the RVU schedule you selected (when setting up the report options) been used.
 - **CoPay** – The RVU fee attached to the procedure posted in the Ledger.
- D. Grand Totals** – The Grand Totals section displays the following information:
 - **Fee** – The total RVU fees that would have been attached to a procedure, had the RVU fee from the RVU schedule you selected (when setting up the report options) been used.
 - **Co-Pay** – The total RVU fees attached to the procedures posted in the Ledger.
 - **(Fee - RVU)** – The total RVU revenue that would have been gained or lost, had the RVU fee schedule you selected (when setting up the report options) been used when posting the procedures. A positive number indicates the practice would have gained RVU revenue. A negative number indicates the practice would have lost RVU revenue.
 - **Total Office Visits** – The total number of office visits (multiple procedures performed on a patient on the same date count as one office visit).
 - **Total Patients Seen** – The total number of patients that appear on the report.

Secondary Insurance Claims Not Created Report

The Secondary Insurance Claims Not Created Report displays primary insurance claims for which secondary insurance claims were never created. Claims are sorted according to the expiration date of the secondary insurance carrier.



Why: To ensure all possible secondary insurance claims are submitted

When: Weekly or daily

Dental Secondary Insurance Claims Not Created

Date Range: 04/01/2018 - 05/05/2018

Patient Range: <ALL> - <ALL>

Include Primary Claims not received: Yes

Carrier Range: Insurance Carriers: <ALL> - <ALL>

Clinics: <ALL>

Providers: <ALL>

Billing Types: <ALL>

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

PRM CLAIM DATE	PATIENT NAME	SECONDARY INSURANCE COMPANY	PROVIDER	CLINIC	CLM AMOUNT	EXPIRES
05/05/2018	Abbott, James S	Aetna Life and Casualty	DROBB	CENTRAL	801.00	11/01/2011
05/05/2018	Little, Brian	Metropolitan Life	DDS1	CENTRAL	450.00	08/03/2011
05/05/2018	Perkins, Peggy	Connecticut General	DDS1	CENTRAL	500.00	05/01/2011
	Smith, Michael	Principal Mutual Life Ins Co	DDS01	CENTRAL		
TOTAL OF CLAIMS NOT CREATED:					2,552.00	

How do I run the Secondary Insurance Claims Not Created Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Secondary Insurance Claims Not Created**. For additional details about running this report, see the “Secondary Insurance Claims Not Created Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Prm Claim Date – The date of the primary insurance claim.

B. Clm Amount – The amount of the original claim.

C. Expires – The date the secondary insurance claim must be submitted to the insurance carrier. The expiration date is found in the **Insurance Coverage** dialog box. To access the **Insurance Coverage** dialog box, double-click the Insurance block in the Family File, select the secondary insurance carrier, and then click **Coverage Table**.

D. Total Of Claims Not Created – The total amount of the secondary claims that were not created.

Insurance Coverage - (Aetna Dental/GE Aetna)

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	25	75
Preventive	0	0	0
Other	0	0	0

Maximum Benefit

Individual: 2000 Family: 8000

☒ Ortho Plan - Use as Ortho Lifetime Max

Claim Deadline: 3M >> ©

Coverage Table

Beg Proc	End Proc	Category	Cov %	Ded	Co-Pay	Pre Est?
D0100	D1999	Diag/Preventive	100	Pt	0.00	
D0100	D1999	Diag/Preventive	100	P	0.00	N
D2000	D2699	Basic Restor	80	S	0.00	N
D2700	D2899	Crowns	50	S	0.00	N
D2900	D2999	Restorative	80	S	0.00	N
D3000	D3999	Endodontics	80	S	0.00	N
D4000	D4999	Periodontics	80	S	0.00	N
D5000	D5999	Prosthodontics	50	S	0.00	N

Select Category

☐ Co-Payment Calculations for Ins Portion:

☒ Total Fee x Coverage %

☐ (Total Fee - Co-Pay) x Cov %

☐ (Total Fee x Cov %) - Co-Pay

Select Table: >>

Notes OK Cancel

Secondary Pre-Treatment Estimates Not Created Report

The Secondary Pre-treatment Estimates Not Created Report displays primary estimates for which secondary estimates were never created. Estimates are sorted according to the expiration date of the secondary insurance carrier.



Why: To ensure all possible secondary pre-treatment estimates are submitted

When: Weekly or daily

Dental Secondary Pre-Treatment Estimates Not Created

Date Range: 04/01/2018 - 05/05/2018

Patient Range: <ALL> - <ALL>

Include Primary Pre-Treatment Estimates not received: Yes

Carrier Range: Insurance Carriers: <ALL> - <ALL>

Clinics: <ALL>

Providers: <ALL>

Billing Types: <ALL>

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

PRM CLAIM DATE	PATIENT NAME	SECONDARY INSURANCE COMPANY	PROVIDER	CLINIC	CLM AMOUNT	EXPIRES
04/23/2018	Abbott, James S	Aetna Life and Casualty	DROBB	CENTRAL	654.00	10/20/2018
04/23/2018	Abbott, James S	Aetna Life and Casualty	DROBB	CENTRAL	898.00	10/20/2018
05/05/2018	Little, Brian	Metropolitan Life	DDS1	CENTRAL	1,100.00	08/03/2018
05/05/2018	Perkins, Peggy	Connecticut General	DDS1	CENTRAL	2,000.00	05/05/2019
05/05/2018	Smith, Michael	Principal Mutual Life Ins Co	DDS01	CENTRAL	2,000.00	05/05/2019

A

B

C

D

TOTAL OF CLAIMS NOT CREATED:

3,742.00

How do I run the Secondary Pre-Treatment Estimates Not Created Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Secondary Pre-Treatment Est. Not Created**. For additional details about running this report, see the “Secondary Pre-Treatment Estimates Not Created Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Prm Claim Date – The date of the primary pre-treatment estimate.

B. Clm Amount – The amount of the original pre-treatment estimate.

C. Expires – The date the secondary insurance claim must be submitted to the insurance carrier. The expiration date is found in the **Insurance Coverage** dialog box. To access this dialog box, double-click the Insurance block in the Family File, select the secondary insurance carrier, and then click **Coverage Table**.

D. Total Of Claims Not Created – The total amount of the secondary pre-treatment estimates that were not created.

Insurance Coverage - (Aetna Dental/GE Aetna)

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	25	75
Preventive	0	0	0
Other	0	0	0

Maximum Benefit

Individual: 2000 Family: 8000

☒ Ortho Plan - Use as Ortho Lifetime Max

Claim Deadline: 3M

Coverage Table

Beg Proc	End Proc	Category	Cov %	Ded	Co-Pay	Pre Est?
D0100	D1999	Diag/Preventive	100	P	0.00	N
D2000	D2699	Basic Restor	80	S	0.00	N
D2700	D2899	Crowns	50	S	0.00	N
D2900	D2999	Restorative	80	S	0.00	N
D3000	D3999	Endodontics	80	S	0.00	N
D4000	D4999	Periodontics	80	S	0.00	N
D5000	D5999	Prosthodontics	50	S	0.00	N

Select Category

☐ Co-Payment Calculations for Ins Portion:

☒ Total Fee x Coverage %

☐ (Total Fee - Co-Pay) x Cov %

☐ (Total Fee x Cov %) - Co-Pay

Select Table: >>

Buttons: Notes, OK, Cancel

Standard Coverage Tables Report

The Standard Coverage Table Report allows you to view and print standard coverage tables.

Note: If you want coverage information for a specific insurance carrier, see the "Insurance Coverage Tables Report" on page 120.



Why: To ensure standard coverage tables are set up properly

When: As needed

STANDARD COVERAGE TABLES						
The Dentist Group						
Tables 1 - 5						
Date: 04/22/2018			Page: 1			
Coverage Table 1: Default Coverage Table						
BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?
D0100	D1999	Diag/Preventive	100	Standard	0.00	N
D2000	D2699	Basic Restor	80	Standard	0.00	N
D2700	D2899	Crowns	50	Standard	0.00	N
D2900	D2999	Restorative	80	Standard	0.00	N
D3000	D3999	Endodontics	80	Standard	0.00	N
D4000	D4999	Periodontics	80	Standard	0.00	N
D5000	D5999	Prosthodontics	50	Standard	0.00	N
D6000	D6999	Prosthodontics	50	Standard	0.00	N
D7000	D7999	Oral Surgery	80	Standard	0.00	N
D8000	D8999	Orthodontics	50	Standard	0.00	N
D9000	D9999	General Service	80	Standard	0.00	N
Coverage Table 2: All Procedures (Cap Plan)						
BEGIN PROC	END PROC	CATEGORY	COV %	DEDUCTIBLE	CO PAY	PRE AUTH?
D0110	D0110	Initial oral ex	100	Standard	0.00	N
D0120	D0120	Periodic oral x	100	Standard	0.00	N
D0130	D0130	Emergency oral	100	Standard	0.00	N
D0210	D0210	Intraoral-compl	100	Standard	0.00	N
D0220	D0220	Intraoral-peria	100	Standard	0.00	N
D0230	D0230	Intraoral-peria	100	Standard	0.00	N
D0240	D0240	Intraoral-occlu	100	Standard	0.00	N
D0250	D0250	Extraoral-first	100	Standard	0.00	N
D0260	D0260	Extraoral-each	100	Standard	0.00	N
D0270	D0270	Bitewing-single	100	Standard	0.00	N
D0272	D0272	Bitewings-two f	100	Standard	0.00	N
D0274	D0274	Bitewings-four	100	Standard	0.00	N
D0290	D0290	Skull &facial b	100	Standard	0.00	N
D0315	D0315	Sialography	100	Standard	0.00	N
D0320	D0320	TMJ arthrogram,	100	Standard	0.00	N
D0321	D0321	Other TMJ films	100	Standard	0.00	N
D0322	D0322	Tomographic sur	100	Standard	0.00	N
D0330	D0330	Panoramic film	100	Standard	0.00	N
D0340	D0340	Cephalometric f	100	Standard	0.00	N
D0415	D0415	Bacteriologic s	100	Standard	0.00	N
D0425	D0425	Caries suscepti	100	Standard	0.00	N
D0460	D0460	Pulp vitality t	100	Standard	0.00	N
D0470	D0470	Diagnostic cast	100	Standard	0.00	N
D0471	D0471	Diagnostic phot	100	Standard	0.00	N
D0501	D0501	Histopathologic	100	Standard	0.00	N
D0502	D0502	Other oral path	100	Standard	0.00	N
D0999	D0999	Unspecified dia	100	Standard	0.00	N
D1110	D1110	Prophylaxis-adu	100	Standard	0.00	N
D1120	D1120	Prophylaxis-chi	100	Standard	0.00	N
D1201	D1201	Prophylaxis wit	100	Standard	0.00	N
D1203	D1203	Fluoride w/o pr	100	Standard	0.00	N
D1204	D1204	Fluoride w/o pr	100	Standard	0.00	N
D1205	D1205	Prophylaxis wit	100	Standard	0.00	N

A

B

C

D

How do I run the Standard Coverage Tables Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Standard Coverage Tables**. For additional details about running this report, see the “Standard Coverage Table Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The following report information is found in the **Insurance Coverage Table** dialog box, which can be accessed in the Office Manager. See the “Adding and editing insurance plans” topic in the Dentrix Enterprise Help for details on how to edit this information.

- A. Cov %** – The percentage of a procedure covered by the insurance carrier.
- B. Deductible** – The type of deductible (for example, None, Standard, Preventive, or Other).
- C. Co Pay** – The co-pay amount.
- D. Pre Auth?** – Indicates whether or not a procedure group requires pre-authorization from the insurance carrier.

Insurance Coverage - (Aetna Dental/GE Aetna)

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	25	75
Preventive	0	0	0
Other	0	0	0

Maximum Benefit

Individual: 2000 Family: 8000

☒ Ortho Plan - Use as Ortho Lifetime Max

Coverage Table

Beg Proc	End Proc	Category	Cov %	Ded	Co-Pay	Pre Auth?
D0100	D1999	Diag/Preventive	100	Pr	0.00	<input type="checkbox"/>
D2000	D2699	Basic Restor	80	S	0.00	N
D2700	D2899	Crowns	50	S	0.00	N
D2900	D2999	Restorative	80	S	0.00	N
D3000	D3999	Endodontics	80	S	0.00	N
D4000	D4999	Periodontics	80	S	0.00	N
D5000	D5999	Prosthodontics	50	S	0.00	N

Select Category

☐ Co-Payment Calculations for Ins Portion:

☒ Total Fee x Coverage %

☐ (Total Fee - Co-Pay) x Cov %

☐ (Total Fee x Cov %) - Co-Pay

Select Table: >>

Buttons: Notes, OK, Cancel

Suspended Credits Report

The Suspended Credits Report lists payments and credits that have been suspended. The report includes the guarantor of the account; the date, description, and amount of the credit; the amount that has been suspended; the balance on the Ledger; and the collecting clinic.

\$	Why: To track accounts with suspended payments and/or credits When: Monthly
-----------	--

Suspended Credits Report

All Current Suspended Credits

Clinics: <ALL>

Billing Types: <ALL>

Guarantor Range: <ALL> - <ALL>

Sort By: Date

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

Entry Date	Proc Date	Patient Name	Description	Amount	Suspended	Clinic
Clinic: CENTRAL						
Guarantor: Reeves, Joshua		BT:1	Ledger Balance: -100.00	Ledger Suspended: -100.00		
04/27/2018	04/27/2018	<FAMILY>	-Professional Discount	-25.00	-25.00	CENTRAL
04/30/2018	04/30/2018	<FAMILY>	-Credit Adjustment	-25.00	-25.00	CENTRAL
05/01/2018	05/01/2018	<FAMILY>	-Credit Adjustment	-50.00	-50.00	CENTRAL
Guarantor's Report Total:				-100.00		
Guarantor: Winters, Carl		BT:1	Ledger Balance: -900.00	Ledger Suspended: -900.00		
04/30/2018	04/30/2018	<FAMILY>	Initial Balance	-900.00	-900.00	CENTRAL
Guarantor's Report Total:				-900.00		
AL Total Suspended Amount:			-1,000.00			
Clinic: MESA						
Guarantor: Smith, Michael		BT:1	Ledger Balance: -25.00	Ledger Suspended: -25.00		
04/11/2018	04/11/2018	<FAMILY>	Special Adjustment	-25.00	-25.00	MESA
Guarantor's Report Total:				-25.00		
MESA Total Suspended Amount:			-25.00			
Total Suspended Amount:			-1,025.00			

How do I run the Suspended Credits Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Suspended Credits**. For additional details about running this report, see the "Suspended Credits Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

For each collecting clinic on the report, the following information appears:

- A. Account Details** – For each guarantor listed on the report, the following account details are shown:
- **Ledger Balance** – The account balance.
 - **Ledger Suspended** – The total suspended credit amount on the account.
 - **Report Total** – The total amount of the suspended credits listed on the report for the guarantor.
- B. Credit Details** – For each credit, the following details are shown: entry date, procedure date, patient name, adjustment description, amount of the adjustment, amount that was suspended, and clinic.
- C. Clinic Total** – The total amount of the suspended credits listed for the clinic.
- D. Grand Total** – The total amount of the suspended credits listed for all clinics on the report.

Treatment Case Report

The Treatment Case Report displays treatment-planned procedures for a specific treatment plan case. The report may also include other items, such as the patient's graphical chart and account information, case notes, and insurance information.



Why: To print a treatment case created for a patient

When: As needed

My Dental Corporation

Name Brent Crosby
Birthdate 11/11/1973
SSN 111-11-1111
Chart Number CRO101

Dennis Smith, D.M.D.
 1234 Pine Dr,
 American Fork, UT 11111 PHONE: (801)555-1111
 REPORT DATE: 02/24/2020

TREATMENT CASE: Treatment Plan

DATE	VISIT	TH	SURF	CODE	PROV	FEE	PAT	PRI INS	SEC INS	DESCRIPTION
02/24/2020	1	4	D	D2110	DSMITH	158.40	0.00	126.72	31.68	
Notes: Anticipate straightforward and low-risk procedure.										
Visit 1 Totals:						158.40	0.00	126.72	31.68	
02/24/2020	2	13		D7280	DSMITH	825.92	0.00	660.74	165.18	Surgical method to expose a covered tooth so it can grow in normally
Visit 2 Totals:						825.92	0.00	660.74	165.18	
02/24/2020	3	19		D2750	DSMITH	158.40	0.00	79.20	79.20	Crown restoration made of porcelain fused to high noble metal (has a strong, hypo-allergenic base)
Visit 3 Totals:						158.40	0.00	79.20	79.20	

INSURANCE PROVIDER(S)

Primary	Secondary
Delta PMI	Aetna Life and Casualty

TOTALS

Fee	Pat	Pri Ins	Sec Ins
1,142.72	0.00	866.66	276.06

FINANCIAL SUMMARY

Treatment Plan Total	1142.72
Estimated Deductible to be Applied	0.00
Estimated Insurance Payment	1142.72
Estimated Patient's Portion	0.00
Finance Status	
Patient Balance	3323.50
Family Balance	4594.32
Fee Expiration Date	04/04/2019

DENTAL INSURANCE BENEFITS

	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual Plan Benefits	0.00	1500.00	0.00	0.00
Paid Benefits YTD	0.00	0.00	0.00	0.00
Pending Insurance Est. YTD	0.00	0.00	0.00	0.00
Est. Benefits Remaining YTD	0.00	1500.00	0.00	0.00
Benefits Expire	12/31/2020	12/31/2020	12/31/2020	2/31/2020
Deductible Owed YTD				
Standard	0.00	0.00	0.00	0.00
Preventative	0.00	50.00	0.00	0.00
Other	0.00	0.00	0.00	0.00

Alternate Cases: New Case

Case Notes: - Mon - Feb 24 2020 -
 Patient will call back for an appointment if he wants to move forward with the treatment.

Consent for Treatment

I, the undersigned patient, hereby authorize the undersigned provider to perform the procedure(s).

D2110:Amalgam-1 surface, primary [4 D]; Entry Date: 2/24/2020; Date: 2/24/2020; Visit: 1; Provider: DSMITH; Clinic: AF; Fee: \$158.40; Patient Portion: \$0.00; Primary Insurance Estimate: \$126.72; Secondary Insurance Estimate: \$31.68

D7280:Surgical access unreputed tooth [13]; Entry Date: 2/24/2020; Date: 2/24/2020; Visit: 2; Provider: DSMITH; Clinic: AF; Fee: \$825.92; Patient Portion: \$0.00; Primary Insurance Estimate: \$660.73; Secondary Insurance Estimate: \$165.19

D2750:Crown-porc fuse high noble mtl [19]; Entry Date: 2/24/2020; Date: 2/24/2020; Visit: 3; Provider: DSMITH; Clinic: AF; Fee: \$158.40; Patient Portion: \$0.00; Primary Insurance Estimate: \$79.20; Secondary Insurance Estimate: \$79.20



Patient/Representative Signature:

Name: Brent Crosby

Date: 02/24/2020

Practice Signature:

Name: Dennis Smith, D.M.D

Date: 02/24/2020

How do I run the Treatment Case Report?

1. In the Treatment Planner, select the case of which you want to generate a report.
2. From the **File** menu, point to **Print**, and then click **Print Treatment Case**.

For additional details about running this report, see the "Printing the Treatment Case Report" topic in the Treatment Planner portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Treatment** – The treatment-planned procedures are grouped by visit. A subtotal of fees, patient portions, and insurance estimates for each visit are given. If a treatment-planned procedure has notes entered, those notes appear after the treatment details of that procedure.
- B. Insurance Estimates** – The patient's insurance carriers are listed along with the fees, patient portions, and insurance estimates for the entire treatment plan.
- C. Graphical Chart** – The patient's graphical chart is shown with all applicable treatment and conditions that have a paint type.
- D. Financial Summary** – The treatment plan total, patient and insurance estimates, and account information are shown.
- E. Insurance Benefits** – Details of the current insurance plan maximums and deductibles for the patient and family are shown.
- F. Treatment Case Note** – Any linked cases are listed, and any notes attached to the case are shown.
- G. Consent Forms** – Any consent forms and corresponding signatures that are attached to the case are printed on separate pages.

Treatment Plan Approval Report

The Treatment Plan Approval Report displays all treatment-planned procedures.



Why: To ensure the practice follows up on treatment plans

When: Weekly

TREATMENT PLAN APPROVAL REPORT

CENTRAL
Sorted By: Patient

03/08/2018 - 03/08/2018

Providers: ALL Providers

03/08/2018

Page: 1

Chart #	Patient	Patient DOB	Guarantor	Primary Insurance Carrier	Group #	Last Elig Date	Ben Remain	Out			
Prov	Home Phone	Employer	Tooth	Surfaces	Description	Order	Appt Date	Amount	Pri Ins Est	Sec Ins Est	Pri Pre-Est
LIT102	Little, Brian (801)555-6241	11/11/1981	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00				
	DDS1	03/08/2018 D6792	16		Retainer crn-full cast nob met	0	03/14/2018	570.00	550.00	20.00	03/08/2
	DDS1	03/08/2018 D6792	17		Retainer crn-full cast nob met	0	03/14/2018	540.00	540.00	0.00	03/08/2
	DDS1	03/08/2018 D6970	22		Post/core + brdg retainer, fabr	0		230.00	230.00	0.00	03/08/2
LIT101	Little, Carol (801)555-6241	11/11/1960	Little, Dean Acme Clothing	Aetna Life and Casualty Acme Benefits Assoc	321863 CS1740	01/01/2018 01/01/2018	2000.00 3000.00				
	DDS1	03/08/2018 D6750	1		Retainer crn-porc fused-hi nob	0	03/14/2018	614.00	471.20	142.80	03/08/2
	DDS1	03/08/2018 D6240	2		Pontic-porcelain fused to hnob	0	03/14/2018	621.00	496.80	124.20	03/08/2
	DDS1	03/08/2018 D6750	3		Retainer crn-porc fused-hi nob	0	03/14/2018	614.00	491.20	122.80	03/08/2
	DDS1	03/08/2018 D6750	5		Retainer crn-porc fused-hi nob	0		614.00	491.20	122.80	03/08/2
	DDS1	03/08/2018 D6240	6		Pontic-porcelain fused to hnob	0	03/14/2018	621.00	49.60	571.40	03/08/2
	DDS1	03/08/2018 D6750	7		Retainer crn-porc fused-hi nob	0		614.00	0.00	613.00	03/08/2
LIT105	Little, Chad (801)555-6241	11/11/1988	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00				
	DDS1	03/08/2018 D1120			Prophylaxis-child	0	03/14/2018	1240.00	14.00	972.00	03/08/2
	DDS1	03/08/2018 D2110	6	D	Amalgam-1 surface, primary	0	03/14/2018	300.00	51.00	240.00	03/08/2
LIT100	Little, Dean (801)555-6241	11/11/1959	Little, Dean Acme Bank	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00				
	DDS1	03/08/2018 D0140			Limited oral evaluation	0	03/14/2018	80.00	5.00	44.00	03/08/2
	DDS1	03/08/2018 D0120			Periodic oral evaluation	0	03/14/2018	31.00	20.00	11.00	03/08/2
	DDS1	03/08/2018 D2150	14	MO	Amalgam-2 surf. prim/perm	0		600.00	75.00	480.00	03/08/2
LIT106	Little, Kevin (801)555-6241	04/23/1990	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00				
	DDS1	03/08/2018 D2391	18	O	Resin composite-1s, posterior	0	03/14/2018	274.00	199.20	74.80	03/08/2
Total of all Treatment Plans:								7563.00			
Total of all Scheduled Treatment Plans:								5505.00			

How do I run the Treatment Plan Approval Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Treatment Plan Approval Report**. For additional details about running this report, see the “Treatment Plan Approval Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Patient information – The patient’s name, phone number, insurance company, insurance eligibility, and remaining benefits.

B. Procedures – The treatment-planned procedures, insurance estimates, and approval statuses.

C. Totals

- **Total Treatment Plans** – The total amount of all procedures that have been treatment-planned.
- **Total Scheduled Treatment Plans** – The total amount of all treatment-planned procedures that have been attached to appointments.

Treatment Plan Approval Status Report

The Treatment Plan Approval Status Report displays all treatment-planned procedures for selected approval statuses.



Why: To ensure the practice follows up on treatment plans

When: Weekly

TREATMENT PLAN APPROVAL STATUS REPORT

CENTRAL
Sorted By: Patient

03/08/2018 - 03/08/2018

Providers: ALL Providers

Page: 1

03/08/2018

Chart #	Patient	Patient DOB	Guarantor	Primary Insurance Carrier	Group #	Last Elig Date	Ben Remain	Out
Prov	Home Phone	Employer	Surfaces	Secondary Insurance Carrier	Group #	Last Elig Date	Ben Remain	Out
Date	Code	Tooth	Description	Order	Appt Date	Amount	Pri Ins Est	Sec Ins Est
LIT102	Little, Brian (801)555-6241	11/11/1981	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00	
DDS1	03/08/2018 D6792	16	Retainer crn-full cast nob met	0	03/14/2018	570.00	550.00	20.00
DDS1	03/08/2018 D6792	17	Retainer crn-full cast nob met	0	03/14/2018	540.00	540.00	0.00
DDS1	03/08/2018 D6970	22	Post/core + brdg retainer, fabr	0		230.00	230.00	0.00
LIT101	Little, Carol (801)555-6241	11/11/1960	Little, Dean	Aetna Life and Casualty Acme Benefits Assoc	321863 CS1740	01/01/2018 01/01/2018	2000.00 3000.00	
DDS1	03/08/2018 D6750	1	Retainer crn-porc fused-hi nob	0	03/14/2018	614.00	471.20	142.80
DDS1	03/08/2018 D6240	2	Pontic-porcelain fused to hnob	0	03/14/2018	621.00	496.80	124.20
DDS1	03/08/2018 D6750	3	Retainer crn-porc fused-hi nob	0	03/14/2018	614.00	491.20	122.80
DDS1	03/08/2018 D6750	5	Retainer crn-porc fused-hi nob	0		614.00	491.20	122.80
DDS1	03/08/2018 D6240	6	Pontic-porcelain fused to hnob	0	03/14/2018	621.00	49.60	571.40
DDS1	03/08/2018 D6750	7	Retainer crn-porc fused-hi nob	0		614.00	0.00	613.00
LIT105	Little, Chad (801)555-6241	11/11/1988	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00	
DDS1	03/08/2018 D1120		Prophylaxis-child	0	03/14/2018	1240.00	14.00	972.00
DDS1	03/08/2018 D2110	6	Amalgam-1 surface, primary	0	03/14/2018	300.00	51.00	240.00
LIT100	Little, Dean (801)555-6241	11/11/1959	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00	
DDS1	03/08/2018 D0140		Limited oral evaluation	0	03/14/2018	80.00	5.00	44.00
DDS1	03/08/2018 D0120		Periodic oral evaluation	0	03/14/2018	31.00	20.00	11.00
DDS1	03/08/2018 D2150	14	Amalgam-2 surf. prim/perm	0		600.00	75.00	480.00
LIT106	Little, Kevin (801)555-6241	04/23/1990	Little, Dean	Acme Benefits Assoc Aetna Life and Casualty	CS1740 321863	01/01/2018 01/01/2018	3000.00 2000.00	
DDS1	03/08/2018 D2391	18	Resin composite-1s, posterior	0	03/14/2018	274.00	199.20	74.80

Total of all Treatment Plans: 7563.00

Total of all Scheduled Treatment Plans: 5505.00

How do I run the Treatment Plan Approval Status Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Treatment Plan Approval Status Report**. For additional details about running this report, see the “Treatment Plan Approval Status Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Patient information** – The patient’s name, phone number, insurance company, insurance eligibility, and remaining benefits.
- B. Procedures** – The treatment-planned procedures, insurance estimates, and approval statuses.
- C. Totals**
 - **Total Treatment Plans** – The total amount of all procedures that have been treatment-planned.
 - **Total Scheduled Treatment Plans** – The total amount of all treatment-planned procedures that have been attached to appointments.

Truth in Lending Disclosure Statement

The Truth in Lending disclosure statement is a legal document used to clarify the terms of a payment agreement. You might want to print this report and provide it to patients at the time a payment agreement is created.



Why: To ensure patients are adequately informed of the terms of a payment agreement

When: After creating a payment agreement, and as needed

PRACTICE NAME AND ADDRESS

The Allied Dentist Group
123 East Valley Dr
American Fork, UT 84003
(801)555-9300

GUARANTOR NAME AND ADDRESS

Patricia Abbott
1234 Oak St
Murray, UT 84123
555-1586

Date: 04/23/2011
Chart #: ABB102
SS #: 000-00-0000
Loan Amount: \$ 5956.04
Interest Rate: 12.000 %

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

ANNUAL PERCENTAGE RATE

The cost of your credit as a yearly rate.

12.683 %

FINANCE CHARGE

The dollar amount the credit will cost you.

\$ 214.40

AMOUNT FINANCED

The amount of credit provided to you or on your behalf.

\$ 5956.04

TOTAL OF PAYMENTS

The amount you will have paid after you have made all payments as scheduled.

\$ 6170.44

PAYMENT SCHEDULE SUMMARY

Num Payments: 6

Amt Each Payment:

\$1000.00

First Payment Due: 04/30/2018


Last Payment Amt:

\$1170.44

Last Payment Due: 09/30/2018

Late Charge: If any payment is late, you will be charged 0.417% of the installment, or at least \$20.00.

How do I generate a truth in lending statement?

1. From the Ledger, click the Payment Agreement button  to open the **Billing/Payment Agreement Information** dialog box.
2. Click **Print** to open the **Print for Payment Agreement** dialog box.
3. Select **Truth in Lending Disclosure Statement**.
4. Click **Print** or **Send to Batch**.

For additional details about running this report, see the "Printing payment agreement documents" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

UDS - Age/Gender Report

The UDS - Age/Gender report lists the patients of each gender for each age group and provides totals, using the UDS (Uniform Data System) standards for reporting.



Why: To generate a record of patient genders and ages for UDS reporting for comparison with national data, and to provide gender and age data for patients to grantees, partners, and communities

When: As needed

AGE/GENDER REPORT

01/01/2017 - 12/31/2017 Procedure Date

Clinics: AF, CENTRAL, DRAPER

Providers: <ALL>

Billing Types: <ALL>

ADA Codes: <ALL>

Ages: <ALL>

Report Date: 12/31/2017

Report Generated By: enterprise

Page 1 of 1

AGE	MALE	FEMALE	OTHER	UNKNOWN	TOTAL	
PATIENT NAME	SOCIAL SECURITY #	EMR #	CHART #	BIRTHDATE	GENDER	
AGE 21	1	1	0	0	2	
Little, Brian	000-00-0000		LIT123	11/11/1987	Male	
Perkins, Shelly	000-00-0000		PER123	11/11/1987	Female	
AGE 22	1	1	0	0	2	
Johnson Roger	000-00-0000		JOH123	11/11/1986	Male	
Perkins, Peggy	000-00-0000		PER124	11/11/1986	Female	
AGE 38	2	0	0	0	2	
Gleason, Gary	000-00-0000		GLE123	11/11/1970	Male	
Smith, Michael	000-00-0000		SMI123	11/11/1970	Male	
AGE 40	1	1	0	0	2	
Little, Carol	000-00-0000		LIT124	11/11/1969	Female	
Taylor, Mark	000-00-0000		TAY123	11/11/1969	Male	
AGE 49	2	0	0	0	2	
Abbott, James S	000-00-0000		ABB123	11/11/1960	Male	
Perkins, Samuel	000-00-0000		PER127	11/11/1960	Male	
AGE 51	2	0	0	0	2	
Little, Matthew	000-00-0000		LIT129	11/11/1957	Male	
Nelson, Chris	000-00-0000		NEL123	11/11/1957	Male	
AGE 60	1	0	0	0	1	
Taylor, Lissa	000-00-0000		TAY123	11/11/1949	Female	
GRAND TOTALS	10	3	0	0	13	

DDS01**CENTRAL**

AGE 22	0	1	0	0	1	
Perkins, Peggy	000-00-0000			PER007	11/11/1987	Female

AGE 38	1	0	0	0	1	
Smith, Michael	000-00-0000			SMI008	11/11/1970	Male

AGE 49	1	0	0	0	1	
Perkins, John	000-00-0000			PER008	11/11/1960	Male

CENTRAL TOTALS

2	1	0	0	3	
----------	----------	----------	----------	----------	--

DDS01 TOTALS

2	1	0	0	3	
----------	----------	----------	----------	----------	--

CENTRAL**DDS01**

AGE 22	0	1	0	0	1	
Perkins, Peggy	000-00-0000			PER123	11/11/1987	Female

AGE 38	1	0	0	0	1	
Smith, Michael	000-00-0000			SMI123	11/11/1970	Male

AGE 49	1	0	0	0	1	
Perkins, Scott	000-00-0000			PER124	11/11/1960	Male

DDS01 TOTALS

2	1	0	0	3	
----------	----------	----------	----------	----------	--

DDS1

AGE 21	1	0	0	0	1	
Little, Brian R	000-00-0000			LIT126	11/11/1986	Male

AGE 51	2	0	0	0	2	
Myers, Timothy	000-00-0000			MYE123	11/11/1957	Male
Perkins, Shelly	000-00-0000			PER125	11/11/1957	Female

DDS1 TOTALS

3	0	0	0	3	
----------	----------	----------	----------	----------	--

DROBB

AGE 49	1	0	0	0	1	
Abbott, James S	000-00-0000			ABB125	11/11/1960	Male

DROBB TOTALS

1	0	0	0	1	
----------	----------	----------	----------	----------	--

MCCLURE

AGE 40	1	0	0	0	1	
Taylor, Mark	000-00-0000			TAY123	11/11/1969	Male

MCCLURE TOTALS

1	0	0	0	1	
----------	----------	----------	----------	----------	--

CENTRAL TOTALS

7	1	0	0	8	
----------	----------	----------	----------	----------	--

E**F**

How do I run the UDS - Age/Gender Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Age/Gender**. For additional details about running this report, see the "UDS - Age/Gender Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information appears on the report:

- A. Age** – The patient's age.
- B. Patient** – The patient's name, Social Security number, EMR number, Chart number, birthdate, and gender. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)
- C. Gender Totals** – The number of patients of the given age for each gender (male, female, other, and unknown) and a total of all genders for patients of the given age.
- D. Grand Totals** – The gender totals for all ages that appear on the report.
- E. Provider Totals** – The gender totals of patients of all the given ages whose primary provider is the given provider.
- F. Clinic Totals** – The gender totals of patients of all the given ages that visit the given clinic.

UDS - Encounters and Users by Selected Procedure Codes Report

The UDS - Encounters and Users by Selected Procedure Codes Report displays the number of patient encounters with primary and secondary providers that performed procedures in the specified range, using the UDS (Uniform Data System) standards for reporting.



Why: To generate a record of patient encounters for UDS reporting for comparison with national data, and to provide patient encounter data to grantees, partners, and communities

When: As needed

Encounters and Users by Selected Procedure Codes

05/13/2018 - 05/13/2018 Procedure Date

Clinics: <ALL>

Providers: <ALL>

Billing Types: <ALL>

ADA Codes: <ALL>

Report Date: 05/13/2018

Report Generated By: enterprise

Page 1 of 1

A

# Encounters:	51
# Users:	27

B

How do I run the UDS - Encounters and Users by Selected Procedure Codes Report?


From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Encounter/User Statistics**. For additional details about running this report, see the “UDS - Encounter and User Statistics Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Encounters** – The total number of patient encounters with providers.
- B. Users** – The total number of users that posted the procedures for the corresponding patient encounters total.

UDS - Encounters by Provider Report

The UDS - Encounters by Provider Report displays the number of patient encounters with primary and secondary providers that performed procedures in the specified range, using the UDS (Uniform Data System) standards for reporting.

	<p>Why: To generate a record of patient encounters for UDS reporting for comparison with national data, and to provide patient encounter data to grantees, partners, and communities</p> <p>When: As needed</p>
---	---

Encounters by Provider

05/13/2018 - 05/13/2018 Procedure Date
 Clinics: <ALL>
 Providers: <ALL>
 Billing Types: <ALL>
 ADA Codes: <ALL>

Report Date: 05/13/2018
Report Generated By: enterprise
Page 1 of 1

A

PRIMARY PROVIDERS	
Total # Encounters:	51

B

SECONDARY PROVIDERS	
Total # Encounters:	0

How do I run the UDS - Encounters by Provider Report?


From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Encounter/User Statistics**. For additional details about running this report, see the “UDS - Encounter and User Statistics Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Encounters (Primary)** – The total number of patient encounters with primary providers.
- B. Encounters (Secondary)** – The total number of patient encounters with secondary providers.

UDS - Insurance Financial Class Report

The UDS - Insurance Financial Class Report lists the patients of the specified financial classes that had procedures performed and provides totals, using the UDS (Uniform Data System) standards for reporting.

	<p>Why: To generate a record of financial class statistics for UDS reporting for comparison with national data, and to provide financial class statistics to grantees, partners, and communities</p> <p>When: As needed</p>
---	---

INSURANCE FINANCIAL CLASS - UDS				
05/13/2018 - 05/13/2018 Procedure Date				
Clinics: <ALL>				
Providers: <ALL>				
Billing Types: <ALL>				
ADA Codes: <ALL>				
Financial Classes: <ALL>				
Report Date: 05/13/2018		Report Generated By: enterprise		Page 1 of 1
FINANCIAL CLASS TYPES		-19 YEARS OF AGE	20+ YEARS OF AGE	TOTAL # USERS
PATIENT NAME	SOCIAL SECURITY #	EMR #	CHART #	BIRTHDATE
Uninsured/Self-Pay		0	4	4
Gleason, Gary	000-00-0000		GL0005	11/11/1970
Johnson, Ron J	000-00-0000		JO0005	11/11/1986
Little, Carol	000-00-0000		LIM0005	11/11/1969
Smith, Michael P	000-00-0000		SM0005	11/11/1950
GRAND TOTALS		0	4	4

A

B

C

D

DDS1				
DRAPER				
Uninsured/Self-Pay		0	3	3
Gleason, Gary	000-00-0000		GL0005	11/11/1970
Johnson, Ron J	000-00-0000		JO0005	11/11/1986
Little, Carol	000-00-0000		LI0005	11/11/1969
DRAPER TOTALS		0	3	3
DDS1 TOTALS		0	3	3

E

DRAPER				
DDS1				
Uninsured/Self-Pay		0	3	3
Gleason, Gary	000-00-0000		GL0005	11/11/1970
Johnson, Ron J	000-00-0000		JO0005	11/11/1986
Little, Carol	000-00-0000		LI0005	11/11/1969
DDS1 TOTALS		0	3	3
DRAPER TOTALS		0	3	3

How do I run the UDS - Insurance Financial Class Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Insurance Financial Class (2012 and Prior)**. For additional details about running this report, see the "UDS - Insurance Financial Class Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The following information appears on the report:

- A. Financial Class** – The financial class with totals by age range and a total number of users that posted the procedures.
- B. Patient** – The patient's name, Social Security number, EMR number, Chart number, and birthdate. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)
- C. Grand Totals** – The totals for all financial classes that appear on the report.
- D. Provider Totals** – The financial class totals for patients of the given provider.
- E. Clinic Totals** – The financial class totals for patients that visit the given clinic.

UDS - Insurance Financial Class Report (2013)

The UDS - Insurance Financial Class Report (2013) lists the patients of the specified financial classes that had procedures performed and provides totals, using the UDS (Uniform Data System) standards for reporting.



Why: To generate a record of financial class statistics for UDS reporting for comparison with national data, and to provide financial class statistics to grantees, partners, and communities

When: As needed

Insurance Financial Class

10/01/2017 - 12/31/2017 Entry Date

Insurance Type: Medical Insurance

Clinics: <ALL>

Providers: DSMITH

Billing Types: <ALL>

ADA Codes: <ALL>

Financial Classes: <ALL>

Report Date: 01/20/2018

Report Generated By: DSMITH

Page 1 of 1

Clinic

Provider

Zip Code

Financial Class

Count

0-17 Years Old

18+ Years Old

PATIENT NAME

CHART #

CLINIC

PROVIDER

BIRTHDATE

SSN

EMR #

AF

DSMITH

84003

<No Insurance>

Crosby, Brent

CR0004C

AF

DSMITH

11/11/1973

123-45-6789

ALPINE

DSMITH

84003

Other Public, Inc Non-Medicaid CHIP (MC Capitated)

Allen, Test

1234567890-12345

ALPINE

DSMITH

02/15/1998

123-33-4444

11225

Count

0-17 Years Old

18+ Years Old

Totals:

2

1

1

Totals Only (with Patient Information)

PATIENT NAME	CHART #	CLINIC	PROVIDER	BIRTHDATE	SSN	EMR #
Allen, Test	AL00012	ALPINE	DSMITH	02/15/1998	123-33-4444	11225
Crosby, Brent	CR0004C	AF	DSMITH	11/11/1973	123-45-6789	
			Count	0-17 Years Old	18+ Years Old	
Totals:			2	1	1	

Grouped Only by Financial Class

Financial Class	Count	0-17 Years Old	18+ Years Old
<No Insurance>	1	0	1
Other Public, Inc Non-Medicaid CHIP (MC Capitated)	1	1	0
	Count	0-17 Years Old	18+ Years Old
Totals:	2	1	1

How do I run the UDS - Insurance Financial Class Report (2013)?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Insurance Financial Class (2013)**. For additional details about running this report, see the "UDS - Insurance Financial Class Report (2013)" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

There are five categories that you can use to group totals on the report: None, Clinic, Provider, ZIP Code, and Financial Class. The report displays totals without any groupings if "None" is selected for all **Group By** options when setting up options for this report; otherwise, the report groups totals by the first, and then the second, and then the third, and then the fourth selection. The following information appears on the report:

A. Group Totals – Any of the following groups and the corresponding totals may appear:


- **Clinic** – The financial class totals for patients that visit the given clinic.
- **Provider** – The financial class totals for patients with the given primary provider.
- **Zip Code** – The financial class totals for patients with the given ZIP Code.
- **Financial Class** – The financial class with totals by age range and a total number of users that posted the procedures.

B. Patient – The patient's name, Social Security number, EMR number, Chart number, primary provider, and birthdate. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)

C. Grand Totals – The total number of financial classes that appear on the report. Of the total, the number of patients in the first age group appear. Of the total, the number of patients in the second age group appear.

UDS - Medicaid/Medicare Report

The UDS - Medicaid/Medicare Report displays a count of patients with Medicaid and/or Medicare and who have had a visit within the reporting period. Patients are counted on the report if they have had claims created during the reporting period for any insurance plans that have the specified financial classes attached.



Why: To generate a record of Medicaid and Medicare patients for UDS reporting for comparison with national data, and to provide Medicare/Medicaid patient statistics to grantees, partners, and communities

When: As needed

Medicaid/Medicare Insurance						
01/01/2018 - 01/04/2018 (Date based on claim create date)						
Medicaid: Medicaid, Non-Managed Care, Medicaid, Managed Care (capitated)						
Medicare: Medicare, Non-Managed Care, Medicare, Managed Care (fee-for-service)						
Report Date: 1/4/2018			Report Generated By: enterprise			Page 1 of 1
PATIENT NAME	CHART #	CLINIC	PROVIDER	BIRTHDATE	SSN	EMR #
Blair, Mark	BL84	AF	DESMITH	11/11/2006		
Blair, Mary	BL0062	AF	MCOOK	05/02/1951	111-11-1111	
Test, Test T	TESTTTLONG	CENTRAL	DSMITH	02/16/1998	222-22-2222	TEST

B	Count			
	0-17 Years Old		18+ Years Old	
	Medicaid	2	1	1
	Medicare	1	0	1
Both Medicaid and Medicare		0	0	0

How do I run the UDS - Medicaid/Medicare Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Medicaid/Medicare**. For additional details about running this report, see the “UDS - Medicaid/Medicare Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by Clinic, Provider, ZIP Code, and/or Financial Class. The report includes the following information:

- A. Patient** – The patient’s name, Social Security number, EMR number, Chart number, birth date, assigned clinic, and primary provider. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)
- B. Statistics** – The report presents the following statistics:
- Total number of Medicaid patients, and the count is broken down by age groups.
 - Total number of Medicare patients, and the count is broken down by age groups.
 - Total number of Medicaid and Medicare patients, and the count is broken down by age groups.

Notes:

- *The age group counts appear only if **Include Age Groups** is selected when setting up options for this report*
- *The clinics and providers for the report are determined by each patient’s default provider and clinic (as set up from the Family File).*

UDS - Patient Related Revenue Report

The UDS - Patient Related Revenue Report displays revenue totals for patients with procedures that were completed within a specified date range and for which claims have been created. This report uses the UDS (Uniform Data System) standards for reporting.

	Why: To generate a record of revenue for UDS reporting for comparison with national data, and to provide revenue totals to grantees, partners, and communities
	When: As needed

Server Name: <Default>

PATIENT RELATED REVENUE

12/17/2018 - 12/17/2018 Procedure Date
Clinics: <ALL>
ADA Codes: <ALL>
Report Generated By: DSMITH

Report Date: 12/17/2018 Page 1 of 1

Payer Category	Full Charges This Period	Amount Collected This Period (-)	Retroactive Settlements, Receipts and Paybacks				Allowances	Sliding Discounts	Bad Debt Write-Off
			Collection of Reconciliation/Wrap Around Current Year	Collection of Reconciliation/Wrap Around Previous Years	Collection of Other Retro Payments: P4P, Risk Pools, Withholds, etc.	Penalty/Payback			
Medicaid, MC	794.00	744.00	0.00	0.00	0.00	0.00	-50.00		
Reyes, Jose	794.00	744.00	0.00	0.00	0.00	0.00	-50.00		
Medicaid, Non-MC	794.00	794.00	-50.00	0.00	0.00	0.00	0.00		
Reyes, Olivia	794.00	794.00	-50.00	0.00	0.00	0.00	0.00		
Total Medicaid	1,588.00	1,538.00	-50.00	0.00	0.00	0.00	-50.00		
Medicare, MC	794.00	794.00	0.00	0.00	-50.00	0.00	0.00		
Reed, Sandy	794.00	794.00	0.00	0.00	-50.00	0.00	0.00		
Medicare, Non-MC	734.00	694.00	0.00	0.00	0.00	50.00	0.00		
Jackson, Paul	734.00	694.00	0.00	0.00	0.00	50.00	0.00		
Total Medicare	1,528.00	1,488.00	0.00	0.00	-50.00	50.00	0.00		
Other Public, MC	539.00	539.00	0.00	0.00	0.00	0.00	0.00		
Reyes, Emilio	539.00	539.00	0.00	0.00	0.00	0.00	0.00		
Other Public, Non-MC	544.00	544.00	0.00	0.00	0.00	0.00	0.00		
Jones, Paula	544.00	544.00	0.00	0.00	0.00	0.00	0.00		
Total Other Public	1,083.00	1,083.00	0.00	0.00	0.00	0.00	0.00		
Private Comm	544.00	544.00			0.00	0.00	0.00		
Morales, Debbie	544.00	544.00			0.00	0.00	0.00		
Private Non-MC	544.00	544.00			0.00	0.00	0.00		
Fisher, Dan	544.00	544.00			0.00	0.00	0.00		
Total Private	1,088.00	1,088.00			0.00	0.00	0.00		
Individual	994.00	669.00						-200.00	0.00
Tran, Thomas	994.00	669.00						-200.00	0.00
Self-Pay	2,099.00	1,808.00						0.00	-291.00
Jones, Michael	2,099.00	1,808.00						0.00	-291.00
Total Self-Pay	3,093.00	2,477.00						-200.00	-291.00
Total	8,380.00	7,674.00	-50.00	0.00	-50.00	50.00	-50.00	-200.00	-291.00

How do I run the UDS - Patient Related Revenue Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Patient Related Revenue**. For additional details about running this report, see the “UDS - Patient Related Revenue Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

Patients on the report are grouped by financial class within each corresponding payer category.

A. Financial class – A breakdown of the charges, collections, retroactive collections, allowances, sliding discounts, and write-offs for payers of this financial class.

B. Patient – A breakdown of the charges, collections, retroactive collections, allowances, sliding discounts, and write-offs for a patient.

***Note:** The report includes patient breakdowns only if **Include Patient Info** is selected when setting up options for this report.*

C. Payer category total – A breakdown of the total charges, collections, retroactive collections, allowances, sliding discounts, and write-offs for payers of the same type of financial class.

D. Grand total – A breakdown of the sum of the total charges, collections, retroactive collections, allowances, sliding discounts, and write-offs for payers in all categories.

Notes:

- *Sliding discounts and write-offs apply only to uninsured individuals, self-pay patients, and insured patient whose charges are not billed to insurance.*
- *Retroactive collections and allowances apply only to insured patients.*
- *The report includes suspended payments and adjustments only if **Include Suspended Payments and Adjustments** is selected when setting up options for this report.*

UDS - Patient Status Report

The UDS - Patient Status Report displays the total the number of patients who have completed procedures within a specified date range and who have specified statuses (race, language, poverty level, worker status, homeless status, sexual orientation, homeless status, veteran status, ethnicity, religion, user-defined, housing status, and/or gender identity) attached to their Family File records. The report can also list patients on the report by ZIP Code (optionally sub-grouped by insurance carrier financial class) and display patient information for the patients on the report. This report uses the UDS (Uniform Data System) standards for reporting.

	Why: To generate a record of patient statuses for UDS reporting for comparison with national data, and to provide patient and financial class statistics to grantees, partners, and communities
	When: As needed

A

B

C

PATIENT STATUS

5/14/2018 - 5/14/2018 Procedure Date

Clinics: <ALL>

Providers: <ALL>

Billing Types: <ALL>

ADA Codes: <ALL>

Report Date: 5/14/2018

Report Generated By: enterprise

Page 1 of 1

REPORT		TOTAL			
PATIENT NAME	SOCIAL SECURITY #	EMR #	CHART #	BIRTHDATE	
Race		5			
County: Utah		5			
Black or African American		1			
Crosby, Brent	111-11-1111		CR93	11/11/1970	
Declined to specify		1			
Abbott, James P	333-33-3333		AB31	11/11/1976	
White		3			
Crosby, Shirley	222-22-2222		CR94	11/11/1972	
Winters, Carl	000-00-0000		WI211	11/11/1980	
Winters, Barbara	000-00-0001		WI212	11/11/1982	
Zip Code Statistics		5			
County: Utah		5			
84003		5			
Crosby, Brent	111-11-1111		CR93	11/11/1970	
Crosby, Shirley	222-22-2222		CR94	11/11/1972	
Abbott, James P	333-33-3333		AB31	11/11/1976	
Winters, Carl	000-00-0000		WI211	11/11/1980	
Winters, Barbara	000-00-0001		WI212	11/11/1982	

D **E**

Race	5		
County: Utah	5		
Provider: DSMITH	5		
Clinic: CENTRAL	5		
Black or African American	1		
Crosby, Brent	111-11-1111	CR93	11/11/1970
Declined to specify	1		
Abbott, James P	333-33-3333	AB31	11/11/1976
White	3		
Crosby, Shirley	222-22-2222	CR94	11/11/1972
Winters, Carl	000-00-0000	WI211	11/11/1980
Winters, Barbara	000-00-0001	WI212	11/11/1982

F

Race	5		
County: Utah	5		
Clinic: CENTRAL	5		
Provider: DSMITH	5		
Black or African American	1		
Crosby, Brent	111-11-1111	CR93	11/11/1970
Declined to specify	1		
Abbott, James P	333-33-3333	AB31	11/11/1976
White	3		
Crosby, Shirley	222-22-2222	CR94	11/11/1972
Winters, Carl	000-00-0000	WI211	11/11/1980
Winters, Barbara	000-00-0001	WI212	11/11/1982

How do I run the UDS - Patient Status Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Patient Status**. For additional details about running this report, see the “UDS - Patient Status Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).


What important information does this report provide?

The report can be grouped and subtotaled by provider with a breakdown by clinic. Or, the report can be grouped and subtotaled by clinic with a breakdown by provider. The report can also be grouped by county (either before or after the other grouping options) and subtotaled. The following information appears on the report:

- A. Status** – The status (race, language, poverty level, worker status, sexual orientation, homeless status, veteran status, ethnicity, religion, user-defined, housing status, or gender identity) that is being reported on and the total number of patients with that status who have a completed procedure that falls within the date range of the report.
- B. Patient** – The patient’s name, Social Security number, EMR number, Chart number, and birth date. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)
- C. Zip Code Statistics** – The patients that live in each ZIP Code.
- D. County Totals** – The status totals for patients that live in the given county.
- E. Provider Totals** – The status totals for patients of the given provider.
- F. Clinic Totals** – The status totals for patients that visit the given clinic.

UDS - Sealant Statistics Report

The UDS - Sealant Statistics Report displays the percentage of children, ages 6 through 9, who are at a moderate to high risk for caries and who received a sealant on a permanent first molar during the reporting period.



Why: To generate a record of sealant statistics for UDS reporting for comparison with national data, and to provide sealant statistics to grantees, partners, and communities

When: As needed

Sealants						
01/01/2017 - 12/31/2017 Procedure Date						
Birthdate: 01/01/2006 - 12/31/2009						
Sealant Codes: D1351, D1351e, D1353						
Visit Codes: D0110, D0120, D0140, D0150						
Caries Codes: 15105, 15106, 15107						
Sealant Ineligibility Codes: 15101, 15110, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394, D2740, D2750, D2751, D2752, D2790, D2791, D2792, D2794						
Report Date: 1/4/2018			Report Generated By: enterprise			Page 1 of 1
PATIENT NAME	CHART #	CLINIC	PROVIDER	BIRTHDATE	SSN	EMR #
A	Blair, Mark	BL84	AF	DESMITH	11/11/2006	
	Crosby, Tom	CR96	CENTRAL	DSMITH	11/11/2006	
	Winters, Jillian	WI213	AF	DESMITH	11/11/2007	
B						
Charts Sampled:						3
Moderate to High Risk of Caries:						2
Patients Eligible for Exclusion from Moderate to High Risk of Caries:						2
Moderate to High Risk of Caries who Received Sealant on 1st Molar:						2

How do I run the UDS - Sealant Statistics Report?

From the DXOne Reporting module, select UDS, and then double-click UDS - Sealant Statistics. For additional details about running this report, see the "UDS - Sealant Statistics Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the Help menu of any module, click Contents).

What important information does this report provide?

The report can be grouped by Clinic, Provider, and/or ZIP Code. The report includes the following information:

A. Patient – The patient's name, Social Security number, EMR number, Chart number, birth date, assigned clinic, and primary provider. (This information appears only if **Include Patient Info** is selected when setting up options for this report.)

B. Statistics – The report presents the following statistics:

- The total number of 6-9 year old children with a moderate to high risk of caries.
- The total number of 6-9 year old children that were sampled.
- The total number of 6-9 year old children with a moderate to high risk of caries who got sealants on permanent first molars (tooth 3, 14, 19, and 30).
- The total number of 6-9 year old children with a moderate to high risk of caries but who are eligible for exclusion.

Exclusions (for all permanent first molar): the tooth is unerupted, has a restoration, has a sealant already (before the start of the measurement period), or cannot be sealed (due to caries or fracture).


The measure is calculated using the following numerator and denominator:

- **Numerator** – Number of patients, ages 6 through 9, who were at a moderate to high risk for caries and who received a sealant on a permanent first molar tooth during the reporting year.
- **Denominator** – Number of patients, ages 6 through 9, who had an oral assessment, a comprehensive oral evaluation, or a periodic oral evaluation during the reporting year and who have a documented moderate to high risk for caries (for example, if the measurement year is 2015, the report includes patients whose dates of birth are between January 1, 2006 and December 31, 2009, inclusive).

Note: The clinics and providers for the report are determined by each patient's default provider and clinic (as set up from the Family File).

UDS - Tobacco Use and Intervention Report

The UDS - Tobacco Use and Intervention Report displays the percentage of patients, ages 18 and older, who received screenings and interventions for cessation of tobacco use during the reporting period.



Why: To generate a record of tobacco cessation counseling statistics for UDS reporting for comparison with national data, and to provide tobacco cessation counseling statistics to grantees, partners, and communities

When: As needed

Tobacco Use and Intervention							
1/30/2017 - 1/30/2017 Procedure Date							
Clinics: <ALL>							
Providers: <ALL>							
Billing Types: <ALL>							
Report Date: 1/30/2017				Report Generated By: enterprise			Page 1 of 1
PATIENT NAME	BT	SOCIAL SECURITY #	EMR #	CHART #	BIRTHDATE	MEETS NUM	MEETS DEN EXC
A Abbott, James P	1	333-33-3333		AB31	11/11/1976		Y
Crosby, Brent	1	111-11-1111		CR93	11/11/1970	Y	
Crosby, Shirley	1	222-22-2222		CR94	11/11/1972		
GRAND TOTALS	B	Patient Population	Denominator	Numerator	Denominator Exception		
		3	3	1	1		

How do I run the UDS - Tobacco Use and Intervention Report?

From the DXOne Reporting module, select **UDS**, and then double-click **UDS - Tobacco Use and Intervention**. For additional details about running this report, see the “UDS - Tobacco Use and Intervention Report” topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The report can be grouped by Clinic, Provider, and/or ZIP Code. The report includes the following information:

- A. Patient (in the Patient Population)** – The patient’s name, billing type, Social Security number, EMR number, Chart number, birth date, assigned clinic, and primary provider. Also indicated are if the patient is in the numerator or if the patient is an exception in the denominator. (This information appears only if **Include Patient Detail** is selected when setting up options for this report.)
- B. Statistics** – The report presents the following statistics:
- **Patient Population and Denominator** – Number of patients, who had at least one visit encounter¹ or, depending on the codes used, at least two visit encounters, and who were 18 years old or older either at the time of the visit or, if there were multiple visits, at the time of the earlier of the two most recent visits.

Denominator Exception: A tobacco use assessment was not done either for a medical reason² or due to a limited life expectancy².
 - **Numerator** – Number of patients, ages 18 and older, who had a tobacco use assessment³ up to 24 months before the end of the reporting period, and who met one of the following criteria:
 - A reported tobacco non-user⁴ up to 24 months before the end of the reporting period, who, afterwards, did not become a tobacco user 24 months or less before the end of the reporting period.
 - A reported tobacco user⁴ up to 24 months before the end of the reporting period, who, afterwards, did not become a tobacco non-user 24 months or less before the end of the reporting period, and who started tobacco cessation counseling⁵ or pharmacotherapy⁶ 24 months or less before the end of the reporting period.

Note: The clinics and providers for the report are determined by each patient’s default provider and clinic (as set up from the Family File).

Footnotes:

1. Medical Encounter with an applicable AMA-CPT or SNOMED code (such as 99212 or 12843005).
2. Medical Encounter with an applicable SNOMED code (such as 162607003).
3. Medical Encounter with an applicable LOINC code (such as 68535-4).
4. Medical Encounter with an applicable SNOMED code (such as 105539002).
5. Medical Encounter with an applicable SNOMED code (such as 171055003).
6. Prescription, or prescription order, with an applicable RXNORM code (such as 1046847).

Unscheduled Appointment List (DX1)

The Unscheduled Appointment List displays appointments that have been broken or marked as wait/will call.



Why: To ensure the practice follows up on broken and wait/will call appointments

When: Weekly

Server Name: <Default>

Unscheduled Appointment List

Date Range: 01/01/2017 - 12/31/2017

Providers: <ALL>

Report Date: 12/19/2018

Report Generated By: DSMITH

Page 1 of 1

Date	Status	Patient Name	PROV	Appointment Reason	Length	Phone	Break Reason
11/08/2017	Broken	Smith, Angela	MHAYES	FMIrr	30m	(801) 555-4321	Phone Cancellation
11/08/2017	Broken	Winters, Carl	DESMITH	UnspcAdjP	10m	(801) 555-4444	In-Office Cancellation
11/09/2017	Wait / Will call	Crosby, Brent	DESMITH	PROPHY	40m		
11/22/2017	Broken	Harmon, Karen	MHAYES	Compr Exa, FMX	40m		In-Office Cancellation

Total Listed:

4

B

How do I run the Unscheduled Appointment List?

From the DXOne Reporting module, select **List**, and then double-click **Unscheduled Appointment List**. For additional details about running this report, see the "Unscheduled Appointment List" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

The unscheduled appointments on the report can be sorted by the date broken or by the break reason. Each clinic's unscheduled appointments can start on a new page.

- A. Appointment details** – For each unscheduled appointment, the report displays the date, status, patient's name, scheduled provider, appointment reason, appointment length, patient's phone number, and break reason.
- B. Date** – The date the appointment was broken or placed on the wait/will call list.
- C. Patient** – The patient's name.
- D. Phone** – The patient's phone number.
- E. Break Reason** – The reason that the appointment was broken (applies only to broken appointments).

Also, the total number of appointments on the report appears.

Unscheduled Appointment List (OM)

The Unscheduled Appointment List displays patients that have broken an appointment and have not re-scheduled. The report includes broken appointments in all clinics.



Why: To ensure the practice follows up on broken appointments

When: Weekly

UNSCHEDULED APPOINTMENT LIST

The Dentist Group

Provider <ALL>

04/16/2018 - 04/23/2018

Date: 04/23/2018

Page: 1

DATE BROKEN	PATIENT NAME	PROV	APPOINTMENT REASON	LENGTH	PHONE	STATUS
04/16/2018	Abbott, James S	DDS1	CompEx	10m	555-1586	W/Call
04/16/2018	Brown, Mary L	DDS2	ExtSingTh#1, ExtSingTh#16, ExtSingTh#17	90m	(919)555-1045	Broken
04/16/2018	Crosby, Brent J	DDS2	CompEx, 2BWx, ImpltCnBr	30m	(919)555-1873	Broken
04/22/2018	Edwards, John S	DDS1	CCAdult, Pano, FabPtCr+B#5	80m	555-1586	Broken
04/23/2018	Perkins, Peggy	DDS1	ProphFIAd	50m	555-1586	Broken
04/23/2018	Reeves, Elisabeth D	DDS2	Pano, EmergEx	40m	(919)555-1978	W/Call
04/23/2018	Winters, Carl	DDS1	CCAdult 60m Broken			

TOTAL LISTED:

7



How do I run the Unscheduled Appointment List?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Unscheduled Appointment List**. For additional details about running this report, see the “Unscheduled Appointment List” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Date – The date the appointment was broken or placed on the wait/will call list.

B. Patient – The patient’s name.

C. Phone – The patient’s phone number.

Also, the total number of appointments on the report appears.

Unscheduled Treatment Plans (Condensed) Report

The Unscheduled Treatment Plans (Condensed) Report displays treatment plans that have been posted to the Ledger but not scheduled in the Appointment Book.

	Why: To ensure the practice follows up on treatment plans
	When: Weekly

UNSCHEDULED TREATMENT PLANS (CONDENSED)			
The Dentist Group			
04/23/2018 - 04/23/2018			
Date: 04/23/2018		Page: 1	
APPT	PATIENT	AMOUNT	PHONE
S U	Abbott, James S	4397.00	(801)555-1586
	Little, Brian R	765.00	(801)555-1234
	Smith, Michael	56.00	(801)555-1586
	Taylor, Mark	484.00	(801)555-7894
U	Winters, Carl	301.00	(801)555-5567
UNSCHEDULED TREATMENT PLANS TOTAL:		6003.00	

How do I run the Unscheduled Treatment Plans (Condensed) Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Unscheduled Treatment Plans**. For additional details about running this report, see the “Unscheduled Treatment Plans Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Appt

- If a patient has a scheduled appointment for any work other than the treatment plan procedures, an “S” appears on the report.
- If a patient is on the Unscheduled Appointment list, a “U” appears on the report.

B. Treatment Plan Details – The patient, phone number, and treatment plan amount.

C. Report Totals – Combined total for all patients.

Unscheduled Treatment Plans (Detailed) Report

The Unscheduled Treatment Plans (Detailed) Report displays treatment plans that have been posted to the Ledger but not scheduled in the Appointment Book.



Why: To ensure the practice follows up on treatment plans

When: Weekly

UNSCHEDULED TREATMENT PLANS										
The Dentist Group										
04/23/2018 - 04/23/2018										
Date:		04/23/2018							Page:	1
APPT	PATIENT	DATE	TH	PHONE #	CODE	RB/RT	DESCRIPTION	AMOUNT		
	DENTAL INS. COMPANY			RENEWAL DATE			BENEFITS REM.			
	MEDICAL INS. CO.									
S U	Abbott, James S			(801)555-1586						
		04/23/18	12*	D5213			Maxil partial-metal Base W/sdls	890.00		
		04/23/18	19	D6210			Pontic-cast high noble metal	603.00		
		04/23/18	20	D6210			Pontic-cast high noble metal	603.00		
		04/23/18	21	D6210			Pontic-cast high noble metal	603.00		
		04/23/18	22	D6210			Pontic-cast high noble metal	603.00		
		04/23/18	7	D6970			Post/core + brdg retainer, fabr	230.00		
		04/23/18	23	D6971			Cast post/part of brdg retainer	218.00		
		04/23/18	24	D6971			Cast post/part of brdg retainer	218.00		
		04/23/18	25	D6971			Cast post/part of brdg retainer	218.00		
		04/23/18		D0120			Periodic oral evaluation	25.00		
		04/23/18		D1120			Prophylaxis-child	34.00		
		04/23/18		D0272			Bitewings-two films	21.00		
		04/23/18	UR	D4341	RB		Perio scale&root pln-4+per quad	131.00		
P-Metropolitan Life				Jan		1468.00				
S-Aetna Life and Casualty				Jan		1468.00				
P-Aetna Medical										
TREATMENT PLAN TOTAL:								4397.00		
Little, Brian				(801)555-0987						
	04/23/18	16	D7140			Extract,erupted th/exposed rt	255.00			
	04/23/18	17	D7140			Extract,erupted th/exposed rt	255.00			
	04/23/18	32	D7140			Extract,erupted th/exposed rt	255.00			
	04/23/18	18	D2393			Resin composite-3s, posterior	0.00			
	04/23/18	30	D2393			Resin composite-3s, posterior	0.00			
P-Aetna				Jan		-105.00				
S-Aetna				Jan		-105.00				
TREATMENT PLAN TOTAL:								765.00		
Smith, Michael				(801)555-1586						
	04/23/18		D1204			Fluoride w/o prophylaxis-adult	56.00			
P-Aetna Life and Casualty				Jan		2000.00				
TREATMENT PLAN TOTAL:								56.00		
Taylor, Mark				(801)555-4561						
	04/23/18	32	D7140			Extract,erupted th/exposed rt	152.00			
	04/23/18	2	D2160			Amalgam-3 surf. prim/perm	90.00			
	04/23/18	3	D2160			Amalgam-3 surf. prim/perm	90.00			
	04/23/18	17	D7140			Extract,erupted th/exposed rt	152.00			
P-Met Life				Jan		0.00				
TREATMENT PLAN TOTAL:								484.00		
U	Winters, Carl			(801)555-8314						
		04/23/18		D1110			Prophylaxis-adult	78.00		
		04/23/18		D0120			Periodic oral evaluation	67.00		
		04/23/18		D0274			Bitewings-four films	156.00		
P-Insurance				Jan		0.00				
TREATMENT PLAN TOTAL:								301.00		
UNSCHEDULED TREATMENT PLANS TOTAL:								6003.00		

How do I run the Unscheduled Treatment Plans (Detailed) Report?

In the Office Manager, from the **Reports** menu, point to **Lists**, and then click **Unscheduled Treatment Plans**. For additional details about running this report, see the “Unscheduled Treatment Plans Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

A. Appt

- If a patient has a scheduled appointment for any work other than the treatment plan procedures, an “S” appears on the report.
- If a patient is on the Unscheduled Appointment list, a “U” appears on the report.

B. Treatment Plan Details – The patient, phone number, and treatment plan procedures.

C. Insurance Information – The insurance carrier, renewal month, benefits remaining, and treatment plan total.

D. Report Totals – Combined total for all patients.

Updated Dental Insurance Payment Table Report

The Updated Dental Insurance Payment Table Report allows you to view and print payment tables. Payment tables list the amount an insurance carrier will pay for a procedure.



Why: To ensure payment tables have been set up properly

When: After Dentrix Enterprise setup, and as needed

UPDATED INSURANCE PAYMENT TABLE

The Dentist Group

Date: 04/22/2018

Page: 1

Blue Cross Blue Shield of FL.
P.O. Box 26355
Orlando, FL 84126

GROUP NAME: Dental Claims
Group #: 45067

PROCEDURE CODE	PAYMENT AMOUNT
10120	25.00
11111	25.00
15000	0.00
15001	0.00
15002	0.00
15003	0.00
15004	0.00
15005	0.00
15006	0.00
15007	0.00
15008	0.00
15009	0.00
15010	0.00
15011	0.00
15012	0.00
15100	0.00
D0120	25.00
D0120d	25.00
D0120p	15.00
D0120x	25.00
D0140	35.00
D0150	36.00
D0160	38.00
D0210	67.00
D0220	13.00
D0230	10.00
D0240	2512.00
D0250	39.00
D0260	30.00
D0270	15.00
D0272	21.00
D0274	32.00
D0290	81.00
D0310	67.00
D0320	250.00
D0321	125.00
D0322	112.00
D0330	58.00
D0340	81.00
D0415	60.00
D0425	53.00
D0460	40.00
D0470	53.00
D0471	41.00
D0501	123.00
D0502	135.00
D0999	75.00
D1120	34.00
D1201	50.00
D1203	21.00
D1204	21.00
D1205	64.00

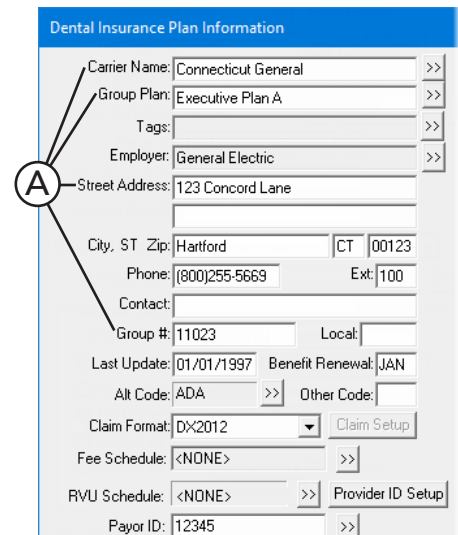
B

How do I run the Updated Dental Insurance Payment Table Report?

In the Office Manager, from the **Reports** menu, point to **Reference**, and then click **Ins Pmt Table**. For additional details about running this report, see the “Updated Dental Insurance Payment Table Report” topic in the Office Manager portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

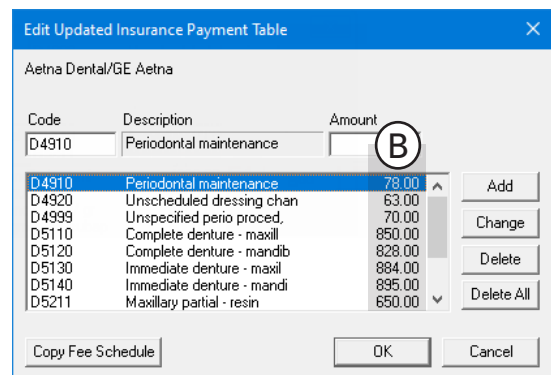
- A. Insurance Carrier Details** – The name, mailing address, group name, and group number of the insurance carrier. This information is found in the **Dental Insurance Plan Information** dialog box, which can be accessed in the Office Manager.



Dental Insurance Plan Information

Carrier Name:	Connecticut General	>>
Group Plan:	Executive Plan A	>>
Tags:		>>
Employer:	General Electric	>>
Street Address:	123 Concord Lane	
City, ST Zip:	Hartford CT 00123	
Phone:	(800)255-5669	Ext: 100
Contact:		
Group #:	11023	Local:
Last Update:	01/01/1997	Benefit Renewal: JAN
Alt Code:	ADA	>> Other Code:
Claim Format:	DX2012	Claim Setup
Fee Schedule:	<NONE>	>>
RVU Schedule:	<NONE>	>> Provider ID Setup
Payor ID:	12345	>>

- B. Payment Amount** – The total amount the insurance carrier will pay for a procedure. The payment amount is found in the **Edit Updated Insurance Payment Table** dialog box, which can be accessed in the Office Manager. For details about how to edit an insurance carrier's payment table, see the “Working with payment tables” topic in the Family File portion of the Dentrix Enterprise Help.



Edit Updated Insurance Payment Table

Aetna Dental/GE Aetna

Code	Description	Amount	
D4910	Periodontal maintenance	78.00	(B)
D4920	Unscheduled dressing chan	63.00	
D4999	Unspecified perio proced,	70.00	
D5110	Complete denture - maxill	850.00	
D5120	Complete denture - mandib	828.00	
D5130	Immediate denture - maxil	884.00	
D5140	Immediate denture - mand	895.00	
D5211	Maxillary partial - resin	650.00	

Buttons: Add, Change, Delete, Delete All, Copy Fee Schedule, OK, Cancel

Utilization Report

The Utilization Report lists insurance carriers, and for each carrier, the procedures posted during a selected date range.



Why: To identify insurance carriers with low coverages (this is done by comparing the charges posted to the Ledger with the practice's UCR fee schedule)

When: Yearly, and as needed

UTILIZATION REPORT - DENTAL

Date Range: 05/01/2018 - 05/05/2018 Procedure Date

FEE: 001: Office

Compare FEE Schedule With: Transaction Amount

Include: All Procedures

Clinic(s): <ALL>

Provider(s): <ALL>

Billing Type(s): <ALL>

ADA Code(s): <ALL>

Carrier From: Aetna Life and Casualty - Aetna - 321863

Carrier To: Aetna Life and Casualty - Aetna - 321863

Report Date: 05/05/2018

Report Generated By: enterprise

Page 1 of 1

INSURANCE CARRIER NAME						GROUP PLAN				GROUP NUMBER		PHONE	
SUBSCRIBER	DATE	ID #	PATIENT NAME	BIRTHDATE	SS #	CODE	DESCRIPTION	TH	SURFACE	PROVIDER	CLINIC	FEE	COPAY
Aetna Life and Casualty						Aetna				321863		(800) 555-6444	
Abbott, Patricia	05/01/2018	5678910	Abbott, James S	11/11/1962	000-00-0000	D5214	Mand partial-metal base w/sdis	12		DDS2	CENTRAL	801.00	801.00
Abbott, Patricia	05/01/2018	5678910	Abbott, James S	11/11/1962	000-00-0000	D7111	Extraction cml remnts-decid th	13		DDS2	CENTRAL	501.00	501.00
Abbott, Patricia	05/05/2018	5678910	Abbott, James S	11/11/1962	000-00-0000	D5214	Mand partial-metal base w/sdis	12		DDS2	CENTRAL	801.00	801.00
Perkins, Peggy	05/01/2018	000-00-0000	Perkins, Shelly	11/11/1980	000-000-0000	D5214	Mand partial-metal base w/sdis	15		DDS3	CENTRAL	801.00	801.00
Perkins, Peggy	05/01/2018	000-00-0000	Perkins, Shelly	11/11/1980	000-00-0000	D7111	Extraction cml remnts-decid th	9		DDS3	CENTRAL	501.00	501.00
Perkins, Peggy	05/05/2018	000-00-0000	Perkins, Peggy	11/11/1957	000-00-0000	D6240	Pontic-porcelain fused to hnob	10		DDS1	CENTRAL	620.00	200.00
Perkins, Peggy	05/05/2018	000-00-0000	Perkins, Peggy	11/11/1957	000-00-0000	D6240	Pontic-porcelain fused to hnob	11		DDS1	CENTRAL	620.00	200.00
Perkins, Peggy	05/05/2018	000-00-0000	Perkins, Peggy	11/11/1957	000-00-0000	D66750	Retainer cm-porc fused-hi nob	12		DDS1	CENTRAL	613.00	200.00
Perkins, Peggy	05/05/2018	000-00-0000	Perkins, Peggy	11/11/1957	000-00-0000	D6750	Retainer cm-porc fused-hi nob	9		DDS1	CENTRAL	613.00	200.00
Smith, Michael	05/01/2018	000-00-0000	Smith, Michael	11/11/1970	000-00-0000	D5214	Mand partial-metal base w/sdis	12		DDS3	CENTRAL	801.00	801.00
Smith, Michael	05/01/2018	000-00-0000	Smith, Michael	11/11/1970	000-00-0000	D7111	Extraction cml remnts-decid th	7		DDS3	CENTRAL	501.00	501.00
Aetna Life and Casualty Totals:			Fee:	CoPay:	(Fee - CoPay):			Total Office Visits:		Total Patients Seen:			
			7,173.00	5,507.00	1,666.00			5		4			


Grand Totals:	Fee:	7,173.00	Co-Pay:	5,507.00
	(Fee - CoPay):	1,666.00		
	Total Office Visits:	5		
	Total Patients Seen:	4		

How do I run the Utilization Report?

From the DXOne Reporting module, select **Ledger**, and then double-click **Utilization**. For additional details about running this report, see the "Utilization Report" topic in the DXOne Reporting portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Insurance Carriers** – The report is divided by insurance carriers. The carrier's name, group plan name and number, and phone number are shown:
- B. Procedures** – The procedures posted in the Ledger for patients with the displayed insurance carrier. (The procedures will show only if **Insurance Plan Totals Only** is cleared when setting up options for this report.) For each procedure, the following are shown:
 - **Fee** – The fee that would have been attached to a procedure had the fee from the fee schedule you selected (when setting up the report options) been used.
 - **Copay** – The fee attached to the procedure posted in the Ledger.
- C. Insurance Carrier Totals** – The total fees, co-pays, (Fee - Co-pay), office visits, and patients seen appear for each insurance carrier. The following is an explanation of the insurance carrier's Fee and CoPay totals:
 - **Fee** – The fee that would have been attached to a procedure, had the fee from the fee schedule you selected (when setting up the report options) been used.
 - **CoPay** – The fee attached to the procedure posted in the Ledger.
- D. Grand Totals** – The Grand Totals section displays the following information:
 - **Fee** – The total fees that would have been attached to a procedures, had the fee from the fee schedule you selected (when setting up the report options) been used.
 - **Co-Pay** – The total fees attached to the procedures posted in the Ledger.
 - **(Fee - CoPay)** – The total revenue that would have been gained or lost, had the fee schedule you selected (when setting up the report options) been used when posting the procedures. A positive number indicates the practice would have gained revenue. A negative number indicates the practice would have lost revenue.
 - **Total Office Visits** – The total number of office visits (multiple procedures performed on a patient on the same date count as one office visit).
 - **Total Patients Seen** – The total number of patients that appear on the report.

	Why: To provide a patient with the information required to submit his/her insurance claim
	When: At patient check-out, and as needed

Ⓓ

How do I run the Walkout - Doctor's Statement?

In the Ledger, from the **Print** menu, click **Walkout**; select **Walkout/Doctor's Statement**; and then click **Print**. For additional details about running this report, see the "Walkout statements" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Provider Information** – The provider details required to submit an insurance claim.
- B. Patient Insurance Information** – The patient's insurance details.
- C. Services Rendered** – The itemized charges for the current day.
- D. Doctor Recommendations** – If you select **Print Doctor Recommendations** when setting options for this report, doctor recommendations appear on the walkout. See the "Adding and editing ADA-CDT dental codes" topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to set up doctor recommendations for a procedure code.

Walkout - Family Walkout

The Family Walkout itemizes today's charges and payments for a family. The Family Walkout functions as a receipt and can include home care instructions and future appointment dates.

	Why:	To provide patients with a record of services rendered, and to provide patients with home care instructions
	When:	At patient check-out

STATEMENT OF SERVICES RENDERED						
The Allied Dentist Group 123 East Valley Dr American Fork, UT 84003 (801)555-9300				CHART NO. 	PAGE NO. 1	BILLING DATE 05/15/2018
GUARANTOR NAME AND MAILING ADDRESS Peggy Perkins 123 Street Philadelphia, PA 19102						
PATIENT	TOOTH	SURF	DESCRIPTION	CHARGE	CREDIT	
Shelly	4		Crown Insert	0.00		
Shelly	5		Prefab post&core in add to crn	175.00		
Shelly	6		Crown-porc fused noble metal	590.00		
Do not eat or drink for one hour.						
<div style="text-align: right;"> D </div>						
PRIOR BALANCE		CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE	PLEASE PAY
11322.00		- 0.00	+ 765.00	= 12087.00	- 800.00	= 11287.00
YTD Finance Charges: 100.00 YTD Late Charges: 7840.00 YTD Guar Payments: 120.00 YTD Ins Payments: 0.00						
PATIENT	DATE	TIME	REASON			
Shelly	Tuesday - June 2, 2018	9:20 am	Res2PosPm#4			
<div style="text-align: center;"> F </div>						
Thanks for coming in!						

How do I run the Walkout - Family Walkout?

In the Ledger, from the **Print** menu, click **Walkout**; select **Family Walkout**; and then click **Print**. For additional details about running this report, see the "Walkout statements" topic in the Ledger portion of the Dentrix Enterprise Help (from the **Help** menu of any module, click **Contents**).

What important information does this report provide?

- A. Services Rendered and Payments Received** – The services and payments made by each family member on the current day.
- B. Doctor Recommendations** – If you select **Print Doctor Recommendations** when setting options for this report, doctor recommendations notes appear on the walkout. See the "Adding and editing ADA-CDT dental codes" topic in the Office Manager portion of the Dentrix Enterprise Help for details on how to set up doctor recommendations for a procedure code.
- C. Account Balance Details** – The guarantor's prior balance, total payments today, total charges today, and current balance.
- D. Dental Insurance Estimate** – The estimated portion of charges (for procedures attached to claims or not) that are covered by the patients' insurance (for procedures that are not attached to claims, the estimated insurance portion is based on the corresponding patient's primary insurance).
- E. Year-to-date Financial Details** – If you select **Print YTD Finance Charges, Late Charges, and Payments** when setting options for this report, the guarantor's year-to-date totals appear on the report.
- F. Next Appointments** – The next scheduled appointment for each family member.
- G. Walkout Message** – The custom message entered when setting options for this report. You can only add custom messages to the Family Walkout by running the walkout from the Ledger menu bar.

