DENTRIX ENTERPRISE

DENTRIX ENTERPRISE 8

RELEASE GUIDE

(Version 8.0.9 Only)

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LICENSES AND TRADEMARKS

Contents

8.0.9

Dentrix Enterprise 8.0.9 Release Guide

Overview

The *Dentrix Enterprise 8.0.9 Release Guide* provides information about the new software release. This overview section includes a brief description of the new features and enhancements available in this release, instructions regarding the installation of the new version, and important notes.

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

Features

Dentrix Enterprise 8.0.9 includes the following new features and enhancements:

- **Treatment Requests** – The new Treatment Request Manager module and the new Treatment Requests tab in the More Information window allow you to store and manage requests for treatment, from patients or providers, that require appointments to be scheduled. Once a request is recorded and reviewed, you can see it in the Scheduling Assistant to help you get that patient scheduled.
- **Scheduling Assistant** – The new Scheduling Assistant module enhances the scheduling workflow by combining the Continuing Care, Unscheduled Appointments, ASAP, Unscheduled Treatment Plans, and Treatment Request Manager lists into one window. Also, the Scheduling Assistant includes quick access to a patient's details and Office Journal entries.
- **Procedure Button Templates** – You can now create templates for sets of 24 procedure buttons in the Patient Chart that follow a user across the network to other computers. You can also assign templates to users or let them create and choose their own.
- **Family Search** – You can now search for a patient by his or her guarantor or another family member.
- **File Exchange** – The new File Exchange module allows you to do a mass export of Document Center and C-CDA files and allows you to update Dentrix Enterprise from an offline database when it is reconnected to the network with patient demographics, problems, allergies, and medications (PAM), charges, payments, treatment plans, Document Center files, and provider/staff exports.
- **Appointment Preview** – You can now position your mouse pointer over an appointment to quickly view appointment information, including the time zone of the clinic where the appointment is scheduled (which can be helpful if, for example, your Appointment Book view shows operatories from multiple clinics).
- **Insurance Eligibility Icon** – You can now specify in Appointment Book views whether you want the insurance eligibility icon to appear on appointments or not.
- **Patient List and Global Alerts** – You can now filter the Patient List and Global Alerts by patient tags and billing types.
- **More Information Window Links** – You can now quickly access a patient's insurance information from the More Information window.
- **Medical Alerts Window** – The look of the Medical Alerts window has been simplified, and you can now select a reason for inactivating an alert.
- **Patient Information** – The Patient Information dialog box, which you access from the Family File, has a refreshed look and a more organized layout. Also, you can now add multiple addresses and contacts for a patient.
- **Select Employer** – Now, when you are attaching an employer to a patient's record, the dialog box that appears has been redesigned, so it is more obvious that you should search for the employer you want to attach before entering a new employer in case that employer already exists in your database. This could help you avoid unintentionally entering a duplicate employer into the system.
- **Insurance Information** – The Insurance Information dialog box, which you access from the Family File, has a refreshed look and a more organized layout.
- **Tooth Numbers** – When entering or editing a payment or a credit, you can now view the applicable tooth number to help ensure correct allocation.

- **Custom Links** – You can define custom links to websites that will appear in the About Dentrix Enterprise dialog box, which you can access from the Help menu of any module. For example, links to the Resource Center and MyVoice are provided by default.
- **Active Directory Single Sign On** – With the new integration of Lightweight Directory Access Protocol (LDAP) with Dentrix Enterprise, after you sign in to Windows, you can log in to Dentrix Enterprise without entering a user name and password.
- **Custom Clinic Details on Statements** – Now, for each clinic, you can specify the clinic information that appears in the upper-left corner of printed billing statements that are generated from that clinic. You can specify the clinic or provider name, clinic address, and clinic phone number separately, and each clinic can have different settings. The billing information you specify will also affect electronic statements that are sent using QuickBill.
- **UDS - Tobacco Use and Intervention Report** – The denominator for this report is now determined by the number of patients, who had at least one visit encounter 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. Also, additional CDT codes are now supported for adding encounters for "Encounter, Performed: Home Healthcare Services."
- **835 EOB Import Utility**
    - If you use this add-on feature to post a batch of insurance payments from electronic EOBs, the **Batch Insurance Payment Entry** dialog box now shows all the procedures associated with the claim for a given EOB not just the procedures on the EOB. Consequently, if the payer pays for an alternate procedure code (alternate benefits), the utility automatically applies the amount paid for the alternate procedure code to the procedure code that was originally billed on the claim. Also, for now, the utility no longer creates automatic adjustments for write-offs or refunds.
    - If you use this add-on feature to post a batch of insurance payments from electronic EOBs, in the **Batch Insurance Payment Entry** dialog box, the 835 import utility now automatically adds a note to an insurance payment if the payor pays for alternate procedure codes (alternative benefits). The note includes the procedure codes that were originally billed on the claim and their corresponding alternate procedure codes. Also, if you have the setting turned on that automatically copies an electronic EOB (in a readable format) to a patient's Document Center when you import an 835 file, the document in the Document Center contains the original and alternate codes (if any).
    - If you use this add-on feature to post a batch of insurance payments from electronic EOBs, in the **Batch Insurance Payment Entry** dialog box, the 835 import utility now provides options for applying a credit adjustment and multiple charge adjustments to a claim. You can also specify the default adjustment types for those adjustments and if you want the 835 import utility to calculate a credit adjustment automatically.
- **Insurance Payment Notes** – You can now add notes to insurance payments (posted individually or in a batch).
- **Axia and Corral** – If your organization uses the Axia add-on (which can be purchased separately) for processing credit card payments, EMV chips are now supported. Also, you and your patients can now make one-time or recurring payments online using your organization's online payments portal (which is hosted on the Corral website). Online payments go directly into Dentrix Enterprise as suspended credits.

  You can access your organization's online payments portal from the Office Manager or Ledger in Dentrix Enterprise. From the portal, you can make payments, view transaction history, generate reports, manage notifications, view patient records, and manage your account.
- **Suspended Credits Manager** – If your organization uses the Axia add-on (which can be purchased separately) for processing credit card payments, online payments (through the Corral website) go directly into Dentrix Enterprise as suspended credits. From the new Suspended Credits Manager window in Dentrix Enterprise, you can apply credits to charges without having to open each patient's Ledger one at a time. The Suspended Credits Manager is also available even if you do not use the Axia add-on, so you can manage suspended credits for all patients from a central area of Dentrix Enterprise.

- **Select Encounter** – Now, whether you are selecting an encounter number from the Appointment Book, a patient's Chart, or a clinical note, the search dialog box is now consistent across the application, and the dialog box now includes a column for the discharge date.
- **Document Center File Types** – In the Document Center, you can now store and export files of any type supported by Windows. However, you can preview only the files that are of file types supported in previous versions of Dentrix Enterprise in the Document Center, such as .pdf and .png.
- **Coordinated Universal Time (UTC)** – Dentrix Enterprise now supports UTC. This new functionality allows you to operate in multiple time zones in the Appointment Book and log new records from other modules using the time zone of the logged-in clinic's date and time.
- **HL7** – There are miscellaneous enhancements for HL7 integration.
- **California Prescriptions** – In an effort to help regulate the prescribing of controlled substances, the state of California is now requiring that prescriptions have numbered check boxes, instead of numbers to be circled, to specify the number of allowed refills. The California prescription forms in Dentrix Enterprise have been updated accordingly.
- **Digital Signatures** – You can now see the dates and times of digital signatures for signed Document Center files, Treatment Planner consent forms, and clinical notes. In previous versions of Dentrix Enterprise, you could see only dates.

Installation

Install Dentrix Enterprise 8.0.9 on each computer that runs Dentrix Enterprise. This includes terminal servers (servers running Microsoft Terminal Services) and Citrix servers. For help with the download and installation of Dentrix Enterprise 8.0.9, contact Dentrix Enterprise Customer Support at 1-800-DSCHEIN, option 4.

Important Notes

- If your organization uses the Axia add-on, when you upgrade to 8.0.9, the add-on will be turned off. You will need get an API ID and an API Token from Axia before you can re-enable the add-on.
- To download a copy of the latest Dentrix Enterprise system requirements, visit www.dentrixenterprise.com/support/requirements.
- You should install Dentrix Enterprise at a time that is outside of your regular office hours.

Using the New Features and Enhancements

The pages that follow contain instruction about how to use the new features and enhancements of this release.

Treatment Requests

The new Treatment Request Manager module allows you to store and manage requests for treatment, from patients or providers, that require appointments to be scheduled.

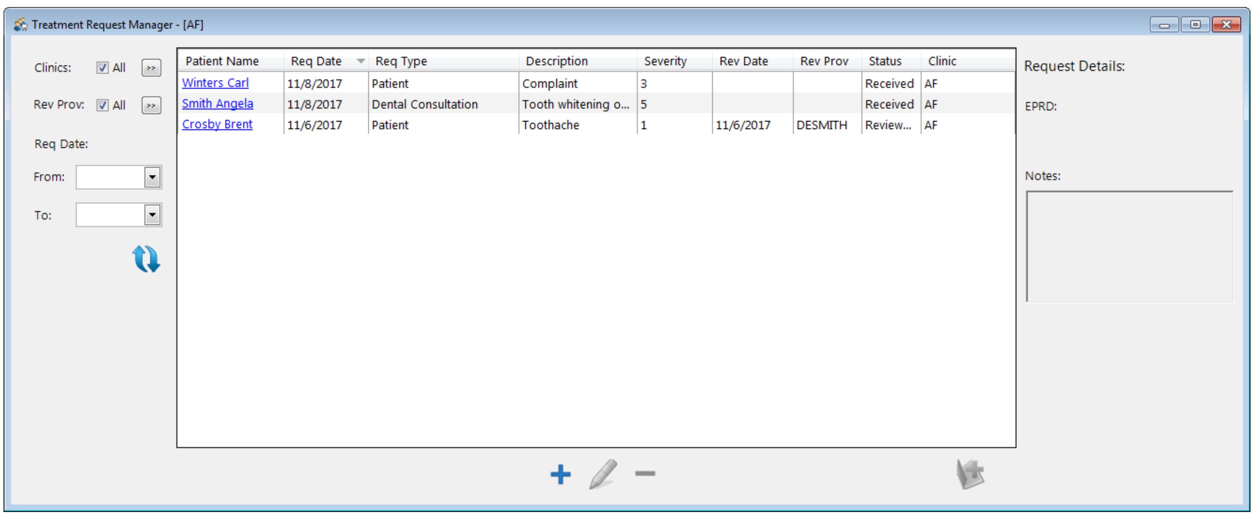
OPENING THE TREATMENT REQUEST MANAGER

You can open the Treatment Request Manager from the Office Manager module. The Treatment Request Manager opens as an independent window because it is a separate module.

To open the Treatment Request Manager

In the Office Manager, from the **File** menu, click **Treatment Request Manager**. Or, you can click the **Treatment Request Manager** button on the toolbar.

The Treatment Request Manager opens.



FILTERING THE LIST OF TREATMENT REQUESTS

You can filter the list of treatment requests to suit your preferences.

Note: Any changes you make to the filter settings are saved for the next time you access the Treatment Request Manager, even after closing Dentrix Enterprise. Also, the filter settings are user specific, so each user can have his or her own filter settings to suit their preferences.

To filter the list

1. In the Treatment Request Manager, set up the following filters as needed:
   - **Clinics** – To view treatment requests for all clinics, select the **All** check box. Or, click the search button to select the clinics whose requests you want to view. By default, the treatment requests for the clinic you are currently logged in to are displayed.
   - **Rev Prov** – To view treatment requests that were reviewed by any provider, select the **All** check box. Or, click the search button to select the providers whose reviewed requests you want to view.

- **Req Date** – To view treatment requests that are dated within a specified range of dates, enter or select the **From** and/or **To** dates (you can have an open-ended range).

2. Click the **Refresh/Apply filter settings** button .

REFRESHING THE TREATMENT REQUEST MANAGER

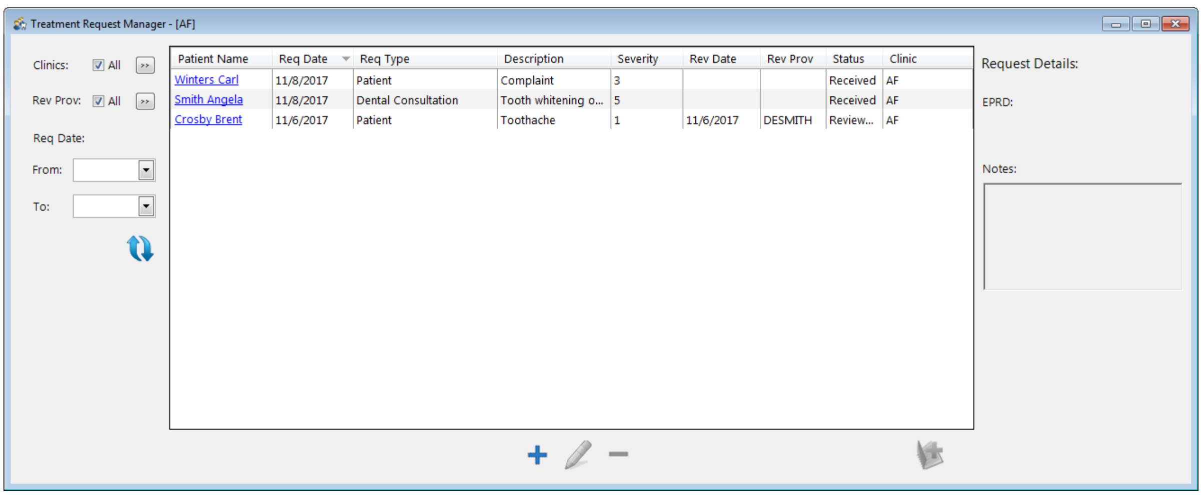
To make sure you have to most current list of treatment requests in the Treatment Request Manager, click the **Refresh/Apply filter settings** button .

ADDING TREATMENT REQUESTS

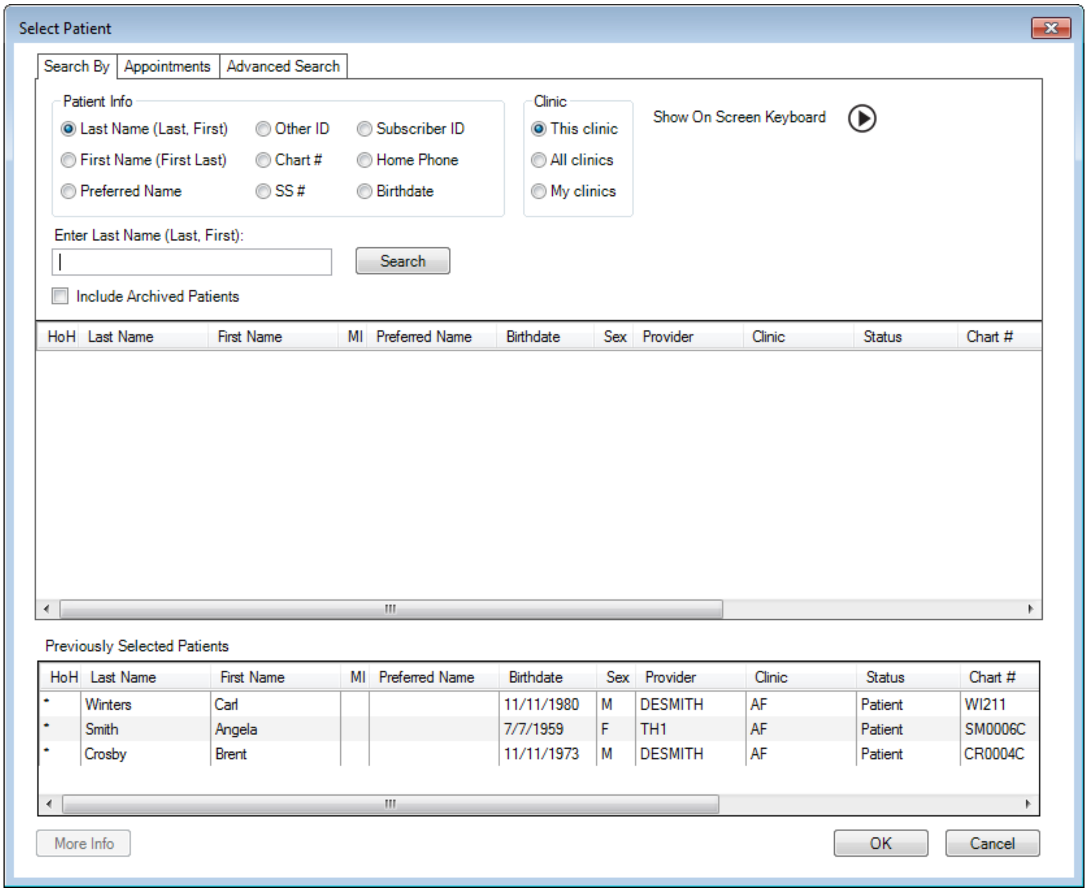
You can add a treatment request as needed.

To add a treatment request

1. In the Treatment Request Manager, click the **Add Treatment Request** button .

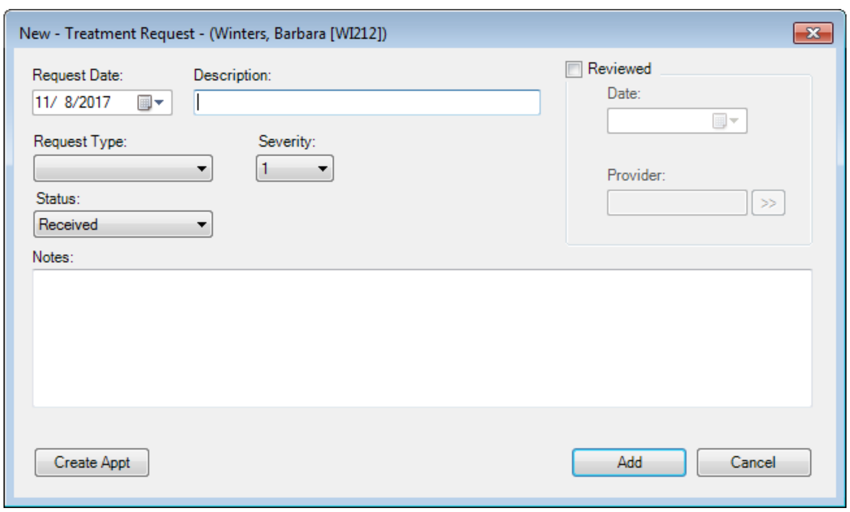


The **Select Patient** dialog box appears.



2. Select a patient.

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



3. Set up the following options as needed:

   - **Request Date** – Today's date is selected by default as the date of the treatment request, but you can specify a different date if necessary. Enter or select the date that the treatment request was submitted, received, or entered.
   - **Description** – Type a brief description, such as the reason, for the treatment request.
   - **Request Type** – Select a type, such as the source, to assign to the treatment request. The available types are customizable in the Practice Definitions.

- **Severity** – Select a severity to prioritize the treatment request by. The available severity levels are 1 – 5 and cannot be customized.
- **Status** – Select a status to track the treatment request by. The available statuses are customizable in the Practice Definitions.
- **Notes** – Type any additional information regarding the treatment request.
- **Reviewed** – To mark the treatment request as having been reviewed, select the check box. However, this can be done at a later time. For more information about reviewing a request, see “Reviewing Treatment Requests” on page 10.

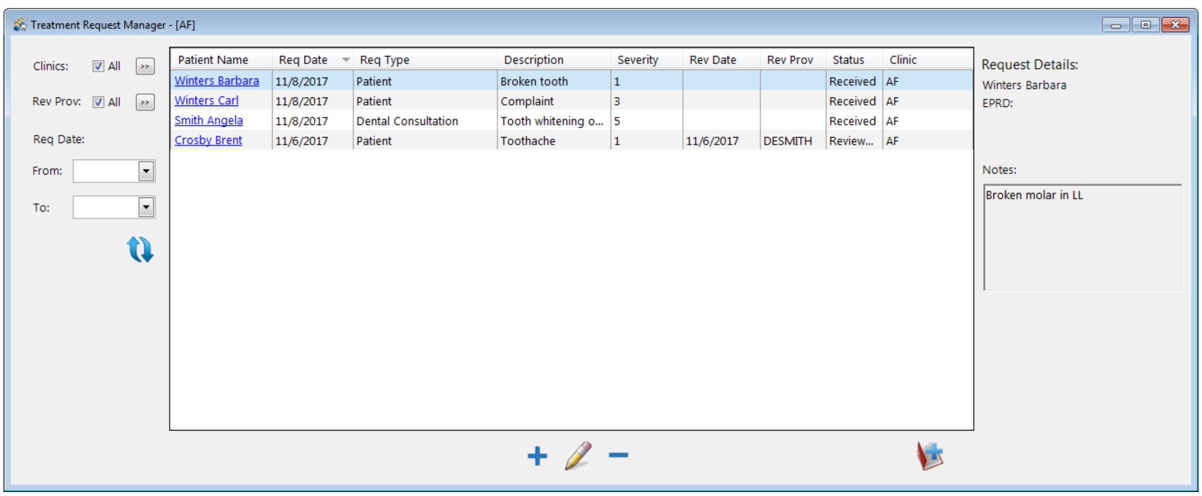
4. Do one of the following:
   - To save the treatment request, click **Add**. Then, on the message that appears, click **OK**.
   - To save the treatment request and schedule an appointment for it (with or without the request having been reviewed), click **Create Appt**. However, you can schedule the appointment at a later time. For information about scheduling a treatment request, see “Scheduling Appointments for Treatment Requests” on page 11.

VIEWING AND EDITING TREATMENT REQUESTS

You can view and edit a treatment request as needed.

To view and edit a treatment request

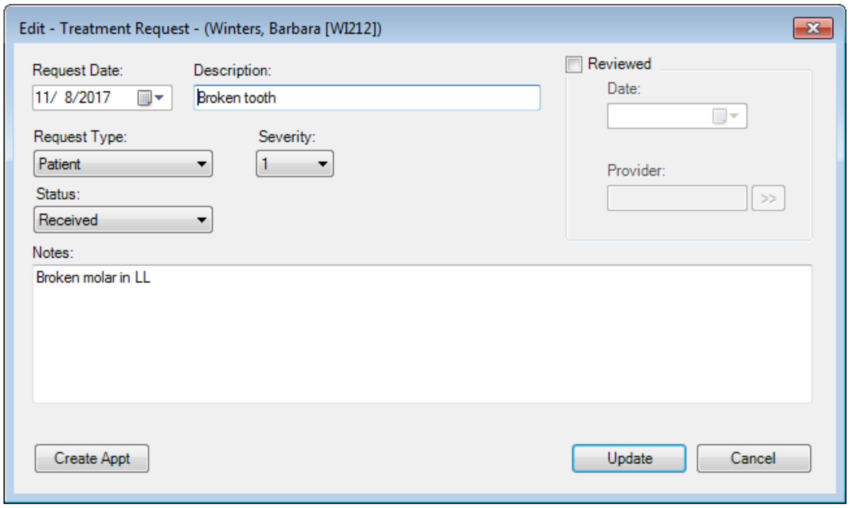
1. In the Treatment Request Manager, select a treatment request.



Note: Some details of the selected request, such as the patient name, appointment details, and notes, appear on the right side of the window. These details appear only if one request is selected.

2. Click the **Edit Treatment Request** button . This button is available only if one treatment request is selected.

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



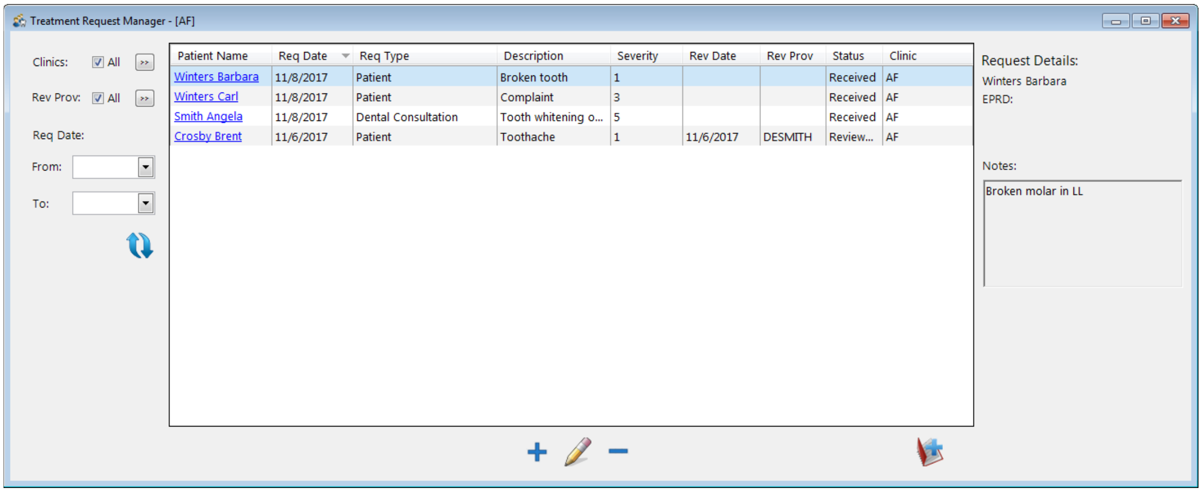
3. Set up or modify any of the following options as needed:
   - **Request Date** – If necessary, enter or select the date that the treatment request was submitted, received, or entered.
   - **Description** – Type a brief description, such as the reason, for the treatment request.
   - **Request Type** – Select a type, such as the source, to assign to the treatment request. The available types are customizable in the Practice Definitions.
   - **Severity** – Select a severity to prioritize the treatment request by. The available severity levels are 1 – 5 and cannot by customized.
   - **Status** – Select a status to track the treatment request by. The available statuses are customizable in the Practice Definitions.
   - **Notes** – Type any additional information regarding the treatment request.
   - **Reviewed** – To mark the treatment request as having been reviewed, select the check box. For more information about reviewing a request, see "Reviewing Treatment Requests" on page 10.
4. Do one of the following:
   - To save the changes, click **Update**. Then, on the message that appears, click **OK**.
   - To save the changes and schedule an appointment for the treatment request (with or without the request having been reviewed), click **Create Appt**. However, you can schedule the appointment at a later time. For information about scheduling a treatment request, see "Scheduling Appointments for Treatment Requests" on page 11.

DELETING TREATMENT REQUESTS

You can delete treatment requests as needed. If you delete a request that is linked to an appointment, that request will be unlinked from that appointment.

To delete a treatment request

1. In the Treatment Request Manager, select one or more treatment requests.



2. Click the **Delete Treatment Request** button. This button is available only if at least one treatment request is selected.
3. On the confirmation message, click **Yes**.
4. On the message that appears, click **OK**.

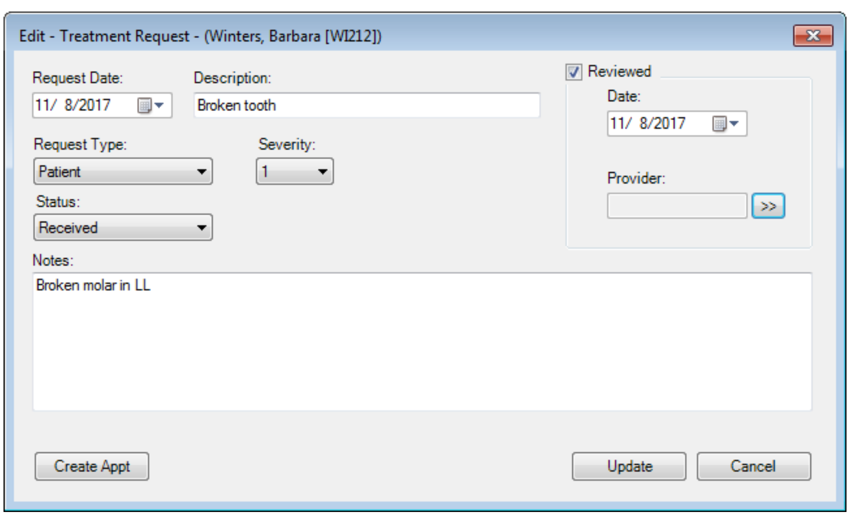
REVIEWING TREATMENT REQUESTS

A provider can review a treatment request before or after an appointment for that request is scheduled, according to your organization's policies.

To review a treatment request

1. In the **Edit - Treatment Request** (or **New - Treatment Request**) dialog box, select the **Reviewed** check box.

   The review options become available.



2. Today's date is selected by default as the **Date** of the review, but you can specify a different date if necessary. Enter or select the date that the treatment request was reviewed.

3. Click the **Provider** search button to select the provider who reviewed the treatment request.
4. Change the **Status**, and enter additional **Notes** as needed.
5. Do one of the following:
   - To save the changes, click **Update**. Then, on the message that appears, click **OK**.
   - To save the changes and schedule an appointment for the treatment request, click **Create Appt**. However, you can schedule the appointment at a later time. For information about scheduling a treatment request, see “Scheduling Appointments for Treatment Requests” on page 11.

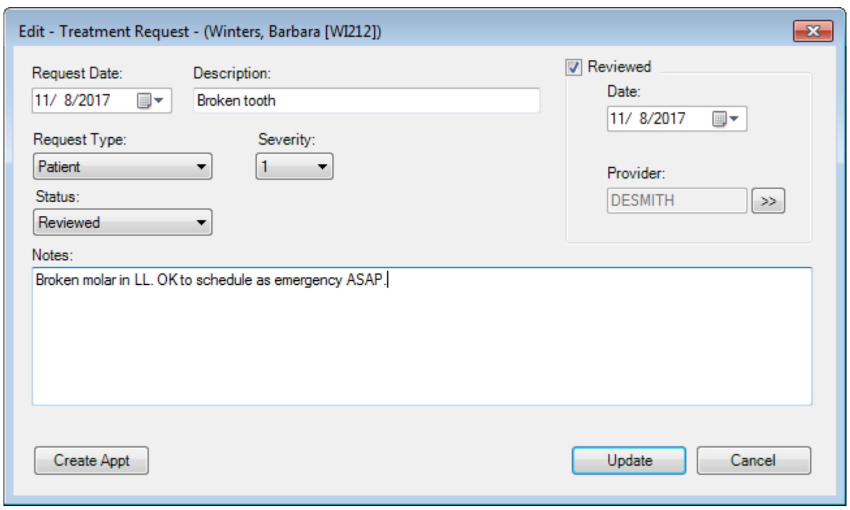
SCHEDULING APPOINTMENTS FOR TREATMENT REQUESTS

You can schedule an appointment for treatment requests from the Treatment Request Manager. Depending on your organization’s policies, you may need to wait until after a request has been reviewed to schedule the appointment.

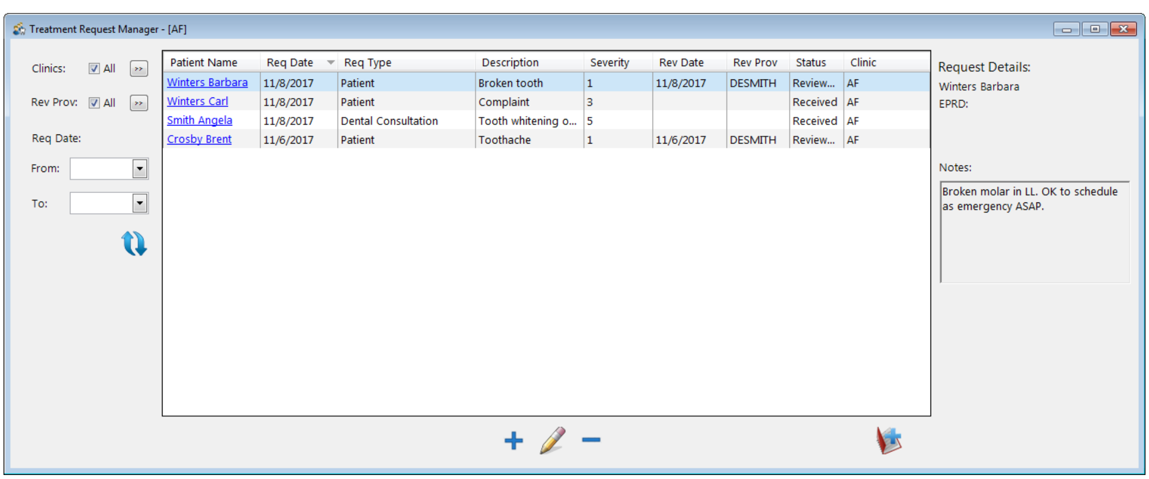
Tip: You can also schedule appointments for existing treatment requests from the Scheduling Assistant.

To schedule an appointment for a treatment request

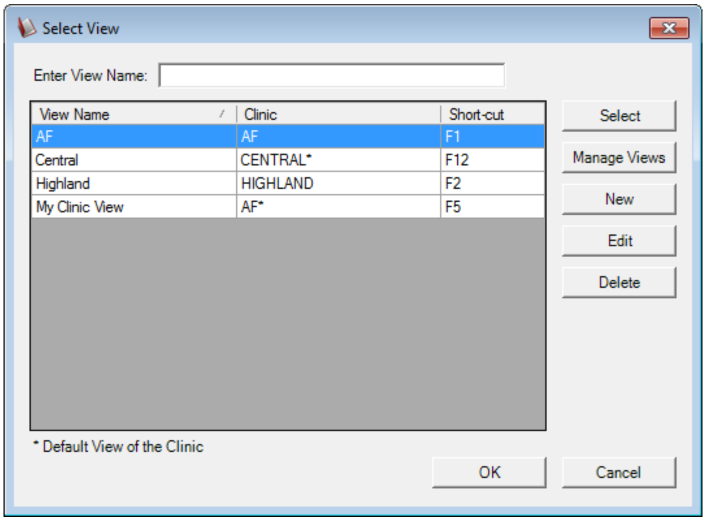
1. Do one of the following:
   - In the **Edit - Treatment Request** (or **New - Treatment Request**) dialog box, click **Create Appt**.



   - With one or more treatment requests selected in the Treatment Request Manager, click the **Create Appointment** button. This button is available only if at least one request is selected.

