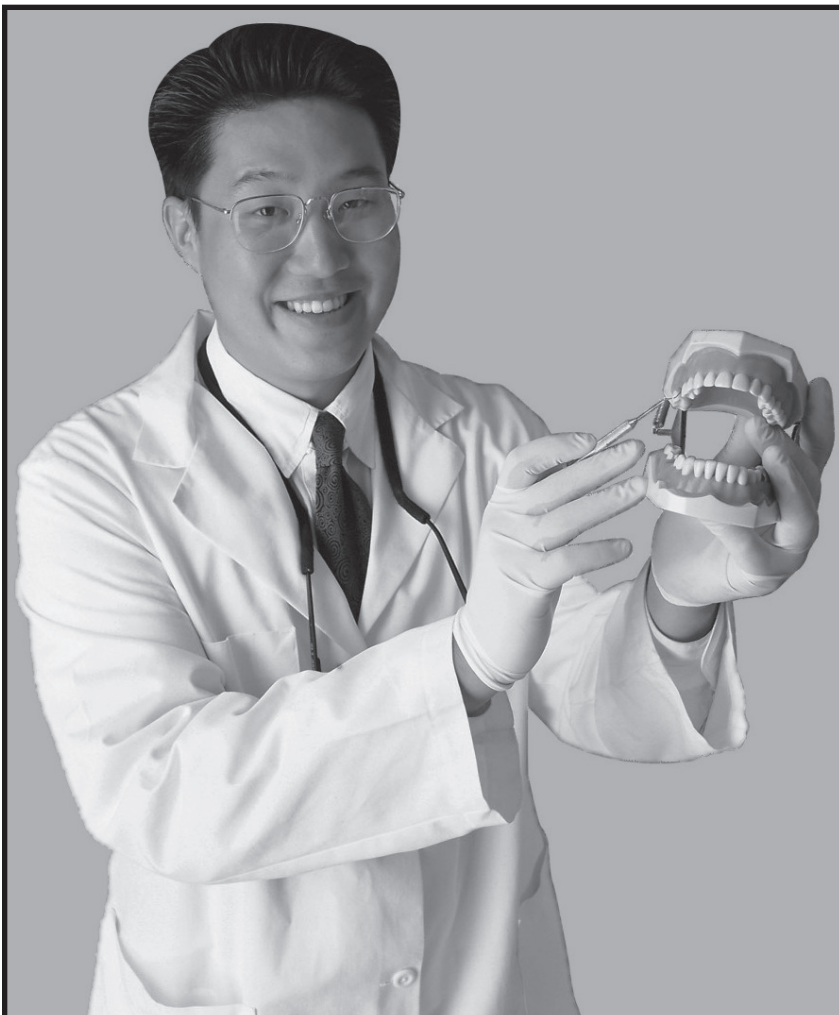
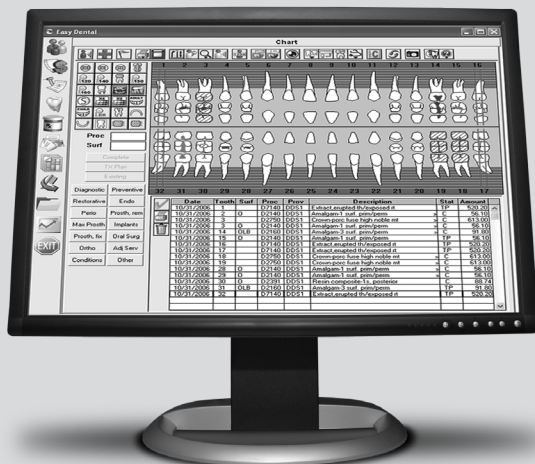




HENRY SCHEIN®
PRACTICE SOLUTIONS

Easy Start

New Office Implementation Guide



easydental®



Easy Start
New Office Implementation Guide



727 E. Utah Valley Drive, American Fork, UT 84003

Phone: (800) 336-8749

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April 2009

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EASY DENTAL AND MICROSOFT WINDOWS

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

EASY DENTAL AND MICROSOFT WORD FOR WINDOWS

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

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ABOUT THIS STUDY GUIDE

Thank you for purchasing Easy Dental. Over the course of your software implementation, this guide will help you learn how to use Easy Dental to complete the day-to-day tasks in your office.

Each chapter covers one broad topic or set of related topics. Chapters are arranged by the different Easy Dental modules and by different management techniques.

Each chapter is organized into explanatory topics with steps-by-step instructions of how each feature works. These topics provide the information you need to master Easy Dental. At the end of each chapter, this guide provides activities to “Check Your Understanding” and “Apply Your Knowledge.” You may either complete these activities with your trainer or save them for a later time and complete them on your own.

The “Check Your Understanding” questions test your comprehension of the preceding chapter. These questions are objective and have only **one** correct answer. You can find the answers to these questions in the Solutions chapter at the back of the guide.

The “Apply Your Knowledge” activities allow you to apply the topics learned in the guide in real-world situations. These activities are subjective, so there may be more than one way to accomplish the task correctly. The Solutions chapter at the back of the guide outlines one of the ways to accomplish each activity.

Each chapter of this guide contains the vocabulary used in the chapter. Though you may be familiar with many of the terms, read each definition carefully to ensure your definition matches the definition used in the chapter.

Any method of instruction is only as effective as the time and effort you invest in it. For this reason, you are encouraged to spend time reviewing the topics and activities in this guide.

HOW TO GET HELP

After your trainer leaves, you may have additional questions. You may be able to find the answers to your questions in this study guide or you can consult the Easy Dental User’s Guide. If you cannot find the answer, contact the Easy Dental Software Support staff at (800) 824-6375.

When you call support, be near your computer and have the PDF of the Easy Dental User’s Guide available. You need access to your Easy Dental system because the support staff may ask you certain questions about your system setup.

IMPORTANT INFORMATION

Keep this page on hand when calling Henry Schein Practice Solutions. You must be able to provide this information so that Henry Schein Practice Solutions can assist you.

Practice Name: _____

Doctor's Name: _____

Customer ID Number: _____

Serial Number: _____

Activation Code: _____

Number of Computers in Office: _____

Operating System on Server: _____

Operating System on Workstations: _____

eTrans Username: _____

eTrans Password: _____

QuickBill Username: _____

QuickBill Password: _____

eCentral Username: _____

eCentral Password: _____

PHONE NUMBERS

Call (800) 824-6375 to reach Easy Dental Software Support, Easy Dental Sales, Office Training, Software Implementation Services, and Seminars. Or, call (800) 735-5518 to reach eServices.

CHAPTER NOTES

This image shows a full page of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. In the bottom right corner, there is a dark circular logo. Inside the circle is a white outline of a document with several horizontal lines representing text.



