Easy Dental 2005
User's Guide

MARCH 2005

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EASY DENTAL 2005 AND MICROSOFT WINDOWS

Easy Dental 2005 operates in a graphical environment called Windows, created by Microsoft Corporation. Microsoft Windows gives a standard look and feel to Easy Dental 2005, and all other Windows applications. To run Easy Dental 2005 and Microsoft Windows, you need to first license and install Microsoft Windows.

EASY DENTAL 2005 AND MICROSOFT WORD

Easy Dental 2005 can share its database with Microsoft Word, a word processing product, created by Microsoft. To use Easy Dental 2005 with Microsoft Word, you need to license and install Microsoft Word.

Contents

Introduction

Easy Dental understands that as a dentist or a dental staff member, you are in the business of practicing dentistry, not computer science. So, we've designed Easy Dental to be just that – easy. Every task you complete with Easy Dental will be simple and straight-forward. From scheduling appointments to billing to management reports, Easy Dental acts as a comfortable tool in successfully managing your practice.

To make operations simple, Easy Dental has taken the unique step of assigning all tasks to graphical toolbars instead of complicated menus. Each primary task has its own set of features that are accessed from the toolbar. Need to schedule an appointment? Just click on the Schedule button. Need to look up a patient's phone number? Just click on the Patients button. Point and click, it's that easy.

And if you do have questions, Easy Dental has its own technical support staff ready to answer your questions. Our support technicians undergo extensive weekly training to keep abreast of the latest technical information. In addition to technical training, our technicians are taught how to answer your questions in a way you'll understand.

Easy Dental, with its simplicity of use, makes the perfect tool to help your practice become simply successful.

Easy Dental Organization

Easy Dental is organized into seven different windows of information, or modules: Patients, Accounts, Treatment Plans, Schedule, Recall, Reports, and Documents.

Patients

The Patients module manages your patients' demographic and insurance information. From this module, you enter a patient's name, address, employer, insurance information, notes, recall, as well as other important information. Easy Dental organizes patients by family. You can quickly view a patient's position within a family when using the Patients window.

Accounts

The Accounts module manages your patients' accounts, accurately detailing completed procedure costs, insurance claims, guarantor and insurance payments, as well as a running balance.

Treatment Plans

The Treatment Plans module allows you to enter recommended procedures and then use the Estimator, a unique case presentation program that displays the treatment plan costs in terms of primary and secondary insurance portions and the estimated patient's portion.

Rx Writer

The Rx Writer module is where you can quickly create and accurately track medicines prescribed for your patients.

Contacts

The Contacts module acts as a contact manager for your office. All correspondence and contacts made with a patient can be recorded here.

Schedule

The Schedule module looks exactly like a paper schedule with the appointments blocked out in various colors signifying different providers. You have the ability to schedule appointments and accurately track Recall appointments, unscheduled appointments, as well as ASAP appointments. Easy Dental's ability to manage these types of factors can significantly increase your production.

Recall

The Recall module allows you to effectively track and manage the recall system in your office. With a series of lists and the ability to customize patient settings, Recall will help you to stay on top of your patient retention.

Documents

The Documents module allows you to attach electronic documents and images to patients, insurance companies, providers, referrals, and employers.

Reports

The Reports module is where you generate informative reports, perform practice analysis functions, and control most printing processes. You'll also configure Easy Dental to your practice's unique needs using the Reports module.

What You Should Know First

Before you install Easy Dental 2005 you should be familiar with your computer and its User's Manual. You need to know how to turn the computer on, the designation and method for getting to each of your disk drives, and how to reset, or 'boot,' your computer.

Microsoft Windows 98 SE or higher must be installed on your computer before installing Easy Dental 2005. For information about setting up Windows, see the instructions in your Microsoft Windows package.

To begin using Easy Dental or this documentation, you need to understand the fundamentals of using Windows. This documentation assumes you know how to use Windows and a mouse, and how to open a menu and select options. If you need to review these techniques, consult the Microsoft Windows documentation.

How To Use This Manual

This manual is divided into chapters, each one detailing the features of the different Easy Dental 2005 modules. The first chapter is an exception to this, as it explains how to install Easy Dental 2005 and configure or customize it to your practice.

The word 'click' is used to instruct you to position the cursor over a menu item or button and then press the left mouse button. The result of this action will initiate a command: close a dialog box, open a dialog box, etc. The word 'select' means to highlight one item from a list of available items or to instruct you to select a specific option.

The phrase 'Click OK' means that you can either click the OK button with the mouse or press the ENTER key on the keyboard to carry out the action you want. The phrase 'Click Cancel' means that you can either click the Cancel button with the mouse or press the ESC key on the keyboard to cancel the entry or action you have entered.

Choosing the Search button means to click once on the double arrow button (>>) within a window or dialog box. Saving an option as a default means the computer will automatically assign the selected option to be used in all relevant circumstances. Defaults can always be changed. Defaults save you time by not requiring you to enter standard or commonly used options.
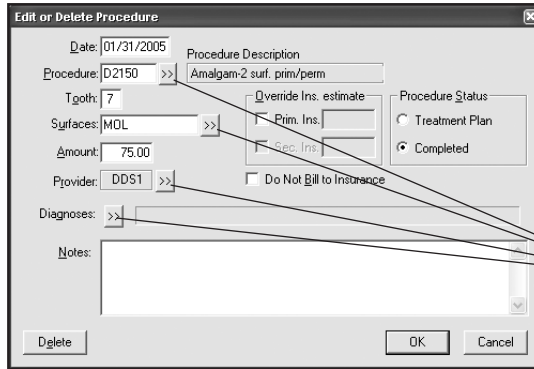
Examples of Search buttons. Choose these buttons to open or reveal additional options.

Margin Guides

From time to time you will see a picture in the margin of a page. These pictures indicate specific types of information you should be aware of. The different symbols are explained below.

Technical

Sometimes it will be necessary to use computer terms to explain a concept. This symbol lets you know that a more technical passage is coming up so you may want to slow down and read carefully!

Tips

This picture will call your attention to especially useful applications of Easy Dental 2005. Keep your eyes peeled for this symbol in the margins.

Caution!

Occasionally, the manual will provide you with information that may prevent problems down the road. This symbol in the margin lets you know that following the corresponding instructions can save you from numerous headaches later on.

Remember

This symbol flags information that is especially important or that you will need to remember to understand a concept later on in the manual!

How To Get Help

If you have a question about Easy Dental 2005, first look in the Easy Dental 2005 User's Guide or consult on-line Help by clicking the Help button in any module.

If you cannot find the answer, contact the Easy Dental Software Support staff at:

<div align="center">

(800) 593-2814 (option 1)

</div>

Unlimited toll-free telephone support is available to users on an Annual Support Contract. Easy Dental 2005 users not on a current support contract will be billed by the amount of time used to answer the question.

When you call, be near your computer and have your copy of the Easy Dental 2005 Dental System User's Guide available. Be prepared to give the following information:

- Your Customer ID#.

- Your name, the name of the practice, and the practice telephone number.

- The version number of the product you are using. (Click the Help button and choose About in any module to find out the version number.)

- The type of computer network you are using, if any.

- The version of Windows you are using.

- The exact wording of any messages that have appeared on the screen.

- What happened and what you were doing when the question arose.

- How you have tried to reach a solution.

Note: Hardware, network, and operating environments vary from installation to installation; therefore, questions regarding these topics should be referred to your hardware and/or operating system support representative. Operating system questions can generally be answered by reading the Windows documentation. The Easy Dental Support staff is not in a position to help with any hardware, network, or operating system questions or problems, including configuration. They have extensive experience in supporting the Easy Dental 2005 software and as software support they are not authorized to answer questions or solve problems relating to your hardware, network or operating system.

If you are having trouble figuring out how to do something, call our Support Staff at 1-800-593-2814. They'll be glad to help you find the answer. It's that Easy!

Need Another Manual?

Having additional User's Guides available for training and reference can sometimes save your staff time. To order additional copies, call (800) 824-6375 (option 1). Major credit cards are accepted.

Easy Dental 2005 New Features List

Inactivate Provider

Easy Dental 2005 now provides the ability to inactivate a provider or staff member. This eliminates the need to ever delete a provider, which is never recommended in Easy Dental. By inactivating a provider, the provider's history is preserved while a replacement provider is selected for future appointments, future treatment planned procedures, and current payment plans. (For more information, see *Inactivating a Provider* in the *Practice Resource Setup* section of the *Setup* chapter.)

Multiple Insurance Provider IDs

Many insurance companies require a specific ID assigned to each provider. In the past, offices were required to setup multiple providers to handle the various provider IDs for the different insurance plans. Easy Dental 2005 now has the capability to assign multiple IDs to one provider and associate that ID with the correct insurance plan so the necessary ID is printed on the claim. This can be done through the Provider Information window and the Insurance Plan Information window. (For more information, see *Provider ID Setup* in the *Practice Resource Setup* section of the *Setup* chapter.)

Joining Insurance and Employers

Insurance Maintenance and Employer Maintenance now have a "join" feature which can merge two insurance plans or employers into one. This prevents the need for changing each patient to a different insurance plan if an employer changes its company benefits and other similar situations. (For more information, see *Insurance Maintenance* and *Employer Maintenance* in the *System Maintenance* section of the *Reports* chapter.)

Global Update of Treatment Plan Fees

The Treatment Plans module now has an option to globally update fees on treatment planned procedures according to certain options selected. These options include procedure codes in a certain range, procedures dated before a specified date, procedures treatment planned by specific providers, and according to the patient's billing type. (For more information, see *Updating Fees* in the *Treatment Plans* chapter.)

Audit Trail Enhancement

The new Audit Trail report records each login attempt, both successful and unsuccessful. Whenever a user is prompted to enter a username and password on an initial login screen, or on an "override" login screen, the Audit Trail records the date, time, and user ID. The Audit Trail has also been enhanced to include two different reports: the Standard report and a new Provider/Staff report that records details of inactivated providers and staff members. (For more information, see *Audit Trail Reports* in the *System Maintenance* section of the *Reports* chapter.)

HIPAA Officer

A HIPAA Officer can now be designated in the Practice Resource Setup dialog box. (For more information, see *Practice Resource Setup* in the *Setup* chapter.)

Secure Passwords

Easy Dental now has the option to require more secure passwords for users. When the secure password option is enabled, users must enter a password that is at least seven characters long and contains a mix of alphabetic, numeric, and special characters. Users also have the ability to change their own password at any time. (For more information, see *Passwords* in the *Practice Setup* section of the *Reports* chapter.)

Standardization of Exported Files

A new Export folder has been created in the EZDental/Doc directory. All data that is exported out of Easy Dental is now stored in this folder. This includes data files created in Letters (.out), reports that have been selected to 'Print to File', and utility logs (.txt). A new utility has also been created to purge the exported data when necessary. (For more information on this utility, see *Purge Exported Files* in the *System Maintenance* section of the *Reports* chapter.)

Claim Attachment Enhancements

For Easy Image users, it is simple to attach individual images from an exam to a claim. When an x-ray exam is selected from within the "Select Claim Attachment(s) – Image" dialog box, a new window containing the images in the exam will appear, allowing the user to select which images to include on the claim.

A new option added for image orientation is available when attaching images from Easy Image or documents from the Documents module to a patient. (For more information, see the *Documents* chapter.)

Select Provider Enhancement

The Select Provider dialog box has been standardized in every module. The list of providers can be sorted by clicking on the column header for ID, Name, or Status to speed the selection of a provider.

Supernumerary Tooth Numbering

The new ADA standard for supernumerary tooth numbering has been implemented in Easy Dental 2005.

Referral Email Addresses in Letters

The Letters feature in Easy Dental now has the option to export the 'Referred By' and 'Referred To' email addresses. (For information on creating custom letters, see *Letters* in the *Reports* chapter.)

Inventory Manager

The Inventory Manager is designed to work with Easy Dental to effectively monitor and track inventory for your office. This software also integrates with the Henry Schein website to facilitate online electronic ordering. Commonly used products, manufacturers, and vendors are entered into the program and tracking features like the Shopping Cart and Products on Hand enable you to manage your inventory quickly and efficiently. The Inventory Manager will even deplete items as certain procedures are performed in Easy Dental. (For more information, see *Inventory Manager* in the *Other Features* chapter.)

EasyWeb Online Patient Payments

Offices can now register with EasyWeb to accept online payments from their patients. All it takes is a few easy steps to become registered, and your office will be ready to accept patient payments through your office's website. Changes have also been made to the EasyWeb toolbar to better serve the needs of your practice. (For more information, see the *EasyWeb* section in the *Other Features* chapter.)

Accounts Enhancements

A new Setup button has been added to the Accounts toolbar in order to access two new features. Set Account/Tx Colors enables you to change the background colors of Accounts and Treatment Plans and also to assign a color to different types of transactions. (For more information, see *Accounts Setup* in the *Accounts* chapter.)

Accounts now has the ability to setup and post taxes and discounts. Default taxes and discounts can be created, then easily posted to a patient's account. The Set Taxes/Discounts option is accessed from the new Setup button. (For more information, see *Accounts Setup* in the *Accounts* chapter.) A new button has also been added to Accounts to post the tax or discount. (For more information, see *Transactions* in the *Accounts* chapter.)

Installing Easy Dental

The Easy Dental installation utility makes installing Easy Dental a simple process. All you have to do is insert the CD-ROM and select certain installation options. Before you begin installing, be sure to obtain the most current System Requirements to make sure your computer (or system) can accommodate the Easy Dental practice management software requirements. For complete system recommendations and requirements, please request our current "System Requirements" and "Networking Guide" documents. These documents are available by calling (800) 593-2814, option 1 or by visiting our website at www.easydental.com.

Before Installing

The information contained in this section can be vital to a smooth installation of Easy Dental. Read this section carefully before beginning the installation. If you are installing Easy Dental on a networked system, you will need to complete the installation process on each workstation. You should install Easy Dental on the file server first (the system where the data files will be stored).

Technical

DEDICATED SERVERS: If your network has a dedicated file server (a system used only to store data and not used for data entry), you should not install Easy Dental on a dedicated server. Instead, install Easy Dental on the first workstation as if it is the file server. Be sure to direct paths for the Data Files and Letter Templates to the dedicated server's hard drive.

Note: For help setting up a dedicated server network, please contact a qualified network technician.

10 Steps to a Successful Install

This document has been prepared to minimize the chance of any unforeseen problems while installing Easy Dental 2005. For a successful installation, follow the steps below exactly.

1. Make sure you have the necessary CD-ROM.
You should have received a CD-ROM with Easy Dental 2005 printed on the disk. Check the CD-ROM to be sure it is the right disk for your configuration (single- or multi-user).

2. BACKUP, BACKUP, BACKUP.

Caution!

The entire hard drive should be backed up if possible. If this is not possible and you are upgrading, at a minimum, you must backup the server's Easy Dental directory and all subdirectories. If your Easy Dental data is stored elsewhere on your hard drive, backup that directory as well. Verify the integrity of the backup. Consult your backup software's manual or backup technical support for assistance in backup or verifying. It is very important to be 100% sure you have a valid, verified backup when you are upgrading from a previous version of Easy Dental.

3. Prepare for server and workstation install.
1) If you are installing Easy Dental for the first time, have your serial number for your software ready. You will need to enter your serial number during the installation.

2) If you are upgrading, exit Easy Dental at each station before the server install. The best strategy is to shut down all workstations.

3) The server installation must be completed before the workstations can be installed.

4) If you are upgrading, from the server, go to Reports module and delete all reports in the Batch Processor. Be sure to print any reports you may need before deleting them.

4. Check your available disk space.

Double click on My Computer, single click on the C: drive icon and view the Details section or the Status bar. You may also right-click on the C: drive icon and select Properties. The General tab will display the Used and Free space. For a workstation install, the bytes available on disk should be over 200,000,000 bytes (200 MB). For a server installation the bytes available on disk should be over 400,000,000 bytes (400 MB). Although the actual Easy Dental program requires approximately 100 MB of free hard disk space, it is recommended that at least 400 MB be free at all times for the Windows® operating system.

5. If you are upgrading, verify your current Easy Dental version.

From the Easy Dental Accounts Module, verify that you are using Easy Dental 2004. On the toolbar, click the Help button and select About Accounts to determine which version you are using. If Easy Dental 2004 is not currently installed, you will not be able to continue with the installation. If you have any questions, please contact an Easy Dental Customer Support Technician at 1-800-593-2814.

6. If you are upgrading, verify file locations.

Make sure you know where the Easy Dental program, Data files, eClaims files, and Letter Merge documents are located. The installation program will ask you to confirm the location of these files. To search for your file locations: For Windows® XP Professional or Windows® 2000: Choose Start|Programs|Accessories|Windows Explorer.

7. IMPORTANT! Close all applications that might be running.

Look at the Task Bar and close any programs that appear there. Then, disable any screen savers which may be running. To disable Windows screen savers go to the Control Panel, double-click the Display icon, choose the Screen Saver tab and change the Screen Saver dropdown to (None).

8. Check your system resources.

If resources are lower than 70 percent, exit Windows, reboot your machine, and return to step 7. For Windows® XP Professional/Windows® 2000: Ctrl + Alt + Delete, Choose the Task Manager|Performance tab, look at the CPU usage in the top left of the dialog box.

9. You're ready to begin!

You can now start the installation by following the step-by-step instructions in the Easy Dental 2005 User's Guide. Note: If you are installing Easy Dental over a network, refer to the User's Guide for instructions on installing from the server to the workstation.

10. Finish the installation completely.

Do not interrupt the installation process unless specifically directed to by Easy Dental Customer Support! When the installation program is ready to move on, it will prompt you and wait as long as necessary for you to respond.

Installation

(File Server)

1. Insert CD-ROM

Insert the Easy Dental 2005 CD-ROM into your CD-ROM drive. If your computer is equipped with auto-start technology, the installation will begin automatically. Proceed to step 4. If the installation does not begin, complete steps 2 and 3.

2. Click Start | Run

Click on the Windows Start button and then choose Run. The Run dialog box will appear.

3. Type D:\Launch.exe in the Command Line

Type D:\Launch.exe in the command line. (Or whatever the drive letter is for your CD-ROM.) Click the OK button to begin the installation.

The Easy Dental 2005 Installation screen will appear.

4. Choose Install

Click on the arrow next to Install. Another install screen will appear.
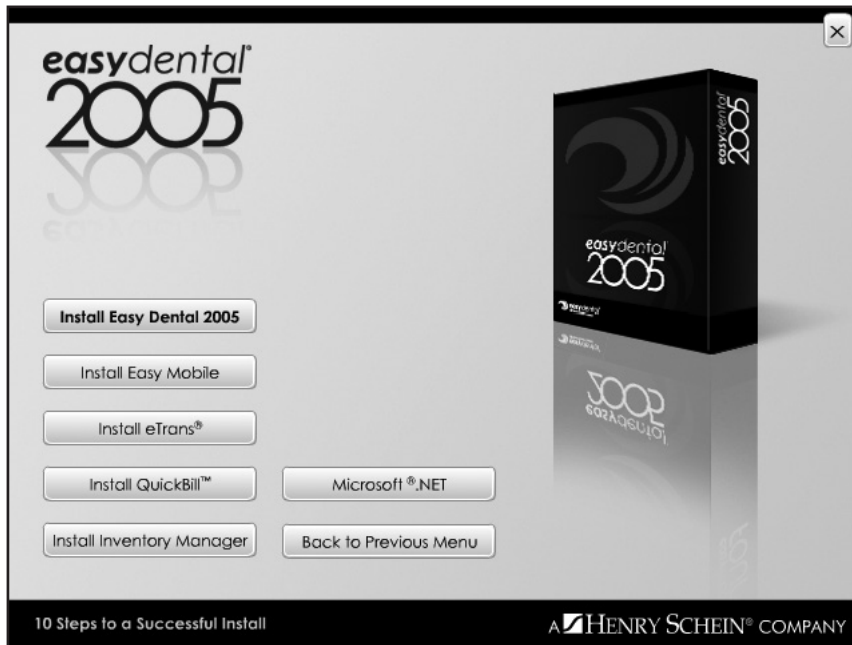
5. Choose Install Easy Dental 2005

Click the arrow next to Install Easy Dental 2005. The Installation Setup screen will appear for a few moments, followed by a Welcome screen.

6. Click Next

Click the Next button. The Software License Agreement dialog box will appear.
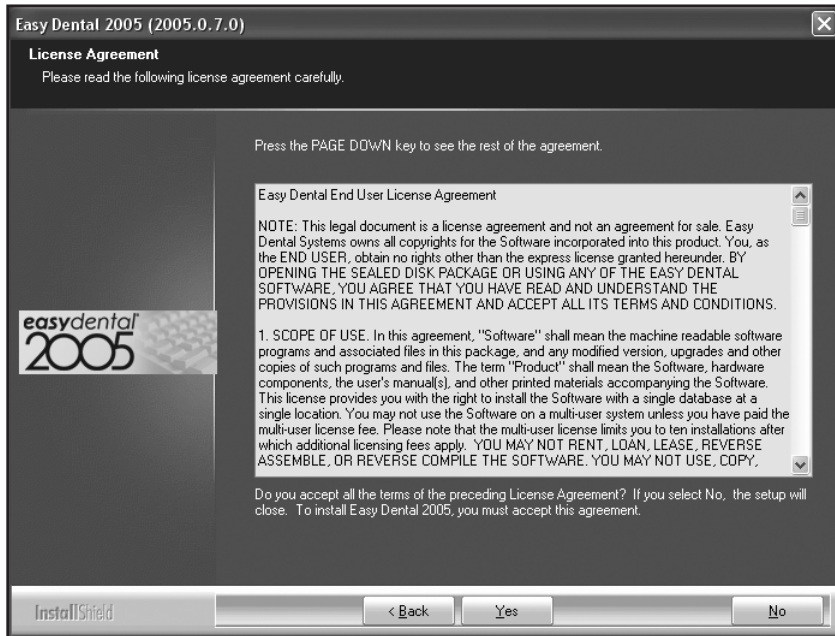
7. Click Yes
Read the Software License Agreement. Click the Yes button to continue the installation. (If you do not agree to the terms of the license agreement, click No and the installation will be terminated.) The Setup Type dialog box will appear.
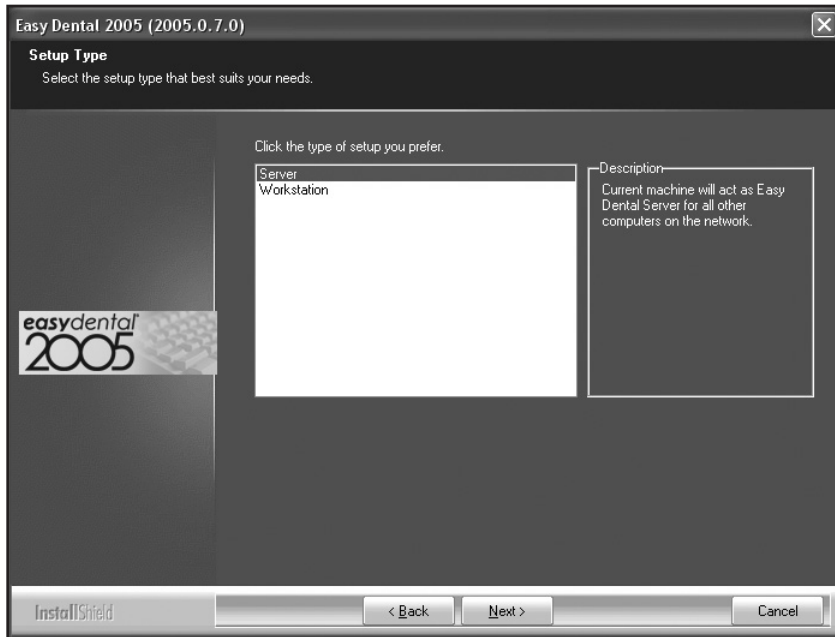
8. Select Setup Type
Highlight whether you are installing on the file server or a workstation. Click Next to continue. The Enter Serial Number dialog box will appear.
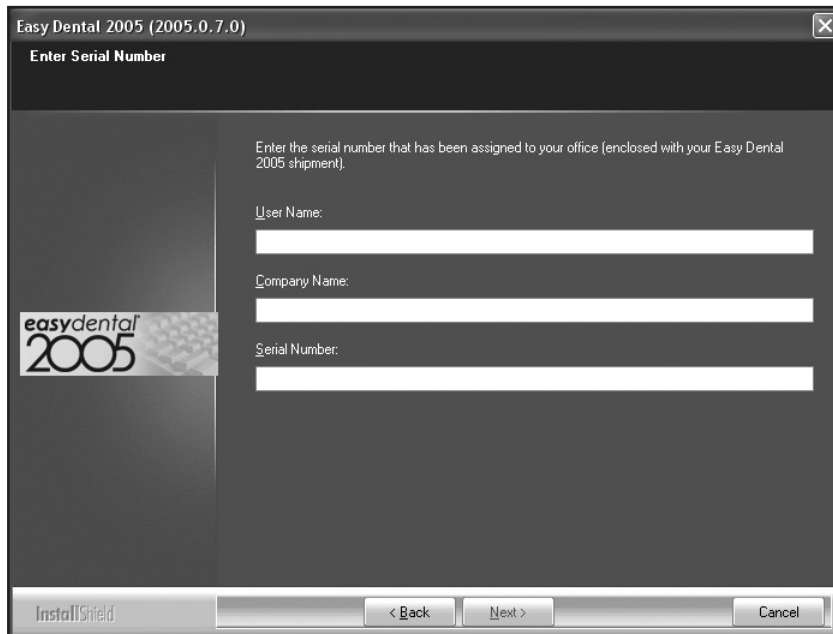
9.   Enter Name, Company, and Serial Number
Enter your name, the name of the company, and the serial number that was provided with
the software. Click Next to continue. The Choose Destination Location screen will appear.

10. Verify Destination Location
The Choose Destination Location dialog box allows you to make certain that Easy Dental
installs to the appropriate directory. By default, the recommended directory will be selected
for new users. The current location will be selected for upgrading users. To change the
directory, click the Browse button. Click Next to continue. The Select Components dialog
box will appear.
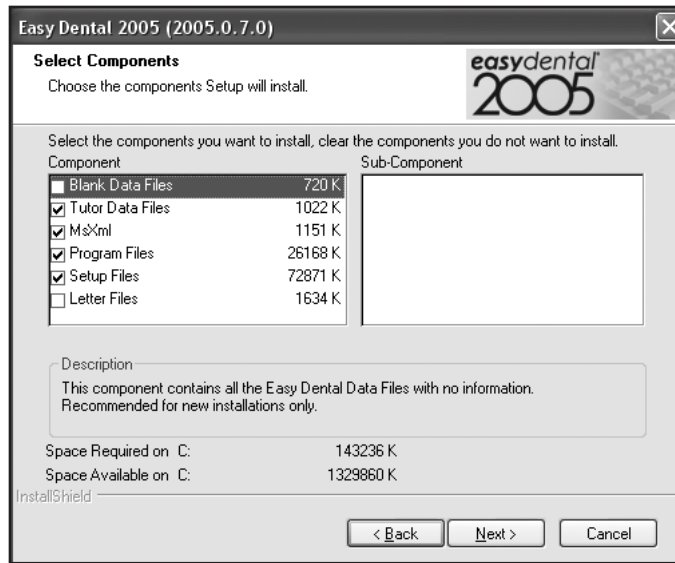
11. Select Components to Install

The Select Components dialog box allows you to choose which files you want to install. By default, all components will be checked for new users. The list of sub-components changes according to which component is highlighted.

Blank Data Files – If you are a new user installing Easy Dental for the first time, select this option. For existing users, by choosing this option, any existing patient information will be overwritten and lost!

Warning: Do NOT check this option if you have previously entered information in Easy Dental.

Caution!

Tutor Data Files – You can choose to install helpful tutorial files to assist in learning Easy Dental basics. Networked users should install the tutorial files on each workstation. It is recommended that existing users install a new tutorial database to replace the existing Easy Dental 2004 tutorial database.

MsXml Files – This option installs a configuration file for the EZWeb toolbar. This option should be checked for both new and upgrading users.

Program Files – This option should be selected if you want to install the program files and must be selected if you wish to run Easy Dental after the installation.

Setup Files – If you are installing on the file server, this option should be selected.

Letter Files – This option will install the Easy Dental letters to be used in merging letters. For existing users, by choosing this option, any existing letters will be overwritten causing customization to be lost.

Warning: Do NOT check this option if you have previously customized any letters in Easy Dental.

Caution!

Click the Next button to continue. The Select Program Folder screen will appear.
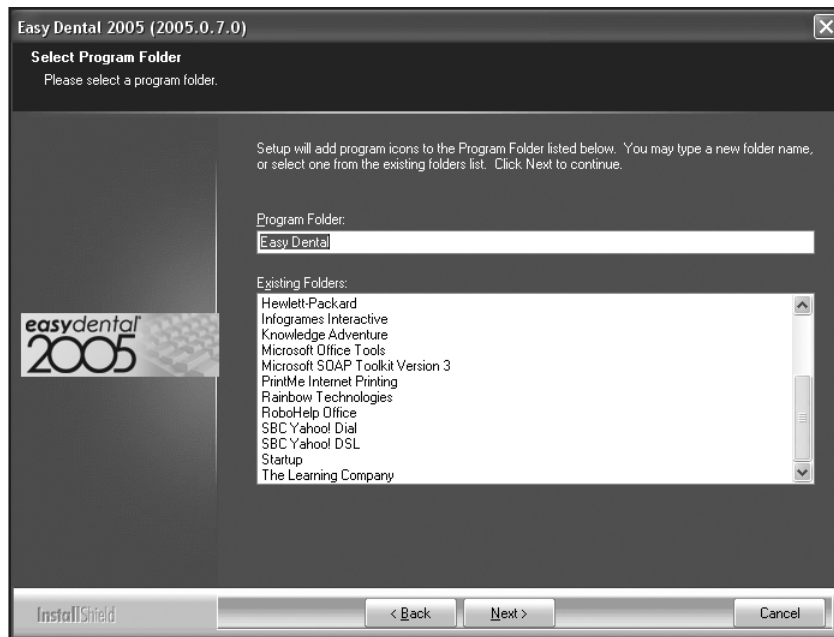
12. Select Program Folder

Enter the name of a Program Folder or select one from the list. This is the name of the folder where the Easy Dental program shortcut will be located. Click the Next button to continue with the installation.

A screen will appear showing the progress of the installation.

13. Restart Windows

When the installation has finished, a message will appear stating that you must restart your computer before using the new program. Mark 'Yes, I want to restart my computer now' and click OK.

(Workstation)

1. Connect to the Easy Dental File Server
Map a network drive to the Ezdental directory on the File Server. **If you do not know how to map a network drive, you should contact your System Administrator or your Network Software Technical Support.**

2. Double-Click the Setup File in the Server's Ezdental\Setup Directory
From the workstation you are installing, bring up the network drive you have mapped. Open the Setup subdirectory. Double-click on the Setup.exe file. The Easy Dental install program will start and the welcome screen will appear.

Note: The Easy Dental workstation installation requires a mapped drive. Problems can occur if you run the installation by connecting to the directory instead of mapping a drive.

3. Click Next
Click the Next button. The Software License Agreement dialog box will appear.

4. Click Yes
Read the Software License Agreement. Click the Yes button to continue the installation. (If you do not agree to the terms of the license agreement, click No and the installation will be terminated.)

5. Select Setup Type
Highlight Workstation as the setup type. Click Next to continue. The Enter Serial Number dialog box will appear.

6. Enter Name, Company, and Serial Number
Enter your name, the name of the company, and the serial number that was provided with the software. Click Next to continue.

7. Verify Destination Locations
The Choose Destination Location dialog box allows you to make certain that Easy Dental installs to the appropriate directory. By default, the recommended directory will be selected for new users. The current location will be selected for upgrading users.

8. Select Components to Install
The Select Components dialog box allows you to choose which files you want to install. The list of sub-components changes according to which component is highlighted.

Note: If you are performing a workstation installation, the Data Files and Letter Templates options will not be available.

> **Tutor Data Files** – You can choose to install helpful tutorial files to assist in learning Easy Dental basics. See the Tutorial section of the Easy Dental User's Guide for more information. Networked users should install the tutorial files on each workstation. It is recommended that existing users install a new tutorial database to replace the existing Easy Dental 2004 tutorial database.

MsXml Files – This option installs a configuration file for the EZWeb toolbar. This option should be checked for both new and upgrading users.

Program Files – This option should be selected if you want to install the program files and must be selected if you wish to run Easy Dental after the installation.

Setup Files – If you are a new user, this option should be selected.

After you have checked the correct components, click Next to continue.

9. Select Program Folder

Enter the name of a Program Folder or select one from the list. This is the name of the folder where the Easy Dental program shortcut will be located. Click the Next button to continue with the installation.

A screen will appear showing the progress of the installation.

10. Restart Windows

When the installation has finished, a message will appear stating that you must restart your computer before using the new program. Mark 'Yes, I want to restart my computer now' and click OK.

Starting Easy Dental

1. Click Start

Click the Windows Start Button.

2. Choose Programs | Easy Dental

From the Start menu, choose Programs, then Easy Dental. Click the Easy Dental tooth icon. The Easy Dental Start Up screen appears for several seconds, after which Easy Dental opens.

Setup

In This Section:

- Customizing your practice information including the following: practice address, providers, operatories, and staff members

- Setting up Recall

- Customizing Procedure Codes

- Customizing Billing Types, Medical Alerts, Payment and Adjustment Types

- Working with Dunning Messages

- Setting Defaults for the Practice

- Modem Setup

- Auto Chart Numbering

- Setting up Passwords

The effectiveness of Easy Dental depends on how well the practice information is initially set up for your specific practice. Many default settings are provided with Easy Dental to save you time in the setup process.

Most setup topics will begin with a brief paragraph, which describes what default settings are available (if any). If these settings are sufficient for your practice, you can continue to the next topic. Keep in mind that additions can be made to any of these settings as your practice needs change.

Easy Dental Setup Checklist

The following checklist will guide you through the setup process explained in this chapter.

- ❑ Practice Resource Setup
    - ❑ Practice Information
    - ❑ Operatory Information
    - ❑ Provider Information
    - ❑ Staff Information
- ❑ Procedure Code Setup
    - ❑ Fees
    - ❑ Procedure Time
- ❑ Practice Definition Setup
    - ❑ Billing Types
    - ❑ Payment Types
    - ❑ Adjustment Types
- ❑ Dunning Messages
- ❑ Practice Defaults
- ❑ Preferences
- ❑ Modem Setup
- ❑ Auto Chart Numbering Setup
- ❑ Report Fonts Setup
- ❑ Network Setup
- ❑ Information Verification

Note: For additional Setup procedures refer to the chapter on the Reports module.

Practice Setup

Before you can begin using Easy Dental, you must first enter information that is particular to your practice. You will need to enter provider information, fee schedules, patient information, and other information that will customize Easy Dental to your practice.

1. Open Reports
Start Easy Dental and click the Reports icon.

Many of the setup features will be accomplished by accessing the Practice Setup menu in the Reports module.
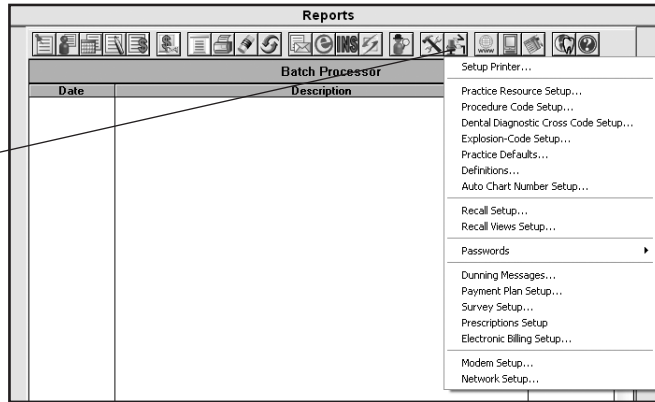
2. Click Practice Setup

Click the Practice Setup button. Many of the menu items contained in the **Practice Setup** cascading menu will be used to set up your practice and are covered step-by-step below.

Practice Resource Setup

1. Select Practice Resource Setup

Select **Practice Resource Setup** from the **Practice Setup** menu. The Practice Resources screen will appear.

Click the New button to enter a new operatory. To edit the name of an existing operatory, select it then click the Edit button.

Click the Edit button to enter the practice name and address and to select an Administrative Contact and HIPAA Officer.

Click the New button to add a provider. Click Edit to change the information of an existing provider. Click Inactivate to inactivate a provider.

Check List Inactive to display inactivated providers.

Click the New button to add staff. Click Edit to change the information of an existing staff member. Click Inactivate to inactivate a staff member.

SETUP

The Practice Resources screen allows entry in four areas: Practice Information, Operatories, Providers and Staff.

2. Enter Practice Information
The practice name, address, and phone number is entered in the Practice Information area.

Be sure to change the default information shown.

- Choose the Edit button in this area and the Practice Information dialog box will be displayed.

- Enter your practice information in the Practice Information dialog box using the keyboard. The Title field can accommodate up to 59 characters.

Note: Whatever is entered for the practice title will be printed as the heading for each Easy Dental report. Printing statements will have the option to print the practice information at the top of statements. Easy Dental will automatically enter parentheses to the area code on the phone number.

- Select an Administrative Contact and HIPAA Officer by clicking on the search arrows next to each option. Only providers and staff members with a phone number entered into the Practice Resource Setup can be selected. (If you are using eTrans, you will need to select a valid provider ID number for the Administrative Contact. Staff IDs will not work for claim processing.)

- Enter the bank account number wherein all your deposits will be made. This number will appear only on deposit slips.

The practice title can be up to 59 characters in length. This title will appear on all reports.

Choose an Administrative Contact. This contact will be used with eTrans.

Choose a HIPAA Officer. The HIPAA Officer will be printed on the Practice Organization List.

Enter Bank Deposit Number. This number will only appear on deposit slips.

Don't forget to enter the month that your practice's fiscal year begins.

Select which information you want to appear on billing and/or walkout statements.

Practice Information

Title:
Easy Dental Practice

Address:
Street
9330 LBJ Freeway

Suite 800

City — Dallas   ST — TX   Zip — 75243

Phone — (800)766-6464   Ext —

Settings:
Administrative Contact: [   ] >>
HIPAA Officer: [   ] >>

Bank Deposit Number
[   ]

Fiscal year's beginning month (1-12): 1

(•) Use Practice Info on Statements.
( ) Use Provider Info on Statements.

[OK]   [Cancel]

- Mark the option to print the provider's name and address or practice name and address on billing statements or walkout statements.

- After the information is entered correctly in all of the fields, choose the OK button to record the information in your database.

Note: If you want to make changes after you have already chosen the OK button, choose the Edit button at any time to change any of the fields.

Operatory Information

3. Enter Operatory Information

Quick Start: Three default operatories are provided with Easy Dental. If they are sufficient please continue to the next topic.

The Operatories area contains a list box showing the available operatories and three function buttons: New, Edit or Delete.

To Add an Additional Operatory

- Choose the New button to display the Operatory Information dialog box.

- Add the operatory ID and title for each operatory that will be used in your practice.

Enter a 4-character ID here.

Enter the operatory title here.

Choose OK to add the operatory.

Note: Each operatory ID is limited to four alphanumeric characters and must be unique. Only the operatory ID will be displayed when scheduling appointments. The operatory ID will be displayed in all the Easy Dental modules where necessary. The operatories will be listed in alphabetical order according to their ID. Once an operatory is entered, the ID cannot be changed.

- After entering the new operatory in the Operatory Information dialog box, choose the OK button.

To Edit an Operatory:

- Select the operatory from the Operatories list box.

- Choose the Edit button to change it. The Operatory Information dialog box will appear.

- Edit the operatory title and click on OK when finished.

To Delete an Operatory:

- Select the operatory from the Operatories list box.

- Choose the Delete button to remove it from the list.

- If you choose to delete an operatory, you will receive a message that reads "If this operatory is attached to any appointment or provider, DELETE will leave Easy Dental in an UNSTABLE condition. DELETE operatory?" If the operatory has not been attached to any appointments or providers click on Yes. If it has been attached to any appointments or providers, click on No. Deleting operatories that have appointments attached can cause data corruption.

Provider Information

4. Enter Provider Information

Each individual that provides billable services to patients is considered a provider in Easy Dental. Each provider must have a unique provider ID that is limited to four alphanumeric characters. Codes may be used, such as DDS1, DDS2, HYG1, HYG2, etc.. The provider ID's are used in all of the Easy Dental modules. Up to 99 providers can be entered for the practice.

Whenever a provider is displayed or printed, it is usually only the provider ID that is seen. (Exceptions are whenever Select Provider dialog box is displayed, insurance claims, and pre-treatment estimates).

Remember

Careful consideration should be given to entering provider ID's.

- Providers cannot be deleted, but can be inactivated.

- Be sure the provider can be identified easily.

- Do not use initials or a person's name.

- Providers will be sorted alphabetically by ID. Be sure to assign IDs in such a way that provider ranges can be selected efficiently for reports or statement purposes.

- Once entered, provider IDs cannot be edited or deleted.

To Enter New Provider Information:

- Choose the New button in the Provider(s) area of the Practice Resources window and the Provider Information dialog box is displayed.

- Enter the appropriate information in each of the fields for each provider in your practice. Use the Tab key or mouse to move from field to field. The provider name, address, SS # (social security number) or TIN # (tax identification number), state ID #, and phone number will print on insurance claims. Enter the provider's title, such as DDS, DMD, etc.. Click the down arrow next to Specialty and select the appropriate specialty for the provider.

Choose this search button to view a list of all available fee schedules.

Enter the provider's specialty.

Enter the provider's appropriate numbers in these fields.

Assign the provider to an operatory. You may select more than one operatory per provider.

Click here to have one of the following appear on all claims.

- Enter the Provider ID. The ID must be four alphanumeric characters in length. Easy Dental Systems highly recommends that the first character of the ID be an alphabetic character (A-Z).

- Select a Fee Schedule for the Provider. The Fee Schedule assigned to a provider is used to determine the default charge when a procedure is entered. The provider is initially assigned to FEE 1. Easy Dental allows up to 999 different fee schedules. Because Fee Schedules will be set up later, be sure to make a note of which provider was assigned each schedule.

- Enter the Provider's Social Security Number, State ID, and TIN (Tax Identification Number). These numbers will be used when printing insurance claims.

- Easy Dental provides several ID fields for use with specialized insurance claims. Enter the appropriate number in the corresponding field. (See *Provider ID Setup* in the following section for steps on how to assign multiple insurance IDs for a provider.)

- Select the operatories that the provider most commonly uses by highlighting them in the list box. All Operatories set up earlier are displayed in the Assigned Operatories list box. If the provider works in more than one operatory, hold down the shift key on the keyboard and select each operatory.

- Mark the provider as a Primary or Secondary provider. The Class assignment categorizes each provider as a Primary or Secondary provider. The two Class options are used to distinguish between providers such as the dentist or the hygienist, respectively.

Note: Only Primary providers are listed for selection in the Patients window for the patient's main provider, but you may select a Primary or Secondary provider for the patient's secondary provider. Only Primary providers are listed for selection in the Accounts window for applying finance charges and updating family accounts, and in the Reports window for selecting practice defaults.

- When the information is correct in all of the fields, choose the OK button. The newly entered provider will show in the Provider list box. If there are corrections needed for any provider shown in the Provider list box, select the provider from the list box, then choose the Edit button. (The provider ID cannot be edited once it has been created.)

Provider ID Setup

Some insurance plans have their own ID numbers for providers which they need for claims instead of or in addition to the State ID Number or Provider #. The Provider ID Setup enables you to cross-link multiple IDs to a provider and insurance company which will ensure that the correct ID is printed on each insurance claim. Complete the following steps to setup insurance IDs for a provider:

Note: When using passwords, the user must have rights to "Provider ID Setup" to access the Provider ID Setup button.

1. Click Provider ID Setup
From the Provider Information dialog box, click the Provider ID Setup button. The Select Insurance Plan dialog box will appear.

Note: If the provider has not been saved, you will be prompted to do so before continuing.

2. Select Insurance Plan
Highlight the appropriate insurance plan and click OK. Check "List Only Insurance Plans Setup for this Provider" if appropriate. The Provider ID Setup dialog box will appear.

3. Select Provider ID Code

Click the down arrow to select a Provider ID Code from Practice Definitions. (For information on how to enter Provider ID Codes so that they are available for selection, see *Practice Definitions* in the *Reports* chapter.)

4. Enter Provider ID Number

Type the Provider ID Number in the right text box.

5. Click Add

Click the Add button. The Provider ID Code and Number will be added to the list for this provider and insurance company.

6. Change Provider IDs (Optional)

To change or edit provider IDs, complete the following:

- From the list of provider IDs, highlight the one that you wish to edit or change.

- Make the appropriate changes in the Provider ID Code and Provider ID Number text boxes.

- Click the Change button. A message will appear asking if you are sure you want to change this Provider ID. Click Yes to apply the changes or No to cancel.

7. Delete Provider IDs (Optional)

To delete a provider ID, complete the following:

- From the list of Provider IDs, highlight the one that you wish to delete.

- Click the Delete button. A message will appear asking if you are sure you want to delete this Provider ID. Click Yes to remove the Provider ID or No to cancel.

8. Clear Provider IDs (Optional)

From the Provider ID Setup screen, click the Clear Provider IDs button. The Clear Provider IDs for <provider> dialog box will appear. Mark the appropriate option to clear the Provider IDs:

- For this Insurance Plan – If this option is marked, all IDs for both the current Provider and Insurance Plan will be deleted.

- For All Insurance Plans with this Payor ID – If this option is marked, all IDs for the current Provider and any Insurance Plan with the listed Payor ID number will be deleted. A message will appear displaying the total number of plans affected.

- For ALL Insurance Plans – If this option is marked, all IDs for the current provider for all Insurance Plans will be deleted.

9. Copy Provider IDs (Optional)

From the Provider ID Setup screen, click the Copy Provider IDs button. A message will appear informing you that the Provider IDs for the current provider and insurance plan will be copied to all other insurance plans with the same Payor ID. To continue, click Yes. To cancel, click No. A message will appear totaling the number of plans affected.

Inactivating a Provider

Providers cannot be deleted from Easy Dental. You can, however, inactivate a provider. When a provider is inactivated, you will be prompted to choose a replacement provider. The replacement provider will replace the inactive provider as patient primary provider, continuing care provider, in future appointments, treatment plans, etc. All procedures and payments will remain under the inactive provider. To inactivate a provider, complete the following steps:

Note: It is strongly recommended that a backup of the Easy Dental database be performed prior to inactivating a provider.

Caution!

1. Close Easy Dental
Close Easy Dental on all workstations, except for the computer you will be working on.

2. Open Reports
Click the Reports icon to open the Reports module.

3. Click Practice Setup
Click the Practice Setup button and choose Practice Resource Setup from the menu. The Practice Resource window will appear.

4. Select Provider
Highlight the provider that you wish to inactivate from the Provider List.

5. Click Inactivate
Click the Inactivate button in the Provider(s) area of the Practice Resources dialog box. The Inactivate Provider window will appear.

Inactivate Provider

This Provider has been selected to be inactivated: HYG1 Hawthorne, Susan H

If this Provider is inactivated, the following changes will take place:

- The Prov1/Prov2 for each applicable PATIENT will be changed to the Replacement Provider.
- The provider assigned to applicable TREATMENT PLANNED PROCEDURES, that have not been completed, will be changed to the Replacement Provider.
- The provider assigned to applicable APPOINTMENTS that are scheduled for a future date, and that have not been completed, will be changed to the Replacement Provider.
- The provider assigned to applicable UNSCHEDULED APPOINTMENTS will be changed to the Replacement Provider.
- The provider assigned as the "Specific Provider" for applicable RECALL will be changed to the Replacement Provider.
- The provider assigned to applicable FUTURE DUE PAYMENT PLANS, that have remaining charges, will be changed to the Replacement Provider.
- The provider assigned as the "Specific Provider" for applicable DEFAULT INSURANCE CLAIM PROVIDER will be changed to the Replacement Provider.
- Schedule SETUP information for this provider will be removed.
- FUTURE DUE PAYMENT PLANS for this provider that do not have remaining charges will be removed.
- All TIME CLOCK data for this provider will be removed.
- EasyMobile SETUP information for this provider will be removed.
- All changes will be recorded for the Provider/Staff Audit Trail.
- A "Provider/Staff Audit Trail Report" will be sent to the Batch Processor.

Select Replacement Provider: [   ] >>

It is recommended to BACKUP the database before proceeding to inactivate a provider. Press 'Cancel' to backup the database, or 'OK' to proceed with Inactivate Provider.

NOTE: Easy Dental must be closed at all workstations in order to proceed.

[OK]   [Cancel]

6. Select Replacement Provider

Thoroughly read the changes that will occur in this dialog box. Click the search button to select a replacement provider. The Select Provider dialog box will appear. Highlight the appropriate provider and click OK.

7. Click OK

Click the OK button to proceed or click Cancel to return to Practice Resource Setup without inactivating.

Staff Information

1. Enter Staff Information
   - Choose the New button in the Staff area of the Practice Resources window and the Staff Information dialog box is displayed.

   - Enter the appropriate information in each of the fields for each staff member in your practice.

The Staff Information dialog box. This information will appear in practice resource reports.

   - Use the Tab key or mouse to move from field to field.

   - Choose the OK button when finished. (The staff ID cannot be edited once it has been created and OK is clicked.)

2. Close Practice Resources

When you have completed entry of all the required Practice Resources information, select the Close button to close the Practice Resources window.

Inactivating a Staff Member

A Staff member cannot be deleted from Easy Dental. You can inactivate the staff member by following the same steps under Inactivating a Provider. Be sure to highlight the correct staff member and choose the Inactivate button in the Staff area.

Defining Time Units

Before you can continue in the Setup process, you must define time units. Time units are used when setting up procedure codes. Basically, you can choose how to divide up your appointments, by 5, 10, 15, 20, or 30 minute units. Each unit should also represent a unit of time where either the provider or an assistant is present during the procedure. For example, during the first unit of time you may wish to have only the assistant present to prep the patient. This micro-scheduling will help you maximize operatory use.

1. Open Schedule
Click the Schedule button in the toolbar on the left. The Schedule module will open.

2. Click Setup
Click the Setup button located on the Schedule toolbar and then choose Practice Setup. The Practice Schedule Setup dialog box will appear.

Click the Schedule button to switch to the Schedule Module, then click the Setup button and choose Practice Setup.

Click on any one of these radio buttons to define the length of time assigned to each Time Block.

The other features contained in this dialog box are discussed in the Schedule chapter. Choose the OK button to continue.

3. Set Time Block Size
On the right hand side of the dialog box is the Select Time Block Size area. Select the time unit size that best fits the way your practice operates. Click the OK button when finished.

4. Return to Reports
To continue with the setup process, return to the Reports window by choosing the Reports icon in the toolbar. The other features contained in the Practice Schedule Setup dialog box are discussed in the Schedule chapter. These remaining features are not necessary in completing the initial setup procedure and will not be discussed here. Continue with the next section.

Setting Up Recall

Easy Dental allows five Recall types. If a particular procedure requires a recall appoint-ment, you can instruct Easy Dental to automatically place the patient on a Recall list. Each procedure can be assigned a particular Recall type.

Type	Description	Interval	Status
LAB CASE	track lab case	2W +1	
Other	other dental recall	1Y +1	
PERIO	periodontal maintenance	4M +1	
PROPHY	periodic cleaning and exam	6M +1	
SCREENING	Oral Cancer Screening	1Y +1	
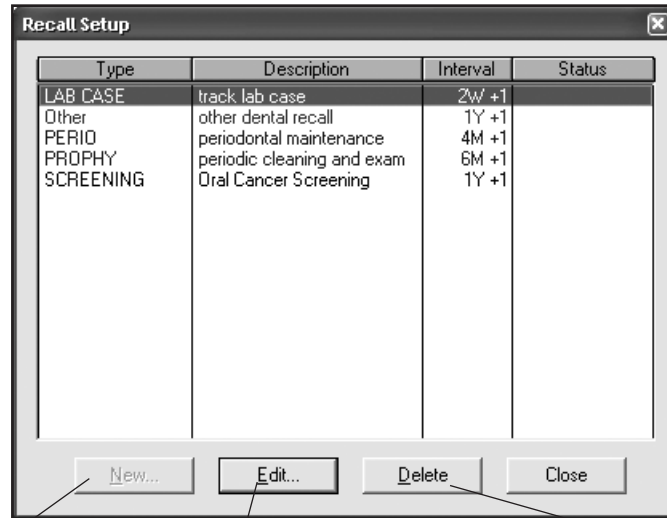
Choose the New button to create a new recall type.

To edit an existing type, highlight the type and then choose the Edit button.

Choose the Delete button to delete the highlighted type.

Recall types are user-definable. You control the name of the type (with the exception of Prophy), the interval, and the provider. Although Easy Dental comes with five types, you should review them to make sure they fit your practice's needs. There is a limit of five Recall types.

1. Click Practice Setup | Recall Setup
In the Reports window, click the Practice Setup button, then choose Recall Setup. The Re-call Setup dialog box appears.

2. Highlight Recall Type and Edit
If this is a new installation, you will want to review the five default Recall types. Highlight the first default type and then choose the Edit button. The Edit Recall Type dialog box will appear.

3. Verify Settings
Verify the following information for the Recall type:

- Type: This is a user-definable field accepting up to 12 alphanumeric characters.

- Description: This is a user-definable field accepting up to 30 alphanumeric char-acters. This description can be used for letter merge (it is not capitalized if the description is to be inserted into a sentence).

Edit the description as needed.

Select the recall interval and then the down arrow button to define the interval in terms of months, days, etc..

Choose the Set Color button to display the Recall in a particular color.

Edit Recall Type

Type:
PROPHY

Description:
periodic cleaning and exam

Initial Status:
[None]

Interval:
6   Months   ☑ +1 Day

Provider:
⦿ Prov1 ○ Prov2 ○ Spec:

Display Color:
Sample Text Color   Set Color...

OK

Cancel

Click the down arrow button to choose an initial status.

Mark the provider you wish to use as the default provider for the recall type.

Click the OK button to save the type.

- Initial Status: Status refers to the state of the recall when it appears in the Recall list. If you need to change the status, choose the down-arrow button and select a different status.

- Interval: Make sure the interval is acceptable. The "+1 Day" option will add the set interval plus one more day for insurance purposes. This is the default setting for all patients, but can be customized for individual patients. See the Patients chapter for more information.

- Provider: This option allows you to set a specific provider for the recall type. Prov1 refers to the primary provider selected for each patient in the Patients module. Prov2 refers to the secondary provider selected for each patient. Spec. allows you to select a specific provider using the down arrow. All appointments scheduled for this recall type will be automatically assigned to the provider selected.

- Display Color: You can choose to have each Recall type display in different colors. If you wish to change the color, choose the Set Color button.

Note: The Prophy type may be edited, but the Type name for the Prophy Recall Type may not be changed and the type cannot be deleted.

Remember

4. Click OK
To save your changes (if any), click the OK button. Repeat this process for the remaining default types before continuing to the next section.

Note: All of the information for each Recall type is displayed in an abbreviated format from the Recall Setup dialog box. You may choose not to select the Edit button if a Recall type appears to be set up correctly for your practice.

Related Topics

- See also the *Recall* chapter for more information on Recall.

Setting Up Procedure Codes

The procedures listed in the American Dental Association Code on Dental Procedures and Nomenclature are included with Easy Dental. They are referred to as "procedures" in this documentation.

It is necessary to set up some additional information for the procedures that you perform, such as fees and the approximate amount of time required to complete each procedure. The purpose of this section is to add and/or customize the procedure information.

Note: When adding a procedure code, Easy Dental automatically defaults to the category highlighted before you select the New button.

Quick Start: The following eight-step process is mandatory for each procedure performed in your practice. Follow the steps for each procedure, by category, to add the required information. To speed up the process, choose only those categories that are applicable to your practice.

1. Click Practice Setup | Procedure Code Setup
In the Reports window, click the Practice Setup button, and then choose Procedure Code Setup. The Procedure List dialog box is displayed.

2. Choose a Category and Procedure

- Choose a category on the left. All the procedure codes associated with that category will appear in the right list box.

- Select the first procedure in the list box by double-clicking on its description OR highlight it and then choose the Edit button.

Select a procedure code category here . . .

. . . and then select a procedure from this list.

After the procedure code is highlighted, click Edit.

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3. Enter Fees

You should already have a list of the fees that are currently used to bill your patients. This is also a good time to review your fees and make changes if desired. No fees are pre-assigned in Easy Dental.

Easy Dental allows a practice to have up to 999 fee schedules for each procedure. If more than one fee schedule is used in the practice:

- Enter each fee by highlighting the appropriate Fee Schedule and then choosing the Edit Fee button. A small edit box will appear next to the Fee Schedule.

- Change the amount.

- Press the Enter key or click the green checkmark to save the change. (Press the red X to cancel the change.)

Note: When a fee is highlighted in the list box, you must press the Enter key or click the green checkmark in order to exit the Fee field, or use the Tab key to edit the next fee.

Note: Remember that each provider is assigned a fee schedule. Be sure the provider's Fee Schedule number is entered in the Provider Information dialog box. When a procedure is entered in the Accounts window, the charge is assigned according to the selected provider's fee schedule. You may also choose to override the provider's fee schedule by assigning a patient or an insurance carrier a fee schedule.

4. Set Treatment Flags

A check mark in the box means the procedure is flagged. A blank box means the procedure is not flagged.

- **Difficult Procedure.** When "Difficult Proc." is flagged, the procedure will be marked with an asterisk (*) every time it is listed on the day sheet report. This will notify the provider of any patients who may need to be called at the end of the day to follow up on the patient's condition. If you want a procedure to be marked on the day sheet, flag "Difficult Proc." None of the Easy Dental procedures are flagged "Difficult Proc." by default.

5. Select Auto Recall Type

When you attach a Recall type to a procedure, Easy Dental will automatically update the patient's recall date by the interval assigned when the procedure is completed. And if the patient does not have Recall, it will be added.

To attach a Recall type to the procedure:

- Choose the Search button in the Auto Recall section. The Select Recall Type dialog box will appear.

- Select the appropriate type and then choose the Select button. A procedure code may be assigned only one Recall type. The Recall type, however may be set on unlimited procedure codes. See the Recall chapter for more information.

If the procedure requires a treatment flag, select one here.
Click once in the box to place a checkmark in the box.

Set fees here. Highlight the fee you wish to edit and
then choose the Edit Fee button.

Choose this Search button to attach an automatic recall
type or recall to the procedure.

Choose this Search button to set the amount of time
required to complete this procedure.

6. Set Procedure Time

The Procedure Time button displays the Appointment Time Pattern dialog box that allows you to enter the number of time units that are usually scheduled for that procedure. The number of minutes assigned to each time unit was defined on page 9. All Easy Dental procedures default to one time unit. As you review each procedure, if the procedure time should exceed one unit, choose the Procedure Time button.

- Use the scroll bar to increase or decrease the Total Time units. The right arrow will add a unit. The left arrow will subtract a unit.

- If you click on a unit using the mouse, a single slash, an X, or a blank box will appear. Each face represents who is providing care to the patient during the procedure. A single slash represents the assistant's time. The X represents the provider's time. White/Clear represents chair time when neither the provider nor the assistant needs to be present. These assignments will appear while you are scheduling appointments and will allow you to maximize productivity and use of all operatories.

Choose the Left or Right arrow buttons to lengthen or shorten the time of the appointment by one time block or unit. You can also click and drag the bar to increase or decrease the time.

Appointment Time Pattern

Time Pattern

◄   ►

/XX/

Total Time: 6 Unit(s)   OK   Cancel
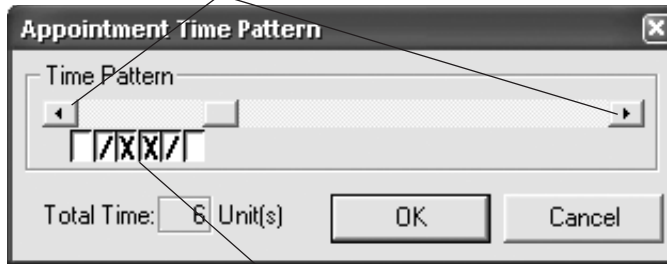
The face of each time block can be changed from white to a single slash to an X by clicking on the block with the mouse. A single slash represents assistant time. An X represents provider time. White represents chair time when neither the provider nor the assistant needs to be present.

- Click the OK button to save your assignment and definition of time required for the procedure.

7. Do Not Bill to Insurance

If you do **not** wish to include this procedure on insurance claims or on the Procedures Not Attached to Insurance Report, mark this option.

8. Save Changes

- When you have entered the correct information for a procedure, choose the Next Code button.

- The Next Code button will produce a new box asking if you want to save your changes. Choose Yes if you want to save your changes. Choose No if you don't want to save your changes. Easy Dental will automatically move you to the next procedure.

- When you have finished setting up procedures, choose Close from the Procedure Code Editor Box. Then choose Close from the Procedure List box. You're now ready to move on to the next step in the set up process.

Note: Remember that the above steps must be completed for each procedure that you perform in your practice. More information about the Procedure Code Editor *is available in the* Reports *chapter.*

Practice Definitions Setup

Easy Dental provides several Practice Definitions and allows user-definable entries for each. These Practice Definitions, in addition to other features, customize Easy Dental for your specific practice. Things that can be customized are:

Adjustment Types*	Fee Schedule Names
Alternate Procedure Code Names	Medical Alerts
Appointment Reasons*	Payment Types*
Appointment Types	Provider Specialties
Billing Types*	Recall Status*
Claim Format	Referral Specialties
	Provider ID Codes

Only those definitions shown with an * are necessary for this initial setup and are explained in the following sections. The other definitions have defaults. (If you desire to change any of the definitions not covered here, it will be necessary to refer to the *Practice Definitions* section of the *Reports* chapter.)

Keep the following in mind as you set up the definitions in these sections:

- An entry for a definition is automatically assigned the first available ID number for that definition, each starting with ID number "1", then "2", and so on. For example, if ID 2 has been deleted, the next definition added of that type will have ID 2.

- Definitions are sorted according to ID number. (Medical Alerts will be listed in the Patients window in alphabetical order.)

- The ID number is used when a definition is assigned. The description for a definition entry then becomes global with its ID number. For example, if several patients are given the medical alert of "Allergies," and then the definition entry for "Allergies" is changed to "Pregnant," all patients who previously had "Allergies" displayed as a medical alert will now have "Pregnant" displayed as a medical alert. For this and similar reasons, it is recommended that a definition entry not be changed or deleted if the definition has been used previously anywhere in Easy Dental.

Caution!

Practice Definitions

Definition Type

Billing Types

Definition Text

Standard Billing - finance charges   Add

Id	Description
1	Standard Billing - finance charges
2	Standard Billing - no finance charges
3	Insurance Family - Dual Insurance
4	Insurance Family - finance charges
5	Payment Plan - finance charges
6	Payment Plan - no finance charges
7	Bad Debt - at risk
8	No Statement and No Finance Charges

Change

Delete

Close

Choose the down arrow to display a list of all practice definitions.

After you've selected a definition type, all of the definitions will appear in the list box.

To Edit a definition, select it in the list, make your changes in the Definition Text edit box, and then choose the Change button.

How to Edit Definitions

1. Choose Practice Setup | Definitions
From the Reports window, choose the Practice Setup button. Then select Definitions. The Practice Definitions dialog box will appear.

2. Select Definition Type
Click the down arrow to reveal a list of all Practice Definitions. Select the Definition you wish to change. A list of all the definitions in that Definition Type will appear in the lower list box.

3. Select and Edit Definition
Select the definition you wish to edit. The selected Definition will then appear in the Definition Text box. Using the mouse, click in the text box and make any necessary changes.

4. Click Change
To save your changes, click the Change button. Easy Dental will ask if you are sure you want to make changes. Click the Yes button to continue. Click the No button to abort.

To Add a New Definition:

- Type the new definition in the Definition Text box.

- Choose the Add button. The new definition will appear at the bottom of the list for that Definition Type. You may need to scroll down (by clicking on the down arrow button in the list box) to see your addition.

To Delete a Definition:

- Select the definition you wish to delete.

- Click the Delete button. Easy Dental will verify that you want to delete the definition. Be aware that by deleting a definition after it has been used in Easy Dental may produce an unstable database and it is not recommended.

Caution!

5. Click Close
To complete the process and exit Definitions, click the Close button.

Adjustment Types

Quick Start: The Accounts module displays a list of adjustment types to select from whenever an adjustment is entered for a patient account. These types determine the description for each adjustment displayed in the Accounts module and printed on statements. The first adjustment type should be the one most commonly used for patient accounts because it will be the default when entering adjustments in the Accounts module. Easy Dental provides the following 23 defaults:

1. - Professional Courtesy	13. - In-office Write-off
2. - Full Payment Courtesy	14. - Charitable Contribution
3. - Credit Adjustment	15. + Collected - Bad Debt
4. + Debit Adjustment	16. - Bankruptcy Write-off
5. - Patient Refund	17. + Transfer Balance Debit
6. - Write-Off	18. - Transfer Balance Credit
7. - Senior Citizen Courtesy	19. + Misc. Debit
8. + NSF Check	20. - Misc. Credit
9. + NSF Bank Fee	21. + Initial Balance Forward
10. + Insurance Over-pmt Refund	22. - Initial Credit Balance Forward
11. - Family/Friend Courtesy	23. + Insurance Balance Forward
12. - Staff Courtesy	

If you are satisfied these default definitions will work for your practice then move on to the next section. Otherwise, follow the steps for editing definitions on page 17.

Note: There is an additional field for adjustment types that is displayed before the definition text. The field has a "+" or "-" to indicate whether an adjustment is added to or subtracted from an account.

Appointment Reasons

Quick Start: To simplify the scheduling of an appointment, Easy Dental allows you to create a list of the 20 most common initial appointment reasons for your office. Once the list has been customized, users can quickly select the desired procedure from a list rather than typing or writing a long appointment description. Each of the 20 reasons must first be set up as a procedure or explosion code. None of the reasons should require additional treatment information such as a tooth number or surface. The following 20 appointment reasons are installed as default with Easy Dental.

1.	D0120	00120 Ex Per	11.	D1110	01110 Adult
2.	D0140	00140 Ex Lim	12.	D1120	01120 Child
3.	D0150	00150 Ex Com	13.	D1201	01201 Fld-Ch
4.	D0160	00160 Ex Ext	14.	D9110	09110 Emerg
5.	D0210	00210 FMX	15.	D9310	09310 Consul
6.	D0220	00220 PA 1st	16.	D0999	00999 Misc
7.	D0272	00272 2 BWX	17.	xxREA	REAdult (Exp
8.	D0274	00274 4 BWX	18.	xxREP	REChild (Exp
9.	D0330	00330 Pano	19.	xxREC	REComp (Exp
10.	D0460	00460 PV Tst	20.	xxPEX	Perio X (Exp

Before an appointment reason will display in the Schedule, the definition must meet the following criteria:

• The reason must reference an existing procedure code or explosion code.

• The reason should not reference a procedure or explosion code that requires a tooth number, surface, quadrant, or sextant.

Billing Types

Quick Start: Easy Dental has nine default billing types. If they are sufficient you can move to the next topic. The billing types are:

1. Standard Billing - finance charges
2. Standard Billing - no finance charges
3. Insurance Family - Dual Insurance
4. Insurance Family - finance charges
5. Payment Plan - finance charges
6. Payment Plan - no finance charges
7. Bad Debt - at risk
8. No Statement and No Finance Charges
9. Bad Debt - to collections

Billing types identify and group the various family accounts for account processing, billing, and report printing. Billing types are a flag for the office staff indicating how a patient should be billed. However, billing types do not dictate how the program treats an account. For example, if the practice does not apply finance charges to employees or relatives, each account in that category should be assigned a representative billing type (such as Standard Billing - No Finance Charges). This would allow you to exclude this billing type when applying finance charges.

Billing types are assigned to a family account through the head-of-house in the Accounts window. When a head-of-house is entered he will automatically be given the default billing type for his family account until another is selected. The default billing type is set up on page 22.

Each billing type comprises a description, which can be up to 50 characters in length, and an ID number. Specific billing types can be selected when applying finance charges; and billing type ranges can be used to send statements and to print various reports. The billing types should be entered logically to allow the selection of ranges to efficiently send billing statements and print analysis reports. Up to 99 billing types can be added as needed. To edit a billing type, or to add a new one, follow the steps beginning on the previous page.

Payment Types

Quick Start: The Accounts module displays a list of payment types to select from whenever a payment is entered. These types determine the description for each payment displayed in the Accounts module and printed on statements and other reports. The first payment type should be the most common type of payment received by your practice. When entering guarantor payments in the Accounts module, the first payment type is the default. Insurance payments do not require a payment type and are entered differently than guarantor payments (see the Accounts chapter for information on entering payments). Easy Dental provides four defaults. If these are sufficient for your practice, continue to the next section. Otherwise follow the steps for editing definitions on the previous page, selecting Payment Types as the Definition.

The default Payment Types are:

1. Check Payment - Thank You
2. Cash Payment - Thank You
3. VISA/MC Payment - Thank You
4. Payment From Insurance
5. Discover Payment - Thank You
6. AMEX Payment - Thank You
7. Outside Payment - Thank You
8. Web Patient Payment - Thank You
9. Collection Payment - Thank You
10. Pre-EZD Ins Pmt - Thank You

Recall Status

Recall Status is used in the Patient Recall window to indicate the last contact with a patient regarding his or her next recall visit. The status should be entered as an abbreviation in the first field and a description in the second field. When Easy Dental is first installed the following three recall types are available as default.

1. APPT – Appointment Scheduled
2. NOTE – See Note
3. XXXXX – Don't Contact

Dunning Messages

A dunning message automatically prints on each billing statement according to the account's aged balance. For every 30-day time period an account is aged, a certain message will be printed at the bottom of the family's statement. You can enter the message that will be printed according to each account's oldest balance. There are three sets of dunning messages, one for non-insured accounts, one for insured accounts, and another that will print according to the last payment date. An account is considered insured if the head-of-house has insurance.

To View or Edit Dunning Messages:

1. Click Practice Setup | Dunning Messages
From the Reports module, click the Practice Setup button and then choose Dunning Messages. The Dunning Messages dialog box is displayed.

2. Click Aging Period
To view the message for each aging time period, click on the radio button next to each.
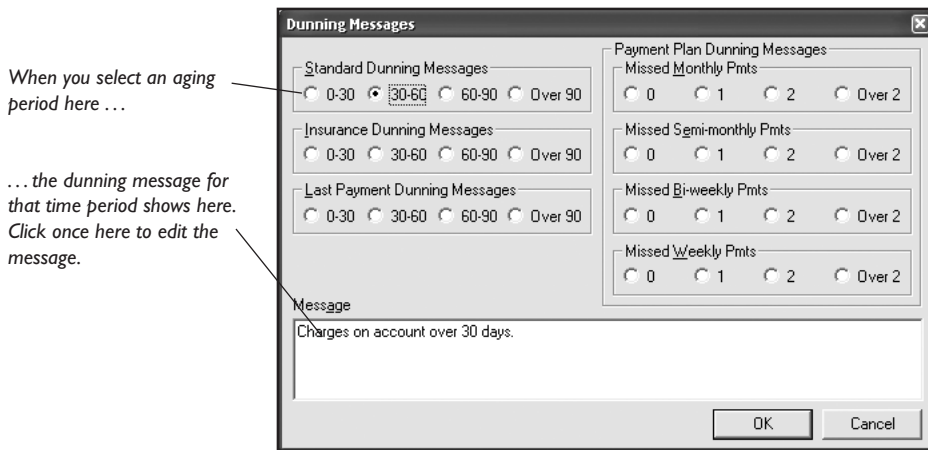
When you select an aging period here . . .

. . . the dunning message for that time period shows here. Click once here to edit the message.

3. Edit Message

To edit each message click in the message box. Make any changes to the message. The message is saved when you choose a different dunning message or choose OK. Each message can be up to 70 characters in length.

4. Click OK

When you are finished reviewing each message, click the OK button. The default Dunning Messages are:

Standard Dunning Messages

0-30	None
30-60	Charges on account over 30 days.
60-90	Charges on account over 60 days.
Over 90	Charges on account over 90 days. PLEASE PAY IMMEDIATELY!

Insurance Dunning Messages

0-30	None
30-60	Over 30 days. Please contact your insurance company if necessary.
60-90	Charges over 60 days. You are responsible for balance.
Over 90	Charges on account over 90 days. PLEASE PAY IMMEDIATELY.

Easy Dental does not include any Last Payment Dunning Messages. These messages appear if a payment has been made in the last 30, 60, 90 or more days. You may add these messages if you wish by following the above steps. If a Last Payment dunning message is entered, it will be used instead of the standard or insurance dunning message.

Note: A dunning message may be entered for a specific account from the Accounts window. See the Accounts *chapter.*

Practice Defaults

When entering patient information or performing certain tasks, the process of having to choose a provider or operatory that is more commonly used than others can be redundant. To save time, Easy Dental will default to a particular provider, operatory, billing type, or billing statement. You can choose which provider, operatory, billing type, or billing statement that Easy Dental will default to at each station.

To Select Practice Defaults:

1. Click Practice Setup | Practice Defaults
From the Reports window, click the Practice Setup button , then choose Practice Defaults The Practice Defaults window is displayed.

2. Select Practice Defaults
Select the practice defaults you wish to use. Each of the following practice defaults need to be selected for your practice. In a network environment, the practice defaults need to be set up at each workstation since the practice defaults are not stored in the database. The practice defaults can be changed at any time.

- The Default Provider selected will be the Primary provider given to each new head-of-house.

- The Default Operatory selected will be the default operatory for each new appointment.

- The Default Billing Type selected will be the billing type given to each new head-of-house.

- The Default Billing Statement is the form which will be used when printing billing statements.

- The Default Insurance Claim Provider enables you to select which provider should appear on insurance claims as the Billing Provider, Rendering Provider, and Pay To Provider. Provider of Procedures defaults to the provider who performed the procedures. Patient's Prov 1 defaults to the patient's primary provider listed in the Patients module. Specific Provider allows you to select a specific provider to default on all insurance claims by clicking on the search button. Check the Name to use for Claim Provider option if you want to replace only the name of the claim provider with the name selected or typed in the field.

3. Click OK

Preferences

The Preferences dialog box allows you to select which module you wish to open when Easy Dental is first launched. You will also want to specify whether you wish to have payments and adjustments default to the Guarantor or Current Patient. (For more information on applying payments and adjustments, see the *Accounts* chapter.)

1.   Click Maintenance
From the Reports toolbar, click the Maintenance button.

2.   Choose Preferences
From the Maintenance menu, choose Preferences. The Preferences window appears.

3.   Click General Options
Click the General Options tab. The following sections will explain how to select the initial module to launch and select the payment/adjustment default.
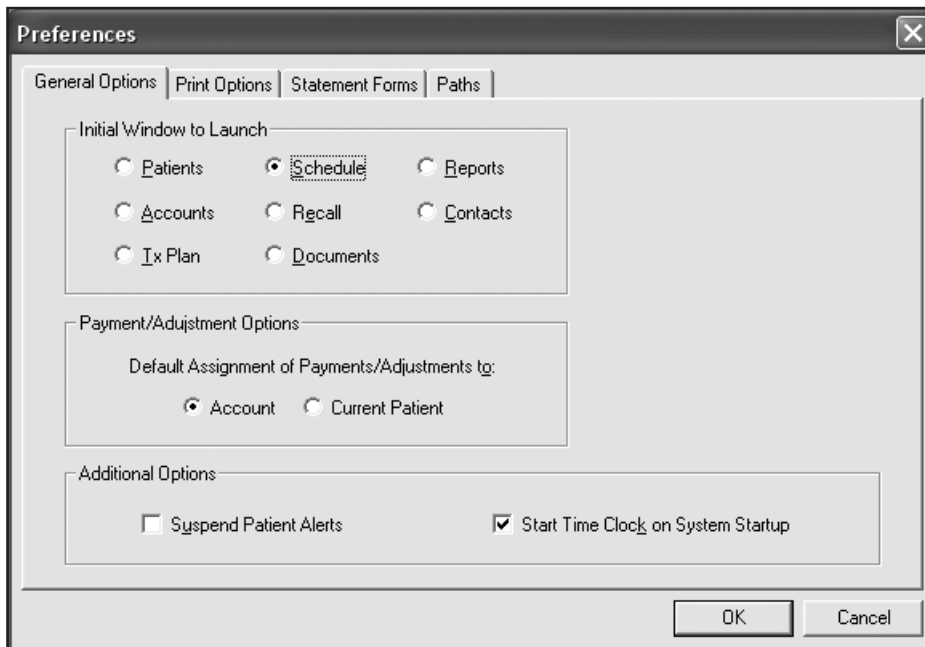
Selecting the Initial Window to Launch

Many Easy Dental users start their morning in the Accounts window, Patients window, or another Easy Dental window other than the Schedule window. To put you one step ahead at the beginning of your day, Easy Dental allows you to select a "Startup" window. When Easy Dental is launched, your selected window will open first. To select your Startup Window, complete the following steps:

1. Mark Initial Window to Launch

Mark the option for the window where you would like to start Easy Dental each morning.

2. Click OK

Click the OK button to save your settings and return to the Reports window.

Note: Each workstation can have its own Startup Window, so this process should be repeated on each workstation.

Payment and Adjustment Default

Easy Dental allows you to keep track of individual patient balances as well as family balances. Each time a payment and adjustment is made, you may select whether to apply the amount to the current patient or the guarantor. The option will default according to what you have marked in the Preferences dialog box. Complete the following step to choose a default.

1. Mark Guarantor or Current Patient

To have payments and adjustments default to the head-of-house's balance, mark Account. To have payments and adjustments default to the selected patient's balance, mark Current Patient.

2. Click OK

Click the OK button to exit and save your changes.

Suspend Patient Alerts

You may check Suspend Patient Alerts to prevent Patient Alerts from appearing automatically on this particular computer.

Start Time Clock on System Startup

You may check this option to have the Time Clock module open when the computer system is starting up.

Modem Setup

Quick Start: If you are not currently using a telephone modem in your computer system, skip to the next topic.

1. Click Practice Setup | Modem Setup

From the Reports window menu, click the Practice Setup button, and then choose Modem Setup. The Modem Setup dialog box is displayed.

If you have a modem, choose this radio button.

Select the correct dial type here.

Select the correct com port here.

Choose OK to save your settings.

If your phone system requires a code to be entered after dialing a long distance number, enter that code after the semicolon here.

If you must dial a prefix to reach an outside line (usually an 8 or 9), enter that number here.
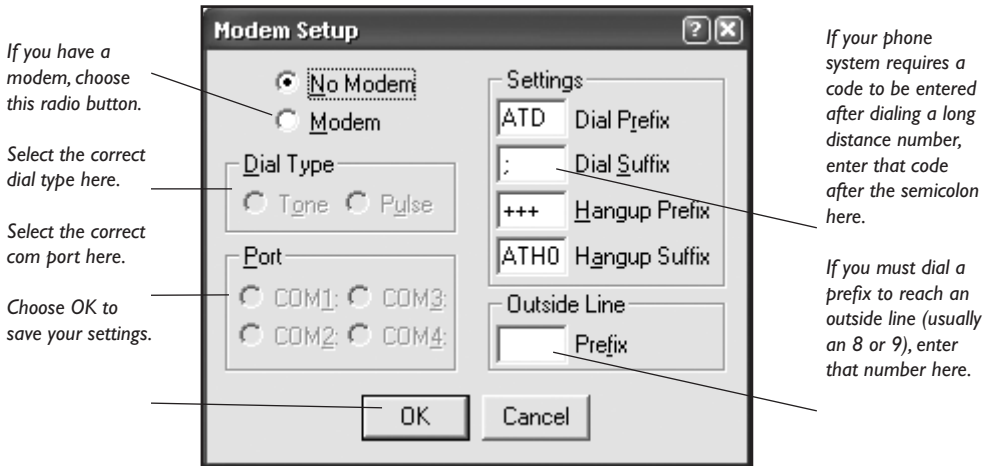
2. Choose Modem

If you have a modem, choose the Modem radio button.

3. Select Dial Type

Select the Dial Type for the phone system. Tone is the most common. Pulse refers to a phone system that still supports rotary dial phones. The dial type that your regular phones use is what you should select here. If you're not sure, call your telephone company.

4. Select Communication Port

Select the Communication Port (i.e. COM1, COM2) the modem is configured for. Be sure to use the modem manual to set up the modem port in the Windows Control Panel.

How can I use a modem with Easy Dental?

Your modem has several useful functions in Easy Dental. You will need a modem to process bills and insurance claims electronically, two exciting and time saving features of your Easy Dental software. (For more information on activating these features, call 1-800-824-6375, option 2.)

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5. Enter Long Distance Code

If your phone system requires a code to be entered after dialing a long distance number, enter that code number in the Dial Suffix edit box. Be sure to enter the number after the semicolon.

6. Enter Outside Line Prefix

If your phone system requires a prefix to reach an outside line (usually an 8 or 9), enter that number in the Outside Line edit box.

7. Click OK

When you have made the appropriate selections in this dialog box, click the OK button.

Note: The Dial Prefix and Hangup Suffix settings should come from your modem's User's Guide. Refer to the modem's documentation to see what settings are necessary for the modem to operate correctly.

Auto Chart Numbering Setup

Easy Dental will automatically assign your patients chart numbers. The advantages of this feature are:

- You never have to worry about duplicate chart numbers and

- Auto entry speeds the data entry process.

Easy Dental will assign numeric or alpha-numeric chart numbers. To setup auto chart numbering, complete the following steps:

1. Choose Practice Setup | Auto Chart Number Setup

From the Reports window, click the Practice Setup button, and then choose Auto Chart Number Setup. The Automatic Chart Numbering Setup dialog box will appear.

2. Select Number Type

Select the type of numbering you want. Choose None if you don't want Easy Dental to assign chart numbers.

Select the type of chart numbers you want.

Numeric chart number example: 000024

Alpha/Numeric chart number example: AB0003

Automatic Chart Numbering Setup ☒

Select Auto Chart Numbering
- ○ Numeric
- ● Alpha / Numeric
- ○ None

[OK] [Cancel]
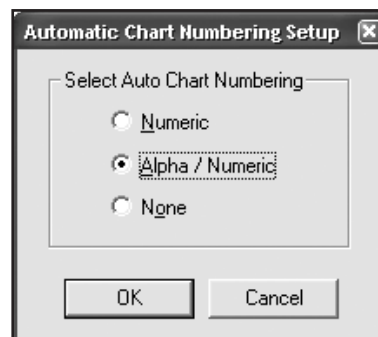
3. Click OK

Click the OK button to save your selections. Auto chart number assignment is most visible when entering a new family or new family members. The Chart text box in the Patient Information dialog box will fill in automatically.

Note: Easy Dental will fill in missing chart numbers before it will continue with the last chart number. For example if the chart numbers that exist go from 223 to 225, Easy Dental will use 224 before starting at the end of the chart numbers.

Patient Data Entry Considerations

Patients with existing account balances, existing appointments, or existing/incomplete treatment plans should be entered into Easy Dental first. There are two recommended options for entering current balances and charts. Review the options and then use the following chapters to enter your patients' information.

Option 1

1. Enter the account's aged balance when entering a new family. The Accounts module will automatically post an "initial balance" transaction for that patient. The "initial balance" will print as a balance forward on statements. See the Accounts chapter for more information.

2. From the Treatment Plans module, enter all treatment plan procedures. This will store a record of the current status of each patient's treatment and enable processing of each patient's treatment plan. See the Treatment Plans chapter.

3. Since many insurance claims have probably been sent prior to installation and not yet received, sometime after the installation there will be insurance payments for claims that are not listed in any patient's Accounts window. These insurance payments **cannot** be entered in the normal way. Each will need to be entered as a normal payment using the payment type **Payment From Insurance** with a note of explanation. When the payment is listed in the Accounts window as a payment it may cause some confusion with the family account. The note will explain the discrepancy.

Option 2

1. Do not enter the family's balance in the Accounts window.

2. When you begin entering information in the Accounts window, enter all completed procedures as "Completed" if the charge is still outstanding. Enter all treatment plan procedures as "Treatment Plan."

3. For each completed procedure be sure that the date is the actual date of the charge to properly age the account balance.

4. For each treatment plan procedure be sure that the date reflects when the procedure was treatment planned.

    The dates and charges of completed procedures will be used to create each account's aged balance. The balance displayed in the Accounts window should equal the account's actual balance at the time of installation. If the displayed account balance is incorrect, individual procedure charges can be edited, or an adjustment entry can be made if a procedure has been partially paid for.

5. When you begin working in the Accounts window, create a claim for each insurance claim or pre-treatment estimate claim that has been sent, but not received, as of the time of installation. Enter the date each claim was originally sent so that the claim will be accurately listed as sent. The claim does not need to be printed. (See *Creating a Primary Insurance Claim* in the *Accounts* chapter for more information.)

    By entering the claims that are outstanding as of the time of installation, the claims can be aged and tracked, insurance payments can be entered properly, pre-treatment estimates can be entered, and the payment table for estimates can be updated in a more timely fashion.

Option #1 is the easier and more commonly used of the two options. There are a few disadvantages to using Option #1. Although your account balances will be correct, the descriptions of how these balances came about will be missing. Option #2 will include descriptions on outstanding balances and will have more information available for you to use with Easy Dental. However, you may not have the time necessary to enter each existing and/or completed procedure for each patient.

Not all existing patient accounts and charts need to be entered using the same option. For example, Option #1 could be used for accounts that don't have outstanding insurance claims and Option #2 could be used for accounts that do.

After you have setup and configured Easy Dental to meet your practice's specific needs, you are ready to start entering your patients' information.

Patients

In this Section:

- Patient Window Areas

- Selecting a Patient

- Adding Patients and Family Members

- Assigning Medical Alerts

- Assigning Employer Information

- Assigning Insurance

- Patient Notes

- Patient Notes Report

- Assigning Referrals

- Editing Family Relationships

- Deleting a Patient

- Deleting a Family

- New Patient With Appointment

- Patient Survey

- Archiving Patients

- Handling Unique Family Relationships

The Patients module stores and displays information about each patient. Important data such as the patient's name, address, phone numbers, medical alerts, birth date, insurance coverages, employer, and referral information is entered and displayed here.

Note: It is vital that the information be entered accurately because it is used to create insurance claims, billing statements, reports, and special lists throughout Easy Dental.

Patients are organized by family. The name of the currently displayed patient is shown as part of the Patients module title. If no patient has been selected, or if you are entering Head-of-House information for the first time, no name will be displayed.

Note: Whenever a new family is entered, the Head-of-House must be entered first whether or not he or she is a patient.

Patients Window Areas

The Patients module contains several "fields" that display information. By double-clicking on these fields, you may enter, edit, or delete patient information.

Double-click on a name to switch between family members.

Double-click here to add medical alerts for the patient.

Double-click here to edit basic patient information.

Double-click here to enter the patient's employer.

Double-click here to enter insurance information for the patient.

Double-click here to add a note specific to this patient.

Double-click here to enter "referred to" information.

Double-click here to enter the referral source for a patient.

Double-click here to customize the patient's Recall.

The Toolbar

The toolbar is located directly beneath the title bar and contains several command buttons. Pictured below is the toolbar and an explanation of the function of each button.

New Patient with Appointment: Click here to add a new patient who has an appointment in the Schedule.

Patient Alerts: Click to add, view, or edit alerts assigned to the current patient.

Select Patient/New Family: Click here to choose a patient or add a new family.

Patient Notes: Click to print notes related to the current patient.

Refresh: Click here to refresh the window.

Help: Click here to start the help program.

Add New Family Member: Click here to add another family member to the current family.

Edit: Click here to edit family relationships or delete patients/families.

EasyWeb: Click to launch the EasyWeb toolbar.

Quick Letters: Click to print a letter for the current patient.

Patient Survey: Click here to print or edit a patient survey.

Patient Picture: Click to view a picture of the selected patient.

Selecting a Patient

1. Click Select Patient
From the Patients toolbar, click the Select Patient button. The Select Patient window appears.

Type in the patient's last name. As you type, Easy Dental will automatically search your records for a patient of the same name.

Click the New Family button if the patient needs to be added to your database and does not need to be added as a member of an existing family.

2. Type Last Name

Type the first few letters of the last name. As you begin typing, Easy Dental will start matching the characters you enter with names already entered in your database. Continue typing until you see the patient you are seaching for.

3. Click OK

Double-click on the patient name in the name list or highlight the name and click the OK button.

By default Easy Dental looks for patients by their last name, but you can also search by first name, preferred name, home phone number, chart number, or social security number by marking the radio buttons in the upper right side of the Select Patient window in the By section.

Remember, when you first install Easy Dental, no patients have been added to the database. Patient information will need to be entered manually or entered through an electronic data conversion.

Adding Patients and Family Members

Easy Dental organizes patient files by family. To enter new patients, you will have to first enter the head-of-house, even if that person is not a patient. The head-of-house is defined as the person responsible for the account (does not have to be the insurance subscriber). After entering the head-of-house, you can then add additional family members.

Entering the Head-of-House

1. Click Select Patient

Click the Select Patient button to display the Select Patient dialog box.

2. Enter Family's Last Name

Enter the family's last name to verify that the family is not already entered in the database.

3. Click New Family

Click the New Family button at the bottom of the Select Patient dialog box. When you click the New Family button from the Select Patient dialog box, the Head-of-House dialog box is displayed allowing you to enter the head-of-house for the new family.

Moving Around in Windows

If you haven't worked in Microsoft Windows before, here are a couple of tips to keep in mind.
• Press the TAB key to move from one field to another field (e.g., to move from the first name field to the middle initial field you would press the TAB key).
• Press the ENTER key to save information and exit a dialog box.
If you have been using a DOS-based program previously, this is an important difference you should keep in mind.

Enter the family's Head-of-House even if that person is not a patient. You can tab from field to field to enter information. Click the OK button when finished.

4. Enter Head-of-House Demographic Information
Enter the information in the Head-of-House Information dialog box.

Note: When entering dates, phone numbers, and social security numbers it is not necessary to enter hyphens, spaces, or slashes as these symbols will be added automatically. In addition, patient names, cities and street names are all automatically capitalized after they are entered and the TAB key is pressed. In the case of names that contain more than one capital letter (such as LaMar), the proper capitalization needs to be entered manually.

Name

Enter the first name, middle initial, and last name in each of the separate text boxes. Enter the patient's preferred name or nickname in the Preferred Name field. The Preferred Name is used for letters and other correspondence.

Note: Do not include extra characters in the name fields (e.g., quotation marks, commas, parenthesis, etc.).

Address

Enter the address for the head-of-house. Each new family member's address will default to that of the head-of-house.

• If a family member has a different address, change the address in that family member's Patient Information. When an address that has been saved for more than one family member is changed, the Address Changed dialog box will appear when you click the OK button.

- If Change Address for All is chosen, the address will be changed for all family members with the same address.

- If Add As New Address is chosen, the address will be added as an additional address for the family and can be selected for any family member.

- Selecting the Address search button will cause the Select from Family Addresses list box to appear, which lists every address that has been entered for a member of the family. You may select any address you wish from this list for each family member.

City, State, and Zip

Easy Dental compiles a database of cities and their corresponding zip codes with each new patient entered. As a result, if you are a new user, the first time you enter a zip code, Easy Dental will prompt you to enter a corresponding city. The next time you enter that zip code for a patient, Easy Dental will fill in the city and state appropriate to that zip code. As you enter more and more patients, you will find yourself having to enter the city and state less and less.

If you enter a new zip code:
- The New City Information dialog box will appear.

- Enter the city name.

- Enter the state name. The zip code should already be entered.

- Click the OK button. The city, state, and zip will be entered for the patient. The next time you enter patient information using the same zip code, the city and state will automatically be entered.

Enter the zip code here and click the search button. If that zip code has not been entered before, the New City Information dialog box opens.

If you need to search for a zip code:
- Click the search button next to the Zip field. The City Information dialog box will appear.

- Click a search option, either city or zip.

- Depending on what search option you chose, enter the zip or city. As you make your entry, a list of the cities or zip codes matching your search request will appear in the list box.

- Highlight the city or zip you're searching for and then click the Select button. If the city or zip code you are searching for is not present, click the New button and follow the steps in the previous section.

If you need to search for a particular zip or city, click this search button without entering any information. The City Information dialog box will appear.

Enter the city (or zip) that you are searching for here.

A list of all cities (or zip codes) matching your search criteria will appear here.

Click this button to add a new city and zip code.

Click this button to delete the highlighted city or zip code.

You can click to search either by zip code or by city.

Click this button to enter the highlighted city and zip code in the Head-of-House or Patient Information dialog box.

Click this button to exit the dialog box without making any changes or additions.

To delete a city or zip code:
- Click the search button next to the Zip field. The City Information dialog box will appear.

- Click a search option, either city or zip.

- Depending on what search option you chose, enter the zip or city.

- Highlight the city or zip you wish to delete and then click the Delete button.

E-Mail

You may enter a patient's E-Mail address for use with EasyWeb in the E-Mail field.

Phone

Enter the patient's home and work phone numbers, work extension, and the best time to call the patient in the respective fields. You may also enter FAX, pager, or other numbers.

Privacy Requests

The following options are available to protect a patient's privacy.

- No Phone Calls – If checked, the patient's phone number will not be listed or printed in various areas of Easy Dental, but will display as <PRIVATE>.

- No Correspondence – If checked, the patient can be excluded from receiving any letters or emails from Easy Dental or correspondence through EasyWeb. (This does not apply to Billing Statements.)

- Disclosure Restrictions – If checked, the patient will be excluded from EasyWeb referral uploads.

Note: When 'No Correspondence' and 'Disclosure Restrictions' are checked, you will be prompted, after clicking OK, to create Patient Alerts for these requests. In the Patients module, "Privacy Requests" will be displayed in red. "Privacy Requests" will also appear on the title bar of other modules. This is to quickly identify patients who have privacy requests.

Personal

- Select the patient's gender and position in the family (for insurance purposes).

- **Birth Date:** Enter the patient's date of birth. The age is calculated automatically.

- **SS #:** Enter the patient's social security number. Any time a social security number has been entered for a patient, the same number cannot be used for another patient. If you get an error indicating the social security number is invalid, and the SS# has been entered correctly, use Select Patient by SS# to find the patient entered with the same number. Then you can make any necessary changes or corrections. If a patient needs to be entered twice for insurance or other reasons you should leave the SS# field empty. You can then enter the SS# in the Subscriber ID field of the Insurance Information screen.

- The Salutation field will be used as the greeting for any letters created for the patient. Enter the Salutation exactly as you wish it to appear in the letter. (e.g., Dear Adams Family:). A title (such as Mr. or Dr.) can be entered to print the patient's title and last name on statements or letters. Check the **Print Title on Stmts** box to include the title on billing statements.

Billing and Treatment

- **Chart:** You may enter up to six digits in an alphanumeric or numeric chart number to correlate with the patient's chart in your manual charting system. The chart number must be unique to the patient. You can click the search button next to this text box to view a list of previously assigned chart numbers. If you have set up Easy Dental to automatically assign chart numbers, Easy Dental will
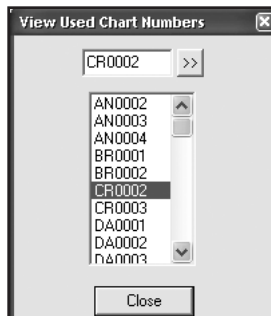
automatically generate the chart number. This number will be used as the account number on billing statements and walkout statements. (See the *Setup* chapter for how to set up automatic chart numbering.)

- **Consent:** The consent date defaults to the current date. Easy Dental assumes that when the patient comes in for the first time, a patient consent for services and release of information form is completed and signed. If you are entering patients who have been in your practice before, you may change the consent date here.

- **Status:** Select the patient's activity status. If the individual is a patient of the practice, select Patient. If the individual is a former patient of the practice who has not been seen in a long period of time, select Inactive. If the individual is not a patient of the practice, but must be entered as a head-of-house or as an insurance subscriber, select Non-Patient. If you wish to archive the patient, select Archive (see *Archiving Patients* in this chapter for information.)

- **Provider:** When the head-of-house is entered for a new family, the practice default provider ID (if set up in the Reports window) is assigned in the Prov1 field. As new family members are added, the provider ID for the Head-of-House is automatically assigned. Click the Prov1 search button to display a list of all primary providers entered in the practice. Select the desired primary provider for the patient. Payments and adjustments for the family will default to the provider for the Head-of-House. Use the Prov2 field to assign secondary providers (such as hygienists) to patients.

- **Fee Schedule:** You may attach a fee schedule to an individual patient here. If selected, this fee schedule will be used for all transactions involving that patient. A Fee Schedule assigned here will override any other fee schedules attached through the patient's insurance coverage or the patient's provider.
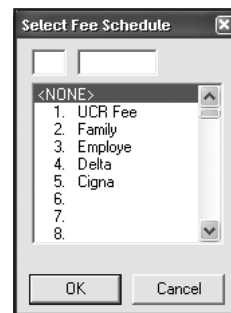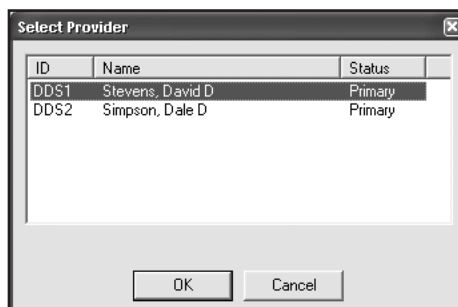
Scheduling

- **1st Visit:** The first visit date defaults to the current date. This date may be changed to correspond to the actual first visit date if the default entry is incorrect.

- **Last Visit:** The date will be generated automatically when you enter a transaction in the Accounts window that shows the patient has completed a procedure. You may manually enter the last visit date when you initially enter a patient in the patient file.

- **Last Missed Appt and # Missed:** The Last Missed Appt date and the total # Missed update automatically when an appointment is made in the Schedule and then broken. When you initially enter a patient, you may enter this information manually.

Adding Family Members

Follow these steps only *after* you have entered all the information related to the head-of-house. *Note: Easy Dental does not allow more than 18 family members.*

1. Click Add New Family Member

From the desired head-of-house patient file, click the Add New Family Member button on the toolbar. The Patient Information dialog box is displayed.

Note: The last name, provider, home phone number, and address will default to the information entered for the head-of-house file. You can change it if necessary.

2. Enter Family Member Information

Enter Family Member information in the appropriate fields. See the previous section for a more complete explanation of each field.

Medical Alerts

Note: The Medical Alerts listed may be customized in the Reports module. To enter new alerts or to edit existing alerts, refer to the Definitions *section in the* Reports *chapter.*

1. Click Medical Alerts

In the Patients module, click the plus symbol in the Medical Alerts field. (The plus symbol will display white if there are no alerts selected and red if there are alerts selected.) The Medical Alerts dialog box will appear listing any alerts that have previously been selected.

Click the Edit button to open the Select Medical Alerts dialog box. Highlight the appropriate alerts then click OK.

PATIENTS
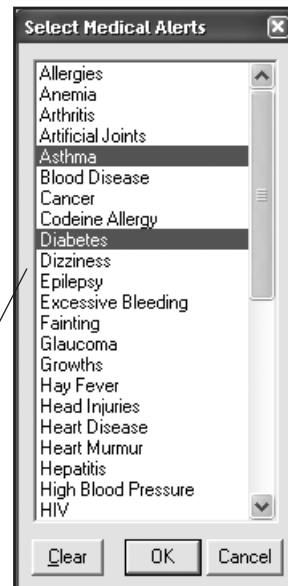
2. Click Edit

Click the Edit button to display a list of available Medical Alerts.