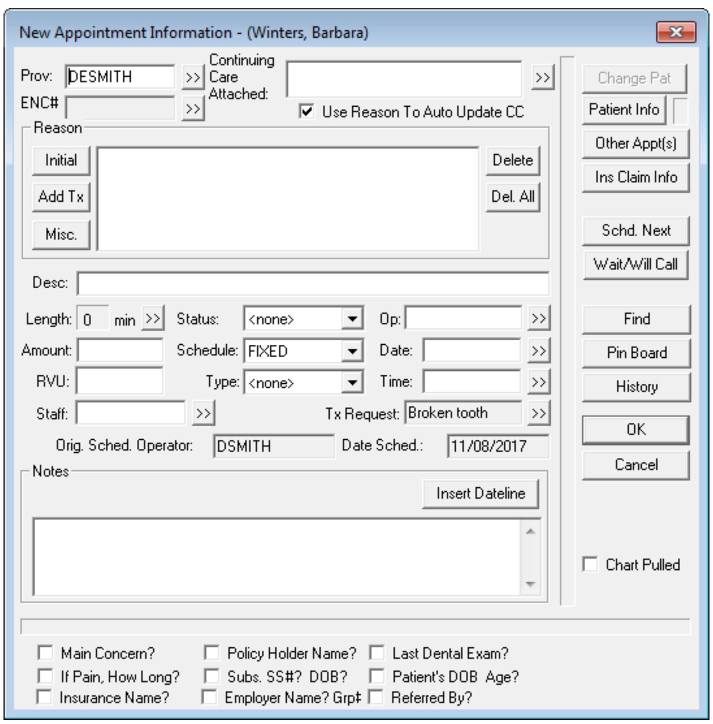


The **Select View** dialog box appears. Also, the Appointment Book opens in the background if it is not already open.



2. Select an Appointment Book view.
3. Click either **Select** or **OK**.

   The **New Appointment Information** dialog box appears.



Note: The treatment request is linked to the appointment automatically along with the patient's provider.

4. Set up the appointment details, such as the provider, encounter number, and reason.
5. Click **Pin Board**.
6. Navigate to the desired date for the appointment, and then drag the patient's appointment from the Pinboard to the desired time slot in the correct operatory.
7. On the confirmation message, click **Yes**.

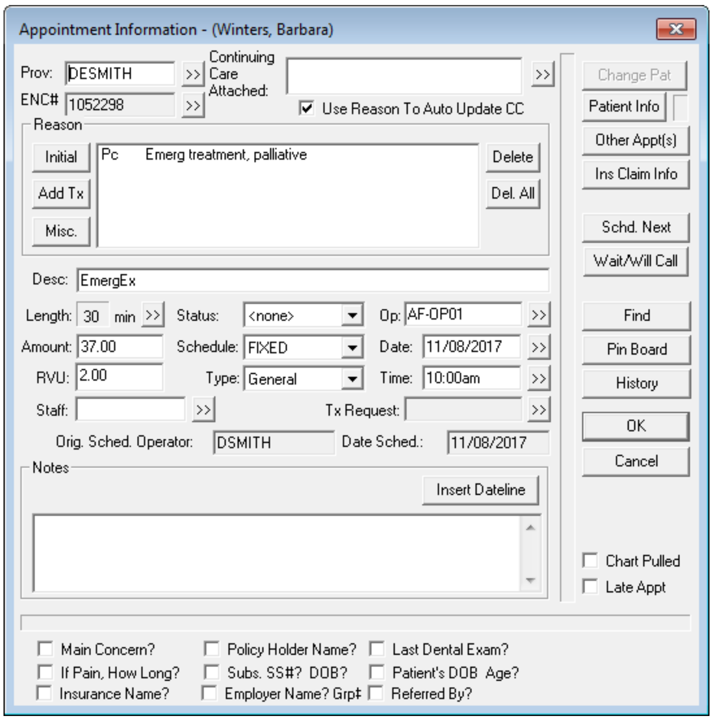
LINKING TREATMENT REQUESTS TO APPOINTMENTS

If a patient already has an appointment scheduled to which you need to link a treatment request, you can link that treatment request to that existing appointment. You can link multiple requests to one appointment, but you cannot link a request to multiple appointments.

To link a treatment request to an appointment

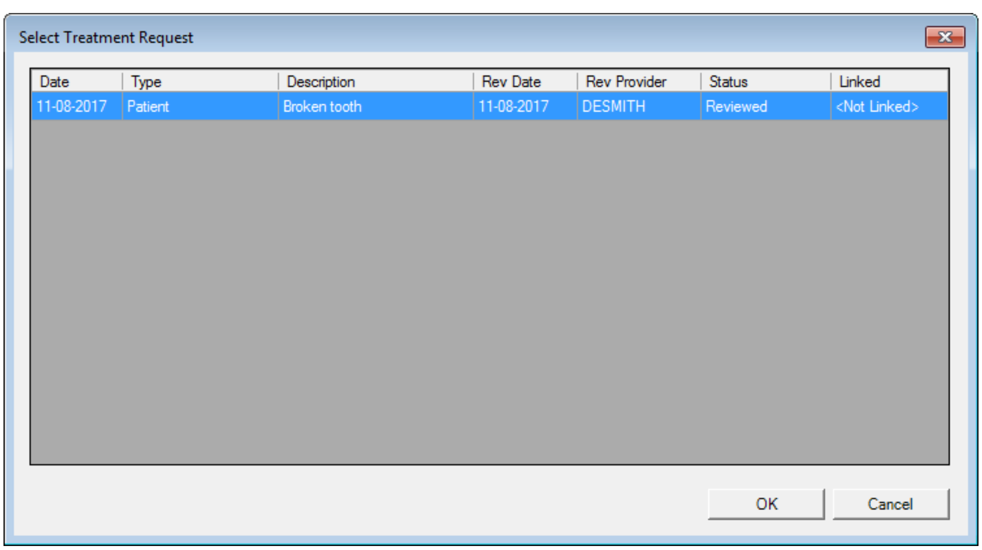
1. In the Appointment Book, double-click an appointment.

The **Appointment Information** dialog box appears.



2. Click the **Tx Request** search button >>.

The **Select Treatment Request** dialog box appears.



3. Select the treatment requests that you want to link to this appointment. To select multiple requests, while pressing Ctrl, click the desired requests. Only treatment requests that have been created for the patient whose appointment you are viewing are available. Also, if a selected request is already linked to another appointment, you will be asked if you want to unlink the request from its current appointment and link the request to this appointment.
4. Click **OK**.
5. In the **Appointment Information** dialog box, click **OK**.

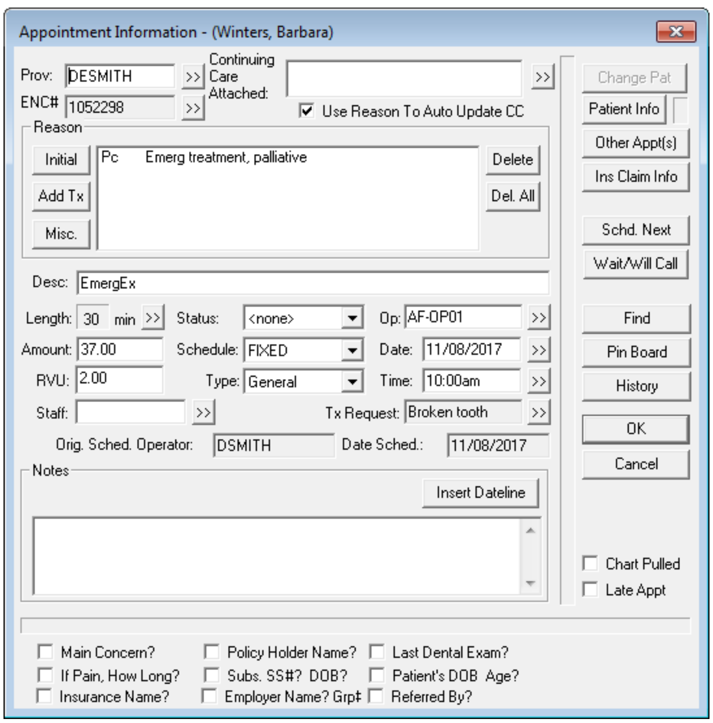
VIEWING TREATMENT REQUESTS LINKED TO APPOINTMENTS

When viewing an appointment's details, you can view the treatment requests that are linked to that appointment.

To view linked treatment requests

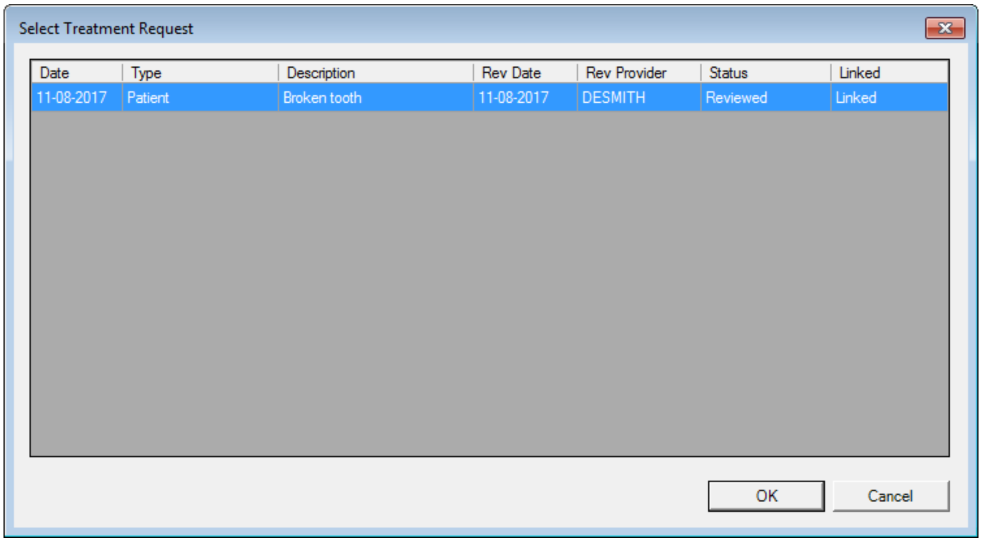
1. In the Appointment Book, double-click an appointment.

The **Appointment Information** dialog box appears.



2. Click the **Tx Request** search button .

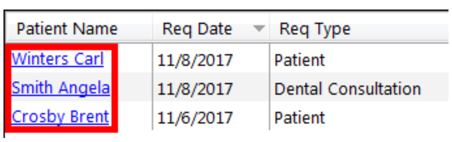
The **Select Treatment Request** dialog box appears. Only treatment requests that have been created for the patient whose appointment you are viewing are available.



4. Click **OK**.
5. In the **Appointment Information** dialog box, click **OK**.

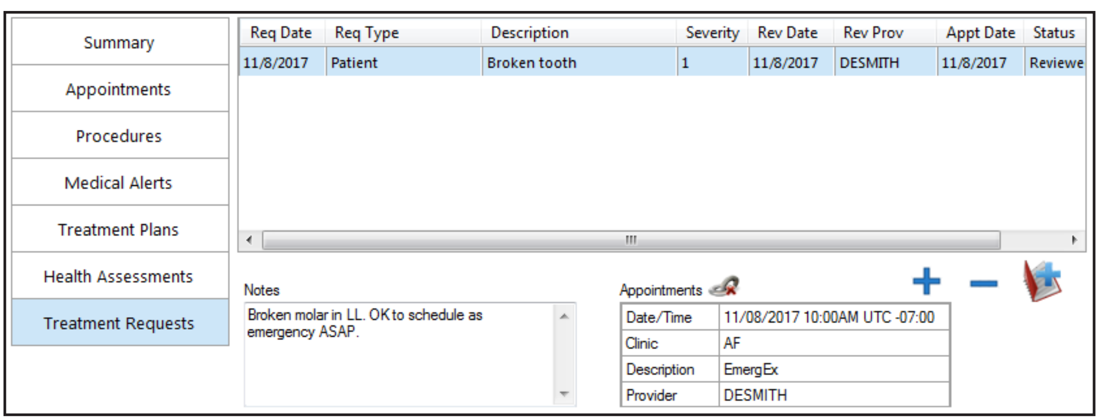
QUICKLY VIEWING PATIENT INFORMATION

In the Treatment Request Manager, click a patient name to open that patient's **More Information** window.



MANAGING TREATMENT REQUESTS FROM THE MORE INFORMATION WINDOW

You can view and manage treatment requests not only from the Treatment Request Manager but from the **More Information** window.



In a patient's **More Information** window, on the **Treatment Requests** tab, do any of the following:

- To view a treatment request's notes and linked appointment's details, select the request. The details appear only if one request is selected.
- To create a new treatment request, click the **Add Request** button +. For information about adding a treatment request, see "Adding Treatment Requests" on page 6.
- To delete one or more treatment requests, select the requests, and then click the **Delete Request(s)** button −. On the confirmation message that appears, click **OK**.

- To schedule an appointment for one or more treatment requests, select the requests, and then click the **Create new appointment with selected request(s)** button . If a selected request is already linked to an appointment, you will be asked if you want to unlink the request from its current appointment and link that request to the new appointment that will be created. For information about scheduling a treatment request, see "Scheduling Appointments for Treatment Requests" on page 11.
- To unlink a treatment request from an appointment, select the request, and then click the **Unlink** button . This button is available only if one request is selected. On the confirmation message that appears, click **Yes**.

Scheduling Assistant

The new Scheduling Assistant module enhances the scheduling workflow by combining the Continuing Care, Unscheduled Appointments, ASAP, Unscheduled Treatment Plans, and Treatment Request Manager lists into one window. Also, the Scheduling Assistant includes quick access to a patient's details and Office Journal entries.

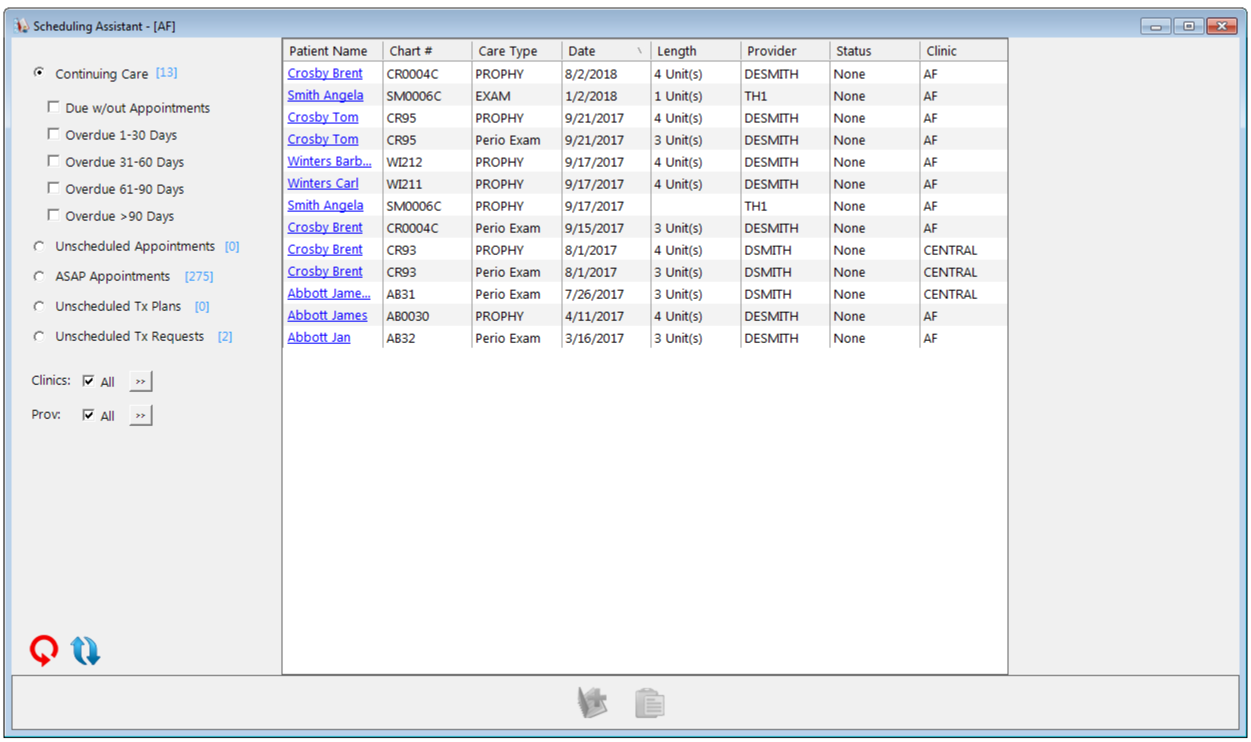
OPENING THE SCHEDULING ASSISTANT

You can open the Scheduling Assistant from the Office Manager module. The Scheduling Assistant opens as an independent window because it is a separate module.

To open the Scheduling Assistant

In the Office Manager, from the **File** menu, click **Scheduling Assistant**. Or, you can click the **Scheduling Assistant** button  on the toolbar.

The Scheduling Assistant opens.



FILTERING THE SCHEDULING ASSISTANT LIST

You can filter the list of patients in the Scheduling Assistant to suit your preferences.

Notes:

- Any changes you make to the filter settings are saved for the next time you access the Scheduling Assistant, even after closing Dentrix Enterprise. Also, the filter settings are user specific, so each user can have his or her own filter settings to suit their preferences.
- A patient may appear more than once in the list if he or she has multiple items (continuing care types, broken appointments, ASAP appointments, treatment plans, or treatment requests) that meet the criteria of the filter settings for the selected list type.

To filter the list

1. In the Scheduling Assistant, set up the following filters as needed:
   - **List** – Select the type of list that you want to view:
     - **Continuing Care** – The list displays patients with continuing care attached to their records and/or who need continuing care appointments scheduled. The number in square brackets is a count of patients that meet the **Continuing Care** filter settings.

       If none of the check boxes under **Continuing Care** are selected, the list displays patients with continuing care attached to their records, whether or not appointments have been scheduled for those continuing care types. To view patients with unscheduled continuing care types that will be due starting at a certain time and/or that have been overdue for a certain length of time, select any of the following check boxes:
       - **Due w/out Appointments** – Any continuing care types that will be due.
       - **Overdue 1-30 Days** – Any continuing care types that have been overdue for one to 30 days.
       - **Overdue 31-60 Days** – Any continuing care types that have been overdue for 31 to 60 days.
       - **Overdue 61-90 Days** – Any continuing care types that have been overdue for 61 to 90 days.
       - **Overdue >90 Days** – Any continuing care types that have been overdue for more than 90 days.

       Notes:
       - When selecting and clearing check boxes, the list of results will not be updated until you click the **Refresh/Apply filter settings** button .
       - A continuing care type is considered due or overdue according to the specified **Due w/out Appointments Date Range** of the **Continuing Care** filter. For information about customizing the **Continuing Care** filter, see “Customizing the Scheduling Assistant Filters” on page 19.
     - **Unscheduled Appointments** – The list displays patients who have broken appointments that need to be rescheduled. The number in square brackets is a count of patients that meet the **Unscheduled Appointments** filter settings.

       Note: For information about customizing the **Unscheduled Appointments** filter, see “Customizing the Scheduling Assistant Filters” on page 19.
     - **ASAP Appointments** – The list displays patients who have appointments that are marked as ASAP. The number in square brackets is a count of patients that have appointments on the ASAP List.
     - **Unscheduled Tx Plans** – The list displays patients who have unscheduled treatment plans. The number in square brackets is a count of patients that meet the **Unscheduled Tx Plans** filter settings.

       Note: For information about customizing the **Unscheduled Tx Plans** filter, see “Customizing the Scheduling Assistant Filters” on page 19.
     - **Unscheduled Tx Requests** – The list displays patients who have unscheduled treatment requests. The number in square brackets is a count of patients that meet the **Unscheduled Tx Requests** filter settings.

       Note: For information about customizing the **Unscheduled Tx Requests** filter, see “Customizing the Scheduling Assistant Filters” on page 19.

- **Clinics** – To view patients in all clinics, select the **All** check box. Or, click the search button to select the clinics whose patients you want to view. By default, the patients for the clinic that you are currently logged in to are displayed.
- **Prov** – To view patients for any provider, select the **All** check box. Or, click the search button to select the providers whose patients you want to view.

2. Click the **Refresh/Apply filter settings** button.

CUSTOMIZING THE SCHEDULING ASSISTANT FILTERS

In the Scheduling Assistant, you can customize the filter settings for the Continuing Care, Unscheduled Appointments, Unscheduled Tx Plans, and Unscheduled Tx Requests lists.

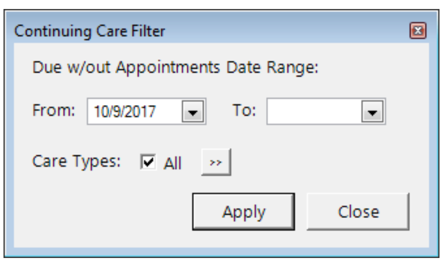
Note: Any changes you make to the filter settings are saved for the next time you access the Scheduling Assistant, even after closing Dentrix Enterprise. Also, the filter settings are user specific, so each user can have his or her own filter settings to suit their preferences.

Tip: You can reset all filter settings for the Scheduling Assistant to the system defaults by clicking the **Reset Filters** button.

To customize the Continuing Care filter settings

1. Click **Continuing Care** (it becomes a hyperlink when you position your pointer over it).

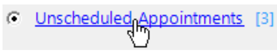
The **Continuing Care Filter** dialog box appears.



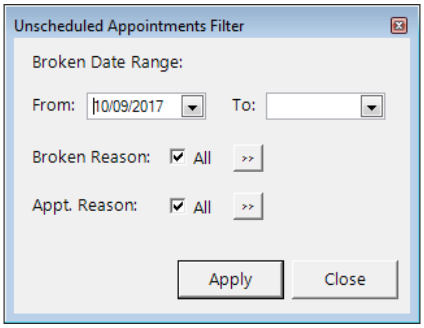
2. Set up the following options:
   - **Due w/out Appointments Date Range** – To include patients with unscheduled continuing care types that have due dates within a specified range of dates, enter or select the **From** and/or **To** dates (you can have an open-ended range). One month prior to today is selected as the **From** date by default.
   - **Care Types** – To include patients with unscheduled continuing care of any type, select the **All** check box. Or, click the search button to select the desired continuing care types. The **All** check box is selected by default.
3. Click **Apply**.

To customize the Unscheduled Appointments filter settings

1. Click **Unscheduled Appointments** (it becomes a hyperlink when you position your pointer over it).



The **Unscheduled Appointments Filter** dialog box appears.

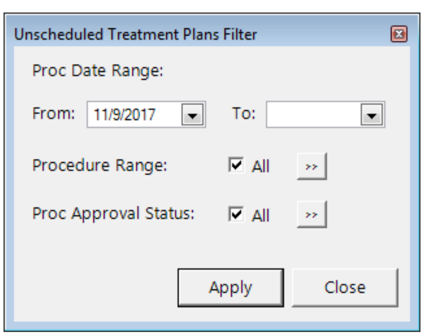


2. Set up the following options:
   - **Broken Date Range** – To include patients with appointments that were broken within a specified range of dates, enter or select the **From** and/or **To** dates (you can have an open-ended range). One month prior to today is selected as the **From** date by default.
   - **Broken Reason** – To include patients with broken appointments that were broken for any reason, select the **All** check box. Or, click the search button to select the desired reasons. The **All** check box is selected by default.
   - **Appt. Reason** – To include patients with broken appointments that have any appointment reason attached, select the **All** check box. Or, click the search button to select the desired appointment reasons. The **All** check box is selected by default.
3. Click **Apply**.

To customize the Unscheduled Tx Plans filter settings

1. Click **Unscheduled Tx Plans** (it becomes a hyperlink when you position your pointer over it).

The **Unscheduled Treatment Plans Filter** dialog box appears.



2. Set up the following options:
   - **Proc Date Range** – To include patients with unscheduled treatment-planned procedures within a specified range of dates, enter or select the **From** and/or **To** dates (you can have an open-ended range). One month prior to today is selected as the **From** date by default.
   - **Procedure Range** – To include patients with unscheduled treatment-planned procedures for any procedure code, select the **All** check box. Or, click the search button to select the desired procedure codes. The **All** check box is selected by default.

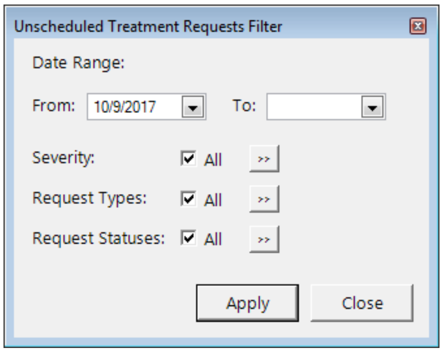
- **Proc Approval Status** – To include patients with unscheduled treatment-planned procedures regardless of the approval status, select the **All** check box. Or, click the search button >> to select the desired approval statuses. The **All** check box is selected by default.

3. Click **Apply**.

To customize the Unscheduled Tx Requests filter settings

1. Click **Unscheduled Tx Requests** (it becomes a hyperlink when you position your pointer over it).

The **Unscheduled Treatment Requests Filter** dialog box appears.



2. Set up the following options:
   - **Date Range** – To include patients with unscheduled treatment requests that were requested within a specified range of dates, enter or select the **From** and/or **To** dates (you can have an open-ended range). One month prior to today is selected as the **From** date by default.
   - **Severity** – To include patients with unscheduled treatment requests of any severity, select the **All** check box. Or, click the search button >> to select the desired severity levels. The **All** check box is selected by default.
   - **Request Types** – To include patients with unscheduled treatment requests of any type, select the **All** check box. Or, click the search button >> to select the desired types. The **All** check box is selected by default.
   - **Request Statuses** – To include patients with unscheduled treatment requests regardless of the status, select the **All** check box. Or, click the search button >> to select the desired statuses. The **All** check box is selected by default.
3. Click **Apply**.

VIEWING THE DETAILS OF A RECORD

When you select a record in the Scheduling Assistant, the details that appear on the right side of the window vary depending on the type of record selected:

- **Continuing Care** – Patient name, continuing care type description, due date, prior treatment date, scheduled appointment details, motivational note, number of Office Journal entries in the last six months (you can click the number link to open the patient's Office Journal), details of last Office Journal entry, and contact phone numbers and email addresses.
- **Unscheduled Appointments** – Patient name, appointment details (encounter number, scheduled production, reason, linked treatment request, linked continuing care, and notes), number of Office Journal entries in the last six months (you can click the number link to open the patient's Office Journal), details of last Office Journal entry, and contact phone numbers and email addresses.

- **ASAP Appointments** – Patient name, appointment details (encounter number, scheduled production, reason, linked treatment request, linked continuing care, and notes), number of Office Journal entries in the last six months (you can click the number link to open the patient's Office Journal), details of last Office Journal entry, and contact phone numbers and email addresses.
- **Unscheduled Tx Plans** – Patient name, procedure details (code, amount, tooth, surfaces, related treatment plan case), number of Office Journal entries in the last six months (you can click the number link to open the patient's Office Journal), details of last Office Journal entry, and contact phone numbers and email addresses.
- **Unscheduled Tx Requests** – Patient name, request details (type, reviewed date, reviewer, and notes), number of Office Journal entries in the last six months (you can click the number link to open the patient's Office Journal), details of last Office Journal entry, and contact phone numbers and email addresses.

Note: These details are displayed only if one record is selected.

Also, you can click the name in the **Patient Name** column of any record in the Scheduling Assistant to open that patient's **More Information** window.

COPYING THE LIST OF RECORDS TO OTHER PROGRAMS

You can copy selected records to the Windows Clipboard, so you can paste the content into another program, such as Microsoft Word or Excel. Only the details that you can see in the columns of the list are copied.

To copy the list

1. In the Scheduling Assistant, select one or more records. To select multiple, while pressing Ctrl, click the desired records.

Patient Name	Chart #	Req Type	Description	Severity	Date	Provider	Status	Clinic
Crosby Brent L	CRO101	Patient	Broken tooth	1	12/20/2017		Received	DRAPER
Smith Timothy	ABB103	Dental Con...	Tooth discol...	1	12/20/2017		Received	DRAPER
Valgardson A...	VAL100	Provider R...	Follow-up	1	12/20/2017		Received	DRAPER

2. Click the **Copy Selected to Clipboard** button .
3. Use your third-party program's paste functionality to paste the contents into that program.

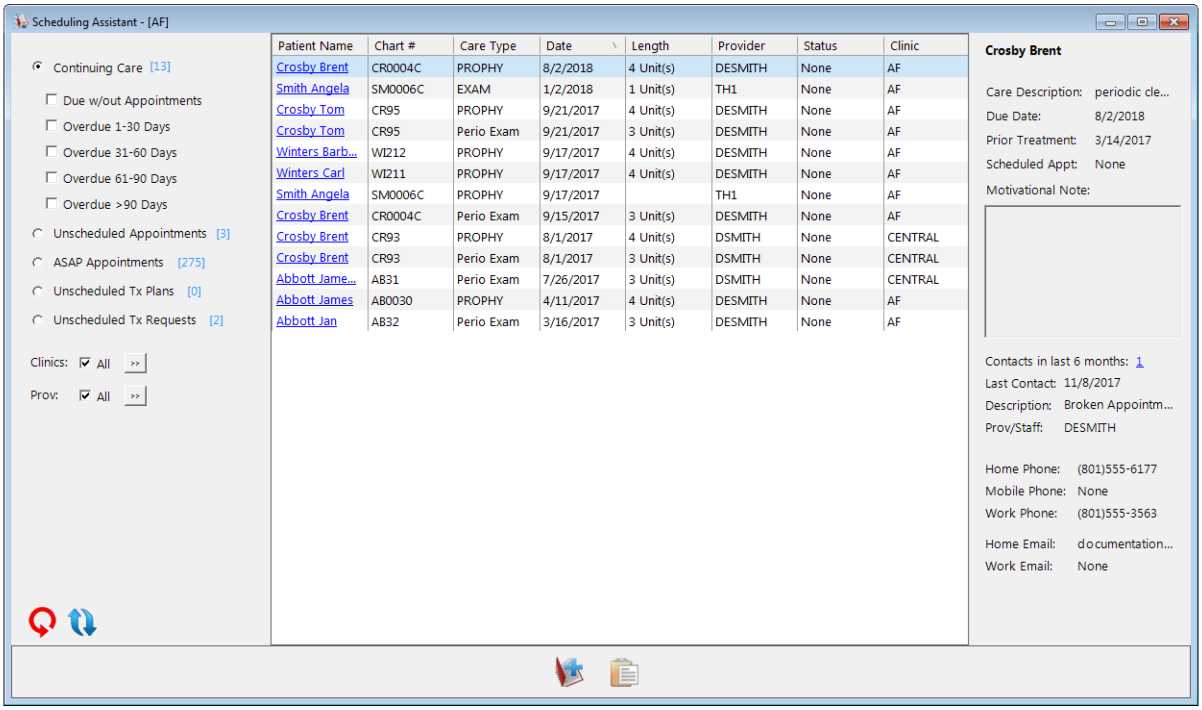
Crosby Brent L	CRO101	Patient	Broken tooth	1	12/20/2017		Received	DRAPER
Smith Timothy	ABB103	Dental Consultation	Tooth discoloration	1	12/20/2017		Received	DRAPER
Valgardson Adrian	VAL100	Provider Requested	Follow-up	1	12/20/2017		Received	DRAPER

SCHEDULING APPOINTMENTS

You can schedule an appointment from the Scheduling Assistant.

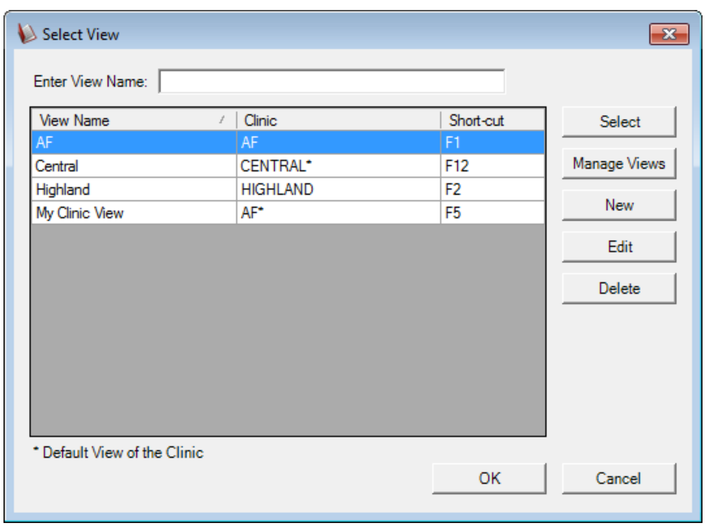
To schedule an appointment

1. In the Scheduling Assistant, select a record.



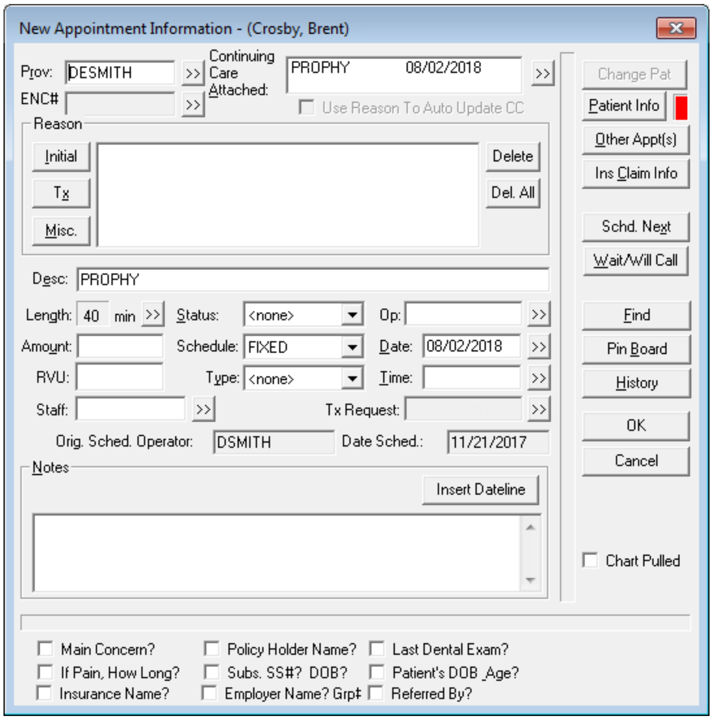
2. Click the **Create Appointment** button . This button is available only if one record is selected.