COMPUTER BASICS

1

OVERVIEW

To use Easy Dental, you must have a foundation of Microsoft Windows basics as well as a basic overview of the Easy Dental program. This chapter covers basic computer terminology, steps to access Easy Dental, and an overview of each Easy Dental module.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Understand basic computer terminology
- Identify the Windows Desktop and the task bar
- Understand the function of each primary Easy Dental module
- Open Easy Dental using the Start menu or a shortcut
- Switch between the different Easy Dental modules

COMPUTER TERMINOLOGY

- **Operating System:** The software that allows computer users to run applications with the hardware of a specific system. Microsoft Windows is an example of an operating system.
- **Network:** A system containing any combination of computers or printers interconnected by cables that is used to share resources (i.e. files, printers).
- **File Server:** A computer that makes files available to workstations on a network.
- **Workstation:** A computer connected to the network.

BACKUP GUIDELINES

You spend days, months, or even years building up your database. Unfortunately, this data is vulnerable to power surges or other unexpected disasters. To alleviate this danger, it is recommended that you consistently back up your data to help prevent data loss.

Although there are no set rules for when a backup should be done and what should be backed up, it is recommended that a backup be done in daily, weekly, monthly, and quarterly intervals (see Figure 1-1).

	Daily	Weekly	Monthly	Quarterly
Data Folder (C:\Program Files\Ezdental\Data)	✓			
Ezdental Folder (C:\Program Files\Ezdental\)		✓		
Hard Drive (C:\)			✓	
Store Off Site	✓	✓	✓	✓
Legal Copy				✓

Figure 1-1

Incremental backups are not recommended; rather, a full backup, whether it is a daily, weekly, monthly, or a quarterly backup, is recommended.

Each day, a backup of the Data folder should be performed. The most critical files in the data folder include those with the following extensions: *.dat, *.idx, and *.inf.

At the end of the work week, you should back up the Ezdental folder (C:\Program Files\Ezdental\ or C:\Ezdental\, depending on the location of your files). This includes all of your program files and may include the following subdirectories:

- C:\Program Files\Ezdental\Data\
- C:\Program Files\Ezdental\Doc\
- C:\Program Files\Ezdental\Eclaims\
- C:\Program Files\Ezdental\Image\

On a monthly basis, the entire hard drive, or the location of the Easy Dental program, should be backed up.

On a quarterly basis, your monthly backup should be stored with a legal source (i.e. an accountant or lawyer). Placing the backup in the care of a legal source may help prevent problems if the your of-
fice's treatment or care is called into question. Check with your local officials for guidelines.



Henry Schein Practice Solutions recommends that dental offices contract with certified technicians from Henry Schein Dental, independent Certified Integration Engineers (CIE), or other qualified integration specialists for computer or network maintenance.

BACKUP MEDIA ROTATION CYCLE

Whatever backup media you use, it is recommended that you use a separate disc, tape, online folder, etc. for each day of the week you work. This rotation cycle allows you to have at least two weeks of recent data backed up (see Figure 1-2). This is useful because you may not discover that you need to restore a backup until days or weeks after the original problem occurred.



This cycle assumes that your office works a five-day work week. If your office works more than five days a week, add one media for each additional day. If your office works less than five days a week, subtract one media for each day the office is not open.

	Media 1	Media 2	Media 3	Media 4	Media 5	Media 6	Media 7
Monday	✓						
Tuesday		✓					
Wednesday			✓				
Thursday				✓			
1st Friday					✓		
2nd Friday						✓	
3rd Friday					✓		
4th Friday						✓	
Monthly							✓

Figure 1-2

You should use your backup media as follows:

- **Media 1 – 5:** The first five media should be used as your daily backups. Label each media with the day of the week you use it.
- **Media 6:** Label the sixth media “Friday #2” (or the last day of the week you work). You now have two Friday media. Each Friday, you should alternate use of these media.

- **Media 7:** Label the seventh media “Monthly.” The last day of the month, use the “Monthly” media as your replacement media for that day of the week. For example, if the last day of the month is Tuesday, use the “Monthly” media instead of the “Tuesday” media. Make absolutely certain that this media is stored somewhere safe, preferably off-site.

On a quarterly basis, take your monthly backup and store it with a legal source. You can also mail this backup to yourself and not open it. You need to purchase a replacement media. After another quarter has passed and you have stored the second quarter media, you can reuse the first quarter media. At the end of the year, however, you should permanently archive your monthly media as your backup for the year.

WINDOWS DESKTOP AND TASK BAR

When using Windows 2000 or Windows XP, you can navigate between different programs from the Desktop. When you first turn on your computer, the Desktop appears and displays your main programs’ icon (i.e. shortcut).



Before viewing the Desktop, you may be prompted to enter your username and password. Enter them, if necessary, and click OK. If you do not have a Windows password, click OK without entering a password.

The task bar is the bar located at the bottom of the Desktop and contains the Start menu and the System Tray. The task bar also displays the programs currently running in Windows. Your Desktop and task bar may look similar to Figure 1-3.

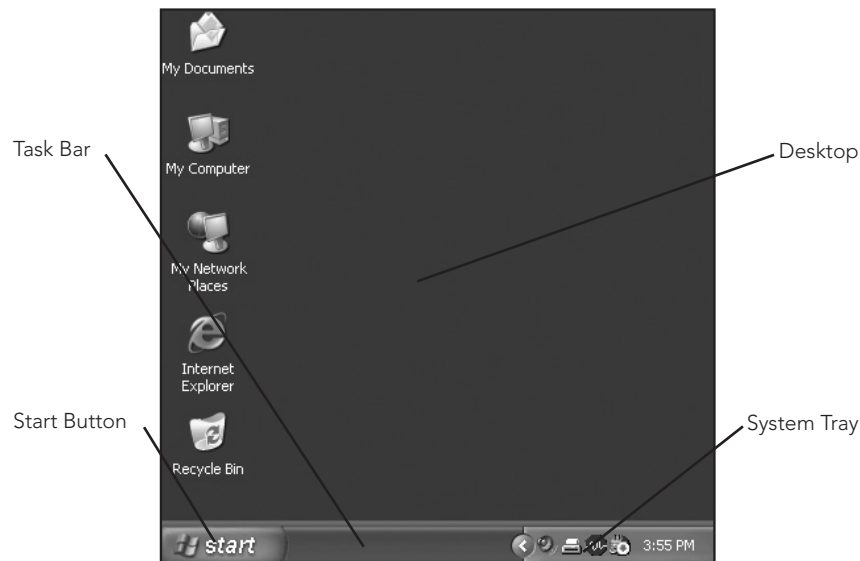


Figure 1-3

PRIMARY EASY DENTAL MODULES

Easy Dental is broken into separate units called modules. The primary modules contain most of the functionality of the program and each module is accessed by clicking a button on the left toolbar of Easy Dental. The primary modules are the Schedule, Patients, Accounts, Reports, and the Chart.