3. Select or Clear Alerts

Click on the desired alert(s) to select them. If you wish to clear all selections, click the Clear button.

4. Click OK

Click the OK button then OK again to return to the Patients module. The plus symbol will now display red indicating that this patient has Medical Alerts.

Recall

Easy Dental allows five recall types: Prophy, Lab Case, Other, Perio, and Screening. (See the *Setup* chapter for instructions on how to customize these recall types in the Reports window.) If a particular procedure requires a recall appointment, you can instruct Easy Dental to automatically place the patient on a Recall list. Each procedure can be assigned a particular recall type. (This can be set up in the Reports window. See the *Recall* chapter for more information). You may set Recall defaults for the individual patient in the Patients window as well as select the Recall types you wish to attach to each patient.
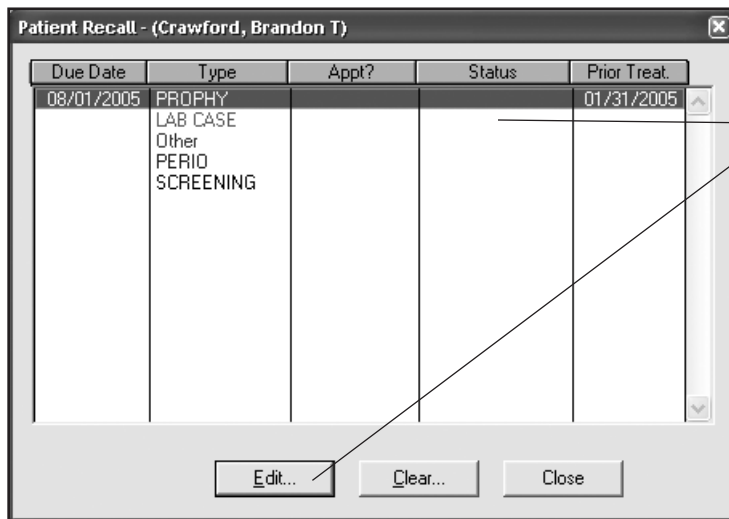
Recall types are displayed here. Select the one you wish to set and then click the Set/Edit button.

Setting Recall Types for a Patient:

Note: If a patient has a procedure entered as completed in the Accounts window and that procedure already has a Recall Type assigned to it (e.g., a Prophy), the recall type will automatically be attached to the patient.

1. Double-Click on Recall Block

Double-click on the Recall block. The Patient Recall dialog box will appear with the patient's name included in the title bar.

2. Select Recall Type

Select the Recall type you wish to set.

3. Click Set

Click the Set button. The Set Recall dialog box will appear.

Click the Search button to open the Set Interval window. The other fields in this dialog box may be left blank if you wish.

You may enter individual notes pertaining to the patient's recall in the Recall Note box.

The Date Set will show automatically once you have finished altering any other parameters in this box and have clicked on OK.

4. Change Due Date (Optional)

Manually enter another date or click on the search button next to the Due Date box and change the interval from the Set Interval dialog box that appears.

5. Change Prior Treatment Date (Optional)

If desired, change the Prior Treatment date. Prior treatment date refers to the last time the patient was in the office for this Recall type.

6. Select Status (Optional)

Select a Recall Status from the drop-down menu. Status will be used to indicate last contact with the patient when calling to schedule patients who are due for their recall visit. (For information on customizing the Recall Status options, see the *Setup* chapter.)

7. Enter Recall Note (Optional)

Information specific to a patient's recall can be entered and saved in the Recall Note field. This information can also be printed on Recall Cards (see *Printing Recall Cards* in the *Recall* chapter for more information).

8. Click OK

Click the OK button to set this Recall type for the current patient, or click Cancel to delete any changes you may have made and return to the Patient Recall screen.

9. Repeat Process for Other Recall Types

Repeat the process for any other Recall types you wish to set.

Editing an Existing Recall Type:

1. Double-Click on Recall Block

Double-click on the Recall block. The Patient Recall dialog box will appear.

2. Select Recall Type

Select the previously set Recall type that you wish to edit.

3. Click Edit

Click the Edit button. The Edit Recall dialog box will appear with the patient's name included in the title bar.

4. Make Changes

Make any necessary changes to the Due Date, Prior Treatment, Status, Provider, and Recall Note fields.

5. Click OK

Click on OK to accept the changes you've made OR click on cancel to return to the Patient Recall dialog box without making any changes.

Clearing an Existing Recall Type

1. Double-Click Recall Block

Double-click on the Recall block. The Patient Recall dialog box will appear.

2. Select Recall Type

Select the Recall type that you wish to clear.

3. Click Clear

Click the Clear button.

4. Click Yes

Click on Yes if you wish to clear the patient's settings for this Recall type OR click on No to abort the clearing process.

Employer Information

The primary purpose for the employer information is insurance claim processing. Easy Dental makes it easy to select a previously entered employer or to enter a new employer.

Note: The Employer Maintenance feature in the Reports module enables you to enter, edit, and combine multiple employers from one central location. (For more information, see Employer Maintenance *in the* System Maintenance *section of the* Reports *chapter.)*

Selecting an Employer or Entering a New One

1. Double-Click Employer
Double-click on the Employer block from the Patients window. The Employer Information dialog box is displayed.

2. Type First Few Letters of Employer Name
Type the first three or four letters of the employer's name in the Employer Name text box and then click the Employer search button. The Select Employer dialog box displays all of the employer names that begin with those letters.

OR

Click the search button without typing anything in the Employer Name text box. The Select Employer dialog box will list all of the employers in alphabetical order.

It is very important to search for existing employers before adding a new employer. If an employer is added that has been previously entered, your database will now have a duplicate copy of the employer available for use.

3. Select Employer
Select the patient's employer from the list and the Employer Information dialog box will display the employer's information.

4. Enter Information
If the patient's employer is not listed, click Cancel, which will take you back to the Employer Information dialog box and allow you to enter the employer's information.

Changing a Patient's Employer

1. Double-click Employer

Double-click on the Employer block from the Patients window and the Employer Information dialog box is displayed.

2. Click Clear

Click the Clear button from the Employer Information dialog box before selecting or entering a different employer.

OR

If the patient's current employer has changed its name, address, or phone number:

- Change the appropriate information. Any changes to the existing employer information will affect other patients who have the same employer.

- Click OK and the following message will appear "Changes to this Employer will affect the Employer information for ALL patients attached."

- Click OK to continue with the change.

Note: Only one employer can be attached to a patient.

Insurance Information

Whenever a new family member is entered, he or she is automatically given the same insurance coverage as the head-of-house. The patient's insurance coverage is displayed in the Insurance Information block.

The View Sec button displayed in the Insurance Information block toggles back and forth and changes to View Prim to allow you to view both the primary and secondary insurance information for the selected patient. The button will not be displayed if the patient does not have secondary insurance coverage.

Note: The Insurance Maintenance feature in the Reports module enables you to enter, edit, and combine multiple insurance companies from a central location. (For more information, see Insurance Maintenance *in the* System Maintenance *section of the* Reports *chapter.)*

Secondary Insurance   View Prim
  Company: Principal Financial Group
Group Plan: Dental Coverage

Primary Insurance   View Sec
  Company: Blue Cross Blue Shield
Group Plan: Dental Claims
    Group #: 21009
Fee Sched:
  Coverage: 1000.00   **Used:** 0.00
Ded. S/P/O: 25/0/0   **Met:** 0/0/0

Click this button to toggle between a view of the patient's secondary and primary insurance information.

Double-click on either block to enter or add insurance information.

The Insurance section of this User's Guide is divided into the following sub-headings:

- Entering a New Insurance Plan
- Assigning Primary Insurance
- Assigning Secondary Insurance
- Editing an Insurance Carrier
- Changing a Subscriber's Insurance Carrier
- Provider ID Setup
- Working with Coverage Tables
- Using a Payment Table
- Clearing Insurance Coverage
- Entering a Capitation Type Plan
- Deleting Duplicate Insurance Companies
- Entering Incentive Plans

Entering a New Insurance Plan

1. Double-click Insurance

Double-click on the Insurance block from the Patients window. The Insurance Information dialog box will appear. Both the primary and secondary insurance information is displayed.

Click this search button to view a list of subscribers in this family.

Click this button to search for a particular insurance carrier.

Click here to indicate that a signature of the subscriber is on file and that a Release of Information has been signed.

Click this button to view or edit the carrier's demographic information, like phone number, contact, etc..

Click this button to view or edit the Coverage Table.

Click this button to view or edit the Edit Updated Insurance Payment Table dialog box.

2. Select Subscriber

A subscriber, or insured party, must be entered first. The current patient is automatically entered as the Insurance Subscriber.

3. Click Carrier Search Button

Click on the search button next to the carrier box. The Select Primary Insurance Plan dialog box will appear.
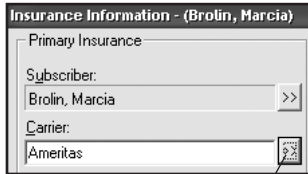
To enter the carrier, click this search button.

Then, click this button.
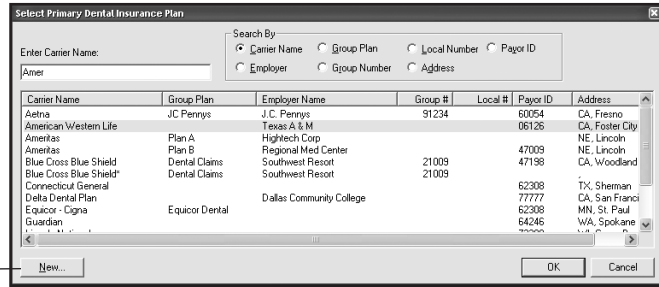
4. Click New Insurance Plan

Click the New Insurance Plan button. The Primary Dental Insurance Plan Information dialog box will appear.

5. Enter Carrier, Group Plan and Employer

Enter the carrier name and group plan name. Click the search button to attach an employer.

If you do not have a group plan name, enter the employer name as the group plan name. This will assist you later when you are assigning previously entered insurances to patients.

6. Enter Address, Phone Number and Contact Name

Enter the address where insurance claims should be mailed for this carrier. Enter a phone number and contact person (optional).

7. Enter Group Number

Enter the Group Number for this plan. If the plan is a Union plan, enter the Local number.
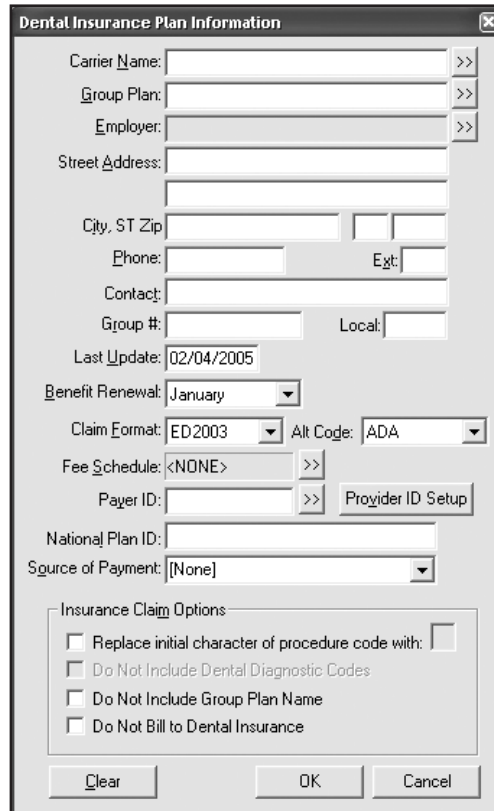
8. Modify Last Update, Benefit Renewal, or Claim Format

Use the Last Update text box to keep track of the last time the insurance information was updated by you (optional). Easy Dental will not update this field automatically. Use the Benefit Renewal text box to enter the month that the yearly insurance benefits renew for the insured patients.

The Claim Format text box will default to "ED2003" the standard ADA form that can be generated using a laser printer. When ED2003 is selected you will be able to print claim forms to blank pieces of paper. Easy Dental will print the insurance claim form and the information for this claim. Easy Dental will allow you to create most insurance forms; however, there are some insurance carriers who will not accept a standard ADA form and require you to use the carrier's own form. Easy Dental integrates with many of the carrier's forms. If you need to use a carrier specific form, contact Easy Dental Support for assistance in setting this up.

When using a carrier specific form, Easy Dental prints the correct information in the correct location on the form, but will not actually print the form! You will need to purchase pre-printed forms for these carriers.

9. Choose Alt Code (Optional)

The Alt Code text box will default to the ADA procedure codes. To use a different code system when printing insurance claims for this carrier, select the Alternate Code search button and the Select Alt Code dialog box will display the available alternate code selections. (See the *Procedure Code Setup* section in the *Reports* chapter for information on setting up Alternate Codes.)

10. Attach Fee Schedule

You may select a fee schedule to be attached to this insurance carrier using the Fee Schedule box.

Note: If a fee schedule is attached to the insurance carrier it will be used instead of the fee schedule attached to the patient's primary provider. However, if a fee schedule is selected for the patient, that fee schedule will be used instead of the one attached to the insurance carrier. See the box on the following page.

> ### What happens if a patient has been assigned more than one fee schedule?
>
> *There are three places in Easy Dental where fee schedules are assigned to patients. A fee schedule is assigned to each Primary Provider. Since each patient is assigned a Primary Provider, Easy Dental automatically uses the assigned provider's fee schedule for a selected patient, unless a fee schedule has been assigned somewhere else. A fee schedule can also be assigned to an insurance company. If a patient is assigned that insurance carrier, Easy Dental will use the assigned insurance fee schedule for that patient.*
>
> *Finally, users can assign a fee schedule to an individual patient. Since the Patient fee schedule is most specific, this fee schedule is always used if it has been assigned. If a Patient fee schedule has not been assigned, but a fee schedule has been assigned to the insurance carrier, this fee schedule will be used.*
>
> **Patient Fees**
>
> **Insurance Co. Fees**
>
> **Provider Fees**
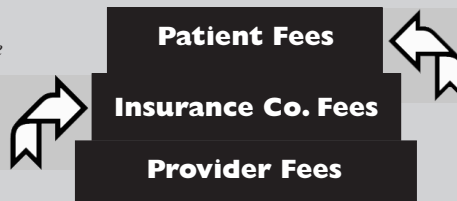
11. Enter Payer ID Information

The Payer ID box is used with Easy Dental eTrans (electronic claims). Select the appropriate Payer ID if applicable. The Source of Payment relates to Easy Dental eTrans. Click the appropriate Source of Payment from the list provided if you use Easy Dental eTrans.

12. Replace Initial Character

If this insurance company requires the ADA CDT-4 or the new CDT-5 codes, and you have not converted all of your codes to this format, check this box and enter the appropriate letter that will replace the initial character of each procedure code on printed claims. (Contact Easy Dental Support if you would like to update your system to CDT-5 codes.)

13. Do Not Print Dental Diagnostic Codes (Optional)

Mark this option if you do not want any Dental Diagnostic Codes that are attached to the procedures to be printed on claims.

14. Do Not Include Group Plan Name

Mark this option if you do not want the Group Plan Name to be printed on claims.

15. Do Not Bill to Insurance (Optional)

Mark this option if you do not want to create claims for this insurance plan. Click the OK button to return to the Insurance Information dialog.

16. Modify Coverage Table

Click the Cov Table button. The Coverage Tables window appears. Enter deductible amounts, plan maximums and modify coverage percentages. (See the *Working with Coverage Tables* section in this chapter for more detailed information on the Coverage Table Window.) Click the OK button to return to the Insurance Information dialog.

17. Check Signature on File Options
If you want the words "Signature on File" to print on the insurance claims for this subscriber to authorize release of information, mark the Release of Information button. To authorize payments directly to the provider, mark the Assignment of Benefits button.

If your office accepts assignment of benefits from insurance carriers, you must check the Assignment of Benefits box. If you do not check this box, insurance checks will be mailed to the subscriber, not the office!

18. Verify Subscriber ID and Relation
The subscriber's social security number will be automatically entered as the Subscriber ID number. Make sure that the Subscriber ID number and Relation to Subscriber are correct.

19. Click OK
Click the OK button to save the information and return to the Patient's window.

Assigning Primary Insurance

For an Insurance Subscriber

1. Select a Patient/Subscriber
From the Patients window, select the patient who is the insurance subscriber.

Note: In order to assign insurance to a patient, the insurance subscriber must be added to the family in Easy Dental. If the Subscriber is not a patient, add the subscriber as a Non-Patient.

2. Double-Click Insurance
Double-click the Insurance block. The Insurance Information dialog appears.

3. Assign Insurance Coverage
Click the Carrier Search button. The Select Primary Dental Insurance Plan dialog appears. You may search for the insurance carrier in one of the following four ways:

• Carrier Name—Allows you to search by the name of the insurance company.

• Employer—Lists all insurance plans that have been entered previously for the subscriber's employer.

To enter the carrier, click this search button. Choose your search option. Type the first few characters and click the search button. A list of carriers is displayed. Highlight the correct carrier and click OK.

> • Group Plan—Allows you to search by the name entered for the group plan.
>
> • Group Number—Allows you to search by the number assigned to the group plan.

Select your search option. Type the first few letters of the Carrier Name, Group Plan, Employer, or Group Number. Next, click the search button. A list of all carriers matching your search request will be displayed. Select the correct carrier and click OK. If the carrier is not listed, click the New Insurance Plan button and add the insurance carrier (see the previous section for information on adding an insurance plan).

4. Check Signature on File Options
If you want the words "Signature on File" to print on the insurance claims for the subscriber to authorize release of information, mark the Release of Information button. To authorize payments directly to the provider, mark the Assignment of Benefits button.

If your office accepts assignment of benefits from insurance carriers, you must check the Assignment of Benefits box. If you do not check this box, insurance checks will be mailed to the subscriber, not the office!

Caution!

Check Release of Information and Assignment of Benefits to have insurance payments mailed to your office, rather than to patients.

Verify that the Relation to Subscriber and Subscriber ID number are correct.

Insurance Information - (Crawford, Brandon T)

Primary Insurance

Subscriber:
Crawford, Brandon T >>

Carrier:
Blue Cross Blue Shield >>

Subscriber Id #: 634-58-4933

Signature on File
☑ Release of Information
☑ Assignments of Benefits

Relation to Subscriber
◉ Self ○ Spouse ○ Child ○ Other

[Ins Data] [Cov Table] [Pmt Table]

[Clear Primary]

Secondary Insurance

Subscriber:
Crawford, Brandon T >>

Carrier:
Principal Financial Group >>

Subscriber Id #: 634-58-4933

Signature on File
☑ Release of Information
☑ Assignments of Benefits

Relation to Subscriber
◉ Self ○ Spouse ○ Child ○ Other

[Ins Data] [Cov Table] [Pmt Table]

[Clear Secondary] [OK] [Cancel]

5. Verify Subscriber ID and Relation
The subscriber's social security number will be automatically entered as the Subscriber ID number. Make sure that the Subscriber ID number is correctly entered. Family Position will also be marked automatically. Make sure that the Relation to Subscriber is correct.

6. Click OK
Click the OK button to save the information and return to the Patient's window.

For a Non-Subscriber

1. Select Patient
From the Patients window select a patient.

2. Double-Click Insurance
Double-click on the Insurance block. The Insurance Information dialog box appears.

Select Primary Subscriber (Insured Party)

Daniels, Harrison	Prudential	
Daniels, Kimberly	Equicor - Cigna	Equicor Dental

Current Patient   OK   Cancel
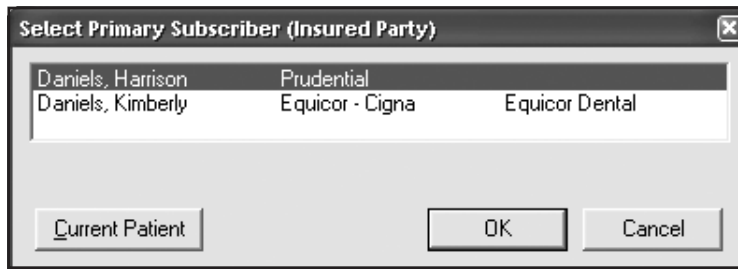
Choosing the search button next to the Subscriber field will display all subscribers who have been entered for the family, along with the insurance carrier and group plan for each.

3. Select Insurance Subscriber

Click the Subscriber search button. A list of all subscribers entered for the family and their insurances will appear. Highlight the desired subscriber and click OK.

4. Verify Relation to Subscriber

Verify that the Relation to Subscriber is correct.

5. Click OK

Click the OK button to return to the Patients window.

Remember

When you are assigning insurance to patients who are not insurance subscribers, there are two rules to remember: 1) Insurance must be assigned to the subscriber before you can assign that insurance to another patient covered by the subscriber; 2) Insurance subscribers must be part of the same family as the patient to whom you are assigning the insurance.

Assigning Secondary Insurance

For a Subscriber with Dual Coverage

1. Select Patient/Subscriber

From the Patients window, select the patient/subscriber.

2. Double-Click Insurance

Double-click the Insurance block. The Insurance Information dialog appears.

3. Click Secondary Subscriber Search Button

Click the Secondary Subscriber search button. A list of subscribers entered for the family appears.

4. Click Current Patient

Since this patient is the subscriber for both primary and secondary insurance, you should click the Current Patient button. The subscriber's name will appear in the Subscriber field.

5. Assign Secondary Insurance Coverage

Click the Secondary Insurance Carrier Search button. The Select Secondary Insurance Plan dialog appears. You may search for the insurance carrier in one of the following four ways:

- Carrier Name—Allows you to search by the name of the insurance company.

- Employer—Lists all insurance plans that have been entered previously for the subscriber's employer.

- Group Plan—Allows you to search by the name entered for the group plan.

- Group Number—Allows you to search by the number assigned to the group plan.

Select your search option. Type the first few letters of the Carrier Name, Group Plan, Employer, or Group Number. A list of all carriers matching your search request will be displayed. Select the correct carrier and click OK. If the carrier is not listed, click the New Insurance Plan button and add the insurance carrier.

6. Check Signature on File Options
If you want the words "Signature on File" to print on the insurance claims for the subscriber to authorize release of information, mark the Release of Information box. To authorize payments directly to the provider, mark the Assignment of Benefits box.

If your office accepts assignment of benefits from insurance carriers, you must check the Assignment of Benefits box. If you do not check this box, insurance checks will be mailed to the subscriber, not to the office!

Caution!

7. Verify Subscriber ID and Relation to Subscriber
The subscriber's social security number will be automatically entered as the Subscriber ID number. Make sure that the Subscriber ID number is correctly entered. Relation to Subscriber will also be marked automatically. Make sure it is correct.

8. Click OK
Click the OK button to save the information and return to the Patient's window.

For a Non-Subscriber

1. Select Patient
From the Patients window select a patient.

2. Double-Click Insurance
Double-click on the Insurance block. The Insurance Information dialog appears.

3. Select Secondary Insurance Subscriber
Click the Secondary Insurance Carrier search button. A list of all subscribers entered for the family and their insurances appears. Highlight the desired subscriber and click OK.

4. Verify Relation to Subscriber
Verify that the Relation to Subscriber information is correct.

5. Click OK
Click the OK button to return to the Patients window.

Editing an Insurance Carrier

- Select a patient with the insurance plan you wish to edit.

- Click the Insurance Data button in the Insurance Information dialog box.

- Edit the information in each field as needed. Click OK to save your changes.

- Mark Change Plan for All or Add as New Plan and click OK. See the box below for more information.

What does "Change Plan for All" and "Add as New Plan" mean?

When you make changes to an existing insurance carrier/group plan, Easy Dental will ask you whether you want to save these changes for everyone on that plan or add the information as a new plan.

Change Plan for All copies the changes you have made to the insurance information to all patients covered by that group plan. This change will affect all insurance claims in history as well. Add As New Plan saves the changes you have made to the insurance information as a new group plan and does not affect any other patients covered by the original insurance information.
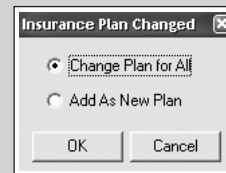
Changing a Subscriber's Insurance Carrier

If the subscriber's current insurance carrier has changed only its name, address, etc., simply change the appropriate information, rather than selecting the Clear button (see above).

1. Click Clear Primary or Clear Secondary
Click the Clear Primary or Clear Secondary button from the Insurance Information dialog box before selecting or entering a different insurance carrier.

2. Select Subscriber
Click the Subscriber search button and click the Current Patient button.

3. Select Insurance Carrier
Click the Carrier Search button and choose the correct carrier and click OK.

4. Click OK
Click the OK button to return to the Patients Window.

Provider ID Setup

Some insurance plans have their own ID numbers for providers which they need for claims instead of or in addition to the State ID Number or Provider #. The Provider ID Setup enables you to cross-link multiple IDs to a provider and insurance company which will ensure that the correct ID is printed on each insurance claim. (For complete steps on how to setup multiple provider IDs, see *Provider ID Setup* in the *Insurance Maintenance* section of the *Reports* chapter.)

Working With Coverage Tables

When used to its full capacity, the coverage table becomes a powerful tool allowing you to create treatment plan estimates that will reflect the actual benefits paid by an insurance carrier.

Most insurance companies provide the patient with a schedule of benefits declaring the maximum annual benefits for the individual, as well as for the entire family. The schedule of benefits also states the deductible amounts, plan maximums, and the percentage of the "usual and customary fee" that the insurance company will pay. This information should be added to the Coverage Table.

Entering and Editing a Coverage Table

1. Click Cov Table
From the Insurance Information dialog box, click the Cov Table button. The Insurance Coverage dialog box appears. The carrier name and group plan name are placed in the title bar.

If the coverage category displayed in the top row of fields require pre-treatment estimates, then click here.

Click this search button if the carrier requires a claim be submitted within a certain amount of time after the procedure has been completed.

Click here to initiate co-payment options used with capitation plans.

Use these buttons to add, change, or delete a category to or from the coverage table.

Click this search button to select a different coverage table than the one shown.

2. Enter Deductible Amounts

Four types of deductibles are available when setting up coverage information for an insurance company: Standard, Preventive, Other, and None.

- Standard (S): Use the Standard deductible when setting up most insurance coverage tables.

- Preventive (P): Use if an insurance carrier's coverage has a separate deductible for preventive/diagnostic procedures.

- Other (O): Use if an insurance carrier's coverage has a separate deductible for specific procedures other than preventive/diagnostic.

- None (N): Use if an insurance carrier's coverage has procedures that do not require a deductible.

Each range of procedure codes in your coverage table can be assigned its own deductible type. For each type of deductible you may enter a lifetime deductible as well as the individual and family deductibles.

- Lifetime: This deductible should be used for insurance carriers that require subscribers to pay one deductible for the life of the policy.

- Annual Individual: This deductible should be used for insurance carriers that require patients to pay a deductible amount each year.

- Annual Family: This deductible should be used with insurance carriers that require a maximum deductible amount for the entire family each year.

When Easy Dental calculates the patient portion of charges, the appropriate deductible amounts will be added into the patient's payment due amount. This figure will be displayed from the Accounts window in the Patient Portion field.

3. Enter Benefit Amounts

Enter the individual and family maximum annual benefit amounts.

4. Click Claim Deadline (Optional)

Click the Claim Deadline search button select the appropriate amount of time allowed by the insurance company before the pre-treatment estimate or insurance claim will expire and not be accepted. Click OK.

5. Click Select Table (Optional)

Click the Select Table search button to bring up the Select Coverage Table list box that lists the five standard coverage tables.

Note: Easy Dental provides five standard coverage tables that you can modify from the Reports window to fit your specific insurance plan needs. When a new insurance plan is added from the Insurance Plan Information dialog box, it is automatically assigned the first standard coverage table.

From the list select the table most like the coverage for the current insurance plan. The selected plan is copied and displayed in the Insurance Coverage dialog box to be modified as needed.
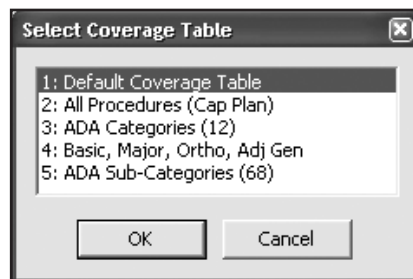
6. Modify Coverage Table

The coverage table allows you to group several procedures into categories and assign the percentage the insurance will pay. You may also have one procedure in a category if you desire. The only limitations to entering procedures are:

- You must use the ADA procedure codes.

- You may not overlap the beginning and ending procedure codes in any given range.

When modifying a coverage table remember the following about the coverage table text boxes:

- Beg Proc is the beginning procedure code for the category range. End Proc is the ending procedure code for the category range.

- Category is the name you assign to represent the range of procedure codes.

- Cov % is the percentage the insurance plan will pay for all of the procedures in the category range.

- Deductible is the deductible type that should be used with the selected range of procedure codes.

- Use the Co-Pay field if you are setting up a capitation plan. Enter the Patient's co-pay amount.

- Check Pre Est? if the insurance company requires you to submit a pre-treatment estimate for a procedure in the category.

Adding, Changing, or Deleting a Category

1. Click into Field to be Modified

Click the Coverage Table field you need to modify.

2. Enter Coverage Table Information

Enter the information to be added to the coverage table.

3. Click Add, Change, or Delete

Click the Add button to add a new category you've created to the coverage table list box. Click the Change button to save your modifications to an existing entry. Click the Delete button to delete the selected category from the coverage table list box.

Co-Payment Calculations

For insurance plans with co-payments, follow these steps:

1. Check Co-Payment Calculations
Check the Co-Payment Calculations for Ins Portion box in the Insurance Coverage dialog box. This will acknowledge the patient's co-payment dollar amount for each category.

2. Click Calculation Option
Click one of the three radio buttons to select the method to calculate the amount the **insurance company** will pay.

Unless the plan you are entering is a capitation plan with co-pays for each procedure, you should not mark the co-pay option.

SPECIAL FEATURE NOTE: If you do not have or know the insurance company's schedule of benefits, the first standard insurance coverage table will be assigned to the insurance plan. As insurance payments and estimates are made, you will be given the option to automatically update a payment table for the insurance plan, storing what the insurance company actually paid for a procedure. Insurance estimate calculations will reflect the payment table amounts whenever possible, making your estimates very accurate.

Insurance Plan Notes

Insurance Plan Notes are used to keep track of special requirements the insurance company may impose and to add any other information about an insurance company. Insurance plan notes can be updated and changed at any time. All Insurance Plan Notes entered will show up from the Insurance Plan Note box of any patient with that insurance plan. This note will also appear in the Insurance Claim window for your reference (the note will not print on insurance claims).

1. Click Notes
Click the Notes button from the Insurance Coverage dialog box. The Insurance Plan Note dialog box is displayed.

2. Enter Note
Add any Insurance Plan notes you wish in the text box.

Use this button to attach the current system date to the note, as shown below.

Click once with the mouse to begin entering a note within the area, then type as you would in a word processor.

Insurance Plan Note

[Insert Dateline]

- Fri - Feb 4, 2005 -
Sealants covered until age 12.
Flouride covered to age 19.
Flouride allowed once per year.
Plan may have waiting periods -- verify eligibility.

[Clear]   [OK]   [Cancel]
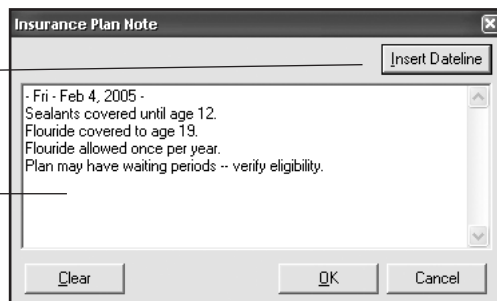
Using Payment Tables

Easy Dental can automatically update the insurance payment table whenever payments are received from the carrier. This process maintains the accuracy of the table and is used to calculate insurance estimates. You may also manually add procedure codes or click the Copy Fee Schedule button to add a fee schedule. You can view and edit the payment table from the Patients window.

Note: If a procedure is listed in the Payment Table, the fee in the Payment Table will override the coverage percentage in the Coverage Table for the same procedure.

1. Double-Click Insurance Block
Double-click on the Insurance block in the patient's Patients window.

2. Click Pmt Table
In the Insurance Information dialog box, click the Pmt Table button. The Edit Updated Insurance Payment Table dialog box will appear.

To Add Procedures to the Payment Table

1. Enter Procedure Code and Fee
Type the procedure code and click the Tab key to the Amount field. Enter the amount the insurance will pay for the procedure and click Add.

2. Enter Fee Schedule (Optional)
To add an entire fee schedule to the Payment Table, click the Copy Fee Schedule button. Select the desired Fee Schedule and click OK.

3. Click OK
Click the OK button to save your changes.

To Edit the Payment Table

1. Highlight Procedure Code
Highlight the procedure code you wish to edit. The procedure code number and fee will appear in the two edit boxes at the top of the list.

2. Edit Code or Fee
Edit the procedure code and/or fee in the edit boxes.

3. Click Change
Click the Change button to save your changes.

Clearing Insurance Coverage

To clear insurance coverage from a patient's records, click on the Clear Primary and/or Clear Secondary buttons of the Insurance Information dialog box.

If you need to switch the patient's primary and secondary coverage:

1. Clear All Insurance
Clear the primary and secondary insurance.

2. Click Subscriber Search
Click on the Subscriber search button, first from the Primary Insurance section, then from the Secondary Insurance section of the Insurance Information dialog box, to select the patient's correct insurance coverage.

3. Click OK
Click the OK button to accept the changes you've made or click the Cancel button to exit the Insurance Information dialog without saving your changes.

Related Topics

- See the *Insurance* section in the *Accounts* chapter on how to enter insurance payments, update the coverage tables, and create claims.

- See the *Insurance Maintenance* section in the *Reports* chapter on how to enter and edit insurance information from a central location.

To clear insurance information, click the Clear button.

Entering a Capitation Type Plan

Easy Dental offers greater variety in its setup and implementation of functions to support capitation plans. Two methods are available for capitation setup and use, and you should review at least the Overview sections of each option in order to decide which one will work best in your practice.

Both of the available options will estimate patient portions quickly and accurately both in treatment planning and in displaying the amount to collect from the patient per visit. The Capitation Plan Utilization Report can be used with either option both for in-house management and for monthly submission to the carrier. Both of the options differ in their presentation of fees and also in the reports available for management. These differences are illustrated in the Overview section for each method.

If you do capitation business with more than one company, you may use different options (from those listed below) from one carrier to another. For all plans under the same company, however, you should use the same option for best results.

Option 1

Overview

Setup: Co-payments are entered into the coverage table.

Daily Use: The Estimator fee column will list the dentist's normal fee, which is also the amount posted to the account when the procedure is set complete. The patient portion displays the co-payment as listed in the coverage table, and the insurance column will display the amount which will be written off for each procedure.

When the procedures are set complete, the day's charges displayed in the Accounts window will automatically list the correct amounts to collect from the patient and adjust off the account. In the example below, the bottom of the Accounts window would show that $82.60 should be collected from the patient, and $130.40 should be adjusted off the account. All calculations are done for you automatically.

Today's Charges	213.00
Est. Insurance Portion	130.40
Est. Patient Portion	82.60

Using this option, collect the Patient Portion and then write off the Insurance Portion.

Management: The Utilization Report can be sent monthly to the carrier as required and/or may be used for utilization management within the practice. For management benefit, the report lists the practice or provider's normal fee for each procedure completed and the co-pay charged, totaling these items for each individual plan.

Because an adjustment is made each time charges are posted, Option 1 allows the additional availability of the Adjustment Summary Report (from the Practice Analysis Reports). This report gives you access to the following useful capitation figures for the selected time period:

- Number of total adjustments made (number of capitation appointments)

- The total amount written off for capitation, and the average amount of each write-off

Preliminary Setup

1. Create Billing Types

If your practice supports fewer than six capitation plans, create a new billing type for each individual plan. If your practice supports more than five plans within a given company, you may wish to choose a grouping of several plans and add a billing type for each grouping. If your practice services several different capitation carriers, you may wish instead to add a billing type for each company name. Your end goal is to use no more than five billing types for capitation purposes. To setup billing types, click Practice Setup in the Reports module and choose Definitions. See the Definitions section in the Setup chapter for information on setting up Billing Types.
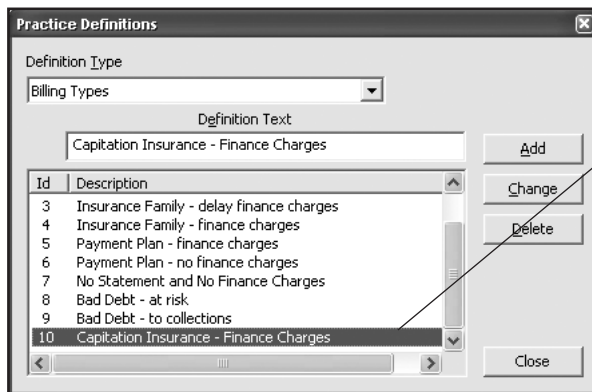
Set up a Billing Type for each Capitation Plan or if you have more than five Cap Plans, add one generic type for all Cap Plans.

2. Add Credit Adjustment Type(s)

While still in the Practice Definitions screen, choose Adjustment Types from the Definition Type drop-down list. Add a new credit (-) adjustment type for each billing type created.

3. Create Plan

The capitation plan/s need to be created as individual insurance plans in the database.

- From the Patients window select a plan subscriber. If the insurance plan already exists in the database, you may edit it according to the specifications listed here. If it does not already exist, create a new insurance plan.

- From the Insurance Information dialog, choose Cov Table. The Insurance Coverage dialog box will appear. Click the search button to the right of the Select Table field, select the appropriate table from the list (usually #2 All Procedures), then choose the OK button.

• Add in the correct co-payment for each procedure listed. Procedures which are covered by the plan, but for which there is no co-payment should be left with a zero co-payment. Delete procedures not covered by the plan in order to have your normal fee charged when treatment planning or completing these procedures. Beneath the coverage table, check the Co-Payment Calculations for Insurance Portion box, then select the middle formula: [Total Fee - Co-pay] x Cov %. Choose the OK button when completed. All further plans may be entered in the same fashion.

Click the Select Table Button and choose the Capitation Table.

Click the correct Co-Payment Calculation for this plan.

Enter the Co-Payment amount for each procedure. Delete any procedures not covered on the plan.

Hint: If a capitation plan has already been entered which has the same or similar co-payments, you may select this plan for the current subscriber and edit it to create the new plan. After the first edits are made within Insurance Data, choosing OK will ask the user to either Change Plan for All or Add as a New Plan. The first time this message appears, choose Add as a New Plan which leaves the previously existing edited plan as it was and creates a new plan with the current information. On all subsequent appearances of this box, choose Change Plan for All to save the current changes to the now existing new plan.

Capitation Patients Per Visit

On all visits, you may treatment plan and post procedures normally. After posting the day's procedures for the given patient, the Estimated Patient Portion on the Accounts window will reflect the total co-payments for the current day. The Insurance Portion will display the amount to adjust off the account. Enter the adjustment, making sure to use the correct capitation adjustment type.

Date	Name	Tooth	Code	Description	Amount	Prov	Ins	Balance
10/31/2001	Brandon T Crawf		-Bal-	--- Patient Balance Forward ---	38.00			38.00
01/31/2005	Brandon T Crawf	5	D2391	Resin composite-1s, posterior	83.00	DDS1	No	121.00
01/31/2005	Brandon T Crawf		D1110	Prophylaxis-adult	38.00	DDS1	No	159.00
01/31/2005	Brandon T Crawf		D0120	Periodic oral evaluation	17.00	DDS1	No	176.00
01/31/2005	Brandon T Crawf		Pay	Cash Payment - Thank You	-31.60	DDS1		144.40
01/31/2005	Brandon T Crawf		Adj	Write-Off	-219.40	DDS1		-75.00

Collect the Co-Payment amount from the patient...   *then enter an adjustment for the Ins. Portion (located on the bottom right of the Accounts module).*

Create a claim for the procedures and enter a zero payment on the claim. The claim will not require printing.

Monthly Operations/Management Analysis

If a Utilization Report is required for submission to the insurance carrier, this list can be printed at any time for a given date range.

Optional

A capitation plan "family" may be entered to record monthly payments from each plan to show on the receipts reports. You may want to add a new payment type under Definitions for this entry. The amounts should be written off so that the balances of the capitation families are always zero. You will need to add a new adjustment type for this task. You may also wish to assign these families a special billing type.

Option 2

Overview

Setup: Capitation fees are entered as separate fee schedules which are then attached to the individual plan.

Daily Use: The Estimator's fee column will list the co-payment for each procedure, which is also the amount posted to the account when the procedure is set complete. The patient portion is the same as the fee column, and the insurance column will display zeros, showing no portion covered by insurance.

When the procedures are set complete, the day's charges displayed in the Accounts window will automatically list the correct amount to collect from the patient. No adjustments are necessary.

Management: The Utilization Report can be sent monthly to the carrier as required and/or may be used for utilization management within the practice. For management benefit, the report lists the practice or provider's normal fee for each procedure completed and the co-pay charged, totaling these items for each individual plan.

Preliminary Setup

1. Create Billing Types

Follow the instructions for setting up billing types in Step 1 in the Preliminary Setup section for Option 1. Remain in Practice Definitions after the new billing types have been added.

Set up a Billing Type for each Capitation Plan or if you have more than five Cap Plans, add one generic type for all Cap Plans.

See the Definitions section in the Setup section of the User's Guide for more information on setting up Billing Types.

2. Add Fee Schedule Name

Each plan will be assigned its own fee schedule, which may be named from Definitions. Choose Fee Schedule Names from the Definition Type drop-down list. In the fee schedule listing, highlight a fee number which you know to be currently unused. The appropriate number will appear in the ID box above. Type the name you wish to label the fee schedule in the Definition Text box. Choose the Change button to attach the name. Complete this step for each capitation plan with a different schedule of co-payments. Choose Close when completed.

3. Enter Fees

To enter fees for each plan, click the Practice Setup button. Select Procedure Code Setup and the Diagnostic category. Double click on the first procedure listed to view the Procedure Code Editor. Highlight the fee schedule you wish to edit and enter the appropriate co-payment for that plan. Remember to enter your normal fee for procedures not covered by the plan. You may wish to enter the co-payment for the current procedure on all of the capitation fee schedules you will be entering and choose the Next Code button to move on to the next code in the list.

4. Create Insurance Plans

The capitation plans need to be created as individual insurance plans in the database.

- From the Patients window select an insurance subscriber. If the insurance plan already exists in the database, you may edit it according to the specifications listed here. If it does not already exist, create a new insurance plan entering in the carrier name and address, etc.. When editing or adding information at the Insurance Plan Information dialog, attach a fee schedule by choosing the search button at the Fee Schedule field and selecting the fee schedule corresponding to the plan being entered.

Click the Fee Schedule button and choose the Fee Schedule you set up.

Note: When editing the coverage table information, any coverage table may be selected, but the default or another general table is recommended. Change all percentages for each procedure category to 0%. Ensure that the Co-payment Calculation for Ins Portion box is NOT checked before choosing the OK button. Any remaining plans may be entered in the same fashion.

Capitation Patients Per Visit

On all visits, you may treatment plan and post procedures normally. After posting the day's procedures for the given patient, the Today's Charges and Estimated Patient Portion fields in the Accounts window will reflect the total co-payments for the current day. The Insurance Portion will always be zero. Create a claim for the procedures and enter a zero payment on the claim. The claim will not require printing. The insurance payment will appear on the day sheet.

Monthly Operations/Management Analysis

If a Utilization Report is required for submission to the insurance carrier, this list can be printed at any time for a given date range.

Optional

A capitation plan "family" may be entered to record monthly payments from each plan to show on the receipts reports. You may want to add a new payment type under Definitions for this entry. The amounts should be written off so that the balances of the capitation families are always zero. You will need to add a new adjustment type for this task. You may also wish to assign these families a special billing type.

Deleting Duplicate Insurance Companies

Often insurance carriers and plans are inadvertently entered into the system multiple times. This can cause confusion and problems when trying to enter batch insurance payments, or updating coverage tables, payment tables, and other insurance information. The following instructions will guide you through eliminating the unwanted duplicate insurance plans.

Print Insurance Carriers and Subscribers Report

Printing this report will help you to determine which insurance plans have duplicates, and which ones you want to delete.

1. Click Reference Reports | Insurance Carrier List
From the Reports window click the Reference Reports button and choose the Insurance Carrier List.

2. Select Options and Print
Uncheck Standard List and check Include Subscribers. Click the OK button. Print from the Batch Processor.

Print Insurance Claim Aging Report

Print the Insurance Claim Aging Report to make sure that the carriers you wish to delete are not currently on this report.

1. Click Account Reports | Insurance Aging Report
From the Reports window click the Account Reports button, and choose Insurance Aging Report.

2. Select Options and Print
Leave the Minimum Past Days Due option at Over 0. Click the OK button. Print from the Batch Processor.

Mark Insurance Plan

Make any corrections to the carrier you want to keep and mark it with an asterisk (*) so that you will be able to easily identify it. (Duplicates can look exactly the same, so you must mark the one you want to keep so that you can assign it, and not one of the duplicates, to the subscribers).

1. Click Maintenance | Insurance Maintenance
From the Reports window, click the Maintenance button, and choose Insurance Maintenance.

2. Select Plan
Find the plan you wish to keep by typing the name in the Enter Carrier Name field. Highlight the plan and click the Ins Data button.

Select the Insurance Company you wish to keep and then add an asterisk behind the Carrier Name so that you can distinguish this plan from other plans with the same name.

PATIENTS

3. Add (*) to Name
Add an asterisk (*) to the end of the Carrier Name. Verify or change the Insurance Information and choose OK to save the changes.

Reassign Correct Insurance Carrier to All Subscribers

1. Click Maintenance | Insurance Maintenance
From the Reports window, click the Maintenance button then choose Insurance Maintenance. The Insurance Maintenance window will appear.

2. Click Join Plans
Click the Join Plans button. The Join Insurance Plans window will appear.

3. Mark Plan-to-Plan
Mark the Plan-to-Plan option at the top of this screen.

4. Select Insurance Plans to Join
Click the search button next to Source Insurance Plan and select the duplicate insurance carrier that you eventually want to delete. Next, click the search button next to Destination Insurance Plan and select the carrier marked with the asterisk (*).

4. Click Join
Click the Join button. All subscribers will be moved from the "Source" insurance carrier to the "Destination" insurance carrier.

5. Repeat
Repeat for all other duplicate plans.

Delete Duplicate Insurance Carriers

1. Click Maintenance | Insurance Maintenance | Purge
From the Reports window click the Maintenance button, then choose Insurance Mainte-nance. Click the Purge button.

2. Click Delete All
Click Delete All and click OK. Click Close then Close again to exit the Insurance Mainte-nance window.

Remove the Asterisk (*) from the Carrier Name

Follow the instructions on the previous page under *Mark Insurance Plan* to remove the asterisk from within the Insurance Data dialog box.

Entering Incentive Plans

Some insurance plans cover different plan members at varying rates according to the fre-quency of their dental visits. This is most commonly called an incentive plan. Easy Dental is capable of handling incentive plans and the setup is very similar to any other plan.

Technical

The key to remember when creating incentive insurance plans is this: although a person only has room for two insurance plans (primary and secondary), he is not limited to the number of plans for which he can be listed as a subscriber. However, as soon as no one (himself or a dependent) is attached to an insurance plan, he will no longer be a subscriber to that plan. This will become more clear as we work through setting up a sample plan.

For the purpose of this example, we will assume the insurance company has three plans, A, B, and C. Plan A is for the patient who visits his dentist faithfully and is covered at 90%. Plan B is for the patient who visits sporadically and is only covered at 75%. And Plan C is for the patient who has not visited his dentist in 5 years and is covered at 60%. This ex-ample is also suitable for plans that cover dependents differently from the subscriber.

Set up the Subscriber

1. Select Insurance Subscriber and Double-Click Insurance Block
From the Patients window, select the subscriber and double-click on the Insurance block.

2. Add Subscriber
Choose the search arrow next to Subscriber and choose the "Current Patient" button in the lower left corner.

3. Select Insurance Carrier
Choose the search arrow next to Carrier. Type in the first few letters of the carrier's name and press the search arrow to see if the plan has already been entered. If the plan has been entered, double-click on the correct plan, then the "Ins Data" button. If the plan does not appear, select the "New Insurance Plan" button.

4. Edit Insurance Information

Edit or enter all the Primary Insurance Plan Information. At the end of the Group Plan name, put an identifying character(s), in our case - A. This could also be an "S" for subscriber, a "90" for the percentage, or anything else which will allow you to easily distinguish this plan from the others once they are created.

Choose OK from the Primary Insurance Information dialog box. If you have made changes to an existing plan, select the "Add as New Plan" option.

5. Click Cov Table

Choose the "Cov Table" button and set up the coverage table. Choose OK, then OK again at the message.

Set Up Dependents

1. Click Secondary Subscriber Search

While still in the subscriber's Insurance Information, choose the Subscriber search arrow under Secondary Insurance. Click the Current Patient button in the lower left corner.

2. Select Insurance Carrier

Click the search arrow next to Carrier. Type in the first few letters of the carrier's name and select the previously entered plan.

3. Edit Insurance Data

Click on the Ins Data button and change the identifying character after the group plan name to "B" (or whatever you choose as an identifier). Click OK from the Secondary Insurance Plan Information dialog. When asked if you want to change plan for all or add as new plan, select "Add As New Plan."

4. Change Coverage Information

Click the Cov Table button. Change the coverage table to the correct coverage for "plan B." Click OK, then OK again at the message. The subscriber should now have both primary and secondary insurance. Although the subscriber is really not covered by the secondary coverage, we need to leave this listed here for a moment. Click OK from the Insurance Information dialog.

5. Select Dependent Patient

Double-click on a dependent's name at the top of the Patients window to make the dependent the active patient.

6. Double-click Insurance

Double-click on the Insurance Information block.

7. Select Primary Insurance Subscriber

Click on the search arrow next to Subscriber. Choose the subscriber with the appropriate group plan for the dependent. The correct insurance information should now be listed as the primary insurance for the dependent. Click OK to the Insurance Information dialog.

8. Change Patient to Insurance Subscriber

Double-click on the subscriber at the top of the Patients window to make him the active patient.

9. Clear Secondary Insurance

Double-click on the Insurance Information block. Click the Clear Secondary button. Although you will be clearing the secondary insurance from the subscriber, because the plan is attached to a dependent, the subscriber will remain a current subscriber for the added plan. Click OK from the Insurance Information dialog.

The subscriber should now have only primary insurance. Complete steps 1 - 9 for any other variations to this plan. If the subscriber has secondary insurance, and there are no other variations of this plan, the secondary can be set up normally now.

Patient Notes

Patient notes apply only to the individual patient and can be viewed from the patient's appointment information in the Schedule window or from the Patients window. After a patient has been given notes, you can view the notes from the Patients window by using the Open button displayed in the Patient Notes block. When the notes are hidden, click the Open button. The Open button toggles back and forth with Close. If the notes contain confidential information, it is recommended the notes block be kept closed.

Note: When Easy Dental is first started, the default for the notes box is "closed." Thereafter, whenever a patient is displayed in the Patients window, the notes will be opened or closed depending on the state of the previous patient's notes.

To Enter or Edit the patient's notes:

1. Double-Click Patient Notes

Double-click on the Patient Notes block from the Patients window.

2. Enter Notes

Use the Patient Note dialog box to enter the patient's hobbies, interests, financial arrangements, or any other notes useful to your practice.

3. Insert Dateline (Optional)

Click the Insert Dateline button to insert the current date wherever the cursor is in the patient's notes. The note size is limited only by the available space on your hard disk.

4. Click Clear to Erase Notes (Optional)

If you wish to delete all of the Patient notes for one patient, click the Clear button. The notes are not deleted until OK is chosen, so if Clear is accidentally chosen, the notes can be restored by choosing Cancel.

Using the keyboard, type notes here.

Use this button to attach the current system date to the note, as shown below.

Patient Note

Insert Dateline

- Fri - Feb 4, 2005 -
Goes to Alaska each year to fish.
Enjoys football.

Clear   OK   Cancel
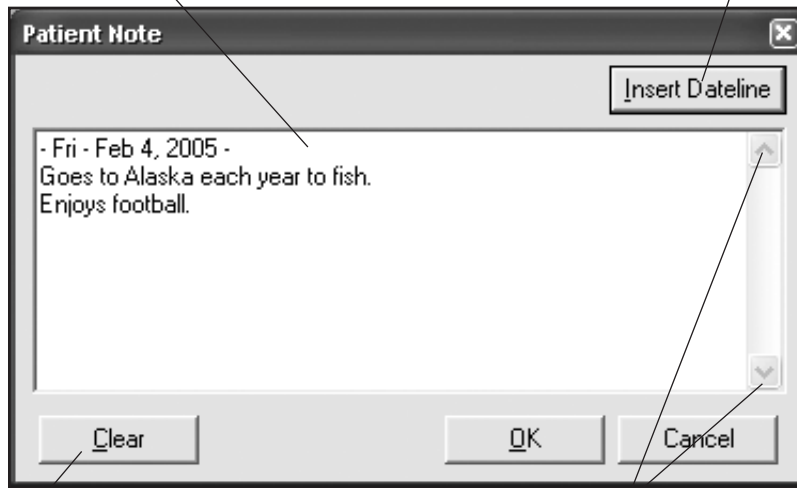
Use this button to clear or erase all notes.

Use the up and down arrow buttons to view all notes.

5. Click OK

Click the OK button when you have finished entering notes.

Patient Notes Report

The Patient Notes report prints all notes assigned to a patient including appointment notes, account notes, patient alert notes, etc..

1. Select Patient

From the Patients module, click the Select Patient button. Type the first few letters of the patient's last name. Select the desired patient and click the OK button.

2. Click Patient Notes

From the Patients module toolbar, click the Patient Notes button. The Patient Notes Report dialog box will appear.

3. Select Patient Range

The current patient will appear in the From and To fields. To include more than one patient in the range, click the search button next to From and select the beginning patient for the range. Click the search button next to To and select the ending patient for the range. To include only Accounts (responsible party) check Accounts Only.

4. Select Provider Range

Click the search buttons next to From and To and enter a range of providers or leave at <ALL> to include all providers.

5. Select Billing Type Range

Click the search buttons next to From and To and enter a range of Billing Types or leave at <ALL> to include all Billing Types.

6. Check Accounts Only (Optional)

If you are printing a range of patients and you wish to include only the head-of-house for each account, check the Accounts Only box.

7. Check Note Types

Check the boxes next to the types of notes you wish to include on the report.

- Appointment Notes – Check this option to print all notes attached to appointments scheduled in the entered date range.

- Patient Alerts – Check this option to print all notes attached to patient alerts within the entered date range.

- Patient Note – Check this option to print all notes entered in the Patient Note field in the Patients module.

- Medical Alerts – Check this option to print all medical alerts for the patient.

- Recall Notes – Check this option to print the Recall Note added in the Recall Information dialog box.

- Insurance Claim Notes – Check this option to print all notes entered for insurance claims.

- Insurance Plan Notes – Check this option to print all notes attached to the patient's insurance carrier.

- Future Due Pmt Plan – Check this option to print all notes attached to a Future Due Payment Plan set up for the patient.

- Account Note – Check this option to print the Account Note entered in the Accounts module for the account.

- Account Statement Note – Check this option to print the Account Statement Note entered in the Accounts module.

8. Print or Send to Batch

Click the Print button to print the report now. Click Send to Batch to send the report to the Batch Processor for printing or viewing at a later time.

Referral Options

In the Patients window you can enter information about who the current patient was referred by using the Referred By block. Similarly you can see whom you have referred the current patient to with the Referred To block.

Referred By Information

This section allows you to enter, edit and access information about who the current patient was referred by.

Entering a Patient Referral

1. Double-click Referred By

Double-click on the Referred By block. The Select Referral Type dialog box will appear.

2. Select Patient Option

Select the Patient option and click on OK. The Select Patient dialog box will appear.

3. Select Patient

Select the person who referred the current patient and click on OK. A dialog box with the patient's name and "Referred by a Patient" in the title bar will appear. This box shows the name, address and phone number of the patient who made the referral.

Referred By   Daniels, Kelly

*Double-click in the Referred By
block to open this dialog box.*

Select Referral Type

  ◉ Patient

  ○ Doctor/Other

  [OK]   [Cancel]
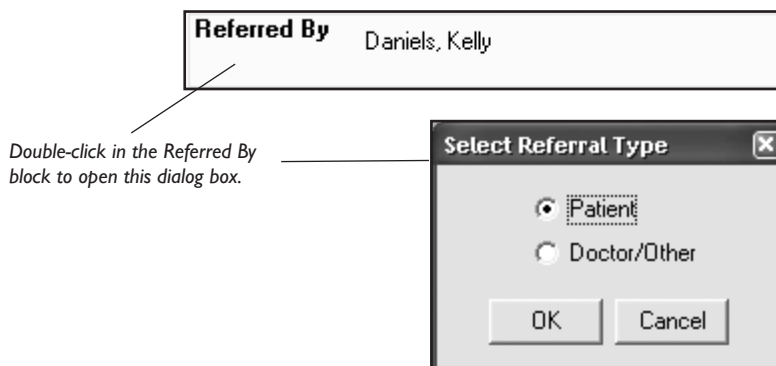
*Note: If the referring patient's name cannot be found from the Select Patient dialog box,
first check the spelling. If you still cannot locate the patient's name, he or she has not been
entered in the Patients window, or the referring party is not one of your patients. Non-pa-
tient referrals can be entered by choosing the Doctor/Other option button from the Select
Referral Type dialog box shown above.*

Remember

4.   Click Search to Change Referral (Optional)
If you wish to change the person who made the referral, click on the Search button and
select a different patient.

5.   Click Clear Referral (Optional)
If you wish to clear the referral, click on the Clear Referral button.

6.   Click OK
Click the OK button to save your changes and return to the Patients module.

Entering a Doctor/Other Referral

1.   Open Referred By
Double-click on the Referred By block. The Select Referral Type dialog box will appear.

2.   Select Doctor/ Other Referral Type
Select the Doctor/Other option and click on OK. The Select Referred By dialog box will
appear.

3.   Select Doctor/Other
Select the Doctor/Other who made the referral. Initially, all referring sources will be listed.
To narrow the scope:

• Type the first three or four letters of the doctor or other referral name in the Enter
Name field.

• Click on the Search button and all of the doctors and other referral types that begin
with those letters will appear in the list box.

Select Referred By

Enter Name:

[   ] [>>]

Name	Specialty
Evans, Jeff	Periodontist
Family	
Phone Survey	
Tyler, Mark N	Oral Surgeon
Yellow Page Ad	

[New] [Edit] [OK] [Cancel]

The select Referred By dialog box will appear when the Doctor/Other option is chosen. Click the search button to find a particular referring source. Click the New button if the referral is from a new source.

- Select the referring doctor or other referral type and click on OK. A dialog box with the patient's name and "Referred by a Doctor/Other" in the title bar will appear. This box gives the name, address and phone number of the referring doctor or other marketing source you chose.

If you want to change the Referred By selection:

- Click on the Search button and make a new Referred By selection.

Editing Referred By Doctor/Other Listings

To edit the referred by information:

1. Double-Click Referred By
Double-click on the Referred By block. The Select Referral Type dialog box will appear, but only if a type does not already exist for that patient.

2. Select Doctor/Other
Select the Doctor/Other option and click on OK. The Select Referred By list box will appear.

3. Select Referring Source
Select the name of the doctor or other referral type you wish to edit.

4. Click Edit
Click on the Edit button. The Referred By Information dialog box will appear and you can make any changes you wish.

Note: Whenever the information in the Referred By Information dialog box is changed, a message will appear cautioning that changes to this referral will affect all patients to which this referral is assigned. Click OK if you want to affect all patients attached to that referral. Click Cancel to cancel the changes.

5. Click OK
Click on OK to save any changes you've made.

Adding a new Referring Source:

1. Double-Click Referred By
Double-click on the Referred By block. The Select Referral Type dialog box will appear, but only if a referring type does not already exist.

2. Select Doctor/Other
Select the Doctor/Other option and click on OK. The Select Referred By list box will appear.

3. Click New
Click on the New button. The Referred By Information dialog box will appear and you may enter all necessary information there.

Referred To Information

Occasionally it may become necessary to refer a patient to another doctor or specialist. Easy Dental tracks the patients who have been referred out.

Referring a Patient to Another Doctor:

1. Open Referred To
Double-click on the Referred To block and the Select Referred To dialog box is displayed.

2. Select Doctor to be Referred To
If you wish to enter a new doctor's name

- Click on the New button.

- Type in the doctor's information and click OK.

If you wish to select a doctor entered previously, select the doctor's name from the list displayed. To narrow the scope,

- Type the first three or four letters of the Referred To doctor's name.

- Click the search button. The Select Referred To dialog box will display a listing of all of the doctors whose names begin with those first three or four letters to which patients have been referred.

- Select the appropriate name and click OK, or double-click on the selected name.

Referred To

The Referred To block. Double-click here to open the Select Referred To dialog box.

Select Referred To

Enter Name:

[　　　　　　　　　] [>>]

Name	Specialty
Anderson, Michael T	Dentist
Bork, Bob B	Periodontics
Brensen, Robert M	Orthodontics
Clark, Robert S	Endodontist
Kennedy, Edward J	Oral Surgeon

Previously entered doctors appear here. Select the one you want to refer the patient to and then click the OK button.

Click the Edit button to edit the information of a highlighted doctor.

Click the New button to enter a new doctor.

[New] [Edit] [OK] [Cancel]

If you need to edit the information of a doctor who has already been entered

- Type the first three or four letters of the Referred To doctor's name. Click the search button. The Select Referred To dialog box will display a listing of all of the doctors whose names begin with those first three or four letters to which patients have been referred.

- Select the name of the doctor you wish to edit. Click once on the Edit button. Make any necessary changes to that doctor's information.

- Whenever the information in the Referred By Information dialog box is changed, a message will appear cautioning that changes to this referral will affect all patients to which this referral is assigned. Click OK if you want to affect all patients attached to that referral. Click Cancel to cancel the changes.

Editing Family Relationships

Due to changing family dynamics, it may be necessary at times to combine or separate families, change the head-of-house, or delete a patient. The following sections will help walk you through the functions of family editing:

• Terms Used

• Family Editing Overview

• Changing the Head-of-House

• Separating or Combining Families

Terms Used

Head-Of-House: The head-of-house is the family member that is financially responsible for the account. All Billing Statements and family correspondence will be addressed to the head-of-house.

Outstanding Insurance Claims: Insurance claims are considered outstanding until payment on the claim has been received. A claim with the status of Sent or Not Sent is an outstanding claim.

Insurance Subscriber: The patient(s) in a family who are subscribers to an insurance policy for themselves or other members of the family.

Patient Transactions: Transactions posted to the Account that are directly connected to the patient. Transactions include: Completed Procedures, Insurance Claims, Insurance Payments, and Payments and Adjustments assigned to a specific patient.

Guarantor Transactions: Transactions posted to the Account that are connected to the account rather than to an individual patient. Transactions include: Account Payments (payments assigned to Family), Finance Charges, Adjustments assigned to Family, and Balance Forward.

Balance Forward: The amount of money that is still owed from a previous month.

Family Editing Overview

The Edit button in the Patients module is used to combine, separate, and delete patients and families. There are three commands that are available under Family Edit:

• **Family Relations** - displays the Edit Family dialog box and allows you to change the head-of-house or combine/separate families.

- • **Delete Patient** - Allows you to delete the current patient.

- • **Delete Family** - Allows you to delete the current family.

If you are on a networked system, Easy Dental must be closed on all stations before you can activate any of the Family Edit Commands. On the computer from which you will be working, open the Patients module.

IMPORTANT: When a single patient is moved to another family, all of the patient's transactions, including procedures, insurance claims, insurance payments, and payments and adjustments assigned to the specific patient are transferred to the new account.

The transfer of procedures and insurance payments can cause the original family to have a credit balance and the new family to have a debit balance. To remedy the account balances, Family Edit may create offsetting adjustments, called a Special Adjustment, for each family. Each Special Adjustment entry is recorded with the current date, and a note of explanation.

A Special Adjustment is automatically placed in History. With the Special Adjustments in place the account balances remain as they were before Family Edit. If you would like the patient's new family to be responsible for a portion of the patient's balance, you can post offsetting adjustments to take the amount off the original account and add it to the patient's new account.

Changing a Head-of-House

Changing the head-of-house will transfer all current and history Account transactions from the original head-of-house to the new head-of-house and cause the entire family to have the new head-of-house.

1. Select Patient
From the Patients module toolbar, click the Select Patient button. Select the desired patient and click the OK button.

2. Choose Edit | Family Relations
From the Patients module toolbar, click the Edit button then choose Family Relations. The Edit Family dialog box appears.

3. Select New Head-of-House
Highlight the family member you wish to become the new head-of-house.

4. Click Set HofH 1
Click the Set HofH 1 button. Click the OK button to return to the Patients module.

Separating or Combining Families

Read this section to learn how to move a patient to a new account or to combine two accounts.

BEFORE YOU BEGIN:

Keep in mind the following before moving any patients:

- When combining families, the head-of-house cannot be moved unless all family members are moved first.

- A patient cannot be moved if he/she has any outstanding insurance claims (claims that have not been Received). You may wait until the claim is paid or delete the claim and recreate it under the new account.

- A patient's insurance information will be cleared when the patient is moved if the patient is not the insurance subscriber. If the patient is the subscriber, the insurance will be moved with them.

- If a patient is the insurance subscriber for family members, the insurance information for those family members will be cleared if the subscriber is moved.

- Make sure that all Easy Dental modules are closed on every computer. On the computer from which you will be working, only the Patients module should be open.

1. Select Patient

From the Patients module toolbar, click the Select Patient button. Select the desired patient and click the OK button.

2. Click Edit | Family Relations

From the Patients module toolbar, click the Edit button then choose Family Relations. The Edit Family dialog box appears.

3. Highlight Family Member to be Moved

Highlight the family member you are moving to another account.

Note: If the patient you are trying to move is the head-of-house in that family, you will need to change the head-of-house for the family prior to moving that patient. If you wish to move all family members to the new family, you will need to move the head-of-house last.

4. Click Family 2

Click the Family 2 button. The Select Patient dialog box appears.

5. Select Family

Select the head-of-house of the family you wish to move the patient to, or choose New Family. A second box labeled Family 2 will appear in the Edit Family dialog box. Click on the arrow pointing to the right. The patient's name will move to the Family 2 box.

Additional patients from the same family can also be moved by highlighting their name and clicking the arrow pointing to the right.

6. Set Head-of-House

If the family to which the patient(s) were moved is a new family, the first patient moved will automatically become the new head-of-house. If you wish to make a different patient the head-of-house, highlight their name and click the Set HofH 2 button.

7. Click OK

Click the OK button. If the patient has insurance coverage, or is an insurance subscriber for other patients, a message will appear warning that their insurance will be cleared. Read the warning message carefully and then click OK if you wish to continue. Click Cancel to return to the Patients module without moving the patient.

Deleting a Patient

BEFORE YOU BEGIN:

- Make sure that the patient does not have ANY procedures posted to the Accounts window or Treatment Plan

- Make sure that no one in the family has insurance coverage linked to the patient that you are trying to delete.

- Make sure that Easy Dental is closed on every computer in the office, except the the machine from which you will be working.

- Make sure the account has a zero balance.

1. Select Patient

Select the patient you wish to delete.

2. Click Edit

Click the Edit button and select Delete Patient

3. Click Yes

You will get a message that says "All information for this patient will be gone. DELETE Patient?" Click Yes.

Note: If the person you are trying to delete is the only member of the family, they are also the head-of-house. Instead of deleting the patient you should delete the family.

Remember

Deleting a Family

BEFORE YOU BEGIN:

- Make sure that the family does not have ANY procedures posted to the Accounts window or the Treatment Plan.

- Make sure that no one in the family has insurance coverage.

- Make sure that Easy Dental is closed on every computer in the office, except the machine from which you will be working.

1. Select Patient
Select the head-of-house for the family you wish to delete.

2. Click Edit Family | Delete Family
Click the Edit Family button and choose Delete Family from the menu.

3. Click Yes
You will get a message that says "All information for this family will be gone. DELETE Family?" Click Yes.

Reminder: A family can NOT be deleted if the family has a balance or any type of trans-actions including those in History. You may wish to Archive these patients. See Archiving Patients in this chapter for more information.

New Patient With Appointment

The New Patient with Appt command will allow you to bring up the information on a new patient who has an appointment in the Schedule, so that you don't have to re-enter the person's name and address to create a Patient file for them. To use this command:

1. Open Schedule
Click the Schedule icon to open the Schedule window.

2. Highlight New Patient Appointment
Click once on the New Patient appointment in the Schedule to select the appointment.

3. Open Patients
Click the Patients icon to open the Patients window. If you wish to add this new patient to an existing family, you may open that family's file.

4. Click New Patient with Appt
Click the New Patient with Appt button. The For New Patient dialog box appears.

5. Select Family Option

When the For New Patient dialog box appears, click on the radio button next to one of the following:

- • If you click **Create a New Family**, a Head-of-House Information screen will appear with the name and other information already entered. Complete the blank fields.

- • If you click **Add to Current Family,** a Patient Information screen will appear. Complete the blank fields.

- • If you click **Select Family,** the Select Patient dialog box will appear and you can select the family you wish to add the new patient to.

6.   Click OK

Click the OK button after you have made a selection.

Note: The New Patient With Appt command does not function if you do not have a New Patient's appointment selected in the Schedule.

Technical

Patient Survey

Patient Survey is designed to replace the new patient forms, health history update, and other forms used in your office to collect information from patients. Patient Survey allows you to create a custom set of questions that can be printed for your patients to answer. See *Survey Setup* in the *Reports* chapter for steps on how to create a survey. Once the patient completes the questionnaire the answers can be input into Easy Dental and stored as an electronic copy of the information. For those offices moving toward the "paperless office," Patient Survey is a way to computerize information that otherwise would be stored in a paper chart. Best of all, when the information needs to be reviewed for accuracy a new copy with the previous answers can be generated — the patient only has to modify those items that have changed since the last visit.

Printing a Survey

A Patient Survey should be printed as a patient arrives for their appointment. The printed questionnaire will list information that has been previously entered including: patient information, referral information, spouse or guarantor information, employment information, insurance information, and finally any answers that have been entered in the Patient Survey for this patient. The patient can then correct those entries that are inaccurate and add any information not currently known.

1. Click Patient Survey
From the Patients module, click the Patient Survey button. The Patient Questionnaire window appears.

2. Click Print
Click the Print button. The Print window appears. Select a printer and click the Print button. The Patient Questionnaire will begin printing.

The questionnaire has two pages. Page one contains basic patient information such as name, address, employer, insurance information, and referral sources. The second page will print your customized questions. Any information previously entered into Easy Dental will print on the form. All the patient has to do is fill in the blanks and make corrections (if necessary).

Entering Patient Questionnaire Responses

Once a patient has completed a questionnaire, the information can be stored in the Easy Dental database. To input Patient Questionnaire responses, perform the following steps:

1. Click Patient Survey
From the Patients module, click the Patient Survey button. The Patient Questionnaire dialog box appears.

2. Double-click First Question
Double-click on the first question listed in the Questionnaire. The Patient Questionnaire Response dialog box appears.

3. Enter Patient Response
Enter the patient response.

4. Click Next
Click the Next button to advance to the next question. Repeat steps 3 and 4 for all questions in the Questionnaire.

5. Click OK
Click the OK button to save the patient responses and return to the Patient Questionnaire. Responses will be displayed on the right side of the Patient Questionnaire dialog box.

6. Click Close
Click the Close button to exit the Patient Questionnaire.

Archiving Patients

Archiving patients will simplify your patient database and make patient selection faster and easier. Keep in mind the following:

- Patients with Future Due Payment Plans or outstanding insurance claims cannot be archived.

- Guarantors cannot be archived until all other family members have been archived.

- Guarantors cannot be archived if they have a Payment Agreement or a balance.

When a patient is archived, the following occurs:

- All appointments for the patient are deleted. (An entry will be added to the Contacts module, if installed.)

- All Recall, Employer, Insurance, and Referral information is deleted and added to the Patient Note. This can be viewed after the patient is archived.

- Addresses, Procedures, Insurance Claims, Payments, Adjustments, Medical Alerts, Prescriptions, and Patient Questionnaire all remain intact in case the patient is re-activated in the future.

- No Patient Information can be edited while a patient is archived.

- Archived patients will only appear in the Select Patient dialog box if the option "Include Archived Patients" is marked.

- When an archived patient appears on a report or in a module, they are indicated by an <Archived> or <A> in front of their name.

To Archive a Patient

1. Select Patient
From the Patients module, click the Select Patient button. Type the first few letters of the patient's last name. Select the desired patient and click the OK button.

2. Open Patient Information
Double-click on the Patient Information block. The Patient Information dialog box appears.

3. Select Archived Status
Click the down arrow in the Status field. Select the status of Archived from the drop-down menu.

4. Click OK
Click the OK button to save changes in the Patient Information dialog box.

5. Answer all Prompts

Before anything is archived, several messages will appear asking you to confirm the archiving. Also, messages will appear if additional steps need to be taken before the patient can be archived.

6. Click Yes

A final message will appear asking for confirmation that the patient be archived. Nothing is archived until you click Yes.

To Reactivate a Patient

1. Select Archived Patient

Open the Patients module and click the Select Patient button. Mark the option to "Include Archived Patients," and type in the first few letters of the patient's last name. Select the archived patient you wish to reactivate and click the OK button.

Check the option to Include Archived Patients. The patient's archived status will be listed on the right.

2. Open Patient Information

Double-click on the Patient Information box. A prompt will appear asking if you wish to reactivate the patient.

3. Click OK

Click the OK button to reactivate the patient. The Patients window will open, allowing you to change the status of the archived patient. Refer to their Patient Notes for information regarding previous Recall, Employer, Insurance, and Referral information.

Unique Family Relations

The following situations frequently occur when entering family information and family insurance information:

- Divorced parents where the father receives the bills, but is not a patient, and the mother has insurance that covers the children.

- A patient living with his/her father and step-mother and insured by his mother.

- A child who is insured by both his/her father as well as his/her step-father who are both patients.

- A request that a married couple be entered as two separate families for separate statements, but the wife has insurance for both herself and husband.

Easy Dental can handle these and similar situations if the following guidelines are understood and kept in mind:

1. The head-of-house for the family should be determined according to who is to get the billing statement for family members. In other words, the head-of-house is the person ultimately responsible for payment, usually the one who signed the consent form.

2. Each patient should be entered as a member of the family with the head-of-house who should be billed for the patient's treatment, not the head-of-house he/she lives with when these two are different.

3. The head-of-house does not have to be a patient, in which case he/she would have a status of "Non-Patient."

4. A subscriber can be anyone in the family, it does not have to be the head-of-house.

5. When a patient has insurance coverage, the subscriber must be entered as a member of the same family. In cases where the subscriber is not really living with the family (a step-parent or ex-spouse of the head-of-house), give him/her a "Non-Patient" status and make him/her an "Other" family member when he/she is added.

6. A social security number cannot be entered more than once since it is one of the unique identifiers for a patient. It can be entered as the subscriber ID number with the insurance information whenever the subscriber is entered. In cases where a subscriber is entered more than once because he/she is a subscriber for more than one family, enter his/her social security number where he/she is entered with a "Patient" status and leave the space blank where he/she is a "Non-Patient."

7. Remember that the "Select Patient" window shows the "Non-Patient" status and allows selection by social security number. If "Select Patient" lists a patient's name more than once, select the name that does not have "Non-Patient" when entering

treatment. This will ensure that "Non-Patients" do not show up on anything sent to your patients, such as billing statements, and your patients will not be aware that the "Non-Patient" is entered as a part of their family.

How to Set Up Dual Insurance Where the Child's Stepfather is Primary and Natural Father is Secondary

To best learn how this process works, it is easiest to add in the following family, which can then be deleted when this tutorial is completed.

Example Family:
Joseph Mickelson (stepfather, primary insured, guarantor)
Theresa Mickelson (natural mother, insured under Joseph only)
Todd Mickelson (child, covd. primary-Joseph, secondary-David)
David Jenkins (natural father, insures himself and is secondary for Todd)

Step 1
All family members, including the natural father, need to be added to the account. To avoid confusion, the natural father should be added with the status as NON-PATIENT, and with the family relationship listed as OTHER. Keep in mind also, that David, the natural father, can have a separate address from the rest of the family. When completed, the top of your Patients window will look similar to the following:

Status	Name	Position	Gender	Patient	Birthday
HofH Guar Ins	Mickelson, Joseph	Married	Male	Yes	09/07/1955
Ins	Mickelson, Theresa	Married	Female	Yes	12/01/1960
	Mickelson, Todd	Child	Male	Yes	07/15/1985
	Jenkins, David	Other	Male	No	05/15/1957

Step 2
From Joseph's (the step-father's) Patients window, double click on the Insurance block. Enter in Joseph's insurance information.

Step 3
Next, bring up David's (the natural father's) patient information. From the Patients screen, double click on David's name. Double-click on the Insurance block and enter in David's insurance information.

Step 4
Now, both Joseph's and David's insurance is available to any family member listed in the family member list block. Since Joseph is primary for both Theresa and Todd, his information needs to be added to their files. From the Patients screen, double click on Theresa's name to bring up her file. Double-click on the Insurance Information block and select Joseph's insurance as the primary insurance. The Subscriber box should default to Theresa's name, but Joseph can easily be selected as the subscriber by clicking once on the search button to the right of Theresa's name.

Select Joseph Mickelson and press OK. Theresa's Insurance Information screen now displays Joseph's insurance information as her primary coverage. Press OK on the Insurance Information dialog to return to the Patients screen.

Step 5
Now the same can be done for Todd. Double click on Todd's name and go through the same steps to add Joseph's insurance information as his primary coverage.

Step 6
To add his natural father's insurance information as his secondary, press the search button at the Subscriber box under the Secondary Insurance half of the Insurance Information dialog and select David Jenkins. Press OK at both the Select Secondary Subscriber dialog and the Insurance Information dialog to return to the Patients window. You have now successfully set the proper insurance information for each person on this account.

Accounts

In this Section:

- Accounts Module Areas

- Accounts Setup

- Transactions: Entering Procedures, Payments and Adjustments

- Easy Checkout Button

- Entering Account Notes

- Printing Account Reports

- Editing Transactions

- Payment Plans

- Insurance Claim Processing

- Monthly Procedures

The Accounts module is used to manage patient accounts. From the Accounts module you can add and edit payments, adjustments, and procedures, process insurance claims, calculate finance charges and create payment plans.

The Accounts Module Areas

The Accounts module is divided into three major areas: the Toolbar, the Transaction Log and the Account Detail Information.

Transaction Log

Toolbar

Account Detail Information
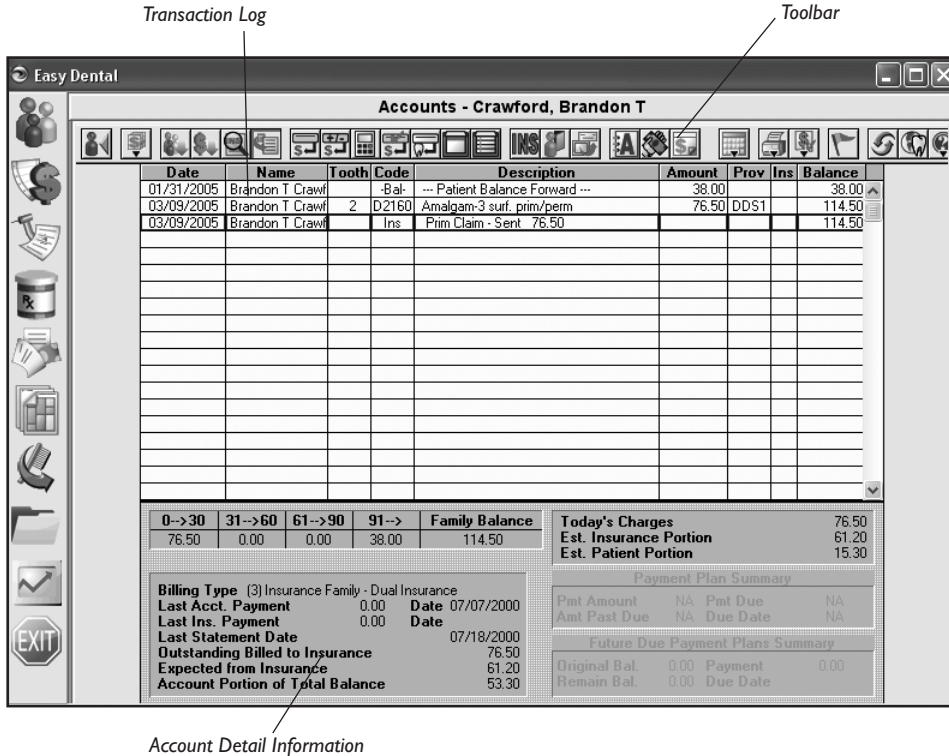
Toolbar

The Accounts module toolbar is a collection of command buttons that allow you to initiate commands by simply clicking once on the button. The Accounts module toolbar, like most other Easy Dental toolbars, is found at the top of the Accounts window.

The Accounts window toolbar contains twenty-six command buttons. The name and function of each is described on the next page.

Click here to select a patient.

Click here to enter batch account or insurance payments.

Click here to view all transactions for a family.

Click here to include history transactions.

Click here to show transaction links.

Click here to view account detail.

Click here to execute Easy Checkout.

Click here to print a quick letter.

Click here to enter a note for the account.

Click here to view or set up a payment plan or billing type.

Click here to set up a Future Due Payment Plan.

Click here to perform Month End procedures.

Click here to enter a payment.

Click here to enter an adjustment.

Click here to enter a tax or discount.

Click here to enter a finance or late charge.

Click here to enter a procedure.

Click here to attach a Dental diagnostic code.

Click here to view or add patient diagnoses.

Click here to create an insurance claim.

Click here to print reports.

Click here to view setup options.

Click here to view or edit patient alerts.

Click here to refresh the Accounts window.

Click here to launch the EasyWeb toolbar.

Click here to access the help files.

Transaction Log

The Transaction Log is also referred to as the Accounts list. The Transaction Log lists the following items:

- Transaction date
- Patient or guarantor name
- Tooth number or letter when applicable
- Procedure code or transaction type
- A "»" indicates if a note is attached to a procedure.
- Transaction description
- Transaction amount
- The provider of each transaction
- Insurance status (whether or not an insurance claim has been created)
- Account or Patient running balance (when selected)
- Any transactions that have been placed in History will have an "ˣ" before the description.
- A procedure in history that has been invalidated will have a "+" before the description.

Transaction date

Patient name

Tooth number or letter
when applicable

Procedure code or
transaction type

Transaction descriptions

Running balance

Insurance status (has insurance claim been created)

The provider of each transaction

Transaction amount

Date	Name	Tooth	Code	Description	Amount	Prov	Ins	Balance
07/07/2000	Brandon T Crawf		D1110	*Prophylaxis-adult	38.00	DDS1	No	38.00
01/31/2005	Brandon T Crawf	5	D2391	+Resin composite-1s, posterior	83.00	DDS1		121.00
01/31/2005	Brandon T Crawf		D1110	*Prophylaxis-adult	38.00	DDS1		159.00
01/31/2005	Brandon T Crawf		D0120	*Periodic oral evaluation	17.00	DDS1		176.00
01/31/2005	Brandon T Crawf		Pay	*Cash Payment - Thank You	-31.60	DDS1		144.40
01/04/2005	Brandon T Crawf	5	D2392	^Resin composite-2s, posterior	91.00	DDS1	No	235.40
02/04/2005	Brandon T Crawf	UR	D4210	Gingivectomy-4+ per quadrant　»	25.00	DDS1	No	260.40
02/04/2005	Brandon T Crawf	16	D2392	Resin composite-2s, posterior　»	91.00	DDS1	No	351.40
02/04/2005	Brandon T Crawf		Ins	Prim Claim - Sent 138.00				351.40

Any transactions that
have been placed in
History will have an "x"
before the description.

A procedure in
history that has been
invalidated will have a "+"
before the description.

Procedures that have been back
dated into a previous month (if the
month has been closed out) will
have a "^" before the description
until the current month is closed.

An indicator that a
note is attached to a
procedure.

Procedures that have been back dated into a previous month (if the month has been closed out) will have a "^" before the description until the current month is closed.

The insurance status column will either have no entry or will have the word "No" listed. If the column is empty, an insurance claim has been filed for the procedure. If the column reads "No," an insurance claim should be created. If this column has an "x" it means that the procedure is marked "Do Not Bill to Insurance."

Account Detail Information

By clicking the Account Detail button you can view the Account Detail information on the bottom left side of the Accounts module. The following information is displayed:

- The billing type.

- The guarantor's last payment amount and date.

- The last insurance payment amount and date.

- The last Billing Statement date.

- The total amount billed to insurance that is still outstanding.

- The amount expected from insurance.

- The estimated account portion of the balance.

Account's Billing Type

Account Aging Information

Total Family Balance

$ amount of charges posted today

Estimated Insurance portion for today's charges

Estimated patient portion for today's charges

0-->30	31-->60	61-->90	91-->	Family Balance
230.00	0.00	0.00	0.00	230.00

Today's Charges		116.00
Est. Insurance Portion		116.00
Est. Patient Portion		0.00

Billing Type (3) Insurance Family - delay finance charges
Last Acct. Payment 31.60 **Date** 01/31/2005
Last Ins. Payment 121.40 **Date** 02/04/2005
Last Statement Date 07/18/2000
Outstanding Billed to Insurance 16.60
Expected from Insurance 16.60
Account Portion of Total Balance 213.40

Payment Plan Summary
Pmt Amount   NA   Pmt Due   NA
Amt Past Due   NA   Due Date   NA

Future Due Payment Plans Summary
Original Bal.   0.00   Payment   0.00
Remain Bal.   0.00   Due Date

Date and Amount of last Account Payment

Date the last Billing statement was sent

Account portion of the balance after insurance pays

Payment Plan information

Future Due Payment Plan information

Date and Amount of last Insurance Payment

The total amount billed to outstanding insurance claims for the account

The total amount expected in payment from outstanding insurance claims

The right side of the Account Information window block shows:

- Today's charges.

- Estimated insurance portion (for today).

- Estimated patient portion (for today).

- Payment Plan information including the monthly payment, amount past due, payment due, and due date.

- Future Due Payment Plan information including the original balance, the remaining balance, payment amount, and due date.

Billing Types and Account Information

The Account Details block displays the family's aging balance, billing type, last payment amount, and last payment date. When the Head-of-House is first entered, the family is automatically given the default billing type that was selected in the Reports module. All family members will be assigned the same Billing Type.

Editing the Billing Information

1. Click Billing/Payment Plan

Click the Billing/Payment Plan button to bring up the Billing/Payment Plan Information dialog box.

2. Select Billing Type

The default Billing Type will be assigned to the family. If desired you may change the Billing Type.

3. Enter Aging Amounts

The top half of the dialog box is used during initial setup to enter existing aging balances, the last payment amount, and the date from your ledger cards or aging reports. Enter the total family balance in the aging columns. (See *Adding Initial Aged Balances* in this chapter.)

4. Check Balance

Check the calculated total under Balance before continuing. An Initial Balance transaction will automatically be created for the family on the Accounts Transaction Log.

Note: Once procedures have been entered in the Accounts module or the Treatment Plans module this area will become grayed out and you will not be able to enter aged balances.

5. Enter Last Payment Amount Information

Enter the amount of the last guarantor payment and the date in the fields provided.

6. Click OK

Click the OK button to exit the Billing/Payment Plan Information dialog box.

Show Transactions Links

The Show Transaction Links button allows you to quickly see related transactions listed in the Accounts module. For example, you may wish to see all procedures linked to an insurance claim or vice-versa. Simply highlight the transaction for which you wish to find links and click the Show Transactions Links button. All transactions linked to the selected transaction will now be highlighted. Click on any single transaction to remove the highlight.

Accounts Setup

The following setup options will help you customize the Accounts module to meet the needs of your office. These options are available by clicking the Setup button on the Accounts module toolbar.

- Set Tax/Discount Options
- Set Accounts/Tx Plans Colors
- Easy Checkout Options

Set Tax/Discount Options

The Accounts module allows you to set up multiple Tax/Discount types to be applied to individual patients or family accounts. The amount of the tax or discount can be determined by Today's Charges or by a specified procedure date.

Before you can apply the tax or discount, it is necessary to create Tax/Discount types. This is done by assigning each Tax type to a specific procedure code or adjustment type and each Discount type to a specific adjustment type. To set up Tax/Discount types complete the following steps:

Note: Discounts should be assigned to a credit adjustment type in order for the account balance to be decreased by the appropriate amount.

1. Click Setup | Set Tax/Discount Options
From the Accounts toolbar, click the Setup button then select Set Tax/Discount Options. The Tax/Discount Options dialog box will appear.
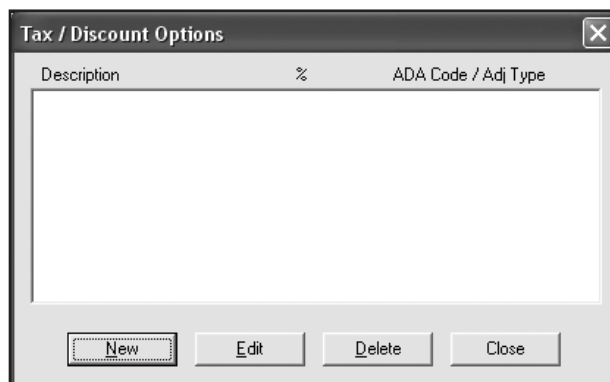
Click the New button to enter a new Tax/Discount type. To edit an existing type, highlight it from the list and click Edit. To delete an existing type, highlight it from the list and click Delete.

2. Click New
Click New to set up a new Tax/Discount type. The New Tax/Discount dialog box appears.

ACCOUNTS

New Tax / Discount

Enter a description of the tax/discount here. —

Description

Enter the percentage for the tax/discount type. —

Post Using:

Percentage: ____ %

Check this option to have the tax or discount round to the nearest dollar amount. —

☐ Round to the nearest dollar

Select a Procedure Code or Adjustment Type that will post when the tax/discount is selected. —

⦿ Procedure Code: _____ [>>]

○ Adjustment Type: _____ [>>]

Choose to have the tax/discount percentage based on the procedure amount or fee schedule amount. —

Fee Schedule

⦿ Use Procedure Amount

○ Use Fee Schedule Amount [1. FEE 1] [>>]

[OK]   [Cancel]

3. Enter Description

Enter a description for the new Tax/Discount option.

4. Enter Percentage

Enter the percentage of the selected charge/discount you wish to apply for the tax/discount.

5. Round to Nearest Dollar

Check this option to round the tax/discount amount to the nearest whole dollar.

6. Enter Procedure Code

When adding a new tax option, you can mark Procedure Code and click the search button to select the code for which to apply the tax. The Procedure Code List will appear. Select a category, then highlight the desired code. Click the OK button to return to the New Tax/Discount dialog box.

Note: For a tax option, you can also select a debit adjustment type instead of a procedure code. See step 7 for instructions.

Note: New Procedure Codes and/or Adjustment Types may need to be entered for the Tax/Discount option. (See the Setup *chapter for more information.)*

7. Enter Adjustment Type

When adding a new discount or tax option, mark Adjustment Type and click the search button to select the Adjustment Type to be assigned to the discount/tax. The Select Adjustment Type dialog box will appear. Highlight the desired adjustment and click the OK button to return to the New Tax/Discount dialog box.

8. Click OK

Click the OK button to save the new tax/discount type.

9. Click Close
Click the Close button to exit the Tax/Discount Options dialog box.

Set Accounts/Tx Plans Colors

To help you quickly identify different transaction types, you can assign each transaction type a unique color. Once the colors have been assigned, the Accounts module becomes even easier to use. To assign a transaction type a color complete the following steps:

1. Click Setup | Set Accounts/Tx Plans Colors
Click the Setup button then choose Set Accounts/Tx Plans Colors. The Set Accounts/Tx Plans Colors dialog box will appear.
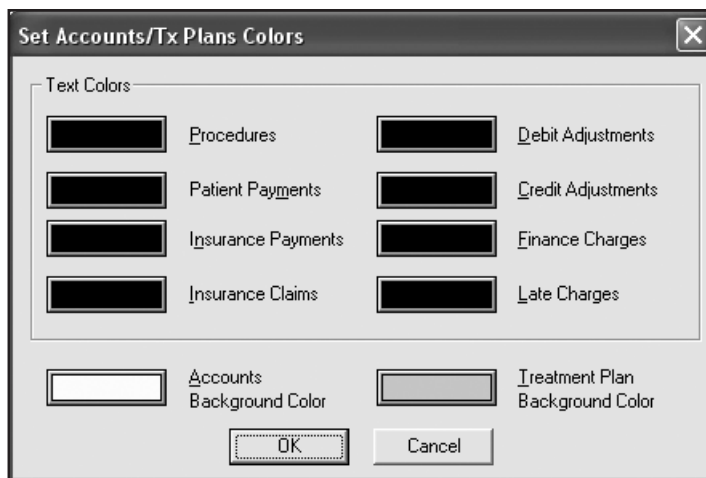
2. Assign Text Colors
Click the color box next to Procedures. The Color dialog box will appear. Click the color you would like to assign to this transaction type. Click OK. Repeat this procedure for all other transaction types.

3. Assign Treatment Plan Background Color
The Accounts module shows you all work completed for the patient. The Treatment Plan module shows all work that has been recommended, but not yet completed. To help you distinguish between the two views you can assign a background color to the Treatment Plan module.

Click the color box next to Treatment Plan Background Color. The Colors dialog box appears. Click the color you would like to assign as the background color. (Be sure to choose a color that will contrast with the other colors you chose in step three.) Click OK.

4. Click OK
Click the OK button to save your color settings.

Easy Checkout Options

The Easy Checkout button in Accounts enables you to perform several tasks in one click of a button. You can choose which functions you want to occur when the Easy Checkout button is used. Using the Easy Checkout button is explained later in this chapter. To setup this button, complete the following steps:

1. Click Setup | Easy Checkout Options
Click the Setup button then choose Easy Checkout Options. The Easy Checkout Options dialog box will appear.

2. Select Options
Place a checkmark next to the options you want the Easy Checkout button to perform. The options are explained below:

- **Create Insurance Claim** – Place a checkmark next to this option to have an insurance claim for today's procedures created automatically. Mark whether you want that claim to print right away (Print) or go to the Batch Processor (Batch).

- **Enter Payment** – If this option is checked, the Enter Payment screen will appear automatically when the Easy Checkout button is clicked.

- **Walkout** – Place a checkmark next to this option to have a Walkout Statement created automatically. Mark whether you want the walkout to print right away (Print) or go to the Batch Processor (Batch).

- **Always Show Checkout Options** – If this option is checked, the Checkout Options screen will appear when the Easy Checkout button is clicked. This allows you to select the options at the time of the checkout.

3. Click OK
Click the OK button to save your settings.

Transactions

All of the transactions that occur in the practice will be recorded in the Accounts Transaction Log. This section will explain how to enter procedures, payments, adjustments, taxes, and discounts.

Entering Procedures

Note: All charges entered will be linked to specific ADA procedure codes.

1. Select Patient
Click the Select Patient button from the toolbar.

2. Click Enter Procedure
Click the Enter Procedure button from the toolbar.

Click the Enter Procedure button on the toolbar to get started.

Click this search button to select a procedure.

If the procedure you selected requires a tooth number, surface, etc., enter that information in the spaces provided.

Click this button to add the procedure to the list of procedures to be posted to the account.

To change a procedure, highlight it, make the changes and click Change.

Enter Procedure(s)

Date: 02/04/2005

Procedure: D2160 >>

Procedure Description
Amalgam-3 surf. prim/perm

Tooth: 2

Surfaces: MOD >>

Amount: 90.00

Provider: DDS1 >>

Status
○ Treatment Plan
● Completed

☐ Do Not Bill to Insurance
☐ Override Proc Flags

Explosion Codes:
Bridge
DO Amalg.
DO Comp.
MOD Amalg
MOD Comp.
PerioExam
REAdult
REChild
REComp
TxRC/Crwn

Add   Change   Delete

Procedure List
02/04/2005   2   MOD   D2160 DDS1   90.00   C

*Procedure requires additional treatment information.

OK/Post   Cancel

Add

To delete a procedure code from the Procedure List, highlight it and click Delete.

Click this button to post all the items in the Procedure List to the account.

To Add an Explosion Code, double click on the code you wish to use or select it from the list and click Add.

3. Enter Procedure Code
Enter the Procedure Code if you know it by memory OR click on the Search button next to the Procedure box and select a Category and Procedure Code from the Procedure Code list box. You may also select an explosion code from the Explosion Code list. The Procedure description(s) and the charge Amount will appear.

4. Enter Tooth and Surface

If the Procedure Code requires a tooth and surfaces, enter those now.

- Enter the surfaces in the edit box or use the surfaces search button to display the Surface Selection dialog box. Check the surfaces desired.

- Use the Add button when a procedure's surfaces are not connected. Check the first surface, click the Add button and then check the next surface.

- Click on OK.

Note: If the tooth number you entered is higher than 51 and lower than 82, a warning will appear to alert you that an invalid tooth number was entered and will ask if you would like Easy Dental to accept the tooth number as a supernumerary tooth. If the tooth number is 82 or higher, or 33 to 50, the invalid tooth number message will appear. Click OK to enter a valid tooth number.

5. Edit Provider (Optional)

The Provider text box will initially display the default provider for the patient. The provider for the procedures being added can be changed at any time by selecting the provider Search button.

Note: If you do not want this procedure to be included on a claim, mark Do Not Bill to Insurance.

6. Click Add

Click on the Add button to add this procedure to the Procedure List box.

7. Repeat

Repeat the above steps if you need to enter additional procedures.

Note: After the first procedure has been added, the Procedure text box defaults to the previously entered procedure code. This is useful when the patient is having several sealants, amalgams, or extractions.

8. Click OK/Post

Click the OK/Post button. All of the procedures appearing in the Procedure List will be recorded in the Transaction log.

Attaching Diagnostic Codes

To attach diagnostic codes to completed procedures, complete the following steps:

1. Double Click Procedure
Double click on the procedure in the Accounts module that you wish to attach. The Edit or Delete Procedure dialog box will appear.

2. Click Diagnoses Search Arrow
Click the search arrow next to Diagnoses. The Select Diagnostic Code(s) dialog box will appear.

3. Select Category
Click the down arrow and select the desired category. If you choose Cross Coded, diagnostic codes that have been cross coded in the Diagnostic Cross Coding Setup will be displayed (see the Reports chapter for more information).

4. Select Diagnostic Code(s)
Highlight the code(s) that you wish to use and click Add. The codes will be moved to the Selected Diagnostic Codes list box.

5. Click OK
Click the OK button then OK again to exit and save the changes.

Entering Procedures Using Explosion Codes

1. Click Enter Procedure
Click the Enter Procedure button from the toolbar. The Enter Procedure(s) dialog box will appear.