   The **Select View** dialog box appears. Also, the Appointment Book opens in the background if it is not already open.



3. Select an Appointment Book view.
4. Click either **Select** or **OK**.

   The **New Appointment Information** dialog box appears.



Notes:

- If you are scheduling a continuing care appointment, the continuing care type and assigned provider are attached to the appointment automatically.
- If you are rescheduling a broken appointment, the original appointment details, such as the provider, reason, description, length, and amount, are entered automatically in the new appointment.
- If you are scheduling an ASAP appointment, the original appointment details, such as the provider, reason, description, length, and amount, are entered automatically in the new appointment.
- If you are scheduling a treatment-planned procedure, it is linked to the appointment automatically along with the assigned provider and any corresponding continuing care.
- If you are scheduling a treatment request, it is linked to the appointment automatically along with the patient's provider.

5. Set up the appointment details, such as the provider, encounter number, and reason.
6. Click **Pin Board**.
7. Navigate to the desired date for the appointment, and then drag the patient's appointment from the Pinboard to the desired time slot in the correct operatory.
8. On the confirmation message, click **Yes**.

Procedure Button Templates

There are 24 procedure buttons in the Patient Chart that allow for quick access to recording charting needs. You can now set up templates for those procedure buttons based on specific needs and then assign those templates to users. Also, each user can choose to use one of the templates or create a custom set of procedure buttons.

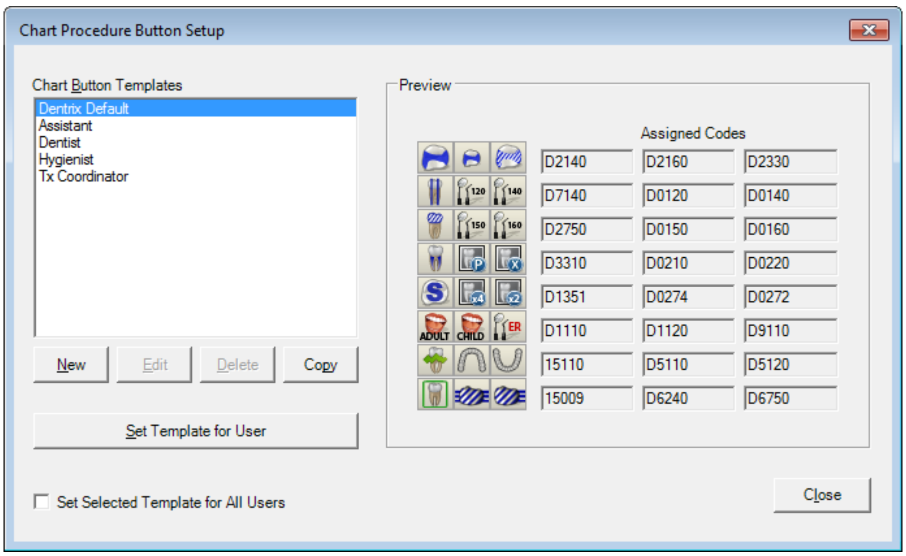
ADDING PROCEDURE BUTTON TEMPLATES

You can create a new template for the 24 procedure buttons that are available to users in the Patient Chart.

To add a procedure button template

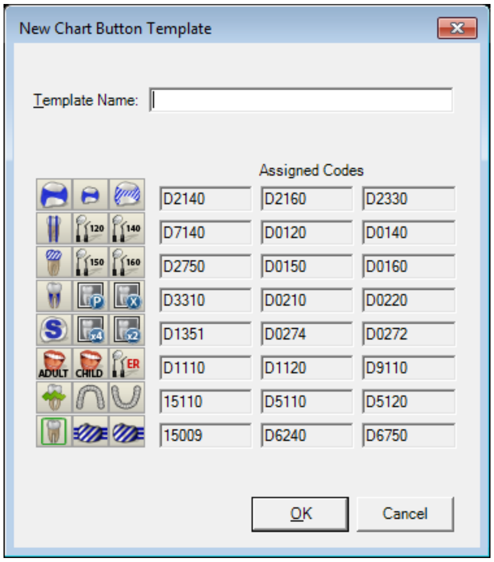
1. In the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Chart Procedure Button Setup**.

   The **Chart Procedure Button Setup** dialog box appears.



2. Do one of the following:
   - To create a new template based on the default button set, click **New**.
   - To create a new template based on an existing template, select the template, and then click **Copy**.

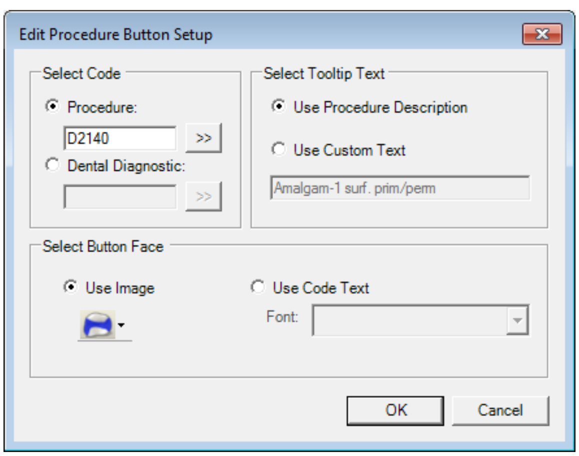
   The **New Chart Button Template** (or **Copy Chart Button Template**) dialog box appears.



Note: For each button in the table on the left, the corresponding code appears in the table on the right.

3. In the **Template Name** field, type a name for the template.
4. For each button that you want to customize, do the following:

   a. Click the button, such as .
   The **Edit Procedure Button Setup** dialog box appears.



   b. Under **Select Code**, select one of the following options:

   - **Procedure** – To assign a procedure code to the button. Then, either type the desired procedure code (ADA, administrative, condition, or product code) or multi-code, or click the search button >> to select the desired code.
   - **Dental Diagnostic** – To assign a dental diagnostic code to the button. Then, either type the desired dental diagnostic code, or click the search button >> to select the desired code.

   Notes:

   - Dentrix Enterprise uses a smart-code feature. When you are charting a procedure code, depending on the surfaces or roots selected, the procedure will be updated when it is posted. For example, if you chart a one-surface amalgam (D2140) but select three surfaces, Dentrix Enterprise will automatically post the three-surface amalgam (D2160).

- With the smart-code feature, Dentrix Enterprise not only updates procedure codes based on surfaces and roots when posting resins and amalgams but also updates them by tooth number. For example, if you use a one-surface anterior resin procedure button when posting a three-surface resin to tooth 28, Dentrix Enterprise will update and post the procedure to reflect three surfaces and the posterior tooth.
- Because of the smart-code feature, you do not need to assign multiple variations of the same code, such as for amalgams or root canals, to your procedure buttons.

c. If you position your pointer over a procedure button, a tooltip will appear with identifying text for that button. Under **Select Tooltip Text**, select one of the following options:

- **Use Procedure Description** – To use the procedure or diagnostic code's description in the tooltip.

- **Use Custom Text** – To use custom text in the tooltip. Then, type the desired description in the field provided.

d. Under **Select Button Face**, select one of the following options:

- **Use Image** – To use a pre-defined graphic to identify the button. Then, from the button menu, click one of the 65 charting symbols that represent procedure codes.

- **Use Code Text** – To use the procedure or diagnostic code to identify the button. Then, select the desired **Font**.

  Tip: For best results, use a 6-point Arial font.

e. Click **OK**.

5. In the **New Chart Button Template** (or **Copy Chart Button Template**) dialog box, click **OK**.

For information on assigning a template to users, see “Assigning a Procedure Button Template to Users” on page 31.

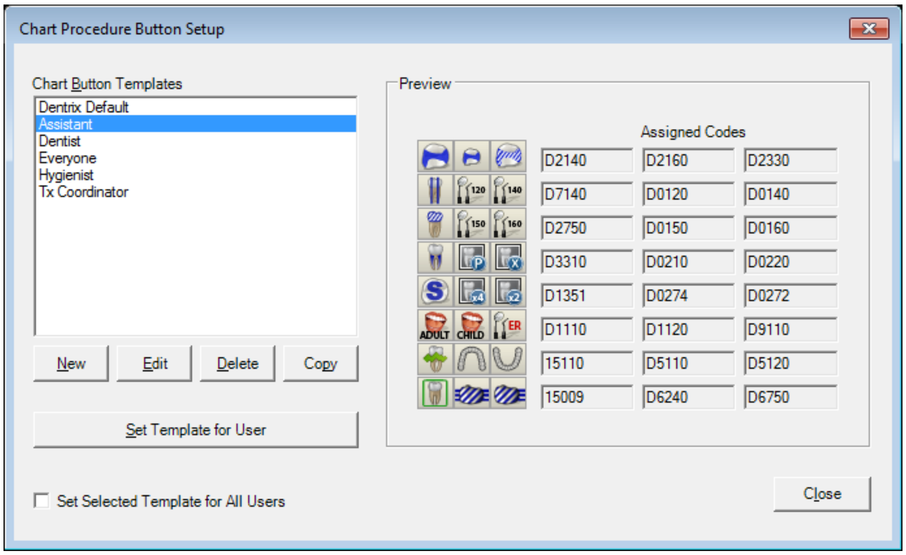
EDITING PROCEDURE BUTTON TEMPLATES

You can edit a custom procedure button template as needed. However, you cannot edit the Dentrix Default template.

To edit a procedure button template

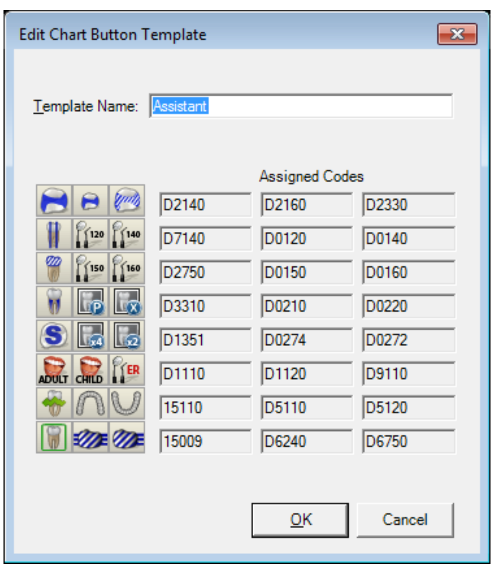
1. In the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Chart Procedure Button Setup**.

   The **Chart Procedure Button Setup** dialog box appears.



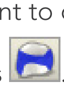
2. Select a template, and then click **Edit**.

   The **Edit Chart Button Template** dialog box appears.

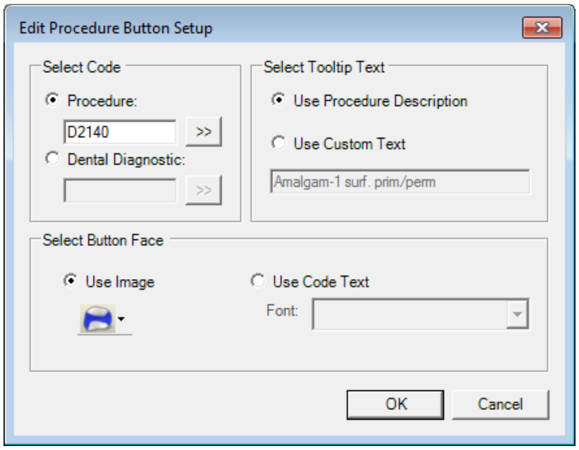


   Note: For each button in the table on the left, the corresponding code appears in the table on the right.

3. Change the **Template Name** as needed.
4. For each button that you want to customize, do the following:

   a. Click the button, such as .

      The **Edit Procedure Button Setup** dialog box appears.



b. Under **Select Code**, select one of the following options:

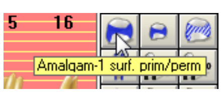
- **Procedure** – To assign a procedure code to the button. Then, either type the desired procedure code (ADA, administrative, condition, or product code) or multi-code, or click the search button  to select the desired code.
- **Dental Diagnostic** – To assign a dental diagnostic code to the button. Then, either type the desired dental diagnostic code, or click the search button  to select the desired code.

Notes:

- Dentrix Enterprise uses a smart-code feature. When you are charting a procedure code, depending on the surfaces or roots selected, the procedure will be updated when it is posted. For example, if you chart a one-surface amalgam (D2140) but select three surfaces, Dentrix Enterprise will automatically post the three-surface amalgam (D2160).
- With the smart-code feature, Dentrix Enterprise not only updates procedure codes based on surfaces and roots when posting resins and amalgams but also updates them by tooth number. For example, if you use a one-surface anterior resin procedure button when posting a three-surface resin to tooth 28, Dentrix Enterprise will update and post the procedure to reflect three surfaces and the posterior tooth.
- Because of the smart-code feature, you do not need to assign multiple variations of the same code, such as for amalgams or root canals, to your procedure buttons.

c. If you position your pointer over a procedure button, a tooltip will appear with identifying text for that button. Under **Select Tooltip Text**, select one of the following options:

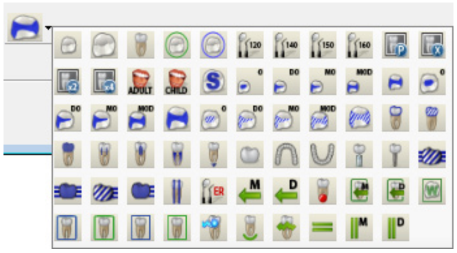
- **Use Procedure Description** – To use the procedure or diagnostic code's description in the tooltip.



- **Use Custom Text** – To use custom text in the tooltip. Then, type the desired description in the field provided.

d. Under **Select Button Face**, select one of the following options:

- **Use Image** – To use a pre-defined graphic to identify the button. Then, from the button menu, click one of the 65 charting symbols that represent procedure codes.



- **Use Code Text** – To use the procedure or diagnostic code to identify the button. Then, select the desired **Font**.

  Tip: For best results, use a 6-point Arial font.

e. Click **OK**.

5. In the **Edit Chart Button Template** dialog box, click **OK**.

For information on assigning a template to users, see "Assigning a Procedure Button Template to Users" on page 31.

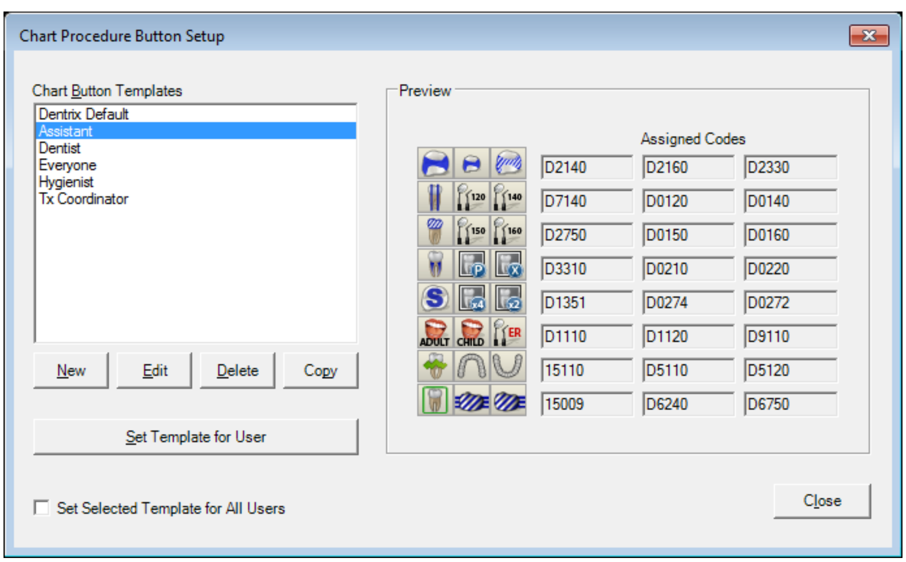
DELETING PROCEDURE BUTTON TEMPLATES

You can delete a custom procedure button template as needed. However, you cannot delete the Dentrix Default template. When you delete a template, it will no longer be available for selection by any user. Also, when you delete a template that is assigned to any users, those users will be assigned the Dentrix Default template.

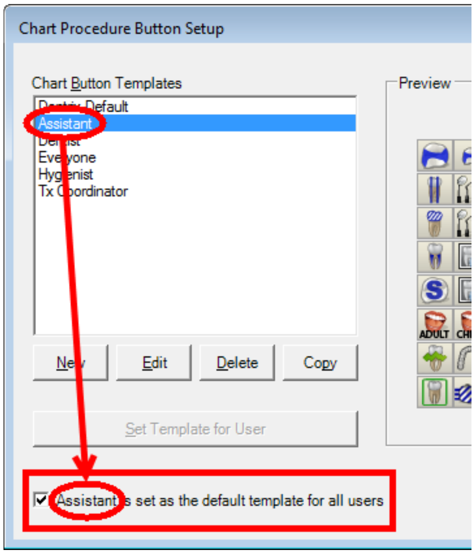
To delete a procedure button template

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

   The **Chart Procedure Button Setup** dialog box appears.



2. If the template that you want to delete is set as the default template for all users, you must clear the **[Template Name] is set as the default template for all users** check box before you can delete that template. (If the check box is labeled **Set Selected Template for All Users**, a template is not set as the default for all users.)



3. Select a template, and then click **Delete**.

   A confirmation message appears.

4. Click **Yes**.

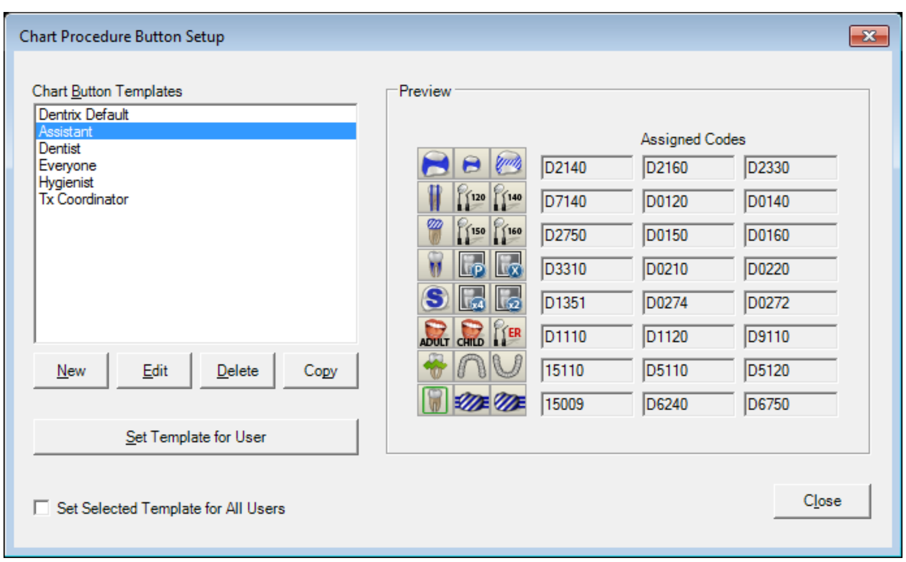
ASSIGNING A PROCEDURE BUTTON TEMPLATE TO USERS

You can assign any procedure button template as the default for all users or specific users.

To assign a procedure button template to users

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

   The **Chart Procedure Button Setup** dialog box appears.



2. Select a template.

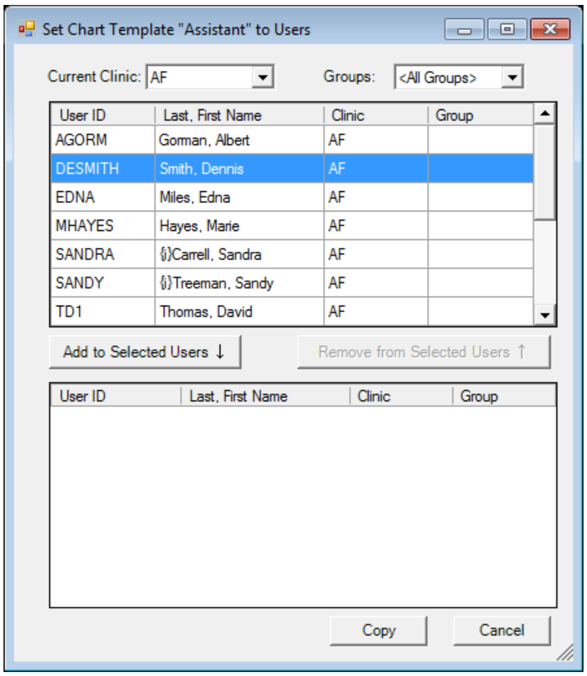
3. Do one of the following:
   - To assign the template to all users, select the **Set Selected Template for All Users** check box (or the **[Template Name] is set as the default template for all users** check box, if a template is already assigned to all users). Ignore the following steps.

     Important: With a template assigned as the default for all users, users cannot use a different button set or create their own custom button sets.

   - To assign the template to specific users as their default procedure button set, click **Set Template for User**. This button is not available if a template has been assigned to all users.

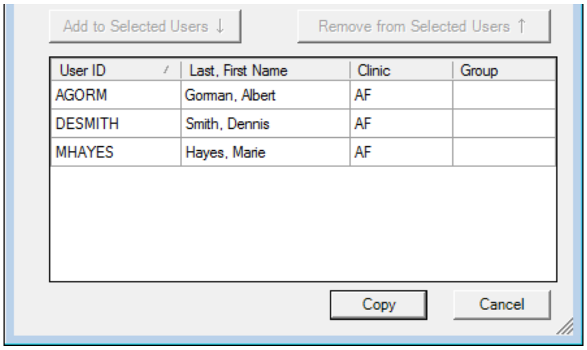
     Note: Users can customize the procedure button set for the template from the Patient Chart. The original template will not be affected. Users can also create their own custom procedure button sets.

   The **Set Chart Template "[Template Name]" to Users** dialog box appears.



4. Filter the list of users as needed:
   - To view users with rights in a specific clinic, select that clinic from the **Current Clinic** list. To view users with rights in any clinic, select **<All Clinics>** from the **Current Clinic** list.
   - To view users that belong to a specific user group, select that group from the **Groups** list. To view users that belong to any user group, select **<All Groups>** from the **Groups** list.
5. Select the desired users, and then click **Add to Selected Users**.

   The selected users are moved to the Selected Users list (the lower list).



Note: To remove a user from the Selected Users list, select it, and then click **Remove from Selected Users**.

6. Repeat steps 4 – 5 as needed to add other users.
7. Click **Copy**.

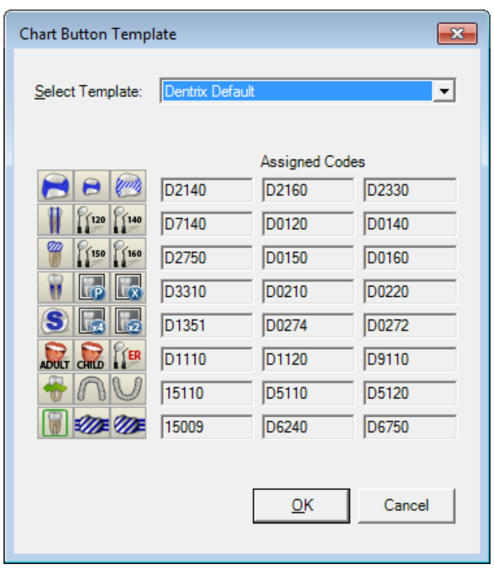
SELECTING YOUR PROCEDURE BUTTON SET

Each user can choose which procedure button template to use as the default button set in the Patient Chart, unless a specific template has been set as the default for all users.

To select your procedure button set

1. In the Patient Chart, from the **File** menu, click **Setup Procedure Buttons**.

   The **Chart Button Template** dialog box appears.



2. From the **Select Template** list, select a template.
3. Click **OK**.

CREATING YOUR OWN CUSTOM PROCEDURE BUTTON SET

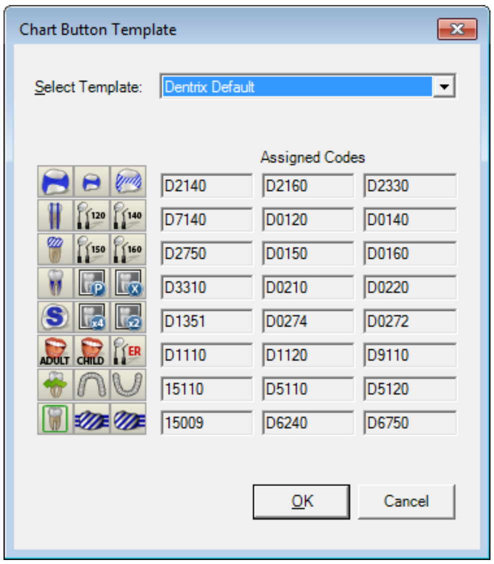
In the Patient Chart, each user can create a custom procedure button set from an existing template or the Dentrix Default template, unless a specific template has been set as the default for all users.

Note: If you edit an existing procedure button template from the Patient Chart, when you save the changes, that button set becomes your Custom template, overwriting any customizations you might have made previously to the Custom template. The original source template, which was set up from the Office Manager, is not affected.

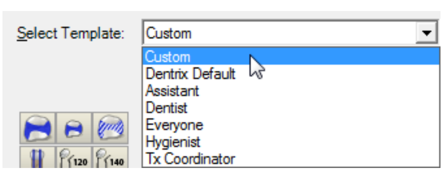
To create your custom procedure button set

1. In the Patient Chart, from the **File** menu, click **Setup Procedure Buttons**.

   The **Chart Button Template** dialog box appears.



2. From the **Select Template** list, select a template or **Custom**.

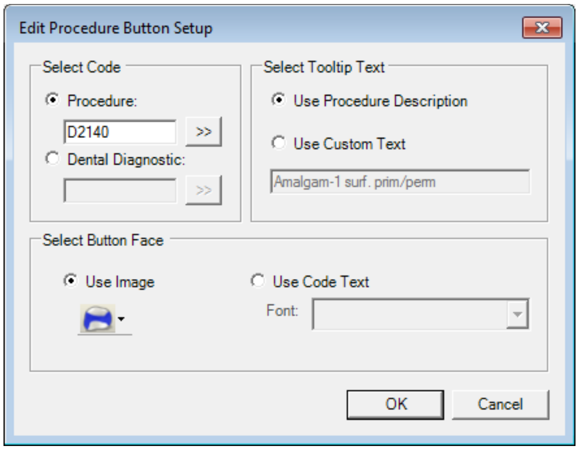


   Note: For each button in the table on the left, the corresponding code appears in the table on the right.

3. For each button that you want to customize, do the following:

   a. Click the button, such as .

      The **Edit Procedure Button Setup** dialog box appears.



b. Under **Select Code**, select one of the following options:

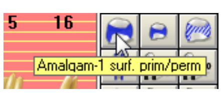
- **Procedure** – To assign a procedure code to the button. Then, either type the desired procedure code (ADA, administrative, condition, or product code) or multi-code, or click the search button  to select the desired code.
- **Dental Diagnostic** – To assign a dental diagnostic code to the button. Then, either type the desired dental diagnostic code, or click the search button  to select the desired code.

Notes:

- Dentrix Enterprise uses a smart-code feature. When you are charting a procedure code, depending on the surfaces or roots selected, the procedure will be updated when it is posted. For example, if you chart a one-surface amalgam (D2140) but select three surfaces, Dentrix Enterprise will automatically post the three-surface amalgam (D2160).
- With the smart-code feature, Dentrix Enterprise not only updates procedure codes based on surfaces and roots when posting resins and amalgams but also updates them by tooth number. For example, if you use a one-surface anterior resin procedure button when posting a three-surface resin to tooth 28, Dentrix Enterprise will update and post the procedure to reflect three surfaces and the posterior tooth.
- Because of the smart-code feature, you do not need to assign multiple variations of the same code, such as for amalgams or root canals, to your procedure buttons.

c. If you position your pointer over a procedure button, a tooltip will appear with identifying text for that button. Under **Select Tooltip Text**, select one of the following options:

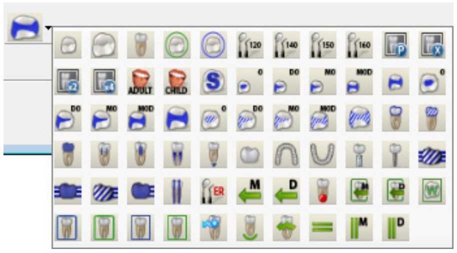
- **Use Procedure Description** – To use the procedure or diagnostic code's description in the tooltip.



- **Use Custom Text** – To use custom text in the tooltip. Then, type the desired description in the field provided.

d. Under **Select Button Face**, select one of the following options:

- **Use Image** – To use a pre-defined graphic to identify the button. Then, from the button menu, click one of the 65 charting symbols that represent procedure codes.



- **Use Code Text** – To use the procedure or diagnostic code to identify the button. Then, select the desired **Font**.

  Tip: For best results, use a 6-point Arial font.

e. Click **OK**.

4. In the **Chart Button Template** dialog box, click **OK**.

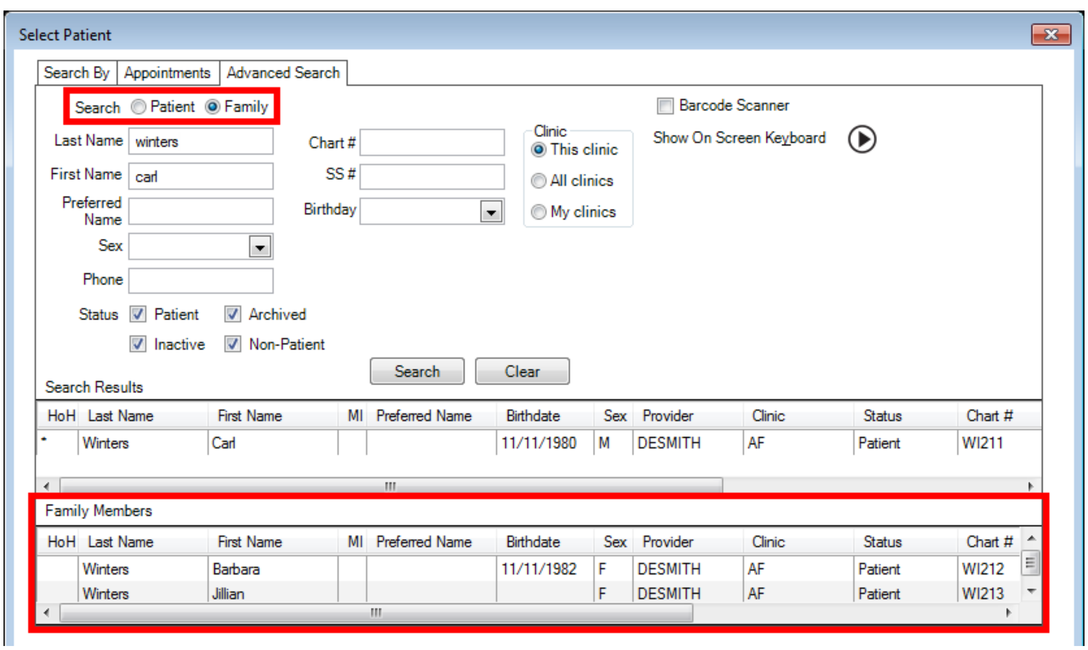
Family Search

On the **Advanced Search** tab of the **Select Patient** dialog box, you can now search for a patient by his or her guarantor or another family mamber.

To search by family member

1. While searching for a patient, next to **Search**, select **Family**.
2. Enter your search criteria, and then click **Search**.

   The person who matches your search criteria appears in the **Search Results** list. Related individuals appear in the **Family Members** list if they are part of the same family in the Family File.



File Exchange

The new File Exchange module allows you to do a mass export of Document Center and C-CDA files and allows you to update Dentrix Enterprise from an offline database when it is reconnected to the network with patient demographics, problems, allergies, and medications (PAM), charges, payments, treatment plans, Document Center files, and provider/staff exports.

Note: If you have a primary database (the main Dentrix Enterprise database) and a secondary database (a database for working in Dentrix Enterprise offline), and want to use a service to watch for exported files so that they can be imported automatically into the primary database through HL7 when the secondary database is back online, a Dentrix Enterprise Customer Support technician can help you do the following:

- Make the required service available during the installation of Dentrix Enterprise.
- Turn on the File Exchange integration settings, which must then be configured.

However, you must have your HL7 interface configured properly and know how you want to configure the integration settings.

CONFIGURING INTEGRATION SETTINGS

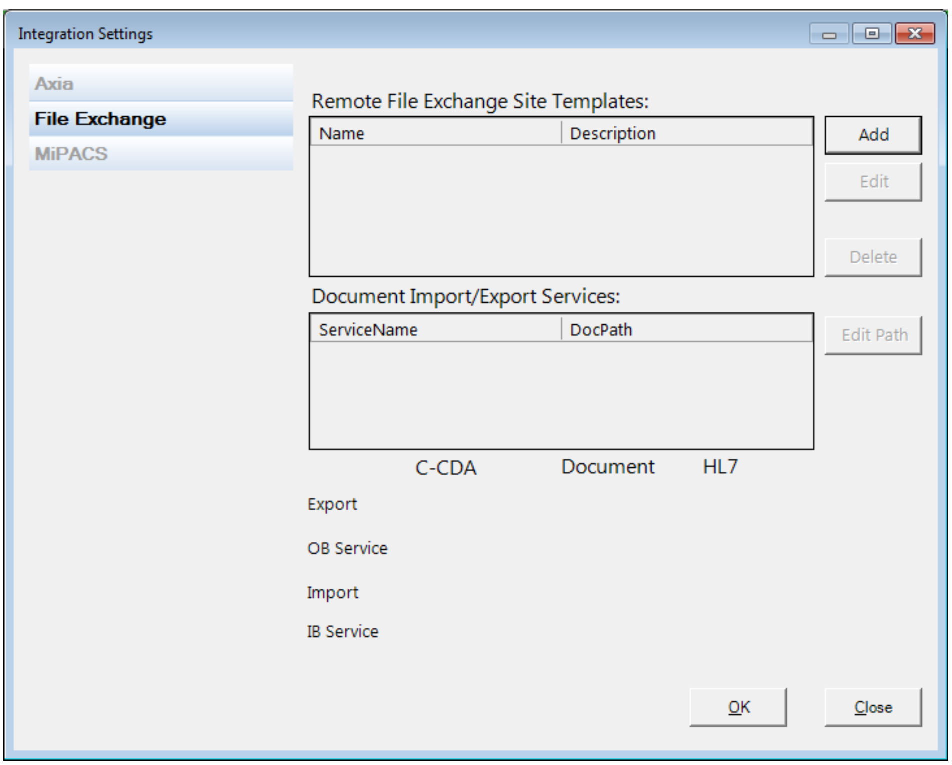
You must configure the File Exchange integration settings if you want to use services to watch for exported files so that they can be imported automatically into the primary database through HL7 when the secondary database is back online.