There are several secondary modules in Easy Dental as well. Most of them are not covered during basic training. The secondary modules that will be covered during basic training will be covered in other chapters.

SCHEDULE

Not only does the Schedule module allow you to electronically schedule any appointments for your patients, you can also record broken appointments, and print route slips. Convenient toolbars help you navigate through the book, search for available appointment times, organize appointments and notes, and handle all tasks you need to perform throughout the day.

PATIENTS

The Patients module stores and displays important patient data, such as the patient's name, address, phone number, birth date, medical alerts, insurance coverage, employer, and referral information. Within the Patients module, patients are organized by family with a head-of-house, or guarantor responsible for the account and to whom correspondence for the family is sent.

ACCOUNTS

From the Accounts module, you can track procedures performed, enter payments, file claims, print statements, etc. After a patient's visit, the Accounts module indicates the patient portion, taking into account the insurance coverage amounts, deductibles owed, and benefits used. There are also two different ways to set up financial agreements, making it easy to offer payment alternatives to your patients.

REPORTS

Most of the setup for your practice is done in the Reports module. The Reports module is also used for management processes, such as generating reports and patient letters, sending insurance claims electronically, and system maintenance.

CHART

The Chart module allows you to enter existing, recommended, and completed treatment or conditions, using standard, easy to recognize textbook charting symbols. Treatment is color-coded so that a single glance at the patient's Graphic Chart indicates whether a procedure is completed, existing, a condition, or still treatment-planned. The Chart module consists of two separate modules: the Chart module and the Perio module.

OPENING EASY DENTAL

There are two ways to open Easy Dental. The first is using the Start menu; the second is using a shortcut icon on the Desktop.

OPENING EASY DENTAL USING THE START MENU

To open Easy Dental using the Start menu:

1. Click the **Start** button.
2. Select **Programs | Easy Dental**.
3. Select **Easy Dental**.

OPENING EASY DENTAL USING A SHORTCUT

To open Easy Dental by using a shortcut on the Desktop, double click the Easy Dental shortcut on the Desktop. However, if the shortcut does not exist, you must create it. To create a shortcut:

1. Select **Start | Programs | Easy Dental**.
2. Right-click the **Easy Dental** icon.
3. Select **Send To | Desktop (create shortcut)**.
4. Click **Yes** to the message that appears.

SWITCHING TO ANOTHER EASY DENTAL MODULE

Although you can easily create a shortcut icon for Easy Dental, Easy Dental also gives you the flexibility to navigate all Easy Dental modules from within itself. Click any of the buttons on the left toolbar to open the desired module.



Click the **Schedule** button to open/switch to the Schedule module.



Click the **Patients** button to open/switch to the Patients module.



Click the **Accounts** button to open/switch to the Accounts module.



Click the **Reports** button to open/switch to the Reports module.



Click the **Chart** button to open/switch to the Chart module.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter.

CHECK YOUR UNDERSTANDING

1. Name three of the five primary Easy Dental modules. _____

APPLY YOUR KNOWLEDGE

1. Open Easy Dental using the Start menu.
2. Create a shortcut on your Desktop for Easy Dental.

CHAPTER NOTES

This image shows a full page of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. In the bottom right corner, there is a dark circular logo. Inside the circle is a white rectangular icon representing a document with several horizontal lines, suggesting text or a checklist.



PRACTICE SETUP

2

OVERVIEW

In this chapter, you will learn about practice, provider, staff, operatory, and procedure code setup as well as many additional features that assist you in using Easy Dental as efficiently as possible.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Enter your practice, provider/staff, and operatory information
- Set up passwords
- Set up procedure codes and explosion codes
- Set up fee schedules
- Customize practice definitions
- Customize practice defaults
- Customize Easy Dental preferences

PRACTICE SETUP

Setting up your practice information is a great place to start customizing Easy Dental for your practice needs. To set up your practice information:

1. In the Reports module, click the **Practice Setup** button and select **Practice Resource Setup**. The Practice Resources dialog appears (see Figure 2-1).



The Practice Resources dialog box is a window with a title bar and a close button. It contains three main sections: Practice Information, Operator(s), and Provider(s). The Practice Information section has text fields for practice name, address, contact info, and administrative details, with an Edit button. The Operator(s) section has a list of operators with buttons for New, Edit, and Delete. The Provider(s) section has a table of providers with buttons for New, Edit, Inactivate, and a checkbox for List Inactive. The Staff section has a similar table and buttons. A Close button is at the bottom.

Practice Information		
Easy Dental Practice 9330 LBJ Freeway Suite 800 Dallas, TX 75243 (800)766-6464 ext:		
Administrative Contact: HIPAA Officer: Fiscal Year: January Bank #:		
Edit		

Operator(s)		
1	OP-1	New Edit Delete
2	OP-2	
3	OP-3	

Provider(s)		
ID	Name	Status
DDS1	Stevens, David D	Primary
DDS2	Simpson, Dale D	Primary
HYG1	Hawthorne, Susan H	Secondary

☐ List Inactive

Staff		
ID	Name	Status

☐ List Inactive

Figure 2-1

2. In the *Practice Information* group box, click **Edit**. The Practice Information dialog appears (see Figure 2-2).

Figure 2-2

3. Enter your practice's title in the **Title** field.
4. In the *Address* group box, enter your practice's address.
5. In the *Settings* group box, select an **Administrative Contact** and **HIPAA Officer** for the practice.
6. Enter the **Bank Deposit Number** if you want the number to print on the practice's daily deposit slip.
7. Enter the month the practice's fiscal year begins in the **Fiscal year's beginning month (1-12)** field.
8. Mark the desired statement option:
 - **Use Practice Info on Statements** always prints the information that you have entered in this screen on your billing statements.
 - **Use Provider Info on Statements** prints the patient's default provider information on their billing statements. If your practice is set up to keep collections separate for each provider, mark this option.
9. Click **OK** to return to the Practice Resources dialog.
10. Click **Close** to return to the Reports module.

PROVIDER SETUP

To set up a new provider:

1. In the Reports module, click the **Practice Setup** button and select **Practice Resource Setup**. The Practice Resources dialog appears (see Figure 2-1).

- In the *Provider(s)* group box, click the **New** button. The Provider Information dialog appears (see Figure 2-3).

Figure 2-3

- Enter the provider's name in the fields provided.
- Enter an ID for the provider in the **ID** field.