Indices

Index by Report Name

- Adjustment Summary Report, 4
- Aging/Credit Balance Report, 6
- Analysis Summary Report - Daily, 8
- Analysis Summary Report - Standard, 12
- Appointment Book View Printout, 14
- Appointment Cycle Time Report, 16
- Appointment Reminder Cards, 18
- Appointment Statistics Report, 20
- As Soon As Possible List, 22
- Assigned Rights Report, 24
- Audit Report - Appointments, 26
- Audit Report - Audit Log Status, 28
- Audit Report - Clinics, 30
- Audit Report - Combined, 32
- Audit Report - Patients, 34
- Audit Report - Providers/Staff, 36
- Audit Report - Transactions, 38
- Audit Rights Report - Assigned Individually, 40
- Audit Rights Report - Assigned to Groups, 42
- Audit Rights Report - Group Names, 44
- Audit Rights Report - Users to Groups, 46
- Billing Statement, 48
- Birthday List, 50
- Caries Prevalence and Periodontal Index Report, 52
- Clinical Notes Report, 64
- Clinical Quality Measures List, 66
- Collections Manager List, 70
- Continuing Care Cards - No Appointment, 74
- Continuing Care Cards - with Appointment, 75
- Continuing Care Display List, 76
- Coupon Book - Future Due Payments, 78
- Coupon Book - Payment Agreements, 79
- Credit Card Transaction Report, 80
- Custom Practice Information Report, 82
- Daily Appointment List (DX1), 84
- Daily Appointment List Report, 86
- Daily Summary Report, 88
- Day Sheet (Adjustments) Report, 90
- Day Sheet (Charges and Receipts) Report, 94
- Day Sheet (Receipts) Report, 98
- Day Sheet Report, 100
- Dental Diagnostic Code List, 104
- Dental Encounters Report, 106
- Deposit Slip, 108
- Document Center - Documents List Report, 112
- Document Center Audit Documents Report, 114
- Document Center Document, 116
- Document Center Documents Audited Report, 118
- Document Center List, 120
- Employers and Employed Patients Report, 122
- Family Ledger Report, 124
- Family Ledger Report (Single Family), 126
- Fee Schedules Report, 128
- Finance Charge Report, 130
- Future Due Payment Plan Report - Monthly Totals, 132
- Future Due Payment Plan Report - Standard, 134
- Initial Health History Report, 136
- Insurance Carrier List, 138
- Insurance Carrier Production - Full Report, 142
- Insurance Carrier Production - Summary Report, 144
- Insurance Claim Aging Report, 146
- Insurance Claims Not Sent Report, 148
- Insurance Coverage Tables Report, 150
- Insurance Eligibility Report, 152
- Insurance Transaction Analysis Report, 154
- Late Charge Report, 156
- Letter Merge Reports, 158
- Meaningful Use Measure Calculation List, 162
- Medical Code List, 186
- Multi-Code List, 188
- New Patient List, 190
- Office Journal Report, 192
- Operator Day Sheet Report, 194
- Operatory Appointment List Report, 196
- Oral Health Education Report, 198
- Oral Health Status Report, 200
- Patient Chart and Progress Notes Printout, 202
- Patient Chart Printout, 204
- Patient Health Assessment Report, 206
- Patient Information Accessed Report, 208
- Patient Ledger Report, 210
- Patient List, 212
- Patient List (Filtered), 214
- Patient Notes Report, 216
- Patient Proposed Treatment Case Report (Your Care Plan), 220
- Patient Questionnaire, 222
- Patient Revenue List by Payer Report, 224
- Patient Route Slip, 226
- Patient Treatment Case Report, 228
- Patient's Ledger Report, 230
- Payment Agreement Amortization Schedule, 232
- Payment Agreement Report, 234
- Payment Summary Report, 236
- Perio - Combined Graphic & Data Chart Report, 238
- Perio - Data Chart Report, 240
- Perio - Exam Comparison Report, 242
- Perio - Graphic Chart Report, 244
- Perio - Pocket Depths Only Report, 246
- Perio Exam List, 248
- Periodontal Exam Report, 250
- Practice Analysis Report, 252
- Practice Organization List, 254
- Practice Statistics Report, 256
- Practice Treatment Case Report, 258
- Prescription Printout, 260
- Pre-Treatment Estimate Aging Report, 262
- Pre-Treatment Estimates Not Sent Report, 264
- Procedure Code List, 266
- Procedures by Contracted Amount Report, 268
- Procedures Not Attached to Insurance Report, 270
- Production Summary Report, 272
- Provider A/R Totals - Daily Report, 276
- Provider A/R Totals - Standard Report, 278

Provider IDs List, 284
Provider Revenue - Allocations Report, 286
Provider Revenue - Charges Report, 288
Provider Revenue - Credits Report, 290
Provider Revenue - Summary Report, 292
Referral Analysis Report, 294
Referral Recap Report, 296
Referral Slip, 298
Referred By Doctor/Other Report, 300
Referred By Patient Report, 302
Referred To Doctor Report, 304
Registration Information Report, 306
RVU Day Sheet Report, 308
RVU Production Summary Report, 310
RVU Schedules Report, 314
RVU Utilization Report, 316
Secondary Insurance Claims Not Created Report, 318
Secondary Pre-Treatment Estimates Not Created Report, 320
Standard Coverage Tables Report, 322
Suspended Credits Report, 324
Treatment Case Report, 326
Treatment Plan Approval Report, 328
Treatment Plan Approval Status Report, 330
Truth in Lending Disclosure Statement, 332
UDS - Age/Gender Report, 334
UDS - Encounters and Users by Selected Procedure Codes Report, 338
UDS - Encounters by Provider Report, 340
UDS - Insurance Financial Class Report, 342
UDS - Insurance Financial Class Report (2013), 344
UDS - Medicaid/Medicare Report, 346
UDS - Patient Related Revenue Report, 348
UDS - Patient Status Report, 350
UDS - Sealant Statistics Report, 352
UDS - Tobacco Use and Intervention Report, 354
Unscheduled Appointment List (DX1), 356
Unscheduled Appointment List (OM), 358
Unscheduled Treatment Plans (Condensed) Report, 360
Unscheduled Treatment Plans (Detailed) Report, 362
Updated Dental Insurance Payment Table Report, 364
Utilization Report, 366
Walkout - Doctor's Statement, 368
Walkout - Family Walkout, 370

Index by Symbol



Patient Care

Appointment Cycle Time Report, 16
 As Soon As Possible List, 22
 Birthday List, 50
 Caries Prevalence and Periodontal Index Report, 52
 Continuing Care Cards - No Appointment, 74
 Continuing Care Cards - with Appointment, 75
 Daily Appointment List (DX1), 84
 Daily Appointment List Report, 86
 Initial Health History Report, 136
 Letter Merge Reports, 158
 Operatory Appointment List Report, 196
 Oral Health Status Report, 200
 Patient Chart and Progress Notes Printout, 202
 Patient Chart Printout, 204
 Patient Proposed Treatment Case Report (Your Care Plan), 220
 Patient Route Slip, 226
 Patient Treatment Case Report, 228
 Payment Agreement Amortization Schedule, 232
 Perio - Combined Graphic & Data Chart Report, 238
 Perio - Data Chart Report, 240
 Perio - Exam Comparison Report, 242
 Perio - Graphic Chart Report, 244
 Perio - Pocket Depths Only Report, 246
 Practice Treatment Case Report, 258
 Referral Recap Report, 296
 Treatment Case Report, 326
 Truth in Lending Disclosure Statement, 332
 Walkout - Doctor's Statement, 368
 Walkout - Family Walkout, 370



Information

Appointment Book View Printout, 14
 Assigned Rights Report, 24
 Audit Report - Appointments, 26
 Audit Report - Audit Log Status, 28
 Audit Report - Clinics, 30
 Audit Report - Combined, 32
 Audit Report - Patients, 34
 Audit Report - Providers/Staff, 36
 Audit Report - Transactions, 38
 Audit Rights Report - Assigned Individually, 40
 Audit Rights Report - Assigned to Groups, 42
 Audit Rights Report - Group Names, 44
 Audit Rights Report - Users to Groups, 46
 Caries Prevalence and Periodontal Index Report, 52
 Clinical Notes Report, 64
 Clinical Quality Measures List, 66
 Continuing Care Display List, 76
 Credit Card Transaction Report, 80
 Credit Card Transaction Report, 80
 Daily Summary Report, 88

Dental Diagnostic Code List, 104
 Dental Encounters Report, 106
 Dental Encounters Report, 106
 Document Center - Documents List Report, 112
 Document Center Audit Documents Report, 114
 Document Center Document, 116
 Document Center Documents Audited Report, 118
 Document Center List, 120
 Employers and Employed Patients Report, 122
 Fee Schedules Report, 128
 Insurance Carrier List, 138
 Insurance Eligibility Report, 152
 Letter Merge Reports, 158
 Meaningful Use Measure Calculation List, 162
 Medical Code List, 186
 Multi-Code List, 188
 Office Journal Report, 192
 Oral Health Education Report, 198
 Patient Chart and Progress Notes Printout, 202
 Patient Chart Printout, 204
 Patient Health Assessment Report, 206
 Patient Information Accessed Report, 208
 Patient List (Filtered), 214
 Patient Notes Report, 216
 Patient Questionnaire, 222
 Perio Exam List, 248
 Periodontal Exam Report, 250
 Practice Organization List, 254
 Practice Statistics Report, 256
 Pre-Treatment Estimate Aging Report, 262
 Procedure Code List, 266
 Provider IDs List, 284
 Registration Information Report, 306
 RVU Schedules Report, 314
 UDS - Age/Gender Report, 334
 UDS - Encounters and Users by Selected Procedure Codes Report, 338
 UDS - Encounters by Provider Report, 340
 UDS - Insurance Financial Class Report, 342
 UDS - Insurance Financial Class Report (2013), 344
 UDS - Medicaid/Medicare Report, 346
 UDS - Patient Related Revenue Report, 348
 UDS - Patient Status Report, 350
 UDS - Sealant Statistics Report, 352
 UDS - Tobacco Use and Intervention Report, 354



Financial

Adjustment Summary Report, 4
 Aging/Credit Balance Report, 6
 Analysis Summary Report - Daily, 8
 Analysis Summary Report - Standard, 12
 Billing Statement, 48
 Clinical Quality Measures List, 66
 Collections Manager List, 70
 Coupon Book - Future Due Payments, 78

Coupon Book - Payment Agreements, 79
 Credit Card Transaction Report, 80
 Daily Summary Report, 88
 Day Sheet (Adjustments) Report, 90
 Day Sheet (Charges and Receipts) Report, 94
 Day Sheet (Receipts) Report, 98
 Day Sheet Report, 100
 Deposit Slip, 108
 Family Ledger Report, 124
 Family Ledger Report (Single Family), 126
 Fee Schedules Report, 128
 Finance Charge Report, 130
 Future Due Payment Plan Report - Monthly Totals, 132
 Future Due Payment Plan Report - Standard, 134
 Insurance Claim Aging Report, 146
 Insurance Claims Not Sent Report, 148
 Insurance Coverage Tables Report, 150
 Insurance Eligibility Report, 152
 Insurance Transaction Analysis Report, 154
 Late Charge Report, 156
 Letter Merge Reports, 158
 Meaningful Use Measure Calculation List, 162
 Operator Day Sheet Report, 194
 Patient Ledger Report, 210
 Patient Proposed Treatment Case Report (Your Care Plan), 220
 Patient Revenue List by Payer Report, 224
 Patient Route Slip, 226
 Patient Treatment Case Report, 228
 Patient's Ledger Report, 230
 Payment Agreement Report, 234
 Payment Summary Report, 236
 Practice Analysis Report, 252
 Practice Treatment Case Report, 258
 Pre-Treatment Estimates Not Sent Report, 264
 Procedures by Contracted Amount Report, 268
 Procedures Not Attached to Insurance Report, 270
 Provider A/R Totals - Daily Report, 276
 Provider A/R Totals - Standard Report, 278
 Provider Revenue - Allocations Report, 286
 Provider Revenue - Charges Report, 288
 Provider Revenue - Credits Report, 290
 Provider Revenue - Summary Report, 292
 Referred By Doctor/Other Report, 300
 Referred By Patient Report, 302
 RVU Day Sheet Report, 308
 RVU Production Summary Report, 310
 RVU Schedules Report, 314
 RVU Utilization Report, 316
 Secondary Insurance Claims Not Created Report, 318
 Secondary Pre-Treatment Estimates Not Created Report, 320
 Standard Coverage Tables Report, 322
 Suspended Credits Report, 324
 Treatment Case Report, 326
 Truth in Lending Disclosure Statement, 332
 Unscheduled Treatment Plans (Condensed) Report, 360
 Unscheduled Treatment Plans (Detailed) Report, 362
 Updated Dental Insurance Payment Table Report, 364
 Utilization Report, 366



Production

Analysis Summary Report - Daily, 8
 Analysis Summary Report - Standard, 12
 Appointment Reminder Cards, 18
 Appointment Statistics Report, 20
 As Soon As Possible List, 22
 Continuing Care Cards - No Appointment, 74
 Continuing Care Cards - with Appointment, 75
 Daily Appointment List (DX1), 84
 Daily Appointment List Report, 86
 Daily Summary Report, 88
 Day Sheet (Charges and Receipts) Report, 94
 Dental Encounters Report, 106
 Insurance Carrier Production - Full Report, 142
 Insurance Carrier Production - Summary Report, 144
 Letter Merge Reports, 158
 New Patient List, 190
 Patient List, 212
 Patient Revenue List by Payer Report, 224
 Patient Revenue List by Payer Report, 224
 Procedures by Contracted Amount Report, 268
 Production Summary Report, 272
 Referral Analysis Report, 294
 Referred By Doctor/Other Report, 300
 Referred By Patient Report, 302
 Referred To Doctor Report, 304
 RVU Day Sheet Report, 308
 RVU Production Summary Report, 310
 RVU Utilization Report, 316
 Treatment Plan Approval Report, 328
 Treatment Plan Approval Status Report, 330
 Unscheduled Appointment List (DX1), 356
 Unscheduled Appointment List (OM), 358
 Unscheduled Treatment Plans (Condensed) Report, 360
 Unscheduled Treatment Plans (Detailed) Report, 362



Time

Appointment Cycle Time Report, 16
 Appointment Statistics Report, 20
 Continuing Care Cards - No Appointment, 74
 Continuing Care Cards - with Appointment, 75
 Deposit Slip, 108
 Letter Merge Reports, 158
 Prescription Printout, 260
 Referral Slip, 298

Index by When to Run a Report

Daily

Appointment Book View Printout, 14
 Appointment Cycle Time Report, 16
 As Soon As Possible List, 22
 Credit Card Transaction Report, 80
 Daily Appointment List (DX1), 84
 Daily Appointment List Report, 86
 Daily Summary Report, 88
 Day Sheet (Adjustments) Report, 90
 Day Sheet (Charges and Receipts) Report, 94
 Day Sheet (Receipts) Report, 98
 Day Sheet Report, 100
 Deposit Slip, 108
 Document Center Documents Audited Report, 118
 Insurance Claims Not Sent Report, 148
 Insurance Eligibility Report, 152
 Operator Day Sheet Report, 194
 Operatory Appointment List Report, 196
 Patient Route Slip, 226
 Pre-Treatment Estimates Not Sent Report, 264
 Procedures Not Attached to Insurance Report, 270
 Production Summary Report, 272
 Provider Revenue - Allocations Report, 286
 Provider Revenue - Charges Report, 288
 Provider Revenue - Credits Report, 290
 Provider Revenue - Summary Report, 292
 RVU Day Sheet Report, 308
 RVU Production Summary Report, 310
 Secondary Insurance Claims Not Created Report, 318
 Secondary Pre-Treatment Estimates Not Created Report, 320

Weekly

As Soon As Possible List, 22
 Insurance Claims Not Sent Report, 148
 Pre-Treatment Estimates Not Sent Report, 264
 Provider A/R Totals - Standard Report, 278
 Referral Recap Report, 296
 Secondary Insurance Claims Not Created Report, 318
 Secondary Pre-Treatment Estimates Not Created Report, 320
 Treatment Plan Approval Report, 328
 Treatment Plan Approval Status Report, 330
 Unscheduled Appointment List (DX1), 356
 Unscheduled Appointment List (OM), 358
 Unscheduled Treatment Plans (Condensed) Report, 360
 Unscheduled Treatment Plans (Detailed) Report, 362

Monthly

Aging/Credit Balance Report, 6
 Analysis Summary Report - Daily, 8
 Analysis Summary Report - Standard, 12
 Appointment Reminder Cards, 18
 Audit Report - Appointments, 26
 Audit Report - Audit Log Status, 28
 Audit Report - Clinics, 30
 Audit Report - Combined, 32
 Audit Report - Patients, 34
 Audit Report - Providers/Staff, 36

Audit Report - Transactions, 38
 Audit Rights Report - Assigned Individually, 40
 Audit Rights Report - Assigned to Groups, 42
 Audit Rights Report - Group Names, 44
 Audit Rights Report - Users to Groups, 46
 Billing Statement, 48
 Collections Manager List, 70
 Continuing Care Cards - No Appointment, 74
 Continuing Care Cards - with Appointment, 75
 Continuing Care Display List, 76
 Document Center Audit Documents Report, 114
 Finance Charge Report, 130
 Future Due Payment Plan Report - Monthly Totals, 132
 Future Due Payment Plan Report - Standard, 134
 Insurance Carrier Production - Full Report, 142
 Insurance Carrier Production - Summary Report, 144
 Insurance Claim Aging Report, 146
 Late Charge Report, 156
 New Patient List, 190
 Patient Information Accessed Report, 208
 Provider A/R Totals - Standard Report, 278
 Referral Recap Report, 296
 Suspended Credits Report, 324

Quarterly

Adjustment Summary Report, 4
 Caries Prevalence and Periodontal Index Report, 52
 Insurance Carrier Production - Full Report, 142
 Insurance Carrier Production - Summary Report, 144

Yearly

Adjustment Summary Report, 4
 Initial Health History Report, 136
 New Patient List, 190
 Oral Health Education Report, 198
 Periodontal Exam Report, 250
 Procedures by Contracted Amount Report, 268
 Production Summary Report, 272
 Provider A/R Totals - Standard Report, 278
 RVU Utilization Report, 316
 Utilization Report, 366

As Needed

Appointment Book View Printout, 14
 Appointment Reminder Cards, 18
 Appointment Statistics Report, 20
 Assigned Rights Report, 24
 Audit Report - Appointments, 26
 Audit Report - Audit Log Status, 28
 Audit Report - Clinics, 30
 Audit Report - Combined, 32
 Audit Report - Patients, 34
 Audit Report - Providers/Staff, 36
 Audit Report - Transactions, 38
 Audit Rights Report - Assigned Individually, 40
 Audit Rights Report - Assigned to Groups, 42
 Audit Rights Report - Group Names, 44
 Audit Rights Report - Users to Groups, 46
 Birthday List, 50
 Clinical Notes Report, 64

Clinical Quality Measures List, 66
 Continuing Care Display List, 76
 Coupon Book - Future Due Payments, 78
 Coupon Book - Payment Agreements, 79
 Credit Card Transaction Report, 80
 Custom Practice Information Report, 82
 Dental Diagnostic Code List, 104
 Dental Encounters Report, 106
 Document Center - Documents List Report, 112
 Document Center Audit Documents Report, 114
 Document Center Document, 116
 Document Center Documents Audited Report, 118
 Document Center List, 120
 Employers and Employed Patients Report, 122
 Family Ledger Report, 124
 Family Ledger Report (Single Family), 126
 Fee Schedules Report, 128
 Insurance Carrier List, 138
 Insurance Coverage Tables Report, 150
 Insurance Transaction Analysis Report, 154
 Letter Merge Reports, 158
 Meaningful Use Measure Calculation List, 162
 Medical Code List, 186
 Multi-Code List, 188
 Office Journal Report, 192
 Oral Health Status Report, 200
 Patient Chart and Progress Notes Printout, 202
 Patient Chart Printout, 204
 Patient Health Assessment Report, 206
 Patient Information Accessed Report, 208
 Patient Ledger Report, 210
 Patient List, 212
 Patient List (Filtered), 214
 Patient Notes Report, 216
 Patient Proposed Treatment Case Report (Your Care Plan), 220
 Patient Revenue List by Payer Report, 224
 Patient Route Slip, 226
 Patient Treatment Case Report, 228
 Patient's Ledger Report, 230
 Payment Agreement Amortization Schedule, 232
 Payment Summary Report, 236
 Perio - Combined Graphic & Data Chart Report, 238
 Perio - Data Chart Report, 240
 Perio - Exam Comparison Report, 242
 Perio - Graphic Chart Report, 244
 Perio - Pocket Depths Only Report, 246
 Perio Exam List, 248
 Practice Analysis Report, 252
 Practice Organization List, 254
 Practice Statistics Report, 256
 Practice Treatment Case Report, 258
 Prescription Printout, 260
 Pre-Treatment Estimate Aging Report, 262
 Provider A/R Totals - Daily Report, 276
 Provider IDs List, 284
 Referral Analysis Report, 294
 Referred By Doctor/Other Report, 300
 Referred By Patient Report, 302
 Referred To Doctor Report, 304
 Registration Information Report, 306
 RVU Schedules Report, 314

RVU Utilization Report, 316
 Standard Coverage Tables Report, 322
 Treatment Case Report, 326
 Truth in Lending Disclosure Statement, 332
 UDS - Age/Gender Report, 334
 UDS - Encounters and Users by Selected Procedure Codes Report, 338
 UDS - Encounters by Provider Report, 340
 UDS - Insurance Financial Class Report, 342
 UDS - Insurance Financial Class Report (2013), 344
 UDS - Medicaid/Medicare Report, 346
 UDS - Patient Related Revenue Report, 348
 UDS - Patient Status Report, 350
 UDS - Sealant Statistics Report, 352
 UDS - Tobacco Use and Intervention Report, 354
 Updated Dental Insurance Payment Table Report, 364
 Utilization Report, 366
 Walkout - Doctor's Statement, 368

After ADA Codes are Updated

Procedure Code List, 266

After Creating a Payment Agreement

Coupon Book - Payment Agreements, 79
 Payment Agreement Amortization Schedule, 232
 Truth in Lending Disclosure Statement, 332

After Creating a Future Due Payment Plan

Coupon Book - Future Due Payments, 78

After Dentrax Enterprise Setup

Assigned Rights Report, 24
 Custom Practice Information Report, 82
 Dental Diagnostic Code List, 104
 Fee Schedules Report, 128
 Insurance Carrier List, 138
 Insurance Coverage Tables Report, 150
 Medical Code List, 186
 Multi-Code List, 188
 Procedure Code List, 266
 Provider IDs List, 284
 RVU Schedules Report, 314
 Updated Dental Insurance Payment Table Report, 364

After Entering a Referral

Referral Slip, 298

After Performing a Perio Exam

Perio - Combined Graphic & Data Chart Report, 238
 Perio - Data Chart Report, 240
 Perio - Exam Comparison Report, 242
 Perio - Graphic Chart Report, 244
 Perio - Pocket Depths Only Report, 246

As Frequently as Payments Are Required

Payment Agreement Report, 234

At Patient Check-Out

Referral Slip, 298
 Walkout - Doctor's Statement, 368
 Walkout - Family Walkout, 370

At the Beginning of Each Budgeting Cycle

Future Due Payment Plan Report - Monthly Totals, 132
 Future Due Payment Plan Report - Standard, 134
 Production Summary Report, 272

Before Month-End Close Out

Practice Analysis Report, 252

Semi-Monthly

Appointment Reminder Cards, 18

Billing Statement, 48

At Patient Check-In

Patient Questionnaire, 222

Index by Module

Any Module

Continuing Care Display List, 76

Any Module (Except Office Manager)

Patient Questionnaire, 222

Prescription Printout, 260

Appointment Book

Appointment Book View Printout, 14

Collections Manager

Collections Manager List, 70

Continuing Care

Continuing Care Display List, 76

Document Center

Document Center Document, 116

Document Center List, 120

DXOne Reporting

Adjustment Summary Report, 4
 Aging/Credit Balance Report, 6
 Analysis Summary Report - Daily, 8
 Analysis Summary Report - Standard, 12
 Appointment Cycle Time Report, 16
 Appointment Statistics Report, 20
 As Soon As Possible List, 22
 Assigned Rights Report, 24
 Audit Report - Appointments, 26
 Audit Report - Audit Log Status, 28
 Audit Report - Clinics, 30
 Audit Report - Combined, 32
 Audit Report - Patients, 34
 Audit Report - Providers/Staff, 36
 Audit Report - Transactions, 38
 Audit Rights Report - Assigned Individually, 40
 Audit Rights Report - Assigned to Groups, 42
 Audit Rights Report - Group Names, 44
 Audit Rights Report - Users to Groups, 46
 Birthday List, 50
 Caries Prevalence and Periodontal Index Report, 52
 Clinical Notes Report, 64
 Credit Card Transaction Report, 80
 Daily Appointment List (DX1), 84
 Daily Summary Report, 88
 Day Sheet (Adjustments) Report, 90
 Day Sheet (Receipts) Report, 98
 Day Sheet Report, 100
 Dental Encounters Report, 106
 Deposit Slip, 108
 Document Center - Documents List Report, 112
 Employers and Employed Patients Report, 122
 Fee Schedules Report, 128
 Finance Charge Report, 130
 Initial Health History Report, 136
 Insurance Carrier List, 138
 Insurance Carrier Production - Full Report, 142
 Insurance Carrier Production - Summary Report, 144
 Insurance Claim Aging Report, 146
 Insurance Claims Not Sent Report, 148
 Insurance Transaction Analysis Report, 154
 Oral Health Education Report, 198

Oral Health Status Report, 200

Patient Health Assessment Report, 206

Patient Information Accessed Report, 208

Patient List, 212

Patient Revenue List by Payer Report, 224

Payment Summary Report, 236

Periodontal Exam Report, 250

Practice Analysis Report, 252

Practice Organization List, 254

Practice Statistics Report, 256

Pre-Treatment Estimate Aging Report, 262

Pre-Treatment Estimates Not Sent Report, 264

Procedures by Contracted Amount Report, 268

Procedures Not Attached to Insurance Report, 270

Production Summary Report, 272

Provider A/R Totals - Daily Report, 276

Provider A/R Totals - Standard Report, 278

Provider IDs List, 284

Provider Revenue - Allocations Report, 286

Provider Revenue - Charges Report, 288

Provider Revenue - Credits Report, 290

Provider Revenue - Summary Report, 292

Referral Analysis Report, 294

Referred By Doctor/Other Report, 300

Referred By Patient Report, 302

Referred To Doctor Report, 304

RVU Day Sheet Report, 308

RVU Production Summary Report, 310

RVU Schedules Report, 314

RVU Utilization Report, 316

Secondary Insurance Claims Not Created Report, 318

Secondary Pre-Treatment Estimates Not Created Report, 320

Suspended Credits Report, 324

UDS - Age/Gender Report, 334

UDS - Encounters and Users by Selected Procedure Codes Report, 338

UDS - Encounters by Provider Report, 340

UDS - Insurance Financial Class Report (2013), 344

UDS - Insurance Financial Class Report, 342

UDS - Medicaid/Medicare Report, 346

UDS - Patient Related Revenue Report, 348

UDS - Patient Status Report, 350

UDS - Sealant Statistics Report, 352

UDS - Tobacco Use and Intervention Report, 354

Unscheduled Appointment List (DX1), 356

Utilization Report, 366

Family File

Clinical Notes Report, 64

Ledger

Appointment Reminder Cards, 18

Clinical Notes Report, 64

Coupon Book - Future Due Payments, 78

Coupon Book - Payment Agreements, 79

Patient Ledger Report, 210

Payment Agreement Amortization Schedule, 232

Referral Recap Report, 296

Truth in Lending Disclosure Statement, 332

Walkout - Doctor's Statement, 368

Walkout - Family Walkout, 370

Letters

Letter Merge Reports, 158

Office Journal

Office Journal Report, 192

Office Manager

Billing Statement, 48

Clinical Quality Measures List, 66

Continuing Care Cards - No Appointment, 74

Continuing Care Cards - with Appointment, 75

Custom Practice Information Report, 82

Daily Appointment List Report, 86

Day Sheet (Charges and Receipts) Report, 94

Dental Diagnostic Code List, 104

Document Center Audit Documents Report, 114

Document Center Documents Audited Report, 118

Family Ledger Report, 124

Family Ledger Report (Single Family), 126

Future Due Payment Plan Report - Monthly Totals, 132

Future Due Payment Plan Report - Standard, 134

Insurance Coverage Tables Report, 150

Insurance Eligibility Report, 152

Late Charge Report, 156

Letter Merge Reports, 158

Meaningful Use Measure Calculation List, 162

Medical Code List, 186

Multi-Code List, 188

New Patient List, 190

Operator Day Sheet Report, 194

Operatory Appointment List Report, 196

Patient List (Filtered), 214

Patient Notes Report, 216

Patient Route Slip, 226

Patient's Ledger Report, 230

Payment Agreement Report, 234

Procedure Code List, 266

Referral Recap Report, 296

Registration Information Report, 306

Standard Coverage Tables Report, 322

Treatment Plan Approval Report, 328

Treatment Plan Approval Status Report, 330

Unscheduled Appointment List (OM), 358

Unscheduled Treatment Plans (Condensed) Report, 360

Unscheduled Treatment Plans (Detailed) Report, 362

Updated Dental Insurance Payment Table Report, 364

Patient Chart

Clinical Notes Report, 64

Patient Chart and Progress Notes Printout, 202

Patient Chart Printout, 204

Patient Health Assessment Report, 206

Referral Recap Report, 296

Referral Slip, 298

Patient Questionnaire

Patient Questionnaire, 222

Perio Chart

Perio - Combined Graphic & Data Chart Report, 238

Perio - Data Chart Report, 240

Perio - Exam Comparison Report, 242

Perio - Graphic Chart Report, 244

Perio - Pocket Depths Only Report, 246

Perio Exam List, 248

Prescriptions

Prescription Printout, 260

Treatment Planner

Patient Proposed Treatment Case Report (Your Care Plan), 220

Patient Treatment Case Report, 228

Practice Treatment Case Report, 258

Treatment Case Report, 326

Index of Filters by Report

Adjustment Summary Report, 4

- Adjustment Types
- Billing Types
- Collecting Clinics
- Date Type
- Dates
- Patient Tags
- Providers
- Rendering Clinics

Aging/Credit Balance Report, 6

- Balance as of Date
- Balances
- Billing Types
- Clinics
- Date Type
- Days Past Due
- Guarantors
- Include Guarantor Notes
- Last Payment Before Date
- Patient Tags
- Providers

Analysis Summary Report - Daily, 8

- Billing Types
- Clinics
- Date Type
- Dates
- Patient Tags
- Providers
- Staff

Analysis Summary Report - Standard, 12

- Billing Types
- Clinics
- Date Type
- Dates
- Patient Tags
- Providers
- Staff

Appointment Book View Printout, 14

- Dates
- Operatories
- Providers
- Time

Appointment Cycle Time Report, 16

- Appointment Providers
- Appointment Statuses
- Clinics
- Dates
- In-operator Appointment Statuses
- Patient Tags

Appointment Reminder Cards, 18

- N/A

Appointment Statistics Report, 20

- Appointment Providers
- Appointment Status Duration
- Appointment Statuses
- Clinics

- Dates
- Maximum Appointment Status Duration (Cap)
- Maximum Duration of Appointments in Status Range (Cap)
- Time Zone

As Soon As Possible List, 22

- Appointment Providers
- Dates
- Patient Tags
- Primary Providers
- Time Zone

Assigned Rights Report, 24

- Clinics
- Rights
- Users

Audit Report - Appointments, 26

- Changes
- Dates
- Operatories
- Patient Tags
- Patients
- Time Zone
- Users Changed

Audit Report - Audit Log Status, 28

- Dates
- Time Zone
- Users

Audit Report - Clinics, 30

- Changes
- Clinics
- Dates
- Time Zone
- Users Changed

Audit Report - Combined, 32

- Actions
- Changes
- Clinics
- Dates
- Patient Tags
- Patients
- Time Zone
- Users Changed

Audit Report - Patients, 34

- Changes
- Clinics
- Dates
- Patient Tags
- Patients
- Time Zone
- Users Changed

Audit Report - Providers/Staff, 36

- Changes
- Clinics
- Dates
- Providers
- Staff

- Time Zone
- Users Changed
- Audit Report - Transactions, 38**
 - Changes
 - Clinics
 - Dates
 - Patient Tags
 - Patients
 - Time Zone
 - Users Changed
- Audit Rights Report - Assigned Individually, 40**
 - Clinics
 - Dates
 - Rights
 - Time Zone
 - Users
 - Users Changed
- Audit Rights Report - Assigned to Groups, 42**
 - Clinics
 - Dates
 - Rights
 - Time Zone
 - Users
 - Users Changed
- Audit Rights Report - Group Names, 44**
 - Dates
 - Time Zone
 - User Groups
 - Users Changed
- Audit Rights Report - Users to Groups, 46**
 - Clinics
 - Dates
 - Time Zone
 - User Groups
 - Users
 - Users Changed
- Billing Statement, 48**
 - Balance Forward Date
 - Billing Types
 - Guarantors
 - If not Billed since Date
 - Minimum Balance to Bill
 - Only Bill Aged Accounts
 - Primary Providers
 - Skip Account with Claim Pending
 - Skip Accounts with Claim Pending if Patient Portion Less than Amount
- Birthday List, 50**
 - Billing Types
 - Birth Dates
 - Clinics
 - Patient Tags
 - Patients
 - Providers
 - Search as Date Range
 - Staff
- Caries Prevalence and Periodontal Index Report, 52**
 - Clinics
 - Dates

- Clinical Notes Report, 64**
 - Approval Status
 - Clinics
 - Dates
 - Encounter Numbers
 - Patient Tags
 - Patients
 - Providers
 - Staff
 - Time Zone
- Clinical Quality Measures List, 66**
 - Dates
 - Providers
- Collections Manager List, 70**
 - Billing Types
 - Clinics
 - Guarantors
 - Insurance Minimum Days Past Due
 - Last Payment Before Date
 - Minimum Balance
 - Minimum Days Past Due
 - Not Billed Since Date
 - Number of Missed Payments
 - Pending Claims
 - Previous Office Journal Entry Before Date
 - Providers
- Continuing Care Cards - No Appointment, 74**
 - Appointment without Continuing Care Type Attached
 - Continuing Care Type
 - Due Dates
- Continuing Care Cards - with Appointment, 75**
 - Appointment Dates
 - Appointment with Continuing Care Attached
 - Continuing Care Type
 - Existing Patients with Appointment in Date Range
- Continuing Care Display List, 76**
 - Billing Types
 - Clinics
 - Continuing Care Status
 - Continuing Care Type
 - Due Dates
 - Last Visit Dates
 - Prior Treatment Dates
 - Providers
 - Scheduled Appointment
 - Unscheduled Appointment
- Coupon Book - Future Due Payments, 78**
 - N/A
- Coupon Book - Payment Agreements, 79**
 - N/A
- Credit Card Transaction Report, 80**
 - Billing Types
 - Dates
 - Include Refunds
 - Include Voids
 - Operators
 - Patient Tags
- Custom Practice Information Report, 82**
 - N/A

Daily Appointment List (DX1), 84

- Appointment Providers
- Clinics
- Dates
- Exclude Chart-Pulled Appointments
- Operatories
- Patient Tags
- Patients
- Providers

Daily Appointment List Report, 86

- Dates
- Exclude Chart-Pulled Appointments
- Operatories
- Patients
- Providers

Daily Summary Report, 88

- Adjustment Types
- Billing Types
- Clinics
- Date Type
- Dates
- Patient Tags
- Payment Types
- Time Zone

Day Sheet (Adjustments) Report, 90

- Adjustment Types
- Billing Types
- Clinics
- Date Type
- Dates
- Patient Tags
- Providers

Day Sheet (Charges and Receipts) Report, 94

- Billing Types
- Clinics
- Dates
- Operatories
- Providers

Day Sheet (Receipts) Report, 98

- Billing Types
- Chart Numbers
- Clinics
- Date Type
- Dates
- Patient Tags
- Payment Types
- Providers

Day Sheet Report, 100

- Billing Types
- Clinics
- Date Type
- Dates
- Patient Tags
- Providers
- Staff

Dental Diagnostic Code List, 104

- N/A

Dental Encounters Report, 106

- Clinics
- Date Type
- Insurance Carriers

- Patient Tags
- Patients
- Procedure Dates
- Providers

Deposit Slip, 108

- Billing Types
- Clinics
- Date Type
- Dates
- Operatories
- Patient Tags
- Payment Types

Document Center - Documents List Report, 112

- Attached Dates
- Clinics
- Dental Insurance Plans
- Document Center Paths
- Employers
- Medical Insurance Plans
- Patient Tags
- Patients
- Providers
- Refer to Patients
- Referral Sources
- Signed Dates
- Staff
- Users

Document Center Audit Documents Report, 114

- Dental Insurance Plan Attachment
- Employer Attachment
- Medical Insurance Plan Attachment
- Patient Attachment
- Provider/Staff Attachment
- Referred By Attachment
- Referred To Attachment
- Scan Dates

Document Center Document, 116

- N/A

Document Center Documents Audited Report, 118

- Audit Dates
- Clinics
- Dental Insurance Plan Attachment
- Employer Attachment
- Error Types
- Medical Insurance Plan Attachment
- Patient Attachment
- Provider/Staff Attachment
- Referred By Attachment
- Referred To Attachment
- Scan Dates
- Users

Document Center List, 120

- N/A

Employers and Employed Patients Report, 122

- Clinics
- Employers
- Include Employees
- Providers
- Staff

Family Ledger Report, 124

- Billing Types

First Transaction Date

Guarantors

Providers

Family Ledger Report (Single Family), 126

First Transaction Date

Fee Schedules Report, 128

ADA Codes

Fee Schedule

Finance Charge Report, 130

Billing Types

Clinics

Date Type

Dates

Patient Tags

Providers

Staff

Future Due Payment Plan Report - Monthly Totals, 132

Billing Types

Dates

Guarantors

Providers

Future Due Payment Plan Report - Standard, 134

Billing Types

Dates

Guarantors

Providers

Initial Health History Report, 136

ADA Codes

Ages

Clinics

Conditions

Date Type

Dates

Include Completed Procedures Only

Include Detail

Include Patients in Numerator Only if Exist in

Denominator

Patient Tags

Providers

Insurance Carrier List, 138

Clinics

Financial Classes

Include All Patients

Include Provider IDs

Include Subscribers

Insurance Carriers

Insurance Type

Insurance Carrier Production - Full Report, 142

Clinics

Date Type

Dates

Financial Classes

Insurance Carriers

Insurance Type

Patient Tags

Patients

Providers

Insurance Carrier Production - Summary Report, 144

Clinics

Date Type

Dates

Financial Classes

Insurance Carriers

Insurance Type

Patient Tags

Patients

Providers

Insurance Claim Aging Report, 146

Age Amount Outstanding

Age Insurance Estimate

Age Total Billed

Billing Types

Clinics

Insurance Carriers

Insurance Type

Minimum Days Past Due

Patient Tags

Patients

Providers

Show Open Claims Only

Insurance Claims Not Sent Report, 148

Billing Types

Clinics

Dates

Insurance Carriers

Insurance Type

Patient Tags

Patients

Providers

Staff

Insurance Coverage Tables Report, 150

N/A

Insurance Eligibility Report, 152

Appointment Dates

Clinics

Employers

Insurance Carriers

Patients

Providers

Insurance Transaction Analysis Report, 154

Billing Provider

Billing Types

Charge Date

Charge Provider

Claim Received Date

Claim Rendering Provider

Claim Sent Date

Clinics

Date Type

Dates

Display Allocate Date for Payments

Financial Classes

Include Charge Adjustments

Include Charges

Include Credit Adjustments

Include Grand Totals

Include Insurance Payments

Include Patient Payments

- Include Quaternary Claims
- Include Secondary Claims
- Include Subtotals by Carrier
- Include Tertiary Claims
- Insurance Carriers
- Insurance Type
- Patient Tags
- Pay To Provider
- Providers

Late Charge Report, 156

- Billing Types
- Clinics
- Date Type
- Dates
- Patient Tags
- Providers
- Staff

Letter Merge Reports, 158

- 0 Account Balance
- ADA Codes
- Allergies
- Amount Aged <30
- Amount Aged <60
- Amount Aged <90
- Amount Aged <90+
- Appointment Dates
- Balances
- Billing Types
- Birthday Days
- Birthday Months
- Birthday Years
- Cities
- Clinics
- Completed Procedures
- Consent Dates
- Continuing Care Attached to Appointment
- Continuing Care Due Dates
- Continuing Care Prior Treatment Dates
- Continuing Care Type
- Continuing Care not Attached to Appointment
- Credit Balance
- Employers
- Existing Patients with Appointments in Date Range
- Existing Patients with no Appointments in Date Range
- Existing Procedures
- First Visit Dates
- Insurance Carriers
- Last Payment Plan Payment Dates
- Last Referral Dates
- Last Visit Dates
- Medical Alerts
- Medications
- No Insurance Coverage
- Note Texts
- Only Guarantors
- Patient Gender
- Patient Marital Status
- Patient Names
- Patient Status
- Payment Plan Balances
- Primary Insurance Coverage

- Privacy Requests for no Correspondence for Patients and Guarantors
- Privacy Requests for no Correspondence for Referred by Patients
- Procedure Dates
- Prospective Patients with Appointments in Date Range
- Providers
- Referred by Dates
- Referred by Doctor/Other
- Referred by Patient
- Referred by Sources
- Referred to Dates
- Referred to Names
- Remaining Insurance Benefit Amounts
- Secondary Insurance Coverage
- Treatment-planned Procedures
- ZIP Codes

Meaningful Use Measure Calculation List, 162

- Alternative Measure for CPOE
- Alternative Measure for Vital Signs
- Blood Pressure
- Dates
- Height/Length and Weight
- Meaningful Use Stages
- Providers

Medical Code List, 186

- AMA CPT Codes
- ICD-10CM Codes
- ICD-9CM Codes
- Modifier Codes
- Place of Service Codes
- Type of Service Codes

Multi-Code List, 188

- Multi-Codes

New Patient List, 190

- First Visit Dates
- Patients
- Providers

Office Journal Report, 192

- N/A

Operator Day Sheet Report, 194

- N/A

Operatory Appointment List Report, 196

- Dates
- Operatories
- Patients
- Providers

Oral Health Education Report, 198

- ADA Codes
- Ages
- Clinics
- Conditions
- Date Type
- Dates
- Include Completed Procedures Only
- Include Detail
- Include Patients in Numerator Only if Exist in Denominator
- Patient Tags
- Providers

Oral Health Status Report, 200

- Ages
- Caries Risk
- Clinics
- Dates
- Diabetes
- Dry Mouth
- Oral Health Statuses
- Patient Tags
- Providers
- Tobacco Use

Patient Chart and Progress Notes Printout, 202

- N/A

Patient Chart Printout, 204

- N/A

Patient Health Assessment Report, 206

- Clinics
- Dates
- Patient Tags
- Patients

Patient Information Accessed Report, 208

- Clinics
- Dates
- Families
- Modules
- Patient Tags
- Patients
- Time Zone
- Users Changed

Patient Ledger Report, 210

- Billing Types
- First Transaction Date
- Patients
- Providers

Patient List, 212

- Billing Types
- Clinics
- Last Visit Before Date
- No Continuing Care and no Future Appointments
- Patient Statuses
- Patient Tags
- Patients
- Providers

Patient List (Filtered), 214

- Ages
- Allergies
- Clinics
- Completed Procedures
- Continuing Care
- Dates
- Ethnicity
- Gender
- Homeless Status
- ICD-9-CM Diagnostic Codes
- Laboratory Test Results
- Language
- Medical Alerts
- Medications
- Poverty Level
- Preferred Contact Method
- Prescriptions
- Primary Provider

- Race
- Religion
- User Defined Category
- Veteran Status
- Worker Status

Patient Notes Report, 216

- Billing Types
- Dates (for Appointment Notes)
- Dates (for Clinical Notes)
- Dates (for Patient Alert Notes)
- Dates (for Perio Exam Notes)
- Only Guarantors
- Patients
- Providers

Patient Proposed Treatment Case Report (Your Care Plan), 220

- N/A

Patient Questionnaire, 222

- N/A

Patient Revenue List by Payer Report, 224

- Clinics
- Date Type
- Dates
- Patient Statuses
- Patient Tags
- Patients

Patient Route Slip, 226

- N/A

Patient Treatment Case Report, 228

- Case Severity
- Case Status
- Expiration Dates
- Procedure Dates
- Providers

Patient's Ledger Report, 230

- N/A

Payment Agreement Amortization Schedule, 232

- N/A

Payment Agreement Report, 234

- Billing Types
- Clinics
- Guarantors
- Number of Payments Missed
- Payment Agreement Dates
- Payment Agreement Intervals
- Previous Payment Due Date
- Providers
- Remaining Balances
- Remaining Number of Payments

Payment Summary Report, 236

- Billing Types
- Collecting Clinics
- Date Type
- Dates
- Patient Tags
- Payment Types
- Providers
- Rendering Clinics

Perio - Combined Graphic & Data Chart Report, 238

- N/A

Perio - Data Chart Report, 240

N/A

Perio - Exam Comparison Report, 242

N/A

Perio - Graphic Chart Report, 244

N/A

Perio - Pocket Depths Only Report, 246

N/A

Perio Exam List, 248

Dates

Patients

Periodontal Exam Report, 250

ADA Codes

Ages

Clinics

Conditions

Date Type

Dates

Include Completed Procedures Only

Include Detail

Include Patients in Numerator Only if Exist in

Denominator

Patient Tags

Providers

Practice Analysis Report, 252

Clinics

Date Type

Dates

Providers

Staff

Practice Organization List, 254

Clinics

Providers

Staff

Practice Statistics Report, 256

Age Statistics

Clinics

Continuing Care Statistics

New Patient Statistics

Patient Statistics

Prophy Types

Provider Statistics

Providers

Staff

ZIP Code Statistics

Practice Treatment Case Report, 258

Billing Types

Case Severity

Case Status

Expiration Dates

Patients

Procedure Dates

Providers

Prescription Printout, 260

N/A

Pre-Treatment Estimate Aging Report, 262

Age Insurance Estimate

Age Total Billed

Billing Types

Clinics

Insurance Carriers

Insurance Type

Minimum Days Past Due

Patient Tags

Patients

Providers

Staff

Pre-Treatment Estimates Not Sent Report, 264

Billing Types

Clinics

Dates

Insurance Carriers

Insurance Type

Patient Tags

Patients

Providers

Staff

Procedure Code List, 266

Procedure Codes

Procedures by Contracted Amount Report, 268

Clinics

Date Type

Dates

Patient Statuses

Patient Tags

Patients

Procedures Not Attached to Insurance Report, 270

Billing Types

Clinics

Dates

Insurance Type

Patient Tags

Patients

Providers

Staff

With a Medical Claim (Received)

With a Medical Claim (Sent or Received)

With a Medical Claim (Sent)

With or Without a Medical Claim

Without a Medical Claim

Production Summary Report, 272

ADA Codes

Billing Types

Clinics

Date Type

Dates

Include Patient Detail

Patient Tags

Production Categories

Providers

Separate Totals for Medicaid and Non-Medicaid

Patients

Staff

Provider A/R Totals - Daily Report, 276

ADA Codes

Billing Types

Collecting Clinics

Collections Date Type

Date Type

Dates

Include Adjustment Type List

Providers

Rendering Clinics

Provider A/R Totals - Standard Report, 278

- ADA Codes
- Billing Types
- Collecting Clinics
- Collections Date Type
- Date Type
- Dates
- Include Adjustment Type List
- Providers
- Rendering Clinics

Provider IDs List, 284

- Clinics
- Insurance Carriers
- Insurance Types
- Providers
- Staff

Provider Revenue - Allocations Report, 286

- Allocations
- Allocations for Credits Not Posted
- Allocations for Credits Posted
- Allocations for Previously Suspended Credits
- Billing Types
- Collecting Clinics
- Credit Adjustment Types
- Dates
- Guarantors
- Patient Tags
- Payment Types
- Providers
- Rendering Clinics

Provider Revenue - Charges Report, 288

- Allocations
- Allocations for Credits Not Posted
- Allocations for Credits Posted
- Allocations for Previously Suspended Credits
- Billing Types
- Collecting Clinics
- Credit Adjustment Types
- Dates
- Guarantors
- Patient Tags
- Payment Types
- Providers
- Rendering Clinics

Provider Revenue - Credits Report, 290

- Allocations
- Allocations for Credits Not Posted
- Allocations for Credits Posted
- Allocations for Previously Suspended Credits
- Billing Types
- Collecting Clinics
- Credit Adjustment Types
- Dates
- Guarantors
- Patient Tags
- Payment Types
- Providers
- Rendering Clinics

Provider Revenue - Summary Report, 292

- Allocations
- Allocations for Credits Not Posted
- Allocations for Credits Posted

- Allocations for Previously Suspended Credits
- Billing Types
- Collecting Clinics
- Credit Adjustment Types
- Dates
- Guarantors
- Patient Tags
- Payment Types
- Providers
- Rendering Clinics

Referral Analysis Report, 294

- Clinics
- Date Type
- First Visit Dates
- Patient Tags
- Providers
- Treatment Dates

Referral Recap Report, 296

- ADA Codes
- Billing Types
- Completed Work Dates
- Patients
- Providers
- Referral Sources

Referral Slip, 298

- N/A

Referred By Doctor/Other Report, 300

- ADA Codes
- Include All Referral Sources
- Patients with No Production or Treatment-planned
- Procedures
- Production Dates
- Providers
- Referral Dates
- Referring Doctors/Others
- Skip Non-persons

Referred By Patient Report, 302

- Production Dates
- Providers
- Referral Dates
- Referring Patients

Referred To Doctor Report, 304

- ADA Codes
- Clinics
- Days Referred Out
- Include All Referral Sources
- Include Patients without Production
- Providers
- Refer to Doctors
- Referral Dates
- Referral Status

Registration Information Report, 306

- N/A

RVU Day Sheet Report, 308

- Billing Types
- Clinics
- Date Type
- Dates
- Exclude RVU Fees Equal to Zero
- Include Procedures
- Patient Tags
- Providers

Staff	
Subtract Lab Expenses	
Unique Patient Count	
Unique Visit Count	
RVU Production Summary Report, 310	
ADA Codes	
Billing Types	
Clinics	
Date Type	
Dates	
Include Patient Detail	
Patient Tags	
Procedure Categories	
Providers	
Staff	
Subtract Lab Expenses	
RVU Schedules Report, 314	
ADA Codes	
RVU Schedules	
RVU Utilization Report, 316	
ADA Codes	
Billing Types	
Clinics	
Compare Fee Schedule with Co-pay (from Coverage Table)	
Compare Fee Schedule with Transaction Amount	
Date Type	
Dates	
Include All Procedures	
Include Only Procedures in Coverage Table	
Insurance Carriers	
Insurance Plan Totals Only	
Patient Tags	
Providers	
RVU Schedule	
Staff	
Secondary Insurance Claims Not Created Report, 318	
Billing Types	
Clinics	
Dates	
Include Primary Claims not Received	
Insurance Carriers	
Insurance Type	
Patient Tags	
Patients	
Providers	
Staff	
Secondary Pre-Treatment Estimates Not Created Report, 320	
Billing Types	
Clinics	
Dates	
Include Primary Pre-treatment Estimates Not Received	
Insurance Carriers	
Patient Tags	
Patients	
Providers	
Standard Coverage Tables Report, 322	
Coverage Tables	
Suspended Credits Report, 324	
Billing Types	
Clinics	
Date Type	
Dates	
Guarantors	
Patient Tags	
Treatment Case Report, 326	
Visits	
Treatment Plan Approval Report, 328	
Clinics	
Dates	
Employers	
Insurance Carriers	
Patients	
Providers	
Starting Treatment Plan Amount	
Treatment Plan Approval Status Report, 330	
Approval Status	
Clinics	
Dates	
Employers	
Insurance Carriers	
Only Search for Procedures that Have Had a Pre-treatment Estimate Created	
Patients	
Procedures	
Providers	
Starting Treatment Plan Amount	
Truth in Lending Disclosure Statement, 332	
N/A	
UDS - Age/Gender Report, 334	
ADA Codes	
Ages	
Billing Types	
Calculate Ages Based On UDS Report Requirements (as of June 30th)	
Clinics	
Date Type	
Dates	
Include Patient Info	
Patient Tags	
Providers	
UDS - Encounters and Users by Selected Procedure Codes Report, 338	
ADA Codes	
Billing Types	
Clinics	
Date Type	
Dates	
Include Patient Info	
Patient Tags	
Providers	
UDS - Encounters by Provider Report, 340	
ADA Codes	
Billing Types	
Clinics	
Date Type	
Dates	
Include Patient Info	

Patient Tags
Providers

UDS - Insurance Financial Class Report, 342

ADA Codes
Billing Types
Clinics
Date Type
Dates
Financial Classes
Include Patient Info
Providers

UDS - Insurance Financial Class Report (2013), 344

ADA Codes
Age Group 1 Cutoff
Billing Types
Clinics
Date Type
Dates
Financial Classes
Include Age Groups (as of June 30th)
Include Patient Info
Insurance Types
Patient Tags
Providers

UDS - Medicaid/Medicare Report, 346

Age Group 1 Cutoff
Dates
Financial Classes
Include Age Groups (as of June 30th)
Include Patient Info

UDS - Patient Related Revenue Report, 348

ADA Codes
Adjustment Types
Clinics
Dates
Fee Schedules
Financial Classes
Include Patient Info
Include Suspended Payments and Adjustments
Providers
Staff

UDS - Patient Status Report, 350

ADA Codes
Billing Types
Clinics
Date Type
Dates
Ethnicities
Gender Identities
Health Insurances
Homeless Status
Housing Statuses
Include Patient Info
Languages
Patient Tags
Poverty Level
Providers
Races
Religions
Sexual Orientations
User-defined Category
Veteran Status

Worker Status
ZIP Codes

UDS - Sealant Statistics Report, 352

ADA Codes
Birth Dates
Caries Risk Codes
Dates
Include Patient Info
Sealant Codes
Sealant Ineligibility Codes
Visit Codes

UDS - Tobacco Use and Intervention Report, 354

Billing Types
Clinics
Dates
Include Patient Info
Providers

Unscheduled Appointment List (DX1), 356

Clinics
Dates
Include Appointment Break Reason
Patient Tags
Providers
Time Zone

Unscheduled Appointment List (OM), 358

Providers
Unscheduled Appointment Dates

Unscheduled Treatment Plans (Condensed) Report, 360

Dates
Exclude Non-referred Procedures
Exclude Referred by Procedures
Exclude Referred to Procedures
Patients
Primary Providers
Treatment Plan Providers

Unscheduled Treatment Plans (Detailed) Report, 362

Dates
Exclude Non-referred Procedures
Exclude Referred by Procedures
Exclude Referred to Procedures
Patients
Primary Providers
Treatment Plan Providers

Updated Dental Insurance Payment Table Report, 364

Insurance Carriers

Utilization Report, 366

ADA Codes
Billing Types
Clinics
Compare Fee Schedule with Co-pay (from Coverage Table)
Compare Fee Schedule with Transaction Amount
Date Type
Dates
Fee Schedule
Include All Procedures
Include Only Procedures in Coverage Table
Insurance Carriers

Insurance Plan Totals Only
Patient Tags
Providers
Staff
Walkout - Doctor's Statement, 368
N/A
Walkout - Family Walkout, 370
N/A

Index by Filter

0 Account Balance

Letter Merge Reports, 158

Actions

Audit Report - Combined, 32

ADA Codes

Fee Schedules Report, 128

Initial Health History Report, 136

Letter Merge Reports, 158

Oral Health Education Report, 198

Periodontal Exam Report, 250

Production Summary Report, 272

Provider A/R Totals - Daily Report, 276

Provider A/R Totals - Standard Report, 278

Referral Recap Report, 296

Referred By Doctor/Other Report, 300

Referred To Doctor Report, 304

RVU Production Summary Report, 310

RVU Schedules Report, 314

RVU Utilization Report, 316

UDS - Age/Gender Report, 334

UDS - Encounters and Users by Selected Procedure Codes Report, 338

UDS - Encounters by Provider Report, 340

UDS - Insurance Financial Class Report, 342

UDS - Insurance Financial Class Report (2013), 344

UDS - Patient Related Revenue Report, 348

UDS - Patient Status Report, 350

UDS - Sealant Statistics Report, 352

Utilization Report, 366

Adjustment Types

Adjustment Summary Report, 4

Daily Summary Report, 88

Day Sheet (Adjustments) Report, 90

UDS - Patient Related Revenue Report, 348

Age Amount Outstanding

Insurance Claim Aging Report, 146

Age Group 1 Cutoff

UDS - Insurance Financial Class Report (2013), 344

UDS - Medicaid/Medicare Report, 346

Age Insurance Estimate

Insurance Claim Aging Report, 146

Pre-Treatment Estimate Aging Report, 262

Age Statistics

Practice Statistics Report, 256

Age Total Billed

Insurance Claim Aging Report, 146

Pre-Treatment Estimate Aging Report, 262

Ages

Initial Health History Report, 136

Oral Health Education Report, 198

Oral Health Status Report, 200

Patient List (Filtered), 214

Periodontal Exam Report, 250

UDS - Age/Gender Report, 334

Allergies

Letter Merge Reports, 158

Patient List (Filtered), 214

Allocations

Provider Revenue - Allocations Report, 286

Provider Revenue - Charges Report, 288

Provider Revenue - Credits Report, 290

Provider Revenue - Summary Report, 292

Allocations for Credits Not Posted

Provider Revenue - Allocations Report, 286

Provider Revenue - Charges Report, 288

Provider Revenue - Credits Report, 290

Provider Revenue - Summary Report, 292

Allocations for Credits Posted

Provider Revenue - Allocations Report, 286

Provider Revenue - Charges Report, 288

Provider Revenue - Credits Report, 290

Provider Revenue - Summary Report, 292

Allocations for Previously Suspended Credits

Provider Revenue - Allocations Report, 286

Provider Revenue - Charges Report, 288

Provider Revenue - Credits Report, 290

Provider Revenue - Summary Report, 292

Alternative Measure for CPOE

Meaningful Use Measure Calculation List, 162

Alternative Measure for Vital Signs

Meaningful Use Measure Calculation List, 162

AMA CPT Codes

Medical Code List, 186

Amount Aged <30

Letter Merge Reports, 158

Amount Aged <60

Letter Merge Reports, 158

Amount Aged <90

Letter Merge Reports, 158

Amount Aged <90+

Letter Merge Reports, 158

Appointment Dates

Continuing Care Cards - with Appointment, 75

Insurance Eligibility Report, 152

Letter Merge Reports, 158

Appointment Providers

Appointment Cycle Time Report, 16

Appointment Statistics Report, 20

As Soon As Possible List, 22

Daily Appointment List (DX1), 84

Appointment Status Duration

Appointment Statistics Report, 20

Appointment Statuses

Appointment Cycle Time Report, 16

Appointment Statistics Report, 20

Appointment with Continuing Care Attached

Continuing Care Cards - with Appointment, 75

Appointment without Continuing Care Type Attached

Continuing Care Cards - No Appointment, 74

Approval Status

- Clinical Notes Report, 64
- Treatment Plan Approval Status Report, 330

Attached Dates

- Document Center - Documents List Report, 112

Audit Dates

- Document Center Documents Audited Report, 118

Balance as of Date

- Aging/Credit Balance Report, 6

Balance Forward Date

- Billing Statement, 48

Balances

- Aging/Credit Balance Report, 6
- Letter Merge Reports, 158

Billing Provider

- Insurance Transaction Analysis Report, 154

Billing Types

- Adjustment Summary Report, 4
- Aging/Credit Balance Report, 6
- Analysis Summary Report - Daily, 8
- Analysis Summary Report - Standard, 12
- Billing Statement, 48
- Birthday List, 50
- Collections Manager List, 70
- Continuing Care Display List, 76
- Credit Card Transaction Report, 80
- Daily Summary Report, 88
- Day Sheet (Adjustments) Report, 90
- Day Sheet (Charges and Receipts) Report, 94
- Day Sheet (Receipts) Report, 98
- Day Sheet Report, 100
- Deposit Slip, 108
- Family Ledger Report, 124
- Finance Charge Report, 130
- Future Due Payment Plan Report - Monthly Totals, 132
- Future Due Payment Plan Report - Standard, 134
- Insurance Claim Aging Report, 146
- Insurance Claims Not Sent Report, 148
- Insurance Transaction Analysis Report, 154
- Late Charge Report, 156
- Letter Merge Reports, 158
- Patient Ledger Report, 210
- Patient List, 212
- Patient Notes Report, 216
- Payment Agreement Report, 234
- Payment Summary Report, 236
- Practice Treatment Case Report, 258
- Pre-Treatment Estimate Aging Report, 262
- Pre-Treatment Estimates Not Sent Report, 264
- Procedures Not Attached to Insurance Report, 270
- Production Summary Report, 272
- Provider A/R Totals - Daily Report, 276
- Provider A/R Totals - Standard Report, 278
- Provider Revenue - Allocations Report, 286
- Provider Revenue - Charges Report, 288
- Provider Revenue - Credits Report, 290
- Provider Revenue - Summary Report, 292
- Referral Recap Report, 296
- RVU Day Sheet Report, 308
- RVU Production Summary Report, 310
- RVU Utilization Report, 316
- Secondary Insurance Claims Not Created Report, 318

- Secondary Pre-Treatment Estimates Not Created Report, 320
- Suspended Credits Report, 324
- UDS - Age/Gender Report, 334
- UDS - Encounters and Users by Selected Procedure Codes Report, 338
- UDS - Encounters by Provider Report, 340
- UDS - Insurance Financial Class Report, 342
- UDS - Insurance Financial Class Report (2013), 344
- UDS - Patient Status Report, 350
- UDS - Tobacco Use and Intervention Report, 354
- Utilization Report, 366

Birth Dates

- Birthday List, 50
- UDS - Sealant Statistics Report, 352

Birthday Days

- Letter Merge Reports, 158

Birthday Months

- Letter Merge Reports, 158

Birthday Years

- Letter Merge Reports, 158

Blood Pressure

- Meaningful Use Measure Calculation List, 162

Calculate Ages Based On UDS Report Requirements (as of June 30th)

- UDS - Age/Gender Report, 334

Caries Risk

- Oral Health Status Report, 200

Caries Risk Codes

- UDS - Sealant Statistics Report, 352

Case Severity

- Patient Treatment Case Report, 228
- Practice Treatment Case Report, 258

Case Status

- Patient Treatment Case Report, 228
- Practice Treatment Case Report, 258

Changes

- Audit Report - Appointments, 26
- Audit Report - Clinics, 30
- Audit Report - Combined, 32
- Audit Report - Patients, 34
- Audit Report - Providers/Staff, 36
- Audit Report - Transactions, 38

Charge Date

- Insurance Transaction Analysis Report, 154

Charge Provider

- Insurance Transaction Analysis Report, 154

Chart Numbers

- Day Sheet (Receipts) Report, 98

Cities

- Letter Merge Reports, 158

Claim Received Date

- Insurance Transaction Analysis Report, 154

Claim Rendering Provider

- Insurance Transaction Analysis Report, 154

Claim Sent Date

- Insurance Transaction Analysis Report, 154

Clinics

- Aging/Credit Balance Report, 6
- Analysis Summary Report - Daily, 8
- Analysis Summary Report - Standard, 12

Appointment Cycle Time Report, 16
 Appointment Statistics Report, 20
 Assigned Rights Report, 24
 Audit Report - Clinics, 30
 Audit Report - Combined, 32
 Audit Report - Patients, 34
 Audit Report - Providers/Staff, 36
 Audit Report - Transactions, 38
 Audit Rights Report - Assigned Individually, 40
 Audit Rights Report - Assigned to Groups, 42
 Audit Rights Report - Users to Groups, 46
 Birthday List, 50
 Caries Prevalence and Periodontal Index Report, 52
 Clinical Notes Report, 64
 Collections Manager List, 70
 Continuing Care Display List, 76
 Daily Appointment List (DX1), 84
 Daily Summary Report, 88
 Day Sheet (Adjustments) Report, 90
 Day Sheet (Charges and Receipts) Report, 94
 Day Sheet (Receipts) Report, 98
 Day Sheet Report, 100
 Dental Encounters Report, 106
 Deposit Slip, 108
 Document Center - Documents List Report, 112
 Document Center Documents Audited Report, 118
 Employers and Employed Patients Report, 122
 Finance Charge Report, 130
 Initial Health History Report, 136
 Insurance Carrier List, 138
 Insurance Carrier Production - Full Report, 142
 Insurance Carrier Production - Summary Report, 144
 Insurance Claim Aging Report, 146
 Insurance Claims Not Sent Report, 148
 Insurance Eligibility Report, 152
 Insurance Transaction Analysis Report, 154
 Late Charge Report, 156
 Letter Merge Reports, 158
 Oral Health Education Report, 198
 Oral Health Status Report, 200
 Patient Health Assessment Report, 206
 Patient Information Accessed Report, 208
 Patient List, 212
 Patient List (Filtered), 214
 Patient Revenue List by Payer Report, 224
 Payment Agreement Report, 234
 Periodontal Exam Report, 250
 Practice Analysis Report, 252
 Practice Organization List, 254
 Practice Statistics Report, 256
 Pre-Treatment Estimate Aging Report, 262
 Pre-Treatment Estimates Not Sent Report, 264
 Procedures by Contracted Amount Report, 268
 Procedures Not Attached to Insurance Report, 270
 Production Summary Report, 272
 Provider IDs List, 284
 Referral Analysis Report, 294
 Referred To Doctor Report, 304
 RVU Day Sheet Report, 308
 RVU Production Summary Report, 310
 RVU Utilization Report, 316
 Secondary Insurance Claims Not Created Report, 318

Secondary Pre-Treatment Estimates Not Created Report, 320
 Suspended Credits Report, 324
 Treatment Plan Approval Report, 328
 Treatment Plan Approval Status Report, 330
 UDS - Age/Gender Report, 334
 UDS - Encounters and Users by Selected Procedure Codes Report, 338
 UDS - Encounters by Provider Report, 340
 UDS - Insurance Financial Class Report, 342
 UDS - Insurance Financial Class Report (2013), 344
 UDS - Patient Related Revenue Report, 348
 UDS - Patient Status Report, 350
 UDS - Tobacco Use and Intervention Report, 354
 Unscheduled Appointment List (DX1), 356
 Utilization Report, 366

Collecting Clinics

Adjustment Summary Report, 4
 Payment Summary Report, 236
 Provider A/R Totals - Daily Report, 276
 Provider A/R Totals - Standard Report, 278
 Provider Revenue - Allocations Report, 286
 Provider Revenue - Charges Report, 288
 Provider Revenue - Credits Report, 290
 Provider Revenue - Summary Report, 292

Collections Date Type

Provider A/R Totals - Daily Report, 276
 Provider A/R Totals - Standard Report, 278

Compare Fee Schedule with Co-pay (from Coverage Table)

RVU Utilization Report, 316
 Utilization Report, 366

Compare Fee Schedule with Transaction Amount

RVU Utilization Report, 316
 Utilization Report, 366

Completed Procedures

Letter Merge Reports, 158
 Patient List (Filtered), 214

Completed Work Dates

Referral Recap Report, 296

Conditions

Initial Health History Report, 136
 Oral Health Education Report, 198
 Periodontal Exam Report, 250

Consent Dates

Letter Merge Reports, 158

Continuing Care

Patient List (Filtered), 214

Continuing Care Attached to Appointment

Letter Merge Reports, 158

Continuing Care Due Dates

Letter Merge Reports, 158

Continuing Care not Attached to Appointment

Letter Merge Reports, 158

Continuing Care Prior Treatment Dates

Letter Merge Reports, 158

Continuing Care Statistics

Practice Statistics Report, 256

Continuing Care Status

Continuing Care Display List, 76

Continuing Care Type

Continuing Care Cards - No Appointment, 74
 Continuing Care Cards - with Appointment, 75
 Continuing Care Display List, 76
 Letter Merge Reports, 158

Coverage Tables

Standard Coverage Tables Report, 322

Credit Adjustment Types

Provider Revenue - Allocations Report, 286
 Provider Revenue - Charges Report, 288
 Provider Revenue - Credits Report, 290
 Provider Revenue - Summary Report, 292

Credit Balance

Letter Merge Reports, 158

Date Type

Adjustment Summary Report, 4
 Aging/Credit Balance Report, 6
 Analysis Summary Report - Daily, 8
 Analysis Summary Report - Standard, 12
 Daily Summary Report, 88
 Day Sheet (Adjustments) Report, 90
 Day Sheet (Receipts) Report, 98
 Day Sheet Report, 100
 Dental Encounters Report, 106
 Deposit Slip, 108
 Finance Charge Report, 130
 Initial Health History Report, 136
 Insurance Carrier Production - Full Report, 142
 Insurance Carrier Production - Summary Report, 144
 Insurance Transaction Analysis Report, 154
 Late Charge Report, 156
 Oral Health Education Report, 198
 Patient Revenue List by Payer Report, 224
 Payment Summary Report, 236
 Periodontal Exam Report, 250
 Practice Analysis Report, 252
 Procedures by Contracted Amount Report, 268
 Production Summary Report, 272
 Provider A/R Totals - Daily Report, 276
 Provider A/R Totals - Standard Report, 278
 Referral Analysis Report, 294
 RVU Day Sheet Report, 308
 RVU Production Summary Report, 310
 RVU Utilization Report, 316
 Suspended Credits Report, 324
 UDS - Age/Gender Report, 334
 UDS - Encounters and Users by Selected Procedure Codes Report, 338
 UDS - Encounters by Provider Report, 340
 UDS - Insurance Financial Class Report, 342
 UDS - Insurance Financial Class Report (2013), 344
 UDS - Patient Status Report, 350
 Utilization Report, 366

Dates

Adjustment Summary Report, 4
 Analysis Summary Report - Daily, 8
 Analysis Summary Report - Standard, 12
 Appointment Book View Printout, 14
 Appointment Cycle Time Report, 16
 Appointment Statistics Report, 20
 As Soon As Possible List, 22
 Audit Report - Appointments, 26

Audit Report - Audit Log Status, 28
 Audit Report - Clinics, 30
 Audit Report - Combined, 32
 Audit Report - Patients, 34
 Audit Report - Providers/Staff, 36
 Audit Report - Transactions, 38
 Audit Rights Report - Assigned Individually, 40
 Audit Rights Report - Assigned to Groups, 42
 Audit Rights Report - Group Names, 44
 Audit Rights Report - Users to Groups, 46
 Caries Prevalence and Periodontal Index Report, 52
 Clinical Notes Report, 64
 Clinical Quality Measures List, 66
 Credit Card Transaction Report, 80
 Daily Appointment List (DX1), 84
 Daily Appointment List Report, 86
 Daily Summary Report, 88
 Day Sheet (Adjustments) Report, 90
 Day Sheet (Charges and Receipts) Report, 94
 Day Sheet (Receipts) Report, 98
 Day Sheet Report, 100
 Deposit Slip, 108
 Finance Charge Report, 130
 Future Due Payment Plan Report - Monthly Totals, 132
 Future Due Payment Plan Report - Standard, 134
 Initial Health History Report, 136
 Insurance Carrier Production - Full Report, 142
 Insurance Carrier Production - Summary Report, 144
 Insurance Claims Not Sent Report, 148
 Insurance Transaction Analysis Report, 154
 Late Charge Report, 156
 Meaningful Use Measure Calculation List, 162
 Operatory Appointment List Report, 196
 Oral Health Education Report, 198
 Oral Health Status Report, 200
 Patient Health Assessment Report, 206
 Patient Information Accessed Report, 208
 Patient List (Filtered), 214
 Patient Revenue List by Payer Report, 224
 Payment Summary Report, 236
 Perio Exam List, 248
 Periodontal Exam Report, 250
 Practice Analysis Report, 252
 Pre-Treatment Estimates Not Sent Report, 264
 Procedures by Contracted Amount Report, 268
 Procedures Not Attached to Insurance Report, 270
 Production Summary Report, 272
 Provider A/R Totals - Daily Report, 276
 Provider A/R Totals - Standard Report, 278
 Provider Revenue - Allocations Report, 286
 Provider Revenue - Charges Report, 288
 Provider Revenue - Credits Report, 290
 Provider Revenue - Summary Report, 292
 RVU Day Sheet Report, 308
 RVU Production Summary Report, 310
 RVU Utilization Report, 316
 Secondary Insurance Claims Not Created Report, 318
 Secondary Pre-Treatment Estimates Not Created Report, 320
 Suspended Credits Report, 324
 Treatment Plan Approval Report, 328
 Treatment Plan Approval Status Report, 330

UDS - Age/Gender Report, 334
 UDS - Encounters and Users by Selected Procedure Codes Report, 338
 UDS - Encounters by Provider Report, 340
 UDS - Insurance Financial Class Report, 342
 UDS - Insurance Financial Class Report (2013), 344
 UDS - Medicaid/Medicare Report, 346
 UDS - Patient Related Revenue Report, 348
 UDS - Patient Status Report, 350
 UDS - Sealant Statistics Report, 352
 UDS - Tobacco Use and Intervention Report, 354
 Unscheduled Appointment List (DX1), 356
 Unscheduled Treatment Plans (Condensed) Report, 360
 Unscheduled Treatment Plans (Detailed) Report, 362
 Utilization Report, 366

Dates (for Appointment Notes)

Patient Notes Report, 216

Dates (for Clinical Notes)

Patient Notes Report, 216

Dates (for Patient Alert Notes)

Patient Notes Report, 216

Dates (for Perio Exam Notes)

Patient Notes Report, 216

Days Past Due

Aging/Credit Balance Report, 6

Days Referred Out

Referred To Doctor Report, 304

Dental Insurance Plan Attachment

Document Center Audit Documents Report, 114

Document Center Documents Audited Report, 118

Dental Insurance Plans

Document Center - Documents List Report, 112

Diabetes

Oral Health Status Report, 200

Display Allocate Date for Payments

Insurance Transaction Analysis Report, 154

Document Center Paths

Document Center - Documents List Report, 112

Dry Mouth

Oral Health Status Report, 200

Due Dates

Continuing Care Cards - No Appointment, 74

Continuing Care Display List, 76

Employer Attachment

Document Center Audit Documents Report, 114

Document Center Documents Audited Report, 118

Employers

Document Center - Documents List Report, 112

Employers and Employed Patients Report, 122

Insurance Eligibility Report, 152

Letter Merge Reports, 158

Treatment Plan Approval Report, 328

Treatment Plan Approval Status Report, 330

Encounter Numbers

Clinical Notes Report, 64

Error Types

Document Center Documents Audited Report, 118

Ethnicities

UDS - Patient Status Report, 350

Ethnicity

Patient List (Filtered), 214

Exclude Chart-Pulled Appointments

Daily Appointment List (DX1), 84

Daily Appointment List Report, 86

Exclude Non-referred Procedures

Unscheduled Treatment Plans (Condensed) Report, 360

Unscheduled Treatment Plans (Detailed) Report, 362

Exclude Referred by Procedures

Unscheduled Treatment Plans (Condensed) Report, 360

Unscheduled Treatment Plans (Detailed) Report, 362

Exclude Referred to Procedures

Unscheduled Treatment Plans (Condensed) Report, 360

Unscheduled Treatment Plans (Detailed) Report, 362

Exclude RVU Fees Equal to Zero

RVU Day Sheet Report, 308

Existing Patients with Appointment in Date Range

Continuing Care Cards - with Appointment, 75

Existing Patients with Appointments in Date Range

Letter Merge Reports, 158

Existing Patients with no Appointments in Date Range

Letter Merge Reports, 158

Existing Procedures

Letter Merge Reports, 158

Expiration Dates

Patient Treatment Case Report, 228

Practice Treatment Case Report, 258

Families

Patient Information Accessed Report, 208

Fee Schedule

Fee Schedules Report, 128

Utilization Report, 366

Fee Schedules

UDS - Patient Related Revenue Report, 348

Financial Classes

Insurance Carrier List, 138

Insurance Carrier Production - Full Report, 142

Insurance Carrier Production - Summary Report, 144

Insurance Transaction Analysis Report, 154

UDS - Insurance Financial Class Report, 342

UDS - Insurance Financial Class Report (2013), 344

UDS - Medicaid/Medicare Report, 346

UDS - Patient Related Revenue Report, 348

First Transaction Date

Family Ledger Report, 124

Family Ledger Report (Single Family), 126

Patient Ledger Report, 210

First Visit Dates

Letter Merge Reports, 158

New Patient List, 190

Referral Analysis Report, 294

Gender

Patient List (Filtered), 214

Gender Identities

UDS - Patient Status Report, 350

Guarantors

Aging/Credit Balance Report, 6

Billing Statement, 48

Collections Manager List, 70

Family Ledger Report, 124

Future Due Payment Plan Report - Monthly Totals, 132

Future Due Payment Plan Report - Standard, 134
 Payment Agreement Report, 234
 Provider Revenue - Allocations Report, 286
 Provider Revenue - Charges Report, 288
 Provider Revenue - Credits Report, 290
 Provider Revenue - Summary Report, 292
 Suspended Credits Report, 324
Health Insurances
 UDS - Patient Status Report, 350
Height/Length and Weight
 Meaningful Use Measure Calculation List, 162
Homeless Status
 Patient List (Filtered), 214
 UDS - Patient Status Report, 350
Housing Statuses
 UDS - Patient Status Report, 350
ICD-10CM Codes
 Medical Code List, 186
ICD-9CM Codes
 Medical Code List, 186
ICD-9-CM Diagnostic Codes
 Patient List (Filtered), 214
If not Billed since Date
 Billing Statement, 48
Include Adjustment Type List
 Provider A/R Totals - Daily Report, 276
 Provider A/R Totals - Standard Report, 278
Include Age Groups (as of June 30th)
 UDS - Insurance Financial Class Report (2013), 344
 UDS - Medicaid/Medicare Report, 346
Include All Patients
 Insurance Carrier List, 138
Include All Procedures
 RVU Utilization Report, 316
 Utilization Report, 366
Include All Referral Sources
 Referred By Doctor/Other Report, 300
 Referred To Doctor Report, 304
Include Appointment Break Reason
 Unscheduled Appointment List (DX1), 356
Include Charge Adjustments
 Insurance Transaction Analysis Report, 154
Include Charges
 Insurance Transaction Analysis Report, 154
Include Completed Procedures Only
 Initial Health History Report, 136
 Oral Health Education Report, 198
 Periodontal Exam Report, 250
Include Credit Adjustments
 Insurance Transaction Analysis Report, 154
Include Detail
 Initial Health History Report, 136
 Oral Health Education Report, 198
 Periodontal Exam Report, 250
Include Employees
 Employers and Employed Patients Report, 122
Include Grand Totals
 Insurance Transaction Analysis Report, 154
Include Guarantor Notes
 Aging/Credit Balance Report, 6

Include Insurance Payments
 Insurance Transaction Analysis Report, 154
Include Only Procedures in Coverage Table
 RVU Utilization Report, 316
 Utilization Report, 366
Include Patient Detail
 Production Summary Report, 272
 RVU Production Summary Report, 310
Include Patient Info
 UDS - Age/Gender Report, 334
 UDS - Encounters and Users by Selected Procedure Codes Report, 338
 UDS - Encounters by Provider Report, 340
 UDS - Insurance Financial Class Report, 342
 UDS - Insurance Financial Class Report (2013), 344
 UDS - Medicaid/Medicare Report, 346
 UDS - Patient Related Revenue Report, 348
 UDS - Patient Status Report, 350
 UDS - Sealant Statistics Report, 352
 UDS - Tobacco Use and Intervention Report, 354
Include Patient Payments
 Insurance Transaction Analysis Report, 154
Include Patients in Numerator Only if Exist in Denominator
 Initial Health History Report, 136
 Oral Health Education Report, 198
 Periodontal Exam Report, 250
Include Patients without Production
 Referred To Doctor Report, 304
Include Primary Claims not Received
 Secondary Insurance Claims Not Created Report, 318
Include Primary Pre-treatment Estimates Not Received
 Secondary Pre-Treatment Estimates Not Created Report, 320
Include Procedures
 RVU Day Sheet Report, 308
Include Provider IDs
 Insurance Carrier List, 138
Include Quaternary Claims
 Insurance Transaction Analysis Report, 154
Include Refunds
 Credit Card Transaction Report, 80
Include Secondary Claims
 Insurance Transaction Analysis Report, 154
Include Subscribers
 Insurance Carrier List, 138
Include Subtotals by Carrier
 Insurance Transaction Analysis Report, 154
Include Suspended Payments and Adjustments
 UDS - Patient Related Revenue Report, 348
Include Tertiary Claims
 Insurance Transaction Analysis Report, 154
Include Voids
 Credit Card Transaction Report, 80
In-operative Appointment Statuses
 Appointment Cycle Time Report, 16
Insurance Carriers
 Dental Encounters Report, 106
 Insurance Carrier List, 138
 Insurance Carrier Production - Full Report, 142

- Insurance Carrier Production - Summary Report, 144
- Insurance Claim Aging Report, 146
- Insurance Claims Not Sent Report, 148
- Insurance Eligibility Report, 152
- Insurance Transaction Analysis Report, 154
- Letter Merge Reports, 158
- Pre-Treatment Estimate Aging Report, 262
- Pre-Treatment Estimates Not Sent Report, 264
- Provider IDs List, 284
- RVU Utilization Report, 316
- Secondary Insurance Claims Not Created Report, 318
- Secondary Pre-Treatment Estimates Not Created Report, 320
- Treatment Plan Approval Report, 328
- Treatment Plan Approval Status Report, 330
- Updated Dental Insurance Payment Table Report, 364
- Utilization Report, 366
- Insurance Minimum Days Past Due**
 - Collections Manager List, 70
- Insurance Plan Totals Only**
 - RVU Utilization Report, 316
 - Utilization Report, 366
- Insurance Type**
 - Insurance Carrier List, 138
 - Insurance Carrier Production - Full Report, 142
 - Insurance Carrier Production - Summary Report, 144
 - Insurance Claim Aging Report, 146
 - Insurance Claims Not Sent Report, 148
 - Insurance Transaction Analysis Report, 154
 - Pre-Treatment Estimate Aging Report, 262
 - Pre-Treatment Estimates Not Sent Report, 264
 - Procedures Not Attached to Insurance Report, 270
 - Secondary Insurance Claims Not Created Report, 318
- Insurance Types**
 - Provider IDs List, 284
 - UDS - Insurance Financial Class Report (2013), 344
- Laboratory Test Results**
 - Patient List (Filtered), 214
- Language**
 - Patient List (Filtered), 214
- Languages**
 - UDS - Patient Status Report, 350
- Last Payment Before Date**
 - Aging/Credit Balance Report, 6
 - Collections Manager List, 70
- Last Payment Plan Payment Dates**
 - Letter Merge Reports, 158
- Last Referral Dates**
 - Letter Merge Reports, 158
- Last Visit Before Date**
 - Patient List, 212
- Last Visit Dates**
 - Continuing Care Display List, 76
 - Letter Merge Reports, 158
- Maximum Appointment Status Duration (Cap)**
 - Appointment Statistics Report, 20
- Maximum Duration of Appointments in Status Range (Cap)**
 - Appointment Statistics Report, 20

Meaningful Use Stages

- Meaningful Use Measure Calculation List, 162

Medical Alerts

- Letter Merge Reports, 158
- Patient List (Filtered), 214

Medical Insurance Plan Attachment

- Document Center Audit Documents Report, 114
- Document Center Documents Audited Report, 118

Medical Insurance Plans

- Document Center - Documents List Report, 112

Medications

- Letter Merge Reports, 158
- Patient List (Filtered), 214

Minimum Balance

- Collections Manager List, 70

Minimum Balance to Bill

- Billing Statement, 48

Minimum Days Past Due

- Collections Manager List, 70
- Insurance Claim Aging Report, 146
- Pre-Treatment Estimate Aging Report, 262

Modifier Codes

- Medical Code List, 186

Modules

- Patient Information Accessed Report, 208

Multi-Codes

- Multi-Code List, 188

N/A

- Appointment Reminder Cards, 18
- Coupon Book - Future Due Payments, 78
- Coupon Book - Payment Agreements, 79
- Custom Practice Information Report, 82
- Dental Diagnostic Code List, 104
- Document Center Document, 116
- Document Center List, 120
- Insurance Coverage Tables Report, 150
- Office Journal Report, 192
- Operator Day Sheet Report, 194
- Patient Chart and Progress Notes Printout, 202
- Patient Chart Printout, 204
- Patient Proposed Treatment Case Report (Your Care Plan), 220
- Patient Questionnaire, 222
- Patient Route Slip, 226
- Patient's Ledger Report, 230
- Payment Agreement Amortization Schedule, 232
- Perio - Combined Graphic & Data Chart Report, 238
- Perio - Data Chart Report, 240
- Perio - Exam Comparison Report, 242
- Perio - Graphic Chart Report, 244
- Perio - Pocket Depths Only Report, 246
- Prescription Printout, 260
- Referral Slip, 298
- Registration Information Report, 306
- Truth in Lending Disclosure Statement, 332
- Walkout - Doctor's Statement, 368
- Walkout - Family Walkout, 370

New Patient Statistics

- Practice Statistics Report, 256

No Continuing Care and no Future Appointments

Patient List, 212

No Insurance Coverage

Letter Merge Reports, 158

Not Billed Since Date

Collections Manager List, 70

Note Texts

Letter Merge Reports, 158

Number of Missed Payments

Collections Manager List, 70

Number of Payments Missed

Payment Agreement Report, 234

Only Bill Aged Accounts

Billing Statement, 48

Only Guarantors

Letter Merge Reports, 158

Patient Notes Report, 216

Only Search for Procedures that Have Had a Pre-treatment Estimate Created

Treatment Plan Approval Status Report, 330

Operatories

Appointment Book View Printout, 14

Audit Report - Appointments, 26

Daily Appointment List (DX1), 84

Daily Appointment List Report, 86

Operatory Appointment List Report, 196

Operators

Credit Card Transaction Report, 80

Day Sheet (Charges and Receipts) Report, 94

Deposit Slip, 108

Oral Health Statuses

Oral Health Status Report, 200

Patient Attachment

Document Center Audit Documents Report, 114

Document Center Documents Audited Report, 118

Patient Gender

Letter Merge Reports, 158

Patient Marital Status

Letter Merge Reports, 158

Patient Names

Letter Merge Reports, 158

Patient Statistics

Practice Statistics Report, 256

Patient Status

Letter Merge Reports, 158

Patient Statuses

Patient List, 212

Patient Revenue List by Payer Report, 224

Procedures by Contracted Amount Report, 268

Patient Tags

Adjustment Summary Report, 4

Aging/Credit Balance Report, 6

Analysis Summary Report - Daily, 8

Analysis Summary Report - Standard, 12

Appointment Cycle Time Report, 16

As Soon As Possible List, 22

Audit Report - Appointments, 26

Audit Report - Combined, 32

Audit Report - Patients, 34

Audit Report - Transactions, 38

Birthday List, 50

Clinical Notes Report, 64

Credit Card Transaction Report, 80

Daily Appointment List (DX1), 84

Daily Summary Report, 88

Day Sheet (Adjustments) Report, 90

Day Sheet (Receipts) Report, 98

Day Sheet Report, 100

Dental Encounters Report, 106

Deposit Slip, 108

Document Center - Documents List Report, 112

Finance Charge Report, 130

Initial Health History Report, 136

Insurance Carrier Production - Full Report, 142

Insurance Carrier Production - Summary Report, 144

Insurance Claim Aging Report, 146

Insurance Claims Not Sent Report, 148

Insurance Transaction Analysis Report, 154

Late Charge Report, 156

Oral Health Education Report, 198

Oral Health Status Report, 200

Patient Health Assessment Report, 206

Patient Information Accessed Report, 208

Patient List, 212

Patient Revenue List by Payer Report, 224

Payment Summary Report, 236

Periodontal Exam Report, 250

Pre-Treatment Estimate Aging Report, 262

Pre-Treatment Estimates Not Sent Report, 264

Procedures by Contracted Amount Report, 268

Procedures Not Attached to Insurance Report, 270

Production Summary Report, 272

Provider Revenue - Allocations Report, 286

Provider Revenue - Charges Report, 288

Provider Revenue - Credits Report, 290

Provider Revenue - Summary Report, 292

Referral Analysis Report, 294

RVU Day Sheet Report, 308

RVU Production Summary Report, 310

RVU Utilization Report, 316

Secondary Insurance Claims Not Created Report, 318

Secondary Pre-Treatment Estimates Not Created Report, 320

Suspended Credits Report, 324

UDS - Age/Gender Report, 334

UDS - Encounters and Users by Selected Procedure Codes Report, 338

UDS - Encounters by Provider Report, 340

UDS - Insurance Financial Class Report (2013), 344

UDS - Patient Status Report, 350

Unscheduled Appointment List (DX1), 356

Utilization Report, 366

Patients

Audit Report - Appointments, 26

Audit Report - Combined, 32

Audit Report - Patients, 34

Audit Report - Transactions, 38

Birthday List, 50

Clinical Notes Report, 64

Daily Appointment List (DX1), 84

Daily Appointment List Report, 86

Dental Encounters Report, 106

Document Center - Documents List Report, 112

- Insurance Carrier Production - Full Report, 142
- Insurance Carrier Production - Summary Report, 144
- Insurance Claim Aging Report, 146
- Insurance Claims Not Sent Report, 148
- Insurance Eligibility Report, 152
- New Patient List, 190
- Operatory Appointment List Report, 196
- Patient Health Assessment Report, 206
- Patient Information Accessed Report, 208
- Patient Ledger Report, 210
- Patient List, 212
- Patient Notes Report, 216
- Patient Revenue List by Payer Report, 224
- Perio Exam List, 248
- Practice Treatment Case Report, 258
- Pre-Treatment Estimate Aging Report, 262
- Pre-Treatment Estimates Not Sent Report, 264
- Procedures by Contracted Amount Report, 268
- Procedures Not Attached to Insurance Report, 270
- Referral Recap Report, 296
- Secondary Insurance Claims Not Created Report, 318
- Secondary Pre-Treatment Estimates Not Created Report, 320
- Treatment Plan Approval Report, 328
- Treatment Plan Approval Status Report, 330
- Unscheduled Treatment Plans (Condensed) Report, 360
- Unscheduled Treatment Plans (Detailed) Report, 362
- Patients with No Production or Treatment-planned Procedures**
 - Referred By Doctor/Other Report, 300
- Pay To Provider**
 - Insurance Transaction Analysis Report, 154
- Payment Agreement Dates**
 - Payment Agreement Report, 234
- Payment Agreement Intervals**
 - Payment Agreement Report, 234
- Payment Plan Balances**
 - Letter Merge Reports, 158
- Payment Types**
 - Daily Summary Report, 88
 - Day Sheet (Receipts) Report, 98
 - Deposit Slip, 108
 - Payment Summary Report, 236
 - Provider Revenue - Allocations Report, 286
 - Provider Revenue - Charges Report, 288
 - Provider Revenue - Credits Report, 290
 - Provider Revenue - Summary Report, 292
- Pending Claims**
 - Collections Manager List, 70
- Place of Service Codes**
 - Medical Code List, 186
- Poverty Level**
 - Patient List (Filtered), 214
 - UDS - Patient Status Report, 350
- Preferred Contact Method**
 - Patient List (Filtered), 214
- Prescriptions**
 - Patient List (Filtered), 214
- Previous Office Journal Entry Before Date**
 - Collections Manager List, 70
- Previous Payment Due Date**
 - Payment Agreement Report, 234
- Primary Insurance Coverage**
 - Letter Merge Reports, 158
- Primary Provider**
 - Patient List (Filtered), 214
- Primary Providers**
 - As Soon As Possible List, 22
 - Billing Statement, 48
 - Unscheduled Treatment Plans (Condensed) Report, 360
 - Unscheduled Treatment Plans (Detailed) Report, 362
- Prior Treatment Dates**
 - Continuing Care Display List, 76
- Privacy Requests for no Correspondence for Patients and Guarantors**
 - Letter Merge Reports, 158
- Privacy Requests for no Correspondence for Referred by Patients**
 - Letter Merge Reports, 158
- Procedure Categories**
 - RVU Production Summary Report, 310
- Procedure Codes**
 - Procedure Code List, 266
- Procedure Dates**
 - Dental Encounters Report, 106
 - Letter Merge Reports, 158
 - Patient Treatment Case Report, 228
 - Practice Treatment Case Report, 258
- Procedures**
 - Treatment Plan Approval Status Report, 330
- Production Categories**
 - Production Summary Report, 272
- Production Dates**
 - Referred By Doctor/Other Report, 300
 - Referred By Patient Report, 302
- Prophy Types**
 - Practice Statistics Report, 256
- Prospective Patients with Appointments in Date Range**
 - Letter Merge Reports, 158
- Provider Statistics**
 - Practice Statistics Report, 256
- Provider/Staff Attachment**
 - Document Center Audit Documents Report, 114
 - Document Center Documents Audited Report, 118
- Providers**
 - Adjustment Summary Report, 4
 - Aging/Credit Balance Report, 6
 - Analysis Summary Report - Daily, 8
 - Analysis Summary Report - Standard, 12
 - Appointment Book View Printout, 14
 - Audit Report - Providers/Staff, 36
 - Birthday List, 50
 - Clinical Notes Report, 64
 - Clinical Quality Measures List, 66
 - Collections Manager List, 70
 - Continuing Care Display List, 76
 - Daily Appointment List (DX1), 84
 - Daily Appointment List Report, 86
 - Day Sheet (Adjustments) Report, 90
 - Day Sheet (Charges and Receipts) Report, 94

Day Sheet (Receipts) Report, 98
 Day Sheet Report, 100
 Dental Encounters Report, 106
 Document Center - Documents List Report, 112
 Employers and Employed Patients Report, 122
 Family Ledger Report, 124
 Finance Charge Report, 130
 Future Due Payment Plan Report - Monthly Totals, 132
 Future Due Payment Plan Report - Standard, 134
 Initial Health History Report, 136
 Insurance Carrier Production - Full Report, 142
 Insurance Carrier Production - Summary Report, 144
 Insurance Claim Aging Report, 146
 Insurance Claims Not Sent Report, 148
 Insurance Eligibility Report, 152
 Insurance Transaction Analysis Report, 154
 Late Charge Report, 156
 Letter Merge Reports, 158
 Meaningful Use Measure Calculation List, 162
 New Patient List, 190
 Operatory Appointment List Report, 196
 Oral Health Education Report, 198
 Oral Health Status Report, 200
 Patient Ledger Report, 210
 Patient List, 212
 Patient Notes Report, 216
 Patient Treatment Case Report, 228
 Payment Agreement Report, 234
 Payment Summary Report, 236
 Periodontal Exam Report, 250
 Practice Analysis Report, 252
 Practice Organization List, 254
 Practice Statistics Report, 256
 Practice Treatment Case Report, 258
 Pre-Treatment Estimate Aging Report, 262
 Pre-Treatment Estimates Not Sent Report, 264
 Procedures Not Attached to Insurance Report, 270
 Production Summary Report, 272
 Provider A/R Totals - Daily Report, 276
 Provider A/R Totals - Standard Report, 278
 Provider IDs List, 284
 Provider Revenue - Allocations Report, 286
 Provider Revenue - Charges Report, 288
 Provider Revenue - Credits Report, 290
 Provider Revenue - Summary Report, 292
 Referral Analysis Report, 294
 Referral Recap Report, 296
 Referred By Doctor/Other Report, 300
 Referred By Patient Report, 302
 Referred To Doctor Report, 304
 RVU Day Sheet Report, 308
 RVU Production Summary Report, 310
 RVU Utilization Report, 316
 Secondary Insurance Claims Not Created Report, 318
 Secondary Pre-Treatment Estimates Not Created Report, 320
 Treatment Plan Approval Report, 328
 Treatment Plan Approval Status Report, 330
 UDS - Age/Gender Report, 334
 UDS - Encounters and Users by Selected Procedure Codes Report, 338
 UDS - Encounters by Provider Report, 340

UDS - Insurance Financial Class Report, 342
 UDS - Insurance Financial Class Report (2013), 344
 UDS - Patient Related Revenue Report, 348
 UDS - Patient Status Report, 350
 UDS - Tobacco Use and Intervention Report, 354
 Unscheduled Appointment List (DX1), 356
 Unscheduled Appointment List (OM), 358
 Utilization Report, 366

Race

Patient List (Filtered), 214

Races

UDS - Patient Status Report, 350

Refer to Doctors

Referred To Doctor Report, 304

Refer to Patients

Document Center - Documents List Report, 112

Referral Dates

Referred By Doctor/Other Report, 300

Referred By Patient Report, 302

Referred To Doctor Report, 304

Referral Sources

Document Center - Documents List Report, 112

Referral Recap Report, 296

Referral Status

Referred To Doctor Report, 304

Referred By Attachment

Document Center Audit Documents Report, 114

Document Center Documents Audited Report, 118

Referred by Dates

Letter Merge Reports, 158

Referred by Doctor/Other

Letter Merge Reports, 158

Referred by Patient

Letter Merge Reports, 158

Referred by Sources

Letter Merge Reports, 158

Referred To Attachment

Document Center Audit Documents Report, 114

Document Center Documents Audited Report, 118

Referred to Dates

Letter Merge Reports, 158

Referred to Names

Letter Merge Reports, 158

Referring Doctors/Others

Referred By Doctor/Other Report, 300

Referring Patients

Referred By Patient Report, 302

Religion

Patient List (Filtered), 214

Religions

UDS - Patient Status Report, 350

Remaining Balances

Payment Agreement Report, 234

Remaining Insurance Benefit Amounts

Letter Merge Reports, 158

Remaining Number of Payments

Payment Agreement Report, 234

Rendering Clinics

Adjustment Summary Report, 4

Payment Summary Report, 236

Provider A/R Totals - Daily Report, 276

- Provider A/R Totals - Standard Report, 278
- Provider Revenue - Allocations Report, 286
- Provider Revenue - Charges Report, 288
- Provider Revenue - Credits Report, 290
- Provider Revenue - Summary Report, 292

Rights

- Assigned Rights Report, 24
- Audit Rights Report - Assigned Individually, 40
- Audit Rights Report - Assigned to Groups, 42

RVU Schedule

- RVU Utilization Report, 316

RVU Schedules

- RVU Schedules Report, 314

Scan Dates

- Document Center Audit Documents Report, 114
- Document Center Documents Audited Report, 118

Scheduled Appointment

- Continuing Care Display List, 76

Sealant Codes

- UDS - Sealant Statistics Report, 352

Sealant Ineligibility Codes

- UDS - Sealant Statistics Report, 352

Search as Date Range

- Birthday List, 50

Secondary Insurance Coverage

- Letter Merge Reports, 158

Separate Totals for Medicaid and Non-Medicaid Patients

- Production Summary Report, 272

Sexual Orientations

- UDS - Patient Status Report, 350

Show Open Claims Only

- Insurance Claim Aging Report, 146

Signed Dates

- Document Center - Documents List Report, 112

Skip Account with Claim Pending

- Billing Statement, 48

Skip Accounts with Claim Pending if Patient Portion Less than Amount

- Billing Statement, 48

Skip Non-persons

- Referred By Doctor/Other Report, 300

Staff

- Analysis Summary Report - Daily, 8
- Analysis Summary Report - Standard, 12
- Audit Report - Providers/Staff, 36
- Birthday List, 50
- Clinical Notes Report, 64
- Day Sheet Report, 100
- Document Center - Documents List Report, 112
- Employers and Employed Patients Report, 122
- Finance Charge Report, 130
- Insurance Claims Not Sent Report, 148
- Late Charge Report, 156
- Practice Analysis Report, 252
- Practice Organization List, 254
- Practice Statistics Report, 256
- Pre-Treatment Estimate Aging Report, 262
- Pre-Treatment Estimates Not Sent Report, 264
- Procedures Not Attached to Insurance Report, 270
- Production Summary Report, 272

- Provider IDs List, 284
- RVU Day Sheet Report, 308
- RVU Production Summary Report, 310
- RVU Utilization Report, 316
- Secondary Insurance Claims Not Created Report, 318
- UDS - Patient Related Revenue Report, 348
- Utilization Report, 366

Starting Treatment Plan Amount

- Treatment Plan Approval Report, 328
- Treatment Plan Approval Status Report, 330

Subtract Lab Expenses

- RVU Day Sheet Report, 308
- RVU Production Summary Report, 310

Time

- Appointment Book View Printout, 14

Time Zone

- Appointment Statistics Report, 20
- As Soon As Possible List, 22
- Audit Report - Appointments, 26
- Audit Report - Audit Log Status, 28
- Audit Report - Clinics, 30
- Audit Report - Combined, 32
- Audit Report - Patients, 34
- Audit Report - Providers/Staff, 36
- Audit Report - Transactions, 38
- Audit Rights Report - Assigned Individually, 40
- Audit Rights Report - Assigned to Groups, 42
- Audit Rights Report - Group Names, 44
- Audit Rights Report - Users to Groups, 46
- Clinical Notes Report, 64
- Daily Summary Report, 88
- Patient Information Accessed Report, 208
- Unscheduled Appointment List (DX1), 356

Tobacco Use

- Oral Health Status Report, 200

Treatment Dates

- Referral Analysis Report, 294

Treatment Plan Providers

- Unscheduled Treatment Plans (Condensed) Report, 360
- Unscheduled Treatment Plans (Detailed) Report, 362

Treatment-planned Procedures

- Letter Merge Reports, 158

Type of Service Codes

- Medical Code List, 186

Unique Patient Count

- RVU Day Sheet Report, 308

Unique Visit Count

- RVU Day Sheet Report, 308

Unscheduled Appointment

- Continuing Care Display List, 76

Unscheduled Appointment Dates

- Unscheduled Appointment List (OM), 358

User Defined Category

- Patient List (Filtered), 214

User Groups

- Audit Rights Report - Group Names, 44
- Audit Rights Report - Users to Groups, 46

User-defined Category

- UDS - Patient Status Report, 350

Users

- Assigned Rights Report, 24
- Audit Report - Audit Log Status, 28
- Audit Rights Report - Assigned Individually, 40
- Audit Rights Report - Assigned to Groups, 42
- Audit Rights Report - Users to Groups, 46
- Document Center - Documents List Report, 112
- Document Center Documents Audited Report, 118

Users Changed

- Audit Report - Appointments, 26
- Audit Report - Clinics, 30
- Audit Report - Combined, 32
- Audit Report - Patients, 34
- Audit Report - Providers/Staff, 36
- Audit Report - Transactions, 38
- Audit Rights Report - Assigned Individually, 40
- Audit Rights Report - Assigned to Groups, 42
- Audit Rights Report - Group Names, 44
- Audit Rights Report - Users to Groups, 46
- Patient Information Accessed Report, 208

Veteran Status

- Patient List (Filtered), 214
- UDS - Patient Status Report, 350

Visit Codes

- UDS - Sealant Statistics Report, 352

Visits

- Treatment Case Report, 326

With a Medical Claim (Received)

- Procedures Not Attached to Insurance Report, 270

With a Medical Claim (Sent or Received)

- Procedures Not Attached to Insurance Report, 270

With a Medical Claim (Sent)

- Procedures Not Attached to Insurance Report, 270

With or Without a Medical Claim

- Procedures Not Attached to Insurance Report, 270

Without a Medical Claim

- Procedures Not Attached to Insurance Report, 270

Worker Status

- Patient List (Filtered), 214
- UDS - Patient Status Report, 350

ZIP Code Statistics

- Practice Statistics Report, 256

ZIP Codes

- Letter Merge Reports, 158
- UDS - Patient Status Report, 350

Index by Report Item

(Arranged in Categories)

Abbreviated Description

ADA Code Abbreviated Description	
Procedure Code List	266
Multi-Code List	188
Vaccine Abbreviated Description	
Patient List (Filtered)	214

Accepted

Percent of Accepted Cases	
Practice Treatment Case Report	258

Access

Clinic of Access	
Patient Information Accessed Report	208
Date of Access	
Patient Information Accessed Report	208
Module of Access	
Patient Information Accessed Report	208
Number of Patients Provided API Access to Electronic Health Information	
Meaningful Use Measure Calculation List	162
Number of Patients Provided Timely Online Access to Electronic Health Information	
Meaningful Use Measure Calculation List	162
Number of Patients who Accessed Electronic Health Information with API	
Meaningful Use Measure Calculation List	162
Status of Access	
Patient Information Accessed Report	208
Time of Access	
Patient Information Accessed Report	208

Accessed

Accessed Patient Information	
Audit Report - Combined	32

Account

Account Amount Aged >90	
Patient Route Slip	226
Account Amount Aged 0 - 30	
Patient Route Slip	226
Account Amount Aged 181+	
Pre-Treatment Estimate Aging Report	262
Account Amount Aged 31 - 60	
Patient Route Slip	226
Account Amount Aged 61 - 90	
Patient Route Slip	226
Account Balance	
Collections Manager List	70
Family Ledger Report	124
Family Ledger Report (Single Family)	126
Insurance Claim Aging Report	146
Letter Merge Reports	158
Patient Route Slip	226
Patient's Ledger Report	230
Payment Agreement Report	234
Pre-Treatment Estimate Aging Report	262
Aging/Credit Balance Report	6

Account Balance Amount Aged 121 - 150	
Pre-Treatment Estimate Aging Report	262
Account Balance Amount Aged 151 - 180	
Pre-Treatment Estimate Aging Report	262
Account Balance Amount Aged 31 - 60	
Pre-Treatment Estimate Aging Report	262
Account Balance Amount Aged 61 - 90	
Pre-Treatment Estimate Aging Report	262
Account Balance Amount Aged 91 - 120	
Pre-Treatment Estimate Aging Report	262
Account Clinic	
Collections Manager List	70
Account Estimated Insurance Portion	
Patient Route Slip	226
Account Holder Name	
Deposit Slip	108
Account Note	
Collections Manager List	70
Account Provider	
Collections Manager List	70
Account Suspended Credit Amount	
Patient Route Slip	226
Amount of Account Balance Aged >90	
Insurance Claim Aging Report	146
Amount of Account Balance Aged 1 - 30	
Insurance Claim Aging Report	146
Amount of Account Balance Aged 31 - 60	
Insurance Claim Aging Report	146
Amount of Account Balance Aged 61 - 90	
Insurance Claim Aging Report	146
Bank Account Number	
Deposit Slip	108
Audit Report - Clinics	30
Bank Account Number Change	
Audit Report - Clinics	30
Current Account Balance	
Billing Statement	48
Ledger Balance	
Suspended Credits Report	324
Prior Account Balance	
Walkout - Family Walkout	370
Total Account Balance	
Insurance Claim Aging Report	146
Billing Statement	48
Total Amount of Account Bal	
Collections Manager List	70
Payment Agreement Report	234
Aging/Credit Balance Report	6
Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262

Account (continued)

Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates		Total Amount of Account Balances Aged 181+ with Claims	
Pre-Treatment Estimate Aging Report	262	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 1 - 30 with Claims		Total Amount of Account Balances Aged 181+ with Primary Claims	
Insurance Claim Aging Report	146	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 1 - 30 with Primary Claims		Total Amount of Account Balances Aged 181+ with Secondary Claims	
Insurance Claim Aging Report	146	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 1 - 30 with Secondary Claims		Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates	
Insurance Claim Aging Report	146	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates		Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates		Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates		Total Amount of Account Balances Aged 31 - 60 with Claims	
Pre-Treatment Estimate Aging Report	262	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 121 - 150 with Claims		Total Amount of Account Balances Aged 31 - 60 with Primary Claims	
Insurance Claim Aging Report	146	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 121 - 150 with Primary Claims		Total Amount of Account Balances Aged 31 - 60 with Secondary Claims	
Insurance Claim Aging Report	146	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 121 - 150 with Secondary Claims		Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates	
Insurance Claim Aging Report	146	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates		Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates		Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates		Total Amount of Account Balances Aged 61 - 90 with Claims	
Pre-Treatment Estimate Aging Report	262	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 151 - 180 with Claims		Total Amount of Account Balances Aged 61 - 90 with Primary Claims	
Insurance Claim Aging Report	146	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 151 - 180 with Primary Claims		Total Amount of Account Balances Aged 61 - 90 with Secondary Claims	
Insurance Claim Aging Report	146	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 151 - 180 with Secondary Claims		Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates	
Insurance Claim Aging Report	146	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 with Claims	
Pre-Treatment Estimate Aging Report	262	Insurance Claim Aging Report	146
		Total Amount of Account Balances Aged 91 - 120 with Primary Claims	
		Insurance Claim Aging Report	146

Account (continued)

Total Amount of Account Balances Aged 91 - 120 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262

Account Holder

Account Holder Name	
Deposit Slip	108

Accounts Receivable

Current Receivables	
Practice Analysis Report	252
Percent of Receivables	
Practice Analysis Report	252
Receivables Aged 31 - 60	
Practice Analysis Report	252
Receivables Aged 61 - 90	
Practice Analysis Report	252
Receivables Aged Over 90	
Practice Analysis Report	252
Total Receivables	
Practice Analysis Report	252

Active

Number of Active Patient Guarantors	
Practice Statistics Report	256
Number of Active Patients	
Practice Statistics Report	256
Practice Analysis Report	252
Number of Insured Active Patients	
Practice Analysis Report	252
Percent of Active Patient Guarantors	
Practice Statistics Report	256
Percent of Active Patients	
Practice Statistics Report	256
Total Active New Patients	
New Patient List	190