To configure File Exchange integration settings

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

   The **Integration Settings** dialog box appears.
2. Click **File Exchange** on the left.

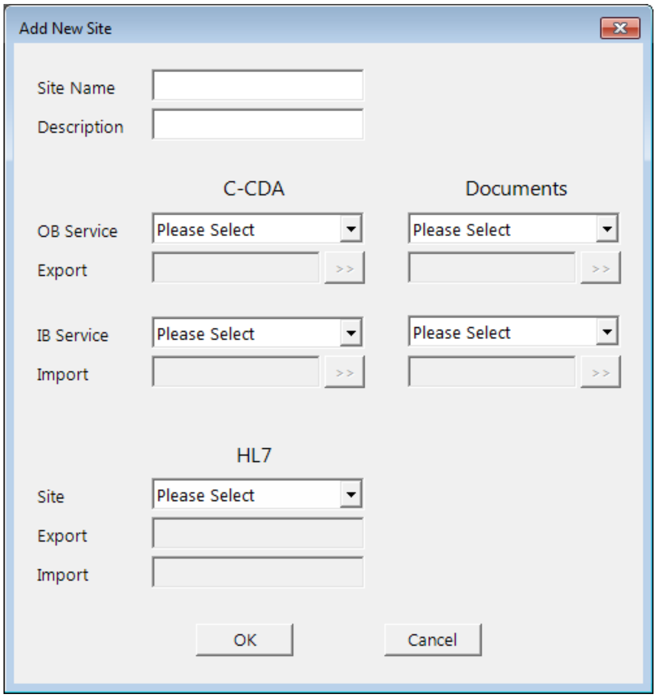
   The options for configuring File Exchange become available.



3. Add, edit, and delete sites in the **Remote File Exchange Site Templates** list as needed:
   - **Add** – Do the following:

a. Click **Add**.

The **Add New Site** dialog box appears.



b. Type a **Site Name**.

c. Type a **Description**.

d. Under **C-CDA** and/or **Documents**, do the following:

- Select the outbound service from the **OB Service** list, and then click the **Export** search button >> to select the folder to watch.
- Select the inbound service from the **IB Service** list, and then click the **Import** search button >> to select the folder to watch.
- If you use HL7 for exporting and importing data, under **HL7**, select a **Site**.

e. Click **OK**.

- **Edit** – Select a site, and then click **Edit**. The **Edit Site** dialog box appears. Change the **Site Name**, **Description**, **C-CDA**, **Documents**, and/or **HL7** options as needed. Click **OK**.
- **Delete** – Select a site, and then click **Delete**. On the confirmation message that appears, click **Yes**.

4. Edit the default paths of the services in the **Document Import/Export Service** list as needed. Select a service, and then click **Edit Path** to select the correct location.
5. Click **OK**.

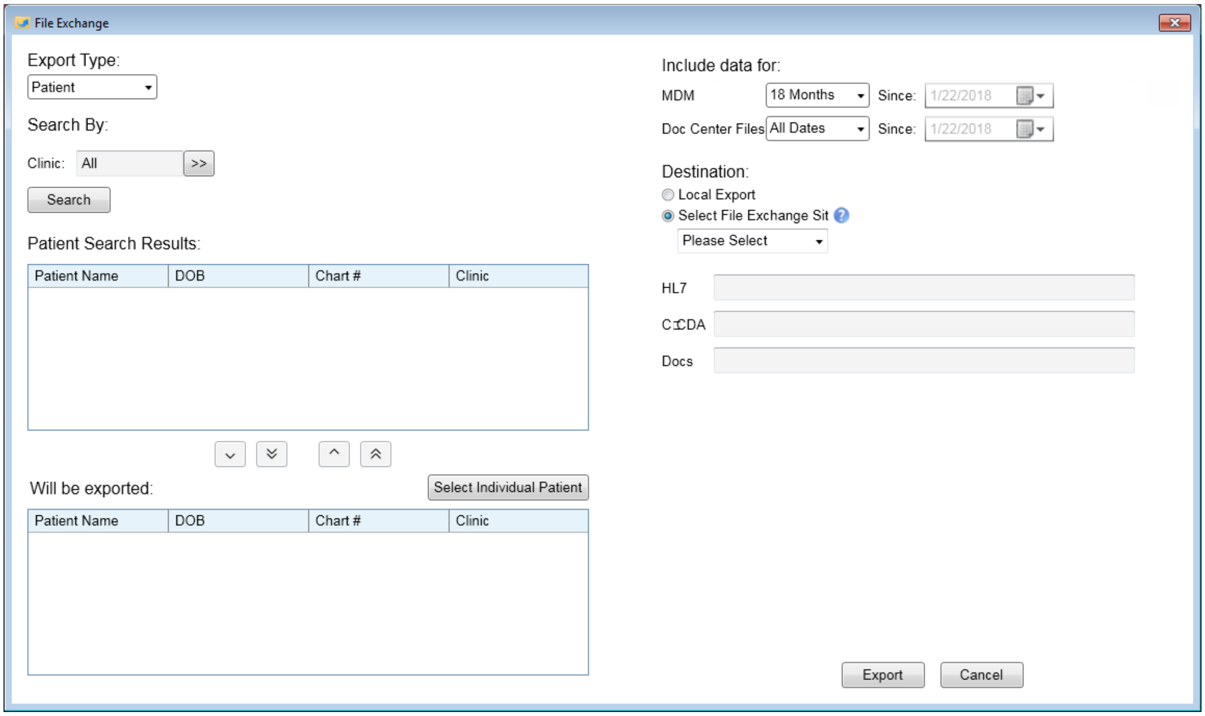
EXPORTING PATIENT DATA

You can do a mass export of Document Center and C-CDA files.

To export patient data

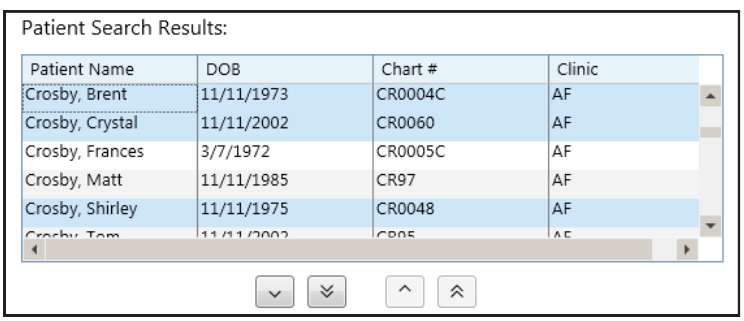
1. In the Office Manager, from the **Analysis** menu, click **File Exchange**.

   The **File Exchange** dialog box appears. By default, **Patient** is selected as the **Export Type**.

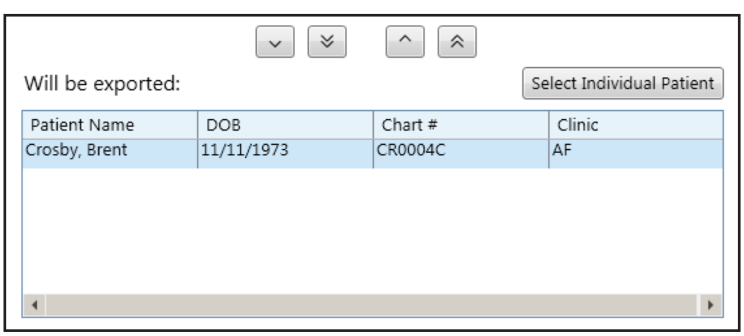


2. Do any of the following as needed to add patients to the export:
   - To search for multiple patients, do the following:
     a. For **Clinic**, either leave **All** selected to search for patients in all clinics, or click the search button to select the desired clinics to search for patients in.
     b. Click **Search**.

        The patients found appear in the **Patient Search Results** list.



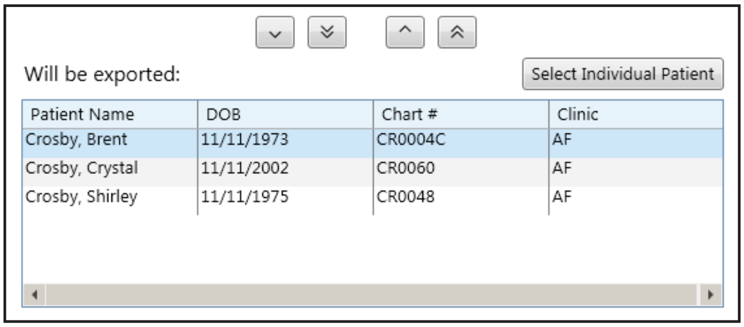
   - To search for an individual patient, next to **Will be exported**, click **Select Individual Patient** to select that patient. The patient now appears in the **Will be exported** list.



3. If you searched for multiple patients, to add patients to the export, select patients in the **Patient Search Results** list, and then click the **Move Down** button . To add all the patients found, click

the **Move All Down** button .

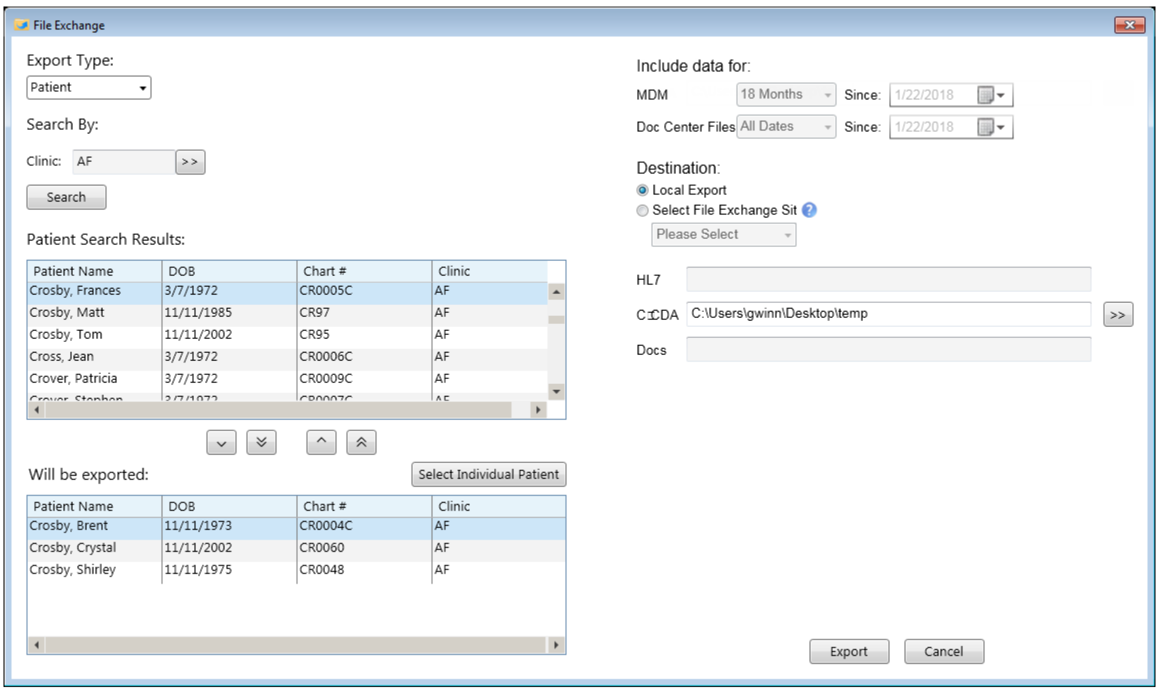
The patients now appear in the **Will be exported** list.



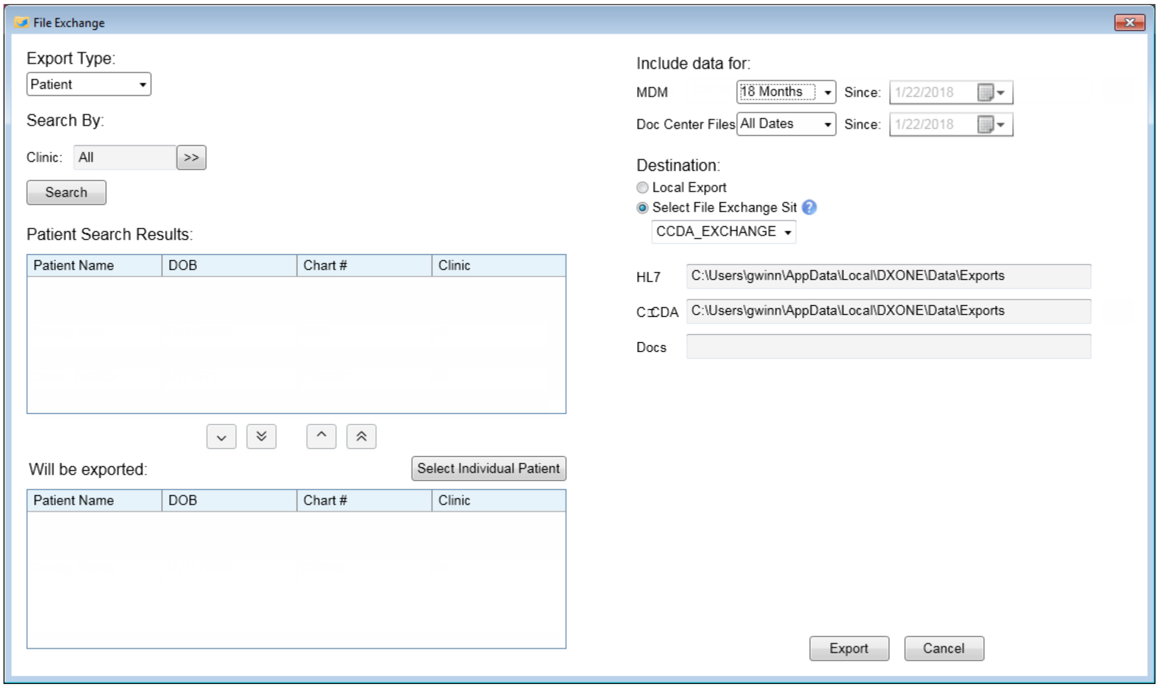
Note: To remove all patients selected from the export, click the **Move All Up** button . To remove specific patients from the export, select those patients in the **Will be exported** list, and then click the **Move Up** button .

4. Do one of the following:

   - To export a copy of each patient's C-CDA file to your computer, under **Destination**, select **Local Export**. Click the **C-CDA** search button to select the destination folder where the C-CDA files will be saved.



   - To export a copy of each patient's C-CDA file and/or Document Center documents to folders associated with a file exchange site, under **Destination**, select that site from the **Select File Exchange Site** list. The corresponding destination folders for **HL7**, **C-CDA**, and/or **Docs** appear for your reference. Under **Include data for**, next to **MDM** and **Doc Center Files**, specify whether to include data for the past **18 Months**, for **All Dates**, since a certain date (select **Date Range**, and then specify a **Since** date), or for **Today**. This export method is available only if you have set up one or more file exchange sites in the Integration Settings.



5. Click **Export**.
6. On the message that appears, click **OK**.

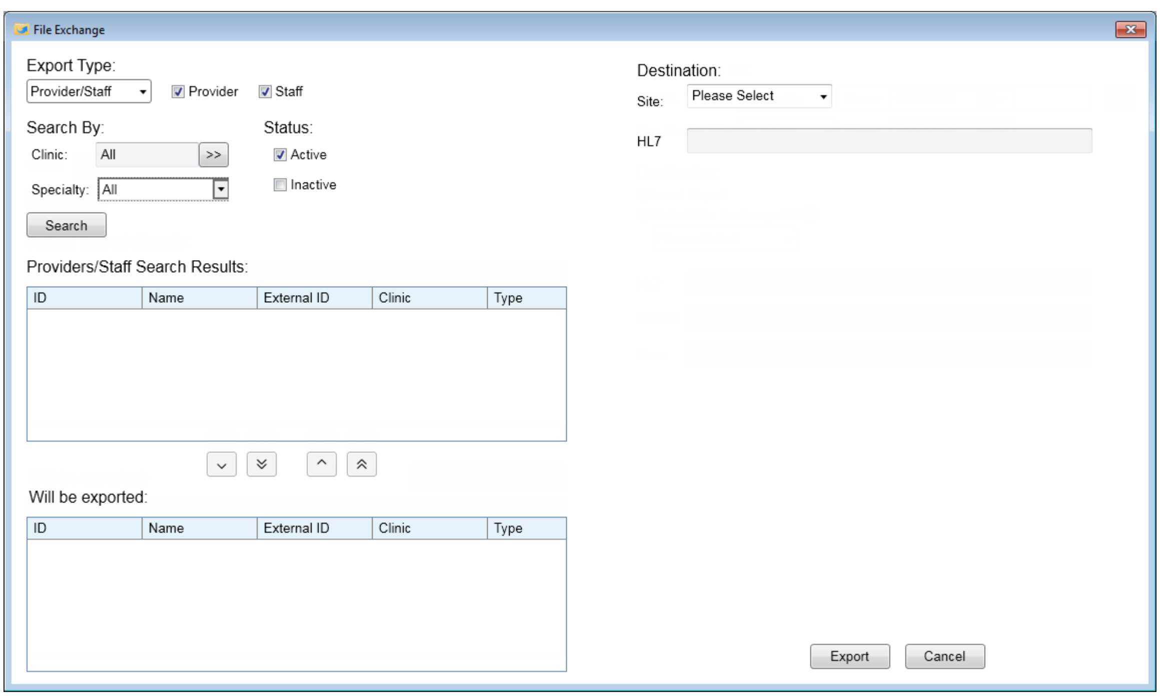
EXPORTING PROVIDER AND STAFF DATA

You can do a mass export of provider and/or staff member data.

To export provider and/or staff data

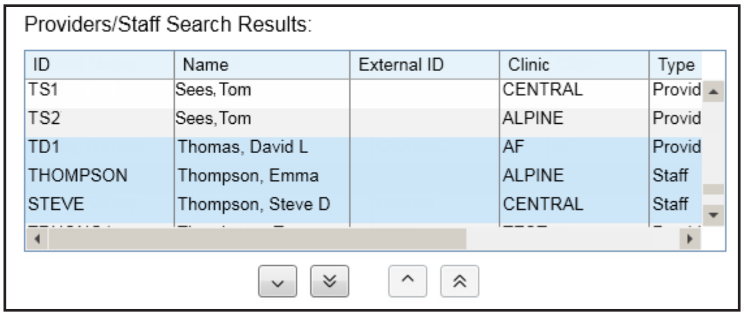
1. In the Office Manager, from the **Analysis** menu, click **File Exchange**.

   The **File Exchange** dialog box appears.
2. Select **Provider/Staff** from the **Export Type** list.



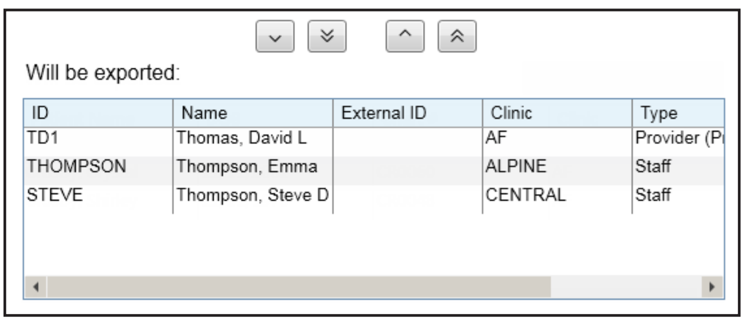
3. Do any of the following as needed to add providers and/or staff to the export:
    - To search for providers, select the **Provider** check box.
    - To search for staff, select the **Staff** check box.
    - For **Clinic**, either leave **All** selected to search for providers and/or staff in all clinics, or click the search button >> to select the desired clinics to search for providers and/or staff in.
    - To search for providers and/or staff by status, select the **Active** and/or **Inactive** check boxes.
    - To search for providers by specialty, either leave the **All** option's check box selected in the **Specialty** list, or select the check boxes of only the desired specialties.
4. Click **Search**.

    The providers and/or staff found appear in the **Providers/Staff Search Results** list.

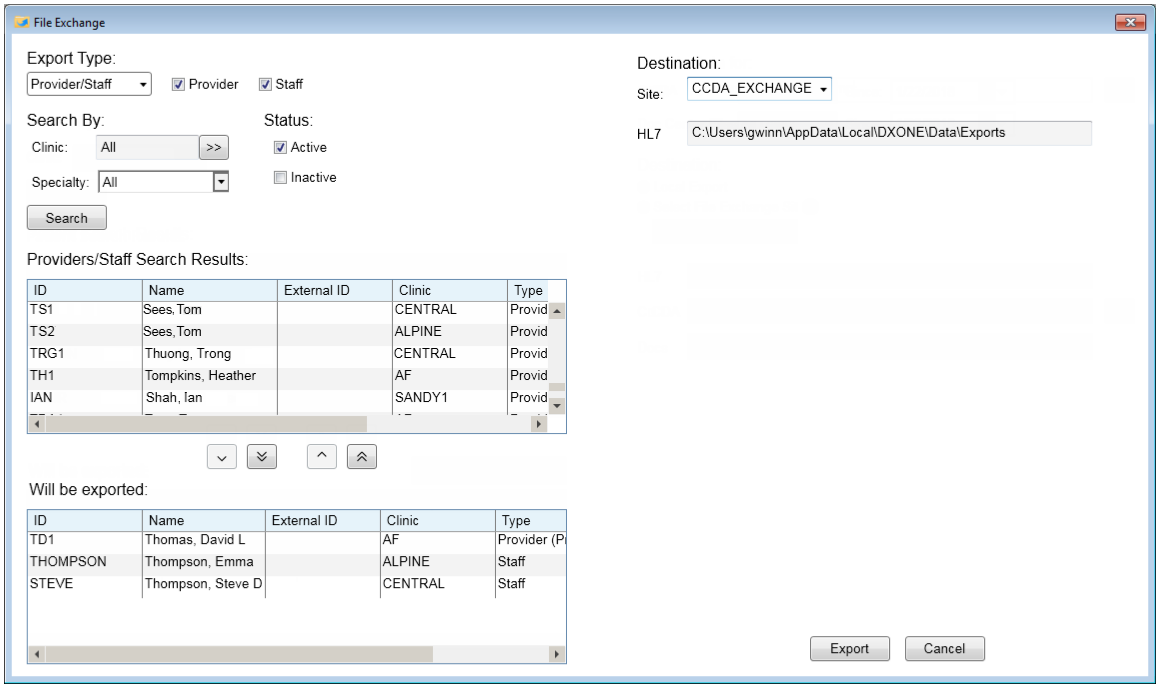


5. To add providers and/or staff to the export, select providers and/or staff in the **Providers/Staff Search Results** list, and then click the **Move Down** button. To add all the providers and/or staff found, click the **Move All Down** button.

    The providers and/or staff now appear in the **Will be exported** list.



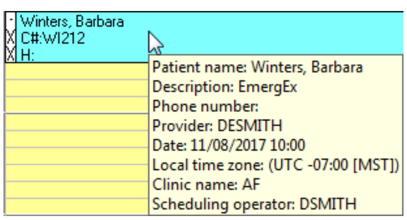
Note: To remove all providers and/or staff selected from the export, click the **Move All Up** button. To remove specific providers and/or staff from the export, select those providers and/or staff in the **Will be exported** list, and then click the **Move Up** button.



6. Click **Export**.
7. On the message that appears, click **OK**.

Appointment Preview

You can now position your mouse pointer over an appointment to quickly view appointment information, including the time zone of the clinic where the appointment is scheduled (which can be helpful if, for example, your Appointment Book view shows operatories from multiple clinics).



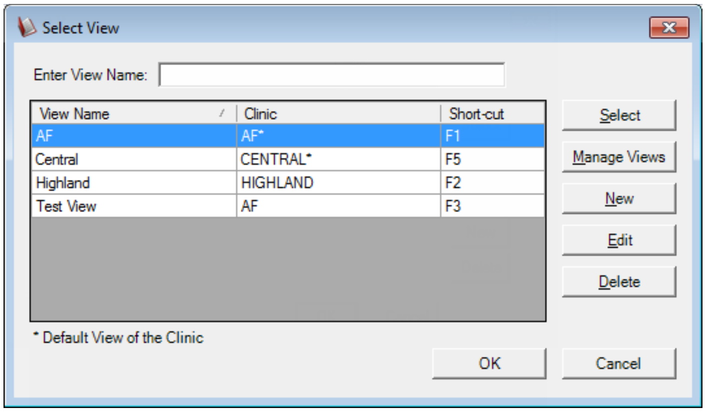
Insurance Eligibility Icon

You can now specify in Appointment Book views whether you want the insurance eligibility icon to appear on appointments or not.

To edit a view

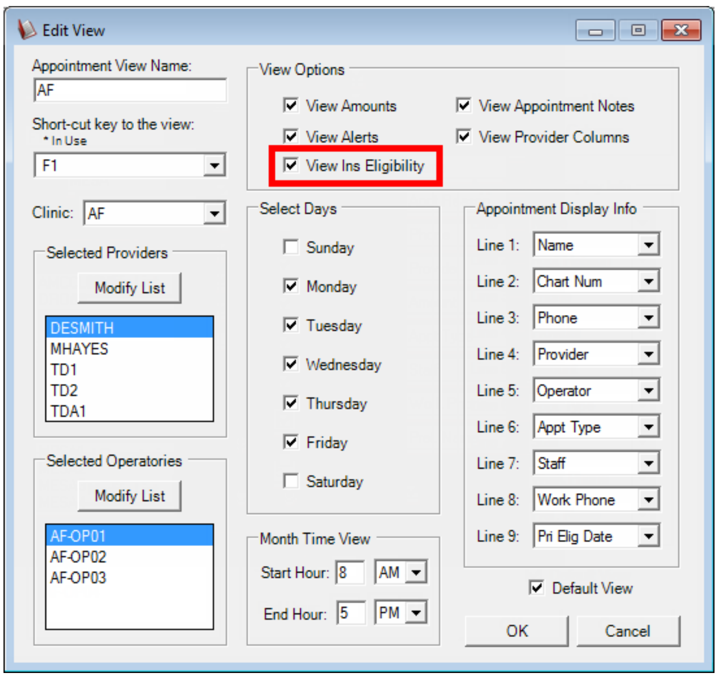
1. In the Appointment Book, click **View** on the menu bar.

   The **Select View** dialog box appears.



2. Select a view, and then click **Edit**.

   The **Edit View** dialog box appears.



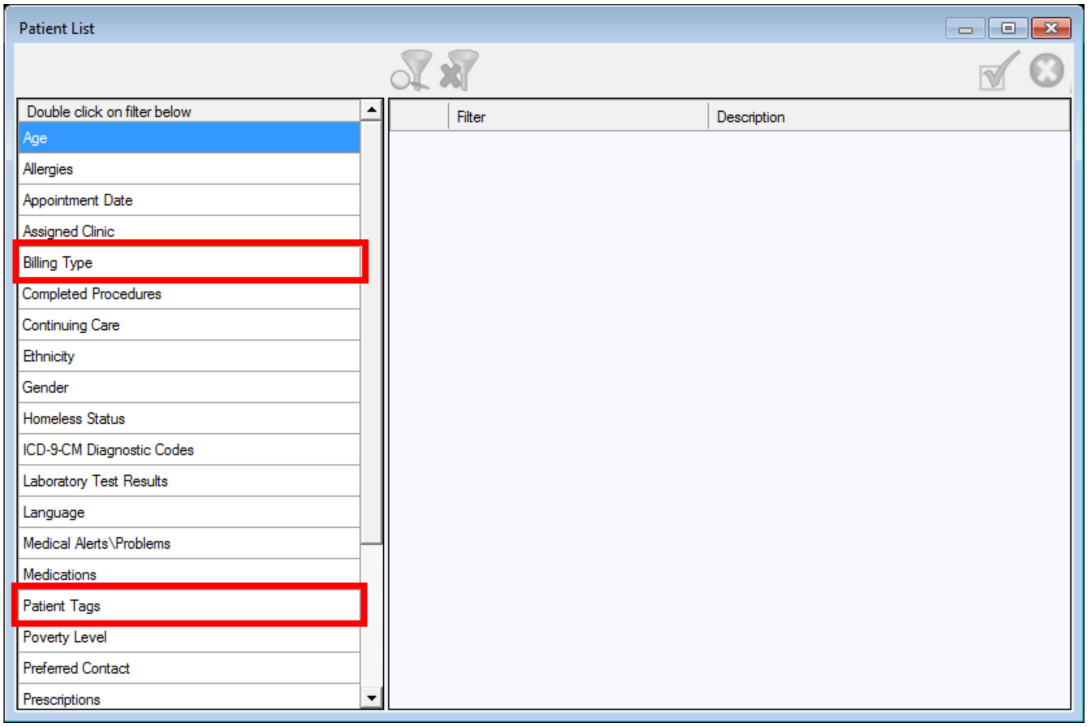
3. When setting up options for the view, select or clear the **View Ins Eligibility** check box to show or hide the insurance eligibility icon on appointments for patients with insurance plans attached to their records.
4. Click **OK**.

Patient List and Global Alerts

You can now filter the Patient List and Global Alerts by patient tags and billing types.

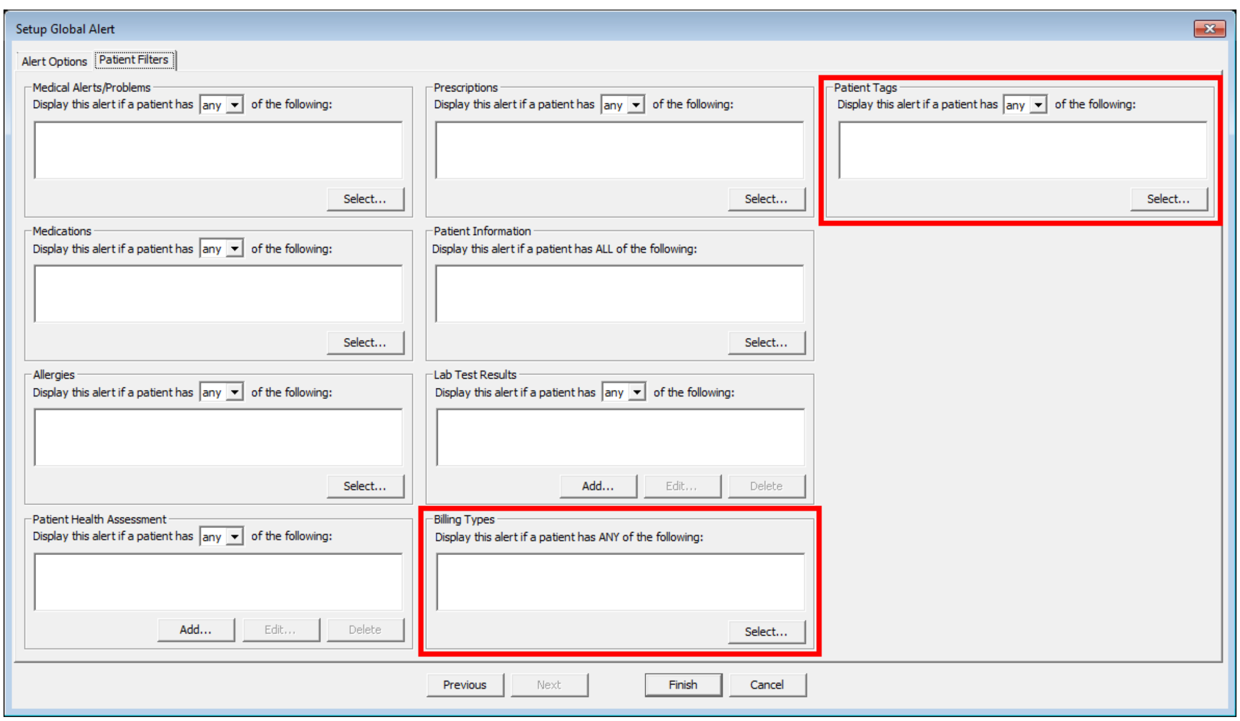
To filter the Patient List

In the Office Manager, from the **Analysis** menu, click **Patient List** to open the **Patient List** dialog box. The new filters, **Billing Type** and **Patient Tags**, appear in the list. You can double-click a filter to apply and customize it for the list that you will generate.