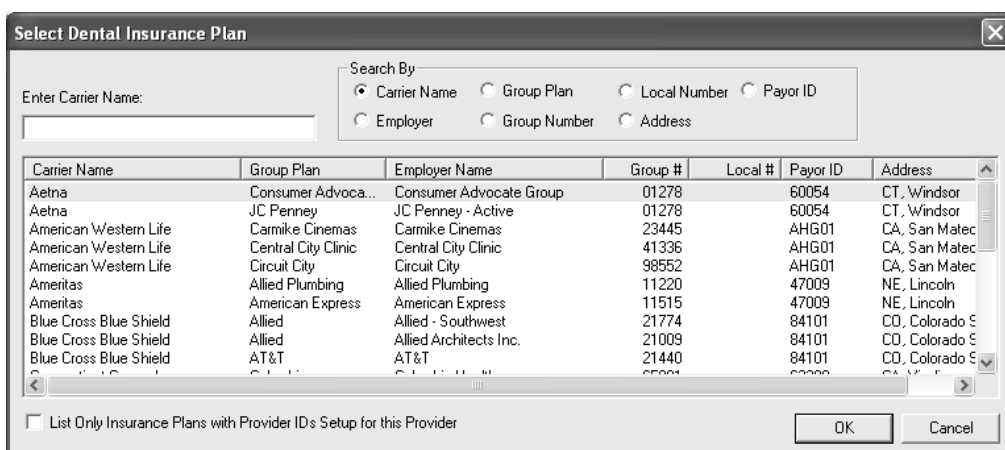
The ID is used to identify the provider in the different areas of Easy Dental. IDs must be unique and must contain four alphanumeric characters. Once a provider ID has been entered, it cannot be changed.

- Enter the provider's title in the **Title** field.
- Select the desired option from the **Specialty** drop-down.
- Enter the provider's business address in the **Address** fields. This information is used for all correspondence.
- Enter the provider's phone number in the **Phone** field (optional).
- Select the operator(s) assigned to the provider in the **Assigned Operators** pane.
- In the *Class* group box, mark **Primary** if the provider is a dentist or mark **Secondary** if the provider is a hygienist or assistant.



If the provider is going to send claims to insurance, Primary must be marked in the Class group box.

- Click the **Provider ID Setup** button to set up insurance-specific provider numbers. The Select Dental Insurance Plan dialog appears (see Figure 2-4).



Select Dental Insurance Plan

Enter Carrier Name:

Search By:

☒ Carrier Name ☐ Group Plan ☐ Local Number ☐ Payor ID

☐ Employer ☐ Group Number ☐ Address

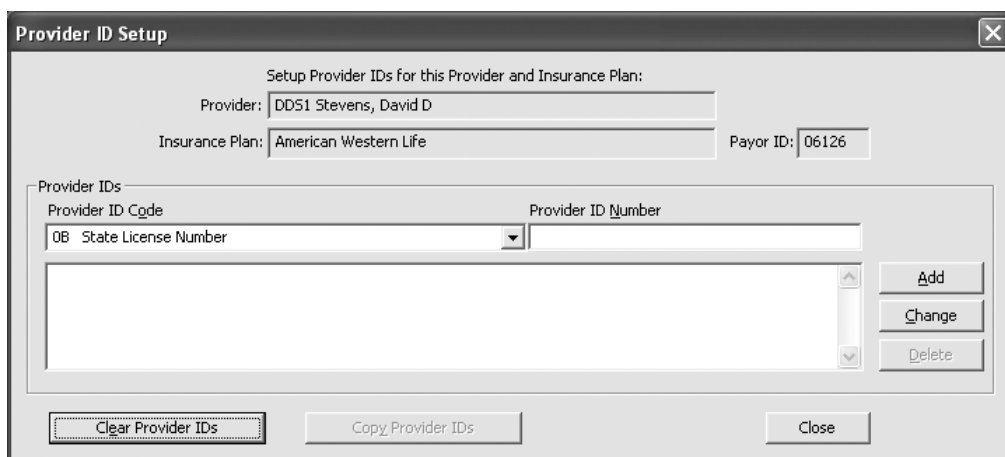
Carrier Name	Group Plan	Employer Name	Group #	Local #	Payor ID	Address
Aetna	Consumer Advoca...	Consumer Advocate Group	01278		60054	CT, Windsor
Aetna	JC Penney	JC Penney - Active	01278		60054	CT, Windsor
American Western Life	Carmike Cinemas	Carmike Cinemas	23445		AHG01	CA, San Mateo
American Western Life	Central City Clinic	Central City Clinic	41336		AHG01	CA, San Mateo
American Western Life	Circuit City	Circuit City	98552		AHG01	CA, San Mateo
Ameritas	Allied Plumbing	Allied Plumbing	11220		47009	NE, Lincoln
Ameritas	American Express	American Express	11515		47009	NE, Lincoln
Blue Cross Blue Shield	Allied	Allied - Southwest	21774		84101	CO, Colorado S
Blue Cross Blue Shield	Allied	Allied Architects Inc.	21009		84101	CO, Colorado S
Blue Cross Blue Shield	AT&T	AT&T	21440		84101	CO, Colorado S

☐ List Only Insurance Plans with Provider IDs Setup for this Provider

OK Cancel

Figure 2-4

12. Select the insurance plan to which you want to attach to the provider number and click **OK**. The Provider ID Setup dialog appears (see Figure 2-5), allowing you to select the code type and enter the appropriate provider ID number.



Provider ID Setup

Setup Provider IDs for this Provider and Insurance Plan:

Provider: DDS1 Stevens, David D

Insurance Plan: American Western Life Payor ID: 06126

Provider IDs

Provider ID Code	Provider ID Number
0B State License Number	

Add Change Delete

Clear Provider IDs Copy Provider IDs Close

Figure 2-5



If a provider number is no longer valid, click Clear IDs and mark the option to clear the number for the selected plan or for all plans to which the number is attached.



Insurance provider numbers can be customized as needed. Select the number to be changed, make the necessary changes, and click Change.

13. Click **Close** to return to the Provider Information dialog.
14. Repeat step 11 – 13 for all other insurance plans.
15. Select the appropriate **Fee Schedule** for the provider.



Fee schedule functionality is covered in the Insurance Management chapter.

16. Enter the appropriate ID numbers in the corresponding fields.
17. In the *Insurance Claim Options* group box, check **Print Provider's Signature Using** and mark the desired option.