2. Select Explosion Code
Double click on the explosion code you wish to use or highlight the code and click Add. The codes that make up the explosion code will appear in the Procedure List.

3. Add Tooth and Surfaces (If Required)
If any of the procedures require a tooth and surface selection (an asterisk will indicate), highlight the procedure. The appropriate Tooth and/or Surface edit box will be displayed above the procedure list allowing you to enter this information. After you've entered the tooth and surface information, and with the procedure still highlighted, click the Change button. This will update the procedure in the procedure list.

4. Click OK/Post
When all procedures requiring additional tooth and surface information have been changed, click the OK/Post button to complete the process and post the procedures.

Procedure Notes

Procedure Notes allow you to add information about the procedure directly to the procedure itself. Procedure notes may contain clinical documentation of treatment or any other information desired.

To enter, edit or delete a Procedure Note, double-click on the Description line of the Accounts entry. Easy Dental provides this feature as a way to increase the communication between front and back office personnel.

To Enter or Edit a Procedure Note:

1. Select Procedure

Double-click on the procedure to launch the Edit or Delete Procedure dialog box.

Notes may be added to each procedure for documenting clinical treatment or any other information you like.

2. Enter or Edit Note

Place your cursor in the Notes field to enter, edit, or delete the text.

3. Click OK

Click the OK button to save the information.

Note: Notes can be entered, edited or deleted until a completed procedure is placed in history—even if it is attached to an insurance claim.

Editing a Procedure with an Attached Note

When a procedure code is changed for a transaction with an attached note, you will receive a warning and be asked to delete the accompanying note, unless the note was also edited.

Entering Payments

You may enter payments and insurance payments in batches or for individual families/patients.

Entering Guarantor Payments

1. Select Patient

Select a patient by choosing the Select Patient button.

2. Click Enter Payment

Click the Enter Payment button. The Enter Payment dialog box is now displayed.

Click this search button to apply the payment to the correct provider.

If the payment must be split among two or more providers, click this button.

Select whether to apply the payment to the family or a particular patient within the family.

Enter Payment

Date: 02/04/2005

Amount: 100.00

Check #: 1256

Bank/Branch #:

Provider: DDS1 >> Split Payment

Patient: Family

☐ Apply to Payment Plan

Note: This payment needs to be applied toward June and July's payment plan.

Type:
Check Payment - Thank You
Cash Payment - Thank You
Credit Card Payment - Thank You
Payment from Insurance

OK   Cancel

3. Enter Amount and Check #

Enter the payment amount and the check # if applicable.

4. Enter Bank or Branch Number

The information you enter here will appear on all Deposit Slips.

5. Click Payment Type

Easy Dental provides four default payment types: Check Payment, Cash Payment, Credit Card Payment, Payment from Insurance.

Note: You may add to or alter the Payment Type list. (See Definitions *in the* Practice Setup *chapter for more information.)*

6. Select Provider

Select the provider you wish to apply the payment to. If procedures have been posted to more than one provider you should apply payments to the treatment provider. You can use the Split Payment option to quickly and accurately split one payment between multiple providers.

The amounts owed to each provider will be listed here.

Click one of the Split options:
Manual – allows you to manually split the payment.
% – divides the payment according to the amounts owed each provider.
FIFO – divides the payment according to the oldest balance.
= – splits the payment equally between all providers with a balance owed.
Acct Est –applies the payment to the provider balance in the Account Portion.

Split Payment

	Payment Amount:	100.00		Add Provider
Provider	Balance	Acct Est*	Pay	Split Methods
DDS1	305.00	288.40	48.00	Manual
DDS2	149.00	149.00	52.00	%
				FIFO
				Acct Est
				=

Remaining Amount: 0.00

* The Account Estimate is the estimated account portion of the provider balance, based on pending dental insurance claims.

OK/Post   Cancel

7. Click Split Payment Button (Optional)

Click on the Split Payment button to split the payment between providers.

- The Manual button allows you to pay a specific portion of the payment to a specific provider.

- The % button will divide the payment among the providers according to the provider's percentage of the total amount owed.

- FIFO (First In First Out) directs the payment toward the oldest completed procedures first. (Adjustments, Finance Charges, and Late Charges are applied first regardless of date.)

- The Acct Est button will apply the payment to the provider who has a balance as an Account Portion (this option will ignore balances for providers which Easy Dental estimates insurance will pay remaining).

- The = button splits the payment amount equally between providers with a balance.

Click OK to exit the Split Payments dialog box.

Note: If one or more providers are selected, the Split Payment will only apply to the highlighted providers.

8. Select Family or Patient

Select Family from the drop-down menu to apply the payment to the head-of-house. Select a specific patient to apply the payment to the patient. (See the *Preferences* section of the *Setup* chapter for information on selecting a default.)

9. Enter Payment Note (Optional)

If the payment requires a note for clarification, point and click in the Note block. Enter whatever information is necessary to clarify the payment.

10. Click OK

Click the OK button to post the payment.

Batch Account Payments

Because payments are retrieved from daily mail deliveries and then entered, many offices may want to enter account payments all at once. The Easy Dental Batch Account Payment feature allows you to enter a stack, or collection of payments quickly and easily.

1. Click Batch Payments

Click the Batch Payments Button and choose Enter Batch Account Payments from the menu. The Batch Accounts Payment Entry dialog box will appear.

Click this search button to open the Select Patient dialog box.

This number tells you how many entries you've completed.

This is the total amount of all completed entries.

Batch Payment Entry   ⊠

Patient Name:

| Hanks, Corwin L | >> | Entries: | 3 | Batch Total: | -489.56 |

Date	Name	Check #	Amount	Prov
02/04/2005	Daniels, Harrison	5623	-53.00	DDS1
02/04/2005	Edmunds, John	89452	-423.00	DDS1
02/04/2005	Hanks, Corwin L	3642	-13.56	DDS1

[Edit]   [Close]

Click this button to change or delete the selected payment.

This window shows all of the completed entries, including the name and amount.

2. Select Patient
- Type the first three or four letters of the patient's last name in the Patient Name box.

- Click the Search button. The Select Patient dialog box will appear with a list of all patients whose names begin with the letters you entered.

- Make certain the desired account is selected and then click on OK. The Enter Payment dialog box will appear.

3. Enter Amount and Check Number

Enter the amount of the check and the check number.

4. Enter Bank or Branch Number

Information entered here will appear on all Deposit Slips.

5. Click Payment Type

Select the desired Payment Type.

6. Select Provider

Using the search button, select the provider you wish to apply the payment to.

7. Click Split Payment (Optional)

Click the Split Payment button to split the payment between providers. The Split Payment dialog box will appear.

- The Manual button allows you to pay a specific portion of the payment to a specific provider.

- The % button will divide the payment among the providers according to the provider's percentage of the total amount owed.

- FIFO directs the payment toward the oldest completed procedures first.

- The = button splits the payment amount equally between all providers with a debit balance.

Click OK to exit the Split Payments dialog box.

8. Select Family or Patient

Select Family from the drop-down menu to post the payment to the head-of-household's Transaction Log. Select Patient to post the payment to the current patient's Transaction Log. (See the *Preferences* section of the *Setup* chapter for information on selecting a default.)

9. Enter Payment Note (Optional)

Enter a note regarding the payment if necessary.

10. Click OK

Click the OK button to post the payment to the family's account and return to the Batch Account Payment Entry dialog box.

11. Repeat

Repeat for all other payments in this batch.

Note: When you are finished making payment entries, compare the number of entries made to the number of payments received. To make corrections to any payment that you've already entered, simply double-click on the entry. The Change or Delete Payment dialog box will appear. You can make changes to any of the information.

Remember

12. Close Batch Account Payment

When you are finished, click the Close button.

Entering Adjustments

1. Select Patient

Select a patient by choosing the Select Patient button on the toolbar.

2. Click Enter Adjustment

Click the Enter Adjustment button. The Enter Adjustment dialog box will appear.

Enter the amount of the adjustment here.

Select the type of adjustment here.

Click this search button to assign the adjustment to a particular provider.

Select whether to apply the adjustment to the family or a particular patient.

3. Select Adjustment Type

Select the desired Adjustment Type. (If you wish to add to or edit this list of adjustment types, see *Editing Definitions* in the *Setup* chapter.)

4. Enter Adjustment Amount

Enter the amount to be added to or subtracted from the account balance according to the adjusted type selected.

5. Select Provider

Select a provider if the adjustment should be attached to a provider other than the guarantor's primary provider.

6. Select Family or Patient

Select Family from the drop-down menu to post the adjustment to the head-of-household's Transaction Log. Select Patient to post the adjustment to the current patient's Transaction Log. (See *Preferences* in the *Setup* chapter for information on selecting a default.)

7. Enter Adjustment Note

You may enter a note explaining the reason for the adjustment if the adjustment type is not self-explanatory.

8. Click OK

Click the OK button to post the adjustment to the patient's transaction log.
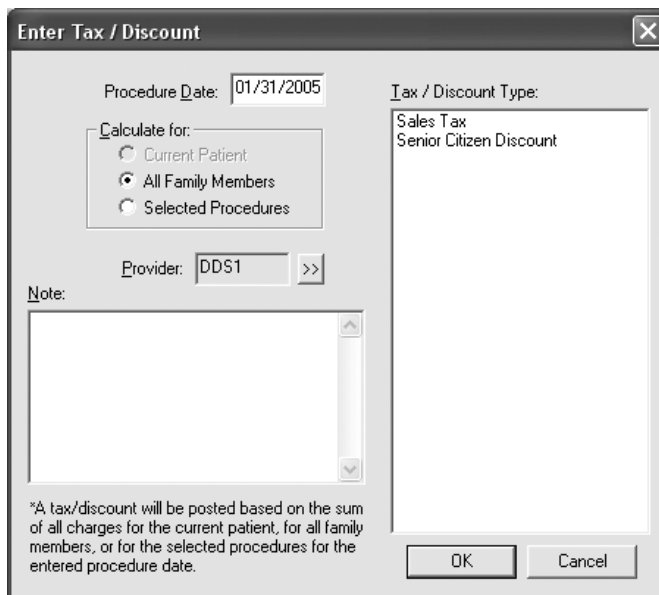
Entering Taxes and Discounts

Once the Tax/Discount types are set up (see *Accounts Setup* in this chapter), they can be calculated and applied based on Today's Charges or a specified procedure date. You also have the option of calculating them for just one patient or an entire family.

1. Click Tax/Discount

Click the Tax/Discount button. The Enter Tax/Discount dialog box appears.

```
┌─────────────────────────────────────────────────────────────────┐
│ Enter Tax / Discount                                          [X] │
├─────────────────────────────────────────────────────────────────┤
│                                                                   │
│      Procedure Date: 01/31/2005      Tax / Discount Type:         │
│    ┌ Calculate for: ──────────┐    ┌────────────────────────┐    │
│    │  ○ Current Patient        │    │ Sales Tax               │    │
│    │  ● All Family Members     │    │ Senior Citizen Discount │    │
│    │  ○ Selected Procedures    │    │                         │    │
│    └───────────────────────────┘    │                         │    │
│                                      │                         │    │
│        Provider: DDS1    [ >> ]      │                         │    │
│      Note:                           │                         │    │
│    ┌──────────────────────────┐      │                         │    │
│    │                        ▲  │      │                         │    │
│    │                           │      │                         │    │
│    │                           │      │                         │    │
│    │                           │      │                         │    │
│    │                        ▼  │      │                         │    │
│    └──────────────────────────┘      │                         │    │
│                                      │                         │    │
│   *A tax/discount will be posted based on the sum              │    │
│   of all charges for the current patient, for all family      │    │
│   members, or for the selected procedures for the   ┌────────┐ ┌────────┐
│   entered procedure date.                           │   OK   │ │ Cancel │
│                                                     └────────┘ └────────┘
└─────────────────────────────────────────────────────────────────┘
```

2. Change Date (Optional)

The date will default to today's date. Change the date if necessary. If there are no procedures posted on the date selected, you will receive an error message that no tax/discount can be applied.

3. Select Tax/Discount Type

Highlight the Tax/Discount type you wish to apply.

4. Calculate For

Choose to calculate the Tax/Discount type for the Current Patient, All Family Members on the account, or the Selected Procedures.

5. Change Provider (Optional)

Change the provider to whom the Tax/Discount type should be attached.

6. Add Note (Optional)

Add a note to clarify the Tax/Discount type for this patient or family.

7. Click OK

Click the OK button to apply the Tax/Discount type. The tax or discount will appear as a separate line in the Accounts module.

If the tax or discount is calculated for all family members, it will be displayed in the Head-of-House's Account. If the tax or discount is calculated for the current patient, it will be displayed in that patient's Ledger. Once a Tax/Discount type has been applied, it can be deleted or edited like any other transaction.

Easy Checkout Button

In most offices there are typically three tasks that are completed as a patient checks out after a visit. The Easy Checkout button, located on the Accounts toolbar, combines these three tasks together. With the click of a button you can collect a payment, generate an insurance claim, and print a receipt.

1. Select Patient
From the Accounts module, select a patient.

2. Post Procedures
If you have not already posted the completed procedures for the day, post them at this time. (Refer to *Entering Procedures* in this chapter for information on posting procedures.)

3. Click Easy Checkout
Click the Easy Checkout button. The following will occur:

• The Enter Payment dialog box will appear. Enter the patient's payment and click OK or click Cancel if there is no payment due. (See *Entering Payments* in this chapter for information on entering payments.)

• If the patient has insurance, a claim will automatically be created for procedures that were posted today. The claim will be sent to the Batch Processor and printed.

• A Walkout Statement will print. (The Walkout Statement will be determined by the options selected under Print | Walkout. To change the default, choose the Print button on the Accounts toolbar then choose Walkout. Under Select Report Types check Family Walkout, Walkout/Dr's Statement, and/or Appointment Card. Check Save As Default then click Send to Batch or Print.)

Note: The settings for the Easy Checkout Button are located by clicking Setup | Easy Checkout Options from the Accounts toolbar. (See Accounts Setup *at the beginning of this chapter for more information.)*

Entering Account Notes

Account notes allow you to enter notes specific to a family's account and financial standing with your practice.

1. Click Account Notes

Click the Account Notes button. The Account Notes dialog box will appear.

2. Enter Account and Billing Statement Notes

The top note section, labeled Account Notes, is where you should place notes relating to the patient's financial standing with your practice. Use the Insert Dateline button to provide a chronological detail for each note.

The bottom note section, labeled Billing Statement Note, is where you should place notes you want to appear on the current family's statement.

Note: Approximately 80 characters can be entered in the Billing Statement Note field.

3. Enter Cutoff Date

In the Billing Statement Note section and in the edit box provided, enter the date at which point you want the Statement Note to stop printing on the current family's statement. The example shows how you can use this feature to build a practice-patient relationship. In this instance the practice has made arrangements for the family to make their payments on the 20th of the month. The note, "Please make your payment on the 20th" will appear on their statements reminding the patient of the arrangement.

4. Click OK

Click the OK button to return to the Accounts window.

Account Notes

Account Note

John paid on the 20th. He will pay by the 20th of each month, instead of the 15th. Approved by Dr. Johnson.

[Insert Dateline] [Clear]

Enter notes pertaining to the patient's financial standing here.

Billing Statement Note

Please make your payment by the 20th of each month.

[Clear]

Notes entered here will appear on the Billing Statement until this date.

Print on Statement until: 03/05/2005

[OK] [Cancel]

Printing Accounts Reports

A Walkout Statement, Single Billing Statement, Family Accounts or Patient History can be printed for the current family directly from the Accounts module. All Accounts module reports are accessed by clicking the Print Report button.

Printing a Walkout Statement

1. Click Print

Click the Print button. Select Walkout from the menu.

2. Select Form Type

Select the form you wish to use:

- Enhanced—Prints a professional looking form with lines and shading.

- Plain Form—Prints a Walkout statement that requries less time to print but does not have the shading that prints on the enhanced form. Can be used in conjuction with a pre-printed form.

Select the type of Walkout you wish to print.

If you wish to use the same options each time you print, click here.

Enter a short note or message if desired.

Select the type of report you wish to print.

If you want to generate the report but print it later, choose the Send to Batch button. If you want to print now choose the Print button.

Mark the desired report options.

Walkout Statement

Walkout Form Type:
- ⦿ Enhanced Form
- ○ Plain Form

Walkout Date: 02/05/2005

Message:

Select Report Types:
- ☑ Family Walkout
- ☐ Walkout/Doctor's Statement
- ☑ Appointment Card

- ☐ Do Not Print Insurance Estimate
- ☑ Print Doctor Recommendations
- ☑ Print YTD Finance Charges, Late Charges, and Payments
- ☐ Print Adjustments

Save as Default ☐

Send to batch | Print | Cancel

3. Select Report

Choose the Report(s) you wish to Print. You have the following options:

- **Family Walkout:** The Family Walkout Statement will print completed procedures, payments and adjustments for the family that were posted on the walkout date. Also, the total charges and total credits for the day, and the family's current account balance will be printed. The next appointment for each family member seen will be printed at the bottom of the statement.

- **Walkout/Doctor's Statement:** This will print all of the patient's procedures for the walkout date and can be used for insurance submission.

- **Appointment Card:** Choosing this option will generate a formatted appointment reminder card that can be printed on a 4x6 card.

4. Select Report Options

Select the desired report options. Some options may not be available (grayed out) depending on what report(s) are selected.

- **Do Not Print Insurance Estimates:** Mark this option to exclude any insurance estimates on the Family Walkout or the Walkout/Doctor's Statement.

- **Print Doctor Recommendations:** If you choose this option, doctor recommendations for the completed procedure codes or notes will print on either type of Walkout Statement. To input Doctor Recommendations, see the *Procedure Code Setup* section of the *Reports* chapter.

- **Print YTD Finance Charges, Late Charges, and Payments:** Mark this option to include a year-to-date total of all finance charges, late charges, and payments. This option is only available when Family Walkout is selected.

- **Print Adjustments:** This option applies only to the Walkout/Doctor's Statements and will be displayed only if Walkout/Doctor's Statement is selected. Check this box if you wish to include only adjustments for the Walkout Date or the Attending Doctor's Statement.

5. Enter Walkout Date

A Walkout Statement prints for one day. If you are printing a walkout for a previous date, you must enter the date that the treatment was performed.

6. Enter Walkout Message

If you wish to add a note to the Walkout Statement, type the note in the Walkout Message box. The Note will not be saved for other Walkout Statements unless the **Save as Default** box is selected.

7. Save as Default

This will save any settings, including the message, as the default for all other Walkout Statements.

8. Choose Print

Choose Print if you wish to print your selections directly OR choose Send to Batch if you wish to print your selections later from the Reports window OR choose Cancel.

Note: The Walkout/Doctor's statements has information for the patient to do their own insurance billing. This information includes the SS, TIN and State ID numbers.

Printing a Single Billing Statement

If you wish to print a single Billing Statement for the current account, click the Print button and then choose Statement. Choose Send to Batch or Print. When a statement is generated from the Accounts module, it will print according to the Save as Default setting from the Billing Statements dialog box in the Reports module.

Printing a Family Account Report

If you wish to print a Family Account report for the current family, click the Print button and choose Family Account. A Family Account Report dialog box will be displayed, allowing the First Transaction Date to be entered. Check List Individual Patient Balances of Family is desired and click Send to Batch or Print.

Printing a Patient History Report

The Patient History Report will itemize all patient transactions (including payments and adjustments) and show a total balance for the patient. The Patient History Report includes an option to print a Family Balance. If this option is marked, Easy Dental will print the family balance beneath the patient balance line. Choose Print and Patient History then mark the desired options.

Editing Transactions

1. Select a Patient

Select a Patient by clicking on the Select Patient button from the toolbar.

Date	Name	Tooth	Code	Description	Amount	Prov	Ins	Balance
07/07/2000	Brandon T Crawf		D1110	*Prophylaxis-adult	38.00	DDS1	No	38.00
01/31/2005	Brandon T Crawf	5	D2391	+Resin composite-1s, posterior	83.00	DDS1		121.00
01/31/2005	Brandon T Crawf		D1110	*Prophylaxis-adult	38.00	DDS1		159.00
01/31/2005	Brandon T Crawf		D0120	*Periodic oral evaluation	17.00	DDS1		176.00
01/31/2005	Brandon T Crawf		Pay	*Cash Payment - Thank You	-31.60	DDS1		144.40
01/04/2005	Brandon T Crawf	5	D2392	^Resin composite-2s, posterior	91.00	DDS1	No	235.40
02/04/2005	Brandon T Crawf	UR	D4210	Gingivectomy-4+ per quadrant »	25.00	DDS1	No	260.40
02/04/2005	Brandon T Crawf	16	D2392	Resin composite-2s, posterior »	91.00	DDS1	No	351.40
02/04/2005	Brandon T Crawf		Ins	Prim Claim - Sent 138.00				351.40

If an item in the Description line contains a "»" it indicates a Procedure Note has been attached.

To view an existing Procedure Note, double-click on the description line.

Edit or Delete Procedure

Date: 02/04/2005

Procedure Description

Procedure: D2160 >>   Amalgam-3 surf. prim/perm

Tooth: 7

Surfaces: MOD >>

Override Ins. estimate
☐ Prim. Ins.
☐ Sec. Ins.

Procedure Status
○ Treatment Plan
◉ Completed

Amount: 75.00

Provider: DDS1 >>

☐ Do Not Bill to Insurance

Diagnoses: >>

Notes: Topical Anesthetic. I carpule of Lidocan 2% 1:20,000 with epinephrine. 25% N20 with a 10 minute 02 flush. Rubber dam used to isolate the area, ligated tooth with floss. Matrix band used. Prep tooth. Sealer, cavity liner, 3 spills of alloy. Occlusion checked with carbon paper and adjusted with carver. Contact checked with floss and smoothed with a countour strip. Amagam filling polished.

Delete   OK   Cancel

Make whatever changes are necessary and then choose the OK button. If you want to delete the procedure, choose the Delete button. All changes made to this dialog box are recorded in the Audit File.

2. Select a Transaction

Select a transaction to edit and double-click on it. The Edit or Delete Transaction dialog box will appear.

3. Edit Transaction

Make any necessary changes to the transaction.

4. Click OK, Delete, Cancel

- Click on OK to accept the changes you made.

- Click on Delete to Delete the procedure from the Accounts Transaction Log.

- Click on Cancel to return to the Accounts module without making any changes.

Editing Procedures Attached to Claims

To edit or delete a procedure attached to an insurance claim, the primary insurance claim must first be deleted. Transactions that have been placed in history cannot be edited; and procedures that are attached to an insurance claim cannot be edited.

Note: Whenever a transaction is changed or deleted, the original version and the changed version (or a note indicating deletion) are recorded in the audit file for reference. Please refer to the Reports module section for information on printing the Audit Trail report.

To Delete A Claim:

1. Double-Click Claim

Double-click on the claim line in the Accounts Transaction Log.

2. Click Delete

From the Insurance Claim window toolbar click the Delete button.

3. Click OK

A message will be displayed warning that the claim will be deleted. Click the OK button to delete the claim.

Note: Any time an insurance claim is deleted, any payment attached to that claim is also deleted.

Invalidating History Transactions

History transactions cannot be edited or deleted. Instead, the procedure may be invalidated and an adjustment with an explanatory note can be added.

To Invalidate a Procedure:

1. Double-click History Procedure

Click the View History Transactions button on the Accounts module toolbar. Double-click on the History Procedure you wish to edit. The Validate/Invalidate Procedure in History dialog box will appear.

2. Click Invalidate

Click on Invalidate. The line in the Transaction Log's history will be marked with a plus sign (+) to denote that the procedure has been invalidated.

3. Click OK

Click the OK button.

4. Enter Adjustment

Enter a credit adjustment to credit the account for the amount the procedure was charged at. (See *Entering Adjustments* in this chapter for information.)

5. Re-Add Procedure (Optional)

Re-add the correct procedure if necessary, changing the date to the original date.

Procedures in History cannot be edited or deleted. Click Invalidate Procedure to invalidate the procedure. Re-add the procedure and/or make an account adjustment to offset the change.

Adding an Initial Aged Balance

The initial aged balance is added for existing patients at the time Easy Dental is initially installed when the patient information is first entered. To add an Inital Balance complete the following steps:

Note: If you have previously entered transactions in the Accounts window or Treatment Plan window you will not be able to enter an initial aged balance.

1. Select Patient
Click the Select Patient button and choose a patient.

2. Click Billing/Payment Plans
Click the Billing/Payment Plans button. The Billing/Payment Plan Information window appears.

3. Enter Aging Amounts
Enter the correct aging amount in the 0 - 30 column. Press the Tab key on the keyboard. Enter the correct aging amount in the 31 - 60 column. Press Tab. Enter the 61 - 90 day aging amounts. Press Tab. Enter the over 91 days aging amount. The balance amount should equal the sum of all aging amounts entered.

4. Enter Last Payment Amount
Enter the amount of the account's last payment in the Amount box.

5. Enter Last Payment Date
Enter the date of the account's last payment in the Date box.

6. Click OK
Click the OK button to exit and save.

Enter the correct aging amounts in each column. The Balance will be automatically entered as the sum of all the aging columns.

Enter the date and amount of the last payment made by the account.

Balance Forward

The balance forward item for every account is adjusted automatically every time a Month-End Update is performed, and reflects the total outstanding balance of the family's history transactions. (See *Month End* in this chapter for information.)

Payment Plans

Easy Dental allows you to set up and track payment plans in your office. Payment Plans make it possible for your office to do the following:

- Create and manage Payment Plans for accounts

- Apply Finance Charges & Late Charges

- Track accounts that are not making payments as agreed

This section will provide instruction on how to use each of these items as well as covering steps that need to be completed as part of setting up payment plans.

Setting Up Pre-Defined Payment Plan Types
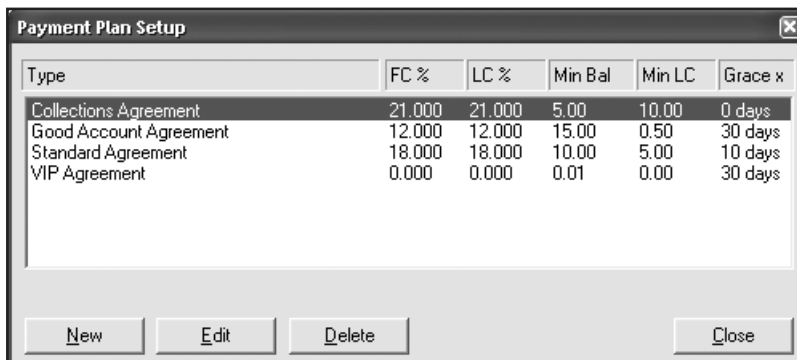
Easy Dental allows you to create Pre-defined Payment Plan types. These types will serve as defaults when setting up a payment plan for an account. The default may be changed on a per account basis. To setup a Payment Plan Type:

1. Open Reports

Open the Reports module by clicking the Reports module icon.

2. Click Practice Setup | Payment Plan Setup

Click the Practice Setup button then choose Payment Plan Setup from the Reports toolbar. The Payment Plan Setup window appears.

Payment Plan Setup

Type	FC %	LC %	Min Bal	Min LC	Grace x
Collections Agreement	21.000	21.000	5.00	10.00	0 days
Good Account Agreement	12.000	12.000	15.00	0.50	30 days
Standard Agreement	18.000	18.000	10.00	5.00	10 days
VIP Agreement	0.000	0.000	0.01	0.00	30 days

New   Edit   Delete   Close

From the Payment Plan Setup window you can see any Payment Plan types that have been previously created. Click the New button to add a new Payment Plan type. Highlight a type and click Edit to modify an existing type. Highlight a type and click Delete, to remove an existing type.

3. Click New

Click the New button. The New Payment Plan Type screen appears.

10. Click OK
Click the OK button to exit and save.

11. Repeat for Other Types
If needed, repeat steps 1–10 for any other Payment Plan types.

Editing a Payment Plan Type

1. Open Reports
Open the Reports module by clicking on the Reports icon.

2. Click Practice Setup | Payment Plan Setup
Click the Practice Setup button and then choose Payment Plan Setup.

Type	FC %	LC %	Min Bal	Min LC	Grace x
Collections Agreement	21.000	21.000	5.00	10.00	0 days
Good Account Agreement	12.000	12.000	15.00	0.50	30 days
Standard Agreement	18.000	18.000	10.00	5.00	10 days
VIP Agreement	0.000	0.000	0.01	0.00	30 days

New   Edit   Delete   Close

Highlight the Payment Type you wish to change and click the Edit button.

3. Highlight Type and Click Edit
Highlight the type to which you wish to make changes. Click the Edit Button. The Edit Payment Plan Type window appears.

4. Make Changes
Make any changes. Click OK to exit and save changes.

Deleting a Pre-Defined Payment Plan

1. Open Reports
Open the Reports module by clicking on the Reports icon.

2. Click Practice Setup | Payment Plan Setup
Click the Practice Setup button and then choose Payment Plan Setup.

3. Highlight Type and Click Delete
Highlight the type you wish to delete. Click the Delete Button. A dialog box appears asking you to verify that you wish to delete the type. If you wish to delete, click Yes. To cancel the delete operation, click No.

Payment Plans by Account

Payment Plans are set up from the Accounts module. Remember that payment plans are set up by account and not by patient. Only one payment plan per account is allowed.

Creating a Payment Plan

1. Select Patient in Accounts

From the Accounts module, select a patient in the family for whom you wish to create a Payment Plan.

2. Click Billing/Payment Plan

Click the Billing/Payment Plan button. The Billing/Payment Plan Information window appears.

The guarantor portion of the account balance is automatically entered as the Payment Agreement Balance. Edit the amount if desired.

Today's date is automatically entered as the date for the Payment Agreement. Edit the date if necessary.

Select the payment interval.

3. Enter Agreement Date

Enter the date of the agreement. Easy Dental will default to today's date, but the date may be changed.

4. Set Up Payment Plan Terms

Click the Terms Button. The Payment Plan Terms dialog box is displayed.

If you wish to charge "interest" on your Payment Agreements, you will need to apply finance charges. The finance charge percent is used to calculate the finance charge amount. Enter the yearly percent.

If an account misses a payment, a late charge may be assessed. The late charge percent is used to calculate the amount of a late charge. Enter the yearly percent.

To select an agreement type, click the Select Type button.

Enter the minimum amount to assess as a late charge.

You may set up a grace period for the receipt of payments before a late charge is assessed. Enter the number of days for the grace period from 0 – 30.

The minimum balance will be compared to the balance for each account with a Payment Agreement. Only those accounts with a balance greater than the minimum balance will have a finance or late charge assessed.

- Select Plan Type

  To select a plan type, click the Select Type button. The Select Payment Plan Type window is displayed. Highlight the desired agreement type and click OK. The terms for the selected type will be entered. Modify the terms to fit the needs of this account.

- Enter Finance Charge Percent

  If you wish to charge "interest" on your payment plans, you will need to apply finance charges. The finance charge percent is used to calculate the finance charge amount. Enter the yearly percent. Easy Dental will automatically calculate the amount to assess, based on a monthly charge.

  Note: If you selected a Payment Plan type, Easy Dental may automatically enter a percentage. The percentage amount can be changed if desired.

- Enter Late Charge Percent

  If an account misses a payment, a late charge may be assessed. The late charge percent is used to calculate the amount of a late charge. Enter the yearly percent. Easy Dental will automatically calculate the amount to assess, based on a monthly charge. (Ex. If 18% were entered as the year percent, then Easy Dental would charge 1.5% monthly.)

  Note: If you selected a Payment Plan type, Easy Dental may automatically enter a percentage. You may change the percentage if desired.

- **Enter Grace Period for Late Charges**
  You may set up a grace period for the receipt of payments before a late charge is assessed. Enter the number of days from 0 – 30.

- **Enter Minimum Late Charge**
  Enter the minimum amount to assess as a late charge.

- **Enter Minimum Balance to Charge**
  The minimum balance will be compared to the balance for each account with a payment plan. Only those accounts with a balance greater than the minimum balance will have a finance or late charge assessed. Easy Dental defaults to a minimum balance of $.01. The amount may be increased, but may not be less than $.01.

Enter the amount the account will pay at each interval (not the total for the month, unless the account is making monthly payments). Easy Dental will calculate the total number of payments necessary OR you may enter the number of payments instead of the payment amount. Easy Dental will calculate the payment amount based on the Balance and the number of payments.

Enter the date the first payment will be due.

Enter the Payment Plan Balance. Easy Dental automatically enters the guarantor portion of the account's balance as the Balance for PP.

To copy the plan, click the Copy Plan to Note button.

- **Click OK**
  Click the OK button to return to the Billing/Payment Plan Information window.

5. Select Interval
Determine how often an account should make a payment. Mark the appropriate interval.

- Monthly – Requires a payment once a month.

- Semi-Monthly – Requires a payment twice a month.

- Bi-Weekly – Requires a payment every two weeks.

- Weekly – Requires a payment once a week.

ACCOUNTS

6. Enter Payment Plan Balance
This is the balance amount that the account will pay off with the agreement. By default Easy Dental will bring in the guarantor portion of the account's balance as the Balance for PA. Change the amount if necessary.

7. Enter First Payment Due Date
Enter the date the first payment will be due.

8. Enter Payment Amount
Enter the amount the account will pay at each interval (not the total for the month, unless the account is making monthly payments). Easy Dental will calculate the total number of payments necessary.

OR

If you wish, you may enter the number of payments instead of the payment amount. Easy Dental will calculate the payment amount based on the Balance and the number of payments.

9. Copy Plan to Note (Optional)
You can copy the plan information to the Payment Plan Note. This provides a documented copy of all payment arrangements that have been established over the history of the account. To copy the agreement click the Copy Plan to Note button.

10. Print Reports
There are three reports you can print to give to the patient/guarantor.

- Truth in Lending Disclosure Statement – Discloses the terms of the agreement. It includes the annual percentage rate, the finance charge amount, the total amount financed, and the total amount paid at the end of the agreement.

- Amortization of Payments and Finance Charge Schedule – Prints a schedule listing the interest accrued on the balance amount for each payment interval.

- Coupon Book – Prints payment remittance coupons for the patient.

Truth in Lending Disclosure Statement – Discloses the terms of the agreement. It includes the annual percentage rate, the finance charge amount, the total amount financed, and the total amount paid at the end of the agreement.

Amortization of Payments and Finance Charge Schedule – Prints a schedule listing the interest accrued on the balance amount for each payment interval.

Coupon Book – Prints payment remittance coupons for the patient.

Print for Payment Plan

☑ Truth in Lending Disclosure Statement
☑ Amortization of Payments and Finance Charges
☑ Coupon Book for Scheduled Payments

Send to batch   Print   Cancel
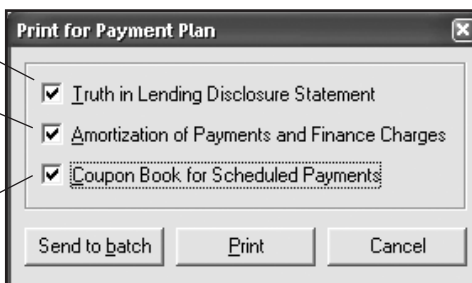
To print any of these reports, click the Print button. The Print for Payment Plan Window appears. Check the reports you wish to give the patient/guarantor. Click the Print button.

11. Click OK

Click the OK button to return to the Accounts window. The payment plan information will be displayed on the bottom right of the Accounts window, when View Account Detail is selected.

Deleting a Payment Plan

1. Select Patient

From the Accounts module, select a patient in the account whose payment plan you wish to clear.

2. Click Billing/Payment Plan

Click the Billing/Payment Plan button. The Billing/Payment Plan Information screen appears.

3. Click Clear/New PP

Click the Clear/New PP Button. A dialog box will appear asking you if you wish to clear the Payment Plan. If you wish to continue, click OK. If you do not wish to clear the agreement, click Cancel.

The payment plan will be cleared. A note will be added to the Payment Plan Note field indicating that the agreement was cleared.
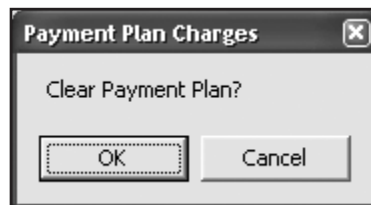
Click the OK button to clear the Payment Plan.

Editing a Payment Plan

Note: Once a payment plan has been set up, it cannot be changed. It must be cleared and recreated.

1. Select Patient

From the Accounts module, select a patient in the account whose payment plan you wish to edit.

2. Click Billing/Payment Plan

Click the Billing/Payment Plan button. The Billing/Payment Plan Information screen appears.

The Payment Plan information may not be edited. Instead, clear the plan by clicking the Clear/New PP button and then recreate it. A note will be added to the Payment Plan Note field indicating that the plan was cleared.

3. Click Clear/New PP

Click the Clear/New PP Button. A dialog box will appear asking you if you wish to clear the Payment Plan. If you wish to continue, click OK. A note will be added to the Payment Plan Note field indicating that the agreement was cleared. If you do not wish to clear the agreement, click Cancel.

4. Create New Payment Plan

Create the new payment plan.

Track Accounts

Several reports can be printed to help manage Payment Plan Information.

Aging Report

Easy Dental adds information to the Aging Report that indicates the amount of the account's Payment Plan remaining. (For more information on printing the Aging Report, see the *Reports* chapter of this manual.)

Finance Charge Report

The Finance Charge Report prints a list of all accounts that have received a finance charge (and the amount of the charge) in a date range. Easy Dental adds an asterisk next to the accounts that have payment plans set up. (For more information on printing the Finance Charge Report see the *Reports* chapter of this manual.)

Dunning Messages for Billing Statements

A dunning message is a reminder that prints automatically on a billing statement to remind the account that their balance or payment is overdue. Messages specific to missed payments can be set up. (For more information on entering Dunning Messages, see the *Practice Setup* section of the *Reports* chapter.)

Late Charge Report

The Late Charge Report prints a list of all accounts that received a late charge (and the amount of the late charge) in a date range. (For more information on printing the Late Charge Report see the *Reports* chapter of this manual.)

Payment Plan Report

This report provides analysis and management information for monitoring Payment Plans you have created. The report includes information on the agreement terms, the remaining balance for the payment plan, last payment date and amount, and information on missed payments. (For more information on printing the Payment Plan Report see the *Reports* chapter of this manual.)

Future Due Payment Plans

Future Due Payment Plans can be used to charge accounts monthly for work in progress, such as orthodontics. Future Due Payment Plans are set up from the Accounts module. Unlike the Payment Plans discussed in the previous section, Future Due Payment Plans can be set up for individual patients.

Adding a Future Due Payment Plan

1. Select Patient
From the Accounts window, select your patient.

2. Click Future Due Payment Plan
Click the Future Due Payment Plan button. The Select Payment Plan dialog box will appear.

3. Select Provider
Select a provider for the payment plan from the Select Payment Plan dialog box.

4. Click OK
Click the OK button. The Payment Plan dialog box will appear.

Enter the total amount to be charged over time in the Total Plan Amount field.

Enter the number of charges to have Easy Dental calculate the Charge Amount.

Enter the Charge Amount to have Easy Dental calculate the number of charges.

Enter the Procedure Code you wish to use when the monthly charge is posted.

5. Edit Date of Agreement and First Payment Due Date
Easy Dental will automatically display the current date as the Date of Agreement and First Payment Due Date. If necessary, change the dates to be correct.

6. Enter Total Plan Amount
Enter the total amount to be charged over time.

7. Enter Down Payment Charge Amount
If you will be charging a Down Payment fee, enter the amount of the fee in the Down Pay
Charge field.

8. Enter # of Charges or Charge Amount
Enter the number of charges in the # of Charges field and the charge amount will be cal-
culated automatically and entered in the Charge Amount field. Similarly, if you enter the
Charge Amount the number of charges will be calculated automatically and entered in the #
of Charges field.

*Note: Future Due Payment Plans are charged on a monthly basis. Keep this in mind when
entering the number of charges for a Payment Plan.*

9. Enter Charge Procedure Code
Type the procedure code (or click the search button and choose the procedure code) that
Easy Dental should use to post the monthly charge.

*Note: If there is not an ADA code for the type of charge you need to post, one can be cre-
ated in the Reports window. For information on adding a procedure code, see* Procedure
Code Setup *in the* Setup *chapter.*

10. Check Auto Ins Claim and/or Auto Charge (Optional)
If you would like Easy Dental to generate an insurance claim when the monthly charge
is posted, check the Auto Ins Claim option. To post a charge to the account on a monthly
basis, check the Auto Charge button.

Note: If you do not check the Auto Charge option, no charges will be posted to the account.

11. Post Down Payment Charge
To post a down payment charge, click the Down Payment button in the Manual Charge En-
try field. The Down Payment Charge dialog box appears with the amount that you entered
in step seven and the current date pre-entered. If necessary, change the amount and the date.
Type the procedure code (or click the search button and choose the procedure code) that
Easy Dental should use to post the down payment charge. Click the Post Charge button.

12. Enter Payment Note (Optional)
If you would like to add detail or clarification for the Payment Plan, type the information in
the Note field.

13. Print Payment Book (Optional)
If you wish to provide the patient with a payment/coupon book, check the Print Payment
Book option. Easy Dental will generate the payment book and send it to the Batch Proces-
sor when you click the OK button.

14. Click OK

When you have finished entering all information for the Payment Plan, click the OK button to accept the payment plan.

If you checked the Payment Book option, the Payment Book dialog box appears. To print the coupon book to pre-formatted paper, mark the Pre-Printed Form option. To print the coupon book to plain white paper and let Easy Dental format the book, mark Plain Form. Next, mark your printer type. Finally, click the Send to Batch option to send the book to the Batch Processor in the Reports window for printing at a later time. To print the book now, click the Print button.
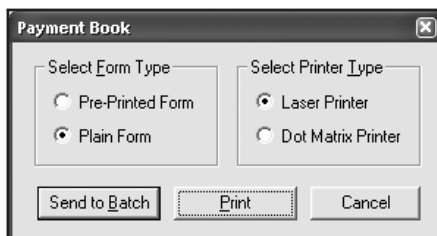
Note: During your month end processes you should run the Future Due Payment Plans utility to post charges to individual accounts.

Posting a Manual Charge to a Future Due Payment Plan

At times it may be necessary to manually add a Future Due Payment Plan charge to the patient's account. To add a manual charge complete the following steps:

1. Select Patient

From the Accounts window, select your patient.

2. Click Future Due Payment Plan

Click the Future Due Payment Plans button. The Select Payment Plan dialog box appears.

3. Select Payment Plan

Highlight the correct Payment Plan and click OK. The Payment Plan dialog box appears.

4. Click Monthly Button

From the Manual Charge field, click the Monthly button. The Monthly Charge dialog box appears. Enter the amount, date and procedure code for the charge.
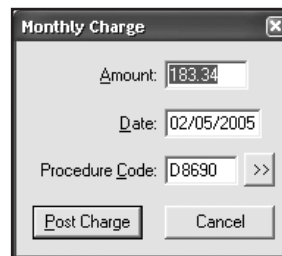
5. Click Post Charge

Click the Post Charge button to post the charge to the account and return to the Payment Plan dialog box.

6. Click OK

Click the OK button to return to the Accounts window.

Clearing a Future Due Payment Plan

To clear a Future Due Payment Plan from an account, complete the following steps:

1. Select Patient
From the Accounts window, select your patient.

2. Click Future Due Payment Plan
From the Accounts toolbar, click the Future Due Payment Plans button. The Select Payment Plan dialog box appears.

3. Select Payment Plan
Highlight the correct Payment Plan and click OK. The Payment Plan dialog box appears.

4. Click Delete
Click the Delete button. A warning message appears. Click OK to clear the plan or click cancel to return to the Payment Plan dialog box without deleting the Payment Plan.
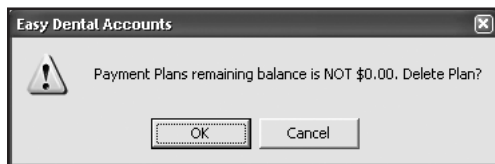
Future Due Payment Plans Utility

The Future Due Payment Plans Utility is run to post due charges to all accounts with a Future Due Payment Plan. The utility should be run on a monthly basis. While you may run the utility at any time during the month, it is important to run it consistently and at approximately the same time each month. To run the Future Due Payment Plans Utility, complete the following steps:

1. Close All Easy Dental Modules
You must close Easy Dental on all workstations in the office before continuing.

2. Backup Your EZDental Directory
From the File Server, complete a backup of your EZDental directory.

3. Open Accounts
Open the Accounts window on one workstation.

4. Choose Month End | Future Due Payment Plan
Click the Month End button, then choose Future Due Payment Plan. The Future Due Payment Plan Update dialog box appears.
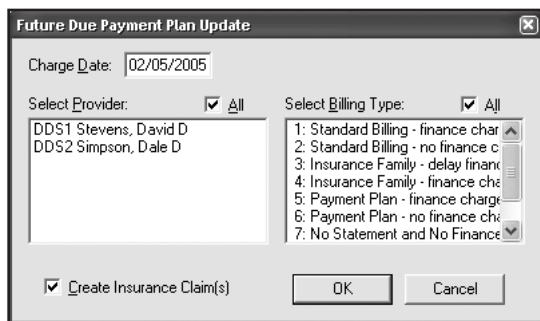
If desired, select Providers and Billing Types. If you would like Easy Dental to create insurance claims for the charges posted, check the Create Insurance Claim option.

5. Select Providers
Select the Providers whose patients should have payment plan charges posted.

6. Select Billing Types
Select Billing Types that should have payment plan charges posted.

7. Check Create Insurance Claims (Optional)
To have Easy Dental create insurance claims for all charges posted, check the Create Insurance Claims option. Created insurance claims will be stored in the Batch Processor in the Reports window to be printed or sent electronically at a later time.

8. Click OK
Click the OK button to begin running the Future Due Payment Plan Utility.

Alternate Uses of Future Due Payment Plans

Using the Future Due Payment Plan feature in a modified manner, in place of the Payment Plan feature, will allow you to establish multiple financial agreements for one account. The modified implementation of the Future Due Payment Plans feature allows you to record an agreed monthly payment amount while keeping the patient's balance unchanged until payments are made. Finance charges are calculated on the balance each month and the Aging Report shows the last payment date and amount.

To use the Future Due Payment Plan feature in this manner, complete the following steps:

1. Select Patient
In the Accounts window, select your patient.

2. Post Charge
Post the full amount of the procedure to the Account.

3. Click Future Due Payment Plans
Click the Future Due Payment Plan button. The Select Payment Plan dialog box will appear.

4. Select Provider
Select a provider for the payment plan from the Select Payment Plan dialog box.

5. Click OK

Click the OK button. The Create Payment Plan dialog box will appear.

Enter the total amount to be paid.

Enter the number of charges to have Easy Dental calculate the charge amount.

Enter the charge amount to have Easy Dental calculate the number of charges.

Uncheck the Auto Charge option.

6. Edit Date of Agreement and First Payment Due Date

Easy Dental will automatically display the current date as the Date of Agreement and First Payment Due Date. If necessary, change the dates to be correct.

7. Enter Total Plan Amount

Enter the total amount that will be paid over time.

8. Enter $0 Down Payment Charge

Since charges have already been posted to the account, enter $0 in the Down Payment Charge field.

9. Enter # of Charges or Charge Amount

Enter the number of monthly charges in the # of Charges field and the charge amount will be calculated automatically and entered in the Charge Amount field. Similarly, if you enter the Charge Amount the number of charges will be calculated automatically and entered in the # of Charges field.

10. Uncheck Auto Ins Claim and/or Auto Charge

Since you will not be posting additional charges to the account (except through finance charges and late charges), uncheck the Auto Ins Claim and Auto Charge options if they are marked.

11. Enter Payment Note (Optional)

If you would like to add detail or clarification for the Payment Plan, type the information in the Note field.

12. Print Payment Book (Optional)

If you wish to provide the patient with a payment/coupon book, check the Print Payment Book option. Easy Dental will generate the payment book and send it to the Batch Processor when you click the OK button.

13. Click OK.

When you have finished entering all information for the Payment Plan, click the OK button to accept the payment plan and return to the main Accounts window.

The monthly payment amount and due date will be noted on the bottom right side of the Accounts window when in the Account Details view. Because the full amount has already been charged to the patient's account, the Remain Bal. Figure will not change for the duration of the payment plan. Instead, the patient's balance will gradually be reduced. When the patient's balance becomes $0.00, you should clear the payment plan.

Insurance Claim Processing

An insurance claim should be created each time an insured patient receives treatment. A pre-treatment estimate claim can be created any time pre-authorization is required, or when an insured patient requests a pre-determination of benefits for recommended treatment.

Note: The Insurance button is available only for a patient who has been given insurance coverage in the Patients window.

An insurance claim or pre-treatment estimate claim will have Not Sent, Sent or Received as part of its description in the Transaction Log or when printed. A claim is considered Not Sent until it is sent to the Reports Batch Processor or printed. The claim is considered Received when a payment or pre-authorization is recorded for it. From the Transaction Log, the insurance column of the Accounts list will show 'No' for procedures that are not attached to an insurance claim and the column will be blank for those procedures that are attached to an insurance claim. If a procedure is marked "Do Not Bill to Insurance," it will show an X in this column.

Creating a Primary Claim

1. Select a Patient
Select a patient by clicking on the Select Patient button.

2. Post Procedures
If you have not yet posted procedures to the account, you must post them before creating the claim.

3. Click Create Insurance Claim
A claim will be created for all procedures posted for this patient with *today's date.* If the procedures you are trying to create a claim for were posted on a different day, then you must first select all the procedures for the claim. (To select more than one procedure, hold down the right mouse button and left click on each procedure to be included.) The Insurance Claim Information window appears.

4. Click Print
Click the Print button. A dialog box will be displayed giving you several options. In the Include field, Claim will be checked automatically. If there is an attachment to the claim, check Attachment to include it. Click Send to Batch to send the claim to the Batch Processor. Click Send Electronically to transmit the claim through your eClaims account. Click Print to send the claim to your printer. The Cancel option will return you to the Insurance Claim Information window without printing a claim.

Note: You must be registered with National Information Systems in order to submit claims electronically.

Insurance Claim Window Blocks

An Insurance Claim can be double-clicked on from the Accounts to display the Insurance Claim Window.

Double-click here to edit the subscriber's insurance information.

Double-click in one of these boxes to attach the claim to a different provider.

Double-click here to change the claim information.

The procedures Information block will list procedures attached to the current claim.

Double-click here to edit payment information.

Double-click here to add a note to print on this insurance claim.

Double-click here to edit the status of the claim.

Primary Insurance Claim (02/05/2005) Not Sent

Patient: Crawford, Brandon T
Subscriber: Crawford, Brandon T
Employer: Hightech Corp

Carrier: Metropolitan
Group Plan:

Billing Provider: Stevens, David D

Claim Information: Standard

Rendering Provider: Stevens, David D

Diagnosis:

Pay-To Provider: Stevens, David D

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Periodic oral evaluation	01/31/2005	D0120	17.00	0.00
		Comprehensive perio evaluati	01/31/2005	D0180	69.00	0.00
		Prophylaxis-adult	02/05/2005	D1110	38.00	0.00
5		Root canal therapy - bicuspi	02/05/2005	D3320	330.00	0.00

		Pmt Date	Pmt Amt	Bank/Branch #	Check #	Prov
Total Billed:	454.00					
Est Ins Portion:	348.00					
Itemized Total:	0.00					
Total Paid:	0.00					
Ded S/P/O:	0/0/0					

Status
Create Date: 02/05/2005   **Tracer:**
 Date Sent :   **On Hold:**
          Re-Sent:

Claim Status Note:

(No Note)

Insurance Plan Note

(No Note)

Remarks for Unusual Services

(No Note)

Subscriber Information

The Subscriber Information block located at the top of the Claim Information window, displays the patient name, subscriber name, employer, insurance carrier name, and the group plan name. The block also shows if there is secondary insurance and if the "Release of Information" and/or "Assignment of Benefits" boxes are checked.

To Edit Subscriber Insurance Information:

1. Double-Click Subscriber Block

Double-click on the Subscriber Information Block. The Patient/Insurance Information dialog box will appear.

2. Edit Signature on File or ID number (Optional)

You may change the subscriber's insurance identification number (usually the social security number) that will print on the claim and select the option for '"Release of Information" or "Assignment of Benefits" which indicates whether "Signature on File" is to print on the claim to authorize release of information and to authorize payment directly to the provider.

Double-cick on the Patient /Subscriber/Employer block to open this window.

Make any necessary changes and then choose the OK button.

Note: Any changes to these fields will only affect the current claim. Changes will not cause the patient's insurance coverage information in the Patients window to change.

3. Enter Deductibles and Benefits

Edit deductibles applied and benefits received for both individual and family. Click the Previous Year's tab to enter benefit and deductible information for the previous year.

4. Click OK

Click the OK button.

Note: If the Secondary Insurance Information was entered after the Primary claim was created, the bottom left corner of this information window will show an Update Secondary Insurance check box. In this case a secondary claim cannot be created until this box is checked.

Provider Information

There are three Provider Information blocks: Billing Provider, Rendering Provider, and Pay-To Provider. The default providers in each claim are determined by the Practice Default settings. (See *Practice Defaults* in the *Setup* chapter for more information.)

To Change a Provider for the Claim

1. Double-Click Provider

Double-click on the desired provider block (Billing, Rendering, or Pay-To). The Select Provider dialog box will appear.

2. Select Provider

From the list box, highlight the desired provider.

3. Click OK

Click the OK button.

Claim Information

The Claim Information window block displays information that is specific to a patient and an insurance claim; items numbered 27 through 35 on a standard ADA insurance claim form. The Standard information prints on the claim unless it has been edited.

To Change Claim Information

1. Double-click Claim Information

Double-click on the Claim Information Block. The Insurance Claim dialog box will appear.

The Pre-Authorization Number will be carried over from any Pre-Treatment estimate for the claim's procedures.

Check the place of treatment here.

Enter student information here.

If attachments are included, check the appropriate box. Click Include Attachments to attach an electronic file.

Information in this section is to meet the requirements of certain insurance groups or Medicaid.

Choose this button to clear all information.

Insurance Claim Information

Place of Treatment
- Office
- Hosp
- ECF
- Other

Pre-Authorization Number:

First Visit Date Current Series:

Original Reference Number (#):

Student Status
- None
- Part-Time
- Full-Time

School, City

Attachments
- Radiographs Enclosed : How Many?
- Oral Images Enclosed : How Many?
- Models Enclosed : How Many?
- Other Attachments

Include Attachment(s)   Insurance Ref #:

- Disabled

Dates   Descriptions

- Occup. Illness Or Injury :
- Auto Accident
- Other Accident

- Services Covered by Another Plan:

Prosthesis
- No
- Initial
- Replacement

Replace Reason   Prior Date

Date Ordered:

- Orthodontic Treatment- Placement Date: Mos. Remain:

Clear   OK   Cancel

For Special/Medicaid Claims
Referring Prov:

Reason for Pre-Auth:
- Required
- Services Exceed Max.

- Oral Surgery
- Special Case
- Medicare
- Eligibility Pending
- Retroactive Eligibility
- Re-Evaluation
- Extension Requested
- CHDP
- CCS

2. Edit Information

Make changes to any of the information displayed in the Insurance Claim Information dialog box, including:

- Place of Treatment
- Attachments (see *Claim Attachments*)
- Prosthesis
- Disabled Option
- Occupational Illness

- Orthodontic Treatment
- Student Status
- First Visit Date Current Series
- Pre-Authorization Number
- Accident Information

Note: Pre-authorization numbers will print on most claim forms. If there is more than one number for the procedures on the claim, a claim is created for each set of procedures with a different pre-authorization number. If the patient is a student, the school name and city will print on the insurance claim as well.

Tips

3. Click OK
Click the OK button.

Note: When claim information is entered or cleared from the Claim window, the change(s) applies only to the claim currently displayed in the Claim window and the associated primary or secondary claim.

Diagnosis Information

The Diagnosis block allows you to sort any attached diagnostic procedures for the claim. You may also mark the option to not print the diagnostic codes on the claim.

1. Double-click Diagnosis
Double-click on the Diagnosis block. The Sort Dental Diagnostic Codes dialog box will appear.

2. Sort Diagnostic Codes
Highlight the code you wish to move and click the Move Up or Move Down button until the desired order is achieved.

3. Exclude Diagnostic Codes from Claim (Optional)
If you do not want to include the attached dental diagnostic codes on this particular insurance claim, mark the option "Do Not Print Dental Diagnostic Codes on this Claim."

4. Click OK
Click the OK button.

Procedures Information

The Procedures Information block lists all of the procedures attached to the claim, showing the tooth, surface, description, date, procedure code, fee, and Insurance Paid amount.

- The date column shows the date of completion for insurance claims and the treatment-planned date for pre-treatment estimate claims.

- The last column shows the amount that the insurance paid or pre-authorized for a received claim.

- The scroll bar to the right of the block can be used to view procedures not shown when there are more than six procedures listed.

When one of the procedures in the Procedures Information window block is selected, the Insurance Coverage Update or Pre-Treatment Estimate Update dialog box is displayed. You can choose to edit the itemized payment or estimate for the procedure.

Payment/Estimate Information

The Payment/Estimate Information block displays:
- The date the claim was received

- The check number (for payments) and the amount applied to the deductible

- • The total of the itemized payments/estimates

- • The total charges for procedures on the claim

- • The estimated insurance portion

- • The total payment or authorized amount

The Payment/Estimate Information window block can be selected to display the Total Insurance Payment or Total Insurance Pre-Estimate dialog box which allows you to edit payment or estimate information.

Claim Status Information

The Claim Status Information block displays the date the claim was created, the date the claim was sent, the date a tracer was sent, the date the claim was placed on hold, and the date the claim was re-sent. When the claim is created, the create date defaults to the current system date. When the claim is sent, the status is automatically flagged as Sent, and the sent date defaults to the current system date. When the claim is received, the status is automatically flagged as Received, and the date defaults to the date for the payment or estimate. When the Claim Status Information window block is selected, the Insurance Claim Status dialog box will be displayed.

The claim status and the date for each status can be changed manually from the Insurance Claim Status dialog box. When the claim is listed in the Accounts, the status of Not Sent, or Sent and the associated date will be displayed according to what is marked here. The status and date for Received depends on the information entered for the total payment or estimate.

Double-click on the Status information block to edit the information.

You can click in each field and add or change the dates as necessary. Easy Dental will automatically enter the system date in each field as the process for that date occurs.

Enter a note if necessary for the status of the claim.

Note: Use this box to track contact with insurance companies regarding unpaid claims. If you re-send a claim or send a tracer, mark those boxes. When you print the Insurance Aging report those dates will print, helping you when you make your collection calls!

Insurance Plan Notes

The Insurance Plan Notes block displays any notes that have been entered for the insurance carrier from the Patients window or from another Insurance Claim window for the same insurance carrier.

To Edit the Insurance Plan Note

1. Double-click Insurance Notes

Double-click the Insurance Notes block. The Insurance Plan Note dialog box will appear.
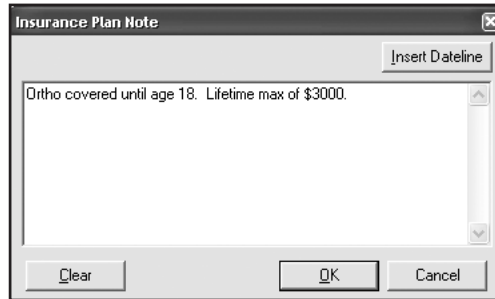
2. Enter or Clear Notes

Enter additional notes OR click on the Clear button to clear the current notes.

3. Click OK

Click the OK button.

Note: It is important to realize that any note entered here is for the insurance carrier, and that the note will be changed permanently for the insurance carrier for all patients from all modules. This note will not print on the insurance claim. Choose the Notes button from the toolbar if you wish to print a note on the claim.

Remarks for Unusual Services

You may wish to print a note that explains some important aspect of the procedure.

1. Click Remarks

Click the Remarks button or double-click on the box to open the Remarks for Unusual Services.
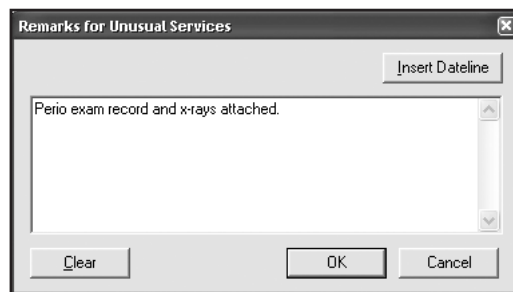
2. Enter Note

Enter any notes deemed necessary. Enter all notes you wish to print on the claim. This note will appear in the Remarks for Unusual Services box on the claim. Similar to other note dialog boxes, you can add a dateline to the note.

3. Click OK

Choose the OK button to return to the Claim window.

Claim Attachments

In some cases, it may be necessary to send attachments such as letters or x-rays to an insurance carrier along with an insurance claim. Easy Dental enables you to attach documents and images to claims and pre-authorizations sent electronically. These attachments can be imported from the Easy Dental Documents module or in the form of a text file. The following steps will explain how to select attachments and send them electronically.

1. Open Claim or Pre-Authorization
Double-click on the claim or pre-authorization you wish to include attachments with. The claim or pre-authorization can be a primary or secondary form.

2. Open Claim Information
Double-click on the Claim Information box to display the Insurance Claim Information dialog box.

3. Click Include Attachments
Place a checkmark next to Radiographs Enclosed, Oral Images Enclosed, Models Enclosed, or Other Attachments. Click the Include Attachments button. The Include Attachments dialog box will appear.

Click Documents to attach a document saved in the Documents module for the patient.

Click Non-Electronic if you are sending attachments with the claim that are not in an electronic format.

Click Import File to locate a text document to attach to the claim.
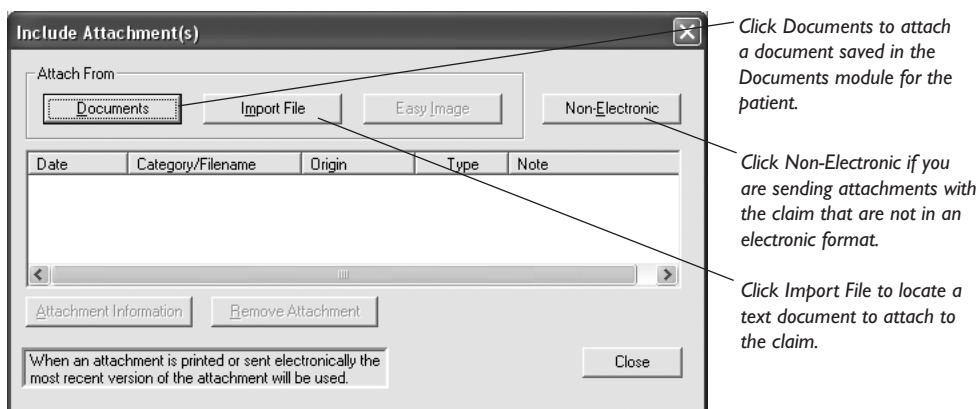
4. Select Attachment(s)
The following options will explain how to select an attachment:

Documents

- Click the Documents button to select an attachment that is assigned to the patient in the Documents module (for more information, see the Documents chapter).

- The Select Claim Attachment(s) – Documents window will appear listing all documents that are attached to this patient. Highlight a document to view its image on the right. Use the Previous and Next button at the top of the window to view a multiple page document. To print the document, simply click the Print button at the bottom of the window.

- Place a checkmark next to the document(s) you wish to attach to the claim and click OK.

<u>Import File</u>

- Click the Import File button to attach a .txt or .rtf file to the claim. For organizational purposes, Easy Dental recommends creating a sub directory named Attachments under your standard Doc folder to store attachments in.

  Note: Since .doc files may not be readable by most insurance companies, only files saved in .txt and .rtf format can be sent electronically with the claim. You can easily convert a doc file in Microsoft Word. Open the document in Word and choose File | Save As. Change the File Type to .txt or .rtf and click Save.

- The Open dialog box will appear. The Look In folder will default to the Attachments folder (if created) or to the Letter Template Path located in the Reports module under Maintenance | Preferences | Paths.

- Browse to locate the file you wish to attach, highlight it and click Open.

<u>EasyImage</u>

- Click the EasyImage button if you have EasyImage installed and wish to include a captured image.

<u>Non-Electronic</u>

- Click the Non-Electronic button if you have an attachment that you are sending that is not an electronic format (i.e., you have to send it by mail). The Attachment Information dialog box will appear.

- Enter a note in the Attachment Note field. Select the Attachment Type, Transmission Code, and enter the Control Number for reference. Click OK to save your changes.

5. Add Attachment Note (Optional)

To include a note to be sent with an attachment, highlight the attachment and click Attachment Note. Up to 255 characters can be entered for the selected attachment.

6. Remove Attachment (Optional)

To remove an attachment from a claim, highlight the attachment and click Remove Attachment. A message will appear stating that the attachment will be removed from the claim and any Attachment Note will be deleted. Click Yes to remove the attachment. Click No to cancel.

Sending a Claim

1.   Click Print

Click the Print button from the Insurance Claim toolbar.

2.   Choose Send Option

Choose to Send to Batch to send the claim to the Batch Processor or choose Send Electronically to immediately transmit the claim using Easy Dental eClaims. The Reports Batch Processor will list all claims that have been sent, showing the date sent, whether the claim is for primary or secondary coverage or a pre-treatment estimate, the insurance claim format, the patient's name, and the name of the insurance carrier.

Note: A claim can be printed as many times as needed from the Batch Processor. If you de-lete a claim from the Batch Processor, it can be re-sent to the batch processor by selecting the Print button from the Insurance Claim toolbar.

Editing a Claim

Note: When an insurance claim or pre-treatment estimate claim is created, all of the insurance information for that claim is gathered as of that time. As a result, if the patient's insurance carrier, subscriber, or the employer has changed, or if secondary insurance is added, claims created previously will not reflect these changes. If only the name of the em-ployer, insurance carrier, or group plan is changed in the Patients window, without selecting a different employer or insurance carrier the change will be reflected for current claims.

If a claim has the wrong carrier, subscriber, or employer:

1.   Double-click Claim

Double-click on the Claim in the Transaction Log. The Claim window will appear.

2.   Delete Claim

Choose the Delete button from the toolbar. When a claim is deleted, the Reports Batch Processor is checked for a copy of the claim which is deleted as well.

3.   Update Patient's Insurance Coverage

In the Patients window, update the necessary insurance information. (See the *Patients* chap-ter for information on editing insurance information.)

4.   Re-create Claim

Re-create the Insurance claim using the steps listed earlier for creating claims.

If an insurance claim or payment that has been moved to history is selected, the Claim win-dow will still be displayed. The insurance claims in history can be printed, and any of the insurance claim information can be changed, except the payment. They cannot, however, be deleted. An insurance claim is placed in history after it is received and updated through the Month End update process.

Entering Insurance Payments

1. Select Patient
Click the Select Patient button in the toolbar.

2. Select Insurance Claim
From the Transaction Log, Highlight the Insurance Claim you wish to enter payment for.

Date	Name	Tooth	Code	Description	Amount	Prov	Ins	Balance
11/30/2001	Brandon T Crawf		-Bal-	--- Patient Balance Forward ---	38.00			38.00
01/31/2005	Brandon T Crawf		D0120	Periodic oral evaluation	17.00	DDS1		55.00
01/31/2005	Brandon T Crawf		D0180	Comprehensive perio evaluation	69.00	DDS1		124.00
02/05/2005	Brandon T Crawf		D1110	Prophylaxis-adult	38.00	DDS1		162.00
02/05/2005	Brandon T Crawf	5	D3320	Root canal therapy - bicuspid	330.00	DDS1		492.00
02/05/2005	Brandon T Crawf		Ins	Prim Claim - Sent 454.00				492.00

To enter an insurance payment, double-click on the insurance claim in the Transaction Log.

3. Open Insurance Claim
Double-click on the Insurance Claim in the Transaction Log. The Primary (or Secondary) Insurance Claim dialog box will appear.

4. Click Enter Payment
Click the Enter Payment button and select Itemize by Procedure OR Total Payment Only. If you click the second option the Total Insurance Payment dialog box will appear and you should skip to step 6.

You can choose to apply payment by procedure, or by total payment.

5. Update Payment Table (Optional)

If you click the Itemize by Procedure option, the Insurance Coverage Update dialog box will appear.

- Enter the amount paid.

- If the amount paid for the procedure is different than the estimated amount, you may want to select Yes under Update Payment Table.
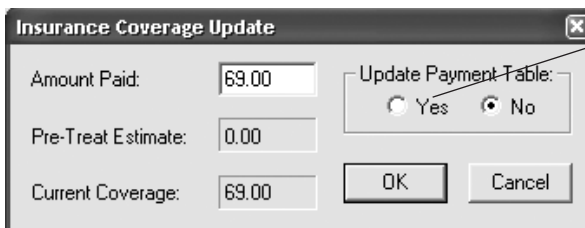
Select Yes to keep a record of actual payments from the insurance carrier in the payment table. Insurance estimates are devised from the payment table whenever possible.

- Click on OK. After each procedure has prompted for an itemized payment, the Total Insurance Payment dialog box will be displayed.

6. Enter Check #

Enter the Check # of the Insurance payment.

7. Enter Bank/Branch Number

This information will appear on Deposit Slips.

8. Enter Deductible Amount

Enter any amount that the Explanation of Benefits (EOB) shows has been applied to the patient's deductible in the correct fields. (ex. You should enter an amount applied toward the preventive deductible in the preventive field.)

9. Enter Payment Amount

If you did not itemize payments, or need to change the Total Amount Paid:

- Double-click on the provider the payment should be made to under Provider Amounts OR click on the Add button to enter payment for a different provider.

- Enter or edit the payment information and Click on OK. You will return to the Total Insurance Payment Screen.

Enter payment information such as check number and Bank/Branch #. If payment was withheld toward the deductible, enter the amount withheld in the appropriate boxes.

10. Enter Write-Off Amount

In cases where the practice does not bill the patient for the remaining balance after insurance, the practice can create an adjustment here to offset any remaining balance. Check the Write-Off box and enter the write-off amount in the box provided. Click on OK/Post and the Enter Adjustment window will appear. Select the appropriate adjustment type and provider and click OK.

11. Exit Insurance Claim

Click Exit from the toolbar to exit the Insurance Claim and return to the main Accounts window. (If the patient has secondary coverage you will be reminded that a secondary claim should be created.)

Entering Insurance Payments for Claims Not Created in Easy Dental

In the event that you receive an insurance check, but there has been no claim created in Easy Dental (ex. your office has recently installed Easy Dental as a new installation) you should complete the following steps:

1. Select Patient

Click the Select Patient button in the toolbar.

2. Click Enter Payment Button

Click the Enter Payment button. The Enter Payment window appears.

3. Enter Amount and Check #

Enter the payment amount and check number if applicable.

Select the Insurance Payment type.

4. Enter Bank or Branch Number
The information you enter here will appear on all Deposit Slips.

5. Select Insurance Payment - Thank You
From the Type list, select Insurance Payment - Thank You.

6. Select Provider
Select the provider you wish to apply the payment to.

7. Click Split Payment
Click on the Split Payment button to split the payment between providers.

8. Enter Payment Note (Optional)
If the payment requires a note for clarification, point and click in the Note block. Enter whatever information is necessary to clarify the payment.

9. Click OK
Click the OK button.

Note: This process should only be used if a claim was not created in Easy Dental. If a claim was created you should follow the steps listed on page 139.

What is the Advantage of Itemizing Insurance Payments?

Being able to accurately estimate how much an insurance company will pay on a procedure is extremely important when presenting treatment to a patient and collecting payment after treatment. The itemize by procedure option allows you to keep track of what insurance companies have actually paid.

Let's say an insurance company indicates they will pay 50% on crowns. Of your normal $600 charge, Easy Dental estimates the insurance will pay $300. However, when you receive payment, the insurance company states that the most they will pay on the procedure is $250. When you post the payment, if you mark Yes under Update Payment Table then Easy Dental will remember that amount. The next time a patient with that insurance coverage comes in for a crown, Easy Dental will estimate $250 of coverage instead of $300.

Entering Batch Insurance Payments

An insurance carrier may settle claims by sending the provider one check to cover multiple claims. For example, your practice may have several patients who are covered under the same carrier and plan. The carrier will then settle claims coming from your practice for these patients by remitting only one check.

1. Click Batch Payment

Click the Batch Payment button. Next, choose the Enter Batch Ins. Payment menu item. The Batch Insurance Payment Entry dialog box will appear.

Click this search button to select the paying carrier.

Enter the carrier's check number here.

All outstanding claims for the selected carrier will appear in this list. Double-click on each entry to attach payment.

Completed or paid claims will appear here.

2. Enter Check #, Amount, and Bank

Enter the Check Number, Check Amount, and Bank Branch Number.

3. Select Insurance Carrier

- Type the first three or four letters of the Insurance Carrier Name in the box and click on the Search button. The Select Insurance Plan dialog box will appear with a list of all insurance plans beginning with the letters you entered.

- Highlight the desired insurance plans. To select more than one carrier, hold down the Ctrl key and make additional selections. You can select up to 150 different carriers; however, Easy Dental will only read the first 150 claims. A message will appear telling you that all claims can't be read, if applicable.

- Click on OK.

Select the desired search option then type the first few letters or numbers of the plan.

A list of carriers falling under the search parameters will appear here.

Select Dental Insurance Plan

Search By
○ Carrier Name ○ Group Plan ○ Local Number ○ Payor ID
○ Employer ○ Group Number ○ Address

Enter Carrier Name:

Carrier Name	Group Plan	Employer Name	Group #	Local #	Payor ID	Address
Aetna	JC Pennys		91234		60054	CA, Fresno
American Western Life		Texas A & M			06126	CA, Foster City
Ameritas					47009	NE, Lincoln
Blue Cross Blue Shield	Dental Claims		21009		47198	CA, Woodland
Connecticut General					62308	TX, Sherman
Delta Dental Plan					77777	CA, San Franci
Equicor - Cigna	Equicor Dental				62308	MN, St. Paul
Guardian					64246	WA, Spokane
Lincoln National					73288	WI, Green Bay
Metropolitan					65978	FL, Tampa

OK   Cancel

4. Select Claim

Once you have selected the carrier, a list of all outstanding insurance claims for that carrier will appear. Highlight the desired claim and click on Edit OR double-click on the claim. The Insurance Claim window will appear.

5. Click Enter Payment

Click Enter Payment from the toolbar and select Itemize by Procedure OR Total Payment Only.

If you click the second option the Total Insurance Payment dialog box will appear and you should move directly to Step 7.

6. Update Payment Table (Optional)

If you click the Itemize by Procedure option, the Insurance Coverage Update dialog box will appear.

- Enter the amount paid.

- Mark the Update Payment Table radio button next to Yes if you want to update the payment table according to the payment entered.

- Click on OK. After each procedure has prompted for an itemized payment, the Total Insurance Payment dialog box will appear.

- The check number and the Bank/Branch will be entered from the Batch Insurance Payment Entry dialog box.

7. Enter Deductible Amount
- Enter the amount the EOB (Explanation Of Benefits) shows has been applied to the patient's deductible. Be sure to enter the amount in the appropriate box for the deductible type.

8. Enter Payment Amount
If you did not need to itemize payments or need to change the total amount paid:

- Highlight the provider the payment should be made to under Provider Payments OR click on the Add button to enter payment for a different provider. The Provider Payment dialog box will appear.

- Enter or edit the payment information and Click on OK. You will return to the Total Insurance Payment Screen. Click OK/Post. If the patient has secondary coverage you will be reminded to create a secondary insurance claim.

9. Exit Insurance Claim
Click Exit from the menu bar to exit the Insurance Claim and return to the Batch Insurance Payment Entry dialog box. The payment you entered will appear in the Paid claims section and the payment will be added to the Batch total.

10. Repeat
Repeat the above steps until all of the insurance payments from a single check are entered. When you are finished attaching claims to one payment, the Batch Total should equal the check Amount.

If you attempt to exit the Batch Insurance Payment Entry dialog box when these two amounts differ, a warning will appear and inform you of the difference. If you wish to save the batch session entry and return later to complete it, click the Yes button. If you wish to return and correct the difference now, click the Cancel button.
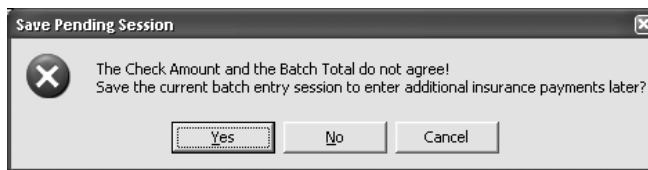
A saved batch entry will be lost if Easy Dental is closed. As long as Easy Dental remains open, you may reopen the Batch Insurance Payment Entry dialog box and complete the process at any time.

When you have finished entering the payment for one check and are ready to enter another, click the Next Check button to clear the window of all entries.

How to Create a Secondary Claim

You can create a secondary insurance claim any time after the primary claim is created. The primary claim does not need to be sent or received before the secondary claim is created. When a patient's primary claim is received, the message "Secondary Insurance Claim has not been created" will be displayed reminding you to create the secondary claim when there is secondary coverage for the patient and the secondary claim has not yet been created.

1. Double-Click Primary Insurance Claim

From the Accounts Transaction Log, double click on the primary claim you wish to create a secondary claim for.

2. Click Create Secondary

When the primary insurance claim is displayed in the Claim window, click the Create Secondary icon. The secondary claim will be created, and the Secondary Insurance Claim dialog box will appear with the secondary coverage the patient had at the time the primary claim was created.

3. Print Secondary Claim

Choose Print from the menu bar to print the Secondary claim. You can print the claim now or send it to the batch processor and either print it later with other documents or send it electronically.

4. Click Exit

Click Exit to return to the main Accounts window.

Note: If Create Secondary is grayed, this means that the patient was not given secondary coverage in the Patients window before the primary claim was created. Before the secondary claim can be created you will need to do the following:

- *Enter the Secondary Insurance information for the patient from the Patients window.*

- *Double-click on the Subscriber Information block.*

- *In the Patient/Information dialog box click on the Update Secondary box.*

- *Click OK and then follow the steps described earlier.*

Once the secondary claim exists, Create Secondary will change to View Secondary.

Remember

Editing Insurance Payments

1. Double-click on the Claim

Double-click on the Claim you wish to Edit payment for or on the insurance payment itself. The Insurance Claim window will appear.

Double-click on the payment you wish to edit.

2. Double-click Payment

Double-click on the payment in the Insurance Claim window. The Total Insurance Payment dialog box will appear.

3. Edit Payment

Highlight the payment in Provider Amounts and click Edit to change the amount or click Delete to delete the payment.

4. Click OK/Post

Click the OK/Post button to return to the Claim window and save the changes you made.

Note: You cannot edit payment amounts that have been placed in history.

Applying a Deductible Met

(With an Insurance Payment)

If you receive a payment from an insurance carrier where money has been withheld for application to the deductible, complete the following steps:

1. Select Patient

Select the patient for whom you are posting an insurance payment.

2. Open Insurance Claim

From the Transaction Log, double-click on the claim for which you wish to post the payment. The Insurance Claim window appears.

3. Choose Enter Payment

Choose Enter Payment from the toolbar. Next, choose either Itemize by Procedure or Total Payment Only.

If you choose to itemize the payment, enter the payment amounts for the procedures paid for with this insurance check. If you choose to enter the total payment only, skip to step 4.

Enter the amount the Explanation of Benefits shows has been applied to the patient's deductible. Be sure to enter the amount in the appropriate box for the deductible type.

4. Enter Check #

Enter the Check # of the Insurance Payment.

5. Enter Bank/Branch Number

This information will appear on Deposit Slips.

6. Enter Deductible Amount

Enter the amount the EOB (Explanation Of Benefits) shows has been applied to the patient's deductible. Be sure to enter the amount in the appropriate box for the deductible type.

7. Enter Payment Amount (Optional)

If you choose to itemize the insurance payment, you may skip this step. If not, enter the amount of the payment.

8. Enter Write-Off Amount (Optional)

Enter the amount of the patient portion to be written off.

9. Click OK/Post

Click the OK/Post button to post the insurance payment.

10. Exit Insurance Claim

Choose the Exit button from the toolbar to exit the Insurance Claim Information window and return to the Accounts window.

Applying Deductible Met

(Before a Claim Has Been Received)

Occasionally, you will have patients who come to your practice mid-year. These patients may have met part or all of their deductible(s) for the year. To enter that information into Easy Dental, complete the following steps:

1. Select Patient

Select a patient.

2. Open Insurance Claim

Open an insurance claim for this patient by double-clicking on the claim in the Transaction Log. (If an insurance claim for this patient has not yet been created, you may create a "fake" claim and then delete it once the deductible information has been entered.)

3. Double-click Patient Information

Double-click on the Patient Information box. The Patient/Insurance Information dialog box appears.

Enter the deductible amounts and benefits used in the appropriate boxes.

4. Enter Deductible Met Amount

Enter the Deductible Met amounts in the appropriate fields. Click OK to exit.

5. Close Insurance Claim

Click the Exit button to close the claim.

Partial Insurance Payments

At times an insurance carrier will send partial payment for an insurance claim while waiting for more information on certain procedures. In this situation, you will post two separate payments to the claim.

Post Multiple Payments to One Insurance Claim

1. Select Patient

From the Accounts module, select a patient.

2. Double-click Claim

Double-click on the claim to which you wish to post another insurance payment. The Insurance Claim Information window appears.

3. Click Enter Payment | Enter Additional Payment

Click the Enter Payment button then Enter Additional Payment. The Total Insurance Payment window appears.

Highlight the provider to which the payment should be credited and click the Edit button. The Provider Payment dialog box appears. If the provider to whom you wish to credit the payment is not listed, click the Add button instead of Edit. Select the correct provider. Enter the check amount in the Amount Paid field.

Note: Itemize by Procedure is not an option when posting an additional payment.

4. Enter Check Information

Enter the Date, Check Number, and Bank/Branch Number for the additional payment.

5. Highlight Provider and Click Edit

Highlight the provider to which the payment should be credited and click the Edit button. The Provider Payment dialog box appears.

Note: If the provider to whom you wish to credit the payment is not listed, click the Add button instead of Edit. Select the correct provider.

6. Enter Amount Paid

Enter the check amount in the Amount Paid field. Click OK.

7. Click OK/Post

Click the OK/Post button to post the payment and return to the Insurance Claim screen.

Note: Once a payment has been posted to a claim, the claim will be labeled received and is no longer considered in the pending insurance estimate for outstanding claims.

Monthly Procedures

Month End Procedures

The Month End menu commands should be used at the end of each accounting period to apply finance charges and at the beginning of each month to update account balances for the previous month.

Note: The system will not allow you to Update the accounts until after the month you wish to Update is concluded. For example, you may not Update the month of January on January 31st. You must wait until February 1st to Update.

*Note: Before Month End is selected, it is strongly recommended that you backup your Easy Dental database. Easy Dental must be closed on all but one workstation. If there is a Easy Dental module running at **any** of the workstations, a message, "Another Easy Dental module is active," will be displayed.*

Note: Year End totals will be calculated during Month End when the fiscal year ending month is closed out. The fiscal year is selected by choosing Practice Setup then Practice Resource Setup in the Reports module. Click the Edit button under Practice Information.

Finance Charges

You may apply Finance Charges to all or part of your patients simultaneously, allowing Easy Dental to calculate the charges OR you may enter the finance charges manually for individual patients.

The Finance Charge command is used to calculate and create finance charge entries for all accounts that meet the criteria that you set.

Note: It is recommended that you back up your database before applying finance charges to any group of patients.

1. Click Month End
Click the Month End button and select Finance Charge, then Apply Finance Charge. The Apply Finance Charges dialog box will appear.

Click the Month End button and choose Finance Charges to bring up the Apply Finance Charges window.

The Finance Charge Date defaults to the current system date.

Enter the minimum charge to apply.

Choose the amount of time past due to charge.

Enter the finance charge amount as a percentage. Use whole numbers, not decimals. Choose whether to accrue this charge monthly or yearly.

Choose to apply finance charges to a certain provider's patient or to all by checking the All box.

Choose to apply finance charges only to acounts with a particular Billing Type or to All.

Check Save as Default to save your settings for the next time you apply finance charges.

2. Enter Finance Charge Date
The Finance Charge Date defaults to the current system date. Finance charges are calculated according to the aging balance for each family account as of the finance charge date. The finance charge date is also used as the transaction date for each finance charge entry.

3. Enter Minimum Balance
The Minimum Balance to Charge field defaults to $10.00. The minimum balance will be compared to each aged account balance, and only those accounts with an aged balance greater than the minimum will have a finance charge applied.

4. Enter Minimum Finance Charge, Select Past Due Days

- The Minimum Finance Charge defaults to fifty cents and will be applied to accounts when the calculated finance charge is less than the minimum.

- The Past Due Days to Charge defaults to zero days assuming charges are due to be paid when they are incurred. Finance charges will be calculated on the portion of each account balance that is past due according to the Past Due Days to Charge selected and the aging of the account as of the finance charge date.

5. Enter Finance Charge Percentage

The Finance Charge Percent will be used to calculate the finance charge amount. Finance charges are always calculated on a monthly basis, so if the Yearly option button is chosen, the percentage entered will be divided by 12 for the calculations.

6. Select Provider(s)

Select the provider(s) whose patients you wish to apply finance charges to (only primary providers will appear). Or click once in the All box to select all.

7. Select Billing Type(s)

Select the billing type(s) you wish to apply finance charges to. If you want to apply finance charges to all accounts regardless of billing type, click once in the All box.

Note: Finance charges can be run for one set of billing types and then run again for another set of billing types if different finance charge options are desired.

8. Click OK

Click the OK button. A message will appear to verify that you wish to apply finance charges. The Abort button can be used to stop applying finance charges. Any finance charges that have already been calculated before the Abort button was chosen will be applied.

Note: Printing a Finance Charge Report from the Reports window will show the finance charge entries. Each entry can be edited or deleted from the Accounts.

Remember

Note: Payment Plan Terms override the Finance Charges window settings for patients with payment plans.

How can I apply Finance Charges to just certain accounts?

Billing types were designed for just this purpose...to help you categorize your patients. Each account can be assigned a Billing Type that categorizes the account to receive finance charges or not. The two keys to using Billing Types for this purpose is to be consistent in assigning types to accounts and then choosing the appropriate types when applying finance charges.

Remember, even though an account is assigned a Billing Type that describes them as a no finance charges account, if you include that Billing Type when you run Finance Charges - the account will still be charged!

Manual Finance Charges

1. Click Enter Finance/Late Charge

Click the Enter Finance/Late Charge button. The Enter Finance Charge or Late Charge dialog box will appear.

2. Enter Finance Charge Amount

Enter the amount you wish to charge.

3. Enter Note (Optional)

Enter a note explaining the finance charge addition.

4. Click OK

Click the OK button to post the finance charge to the family's account.

Deleting Finance Charges

If you wish to only clear finance charges from a few accounts, you may open the patient's Accounts module, double-click on the finance charge and click Delete. To delete all finance charges posted on a certain date, complete the following steps:

1. Click Month End

Click the Month End button and select Finance Charge, then Delete Finance Charge. The Delete Finance Charges dialog box will appear.

2. Enter Finance Charge Date

Enter the date of the finance charges that you wish to delete. All finance charges on all accounts with this date will be deleted.

3. Click OK

Click the OK button. A verification message appears. Click OK to delete the finance charges. Click Cancel to return to the Delete Finance Charges dialog box without completing the deletion.
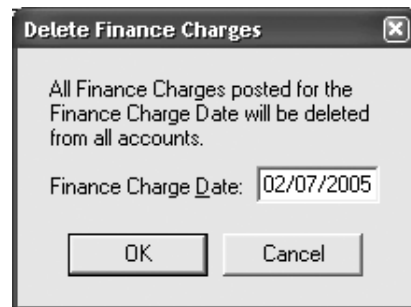
Related Topics

• See Month End Procedures in this chapter for information on how calculating Finance Charges relates to the other Month End processes.

Applying Late Charges

1. Backup Your Easy Dental Directory

From the File Server, complete a backup of your Easy Dental directory.

2. Open Accounts

Open the Accounts window on one workstation.

3. Click Month End | Late Charge

Click the Month End button and choose Late Charge, then Apply Late Charge. The Apply Late Charge window appears.

4. Select Providers and Billing Types

Select the Providers whose patients should receive late charges (only Primary Providers will be listed). Select Billing Types that should receive late charges. Click OK. The Late Charge Utility will begin running. When late charges have been applied, you will be returned to the Accounts window.

Note: The Late Charge percentage is determined by the terms set up for each individual Payment Plan.

Manually Entering a Late Charge

If desired, you can apply a single late charge to an account.

1. Select Guarantor

From the Accounts window, select the guarantor of the account to receive a late charge.

2. Click Enter Finance Charge or Late Charge

Click the Enter Finance Charge or Late Charge button. The Enter Finance Charge or Late Charge Dialog box appears.

3. Enter Late Charge Amount

Enter the dollar amount of the late charge.

4. Mark Charge Type

Mark the Late Charge option under Type.

5. Select Provider and Add Note

If desired, you can select a different provider for the charge. Click the search button (double arrows) next to Provider. Highlight the desired provider and click OK. A note may be added to clarify the reason for the late charge. Type the note in the Note field.

6. Click OK

Click the OK button to post the charge and return to the Accounts window.

Deleting Late Charges

If you wish to only clear late charges from a few accounts, you may open the patient's Accounts module, double-click on the late charge and click Delete. To delete all late charges posted on a certain date, complete the following steps:

1. Click Month End
Click the Month End button and select Charge Charge, then Delete Late Charge. The Delete Late Charges dialog box will appear.

2. Enter Late Charge Date
Enter the date of the late charges that you wish to delete. All late charges on all accounts with this date will be deleted.

Delete Late Charges

All Late Charges posted for the Late Charge Date will be deleted from all accounts.

Late Charge Date: | 02/07/2005

OK   Cancel

3. Click OK
Click the OK button. A verification message appears. Click OK to delete the late charges. Click Cancel to return to the Delete Late Charges dialog box without completing the deletion.

Month End Update

1. Click Month End
Click the Month End button then select Update from the menu. The Close Out Month dialog box will appear.

If you wish to purge appointments simultaneously, click here.

If you wish to reset insurance benefits, click here.

Choose the OK button to begin the close out process.

Close Out Month

Close Out Month: | This process will move current items in Accounts to 'History'
12/2001

Options:
☐ Appointment Purge
Cutoff Date: | 01/01/2001
☑ Reset Insurance Benefits for Jan.

OK   Cancel
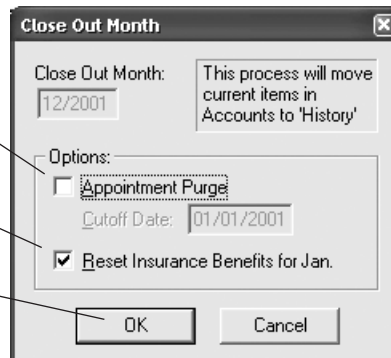
Note: Using the Update command will age each account balance and place all completed procedures, payments, adjustments, and received insurance claims that were entered during the previous months, into history. The Close Out Month dialog box will be displayed to enter information needed for the update process.

Remember

2. Check Close Out Month Date
 The Close Out Month Date defaults to the month *immediately following the last month that was closed out.* This date will be used as the date for the new balance forward and the cutoff for history transactions.

3. Check Desired Options
Check Appointment Purge to purge all appointments in the Schedule prior to the Cutoff Date. This date will default to one year ago. Check Reset Insurance Benefits to reset benefits for insurance carriers with the appropriate renewal date.

4. Click OK
Click OK to begin the update. A reminder to backup the database will be displayed, and if another Easy Dental module is open at any workstation, that message will also be displayed. If all modules are closed except on one workstation, the Running Update dialog box will be displayed showing a count as each account is processed.

Note: Before running Update, backup your Easy Dental database! If the computer is turned off, or if a power outage occurs during the Update process, damage to your files may occur. In these cases as well as in user input error, you can restore your data to its original state before the Update process was begun. (This also applies to processing Finance Charges and Future Due Payment Plans.)

Caution!

Monthly Routines

The following is an outline of the routine monthly procedures to process accounts receivable.

1. Backup
Make a backup of the Easy Dental Database.

2. Open Accounts
Close all Easy Dental modules at all workstations except the Accounts window at the workstation from which the accounts will be processed.

3. Run Finance Charges (Optional)
Run finance charges. (See *Entering Finance Charges* in this chapter.)

4. Run Late Charges (Optional)
Run late charges. (See *Entering Late Charges* in this chapter.)

5. Run Future Due Payment Plan Update
Run the Future Due Payment Plan Update to charge any accounts that are set up with Future Due Payment Plans. (See *Future Due Payment Plans Utility* in this chapter.)

6. Run Billing Statements (Optional)
Run billing statements from the Reports window. Use the same billing type and provider ranges and statement date as used for finance charges. (See the *Reports* chapter for how to run Billing Statements.)

Note: It is not necessary to print Billing Statements during the Month End process. However, it is suggested that you apply finance and late charges before printing your Bills.

7. Run Month End Update

See the previous page on how to run the Month End Update.

8. Print Aging Report

Print the Aging Report from the Reports window. (For information on printing the Aging Report, see the *Reports* chapter.)

Treatment Plans

In this Section:

- The Treatment Plans Window

- Entering a Treatment Plan

- Creating and Managing Pre-Treatment Estimates

- Using the Estimator

The Treatment Plan module allows you to record work for patients that needs to be completed. Once a treatment plan has been entered, the treatment may be ordered and a copy of the plan, including pricing and insurance estimates, may be given to the patient. Finally, the Treatment Plans module allows you to create and manage insurance pre-treatment estimates.

The Treatment Plans Window

In the Treatment Plan module, the Ins column of the Transaction Log will show:

- 1** for treatments requiring pre-authorization for primary insurance.

- **2 for treatments requiring pre-authorization for secondary insurance.

- 1*2 for treatments that need pre-authorization for both insurances.

- If pre-authorization is not required, the column will show "No" for recommended treatments that are not attached to a pre-treatment estimate claim, and the column will be blank for those treatments that are attached to a pre-treatment estimate claim.

Note: Procedures must have the Pre-Est box checked in the Coverage Table for these conditions to apply.

If a pre-treatment estimate claim is deleted, the insurance column for all treatments that were on that claim will show the appropriate 1**, **2, or 1*2. When pre-authorization is received, the insurance column will show 'Acc' for accepted or 'Rej' for rejected for each applicable procedure. A pre-treatment estimate claim is listed from the Treatment Plan option until it is deleted.

Note: To change the Treatment Plan background color, see Set Accounts/Tx Plans Colors *in the* Accounts Setup *section in the* Accounts *chapter.*

Entering a Treatment Plan

1. Select Patient

From the Treatment Plans module toolbar, click the Select Patient button. Choose a patient.

2. Click Enter Procedure

Click the Enter Procedure button. The Enter Procedure(s) window will appear.

3. Enter Procedure Code

In the Procedure Code field, type the procedure code you wish to add to the treatment plan. If you don't know the procedure code, click the search button and select the code from the Procedure Code List.

OR

Double-click on an explosion code from the Explosion Code list on the right side of the Enter Procedure(s) window.

4. Enter Additional Information

If necessary, you will need to enter additional information such as tooth numbers or surfaces.

5. Make Changes

If desired, you can change the amount or provider for the procedure.

6. Click Add

Click the Add button to add the procedures to the Procedure List.

7. Cick OK/Post

Click the OK/Post button to save the procedures to the Treatment Plan.

Attaching Diagnostic Codes

Complete the following steps to attach diagnostic codes to treatment planned procedures.

Note: Dental diagnostic codes must first be setup in the Procedure Code Setup located in the Reports module under Practice Setup.

1. Double Click Procedure

Double click on the desired procedure in the Treatment Plans module. The Edit or Delete Procedure dialog box will appear.

2. Click Diagnoses Search Arrow

Click the search button next to Diagnoses. The Select Diagnostic Code(s) dialog box will appear.

3. Type Code or Select Category

If you know the diagnostic code, type it in the Enter Code field or click the down arrow and select the desired category.

4. Select Diagnostic Code(s)

Highlight the code(s) that you wish to use and click Add. The codes will be moved to the Selected Diagnostic Codes list box.

5. Click OK

Click OK then OK again to exit and save the changes.

Managing Pre-Treatment Estimates

Creating a Pre-Treatment Estimate Claim

1. Click Create Insurance Estimate

Click the Create Insurance Estimate button. A pre-treatment estimate will be created for all procedures in the treatment plan. To create a pre-treatment estimate for only specific procedures, select each of the procedures to be attached to the claim first, then click the Insurance Claim button. The Primary Pre-Treatment Estimate screen will be displayed.

Note: To select multiple procedures, hold down the right mouse button (or the Ctrl key on the keyboard) while clicking on the procedures with the left mouse button.

2. Choose Print Menu

From the Primary Pre-Treatment Estimate, choose the Print menu option. Click Print, Send to Batch, or Send Electronically.

Entering Insurance Estimates

1. Double-click Pre-Treatment Estimate

From the Treatment Plan Transaction Log double-click on the pre-treatment estimate. The Pre-Treatment Estimate Information window is displayed.

2. Choose Enter Estimate

Click the Enter Estimate button on the toolbar and select Itemize by Procedure OR Total Estimate Only. If you choose the second option the Total Insurance Pre-Estimate dialog box will appear and you should skip to Step 5.

Note: If pre-treatment estimates are not Itemized by Procedure, the procedures will not be flagged as accepted or rejected! And when the insurance pays for the procedures, the itemized amount will not be able to default to the itemized amount.

3. Update Payment Table (Optional)

If you choose the Itemize by Procedure option, the Pre-treatment Estimate Update dialog box will appear.

- Select the Procedure Status for Accepted or Rejected.

- Enter the Estimate Amount.

- If desired, check the Update Payment Table radio button next to Yes to Update the Payment Table according to the payment entered. *Note: All future estimates for this code with this carrier will be based on the amount entered, if the Update Payment Table option is selected.*

- Repeat for each.

- Click OK and the Total Insurance Pre-Estimate dialog box will appear.

4. Enter Pre-Auth Number

Enter the Pre-Auth Number that will follow each procedure when it is completed and the insurance claim is created.

5. Enter Estimate Amount

If you have not already entered the estimate amount in the Insurance Coverage Update box, enter the Estimate Amount and click on OK/Post.

6. Exit Pre-Treatment Estimate

Choose Exit from the toolbar to exit the Pre-Treatment Estimate and return to the main Treatment Plans window.

Show Transactions Links

The Show Transaction Links button allows you to quickly see related transactions listed in the Treatment Plans module. For example, you may wish to see all procedures linked to an insurance claim or vice-versa. Simply highlight the transaction for which you wish to find links and click the Show Transactions Links button. All transactions linked to the selected transaction will now be highlighted. Click on any single transaction to remove the highlight.

Set Procedures Complete

1. Select Procedures

Select the treatment plan procedures to complete from the Treatment Plan transaction log.

2. Click Set Procedures Complete

Click the Set Procedures Complete button on the toolbar. This will change the chart status from Treatment Plan to Completed and move the procedure(s) to the patient's account. The procedure(s) will no longer be listed in the Treatment Plan module.

Using the Estimator

The Estimator is an effective tool in patient consultations. The entire Treatment Plan is calculated and displayed here, showing the total charge, patient portion, and insurance portion. In the Estimator, Treatment Plan procedures can be set in order of up to 52 steps. The patient's or family's remaining insurance benefits are calculated and displayed.