ADA Code

ADA Code	
Day Sheet (Charges and Receipts) Report	94
Dental Encounters Report	106
Fee Schedules Report	128
Insurance Carrier Production - Full Report	142
Multi-Code List	188
Operator Day Sheet Report	194
Patient Chart and Progress Notes Printout	202
Patient List (Filtered)	214
Patient Treatment Case Report	228

Practice Treatment Case Report	258
Procedure Code List	266
Procedures by Contracted Amount Report	268
Procedures Not Attached to Insurance Report	270
Production Summary Report	272
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Provider Revenue - Allocations Report	286
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
RVU Day Sheet Report	308
RVU Production Summary Report	310
RVU Schedules Report	314
RVU Utilization Report	316
Standard Coverage Tables Report	322
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Unscheduled Treatment Plans (Detailed) Report	362
Updated Dental Insurance Payment Table Report	364
Utilization Report	366
Walkout - Doctor's Statement	368
Appointment Cycle Time Report	16
ADA Code Abbreviated Description	
Procedure Code List	266
Multi-Code List	188
ADA Code Description	
Fee Schedules Report	128
Insurance Carrier Production - Full Report	142
Multi-Code List	188
Patient Chart and Progress Notes Printout	202
Patient Ledger Report	210
Patient Treatment Case Report	228
Practice Treatment Case Report	258
Procedure Code List	266
Procedures by Contracted Amount Report	268
Procedures Not Attached to Insurance Report	270
Production Summary Report	272
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Provider Revenue - Allocations Report	286
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
RVU Day Sheet Report	308
RVU Production Summary Report	310
RVU Schedules Report	314
RVU Utilization Report	316
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Unscheduled Treatment Plans (Detailed) Report	362
Utilization Report	366
Walkout - Doctor's Statement	368
Walkout - Family Walkout	370
Day Sheet (Charges and Receipts) Report	94
ADA Code Description for Today's Completed Work	
Patient Chart Printout	204

ADA Code (continued)

ADA Code Description for Treatment-planned Procedure		Total Numerator Codes for Clinic	
Patient Chart Printout	204	Oral Health Education Report	198
ADA Code Description of Completed Treatment		Periodontal Exam Report	250
Referral Recap Report	296	Initial Health History Report	136
ADA Code Description of Treatment Still in Progress		Address	
Referral Recap Report	296	Address of Patient on Appointment	
ADA Code Description of Treatment-planned Procedure		Letter Merge Reports	158
Referral Slip	298	Change of Address	
ADA Code Description or Transaction Description		Coupon Book - Payment Agreements	79
Operator Day Sheet Report	194	Coupon Book - Future Due Payments	78
ADA Code of Completed Treatment		Employer Address	
Referral Recap Report	296	Letter Merge Reports	158
ADA Code of Treatment Still in Progress		Employers and Employed Patients Report	122
Referral Recap Report	296	Employer Address (for Guarantor)	
ADA Code of Treatment-planned Procedure		Patient Questionnaire	222
Referral Slip	298	Employer Address (for Patient)	
Alternate ADA Code		Patient Questionnaire	222
Procedure Code List	266	Guarantor Address	
Insurance Carrier List	138	Family Ledger Report	124
Beginning ADA Code		Family Ledger Report (Single Family)	126
Insurance Coverage Tables Report	150	Patient Route Slip	226
Denominator Codes for Provider		Truth in Lending Disclosure Statement	332
Oral Health Education Report	198	Walkout - Family Walkout	370
Periodontal Exam Report	250	Billing Statement	48
Initial Health History Report	136	Guarantor City	
Next Appointment ADA Code		Collections Manager List	70
Patient Route Slip	226	Guarantor State	
Next Appointment ADA Code Description		Collections Manager List	70
Patient Route Slip	226	Guarantor Zip Code	
Numerator Codes for Provider		Collections Manager List	70
Oral Health Education Report	198	Insurance Carrier Address	
Periodontal Exam Report	250	Insurance Coverage Tables Report	150
Initial Health History Report	136	Provider IDs List	284
Paint Type		Updated Dental Insurance Payment Table Report	364
Procedure Code List	266	Insurance Carrier List	138
Dental Diagnostic Code List	104	Insurance Carrier City and State	
Procedure Code Category		Insurance Eligibility Report	152
Standard Coverage Tables Report	322	Insurance Carrier Street Address	
Insurance Coverage Tables Report	150	Insurance Eligibility Report	152
Replace Initial Zero of Procedure Code on Claims		Insurance Plan Name and Address for Primary Insurance	
Insurance Carrier List	138	Patient Questionnaire	222
Time Units		Insurance Plan Name and Address for Secondary Insurance	
Procedure Code List	266	Patient Questionnaire	222
Multi-Code List	188	Patient Address	
Total Denominator Codes for All Clinics		Birthday List	50
Oral Health Education Report	198	Continuing Care Cards - No Appointment	74
Periodontal Exam Report	250	Continuing Care Cards - with Appointment	75
Initial Health History Report	136	Coupon Book - Future Due Payments	78
Total Denominator Codes for Clinic		Coupon Book - Payment Agreements	79
Oral Health Education Report	198	New Patient List	190
Periodontal Exam Report	250	Patient Ledger Report	210
Initial Health History Report	136	Patient List	212
Total Numerator Codes for All Clinics		Patient Questionnaire	222
Oral Health Education Report	198	Patient Route Slip	226
Periodontal Exam Report	250	Patient's Ledger Report	230
Initial Health History Report	136	Prescription Printout	260
		Referral Recap Report	296
		Referral Slip	298
		Walkout - Doctor's Statement	368
		Appointment Reminder Cards	18

Address (continued)

Patient City		Subscriber Address for Primary Insurance	
Patient List (Filtered)	214	Patient Questionnaire	222
Letter Merge Reports	158	Subscriber Address for Secondary Insurance	
Patient State		Patient Questionnaire	222
Patient List (Filtered)	214	Subscriber's Employer Address for Primary Insurance	
Letter Merge Reports	158	Patient Questionnaire	222
Patient Street Address		Subscriber's Employer Address for Secondary Insurance	
Patient List (Filtered)	214	Patient Questionnaire	222
Letter Merge Reports	158		
Practice Address		Adjustment	
Billing Statement	48	Adjustment Date	
Continuing Care Cards - No Appointment	74	Patient's Ledger Report	230
Continuing Care Cards - with Appointment	75	Adjustment Description	
Coupon Book - Future Due Payments	78	Patient's Ledger Report	230
Coupon Book - Payment Agreements	79	Adjustment Type	
Patient Chart and Progress Notes Printout	202	Daily Summary Report	88
Patient Chart Printout	204	Day Sheet (Adjustments) Report	90
Patient Treatment Case Report	228	Adjustment Summary Report	4
Perio - Combined Graphic & Data Chart Report	238	Adjustment Types	
Perio - Exam Comparison Report	242	Custom Practice Information Report	82
Perio - Graphic Chart Report	244	Amount of - Adjustments (Collection)	
Practice Organization List	254	Provider A/R Totals - Daily Report	276
Prescription Printout	260	Amount of - Adjustments (Collection) for Provider	
Provider IDs List	284	Provider A/R Totals - Standard Report	278
Referral Recap Report	296	Provider A/R Totals - Daily Report	276
Referral Slip	298	Amount of - Adjustments (Production)	
Truth in Lending Disclosure Statement	332	Provider A/R Totals - Daily Report	276
Walkout - Family Walkout	370	Amount of - Adjustments (Production) for Provider	
Appointment Reminder Cards	18	Provider A/R Totals - Standard Report	278
Practice City		Provider A/R Totals - Daily Report	276
Registration Information Report	306	Amount of + Adjustments (Collection)	
Practice City State and ZIP Code		Provider A/R Totals - Daily Report	276
Letter Merge Reports	158	Amount of + Adjustments (Production)	
Practice Country		Provider A/R Totals - Daily Report	276
Registration Information Report	306	Amount of + Adjustments (Production) for Provider	
Practice State		Provider A/R Totals - Standard Report	278
Registration Information Report	306	Provider A/R Totals - Daily Report	276
Practice Street Address		Amount of Adjustment Type	
Registration Information Report	306	Adjustment Summary Report	4
Letter Merge Reports	158	Amount of Adjustments	
Practice ZIP Code		Procedures by Contracted Amount Report	268
Registration Information Report	306	Amount of Allowances for Patient	
Provider Address		UDS - Patient Related Revenue Report	348
Walkout - Doctor's Statement	368	Amount of Applied Credit Adjustments for Clinic	
Referral Address		Analysis Summary Report - Standard	12
Referral Slip	298	Day Sheet Report	100
Referral Recap Report	296	Analysis Summary Report - Daily	8
Referred by Doctor/Other Address		Amount of Applied Credit Adjustments for Previous	
Referred By Doctor/Other Report	300	Month for Provider	
Referred by Source Address		Day Sheet (Charges and Receipts) Report	94
Letter Merge Reports	158	Amount of Applied Credit Adjustments for Provider	
Referred to Address		Analysis Summary Report - Standard	12
Letter Merge Reports	158	Day Sheet Report	100
Referred to Doctor Address		Analysis Summary Report - Daily	8
Referred To Doctor Report	304	Amount of Bad Debt Write-offs for Patient	
Referring Patient Address		UDS - Patient Related Revenue Report	348
Referred By Patient Report	302	Amount of Charge Adjustments for Clinic	
Spouse Address		Analysis Summary Report - Standard	12
Patient Questionnaire	222	Day Sheet Report	100
		Analysis Summary Report - Daily	8

Adjustment (continued)

Amount of Charge Adjustments for Previous Month for Provider		Amount of Other Applied Credit Adjustments for Clinic	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	94	Day Sheet Report	100
Amount of Charge Adjustments for Provider		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Amount of Other Applied Credit Adjustments for Provider	
Day Sheet Report	100	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Amount of Credit Special Adjustments		Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Amount of Other Applied Credit Special Adjustments for Clinic	
Amount of Credit Special Adjustments for Clinic		Day Sheet Report	100
Analysis Summary Report - Standard	12	Amount of Other Applied Credit Special Adjustments for Provider	
Day Sheet Report	100	Day Sheet Report	100
Analysis Summary Report - Daily	8	Amount of Other Credit Special Adjustments for Clinic	
Amount of Credit Special Adjustments for Provider		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Day Sheet Report	100	Amount of Other Credit Special Adjustments for Provider	
Provider A/R Totals - Daily Report	276	Analysis Summary Report - Standard	12
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Amount of Other Debit Adjustments (Average)	
Amount of Current Applied Credit Adjustments for Provider		Practice Analysis Report	252
Day Sheet (Charges and Receipts) Report	94	Amount of Other Debit Adjustments (for Date Range)	
Amount of Current Applied Payments for Provider		Practice Analysis Report	252
Day Sheet (Charges and Receipts) Report	94	Amount of Other Debit Adjustments (MTD)	
Amount of Current Charge Adjustments for Provider		Practice Analysis Report	252
Day Sheet (Charges and Receipts) Report	94	Amount of Other Debit Adjustments (YTD)	
Day Sheet (Charges and Receipts) Report	94	Practice Analysis Report	252
Amount of Current Suspended Credit Adjustments for Provider		Amount of Sliding Discounts for Patient	
Day Sheet (Charges and Receipts) Report	94	UDS - Patient Related Revenue Report	348
Amount of Debit Adjustments (Average)		Amount of Suspended Credit Adjustments for Clinic	
Practice Analysis Report	252	Analysis Summary Report - Standard	12
Amount of Debit Adjustments (for Date Range)		Day Sheet Report	100
Practice Analysis Report	252	Analysis Summary Report - Daily	8
Amount of Debit Adjustments (MTD)		Amount of Suspended Credit Adjustments for Previous Month for Provider	
Practice Analysis Report	252	Day Sheet (Charges and Receipts) Report	94
Amount of Debit Adjustments (YTD)		Amount of Suspended Credit Adjustments for Provider	
Practice Analysis Report	252	Analysis Summary Report - Standard	12
Amount of Debit Special Adjustments		Day Sheet Report	100
Provider A/R Totals - Daily Report	276	Analysis Summary Report - Daily	8
Amount of Debit Special Adjustments for Clinic		Amount of YTD Applied Credit Adjustments for Provider	
Analysis Summary Report - Standard	12	Day Sheet (Charges and Receipts) Report	94
Day Sheet Report	100	Amount of YTD Charge Adjustments for Provider	
Analysis Summary Report - Daily	8	Day Sheet (Charges and Receipts) Report	94
Amount of Debit Special Adjustments for Provider		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Amount of YTD Suspended Credit Adjustments for Provider	
Day Sheet Report	100	Day Sheet (Charges and Receipts) Report	94
Provider A/R Totals - Daily Report	276	Applied Credit Adjustment Amount	
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Amount of MTD Applied Credit Adjustments for Provider		Average Amount of Adjustment Type	
Day Sheet (Charges and Receipts) Report	94	Adjustment Summary Report	4
Amount of MTD Charge Adjustments for Provider		Average Amount of Adjustments	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Adjustments) Report	90
Day Sheet (Charges and Receipts) Report	94	Average Amount of Adjustments for Clinic	
Amount of MTD Suspended Credit Adjustments for Provider		Day Sheet (Adjustments) Report	90
Day Sheet (Charges and Receipts) Report	94	Average Amount of Adjustments for Provider	
		Day Sheet (Adjustments) Report	90

Adjustment (continued)

Average Amount of Credit Adjustments		Subtotal of Allowances for Financial Class Type	
Day Sheet (Adjustments) Report	90	UDS - Patient Related Revenue Report	348
Average Amount of Debit Adjustments		Subtotal of Allowances for Payer Category	
Day Sheet (Adjustments) Report	90	UDS - Patient Related Revenue Report	348
Charge Adjustment Amount		Subtotal of Bad Debt Write-offs for Financial Class Type	
Analysis Summary Report - Standard	12	UDS - Patient Related Revenue Report	348
Analysis Summary Report - Daily	8	Subtotal of Bad Debt Write-offs for Payer Category	
Collection Adjustments		UDS - Patient Related Revenue Report	348
Provider A/R Totals - Standard Report	278	Subtotal of Sliding Discounts for Financial Class Type	
Provider A/R Totals - Daily Report	276	UDS - Patient Related Revenue Report	348
Credit Adjustment Amount		Subtotal of Sliding Discounts for Payer Category	
Insurance Carrier Production - Full Report	142	UDS - Patient Related Revenue Report	348
Billing Statement	48	Suspended Credit Adjustment Amount	
Credit Adjustment Amount for Insurance Plan		Analysis Summary Report - Standard	12
Insurance Carrier Production - Summary Report	144	Analysis Summary Report - Daily	8
Insurance Carrier Production - Full Report	142	Total Adjustments	
Credit Special Adjustment Amount		Patient Revenue List by Payer Report	224
Analysis Summary Report - Standard	12	Total Amount of - Adjustments (Collection)	
Analysis Summary Report - Daily	8	Provider A/R Totals - Standard Report	278
Debit Adjustment Amount		Provider A/R Totals - Daily Report	276
Insurance Carrier Production - Full Report	142	Total Amount of - Adjustments (Production)	
Debit Adjustment Amount for Insurance Plan		Provider A/R Totals - Standard Report	278
Insurance Carrier Production - Summary Report	144	Provider A/R Totals - Daily Report	276
Insurance Carrier Production - Full Report	142	Total Amount of + Adjustments (Collection)	
Debit Special Adjustment Amount		Provider A/R Totals - Standard Report	278
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	276
Analysis Summary Report - Daily	8	Total Amount of + Adjustments (Production)	
Grand Total Amount of Charge Adjustments		Provider A/R Totals - Standard Report	278
Insurance Transaction Analysis Report	154	Provider A/R Totals - Daily Report	276
Grand Total Amount of Credit Adjustments		Total Amount of Adjustment Type	
Insurance Transaction Analysis Report	154	Daily Summary Report	88
Grand Total Number of Charge Adjustments		Total Amount of Adjustment Types	
Insurance Transaction Analysis Report	154	Adjustment Summary Report	4
Grand Total Number of Credit Adjustments		Total Amount of Adjustments	
Insurance Transaction Analysis Report	154	Day Sheet (Adjustments) Report	90
Other Applied Credit Adjustment Amount		Daily Summary Report	88
Analysis Summary Report - Standard	12	Total Amount of Adjustments for Clinic	
Analysis Summary Report - Daily	8	Day Sheet (Adjustments) Report	90
Other Credit Special Adjustment Amount		Total Amount of Adjustments for Provider	
Analysis Summary Report - Standard	12	Day Sheet (Adjustments) Report	90
Analysis Summary Report - Daily	8	Total Amount of Allowances for Financial Class Type	
Percent of Adjustment Type in Adjustment Type Category		UDS - Patient Related Revenue Report	348
Adjustment Summary Report	4	Total Amount of Allowances for Patient	
Production Adjustments		UDS - Patient Related Revenue Report	348
Provider A/R Totals - Standard Report	278	Total Amount of Allowances for Payer Category	
Provider A/R Totals - Daily Report	276	UDS - Patient Related Revenue Report	348
Quantity of Adjustment Type		Total Amount of Applied Credit Adjustments	
Adjustment Summary Report	4	Analysis Summary Report - Standard	12
Quantity of Adjustments for Clinic		Day Sheet Report	100
Day Sheet (Adjustments) Report	90	Analysis Summary Report - Daily	8
Quantity of Adjustments for Provider		Total Amount of Applied Credit Adjustments for Previous Month	
Day Sheet (Adjustments) Report	90	Day Sheet (Charges and Receipts) Report	94
Revenue for Provider from Credit Adjustments		Total Amount of Bad Debt Write-offs for Financial Class Type	
Provider Revenue - Charges Report	288	UDS - Patient Related Revenue Report	348
Provider Revenue - Credits Report	290	Total Amount of Bad Debt Write-offs for Patient	
Provider Revenue - Summary Report	292	UDS - Patient Related Revenue Report	348
Provider Revenue - Allocations Report	286	Total Amount of Bad Debt Write-offs for Payer Category	
		UDS - Patient Related Revenue Report	348

Adjustment (continued)

Total Amount of Charge Adjustments		Total Amount of Other Credit Special Adjustments	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Analysis Summary Report - Daily	8
Insurance Transaction Analysis Report	154	Total Amount of Sliding Discounts for Financial Class Type	
Operator Day Sheet Report	194	UDS - Patient Related Revenue Report	348
Analysis Summary Report - Daily	8	Total Amount of Sliding Discounts for Patient	
Total Amount of Charge Adjustments for Previous Month		UDS - Patient Related Revenue Report	348
Day Sheet (Charges and Receipts) Report	94	Total Amount of Sliding Discounts for Payer Category	
Day Sheet (Charges and Receipts) Report	94	UDS - Patient Related Revenue Report	348
Total Amount of Credit Adjustments		Total Amount of YTD Applied Credit Adjustments	
Day Sheet (Adjustments) Report	90	Day Sheet (Charges and Receipts) Report	94
Insurance Carrier Production - Full Report	142	Total Amount of YTD Charge Adjustments	
Insurance Carrier Production - Summary Report	144	Day Sheet (Charges and Receipts) Report	94
Insurance Transaction Analysis Report	154	Day Sheet (Charges and Receipts) Report	94
Operator Day Sheet Report	194	Total Amount of YTD Suspended Credit Adjustments	
Adjustment Summary Report	4	Day Sheet (Charges and Receipts) Report	94
Total Amount of Credit Special Adjustments		Total Number of Charge Adjustments	
Analysis Summary Report - Standard	12	Insurance Transaction Analysis Report	154
Day Sheet Report	100	Total Number of Credit Adjustments	
Provider A/R Totals - Daily Report	276	Insurance Transaction Analysis Report	154
Provider A/R Totals - Standard Report	278	Total Quantity of Adjustments	
Analysis Summary Report - Daily	8	Day Sheet (Adjustments) Report	90
Total Amount of Current Applied Credit Adjustments		Total Quantity of Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Adjustments) Report	90
Total Amount of Current Charge Adjustments		Total Quantity of Debit Adjustments	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Adjustments) Report	90
Day Sheet (Charges and Receipts) Report	94	Total Revenue from Credit Adjustments	
Total Amount of Current Suspended Credit Adjustments		Provider Revenue - Charges Report	288
Day Sheet (Charges and Receipts) Report	94	Provider Revenue - Credits Report	290
Total Amount of Debit Adjustments		Provider Revenue - Summary Report	292
Day Sheet (Adjustments) Report	90	Provider Revenue - Allocations Report	286
Insurance Carrier Production - Full Report	142	Adjustment Type	
Insurance Carrier Production - Summary Report	144	Adjustment Type	
Adjustment Summary Report	4	Daily Summary Report	88
Total Amount of Debit Special Adjustments		Day Sheet (Adjustments) Report	90
Analysis Summary Report - Standard	12	Adjustment Summary Report	4
Day Sheet Report	100	Adjustment Types	
Provider A/R Totals - Daily Report	276	Custom Practice Information Report	82
Provider A/R Totals - Standard Report	278	Amount of Adjustment Type	
Analysis Summary Report - Daily	8	Adjustment Summary Report	4
Total Amount of MTD Applied Credit Adjustments		Average Amount of Adjustment Type	
Day Sheet (Charges and Receipts) Report	94	Adjustment Summary Report	4
Total Amount of MTD Charge Adjustments		Quantity of Adjustment Type	
Day Sheet (Charges and Receipts) Report	94	Adjustment Summary Report	4
Day Sheet (Charges and Receipts) Report	94	Total Amount of Adjustment Type	
Total Amount of MTD Suspended Credit Adjustments		Daily Summary Report	88
Day Sheet (Charges and Receipts) Report	94	Total Amount of Adjustment Types	
Total Amount of Other Applied Credit Adjustments		Adjustment Summary Report	4
Analysis Summary Report - Standard	12	Adjustment Type Category	
Day Sheet Report	100	Percent of Adjustment Type in Adjustment Type Category	
Analysis Summary Report - Daily	8	Adjustment Summary Report	4
Total Amount of Other Applied Credit Special Adjustments		Age	
Day Sheet Report	100	20+ Years Old for Financial Class Type	
		UDS - Insurance Financial Class Report	342
		20+ Years Old for Financial Class Type for Clinic	
		UDS - Insurance Financial Class Report	342
		20+ Years Old for Financial Class Type for Provider	
		UDS - Insurance Financial Class Report	342
		20+ Years Old for Financial Class Types	
		UDS - Insurance Financial Class Report	342

Age (continued)

Age			Number of Medicaid and Medicare Patients in Second Age Group with Financial Class	
UDS - Age/Gender Report	334		UDS - Medicaid/Medicare Report	346
Patient Health Assessment Report	206		Number of Medicaid Patients in First Age Group	
Ages 15 - 19 Years			UDS - Medicaid/Medicare Report	346
Caries Prevalence and Periodontal Index Report			Number of Medicaid Patients in First Age Group at Clinic	
52			UDS - Medicaid/Medicare Report	346
Ages 2 - 5 Years			Number of Medicaid Patients in First Age Group for Provider	
Caries Prevalence and Periodontal Index Report			UDS - Medicaid/Medicare Report	346
52			Number of Medicaid Patients in First Age Group in ZIP Code	
Ages 35 - 44 Years			UDS - Medicaid/Medicare Report	346
Caries Prevalence and Periodontal Index Report			Number of Medicaid Patients in First Age Group with Financial Class	
52			UDS - Medicaid/Medicare Report	346
Ages 55+ Years			Number of Medicaid Patients in First Age Group with Financial Class	
Caries Prevalence and Periodontal Index Report			UDS - Medicaid/Medicare Report	346
52			Number of Medicaid Patients in Second Age Group	
Ages 6 - 14 Years			UDS - Medicaid/Medicare Report	346
Caries Prevalence and Periodontal Index Report			Number of Medicaid Patients in Second Age Group at Clinic	
52			UDS - Medicaid/Medicare Report	346
Guarantor Birth Date & Age			Number of Medicaid Patients in Second Age Group for Provider	
Collections Manager List	70		UDS - Medicaid/Medicare Report	346
Number <19 Years Old for Financial Class Type			Number of Medicaid Patients in Second Age Group in ZIP Code	
UDS - Insurance Financial Class Report	342		UDS - Medicaid/Medicare Report	346
Number <19 Years Old for Financial Class Type for Clinic			Number of Medicaid Patients in Second Age Group with Financial Class	
UDS - Insurance Financial Class Report	342		UDS - Medicaid/Medicare Report	346
Number <19 Years Old for Financial Class Type for Provider			Number of Medicaid Patients in First Age Group	
UDS - Insurance Financial Class Report	342		UDS - Medicaid/Medicare Report	346
Number 0 - 17 Years Old for Financial Class Type			Number of Medicare Patients in First Age Group	
UDS - Insurance Financial Class Report (2013)	344		UDS - Medicaid/Medicare Report	346
Number 18+ for Financial Class Type			Number of Medicare Patients in First Age Group at Clinic	
UDS - Insurance Financial Class Report (2013)	344		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group			Number of Medicare Patients in First Age Group for Provider	
UDS - Medicaid/Medicare Report	346		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group at Clinic			Number of Medicare Patients in First Age Group in ZIP Code	
UDS - Medicaid/Medicare Report	346		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group for Provider			Number of Medicare Patients in First Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group in ZIP Code			Number of Medicare Patients in Second Age Group	
UDS - Medicaid/Medicare Report	346		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group with Financial Class			Number of Medicare Patients in Second Age Group at Clinic	
UDS - Medicaid/Medicare Report	346		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group			Number of Medicare Patients in Second Age Group for Provider	
UDS - Medicaid/Medicare Report	346		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group at Clinic			Number of Medicare Patients in Second Age Group in ZIP Code	
UDS - Medicaid/Medicare Report	346		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group for Provider			Number of Medicare Patients in Second Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346		UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group in ZIP Code			Number of Patients <6 or 65+ Years	
UDS - Medicaid/Medicare Report	346		Meaningful Use Measure Calculation List	162

Age (continued)

Number of Patients <6 or 65+ Years who Received Appointment Reminders		Number of Patients 17 - 20 Years	
Meaningful Use Measure Calculation List	162	Practice Statistics Report	256
Number of Patients 0 - 19 Years		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 17 - 20 Years with OHS 1	
Number of Patients 0 - 19 Years with Fluoride Varnish		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 17 - 20 Years with OHS 2	
Number of Patients 0 - 19 Years with Tooth Decay or Cavities		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 17 - 20 Years with OHS 3	
Number of Patients 0 - 2 Years		Oral Health Status Report	200
Practice Statistics Report	256	Number of Patients 17 - 20 Years with OHS 4	
Number of Patients 0 - 2 Years Seen		Oral Health Status Report	200
Meaningful Use Measure Calculation List	162	Number of Patients 17 - 20 Years with OHS 5	
Number of Patients 0 - 2 Years with Vital Sign Readings		Oral Health Status Report	200
Meaningful Use Measure Calculation List	162	Number of Patients 17 - 20 Years without OHS	
Meaningful Use Measure Calculation List	162	Oral Health Status Report	200
Number of Patients 11 - 12 Years		Number of Patients 18 - 64 Years	
Practice Statistics Report	256	Clinical Quality Measures List	66
Number of Patients 13 - 14 Years		Number of Patients 18 - 64 Years with Abnormal BMI Reading and Follow Up	
Practice Statistics Report	256	Clinical Quality Measures List	66
Oral Health Status Report	200	Number of Patients 18 - 64 Years with Medical Encounters (with Exclusions)	
Number of Patients 13 - 14 Years with OHS 1		Clinical Quality Measures List	66
Oral Health Status Report	200	Number of Patients 18 - 85 Years	
Number of Patients 13 - 14 Years with OHS 2		Clinical Quality Measures List	66
Oral Health Status Report	200	Number of Patients 18 - 85 Years with Abnormal Blood Pressure Reading	
Number of Patients 13 - 14 Years with OHS 3		Clinical Quality Measures List	66
Oral Health Status Report	200	Number of Patients 18 - 85 Years with Hypertension	
Number of Patients 13 - 14 Years with OHS 4		Clinical Quality Measures List	66
Oral Health Status Report	200	Number of Patients 18 - 85 Years with Outpatient Visits (with Exclusions)	
Number of Patients 13 - 14 Years with OHS 5		Clinical Quality Measures List	66
Oral Health Status Report	200	Number of Patients 18+ Years	
Number of Patients 13 - 14 Years with OHS 6		Clinical Quality Measures List	66
Oral Health Status Report	200	Number of Patients 18+ Years who Use Tobacco and Received Cessation Counseling	
Number of Patients 13 - 14 Years without OHS		Clinical Quality Measures List	66
Oral Health Status Report	200	Number of Patients 18+ Years with Current Medications	
Number of Patients 13+ Years Seen		Clinical Quality Measures List	66
Meaningful Use Measure Calculation List	162	Number of Patients 18+ Years with Medical Encounters or Patient Health Assessments	
Meaningful Use Measure Calculation List	162	Clinical Quality Measures List	66
Number of Patients 13+ Years with Smoking Status		Number of Patients 18+ Years with Visits	
Meaningful Use Measure Calculation List	162	UDS - Tobacco Use and Intervention Report	354
Meaningful Use Measure Calculation List	162	Clinical Quality Measures List	66
Number of Patients 15 - 16 Years		Number of Patients 2+ Years Seen	
Practice Statistics Report	256	Meaningful Use Measure Calculation List	162
Oral Health Status Report	200	Number of Patients 2+ Years with Vital Sign Readings	
Number of Patients 15 - 16 Years with OHS 1		Meaningful Use Measure Calculation List	162
Oral Health Status Report	200	Number of Patients 21 - 30 Years	
Number of Patients 15 - 16 Years with OHS 2		Practice Statistics Report	256
Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 3		Number of Patients 21 - 30 Years with OHS 1	
Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 4		Number of Patients 21 - 30 Years with OHS 2	
Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 5		Number of Patients 21 - 30 Years with OHS 3	
Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 6			
Oral Health Status Report	200		
Number of Patients 15 - 16 Years without OHS			
Oral Health Status Report	200		

Age (continued)

Number of Patients 21 - 30 Years with OHS 4 Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 4 Oral Health Status Report	200
Number of Patients 21 - 30 Years with OHS 5 Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 5 Oral Health Status Report	200
Number of Patients 21 - 30 Years with OHS 6 Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 6 Oral Health Status Report	200
Number of Patients 21 - 30 Years without OHS Oral Health Status Report	200	Number of Patients 41-50 Years without OHS Oral Health Status Report	200
Number of Patients 3 - 17 Years Clinical Quality Measures List	66	Number of Patients 5 - 6 Years Practice Statistics Report	256
Number of Patients 3 - 17 Years who Received Nutrition Counseling Clinical Quality Measures List	66	Oral Health Status Report	200
Number of Patients 3 - 17 Years who Received Physical Activity Counseling Clinical Quality Measures List	66	Number of Patients 5 - 6 Years with OHS 1 Oral Health Status Report	200
Number of Patients 3 - 17 Years with BMI Percentile Reading Clinical Quality Measures List	66	Number of Patients 5 - 6 Years with OHS 2 Oral Health Status Report	200
Number of Patients 3 - 17 Years with Medical Encoun- ters (with Exclusions) Clinical Quality Measures List	66	Number of Patients 5 - 6 Years with OHS 3 Oral Health Status Report	200
Number of Patients 3 - 17 Years with Outpatient Visits (with Exclusions) Clinical Quality Measures List	66	Number of Patients 5 - 6 Years with OHS 4 Oral Health Status Report	200
Number of Patients 3 - 4 Years Practice Statistics Report	256	Number of Patients 5 - 6 Years with OHS 5 Oral Health Status Report	200
Number of Patients 3+ Years with Vital Sign Readings Meaningful Use Measure Calculation List	162	Number of Patients 5 - 6 Years with OHS 6 Oral Health Status Report	200
Number of Patients 3+ Years Seen Meaningful Use Measure Calculation List	162	Number of Patients 5 - 6 Years without OHS Oral Health Status Report	200
Number of Patients 3+ Years with Vital Sign Readings Meaningful Use Measure Calculation List	162	Number of Patients 51 - 60 Years Practice Statistics Report	256
Number of Patients 31 - 40 Years Practice Statistics Report	256	Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 51 - 60 Years with OHS 1 Oral Health Status Report	200
Number of Patients 31 - 40 Years with OHS 1 Oral Health Status Report	200	Number of Patients 51 - 60 Years with OHS 2 Oral Health Status Report	200
Number of Patients 31 - 40 Years with OHS 2 Oral Health Status Report	200	Number of Patients 51 - 60 Years with OHS 3 Oral Health Status Report	200
Number of Patients 31 - 40 Years with OHS 3 Oral Health Status Report	200	Number of Patients 51 - 60 Years with OHS 4 Oral Health Status Report	200
Number of Patients 31 - 40 Years with OHS 4 Oral Health Status Report	200	Number of Patients 51 - 60 Years with OHS 5 Oral Health Status Report	200
Number of Patients 31 - 40 Years with OHS 5 Oral Health Status Report	200	Number of Patients 51 - 60 Years with OHS 6 Oral Health Status Report	200
Number of Patients 31 - 40 Years with OHS 6 Oral Health Status Report	200	Number of Patients 51 - 60 Years without OHS Oral Health Status Report	200
Number of Patients 31 - 40 Years without OHS Oral Health Status Report	200	Number of Patients 6+ Months Clinical Quality Measures List	66
Number of Patients 41 - 50 Years Practice Statistics Report	256	Number of Patients 6+ Months who Received Influenza Vaccinations Clinical Quality Measures List	66
Number of Patients 41-50 Years Oral Health Status Report	200	Number of Patients 61 - 70 Years Practice Statistics Report	256
Number of Patients 41-50 Years with OHS 1 Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 41-50 Years with OHS 2 Oral Health Status Report	200	Number of Patients 61 - 70 Years with OHS 1 Oral Health Status Report	200
Number of Patients 41-50 Years with OHS 3 Oral Health Status Report	200	Number of Patients 61 - 70 Years with OHS 2 Oral Health Status Report	200
		Number of Patients 61 - 70 Years with OHS 3 Oral Health Status Report	200
		Number of Patients 61 - 70 Years with OHS 4 Oral Health Status Report	200
		Number of Patients 61 - 70 Years with OHS 5 Oral Health Status Report	200
		Number of Patients 61 - 70 Years with OHS 6 Oral Health Status Report	200

Age (continued)

Number of Patients 61 - 70 Years without OHS		Number of Patients 81+ Years with OHS 2	
Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 65+ Years		Number of Patients 81+ Years with OHS 3	
Clinical Quality Measures List	66	Oral Health Status Report	200
Number of Patients 65+ Years with Abnormal BMI		Number of Patients 81+ Years with OHS 4	
Reading and Follow Up		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 81+ Years with OHS 5	
Number of Patients 65+ Years with Medical Encounters		Oral Health Status Report	200
(with Exclusions)		Number of Patients 81+ Years with OHS 6	
Clinical Quality Measures List	66	Oral Health Status Report	200
Number of Patients 66+ Years		Number of Patients 81+ Years without OHS	
Clinical Quality Measures List	66	Oral Health Status Report	200
Number of Patients 66+ Years Seen		Number of Patients 9 - 10 Years	
Clinical Quality Measures List	66	Practice Statistics Report	256
Number of Patients 66+ Years with 1+ High-risk Medications		Number of Patients without Birth Date	
Clinical Quality Measures List	66	Oral Health Status Report	200
Number of Patients 66+ Years with 2+ High-risk Medications		Number of Patients without Birth Date and with OHS 1	
Clinical Quality Measures List	66	Oral Health Status Report	200
Number of Patients 7 - 8 Years		Number of Patients without Birth Date and with OHS 2	
Practice Statistics Report	256	Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients without Birth Date and with OHS 3	
Number of Patients 7 - 8 Years with OHS 1		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients without Birth Date and with OHS 4	
Number of Patients 7 - 8 Years with OHS 2		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients without Birth Date and with OHS 5	
Number of Patients 7 - 8 Years with OHS 3		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients without Birth Date and with OHS 6	
Number of Patients 7 - 8 Years with OHS 4		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients without Birth Date and without OHS	
Number of Patients 7 - 8 Years with OHS 5		Oral Health Status Report	200
Oral Health Status Report	200	Number of Tobacco Non-users 18+ Years with Tobacco Use Assessment	
Number of Patients 7 - 8 Years with OHS 6		UDS - Tobacco Use and Intervention Report	354
Oral Health Status Report	200	Number of Tobacco Users 18+ Years with Tobacco Use Assessment and Tobacco Cessation Counseling or Tobacco Cessation Pharmacotherapy	
Number of Patients 7 - 8 Years without OHS		UDS - Tobacco Use and Intervention Report	354
Oral Health Status Report	200	Patient Age	
Number of Patients 71 - 80 Years		Patient List (Filtered)	214
Practice Statistics Report	256	Patient Route Slip	226
Oral Health Status Report	200	Walkout - Doctor's Statement	368
Number of Patients 71 - 80 Years with OHS 1		Continuing Care Display List	76
Oral Health Status Report	200	Percent of Patients 0 - 2 Years	
Number of Patients 71 - 80 Years with OHS 2		Practice Statistics Report	256
Oral Health Status Report	200	Percent of Patients 11 - 12 Years	
Number of Patients 71 - 80 Years with OHS 3		Practice Statistics Report	256
Oral Health Status Report	200	Percent of Patients 13 - 14 Years	
Number of Patients 71 - 80 Years with OHS 4		Practice Statistics Report	256
Oral Health Status Report	200	Percent of Patients 15 - 16 Years	
Number of Patients 71 - 80 Years with OHS 5		Practice Statistics Report	256
Oral Health Status Report	200	Percent of Patients 17 - 20 Years	
Number of Patients 71 - 80 Years with OHS 6		Practice Statistics Report	256
Oral Health Status Report	200	Percent of Patients 21 - 30 Years	
Number of Patients 71 - 80 Years without OHS		Practice Statistics Report	256
Oral Health Status Report	200	Percent of Patients 3 - 4 Years	
Number of Patients 81+ Years		Practice Statistics Report	256
Practice Statistics Report	256	Percent of Patients 31 - 40 Years	
Oral Health Status Report	200	Practice Statistics Report	256
Number of Patients 81+ Years with OHS 1		Percent of Patients 41 - 50 Years	
Oral Health Status Report	200	Practice Statistics Report	256

Age (continued)

Percent of Patients 5 - 6 Years		Aged Amount 31 - 60 for Provider	
Practice Statistics Report	256	Aging/Credit Balance Report	6
Percent of Patients 51 - 60 Years		Aged Amount 61 - 90	
Practice Statistics Report	256	Aging/Credit Balance Report	6
Percent of Patients 61 - 70 Years		Aged Amount 61 - 90 for Clinic	
Practice Statistics Report	256	Aging/Credit Balance Report	6
Percent of Patients 7 - 8 Years		Aged Amount 61 - 90 for Provider	
Practice Statistics Report	256	Aging/Credit Balance Report	6
Percent of Patients 71 - 80 Years		Aged Amount 90 - 120	
Practice Statistics Report	256	Aging/Credit Balance Report	6
Percent of Patients 81+ Years		Aged Amount 90 - 120 for Clinic	
Practice Statistics Report	256	Aging/Credit Balance Report	6
Percent of Patients 9 - 10 Years		Aged Amount 90 - 120 for Provider	
Practice Statistics Report	256	Aging/Credit Balance Report	6
Total Number <19 Years Old for Financial Class Types		Aged Amount Over 180	
UDS - Insurance Financial Class Report	342	Aging/Credit Balance Report	6
		Aged Amount Over 180 for Clinic	
		Aging/Credit Balance Report	6
		Aged Amount Over 180 for Provider	
		Aging/Credit Balance Report	6
Aging		Aging 0 - 30	
Account Amount Aged >90		Letter Merge Reports	158
Patient Route Slip	226	Aging 31 - 60	
Account Amount Aged 0 - 30		Letter Merge Reports	158
Patient Route Slip	226	Aging 61 - 90	
Account Amount Aged 181+		Letter Merge Reports	158
Pre-Treatment Estimate Aging Report	262	Aging 91+	
Account Amount Aged 31 - 60		Letter Merge Reports	158
Patient Route Slip	226	Amount Aged >90	
Account Amount Aged 61 - 90		Continuing Care Display List	76
Patient Route Slip	226	Amount Aged 0 - 30	
Account Balance Amount Aged 121 - 150		Continuing Care Display List	76
Pre-Treatment Estimate Aging Report	262	Collections Manager List	70
Account Balance Amount Aged 151 - 180		Amount Aged 31 - 60	
Pre-Treatment Estimate Aging Report	262	Continuing Care Display List	76
Account Balance Amount Aged 31 - 60		Collections Manager List	70
Pre-Treatment Estimate Aging Report	262	Amount Aged 61 - 90	
Account Balance Amount Aged 61 - 90		Continuing Care Display List	76
Pre-Treatment Estimate Aging Report	262	Collections Manager List	70
Account Balance Amount Aged 91 - 120		Amount Aged 91+	
Pre-Treatment Estimate Aging Report	262	Collections Manager List	70
Aged Amount 0 - 30		Amount Aged Over 30 Days	
Aging/Credit Balance Report	6	Billing Statement	48
Aged Amount 0 - 30 for Clinic		Amount Aged Over 60 Days	
Aging/Credit Balance Report	6	Billing Statement	48
Aged Amount 0 - 30 for Provider		Amount Aged Over 90 Days	
Aging/Credit Balance Report	6	Billing Statement	48
Aged Amount 121 - 150		Amount of Account Balance Aged >90	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Aged Amount 121 - 150 for Clinic		Amount of Account Balance Aged 1 - 30	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Aged Amount 121 - 150 for Provider		Amount of Account Balance Aged 31 - 60	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Aged Amount 151 - 180		Amount of Account Balance Aged 61 - 90	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Aged Amount 151 - 180 for Clinic		Patient Amount Aged >90	
Aging/Credit Balance Report	6	Patient Route Slip	226
Aged Amount 151 - 180 for Provider		Patient Amount Aged 0 - 30	
Aging/Credit Balance Report	6	Patient Route Slip	226
Aged Amount 31 - 60		Patient Amount Aged 31 - 60	
Aging/Credit Balance Report	6	Patient Route Slip	226
Aged Amount 31 - 60 for Clinic			
Aging/Credit Balance Report	6		

Aging (continued)

Patient Amount Aged 61 - 90		Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates	
Patient Route Slip	226	Pre-Treatment Estimate Aging Report	262
Percent of Amount Aged 0 - 30		Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	262
Percent of Amount Aged 121 - 150		Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	262
Percent of Amount Aged 151 - 180		Total Amount of Account Balances Aged 121 - 150 with Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Percent of Amount Aged 31 - 60		Total Amount of Account Balances Aged 121 - 150 with Primary Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Percent of Amount Aged 61 - 90		Total Amount of Account Balances Aged 121 - 150 with Secondary Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Percent of Amount Aged 90 - 120		Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	262
Percent of Amount Aged Over 180		Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	262
Receivables Aged 31 - 60		Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates	
Practice Analysis Report	252	Pre-Treatment Estimate Aging Report	262
Receivables Aged 61 - 90		Total Amount of Account Balances Aged 151 - 180 with Claims	
Practice Analysis Report	252	Insurance Claim Aging Report	146
Receivables Aged Over 90		Total Amount of Account Balances Aged 151 - 180 with Primary Claims	
Practice Analysis Report	252	Insurance Claim Aging Report	146
Total Amount Aged 0 - 30		Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Collections Manager List	70	Insurance Claim Aging Report	146
Aging/Credit Balance Report	6	Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates	
Total Amount Aged 121 - 150		Pre-Treatment Estimate Aging Report	262
Aging/Credit Balance Report	6	Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Total Amount Aged 151 - 180		Pre-Treatment Estimate Aging Report	262
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	262
Total Amount Aged 31 - 60		Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Collections Manager List	70	Pre-Treatment Estimate Aging Report	262
Aging/Credit Balance Report	6	Total Amount of Account Balances Aged 181+ with Claims	
Total Amount Aged 61 - 90		Insurance Claim Aging Report	146
Collections Manager List	70	Total Amount of Account Balances Aged 181+ with Primary Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Total Amount Aged 90 - 120		Total Amount of Account Balances Aged 181+ with Secondary Claims	
Aging/Credit Balance Report	6	Insurance Claim Aging Report	146
Total Amount Aged 91+		Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates	
Collections Manager List	70	Pre-Treatment Estimate Aging Report	262
Total Amount Aged Over 180		Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates	
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates			
Pre-Treatment Estimate Aging Report	262		
Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates			
Pre-Treatment Estimate Aging Report	262		
Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates			
Pre-Treatment Estimate Aging Report	262		
Total Amount of Account Balances Aged 1 - 30 with Claims			
Insurance Claim Aging Report	146		
Total Amount of Account Balances Aged 1 - 30 with Primary Claims			
Insurance Claim Aging Report	146		
Total Amount of Account Balances Aged 1 - 30 with Secondary Claims			
Insurance Claim Aging Report	146		

Aging (continued)

Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 31 - 60 with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 31 - 60 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 31 - 60 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 91 - 120 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 91 - 120 with Secondary Claims	
Insurance Claim Aging Report	146

Alert

Alerts	
Appointment Book View Printout	14
Family Alert Note	
Patient Notes Report	216
Medical Alert	
Patient Route Slip	226
Patient Notes Report	216
Patient Alert Note	
Patient Notes Report	216

Allergy

Allergy Description	
Patient List (Filtered)	214
Allergy Discovery Date	
Patient List (Filtered)	214

Allocate

Allocate Date	
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Allocations Report	286

Allocated

Allocated Amount	
Provider Revenue - Credits Report	290
Provider Revenue - Allocations Report	286

Allowance

Amount of Allowances for Patient	
UDS - Patient Related Revenue Report	348
Subtotal of Allowances for Financial Class Type	
UDS - Patient Related Revenue Report	348
Subtotal of Allowances for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Allowances for Financial Class Type	
UDS - Patient Related Revenue Report	348
Total Amount of Allowances for Patient	
UDS - Patient Related Revenue Report	348
Total Amount of Allowances for Payer Category	
UDS - Patient Related Revenue Report	348

Allowed Amount

Contracted Rate	
Procedures by Contracted Amount Report	268

Alternate ADA Code

Alternate ADA Code	
Procedure Code List	266
Insurance Carrier List	138

Alternate Case

Alternate Case Name	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228

Alternate Fee Schedule

Fee from Alternate Fee Schedule	
Treatment Case Report	326
Fee from Alternate Fee Schedule for Visit	
Treatment Case Report	326
Total Fee from Alternate Fee Schedule for Case	
Treatment Case Report	326

AMA Code

Medical Code	
Procedure Code List	266

AMA CPT

AMA CPT Code	
Procedure Code List	266
Medical Code List	186
AMA CPT Code Description	
Medical Code List	186

Amount

Account Amount Aged >90	
Patient Route Slip	226
Account Amount Aged 0 - 30	
Patient Route Slip	226

Amount (continued)

Account Amount Aged 181+		Aged Amount Over 180 for Provider	
Pre-Treatment Estimate Aging Report	262	Aging/Credit Balance Report	6
Account Amount Aged 31 - 60		Allocated Amount	
Patient Route Slip	226	Provider Revenue - Credits Report	290
Account Amount Aged 61 - 90		Provider Revenue - Allocations Report	286
Patient Route Slip	226	Amount	
Account Balance Amount Aged 121 - 150		Patient Chart and Progress Notes Printout	202
Pre-Treatment Estimate Aging Report	262	Day Sheet (Adjustments) Report	90
Account Balance Amount Aged 151 - 180		Amount Aged >90	
Pre-Treatment Estimate Aging Report	262	Continuing Care Display List	76
Account Balance Amount Aged 31 - 60		Amount Aged 0 - 30	
Pre-Treatment Estimate Aging Report	262	Continuing Care Display List	76
Account Balance Amount Aged 61 - 90		Collections Manager List	70
Pre-Treatment Estimate Aging Report	262	Amount Aged 31 - 60	
Account Balance Amount Aged 91 - 120		Continuing Care Display List	76
Pre-Treatment Estimate Aging Report	262	Collections Manager List	70
Account Estimated Insurance Portion		Amount Aged 61 - 90	
Patient Route Slip	226	Continuing Care Display List	76
Account Suspended Credit Amount		Collections Manager List	70
Patient Route Slip	226	Amount Aged 91+	
Aged Amount 0 - 30		Collections Manager List	70
Aging/Credit Balance Report	6	Amount Aged Over 30 Days	
Aged Amount 0 - 30 for Clinic		Billing Statement	48
Aging/Credit Balance Report	6	Amount Aged Over 60 Days	
Aged Amount 0 - 30 for Provider		Billing Statement	48
Aging/Credit Balance Report	6	Amount Aged Over 90 Days	
Aged Amount 121 - 150		Billing Statement	48
Aging/Credit Balance Report	6	Amount Billed to Insurance	
Aged Amount 121 - 150 for Clinic		Analysis Summary Report - Standard	12
Aging/Credit Balance Report	6	Collections Manager List	70
Aged Amount 121 - 150 for Provider		Analysis Summary Report - Daily	8
Aging/Credit Balance Report	6	Amount Billed to Insurance for Clinic	
Aged Amount 151 - 180		Analysis Summary Report - Standard	12
Aging/Credit Balance Report	6	Day Sheet Report	100
Aged Amount 151 - 180 for Clinic		Analysis Summary Report - Daily	8
Aging/Credit Balance Report	6	Amount Billed to Insurance for Provider	
Aged Amount 151 - 180 for Provider		Analysis Summary Report - Standard	12
Aging/Credit Balance Report	6	Day Sheet Report	100
Aged Amount 31 - 60		Analysis Summary Report - Daily	8
Aging/Credit Balance Report	6	Amount Collected for Patient	
Aged Amount 31 - 60 for Clinic		UDS - Patient Related Revenue Report	348
Aging/Credit Balance Report	6	Amount Due for Payment Agreement	
Aged Amount 31 - 60 for Provider		Collections Manager List	70
Aging/Credit Balance Report	6	Amount Enclosed	
Aged Amount 61 - 90		Coupon Book - Future Due Payments	78
Aging/Credit Balance Report	6	Coupon Book - Payment Agreements	79
Aged Amount 61 - 90 for Clinic		Billing Statement	48
Aging/Credit Balance Report	6	Amount Financed	
Aged Amount 61 - 90 for Provider		Truth in Lending Disclosure Statement	332
Aging/Credit Balance Report	6	Amount for Today's Completed Work	
Aged Amount 90 - 120		Patient Chart Printout	204
Aging/Credit Balance Report	6	Amount of - Adjustments (Collection)	
Aged Amount 90 - 120 for Clinic		Provider A/R Totals - Daily Report	276
Aging/Credit Balance Report	6	Amount of - Adjustments (Collection) for Provider	
Aged Amount 90 - 120 for Provider		Provider A/R Totals - Standard Report	278
Aging/Credit Balance Report	6	Provider A/R Totals - Daily Report	276
Aged Amount Over 180		Amount of - Adjustments (Production)	
Aging/Credit Balance Report	6	Provider A/R Totals - Daily Report	276
Aged Amount Over 180 for Clinic		Amount of - Adjustments (Production) for Provider	
Aging/Credit Balance Report	6	Provider A/R Totals - Standard Report	278
		Provider A/R Totals - Daily Report	276

Amount (continued)

Amount of + Adjustments (Collection)		Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Amount of Applied Payments for Previous Month for Provider	
Amount of + Adjustments (Collection) for Provider		Day Sheet (Charges and Receipts) Report	94
Provider A/R Totals - Standard Report	278	Amount of Applied Payments for Provider	
Provider A/R Totals - Daily Report	276	Analysis Summary Report - Standard	12
Amount of + Adjustments (Production)		Day Sheet Report	100
Provider A/R Totals - Daily Report	276	Analysis Summary Report - Daily	8
Amount of + Adjustments (Production) for Provider		Amount of Bad Debt Write-offs for Patient	
Provider A/R Totals - Standard Report	278	UDS - Patient Related Revenue Report	348
Provider A/R Totals - Daily Report	276	Amount of Beginning Balances for Clinic	
Amount of Account Balance Aged >90		Analysis Summary Report - Standard	12
Insurance Claim Aging Report	146	Analysis Summary Report - Daily	8
Amount of Account Balance Aged 1 - 30		Amount of Beginning Balances for Provider	
Insurance Claim Aging Report	146	Analysis Summary Report - Standard	12
Amount of Account Balance Aged 31 - 60		Analysis Summary Report - Daily	8
Insurance Claim Aging Report	146	Amount of Charge Adjustments for Clinic	
Amount of Account Balance Aged 61 - 90		Analysis Summary Report - Standard	12
Insurance Claim Aging Report	146	Day Sheet Report	100
Amount of Adjustment Type		Analysis Summary Report - Daily	8
Adjustment Summary Report	4	Amount of Charge Adjustments for Previous Month for Provider	
Amount of Adjustments		Day Sheet (Charges and Receipts) Report	94
Procedures by Contracted Amount Report	268	Day Sheet (Charges and Receipts) Report	94
Amount of Allowances for Patient		Amount of Charge Adjustments for Provider	
UDS - Patient Related Revenue Report	348	Analysis Summary Report - Standard	12
Amount of Annual Primary Insurance Plan Benefits for Family		Day Sheet Report	100
Treatment Case Report	326	Analysis Summary Report - Daily	8
Amount of Annual Primary Insurance Plan Benefits for Patient		Amount of Charges	
Treatment Case Report	326	Future Due Payment Plan Report - Monthly Totals	132
Patient Treatment Case Report	228	Procedures by Contracted Amount Report	268
Amount of Annual Secondary Insurance Plan Benefits for Family		Provider A/R Totals - Daily Report	276
Treatment Case Report	326	Daily Summary Report	88
Amount of Annual Secondary Insurance Plan Benefits for Patient		Amount of Charges Billed to Insurance for Previous Month for Provider	
Treatment Case Report	326	Day Sheet (Charges and Receipts) Report	94
Patient Treatment Case Report	228	Amount of Charges for Clinic	
Amount of Applied Credit Adjustments for Clinic		Day Sheet Report	100
Analysis Summary Report - Standard	12	Amount of Charges for Patient	
Day Sheet Report	100	UDS - Patient Related Revenue Report	348
Analysis Summary Report - Daily	8	Amount of Charges for Previous Month for Provider	
Amount of Applied Credit Adjustments for Previous Month for Provider		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Amount of Charges for Provider	
Amount of Applied Credit Adjustments for Provider		Provider A/R Totals - Daily Report	276
Analysis Summary Report - Standard	12	Provider A/R Totals - Standard Report	278
Day Sheet Report	100	Day Sheet Report	100
Analysis Summary Report - Daily	8	Amount of Claim	
Amount of Applied Insurance Payments for Clinic		Insurance Claims Not Sent Report	148
Analysis Summary Report - Standard	12	Amount of Completed Procedures for Patient	
Day Sheet Report	100	Procedures Not Attached to Insurance Report	270
Analysis Summary Report - Daily	8	Amount of Co-pays for Insurance Carrier	
Amount of Applied Insurance Payments for Provider		Utilization Report	366
Analysis Summary Report - Standard	12	Amount of Credit Initial Balances	
Day Sheet Report	100	Provider A/R Totals - Daily Report	276
Analysis Summary Report - Daily	8	Amount of Credit Initial Balances for Clinic	
Amount of Applied Payments for Clinic		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Day Sheet Report	100
Day Sheet Report	100	Analysis Summary Report - Daily	8
		Amount of Credit Initial Balances for Provider	
		Analysis Summary Report - Standard	12
		Day Sheet Report	100

Amount (continued)

Provider A/R Totals - Daily Report	276	Amount of Debit Initial Balances for Provider	
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Amount of Credit Special Adjustments		Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Amount of Debit Special Adjustments	
Amount of Credit Special Adjustments for Clinic		Provider A/R Totals - Daily Report	276
Analysis Summary Report - Standard	12	Amount of Debit Special Adjustments for Clinic	
Day Sheet Report	100	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Amount of Credit Special Adjustments for Provider		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Amount of Debit Special Adjustments for Provider	
Day Sheet Report	100	Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276	Day Sheet Report	100
Provider A/R Totals - Standard Report	278	Provider A/R Totals - Daily Report	276
Analysis Summary Report - Daily	8	Provider A/R Totals - Standard Report	278
Amount of Current Applied Credit Adjustments for Prov		Analysis Summary Report - Daily	8
Day Sheet (Charges and Receipts) Report	94	Amount of Dental Insurance Portion	
Amount of Current Applied Payments for Provider		Patient Chart Printout	204
Day Sheet (Charges and Receipts) Report	94	Amount of Ending Balances for Clinic	
Amount of Current Charge Adjustments for Provider		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Day Sheet (Charges and Receipts) Report	94	Amount of Ending Balances for Provider	
Amount of Current Charges		Analysis Summary Report - Standard	12
Walkout - Family Walkout	370	Analysis Summary Report - Daily	8
Amount of Current Charges Billed to Insurance for Provider		Amount of Estimated Insurance Portion	
Day Sheet (Charges and Receipts) Report	94	Insurance Claim Aging Report	146
Amount of Current Charges Compared to Fee Schedule for Provider		Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Day Sheet (Charges and Receipts) Report	94	Treatment Case Report	326
Amount of Current Credits		Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient	
Walkout - Family Walkout	370	Treatment Case Report	326
Amount of Current Finance Charges for Provider		Patient Treatment Case Report	228
Day Sheet (Charges and Receipts) Report	94	Amount of Estimated Secondary Insurance Benefits Remaining YTD for Family	
Amount of Current Late Charges for Provider		Treatment Case Report	326
Day Sheet (Charges and Receipts) Report	94	Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient	
Amount of Current Suspended Credit Adjustments for Provider		Treatment Case Report	326
Day Sheet (Charges and Receipts) Report	94	Patient Treatment Case Report	228
Amount of Current Suspended Payments for Provider		Amount of Fees - Co-pays for Insurance Carrier	
Day Sheet (Charges and Receipts) Report	94	Utilization Report	366
Amount of Debit Adjustments (Average)		Amount of Fees - RVU for Insurance Carrier	
Practice Analysis Report	252	RVU Utilization Report	316
Amount of Debit Adjustments (for Date Range)		Amount of Fees for Insurance Carrier	
Practice Analysis Report	252	Utilization Report	366
Amount of Debit Adjustments (MTD)		RVU Utilization Report	316
Practice Analysis Report	252	Amount of Finance Charges	
Amount of Debit Adjustments (YTD)		Provider A/R Totals - Daily Report	276
Practice Analysis Report	252	Amount of Finance Charges (Average)	
Amount of Debit Initial Balances (Production)		Practice Analysis Report	252
Provider A/R Totals - Daily Report	276	Amount of Finance Charges (for Date Range)	
Amount of Debit Initial Balances (Production) for Prov		Practice Analysis Report	252
Provider A/R Totals - Standard Report	278	Amount of Finance Charges (MTD)	
Provider A/R Totals - Daily Report	276	Practice Analysis Report	252
Amount of Debit Initial Balances for Clinic		Amount of Finance Charges (YTD)	
Analysis Summary Report - Standard	12	Practice Analysis Report	252
Day Sheet Report	100	Amount of Finance Charges for Clinic	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
		Day Sheet Report	100
		Finance Charge Report	130
		Analysis Summary Report - Daily	8

Amount (continued)

Amount of Finance Charges for Previous Month for Provider		Amount of Late Charges (Average)	
Day Sheet (Charges and Receipts) Report	94	Practice Analysis Report	252
Amount of Finance Charges for Provider		Amount of Late Charges (for Date Range)	
Analysis Summary Report - Standard	12	Practice Analysis Report	252
Day Sheet Report	100	Amount of Late Charges (MTD)	
Finance Charge Report	130	Practice Analysis Report	252
Provider A/R Totals - Daily Report	276	Amount of Late Charges (YTD)	
Provider A/R Totals - Standard Report	278	Practice Analysis Report	252
Analysis Summary Report - Daily	8	Amount of Late Charges for Clinic	
Amount of Finance Charges YTD		Analysis Summary Report - Standard	12
Walkout - Family Walkout	370	Day Sheet Report	100
Amount of Future Due Payment Agreements		Late Charge Report	156
Practice Analysis Report	252	Analysis Summary Report - Daily	8
Amount of Guarantor Payments YTD		Amount of Late Charges for Previous Month for Provider	
Walkout - Family Walkout	370	Day Sheet (Charges and Receipts) Report	94
Amount of Insurance Estimate		Amount of Late Charges for Provider	
Billing Statement	48	Analysis Summary Report - Standard	12
Amount of Insurance Estimates		Day Sheet Report	100
Aging/Credit Balance Report	6	Late Charge Report	156
Amount of Insurance Payments		Provider A/R Totals - Daily Report	276
Provider A/R Totals - Daily Report	276	Provider A/R Totals - Standard Report	278
Amount of Insurance Payments for Provider		Analysis Summary Report - Daily	8
Provider A/R Totals - Standard Report	278	Amount of Late Charges YTD	
Provider A/R Totals - Daily Report	276	Walkout - Family Walkout	370
Amount of Insurance Payments YTD		Amount of Medicaid Procedures for Clinic	
Walkout - Family Walkout	370	RVU Production Summary Report	310
Amount of Insured Charges (Average)		Production Summary Report	272
Practice Analysis Report	252	Amount of Medicaid Procedures for Provider	
Amount of Insured Charges (for Date Range)		RVU Production Summary Report	310
Practice Analysis Report	252	Production Summary Report	272
Amount of Insured Charges (MTD)		Amount of MTD Applied Credit Adjustments for Provider	
Practice Analysis Report	252	Day Sheet (Charges and Receipts) Report	94
Amount of Insured Charges (YTD)		Amount of MTD Applied Payments for Provider	
Practice Analysis Report	252	Day Sheet (Charges and Receipts) Report	94
Amount of Lab Expenses for Clinic		Amount of MTD Charge Adjustments for Provider	
RVU Day Sheet Report	308	Day Sheet (Charges and Receipts) Report	94
Amount of Lab Expenses for Medicaid Procedures for Clinic		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Amount of MTD Charges Billed to Insurance for Provider	
Amount of Lab Expenses for Medicaid Procedures for Provider		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Amount of MTD Charges for Provider	
Amount of Lab Expenses for Provider		Day Sheet (Charges and Receipts) Report	94
RVU Day Sheet Report	308	Amount of MTD Finance Charges for Provider	
Amount of Lab Expenses of Non-Medicaid Procedures for Clinic		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Amount of MTD Late Charges for Provider	
Amount of Lab Expenses of Non-Medicaid Procedures for Provider		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Amount of MTD Suspended Credit Adjustments for Provider	
Amount of Lab Expenses of Procedures for Clinic		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Amount of MTD Suspended Payments for Provider	
Amount of Lab Expenses of Procedures for Provider		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Amount of Net Change	
Amount of Last Payment Amount		Provider A/R Totals - Daily Report	276
Letter Merge Reports	158	Amount of Net Change for Clinic	
Amount of Late Charges		Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276	Analysis Summary Report - Daily	8
		Amount of Net Change for Provider	
		Analysis Summary Report - Standard	12
		Provider A/R Totals - Daily Report	276
		Provider A/R Totals - Standard Report	278

Amount (continued)

Analysis Summary Report - Daily	8	Amount of Other Credit Initial Balances for Clinic	
Amount of Non-insured Charges (Average)		Analysis Summary Report - Standard	12
Practice Analysis Report	252	Analysis Summary Report - Daily	8
Amount of Non-insured Charges (for Date Range)		Amount of Other Credit Initial Balances for Provider	
Practice Analysis Report	252	Analysis Summary Report - Standard	12
Amount of Non-insured Charges (MTD)		Analysis Summary Report - Daily	8
Practice Analysis Report	252	Amount of Other Credit Special Adjustments for Clinic	
Amount of Non-insured Charges (YTD)		Analysis Summary Report - Standard	12
Practice Analysis Report	252	Analysis Summary Report - Daily	8
Amount of Non-Medicaid Procedures for Clinic		Amount of Other Credit Special Adjustments for Provider	
RVU Production Summary Report	310	Analysis Summary Report - Standard	12
Production Summary Report	272	Analysis Summary Report - Daily	8
Amount of Non-Medicaid Procedures for Provider		Amount of Other Debit Adjustments (Average)	
RVU Production Summary Report	310	Practice Analysis Report	252
Production Summary Report	272	Amount of Other Debit Adjustments (for Date Range)	
Amount of Office Portion		Practice Analysis Report	252
Patient Treatment Case Report	228	Amount of Other Debit Adjustments (MTD)	
Amount of Office Portion for Case		Practice Analysis Report	252
Patient Treatment Case Report	228	Amount of Other Debit Adjustments (YTD)	
Amount of Office Portion for Visit		Practice Analysis Report	252
Patient Treatment Case Report	228	Amount of Other Deductible Owed by Family to Primary Insurance	
Amount of Other Applied Credit Adjustments for Clinic		Patient Route Slip	226
Analysis Summary Report - Standard	12	Amount of Other Deductible Owed by Family to Secondary Insurance	
Day Sheet Report	100	Patient Route Slip	226
Analysis Summary Report - Daily	8	Amount of Other Deductible Owed to Primary Insurance	
Amount of Other Applied Credit Adjustments for Provider		Patient Route Slip	226
Analysis Summary Report - Standard	12	Amount of Other Deductible Owed to Secondary Insurance	
Day Sheet Report	100	Patient Route Slip	226
Analysis Summary Report - Daily	8	Amount of Patient Portion	
Amount of Other Applied Credit Initial Balances for Clinic		Patient Treatment Case Report	228
Day Sheet Report	100	Practice Treatment Case Report	258
Amount of Other Applied Credit Initial Balances for Provider		Treatment Case Report	326
Day Sheet Report	100	Patient Chart Printout	204
Amount of Other Applied Credit Special Adjustments for Clinic		Amount of Patient Portion for Case	
Day Sheet Report	100	Practice Treatment Case Report	258
Amount of Other Applied Credit Special Adjustments for Provider		Patient Treatment Case Report	228
Day Sheet Report	100	Amount of Patient Portion for Visit	
Amount of Other Applied Insurance Payments for Clinic		Practice Treatment Case Report	258
Analysis Summary Report - Standard	12	Treatment Case Report	326
Day Sheet Report	100	Patient Treatment Case Report	228
Analysis Summary Report - Daily	8	Amount of Payment Agreements	
Amount of Other Applied Insurance Payments for Provider		Practice Analysis Report	252
Analysis Summary Report - Standard	12	Amount of Payment Type	
Day Sheet Report	100	Payment Summary Report	236
Analysis Summary Report - Daily	8	Amount of Payments	
Amount of Other Applied Payments for Clinic		Provider A/R Totals - Daily Report	276
Analysis Summary Report - Standard	12	Amount of Payments for Provider	
Day Sheet Report	100	Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8	Provider A/R Totals - Daily Report	276
Amount of Other Applied Payments for Provider		Amount of Pending Estimated Primary Insurance Portions YTD for Family	
Analysis Summary Report - Standard	12	Treatment Case Report	326
Day Sheet Report	100	Amount of Pending Estimated Primary Insurance Portions YTD for Patient	
Analysis Summary Report - Daily	8	Treatment Case Report	326
		Patient Treatment Case Report	228

Amount (continued)

Amount of Pending Estimated Secondary Insurance Portions YTD for Family Treatment Case Report	326	Amount of Secondary Insurance Benefits Remaining Unscheduled Treatment Plans (Detailed) Report	362
Amount of Pending Estimated Secondary Insurance Portions YTD for Patient Treatment Case Report	326	Patient Route Slip	226
Patient Treatment Case Report	228	Amount of Secondary Insurance Benefits Used Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Primary Insurance Patient Route Slip	226	Amount of Secondary Insurance Portion Practice Treatment Case Report	258
Amount of Preventative Deductible Owed by Family to Secondary Insurance Patient Route Slip	226	Treatment Case Report	326
Amount of Preventative Deductible Owed to Primary Insurance Patient Route Slip	226	Patient Treatment Case Report	228
Amount of Preventative Deductible Owed to Secondary Insurance Patient Route Slip	226	Amount of Secondary Insurance Portion for Case Practice Treatment Case Report	258
Amount of Primary Insurance Benefits Remaining Unscheduled Treatment Plans (Detailed) Report	362	Patient Treatment Case Report	228
Patient Route Slip	226	Amount of Secondary Insurance Portion for Visit Practice Treatment Case Report	258
Amount of Primary Insurance Benefits Used Patient Route Slip	226	Treatment Case Report	326
Amount of Primary Insurance Paid Benefits YTD for Family Treatment Case Report	326	Patient Treatment Case Report	228
Amount of Primary Insurance Paid Benefits YTD for Patient Treatment Case Report	326	Amount of Secondary Paid Benefits for Family Treatment Case Report	326
Patient Treatment Case Report	228	Amount of Secondary Paid Benefits for Patient Treatment Case Report	326
Amount of Primary Insurance Portion Practice Treatment Case Report	258	Patient Treatment Case Report	228
Treatment Case Report	326	Amount of Sliding Discounts for Patient UDS - Patient Related Revenue Report	348
Patient Treatment Case Report	228	Amount of Standard Deductible Owed by Family to Primary Insurance Patient Route Slip	226
Amount of Primary Insurance Portion for Case Practice Treatment Case Report	258	Amount of Standard Deductible Owed by Family to Secondary Insurance Patient Route Slip	226
Patient Treatment Case Report	228	Amount of Standard Deductible Owed to Primary Insurance Patient Route Slip	226
Amount of Primary Insurance Portion for Visit Practice Treatment Case Report	258	Amount of Standard Deductible Owed to Secondary Insurance Patient Route Slip	226
Treatment Case Report	326	Amount of Suspended Credit Adjustments for Clinic Analysis Summary Report - Standard	12
Patient Treatment Case Report	228	Day Sheet Report	100
Amount of Procedure Treatment Plan Approval Status Report	330	Analysis Summary Report - Daily	8
Treatment Plan Approval Report	328	Amount of Suspended Credit Adjustments for Previous Month for Provider Day Sheet (Charges and Receipts) Report	94
Amount of Procedures for Clinic RVU Production Summary Report	310	Amount of Suspended Credit Adjustments for Provider Analysis Summary Report - Standard	12
Production Summary Report	272	Day Sheet Report	100
Amount of Procedures for Provider RVU Production Summary Report	310	Analysis Summary Report - Daily	8
Production Summary Report	272	Amount of Suspended Credits Aging/Credit Balance Report	6
Amount of Remaining Benefits for Primary Insurance Treatment Plan Approval Status Report	330	Amount of Suspended Credits for Guarantor Suspended Credits Report	324
Treatment Plan Approval Report	328	Amount of Suspended Insurance Payments for Clinic Analysis Summary Report - Standard	12
Amount of Remaining Benefits for Secondary Insurance Treatment Plan Approval Status Report	330	Day Sheet Report	100
Treatment Plan Approval Report	328	Analysis Summary Report - Daily	8
Amount of RVUs for Insurance Carrier RVU Utilization Report	316	Amount of Suspended Insurance Payments for Provider Analysis Summary Report - Standard	12
		Day Sheet Report	100
		Analysis Summary Report - Daily	8
		Amount of Suspended Payments for Clinic Analysis Summary Report - Standard	12
		Day Sheet Report	100

Amount (continued)

Analysis Summary Report - Daily	8	Average Amount of Credit Adjustments	
Amount of Suspended Payments for Previous Month for Provider		Day Sheet (Adjustments) Report	90
Day Sheet (Charges and Receipts) Report	94	Average Amount of Debit Adjustments	
Amount of Suspended Payments for Provider		Day Sheet (Adjustments) Report	90
Analysis Summary Report - Standard	12	Average Amount of Finance Charges	
Day Sheet Report	100	Day Sheet (Adjustments) Report	90
Analysis Summary Report - Daily	8	Average Amount of Late Charges	
Amount of Treatment-planned Procedure		Day Sheet (Adjustments) Report	90
Patient Chart Printout	204	Average Amount of Medicaid Procedures	
Amount of YTD Applied Credit Adjustments for Provider		RVU Production Summary Report	310
Day Sheet (Charges and Receipts) Report	94	Production Summary Report	272
Amount of YTD Applied Payments for Provider		Average Amount of Medicaid Procedures for Clinic	
Day Sheet (Charges and Receipts) Report	94	RVU Production Summary Report	310
Amount of YTD Charge Adjustments for Provider		Production Summary Report	272
Day Sheet (Charges and Receipts) Report	94	Average Amount of Medicaid Procedures for Provider	
Day Sheet (Charges and Receipts) Report	94	RVU Production Summary Report	310
Amount of YTD Charges Billed to Insurance for Provider		Production Summary Report	272
Day Sheet (Charges and Receipts) Report	94	Average Amount of Non-Medicaid Procedures	
Amount of YTD Charges for Provider		RVU Production Summary Report	310
Day Sheet (Charges and Receipts) Report	94	Production Summary Report	272
Amount of YTD Finance Charges for Provider		Average Amount of Non-Medicaid Procedures for Clinic	
Day Sheet (Charges and Receipts) Report	94	RVU Production Summary Report	310
Amount of YTD Late Charges for Provider		Production Summary Report	272
Day Sheet (Charges and Receipts) Report	94	Average Amount of Non-Medicaid Procedures for Provider	
Amount of YTD Suspended Credit Adjustments for Provider		RVU Production Summary Report	310
Day Sheet (Charges and Receipts) Report	94	Production Summary Report	272
Amount of YTD Suspended Payments for Provider		Average Amount of Payment Type	
Day Sheet (Charges and Receipts) Report	94	Payment Summary Report	236
Amount Paid		Average Amount of Payments	
Coupon Book - Payment Agreements	79	Payment Summary Report	236
Coupon Book - Future Due Payments	78	Average Amount of Procedures	
Amount Paid by Insurance		RVU Production Summary Report	310
Dental Encounters Report	106	Production Summary Report	272
Amount to Pay		Average Amount of Procedures for Clinic	
Billing Statement	48	RVU Production Summary Report	310
Applied Credit Adjustment Amount		Production Summary Report	272
Analysis Summary Report - Standard	12	Average Amount of Procedures for Provider	
Analysis Summary Report - Daily	8	RVU Production Summary Report	310
Applied Insurance Payment Amount		Production Summary Report	272
Analysis Summary Report - Standard	12	Average Monthly Charge Amount	
Analysis Summary Report - Daily	8	Future Due Payment Plan Report - Monthly Totals	132
Applied Payment Amount		Average Payment Amount	
Analysis Summary Report - Standard	12	Day Sheet (Receipts) Report	98
Analysis Summary Report - Daily	8	Average Payment Amount for Clinic	
Appointment Amount		Day Sheet (Receipts) Report	98
Audit Report - Appointments	26	Average Payment Amount for Initial Provider	
Appointment Amount Change		Day Sheet (Receipts) Report	98
Audit Report - Appointments	26	Average Payment Amount for Payment Type	
Appointment Production Amount		Day Sheet (Receipts) Report	98
Appointment Book View Printout	14	Average Payment Amount for Provider	
Average Amount of Adjustment Type		Day Sheet (Receipts) Report	98
Adjustment Summary Report	4	Case Amount	
Average Amount of Adjustments		Patient Proposed Treatment Case Report (Your Care Plan)	220
Day Sheet (Adjustments) Report	90	Charge Adjustment Amount	
Average Amount of Adjustments for Clinic		Analysis Summary Report - Standard	12
Day Sheet (Adjustments) Report	90	Analysis Summary Report - Daily	8
Average Amount of Adjustments for Provider		Charge Amount	
Day Sheet (Adjustments) Report	90	Analysis Summary Report - Standard	12
		Day Sheet (Charges and Receipts) Report	94

Amount (continued)

Day Sheet Report	100	Estimated Insurance Portion	
Family Ledger Report	124	Patient Proposed Treatment Case Report (Your Care Plan)	220
Family Ledger Report (Single Family)	126	Dental Encounters Report	106
Insurance Transaction Analysis Report	154	Estimated Patient Portion	
Operator Day Sheet Report	194	Patient Route Slip	226
Patient Ledger Report	210	Finance Charge Amount	
Patient's Ledger Report	230	Analysis Summary Report - Daily	8
Walkout - Doctor's Statement	368	Analysis Summary Report - Standard	12
Walkout - Family Walkout	370	Finance Charge Report	130
Analysis Summary Report - Daily	8	Adjustment Summary Report	4
Claim Amount		First Payment Amount	
Secondary Insurance Claims Not Created Report	318	Truth in Lending Disclosure Statement	332
Insurance Transaction Analysis Report	154	Future Due Payment Plan Total	
Collection Amount		Future Due Payment Plan Report - Standard	134
Provider A/R Totals - Daily Report	276	Grand Total Amount of Charge Adjustments	
Collection Amount for Provider		Insurance Transaction Analysis Report	154
Provider A/R Totals - Standard Report	278	Grand Total Amount of Credit Adjustments	
Provider A/R Totals - Daily Report	276	Insurance Transaction Analysis Report	154
Co-pay Amount		Grand Total Amount of Insurance Payments Received	
Standard Coverage Tables Report	322	Insurance Transaction Analysis Report	154
Utilization Report	366	Grand Total Amount of Insured Charges	
Insurance Coverage Tables Report	150	Insurance Transaction Analysis Report	154
Credit Adjustment Amount		Grand Total Amount of Patient Payments Received	
Insurance Carrier Production - Full Report	142	Insurance Transaction Analysis Report	154
Billing Statement	48	Guarantor Estimate Amount	
Credit Adjustment Amount for Insurance Plan		Collections Manager List	70
Insurance Carrier Production - Summary Report	144	Insurance Estimate Amount	
Insurance Carrier Production - Full Report	142	Collections Manager List	70
Credit Amount		Insurance Estimated Amount	
Walkout - Family Walkout	370	Walkout - Family Walkout	370
Credit Special Adjustment Amount		Insurance Payment Amount	
Analysis Summary Report - Standard	12	Insurance Carrier Production - Full Report	142
Analysis Summary Report - Daily	8	Insurance Payment Amount for Insurance Plan	
Debit Adjustment Amount		Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142	Insurance Carrier Production - Full Report	142
Debit Adjustment Amount for Insurance Plan		Lab Expense Amount	
Insurance Carrier Production - Summary Report	144	RVU Day Sheet Report	308
Insurance Carrier Production - Full Report	142	Last Gratuity Amount	
Debit Special Adjustment Amount		Patient Route Slip	226
Analysis Summary Report - Standard	12	Last Late Charge Amount	
Analysis Summary Report - Daily	8	Payment Agreement Report	234
Estimated Amount of Deductibles to Be Applied		Last Payment Agreement Payment Amount	
Treatment Case Report	326	Patient Route Slip	226
Patient Treatment Case Report	228	Last Payment Amount	
Estimated Amount of Insurance Payments		Truth in Lending Disclosure Statement	332
Treatment Case Report	326	Aging/Credit Balance Report	6
Patient Treatment Case Report	228	Last Payment Amount for Payment Agreement	
Estimated Amount of Patient's Portion		Collections Manager List	70
Patient Treatment Case Report	228	Late Charge Amount	
Treatment Case Report	326	Analysis Summary Report - Daily	8
Patient Proposed Treatment Case Report (Your Care Plan)	220	Analysis Summary Report - Standard	12
Estimated Guarantor Portion		Late Charge Report	156
Patient Route Slip	226	Adjustment Summary Report	4
		Late Charge Percent or Amount	
		Truth in Lending Disclosure Statement	332
		Loan Amount	
		Truth in Lending Disclosure Statement	332
		Maximum Primary Insurance Benefit Amount	
		Patient Route Slip	226

Amount (continued)

Maximum Secondary Insurance Benefit Amount		Payment Amount	
Patient Route Slip	226	Family Ledger Report	124
Monthly Charge Amount		Family Ledger Report (Single Family)	126
Future Due Payment Plan Report - Standard	134	Insurance Transaction Analysis Report	154
Next Appointment Procedure Amount		Operator Day Sheet Report	194
Patient Route Slip	226	Patient Ledger Report	210
Next Appointment Production Amount		Patient's Ledger Report	230
Patient Route Slip	226	Procedures by Contracted Amount Report	268
Next Appointment Total Amount		Truth in Lending Disclosure Statement	332
Patient Route Slip	226	Updated Dental Insurance Payment Table Report	364
Next Charge Amount (after 18 Months from Current Month)		Deposit Slip	108
Future Due Payment Plan Report - Monthly Totals	132	Payment Amount Due	
Next Payment Agreement Payment Due Amount		Coupon Book - Payment Agreements	79
Patient Route Slip	226	Coupon Book - Future Due Payments	78
Next Payment Plan Payment Amount		Payment Amount for Payment Type	
Letter Merge Reports	158	Day Sheet (Receipts) Report	98
Other Applied Credit Adjustment Amount		Payment Plan Total Amount	
Analysis Summary Report - Standard	12	Letter Merge Reports	158
Analysis Summary Report - Daily	8	Penalty or Payback Amount Collected for Patient	
Other Applied Insurance Payment Amount		UDS - Patient Related Revenue Report	348
Analysis Summary Report - Standard	12	Percent of Amount Aged 0 - 30	
Analysis Summary Report - Daily	8	Aging/Credit Balance Report	6
Other Applied Payment Amount		Percent of Amount Aged 121 - 150	
Analysis Summary Report - Standard	12	Aging/Credit Balance Report	6
Analysis Summary Report - Daily	8	Percent of Amount Aged 151 - 180	
Other Credit Special Adjustment Amount		Aging/Credit Balance Report	6
Analysis Summary Report - Standard	12	Percent of Amount Aged 31 - 60	
Analysis Summary Report - Daily	8	Aging/Credit Balance Report	6
Other Retroactive Payment Amount Collected for Patient		Percent of Amount Aged 61 - 90	
UDS - Patient Related Revenue Report	348	Aging/Credit Balance Report	6
Outstanding Primary Insurance Estimated Amount		Percent of Amount Aged 90 - 120	
Treatment Plan Approval Status Report	330	Aging/Credit Balance Report	6
Treatment Plan Approval Report	328	Percent of Amount Aged Over 180	
Outstanding Secondary Insurance Estimated Amount		Aging/Credit Balance Report	6
Treatment Plan Approval Status Report	330	Percent of Insurance Estimate Amounts	
Treatment Plan Approval Report	328	Aging/Credit Balance Report	6
Patient Amount Aged >90		Please Pay Amount	
Patient Route Slip	226	Walkout - Family Walkout	370
Patient Amount Aged 0 - 30		Pre-treatment Estimate Amount	
Patient Route Slip	226	Patient Route Slip	226
Patient Amount Aged 31 - 60		Pre-Treatment Estimate Aging Report	262
Patient Route Slip	226	Pre-Treatment Estimates Not Sent Report	264
Patient Amount Aged 61 - 90		Secondary Pre-Treatment Estimates Not Created Report	320
Patient Route Slip	226	Insurance Transaction Analysis Report	154
Patient Estimated Insurance Portion		Primary Insurance Estimated Amount	
Patient Route Slip	226	Treatment Plan Approval Status Report	330
Patient Suspended Credit Amount		Treatment Plan Approval Report	328
Patient Route Slip	226	Primary Production Amount	
Payment Agreement Amount		Insurance Carrier Production - Full Report	142
Payment Agreement Report	234	Primary Production Amount for Insurance Plan	
Payment Agreement Amount Past Due		Insurance Carrier Production - Summary Report	144
Payment Agreement Report	234	Insurance Carrier Production - Full Report	142
Payment Agreement Last Payment Amount		Procedure Amount	
Payment Agreement Report	234	Patient List (Filtered)	214
Payment Agreement Next Payment Amount		Procedures Not Attached to Insurance Report	270
Payment Agreement Report	234	Production Summary Report	272
Payment Agreement Payment Amount		Provider Revenue - Allocations Report	286
Payment Agreement Amortization Schedule	232	Provider Revenue - Charges Report	288
		Provider Revenue - Credits Report	290

Amount (continued)

RVU Production Summary Report	310	Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
Audit Report - Combined	32	UDS - Patient Related Revenue Report	348
Production Amount		Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
Referred By Doctor/Other Report	300	UDS - Patient Related Revenue Report	348
Referred By Patient Report	302	Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
Provider A/R Totals - Daily Report	276	UDS - Patient Related Revenue Report	348
Production Amount for Provider		Suspended Amount	
Provider A/R Totals - Standard Report	278	Suspended Credits Report	324
Provider A/R Totals - Daily Report	276	Suspended Amount on Ledger	
Projected Amount of Remaining Benefits		Suspended Credits Report	324
Treatment Plan Approval Status Report	330	Suspended Credit Adjustment Amount	
Treatment Plan Approval Report	328	Analysis Summary Report - Standard	12
Projected Amount of Remaining Benefits for Secondary Insurance		Analysis Summary Report - Daily	8
Treatment Plan Approval Status Report	330	Suspended Credit Amount	
Treatment Plan Approval Report	328	Continuing Care Display List	76
Remaining Payment Agreement Amount		Suspended Credit Amount for Clinic	
Collections Manager List	70	Aging/Credit Balance Report	6
Secondary Insurance Estimated Amount		Suspended Insurance Payment Amount	
Treatment Plan Approval Status Report	330	Analysis Summary Report - Standard	12
Treatment Plan Approval Report	328	Analysis Summary Report - Daily	8
Secondary Production Amount		Suspended Payment Amount	
Insurance Carrier Production - Full Report	142	Analysis Summary Report - Daily	8
Secondary Production Amount for Insurance Plan		Total Adjustments	
Insurance Carrier Production - Summary Report	144	Patient Revenue List by Payer Report	224
Insurance Carrier Production - Full Report	142	Total Amount Aged 0 - 30	
Subtotal of Allowances for Financial Class Type		Collections Manager List	70
UDS - Patient Related Revenue Report	348	Aging/Credit Balance Report	6
Subtotal of Allowances for Payer Category		Total Amount Aged 121 - 150	
UDS - Patient Related Revenue Report	348	Aging/Credit Balance Report	6
Subtotal of Amount Collected for Financial Class Type		Total Amount Aged 151 - 180	
UDS - Patient Related Revenue Report	348	Aging/Credit Balance Report	6
Subtotal of Amount Collected for Payer Category		Total Amount Aged 31 - 60	
UDS - Patient Related Revenue Report	348	Collections Manager List	70
Subtotal of Bad Debt Write-offs for Financial Class Type		Aging/Credit Balance Report	6
UDS - Patient Related Revenue Report	348	Total Amount Aged 61 - 90	
Subtotal of Bad Debt Write-offs for Payer Category		Collections Manager List	70
UDS - Patient Related Revenue Report	348	Aging/Credit Balance Report	6
Subtotal of Charges for Financial Class Type		Total Amount Aged 90 - 120	
UDS - Patient Related Revenue Report	348	Aging/Credit Balance Report	6
Subtotal of Charges for Payer Category		Total Amount Aged 91+	
UDS - Patient Related Revenue Report	348	Collections Manager List	70
Subtotal of Other Retroactive Payment Amount Collected for Financial Class Type		Total Amount Aged Over 180	
UDS - Patient Related Revenue Report	348	Aging/Credit Balance Report	6
Subtotal of Other Retroactive Payment Amount Collected for Payer Category		Total Amount Billed to Insurance	
UDS - Patient Related Revenue Report	348	Analysis Summary Report - Standard	12
Subtotal of Penalty or Payback Amount Collected for Financial Class Type		Collections Manager List	70
UDS - Patient Related Revenue Report	348	Day Sheet Report	100
Subtotal of Penalty or Payback Amount Collected for Payer Category		Analysis Summary Report - Daily	8
UDS - Patient Related Revenue Report	348	Total Amount Collected for Financial Class Type	
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)		UDS - Patient Related Revenue Report	348
UDS - Patient Related Revenue Report	348	Total Amount Collected for Patient	
		UDS - Patient Related Revenue Report	348
		Total Amount Collected for Payer Category	
		UDS - Patient Related Revenue Report	348
		Total Amount Due for Payment Agreements	
		Collections Manager List	70
		Total Amount for Primary Pre-treatment Estimates	
		Pre-Treatment Estimate Aging Report	262

Amount (continued)

Total Amount for Secondary Pre-treatment Estimates		Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of - Adjustments (Collection)		Total Amount of Account Balances Aged 151 - 180 with Claims	
Provider A/R Totals - Standard Report	278	Insurance Claim Aging Report	146
Provider A/R Totals - Daily Report	276	Total Amount of Account Balances Aged 151 - 180 with Primary Claims	
Total Amount of - Adjustments (Production)		Insurance Claim Aging Report	146
Provider A/R Totals - Standard Report	278	Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Provider A/R Totals - Daily Report	276	Insurance Claim Aging Report	146
Total Amount of + Adjustments (Collection)		Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates	
Provider A/R Totals - Standard Report	278	Pre-Treatment Estimate Aging Report	262
Provider A/R Totals - Daily Report	276	Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Total Amount of + Adjustments (Production)		Pre-Treatment Estimate Aging Report	262
Provider A/R Totals - Standard Report	278	Pre-Treatment Estimate Aging Report	262
Provider A/R Totals - Daily Report	276	Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Total Amount of Account Bal		Pre-Treatment Estimate Aging Report	262
Collections Manager List	70	Total Amount of Account Balances Aged 181+ with Claims	
Payment Agreement Report	234	Insurance Claim Aging Report	146
Aging/Credit Balance Report	6	Total Amount of Account Balances Aged 181+ with Primary Claims	
Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates		Insurance Claim Aging Report	146
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances Aged 181+ with Secondary Claims	
Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates		Insurance Claim Aging Report	146
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates	
Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates		Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates	
Total Amount of Account Balances Aged 1 - 30 with Claims		Pre-Treatment Estimate Aging Report	262
Insurance Claim Aging Report	146	Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Total Amount of Account Balances Aged 1 - 30 with Primary Claims		Pre-Treatment Estimate Aging Report	262
Insurance Claim Aging Report	146	Total Amount of Account Balances Aged 31 - 60 with Claims	
Total Amount of Account Balances Aged 1 - 30 with Secondary Claims		Insurance Claim Aging Report	146
Insurance Claim Aging Report	146	Total Amount of Account Balances Aged 31 - 60 with Primary Claims	
Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates		Insurance Claim Aging Report	146
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances Aged 31 - 60 with Secondary Claims	
Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates		Insurance Claim Aging Report	146
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates	
Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates		Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates	
Total Amount of Account Balances Aged 121 - 150 with Claims		Pre-Treatment Estimate Aging Report	262
Insurance Claim Aging Report	146	Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates	
Total Amount of Account Balances Aged 121 - 150 with Primary Claims		Pre-Treatment Estimate Aging Report	262
Insurance Claim Aging Report	146	Total Amount of Account Balances Aged 61 - 90 with Claims	
Total Amount of Account Balances Aged 121 - 150 with Secondary Claims		Insurance Claim Aging Report	146
Insurance Claim Aging Report	146		
Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates			
Pre-Treatment Estimate Aging Report	262		
Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates			
Pre-Treatment Estimate Aging Report	262		

Amount (continued)

Total Amount of Account Balances Aged 61 - 90 with Primary Claims		Analysis Summary Report - Daily	8
Insurance Claim Aging Report	146	Total Amount of Applied Credit Adjustments for Previous Month	
Total Amount of Account Balances Aged 61 - 90 with Secondary Claims		Day Sheet (Charges and Receipts) Report	94
Insurance Claim Aging Report	146	Total Amount of Applied Insurance Payments	
Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates		Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	262	Day Sheet Report	100
Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates		Analysis Summary Report - Daily	8
Pre-Treatment Estimate Aging Report	262	Total Amount of Applied Payments	
Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates		Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	262	Day Sheet Report	100
Total Amount of Account Balances Aged 91 - 120 with Claims		Analysis Summary Report - Daily	8
Insurance Claim Aging Report	146	Total Amount of Applied Payments for Previous Month	
Total Amount of Account Balances Aged 91 - 120 with Primary Claims		Day Sheet (Charges and Receipts) Report	94
Insurance Claim Aging Report	146	Total Amount of Bad Debt Write-offs for Financial Class Type	
Total Amount of Account Balances Aged 91 - 120 with Secondary Claims		UDS - Patient Related Revenue Report	348
Insurance Claim Aging Report	146	Total Amount of Bad Debt Write-offs for Patient	
Total Amount of Account Balances Aged 91 - 120 with Primary Claims		UDS - Patient Related Revenue Report	348
Insurance Claim Aging Report	146	Total Amount of Bad Debt Write-offs for Payer Category	
Total Amount of Account Balances with Pre-treatment Estimates		UDS - Patient Related Revenue Report	348
Pre-Treatment Estimate Aging Report	262	Total Amount of Balances Remaining for Payment Agreements	
Total Amount of Account Balances with Primary Claims		Payment Agreement Report	234
Insurance Claim Aging Report	146	Total Amount of Beginning Balances	
Total Amount of Account Balances with Primary Pre-treatment Estimates		Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	262	Provider A/R Totals - Daily Report	276
Total Amount of Account Balances with Secondary Claims		Provider A/R Totals - Standard Report	278
Insurance Claim Aging Report	146	Analysis Summary Report - Daily	8
Total Amount of Account Balances with Primary Pre-treatment Estimates		Total Amount of Cash Payments	
Pre-Treatment Estimate Aging Report	262	Operator Day Sheet Report	194
Total Amount of Account Balances with Secondary Claims		Total Amount of Charge Adjustments	
Insurance Claim Aging Report	146	Analysis Summary Report - Standard	12
Total Amount of Account Balances with Primary Pre-treatment Estimates		Day Sheet Report	100
Pre-Treatment Estimate Aging Report	262	Insurance Transaction Analysis Report	154
Total Amount of Account Balances with Secondary Claims		Operator Day Sheet Report	194
Insurance Claim Aging Report	146	Analysis Summary Report - Daily	8
Total Amount of Account Balances with Secondary Pre-treatment Estimates		Total Amount of Charge Adjustments for Previous Month	
Pre-Treatment Estimate Aging Report	262	Day Sheet (Charges and Receipts) Report	94
Total Amount of Adjustment Type		Day Sheet (Charges and Receipts) Report	94
Daily Summary Report	88	Total Amount of Charges	
Total Amount of Adjustment Types		Day Sheet Report	100
Adjustment Summary Report	4	Future Due Payment Plan Report - Monthly Totals	132
Total Amount of Adjustments		Operator Day Sheet Report	194
Day Sheet (Adjustments) Report	90	Provider A/R Totals - Daily Report	276
Daily Summary Report	88	Provider A/R Totals - Standard Report	278
Total Amount of Adjustments for Clinic		Analysis Summary Report - Daily	8
Day Sheet (Adjustments) Report	90	Total Amount of Charges Billed to Insurance for Previous Month	
Total Amount of Adjustments for Provider		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Adjustments) Report	90	Total Amount of Charges for Financial Class Type	
Total Amount of Allowances for Financial Class Type		UDS - Patient Related Revenue Report	348
UDS - Patient Related Revenue Report	348	Total Amount of Charges for Patient	
Total Amount of Allowances for Patient		UDS - Patient Related Revenue Report	348
UDS - Patient Related Revenue Report	348	Total Amount of Charges for Payer Category	
Total Amount of Allowances for Payer Category		UDS - Patient Related Revenue Report	348
UDS - Patient Related Revenue Report	348	Total Amount of Charges for Previous Month	
Total Amount of Applied Credit Adjustments		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Total Amount of Charges for Today's Completed Work	
Day Sheet Report	100	Patient Chart Printout	204

Amount (continued)