18. Click **OK** to return to the Practice Resources dialog.
19. Click **Close** to return to the Reports module.

STAFF SETUP

To add a new staff member:

1. In the Reports module, click the **Practice Setup** button and select **Practice Resource Setup**. The Practice Resources dialog appears (see Figure 2-1).
2. In the *Staff* group box, click **New**. The Staff Information dialog appears (see Figure 2-6).

Figure 2-6

3. Enter the staff member's name in the fields provided.
4. Enter an ID for the staff member in the **ID** field.



The ID is used to identify the staff member in the different areas of Easy Dental. IDs must be unique and must contain four alphanumeric characters. Once a staff ID has been entered, it cannot be changed.

5. If desired, enter the staff member's business address in the **Address** field.
6. If desired, enter the staff member's phone number in the **Phone** field.
7. If desired, enter the staff's Social Security number in the **SS#** field.
8. Click **OK** to return to the Practice Resources dialog.
9. Click **Close** to return to the Reports module.

INACTIVATING A PROVIDER/STAFF

If a provider or staff leaves the practice, you can inactivate them. This allows you to remove a provider from all reports without losing pertinent financial information. To inactivate a provider or staff:

1. In the Reports module, click the **Practice Setup** button and select **Practice Resource Setup**. The Practice Resources dialog appears (see Figure 2-1).
2. Select the provider or staff you want to inactivate and click the **Inactivate** button.
 - If you are inactivating a provider, the Inactivate Provider dialog appears (see Figure 2-7).

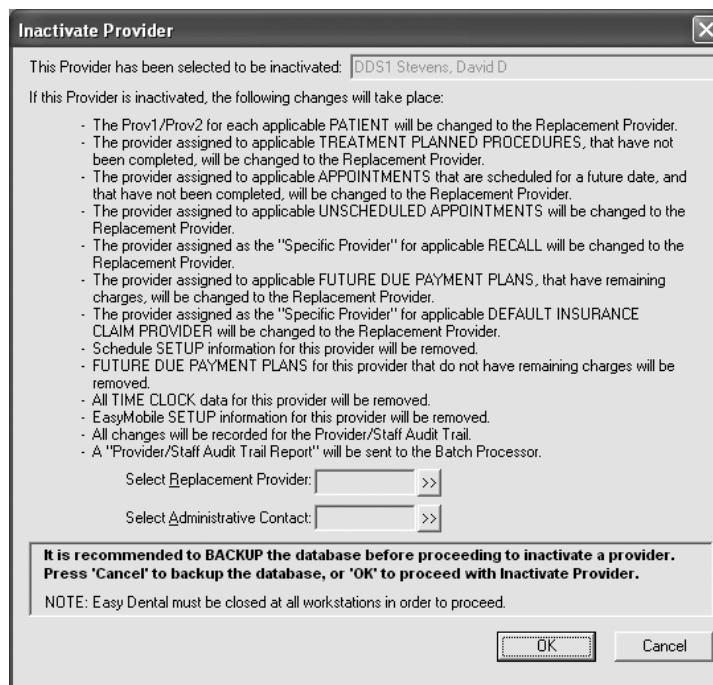


Figure 2-7

- If you are inactivating a staff, the Inactivate Staff dialog appears (see Figure 2-8).

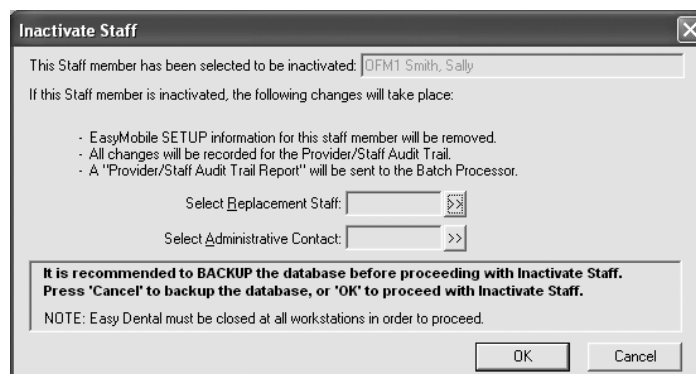


Figure 2-8

3. Click the **Select Replacement Provider** or **Select Replacement Staff** search button. The Select Provider or Select Staff dialog appears (see Figure 2-9).

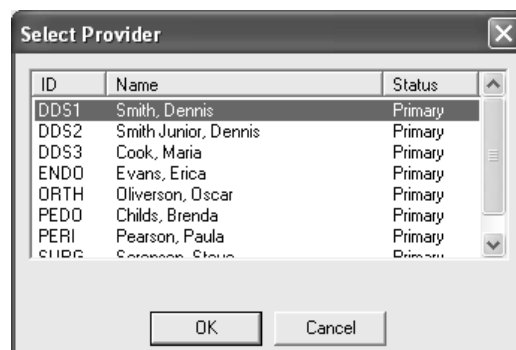


Figure 2-9

4. Select the provider/staff that will replace the person you are inactivating.
5. Click **OK** to return to the Inactivate Provider or Inactivate Staff dialog.

By inactivating a provider, you are assigning a new primary provider to all the inactivated provider's patients and removing the provider from the active provider list.



All the information moved to the replacement provider displays on the Provider/Staff Audit Trail report.

If the replacement provider is not the default insurance claim provider, in the Practice Defaults dialog, you need to manually select the appropriate provider.

6. If the provider/staff is the current administrative contact, click the **Select Administrative Contact** search button to select a new one. The Select Provider/Staff dialog appears (see Figure 2-10).

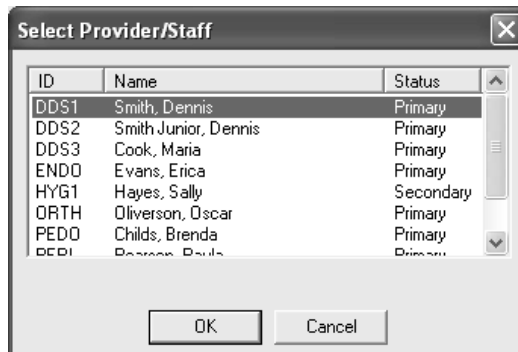


Figure 2-10

7. Select the provider/staff that will replace the person you are inactivating.
8. Click **OK** to return to the Inactivate Provider/Inactivate Staff dialog.
9. Click **OK** to perform the inactivation and return to the Practice Resources dialog.



All financial information and past appointments for the inactivated provider remain untouched in Easy Dental. When running any report, financial information can be accessed at any time by checking the List Inactive check box.

At this time, Time Clock data for the inactivated provider/staff is not removed from the database.