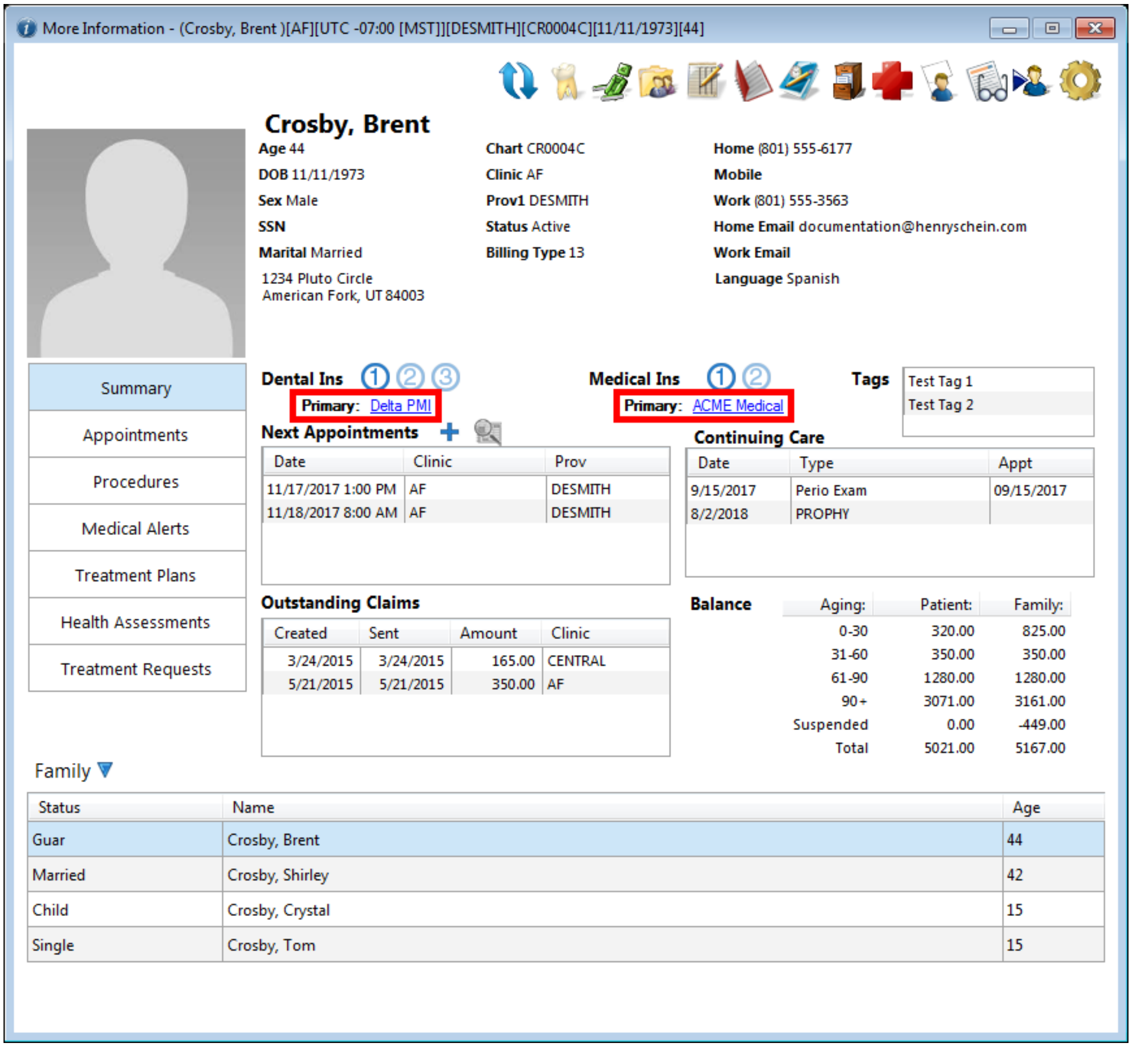
To filter a global alert

In the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Global Aerts Setup** to open the **Global Alerts Setup** dialog box. When you create or edit a global alert, the new filters, **Billing Types** and **Patient Tags**, appear on the **Patient Filters** tab of the **Setup Global Alert** dialog box. You can click **Select** to customize the corresponding filter for the global alert.



More Information Window Links

You can now quickly access a patient's insurance information from the **More Information** window. Each of the patient's insurance plans is a hyperlink that you can click to access the corresponding plan information in the **Insurance Information** dialog box.

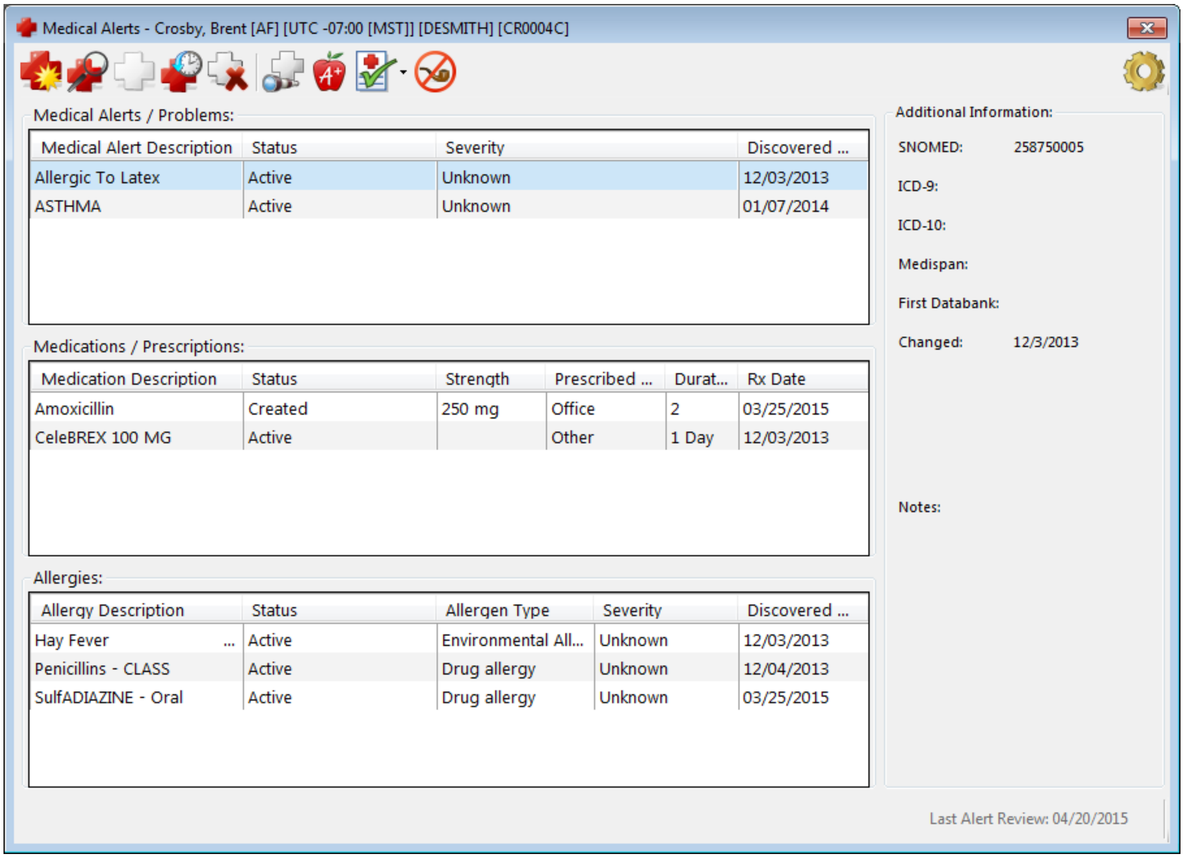


Medical Alerts Window

The look of the Medical Alerts window has been simplified, and you can now select a reason for inactivating an alert.

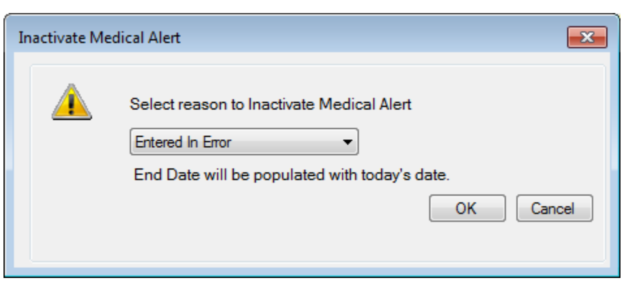
To view and inactivate a medical alert

1. Open the **Medical Alerts** dialog box from the **More Information** window, Family File, Patient Chart, Treatment Planner, or Appointment Book.



2. Select a medical alert, and then click the **Inactivate Alert** button .

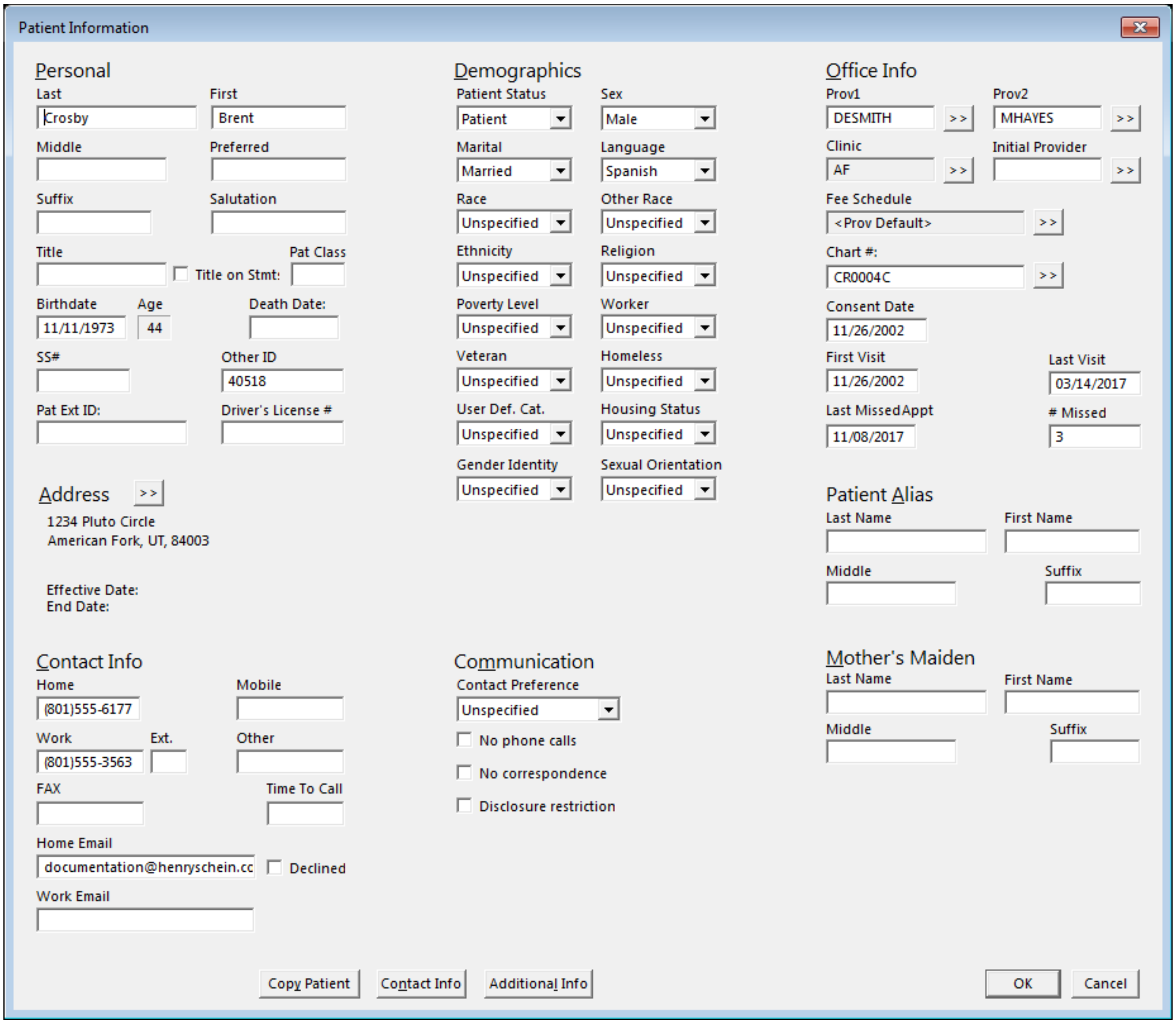
   The **Inactivate Medical Alert** dialog box appears.



3. Select the reason you are inactivating the medical alert from the list provided.
4. Click **OK**.

Patient Information

The **Patient Information** dialog box, which you access from the Family File, has a refreshed look and a more organized layout. Also, you can now add multiple addresses and contacts for a patient.



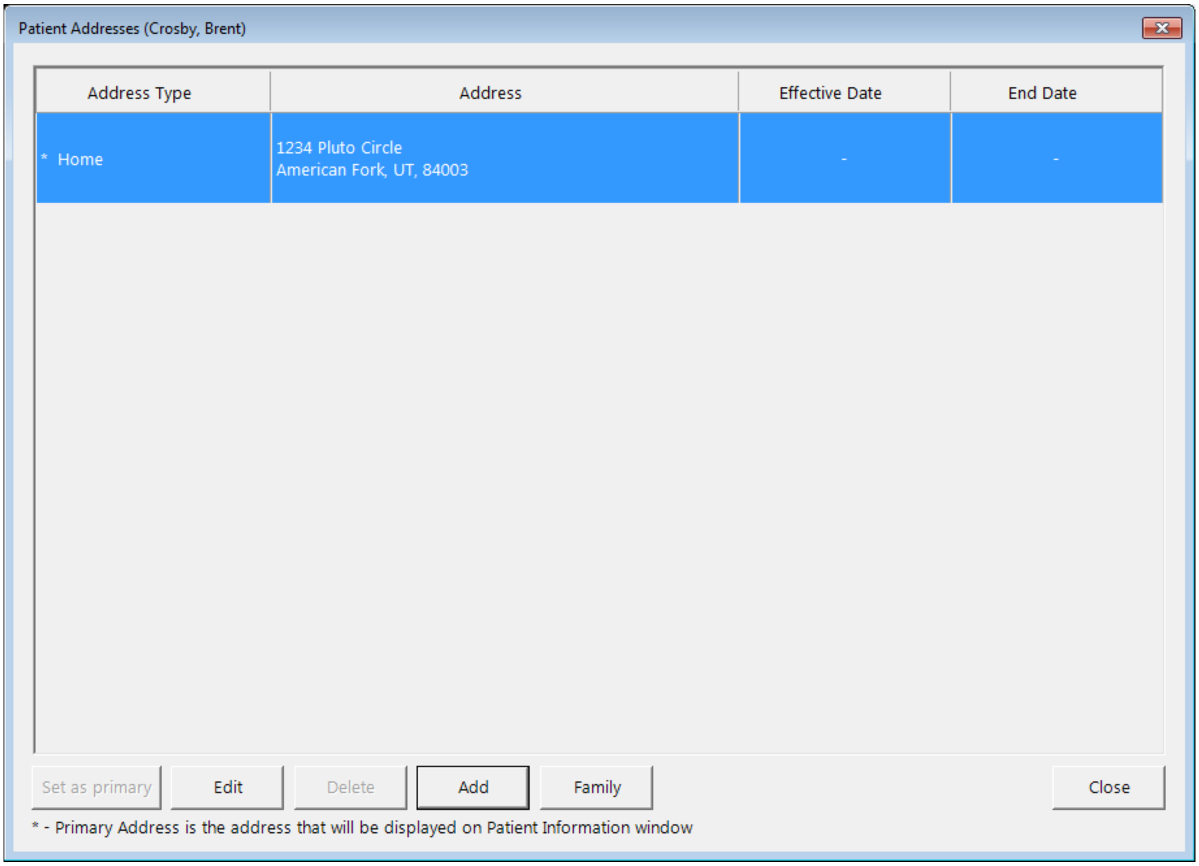
ADDING ADDRESSES

You can add multiple addresses to a patient's Family File record.

To add an address

1. In the **Patient Information** dialog box, click the **Address** search button .

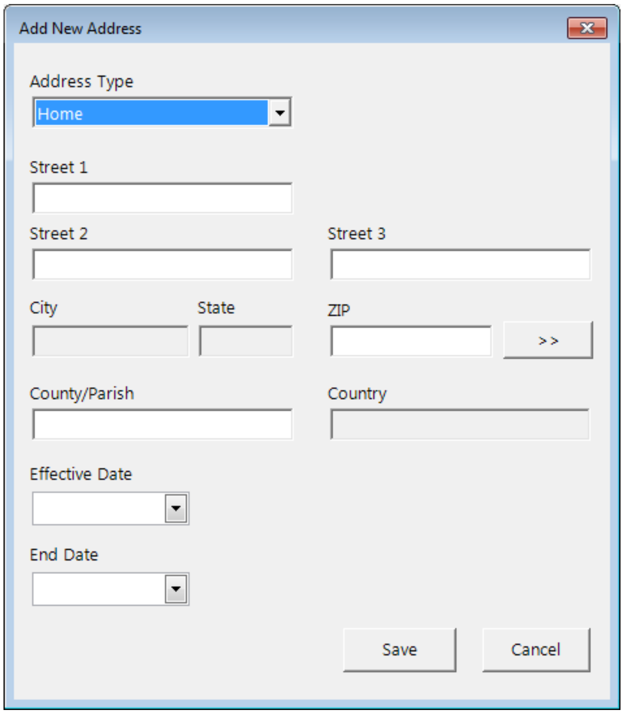
   The **Patient Addresses** dialog box appears.

   The addresses currently associated with the patient appear.

2. Click **Add**.

   The **Add New Address** dialog box appears.



3. Set up the following options:
   - **Address Type** – Select the type of address, such as **Home** or **Work**.
   - **Street** – Type the street address.
   - **ZIP** – Either type the ZIP Code and press Tab, or click the ZIP search button  to select or add the ZIP Code. The corresponding **City**, **State**, and **Country** appear automatically.
   - **County/Parish** – Type the county or parish.
   - **Effective Date** – Type or select the effective date of this address for the patient, if known.
   - **End Date** – If the address is no longer valid for the patient, type or select the date it became no longer valid, if known.
4. Click **Save**.

SELECTING A FAMILY MEMBER'S ADDRESS

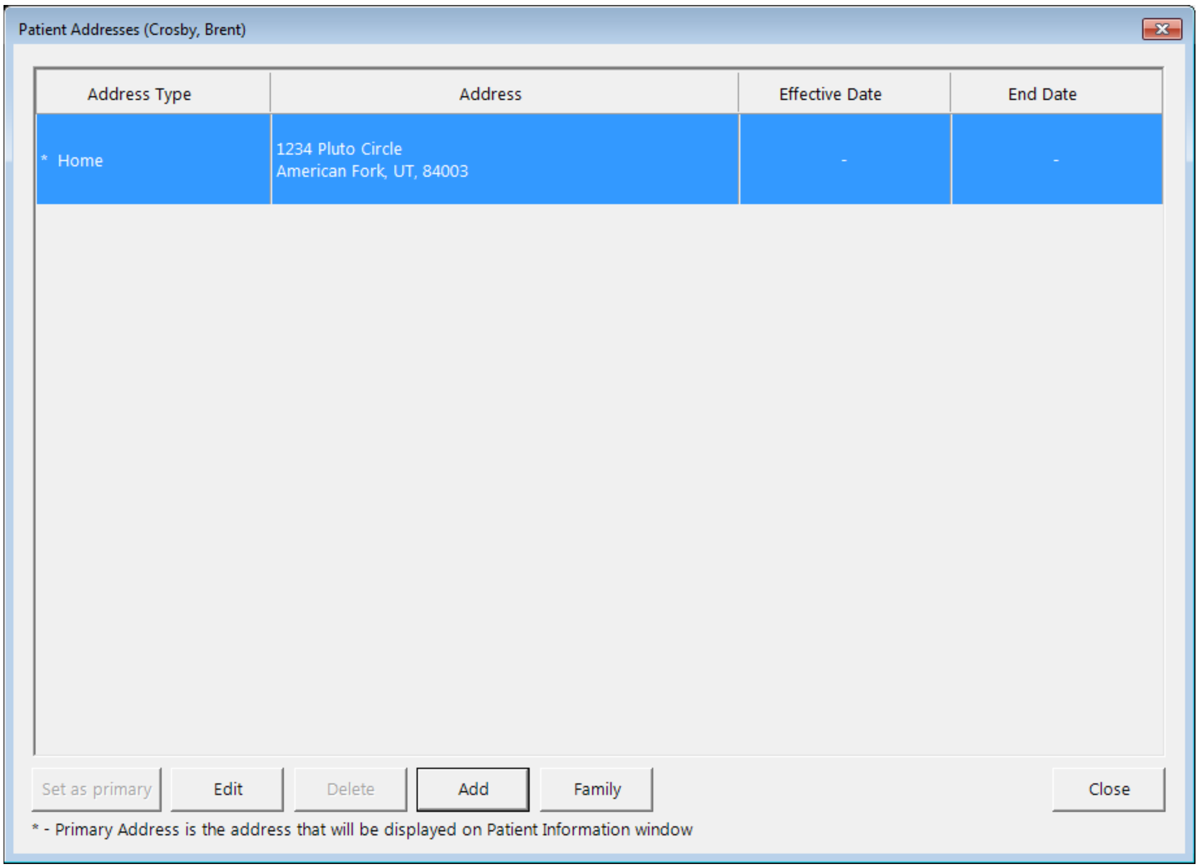
You can select the address of a patient's family member to add to the patient's Family File record.

Note: Adding a family member's address to a patient's record does not link the two addresses; the address is copied from the family member's record to the destination patient's record. Changing one address thereafter does not affect the other.

To add a family member's address

1. In the **Patient Information** dialog box, click the **Address** search button 
.

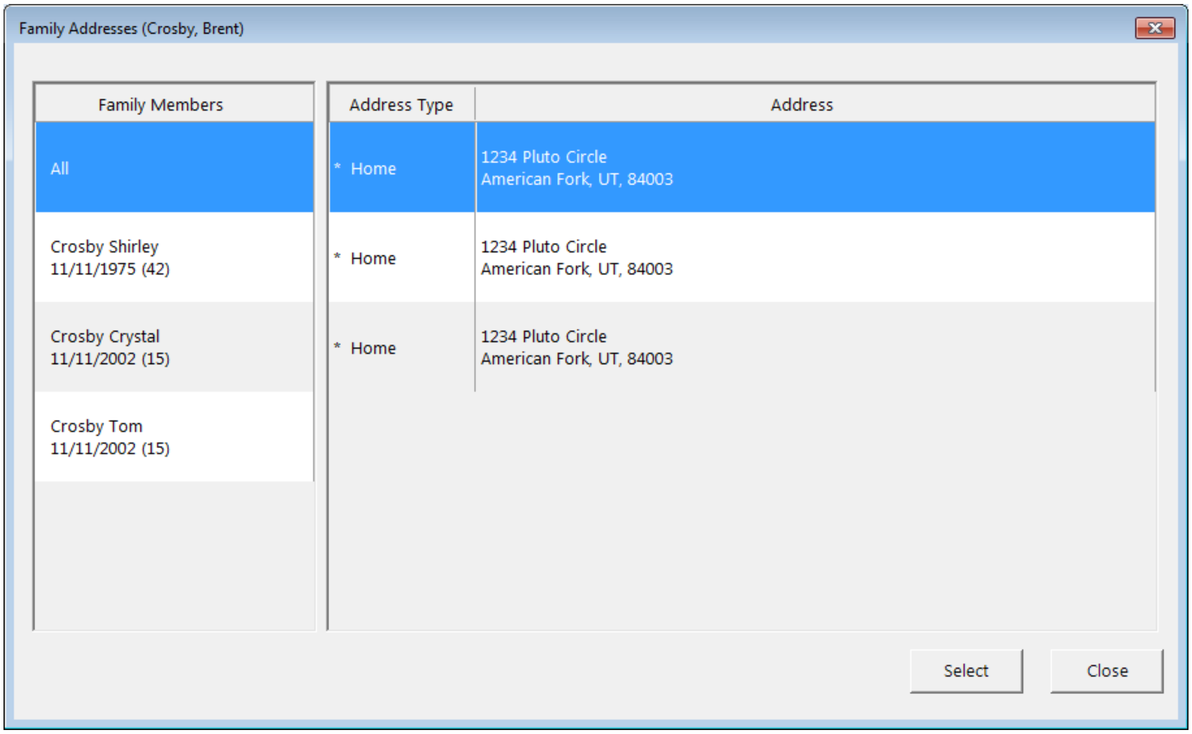
   The **Patient Addresses** dialog box appears.



   The addresses currently associated with the patient appear.

2. Click **Family**.

   The **Family Addresses** dialog box appears.

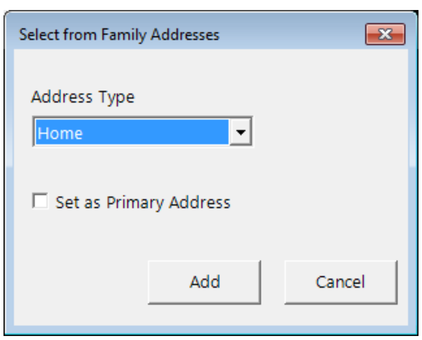


3. Under **Family Members**, leave **All** selected to view the addresses for all family members, or select a family member to view only that member's addresses.

   The corresponding addresses appear on the right.

4. Select an address, and then click **Select**.

   The **Select from Family Addresses** dialog box appears.



5. Select the **Address Type**.
6. If the address is the patient's primary address, select the **Set as Primary Address** check box.
7. Click **Add**.

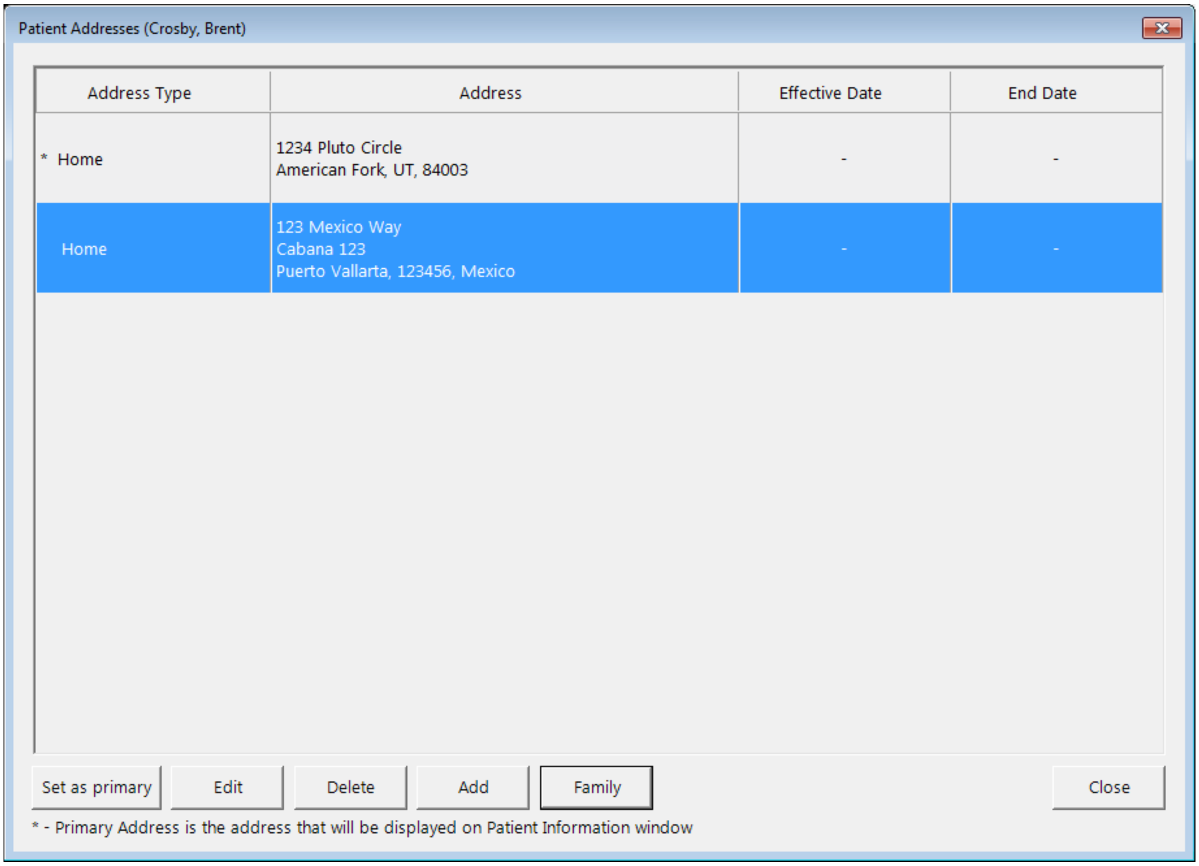
EDITING ADDRESSES

You can edit any of a patient's addresses in the Family File as needed.

To edit an address

1. In the **Patient Information** dialog box, click the **Address** search button .

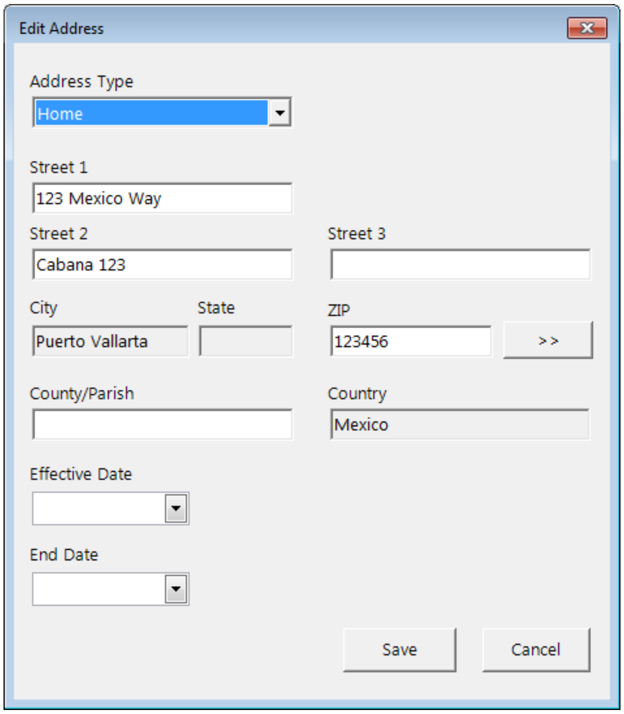
   The **Patient Addresses** dialog box appears.



   The addresses currently associated with the patient appear.

2. Select an address.
3. Click **Edit**.

   The **Edit Address** dialog box appears.



4. Change any of the following options as needed:
   - **Address Type** – Select the type of address, such as **Home** or **Work**.
   - **Street** – Type the street address.
   - **ZIP** – Either type the ZIP Code and press Tab, or click the ZIP search button  to select or add the ZIP Code. The corresponding **City**, **State**, and **Country** appear automatically.
   - **County/Parish** – Type the county or parish.
   - **Effective Date** – Type or select the effective date of this address for the patient, if known.
   - **End Date** – If the address is no longer valid for the patient, type or select the date it became no longer valid, if known.
5. Click **Save**.

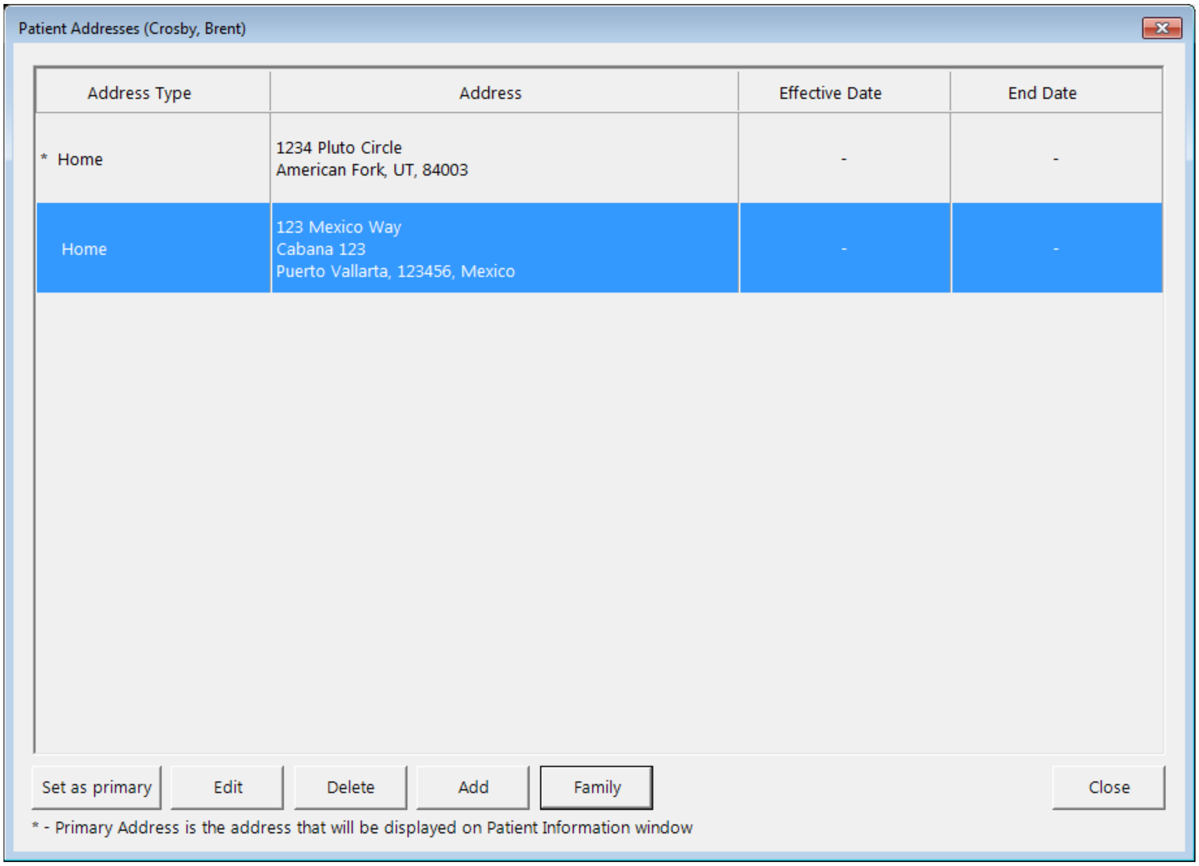
SETTING THE PRIMARY ADDRESS

You can specify which of a patient's addresses is the primary address. Only the primary address appears in the **Patient Information** dialog box.

To set the primary address

1. In the **Patient Information** dialog box, click the **Address** search button .

   The **Patient Addresses** dialog box appears.



   The addresses currently associated with the patient appear.

2. Select an address.
3. Click **Set as primary**. This button is available only if the primary address is not selected.

   The address moves to the top of the list, and an asterisk (*) appears next to its address type.