Total Amount of Charges Remaining (after 18 Mos from Curr Mo)		Insurance Carrier Production - Summary Report	144
Future Due Payment Plan Report - Monthly Totals		Adjustment Summary Report	4
132		Total Amount of Debit Initial Balances	
Total Amount of Check Payments		Analysis Summary Report - Standard	12
Operator Day Sheet Report	194	Day Sheet Report	100
Total Amount of Completed Procedures		Analysis Summary Report - Daily	8
Walkout - Doctor's Statement	368	Total Amount of Debit Initial Balances (Production)	
Procedures Not Attached to Insurance Report	270	Provider A/R Totals - Standard Report	278
Total Amount of Co-pays		Provider A/R Totals - Daily Report	276
Utilization Report	366	Total Amount of Debit Special Adjustments	
Total Amount of Credit Adjustments		Analysis Summary Report - Standard	12
Day Sheet (Adjustments) Report	90	Day Sheet Report	100
Insurance Carrier Production - Full Report	142	Provider A/R Totals - Daily Report	276
Insurance Carrier Production - Summary Report	144	Provider A/R Totals - Standard Report	278
Insurance Transaction Analysis Report	154	Analysis Summary Report - Daily	8
Operator Day Sheet Report	194	Total Amount of Dental Insurance Portions	
Adjustment Summary Report	4	Patient Chart Printout	204
Total Amount of Credit Card Payments		Total Amount of Deposit	
Operator Day Sheet Report	194	Deposit Slip	108
Total Amount of Credit Initial Balances		Total Amount of Ending Balances	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Provider A/R Totals - Daily Report	276
Provider A/R Totals - Daily Report	276	Provider A/R Totals - Standard Report	278
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Total Amount of Estimated Insurance Portion for Pri-	
Total Amount of Credit Special Adjustments		mary and Secondary Claims	
Analysis Summary Report - Standard	12	Insurance Claim Aging Report	146
Day Sheet Report	100	Total Amount of Estimated Insurance Portion for Pri-	
Provider A/R Totals - Daily Report	276	mary Claims	
Provider A/R Totals - Standard Report	278	Insurance Claim Aging Report	146
Analysis Summary Report - Daily	8	Total Amount of Estimated Insurance Portion for Sec-	
Total Amount of Current Applied Credit Adjustments		ondary Claims	
Day Sheet (Charges and Receipts) Report	94	Insurance Claim Aging Report	146
Total Amount of Current Applied Payments		Total Amount of Fees	
Day Sheet (Charges and Receipts) Report	94	Utilization Report	366
Total Amount of Current Charge Adjustments		RVU Utilization Report	316
Day Sheet (Charges and Receipts) Report	94	Total Amount of Fees - Co-pays	
Day Sheet (Charges and Receipts) Report	94	Utilization Report	366
Total Amount of Current Charges		Total Amount of Fees - RVU	
Day Sheet (Charges and Receipts) Report	94	RVU Utilization Report	316
Total Amount of Current Charges Billed to Insurance		Total Amount of Finance Charges	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Total Amount of Current Charges Compared to Fee Schedule		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Adjustments) Report	90
Total Amount of Current Finance Charges		Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94	Finance Charge Report	130
Total Amount of Current Late Charges		Operator Day Sheet Report	194
Day Sheet (Charges and Receipts) Report	94	Provider A/R Totals - Daily Report	276
Total Amount of Current Suspended Credit Adjustments		Provider A/R Totals - Standard Report	278
Day Sheet (Charges and Receipts) Report	94	Truth in Lending Disclosure Statement	332
Total Amount of Current Suspended Payments		Adjustment Summary Report	4
Day Sheet (Charges and Receipts) Report	94	Total Amount of Finance Charges for Previous Month	
Total Amount of Debit Adjustments		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Adjustments) Report	90	Total Amount of Guarantor Estimates	
Insurance Carrier Production - Full Report	142	Collections Manager List	70
		Total Amount of Guarantor Portions	
		Aging/Credit Balance Report	6
		Total Amount of Insurance Estimates	
		Collections Manager List	70
		Aging/Credit Balance Report	6

Amount (continued)

Total Amount of Insurance Payments		Total Amount of Net Change	
Insurance Carrier Production - Summary Report		Analysis Summary Report - Standard	12
144		Provider A/R Totals - Daily Report	276
Operator Day Sheet Report	194	Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276	Analysis Summary Report - Daily	8
Provider A/R Totals - Standard Report	278	Total Amount of Non-Medicaid Procedures	
Insurance Carrier Production - Full Report	142	RVU Production Summary Report	310
Total Amount of Insurance Payments Received		Production Summary Report	272
Insurance Transaction Analysis Report	154	Total Amount of Other Applied Credit Adjustments	
Total Amount of Insured Charges		Analysis Summary Report - Standard	12
Insurance Transaction Analysis Report	154	Day Sheet Report	100
Total Amount of Lab Expenses		Analysis Summary Report - Daily	8
RVU Day Sheet Report	308	Total Amount of Other Applied Credit Initial Balances	
Total Amount of Lab Expenses of Medicaid Procedures		Day Sheet Report	100
RVU Production Summary Report	310	Total Amount of Other Applied Credit Special Adjustments	
Total Amount of Lab Expenses of Non-Medicaid Procedures		Day Sheet Report	100
RVU Production Summary Report	310	Total Amount of Other Applied Insurance Payments	
Total Amount of Lab Expenses of Procedures		Analysis Summary Report - Standard	12
RVU Production Summary Report	310	Day Sheet Report	100
Total Amount of Last Payments for Payment Agreements		Analysis Summary Report - Daily	8
Collections Manager List	70	Total Amount of Other Applied Payments	
Total Amount of Late Charges		Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Day Sheet (Adjustments) Report	90	Total Amount of Other Credit Initial Balances	
Day Sheet Report	100	Analysis Summary Report - Standard	12
Late Charge Report	156	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Total Amount of Other Credit Special Adjustments	
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Standard	12
Adjustment Summary Report	4	Analysis Summary Report - Daily	8
Total Amount of Late Charges for Previous Month		Total Amount of Patient Payments Received	
Day Sheet (Charges and Receipts) Report	94	Insurance Transaction Analysis Report	154
Total Amount of Medicaid Payments		Total Amount of Payment Agreement Payments Due	
Operator Day Sheet Report	194	Payment Agreement Report	234
Total Amount of Medicaid Procedures		Total Amount of Payment Agreements	
RVU Production Summary Report	310	Payment Agreement Report	234
Production Summary Report	272	Total Amount of Payment Type	
Total Amount of MTD Applied Credit Adjustments		Deposit Slip	108
Day Sheet (Charges and Receipts) Report	94	Daily Summary Report	88
Total Amount of MTD Applied Payments		Total Amount of Payment Type for Clinic	
Day Sheet (Charges and Receipts) Report	94	Deposit Slip	108
Total Amount of MTD Charge Adjustments		Total Amount of Payment Type for Operator	
Day Sheet (Charges and Receipts) Report	94	Deposit Slip	108
Day Sheet (Charges and Receipts) Report	94	Total Amount of Payments	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Receipts) Report	98
Total Amount of MTD Charges		Operator Day Sheet Report	194
Day Sheet (Charges and Receipts) Report	94	Payment Summary Report	236
Total Amount of MTD Charges Billed to Insurance		Provider A/R Totals - Daily Report	276
Day Sheet (Charges and Receipts) Report	94	Provider A/R Totals - Standard Report	278
Total Amount of MTD Finance Charges		Truth in Lending Disclosure Statement	332
Day Sheet (Charges and Receipts) Report	94	Daily Summary Report	88
Total Amount of MTD Late Charges		Total Amount of Payments for Clinic	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Receipts) Report	98
Total Amount of MTD Suspended Credit Adjustments		Total Amount of Payments for Initial Provider	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Receipts) Report	98
Total Amount of MTD Suspended Payments		Total Amount of Payments for Payment Type	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Receipts) Report	98
		Total Amount of Payments for Provider	
		Day Sheet (Receipts) Report	98
		Total Amount of Pre-treatment Estimates	
		Pre-Treatment Estimate Aging Report	262

Amount (continued)

Total Amount of Pre-treatment Estimates not Sent		Total Amount of Suspended Insurance Payments	
Pre-Treatment Estimates Not Sent Report	264	Analysis Summary Report - Standard	12
Total Amount of Primary and Secondary Claims not Sent		Day Sheet Report	100
Insurance Claims Not Sent Report	148	Analysis Summary Report - Daily	8
Total Amount of Primary Claims not Sent		Total Amount of Suspended Payments	
Insurance Claims Not Sent Report	148	Analysis Summary Report - Standard	12
Total Amount of Primary Insurance Portion for Case		Day Sheet Report	100
Treatment Case Report	326	Analysis Summary Report - Daily	8
Total Amount of Primary Pre-treatment Estimates not Sent		Total Amount of Suspended Payments for Previous Month	
Pre-Treatment Estimates Not Sent Report	264	Day Sheet (Charges and Receipts) Report	94
Total Amount of Primary Production		Total Amount of Transactions	
Insurance Carrier Production - Summary Report	144	Credit Card Transaction Report	80
Insurance Carrier Production - Full Report	142	Total Amount of Treatment Plan	
Total Amount of Procedures		Treatment Case Report	326
RVU Production Summary Report	310	Patient Treatment Case Report	228
Production Summary Report	272	Total Amount of Treatment Plans	
Total Amount of Remaining Payment Agreements		Treatment Plan Approval Status Report	330
Collections Manager List	70	Treatment Plan Approval Report	328
Total Amount of RVUs		Total Amount of Treatment-planned Procedures	
RVU Utilization Report	316	Practice Treatment Case Report	258
Total Amount of Scheduled Treatment Plans		Patient Chart Printout	204
Treatment Plan Approval Status Report	330	Total Amount of Unscheduled Treatment Plans	
Treatment Plan Approval Report	328	Unscheduled Treatment Plans (Detailed) Report	362
Total Amount of Secondary Claims not Created		Unscheduled Treatment Plans (Condensed) Report	360
Secondary Insurance Claims Not Created Report	318	Total Amount of YTD Applied Payments	
Total Amount of Secondary Claims not Sent		Day Sheet (Charges and Receipts) Report	94
Insurance Claims Not Sent Report	148	Total Amount of YTD Charge Adjustments	
Total Amount of Secondary Insurance Portion for Case		Day Sheet (Charges and Receipts) Report	94
Treatment Case Report	326	Day Sheet (Charges and Receipts) Report	94
Total Amount of Secondary Pre-treatment Estimates not Created		Total Amount of YTD Charges	
Secondary Pre-Treatment Estimates Not Created Report	320	Day Sheet (Charges and Receipts) Report	94
Total Amount of Secondary Pre-treatment Estimates not Sent		Total Amount of YTD Charges Billed to Insurance	
Pre-Treatment Estimates Not Sent Report	264	Day Sheet (Charges and Receipts) Report	94
Total Amount of Secondary Production		Total Amount of YTD Finance Charges	
Insurance Carrier Production - Summary Report	144	Day Sheet (Charges and Receipts) Report	94
Insurance Carrier Production - Full Report	142	Total Amount of YTD Finance Charges for Family	
Total Amount of Sliding Discounts for Financial Class Type		Family Ledger Report (Single Family)	126
UDS - Patient Related Revenue Report	348	Total Amount of YTD Late Charges	
Total Amount of Sliding Discounts for Patient		Day Sheet (Charges and Receipts) Report	94
UDS - Patient Related Revenue Report	348	Total Amount of YTD Late Charges for Family	
Total Amount of Sliding Discounts for Payer Category		Family Ledger Report (Single Family)	126
UDS - Patient Related Revenue Report	348	Family Ledger Report	124
Total Amount of Suspended Credit Adjustments		Total Amount of YTD Payments for Family	
Analysis Summary Report - Standard	12	Family Ledger Report (Single Family)	126
Day Sheet Report	100	Family Ledger Report	124
Analysis Summary Report - Daily	8	Total Amount of YTD Suspended Credit Adjustments	
Total Amount of Suspended Credit Adjustments for Previous Month		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Total Amount of YTD Suspended Payments	
Total Amount of Suspended Credits for Clinic		Day Sheet (Charges and Receipts) Report	94
Suspended Credits Report	324	Total Amount Remaining	
		Future Due Payment Plan Report - Standard	134
		Total Case Amount	
		Patient Proposed Treatment Case Report (Your Care Plan)	220
		Total Collection Amount	
		Provider A/R Totals - Standard Report	278
		Provider A/R Totals - Daily Report	276

Amount (continued)

Total Estimated Amount of Patient's Portion		Total Suspended Credits	
Patient Proposed Treatment Case Report (Your Care Plan)	220	Aging/Credit Balance Report	6
Total Estimated Insurance Portion		Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
Patient Proposed Treatment Case Report (Your Care Plan)	220	UDS - Patient Related Revenue Report	348
Total Fee for Case		Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
Treatment Case Report	326	UDS - Patient Related Revenue Report	348
Total Fee from Alternate Fee Schedule for Case		Total Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
Treatment Case Report	326	UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Financial Class Type		Total Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348	UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Patient		Total Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348	UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Payer Category		Total Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348	UDS - Patient Related Revenue Report	348
Total Payments		Total YTD Finance Charges for Family	
Patient Revenue List by Payer Report	224	Family Ledger Report	124
Total Penalty or Payback Amount Collected for Financial Class Type		Transaction Amount	
UDS - Patient Related Revenue Report	348	Credit Card Transaction Report	80
Total Penalty or Payback Amount Collected for Patient		Provider Revenue - Allocations Report	286
UDS - Patient Related Revenue Report	348	Provider Revenue - Charges Report	288
Total Penalty or Payback Amount Collected for Payer Category		Provider Revenue - Credits Report	290
UDS - Patient Related Revenue Report	348	Suspended Credits Report	324
Total Production Amount		Audit Report - Transactions	38
Provider A/R Totals - Standard Report	278	Transaction Amount Change	
Provider A/R Totals - Daily Report	276	Audit Report - Transactions	38
Total Revenue		Treatment Plan Amount	
Provider Revenue - Charges Report	288	Referred By Patient Report	302
Provider Revenue - Credits Report	290	Unscheduled Treatment Plans (Condensed) Report	360
Provider Revenue - Summary Report	292	Unscheduled Treatment Plans (Detailed) Report	362
Provider Revenue - Allocations Report	286	Referred By Doctor/Other Report	300
Total Revenue for Provider		Treatment-planned Procedure Amount	
Provider Revenue - Charges Report	288	Unscheduled Treatment Plans (Detailed) Report	362
Provider Revenue - Credits Report	290	Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
Provider Revenue - Summary Report	292	UDS - Patient Related Revenue Report	348
Provider Revenue - Allocations Report	286	Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
Total Revenue from Credit Adjustments		UDS - Patient Related Revenue Report	348
Provider Revenue - Charges Report	288	Annual	
Provider Revenue - Credits Report	290	Amount of Annual Primary Insurance Plan Benefits for Patient	
Provider Revenue - Summary Report	292	Treatment Case Report	326
Provider Revenue - Allocations Report	286	Patient Treatment Case Report	228
Total Revenue from Insurance		Amount of Annual Secondary Insurance Plan Benefits for Family	
Provider Revenue - Charges Report	288	Treatment Case Report	326
Provider Revenue - Credits Report	290	Amount of Annual Secondary Insurance Plan Benefits for Patient	
Provider Revenue - Summary Report	292	Treatment Case Report	326
Provider Revenue - Allocations Report	286	Patient Treatment Case Report	228
Total Revenue from Non-insurance		Annual Percentage Rate	
Provider Revenue - Charges Report	288	Annual Percentage Rate	
Provider Revenue - Credits Report	290	Truth in Lending Disclosure Statement	332
Provider Revenue - Summary Report	292		
Provider Revenue - Allocations Report	286		
Total RVU			
RVU Day Sheet Report	308		

API

Number of Patients Provided API Access to Electronic Health Information	
Meaningful Use Measure Calculation List	162
Number of Patients who Accessed Electronic Health Information with API	
Meaningful Use Measure Calculation List	162

Applied

Amount of Applied Credit Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Credit Adjustments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Applied Credit Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Insurance Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Payments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Applied Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Current Applied Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Applied Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Applied Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Applied Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Other Applied Credit Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Credit Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Credit Initial Balances for Clinic	
Day Sheet Report	100
Amount of Other Applied Credit Initial Balances for Provider	
Day Sheet Report	100

Amount of Other Applied Credit Special Adjustments for Clinic	
Day Sheet Report	100
Amount of Other Applied Credit Special Adjustments for Provider	
Day Sheet Report	100
Amount of Other Applied Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Insurance Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of YTD Applied Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of YTD Applied Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Applied Credit Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Applied Insurance Payment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Applied Payment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Estimated Amount of Deductibles to Be Applied	
Treatment Case Report	326
Patient Treatment Case Report	228
Other Applied Credit Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Other Applied Insurance Payment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Other Applied Payment	
Analysis Summary Report - Standard	12
Other Applied Payment Amount	
Analysis Summary Report - Daily	8
Payment Agreement Payment Portion Applied to Interest	
Payment Agreement Amortization Schedule	232
Payment Agreement Payment Portion Applied to Principle	
Payment Agreement Amortization Schedule	232
Total Amount of Applied Credit Adjustments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8

Applied (continued)

Total Amount of Applied Credit Adjustments for Previous Month		Total Amount of Applied Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Total Amount of Applied Insurance Payments		Day Sheet Report	100
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Day Sheet Report	100	Total Amount of Applied Credit Adjustments for Previous Month	
Analysis Summary Report - Daily	8	Day Sheet (Charges and Receipts) Report	94
Total Amount of Applied Payments		Total Amount of Current Applied Credit Adjustments	94
Analysis Summary Report - Standard	12	Day Sheet (Charges and Receipts) Report	94
Day Sheet Report	100	Total Amount of MTD Applied Credit Adjustments	
Analysis Summary Report - Daily	8	Day Sheet (Charges and Receipts) Report	94
Total Amount of Applied Payments for Previous Month		Total Amount of Other Applied Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Total Amount of Current Applied Credit Adjustments		Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Total Amount of Current Applied Payments		Total Amount of YTD Applied Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Applied Credit Adjustments		Applied Credit Special Adjustment	
Day Sheet (Charges and Receipts) Report	94	Amount of Other Applied Credit Special Adjustments for Clinic	
Total Amount of MTD Applied Payments		Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94	Amount of Other Applied Credit Special Adjustments for Provider	
Total Amount of Other Applied Credit Adjustments		Day Sheet Report	100
Analysis Summary Report - Standard	12	Total Amount of Other Applied Credit Special Adjustments	
Day Sheet Report	100	Day Sheet Report	100
Analysis Summary Report - Daily	8	Applied Initial Balance	
Total Amount of Other Applied Credit Initial Balances		Amount of Other Applied Credit Initial Balances for Clinic	
Day Sheet Report	100	Day Sheet Report	100
Total Amount of Other Applied Credit Special Adjustments		Amount of Other Applied Credit Initial Balances for Provider	
Day Sheet Report	100	Day Sheet Report	100
Total Amount of Other Applied Insurance Payments		Total Amount of Other Applied Credit Initial Balances	
Analysis Summary Report - Standard	12	Day Sheet Report	100
Day Sheet Report	100	Applied Insurance Payment	
Analysis Summary Report - Daily	8	Amount of Other Applied Insurance Payments for Clinic	
Total Amount of Other Applied Payments		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Day Sheet Report	100
Day Sheet Report	100	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Amount of Other Applied Insurance Payments for Provider	
Total Amount of YTD Applied Credit Adjustments		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	94	Day Sheet Report	100
Applied Credit Adjustment		Analysis Summary Report - Daily	8
Amount of Other Applied Credit Adjustments for Clinic		Applied Insurance Payment Amount	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Other Applied Insurance Payment Amount	
Amount of Other Applied Credit Adjustments for Provider		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Day Sheet Report	100	Total Amount of Applied Insurance Payments	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of YTD Applied Credit Adjustments for Provider		Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Applied Credit Adjustment Amount		Total Amount of Other Applied Insurance Payments	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Other Applied Credit Adjustment Amount		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12		
Analysis Summary Report - Daily	8		

Applied Payment

Amount of Other Applied Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of YTD Applied Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Applied Payment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Other Applied Payment	
Analysis Summary Report - Standard	12
Other Applied Payment Amount	
Analysis Summary Report - Daily	8
Payment Agreement Payment Portion Applied to Interest	
Payment Agreement Amortization Schedule	232
Payment Agreement Payment Portion Applied to Principle	
Payment Agreement Amortization Schedule	232
Total Amount of Applied Payments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Applied Payments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Applied Payments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Applied Payments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Other Applied Payments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of YTD Applied Payments	
Day Sheet (Charges and Receipts) Report	94

Appointment

Address of Patient on Appointment	
Letter Merge Reports	158
Appointment Amount	
Audit Report - Appointments	26
Appointment Amount Change	
Audit Report - Appointments	26
Appointment Checklist Items	
Custom Practice Information Report	82
Appointment Date	
Appointment Reminder Cards	18
As Soon As Possible List	22
Audit Report - Appointments	26
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Letter Merge Reports	158
Operatory Appointment List Report	196
Patient List (Filtered)	214
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Walkout - Family Walkout	370
Appointment Cycle Time Report	16

Appointment Date and Time	
Insurance Eligibility Report	152
Appointment Date Change	
Audit Report - Appointments	26
Appointment Length	
Audit Report - Appointments	26
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Operatory Appointment List Report	196
Unscheduled Appointment List (DX1)	356
Unscheduled Appointment List (OM)	358
As Soon As Possible List	22
Appointment Length Change	
Audit Report - Appointments	26
Appointment Note	
Patient Notes Report	216
Appointment Notes	
Appointment Book View Printout	14
Appointment Production Amount	
Appointment Book View Printout	14
Appointment Production Type	
Audit Report - Appointments	26
Multi-Code List	188
Procedure Code List	266
Appointment Book View Printout	14
Appointment Production Type Change	
Audit Report - Appointments	26
Appointment Provider	
Audit Report - Appointments	26
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Letter Merge Reports	158
Letter Merge Reports	158
Operatory Appointment List Report	196
Patient List (Filtered)	214
As Soon As Possible List	22
Appointment Provider Change	
Audit Report - Appointments	26
Appointment Provider ID	
Letter Merge Reports	158
Appointment Book View Printout	14
Appointment Reason	
As Soon As Possible List	22
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Letter Merge Reports	158
Operatory Appointment List Report	196
Unscheduled Appointment List (DX1)	356
Unscheduled Appointment List (OM)	358
Walkout - Family Walkout	370
Appointment Book View Printout	14
Appointment Status	
As Soon As Possible List	22
Audit Report - Appointments	26
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Operatory Appointment List Report	196
Patient Chart and Progress Notes Printout	202
Unscheduled Appointment List (DX1)	356
Unscheduled Appointment List (OM)	358
Appointment Cycle Time Report	16

Appointment (continued)

Appointment Status Change		Next Appointment Procedure Date	
Audit Report - Appointments	26	Patient Route Slip	226
Appointment Statuses		Next Appointment Production Amount	
Custom Practice Information Report	82	Patient Route Slip	226
Appointment Time		Next Appointment Provider ID	
As Soon As Possible List	22	Patient Route Slip	226
Audit Report - Appointments	26	Next Appointment Status	
Daily Appointment List (DX1)	84	Patient Route Slip	226
Daily Appointment List Report	86	Next Appointment Time	
Letter Merge Reports	158	Patient Route Slip	226
Operatory Appointment List Report	196	Next Appointment Total Amount	
Patient List (Filtered)	214	Patient Route Slip	226
Walkout - Family Walkout	370	Next Appointment Treatment Area	
Appointment Reminder Cards	18	Patient Route Slip	226
Appointment Time Change		Next Appointment Treatment Plan Visit	
Audit Report - Appointments	26	Patient Route Slip	226
Appointment Type		Next Continuing Care Appointment Date	
Audit Report - Appointments	26	Patient Route Slip	226
Appointment Cycle Time Report	16	Letter Merge Reports	158
Appointment Type Change		Next Continuing Care Appointment Provider	
Audit Report - Appointments	26	Letter Merge Reports	158
Continuing Care Appointment Date		Next Continuing Care Appointment Reason	
Continuing Care Display List	76	Letter Merge Reports	158
Date Appointment Broken		Next Continuing Care Appointment Time	
Unscheduled Appointment List (OM)	358	Letter Merge Reports	158
Unscheduled Appointment List (DX1)	356	Number of Appointments in Appointment Status for or Longer than Length of Time	
Deleted Appointment		Appointment Statistics Report	20
Audit Report - Appointments	26	Number of Appointments in Appointment Status Less than Length of Time	
Future Appointment Date		Appointment Statistics Report	20
Patient Route Slip	226	Number of Broken Appointments	
Future Appointment Provider ID		Appointment Statistics Report	20
Patient Route Slip	226	Number of Late Appointments	
Future Appointment Reason		Appointment Statistics Report	20
Patient Route Slip	226	Number of Missed Appointments	
Future Appointment Time		Patient Route Slip	226
Patient Route Slip	226	Number of New Appointments	
Future Reminder Date		Daily Summary Report	88
Collections Manager List	70	Number of On Time Appointments	
Future Reminder Type		Appointment Statistics Report	20
Collections Manager List	70	Number of Patients <6 or 65+ Years who Received Ap- pointment Reminders	
Inserted Appointment		Meaningful Use Measure Calculation List	162
Audit Report - Appointments	26	Number of Scheduled Treatment-planned Procedures	
Last Missed Appointment Date		Practice Treatment Case Report	258
Patient Route Slip	226	Number of Unscheduled Appointments Listed	
Length in Appointment Status		Unscheduled Appointment List (OM)	358
Appointment Cycle Time Report	16	Unscheduled Appointment List (DX1)	356
Next Appointment ADA Code		Number of Wait/Will Call Appointments	
Patient Route Slip	226	Appointment Statistics Report	20
Next Appointment ADA Code Description		Patient Name on Appointment	
Patient Route Slip	226	Letter Merge Reports	158
Next Appointment Date		Percent Broken Appointments	
Patient Route Slip	226	Appointment Statistics Report	20
Next Appointment Length		Percent Late Appointments	
Patient Route Slip	226	Appointment Statistics Report	20
Next Appointment Note		Percent of Appointments in Appointment Status for or Longer than Length of Time	
Patient Route Slip	226	Appointment Statistics Report	20
Next Appointment Operatory ID		Phone Number of Patient on Appointment	
Patient Route Slip	226	Letter Merge Reports	158
Next Appointment Procedure Amount			
Patient Route Slip	226		

Appointment (continued)

Reason Appointment Broken	
Unscheduled Appointment List (DX1)	356
Scheduled and/or Unscheduled Appointment	
Unscheduled Treatment Plans (Detailed) Report	362
Unscheduled Treatment Plans (Condensed) Report	360
Total Length in Appointment Statuses	
Appointment Cycle Time Report	16
Total Number of Appointments	
As Soon As Possible List	22
Appointment Statistics Report	20
Total Number of Scheduled Appointments	
Appointment Statistics Report	20
Appointment Book	
Day Note	
Appointment Book View Printout	14
Time Blocks	
Appointment Book View Printout	14
Time Units	
Procedure Code List	266
Multi-Code List	188
Appointment Reminder	
Number of Patients <6 or 65+ Years who Received Appointment Reminders	
Meaningful Use Measure Calculation List	162
Appointment Status	
Average Length of Time Between Appointment Statuses	
Appointment Statistics Report	20
Next Appointment Status	
Patient Route Slip	226
Number of Appointments in Appointment Status for or Longer than Length of Time	
Appointment Statistics Report	20
Number of Appointments in Appointment Status Less than Length of Time	
Appointment Statistics Report	20
Percent of Appointments in Appointment Status for or Longer than Length of Time	
Appointment Statistics Report	20
Appointment Type	
Appointment Type	
Audit Report - Appointments	26
Appointment Cycle Time Report	16
Appointment Type Change	
Audit Report - Appointments	26
Approval Status	
Treatment Plan Approval Status	
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Patient Chart and Progress Notes Printout	202
APR	
Annual Percentage Rate	
Truth in Lending Disclosure Statement	332
Archived	
Total Archived New Patients	
New Patient List	190

Attachment

Attached Date	
Document Center - Documents List Report	112
Attachment Entity Name	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112
Attachment Entity Type	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112
Date Attached	
Document Center List	120

Attestation

Number of Patients with Medication Allergies or Attestations of No Known Medication Allergies	
Meaningful Use Measure Calculation List	162
Number of Patients with Medications or Attestations of No Known Medications	
Meaningful Use Measure Calculation List	162
Number of Patients with Problems or Attestations of No Known Problems	
Meaningful Use Measure Calculation List	162

Audit

Appointment Amount Change	
Audit Report - Appointments	26
Appointment Date Change	
Audit Report - Appointments	26
Appointment Length Change	
Audit Report - Appointments	26
Appointment Production Type Change	
Audit Report - Appointments	26
Appointment Provider Change	
Audit Report - Appointments	26
Appointment Status Change	
Audit Report - Appointments	26
Appointment Time Change	
Audit Report - Appointments	26
Appointment Type Change	
Audit Report - Appointments	26
Audit Date	
Document Center Documents Audited Report	118
Audit Log Option	
Audit Report - Audit Log Status	28
Bank Account Number Change	
Audit Report - Clinics	30
Billing Type Change	
Audit Report - Patients	34
Change of Address	
Coupon Book - Payment Agreements	79
Coupon Book - Future Due Payments	78
Date of Last Case Status Update	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Deleted Appointment	
Audit Report - Appointments	26
Deleted Entry	
Audit Report - Patients	34
Deleted Procedure	
Audit Report - Combined	32

Audit (continued)

Deleted Transaction		Audit Rights Report - Assigned to Groups	42
Audit Report - Transactions	38	Audit Rights Report - Group Names	44
Encounter Number Change		Audit Rights Report - Users to Groups	46
Audit Report - Transactions	38	Audit Report - Combined	32
Fiscal Year Month Change		Staff Social Security Number Change	
Audit Report - Clinics	30	Audit Report - Providers/Staff	36
Guarantor Name Change		Time of Change	
Audit Report - Patients	34	Audit Report - Appointments	26
Initial Entry		Audit Report - Audit Log Status	28
Audit Report - Patients	34	Audit Report - Clinics	30
Inserted Appointment		Audit Report - Combined	32
Audit Report - Appointments	26	Audit Report - Patients	34
Inserted Transaction		Audit Report - Providers/Staff	36
Audit Report - Transactions	38	Audit Report - Transactions	38
Login Name Change		Audit Rights Report - Assigned Individually	40
Audit Report - Providers/Staff	36	Audit Rights Report - Assigned to Groups	42
Number of Documents Audited		Audit Rights Report - Group Names	44
Document Center Audit Documents Report	114	Audit Rights Report - Users to Groups	46
Operatory Change		Appointment Cycle Time Report	16
Audit Report - Appointments	26	Total Number of Documents Audited	
Other ID Change		Document Center Audit Documents Report	114
Audit Report - Patients	34	Total Percent of Documents Audited	
Patient Name Change		Document Center Audit Documents Report	114
Audit Report - Patients	34	Transaction Amount Change	
Audit Report - Transactions	38	Audit Report - Transactions	38
Audit Report - Appointments	26	Transaction Description Change	
Patient Social Security Number or Request Date Change		Audit Report - Transactions	38
Audit Report - Patients	34	User Changed	
Patient Status Change		Audit Rights Report - Users to Groups	46
Audit Report - Patients	34	Audit Rights Report - Assigned Individually	40
Percent of Documents Audited		User Group Change	
Document Center Audit Documents Report	114	Audit Rights Report - Group Names	44
Perio Measurement Change		Average	
Perio - Exam Comparison Report	242	Amount of Debit Adjustments (Average)	
Perio - Combined Graphic & Data Chart Report	238	Practice Analysis Report	252
Practice Change		Amount of Finance Charges (Average)	
Audit Report - Clinics	30	Practice Analysis Report	252
Practice Title Change		Amount of Insured Charges (Average)	
Audit Report - Clinics	30	Practice Analysis Report	252
Primary Provider ID Change		Amount of Late Charges (Average)	
Audit Report - Patients	34	Practice Analysis Report	252
Procedure Date Change		Amount of Non-insured Charges (Average)	
Audit Report - Transactions	38	Practice Analysis Report	252
Provider Class Change		Amount of Other Debit Adjustments (Average)	
Audit Report - Providers/Staff	36	Practice Analysis Report	252
Provider Fee Schedule Change		Average Amount of Adjustment Type	
Audit Report - Providers/Staff	36	Adjustment Summary Report	4
Provider ID Change		Average Amount of Adjustments	
Audit Report - Transactions	38	Day Sheet (Adjustments) Report	90
Audit Report - Providers/Staff	36	Average Amount of Adjustments for Clinic	
Provider Name Change		Day Sheet (Adjustments) Report	90
Audit Report - Providers/Staff	36	Average Amount of Adjustments for Provider	
Provider Social Security Number Change		Day Sheet (Adjustments) Report	90
Audit Report - Providers/Staff	36	Average Amount of Credit Adjustments	
Record Type Change		Day Sheet (Adjustments) Report	90
Audit Report - Patients	34	Average Amount of Debit Adjustments	
Audit Report - Transactions	38	Day Sheet (Adjustments) Report	90
Audit Rights Report - Assigned Individually	40	Average Amount of Finance Charges	
		Day Sheet (Adjustments) Report	90
		Average Amount of Late Charges	
		Day Sheet (Adjustments) Report	90

Average (continued)

Average Amount of Medicaid Procedures		Average Payment Amount for Clinic	
RVU Production Summary Report	310	Day Sheet (Receipts) Report	98
Production Summary Report	272	Average Payment Amount for Initial Provider	
Average Amount of Medicaid Procedures for Clinic		Day Sheet (Receipts) Report	98
RVU Production Summary Report	310	Average Payment Amount for Payment Type	
Production Summary Report	272	Day Sheet (Receipts) Report	98
Average Amount of Medicaid Procedures for Provider		Average Payment Amount for Provider	
RVU Production Summary Report	310	Day Sheet (Receipts) Report	98
Production Summary Report	272	Average Production per Patient	
Average Amount of Non-Medicaid Procedures		Analysis Summary Report - Standard	12
RVU Production Summary Report	310	Day Sheet Report	100
Production Summary Report	272	Analysis Summary Report - Daily	8
Average Amount of Non-Medicaid Procedures for Clinic		Average Production per Patient for Clinic	
RVU Production Summary Report	310	Analysis Summary Report - Standard	12
Production Summary Report	272	Day Sheet Report	100
Average Amount of Non-Medicaid Procedures for Provider		Analysis Summary Report - Daily	8
RVU Production Summary Report	310	Average Production per Patient for Provider	
Production Summary Report	272	Analysis Summary Report - Standard	12
Average Amount of Payment Type		Day Sheet Report	100
Payment Summary Report	236	Analysis Summary Report - Daily	8
Average Amount of Payments		Average Production Per Patient from Referral Source	
Payment Summary Report	236	Referral Analysis Report	294
Average Amount of Procedures		Average Production Per Patient from Referral Sources	
RVU Production Summary Report	310	Referral Analysis Report	294
Production Summary Report	272	Average Production per Patient MTD	
Average Amount of Procedures for Clinic		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Average Production per Patient MTD for Provider	
Production Summary Report	272	Day Sheet (Charges and Receipts) Report	94
Average Amount of Procedures for Provider		Average Wait Time	
RVU Production Summary Report	310	Appointment Cycle Time Report	16
Production Summary Report	272	Beginning Balance (Average)	
Average Charge per Patient		Practice Analysis Report	252
Analysis Summary Report - Standard	12	Current Average Charge per Patient	
Day Sheet Report	100	Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Daily	8	Current Average Charge per Patient for Provider	
Average Charge per Patient for Clinic		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Current Average Production per Patient	
Day Sheet Report	100	Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Daily	8	Current Average Production per Patient for Provider	
Average Charge per Patient for Provider		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Ending Balance (Average)	
Day Sheet Report	100	Practice Analysis Report	252
Analysis Summary Report - Daily	8	New Patients (Average)	
Average Charge per Patient MTD		Practice Analysis Report	252
Day Sheet (Charges and Receipts) Report	94	Referred Patients (Average)	
Average Charge per Patient MTD for Provider		Practice Analysis Report	252
Day Sheet (Charges and Receipts) Report	94	Subtotal of Charges (Average)	
Average Length of Time Between Appointment Statuses		Practice Analysis Report	252
Appointment Statistics Report	20	Total Average Charge per Patient	
Average Monthly Charge Amount		Analysis Summary Report - Standard	12
Future Due Payment Plan Report - Monthly Totals	132	Analysis Summary Report - Daily	8
Average Number of Charges		Total Average Production per Patient	
Future Due Payment Plan Report - Monthly Totals	132	Analysis Summary Report - Standard	12
Average Payment Amount		Analysis Summary Report - Daily	8
Day Sheet (Receipts) Report	98	Total Average Production per Patient at Clinics from Referral Source	
		Referral Analysis Report	294
		Total Charges (Average)	
		Practice Analysis Report	252

Balance

Account Balance		Amount of Ending Balances for Provider	
Collections Manager List	70	Analysis Summary Report - Standard	12
Family Ledger Report	124	Analysis Summary Report - Daily	8
Family Ledger Report (Single Family)	126	Amount of Other Applied Credit Initial Balances for Clinic	
Insurance Claim Aging Report	146	Day Sheet Report	100
Letter Merge Reports	158	Amount of Other Applied Credit Initial Balances for Provider	
Patient Route Slip	226	Day Sheet Report	100
Patient's Ledger Report	230	Amount of Other Credit Initial Balances for Clinic	
Payment Agreement Report	234	Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	262	Analysis Summary Report - Daily	8
Aging/Credit Balance Report	6	Amount of Other Credit Initial Balances for Provider	
Account Balance Amount Aged 121 - 150		Analysis Summary Report - Standard	12
Pre-Treatment Estimate Aging Report	262	Analysis Summary Report - Daily	8
Account Balance Amount Aged 151 - 180		Balance (as of a Date)	
Pre-Treatment Estimate Aging Report	262	Day Sheet Report	100
Account Balance Amount Aged 31 - 60		Day Sheet (Charges and Receipts) Report	94
Pre-Treatment Estimate Aging Report	262	Balance (as of a Date) for Clinic	
Account Balance Amount Aged 61 - 90		Day Sheet Report	100
Pre-Treatment Estimate Aging Report	262	Balance (as of a Date) for Provider	
Account Balance Amount Aged 91 - 120		Day Sheet Report	100
Pre-Treatment Estimate Aging Report	262	Day Sheet (Charges and Receipts) Report	94
Amount of Account Balance Aged >90		Balance Due	
Insurance Claim Aging Report	146	Coupon Book - Payment Agreements	79
Amount of Account Balance Aged 1 - 30		Coupon Book - Future Due Payments	78
Insurance Claim Aging Report	146	Beginning Balance	
Amount of Account Balance Aged 31 - 60		Analysis Summary Report - Standard	12
Insurance Claim Aging Report	146	Provider A/R Totals - Daily Report	276
Amount of Account Balance Aged 61 - 90		Analysis Summary Report - Daily	8
Insurance Claim Aging Report	146	Beginning Balance (Average)	
Amount of Beginning Balances for Clinic		Practice Analysis Report	252
Analysis Summary Report - Standard	12	Beginning Balance (for Date Range)	
Analysis Summary Report - Daily	8	Practice Analysis Report	252
Amount of Beginning Balances for Provider		Beginning Balance (MTD)	
Analysis Summary Report - Standard	12	Practice Analysis Report	252
Analysis Summary Report - Daily	8	Beginning Balance (YTD)	
Amount of Credit Initial Balances		Practice Analysis Report	252
Provider A/R Totals - Daily Report	276	Beginning Balance for Provider	
Amount of Credit Initial Balances for Clinic		Provider A/R Totals - Standard Report	278
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	276
Day Sheet Report	100	Credit Balance (as of Date)	
Analysis Summary Report - Daily	8	Practice Analysis Report	252
Amount of Credit Initial Balances for Provider		Credit Initial Balance	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Current Account Balance	
Provider A/R Totals - Standard Report	278	Billing Statement	48
Analysis Summary Report - Daily	8	Debit Initial Balance	
Amount of Debit Initial Balances (Production)		Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276	Analysis Summary Report - Daily	8
Amount of Debit Initial Balances for Clinic		Debit Initial Balance	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Ending Balance	
Amount of Debit Initial Balances for Provider		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Provider A/R Totals - Daily Report	276
Day Sheet Report	100	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Ending Balance (Average)	
Amount of Ending Balances for Clinic		Practice Analysis Report	252
Analysis Summary Report - Standard	12	Ending Balance (for Date Range)	
Analysis Summary Report - Daily	8	Practice Analysis Report	252

Balance (continued)

Ending Balance (MTD)		Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates	
Practice Analysis Report	252	Pre-Treatment Estimate Aging Report	262
Ending Balance (YTD)		Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates	
Practice Analysis Report	252	Pre-Treatment Estimate Aging Report	262
Ending Balance for Provider		Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates	
Provider A/R Totals - Standard Report	278	Pre-Treatment Estimate Aging Report	262
Provider A/R Totals - Daily Report	276	Total Amount of Account Balances Aged 1 - 30 with Claims	
Family Balance		Insurance Claim Aging Report	146
Treatment Case Report	326	Total Amount of Account Balances Aged 1 - 30 with Primary Claims	
Patient Treatment Case Report	228	Insurance Claim Aging Report	146
Family Member Balance (as of a Date)		Total Amount of Account Balances Aged 1 - 30 with Secondary Claims	
Patient's Ledger Report	230	Insurance Claim Aging Report	146
Ledger Balance		Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates	
Suspended Credits Report	324	Pre-Treatment Estimate Aging Report	262
Net Change in Balance		Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates	
Day Sheet (Charges and Receipts) Report	94	Pre-Treatment Estimate Aging Report	262
Net Change in Balance for Provider		Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates	
Day Sheet (Charges and Receipts) Report	94	Pre-Treatment Estimate Aging Report	262
New Balance		Total Amount of Account Balances Aged 121 - 150 with Claims	
Walkout - Family Walkout	370	Insurance Claim Aging Report	146
Other Credit Initial Balance		Total Amount of Account Balances Aged 121 - 150 with Primary Claims	
Analysis Summary Report - Standard	12	Insurance Claim Aging Report	146
Analysis Summary Report - Daily	8	Total Amount of Account Balances Aged 121 - 150 with Secondary Claims	
Patient Balance		Insurance Claim Aging Report	146
Patient Route Slip	226	Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates	
Patient Treatment Case Report	228	Pre-Treatment Estimate Aging Report	262
Patient's Ledger Report	230	Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates	
Referred By Doctor/Other Report	300	Pre-Treatment Estimate Aging Report	262
Referred By Patient Report	302	Total Amount of Account Balances Aged 151 - 180 with Claims	
Treatment Case Report	326	Insurance Claim Aging Report	146
Continuing Care Display List	76	Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Patient Running Balance		Insurance Claim Aging Report	146
Patient Ledger Report	210	Total Amount of Account Balances Aged 151 - 180 with Primary Claims	
Payment Agreement Remaining Balance		Insurance Claim Aging Report	146
Payment Agreement Report	234	Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates	
Payment Agreement Report	234	Pre-Treatment Estimate Aging Report	262
Payment Agreement Amortization Schedule	232	Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Payment Plan Remaining Balance		Pre-Treatment Estimate Aging Report	262
Letter Merge Reports	158	Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Previous Balance		Pre-Treatment Estimate Aging Report	262
Day Sheet Report	100	Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Day Sheet (Charges and Receipts) Report	94	Pre-Treatment Estimate Aging Report	262
Previous Balance for Clinic		Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Day Sheet Report	100	Pre-Treatment Estimate Aging Report	262
Previous Balance for Provider		Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Day Sheet Report	100	Pre-Treatment Estimate Aging Report	262
Day Sheet (Charges and Receipts) Report	94	Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Prior Account Balance		Pre-Treatment Estimate Aging Report	262
Walkout - Family Walkout	370	Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Remaining Balance		Pre-Treatment Estimate Aging Report	262
Procedures by Contracted Amount Report	268	Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Future Due Payment Plan Report - Standard	134	Pre-Treatment Estimate Aging Report	262
Total Account Balance		Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Insurance Claim Aging Report	146	Pre-Treatment Estimate Aging Report	262
Billing Statement	48	Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Total Amount of Account Bal		Pre-Treatment Estimate Aging Report	262
Collections Manager List	70	Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Payment Agreement Report	234	Pre-Treatment Estimate Aging Report	262
Aging/Credit Balance Report	6	Pre-Treatment Estimate Aging Report	262

Balance (continued)

Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 181+ with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 181+ with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 181+ with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 31 - 60 with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 31 - 60 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 31 - 60 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 with Claims	
Insurance Claim Aging Report	146

Total Amount of Account Balances Aged 91 - 120 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 91 - 120 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Balances Remaining for Payment Agreements	
Payment Agreement Report	234
Total Amount of Beginning Balances	
Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Total Amount of Credit Initial Balances	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Total Amount of Debit Initial Balances	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Debit Initial Balances (Production)	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of Ending Balances	
Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Total Amount of Other Applied Credit Initial Balances	
Day Sheet Report	100
Total Amount of Other Credit Initial Balances	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Total Family Balance (as of a Date)	
Family Ledger Report (Single Family)	126
Family Ledger Report	124
Total Family Balance as of a Date	
Patient's Ledger Report	230
Total Patient Balance (as of Date)	
Patient Ledger Report	210
Total Patient Balance as of a Date	
Patient's Ledger Report	230

Bank Account

Bank Account Number	
Deposit Slip	108
Audit Report - Clinics	30
Bank Account Number Change	
Audit Report - Clinics	30

Basic

Insurance Coverage Percent (Basic) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Basic) for Secondary Insurance	
Patient Route Slip	226

Beginning

Beginning ADA Code	
Insurance Coverage Tables Report	150

Beginning Balance

Amount of Beginning Balances for Clinic	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Beginning Balances for Provider	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Beginning Balance	
Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276
Analysis Summary Report - Daily	8
Beginning Balance (Average)	
Practice Analysis Report	252
Beginning Balance (for Date Range)	
Practice Analysis Report	252
Beginning Balance (MTD)	
Practice Analysis Report	252
Beginning Balance (YTD)	
Practice Analysis Report	252
Beginning Balance for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of Beginning Balances	
Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8

Beneficiary

Beneficiary ID	
Dental Encounters Report	106

Benefits

Amount of Annual Primary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Annual Primary Insurance Plan Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Annual Secondary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Annual Secondary Insurance Plan Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228

Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Primary Insurance Benefits Remaining	
Unscheduled Treatment Plans (Detailed) Report	362
Patient Route Slip	226
Amount of Primary Insurance Benefits Used	
Patient Route Slip	226
Amount of Primary Insurance Paid Benefits YTD for Family	
Treatment Case Report	326
Amount of Primary Insurance Paid Benefits YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Remaining Benefits for Primary Insurance	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Amount of Remaining Benefits for Secondary Insurance	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Amount of Secondary Insurance Benefits Remaining	
Unscheduled Treatment Plans (Detailed) Report	362
Patient Route Slip	226
Amount of Secondary Insurance Benefits Used	
Patient Route Slip	226
Amount of Secondary Paid Benefits for Family	
Treatment Case Report	326
Amount of Secondary Paid Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Benefit Renewal Month	
Insurance Carrier List	138
Benefits Remaining	
Insurance Carrier List	138
Family Benefits	
Insurance Carrier List	138
Individual Benefits	
Insurance Carrier List	138
Maximum Primary Insurance Benefit Amount	
Patient Route Slip	226
Maximum Secondary Insurance Benefit Amount	
Patient Route Slip	226
Primary Insurance Benefits Expiration Date for Family	
Treatment Case Report	326
Primary Insurance Benefits Expiration Date for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228

Benefits (continued)

Primary Insurance Benefits Remaining Letter Merge Reports	158
Primary Insurance Benefits Renewal Month Patient Route Slip	226
Projected Amount of Remaining Benefits Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Projected Amount of Remaining Benefits for Secondary Insurance Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Secondary Insurance Benefits Expiration Date for Family Treatment Case Report	326
Secondary Insurance Benefits Expiration Date for Patient Treatment Case Report	326
Patient Treatment Case Report	228
Secondary Insurance Benefits Remaining Letter Merge Reports	158
Secondary Insurance Benefits Renewal Month Patient Route Slip	226

Billed

Amount of Current Charges Billed to Insurance for Provider Day Sheet (Charges and Receipts) Report	94
--	----

Billing

Amount Billed to Insurance Analysis Summary Report - Standard	12
Collections Manager List	70
Analysis Summary Report - Daily	8
Amount Billed to Insurance for Clinic Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount Billed to Insurance for Provider Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Charges Billed to Insurance for Previous Month for Provider Day Sheet (Charges and Receipts) Report	94
Amount of MTD Charges Billed to Insurance for Provider Day Sheet (Charges and Receipts) Report	94
Amount of YTD Charges Billed to Insurance for Provider Day Sheet (Charges and Receipts) Report	94
Bill Date Walkout - Family Walkout	370
Billable to Insurance Procedure Code List	266
Billing Date Billing Statement	48
Do not Bill to Dental Insurance Insurance Carrier List	138
Do not Bill to Dental Insurance if 0% Coverage Insurance Carrier List	138
Total Amount Billed to Insurance Analysis Summary Report - Standard	12
Collections Manager List	70
Day Sheet Report	100

Analysis Summary Report - Daily	8
Total Amount of Charges Billed to Insurance for Previous Month Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Charges Billed to Insurance Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Charges Billed to Insurance Day Sheet (Charges and Receipts) Report	94
Total Amount of YTD Charges Billed to Insurance Day Sheet (Charges and Receipts) Report	94

Billing Type

Billing Type Audit Report - Patients	34
Collections Manager List	70
Credit Card Transaction Report	80
Day Sheet (Adjustments) Report	90
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Receipts) Report	98
Day Sheet Report	100
Deposit Slip	108
Family Ledger Report	124
Family Ledger Report (Single Family)	126
Finance Charge Report	130
Future Due Payment Plan Report - Standard	134
Late Charge Report	156
Letter Merge Reports	158
Operator Day Sheet Report	194
Patient Ledger Report	210
Patient List	212
Patient's Ledger Report	230
Payment Agreement Report	234
Practice Treatment Case Report	258
Procedures Not Attached to Insurance Report	270
Production Summary Report	272
Provider Revenue - Allocations Report	286
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
RVU Day Sheet Report	308
RVU Production Summary Report	310
Suspended Credits Report	324
UDS - Tobacco Use and Intervention Report	354
Aging/Credit Balance Report	6
Billing Type Change Audit Report - Patients	34
Billing Types Custom Practice Information Report	82
Guarantor Billing Type Patient Route Slip	226
Birth Date	
Birth Date Insurance Claim Aging Report	146
Insurance Eligibility Report	152
Insurance Transaction Analysis Report	154
Letter Merge Reports	158
Birthday List	50
Guarantor Birth Date & Age Collections Manager List	70
Number of Patients without a Birth Date Entered Practice Statistics Report	256
Patient Birth Date Employers and Employed Patients Report	122
Insurance Carrier List	138

Birth Date (continued)

Patient Chart and Progress Notes Printout	202
Patient Chart Printout	204
Patient List	212
Patient List (Filtered)	214
Patient Proposed Treatment Case Report (Your Care Plan)	220
Patient Questionnaire	222
Patient Route Slip	226
Patient Treatment Case Report	228
Perio - Combined Graphic & Data Chart Report	238
Perio - Exam Comparison Report	242
Perio - Graphic Chart Report	244
Practice Treatment Case Report	258
Prescription Printout	260
Pre-Treatment Estimate Aging Report	262
RVU Utilization Report	316
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
UDS - Age/Gender Report	334
UDS - Insurance Financial Class Report	342
UDS - Insurance Financial Class Report (2013)	344
UDS - Medicaid/Medicare Report	346
UDS - Patient Status Report	350
UDS - Sealant Statistics Report	352
UDS - Tobacco Use and Intervention Report	354
Utilization Report	366
Walkout - Doctor's Statement	368
Clinical Notes Report	64
Percent of Patients without a Birth Date Entered	
Practice Statistics Report	256
Spouse Birth Date	
Patient Questionnaire	222
Subscriber Birth Date	
Walkout - Doctor's Statement	368
Insurance Carrier List	138
Subscriber Birth Date for Primary Insurance	
Patient Questionnaire	222
Subscriber Birth Date for Secondary Insurance	
Patient Questionnaire	222
Bleeding	
Bleeding	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238
Blood Pressure	
Blood Pressure	
Patient Health Assessment Report	206
Number of Patients 18 - 85 Years with Abnormal Blood Pressure Reading	
Clinical Quality Measures List	66
Blue Cross/Blue Shield	
Blue Cross/Blue Shield ID	
Provider IDs List	284
Blue Cross/Blue Shield Number	
Practice Organization List	254

BMI

Number of Patients 18 - 64 Years with Abnormal BMI Reading and Follow Up	
Clinical Quality Measures List	66
Number of Patients 3 - 17 Years with BMI Percentile Reading	
Clinical Quality Measures List	66
Number of Patients 65+ Years with Abnormal BMI Reading and Follow Up	
Clinical Quality Measures List	66

BMI Percentile

Number of Patients 3 - 17 Years with BMI Percentile Reading	
Clinical Quality Measures List	66

Body Mass Index

Body Mass Index	
Patient Health Assessment Report	206
Number of Patients 3 - 17 Years with BMI Percentile Reading	
Clinical Quality Measures List	66
Number of Patients 65+ Years with Abnormal BMI Reading and Follow Up	
Clinical Quality Measures List	66

Bone Loss

Bone Loss	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238

Break Appointment Reason

Reason Appointment Broken	
Unscheduled Appointment List (DX1)	356

Broken

Percent Broken Appointments	
Appointment Statistics Report	20

Broken Appointment

Date Appointment Broken	
Unscheduled Appointment List (OM)	358
Unscheduled Appointment List (DX1)	356
Number of Broken Appointments	
Appointment Statistics Report	20

Calculation

Co-pay Calculation for Insurance Portion	
Insurance Coverage Tables Report	150
Co-pay Used in Calculations	
Insurance Coverage Tables Report	150

Call

Best Time to Call	
Collections Manager List	70
Best Time to Call Patient	
Patient Questionnaire	222
Best Time to Call Spouse	
Patient Questionnaire	222

Cardholder

Cardholder Name	
Credit Card Transaction Report	80

Caries

Percent of Caries Free Patients	
Caries Prevalence and Periodontal Index Report	52

Caries (continued)

Percent of Patients with Caries History	
Caries Prevalence and Periodontal Index Report	52

Caries Risk

Number of Patients with Moderate to High Risk of Caries	
UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries for Provider	
UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries in Clinic	
UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries in ZIP Code	
UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars	
UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars for Provider	
UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars in Clinic	
UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars in ZIP Code	
UDS - Sealant Statistics Report	352

Case

Alternate Case Name	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Office Portion for Case	
Patient Treatment Case Report	228
Amount of Patient Portion for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Amount of Primary Insurance Portion for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Amount of Secondary Insurance Portion for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Case Amount	
Patient Proposed Treatment Case Report (Your Care Plan)	220
Case Comments	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Case Expiration Date	
Practice Treatment Case Report	258
Case Finance Status	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228

Case Name	
Patient Treatment Case Report	228
Practice Treatment Case Report	258
Patient Proposed Treatment Case Report (Your Care Plan)	220
Case Notes	
Treatment Case Report	326
Patient Treatment Case Report	228
Case Priority	
Patient Treatment Case Report	228
Case Severity	
Practice Treatment Case Report	258
Case Status	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Date of Last Case Status Update	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Fee for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Lab Case Note	
Patient Notes Report	216
Percent of Accepted Cases	
Practice Treatment Case Report	258
Percent of Completed Cases	
Practice Treatment Case Report	258
Percent of Pre-authorized Cases	
Practice Treatment Case Report	258
Percent of Referred Cases	
Practice Treatment Case Report	258
Percent of Scheduled Cases	
Practice Treatment Case Report	258
Total Amount of Patient Portion for Case	
Treatment Case Report	326
Total Amount of Primary Insurance Portion for Case	
Treatment Case Report	326
Total Amount of Secondary Insurance Portion for Case	
Treatment Case Report	326
Total Case Amount	
Patient Proposed Treatment Case Report (Your Care Plan)	220
Total Fee for Case	
Treatment Case Report	326
Total Fee from Alternate Fee Schedule for Case	
Treatment Case Report	326
Total Number of Cases	
Practice Treatment Case Report	258
Case Status	
Case Status	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Date of Last Case Status Update	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Cash	
Total Amount of Cash Payments	
Operator Day Sheet Report	194
Cavities	
Number of Patients 0 - 19 Years with Tooth Decay or Cavities	
Clinical Quality Measures List	66

Change

Appointment Amount Change		Login Name Change	
Audit Report - Appointments	26	Audit Report - Providers/Staff	36
Appointment Date Change		Operatory Change	
Audit Report - Appointments	26	Audit Report - Appointments	26
Appointment Length Change		Other ID Change	
Audit Report - Appointments	26	Audit Report - Patients	34
Appointment Production Type Change		Patient Name Change	
Audit Report - Appointments	26	Audit Report - Patients	34
Appointment Provider Change		Audit Report - Transactions	38
Audit Report - Appointments	26	Audit Report - Appointments	26
Appointment Status Change		Patient Social Security Number or Request Date Change	
Audit Report - Appointments	26	Audit Report - Patients	34
Appointment Time Change		Patient Status Change	
Audit Report - Appointments	26	Audit Report - Patients	34
Appointment Type Change		Perio Measurement Change	
Audit Report - Appointments	26	Perio - Exam Comparison Report	242
Bank Account Number Change		Perio - Combined Graphic & Data Chart Report	238
Audit Report - Clinics	30	Practice Change	
Billing Type Change		Audit Report - Clinics	30
Audit Report - Patients	34	Practice Title Change	
Change of Address		Audit Report - Clinics	30
Coupon Book - Payment Agreements	79	Primary Provider ID Change	
Coupon Book - Future Due Payments	78	Audit Report - Patients	34
Check Number Change		Procedure Date Change	
Audit Report - Transactions	38	Audit Report - Transactions	38
Clinic Change		Provider Class Change	
Audit Report - Patients	34	Audit Report - Providers/Staff	36
Audit Report - Providers/Staff	36	Provider Fee Schedule Change	
Audit Report - Clinics	30	Audit Report - Providers/Staff	36
Clinic Number Change		Provider ID Change	
Audit Report - Transactions	38	Audit Report - Transactions	38
Date of Change		Audit Report - Providers/Staff	36
Audit Report - Audit Log Status	28	Provider Name Change	
Audit Report - Clinics	30	Audit Report - Providers/Staff	36
Audit Report - Combined	32	Provider Social Security Number Change	
Audit Report - Patients	34	Audit Report - Providers/Staff	36
Audit Report - Providers/Staff	36	Record Type Change	
Audit Report - Transactions	38	Audit Report - Patients	34
Audit Rights Report - Assigned Individually	40	Audit Report - Transactions	38
Audit Rights Report - Assigned to Groups	42	Audit Rights Report - Assigned Individually	40
Audit Rights Report - Group Names	44	Audit Rights Report - Assigned to Groups	42
Audit Rights Report - Users to Groups	46	Audit Rights Report - Group Names	44
Audit Report - Appointments	26	Audit Rights Report - Users to Groups	46
Date of Last Case Status Update		Audit Report - Combined	32
Practice Treatment Case Report	258	Staff Social Security Number Change	
Patient Treatment Case Report	228	Audit Report - Providers/Staff	36
Deleted Appointment		Time of Change	
Audit Report - Appointments	26	Audit Report - Appointments	26
Deleted Entry		Audit Report - Audit Log Status	28
Audit Report - Patients	34	Audit Report - Clinics	30
Deleted Procedure		Audit Report - Combined	32
Audit Report - Combined	32	Audit Report - Patients	34
Deleted Transaction		Audit Report - Providers/Staff	36
Audit Report - Transactions	38	Audit Report - Transactions	38
Encounter Number Change		Audit Rights Report - Assigned Individually	40
Audit Report - Transactions	38	Audit Rights Report - Assigned to Groups	42
Fiscal Year Month Change		Audit Rights Report - Group Names	44
Audit Report - Clinics	30	Audit Rights Report - Users to Groups	46
Guarantor Name Change		Appointment Cycle Time Report	16
Audit Report - Patients	34		

Change (continued)

Transaction Amount Change	
Audit Report - Transactions	38
Transaction Description Change	
Audit Report - Transactions	38
User Changed	
Audit Rights Report - Users to Groups	46
Audit Rights Report - Assigned Individually	40
User Group Change	
Audit Rights Report - Group Names	44
Charge	
Amount of Charge Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Charge Adjustments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Amount of Charge Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Charges	
Future Due Payment Plan Report - Monthly Totals	132
Procedures by Contracted Amount Report	268
Provider A/R Totals - Daily Report	276
Daily Summary Report	88
Amount of Charges Billed to Insurance for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Charges for Clinic	
Day Sheet Report	100
Amount of Charges for Patient	
UDS - Patient Related Revenue Report	348
Amount of Charges for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Charges for Provider	
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Day Sheet Report	100
Amount of Current Charge Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Amount of Current Charges	
Walkout - Family Walkout	370
Amount of Current Charges Billed to Insurance for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Charges Compared to Fee Schedule for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Finance Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Late Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Finance Charges	
Provider A/R Totals - Daily Report	276
Amount of Finance Charges (Average)	
Practice Analysis Report	252

Amount of Finance Charges (for Date Range)	
Practice Analysis Report	252
Amount of Finance Charges (MTD)	
Practice Analysis Report	252
Amount of Finance Charges (YTD)	
Practice Analysis Report	252
Amount of Finance Charges for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Finance Charge Report	130
Analysis Summary Report - Daily	8
Amount of Finance Charges for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Finance Charges for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Finance Charge Report	130
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Amount of Finance Charges YTD	
Walkout - Family Walkout	370
Amount of Insured Charges (Average)	
Practice Analysis Report	252
Amount of Insured Charges (for Date Range)	
Practice Analysis Report	252
Amount of Insured Charges (MTD)	
Practice Analysis Report	252
Amount of Insured Charges (YTD)	
Practice Analysis Report	252
Amount of Late Charges	
Provider A/R Totals - Daily Report	276
Amount of Late Charges (Average)	
Practice Analysis Report	252
Amount of Late Charges (for Date Range)	
Practice Analysis Report	252
Amount of Late Charges (MTD)	
Practice Analysis Report	252
Amount of Late Charges (YTD)	
Practice Analysis Report	252
Amount of Late Charges for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Late Charge Report	156
Analysis Summary Report - Daily	8
Amount of Late Charges for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Late Charges for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Late Charge Report	156
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Amount of Late Charges YTD	
Walkout - Family Walkout	370
Amount of MTD Charges Billed to Insurance for Provider	
Day Sheet (Charges and Receipts) Report	94

Charge (continued)

Amount of MTD Charges for Provider		Insurance Transaction Analysis Report	154
Day Sheet (Charges and Receipts) Report	94	Operator Day Sheet Report	194
Amount of MTD Finance Charges for Provider		Patient Ledger Report	210
Day Sheet (Charges and Receipts) Report	94	Patient's Ledger Report	230
Amount of MTD Late Charges for Provider		Walkout - Doctor's Statement	368
Day Sheet (Charges and Receipts) Report	94	Walkout - Family Walkout	370
Amount of Non-insured Charges (Average)		Analysis Summary Report - Daily	8
Practice Analysis Report	252	Charges for Clinic	
Amount of Non-insured Charges (for Date Range)		Analysis Summary Report - Standard	12
Practice Analysis Report	252	Analysis Summary Report - Daily	8
Amount of Non-insured Charges (MTD)		Charges for Provider	
Practice Analysis Report	252	Analysis Summary Report - Standard	12
Amount of Non-insured Charges (YTD)		Analysis Summary Report - Daily	8
Practice Analysis Report	252	Current Average Charge per Patient	
Amount of YTD Charge Adjustments for Provider		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Current Average Charge per Patient for Provider	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Amount of YTD Charges Billed to Insurance for Provider		Current Charges for Provider	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Amount of YTD Charges for Provider		Finance Charge Amount	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Amount of YTD Finance Charges for Provider		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	94	Finance Charge Report	130
Amount of YTD Late Charges for Provider		Adjustment Summary Report	4
Day Sheet (Charges and Receipts) Report	94	Finance Charge Date	
Average Amount of Finance Charges		Finance Charge Report	130
Day Sheet (Adjustments) Report	90	Finance Charge Percent	
Average Amount of Late Charges		Payment Agreement Report	234
Day Sheet (Adjustments) Report	90	Grand Total Amount of Charge Adjustments	
Average Charge per Patient		Insurance Transaction Analysis Report	154
Analysis Summary Report - Standard	12	Grand Total Amount of Insured Charges	
Day Sheet Report	100	Insurance Transaction Analysis Report	154
Analysis Summary Report - Daily	8	Grand Total Number of Charge Adjustments	
Average Charge per Patient for Clinic		Insurance Transaction Analysis Report	154
Analysis Summary Report - Standard	12	Grand Total Number of Insured Charges	
Day Sheet Report	100	Insurance Transaction Analysis Report	154
Analysis Summary Report - Daily	8	Last Late Charge Amount	
Average Charge per Patient for Provider		Payment Agreement Report	234
Analysis Summary Report - Standard	12	Last Late Charge Date	
Day Sheet Report	100	Payment Agreement Report	234
Analysis Summary Report - Daily	8	Late Charge Amount	
Average Charge per Patient MTD		Analysis Summary Report - Daily	8
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Average Charge per Patient MTD for Provider		Late Charge Report	156
Day Sheet (Charges and Receipts) Report	94	Adjustment Summary Report	4
Average Monthly Charge Amount		Late Charge Date	
Future Due Payment Plan Report - Monthly Totals	132	Late Charge Report	156
Average Number of Charges		Late Charge Percent or Amount	
Future Due Payment Plan Report - Monthly Totals	132	Truth in Lending Disclosure Statement	332
Charge		Monthly Charge Amount	
Procedures by Contracted Amount Report	268	Future Due Payment Plan Report - Standard	134
Billing Statement	48	Net Difference of Current Charges and Fee Schedule for Provider	
Charge Amount		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Net Difference of Total Current Charges and Fee Schedule	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Day Sheet Report	100	Next Charge Amount (after 18 Months from Current Month)	
Family Ledger Report	124	Future Due Payment Plan Report - Monthly Totals	132
Family Ledger Report (Single Family)	126		

Charge (continued)

Number of Charges		Total Amount of Current Finance Charges	
Future Due Payment Plan Report - Monthly Totals		Day Sheet (Charges and Receipts) Report	94
132		Total Amount of Current Late Charges	
Subtotal of Charges (Average)		Day Sheet (Charges and Receipts) Report	94
Practice Analysis Report	252	Total Amount of Finance Charges	
Subtotal of Charges (for Date Range)		Analysis Summary Report - Daily	8
Practice Analysis Report	252	Analysis Summary Report - Standard	12
Subtotal of Charges (MTD)		Day Sheet (Adjustments) Report	90
Practice Analysis Report	252	Day Sheet Report	100
Subtotal of Charges (YTD)		Finance Charge Report	130
Practice Analysis Report	252	Operator Day Sheet Report	194
Subtotal of Charges for Financial Class Type		Provider A/R Totals - Daily Report	276
UDS - Patient Related Revenue Report	348	Provider A/R Totals - Standard Report	278
Subtotal of Charges for Payer Category		Truth in Lending Disclosure Statement	332
UDS - Patient Related Revenue Report	348	Adjustment Summary Report	4
Total Amount of Charge Adjustments		Total Amount of Finance Charges for Previous Month	
Analysis Summary Report - Standard	12	Day Sheet (Charges and Receipts) Report	94
Day Sheet Report	100	Total Amount of Insured Charges	
Insurance Transaction Analysis Report	154	Insurance Transaction Analysis Report	154
Operator Day Sheet Report	194	Total Amount of Late Charges	
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Total Amount of Charge Adjustments for Previous Month		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Adjustments) Report	90
Day Sheet (Charges and Receipts) Report	94	Day Sheet Report	100
Total Amount of Charges		Late Charge Report	156
Day Sheet Report	100	Provider A/R Totals - Daily Report	276
Future Due Payment Plan Report - Monthly Totals		Provider A/R Totals - Standard Report	278
132		Adjustment Summary Report	4
Operator Day Sheet Report	194	Total Amount of Late Charges for Previous Month	
Provider A/R Totals - Daily Report	276	Day Sheet (Charges and Receipts) Report	94
Provider A/R Totals - Standard Report	278	Total Amount of MTD Charge Adjustments	
Analysis Summary Report - Daily	8	Day Sheet (Charges and Receipts) Report	94
Total Amount of Charges Billed to Insurance for Previous Month		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Total Amount of MTD Charges	
Total Amount of Charges for Financial Class Type		Day Sheet (Charges and Receipts) Report	94
UDS - Patient Related Revenue Report	348	Total Amount of MTD Charges Billed to Insurance	
Total Amount of Charges for Patient		Day Sheet (Charges and Receipts) Report	94
UDS - Patient Related Revenue Report	348	Total Amount of MTD Finance Charges	
Total Amount of Charges for Payer Category		Day Sheet (Charges and Receipts) Report	94
UDS - Patient Related Revenue Report	348	Total Amount of MTD Late Charges	
Total Amount of Charges for Previous Month		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Total Amount of YTD Charge Adjustments	
Total Amount of Charges for Today's Completed Work		Day Sheet (Charges and Receipts) Report	94
Patient Chart Printout	204	Day Sheet (Charges and Receipts) Report	94
Total Amount of Charges Remaining (after 18 Mos from Curr Mo)		Total Amount of YTD Charges	
Future Due Payment Plan Report - Monthly Totals		Day Sheet (Charges and Receipts) Report	94
132		Total Amount of YTD Charges Billed to Insurance	
Total Amount of Current Charge Adjustments		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Total Amount of YTD Finance Charges	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Charges		Total Amount of YTD Finance Charges for Family	
Day Sheet (Charges and Receipts) Report	94	Family Ledger Report (Single Family)	126
Total Amount of Current Charges Billed to Insurance		Total Amount of YTD Late Charges	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Charges Compared to Fee Schedule		Total Amount of YTD Late Charges for Family	
Day Sheet (Charges and Receipts) Report	94	Family Ledger Report (Single Family)	126
		Family Ledger Report	124
		Total Average Charge per Patient	
		Analysis Summary Report - Standard	12
		Analysis Summary Report - Daily	8
		Total Charge for Date of Service	
		Letter Merge Reports	158

Charge (continued)

Total Charges	
Patient Revenue List by Payer Report	224
Analysis Summary Report - Standard	12
Total Charges (Average)	
Practice Analysis Report	252
Total Charges (for Date Range)	
Practice Analysis Report	252
Total Charges (MTD)	
Practice Analysis Report	252
Total Charges (YTD)	
Practice Analysis Report	252
Total Medicaid Charge	
Operator Day Sheet Report	194
Total Monthly Charges	
Future Due Payment Plan Report - Standard	134
Total Number of Charge Adjustments	
Insurance Transaction Analysis Report	154
Total Number of Charges	
Future Due Payment Plan Report - Monthly Totals	132
Total Number of Charges Remaining (after 18 Mos from Curr Mo)	
Future Due Payment Plan Report - Monthly Totals	132
Total Number of Insured Charges	
Insurance Transaction Analysis Report	154
Total Quantity of Finance Charges	
Day Sheet (Adjustments) Report	90
Total Quantity of Late Charges	
Day Sheet (Adjustments) Report	90
Total YTD Finance Charges for Family	
Family Ledger Report	124
Charge Adjustment	
Amount of MTD Charge Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Charge Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Grand Total Amount of Charge Adjustments	
Insurance Transaction Analysis Report	154
Grand Total Number of Charge Adjustments	
Insurance Transaction Analysis Report	154
Total Amount of Charge Adjustments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Insurance Transaction Analysis Report	154
Operator Day Sheet Report	194
Analysis Summary Report - Daily	8
Total Amount of Charge Adjustments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Charge Adjustments	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Charge Adjustments	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94

Total Amount of YTD Charge Adjustments	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Total Number of Charge Adjustments	
Insurance Transaction Analysis Report	154

Chart

Clinical Attachment Level Graphic Chart	
Perio - Exam Comparison Report	242
Dental Chart	
Patient Chart Printout	204
Patient Chart and Progress Notes Printout	202
Gingival Margin Graphic Chart	
Perio - Exam Comparison Report	242
Graphical Chart	
Treatment Case Report	326
Paint Type	
Procedure Code List	266
Dental Diagnostic Code List	104
Perio Exam Comparison Data Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Exam Comparison Graphic Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Exam Graphic Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Graphic Chart	
Perio - Graphic Chart Report	244

Chart Number

Chart Number	
Appointment Cycle Time Report	16
Patient Revenue List by Payer Report	224
Patient's Ledger Report	230
Procedures by Contracted Amount Report	268
Appointment Book View Printout	14
Guarantor Chart Number	
Collections Manager List	70
Family Ledger Report	124
Family Ledger Report (Single Family)	126
Payment Agreement Amortization Schedule	232
Truth in Lending Disclosure Statement	332
Walkout - Family Walkout	370
Billing Statement	48
Patient Chart Number	
Clinical Notes Report	64
Coupon Book - Future Due Payments	78
Coupon Book - Payment Agreements	79
Day Sheet (Adjustments) Report	90
Day Sheet (Receipts) Report	98
Employers and Employed Patients Report	122
Insurance Carrier List	138
Insurance Eligibility Report	152
Letter Merge Reports	158
Operator Day Sheet Report	194
Patient Chart and Progress Notes Printout	202
Patient Chart Printout	204
Patient Information Accessed Report	208
Patient Ledger Report	210
Patient List	212
Patient List (Filtered)	214
Patient Notes Report	216

Chart Number (continued)

Patient Proposed Treatment Case Report (Your Care Plan)	220	Claim Date	
Patient Route Slip	226	Insurance Claims Not Sent Report	148
Patient Treatment Case Report	228	Claim Expiration Date	
Perio - Exam Comparison Report	242	Procedures Not Attached to Insurance Report	270
Perio - Graphic Chart Report	244	Secondary Insurance Claims Not Created Report	318
Practice Treatment Case Report	258	Insurance Claims Not Sent Report	148
RVU Day Sheet Report	308	Claim Format	
Treatment Case Report	326	Insurance Carrier List	138
Treatment Plan Approval Report	328	Claim On Hold Date	
Treatment Plan Approval Status Report	330	Insurance Claim Aging Report	146
UDS - Age/Gender Report	334	Claim Payment Received Date	
UDS - Insurance Financial Class Report	342	Insurance Transaction Analysis Report	154
UDS - Insurance Financial Class Report (2013)	344	Claim Re-sent Date	
UDS - Medicaid/Medicare Report	346	Insurance Claim Aging Report	146
UDS - Patient Status Report	350	Claim Sent Date	
UDS - Sealant Statistics Report	352	Insurance Transaction Analysis Report	154
UDS - Tobacco Use and Intervention Report	354	Insurance Claim Aging Report	146
Walkout - Doctor's Statement	368	Claim Tracer Date	
Audit Report - Combined	32	Insurance Claim Aging Report	146
Subscriber Chart Number		Do not Print Dental Diagnostic Codes on Claim	
Insurance Carrier List	138	Insurance Carrier List	138
Check		Grand Total Number of Insurance Claims Sent	
Total Amount of Check Payments		Insurance Transaction Analysis Report	154
Operator Day Sheet Report	194	Grand Total Number of Paid/Received Claims	
Check Number		Insurance Transaction Analysis Report	154
Check Number		Insurance Claim Note	
Coupon Book - Future Due Payments	78	Patient Notes Report	216
Coupon Book - Payment Agreements	79	Pending Claims	
Deposit Slip	108	Patient Route Slip	226
Audit Report - Transactions	38	Primary Claim Date	
Check Number Change		Secondary Insurance Claims Not Created Report	318
Audit Report - Transactions	38	Remarks for Unusual Service	
Checklist		Walkout - Doctor's Statement	368
Appointment Checklist Items		Rendering Provider NPI Number	
Custom Practice Information Report	82	Dental Encounters Report	106
Child		Replace Initial Zero of Procedure Code on Claims	
Number or Child Patients		Insurance Carrier List	138
Practice Statistics Report	256	Total Amount of Account Balances Aged 1 - 30 with Claims	
Percent or Child Patients		Insurance Claim Aging Report	146
Practice Statistics Report	256	Total Amount of Account Balances Aged 1 - 30 with Primary Claims	
City		Insurance Claim Aging Report	146
Guarantor City		Total Amount of Account Balances Aged 1 - 30 with Secondary Claims	
Collections Manager List	70	Insurance Claim Aging Report	146
Insurance Carrier City and State		Total Amount of Account Balances Aged 121 - 150 with Claims	
Insurance Eligibility Report	152	Insurance Claim Aging Report	146
Patient City		Total Amount of Account Balances Aged 121 - 150 with Primary Claims	
Patient List (Filtered)	214	Insurance Claim Aging Report	146
Letter Merge Reports	158	Total Amount of Account Balances Aged 121 - 150 with Secondary Claims	
Practice City		Insurance Claim Aging Report	146
Registration Information Report	306	Total Amount of Account Balances Aged 151 - 180 with Claims	
Practice City State and ZIP Code		Insurance Claim Aging Report	146
Letter Merge Reports	158		
Claim			
Amount of Claim			
Insurance Claims Not Sent Report	148		
Claim Amount			
Secondary Insurance Claims Not Created Report	318		
Insurance Transaction Analysis Report	154		

Claim (continued)

Total Amount of Account Balances Aged 151 - 180 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 181+ with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 181+ with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 181+ with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 31 - 60 with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 31 - 60 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 31 - 60 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 61 - 90 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 91 - 120 with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 91 - 120 with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 91 - 120 with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Account Balances with Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances with Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Estimated Insurance Portion for Primary and Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Estimated Insurance Portion for Primary Claims	
Insurance Claim Aging Report	146

Total Amount of Estimated Insurance Portion for Secondary Claims	
Insurance Claim Aging Report	146
Total Amount of Primary and Secondary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Primary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Secondary Claims not Created	
Secondary Insurance Claims Not Created Report	318
Total Amount of Secondary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Number of Insurance Claims Sent	
Insurance Transaction Analysis Report	154
Total Number of Paid/Received Claims	
Insurance Transaction Analysis Report	154

Clinic

20+ Years Old for Financial Class Type for Clinic	
UDS - Insurance Financial Class Report	342
Account Clinic	
Collections Manager List	70
Aged Amount 0 - 30 for Clinic	
Aging/Credit Balance Report	6
Aged Amount 121 - 150 for Clinic	
Aging/Credit Balance Report	6
Aged Amount 151 - 180 for Clinic	
Aging/Credit Balance Report	6
Aged Amount 31 - 60 for Clinic	
Aging/Credit Balance Report	6
Aged Amount 61 - 90 for Clinic	
Aging/Credit Balance Report	6
Aged Amount 90 - 120 for Clinic	
Aging/Credit Balance Report	6
Aged Amount Over 180 for Clinic	
Aging/Credit Balance Report	6
Amount Billed to Insurance for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Credit Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Beginning Balances for Clinic	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Charge Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Charges for Clinic	
Day Sheet Report	100

Clinic (continued)

Amount of Credit Initial Balances for Clinic		Amount of Other Applied Insurance Payments for Clinic	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Day Sheet Report	100
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Amount of Credit Special Adjustments for Clinic		Amount of Other Applied Payments for Clinic	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Day Sheet Report	100
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Amount of Debit Initial Balances for Clinic		Amount of Other Credit Initial Balances for Clinic	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Amount of Other Credit Special Adjustments for Clinic	
Amount of Debit Special Adjustments for Clinic		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Day Sheet Report	100	Amount of Procedures for Clinic	
Analysis Summary Report - Daily	8	RVU Production Summary Report	310
Amount of Ending Balances for Clinic		Production Summary Report	272
Analysis Summary Report - Standard	12	Amount of Suspended Credit Adjustments for Clinic	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of Finance Charges for Clinic		Day Sheet Report	100
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Day Sheet Report	100	Amount of Suspended Insurance Payments for Clinic	
Finance Charge Report	130	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Amount of Lab Expenses for Clinic		Analysis Summary Report - Daily	8
RVU Day Sheet Report	308	Amount of Suspended Payments for Clinic	
Amount of Lab Expenses for Medicaid Procedures for Clinic		Analysis Summary Report - Standard	12
RVU Production Summary Report	310	Day Sheet Report	100
Amount of Lab Expenses of Non-Medicaid Procedures for Clinic		Analysis Summary Report - Daily	8
RVU Production Summary Report	310	Average Amount of Adjustments for Clinic	
Amount of Lab Expenses of Procedures for Clinic		Day Sheet (Adjustments) Report	90
RVU Production Summary Report	310	Average Amount of Medicaid Procedures for Clinic	
Amount of Late Charges for Clinic		RVU Production Summary Report	310
Analysis Summary Report - Standard	12	Production Summary Report	272
Day Sheet Report	100	Average Amount of Non-Medicaid Procedures for Clinic	
Late Charge Report	156	RVU Production Summary Report	310
Analysis Summary Report - Daily	8	Production Summary Report	272
Amount of Medicaid Procedures for Clinic		Average Amount of Procedures for Clinic	
RVU Production Summary Report	310	RVU Production Summary Report	310
Production Summary Report	272	Production Summary Report	272
Amount of Net Change for Clinic		Average Charge per Patient for Clinic	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Amount of Non-Medicaid Procedures for Clinic		Analysis Summary Report - Daily	8
RVU Production Summary Report	310	Average Payment Amount for Clinic	
Production Summary Report	272	Day Sheet (Receipts) Report	98
Amount of Other Applied Credit Adjustments for Clinic		Average Production per Patient at Clinic from Referral Source	
Analysis Summary Report - Standard	12	Referral Analysis Report	294
Day Sheet Report	100	Average Production per Patient for Clinic	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of Other Applied Credit Initial Balances for Clinic		Day Sheet Report	100
Day Sheet Report	100	Analysis Summary Report - Daily	8
Amount of Other Applied Credit Special Adjustments for Clinic		Balance (as of a Date) for Clinic	
Day Sheet Report	100	Day Sheet Report	100
		Charges for Clinic	
		Analysis Summary Report - Standard	12
		Analysis Summary Report - Daily	8
		Clinic	
		Analysis Summary Report - Daily	8
		Analysis Summary Report - Standard	12
		Appointment Cycle Time Report	16

Clinic (continued)

Assigned Rights Report	24	Audit Report - Clinics	30
Audit Report - Clinics	30	Clinic Number	
Audit Report - Combined	32	Audit Report - Transactions	38
Audit Report - Patients	34	Clinic Number Change	
Audit Report - Providers/Staff	36	Audit Report - Transactions	38
Audit Rights Report - Assigned Individually	40	Clinic of Access	
Continuing Care Display List	76	Patient Information Accessed Report	208
Day Sheet (Adjustments) Report	90	Clinic TIN Number	
Day Sheet (Adjustments) Report	90	Provider IDs List	284
Day Sheet (Receipts) Report	98	Clinical Note Clinic	
Day Sheet Report	100	Clinical Notes Report	64
Day Sheet Report	100	File Location	
Deposit Slip	108	Document Center - Documents List Report	112
Deposit Slip	108	Net RVU for Clinic	
Document Center - Documents List Report	112	RVU Day Sheet Report	308
Document Center Document	116	Net RVU of Medicaid Procedures for Clinic	
Document Center Documents Audited Report	118	RVU Production Summary Report	310
Document Center List	120	Net RVU of Non-Medicaid Procedures for Clinic	
Finance Charge Report	130	RVU Production Summary Report	310
Finance Charge Report	130	Net RVU of Procedures for Clinic	
Initial Health History Report	136	RVU Production Summary Report	310
Insurance Carrier Production - Full Report	142	Number <19 Years Old for Financial Class Type for Clinic	
Insurance Claims Not Sent Report	148	UDS - Insurance Financial Class Report	342
Insurance Transaction Analysis Report	154	Number of All Genders for Clinic	
Late Charge Report	156	UDS - Age/Gender Report	334
Late Charge Report	156	Number of Charts Sampled in Clinic	
Operator Day Sheet Report	194	UDS - Sealant Statistics Report	352
Oral Health Education Report	198	Number of Females for Clinic	
Patient Health Assessment Report	206	UDS - Age/Gender Report	334
Patient List	212	Number of Incorrect Location Errors	
Patient List (Filtered)	214	Document Center Audit Documents Report	114
Patient Revenue List by Payer Report	224	Number of Males for Clinic	
Periodontal Exam Report	250	UDS - Age/Gender Report	334
Practice Organization List	254	Number of Medicaid and Medicare Patients at Clinic	
Pre-Treatment Estimates Not Sent Report	264	UDS - Medicaid/Medicare Report	346
Procedures by Contracted Amount Report	268	Number of Medicaid and Medicare Patients in First Age Group at Clinic	
Procedures Not Attached to Insurance Report	270	UDS - Medicaid/Medicare Report	346
Production Summary Report	272	Number of Medicaid and Medicare Patients in Second Age Group at Clinic	
Provider IDs List	284	UDS - Medicaid/Medicare Report	346
Provider Revenue - Allocations Report	286	Number of Medicaid Patients at Clinic	
Provider Revenue - Charges Report	288	UDS - Medicaid/Medicare Report	346
Provider Revenue - Credits Report	290	Number of Medicaid Patients in First Age Group at Clinic	
Referral Analysis Report	294	UDS - Medicaid/Medicare Report	346
RVU Day Sheet Report	308	Number of Medicaid Patients in Second Age Group at Clinic	
RVU Production Summary Report	310	UDS - Medicaid/Medicare Report	346
RVU Utilization Report	316	Number of Medicare Patients at Clinic	
Suspended Credits Report	324	UDS - Medicaid/Medicare Report	346
UDS - Age/Gender Report	334	Number of Medicare Patients in First Age Group at Clinic	
UDS - Insurance Financial Class Report	342	UDS - Medicaid/Medicare Report	346
UDS - Insurance Financial Class Report (2013)	344	Number of Medicare Patients in Second Age Group at Clinic	
UDS - Medicaid/Medicare Report	346	UDS - Medicaid/Medicare Report	346
UDS - Patient Status Report	350	Number of Medicare Patients in First Age Group at Clinic	
UDS - Sealant Statistics Report	352	UDS - Medicaid/Medicare Report	346
UDS - Tobacco Use and Intervention Report	354	Number of Medicare Patients in Second Age Group at Clinic	
Utilization Report	366	UDS - Medicaid/Medicare Report	346
Aging/Credit Balance Report	6	Number of New Patients for Clinic	
Clinic Change		Analysis Summary Report - Standard	12
Audit Report - Patients	34	Analysis Summary Report - Daily	8
Audit Report - Providers/Staff	36		

Clinic (continued)

Number of Other Gender for Clinic		Total Amount of Suspended Credits for Clinic	
UDS - Age/Gender Report	334	Suspended Credits Report	324
Number of Patients at Clinic from Referral Source		Total Average Production per Patient at Clinics from Referral Source	
Referral Analysis Report	294	Referral Analysis Report	294
Number of Patients Seen at Clinic		Total Denominator Codes for All Clinics	
Analysis Summary Report - Standard	12	Oral Health Education Report	198
Day Sheet Report	100	Periodontal Exam Report	250
Analysis Summary Report - Daily	8	Initial Health History Report	136
Number of Patients with Moderate to High Risk of Caries in Clinic		Total Denominator Codes for Clinic	
UDS - Sealant Statistics Report	352	Oral Health Education Report	198
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars in Clinic		Periodontal Exam Report	250
UDS - Sealant Statistics Report	352	Initial Health History Report	136
Number of Patients with Status for Clinic		Total Number of Incorrect Location Errors	
UDS - Patient Status Report	350	Document Center Audit Documents Report	114
Number of Unknown Gender for Clinic		Total Number of New Patients for Clinic	
UDS - Age/Gender Report	334	Day Sheet Report	100
Number of Users for Financial Class Type for Clinic		Total Number of Patients at Clinics from Referral Source	
UDS - Insurance Financial Class Report	342	Referral Analysis Report	294
Patient Clinic		Total Number of Payment Type Items for Clinic	
Patient List (Filtered)	214	Deposit Slip	108
Percent of Medicaid Procedures for Clinic		Total Numerator Codes for All Clinics	
RVU Production Summary Report	310	Oral Health Education Report	198
Production Summary Report	272	Periodontal Exam Report	250
Percent of Non-Medicaid Procedures for Clinic		Initial Health History Report	136
RVU Production Summary Report	310	Total Numerator Codes for Clinic	
Production Summary Report	272	Oral Health Education Report	198
Percent of Procedures for Clinic		Periodontal Exam Report	250
RVU Production Summary Report	310	Initial Health History Report	136
Production Summary Report	272	Total Percent for All Clinics	
Previous Balance for Clinic		Oral Health Education Report	198
Day Sheet Report	100	Periodontal Exam Report	250
Production at Clinic from Referral Source		Initial Health History Report	136
Referral Analysis Report	294	Total Percent for Clinic	
Quantity of Adjustments for Clinic		Oral Health Education Report	198
Day Sheet (Adjustments) Report	90	Periodontal Exam Report	250
Quantity of Medicaid Procedures for Clinic		Initial Health History Report	136
RVU Production Summary Report	310	Total Production at Clinics from Referral Source	
Production Summary Report	272	Referral Analysis Report	294
Quantity of Non-Medicaid Procedures for Clinic			
RVU Production Summary Report	310	Clinical Attachment Level	
Production Summary Report	272	Clinical Attachment Level	
Quantity of Payments for Clinic		Perio - Data Chart Report	240
Day Sheet (Receipts) Report	98	Perio - Combined Graphic & Data Chart Report	238
Quantity of Procedures for Clinic		Clinical Attachment Level (Facial)	
RVU Production Summary Report	310	Perio - Exam Comparison Report	242
Production Summary Report	272	Perio - Combined Graphic & Data Chart Report	238
RVU for Clinic		Clinical Attachment Level (Lingual)	
RVU Day Sheet Report	308	Perio - Exam Comparison Report	242
Suspended Credit Amount for Clinic		Perio - Combined Graphic & Data Chart Report	238
Aging/Credit Balance Report	6	Clinical Attachment Level Graphic Chart	
Total Amount of Adjustments for Clinic		Perio - Exam Comparison Report	242
Day Sheet (Adjustments) Report	90		
Total Amount of Payment Type for Clinic		Clinical Information	
Deposit Slip	108	Number of TCs (Transition of Care) and Referrals where Clinical Information Reconciliation Was Performed	
Total Amount of Payments for Clinic		Meaningful Use Measure Calculation List	162
Day Sheet (Receipts) Report	98	Clinical Note	
		Clinical Note	
		Patient Notes Report	216
		Patient Chart and Progress Notes Printout	202

Clinical Note (continued)

Clinical Note Clinic		Provider Revenue - Credits Report	290
Clinical Notes Report	64	RVU Day Sheet Report	308
Clinical Note Date		RVU Production Summary Report	310
Patient Notes Report	216	RVU Schedules Report	314
Clinical Notes Report	64	RVU Utilization Report	316
Clinical Note Number		Standard Coverage Tables Report	322
Clinical Notes Report	64	Treatment Case Report	326
Clinical Note Page Number		Treatment Plan Approval Report	328
Clinical Notes Report	64	Treatment Plan Approval Status Report	330
Clinical Note Provider		Unscheduled Treatment Plans (Detailed) Report	362
Clinical Notes Report	64	Updated Dental Insurance Payment Table Report	364
Clinical Note Status		Utilization Report	366
Clinical Notes Report	64	Walkout - Doctor's Statement	368
Clinical Note Text		Appointment Cycle Time Report	16
Clinical Notes Report	64	ADA Code Abbreviated Description	
Clinical Note Time		Procedure Code List	266
Clinical Notes Report	64	Multi-Code List	188
Number of Patients with Searchable Clinical Notes		ADA Code Description	
Meaningful Use Measure Calculation List	162	Fee Schedules Report	128
Clinical Summary		Insurance Carrier Production - Full Report	142
Number of Office Visits where Patient Received CS		Multi-Code List	188
(Clinical Summary)		Patient Chart and Progress Notes Printout	202
Meaningful Use Measure Calculation List	162	Patient Ledger Report	210
Co-Pay		Patient Treatment Case Report	228
Amount of Co-pays for Insurance Carrier		Practice Treatment Case Report	258
Utilization Report	366	Procedure Code List	266
Amount of Fees - Co-pays for Insurance Carrier		Procedures by Contracted Amount Report	268
Utilization Report	366	Procedures Not Attached to Insurance Report	270
Co-pay Amount		Production Summary Report	272
Standard Coverage Tables Report	322	Provider A/R Totals - Daily Report	276
Utilization Report	366	Provider A/R Totals - Standard Report	278
Insurance Coverage Tables Report	150	Provider Revenue - Allocations Report	286
Co-pay Calculation for Insurance Portion		Provider Revenue - Charges Report	288
Insurance Coverage Tables Report	150	Provider Revenue - Credits Report	290
Co-pay Used in Calculations		RVU Day Sheet Report	308
Insurance Coverage Tables Report	150	RVU Production Summary Report	310
Total Amount of Co-pays		RVU Schedules Report	314
Utilization Report	366	RVU Utilization Report	316
Total Amount of Fees - Co-pays		Treatment Case Report	326
Utilization Report	366	Treatment Plan Approval Report	328
Code		Treatment Plan Approval Status Report	330
ADA Code		Unscheduled Treatment Plans (Detailed) Report	362
Day Sheet (Charges and Receipts) Report	94	Utilization Report	366
Dental Encounters Report	106	Walkout - Doctor's Statement	368
Fee Schedules Report	128	Walkout - Family Walkout	370
Insurance Carrier Production - Full Report	142	Day Sheet (Charges and Receipts) Report	94
Multi-Code List	188	ADA Code Description for Today's Completed Work	
Operator Day Sheet Report	194	Patient Chart Printout	204
Patient Chart and Progress Notes Printout	202	ADA Code Description for Treatment-planned Procedure	
Patient List (Filtered)	214	Patient Chart Printout	204
Patient Treatment Case Report	228	ADA Code Description of Completed Treatment	
Practice Treatment Case Report	258	Referral Recap Report	296
Procedure Code List	266	ADA Code Description of Treatment Still in Progress	
Procedures by Contracted Amount Report	268	Referral Recap Report	296
Procedures Not Attached to Insurance Report	270	ADA Code Description of Treatment-planned Procedure	
Production Summary Report	272	Referral Slip	298
Provider A/R Totals - Daily Report	276		
Provider A/R Totals - Standard Report	278		
Provider Revenue - Allocations Report	286		
Provider Revenue - Charges Report	288		

Code (continued)

ADA Code Description or Transaction Description	
Operator Day Sheet Report	194
ADA Code of Completed Treatment	
Referral Recap Report	296
ADA Code of Treatment Still in Progress	
Referral Recap Report	296
ADA Code of Treatment-planned Procedure	
Referral Slip	298
Alternate ADA Code	
Procedure Code List	266
Insurance Carrier List	138
AMA CPT Code	
Procedure Code List	266
Medical Code List	186
AMA CPT Code Description	
Medical Code List	186
Beginning ADA Code	
Insurance Coverage Tables Report	150
CPT Code	
Procedure Code List	266
Dental Diagnostic Code	
Multi-Code List	188
Procedure Code List	266
Dental Diagnostic Code List	104
Dental Diagnostic Code Description	
Dental Diagnostic Code List	104
ICD-9-CM Code	
Patient List (Filtered)	214
Medical Code List	186
ICD-9-CM Code Description	
Medical Code List	186
Medical Code	
Procedure Code List	266
Modifier Code	
Medical Code List	186
Modifier Code Description	
Medical Code List	186
Next Appointment ADA Code	
Patient Route Slip	226
Next Appointment ADA Code Description	
Patient Route Slip	226
Place of Service Code	
Medical Code List	186
Place of Service Code Description	
Medical Code List	186
Replace Initial Zero of Procedure Code on Claims	
Insurance Carrier List	138
Tooth Code	
Perio - Data Chart Report	240
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238
Transaction Type/Code	
Insurance Transaction Analysis Report	154
Type of Service Code	
Medical Code List	186
Type of Service Code Description	
Medical Code List	186