10. Click **Close** to return to the Reports module.

ACTIVATING A PROVIDER/STAFF

If you need to activate a provider/staff, it is simple enough to do. Because the provider/staff was detached from all patients they were originally attached to, you need to re-set up the records for those patients; Easy Dental does not do it for you. To activate a provider/staff:

1. In the Reports module, click the **Practice Setup** button and select **Practice Resource Setup**. The Practice Resources dialog appears (see Figure 2-1).
2. In the *Provider(s)* or the *Staff* group box, check **List Inactive** to show all inactivated providers or staffs.
3. Select the provider/staff you want to activate and click **Activate**.
4. Click **OK** to the confirmation message that appears to activate the provider/staff and return to the Practice Resources dialog.
5. Click **Close** to return to the Reports module.

OPERATORY SETUP

To add a new operator:

1. In the Reports module, click the **Practice Setup** button and select **Practice Resource Setup**. The Practice Resources dialog appears (see Figure 2-1).
2. In the *Operatories* group box, click **New**. The Operator Information dialog appears (see Figure 2-11).

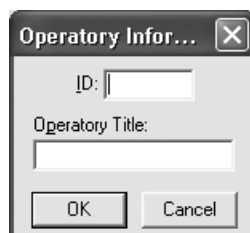


Figure 2-11

3. Enter an ID for the operator in the **ID** field.



The ID cannot be changed once it is assigned to an operator. If you delete an operator, the appointments scheduled in the operator disappear and you need to add a new operator with the same ID to retrieve the appointments.

Operatories are displayed alphanumerically by ID in the Appointment Book. So, if you have certain operatories that you want to see first, make sure the ID for the operator comes first numerically and then alphabetically.

4. Click **OK** to return to the Practice Resources dialog.
5. Click **Close** to return to the Reports module.

PASSWORD SETUP

Passwords can serve three different functions in your office.

- Passwords can be used to prevent an unauthorized person from performing sensitive tasks, such as changing information, deleting transactions, and accessing financial information.
- Passwords can give your office the added security of requiring passwords to be re-entered before certain Easy Dental operations are accessed, verifying that the current user has rights to that operation.
- Passwords, in conjunction with the Standard Audit Trail report, can be used to track who has made changes to information within Easy Dental.



Henry Schein Practice Solutions recommends that dental offices contract with certified technicians from Henry Schein Dental, independent Certified Integration Engineers (CIE), or other qualified integration specialists for computer or network maintenance.

Because offices have different security needs, passwords are not enabled when Easy Dental is first installed.



Before enabling passwords, make sure you have a current backup on your database and that every user has an ID set up in the Practice Resources dialog.

To set up passwords:

1. In the Reports module, click the **Practice Setup** button and select **Passwords | Setup Practice for Passwords**. The Password - Setup Practice dialog appears (see Figure 2-12).

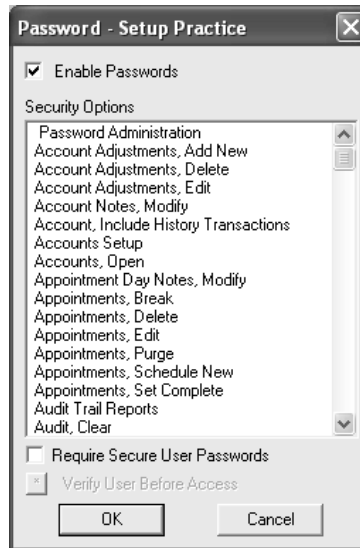


Figure 2-12

2. Check **Enable Passwords**.
3. Select the features for which Easy Dental must verify appropriate user rights before granting access.
4. Click the **Verify User Before Access** button.
5. Check **Require Secure User Passwords** if desired.

A secure password must be at least seven characters in length and must contain a mix of alphabetic, numeric, and special characters (e.g. !, @, #, \$).



If you were not using secure passwords before, Easy Dental does not require you to change your password to meet the secure password requirements. From this point on, however, if a user changes their password, they are required to choose a password that meets the secure password requirements.

6. Click **OK**. If you have never set up passwords before, the Password Administration - Setup Users dialog appears (see Figure 2-13). (If you have set up passwords before, click the Practice Setup button and select **Passwords | Setup Users for Passwords** to open the Password Administration - User Passwords Setup dialog.)

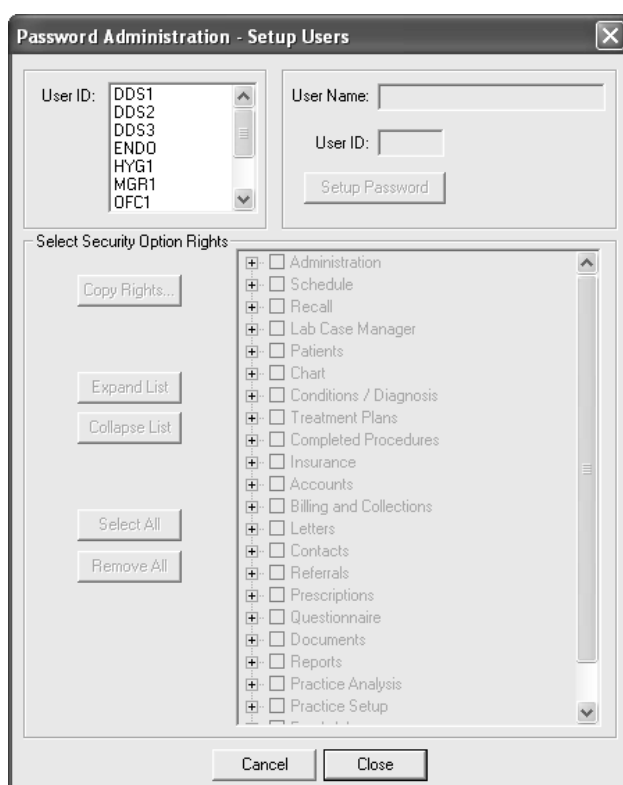


Figure 2-13

7. In the **User ID** pane, select the user for whom you want to set up rights.
8. In the *Select Security Option Rights* group box, assign rights for the user by checking each category or expanding each category to select specific rights within a category. Or, if you want to assign all rights to a user, click the **Select All** button.

When assigning rights to a user, keep in mind the tasks each individual in your office performs. Assign rights to only those individuals who need to perform an operation within Easy Dental.



All users must be granted the Open right for each module (e.g. Patients, Open) in order open Easy Dental.

Although the initial setup for passwords is important, as long as the Password Administration and module rights are given to a user, passwords can be customized at any time. Call Easy Dental Support at (800) 824-6375 for a more detailed description of each right.

9. Assign a password to the user by clicking the **Setup Password** button. The Setup Password - [user ID] dialog appears (see Figure 2-14), allowing you to enter a password for the user.