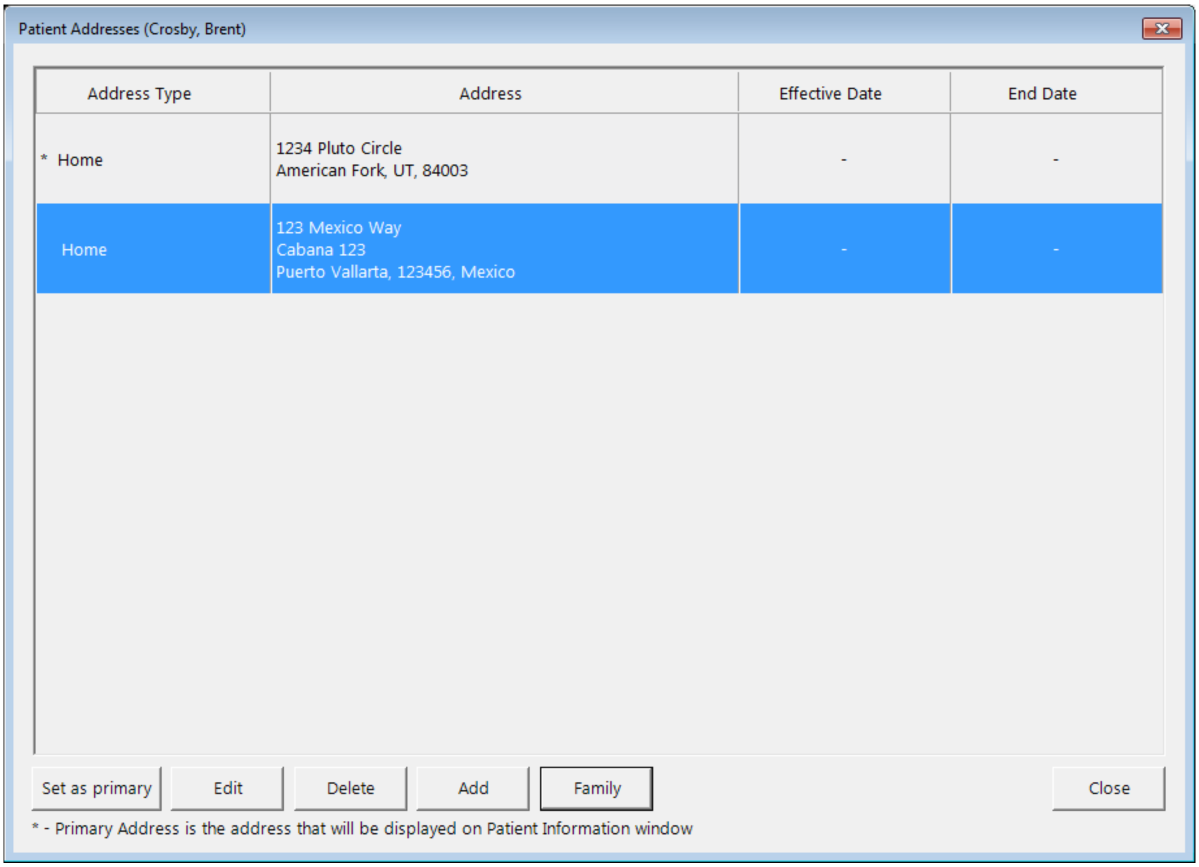
DELETING ADDRESSES

You can delete a patient's address as needed. However, you cannot delete a patient's primary address.

To delete an address

1. In the **Patient Information** dialog box, click the **Address** search button >>.

   The **Patient Addresses** dialog box appears.



   The addresses currently associated with the patient appear.

2. Select an address.
3. Click **Delete**. This button is available only if the primary address is not selected.

   A confirmation message appears.

4. Click **Yes**.

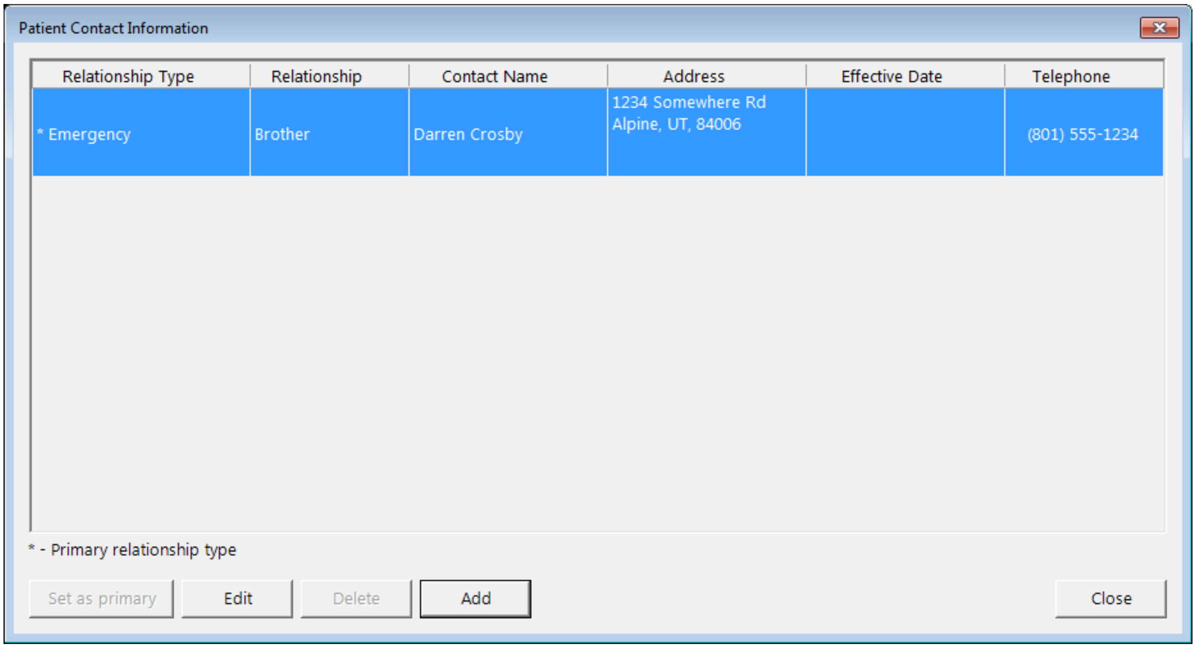
ADDING CONTACTS

You can add multiple contacts to a patient's Family File record.

To add a contact

1. In the **Patient Information** dialog box, click **Contact Info**.

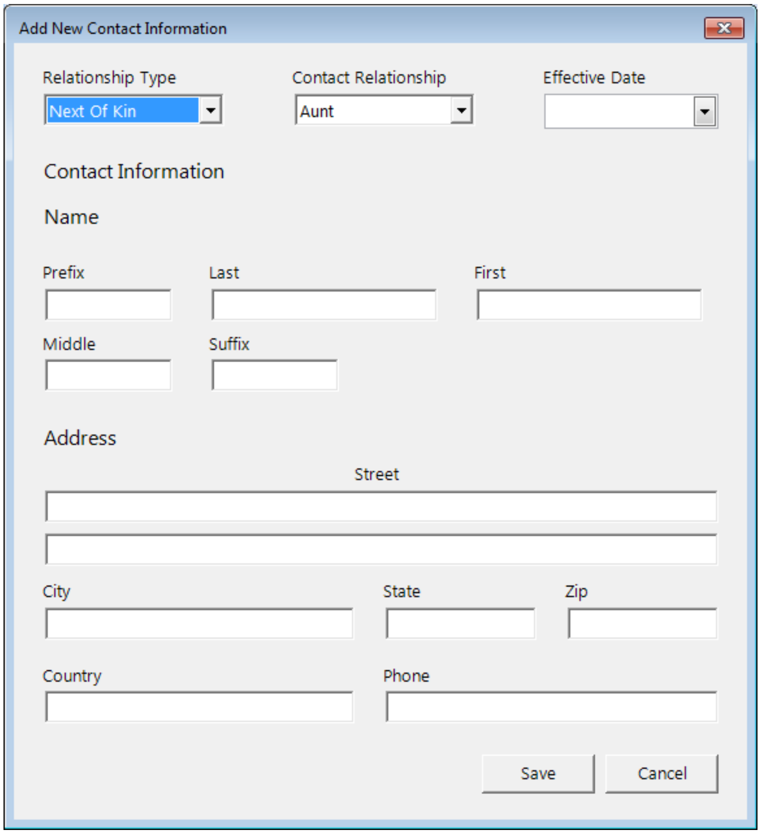
   The **Patient Contact Information** dialog box appears.



   The contacts currently associated with the patient appear.

2. Click **Add**.

   The **Add New Contact Information** dialog box appears.



3. Set up the following options:
   - **Relationship Type** – Select the type of relationship for the contact, such as **Emergency** or **Next Of Kin**.
   - **Contact Relationship** – Select the relationship that the contact has with the patient.
   - **Effective Date** – Type or select the effective date of this contact for the patient, if known.
   - **Name** – Type the contact’s name.
   - **Address** – Type the contact’s street address, city, state, ZIP Code, and country.
   - **Phone** – Type the contact’s phone number.
4. Click **Save**.

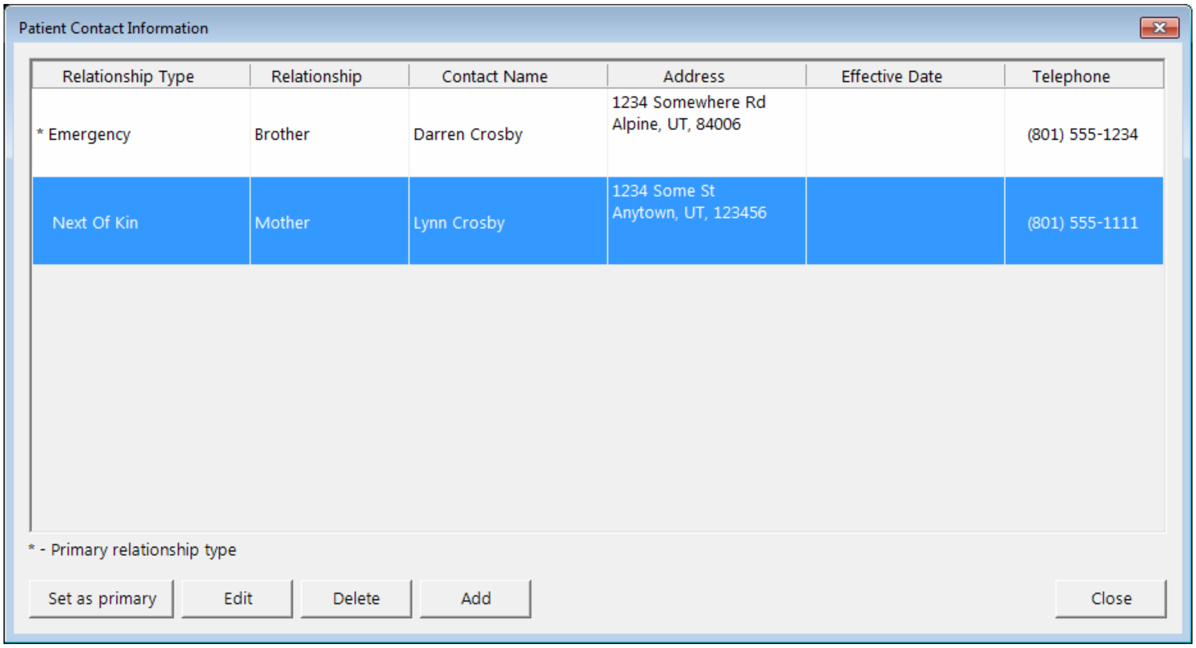
EDITING CONTACTS

You can edit any of a patient's contacts in the Family File as needed.

To edit a contact

1. In the **Patient Information** dialog box, click **Contact Info**.

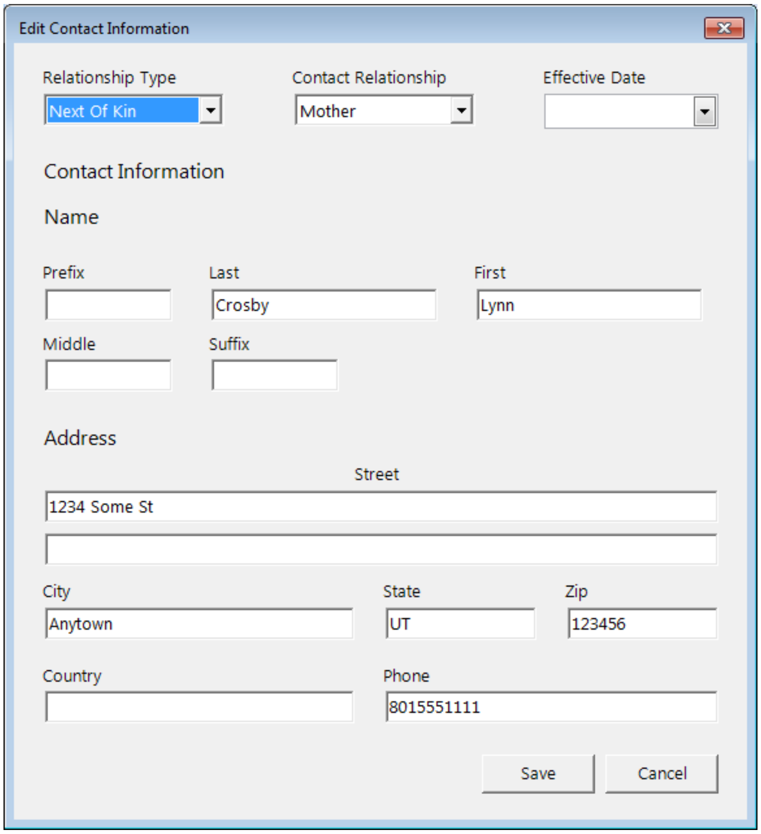
   The **Patient Contact Information** dialog box appears.



   The contacts currently associated with the patient appear.

2. Select a contact.
3. Click **Edit**.

   The **Edit Contact Information** dialog box appears.



4. Change any of the following options as needed:
    - **Relationship Type** – Select the type of relationship for the contact, such as **Emergency** or **Next Of Kin**.
    - **Contact Relationship** – Select the relationship that the contact has with the patient.
    - **Effective Date** – Type or select the effective date of this contact for the patient, if known.
    - **Name** – Type the contact's name.
    - **Address** – Type the contact's street address, city, state, ZIP Code, and country.
    - **Phone** – Type the contact's phone number.
5. Click **Save**.

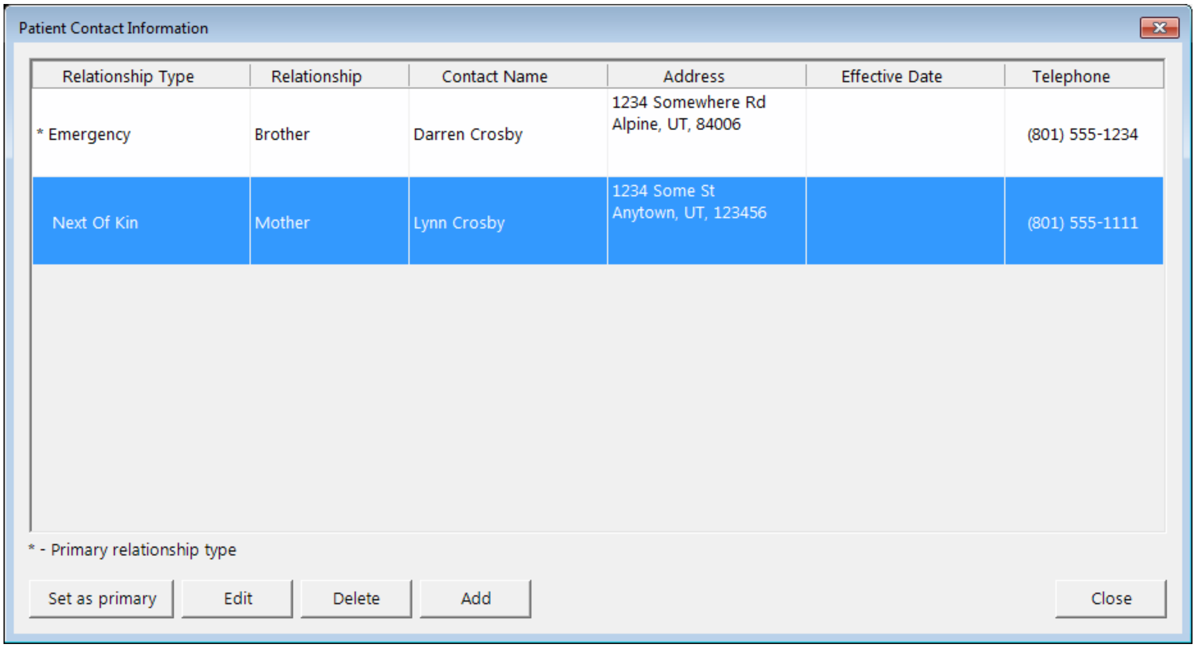
SETTING THE PRIMARY CONTACT

You can specify which of a patient's contacts is the primary contact.

To set the primary contact

1. In the **Patient Information** dialog box, click **Contact Info**.

   The **Patient Contact Information** dialog box appears.



   The contacts currently associated with the patient appear.

2. Select a contact.
3. Click **Set as primary**. This button is available only if the primary contact is not selected.

   The contact moves to the top of the list, and an asterisk (*) appears next to its relationship type.

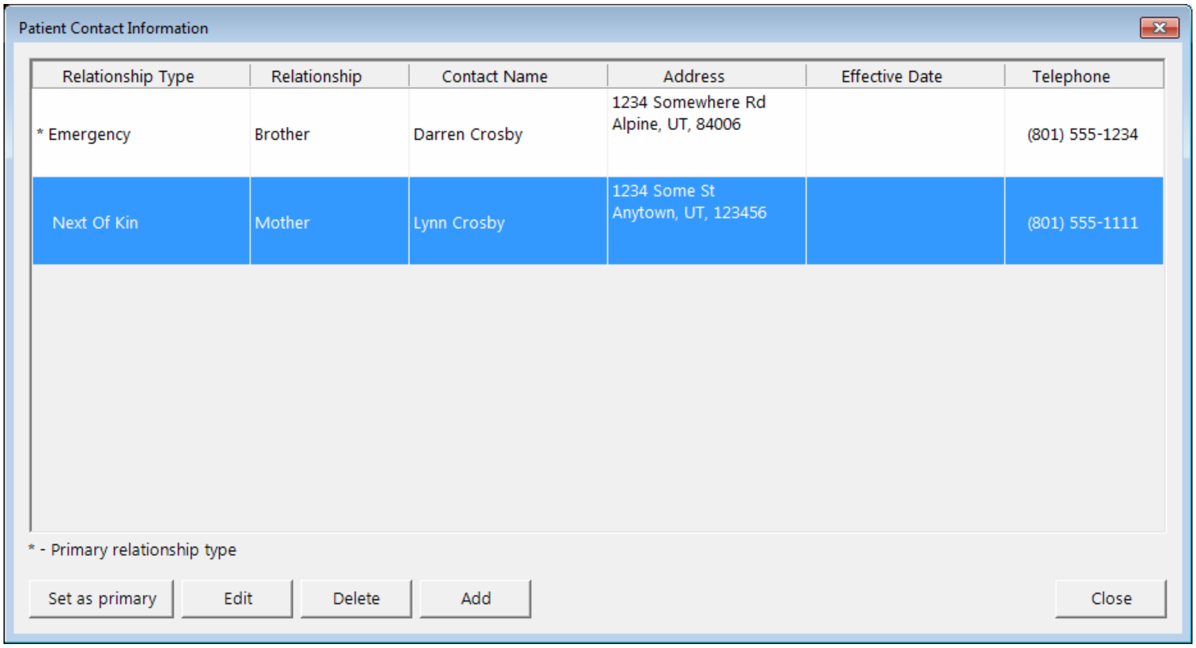
DELETING CONTACTS

You can delete a patient's contact as needed. However, you cannot delete a patient's primary contact.

To delete a contact

1. In the **Patient Information** dialog box, click **Contact Info**.

   The **Patient Contact Information** dialog box appears.



   The contacts currently associated with the patient appear.

2. Select a contact.
3. Click **Delete**. This button is available only if the primary contact is not selected.

   A confirmation message appears.

4. Click **Yes**.

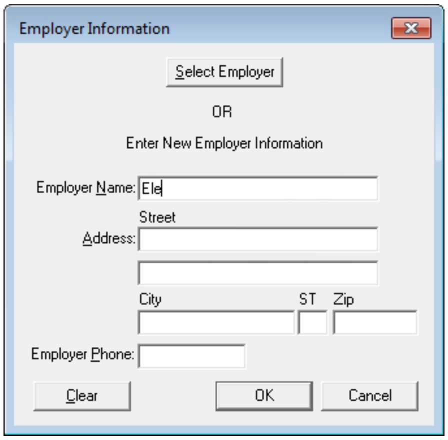
Select Employer

Now, when you are attaching an employer to a patient's record, the dialog box that appears has been redesigned, so it is more obvious that you should search for the employer you want to attach before entering a new employer in case that employer already exists in your database. This could help you avoid unintentionally entering a duplicate employer into the system.

To assign an employer to a patient

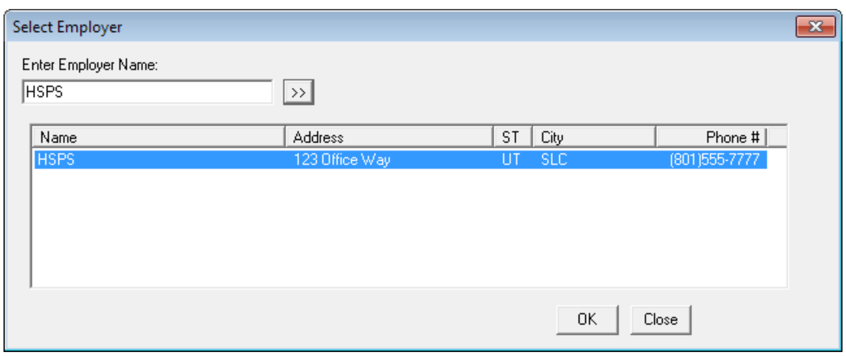
1. In the Family File, with a patient selected, double-click the **Employer** block.

   The **Employer Information** dialog box appears.



2. Type the first few characters of the employer's name in the **Employer Name** field, and then click **Select Employer**.

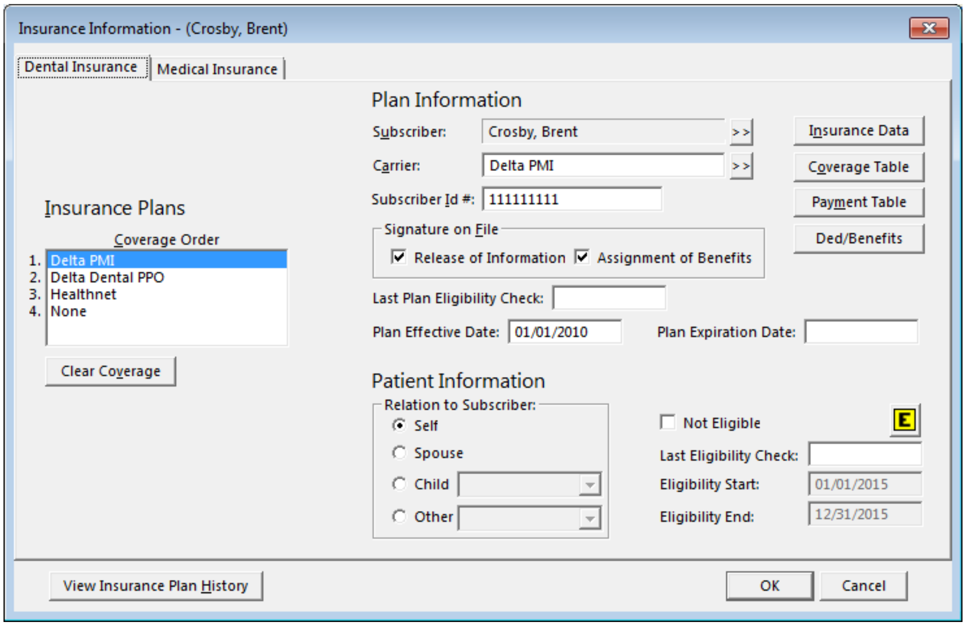
   The **Select Employer** dialog box appears so that you can verify that the employer does not already exist in Dentrix Enterprise.



3. Do one of the following:
   - If the employer already exists, select it, and then click **OK**.
   - If the patient's employer does not already exist, click **Cancel** to return to the **Employer Information** dialog box, and then type the employer's name, address, and phone number.
4. Click **OK**.

Insurance Information

The **Insurance Information** dialog box, which you access from the Family File, has a refreshed look and a more organized layout.



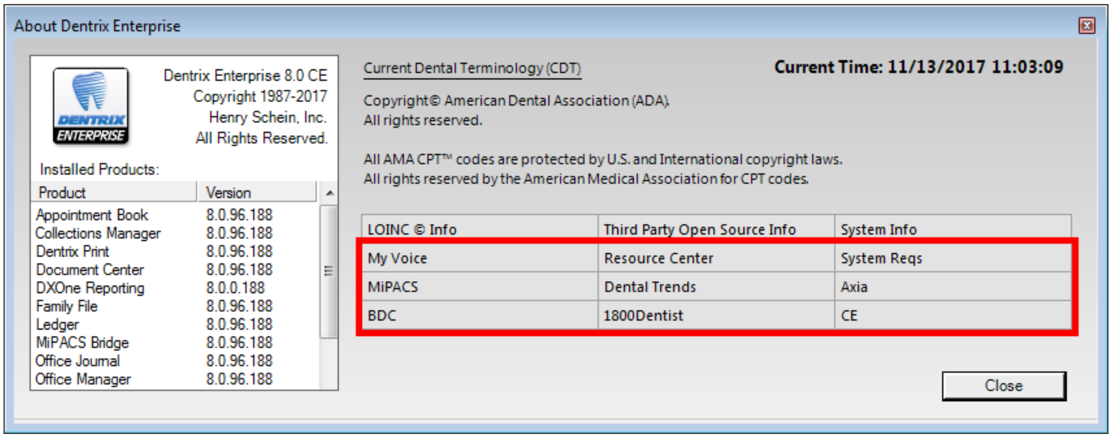
Tooth Numbers

When entering or editing a payment or a credit, you can now view the applicable tooth number to help ensure correct allocation.

Date	Encounte...	Code	Th	Patient	Provider	Clinic	Charge	Other ...	Guar ...	Applied	Balance
07/29/14*		D6240	6	Brent Crosby	DESMITH	AF	750.00	0.00	750.00	0.00	750.00
07/29/14*		D6240	7	Brent Crosby	DESMITH	AF	750.00	0.00	750.00	0.00	750.00
07/29/14*		D6750	5	Brent Crosby	DESMITH	AF	750.00	0.00	750.00	0.00	750.00
07/29/14*		D6750	8	Brent Crosby	DESMITH	AF	750.00	0.00	750.00	0.00	750.00
07/29/14*		D7111	31	Brent Crosby	DESMITH	AF	71.00	0.00	14.20	0.00	71.00
03/10/15*		D0110		Brent Crosby	DESMITH	CENTRAL	165.00	0.00	0.00	0.00	165.00
03/10/15*		D7285		Brent Crosby	DESMITH	CENTRAL	165.00	0.00	165.00	0.00	165.00
03/30/15*		D2750	4	Brent Crosby	DESMITH	CENTRAL	850.00	0.00	0.00	0.00	850.00
03/30/15*		POCHK		Brent Crosby	DESMITH	CENTRAL	100.00	0.00	100.00	0.00	100.00
04/17/15*		D0150		Brent Crosby	DESMITH	AF	185.00	0.00	185.00	0.00	185.00
04/17/15*		D1110		Brent Crosby	DESMITH	AF	165.00	0.00	165.00	0.00	165.00
03/14/17		D0120		Brent Crosby	DESMITH	AF	155.00	0.00	0.00	0.00	155.00
03/14/17		D1110		Brent Crosby	DESMITH	AF	165.00	0.00	0.00	0.00	165.00
11/13/17		D3110	14	Brent Crosby	DESMITH	AF	160.00	0.00	0.00	0.00	160.00

Custom Links

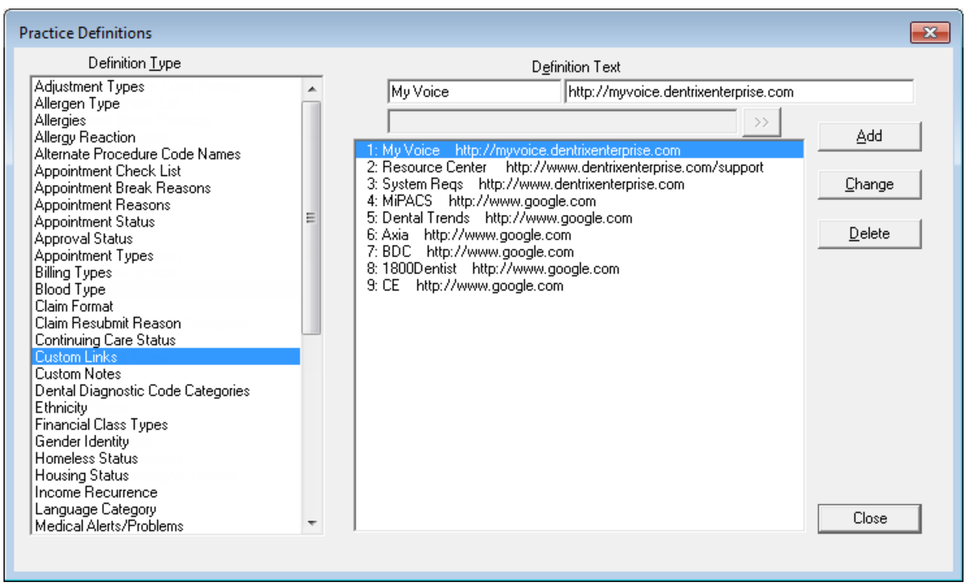
You can now define custom links to websites that will appear in the **About Dentrix Enterprise** dialog box, which you can access from the **Help** menu of any module. For example, links to the Resource Center and My Voice are provided by default.



To add, edit, and delete a custom link

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

   The **Practice Definitions** dialog box appears.



2. From the **Definition Type** list, select **Custom Links**.
3. Do any of the following:
   - **Add a definition** – With an existing definition selected, under **Definition Text**, type a brief description of the link in the first field, and type the website address of the link in the second field. Click **Add**.
   - **Edit a definition** – Select a definition. Under **Definition Text**, change the brief description of the link, and/or change the website address of the link. Click **Change**. On the confirmation message that appears, click **Yes**.
   - **Delete a definition** – Select a definition. Click **Delete**. On the confirmation message that appears, click **Yes**.

Active Directory Single Sign On

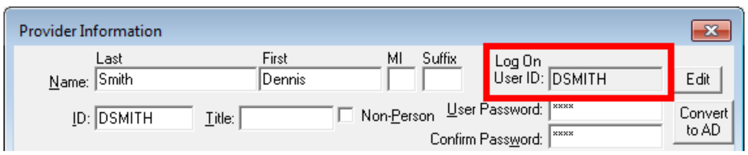
With the new integration of Lightweight Directory Access Protocol (LDAP) with Dentrix Enterprise, after you sign in to Windows, you can log in to Dentrix Enterprise without entering a user name and password.

Important: Once you turn on and configure single sign on (SSO) for Dentrix Enterprise, you cannot go back to using Dentrix Enterprise without SSO.

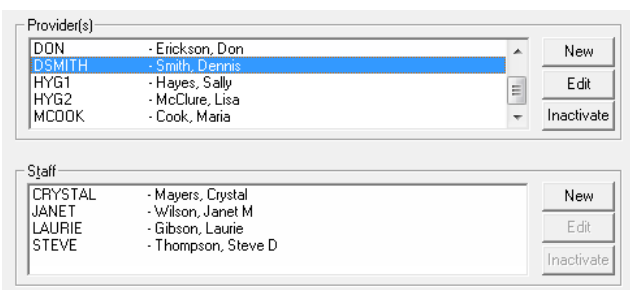
GETTING STARTED

To get started using SSO, do the following:

1. Every user who will be allowed to log in to Dentrix Enterprise must have a Dentrix Enterprise user account and an Active Directory (AD) user account.
2. Designate a Dentrix Enterprise user account to be the super user account. That super user will have rights to all parts of Dentrix Enterprise in every clinic.
   - You will need to know that super user's AD user name and Dentrix Enterprise **Log On User ID** (the SQL user ID, which may be different than the Dentrix Enterprise **ID** for that user).



   - Also, you must know whether that super user is entered into Dentrix Enterprise as a provider or as a staff member.



3. To have SSO turned on for your organization, contact Dentrix Enterprise Customer Support at 1-800-DSCHEIN, option 4.
4. Once the super user opens Dentrix Enterprise, he or she can link other user accounts to AD user accounts and make other super users. Any super user in Dentrix Enterprise can link user accounts to AD user accounts and make other super users. With SSO turned on, a user will not be able to log in to Dentrix Enterprise until his or her user account has been linked to an AD user account. You must link users one at a time.

Note: Even though you will no longer enter credentials to log in to Dentrix Enterprise, you will still be required to enter your AD credentials when signing clinical notes and when entering temporary overrides for users to do tasks that they do not have rights to do normally.

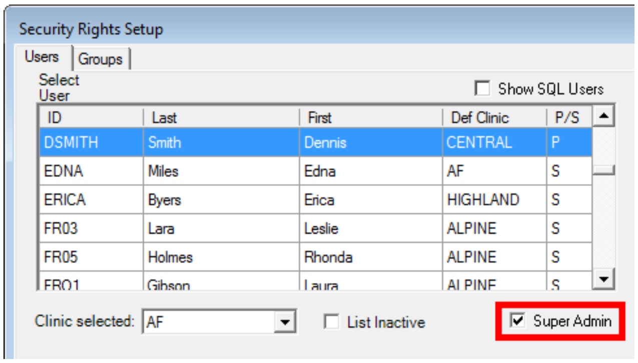
MAKING SUPER USERS

A super user is a user who has rights to all parts of Dentrix Enterprise in every clinic. A super user in Dentrix Enterprise can link user accounts to Active Directory (AD) user accounts and make other super users.