Calculations are based on the Insurance Coverage Table and a Payment Table file. For the insurance portion, the program always looks at the Payment Table file and then at the coverage table. For a co-payment it checks the appropriate calculation. Whether there is a co-payment or not, if a procedure is not in a coverage table category and not in the Payment Table file, the patient's portion will be 100% of the charge.

To Start the Estimator:

Click the Estimator button on the Treatment Plans module toolbar.

The Estimator button.

The order of the treatment will appear here.

Procedures in the treatment plan are listed in order here with the fee distributed between patient and insurance portions.

Treatment plan totals are divided by patient and insurance portions here.

TREATMENT PLANS

Procedures in the Estimator

To edit procedures displayed within the Estimator windows:

1. Double-Click Procedure

Double-click on the desired procedure. The Edit or Delete Procedure dialog box will appear. Make any necessary changes from within this dialog box.

2. Click OK

Click OK to exit the dialog box and return to the main Estimator window.

These changes will be reflected within the Estimator window, as well as within the Treatment Plan transaction log.

When you double-click on any procedure in the Estimator, the Edit or Delete Procedure dialog box will appear. You can make changes to the procedure using the features here.

Update Fees

To maintain the integrity of your treatment plan estimates, Easy Dental will never automatically update the fee of a procedure assigned to a treatment plan. If your fees have changed since the time the treatment plan was given to the patient, you can indicate to Easy Dental that you wish to update the patient's treatment plan to reflect any fee schedule changes. To update the fees for a single or multiple treatment plans, complete the following steps:

1. Click Update Fees

Click the Update Fees button from the Estimator's toolbar. The Update Treatment Plan Fees dialog box will appear.

2. Select Current or All Patients

If you wish to update the fees for the currently selected patient only, mark Current Patient. If you wish to update the fees for all patients in your practice with a treatment plan, mark All Patients.

3. Enter Procedure Code Range

To update procedures in a certain range, click the From search button and choose the start-ing procedure for the range. Click the To search button and select the ending procedure for the range. If you wish to update all procedures, leave at <ALL>.

4. Enter Procedures Dated Before Date

If you want to update procedures prior to a certain date, enter the date here. Only treatment-planned procedures dated on or before this date will be updated with the new fees.

5. Select Tx Provider

Select the desired provider(s). Only treatment-planned procedures performed by the se-lected provider will be updated. Check ALL to update procedures for all providers.

6. Select Billing Type

Select the desired Billing Type(s). Only treatment-planned procedures for patients with the selected Billing Type will be updated. Check ALL to update procedures for all Billing Types. (This option will be greyed out if Current Patient is selected.)

7. Click Update

Click the Update button to update the fees according to the options specified.

Note: In some instances, certain fees will not be updated if the patient's treatment plan is open at another workstation. If this occurs, a message will appear containing a log file with the patient's name. It is suggested that you print the log file and perform the update on the selected patient at a later time.

Treatment Plan Orders

You can assign order numbers to procedures within the procedure list. Order number refers to sequence of treatment, usually in terms of appointment; i.e., procedures with an Order of 1 will be completed in the first visit, order 2 procedures will be completed in the second visit, etc. Order numbers can be used when scheduling appointments or when designating the seriousness of a condition. Procedures in the Estimator are listed in the order assigned.

To Change or Assign the Order of a Procedure:

1. Highlight Procedure
Highlight the procedure within the Estimator.

2. Click Set Order
Click the Set Order button on the toolbar. A list of numbers and letters will appear in a drop-down menu.

3. Choose Order Number/Letter
Choose the desired order number or letter. The procedure will then be grouped with other procedures with the same order number/letter.

1	14	A	N
2	15	B	O
3	16	C	P
4	17	D	Q
5	18	E	R
6	19	F	S
7	20	G	T
8	21	H	U
9	22	I	V
10	23	J	W
11	24	K	X
12	25	L	Y
13	26	M	Z

Order numbers help in grouping procedures for appointments.

How does ordering a Treatment Plan help the office?

Ordering a Treatment Plan allows you to organize treatment into logical and cost-effective groups. Since most patients don't work a $500 dental bill into their monthly budget, suggesting to a patient that they come in and have a large amount of restorative work completed at one time is very much like presenting a diner with an elephant and asking them to chow down. In spite of the diner's hunger and willingness to eat, there will be a feeling that there is no way that the entire elephant can be eaten. However, by dividing the "elephant" or cost of treatment into manageable pieces, the patient feels more comfortable commiting to the treatment plan.

Printing from the Estimator

You can print a Treatment Plan report detailing the patient's personal information, treatment plan (including order number, procedure, tooth number, fee, patient portion, and insurance portion), total charges, insurance benefit summary, and notes.

1.   Click Print

Click the Print button in the toolbar to open the Print dialog box.

2.   Select Printer

To choose a printer, click once on the down arrow button next to the Printer box to view a list of available printers.

3.   Enter Notes (Optional)

Enter any necessary notes. Any default notes that have been entered (see the next section) will already appear here.

4.   Select Print Options

The three print options you have available from the Estimator are (all items that are checked will print):

- **Sub Totals by Order** will insert a sub total between order groups.

- **Insurance Benefits** will print a summary of the patient's insurance benefits at the bottom of the treatment plan.

- **Treatment Plan Note** will print any note typed in the edit box on the right side of the Print dialog box.

5.   Click OK

Click OK when you have made your selections.

Default Note

To attach a short message to each treatment plan:

1.   Click Default Note

Click the Default Note for Printing button. The Treatment Plan Note box will appear.

2.   Type Note

Type the message in the Note box. You can insert the current date by choosing the Insert Dateline button.

3.   Click OK

Click OK when finished typing. Click the Clear button if you wish to delete all notes entered.

Prescriptions

In This Section:

- Adding Prescription Types

- Selecting a Printer

- Assigning a Prescription

- Printing the Prescriptions Report

The Prescriptions window is designed to help you quickly create and accurately track medicines prescribed for your patients. To begin using Prescriptions, you must first complete a few setup steps. The following sections will walk you through the setup process of adding prescription types and selecting a printer. You will then learn how to assign prescriptions to patients and print a prescriptions report.

Adding Prescription Types

1. Click Practice Setup | Prescription Setup

From the Reports window toolbar, click the Practice Setup button, and then choose Prescription Setup. The Prescriptions Setup dialog box appears.

2. Click New

Click the New button. The New Standard Prescription dialog box appears.

Type a description for the prescription. The description should help you identify the Prescription. The description will not print on patient prescriptions.

Type the drug information. This prints on the prescription form. You may enter up to 50 characters.

Type the dosage interval and any instructions that should print on the prescription form in the SIG box.

Mark Dispense as Written if the pharmacy should only use the drug named on the prescription.

Enter the number/amount of the medication to dispense in the Disp box.

Mark Generic Substitution Permitted if the pharmacy may fill the prescription with a generic version of the medication.

If the prescription may be refilled, enter the number of times to refill in the Refills box.

If you desire to give the patient instructions regarding the prescribed medication, type these instructions in the note field. The notes will print below the prescription form.

3. Type Description

Type a description for the prescription. You may enter up to 50 characters. The description does not print on the Patient Prescription form, but helps you to identify the prescription when assigiaing it to a patient.

4. Type Drug Name

Type the drug information. This prints on the prescription form. You may enter up to 50 characters.

5. Type Dosage Interval and Instructions

Type the dosage interval and any instructions that should print on the prescription form in the SIG field.

6. Enter Disp Number

Enter the number/amount of the medication to dispense in the Disp field.

7. Enter Number of Refills

If the prescription may be refilled, enter the number of refills allowed in the Refills box.

8. Mark Drug Substitution Options

- Mark Dispense as Written if the pharmacy should only use the drug named on the prescription.
- Mark Generic Substitution Permitted if the pharmacy may fill the prescription with a generic version of the medication.

9. Type Notes

If you desire to give the patient instructions regarding the prescribed medication, type these instructions in the note field. The notes will print below the prescription form.

10. Click OK

Click the OK button to return to the Prescriptions Setup window. Repeat steps 2 – 10 for any other prescriptions to be set up.

Editing Prescriptions

1. Click Practice Setup | Prescription Setup

From the Reports window toolbar, click the Practice Setup button, and then choose Prescription Setup. The Prescriptions Setup dialog box appears.

2. Click Edit

Click the Edit button. The Edit Standard Prescription window appears.

3. Make Modifications

Make any changes to the default prescription.

4. Click OK

Click the OK button to return to the Prescriptions Setup window.

Deleting Prescription

1. Click Practice Setup | Prescription Setup

From the Reports window toolbar, click the Practice Setup button, and then choose Prescription Setup. The Prescriptions Setup dialog box appears.

2. Click Delete

Click the Delete button. A warning dialog box will appear. Click the Yes button if you wish to delete the prescription.

Note: Prescription Types that have been assigned to patients may not be deleted.
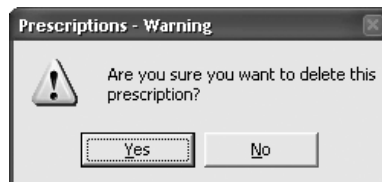
If you wish to delete a prescription, select the Yes button.

RX

Selecting a Printer

To set up a printer for your prescriptions, complete the following steps:

1. Click Practice Setup | Prescriptions Setup
From the Reports window toolbar, click the Practice Setup button, and then choose Prescriptions Setup. The Prescriptions Setup dialog box appears.

2. Click Print Setup
Click the Print Setup button. The Print Setup dialog box appears.

3. Select Printer
Select the printer you wish to use to print prescriptions.

4. Select Prescription Form
If your state requires a specific format for prescriptions, click the down arrow next to the Form field and choose the correct form.

5. Check Using Preprinted Paper (Optional)
If you will be using Pre-printed paper when creating prescriptions, check the Using preprinted paper option.

6. Check Print Number for "Disp:" as a Word (Optional)
If you need to list the number/amount of the medication to dispense as a word, check the Print number for "Disp:" as a word option. (Ex. "Four" instead of "4")

7. Check Disable Printing (Optional)
If you will be using the Prescriptions module to record prescription information but will not be printing prescriptions, check the Disable printing option.

8. Click OK
Click the OK button to save your printer selection and return to the Prescriptions Setup screen. Click Close to return to the Reports window.

Assigning Prescriptions

1. Select Patient

From any Easy Dental module (except the Reports window), select a patient.

2. Click Prescriptions

From the Easy Dental module toolbar, click the Prescriptions button. The Patient Prescription window appears.

Prescriptions previously assigned to the patient are displayed here.

To view medical alerts, click the red plus button.

Prescriptions for: Marcia Brolin

Date	Description	Drug Name	Prescriber
02/09/2005	Amoxicillin	Amoxicillin 250 mg	DDS2

✓ Not a standard prescription

| New | View | Delete | Reports | Help |

To create a new prescription for this patient, click the New button. To view an existing prescription, highlight the prescription and then click the View button.

To delete a prescription for this patient, highlight the prescription and then click the Delete button. If a prescription is deleted, the Rx information will be added to the Audit Trail Report.

RX

3. Click New

Click the New button. The New Patient Prescription dialog box appears.

New Patient Prescription

Description:
Peridex

Drug Name:
Peridex3x 16 oz

Sig :
Rinse with 1/2 oz 2 times daily

Disp: 1
Refills: 0

○ Dispense as Written
● Generic Substitution Permitted

Notes:
Rinse with a capful of this solution every day
after breakfast and at bedtime until it is gone.

Prescriber:
DDS2   Simpson, Dale D

| Print | OK | Cancel |

Click the down arrow next to the description box. Select the desired prescription. If needed, you can customize the drug and dosage information.

Select the provider who is prescribing the medication.

4. Select Prescription Type

Click the down arrow to the right of the Description field. A list of available prescriptions appears. Highlight the desired prescription type.

5. Customize Prescription (Optional)

If desired, customize the prescription information for the patient.

- Change the drug name by modifying the Drug Name box.

- Change the dosage interval and instructions by modifying the SIG box.

- Change the amount to dispense by modifying the Disp box.

- Change the refill amount by modifying the Refills box.

- Change the drug substitution by marking the desired options.

- Change the patient instructions by modifying the Notes box.

6. Select Prescriber

Select the provider who is prescribing the drug.

7. Click Print

Click the Print button to print the prescription. The prescription will print to the printer selected in the Prescription Setup window. (To select a different printer, see *Selecting a Printer* in this chapter.) The prescription will be added to the list of patient prescriptions in the Patient Prescription Dialog Box.

Printing the Prescriptions Report

The Prescriptions Module includes a report that allows you to see which drugs have been prescribed to which patients in a date range. To print the Prescriptions report, complete the following steps:

1. Select Patient

From any Easy Dental module's toolbar, click the Select Patient button. Type the first few letters of a patient's last name. Select the desired patient and click the OK button.

2. Click Prescriptions

From the toolbar, click the Prescriptions button. The Patient Prescriptions window appears. All previously created prescriptions for the patient are listed. The Prescriptions window displays the date the prescription was created, the description, drug name, and prescriber for each prescription. A check mark to the left of the date indicates that a change was made to the default prescription type.

3. Click Reports

Click the Reports button. The Prescription Reports dialog box appears.

Select the range of patients to print, or leave the setting at ALL to print all patients.

Highlight the drugs that you wish to see listed on the report.

Highlight certain providers. Only prescriptions written by the selected providers will be listed on the report.

Edit or accept the Date Range. Only prescriptions created during the date range will be listed on the report.

Mark Patient to sort the report alphabetically by patient. Mark Drug to sort the report by drug name.

RX

4. Enter Patient Range (Optional)
Select the range of patients to print, or leave the setting at ALL to print all patients. To print a range of patients:

- Click the search button to the right of the From field and select the starting patient for the range.

- Click the search button to the right of the To field and select the ending patient for the range.

5. Select Drug(s) (Optional)
Highlight the drugs that you wish to see listed on the report. Only prescriptions created for the selected drugs will be listed. Check the Select All box to include all drugs on the report.

Note: You can select more than one drug by pressing the CTRL key on your keyboard while selecting a drug.

6. Select Provider(s) (Optional)
Highlight certain providers. Only prescriptions written by the selected providers will be listed on the report. Check the Select All box to include all drugs on the report.

Note: You can select more than one provider or drug by pressing the CTRL key on your keyboard while selecting a provider or drug.

7. Enter Date Range

Edit or accept the Date Range. Only prescriptions created during the date range will be listed on the report.

8. Mark Sort Option

Mark Patient to sort the report alphabetically by patient. Mark Drug to sort the report by drug name.

9. Click Print

Click the Print button to print the report. The report is sent to the Prescriptions Printer selected in the Prescriptions Setup window. (For information on changing the Prescriptions Printer, see *Setup a Printer* in this section.)

Contacts

In This Section:

- The Contacts Window Areas

- Tracking Patient Contacts

- Customizing the Display

- Manual Contacts Entries

- Printing Contacts

The Contacts module acts as a contact manager for your office. All correspondence and contacts made with a patient can be recorded and tracked. Like a journal of your daily activities, the Contacts module has two main functions: to keep a record of past events and to log reminders of future events.

The Contacts Window

Click here to expand the list.

Click here to collapse the list.

Click here to change the view options.

Click here to view only entries for the selected patient or the entire family.

Click here to show or hide more information on a selected entry.
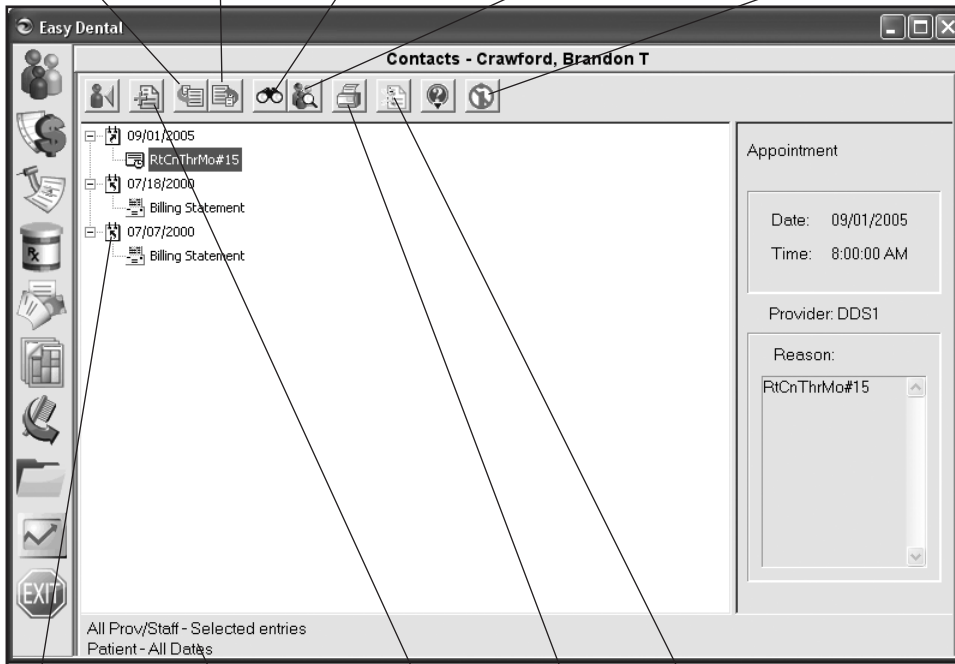
A left arrow indicates a past entry. A right arrow indicates a future contact.

The view options you have selected will be displayed here.

Click here to add a contact entry.

Click here to print the contact list.

Click here to delete the selected contact.

Tracking Patient Contact(s)

As a record of past events, the Contacts module allows you to keep a comprehensive record of contact made between your office and your patients. You can view the Contacts window by patient or family. Automatic entries will be added for letters, billing statements, appointments, payment plan notes, payments, and privacy requests.

Letters

When letters are generated for patients (either through the Reports module or Quick Letters) and "Add to Contacts" is checked, the letter will be noted in the Contacts module. The entry will include the date, provider, and the name of the letter that was created.

Billing Statements

Any time a Billing Statement is generated for an account, the Contacts module will record the date of the bill, the account balance, and the "Please Pay" amount from the statement.

Letters, billing statements, appointments, payment plan notes, and payments will be automatically entered.

The user can input manual entries such as reminders, phone calls, or misc. notes.

Each contact type is represented by a different symbol.
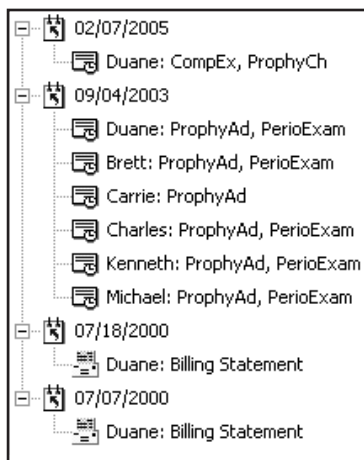
Appointments

The Contacts module will display the following appointment information:

- Existing Appointments–Includes the date, time, appointment provider and the appointment reason.

- Purged Appointments–When an appointment is purged, the Contacts module will record the original date, time, reason, and provider for the purged appointment.

- Broken Appointments–When an appointment is broken, the Contacts module will record the original appointment date, time, reason, and provider.

Payment Plan Notes

Any Payment Plan Notes you have entered can be displayed in the Contacts window along with the date, provider, and the actual note.

Payments

Insurance and Patient payments can be displayed along with the date, provider, and the amount.

Note: Family Payments will be displayed when viewing the Head of House or the entire family.

Customizing the Contacts Display

To customize what types of entries are displayed in the Contacts module, complete the following steps:

1. Click View Filters

From the Contacts module toolbar, click the View Filters button. The View Filters dialog box appears.

CONTACTS

Choose the information you wish to display in the Contacts window by highlighting the desired Entry Types.

Choose which provider/staff members you wish to view.

Enter a cutoff date. Entries dated before the date entered will not be displayed.

View Filters

Select Journal Entry Types:
☑ All

- Appointments - Scheduled
- Billing Statements
- Broken Appointments
- EZWeb Communications
- EZWeb Eligibility Requests
- EZWeb Referrals
- EZWeb Uploads
- Financing Requests
- HIPAA Privacy
- Insurance Payments
- Letters
- Miscellaneous

Select Provider/Staff
☑ All   ☐ List Inactive

ID	Name	Status
DDS1	Stevens, David D	Primary
DDS2	Simpson, Dale D	Primary
HYG1	Hawthorne, Susan H	Secondary

Entries Dated After: |‹ALL›|

☐ Save as Default   [OK]   [Cancel]

2.   Select Contact Entry Types
Highlight the Contact Entry Types that you wish to display or check the All Contact Entry Types option. You can view the following Contact Entry Types: Appointments (purged and scheduled), Billing Statements, Broken Appointments, EZWeb Communications, EZWeb Eligibility Requests, EZWeb Referrals, EZWeb Uploads, Financing Requests, HIPAA Privacy, Insurance Payments, Letters, Miscellaneous, Patient Payments, Payment Plan Notes, Phone Calls, and Reminders.

3.   Select Provider/Staff
Highlight the Providers and Staff members you wish to view or check For All Prov/Staff.

4.   Set Cutoff Date
If you wish to only display items after a certain date, enter the desired date in the Entries Dated After field.

5.   Save as Default (Optional)
If you wish to save the options selected as the default viewing options, check Save as Default.

6.   Click OK
Click the OK button to save your settings and return to the Contacts module.

Viewing More Detail

When the Contacts module is initially opened, Contact entries are displayed according to the View Filters default. Underneath the Contact entry date you will see a picture indicating the entry type and description.

  To only see a list of entry dates, click the Collapse List button.

  To return to the expanded view, click the Expand List button.

If you wish to see even more information on a Contact entry:

1.   Select Entry
Highlight a displayed Contact entry.

2.   Click Show Information

From the Contacts module toolbar click the Show Information button. More complete information is now displayed on the right.

Note: When the Contacts module is closed your display settings are saved and used as the default settings the next time the Contacts module is opened.

Viewing Family & Patient Contacts

To display entries for an entire family, click the View Family Contacts button.

To display only the entries for a single patient, when viewing entries for the entire family, click the View Patient Contacts button.

Note: The View Family Contacts button and View Patient Contacts button toggle back and forth depending on what is being viewed. When viewing entries for a single patient, the View Family Contacts button will be displayed. When viewing entries for an entire family, the View Patient Contacts button will be displayed.

Note: If you are displaying a family member who is not the guarantor, entries for Billing Statements and Family Payments will not be displayed. These items are only displayed when viewing Family Contacts or the Guarantor.

Manual Contact Entries

Manual Contact entries can be entered. The four types of manual entries are Phone Call, Reminder, Miscellaneous, and HIPAA Privacy. These entries will include the date, time, provider/staff members, and will allow a description and note to be entered.

1.   Click Add Contact

Click the Add Contact button. The Add Contact Entry dialog box appears.

2.   Select Contact Entry Type
Click the down arrow next to the Type box. Select the appropriate type.

- Phone Call–Use if you are making a phone call to a patient. Record information regarding the conversation.

- Reminder–Use with a future date to remind the office about a contact with a patient.

- Miscellaneous–Use for any other contact with the patient for which you wish to keep a record.

- HIPAA Privacy –Use to track patient information disclosure history, and to track other privacy related notes for patients, providers, staff, and referrals.

3. Select Provider/Staff
Click the search button next to the Prov/Staff box. The Select Provider/Staff dialog box appears. Select the provider or staff member to be assigned to this Contact type.

4. Enter Description
Enter a short description for the contact entry in the Description box.

5. Enter Note
Enter a comprehensive description for the contact entry in the Note box.

6. Modify Date (Optional)
If desired, you can change the date of the contact entry.

7. Modify Time (Optional)
If desired, you can change the time of Phone Call and Miscellaneous contact entries. Type the correct time.

8. Click OK
Click the OK button to save your changes and return to the Contacts module.

Editing a Manual Entry

1. Double-click Manual Entry
Double-click on the manual entry you wish to edit (Phone Calls, Reminders, Miscellaneous, HIPAA Privacy).

2. Make Modifications
Make your changes to the contact entry.

3. Click OK
Click the OK button to save your changes.

Deleting a Manual Entry

1. Highlight Entry

Highlight the manual entry you wish to delete (Phone Calls, Reminders, Miscellaneous, HIPAA Privacy).

Note: Broken Appointments, Purged Appointments, Letters, and Changed Privacy Requests can also be deleted.

2. Click Delete Contact

From the Contacts module toolbar, click the Delete Contact button. A confirmation message box appears. If you wish to delete the entry, click the Yes button.

Note: Appointments, Appointment Notes, Billing Statements, Payment Notes, and Payment Agreement Note entries cannot be deleted.

Printing Contacts

1. Click Print

From the Contacts module toolbar, click the Print button. The Printer Setup dialog box appears. If desired, change the printer selection.

2. Click OK

Click the OK button to begin printing. Easy Dental will print whatever entries are currently being displayed in the Contacts module.

CONTACTS

CONTACTS

Schedule

In this Section:

- The Schedule Window Areas

- How to Configure/Set up the Schedule

- How to Schedule an Appointment

- Other Appointment Information options

- How to Move an Appointment

- How to Find the Next Available Appointment Time

- Using Lists

- Other Schedule Options

- Easy Day Planning

The Easy Dental Schedule will enable you to maximize a provider's valuable time by rapidly filling the work schedule weeks into the future. The easy-to-use Schedule resembles a regular appointment book, but has the added ability to make full use of your computer's ability to search for new appointment dates to find the best fit for the patient and provider.

Schedule Window Areas

The Schedule window is divided into six major areas: The Toolbar, the Date Bar, the Arrow Buttons, the Schedule of Appointments, Clipboard, and the Day - Week - Month View Buttons.

Toolbar Schedule of Appointments Date Bar Day Search Buttons Clipboard

Easy Provider Tracking Columns Day View Week View Month View
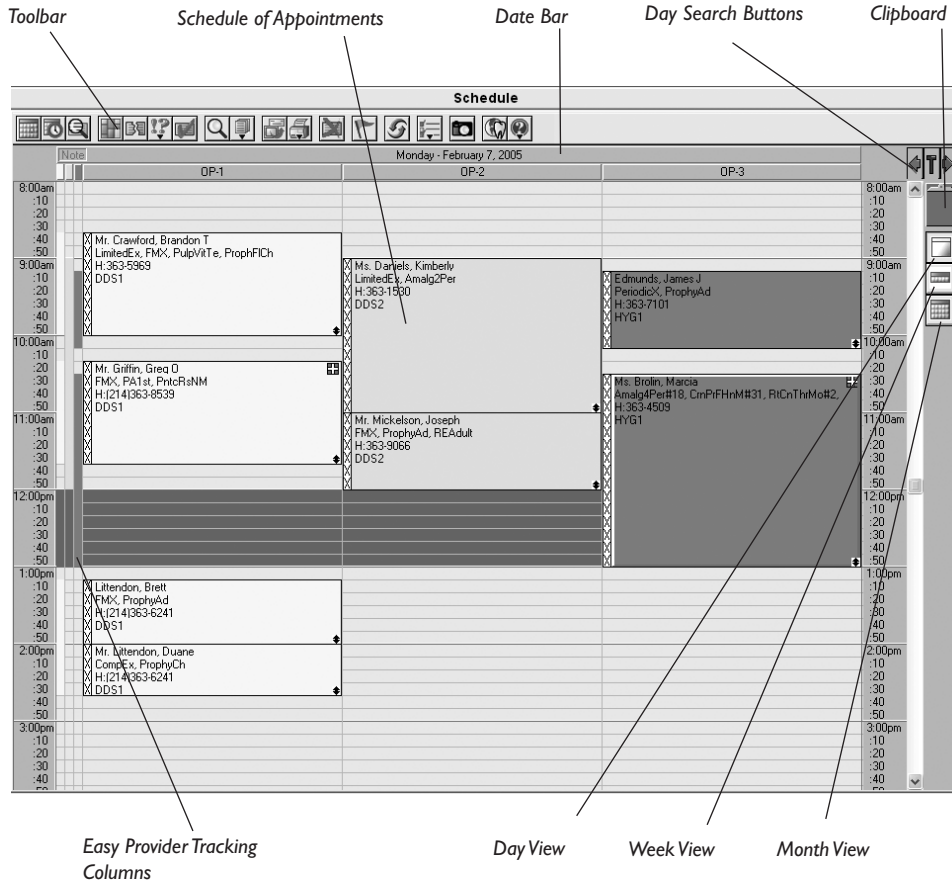
SCHEDULE

The Toolbar

The Schedule Toolbar is a collection of command buttons that allows you to initiate commands by simply clicking once on the button. The name and function of each is described below.

Schedule Appointment: Click this button to select a patient and schedule an appointment

Find Available Time: Click this button to search for and find the next available opening.

Find Appointment: Click this button to find an already scheduled appointment.

Easy Day Planning: Click to activate Easy Day Planning.

Set Complete: When an appointment is completed, click this button to post the procedures to the Accounts window.

Lists: Click this button to access the ASAP and Unscheduled Lists.

Quick Letters: Click to print a letter for the selected patient.

Print: Click this button to print a route slip or the schedule view.

Delete Appointment: Click this button to delete an appointment.

Break Appointment: When a patient cancels an appointment, click this button to remove the appointment from the Schedule and place it on the Unscheduled List.

Patient Alerts: click to view or add a Patient Alert.

Refresh: Click this button to refresh the Schedule window.

Status: Click this button to change the Appointment's status.

View: Click this button to change your view setup or create/edit a new view.

Setup: Click to set up the Provider and Practice Hours.

Patient Picture: Click to view a picture of the selected patient.

EasyWeb: Click to launch the Easy Web toolbar.

Help: Click this button to start the Easy Dental on-line help.

Date Bar

The Date Bar shows the Dates of the appointments according to the Day, Week or Month view that is selected.

Easy Provider Tracking Columns

Easy Dental displays a color column for each provider selected for that view. A colored block in that column indicates that the provider is scheduled to be working on a patient during the blocked time. If a provider has been double-booked, the color block will display white with stripes in the color assigned to that provider. If the provider column is dark blue, this indicates that the provider is not available at the selected time.

Day Search Buttons

Click the arrow pointing to the right to move forward 1 day at a time. Click on the arrow to the left to move back 1 day at a time. Clicking the T between the arrows will return you to the current day.

Schedule of Appointments

The schedule displays the basic, customizable appointment information. Each provider is assigned a color to help you quickly determine whom the patient is seeing. An appointment in the schedule can be selected by clicking on the appointment with the mouse.

To open the Appointment Information window, which shows more information about the appointment and patient, double-click on the appointment from the schedule.

Clipboard

An appointment can be moved to another day by dragging the appointment to the Clipboard and releasing it. The appointment stays there until it is placed at another desired appointment location or until the Schedule module is closed.

Note: You can also place an appointment on the Clipboard by clicking on the Clipboard Button from the Appointment Information dialog box.

Day View

This is the default view when the Schedule is first opened. Only appointments on the selected day are shown. You may also press "Ctrl" and "D" on the keyboard to switch to this view.

Week View

You may view the entire week's appointments for the operatories you're view-ing by clicking on the Week View command button in the toolbar. You may also press "Ctrl" and "W" on the keyboard to switch to this view.

Month View

By clicking the Month View icon, you can see scheduled production for each day of a month and it allows you to quickly move between days. You may also press "Ctrl" and "M" on the keyboard to switch to this view.

Drag and Drop

A scheduled appointment may be moved to any place on the screen by holding the left mouse button down while over the appointment and dragging the appointment to a new time or operatory or to a new day using the clipboard.

Schedule Setup

The Schedule can be customized or configured to meet the needs of your practice. However, in order for the Schedule to effectively assist your staff in scheduling, you must enter the times and days that your practice is open as well as entering the times and days that each provider is available to work. Once these particulars are entered and saved, Easy Dental will save you time and hassle in keeping track of provider schedules.

For example, when scheduling an appointment for a particular provider, Easy Dental will automatically verify that the provider and operatory are available for the time requested. You can also use Easy Dental to find the next available appointment for any provider.

Practice Setup

1. Click Setup

Click the Setup Button and choose Practice Setup from the Setup menu. The Practice Schedule Setup dialog block will appear.

2. Set Default Schedule

If your practice is not open on a particular day, click on the check box next to that day. (The box will no longer be checked.) Easy Dental will question an appointment set for a day not checked in this dialog box.

Select the Time Block size used in your practice.

Check the days of the week you are open for business.

Click the search button to open the Set Time Limits dialog box.

Select whether you wish the appointment amount to always be updated according to what provider and fee schedule is selected, or if you wish to have the amount entered and "fixed" so that it does not change automatically.

3. Set Working Hours

For each checked day, you will need to set the practice's working hours.

- Click on the search button located to the right of the day. The Set Time Limits dialog box will appear.

- Easy Dental allows you to break any day into three time ranges. The default for each day is 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Easy Dental will question an appointment set during a time when the practice is not open, such as 12:30 p.m.

- Change the time blocks by choosing the search button next to the start time or end time of the time block you wish to change. A Select Time control window will appear.

- Change the time by clicking on the left arrow button to decrease the time or on the right arrow button to increase the time.

- When you have selected the right time, choose the OK button to return to the previous window.
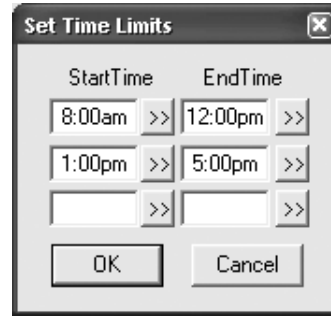
After setting the time blocks for that day, choose the OK button to return to the Practice Schedule Setup dialog box. Choose the next day and repeat the setup process for each day the practice is open.

4. Select Time Block Size

When you have finished entering daily schedules, you may want to adjust the time block size displayed in the main window of the Schedule. The default is set for 10 minute blocks. Choose the block that fits your practice best.

5. Select Appointment Amount Option

When **Always Calculate** is marked, the appointment amount will be calculated using the applicable fee schedules. If **Allow Amount to be entered/fixed** is marked, the amount will be entered as above, but can be edited.

6. Click OK

Click the OK button to save your changes.

Practice Schedule

(Including Holidays)

To set holidays or other days when the entire practice is closed:

1. Click Setup

Click the Setup button and choose Practice Schedule from the menu. The Schedule Calendar for Practice window will appear with the hours your practice will be open on each day.
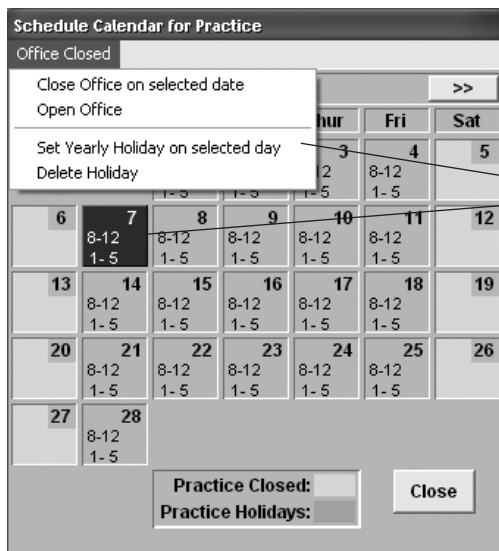
Choose the Office Closed menu item and then select the appropriate option. Whatever option you select will affect the highlighted day in the calendar.

2. Select Day

Highlight the day you wish to close the Office.

3. Click Office Closed | Close Office on Selected Date

- If you wish to close the office for a day when you would normally be open, (other than a yearly holiday), select "Close Office on selected date" from the menu. The day you selected will be marked according to the legend at the bottom of the Schedule Calendar for Practice dialog box.

- If you wish to re-open the office on a day you had previously scheduled to be closed, select Open Office from the Office Closed menu.

4. Click Office Closed | Set Yearly Holiday on Selected Day

- If you wish to set a yearly Holiday (a holiday that occurs on the same *date* each year, such as Christmas), select Set Yearly Holiday on selected day from the Office Closed menu.

- If you wish to delete a yearly holiday previously set in the system, select Delete Holiday from the Office Closed menu.

5. Change Times for a Day

To change the available time ranges for a day, double-click on the day to display the Set Time Limits dialog box.

6. Click Close

When you have finished setting up the Practice Schedule, click the Close button to return to the Schedule window. You may return to the Practice Schedule to make changes at any time.

Note: Be sure that the day being changed to closed or holiday does not already have appointments scheduled. If the day does have appointments scheduled, you will need to reschedule the appointments for a day the office is opened.

Provider Setup

The providers within your practice may all have different schedules. For example, DDS1 may prefer to take lunch at 1:00 p.m. rather than 12:00 p.m. while DDS2 is out of the office on Wednesdays. You may also set provider vacation times from this option.

To Set Provider Default Schedule

1. Click Setup

Click the Setup button and choose Provider Setup from the Setup menu. The Provider Setup dialog box will appear.

2. Select Provider and Click Setup

Select a provider you wish to set a schedule for and click on the Setup button. The Provider Setup dialog box will appear.

3. Set Default Schedule

Check the days of the week when the provider is available. (The Practice must be open to show the time as available. See the previous section, *Practice Schedule*, for information.)

4. Set Working Hours

For each checked day, you will need to set the provider's working hours. Click the search arrow next to each day the provider is working and enter the available time ranges.

5. Select Provider Alias(es)

If there are multiple IDs that represent the same provider (i.e. for insurance purposes), highlight all of the IDs that represent the same provider in the Provider Alias box.

What is a Provider Alias?

Occasionally, an office will add two provider IDs for the same person. In order for Easy Dental to prevent the two IDs from being scheduled at the same time, without the user's knowledge, Easy Dental allows you to assign "aliases." When you assign an alias to a provider, all you are doing is alerting Easy Dental to the fact that even though DDS1 and DDS2 are separate provider IDs they are actually the same person.

SCHEDULE
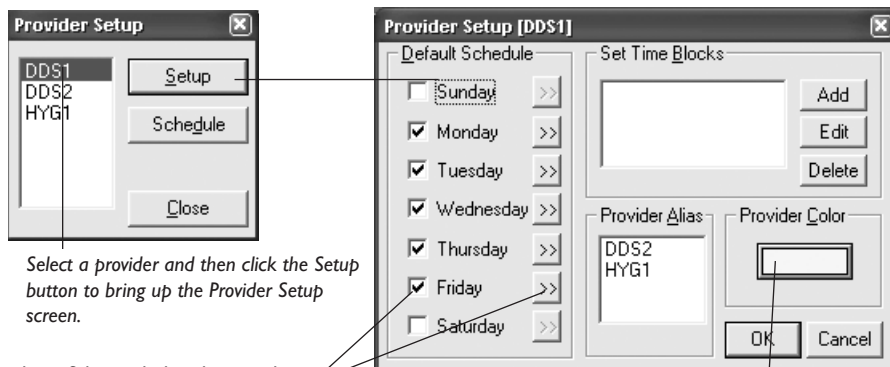
Select a provider and then click the Setup button to bring up the Provider Setup screen.

Check the days of the week that this provider will work. Click the Search button to set the hours for a day.

To set a provider's display color, click the color button. Choose a color and click OK. All appointments with this provider will now display in the selected color
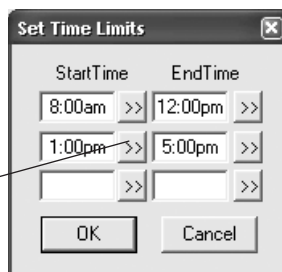
Click on the search button to change a start or end time.

Note: It is important that you mark provider aliases in the Provider Setup dialog box so that you do not double book the same provider.

6. Choose Color
Choose the color that each provider's appointments will appear in.

- Click on the Color button. The Color dialog box will appear.

- Choose the new color. Custom colors can be added to the color pallet by choosing the Define Custom Colors button.

- Click OK to return to the Provider Setup window.

Note: Be careful when choosing dark colors for providers, as you may not be able to see the font of the appointments.

7. Set Time Blocks
To create a provider time block, click the Add button. (For more information on creating and using Time Blocks, see the *Easy Day Planning* section in this chapter.)

8. Click OK
To complete and exit provider setup, click the OK button.

9. Repeat
Repeat the above process for each provider in the practice.

To Set Provider Vacation Days

1. Click Setup
Click the Setup button and choose Provider Setup from the Setup menu. The Provider Setup dialog box will appear.

2. Select Provider and Click Schedule
Select the provider you wish to set vacation for and click on the Schedule button OR double-click on the Provider. The Schedule Calendar for [provider ID] dialog box will appear.
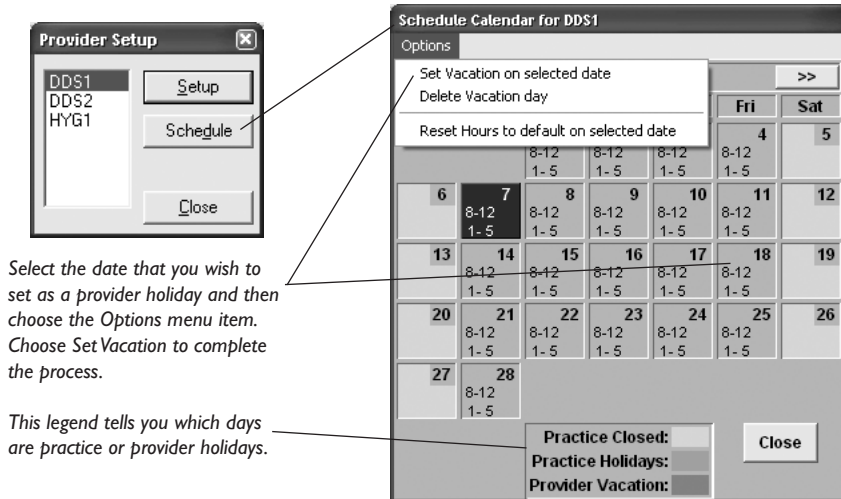
Select the date that you wish to set as a provider holiday and then choose the Options menu item. Choose Set Vacation to complete the process.

This legend tells you which days are practice or provider holidays.

3. Select Day
Highlight the day you wish to set a provider's vacation for. You can switch the month you view by using the search arrows on the left or right of the date bar.

4. Choose Options
- If you wish to set a Vacation day for the provider, select Set Vacation on selected date from the Set Vacation menu.

- If you wish to delete a vacation day that was previously set, select Delete Vacation day from the Set Vacation menu.

- If you wish to reset the hours on a selected day to the provider's default hours, select Reset Hours to default on selected date.

5. Change Times for Day
To change the available time ranges for a day, double-click on the day to display the Set Time Limits dialog box.

6. Click Close
When you have finished setting up the Provider Schedule, click the Close button to return to the main Schedule window. You may return to the Provider Schedule to make changes at any time.

Note: Be sure that a day that is being changed to Vacation does not already have appointments scheduled.

View Setup

You can customize what you see in your Schedule window, and the views can be setup differently for each workstation if you wish. For instance, this option allows you to view Hygiene appointments only in one operatory or only a specific doctor's appointments in another. You may also select what information will show on each line of the appointment in the main Schedule window.

1. Click View

Click the View button to bring up the Select View dialog box.

Select a view and click the OK button to display that view.
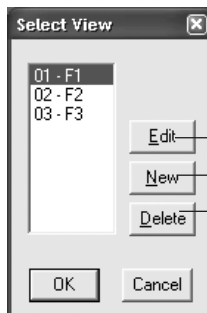
Use the Edit button to change the selected view.

Use the New button to create a new view.

Use the Delete button to delete the selected view.

Check the days of the week you wish to display in the Week at a Glance view.

Depending upon the length of the appointment, each appointment can display up to 8 lines of information. Click the down arrow to select the type of information to be displayed on each line.

Select which Provider Columns and operatories you wish to display.

Check View Appt. Notes if you wish to display a yellow note on appointments with a note.

Check View Patients' Alerts if you wish to display a red cross on appointments for patients with medical alerts.

Check View Provider Columns to display a color column on the left side of the Schedule for each provider.

SCHEDULE

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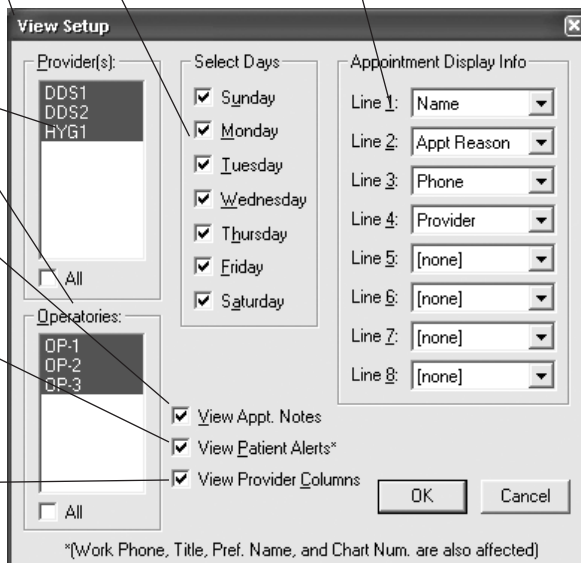
2. Highlight View and Select Desired Option
- If you wish to create a New view, click on New. The Select View dialog box will appear and you should move directly to step 3.

- If you wish to Edit an existing view, highlight that view then click on Edit. The Select View dialog box will appear and you should move on to step 3.

- If you wish to Delete a view, highlight the view then click on Delete. The view you deleted will disappear from the list of View options.

3. Select Providers

Highlight the Providers you wish to assign to this view. Selecting a provider causes the provider tracking column along the left side of the Schedule to display for the selected provider. Appointments scheduled in a displayed operatory will **always** show, regardless of the provider assigned to the appointment.

4. Select Operatories

Select the Operatories you wish to view. You may view up to ten operatories at a time.

5. Select Days

Click the check box next to the days you wish to view in the Week at a Glance window.

6. Customize Appointment Display Information

The blocks of time you set in the Practice Setup will allow you to view several lines of information depending on the length of the patient's appointment. You may choose the information that you would like to display in the Appointment window and prioritize up to eight lines of information. You can choose to view Appointment Reason on two consecutive lines so that more ranges are displayed. Use the down arrows to the right of each line to select the information you would like to display. On each line you may choose to view:

- No information [None]
- Name
- Appointment Reason
- Home Phone

- Work Phone
- Chart Number
- Provider
- Preferred Name

7. Check View Options

View Appt. Notes – This option will make a note symbol display in the upper-right corner of any appointment that has a note.

View Patient Alerts – This option causes a medical Alert symbol to appear in the upper-right corner of an appointment for a patient with medical alerts.

View Provider Columns – This option causes the Easy Provider Tracking Column to display along the left side of the schedule.

Note: If work phone, preferred name, chart number are selected, or the medical alerts option is marked, the Schedule may become a little slower because more fields are read.

8. Click OK

Click the OK button to return to the main Schedule window.

SCHEDULE

How To Schedule an Appointment

1. Double Click Operatory Date and Time

In the main Schedule window double-click on the line of the date and time you wish to make the appointment for.

OR

Click on the Schedule Appointment command button in the tool bar. The Select Patient dialog box will appear.

Enter the first few letters of the patient's last name here.

Select the patient you want to schedule an appointment for from this list.

Choose OK to continue.

Choose the New Patient button if the patient is new to the practice.

Select Patient

| A | B | C | D | E | F | G | H | I | J | K | L | M |

| N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | . | Clear |

By
- (•) Last Name
- ( ) First Name
- ( ) Preferred Name
- ( ) Home Phone #
- ( ) Chart #
- ( ) SS#

Enter Last Name (Last, First MI):
br

Name	Birthday	Provider	Status
Anderson, Timothy	12/16/1989	DDS1	
*Brolin, Marcia	05/16/1975	DDS2	
*Crawford, Brandon T	05/19/1960	DDS1	
Crawford, Sherry N	09/07/1963	DDS1	
*Daniels, Harrison	10/06/1951	DDS1	(Non-Pat)
Daniels, Kelly	12/01/1977	DDS1	
Daniels, Kimberly	11/17/1954	DDS1	

Recent Patient Selections:

*Brolin, Marcia	05/16/1975	DDS2
Nelssen, Sheila	09/30/1960	DDS1
*Mickelson, Joseph	09/07/1955	DDS1

| New Patient | More Info... | OK | Cancel |

2. Select Patient

This box allows you to enter the patient's last name, first name, preferred name, home phone number, chart number, or social security number. Mark the desired search option in the By section.

- Type in the first few letters of the patient's name (or chosen search method) or use the mouse to click on the letter or number buttons. As you type, Easy Dental will begin to search for the patient.

- Highlight the patient you wish to schedule and then choose the OK button.

- The New Appointment Information dialog box will appear.

- If you are scheduling for a new patient whose family information has not been entered in the Patients window, choose the New Patient button.

Click here to select a reason for the appointment. Click Initial to select a routine procedure. Click Tx if the patient has treatment planned work to be scheduled. Click Misc. to select a reason that hasn't been treatment planned.

Click here to choose a provider.

Click here to set or change the amount of time needed for the appointment..

This box will be red if the patient has a medical alert.

Select a Status, Schedule, and Type for the appointment if desired.

The operatory, date, and time will be entered automatically if you scheduled the appointment by double-clicking on the Schedule.

Click here to find a new appointment time.

New Appointment Information - (Brolin, Marcia)

Provider: DDS2 >>

Recall Attached: PROPHY 01/07/2005 >>

☑ Use Reason to Auto Update Recall

Reason

Initial   Tx   Misc.

Pc   Prophylaxis-adult

Length: 50 min >>

Amount: 48.96

Status: <none> ▼

Schedule: FIXED ▼

Type: General ▼

Delete   Delete All

Op: OP-2 >>

Desc:

ProphyAd

Date: 03/10/2005 >>

Time: 9:00am >>

Note:

Last Changed:

Find   Schd. Next   OK

Other Appt(s)   Wait/Will Call   Clipboard   Cancel

Click here to view other appointments for the entire family.

Click here to move the appointment information to the Unscheduled List.

Click OK to save the appointment.

Click here to save this appointment and schedule another appointment for this patient.

Click here to move the appointment to the Clipboard.

3. Select Provider

Select the provider that the appointment will be scheduled with by clicking on the search button next to Provider and highlighting the appropriate provider. The provider will default to the primary provider selected for the patient in the Patients module.

4. Attach Recall (Optional)

If "Use Reason to Auto Update Recall" is checked, then Easy Dental will automatically attach the appropriate recall type according to the reason selected for the appointment. To change the recall type attached to the appointment, click the search button next to Recall Attached. The Patient Pending Recall dialog box will appear:
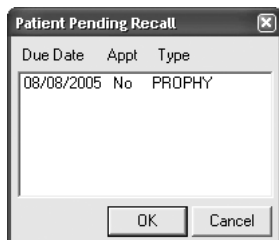
Pending Recall appears in the window. To attach a recall type to the current appointment, select the type and choose OK. If the desired type has been previously attached to an appointment, you will see "Yes" in the Appt column ("No" indicates that this recall is not attached to any appointment). You can attach each type to just one appointment.

- Highlight the Recall Types you wish to attach then click OK.

- The Recall Types selected will appear in the Recall Attached list and the date the Recall is due will appear to the right of the type.

- The default provider selected in the Patients window for recall will also be automatically attached.

5. Select Appointment Reason(s)

The Reasons list box displays all of the reasons that have been selected for the appointment by doing the following:

If you wish to choose Initial Appointment Reasons:
- Click on the Initial button. The Select Initial Reasons dialog box will appear.

- Highlight the Initial Reason and click on OK. The initial reason will appear in the Reason list box. (The Initial Reasons may be customized in Definitions. See the *Setup* chapter for more information.)
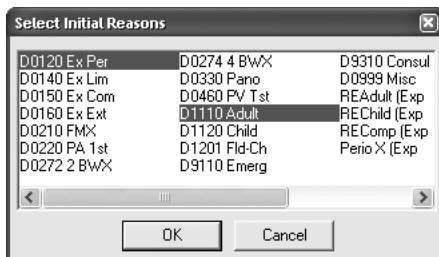
Use the inital appointment reasons if the appointment is a diagnostic or preventive visit. Select the reasons for the appointment and click the OK button. You may select more than one reason!

If you wish to choose the Treatment Plan Appointment Reasons:
- Click on the Tx button. The Treatment Plan dialog box will appear with a list of all treatment planned procedures for the patient.

- Highlight the Treatment Plan procedure(s) and choose the Close button. The Treatment Plan reason will appear in the Reason list box.

If you have treatment planned work for a patient, you may select the Tx button to attach a treatment planned reason to the appointment. Select the items to be performed on this visit and click Close.

If you have organized the treatment plan, the treatment order number will be listed in the Odr column. A 'S' in this column indicates that an appointment has been scheduled. A 'U' indicates that there is an appointment on the unscheduled list for the treatment plan.

Treatment Plan

Odr	Date	Code	Description	Tooth	Surf
?	06/27/2003	D2750	Crown-porc fuse high noble mtl	15	
?	06/27/2003	D3330	Root canal therapy - molar	15	
?	06/27/2003	D6020	Abut place/subst:endost implant		

Close

If you wish to choose Miscellaneous Appointment Reasons:

- Click on the Misc. button. The Procedure Codes dialog box will appear.

- Select the Category and Procedure Code you wish to schedule the appointment for.

Procedure Codes

Category		Procedure Code List	
[None]		D2140	Amalgam-1 surf. prim/perm
Diagnostic		D2150	Amalgam-2 surf. prim/perm
Preventive		D2160	Amalgam-3 surf. prim/perm
Restorative		D2161	Amalgam-4+ surf. prim/perm
Endodontics		D2330	Resin-one surface, anterior
Periodontics		D2331	Resin-two surfaces, anterior
Prosth, remov		D2332	Resin-three surfaces, anterior
Maxillo Prosth		D2335	Resin-4+ w/incis angle-anterior
Implant Serv		D2390	Resin composite crown, anterior
Prostho, fixed		D2391	Resin composite-1s, posterior
Oral Surgery		D2392	Resin composite-2s, posterior
Orthodontics		D2393	Resin composite-3s, posterior

OK   Cancel

Click the Misc. button to choose any procedures that have not been treatment planned. You will be able to select any procedure, but you will not be able to set the procedures complete if the procedure requires more information such as a tooth number or surface.

- Click on OK and the Procedure(s) selected will appear in the Reason list box.

If the procedure you chose requires additional information, you will see this dialog box warning you that you will not be able to set this procedure complete from the Schedule.

Schedule

This Procedure Code requires additional information (tooth #, surface, etc.). This procedure should be treatment planned. Continue?

Yes   No

Note: If the procedure requires a tooth surface or quadrant, it is better to add it to the patient's treatment plan from the Treatment Plans window.

6. Enter Description

The Appointment Description will fill in automatically as you make your Appointment Reason selections. You can edit the description or you can enter a description directly on this line.

7. Enter Length

Accept or edit the length of time needed to complete the procedure. Easy Dental will automatically calculate the amount of time needed. If additional or less time is needed:

- Click on the search button. The Appointment Time Pattern dialog box will appear.

- Click on the left arrow button to decrease the duration or choose the right arrow button to increase the duration of the appointment.
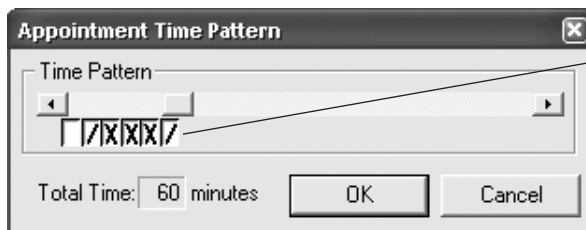
An X represents provider time. The slash / represents assistant time. The clear block represents chair time when neither the provider or assistant are present.

8. Enter Amount

Accept or edit the Amount for the appointment. Easy Dental will automatically calculate the Amount based on what procedure(s) will be performed during the appointment.

9. Select Appointment Status, Schedule, and Type

- Select the Appointment Status by clicking on the down arrow next to this option and selecting the appropriate choice.

- Set the appointment Schedule type. You have three choices: Fixed, Open and ASAP. A fixed appointment is inflexible, meaning its the only time the patient wants. Open appointments indicate that the patient is willing to change the date and time of the appointment if necessary. Click the List button on the toolbar and choose ASAP List to access the ASAP and Open list.

- Select the appointment type appropriate for this appointment. (For more information on setting up and using Appointment Types, see the *Easy Day Planning* section in this chapter.)

10. Select Operatory

Click on the search button to produce a list box of the practice's operatories. Highlight the desired operatory and then click the OK button.

11. Set Appointment Date

- Click on the search button. A calendar will appear.

- Use the right and left arrow buttons to go back one month or advance one month.

- Click on the desired date then click the OK button.

Note: The date can also be typed into the Date edit box.

SCHEDULE
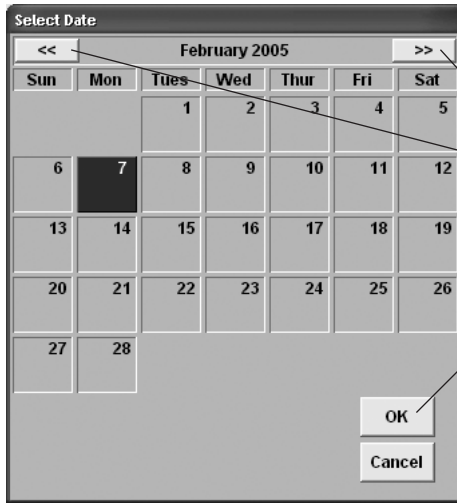
Choose the left and right arrow buttons to move the calendar forward or backward one month.

Select the date of the appointment and then choose the OK button.

12. Set Appointment Time

- Click on the search key. A Select Time box will appear.

- Use the left and right arrow keys to select the desired time.

- Choose the OK button to return to the Appointment Information screen.

Note: The time can also be typed into the Time edit box.

Choose this button to set the time before the displayed time.
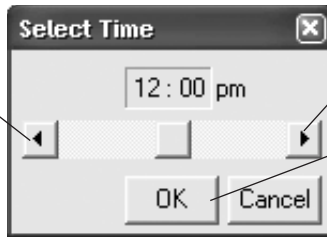
Choose this arrow button to set the time after the displayed time.

Choose the OK button to set the appointment time.

13. Enter Note (Optional)

If you would like to make a note about the appointment, you may do so now, or add one later.

14. Click OK

Click OK to accept your selections and return to the main Schedule window. The appointment you created will appear at the date and time you selected.

Scheduling Notice

When you are scheduling an appointment for a patient, Easy Dental will inform you if the patient already has an unscheduled or broken appointment. You will be asked if you wish to view the patient's appointment list so that you can determine if you want to reschedule an existing appointment or schedule a new appointment.
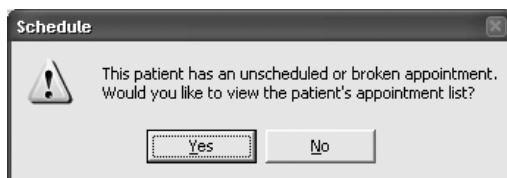
You will receive instant notification if the patient has an unscheduled or broken appointment.

Other Appointment Information

Other Appointments

If you click on the Other Appt(s) button in the Appointment Information window, the Family Appointment List dialog box will appear.

- The first box lists all Recall Types that the patient and all family members should be seen for.

- The second box lists all Appointments and pending recall for the selected family member.

- The third box lists the selected family member's pending Treatment Plan.

Highlight a family member here . . .

. . . and that patient's appointments and Recall program appear here.

The patient's scheduled Treatment Plan appears here.

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Schedule Next Appointment

If more than one appointment is to be created for the same patient, click on the **Schd. Next** button and it will:

- Create an appointment using the current information.

- Bring up a New Appointment Information dialog box for the patient.

- Increment the appointment time by the last appointment's length.

- Allow you to enter information for the next appointment.

Wait/Will Call

An appointment that cannot be scheduled yet is noted by this button. It clears the date, time and operatory and places the appointment in the Unscheduled Appointment List with a status of W/Call.

Locating an Existing Appointment

There are several options for finding an existing appointment.

If you already know the date and time of the appointment:

- Advance or reverse the screen from day to day by clicking on the red and green left and right arrows in the upper right corner of the screen. Use the up and down scroll buttons to view different times of the day.

- If you need to change months to find the appointment, click on the month button. The Calendar window will appear. Click on the left or right arrow buttons to advance or reverse the screen one month. When you've found the right month, select the correct date then choose the OK button. The Schedule will reflect your selection. Use the up and down scroll buttons to view different times of the day.

If you don't know when a patient's appointment is:

- Click once on the Find Appointment button found on the toolbar. The Find Appointment dialog box will appear.

- Enter the patient's last name. Tab to the search button and press Enter.

- All patient's appointments with that last name will appear.

- Highlight the correct appointment and choose the View Appointment button to display the appointment book with the highlighted appointment.

SCHEDULE

How to Move an Appointment

The Schedule allows you to easily change appointment dates and times without ever having to re-enter information or delete broken appointments. To move an appointment you may:

1. Open Appointment Information
Double-click on the appointment (or find the appointment using the steps listed in the previous section). The Appointment Information dialog box will appear.

2. Change Appointment Time and Date
Change the Appointment Time and Date in the Appointment Information dialog box.

3. Click OK
Click OK to accept the changes you made.

OR

1. Choose Appointment to Move
Find the appointment you wish to change so that it appears on the Schedule screen and click once on it.

2. Drag Appointment (Optional)
If you wish to move the appointment to a different time on the same day, hold down the left mouse button over the appointment, then drag the appointment to the desired time and operatory.

Note: You may lengthen or shorten an appointment by holding the mouse down on the bottom right corner of the appointment and dragging up to shorten the appointment or down to lengthen it.

OR

1. Drag Appointment to Clipboard
If you wish to move the Appointment to another day, week or month, drag the appointment up to the Clipboard icon. Release the mouse button when the appointment is directly on top of the Clipboard icon. You can also double-click on the appointment and click the Clipboard button.

2. Choose Time to Move To
Using the Calendar or arrow keys, display the day you want to move the appointment to.

3. Drag Appointment from Clipboard to Time
Click and hold on the appointment in the Clipboard. Drag the appointment to the desired operatory and time on the Schedule screen. Release the mouse button when the appointment is in the desired position.

SCHEDULE
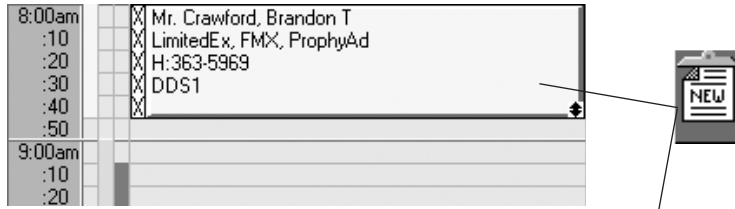
Click and hold on the appointment to move. Drag it to the Clipboard. Release the mouse button to place the appointment on the clipboard. Find a new date and time. Click and hold on the appointment (now on the clipboard) and drag it to the new location. Release the mouse button to drop the appointment in place.
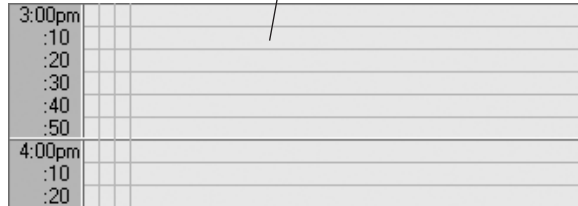
4. Confirm Move

A message box will appear asking if you want to move the appointment. Choose Yes to make the change or choose Cancel to abort and make no changes.

Find An Available Time

Let the Schedule find open time blocks for you. All you have to do is enter a few items of information and the Schedule will generate a list of available time slots.

1. Select Patient
- Click once on the Schedule Appointment button in the button bar.

- In the Select Patient dialog box enter the patient's last name.

- Highlight the patient's name and then choose the OK button. The New Appointment Information dialog box will appear.

2. Click Find Available Time

Click the Find Available Time button. The Find New Appointment Time dialog box will appear.

3. Select Provider and Operatory

Select the provider and operatory you wish to search for in the Find New Appointment Time dialog box. More than one of either can be highlighted.

4. Select Day(s)

Select the week day or days the patient can come in.

Check the days to search for here.   *Enter the date to begin the search.*   *Enter the length of time needed for the appointment.*   *Check this box to search for a specific time block.*

Select the operatory and provider you wish to search for.   *Click this button to view a list of available appointment times while viewing the Schedule.*   *Click this button to view a list of available appointment times.*

5. Enter Start Date

Enter the date to start searching from. The starting date defaults to the current date, but any starting date may be entered.

- Type the date in the Edit box.

OR

- Choose the search button to the right of the Starting Date box. A calendar will appear from which you may select the desired starting date.

OR

- You can increase the start date by days, weeks, or months at a time by selecting the appropriate button and then choosing one of the number buttons, one through six. The numbers represent how many days, weeks or months to jump ahead for the beginning of the search.

6. Select Time Range (Optional)

Set the Appointment length to the amount of time needed for the appointment by using the arrow control buttons. Select the desired time range to search for. If the patient is only available for an appointment between 9:00 a.m. and 11:00 a.m., then choose the search button next to the Time Start and Time End fields. Use the Select Time control box to set the beginning and ending time.

7. Search By Time Block (Optional)

To search for an available time within a specific time block, check Search By Time Block and select the appropriate time block. Check Search By Appt Type to search for only time blocks for a specific Appointment Type. (For information on implementing time blocks, see the *Easy Day Planning* section in this chapter.)

8. Choose Search/View OR Search

- Choose the Search/View button. The Available Appointment Times list box will appear displaying available time ranges.

Available Appointment Times

Tue 03/15/2005 1:00pm - 2:00pm	DDS1 : OP-1	
Wed 03/16/2005 1:00pm - 2:00pm	DDS1 : OP-1	
Tue 03/22/2005 1:00pm - 2:00pm	DDS1 : OP-1	
Wed 03/23/2005 1:00pm - 2:00pm	DDS1 : OP-1	
Tue 03/29/2005 1:00pm - 2:00pm	DDS1 : OP-1	
Wed 03/30/2005 1:00pm - 2:00pm	DDS1 : OP-1	
Tue 04/05/2005 1:00pm - 2:00pm	DDS1 : OP-1	

More   View   View Next   Select   Cancel

When you choose the Search/View button, this dialog box will appear on top of the Schedule.

- Highlight a time range that meets the patient's schedule. If there are no ranges that meet the patient's schedule, choose the More button to view additional ranges.

- After you have highlighted a time range, you can choose the View button to see the time range displayed on the Schedule's main screen OR choose View Next to view the next available appointment time range.

- Click the Select button to set the appointment within the highlighted time range. You will be able to return to the new appointment information dialog box with the date and time entered.

OR

- Click the Search button within the Find Appointment Time dialog box and a larger selection of available time ranges will be displayed. This option will not allow the time to be viewed in the Schedule.

- Click the Select button to set the appointment within the highlighted block of time.

SCHEDULE

Lists

 To access the Appointments, ASAP, and Unscheduled Lists, click this button.

Appointments

The Appointments list displays all appointments scheduled in the Schedule for a selected date. As a useful tool to confirm appointments, the Appointments list displays the time, status, name of patient, provider, operatory, reason, length, and patient phone number for the appointment.

Selecting an appointment in the list will bring up the Appointment Information window for that appointment. The following is an overview of the Appointments list. It will describe all menu commands and functions available.

Click here to return to the Schedule.

Choose the Status button to assign a status to the selected appointment.

Choose Refresh to make sure you are viewing the latest information.

Mon - Feb 7, 2005

Time	Status	Name	Prov/Op	Reason	Ln	Phone
9:00a		Ms. Daniels, Kimberly	DDS2/OP-2	LimitedEx, Amalg	120	363-1530
9:10a		Edmunds, James J	HYG1/OP-3	PeriodicX, Proph	60	363-7101
10:20a		Mr. Griffin, Greg O	DDS1/OP-1	FMX, PA1st, Pntc	80	(214)363-8539
10:30a		Ms. Brolin, Marcia	HYG1/OP-3	Amalg4Per#18, Cr	150	363-4509
11:00a		Mr. Mickelson, Joseph	DDS2/OP-2	FMX, ProphyAd, R	60	363-9066
1:10p		Littendon, Brett	DDS1/OP-1	FMX, ProphyAd	50	(214)363-6241

Use the Set Date button to change the date to view.

Use the View button to change how the list is compiled.

Use the Delete button to delete the selected appointment.

Set Date

Selecting the Set Date button will display the calendar dialog box. The calendar allows you to easily select a date to display all scheduled appointments.

Status

This status is the same as the status in the Schedule. If the status is changed here, the change will be reflected in the Schedule. In order to add or change a status for a given appointment on the list, it must first be selected in the Appointments List.

SCHEDULE

View

This command displays the Appointments List View dialog box and allows you to select which appointments are to be shown. This dialog box gives you the option of selectively viewing appointments by provider, operatory, appointment type, or by date span.

- If a Provider is selected, then only the appointments assigned to that provider will be shown in the list.

- If an Operatory is selected, then only the appointments assigned to that Operatory will be shown.

  Note: Only one Provider or Operatory can be selected at a time.

- When checked, the View All box will display all appointments for all providers and all operatories.

- Choosing the Save As Default button will save the current View information as the default. These default selections will ensure that the list will be "viewed" the same way in the future, until a new View default is saved.

Delete

Selecting this command will delete the selected appointment. The appointment must be selected from the list before this command is executed.

Refresh

Choosing this command will cause the Appointments list to search and display all appointments that satisfy the restrictions selected in View. If an appointment has been changed in another module or at another workstation, Refresh will update your Appointments list to reflect all changes.

ASAP List

Selecting the **ASAP List** will display a list that will contain appointments marked as ASAP or Open. The ASAP List provides you with an easy way to keep your working days fully scheduled. The ASAP List displays patients who want and/or need an appointment as soon as possible. It does this by displaying appointments by type (ASAP or Open) in the date span set within View.

Selecting an appointment in the list will bring up the Appointment Information window for that appointment. The following is an overview of the ASAP List. It will describe all menu commands and functions available.

Set Date

Selecting the Set Date button will display the calendar dialog box. The calendar allows you to easily set the beginning date of the date span for the ASAP List which becomes the "List Date."

Click here to return to the Schedule.

Choose the Status button to assign a status to the selected appointment.

Choose Refresh to make sure you are viewing the latest information.

Date	Status	Name	Prov/Op	Reason	Ln	Phone
02/07/2005		Mr. Littendon, Duane	DDS1/OP-1	CompEx, ProphyCh	40	(214)363-6241
02/07/2005		Mr. Mickelson, Joseph	DDS2/OP-2	FMX, ProphyAd, R	60	363-9066
02/07/2005		Edmunds, James J	HYG1/OP-3	PeriodicX, Proph	60	363-7101

Mon - Feb 7, 2005

Use the Set Date button to change the date to view.

Use the View button to change how the list is compiled.

Use the Delete button to delete the selected appointment.

View

This command displays the ASAP List View dialog box and allows you to select which appointments are to be shown in the ASAP list. This dialog box gives you the option of selectively viewing appointments by provider, operatory, appointment type, or by date span.

- If a Provider is selected, then only the appointments assigned to that provider will be shown in the list.

- If an Operatory is selected, then only the appointments assigned to that Operatory will be shown.

- Only the type of appointment that is selected will be shown and only those that fall within the set span of search, according to the list date.

If you wish to only view ASAP appointments of a particular provider and/or operatory, select one from the list.

Select the type of appointments to search for.

Enter the number of days ahead you wish to search for.

Choose this button to save your selections.

ASAP List View

By Provider:
DDS1 Stevens, David D
DDS2 Simpson, Dale D
HYG1 Hawthorne, Susan H

By Operatory:
OP-1
OP-2
OP-3

☑ View All

Span of Search
Days: 7

Type of Search
● ASAP ○ Open

Save as Default   OK   Cancel

SCHEDULE

- The date span is the number of days to search, starting with the date that was selected using the Calendar.

    Note: Only one Provider, Operatory, or Type of Search can be selected at a time unless View All is selected. When checked, the View All box will display all appointments for the given type and span of search, for all providers and all operatories.

- Choosing the Save As Default button will save the current View information as the default. These default selections will ensure that the list will be "viewed" the same way in the future, until a new View default is saved.

Delete

Selecting this command will delete the selected appointment. The appointment must be selected from the list before this command is executed.

Refresh

Choosing this command will cause the ASAP List to search and display all appointments that satisfy the restrictions selected in View. If an appointment has been changed in another module or at another workstation, Refresh will update your ASAP list to reflect all changes.

Status

This status is the same as the status in the Schedule. If the status is changed here, the change will be reflected in the Schedule. In order to add or change a status for a given appointment on the list, it must first be selected in the appointment list.

Unscheduled List

The Unscheduled List provides you with an easy way to view appointments that are not currently scheduled. Appointments displayed on the Unscheduled List are appointments that have been broken with the Break Appt command from the Schedule, or Wait/Will Call (those appointments that could not be specifically scheduled when the patient came in for his/her treatment plan).

Use the View button to change how the list is compiled.   *Use the Delete button to delete the selected appointment.*   *Click Refresh to make sure you are viewing the latest information.*

Mon - Feb 7, 2005

Date	Status	Name	Prov	Reason	Ln	Phone
06/28/2000	Broken	Ms. Brolin, Marcia	DDS2	Amalg3Per#3	20	363-4509
09/07/2000	Broken	Dr. Olinston, Peter W	DDS2	EmergEx	70	363-5462
02/07/2005	W/Call	Mr. Crawford, Brandon T	DDS1	LimitedEx, FMX,	50	363-5969
02/07/2005	W/Call	Littendon, Brett	DDS1	FMX, ProphyAd	50	(214)363-6241
02/07/2005	W/Call	Ms. Daniels, Kimberly	DDS2	LimitedEx, Amalg	120	363-1530

Any appointment in the list can be selected to bring up the Appointment Information window for the unscheduled appointment. The following is an overview of the Unscheduled List describing menu commands and functions available.

View

Selecting View displays the Unscheduled List View dialog box and allows you to change appointments shown in the Unscheduled List. This dialog box gives you the option of selectively viewing appointments with a given provider.

If you wish to view all unscheduled appointments for a particular provider, select one from this list.

Choose this button to save your selections.
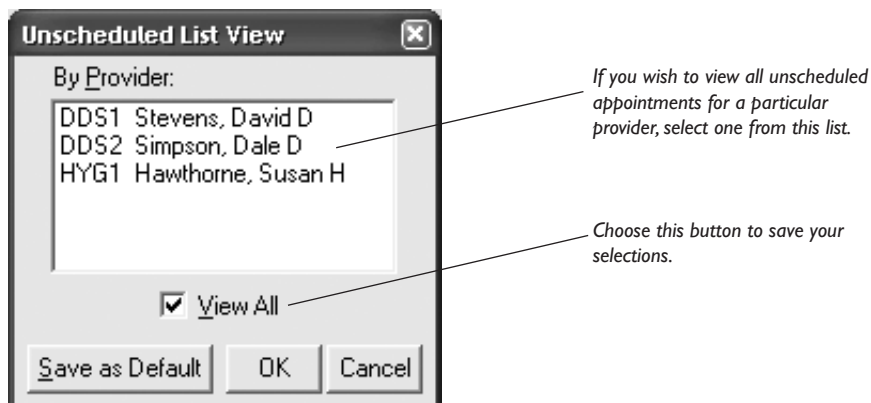
- • If a Provider is selected, then only those appointments assigned to that provider will be shown in the list.

- • Checking View All displays all appointments.

- • Checking Save as Default saves the current View information as the default. These default selections will ensure that the list will be "viewed" the same way in the future until a new View Default is selected.

Delete

Selecting this command will delete the selected appointment. The appointment must be selected from the Unscheduled List before this command is executed.

Refresh

Choosing Refresh will cause a search of the Unscheduled List that will display all appointments that satisfy the restrictions selected in View. If an appointment has been modified in another list or on another workstation, Refresh will update your Unscheduled List to reflect all changes.

Other Schedule Options

Tips

Note: *When you are scheduling an appointment for a patient, Easy Dental will inform you if the patient already has an unscheduled or broken appointment. You will be asked if you wish to view the patient's appointment list so that you can determine if you want to reschedule the existing appointment or schedule a new appointment.*

- View Existing Appointments: Select Yes to determine how best to schedule a new appointment. Easy Dental will then display the Family Appointment list.

- Create a New Appointment: To add a new appointment, select the Create New Appointment button.

OR

- Reschedule an Existing Unscheduled or Broken Appointment: Highlight the appointment to reschedule and select the View Appointment button to reschedule an existing appointment.

Breaking Appointments

When a scheduled appointment is missed or broken, this process unschedules the appointment, marks it as Broken, and moves it to the Unscheduled list.
- Find and highlight the appointment you wish to break.

- Click on the Break Appointment command button in the toolbar OR click with the right mouse button on the selected appointment and choose Break Appointment from the pop-up menu.

Click the Broken Appointment button to move an appointment from the Schedule to the Unscheduled List.

- A Warning message explaining that the appointment will be moved to the Unscheduled List will appear. Choose Yes to break the appointment OR choose No to abort the breaking process.

Deleting Appointments

This command deletes the selected appointment and removes it from all lists.
- Find and highlight the appointment you wish to delete.

- Click on the Delete Appointment command button in the button bar OR click with the right mouse button on the selected appointment and choose Delete Appointment from the pop-up menu.

Delete an appointment from the Schedule by clicking this button. The appointment will be completely removed from the system.

- A Warning message explaining that the appointment will be removed completely from all records will appear. Choose Yes to delete the appointment OR choose No to abort the delete process.

Post/Set Complete

- Select the appointment and then choose the Set Complete button in the button bar OR click with the right mouse button on the selected appointment and choose Post/Set Complete from the pop-up menu. The Set Appointment Procedures Complete dialog box will appear.

- Select the procedures you wish to post and then choose the Set Complete button. The appointment block will turn gray indicating that it has been completed.

Click this button to set an appointment complete and post the appointment procedures to the Accounts window.

Note: If the appointment is attached to Recall, you will be prompted to create a new Recall Appointment. The new appointment information will default according to the posted appointment.

Printing Schedule View

This command allows you to print a copy of the Schedule view, for use if you do not have the Schedule information in your operatories.

1. Click Print
Click the Print button and choose Schedule View. The Select View dialog box will be displayed.

Note: The Providers, Operatories, Appointment Display Info, and Time view will default according to the View currently selected for the Schedule. The Save Patient View button will save the current settings for those most commonly used for printing. The Load Print View button will retrieve the last saved settings.

2. Select Providers
Highlight the Providers you wish to include. When a provider is selected from this list, the Easy Provider Tracking Column along the left side of the Schedule will display the corresponding color for the provider. *Note: Appointments scheduled in a selected operatory will always print, regardless of the provider assigned to the appointment.*

3. Select Operatories
Highlight the Operatories you wish to display. A limit of 10 operatories will print out on the Schedule View.

4. Select Date
Select the Date you wish to have print.

5.   Select Appointment Display Info

Select the Information you wish to display for each patient. Put the eight lines of information in priority order because shorter appointments will only show the first few lines.

6.   Check Print Appointment Colors (Optional)

If you are printing the Schedule View on a Color printer, check the Print Appt Colors box.

7.   Print Schedule Note

If you want to include the Schedule Note for the day, check the Print Schedule Note option.

8.   Print Time At Right

If you wish to print the time bar on the right side of the report, as well as the left side, check this option.

9.   Select Time View

Select the time range you would like to print.

10.   Select Print OR Send to Batch

Choose the Print button if you wish to print the document directly OR click on Batch to send the Schedule View to the Batch Processor to be printed at a later time.

Route Slips

The Patient Route Slip provides:

- Patient Information including much of the Information available from the Patients and Schedule windows.

- Account Information including the Guarantor's name and phone numbers as well as billing information.

- Insurance Information including the Primary and Secondary carriers, subscribers, and group numbers as well as benefit information.

- Appointment Information including the appointment date, time, provider, operatory and status as well as a list of all procedures scheduled for the appointment.

To Print a Patient Route Slip

- Highlight the appointment you wish to print a route slip for.

- Click on the Print button and choose Route Slip OR click with the right mouse button on the selected appointment and choose Print Route Slip from the pop-up menu. The Print Route Slip dialog box will appear.

- Choose the Print button to print the Route slip directly OR choose Batch to send the Route Slip to the Batch Processor to be printed at a later time.

Select an appointment, click the Print button and choose to print a route slip for the selected patient.

Note: To print all route slips for a range of days, refer to the Daily Appointment List *section in the* Reports *chapter.*

Status

This button is used as an intra-office communication tool. The options selected from this menu will appear in the status column of the Schedule's various lists (and change the color of the appointment if applicable) for the appointment at every work station. In order to change the status for an appointment, first, select the appointment on the Schedule or List then select the status from the Status button.

Refresh

If the Schedule information has been changed in another module or at another workstation, Refresh will update the window to reflect all changes.

Alerts/Notes

You can view notes, Patient Alerts, or Medical Alerts at any time for any patient by clicking on the Red Cross , Yellow Note, or Patient Alert flag on an appointment. The Alerts/Notes window is displayed.

Medical Alerts can only be viewed here. To enter Medical Alerts, choose the Patients button. Double-click on the Medical Alerts information block and select the appropriate alert. If a Medical Alert does exist, a red cross will appear in the upper right corner of the appointment.

Appointment Notes can either be entered here or in the Appointment Information dialog box. If a note does exist for the appointment, a yellow note will appear in the upper right corner of the appointment block.

Patient Notes can be added here or in the Patients window. If you've entered patient notes in the Patients window previously, they will appear here as well.

Account Notes can be added here or in the Accounts window. If an account note has previously been entered, it can be edited.

Easy Day Planning

Many practice management consultants advocate a strategy of scheduling the "Perfect Day." A "Perfect Day" consists of just the right balance of High Production, Medium Production and Low Production procedures. Easy Dental helps to achieve that "perfect" balance by allowing you to reserve certain times during the day by blocking those times for the scheduling of specific procedure types (High Production, Low Production, etc.).

This section will discuss how to setup and use the Easy Day Planning system in Easy Dental. Look for the following topics:

- Customizing Appointment Types

- Customizing Procedure Codes

- Setting Up Time Blocks

- Activating Easy Day Planning

- Finding an Available Time Block

Customizing Appointment Types

In order to ensure that the wrong procedures are not accidentally scheduled in times reserved for specific types of procedures, Easy Dental assigns an Appointment Type to each procedure. When an appointment is scheduled in a reserved time block, Easy Dental verifies that the Appointment's Type matches the type permitted for the reserved time block.

Easy Dental includes four Appointment Types with each installation: General, High Production, Medium Production, Low Production. If necessary, these types can be deleted or changed at the time of installation and more can be added with a limit of 10.

1. Click Practice Setup | Definitions
From the Reports module, click the Practice Setup button. Next, choose Definitions to display the Practice Definitions dialog box.

2. Select Definition Type
Choose the down arrow to show the Practice Definitions list. From the list select Appointment Types. The Appointment Types will appear in the Definition box.

3. Edit Definitions
Select the Appointment Type you wish to change. Click in the Definition Text box and make any necessary changes.

4. Click Change
To save your changes, click the Change button. A warning message appears, click Yes to continue or No to abort.

Note: While Easy Dental will allow users to customize definitions at any time, to avoid problems it is best to customize only definitions that have not yet been assigned to a patient's appointment.

5. Adding New Appointment Type (Optional)
If needed, you can add additional types to the Appointment Type list. Type the new definition in the Definition Text box (this will overwrite the existing text). Click the Add button. The new definition will appear at the bottom of the list.

Customizing Procedure Codes

Each procedure code in Easy Dental can be assigned a default Appointment Type. Once a code has been properly designated, Easy Dental automatically assigns the correct Appointment Type to any appointments scheduled using that procedure code.

1. Click Practice Setup | Procedure Code Setup
From the Reports module, click the Practice Setup button and choose Procedure Code Setup. The Procedure List dialog box is displayed.

2. Select Category and Procedure
From the Procedure Code Category list, select the appropriate category. All the procedure codes associated with that category will appear in the code list box. Double-click on the code to be edited.

3. Select Appointment Type
Click the down arrow next to Appointment Type. A list of defined Appointment Types will appear. Select the appropriate type for the procedure code.

4. Save Changes and Close
Click the Save button. Next, click the Close button and then the Exit button to return to the Reports module.

Setting Up Time Blocks

Time Blocks allow you to reserve specific times in the Schedule for certain Appointment Types (e.g. Crowns, Exams, etc.). Once Easy Day Planning has been set up and activated, you will see a colored border surrounding the blocked time which contains the Time Block name and the provider assigned to that block. Anyone attempting to schedule an incorrect procedure during the blocked time will be warned and prompted to override.

1. Click Setup | Provider Setup
From the Schedule module, click Setup then Provider Setup. The Provider Setup dialog box will appear.

2. Select Provider
Select the provider for which you wish to set up a Time Block and click on the Setup button. The Provider Setup dialog box will appear.

SCHEDULE

3. Click Add
Click the Add button in the Set Time Blocks section. The Block Settings dialog box will appear.
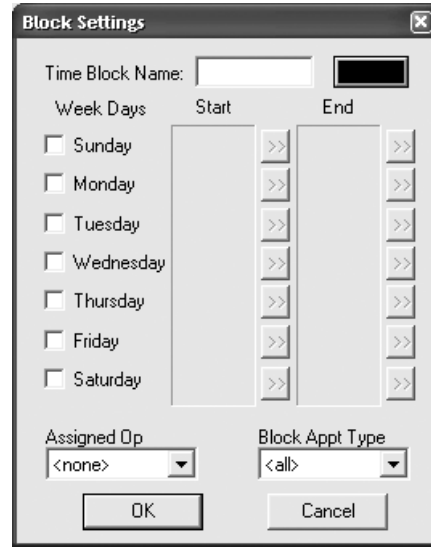
4. Enter Time Block Name
Click once in the Time Block Name field and type a short description of the block's purpose. (For example, Crowns, Exams, etc.)

5. Choose Time Block Color
Click on the color button to the right of the Time Block Name field. The Color dialog box will appear.

- Choose a color to represent the block in the Appointment Book.

- Choose the OK button to return to the previous dialog box.

6. Assign Days and Times
- Check the day(s) of the week that you wish to set the Time Block for.

- Select the desired Start and End time for each day by clicking on the respective search buttons. The Select Time dialog box will appear. Select the desired time by clicking on the left arrow to decrease the time or on the right arrow to increase the time. Once the time is selected, click OK.

7. Assign Operatory
Select the operatory where these types of procedures are performed, by clicking on the down arrow under the Assigned Op field and selecting the desired operatory.

8. Select Appointment Type
Select the Appointment Type you wish to assign to this Time Block, by clicking on the down arrow under the Block Appt Type field and selecting the desired Appointment Type.

9. Click OK
To save your Block Settings, click the OK button. Click OK to return to the Provider Setup screen. Repeat steps 3 – 9 for any additional Time Blocks. When finished click OK then Close to return to the Schedule.

Activating Easy Day Planning

To display the scheduled Time Blocks, Easy Day Planning must first be activated in the Schedule. *(*If Easy Day has not been activated, the defined Time Blocks will not be displayed in the Schedule and you will not be warned while scheduling appointments during reserved Time Blocks.) To activate Easy Day Planning, click the Easy Day Planning button on the Schedule toolbar.

Once Easy Day Planning has been activated, Easy Dental will display the defined Provider Time Blocks in the Schedule. When scheduling an appointment in a defined Time Block, Easy Dental will check both the Provider and the Appointment Type to verify that the Provider and Appointment Type match the Time Block. If either the Provider or the Appointment Type do not match, a warning will be displayed allowing you to override the Time Block setting and schedule the appointment or return to the Appointment Information dialog box.

Click to turn Easy Day Planning on and off.
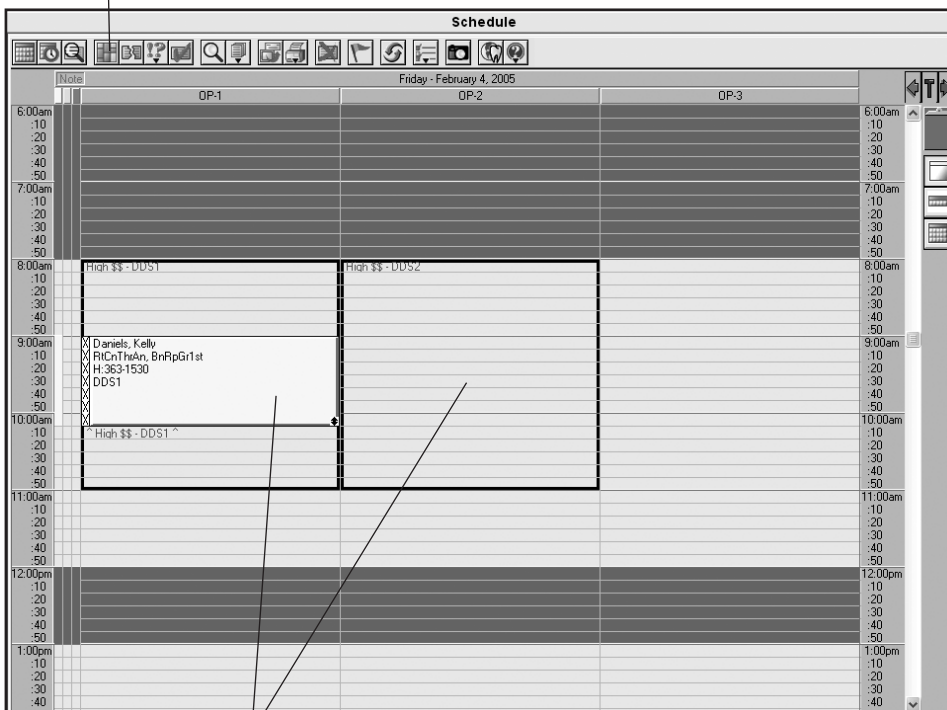
Scheduled Time blocks will be displayed when Easy Day Planning is activated. Click and drag a time block to move it to a different time in the operatory.

Note: Individual Time Blocks can be moved within their respective operatory (click on the Time Block with the left mouse button and drag to the desired time). Also, you can increase or decrease the size of the Time Block by clicking on the bottom border of the Time Block and dragging up to decrease the size of the Time Block or dragging down to increase the size of the Time Block.

SCHEDULE

Finding an Available Time Block

To quickly find the first available block, complete the following steps:

1. Select Patient

From the Schedule toolbar, click the Schedule Appointment button. Select a patient. The New Appointment Information dialog box will appear.

2. Select Provider

Change the appointment provider if necessary.

3. Select Appointment Reason(s)

Assign reasons for the appointment by clicking the Tx button or by choosing the Initial button and selecting from the list of Initial Reasons.

Note: Easy Dental will pull in the Appointment Type assigned to this procedure code. If more than one procedure code is selected, the Appointment Type for the first procedure code selected will be assigned to the appointment. (You may also change the Appointment Type as needed.)

4. Select Find

Click the Find button. The Find New Appointment Time dialog box will appear.

Check the Search By Time Block option and select the appropriate time block.

5. Find an Appointment Time

- Check the Search by Time Block box. Highlight the appropriate Time Block.

- Click the Search/View button. A list of available times will appear.

- Highlight a time and click the View button to display the date and time of the appointment in the Schedule.

- Click the Select button to select a time.

6. Click OK

Click the OK button to schedule the appointment.

Recall

In this Section:

- Assigning Recall Types to a Procedure Code

- Setting Recall Views

- Customizing Patient Recall Defaults

- Generating a Recall List

- Printing Recall Cards

Recall is an up-to-date, flexible, and powerful means for monitoring your patients' dental care. Below is a short list of the advantages the Recall system will bring to your office:

- **Multiple Recall Types:** You have five Recall types to help patients maximize their insurance benefits and dental health while you maximize production!

- **Recall Cards:** Recall allows you to efficiently separate cards for recall patients without appointments from those with appointments. Recall will save you time and money with its sorting features, and patients will see a tremendous difference in your ability to effectively communicate with them.

- **Individualized Recall:** With the Recall system, each patient can have specific defaults (including intervals, types of Recall, providers, etc.). This individualized information allows you to run your practice more efficiently while at the same time providing better care for your patients.

Assigning Recall Types to a Procedure Code

When a Recall type is attached to a procedure, each time the procedure is completed, Easy Dental will automatically update the patient's due date for that Recall type by the interval assigned to the patient. To attach a Recall type to a procedure, complete the following:

1. Click Practice Setup | Procedure Code Setup

Click the Practice Setup button from the Reports window and choose Procedure Code Setup from the menu.

2. Select Procedure

Highlight the Category and then the Procedure Code you wish to make a Recall procedure, and then click Edit.

3. Click Recall Search Button

Click the Search button in the Auto Recall section. The Select Recall Type dialog box will appear.

4. Select Recall Type

Select the appropriate Recall type and choose the Select button. Only one Recall type can be assigned to a procedure at any time.

Repeat these steps for all procedures you wish to automatically update a Recall type.

Choose this search button to assign a Recall type to the procedure.

RECALL

Setting Recall Views

The Recall Views Setup allows you to create many different ways of looking at the Recall information. To set up Views, do the following:

1. Click Views

Click the Views button from the Recall window. Choose Setup from the menu. The Recall Views Setup dialog box will appear showing all permanent views that have previously been set in your system.

2. Choose New or Edit

Click on New to add a view or highlight a view and click on Edit to edit the selected view. A Recall view box will appear where you can add or edit any of the displayed settings.

The Sort Order box in the bottom left corner allows you to customize the order in which each patient is listed on both the display and the printed list. Sorting by family allows you to look at the entire family together regardless of whether they all have the same last name.

To specify one Recall type, choose the down-arrow button and make a selection.

Type the name of the View here.

Filter the list according to the Recall Status.

Set up the list to include all those who are due. For a month, choose 1 day before and 1 month after.

Lists can be filtered by the Recall provider and billing type.

Edit Recall View

View Name: ALL

Type: <ALL>

Status: <ALL>

Sched. Appt? <ALL>

Sort Order:
Due Date
Recall Type
Recall Status
Patient Name

Due Date Span:
Before: 1 <ALL>
After: 1 <ALL>

Prior Treatment Date Span:
From: 1 <ALL>
To: 1 <ALL>

Last Visit Date Span:
From: 1 <ALL>
To: 1 <ALL>

Provider:
From: <ALL> >>
To: <ALL> >>

Billing Type:
From: <ALL> >>
To: <ALL> >>

Adjust the Sort Order list with Page Up and Page Down.

OK   Cancel

Select how you want the list sorted. Highlight the item and press the Page Up key on the keyboard to move it up in the list.

Prior Treatment refers to the last time the patient was seen for a Recall procedure. Last Visit Date refers to the last time the patient was seen for any reason.

Filter the list according to whether a patient has a Recall appointment or not. Remember that patient appointments should be attached in the Schedule before this list will filter correctly.

RECALL

Sorting alphabetically by patient name sorts by name regardless of family relationship. Use the Page Up and Page Down keys on your keyboard to move a particular sort option up or down in priority. (The Page Up and Page Down keys are usually located above the arrow keys by Home, End, Delete, and Insert.)

Customizing Patient Recall Defaults

When a patient calls, or arrives, for their Recall appointment, complete the following steps:

1.   Select Patient
Click the Select Patient button from the Patients window and select the desired patient.

2.   Open Recall
Double-click on the Recall information block. The Set Recall dialog box will appear.

3.   Set Recall
Highlight the Recall type you wish to assign and click Set.

4.   Customize Defaults
Customize the patient's Recall defaults (if different from the practice defaults listed). The defaults that can be changed for a patient are: Due Date, Due Date Interval, Prior Treatment Date, Status, Recall Note, and Provider.

5.   Click OK
Click the OK button to save your changes and return to the Patients module.

RECALL

Make any necessary changes to the patient's Recall defaults and then choose the OK button.

Recall Management

Once you have Recall set up for your practice, you should do the following on a regular basis:

1. When scheduling a Recall appointment make sure you attach the Recall type to the appointment. From the New Appointment Information screen, click on the search arrow next to Recall Attached. The Patient Pending Recall dialog box will appear. Each Recall type that has been set up for the patient will be listed along with its due date and Appt status. Under the Appt column, a **No** will appear if this recall type is not attached to any appointments, a **Yes** will appear if this recall type is attached to another appointment, and several dashes (**---**) will appear if this recall type is attached to this appointment. Highlight the appropriate Recall type for this appointment and click OK. This will link the scheduled appointment with the Recall type. A Recall type can only be attached to one appointment at a time.

2. Generate Recall cards for your patients on a monthly or weekly basis.

3. Generate a Recall list for phone scheduling.

4. As Recall appointments are completed, post them from the Schedule window. To do this, highlight the appointment in the Schedule and click on the Set Complete button (a check mark) found on the toolbar. This will add the scheduled procedures to the Accounts window. When the appointment is completed, a query will appear to "Create new Recall appointment?" Selecting Yes will bring up a dialog box for New Appointment Information with the reasons, provider, time, and operatory, defaulting from the previous appointment. The date will default to the interval set for the patient.

Choose this search button to open the Patient Pending Recall dialog box.

Highlight the Recall type you wish to attach to this appointment and click OK.

If the Find button is selected from the new Recall appointment, the Start Date will begin with the Recall due date. This automatic rescheduling feature prevents Recall patients from "falling through the cracks."

Generating a Recall List

To bring up a recall list, complete the following steps:

1. Click Recall
Click the Recall button on the left side of your Easy Dental window. The Recall module will appear.

2. Select View
Select Views from the menu bar. Click on the Recall view you wish to use.

This practice has six possible Recall view choices. The check mark indicates which view is in effect.

Note: If Temporary View is selected, the Edit dialog box for the current view will come up, allowing you to make modifications. These changes will not be permanently saved.

3. Set Date (Optional)
The default date spans used for the view are determined from today's date in the system. If you want to change the originating date for the date spans, click the Set Date button. For example, to view Recall patients for the month of June, select Next Month from the View options and then set the date to be June 1, 200x. The Due Date Span should be one day before and one month after.

4. Print List (Optional)
To print the list, click the Print button on the toolbar and choose Recall List. A list will be printed based on the current view selected.

5. Print Mailing Labels (Optional)
To print mailing labels, click the Print button and choose the type of label you wish to print. The standard 3-column labels that are used with the Recall labels are Avery 5351. *To use Avery 5160 labels, click the Maintenance button in the Reports window and choose Preferences. Choose the Print Options tab and put a checkmark next to 'Use the Avery 5160 Mailing Labels.' Click OK.*

This date indicates the patient's Recall due date.

Due Date	Type	Appt?	Status	Prior Treat.	Name	Age	Prov.	Phone
08/31/2003	PROPHY	03/04/2005		02/27/2003	*Winder, Thomas	57	Prov1	363-5495
09/02/2003	PROPHY	02/01/2005		03/01/2003	*Kent, Steven	37	Prov1	363-8504
03/02/2004	PROPHY			09/01/2003	Taylor, Nancy	44	Prov1	363-3324
08/08/2004	PROPHY	04/02/2005		02/07/2003	*Anderson, Kyle T	37	Prov1	363-1586
08/11/2004	PROPHY	05/03/2005+		02/27/2003	*Johnson, Roberta	40	Prov1	(214)363-8962
08/12/2004	PROPHY	05/01/2005		02/11/2003	Crawford, Sherry N	41	Prov1	363-5969
08/12/2004	PROPHY	09/02/2005		02/11/2003	*Edmunds, John	50	Prov1	363-7101
08/12/2004	PROPHY	07/02/2005		02/11/2003	Edmunds, Katherine	12	Prov1	363-7101
08/12/2004	PROPHY	09/03/2003		02/11/2003	*Farley, Leslie	50	Prov1	363-0213
08/12/2004	PROPHY	09/04/2003		02/11/2003	Griffin, Annette	31	Prov1	(214)363-8539

If there is nothing in the appointment column, it indicates that the patient has no appointment in the system. A date in this column indicates the patient has an appointment attached to the Recall type.