Figure 2-14



You should never use a word for a password that can be found in the dictionary, a birth date, anniversary, or familial name. A great way to create a password is to use an acronym. For example, ia#1wictd, which stands for, I am #1 when it comes to dentistry. As you can see, all requirements for secure passwords are easily met using this method.

10. Repeat steps 7 – 9 for all other users.
11. Click **Close**.
12. Click **Yes** to the confirmation message that appears to save changes.
13. Click **OK** to the warning message that appears to return to the Reports module.

PASSWORD RECOMMENDATIONS

It is recommended that the main dentist(s) or practice owner(s) be given rights to all operations. Be sure to assign these users the Password Administration right, so that they can edit rights and passwords as needed.

It is recommended that the office manager be assigned access to all operations, except the Password Administration and Audit, Clear rights.

It is recommended that all other staff members have access to all operations, except:

- Password Administration
- Appointments, Delete
- Appointments, Purge
- Audit, Clear
- Audit Trail Reports
- Fee Schedules Setup
- Finance/Late Charges
- Month End - Update
- Payment Plans, Add New/Edit Info
- Practice Definitions Setup
- Practice Analysis
- Practice Resource Setup
- Print Billing Statements
- Print Payroll Report
- Print Time Punch Report
- Time Clock, Edit Punches/Notes
- Time Clock, Setup
- Utility Administration

USING PASSWORDS

Once passwords have been set up, occasionally, a dialog appears prompting you to enter your ID and password, depending on how you set up rights. To access a feature of Easy Dental that is password protected:

1. Attempt to access a password-protected feature, such as opening Easy Dental for the first time. The Password - [security right] dialog appears (see Figure 2-15).

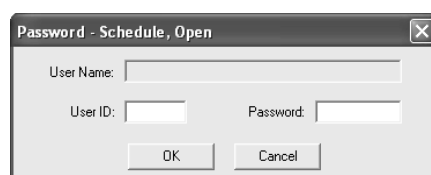


Figure 2-15

2. Enter your user's ID and password in the **User ID** and **Password** fields.
3. Click **OK** to access the Easy Dental feature. As long as you have rights to the Easy Dental feature you are trying to open, you are granted access. If you do not have access, a message appears (see Figure 2-16).

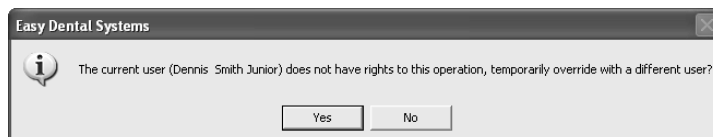


Figure 2-16

4. Click **Yes** to override the user's rights with another user that has access to the feature or click **No** to no longer attempt to access the feature.



If you click **Yes**, the Password - [security right] dialog re-appears, allowing another user to enter their ID and password.

CHANGING PASSWORDS

Easy Dental has provided a way for all users to change their own password without having access to the Password Administration right. The user only has access to change their own password. To change your password:

1. Make sure you are logged in to Easy Dental with your ID and password.
2. In the Reports module, click the **Practice Setup** button and select **Passwords | Change Password**. The Change Password dialog appears (see Figure 2-17).



Figure 2-17

3. Your ID should display in the **User ID** field. If it does not, close Easy Dental and follow steps 1 – 2 again.
4. In the **Current Password** field, enter your current password.
5. Enter a new password in the **New Password** and **Confirm Password** fields.
6. Click **OK** to return to the Reports module.

PROCEDURE CODES SETUP

To set up a new procedure:

1. In the Reports module, click the **Practice Setup** button and select **Procedure Code Setup**. The Procedure Code Setup dialog appears (see Figure 2-18).

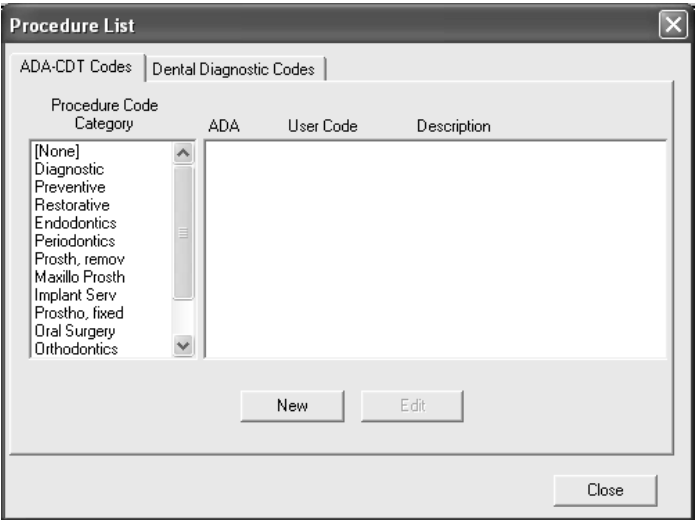


Figure 2-18

2. Click **New**. The Procedure Code Editor - New dialog appears (see Figure 2-19).

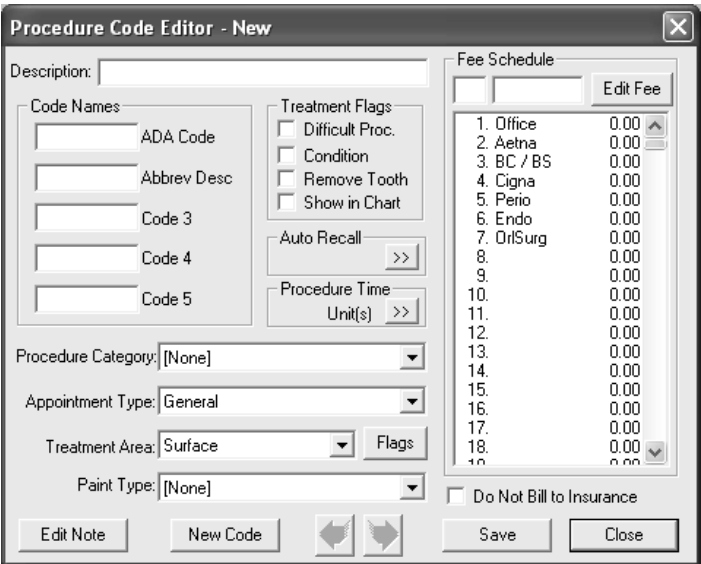


Figure 2-19



If you want to edit an existing procedure, instead of clicking New in step 2, select the Procedure Code Category the procedure is in, select the procedure, and click Edit. The Procedure Code Editor - Existing dialog appears instead of the Procedure Code Editor - New dialog.

3. Enter a description for the code in the **Description** field.
4. In the *Code Names* group box, enter the ADA code and an abbreviated description for the procedure in the **ADA Code** and **Abbrev Desc** fields.