Collections

Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Amount of - Adjustments (Collection)	
Provider A/R Totals - Daily Report	276
Amount of - Adjustments (Collection) for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Amount of + Adjustments (Collection)	
Provider A/R Totals - Daily Report	276
Amount of + Adjustments (Collection) for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Collection	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Collection Adjustments	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Collection Amount	
Provider A/R Totals - Daily Report	276
Collection Amount for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Other Retroactive Payment Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Penalty or Payback Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Percent Collected	
Provider A/R Totals - Daily Report	276
Percent Collected for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Subtotal of Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Subtotal of Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Other Retroactive Payment Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Subtotal of Other Retroactive Payment Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Penalty or Payback Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Subtotal of Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348

Collections (continued)

Total Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Total Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Total Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of - Adjustments (Collection)	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of + Adjustments (Collection)	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Collection Amount	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Other Retroactive Payment Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Percent Collected	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348
Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Patient Related Revenue Report	348
Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348

Comment

Comments	
Document Center Audit Documents Report	114

Comments

Case Comments	
Practice Treatment Case Report	258
Patient Treatment Case Report	228

Comparison

Amount of Current Charges Compared to Fee Schedule for Provider	
Day Sheet (Charges and Receipts) Report	94
Perio Exam Comparison Data Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Exam Comparison Graphic Chart	
Perio - Combined Graphic & Data Chart Report	238
Total Amount of Current Charges Compared to Fee Schedule	
Day Sheet (Charges and Receipts) Report	94

Completed

ADA Code Description for Today's Completed Work	
Patient Chart Printout	204
ADA Code Description of Completed Treatment	
Referral Recap Report	296
ADA Code of Completed Treatment	
Referral Recap Report	296
Amount for Today's Completed Work	
Patient Chart Printout	204
Amount of Completed Procedures for Patient	
Procedures Not Attached to Insurance Report	270
Completed Date	
Referred To Doctor Report	304
Date of Completed Procedure	
Walkout - Doctor's Statement	368
Date of Completed Treatment	
Referral Recap Report	296
Percent of Completed Cases	
Practice Treatment Case Report	258
Tooth Number for Today's Completed Work	
Patient Chart Printout	204
Tooth Number of Completed Treatment	
Referral Recap Report	296
Tooth Surface of Completed Treatment	
Referral Recap Report	296
Total Amount of Charges for Today's Completed Work	
Patient Chart Printout	204
Total Amount of Completed Procedures	
Walkout - Doctor's Statement	368
Procedures Not Attached to Insurance Report	270

Condition

Denominator Codes for Provider	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Numerator Codes for Provider	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Denominator Codes for All Clinics	
Oral Health Education Report	198
Periodontal Exam Report	250

Condition (continued)

Initial Health History Report	136
Total Denominator Codes for Clinic	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Numerator Codes for All Clinics	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Numerator Codes for Clinic	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136

Consent Form

Consent Form	
Treatment Case Report	326
Patient Signature	
Treatment Case Report	326
Practice Signature	
Treatment Case Report	326
Representative Signature	
Treatment Case Report	326
Signature Date	
Treatment Case Report	326
Signer Name	
Treatment Case Report	326
Document Center - Documents List Report	112
Staff Signature	
Treatment Case Report	326

Contact

Insurance Carrier Contact Name	
Provider IDs List	284
Insurance Carrier List	138
Patient Contact	
Patient List (Filtered)	214

Continuing Care

Continuing Care Appointment Date	
Continuing Care Display List	76
Continuing Care Due Date	
Letter Merge Reports	158
Patient List (Filtered)	214
Continuing Care Display List	76
Continuing Care Due Dates	
Patient Route Slip	226
Continuing Care Note	
Patient Notes Report	216
Letter Merge Reports	158
Continuing Care Note Continuing Care Due Date	
Patient Notes Report	216
Continuing Care Note Continuing Care Type	
Patient Notes Report	216
Continuing Care Prior Treatment Date	
Continuing Care Display List	76
Continuing Care Prior Work Date	
Letter Merge Reports	158
Continuing Care Status	
Continuing Care Display List	76
Continuing Care Type	
Continuing Care Display List	76

Continuing Care Type Description	
Letter Merge Reports	158
Continuing Care Type Name	
Patient List (Filtered)	214
Letter Merge Reports	158
Next Continuing Care Appointment Date	
Patient Route Slip	226
Letter Merge Reports	158
Next Continuing Care Appointment Provider	
Letter Merge Reports	158
Next Continuing Care Appointment Reason	
Letter Merge Reports	158
Next Continuing Care Appointment Time	
Letter Merge Reports	158
Number of Patients Eligible for Prophyl Continuing Care	
Practice Statistics Report	256
Number of Patients not on Prophyl Continuing Care	
Practice Statistics Report	256
Percent of Patients Eligible for Prophyl Continuing Care	
Practice Statistics Report	256
Percent of Patients not on Prophyl Continuing Care	
Practice Statistics Report	256

Contracted Fee

Contracted Rate	
Procedures by Contracted Amount Report	268

Contracted Rate

Contracted Rate	
Procedures by Contracted Amount Report	268

Count

Unique Patient Count for Provider	
RVU Day Sheet Report	308
Unique Visit Count for Provider	
RVU Day Sheet Report	308

Country

Practice Country	
Registration Information Report	306

County

Patient County	
Patient List (Filtered)	214

Coverage

Amount of Co-pays for Insurance Carrier	
Utilization Report	366
Amount of Fees - Co-pays for Insurance Carrier	
Utilization Report	366
Amount of Other Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Secondary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226

Coverage (continued)

Amount of Preventative Deductible Owed to Primary Insurance		Family Benefits	
Patient Route Slip	226	Insurance Carrier List	138
Amount of Preventative Deductible Owed to Secondary Insurance		Individual Benefits	
Patient Route Slip	226	Insurance Carrier List	138
Amount of Primary Insurance Benefits Remaining		Insurance Coverage Percent (Basic) for Primary Insurance	
Unscheduled Treatment Plans (Detailed) Report	362	Patient Route Slip	226
Patient Route Slip	226	Insurance Coverage Percent (Basic) for Secondary Insurance	
Amount of Primary Insurance Benefits Used		Patient Route Slip	226
Patient Route Slip	226	Insurance Coverage Percent (Major) for Primary Insurance	
Amount of Primary Insurance Paid Benefits YTD for Family		Patient Route Slip	226
Treatment Case Report	326	Insurance Coverage Percent (Major) for Secondary Insurance	
Amount of Remaining Benefits for Primary Insurance		Patient Route Slip	226
Treatment Plan Approval Status Report	330	Insurance Coverage Percent (Orthodontics) for Primary Insurance	
Treatment Plan Approval Report	328	Patient Route Slip	226
Amount of Remaining Benefits for Secondary Insurance		Insurance Coverage Percent (Orthodontics) for Secondary Insurance	
Treatment Plan Approval Status Report	330	Patient Route Slip	226
Treatment Plan Approval Report	328	Insurance Coverage Percent (Preventative) for Primary Insurance	
Amount of Secondary Insurance Benefits Remaining		Patient Route Slip	226
Unscheduled Treatment Plans (Detailed) Report	362	Insurance Coverage Percent (Preventative) for Secondary Insurance	
Patient Route Slip	226	Patient Route Slip	226
Amount of Secondary Insurance Benefits Used		Insurance Coverage Type	
Patient Route Slip	226	Insurance Claims Not Sent Report	148
Amount of Secondary Paid Benefits for Family		Insurance Eligibility Report	152
Treatment Case Report	326	Pre-Treatment Estimate Aging Report	262
Amount of Secondary Paid Benefits for Patient		Pre-Treatment Estimates Not Sent Report	264
Treatment Case Report	326	Insurance Claim Aging Report	146
Patient Treatment Case Report	228	Last Eligibility Date for Primary Insurance Coverage	
Amount of Standard Deductible Owed by Family to Primary Insurance		Treatment Plan Approval Status Report	330
Patient Route Slip	226	Treatment Plan Approval Report	328
Amount of Standard Deductible Owed by Family to Secondary Insurance		Last Eligibility Date for Secondary Insurance Coverage	
Patient Route Slip	226	Treatment Plan Approval Status Report	330
Amount of Standard Deductible Owed to Primary Insurance		Treatment Plan Approval Report	328
Patient Route Slip	226	Lifetime/Individual/Standard Deductible	
Amount of Standard Deductible Owed to Secondary Insurance		Insurance Carrier List	138
Patient Route Slip	226	Lifetime/Individual/Standard Other Deductible	
Benefit Renewal Month		Insurance Carrier List	138
Insurance Carrier List	138	Lifetime/Individual/Standard Preventative Deductible	
Coverage Percent		Insurance Carrier List	138
Standard Coverage Tables Report	322	Maximum Primary Insurance Benefit Amount	
Insurance Coverage Tables Report	150	Patient Route Slip	226
Coverage Table Name		Maximum Secondary Insurance Benefit Amount	
Standard Coverage Tables Report	322	Patient Route Slip	226
Deductible Type		Other Deductible Met	
Standard Coverage Tables Report	322	Insurance Carrier List	138
Insurance Coverage Tables Report	150	Other Deductible Owed by Family to Primary Insurance	
Do not Bill to Dental Insurance if 0% Coverage		Treatment Case Report	326
Insurance Carrier List	138	Other Deductible Owed by Family to Secondary Insurance	
Estimated Amount of Deductibles to Be Applied		Treatment Case Report	326
Treatment Case Report	326	Other Deductible Owed by Patient to Primary Insurance	
Patient Treatment Case Report	228	Treatment Case Report	326
		Patient Treatment Case Report	228

Coverage (continued)

Other Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Preventative Deductible Met	
Insurance Carrier List	138
Preventative Deductible Owed by Family to Primary Ins	
Treatment Case Report	326
Preventative Deductible Owed by Family to Secondary Ins	
Treatment Case Report	326
Preventative Deductible Owed by Patient to Primary Ins	
Treatment Case Report	326
Patient Treatment Case Report	228
Preventative Deductible Owed by Patient to Secondary Ins	
Treatment Case Report	326
Patient Treatment Case Report	228
Primary Insurance Benefits Expiration Date for Family	
Treatment Case Report	326
Primary Insurance Benefits Expiration Date for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Primary Insurance Benefits Remaining	
Letter Merge Reports	158
Primary Insurance Benefits Renewal Month	
Patient Route Slip	226
Secondary Eligibility Date	
Appointment Book View Printout	14
Secondary Insurance Benefits Expiration Date for Family	
Treatment Case Report	326
Secondary Insurance Benefits Expiration Date for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Secondary Insurance Benefits Remaining	
Letter Merge Reports	158
Secondary Insurance Benefits Renewal Month	
Patient Route Slip	226
Standard Deductible Met	
Insurance Carrier List	138
Standard Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Standard Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228

Coverage Table

Coverage Table Name	
Standard Coverage Tables Report	322

CPITN

Percent of Patients with Highest CPITN	
Caries Prevalence and Periodontal Index Report	52

CPOE

Number of Diagnostic Imaging Orders Recorded Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162
Number of Laboratory Tests Recorded Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162
Number of Patients with Medications Ordered Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162
Number of Prescriptions Ordered Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162
Number of Radiology Orders Recorded Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162

CPT Code

AMA CPT Code	
Procedure Code List	266
Medical Code List	186
AMA CPT Code Description	
Medical Code List	186
CPT Code	
Procedure Code List	266

Creation Date

Create Date	
Document Center Documents Audited Report	118

Credit

Account Suspended Credit Amount	
Patient Route Slip	226
Amount of Credit Initial Balances	
Provider A/R Totals - Daily Report	276
Amount of Credit Initial Balances for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Credit Initial Balances for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Amount of Current Credits	
Walkout - Family Walkout	370
Amount of Current Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Other Applied Credit Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8

Credit (continued)

Amount of Other Applied Credit Adjustments for Provider		Credit Initial Balance	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Credit Special Adjustment Amount	
Amount of Other Applied Credit Initial Balances for Clinic		Analysis Summary Report - Standard	12
Day Sheet Report	100	Analysis Summary Report - Daily	8
Amount of Other Applied Credit Initial Balances for Provider		Grand Total Amount of Credit Adjustments	
Day Sheet Report	100	Insurance Transaction Analysis Report	154
Amount of Other Applied Credit Special Adjustments for Clinic		Grand Total Number of Credit Adjustments	
Day Sheet Report	100	Insurance Transaction Analysis Report	154
Amount of Other Applied Credit Special Adjustments for Provider		Other Applied Credit Adjustment Amount	
Day Sheet Report	100	Analysis Summary Report - Standard	12
Amount of Other Credit Initial Balances for Clinic		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Other Credit Initial Balance	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of Other Credit Initial Balances for Provider		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Other Credit Special Adjustment Amount	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of Other Credit Special Adjustments for Clinic		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Patient Suspended Credit Amount	
Analysis Summary Report - Daily	8	Patient Route Slip	226
Amount of Other Credit Special Adjustments for Provider		Percent of Suspended Credits	
Analysis Summary Report - Standard	12	Aging/Credit Balance Report	6
Analysis Summary Report - Daily	8	Suspended Credit Adjustment Amount	
Amount of Other Credit Special Adjustments for Provider		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Suspended Credit Amount	
Amount of Suspended Credit Adjustments for Clinic		Continuing Care Display List	76
Analysis Summary Report - Standard	12	Suspended Credit Amount for Clinic	
Day Sheet Report	100	Aging/Credit Balance Report	6
Analysis Summary Report - Daily	8	Suspended Credits	
Amount of Suspended Credit Adjustments for Previous Month for Provider		Practice Analysis Report	252
Day Sheet (Charges and Receipts) Report	94	Total Amount of Applied Credit Adjustments	
Amount of Suspended Credit Adjustments for Provider		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Day Sheet Report	100
Day Sheet Report	100	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Total Amount of Applied Credit Adjustments for Previous Month	
Amount of Suspended Credits		Day Sheet (Charges and Receipts) Report	94
Aging/Credit Balance Report	6	Total Amount of Credit Adjustments	
Amount of Suspended Credits for Guarantor		Day Sheet (Adjustments) Report	90
Suspended Credits Report	324	Insurance Carrier Production - Full Report	142
Amount of YTD Applied Credit Adjustments for Provider		Insurance Carrier Production - Summary Report	144
Day Sheet (Charges and Receipts) Report	94	Insurance Transaction Analysis Report	154
Amount of YTD Suspended Credit Adjustments for Provider		Operator Day Sheet Report	194
Day Sheet (Charges and Receipts) Report	94	Adjustment Summary Report	4
Applied Credit Adjustment Amount		Total Amount of Credit Initial Balances	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Credit		Provider A/R Totals - Daily Report	276
Day Sheet Report	100	Provider A/R Totals - Standard Report	278
Credit Amount		Analysis Summary Report - Daily	8
Walkout - Family Walkout	370	Total Amount of Credit Special Adjustments	
Credit Balance (as of Date)		Analysis Summary Report - Standard	12
Practice Analysis Report	252	Day Sheet Report	100
		Provider A/R Totals - Daily Report	276
		Provider A/R Totals - Standard Report	278
		Analysis Summary Report - Daily	8
		Total Amount of Current Applied Credit Adjustments	
		Day Sheet (Charges and Receipts) Report	94

Credit (continued)

Total Amount of Current Suspended Credit Adjustments		Average Amount of Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Adjustments) Report	90
Total Amount of MTD Applied Credit Adjustments		Credit Adjustment Amount	
Day Sheet (Charges and Receipts) Report	94	Insurance Carrier Production - Full Report	142
Total Amount of MTD Suspended Credit Adjustments		Billing Statement	48
Day Sheet (Charges and Receipts) Report	94	Credit Adjustment Amount for Insurance Plan	
Total Amount of Other Applied Credit Adjustments		Insurance Carrier Production - Summary Report	144
Analysis Summary Report - Standard	12	Insurance Carrier Production - Full Report	142
Day Sheet Report	100	Grand Total Amount of Credit Adjustments	
Analysis Summary Report - Daily	8	Insurance Transaction Analysis Report	154
Total Amount of Other Applied Credit Initial Balances		Grand Total Number of Credit Adjustments	
Day Sheet Report	100	Insurance Transaction Analysis Report	154
Total Amount of Other Applied Credit Special Adjustments		Other Applied Credit Adjustment Amount	
Day Sheet Report	100	Analysis Summary Report - Standard	12
Total Amount of Other Credit Initial Balances		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Revenue for Provider from Credit Adjustments	
Analysis Summary Report - Daily	8	Provider Revenue - Charges Report	288
Total Amount of Suspended Credit Adjustments		Provider Revenue - Credits Report	290
Analysis Summary Report - Standard	12	Provider Revenue - Summary Report	292
Day Sheet Report	100	Provider Revenue - Allocations Report	286
Analysis Summary Report - Daily	8	Total Amount of Credit Adjustments	
Total Amount of Suspended Credit Adjustments for Previous Month		Day Sheet (Adjustments) Report	90
Day Sheet (Charges and Receipts) Report	94	Insurance Carrier Production - Full Report	142
Total Amount of Suspended Credits for Clinic		Insurance Carrier Production - Summary Report	144
Suspended Credits Report	324	Insurance Transaction Analysis Report	154
Total Amount of YTD Applied Credit Adjustments		Operator Day Sheet Report	194
Day Sheet (Charges and Receipts) Report	94	Adjustment Summary Report	4
Total Amount of YTD Suspended Credit Adjustments		Total Amount of Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Total Number of Credit Adjustments		Day Sheet Report	100
Insurance Transaction Analysis Report	154	Analysis Summary Report - Daily	8
Total Quantity of Credit Adjustments		Total Amount of Suspended Credit Adjustments for Previous Month	
Day Sheet (Adjustments) Report	90	Day Sheet (Charges and Receipts) Report	94
Total Revenue from Credit Adjustments		Total Amount of YTD Applied Credit Adjustments	
Provider Revenue - Charges Report	288	Day Sheet (Charges and Receipts) Report	94
Provider Revenue - Credits Report	290	Total Amount of YTD Suspended Credit Adjustments	
Provider Revenue - Summary Report	292	Day Sheet (Charges and Receipts) Report	94
Provider Revenue - Allocations Report	286	Total Number of Credit Adjustments	
Total Suspended Credits		Insurance Transaction Analysis Report	154
Aging/Credit Balance Report	6	Total Quantity of Credit Adjustments	
		Day Sheet (Adjustments) Report	90
Credit Adjustment		Total Revenue from Credit Adjustments	
Amount of Applied Credit Adjustments for Clinic		Provider Revenue - Charges Report	288
Analysis Summary Report - Standard	12	Provider Revenue - Credits Report	290
Day Sheet Report	100	Provider Revenue - Summary Report	292
Analysis Summary Report - Daily	8	Provider Revenue - Allocations Report	286
Amount of Applied Credit Adjustments for Previous Month for Provider		Credit Card	
Day Sheet (Charges and Receipts) Report	94	Credit Card Number	
Amount of Applied Credit Adjustments for Provider		Billing Statement	48
Analysis Summary Report - Standard	12	Name on Credit Card	
Day Sheet Report	100	Billing Statement	48
Analysis Summary Report - Daily	8	Total Amount of Credit Card Payments	
Amount of Current Applied Credit Adjustments for Provider		Operator Day Sheet Report	194
Day Sheet (Charges and Receipts) Report	94	Type of Credit Card	
Amount of MTD Applied Credit Adjustments for Provider		Billing Statement	48
Day Sheet (Charges and Receipts) Report	94	Credit Card Terminal	
		Terminal Name	
		Credit Card Transaction Report	80

Credit Card Type

Card Type	
Credit Card Transaction Report	80

Credit Special Adjustment

Amount of Credit Special Adjustments	
Provider A/R Totals - Daily Report	276
Amount of Credit Special Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Credit Special Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Other Credit Special Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Total Amount of Other Credit Special Adjustments	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8

Cross Coding

AMA CPT Code	
Procedure Code List	266
Medical Code List	186
AMA CPT Code Description	
Medical Code List	186
ICD-9-CM Code	
Patient List (Filtered)	214
Medical Code List	186
ICD-9-CM Code Description	
Medical Code List	186
Modifier Code	
Medical Code List	186
Place of Service Code	
Medical Code List	186
Place of Service Code Description	
Medical Code List	186
Type of Service Code	
Medical Code List	186
Type of Service Code Description	
Medical Code List	186

Current

Amount of Current Applied Credit Adjustments for Prov	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Applied Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Charge Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Amount of Current Charges	
Walkout - Family Walkout	370
Amount of Current Charges Billed to Insurance for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Charges Compared to Fee Schedule for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Credits	
Walkout - Family Walkout	370

Amount of Current Finance Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Late Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Current Account Balance	
Billing Statement	48
Current Average Charge per Patient	
Day Sheet (Charges and Receipts) Report	94
Current Average Charge per Patient for Provider	
Day Sheet (Charges and Receipts) Report	94
Current Average Production per Patient	
Day Sheet (Charges and Receipts) Report	94
Current Average Production per Patient for Provider	
Day Sheet (Charges and Receipts) Report	94
Current Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Current Number of New Patients	
Day Sheet (Charges and Receipts) Report	94
Current Number of New Patients for Provider	
Day Sheet (Charges and Receipts) Report	94
Current Number of Patients Seen	
Day Sheet (Charges and Receipts) Report	94
Current Number of Patients Seen by Provider	
Day Sheet (Charges and Receipts) Report	94
Current Receivables	
Practice Analysis Report	252
Net Difference of Current Charges and Fee Schedule for Provider	
Day Sheet (Charges and Receipts) Report	94
Net Difference of Total Current Charges and Fee Schedule	
Day Sheet (Charges and Receipts) Report	94
Next Charge Amount (after 18 Months from Current Month)	
Future Due Payment Plan Report - Monthly Totals	132
Total Amount of Charges Remaining (after 18 Mos from Curr Mo)	
Future Due Payment Plan Report - Monthly Totals	132
Total Amount of Current Applied Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Applied Payments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Charge Adjustments	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Charges	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Charges Billed to Insurance	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Charges Compared to Fee Schedule	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Finance Charges	
Day Sheet (Charges and Receipts) Report	94

Current (continued)

Total Amount of Current Late Charges	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Suspended Payments	
Day Sheet (Charges and Receipts) Report	94
Total Number of Charges Remaining (after 18 Mos from Curr Mo)	
Future Due Payment Plan Report - Monthly Totals	132

Current Year

Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Patient Related Revenue Report	348

Date

Adjustment Date	
Patient's Ledger Report	230
Allergy Discovery Date	
Patient List (Filtered)	214
Allocate Date	
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Allocations Report	286
Amount of Debit Adjustments (for Date Range)	
Practice Analysis Report	252
Amount of Finance Charges (for Date Range)	
Practice Analysis Report	252
Amount of Insured Charges (for Date Range)	
Practice Analysis Report	252
Amount of Late Charges (for Date Range)	
Practice Analysis Report	252
Amount of Non-insured Charges (for Date Range)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (for Date Range)	
Practice Analysis Report	252
Appointment Date	
Appointment Reminder Cards	18
As Soon As Possible List	22
Audit Report - Appointments	26
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Letter Merge Reports	158
Operatory Appointment List Report	196
Patient List (Filtered)	214

Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Walkout - Family Walkout	370
Appointment Cycle Time Report	16
Appointment Date and Time	
Insurance Eligibility Report	152
Appointment Date Change	
Audit Report - Appointments	26
Attached Date	
Document Center - Documents List Report	112
Audit Date	
Document Center Documents Audited Report	118
Balance (as of a Date)	
Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94
Balance (as of a Date) for Clinic	
Day Sheet Report	100
Balance (as of a Date) for Provider	
Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94
Beginning Balance (for Date Range)	
Practice Analysis Report	252
Bill Date	
Walkout - Family Walkout	370
Billing Date	
Billing Statement	48
Case Expiration Date	
Practice Treatment Case Report	258
Claim Date	
Insurance Claims Not Sent Report	148
Claim Expiration Date	
Procedures Not Attached to Insurance Report	270
Secondary Insurance Claims Not Created Report	318
Insurance Claims Not Sent Report	148
Claim On Hold Date	
Insurance Claim Aging Report	146
Claim Payment Received Date	
Insurance Transaction Analysis Report	154
Claim Re-sent Date	
Insurance Claim Aging Report	146
Claim Sent Date	
Insurance Transaction Analysis Report	154
Insurance Claim Aging Report	146
Claim Tracer Date	
Insurance Claim Aging Report	146
Clinical Note Date	
Patient Notes Report	216
Clinical Notes Report	64
Completed Date	
Referred To Doctor Report	304
Continuing Care Appointment Date	
Continuing Care Display List	76
Continuing Care Due Date	
Letter Merge Reports	158
Patient List (Filtered)	214
Continuing Care Display List	76
Continuing Care Due Dates	
Patient Route Slip	226
Continuing Care Note Continuing Care Due Date	
Patient Notes Report	216

Date (continued)

Continuing Care Prior Treatment Date		Day Sheet (Charges and Receipts) Report	94
Continuing Care Display List	76	Day Sheet (Receipts) Report	98
Continuing Care Prior Work Date		Day Sheet Report	100
Letter Merge Reports	158	Insurance Carrier Production - Full Report	142
Create Date		Operator Day Sheet Report	194
Document Center Documents Audited Report	118	Patient Health Assessment Report	206
Credit Balance (as of Date)		Patient List (Filtered)	214
Practice Analysis Report	252	Patient Revenue List by Payer Report	224
Date		Patient Treatment Case Report	228
Appointment Book View Printout	14	Practice Treatment Case Report	258
Document Center Audit Documents Report	114	Procedures by Contracted Amount Report	268
Document Center Document	116	Production Summary Report	272
Patient Ledger Report	210	Provider Revenue - Allocations Report	286
Provider A/R Totals - Daily Report	276	Provider Revenue - Charges Report	288
Analysis Summary Report - Daily	8	Provider Revenue - Credits Report	290
Date Appointment Broken		RVU Day Sheet Report	308
Unscheduled Appointment List (OM)	358	RVU Production Summary Report	310
Unscheduled Appointment List (DX1)	356	Suspended Credits Report	324
Date Attached		Audit Report - Combined	32
Document Center List	120	Family Member Balance (as of a Date)	
Date Insurance Last Updated		Patient's Ledger Report	230
Insurance Carrier List	138	Finance Charge Date	
Date of Access		Finance Charge Report	130
Patient Information Accessed Report	208	First Payment Date	
Date of Change		Payment Agreement Report	234
Audit Report - Audit Log Status	28	First Visit Date	
Audit Report - Clinics	30	New Patient List	190
Audit Report - Combined	32	Patient List	212
Audit Report - Patients	34	Patient Route Slip	226
Audit Report - Providers/Staff	36	Letter Merge Reports	158
Audit Report - Transactions	38	Future Appointment Date	
Audit Rights Report - Assigned Individually	40	Patient Route Slip	226
Audit Rights Report - Assigned to Groups	42	Future Due Payment Plan Date	
Audit Rights Report - Group Names	44	Future Due Payment Plan Report - Standard	134
Audit Rights Report - Users to Groups	46	Future Reminder Date	
Audit Report - Appointments	26	Collections Manager List	70
Date of Completed Procedure		Immunization Date	
Walkout - Doctor's Statement	368	Patient List (Filtered)	214
Date of Completed Treatment		Insurance Eligibility Date	
Referral Recap Report	296	Insurance Eligibility Report	152
Date of Last Case Status Update		Last Eligibility Date for Primary Insurance Coverage	
Practice Treatment Case Report	258	Treatment Plan Approval Status Report	330
Patient Treatment Case Report	228	Treatment Plan Approval Report	328
Date of Last Payment Agreement Payment		Last Eligibility Date for Secondary Insurance Coverage	
Letter Merge Reports	158	Treatment Plan Approval Status Report	330
Date of Payment		Treatment Plan Approval Report	328
Coupon Book - Future Due Payments	78	Last Gratuity Date	
Date of Treatment-planned Procedure		Referred By Patient Report	302
Referral Slip	298	Last Late Charge Date	
Date Signed		Payment Agreement Report	234
Perio - Exam Comparison Report	242	Last Missed Appointment Date	
Perio - Graphic Chart Report	244	Patient Route Slip	226
Perio - Combined Graphic & Data Chart Report	238	Last Payment Agreement Payment Date	
Ending Balance (for Date Range)		Patient Route Slip	226
Practice Analysis Report	252	Last Payment Date	
Entry Date		Aging/Credit Balance Report	6
Audit Report - Transactions	38	Last Payment Date for Payment Agreement	
Day Sheet (Adjustments) Report	90	Collections Manager List	70
		Last Prophylaxis Date	
		Patient Route Slip	226
		Last Referral Date	
		Letter Merge Reports	158

Date (continued)

Last Referral Name and Date		Perio - Pocket Depths Only Report	246
Patient Route Slip	226	Perio Exam List	248
Last Referred By Source and Date		Patient Notes Report	216
Patient Route Slip	226	Prescription Date	
Last Referred To Name and Date		Prescription Printout	260
Patient Route Slip	226	Patient List (Filtered)	214
Last Statement Date		Pre-treatment Estimate Date	
Collections Manager List	70	Pre-Treatment Estimates Not Sent Report	264
Patient Route Slip	226	Pre-treatment Estimate Expiration Date	
Aging/Credit Balance Report	6	Secondary Pre-Treatment Estimates Not Created Report	320
Last Visit Date		Pre-Treatment Estimates Not Sent Report	264
Patient List	212	Pre-treatment Estimate On Hold Date	
Patient Notes Report	216	Pre-Treatment Estimate Aging Report	262
Patient Route Slip	226	Pre-treatment Estimate Re-sent Date	
Patient Route Slip	226	Pre-Treatment Estimate Aging Report	262
Letter Merge Reports	158	Pre-treatment Estimate Sent Date	
Late Charge Date		Pre-Treatment Estimate Aging Report	262
Late Charge Report	156	Pre-treatment Estimate Tracer Date	
Medication Date		Pre-Treatment Estimate Aging Report	262
Patient List (Filtered)	214	Primary Claim Date	
New Patients (for Date Range)		Secondary Insurance Claims Not Created Report	318
Practice Analysis Report	252	Primary Eligibility Date	
Next Appointment Date		Appointment Book View Printout	14
Patient Route Slip	226	Primary Insurance Benefits Expiration Date for Family	
Next Appointment Procedure Date		Treatment Case Report	326
Patient Route Slip	226	Primary Insurance Benefits Expiration Date for Patient	
Next Continuing Care Appointment Date		Treatment Case Report	326
Patient Route Slip	226	Patient Treatment Case Report	228
Letter Merge Reports	158	Primary Pre-treatment Estimate Date	
Next Payment Agreement Payment Due Date		Secondary Pre-Treatment Estimates Not Created Report	320
Patient Route Slip	226	Primary Pre-treatment Estimate Sent Date	
Next Payment Plan Payment Date		Treatment Plan Approval Status Report	330
Letter Merge Reports	158	Treatment Plan Approval Report	328
Number of Patients Seen During Past 24 Months		Problem Discovery Date	
Meaningful Use Measure Calculation List	162	Patient List (Filtered)	214
Patient Social Security Number or Request Date		Procedure Date	
Audit Report - Patients	34	Audit Report - Transactions	38
Patient Social Security Number or Request Date Change		Billing Statement	48
Audit Report - Patients	34	Day Sheet (Adjustments) Report	90
Payment Agreement Date		Day Sheet (Charges and Receipts) Report	94
Truth in Lending Disclosure Statement	332	Day Sheet (Receipts) Report	98
Payment Agreement Report	234	Day Sheet Report	100
Payment Agreement Last Payment Date		Operator Day Sheet Report	194
Payment Agreement Report	234	Patient Chart and Progress Notes Printout	202
Payment Agreement Next Payment Date		Patient List (Filtered)	214
Payment Agreement Report	234	Patient Treatment Case Report	228
Payment Agreement Payment Due Date		Practice Treatment Case Report	258
Payment Agreement Amortization Schedule	232	Production Summary Report	272
Payment Date		Provider Revenue - Allocations Report	286
Patient's Ledger Report	230	Provider Revenue - Charges Report	288
Deposit Slip	108	Provider Revenue - Credits Report	290
Payment Due Date		RVU Day Sheet Report	308
Coupon Book - Payment Agreements	79	RVU Production Summary Report	310
Coupon Book - Future Due Payments	78	Suspended Credits Report	324
Perio Exam Date		Audit Report - Combined	32
Perio - Combined Graphic & Data Chart Report	238	Procedure Date Change	
Perio - Data Chart Report	240	Audit Report - Transactions	38
Perio - Exam Comparison Report	242	Procedure Date for Date of Service	
		Letter Merge Reports	158

Date (continued)

Referral Date		Treatment-planned Procedure Date	
Referral Slip	298	Unscheduled Treatment Plans (Detailed) Report	362
Referred By Doctor/Other Report	300	Treatment Case Report	326
Referred By Patient Report	302	Date of Service	
Referred To Doctor Report	304	Insurance Payment for Date of Service	
Referral Recap Report	296	Letter Merge Reports	158
Referred By Date		Service Date	
New Patient List	190	Insurance Claim Aging Report	146
Referred by Doctor/Other Last Gratuity Date		Patient Revenue List by Payer Report	224
Referred By Doctor/Other Report	300	Procedures by Contracted Amount Report	268
Referred Date of Treatment Still in Progress		RVU Utilization Report	316
Referral Recap Report	296	Treatment Plan Approval Report	328
Referred Patients (for Date Range)		Treatment Plan Approval Status Report	330
Practice Analysis Report	252	Utilization Report	366
Scheduled Date		Dental Encounters Report	106
Referred To Doctor Report	304	Total Charge for Date of Service	
Secondary Eligibility Date		Letter Merge Reports	158
Appointment Book View Printout	14	Day	
Secondary Insurance Benefits Expiration Date for Family		Amount for Today's Completed Work	
Treatment Case Report	326	Patient Chart Printout	204
Secondary Insurance Benefits Expiration Date for Patient		Day Note	
Treatment Case Report	326	Appointment Book View Printout	14
Patient Treatment Case Report	228	Tooth Number for Today's Completed Work	
Secondary Pre-treatment Estimate Sent Date		Patient Chart Printout	204
Treatment Plan Approval Status Report	330	Total Amount of Charges for Today's Completed Work	
Treatment Plan Approval Report	328	Patient Chart Printout	204
Service Date		Days	
Insurance Claim Aging Report	146	Days Referred Out	
Patient Revenue List by Payer Report	224	Referred To Doctor Report	304
Procedures by Contracted Amount Report	268	DEA Number	
RVU Utilization Report	316	DEA Number	
Treatment Plan Approval Report	328	Practice Organization List	254
Treatment Plan Approval Status Report	330	Provider DEA Number	
Utilization Report	366	Prescription Printout	260
Dental Encounters Report	106	Debit	
Signature Date		Amount of Debit Initial Balances (Production)	
Treatment Case Report	326	Provider A/R Totals - Daily Report	276
Signed Date		Amount of Debit Initial Balances (Production) for Prov	
Document Center - Documents List Report	112	Provider A/R Totals - Standard Report	278
Subtotal of Charges (for Date Range)		Provider A/R Totals - Daily Report	276
Practice Analysis Report	252	Amount of Debit Initial Balances for Clinic	
Total Charges (for Date Range)		Analysis Summary Report - Standard	12
Practice Analysis Report	252	Day Sheet Report	100
Total Family Balance (as of a Date)		Analysis Summary Report - Daily	8
Family Ledger Report (Single Family)	126	Amount of Debit Initial Balances for Provider	
Family Ledger Report	124	Analysis Summary Report - Standard	12
Total Family Balance as of a Date		Day Sheet Report	100
Patient's Ledger Report	230	Analysis Summary Report - Daily	8
Total Patient Balance (as of Date)		Debit Initial Balance	
Patient Ledger Report	210	Analysis Summary Report - Standard	12
Total Patient Balance as of a Date		Analysis Summary Report - Daily	8
Patient's Ledger Report	230	Debit Special Adjustment Amount	
Transaction Date		Analysis Summary Report - Standard	12
Family Ledger Report	124	Analysis Summary Report - Daily	8
Family Ledger Report (Single Family)	126	Total Amount of Debit Adjustments	
Insurance Transaction Analysis Report	154	Day Sheet (Adjustments) Report	90
Patient's Ledger Report	230	Insurance Carrier Production - Full Report	142
Credit Card Transaction Report	80	Insurance Carrier Production - Summary Report	144
		Adjustment Summary Report	4

Debit (continued)

Total Amount of Debit Initial Balances	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Debit Initial Balances (Production)	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of Debit Special Adjustments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Total Quantity of Debit Adjustments	
Day Sheet (Adjustments) Report	90
Debit Adjustment	
Amount of Debit Adjustments (Average)	
Practice Analysis Report	252
Amount of Debit Adjustments (for Date Range)	
Practice Analysis Report	252
Amount of Debit Adjustments (MTD)	
Practice Analysis Report	252
Amount of Debit Adjustments (YTD)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (Average)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (for Date Range)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (MTD)	
Practice Analysis Report	252
Average Amount of Debit Adjustments	
Day Sheet (Adjustments) Report	90
Debit Adjustment Amount	
Insurance Carrier Production - Full Report	142
Debit Adjustment Amount for Insurance Plan	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142
Total Amount of Debit Adjustments	
Day Sheet (Adjustments) Report	90
Insurance Carrier Production - Full Report	142
Insurance Carrier Production - Summary Report	144
Adjustment Summary Report	4
Total Quantity of Debit Adjustments	
Day Sheet (Adjustments) Report	90
Debit Special Adjustment	
Amount of Debit Special Adjustments	
Provider A/R Totals - Daily Report	276
Amount of Debit Special Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Debit Special Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8

Debit Special Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Total Amount of Debit Special Adjustments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8

Decay

Number of Patients 0 - 19 Years with Tooth Decay or Cavities	
Clinical Quality Measures List	66
Percent of Patients with History of Decay	
Caries Prevalence and Periodontal Index Report	52
Percent of Patients with Untreated Decay	
Caries Prevalence and Periodontal Index Report	52

Deductible

Amount of Other Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Secondary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed to Secondary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed to Secondary Insurance	
Patient Route Slip	226
Estimated Amount of Deductibles to Be Applied	
Treatment Case Report	326
Patient Treatment Case Report	228
Lifetime/Individual/Standard Deductible	
Insurance Carrier List	138

Deductible (continued)

Lifetime/Individual/Standard Other Deductible	
Insurance Carrier List	138
Lifetime/Individual/Standard Preventative Deductible	
Insurance Carrier List	138
Other Deductible Met	
Insurance Carrier List	138
Other Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Other Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Other Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Other Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Preventative Deductible Met	
Insurance Carrier List	138
Preventative Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Preventative Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Standard Deductible Met	
Insurance Carrier List	138
Standard Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Standard Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228

Deductible Type

Deductible Type	
Standard Coverage Tables Report	322
Insurance Coverage Tables Report	150

Deleted

Deleted Appointment	
Audit Report - Appointments	26
Deleted Entry	
Audit Report - Patients	34
Deleted Procedure	
Audit Report - Combined	32

Deleted Transaction	
Audit Report - Transactions	38

Demographic

Number of Patients with Required Demographics	
Meaningful Use Measure Calculation List	162

Denominator Code

Denominator Codes for Provider	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Denominator Codes for All Clinics	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Denominator Codes for Clinic	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136

Dental

Amount of Dental Insurance Portion	
Patient Chart Printout	204
Do not Bill to Dental Insurance	
Insurance Carrier List	138
Do not Bill to Dental Insurance if 0% Coverage	
Insurance Carrier List	138
Number of Patients with Dental and Medical Insurance	
Practice Statistics Report	256
Number of Patients with Primary Dental Insurance Only	
Practice Statistics Report	256
Number of Patients with Secondary Dental Insurance	
Practice Statistics Report	256
Number of Patients without Dental and Medical Insurance	
Practice Statistics Report	256
Number of Patients without Dental Insurance	
Practice Statistics Report	256
Percent of Patients with Dental and Medical Insurance	
Practice Statistics Report	256
Percent of Patients with Primary Dental Insurance Only	
Practice Statistics Report	256
Percent of Patients with Secondary Dental Insurance	
Practice Statistics Report	256
Percent of Patients without Dental and Medical Insurance	
Practice Statistics Report	256
Percent of Patients without Dental Insurance	
Practice Statistics Report	256
Primary Dental Insurance Carrier Name	
Patient List	212
Secondary Dental Insurance Carrier Name	
Patient List	212
Total Amount of Dental Insurance Portions	
Patient Chart Printout	204

Dental Chart

Dental Chart	
Patient Chart Printout	204
Patient Chart and Progress Notes Printout	202
Graphical Chart	
Treatment Case Report	326

Dental Diagnostic Code

Dental Diagnostic Code	
Multi-Code List	188
Procedure Code List	266
Dental Diagnostic Code List	104
Dental Diagnostic Code Description	
Dental Diagnostic Code List	104
Do not Print Dental Diagnostic Codes on Claim	
Insurance Carrier List	138

Dental Fluorosis

Percent of Patients with Dental Fluorosis	
Caries Prevalence and Periodontal Index Report	52

Dentition

Permanent/Temporary	
Multi-Code List	188

Deposit

Paid in by Name	
Deposit Slip	108
Total Amount of Deposit	
Deposit Slip	108

Description

ADA Code	
Day Sheet (Charges and Receipts) Report	94
Dental Encounters Report	106
Fee Schedules Report	128
Insurance Carrier Production - Full Report	142
Multi-Code List	188
Operator Day Sheet Report	194
Patient Chart and Progress Notes Printout	202
Patient List (Filtered)	214
Patient Treatment Case Report	228
Practice Treatment Case Report	258
Procedure Code List	266
Procedures by Contracted Amount Report	268
Procedures Not Attached to Insurance Report	270
Production Summary Report	272
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Provider Revenue - Allocations Report	286
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
RVU Day Sheet Report	308
RVU Production Summary Report	310
RVU Schedules Report	314
RVU Utilization Report	316
Standard Coverage Tables Report	322
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Unscheduled Treatment Plans (Detailed) Report	362
Updated Dental Insurance Payment Table Report	364
Utilization Report	366
Walkout - Doctor's Statement	368
Appointment Cycle Time Report	16
ADA Code Abbreviated Description	
Procedure Code List	266
Multi-Code List	188

ADA Code Description

Fee Schedules Report	128
Insurance Carrier Production - Full Report	142
Multi-Code List	188
Patient Chart and Progress Notes Printout	202
Patient Ledger Report	210
Patient Treatment Case Report	228
Practice Treatment Case Report	258
Procedure Code List	266
Procedures by Contracted Amount Report	268
Procedures Not Attached to Insurance Report	270
Production Summary Report	272
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Provider Revenue - Allocations Report	286
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
RVU Day Sheet Report	308
RVU Production Summary Report	310
RVU Schedules Report	314
RVU Utilization Report	316
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Unscheduled Treatment Plans (Detailed) Report	362
Utilization Report	366
Walkout - Doctor's Statement	368
Walkout - Family Walkout	370
Day Sheet (Charges and Receipts) Report	94
ADA Code Description for Today's Completed Work	
Patient Chart Printout	204
ADA Code Description for Treatment-planned Procedure	
Patient Chart Printout	204
ADA Code Description of Completed Treatment	
Referral Recap Report	296
ADA Code Description of Treatment Still in Progress	
Referral Recap Report	296
ADA Code Description of Treatment-planned Procedure	
Referral Slip	298
ADA Code Description or Transaction Description	
Operator Day Sheet Report	194
Adjustment Description	
Patient's Ledger Report	230
Allergy Description	
Patient List (Filtered)	214
AMA CPT Code Description	
Medical Code List	186
Continuing Care Type Description	
Letter Merge Reports	158
Dental Diagnostic Code Description	
Dental Diagnostic Code List	104
Description of Service	
Billing Statement	48
Document Description	
Document Center List	120
File Description	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112

Description (continued)

ICD-9-CM Code Description		Total Amount of Sliding Discounts for Financial Class Type	
Medical Code List	186	UDS - Patient Related Revenue Report	348
Medication Description		Total Amount of Sliding Discounts for Patient	
Patient List (Filtered)	214	UDS - Patient Related Revenue Report	348
Modifier Code Description		Total Amount of Sliding Discounts for Payer Category	
Medical Code List	186	UDS - Patient Related Revenue Report	348
Multi-Code Description		Dispense	
Multi-Code List	188	Dispense as Written	
Next Appointment ADA Code Description		Prescription Printout	260
Patient Route Slip	226	Divorced	
Payment Description		Number of Divorced Patients	
Patient's Ledger Report	230	Practice Statistics Report	256
Payment Type Description		Percent of Divorced Patients	
Payment Summary Report	236	Practice Statistics Report	256
Place of Service Code Description		dmfs	
Medical Code List	186	dmfs	
Problem Description		Caries Prevalence and Periodontal Index Report	
Patient List (Filtered)	214	52	
Procedure Description		Mean dmfs	
Day Sheet Report	100	Caries Prevalence and Periodontal Index Report	
Audit Report - Combined	32	52	
Transaction Description		Percent of Patients with dmfs > 0	
Family Ledger Report	124	Caries Prevalence and Periodontal Index Report	
Family Ledger Report (Single Family)	126	52	
Insurance Transaction Analysis Report	154	dmft	
Patient's Ledger Report	230	dmft	
Provider Revenue - Allocations Report	286	Caries Prevalence and Periodontal Index Report	
Provider Revenue - Charges Report	288	52	
Provider Revenue - Credits Report	290	Mean dmft	
Suspended Credits Report	324	Caries Prevalence and Periodontal Index Report	
Audit Report - Transactions	38	52	
Transaction Description Change		DMFT	
Audit Report - Transactions	38	Mean DMFT	
Type of Service Code Description		Caries Prevalence and Periodontal Index Report	
Medical Code List	186	52	
Vaccine Abbreviated Description		Do not Bill	
Patient List (Filtered)	214	Do not Bill to Dental Insurance	
Diagnostic Code		Insurance Carrier List	138
Dental Diagnostic Code		Do not Bill to Dental Insurance if 0% Coverage	
Multi-Code List	188	Insurance Carrier List	138
Procedure Code List	266	Do not Print	
Dental Diagnostic Code List	104	Do not Print Dental Diagnostic Codes on Claim	
Dental Diagnostic Code Description		Insurance Carrier List	138
Dental Diagnostic Code List	104	Doctor	
Do not Print Dental Diagnostic Codes on Claim		Referred to Doctor Name	
Insurance Carrier List	138	Referred To Doctor Report	304
Diagnostic Imaging		Document Center Document	116
Number of Diagnostic Imaging Orders Recorded Using		Referred to Doctor Phone Number	
CPOE (Computerized Provider Order Entry)		Referred To Doctor Report	304
Meaningful Use Measure Calculation List	162	Doctor/Other	
Disabled		Number of Referred by Doctor/Other Patients Listed	
Disabled/Enabled		Referred By Doctor/Other Report	300
Multi-Code List	188	Referred by Doctor/Other Address	
Discount		Referred By Doctor/Other Report	300
Amount of Sliding Discounts for Patient		Referred by Doctor/Other Gratuity Given	
UDS - Patient Related Revenue Report	348	Referred By Doctor/Other Report	300
Subtotal of Sliding Discounts for Financial Class Type		Referred by Doctor/Other Last Gratuity Date	
UDS - Patient Related Revenue Report	348	Referred By Doctor/Other Report	300
Subtotal of Sliding Discounts for Payer Category			
UDS - Patient Related Revenue Report	348		

Doctor/Other (continued)

Referred by Doctor/Other Name	
Referred By Doctor/Other Report	300
Document Center Document	116
Referred by Doctor/Other Phone Number	
Referred By Doctor/Other Report	300
Referred by Doctor/Other Total Referrals	
Referred By Doctor/Other Report	300
Total Number of Referred by Doctor/Other Patients Listed	
Referred By Doctor/Other Report	300
Total Number of Referred by Doctor/Other Referrals	
Referred By Doctor/Other Report	300

Document

Date Attached	
Document Center List	120
Document	
Document Center Document	116
Document Description	
Document Center List	120
Document Error Type	
Document Center Documents Audited Report	118
Document Status	
Document Center Documents Audited Report	118
Document Type	
Document Center List	120
File Description	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112
File Location	
Document Center - Documents List Report	112
File Type	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112
Number of Document Errors	
Document Center Audit Documents Report	114
Number of Documents	
Document Center Audit Documents Report	114
Number of Documents Audited	
Document Center Audit Documents Report	114
Number of Incorrect Location Errors	
Document Center Audit Documents Report	114
Number of Incorrect Record Errors	
Document Center Audit Documents Report	114
Number of Other Errors	
Document Center Audit Documents Report	114
Number of Poor Scan Errors	
Document Center Audit Documents Report	114
Percent of Document Errors	
Document Center Audit Documents Report	114
Signed Date	
Document Center - Documents List Report	112
Signer Name	
Treatment Case Report	326
Document Center - Documents List Report	112
Total Number of Document Errors	
Document Center Audit Documents Report	114

Total Number of Documents	
Document Center Audit Documents Report	114
Total Number of Documents Audited	
Document Center Audit Documents Report	114
Total Number of Incorrect Location Errors	
Document Center Audit Documents Report	114
Total Number of Incorrect Record Errors	
Document Center Audit Documents Report	114
Total Number of Other Errors	
Document Center Audit Documents Report	114
Total Number of Poor Scan Errors	
Document Center Audit Documents Report	114
Total Percent of Document Errors	
Document Center Audit Documents Report	114
Total Percent of Documents Audited	
Document Center Audit Documents Report	114

Document Center

Number of Pages	
Document Center List	120

Document Error

Number of Document Errors	
Document Center Audit Documents Report	114
Percent of Document Errors	
Document Center Audit Documents Report	114
Percent of Documents Audited	
Document Center Audit Documents Report	114
Total Number of Document Errors	
Document Center Audit Documents Report	114
Total Percent of Document Errors	
Document Center Audit Documents Report	114

Download

Number of Patients who Viewed or Downloaded or Transmitted (VDT) Electronic Health Information	
Meaningful Use Measure Calculation List	162

Driver's License Number

Patient Driver's License Number	
Patient Questionnaire	222
Patient List	212
Spouse Drivers License Number	
Patient Questionnaire	222

Drug

Drug Name	
Patient List (Filtered)	214

Drug ID

Provider Drug ID	
Provider IDs List	284

Due

Amount Due for Payment Agreement	
Collections Manager List	70
Amount of Future Due Payment Agreements	
Practice Analysis Report	252
Balance Due	
Coupon Book - Payment Agreements	79
Coupon Book - Future Due Payments	78
Next Payment Agreement Payment Due Amount	
Patient Route Slip	226
Number of Patients Due for Prophylaxis (on Month and Year)	
Practice Statistics Report	256
Payment Amount Due	
Coupon Book - Payment Agreements	79
Coupon Book - Future Due Payments	78

Due (continued)

Percent of Patients Due for Prophylaxis (Month and Year)	
Practice Statistics Report	256
Total Amount Due for Payment Agreements	
Collections Manager List	70
Total Amount of Payment Agreement Payments Due	
Payment Agreement Report	234
Due Date	
Continuing Care Due Date	
Letter Merge Reports	158
Patient List (Filtered)	214
Continuing Care Display List	76
Continuing Care Due Dates	
Patient Route Slip	226
Continuing Care Note Continuing Care Due Date	
Patient Notes Report	216
Next Payment Agreement Payment Due Date	
Patient Route Slip	226
Payment Agreement Payment Due Date	
Payment Agreement Amortization Schedule	232
Payment Due Date	
Coupon Book - Payment Agreements	79
Coupon Book - Future Due Payments	78
Electronic Exchange	
Number of TCs (Transition of Care) and Referrals where	
SCs (Summary of Care) Was Exchanged Electronically	
Meaningful Use Measure Calculation List	162
Electronic Health Information	
Number of Patients Provided API Access to Electronic	
Health Information	
Meaningful Use Measure Calculation List	162
Number of Patients Provided Timely Online Access to	
Electronic Health Information	
Meaningful Use Measure Calculation List	162
Number of Patients who Accessed Electronic Health	
Information with API	
Meaningful Use Measure Calculation List	162
Number of Patients who Viewed or Downloaded or	
Transmitted (VDT) Electronic Health Information	
Meaningful Use Measure Calculation List	162
Electronic Prescription	
Number of Electronic Prescriptions	
Meaningful Use Measure Calculation List	162
Number of Patients with Electronic Prescriptions	
Meaningful Use Measure Calculation List	162
Electronic Summary of Care	
Number of TCs (Transition of Care) and Referrals where	
Electronic SCs (Summary of Care) Provided	
Meaningful Use Measure Calculation List	162
Eligibility	
Insurance Eligibility Date	
Insurance Eligibility Report	152
Last Eligibility Date for Primary Insurance Coverage	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Last Eligibility Date for Secondary Insurance Coverage	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Number of Patients Eligible for Prophylaxis Continuing Care	
Practice Statistics Report	256

Percent of Patients Eligible for Prophylaxis Continuing Care	
Practice Statistics Report	256
Primary Eligibility Date	
Appointment Book View Printout	14
Secondary Eligibility Date	
Appointment Book View Printout	14
Email	
Email Address	
Collections Manager List	70
Patient Email Address	
Patient Questionnaire	222
Patient List	212
Spouse Email Address	
Patient Questionnaire	222
Employee	
Number of Employees	
Employers and Employed Patients Report	122
Employer	
Employer Address	
Letter Merge Reports	158
Employers and Employed Patients Report	122
Employer Address (for Guarantor)	
Patient Questionnaire	222
Employer Address (for Patient)	
Patient Questionnaire	222
Employer Name	
Employers and Employed Patients Report	122
Letter Merge Reports	158
Patient Route Slip	226
Document Center Document	116
Employer Name (for Guarantor)	
Patient Questionnaire	222
Employer Name (for Patient)	
Patient Questionnaire	222
Employer Phone Number	
Letter Merge Reports	158
Employers and Employed Patients Report	122
Guarantor Employer	
Patient Route Slip	226
Insurance Plan Employer	
Insurance Carrier List	138
Insurance Plan Employer Name	
Walkout - Doctor's Statement	368
Provider IDs List	284
Patient Employer	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Patient Employer Name	
Insurance Carrier List	138
Primary Insurance Carrier Plan Employer	
Patient Route Slip	226
Secondary Insurance Carrier Plan Employer	
Patient Route Slip	226
Subscriber Employer Name	
Insurance Carrier List	138
Subscriber's Employer Address for Primary Insurance	
Patient Questionnaire	222
Subscriber's Employer Address for Secondary Insurance	
Patient Questionnaire	222
Subscriber's Employer Name for Primary Insurance	
Patient Questionnaire	222

Employer (continued)

Subscriber's Employer Name for Secondary Insurance	
Patient Questionnaire	222

EMR Number

Patient EMR Number	
UDS - Insurance Financial Class Report	342
UDS - Insurance Financial Class Report (2013)	344
UDS - Medicaid/Medicare Report	346
UDS - Patient Status Report	350
UDS - Sealant Statistics Report	352
UDS - Tobacco Use and Intervention Report	354
UDS - Age/Gender Report	334

Enabled

Disabled/Enabled	
Multi-Code List	188

Enclosed

Amount Enclosed	
Coupon Book - Future Due Payments	78
Coupon Book - Payment Agreements	79
Billing Statement	48

Encounter

Encounter Number	
Audit Report - Transactions	38
Clinical Notes Report	64
Operator Day Sheet Report	194
Audit Report - Combined	32
Encounter Number Change	
Audit Report - Transactions	38
Number of Encounters	
UDS - Encounters and Users by Selected Procedure Codes Report	338
Number of Encounters for Primary Providers	
UDS - Encounters by Provider Report	340
Number of Encounters for Secondary Providers	
UDS - Encounters by Provider Report	340
Number of New-patient Encounters	
Meaningful Use Measure Calculation List	162
Total Number of Encounters	
Operator Day Sheet Report	194
Total Number of Unique Encounters	
Operator Day Sheet Report	194

Ending Balance

Amount of Ending Balances for Clinic	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Ending Balances for Provider	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Ending Balance	
Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276
Analysis Summary Report - Daily	8
Ending Balance (Average)	
Practice Analysis Report	252
Ending Balance (for Date Range)	
Practice Analysis Report	252
Ending Balance (MTD)	
Practice Analysis Report	252
Ending Balance (YTD)	
Practice Analysis Report	252

Ending Balance for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of Ending Balances	
Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8

Entity Name

Attachment Entity Name	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112

Entity Type

Attachment Entity Type	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112

Entry

Deleted Entry	
Audit Report - Patients	34
Initial Entry	
Audit Report - Patients	34
Office Journal Entry	
Office Journal Report	192
Office Journal Entry Date	
Office Journal Report	192
Office Journal Entry Information	
Office Journal Report	192
Office Journal Entry Time	
Office Journal Report	192
Previous Office Journal Entry	
Collections Manager List	70

Entry Date

Entry Date	
Audit Report - Transactions	38
Day Sheet (Adjustments) Report	90
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Receipts) Report	98
Day Sheet Report	100
Insurance Carrier Production - Full Report	142
Operator Day Sheet Report	194
Patient Health Assessment Report	206
Patient List (Filtered)	214
Patient Revenue List by Payer Report	224
Patient Treatment Case Report	228
Practice Treatment Case Report	258
Procedures by Contracted Amount Report	268
Production Summary Report	272
Provider Revenue - Allocations Report	286
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
RVU Day Sheet Report	308
RVU Production Summary Report	310
Suspended Credits Report	324
Audit Report - Combined	32
Office Journal Entry Date	
Office Journal Report	192

Error Type

Document Error Type	
Document Center Documents Audited Report	118

Error Type (continued)

Number of Document Errors	
Document Center Audit Documents Report	114
Number of Incorrect Location Errors	
Document Center Audit Documents Report	114
Number of Incorrect Record Errors	
Document Center Audit Documents Report	114
Number of Other Errors	
Document Center Audit Documents Report	114
Number of Poor Scan Errors	
Document Center Audit Documents Report	114
Percent of Document Errors	
Document Center Audit Documents Report	114
Total Number of Document Errors	
Document Center Audit Documents Report	114
Total Number of Incorrect Location Errors	
Document Center Audit Documents Report	114
Total Number of Incorrect Record Errors	
Document Center Audit Documents Report	114
Total Number of Other Errors	
Document Center Audit Documents Report	114
Total Number of Poor Scan Errors	
Document Center Audit Documents Report	114
Total Percent of Document Errors	
Document Center Audit Documents Report	114
Estimate	
Account Estimated Insurance Portion	
Patient Route Slip	226
Amount of Estimated Insurance Portion	
Insurance Claim Aging Report	146
Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Insurance Estimate	
Billing Statement	48
Amount of Insurance Estimates	
Aging/Credit Balance Report	6
Amount of Pending Estimated Primary Insurance Portions YTD for Family	
Treatment Case Report	326
Amount of Pending Estimated Primary Insurance Portions YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Pending Estimated Secondary Insurance Portions YTD for Family	
Treatment Case Report	326

Amount of Pending Estimated Secondary Insurance Portions YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Estimated Amount of Deductibles to Be Applied	
Treatment Case Report	326
Patient Treatment Case Report	228
Estimated Amount of Insurance Payments	
Treatment Case Report	326
Patient Treatment Case Report	228
Estimated Amount of Patient's Portion	
Patient Treatment Case Report	228
Treatment Case Report	326
Patient Proposed Treatment Case Report (Your Care Plan)	220
Estimated Guarantor Portion	
Patient Route Slip	226
Estimated Insurance Portion	
Patient Proposed Treatment Case Report (Your Care Plan)	220
Dental Encounters Report	106
Estimated Patient Portion	
Patient Route Slip	226
Guarantor Estimate Amount	
Collections Manager List	70
Insurance Estimate Amount	
Collections Manager List	70
Insurance Estimated Amount	
Walkout - Family Walkout	370
Outstanding Primary Insurance Estimated Amount	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Outstanding Secondary Insurance Estimated Amount	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Patient Estimated Insurance Portion	
Patient Route Slip	226
Percent of Insurance Estimate Amounts	
Aging/Credit Balance Report	6
Pre-treatment Estimate Amount	
Patient Route Slip	226
Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimates Not Sent Report	264
Secondary Pre-Treatment Estimates Not Created Report	320
Insurance Transaction Analysis Report	154
Pre-treatment Estimate Date	
Pre-Treatment Estimates Not Sent Report	264
Pre-treatment Estimate Expiration Date	
Secondary Pre-Treatment Estimates Not Created Report	320
Pre-Treatment Estimates Not Sent Report	264
Pre-treatment Estimate On Hold Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Re-sent Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Sent Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Tracer Date	
Pre-Treatment Estimate Aging Report	262

Estimate (continued)

Primary Insurance Estimated Amount		Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates	
Treatment Plan Approval Status Report	330	Pre-Treatment Estimate Aging Report	262
Treatment Plan Approval Report	328	Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Primary Pre-treatment Estimate Date		Pre-Treatment Estimate Aging Report	262
Secondary Pre-Treatment Estimates Not Created Report	320	Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates	
Primary Pre-treatment Estimate Sent Date		Pre-Treatment Estimate Aging Report	262
Treatment Plan Approval Status Report	330	Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates	
Treatment Plan Approval Report	328	Pre-Treatment Estimate Aging Report	262
Secondary Insurance Estimated Amount		Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates	
Treatment Plan Approval Status Report	330	Pre-Treatment Estimate Aging Report	262
Treatment Plan Approval Report	328	Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates	
Secondary Pre-treatment Estimate Sent Date		Pre-Treatment Estimate Aging Report	262
Treatment Plan Approval Status Report	330	Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates	
Treatment Plan Approval Report	328	Pre-Treatment Estimate Aging Report	262
Total Amount for Primary Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount for Secondary Pre-treatment Estimates		Total Amount of Account Balances with Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates		Total Amount of Account Balances with Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates		Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates		Total Amount of Estimated Insurance Portion for Primary and Secondary Claims	
Pre-Treatment Estimate Aging Report	262	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates		Total Amount of Estimated Insurance Portion for Primary Claims	
Pre-Treatment Estimate Aging Report	262	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates		Total Amount of Estimated Insurance Portion for Secondary Claims	
Pre-Treatment Estimate Aging Report	262	Insurance Claim Aging Report	146
Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates		Total Amount of Guarantor Estimates	
Pre-Treatment Estimate Aging Report	262	Collections Manager List	70
Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates		Total Amount of Insurance Estimates	
Pre-Treatment Estimate Aging Report	262	Collections Manager List	70
Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates		Aging/Credit Balance Report	6
Pre-Treatment Estimate Aging Report	262	Total Amount of Pre-treatment Estimates	
Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates		Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimate Aging Report	262	Total Amount of Pre-treatment Estimates not Sent	
Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates		Pre-Treatment Estimates Not Sent Report	264
Pre-Treatment Estimate Aging Report	262	Total Amount of Primary Pre-treatment Estimates not Sent	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimates Not Sent Report	264
Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates		Total Amount of Secondary Pre-treatment Estimates not Created	
Pre-Treatment Estimate Aging Report	262	Secondary Pre-Treatment Estimates Not Created Report	320
Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates		Total Estimated Amount of Patient's Portion	
Pre-Treatment Estimate Aging Report	262	Patient Proposed Treatment Case Report (Your Care Plan)	220

Estimate (continued)

Total Estimated Insurance Portion	
Patient Proposed Treatment Case Report (Your Care Plan)	220

Ethnicity

Ethnicity	
UDS - Patient Status Report	350
Patient Ethnicity	
Patient List (Filtered)	214

Exam

Perio Exam Comparison Data Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Exam Comparison Graphic Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Exam Date	
Perio - Combined Graphic & Data Chart Report	238
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Perio Exam List	248
Patient Notes Report	216
Perio Exam Graphic Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Exam Note	
Patient Notes Report	216
Perio Exam Provider Name	
Perio - Data Chart Report	240
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238

Expense

Amount of Lab Expenses for Clinic	
RVU Day Sheet Report	308
Amount of Lab Expenses for Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Amount of Lab Expenses for Medicaid Procedures for Provider	
RVU Production Summary Report	310
Amount of Lab Expenses for Provider	
RVU Day Sheet Report	308
Amount of Lab Expenses of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Amount of Lab Expenses of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Amount of Lab Expenses of Procedures for Clinic	
RVU Production Summary Report	310
Amount of Lab Expenses of Procedures for Provider	
RVU Production Summary Report	310
Lab Expense	
RVU Schedules Report	314
Fee Schedules Report	128
Lab Expense Amount	
RVU Day Sheet Report	308

Total Amount of Lab Expenses	
RVU Day Sheet Report	308
Total Amount of Lab Expenses of Medicaid Procedures	
RVU Production Summary Report	310
Total Amount of Lab Expenses of Non-Medicaid Procedures	
RVU Production Summary Report	310
Total Amount of Lab Expenses of Procedures	
RVU Production Summary Report	310

Expiration Date

Case Expiration Date	
Practice Treatment Case Report	258
Claim Expiration Date	
Procedures Not Attached to Insurance Report	270
Secondary Insurance Claims Not Created Report	318
Insurance Claims Not Sent Report	148
Pre-treatment Estimate Expiration Date	
Secondary Pre-Treatment Estimates Not Created Report	320
Pre-Treatment Estimates Not Sent Report	264
Primary Insurance Benefits Expiration Date for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Secondary Insurance Benefits Expiration Date for Family	
Treatment Case Report	326
Secondary Insurance Benefits Expiration Date for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228

Export

Exported Patient Health Information	
Audit Report - Combined	32

Extension

Guarantor Work Phone Number & Extension	
Collections Manager List	70
Patient Work Phone Extension	
Patient Ledger Report	210
Patient Questionnaire	222
Letter Merge Reports	158
Practice Phone Extension	
Letter Merge Reports	158
Spouse Work Phone Extension	
Patient Questionnaire	222

ExtID

Patient Ext ID	
Patient List (Filtered)	214

Facial

Clinical Attachment Level (Facial)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238
Furcation Involvement (Facial)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238
Gingival Margin (Facial)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238

Facial (continued)

Mobility (Facial)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238
Probing Depth (Facial)	
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238

Family

Amount of Annual Primary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Annual Secondary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Other Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Pending Estimated Primary Insurance Portions YTD for Family	
Treatment Case Report	326
Amount of Pending Estimated Secondary Insurance Portions YTD for Family	
Treatment Case Report	326
Amount of Preventative Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Primary Insurance Paid Benefits YTD for Family	
Treatment Case Report	326
Amount of Secondary Paid Benefits for Family	
Treatment Case Report	326
Amount of Standard Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Family Alert Note	
Patient Notes Report	216
Family Balance	
Treatment Case Report	326
Patient Treatment Case Report	228
Family Benefits	
Insurance Carrier List	138

Number of Families	
Practice Analysis Report	252
Other Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Other Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Primary Insurance Benefits Expiration Date for Family	
Treatment Case Report	326
Secondary Insurance Benefits Expiration Date for Family	
Treatment Case Report	326
Standard Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Total Amount of YTD Finance Charges for Family	
Family Ledger Report (Single Family)	126
Total Amount of YTD Insurance Payments for Family	
Family Ledger Report (Single Family)	126
Family Ledger Report	124
Total Amount of YTD Late Charges for Family	
Family Ledger Report (Single Family)	126
Family Ledger Report	124
Total Amount of YTD Payments for Family	
Family Ledger Report (Single Family)	126
Family Ledger Report	124
Total Family Balance (as of a Date)	
Family Ledger Report (Single Family)	126
Family Ledger Report	124
Total Family Balance as of a Date	
Patient's Ledger Report	230
Total YTD Finance Charges for Family	
Family Ledger Report	124

Family Alert

Family Alert Note	
Patient Notes Report	216

Family Health History

Number of Patients with Family Health History Recorded	
Meaningful Use Measure Calculation List	162

Family Member

Family Member Balance (as of a Date)	
Patient's Ledger Report	230

Family Position

Family Position	
Collections Manager List	70

Fax

Patient Fax Number	
Patient Questionnaire	222
Patient List	212
Spouse Fax Number	
Patient Questionnaire	222

Fee

Amount of Current Charges Compared to Fee Schedule for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Fees - Co-pays for Insurance Carrier	
Utilization Report	366
Amount of Fees for Insurance Carrier	
Utilization Report	366
RVU Utilization Report	316
Case Amount	
Patient Proposed Treatment Case Report (Your Care Plan)	220
Fee	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Fee for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Fee for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Fee from Alternate Fee Schedule	
Treatment Case Report	326
Fee from Alternate Fee Schedule for Visit	
Treatment Case Report	326
Fee Schedule	
Fee Schedules Report	128
Net Difference of Current Charges and Fee Schedule for Provider	
Day Sheet (Charges and Receipts) Report	94
Net Difference of Total Current Charges and Fee Schedule	
Day Sheet (Charges and Receipts) Report	94
Procedure Fee	
Utilization Report	366
RVU Utilization Report	316
Total Amount of Current Charges Compared to Fee Schedule	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Fees	
Utilization Report	366
RVU Utilization Report	316
Total Amount of Fees - Co-pays	
Utilization Report	366
Total Amount of Fees - RVU	
RVU Utilization Report	316
Total Case Amount	
Patient Proposed Treatment Case Report (Your Care Plan)	220
Total Fee for Case	
Treatment Case Report	326
Total Fee from Alternate Fee Schedule for Case	
Treatment Case Report	326

Fee Schedule

Amount of Current Charges Compared to Fee Schedule for Provider	
Day Sheet (Charges and Receipts) Report	94
Fee from Alternate Fee Schedule	
Treatment Case Report	326

Fee from Alternate Fee Schedule for Visit	
Treatment Case Report	326
Fee Schedule	
Fee Schedules Report	128
Net Difference of Current Charges and Fee Schedule for Provider	
Day Sheet (Charges and Receipts) Report	94
Net Difference of Total Current Charges and Fee Schedule	
Day Sheet (Charges and Receipts) Report	94
Provider Fee Schedule	
Practice Organization List	254
Provider IDs List	284
Audit Report - Providers/Staff	36
Provider Fee Schedule Change	
Audit Report - Providers/Staff	36
Total Amount of Current Charges Compared to Fee Schedule	
Day Sheet (Charges and Receipts) Report	94

Fee Insurance Carrier

Amount of Fees - RVU for Insurance Carrier	
RVU Utilization Report	316

Female

Number of Female Patients	
Practice Statistics Report	256
Number of Females	
UDS - Age/Gender Report	334
Number of Females for Clinic	
UDS - Age/Gender Report	334
Number of Females for Provider	
UDS - Age/Gender Report	334
Percent of Female Patients	
Practice Statistics Report	256
Total Number of Females	
UDS - Age/Gender Report	334

File

File Description	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112
File Location	
Document Center - Documents List Report	112
File Type	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112

Finance Charge

Amount of Current Finance Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Finance Charges	
Provider A/R Totals - Daily Report	276
Amount of Finance Charges (Average)	
Practice Analysis Report	252
Amount of Finance Charges (for Date Range)	
Practice Analysis Report	252
Amount of Finance Charges (MTD)	
Practice Analysis Report	252
Amount of Finance Charges (YTD)	
Practice Analysis Report	252
Amount of Finance Charges for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100

Finance Charge (continued)

Finance Charge Report	130
Analysis Summary Report - Daily	8
Amount of Finance Charges for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Finance Charges for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Finance Charge Report	130
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Amount of Finance Charges YTD	
Walkout - Family Walkout	370
Amount of MTD Finance Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of YTD Finance Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Average Amount of Finance Charges	
Day Sheet (Adjustments) Report	90
Finance Charge Amount	
Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12
Finance Charge Report	130
Adjustment Summary Report	4
Finance Charge Date	
Finance Charge Report	130
Finance Charge Percent	
Payment Agreement Report	234
Total Amount of Current Finance Charges	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Finance Charges	
Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12
Day Sheet (Adjustments) Report	90
Day Sheet Report	100
Finance Charge Report	130
Operator Day Sheet Report	194
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Truth in Lending Disclosure Statement	332
Adjustment Summary Report	4
Total Amount of Finance Charges for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Finance Charges	
Day Sheet (Charges and Receipts) Report	94
Total Amount of YTD Finance Charges	
Day Sheet (Charges and Receipts) Report	94
Total Amount of YTD Finance Charges for Family	
Family Ledger Report (Single Family)	126
Total Quantity of Finance Charges	
Day Sheet (Adjustments) Report	90
Total YTD Finance Charges for Family	
Family Ledger Report	124

Finance Status

Case Finance Status	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228

Financed

Amount Financed	
Truth in Lending Disclosure Statement	332

Financial Class

20+ Years Old for Financial Class Type	
UDS - Insurance Financial Class Report	342
20+ Years Old for Financial Class Type for Clinic	
UDS - Insurance Financial Class Report	342
20+ Years Old for Financial Class Type for Provider	
UDS - Insurance Financial Class Report	342
20+ Years Old for Financial Class Types	
UDS - Insurance Financial Class Report	342
Financial Class	
UDS - Insurance Financial Class Report (2013)	344
UDS - Medicaid/Medicare Report	346
UDS - Patient Status Report	350
Insurance Carrier List	138
Number <19 Years Old for Financial Class Type	
UDS - Insurance Financial Class Report	342
Number <19 Years Old for Financial Class Type for Clinic	
UDS - Insurance Financial Class Report	342
Number <19 Years Old for Financial Class Type for Provider	
UDS - Insurance Financial Class Report	342
Number 0 - 17 Years Old for Financial Class Type	
UDS - Insurance Financial Class Report (2013)	344
Number 18+ for Financial Class Type	
UDS - Insurance Financial Class Report (2013)	344
Number of Medicaid and Medicare Patients in First Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Medicaid Patients in First Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Medicaid Patients in Second Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in First Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in Second Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Users for Financial Class Type	
UDS - Insurance Financial Class Report	342
Number of Users for Financial Class Type for Clinic	
UDS - Insurance Financial Class Report	342
Number of Users for Financial Class Type for Provider	
UDS - Insurance Financial Class Report	342
Total Number <19 Years Old for Financial Class Types	
UDS - Insurance Financial Class Report	342

Financial Class (continued)

Total Number for Financial Class Type		Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Insurance Financial Class Report (2013)	344	UDS - Patient Related Revenue Report	348
Total Number of Users for Financial Class Types		First Visit Date	
UDS - Insurance Financial Class Report	342	First Visit Date	
Financial Class Type		New Patient List	190
20+ Years Old for Financial Class Type		Patient List	212
UDS - Insurance Financial Class Report	342	Patient Route Slip	226
20+ Years Old for Financial Class Type for Clinic		Letter Merge Reports	158
UDS - Insurance Financial Class Report	342	Fiscal Year	
20+ Years Old for Financial Class Type for Provider		Fiscal Year Month	
UDS - Insurance Financial Class Report	342	Audit Report - Clinics	30
20+ Years Old for Financial Class Types		Fiscal Year Month Change	
UDS - Insurance Financial Class Report	342	Audit Report - Clinics	30
Financial Class Type		Practice Fiscal Year Month	
UDS - Patient Related Revenue Report	348	Registration Information Report	306
UDS - Insurance Financial Class Report	342	Fluoride Varnish	
Subtotal of Allowances for Financial Class Type		Number of Patients 0 - 19 Years with Fluoride Varnish	
UDS - Patient Related Revenue Report	348	Clinical Quality Measures List	66
Subtotal of Amount Collected for Financial Class Type		Follow up	
UDS - Patient Related Revenue Report	348	Number of Patients 65+ Years with Abnormal BMI	
Subtotal of Bad Debt Write-offs for Financial Class Type		Reading and Follow Up	
UDS - Patient Related Revenue Report	348	Clinical Quality Measures List	66
Subtotal of Charges for Financial Class Type		Form	
UDS - Patient Related Revenue Report	348	Consent Form	
Subtotal of Other Retroactive Payment Amount Collected for Financial Class Type		Treatment Case Report	326
UDS - Patient Related Revenue Report	348	Format	
Subtotal of Penalty or Payback Amount Collected for Financial Class Type		Claim Format	
UDS - Patient Related Revenue Report	348	Insurance Carrier List	138
Subtotal of Sliding Discounts for Financial Class Type		Furcation Grade	
UDS - Patient Related Revenue Report	348	Furcation Grade	
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)		Perio - Data Chart Report	240
UDS - Patient Related Revenue Report	348	Perio - Combined Graphic & Data Chart Report	238
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)		Furcation Involvement	
UDS - Patient Related Revenue Report	348	Furcation Involvement (Facial)	
Total Amount Collected for Financial Class Type		Perio - Exam Comparison Report	242
UDS - Patient Related Revenue Report	348	Perio - Combined Graphic & Data Chart Report	238
Total Amount of Allowances for Financial Class Type		Furcation Involvement (Lingual)	
UDS - Patient Related Revenue Report	348	Perio - Exam Comparison Report	242
Total Amount of Bad Debt Write-offs for Financial Class Type		Perio - Combined Graphic & Data Chart Report	238
UDS - Patient Related Revenue Report	348	Future Due Payment Agreement	
Total Amount of Charges for Financial Class Type		Future Due Payment Plan Total	
UDS - Patient Related Revenue Report	348	Future Due Payment Plan Report - Standard	134
Total Amount of Sliding Discounts for Financial Class Type		Future Due Payment Plan	
UDS - Patient Related Revenue Report	348	Amount of Future Due Payment Agreements	
Total Other Retroactive Payment Amount Collected for Financial Class Type		Practice Analysis Report	252
UDS - Patient Related Revenue Report	348	Future Due Payment Plan Date	
Total Penalty or Payback Amount Collected for Financial Class Type		Future Due Payment Plan Report - Standard	134
UDS - Patient Related Revenue Report	348	Gender	
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)		Number of All Genders	
UDS - Patient Related Revenue Report	348	UDS - Age/Gender Report	334
		Number of All Genders for Clinic	
		UDS - Age/Gender Report	334
		Number of All Genders for Provider	
		UDS - Age/Gender Report	334
		Number of Female Patients	
		Practice Statistics Report	256

Gender (continued)

Number of Females	
UDS - Age/Gender Report	334
Number of Females for Clinic	
UDS - Age/Gender Report	334
Number of Females for Provider	
UDS - Age/Gender Report	334
Number of Male Patients	
Practice Statistics Report	256
Number of Males	
UDS - Age/Gender Report	334
Number of Males for Clinic	
UDS - Age/Gender Report	334
Number of Males for Provider	
UDS - Age/Gender Report	334
Number of Other Gender	
UDS - Age/Gender Report	334
Number of Other Gender for Clinic	
UDS - Age/Gender Report	334
Number of Other Gender for Provider	
UDS - Age/Gender Report	334
Number of Unknown Gender	
UDS - Age/Gender Report	334
Number of Unknown Gender for Clinic	
UDS - Age/Gender Report	334
Number of Unknown Gender for Provider	
UDS - Age/Gender Report	334
Patient Gender	
Patient List	212
Patient Questionnaire	222
Patient Route Slip	226
UDS - Age/Gender Report	334
Letter Merge Reports	158
Percent of Female Patients	
Practice Statistics Report	256
Percent of Male Patients	
Practice Statistics Report	256
Spouse Gender	
Patient Questionnaire	222
Total Number of All Genders	
UDS - Age/Gender Report	334
Total Number of Females	
UDS - Age/Gender Report	334
Total Number of Males	
UDS - Age/Gender Report	334
Total Number of Other Gender	
UDS - Age/Gender Report	334
Total Number of Unknown Gender	
UDS - Age/Gender Report	334

Gender Identity

Gender Identity	
UDS - Patient Status Report	350

Generic

Generic Substitution Permitted	
Prescription Printout	260

Gingival Margin

Gingival Margin	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238

Gingival Margin (Facial)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238

Gingival Margin (Lingual)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238

Gingival Margin Graphic Chart	
Perio - Exam Comparison Report	242

Grace Period

Grace Period	
Payment Agreement Report	234

Gratuity

Gratuity Given	
Referred By Patient Report	302
Last Gratuity Amount	
Patient Route Slip	226
Last Gratuity Date	
Referred By Patient Report	302
Referred by Doctor/Other Gratuity Given	
Referred By Doctor/Other Report	300
Referred by Doctor/Other Last Gratuity Date	
Referred By Doctor/Other Report	300

Group

Insurance Plan Group Name	
Insurance Claim Aging Report	146
Insurance Coverage Tables Report	150
Insurance Eligibility Report	152
Patient Treatment Case Report	228
Pre-Treatment Estimate Aging Report	262
Provider IDs List	284
RVU Utilization Report	316
Updated Dental Insurance Payment Table Report	364
Utilization Report	366
Insurance Carrier List	138
Insurance Plan Group NPI Number	
Dental Encounters Report	106

Group Number

Insurance Plan Group Number	
Insurance Claim Aging Report	146
Insurance Coverage Tables Report	150
Insurance Eligibility Report	152
Pre-Treatment Estimate Aging Report	262
Provider IDs List	284
RVU Utilization Report	316
Updated Dental Insurance Payment Table Report	364
Utilization Report	366
Walkout - Doctor's Statement	368
Insurance Carrier List	138
Insurance Plan Group Number for Primary Insurance	
Patient Questionnaire	222
Insurance Plan Group Number for Secondary Insurance	
Patient Questionnaire	222
Primary Insurance Plan Group Number	
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Patient Route Slip	226

Group Number (continued)

Secondary Insurance Plan Group Number		Finance Charge Report	130
Treatment Plan Approval Report	328	Future Due Payment Plan Report - Standard	134
Treatment Plan Approval Status Report	330	Late Charge Report	156
Patient Route Slip	226	Patient Route Slip	226
		Patient's Ledger Report	230
Guarantor		Payment Agreement Amortization Schedule	232
Amount of Guarantor Payments YTD		Payment Agreement Report	234
Walkout - Family Walkout	370	Suspended Credits Report	324
Amount of Suspended Credits for Guarantor		Treatment Plan Approval Report	328
Suspended Credits Report	324	Treatment Plan Approval Status Report	330
Employer Address (for Guarantor)		Truth in Lending Disclosure Statement	332
Patient Questionnaire	222	Walkout - Family Walkout	370
Employer Name (for Guarantor)		Aging/Credit Balance Report	6
Patient Questionnaire	222	Guarantor Name Change	
Estimated Guarantor Portion		Audit Report - Patients	34
Patient Route Slip	226	Guarantor Note	
Family Position		Patient Notes Report	216
Collections Manager List	70	Aging/Credit Balance Report	6
Guarantor Address		Guarantor Portions	
Family Ledger Report	124	Aging/Credit Balance Report	6
Family Ledger Report (Single Family)	126	Guarantor Social Security Number	
Patient Route Slip	226	Patient Route Slip	226
Truth in Lending Disclosure Statement	332	Truth in Lending Disclosure Statement	332
Walkout - Family Walkout	370	Collections Manager List	70
Billing Statement	48	Guarantor State	
Guarantor Billing Type		Collections Manager List	70
Patient Route Slip	226	Guarantor Work Phone Number	
Guarantor Birth Date & Age		Patient Route Slip	226
Collections Manager List	70	Guarantor Work Phone Number & Extension	
Guarantor Chart Number		Collections Manager List	70
Collections Manager List	70	Guarantor Zip Code	
Family Ledger Report	124	Collections Manager List	70
Family Ledger Report (Single Family)	126	Number of Active Patient Guarantors	
Payment Agreement Amortization Schedule	232	Practice Statistics Report	256
Truth in Lending Disclosure Statement	332	Number of Non-patient Guarantors	
Walkout - Family Walkout	370	Practice Statistics Report	256
Billing Statement	48	Percent of Active Patient Guarantors	
Guarantor City		Practice Statistics Report	256
Collections Manager List	70	Percent of Guarantor Portions	
Guarantor Employer		Aging/Credit Balance Report	6
Patient Route Slip	226	Percent of Non-patient Guarantors	
Guarantor Estimate Amount		Practice Statistics Report	256
Collections Manager List	70	Total Amount of Guarantor Estimates	
Guarantor First Name		Collections Manager List	70
Letter Merge Reports	158	Total Amount of Guarantor Portions	
Guarantor Home Phone Number		Aging/Credit Balance Report	6
Collections Manager List	70		
Collections Manager List	70	Guarantor Portion	
Future Due Payment Plan Report - Standard	134	Estimated Guarantor Portion	
Patient Route Slip	226	Patient Route Slip	226
Payment Agreement Report	234	Guarantor Estimate Amount	
Truth in Lending Disclosure Statement	332	Collections Manager List	70
Aging/Credit Balance Report	6	Guarantor Portions	
Guarantor Last Name		Aging/Credit Balance Report	6
Letter Merge Reports	158	Percent of Guarantor Portions	
Guarantor Name		Aging/Credit Balance Report	6
Audit Report - Patients	34	Total Amount of Guarantor Estimates	
Billing Statement	48	Collections Manager List	70
Collections Manager List	70	Total Amount of Guarantor Portions	
Family Ledger Report	124	Aging/Credit Balance Report	6
Family Ledger Report (Single Family)	126		
		Health Information	
		Number of Patients with Incorporated Health Data	
		Meaningful Use Measure Calculation List	162

Height

Height	
Patient Health Assessment Report	206

High-risk

Number of Patients 66+ Years with 1+ High-risk Medications	
Clinical Quality Measures List	66
Number of Patients 66+ Years with 2+ High-risk Medications	
Clinical Quality Measures List	66

Homeless Status

Homeless Status	
UDS - Patient Status Report	350
Patient Homeless Status	
Patient List (Filtered)	214

Housing Status

Housing Status	
UDS - Patient Status Report	350

Hypertension

Number of Patients 18 - 85 Years with Hypertension	
Clinical Quality Measures List	66

ICD-9CM Code

ICD-9-CM Code	
Patient List (Filtered)	214
Medical Code List	186
ICD-9-CM Code Description	
Medical Code List	186

ID

Patient Ext ID	
Patient List (Filtered)	214

Immunization

Immunization Date	
Patient List (Filtered)	214
Immunization Time	
Patient List (Filtered)	214

Inactive

Total Inactive New Patients	
New Patient List	190

Incorporate

Number of Incorporated Electronic Summary of Care Documents	
Meaningful Use Measure Calculation List	162
Number of Patients with Incorporated Health Data	
Meaningful Use Measure Calculation List	162

Incorrect Location

Number of Incorrect Location Errors	
Document Center Audit Documents Report	114
Total Number of Incorrect Location Errors	
Document Center Audit Documents Report	114

Incorrect Record

Number of Incorrect Record Errors	
Document Center Audit Documents Report	114
Total Number of Incorrect Record Errors	
Document Center Audit Documents Report	114

Individual

Individual Benefits	
Insurance Carrier List	138
Lifetime/Individual/Standard Deductible	
Insurance Carrier List	138
Lifetime/Individual/Standard Other Deductible	
Insurance Carrier List	138

Lifetime/Individual/Standard Preventative Deductible	
Insurance Carrier List	138

Influenza Vaccination

Number of Patients 6+ Months who Received Influenza Vaccinations	
Clinical Quality Measures List	66

Information

Accessed Patient Information	
Audit Report - Combined	32
Exported Patient Health Information	
Audit Report - Combined	32

Initial Balance

Amount of Credit Initial Balances	
Provider A/R Totals - Daily Report	276
Amount of Credit Initial Balances for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Credit Initial Balances for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Amount of Debit Initial Balances (Production)	
Provider A/R Totals - Daily Report	276
Amount of Debit Initial Balances (Production) for Prov	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Amount of Debit Initial Balances for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Debit Initial Balances for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Credit Initial Balances for Clinic	
Day Sheet Report	100
Amount of Other Applied Credit Initial Balances for Provider	
Day Sheet Report	100
Amount of Other Credit Initial Balances for Clinic	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Other Credit Initial Balances for Provider	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Credit Initial Balance	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Debit Initial Balance	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Other Credit Initial Balance	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Total Amount of Credit Initial Balances	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276

Initial Balance (continued)

Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Total Amount of Debit Initial Balances	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Debit Initial Balances (Production)	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of Other Applied Credit Initial Balances	
Day Sheet Report	100
Total Amount of Other Credit Initial Balances	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8

Initial Provider

Average Payment Amount for Initial Provider	
Day Sheet (Receipts) Report	98
Initial Provider	
Day Sheet (Receipts) Report	98
Quantity of Payments for Initial Provider	
Day Sheet (Receipts) Report	98
Total Amount of Payments for Initial Provider	
Day Sheet (Receipts) Report	98

Inserted

Inserted Appointment	
Audit Report - Appointments	26
Inserted Procedure	
Audit Report - Combined	32
Inserted Transaction	
Audit Report - Transactions	38

Insurance

Account Estimated Insurance Portion	
Patient Route Slip	226
Amount Billed to Insurance	
Analysis Summary Report - Standard	12
Collections Manager List	70
Analysis Summary Report - Daily	8
Amount Billed to Insurance for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount Billed to Insurance for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Annual Primary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Annual Secondary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Annual Secondary Insurance Plan Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Applied Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8

Amount of Applied Insurance Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Charges Billed to Insurance for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Claim	
Insurance Claims Not Sent Report	148
Amount of Co-pays for Insurance Carrier	
Utilization Report	366
Amount of Current Charges Billed to Insurance for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Dental Insurance Portion	
Patient Chart Printout	204
Amount of Estimated Insurance Portion	
Insurance Claim Aging Report	146
Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Fees - Co-pays for Insurance Carrier	
Utilization Report	366
Amount of Insurance Estimate	
Billing Statement	48
Amount of Insurance Estimates	
Aging/Credit Balance Report	6
Amount of Insurance Payments	
Provider A/R Totals - Daily Report	276
Amount of Insurance Payments for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Amount of Insurance Payments YTD	
Walkout - Family Walkout	370
Amount of MTD Charges Billed to Insurance for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Other Applied Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Insurance Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226

Insurance (continued)

Amount of Other Deductible Owed by Family to Secondary Insurance		Amount of Remaining Benefits for Primary Insurance	
Patient Route Slip	226	Treatment Plan Approval Status Report	330
Amount of Other Deductible Owed to Primary Insurance		Treatment Plan Approval Report	328
Patient Route Slip	226	Amount of Remaining Benefits for Secondary Insurance	
Amount of Other Deductible Owed to Secondary Insurance		Treatment Plan Approval Status Report	330
Patient Route Slip	226	Treatment Plan Approval Report	328
Amount of Pending Estimated Primary Insurance Portions YTD for Family		Amount of Secondary Insurance Benefits Remaining	
Treatment Case Report	326	Unscheduled Treatment Plans (Detailed) Report	362
Amount of Pending Estimated Primary Insurance Portions YTD for Patient		Patient Route Slip	226
Treatment Case Report	326	Amount of Secondary Insurance Benefits Used	
Patient Treatment Case Report	228	Patient Route Slip	226
Amount of Pending Estimated Secondary Insurance Portions YTD for Family		Amount of Secondary Insurance Portion	
Treatment Case Report	326	Practice Treatment Case Report	258
Amount of Pending Estimated Secondary Insurance Portions YTD for Patient		Treatment Case Report	326
Treatment Case Report	326	Patient Treatment Case Report	228
Patient Treatment Case Report	228	Amount of Secondary Insurance Portion for Case	
Amount of Preventative Deductible Owed by Family to Primary Insurance		Practice Treatment Case Report	258
Patient Route Slip	226	Patient Treatment Case Report	228
Amount of Preventative Deductible Owed by Family to Secondary Insurance		Amount of Secondary Insurance Portion for Visit	
Patient Route Slip	226	Practice Treatment Case Report	258
Amount of Preventative Deductible Owed to Primary Insurance		Treatment Case Report	326
Patient Route Slip	226	Patient Treatment Case Report	228
Amount of Preventative Deductible Owed to Secondary Insurance		Amount of Standard Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226	Patient Route Slip	226
Amount of Primary Insurance Benefits Remaining		Amount of Standard Deductible Owed by Family to Secondary Insurance	
Unscheduled Treatment Plans (Detailed) Report	362	Patient Route Slip	226
Patient Route Slip	226	Amount of Standard Deductible Owed to Primary Insurance	
Amount of Primary Insurance Benefits Used		Patient Route Slip	226
Patient Route Slip	226	Amount of Standard Deductible Owed to Secondary Insurance	
Amount of Primary Insurance Paid Benefits YTD for Family		Patient Route Slip	226
Treatment Case Report	326	Amount of Suspended Insurance Payments for Clinic	
Amount of Primary Insurance Paid Benefits YTD for Patient		Analysis Summary Report - Standard	12
Treatment Case Report	326	Day Sheet Report	100
Patient Treatment Case Report	228	Analysis Summary Report - Daily	8
Amount of Primary Insurance Portion		Amount of Suspended Insurance Payments for Provider	
Practice Treatment Case Report	258	Analysis Summary Report - Standard	12
Treatment Case Report	326	Day Sheet Report	100
Patient Treatment Case Report	228	Analysis Summary Report - Daily	8
Amount of Primary Insurance Portion for Case		Amount of YTD Charges Billed to Insurance for Provider	
Practice Treatment Case Report	258	Day Sheet (Charges and Receipts) Report	94
Patient Treatment Case Report	228	Amount Paid by Insurance	
Amount of Primary Insurance Portion for Visit		Dental Encounters Report	106
Practice Treatment Case Report	258	Applied Insurance Payment Amount	
Treatment Case Report	326	Analysis Summary Report - Standard	12
Patient Treatment Case Report	228	Analysis Summary Report - Daily	8
		Benefit Renewal Month	
		Insurance Carrier List	138
		Billable to Insurance	
		Procedure Code List	266
		Claim Amount	
		Secondary Insurance Claims Not Created Report	318
		Insurance Transaction Analysis Report	154
		Claim Date	
		Insurance Claims Not Sent Report	148

Insurance (continued)

Claim Expiration Date		Insurance Claim Note	
Procedures Not Attached to Insurance Report	270	Patient Notes Report	216
Secondary Insurance Claims Not Created Report	318	Insurance Coverage Percent (Basic) for Primary Insurance	
Insurance Claims Not Sent Report	148	Patient Route Slip	226
Claim Format		Insurance Coverage Percent (Basic) for Secondary Insurance	
Insurance Carrier List	138	Patient Route Slip	226
Claim On Hold Date		Insurance Coverage Percent (Major) for Primary Insurance	
Insurance Claim Aging Report	146	Patient Route Slip	226
Claim Payment Received Date		Insurance Coverage Percent (Major) for Secondary Insurance	
Insurance Transaction Analysis Report	154	Patient Route Slip	226
Co-pay Calculation for Insurance Portion		Insurance Coverage Percent (Orthodontics) for Primary Insurance	
Insurance Coverage Tables Report	150	Patient Route Slip	226
Coverage Table Name		Insurance Coverage Percent (Orthodontics) for Secondary Insurance	
Standard Coverage Tables Report	322	Patient Route Slip	226
Credit Adjustment Amount for Insurance Plan		Insurance Coverage Percent (Preventative) for Primary Insurance	
Insurance Carrier Production - Summary Report	144	Patient Route Slip	226
Insurance Carrier Production - Full Report	142	Insurance Coverage Percent (Preventative) for Secondary Insurance	
Date Insurance Last Updated		Patient Route Slip	226
Insurance Carrier List	138	Insurance Coverage Type	
Debit Adjustment Amount for Insurance Plan		Insurance Claims Not Sent Report	148
Insurance Carrier Production - Summary Report	144	Insurance Eligibility Report	152
Insurance Carrier Production - Full Report	142	Pre-Treatment Estimate Aging Report	262
Deductible Type		Pre-Treatment Estimates Not Sent Report	264
Standard Coverage Tables Report	322	Insurance Claim Aging Report	146
Insurance Coverage Tables Report	150	Insurance Eligibility Date	
Do not Bill to Dental Insurance		Insurance Eligibility Report	152
Insurance Carrier List	138	Insurance Estimate Amount	
Do not Bill to Dental Insurance if 0% Coverage		Collections Manager List	70
Insurance Carrier List	138	Insurance Estimated Amount	
Do not Print Dental Diagnostic Codes on Claim		Walkout - Family Walkout	370
Insurance Carrier List	138	Insurance Payment Amount	
Estimated Amount of Deductibles to Be Applied		Insurance Carrier Production - Full Report	142
Treatment Case Report	326	Insurance Payment Amount for Insurance Plan	
Patient Treatment Case Report	228	Insurance Carrier Production - Summary Report	144
Estimated Amount of Insurance Payments		Insurance Carrier Production - Full Report	142
Treatment Case Report	326	Insurance Payment for Date of Service	
Patient Treatment Case Report	228	Letter Merge Reports	158
Estimated Insurance Portion		Last Eligibility Date for Primary Insurance Coverage	
Patient Proposed Treatment Case Report (Your Care Plan)	220	Treatment Plan Approval Status Report	330
Dental Encounters Report	106	Treatment Plan Approval Report	328
Family Benefits		Last Eligibility Date for Secondary Insurance Coverage	
Insurance Carrier List	138	Treatment Plan Approval Status Report	330
Grand Total Amount of Insurance Payments Received		Treatment Plan Approval Report	328
Insurance Transaction Analysis Report	154	Lifetime/Individual/Standard Deductible	
Grand Total Amount of Insured Charges		Insurance Carrier List	138
Insurance Transaction Analysis Report	154	Lifetime/Individual/Standard Other Deductible	
Grand Total Number of Insurance Claims Sent		Insurance Carrier List	138
Insurance Transaction Analysis Report	154	Lifetime/Individual/Standard Preventative Deductible	
Grand Total Number of Insurance Payments Received		Insurance Carrier List	138
Insurance Transaction Analysis Report	154	Maximum Primary Insurance Benefit Amount	
Grand Total Number of Insured Charges		Patient Route Slip	226
Insurance Transaction Analysis Report	154	Maximum Secondary Insurance Benefit Amount	
Grand Total Number of Paid/Received Claims		Patient Route Slip	226
Insurance Transaction Analysis Report	154		
Individual Benefits			
Insurance Carrier List	138		