A plus sign (+) in the appointment column indicates that the patient has an appointment scheduled, but it is not attached to the Recall type.

Editing from the Recall List

The Edit button allows you to Edit the patient's setting for the highlighted Recall. You may edit the following fields: Due Date, Due Date Interval, Prior Treatment Date, Recall Note, Status and Provider.

To edit a patient's recall, select them on the Recall list and click the Edit button.

Note: Double-clicking on a patient's name from the Recall list will bring you into the Recall defaults for that patient.

Tips

Change a Due Date, Due Date Interval, Prior Treatment Date, Status, or Provider.

Edit Recall - (Daniels, Kelly)

Type: PROPHY
Description: periodic cleaning and exam
Date Set: 07/10/2000
Scheduled Appt.: 09/03/2003
Due Date: 08/19/2004
Prior Treatment: 02/18/2003
Status: [None]
Provider: ● Prov1 ○ Prov2 ○ Spec.:
Recall Note:
☑ Save as Default
OK   Cancel

RECALL

Printing Recall Cards

To Print Recall Cards:

1. Open Reports
Click the Reports button.

2. Click Letters | Recall
From Reports, click the Letters button then click the Recall button. The Recall letters list box appears with six different Recall correspondence options available by default.

For Patients Without Appointments:

3. Select Recall Cards | Click Edit
Highlight the Recall Cards option and click the Edit button. The Patient Report View Dialog box is displayed.

Choose the Recall search button to display Select Recall Ranges.

4. Modify Merge Data File and Letter Template Names (Optional)
By default, Easy Dental uses a 3 card to a page Recall Card format. If you use a different type of card, you will need to enter the appropriate Data File and Letter Template Names in the space provided. A list of available card formats follows:

Card Type	Letter Template Name
Single Card for a Dot Matrix printer	EZDLM23.doc
3 Cards to a page for a Laser printer	EZDLM40.doc
4 Cards to a page for a Laser printer	EZDLM26.doc

5. Click Recall Search Button

Click the search button next to Recall. The Select Recall Ranges dialog box is displayed.

Prior treatment allows an additional sort option — the last time the patient was seen for this Recall.

Enter a due date range here. This is the date when the patient is due, not when the appointment is scheduled.

Select the Recall type(s) for which you wish to print cards.

Select Without Attached Appointment to send cards to patients without appointments. Select With Attached Appointment to send cards to patients with a recall appointment.

6. Select Recall Type

From the Recall Type list, select the Recall Type(s) or check All to include all types.

7. Mark Appointment Option

Mark Without Attached Appointment. Easy Dental will select only those patients who do not have an appointment attached to Recall.

8. Enter Due Date Range

Enter a range of Due Dates that corresponds to the patients for which you wish to create cards. Type the beginning Due Date in the From field and the ending date in the To field.

9. Click OK

Click the OK button to return to the Patient Report view and then OK again to return to the Recall letters screen.

10. Click Create/Merge
Click the Create/Merge button. Mark Create Data File and Merge Letters and click OK.
Once the Cards appear in Microsoft Word, click on File|Print.

For Patients with Appointments:

3. Select Recall Cards | Click Edit
Highlight Recall Reminder Cards and click the Edit button. The Patient Report View Dialog
box is displayed.

4. Modify Merge Data File and Letter Template Names (Optional)
By default, Easy Dental uses a 3 card to a page Recall Card format. If you use a different
type of card you will need to enter the appropriate Data File and Letter Template Names in
the space provided. A list of card formats available is listed below:

Card Type	Letter Template Name
3 Cards to a page for a Laser printer	EZDLM42.doc
4 Cards to a page for a Laser printer	EZDLM29.doc

5. Choose Recall Search Button
Select the Recall Search button. The Select Recall Ranges dialog box is displayed.

6. Select Recall Type(s)
From the Recall Type list, select the desired Recall Type(s).

7. Mark Appointment Option
Mark With Attached Appointment. Easy Dental will select only those patients who have an
appointment attached to Recall. Click OK to close the Select Recall Ranges dialog box.

*Note: When creating cards for patients with appointments, Due Date Range should be left
blank.*

8. Enter Appointment Date Range
Click the search button next to Appointments. Enter the appropriate date range that corre-
sponds to the patients for whom you wish to create cards. Type the beginning Due Date in
the From field and the ending date in the To field.

9. Click OK
Click the OK button to return to the Patient Report view and then OK again to return to the
Recall letters screen.

10. Click Create/Merge
Click the Create/Merge button. Mark Create Data File and Merge Letters and click OK.
Once the Cards appear in Microsoft Word, click on File|Print.

RECALL

Documents

In this Section:

- Window Areas

- Setup

- Acquiring Documents

- Viewing Documents

- Documents Module Viewer

- Editing Documents

- Printing/Exporting Documents

Documents such as patient letters, EOBs, and referral letters or images such as patient pictures and x-rays can be scanned, captured, or imported in the Documents module. These documents can then be attached to patients, employers, providers, insurance carriers, and referral sources. The forms can be attached to multiple sources for use as references as well as printed or sent electronically.

When opened with a patient already selected, the Documents module will display that patient's attached documents. If no patient is currently selected, the Documents module will prompt you to select a provider and all attached documents for that provider will be displayed. When opened, the Documents module will begin loading the documents according to the filters and view selected. This may take a few minutes depending on the number of attachments. You may click Stop at any time to view a partial list consisting of what was loaded.

To make viewing documents even easier, the Documents module enables you to view attached documents by patients, providers, employers, insurance carriers, and referral sources. Filters can be selected to view documents acquired within a certain date range and assigned to a certain document type. The Documents Viewer allows you to add pages to a document, sort the pages, and adjust the color, brightness, and contrast of the image or document. The following sections will explain how to setup, acquire, and view documents within the Documents module.
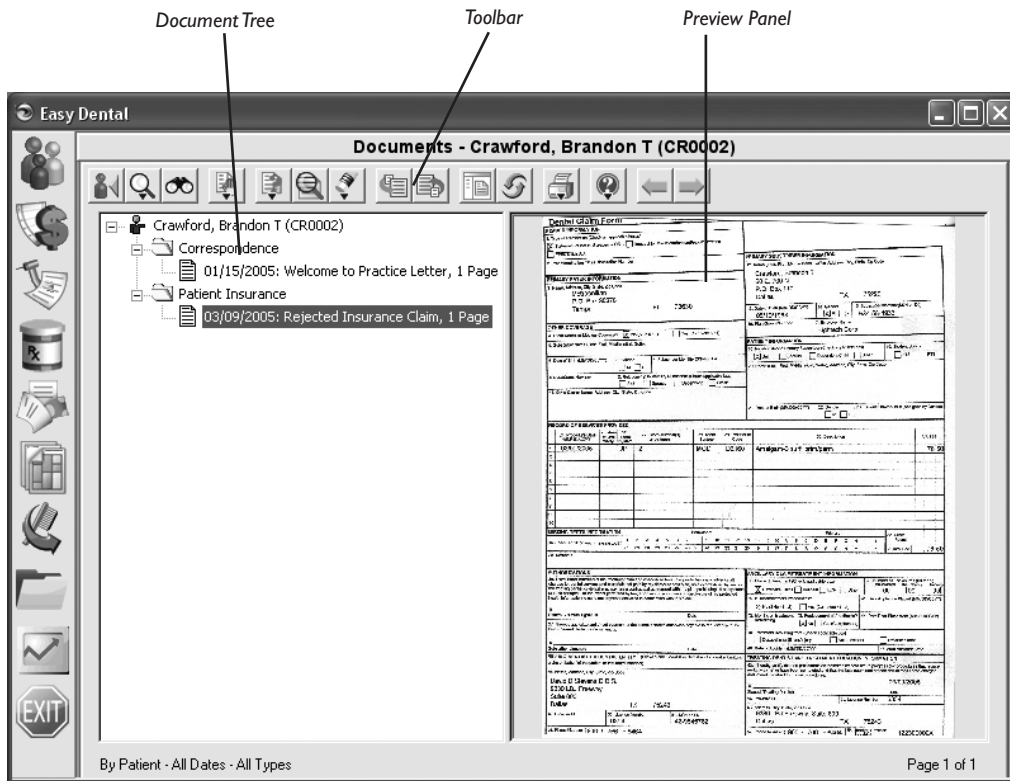
Window Areas

Document Tree

The Document Tree area lists the selected document source (patient, provider, etc.), any Document Types that have been used, and the associated documents. The + and - symbol next to the source or Document Type indicates whether the list is expanded or collapsed. Click the + symbol to view the contents under the source or type. Click the - sign to hide the contents underneath. This window is where the documents will be selected to view, edit, print, etc.

Preview Panel

The Preview Panel displays the document that is selected in the Document Tree. If the document has multiple pages, use the arrows on the toolbar to switch between the pages.

Toolbar

Click to select a different patient.

Click to view documents by patient, provider, employer, referral, and insurance.

Click to select filters for the view.

Click to acquire a new document.

Click to expand the Document Tree list.

Click to collapse the Document Tree list.

Click to hide or display the Preview panel.

Click to setup document types and preferences.

Click to refresh the Document Center list.

Click to open the Documents Viewer

Click to print a document or the Document Center List.

Click to edit, modify attachments, export, or delete a document.

Click to consult help for the Document Center.

Use the arrows to move to the previous or next page of a document.

Setup

Before using the Documents module, there are several options that should be set within the program. The Document Types Setup section will explain how to add or edit existing Document Types that are used to categorize the documents. The Preferences section will instruct you on how to setup important options including selecting a scanner or camera source for acquiring documents.

Document Types Setup

All documents within the Documents module must be assigned a Document Type. These types are used to categorize as well as describe the type of document. Document Types can be changed or added to. Complete the following steps to setup Document Types.

1. Choose Documents Setup | Document Types Setup

From the Documents module window, click the Documents Setup button on the toolbar and select Document Types Setup. The Document Types Setup window will appear.

To add a type:

2. Type Definitions
Type the definition of the Document Type you wish to add in the Description field.

3. Click Add
Click the Add button. The new type will be listed.
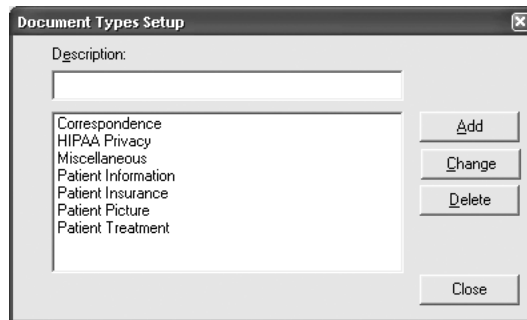
To change an existing type:

2. Select Type
Highlight the Document Type you wish to change.

3. Type Description
Type the new description of the Document Type in the Description field.

4. Click Change
Click the Change button. A message will appear warning that changing this type will affect all records to which it is assigned. Click Yes to continue or No to return to the window without changing the type. The Document Type list will now display the new description.

To delete a type:

2. Select Type
Highlight the Document Type you wish to delete.

3. Click Delete
Click the Delete button to delete the type.
- If the Document Type is not assigned to any documents, a message will appear confirming the deletion. Click Yes to delete it or No to keep the type.

- If the Document Type has been assigned any documents, a message will appear stating that the document has been assigned to one or more documents and these documents will need to be assigned to a different type. Click OK to continue. A window will appear listing the available Document Types. Select the type you wish to move the documents to. Click OK to continue, then Close to return to the Documents main module.

Preferences

Complete the following steps to setup Preferences for the Documents module:

1. Choose Documents Setup | Documents Preferences
From the Documents module, click the Documents Setup button located on the toolbar and choose Documents Preferences from the menu. The Documents Preferences window will appear with five tabs available.

2. Select Scanner Source (Optional)
Choose the Scanner tab to display a list of installed scanners. Highlight the scanner you wish to use when scanning documents into the Documents module.

3. Select Digital Camera Source (Optional)
Choose the Digital Camera tab to display a list of installed camera sources. Highlight the camera source you wish to use when capturing images for the Documents module.

4. Select Compression Type
Choose the Compression tab to select the type of compression you wish to use when storing documents within the Documents module. It is recommended that you use Perfect Quality JPEG for best results.

5. Select General Options
Choose the General tab and select the following options:
- **Directory** – the path listed here is where all documents in the Documents module will be saved on your computer. This path can be edited if necessary.

- **Print Scaling** – When documents are printed from the Documents module, you can select which scale should be used. Mark Scale to Fit Page, Scale to One-third Page, or Print Actual Size.

6.   Select Zoom Options
Choose the Zoom tab to select the Zoom Factor and Zoom options. When zooming documents in the Documents Viewer, the size will increase each click by the factor that is selected (10%, 25%, 50%, or 100%). Check Double-Click Document to View Full Screen if desired. This option will bring the image to full screen when you double-click it in the Documents Viewer.

7.   Click OK
Click the OK button to save your changes and return to the Documents module.

Acquiring Documents

Acquiring documents for Documents can be performed in the many convenient ways. A scanner or digital camera can be used to automatically import the image into Documents. The document can be imported from a file on your computer, on disk, or a file that was sent by email. Patient Pictures within Easy Dental can be imported into Documents for each patient. Finally, the Windows Clipboard copy and paste function can be used to attach any image or text. The following sections will describe how to acquire documents using these different sources.

Acquiring from a Scanner

A scanner must be installed properly and selected in the Documents module Preferences prior to importing images from it. See the section entitled *Preferences* in the *Setup* section for the steps on how to select the scanner source you wish to use. If the scanner has been setup both in Windows and selected in the Documents module, complete the following steps to import the document into the Documents module:

1.   Choose Acquire | Scanner
Click the Acquire button located on the toolbar then select Scanner from the menu. The third-party scanner software will open. Scan the image according the scanner software instructions. When the scanning is complete, the Document Information dialog box will appear.

2.   Edit or Accept Reference Date
If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents List and when it is printed.

3.   Select Document Type
Click the down arrow under Document Type and select the type you wish to assign the document to.

4.   Enter Description
You must type a description for the document in the Description field. This description will be displayed when viewing the Documents module list and when viewing the document. You can enter up to 40 characters.

5. Enter Note (Optional)

Type a note pertaining to the document in the note field. This note will not be displayed but will be seen when printed for the Documents List. Up to 255 characters can be entered.

6. Select Orientation (Optional)

If applicable, click the down arrow next to Orientation and select the orientation of the image you are attaching.

7. Attach Document (Optional)

Click the Attach Document To button to attach the scanned document. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click Select () to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to as the desired sources. Click Remove Attachment to remove the selected attachment from the Document Attachments window.

8. Click OK

Click OK to save the scanned document and attachment associations.

Capturing from a Digital Camera

A digital camera must be installed properly and selected in the Documents module Preferences prior to importing images from it. See the section entitled *Preferences* in the *Setup* section for the steps on how to select the digital camera source you wish to use. If the camera software has been installed in Windows and selected in the Documents module, complete the following steps to import the document into the Documents module:

1. Choose Acquire | Digital Camera

Click the Acquire button located on the toolbar then select Digital Camera from the menu. The third-party camera software will open. Capture the image according to the camera's software instructions. When the capture is complete, the Document Information dialog box will appear.

2. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents module list and when it is printed.

3. Select Document Type

Click the down arrow under Document Type and select the type you wish to assign the document to.

4. Enter Description

You must type a description for the document in the Description field. This description will be displayed when viewing the Documents module list and when viewing the document. You can enter up to 40 characters.

5. Enter Note (Optional)

Type a note pertaining to the document in the note field. This note will not be displayed but will be seen when printed for the Document List. Up to 255 characters can be entered.

6. Select Orientation (Optional)

If applicable, click the down arrow next to Orientation and select the orientation of the image you are attaching.

7. Attach Document (Optional)

Click the Attach Document To button to attach the captured image. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click Select () to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to the desired sources. Click Remove Attachment to remove the selected attachment from the Document Attachments window.

8. Click OK

Click OK to save the captured image and attachment associations.

Import from File

You can use this function to import images in electronic format into the Documents module.

Note: Import from File will only create a single page document in the Documents module. To acquire a multiple page document using this function, you will need to acquire the first page, then use the Add Page feature described in the Viewing Documents *section.*

1. Choose Acquire | Import from File

Click the Acquire button located on the toolbar then select Import from File. The Open window will appear.

2. Locate File

Use the down arrow next to Look in to locate the directory where the file is stored. By default, only VNS file formats will be displayed. Click the down arrow next to Files of Type to select a different file format.

3. Select File

Highlight the file you wish to import and click Open. The Document Information window will appear.

4. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents module list and when it is printed.

5. Select Document Type

Click the down arrow under Document Type and select the type you wish to assign the document to.

6. Enter Description

You must type a description for the document in the Description field. This description will be displayed when viewing the Document List and when viewing the document. You can enter up to 40 characters.

7. Enter Note (Optional)

Type a note pertaining to the document in the note field. This note will not be displayed but will be seen when printed for the Documents List. Up to 255 characters can be entered.

8. Select Orientation (Optional)

If applicable, click the down arrow next to Orientation and select the orientation of the image you are attaching.

9. Attach Document (Optional)

Click the Attach Document To button to attach the imported file. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click Select () to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to the desired sources. Click Remove Attachment to remove the selected attachment from the Document Attachments window.

10. Click OK

Click OK to save the imported file and attachment associations.

Import from Patient Picture

When viewing the Documents module for a specific patient, you can have Documents search for an associated Patient Picture and import it.

1. Choose Acquire | Import from Patient Picture

Click the Acquire button located on the toolbar then select Import from Patient Picture from the menu. If a Patient Picture could not be located for the current patient a message will appear stating such. If the Patient Picture was located, the Document Information window will appear.

2. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents List and when it is printed.

3. Select Document Type

Click the down arrow under Document Type and select the type you wish to assign the picture to.

4. Enter Description

You must type a description for the picture in the Description field. This description will be displayed when viewing the Documents List and when viewing the document. You can enter up to 40 characters.

5. Enter Note (Optional)

Type a note pertaining to the picture in the note field. This note will not be displayed but will be seen when printed for the Documents module List. Up to 255 characters can be entered.

6. Select Orientation (Optional)

If applicable, click the down arrow next to Orientation and select the orientation of the image you are attaching.

7. Attach Document (Optional)

Click the Attach Document To button to attach the imported file. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click Select () to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to the desired sources. Click Remove Attachment to remove the selected attachment from the Document Attachments window.

8. Click OK

Click OK to save the imported picture and attachment associations.

Paste from Clipboard

The Paste from Clipboard function will save the most recent contents of the Windows Clipboard (using the Copy command in Windows) as a VNS file. Due to the nature of the Windows Clipboard, text that is copied and imported into the Documents module will be unformatted and without margins. Paste from Clipboard will work best if a graphic is copied to the Clipboard or if the text is acceptable without margins.

1. Copy Desired Graphic/Text

Copy the desired graphic or text in Windows by using the Ctrl-C command or Edit Copy within a different Windows application.

2. Choose Acquire | Paste from Clipboard

Open the Documents module and click the Acquire button. Select Paste from Clipboard from the menu. The contents on the Windows Clipboard will be transferred to a VNS file and the Document Information window will appear.

3. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents List and when it is printed.

4. Select Document Type

Click the down arrow under Document Type and select the type you wish to assign the document to.

5. Enter Description

You must type a description for the picture in the Description field. This description will be displayed when viewing the Documents List and when viewing the document. You can enter up to 40 characters.

6. Enter Note (Optional)

Type a note pertaining to the document in the note field. This note will not be displayed but will be seen when printed for the Documents List. Up to 255 characters can be entered.

7. Select Orientation (Optional)

If applicable, click the down arrow next to Orientation and select the orientation of the image you are attaching.

8. Attach Document (Optional)

Click the Attach Document To button to attach the imported file. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click Select () to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to the desired sources. Click Remove Attachment to remove the selected attachment from the Document Attachments window.

9. Click OK

Click OK to save the imported document and attachment associations.

Viewing Documents

The Documents module enables you to view attached documents by patients, providers, insurance carriers, and referral sources. Filters can be selected to view documents acquired within a certain date range and assigned to a certain document type. In the Documents Viewer, documents can be added to, adjusted in brightness and color, rotated, etc. The following steps will explain how to view documents within Documents:

1. Open Documents

Click Documents button located on the left toolbar. When it is opened from a patient specific module such as the Patients module, Documents will open displaying documents for the currently selected patient. The patient's name will appear on the title bar. To select a different patient, click the Select Patient button located on Documents toolbar.

When Documents is launched without a selected patient, a window will appear listing all providers. Select the desired provider and click OK. The provider's name will now appear on the toolbar.

2. Select View By Option

Documents can be viewed to show documents attached to patients, providers, employers, insurance, and referrals. To switch to a different view, click the View By button and choose one of the following View By options:

- By Patient
- By Provider/Staff
- By Employer

- By Referred BY
- By Referred TO
- By Insurance

A dialog box will appear prompting you to select the appropriate patient, provider, employer, referral, or insurance carrier. Once selected, the view option will display on the bottom left of Documents window.

3. Select Filters

Click the Setup/Change Current Filters button located on the toolbar. The View By Filters dialog box will appear.

Document Types – Highlight the Document Types you wish to view or check All Document Types.

Include Documents Attached To – This option is only available when viewing By Patient. Check the desired options to include documents attached to the patient's provider, employer, insurance, and/or referral sources.

Reference Date – Enter a date range of the documents you wish to view or check All Dates.

Save as Default – Check Save as Default to save the settings you have selected for the next time Documents is opened.

Click OK to return to Documents viewing the selected filters.

4. Other View Options

The following is an explanation of other view options that are available on the toolbar or from the View menu in Documents.

Expand List – This button will display all of the Document Types and documents under each category in the Document Tree area according to the filters and view options selected.

Collapse List – This button will hide all Document Type folders and the attached documents in the Document Tree area.

View – This button allows you to select whose documents you wish to view. When viewing By Patient, selecting Family under the View option will display documents attached to all family members. Selecting All will list all patients, providers, employers, referrals, or insurance carriers according to the View By option that is selected.

Hide/Show Preview Panel – This button will toggle between displaying and hiding the Document Preview window.

Documents Viewer

The Documents Viewer enables you to view attached documents and make adjustments in the color, brightness, contrast, as well as add pages to the document and sort the pages in order.

1. Double-click Document
Double-click on the document you wish to view from the Document Tree area. The Document Viewer window will appear displaying the first page of the document. Other pages in the document will appear as thumbnails on the left side of the screen.

2. Viewer Options
Make adjustments to the document as desired using the following functions:

Add Page – Click this button and select the source from which you wish to import an additional page for this document.

Page Order – Click this button to select where the currently viewed page should be inserted in the document order.

Delete Page – Click this button to delete the currently viewed page from the document.

Edit Document Information – Click this button to edit document information such as the description, notes, etc.

Undo Previous – Click this button to undo whatever changes were made just previously.

Undo All – Click this button to undo all changes that have been made to the document while in Documents Viewer.

Save – Click this button to save the changes that were made to the document. If there are multiple attachments for this document, a message will appear giving you the option to change the document for all attachments or to create a new document with changes for the current attachment only. Mark the desired option and click OK.

Print Document – Click this button to print the document as it previews in this window.

Copy to Clipboard – Click this button to copy the image to the Windows clipboard.

Zoom In/Out – Click this button with the left side of the mouse to zoom in on a certain area of the document. The cursor will change to a magnifying glass. Click on the area of the document to zoom in. Click with the right side of the mouse to zoom back out. The zoom factor is selected in Documents Preferences window. See *Preferences* in the *Setup* section for more information.

Zoom Out All – Click this button to return to the original document size in one click.

Rotate – Click this button to rotate the image. You have the option to rotate 90, 180, or 270 degrees or flip the image on the X or Y axis.

Adjust Color – Click this button to adjust the color of the image. There are four options available. Choose **Adjust Red, Green, and Blue** to open a window showing the RGB color settings of the document. Use the sliding bars to make adjustments as necessary. The preview will reflect the changes made. Click OK to save the settings. Click Reset to restore the document to the original settings. Choose **Adjust Brightness/Contrast** to open a window showing the brightness and contrast of the document. Use the sliding bars to make adjustments as necessary. The preview will reflect the changes made. Click OK to save the settings. Click Reset to restore the document to the original settings. Choose **Convert to Grayscale** to change the image color to grayscale. Choose **Invert Colors** to invert the colors of the document. Click again to restore to original.

Remove Spots – Click this button to remove spots on the document or image.

Crop Document – Click this button to crop the image. The cropping tool will appear when the mouse is placed over the image. Click and drag the mouse over the desired area. The unselected area will be removed.

Show Full Screen – Click this button to show the document or image full screen. Click on the document to return to the Documents Viewer window.

3. Exit

Click the X in the top right corner to exit the Documents Viewer. If changes were made but not saved, a message will appear asking if you wish to save the changes. If there are multiple attachments for this document, a message will appear giving you the option to change the document for all attachments or to create a new document with changes for the current attachment only. Mark the desired option and click OK.

Editing Documents

Edit Document Information

Complete the following steps to edit document information such as reference date, Document Type, Description, and Note:

1. Select Document

Highlight the document you wish to edit in the Document Tree area.

2. Choose Edit Selected Document | Edit Document Information

Click the Edit Selected Document button and choose Edit Document Information or right-click on the document and choose Edit Document Information. The Document Information windows will appear.

3. Make Changes

Make the necessary changes to the Reference Date, Document Type, Description, and Note. (To edit the attachments for this document, see the following section entitled *Modify Document Attachments*.)

4. Click OK

Click the OK button to save your changes and return to Documents. Click Cancel to return without saving any changes.

Modify Document Attachments

Complete the following steps to modify who is attached to a specific document:

1. Select Document

Highlight the document you wish to modify attachments for in the Document Tree area.

2. Choose Edit Selected Document | Modify Document Attachments

Click the Edit Selected Document button then choose Modify Document Attachments or right-click on the document and choose Modify Document Attachments. The Document Information windows will appear.

3. Add Attachments (Optional)

You can add attachments by Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click Select () to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to as the desired sources.

4. Remove Attachments (Optional)

Highlight the attachment you wish to remove in the Document Attachments window. Click Remove Attachment to remove the selected attachment from the list.

5. Click OK

Click the OK button to save your changes and return to Documents. Click Cancel to return without saving any changes.

Deleting Documents

Complete the following steps to delete a document from Documents:

1. Select Document

Highlight the document you wish to delete in the Document Tree area.

2. Choose Edit Selected Document | Delete Document

Click the Edit Selected Document button then choose Delete Document. If the document is only attached to the current view, a message will appear confirming the delete. Click OK to continue with the deletion. If the document has multiple attachments, a message will appear giving the options to delete only for the current attachment or to delete from all attachment associations. Mark the appropriate option and click OK.

Printing/Exporting Documents

Printing the Documents List

The Documents List consists of the contents in the Document Tree area for the current view. It will list all attached documents according to the filters selected. To print the Document List for the current view, simply choose Print then Print Documents List from the menu. Select the desired printer and click OK.

Printing Documents

To print a specific document, highlight the desired document in the Documents Tree then click Print then Print Document from the menu. Select the desired printer and click OK. You can also print a document from the Documents Viewer. Double-click on the desired document to open the Documents Viewer. Make the desired changes (see *Documents Viewer* for more information) then click the Print Document button.

Exporting Documents

To export a document as a file, simply select the document then click the Edit Selected Document button. Select Export Document from the menu. The Export Document As window will appear. Select the appropriate location where you wish to save the file. Change the file name and file type if necessary and click Save.

DOCUMENTS

Reports

In This Section:

- The Batch Processor
- How Preview Reports Works
- Printing Reports
- Printing Letters
- Batch Insurance Claims
- Easy Export
- Easy Dental System Maintenance

Reports provides several powerful tools to enhance the management processes of your practice. These tools are:

- A report Batch Processor with Print Preview.

- A sophisticated Report and Letter generator that allows you to query the Easy Dental database and create a data merge file for Microsoft Word Letter Merge or other Windows applications such as Microsoft Excel.

- A one button feature that will create all insurance claims for the date range specified automatically.

- An accounting utility that can export production and collection totals into accounting software such as QuickBooks and Peachtree.

- Utilities that are used to setup and maintain the Easy Dental system.

Click on the Reports icon from the Module Navigation Bar to display Reports.
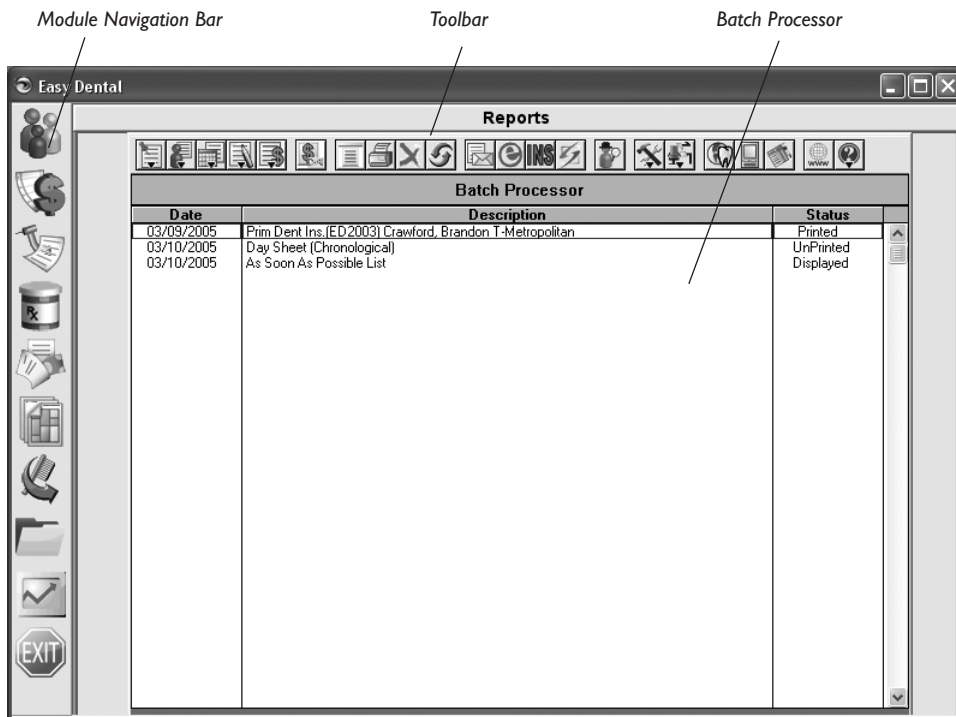
The Reports main window. Major reports and letters are generated and printed from the Reports module. Practice Analysis is accessed from this module as well.

The Reports window is divided into two areas, the Reports toolbar and the Batch Processor.

Toolbar

Reference Reports: click here to access a list of Reference Reports.

Patient Lists: click here to access a list of Patient Lists.

Schedule Reports: click here to access a list of Schedule Reports.

Management Reports: click here to access a list of Managment Reports.

Delete Reports: deletes the selected report(s).

Refresh Batch: refreshes the Batch Processor.

Letters: click here to generate letters for patients.

Electronic Claims Submission: sends claims electronically (if registered).

Help: click here to access the help module.

EasyWeb: click here to launch the EasyWeb toolbar.

Easy Export: allows you to export data into accounting software.

Account Reports: click here to access a list of Account Reports.

Billing Statements: click here to setup and generate billing statements.

Preview Reports: click here to view the selected report(s).

Print Reports: click here to print the selected report(s).

Create Insurance Claims: creates a batch of insurance claims for the selected dates.

Sullivan-Schein Dental: allows you to order products on-line if you have internet access.

Audit: allows you to print the audit trail.

Maintenance: click here to access a list of maintenance functions.

Easy Dental on the Web: click here to open the Easy Dental Website.

Easy Mobile: click here to sync data with a Palm Pilot.

Practice Setup: click here to access a list of setup options.

The Batch Processor

If there are reports that have been sent to the Batch Processor for printing, they will be shown in the Batch Processor list box area. The date shown is the date the report was generated. The description identifies the report and the status shows if the report has been printed, displayed, or sent (if a claim was sent electronically).

To Print or Display Reports from the Batch Processor

Note: Before any Reports can be printed or displayed, you must select a printer. Click the Practice Setup button on the Reports toolbar and choose Setup Printer. Highlight the printer you wish to print to and click OK. (For a list of recommended printers, call Technical Support.)

1. Select the Report(s) you wish to Print or Display

Highlight the report(s) you wish to print by pointing to them with the mouse and clicking the left mouse button.

REPORTS

To select multiple reports, hold down the right mouse button. Then, with the right mouse button held down, press the left mouse button on each report that is to be selected.

OR

To select multiple reports, hold the Ctrl key down on the keyboard while clicking the left mouse button on each report you wish to print.

Note: If you have selected reports from the list box and wish to deselect all of them, click the Refresh button from the toolbar, or just point to a different report and click on it.

2. Click the Print Button

Click the Print button. The selected items will be sent to the printer.

OR

Click on the Preview Reports button. This will launch the Preview Reports window and will display the report similar to the way it will print. Reports cannot be edited from Preview Reports.

After a report has been displayed, the status column of the Batch Processor will show "Displayed" next to the report. After the report has been printed, the status will show "Printed."

Deleting Reports from the Batch Processor

1. Select Report(s) to Delete (Optional)

Highlight the report you wish to delete by pointing to it with the mouse and clicking the left mouse button.

OR

To select multiple reports, hold down the right mouse button. Then, with the right button held down, press the left mouse button on each report that is to be selected.

OR

To select multiple reports, hold the Ctrl key down on the keyboard while clicking the left mouse button on each report you wish to delete.

2. Click the Delete Button

Click on the Delete Report(s) command button. The Delete Options dialog box will appear.

3. Choose Delete Option

Click on the radio button next to the Delete Option you desire.

- Selected Reports – deletes all highlighted reports.

- Printed Reports – deletes all reports with a Printed status in the Batch Processor.

- Displayed Reports – deletes all reports with a Displayed status in the Batch Processor.

- Sent Reports – deletes all electronic submissions with a Sent status in the Batch Processor.

- All Reports – deletes all reports, regardless of status.

Choose the reports you wish to delete and then click OK.
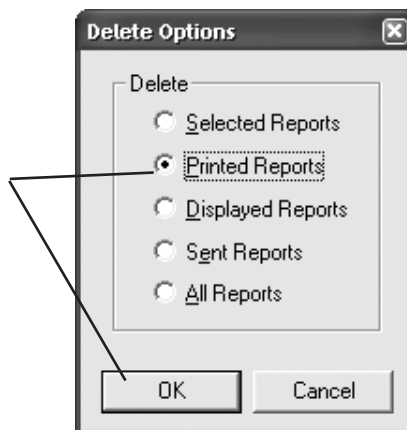
Refreshing the List

If you are working in a networked environment and someone at a different workstation adds or deletes a report on the list, the Batch Processor may not reflect their changes on your screen until you click the Refresh button. It is generally a good practice to use the Refresh feature on any of the Easy Dental modules if you want to make certain you have the most current information.

How Preview Reports Works

When displaying a report, the display will follow the format of the printed report as closely as possible. If a billing statement or insurance claim is displayed that will print a form, the form will be displayed as well.

Preview Reports allows viewing one or two pages at a time, zooming to different sizes to see more of the overall page or to see more detail, and easy navigation between reports and pages of the current report. Additional reports can be added to a current Preview session. Preview Reports also has the options of printing only one page of a report, a range of pages, an entire report, or all reports selected for a Preview session. A number of copies can also easily be specified when printing from Preview Reports.

Click for a drop-down list of all reports that were selected for Print Preview. Select a report to preview it.

Page view option lets you view one or two pages at a time.

The title of the report currently displayed appears here.

Use the up and down arrows to expand or decrease the size of the document.

Use the arrow keys to navigate pages being displayed.

Click once to print.

Exit Preview Reports.
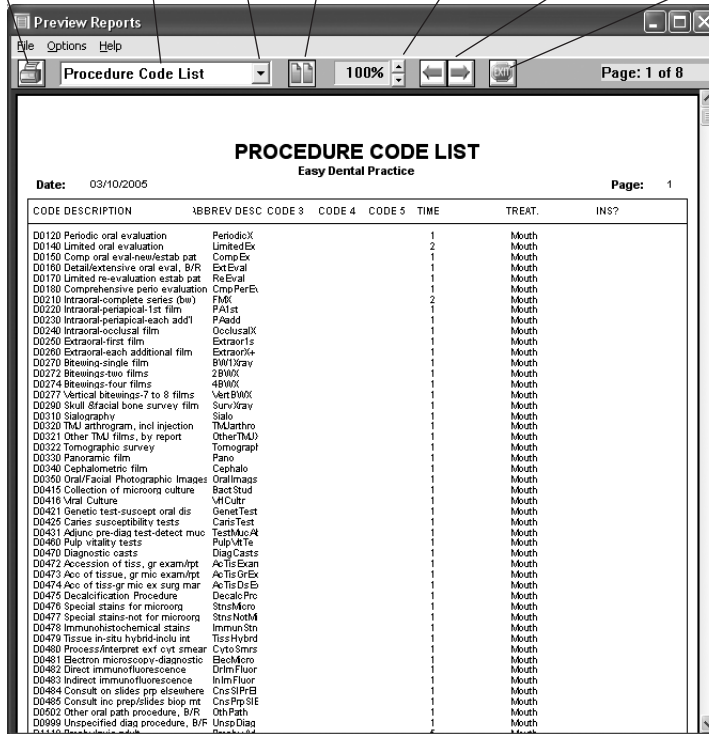
Clicking on the page automatically brings the image to 100% and clicking it again returns the image back to the initial size.

- To Print from Preview Reports

  Click the Print Report button from the toolbar to print the currently displayed report. It will be sent directly to the printer. You may also choose Print from the File menu or press the right button of the mouse while pointing at the page to get a menu with a Print Report option.

  The Easy Dental Print dialog box allows a different printer to be selected. There are options to print all scheduled reports for the current print preview session, print the currently displayed report, or select a range of pages for the currently displayed report. The number of copies can also be specified. Make the desired selections and then select OK to print.

- To Save Defaults

  From the Options menu, select Save Defaults on Exit to save the following when Preview Reports is exited (if the option is checked): the current Zoom % setting, the View One Page or View Two Page setting, and the size and location of the Preview Reports window.

- To View One Page or to View Two Pages

  Select the appropriate option from the Options menu; click on the Page button on the toolbar to toggle from one page to two pages or vice-versa; or use the right mouse button to bring up a menu with the View One Page/View Two Pages option.

There are several methods to Zoom to a different display percentage:

- Select Zoom from the Options menu, then select the desired Zoom %.

  Click on the up and down arrow keys next to the Zoom % that is displayed on the toolbar.

- Use the right mouse button while pointing at a page to display a menu with the Zoom option. Click on Zoom, then select the desired Zoom %.

  A single click with the mouse while pointing at a page will toggle between 100% and the previous Zoom %.

- Hold down the Shift key on the keyboard while clicking on the page with the left mouse button to increase the Zoom % by one increment each time until the Zoom % is 200. If the Zoom is at 200%, Shift+mouse-click will decrease the Zoom % by one increment each time until the display reaches a Zoom of 60%.

- Shift+mouse-click will continue with the last increase or decrease direction each time until a different page or report is displayed.

Select Default Page Size from the Options menu to display the report at the default Zoom %; or use the right mouse button for a menu to select the Default Page Size option.

Select Full Page Size from the Options menu to display the report at 100%; or use the right mouse button for a menu to select the Full Page Size option.

The name of the currently displayed report will be displayed on the toolbar with a drop-down arrow button next to it. Clicking on the drop-down arrow button will display a list of all of the reports that were selected for the Print Preview session. If a different report is selected from the list, it will become the currently displayed report.

Note: If more than 14 reports have been scheduled for Print Preview, a scroll bar will display to the right of the drop-down list, allowing the user to scroll to the desired report.

Remember

REPORTS

- The toolbar has a Previous Page button and a Next Page button to move backwards or forwards a page. If the first page of a report is displayed when the Previous Page button is selected, the first page of the previous report will display, if there is one. If the last page of a report is displayed when the Next Page button is selected, the first page of the next report will display, if there is one.

To exit or close Preview Reports, select Exit from the File menu; select the Exit button from the toolbar; or click on the "X" button in the upper right corner of the Preview Reports window.

How to Print Reports

Easy Dental provides many practice management reports that can be selectively printed and utilized in meeting the needs of your practice. To send a report to the Batch Processor:

1. Click a Report Category Button
Click a Report Category button. You have the following report category options:

- Reference
- Patient Lists
- Schedule

- Management
- Account
- Billing Statements

Note: The parameter settings for each of the reports that are available are explained in the following pages.

2. Choose Report
Click on the report you wish to print from that category's drop-down menu. A dialog box for the specific report's options will display. An explanation of the options for each report follows. When the report ranges and options have been specified, select OK to send the report to the Batch Processor.

3. Print Report
Follow the steps for how to Print Reports from the Batch Processor in the beginning of this chapter.

Note: For any of the Select Patient or Select Guarantor ranges, if <ALL> is changed, the name of the first patient whose name matches the characters that replace the <ALL> will be displayed in the edit box.

Remember

Reference Reports

The following Reference Reports are available. Follow the previous steps for selecting the report, then use the following section to alter any parameters.

Procedure Code List

This report will generate a list of procedure codes. This list will include the procedure code number followed by a description, abbreviated description, alternate procedure codes, the number of time units allotted for each procedure, the treatment area, and whether it can be billed to insurance.

1. Enter Report Date
The report date will default to today's date. This date can be changed if necessary.

2. Enter the Code Range
Enter the range of codes for the procedures that you wish to print, or leave at <ALL> to print all procedures. To change the range:
- Choose the top search button to select the starting procedure for the range. Click OK.

- Choose the bottom search button to select the ending procedure for the range. Click OK.

3. Include Dental Diagnostic Codes
Check this option if you wish to include diagnostic codes on the report.

4. Choose OK
Choose OK to send the report to the Batch Processor.

Dental Diagnostic Code List

This report will generate a list of dental diagnostic codes that have been entered into the system. The list will include the diagnostic code, description, and treatment area. When this report is selected, a message will appear, click Yes to send the report to the Batch Processor.

Explosion Code List

This report will generate a list of explosion codes. This list will include the explosion code, description, abbreviated description, the time units allotted, the code type, whether the code is enabled, and the procedure codes contained in the explosion code. To print the list:

1. Enter Report Date
The report date will default to today's date. This date can be changed if necessary.

2. Enter Code Range

Enter the range of explosion codes to print, or leave at <ALL> to print all of the explosion codes. To change the range:

- Choose the top search button to select the starting code for the range. Click OK.

- Choose the bottom search button to select the ending code for the range. Click OK.

3. Include Dental Diagnostic Codes (Optional)

Mark the option to include dental diagnostic codes on the list, if desired.

4. Choose OK

Choose the OK button to send the report to the Batch Processor.

Fee Schedule

This report prints a list of procedure codes and their fees for the selected fee schedule(s). This list will print the procedure code followed by a description and the fee for each selected fee schedule.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter the Procedure Code Range

Enter the range of codes that you wish to print, or leave at <ALL> to print all procedures. To change the range:

- Choose the left search button to select the starting procedure for the range. Click OK.

- Choose the right search button to select the ending procedure for the range. Click OK.

3. Select Fee Schedule Option

Select whether you wish to print just one fee schedule or a range of five, beginning with the fee schedule you selected.

4. Select Fee Schedule

Select the Fee Schedule you wish to print or the starting fee schedule in the range of five.

5. Click OK

Click the OK button to send the Fee Schedule report to the Batch Processor.

Employer List

This report prints a list of all employers including: employer name, address, and phone number. There is also an option to include the employed patients with each employer. This option will display all of the above in addition to the number of employees, employee's name, birthday, chart number, social security number, and family status.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Employer Range

Enter the range of employers that you wish to print, or leave at <ALL> to print all employers. To change the range,

- Choose the top search button to select the starting employer for the range. Click OK.

- Choose the bottom search button to select the ending employer for the range. Click OK.

3. Check Include Employees (Optional)

If you wish to list the patients employed by each employer, check the Include Employees box. If this option is marked, the name of the report will be changed to Employers and Employed Patients when printed.

4. Choose OK

Choose the OK button to send the report to the Batch Processor.

Insurance Carrier List

This report will print the carrier's name, address, phone number, contact, and all related insurance information. There is also an option to include the insured subscribers for each insurance plan, an option to include all insured patients for each plan, and an option to print mailing labels for the insurance carriers.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Carrier Range

Enter the range of insurance carriers that you wish to print, or leave at <ALL> to print all carriers. To change the range:

- Choose the top search button to select the starting carrier for the range. Click OK.

- Choose the bottom search button to select the ending carrier for the range. Click OK.

3. Select List Type

Select the list types you wish to print: Standard List, Include Subscribers (of each carrier), Include all Insured Patients, or Mailing Labels of 1 to 3 labels across. You should not check both the standard list and include subscribers options unless you want two different lists: one list will show carriers and the other will show carriers with subscribers.

4. Click OK

Click the OK button to send the report to the Batch Processor.

Standard Coverage Tables

This report prints the standard coverage tables that are setup from the Reports module. The report includes the coverage percentage, deductible, co-payment and pre-authorization flag for each range of procedures.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter the Table Range

Enter the range of tables that you wish to print, or leave at <ALL> to print all tables. To change the range:

- Choose the top search button to select the starting table for the range. Click OK.

- Choose the bottom search button to select the ending table for the range. Click OK.

3. Click OK

Click the OK button to send the report to the Batch Processor.

Insurance Coverage Tables

This report prints the coverage table that has been setup for each insurance plan.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Carrier Range

Enter the range of insurance carriers that you wish to print the coverage table for, or leave at <ALL> to print all insurance carrier's tables.

To change the range:

- Choose the top search button to select the starting carrier for the range. Click OK.

- Choose the bottom search button to select the ending carrier for the range. Click OK.

3. Click OK

Click the OK button to send the report to the Batch Processor.

Updated Ins Pmt Table

This report provides a list of the actual insurance payment for each insurance plan, as recorded in the Payment Table.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Carrier Range

Enter the range of insurance carriers that you wish to print tables for, or leave at <ALL> to print all tables. To change the range:

- Choose the top search button to select the starting carrier for the range. Click OK.

- Choose the bottom search button to select the ending carrier for the range. Click OK.

3. Click OK

Click the OK button to send the report to the Batch Processor.

Provider IDs List

This report provides a list of provider IDs by insurance carrier as entered in the Provider ID Setup window.

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Enter Provider Range
Enter the range of providers that you wish to print IDs for, or leave at <ALL> to print all provider IDs. To change the range:
- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

2. Enter Carrier Range
Enter the range of insurance carriers that you wish to print IDs for, or leave at <ALL> to print all IDs. To change the range:
- Choose the top search button to select the starting carrier for the range. Click OK.

- Choose the bottom search button to select the ending carrier for the range. Click OK.

3. Click OK
Click the OK button to send the report to the Batch Processor.

Note: The following three reports do not have any options. When One is selected, it will send the Report to the Batch Processor after clicking Yes on the dialog box.

Practice Organization List

This report prints a list of the Primary Providers, Secondary Providers, and the staff members that have been set up for your practice. The report includes the provider or staff setup information. Secondary providers will be printed after primary providers, followed by the staff members.

Custom Practice Information

This report prints a list of customized information set up in the Definitions option.

Registration Information

This report will list the practice information and serial number of the Easy Dental software.

Blank ADA Form

This option allows you to print a blank 1995, 2000, or 2003 claim form. Select the form you wish to print. Check Save as Default Claim Form to save your selection for the next time it is printed. Click Yes to print the form.

Patient Lists

Click the Patient Lists button to print any of the following seven reports:

Patient List

This report allows you to print a list of the patients in the practice. You may select ranges for provider(s) and billing type(s) to be included. A standard list, a chart number report, patient mailing labels, account only labels, and chart labels are available to print. The Patient List includes the patient's name, address, email address, insurance carrier, phone/fax/pager numbers, provider, family position, billing type, date of birth, social security number, chart number, driver's license number, gender, and patient status.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all types. To print only a range of types:

- Choose the left search button to select the starting type for the range. Click OK.

- Choose the right search button to select the ending type for the range. Click OK.

5. Choose Report Type

Choose the format(s) in which to print the report.

- **Standard List:** includes detailed information about each patient, such as address, phone number, insurance, gender, status, birthdate, chart #, SS#, etc.

- **Chart Number Report:** lists the patients' name, birthdate, SS#, and chart #.

- **Patient Mailing Labels:** prints the patients' name and address in the number of columns specified.

- • **Account Only Labels:** prints mailing labels for accounts' head of house in the number of columns specified.

- • **Chart Labels:** the Abbreviated option will print the patients' name, SS#, DOB, first visit date, chart #, and phone number(s) in a condensed format with the name being the largest in size. The Detailed option will print all of the information listed above as well as gender, address, employer, and insurance information. (Both the Abbreviated and Detailed Chart Labels can only be two columns wide.) The Standard option will print the patients' name, chart #, phone number(s), and address. You may select the number of columns to print for the Standard Chart Labels.

6. Choose OK
Choose OK to send the report and to the Batch Processor.

Birthday List

A birthday list for a selected period can be printed with this report. You may select the range of patients and providers to be included, and you may choose to print mailing labels.

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Patient Range
Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:
- • Choose the top search button to select the starting patient for the range. Click OK.

- • Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- • Choose the left search button to select the starting provider for the range. Click OK.

- • Choose the right search button to select the ending provider for the range. Click OK.

4. Enter Birth Date Ranges
Enter the range of birth dates to print. In the first box enter the month, in the second enter the day, and in the last enter the year (the day and year are optional). For example, to print a report for all patients born in February, enter 2 for the month.

5. Check Mailing Labels (Optional)
If you wish to print mailing labels, check the Mailing Labels box. Be sure to select the correct number of columns to print.

6. Sort by Birthdate

Check Sort by Birthdate if you wish to have the list in order of birthdates. Otherwise, it will sort alphabetically.

7. Choose OK

Choose OK to send the report to the Batch Processor.

New Patient List

This list shows any patients who are new to the practice within a selected time period. You may also select the range of patients and providers to be included. You may choose to print mailing and chart labels for this list of patients. The list includes the patient's name, address, and date of first visit.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

4. Enter Date Range

Enter the First Visit Date range you wish to search for.

5. Choose List Type(s)

Choose the type of list(s) you wish to print.

- **Standard List:** includes information about each new patient, such as name, address, first and last visit date, provider, and status.

- **Chart Labels:** the Abbreviated option will print the patients' name, SS#, DOB, first visit date, chart #, and phone number(s) in a condensed format with the name being the largest in size. The Detailed option will print all of the information listed above as well as sex, address, employer, and insurance information. (Both the Abbreviated and Detailed Chart Labels can only be two columns wide.) The Standard option will print the patients' name, phone number, and address. You may select the number of columns to print for the Standard Chart Labels.

- **Mailing Labels:** prints the new patients' name and address in the number of columns specified.

6. Sort by First Visit Date (Optional)

If you wish to sort the list by the date of the patient's first visit, check this box.

7. Click OK

Click OK to send the report to the Batch Processor.

Inactive Patient List

The Inactive Patient List has options to include patients according to: No Recall Date and No Future Appointments, Last Visit Before a certain date, or by Inactive Patient Status. The list includes the patient's name, address, insurance, phone number(s), chart #, provider, status, last visit date, date of birth, social security number, gender, billing type, family position, and last appointment date.

1. Enter the Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click OK

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

4. Select Inactive Patient Criteria

Enter the search criteria by selecting the types of patients you wish to include on the report. More than one option may be selected. A patient will be included on the report if the patient matches at least one of the selected options.

5. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all types. To print only a range of types:

- Choose the top search button to select the starting type for the range. Click OK.

- Choose the bottom search button to select the ending type for the range. Click OK.

6. Check Mailing Labels (Optional)

If you want to print mailing labels, check the Mailing Labels box. Select the number of columns you wish to print.

7. Click OK

Click OK to send the report to the Batch Processor.

Archived Patient List

This list shows patients who have been archived within the parameters you select. See *Archiving Patients* in the *Patients* chapter for information on how to archive a patient.

1. Enter the Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click OK

- Choose the bottom search key to select the ending patient for the range. Click OK.

3. Select Provider Range

Select the range of providers to print, or leave <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all types. To print only a range of types:

- Choose the top search button to select the starting type for the range. Click OK.

- Choose the bottom search button to select the ending type for the range. Click OK.

5. Select List Type(s)

- **Standard List:** lists detailed information about the archived patient such as address, chart #, last visit date, birthdate, SS#, etc.

- **Chart Number Report:** lists the patients' name, birthdate, SS#, and chart number.

6. Click OK

Click OK to send the report to the Batch Processor.

Patient Notes Report

The Patient Notes report prints all notes assigned to a patient including appointment notes, account notes, patient alert notes, etc.

1. Enter the Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Patient Range
Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:
- Choose the top search button to select the starting patient for the range. Click OK
- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Check Accounts Only (Optional)
If you are printing a range of patients and you wish to include only the Head of House for each account, check the Accounts Only box.

4. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the left search button to select the starting provider for the range. Click OK.
- Choose the right search button to select the ending provider for the range. Click OK.

5. Select Billing Type Range
Select the range of billing types to print, or leave at <ALL> to print all types. To print only a range of types:
- Choose the left search button to select the starting type for the range. Click OK.
- Choose the right search button to select the ending type for the range. Click OK.

6. Check Note Types
Check the boxes next to the types of notes you wish to include on the report.

- Appointment Notes – Check this option to print all notes attached to appointments scheduled within the entered date range.

- Patient Alerts – Check this option to print all notes attached to Patient Alerts within the entered date range.

- Patient Note – Check this option to print all notes entered in the Patient Note field in the Patients module.

- Medical Alerts – Check this option to print all Medical Alerts for the patient.

- Recall Notes – Check this option to print the Recall Notes added in the Recall Information screen.

- Insurance Claim Notes – Check this option to print all notes entered for insurance claims.

- Insurance Plan Notes – Check this option to print all notes attached to the insurance carriers.

- Future Due Pmt Plan – Check this option to print all notes attached to Future Due Payment Plans.

- Account Note – Check this option to print the Account Notes entered in the Accounts module.

- Account Statement Note – Check this option to print the Account Statement Note entered in the Accounts module.

6. Print or Send to Batch

Choose the Print button to print the report now. Choose Send to Batch to send the report to thet Batch Processor for printing or viewing at a later time.

Patient Privacy Requests List

The Patient Privacy Requests List references all patients who have requested privacy restrictions in the Patients module. Complete the following steps to print this list:

1. Click Patient Lists | Patient Privacy Requests List

From the Reports module toolbar, click the Patient Lists button. Choose Patient Privacy Requests List from the menu.

2. Enter Report Date

From the Patient Privacy Requests List dialog box, enter or accept the Report Date.

3. Select Patient Range

Select the range of patients, or use <ALL> to include all patients. To include only a range of patients:

- Choose the 'From' Select Patient search button to select the starting patient for the range.

- Choose the 'To' Select Patient search button to select the ending patient for the range.

4. Enter Consent Date Range

Enter a date range to include only patients with a consent date within the range or leave at <ALL> to include all patients.

5. Select Privacy Requests Types

Check the desired type of privacy requests that you wish to include on the list. These include No phone calls, No correspondence, Disclosure restrictions, and No Privacy Requests.

6. Select Patient Recall Options
- Include Patients without Recall – Check this option if you want patients without any recall setup to be included on the list.

- Recall Due Date – Enter a date range to include patients with Recall only within that range or leave at <ALL> to include all due dates.

- Recall Types – Highlight the desired Recall type(s). Only patients with this recall type within the due date range will be included on the list. Check All to include all types.

7. Select Patient Account Options
- Billing Types – Highlight the desired billing type(s). Only patients with this billing type will be included on the list. Check All to include all types.

- Include Accounts Only – Check this box if you want the list to include only heads-of-house.

- Minimum Balance to Include – Enter an amount in this box to include on the list only patients that have a balance equal or higher than the amount entered.

- Last Pmt. Before – Enter a date in this field if you only want to include patients whose last payment was on or before that date. To include all patients, leave at <CURRENT>.

- Minimum Days Past Due – You can choose to include only patients who have payments that are a certain amount past due. To include all patients, leave "over 0" marked.

8. Select Patient Appointment Options
- Appt Provider – Highlight the desired appointment providers or check All to include all providers. Only patients who have appointments with the selected provider(s) within the selected date range will be included.

- Appointment Date – Enter the desired appointment date range. Only patients who have appointments within that date range will be included.

- Include For – Mark Scheduled appointments to include patients who have existing appointments in the Schedule module. Mark Unscheduled to include patients who have an appointment on the Unscheduled list.

- Include Patients with No Future Appointments – Check this option to include patients that do not have a scheduled or unscheduled appointment.

9. Select Patient Primary Provider

Highlight the desired primary provider(s). Only patients who have the selected provider(s) as their primary provider in the Patients module will be included. Check All to include all providers.

10. Include HIPAA Privacy Contact Entries

Check Include Recent HIPAA Privacy Contact Entries for each patient if desired. When this option is checked, the report will include the last Contact entry with the HIPAA Privacy type selected for each patient, and all other HIPAA Privacy Contact entries with the same date.

11. Save As Default

Check the Save As Default option to save your selections for the next time you print this report.

12. Click OK

Click the OK button to send the report to the Batch Processor.

Schedule Reports

Click the Schedule Reports button from the toolbar to print any of the following lists:

Daily Appointment List

The Daily Appointment List can generate 3 separate reports: Operatory Appointment List, Patient Route Slips, or the Daily Appointment List.

The Operatory Appointment List prepares a report of all appointments for the selected range of dates and by the selected providers and operatory ranges. The list includes the appointment date, status, time, patient name, provider and operatory, appointment reason, and appointment duration.

Patient Route Slips can be printed for all patients scheduled within the date range. The Route Slip provides comprehensive patient, account, and treatment information for the scheduled patient.

The Daily Appointment List gives the same information as the Operatory List, though in a different format. It also includes the patient phone numbers.

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

3. Select Operatory Range
Select the range of operatories to print, or leave at <ALL> to print all operatories. To print only a range of operatories:
- Choose the left search button to select the starting operatory for the range. Click OK.

- Choose the right search button to select the ending operatory for the range. Click OK.

4. Enter Appointment Date Range
Edit or accept the Appointment Date Range. If you only want to print a list of appointments for one day, enter that day in both boxes.

5. Select Patient

This is only an option if Patient Route Slips is selected. Select a patient to print, or leave at <ALL> to print all patients. To print a route slip for only one patient, choose the Select Patient search button to select a patient.

6. Select Report Type

Select the type of list you wish to generate: an appointment list for each operatory, patient route slip, or a condensed daily Appointment list.

7. Click OK

Click the OK button to send the report to the Batch Processor.

ASAP List

This list shows patients who have requested an appointment as soon as possible. You may select the providers and appointment date to be covered. This is useful for helping to keep the appointment list full in the event of cancellations. The list includes the patient's name, appointment dates, time and status, provider, appointment reason, duration of appointment, and phone number.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

• Choose the left search button to select the starting provider for the range. Click OK.

• Choose the right search button to select the ending provider for the range. Click OK.

3. Enter the Appointment Date Range

Enter or accept the appointment date range.

4. Click OK

Click the OK button to send the report to the Batch Processor.

Unscheduled Appointment List

This list shows all patients who have broken an appointment or who have asked for a wait/will call appointment with the selected provider(s) during the selected time period. This list is provided to reschedule those patients.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2.   Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only
a range of providers:

- Choose the left search button to select the starting provider for the range. Click
  OK.

- Choose the right search button to select the ending provider for the range. Click
  OK.

3.   Enter Date Range

Enter the Unscheduled Appointment Date range.

4.   Click OK

Click OK to send the report to the Batch Processor.

Unscheduled Treatment Plans

Patients who have a treatment plan and do not have an appointment scheduled are listed in
this report. You may select the provider(s) to be included and whether you want to print a
condensed or a detailed report.

*Note: Patients who have an appointment scheduled for other work not listed on the report
will have an "S" next to their names. This indicates they have an appointment scheduled for
other treatment.*

1.   Enter Report Date

The report date will default to today's date and may be changed if necessary.

2.   Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a
range of patients:

- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click
  OK.

3.   Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only
a range of providers:

- Choose the left search button to select the starting provider for the range. Click
  OK.

- Choose the right search button to select the ending provider for the range. Click
  OK.

4.   Select Date Range

Enter a date range for treatment plan procedures for the report.

5. Choose Report Type

Choose whether to print a detailed or condensed report. The detailed report will list information about the treatment plan and insurance benefits. The condensed report will only list the patients' name, amount of the treatment plan, and the phone number.

6. Click OK

Click OK to send the report to the Batch Processor.

Management Reports

There are several management reports to choose from: Day Sheet, Analysis Summary, Practice Analysis, Practice Demographics, Finance Charges, Late Charges, Referred To, Referred BY Doctor/Other, Referred By Patient.

Day Sheet (Charges and Receipts)

The Day Sheet includes the transaction date, patient name, tooth number, procedure code and description, charges and payments, billing type, attending provider ID, and patient's phone number. Grand totals, number of new patients, number of patients seen, average production per patient, average charge per procedure, previous accounts receivable, and the net change in the accounts receivable are also included on the report. It displays this data by current, MTD, YTD, and Previous Month calculations.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

• Choose the left search button to select the starting provider for the range. Click OK.

• Choose the right search button to select the ending provider for the range. Click OK.

3. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

• Choose the left search button to select the starting billing type for the range. Click OK.

• Choose the right search button to select the ending billing type for the range. Click OK.

Note: YTD and Previous Month totals will not print if a "billing type" range is selected.

Choose these search buttons to enter the range of providers to include on report.

You can instruct Easy Dental to include YTD and MTD totals, extended MTD totals, or provider totals, if you are printing by entry date.

Choose these search buttons to enter the range of billing types to report.

Select the type of report to print.

Enter the date range for the report.

4. Enter Date Range

Edit or accept the range of dates to print. Choose whether to print by Entry Date or by Procedure Date. Entry date reflects the system date when the procedure was posted. Procedure date is the date that is manually changed. In most cases these dates will be the same. The Day Sheet will print both dates when the report is printed by Entry Date.

5. Select Totals

If you wish to include the MTD and YTD totals, the Extended MTD totals, or the totals for each provider, choose the options you wish. Easy Dental will only print the YTD and previous month totals if the report is printed by the entry date.

Note: The Compare to Fee Schedule option will allow a fee schedule to be selected and will add two totals to the Current column on the Day Sheet totals: 1) Compare to Fee number with the Fee Schedule that was selected and 2) the Net Difference. The first total will print the total charges as if each procedure on the Day Sheet were charged at that Fee Schedule. The second total will print the difference between the charges and the Fee Schedule total.

6. Select Daysheet Type

Any of the following reports can be selected (more than one can be chosen), and will print using the ranges and options currently selected from the Day Sheet dialog box:

- Chronological Day Sheet - Prints a day sheet listing the transactions in the order they were entered. Treatment plan items that were entered before "today" and then set complete will print before items actually entered "today." The advantage of printing a chronological day sheet rather than an alphabetical day sheet is that it will print faster because there is no sorting required.

- Alphabetical Day Sheet - prints a day sheet that is sorted alphabetically by patient name (last name first).

- Receipts Only Day Sheet - prints only payment transactions.

- Adjustment Only Day Sheet - prints only adjustment transactions.

- Deposit Slip - prints only payment transactions, in a format suitable for a bank deposit slip. You may select the payment types you wish to include.

7. Save As Default (Optional)
Check the Save As Default box if you wish to save your settings. All selections will be saved for the next time you print a Day Sheet, except for the dates.

8. Click OK
Click the OK button to send the report(s) to the Batch Processor.

Analysis Summary

This report prints the transaction totals that are normally printed at the bottom of a day sheet, by provider or by day for a specified provider range and date range.

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

3. Enter Date Range
Edit or accept the range of dates to print. Choose whether to print by Entry Date or by Procedure Date. Entry date reflects the system date when the procedure was posted. Procedure date is the date that was manually changed for the procedure (in most cases, these dates are the same).

4. Select Billing Type Range
Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the top search button to select the starting billing type for the range. Click OK.

- Choose the bottom search button to select the ending billing type for the range. Click OK.

5. Select Report Types
- Daily Summary - this report will print totals for each day in the date range. Each total will be for all providers in the provider range.

- Provider Summary - this report will print totals for each provider in the provider range. Each total will include transactions for the provider with a date in the date range.

- Include MTD/YTD Totals is an option for the Provider Summary report. If this option is checked MTD, YTD and Previous Month totals will be included for each provider on the report.

6. Select Other Options
- Include All Totals - if this is not checked, only Charges, Payments, Adjustments, Finance Charges and Charges Billed to Insurance will print. If this option is checked, the following totals will also print: number of New Patients, number of Patients Seen, Average Production Per Patient, Average Charge Per Procedure, Previous Balance, Balance, and Net Change.

- Print Condensed Report - when the selected reports are printed, a full page will print before there is a new page. If this option is not checked, there will be a page break between each report and between each set of totals.

7. Click OK
Click the OK button to send the report to the Batch Processor.

Practice Analysis Report

Practice Analysis reports can be printed by provider, billing type, and date range. These reports can be printed directly or sent to the Batch for printing at a later time. The following summary reports are available:

- **Production Summary (by Category checked):** lists the quantity, total, average, and percent of production for each procedure category (i.e. Diagnostic, Restorative, etc.). It also includes the total production charges and the average charge for all procedures.

- **Production Summary (by Category unchecked):** lists the quantity, total, average, and percent of production for each individual procedure code. It also includes the total production charges and the average charge for all procedures. This report is generated by unchecking By Category.

- **Payment Summary:** lists the quantity, total, average, and percent of receivables for each payment type. A grand total is also included.

- **Adjustment Summary:** lists the quantity, total, average, and percent of adjustments for each adjustment type. Totals for all credit adjustments, debit adjustments, finance charges, and late charges are also included.

- **Patient Summary:** lists demographic totals for active patients, such as sex, age, and whether they are insured. The report will also list the following for all patients, regardless of status: total number, total families, total number of patients new this month and year, total number of referrals this month and year, and the total number of patients deleted this month and year.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Providers

Select the providers you wish to print, or leave the ALL box checked to print all providers.

3. Enter Date Range

Edit or accept the range of dates to print. Choose whether to print by Entry Date or by Procedure Date. Entry date reflects the system date when the procedure was posted. Procedure date is the date that was manually changed for the procedure (in most cases, these dates are the same).

4. Select Billing Type

Select the Billing Types you wish to print, or leave the ALL box checked to include all Billing Types.

5. Select Report

Select the type of summary report you want.

6. Choose Print or Batch

Choose the Print button if you wish to print the report now, or choose Batch to send it to the Batch Processor. Choose Cancel to exit this screen.

Practice Demographic Report

This report prints valuable information on the make-up of your patient base. There are no filters for this report. Simply choose the report from the Management button menu and click Yes to send the report to the Batch Processor.

Finance Charge Report

This report lists those who received finance charges according to the parameters you set. The report lists the date of the charge, the account's name, the amount of the charge, the billing type and the account's provider. A total of finance charges is calculated and listed at the bottom of the report.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

3. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click OK.

- Choose the right search button to select the ending billing type for the range. Click OK.

4. Enter Finance Charge Date Range

Edit or accept the range of dates to print.

5. Choose Sort (Optional)

If you wish to alphabetize the report by patient last name, check the Sort box.

6. Click OK

Click OK to send the report to the Batch Processor.

Late Charge Report

This report lists those who received late charges according to the parameters you set. The report lists the date of the charge, the account's name, the amount of the charge, the billing type and the account's provider. A total of late charges is calculated and listed at the bottom of the report.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

3. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click OK.

- Choose the right search button to select the ending billing type for the range. Click OK.

4. Enter Late Charge Date Range

Edit or accept the range of dates to print.

5. Choose Sort (Optional)

If you wish to alphabetize the report by patient last name, check the Sort box.

6. Click OK

Click OK to send the report to the Batch Processor.

Referred TO Doctor Report

This report will list the patients of selected providers who have been referred to another practice during the selected time period. The report is organized by doctors (the doctors whose practice you referred your patients to) and includes the doctors' names and address-es. The report also includes the patient's name and referral date.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

3. Enter Referral Date Range

This is the Referred to Date from the Patients window. Edit or accept the range of dates to print.

4. Select Referral Range

Select the range of referrals to print, or leave at <ALL> to print all referrals. To print only a range of referrals:

- Choose the top search button to select the starting referral for the range. Click OK.

- Choose the bottom search button to select the ending referral for the range. Click OK.

5. Click OK

Click the OK button to send the report to the Batch Processor.

Referred BY Doctor/Other Report

This report prints a list of each Referring Doctor/Other who has referred a patient to the practice within the Referring Doctor/Other range, provider range, and date ranges specified. The report will print each referring Doctor/Other's name, address, the total referrals, and the number of listed referrals. For each referring Doctor/Other, a list of referred patients will be included with the patient's name, first visit date, treatment plan total, production total, and account balance.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

3. Enter Referral Date Range

Edit or accept the range of dates to print according to the referred patient's first visit date from the Patients module.

4. Enter Production Date Range

Enter the date range for the total production for each referred patient that prints on the report.

5. Select Referral Range

Select the range of referrals to print, or leave at <ALL> to print all referrals. To print only a range of referrals:
- Choose the top search button to select the starting referral for the range. Click OK.

- Choose the bottom search button to select the ending referral for the range. Click OK.

6. Click OK

Click OK to send the report to the Batch Processor.

Referred BY Patient Report

This report prints a list of each patient who has referred another patient to the practice within the referring patient range, provider range, and date ranges specified. The report will print each referring patient's name, address, the total referrals, and the number of listed referrals. For each referring patient, a list of the patients who have been referred will be included with the referred patient's name, first visit date, treatment plan total, production total, and account balance. There is also an option to print mailing labels.

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

3. Enter Referral Date Range
Enter or accept the referral date range.

4. Enter Production Date Range
Enter the date range for the total production for each referred patient on the report.

5. Select Referral Range
Select the range of referrals to print, or leave at <ALL> to print all referrals. To print only a range of referrals:
- Choose the top search button to select the starting referral for the range. Click OK.

- Choose the bottom search button to select the ending referral for the range. Click OK.

6. Choose Mailing Labels (Optional)
Choose the Mailing Labels box if you wish to print mailing labels. Select the number of columns to print on the labels.

7. Click OK
Click the OK button to send the report to the Batch Processor.

Account Reports

Click the Account Reports button. You will be presented with eleven different report options to choose from: Family Accounts Report, Patient's History Report, Aging Report, Patient Balance Report, Payment Plan Report, Insurance Aging Report, Secondary Ins. Claims Not Created Report, Procedures Not Attached to Insurance Report, Pre-Treatment Estimate Aging Report, Future Due Payment Plan Report, and the Utilization Report.

Family Accounts Report

This menu command allows you to print reports for family accounts. The report will include the date of treatment, tooth number, description, patient, charges, payments, and a running balance.

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Patient Range
Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:
- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

4. Select Billing Type Range
Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:
- Choose the left search button to select the starting billing type for the range. Click OK.

- Choose the right search button to select the ending billing type for the range. Click OK.

5. Enter First Transaction Date
Edit or accept the First Transaction Date. All transactions up to the first transaction date will be included in a Balance Forward entry. The report will print all transactions from that date forward.

6. Select Report Options
- **Print Condensed Report:** this option allows more than one family Accounts module to be printed on a single page, i.e., it does not page break between families.

- **List Individual Patient Balances for Family:** Mark this option to include each patient balance within a family.

7. Choose OK

Choose OK to send the report to the Batch Processor.

Note: Items placed in history will be labeled with a (*), and items dated for history but entered after month end will be labeled with a (^).

Remember

Patient's History Report

This menu command allows you to print reports for individual patient accounts. The report will include the date of treatment, tooth number, description, patient, charges, payments, and a running balance.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:
- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:
- Choose the left search button to select the starting billing type for the range. Click OK.

- Choose the right search button to select the ending billing type for the range. Click OK.

5. Enter First Transaction Date

Edit or accept the First Transaction Date. All transactions up to the first transaction date will be included in a Balance Forward entry. The report will print all transactions from that date forward.

6. Select Report Options
- **Print Condensed Report:** this option allows more than one patient's account to be printed on a single page, i.e., it does not page break between patients.

- **Include Guar Payments/Adjustments:** this option will include payments and adjustments posted toward the entire family account.

- **Show Family Balance:** this option will print the total family balance for the account along with the individual patient's balance.

- **List Individual Patient Balances for Family:** this option will print each individual patient's balance within the family.

7. Choose OK

Choose OK to send the report to the Batch Processor.

Aging Report

An Aging report can be prepared for selected guarantor(s), provider(s), and billing type(s). Included in the aging report is the guarantor's name, phone, billing type, last payment amount with date, last statement date, agreed payment amount and balances per aging period, insurance estimates, guarantor portion, and the total account balance. The report also provides totals and payments for each account.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Account Range

Select the range of accounts to print, or leave at <ALL> to print all accounts. To print only a range of accounts:
- Choose the top search button to select the starting account for the range. Click OK.

- Choose the bottom search button to select the ending account for the range. Click OK.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the top search button to select the starting billing type for the range. Click OK.

- Choose the bottom search button to select the ending billing type for the range. Click OK.

5. Enter Minimum Balance to Print

Edit or accept the Minimum Balance to Print. If <ALL> is entered, credit balances will also print for the Standard Aging Report. If only debit balances are wanted for the Aging Report, enter ".01" for the minimum balance to print if only accounts with a balance over a certain amount are wanted, enter that amount.

6. Enter Last Payment Before Date

Edit or accept the Last Payment Before date. If <CURRENT> is entered (the default), the last payment date for each account will be disregarded. The Last Payment Before Date can be used to exclude accounts that have made a payment recently. For example, if a date for one month ago is entered, any accounts that have a guarantor payment for the last month will be excluded from the aging report. Insurance payments are disregarded.

7. Enter Minimum Days Past Due

To only include accounts with an aged balance over 0, 30, 60, or 90 days, choose the minimum days past due for the aging report. For example, if you only want accounts with a balance over 60 days to print on the aging report, select Over 60. Accounts with a balance aged over 60 days will be the only accounts printed in this example.

8. Select Sort Options

Choose how you want the accounts to sort on the report: by account name, by over 90 to current balance, or by largest to smallest balance.

9. Check Print Account Note (Optional)

If you wish to include the first line of the account's note, check the Print Account Note box. If this option is selected and there is not an account note attached in the Accounts module, Easy Dental will print the first line of the head-of-house's patient note from the Patients window.

10. Select Report Type (s)

Select the type of report you wish to print, a standard aging report and/or a credit balances report. The Credit Balances Report will print accounts with a credit balance and will only use the guarantor, provider and billing type ranges—not the "Others" options.

11. Click OK

Click OK to send the report to the Batch Processor.

Note: Accounts are aged during the Month End Update process. If you are not current in closing out months, the Aging report may not be accurate.

Caution!

Patient Balance Report

Similar to the Aging Report, the Patient Balance Report will print every patient with their family balance and patient balance. (This report includes patients with a $0.00 balance.)

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Patient Range
Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:
- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

4. Select Billing Type Range
Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:
- Choose the left search button to select the starting billing type for the range. Click OK.

- Choose the right search button to select the ending billing type for the range. Click OK.

5. Click OK
Click OK to send the report to the Batch Processor.

Payment Plan Report

This report will list accounts with Payment Plans according to the criteria that you select.

1. Enter Report Date
Edit or accept the Report Date.

2. Select Account Range
Select the range of accounts to print, or leave at <ALL> to print all accounts. To print only a range of accounts:
- Choose the top search button to select the starting account for the range. Click OK.

- Choose the bottom search button to select the ending account for the range. Click OK.

3. Select Primary Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

4. Select Billing Type Range
Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:
- Choose the top search button to select the starting billing type for the range. Click OK.

- Choose the bottom search button to select the ending billing type for the range. Click OK.

5. Enter Payment Plan Date Range
Enter the date range of payment plans you wish to include on the report, or leave at <ALL> to print all accounts with payment plans.

6. Select Payment Plan Interval(s)
Mark the interval(s) you wish to include on the report.

7. Select # of Payments Missed
Select the number of payments missed to include on the report. To include all accounts regardless of payments missed, mark the '0 or more' option.

8. Enter Previous Payment Due Date
Enter the previous payment due date for the payment plans, or leave at <ALL> to include all accounts.

9. Enter Balance Remaining Range
Enter a dollar range for the remaining balance of the payment plans, or leave at <ALL> to include all accounts.

10. Enter Remaining # of Payments
Enter a range for the remaining number of payments, or leave at <ALL> to include all accounts.

11. Select Sort Options
Choose whether you want to sort the list by account name, payments missed, remaining number of payments, or amount past due.

12. Print Last PP Note (Optional)
Mark this option to print the last Payment Plan Note for each account on the report.

13. Save As Default (Optional)
Mark this option to save your settings for future Payment Plan Reports.

14. Click OK

Click the OK button to send the report to the Batch Processor.

Insurance Claim Aging Report

The report will print each insurance carrier with outstanding claims, including the insurance plan name and group plan name. It will also print the insurance phone number and group number, and will then list each outstanding insurance claim for the insurance carrier. The insurance claim information will include a notation of primary or secondary, the date the claim was sent, the date a tracer was sent, the date the claim was placed on hold, the date the claim was re-sent, any status notes, patient name, patient birthday, subscriber name, subscriber ID number, estimated insurance payment, and the amount billed to insurance. The amount billed to insurance will be placed in the current, 31-60, 61-90, or > 90 column based on how long ago the claim was sent. The primary and secondary claim amounts will each be totaled and printed with a combined total at the bottom of the report.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:
- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

4. Select Insurance Carrier Range

Select the range of insurance carriers to print, or leave at <ALL> to print all carriers. To print only a range of carriers:
- Choose the top search button to select the starting carrier for the range. Click OK.

- Choose the bottom search button to select the ending carrier for the range. Click OK.

5. Select Minimum Days Past Due

To only include claims that have been sent for at least 30, 60, or 90 days, select the option desired. To include all claims, "Over 0" should be selected.

6. Check Print Status Notes (Optional)

Check this option to print any claim status notes on the report.

7. Click OK

Click OK to send the report and to the Batch Processor.

Secondary Insurance Claims Not Created Report

This report creates a list of primary insurance claims for patients with secondary insurance claims that have not yet been created. The report includes the primary claim date, patient name, secondary insurance company, claim account, and the date the primary claim expires. It sorts by the expiration date and indicates the total of the claims accounts.

1. Enter the Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

4. Select Insurance Carrier Range

Select the range of insurance carriers to print, or leave at <ALL> to print all carriers. To print only a range of carriers:

- Choose the top search button to select the starting carrier for the range. Click OK.

- Choose the bottom search button to select the ending carrier for the range. Click OK.

5. Enter Date Ranges

Edit or accept the date range for primary insurance claims to include in the report.

6. Primary Claims Not Received Option

By default, this option is not marked so that any outstanding primary insurance claims will not be included until an insurance payment is received for the primary insurance claim. Check this option if you want all primary claims that have secondary insurance to be included on the report—whether or not a payment has been entered.

7. Choose OK

Choose OK to send the report to the Batch Processor.

Note: When Primary Insurance Claims are evaluated for this report, they are only included

if the patient has Secondary Insurance in the Patients module at the time the Primary Insurance claim was created, and no secondary insurance claim was created.

Procedures Not Attached to Insurance

The Procedures Not Attached to Insurance Report can save you thousands of dollars a year by showing you insured patients who have had treatment billed without having an insurance claim created. To print this report, complete the following steps:

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Patient Range
Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:
- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

4. Enter Date Range
Easy Dental automatically checks all procedures posted during the last week. To change the date range, enter a beginning date in the From field and then enter an ending date in the To field.

5. Click OK
Click OK to send the report to the Batch Processor.

Pre-Treatment Estimate Aging Report

This report shows when Pre-Treatment estimates were sent to the insurance carriers. You may specify the range of patients, providers, and carriers to be included.

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Patient Range
Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:
- Choose the top search button to select the starting patient for the range. Click OK.

- Choose the bottom search button to select the ending patient for the range. Click OK.

3. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click OK.

- Choose the bottom search button to select the ending provider for the range. Click OK.

4. Select Insurance Carrier Range

Select the range of insurance carriers to print, or leave at <ALL> to print all carriers. To print only a range of carriers:

- Choose the top search button to select the starting carrier from the range. Click OK.

- Choose the bottom search button to select the ending carrier from the range. Click OK.

5. Select Minimum Days Past Due

To include only pre-treatment estimates that have been sent for the last 30, 60, or 90 days, select the option desired. To include all pre-treatment estimates, over 0 should be selected.

6. Click OK

Click OK to send the report to the Batch Processor.

Future Due Payment Plan Report

This report shows payments that can be expected based on established future due payment plans. This report includes the range of accounts, providers, billing types, and date ranges to be included. You can also determine whether this is to be a standard report or a monthly totals report.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Account Range

Select the range of accounts to print, or leave at <ALL> to print all accounts. To print only a range of accounts:

- Choose the top search button to select the starting account for the range. Click OK.

- Choose the bottom search button to select the ending account for the range. Click OK.

3. Select Provider Range
Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:
- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

4. Select Billing Type Range
Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:
- Choose the left search button to select the starting billing type for the range. Click OK.

- Choose the right search button to select the ending billing type for the range. Click OK.

5. Select Date Range
Enter the Future Due Payment Plan date range that the report will search within.

6. Select Report Type
Choose to print either a Standard Payment Plan Report or a Monthly Totals Report. The Standard Payment Plan Report prints information for all payment plans individually. The Monthly Totals Report gives just the grand totals for the months specified.

7. Click OK
Click OK to send the report to the Batch Processor.

Utilization Report

This report is designed for use with Managed Care insurance plans. This report shows all procedures completed under selected insurance plans for selected date ranges. In addition, you can monitor co-payments versus the practice's regular fees.

1. Enter Report Date
The report date will default to today's date and may be changed if necessary.

2. Select Insurance Carrier Range
Select the range of insurance carriers to print, or leave at <ALL> to print all carriers. To print only a range of carriers:
- Choose the top search button to select the starting carrier within the range. Click OK.

- Choose the bottom search button to select the ending carrier within the range. Click OK.

3. Enter Procedure Date Range
Enter the date range for the procedures to include in the report.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click OK.

- Choose the right search button to select the ending billing type for the range. Click OK.

5. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

6. Select Fee Schedule

Click on the Search arrow next to the Select Fee Schedule box to select which fee schedule you wish to compare with each procedure. You should select the fee schedule for your usual fees.

7. Select Compare Options

Select the options with which you would like to compare the Fee Schedule you selected in step 6. You may compare it with the Transaction Amount or with the Co-Pay from the Coverage Table for each procedure.

8. Choose Procedures to Include

Check the radio button next to your preference. Either include all procedures or only those in the coverage table.

9. Select New Page For Each Plan (Optional)

If you want each plan to begin on a new page, check this box.

10. Click OK

Click the OK button to send the report to the Batch Processor.

Billing Statements

Selecting Billing Statement Format

Before you print billing statements, determine the billing statement forms that you will use. Easy Dental lets you perform this function easily. If you intend to use pre-printed forms, be sure to purchase forms that are supported by Easy Dental (your Easy Dental Sales Representative, Trainer, or a Support Technician can help you).

Once you have determined which form will be used, the following needs to be done from each workstation that will print billing statements. It will not need to be done again unless a different billing statement form is to be used.

1. Open Practice Defaults
From the Reports module, click the Practice Setup button then Practice Defaults. The Practice Defaults dialog box will appear.

2. Select Default Billing Statement
If you would like to use a printer-generated billing statement form, choose FULL FORM/DOWNLOAD or DOWNLOAD/HSI ENV (this form will fit into HSI envelopes) from the Default Billing Statement list. If one of these forms are selected, Easy Dental will print a form at the same time each billing statement is printed. If you will be using preprinted forms, choose the appropriate form from the Default Billing Statement list.

Note: Laser-generated billing statements can save you the cost of preprinted forms without losing the "professional look" of preprinted forms. Easy Dental lets you perform this function easily.

3. Click OK
Click OK to save your changes.

Select a billing statement form here and then click OK.

Tips

Printing Bills

1. Click the Billing Statements Button
Click the Billing Statements button to display the Billing Statements dialog box.

Choose these search buttons to enter the range of accounts to print.

Enter the statement date here.
Enter the balance forward date here.

Choose these search buttons to enter the range of providers to include.

Choose these search buttons to enter the range of billing types to include.

Be sure to review these options before printing statements.

Billing Statements

Statement Date: 02/08/2005   Balance Forward Date: 01/08/2005

Select Account
From: <ALL>   >>
To: <ALL>   >>

Select Primary Provider
From: <ALL> >>   To: <ALL> >>

Select Billing Type:
From: <ALL> >>   To: <ALL> >>
Minimum Balance To Bill: 0.01
☐ Include Credit Balances?

Options
☐ Skip Accounts With Claim Pending
   ...If Patient Portion Less Than: 20.00
☐ Include Procs With Claim Pending
☑ Print Insurance Estimate
☑ Print Agreed Payment
   ☐ Exclude Outstanding To Insurance
☑ Print Practice Information
☑ Print Account Aging
☑ Allow Credit Card Payment
☐ If Not Billed Since: 01/08/2005
☐ Only Bill Accounts Aging:
   ○ Over 30 ○ Over 60 ○ Over 90

Statement Message:
Insurance Estimate ("Ins Est") and "Please Pay" amounts based on insurance estimates are provided as a courtesy. In the event that your insurance carrier pays less than the estimated amount, you are responsible for the unpaid balance.

Select Report Types
☑ Billing Statement
☐ Mailing Labels   ...Columns: 3

☐ Save As Default

OK   Cancel

2. Enter Statement Date
This date will be used as a cutoff date. All statement calculations will be as of this date.

3. Enter Balance Forward Date
The Balance Forward will total all procedures posted before the Balance Forward date. The total Balance Forward amount will be printed rather than an itemization of procedures from a previous statement.

4. Select Account Range
Select the range of accounts to print, or leave at <ALL> to print all accounts. To print only a range of accounts:
- Choose the top Select Account search button to select the starting account for the range. Click OK.
- Choose the bottom Select Account search button to select the ending account for the range. Click OK.

5. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click OK.

- Choose the right search button to select the ending provider for the range. Click OK.

6. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click OK.

- Choose the right search button to select the ending billing type for the range. Click OK.

7. Enter Minimum Balance to Bill

Enter the Minimum Balance to Bill. If you enter $.01, it will print statements for patients who have a balance of at least one cent.

8. Check Include Credit Balances (Optional)

Check the Include Credit Balances if you wish to print statements for those patients who have a credit balance.

9. Enter Statement Message

If you wish to print a message at the bottom of each statement, such as "Brush and floss regularly," or "All payments are due on or before the 5th day of the month," enter that message in the Statement Message box.

Note: A customized billing statement note can also be entered for any individual account in the Accounts module.

10. Choose Skip Accounts With Claims Pending (Optional)

Choose whether or not you wish to skip accounts that have outstanding insurance claims. An amount can be entered to limit the accounts that are skipped according to the estimated patient's portion for each account. For example, if you want Easy Dental to skip accounts where the *patient's portion* is less than $50, you would change the default of $20 to $50 in the edit box provided.

11. Choose Include Procs. With Claim Pending (Optional)

If you wish the statement to itemize procedures that are attached to pending insurance claims, rather than including them in the balance forward amount, check the Include Procs. With Claim Pending box. The procedures will be printed regardless of the balance forward date, until after the insurance payment for the claim is posted.

12. Choose Print Insurance Estimate (Optional)

If you wish the statement to print the amount that the insurance company is estimated to pay, check this box.

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13. Choose Print Agreed Payment (Optional)

By choosing this box, the statement will include a box labeled "Please Pay This Amount." Easy Dental will then print either the agreed payment plan amounts for the account or if no payment plan has been set up, Easy Dental will print the estimated patient portion of the balance.

14. Choose Exclude Outstanding to Insurance (Optional)

This option will only be available if the Print Agreed Payment option is selected. The "Please Pay" calculation will ignore any transactions that are still billed to insurance—the option will cause the "Please Pay" amount to include only the amounts remaining on claims the insurance has paid.

15. Choose Print Practice Information (Optional)

If you are using preprinted forms, and the practice information is not preprinted, you will want to check this option to include your practice name and address on the billing statement. If you are using the Full Form/Download Form, this option will be grayed /disabled, as the practice information will print automatically.

16. Choose Print Account Aging (Optional)

If you wish to include an aging summary of the account, check this box. This option will be grayed/disabled unless the Full Form/Download Form has been selected. The account aging will print on preprinted forms if they are formatted for the allow report aging.

17. Allow Credit Card Payment (Optional)

If you want the statement to include credit card payment options, check this box. This option will be grayed/disabled unless the Full Form/Download form has been selected.

18. Choose If Not Billed Since (Optional)

This option allows a last statement date to be entered, and defaults to a date that is one month before the current system date. If this option is checked, the date specified is compared to the last statement date for each account (as displayed from the Accounts window), and a statement will not be printed for any accounts that have had a statement printed since the date specified.

This option works well for practices who print billing statements from the Accounts module when an insurance payment is received for an account. Cyclical billing can be utilized as statements are printed for individual accounts throughout the month, which can then be printed from the Reports module in a batch to ensure that each account has received a statement for the month.

19. Choose Only Bill Accounts Aging (Optional)

If this option is checked, the aging specified will be compared to the aging balances as displayed from the Accounts window for each account. Only accounts with a balance equal to or over the aging specified will have a billing statement printed.

20. Verify Billing Statements Option is Checked

Make sure there is a checkmark next to Billing Statement under Select Report Types, unless you only want to print mailing labels (see next step).

21. Check Mailing Labels (Optional)

If you only wish to print mailing labels and not the entire statement, check only the Mailing Labels box. Be sure to select the correct number of columns to print.

22. Check Save as Default (Optional)

If you print statements using the same charges and options each time, choose the Save as Default button. The next time you print statements, you will not need to reset the parameters. The Save As default saves the statement settings for the current workstation.

23. Click OK

Choose OK and the statements will be generated and placed in the Batch Processor.

Note: If Full Form/Download Form is selected for a printer-generated form the format will depend on the options selected for billing statements see Appendix 4 for Full Form/Download form for printer-generated formats.

How to Print Letters

Easy Dental provides a very powerful interface between your patient database and Microsoft Word. This tool allows you to create any letters that are applicable to the success and development of your practice. Your patient records can be automatically merged into your letters based on various ranges, parameters, and filters that you establish.

Easy Dental comes complete with pre-defined letter templates in seven categories that you can use and modify in conjunction with your patient database. You can view a sample copy of letters in Appendix 5. Each letter can be customized using Microsoft Word. You can also produce your own letters and add them to any of the categories for future use.

This documentation assumes that you have a legally licensed version of Microsoft Word and that you are completely familiar with its use, particularly its merge functions. If you are unfamiliar with this product, please go through its tutorial and documentation now.

To help you become familiar with the Easy Dental/Microsoft Word interface, the following topics will be covered:

- Customizing Letters
- Merging Letters
- Printing Letters
- Advanced Selection Parameters
- Selecting Data to Merge
- Creating Your Own Letters

Customizing Letters

Note: A list of all pre-defined letters provided with Easy Dental is available in Appendix 4, or by opening EZDDOCS.DOC from your Easy Dental DOC directory in Microsoft Word

1. Click Letters
Click the Letters button on the Reports toolbar.

2. Choose Category and Letter
Choose the Letter category you wish to use, and highlight the desired letter.

3. Click Edit
Click the Edit button. The Patient Report View dialog box will appear.

4. Click Open Template
Click the Open Template button at the top of the window. The letter template will open in Microsoft Word.

5. Edit Letter

You can edit or change the body of the letter at this point. Do not edit the information in the double brackets, as this information will be merged into the document.

6. Save Changes

When you are finished editing, choose File from the toolbar and then choose Save. This will save your changes and customize your letter. Do not change the name of the letter unless you wish to use the original as well as your current version of the letter.

7. Return to Reports Module

Return to the Easy Dental Reports module.

Warning: There is hidden text throughout the document that specifies which merge information is needed from Easy Dental. If any of the hidden text is deleted, the letters will not merge correctly, though the letters may otherwise be customized as necessary. To view the hidden text, hold down the [Alt] key and press the [F9] key once.

Merging Letters

1. Click the Letters Button

Click the Letters button from Reports' toolbar to display a dialog box containing seven category buttons.

2. Choose Category

The following categories are available through the Letters option:

- **Birthday.** These letters can be used to create a birthday letter for patients within a birth date range. The range can be changed by choosing the search button.

- **Recall.** These letters can be selected to produce a Recall (recall) notice to patients within the recall date range. The range can be changed by choosing the Search button.

- **Referral.** These letters can be selected to produce a referral letter to anyone who has referred or to whom you are referring patients. The first visit date must fall within the last referral date range. The range can be changed by choosing the Search button.

- **Collection.** These letters can be selected to produce a collection notice to patients within the last payment date range. The range can be changed by choosing the Search button and according to aged balance.

- **Inactive Patient.** These letters can be selected to produce a notice to patients within the last visit date range. The range can be changed by choosing the Search button.

- **Welcome.** These letters can be selected to produce a welcome to the practice note to patients within the first visit date range. The range can be changed by choosing the Search button.

- **Miscellaneous.** These letters can be selected to produce any letter that you would like to selectively send to patients in your database. A range is not provided in the dialog box but parameters can be established using the Edit button.

*When you choose **Letters** from the toolbar, this group of buttons will appear. Choose the type of letters you wish to merge and print.*

Choose the Exit button to close this box.
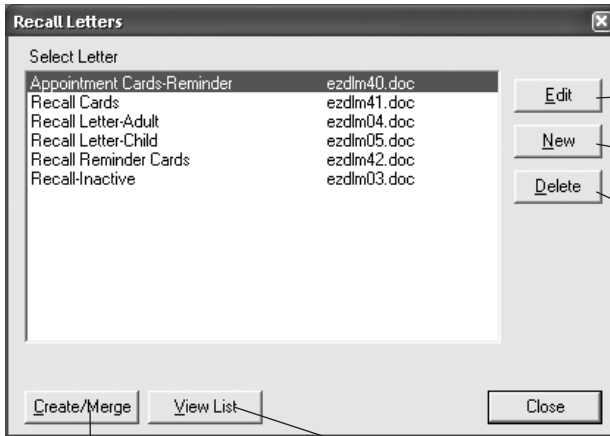
Highlight the letter you wish to generate, edit, or delete.

To edit the letter, choose edit.

To create a new letter, choose new.

To delete the letter, choose delete.

Choose this button to view a list of the patient's to whom the letter will be sent based on the parameters set above.
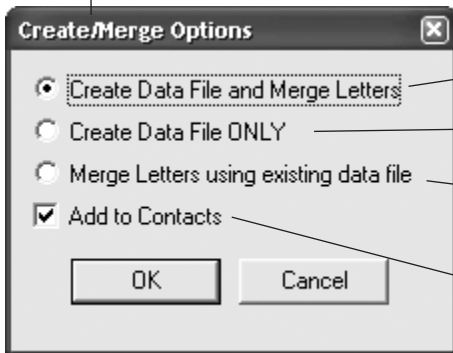
Select this option to create the data file and letter.

Select this option to create only the data file.

Select this option if you've already created a data file and only wish to merge the letters.

Mark this option to place an entry in Contacts for each patient receiving a letter.

3. Set Date Range (For Most Categories)

Set the date range parameter by choosing the Search button. Choosing the Search button will display a date range dialog box. Enter the beginning and ending dates for the range. Any date field can be left blank for an open-ended range.

Note: There are many parameters that you can select for each letter in order to create a more customized search. See Advanced Selection Parameters *in this chapter for an explanation of the various parameters and data options.*

4. Choose Create/Merge

Choose the Create/Merge button. The Create/Merge Options dialog box will appear. If you do not want to merge, choose the Cancel button.

5. Choose Create Data File and Merge Letters

Choose the Create Data File and Merge Letters button and choose OK. Your computer will automatically start Microsoft Word and merge the letter with the data you requested. If you don't want to perform any of these functions, choose the Cancel button. To add a Letter entry to the patient's Contacts, check Add to Contacts.

Note: As the patient data is retrieved from the Easy Dental database, the Abort Query box is displayed, which gives a count of the number of records read, number of records selected, and an Abort button to terminate the query if desired.

Printing a Letter

1. Switch to Microsoft Word

When the letter merge is complete, Microsoft Word will automatically be displayed.

2. Choose File | Print

After following the above steps to merge the letters, select Print from the File menu in Microsoft Word for Windows.

3. Click OK

Click the OK button in the Print window to print the merged letters.

4. Return to Reports

After the letters have printed, exit Microsoft Word and return to Reports. **Do not save the changes.**

Other Create/Merge Options

Create Data File ONLY

This option creates a data file containing the patient records based on the criteria established for the letter. After the file is created, you are returned to the Letters dialog box without merging the patient records into the letter template in Microsoft Word.

Normally this option will not be used unless you:

- Want to merge the letters at a later time.

- Want to review the patient records before they are merged by using the View button or the View Data Files feature available from the "Merge Letters using existing data file" option.

- Want to use the newly created patient data file for some other purpose (e.g., open it from Microsoft Excel or some other application).

- Want to merge labels or envelopes with the data file.

Merge Letters Using Existing Data File

This option is used only if Create Data File Only has previously been used to generate the patient data file for a particular letter template. The results of this option are the same as merging a letter except that the patient file has previously been created.

- Choose Create/Merge in the Letters dialog box.

- Choose Merge Letters Using Existing Data File, choose OK. The Merge letters dialog box will appear with the patient data file (that was previously created) in the Merge Data File Name box and the letter template with which it will be merged in the Merge Letter Template box.
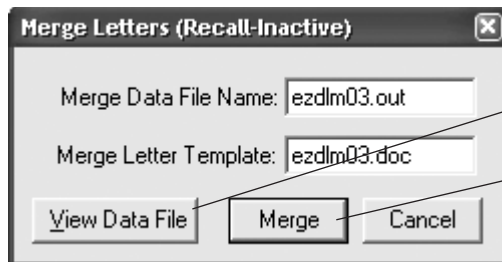
The Merge Letters dialog box.

Choose View Data File to view the data generated earlier.

Choose Merge to merge the data file with the letter template.

- If you want to use the Data File to merge and print labels or envelopes from Microsoft Word, the Merge Letter Template field can be edited to have EZDENVL.DOC, for #10, 4 1/8 x 9 1/2 envelopes; EZDLABL.DOC, for Avery 5160 Laser labels; or EZDLBL2.DOC, for Avery 5351 Laser labels.

• Click on Merge to begin the Merge OR if you do not want to continue, choose the Cancel button. If you choose the Merge button, the merge will begin.

Note: This option also allows you to review the data created in the patient file by choosing the View Data File button. When you are through examining the data, close the Notepad. You will be returned to the Merge Letters dialog box to continue with the merge.

Note:

1. If Microsoft Word is already open before the merge is initiated, there should be no documents open in Microsoft Word when the Merge is started.

2. If the Microsoft Word processing window does not open, but remains a flashing bar at the bottom of the screen, there is an error condition in the merge data file and/or letter template. Double-click on the flashing bar and Word will open. A message(s) will appear briefly describing the problem. If the errors are too significant to remedy in the word processor, close the document, fix the problem, and begin the Easy Dental merge process again.