To make a super user

1. While logged in to any clinic as a super user, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup** > **Security Setup**, and then click **Security Rights Setup**.

   The **Security Rights Setup** dialog box appears. The **Users** tab is selected by default.

2. From the **Select User** list, select a user.
3. Select the **Super Admin** check box.

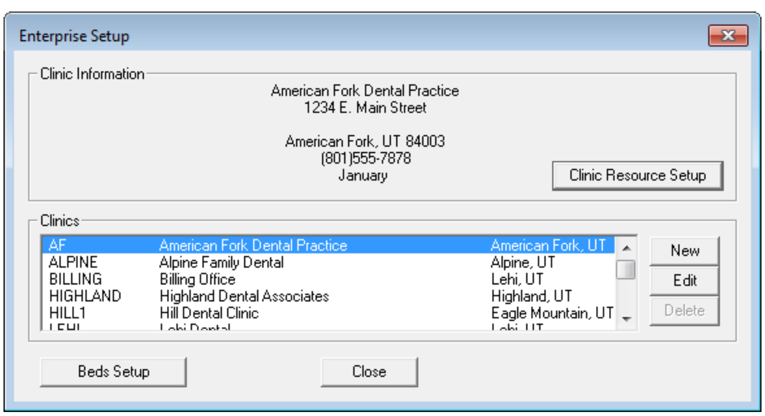
LINKING USERS TO ACTIVE DIRECTORY

In Dentrix Enterprise, only a super user can link user accounts to Active Directory (AD) user accounts.

To link users to Active Directory

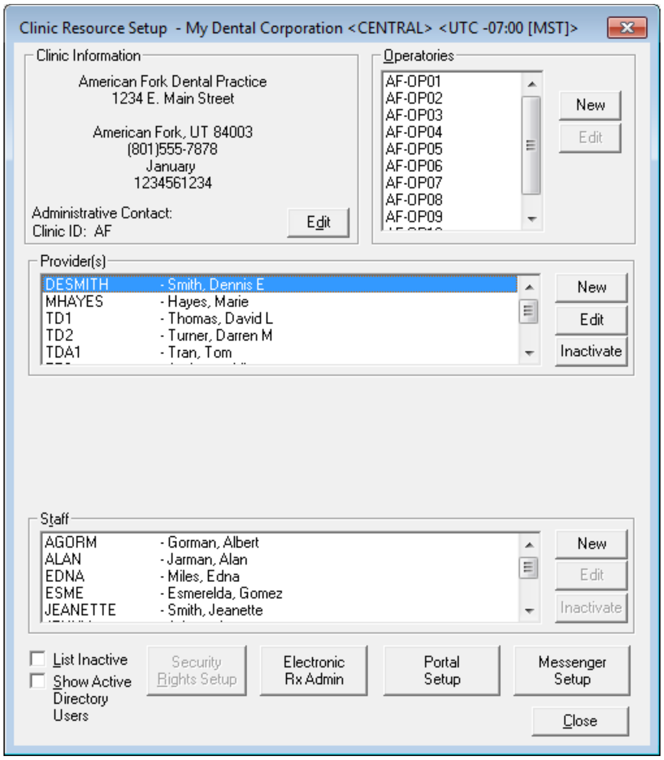
1. While logged in to the Central clinic as a super user, in the Office Manager, from the **Maintenance** menu, point to **Practice Setup**, and then click **Enterprise Setup**.

   The **Enterprise Setup** dialog box appears.

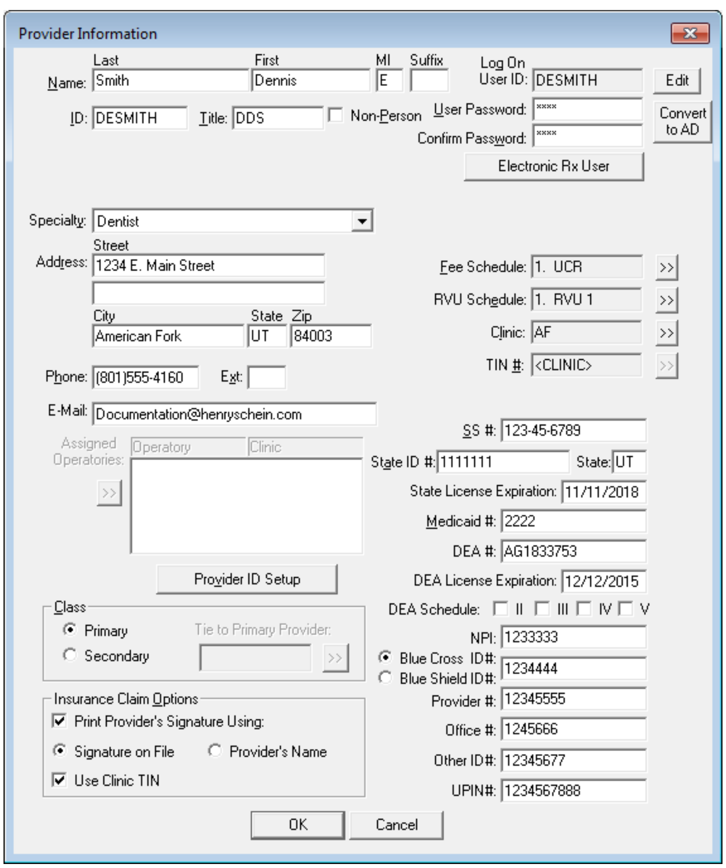
2. From the **Clinics** list, select a clinic.
3. Under **Clinic Information**, click **Clinic Resource Setup**.

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



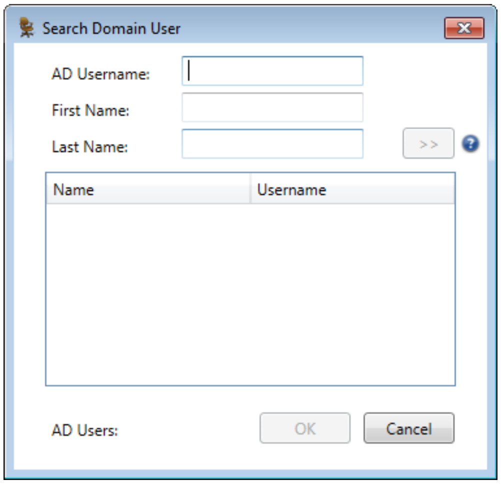
4. From the **Provider(s)** or **Staff** list, select a user, and then click the corresponding **Edit** button.

   The **Provider Information** (or **Staff Information**) dialog box appears.



5. In the upper-right corner of the dialog box, click **Convert to AD**.

   The **Search Domain User** dialog box appears.

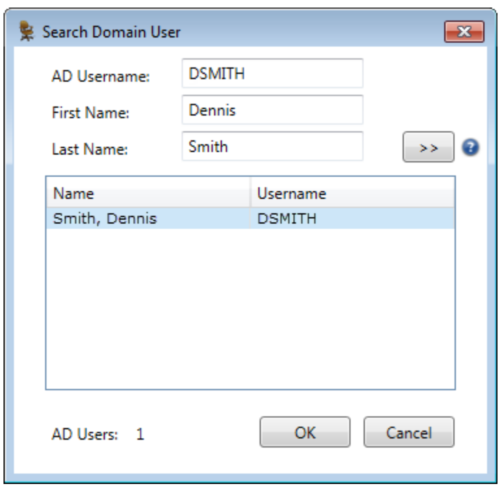


6. Type the **AD Username** (or at least the first three characters), **First Name**, and/or **Last Name** of the user to search for.

   Note: You must type at least three characters in the **AD Username** field if you are searching by the user's AD user name. You must type at least two characters in the **First Name** or **Last Name** field if you are searching by the user's first or last name.

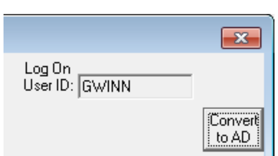
7. Click the search button .

   The AD users that match your search criteria appear in the list.



8. Select a user.
9. Click **OK**.

   Note: In the **Provider Information** dialog box, the password fields are no longer available.



10. Click **OK**.
11. Repeat steps 4 – 10 as needed to link other user accounts in this clinic to AD user accounts.
12. In the **Clinic Resource Setup** dialog box, click **Close**.
13. Repeat steps 2 – 12 as needed to link other user accounts in other clinics to AD user accounts.
14. In the **Enterprise Setup** dialog box, click **Close**.

Custom Clinic Details on Statements

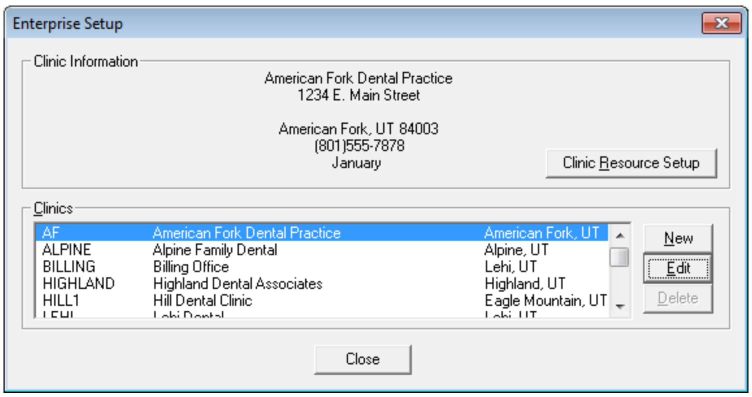
For each clinic, you can specify the clinic information that appears in the upper-left corner of printed billing statements that are generated from that clinic. You can specify the clinic or provider name, clinic address, and clinic phone number separately, and each clinic can have different settings. The billing information you specify will also affect electronic statements that are sent using QuickBill.

Important: This functionality requires a certain global setting to be turned on. A Dentrix Enterprise Customer Support technician can turn on this global setting for your organization.

To customize the billing information for all clinics

1. To set up the statement options for all clinics, while logged in to the Central clinic, from the **Maintenance** menu, point to **Practice Setup**, and then click **Enterprise Setup**.

   The **Enterprise Setup** dialog box appears.

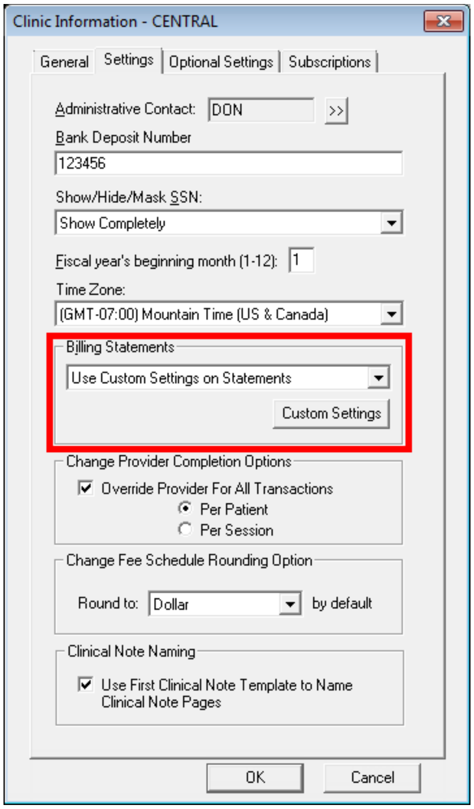
   

2. For each clinic in the **Clinics** list, do the following:

   a. Select the clinic, and then click **Edit**.

      The **Clinic Information** dialog box appears.

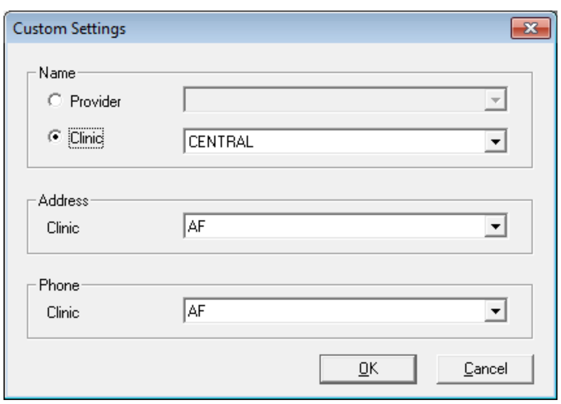
      Note: If you don't have security access to the Central clinic, for example, or if each clinic is allowed to choose which statement options will work best for that office, you can log in to a clinic other than the Central clinic and set up the statement options for that clinic. While logged in to that clinic, from the **Maintenance** menu, point to **Practice Setup**, and then click **Clinic Resource Setup**. To open the **Clinic Information** dialog box, under **Clinic Information**, click **Edit**.



b. On the **Settings** tab, from the list under **Billing Statements**, select **Use Custom Settings on Statements**.

The **Custom Settings** dialog box appears.

Note: If **Use Custom Settings on Statements** is already selected, and you want to change the settings, click the **Custom Settings** button to open the **Custom Settings** dialog box.



c. Set up the following options:

- **Name** – Specify whether you want to use a provider's name or a clinic's name, and then select the desired provider or clinic from the corresponding list.
- **Address** – Select the clinic whose address you want to use.
- **Phone** – Select the clinic whose phone number you want to use.

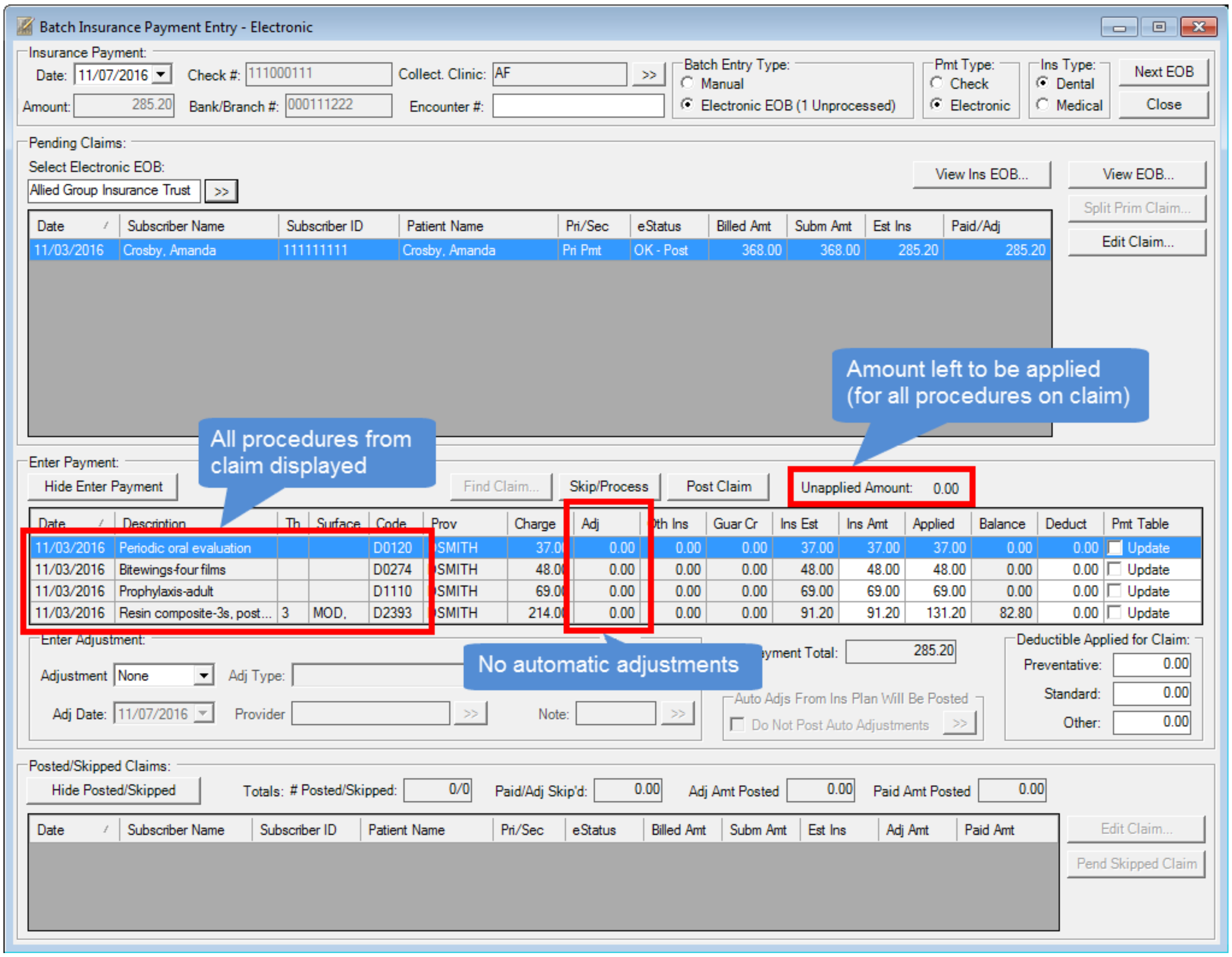
d. Click **OK**.

e. In the **Clinic Information** dialog box, click **OK**.

3. When you are finished, in the **Enterprise Setup** dialog box, click **Close**.

835 EOB Import Utility

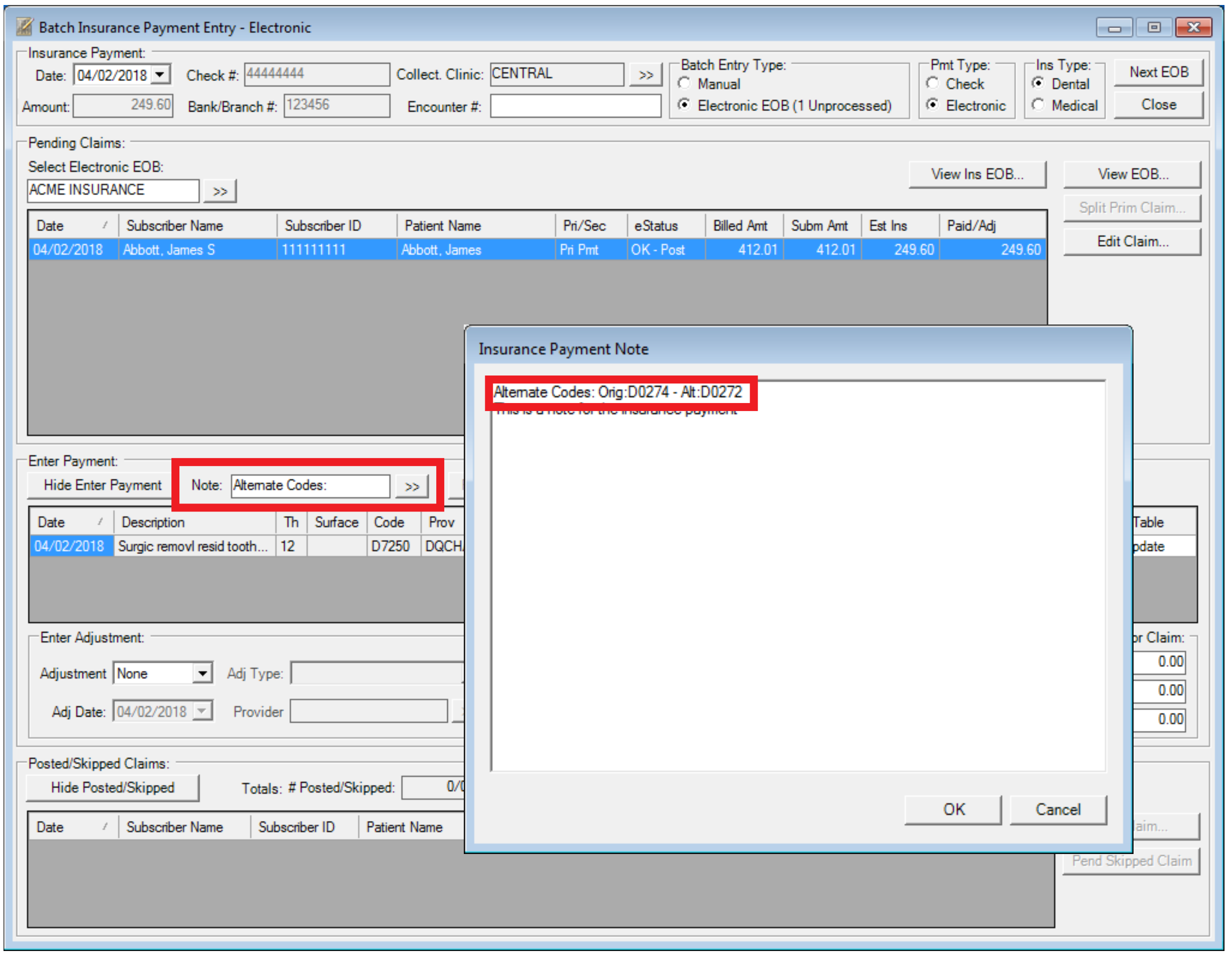
If you use this add-on feature to post a batch of insurance payments from electronic EOBs, the **Batch Insurance Payment Entry** dialog box now shows all the procedures associated with the claim for a given EOB not just the procedures on the EOB. Consequently, if the payer pays for an alternate procedure code (alternate benefits), the utility automatically applies the amount paid for the alternate procedure code to the procedure code that was originally billed on the claim. Also, for now, the utility no longer creates automatic adjustments for write-offs or refunds.



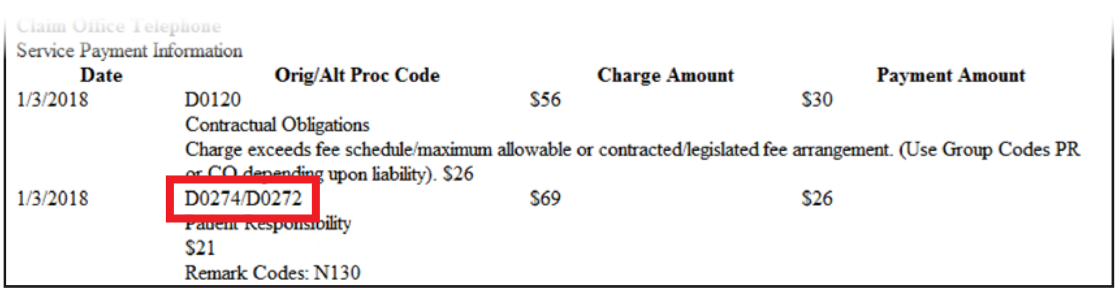
HANDLING ALTERNATIVE BENEFITS

If you use this add-on feature to post a batch of insurance payments from electronic EOBs, in the **Batch Insurance Payment Entry** dialog box, the 835 import utility now automatically adds a note to an insurance payment if the payor pays for alternate procedure codes (alternative benefits). The note includes the procedure codes that were originally billed on the claim and their corresponding alternate procedure codes. Also, if you have the setting turned on that automatically copies an electronic EOB (in a readable format) to a patient's Document Center when you import an 835 file, the document in the Document Center contains the original and alternate codes (if any).

After you have imported an 835 file, when you click **Post Claim** in the **Batch Insurance Payment Entry** dialog box, if the payor has paid on any alternate procedure codes, the original codes and the alternate codes are inserted automatically at the beginning of the insurance payment note.



Also, if the electronic EOB has been copied to a patient's Document Center automatically, the document in the Document Center contains the original and alternate codes (if any).


Claim Office Telephone
Service Payment Information

Date	Orig/Alt Proc Code	Charge Amount	Payment Amount
1/3/2018	D0120	$56	$30
	Contractual Obligations Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability). $26		
1/3/2018	D0274/D0272	$69	$26
	Patient Responsibility $21 Remark Codes: N130		

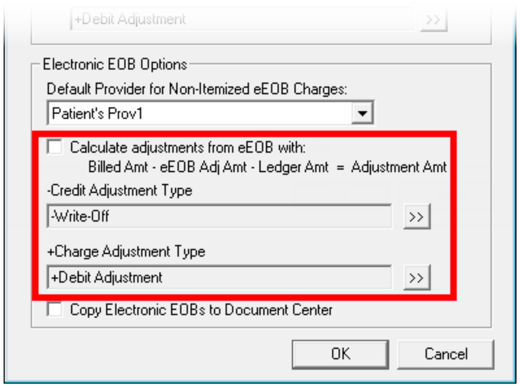
SETTING UP ELECTRONIC EOB OPTIONS

For the 835 EOB import utility, can specify if credit adjustments will be applied automatically and the default adjustment types.

To set up the options for electronic EOBs

1. In the Ledger, from the **File** menu, click **Set Auto Credit Allocation Options**.

   The **Set Automatic Credit Allocation Options** dialog box appears.



2. Under **Electronic EOB Options**, set up the following options:
   - **Calculate adjustments from eEOB with** – To have credit adjustments be calculated and applied automatically to procedures on electronic EOBs, select this check box. An automatic credit adjustment for a procedure is calculated as the amount billed to insurance, minus the adjustment amount on the EOB, minus the amount posted in the Ledger. However, an automatic credit adjustment will be calculated only if the electronic EOB has a corresponding adjustment that references a CO code of 45 or 131. To not allow automatic credit adjustments for electronic EOBs, clear this check box.
   - **-Credit Adjustment Type** – Click the search button >> to select the default adjustment type to use for credit adjustments in the **Batch Insurance Payment Entry** dialog box.
   - **+Charge Adjustment Type** – Click the search button >> to select the default adjustment type to use for charge adjustments in the **Batch Insurance Payment Entry** dialog box.
3. Click **OK**.

POSTING A BATCH OF INSURANCE PAYMENTS FROM EOBS

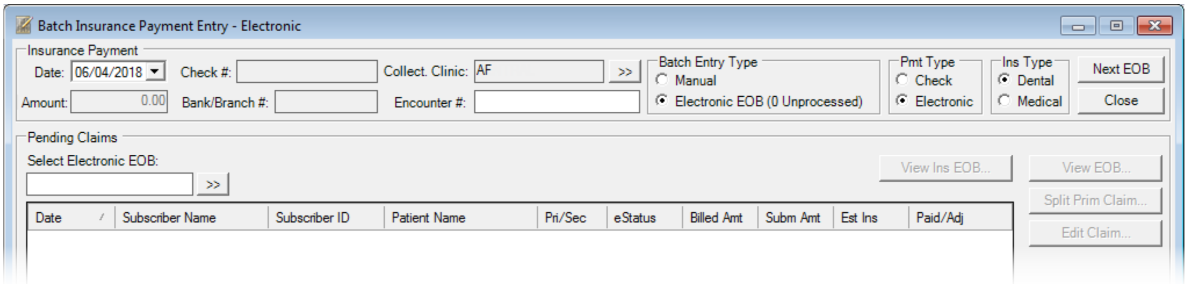
With the 835 EOB import utility, you can import EOBs (in the 835 X12 4010 standard format) and post multiple insurance payments to multiple patients' accounts. Also, you can quickly apply adjustments to payments for procedures on EOBs.

Important: Do not import an EOB until you have received the applicable check from the payor or verified that the applicable funds have been transferred through an EFT.

To post a batch of insurance payments from EOBs

1. In the Ledger, from the **File** menu, click **Enter Batch Ins. Payment**.

   The **Batch Insurance Payment Entry** dialog box appears.



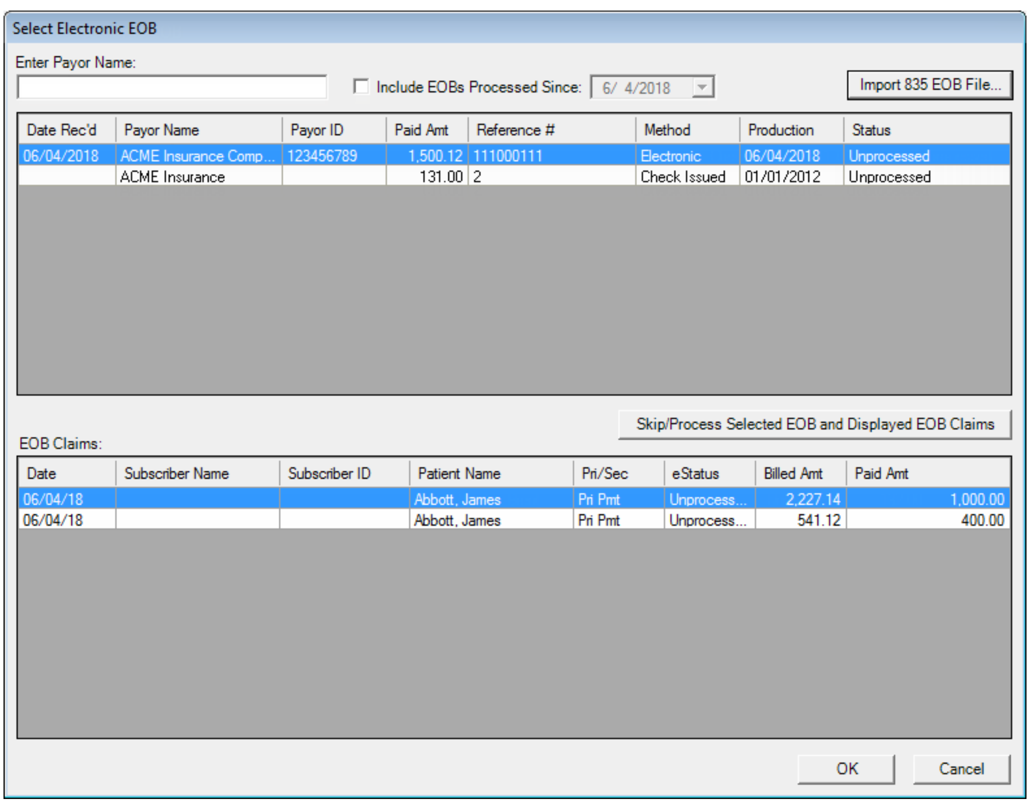
2. Under **Batch Entry Type,** select **Electronic EOB**.
3. Set up the following options:
    - **Pmt Type** – Select **Check** if a check was mailed to the office, or select **Electronic** if payment was received through an electronic funds transfer (EFT).
    - **Collect. Clinic** – Click the search button to select the clinic that is collecting the payment.
    - **Ins Type** – Select **Dental**.

      Important: You can import eEOBs for only dental claims that you submit through eClaims. eClaims does not support medical eEOBs.

   Note: The **Amount**, **Check #**, and **Bank/Branch #** are not available if **Electronic EOB** is selected as the **Batch Entry Type**. That information will appear once an EOB is imported (see steps 4 – 6).

4. Under **Pending Claims**, click the **Select Electronic EOB** search button .

   The **Select Electronic EOB** dialog box appears.



5. To import EOBs, do the following:
    a. To import 835 files that were previously downloaded, click **Import 835 EOB File** to locate and select those 835 files.

b. Click **Open**.

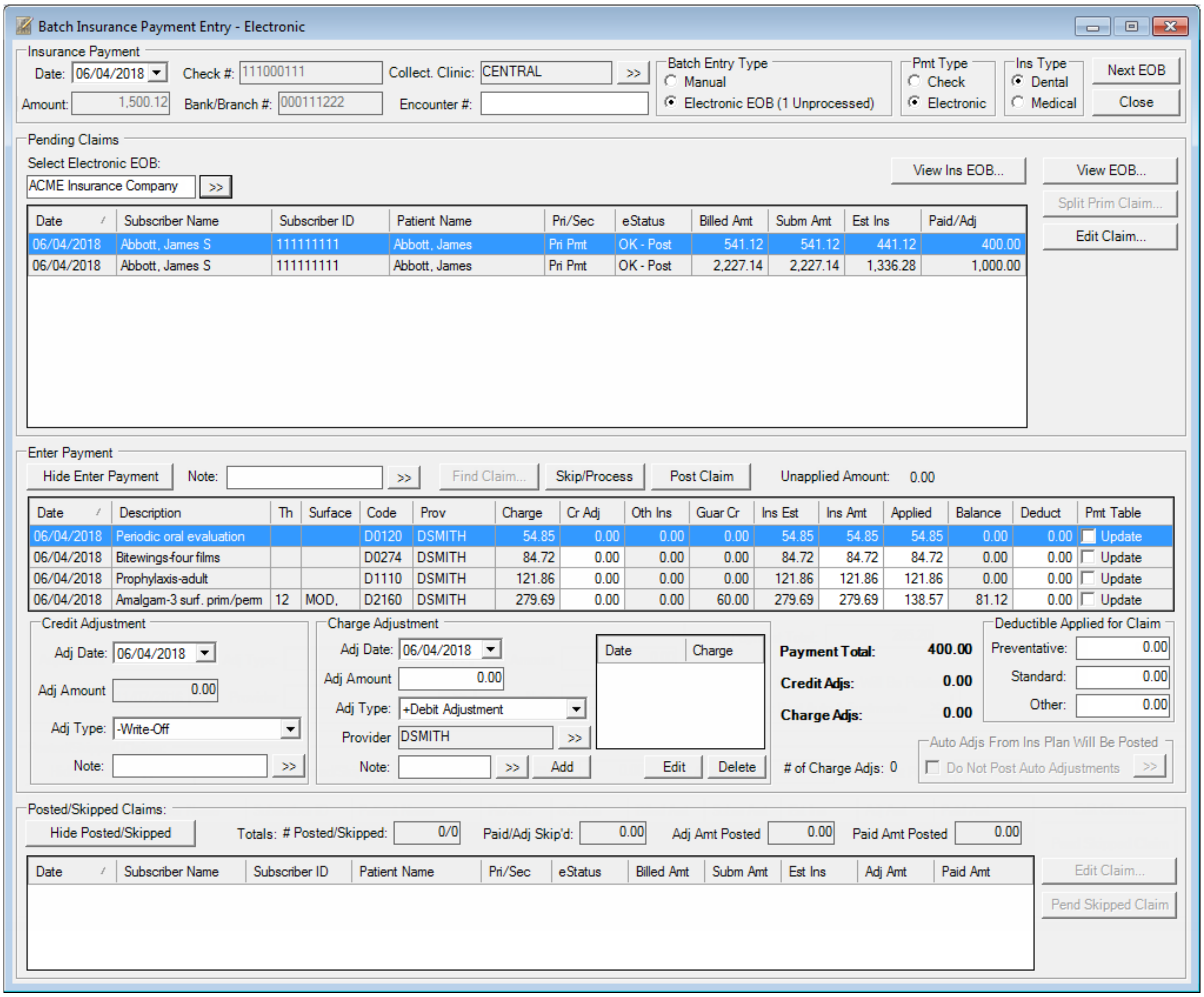
The **Importing EOBs** dialog box appears, and the EOBs you selected are processed.

c. Click **Save Imported Records**, and then click **Close**.