Insurance (continued)

Number of Patients with Dental and Medical Insurance Practice Statistics Report	256	Percent of Patients without Dental and Medical Insurance Practice Statistics Report	256
Number of Patients with Primary Dental Insurance Only Practice Statistics Report	256	Percent of Patients without Dental Insurance Practice Statistics Report	256
Number of Patients with Primary Medical Insurance Practice Statistics Report	256	Percent of Patients without Medical Insurance Practice Statistics Report	256
Number of Patients with Secondary Dental Insurance Practice Statistics Report	256	Pre-authorization Required Standard Coverage Tables Report	322
Number of Patients without Dental and Medical Insurance Practice Statistics Report	256	Insurance Coverage Tables Report	150
Number of Patients without Dental Insurance Practice Statistics Report	256	Pre-treatment Estimate Amount Patient Route Slip	226
Number of Patients without Medical Insurance Practice Statistics Report	256	Pre-Treatment Estimate Aging Report	262
Other Applied Insurance Payment Amount Analysis Summary Report - Standard	12	Pre-Treatment Estimates Not Sent Report	264
Analysis Summary Report - Daily	8	Secondary Pre-Treatment Estimates Not Created Report	320
Other Deductible Met Insurance Carrier List	138	Insurance Transaction Analysis Report	154
Other Deductible Owed by Family to Primary Insurance Treatment Case Report	326	Preventative Deductible Met Insurance Carrier List	138
Other Deductible Owed by Family to Secondary Insurance Treatment Case Report	326	Preventative Deductible Owed by Family to Primary Insurance Treatment Case Report	326
Other Deductible Owed by Patient to Primary Insurance Treatment Case Report	326	Preventative Deductible Owed by Family to Secondary Insurance Treatment Case Report	326
Patient Treatment Case Report	228	Preventative Deductible Owed by Patient to Primary Insurance Treatment Case Report	326
Other Deductible Owed by Patient to Secondary Insurance Treatment Case Report	326	Patient Treatment Case Report	228
Patient Treatment Case Report	228	Preventative Deductible Owed by Patient to Secondary Insurance Treatment Case Report	326
Outstanding Primary Insurance Estimated Amount Treatment Plan Approval Status Report	330	Patient Treatment Case Report	228
Treatment Plan Approval Report	328	Primary Claim Date Secondary Insurance Claims Not Created Report	318
Outstanding Secondary Insurance Estimated Amount Treatment Plan Approval Status Report	330	Primary Eligibility Date Appointment Book View Printout	14
Treatment Plan Approval Report	328	Primary Insurance Benefits Expiration Date for Family Treatment Case Report	326
Patient Estimated Insurance Portion Patient Route Slip	226	Primary Insurance Benefits Expiration Date for Patient Treatment Case Report	326
Patient Relationship to Subscriber for Primary Insurance Patient Questionnaire	222	Patient Treatment Case Report	228
Patient Relationship to Subscriber for Secondary Insurance Patient Questionnaire	222	Primary Insurance Benefits Remaining Letter Merge Reports	158
Payor ID Insurance Carrier List	138	Primary Insurance Benefits Renewal Month Patient Route Slip	226
Pending Claims Patient Route Slip	226	Primary Insurance Estimated Amount Treatment Plan Approval Status Report	330
Percent of Insurance Estimate Amounts Aging/Credit Balance Report	6	Treatment Plan Approval Report	328
Percent of Patients with Dental and Medical Insurance Practice Statistics Report	256	Primary Insurance Subscriber ID Letter Merge Reports	158
Percent of Patients with Primary Dental Insurance Only Practice Statistics Report	256	Projected Amount of Remaining Benefits for Secondary Insurance Treatment Plan Approval Status Report	330
Percent of Patients with Primary Medical Insurance Practice Statistics Report	256	Treatment Plan Approval Report	328
Percent of Patients with Secondary Dental Insurance Practice Statistics Report	256	Remarks for Unusual Service Walkout - Doctor's Statement	368
		Rendering Provider NPI Number Dental Encounters Report	106
		Replace Initial Zero of Procedure Code on Claims Insurance Carrier List	138

Insurance (continued)

Revenue for Provider from Insurance		Subscriber's Employer Name for Secondary Insurance	
Provider Revenue - Charges Report	288	Patient Questionnaire	222
Provider Revenue - Credits Report	290	Suspended Insurance Payment Amount	
Provider Revenue - Summary Report	292	Analysis Summary Report - Standard	12
Provider Revenue - Allocations Report	286	Analysis Summary Report - Daily	8
Secondary Eligibility Date		Total Amount Billed to Insurance	
Appointment Book View Printout	14	Analysis Summary Report - Standard	12
Secondary Insurance Benefits Expiration Date for Family		Collections Manager List	70
Treatment Case Report	326	Day Sheet Report	100
Secondary Insurance Benefits Expiration Date for Patient		Analysis Summary Report - Daily	8
Treatment Case Report	326	Total Amount for Primary Pre-treatment Estimates	
Patient Treatment Case Report	228	Pre-Treatment Estimate Aging Report	262
Secondary Insurance Benefits Remaining		Total Amount for Secondary Pre-treatment Estimates	
Letter Merge Reports	158	Pre-Treatment Estimate Aging Report	262
Secondary Insurance Benefits Renewal Month		Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates	
Patient Route Slip	226	Pre-Treatment Estimate Aging Report	262
Secondary Insurance Estimated Amount		Total Amount of Account Balances Aged 1 - 30 with Claims	
Treatment Plan Approval Status Report	330	Insurance Claim Aging Report	146
Treatment Plan Approval Report	328	Total Amount of Account Balances Aged 1 - 30 with Primary Claims	
Standard Deductible Met		Insurance Claim Aging Report	146
Insurance Carrier List	138	Total Amount of Account Balances Aged 1 - 30 with Secondary Claims	
Standard Deductible Owed by Family to Primary Insurance		Insurance Claim Aging Report	146
Treatment Case Report	326	Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates	
Standard Deductible Owed by Family to Secondary Insurance		Pre-Treatment Estimate Aging Report	262
Treatment Case Report	326	Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates	
Standard Deductible Owed by Patient to Primary Insurance		Pre-Treatment Estimate Aging Report	262
Treatment Case Report	326	Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates	
Patient Treatment Case Report	228	Pre-Treatment Estimate Aging Report	262
Standard Deductible Owed by Patient to Secondary Insurance		Total Amount of Account Balances Aged 121 - 150 with Claims	
Treatment Case Report	326	Insurance Claim Aging Report	146
Patient Treatment Case Report	228	Total Amount of Account Balances Aged 121 - 150 with Primary Claims	
Subscriber Address for Primary Insurance		Insurance Claim Aging Report	146
Patient Questionnaire	222	Total Amount of Account Balances Aged 121 - 150 with Secondary Claims	
Subscriber Address for Secondary Insurance		Insurance Claim Aging Report	146
Patient Questionnaire	222	Total Amount of Account Balances Aged 121 - 150 with Pre-treatment Estimates	
Subscriber Birth Date for Primary Insurance		Insurance Claim Aging Report	146
Patient Questionnaire	222	Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates	
Subscriber Birth Date for Secondary Insurance		Pre-Treatment Estimate Aging Report	262
Patient Questionnaire	222	Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates	
Subscriber ID for Primary Insurance		Pre-Treatment Estimate Aging Report	262
Patient Questionnaire	222	Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates	
Subscriber ID for Secondary Insurance		Pre-Treatment Estimate Aging Report	262
Patient Questionnaire	222	Total Amount of Account Balances Aged 151 - 180 with Claims	
Subscriber Name for Primary Insurance		Insurance Claim Aging Report	146
Patient Route Slip	226	Total Amount of Account Balances Aged 151 - 180 with Primary Claims	
Patient Questionnaire	222	Insurance Claim Aging Report	146
Subscriber Name for Secondary Insurance		Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Patient Route Slip	226	Insurance Claim Aging Report	146
Patient Questionnaire	222		
Subscriber's Employer Address for Primary Insurance			
Patient Questionnaire	222		
Subscriber's Employer Address for Secondary Insurance			
Patient Questionnaire	222		
Subscriber's Employer Name for Primary Insurance			
Patient Questionnaire	222		

Insurance (continued)

Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates		Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances Aged 91 - 120 with Claims	
Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates		Insurance Claim Aging Report	146
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances Aged 91 - 120 with Primary Claims	
Total Amount of Account Balances Aged 181+ with Claims		Insurance Claim Aging Report	146
Insurance Claim Aging Report	146	Total Amount of Account Balances Aged 91 - 120 with Secondary Claims	
Total Amount of Account Balances Aged 181+ with Primary Claims		Insurance Claim Aging Report	146
Insurance Claim Aging Report	146	Total Amount of Account Balances with Claims	
Total Amount of Account Balances Aged 181+ with Secondary Claims		Insurance Claim Aging Report	146
Insurance Claim Aging Report	146	Total Amount of Account Balances with Pre-treatment Estimates	
Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates		Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances with Primary Claims	
Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates		Insurance Claim Aging Report	146
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances with Primary Pre-treatment Estimates	
Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates		Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimate Aging Report	262	Total Amount of Account Balances with Secondary Claims	
Total Amount of Account Balances Aged 31 - 60 with Claims		Insurance Claim Aging Report	146
Insurance Claim Aging Report	146	Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Total Amount of Account Balances Aged 31 - 60 with Primary Claims		Pre-Treatment Estimate Aging Report	262
Insurance Claim Aging Report	146	Total Amount of Applied Insurance Payments	
Total Amount of Account Balances Aged 31 - 60 with Secondary Claims		Analysis Summary Report - Standard	12
Insurance Claim Aging Report	146	Day Sheet Report	100
Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates		Analysis Summary Report - Daily	8
Pre-Treatment Estimate Aging Report	262	Total Amount of Charges Billed to Insurance for Previous Month	
Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates		Day Sheet (Charges and Receipts) Report	94
Pre-Treatment Estimate Aging Report	262	Total Amount of Co-pays	
Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates		Utilization Report	366
Pre-Treatment Estimate Aging Report	262	Total Amount of Current Charges Billed to Insurance	
Total Amount of Account Balances Aged 61 - 90 with Claims		Day Sheet (Charges and Receipts) Report	94
Insurance Claim Aging Report	146	Total Amount of Dental Insurance Portions	
Total Amount of Account Balances Aged 61 - 90 with Primary Claims		Patient Chart Printout	204
Insurance Claim Aging Report	146	Total Amount of Estimated Insurance Portion for Primary and Secondary Claims	
Total Amount of Account Balances Aged 61 - 90 with Secondary Claims		Insurance Claim Aging Report	146
Insurance Claim Aging Report	146	Total Amount of Estimated Insurance Portion for Primary Claims	
Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates		Insurance Claim Aging Report	146
Pre-Treatment Estimate Aging Report	262	Total Amount of Estimated Insurance Portion for Secondary Claims	
Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates		Insurance Claim Aging Report	146
Pre-Treatment Estimate Aging Report	262	Total Amount of Fees - Co-pays	
Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates		Utilization Report	366
Pre-Treatment Estimate Aging Report	262	Total Amount of Insurance Estimates	
Total Amount of Account Balances Aged 91 - 120 with Claims		Collections Manager List	70
Insurance Claim Aging Report	146	Aging/Credit Balance Report	6
Total Amount of Account Balances Aged 91 - 120 with Primary Claims		Total Amount of Insurance Payments	
Insurance Claim Aging Report	146	Insurance Carrier Production - Summary Report	144
Total Amount of Account Balances Aged 91 - 120 with Secondary Claims		Operator Day Sheet Report	194
Insurance Claim Aging Report	146		

Insurance (continued)

Provider A/R Totals - Daily Report	276	Total Number of Insured Charges	
Provider A/R Totals - Standard Report	278	Insurance Transaction Analysis Report	154
Insurance Carrier Production - Full Report	142	Total Number of Paid/Received Claims	
Total Amount of Insurance Payments Received		Insurance Transaction Analysis Report	154
Insurance Transaction Analysis Report	154	Total Revenue from Insurance	
Total Amount of Insured Charges		Provider Revenue - Charges Report	288
Insurance Transaction Analysis Report	154	Provider Revenue - Credits Report	290
Total Amount of MTD Charges Billed to Insurance		Provider Revenue - Summary Report	292
Day Sheet (Charges and Receipts) Report	94	Provider Revenue - Allocations Report	286
Total Amount of Other Applied Insurance Payments		Insurance Carrier	
Analysis Summary Report - Standard	12	Amount of Co-pays for Insurance Carrier	
Day Sheet Report	100	Utilization Report	366
Analysis Summary Report - Daily	8	Amount of Fees - Co-pays for Insurance Carrier	
Total Amount of Pre-treatment Estimates		Utilization Report	366
Pre-Treatment Estimate Aging Report	262	RVU Utilization Report	316
Total Amount of Pre-treatment Estimates not Sent		Amount of RVUs for Insurance Carrier	
Pre-Treatment Estimates Not Sent Report	264	RVU Utilization Report	316
Total Amount of Primary and Secondary Claims not Sent		Insurance Carrier Address	
Insurance Claims Not Sent Report	148	Insurance Coverage Tables Report	150
Total Amount of Primary Claims not Sent		Provider IDs List	284
Insurance Claims Not Sent Report	148	Updated Dental Insurance Payment Table Report	364
Total Amount of Primary Insurance Portion for Case		Insurance Carrier List	138
Treatment Case Report	326	Insurance Carrier City and State	
Total Amount of Primary Pre-treatment Estimates not Sent		Insurance Eligibility Report	152
Pre-Treatment Estimates Not Sent Report	264	Insurance Carrier Contact Name	
Total Amount of Primary Production		Provider IDs List	284
Insurance Carrier Production - Summary Report	144	Insurance Carrier List	138
Insurance Carrier Production - Full Report	142	Insurance Carrier Name	
Total Amount of Secondary Claims not Created		Insurance Claim Aging Report	146
Secondary Insurance Claims Not Created Report	318	Insurance Claims Not Sent Report	148
Total Amount of Secondary Claims not Sent		Insurance Coverage Tables Report	150
Insurance Claims Not Sent Report	148	Insurance Eligibility Report	152
Total Amount of Secondary Insurance Portion for Case		Pre-Treatment Estimate Aging Report	262
Treatment Case Report	326	Pre-Treatment Estimates Not Sent Report	264
Total Amount of Secondary Pre-treatment Estimates not Created		Provider IDs List	284
Secondary Pre-Treatment Estimates Not Created Report	320	RVU Utilization Report	316
Total Amount of Secondary Pre-treatment Estimates not Sent		Treatment Case Report	326
Pre-Treatment Estimates Not Sent Report	264	Updated Dental Insurance Payment Table Report	364
Total Amount of Secondary Production		Utilization Report	366
Insurance Carrier Production - Summary Report	144	Walkout - Doctor's Statement	368
Insurance Carrier Production - Full Report	142	Insurance Carrier List	138
Total Amount of YTD Charges Billed to Insurance		Insurance Carrier Payor ID	
Day Sheet (Charges and Receipts) Report	94	Provider IDs List	284
Total Amount of YTD Insurance Payments for Family		Insurance Carrier Phone Number	
Family Ledger Report (Single Family)	126	Insurance Claim Aging Report	146
Family Ledger Report	124	Insurance Eligibility Report	152
Total Estimated Insurance Portion		Pre-Treatment Estimate Aging Report	262
Patient Proposed Treatment Case Report (Your Care Plan)	220	Provider IDs List	284
Total Number of Insurance Claims Sent		RVU Utilization Report	316
Insurance Transaction Analysis Report	154	Utilization Report	366
Total Number of Insurance Payments Received		Insurance Carrier List	138
Insurance Transaction Analysis Report	154	Insurance Carrier Street Address	
		Insurance Eligibility Report	152
		Number of Office Visits for Insurance Carrier	
		Utilization Report	366
		RVU Utilization Report	316

Insurance Carrier (continued)

Number of Patients Seen for Insurance Carrier	
Utilization Report	366
RVU Utilization Report	316
Patient Insurance Carrier Name	
Continuing Care Display List	76
Primary Dental Insurance Carrier Name	
Patient List	212
Primary Insurance Carrier Name	
Patient Route Slip	226
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Unscheduled Treatment Plans (Detailed) Report	362
Letter Merge Reports	158
Primary Insurance Carrier Plan Employer	
Patient Route Slip	226
Primary Medical Insurance Carrier Name	
Patient List	212
Secondary Dental Insurance Carrier Name	
Patient List	212
Secondary Insurance Carrier Name	
Patient Route Slip	226
Secondary Insurance Claims Not Created Report	318
Secondary Pre-Treatment Estimates Not Created Report	320
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Unscheduled Treatment Plans (Detailed) Report	362
Letter Merge Reports	158
Secondary Insurance Carrier Plan Employer	
Patient Route Slip	226
Secondary Medical Insurance Carrier Name	
Patient List	212
Insurance Payment	
Total Amount of Suspended Insurance Payments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of YTD Insurance Payments for Family	
Family Ledger Report (Single Family)	126
Family Ledger Report	124

Insurance Plan

Amount of Annual Primary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Annual Primary Insurance Plan Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Annual Secondary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Annual Secondary Insurance Plan Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228

Credit Adjustment Amount for Insurance Plan	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142
Debit Adjustment Amount for Insurance Plan	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142
Insurance Payment Amount for Insurance Plan	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142
Insurance Plan Employer	
Insurance Carrier List	138
Insurance Plan Employer Name	
Walkout - Doctor's Statement	368
Provider IDs List	284
Insurance Plan Group Name	
Insurance Claim Aging Report	146
Insurance Coverage Tables Report	150
Insurance Eligibility Report	152
Patient Treatment Case Report	228
Pre-Treatment Estimate Aging Report	262
Provider IDs List	284
RVU Utilization Report	316
Updated Dental Insurance Payment Table Report	364
Utilization Report	366
Insurance Carrier List	138
Insurance Plan Group NPI Number	
Dental Encounters Report	106
Insurance Plan Group Number	
Insurance Claim Aging Report	146
Insurance Coverage Tables Report	150
Insurance Eligibility Report	152
Pre-Treatment Estimate Aging Report	262
Provider IDs List	284
RVU Utilization Report	316
Updated Dental Insurance Payment Table Report	364
Utilization Report	366
Walkout - Doctor's Statement	368
Insurance Carrier List	138
Insurance Plan Group Number for Primary Insurance	
Patient Questionnaire	222
Insurance Plan Group Number for Secondary Insurance	
Patient Questionnaire	222
Insurance Plan Name	
Insurance Carrier Production - Full Report	142
Insurance Carrier Production - Summary Report	144
Document Center Document	116
Insurance Plan Name and Address for Primary Insurance	
Patient Questionnaire	222
Insurance Plan Name and Address for Secondary Insurance	
Patient Questionnaire	222
Insurance Plan Note	
Patient Notes Report	216
Insurance Plan Union Number	
Provider IDs List	284
Insurance Carrier List	138

Insurance Plan (continued)

Primary Insurance Carrier Plan Employer		Amount of Secondary Insurance Portion	
Patient Route Slip	226	Practice Treatment Case Report	258
Primary Insurance Plan Group Number		Treatment Case Report	326
Treatment Plan Approval Report	328	Patient Treatment Case Report	228
Treatment Plan Approval Status Report	330	Amount of Secondary Insurance Portion for Case	
Patient Route Slip	226	Practice Treatment Case Report	258
Primary Insurance Plan Renewal Month		Patient Treatment Case Report	228
Unscheduled Treatment Plans (Detailed) Report	362	Amount of Secondary Insurance Portion for Visit	
Primary Production Amount for Insurance Plan		Practice Treatment Case Report	258
Insurance Carrier Production - Summary Report	144	Treatment Case Report	326
Insurance Carrier Production - Full Report	142	Patient Treatment Case Report	228
Secondary Insurance Carrier Plan Employer		Co-pay Calculation for Insurance Portion	
Patient Route Slip	226	Insurance Coverage Tables Report	150
Secondary Insurance Plan Group Number		Estimated Insurance Portion	
Treatment Plan Approval Report	328	Patient Proposed Treatment Case Report (Your	
Treatment Plan Approval Status Report	330	Care Plan)	220
Patient Route Slip	226	Dental Encounters Report	106
Secondary Insurance Plan Renewal Month		Patient Estimated Insurance Portion	
Unscheduled Treatment Plans (Detailed) Report	362	Patient Route Slip	226
Secondary Production Amount for Insurance Plan		Total Amount of Dental Insurance Portions	
Insurance Carrier Production - Summary Report	144	Patient Chart Printout	204
Insurance Carrier Production - Full Report	142	Total Amount of Estimated Insurance Portion for Pri-	
Insurance Portion		mary and Secondary Claims	
Account Estimated Insurance Portion		Insurance Claim Aging Report	146
Patient Route Slip	226	Total Amount of Estimated Insurance Portion for Pri-	
Amount of Dental Insurance Portion		mary Claims	
Patient Chart Printout	204	Insurance Claim Aging Report	146
Amount of Estimated Insurance Portion		Total Amount of Estimated Insurance Portion for Sec-	
Insurance Claim Aging Report	146	ondary Claims	
Amount of Pending Estimated Primary Insurance Por-		Insurance Claim Aging Report	146
tions YTD for Family		Total Amount of Primary Insurance Portion for Case	
Treatment Case Report	326	Treatment Case Report	326
Amount of Pending Estimated Primary Insurance Por-		Total Amount of Secondary Insurance Portion for Case	
tions YTD for Patient		Treatment Case Report	326
Treatment Case Report	326	Total Estimated Insurance Portion	
Patient Treatment Case Report	228	Patient Proposed Treatment Case Report (Your	
Amount of Pending Estimated Secondary Insurance		Care Plan)	220
Portions YTD for Family		Insured	
Treatment Case Report	326	Amount of Insured Charges (Average)	
Amount of Pending Estimated Secondary Insurance		Practice Analysis Report	252
Portions YTD for Patient		Amount of Insured Charges (for Date Range)	
Treatment Case Report	326	Practice Analysis Report	252
Patient Treatment Case Report	228	Amount of Insured Charges (MTD)	
Amount of Primary Insurance Portion		Practice Analysis Report	252
Practice Treatment Case Report	258	Amount of Insured Charges (YTD)	
Treatment Case Report	326	Practice Analysis Report	252
Patient Treatment Case Report	228	Number of Insured Active Patients	
Amount of Primary Insurance Portion for Case		Practice Analysis Report	252
Practice Treatment Case Report	258	Number of Insured Patients	
Patient Treatment Case Report	228	Insurance Carrier List	138
Amount of Primary Insurance Portion for Visit		Interest	
Practice Treatment Case Report	258	Payment Agreement Payment Portion Applied to Inter-	
Treatment Case Report	326	est	
Patient Treatment Case Report	228	Payment Agreement Amortization Schedule	232
		Interest Rate	
		Interest Rate	
		Truth in Lending Disclosure Statement	332
		Interval	
		Payment Agreement Interval	
		Payment Agreement Report	234
		Payment Interval	
		Payment Agreement Amortization Schedule	232

Lab

Amount of Lab Expenses for Clinic RVU Day Sheet Report	308
Amount of Lab Expenses for Medicaid Procedures for Clinic RVU Production Summary Report	310
Amount of Lab Expenses for Medicaid Procedures for Provider RVU Production Summary Report	310
Amount of Lab Expenses for Provider RVU Day Sheet Report	308
Amount of Lab Expenses of Non-Medicaid Procedures for Clinic RVU Production Summary Report	310
Amount of Lab Expenses of Non-Medicaid Procedures for Provider RVU Production Summary Report	310
Amount of Lab Expenses of Procedures for Clinic RVU Production Summary Report	310
Amount of Lab Expenses of Procedures for Provider RVU Production Summary Report	310
Lab Case Note Patient Notes Report	216
Lab Expense RVU Schedules Report Fee Schedules Report	314 128
Lab Expense Amount RVU Day Sheet Report	308
Total Amount of Lab Expenses RVU Day Sheet Report	308
Total Amount of Lab Expenses of Medicaid Procedures RVU Production Summary Report	310
Total Amount of Lab Expenses of Non-Medicaid Procedures RVU Production Summary Report	310
Total Amount of Lab Expenses of Procedures RVU Production Summary Report	310

Lab Case

Lab Case Note Patient Notes Report	216
---------------------------------------	-----

Lab Expense

Amount of Lab Expenses for Clinic RVU Day Sheet Report	308
Amount of Lab Expenses for Medicaid Procedures for Clinic RVU Production Summary Report	310
Amount of Lab Expenses for Medicaid Procedures for Provider RVU Production Summary Report	310
Amount of Lab Expenses for Provider RVU Day Sheet Report	308
Amount of Lab Expenses of Non-Medicaid Procedures for Clinic RVU Production Summary Report	310
Amount of Lab Expenses of Non-Medicaid Procedures for Provider RVU Production Summary Report	310
Amount of Lab Expenses of Procedures for Clinic RVU Production Summary Report	310
Amount of Lab Expenses of Procedures for Provider RVU Production Summary Report	310

Lab Expense RVU Schedules Report Fee Schedules Report	314 128
Lab Expense Amount RVU Day Sheet Report	308
Total Amount of Lab Expenses RVU Day Sheet Report	308
Total Amount of Lab Expenses of Medicaid Procedures RVU Production Summary Report	310
Total Amount of Lab Expenses of Non-Medicaid Procedures RVU Production Summary Report	310
Total Amount of Lab Expenses of Procedures RVU Production Summary Report	310

Laboratory Test

Number of Laboratory Tests Ordered Meaningful Use Measure Calculation List	162
Number of Laboratory Tests Recorded Using CPOE (Computerized Provider Order Entry) Meaningful Use Measure Calculation List	162

Language

Language UDS - Patient Status Report	350
Patient Language Patient List (Filtered) Letter Merge Reports	214 158

Last Visit Date

Last Visit Date Patient List Patient Notes Report Patient Route Slip Patient Route Slip Letter Merge Reports	212 216 226 226 158
---	---------------------------------

Late

Number of Late Appointments Appointment Statistics Report Percent Late Appointments Appointment Statistics Report	20 20
--	----------

Late Charge

Amount of Current Late Charges for Provider Day Sheet (Charges and Receipts) Report	94
Amount of Late Charges Provider A/R Totals - Daily Report	276
Amount of Late Charges (Average) Practice Analysis Report	252
Amount of Late Charges (for Date Range) Practice Analysis Report	252
Amount of Late Charges (MTD) Practice Analysis Report	252
Amount of Late Charges (YTD) Practice Analysis Report	252
Amount of Late Charges for Clinic Analysis Summary Report - Standard Day Sheet Report Late Charge Report Analysis Summary Report - Daily	12 100 156 8
Amount of Late Charges for Previous Month for Provider Day Sheet (Charges and Receipts) Report	94
Amount of Late Charges for Provider Analysis Summary Report - Standard Day Sheet Report	12 100

Late Charge (continued)

Late Charge Report	156	As Soon As Possible List	22
Provider A/R Totals - Daily Report	276	Appointment Length Change	
Provider A/R Totals - Standard Report	278	Audit Report - Appointments	26
Analysis Summary Report - Daily	8	Length in Appointment Status	
Amount of Late Charges YTD		Appointment Cycle Time Report	16
Walkout - Family Walkout	370	Next Appointment Length	
Amount of MTD Late Charges for Provider		Patient Route Slip	226
Day Sheet (Charges and Receipts) Report	94	Total Length in Appointment Statuses	
Amount of YTD Late Charges for Provider		Appointment Cycle Time Report	16
Day Sheet (Charges and Receipts) Report	94	License Number	
Average Amount of Late Charges		Provider License Number	
Day Sheet (Adjustments) Report	90	Walkout - Doctor's Statement	368
Last Late Charge Amount		Lifetime	
Payment Agreement Report	234	Lifetime/Individual/Standard Deductible	
Last Late Charge Date		Insurance Carrier List	138
Payment Agreement Report	234	Lifetime/Individual/Standard Other Deductible	
Late Charge Amount		Insurance Carrier List	138
Analysis Summary Report - Daily	8	Lifetime/Individual/Standard Preventative Deductible	
Analysis Summary Report - Standard	12	Insurance Carrier List	138
Late Charge Report	156	Limit	
Adjustment Summary Report	4	Time Limit	
Late Charge Date		Insurance Carrier List	138
Late Charge Report	156	Lingual	
Late Charge Percent or Amount		Clinical Attachment Level (Lingual)	
Truth in Lending Disclosure Statement	332	Perio - Exam Comparison Report	242
Total Amount of Current Late Charges		Perio - Combined Graphic & Data Chart Report	238
Day Sheet (Charges and Receipts) Report	94	Furcation Involvement (Lingual)	
Total Amount of Late Charges		Perio - Exam Comparison Report	242
Analysis Summary Report - Daily	8	Perio - Combined Graphic & Data Chart Report	238
Analysis Summary Report - Standard	12	Gingival Margin (Lingual)	
Day Sheet (Adjustments) Report	90	Perio - Exam Comparison Report	242
Day Sheet Report	100	Perio - Combined Graphic & Data Chart Report	238
Late Charge Report	156	Mobility (Lingual)	
Provider A/R Totals - Daily Report	276	Perio - Exam Comparison Report	242
Provider A/R Totals - Standard Report	278	Perio - Combined Graphic & Data Chart Report	238
Adjustment Summary Report	4	Probing Depth (Lingual)	
Total Amount of Late Charges for Previous Month		Perio - Data Chart Report	240
Day Sheet (Charges and Receipts) Report	94	Perio - Exam Comparison Report	242
Total Amount of MTD Late Charges		Perio - Pocket Depths Only Report	246
Day Sheet (Charges and Receipts) Report	94	Perio - Combined Graphic & Data Chart Report	238
Total Amount of YTD Late Charges		Loan	
Day Sheet (Charges and Receipts) Report	94	Loan Amount	
Total Amount of YTD Late Charges for Family		Truth in Lending Disclosure Statement	332
Family Ledger Report (Single Family)	126	Locked	
Family Ledger Report	124	Clinical Note Status	
Total Quantity of Late Charges		Clinical Notes Report	64
Day Sheet (Adjustments) Report	90	Signed Date	
Ledger		Document Center - Documents List Report	112
Ledger Balance		Login	
Suspended Credits Report	324	Login Name	
Suspended Amount on Ledger		Audit Report - Providers/Staff	36
Suspended Credits Report	324	Login Name Change	
Length		Audit Report - Providers/Staff	36
Appointment Length		Loss of Attachment	
Audit Report - Appointments	26	Percent of Patients with Loss of Attachment < 3 mm	
Daily Appointment List (DX1)	84	Caries Prevalence and Periodontal Index Report	52
Daily Appointment List Report	86		
Operatory Appointment List Report	196		
Unscheduled Appointment List (DX1)	356		
Unscheduled Appointment List (OM)	358		

Loss of Attachment (continued)

Percent of Patients with Loss of Attachment ≥ 3 & < 5 mm	
Caries Prevalence and Periodontal Index Report	52
Percent of Patients with Loss of Attachment ≥ 5 mm	
Caries Prevalence and Periodontal Index Report	52

Major

Insurance Coverage Percent (Major) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Major) for Secondary Insurance	
Patient Route Slip	226

Male

Number of Male Patients	
Practice Statistics Report	256
Number of Males	
UDS - Age/Gender Report	334
Number of Males for Clinic	
UDS - Age/Gender Report	334
Number of Males for Provider	
UDS - Age/Gender Report	334
Percent of Male Patients	
Practice Statistics Report	256
Total Number of Males	
UDS - Age/Gender Report	334

Marital Status

Number of Divorced Patients	
Practice Statistics Report	256
Number of Married Patients	
Practice Statistics Report	256
Number of Separated Patients	
Practice Statistics Report	256
Number of Single Patients	
Practice Statistics Report	256
Number of Widowed Patients	
Practice Statistics Report	256
Patient Marital Status	
Insurance Carrier List	138
Letter Merge Reports	158
Patient List	212
Patient Route Slip	226
Employers and Employed Patients Report	122
Percent of Divorced Patients	
Practice Statistics Report	256
Percent of Married Patients	
Practice Statistics Report	256
Percent of Separated Patients	
Practice Statistics Report	256
Percent of Single Patients	
Practice Statistics Report	256
Percent of Widowed Patients	
Practice Statistics Report	256
Subscriber Marital Status	
Insurance Carrier List	138

Married

Number of Married Patients	
Practice Statistics Report	256

Percent of Married Patients	
Practice Statistics Report	256

Material

Material	
RVU Schedules Report	314
Fee Schedules Report	128

Maximum

Maximum Primary Insurance Benefit Amount	
Patient Route Slip	226
Maximum Secondary Insurance Benefit Amount	
Patient Route Slip	226

Mean

Mean dmfs	
Caries Prevalence and Periodontal Index Report	52
Mean dmft	
Caries Prevalence and Periodontal Index Report	52
Mean DMFT	
Caries Prevalence and Periodontal Index Report	52
Mean Number of Sealed Teeth	
Caries Prevalence and Periodontal Index Report	52

Median

Median Wait Time	
Appointment Cycle Time Report	16

Medicaid

Amount of Lab Expenses for Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Amount of Lab Expenses for Medicaid Procedures for Provider	
RVU Production Summary Report	310
Amount of Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Amount of Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Medicaid Procedures	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Net RVU for Medicaid Procedures	
RVU Production Summary Report	310
Net RVU of Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Net RVU of Medicaid Procedures for Provider	
RVU Production Summary Report	310
Number of Medicaid and Medicare Patients	
UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients at Clinic	
UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients for Provider	
UDS - Medicaid/Medicare Report	346

Medicaid (continued)

Number of Medicaid and Medicare Patients in First Age Group		Number of Medicaid Patients in Second Age Group at Clinic	
UDS - Medicaid/Medicare Report	346	UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group at Clinic		Number of Medicaid Patients in Second Age Group for Provider	
UDS - Medicaid/Medicare Report	346	UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group for Provider		Number of Medicaid Patients in Second Age Group in ZIP Code	
UDS - Medicaid/Medicare Report	346	UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group in ZIP Code		Number of Medicaid Patients in Second Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346	UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group with Financial Class		Number of Medicaid Patients in ZIP Code	
UDS - Medicaid/Medicare Report	346	UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group		Number of Medicaid Patients with Financial Class	
UDS - Medicaid/Medicare Report	346	UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group at Clinic		Percent of Medicaid Procedures	
UDS - Medicaid/Medicare Report	346	RVU Production Summary Report	310
Number of Medicaid and Medicare Patients in Second Age Group for Provider		Production Summary Report	272
UDS - Medicaid/Medicare Report	346	Percent of Medicaid Procedures for Clinic	
Number of Medicaid and Medicare Patients in Second Age Group in ZIP Code		RVU Production Summary Report	310
UDS - Medicaid/Medicare Report	346	Production Summary Report	272
Number of Medicaid and Medicare Patients in Second Age Group with Financial Class		Percent of Medicaid Procedures for Provider	
UDS - Medicaid/Medicare Report	346	RVU Production Summary Report	310
Number of Medicaid and Medicare Patients in ZIP Code		Production Summary Report	272
UDS - Medicaid/Medicare Report	346	Quantity of Medicaid Procedures for Clinic	
Number of Medicaid and Medicare Patients with Financial Class		RVU Production Summary Report	310
UDS - Medicaid/Medicare Report	346	Production Summary Report	272
Number of Medicaid and Medicare Patients in ZIP Code		Quantity of Medicaid Procedures for Provider	
UDS - Medicaid/Medicare Report	346	RVU Production Summary Report	310
Number of Medicaid and Medicare Patients with Financial Class		Production Summary Report	272
UDS - Medicaid/Medicare Report	346	Total Amount of Lab Expenses of Medicaid Procedures	
Number of Medicaid and Medicare Patients in ZIP Code		RVU Production Summary Report	310
UDS - Medicaid/Medicare Report	346	Total Amount of Medicaid Payments	
Number of Medicaid and Medicare Patients with Financial Class		Operator Day Sheet Report	194
UDS - Medicaid/Medicare Report	346	Total Amount of Medicaid Procedures	
Number of Medicaid Patients		RVU Production Summary Report	310
UDS - Medicaid/Medicare Report	346	Production Summary Report	272
Number of Medicaid Patients at Clinic		Total Medicaid Charge	
UDS - Medicaid/Medicare Report	346	Operator Day Sheet Report	194
Number of Medicaid Patients for Provider		Total Number of Patient with Medicaid	
UDS - Medicaid/Medicare Report	346	Operator Day Sheet Report	194
Number of Medicaid Patients in First Age Group		Total Quantity of Medicaid Procedures	
UDS - Medicaid/Medicare Report	346	RVU Production Summary Report	310
Number of Medicaid Patients in First Age Group at Clinic		Production Summary Report	272
UDS - Medicaid/Medicare Report	346	Medicaid Number	
Number of Medicaid Patients in First Age Group for Provider		Medicaid Number	
UDS - Medicaid/Medicare Report	346	Practice Organization List	254
Number of Medicaid Patients in First Age Group in ZIP Code		Provider Medicaid Number	
UDS - Medicaid/Medicare Report	346	Provider IDs List	284
Number of Medicaid Patients in First Age Group with Financial Class		Medical	
UDS - Medicaid/Medicare Report	346	Number of Patients with Dental and Medical Insurance	
Number of Medicaid Patients in Second Age Group		Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346	Number of Patients with Primary Medical Insurance	
Number of Medicaid Patients in Second Age Group at Clinic		Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346	Number of Patients without Dental and Medical Insurance	
Number of Medicaid Patients in Second Age Group for Provider		Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346	Number of Patients without Medical Insurance	
Number of Medicaid Patients in Second Age Group in ZIP Code		Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346	Percent of Patients with Dental and Medical Insurance	
Number of Medicaid Patients in Second Age Group with Financial Class		Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346		

Medical (continued)

Percent of Patients with Primary Medical Insurance Practice Statistics Report	256
Percent of Patients without Dental and Medical Insurance Practice Statistics Report	256
Percent of Patients without Medical Insurance Practice Statistics Report	256
Primary Medical Insurance Carrier Name Patient List	212
Secondary Medical Insurance Carrier Name Patient List	212

Medical Alert

Medical Alert Patient Route Slip	226
Patient Notes Report	216
Number of Patients with Problems or Attestations of No Known Problems Meaningful Use Measure Calculation List	162
Problem Description Patient List (Filtered)	214
Problem Discovery Date Patient List (Filtered)	214

Medical Code

AMA CPT Code Procedure Code List	266
Medical Code List	186
AMA CPT Code Description Medical Code List	186
ICD-9-CM Code Patient List (Filtered)	214
Medical Code List	186
ICD-9-CM Code Description Medical Code List	186
Medical Code Procedure Code List	266
Modifier Code Medical Code List	186
Modifier Code Description Medical Code List	186
Place of Service Code Medical Code List	186
Place of Service Code Description Medical Code List	186
Type of Service Code Medical Code List	186
Type of Service Code Description Medical Code List	186

Medical Encounter

Number of Patients 18 - 64 Years with Medical Encounters (with Exclusions) Clinical Quality Measures List	66
Number of Patients 18+ Years with Medical Encounters or Patient Health Assessments Clinical Quality Measures List	66
Number of Patients 3 - 17 Years with Medical Encounters (with Exclusions) Clinical Quality Measures List	66
Number of Patients 65+ Years with Medical Encounters (with Exclusions) Clinical Quality Measures List	66

Medical/Other ID

Patient Medical/Other ID Patient List	212
---------------------------------------	-----

Medicare

Number of Medicaid and Medicare Patients UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients at Clinic UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients for Provider UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group at Clinic UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group for Provider UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group in ZIP Code UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in First Age Group with Financial Class UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group at Clinic UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group for Provider UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group in ZIP Code UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in Second Age Group with Financial Class UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients in ZIP Code UDS - Medicaid/Medicare Report	346
Number of Medicaid and Medicare Patients with Financial Class UDS - Medicaid/Medicare Report	346
Number of Medicare Patients UDS - Medicaid/Medicare Report	346
Number of Medicare Patients at Clinic UDS - Medicaid/Medicare Report	346
Number of Medicare Patients for Provider UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in First Age Group UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in First Age Group at Clinic UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in First Age Group for Provider UDS - Medicaid/Medicare Report	346

Medicare (continued)

Number of Medicare Patients in First Age Group in ZIP Code	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in First Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in Second Age Group	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in Second Age Group at Clinic	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in Second Age Group for Provider	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in Second Age Group in ZIP Code	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in Second Age Group with Financial Class	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients in ZIP Code	
UDS - Medicaid/Medicare Report	346
Number of Medicare Patients with Financial Class	
UDS - Medicaid/Medicare Report	346

Medication

Medication Date	
Patient List (Filtered)	214
Medication Description	
Patient List (Filtered)	214
Number of Patients 18+ Years with Current Medications	
Clinical Quality Measures List	66
Number of Patients 66+ Years with 1+ High-risk Medications	
Clinical Quality Measures List	66
Number of Patients 66+ Years with 2+ High-risk Medications	
Clinical Quality Measures List	66
Number of Patients with Medications	
Meaningful Use Measure Calculation List	162
Number of Patients with Medications or Attestations of No Known Medications	
Meaningful Use Measure Calculation List	162
Number of Patients with Medications Ordered Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162
Prescribed Medication	
Prescription Printout	260

Medication Allergy

Number of Patients with Medication Allergies or Attestations of No Known Medication Allergies	
Meaningful Use Measure Calculation List	162

Medication Reconciliation

Number of TCs (Transition of Care) where Medication Reconciliation Was Performed	
Meaningful Use Measure Calculation List	162

Message

Custom Message	
Appointment Reminder Cards	18

Missed Appointment

Last Missed Appointment Date	
Patient Route Slip	226
Number of Missed Appointments	
Patient Route Slip	226

Missed Payment

Number of Missed Payment Agreement Payments	
Practice Analysis Report	252
Number of Missed Payments	
Payment Agreement Report	234
Number of Missed Payments for Payment Agreement	
Collections Manager List	70
Total Number of Missed Payments for Payment Agreements	
Collections Manager List	70

Mobile Number

Patient Mobile Number	
Patient List (Filtered)	214
Patient Questionnaire	222
Patient List	212
Spouse Mobile Number	
Patient Questionnaire	222

Mobility

Mobility	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238
Mobility (Facial)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238
Mobility (Lingual)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238

Modified

Modified Procedure	
Audit Report - Combined	32

Modifier Code

Modifier Code	
Medical Code List	186
Modifier Code Description	
Medical Code List	186

Module

Module of Access	
Patient Information Accessed Report	208

Month

Amount of Applied Credit Adjustments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Applied Payments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Charge Adjustments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Amount of Charges Billed to Insurance for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Charges for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94

Month (continued)

Amount of Finance Charges for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Late Charges for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Credit Adjustments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Payments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Average Monthly Charge Amount	
Future Due Payment Plan Report - Monthly Totals	132
Benefit Renewal Month	
Insurance Carrier List	138
Fiscal Year Month	
Audit Report - Clinics	30
Fiscal Year Month Change	
Audit Report - Clinics	30
Month	
Future Due Payment Plan Report - Monthly Totals	132
Monthly Charge Amount	
Future Due Payment Plan Report - Standard	134
Next Charge Amount (after 18 Months from Current Month)	
Future Due Payment Plan Report - Monthly Totals	132
Number of New Patients (in Month and Year)	
Practice Statistics Report	256
Number of New Patients from Previous Month	
Day Sheet (Charges and Receipts) Report	94
Number of New Patients from Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Number of Patients Due for Prophylaxis (on Month and Year)	
Practice Statistics Report	256
Number of Referred New Patients (in Month and Year)	
Practice Statistics Report	256
Percent of Patients Due for Prophylaxis (Month and Year)	
Practice Statistics Report	256
Percent of Referred New Patients (in Month and Year)	
Practice Statistics Report	256
Practice Fiscal Year Month	
Registration Information Report	306
Primary Insurance Benefits Renewal Month	
Patient Route Slip	226
Primary Insurance Plan Renewal Month	
Unscheduled Treatment Plans (Detailed) Report	362
Remaining Number of Months	
Future Due Payment Plan Report - Standard	134
Secondary Insurance Benefits Renewal Month	
Patient Route Slip	226
Secondary Insurance Plan Renewal Month	
Unscheduled Treatment Plans (Detailed) Report	362

Total Amount of Applied Credit Adjustments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Applied Payments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Charge Adjustments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Total Amount of Charges Billed to Insurance for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Charges for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Charges Remaining (after 18 Mos from Curr Mo)	
Future Due Payment Plan Report - Monthly Totals	132
Total Amount of Finance Charges for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Late Charges for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Suspended Credit Adjustments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Suspended Payments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Monthly Charges	
Future Due Payment Plan Report - Standard	134
Total Number of Charges Remaining (after 18 Mos from Curr Mo)	
Future Due Payment Plan Report - Monthly Totals	132

MTD

Amount of Debit Adjustments (MTD)	
Practice Analysis Report	252
Amount of Finance Charges (MTD)	
Practice Analysis Report	252
Amount of Insured Charges (MTD)	
Practice Analysis Report	252
Amount of Late Charges (MTD)	
Practice Analysis Report	252
Amount of MTD Applied Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Applied Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Charge Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Charges Billed to Insurance for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Finance Charges for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Late Charges for Provider	
Day Sheet (Charges and Receipts) Report	94

MTD (continued)

Amount of MTD Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Non-insured Charges (MTD)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (MTD)	
Practice Analysis Report	252
Average Charge per Patient MTD	
Day Sheet (Charges and Receipts) Report	94
Average Charge per Patient MTD for Provider	
Day Sheet (Charges and Receipts) Report	94
Average Production per Patient MTD	
Day Sheet (Charges and Receipts) Report	94
Average Production per Patient MTD for Provider	
Day Sheet (Charges and Receipts) Report	94
Beginning Balance (MTD)	
Practice Analysis Report	252
Ending Balance (MTD)	
Practice Analysis Report	252
New Patients (MTD)	
Practice Analysis Report	252
Number of New Patients MTD	
Day Sheet (Charges and Receipts) Report	94
Number of New Patients MTD for Provider	
Day Sheet (Charges and Receipts) Report	94
Number of Patients Seen MTD	
Day Sheet (Charges and Receipts) Report	94
Number of Patients Seen MTD by Provider	
Day Sheet (Charges and Receipts) Report	94
Referred Patients (MTD)	
Practice Analysis Report	252
Subtotal of Charges (MTD)	
Practice Analysis Report	252
Total Amount of MTD Applied Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Applied Payments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Charge Adjustments	
Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Charges	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Charges Billed to Insurance	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Finance Charges	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Late Charges	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Suspended Payments	
Day Sheet (Charges and Receipts) Report	94
Total Charges (MTD)	
Practice Analysis Report	252

Mucogingival Junction

Mucogingival Junction	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238

Multi-Code

Disabled/Enabled	
Multi-Code List	188
Multi-Code	
Multi-Code List	188
Multi-Code Description	
Multi-Code List	188
Multi-Code Type	
Multi-Code List	188

Name

Account Holder Name	
Deposit Slip	108
Cardholder Name	
Credit Card Transaction Report	80
First Name of Referred by Source	
Letter Merge Reports	158
Guarantor First Name	
Letter Merge Reports	158
Guarantor Last Name	
Letter Merge Reports	158
Guarantor Name	
Audit Report - Patients	34
Billing Statement	48
Collections Manager List	70
Family Ledger Report	124
Family Ledger Report (Single Family)	126
Finance Charge Report	130
Future Due Payment Plan Report - Standard	134
Late Charge Report	156
Patient Route Slip	226
Patient's Ledger Report	230
Payment Agreement Amortization Schedule	232
Payment Agreement Report	234
Suspended Credits Report	324
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Truth in Lending Disclosure Statement	332
Walkout - Family Walkout	370
Aging/Credit Balance Report	6
Guarantor Name Change	
Audit Report - Patients	34
Insurance Carrier Contact Name	
Provider IDs List	284
Insurance Carrier List	138
Last Name of Referred by Source	
Letter Merge Reports	158
Last Referral Name and Date	
Patient Route Slip	226
Last Referred To Name and Date	
Patient Route Slip	226
Middle Initial of Referred by Source	
Letter Merge Reports	158
Name on Credit Card	
Billing Statement	48
Paid in by Name	
Deposit Slip	108

Name (continued)

Patient First Name		Patient's Ledger Report	230
Letter Merge Reports	158	Patient's Ledger Report	230
Patient Last Name		Perio - Combined Graphic & Data Chart Report	238
Letter Merge Reports	158	Perio - Data Chart Report	240
Patient Middle Initial		Perio - Exam Comparison Report	242
Letter Merge Reports	158	Perio - Graphic Chart Report	244
Patient Name		Perio - Pocket Depths Only Report	246
Appointment Cycle Time Report	16	Perio Exam List	248
Appointment Reminder Cards	18	Practice Treatment Case Report	258
As Soon As Possible List	22	Prescription Printout	260
Audit Report - Appointments	26	Pre-Treatment Estimate Aging Report	262
Audit Report - Combined	32	Pre-Treatment Estimates Not Sent Report	264
Audit Report - Patients	34	Procedures by Contracted Amount Report	268
Audit Report - Transactions	38	Procedures Not Attached to Insurance Report	270
Billing Statement	48	Production Summary Report	272
Birthday List	50	Provider Revenue - Allocations Report	286
Clinical Notes Report	64	Provider Revenue - Charges Report	288
Continuing Care Cards - No Appointment	74	Provider Revenue - Credits Report	290
Continuing Care Cards - with Appointment	75	Referral Recap Report	296
Continuing Care Display List	76	Referral Slip	298
Coupon Book - Future Due Payments	78	Referred By Doctor/Other Report	300
Coupon Book - Payment Agreements	79	RVU Day Sheet Report	308
Daily Appointment List (DX1)	84	RVU Production Summary Report	310
Daily Appointment List Report	86	RVU Utilization Report	316
Day Sheet (Adjustments) Report	90	Secondary Insurance Claims Not Created Report	318
Day Sheet (Charges and Receipts) Report	94	Secondary Pre-Treatment Estimates Not Created Report	320
Day Sheet (Receipts) Report	98	Suspended Credits Report	324
Day Sheet Report	100	Treatment Case Report	326
Dental Encounters Report	106	Treatment Plan Approval Report	328
Document Center Document	116	Treatment Plan Approval Status Report	330
Document Center List	120	UDS - Age/Gender Report	334
Employers and Employed Patients Report	122	UDS - Insurance Financial Class Report	342
Family Ledger Report	124	UDS - Insurance Financial Class Report (2013)	344
Family Ledger Report (Single Family)	126	UDS - Medicaid/Medicare Report	346
Future Due Payment Plan Report - Standard	134	UDS - Patient Related Revenue Report	348
Insurance Carrier List	138	UDS - Patient Status Report	350
Insurance Carrier Production - Full Report	142	UDS - Sealant Statistics Report	352
Insurance Claim Aging Report	146	UDS - Tobacco Use and Intervention Report	354
Insurance Claims Not Sent Report	148	Unscheduled Appointment List (DX1)	356
Insurance Eligibility Report	152	Unscheduled Appointment List (OM)	358
Insurance Transaction Analysis Report	154	Unscheduled Treatment Plans (Condensed) Report	360
New Patient List	190	Unscheduled Treatment Plans (Detailed) Report	362
Operator Day Sheet Report	194	Utilization Report	366
Operatory Appointment List Report	196	Walkout - Doctor's Statement	368
Patient Chart and Progress Notes Printout	202	Walkout - Family Walkout	370
Patient Chart Printout	204	Appointment Book View Printout	14
Patient Health Assessment Report	206	Patient Name Change	
Patient Information Accessed Report	208	Audit Report - Patients	34
Patient Ledger Report	210	Audit Report - Transactions	38
Patient Ledger Report	210	Audit Report - Appointments	26
Patient List	212	Patient Name on Appointment	
Patient List (Filtered)	214	Letter Merge Reports	158
Patient Notes Report	216	Patient's Preferred Name	
Patient Proposed Treatment Case Report (Your Care Plan)	220	Letter Merge Reports	158
Patient Questionnaire	222	Appointment Book View Printout	14
Patient Revenue List by Payer Report	224		
Patient Route Slip	226		
Patient Route Slip	226		
Patient Treatment Case Report	228		

Name (continued)

Payer Name		Referred to Last Name	
Procedures by Contracted Amount Report	268	Letter Merge Reports	158
Patient Revenue List by Payer Report	224	Referred to Middle Initial	
Practice Name		Letter Merge Reports	158
Billing Statement	48	Referring Patient Name	
Continuing Care Cards - No Appointment	74	Referred By Patient Report	302
Continuing Care Cards - with Appointment	75	Signer Name	
Coupon Book - Future Due Payments	78	Treatment Case Report	326
Coupon Book - Payment Agreements	79	Document Center - Documents List Report	112
Letter Merge Reports	158	Spouse Name	
Perio - Combined Graphic & Data Chart Report	238	Patient Questionnaire	222
Prescription Printout	260	Subscriber Name for Primary Insurance	
Truth in Lending Disclosure Statement	332	Patient Route Slip	226
Walkout - Family Walkout	370	Patient Questionnaire	222
Appointment Reminder Cards	18	Subscriber Name for Secondary Insurance	
Provider Name		Patient Route Slip	226
Audit Report - Providers/Staff	36	Patient Questionnaire	222
Document Center Document	116	Net	
Insurance Carrier List	138	Net Difference of Current Charges and Fee Schedule	
Letter Merge Reports	158	for Provider	
Patient Chart and Progress Notes Printout	202	Day Sheet (Charges and Receipts) Report	94
Patient Chart Printout	204	Net Difference of Total Current Charges and Fee	
Patient Treatment Case Report	228	Schedule	
Perio - Combined Graphic & Data Chart Report	238	Day Sheet (Charges and Receipts) Report	94
Perio - Exam Comparison Report	242	Net RVU	
Perio - Graphic Chart Report	244	RVU Day Sheet Report	308
Practice Organization List	254	Net RVU for Clinic	
Practice Statistics Report	256	RVU Day Sheet Report	308
Prescription Printout	260	Net RVU for Medicaid Procedures	
Procedures by Contracted Amount Report	268	RVU Production Summary Report	310
Provider IDs List	284	Net RVU for Provider	
Referral Recap Report	296	RVU Day Sheet Report	308
Referral Slip	298	Net RVU of Medicaid Procedures for Clinic	
Treatment Case Report	326	RVU Production Summary Report	310
Walkout - Doctor's Statement	368	Net RVU of Medicaid Procedures for Provider	
Appointment Reminder Cards	18	RVU Production Summary Report	310
Provider Name Change		Net RVU of Non-Medicaid Procedures	
Audit Report - Providers/Staff	36	RVU Production Summary Report	310
Referral Name		Net RVU of Non-Medicaid Procedures for Clinic	
Referral Slip	298	RVU Production Summary Report	310
Referral Recap Report	296	Net RVU of Non-Medicaid Procedures for Provider	
Referral Source Name		RVU Production Summary Report	310
Patient Questionnaire	222	Net RVU of Procedures	
Referred by Doctor/Other Name		RVU Production Summary Report	310
Referred By Doctor/Other Report	300	Net RVU of Procedures for Clinic	
Document Center Document	116	RVU Production Summary Report	310
Referred By Name		Net RVU of Procedures for Provider	
New Patient List	190	RVU Production Summary Report	310
Referred by Patient Name		Total Net RVU	
Document Center Document	116	RVU Day Sheet Report	308
Referred Patient Name		Net Change	
Referred To Doctor Report	304	Amount of Net Change	
Referred to Doctor Name		Provider A/R Totals - Daily Report	276
Referred To Doctor Report	304	Amount of Net Change for Clinic	
Document Center Document	116	Analysis Summary Report - Standard	12
Referred to First Name		Analysis Summary Report - Daily	8
Letter Merge Reports	158	Amount of Net Change for Provider	
		Analysis Summary Report - Standard	12
		Provider A/R Totals - Daily Report	276
		Provider A/R Totals - Standard Report	278
		Analysis Summary Report - Daily	8

Net Change (continued)

Net Change	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Net Change in Balance	
Day Sheet (Charges and Receipts) Report	94
Net Change in Balance for Provider	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Net Change	
Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8

New Appointment

Number of New Appointments	
Daily Summary Report	88

New Family

Number of New Families	
Daily Summary Report	88

New Head of House

Number of New Families	
Daily Summary Report	88

New Patient

Current Number of New Patients	
Day Sheet (Charges and Receipts) Report	94
Current Number of New Patients for Provider	
Day Sheet (Charges and Receipts) Report	94
New Patients (Average)	
Practice Analysis Report	252
New Patients (for Date Range)	
Practice Analysis Report	252
New Patients (MTD)	
Practice Analysis Report	252
New Patients (YTD)	
Practice Analysis Report	252
Number of New Families	
Daily Summary Report	88
Number of New Patients	
Analysis Summary Report - Standard	12
Daily Summary Report	88
Analysis Summary Report - Daily	8
Number of New Patients (in Month and Year)	
Practice Statistics Report	256
Number of New Patients for Clinic	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Number of New Patients for Provider	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Number of New Patients from Previous Month	
Day Sheet (Charges and Receipts) Report	94
Number of New Patients from Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Number of New Patients MTD	
Day Sheet (Charges and Receipts) Report	94
Number of New Patients MTD for Provider	
Day Sheet (Charges and Receipts) Report	94
Number of New Patients YTD	
Day Sheet (Charges and Receipts) Report	94

Number of New Patients YTD for Provider	
Day Sheet (Charges and Receipts) Report	94
Number of New-patient Encounters	
Meaningful Use Measure Calculation List	162
Number of Referred New Patients (in Month and Year)	
Practice Statistics Report	256
Percent of Referred New Patients (in Month and Year)	
Practice Statistics Report	256
Total Active New Patients	
New Patient List	190
Total Archived New Patients	
New Patient List	190
Total Inactive New Patients	
New Patient List	190
Total New Patients	
New Patient List	190
Total Non-patient New Patients	
New Patient List	190
Total Number of New Patients	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Number of New Patients for Clinic	
Day Sheet Report	100
Total Number of New Patients for Provider	
Day Sheet Report	100

Non-guarantor

Number of Patient Non-guarantors	
Practice Statistics Report	256
Percent of Patient Non-guarantors	
Practice Statistics Report	256

Non-insurance

Revenue for Provider from Non-insurance Sources	
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286
Total Revenue from Non-insurance	
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Non-insured

Amount of Non-insured Charges (Average)	
Practice Analysis Report	252
Amount of Non-insured Charges (for Date Range)	
Practice Analysis Report	252
Amount of Non-insured Charges (MTD)	
Practice Analysis Report	252
Amount of Non-insured Charges (YTD)	
Practice Analysis Report	252

Non-Medicaid

Amount of Lab Expenses of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Amount of Lab Expenses of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Amount of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272

Non-Medicaid (continued)

Amount of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Non-Medicaid Procedures	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Net RVU of Non-Medicaid Procedures	
RVU Production Summary Report	310
Net RVU of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Net RVU of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Percent of Non-Medicaid Procedures	
RVU Production Summary Report	310
Production Summary Report	272
Percent of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Percent of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Quantity of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Quantity of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Total Amount of Lab Expenses of Non-Medicaid Procedures	
RVU Production Summary Report	310
Total Amount of Non-Medicaid Procedures	
RVU Production Summary Report	310
Production Summary Report	272
Total Quantity of Non-Medicaid Procedures	
RVU Production Summary Report	310
Production Summary Report	272

Non-patient

Number of Non-patient Guarantors	
Practice Statistics Report	256
Percent of Non-patient Guarantors	
Practice Statistics Report	256

Not Created

Total Amount of Secondary Claims not Created	
Secondary Insurance Claims Not Created Report	318

Not Sent

Total Amount of Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264
Total Amount of Primary and Secondary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Primary Claims not Sent	
Insurance Claims Not Sent Report	148

Total Amount of Primary Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264
Total Amount of Secondary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Secondary Pre-treatment Estimates not Created	
Secondary Pre-Treatment Estimates Not Created Report	320
Total Amount of Secondary Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264

Note

Account Note	
Collections Manager List	70
Appointment Note	
Patient Notes Report	216
Appointment Notes	
Appointment Book View Printout	14
Clinical Note	
Patient Notes Report	216
Patient Chart and Progress Notes Printout	202
Clinical Note Clinic	
Clinical Notes Report	64
Clinical Note Date	
Patient Notes Report	216
Clinical Notes Report	64
Clinical Note Number	
Clinical Notes Report	64
Clinical Note Page Number	
Clinical Notes Report	64
Clinical Note Provider	
Clinical Notes Report	64
Clinical Note Text	
Clinical Notes Report	64
Clinical Note Time	
Clinical Notes Report	64
Continuing Care Note	
Patient Notes Report	216
Letter Merge Reports	158
Continuing Care Note Continuing Care Due Date	
Patient Notes Report	216
Continuing Care Note Continuing Care Type	
Patient Notes Report	216
Custom Message	
Appointment Reminder Cards	18
Custom Note	
Walkout - Family Walkout	370
Walkout - Doctor's Statement	368
Custom Notes	
Custom Practice Information Report	82
Day Note	
Appointment Book View Printout	14
Family Alert Note	
Patient Notes Report	216
Guarantor Note	
Patient Notes Report	216
Aging/Credit Balance Report	6
Insurance Claim Note	
Patient Notes Report	216
Insurance Plan Note	
Patient Notes Report	216

Note (continued)

Lab Case Note	
Patient Notes Report	216
Last Payment Agreement Note	
Payment Agreement Report	234
Next Appointment Note	
Patient Route Slip	226
Note	
Document Center List	120
Number of Patients with Searchable Clinical Notes	
Meaningful Use Measure Calculation List	162
Patient Alert Note	
Patient Notes Report	216
Patient Note	
Patient Route Slip	226
Patient Notes Report	216
Payment Plan Note	
Patient Notes Report	216
Perio Exam Note	
Patient Notes Report	216
Prescription Note	
Prescription Printout	260
Procedure Note	
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Patient Chart and Progress Notes Printout	202
Referral Note	
Referral Slip	298
Referral Recap Report	296
Statement Note	
Patient Notes Report	216

Note Status

Clinical Note Status	
Clinical Notes Report	64

Notes

Case Notes	
Treatment Case Report	326
Patient Treatment Case Report	228

NPI Number

Insurance Plan Group NPI Number	
Dental Encounters Report	106
NPI Number	
Practice Organization List	254
Provider NPI Number	
Provider IDs List	284
Prescription Printout	260
Rendering Provider NPI Number	
Dental Encounters Report	106

Number

Clinical Note Number	
Clinical Notes Report	64
Number	
UDS - Insurance Financial Class Report	342
UDS - Insurance Financial Class Report	342
UDS - Insurance Financial Class Report	342
Patient Home Phone Number	
As Soon As Possible List	22
Clinical Notes Report	64
Continuing Care Display List	76
Daily Appointment List (DX1)	84

Daily Appointment List Report	86
Day Sheet (Charges and Receipts) Report	94
Day Sheet Report	100
Letter Merge Reports	158
Patient Ledger Report	210
Patient List	212
Patient List (Filtered)	214
Patient Notes Report	216
Patient Questionnaire	222
Patient Route Slip	226
Prescription Printout	260
Referral Recap Report	296
Referral Slip	298
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Unscheduled Appointment List (DX1)	356
Unscheduled Appointment List (OM)	358
Unscheduled Treatment Plans (Condensed) Report	360
Unscheduled Treatment Plans (Detailed) Report	362
Appointment Book View Printout	14
Payment Agreement Payment Number	
Payment Agreement Amortization Schedule	232
Payment Number	
Coupon Book - Payment Agreements	79
Coupon Book - Future Due Payments	78

Numerator Code

Numerator Codes for Provider	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Numerator Codes for All Clinics	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Numerator Codes for Clinic	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136

Nutrition Counseling

Number of Patients 3 - 17 Years who Received Nutrition Counseling	
Clinical Quality Measures List	66

Office

Amount of Office Portion	
Patient Treatment Case Report	228
Amount of Office Portion for Case	
Patient Treatment Case Report	228
Amount of Office Portion for Visit	
Patient Treatment Case Report	228
Number of Office Visits	
Meaningful Use Measure Calculation List	162
Number of Office Visits where Patient Received CS (Clinical Summary)	
Meaningful Use Measure Calculation List	162
Provider Office Phone Number	
Provider IDs List	284

Office Journal

Office Journal Entry	
Office Journal Report	192

Office Journal (continued)

Office Journal Entry Date	
Office Journal Report	192
Office Journal Entry Information	
Office Journal Report	192
Office Journal Entry Time	
Office Journal Report	192
Previous Office Journal Entry	
Collections Manager List	70
Previous Office Journal Type	
Collections Manager List	70

Office Journal Type

Previous Office Journal Type	
Collections Manager List	70

Office Phone

Office Number	
Practice Organization List	254

Office Portion

Amount of Office Portion	
Patient Treatment Case Report	228
Amount of Office Portion for Case	
Patient Treatment Case Report	228
Amount of Office Portion for Visit	
Patient Treatment Case Report	228

Office Visit

Number of Office Visits for Insurance Carrier	
Utilization Report	366
RVU Utilization Report	316
Total Number of Office Visits	
Utilization Report	366
RVU Utilization Report	316

On Hold

Claim On Hold Date	
Insurance Claim Aging Report	146
Pre-treatment Estimate On Hold Date	
Pre-Treatment Estimate Aging Report	262

On Time

Number of On Time Appointments	
Appointment Statistics Report	20

On-Patient

Total Non-patient New Patients	
New Patient List	190

Operator

Operator	
Deposit Slip	108
Appointment Book View Printout	14
Operator ID	
Day Sheet (Receipts) Report	98
Day Sheet (Adjustments) Report	90
Total Amount of Payment Type for Operator	
Deposit Slip	108
Total Number of Payment Type Items for Operator	
Deposit Slip	108

Operatory

Next Appointment Operatory ID	
Patient Route Slip	226
Operatory	
Audit Report - Appointments	26
Appointment Book View Printout	14
Operatory Change	
Audit Report - Appointments	26

Operatory ID

Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Operatory Appointment List Report	196
As Soon As Possible List	22

Option

Audit Log Option	
Audit Report - Audit Log Status	28

Oral Health Status

Number of Patients 13 - 14 Years with OHS 1	
Oral Health Status Report	200
Number of Patients 13 - 14 Years with OHS 2	
Oral Health Status Report	200
Number of Patients 13 - 14 Years with OHS 3	
Oral Health Status Report	200
Number of Patients 13 - 14 Years with OHS 4	
Oral Health Status Report	200
Number of Patients 13 - 14 Years with OHS 5	
Oral Health Status Report	200
Number of Patients 13 - 14 Years with OHS 6	
Oral Health Status Report	200
Number of Patients 13 - 14 Years without OHS	
Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 1	
Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 2	
Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 3	
Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 4	
Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 5	
Oral Health Status Report	200
Number of Patients 15 - 16 Years with OHS 6	
Oral Health Status Report	200
Number of Patients 15 - 16 Years without OHS	
Oral Health Status Report	200
Number of Patients 17 - 20 Years with OHS 1	
Oral Health Status Report	200
Number of Patients 17 - 20 Years with OHS 2	
Oral Health Status Report	200
Number of Patients 17 - 20 Years with OHS 3	
Oral Health Status Report	200
Number of Patients 17 - 20 Years with OHS 4	
Oral Health Status Report	200
Number of Patients 17 - 20 Years with OHS 5	
Oral Health Status Report	200
Number of Patients 17 - 20 Years with OHS 6	
Oral Health Status Report	200
Number of Patients 17 - 20 Years without OHS	
Oral Health Status Report	200
Number of Patients 21 - 30 Years with OHS 1	
Oral Health Status Report	200
Number of Patients 21 - 30 Years with OHS 2	
Oral Health Status Report	200
Number of Patients 21 - 30 Years with OHS 3	
Oral Health Status Report	200
Number of Patients 21 - 30 Years with OHS 4	
Oral Health Status Report	200
Number of Patients 21 - 30 Years with OHS 5	
Oral Health Status Report	200

[illegible]

Oral Health Status (continued)

Number of Patients without Birth Date and with OHS 2	
Oral Health Status Report	200
Number of Patients without Birth Date and with OHS 3	
Oral Health Status Report	200
Number of Patients without Birth Date and with OHS 4	
Oral Health Status Report	200
Number of Patients without Birth Date and with OHS 5	
Oral Health Status Report	200
Number of Patients without Birth Date and with OHS 6	
Oral Health Status Report	200
Number of Patients without Birth Date and without OHS	
Oral Health Status Report	200
Total Number of Patients with OHS 1	
Oral Health Status Report	200
Total Number of Patients with OHS 2	
Oral Health Status Report	200
Total Number of Patients with OHS 3	
Oral Health Status Report	200
Total Number of Patients with OHS 4	
Oral Health Status Report	200
Total Number of Patients with OHS 5	
Oral Health Status Report	200
Total Number of Patients with OHS 6	
Oral Health Status Report	200
Total Number of Patients without OHS	
Oral Health Status Report	200

Order

Number of Diagnostic Imaging Orders Recorded Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162
Number of Laboratory Tests Ordered	
Meaningful Use Measure Calculation List	162
Number of Prescriptions Ordered	
Meaningful Use Measure Calculation List	162
Number of Prescriptions Ordered Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162
Number of Radiology Orders	
Meaningful Use Measure Calculation List	162
Number of Radiology Orders Recorded Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162

Orthodontics

Insurance Coverage Percent (Orthodontics) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Orthodontics) for Secondary Insurance	
Patient Route Slip	226

Other

Amount of Other Applied Credit Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Credit Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8

Amount of Other Applied Credit Initial Balances for Clinic	
Day Sheet Report	100
Amount of Other Applied Credit Initial Balances for Provider	
Day Sheet Report	100
Amount of Other Applied Credit Special Adjustments for Clinic	
Day Sheet Report	100
Amount of Other Applied Credit Special Adjustments for Provider	
Day Sheet Report	100
Amount of Other Applied Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Insurance Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Applied Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Other Credit Initial Balances for Clinic	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Other Credit Initial Balances for Provider	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Other Credit Special Adjustments for Clinic	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Other Credit Special Adjustments for Provider	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Other Debit Adjustments (Average)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (for Date Range)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (MTD)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (YTD)	
Practice Analysis Report	252
Amount of Other Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Secondary Insurance	
Patient Route Slip	226

Other (continued)

Lifetime/Individual/Standard Other Deductible Insurance Carrier List	138	Analysis Summary Report - Daily	8
Number of Other Errors		Total Amount of Other Credit Initial Balances	
Document Center Audit Documents Report	114	Analysis Summary Report - Standard	12
Number of Other Gender		Analysis Summary Report - Daily	8
UDS - Age/Gender Report	334	Total Amount of Other Credit Special Adjustments	
Number of Other Gender for Clinic		Analysis Summary Report - Standard	12
UDS - Age/Gender Report	334	Analysis Summary Report - Daily	8
Number of Other Gender for Provider		Total Number of Other Errors	
UDS - Age/Gender Report	334	Document Center Audit Documents Report	114
Number of Other Patients		Total Number of Other Gender	
Practice Statistics Report	256	UDS - Age/Gender Report	334
Other Applied Credit Adjustment Amount		Other ID	
Analysis Summary Report - Standard	12	Other ID	
Analysis Summary Report - Daily	8	Audit Report - Patients	34
Other Applied Insurance Payment Amount		Other ID Change	
Analysis Summary Report - Standard	12	Audit Report - Patients	34
Analysis Summary Report - Daily	8	Patient Other ID	
Other Applied Payment		Patient List (Filtered)	214
Analysis Summary Report - Standard	12	Letter Merge Reports	158
Other Applied Payment Amount		Other Number	
Analysis Summary Report - Daily	8	Patient Other Number	
Other Credit Initial Balance		Patient Questionnaire	222
Analysis Summary Report - Standard	12	Patient List	212
Analysis Summary Report - Daily	8	Spouse Other Number	
Other Credit Special Adjustment Amount		Patient Questionnaire	222
Analysis Summary Report - Standard	12	Other Payment	
Analysis Summary Report - Daily	8	Subtotal of Other Retroactive Payment Amount Collected for Financial Class Type	
Other Deductible Met		UDS - Patient Related Revenue Report	348
Insurance Carrier List	138	Subtotal of Other Retroactive Payment Amount Collected for Payer Category	
Other Deductible Owed by Family to Primary Insurance		UDS - Patient Related Revenue Report	348
Treatment Case Report	326	Total Other Retroactive Payment Amount Collected for Financial Class Type	
Other Deductible Owed by Family to Secondary Insurance		UDS - Patient Related Revenue Report	348
Treatment Case Report	326	Total Other Retroactive Payment Amount Collected for Patient	
Other Deductible Owed by Patient to Primary Insurance		UDS - Patient Related Revenue Report	348
Treatment Case Report	326	Total Other Retroactive Payment Amount Collected for Payer Category	
Patient Treatment Case Report	228	UDS - Patient Related Revenue Report	348
Other Deductible Owed by Patient to Secondary Insurance		Outpatient Visit	
Treatment Case Report	326	Number of Patients 18 - 85 Years with Outpatient Visits (with Exclusions)	
Patient Treatment Case Report	228	Clinical Quality Measures List	66
Percent of Other Patients		Number of Patients 3 - 17 Years with Outpatient Visits (with Exclusions)	
Practice Statistics Report	256	Clinical Quality Measures List	66
Total Amount of Other Applied Credit Adjustments		Outstanding	
Analysis Summary Report - Standard	12	Outstanding Primary Insurance Estimated Amount	
Day Sheet Report	100	Treatment Plan Approval Status Report	330
Analysis Summary Report - Daily	8	Treatment Plan Approval Report	328
Total Amount of Other Applied Credit Initial Balances		Outstanding Secondary Insurance Estimated Amount	
Day Sheet Report	100	Treatment Plan Approval Status Report	330
Total Amount of Other Applied Credit Special Adjustments		Treatment Plan Approval Report	328
Day Sheet Report	100	Override	
Total Amount of Other Applied Insurance Payments		Overriding User	
Analysis Summary Report - Standard	12	Audit Report - Clinics	30
Day Sheet Report	100	Audit Report - Combined	32
Analysis Summary Report - Daily	8	Audit Report - Patients	34
Total Amount of Other Applied Payments		Audit Report - Providers/Staff	36
Analysis Summary Report - Standard	12	Audit Report - Transactions	38
Day Sheet Report	100		

Override (continued)

Audit Report - Appointments	26
Owed	
Amount of Other Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Secondary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed to Secondary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed to Secondary Insurance	
Patient Route Slip	226
Other Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Other Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Other Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Other Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Preventative Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Preventative Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Standard Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Standard Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Page	
Clinical Note Page Number	
Clinical Notes Report	64
Number of Pages	
Document Center List	120
Paid	
Amount of Primary Insurance Paid Benefits YTD for Family	
Treatment Case Report	326
Paid in by	
Paid in by Name	
Deposit Slip	108
Paint Type	
Paint Type	
Procedure Code List	266
Dental Diagnostic Code List	104
Participating Provider	
Number of Participating Providers	
Insurance Carrier List	138
Past Due	
Payment Agreement Amount Past Due	
Payment Agreement Report	234
Total Amount of Payment Agreement Payments Past Due	
Payment Agreement Report	234
Patient	
Accessed Patient Information	
Audit Report - Combined	32
Address of Patient on Appointment	
Letter Merge Reports	158
Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Amount of Allowances for Patient	
UDS - Patient Related Revenue Report	348
Amount of Annual Primary Insurance Plan Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Annual Secondary Insurance Plan Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Bad Debt Write-offs for Patient	
UDS - Patient Related Revenue Report	348

Patient (continued)

Amount of Charges for Patient		Analysis Summary Report - Daily	8
UDS - Patient Related Revenue Report	348	Average Production per Patient at Clinic from Referral Source	
Amount of Completed Procedures for Patient		Referral Analysis Report	294
Procedures Not Attached to Insurance Report	270	Average Production per Patient for Clinic	
Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient		Analysis Summary Report - Standard	12
Treatment Case Report	326	Day Sheet Report	100
Patient Treatment Case Report	228	Analysis Summary Report - Daily	8
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient		Average Production per Patient for Provider	
Treatment Case Report	326	Analysis Summary Report - Standard	12
Patient Treatment Case Report	228	Day Sheet Report	100
Amount of Patient Portion		Analysis Summary Report - Daily	8
Patient Treatment Case Report	228	Average Production Per Patient from Referral Source	
Practice Treatment Case Report	258	Referral Analysis Report	294
Treatment Case Report	326	Average Production Per Patient from Referral Sources	
Patient Chart Printout	204	Referral Analysis Report	294
Amount of Patient Portion for Case		Average Production per Patient MTD	
Practice Treatment Case Report	258	Day Sheet (Charges and Receipts) Report	94
Patient Treatment Case Report	228	Average Production per Patient MTD for Provider	
Amount of Patient Portion for Visit		Day Sheet (Charges and Receipts) Report	94
Practice Treatment Case Report	258	Best Time to Call Patient	
Treatment Case Report	326	Patient Questionnaire	222
Patient Treatment Case Report	228	Birth Date	
Amount of Pending Estimated Primary Insurance Portions YTD for Patient		Insurance Claim Aging Report	146
Treatment Case Report	326	Insurance Eligibility Report	152
Patient Treatment Case Report	228	Insurance Transaction Analysis Report	154
Amount of Pending Estimated Secondary Insurance Portions YTD for Patient		Letter Merge Reports	158
Treatment Case Report	326	Birthday List	50
Patient Treatment Case Report	228	Chart Number	
Amount of Primary Insurance Paid Benefits YTD for Patient		Appointment Cycle Time Report	16
Treatment Case Report	326	Patient Revenue List by Payer Report	224
Patient Treatment Case Report	228	Patient's Ledger Report	230
Amount of Secondary Paid Benefits for Patient		Procedures by Contracted Amount Report	268
Treatment Case Report	326	Appointment Book View Printout	14
Patient Treatment Case Report	228	Current Average Charge per Patient	
Amount of Sliding Discounts for Patient		Day Sheet (Charges and Receipts) Report	94
UDS - Patient Related Revenue Report	348	Current Average Charge per Patient for Provider	
Average Charge per Patient		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Current Average Production per Patient	
Day Sheet Report	100	Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Daily	8	Current Average Production per Patient for Provider	
Average Charge per Patient for Clinic		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Current Number of Patients Seen	
Day Sheet Report	100	Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Daily	8	Current Number of Patients Seen by Provider	
Average Charge per Patient for Provider		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Employer Address (for Patient)	
Day Sheet Report	100	Patient Questionnaire	222
Analysis Summary Report - Daily	8	Employer Name (for Patient)	
Average Charge per Patient MTD		Patient Questionnaire	222
Day Sheet (Charges and Receipts) Report	94	Estimated Amount of Patient's Portion	
Average Charge per Patient MTD for Provider		Patient Treatment Case Report	228
Day Sheet (Charges and Receipts) Report	94	Treatment Case Report	326
Average Production per Patient		Patient Proposed Treatment Case Report (Your Care Plan)	220
Analysis Summary Report - Standard	12	Estimated Patient Portion	
Day Sheet Report	100	Patient Route Slip	226
		Ethnicity	
		UDS - Patient Status Report	350
		Exported Patient Health Information	
		Audit Report - Combined	32

Patient (continued)

Financial Class		Number of Medicaid and Medicare Patients in First Age Group with Financial Class	
UDS - Insurance Financial Class Report (2013)	344	UDS - Medicaid/Medicare Report	346
UDS - Medicaid/Medicare Report	346	Number of Medicaid and Medicare Patients in Second Age Group	
UDS - Patient Status Report	350	UDS - Medicaid/Medicare Report	346
Insurance Carrier List	138	Number of Medicaid and Medicare Patients in Second Age Group at Clinic	
Financial Class Type		UDS - Medicaid/Medicare Report	346
UDS - Patient Related Revenue Report	348	Number of Medicaid and Medicare Patients in Second Age Group for Provider	
UDS - Insurance Financial Class Report	342	UDS - Medicaid/Medicare Report	346
Gender Identity		Number of Medicaid and Medicare Patients in Second Age Group in ZIP Code	
UDS - Patient Status Report	350	UDS - Medicaid/Medicare Report	346
Grand Total Amount of Patient Payments Received		Number of Medicaid and Medicare Patients in Second Age Group with Financial Class	
Insurance Transaction Analysis Report	154	UDS - Medicaid/Medicare Report	346
Grand Total Number of Patient Payments Received		Number of Medicaid and Medicare Patients in Second Age Group in ZIP Code	
Insurance Transaction Analysis Report	154	UDS - Medicaid/Medicare Report	346
Homeless Status		Number of Medicaid and Medicare Patients in Second Age Group with Financial Class	
UDS - Patient Status Report	350	UDS - Medicaid/Medicare Report	346
Housing Status		Number of Medicaid and Medicare Patients in ZIP Code	
UDS - Patient Status Report	350	UDS - Medicaid/Medicare Report	346
Language		Number of Medicaid and Medicare Patients with Financial Class	
UDS - Patient Status Report	350	UDS - Medicaid/Medicare Report	346
Number of Active Patient Guarantors		Number of Medicaid Patients	
Practice Statistics Report	256	UDS - Medicaid/Medicare Report	346
Number of Active Patients		Number of Medicaid Patients at Clinic	
Practice Statistics Report	256	UDS - Medicaid/Medicare Report	346
Practice Analysis Report	252	Number of Medicaid Patients for Provider	
Number of Charts Sampled		UDS - Medicaid/Medicare Report	346
UDS - Sealant Statistics Report	352	Number of Medicaid Patients in First Age Group	
Number of Divorced Patients		UDS - Medicaid/Medicare Report	346
Practice Statistics Report	256	Number of Medicaid Patients in First Age Group at Clinic	
Number of Female Patients		UDS - Medicaid/Medicare Report	346
Practice Statistics Report	256	Number of Medicaid Patients in First Age Group for Provider	
Number of Insured Active Patients		UDS - Medicaid/Medicare Report	346
Practice Analysis Report	252	Number of Medicaid Patients in First Age Group in ZIP Code	
Number of Insured Patients		UDS - Medicaid/Medicare Report	346
Insurance Carrier List	138	Number of Medicaid Patients in First Age Group with Financial Class	
Number of Male Patients		UDS - Medicaid/Medicare Report	346
Practice Statistics Report	256	Number of Medicaid Patients in Second Age Group	
Number of Married Patients		UDS - Medicaid/Medicare Report	346
Practice Statistics Report	256	Number of Medicaid Patients in Second Age Group at Clinic	
Number of Medicaid and Medicare Patients		UDS - Medicaid/Medicare Report	346
UDS - Medicaid/Medicare Report	346	Number of Medicaid Patients in Second Age Group for Provider	
Number of Medicaid and Medicare Patients at Clinic		UDS - Medicaid/Medicare Report	346
UDS - Medicaid/Medicare Report	346	Number of Medicaid Patients in Second Age Group in ZIP Code	
Number of Medicaid and Medicare Patients for Provider		UDS - Medicaid/Medicare Report	346
UDS - Medicaid/Medicare Report	346	Number of Medicaid Patients in Second Age Group with Financial Class	
Number of Medicaid and Medicare Patients in First Age Group		UDS - Medicaid/Medicare Report	346
UDS - Medicaid/Medicare Report	346	Number of Medicaid Patients in ZIP Code	
Number of Medicaid and Medicare Patients in First Age Group at Clinic		UDS - Medicaid/Medicare Report	346
UDS - Medicaid/Medicare Report	346	Number of Medicaid Patients with Financial Class	
Number of Medicaid and Medicare Patients in First Age Group for Provider		UDS - Medicaid/Medicare Report	346
UDS - Medicaid/Medicare Report	346	Number of Medicaid Patients in ZIP Code	
Number of Medicaid and Medicare Patients in First Age Group in ZIP Code		UDS - Medicaid/Medicare Report	346
UDS - Medicaid/Medicare Report	346	Number of Medicaid Patients with Financial Class	
		UDS - Medicaid/Medicare Report	346

Patient (continued)

Number of Medicare Patients		Number of Patients 0 - 2 Years with Vital Sign Readings	
UDS - Medicaid/Medicare Report	346	Meaningful Use Measure Calculation List	162
Number of Medicare Patients at Clinic		Meaningful Use Measure Calculation List	162
UDS - Medicaid/Medicare Report	346	Number of Patients 11 - 12 Years	
Number of Medicare Patients for Provider		Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346	Number of Patients 13 - 14 Years	
Number of Medicare Patients in First Age Group		Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346	Oral Health Status Report	200
Number of Medicare Patients in First Age Group at Clinic		Number of Patients 13 - 14 Years with OHS 1	
UDS - Medicaid/Medicare Report	346	Oral Health Status Report	200
Number of Medicare Patients in First Age Group for Provider		Number of Patients 13 - 14 Years with OHS 2	
UDS - Medicaid/Medicare Report	346	Oral Health Status Report	200
Number of Medicare Patients in First Age Group in ZIP Code		Number of Patients 13 - 14 Years with OHS 3	
UDS - Medicaid/Medicare Report	346	Oral Health Status Report	200
Number of Medicare Patients in First Age Group with Financial Class		Number of Patients 13 - 14 Years with OHS 4	
UDS - Medicaid/Medicare Report	346	Oral Health Status Report	200
Number of Medicare Patients in Second Age Group		Number of Patients 13 - 14 Years with OHS 5	
UDS - Medicaid/Medicare Report	346	Oral Health Status Report	200
Number of Medicare Patients in Second Age Group at Clinic		Number of Patients 13 - 14 Years with OHS 6	
UDS - Medicaid/Medicare Report	346	Oral Health Status Report	200
Number of Medicare Patients in Second Age Group for Provider		Number of Patients 13 - 14 Years without OHS	
UDS - Medicaid/Medicare Report	346	Oral Health Status Report	200
Number of Medicare Patients in Second Age Group in ZIP Code		Number of Patients 13+ Years Seen	
UDS - Medicaid/Medicare Report	346	Meaningful Use Measure Calculation List	162
Number of Medicare Patients in Second Age Group with Financial Class		Meaningful Use Measure Calculation List	162
UDS - Medicaid/Medicare Report	346	Number of Patients 13+ Years with Smoking Status	
Number of Medicare Patients in ZIP Code		Meaningful Use Measure Calculation List	162
UDS - Medicaid/Medicare Report	346	Meaningful Use Measure Calculation List	162
Number of Medicare Patients with Financial Class		Number of Patients 15 - 16 Years	
UDS - Medicaid/Medicare Report	346	Practice Statistics Report	256
Number of Other Patients		Oral Health Status Report	200
Practice Statistics Report	256	Number of Patients 15 - 16 Years with OHS 1	
Number of Patient Non-guarantors		Oral Health Status Report	200
Practice Statistics Report	256	Number of Patients 15 - 16 Years with OHS 2	
Number of Patients <6 or 65+ Years		Oral Health Status Report	200
Meaningful Use Measure Calculation List	162	Number of Patients 15 - 16 Years with OHS 3	
Number of Patients <6 or 65+ Years who Received Appointment Reminders		Oral Health Status Report	200
Meaningful Use Measure Calculation List	162	Number of Patients 15 - 16 Years with OHS 4	
Number of Patients 0 - 19 Years		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 15 - 16 Years with OHS 5	
Number of Patients 0 - 19 Years with Fluoride Varnish		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 15 - 16 Years with OHS 6	
Number of Patients 0 - 19 Years with Tooth Decay or Cavities		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 15 - 16 Years without OHS	
Number of Patients 0 - 19 Years with Visit		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 17 - 20 Years	
Number of Patients 0 - 2 Years		Practice Statistics Report	256
Practice Statistics Report	256	Oral Health Status Report	200
Number of Patients 0 - 2 Years Seen		Number of Patients 17 - 20 Years with OHS 1	
Meaningful Use Measure Calculation List	162	Oral Health Status Report	200
		Number of Patients 17 - 20 Years with OHS 2	
		Oral Health Status Report	200
		Number of Patients 17 - 20 Years with OHS 3	
		Oral Health Status Report	200
		Number of Patients 17 - 20 Years with OHS 4	
		Oral Health Status Report	200
		Number of Patients 17 - 20 Years with OHS 5	
		Oral Health Status Report	200
		Number of Patients 17 - 20 Years with OHS 6	
		Oral Health Status Report	200
		Number of Patients 17 - 20 Years without OHS	
		Oral Health Status Report	200

Patient (continued)

Number of Patients 18 - 64 Years		Number of Patients 3 - 17 Years with BMI Percentile Reading	
Clinical Quality Measures List	66	Clinical Quality Measures List	66
Number of Patients 18 - 64 Years with Abnormal BMI Reading and Follow Up		Number of Patients 3 - 17 Years with Medical Encounters (with Exclusions)	
Clinical Quality Measures List	66	Clinical Quality Measures List	66
Number of Patients 18 - 64 Years with Medical Encounters (with Exclusions)		Number of Patients 3 - 17 Years with Outpatient Visits (with Exclusions)	
Clinical Quality Measures List	66	Clinical Quality Measures List	66
Number of Patients 18 - 85 Years		Number of Patients 3 - 4 Years	
Clinical Quality Measures List	66	Practice Statistics Report	256
Number of Patients 18 - 85 Years with Abnormal Blood Pressure Reading		Number of Patients 3+ Years with Vital Sign Readings	
Clinical Quality Measures List	66	Meaningful Use Measure Calculation List	162
Number of Patients 18 - 85 Years with Hypertension		Number of Patients 3+ Years Seen	
Clinical Quality Measures List	66	Meaningful Use Measure Calculation List	162
Number of Patients 18 - 85 Years with Outpatient Visits (with Exclusions)		Number of Patients 3+ Years with Vital Sign Readings	
Clinical Quality Measures List	66	Meaningful Use Measure Calculation List	162
Number of Patients 18+ Years		Number of Patients 31 - 40 Years	
Clinical Quality Measures List	66	Practice Statistics Report	256
Number of Patients 18+ Years who Use Tobacco and Received Cessation Counseling		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 31 - 40 Years with OHS 1	
Number of Patients 18+ Years with Current Medications		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 31 - 40 Years with OHS 2	
Number of Patients 18+ Years with Medical Encounters or Patient Health Assessments		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 31 - 40 Years with OHS 3	
Number of Patients 18+ Years with Visits		Oral Health Status Report	200
UDS - Tobacco Use and Intervention Report	354	Number of Patients 31 - 40 Years with OHS 4	
Clinical Quality Measures List	66	Oral Health Status Report	200
Number of Patients 2+ Years Seen		Number of Patients 31 - 40 Years with OHS 5	
Meaningful Use Measure Calculation List	162	Oral Health Status Report	200
Number of Patients 2+ Years with Vital Sign Readings		Number of Patients 31 - 40 Years with OHS 6	
Meaningful Use Measure Calculation List	162	Oral Health Status Report	200
Number of Patients 21 - 30 Years		Number of Patients 31 - 40 Years without OHS	
Practice Statistics Report	256	Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 41 - 50 Years	
Number of Patients 21 - 30 Years with OHS 1		Practice Statistics Report	256
Oral Health Status Report	200	Number of Patients 41-50 Years	
Number of Patients 21 - 30 Years with OHS 2		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 1	
Number of Patients 21 - 30 Years with OHS 3		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 2	
Number of Patients 21 - 30 Years with OHS 4		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 3	
Number of Patients 21 - 30 Years with OHS 5		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 4	
Number of Patients 21 - 30 Years with OHS 6		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 5	
Number of Patients 21 - 30 Years without OHS		Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 41-50 Years with OHS 6	
Number of Patients 3 - 17 Years		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 41-50 Years without OHS	
Number of Patients 3 - 17 Years who Received Nutrition Counseling		Oral Health Status Report	200
Clinical Quality Measures List	66	Number of Patients 5 - 6 Years	
Number of Patients 3 - 17 Years who Received Physical Activity Counseling		Practice Statistics Report	256
Clinical Quality Measures List	66	Oral Health Status Report	200
		Number of Patients 5 - 6 Years with OHS 1	
		Oral Health Status Report	200
		Number of Patients 5 - 6 Years with OHS 2	
		Oral Health Status Report	200
		Number of Patients 5 - 6 Years with OHS 3	
		Oral Health Status Report	200

Patient (continued)