Although Easy Dental controls what information is passed to Microsoft Word, it no longer has control of the data file or letter template once you have entered Microsoft Word. Any problems that may occur while in Microsoft Word must be corrected using Word documentation and features.

When you have completed the Microsoft Word process, Word can be closed or minimized after closing any open documents.

Advanced Selection Parameters

In most cases, when printing letters, a date range can be set using the Search button contained in the dialog box. In addition to this button, there are three other options that can be used in conjunction with the letters contained in the list box.
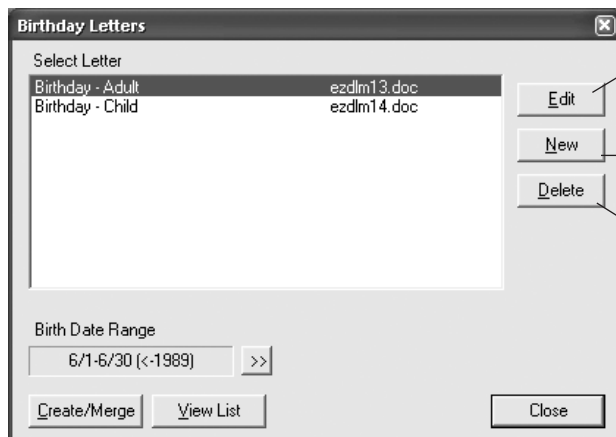
Click Edit to edit the parameters for the letter.

Click New to add a new letter.

Click Delete to delete a letter from the list box.

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Edit

The Edit button allows you to edit any of the ranges, parameters, and filters available for the letter chosen from the list box. Date ranges and many other parameters can be changed using the Patient Report View dialog box that is displayed by choosing the Edit button.

Delete

The Delete button is used to remove letter templates from the list box. First, select the letter template that is to be deleted from the list box, then choose the Delete button. The letters template file will not be deleted from the Easy Dental DOC directory.

New

The New button allows you to add new letters you have created using Microsoft Word.

Changing Letter Parameters

- Select the letter template where parameters are to be edited, then choose Edit.

- From the Patient Report View dialog box, select the desired parameter by which you wish to filter your database. The letter name, merge data file name and merge letter template will default to the letter you selected in the first step.

- When you have selected the desired parameters, choose the OK button. You will return to the letter selection dialog box.

The Patient Report View Box

The Patient Report View dialog box shows the letter description including the Letter Name, Merge Data File Name, and the Merge Letter Template name.

- The Merge Data File Name is the file name that will be used to save the patient data extracted from the Easy Dental database and which will be passed to Microsoft Word during the merge. The data file name should be the same as the letter template name, but end with the file extension "out".

- The Merge Letter Template name identifies the letter template that was created using Microsoft Word and which will be used for the merge. Most of the templates that are provided with Easy Dental begin with "ezdlm", followed by a two digit number, and ending with the file extension "doc," which Microsoft Word uses to identify a letter.

- The remaining items in the data box are used to identify which Easy Dental patient records to include or exclude from the patient file that is to be created for a merge document. These are referred to as ranges or filters.

The following is an overview of the filters:

- If a filter is left blank, it is assumed that the contents of the filter field should not be taken into account when the data file is created. Only mark a filter if the field is to be considered when the data file is created.

- When a data file is created, only the records that match all filters will be included, with the exception of the **Status** group boxes, **Gender** group boxes, **Position** group boxes, and **Balance Aging** group boxes. If a record matches any of the boxes checked within each group, and all other filters, it will be included. For example, if you want only male patients, choose the Male check box in the Gender group. If you want both males and females, either check both boxes or leave both boxes blank. As another example, if the Male check box is marked, the Married check box marked, and a 1st Visit Date range of 01/01/97 to 01/31/97 is entered, the data file will include only married males whose first visit date is in January of 1997.

- For name ranges—such as **Patient Name**, **Employer Name**, **Referral Names**, and **Insurance Company Name**—a single character can be entered, or the beginning or ending field can be left blank. If a range from A to Z is entered, all records will be included. Any of the name ranges can use partial keys (e.g. using the first few letters such as "Sm" for Smith). If the beginning range is left blank, the search will be as if A were entered; and if the ending range is left blank, the search will be as if Z were entered. The search buttons for each name range can be used to select a specific name.

- The **Accounts Only** check box can be marked to include only Head-of-Households in the data file.

You can select and enter a variety of filters to limit the patients for the letter.

- **Use Privacy Request for 'No Correspondence' to skip patients** enables you to specify if this letter should skip patients who have selected 'No Correspondence' in the Patients module. If you do not want this letter to skip any patients with this privacy request, mark 'Does not apply for this letter'. If this letter should skip patients and/or guarantors with this privacy request, mark 'Applies for Patients and Guarantors'. If this is a referral letter and you want to skip referred patients who have this privacy request, mark 'Applies for Referred By Patients'.

- The **Provider(s)** list and the **Billing Type(s)** list can be used to create a data file of patients with specific providers or billing types. Choose the All box if provider or billing type should not be considered for the data file, or highlight the specific providers or billing types by clicking on the selection with the left mouse button. The provider list refers to the patient's primary provider assigned in Patients.

- **Appointments** allows you to search for patients with appointments during specific date ranges or for appointments that were missed within a specific date range. There is a search button, which displays the Select Appointment Range dialog box. You can choose to search for either existing patients or for prospective patients. Prospective patients are defined as those patients who have set appointments as New Patients and do not have a record in the Patients module.

Note: Most letters will not merge properly for a new patient who has not yet been added to the Patients module unless you use only new patient merge fields. However, the Welcome Before First Visit letter can be merged for new patients who have appointments but have not been added to the Patients module.

- Mark whether you wish to search within an Appointment Date Range or Last Missed Appt Date Range. Enter the beginning and ending dates of the range.

- Select the Number of Appointments Missed to search for.

- Select the Appointment Provider(s) you wish to search for. Check All to include appointments with all providers.

- The **Balance** and **Future Due Payment Plan** filters can contain a starting amount range and/or an ending amount range. Each balance has a search button, which displays a Select Balance Range dialog box to add, edit or clear the range.

- **Birthday** is used to search by month, day, and/or year ranges. Each can function independently or together in any combination. <All> is assumed if each field is left blank. Choose the search button to display the Select Birthdate Range dialog box to add, edit, or clear birthdate ranges.

- For **City**, select the search button to display the Select City Range dialog box and to add, edit, or clear a city or range. If a city range is entered, only patients who live in a city or range (according to the Patients window) will be included in the data file.

- **Consent Date**, **First Visit Date**, **Last Pay Date, Last Ref Date**, **Last Visit Date**, and **Last Statement Date** each has a search button that displays a Select Date Range dialog box to add, edit, or clear date ranges. Dates are entered using the

MM/DD/YYYY format. If both the Beginning Date and Ending Date fields are left blank, the date range will not be used. Either field can be left blank for an open-ended range. The Consent Date, First Visit Date, and Last Visit Date are pulled from the Patients module. The Last Referral Date is the date the patient last referred another patient. The Last Pay Date is pulled from the Accounts module.

- The **Fee Schedule** filter allows you to search for patients with only the selected fee schedule(s). You can choose to search by Provider Default, Insurance Default, and/or Patient Default.

- For **Insurance**, select the search button to display the Select Insurance Name Range dialog box. There are three Search For options: No Insurance, Primary Insurance, and Secondary Insurance. There is also an Insurance Company Name range and a Remaining Benefits amount range. If anything is entered or selected in this dialog box, a patient will only be included in the data file if his or her insurance matches according to the filters selected. For example: if Primary Insurance is marked, Secondary Insurance is marked, Blue Cross is entered for the Beginning and Ending Insurance Company Name Range, and a Beginning Amount of 100.00 is entered, the data file will include any patients who have an insurance company name beginning with Blue Cross for primary or secondary insurance, and remaining benefits of at least $100.00. In the previous example, if No Insurance had also been marked, the data file would also include any patient who did not have any insurance.

- The **Med Alerts** search button displays a list of medical alerts. This is an "and" search function meaning that if hayfever and allergies are selected, patients must have both hayfeaver and allergies to be included in the data file.

- The **Patient Notes** search button displays the Note Search dialog box which allows you to look for combinations of strings in the Patient Notes (Patients window). Three text strings can be used and Boolean functions (and, or) are provided.

  For example, if "movie" is entered for Text 1, "surf" for text 2, and "sail" for text 3, and the OR boxes are marked, a patient will be included in the data file if the patient notes contains any of the text specified. If the AND box is marked, the notes will need to include both the previous text and the next text.

- The **Payment Plan** filter allows you to search for patients within a certain Payment Plan date range, interval, balance remaining, payments remaining, and number of payments missed.

- The **Prescriptions** filter allows you to search for patients who have been prescribed a medication or range of medications, and within a certain date range.

- The **Procedures** search button displays the Select Procedure Range dialog box. This filter will find patients who have a procedure within the procedure code range, that is treatment planned, completed, or existing—according to the options marked—if the procedure is dated within the procedure date range. For example, if Treat. Plan and Completed are each marked, and a procedure code range of D3310 through D3330 is entered, and a procedure date range of 01/01/04 through

01/31/04 is entered, then any patients who have a procedure code D3310, D3320, or D3330 Completed or Treatment Planned for a date in January, 2004, will be included in the data file.

- The **Recall** search button displays the Recall Ranges dialog box and allows you to search for patients who meet specific criteria for a specific Recall type. You can search for patients who:

  • Are due within a date range

  • Were previously seen within a date range

  • Have an appointment attached to Recall

  • Do not have an appointment attached to a Recall type.

- For **Referred By**, select the search button to specify if the letter is to be for Patient referrals or Dr./Other referrals. For **Referred To,** select the search button to enter a Referred To date range.

- **For Zip,** select the search button to display the Select Zip Code Range dialog box. If a specific zip code range is entered, only patients who live in a city in a range (according to the Patients window) will be included in the data file.

When all of the ranges, filters, and parameters have been established for the letter template in the Patient Report View window, click the OK button to accept the selections or choose Cancel to ignore the changes. You will return to the Letters category dialog box to begin the merge.

Selecting Data to Merge

In order for the Letter templates to function properly, it is necessary to flag the fields of data that the letter uses. These fields are called merge data filters, and are the data fields that are placed in the data file.

For example, the letter template may have a field indicating where the first and last name of the patient should be inserted. If this is the case, the merge data file created by Easy Dental must have data filters for the first and last name of the patients. The letter templates provided with Easy Dental have the merge data filters properly identified and the merge records send the appropriate data for the letter template.

Creating Letters or Data Files with Additional Data Fields

If you want to create your own letters or add additional Easy Dental data fields to an existing Easy Dental letter, it is necessary to identify that information in Easy Dental and Microsoft Word.

1. Click Letters
Click the Letters button on the toolbar to display the Letters dialog box.

2. Choose Category and Letter

Choose the desired Letter category and highlight the letter you wish to use.

3. Click Edit

Click Edit. The Patient Report View dialog box will appear.

4. Choose Data Fields Tab

From Patient Report View, choose the 'Data Fields' tab at the top of the window. All available data fields will be displayed.

5. Select Data Fields

Any item in the Data Fields list can be included in a merge data file by choosing its check box. The items shown checked in the sample are typical filters that are used with the Easy Dental letter templates. Some Easy Dental letter templates require additional items to be marked, depending on the template's merge data fields. Any item checked in the list will be included in the merge data file, whether it will be used in the template or not.
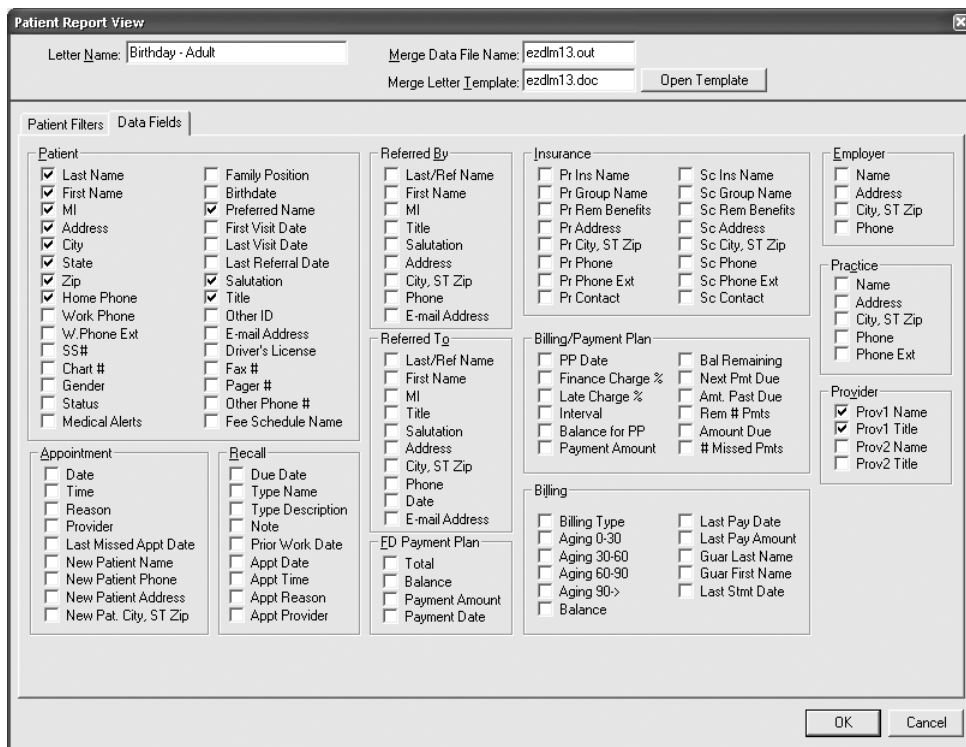
6. Choose OK

After the necessary items have been marked, choose OK or choose Cancel to ignore the selections.

Note: The more items that are selected, the longer it will take to create the merge data records. However, all data fields that are required in the letter template must be selected.

Creating Your Own Letters

New letters can be created in Microsoft Word either by changing existing Easy Dental letter templates OR by entering completely new text in Microsoft Word. To create a letter using existing Easy Dental letters, complete the following steps:

1.   Open Letter Template

Open the letter template file in Microsoft Word for the letter that is the most like the one you wish to create. Most of the correct Field Codes should already be entered in the letter. Press ALT + F9 on the keyboard to view Field Codes.

2.   Open EZDLM99.doc

Easy Dental includes a document called EZDLM99.doc in the same directory as the Easy Dental letters. This document contains a list of all of the Field Codes that Easy Dental uses. Open this file and it will appear in a second window over the letter template.

3.   Highlight Field and Choose Edit | Copy

Highlight the Field Code (the bracketed information) you wish to add to the letter and choose Copy from the Edit menu. The information you highlighted will be copied to the Clipboard.

Note: If you do not copy the entire field code, the field codes will not function properly. You must copy all of the bracketed information, including the brackets.

Caution!

4.   Switch Windows

Click Window and select the name of the letter template you opened to return to that document.

5.   Insert Field Code from Clipboard

Place the cursor where the Field Code is to be inserted. Select Paste from the Edit menu and the Field Code you copied from Ezdlm99.doc will be added to your letter.

6.   Repeat Steps 3-5 (Optional)

If more fields are needed, repeat steps 3-5 for all of the fields you wish to add to the letter.

7.   Edit Text

Using Microsoft Word, add or delete any of the text you wish. *Warning: If you delete parts of field codes while editing the text, they must be reinserted or the letter merge will not work properly.*

Caution!

8.   Save Letter

When completed, the letter should be saved using a new name. Choose File then Save As from the menu. You should follow the Easy Dental format for saving these letters, by beginning the name with EZDLM followed by a two digit number. The existing Easy Dental letters number 01-48 and future versions of Easy Dental may contain more. It is suggested that you begin saving your letters at 70 in anticipation of more letters being added in future versions of the software. The letters should be placed in the same directory as your other Easy Dental letter templates.

Batch Insurance Claims

Many offices choose to create all insurance claims for that day at the same time instead of one patient at a time throughout the day. The Create Insurance Claims button in the Reports module allows you to create all primary insurance claims for procedures posted within the selected date range. This feature will exclude any procedure codes and insurance companies that are flagged 'Do Not Bill to Insurance'. (See the *Procedure Code Setup* section in this chapter for information on flagging procedure codes. See the *Insurance Information* section of the Patients chapter for information on flagging insurance companies.) To create batch insurance claims, complete the following steps:

1. Click Create Insurance Claims

Click the Create Insurance Claims button in the Reports module. The Create Batch Primary Insurance Claims dialog box will appear.

2. Enter Procedure Date Range

Enter a procedure date range. All procedures within the selected date range in the Accounts module will be included.

3. Click OK

Click the OK button to generate the claims. The Batch Insurance Claims Completed dialog box will appear listing the number of claims that were generated. Click OK again to send the claims to the Batch Processor where they can be printed or sent electronically.

Easy Export

The Easy Export feature allows offices to export daily deposit and receipt totals from Easy Dental into accounting software such as QuickBooks, Peachtree, and Excel, or into a text file. Easy Export will automatically calculate and transfer actual production and collection numbers for you. The following sections will explain how to setup and use Easy Export:

- Easy Export Setup

- Exporting Totals

- Viewing Previously Exported Totals

Easy Export Setup

Adjustment Types and Account Names

Before you begin exporting totals using Easy Export, you must determine which adjustment types should be applied to Collections and which should be applied to Production. For more information on adding or customizing the Adjustment Types in Easy Dental, see the System Maintenance section of this chapter.

Warning: Adjustment types should not be moved after the initial accounting export; otherwise it could affect the data. Settings should only be changed once (prior to the first data export).

1. Click Easy Export

Click the Easy Export button located in the Reports module. The Easy Export dialog box will appear.

2. Click Export Setup

Click the Export Setup button. The Export Setup dialog box will appear.

3. Select Totals to Include

Place a checkmark next to the totals that you wish to include in the export. Your choices are: Production Total, Collections Total, and Other Collections Total. The name of the account is shown under each category. You may change the name if desired.

4. Move Adjustment Types (Optional)

All credit adjustment types will default to the For Production Total list. All debit adjustment types will default to the For Collections Total list. If you wish to move an adjustment type to a different list, highlight it and click the single arrow pointing to the desired list. Click the double arrows to move all types from one list to the other.

Note: Late Charges and Finance Charges will always be included in the Production Adjustment List and cannot be moved.

Move Adjustment and Payment types to the appropriate boxes using the arrows.

Select the totals that you wish to include in the export.

5. Move Payment Types (Optional)

All Payment Types will default to the For Collections Total list. If you wish to move a Payment Type to the For Other Collections Total list, highlight it and click the single arrow pointing to the right.

6. Change Account Names (Optional)

You may change the names of the A/R Account and Customer Name/ID if desired. Below is an explanation of each account.

> **A/R Account** - Production and collection totals are exported to this account.

> **Customer Name** or **Customer ID**- Production and collection totals are exported to this customer account.
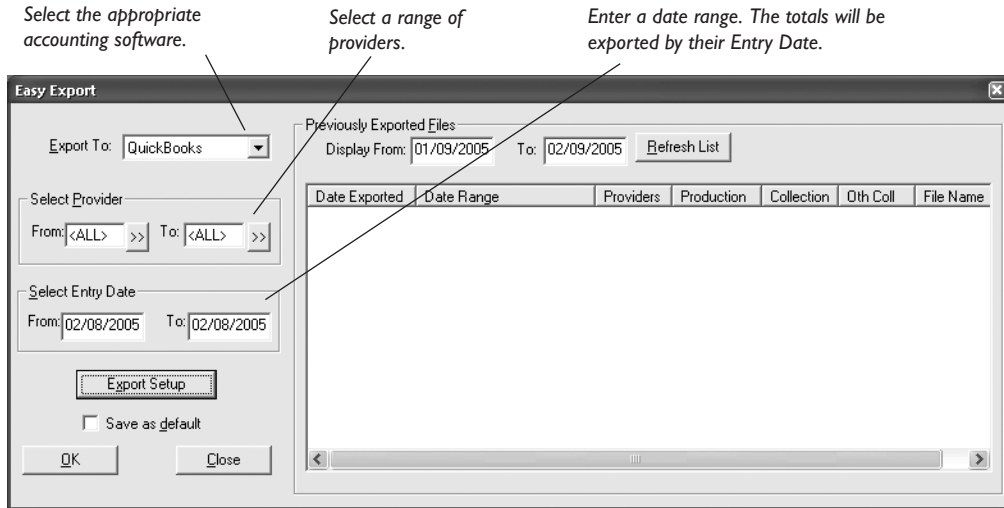
7. Click OK

Click the OK button to save your changes and return to the Easy Export window.

Exporting Totals

1. Click Easy Export
Click the Easy Export button located in the Reports module. The Easy Export dialog box will appear.

Select the appropriate accounting software.   *Select a range of providers.*   *Enter a date range. The totals will be exported by their Entry Date.*

2. Select Accounting Software
Click the down arrow next to Export To. Select the accounting software you wish to export the totals into. The choices are QuickBooks, Peachtree 2000, Excel, or Text.

3. Select Provider
Click the search arrow next to From and select the provider you wish to begin the range with. Click the search arrow next to To and select the provider you wish to end the range with. If you wish to include all providers, leave at <ALL>.

4. Select Entry Date
Enter a date range in the From and To fields. All totals with an entry date within that range will be included in the export.

5. Save as Default (Optional)
To save the settings you have selected, check the Save as Default checkbox.

6. Click OK
Click the OK button. The Export dialog box will appear.

Note: If corresponding date(s) within the selected date range and provider(s) within the selected provider range have previously been exported out of Easy Dental, a message will appear stating "Date(s) and Provider(s) within the specified ranges have already been exported. Please select different dates or providers." Click Continue Export to ignore the message and continue with the export. Click Cancel to cancel the export and return to the Easy Export dialog box.
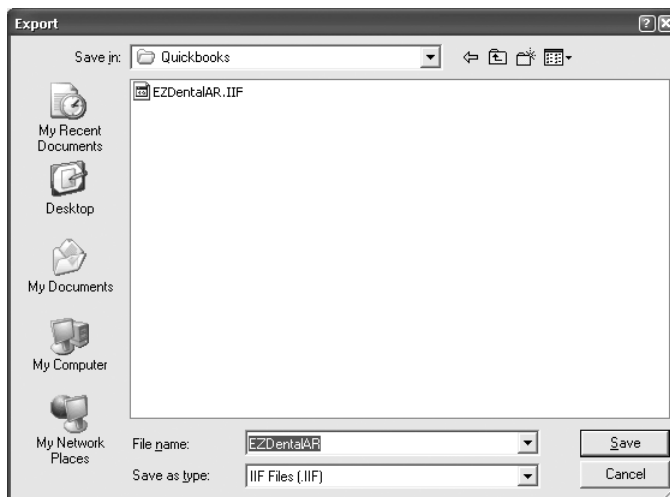
7. Save File

Select the directory you wish to save the file in. (The directory will default to the path selected in Preferences. See the Easy Export Setup section for more information.) Change the file name if desired and click Save.

8. Click OK

A message will appear stating "Easy Dental is creating and saving the Export File." After it is complete, a dialog box will appear stating "The Export File has been saved." Click the OK button to finish. You may now use your accounting software to open the exported file.

Viewing Previously Exported Totals

Easy Export will automatically list the most recent exported totals in the Easy Export window. The date it was exported, date range, providers, production total, collection total, and file name will all be listed. To view a specific date range of exported files, enter the date range in the From and To fields. Click Refresh List to view the most current data if exporting has occurred and the Easy Export window has not been closed.

Note: The data may be sorted in ascending and descending order by clicking the column headings.

System Maintenance

The Easy Dental system maintenance feature is used:

- To initially set up the system for your practice

- To maintain various reference files in the database

- To print the audit trail.

To perform the first two functions, choose **Maintenance** from the Reports module's toolbar. To print the audit trail, choose **Audit** from the Reports module toolbar. Many of these **Maintenance** options are explained in the Installation and Setup Chapter. That information is referenced below along with information on all **Maintenance** options that were not explained in that chapter.

Maintenance Options

Fee Schedules

This option allows you to make alterations to an entire fee schedule, or specific segments of the fee schedule, without having to manually enter each amount in the Procedure Code Editor.

1. Click Maintenance and Choose Fee Schedules
From the Reports module, click the Maintenance button and choose Fee Schedules. The Automatic Fee Schedule Changes dialog box appears.

2. Select Fee Schedule
Select the Fee Schedule you wish to change, by clicking the Search button next to the Select Fee Schedule box.

3. Select Procedure Code Range (Optional)
If desired, select the procedure codes you wish to change, using the Search buttons next to the From and To boxes.

4. Select Operation
Choose the way you wish to change the fee schedule.

If you wish to copy the fee schedule:
- Select the Copy Fee Schedule To option.

- Click on the Search button to the right of that option.

- Select the Fee Schedule name you wish to copy this fee schedule to.

If you wish to clear the fee schedule:
- Click on the Clear Fee Schedule button to make each amount in the fee schedule $0.

If you wish to Change the Fee Schedule:
- Select the Change Fee Schedule option.

- Click on the Increase By or Decrease By radio buttons. You can Increase or Decrease the fees in the range you've selected by dollar amounts or percentages.

- Choose the appropriate Round To radio button. You can choose to round the percentages you select to the nearest dollar, dime or penny.

5. Click Copy, Clear, or Change

Depending on the type of operation you wish to initiate, choose the Copy, Clear or Change button to begin the fee schedule changes.

6. Make Changes (Optional)

The new fees will be displayed. You may edit the individual fee by double-clicking on the fee. Enter the correct fee and then press the Enter key on the keyboard or click the green checkmark.

7. Accept or Reject

Click the Accept button to save the new fee schedule. Or, click the Reject button to return the fee schedule to its original fees.

Report Fonts

You can change the fonts used in reports and statements. You have control over most aspects of the reports, including what font, size, and style to use for headers, footers, subheaders, body, etc. This feature can help you maintain a particular style or image for your practice.

The number of fonts available for selection is dependent upon the number of TrueType and resident printer fonts installed on your system.

You can also control the style and the size in which the font is printed. For example, you can specify that a font print bold, italic, or bold italic. You can also specify the size of the font, from 8 points to 72 points.

Note: Easy Dental reports are formatted carefully to fit to a specific page size and dimension. Changing the font, size or style may alter the layout of the report and produce undesirable results.

Caution!

To Change Report Fonts:

1. Click Maintenance then Report Fonts

From Reports, click the Maintenance button and choose Report Fonts.

REPORTS

2. Select Report Font to Change

Click the down arrow in the Easy Dental Report Fonts box. A list of font styles appear. Click on the Style you wish to edit.

3. Click the Change Fonts Button

Click the Change Font button. The Fonts dialog box appears.

4. Change Font, Style, and Size

Highlight the desired font, style, and size in the appropriate columns.

5. Click OK

Click the OK button to return to the Report Fonts dialog box. If the displayed sample is satisfactory, click the OK button. Repeat for any other font styles. Any report printed from this point on will reflect your changes.

Note: To return fonts to the Easy Dental default settings. Select the desired font style and then click the Default Font button.

Preferences

The Preferences dialog box contains four tabs that allow you to customize certain aspects of Easy Dental.

General Options

The General Options tab in Preferences allows you to select the initial module to launch, select the default for payments and adjustments, suspend Patient Alerts if necessary, and set Easy Checkout options. These defaults can be selected for each computer.

1. Click Maintenance and Preferences

From the Reports module, click the Maintenance button and choose Preferences. The Preferences dialog box will appear displaying the General Options tab.

2. Select Options

The following options are available on the General tab as explained below:

- Select Initial Window to Launch – Mark the module you wish to launch first when Easy Dental is opened.

- Select Payment/Adjustment Default – Select Account or Current Patient as the default assignment of payments and adjustments.

- Check Suspend Patient Alerts (Optional) – Place a checkmark next to this option to prevent any Patient Alerts from automatically appearing on this computer.

- Select Easy Checkout Options – Place a checkmark next to the functions that you want to occur when you click the Easy Checkout button in Accounts. You can create an insurance claim, enter a payment, and generate a Walkout Statement. Choose whether you want the claim and Walkout to be sent to the Batch Processor or printed.

3. Click OK
Click the OK button to save the settings.

Print Options

When you choose the Print Options tab, you can set general printing options that will affect reports printed from Easy Dental. These setting will NOT affect letters since they are printed from Microsoft Word.

1. Click Maintenance and Preferences
From the Reports module, click the Maintenance button and choose Preferences. The Preferences dialog box will appear. Click the Print Options tab.

2. Select Options
The following options are available on the Print Options tab as explained below:

- Left and Top Offset – Enter the left and top offset amounts, in inches, to adjust the alignment of printed insurance claims. The Left Offset is intended for use with laser printing variations and affects all billing statement and insurance claim formats. A negative (-) can be entered to subtract from the margin, if necessary.

- Statement Count – If you want to send Billing Statements in batches, enter the number of statements you wish to send at one time in the Statement Count box.

- Use ADA Codes in Descriptions – If you want ADA codes to appear with their descriptions, place a check mark in this box.

- International Tooth Numbering – If you want to switch to international tooth numbering, place a check in this box.

- Provider ID column for Statements - Check this box to print the provider ID next to each transaction description on Walkout and Billing Statements.

- No Insurance Flag(*) on Statements – Check this box to remove the *Indicates this procedure has been billed to Insurance message on the bottom of Billing Statements.

- Verify Billing Statements to Send – If you would like to preview Billing Statements before printing or sending electronically, mark the Verify Billing Statements to Send option.

- Use Avery 5160 Mailing Labels – By default, Easy Dental uses the Avery 5351 (three columns, eleven rows) label format when printing label reports. Check this box to use an Avery 5160 (three column, ten rows) label format when printing labels.

- Mailing Labels - Skip patients who have requested no correspondence – Check this box to skip patients who have "No Correspondence" checked in the Patients module.

- Sort Claim by ID – Check this box to print procedures on insurance claims in the order the procedures were posted.

- Sort Pre-treatment by ID – Check this box to print procedures on pre-estimate claims in the order the procedures were posted.

- Print Provider Balances for Aging Report – Check this box to add a provider balance total for each provider on your Aging Report. If desired, check Include Accounts with 0.00 Balance.

3. Click OK

Click the OK button to save the settings.

Statement Forms

1. Click Maintenance and Preferences

From Reports, click the Maintenance button and choose Preferences. The Preferences dialog box will appear. Click the Statement Forms tab.

2. Edit Statement Forms

All billing statements that are available from Easy Dental are listed. To change the description of an available form, highlight it, then edit the name in the Descriptive Name box then click Change to rename the form. The Enable/Disable checkbox allows you to make any form unavailable for selection when choosing a default billing statement. A checkmark indicates that the form is enabled and will appear in the Practice Defaults dialog box. The To Top button will move the selected form to the top of the list.

3. Click OK

Click the OK button to save the settings.

Paths

When you choose the Paths tab, you can set the Database path and the Letter Templates path and any other paths Easy Dental may be using. If the location of these files have changed, change the paths here.

1. Click Maintenance and Preferences

From Reports, click the Maintenance button and choose Preferences. The Preferences dialog box will appear. Click the Paths tab.

2. Edit Paths

To change a path, click the Browse button and locate the correct directory. If any paths are changed, you will need to restart Easy Dental.

3. Click OK

Click the OK button to save the settings.

Purge Exported Files

The Purge Exported Files utility enables you to delete information that was exported, such as data from letters and reports that were selected to 'Print to File'.

1. Choose Maintenance | Purge Exported Files
Choose the Maintenance menu, then Purge Exported Files. The Purge Exported Files dialog box will appear.

2. Select Information to be Purged
Check 'Purge data files for Letters/Quick Letters' to delete any .out files (data) created during letter merges and stored in the Exports directory. Check 'Purge exported text and log files (from reports and utilities)' to delete data in .txt and .log forms in the Exports directory. Reports that were selected to 'Print to File' are stored as .txt files. Logs from utilites that were run with Dentrix Support are saved as .log files.

Note: The default location of the Exports directory is C:\Program Files\EZDental\Doc\Exports.

3. Click OK
Click the OK button to purge the selected data. Click Cancel to exit this dialog box without deleting anything.

Standard Coverage Tables

The Standard Insurance Coverage Tables are made available to be copied for insurance plans in the Patients window. The first standard coverage table is automatically given to each new insurance plan as the default. The insurance coverage table is used to estimate the portion of charges the insurance company will pay.

To Edit a Standard Coverage Table:

1. Choose Maintenance | Coverage Tables
Choose the Maintenance menu, then Coverage Tables. The Standard Insurance Coverage Tables dialog box will appear. Easy Dental includes five standard coverage tables:

1. Default Coverage Table

2. All Procedures (Cap Plan)

3. ADA Categories (12)

4. Basic, Major, Ortho, Adj Gen

5. ADA Sub Categories (68)

2. Choose Coverage Table | Edit
From this list box you can select any one of the five standard coverage tables in the Easy Dental system. Click on the Edit button. The Insurance Coverage Table dialog box for the coverage table you selected will appear.

3. Edit Coverage Table
See the *Patients* chapter for information on editing the Coverage Table.

4. Choose OK
Choose OK when you have finished editing the coverage Table. Click on Close in the Standard Insurance Coverage Table dialog box to return to the main Reports window.

Employer Maintenance

The Employer Maintenance feature makes it easy to add, edit, join, and purge employers from a central location in the Reports module. To make the process of assigning an employer easy, Easy Dental compiles a database of employers. As a result, you only need to enter the employer information once. After the employer information has been entered either in the Patients module or through Reports, you can then select the employer for a patient in the Patients module.

The Employer Maintenance screen in Reports gives you the ability to manage employer information from a central location. This is also helpful in preventing duplicate employers from being entered. For information on assigning employers to patients, see the Patients chapter. This section will detail how to add, edit, and delete employers.

To Add an Employer:

1. Click Maintenance | Employer Maintenance
From Reports, click the Maintenance button then choose Employer Maintenance from the menu. The Employer Maintenance dialog box will appear.

2. Click New
Click the New button. The Employer Information dialog box will appear.

3. Enter Employer Information
Enter the employer's name, address, and phone number in the appropriate fields.

4. Click OK
Click the OK button when finished. The Employer will now be listed in the Employer Maintenance window.

To Edit an Employer:

1. Click Maintenance | Employer Maintenance
From Reports, click the Maintenance button then choose Employer Maintenance from the menu. The Employer Maintenance dialog box will appear.

2. Select Employer
Type the first few letters of the employer's name in the Enter Employer Name field. Easy Dental will automatically match the letters you type with existing employers. Select the appropriate employer by clicking on the name to highlight it.

3. Click Edit

Click the Edit button to open the Employer Information dialog box.

4. Edit Information

Edit the necessary information then click OK. A message will appear stating that these changes will affect all patients to which this employer is assigned. To save your changes, click OK. To exit without saving your changes, click Cancel.

To Join Employers:

Joining employers will merge two employers into one. All employees from the Source Employer will be moved to the Destination Employer selected.

1: Close Easy Dental

Make sure that Easy Dental is closed on all workstations, except the workstation that you are working on.

2. Click Maintenance | Employer Maintenance

From Reports, click the Maintenance button then choose Employer Maintenance from the menu. The Employer Maintenance dialog box will appear.

3. Click Join Employers

Click the Join Employers button. The Join Employers dialog box will appear.

4. Select Source Employer

Click the search button next to Source Employer. Select the employer that you wish to merge. Click OK.

5. Select Destination Employer

Click the search button next to Destination Employer. Select the employer that the Source Employer should be changed to. Click OK.

6. Click Join

Click the Join button after you have selected the appropriate source and destination employers. A message will appear stating that all employees from the source employer will be moved to the destination employer. Click Yes to continue or No to cancel.

A message will appear stating that the employers have been successfully joined. If no patients were assigned to the source employer, a message will appear stating such. Click OK.

To Purge Employers:

1. Click Maintenance | Employer Maintenance

From Reports, click the Maintenance button then choose Employer Maintenance from the menu. The Employer Maintenance dialog box will appear.

2. Click Purge

Click the Purge button. The Purge Employers dialog box will appear. All employers that are NOT attached to any patients will be listed.

3. Delete Employer(s)

If you wish to delete all employers listed, click Delete All. If you only wish to delete a selected employer, highlight the desired employer and click Delete.

Note: If an employer you wish to delete is not listed in the Purge Employer dialog box, it is attached to a patient. The employer must be cleared from the patient's file in the Patients module before it can be deleted. To find the patient, print the Employer List for that employer (in Reports click Reference Reports | Employer List and check Include Employees).

4. Click Close

Click the Close button when finished.

Insurance Maintenance

The Insurance Maintenance feature enables you to add, edit, join, purge, and enter coverage and payment table information for dental insurance plans. To make the process of assigning insurance easier, Easy Dental compiles a database of insurance companies as they are entered. As a result, you only need to enter the insurance information once either through Patients or through Insurance Maintenance in Reports.

The Insurance Maintenance screen in Reports gives you the ability to manage insurance information from a central location. This is also helpful in preventing duplicate plans from being entered. For information on assigning insurance to patients, see the *Patients* chapter. This section will detail how to add, edit, and delete insurance carriers as well as change coverage information using the Insurance Maintenance feature.

To Add an Insurance Carrier:

1. Click Maintenance | Insurance Maintenance

From Reports, click the Maintenance button. Select Insurance Maintenance from the menu. The Insurance Maintenance dialog box will appear.

Note: To make certain that the insurance company has not been previously entered, type the first few letters of the Carrier name in the Enter Carrier Name field. Easy Dental will automatically match the letters you type with existing plans.

2. Click New

Click the New button. The Insurance Information dialog box will appear.

3. Enter Carrier and Group Plan Names

Enter the carrier name and group plan name. If you do not have a group plan name, enter the employer name as the group plan name. This will assist you later on when you are assigning previously entered insurance carriers to patients.

4. Select Employer

Click the search arrow button to select an employer for this insurance plan. This will link the insurance plan with the selected employer so that when entering patients with this employer in Patients, you may search by employer for the correct insurance plan.

5. Enter Address, Phone Number and Contact Name

Enter the address where insurance claims should be mailed for this carrier. Enter a phone number and contact person.

6. Enter Group Number

Enter the Group Number for this plan. If the plan is a Union plan, enter the Local number.

7. Modify Last Update and Benefit Renewal

Use the Last Update text box to keep track of the last time the insurance information was updated by you. Easy Dental will not update this field automatically. Use the Benefit Renewal text box to enter the month that the yearly insurance benefits renew for the insured patient.

8. Select Claim Format

Click the down arrow next to Claim Format to select the desired format that should be used when printing claims for this carrier.

9. Choose an Alt Code (Optional)

The Alt Code text box will default to the ADA procedure codes. To use a different code system when printing insurance claims for this carrier, select the Alternate Code search button and the Select Alt Code dialog box will display the available alternate code selections.

10. Attach a Fee Schedule

You may attach a fee schedule to this insurance carrier using the Fee Schedule box. If a fee schedule is attached to the insurance carrier it will be used instead of the fee schedule attached to the patient's primary provider. However if a fee schedule is selected for the patient, that fee schedule will be used instead of the one attached to the insurance carrier.

11. Enter Payer ID Information

The Payer ID relates to eTrans for Easy Dental. If you are an eTrans subscriber, enter the Payer ID manually or click the search button and select the Payer ID from the list.

12. Provider ID Setup

Click the Provider ID Setup button to specify a certain insurance ID for a provider. (For more information on how to setup multiple IDs for a provider, see *Provider ID Setup* at the end of this section.)

13. Enter National Plan ID

The National Plan ID relates to eTrans for Easy Dental. If you are an eTrans subscriber, enter a National Plan ID for this carrier if necessary.

14. Select Source of Payment

The Source of Payment relates to eTrans for Easy Dental. If you are an eTrans subscriber, click the down arrow and select the appropriate Source of Payment for this carrier.

15. Replace Initial Character

If this insurance company requires the ADA CDT-4 or new CDT-5 codes, and you have not converted all of your codes to this format, check this box and enter the appropriate letter that will replace the initial character of each procedure code on printed claims.

16. Mark Do Not Print Dental Diagnostic Codes on Claims

If you do not want to include dental diagnostic codes on the insurance claims for this carrier, mark this option.

17. Do Not Include Group Plan Name

To exclude the Group Plan name from printing on the claim or from sending electronically, mark this option.

18. Mark Do Not Bill to Dental Insurance

Mark this option to prevent any batch insurance claims from being created for this carrier and to exclude the procedures from showing on the "Procedures Not Attached to Insurance" report. For more information see Batch Insurance Claims and Account Reports in this chapter.

19. Click OK

Click the OK button to exit and save your changes. If you wish to exit without saving any changes, click the Cancel button. You will return to the Insurance Maintenance window.

To Change Insurance Carrier Information:

1. Click Maintenance | Insurance Maintenance

From Reports, click the Maintenance button then select Insurance Maintenance from the menu. The Insurance Maintenance dialog box will appear.

2. Select Carrier

To search for a carrier by name, type the Carrier name in the Enter Carrier Name field. You may also search for a carrier by Employer, Group Plan, Group Number, Local Number, or Address. Mark the desired option and begin typing the associated characters in the Enter field. Matches for the letters you entered will appear in the list box. Click on the desired carrier to highlight it.

3. Click Ins Data

Click the Ins Data button. The Insurance Information dialog box will appear.

4. Edit Information

Edit the necessary information contained in this dialog box.

5. Click OK

Click the OK button. A message will appear asking if you want to Change Plan for All or

Add As New Plan.
- Select Change Plan for All if you want any change to the existing insurance plan information to change that information for ALL other subscribers who have the same insurance plan. These changes will affect all claims in the past as well.

OR

- Choose Add as New Plan if you want to copy all of the insurance information for the current subscriber and add the changed insurance plan without changing the original plan.

Click OK to return to the Insurance Maintenance screen.

Provider ID Setup

Some insurance plans have their own ID numbers for providers which they need for claims instead of or in addition to the State ID Number or Provider #. The Provider ID Setup enables you to cross-link multiple IDs to a provider and insurance company which will ensure that the correct ID is printed on each insurance claim. Complete the following steps to setup insurance IDs for a provider:

Note: When using passwords, the user must have rights to "Provider ID Setup" to access the Provider ID Setup button.

1. Click Provider ID Setup
From the Insurance Plan Information dialog box, click the Provider ID Setup button. The Select Primary Provider dialog box will appear.

Note: If the insurance plan has not been saved, you will be prompted to do so before continuing.

2. Select Provider
Highlight the appropriate provider and click OK. The Provider ID Setup dialog box will appear.

To Add a Provider ID:

3. Enter Provider ID Code
Click the down arrow to select a Provider ID Code from Practice Definitions. (For information on how to enter Provider ID Codes so that they are available for selection, see *Practice Definitions* in this chapter.)

4. Enter Provider ID Number
Type the Provider ID Number in the right text box.

5. Click Add
Click the Add button. The Provider ID Code and Number will be added to the list for this provider and insurance company.

To Change a Provider ID:

3. Highlight Provider ID
From the list of provider IDs, highlight the one that you wish to edit or change.

4. Make Changes
Make the appropriate changes in the Provider ID Code and Provider ID Number text boxes.

5. Click Change
Click the Change button. A message will appear asking if you are sure you want to change this Provider ID. Click Yes to apply the changes or No to cancel.

To Delete a Provider ID:

3. Highlight Provider ID
From the list of Provider IDs, highlight the one that you wish to delete.

4. Click Delete
Click the Delete button. A message will appear asking if you are sure you want to delete this Provider ID. Click Yes to remove the Provider ID or No to cancel.

To Clear Provider IDs:

3. Click Clear Provider IDs
From the Provider ID Setup screen, click the Clear Provider IDs button. The Clear Provider IDs for <provider> dialog box will appear.

4. Select Delete Option
   • For this Insurance Plan – If this option is marked, all IDs for both the current Provider and Insurance Plan will be deleted.

   • For All Insurance Plans with this Payor ID – If this option is marked, all IDs for the current Provider and any Insurance Plan with the listed Payor ID number will be deleted. A message will appear displaying the total number of plans affected.

   • For ALL Insurance Plans – If this option is marked, all IDs for the current provider for all Insurance Plans will be deleted.

To Copy Provider IDs:

3. Click Copy Provider IDs
From the Provider ID Setup screen, click the Copy Provider IDs button. A message will appear informing you that the Provider IDs for the current provider and insurance plan will be copied to all other insurance plans with the same Payor ID. To continue, click Yes. To cancel, click No. A message will appear totaling the number of plans affected.

Entering and Editing a Coverage Table

You can easily access insurance coverage table and deductible information by completing the following steps.

1. Click Maintenance | Insurance Maintenance
From Reports, click the Maintenance button then select Insurance Maintenance from the menu. The Insurance Maintenance dialog box will appear.

2. Select Carrier
Type the first few letters of the Carrier name in the Enter Carrier Name field, and click the search button. Matches for the letters you entered will appear in the box below. Click on the desired carrier to highlight it.

3. Click the Coverage Table Button
Click the Cov Table button. The Insurance Coverage dialog box appears. The carrier and group plan names are placed in the title bar.

For complete information regarding editing the Coverage Table, see *Working with Coverage Tables* in the *Patients* chapter.

Entering and Editing the Payment Table

A Payment Table is used when an insurance carrier always pays the same fee on a procedure regardless of percentage. Easy Dental can automatically update the insurance payment table whenever payments are received from the carrier. This process maintains the accuracy of the table and is used to calculate insurance estimates. You can view and edit payment tables from the Insurance Maintenance screen.

1. Click Maintenance | Insurance Maintenance
From the Reports module, click the Maintenance button then select Insurance Maintenance from the menu. The Insurance Maintenance dialog box will appear.

2. Select Carrier
Type the first few letters of the Carrier name in the Enter Carrier Name field, and click the search button. Matches for the letters you entered will appear in the box below. Click on the desired carrier to highlight it.

3. Click the Payment Table Button
Click the Pmt Table button. The Edit Updated Insurance Payment Table appears. The carrier and group plan names are shown at the top of this dialog box.

For complete information regarding the Payment Table, see *Using Payment Tables* in the *Patients* chapter.

REPORTS

Joining Insurance Carriers

To move all subscribers from one plan to another, essentially merging plans, complete the following steps:

1.   Close Easy Dental
Make sure that Easy Dental is closed on all workstations, except the workstation that you will be working on.

2.   Choose Maintenance | Insurance Maintenance
From Reports, choose Maintenance, then Insurance Maintenance. The Insurance Maintenance dialog box will appear.

3.   Click Join Plans
Click the Join Plans button. The Join Plans dialog box will appear.

4.   Select Join Criteria
Mark 'Employer-based' to move all subscribers attached to one particular insurance plan linked to a specific employer to another insurance plan that is linked to the same employer. Check 'Subscriber's Employer must match Insurance Plan Employer Field' to move only subscribers who are assigned the same employer in the Patients module. Mark 'Plan-to-Plan' to join insurance plans regardless of employers.

5.   Select Source Insurance Plan
Click the search button next to Source Insurance Plan and select the plan that you wish to join with another. Click OK. The plan's group number, group plan, and linked emloyer will be listed.

6.   Select Destination Insurance Plan
Click the search button next to Destination Insurance Plan and select the plan to which you wish to merge the source plan. Click OK. The plan's group number, group plan, and linked employer will be listed.

7.   Click Join
Click the Join button to join the two selected plans. A warning message will appear stating that all subscribers of the source insurance plan will be changed to the destination insurance plan. Click Yes to continue or No to cancel. A message will appear when the merge is successful. If there are no subscribers (that match the criteria) associated with the source insurance plan, a message will appear indicating such.

Purging Insurance Carriers

1.   Click Maintenance | Insurance Maintenance
From Reports, click the Maintenance button then select Insurance Maintenance. The Insurance Maintenance dialog box will appear.

2. Click Purge

Click the Purge button. The Purge Dental Insurance Plans dialog box will appear listing all plans that are NOT attached to any patients.

3. Delete Carrier(s)

If you wish to delete all carriers listed, click Delete All. If you only wish to delete a selected carrier, highlight the desired carrier and click Delete.

Note: If the carrier you wish to delete is not listed in the Purge Insurance dialog box, it may be attached to a patient or to an outstanding claim. You must clear that insurance from the patient's file before it can be deleted. To find the patient, print the Insurance Carrier List for that plan (in Reports choose Reference Reports | Insurance Carrier List | check Include All Insured Patients). For more information, see Duplicate Insurance *in the* Patients *chapter.*

4. Click Close

Click the Close button when finished.

Purge Dental Insurance Benefits Used

Purge Insurance Benefits Used allows you to selectively zero out insurance coverage benefits used. Complete the following steps to purge used insurance benefits:

1. Choose Maintenance | Purge Dental Insurance Benefits Used

From Reports, choose Maintenance, then Purge Dental Insurance Benefits Used. The Used Dental Insurance Benefits Purge dialog box will appear.

2. Select Benefits to Purge

Each insurance plan is based on a twelve month period. Most insurance benefits expire at the end of each calendar year. By selecting the appropriate month, Easy Dental will evaluate each plan and set the benefits to zero if it meets the criteria. To purge the benefits for only one insurance plan, mark Selected Insurance Plan and click the search button to select the desired plan.

3. Click OK

Click OK to purge the used insurance benefits and return to the Reports window, OR click Cancel to return to Reports without purging insurance benefits.

Note: During the Month End update, Easy Dental will automatically purge benefits used for those insurance companies that reset in the next calendar month. If this purge option is done after the 1st of the month, any patients who have already come in during that month, and have that particular month listed as their Benefit Renewal month in the insurance information screen in Patients, will have their Benefits Used reset to zero.

Practice Setup

This drop-down menu contains all of the main options necessary for setting up your Practice. Some of this information is covered in the Setup chapter and will be referenced accordingly. If the information is not covered in the Setup chapter, a complete step-by-step explanation is provided in the following:

Setup Printer

1. Choose Practice Setup | Setup Printer
From Reports, click the Practice Setup button and choose Setup Printer.

2. Select Printer
Highlight the printer you wish to print reports to and click OK.

3. Repeat
Repeat steps 2 and 3 on each workstation.

Practice Resource Setup

See the Setup chapter for specific instructions on the Practice Resource Setup.

Procedure Code Setup

Easy Dental provides you with all of the current ADA procedure codes after the initial installation. The Procedure Code Setup menu command allows you to review, edit, and add procedure codes to the Easy Dental system. See the *Setup* chapter for instructions on the initial setup of procedure codes. Use the following as reference if you wish to alter a procedure code.

Description – The procedure description is displayed in most of the Easy Dental modules, and on insurance claims, billing statements, and various reports. The ADA description is included for each Easy Dental procedure and is abbreviated as necessary.

Code Names – The standard ADA code name is displayed for the procedure in most of the Easy Dental modules. It is also used to print some reports by procedure range. Any of the four alternate codes can be used when insurance companies do not accept the standard ADA code on insurance claims. The first alternate code is displayed in the Appointment List as the "reason for appointment" when a procedure is scheduled from a patient's treatment plan. The alternate code titles are set up from Definitions.

Treatment Flags – See *Setting Up Procedure Codes* in the *Setup* chapter.

Auto Recall – See *Setting Up Procedure Codes* in the *Setup* chapter.

Procedure Time – See *Setting Up Procedure Codes* in the *Setup* chapter.

Do Not Bill to Insurance – If this option is marked, the procedure code will be excluded from claims that are created using the Create Batch Insurance Claims button in the Reports module. (See *Creating Batch Insurance Claims* in the *Reports* chapter for more information on this feature.) This procedure code will also be excluded from the Procedures Not Attached to Insurance report. (See *Printing Reports* in the *Reports* chapter for information on printing this report.)

Edit Note. The Edit Note button will display the Edit Procedure Code Notes dialog box.

Recommendation Note – The notes can be entered at any time, but the Recommendation Note will not be used unless the Print Note on Walkout box is marked.

When a walkout statement is printed from Accounts, there is an option to Print Doctor Recommendations. With this option, if any procedure is printed on the walkout statement that has a recommendation note or document(s), the recommendation note will print on the walkout and the recommendation document(s) will follow. Each walkout (both the Family walkout and Walkout/Doctor's Statement may be printed) will print the recommendation notes only once if the same procedure is printed more than once on the walkout.

A procedure can have both a recommendation note and a recommendation document(s) or either. More than one recommendation document can be attached to a procedure.

To attach Recommendation Documents to a procedure, place the cursor at the end of the recommendation note (or in the Recommendation Note edit box if there is not a note). Click the Recommendation Documents search button, select the documents to attach, then click the OK button to attach the selected document(s) and go back to the Edit Procedure Code Notes dialog box. You will see the name of each recommendation document enclosed in << >>. For example, if the document, "-crown.doc" is selected from the Recommendation documents, <<-crown.doc>> would be displayed at the end of the procedure's recommendation note.

Note: Recommendation documents should be Word documents that are located in the Easy Dental Doc directory with the Easy Dental letters. Recommendation Documents are not merge letters.

Procedure Category – Select the appropriate Procedure Category.

Appointment Type – An Appointment Type is used to classify an appointment according to the amount of production the appointment will generate. By default, Easy Dental includes four Appointment Types (General, High Production, Medium Production, Low Production). These types can be customized and added. See *Practice Definitions* in this chapter for more information.

Treatment Area – The Treatment Area is used to indicate the area to which the procedure applies. The choices are:

Surface	Root
Tooth	Quadrant
Mouth	Sextant

The treatment area flags any procedure that is entered for a patient. "Surface", "Tooth" or "Root" flags a tooth; "Surface" also flags at least one surface. "Mouth" does not flag anything except possibly a tooth range (see the next section).

Treatment Area Flags – The Flags button will bring up the Flags dialog box for the treatment area selected for the procedure (refer to previous section). Each Easy Dental procedure has the relevant flags included. Changing the flags will not affect any previously entered procedures for a patient.

- When a procedure's treatment area is "Surface" or "Root," the Surface Flags dialog box will allow you to enter the procedure code that is to be used, relative to the number of surfaces entered or the number of roots the selected tooth has. If the Procedure Codes for Additional Surfaces option is selected, each of the text boxes must be filled. For example, if there are only three "additional" procedure codes, the procedure code for text box "3" must be repeated in text boxes "4" and "5."

- When a procedure's treatment area is "Tooth", the Tooth Flags dialog box will allow you to enter the procedure code that is to be used for all but the first entry when the procedure is charted "Complete" more than once on the same day for a patient.

- The Mouth Flags dialog box is displayed for the "Mouth" treatment area. The Use Selected Tooth for Range option will require a tooth range when the procedure is entered for a patient. The Use Default Teeth for Range is for procedures such as dentures.

Fee Schedules – See *Setting Up Procedure Codes* in the *Setup* chapter.

To Add Procedure Codes:

1. Choose Practice Setup | Procedure Code Setup
From Reports toolbar, choose Practice Setup, and then Procedure Code Setup. The Procedure List dialog box is displayed.

2. Choose a Category
Choose a category on the left. All the procedure codes associated with that category will appear in the right list box.

3. Click New
Click the New button. The Procedure Code Editor dialog box will appear.

Note: When adding a procedure code, Easy Dental automatically defaults to the category highlighted when you selected the New button.

4. Enter Procedure Code Information
Enter all Procedure Code Information as outlined in the previous section and in the Setup chapter.

5. Save the Changes
- When you have entered the correct information for a procedure, click the Save button.

- When you choose the Next Code or New Code button Easy Dental will ask if you want to save your changes. Choose Yes if you want to save your changes. Choose No if you don't want to save your changes. Easy Dental will automatically move you to the next procedure code editor screen.

Dental Diagnostic Codes

Diagnostic codes can be attached to Completed or Treatment Planned procedures, as well as cross coded to ADA codes. The diagnostic codes will print on the new 2000 ADA claim form (i.e, J590). To add and edit diagnostic codes, complete the following steps. For information on how to attach diagnostic codes to Completed or Treatment Planned work, see the *Accounts* and *Treatment Plans* chapters.

Adding Diagnostic Codes

1. Click Practice Setup then choose Procedure Code Setup
From Reports, click Practice Setup, then choose Procedure Code Setup. The Procedure List dialog box is displayed.

2. Click Dental Diagnostic Codes Tab
Click the tab labeled Dental Diagnostic Codes. A list of available Diagnostic categories is displayed.

3. Click New
Click the New button. The Dental Diagnostic Code Editor - New dialog box will appear.

4. Enter Description
Enter a description of the diagnostic code.

5. Enter Diagnostic Code
Enter the diagnostic code. This code will print on the 2000 claim forms (i.e. J590).

6. Select Category
Click the down arrow and select the desired diagnostic code category.

7. Select Treatment Area
Click the down arrow and select the correct treatment area. To enter procedure codes for additional surfaces, click the Flags button and enter the appropriate codes.

8. Click Save or New Code
Click the Save button to save your changes. Then click New Code to enter additional codes or Close to return to the Dental Diagnostic Codes list.

Editing Diagnostic Codes

1. Choose Practice Setup | Procedure Code Setup

From Reports menu, choose Practice Setup, and then Procedure Code Setup. The Procedure List dialog box is displayed.

2. Click Dental Diagnostic Codes Tab

Click the tab labeled Dental Diagnostic Codes. A list of available Diagnostic categories is displayed.

3. Click Edit

Click the Edit button. The Dental Diagnostic Code Editor dialog box will appear.

4. Edit Code

Edit the code as necessary.

5. Click Save

Click the Save button to save your changes. Click Close to exit or Next Code to edit the next code.

Diagnostic Cross Code Setup

To cross code an ADA code with its associated diagnostic code(s), complete the following steps:

1. Choose Practice Setup | Dental Diagnostic Cross Code Setup

From Reports, choose Practice Setup, and then Dental Diagnostic Cross Code Setup.

2. Select ADA-CDT Code

From the top left list box, select the category of the ADA code you wish to cross code. Once a category has been selected, all ADA procedures codes for that category will be listed. Highlight the code you wish to cross code.

3. Select Diagnostic Code

Type the diagnostic code in the Enter Code field or select the desired Diagnostic Category from the drop down menu above the bottom left list box. All diagnostic codes under that category will be listed. Highlight the diagnostic code you wish to use.

4. Click Add

Click the Add button to move the code to the right list box. All cross-referenced diagnostic codes for the selected ADA code will be listed in this box. Repeat steps 3 and 4 to include up to 8 diagnostic codes for the selected ADA code.

Explosion Code Setup

An explosion code is a group of procedure codes that are usually scheduled, completed, or recommended at the same time. An explosion code allows you to post many procedures simultaneously. For example, a root canal appointment may consist of several procedures, each with its own procedure time and fee. Instead of having to post or schedule each of these procedures individually, an explosion code allows you to group them together, thus saving considerable time in posting and scheduling.

To Add an Explosion code:

1. Choose Practice Setup | Explosion code Setup
Choose Practice Setup, then Explosion code Setup. The Explosion code List dialog box will appear.

2. Click New
Click the New button and the Explosion code Editor dialog box will appear.

3. Enter Description
Enter a description of the explosion code (it can be up to 31 characters).

4. Enter Explosion code
Enter a three digit alphanumeric code that represents the code.

5. Enter Abbreviated Description
Enter a nine digit abbreviated description of the explosion code.

6. Set the Appointment Type
Click the down arrow and choose General, High Production, Medium Production, or Low Production for the Appointment Type.

7. Set the Explosion code Type
If the explosion code represents a bridge, choose the Bridge radio button; otherwise, choose Standard.

8. Choose Procedure Time Search Button
Set the length of time required to complete this group of procedures.

9. Add Procedure Code
  - Choose the Add button. The Add Procedure Code dialog box will appear.

  - Mark ADA code or Dental Diagnostic Code. Enter the procedure or diagnostic code in the edit box provided; otherwise, choose the search button and select a category, then the procedure or diagnostic code you wish to add.

  - Click the OK button.

  - Repeat this step to add additional procedure/diagnostic codes.

Note: An explosion code may consist of one or more procedures that require a tooth number or range to be entered. These procedures will be flagged with an (*) in the procedure code list. When the explosion code is used in the Accounts module, the procedure will also be flagged so that a tooth number range can be added. A procedure that requires a tooth number or range will not be posted with the explosion code from the Schedule when an appointment that schedules the explosion code is set complete.

10. Disable Explosion code
If you plan to use this explosion code, leave this unchecked. Disabling the explosion code removes it from the active explosion code lists without deleting it.

11. Click OK
Click the OK button to save your changes.

To Edit an Explosion code

1. Choose Practice Setup | Explosion Code Setup
Choose Practice Setup, then Explosion Code Setup. The Explosion Code List dialog box will appear.

2. Click Edit
Highlight the explosion code you wish to edit and then choose the Edit button. The Explosion code Editor dialog box will appear.

3. Edit Code
Make any changes to the descriptions, code, multi-procedure type, time, type, and procedures as necessary. Choose the OK button to save your changes.

To Delete a Explosion code

1. Choose Practice Setup | Explosion Code Setup
Choose Practice Setup, then Explosion Code Setup. The Explosion Code List dialog box will appear.

2. Click Delete
Highlight the explosion code you wish to delete and then choose the Delete button.

Note: Editing or defining an explosion code will not affect any procedures that have been previously posted for a patient. It will affect any appointment for which the explosion code is scheduled.

Selecting Explosion codes

Explosion codes will appear in the Enter Procedure dialog box in the Accounts module for easy selection. You can also find a list of all explosion codes whenever choosing procedure codes. They will appear in the Explosion codes procedure category.

Practice Defaults

See the *Setup* chapter for specific steps to setup your Practice Defaults.

Practice Definitions

Easy Dental provides several "Practice Definitions" and allows user-definable entries for each. These "Practice Definitions," in addition to other features, customize Easy Dental for your specific practice. Following is a list of Definition Types:

Adjustment Types	Medical Alerts
Alternate Procedure Code Names	Payment Types
Appointment Reasons	Provider ID Codes
Appointment Types	Provider Specialties
Billing Types	Recall Status
Claim Format	Referral Specialties
Fee Schedule Names	

Definitions can be added, changed, or deleted by selecting the Definitions command from the Practice Setup button. See the Setup chapter for specific steps on How to Edit Definitions. Each of the definitions, with its defaults, is explained in the following sections.

Warning: An entry for a definition is automatically assigned the first available ID number for that definition, starting with ID number "1," then "2," and so on. The ID number is used to assign a definition entry for its application, and the description for a definition entry becomes global with its ID number.

For example, if several patients are given the billing type of "Standard," and then the definition entry for "Standard" is changed to "Preferential," all patients who previously had "Standard" displayed as a billing type will now have "Preferential" displayed as their billing type. For similar reasons, it is recommended that a definition entry not be deleted if the definition has been used anywhere in the Easy Dental system.

Adjustment Types and Payment Types – See the *Setup* chapter for an explanation and discussion of both of these *Definition Types*.

Alternate Procedure Code Names – Each ADA procedure can have four alternate codes for insurance claim purposes. The first alternate code is displayed in the appointment list when a procedure is scheduled. Only one set of alternate codes is included with Easy Dental. You may redefine the existing codes to meet your needs. The Names of alternate codes are set up here. See *Setting Up Procedure Codes* in the *Setup* chapter.

Appointment Reasons – To simplify the scheduling of an appointment, you can create a list of the 20 most common initial appointment reasons for your office. Once the list has been customized, users can quickly select the desired procedure from a list rather than typing or writing a long appointment description. Each of the 20 reasons must first be set up as a procedure or explosion code. None of the reasons should require additional treatment information such as a tooth number or surface. The following 20 appointment reasons are included with Easy Dental, but can be changed or deleted as necessary.

1.	D0120	Ex Per	11.	D1110	Adult
2.	D0140	Ex Lim	12.	D1120	Child
3.	D0150	Ex Com	13.	D1201	Fld - Ch
4.	D0160	Ex Ext	14.	D9110	Emerg
5.	D0210	FMX	15.	D9310	Consul
6.	D0220	PA 1st	16.	D0999	Misc
7.	D0272	2 BWX	17.	xxREA	REAdult (Exp)
8.	D0274	4 BWX	18.	xxREP	REChild (Exp)
9.	D0330	Pano	19.	xxREC	REComp (Exp)
10.	D0460	PV tst	20.	xxPex	Perio X (Exp)

Appointment Types – Used to classify an appointment according to the amount of production the appointment will generate. By default, Easy Dental includes the following four appointment types. There is a limit of 10 types.

General	Medium Production
High Production	Low Production

Billing Types – See the *Setup* chapter for a complete explanation of Billing Types.

Claim Formats – Claim formats for the insurance companies must be obtained from Easy Dental and set up in Definitions. There is a limit of 10 claim formats that can be set up. Every new insurance plan will default to use the first claim format as set in Practice Definitions. The list of all setup claim formats is available for selection for any insurance plan. The default claim formats shown in the Definitions dialog box can be set up as needed.

Fee Schedule Names – You can name each of the fee schedules you set up in your practice. The first five fee schedules are numbered numerically, Fee 1, Fee 2, Fee 3, etc. You may edit these names before you begin entering procedures on any patients, or add new fee schedule names. There is a limit of 999 fee schedule names available in Easy Dental.

Medical Alerts – Medical Alerts are listed and selected in the Patients module for patients with a medical condition that the provider should be aware of. A red cross will appear if the patient has any Medical Alerts selected (the cross will appear white if there are no alerts). Click on the red cross to view the patient's Medical Alert(s). See the *Patients* chapter for how to enter Medical Alerts.

Any of the medical alerts that are included with Easy Dental can be changed or deleted at the time of installation, or added to at any time, with a total alert limit of 64.

Note: The system automatically lists the medical alerts alphabetically in the Patients module, so it is not necessary to worry about its location in the list of medical alerts in the Reports module.

The default Medical Alerts are:

HIV	Jaundice
Allergies	Kidney Disease
Anemia	Liver Disease
Arthritis	Mental Disorders
Artificial Joints	Nervous Disorders
Asthma	Pacemaker
Blood Disease	Pregnancy
Cancer	Radiation Treatment
Diabetes	Respiratory Problems
Dizziness	Rheumatic Fever
Epilepsy	Rheumatism
Excessive Bleeding	Sinus Problems
Fainting	Stomach Problems
Glaucoma	Stroke
Growths	Tuberculosis
Hay Fever	Tumors
Head Injuries	Ulcers
Heart Disease	Venereal Disease
Heart Murmur	Codeine Allergy
Hepatitis	Penicillin Allergy
High Blood Pressure	Other

Provider ID Codes – Provider ID Codes are used when assigning multiple insurance IDs to a provider. The codes are available for selection in the Provider ID Setup dialog box which is accessed from the Provider Information or Insurance Information window. Easy Dental comes with the following Provider ID Codes:

0B	State License Number
1A	Blue Cross Provider Number
1B	Blue Shield Provider Number
1C	Medicare Provider Number
1D	Medicaid Provider Number
1E	Dentist License Number
1G	Provider UPIN Number
1H	CHAMPUS Identification Number
1J	Facility ID Number
24	Employer's Identification Number
34	Social Security Number
B3	Preferred Provider Organization Number
BQ	Health Maintenance Organization Code Number
E1	Employer's Identification Number

FH   Clinic Number
G2   Provider Commercial Number
G5   Provider Site Number
LU   Location Number
N5   Provider Plan Network Identification Number
SY   Social Security Number
TJ   Federal Taxpayer's Identification Number
U3   Unique Supplier Identification Number (USIN)
X5   State Industrial Accident Provider Number
XX   National Provider Number

Provider Specialties – The Provider Specialties are listed in the Provider Information window for selection. Easy Dental comes with the following specialties:

1. 122300000X Dentist
2. 126800000X Dental Assistant
3. 124Q00000X Dental Hygienist
4. 1223D0001X Dental Public Health
5. 1223E0200X Endodontics
6. 1223X0400X Orthodontics
7. 1223P0106X Pathology, Oral &Maxillofacial
8. 1223P0221X Pediatrics Dentistry (Pedodontics)
9. 1223P0300X Periodontics
10. 1223P0700X Prosthodontics
11. 1223S0112X Surgery, Oral & Maxillofacial
12. 126900000X Dental Laboratory Technician
13. 1223G0001X General Practice
14. 1223X0008X Oral and Maxillofacial Radiology

Recall Status – Recall Status can be used to indicate the last contact with a patient regarding the next recall visit. The status should be entered as an abbreviation in the first field and as a description in the second field. There is a limit of 10 statuses.

Referral Specialties – The Referral Specialties are available for selection when adding a referral provider. Easy Dental comes with the following referral specialties:

1. 122300000X Dentist
2. 126800000X Dental Assistant
3. 124Q00000X Dental Hygienist
4. 1223D0001X Dental Public Health
5. 1223E0200X Endodontics
6. 1223X0400X Orthodontics
7. 1223P0106X Pathology, Oral &Maxillofacial
8. 1223P0221X Pediatrics Dentistry (Pedodontics)
9. 1223P0300X Periodontics
10. 1223P0700X Prosthodontics
11. 1223S0112X Surgery, Oral & Maxillofacial
12. 126900000X Dental Laboratory Technician
13. 1223G0001X General Practice
14. 1223X0008X Oral and Maxillofacial Radiology

Auto Chart Number Setup

See the *Setup* chapter for Auto Chart Number setup instructions and how to use the Convert Chart Numbering Utility if you wish to convert your current chart numbers.

Recall Setup

See the *Recall* chapter for Recall setup instructions.

Recall Views Setup

See the *Recall* chapter for Recall Views setup instructions.

Passwords

Passwords serve many different functions in a dental office. First, passwords can be used to prevent an unauthorized person from performing certain sensitive tasks, such as changing information, deleting transactions, accessing financial information, etc. Second, the Easy Dental password feature gives the office the double security of flagging certain operations to verify that the logged on user is still the user who has access to the operation, by requiring the password to be re-entered. Third, passwords, in conjunction with the Audit Trail Report, can be used to track who in your offices made changes to information in Easy Dental.

Different offices have different security needs, so when Easy Dental is first installed passwords are not enabled. If security is not a concern for your office, you can skip this section.

Note: It is strongly recommended that you backup your Easy Dental directory before setting up passwords.

Caution!

Once passwords are enabled, a user must log onto the system each time Easy Dental is launched. Passwords will be assigned to users using their provider or staff IDs. (If you have not added all providers and staff members to the Practice Resource section of Easy Dental, you should do so before attempting to set up passwords.) Additionally, each user can be assigned "rights" to the tasks they need to complete. Easy Dental then allows access to each password-protected operation according to the security rights assigned to the logged on user. If a user does not have rights to a certain function, they will not be allowed to access that particular screen or task. To set up passwords, you must complete the following two steps:

- Enable Passwords and assign "Verify User Before Access" status to selected functions.

- Assign security rights to all Easy Dental users in the office.

Note: One of the main reasons for using passwords in your office is security. To ensure the integrity of your password system, Easy Dental cannot make any changes to passwords or clear passwords over the phone. Please ensure that you have recorded your passwords in a secure location. If the Password Administrator's password is lost, you will need to send

your database to Easy Dental Systems to have all passwords cleared, along with a signed request for these services. We will compare the signature with the signature on record prior to providing these services. Please contact Easy Dental Customer Support and arrange for this service prior to sending your database. Your practice will be charged a $150 fee to cover the costs of clearing the passwords.

Enable Passwords and Assign "Verify User Before Access" Status to Options.

1. Choose Practice Setup | Passwords | Setup Practice for Passwords
From Reports, click the Practice Setup button. Select Passwords then Setup Practice for Passwords. The Password - Setup Practice dialog box will appear.

2. Check the Enable Passwords box
Check the Enable Passwords box. A list of security options will appear.

Note: Once passwords have been enabled, <u>all</u> tasks listed in the security options will be protected. In order for users to perform any of these tasks, they must be assigned rights to the security option. User rights are not assigned from this screen. To read about assigning user rights see Assign User Security Rights *in this section.*

3. Require Secure User Passwords (Optional)
When this option is checked, a user's password must be at least seven characters long and contain at least one letter, one number, and one special character.

4. Assign Verify User Before Access
Once a user has logged onto Easy Dental, the user may perform all operations to which they have rights. There may be certain security options for which additional protection is desired. In this case, the security options can be flagged to "Verify User Before Access." When a security option is flagged, an additional password prompt will appear asking the user to re-enter their password.

To flag these options, highlight the task and then press the "Verify User Before Access" button. More than one security option can be highlighted at a time. The selected security options will be moved to the bottom of the list and an asterisk before the security option will indicate its verification status.
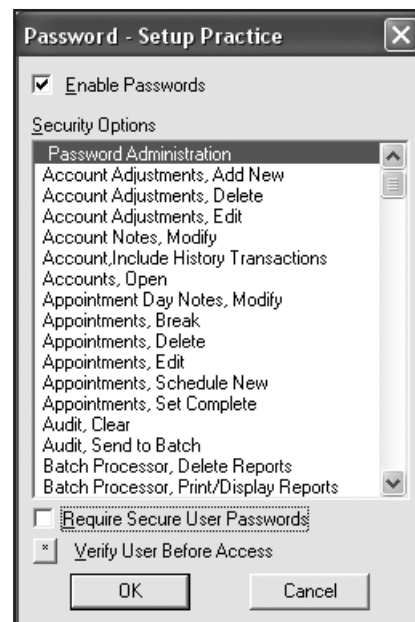
Note: Consider how frequently the security option is used before assigning the "Verify Users Before Access" flag. This option will always prompt users to enter their passwords before continuing. Too many interruptions requiring a password entry may not be worth the added security.

5. Choose OK

The **first** time you enable passwords the Password Administration - Setup Users dialog box will appear when OK is selected. Since there are no users with established passwords, Easy Dental requires you to set up at least one user with access to the Password Administration dialog box. Easy Dental will not allow the user to continue until at least one user is given Password Administration rights.

Assign User Security Rights

When assigning user rights, you should keep in mind which tasks each individual performs. Keep in mind that some rights are directly related to others. Assign rights to only those individuals who will have a need to perform that operation. For example, unless you have assigned a front desk person to analyze your production vs. collection figures, there will be no need for the front desk person to access the Practice Analysis screen. This option should not be assigned to that user.

Dentist/Practice Owners

Easy Dental Systems recommends that the Dentist or Practice Owners be given rights to **all** operations. Be sure to assign this user the Password Administration rights.

To Assign User Rights Complete the following steps:

1. Choose Practice Setup | Passwords | Setup Users for Passwords

From Reports, click the Practice Setup button. Select Passwords then Setup Users for Passwords. The Password Administration - Setup Users dialog box will appear.

*Note: The **first** time you enable passwords, the Password Administration - Setup Users dialog box will appear automatically when OK is selected from the Password – Setup Practice dialog box.*

2. Highlight the User ID

Select the User ID from the list of available provider(s) and staff. Once the User ID is highlighted, the user name, and ID will display on the right side of the dialog box.
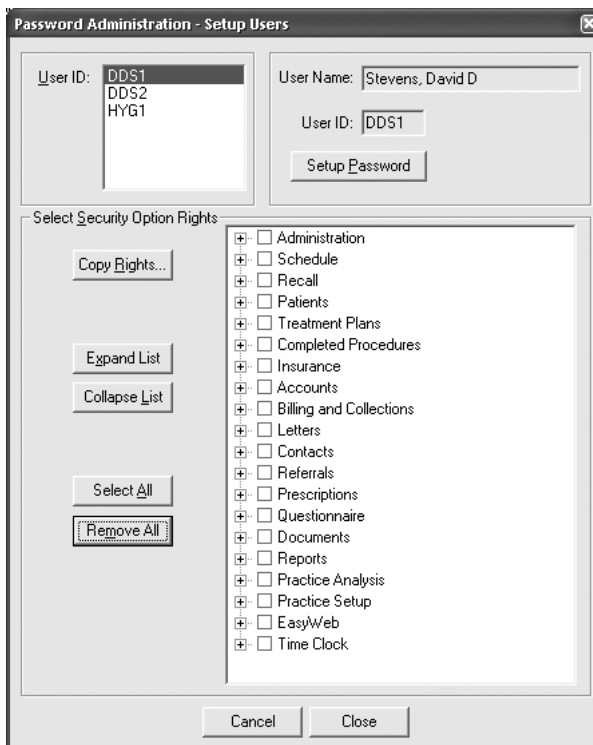
3. Click Change Password

Enter a password for the user. The password must be 12 characters or less and should be easy to remember. Passwords are **not** case sensitive. Retype the same password in the Confirm Password box. Click the OK button.

Note: A password is not required, but is recommended. Passwords can be changed in the Office Manager by choosing Maintenance | Practice Setup | Passwords | Change Password. The user must know the current User ID and password but does not need rights to Password Administration.

4. Expand List (Optional)

When first opened, the security options list is "collapsed," thus hiding the detailed security options under each respective category. To expand the list and view all security options, click Expand List. You may also click the plus (+) sign next to the desired category to see the detailed rights.

5. Select Security Option Rights

Place a checkmark next to the security options you want the user to have rights to. If the list is collapsed, a checkmark next to the "main" option will also check all detailed options that are not in view for that category. To select all security options for the user, click Select All. To deselect all security options for the user, click Remove All.

Note: Easy Dental requires you to set up at least one user with Password Administration rights. Easy Dental will not allow the user to exit this screen until at least one user is given Password Administration rights. Assign the user a password that will not be forgotten! It is recommended that the password for the Password Administrator be written down and placed in a secure location.

6. Repeat for All Users

When the rights are setup for the selected user, select the next user. You will be prompted to save the changes.

Note: If different users will have the same security options selected, you may save time by clicking the Copy Rights button. This allows you to select a user that has already had the security options selected and copy the selections to the current user.

7. Choose OK

You will be prompted to save the changes for the selected users before exiting the Setup Users dialog box.

Note: When changes are saved for a user, you will be warned if a password was not assigned.

Dunning Messages

See the *Setup* chapter for specific information on setting up or editing Dunning Messages.

EasyMobile Setup

Easy Dental can export specific data to a Palm Pilot. This will aid dentists in making after-hours dental/practice decisions and treatment (scheduling appointments, writing prescriptions, calling difficult cases.) To setup preferences for each Provider and Staff member, complete the following steps:

1.   Choose Practice Setup | EasyMobile Setup
From Reports, choose Practice Setup, then EasyMobile Setup. The EasyMobile Setup dialog box will appear.

2.   Select EasyMobile User
Click the search button to select the user for whom you are setting up preferences. Each user may have customized preferences setup for use with their Palm Pilot.

3.   Select Provider(s)
Highlight the desired providers. The selected providers will determine what data is used for the sync. Check All Providers to include all primary and secondary providers.

4.   Select Sync Options
Data must be purged from the Palm Pilot to avoid memory overload. You may select the amount of time to wait before purging specific data. Next to each option, click the down arrow and select the amount of time you wish to wait to purge the information on your Palm Pilot. You may select 1 to 4 weeks.

5.   Select Data Types
Appointments – Click the down arrow and select the number of working days you wish to download to the Palm Pilot. The maximum number is three. Days when the office is closed will not be included. Check Rx History for Appointed Patients to include a prescription history for patients with appointments in the sync. Enter the number of days, weeks, months, or years to include.

Rx History for All Patients – Check this option to include a prescription history for all patients (regardless of appointments). Enter the number of days, weeks, months, or years to include.

Referred To Doctor List – All Referred To providers in Easy Dental will be downloaded when this option is marked.

Patient List – Check this option to download a patient list according to the filters and data selected. Click the Data button to open the Patient List Details dialog box. Available data fields are listed in the left column. To add a data field to the Export Fields list, highlight it and click the > button. To remove a field, highlight it and click the < button. Click >> to move all fields to the right or << to move all fields to the left column.

Highlight the primary provider(s) whose patients you wish to download. Check which patient status you wish to include (Patient and Inactive/Non Patient). Click OK to return to the EasyMobile Setup window. A message will appear stating approximately how much memory is required on your hand-held device to download this data. If the memory on your device is sufficient, click OK. If this amount exceeds the memory on your device, click Cancel to return to the Patient List Details dialog to adjust your selections.

Once you have returned to the EasyMobile Setup window, select how often you wish to update the Patient List (one-four weeks).

6. Apply Settings to All EasyMobile Users (Optional)
To save these settings for all EasyMobile Users, mark this option. If you wish to setup different preferences for a different user, select a different user at the top. A message will appear asking if you wish to save your changes. Click the Yes button.

7. Click OK
Click the OK button to save your changes and return to the Reports module.

Payment Plan Setup

See the *Payment Plans* section in the *Accounts* chapter for information on how to setup default Payment Plans.

Survey Setup

The Patient Survey is designed to replace the new patient forms, health history update and other forms used in your office to collect information from patients. The Patient Survey allows you to create a custom set of questions that can be printed. Once the patient completes the survey, the answers can be entered into Easy Dental and stored as an electronic copy of the information. For those offices moving toward the "paperless office," the patient survey is a way to computerize information that otherwise would be stored in a paper chart. Best of all, when the information needs to be reviewed for accuracy, a new copy with the previous answers can be generated–the patient only has to modify those items that have changed since the last visit.

Creating A Survey

1. Choose Practice Setup | Survey Setup
From Reports, choose Practice Setup then Survey Setup. The Survey Setup dialog box appears.

2. Click the New Button
Click the New button. The Text/Question for Questionnaire dialog box appears.

3. Type Text

Questions and statements can appear on the Patient Survey. Questions ask the patient to provide information. Statements provide the patient with information (such as instructions for completing the form, etc.). Statements will be displayed and printed but a response will not be entered for these items.

Type the text for a statement or question as you wish it to appear on the Patient Survey form. Remember to include appropriate capitalization and punctuation.

4. Mark a Statement/Question Type

Mark the appropriate text type by choosing one of the following:

- Display Text Only – Use for statements.

- Note/Explanation – Use with questions that require a note or explanation.

- Number/Amount – Use with questions that require a number be used in the answer.

- Yes/No – Use with questions that will be answered either yes or no.

- Date – Use with questions that will be answered with a date.

5. Click OK

Click the OK button to save your changes.

6. Repeat for the Next Statement/Question

Repeat steps 2 – 5 for any other statements or questions that need to be added to your questionnaire.

7. Click OK

When you are finished setting up the questionnaire, click the OK button to exit the Patient Survey Setup.

Setting the Order of Survey Questions

You can arrange the order of statement/questions for your questionnaire by using the Move Up or Move Down buttons. Simply highlight a statement/question to be moved, then click the Move Up or Move Down button. The statement/question will be moved one line in the desired direction. Repeat as many times as necessary to position the statement/question in the appropriate location.

Editing a Statement/Question

1. Select the Statement/Question to be Edited

Highlight the statement or question to be changed.

2. Click Edit

Click the Edit button. The Statement/Question for Questionnaire dialog box appears.

3. Make Changes and Click OK

Edit the statement or question and then click the OK button to save your changes.

4. Click OK

When you are finished making changes to the questionnaire, click the OK button to exit the Patient Questionnaire Setup.

Note: If you need to change the type of statement or question (For example: from a Note/Explanation to a Date), you should delete the statement/question and re-enter it.

Deleting a Statement/Question

1. Select the Statement/Question to be Deleted

Highlight the statement or question to be deleted.

2. Click Delete

Click the Delete button. A warning message appears. If you wish to delete the statement or question, click the Yes button. Click the No button to cancel the deletion.

Note: If the statement or question has been assigned to a patient, a warning cautions that if you delete the statement/question the patient responses will also be deleted. If you continue with the deletion, all information pertaining to this question will be removed from all patient questionnaires that have been entered.

3. Click OK

Click the OK button to exit the Patient Questionnaire Setup.

Prescription Setup

To setup prescriptions to use in the Rx Writer, complete the following tasks:

- Add Prescription Types – These are your default prescription settings.

- Set up your printer for Prescriptions – Select a printer for printing prescriptions and customize printer defaults.

Add a Prescription Type

1. Choose Practice Setup | Prescription Setup

From Reports, click Practice Setup then choose Prescription Setup. The Prescription Setup dialog box appears.

2. Click New

Click the New button. The New Standard Prescription dialog box appears.

3. Type a Description

Type a description for the prescription. You may enter up to 50 characters. The Description does not print on the Patient Prescription form.

4. Type a Drug Name

Type the drug information. This prints on the prescription form. You may enter up to 50 characters.

5. Type the Dosage Interval and Instructions

Type the dosage interval and any instructions that should print on the prescription form in the SIG box.

6. Enter the Disp Number

Enter the number/amount of the medication to dispense in the Disp box.

7. Enter the Number of Refills

If the prescription may be refilled, enter the number of times to refill in the Refills box.

8. Mark Drug Substitution Options
- Mark Dispense as Written if the pharmacy should only use the drug named on the prescription.

- Mark Generic Substitution Permitted if the pharmacy may fill the prescription with a generic version of the medication.

9. Type Notes

If you desire to give the patient instructions regarding the prescribed medication, type these instructions in the notes field. The notes will print below the prescription form.

10. Click OK

Click the OK button to return to the Prescriptions Setup dialog box. Repeat steps 2 – 10 for any other prescriptions to be set up.

Edit a Prescription

1. Choose Practice Setup | Prescription Setup

From Reports, click Practice Setup then choose Prescription Setup. The Prescription Setup dialog box appears.

2. Click Edit

Select the prescription you wish to edit. Click the Edit button.

3. Make Modifications

Make any changes to the default prescription.

4. Click OK

Click the OK button to return to the Prescriptions Setup dialog box.

Delete a Prescription

1. Choose Practice Setup | Prescription Setup
From Reports, click Practice Setup then choose Prescription Setup. The Prescription Setup dialog box appears.

2. Select Prescription
Highlight the Prescription you wish to delete.

3. Click Delete
Click the Delete button. A warning dialog box will appear. Click the Yes button to delete the prescription.

Note: Prescription Types that have been assigned to patients cannot be deleted.

Setup a Printer

To set up a printer for your prescriptions, complete the following steps:

1. Choose Practice Setup | Prescription Setup
From Reports, click Practice Setup then choose Prescription Setup. The Prescription Setup dialog box appears.

2. Click Print Setup
Click the Print Setup button. The Printer Setup dialog box appears.

3. Select a Printer
Select the printer you wish to use to print prescriptions.

4. Select Prescription Form
If your state requires a specific format for prescriptions, click the down arrow next to the Form field and choose the correct form.

5. Check Using Preprinted Paper (Optional)
If you will be using preprinted paper when creating prescriptions, check the Using preprinted paper option.

6. Check Print Number for "Disp" as a Word (Optional)
If you need to list the number/amount of the medication to dispense as a word, check the Print number for "Disp" as a word option. (Example: "four" instead of "4")

7. Check Disable Printing (Optional)
If you will be using the Prescriptions module to record prescription information but will not be printing prescriptions, check the Disable Printing option.

8. Click OK
Click OK to save your printer setup and return to the Prescription Setup dialog box. Click Close to return to the Reports module.

Modem Setup

See the *Setup* chapter for instructions on how to set up your modem to function with Easy Dental.

Network Setup

1. Choose Practice Setup | Network Setup

From Reports, click Practice Setup then choose Network Setup. The Network Setup dialog box will appear.

Note: The Station Number is assigned by Easy Dental automatically during the installation on each computer and cannot be edited. Each terminal should have a unique station number.

2. Update Speed

The Update Speed represents how often Easy Dental does a screen refresh in the Schedule (in seconds). Fifteen is the recommended speed.

3. Click OK

Click the OK button to save your changes and return to Reports.

Audit

The Audit Trail Reports allow you to print a report of all transaction entries that have been changed or deleted. Also included are appointment changes and limited patient changes.

1. Click Audit

From Reports, click the Audit button. The Audit Trail Reports dialog box appears.

2. Select Audit Date Range

In the Select Audit Date field, establish the date range of the information you wish to audit.

3. Select Users

You can print the report to show changes or deletions made by individual users, by highlighting the User IDs you wish to see on the report. If you wish to print all changes and deletions, check the All box. To list inactive providers, check the List Inactive box.

4. Select Report Type
- Standard – this report will print the selected changes for the selected users in this dialog box within the Audit Date range.

- Provider/Staff – this report will print information for providers or staff members that were inactivated or activated on a date within the Audit Date range. Only providers or staff members that were inactivated/activated by a user selected in this dialog box will be included.

5. Select Changes for Standard Report Options

If Standard report is checked, the Select Changes for Standard Report field will be active. You can print the report to show all changes/deletions or to show only certain types of transactions. To print all changes, check the "All" box. If you wish to see only certain types of transactions, highlight the types of transactions you wish to see on the report. You can choose to print any of the following options:

- Completed Procedures – lists all changes/deletions to procedures posted as completed in Accounts.

- Account Payments – lists all changes/deletions to account payments posted in Accounts.

- Insurance Payments – lists all changes/deletions to Insurance payments posted in Accounts.

- Adjustments - lists all changes/deletions to adjustments posted in Accounts.

- Patient Changes – lists changes made to patient's name, primary provider, and billing type in the patient information window in Patients.

- Appointment Changes - lists all changes/deletions to appointments from the Schedule.

- Prescriptions – lists all deletions made from the Prescriptions module.

Check "Print to File" to have the report generated to a tab-delimited form and saved in the Exports folder (the default location is C:\Program Files\Ezdental\Doc\Exports). Enter the name for the saved report (with a .txt extension) in the field below.

6: Select Options for Provider/Staff Report

If Provider/Staff report is checked, the Select Options for Provider/Staff Report field will be active.

- If the "By Inactivated/Activated Provider/Staff" option is selected, only information for providers/staff that were inactivated or activated, who are selected from the list of providers and staff members for the report, will be included. Check 'All' to select all providers/staff. Check 'List Inactive' to list inactivated providers/staff.

- If the "By Replacement Provider/Staff" option is selected, only information for providers/staff which were inactivated with a Replacement Provider/Staff that is selected from the list of providers and staff members for the report will be used. Check "All" to select all providers/staff. Check "List Inactive" to list inactivated providers/staff.

- Check "Print to File" to have the report generated to a tab-delimited form and saved in the Exports folder (the default location is C:\Program Files\Ezdental\Doc\Exports). Enter the name for the saved report in the field below.

- Check "Include Details" to have the changes that occurred when the provider/staff was inactivated detailed on the report.

7: Click OK

Click the OK button to send the Audit Trail Report(s) to the Batch Processor to be printed.

EasyMobile

The EasyMobile feature offers data syncing between Easy Dental and a Palm Pilot. This application can send patient, appointment, prescription, and referral information from Easy Dental to your Palm Pilot, making after-hours decisions and work possible. To use EasyMobile, you must first install the Easy Dental program group onto the Palm Pilot. Information on doing this, as well as how to sync the data, will be located in your Palm Pilot documentation. The following sections will explain how to use EasyMobile.

- Overview

- Setup

- Using EasyMobile

- History Log

Overview

After the first sync of Easy Dental to your Palm Pilot, a program group "Easy Dental" will be added to the Palm Pilot home screen under the Categories menu. It will contain the following modules:

- EZD Schedule – one to three days of appointments (according to the options selected in the EasyMobile setup).

- EZD Rx – prescription history for scheduled patients that are listed in EZD Schedule.

- EZD Patients – a directory of patients including demographic information as well as their next appointment date or due date according to the options selected.

- EZD Referrals – a directory of dentists that can be referred to including their name, address, and phone number.

During the syncing process a Sync Log will be created that will list any changes or additions that have been made on the Palm (i.e. addition of appointments). This information will be recorded into the History Log. You may then use these notes as a reference for data that should be entered into Easy Dental. See *History Log* in this section for more information.

Setup

The EasyMobile setup allows you to customize the data that will be syncing with the Palm Pilot. The EasyMobile setup is found under Practice Setup | EasyMobile Setup in the Reports module. For complete instructions, see *EasyMobile Setup* in the *Practice Setup* section in this chapter.

Using EasyMobile

Information on how to sync data from Easy Dental to a Palm Pilot can be found in your Palm Pilot documentation. Once the data has been sent to the Palm Pilot, the following sections will explain how to use the data available on your Palm.

EZD Schedule

The Appointment List will allow you to see vital information about future appointments for up to 3 working days. The following sections will explain how to use the Appointment List on the Palm Pilot:

- Appointment List Overview
- View Options
- Appointment List Day Note
- Scheduling a New Appointment
- Locating an Existing Appointment
- Editing an Appointment
- Deleting an Appointment

EZD Schedule Overview

The following information for each appointment will be exported to the EZD Schedule on the Palm Pilot from Easy Dental:

- Patient Name (First Name, Last Name, MI)
- Appointment Description
- Appointment Date
- Patient's Home Phone Number
- Patient's Work Phone Number
- Appointment Start Time
- Appointment End Time
- Appointment Note
- Appointment Provider
- Appointment Operatory
- Medical Alerts
- Appointment Day Note (for each day)

Appointments are organized by provider in the EZD Schedule. A column showing the start time of each appointment on the schedule will be displayed at the left of the screen. The Patient Name and Description will show on the Details line. Square brackets (left of the time) will show the beginning and ending time of each appointment. A Note Flag will be shown after the Patient Name to indicate that there is a Note for the scheduled appointment. Select the Note icon to view the appointment note.

The date of appointments will appear in the top right of the EZD Schedule. The Left and Right navigation arrows allow you to scroll through days one day at a time. To display a calendar of days, select the date on the EZD Schedule. The Calendar dialog box functions like the Calendar in the Palm Date Book. One month is displayed at a time, with scroll arrows to the right and left of the month to allow for scrolling by month. A day can then be selected and you may click OK to return to that day in the EZD Schedule.

View Options
The Palm EZD Schedule will allow you to view one provider at a time, expand or collapse the list, change the font size, and choose the start and end time for the list. The following two buttons are available to adjust the display of the EZD Schedule:

Expanded List – shows two lines of information, Patient Name and Appointment Description.

Collapsed List – shows only the Patient Name.

The provider you are viewing will be displayed at the top of the Schedule. To change the provider, select the down arrow and select the appropriate provider

Display Font
To change the size of the font in the Schedule, click on "EZD Schedule" to display the menu bar. Choose Options, then Display Font from the menu. The Display Font dialog box will appear. Select the desired size of font and click OK.

Preferences
Preferences enables you to select the Start and End Time for the Palm EZD Schedule. Choose Options, then Preferences from the menu. The Preferences dialog box appears. Select the appropriate start and end time for the Schedule and click OK.

View
The View option enables you to specify what information should be displayed on the screen. Choose Options, then View from the menu. The View dialog box will appear. Check the desired options.

Show Appt Time Bars – displays the start to end time bars.

Show Provider – hides the provider select drop down menu.

Show Open Time – when selected, all open time slots will be displayed from the Start to End Time specified in Preferences. If the option is not selected, the Schedule List will collapse open time slots.

Show Note Flag – displays the Appointment Note Flag on the Patient Name line.

EZD Schedule Day Note
The EZD Schedule Day Note icon will be displayed at the top of the EZD Schedule for the displayed date. Complete the following steps to view or edit the Day Note:

1. Select Day Note
Select the Day Note text or icon at the top of the Schedule. The Day Note dialog box will appear with the date at the top.

2. Make Changes (Optional)
Enter or edit the note if necessary. You may delete the note by selecting Delete. If any additions or changes to the Note are made, the entire note will be appended to the Sync Log for reference.

3. Select Done
When finished viewing or editing the Day Note, select Done.

Scheduling a New Appointment
Although the main purpose of the Palm is for reference, it is possible to create a new appointment using the EZD Schedule. To schedule a new appointment, complete the following steps:

1. Select New
Select New located at the bottom of the EZD Schedule. The New Appointment dialog box will appear.

2. Enter Appointment Information
Enter the patient's name, appointment description, phone number, operatory, time of appointment, and schedule type.

3. Enter Note (Optional)
Select Note at the bottom of the screen to enter an appointment note.

4. Select OK
Select OK to save your changes. Select Cancel to exit without saving the appointment.

Note: The appointment will be recorded in the History Log and will need to manually be entered into Easy Dental. You will not be warned if double scheduling is occurring, or if the provider is not available at the requested time.

Caution!

Locating an Existing Appointment
To locate an existing appointment on the Schedule List, complete the following steps:

1. Select Find
Select the Find button from the EZD Schedule screen. The Find dialog box will appear.

2. Enter Last Name
Enter the first few letters of the patient's last name and select OK.

3. Select Appointment

The results of the query will be displayed in a "View" dialog box. Select the description to open the Appointment Details for the appointment. Select Cancel to exit the Find dialog box. Select Search Again to start a new search.

Editing an Appointment

To view or edit an existing appointment, complete the following steps:

1. Locate Appointment

Select the appointment on the EZD Schedule or use the Find feature described above.

2. Select Details

Select the Details button from the EZD Schedule screen. The Appointment Details dialog box will appear.

3. Edit Information

Edit the necessary appointment information. Only the Description, Start Time, Length, and Appointment Note can be edited.

Note: A Medical Alert will be displayed if a Medical Alert is present for the patient in Easy Dental, however, they cannot be added through the Palm application.

4. Select OK

Select OK to save your changes. Select Cancel to exit without saving.

Deleting an Appointment

To delete an existing appointment, complete the following steps:

1. Locate Appointment

Select the appointment on the EZD Schedule List or use the Find feature.

2. Select Details

Select the Details button from the EZD Schedule List screen. The Appointment Details dialog box will appear.

3. Select Delete

Select the Delete button at the bottom of the Appointment Details screen. A confirmation message will appear explaining that the appointment will be deleted from the Palm EZD Schedule, but will not be removed from the Easy Dental Schedule. A record of the deletion will be recorded in the History Log. Click OK to delete the appointment or Cancel to exit without deleting.

Purging Appointments

During the sync, previously downloaded appointments will not be removed from the Palm Appointment List unless the Appointment Purge option has been selected in the setup (see the *EasyMobile Setup* in the *Practice Setup* section of this chapter). To manually purge appointments, complete the following steps:

REPORTS

1. Choose File | Purge Appointments

Click "EZD Schedule" on the title bar to display the menu bar. Choose File, then select Purge Appointments from the menu. The Purge Appointments dialog box will appear.

2. Enter Cut-Off Date

Enter a cut-off date. Appointments before this date will be purged from the Palm's EZD Schedule. The cut-off date will default to one week (seven days) prior to the current date. Choose Select Date to open the calendar from which you may select a cut-off date.

3. Click OK

Click OK to purge the appointments from the Palm Pilot.

EZD Rx

Prescriptions in the Palm Pilot will store prescription information for patients with appointments in the EZD Schedule. The following sections will explain how to use EZD Rx:

- Overview

- Display Font

- Viewing Prescription Details

Overview

The Prescriptions screen will display an alphabetized list of patients (with appointments in the EZD Schedule) who have a history of prescriptions recorded in Easy Dental. The Patient Name, Drug Description, and Date of Rx will be listed on the main Prescription screen. A scroll button at the bottom right of the screen enables you to scroll through the prescriptions.

Display Font

To change the size of the font in Prescriptions, click on "Prescriptions" to display the menu bar. Choose Options, then Display Font from the menu. The Display Font dialog box will appear. Select the desired size of font and click OK.

Viewing Prescription Details

To view the details about a prescription, complete the following steps:

1. Click Details

Select the prescription and click Details. The Prescription Details dialog box will appear.

2. Choose Command

Choose one of the following commands at the bottom of the screen.

Done - click Done to exit the Details screen and return to the Prescriptions screen.

Notes - click Notes to open the Prescription Note for this prescription.

Alerts - click Alerts to view any Medical Alerts for the patient.

EZD Patients

The EZD Patients module enables you to quickly reference patient information including Patient Name, Home Phone, Work Phone, SSN, and Last Visit Date.