By default, Dentrix Enterprise saves the log file when you click **Save Imported Records** or **Close**.

6. Select an EOB from the top list box, and then click **OK**.

You are returned to the **Batch Insurance Payment Entry** dialog box, and a list of all claims on the selected EOB appear.



7. For each claim associated with the EOB selected in step 4 – 6, under **Pending Claims**, perform any of the following tasks as needed:

- To view EOBs imported into the Document Center for the payor, click **View Ins EOB**.
- To view EOBs imported into the Document Center for the patient, click **View EOB**.
- To split a claim into two claims in order to post a partial insurance payment, select the desired claim, and then click **Split Prim Claim**.
- To view a claim, edit claim information, or enter a dental or medical insurance payment, select the desired claim, and then click **Edit Claim**.
- To enter a payment, adjustments, and other details, select the desired claim, and then follow the instructions as explained in steps 8–9.

Note: To skip the processing of the claim, click **Skip/Process**. Ignore steps 8–9.

8. For the claim selected in step 7, under **Enter Payment**, perform any of the following tasks as needed:

- To enter or change the credit adjustment for each procedure, select a procedure; in the **Cr Adj** column, double-click the corresponding box; type the correct amount; and then either click the check mark, or press Enter. The next procedure is selected, and the next box down in the same column becomes active, so you can enter the adjustment for each procedure in succession. Repeat as needed until you have entered the adjustment for all applicable procedures. The total amount of all credit adjustments for the selected claim will be posted as a single credit adjustment, using the date, type, and note as displayed under **Credit Adjustment** (which is below the procedure list). You can change the adjustment's details as needed.

  Note: A credit adjustment may be calculated automatically for a procedure according to the setting in the **Set Automatic Credit Allocation Options** dialog box.

- To enter or change the details of the **Credit Adjustment** for the claim, do the following:
  - **a.** Change the **Cr Adj** for each procedure. The total of those credit adjustments appears in the **Adj Amount** box.
  - **b.** By default, the date of the adjustment is today's date, but you can specify a different date as the **Adj Date**.
  - **c.** Select the type of adjustment from the **Adj Type** list. The default selection is determined by the setting in the **Set Automatic Credit Allocation Options** dialog box.
  - **d.** To enter a note for the adjustment, either type in the **Note** box directly; or click the **Note** search button, type the note, and then click **OK**.

  Note: The adjustment is attached to the claim, has the claim ID associated with it, and is viewable from the claim window.

- To change the amount insurance is supposed to pay for each procedure (the actual insurance portion, not the estimated insurance portion), select a procedure; in the **Ins Amt** column, double-click the corresponding box; type the correct amount; and then either click the check mark, or press Enter. The next procedure is selected, and the next box down in the same column becomes active, so you can enter the insurance amount for each procedure in succession. Repeat as needed until you have entered the insurance amount for all applicable procedures.
- To change the amount of the payment that is to be applied to each procedure, select a procedure; in the **Applied** column, double-click the corresponding box; type the correct amount; and then either click the check mark, or press Enter. The next procedure is selected, and the next box down in the same column becomes active, so you can enter the applied amount for each procedure in succession. Repeat as needed until you have entered the applied amount for all applicable procedures.
- To enter the amount of the deductible that is to be applied to each procedure, select a procedure; in the **Deduct** column, double-click the corresponding box; type the correct amount; and then either click the check mark, or press Enter. The next procedure is selected, and the next box down in the same column becomes active, so you can enter the applied deductible for each procedure in succession. Repeat as needed until you have entered the applied deductible for all applicable procedures.
- To update the payment table for a procedure (only if a deductible is not being applied and if the maximum benefit has not been exceeded), in the **Pmt Table** column, select **Update**. Repeat as needed for other procedures.
- To add a **Charge Adjustment** (you can have multiple per claim), do the following:
  - **a.** By default, the date of the adjustment is today's date, but you can specify a different date as the **Adj Date**.
  - **b.** Type the amount of the adjustment in the **Adj Amount** box.

c. Select the type of adjustment from the **Adj Type** list.

d. To attach a provider to the adjustment, click the **Provider** search button >> to select the correct provider.

e. To enter a note for the adjustment, either type in the **Note** box directly; or click the **Note** search button >>, type the note, and then click **OK**.

f. Click **Add**.

Note: The adjustments are attached to the claim, have the claim ID associated with them, and are viewable from the claim window.

- To edit a **Charge Adjustment**, do the following:
  a. Select an item in the list (the **Date** and **Charge** for each item in the list appear for your reference).
  b. Click **Edit** to populate the details of that adjustment in the boxes to the left of the lst.
  c. Change the **Adj Date**, **Adj Amount**, **Adj Type**, **Provider**, and **Note** as needed.
  d. Click **OK**. (The label of the **Add** button changes to **OK** when you are editing an adjustment.)
- To delete a **Charge Adjustment**, do the following:
  a. Select an item in the list (the **Date** and **Charge** for each item in the list appear for your reference).
  b. Click **Delete**. The adjustment is deleted without confirmation.
- To modify the deductibles being applied for the claim, under **Deductible Applied for Claim**, change the values for **Standard**, **Preventive**, and/or **Other** as needed.
- If you have set up automatic adjustments for the insurance plan but don't want to post those adjustments, under **Auto Adjs From Ins Plan Will Be Posted**, select **Do Not Post Auto Adjustments**. With this check box selected, only adjustments on the EOB will be posted automatically as applicable, according to the setting in the Set Automatic Credit Allocation Options dialog box.
- To document information regarding the insurance payment, either type in the **Note** box directly; or click the **Note** search button >>, type the note, and then click **OK**.

9. Click **Post Claim**.

   Notes:

   - If you attempt to select another claim under **Pending Claims**, attempt to close the **Batch Insurance Payment Entry** dialog box, or click **Next EOB**, after having made any changes to the amounts (such as **Cr Adj** and **Applied**) for any procedure under **Enter Payment** without clicking **Post Claim**, a message appears. To post the claim with the changes before switching to the other claim, closing the dialog box, or clearing the dialog box for the next check, click **Post the Claim and Continue**; to discard the changes for the claim and continue, click **Continue without Posting**; or to keep the changes and return to the dialog box with the claim still selected, click **Cancel**.
   - If the payor pays for alternate procedure codes (alternative benefits), the utility automatically inserts a note to at the beginning of the insurance payment note. The note includes the procedure codes that were originally billed on the claim and their corresponding alternate procedure codes.
   - If you have the option selected in the **Set Automatic Credit Allocation Options** dialog box that automatically copies an electronic EOB (in a readable format) to a patient's Document Center when you import an 835 file, the document in the Document Center contains the original and alternate codes (if any).

10. Repeat steps 4–9 until you have entered all of the insurance payments from a single check or EFT.

Notes:

- If you attempt to close the **Batch Insurance Payment Entry** dialog box before you have finished posting claims for the insurance payment, a message appears. To save the batch entry session so that you can resume it later, click **Yes**, type a **Pending Session Name** to help you identify the session later, and then click **OK**.
- If you attempt to close the **Batch Insurance Payment Entry** dialog box, or click **Next EOB**, while the **Amount** under **Insurance Payment** differs from the **Paid Amt Posted** under **Posted/Skipped Claims**, a message appears. To return to the batch entry session so that you can reconcile the difference, click **Cancel**; to exit the batch entry session because you will return later to reconcile the difference, click **Yes**; or to exit the batch entry session and either complete or not complete the payment, click **No**. If you click **No**, on the next message that appears, select either **No** (if you will reconcile the payment later) or **Yes** (if you are done with the payment), and then click **OK**.
- Any claims posted as explained in steps 4–9 appear under **Posted/Skipped Claims**. To edit the details of a claim, select the claim, and then click **Edit Claim**. For any claim that was skipped instead of posted (**Skip/Process** was clicked instead of **Post Claim**), to mark that claim as pending for payment entry, select the claim, and then click **Pend Skipped Claim**.
- Closing the Ledger window before returning to a saved batch entry session will end the session. However, all payments posted prior to closing the **Batch Insurance Payment Entry** dialog box remain posted to the individual accounts.
- To resume a saved batch entry session, in the **Batch Insurance Payment Entry** dialog box, click **Pending Sessions**, select the desired session, and then click **OK**.

11. When you have finished entering the payments for one check and are ready to enter another, click **Next EOB** to clear the dialog box of all entries and open the **Select Electronic EOB** dialog box so that you can attach another insurance payment to multiple claims.

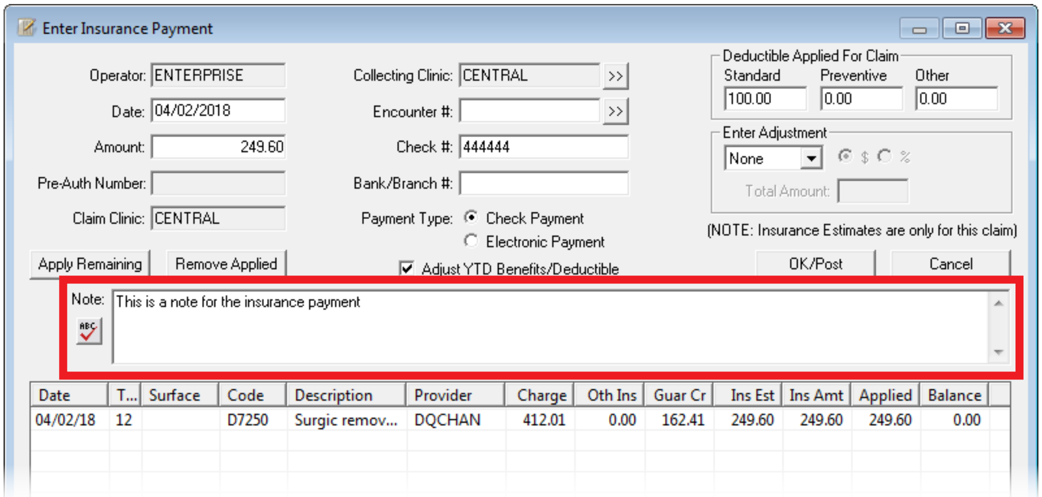
For processed EOBs, insurance payments appear in the patients' Ledgers, and the status of the associated claims changes to "Received."

Insurance Payment Notes

You can now add notes to insurance payments (posted individually or in a batch).

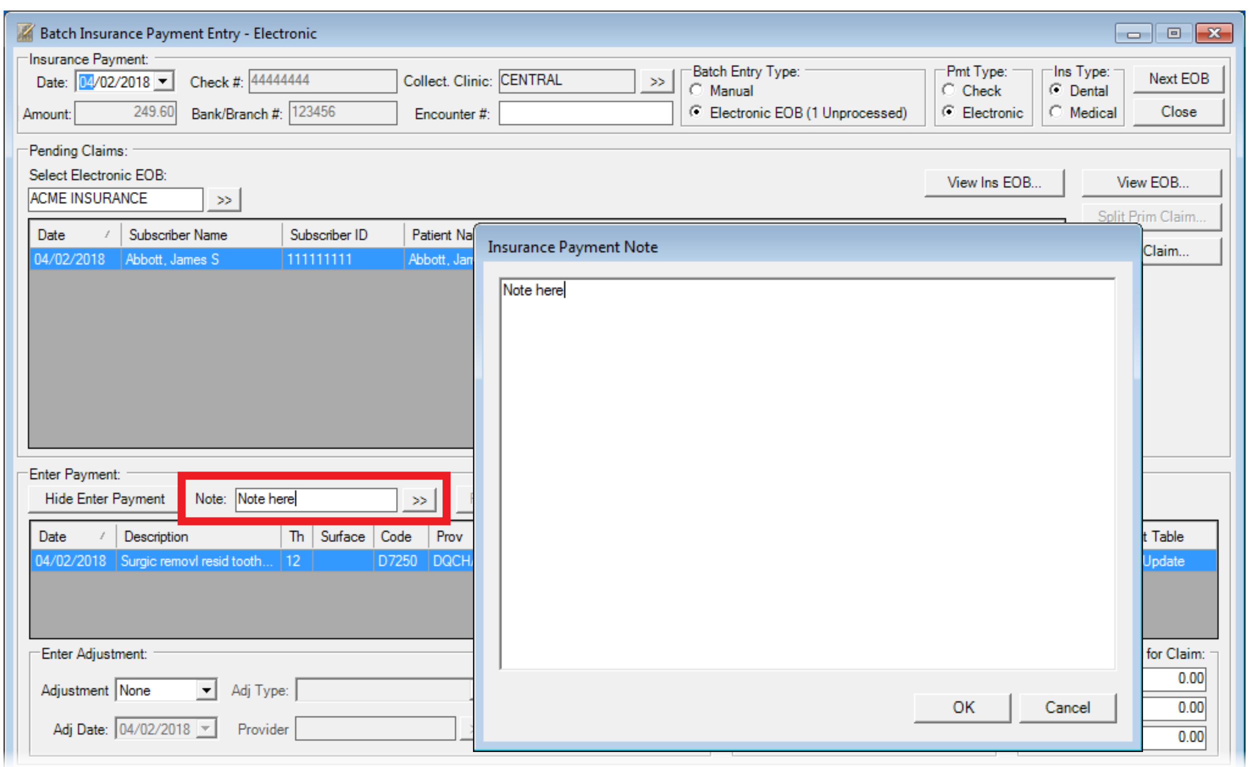
ADDING NOTES TO INSURANCE PAYMENTS

You can enter and edit a note for an insurance payment. Additionally, there is a spellcheck feature for the notes. As with the notes for guarantor payments, you cannot edit the notes for insurance payments in history (in a closed out month).



ADDING NOTES TO BATCH INSURANCE PAYMENTS

When you are posting either a manual or an electronic insurance payment from the **Batch Insurance Payment Entry** dialog box, you can enter and edit a note. Any notes entered here will also be available when viewing the corresponding insurance payments from the Ledger.



Axia and Corral

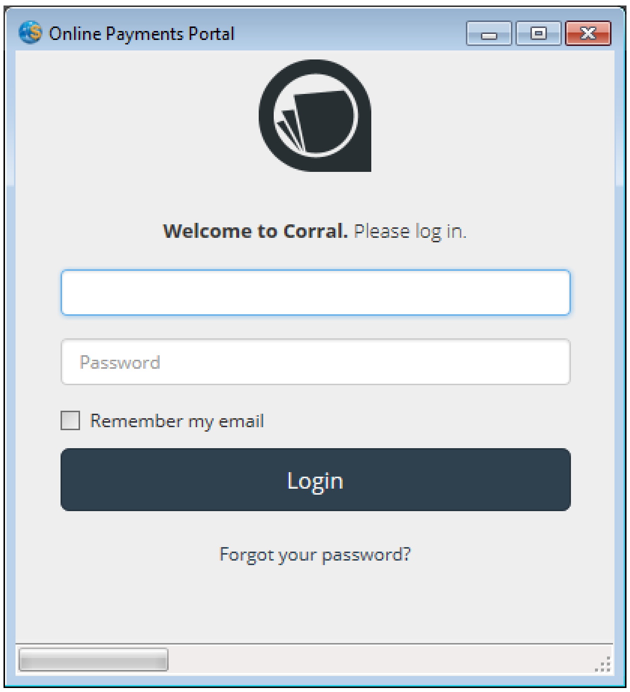
If your organization uses the Axia add-on (which can be purchased separately) for processing credit card payments, you and your patients can now make one-time or recurring payments online using your organization's online payments portal (which is hosted on the Corral website). Online payments go directly into Dentrix Enterprise as suspended credits.

You can access your organization's online payments portal from the Office Manager or Ledger in Dentrix Enterprise. From the portal, you can make payments, view transaction history, generate reports, manage notifications, view patient records, and manage your account.

To access your online payments portal

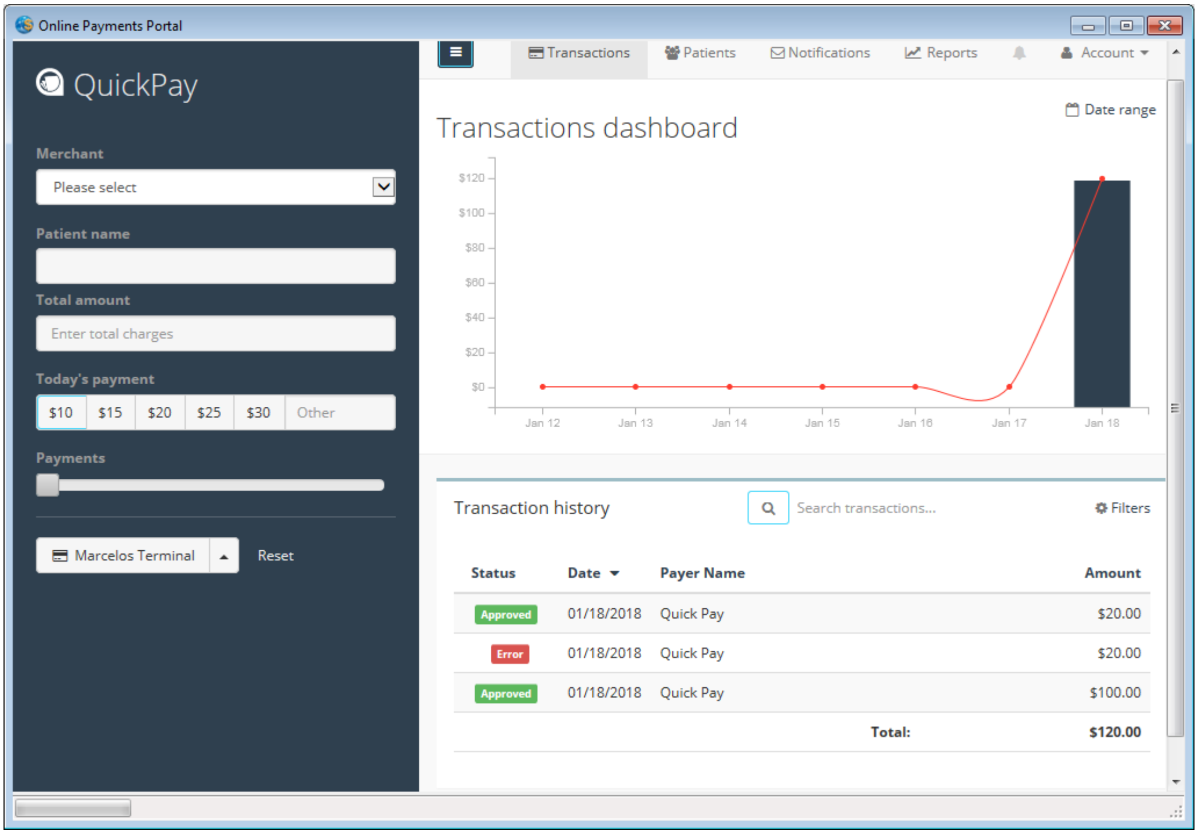
1. In the Office Manager or Ledger, from the **File** menu, click **Online Payment Portal**. Or, click the **Online Payment Portal** button on the toolbar.

   The **Online Payments Portal** window opens.



2. Log in with your Corral credentials.

   The portal opens, and the **Transactions dashboard** appears.


Online Payments Portal
QuickPay
Merchant
Please select
Patient name
Total amount
Enter total charges
Today's payment
$10 $15 $20 $25 $30 Other
Payments
Marcelos Terminal
Reset
Transactions
Patients
Notifications
Reports
Account
Transactions dashboard
Date range
Transaction history
Search transactions...
Filters
Status Date Payer Name Amount
Approved 01/18/2018 Quick Pay $20.00
Error 01/18/2018 Quick Pay $20.00
Approved 01/18/2018 Quick Pay $100.00
Total: $120.00

Suspended Credits Manager

If your organization uses the Axia add-on (which can be purchased separately) for processing credit card payments, online payments (through the Corral website) go directly into Dentrix Enterprise as suspended credits. From the new **Suspended Credits Manager** window in Dentrix Enterprise, you can apply credits to charges without having to open each patient's Ledger one at a time.

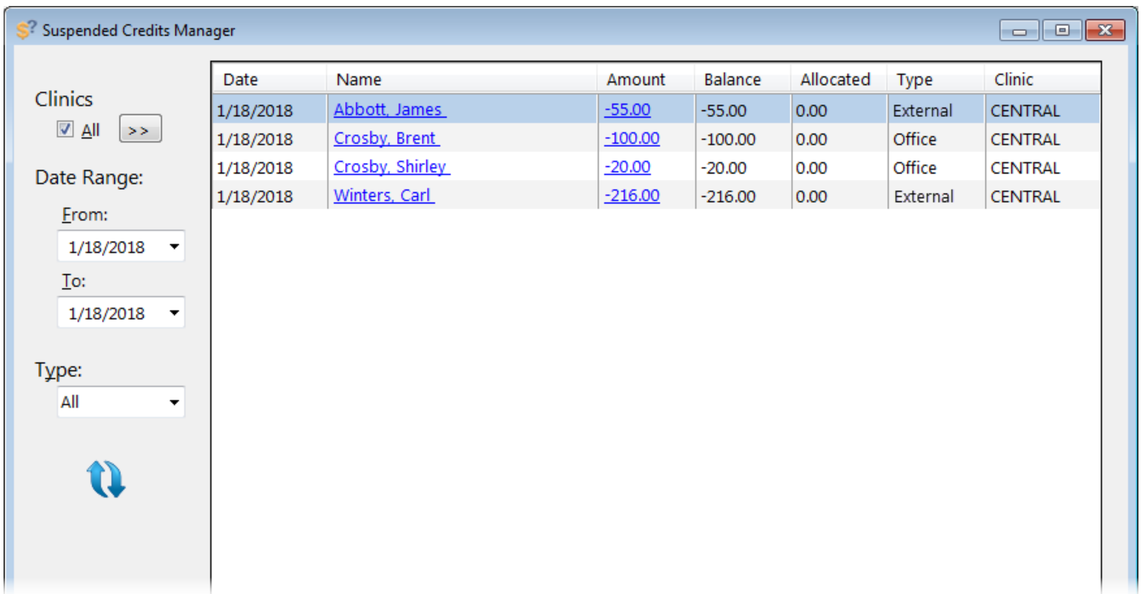
The Suspended Credits Manager is also available even if you do not use the Axia add-on, so you can manage suspended credits for all patients from a central area of Dentrix Enterprise.

Note: You can still apply suspended credits that are associated with a specific patient's account from that patient's Ledger without using the Suspended Credits Manager.

To apply suspended credits

1. In the Office Manager or Ledger, from the **File** menu, click **Suspended Credits Manager**. Or, click the **Suspended Credits Manager** button on the toolbar.

   The **Suspended Credits Manager** window opens.

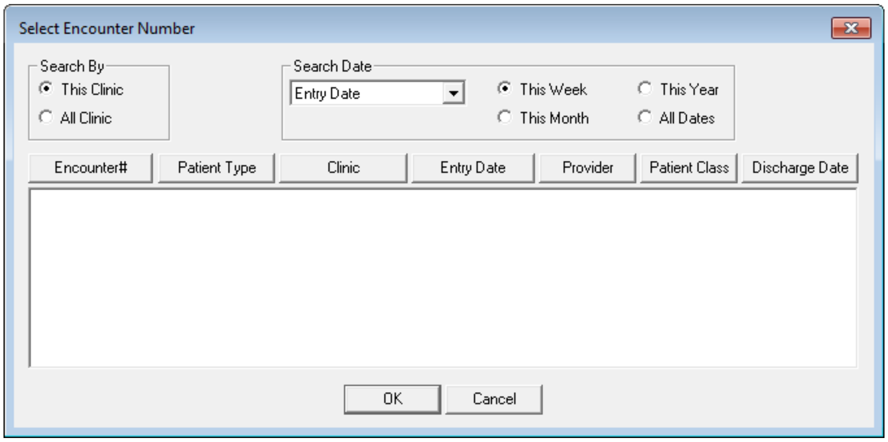


2. Set up the following filters as needed to filter the list of payments that have suspended credits:
   - **Clinics** – Select the **All** check box to include payments for any collecting clinic, or click the search button >> to select the desired clinics. By default, only the clinic that you are currently logged in to is selected.
   - **Date Range** – Leave today's date selected to include only payments made today, or change the **From** and **To** dates to include payments within the specified date range.
   - **Type** – Select **All** to include payments entered in Dentrix Enterprise and online, select **Office** to include only payments entered in Dentrix Enterprise, or select **External** to include only payments entered online.
3. To apply the selected filters, or ensure that you have the most recent payments listed, click the **Refresh** button.
4. Click an **Amount** (which appears as a link) to open the corresponding payment and apply it to charges on the patient's or family's account.

   Tip: You can click a patient's **Name** (which appears as a link) to open the corresponding patient's **More Information** window.

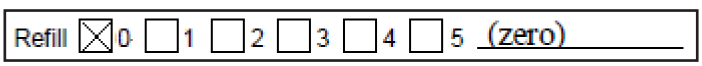
Select Encounter

Now, whether you are selecting an encounter number from the Appointment Book, a patient's Chart, or a clinical note, the search dialog box is now consistent across the application, and the dialog box now includes a column for the discharge date.



California Prescriptions

In an effort to help regulate the prescribing of controlled substances, the state of California is now requiring that prescriptions have numbered check boxes, instead of numbers to be circled, to specify the number of allowed refills.



Note: The text for the number of refills will still be spelled out on the line after the number 5.

The following prescription forms in Dentrix Enterprise have been updated accordingly:

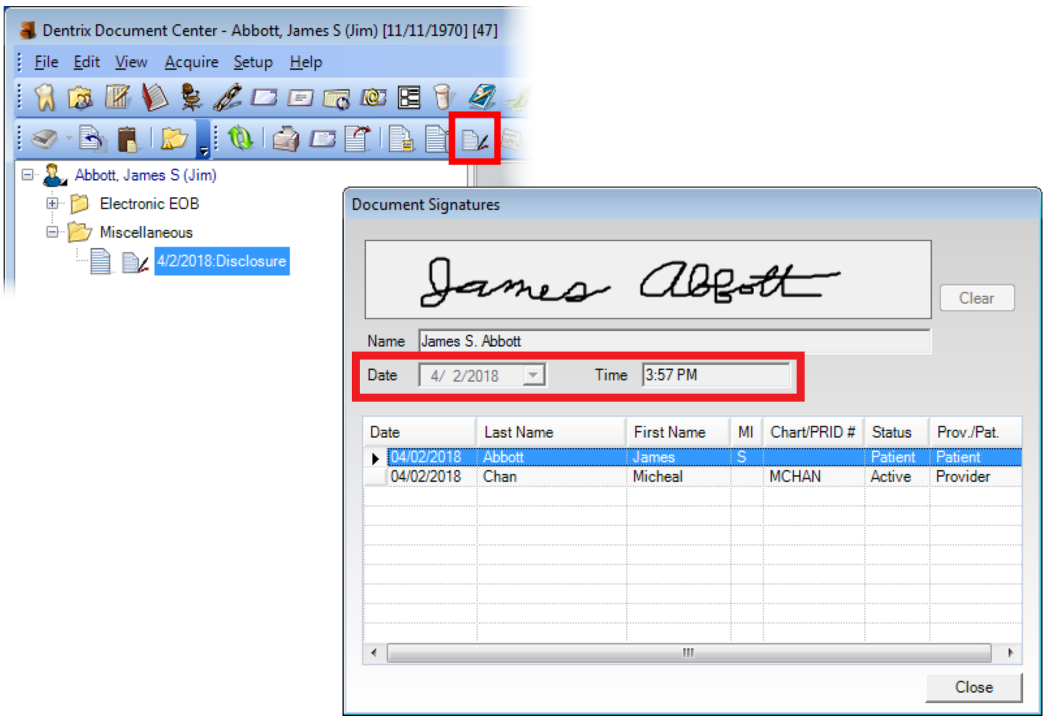
- CA Standard
- CA Full Sheet
- CA Half Sheet

Digital Signatures

You can now see the dates and times of digital signatures for signed Document Center files, Treatment Planner consent forms, and clinical notes. In previous versions of Dentrix Enterprise, you could see only dates.

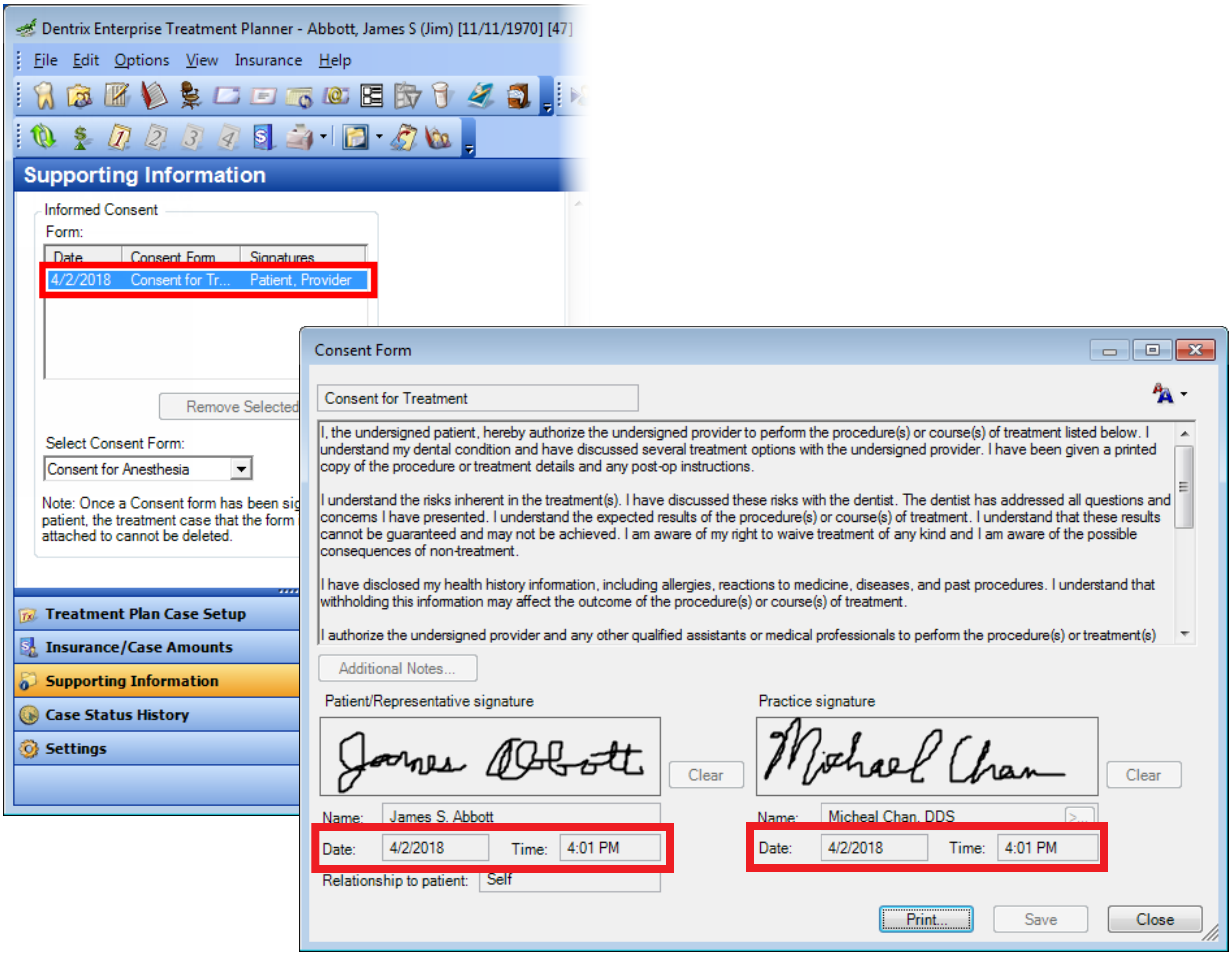
VIEWING DOCUMENT CENTER SIGNATURES

When you view the digital signatures for a signed document in the Document Center, for each signature selected, the date and time that the document was signed are displayed.



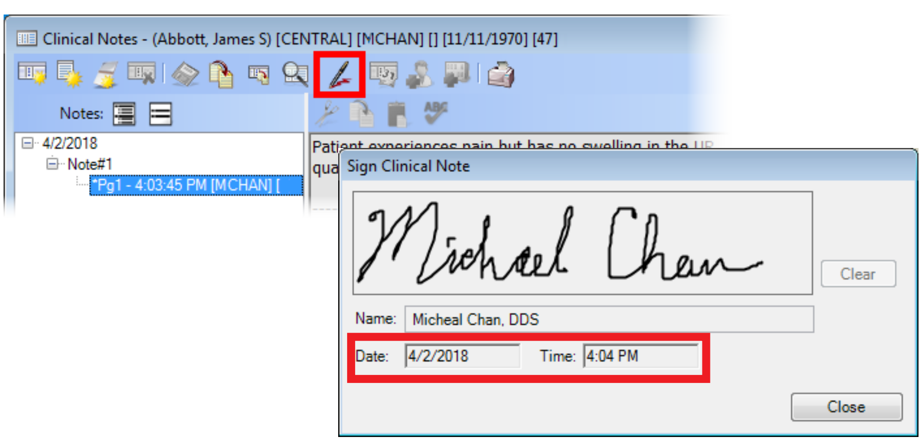
VIEWING TREATMENT PLANNER CONSENT FORM SIGNATURES

When you view the digital signatures for a signed consent form in the Treatment Planner, for each signature, the date and time that the form was signed are displayed.



VIEWING CLINICAL NOTE SIGNATURES

When you view the digital signature for a signed clinical note, the date and time that the note was signed are displayed.



How to Learn More About This Release

For complete information on how to use the new features in this release, refer to the Dentrix Enterprise Help. You can also find information from this guide in the "What's New in Dentrix Enterprise 8.0.9?" section of the Dentrix Enterprise Help.

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