Number of Patients 5 - 6 Years with OHS 4 Oral Health Status Report	200	Number of Patients 66+ Years with 1+ High-risk Medications Clinical Quality Measures List	66
Number of Patients 5 - 6 Years with OHS 5 Oral Health Status Report	200	Number of Patients 66+ Years with 2+ High-risk Medications Clinical Quality Measures List	66
Number of Patients 5 - 6 Years with OHS 6 Oral Health Status Report	200	Number of Patients 7 - 8 Years Practice Statistics Report	256
Number of Patients 5 - 6 Years without OHS Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 51 - 60 Years Practice Statistics Report	256	Number of Patients 7 - 8 Years with OHS 1 Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 7 - 8 Years with OHS 2 Oral Health Status Report	200
Number of Patients 51 - 60 Years with OHS 1 Oral Health Status Report	200	Number of Patients 7 - 8 Years with OHS 3 Oral Health Status Report	200
Number of Patients 51 - 60 Years with OHS 2 Oral Health Status Report	200	Number of Patients 7 - 8 Years with OHS 4 Oral Health Status Report	200
Number of Patients 51 - 60 Years with OHS 3 Oral Health Status Report	200	Number of Patients 7 - 8 Years with OHS 5 Oral Health Status Report	200
Number of Patients 51 - 60 Years with OHS 4 Oral Health Status Report	200	Number of Patients 7 - 8 Years with OHS 6 Oral Health Status Report	200
Number of Patients 51 - 60 Years with OHS 5 Oral Health Status Report	200	Number of Patients 7 - 8 Years without OHS Oral Health Status Report	200
Number of Patients 51 - 60 Years with OHS 6 Oral Health Status Report	200	Number of Patients 71 - 80 Years Practice Statistics Report	256
Number of Patients 51 - 60 Years without OHS Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 6+ Months Clinical Quality Measures List	66	Number of Patients 71 - 80 Years with OHS 1 Oral Health Status Report	200
Number of Patients 6+ Months who Received Influenza Vaccinations Clinical Quality Measures List	66	Number of Patients 71 - 80 Years with OHS 2 Oral Health Status Report	200
Number of Patients 61 - 70 Years Practice Statistics Report	256	Number of Patients 71 - 80 Years with OHS 3 Oral Health Status Report	200
Oral Health Status Report	200	Number of Patients 71 - 80 Years with OHS 4 Oral Health Status Report	200
Number of Patients 61 - 70 Years with OHS 1 Oral Health Status Report	200	Number of Patients 71 - 80 Years with OHS 5 Oral Health Status Report	200
Number of Patients 61 - 70 Years with OHS 2 Oral Health Status Report	200	Number of Patients 71 - 80 Years with OHS 6 Oral Health Status Report	200
Number of Patients 61 - 70 Years with OHS 3 Oral Health Status Report	200	Number of Patients 71 - 80 Years without OHS Oral Health Status Report	200
Number of Patients 61 - 70 Years with OHS 4 Oral Health Status Report	200	Number of Patients 81+ Years Practice Statistics Report	256
Number of Patients 61 - 70 Years with OHS 5 Oral Health Status Report	200	Oral Health Status Report	200
Number of Patients 61 - 70 Years with OHS 6 Oral Health Status Report	200	Number of Patients 81+ Years with OHS 1 Oral Health Status Report	200
Number of Patients 61 - 70 Years without OHS Oral Health Status Report	200	Number of Patients 81+ Years with OHS 2 Oral Health Status Report	200
Number of Patients 65+ Years Clinical Quality Measures List	66	Number of Patients 81+ Years with OHS 3 Oral Health Status Report	200
Number of Patients 65+ Years with Abnormal BMI Reading and Follow Up Clinical Quality Measures List	66	Number of Patients 81+ Years with OHS 4 Oral Health Status Report	200
Number of Patients 65+ Years with Medical Encounters (with Exclusions) Clinical Quality Measures List	66	Number of Patients 81+ Years with OHS 5 Oral Health Status Report	200
Number of Patients 66+ Years Clinical Quality Measures List	66	Number of Patients 81+ Years with OHS 6 Oral Health Status Report	200
Number of Patients 66+ Years Seen Clinical Quality Measures List	66	Number of Patients 81+ Years without OHS Oral Health Status Report	200
		Number of Patients 9 - 10 Years Practice Statistics Report	256
		Number of Patients at Clinic from Referral Source Referral Analysis Report	294

Patient (continued)

Number of Patients Due for Prophylaxis (on Month and Year)		Number of Patients with Electronic Prescriptions	
Practice Statistics Report	256	Meaningful Use Measure Calculation List	162
Number of Patients Eligible for Prophylaxis Continuing Care		Number of Patients with Family Health History Recorded	
Practice Statistics Report	256	Meaningful Use Measure Calculation List	162
Number of Patients for Provider		Number of Patients with Incorporated Health Data	
Practice Statistics Report	256	Meaningful Use Measure Calculation List	162
Number of Patients from Referral Source		Number of Patients with Medication Allergies or Attestations of No Known Medication Allergies	
Referral Analysis Report	294	Meaningful Use Measure Calculation List	162
Number of Patients in ZIP Code		Number of Patients with Medications	
Practice Statistics Report	256	Meaningful Use Measure Calculation List	162
Number of Patients not on Prophylaxis Continuing Care		Number of Patients with Medications or Attestations of No Known Medications	
Practice Statistics Report	256	Meaningful Use Measure Calculation List	162
Number of Patients Provided API Access to Electronic Health Information		Number of Patients with Medications Ordered Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162	Meaningful Use Measure Calculation List	162
Number of Patients Provided Patient Education Resources		Number of Patients with Moderate to High Risk of Caries	
Meaningful Use Measure Calculation List	162	UDS - Sealant Statistics Report	352
Number of Patients Provided Timely Online Access to Electronic Health Information		Number of Patients with Moderate to High Risk of Caries for Provider	
Meaningful Use Measure Calculation List	162	UDS - Sealant Statistics Report	352
Number of Patients Seen		Number of Patients with Moderate to High Risk of Caries in Clinic	
Analysis Summary Report - Standard	12	UDS - Sealant Statistics Report	352
Daily Summary Report	88	Number of Patients with Moderate to High Risk of Caries in ZIP Code	
Meaningful Use Measure Calculation List	162	UDS - Sealant Statistics Report	352
Analysis Summary Report - Daily	8	Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars	
Number of Patients Seen at Clinic		UDS - Sealant Statistics Report	352
Analysis Summary Report - Standard	12	Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars for Provider	
Day Sheet Report	100	UDS - Sealant Statistics Report	352
Analysis Summary Report - Daily	8	Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars in Clinic	
Number of Patients Seen by Provider		UDS - Sealant Statistics Report	352
Analysis Summary Report - Standard	12	Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars in ZIP Code	
Day Sheet Report	100	UDS - Sealant Statistics Report	352
Analysis Summary Report - Daily	8	Number of Patients with Primary Dental Insurance Only	
Number of Patients Seen During Past 24 Months		Practice Statistics Report	256
Meaningful Use Measure Calculation List	162	Number of Patients with Primary Medical Insurance	
Number of Patients Seen for Insurance Carrier		Practice Statistics Report	256
Utilization Report	366	Number of Patients with Problems or Attestations of No Known Problems	
RVU Utilization Report	316	Meaningful Use Measure Calculation List	162
Number of Patients Seen MTD		Number of Patients with Required Demographics	
Day Sheet (Charges and Receipts) Report	94	Meaningful Use Measure Calculation List	162
Number of Patients Seen MTD by Provider		Number of Patients with Searchable Clinical Notes	
Day Sheet (Charges and Receipts) Report	94	Meaningful Use Measure Calculation List	162
Number of Patients Sent Reminders		Number of Patients with Secondary Dental Insurance	
Meaningful Use Measure Calculation List	162	Practice Statistics Report	256
Number of Patients who Accessed Electronic Health Information with API		Number of Patients with Status	
Meaningful Use Measure Calculation List	162	UDS - Patient Status Report	350
Number of Patients who Sent Secure Electronic Messages		Number of Patients with Status for Clinic	
Meaningful Use Measure Calculation List	162	UDS - Patient Status Report	350
Number of Patients who Viewed or Downloaded or Transmitted (VDT) Electronic Health Information			
Meaningful Use Measure Calculation List	162		
Number of Patients Who Were Sent Secure Electronic Messages			
Meaningful Use Measure Calculation List	162		
Number of Patients with Dental and Medical Insurance			
Practice Statistics Report	256		

Patient (continued)

Number of Patients with Status for Provider		Coupon Book - Payment Agreements	79
UDS - Patient Status Report	350	New Patient List	190
Number of Patients with Vital Sign Readings		Patient Ledger Report	210
Meaningful Use Measure Calculation List	162	Patient List	212
Number of Patients without a Birth Date Entered		Patient Questionnaire	222
Practice Statistics Report	256	Patient Route Slip	226
Number of Patients without a ZIP Code		Patient's Ledger Report	230
Practice Statistics Report	256	Prescription Printout	260
Number of Patients without Birth Date		Referral Recap Report	296
Oral Health Status Report	200	Referral Slip	298
Number of Patients without Birth Date and with OHS 1		Walkout - Doctor's Statement	368
Oral Health Status Report	200	Appointment Reminder Cards	18
Number of Patients without Birth Date and with OHS 2		Patient Age	
Oral Health Status Report	200	Patient List (Filtered)	214
Number of Patients without Birth Date and with OHS 3		Patient Route Slip	226
Oral Health Status Report	200	Walkout - Doctor's Statement	368
Number of Patients without Birth Date and with OHS 4		Continuing Care Display List	76
Oral Health Status Report	200	Patient Alert Note	
Number of Patients without Birth Date and with OHS 5		Patient Notes Report	216
Oral Health Status Report	200	Patient Amount Aged >90	
Number of Patients without Birth Date and with OHS 6		Patient Route Slip	226
Oral Health Status Report	200	Patient Amount Aged 0 - 30	
Number of Patients without Birth Date and without OHS		Patient Route Slip	226
Oral Health Status Report	200	Patient Amount Aged 31 - 60	
Number of Patients without Dental and Medical Insurance		Patient Route Slip	226
Practice Statistics Report	256	Patient Amount Aged 61 - 90	
Number of Patients without Dental Insurance		Patient Route Slip	226
Practice Statistics Report	256	Patient Balance	
Number of Patients without Medical Insurance		Patient Route Slip	226
Practice Statistics Report	256	Patient Treatment Case Report	228
Number of Referred by Doctor/Other Patients Listed		Patient's Ledger Report	230
Referred By Doctor/Other Report	300	Referred By Doctor/Other Report	300
Number of Separated Patients		Referred By Patient Report	302
Practice Statistics Report	256	Treatment Case Report	326
Number of Single Patients		Continuing Care Display List	76
Practice Statistics Report	256	Patient Birth Date	
Number of Tobacco Non-users 18+ Years with Tobacco Use Assessment		Employers and Employed Patients Report	122
UDS - Tobacco Use and Intervention Report	354	Insurance Carrier List	138
Number of Widowed Patients		Patient Chart and Progress Notes Printout	202
Practice Statistics Report	256	Patient Chart Printout	204
Number or Child Patients		Patient List	212
Practice Statistics Report	256	Patient List (Filtered)	214
Other Deductible Owed by Patient to Primary Insurance		Patient Proposed Treatment Case Report (Your Care Plan)	220
Treatment Case Report	326	Patient Questionnaire	222
Patient Treatment Case Report	228	Patient Route Slip	226
Other Deductible Owed by Patient to Secondary Insurance		Patient Treatment Case Report	228
Treatment Case Report	326	Perio - Combined Graphic & Data Chart Report	238
Patient Treatment Case Report	228	Perio - Exam Comparison Report	242
Other Retroactive Payment Amount Collected for Patient		Perio - Graphic Chart Report	244
UDS - Patient Related Revenue Report	348	Practice Treatment Case Report	258
Patient Address		Prescription Printout	260
Birthday List	50	Pre-Treatment Estimate Aging Report	262
Continuing Care Cards - No Appointment	74	RVU Utilization Report	316
Continuing Care Cards - with Appointment	75	Treatment Case Report	326
Coupon Book - Future Due Payments	78	Treatment Plan Approval Report	328
		Treatment Plan Approval Status Report	330
		UDS - Age/Gender Report	334
		UDS - Insurance Financial Class Report	342
		UDS - Insurance Financial Class Report (2013)	344
		UDS - Medicaid/Medicare Report	346

Patient (continued)

UDS - Patient Status Report	350	Patient Employer	
UDS - Sealant Statistics Report	352	Treatment Plan Approval Status Report	330
UDS - Tobacco Use and Intervention Report	354	Treatment Plan Approval Report	328
Utilization Report	366	Patient Employer Name	
Walkout - Doctor's Statement	368	Insurance Carrier List	138
Clinical Notes Report	64	Patient EMR Number	
Patient Chart Number		UDS - Insurance Financial Class Report	342
Clinical Notes Report	64	UDS - Insurance Financial Class Report (2013)	344
Coupon Book - Future Due Payments	78	UDS - Medicaid/Medicare Report	346
Coupon Book - Payment Agreements	79	UDS - Patient Status Report	350
Day Sheet (Adjustments) Report	90	UDS - Sealant Statistics Report	352
Day Sheet (Receipts) Report	98	UDS - Tobacco Use and Intervention Report	354
Employers and Employed Patients Report	122	UDS - Age/Gender Report	334
Insurance Carrier List	138	Patient Estimated Insurance Portion	
Insurance Eligibility Report	152	Patient Route Slip	226
Letter Merge Reports	158	Patient Ethnicity	
Operator Day Sheet Report	194	Patient List (Filtered)	214
Patient Chart and Progress Notes Printout	202	Patient Ext ID	
Patient Chart Printout	204	Patient List (Filtered)	214
Patient Information Accessed Report	208	Patient Fax Number	
Patient Ledger Report	210	Patient Questionnaire	222
Patient List	212	Patient List	212
Patient List (Filtered)	214	Patient First Name	
Patient Notes Report	216	Letter Merge Reports	158
Patient Proposed Treatment Case Report (Your		Patient Gender	
Care Plan)	220	Patient List	212
Patient Route Slip	226	Patient Questionnaire	222
Patient Treatment Case Report	228	Patient Route Slip	226
Perio - Exam Comparison Report	242	UDS - Age/Gender Report	334
Perio - Graphic Chart Report	244	Letter Merge Reports	158
Practice Treatment Case Report	258	Patient Homeless Status	
RVU Day Sheet Report	308	Patient List (Filtered)	214
Treatment Case Report	326	Patient Insurance Carrier Name	
Treatment Plan Approval Report	328	Continuing Care Display List	76
Treatment Plan Approval Status Report	330	Patient Language	
UDS - Age/Gender Report	334	Patient List (Filtered)	214
UDS - Insurance Financial Class Report	342	Letter Merge Reports	158
UDS - Insurance Financial Class Report (2013)	344	Patient Last Name	
UDS - Medicaid/Medicare Report	346	Letter Merge Reports	158
UDS - Patient Status Report	350	Patient Marital Status	
UDS - Sealant Statistics Report	352	Insurance Carrier List	138
UDS - Tobacco Use and Intervention Report	354	Letter Merge Reports	158
Walkout - Doctor's Statement	368	Patient List	212
Audit Report - Combined	32	Patient Route Slip	226
Patient City		Employers and Employed Patients Report	122
Patient List (Filtered)	214	Patient Medical/Other ID	
Letter Merge Reports	158	Patient List	212
Patient Clinic		Patient Middle Initial	
Patient List (Filtered)	214	Letter Merge Reports	158
Patient Contact		Patient Mobile Number	
Patient List (Filtered)	214	Patient List (Filtered)	214
Patient County		Patient Questionnaire	222
Patient List (Filtered)	214	Patient List	212
Patient Driver's License Number		Patient Name	
Patient Questionnaire	222	Appointment Cycle Time Report	16
Patient List	212	Appointment Reminder Cards	18
Patient Email Address		As Soon As Possible List	22
Patient Questionnaire	222	Audit Report - Appointments	26
Patient List	212	Audit Report - Combined	32
		Audit Report - Patients	34
		Audit Report - Transactions	38
		Billing Statement	48

Patient (continued)

Birthday List	50	Production Summary Report	272
Clinical Notes Report	64	Provider Revenue - Allocations Report	286
Continuing Care Cards - No Appointment	74	Provider Revenue - Charges Report	288
Continuing Care Cards - with Appointment	75	Provider Revenue - Credits Report	290
Continuing Care Display List	76	Referral Recap Report	296
Coupon Book - Future Due Payments	78	Referral Slip	298
Coupon Book - Payment Agreements	79	Referred By Doctor/Other Report	300
Daily Appointment List (DX1)	84	RVU Day Sheet Report	308
Daily Appointment List Report	86	RVU Production Summary Report	310
Day Sheet (Adjustments) Report	90	RVU Utilization Report	316
Day Sheet (Charges and Receipts) Report	94	Secondary Insurance Claims Not Created Report	318
Day Sheet (Receipts) Report	98	Secondary Pre-Treatment Estimates Not Created Report	320
Day Sheet Report	100	Suspended Credits Report	324
Dental Encounters Report	106	Treatment Case Report	326
Document Center Document	116	Treatment Plan Approval Report	328
Document Center List	120	Treatment Plan Approval Status Report	330
Employers and Employed Patients Report	122	UDS - Age/Gender Report	334
Family Ledger Report	124	UDS - Insurance Financial Class Report	342
Family Ledger Report (Single Family)	126	UDS - Insurance Financial Class Report (2013)	344
Future Due Payment Plan Report - Standard	134	UDS - Medicaid/Medicare Report	346
Insurance Carrier List	138	UDS - Patient Related Revenue Report	348
Insurance Carrier Production - Full Report	142	UDS - Patient Status Report	350
Insurance Claim Aging Report	146	UDS - Sealant Statistics Report	352
Insurance Claims Not Sent Report	148	UDS - Tobacco Use and Intervention Report	354
Insurance Eligibility Report	152	Unscheduled Appointment List (DX1)	356
Insurance Transaction Analysis Report	154	Unscheduled Appointment List (OM)	358
New Patient List	190	Unscheduled Treatment Plans (Condensed) Report	360
Operator Day Sheet Report	194	Unscheduled Treatment Plans (Detailed) Report	362
Operatory Appointment List Report	196	Utilization Report	366
Patient Chart and Progress Notes Printout	202	Walkout - Doctor's Statement	368
Patient Chart Printout	204	Walkout - Family Walkout	370
Patient Health Assessment Report	206	Appointment Book View Printout	14
Patient Information Accessed Report	208	Patient Name Change	
Patient Ledger Report	210	Audit Report - Patients	34
Patient Ledger Report	210	Audit Report - Transactions	38
Patient List	212	Audit Report - Appointments	26
Patient List (Filtered)	214	Patient Name on Appointment	
Patient Notes Report	216	Letter Merge Reports	158
Patient Proposed Treatment Case Report (Your Care Plan)	220	Patient Note	
Patient Questionnaire	222	Patient Route Slip	226
Patient Revenue List by Payer Report	224	Patient Notes Report	216
Patient Route Slip	226	Patient Other ID	
Patient Route Slip	226	Patient List (Filtered)	214
Patient Treatment Case Report	228	Letter Merge Reports	158
Patient's Ledger Report	230	Patient Other Number	
Patient's Ledger Report	230	Patient Questionnaire	222
Perio - Combined Graphic & Data Chart Report	238	Patient List	212
Perio - Data Chart Report	240	Patient Poverty Level	
Perio - Exam Comparison Report	242	Patient List (Filtered)	214
Perio - Graphic Chart Report	244	Patient Preferred Contact Method	
Perio - Pocket Depths Only Report	246	Patient List (Filtered)	214
Perio Exam List	248	Patient Race	
Practice Treatment Case Report	258	Patient List (Filtered)	214
Prescription Printout	260	Patient Relationship to Subscriber for Primary Insurance	
Pre-Treatment Estimate Aging Report	262	Patient Questionnaire	222
Pre-Treatment Estimates Not Sent Report	264	Patient Relationship to Subscriber for Secondary Insurance	
Procedures by Contracted Amount Report	268	Patient Questionnaire	222
Procedures Not Attached to Insurance Report	270		

Patient (continued)

Patient Religion		Patient Suspended Credit Amount	
Patient List (Filtered)	214	Patient Route Slip	226
Patient Running Balance		Patient Title	
Patient Ledger Report	210	Letter Merge Reports	158
Patient Salutation		Patient User Defined Category	
Continuing Care Cards - with Appointment	75	Patient List (Filtered)	214
Letter Merge Reports	158	Patient Veteran Status	
Continuing Care Cards - No Appointment	74	Patient List (Filtered)	214
Patient Signature		Patient Work Phone Extension	
Treatment Case Report	326	Patient Ledger Report	210
Patient Social Security Number		Patient Questionnaire	222
Coupon Book - Future Due Payments	78	Letter Merge Reports	158
Coupon Book - Payment Agreements	79	Patient Work Phone Number	
Employers and Employed Patients Report	122	Continuing Care Display List	76
Insurance Transaction Analysis Report	154	Letter Merge Reports	158
Letter Merge Reports	158	Patient Ledger Report	210
Patient Chart and Progress Notes Printout	202	Patient List	212
Patient Chart Printout	204	Patient List (Filtered)	214
Patient List	212	Patient Notes Report	216
Patient Notes Report	216	Patient Questionnaire	222
Patient Proposed Treatment Case Report (Your		Patient Route Slip	226
Care Plan)	220	Appointment Book View Printout	14
Patient Questionnaire	222	Patient Worker Status	
Patient Route Slip	226	Patient List (Filtered)	214
Patient Treatment Case Report	228	Patient ZIP Code	
Perio - Combined Graphic & Data Chart Report	238	Patient List (Filtered)	214
Perio - Exam Comparison Report	242	Letter Merge Reports	158
Perio - Graphic Chart Report	244	Appointment Book View Printout	14
Practice Treatment Case Report	258	Penalty or Payback Amount Collected for Patient	
RVU Utilization Report	316	UDS - Patient Related Revenue Report	348
Treatment Case Report	326	Percent of Active Patient Guarantors	
UDS - Age/Gender Report	334	Practice Statistics Report	256
UDS - Insurance Financial Class Report	342	Percent of Active Patients	
UDS - Insurance Financial Class Report (2013)	344	Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346	Percent of Divorced Patients	
UDS - Patient Status Report	350	Practice Statistics Report	256
UDS - Sealant Statistics Report	352	Percent of Female Patients	
UDS - Tobacco Use and Intervention Report	354	Practice Statistics Report	256
Utilization Report	366	Percent of Male Patients	
Walkout - Doctor's Statement	368	Practice Statistics Report	256
Clinical Notes Report	64	Percent of Married Patients	
Patient Social Security Number or Request Date		Practice Statistics Report	256
Audit Report - Patients	34	Percent of Other Patients	
Patient Social Security Number or Request Date		Practice Statistics Report	256
Change		Percent of Patient Non-guarantors	
Audit Report - Patients	34	Practice Statistics Report	256
Patient State		Percent of Patients Due for Prophylaxis (Month and Year)	
Patient List (Filtered)	214	Practice Statistics Report	256
Letter Merge Reports	158	Percent of Patients for Provider	
Patient Status		Practice Statistics Report	256
Letter Merge Reports	158	Percent of Patients in ZIP Code	
New Patient List	190	Practice Statistics Report	256
Patient List	212	Percent of Patients not on Prophylaxis Continuing Care	
Audit Report - Patients	34	Practice Statistics Report	256
Patient Status Change		Percent of Patients with Dental and Medical Insurance	
Audit Report - Patients	34	Practice Statistics Report	256
Patient Street Address		Percent of Patients with Dental Fluorosis	
Patient List (Filtered)	214	Caries Prevalence and Periodontal Index Report	52
Letter Merge Reports	158		

Patient (continued)

Percent of Patients with dmfs > 0	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with Highest CPITN	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with History of Decay	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with Loss of Attachment < 3 mm	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with Loss of Attachment >= 3 & < 5 mm	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with Loss of Attachment >= 5 mm	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with Perio Pockets < 4 mm	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with Perio Pockets >= 4 & 6 mm	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with Perio Pockets >= 6 mm	
Caries Prevalence and Periodontal Index Report	
52	
Percent of Patients with Primary Dental Insurance Only	
Practice Statistics Report	256
Percent of Patients with Primary Medical Insurance	
Practice Statistics Report	256
Percent of Patients with Secondary Dental Insurance	
Practice Statistics Report	256
Percent of Patients without a Birth Date Entered	
Practice Statistics Report	256
Percent of Patients without Dental and Medical Insurance	
Practice Statistics Report	256
Percent of Patients without Dental Insurance	
Practice Statistics Report	256
Percent of Patients without Medical Insurance	
Practice Statistics Report	256
Percent of Separated Patients	
Practice Statistics Report	256
Percent of Single Patients	
Practice Statistics Report	256
Percent of Widowed Patients	
Practice Statistics Report	256
Percent of Child Patients	
Practice Statistics Report	256
Phone Number of Patient on Appointment	
Letter Merge Reports	158
Poverty Level	
UDS - Patient Status Report	350
Preventative Deductible Owed by Patient to Primary Ins	
Treatment Case Report	326
Patient Treatment Case Report	228

Preventative Deductible Owed by Patient to Secondary Ins	
Treatment Case Report	326
Patient Treatment Case Report	228
Primary Insurance Benefits Expiration Date for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Printed Patient Report	
Audit Report - Combined	32
Race	
UDS - Patient Status Report	350
Referred by Patient Name	
Document Center Document	116
Referred Patient	
Referred By Patient Report	302
Referred Patient Name	
Referred To Doctor Report	304
Referred Patients (Average)	
Practice Analysis Report	252
Referred Patients (for Date Range)	
Practice Analysis Report	252
Referred Patients (MTD)	
Practice Analysis Report	252
Referred Patients (YTD)	
Practice Analysis Report	252
Referring Patient Address	
Referred By Patient Report	302
Referring Patient Home Phone Number	
Referred By Patient Report	302
Referring Patient Name	
Referred By Patient Report	302
Religion	
UDS - Patient Status Report	350
Secondary Insurance Benefits Expiration Date for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Sexual Orientation	
UDS - Patient Status Report	350
Standard Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Standard Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Total Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Total Amount of Allowances for Patient	
UDS - Patient Related Revenue Report	348
Total Amount of Bad Debt Write-offs for Patient	
UDS - Patient Related Revenue Report	348
Total Amount of Charges for Patient	
UDS - Patient Related Revenue Report	348
Total Amount of Patient Payments Received	
Insurance Transaction Analysis Report	154
Total Amount of Patient Portion for Case	
Treatment Case Report	326
Total Amount of Patient Portions	
Patient Chart Printout	204

Patient (continued)

Total Amount of Sliding Discounts for Patient		Total Number of Patients without OHS	
UDS - Patient Related Revenue Report	348	Oral Health Status Report	200
Total Average Charge per Patient		Total Number of Referred by Doctor/Other Patients Listed	
Analysis Summary Report - Standard	12	Referred By Doctor/Other Report	300
Analysis Summary Report - Daily	8	Total Number of Unknown Gender	
Total Average Production per Patient		UDS - Age/Gender Report	334
Analysis Summary Report - Standard	12	Total Other Retroactive Payment Amount Collected for Patient	
Analysis Summary Report - Daily	8	UDS - Patient Related Revenue Report	348
Total Average Production per Patient at Clinics from Referral Source		Total Patient Balance (as of Date)	
Referral Analysis Report	294	Patient Ledger Report	210
Total Estimated Amount of Patient's Portion		Total Patient Balance as of a Date	
Patient Proposed Treatment Case Report (Your Care Plan)	220	Patient's Ledger Report	230
Total Number		Total Penalty or Payback Amount Collected for Patient	
UDS - Insurance Financial Class Report	342	UDS - Patient Related Revenue Report	348
Total Number <19 Years Old for Financial Class Types		Total Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Insurance Financial Class Report	342	UDS - Patient Related Revenue Report	348
Total Number of All Genders		Total Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Age/Gender Report	334	UDS - Patient Related Revenue Report	348
Total Number of Females		Unique Patient Count for Provider	
UDS - Age/Gender Report	334	RVU Day Sheet Report	308
Total Number of Males		User Defined Category	
UDS - Age/Gender Report	334	UDS - Patient Status Report	350
Total Number of Other Gender		Veteran Status	
UDS - Age/Gender Report	334	UDS - Patient Status Report	350
Total Number of Patient Payments Received		Worker Status	
Insurance Transaction Analysis Report	154	UDS - Patient Status Report	350
Total Number of Patient with Medicaid		Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
Operator Day Sheet Report	194	UDS - Patient Related Revenue Report	348
Total Number of Patients		Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
Oral Health Status Report	200	UDS - Patient Related Revenue Report	348
Operator Day Sheet Report	194	Years as Patient	
Total Number of Patients (any Status)		Patient Route Slip	226
Practice Statistics Report	256	Patient Alert	
Total Number of Patients at Clinics from Referral Source		Alerts	
Referral Analysis Report	294	Appointment Book View Printout	14
Total Number of Patients from Referral Sources		Patient Alert Note	
Referral Analysis Report	294	Patient Notes Report	216
Total Number of Patients Seen		Patient Education Resource	
Analysis Summary Report - Standard	12	Number of Patients Provided Patient Education Resources	
Day Sheet Report	100	Meaningful Use Measure Calculation List	162
RVU Utilization Report	316	Patient Health Assessment	
Utilization Report	366	Number of Patients 18+ Years with Medical Encounters or Patient Health Assessments	
Analysis Summary Report - Daily	8	Clinical Quality Measures List	66
Total Number of Patients with OHS 1		Patient Note	
Oral Health Status Report	200	Patient Note	
Total Number of Patients with OHS 2		Patient Route Slip	226
Oral Health Status Report	200	Patient Notes Report	216
Total Number of Patients with OHS 3		Patient Portion	
Oral Health Status Report	200	Amount of Patient Portion	
Total Number of Patients with OHS 4		Patient Treatment Case Report	228
Oral Health Status Report	200	Practice Treatment Case Report	258
Total Number of Patients with OHS 5		Treatment Case Report	326
Oral Health Status Report	200	Patient Chart Printout	204
Total Number of Patients with OHS 6			
Oral Health Status Report	200		
Total Number of Patients with Statuses			
UDS - Patient Status Report	350		

Patient Portion (continued)

Amount of Patient Portion for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Amount of Patient Portion for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Estimated Amount of Patient's Portion	
Patient Treatment Case Report	228
Treatment Case Report	326
Patient Proposed Treatment Case Report (Your Care Plan)	220
Estimated Patient Portion	
Patient Route Slip	226
Total Amount of Patient Portion for Case	
Treatment Case Report	326
Total Amount of Patient Portions	
Patient Chart Printout	204
Total Estimated Amount of Patient's Portion	
Patient Proposed Treatment Case Report (Your Care Plan)	220

Pay

Amount to Pay	
Billing Statement	48

Payback

Penalty or Payback Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Subtotal of Penalty or Payback Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Subtotal of Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348

Payer

Payer Category	
UDS - Patient Related Revenue Report	348
Payer Name	
Procedures by Contracted Amount Report	268
Patient Revenue List by Payer Report	224
Subtotal of Allowances for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Bad Debt Write-offs for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Charges for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Other Retroactive Payment Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348

Subtotal of Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Sliding Discounts for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Allowances for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Bad Debt Write-offs for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Charges for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Sliding Discounts for Payer Category	
UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348

Payment

Amount Due for Payment Agreement	
Collections Manager List	70
Amount of Applied Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Insurance Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Applied Payments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Applied Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Current Applied Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Current Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Future Due Payment Agreements	
Practice Analysis Report	252

Payment (continued)

Amount of Guarantor Payments YTD		Analysis Summary Report - Daily	8
Walkout - Family Walkout	370	Amount of Suspended Payments for Clinic	
Amount of Insurance Payments		Analysis Summary Report - Standard	12
Provider A/R Totals - Daily Report	276	Day Sheet Report	100
Amount of Insurance Payments for Provider		Analysis Summary Report - Daily	8
Provider A/R Totals - Standard Report	278	Amount of Suspended Payments for Previous Month for Provider	
Provider A/R Totals - Daily Report	276	Day Sheet (Charges and Receipts) Report	94
Amount of Insurance Payments YTD		Amount of Suspended Payments for Provider	
Walkout - Family Walkout	370	Analysis Summary Report - Standard	12
Amount of Last Payment Amount		Day Sheet Report	100
Letter Merge Reports	158	Analysis Summary Report - Daily	8
Amount of MTD Applied Payments for Provider		Amount of YTD Applied Payments for Provider	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Payments for Provider		Amount of YTD Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Amount of Other Applied Insurance Payments for Clinic		Amount Paid	
Analysis Summary Report - Standard	12	Coupon Book - Payment Agreements	79
Day Sheet Report	100	Coupon Book - Future Due Payments	78
Analysis Summary Report - Daily	8	Amount Paid by Insurance	
Amount of Other Applied Insurance Payments for Provider		Dental Encounters Report	106
Analysis Summary Report - Standard	12	Amount to Pay	
Day Sheet Report	100	Billing Statement	48
Analysis Summary Report - Daily	8	Applied Insurance Payment Amount	
Amount of Other Applied Payments for Clinic		Analysis Summary Report - Standard	12
Analysis Summary Report - Standard	12	Analysis Summary Report - Daily	8
Day Sheet Report	100	Applied Payment Amount	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of Other Applied Payments for Provider		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Average Amount of Payment Type	
Day Sheet Report	100	Payment Summary Report	236
Analysis Summary Report - Daily	8	Average Amount of Payments	
Amount of Payment Agreements		Payment Summary Report	236
Practice Analysis Report	252	Average Payment Amount	
Amount of Payment Type		Day Sheet (Receipts) Report	98
Payment Summary Report	236	Average Payment Amount for Clinic	
Amount of Payments		Day Sheet (Receipts) Report	98
Provider A/R Totals - Daily Report	276	Average Payment Amount for Initial Provider	
Amount of Payments for Provider		Day Sheet (Receipts) Report	98
Provider A/R Totals - Standard Report	278	Average Payment Amount for Payment Type	
Provider A/R Totals - Daily Report	276	Day Sheet (Receipts) Report	98
Amount of Primary Insurance Paid Benefits YTD for Family		Average Payment Amount for Provider	
Treatment Case Report	326	Day Sheet (Receipts) Report	98
Amount of Primary Insurance Paid Benefits YTD for Patient		Claim Payment Received Date	
Treatment Case Report	326	Insurance Transaction Analysis Report	154
Patient Treatment Case Report	228	Date of Last Payment Agreement Payment	
Amount of Secondary Paid Benefits for Family		Letter Merge Reports	158
Treatment Case Report	326	Date of Payment	
Amount of Secondary Paid Benefits for Patient		Coupon Book - Future Due Payments	78
Treatment Case Report	326	Estimated Amount of Insurance Payments	
Patient Treatment Case Report	228	Treatment Case Report	326
Amount of Suspended Insurance Payments for Clinic		Patient Treatment Case Report	228
Analysis Summary Report - Standard	12	First Payment Amount	
Day Sheet Report	100	Truth in Lending Disclosure Statement	332
Analysis Summary Report - Daily	8	First Payment Date	
Amount of Suspended Insurance Payments for Provider		Payment Agreement Report	234
Analysis Summary Report - Standard	12	Grand Total Amount of Insurance Payments Received	
Day Sheet Report	100	Insurance Transaction Analysis Report	154
		Grand Total Amount of Patient Payments Received	
		Insurance Transaction Analysis Report	154
		Grand Total Number of Insurance Payments Received	
		Insurance Transaction Analysis Report	154

Payment (continued)

Grand Total Number of Patient Payments Received		Payment Agreement Payment Amount	
Insurance Transaction Analysis Report	154	Payment Agreement Amortization Schedule	232
Insurance Payment Amount		Payment Agreement Payment Due Date	
Insurance Carrier Production - Full Report	142	Payment Agreement Amortization Schedule	232
Insurance Payment Amount for Insurance Plan		Payment Agreement Payment Number	
Insurance Carrier Production - Summary Report	144	Payment Agreement Amortization Schedule	232
Insurance Carrier Production - Full Report	142	Payment Agreement Payment Portion Applied to Interest	
Insurance Payment for Date of Service		Payment Agreement Amortization Schedule	232
Letter Merge Reports	158	Payment Agreement Payment Portion Applied to Principle	
Last Payment Agreement Payment Amount		Payment Agreement Amortization Schedule	232
Patient Route Slip	226	Payment Agreement Remaining Balance	
Last Payment Agreement Payment Date		Payment Agreement Report	234
Patient Route Slip	226	Payment Agreement Report	234
Last Payment Amount		Payment Agreement Amortization Schedule	232
Truth in Lending Disclosure Statement	332	Payment Agreement Total Number of Payments	
Aging/Credit Balance Report	6	Payment Agreement Report	234
Last Payment Amount for Payment Agreement		Payment Amount	
Collections Manager List	70	Family Ledger Report	124
Last Payment Date		Family Ledger Report (Single Family)	126
Aging/Credit Balance Report	6	Insurance Transaction Analysis Report	154
Last Payment Date for Payment Agreement		Operator Day Sheet Report	194
Collections Manager List	70	Patient Ledger Report	210
Next Payment Agreement Payment Due Amount		Patient's Ledger Report	230
Patient Route Slip	226	Procedures by Contracted Amount Report	268
Next Payment Agreement Payment Due Date		Truth in Lending Disclosure Statement	332
Patient Route Slip	226	Updated Dental Insurance Payment Table Report	364
Next Payment Plan Payment Amount		Deposit Slip	108
Letter Merge Reports	158	Payment Amount Due	
Next Payment Plan Payment Date		Coupon Book - Payment Agreements	79
Letter Merge Reports	158	Coupon Book - Future Due Payments	78
Number of Missed Payment Agreement Payments		Payment Amount for Payment Type	
Practice Analysis Report	252	Day Sheet (Receipts) Report	98
Number of Missed Payments		Payment Date	
Payment Agreement Report	234	Patient's Ledger Report	230
Number of Missed Payments for Payment Agreement		Deposit Slip	108
Collections Manager List	70	Payment Description	
Number of Payment Agreement Payments Remaining		Patient's Ledger Report	230
Payment Agreement Report	234	Payment Due Date	
Other Applied Insurance Payment Amount		Coupon Book - Payment Agreements	79
Analysis Summary Report - Standard	12	Coupon Book - Future Due Payments	78
Analysis Summary Report - Daily	8	Payment Interval	
Other Applied Payment		Payment Agreement Amortization Schedule	232
Analysis Summary Report - Standard	12	Payment Number	
Other Applied Payment Amount		Coupon Book - Payment Agreements	79
Analysis Summary Report - Daily	8	Coupon Book - Future Due Payments	78
Other Retroactive Payment Amount Collected for Patient		Payment Status	
UDS - Patient Related Revenue Report	348	Credit Card Transaction Report	80
Payment		Payment Type	
Day Sheet (Charges and Receipts) Report	94	Daily Summary Report	88
Payment Agreement Last Payment Amount		Day Sheet (Receipts) Report	98
Payment Agreement Report	234	Deposit Slip	108
Payment Agreement Last Payment Date		Credit Card Transaction Report	80
Payment Agreement Report	234	Payment Type Description	
Payment Agreement Next Payment Amount		Payment Summary Report	236
Payment Agreement Report	234	Payment Types	
Payment Agreement Next Payment Date		Custom Practice Information Report	82
Payment Agreement Report	234	Please Pay Amount	
		Walkout - Family Walkout	370

Payment (continued)

Quantity of Payment Type		Total Amount of Last Payments for Payment Agreements	
Payment Summary Report	236	Collections Manager List	70
Quantity of Payments for Clinic		Total Amount of Medicaid Payments	
Day Sheet (Receipts) Report	98	Operator Day Sheet Report	194
Quantity of Payments for Initial Provider		Total Amount of MTD Applied Payments	
Day Sheet (Receipts) Report	98	Day Sheet (Charges and Receipts) Report	94
Quantity of Payments for Payment Type		Total Amount of MTD Suspended Payments	
Day Sheet (Receipts) Report	98	Day Sheet (Charges and Receipts) Report	94
Quantity of Payments for Provider		Total Amount of Other Applied Insurance Payments	
Day Sheet (Receipts) Report	98	Analysis Summary Report - Standard	12
Quantity of Procedures for Clinic		Day Sheet Report	100
RVU Production Summary Report	310	Analysis Summary Report - Daily	8
Production Summary Report	272	Total Amount of Other Applied Payments	
Source of Payment		Analysis Summary Report - Standard	12
Insurance Carrier List	138	Day Sheet Report	100
Subtotal of Other Retroactive Payment Amount Collected for Financial Class Type		Analysis Summary Report - Daily	8
UDS - Patient Related Revenue Report	348	Total Amount of Patient Payments Received	
Subtotal of Other Retroactive Payment Amount Collected for Payer Category		Insurance Transaction Analysis Report	154
UDS - Patient Related Revenue Report	348	Total Amount of Payment Agreement Payments Due	
Suspended Insurance Payment Amount		Payment Agreement Report	234
Analysis Summary Report - Standard	12	Total Amount of Payment Agreement Payments Past Due	
Analysis Summary Report - Daily	8	Payment Agreement Report	234
Suspended Payment		Total Amount of Payment Type	
Analysis Summary Report - Standard	12	Deposit Slip	108
Suspended Payment Amount		Daily Summary Report	88
Analysis Summary Report - Daily	8	Total Amount of Payment Type for Clinic	
Total Amount of Applied Insurance Payments		Deposit Slip	108
Analysis Summary Report - Standard	12	Total Amount of Payment Type for Operator	
Day Sheet Report	100	Deposit Slip	108
Analysis Summary Report - Daily	8	Total Amount of Payments	
Total Amount of Applied Payments		Day Sheet (Receipts) Report	98
Analysis Summary Report - Standard	12	Operator Day Sheet Report	194
Day Sheet Report	100	Payment Summary Report	236
Analysis Summary Report - Daily	8	Provider A/R Totals - Daily Report	276
Total Amount of Balances Remaining for Payment Agreements		Provider A/R Totals - Standard Report	278
Payment Agreement Report	234	Truth in Lending Disclosure Statement	332
Total Amount of Cash Payments		Daily Summary Report	88
Operator Day Sheet Report	194	Total Amount of Payments for Clinic	
Total Amount of Check Payments		Day Sheet (Receipts) Report	98
Operator Day Sheet Report	194	Total Amount of Payments for Initial Provider	
Total Amount of Credit Card Payments		Day Sheet (Receipts) Report	98
Operator Day Sheet Report	194	Total Amount of Payments for Payment Type	
Total Amount of Current Applied Payments		Day Sheet (Receipts) Report	98
Day Sheet (Charges and Receipts) Report	94	Total Amount of Payments for Provider	
Total Amount of Current Suspended Payments		Day Sheet (Receipts) Report	98
Day Sheet (Charges and Receipts) Report	94	Total Amount of Suspended Insurance Payments	
Total Amount of Insurance Payments		Analysis Summary Report - Standard	12
Insurance Carrier Production - Summary Report	144	Day Sheet Report	100
Operator Day Sheet Report	194	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Total Amount of Suspended Payments	
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Standard	12
Insurance Carrier Production - Full Report	142	Day Sheet Report	100
Total Amount of Insurance Payments Received		Analysis Summary Report - Daily	8
Insurance Transaction Analysis Report	154	Total Amount of Suspended Payments for Previous Month	
		Day Sheet (Charges and Receipts) Report	94

Payment (continued)

Total Amount of Transactions		Next Payment Plan Payment Amount	
Credit Card Transaction Report	80	Letter Merge Reports	158
Total Amount of YTD Applied Payments		Next Payment Plan Payment Date	
Day Sheet (Charges and Receipts) Report	94	Letter Merge Reports	158
Total Amount of YTD Insurance Payments for Family		Number of Missed Payment Agreement Payments	
Family Ledger Report (Single Family)	126	Practice Analysis Report	252
Family Ledger Report	124	Number of Missed Payments for Payment Agreement	
Total Amount of YTD Payments for Family		Collections Manager List	70
Family Ledger Report (Single Family)	126	Number of Payment Agreement Payments Remaining	
Family Ledger Report	124	Payment Agreement Report	234
Total Amount of YTD Suspended Payments		Payment Agreement Amount	
Day Sheet (Charges and Receipts) Report	94	Payment Agreement Report	234
Total Number of Insurance Payments Received		Payment Agreement Amount Past Due	
Insurance Transaction Analysis Report	154	Payment Agreement Report	234
Total Number of Missed Payments for Payment Agree- ments		Payment Agreement Date	
Collections Manager List	70	Truth in Lending Disclosure Statement	332
Total Number of Patient Payments Received		Payment Agreement Report	234
Insurance Transaction Analysis Report	154	Payment Agreement Interval	
Total Number of Payments		Payment Agreement Report	234
Truth in Lending Disclosure Statement	332	Payment Agreement Last Payment Amount	
Total Number of Transactions		Payment Agreement Report	234
Credit Card Transaction Report	80	Payment Agreement Last Payment Date	
Total Other Retroactive Payment Amount Collected for Financial Class Type		Payment Agreement Report	234
UDS - Patient Related Revenue Report	348	Payment Agreement Next Payment Amount	
Total Other Retroactive Payment Amount Collected for Patient		Payment Agreement Report	234
UDS - Patient Related Revenue Report	348	Payment Agreement Next Payment Date	
Total Other Retroactive Payment Amount Collected for Payer Category		Payment Agreement Report	234
UDS - Patient Related Revenue Report	348	Payment Agreement Payment Amount	
Total Payments		Payment Agreement Amortization Schedule	232
Patient Revenue List by Payer Report	224	Payment Agreement Payment Due Date	
Total Quantity of Payments		Payment Agreement Amortization Schedule	232
Payment Summary Report	236	Payment Agreement Payment Number	
Day Sheet (Receipts) Report	98	Payment Agreement Amortization Schedule	232
Payment Agreement		Payment Agreement Payment Portion Applied to Inter- est	
Amount Due for Payment Agreement		Payment Agreement Amortization Schedule	232
Collections Manager List	70	Payment Agreement Payment Portion Applied to Prin- ciple	
Amount of Payment Agreements		Payment Agreement Amortization Schedule	232
Practice Analysis Report	252	Payment Agreement Remaining Balance	
Date of Last Payment Agreement Payment		Payment Agreement Report	234
Letter Merge Reports	158	Payment Agreement Report	234
Grace Period		Payment Agreement Amortization Schedule	232
Payment Agreement Report	234	Payment Agreement Total Number of Payments	
Last Payment Agreement Note		Payment Agreement Report	234
Payment Agreement Report	234	Payment Due Date	
Last Payment Agreement Payment Amount		Coupon Book - Payment Agreements	79
Patient Route Slip	226	Coupon Book - Future Due Payments	78
Last Payment Agreement Payment Date		Payment Plan Remaining Balance	
Patient Route Slip	226	Letter Merge Reports	158
Last Payment Amount for Payment Agreement		Payment Plan Total Amount	
Collections Manager List	70	Letter Merge Reports	158
Last Payment Date for Payment Agreement		Remaining Payment Agreement Amount	
Collections Manager List	70	Collections Manager List	70
Next Payment Agreement Payment Due Amount		Total Amount Due for Payment Agreements	
Patient Route Slip	226	Collections Manager List	70
Next Payment Agreement Payment Due Date		Total Amount of Balances Remaining for Payment Agreements	
Patient Route Slip	226	Payment Agreement Report	234
		Total Amount of Last Payments for Payment Agree- ments	
		Collections Manager List	70

Payment Agreement (continued)

Total Amount of Payment Agreement Payments Due	
Payment Agreement Report	234
Total Amount of Payment Agreement Payments Past Due	
Payment Agreement Report	234
Total Amount of Payment Agreements	
Payment Agreement Report	234
Total Amount of Remaining Payment Agreements	
Collections Manager List	70
Total Number of Missed Payments for Payment Agreements	
Collections Manager List	70
Total Number of Payment Agreements	
Payment Agreement Report	234

Payment Agreement Note

Payment Plan Note	
Patient Notes Report	216

Payment Status

Payment Status	
Credit Card Transaction Report	80

Payment Type

Amount of Payment Type	
Payment Summary Report	236
Average Amount of Payment Type	
Payment Summary Report	236
Average Payment Amount for Payment Type	
Day Sheet (Receipts) Report	98
Payment Amount for Payment Type	
Day Sheet (Receipts) Report	98
Payment Type	
Daily Summary Report	88
Day Sheet (Receipts) Report	98
Deposit Slip	108
Credit Card Transaction Report	80
Payment Type Description	
Payment Summary Report	236
Payment Types	
Custom Practice Information Report	82
Percent of Payment Types	
Payment Summary Report	236
Quantity of Payment Type	
Payment Summary Report	236
Quantity of Payments for Payment Type	
Day Sheet (Receipts) Report	98
Total Amount of Payment Type	
Deposit Slip	108
Daily Summary Report	88
Total Amount of Payment Type for Clinic	
Deposit Slip	108
Total Amount of Payment Type for Operator	
Deposit Slip	108
Total Amount of Payments for Payment Type	
Day Sheet (Receipts) Report	98
Total Number of Payment Type Items	
Deposit Slip	108
Total Number of Payment Type Items for Clinic	
Deposit Slip	108
Total Number of Payment Type Items for Operator	
Deposit Slip	108

Payor

Payer Category	
UDS - Patient Related Revenue Report	348
Payer Name	
Procedures by Contracted Amount Report	268
Patient Revenue List by Payer Report	224
Subtotal of Allowances for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Bad Debt Write-offs for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Charges for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Other Retroactive Payment Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Sliding Discounts for Payer Category	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Allowances for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Bad Debt Write-offs for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Charges for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Sliding Discounts for Payer Category	
UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348

Payor ID

Insurance Carrier Payor ID	
Provider IDs List	284
Payor ID	
Insurance Carrier List	138

Penalty

Penalty or Payback Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Subtotal of Penalty or Payback Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348

Penalty (continued)

Subtotal of Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Total Penalty or Payback Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348

Pending

Amount of Pending Estimated Primary Insurance Portions YTD for Family	
Treatment Case Report	326
Amount of Pending Estimated Primary Insurance Portions YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Pending Estimated Secondary Insurance Portions YTD for Family	
Treatment Case Report	326
Amount of Pending Estimated Secondary Insurance Portions YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228

Pending Claim

Pending Claims	
Patient Route Slip	226

Percent

Coverage Percent	
Standard Coverage Tables Report	322
Insurance Coverage Tables Report	150
Finance Charge Percent	
Payment Agreement Report	234
Insurance Coverage Percent (Basic) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Basic) for Secondary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Major) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Major) for Secondary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Orthodontics) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Orthodontics) for Secondary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Preventative) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Preventative) for Secondary Insurance	
Patient Route Slip	226

Late Charge Percent or Amount	
Truth in Lending Disclosure Statement	332
Percent Broken Appointments	
Appointment Statistics Report	20
Percent Collected	
Provider A/R Totals - Daily Report	276
Percent Collected for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Percent for Provider	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Percent Late Appointments	
Appointment Statistics Report	20
Percent of Accepted Cases	
Practice Treatment Case Report	258
Percent of Active Patient Guarantors	
Practice Statistics Report	256
Percent of Active Patients	
Practice Statistics Report	256
Percent of Adjustment Type in Adjustment Type Category	
Adjustment Summary Report	4
Percent of Amount Aged 0 - 30	
Aging/Credit Balance Report	6
Percent of Amount Aged 121 - 150	
Aging/Credit Balance Report	6
Percent of Amount Aged 151 - 180	
Aging/Credit Balance Report	6
Percent of Amount Aged 31 - 60	
Aging/Credit Balance Report	6
Percent of Amount Aged 61 - 90	
Aging/Credit Balance Report	6
Percent of Amount Aged 90 - 120	
Aging/Credit Balance Report	6
Percent of Amount Aged Over 180	
Aging/Credit Balance Report	6
Percent of Appointments in Appointment Status for or Longer than Length of Time	
Appointment Statistics Report	20
Percent of Caries Free Patients	
Caries Prevalence and Periodontal Index Report	52
Percent of Completed Cases	
Practice Treatment Case Report	258
Percent of Divorced Patients	
Practice Statistics Report	256
Percent of Document Errors	
Document Center Audit Documents Report	114
Percent of Documents Audited	
Document Center Audit Documents Report	114
Percent of Female Patients	
Practice Statistics Report	256
Percent of Guarantor Portions	
Aging/Credit Balance Report	6
Percent of Insurance Estimate Amounts	
Aging/Credit Balance Report	6
Percent of Male Patients	
Practice Statistics Report	256
Percent of Married Patients	
Practice Statistics Report	256

Percent (continued)

Percent of Medicaid Procedures		Percent of Patients for Provider	
RVU Production Summary Report	310	Practice Statistics Report	256
Production Summary Report	272	Percent of Patients in ZIP Code	
Percent of Medicaid Procedures for Clinic		Practice Statistics Report	256
RVU Production Summary Report	310	Percent of Patients not on Prophy Continuing Care	
Production Summary Report	272	Practice Statistics Report	256
Percent of Medicaid Procedures for Provider		Percent of Patients with Caries History	
RVU Production Summary Report	310	Caries Prevalence and Periodontal Index Report	52
Production Summary Report	272	Percent of Patients with Dental and Medical Insurance	
Percent of Non-Medicaid Procedures		Practice Statistics Report	256
RVU Production Summary Report	310	Percent of Patients with Dental Fluorosis	
Production Summary Report	272	Caries Prevalence and Periodontal Index Report	52
Percent of Non-Medicaid Procedures for Clinic		Percent of Patients with dmfs > 0	
RVU Production Summary Report	310	Caries Prevalence and Periodontal Index Report	52
Production Summary Report	272	Percent of Patients with Highest CPITN	
Percent of Non-Medicaid Procedures for Provider		Caries Prevalence and Periodontal Index Report	52
RVU Production Summary Report	310	Percent of Patients with History of Decay	
Production Summary Report	272	Caries Prevalence and Periodontal Index Report	52
Percent of Non-patient Guarantors		Percent of Patients with Loss of Attachment < 3 mm	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Other Patients		Percent of Patients with Loss of Attachment >= 3 & < 5 mm	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Patient Non-guarantors		Percent of Patients with Loss of Attachment >= 5 mm	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Patients 0 - 2 Years		Percent of Patients with Perio Pockets < 4 mm	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Patients 11 - 12 Years		Percent of Patients with Perio Pockets >= 4 & 6 mm	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Patients 13 - 14 Years		Percent of Patients with Perio Pockets >= 6 mm	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Patients 15 - 16 Years		Percent of Patients with Primary Dental Insurance Only	
Practice Statistics Report	256	Practice Statistics Report	256
Percent of Patients 17 - 20 Years		Percent of Patients with Primary Medical Insurance	
Practice Statistics Report	256	Practice Statistics Report	256
Percent of Patients 21 - 30 Years		Percent of Patients with Sealants	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Patients 3 - 4 Years		Percent of Patients with Secondary Dental Insurance	
Practice Statistics Report	256	Practice Statistics Report	256
Percent of Patients 31 - 40 Years		Percent of Patients with Untreated Decay	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Patients 41 - 50 Years		Percent of Patients with Using Tobacco	
Practice Statistics Report	256	Caries Prevalence and Periodontal Index Report	52
Percent of Patients 5 - 6 Years		Percent of Patients without a Birth Date Entered	
Practice Statistics Report	256	Practice Statistics Report	256
Percent of Patients 51 - 60 Years		Percent of Patients without a ZIP Code	
Practice Statistics Report	256	Practice Statistics Report	256
Percent of Patients 61 - 70 Years			
Practice Statistics Report	256		
Percent of Patients 7 - 8 Years			
Practice Statistics Report	256		
Percent of Patients 71 - 80 Years			
Practice Statistics Report	256		
Percent of Patients 81+ Years			
Practice Statistics Report	256		
Percent of Patients 9 - 10 Years			
Practice Statistics Report	256		
Percent of Patients Due for Prophy (Month and Year)			
Practice Statistics Report	256		
Percent of Patients Eligible for Prophy Continuing Care			
Practice Statistics Report	256		

Percent (continued)

Percent of Patients without Dental and Medical Insurance	
Practice Statistics Report	256
Percent of Patients without Dental Insurance	
Practice Statistics Report	256
Percent of Patients without Medical Insurance	
Practice Statistics Report	256
Percent of Payment Types	
Payment Summary Report	236
Percent of Pre-authorized Cases	
Practice Treatment Case Report	258
Percent of Procedures	
RVU Production Summary Report	310
Production Summary Report	272
Percent of Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Percent of Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Percent of Production from Referral Source	
Referral Analysis Report	294
Percent of Production from Referral Sources	
Referral Analysis Report	294
Percent of Receivables	
Practice Analysis Report	252
Percent of Referred Cases	
Practice Treatment Case Report	258
Percent of Referred New Patients (in Month and Year)	
Practice Statistics Report	256
Percent of Scheduled Cases	
Practice Treatment Case Report	258
Percent of Separated Patients	
Practice Statistics Report	256
Percent of Single Patients	
Practice Statistics Report	256
Percent of Suspended Credits	
Aging/Credit Balance Report	6
Percent of Widowed Patients	
Practice Statistics Report	256
Percent or Child Patients	
Practice Statistics Report	256
Total Percent for All Clinics	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Percent for Clinic	
Oral Health Education Report	198
Periodontal Exam Report	250
Initial Health History Report	136
Total Percent of Document Errors	
Document Center Audit Documents Report	114
Total Percent of Documents Audited	
Document Center Audit Documents Report	114

Perio

Perio Exam Graphic Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Graphic Chart	
Perio - Graphic Chart Report	244

Perio Exam

Perio Exam Comparison Data Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Exam Comparison Graphic Chart	
Perio - Combined Graphic & Data Chart Report	238
Perio Exam Date	
Perio - Combined Graphic & Data Chart Report	238
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Perio Exam List	248
Patient Notes Report	216
Perio Exam Note	
Patient Notes Report	216
Perio Exam Provider Name	
Perio - Data Chart Report	240
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238

Perio Measurement

Bleeding	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238
Bone Loss	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238
Clinical Attachment Level	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238
Clinical Attachment Level (Facial)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238
Clinical Attachment Level (Lingual)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238
Clinical Attachment Level Graphic Chart	
Perio - Exam Comparison Report	242
Furcation Grade	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238
Furcation Involvement (Facial)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238
Furcation Involvement (Lingual)	
Perio - Exam Comparison Report	242
Perio - Combined Graphic & Data Chart Report	238
Gingival Margin	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238

Perio Measurement (continued)

Gingival Margin (Facial)		Aging/Credit Balance Report	6
Perio - Exam Comparison Report	242	Insurance Carrier Phone Number	
Perio - Combined Graphic & Data Chart Report	238	Insurance Claim Aging Report	146
Gingival Margin (Lingual)		Insurance Eligibility Report	152
Perio - Exam Comparison Report	242	Pre-Treatment Estimate Aging Report	262
Perio - Combined Graphic & Data Chart Report	238	Provider IDs List	284
Gingival Margin Graphic Chart		RVU Utilization Report	316
Perio - Exam Comparison Report	242	Utilization Report	366
Mobility		Insurance Carrier List	138
Perio - Data Chart Report	240	Patient Home Phone Number	
Perio - Combined Graphic & Data Chart Report	238	As Soon As Possible List	22
Mobility (Facial)		Clinical Notes Report	64
Perio - Exam Comparison Report	242	Continuing Care Display List	76
Perio - Combined Graphic & Data Chart Report	238	Daily Appointment List (DX1)	84
Mobility (Lingual)		Daily Appointment List Report	86
Perio - Exam Comparison Report	242	Day Sheet (Charges and Receipts) Report	94
Perio - Combined Graphic & Data Chart Report	238	Day Sheet Report	100
Mucogingival Junction		Letter Merge Reports	158
Perio - Data Chart Report	240	Patient Ledger Report	210
Perio - Combined Graphic & Data Chart Report	238	Patient List	212
Perio Measurement Change		Patient List (Filtered)	214
Perio - Exam Comparison Report	242	Patient Notes Report	216
Perio - Combined Graphic & Data Chart Report	238	Patient Questionnaire	222
Probing Depth (Facial)		Patient Route Slip	226
Perio - Data Chart Report	240	Prescription Printout	260
Perio - Exam Comparison Report	242	Referral Recap Report	296
Perio - Pocket Depths Only Report	246	Referral Slip	298
Perio - Combined Graphic & Data Chart Report	238	Treatment Plan Approval Report	328
Probing Depth (Lingual)		Treatment Plan Approval Status Report	330
Perio - Data Chart Report	240	Unscheduled Appointment List (DX1)	356
Perio - Exam Comparison Report	242	Unscheduled Appointment List (OM)	358
Perio - Pocket Depths Only Report	246	Unscheduled Treatment Plans (Condensed) Report	360
Perio - Combined Graphic & Data Chart Report	238	Unscheduled Treatment Plans (Detailed) Report	362
Suppuration		Appointment Book View Printout	14
Perio - Data Chart Report	240	Phone Number of Patient on Appointment	
Perio - Combined Graphic & Data Chart Report	238	Letter Merge Reports	158
Permanent		Practice Phone Extension	
Permanent/Temporary		Letter Merge Reports	158
Multi-Code List	188	Practice Phone Number	
Phone		Billing Statement	48
Employer Phone Number		Continuing Care Cards - No Appointment	74
Letter Merge Reports	158	Continuing Care Cards - with Appointment	75
Employers and Employed Patients Report	122	Coupon Book - Future Due Payments	78
Guarantor Home Phone Number		Coupon Book - Payment Agreements	79
Collections Manager List	70	Letter Merge Reports	158
Collections Manager List	70	Patient Treatment Case Report	228
Future Due Payment Plan Report - Standard	134	Perio - Combined Graphic & Data Chart Report	238
Patient Route Slip	226	Perio - Exam Comparison Report	242
Payment Agreement Report	234	Perio - Graphic Chart Report	244
Truth in Lending Disclosure Statement	332	Practice Organization List	254
		Prescription Printout	260
		Provider IDs List	284
		Registration Information Report	306
		Truth in Lending Disclosure Statement	332
		Walkout - Family Walkout	370
		Appointment Reminder Cards	18
		Provider Office Phone Number	
		Provider IDs List	284

Phone (continued)

Provider Phone Number	
Patient Chart Printout	204
Referral Recap Report	296
Referral Slip	298
Walkout - Doctor's Statement	368
Patient Chart and Progress Notes Printout	202
Referral Phone Number	
Referral Slip	298
Referral Recap Report	296
Referred by Doctor/Other Phone Number	
Referred By Doctor/Other Report	300
Referred by Source Phone Number	
Letter Merge Reports	158
Referred to Doctor Phone Number	
Referred To Doctor Report	304
Referred to Phone Number	
Letter Merge Reports	158
Referring Patient Home Phone Number	
Referred By Patient Report	302
Spouse Home Phone Number	
Patient Questionnaire	222

Physical Activity Counseling

Number of Patients 3 - 17 Years who Received Physical Activity Counseling	
Clinical Quality Measures List	66

Place of Service Code

Place of Service Code	
Medical Code List	186
Place of Service Code Description	
Medical Code List	186

Plaque

Plaque	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238

Pocket Depth

Percent of Patients with Perio Pockets < 4 mm	
Caries Prevalence and Periodontal Index Report	52
Percent of Patients with Perio Pockets >= 4 & 6 mm	
Caries Prevalence and Periodontal Index Report	52
Percent of Patients with Perio Pockets >= 6 mm	
Caries Prevalence and Periodontal Index Report	52

Poor Scan

Number of Poor Scan Errors	
Document Center Audit Documents Report	114
Total Number of Poor Scan Errors	
Document Center Audit Documents Report	114

Portion

Account Estimated Insurance Portion	
Patient Route Slip	226
Amount of Dental Insurance Portion	
Patient Chart Printout	204
Amount of Estimated Insurance Portion	
Insurance Claim Aging Report	146
Amount of Office Portion	
Patient Treatment Case Report	228

Amount of Office Portion for Case	
Patient Treatment Case Report	228
Amount of Office Portion for Visit	
Patient Treatment Case Report	228
Amount of Patient Portion	
Patient Treatment Case Report	228
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Chart Printout	204
Amount of Patient Portion for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Amount of Patient Portion for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Pending Estimated Primary Insurance Portions YTD for Family	
Treatment Case Report	326
Amount of Pending Estimated Primary Insurance Portions YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Primary Insurance Portion	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Primary Insurance Portion for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Amount of Primary Insurance Portion for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Secondary Insurance Portion	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Secondary Insurance Portion for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Amount of Secondary Insurance Portion for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Co-pay Calculation for Insurance Portion	
Insurance Coverage Tables Report	150
Estimated Amount of Patient's Portion	
Patient Treatment Case Report	228
Treatment Case Report	326
Patient Proposed Treatment Case Report (Your Care Plan)	220
Estimated Guarantor Portion	
Patient Route Slip	226
Estimated Insurance Portion	
Patient Proposed Treatment Case Report (Your Care Plan)	220
Dental Encounters Report	106
Estimated Patient Portion	
Patient Route Slip	226
Guarantor Estimate Amount	
Collections Manager List	70

Portion (continued)

Guarantor Portions		Perio - Combined Graphic & Data Chart Report	
Aging/Credit Balance Report	6	238	
Patient Estimated Insurance Portion		Perio - Exam Comparison Report	242
Patient Route Slip	226	Perio - Graphic Chart Report	244
Payment Agreement Payment Portion Applied to Interest		Practice Organization List	254
Payment Agreement Amortization Schedule	232	Prescription Printout	260
Payment Agreement Payment Portion Applied to Principle		Provider IDs List	284
Payment Agreement Amortization Schedule	232	Referral Recap Report	296
Percent of Guarantor Portions		Referral Slip	298
Aging/Credit Balance Report	6	Truth in Lending Disclosure Statement	332
Total Amount of Dental Insurance Portions		Walkout - Family Walkout	370
Patient Chart Printout	204	Appointment Reminder Cards	18
Total Amount of Estimated Insurance Portion for Primary and Secondary Claims		Practice Change	
Insurance Claim Aging Report	146	Audit Report - Clinics	30
Total Amount of Estimated Insurance Portion for Primary Claims		Practice City	
Insurance Claim Aging Report	146	Registration Information Report	306
Total Amount of Estimated Insurance Portion for Secondary Claims		Practice City State and ZIP Code	
Insurance Claim Aging Report	146	Letter Merge Reports	158
Total Amount of Guarantor Estimates		Practice Country	
Collections Manager List	70	Registration Information Report	306
Total Amount of Guarantor Portions		Practice Fiscal Year Month	
Aging/Credit Balance Report	6	Registration Information Report	306
Total Amount of Patient Portion for Case		Practice Name	
Treatment Case Report	326	Billing Statement	48
Total Amount of Patient Portions		Continuing Care Cards - No Appointment	74
Patient Chart Printout	204	Continuing Care Cards - with Appointment	75
Total Amount of Primary Insurance Portion for Case		Coupon Book - Future Due Payments	78
Treatment Case Report	326	Coupon Book - Payment Agreements	79
Total Amount of Secondary Insurance Portion for Case		Letter Merge Reports	158
Treatment Case Report	326	Perio - Combined Graphic & Data Chart Report	238
Total Estimated Amount of Patient's Portion		Prescription Printout	260
Patient Proposed Treatment Case Report (Your Care Plan)	220	Truth in Lending Disclosure Statement	332
Total Estimated Insurance Portion		Walkout - Family Walkout	370
Patient Proposed Treatment Case Report (Your Care Plan)	220	Appointment Reminder Cards	18
Poverty Level		Practice Phone Extension	
Patient Poverty Level		Letter Merge Reports	158
Patient List (Filtered)	214	Practice Phone Number	
Poverty Level		Billing Statement	48
UDS - Patient Status Report	350	Continuing Care Cards - No Appointment	74
Practice		Continuing Care Cards - with Appointment	75
Blue Cross/Blue Shield Number		Coupon Book - Future Due Payments	78
Practice Organization List	254	Coupon Book - Payment Agreements	79
Practice		Letter Merge Reports	158
Audit Report - Clinics	30	Patient Treatment Case Report	228
Practice Address		Perio - Combined Graphic & Data Chart Report	238
Billing Statement	48	Perio - Exam Comparison Report	242
Continuing Care Cards - No Appointment	74	Perio - Graphic Chart Report	244
Continuing Care Cards - with Appointment	75	Practice Organization List	254
Coupon Book - Future Due Payments	78	Prescription Printout	260
Coupon Book - Payment Agreements	79	Provider IDs List	284
Patient Chart and Progress Notes Printout	202	Registration Information Report	306
Patient Chart Printout	204	Truth in Lending Disclosure Statement	332
Patient Treatment Case Report	228	Walkout - Family Walkout	370
		Appointment Reminder Cards	18
		Practice Signature	
		Treatment Case Report	326
		Practice State	
		Registration Information Report	306

Practice (continued)

Practice Street Address	
Registration Information Report	306
Letter Merge Reports	158
Practice Title	
Registration Information Report	306
Audit Report - Clinics	30
Practice Title Change	
Audit Report - Clinics	30
Practice ZIP Code	
Registration Information Report	306

Pre-Authorization

Percent of Pre-authorized Cases	
Practice Treatment Case Report	258
Pre-authorization Required	
Standard Coverage Tables Report	322
Insurance Coverage Tables Report	150

Pre-Treatment Estimate

Pre-treatment Estimate Amount	
Patient Route Slip	226
Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimates Not Sent Report	264
Secondary Pre-Treatment Estimates Not Created Report	320
Insurance Transaction Analysis Report	154
Pre-treatment Estimate Date	
Pre-Treatment Estimates Not Sent Report	264
Pre-treatment Estimate Expiration Date	
Secondary Pre-Treatment Estimates Not Created Report	320
Pre-Treatment Estimates Not Sent Report	264
Pre-treatment Estimate On Hold Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Re-sent Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Sent Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Tracer Date	
Pre-Treatment Estimate Aging Report	262
Primary Pre-treatment Estimate Date	
Secondary Pre-Treatment Estimates Not Created Report	320
Primary Pre-treatment Estimate Sent Date	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Secondary Pre-treatment Estimate Sent Date	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Total Amount for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 1 - 30 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 1 - 30 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262

Total Amount of Account Balances Aged 121 - 150 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 121 - 150 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 151 - 180 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 151 - 180 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 181+ for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 181+ for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 31 - 60 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 31 - 60 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 for Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 for Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances with Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Account Balances with Primary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262

Pre-Treatment Estimate (continued)

Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Pre-treatment Estimates	
Pre-Treatment Estimate Aging Report	262
Total Amount of Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264
Total Amount of Primary Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264
Total Amount of Secondary Pre-treatment Estimates not Created	
Secondary Pre-Treatment Estimates Not Created Report	320
Total Amount of Secondary Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264

Preferred Contact Method

Patient Preferred Contact Method	
Patient List (Filtered)	214

Preferred Name

Patient's Preferred Name	
Letter Merge Reports	158
Appointment Book View Printout	14

Prescription

Dispense as Written	
Prescription Printout	260
Generic Substitution Permitted	
Prescription Printout	260
Number of Electronic Prescriptions	
Meaningful Use Measure Calculation List	162
Number of Patients with Electronic Prescriptions	
Meaningful Use Measure Calculation List	162
Number of Prescriptions	
Meaningful Use Measure Calculation List	162
Number of Prescriptions Ordered	
Meaningful Use Measure Calculation List	162
Number of Prescriptions Ordered Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162
Prescribed Medication	
Prescription Printout	260
Prescription Date	
Prescription Printout	260
Patient List (Filtered)	214
Prescription Details	
Prescription Printout	260
Prescription Note	
Prescription Printout	260

Preventative

Amount of Preventative Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed to Primary Insurance	
Patient Route Slip	226

Amount of Preventative Deductible Owed to Secondary Insurance

Patient Route Slip	226
Insurance Coverage Percent (Preventative) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Preventative) for Secondary Insurance	
Patient Route Slip	226
Lifetime/Individual/Standard Preventative Deductible	
Insurance Carrier List	138
Preventative Deductible Met	
Insurance Carrier List	138
Preventative Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Preventative Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228

Previous Balance

Previous Balance	
Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94
Previous Balance for Clinic	
Day Sheet Report	100
Previous Balance for Provider	
Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94

Previous Year

Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348
Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348

Primary

Amount of Annual Primary Insurance Plan Benefits for Family	
Treatment Case Report	326
Amount of Annual Primary Insurance Plan Benefits for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228

Primary (continued)

Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Other Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Other Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Pending Estimated Primary Insurance Portions YTD for Family	
Treatment Case Report	326
Amount of Pending Estimated Primary Insurance Portions YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Preventative Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Preventative Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Primary Insurance Benefits Remaining	
Unscheduled Treatment Plans (Detailed) Report	362
Patient Route Slip	226
Amount of Primary Insurance Benefits Used	
Patient Route Slip	226
Amount of Primary Insurance Paid Benefits YTD for Family	
Treatment Case Report	326
Amount of Primary Insurance Paid Benefits YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Primary Insurance Portion	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Primary Insurance Portion for Case	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Amount of Primary Insurance Portion for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Remaining Benefits for Primary Insurance	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Amount of Standard Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed to Primary Insurance	
Patient Route Slip	226

Insurance Coverage Percent (Basic) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Major) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Orthodontics) for Primary Insurance	
Patient Route Slip	226
Insurance Coverage Percent (Preventative) for Primary Insurance	
Patient Route Slip	226
Insurance Plan Group Number for Primary Insurance	
Patient Questionnaire	222
Insurance Plan Name and Address for Primary Insurance	
Patient Questionnaire	222
Last Eligibility Date for Primary Insurance Coverage	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Maximum Primary Insurance Benefit Amount	
Patient Route Slip	226
Number of Encounters for Primary Providers	
UDS - Encounters by Provider Report	340
Number of Patients with Primary Dental Insurance Only	
Practice Statistics Report	256
Number of Patients with Primary Medical Insurance	
Practice Statistics Report	256
Other Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Other Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Outstanding Primary Insurance Estimated Amount	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Patient Relationship to Subscriber for Primary Insurance	
Patient Questionnaire	222
Percent of Patients with Primary Dental Insurance Only	
Practice Statistics Report	256
Percent of Patients with Primary Medical Insurance	
Practice Statistics Report	256
Preventative Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Preventative Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Primary Claim Date	
Secondary Insurance Claims Not Created Report	318
Primary Dental Insurance Carrier Name	
Patient List	212
Primary Eligibility Date	
Appointment Book View Printout	14
Primary Insurance Benefits Expiration Date for Family	
Treatment Case Report	326
Primary Insurance Benefits Expiration Date for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Primary Insurance Benefits Remaining	
Letter Merge Reports	158
Primary Insurance Benefits Renewal Month	
Patient Route Slip	226

Primary (continued)

Primary Insurance Carrier Name		Subscriber ID for Primary Insurance	
Patient Route Slip	226	Patient Questionnaire	222
Treatment Plan Approval Report	328	Subscriber Name for Primary Insurance	
Treatment Plan Approval Status Report	330	Patient Route Slip	226
Unscheduled Treatment Plans (Detailed) Report	362	Patient Questionnaire	222
Letter Merge Reports	158	Subscriber's Employer Address for Primary Insurance	
Primary Insurance Carrier Plan Employer		Patient Questionnaire	222
Patient Route Slip	226	Subscriber's Employer Name for Primary Insurance	
Primary Insurance Estimated Amount		Patient Questionnaire	222
Treatment Plan Approval Status Report	330	Total Amount for Primary Pre-treatment Estimates	
Treatment Plan Approval Report	328	Pre-Treatment Estimate Aging Report	262
Primary Insurance Plan Group Number		Total Amount of Account Balances Aged 1 - 30 for	
Treatment Plan Approval Report	328	Primary Pre-treatment Estimates	
Treatment Plan Approval Status Report	330	Pre-Treatment Estimate Aging Report	262
Patient Route Slip	226	Total Amount of Account Balances Aged 1 - 30 with	
Primary Insurance Plan Renewal Month		Primary Claims	
Unscheduled Treatment Plans (Detailed) Report	362	Insurance Claim Aging Report	146
Primary Insurance Subscriber ID		Total Amount of Account Balances Aged 121 - 150 for	
Letter Merge Reports	158	Primary Pre-treatment Estimates	
Primary Medical Insurance Carrier Name		Pre-Treatment Estimate Aging Report	262
Patient List	212	Total Amount of Account Balances Aged 121 - 150 with	
Primary Pre-treatment Estimate Date		Primary Claims	
Secondary Pre-Treatment Estimates Not Created		Insurance Claim Aging Report	146
Report	320	Total Amount of Account Balances Aged 151 - 180 for	
Primary Pre-treatment Estimate Sent Date		Primary Pre-treatment Estimates	
Treatment Plan Approval Status Report	330	Pre-Treatment Estimate Aging Report	262
Treatment Plan Approval Report	328	Total Amount of Account Balances Aged 151 - 180 with	
Primary Production Amount		Primary Claims	
Insurance Carrier Production - Full Report	142	Insurance Claim Aging Report	146
Primary Production Amount for Insurance Plan		Total Amount of Account Balances Aged 181+ for Pri-	
Insurance Carrier Production - Summary Report	144	mary Pre-treatment Estimates	
Insurance Carrier Production - Full Report	142	Pre-Treatment Estimate Aging Report	262
Primary Provider		Pre-Treatment Estimate Aging Report	262
Patient Proposed Treatment Case Report (Your		Total Amount of Account Balances Aged 181+ with	
Care Plan)	220	Primary Claims	
UDS - Insurance Financial Class Report (2013)	344	Insurance Claim Aging Report	146
UDS - Medicaid/Medicare Report	346	Total Amount of Account Balances Aged 31 - 60 for	
UDS - Sealant Statistics Report	352	Primary Pre-treatment Estimates	
UDS - Tobacco Use and Intervention Report	354	Pre-Treatment Estimate Aging Report	262
Patient List (Filtered)	214	Total Amount of Account Balances Aged 31 - 60 with	
Primary Provider ID		Primary Claims	
Patient Route Slip	226	Insurance Claim Aging Report	146
Audit Report - Patients	34	Total Amount of Account Balances Aged 61 - 90 for	
Primary Provider ID Change		Primary Pre-treatment Estimates	
Audit Report - Patients	34	Pre-Treatment Estimate Aging Report	262
Standard Deductible Owed by Family to Primary Insur-		Total Amount of Account Balances Aged 61 - 90 with	
ance		Primary Claims	
Treatment Case Report	326	Insurance Claim Aging Report	146
Standard Deductible Owed by Patient to Primary Insur-		Total Amount of Account Balances Aged 91 - 120 for	
ance		Primary Pre-treatment Estimates	
Treatment Case Report	326	Pre-Treatment Estimate Aging Report	262
Patient Treatment Case Report	228	Total Amount of Account Balances Aged 91 - 120 with	
Subscriber Address for Primary Insurance		Primary Claims	
Patient Questionnaire	222	Insurance Claim Aging Report	146
Subscriber Birth Date for Primary Insurance		Total Amount of Account Balances with Primary Claims	
Patient Questionnaire	222	Insurance Claim Aging Report	146
		Total Amount of Account Balances with Primary Pre-	
		treatment Estimates	
		Pre-Treatment Estimate Aging Report	262
		Total Amount of Estimated Insurance Portion for Pri-	
		mary and Secondary Claims	
		Insurance Claim Aging Report	146

Primary (continued)

Total Amount of Estimated Insurance Portion for Primary Claims	
Insurance Claim Aging Report	146
Total Amount of Primary and Secondary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Primary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Primary Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264
Total Amount of Primary Production	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142

Principle

Payment Agreement Payment Portion Applied to Principle	
Payment Agreement Amortization Schedule	232

Printed

Printed Patient Report	
Audit Report - Combined	32

Prior Balance

Prior Account Balance	
Walkout - Family Walkout	370

Prior Treatment

Continuing Care Prior Treatment Date	
Continuing Care Display List	76

Prior Work

Continuing Care Prior Work Date	
Letter Merge Reports	158

Priority

Case Priority	
Patient Treatment Case Report	228

Probing Depth

Probing Depth (Facial)	
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238
Probing Depth (Lingual)	
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238

Problem

Number of Patients with Problems or Attestations of No Known Problems	
Meaningful Use Measure Calculation List	162
Problem Description	
Patient List (Filtered)	214
Problem Discovery Date	
Patient List (Filtered)	214

Procedure

ADA Code Description for Treatment-planned Procedure	
Patient Chart Printout	204

ADA Code Description of Treatment-planned Procedure	
Referral Slip	298
ADA Code of Treatment-planned Procedure	
Referral Slip	298
Amount of Completed Procedures for Patient	
Procedures Not Attached to Insurance Report	270
Amount of Lab Expenses for Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Amount of Lab Expenses for Medicaid Procedures for Provider	
RVU Production Summary Report	310
Amount of Lab Expenses of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Amount of Lab Expenses of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Amount of Lab Expenses of Procedures for Clinic	
RVU Production Summary Report	310
Amount of Lab Expenses of Procedures for Provider	
RVU Production Summary Report	310
Amount of Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Amount of Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Amount of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Amount of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Amount of Procedure	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Amount of Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Amount of Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Amount of Treatment-planned Procedure	
Patient Chart Printout	204
Average Amount of Medicaid Procedures	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Medicaid Procedures for Provider	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Non-Medicaid Procedures	
RVU Production Summary Report	310
Production Summary Report	272
Average Amount of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310
Production Summary Report	272

Procedure (continued)

Average Amount of Non-Medicaid Procedures for Provider		Percent of Medicaid Procedures for Provider	
RVU Production Summary Report	310	RVU Production Summary Report	310
Production Summary Report	272	Production Summary Report	272
Average Amount of Procedures		Percent of Non-Medicaid Procedures	
RVU Production Summary Report	310	RVU Production Summary Report	310
Production Summary Report	272	Production Summary Report	272
Average Amount of Procedures for Clinic		Percent of Non-Medicaid Procedures for Clinic	
RVU Production Summary Report	310	RVU Production Summary Report	310
Production Summary Report	272	Production Summary Report	272
Average Amount of Procedures for Provider		Percent of Non-Medicaid Procedures for Provider	
RVU Production Summary Report	310	RVU Production Summary Report	310
Production Summary Report	272	Production Summary Report	272
Date of Completed Procedure		Percent of Procedures	
Walkout - Doctor's Statement	368	RVU Production Summary Report	310
Date of Treatment-planned Procedure		Production Summary Report	272
Referral Slip	298	Percent of Procedures for Clinic	
Deleted Procedure		RVU Production Summary Report	310
Audit Report - Combined	32	Production Summary Report	272
First Procedure		Percent of Procedures for Provider	
New Patient List	190	RVU Production Summary Report	310
Inserted Procedure		Production Summary Report	272
Audit Report - Combined	32	Procedure Amount	
Modified Procedure		Patient List (Filtered)	214
Audit Report - Combined	32	Procedures Not Attached to Insurance Report	270
Net RVU for Medicaid Procedures		Production Summary Report	272
RVU Production Summary Report	310	Provider Revenue - Allocations Report	286
Net RVU of Medicaid Procedures for Clinic		Provider Revenue - Charges Report	288
RVU Production Summary Report	310	Provider Revenue - Credits Report	290
Net RVU of Medicaid Procedures for Provider		RVU Production Summary Report	310
RVU Production Summary Report	310	Audit Report - Combined	32
Net RVU of Non-Medicaid Procedures		Procedure Date	
RVU Production Summary Report	310	Audit Report - Transactions	38
Net RVU of Non-Medicaid Procedures for Clinic		Billing Statement	48
RVU Production Summary Report	310	Day Sheet (Adjustments) Report	90
Net RVU of Non-Medicaid Procedures for Provider		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Day Sheet (Receipts) Report	98
Net RVU of Procedures		Day Sheet Report	100
RVU Production Summary Report	310	Operator Day Sheet Report	194
Net RVU of Procedures for Clinic		Patient Chart and Progress Notes Printout	202
RVU Production Summary Report	310	Patient List (Filtered)	214
Net RVU of Procedures for Provider		Patient Treatment Case Report	228
RVU Production Summary Report	310	Practice Treatment Case Report	258
Next Appointment Procedure Amount		Production Summary Report	272
Patient Route Slip	226	Provider Revenue - Allocations Report	286
Next Appointment Procedure Date		Provider Revenue - Charges Report	288
Patient Route Slip	226	Provider Revenue - Credits Report	290
Number of Scheduled Treatment-planned Procedures		RVU Day Sheet Report	308
Practice Treatment Case Report	258	RVU Production Summary Report	310
Number of Unscheduled Treatment-planned Procedures		Suspended Credits Report	324
Practice Treatment Case Report	258	Audit Report - Combined	32
Percent of Medicaid Procedures		Procedure Date Change	
RVU Production Summary Report	310	Audit Report - Transactions	38
Production Summary Report	272	Procedure Date for Date of Service	
Percent of Medicaid Procedures for Clinic		Letter Merge Reports	158
RVU Production Summary Report	310	Procedure Description	
Production Summary Report	272	Day Sheet Report	100
Percent of Medicaid Procedures for Provider		Audit Report - Combined	32
RVU Production Summary Report	310	Procedure Fee	
Production Summary Report	272	Utilization Report	366
		RVU Utilization Report	316

Procedure (continued)

Procedure Note		Total Quantity of Non-Medicaid Procedures	
Treatment Case Report	326	RVU Production Summary Report	310
Treatment Plan Approval Report	328	Production Summary Report	272
Treatment Plan Approval Status Report	330	Total Quantity of Procedures	
Patient Chart and Progress Notes Printout	202	RVU Production Summary Report	310
Procedure RVU		Production Summary Report	272
RVU Utilization Report	316	Treatment-planned Procedure Amount	
Quantity of Medicaid Procedures for Clinic		Unscheduled Treatment Plans (Detailed) Report	362
RVU Production Summary Report	310	Treatment-planned Procedure Date	
Production Summary Report	272	Unscheduled Treatment Plans (Detailed) Report	362
Quantity of Medicaid Procedures for Provider		Treatment Case Report	326
RVU Production Summary Report	310	Procedure Code Category	
Production Summary Report	272	Procedure Code Category	
Quantity of Non-Medicaid Procedures for Clinic		Standard Coverage Tables Report	322
RVU Production Summary Report	310	Insurance Coverage Tables Report	150
Production Summary Report	272	Production	
Quantity of Non-Medicaid Procedures for Provider		Amount of - Adjustments (Production)	
RVU Production Summary Report	310	Provider A/R Totals - Daily Report	276
Production Summary Report	272	Amount of - Adjustments (Production) for Provider	
Quantity of Procedures for Provider		Provider A/R Totals - Standard Report	278
RVU Production Summary Report	310	Provider A/R Totals - Daily Report	276
Production Summary Report	272	Amount of + Adjustments (Production)	
Replace Initial Zero of Procedure Code on Claims		Provider A/R Totals - Daily Report	276
Insurance Carrier List	138	Amount of + Adjustments (Production) for Provider	
Time Units		Provider A/R Totals - Standard Report	278
Procedure Code List	266	Provider A/R Totals - Daily Report	276
Multi-Code List	188	Amount of Debit Initial Balances (Production)	
Tooth Number for Treatment-planned Procedure		Provider A/R Totals - Daily Report	276
Patient Chart Printout	204	Amount of Debit Initial Balances (Production) for Prov	
Tooth Number of Treatment-Planned Procedure		Provider A/R Totals - Standard Report	278
Referral Slip	298	Provider A/R Totals - Daily Report	276
Tooth Surface of Treatment-planned Procedure		Appointment Production Amount	
Referral Slip	298	Appointment Book View Printout	14
Total Amount of Completed Procedures		Appointment Production Type	
Walkout - Doctor's Statement	368	Audit Report - Appointments	26
Procedures Not Attached to Insurance Report	270	Multi-Code List	188
Total Amount of Lab Expenses of Medicaid Procedures		Procedure Code List	266
RVU Production Summary Report	310	Appointment Book View Printout	14
Total Amount of Lab Expenses of Non-Medicaid Procedures		Appointment Production Type Change	
RVU Production Summary Report	310	Audit Report - Appointments	26
Total Amount of Lab Expenses of Procedures		Average Production per Patient	
RVU Production Summary Report	310	Analysis Summary Report - Standard	12
Total Amount of Medicaid Procedures		Day Sheet Report	100
RVU Production Summary Report	310	Analysis Summary Report - Daily	8
Production Summary Report	272	Average Production per Patient at Clinic from Referral Source	
Total Amount of Non-Medicaid Procedures		Referral Analysis Report	294
RVU Production Summary Report	310	Average Production per Patient for Clinic	
Production Summary Report	272	Analysis Summary Report - Standard	12
Total Amount of Procedures		Day Sheet Report	100
RVU Production Summary Report	310	Analysis Summary Report - Daily	8
Production Summary Report	272	Average Production per Patient for Provider	
Total Amount of Treatment-planned Procedures		Analysis Summary Report - Standard	12
Practice Treatment Case Report	258	Day Sheet Report	100
Patient Chart Printout	204	Analysis Summary Report - Daily	8
Total Quantity of Medicaid Procedures		Average Production Per Patient from Referral Source	
RVU Production Summary Report	310	Referral Analysis Report	294
Production Summary Report	272	Average Production Per Patient from Referral Sources	
		Referral Analysis Report	294

Production (continued)

Average Production per Patient MTD	
Day Sheet (Charges and Receipts) Report	94
Average Production per Patient MTD for Provider	
Day Sheet (Charges and Receipts) Report	94
Current Average Production per Patient	
Day Sheet (Charges and Receipts) Report	94
Current Average Production per Patient for Provider	
Day Sheet (Charges and Receipts) Report	94
Next Appointment Production Amount	
Patient Route Slip	226
Percent of Production from Referral Source	
Referral Analysis Report	294
Percent of Production from Referral Sources	
Referral Analysis Report	294
Primary Production Amount	
Insurance Carrier Production - Full Report	142
Primary Production Amount for Insurance Plan	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142
Production	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Production Adjustments	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Production Amount	
Referred By Doctor/Other Report	300
Referred By Patient Report	302
Provider A/R Totals - Daily Report	276
Production Amount for Provider	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Production at Clinic from Referral Source	
Referral Analysis Report	294
Production from Referral Source	
Referral Analysis Report	294
Secondary Production Amount	
Insurance Carrier Production - Full Report	142
Secondary Production Amount for Insurance Plan	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142
Total Amount of - Adjustments (Production)	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of + Adjustments (Production)	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of Debit Initial Balances (Production)	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Amount of Primary Production	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142
Total Amount of Secondary Production	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142

Total Average Production per Patient	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Total Average Production per Patient at Clinics from Referral Source	
Referral Analysis Report	294
Total Production Amount	
Provider A/R Totals - Standard Report	278
Provider A/R Totals - Daily Report	276
Total Production at Clinics from Referral Source	
Referral Analysis Report	294
Total Production from Referral Sources	
Referral Analysis Report	294

Production Type

Appointment Production Type	
Audit Report - Appointments	26
Multi-Code List	188
Procedure Code List	266
Appointment Book View Printout	14
Appointment Production Type Change	
Audit Report - Appointments	26

Projected

Projected Amount of Remaining Benefits	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Projected Amount of Remaining Benefits for Secondary Insurance	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328

Prophy

Number of Patients Eligible for Prophy Continuing Care	
Practice Statistics Report	256
Number of Patients not on Prophy Continuing Care	
Practice Statistics Report	256
Percent of Patients Due for Prophy (Month and Year)	
Practice Statistics Report	256
Percent of Patients Eligible for Prophy Continuing Care	
Practice Statistics Report	256
Percent of Patients not on Prophy Continuing Care	
Practice Statistics Report	256

Prophylaxis

Last Prophylaxis	
Patient Route Slip	226
Last Prophylaxis Date	
Patient Route Slip	226
Number of Patients Due for Prophy (on Month and Year)	
Practice Statistics Report	256
Number of Patients Eligible for Prophy Continuing Care	
Practice Statistics Report	256
Number of Patients not on Prophy Continuing Care	
Practice Statistics Report	256
Percent of Patients Due for Prophy (Month and Year)	
Practice Statistics Report	256

Provider

20+ Years Old for Financial Class Type for Provider	
UDS - Insurance Financial Class Report	342
Account Provider	
Collections Manager List	70
Aged Amount 0 - 30 for Provider	
Aging/Credit Balance Report	6
Aged Amount 121 - 150 for Provider	
Aging/Credit Balance Report	6

Provider (continued)

Aged Amount 151 - 180 for Provider		Amount of Charges for Provider	
Aging/Credit Balance Report	6	Provider A/R Totals - Daily Report	276
Aged Amount 31 - 60 for Provider		Provider A/R Totals - Standard Report	278
Aging/Credit Balance Report	6	Day Sheet Report	100
Aged Amount 61 - 90 for Provider		Amount of Credit Initial Balances for Provider	
Aging/Credit Balance Report	6	Analysis Summary Report - Standard	12
Aged Amount 90 - 120 for Provider		Day Sheet Report	100
Aging/Credit Balance Report	6	Provider A/R Totals - Daily Report	276
Aged Amount Over 180 for Provider		Provider A/R Totals - Standard Report	278
Aging/Credit Balance Report	6	Analysis Summary Report - Daily	8
Amount Billed to Insurance for Provider		Amount of Credit Special Adjustments for Provider	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Day Sheet Report	100
Analysis Summary Report - Daily	8	Provider A/R Totals - Daily Report	276
Amount of - Adjustments (Collection) for Provider		Provider A/R Totals - Standard Report	278
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Amount of Current Applied Credit Adjustments for Prov	
Amount of - Adjustments (Production) for Provider		Day Sheet (Charges and Receipts) Report	94
Provider A/R Totals - Standard Report	278	Amount of Current Applied Payments for Provider	
Provider A/R Totals - Daily Report	276	Day Sheet (Charges and Receipts) Report	94
Amount of + Adjustments (Collection) for Provider		Amount of Current Charge Adjustments for Provider	
Provider A/R Totals - Standard Report	278	Day Sheet (Charges and Receipts) Report	94
Provider A/R Totals - Daily Report	276	Day Sheet (Charges and Receipts) Report	94
Amount of + Adjustments (Production) for Provider		Amount of Current Charges Billed to Insurance for Provider	
Provider A/R Totals - Standard Report	278	Day Sheet (Charges and Receipts) Report	94
Provider A/R Totals - Daily Report	276	Amount of Current Charges Compared to Fee Schedule for Provider	
Amount of Applied Credit Adjustments for Previous Month for Provider		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Amount of Current Finance Charges for Provider	
Amount of Applied Credit Adjustments for Provider		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Amount of Current Late Charges for Provider	
Day Sheet Report	100	Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Daily	8	Amount of Current Suspended Credit Adjustments for Provider	
Amount of Applied Insurance Payments for Provider		Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Standard	12	Amount of Current Suspended Payments for Provider	
Day Sheet Report	100	Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Daily	8	Amount of Debit Initial Balances (Production) for Prov	
Amount of Applied Payments for Previous Month for Provider		Provider A/R Totals - Standard Report	278
Day Sheet (Charges and Receipts) Report	94	Provider A/R Totals - Daily Report	276
Amount of Applied Payments for Provider		Amount of Debit Initial Balances for Provider	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Day Sheet Report	100
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Amount of Beginning Balances for Provider		Amount of Debit Special Adjustments for Provider	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Day Sheet Report	100
Amount of Charge Adjustments for Previous Month for Provider		Provider A/R Totals - Daily Report	276
Day Sheet (Charges and Receipts) Report	94	Provider A/R Totals - Standard Report	278
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Amount of Charge Adjustments for Provider		Amount of Ending Balances for Provider	
Analysis Summary Report - Standard	12	Analysis Summary Report - Standard	12
Day Sheet Report	100	Analysis Summary Report - Daily	8
Analysis Summary Report - Daily	8	Amount of Finance Charges for Previous Month for Provider	
Amount of Charges Billed to Insurance for Previous Month for Provider		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Amount of Finance Charges for Provider	
Amount of Charges for Previous Month for Provider		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	94	Day Sheet Report	100
		Finance Charge Report	130
		Provider A/R Totals - Daily Report	276

Provider (continued)

Provider A/R Totals - Standard Report	278	Amount of Other Applied Credit Adjustments for Provider	
Analysis Summary Report - Daily	8	Analysis Summary Report - Standard	12
Amount of Insurance Payments for Provider		Day Sheet Report	100
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Amount of Other Applied Credit Initial Balances for Provider	
Amount of Lab Expenses for Medicaid Procedures for Provider		Day Sheet Report	100
RVU Production Summary Report	310	Amount of Other Applied Credit Special Adjustments for Provider	
Amount of Lab Expenses for Provider		Day Sheet Report	100
RVU Day Sheet Report	308	Amount of Other Applied Insurance Payments for Provider	
Amount of Lab Expenses of Non-Medicaid Procedures for Provider		Analysis Summary Report - Standard	12
RVU Production Summary Report	310	Day Sheet Report	100
Amount of Lab Expenses of Procedures for Provider		Analysis Summary Report - Daily	8
RVU Production Summary Report	310	Amount of Other Applied Payments for Provider	
Amount of Late Charges for Previous Month for Provider		Analysis Summary Report - Standard	12
Day Sheet (Charges and Receipts) Report	94	Day Sheet Report	100
Amount of Late Charges for Provider		Analysis Summary Report - Daily	8
Analysis Summary Report - Standard	12	Amount of Other Credit Initial Balances for Provider	
Day Sheet Report	100	Analysis Summary Report - Standard	12
Late Charge Report	156	Analysis Summary Report - Daily	8
Provider A/R Totals - Daily Report	276	Amount of Other Credit Special Adjustments for Provider	
Provider A/R Totals - Standard Report	278	Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8	Analysis Summary Report - Daily	8
Amount of Medicaid Procedures for Provider		Amount of Payments for Provider	
RVU Production Summary Report	310	Provider A/R Totals - Standard Report	278
Production Summary Report	272	Provider A/R Totals - Daily Report	276
Amount of MTD Applied Credit Adjustments for Provider		Amount of Procedures for Provider	
Day Sheet (Charges and Receipts) Report	94	RVU Production Summary Report	310
Amount of MTD Applied Payments for Provider		Production Summary Report	272
Day Sheet (Charges and Receipts) Report	94	Amount of Suspended Credit Adjustments for Previous Month for Provider	
Amount of MTD Charge Adjustments for Provider		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Amount of Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Amount of MTD Charges Billed to Insurance for Provider		Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Amount of MTD Charges for Provider		Amount of Suspended Insurance Payments for Provider	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Amount of MTD Finance Charges for Provider		Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Amount of MTD Late Charges for Provider		Amount of Suspended Payments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Credit Adjustments for Provider		Amount of Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Amount of MTD Suspended Payments for Provider		Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Daily	8
Amount of Net Change for Provider		Amount of YTD Applied Credit Adjustments for Provider	
Analysis Summary Report - Standard	12	Day Sheet (Charges and Receipts) Report	94
Provider A/R Totals - Daily Report	276	Amount of YTD Applied Payments for Provider	
Provider A/R Totals - Standard Report	278	Day Sheet (Charges and Receipts) Report	94
Analysis Summary Report - Daily	8	Amount of YTD Charge Adjustments for Provider	
Amount of Non-Medicaid Procedures for Provider		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Day Sheet (Charges and Receipts) Report	94
Production Summary Report	272	Amount of YTD Charges Billed to Insurance for Provider	
		Day Sheet (Charges and Receipts) Report	94