Viewing the Patient List
The Patient List will automatically be loaded including all provider's patients (who are selected in the Easy Mobile Setup). To view only patients for a certain provider, click the down arrow next to All and select the appropriate provider. The list is sorted alphabetically by last name and an asterisk next to the name represents the Head of Household for the family.

Display Font
To change the size of the font in the EZD Patients module, click on the title bar and choose Options then Display Font from the menu. The Display Font dialog box will appear. Select the desired size of font and click OK.

EZD Referrals

The Referrals module can be used as a reference for all referrals that your office refers patients to in the Referred To list in Easy Dental. The following data from the Referred To list will be available: Last Name, First Name, Middle Initial, Title, Specialty, Phone, Address, City, State, and Zip.

Display Font
To change the size of the font in the EZD Referrals module, click on the title bar and choose Options then Display Font from the menu. The Display Font dialog box will appear. Select the desired size of font and click OK.

Preferences
Click on the title bar and choose Options from the menu bar then Preferences to open the Preferences dialog. You can select to sort the list by Last Name, First Name, or Specialty. Place a checkmark next to Specialty and/or Phone Number to display them on the list. Click OK to return to the Referrals module.

Viewing Details
The detailed information for each referral can be accessed by clicking on the referral from the list and choosing the Details button. Click the Note button to enter notes specific to the referral contact.

History Log

The EasyMobile History Log enables you to view a record of the sync that took place between the Palm Pilot and Easy Dental for the selected date. To access the History Log, click the EasyMobile button in Reports.

The History Log will display a record of the sync process. If data for a specific module cannot be downloaded to the Palm, an error will be recorded to this part of the log. The sync initiation and sync completion date and time will be recorded as part of this log. The EasyMobile User ID will also be recorded to the log. The History Log will also list all of the changes made to the Palm database since the last sync. Changes will be listed under the appropriate module. This record should be a reference for changes that will manually need to be entered into Easy Dental. The following commands are available:

- **Previous and Next** – The Previous and Next buttons allow you to scroll by day through existing sync logs.

- **Copy and Copy All** – The Copy button will copy the displayed information to the Windows clipboard. The Copy All button will copy the entire history log for the displayed date. This data may then be pasted into other applications.

- **Print** – the Print command button will print a History Report for a specified date range. Click Print to open the EasyMobile History Report dialog box. Enter the desired Date Range of the sync logs you wish to print. Check "New Page for Each Date" to separate each date in the range onto separate pages. Click OK to send the report to the Batch Processor.

Other Features

In This Section:

- Customizable Toolbars

- Patient Alerts

- Quick Letters

- Time Clock

- Patient Picture

- EasyWeb

- Inventory Manager

Certain features in the Easy Dental program can be accessed in multiple modules. This chapter discusses such features listed above.

Customizable Toolbars

The Easy Dental toolbars can be customized to show only the buttons that are most frequently used.

1. Right Mouse Click on Toolbar

From any Easy Dental module, move the mouse pointer to the module's toolbar and then right mouse click. A menu appears.

2. Choose Customize Toolbar

Choose Customize Toolbar from the menu. The Customize Toolbar window will appear.
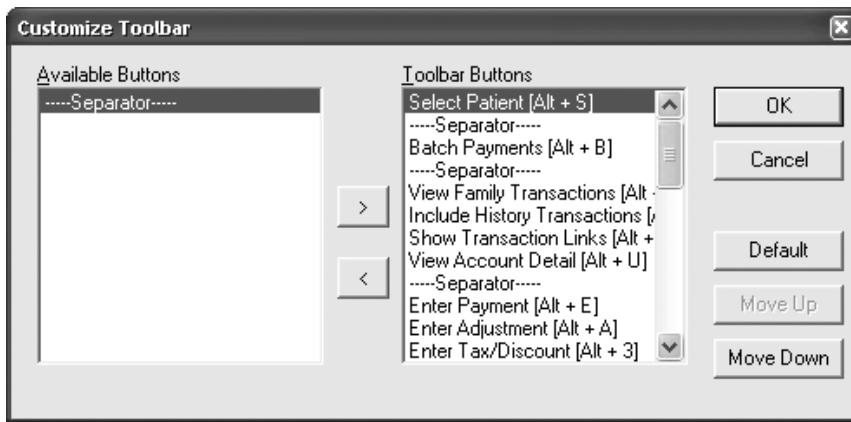
3. Customize Toolbar

Customize the toolbar using any of the following options:

Remove a Button from the Toolbar
- From the Toolbar Buttons field, highlight the button description for the button to be removed.

- Click the arrow pointing to the left. The description will be moved to the Available Buttons field.

Note: You may also quickly remove a button by right-clicking on it and choosing Remove Button.

Add a Button to the Toolbar
- From the Available Buttons field, highlight the button description for the button to be added.

- Click the arrow pointing to the right. The description will be moved to the Toolbar Buttons field.

Arranging Buttons on the Toolbar
- From the Toolbar Buttons field, highlight the description for the button to be moved. (Separators are used to separate one set of buttons from another set.)

- Click the Move Up or Move Down button. The button description will move up or down one position. Keep clicking the Move Up or Move Down button until the description appears in the correct position.

4. Click OK

Click the OK button to save your toolbar settings.

Patient Alerts

Patient Alerts are customizable alerts that can be attached to patients when the office wants a flag for certain conditions. This alert will "pop up" whenever information on this patient is accessed. There are options to display a symbol on the flagged patient's appointments and to include the patient's aged balance in the Patient Alert for easy reference. Each patient can have up to ten alerts. The Patient Alert button is only available from the Patients module, Accounts module, and the Schedule.

Creating a Patient Alert

1. Select a Patient

From the Patients or Accounts module, click the Select Patient button. Select the patient for whom you wish to create the Patient Alert.

2. Click the Patient Alert button

From the toolbar, click the Patient Alert button. The Create Patient Alert dialog box appears. (The Patient Alert button will have a yellow flag if there are no alerts. The flag will appear blue when an alert is entered.)

Highlight the areas where you want the alert to display or check All.

Enter the date range you wish the alert to display or check Always.

Enter a description for the alert (e.g. Pre-medicate or Collections).

Enter a detailed note in this area.

Check options to show alert symbol on appointments and/or to display the aged balance with the alert.

Create Patient Alert - (Brolin, Marcia(Ms. Brolin))

Select Date

Start: 02/09/2005   End: 02/09/2006

☐ Always

Description

Note

Patient Alert should display for the patient in the following areas:

☐ All

Accounts Module
Contacts
Create Insurance Claim
Create New Appointment
Documents Module
EasyWeb
Edit Existing Appointment
Edit Existing Ins. Claim

Options

☐ Show Symbol on Appointment

☐ Display Aged Balance with Note

OK   Cancel

Note: If previous patient alerts exist for this patient, the Patient Alert dialog box will appear displaying the existing patient alert. Click New to create a new Patient Alert.

3. Enter Date

Enter the date range to display the Patient Alert, or check "Always" to permanently display the Patient Alert.

4. Choose Display Options

Select all areas of Easy Dental in which you wish the Patient Alert to display, or check "All" to have it display in all areas.

5. Enter Description

Enter the description for the Patient Alert. The description field is limited to 15 characters.

Note: The description can be used for the type of Alert. For example, "Collections" or "Pre-Medicate" may be common descriptions.

6. Enter Note

Enter a detailed description of the Alert in the Note field.

Note: A description, note, and date range must be entered before you can save the alert.

7. Select "Show Symbol on Appointment" (Optional)

When the "Show Alert Symbol on Appointment" option is selected, the Patient Alert icon will appear on the face of any appointment scheduled for the patient. You may click on this icon to open the patient's alerts.

8. Select "Display Aged Balance with Note" (Optional)

When the "Display Aged Balance with Note" option is selected, the aged balance of the family will appear with the alert.

9. Click OK

Click the OK button to save the Patient Alert.

To Edit a Patient Alert

1. Select a Patient

From the Patients or Accounts module, click the Select Patient button. Select the desired patient for whom you wish to edit an alert.

2. Click Patient Alert

From the toolbar, click the Patient Alert button. The Patient Alert dialog box appears, listing all Patient Alerts for that patient.

3. Select Patient Alert

Highlight the Patient Alert to be edited and click the Edit button. The Edit Patient Alert dialog box appears.

To edit an existing alert, highlight it and click Edit.

4. Make Changes
Edit any information you wish to change in the Patient Alert.

5. Click OK
Click the OK button to save the changes. Click Close to exit the Patient Alerts dialog box.

To Delete a Patient Alert

1. Select a Patient
From the Patients or Accounts module, click the Select Patient button. Select the desired patient for whom you wish to delete an alert.

2. Click Patient Alert
From the toolbar, click the Patient Alert button. The Patient Alert dialog box appears, listing all Patient Alerts for that patient.

3. Select Patient Alert
Highlight the Patient Alert to be deleted and click the Delete button. A message will appear prompting for confirmation of deletion.

4. Click OK
Click the OK button to delete the Patient Alert.

5. Click Close
Click the Close button to exit the Patient Alert dialog box.

Suspend Patient Alerts

You have the option to suspend all Patient Alerts on a specific workstation, if desired. When this option is selected, the workstation will ignore all Patient Alerts for all patients.

1. Click Maintenance | Preferences
From Reports, click the Maintenance button, then choose Preferences. The Preferences dialog box appears.

2. Choose General Options Tab
From the Preferences dialog box, click the General Options tab.
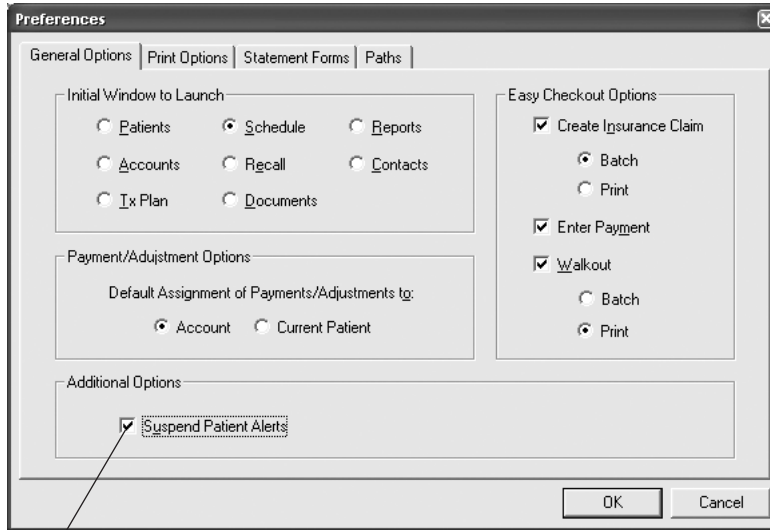
To suspend all patient alerts on a computer, check Suspend Patient Alerts in Preferences.

3. Check Suspend Patient Alerts

Check the option to Suspend Patient Alerts.

4. Click OK

Click the OK button to save your changes and return to Reports.

Note: When an Alert pops up for a patient, you can mark the option "Do Not Show This Alert Again Today." This option will affect all of the computers in your office for that day.

Quick Letters

Note: This documentation assumes that you have a legally licensed version of Microsoft Word and are familiar with its use and merge functions.

Easy Dental provides a powerful interface between your patient database and Microsoft Word. With over fifty predefined letter templates, there is sure to be a letter that meets your correspondence needs. Each letter can be customized in Microsoft Word to better represent the image your office wishes to project. If Easy Dental doesn't have a letter necessary for what you are trying to do, you can create your own documents for use with the Easy Dental program.

The **Quick Letters** feature takes advantage of the Easy Dental/Word interface in a simplified fashion to help you quickly create a letter for a single patient. The following topics will explain how to use the new Quick Letter feature.

- Merging a Quick Letter

- Adding a Letter to Quick Letters

•   Removing a Letter from Quick Letters

Merging a Quick Letter

To merge a letter for a patient, complete the following steps:

1.   Select Patient

From Patients, Accounts, or Treatment Plans' toolbar, click the Select Patient button. Select the desired patient and click the OK button. (To print a letter from the schedule, click on the desired patient's appointment and complete the following steps.)

2.   Click Quick Letters Button

From the toolbar, click the Quick Letters button. The Quick Letters window is displayed.

Select the letter form you wish to use and click Print.
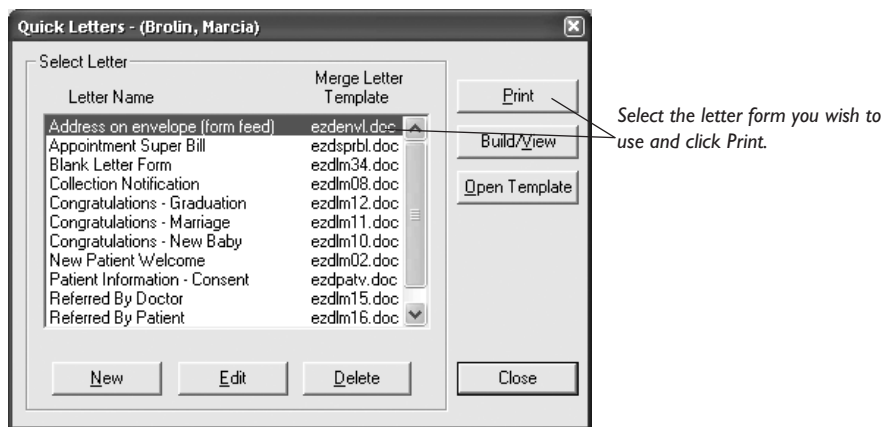
3.   Highlight the Letter to Create

From the Letters list, select the letter to be merged. The following letters are automatically available:

Address On Envelope (Form Feed) – Creates an envelope for the selected patient.

Appointment Super Bill – Creates a super bill for the patient's appointment.

Blank Letter Form – Creates a blank letter for the selected patient with the patient's name, address, and greeting pre-written.

Collection Notification – Creates a 90 Day Past Due letter for the selected patient.

Congratulations Graduation – Creates a congratulatory letter for a new graduate.

Congratulations Marriage – Creates a congratulatory letter for a newly married patient.

Congratulations New Baby – Creates a congratulatory letter for a new parent.

New Patient Welcome – Creates a welcome letter for new patients.

Patient Information Consent – Creates a patient information form with some patient information pre-entered.

Referred by Doctor – Creates a thank you letter for a doctor who referred the selected patient.

Referred by Patient – Creates a thank you letter for a patient who referred the selected patient.

Referred to Dr./Specialist – Creates a referral information letter for the doctor to whom the selected patient has been referred.

4. Create Letter

To create and print the letter without reviewing it, click the Print button. Easy Dental will open Word, merge the letter, print the letter, and then close the letter.

To create and review the letter prior to printing it, click the Build/View button. Easy Dental opens Word and merges the letter. Once the letter has been successfully merged, make any changes and then click the Print button. (Changes made to the letter at this point will only affect this one merged letter, not the template.)

5. Choose File | Close

After the letter has been printed, it should be closed. From the Microsoft Word menu, choose File and then Close. A message appears asking if you wish to save changes. Click the No button.

Caution: Always click No when asked if you want to save the letter. By saving a letter in the merged form, it will save the patient's name and information over the template.

6. Repeat for Any Other Patients

Repeat steps 1 – 5 for any other patients who need letters.

Note: After the letter has been printed, Easy Dental automatically adds an entry in the Contacts module indicating that a letter has been sent to the patient.

Adding a Letter to Quick Letters

Other documents can be easily added to the Quick Letters list. To add a letter to Quick Letters, complete the following steps:

1. Select Patient

From the Patients, Accounts, or Treatment Plan module's toolbar, click the Select Patient button. Select the desired patient and click the OK button. (From the Schedule, click the desired patient's appointment.)

2. Click Quick Letters Button

From the toolbar, click the Quick Letters button. The Quick Letters window is displayed.

3. Click New

Click the New button. The New Quick Letter dialog box appears.

4. Enter Letter Name

Type a name for the letter. This name is for the user's benefit to help remember the purpose of the letter.

5. Enter Merge Letter Template Name

Type the template name in the Merge Letter Template Name field. When entering the template name, remember the following:

- In order to add a letter to the Quick Letter list, the letter should have been created and saved. For information on creating Custom Letters, see *Printing Letters* in the *Reports* chapter.

- The template name must match the file name for the document. (The name should not exceed 8 characters.)

- The file extension must be included (i.e. ezdlm13.doc).

- In order to merge the letter, the letter must be saved in the correct directory. All letters should be stored in the document path directory. You can check the document path directory by going to Reports. Click Maintenance then choose the Preferences option. Click the Paths tab. The Letter Template Path is listed in the middle of the screen.

6. Select Privacy Request Option
- If "Does not apply for this letter" is selected, patients with privacy requests will not be skipped.

- If "Applies for Patients or Guarantors" is selected, all patients who have "No Correspondence" selected in Patients will be skipped.

- If "Applies for 'Referred By Patients'" is selected, the letter will not include any patients who have a "Referred By" patient who has "No Correspondence" selected in Patients.

7. Click OK

Click the OK button to save the letter information and return to the Quick Letters window.

Removing a Letter from Quick Letters

1. Click Quick Letters Button

From the Patients, Accounts, or Tx toolbar, click the Quick Letters button (a patient must be selected). The Quick Letters window is displayed.

2. Highlight Letter

Select the letter to be removed.

3. Click Delete

Click the Delete button. A warning message appears. Click OK to remove the letter. The letter is removed from the Quick Letters List, but the document itself has not been deleted.

Time Clock

The new Time Clock feature in Easy Dental enables office employees to punch in and out for their shifts and provide reports containing information on hours worked and wages earned.

To open the Time Clock for the first time (if you have not rebooted your computer following the installation), choose Start | Programs | Easy Dental | Time Clock. After the initial launch (or if you have rebooted your computer), a new icon will appear in your System Tray located at the bottom-right of your computer screen. Right-click the Time Clock icon to display a menu with three options: Employee Clock In/Out, Setup Time Clock, and Close Time Clock. The following sections will explain how to setup and use the Time Clock module.

- Time Clock Setup

- Employee Clock In/Out

- History

- Reports

Time Clock Setup

Each employee will need to be setup individually, including entering their regular pay and overtime pay. Complete the following steps for each employee:

1. Click Time Clock | Setup Time Clock

Right-click the Time Clock icon in your System Tray. Select Setup Time Clock. The following screen will appear.

Note: If passwords are enabled, the user must have password access rights to "Time Clock, Setup" to access the Time Clock Setup.

2. Select Employee
Highlight the employee that you wish to setup. All providers and staff members that have been added in the Practice Resource Setup will appear on the list.

3. Select Auto Punch Out Settings
Choose one of the following options:
- **Do Not Use Auto Punch Out** – this option will require that the employee punch out each day. If the employee forgets to punch out, the hours will not be calculated correctly.

- **Auto Punch Out Time** – this option allows you to select a time that Easy Dental will automatically clock out for the employee. Use the up and down arrows to select the appropriate time or type it in the Time field. (An auto punch will be displayed on the History tab in a blue font.)

4. Enter Regular Pay
Choose one of the following options:
- **Salary (Annual)** – select this option if the employee is paid a salary or annual amount. Enter the annual amount in the Annual Pay Rate field.

- **Hourly** – select this option if the employee is paid by the hour. Enter the hourly rate in the Hourly Pay Rate field.

5. Enter Overtime Pay
Choose one of the following options:
- **Do Not Calculate Overtime** – select this option if you do not want Easy Dental to calculate overtime hours and wages.

- **% of Pay Rate** – this option is only available if Hourly is selected in step 4. Select this option and enter the desired percentage to have Easy Dental automatically calculate overtime hours and wages. For example, if the employee is to be paid "time and a half" for overtime hours worked, you would enter 150%. When this option is used, you need to enter the number of hours in the workweek (i.e., 40). Hours worked beyond what is entered will be considered overtime.

Note: The percentage of pay rate must be between 100 and 1000. A valid workweek must be between 0 and 168. If an invalid figure is entered in either of these fields, a blinking red arrow will appear. This indicator will remain until a valid number is entered.

6. Include Employee on Time Punch/Payroll Reports
If you want the selected employee to be included on reports generated by the Time Clock, check the option at the bottom of this screen.

7. Save Changes

Click OK to save your changes and exit or highlight another employee to set up.

Employee Clock In/Out

If you are using passwords in the office, each employee will need access rights to "Time Clock, Clock In/Out" in order to clock in or out. It is recommended that you assign "Verify user before access" status to this option so that each employee will be required to enter his/her password in order to clock in and out.

1. Click Time Clock | Employee Clock In/Out

Right-click the Time Clock icon in your System Tray. A menu will appear. Select Employee Clock In/Out. You can also double-click the Time Clock icon to clock in or out.

2. Select Employee

Highlight the appropriate employee and click OK. The Time Clock dialog box for the se-lected employee will appear.

3. Click Clock In/Out

The Current tab will display today's date, current user, last punch, and the current time. If the last punch was to "clock out," then the button will display as "Clock In." If the last punch was a "clock in," then the button will display as "Clock Out."

4. Enter Note (Optional)

Type a note for the day in the Note field. Click Clear to erase the note if necessary. Click Close to exit the Time Clock dialog box.

History

1. Choose Time Clock | Employee Clock In/Out

Right-click the Time Clock icon in your System Tray. A menu will appear. Select Employee Clock In/Out.

2. Select Employee

Highlight the appropriate employee and click OK. The Time Clock dialog box for the selected employee will appear.

3. Click History Tab

Click the History tab at the top of this dialog box. The employee's clock in/out history will be displayed.

4. View History

The employee that you are viewing will be displayed on the title bar. To change the employee, click the Search button next to User ID. Highlight the desired employee and click OK. The columns displayed in the History window are described on the next page.

- **Date** – The left column will display the date of the associated time punches. The past ten days will be displayed by default. You can change the date range viewed by entering the desired range into the From and To date fields or click the down arrows and select the dates from a calendar.

- **Note** – If a note has been entered manually for that day, 'User' will be displayed in a black font. If the note has been added/edited for that day, it will display 'User' in a red font. If the note for that day has been deleted, 'Del' will be displayed in a red

font. If the note is entered automatically in the event that a time is added, edited, or deleted 'Auto' will be displayed in a blue font. If a note has never been entered for the day, the cell will be blank.

- **Total** – This column will display the total hours worked for that day.

- **In/Out** – The In and Out columns display each time the employee clocked in and out. You can use the scroll bar at the bottom of the list to view additional in and out punches that may not appear on the screen.

5. Edit History (Optional)

You may edit the data displayed in the Note, In, or Out cells if necessary (and if you have appropriate password rights). To make changes to the fields, click the Edit button. The Edit button will appear in a darker shade when in Edit mode. Click it again to return to normal mode.

Note: When using passwords, users that have rights to "Time Clock, Edit Punches/Notes" can edit punches of any employee.

- <u>Editing a Note cell</u> – To add or edit a note for a day, click the Note cell to open the Time Clock Note for the selected date. Type the note and click OK. If you wish to delete an existing note, right-click the cell and choose Delete Note.

- <u>Editing a Time cell</u> – To add or edit a time, click the desired cell and enter the correct time using the up and down arrows or by typing it in. (Edited times will be displayed in a red font.) To delete a time, right-click the cell and choose Delete Time.

You can use the Tab key on your keyboard to move to the next cell. When finished, click the Save button to save the changes that were made. (The Save button will only be active if changes have been made. The Print, From and To, and search buttons will be disabled until changes have been saved or canceled.) A note will be appended for each change that was made on the edited date, including the user, date, and time the change was made.

6. Print History (Optional)

Click the Print button to print a Time Punch Report for the selected employee for the date range being displayed.

Reports

The Reports tab in the Time Clock window enables you to print a Time Punch Report and a Payroll Report using the employees and options selected. To print a report, complete the following steps:

1. Choose Time Clock | Employee Clock In/Out
Right-click the Time Clock icon in the System Tray and choose Employee Clock In/Out. Select an employee and click OK.

2. Choose Reports Tab
Click the Reports tab at the top of the screen. The Reports window will appear.

3. Edit Report Date (Optional)
The Report Date will default to today's date. Edit this date if necessary.

4. Select Employees
Highlight the employees that you wish to include on the report.

5. Select Date
Type a date range in the From and To fields or click the down arrow to select the dates from a calendar.

6. Select Report Type(s)

Place a checkmark next to the desired report and its associated options as described below:

- **Time Punch Report** – this report will print a list of in and out punches that the selected employees made within the specified date range as well as the total time. Check **Include Notes** to include the time clock notes that were entered for each day. Check **Exclude Days with No Punches/Notes** to skip days that do not have recorded punches or notes. Check **New Page for Each Employee** to have a separate page print for each employee that you have selected.

- **Payroll Report** – this report calculates and prints each selected employee's ID, type (hourly or salary), pay rate and overtime rate, regular and overtime hours worked, and current calculated pay. Check **Include Details** to include all of the information described above. If you uncheck Include Details, only the employee's name, ID, hours worked, regular pay, overtime pay, and current pay will be listed. The option to **Export to File (tab-delimited, .txt)** will save the data in a .txt file as <Report Date>Payroll.txt (the report date will appear as numbers with no slashes; i.e. 092103Payroll.txt) in your EZDental/Doc/Exports directory.

7. Save As Default (Optional)

Check Save As Default to save the employee(s) and report options you selected for each time the reports are printed. (The dates will not be saved.)

8. Click Print

Click the Print button to print the reports.

Patient Picture

The Patient Picture feature displays a full-color portrait that can be accessed from the Patients or Schedule modules and is helpful in patient recognition and identification. Patient Picture is designed to capture an image using a digital camera, or other device that supports a "TWAIN Acquire" interface. You can also import existing patient images stored as a PC-compatible image files using any of the following extensions: bmp, jpg, pcx, or other supported image file extension. Once a picture has been acquired, it will automatically be saved in the patient's record.

Opening Patient Picture

1. Select a Patient
From Patients or Schedule, select a patient.

2. Open Patient Picture
From the toolbar, click the Patient Picture button. If a patient has an existing picture, the Patient Picture button on the tool bar will be in color. If there is no picture for the patient, the button will be black and white, and if chosen, a message will display in the Patient Picture window stating "Photo Not Available."

Acquiring a Patient Image using a Twain Device

1. Open Patient Picture
From Patients or Schedule, select a patient. Click the Patient Picture button. The Patient Picture window appears.

2. Click Select Source Button
From the Patient Picture toolbar, click the Select Source button. A list of available TWAIN compatible devices is displayed.

Note: If the camera or scanner you wish to use is not listed, it has not been properly set up for use in Windows. Contact your system administrator for assistance.

3. Select Source
Select the device you wish to use and click Select.

Note: Once a source has been selected, you will not need to select a source again, until a different source is desired.

4. Capture Image
From the toolbar, click the Acquire New Images button. At this point, if you are using a scanner, you should operate it as you usually do to capture an image and store the image directly into Patient Picture. If you are using a digital camera, you may access the stored images in the camera, or operate the camera directly through Easy Dental.

5. Close Patient Picture
Click the X button in the upper right-hand corner of the screen to close Patient Picture.

Importing an Image

1. Open Patient Picture

From Patients or Schedule, select a patient. Click the Patient Picture button. The Patient Picture window appears.

2. Click Select Existing Image

From the Patient Picture toolbar, click the Select Existing Image button. The Select Patient Picture dialog box appears.

3. Select Image to Import

Browse to the correct directory where your image is stored. Highlight the file and click OK. The Patient Picture dialog box appears. Click the Move button to remove the file from it's original source and rename it within Patient Picture. Click the Copy button to include a copy of the patient's image within Patient Picture, while keeping the file in its original directory.

4. Close Patient Picture

Click the X button in the upper right-hand corner of the screen to close Patient Picture.

Note: Once the Move button has been selected, the picture will no longer be available in the original directory it was stored in.

Patient Picture and Copy/Paste Functions

Patient Picture has the option to copy to the Windows Clipboard, and the option to paste from the Windows Clipboard. The copy option is useful if there is another application to which you want to paste the patient's picture. The paste option is useful if another application has the option to copy to the Windows Clipboard. After copying from the other application, you can paste the picture to the Patient Picture module for the current patient's picture. Use the keyboard keys, Ctrl + Insert or Ctrl + C to copy; or the keyboard keys, Shift + Insert or Ctrl + V to paste.

Backup Patient Pictures

It is recommended that the PATPICTS directory, which can be found in the EZDental/Data directory on the File Server, be backed up regularly with your data files.

EasyWeb

The EasyWeb toolbar gets your practice "web ready" by providing you with the tools necessary to connect your Easy Dental software to the Internet. Now you can use the Internet as it was meant to be, a tool you'll use every day to complete everyday tasks.

Not only will having your practice web-ready save you time and provide you with an attractive web site, but it will greatly enhance your professional image by offering your patients on-line access to your practice and their account. This section will provide you with instructions on how to upload information and how your patients can use the Easy Dental web site powered by easydental.ident.com.

In This Section:

- Getting Started
- Customizing the Toolbar
- Editing Practice Web Site
- EasyWeb Settings
- Upload Process
- WebSync
- Correspondence Center
- Insurance Center
- Patient Eligibility
- Referral Center
- Viewing Patient Information on Doctor's Web Site
- Accepting Online Payments
- Additional Options
- Updating EasyWeb

Getting Started

Registering Your Practice

Go to http://www.easydental.com/WebReady/register.html to register your practice for a user name and password. You will receive an email confirmation containing your user name and password for EasyWeb.

Starting EasyWeb

Click the EasyWeb button located in any of the Easy Dental modules. The EasyWeb toolbar will appear. See below for a description of each button.

My Web Site - launches the office web site to view or edit.

Easy Dental Web - launches the Easy Dental web site.

Insurance Center - click to view claim status, etc.

Patient Eligibility - click to check the insurance eligibility of patient(s).

*Correspondence Center - click to edit, view, and administer patient letters.

*Referral Center - click to view Referrals sent and received through EasyWeb and to search for referral doctors.

Settings - click to select settings for EasyWeb.

*Upload - click to upload patient information, referrals, and correspondence to the Internet as well as Insurance Claim Tracking.

*WebSync - click to import payments, new accounts, and updated patient information from the office web site.

Supplies - click to order Sullivan-Schein dental office supplies.

Patient Financing - option to link to the CareCredit application.

Continuing Education - launches the Continuing Education web page with direct links to DenTrek.

Leasing - option to link to Choice Health Leasing's web site.

*Available to Web Advantage and Web Advantage Pro users.

Customizing the Toolbar

The buttons and orientation of the EasyWeb toolbar can be customized to better suit your needs. The following sections will describe how to change the orientation of the toolbar, as well as remove, add, or change the order of the toolbar buttons.

Changing the Orientation

The EasyWeb toolbar can be set to stand vertical or horizontal on your computer screen. To change the orientation simply right-click on the toolbar. A menu will appear. Click on Show Vertical or Show Horizontal. The toolbar will continue to appear with the selected orientation until changed. To move the toolbar to a different location on your computer screen, simply click and hold your mouse on the blue title bar and drag to the desired location.

Customizing the Icons

The EasyWeb toolbar allows you to order the icons any way you like as well as remove any unused buttons.

1. Right Click on the Toolbar
Move the mouse pointer to the EasyWeb toolbar and then click with the right side of the mouse. A menu appears.

2. Choose Customize Toolbar
Choose Customize Toolbar from the menu. The Customize Toolbar dialog box appears.

3. Customize Toolbar
Customize the toolbar using any of the following options:
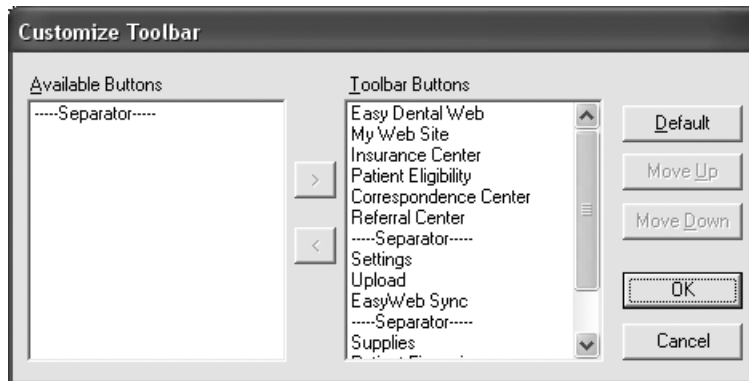
Remove a Button from the Toolbar
• From the Toolbar Buttons field, highlight the description for the button you wish to remove.

- Click the arrow pointing to the left. The description will be moved to the Available Buttons field.

Note: You may also quickly remove a button when viewing the EasyWeb toolbar. Simply right-click the desired button and select Remove Button from the menu.

Add a Button to the Toolbar
- From the Available Buttons field, highlight the description for the button you wish to add.

- Click the arrow pointing to the right. The description will be moved to the Toolbar Buttons field.

Arranging Buttons on the Toolbar
- From the Toolbar Buttons field, highlight the description for the button you wish to move.

- Click the Move Up or Move Down button. The button description will move up or down one position. Keep clicking the Move Up or Move Down button until the description appears in the correct position.

Default Arrangement
- Click the Default button to restore the toolbar to the system default icons and order.

4. Click OK
Click the OK button to save your settings and return to the EasyWeb toolbar.

Editing Practice Web Site

Easy Dental web-ready web site powered by easydental.ident.com provides an easy template for setting up your practice web site. Complete the following steps to customize your web site prior to patient viewing:

1. Click My Web Site

Click the My Web Site icon located on the EasyWeb toolbar. Click Connect to Internet if you are not already connected. My Web Page will open.

2. Edit Practice and Site Name (Optional)

Your current practice name and site address will appear on the left side of the screen. If necessary, you may click Change the Practice Name. To change the site name, click Edit. Type in the new site name and click Submit. Remember, the site name will be used as part of the address in which your patients will use to log on to the practice web site (example: www. ident.ws/sitename). The Site Name must be unique to ident.com.

Note: You must click the Save Your Changes button to save any changes you have made on this screen.

3. Edit Site Design

Under the section entitled "Site Design," you can select the desired design template for your web site. Click on Preview to see a demonstration of the design template. Click Select to select that template for your web site. You must click "Save Your Changes" in order to permanently select the template. To preview your web site with the selected settings, click View My Site.

4. Enter Content Information

Under the section entitled "Site Content," you can click on the options to enter information specific to your practice for your patients to view.

5. Upload Images (Optional)

Images may be uploaded or removed by clicking on Insert Image in the Edit Content window. All uploaded images will be listed under Uploaded Images. To upload an image, click the Browse button. Locate the desired image and click Upload. To remove an image, click on the image to select it, then click the Remove button next to the image name. To insert an image for your practice site, highlight the desired image and click Insert.

6. Select Patient Education Articles

Click Dental Education to select the articles you wish to be available to your patients. Uncheck any options you do not want available on your web site.

7. Click Save Your Changes

To save any customizations that have been made to your web site, you must click the Save Your Changes button.

🛠️ **EasyWeb Settings**

Correspondence Setup

The Correspondence Setup option allows you to create default settings for sending appointment and recall reminders electronically. A patient must match all criteria that is setup for the selected type in order to be included in the EasyWeb upload. Initially, five Correspondence types are available from the Correspondence Setup. A maximum of six Correspondence types can be entered.

Note: When setting up multiple Correspondences, make sure that there will not be an overlap that causes the patient to get the same reminder within too short of a time. There will be an overlap if separate Correspondences include the same patient for the same reason, or if the Appointment Span or the CC Due Date Span and Correspondence Upload interval overlap.

1. Click Settings | Correspondence Setup
Click the Settings button located on the EasyWeb toolbar. Choose Correspondence Setup from the menu.
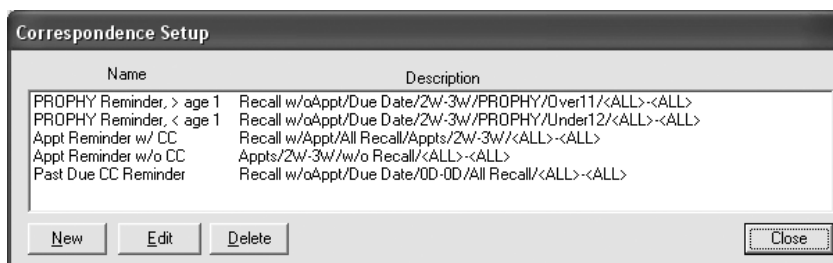
2. Click New
Click the new button to create a new Correspondence type. The New Correspondence dialog box will appear.

3. Enter Correspondence Name
Enter the Correspondence name. The name will be used to identify the correspondence type from other types that may be set up.

4. Select Recall Options
- Do Not Use Recall – When this option is selected, all other Recall options will be disabled.

- Use Any Selected Recall – This option will include patients that have one of the Recall types that is selected from the Recall Type list regardless of whether the patient has an appointment attached.

- Use Only Recall WITH Attached Appt – This option will include only patients that have the selected Recall type and have an attached appointment. (You may specify appointment date ranges by checking Use Appointments Dated. See the next page for more information.)

- Use Only Recall WITHOUT Attached Appt – This option will only include patients who are attached to the selected Recall type but do not have an appointment attached. (You may specify the due date range by checking the option Use Recall Due Date. See below for more information.)

- Use Recall Due Date – This option will include only patients whose Recall due date falls within the selected range for the selected type.

- Recall Type – Select the desired Recall types that you wish to include or check "All" to include all types.

5. Select Appointment Options
- Use Appointments Dated – This option will only include patients who have an appointment within the selected range.

- Use Only Appts WITHOUT Attached Recall – This option allows you to send separate appointment reminders without including those that may have already been included in another Communication using Recall. This option will only include patients with appointments within the range that are not attached to Recall.

- Appt Providers – This option will only include appointments for the selected providers. Select the desired provider(s) or check "All" to include all provider appointments.

6. Select Age Options
  • Include Patients According to Age – This option allows you to select under or over a certain age and only those patients whose age matches the criteria will be included.

7. Select Provider(s)
Enter a provider range to include on patients whose primary provider is selected. Leave at <ALL> to include all providers.

8. Select Billing Type(s)
Select the Billing Type(s) you wish to include. Only patients with the selected Billing Type(s) will be included. Check "All" to include all Billing Types.

9. Select Ident Card Option
Select the card you wish to use for this Correspondence. These cards can be setup by the office. See the Reminder Cards section for more information.

10. Click OK
Click OK to save the settings for this Correspondence type.

Patient Upload Setup

The Patient Upload Setup allows you to select which items to include in the periodic upload process. Only those with a Patient status (not Non-Patient, etc.) will be included in the upload.

1. Click Settings | Patient Upload Setup
Click the Settings button located on the EasyWeb toolbar. Choose Patient Upload Setup from the menu.

2. Select Ledger Options
- Family/Patient Account Transactions – Account transactions that occurred on or after the first transaction date for the family will be included in the upload. Check List Individual Patient Balances of Family to see each family members balance separately.

- Account Information – This option will upload Aged Balances, Last Payment, Last Insurance Payment, Last Statement Date, Outstanding Billed to Insurance, Expected from Insurance, and Guarantor Portion of Total Balance. (This option will not upload information for patients that do not have the "Use Guarantor's User ID and Password" selected from Patient Setup.)

- Payment Plan Information – This option will upload Payment Amount, Amount Past Due, Payment Due, and Due Date.

3. Enter Patient Message
You may enter a generic patient message to be sent to all patients during the upload.

4. Select Patient's Clinical Information
Check Treatment Plan to upload all treatment planned procedures for the patients. To upload Insurance Estimate information, check Include Estimates.

5. Select Appointments
Check Appointment Date, Time, and Provider to upload all future appointment information for the family.

6. Select Provider(s)
Enter a provider range to only upload certain provider's patients or leave at <ALL> to include all providers.

7. Select Billing Type(s)
Select the desired Billing Type(s) or check "All" to include all Billing Types. Only patients with the selected Billing Type(s) will be included in the upload.

8. Click OK
Click OK to save your settings for the patient upload.

Referral Upload Setup

The Referral Upload Setup enables you to select which information regarding a patient referral should be uploaded to your web site for the "Referred To" Doctor. The "Referred To" Doctor can then access this web page using a username and password supplied by your office and download the referral information.

1. Click Settings | Referral Upload Setup
Click the Settings button located on the EasyWeb toolbar. Choose Referral Upload Setup from the menu. The Referral Upload Setup dialog box will appear.

2. Select Referred Since Date Span
Use the up and down arrows to select the numeric value of the date span. Click the down arrow and select Month(s) ago, Week(s) ago, Day(s) ago, or Today. All referrals with a Referred To date within that date span will be included.

3. Skip Referrals Already Uploaded (Optional)
Check this option if you do not want to upload referrals that have already been uploaded in the past.

4. Select Patient Information
Check what patient information you wish to include in the upload. The options are Include Medical Alerts and Include Dental Insurance.

5. Select Procedure Information
Check which procedure information you wish to include in the upload. The options are Include Completed, Include Treatment Plan, and Include Procedure Notes.

6. Select Referring Provider
Mark Use Patient's Prov1 to upload the referred patient's primary provider listed in the Patients module. To select a specific provider, mark Use Provider and select the appropriate provider from the drop-down menu.

7. Enter Referral Note (Optional)
Enter a note for the Referred To doctor to include with the upload. If desired, check Include Referral Note in email.

Warning: E-mail is not secure. Sensitive information should not be included in the Referral Note.

8. Click OK

Click the OK button to close the Referral Upload Setup and save your settings.

Insurance Claim Tracking Setup

The Insurance Claim Tracking Setup dialog box allows you to select certain criteria for claims (similar to the Insurance Aging Report). These settings are used during Insurance Claim Tracking Upload.

1. Click Settings | Insurance Claim Tracking Setup

Click the Settings button located on the EasyWeb toolbar. Choose Insurance Claim Tracking Setup from the menu. The Claim Tracking Setup dialog box appears.
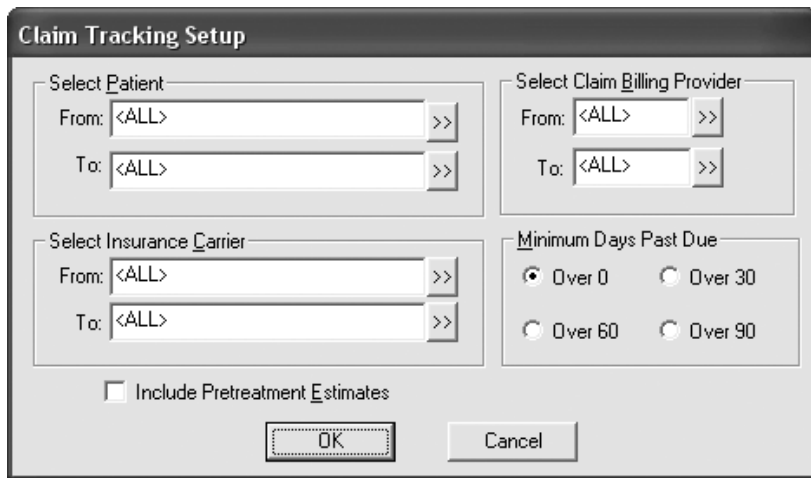
2. Select Patient Range

To select a range of patients click the search button after From and select the beginning patient for the range. Next, click the search button after To and select the ending patient for the range. If you wish to include all patients, leave at <ALL>.

3. Select Insurance Carrier Range

To select a range of insurance carriers click the search button after From and select the beginning carrier for the range. Next, click the search button after To and select the ending carrier for the range. If you wish to include all insurance carriers, leave at <ALL>.

4. Select Claim Billing Provider Range

To filter the claims by billing provider click the search button after From and select the beginning provider for the range. Next, click the search button after To and select the ending provider for the range. If you wish to include all providers, leave at <ALL>.

5. Select Minimum Days Past Due

To filter the claims according to how many days past due, mark Over 30, Over 60, or Over 90. To include all claims regardless of past due date, leave Over 0 marked.

6. Include Pre-treatment Estimates

If you wish to include Pre-treatment Estimates in the upload, check this option.

7. Click OK

Click the OK button to exit and save your settings.

Patient Setup

The Patient Setup allows you to set specific upload preferences for any patient and/or family.

1. Click Settings | Patient Setup

Click the Settings button located on the EasyWeb toolbar. Choose Patient Setup from the menu.

2. Select Patient

If a current patient is selected in your software program, the Patient Setup screen will open with the selected patient's information. If a blank screen opens, click the Select Patient button and select the desired patient.

3. Enter Consent Date

In order for a patient to have their information posted to a web site, it is recommended that they have signed a Web Consent form. Enter the Web Consent Date in the field or click Insert Today's Date if they consented today.

EasyWeb installs a consent form letter on the server under the Letter Template Path located in the Preferences dialog box. To find this letter choose Maintenance, then Preferences from the Reports module. Click on the Paths tab and note the Letter Template Path. Follow this path in Word to find webcsnt.doc. The template can be printed from here or can be added as a merge letter template through EASY DENTAL Letters.

4. Select Preferences
- **Send E-mail Notification** – Will notify the patient, through the patient's private e-mail address, that information has been posted to the doctor's web site. This e-mail message will also contain a link that will take the patient directly to the office web site. The user will be asked to enter the patient's user name and password for verification purposes.

- **Correspondence** – Sends correspondence (newsletters, reminder cards, etc.) to the patient's email address.

- **Appointment Information** – Sends appointment information to the office web site for this patient.

- **Treatment Plans** – Sends an electronic copy of the patient's treatment plan to the office web site.

- **Account Information** – Sends an electronic copy of the family's account information to the office web site for this patient.

- **Info to Referred Dr.** – Sends referral information to the office's secure web page for the Referred To doctor if the patient falls within the parameters in the Referral Upload Setup (see the previous section). If this option is NOT checked, the patient will be skipped during the referral upload.

5. Enter Password Information
   - **User ID** - The User ID will be automatically entered if a patient is selected. You may change the User ID if desired. The User ID must be unique with no spaces or symbols.

   - **Password** - The Password will be automatically entered if a patient is selected. You may change the password if desired. (Passwords cannot have any spaces or symbols.)

- **Use Guarantor's User ID and Password** – Check this option if you wish to use the same user name and password entered for the guarantor for this family member.

- **Reset Password** – Click Reset Password to reassign a password to any patient.

6. Enter E-mail Address

The Primary E-mail Address will pull from the patient's file. Enter a secondary (if applicable) e-mail address. Mark the address you wish to use for electronic notifications (Primary or Secondary).

7. Click OK

Click the OK button to save your changes.

Practice Setup

The Practice Setup stores practice information such as User ID, password, and web site URL.

1. Click Settings | Practice Setup

Click the Settings button located on the EasyWeb toolbar. Choose Practice Setup from the menu.

2. Enter Web Address

Enter the address for the practice's web site as a reference.

3. Enter User ID and Password

Enter the User ID and Password that you registered with. This information is required to upload any information.

4. Enter Merchant Number

Enter the Merchant Number assigned by Care Credit in order to process care credits.

5. Select Payment Types Accepted

Highlight the payment types for Credit Card Payment and Electronic Check Payment that you want posted in Easy Dental when online payments are made. Check 'Apply to Pmt Agreement (when possible)' to have Easy Dental apply the amount to the patient's Payment Agreement, if one exists.

6. Click OK

Click OK to save your changes.

Referral Setup

A "Referred To" Dr. must be registered on the EASY DENTAL Web-ready web site and have EasyWeb referral settings saved before referrals for the Dr. can be uploaded. Complete the following steps for each doctor you wish to use as a "web referral."

1. Click Settings | Referral Setup
Click the Settings button located on the EasyWeb toolbar. Choose Referral Setup from the menu. The Select Referred To dialog box appears.

2. Select Referred To Doctor
Enter the first few letters of the referral source's last name and click the search button. Highlight the desired doctor and click OK. The Referral Settings dialog box appears.

3. Enter User Name
Enter the User Name for this referral source. This should be the user name assigned to this Dr. when he/she registered for Web-ready (located in the Referral Center).

4. Select E-mail Address
Mark whether you wish to use the referral's primary e-mail address (this is setup in the Referral Information screen when entering or editing a referral in the Patients module) or the referral's secondary e-mail address. If Secondary is marked, enter the e-mail address you wish to use.

5. Check Send E-mail Notification (Optional)
When this option is checked, an e-mail message will be sent to the Referred To Dr. as notification that a referral has been uploaded to a web site with a link to take the Referred To Dr. to the referral information.

6. Click OK
Click the OK button to close the Referral Settings dialog box and save your selections.

OTHER FEATURES

🖳 Upload Process

Upload refers to the process of copying patient information from the office database to the Easy Dental Web-ready web site powered by easydental.ident.com for patient or referral doctor's viewing purposes. Each time an upload takes place, an e-mail notification will be sent to the patient or guarantor if "Send E-mail Notification" is selected in the Patient Setup screen. See *Patient Setup* in the *Setup* section for more information. The Practice Setup information must be entered in EasyWeb before any uploads can take place. See *Practice Setup* in the *EasyWeb Settings* section for more information. The Insurance Claim Tracking Upload feature enables you (the doctor) to track and display the status of outstanding claims. The following uploads are available:

- Correspondence Upload

- Patient Upload

- Current Patient Upload

- Referral Upload

- Insurance Claim Tracking Upload

- Correspondence Upload Override

- Patient Upload Override

- Referral Upload Override

- Claim Tracking Upload Override

Correspondence Upload

The Correspondence Upload option allows you to select pre-defined Correspondence types (see *Correspondence Upload Setup* in the *EasyWeb Settings* section for information).

1. Click Upload | Correspondence Upload
From the EasyWeb toolbar, choose Upload and Correspondence Upload. The Select Correspondence(s) to Upload screen will appear.

2. Select Correspondence(s)
Select the Correspondence(s) you wish to send. These types are predefined in the Correspondence Setup screen.

3. Click Upload
Click the Upload button. All patients who match the criteria setup for this correspondence type will be included in the EasyWeb upload list.

4. Remove Patient(s) (Optional)
If you wish to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the Remove Patient(s) from Upload List button.

5. Click Upload

Click Upload in the EasyWeb Upload List to upload the listed patient information and/or send Correspondence emails.

Patient Upload

The Patient Upload option will use the settings selected in the Patient Upload Setup screen to gather patient information to be uploaded. (See *Patient Upload Setup* in the *EasyWeb Settings* section for more information.)

1. Click Upload | Patient Upload

From the EasyWeb toolbar, choose Upload and Patient Upload. All guarantors/patients that match the criteria selected in the Patient Upload Setup and have a Web Consent date will be listed on the EasyWeb Upload List.

2. Remove Patient(s) (Optional)

If you wish to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the Remove Patient(s) from Upload List button.

3. Click Upload

Click Upload in the EasyWeb Upload List to upload the listed patient information.

Current Patient Upload

The Current Patient Upload option will use the settings selected in the Patient Upload Setup screen to gather information for the currently selected patient to be uploaded. (See *Patient Upload Setup* in the *EasyWeb Settings* section for more information.)

1. Click Upload | Current Patient Upload

From the EasyWeb toolbar, choose Upload and Current Patient Upload. If the currently selected patient has an EasyWeb record with a Web Consent date, a User ID and Password, and at least one Preference option other than "Send E-mail Notification" selected, the current patient's information will display in the EasyWeb Upload List.

2. Click Upload

Click Upload in the EasyWeb Upload List to upload the listed patient information.

Referral Upload

The Referral Upload option will use the settings selected in the Referral Upload Setup screen to gather information for referrals to upload to the Referral Center. (See *Patient Upload Setup* in the *EasyWeb Settings* section for more information.) If Send E-mail Notification is marked in the Referral Settings dialog, the "Referred To" doctor will receive an e-mail notification when a web referral upload takes place for that doctor. This e-mail will contain a link that will take the "Referred To" doctor to the referral information. (See *Referral Setup* in the *EasyWeb Settings* section for more information on how to setup each referral source.)

1. Click Upload | Referral Upload

From the EasyWeb toolbar, choose Upload and Referral Upload. All patients that match the criteria selected in the Referral Upload Setup and have a Web Consent date will be listed on the EasyWeb Upload List.

2. Remove Patient(s) (Optional)

If you wish to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the Remove Patient(s) from Upload List button.

3. Click Upload

Click Upload in the EasyWeb Upload List to upload the listed referral information.

Note: A Web Referral Contact Entry will automatically be recorded for each referred patient, the referring provider, and the Referred To provider that is uploaded.

Insurance Claim Tracking Upload

The Insurance Claim Tracking Upload option will use the criteria selected in the Insurance Claim Tracking Setup screen to search for claims that have been sent electronically. (See *Insurance Claim Tracking Setup* in the *EasyWeb Settings* section for more information.) Once found, a list showing the status of each claim will be displayed.

1. Click Upload | Insurance Claim Tracking Upload

From the EasyWeb toolbar, choose Upload and Insurance Claim Tracking Upload. The EasyWeb Claim Verification dialog box will appear displaying how many insurance claims have been searched and how many have been found that match the selected criteria. If no claims were found, a message will appear stating such. (See *Insurance Claim Tracking Upload Override* to query with different options selected.)

2. View Status

After the query is complete, all claims that match the criteria selected in the Insurance Claim Tracking Setup will be listed on the EasyWeb Upload List.

Correspondence Upload Override

The Correspondence Upload Override option allows you to select certain criteria for uploading information. This option does not require a previous setup of Correspondence types.

1. Click Upload | Correspondence Upload Override

From the EasyWeb toolbar, choose Upload and Correspondence Upload Override. The Correspondence Upload Override dialog box will appear.

2. Select Patient Range

Select the beginning and ending patients for the range or leave at <ALL> to include all patients.

3. Select Recall Options
   - Do Not Use Recall – When this option is selected, all other Recall options will be disabled.

   - Use Any Selected Recall – This option will include patients that have one of the Recall types that is selected from the Recall Type list regardless of whether the patient has an appointment attached.

   - Use Only Recall WITH Attached Appt – This option will include only patients that have the selected Recall type and have an attached appointment. (You may specify appointment date ranges by checking Use Appointments Dated. See below for more information.)

   - Use Only Recall WITHOUT Attached Appt – This option will only include patients who are attached to the selected Recall type but do not have an appointment attached. (You may specify the due date range by checking the option Use Recall Due Date. See below for more information.)

   - Use Recall Due Date – This option will include only patients whose Recall due date falls within the selected range for the selected type.

   - Recall Type – Select the desired Recall types that you wish to include or check "All" to include all types.

4. Select Appointment Options
   - Use Appointments Dated – This option will only include patients who have an appointment within the selected range.

   - Use Only Appts WITHOUT Attached Recall – This option allows you to send separate appointment reminders without including those that may have already been included in another Communication using Recall. This option will only include patients with appointments within the range that are not attached to Recall.

   - Appt Providers – This option will only include appointments for the selected providers. Select the desired provider(s) or check "All" to include all provider appointments.

5. Select Age Options
   - Include Patients According to Age – This option allows you to select under or over a certain age and only those patients whose age matches the criteria will be included.

6. Select Provider(s)

Enter a provider range to include those patients whose primary provider is selected. Leave at <ALL> to include all providers.

7. Select Billing Type(s)

Select the Billing Type(s) you wish to include. Only patients with the selected Billing Type(s) will be included. Check "All" to include all Billing Types.

8. Select Ident Card Option

Select the card you wish to use for this Correspondence. These cards can be setup by the office. See the Reminder Cards section for more information.

9. Click Upload

Click the Upload button. All patients who match the criteria setup for this correspondence will be included in the EasyWeb upload list.

10. Remove Patient(s) (Optional)

If you wish to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the Remove Patient(s) from Upload List button.

11. Click Upload

Click Upload in the EasyWeb Upload List to upload the listed patient information.

Patient Upload Override

The Patient Upload Override option allows you to select certain criteria for uploading patient information.

1. Click Upload | Patient Upload Override

Click the Upload button located on the EasyWeb toolbar. Choose Patient Upload Override from the menu.

2. Select Patient Range

Select the beginning and ending patients for the range or leave at <ALL> to include all patients.

3. Select Ledger Options
- Family/Patient Ledger Transactions – Ledger transactions that occurred on or after the first transaction date for the family will be included in the upload. Check List Individual Patient Balances of Family to see each family member's balance separately.

- Account Information – This option will upload Aged Balances, Last Payment, Last Insurance Payment, Last Statement Date, Outstanding Billed to Insurance, Expected from Insurance, and Guarantor Portion of Total Balance. (This option will not upload information for patients that do not have the "Use Guarantor's User ID and Password" selected from Patient Setup.)

- Payment Plan Information – This option will upload Payment Amount, Amount Past Due, Payment Due, and Due Date.

4. Enter Patient Message
You may enter a generic patient message to be sent to all patients during the upload.

5. Select Patient's Clinical Information
Check Treatment Plan to upload all treatment planned procedures for the patients. To upload Insurance Estimate information, check Include Estimates.

6. Select Appointments
Check Appointment Date, Time, and Provider to upload all future appointment information for the family.

7. Select Provider(s)
Enter a provider range to only upload certain provider's patients or leave at <ALL> to include all providers.

8. Select Billing Type(s)
Select the desired Billing Type(s) or check "All" to include all Billing Types. Only patients with the selected Billing Type(s) will be included in the upload.

9. Click Upload
Click the Upload button. All patients who match the criteria selected will be included in the EasyWeb upload list.

10. Remove Patient(s) (Optional)
If you wish to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the Remove Patient(s) from Upload List button.

11. Click Upload
Click the Upload button in the EasyWeb Upload List to upload the listed patients.

Referral Upload Override

The Referral Upload Override option allows you to select certain criteria for uploading referral information.

1. Click Upload | Referral Upload Override
Click the Upload button located on the EasyWeb toolbar. Choose Referral Upload Override from the menu. The Referral Upload Override dialog box will appear.

2. Select Referred To Range
Click the search buttons and select a range of Referred To doctors or leave at <ALL> to include all referral sources.

3. Enter Referral Date Range
Enter a date range of referrals. All referrals that fall within the date range will be included in the upload.

4. Skip Referrals Already Uploaded (Optional)

Check this option if you do not want to upload referrals that have already been uploaded in the past.

5. Select Patient Information

Check what chart information you wish to include in the upload. The options are Include Medical Alerts and Include Dental Insurance.

6. Select Procedure Information

Check what procedure information you wish to include in the upload. The options are Include Completed, Include Treatment Plan, and Include Procedure Notes.

7. Select Referring Provider

Mark Use Patient's Prov1 to upload the referred patient's primary provider listed in the Patients module. To select a specific provider, mark Use Provider and select the appropriate provider from the drop-down menu.

8. Enter Referral Note (Optional)

Enter a note for the Referred To doctor to include with the upload. If desired, check Include Referral Note in email.

Warning: E-mail is not secure. Sensitive information should not be included in the Referral Note.

9. Click Upload

Click the Upload button to begin the upload process. The EasyWeb Upload List will appear.

All patients that match the criteria selected and have a Web Consent date will be listed on the EasyWeb Upload List.

10. Remove Patient(s) (Optional)

If you wish to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the Remove Patient(s) from Upload List button.

11. Click Upload

Click the Upload button in the EasyWeb Upload List to upload the listed referral information.

Note: A Web Referral Contact Entry will automatically be recorded for each referred patient, the referring provider, and the Referred To provider that is uploaded.

Claim Tracking Upload Override

The Claim Tracking Upload Override option allows you to select certain criteria for search-ing outstanding claims.

1. Click Upload | Claim Tracking Upload Override
Click the Upload button located on the EasyWeb toolbar. Choose Claim Tracking Upload Override from the menu. The Claim Tracking Upload Override dialog box will appear.

2. Select Patient Range
To select a range of patients, click the search button after From and select the beginning patient for the range. Next, click the search button after To and select the ending patient for the range. If you wish to include all patients, leave at <ALL>.

3. Select Insurance Carrier Range
To select a range of insurance carriers click the search button after From and select the beginning carrier for the range. Next, click the search button after To and select the ending carrier for the range. If you wish to include all insurance carriers, leave at <ALL>.

4. Select Claim Billing Provider Range
To filter the claims according to the billing provider click the search button after From and select the beginning provider for the range. Next, click the search button after To and select the ending provider for the range. If you wish to include all providers, leave at <ALL>.

5. Select Minimum Days Past Due
To filter the claims according to how many days past due, mark Over 30, Over 60, or Over 90. To include all claims regardless of past due date, leave Over 0 marked.

6. Include Pretreatment Estimates
If you wish to include Pre-treatment Estimates in the upload, place a checkmark next to this option.

7. Click Upload
Click the Upload button to begin the upload process. The EasyWeb Upload List will appear.

All claims that match the criteria selected will be listed on the EasyWeb Upload List.

WebSync

Patients can go on-line to register, update their own demographic information, and make payments on the practice's web page. (Through the practice web page setup, you may choose whether or not patients will be able to update information or make online payments from the practice web page on ident.) Offices can easily upload information and import new online accounts, online information changes, and online payments with the WebSync button.

To import the new information into Easy Dental, click the WebSync button located on the EasyWeb toolbar. The WebSync - In Progress dialog box will appear listing the progress of each function it is performing. The following sections will explain how to import the information that the WebSync process found.

Import Accounts

If there are any new accounts that have registered through the practice website, the WebSync - Import Accounts window will appear. All new and existing account requests will be listed at the top. A list of matching patients from the Easy Dental database will be listed in the box below.

1. Match Patients
A list of patients from your Easy Dental database will be listed according to the "Show Matches for" options selected. Any patients that match any of the criteria selected will be listed. The fewer options checked, the fewer matches found. If you do not see a patient listed in the Matching Patients group box, click the Add Patient to List button. The Select Patient dialog box will appear. Find the patient you wish to add and click OK.

2. Link Patients
Once you have found the correct matching patient, click the Link Patients button to link the account request with the patient in your Easy Dental database. When the account is linked, the Patient Settings dialog will be updated with a new web consent date, user ID, and password for this patient.

Note: If any of the patient information data provided in the account request does not match, the patient will be included in the list of accounts for "WebSync – Import Information Changes" window.

3. Remove Account Request (Optional)
To remove an account request from the list, click the Remove button located under the details of the account request. If an online payment has been made, a message will appear stating that the account request cannot be removed. If no online payments have been made, a message will appear asking if you are sure you wish to remove the request. Click Yes to remove it or No to cancel.

4. Close
To close the WebSync - Import Accounts window and continue with the next import process (i.e. Import Information Changes and Import Payments), click the Skip Account Requests button. To close this window and return to Easy Dental, click the Close All Imports button.

Import Information Changes

If any changes were made to patient information on the practice website, the WebSync - Information Changes window will appear. All patients who have made information changes will be listed at the top of this window. When a patient is highlighted, that patient's information will appear.

1. Select Groupbox
When a groupbox is selected on the left (Patient, Insurance, Employer, Note), the grey section on the right will show the detailed information along with the original information in grey text.

2. Review Changes
All changes made by the patient will be shown in red (if it does not match the record in Easy Dental). If the office makes any changes in the groupboxes, that information will be displayed in blue.

- **Address** – If any part of the address has changed, the "Address Changed" dialog box will appear and you can select to add it as a new address or change for all family members.

- **Employer** – If the patient has entered a new employer, an "Employer Changed" dialog box will appear when you try to post the change or move to a different groupbox. Mark "Select Employer" to select the employer from the Easy Dental database. Mark "Add as New Employer" to add the entered employer to the Easy Dental database. Mark "Keep Current Employer" to keep the patient's current employer as listed in the Easy Dental database.

- **Insurance** – Insurance information changes will NOT be automatically updated in Easy Dental. Check the option to "Create Patient Alert for insurance changes" to have Easy Dental automatically create a Patient Alert for that patient as a flag that their insurance has changed.

- **Notes** – If any Notes have been entered by the patient, you can choose to add the note to Easy Dental. Choose the Notes groupbox to display the note on the right side of the window. Click Insert Dateline, if desired, and make any changes if necessary. Click the down arrow under "Add Note to" and select Patient Note, Account Note, or Do Not Add.

3. Clear Changes (Optional)
Click the Clear Changes button to reset all changes the office has made to the information change request.

4. Remove Change Request (Optional)
The Remove button will remove the selected information change request from the table without making any changes. A message will appear confirming that you want to remove the requested changes. Click Yes to continue or No to cancel.

5. Post
Click the Post button to import the changes into Easy Dental.

6. Close
To close the WebSync - Import Information Changes window and continue with the next import process (i.e. Import Payments), click the Skip Info Changes/Done button. To close this window and have no other import windows appear, click the Close All Imports button.

Import Payments

If any online patient payments were made on the practice website, the WebSync - Import Payments window will appear. (For more information, see *Accepting Online Payments* at the end of the *EasyWeb* section.) This window will list patients who have made an online payment and the details of that transaction.

1. Select Payments
Highlight the payments you wish to post or click the Select All button to highlight all payments listed.

2. Remove Payment (Optional)
To remove a payment from the list, highlight the desired payment and click Remove. A message will appear stating "If a payment is removed, it will no longer be available to link to a patient. The payment will still be able to be viewed from Payment Administration on the Webenabled site. Are you sure you want to remove the <#> selected payment(s)?" Click Yes to remove the payment or No to cancel.

3. Post Payments
Once all payments that you wish to post are highlighted, click the Post Selected button. All payments will be posted to the Accounts module according to the payment options selected in the EasyWeb Practice Setup.

Note: If only one payment was selected to be posted, EasyWeb will launch Accounts for the selected patient, and the Change or Delete Payment dialog box for the payment will appear.

4. Close
When finished, click the Close button to close the WebSync - Import Payments window and return to Easy Dental.

Correspondence Center

The Correspondence Center enables you to edit the content and image of letters, view which cards have been sent, viewed, and confirmed, as well as create and send "newsletters" through e-mail. Correspondence Cards will be sent to patients during the Correspondence Upload if the patient has been setup to receive reminder cards in the Patient Setup. See *Patient Setup* in the *EasyWeb Settings* section for information on selecting patients to receive reminder cards.

To access the Correspondence Center, click the button located on the EasyWeb toolbar.

Newsletters

A generic newsletter can be setup and sent to those patients who have chosen to receive correspondence from your practice. You may choose to send an attachment with the message and select only those patients whom you wish to receive it. Complete the following steps to create and send a newsletter:

1. Select Newsletter
From the Insurance Center, select the Newsletter option. The Newsletter page will be displayed.

2. Create Newsletter
- **Subject** – Type the subject of the newsletter in the subject field. This will appear as the subject of the email.

- **Newsletter Text** – Enter the newsletter text in the text box. Check Send Newsletter to Practice if you wish to send this newsletter to the practice email address also.

- **Attachment** – To add or delete an attachment, click the Add/Delete Attachment button. Click Browse to locate the desired attachment, then click Attach File.

3. Enter Patient Criteria
- **Guarantors Only** – Check this option if you only want the newsletter to be sent to the guarantor's email address.

- **Patient Range** – If you wish to send to a range of patients, click the search button next to To and select the patient for the beginning of the range. Next, click the search button next to From and select the ending patient for the range. Leave at <ALL> to include all patients.

- **Date Uploaded** – You may enter a date range in which only patients uploaded to ident in that time frame will be included. If you wish to include all patients regardless of when they were last uploaded, check the Search All option.

Click the Search button after all search criteria is entered. Patients matching the criteria will be listed at the bottom of the page.

4. Select Patients
To selectively send the newsletter to patients, check the Send box by the desired patients. If you wish to send to all patients that are listed, click the Select All button. To deselect all patients, click the Clear button.

5. Send Newsletter
Click the Send Newsletter button when you are ready to send the newsletter to the selected patients.

Note: The Newsletter will be sent as a "Blind Carbon Copy" which means that the recipients will not see the other recipients email addresses listed.

Practice Statistics

Choose Practice Statistics to view a summary of how many cards were viewed, confirmed, and undeliverable within a specific date range. If desired, change the date range and click Recalculate to view the statistics for the entered range.

Edit Correspondence

You may choose to edit the content and/or the image that appears on each letter. To edit the letters, complete the following steps:

1. Select Edit Correspondence
From the Correspondence Center, choose Edit Correspondence. The Edit Correspondence screen will appear.

2. Select Card to Edit
Mark one of the six cards you wish to edit along the right side of the screen.

3. Edit Card Content
The font style, color, and size can be changed by clicking the down arrows at the top of the card. Click the down arrow next to Background Color and select the desired color to display as the background of the card. Enter the desired subject on the subject line. Click the down arrow next to each line and select the items you wish to display on the card. If you want an additional message to display on the card, enter the message in the Text Message field.

4. Insert Image (Optional)
To insert an image on the card, click Insert Image and locate the desired image then click Upload. You may change the placement of the image on the card by marking the desired option.

5. View Letter
Click View Letter to view the letter with the selected options.

6. Save Changes
Click the Save button to save your changes or Cancel to exit without saving.

Correspondence Administration

From the Correspondence Administration page, you may view the status of cards that have been sent to patients within the specified date range. From this page, you may delete the card or resubmit it to the patient.

1. Choose Correspondence Administration
From the Correspondence Center, choose Correspondence Administration.

2. Enter Date Range
Enter the desired date range. All cards that were sent within the specified date range will be displayed.

3. View Patient, Recall, or Appt Details
To view specific information for the patient, click on the name, Recall type, or the appointment date.

4. Resend Cards (Optional)

To resend specific cards, place a checkmark next to each one you wish to resend. Click the Resend button.

5. Delete Cards (Optional)

To delete specific cards, place a checkmark next to each one you wish to delete. Click the Delete button.

Patient Uploads

Choose Patient Uploads from the Correspondence Center to view a list of recently uploaded patients. To remove a patient from the Upload list, click Clear.

Patient Recall Retrieval

Patients who are included in the Communications Upload will receive an email notification that will include a link to the Reminder Card. If the email was sent securely, the patient will be required to enter their last name before viewing the card. The patient may confirm the appointment by clicking the Confirm button on the Card. The card will remain on the web page for 60 days or until the office deletes it.

Insurance Center

The Insurance Center helps you track your claims, reports, and view claim statistics. You must be registered with eTrans for Easy Dental to use this feature. To access the Insurance Center, click the button located on the EasyWeb toolbar. Enter your eTrans User Name and Password and click Submit.

Practice Statistics

Choose Practice Statistics to view how many claims were sent, accepted, and rejected within a specified date range. To change the date range, enter the desired date range and click Recalculate.

Search Reports

Select Search Reports to search for copies of a previous Confirmation Report, Billing Statement, Clearing House Report, Passthrough Report, or Payor Report. Place a checkmark next to the desired report(s). Enter the desired date range and click Search.

Search Claims

Note: The Claim Tracking feature is only available for registered users of eTrans for Easy Dental.

Select Search Claims to view the Claim Tracking page. This screen will help you track the outstanding claims that have been submitted electronically through National Information Services. The claims that are listed here are derived from the Insurance Claim Tracking Upload. See *Insurance Claim Tracking Upload* in the *Uploads* section for information on how to perform this search.

Claims can be sorted by clicking on the desired column header (i.e. Claim ID, Submitted, Status). An asterisk after a claim indicates that it has been submitted more than once to NIS. You may click on the status of a claim (i.e. Rejected, Zero Pay, Info Needed) to view a detailed message regarding that status.

You can also easily view the status of a single claim when in Accounts. Simply double-click on the claim to open and click the Insurance Center button in the Status box (or choose Claim Status from the menu).

Patient Eligibility

You can easily check the insurance eligibility of a patient on-line with EasyWeb.

Note: Patient Eligibility is available to insurance companies with this ability. Not all insurance companies have eligibility access.

1. Click Patient Eligibility
Click the Patient Eligibility button on the EasyWeb toolbar. If you are viewing a current patient in Easy Dental, the Patient Eligibility screen will appear with that patient's information in the appropriate fields. You can proceed to step 3.

Note: You may also access the Patient Eligibility screen by selecting the option within the Insurance Center.

2. Enter Information
If you were not viewing a patient file in Easy Dental, the fields will appear blank. Fill in the patient's name, birthdate, subscriber ID, group number, and payor ID or carrier. If necessary, click the Clear button to remove the information in all fields.

3. Click Submit
Click the Submit button to send the patient's information to the insurance company. The eligibility responses will be listed at the bottom of the screen. All available eligibilities that were submitted and received within the previous week (unless removed) will be displayed.

4. Print (Optional)
You can print the listed eligibility responses by clicking the Print button.

5. View Patient Eligibility Response

Click View under the Details column to open the Patient Eligibility Response window. Any text response from the insurance company will appear in this dialog box. Click the Print button to print this information. Click the X in the upper right corner to close the dialog box.

6. Remove Patients (Optional)

The patient eligibility information that is listed on this page will be available for one week, then will be removed. If you wish to remove a patient manually, click the Remove button next to that patient's information.

Referral Center

The Referral Center enables you to view recently sent and received referrals through Easy-Web. See *Referral Upload* in the *Upload Process* section in this chapter for information on sending referrals through EasyWeb. To access the Referral Center, click the Referral Center button located on the EasyWeb toolbar. The following options are available from the Referral Center:

Referrals Sent

To view a list of referrals that you have sent out through EasyWeb, choose Referrals Sent. You may narrow the list by selecting certain criteria. If desired, enter the referral name, specialty, user name, patient name, and/or date range for the search and click Submit. Only referrals matching the selected criteria will be listed.

Referrals Received

To view a list of referrals that you have received through EasyWeb, choose Referrals Received. You may narrow the list by selecting certain criteria. If desired, enter the referral name, specialty, user name, patient name, and/or date range for the search and click Submit. Only referrals matching the selected criteria will be listed.

Professional Contact List

Choose Professional Contact List to view a list of doctors on ident that match your search criteria. Enter the State/Province, City, Zip Code, Specialty, First Name, and/or Last Name and click Search. Only doctors matching your search criteria will be listed. You can view each doctor's individual information by clicking on their name, username or by using the View button.

Personal Contact List

Choose Personal Contact List to view a list of doctors from your personal referral list that match your search criteria. Enter the State/Province, City, Zip Code, Specialty, First Name, and/or Last Name and click Search. Only doctors matching your search criteria will be listed. You can view each doctor's individual information by clicking on their name, username or by using the View button.

Viewing Patient Information on Doctor's Web Site

Each patient may access their information on the Doctor's Web Site using their user ID and password. If the patient does not have a User ID and password, he/she can click on the Sign Up button to register. The patient will be able to view account information such as billing statements, completed procedures, treatment-planned procedures, and appointments.

1. Logon to Doctor's Web Site

A patient must logon to the office's web site by choosing Patient Information then entering his or her own User ID and Password. The Family Information page will be displayed with the following options:

- **Patient Information** – to access clinical information for each patient, you can click on any family member's name. This will display patient information for that family member. Here the patient can modify or update their personal information. You may click on **Treatment Plan** to display treatment planned procedures for that patient.

- **Account** – The Account will display procedures, charges, and payments for the family. These will be listed according to the Balance Forward/First Transaction Date selected in the Transmit Patient Information screen (see the *EasyWeb Settings* section for more information).

- **Account Information** – The Account Information screen allows the patient to view their aged balance and any charges billed to insurance.

- **Appointments** – The Appointments screen will list all future appointments for the family.

- **Payment Agreement** – The Payment Agreement screen will display payment agreement information for the family such as the last time a payment was made and when the next payment is due.

- **Payment Plans** – The Payment Plans screen will display Future Due Payment Plan information such as Original Balance, Remaining Balance, Payment Amount, and Remit Payment To.

- **Make Online Payments** – If the office is registered to accept online payments (see the following section) a patient can click the Pay Online link available from the office's home web page to submit a payment. See *Making Online Patient Payments* in the following section for more information.

Accepting Online Payments

Offices can register with EasyWeb to accept online payments from their patients. The payments, once accepted, will be posted to the patient's Account in Easy Dental. All it takes is a few easy steps to become registered, and your office will be ready to accept patient payments through your office's website. The following sections will explain how to register, setup payment options, and how patients can make a payment online. See also *WebSync* in the *EasyWeb* section for information on how to import online payments into Easy Dental.

Registration

From the Easy Dental WebReady website, go to the Financial Services tab. Click on the Payment Setup menu option at the top of this window. Complete the registration form following the directions online. Be sure to read the "Before You Start" and the "What to Expect From Here" sections. Once you have completed the registration process (contract signed and application accepted) you will receive a phone call from Customer Support to help you set up your practice to begin receiving online payments.

Payment Setup

Once you have completed the registration process explained previously, you can customize your payment options. From the Financial Services tab on the Easy Dental WebReady website, choose the Payment Setup option. The options on this page are explained below. Be sure to click the Save Changes button on this page after you have made any changes.

Payment Receipt Note
If you would like to have a custom message print on the bottom of all receipts, enter the note here.

E-mail Notice
Patients will receive an e-mail notice upon payment approval. This window allows you to customize what is sent in this message including the "From" address, Subject, and Message.

General Settings
These settings are used to administer online payments for you and your patients.

- Activate Online Payments – This option will be disabled if in "My Website Settings" the option for "Allow patients to view/modify their personal information?" is set to "No".

- Require *CVV for Credit Card Payments – When this option is checked, patients must enter their credit card verification number when making a payment. Check "Allow transactions with failed CVV" if desired.

- Require AVS for Credit Card Payments – When this option is checked, the address on the credit card account must be verified. Check "Allow transactions with failed AVS" if desired.

- Send me a daily Activity Summary email – Check this option to receive an activity report on payments received each day.

- Minimum Payment – Enter the minimum amount that you will accept for payment.

- We Accept: – Check the credit card types that your office will accept.

- Web Consent Terms – Click this button to edit the terms that patients will accept as they request an online account through your website.

Payment Administration

The Payment Administration page, available from the Financial Services tab, will list transactions made on your website according to the dates and status selected.

- Enter the beginning and ending dates of the online payments you wish to view.

- You may filter the results by status, by clicking the down arrow by status and selecting the status you wish to view.

- You may sort the results by clicking the appropriate column header.

- To view more information about a transaction, click on the patient name.

- Click the Submit button to refresh the list according to the selections made.

- Choose View Summary to view and/or print a summary of payments approved, declined, and payments in error.

Making Patient Online Payments

Once your office is registered to accept online payments, a Pay Online link will be available to patients on your office's home web page. When the patient clicks on this link, they will be able to make a credit card and/or electronic check payment according to the options selected by the practice.

Additional Options

The following buttons are also available from the EasyWeb toolbar.

Easy Dental Web

The Easy Dental Web button will directly link you to the Easy Dental Web Site on the Internet (www.easydental.com).

My Web Site

Click My Web Site to view or edit your practice web page on the Internet.

Supplies

Click the Supplies button to order dental and office supplies using Henry Schein's supplies on-line ordering system. The best prices, the best services, and the best lineup of dental and office supplies is just a click away.

Patient Finance

Click the Patient Finance button for an option to link to CitiBank's on-line consumer credit application for your patients. Make your treatment plans more affordable by offering your dental patients monthly payment options.

Patient financing may offer you the following benefits:
- Increase your revenue

- Risk-free for the dentist

- Receive guaranteed payment electronically in two business days

- 3, 6, and 12 month programs, interest-free for patient

- No monthly annual fees to dentist

Continuing Education

Click the Continuing Education button to view programs offered by DenTrek. DenTrek delivers peer-reviewed, accredited, high quality streaming media continuing education courses over the Internet. By doing this, DenTrek enables all members of the dental health care team to maintain and improve their knowledge of dental health delivery.

Leasing

Click the Leasing button for an option to link to the Choice Health Leasing web site. Leasing is a means to obtain equipment. In fact, leasing has grown to become the single largest source of equipment acquisition throughout the world. An estimated 80% of all businesses in the U.S. use leasing as to acquire needed office equipment.

A leasing program may offer you the following benefits:
- Keeps lines of credit open.

- 100% financing of equipment.

- Reduces taxes-lease payments may be accounted for as an operating expense.

- Match the lease term to the useful life of the equipment.

- Customize lease payment to fit cash flow and financing requirements.

- Easier and faster than other forms of financing.

Updating the EasyWeb Toolbar

We at Easy Dental Systems are constantly trying to improve the functionality of our products. Occasionally a new and improved version of EasyWeb will be available for download on the Internet. When information is uploaded to ident, if a new version is available, a message will appear. Click Yes to download the new version or No to cancel. Complete the following steps:

1. Click Save
Click Save to save the files to your computer.

2. Select Location
Select the location where the installation file will be saved.

3. Close EasyWeb
Before beginning the installation, you must close EasyWeb on this computer.

4. Start Installation
Double-click on the installation file to begin. Follow the instructions during the install to finish.

Each computer on the network needs to be updated manually by running the same install.

Note: You may also check to see if there are new updates available using the Get Updates button within the EasyWeb Import screen.

Inventory Manager

The Inventory Manager is designed to work with Easy Dental to effectively monitor and track inventory for your office. This software also integrates with the Henry Schein website to facilitate online electronic ordering. Commonly used products, manufacturers, and vendors are entered into the program and tracking features like the Shopping Cart and Products on Hand enable you to manage your inventory quickly and efficiently. The Inventory Manager will even deplete items as certain procedures are performed in Easy Dental. A Quick Notes module makes note-taking concerning ordering and depleting items fast and easy. The following sections will explain how to set up and use the Inventory Manager.

- Setup
- Tracking
- Web Services
- Additional Options
- Quick Notes
- Printing Reports

Setup

The following sections will assist you in customizing the Inventory Manager to fit the needs of your office.

- Practice Information
- Printer Setup
- Users Setup
- Product Setup
- Manufacturers Setup
- Vendors Setup
- Shipping Method Setup

Practice Information

The Inventory Manager allows multiple doctors in the same practice to use the same computers in the office, but keep their inventory data separate. To create a database and enter your practice information, complete the following steps:

1. Open New Doctor Database
Click the Windows Start button and choose the Inventory Manager program group, then choose Inventory Manager. If this is the first time the program is opened, the New Doctor Database screen will appear.

Note: If this is not the first time the Inventory Manager has been opened, the Inventory Manager Login screen will appear prompting you for your login name and password. To enter a new doctor's database, click New Doctor.

2: Enter Practice Information
Enter the Doctor and Practice information in the appropriate fields.

3: Enter Initial Login Information
The Login Name and Password that you enter in this window will be the same login name and password that you will need to enter each time the Inventory Manager is opened. Be sure to make a note of this information before closing this window.

4: Enter Henry Schein Account Information (Optional)
Click the Henry Schein logo at the bottom of the screen. In order to access the Henry Schein website to place orders through the Inventory Manager, you will need to enter your Henry Schein login name, password, and JDE number. This information is available when you register at www.henryschein.com.

Click OK to return to the New Doctor Database screen.

5: Click OK
Click the OK button to save your information and create the database.

Launching the Inventory Manager

To open the Inventory Manager, complete the following steps:

1: Choose Start | Inventory Manager | Inventory Manager

Click the Windows Start button and choose the Inventory Manager program group, then choose Inventory Manager. The Inventory Manager login screen will appear.
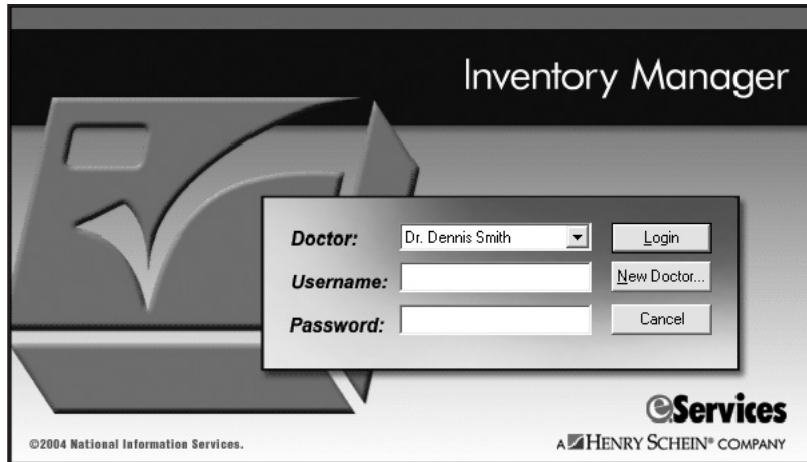
2: Enter Username and Password

Type your Username and Password that you set up in the New Doctor Database screen (see previous page), then click Login. The Inventory Manager window will appear.
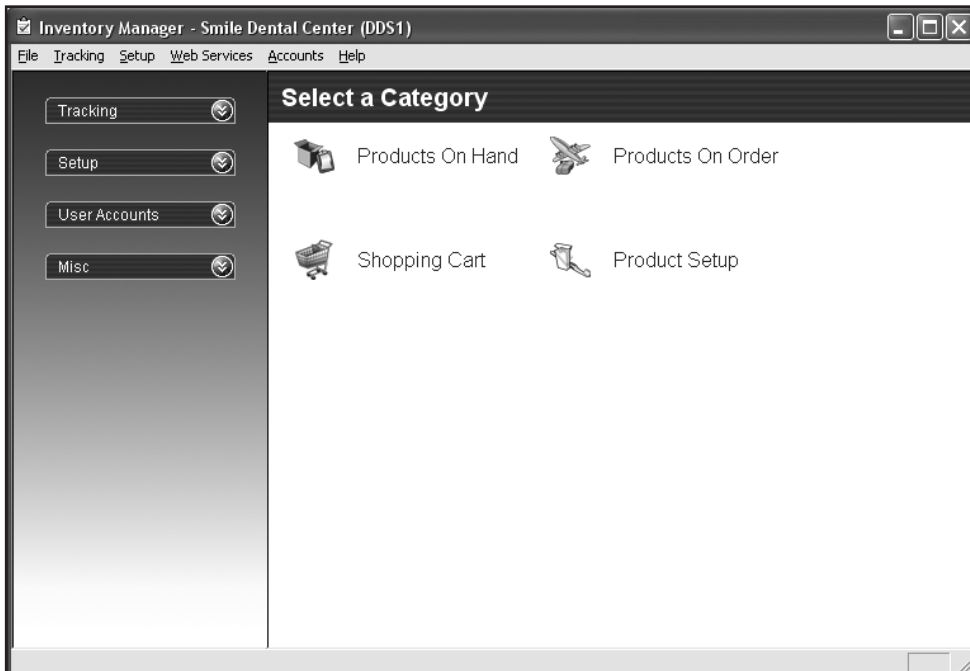
Editing an Existing Account

To change information on an existing account, choose Accounts, then Practice Information from the Inventory Manager menu bar. Edit the Doctor and Practice information in the appropriate fields as necessary, then click OK.

Printer Setup

To select a printer to which all reports within the Inventory Manager will print, choose File from the menu bar. Select Reports then Setup Printer. The Setup Printer dialog box will appear. Select the desired printer and click OK.

Users Setup

The following sections will explain how to add, edit, delete, and print a list of users in the Inventory Manager.

Adding Users

1. Choose Accounts | Users

Choose Accounts then Users from the menu bar or the shortcut bar. The User Accounts list will appear.

2. Click Add

Click the Add button. The Add User dialog box will appear.

3. Enter Information

Enter the following information:

- Username – enter a unique user name for this particular user.

- Password – enter a password for the user.

- Confirm – before a user's password can be set, the password must be typed a second time in the Confirm field.

- Active Account – leave this box checked if this is an "active" user. If the user account is inactive, click in the box to uncheck it.

4. Click OK

Click the OK button to add the user.

Editing Users

1. Choose Accounts | Users

Choose Accounts then Users from the menu bar or the shortcut bar. The User Accounts list will appear.

2. Select User
Highlight the user account you wish to edit.

3. Click Edit
Click the Edit button. The User Account dialog box will appear.

4. Edit Information
Change the necessary information in the appropriate fields.

5. Click OK
Click the OK button to save your changes. Click the Cancel button to exit without saving any changes.

Deleting Users
To delete a user account that is NOT used in the Inventory Manager, complete the following steps.

1. Choose Accounts | Users
Choose Accounts then Users from the menu bar or the shortcut bar. The User Accounts list will appear.

2. Select User Account
Highlight the user account that you wish to delete.

3. Click Delete
Click the Delete button. A message will appear confirming the deletion. Click Yes to continue or click No to cancel the deletion.

Printing User List
To print the list of User Accounts, click the Generate Report button. A preview of the report will appear. Click Print to print the report.

Product Setup

The following sections will explain how to add, edit, delete, import, export, and print products in the database.

Creating Product Categories
1. Choose Setup | Products
Choose Setup from the menu bar and select Products from the drop-down menu or click Setup then Products on the shortcut bar on the left side of the screen. The Product List will appear.

2. Click Setup Categories
Click the Setup Categories button. The Product Categories dialog box will appear.

3. Click Add

Click the Add button and type a description for the new category.

4. Repeat

Repeat step 3 for additional categories. To change the name of a category, select it and click Edit. To delete a category not in use, select it and click Delete.

5. Click Close

Click the Close button to close the Product Categories dialog box and return to the Product List.

Adding Products

For information on downloading a product list from Henry Schein's website, see *Update Shopping List* in this section.

1. Choose Setup | Products

Choose Setup from the menu bar and select Products from the drop-down menu or click Setup then Products on the shortcut bar on the left side of the screen. The Product List will appear.

2. Click Add

Click the Add button. The Product dialog box will appear with the General tab options displayed.

3. Set General Tab Options

Enter the following information on the General tab:

- Item – enter a description of the product in this field.

- Manufacturer – attach the product to a manufacturer. (See *Manufacturers Setup* in this section for information on adding manufacturers.)

- Vendor – attach the product to a vendor. (See *Vendors Setup* in this section for information on adding vendors.)

- Category – select a category for the product. (See *Creating Product Categories* in this section for information on creating categories.)
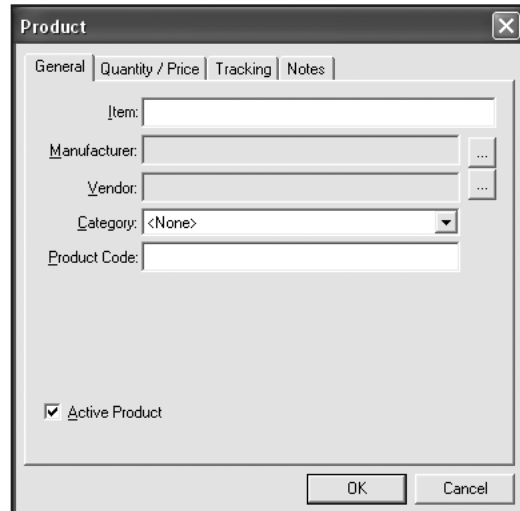
- Product Code – specify a product code for this product. This is usually assigned by the vendor.

- Active Product – specify if the product is active by checking this option.

4: Set Quantity/Price Options
Click the tab titled "Quantity/Price" and enter the following information.

- Order Unit Description – enter a "unit" description for the product such as Box, Item, or Toothbrush.

- Number in Unit – enter the number of product items in an order unit.

- On Hand – enter the initial "on hand" quantity if the product is already in use before being entered into the Inventory Manager.

- Target – enter the target quantity you would like to have in the office at any given time.

- Minimum – enter the minimum quantity to allow before reordering.

- List Price – enter the current list price for the product. This value will not be used anywhere except to give an estimate on the cost of the order. The actual order cost will be determined by the vendor at the time the order is placed.

5: Set Tracking Options
Click the tab titled "Tracking" and select the following options.

- Depletion Methods – mark whether you wish this product to be depleted from the inventory manually or automatically based on usage from Easy Dental.

- When *Practice Management Adjustment* is marked, you may choose to deplete the product inventory based on the number of items per so many visits or by posting certain procedure codes in Easy Dental.

6:   Enter Notes (Optional)
Click the "Notes" tab and enter any notes regarding this product.

7:   Click OK
Click the OK button to close the Product dialog box and save your changes.

Editing Products
1:   Choose Setup | Products
Choose Setup from the menu bar and select Products from the drop-down menu or click Setup then Products on the shortcut bar on the left side of the screen. The Product List will appear.

2:   Select Product
Highlight the product you wish to edit from the Product List.

3:   Click Edit
Click the Edit button. (You may also double-click on the product to open the Product details.) The Product dialog box will appear with the General tab options displayed.

4:   Edit Information
Edit the necessary information by clicking on the appropriate tab. A description of each option is explained in the previous steps under *Adding Products*.

5:   Click OK
Click the OK button to save your changes.

Deleting Products
To delete a product that has NOT been used in the Inventory Manager, complete the following steps. To see which products are not used (not linked to any prior orders), and therefore are available for deletion, see the following section, *Purging Products*.

1:   Choose Setup | Products
Choose Setup from the menu bar and select Products from the drop-down menu or click Setup then Products on the shortcut bar on the left side of the screen. The Product List will appear.

2: Select Product
Highlight the product you wish to delete from the Product List.

3: Click Delete
Click the Delete button. A message will appear confirming the deletion of the product. Click OK to continue.

Purging Products
The Purge button within the Product List enables you to see a list of products that have NOT been used in the Inventory Manager and then choose which unused item(s) to delete. All products listed in this window are not currently being used and are not linked to any prior orders. Select the desired products and click the Delete button or click Delete All to remove all products listed in this window.

Importing Products
The Import button in the Product dialog box enables you to find a "specially formatted" file filled with product information to easily import products into the Inventory Manager.

Exporting Products
The Export button in the Products List dialog box enables you to select products in the Inventory Manager to export to a "specially formatted" file.

Printing the Product List
To print a list of the products in the Inventory Manager, click the Generate Report button. A preview of the report will appear. Click Print to print the report.

Manufacturers Setup

The following sections will explain how to add, edit, delete, and print a list of manufacturers in the database.

Adding Manufacturers
1: Choose Setup | Manufacturers
Choose Setup, then Manufacturers from the menu or shortcut bar. The Manufacturer List will appear.

2: Click Add
Click the Add button. The Manufacturer dialog box will appear.

3: Enter Information
Enter the name, address, phone number, and fax number for the manufacturer in the appropriate fields.

4: Check Active Manufacturer (Optional)
Specify if the product is active by checking this option.

5: Enter Notes (Optional)
Enter a note regarding this manufacturer in the Notes field if desired.

6: Click OK
Click the OK button to save your changes.

Manufacturer

Manufacturer:

Address:

City/State/Zip:

Phone:

Fax:

☑ Active Manufacturer

Notes:

OK

Cancel

Clear

Editing Manufacturers

1: Choose Setup | Manufacturers
Choose Setup, then Manufacturers from the menu or shortcut bar. The Manufacturer List will appear.

2: Select Manufacturer
Highlight the manufacturer that you wish to edit from the Manufacturer List.

3: Click Edit
Click the Edit button. The Manufacturer dialog box will appear.

4: Edit Information
Change the necessary information in the appropriate fields. Click Clear to clear all information.

5: Click OK
Click the OK button to save your changes. Click the Cancel button to exit without saving any changes.

Deleting Manufacturers

To delete a manufacturer that has NOT been used in the Inventory Manager, complete the following steps. To see which manufacturers are not used (not linked to any products), and therefore are available for deletion, see the following section, *Purging Manufacturers.*

1: Choose Setup | Manufacturers
Choose Setup, then Manufacturers from the menu or shortcut bar. The Manufacturer List will appear.

2: Select Manufacturer
Highlight the manufacturer that you wish to delete from the Manufacturer List.

3: Click Delete

Click the Delete button. A message will appear confirming the deletion. Click Yes to delete or click No to cancel the deletion.

Purging Manufacturers

The Purge button within the Manufacturer List enables you to see a list of manufacturers that have NOT been used (not linked to any products) in the Inventory Manager and then selectively delete unused manufacturers. All manufacturers listed in this window are not currently being used. Select the desired manufacturers and click the Delete button or click Delete All to remove all manufacturers listed in this window.

Printing Manufacturer List

To print the Manufacturer List, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.

Vendors Setup

The following sections will explain how to add, edit, delete, and print a list of vendors in the database.

Adding Vendors

1: Choose Setup | Vendors

Choose Setup, then Vendors from the menu or shortcut bar. The Vendor List will appear.

2: Click Add

Click the Add button. The Vendor dialog box will appear.

3: Enter General Information

- Name – enter the description or name of the vendor.

- Payment Method – enter a payment method such as Check or Credit Card.

- Account # – enter an account number if the office has an account number with the vendor.

- Account Terms – enter any account terms if the office is set up on a payment plan with the vendor.

- Shipping Method – click the search button and select the Shipping Method the vendor uses to ship packages. (For more information, see *Shipping Method Setup*.)

- Active Vendor – check this box if the vendor is "active." If the vendor is inactive, leave the box unchecked.

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4: Enter Contact Information
Click the tab titled "Contact Info." Enter a contact person for the vendor as well as the vendor's address, phone number, fax number, email address, and website.

5: Enter Notes (Optional)
Click the tab titled "Notes." Enter any notes regarding the vendor in the Vendor Notes field. Enter any notes regarding shipping in the Shipping Notes field. Check "Include Shipping Notes with Order" if you wish to print the note with the order to the vendor.

6: Click OK
Click the OK button to exit the Vendor dialog box and save your changes.

Editing Vendors

1: Choose Setup | Vendors
Choose Setup, then Vendors from the menu or shortcut bar. The Vendor List will appear.

2: Select Vendor
Highlight the vendor that you wish to edit from the Vendor List.

3: Click Edit
Click the Edit button. The Vendor dialog box will appear.

4: Edit Information
Change the necessary information in the appropriate fields.

5: Click OK
Click the OK button to save your changes. Click the Cancel button to exit without saving any changes.

Deleting Vendors

To delete a vendor that has NOT been used in the Inventory Manager (not linked to any products), complete the following steps. To see which vendors are not used, and therefore are available for deletion, see the following section, *Purging Vendors*.

1: Choose Setup | Vendors
Choose Setup, then Vendors from the menu or shortcut bar. The Vendor List will appear.

2: Select Vendor
Highlight the vendor that you wish to delete from the Vendor List.

3: Click Delete
Click the Delete button. A message will appear confirming the deletion. Click Yes to continue or click No to cancel the deletion.

Purging Vendors

The Purge button within the Vendor List enables you to see a list of vendors that are have NOT been used in the Inventory Manager and then choose which unused vendor(s) to delete. All vendors listed in this window are not currently being used. Select the desired vendor(s) and click the Delete button or click Delete All to remove all vendors listed in this window.

Printing Vendor List

To print the Vendor List, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.

Shipping Method Setup

The following sections will explain how to add, edit, delete, and print a list of shipping methods in the database.

Adding Shipping Methods

1: Choose Setup | Shipping
Choose Setup, then Shipping from the menu or shortcut bar. The Shipping Methods list will appear.

2: Click Add

Click the Add button. The New Shipping Method dialog box will appear.

3: Enter Information
Enter the following information:

- Courier Name – enter the courier name such as FedEx, UPS, or the driver for the vendor.

- Shipping Terms – enter any shipping terms if needed (e.g. 2-day, Next Day, Ground, etc.).

- Days until considered late – specify the number of days it should take for an order to be received from the date the order was placed.

4: Click OK
Click the OK button to add the Shipping Method.

Editing Shipping Methods

1: Choose Setup | Shipping
Choose Setup, then Shipping from the menu or shortcut bar. The Shipping Method list will appear.

2: Select Shipping Method
Highlight the shipping method that you wish to edit.

3: Click Edit

Click the Edit button. The Shipping Method dialog box will appear.

4: Edit Information
Change the necessary information in the appropriate fields.

5: Click OK
Click the OK button to save your changes. Click the Cancel button to exit without saving any changes.

Deleting Shipping Methods
To delete a shipping method that has NOT been used in the Inventory Manager, complete the following steps.

1: Choose Setup | Shipping
Choose Setup, then Shipping from the menu or shortcut bar. The Shipping Method list will appear.

2: Select Shipping Method
Highlight the shipping method that you wish to delete.