Provider (continued)

Amount of YTD Charges for Provider		Charges for Provider	
Day Sheet (Charges and Receipts) Report	94	Analysis Summary Report - Standard	12
Amount of YTD Finance Charges for Provider		Analysis Summary Report - Daily	8
Day Sheet (Charges and Receipts) Report	94	Clinical Note Provider	
Amount of YTD Late Charges for Provider		Clinical Notes Report	64
Day Sheet (Charges and Receipts) Report	94	Collection Amount for Provider	
Amount of YTD Suspended Credit Adjustments for Prov		Provider A/R Totals - Standard Report	278
Day Sheet (Charges and Receipts) Report	94	Provider A/R Totals - Daily Report	276
Amount of YTD Suspended Payments for Provider		Current Average Charge per Patient for Provider	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Appointment Provider		Current Average Production per Patient for Provider	
Audit Report - Appointments	26	Day Sheet (Charges and Receipts) Report	94
Daily Appointment List (DX1)	84	Current Charges for Provider	
Daily Appointment List Report	86	Day Sheet (Charges and Receipts) Report	94
Letter Merge Reports	158	Current Number of New Patients for Provider	
Letter Merge Reports	158	Day Sheet (Charges and Receipts) Report	94
Operatory Appointment List Report	196	Current Number of Patients Seen by Provider	
Patient List (Filtered)	214	Day Sheet (Charges and Receipts) Report	94
As Soon As Possible List	22	DEA Number	
Appointment Provider Change		Practice Organization List	254
Audit Report - Appointments	26	Denominator Codes for Provider	
Appointment Provider ID		Oral Health Education Report	198
Letter Merge Reports	158	Periodontal Exam Report	250
Appointment Book View Printout	14	Initial Health History Report	136
Average Amount of Adjustments for Provider		Ending Balance for Provider	
Day Sheet (Adjustments) Report	90	Provider A/R Totals - Standard Report	278
Average Amount of Medicaid Procedures for Provider		Provider A/R Totals - Daily Report	276
RVU Production Summary Report	310	Initial Provider	
Production Summary Report	272	Day Sheet (Receipts) Report	98
Average Amount of Non-Medicaid Procedures for Provider		Medicaid Number	
RVU Production Summary Report	310	Practice Organization List	254
Production Summary Report	272	Net Change in Balance for Provider	
Average Amount of Procedures for Provider		Day Sheet (Charges and Receipts) Report	94
RVU Production Summary Report	310	Net Difference of Current Charges and Fee Schedule for Provider	
Production Summary Report	272	Day Sheet (Charges and Receipts) Report	94
Average Charge per Patient for Provider		Net RVU for Provider	
Analysis Summary Report - Standard	12	RVU Day Sheet Report	308
Day Sheet Report	100	Net RVU of Medicaid Procedures for Provider	
Analysis Summary Report - Daily	8	RVU Production Summary Report	310
Average Charge per Patient MTD for Provider		Net RVU of Non-Medicaid Procedures for Provider	
Day Sheet (Charges and Receipts) Report	94	RVU Production Summary Report	310
Average Payment Amount for Initial Provider		Net RVU of Procedures for Provider	
Day Sheet (Receipts) Report	98	RVU Production Summary Report	310
Average Payment Amount for Provider		Next Appointment Provider ID	
Day Sheet (Receipts) Report	98	Patient Route Slip	226
Average Production per Patient for Provider		Next Continuing Care Appointment Provider	
Analysis Summary Report - Standard	12	Letter Merge Reports	158
Day Sheet Report	100	NPI Number	
Analysis Summary Report - Daily	8	Practice Organization List	254
Average Production per Patient MTD for Provider		Number <19 Years Old for Financial Class Type for Provider	
Day Sheet (Charges and Receipts) Report	94	UDS - Insurance Financial Class Report	342
Balance (as of a Date) for Provider		Number of All Genders for Provider	
Day Sheet Report	100	UDS - Age/Gender Report	334
Day Sheet (Charges and Receipts) Report	94	Number of Charts Sampled for Provider	
Beginning Balance for Provider		UDS - Sealant Statistics Report	352
Provider A/R Totals - Standard Report	278	Number of Encounters for Primary Providers	
Provider A/R Totals - Daily Report	276	UDS - Encounters by Provider Report	340
Blue Cross/Blue Shield ID		Number of Encounters for Secondary Providers	
Provider IDs List	284	UDS - Encounters by Provider Report	340

Provider (continued)

Number of Females for Provider		Number of Unknown Gender for Provider	
UDS - Age/Gender Report	334	UDS - Age/Gender Report	334
Number of Males for Provider		Number of Users for Financial Class Type for Provider	
UDS - Age/Gender Report	334	UDS - Insurance Financial Class Report	342
Number of Medicaid and Medicare Patients for Provider		Numerator Codes for Provider	
UDS - Medicaid/Medicare Report	346	Oral Health Education Report	198
Number of Medicaid and Medicare Patients in First Age Group for Provider		Periodontal Exam Report	250
UDS - Medicaid/Medicare Report	346	Initial Health History Report	136
Number of Medicaid and Medicare Patients in Second Age Group for Provider		Percent Collected for Provider	
UDS - Medicaid/Medicare Report	346	Provider A/R Totals - Standard Report	278
Number of Medicaid Patients for Provider		Provider A/R Totals - Daily Report	276
UDS - Medicaid/Medicare Report	346	Percent for Provider	
Number of Medicaid Patients in First Age Group for Provider		Oral Health Education Report	198
UDS - Medicaid/Medicare Report	346	Periodontal Exam Report	250
Number of Medicaid Patients in Second Age Group for Provider		Initial Health History Report	136
UDS - Medicaid/Medicare Report	346	Percent of Medicaid Procedures for Provider	
Number of Medicare Patients for Provider		RVU Production Summary Report	310
UDS - Medicaid/Medicare Report	346	Production Summary Report	272
Number of Medicare Patients in First Age Group for Provider		Percent of Non-Medicaid Procedures for Provider	
UDS - Medicaid/Medicare Report	346	RVU Production Summary Report	310
Number of Medicare Patients in Second Age Group for Provider		Production Summary Report	272
UDS - Medicaid/Medicare Report	346	Percent of Patients for Provider	
Number of Medicare Patients for Provider		Practice Statistics Report	256
UDS - Medicaid/Medicare Report	346	Percent of Procedures for Provider	
Number of Medicare Patients in First Age Group for Provider		RVU Production Summary Report	310
UDS - Medicaid/Medicare Report	346	Production Summary Report	272
Number of Medicare Patients in Second Age Group for Provider		Perio Exam Provider Name	
UDS - Medicaid/Medicare Report	346	Perio - Data Chart Report	240
Number of New Patients for Provider		Perio - Pocket Depths Only Report	246
Analysis Summary Report - Standard	12	Perio - Combined Graphic & Data Chart Report	238
Analysis Summary Report - Daily	8	Previous Balance for Provider	
Number of New Patients from Previous Month for Provider		Day Sheet Report	100
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Number of New Patients MTD for Provider		Primary Provider	
Day Sheet (Charges and Receipts) Report	94	Patient Proposed Treatment Case Report (Your Care Plan)	220
Number of New Patients YTD for Provider		UDS - Insurance Financial Class Report (2013)	344
Day Sheet (Charges and Receipts) Report	94	UDS - Medicaid/Medicare Report	346
Number of Other Gender for Provider		UDS - Sealant Statistics Report	352
UDS - Age/Gender Report	334	UDS - Tobacco Use and Intervention Report	354
Number of Participating Providers		Patient List (Filtered)	214
Insurance Carrier List	138	Primary Provider ID	
Number of Patients for Provider		Patient Route Slip	226
Practice Statistics Report	256	Audit Report - Patients	34
Number of Patients Seen by Provider		Primary Provider ID Change	
Analysis Summary Report - Standard	12	Audit Report - Patients	34
Day Sheet Report	100	Production Amount for Provider	
Analysis Summary Report - Daily	8	Provider A/R Totals - Standard Report	278
Number of Patients Seen MTD by Provider		Provider A/R Totals - Daily Report	276
Day Sheet (Charges and Receipts) Report	94	Provider	
Number of Patients with Moderate to High Risk of Caries for Provider		Analysis Summary Report - Daily	8
UDS - Sealant Statistics Report	352	Analysis Summary Report - Standard	12
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars for Provider		Audit Report - Combined	32
UDS - Sealant Statistics Report	352	Day Sheet (Adjustments) Report	90
Number of Patients with Status for Provider		Day Sheet (Receipts) Report	98
UDS - Patient Status Report	350	Day Sheet Report	100
		Finance Charge Report	130
		Late Charge Report	156
		Patient Health Assessment Report	206
		Patient List (Filtered)	214
		Production Summary Report	272

Provider (continued)

Provider A/R Totals - Daily Report	276	Treatment Plan Approval Report	328
Provider A/R Totals - Standard Report	278	Treatment Plan Approval Status Report	330
RVU Day Sheet Report	308	Unscheduled Appointment List (DX1)	356
RVU Production Summary Report	310	Unscheduled Appointment List (OM)	358
UDS - Age/Gender Report	334	Utilization Report	366
UDS - Insurance Financial Class Report	342	Appointment Cycle Time Report	16
UDS - Patient Status Report	350	Provider ID Change	
Aging/Credit Balance Report	6	Audit Report - Transactions	38
Provider Address		Audit Report - Providers/Staff	36
Walkout - Doctor's Statement	368	Provider ID Code	
Provider Class		Provider IDs List	284
Practice Organization List	254	Insurance Carrier List	138
Provider IDs List	284	Provider ID Number	
Audit Report - Providers/Staff	36	Insurance Carrier List	138
Provider Class Change		Insurance Transaction Analysis Report	154
Audit Report - Providers/Staff	36	Provider IDs List	284
Provider DEA Number		Continuing Care Display List	76
Prescription Printout	260	Provider License Number	
Provider Drug ID		Walkout - Doctor's Statement	368
Provider IDs List	284	Provider Medicaid Number	
Provider Fee Schedule		Provider IDs List	284
Practice Organization List	254	Provider Name	
Provider IDs List	284	Audit Report - Providers/Staff	36
Audit Report - Providers/Staff	36	Document Center Document	116
Provider Fee Schedule Change		Insurance Carrier List	138
Audit Report - Providers/Staff	36	Letter Merge Reports	158
Provider ID		Patient Chart and Progress Notes Printout	202
Audit Report - Providers/Staff	36	Patient Chart Printout	204
Audit Report - Transactions	38	Patient Treatment Case Report	228
Day Sheet (Adjustments) Report	90	Perio - Combined Graphic & Data Chart Report	238
Day Sheet (Charges and Receipts) Report	94	Perio - Exam Comparison Report	242
Day Sheet Report	100	Perio - Graphic Chart Report	244
Deposit Slip	108	Practice Organization List	254
Finance Charge Report	130	Practice Statistics Report	256
Initial Health History Report	136	Prescription Printout	260
Insurance Carrier List	138	Procedures by Contracted Amount Report	268
Insurance Carrier Production - Full Report	142	Provider IDs List	284
Insurance Claims Not Sent Report	148	Referral Recap Report	296
Late Charge Report	156	Referral Slip	298
New Patient List	190	Treatment Case Report	326
Office Journal Report	192	Walkout - Doctor's Statement	368
Operator Day Sheet Report	194	Appointment Reminder Cards	18
Oral Health Education Report	198	Provider Name Change	
Patient Chart and Progress Notes Printout	202	Audit Report - Providers/Staff	36
Patient List	212	Provider NPI Number	
Payment Agreement Report	234	Provider IDs List	284
Periodontal Exam Report	250	Prescription Printout	260
Practice Organization List	254	Provider Number	
Practice Statistics Report	256	Provider IDs List	284
Practice Treatment Case Report	258	Practice Organization List	254
Practice Treatment Case Report	258	Provider Office Phone Number	
Pre-Treatment Estimates Not Sent Report	264	Provider IDs List	284
Procedures Not Attached to Insurance Report	270	Provider Phone Number	
Provider IDs List	284	Patient Chart Printout	204
Provider Revenue - Allocations Report	286	Referral Recap Report	296
Provider Revenue - Charges Report	288	Referral Slip	298
Provider Revenue - Credits Report	290	Walkout - Doctor's Statement	368
Provider Revenue - Summary Report	292	Patient Chart and Progress Notes Printout	202
RVU Utilization Report	316	Provider RVU Schedule	
Treatment Case Report	326	Provider IDs List	284
		Practice Organization List	254

Provider (continued)

Provider Signature		Secondary Provider ID	
Treatment Case Report	326	Patient Route Slip	226
Prescription Printout	260	Specialty	
Provider Social Security Number		Practice Organization List	254
Practice Organization List	254	State ID	
Provider IDs List	284	Practice Organization List	254
Audit Report - Providers/Staff	36	Total Amount of Adjustments for Provider	
Provider Social Security Number Change		Day Sheet (Adjustments) Report	90
Audit Report - Providers/Staff	36	Total Amount of Payments for Initial Provider	
Provider Social Security Number or TIN Number		Day Sheet (Receipts) Report	98
Walkout - Doctor's Statement	368	Total Amount of Payments for Provider	
Provider Specialty		Day Sheet (Receipts) Report	98
Provider IDs List	284	Total Number of New Patients for Provider	
Provider State ID		Day Sheet Report	100
Provider IDs List	284	Total Revenue for Provider	
Provider TIN Number		Provider Revenue - Charges Report	288
Provider IDs List	284	Provider Revenue - Credits Report	290
Provider Title		Provider Revenue - Summary Report	292
Practice Organization List	254	Provider Revenue - Allocations Report	286
Provider IDs List	284	Unique Patient Count for Provider	
Letter Merge Reports	158	RVU Day Sheet Report	308
Provider's Signature		Unique Visit Count for Provider	
Perio - Exam Comparison Report	242	RVU Day Sheet Report	308
Perio - Graphic Chart Report	244	Provider Class	
Perio - Combined Graphic & Data Chart Report	238	20+ Years Old for Financial Class Type for Provider	
Quantity of Adjustments for Provider		UDS - Insurance Financial Class Report	342
Day Sheet (Adjustments) Report	90	Provider Class	
Quantity of Medicaid Procedures for Provider		Practice Organization List	254
RVU Production Summary Report	310	Provider IDs List	284
Production Summary Report	272	Audit Report - Providers/Staff	36
Quantity of Non-Medicaid Procedures for Provider		Provider Class Change	
RVU Production Summary Report	310	Audit Report - Providers/Staff	36
Production Summary Report	272	Provider ID	
Quantity of Payments for Initial Provider		Future Appointment Provider ID	
Day Sheet (Receipts) Report	98	Patient Route Slip	226
Quantity of Payments for Provider		Provider ID Code	
Day Sheet (Receipts) Report	98	Provider ID Code	
Quantity of Procedures for Provider		Provider IDs List	284
RVU Production Summary Report	310	Insurance Carrier List	138
Production Summary Report	272	Provider Number	
Rendering Provider NPI Number		Provider Number	
Dental Encounters Report	106	Provider IDs List	284
Revenue for Provider from Credit Adjustments		Practice Organization List	254
Provider Revenue - Charges Report	288	Provider Specialty	
Provider Revenue - Credits Report	290	Provider Specialty	
Provider Revenue - Summary Report	292	Provider IDs List	284
Provider Revenue - Allocations Report	286	Pulse	
Revenue for Provider from Insurance		Pulse	
Provider Revenue - Charges Report	288	Patient Health Assessment Report	206
Provider Revenue - Credits Report	290	Question	
Provider Revenue - Summary Report	292	Questions	
Provider Revenue - Allocations Report	286	Patient Questionnaire	222
Revenue for Provider from Non-insurance Sources		Race	
Provider Revenue - Charges Report	288	Patient Race	
Provider Revenue - Credits Report	290	Patient List (Filtered)	214
Provider Revenue - Summary Report	292	Race	
Provider Revenue - Allocations Report	286	UDS - Patient Status Report	350
RVU for Provider		Radiology	
RVU Day Sheet Report	308	Number of Diagnostic Imaging Orders Recorded Using	
		CPOE (Computerized Provider Order Entry)	
		Meaningful Use Measure Calculation List	162

Radiology (continued)

Number of Radiology Orders	
Meaningful Use Measure Calculation List	162
Number of Radiology Orders Recorded Using CPOE (Computerized Provider Order Entry)	
Meaningful Use Measure Calculation List	162

Rate

Annual Percentage Rate	
Truth in Lending Disclosure Statement	332
Interest Rate	
Truth in Lending Disclosure Statement	332

Re-sent

Claim Re-sent Date	
Insurance Claim Aging Report	146
Pre-treatment Estimate Re-sent Date	
Pre-Treatment Estimate Aging Report	262

Reason

Appointment Reason	
As Soon As Possible List	22
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Letter Merge Reports	158
Operatory Appointment List Report	196
Unscheduled Appointment List (DX1)	356
Unscheduled Appointment List (OM)	358
Walkout - Family Walkout	370
Appointment Book View Printout	14
Future Appointment Reason	
Patient Route Slip	226
Next Continuing Care Appointment Reason	
Letter Merge Reports	158

Receivables

Current Receivables	
Practice Analysis Report	252
Percent of Receivables	
Practice Analysis Report	252
Receivables Aged 31 - 60	
Practice Analysis Report	252
Receivables Aged 61 - 90	
Practice Analysis Report	252
Receivables Aged Over 90	
Practice Analysis Report	252
Total Receivables	
Practice Analysis Report	252

Received Date

Claim Payment Received Date	
Insurance Transaction Analysis Report	154

Reconciliation

Number of TCs (Transition of Care) and Referrals where Clinical Information Reconciliation Was Performed	
Meaningful Use Measure Calculation List	162
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348

Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)

UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348
Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Patient Related Revenue Report	348
Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348

Record Type

Record Type Change	
Audit Report - Patients	34
Audit Report - Transactions	38
Audit Rights Report - Assigned Individually	40
Audit Rights Report - Assigned to Groups	42
Audit Rights Report - Group Names	44
Audit Rights Report - Users to Groups	46
Audit Report - Combined	32

Referral

Average Production per Patient at Clinic from Referral Source	
Referral Analysis Report	294
Average Production Per Patient from Referral Source	
Referral Analysis Report	294
Average Production Per Patient from Referral Sources	
Referral Analysis Report	294
Completed Date	
Referred To Doctor Report	304
Days Referred Out	
Referred To Doctor Report	304
First Name of Referred by Source	
Letter Merge Reports	158
Gratuity Given	
Referred By Patient Report	302
Last Gratuity Amount	
Patient Route Slip	226
Last Gratuity Date	
Referred By Patient Report	302
Last Name of Referred by Source	
Letter Merge Reports	158
Last Referral Date	
Letter Merge Reports	158
Last Referral Name and Date	
Patient Route Slip	226

Referral (continued)

Last Referred By Source and Date		Referral Phone Number	
Patient Route Slip	226	Referral Slip	298
Last Referred To Name and Date		Referral Recap Report	296
Patient Route Slip	226	Referral Source	
Middle Initial of Referred by Source		Referral Analysis Report	294
Letter Merge Reports	158	Referral Source Name	
Number of Patients at Clinic from Referral Source		Patient Questionnaire	222
Referral Analysis Report	294	Referral Status	
Number of Patients from Referral Source		Referred To Doctor Report	304
Referral Analysis Report	294	Referred By (RB)	
Number of Referrals		Unscheduled Treatment Plans (Detailed) Report	362
Referred By Patient Report	302	Referred By Date	
Referred To Doctor Report	304	New Patient List	190
Patient Route Slip	226	Referred by Doctor/Other Address	
Number of Referrals Listed		Referred By Doctor/Other Report	300
Referred To Doctor Report	304	Referred by Doctor/Other Gratuity Given	
Referred By Patient Report	302	Referred By Doctor/Other Report	300
Number of Referred by Doctor/Other Patients Listed		Referred by Doctor/Other Last Gratuity Date	
Referred By Doctor/Other Report	300	Referred By Doctor/Other Report	300
Number of Referred New Patients (in Month and Year)		Referred by Doctor/Other Name	
Practice Statistics Report	256	Referred By Doctor/Other Report	300
Number of TCs (Transition of Care) and Referrals		Document Center Document	116
Meaningful Use Measure Calculation List	162	Referred by Doctor/Other Phone Number	
Number of TCs (Transition of Care) and Referrals where Clinical Information Reconciliation Was Performed		Referred By Doctor/Other Report	300
Meaningful Use Measure Calculation List	162	Referred by Doctor/Other Total Referrals	
Number of TCs (Transition of Care) and Referrals where Electronic SCs (Summary of Care) Provided		Referred By Doctor/Other Report	300
Meaningful Use Measure Calculation List	162	Referred By Name	
Number of TCs (Transition of Care) and Referrals where SCs (Summary of Care) Provided		New Patient List	190
Meaningful Use Measure Calculation List	162	Referred by Patient Name	
Number of TCs (Transition of Care) and Referrals where SCs (Summary of Care) Was Exchanged Electronically		Document Center Document	116
Meaningful Use Measure Calculation List	162	Referred by Source Address	
Percent of Production from Referral Source		Letter Merge Reports	158
Referral Analysis Report	294	Referred by Source Phone Number	
Percent of Production from Referral Sources		Letter Merge Reports	158
Referral Analysis Report	294	Referred by Source Salutation	
Percent of Referred New Patients (in Month and Year)		Letter Merge Reports	158
Practice Statistics Report	256	Referred by Source Title	
Production at Clinic from Referral Source		Letter Merge Reports	158
Referral Analysis Report	294	Referred Date of Treatment Still in Progress	
Production from Referral Source		Referral Recap Report	296
Referral Analysis Report	294	Referred Patient	
Referral Address		Referred By Patient Report	302
Referral Slip	298	Referred Patient Name	
Referral Recap Report	296	Referred To Doctor Report	304
Referral Date		Referred Patients (Average)	
Referral Slip	298	Practice Analysis Report	252
Referred By Doctor/Other Report	300	Referred Patients (for Date Range)	
Referred By Patient Report	302	Practice Analysis Report	252
Referred To Doctor Report	304	Referred Patients (MTD)	
Referral Recap Report	296	Practice Analysis Report	252
Referral Name		Referred Patients (YTD)	
Referral Slip	298	Practice Analysis Report	252
Referral Recap Report	296	Referred To (RT)	
Referral Note		Unscheduled Treatment Plans (Detailed) Report	362
Referral Slip	298	Referred to Address	
Referral Recap Report	296	Letter Merge Reports	158
		Referred to Doctor Address	
		Referred To Doctor Report	304

Referral (continued)

Referred to Doctor Name		Referred Patient Name	
Referred To Doctor Report	304	Referred To Doctor Report	304
Document Center Document	116	Referred Patients (Average)	
Referred to Doctor Phone Number		Practice Analysis Report	252
Referred To Doctor Report	304	Referred Patients (for Date Range)	
Referred to First Name		Practice Analysis Report	252
Letter Merge Reports	158	Referred Patients (MTD)	
Referred to Last Name		Practice Analysis Report	252
Letter Merge Reports	158	Referred Patients (YTD)	
Referred to Middle Initial		Practice Analysis Report	252
Letter Merge Reports	158	Referred by	
Referred to Phone Number		First Name of Referred by Source	
Letter Merge Reports	158	Letter Merge Reports	158
Referred to Salutation		Last Name of Referred by Source	
Letter Merge Reports	158	Letter Merge Reports	158
Referred to Title		Last Referred By Source and Date	
Letter Merge Reports	158	Patient Route Slip	226
Referring Patient Address		Middle Initial of Referred by Source	
Referred By Patient Report	302	Letter Merge Reports	158
Referring Patient Home Phone Number		Number of Referred by Doctor/Other Patients Listed	
Referred By Patient Report	302	Referred By Doctor/Other Report	300
Referring Patient Name		Referred By (RB)	
Referred By Patient Report	302	Unscheduled Treatment Plans (Detailed) Report	
Scheduled Date		362	
Referred To Doctor Report	304	Referred By Date	
Total Average Production per Patient at Clinics from Referral Source		New Patient List	190
Referral Analysis Report	294	Referred by Doctor/Other Address	
Total Number of Patients at Clinics from Referral Source		Referred By Doctor/Other Report	300
Referral Analysis Report	294	Referred by Doctor/Other Gratuity Given	
Total Number of Patients from Referral Sources		Referred By Doctor/Other Report	300
Referral Analysis Report	294	Referred by Doctor/Other Last Gratuity Date	
Total Number of Referrals		Referred By Doctor/Other Report	300
Referred To Doctor Report	304	Referred by Doctor/Other Name	
Referred By Patient Report	302	Referred By Doctor/Other Report	300
Total Number of Referrals Listed		Document Center Document	116
Referred To Doctor Report	304	Referred by Doctor/Other Phone Number	
Total Number of Referred by Doctor/Other Patients Listed		Referred By Doctor/Other Report	300
Referred By Doctor/Other Report	300	Referred by Doctor/Other Total Referrals	
Total Number of Referred by Doctor/Other Referrals		Referred By Doctor/Other Report	300
Referred By Doctor/Other Report	300	Referred By Name	
Total Number Referrals Listed		New Patient List	190
Referred By Patient Report	302	Referred by Patient Name	
Total Production at Clinics from Referral Source		Document Center Document	116
Referral Analysis Report	294	Referred by Source Address	
Total Production from Referral Sources		Letter Merge Reports	158
Referral Analysis Report	294	Referred by Source Phone Number	
Referred		Letter Merge Reports	158
Number of Referred New Patients (in Month and Year)		Referred by Source Salutation	
Practice Statistics Report	256	Letter Merge Reports	158
Percent of Referred Cases		Referred by Source Title	
Practice Treatment Case Report	258	Letter Merge Reports	158
Percent of Referred New Patients (in Month and Year)		Total Number of Referred by Doctor/Other Patients Listed	
Practice Statistics Report	256	Referred By Doctor/Other Report	300
Referred Date of Treatment Still in Progress		Total Number of Referred by Doctor/Other Referrals	
Referral Recap Report	296	Referred By Doctor/Other Report	300
Referred Patient		Referred out	
Referred By Patient Report	302	Days Referred Out	
		Referred To Doctor Report	304
		Referred to	
		Last Referred To Name and Date	
		Patient Route Slip	226

Referred to (continued)

Referred To (RT)	
Unscheduled Treatment Plans (Detailed) Report	
362	
Referred to Address	
Letter Merge Reports	158
Referred to Doctor Address	
Referred To Doctor Report	304
Referred to Doctor Name	
Referred To Doctor Report	304
Document Center Document	116
Referred to Doctor Phone Number	
Referred To Doctor Report	304
Referred to First Name	
Letter Merge Reports	158
Referred to Last Name	
Letter Merge Reports	158
Referred to Middle Initial	
Letter Merge Reports	158
Referred to Phone Number	
Letter Merge Reports	158
Referred to Salutation	
Letter Merge Reports	158
Referred to Title	
Letter Merge Reports	158

Relationship

Patient Relationship to Subscriber for Primary Insurance	
Patient Questionnaire	222
Patient Relationship to Subscriber for Secondary Insurance	
Patient Questionnaire	222
Relation to Subscriber	
Walkout - Doctor's Statement	368

Religion

Patient Religion	
Patient List (Filtered)	214
Religion	
UDS - Patient Status Report	350

Remaining

Remaining Number of Months	
Future Due Payment Plan Report - Standard	134
Remaining Payment Agreement Amount	
Collections Manager List	70
Total Amount of Charges Remaining (after 18 Mos from Curr Mo)	
Future Due Payment Plan Report - Monthly Totals	132
Total Amount of Remaining Payment Agreements	
Collections Manager List	70
Total Amount Remaining	
Future Due Payment Plan Report - Standard	134
Total Number of Charges Remaining (after 18 Mos from Curr Mo)	
Future Due Payment Plan Report - Monthly Totals	132

Remaining Balance

Payment Agreement Remaining Balance	
Payment Agreement Report	234
Payment Agreement Report	234
Payment Agreement Amortization Schedule	232

Payment Plan Remaining Balance	
Letter Merge Reports	158
Remaining Balance	
Procedures by Contracted Amount Report	268
Future Due Payment Plan Report - Standard	134
Total Amount of Balances Remaining for Payment Agreements	
Payment Agreement Report	234

Remaining Benefits

Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Primary Insurance Benefits Remaining	
Unscheduled Treatment Plans (Detailed) Report	362
Patient Route Slip	226
Amount of Remaining Benefits for Primary Insurance	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Amount of Remaining Benefits for Secondary Insurance	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Amount of Secondary Insurance Benefits Remaining	
Unscheduled Treatment Plans (Detailed) Report	362
Patient Route Slip	226
Benefits Remaining	
Insurance Carrier List	138
Primary Insurance Benefits Remaining	
Letter Merge Reports	158
Projected Amount of Remaining Benefits	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Projected Amount of Remaining Benefits for Secondary Insurance	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Secondary Insurance Benefits Remaining	
Letter Merge Reports	158

Remarks for Unusual Services

Remarks for Unusual Service	
Walkout - Doctor's Statement	368

Reminder

Future Reminder Date	
Collections Manager List	70
Future Reminder Type	
Collections Manager List	70
Number of Patients Sent Reminders	
Meaningful Use Measure Calculation List	162
Reminder Text	
Continuing Care Cards - with Appointment	75
Continuing Care Cards - No Appointment	74

Reminder Type

Future Reminder Type	
Collections Manager List	70

Rendering Provider

Rendering Provider NPI Number	
Dental Encounters Report	106

Renew

Benefit Renewal Month	
Insurance Carrier List	138
Primary Insurance Plan Renewal Month	
Unscheduled Treatment Plans (Detailed) Report	362
Secondary Insurance Benefits Renewal Month	
Patient Route Slip	226
Secondary Insurance Plan Renewal Month	
Unscheduled Treatment Plans (Detailed) Report	362

Replace

Replace Initial Zero of Procedure Code on Claims	
Insurance Carrier List	138

Report

Printed Patient Report	
Audit Report - Combined	32

Representative

Representative Signature	
Treatment Case Report	326

Request

Patient Social Security Number or Request Date	
Audit Report - Patients	34
Patient Social Security Number or Request Date	
Change	
Audit Report - Patients	34

Required

Pre-authorization Required	
Standard Coverage Tables Report	322
Insurance Coverage Tables Report	150

Retroactive Payment

Other Retroactive Payment Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Subtotal of Other Retroactive Payment Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Subtotal of Other Retroactive Payment Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Financial Class Type	
UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Patient	
UDS - Patient Related Revenue Report	348
Total Other Retroactive Payment Amount Collected for Payer Category	
UDS - Patient Related Revenue Report	348

Revenue

Revenue for Provider from Credit Adjustments	
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Revenue for Provider from Insurance	
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Revenue for Provider from Non-insurance Sources

Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Total Revenue

Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Total Revenue for Provider

Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Total Revenue from Credit Adjustments

Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Total Revenue from Insurance

Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Total Revenue from Non-insurance

Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Provider Revenue - Summary Report	292
Provider Revenue - Allocations Report	286

Right

Right	
Audit Rights Report - Assigned to Groups	42
Audit Rights Report - Assigned Individually	40
Rights	
Audit Report - Appointments	26
Audit Report - Clinics	30
Audit Report - Patients	34
Audit Report - Providers/Staff	36
Audit Report - Transactions	38
Assigned Rights Report	24

Running Balance

Patient Running Balance	
Patient Ledger Report	210

RVU

Amount of RVUs for Insurance Carrier	
RVU Utilization Report	316
Net RVU	
RVU Day Sheet Report	308
Net RVU for Clinic	
RVU Day Sheet Report	308
Net RVU for Medicaid Procedures	
RVU Production Summary Report	310
Net RVU for Provider	
RVU Day Sheet Report	308
Net RVU of Medicaid Procedures for Clinic	
RVU Production Summary Report	310

RVU (continued)

Net RVU of Medicaid Procedures for Provider RVU Production Summary Report	310
Net RVU of Non-Medicaid Procedures RVU Production Summary Report	310
Net RVU of Non-Medicaid Procedures for Clinic RVU Production Summary Report	310
Net RVU of Non-Medicaid Procedures for Provider RVU Production Summary Report	310
Net RVU of Procedures RVU Production Summary Report	310
Net RVU of Procedures for Clinic RVU Production Summary Report	310
Net RVU of Procedures for Provider RVU Production Summary Report	310
Procedure RVU RVU Utilization Report	316
RVU RVU Day Sheet Report	308
RVU for Clinic RVU Day Sheet Report	308
RVU for Provider RVU Day Sheet Report	308
RVU Schedule RVU Schedules Report	314
Total Amount of Fees - RVU RVU Utilization Report	316
Total Amount of RVUs RVU Utilization Report	316
Total Net RVU RVU Day Sheet Report	308
Total RVU RVU Day Sheet Report	308

RVU Schedule

Amount of Fees - RVU for Insurance Carrier RVU Utilization Report	316
Provider RVU Schedule Provider IDs List	284
Practice Organization List	254
RVU Schedule RVU Schedules Report	314

Salutation

Patient Salutation Continuing Care Cards - with Appointment	75
Letter Merge Reports	158
Continuing Care Cards - No Appointment	74
Referred by Source Salutation Letter Merge Reports	158
Referred to Salutation Letter Merge Reports	158

Sampled Chart

Number of Charts Sampled UDS - Sealant Statistics Report	352
Number of Charts Sampled for Provider UDS - Sealant Statistics Report	352
Number of Charts Sampled in Clinic UDS - Sealant Statistics Report	352
Number of Charts Sampled in ZIP Code UDS - Sealant Statistics Report	352

Scheduled

Number of Scheduled Treatment-planned Procedures Practice Treatment Case Report	258
Percent of Scheduled Cases Practice Treatment Case Report	258
Scheduled and/or Unscheduled Appointment Unscheduled Treatment Plans (Detailed) Report	362
Unscheduled Treatment Plans (Condensed) Report	360
Scheduled Date Referred To Doctor Report	304
Total Amount of Scheduled Treatment Plans Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Total Number of Scheduled Appointments Appointment Statistics Report	20

Sealant

Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars for Provider UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars in Clinic UDS - Sealant Statistics Report	352
Number of Patients with Moderate to High Risk of Caries who Got Sealants on Permanent First Molars in ZIP Code UDS - Sealant Statistics Report	352
Percent of Patients with Sealants Caries Prevalence and Periodontal Index Report	52

Sealed

Mean Number of Sealed Teeth Caries Prevalence and Periodontal Index Report	52
---	----

Secondary

Amount of Annual Secondary Insurance Plan Benefits for Family Treatment Case Report	326
Amount of Annual Secondary Insurance Plan Benefits for Patient Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Family Treatment Case Report	326
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Other Deductible Owed by Family to Secondary Insurance Patient Route Slip	226
Amount of Other Deductible Owed to Secondary Insurance Patient Route Slip	226

Secondary (continued)

Amount of Pending Estimated Secondary Insurance Portions YTD for Family		Insurance Plan Name and Address for Secondary Insurance	
Treatment Case Report	326	Patient Questionnaire	222
Amount of Pending Estimated Secondary Insurance Portions YTD for Patient		Last Eligibility Date for Secondary Insurance Coverage	
Treatment Case Report	326	Treatment Plan Approval Status Report	330
Patient Treatment Case Report	228	Treatment Plan Approval Report	328
Amount of Preventative Deductible Owed by Family to Secondary Insurance		Maximum Secondary Insurance Benefit Amount	
Patient Route Slip	226	Patient Route Slip	226
Amount of Preventative Deductible Owed to Secondary Insurance		Number of Encounters for Secondary Providers	
Patient Route Slip	226	UDS - Encounters by Provider Report	340
Amount of Remaining Benefits for Secondary Insurance		Number of Patients with Secondary Dental Insurance	
Treatment Plan Approval Status Report	330	Practice Statistics Report	256
Treatment Plan Approval Report	328	Other Deductible Owed by Family to Secondary Insurance	
Amount of Secondary Insurance Benefits Remaining		Treatment Case Report	326
Unscheduled Treatment Plans (Detailed) Report	362	Other Deductible Owed by Patient to Secondary Insurance	
Patient Route Slip	226	Treatment Case Report	326
Amount of Secondary Insurance Benefits Used		Patient Treatment Case Report	228
Patient Route Slip	226	Outstanding Secondary Insurance Estimated Amount	
Amount of Secondary Insurance Portion		Treatment Plan Approval Status Report	330
Practice Treatment Case Report	258	Treatment Plan Approval Report	328
Treatment Case Report	326	Patient Relationship to Subscriber for Secondary Insurance	
Patient Treatment Case Report	228	Patient Questionnaire	222
Amount of Secondary Insurance Portion for Case		Percent of Patients with Secondary Dental Insurance	
Practice Treatment Case Report	258	Practice Statistics Report	256
Patient Treatment Case Report	228	Preventative Deductible Owed by Family to Secondary Insurance	
Amount of Secondary Insurance Portion for Visit		Treatment Case Report	326
Practice Treatment Case Report	258	Preventative Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326	Treatment Case Report	326
Patient Treatment Case Report	228	Patient Treatment Case Report	228
Amount of Secondary Paid Benefits for Family		Projected Amount of Remaining Benefits for Secondary Insurance	
Treatment Case Report	326	Treatment Plan Approval Status Report	330
Amount of Secondary Paid Benefits for Patient		Treatment Plan Approval Report	328
Treatment Case Report	326	Secondary Dental Insurance Carrier Name	
Patient Treatment Case Report	228	Patient List	212
Amount of Standard Deductible Owed by Family to Secondary Insurance		Secondary Eligibility Date	
Patient Route Slip	226	Appointment Book View Printout	14
Amount of Standard Deductible Owed to Secondary Insurance		Secondary Insurance Benefits Expiration Date for Family	
Patient Route Slip	226	Treatment Case Report	326
Insurance Coverage Percent (Basic) for Secondary Insurance		Secondary Insurance Benefits Expiration Date for Patient	
Patient Route Slip	226	Treatment Case Report	326
Insurance Coverage Percent (Major) for Secondary Insurance		Patient Treatment Case Report	228
Patient Route Slip	226	Secondary Insurance Benefits Remaining	
Insurance Coverage Percent (Orthodontics) for Secondary Insurance		Letter Merge Reports	158
Patient Route Slip	226	Secondary Insurance Benefits Renewal Month	
Insurance Coverage Percent (Preventative) for Secondary Insurance		Patient Route Slip	226
Patient Route Slip	226	Secondary Insurance Carrier Name	
Insurance Plan Group Number for Secondary Insurance		Patient Route Slip	226
Patient Questionnaire	222	Secondary Insurance Claims Not Created Report	318
		Secondary Pre-Treatment Estimates Not Created Report	320
		Treatment Plan Approval Report	328
		Treatment Plan Approval Status Report	330
		Unscheduled Treatment Plans (Detailed) Report	362

Secondary (continued)

Letter Merge Reports	158	Total Amount of Account Balances Aged 121 - 150 with Secondary Claims	
Secondary Insurance Carrier Plan Employer		Insurance Claim Aging Report	146
Patient Route Slip	226	Total Amount of Account Balances Aged 151 - 180 for Secondary Pre-treatment Estimates	
Secondary Insurance Estimated Amount		Pre-Treatment Estimate Aging Report	262
Treatment Plan Approval Status Report	330	Total Amount of Account Balances Aged 151 - 180 with Secondary Claims	
Treatment Plan Approval Report	328	Insurance Claim Aging Report	146
Secondary Insurance Plan Group Number		Total Amount of Account Balances Aged 181+ for Secondary Pre-treatment Estimates	
Treatment Plan Approval Report	328	Pre-Treatment Estimate Aging Report	262
Treatment Plan Approval Status Report	330	Total Amount of Account Balances Aged 181+ with Secondary Claims	
Patient Route Slip	226	Insurance Claim Aging Report	146
Secondary Insurance Plan Renewal Month		Total Amount of Account Balances Aged 31 - 60 for Secondary Pre-treatment Estimates	
Unscheduled Treatment Plans (Detailed) Report	362	Pre-Treatment Estimate Aging Report	262
Secondary Medical Insurance Carrier Name		Total Amount of Account Balances Aged 31 - 60 with Secondary Claims	
Patient List	212	Insurance Claim Aging Report	146
Secondary Pre-treatment Estimate Sent Date		Total Amount of Account Balances Aged 61 - 90 for Secondary Pre-treatment Estimates	
Treatment Plan Approval Status Report	330	Pre-Treatment Estimate Aging Report	262
Treatment Plan Approval Report	328	Total Amount of Account Balances Aged 61 - 90 with Secondary Claims	
Secondary Production Amount		Insurance Claim Aging Report	146
Insurance Carrier Production - Full Report	142	Total Amount of Account Balances Aged 91 - 120 for Secondary Pre-treatment Estimates	
Secondary Production Amount for Insurance Plan		Pre-Treatment Estimate Aging Report	262
Insurance Carrier Production - Summary Report	144	Total Amount of Account Balances Aged 91 - 120 with Secondary Claims	
Insurance Carrier Production - Full Report	142	Insurance Claim Aging Report	146
Secondary Provider ID		Total Amount of Account Balances with Secondary Claims	
Patient Route Slip	226	Insurance Claim Aging Report	146
Secondary Subscriber ID		Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Letter Merge Reports	158	Pre-Treatment Estimate Aging Report	262
Standard Deductible Owed by Family to Secondary Insurance		Total Amount of Account Balances with Secondary Claims	
Treatment Case Report	326	Insurance Claim Aging Report	146
Standard Deductible Owed by Patient to Secondary Insurance		Total Amount of Account Balances with Secondary Pre-treatment Estimates	
Treatment Case Report	326	Pre-Treatment Estimate Aging Report	262
Patient Treatment Case Report	228	Total Amount of Estimated Insurance Portion for Primary and Secondary Claims	
Subscriber Address for Secondary Insurance		Insurance Claim Aging Report	146
Patient Questionnaire	222	Total Amount of Estimated Insurance Portion for Secondary Claims	
Subscriber Birth Date for Secondary Insurance		Insurance Claim Aging Report	146
Patient Questionnaire	222	Total Amount of Primary and Secondary Claims not Sent	
Subscriber ID for Secondary Insurance		Insurance Claims Not Sent Report	148
Patient Questionnaire	222	Total Amount of Secondary Claims not Created	
Subscriber Name for Secondary Insurance		Secondary Insurance Claims Not Created Report	318
Patient Route Slip	226	Total Amount of Secondary Claims not Sent	
Patient Questionnaire	222	Insurance Claims Not Sent Report	148
Subscriber's Employer Address for Secondary Insurance		Total Amount of Secondary Insurance Portion for Case	
Patient Questionnaire	222	Treatment Case Report	326
Subscriber's Employer Name for Secondary Insurance		Total Amount of Secondary Pre-treatment Estimates not Created	
Patient Questionnaire	222	Secondary Pre-Treatment Estimates Not Created Report	320
Total Amount for Secondary Pre-treatment Estimates		Total Amount of Secondary Pre-treatment Estimates not Sent	
Pre-Treatment Estimate Aging Report	262	Pre-Treatment Estimates Not Sent Report	264
Total Amount of Account Balances Aged 1 - 30 for Secondary Pre-treatment Estimates			
Pre-Treatment Estimate Aging Report	262		
Total Amount of Account Balances Aged 1 - 30 with Secondary Claims			
Insurance Claim Aging Report	146		
Total Amount of Account Balances Aged 121 - 150 for Secondary Pre-treatment Estimates			
Pre-Treatment Estimate Aging Report	262		

Secondary (continued)

Total Amount of Secondary Production	
Insurance Carrier Production - Summary Report	144
Insurance Carrier Production - Full Report	142

Secure Electronic Message

Number of Patients who Sent Secure Electronic Messages	
Meaningful Use Measure Calculation List	162
Number of Patients Who Were Sent Secure Electronic Messages	
Meaningful Use Measure Calculation List	162

Seen

Current Number of Patients Seen	
Day Sheet (Charges and Receipts) Report	94
Current Number of Patients Seen by Provider	
Day Sheet (Charges and Receipts) Report	94
Number of Patients 0 - 2 Years Seen	
Meaningful Use Measure Calculation List	162
Number of Patients 13+ Years Seen	
Meaningful Use Measure Calculation List	162
Meaningful Use Measure Calculation List	162
Number of Patients 2+ Years Seen	
Meaningful Use Measure Calculation List	162
Number of Patients 3+ Years Seen	
Meaningful Use Measure Calculation List	162
Number of Patients 66+ Years Seen	
Clinical Quality Measures List	66
Number of Patients Seen	
Analysis Summary Report - Standard	12
Daily Summary Report	88
Meaningful Use Measure Calculation List	162
Analysis Summary Report - Daily	8
Number of Patients Seen at Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Number of Patients Seen by Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Number of Patients Seen During Past 24 Months	
Meaningful Use Measure Calculation List	162
Number of Patients Seen for Insurance Carrier	
Utilization Report	366
RVU Utilization Report	316
Number of Patients Seen MTD	
Day Sheet (Charges and Receipts) Report	94
Number of Patients Seen MTD by Provider	
Day Sheet (Charges and Receipts) Report	94
Total Number of Patients Seen	
Analysis Summary Report - Standard	12
Day Sheet Report	100
RVU Utilization Report	316
Utilization Report	366
Analysis Summary Report - Daily	8

Sent

Claim Sent Date	
Insurance Transaction Analysis Report	154
Insurance Claim Aging Report	146

Pre-treatment Estimate Sent Date	
Pre-Treatment Estimate Aging Report	262
Primary Pre-treatment Estimate Sent Date	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Secondary Pre-treatment Estimate Sent Date	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328

Separated

Number of Separated Patients	
Practice Statistics Report	256
Percent of Separated Patients	
Practice Statistics Report	256

Serial Number

DENTRIX Enterprise Serial Number	
Registration Information Report	306

Service

Description of Service	
Billing Statement	48
Procedure Date for Date of Service	
Letter Merge Reports	158
Service Date	
Insurance Claim Aging Report	146
Patient Revenue List by Payer Report	224
Procedures by Contracted Amount Report	268
RVU Utilization Report	316
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Utilization Report	366
Dental Encounters Report	106
Total Charge for Date of Service	
Letter Merge Reports	158
Type of Service Code	
Medical Code List	186
Type of Service Code Description	
Medical Code List	186

Setting

Status of Setting	
Audit Report - Audit Log Status	28

Severity

Case Severity	
Practice Treatment Case Report	258

Sexual Orientation

Sexual Orientation	
UDS - Patient Status Report	350

Signature

Date Signed	
Perio - Exam Comparison Report	242
Perio - Graphic Chart Report	244
Perio - Combined Graphic & Data Chart Report	238
Patient Signature	
Treatment Case Report	326
Practice Signature	
Treatment Case Report	326
Provider Signature	
Treatment Case Report	326
Prescription Printout	260
Provider's Signature	
Perio - Exam Comparison Report	242
Perio - Graphic Chart Report	244

Signature (continued)

Perio - Combined Graphic & Data Chart Report	
238	
Representative Signature	
Treatment Case Report	326
Signature Date	
Treatment Case Report	326
Staff Signature	
Treatment Case Report	326
Signed	
Clinical Note Status	
Clinical Notes Report	64
Date Signed	
Perio - Exam Comparison Report	242
Perio - Graphic Chart Report	244
Perio - Combined Graphic & Data Chart Report	238
Signed Date	
Document Center - Documents List Report	112
Signer	
Signer Name	
Treatment Case Report	326
Document Center - Documents List Report	112
Single	
Number of Single Patients	
Practice Statistics Report	256
Percent of Single Patients	
Practice Statistics Report	256
Smoking Status	
Number of Patients 13+ Years with Smoking Status	
Meaningful Use Measure Calculation List	162
Meaningful Use Measure Calculation List	162
Social Security Number	
Guarantor Social Security Number	
Patient Route Slip	226
Truth in Lending Disclosure Statement	332
Collections Manager List	70
Patient Social Security Number	
Coupon Book - Future Due Payments	78
Coupon Book - Payment Agreements	79
Employers and Employed Patients Report	122
Insurance Transaction Analysis Report	154
Letter Merge Reports	158
Patient Chart and Progress Notes Printout	202
Patient Chart Printout	204
Patient List	212
Patient Notes Report	216
Patient Proposed Treatment Case Report (Your Care Plan)	220
Patient Questionnaire	222
Patient Route Slip	226
Patient Treatment Case Report	228
Perio - Combined Graphic & Data Chart Report	238
Perio - Exam Comparison Report	242
Perio - Graphic Chart Report	244
Practice Treatment Case Report	258
RVU Utilization Report	316
Treatment Case Report	326
UDS - Age/Gender Report	334
UDS - Insurance Financial Class Report	342

UDS - Insurance Financial Class Report (2013)	344
UDS - Medicaid/Medicare Report	346
UDS - Patient Status Report	350
UDS - Sealant Statistics Report	352
UDS - Tobacco Use and Intervention Report	354
Utilization Report	366
Walkout - Doctor's Statement	368
Clinical Notes Report	64
Patient Social Security Number or Request Date	
Audit Report - Patients	34
Patient Social Security Number or Request Date Change	
Audit Report - Patients	34
Provider Social Security Number	
Practice Organization List	254
Provider IDs List	284
Audit Report - Providers/Staff	36
Provider Social Security Number Change	
Audit Report - Providers/Staff	36
Provider Social Security Number or TIN Number	
Walkout - Doctor's Statement	368
Spouse Social Security Number	
Patient Questionnaire	222
Staff Social Security Number	
Audit Report - Providers/Staff	36
Staff Social Security Number Change	
Audit Report - Providers/Staff	36
Special Adjustment	
Amount of Credit Special Adjustments	
Provider A/R Totals - Daily Report	276
Amount of Credit Special Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Credit Special Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Amount of Debit Special Adjustments	
Provider A/R Totals - Daily Report	276
Amount of Debit Special Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Debit Special Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Amount of Other Applied Credit Special Adjustments for Clinic	
Day Sheet Report	100
Amount of Other Credit Special Adjustments for Clinic	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Amount of Other Credit Special Adjustments for Provider	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8

Special Adjustment (continued)

Credit Special Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Debit Special Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Other Credit Special Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Total Amount of Credit Special Adjustments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Total Amount of Debit Special Adjustments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Provider A/R Totals - Daily Report	276
Provider A/R Totals - Standard Report	278
Analysis Summary Report - Daily	8
Total Amount of Other Applied Credit Special Adjustments	
Day Sheet Report	100
Total Amount of Other Credit Special Adjustments	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8

Specialty

Specialty	
Practice Organization List	254

Spouse

Best Time to Call Spouse	
Patient Questionnaire	222
Spouse Address	
Patient Questionnaire	222
Spouse Birth Date	
Patient Questionnaire	222
Spouse Drivers License Number	
Patient Questionnaire	222
Spouse Email Address	
Patient Questionnaire	222
Spouse Fax Number	
Patient Questionnaire	222
Spouse Gender	
Patient Questionnaire	222
Spouse Home Phone Number	
Patient Questionnaire	222
Spouse Mobile Number	
Patient Questionnaire	222
Spouse Name	
Patient Questionnaire	222
Spouse Other Number	
Patient Questionnaire	222
Spouse Social Security Number	
Patient Questionnaire	222
Spouse Work Phone Extension	
Patient Questionnaire	222
Spouse Work Phone Number	
Patient Questionnaire	222

Staff

Staff ID	
Audit Report - Providers/Staff	36
Appointment Book View Printout	14
Staff ID Change	
Audit Report - Providers/Staff	36
Staff Name	
Audit Report - Providers/Staff	36
Staff Name Change	
Audit Report - Providers/Staff	36
Staff Signature	
Treatment Case Report	326
Staff Social Security Number	
Audit Report - Providers/Staff	36
Staff Social Security Number Change	
Audit Report - Providers/Staff	36

Standard

Amount of Standard Deductible Owed by Family to Primary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed by Family to Secondary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed to Primary Insurance	
Patient Route Slip	226
Amount of Standard Deductible Owed to Secondary Insurance	
Patient Route Slip	226
Lifetime/Individual/Standard Deductible	
Insurance Carrier List	138
Lifetime/Individual/Standard Other Deductible	
Insurance Carrier List	138
Lifetime/Individual/Standard Preventative Deductible	
Insurance Carrier List	138
Standard Deductible Met	
Insurance Carrier List	138
Standard Deductible Owed by Family to Primary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Family to Secondary Insurance	
Treatment Case Report	326
Standard Deductible Owed by Patient to Primary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228
Standard Deductible Owed by Patient to Secondary Insurance	
Treatment Case Report	326
Patient Treatment Case Report	228

State

Guarantor State	
Collections Manager List	70
Insurance Carrier City and State	
Insurance Eligibility Report	152
Patient State	
Patient List (Filtered)	214
Letter Merge Reports	158
Practice City State and ZIP Code	
Letter Merge Reports	158

State (continued)

Practice State	
Registration Information Report	306

State ID

Provider State ID	
Provider IDs List	284
State ID	
Practice Organization List	254

Statement

Last Statement Date	
Collections Manager List	70
Patient Route Slip	226
Aging/Credit Balance Report	6
Statement Note	
Patient Notes Report	216

Status

Appointment Status	
As Soon As Possible List	22
Audit Report - Appointments	26
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Operatory Appointment List Report	196
Patient Chart and Progress Notes Printout	202
Unscheduled Appointment List (DX1)	356
Unscheduled Appointment List (OM)	358
Appointment Cycle Time Report	16
Appointment Status Change	
Audit Report - Appointments	26
Appointment Statuses	
Custom Practice Information Report	82
Claim On Hold Date	
Insurance Claim Aging Report	146
Claim Re-sent Date	
Insurance Claim Aging Report	146
Claim Sent Date	
Insurance Transaction Analysis Report	154
Insurance Claim Aging Report	146
Claim Tracer Date	
Insurance Claim Aging Report	146
Continuing Care Status	
Continuing Care Display List	76
Document Status	
Document Center Documents Audited Report	118
Length in Appointment Status	
Appointment Cycle Time Report	16
Number of Patients with Status	
UDS - Patient Status Report	350
Number of Patients with Status for Clinic	
UDS - Patient Status Report	350
Number of Patients with Status for Provider	
UDS - Patient Status Report	350
Patient Homeless Status	
Patient List (Filtered)	214
Patient Marital Status	
Insurance Carrier List	138
Letter Merge Reports	158
Patient List	212
Patient Route Slip	226
Employers and Employed Patients Report	122

Patient Status	
Letter Merge Reports	158
New Patient List	190
Patient List	212
Audit Report - Patients	34
Patient Status Change	
Audit Report - Patients	34
Patient Veteran Status	
Patient List (Filtered)	214
Patient Worker Status	
Patient List (Filtered)	214
Payment Status	
Credit Card Transaction Report	80
Pre-treatment Estimate On Hold Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Re-sent Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Sent Date	
Pre-Treatment Estimate Aging Report	262
Pre-treatment Estimate Tracer Date	
Pre-Treatment Estimate Aging Report	262
Primary Pre-treatment Estimate Sent Date	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Referral Status	
Referred To Doctor Report	304
Secondary Pre-treatment Estimate Sent Date	
Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328
Status of Access	
Patient Information Accessed Report	208
Status of Setting	
Audit Report - Audit Log Status	28
Subscriber Marital Status	
Insurance Carrier List	138
Total Amount of Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264
Total Amount of Primary and Secondary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Primary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Primary Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264
Total Amount of Secondary Claims not Created	
Secondary Insurance Claims Not Created Report	318
Total Amount of Secondary Claims not Sent	
Insurance Claims Not Sent Report	148
Total Amount of Secondary Pre-treatment Estimates not Created	
Secondary Pre-Treatment Estimates Not Created Report	320
Total Amount of Secondary Pre-treatment Estimates not Sent	
Pre-Treatment Estimates Not Sent Report	264
Total Length in Appointment Statuses	
Appointment Cycle Time Report	16
Total Number of Patients (any Status)	
Practice Statistics Report	256
Total Number of Patients with Statuses	
UDS - Patient Status Report	350

Status (continued)

Treatment Plan Approval Status	
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Patient Chart and Progress Notes Printout	202
Treatment Plan Status	
Patient Route Slip	226

Subscriber

Beneficiary ID	
Dental Encounters Report	106
Number of Subscribers	
Insurance Carrier List	138
Patient Relationship to Subscriber for Primary Insurance	
Patient Questionnaire	222
Patient Relationship to Subscriber for Secondary Insurance	
Patient Questionnaire	222
Primary Insurance Subscriber ID	
Letter Merge Reports	158
Relation to Subscriber	
Walkout - Doctor's Statement	368
Secondary Subscriber ID	
Letter Merge Reports	158
Subscriber Address for Primary Insurance	
Patient Questionnaire	222
Subscriber Address for Secondary Insurance	
Patient Questionnaire	222
Subscriber Birth Date	
Walkout - Doctor's Statement	368
Insurance Carrier List	138
Subscriber Birth Date for Primary Insurance	
Patient Questionnaire	222
Subscriber Birth Date for Secondary Insurance	
Patient Questionnaire	222
Subscriber Chart Number	
Insurance Carrier List	138
Subscriber Employer Name	
Insurance Carrier List	138
Subscriber ID	
Insurance Carrier List	138
Insurance Claim Aging Report	146
Insurance Eligibility Report	152
Insurance Transaction Analysis Report	154
Pre-Treatment Estimate Aging Report	262
RVU Utilization Report	316
Utilization Report	366
Walkout - Doctor's Statement	368
Dental Encounters Report	106
Subscriber ID for Primary Insurance	
Patient Questionnaire	222
Subscriber ID for Secondary Insurance	
Patient Questionnaire	222
Subscriber Marital Status	
Insurance Carrier List	138
Subscriber Name	
Insurance Claim Aging Report	146
Insurance Eligibility Report	152
Pre-Treatment Estimate Aging Report	262
RVU Utilization Report	316
Utilization Report	366
Insurance Carrier List	138

Subscriber Name for Primary Insurance	
Patient Route Slip	226
Patient Questionnaire	222
Subscriber Name for Secondary Insurance	
Patient Route Slip	226
Patient Questionnaire	222
Subscriber's Employer Address for Primary Insurance	
Patient Questionnaire	222
Subscriber's Employer Address for Secondary Insurance	
Patient Questionnaire	222
Subscriber's Employer Name for Primary Insurance	
Patient Questionnaire	222
Subscriber's Employer Name for Secondary Insurance	
Patient Questionnaire	222

Substitution

Generic Substitution Permitted	
Prescription Printout	260

Summary of Care

Number of Incorporated Electronic Summary of Care Documents	
Meaningful Use Measure Calculation List	162
Number of TCs (Transition of Care) and Referrals where SCs (Summary of Care) Provided	
Meaningful Use Measure Calculation List	162
Number of TCs (Transition of Care) and Referrals where SCs (Summary of Care) Was Exchanged Electronically	
Meaningful Use Measure Calculation List	162

Suppuration

Suppuration	
Perio - Data Chart Report	240
Perio - Combined Graphic & Data Chart Report	238

Surface

Tooth Surface	
Patient Treatment Case Report	228
Perio - Combined Graphic & Data Chart Report	238
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Practice Treatment Case Report	258
RVU Utilization Report	316
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Utilization Report	366
Walkout - Doctor's Statement	368
Walkout - Family Walkout	370
Patient Chart and Progress Notes Printout	202
Tooth Surface of Completed Treatment	
Referral Recap Report	296
Tooth Surface of Treatment Still in Progress	
Referral Recap Report	296
Tooth Surface of Treatment-planned Procedure	
Referral Slip	298

Suspended

Account Suspended Credit Amount	
Patient Route Slip	226
Amount of Current Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94

Suspended (continued)

Amount of Current Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Credit Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Suspended Credit Adjustments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Credit Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Suspended Credits	
Aging/Credit Balance Report	6
Amount of Suspended Credits for Guarantor	
Suspended Credits Report	324
Amount of Suspended Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Suspended Insurance Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Suspended Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Suspended Payments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of YTD Suspended Credit Adjustments for Prov	
Day Sheet (Charges and Receipts) Report	94
Amount of YTD Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Patient Suspended Credit Amount	
Patient Route Slip	226
Suspended Amount	
Suspended Credits Report	324
Suspended Amount on Ledger	
Suspended Credits Report	324
Suspended Credit Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Suspended Credit Amount	
Continuing Care Display List	76
Suspended Credit Amount for Clinic	
Aging/Credit Balance Report	6
Suspended Credits	
Practice Analysis Report	252

Suspended Insurance Payment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Suspended Payment Amount	
Analysis Summary Report - Daily	8
Total Amount of Current Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Current Suspended Payments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Suspended Payments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Suspended Credit Adjustments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Suspended Credit Adjustments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Suspended Credits for Clinic	
Suspended Credits Report	324
Total Amount of Suspended Insurance Payments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Suspended Payments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Suspended Payments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of YTD Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of YTD Suspended Payments	
Day Sheet (Charges and Receipts) Report	94
Total Suspended Credits	
Aging/Credit Balance Report	6

Suspended Adjustment

Amount of Current Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94

Suspended Amount

Suspended Amount	
Suspended Credits Report	324
Suspended Amount on Ledger	
Suspended Credits Report	324

Suspended Credit

Account Suspended Credit Amount	
Patient Route Slip	226
Amount of Suspended Credits	
Aging/Credit Balance Report	6
Amount of Suspended Credits for Guarantor	
Suspended Credits Report	324
Patient Suspended Credit Amount	
Patient Route Slip	226

Suspended Credit (continued)

Percent of Suspended Credits	
Aging/Credit Balance Report	6
Suspended Credit Amount	
Continuing Care Display List	76
Suspended Credit Amount for Clinic	
Aging/Credit Balance Report	6
Suspended Credits	
Practice Analysis Report	252
Total Amount of Suspended Credits for Clinic	
Suspended Credits Report	324
Total Suspended Credits	
Aging/Credit Balance Report	6

Suspended Credit Adjustment

Amount of Current Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Credit Adjustments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Credit Adjustments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Suspended Credit Adjustments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Credit Adjustments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of YTD Suspended Credit Adjustments for Prov	
Day Sheet (Charges and Receipts) Report	94
Suspended Credit Adjustment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Total Amount of Current Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Suspended Credit Adjustments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Suspended Credit Adjustments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of YTD Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94

Suspended Insurance Payment

Amount of Suspended Insurance Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Suspended Insurance Payments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8

Suspended Payment

Amount of Current Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of MTD Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Insurance Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Suspended Payments for Clinic	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of Suspended Payments for Previous Month for Provider	
Day Sheet (Charges and Receipts) Report	94
Amount of Suspended Payments for Provider	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Amount of YTD Suspended Payments for Provider	
Day Sheet (Charges and Receipts) Report	94
Suspended Insurance Payment Amount	
Analysis Summary Report - Standard	12
Analysis Summary Report - Daily	8
Suspended Payment	
Analysis Summary Report - Standard	12
Suspended Payment Amount	
Analysis Summary Report - Daily	8
Total Amount of Current Suspended Payments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of MTD Suspended Payments	
Day Sheet (Charges and Receipts) Report	94
Total Amount of Suspended Payments	
Analysis Summary Report - Standard	12
Day Sheet Report	100
Analysis Summary Report - Daily	8
Total Amount of Suspended Payments for Previous Month	
Day Sheet (Charges and Receipts) Report	94
Total Amount of YTD Suspended Payments	
Day Sheet (Charges and Receipts) Report	94

Tax

Tax Identification Number	
Practice Organization List	254

Tax Identification Number

Clinic TIN Number	
Provider IDs List	284
Provider Social Security Number or TIN Number	
Walkout - Doctor's Statement	368
Provider TIN Number	
Provider IDs List	284
Tax Identification Number	
Practice Organization List	254

Temporary

Permanent/Temporary	
Multi-Code List	188

Terminal

Terminal Name	
Credit Card Transaction Report	80

Time

Appointment Date and Time Insurance Eligibility Report	152
Appointment Time	
As Soon As Possible List	22
Audit Report - Appointments	26
Daily Appointment List (DX1)	84
Daily Appointment List Report	86
Letter Merge Reports	158
Operatory Appointment List Report	196
Patient List (Filtered)	214
Walkout - Family Walkout	370
Appointment Reminder Cards	18
Appointment Time Change	
Audit Report - Appointments	26
Average Length of Time Between Appointment Statuses	
Appointment Statistics Report	20
Average Wait Time	
Appointment Cycle Time Report	16
Best Time to Call	
Collections Manager List	70
Best Time to Call Patient	
Patient Questionnaire	222
Best Time to Call Spouse	
Patient Questionnaire	222
Clinical Note Time	
Clinical Notes Report	64
Future Appointment Time	
Patient Route Slip	226
Immunization Time	
Patient List (Filtered)	214
Median Wait Time	
Appointment Cycle Time Report	16
Next Appointment Time	
Patient Route Slip	226
Next Continuing Care Appointment Time	
Letter Merge Reports	158
Number of Appointments in Appointment Status for or Longer than Length of Time	
Appointment Statistics Report	20
Number of Appointments in Appointment Status Less than Length of Time	
Appointment Statistics Report	20
Office Journal Entry Time	
Office Journal Report	192
Percent of Appointments in Appointment Status for or Longer than Length of Time	
Appointment Statistics Report	20
Time	
Appointment Book View Printout	14
Time Limit	
Insurance Carrier List	138
Time of Access	
Patient Information Accessed Report	208
Time of Change	
Audit Report - Appointments	26
Audit Report - Audit Log Status	28
Audit Report - Clinics	30
Audit Report - Combined	32
Audit Report - Patients	34
Audit Report - Providers/Staff	36

Audit Report - Transactions	38
Audit Rights Report - Assigned Individually	40
Audit Rights Report - Assigned to Groups	42
Audit Rights Report - Group Names	44
Audit Rights Report - Users to Groups	46
Appointment Cycle Time Report	16

Time Units

Procedure Code List	266
Multi-Code List	188

Wait Time

Appointment Cycle Time Report	16
-------------------------------	----

Time Block

Time Blocks	
Appointment Book View Printout	14

TIN

Clinic TIN Number	
Provider IDs List	284
Provider Social Security Number or TIN Number	
Walkout - Doctor's Statement	368
Provider TIN Number	
Provider IDs List	284
Tax Identification Number	
Practice Organization List	254

Title

Patient Title	
Letter Merge Reports	158
Practice Title	
Registration Information Report	306
Audit Report - Clinics	30
Practice Title Change	
Audit Report - Clinics	30
Provider Title	
Practice Organization List	254
Provider IDs List	284
Letter Merge Reports	158
Referred by Source Title	
Letter Merge Reports	158
Referred to Title	
Letter Merge Reports	158

Tobacco

Number of Patients 18+ Years who Use Tobacco and Received Cessation Counseling	
Clinical Quality Measures List	66
Percent of Patients with Using Tobacco	
Caries Prevalence and Periodontal Index Report	52

Tobacco Cessation Counseling

Number of Tobacco Users 18+ Years with Tobacco Use Assessment and Tobacco Cessation Counseling or Tobacco Cessation Pharmacotherapy	
UDS - Tobacco Use and Intervention Report	354

Tobacco Cessation Pharmacotherapy

Number of Tobacco Users 18+ Years with Tobacco Use Assessment and Tobacco Cessation Counseling or Tobacco Cessation Pharmacotherapy	
UDS - Tobacco Use and Intervention Report	354

Tobacco Non-user

Number of Tobacco Non-users 18+ Years with Tobacco Use Assessment	
UDS - Tobacco Use and Intervention Report	354

Tobacco Use Assessment

Number of Tobacco Non-users 18+ Years with Tobacco Use Assessment	
UDS - Tobacco Use and Intervention Report	354
Number of Tobacco Users 18+ Years with Tobacco Use Assessment and Tobacco Cessation Counseling or Tobacco Cessation Pharmacotherapy	
UDS - Tobacco Use and Intervention Report	354

Tobacco User

Number of Tobacco Users 18+ Years with Tobacco Use Assessment and Tobacco Cessation Counseling or Tobacco Cessation Pharmacotherapy	
UDS - Tobacco Use and Intervention Report	354

Tooth

Mandibular Tooth Number	
Perio - Data Chart Report	240
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238
Maxillary Tooth Number	
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238
Mean Number of Sealed Teeth	
Caries Prevalence and Periodontal Index Report	52
Number of Patients 0 - 19 Years with Tooth Decay or Cavities	
Clinical Quality Measures List	66
Tooth Code	
Perio - Data Chart Report	240
Perio - Pocket Depths Only Report	246
Perio - Combined Graphic & Data Chart Report	238
Tooth Number	
Insurance Transaction Analysis Report	154
Operator Day Sheet Report	194
Patient Chart and Progress Notes Printout	202
Patient Ledger Report	210
Patient Treatment Case Report	228
Practice Treatment Case Report	258
Procedures Not Attached to Insurance Report	270
RVU Day Sheet Report	308
RVU Utilization Report	316
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Unscheduled Treatment Plans (Detailed) Report	362
Utilization Report	366
Walkout - Doctor's Statement	368
Walkout - Family Walkout	370
Day Sheet (Charges and Receipts) Report	94
Tooth Number for Today's Completed Work	
Patient Chart Printout	204
Tooth Number for Treatment-planned Procedure	
Patient Chart Printout	204
Tooth Number of Completed Treatment	
Referral Recap Report	296

Tooth Number of Treatment Still in Progress	
Referral Recap Report	296
Tooth Number of Treatment-Planned Procedure	
Referral Slip	298
Tooth Surface	
Patient Treatment Case Report	228
Perio - Combined Graphic & Data Chart Report	238
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Practice Treatment Case Report	258
RVU Utilization Report	316
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Utilization Report	366
Walkout - Doctor's Statement	368
Walkout - Family Walkout	370
Patient Chart and Progress Notes Printout	202
Tooth Surface of Completed Treatment	
Referral Recap Report	296
Tooth Surface of Treatment Still in Progress	
Referral Recap Report	296
Tooth Surface of Treatment-planned Procedure	
Referral Slip	298

Tracer

Claim Tracer Date	
Insurance Claim Aging Report	146
Pre-treatment Estimate Tracer Date	
Pre-Treatment Estimate Aging Report	262

Transaction

ADA Code Description or Transaction Description	
Operator Day Sheet Report	194
Deleted Transaction	
Audit Report - Transactions	38
Inserted Transaction	
Audit Report - Transactions	38
Total Amount of Transactions	
Credit Card Transaction Report	80
Total Number of Transactions	
Credit Card Transaction Report	80
Transaction Amount	
Credit Card Transaction Report	80
Provider Revenue - Allocations Report	286
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Suspended Credits Report	324
Audit Report - Transactions	38
Transaction Amount Change	
Audit Report - Transactions	38
Transaction Date	
Family Ledger Report	124
Family Ledger Report (Single Family)	126
Insurance Transaction Analysis Report	154
Patient's Ledger Report	230
Credit Card Transaction Report	80
Transaction Description	
Family Ledger Report	124
Family Ledger Report (Single Family)	126
Insurance Transaction Analysis Report	154
Patient's Ledger Report	230

Transaction (continued)

Provider Revenue - Allocations Report	286
Provider Revenue - Charges Report	288
Provider Revenue - Credits Report	290
Suspended Credits Report	324
Audit Report - Transactions	38
Transaction Description Change	
Audit Report - Transactions	38
Transaction ID	
Credit Card Transaction Report	80
Transaction Type/Code	
Insurance Transaction Analysis Report	154

Transaction Status

Payment Status	
Credit Card Transaction Report	80

Transition of Care

Number of TCs (Transition of Care)	
Meaningful Use Measure Calculation List	162
Number of TCs (Transition of Care) and Referrals	
Meaningful Use Measure Calculation List	162
Number of TCs (Transition of Care) and Referrals where Clinical Information Reconciliation Was Performed	
Meaningful Use Measure Calculation List	162
Number of TCs (Transition of Care) and Referrals where Electronic SCs (Summary of Care) Provided	
Meaningful Use Measure Calculation List	162
Number of TCs (Transition of Care) and Referrals where SCs (Summary of Care) Provided	
Meaningful Use Measure Calculation List	162
Number of TCs (Transition of Care) and Referrals where SCs (Summary of Care) Was Exchanged Electronically	
Meaningful Use Measure Calculation List	162
Number of TCs (Transition of Care) where Medication Reconciliation Was Performed	
Meaningful Use Measure Calculation List	162

Transmit

Number of Patients who Viewed or Downloaded or Transmitted (VDT) Electronic Health Information	
Meaningful Use Measure Calculation List	162

Treatment

ADA Code Description for Today's Completed Work	
Patient Chart Printout	204
ADA Code Description of Completed Treatment	
Referral Recap Report	296
ADA Code Description of Treatment Still in Progress	
Referral Recap Report	296
ADA Code of Completed Treatment	
Referral Recap Report	296
ADA Code of Treatment Still in Progress	
Referral Recap Report	296
Amount for Today's Completed Work	
Patient Chart Printout	204
Amount of Completed Procedures for Patient	
Procedures Not Attached to Insurance Report	270
Continuing Care Prior Work Date	
Letter Merge Reports	158
Date of Completed Treatment	
Referral Recap Report	296
Tooth Number for Today's Completed Work	
Patient Chart Printout	204

Tooth Number of Completed Treatment	
Referral Recap Report	296
Tooth Surface of Completed Treatment	
Referral Recap Report	296
Total Amount of Charges for Today's Completed Work	
Patient Chart Printout	204

Treatment Area

Next Appointment Treatment Area	
Patient Route Slip	226
Tooth Surface	
Patient Treatment Case Report	228
Perio - Combined Graphic & Data Chart Report	238
Perio - Data Chart Report	240
Perio - Exam Comparison Report	242
Perio - Pocket Depths Only Report	246
Practice Treatment Case Report	258
RVU Utilization Report	316
Treatment Case Report	326
Treatment Plan Approval Report	328
Treatment Plan Approval Status Report	330
Utilization Report	366
Walkout - Doctor's Statement	368
Walkout - Family Walkout	370
Patient Chart and Progress Notes Printout	202
Tooth Surface of Completed Treatment	
Referral Recap Report	296
Tooth Surface of Treatment Still in Progress	
Referral Recap Report	296
Treatment Area	
Family Ledger Report	124
Family Ledger Report (Single Family)	126
Multi-Code List	188
Patient's Ledger Report	230
Procedure Code List	266
Dental Diagnostic Code List	104

Treatment In Progress

ADA Code Description of Treatment Still in Progress	
Referral Recap Report	296
Referred Date of Treatment Still in Progress	
Referral Recap Report	296
Tooth Number of Treatment Still in Progress	
Referral Recap Report	296
Tooth Surface of Treatment Still in Progress	
Referral Recap Report	296

Treatment Plan

ADA Code Description for Treatment-planned Procedure	
Patient Chart Printout	204
ADA Code Description of Treatment-planned Procedure	
Referral Slip	298
ADA Code of Treatment-planned Procedure	
Referral Slip	298
Alternate Case Name	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Office Portion for Case	
Patient Treatment Case Report	228

Treatment Plan (continued)

Amount of Patient Portion for Case		Pre-authorization Required	
Practice Treatment Case Report	258	Standard Coverage Tables Report	322
Patient Treatment Case Report	228	Insurance Coverage Tables Report	150
Amount of Primary Insurance Portion for Case		Tooth Number for Treatment-planned Procedure	
Practice Treatment Case Report	258	Patient Chart Printout	204
Patient Treatment Case Report	228	Tooth Number of Treatment-Planned Procedure	
Amount of Secondary Insurance Portion for Case		Referral Slip	298
Practice Treatment Case Report	258	Tooth Surface of Treatment-planned Procedure	
Patient Treatment Case Report	228	Referral Slip	298
Amount of Treatment-planned Procedure		Total Amount of Patient Portion for Case	
Patient Chart Printout	204	Treatment Case Report	326
Case Comments		Total Amount of Primary Insurance Portion for Case	
Practice Treatment Case Report	258	Treatment Case Report	326
Patient Treatment Case Report	228	Total Amount of Scheduled Treatment Plans	
Case Expiration Date		Treatment Plan Approval Status Report	330
Practice Treatment Case Report	258	Treatment Plan Approval Report	328
Case Finance Status		Total Amount of Secondary Insurance Portion for Case	
Practice Treatment Case Report	258	Treatment Case Report	326
Treatment Case Report	326	Total Amount of Treatment Plan	
Patient Treatment Case Report	228	Treatment Case Report	326
Case Name		Patient Treatment Case Report	228
Patient Treatment Case Report	228	Total Amount of Treatment Plans	
Practice Treatment Case Report	258	Treatment Plan Approval Status Report	330
Patient Proposed Treatment Case Report (Your Care Plan)	220	Treatment Plan Approval Report	328
Case Notes		Total Amount of Treatment-planned Procedures	
Treatment Case Report	326	Practice Treatment Case Report	258
Patient Treatment Case Report	228	Patient Chart Printout	204
Case Priority		Total Amount of Unscheduled Treatment Plans	
Patient Treatment Case Report	228	Unscheduled Treatment Plans (Detailed) Report	362
Case Severity		Unscheduled Treatment Plans (Condensed) Report	360
Practice Treatment Case Report	258	Total Fee for Case	
Case Status		Treatment Case Report	326
Practice Treatment Case Report	258	Total Fee from Alternate Fee Schedule for Case	
Patient Treatment Case Report	228	Treatment Case Report	326
Date of Last Case Status Update		Total Number of Cases	
Practice Treatment Case Report	258	Practice Treatment Case Report	258
Patient Treatment Case Report	228	Treatment Plan Amount	
Date of Treatment-planned Procedure		Referred By Patient Report	302
Referral Slip	298	Unscheduled Treatment Plans (Condensed) Report	360
Fee for Case		Unscheduled Treatment Plans (Detailed) Report	362
Practice Treatment Case Report	258	Referred By Doctor/Other Report	300
Patient Treatment Case Report	228	Treatment Plan Approval Status	
Next Appointment Treatment Plan Visit		Treatment Plan Approval Report	328
Patient Route Slip	226	Treatment Plan Approval Status Report	330
Number of Scheduled Treatment-planned Procedures		Patient Chart and Progress Notes Printout	202
Practice Treatment Case Report	258	Treatment Plan Status	
Number of Unscheduled Treatment-planned Procedures		Patient Route Slip	226
Practice Treatment Case Report	258	Treatment-planned Procedure Amount	
Percent of Accepted Cases		Unscheduled Treatment Plans (Detailed) Report	362
Practice Treatment Case Report	258	Treatment-planned Procedure Date	
Percent of Completed Cases		Unscheduled Treatment Plans (Detailed) Report	362
Practice Treatment Case Report	258	Treatment Case Report	326
Percent of Pre-authorized Cases		Treatment Plan Approval Status	
Practice Treatment Case Report	258	Treatment Plan Approval Status	
Percent of Referred Cases		Treatment Plan Approval Report	328
Practice Treatment Case Report	258	Treatment Plan Approval Status Report	330
Percent of Scheduled Cases			
Practice Treatment Case Report	258		

Treatment Plan Approval Status (continued)

Patient Chart and Progress Notes Printout	202
Type	
20+ Years Old for Financial Class Type	
UDS - Insurance Financial Class Report	342
Deductible Type	
Standard Coverage Tables Report	322
Insurance Coverage Tables Report	150
Document Type	
Document Center List	120
File Type	
Document Center Documents Audited Report	118
Document Center - Documents List Report	112
Transaction Type/Code	
Insurance Transaction Analysis Report	154
Type of Service Code	
Type of Service Code	
Medical Code List	186
Type of Service Code Description	
Medical Code List	186
Uninsured	
Number of Patients without Dental and Medical Insurance	
Practice Statistics Report	256
Number of Patients without Dental Insurance	
Practice Statistics Report	256
Number of Patients without Medical Insurance	
Practice Statistics Report	256
Union Number	
Insurance Plan Union Number	
Provider IDs List	284
Insurance Carrier List	138
Unit	
Time Units	
Procedure Code List	266
Multi-Code List	188
Unknown	
Number of Unknown Gender	
UDS - Age/Gender Report	334
Number of Unknown Gender for Clinic	
UDS - Age/Gender Report	334
Number of Unknown Gender for Provider	
UDS - Age/Gender Report	334
Unscheduled Appointment	
Number of Unscheduled Appointments Listed	
Unscheduled Appointment List (OM)	358
Unscheduled Appointment List (DX1)	356
Scheduled and/or Unscheduled Appointment	
Unscheduled Treatment Plans (Detailed) Report	362
Unscheduled Treatment Plans (Condensed) Report	360
Unscheduled Treatment	
Number of Unscheduled Treatment-planned Procedures	
Practice Treatment Case Report	258

Total Amount of Unscheduled Treatment Plans	
Unscheduled Treatment Plans (Detailed) Report	362
Unscheduled Treatment Plans (Condensed) Report	360
Update	
Date of Last Case Status Update	
Practice Treatment Case Report	258
Patient Treatment Case Report	228
Updated	
Date Insurance Last Updated	
Insurance Carrier List	138
User	
Number of Users	
UDS - Encounters and Users by Selected Procedure Codes Report	338
Number of Users for Financial Class Type	
UDS - Insurance Financial Class Report	342
Number of Users for Financial Class Type for Clinic	
UDS - Insurance Financial Class Report	342
Number of Users for Financial Class Type for Provider	
UDS - Insurance Financial Class Report	342
Overriding User	
Audit Report - Clinics	30
Audit Report - Combined	32
Audit Report - Patients	34
Audit Report - Providers/Staff	36
Audit Report - Transactions	38
Audit Report - Appointments	26
Total Number of Users for Financial Class Types	
UDS - Insurance Financial Class Report	342
User	
Audit Report - Appointments	26
Audit Report - Audit Log Status	28
Audit Report - Clinics	30
Audit Report - Combined	32
Audit Report - Patients	34
Audit Report - Providers/Staff	36
Audit Report - Transactions	38
Audit Rights Report - Assigned Individually	40
Audit Rights Report - Assigned to Groups	42
Audit Rights Report - Group Names	44
Audit Rights Report - Users to Groups	46
Credit Card Transaction Report	80
Document Center - Documents List Report	112
Document Center Documents Audited Report	118
Patient Information Accessed Report	208
Patient Treatment Case Report	228
Assigned Rights Report	24
User Changed	
Audit Rights Report - Users to Groups	46
Audit Rights Report - Assigned Individually	40
User Defined Category	
Patient User Defined Category	
Patient List (Filtered)	214
User Defined Category	
UDS - Patient Status Report	350
User Group	
User Group	
Audit Rights Report - Users to Groups	46
Audit Rights Report - Assigned to Groups	42

User Group (continued)

User Group Change	
Audit Rights Report - Group Names	44

Vaccine

Vaccine Abbreviated Description	
Patient List (Filtered)	214

Veteran Status

Patient Veteran Status	
Patient List (Filtered)	214
Veteran Status	
UDS - Patient Status Report	350

View

Number of Patients who Viewed or Downloaded or Transmitted (VDT) Electronic Health Information	
Meaningful Use Measure Calculation List	162

Visit

Amount of Office Portion for Visit	
Patient Treatment Case Report	228
Amount of Patient Portion for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Primary Insurance Portion for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Secondary Insurance Portion for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Fee for Visit	
Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228
Fee from Alternate Fee Schedule for Visit	
Treatment Case Report	326
Next Appointment Treatment Plan Visit	
Patient Route Slip	226
Number of Office Visits	
Meaningful Use Measure Calculation List	162
Number of Office Visits for Insurance Carrier	
Utilization Report	366
RVU Utilization Report	316
Number of Office Visits where Patient Received CS (Clinical Summary)	
Meaningful Use Measure Calculation List	162
Number of Patients 0 - 19 Years with Visit	
Clinical Quality Measures List	66
Number of Patients 18 - 85 Years with Outpatient Visits (with Exclusions)	
Clinical Quality Measures List	66
Number of Patients 18+ Years with Visits	
UDS - Tobacco Use and Intervention Report	354
Clinical Quality Measures List	66
Number of Patients 3 - 17 Years with Outpatient Visits (with Exclusions)	
Clinical Quality Measures List	66
Unique Visit Count for Provider	
RVU Day Sheet Report	308

Visit

Treatment Plan Approval Status Report	330
Treatment Plan Approval Report	328

Visit Number

Practice Treatment Case Report	258
Treatment Case Report	326
Patient Treatment Case Report	228

Vital Sign

Number of Patients 0 - 2 Years with Vital Sign Readings	
Meaningful Use Measure Calculation List	162
Number of Patients 2+ Years with Vital Sign Readings	
Meaningful Use Measure Calculation List	162
Number of Patients 3+ Years with Vital Sign Readings	
Meaningful Use Measure Calculation List	162
Number of Patients 3+ Years with Vital Sign Readings	
Meaningful Use Measure Calculation List	162
Number of Patients with Vital Sign Readings	
Meaningful Use Measure Calculation List	162

Vitals

Age	
UDS - Age/Gender Report	334
Patient Health Assessment Report	206
Blood Pressure	
Patient Health Assessment Report	206
Body Mass Index	
Patient Health Assessment Report	206
Height	
Patient Health Assessment Report	206
Pulse	
Patient Health Assessment Report	206
Weight	
Patient Health Assessment Report	206

Wait

Number of Wait/Will Call Appointments	
Appointment Statistics Report	20

Weight

Weight	
Patient Health Assessment Report	206

Widowed

Number of Widowed Patients	
Practice Statistics Report	256
Percent of Widowed Patients	
Practice Statistics Report	256

Will Call

Number of Wait/Will Call Appointments	
Appointment Statistics Report	20

Work Phone

Guarantor Work Phone Number	
Patient Route Slip	226
Guarantor Work Phone Number & Extension	
Collections Manager List	70
Patient Work Phone Extension	
Patient Ledger Report	210
Patient Questionnaire	222
Letter Merge Reports	158
Patient Work Phone Number	
Continuing Care Display List	76
Letter Merge Reports	158
Patient Ledger Report	210
Patient List	212
Patient List (Filtered)	214

Work Phone (continued)

Patient Notes Report	216
Patient Questionnaire	222
Patient Route Slip	226
Appointment Book View Printout	14
Spouse Work Phone Extension	
Patient Questionnaire	222
Spouse Work Phone Number	
Patient Questionnaire	222
Worker Status	
Patient Worker Status	
Patient List (Filtered)	214
Worker Status	
UDS - Patient Status Report	350
Wrap Around	
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Subtotal of Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Financial Class Type (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Current Year)	
UDS - Patient Related Revenue Report	348
Total Wrap Around or Reconciliation Amount Collected for Payer Category (Previous Years)	
UDS - Patient Related Revenue Report	348
Wrap Around or Reconciliation Amount Collected for Patient (Current Year)	
UDS - Patient Related Revenue Report	348
Wrap Around or Reconciliation Amount Collected for Patient (Previous Years)	
UDS - Patient Related Revenue Report	348
Write-off	
Amount of Bad Debt Write-offs for Patient	
UDS - Patient Related Revenue Report	348
Subtotal of Bad Debt Write-offs for Financial Class Type	
UDS - Patient Related Revenue Report	348
Subtotal of Bad Debt Write-offs for Payer Category	
UDS - Patient Related Revenue Report	348
Total Amount of Bad Debt Write-offs for Financial Class Type	
UDS - Patient Related Revenue Report	348

Total Amount of Bad Debt Write-offs for Patient	
UDS - Patient Related Revenue Report	348
Total Amount of Bad Debt Write-offs for Payer Category	
UDS - Patient Related Revenue Report	348

Year

Number of New Patients (in Month and Year)	
Practice Statistics Report	256
Number of Patients Due for Prophylaxis (on Month and Year)	
Practice Statistics Report	256
Number of Referred New Patients (in Month and Year)	
Practice Statistics Report	256
Percent of Patients Due for Prophylaxis (Month and Year)	
Practice Statistics Report	256
Percent of Referred New Patients (in Month and Year)	
Practice Statistics Report	256
Practice Fiscal Year Month	
Registration Information Report	306
Year	
Future Due Payment Plan Report - Monthly Totals	132
Years as Patient	
Patient Route Slip	226

YTD

Amount of Debit Adjustments (YTD)	
Practice Analysis Report	252
Amount of Estimated Primary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Primary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Family	
Treatment Case Report	326
Amount of Estimated Secondary Insurance Benefits Remaining YTD for Patient	
Treatment Case Report	326
Patient Treatment Case Report	228
Amount of Finance Charges (YTD)	
Practice Analysis Report	252
Amount of Finance Charges YTD	
Walkout - Family Walkout	370
Amount of Guarantor Payments YTD	
Walkout - Family Walkout	370
Amount of Insurance Payments YTD	
Walkout - Family Walkout	370
Amount of Insured Charges (YTD)	
Practice Analysis Report	252
Amount of Late Charges (YTD)	
Practice Analysis Report	252
Amount of Late Charges YTD	
Walkout - Family Walkout	370
Amount of Non-insured Charges (YTD)	
Practice Analysis Report	252
Amount of Other Debit Adjustments (YTD)	
Practice Analysis Report	252
Amount of Pending Estimated Primary Insurance Portions YTD for Family	
Treatment Case Report	326

Amount of Pending Estimated Primary Insurance Portions YTD for Patient		Total Amount of YTD Charges Billed to Insurance	
Treatment Case Report	326	Day Sheet (Charges and Receipts) Report	94
Patient Treatment Case Report	228	Total Amount of YTD Finance Charges	
Amount of Pending Estimated Secondary Insurance Portions YTD for Family		Day Sheet (Charges and Receipts) Report	94
Treatment Case Report	326	Total Amount of YTD Finance Charges for Family	
Amount of Pending Estimated Secondary Insurance Portions YTD for Patient		Family Ledger Report (Single Family)	126
Treatment Case Report	326	Total Amount of YTD Insurance Payments for Family	
Patient Treatment Case Report	228	Family Ledger Report (Single Family)	126
Amount of Primary Insurance Paid Benefits YTD for Family		Family Ledger Report	124
Treatment Case Report	326	Total Amount of YTD Late Charges	
Amount of Primary Insurance Paid Benefits YTD for Patient		Day Sheet (Charges and Receipts) Report	94
Treatment Case Report	326	Total Amount of YTD Late Charges for Family	
Patient Treatment Case Report	228	Family Ledger Report (Single Family)	126
Amount of YTD Applied Credit Adjustments for Provider		Family Ledger Report	124
Day Sheet (Charges and Receipts) Report	94	Total Amount of YTD Payments for Family	
Amount of YTD Applied Payments for Provider		Family Ledger Report (Single Family)	126
Day Sheet (Charges and Receipts) Report	94	Family Ledger Report	124
Amount of YTD Charge Adjustments for Provider		Total Amount of YTD Suspended Credit Adjustments	
Day Sheet (Charges and Receipts) Report	94	Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Total Amount of YTD Suspended Payments	
Amount of YTD Charges Billed to Insurance for Provider		Day Sheet (Charges and Receipts) Report	94
Day Sheet (Charges and Receipts) Report	94	Total Charges (YTD)	
Amount of YTD Charges for Provider		Practice Analysis Report	252
Day Sheet (Charges and Receipts) Report	94	Total YTD Finance Charges for Family	
Amount of YTD Finance Charges for Provider		Family Ledger Report	124
Day Sheet (Charges and Receipts) Report	94		
Amount of YTD Late Charges for Provider		Zero	
Day Sheet (Charges and Receipts) Report	94	Replace Initial Zero of Procedure Code on Claims	
Amount of YTD Suspended Credit Adjustments for Prov		Insurance Carrier List	138
Day Sheet (Charges and Receipts) Report	94	ZIP Code	
Amount of YTD Suspended Payments for Provider		Number of Charts Sampled in ZIP Code	
Day Sheet (Charges and Receipts) Report	94	UDS - Sealant Statistics Report	352
Beginning Balance (YTD)		Number of Medicaid and Medicare Patients in First Age Group in ZIP Code	
Practice Analysis Report	252	UDS - Medicaid/Medicare Report	346
Ending Balance (YTD)		Number of Medicaid and Medicare Patients in Second Age Group in ZIP Code	
Practice Analysis Report	252	UDS - Medicaid/Medicare Report	346
New Patients (YTD)		Number of Medicaid and Medicare Patients in ZIP Code	
Practice Analysis Report	252	UDS - Medicaid/Medicare Report	346
Number of New Patients YTD		Number of Medicaid Patients in First Age Group in ZIP Code	
Day Sheet (Charges and Receipts) Report	94	UDS - Medicaid/Medicare Report	346
Number of New Patients YTD for Provider		Number of Medicaid Patients in Second Age Group in ZIP Code	
Day Sheet (Charges and Receipts) Report	94	UDS - Medicaid/Medicare Report	346
Referred Patients (YTD)		Number of Medicaid Patients in ZIP Code	
Practice Analysis Report	252	UDS - Medicaid/Medicare Report	346
Subtotal of Charges (YTD)		Number of Medicare Patients in First Age Group in ZIP Code	
Practice Analysis Report	252	UDS - Medicaid/Medicare Report	346
Total Amount of YTD Applied Credit Adjustments		Number of Medicare Patients in Second Age Group in ZIP Code	
Day Sheet (Charges and Receipts) Report	94	UDS - Medicaid/Medicare Report	346
Total Amount of YTD Applied Payments		Number of Medicare Patients in ZIP Code	
Day Sheet (Charges and Receipts) Report	94	UDS - Medicaid/Medicare Report	346
Total Amount of YTD Charge Adjustments		Number of Patients in ZIP Code	
Day Sheet (Charges and Receipts) Report	94	Practice Statistics Report	256
Day Sheet (Charges and Receipts) Report	94	Number of Patients with Moderate to High Risk of Caries in ZIP Code	
Total Amount of YTD Charges		UDS - Sealant Statistics Report	352
Day Sheet (Charges and Receipts) Report	94		

Number of Patients with Moderate to High Risk of Car- ies who Got Sealants on Permanent First Molars in ZIP Code	
UDS - Sealant Statistics Report	352
Number of Patients without a ZIP Code	
Practice Statistics Report	256
Patient ZIP Code	
Patient List (Filtered)	214
Letter Merge Reports	158
Percent of Patients in ZIP Code	
Practice Statistics Report	256
Percent of Patients without a ZIP Code	
Practice Statistics Report	256
Practice City State and ZIP Code	
Letter Merge Reports	158
Practice ZIP Code	
Registration Information Report	306
ZIP Code	
UDS - Insurance Financial Class Report (2013)	344
UDS - Medicaid/Medicare Report	346
UDS - Patient Status Report	350
UDS - Sealant Statistics Report	352
UDS - Tobacco Use and Intervention Report	354
Practice Statistics Report	256