3: Click Delete
Click the Delete button. A message will appear confirming the deletion. Click Yes to continue or click No to cancel the deletion.

Tracking

The following sections will explain how to view, track, and reorder inventory using the Inventory Manager.

- Products On Hand
- Shopping Cart
- Products On Order
- Order History
- Alerts

Products On Hand

The Products On Hand list enables you to add products to the list and reconcile inventory.

Viewing Products On Hand
To view which products are on hand in the office, choose Tracking then On Hand from the menu bar or shortcut bar. The Products On Hand list will appear.

Adding Products On Hand
To add a product to the On Hand list, complete the following steps:

1: Choose Tracking | On Hand
Choose Tracking then On Hand from the menu or shortcut bar. The Products On Hand list will appear.

2: Click Add

Click the Add button. The Add Products to On Hand dialog box will appear listing products with a zero quantity on hand.

Add Products to On Hand				
Description	Manufacturer	Vendor	Quantity	OK
Toothbrushes	Acme Dental Products	Henry Schein Inc.	200	Cancel
				Edit Quantity
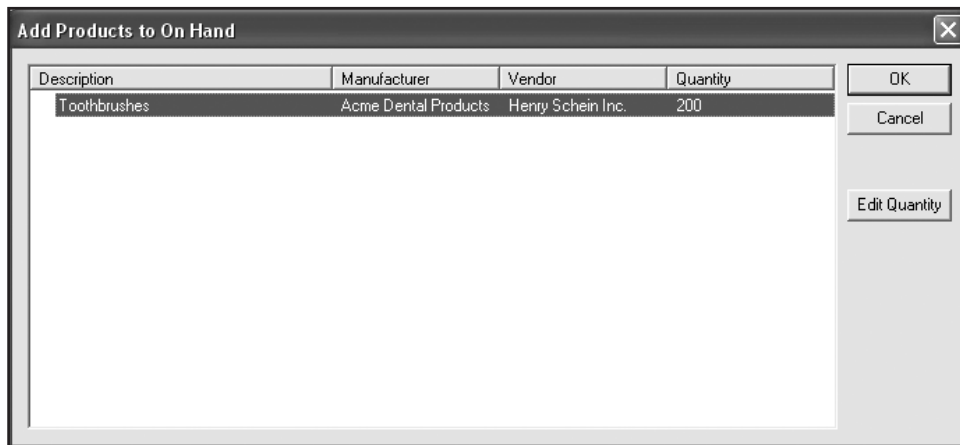
3: Select Product

Highlight the product you wish to add and click Edit Quantity (you may also double-click on the product to enter a quantity).

4: Enter Quantity

Enter the quantity on hand and click OK. The product will then be added to the Products On Hand list.

Editing Products On Hand

To edit the on-hand quantity of a product, complete the following steps:

1: Choose Tracking | On Hand

Choose Tracking then On Hand from the menu or shortcut bar. The Products On Hand list will appear.

2: Click Edit

Highlight the product you wish to edit and click the Edit button (you may also double-click on the product).

3: Change Quantity

Change the quantity to the correct on hand amount and click OK.

Deleting On Hand Products

To delete a product from the On Hand list indicating that the product is no longer in the office, highlight the desired product and click the Delete button.

Printing Products On Hand

To print a list of products that are on hand in the Inventory Manager, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.

Update to Easy Dental

The Inventory Manager can synchronize with Easy Dental and deplete items that are on hand when certain procedures are performed. The first time you click the Update to Easy Dental button, a message will appear. This message recommends that you make sure all product quantities in Products On Hand are accurate and reconciled to what is actually in your inventory. This will ensure accurate inventory results in the future.

1: Edit Date (Optional)

The Starting Update From date is the last time an update was performed. The End Update On will default to today's date.

2: Click Do Update

Click Do Update to begin the synchronization process. This process will take the number of procedures that have been performed since the last time an update took place, and recalculate the current number of products on hand. You may only perform one update per day.

3: Click Close

When Update Completed is displayed, click Close.
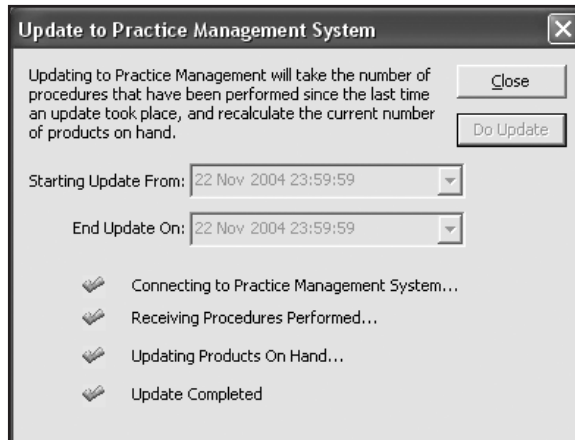
Shopping Cart

The Shopping Cart in the Inventory Manager allows you to create a list of items to be ordered and then submit the order. To view the Shopping Cart, choose Tracking then Shopping Cart from the menu or shortcut bar. The following sections will explain how to add products to the Shopping Cart, view details, and submit an order.

Auto Generate Shopping Cart

The Auto Generate button in the Shopping Cart window will automatically generate a Shopping Cart according to items that are low in your inventory. This saves you time and energy from having to manually add items to your Shopping Cart.

Add Products to Shopping Cart

1: Choose Tracking | Shopping Cart

Choose Tracking, then Shopping Cart from the menu or shortcut bar. The Shopping Cart list will appear.

2: Click Add

Click the Add button. The Add Products to Shopping Cart dialog box will appear.

3: Select Category

Click the down arrow and select the product category in which you wish to search or leave at <ALL> to search all categories.

4: Select Vendors

Highlight the vendors you wish to search or check Search All Vendors to use all vendors.

5: Select Manufacturers

Highlight the manufacturers you wish to search or check Search All Manufacturers to use all manufacturers.

6: Mark Search By Option

Mark whether you wish to search by description or product code and enter the desired description/code in the "Enter Description" field.

7: Click Search

Click the Search button to display a list of products found according to the selections made.

8: Edit Quantity (Optional)

You may edit the quantity to be ordered at this time by highlighting the desired product and clicking Edit Quantity.

9: Select Products to Add
Highlight the products you wish to add to the Shopping Cart and click Add.

Order Details
To view or change order details of a product in the Shopping Cart, complete the following steps:

1: Choose Tracking | Shopping Cart
Choose Tracking, then Shopping Cart from the menu or shortcut bar. The Shopping Cart list will appear.

2: Select Product
Select the product you wish to view order details.

3: Click Details
Click the Details button. The Order Details for the vendor will appear.

Henry Schein Inc. Order Details

Purchasing Agent: DDS1
Approved By:
Payment Method:
Shipping Method:
☐ Save as default shipping method for vendor

Considered late after ☐ days from placing the order

OK
Cancel

4: Enter Information
Enter the following information in the appropriate fields:

- Purchasing Agent – click the search button and select the user placing the order.

- Approved By – click the search button and select the user that approved the order.

- Payment Method – enter the payment method for the order.

- Shipping Method – click the drop-down arrow to select the Shipping Method for the order.

- Considered Late – enter the number of days after the order is placed that it will be considered late.

- Save as Default Shipping Method for Vendor – check this box if you wish to save the shipping method selected here as the default for the vendor.

5: Click OK
Click the OK button to save the order details for this product and return to the Shopping Cart.

Deleting Items from the Shopping Cart

To delete a product from the Shopping Cart, simply highlight the product and click the Delete button.

Submit Order

The Inventory Manager enables you to print the Purchase Order to be submitted or place the order on the Internet for Henry Schein orders. Complete the following steps:

1: Choose Tracking | Shopping Cart

Choose Tracking then Shopping Cart from the menu or shortcut bar. The Shopping Cart list will appear.

2: Select Product

Select the product you wish to order.

3: Click Submit

Click the Submit button. The Select Submission Method dialog box will appear.
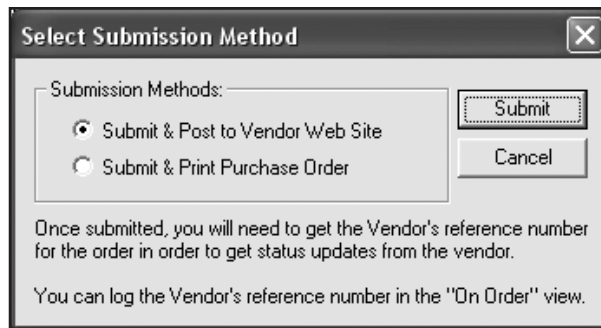
4: Select Order Method

Mark Submit and Post to Vendor Website to submit the order to Henry Schein's product website. Mark Submit and Print Purchase Order to print a purchase order for the vendor. Click Submit to submit the order.

Vendor Website

If you choose to Submit and Post to Vendor Website, you will be directed to the Henry Schein website with your current order displayed. From here, you may edit your order, continue shopping, or check out.

Products On Order

The Products On Order window enables you to view current orders that have not yet been received, enter vendor reference numbers, receive orders, and indicate if an order has been canceled. To view the Products On Order list, choose Tracking, then On Order from the menu or shortcut bar.

Note: Managing orders in the Inventory Manager will only update the Inventory Manager database. Placing and canceling orders will still need to be done through the vendor. An exception to this is when placing or canceling orders with Henry Schein over the Internet through the Inventory Manager.

View Options
You can view the On Order screen as an expandable and collapsible tree or as a list. Click the Display Tree or Display List button at the top of the window.

Entering a Vendor Reference Number
1: Choose Tracking | On Order
Choose Tracking then On Order from the menu or shortcut bar. The Products On Order list will appear.

2: Select Order
Highlight the order for which you wish to enter a vendor reference number.

3: Click Vendor Reference Number
Click the Vendor Reference Number button to display the selected order number dialog box.

4: Enter Vendor Reference Number
Enter the vendor reference number. This number is a unique number assigned by the vendor to associate the order with the vendor. This will often be the invoice number.

5: Vendor Shopping Cart (Optional)
Click Vendor Shopping Cart to go to the Shopping Cart on Henry Schein's website. This will display any pending orders that you can complete at this time.

Receiving Orders
1: Choose Tracking | On Order
Choose Tracking then On Order from the menu or shortcut bar. The Products On Order list will appear.

2: Select Order
Highlight the order that was received from the Products On Order list.

3: Click Receive Order
Click the Receive Order button. The Receive Order dialog box will appear.

4: Enter Receive Information
Enter the Vendor Reference Number (if not already entered), the date the order was received, and by whom the order was received.

5: Enter Quantity Received
Highlight the product(s) and enter the quantity that was received with the shipment. Products that receive less than what was ordered will remain "On Order."

6: Click Apply
When you are finished entering the quantities received, click the Apply button to update the items in the Inventory Manager.

Canceling Orders
1: Choose Tracking | On Order
Choose Tracking then On Order from the menu or shortcut bar. The Products On Order list will appear.

2: Select Order
Highlight the order you wish to cancel from the Products On Order list.

3: Click Cancel Order
Click the Cancel Order button. The Cancel Order dialog box will appear.

4: Select Cancel Option
Mark whether you wish to cancel the order on the selected product only or if you wish to cancel the entire order of the selected product. Check "Move canceled products to Shopping List" if desired.

5: Click OK

Click OK to cancel the order. Click Cancel to return to the On Order list without canceling.

Synchronize Order

At times, it may be necessary to synchronize an order that was placed on Henry Schein's website. For example, if you were to cancel a Henry Schein order in Inventory Manager, when you click the Synchronize Order button, the order will be canceled on the website as well. You will be required to enter the Vendor Reference # when using this option.

Printing the On Order List

To print the list of products that are on order in the Inventory Manager, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.

Order History

To view the order history of products, choose Tracking then Order History from the menu or shortcut bar. The Order History list will appear displaying all orders. You may also reorder from this list.

View Options

You can view the Order History screen as an expandable and collapsible tree or as a list. Click the Display Tree or Display List button at the top of the window.

Reordering

1: Choose Tracking | Order History

Choose Tracking, then Order History from the menu or shortcut bar. The Order History list will appear displaying recently ordered products.

2: Select Order(s)

Highlight the order(s) desired from the Order History list.

3: Click Reorder

Click the Reorder button. The Reorder Products – Add to Shopping Cart dialog box will appear. If multiple orders were selected, all products attached to that history order will be listed.

4: Select Product(s)

Highlight the product(s) you wish to reorder.

5: Change Quantity (Optional)

To change the quantity you wish to order, click the Edit Quantity button and enter the desired amount.
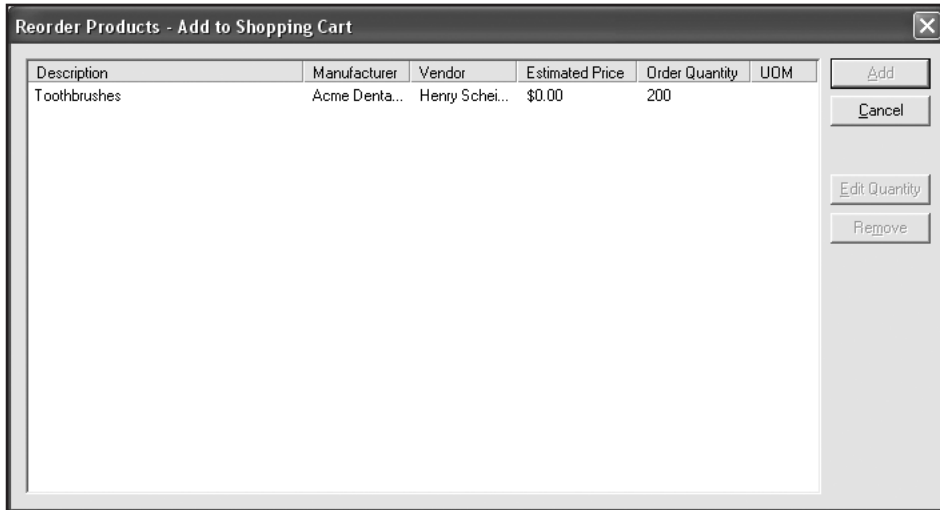
6: Click Add
Click the Add button to add the product(s) to the Shopping Cart.

Printing Order History
To print the list of orders that are in history in the Inventory Manager, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.

Alerts

The Alerts window enables you to see which inventory items are low and which orders are late. Complete the following steps to open the Alerts window and choose which items should be flagged.

1: Choose Tracking | Alerts
Choose Tracking, then Alerts from the menu or shortcut bar. The Alerts window will appear.

2: Click Configure Alerts
Click the Configure Alerts button. The Inventory Alerts dialog box will appear.

3: Select Display Alerts Options
Check Low Inventory to display products with a quantity below the minimum. Check "Order not received on time" to display orders that are late. When this option is checked, you may specify the time of day that orders should be considered late.

4: Click OK
Click the OK button to save your settings.
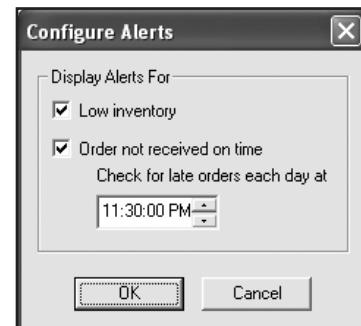
Web Services

You must have access to the Internet in order to use the Inventory Manager's Web Services. Web Services connects you to Henry Schein's product website for fast and easy online ordering. You can view Henry Schein's product catalogs, download the most commonly ordered dental supplies to add to your product list, update items in your Shopping List, and download recent order history. All of these options are available from the Web Services menu option in the Inventory Manager main window.

Update Catalog List

The Update Catalog List option must be performed before you can update the product list. The Update Catalog List only needs to be performed once.

1:    Choose Web Services | Update Catalog List
From the Inventory Manager menu, choose Web Services then Update Catalog List.

2:    Click Close
When the process is finished, the dialog box will display 'Update Completed.' Click Close to close the dialog box. You may now update the Product List if desired.

Update Order History

The Update Order History option downloads your most recent orders with Henry Schein, Inc.

1:    Choose Web Services | Update Order History
From the Inventory Manager menu, choose Web Services then Update Order History.

2:    Enter Date Range
Enter or select a Start and End date for the range. Only orders within this range will be downloaded.

3:    Click OK
Click OK to begin the download process.

4:    Click Close
When the process is finished, the dialog box will display 'Update Completed.' Click Close to close the dialog.

Update Shopping List

The Update Shopping List adds items that you most frequently order to the Shopping Cart in the Inventory Manager.

1:    Choose Web Services | Update Shopping List
From the Inventory Manager menu, choose Web Services then Update Shopping List.

2:    Click Close
When the process is finished, the dialog box will display 'Update Completed.' Click Close to close the dialog box.

Update Product List

The Update Product List adds Henry Schein's top 300 products that are sold to your Product List in the Inventory Manager.

1:    Choose Web Services | Update Product List
From the Inventory Manager menu, choose Web Services, then Update Product List.

2:    Click Close
When the process is finished, the dialog box will display 'Update Completed.' Click Close to close the dialog box.

Additional Options

In the Inventory Manager Options window, you can set certain defaults for the Inventory Manager. Choose File then Options to access these settings. The following screen will appear. Only Administrators have rights to change the settings in this screen.

Web Services

On the Web Services tab, you can control how many minutes and seconds the Inventory Manager should wait before automatically closing connections to web services. Enter the desired number of minutes and seconds in the appropriate fields.
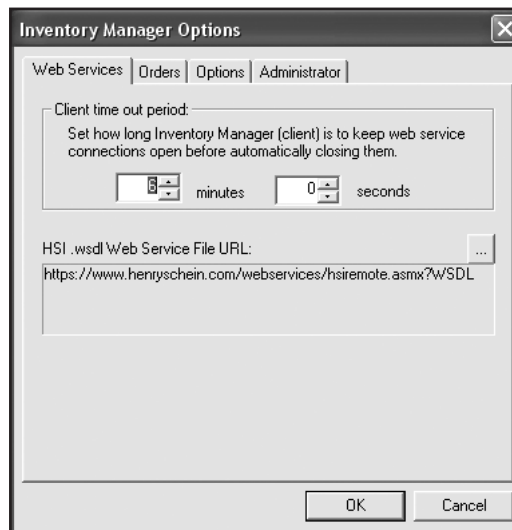
Orders

The Orders tab stores the various URLs used when placing orders through Henry Schein's website. If you wish to use your own custom tracking number system for tracking orders, you can select Display Custom Order Reference Numbers. The custom reference number is for internal use only. Vendors will not be able to track these "custom" numbers.
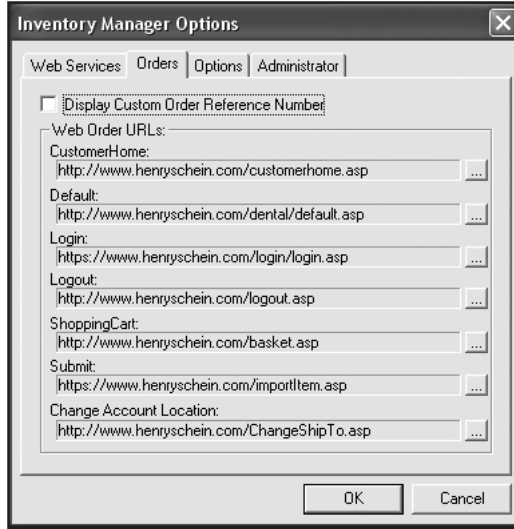
Options

The Options tab contains settings that are controlled by a yes or no setting. When Enforce Order Cap is set to yes, Inventory Manager will prevent anyone from ordering more than the target number entered in the Product setup screen. The Received Order Quantity Initially Zero option, when enabled, defaults all received amounts to zero. When disabled, all received amounts default to the "Order Quantity" amounts. To change a setting, click on the option and change it to yes or no using the down arrow. Click OK to save your changes.
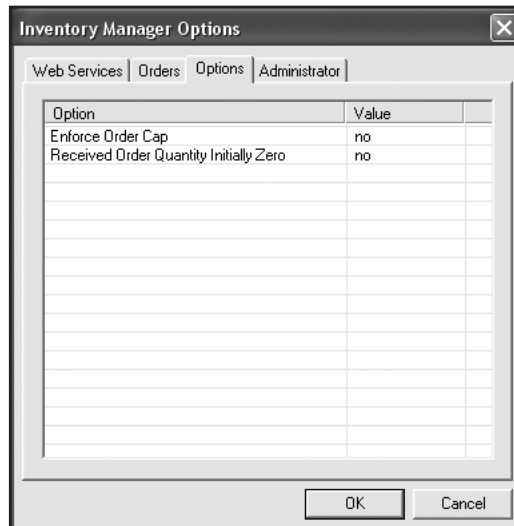
Administrator

The Administrator tab displays the practice and doctor that is currently open in the Inventory Manager. The options and settings that are selected in this window will only affect this database. If there is more than one practice in the database, then the administrator can switch to another practice without having to log out.
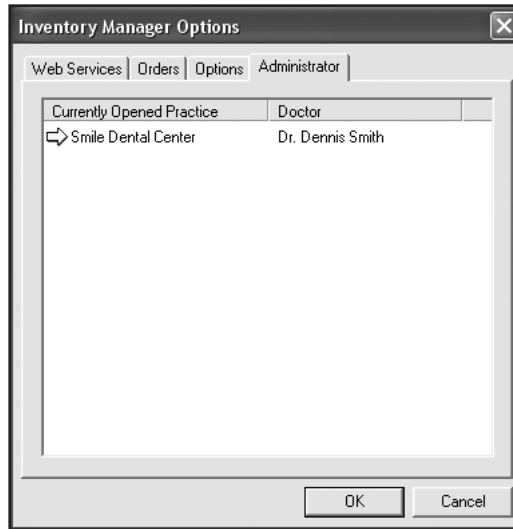
Quick Notes

The Quick Notes window allows for quick note taking concerning the entry of items for an order, and to quickly write a note about depleting an item from the inventory. To access Quick Notes, choose Miscellaneous then Quick Notes from the Shortcut Bar. Quick Notes may also be run independently from the Inventory Manager.

Adding a Note

1: Click Add

Click the Add button under Order Products to enter a note about ordering a product. Click the Add button under Deplete Items to enter a note about depleting a product from the Inventory. You may also double-click on a blank area in either box to enter a note.
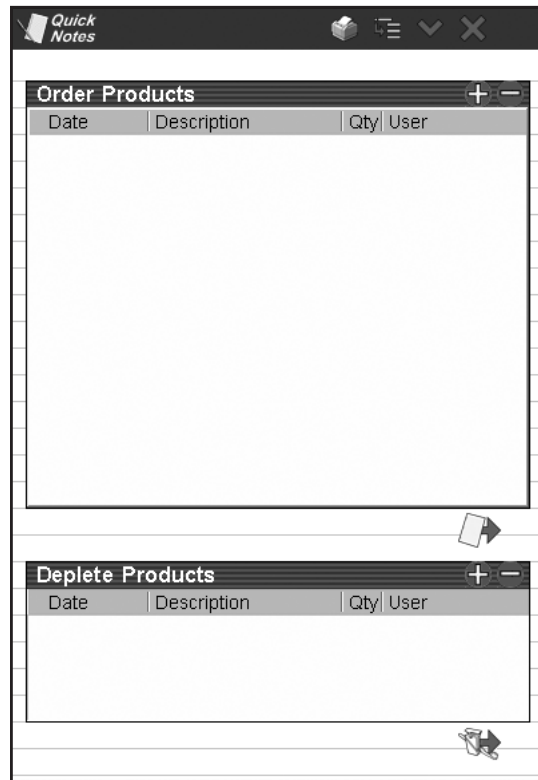
2: Enter Date

If you double-click on a blank line, today's date will be entered automatically. If you clicked the Add button, you may enter the date for the note and press Tab to move to the Description field.

3: Enter Product Description

Enter a product description in this field. To search for the product, click the button to open the Product Search window. Select a category (or leave at All), enter the text to search by, then click the Search button. All products matching the search criteria will appear in the list. To select a product for Quick Notes, highlight it from the list and click OK. After the correct product description appears, press Tab to move to the Quantity field.

Note: You may click the red X at any time to cancel the entry of a new Quick Note.

4: Enter Quantity

Enter the quantity that should be ordered or depleted by typing in the field or clicking the up and down arrows. Press Tab to move to the Provider field.

5: Select Provider

Click the down arrow to select a provider for the order.

6: Press Enter

Press Enter on the keyboard to save the Quick Note.

Adding Products to Shopping Cart

You may quickly add products that need to be ordered to the Shopping Cart window by clicking Add to Shopping Cart. This button will take all order entries that have been associated with a valid product (i.e. products that were selected through the Product Search) and add them (along with the quantity needed) to the Shopping Cart. See the Shopping Cart section in this documentation for more information.

Depleting Products

You may quickly deplete items from the inventory (Products On Hand) by clicking Deplete Products. This button will take all entries under Deplete Items that are associated with a valid product (i.e. products that were selected through the Product Search) and deplete that quantity from the Products On Hand window.

Editing a Quick Note

To edit a quick note, simply double-click on the entry and make the necessary changes. Press Enter to save your changes.

Deleting a Quick Note

To delete a quick note, higlight the desired entry and click the delete button.

Expanding the List

Click the Expand Lines button to view the entire note.

Printing Quick Notes

Click the Print button to print the Order Products and Deplete Products Quick Notes.

Minimizing Quick Notes

If you wish to leave Quick Notes open for easier access throughout the day, you may click the minimize button in the upper right corner. This will minimize the window to your task bar so that it is out of your way but available for easy access. Simply click the Quick Notes icon on the task bar when you are ready to view the notes.

Printing Reports

The following reports can be previewed or printed from the Inventory Manager:

- Inventory Price List

- Manufacturer List

- Purchase Order

- Vendor List

To print or preview a report, complete the following steps:

1: Choose File | Reports | Generate Reports
Choose File from the menu bar. Select Reports, then Generate Reports. The Generate Report dialog box will appear.

2: Select Report
Highlight the report you wish to generate and click OK. A preview of the report will appear in the window.

3: Click Generate
Click the Generate button to display the report.

4: Print Report (Optional)
To print the report, click the Print button at the top of the screen.
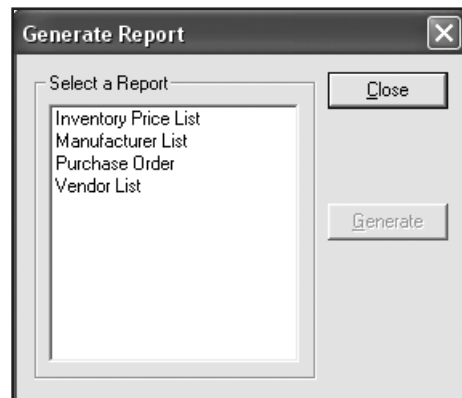
Appendix

Appendix 1

Management Routines

The following outline is intended as a reference list of routines your practice should be performing for basic use of Easy Dental. It is to be used as a guideline as you customize Easy Dental for your practice management philosophy. Refer to the documentation for instructions on how to perform these routines.

DAILY ROUTINES

Patient Visit

1. Bring up the patient's information in the Patient module.

2. Verify the patient's information, particularly the address and insurance coverage, in the Patients module.

3. When a new patient comes in, enter his or her information in the Patients module.

4. Enter the patient's completed procedures using the Schedule.

5. Set applicable procedures "Complete" for the patient's treatment plan using the Schedule or Treatment Plans module.

6. Schedule follow-up appointments for the patient's treatment plan in the Schedule module.

7. Enter any payments for the patient in the Accounts module.

8. Enter any adjustments for the family account in the Accounts module.

9. Print the patient's and/or family's walkout statement from the Accounts module.

10. If the patient has insurance, create and send a primary insurance claim to the Batch Processor from the Accounts module.

11. If the patient has insurance and a treatment plan requiring pre-authorization, create and send a pre-treatment estimate claim to the Batch Processor from the Treatment Plans module.

12. If the patient is referred to another doctor, enter the information in the Patients module.

Appointment Scheduling

1. Use the Schedule module to view tomorrow's appointments and call the scheduled patients to verify each appointment.

2. If there are any broken appointments for the day, "Break" them in the Schedule module.

3. Use the ASAP list to fill broken appointment slots with ASAP appointments and Open appointments in the Schedule.

4. Use the Recall Module to schedule recall appointments.

5. Use the Unscheduled List to re-schedule broken appointments and to schedule Wait/Will Call appointments in the Schedule.

Insurance/Mail Processing

1. When an explanation of benefits is received for an insurance claim, enter the insurance payment (even a 0.00 payment if there is a legitimate reason, to flag a claim as "Received" in the Accounts module).

2. Update the insurance payment table when entering an insurance payment that is itemized, if the actual payment is different than the estimate, in the Accounts module. (Only update the Payment Table if this is the exact amount that the insurance will pay every time. Remember that the Payment Table overrides the Coverage Table.)

3. Enter any deductible amount applied for a claim while entering the payment.

4. If an explanation of benefits gives reason to re-send a claim, update the claim status in the Insurance Claim Information window and send the insurance claim to the Batch Processor. Do NOT enter any payment for the claim.

5. If a payment is received on a primary claim for a patient with secondary insurance, create and send the secondary insurance claim to the Batch Processor.

6. When an explanation of benefits is received for a pre-treatment estimate claim, enter the pre-authorized amount and flag "Accepted" or "Rejected" for each procedure in the Treatment Plans module.

7. Update the insurance estimate table when entering a pre-authorized amount, if the amount is different than the estimate, in the Treatment Plans module.

8. If authorization is received for primary insurance, create and send the secondary pre-estimate to the Batch Processor.

9. Enter any guarantor payments in the Accounts module.

10. Print all insurance claims and pre-treatment estimate claims for the day listed in the Batch Processor of the Reports module.

End-of-Day Reports

1. Print the "Day Sheet" from the Reports module. It is recommended that a day

sheet by "entry date" is printed daily. If a day sheet by "procedure date" is needed, print it in addition to the day sheet by "entry date."

2. Print any other reports that are useful to your practice.

Backup Easy Dental Database Daily

WEEKLY ROUTINES

1. Print the "Referred By Patient" and the "Referred By Dr/Other" reports for the past week's referrals in the Reports module to process referral gratuities.

2. Print Referral letters for referrals in the Patients module.

3. Print a "New Patient List" of the past week's new patients in the Reports module and/or produce "Welcome to the Practice" letters.

MONTHLY ROUTINES

Billing

(Can be done any time during the month but should be done consistently)

Backup Easy Dental Database before doing the following!

1. Apply finance charges and/or late charges from the Accounts window.

2. Run billing statements from the Reports window.

Process Accounts Receivable

(Should be done the first of each month)

1. Close Easy Dental on all workstations except the workstation you are working on.

Backup Easy Dental Database before doing the following!

2. Close out the previous month using Month-End in the Accounts window.

3. Print the "Aging Report" by provider and/or all providers in the Reports window to follow-up on delinquent accounts.

4. Merge and print the Collection letters.

Practice Management

(Print only the reports your practice is concerned with.)

1. Print the "Practice Analysis" reports in the Reports module.

2. Print the Audit report in the Reports module.

3. Purge Employers and Insurance Companies as needed in the Reports module.

4. Print the "Referred To Doctor" report for patients referred to another doctor six months ago in the Reports module to follow up on the patients.

5. Print the "Insurance Claim Aging" report in the Reports module to follow-up on the outstanding insurance claims.

6. Print the "Pre-Treatment Estimate Aging" report in the Reports module to follow-up on the old pre-treatment estimates.

7. Print the "Birthday List" in the Reports module and/or merge letters to send birthday greetings to patients.

ANNUAL ROUTINE

1. Print the "Inactive Patient List" in the Reports module and/or the "Inactive recall" letters.

Appendix 2

Procedure Code List

Diagnostic

D0120	Periodic oral evaluation
D0140	Limited oral evaluation
D0150	Comp oral eval-new/estab pat
D0160	Detail/extensive oral eval, B/R
D0170	Limited re-evaluation estab. patient
D0180	Comprehensive perio evaluation
D0210	Intraoral-complete series (bw)
D0220	Intraoral-periapical-1st film
D0230	Intraoral-periapical-each add'l
D0240	Intraoral-occlusal film
D0250	Extraoral-first film
D0260	Extraoral-each additional film
D0270	Bitewing-single film
D0272	Bitewings-two films
D0274	Bitewings-four films
D0277	Vertical bitewings - 7 to 8 films
D0290	Skull &facial bone survey film
D0310	Saliography
D0320	TMJ arthrogram, incl injection
D0321	Other TMJ films, by report
D0322	Tomographic survey
D0330	Panoramic film
D0340	Cephalometric film
D0350	Oral/facial images - intra/extra
D0415	Bacteriologic studies
D0425	Caries susceptibility tests
D0460	Pulp vitality tests
D0470	Diagnostic casts
D0472	Accession of tiss, gr exam/rpt
D0473	Acc of tissue, gr mic exam/rpt
D0474	Acc of tiss-gr mic ex surg mar
D0480	Proc & intrp of cytologic smear
D0502	Other oral path procedure, B/R
D0999	Unspecified diag procedure, B/R

Preventive

D1110	Prophylaxis-adult
D1120	Prophylaxis-child
D1201	Prophylaxis with fluoride-child
D1203	Fluoride w/o prophylaxis-child
D1204	Fluoride w/o prophylaxis-adult
D1205	Prophylaxis with fluoride-adult
D1310	Nutritional counseling
D1320	Tobacco counseling
D1330	Oral hygiene instruction
D1351	Sealant-per tooth
D1510	Space maint-fixed-unilateral
D1515	Space maint-fixed-bilateral
D1520	Space maint-remov-unilateral
D1525	Space maint-remov-bilateral
D1550	Recementation of space maint

Restorative

D2140	Amalgam-1 surf., prim/perm
D2150	Amalgam-2 surf., prim/perm
D2160	Amalgam-3 surf., prim/perm
D2161	Amalgam-4+ surf., prim/perm
D2330	Resin-one surface, anterior
D2331	Resin-two surfaces, anterior
D2332	Resin-three surfaces, anterior
D2335	Resin-4+ w/incis angle-anterior
D2390	Resin composite crown, anterior
D2391	Resin composite - 1s, posterior
D2392	Resin composite - 2s, posterior
D2393	Resin composite - 3s, posterior
D2394	Resin composite - 4+s, posterior
D2410	Gold foil-one surface
D2420	Gold foil-two surfaces
D2430	Gold foil-three surfaces
D2510	Inlay-metallic-one surface
D2520	Inlay-metallic-two surfaces
D2530	Inlay-metallic-three + surfaces
D2542	Onlay-metallic-two surfaces
D2543	Onlay-metallic-three surfaces
D2544	Onlay-metallic-four + surfaces
D2610	Inlay-porcel/ceramic-1 surface
D2620	Inlay-porcel/ceramic-2 surface
D2630	Inlay-porcel/ceramic-3+ surface
D2642	Onlay-porcel/ceram-2 surface
D2643	Onlay-porcel/ceram-3 surface
D2644	Onlay-porcel/ceram-4 + surface

D2650	Inlay-compos/resin-1s(lab proc)
D2651	Inlay-compos/resin-2s(lab proc)
D2652	Inlay-compos/resin-3+ surf(lab)
D2662	Onlay-compos/resin-2 surf (lab)
D2663	Onlay-compos/resin-3 surf (lab)
D2664	Onlay-compos/resin-4+surf (lab)
D2710	Crown-resin (laboratory)
D2720	Crown-resin w/high noble metal
D2721	Crown-resin w/ most base metal
D2722	Crown-resin with noble metal
D2740	Crown-porcelain/ceramic substr
D2750	Crown-porc fuse high noble mtl
D2751	Crown-porc fused to base metal
D2752	Crown-porc fused noble metal
D2780	Crown-3/4 cast high noble metal
D2781	Crown-3/4 cast most base metal
D2782	Crown-3/4 cast noble metal
D2783	Crown-3/4 porcelain/ceramic
D2790	Crown-full cast high noble mtl
D2791	Crown-full cast base metal
D2792	Crown-full cast noble metal
D2799	Provisional crown
D2910	Recement inlay
D2920	Recement crown
D2930	Prefab stain steel crn-primary
D2931	Prefab stain steel crown-perm
D2932	Prefabricated resin crown
D2933	Prefab stl crown w/resin window
D2940	Sedative filling
D2950	Crown buildup, includ any pins
D2951	Pin retention-/tooth, (+ rest)
D2952	Cast post &core in add to crown
D2953	Each add'l cast post-same tooth
D2954	Prefab post&core in add to crn
D2955	Post removal (not with endo)
D2957	Each + prefab post-same tooth
D2960	Labial veneer(laminate)-chairsd
D2961	Labial veneer (resin lamin)-lab
D2962	Labial veneer (porceln lam)-lab
D2970	Temporary crown (fractured th)
D2980	Crown repair, by report
D2999	Unspecif restorative proced B/R

Endodontics

D3110	Pulp cap-direct, (+rest)
D3120	Pulp cap-indirect, (+ rest)
D3220	Therapeutic pulpotomy(exc rest)
D3221	Pulpal debridemnt-prim/perm th
D3230	Pulpal therapy-anterior,primary
D3240	Pulpal therapy-posterior, prim
D3310	Root canal therapy - anterior
D3320	Root canal therapy - bicuspid
D3330	Root canal therapy - molar
D3331	Treatmnt of root canal obstruct
D3332	Incomplt endo therapy-inopbl th
D3333	Int root repair of perf defects
D3346	Retreat, prev RCT - anterior
D3347	Retreat, prev RCT - bicuspid
D3348	Retreat, prev RCT - molar
D3351	Apexification/recalcif, initial
D3352	Apexification/recalcif, interim
D3353	Apexification/recalcif, final
D3410	Apicoectomy/Periradic surg-ant

D3421	Apicoect/Perirad-bicus/1st root
D3425	Apicoect/Perirad-molar/1st root
D3426	Apicoect/Perirad (each + root)
D3430	Retrograde filling-per root
D3450	Root amputation-per root
D3460	Endodontic endosseous implant
D3470	Intentional replant, inc splint
D3910	Surg isolation of th w/rub dam
D3920	Hemisection, no root can ther
D3950	Canal prep/fit of dowel/post
D3999	Unspecified endo procedure, B/R

Periodontics

D4210	Gingivectomy-4+ per quadrant
D4211	Gingivectomy- 1-3 th, per quad
D4240	Ging flap, root pln, 4+ per quad
D4241	Ging flap, root pln, 1-3 th, quad
D4245	Apically positioned flap
D4249	Clinic crown lengthen-hard tiss
D4260	Osseous surgery- 4+ per quad
D4261	Osseous surgery- 1-3 th, quad
D4263	Bone replace graft-1st site/qu
D4264	Bone replace graft-each add/qu
D4265	Bio mat, sft&osseous tiss rege
D4266	Guided tiss regen-resorb-per
D4267	Guided tiss regen-nonresorb-per
D4268	Surg revision proc, per tooth
D4270	Pedicle soft tissue graft proc
D4271	Free soft tissue graft proced
D4273	Subepithelial con tis graft prc
D4274	Distal/proximal wedge procedure
D4275	Soft tissue allograft
D4276	Comb cnct tiss&dbl pedicle grft
D4320	Provisional splinting-intracor
D4321	Provisional splinting-extracor
D4341	Perio scale&root pln- 4+ per quad
D4342	Perio scale&root pln- 1-3, quad
D4355	Full mouth debridement - perio
D4381	Local delivery of chemo-th B/R
D4910	Periodontal maint after therapy
D4920	Unscheduled dressing change
D4999	Unspecified perio proced, B/R

Prosthodontics, Removable

D5110	Complete denture - maxillary
D5120	Complete denture - mandibular
D5130	Immediate denture - maxillary
D5140	Immediate denture - mandibular
D5211	Maxillary partial - resin base
D5212	Mandibular partial - resin base
D5213	Maxil partial-metal base w/sdls
D5214	Mand partial -metal base w/sdls
D5281	Removable unilat part denture
D5410	Adjust complete denture-maxil
D5411	Adjust complete denture-mand
D5421	Adjust partial denture-maxil
D5422	Adjust partial denture-mand
D5510	Repair complete denture base
D5520	Replace teeth-comp dent (ea th)
D5610	Repair resin denture base
D5620	Repair cast framework
D5630	Repair or replace broken clasp

D5640	Replace broken teeth-per tooth
D5650	Add tooth to exist part denture
D5660	Add clasp, exist part denture
D5670	Replace all th&acrylic-maxil
D5671	Replace all th&acrylic-mand
D5710	Rebase complete maxil denture
D5711	Rebase complete mand denture
D5720	Rebase maxil partial denture
D5721	Rebase mand partial denture
D5730	Reline complete maxil-chairside
D5731	Reline complete mand-chairside
D5740	Reline maxil partial-chairside
D5741	Reline mand partial-chairside
D5750	Reline complete maxillary (lab)
D5751	Reline complete mand (lab)
D5760	Reline maxillary partial (lab)
D5761	Reline mandibular partial (lab)
D5810	Interim comp denture (maxil)
D5811	Interim comp denture (mand)
D5820	Interim partial denture (maxil)
D5821	Interim partial denture (mand)
D5850	Tissue condition, maxillary
D5851	Tissue condition, mandibular
D5860	Overdenture-complete, B/R
D5861	Overdenture-partial, by report
D5862	Precision attachment, B/R
D5867	Replcmt prec attachmt-part/full
D5875	Mod of remvble prosth-post sur
D5899	Unspecified remove prosth, B/R

Maxillofacial Prosthetics

D5911	Facial moulage (sectional)
D5912	Facial moulage (complete)
D5913	Nasal prosthesis
D5914	Auricular prosthesis
D5915	Orbital prosthesis
D5916	Ocular prosthesis
D5919	Facial prosthesis
D5922	Nasal septal prosthesis
D5923	Ocular prosthesis, interim
D5924	Cranial prosthesis
D5925	Facial augmentat implant,prosth
D5926	Nasal prosthesis, replacement
D5927	Auricular prosthesis,replacemen
D5928	Orbital prosthesis, replacement
D5929	Facial prosthesis, replacement
D5931	Obturator prosthesis, surgical
D5932	Obturator prosthesis,definitive
D5933	Obturator prosthesis, modificat
D5934	Mandibular resection w/ flange
D5935	Mandibular resection w/o flange
D5936	Obturator prosthesis, interim
D5937	Trismus appliance (not TMD)
D5951	Feeding aid
D5952	Speech aid prosthesis,pediatric
D5953	Speech aid prosthesis, adult
D5954	Palatal augmentation prosthesis
D5955	Palatal lift prosth, definitive
D5958	Palatal lift prosthesis,interim
D5959	Palatal lift prosth, modificat
D5960	Speech aid prosth, modification
D5982	Surgical stent

D5983	Radiation carrier
D5984	Radiation shield
D5985	Radiation cone locator
D5986	Fluoride gel carrier
D5987	Commissure splint
D5988	Surgical splint
D5999	Unspec maxillofacial prosth B/R

Implant Services

D6010	Surg place implant: endosteal
D6020	Abut place/subst:endost implant
D6040	Surgic place: eposteal implant
D6050	Surg place: transosteal implant
D6053	Imp/abut remov, comp edent arch
D6054	Imp/abut remov, part edent arch
D6055	Dent implant sup connecting bar
D6056	Prefabricated abutment
D6057	Custom abutment
D6058	Abutment supported porc/cer
D6059	Abtmt supp porc fused to hi-no
D6060	Abtmt supp porc fused base m
D6061	Abtmt supp porc fused-mtl crown
D6062	Abtmt supp cast mtl crown-hin
D6063	Abtmt supp cast mtl crown-bas
D6064	Abtmt supp cast mtl crown-nob
D6065	Implant supp porc/cer crown
D6066	Implant supp porc fused mtl cn
D6067	Implant supported metal crown
D6068	Abtmt supp ret for porc/cer FP
D6069	Abut sup ret-porc fsd mtl FPDhn
D6070	Abut sup ret-porc fsd mtl FPDbm
D6071	Abut sup ret-porc fsd mtl FPDno
D6072	Abut sup ret-cast mtl FPD-hinob
D6073	Abut sup ret-cast mtl FPD-base
D6074	Abut sup ret-cast mtl FPD-noble
D6075	Implant supp ret-ceramic FPD
D6076	Implnt supp ret-prc fuse mtlFPD
D6077	Implant supp ret-cast metal FPD
D6078	Implnt/abut supp fxd comp edent
D6079	Implnt/abut supp fxd part edent
D6080	Implant maintenance procedures
D6090	Repair implant sup prosth, B/R
D6095	Repair implant abutment, B/R
D6100	Implant removal, by report
D6199	Unspecified implant proced, B/R

Prosthodontics, Fixed

D6210	Pontic-cast high noble metal
D6211	Pontic-cast predominantly base
D6212	Pontic-cast noble metal
D6240	Pontic-porcelain fused to hnob
D6241	Pontic-porcelain fused to base
D6242	Pontic-porcelain fused to nobl
D6245	Pontic-porcelain/ceramic
D6250	Pontic-resin w/ high noble met
D6251	Pontic-resin w/ predomnt base
D6252	Pontic-resin with noble metal
D6253	Provisional pontic
D6545	Retainer-cast for resin bonded
D6548	Ret-porc/cer-resin bnd fxd pros
D6600	Inlay-porcelain/ceramic, 2 surf
D6601	Inlay-porcelain/ceramic, 3+ surf

D6602	Inlay-cast high noble met, 2 surf
D6603	Inlay-cast high nob met, 3+ surf
D6604	Inlay-cast predomnt base, 2 surf
D6605	Inlay-cast predomnt base, 3+surf
D6606	Inlay-cast noble metal, 2 surf
D6607	Inlay-cast noble metal, 3+ surf
D6608	Onlay-porcelain/ceramic, 2 surf
D6609	Onlay-porcelain/ceramic, 3+ surf
D6610	Onlay-cast high noble met, 2 surf
D6611	Onlay-cast high noble met, 3+surf
D6612	Onlay-cast predomnt base, 2 surf
D6613	Onlay-cast predomnt base, 3+ surf
D6614	Onlay-cast noble metal, 2 surf
D6615	Onlay-cast noble metal, 3+ surf
D6720	Retainer crn-res w/ hi nob met
D6721	Retainer crn-resin w/ base met
D6722	Retainer crn-resin w/ nob met
D6740	Crown-porcelain/ceramic
D6750	Retainer crn-porc fused-hi nob
D6751	Retainer crn-porc fuse-base met
D6752	Retainer crn-porc fused-nob met
D6780	Retainer crn-3/4 cast h nob met
D6781	Crown-3/4 cast most base metal
D6782	Crown-3/4 cast noble metal
D6783	Crown-3/4 porcelain/ceramic
D6790	Retainer crn-full cast hi nob
D6791	Retainer crn-full cast base met
D6792	Retainer crn-full cast nob met
D6793	Provisional retainer crown
D6920	Connector bar
D6930	Recement fixed partial denture
D6940	Stress breaker
D6950	Precision attachment
D6970	Cast post/core, + brdg retainer
D6971	Cast post/part of brdg retainer
D6972	Prefab post/core+ brdg retainer
D6973	Core buildup for retain,inc pin
D6975	Coping-metal
D6976	Each add'l cast post-same tooth
D6977	Each + prefab post-same tooth
D6980	Fixed partial dent. repair, B/R
D6985	Pediatric part'l denture, fixed
D6999	Unspec fixed prosth proced, B/R

Oral Surgery

D7111	Coronal remnants-deciduous th
D7140	Extract, erupted th/exposed rt
D7210	Extraction-surgical/erupt tooth
D7220	Extraction-impacted/soft tis
D7230	Extraction-impacted/part bony
D7240	Extraction-impacted/compl bony
D7241	Remov impact-comp bony w/ comp
D7250	Surgic removl resid tooth root
D7260	Oral antral fistula closure
D7261	Prim closure sinus perforation
D7270	Reimplantation/stabilization
D7272	Tooth transplantation
D7280	Surgical access unerupted tooth
D7281	Expos impact/unerupt-aid erupt
D7282	Mobiliz erupt/malpos th-erupt
D7285	Biopsy of oral tissue-hard
D7286	Biopsy of oral tissue-soft

D7287	Cytology sample collection
D7290	Surgical reposition of teeth
D7291	Transseptal fiberotomy, B/R
D7310	Alveoloplasty w/ extract- /quad
D7320	Alveoloplasty w/o extract /quad
D7340	Vestibuloplasty-ridge ext -2nd
D7350	Vestiplasty-ridge ext (inc)
D7410	Excision benign lesion <= 1.25cm
D7411	Excision benign lesion >1.25cm
D7412	Excision benign lesion, complic
D7413	Excision malig lesion <= 1.25cm
D7414	Excision malig lesion > 1.25cm
D7415	Excision malig lesion, complic
D7440	Ex malig tumor-diam <= 1.25 cm
D7441	Ex malig tumor-diam > 1.25 cm
D7450	Rem odont cyst-diam <= 1.25 cm
D7451	Rem odont cyst-diam > 1.25 cm
D7460	Rem nonodont cyst-diam<=1.25cm
D7461	Rem nonodont cyst-diam >1.25cm
D7465	Destruct lesion-phys/chem B/R
D7471	Rem lat exostosis-maxil/mand
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surg reduc, osseous tuberosity
D7490	Rad resec-mandible w/bonegraft
D7510	Incis&drain abscess-intra soft
D7520	Incis&drain abscess-extra soft
D7530	Rem foreign body, sub-q tissue
D7540	Remove foreign body from bone
D7550	Partial ostect/sequestrectomy
D7560	Maxill sinusotomy-rem foreign
D7610	Maxilla-open red (teeth immob)
D7620	Maxilla-closed red(teeth immob)
D7630	Mandible-open red (teeth immob)
D7640	Mandible-closed red (th immob)
D7650	Malar/zygomat arch-open reduc
D7660	Malar/zygo arch-closed reduc
D7670	Alveolus-closed reduction
D7671	Alveolus-open reduction
D7680	Facial bone-complicated reduct
D7710	Maxilla-open reduction
D7720	Maxilla-closed reduction
D7730	Mandible-open reduction
D7740	Mandible-closed reduction
D7750	Malar/zygomatic arch-open red
D7760	Malar/zygomatic arch-close red
D7770	Alveolus-stabilize teeth, open
D7771	Alveolus-stabilize teeth, closed
D7780	Facial bones-complicated reduc
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocate
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical discect:w/ w/o implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7871	Non-arthroscopic lysis & lavage
D7872	Arthroscopy-diag, w/ w/o biopsy

D7873	Arthroscopy-surgical: adhesions
D7874	Arthroscopy-surgical: disc rep
D7875	Arthroscopy-surgic: synovectomy
D7876	Arthroscopy-surgical:discectomy
D7877	Arthroscopy-surgic: debridement
D7880	Occlusal orthotic device
D7899	Unspecified TMD therapy, B/R
D7910	Suture of small wounds to 5cm
D7911	Complicated suture-up to 5 cm
D7912	Complicated suture-over 5 cm
D7920	Skin grafts, by report
D7940	Osteoplasty-orthognathic defor
D7941	Osteotomy-mandibular rami
D7943	Osteotomy-mand rami w/ graft
D7944	Osteotomy-segment/subap-s/quad
D7945	Osteotomy-body of mandible
D7946	LeFort I (maxilla-total)
D7947	LeFort I (maxilla-segmented)
D7948	LeFort II/III-no bone graft
D7949	LeFort II/III-with bone graft
D7950	Osseous/cartilage graft-mandB/R
D7955	Rep maxillofacial sft/hrd tis
D7960	Frenulectomy-separate procedur
D7970	Excision, hyperplast tiss-arch
D7971	Excision-pericoronal ging /arch
D7972	Surg reduc, fibrous tuberosity
D7980	Sialolithotomy
D7981	Excision of salivary gland, B/R
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7995	Synthetic graft-mand/facial,B/R
D7996	Implant-mandib/augmentation,B/R
D7997	Appliance removal-incl archbar
D7999	Unspecified oral surg proc, B/R

Orthodontics

D8010	Limited ortho trt, primary dent
D8020	Limited ortho trt, transitional
D8030	Limited ortho treat, adolescent
D8040	Limited ortho treat, adult dent
D8050	Intercep orth trt, primary dent
D8060	Intercep orth trt, transitional
D8070	Comprehensive orth,transitional
D8080	Comprehensive ortho, adolescent
D8090	Comprehensive ortho, adult dent
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8660	Pre-orthodontic treatment visit
D8670	Periodic ortho visit (contract)
D8680	Orthodontic retention
D8690	Ortho treatment (bill/contract)
D8691	Repair of orthodontic appliance
D8692	Retainer replacemnt-lost/broken
D8999	Unspec ortho procedure, B/R

Adjunctive General Services

D9110	Emerg treatment, palliative
D9210	Local anesthesia not op/surg
D9211	Regional block anesthesia
D9212	Trigeminal division blk anesth
D9215	Local anesthesia
D9220	Deep sedat/gen anesth-1st 30m
D9221	Deep sedat/gen anesth-ea + 15 min
D9230	Analgesia
D9241	Intravn cons sed/analg-1st 30m
D9242	Intravn cons sed/analg-ea+15m
D9248	Non IV conscious sedation
D9310	Consultation-per session
D9410	Professional house call
D9420	Professional hospital call
D9430	Office visit for observation
D9440	Office visit-after regular hrs
D9450	Case present, detailed/extens tx
D9610	Therapeutic drug injection, B/R
D9630	Other drugs/medicaments, B/R
D9910	Application of desensitize med
D9911	Apply desensitiz' resin, per th
D9920	Behavior management, by report
D9930	Treat complications-postsurgic
D9940	Occlusal guards, by report
D9941	Fabricate athletic mouthguards
D9950	Occlusal analysis-mounted case
D9951	Occlusal adjustment-limited
D9952	Occlusal adjustment-complete
D9970	Enamel microabrasion
D9971	Odontoplasty 1-2 teeth-rmv enam
D9972	External bleaching-per arch
D9973	External bleaching-per tooth
D9974	Internal bleaching-per tooth
D9999	Unspecified adjunct. proced, B/R

Other

20999	Orthopedic splint (orthotic)
64550	Transcuton. electric stimulant
90620	Exam and consultation
95831	Muscle Testing
95868	Electromyography
97700	Adjust orthotic/splint
209999	Mandibular kinesiograph record

Appendix 3

Laser Billing Statement Print Options

Easy Dental will print sixteen different laser-generated billing statements. The type of statement printed depends on what information you wish to print and how you want it formatted. The options that determine what type of statement will be printed are:

- Print Insurance Estimate

- Print Agreed Payment (or print "Please Pay This Amount")

- Print Account Aging (as opposed to account history method: Prior Balance less credits plus charges equals new balance).

- Allow Credit Card Payment

Following are examples using combinations of the options listed above:

Example 1: Print Agreed Payment, Print Insurance Estimate, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGE	NEW BALANCE	INSURANCE ESTIMATE
	-	+	=	-

PLEASE PAY
THIS AMOUNT

Example 2   Print Agreed Payment, Print Insurance Estimate, Print Account Aging, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

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

PLEASE PAY
THIS AMOUNT

Example 3 :   Print Agreed Payment, Print Account Aging, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE

PLEASE PAY
THIS AMOUNT

Example 4:   Print Agreed Payment, Allow Credit Card Payment.
Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
-	+	=	

PLEASE PAY
THIS AMOUNT

Example 5 :   Allow Credit Card Payment.
Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
-	+	=	

Example 6: Print Agreed Payment, Print Insurance Estimate.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE
	-	+	=	-

PLEASE PAY
THIS AMOUNT

Example 7 : Print Agreed Payment, Print Insurance Estimate, Print Account Aging.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE	INSURANCE EST.
				-	

PLEASE PAY
THIS AMOUNT

Example 8 : Print Agreed Payment, Print Account Aging.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE

PLEASE PAY
THIS AMOUNT

Example 9: Print Agreed Payment.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
	-	+	=

PLEASE PAY
THIS AMOUNT

Example 10: Select no options.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
	-	+	=

Example 11: Print Insurance Estimate, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE
	–	+	=	–

Example 12: Print Insurance Estimate.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE
	–	+	=	–

Example 13: Print Agreed Payment, Print Insurance Estimate, Print Account Aging, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE	INSURANCE EST.
				–	

PLEASE PAY
THIS AMOUNT

Example 14: Print Agreed Payment, Print Insurance Estimate, Print Account Aging.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE	INSURANCE EST.
				–	

PLEASE PAY
THIS AMOUNT

Example 15: Print Account Aging, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE

Example 16: Print Account Aging.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE

Appendix 4

Easy Dental Letters

ednewpat.doc	Sample New Patient Questionnaire, 2 pages
ezdenvl.doc	Envelope #10, 4 1/8 x 9 ½
ezdlabl.doc	Label Format/Avery 5160 Laser
ezdlbl2.doc	Label Format/Avery 5351 Laser
ezdlm01.doc	Welcome to Practice - before 1st visit
ezdlm02.doc	Welcome to Practice - after 1st visit
ezdlm03.doc	Recall - Inactive Account
ezdlm04.doc	Recall - Adult
ezdlm05.doc	Recall - Child - written to Head of House
ezdlm06.doc	Collection - 1st Notice - (31-60 days)
ezdlm07.doc	Collection - 2nd Notice - (61-90 days)
ezdlm08.doc	Collection - 3rd Notice - (91-120 days)
ezdlm09.doc	Collection - Final Notice - (over 120 days)
ezdlm10.doc	New Birth - special occasion letter
ezdlm11.doc	Marriage - special occasion letter
ezdlm12.doc	Graduation - special occasion letter
ezdlm13.doc	Birthday - Adult birthday letter
ezdlm14.doc	Birthday - Child birthday letter
ezdlm15.doc	Thank You - Professional Referral
ezdlm16.doc	Thank You - Patient Referral
ezdlm17.doc	Thank You - Patient
ezdlm18.doc	Inactive Patient
ezdlm19.doc	Patient Anniversary in Practice
ezdlm20.doc	Patient Information Verification
ezdlm21.doc	TP Recall
ezdlm22.doc	Report Format Sample - over 90
ezdlm23.doc	Recall Cards - single side, dot matrix
ezdlm24.doc	Appointment Cards - single side, dot matrix
ezdlm25.doc	Appointment Cards - 2-wide, laser
ezdlm26.doc	Recall Cards - 2-wide, laser
ezdlm27.doc	Appointment Cards - 2-wide, dot matrix
ezdlm28.doc	Recall Cards 2-wide, dot-matrix
ezdlm29.doc	Recall Cards (with appt) 2-wide, laser

ezdlm30.doc	RX - Fill
ezdlm31.doc	RX - Darvocet
ezdlm32.doc	RX - Pen VK 500 mg
ezdlm33.doc	RX - Erythromycin 500 mg
ezdlm34.doc	Blank letter template/form
ezdlm35.doc	Referred to a Dr/Specialist
ezdlm36.doc	RX - Lortab 7.5 mg
ezdlm40.doc	Recall Cards - Laser 3 per page
ezdlm41.doc	Appointment Cards - Laser 3 per page
ezdlm42.doc	Recall Cards (with appointment) - Laser 3 per page
ezdlm43.doc	Recall Reminder Cards - Laser 2 per page
ezdlm44.doc	Recall Appointment Reminder Cards - Laser 2 per page
ezdlm45.doc	Appointment Reminder Cards- Laser 3 per page
ezdlm46.doc	Recall Reminder Cards- Laser 3 per page
ezdlm47.doc	Recall Appointment Reminder Cards - Laser 3 per page
ezdlm48.doc	Birthday Cards - Laser 4 per page
ezdlm99.doc	Data Elements, All
ezdpatv.doc	New Patient Questionnaire/Consent, 2 pages
WebCsnt.doc	EasyWeb Consent Form
ezdsprbl.doc	Easy Dental Super Bill

Appendix 5

Easy Dental Letter Samples

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

We are delighted to welcome you to our practice and are pleased that you chose us to serve your dental needs. We are serious about providing superior dental care at reasonable prices, and proud of our dedication to our patients. Our goal is to help you feel and look your very best through excellent dental care.

Your appointment will take approximately 1 hour. To facilitate being seen just as soon as possible at the time of your appointment, we would appreciate it if you would complete the enclosed Patient Information Form before your arrival. Please remember to bring it with you at the time of your appointment or mail the completed from back to us as soon as possible. We have enclosed a self-addressed envelope for your convenience.

If you are unable to make the appointment you have scheduled with us, please notify us as least 24 hours in advance. We would be glad to reschedule the appointment at a more convenient time, if necessary. In the meantime, we look forward to meeting you and serving your needs.

Thanks again for choosing our dental practice.

Sincerely,

Dennis D. Davis, DDS

P.S. Remember to bring any Insurance (Medical or Dental) cards that might apply to you or your family when you come. We can then include this information with your records.

Welcome - Before 1st visit (EZDLM01)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

We are delighted to welcome you to our practice and are pleased that you chose us to serve your dental needs. It was a pleasure meeting with you recently. We are serious about providing superior dental care at reasonable prices, and proud of our dedication to our patients. Our goal is to help you feel and look your best through excellent dental care. We look forward to seeing you on a regular basis.

If you are ever unable to make an appointment you have scheduled with us, please notify us at least 24 hours in advance. We would be glad to reschedule the appointment at a more convenient time if necessary. In the meantime, we look forward to meeting you and serving your needs.

Sincerely,

Dennis D. Davis, DDS

Welcome - After 1st Visit (EZDLM02)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

I am sure you will agree that there is nothing worse than a sneak thief, because he does the sneakiest, nastiest, rottenness thing right under your nose -- and gets away with it.

But do you know what? Periodontal (gum) disease is the worst "sneak thief" of them all! You cannot see it starting. And you cannot feel it starting. But once it's started, it will rob you of your teeth as well as your funds!

According to the American Dental Association of Public Health Dentists, periodontal disease in the #1 cause of tooth loss and affects more than 75% of the population, for those 18 and older. Do not let it sneak up on you! Make it a habit to visit us regularly. In fact, why not pick up the phone right now and schedule an appointment. Our records show it is time for your next examination.

Sincerely,

Dennis D. Davis, DDS

Recall -Adult (EZDLM04)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Yes, it is true that children get fewer cavities than they used to. Thanks to sugar-conscious moms and dads . . . and to kids who are brushing better and more often . . . and to scientific advances like fluoridated water, fluoride toothpastes, fluoride rinses, and fluoride treatments.

And it is feasible that someday scientists will perfect a vaccine which eliminates cavities altogether! But, until that time, the most important scientific advancement for the preservation of your child's smile is your dentist!

Our records show that it is time to have Johnny come in for another examination. Why not pick up the phone right now and schedule an appointment.

Sincerely,

Dennis D. Davis, DDS

Recall - Child (EZDLM05)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Your account has a balance of $987. Your payment is now overdue. We are assuming that this is the result of an oversight.

However, if your payment is being held up because of a problem, please call so that we can work out a special arrangement together.

If there is not a problem, we would appreciate it if you could put the payment in the mail today.

If, by chance, your payment has crossed this letter in the mail, please disregard this reminder.

Sincerely,

Dennis D. Davis, DDS

Collection - 1st Notice < 60 (EZDLM06)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

As you know your account is more than **90 days past due.** At this time your account balance is $987 and is due. Our records show that we have not received any payments from you since the services were performed.

For one reason or another, you have been unwilling to proceed with payment. Therefore, we have not other choice but to begin a more aggressive action.

Please pay your balance now so that we can avoid any further action -- which will be unpleasant for both of us.

Sincerely,

Dennis D. Davis, DDS

Collection - 3rd Notice > 90 (EZDLM08)

January 1, 2005

Mr. and Mrs. John Doe
100 Deere St.
Yourtown, US 12345

Dear Mr. and Mrs. Doe,

We were delighted to hear about the birth of your child. Congratulations!

Our job is to be concerned about the dental health of your whole family -- which now includes your brand new baby. That is why we would like to take this opportunity to alert you about "nursing bottle syndrome", a condition which is caused when babies and toddlers are allowed to go to sleep sucking a bottle of milk or juice. As the child sleeps, some of the liquid remains in the mouth which can cause tooth decay.

Dental hygiene should begin even before your baby's first teeth start to come up. We suggest that you clean the child's mouth with gauze pads. That way, you can be assured that when the teeth do come in, they'll be in a plaque-free environment.

You should continue to clean the newly erupted teeth with gauze pads until the child is eating solid food -- at which time a soft bristled toothbrush should be used. If you drop by our office we will provide you with one.

And finally, we suggest that you schedule your child's first dental examination at age two-and-a-half. As soon as we get additional information on your child we will update your records and provide you with a reminder at that time.

We hope that this information is helpful to you. If you have any questions, please call us at any time. And once again, congratulations!

Sincerely,

Dennis D. Davis, DDS

Birth in Family (EZDLM10)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Congratulations on your marriage!

This occasion marks the beginning of a new choice experience in which you will be sharing everything the future holds in store, together -- including dental health!

Please accept our best wishes on this joyous occasion! And we look forward to seeing you again.

Sincerely,

Dennis D. Davis, DDS

Marriage (EZDLM11)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Congratulations on your graduation! We are pleased to hear of your achievement!

You undoubtedly are faced with making many plans for the future, we hope these plans include regularly scheduled dental health care.

My staff and I have enjoyed having you for our patient, and we look forward to a continued relationship in serving your dental needs.

Sincerely,

Dennis D. Davis, DDS

Graduation (EZDLM12)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

I just wanted to drop you a short note to wish you a **Happy Birthday!** And also wish you the greatest success in the coming year.

My staff and I have enjoyed having you for our patient, and we look forward to a long and choice relationship as we strive to serve your dental needs.

Sincerely,

Dennis D. Davis, DDS

Birthday -Adult (EZDLM13)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

I just wanted to drop you a short note to wish you a **Happy Birthday!** And hope you have a very fun day and a great year.

My staff and I have enjoyed having you for our patient, and we look forward to seeing you in the near future to serve any of your dental needs.

Sincerely,

Dennis D. Davis, DDS

Birthday -Child (EZDLM14)

January 1, 2005

Dr. William Snyder
100 Deere St.
Yourtown, US 12345

Dear Dr. Snyder,

We wanted to express our appreciation for your referral of Sandy N. Anderson. We are proceeding with a treatment plan and will make contact if necessary.

We are grateful for your confidence in our practice and will strive to serve any referrals you may provide with the highest level of service.

Sincerely,

Dennis D. Davis, DDS

Non-Patient Referral (EZDLM15)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

We wanted to express our appreciation for your referral of Theresa Johnson to our dental practice. It is individuals like you that make our practice such a pleasure.

We are grateful for your confidence in us and will strive to serve anyone that you may refer with the highest level of service possible.

Sincerely,

Dennis D. Davis, DDS

Patient Referral (Guar. Only) & Patient Referral (EZDLM16)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Time has a way of slipping by! Did you know that it has been quite some time since you last visited our office? We have not seen you since September 14, 2003. We were wondering how you were, and if you wished us to maintain your records in our active file.

Is the reason you have not been back because you have not noticed anything wrong? We hope not! By the time you feel any discomfort, more often than not, irreversible damage has already occurred.

Is it because you have moved out of the area or found another dentist? If so, please call or drop a note to let us know.

We would really like to keep you as our patient, but if we do not hear from you in the next two weeks, we will assume that you wish us to de-activate your file.

Sincerely,

Dennis D. Davis, DDS

Inactive - All & Inactive - Status (EZDLM18)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Even though time seems to always fly by, I just wanted you to know that I was think-ing about you at this very special time. Did you know that this is the anniversary time of when you first visited our office? Your first visit was on January 1, 1995. It is a pleasure to be able to serve your dental needs in whatever way possible.

We are serious about providing superior dental care at reasonable prices, and proud of our dedication to you as our patient. Our goal will always be to help you feel and look your very best through excellent dental care.

Sincerely,

Dennis D. Davis, DDS

Anniversary in Practice (EZDLM19)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

We are in the process of updating your file and would like to verify the information we currently have.

Home Phone	123-4567
Work Phone	987-6543
Employer	Business Enterprises, Inc.
	123 Maple Dr.
	Yourtown, US 12345
Primary Insurance	Mutual Benefits
Remaining Benefit	$265.00
Last Visit Date	February 2, 2004
Last Payment	$125.00 March 12, 2004
Account Balance	$0.00

If you see any errors in the above would you please call us so that we can insure that our records are correct.

Sincerely,

Dennis D. Davis, DDS

Patient Info Verification (EZDLM20)

Your Practice Name
123 Your Street
Yourtown, US 12345
(123) 456-7890

Dear Shawn,

This is just to remind you that it is time for your Prophylaxis-cleaning. You have scheduled an appointment on January 9, 2005 at 2:00 pm. Please call us today if you need to re-schedule. We look forward to seeing you soon.

Shawna Nelson
216 N. 260 W.
Orem, UT 84057

Note:
We are watching an upper right molar for recession.

Recall with Appointment (EZDLM29)

Appendix 6

Tips from Support

Billing Statement Options

If you choose to save the money on preprinted billing statements, there are two options that will print on blank paper: Full Form/Download and Download/HSI Env. The choice is made from the Reports module. From the toolbar, click Practice Setup, then choose Practice Defaults. Under "Default Billing Statement" select the option for Full Form/Download or Download/HSI Env. The other options are for pre-printed forms.

Full Form/Download

The Full Form/Download Billing Statements turn a plain piece of paper into a professional looking billing statement complete with a portion for the patient to tear off and return. With these forms you have access to all the different billing information options, except practice information (which prints automatically).

Download/HSI ENV.

This downloaded form is the same as the Full Form/Download except it is designed to fit into Henry Shein Inc. envelopes.

Full Sheet (Pre-Printed)

The Full Sheet Billing Statement prints the fastest and provides the greatest printer compatibility. However, it always prints the account aging, does not print the information for credit card payments, and does not include the graphic lines to print as a form.

Statement Date

This defaults to today's date and prints on the billing statements. This is the cut-off date for the statement information - the statement prints as of this date.

Balance Forward Date

The Balance Forward Date is the date used to determine which transactions print and which are included in the Balance Forward amount.

Select Account

By default this is <ALL> to <ALL>. You many change this to print a single statement or a range for several accounts in alphabetical order.

Select Provider

If you have several providers and want to bill these providers separately, you may choose a single provider or a range of several providers. The provider range causes statements to print for any account whose primary provider is in the provider range, regardless of the provider performing the procedures.

Select Billing Type

This is another option to specify accounts that receive billing statements. Because a range must be selected here, if you have billing types for which you do not send a statement, the billing type should be placed at the end of the list of billing types during the initial setup.

Minimum Balance to Bill For patients who have a small balance, it may not be cost-effective to spend the time and money to send a billing statement. By using this option, you can specify that accounts with balances less than a certain amount will not be sent a statement.

Include Credit Balances If you would like to send billing statements to those accounts with a credit balance, this option must be checked.

Statement Message

Information typed in this box will print on all billing statements. The number of characters that prints is limited by the amount of space available on the statement form.

Options

These options provide additional filters for which accounts get a statement and control what information actually prints on the billing statements.

Skip Accounts With Claims Pending By choosing this option, those accounts with claims outstanding will not receive a billing statement, provided the estimated Patient Portion is not over the amount specified under "If Patient Portion Less Than." For example, if this option is set to $20.00 and a patient has $200.00 worth of claims outstanding and the expected insurance amount is $185.00, the patient will not receive a statement because the estimated Patient Portion is $15.00. However, if the patient has an additional outstanding balance of $10.00 for previous claims which have been paid, the combined Patient Portion would equal $25.00, which is over the $20.00 limit specified, so a statement would be printed.

Include Procs With Claims Pending If this option is checked, those procedures which are attached to outstanding claims will print on the billing statements, regardless of the Procedure Date and Balance Forward Date. Normally procedures dated before the Balance Forward Date are not itemized on the statement, but included in the Balance Forward amount. If this option is selected, procedures will print until the insurance payment for them is received, and will print if the insurance payment is after the Balance Forward Date to show what has been paid. All procedures attached to a claim have an asterisk (*).

Print Insurance Estimate By checking this option, Easy Dental will include the total amount of the outstanding balance that is expected from the insurance company at the bottom of the statement.

Print Agreed Payment If this option is checked, Easy Dental determines the amount to print in the "Please Pay" box. This amount is calculated as follows: 1) Any outstanding insurance estimate is subtracted from the account balance to get the "Patient Portion." 2) The total of any payment plan agreed monthly payments for the account are added for "Payment Plan." 3) "Payment Plan" is then compared to "Patient Portion," and the lesser of the two is printed as the "Please Pay" amount. If there are no payment plan agreed monthly payments, the Payment Plan amount is ignored. With this option, if either the Payment Plan or Patient Portion is $0.00, or less than $0.00, the statement will print a "Please Pay" amount of $0.00.

If "Exclude Outstanding to Insurance" is checked, the "Please Pay" calculations are slightly different. The Patient Portion is the account balance excluding all procedures outstanding to insurance. The Patient Portion is then compared to the Payment Plan and the lesser of the two is printed as the "Please Pay" amount. If this option is marked and the lesser of the two options is $0.00 or less than $0.00, a billing statement will not print for this account.

Print Practice Information (not available with the Full Form/Download statements) This option is for practices that use billing statements with the practice information pre-printed. If you want Easy Dental to print your practice information at the top of the statement, check this option. With the Full Form and Download, the practice information will print in the upper left corner of the statement automatically.

Print Account Aging (not available with the Full Sheet option - it always prints) If you want the account's balance to be aged (current, over 30, 60, and 90 days), check this option. Each account's aging is calculated as of the Statement Date.

Allow Credit Card Payment (not available with Full Sheet option) If your office allows patients to make payment by credit card, check this option. The billing statement will print a place for the credit card #, exp. date, name, and signature on the return portion of the statement.

If Not Billed Since This option allows you to print statements for accounts that have not been billed since the specified date. The Last Statement Date is displayed from the Accounts window. If the Last Statement Date is before the "If Not Billed Since" date, or it is the same as the statement date, a statement will be printed for the account, providing other statement options do not exclude the account.

Only Bill Accounts Aging

By checking this option you can choose to only have accounts with a balance over the specified aging print. The aging as of the last Month End Update is used to determine whether a statement is printed.

Select Report Types

When printing billing statements, you have the option of printing mailing labels for each of the guarantors as well.

Recall Cards

For Patients With Appointments:

1. From the Reports module, choose **Letters | Recall**.

2. Choose Recall Reminder Cards and then choose **Edit**.

3. On the upper right side of the screen is **"Merge Letter Template."** Enter one of the following template document names according to the type of cards you are using.

2-Wide, Laser Cards	ezdlm29.doc
Single wide, Dot Matrix Cards	ezdlm24.doc
2-Wide, Dot Matrix Cards	ezdlm27.doc
Single wide, Laser Cards	ezdlm42.doc*

This is the default for the Letter Template name when Easy Dental is installed. You can modify this to correspond with the cards you've purchased.

4. Choose the search button to the right of **Recall**.

5. Under Due Date leave **"From"** and **"To"** blank since the patient's due date is usually not the same as the day of the scheduled appointment.

6. Under Include, be sure to check **"With Attached Appointment."**

7. Under **Recall Type**, choose the appropriate Recall type.

8. Choose **OK**.

9. Click on the search button to the right of Appointments.

10. Under **Date Range**, enter the beginning and ending dates for the appointments. Mark the **Appointment Date Range** option.

11. Under Search, choose **"Existing patients with appointment in date range."**

12. Select the **# of Appts Missed**. You will usually want to leave this option at **0 or More**.

13. Under **Appt. Provider(s)**, select the provider chosen to perform the recall (the provider for the appointment). Check the **All** box to include all appointment providers in the search.

14. Choose **OK**.

15. Choose **OK** again.

16. Make sure **Recall - Reminder** is still highlighted and choose **Create/Merge**.

17. Choose Create Data File and Merge Letters.

18. Choose **OK**.

19. The cards will merge into Microsoft Word and from there you can choose **File | Print**, then **OK**.

20. As you finish printing the cards you can close Word by choosing **File | Exit**.

21. You will be asked if you wish to save the changes to the document and you should always choose **"No."**

NOTE: Easy Dental searches for Recall appointments according to DUE DATE if one is entered. So, when searching for a Recall appointment it will look first at the due date, and determine, if the due date falls in the date range you specified. Second, from the people found to be due within the specified Due Date range, it will determine if those patients have an appointment in the specified appointment date range. For example: John Doe is due for a Prophy on 5/1, but doesn't actually come in for his appointment until 7/1. If you were to go into Recall and enter a Due Date Range of 7/1 - 7/30 for people "With Attached Appointments," John Doe's card wouldn't print, because his Due Date is 5/1. Since patients don't always come in for their appointment exactly when they are due, you'll generally want to leave the Due Date blank. Remember that the Due Date specifies the day the patient is due for the Prophy, and the Appointment Date is the date of the patient's scheduled appointment.

For Patients Without Appointments:

1. From the Reports module, choose **Letters | Recall**.

2. Choose Recall Cards and then choose **Edit**.

3. On the upper right is a box labeled "Merge Letter Template." Enter one of the following template document names according to the type of cards you are using.

2-Wide, Laser Cards (4/per page)	ezdlm26.doc
Single wide, Dot Matrix Cards	ezdlm23.doc
2-Wide, Dot Matrix Cards	ezdlm28.doc
Single wide, Laser Cards	ezdlm40.doc*

*This is the default for the Letter Template name when Easy Dental is installed. You can modify this to correspond with the cards you've purchased.

4. Choose the search button to the right of **Recall**.

5. Under **Due Date**, enter the beginning and ending dates for the range you wish to print cards for.

6. Under Include, make sure to check the option for **"Without Attached Appointment."**

7. Under **Recall Type**, choose the appropriate Recall type.

8. Choose **OK**.

9. Choose **OK** again.

10. Make sure Recall Cards is still highlighted and choose **Create/Merge**.

11. Choose Create Data File and Merge Letters.

12. Choose **OK**.

13. The cards will merge into Microsoft Word and from there you can choose **File | Print**, then **OK**.

14. As you finish printing the cards you can close Word by choosing **File | Exit**.

15. You will be asked if you wish to save the changes to the document and you should choose **"No."**

Creating Custom Labels

Easy Dental Technical Support provides a fax that will walk you through setting up custom labels for your practice. Simply call support at (800) 593-2814 and ask to be sent the "Custom Labels" fax or visit our website at www.easydental.com.

Creating Custom Letters

One of the most useful features in Easy Dental is the ability to merge information from your patient database into a custom letter. Easy Dental comes with over 30 written and formatted letters. However, if you would like to create your own letters, Easy Dental Technical Support provides a fax that will walk you through this process step-by-step. Simply call support at (800) 593-2814 and ask to be sent the "Custom Letters" fax or visit our website at www. easydental.com.

Month End Procedures

Month End Update

The Month End Update command should be used after the end of each month. Using the Update command will age each account balance and place into History all completed procedures, payments, adjustments, and received insurance claims that have a date in the same month and year as the Update Date. The main reason for putting transactions into History is so that they cannot be changed or edited. As a result, should you be faced with litigation you can rely on the History transactions to provide comprehensive documentation of your work.

If the Update is not performed monthly, some of the practice management information may be incomplete. The Practice Analysis figures will not be available for each month and your accounts will not be aged into the next aging bracket for the Accounts module and Aging Report. You will also notice on your Day Sheet that in the Previous Month column, the figures will be zero.

To Run the Month End Update:

Note: Before Month End is selected, it is strongly recommended that you back up your Easy Dental database. All Easy Dental modules other than the Accounts module on one station must be closed. If there is an Easy Dental module running at any of the workstations when trying to run Month End, you will receive an error message that "Another Easy Dental module is active."

Caution!

1. From the Accounts module choose **Month End | Update**.

2. The Close Out Month dialog box will appear:

3. Check the **Close Out Month**. The Close Out Month defaults to the month after the last month closed out. The last day of this month will be used as the date for the new Balance Forward and the cutoff for history transactions.

4. Check **Appointment Purge and Reset Insurance Benefits** if desired. The Appointment Purge will delete all appointments that are showing in the Schedule prior to the Cutoff Date (this date will normally default one year back, but can be changed if there is another preference). The Reset Insurance Benefits option will reset all insurance plans whose benefit renewal month is the month following the Close Out Month. Both of these options can be unchecked if you do not wish to purge appointments or reset any insurance benefits.

5. Choose **OK** to start Month End. When finished with the Update you will be returned to the Easy Dental Accounts module.

Finance Charges

You may apply Finance Charges to all or part of your patients automatically, allowing Easy Dental to calculate the charges OR you may enter the finance charges manually for individual patients. The Finance Charge command is used to calculate and create finance charge entries for the accounts automatically. It is best to run Finance Charges at the end of the month although they can be applied at any time.

To Run Finance Charges For Many Patients Automatically:

Note: Before applying Finance Charges, it is strongly recommended that you back up your Easy Dental database. All Easy Dental modules other than the Accounts module on one station must be closed. If there is a Easy Dental module running at any of the workstations when trying to run finance charges, you will receive an error message that "Another Easy Dental module is active."

1. From the Accounts module choose **Month End | Finance Charge | Apply Finance Charges**.

2. Enter the **Finance Charge Date**. The Finance Charge Date defaults to the current system date. Finance charges are calculated according to the aging balance for each family account as of the Finance Charge Date. The Finance Charge Date is also used as the transaction date for each finance charge entry.

3. Enter the Minimum Balance to Charge. The Minimum Balance to Charge defaults to $10.00. The minimum balance will be compared to each account balance, and only those accounts with a balance greater than the minimum will have a finance charge applied.

4. Enter Minimum Finance Charge, Select Past Due Days.
The Minimum Finance Charge defaults to fifty cents and will be applied to accounts when the calculated finance charge is less than the minimum. The Past Due Days to Charge defaults to zero days, assuming charges are due to be paid when they are incurred. Finance charges will be calculated on the portion of each account balance that is past due according to the Past Due Days to Charge selected and the aging of the account as of the Finance Charge Date.

5. Enter the Finance Charge Percentage. The Finance Charge Percent will be used to calculate the finance charge amount. Finance charges are always calculated on a monthly basis, so if the Yearly option button is chosen, the percentage entered will be divided by 12 for the calculations.

6. Select the Provider(s) whose patients you wish to apply finance charges to (only primary providers will appear), or click once in the All box to select all.

7. Select the Billing Type(s) you wish to apply finance charges to. If you want to apply finance charges to all accounts regardless of billing type, click once in the All box.

8. Choose **OK**. A message will appear to verify that you wish to apply finance charges. If

all modules are closed except the Accounts module, the Running Update dialog box will be displayed showing a count as each account is processed.

Note: The Abort button can be used to stop applying finance charges. However, any finance charges that have already been calculated before the Abort button was chosen will be applied.

9. Print a Day Sheet from the Reports module. It will show the total of all finance charge entries. You can also run a **Finance Charge Report** (Management Reports | Finance Charge Report) to list each Finance Charge individually.

To Manually Enter Finance Charges for Individual Patients:

1. From the Accounts module choose the desired patient/account**.**

2. Choose the **Enter Finance Charge** button.

3. Enter the **finance charge amount**.

4. Choose the Provider for whom the finance charge should be applied. (This defaults to the patient's Primary Provider from the Patients module.)

5. Choose **OK.**

Future Due Payment Plans

The Future Due Payment Plan utility is run to post charges due on all accounts with a Future Due Payment Plan. The utility should be run on a monthly basis. While you may run the utility at any time during the month, it is important to run it consistently and at approximately the same time each month. To run the Future Due Payment Plans utility, complete the following steps:

Note: Before applying Future Due Payment Plans, it is strongly recommended that you back up your Easy Dental database. All Easy Dental modules other than the Accounts module on one station must be closed. If there is a Easy Dental module running at any of the workstations when trying to run this utility, you will receive an error message that "Another Easy Dental module is active."

1. From the Accounts module choose **Month End | Future Due Payment Plan**.

2. Select the Providers whose patients should have Future Due Payment Plan charges posted.

3. Select the Billing Types that should have Future Due Payment Plan charges posted.

4. To have Easy Dental create insurance claims for all charges posted, check the Create Insurance Claims option.

5. Choose **OK** to begin running the Future Due Payment Plan utility.

Reports

Aging Report

An Aging Report can be prepared for selected account(s) and provider(s). You may also set billing type(s) parameters. You may choose to print a standard Aging Report, Credit Balances Only, or Debit Balances Only. Included in the Aging Report is the account's name, phone, billing type, balances per aging period, insurance estimates, agreed payments, account portion, and the total account balance. The report also provides totals and summaries for the parameters set. To run the Aging Report:

1. From the Reports module click the Account Reports button then choose **Aging Report**.

2. Select any options you wish.

3. Choose **OK**. Print the report from the Batch Processor.

Insurance Aging Report

This report shows when insurance claims were sent to carriers and how long they have been outstanding. You may select the range of patients, providers, and carriers to be included. The report will print basically the same information, and in the same format as described for the Aging Report. To run the Insurance Aging Report

1. From the Reports module, click the Account Reports button then choose **Insurance Aging Report.**

2. Select any options you wish.

3. Choose **OK**. Print the report from the Batch Processor.

Procedures Not Attached To Insurance Report

This report will list all procedures that are not attached to an insurance claim within the specified date range. This report does not include procedures or insurance companies that are flagged "Do Not Bill to Insurance". (For more information on this flag, see *Procedure Code Setup* in the *Setup* chapter and *Adding a New Insurance Plan* in the *Patients* chapter.) To run the Procedures Not Attached to Insurance report:

1. From the Reports module, click the Account Reports button then choose **Procedures Not Attached to Insurance.**

2. Enter a range of patients and providers if desired. Enter the procedure date range of the procedures you wish to include on the report.

3. Choose **OK** to send the report to the Batch Processor.

Audit Trail Reports

The Standard Audit Trail Report prints out a report of information regarding any transaction that has been edited or deleted. It can also contain information about changes made in the Patients windows, including: Patient Name, Social Security Number, Prov1, Prov2, Chart Number and Billing Type. The Provider/Staff Audit Trail report prints any information regarding a provider or staff member that has been inactivated. To print the Audit Trail Reports:

1. From the Reports module click the Audit button.

2. Enter the **Date Range** for which you would like the report printed.

3. Select the **Report Type** you want to print, Standard and/or Provider Staff.

4. Select the Changes for Report that you would like printed, or leave at **All** to see all changes which were made.

5. Select the **Users** to include on the report or check **All** to include all users.

6. If you are printing a Provider/Staff report, mark whether to print it by **Inactivated/Activated Provider** or **Replacement Provider**. Then select the appropriate providers to include on the report (check **List Inactive** to see all inactivated providers). Check **All** to include all providers.

7. Choose **OK**. **Print** from the Batch Processor.

Note: If you need to clear the Audit Trail Report, contact Technical Support at (800) 593-2814. The doctor will need to sign a consent form before this process can be completed.

Utilization Report

This report is designed for use with Capitation Plans. It shows all procedures completed under selected insurance plans for the selected date ranges. In addition, you can monitor co-payments versus the practice's regular fees. To Print the Utilization Report:

1. From the Reports module choose **Account Reports | Utilization Report.**

2. Choose the **Insurance Carrier** Range or leave at **<ALL>** to print all insurance carriers.

3. Enter **Procedure Date** Range.

4. Choose the **Billing Type** Range or leave at <ALL> to print all billing types.

5. Select the **provider(s)** whose patients you wish to appear on the report, or leave at <ALL> to print all patients, regardless of their Primary Provider.

6. Select the Fee Schedule you wish to generate this report for.

7. **Select Compare Options.** (Select the options with which you would like to compare the Fee Schedule you have chosen. You may compare it with either the Transaction Amount or with the Co-pay amount which was entered in the Coverage Table.)

8. **Choose Procedures to Include.** (Either include all procedures or only those in the coverage table.)

9. If you are printing the report for more than one insurance carrier you can check the option to print a **New Page For Each Plan.** Choose **OK** and print from the Batch Processor.

Analysis Summary Report

The Analysis Summary Report allows two different, basic formats: 1) the totals for each day in a date range for all providers in the date range and 2) the totals for each provider in a provider range for all days in the date range. To print the Analysis Summary report:

1. From the Reports module choose **Management Reports | Analysis Summary.**

2. Choose the **Providers** you wish to be included on the report, or leave at <ALL> to see all providers.

3. Select the **date range** for which you would like the report printed.

4. Choose to search by Entry Date or Procedure Date.

5. Choose the **Billing Type** Range or leave at <ALL> to print all billing types.

6. Select the **Report Type:**
    *   **Daily Summary -** if this option is selected the report will print totals for all providers selected, and will be broken down for each day within the date range.

    *   **Provider Summary -** if this option is selected the report will print totals for the entire date range, and will be broken down by each provider.

    *   Choose **OK**. **Print** from the Batch Processor.

Printing a Recall List

The recall list can be easily accessed from the Recall module.

1. Click on the **Recall** button.

2. Select **Views** from the toolbar.

3. Select the **Recall View** you wish to use.

Note: If Temporary View is selected, the screen will default with the settings for the current View, allowing you to make modifications. These changes will not be saved permanently if made from the Temporary View.

4. Each default date span used for the View is determined from "today's" date. If you want to change the originating date for the date span, choose **Set Date** from the toolbar to select the date. For example, to view Recall patients for the month of June, select Month from the View option and then set the date to be June 1, 200x. The Due Date Span should be one day before "today" and one month after "today." (Month View is not automatically created with the Easy Dental installation, but is easily added to the list of available views.)

5. To print the list, select **Print** from the toolbar. A list will be printed based on the current view. To print mailing labels, select Print | Labels 1/2/3. The standard 3-column labels that are used with the Recall labels are Avery 5351. (An optional format for Avery 5160 labels is also available. If you wish to use these labels you must set that option under Reports window | Maintenance | Preferences | Print Options. Check the box labeled "Use The Avery 5160 Mailing Labels," and choose OK.)

Printing a Family Accounts Report for an Entire Year

As the year comes to a close you may find several families who would like a report of all the activity on their account for the year. To do this, complete the following steps.

1. From the Accounts module choose the patient for whom you wish to print the Family Accounts Report.

2. From the toolbar choose **Print | Family Account.**

3. Set the **First Transaction Date** to the date for which you wish to begin printing transactions. The report will include all transactions after this date.

4. Mark the option to **Include Individual Patient Balances** if desired.

5. Choose either **Send to Batch or Print**.

Selecting Long Appointments

Occasionally an appointment will be scheduled for an amount of time longer than can be displayed on the screen. In these cases, double-clicking on the appointment will not bring up the Appointment Information screen. If this occurs, click the Find Appointment button. Select the patient. A list of appointments will be displayed, double-click on the appointment to see the Appointment Information screen.

Billing Secondary Insurance

Since all insurance information is stored with the claim, if the secondary information was not entered at the time the claim was created, the Create Secondary option will not be available. However, by **bringing up the original claim, double-clicking** on the top box (containing Patient, Subscriber, and Employer information), checking the **Update Secondary Insurance** box, and choosing **OK,** the claim will recognize the secondary insurance information, and allow you to create the secondary claim.

Appendix 7

Troubleshooting

Printing - won't print

1. Is the printer plugged in, on, on-line, and have paper?
Is there an error in the Printers Folder (Start | Settings | Printers, and then double-click on your printer's name)?

2. Can you print from the print server (The station physically connected to the printer)?

3. Can you print from other programs such as Word or Notepad?
    A.   If no — call your system technician. The problem is related to your network or printer.

    B.   If yes — call Easy Dental Support.

Printing - prints but incorrectly

1. Is printing the same from all workstations?

2. Are all workstations using the same printer driver?
(Check from the Reports module toolbar. Click the Practice Setup button and choose Setup Printer.)

Easy Dental Error Messages

Most Easy Dental error messages will consist of two numbers (e.g. "Cannot read procedure log file 4 52"). It is very important to write down the exact error message in order for a support technician to help you troubleshoot. When you get an error message, do the following from the station with the error:

1. Close all Easy Dental modules.

2. Exit out of Windows. If the error was on the server, exit all workstations before exiting the server.

3. Restart Windows.

4. See if you still get the error. If YES — call support. (Before Support can run any utilities to correct the error, you will need to have a current backup of Easy Dental.)

A Note on Rebuilding

Caution: Rebuilds should never be run without consulting an Easy Dental Support technician first.

Rebuilding files can be a solution to some Easy Dental error messages. Every data file has an accompanying index. The index is used to quickly access records from the file, to write new records to the file, and to update existing records. If a problem is encountered when reading from or writing to a file, Easy Dental will display an error message. Rebuilding a file re-sorts the index to match the records located in the data file. While correctly rebuilding a database will not cause problems, consistent rebuilding is indicative of other problems. Before rebuilding, **Easy Dental Support should be consulted**. Support will keep a record of error messages and each time a file is rebuilt, and offer suggestions to correct the underlying concerns.

Calling Easy Dental Support

Before you call Easy Dental Support, we recommend you have certain information available to help the technician diagnose your problem. Please have all this information available, even though it may not be required for each call:

• Customer ID #

• Computer specifications: speed, amount of memory, hard drive size (you may want to tape this information on each monitor for quick reference).

• Printer name.

• Printer driver being used (found in Reports | Practice Setup | Setup Printer).

• Exact error message, if there is one.

• Whether the station you are on is a workstation or the server and/or print server.

• Have you tried the general troubleshooting steps listed in the previous sections?

Appendix 8

Backup Recommendations

Your database is essential to running your practice effectively. As a result, you spend days, months or years, building a database. Unfortunately, all it takes is one power surge or unexpected natural disaster to compromise the integrity of your data. However, by consistently backing up, all of the frustration and turmoil that accompanies computer disasters can be avoided.

There are two main reasons to backup:

    I.   Protect Against Data Loss

    II.   Archive Data

I. Protect against Data Loss - as mentioned above, backing up prevents true disaster in terms of data loss when computer hardware causes system problems.

II. Archive Data - Backing up is a way to keep copies of information that is no longer needed, but you are storing because you may need it someday. A backup tape can be made and saved, and then when the information is needed the backup is restored.

Backup Guidelines

While there are no set rules for when a backup should be done and what should be backed up, Easy Dental recommends that backups be done on daily, weekly, monthly, and quarterly intervals.

Daily - Each day a backup of the Data directory should be performed on the file server. To find your data path, open the Reports module. Click Maintenance and choose Preferences. Click the Paths tab. The database path will be listed.

Weekly - At the end of the work week you should backup the entire EZDental directory.

Monthly - On a monthly basis the entire C:\ drive on the server should be backed up.

Quarterly - On a quarterly basis it is a good idea to take your monthly backup and store it with a legal source (An accountant or lawyer). Placing the tape in the care of a legal source helps to make the tape a legal document, which can help prevent problems should the Office's care be called into question. Check with local officials for guidelines.

Backup Methods

There are many cost effective and time efficient devices to help you backup your data. At this time, Easy Dental recommends the use of High Capacity storage media. For current recommendations or suggestions, call Technical Support at (800) 593-2814 or visit our website at www.easydental.com to get a copy of our System Requirements.

Glossary

Batch Processor

The main screen in the Reports module that is used to control the printing process for all Easy Dental reports. The status of each report is displayed in this window. Reports can be deleted or previewed from the Batch Processor.

Chart Number

The number or ID code associated with a specific patient. The chart number is typically found on the actual paper chart of the office filing system.

Check Box

A control used to represent an option (e.g., on/off, true/false) that the user can set or clear by pointing and clicking with the mouse. A "✓" or an "X" in a check box indicates that that particular option has been selected.

Clipboard

The area in the Schedule where Appointments can be temporarily stored when moving them to a different day.

Command

Selection of a menu item or a window button in order to initiate a task or procedure.

Command Button

A control the user chooses to carry out a command or action. Command buttons are sometimes called "push buttons." They can be found in dialog boxes, main screens, or in the toolbar.

Defaults

Standard Easy Dental system settings that have been set or established in the software. Many default settings can be altered or changed to satisfy unique situations.

Definitions

Terms given to lists of items that are used throughout Easy Dental and the practice for grouping and defining data. Definitions are set up according to the user's specifications.

Dialog Box

Any type of box or window on the screen that contains information or allows the input of information or a command. Dialog boxes usually will have some type of heading or title describing their purpose or use.

Drop-down Menu

The menu selection list that appears when a menu option is selected from the Windows Menu bar.

Family Position

The patient's relationship with other members of the family, such as married, single, spouse, child, other, etc.

Guarantor

The family member to whom charges are billed (statements are sent). The Head-of-House.

Head-of-House

The family member that is considered the Guarantor (the one who will pay the bills).

Highlight

In the Windows environment, one can select an item, command, or field by pointing and clicking once with the mouse. The item, command, or field will then appear more pronounced, or highlighted. This signifies that the item, command, or field has been selected to receive or initiate an action.

Horizontal Scroll Bar

A control that appears as a scroll bar along a horizontal (left to right) axis. It is not attached to text or to a window, but is useful as an alternative way of getting input and displaying output.

Icon

A graphical representation of an object or concept. An icon is commonly used to represent minimized applications in Microsoft Windows.

List Box

A box that provides a list of available choices.

Medical Alerts

User-defined medical problems that could potentially exist with a patient. You select these alerts by highlighting them. Once you are satisfied with your selections they can be viewed from the Patients window and by clicking the red cross icon on an appointment in the Schedule.

Menu

A list of options which can be selected from the menu bar that provide selection facilities for various tasks that can be performed. Generally, selecting an item from the menu bar will provide a drop-down menu for selecting the appropriate command.

Message

A small window that appears on the screen notifying the user of a situation that must be resolved or requesting the user to make a selection from several options.

Notes

Free-flowing notes or comments that can be entered concerning the patient. These notes are generally entered as "Patient Notes" in the Patients window, "Procedure Notes" in the Accounts window, etc.

Operatory

The location in which the doctor performs dental care for the patient.

Patient Information

All of the demographic and other pertinent data necessary to track and maintain a patient in the practice.

Patient Notes

Used to enter patient hobbies, interests, credit status, financial arrangements or any other type of information useful to your practice.

Patients Module

The file used in the Easy Dental database to store all pertinent information concerning each member of a family. This file is accessed and modified using the Easy Dental Patients module.

Preferred Name

The name the patient prefers to be called other than his or her given first name.

Procedure Code

Refers to the ADA code established to represent any procedures performed in a dental office.

Procedure Notes

Note pertinent to the patient's treatment. This should not be confused with Patient Notes found in other modules.

Provider

Refers to the dental care provider whom patients receive services from.

Purge

To remove unneeded information, such as purging unused insurance companies or employers.

Refresh

Updates the information displayed in the window to reflect any changes that have been made at other workstations.

Search Button

The button (>>) that starts a search for any item that was entered in the text box that preceded it. Generally the results of the search will be provided in a list box.

Select

An item that has been clicked on with the mouse or moved to with the tab key. It is highlighted to signify that it has been chosen.

Setup

The process that occurs at the time Easy Dental is installed. It is the data entry process that determines how data is used and grouped, what data is available, the terminology the user desires to use in the practice, etc.

Text Box

A field in a dialog box that provides an area for the user to enter text. Text boxes are sometimes called Edit Fields.

Title Bar

The bar that appears at the top of a window and displays its caption.

Treatment

A procedure recommended or completed for a patient.

Treatment Plan

A group of procedures (treatments) recommended for a patient. Also, work the patient needs to have performed by the provider.

Vertical Scroll Bar

A control that appears as a simple scroll bar along a vertical (up and down) axis. It is not attached to text or a window, but is useful as an alternative way of getting input and displaying output.

Window

Any type of box appearing on the computer screen that contains information. A window usually has some type of title describing its purpose or use. Sometimes referred to as a dialog box.

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