5. In the *Fee Schedule* group box, enter a fee for the procedure by selecting the desired fee schedule, clicking the **Edit Fee** button, entering the dollar amount, and clicking the **Accept Change** button.
6. In the *Treatment Flags* group box, check the desired options:
 - **Difficult Procedure** prints an asterisk on the day sheet, indicating a phone call should be made to the patient at the end of the day.
 - **Condition** only displays the procedure in the Chart module and no fee is charged.
 - **Remove Tooth** removes the selected tooth from the Patient Chart. This is applicable for extractions and missing teeth.
 - **Show in Chart** displays the procedure under its corresponding category in the procedure codes buttons in the Chart module before clicking <<More Codes>>.
7. Select the number of time units required to complete the procedure by clicking the search button in the *Procedure Time* group box. The Appointment Time Pattern dialog appears (see Figure 2-20), allowing you to edit the length of the procedure.

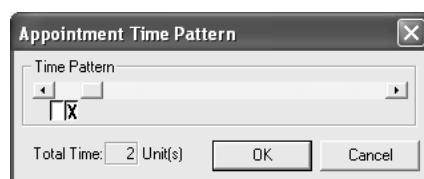


Figure 2-20

8. In the **Procedure Category** drop-down, select the appropriate category.
9. In the **Treatment Area** drop-down, select the appropriate option:
 - **Mouth** is used for cleanings, x-rays, exams, and any other procedure that does not require a tooth, surface, etc.
 - **Tooth** is used for crowns, sealants, root canals, extractions, etc.
 - **Surface** is used for amalgams, composites, etc.
 - **Quadrant** and **Sextant** are used for perio procedures.
10. The option selected in the **Paint Type** drop-down determines how the procedure is painted on a tooth when it is posted in the Chart module.
11. Check **Do Not Bill to Insurance** if you do not want to bill insurance for the procedure and do not want the procedure to display on the Procedures Not Attached to Insurance report.
12. Enter a procedure note:
 - a. Click **Edit Note**. The Edit Procedure Code Notes dialog appears (see Figure 2-21).

Figure 2-21

- b. In the *Procedure Code Progress Note* group box, enter a note for the procedure.
 - c. Mark the desired option as to where to copy the procedure note when the procedure is completed:
 - **Copy to Procedure Note** copies the note to the **Note** field of the Enter or Delete Procedure dialog. A chevron (>>) displays in the Description column in the Accounts and Chart module when a note is present.
 - **Copy to Clinical Note** copies the note to the Clinical Notes dialog. The note is copied each time the procedure is completed. Therefore, if you complete the same code several times within the same day (i.e. full-mouth restoration), you need to delete the extra notes from the patient's clinical notes.
 - **Do Not Copy** does not copy the note to any area within Easy Dental.
 - d. In the *Recommendation Note* group box, enter any care instructions for the procedure.
 - e. Check **Print Note on Walkout** to print the recommendation note on the walkout.
 - f. Click **OK** to return to the Procedure Code Editor - New dialog.
13. Click **Close**.
 14. Click **Yes** to the confirmation message that appears to return to the Procedure Code List dialog.
 15. Click **Close** to return to the Reports module.

EXPLOSION CODES SETUP

An explosion code is a group of related procedure codes that allows you to post up to eight procedures simultaneously. For example, a root canal appointment may consist of several procedures, each with its own procedure code and fee (i.e. root canal D3310, crown D2750). Instead of posting or scheduling each of these procedures separately, an explosion code allows you to group them together, saving considerable time. To set up a new explosion code:

1. In the Reports module, click the **Practice Setup** button and select **Explosion-Code Setup**. The Explosion Code List dialog appears (see Figure 2-22).

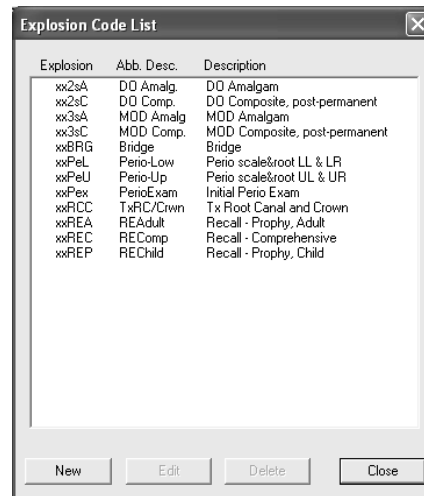


Figure 2-22

2. Click **New**. The Explosion Code Editor dialog appears (see Figure 2-23).

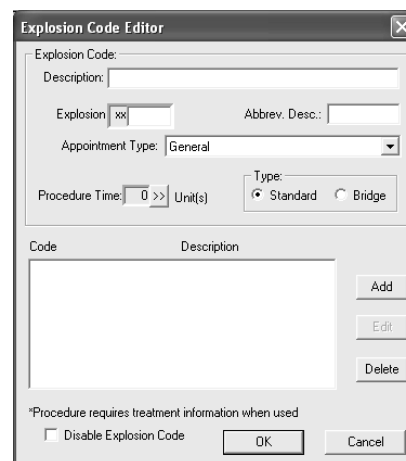


Figure 2-23

3. In the *Explosion Code* group box, enter a **Description** for the explosion code.
4. In the **Explosion** field, enter a three-digit code to reference this explosion code in all other areas of Easy Dental.



All explosion codes start "xx" and end with three numbers or letters. For example, a explosion code for a root canal and crown could be xxRTC.

5. In the **Abbrev. Desc.** field, enter an abbreviated description for the code.



Keep in mind that the explosion code, description, and abbreviated description must be unique for each explosion code created in your database.

6. In the *Type* group box, mark **Standard** if the explosion code is a standard code consisting of up to eight procedures or mark **Bridge** if the explosion code is for a bridge.
7. Attach procedures to the explosion code by clicking **Add**. The Add Code dialog appears (see Figure 2-24), allowing you to select the desired code.

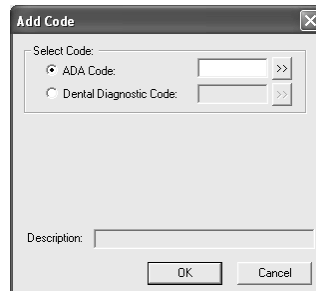


Figure 2-24

8. Repeat step 7 for all procedures that need to be attached to the explosion code.
9. Click **OK** to return to the Explosion Code List dialog.
10. Click **Close** to return to the Reports module.

FEE SCHEDULE SETUP

The Automatic Fee Schedule Changes utility allows you to change an entire fee schedule rather than changing one fee at a time. To use the Automatic Fee Schedule Changes utility:

1. In the Reports module, click the **Maintenance** button and select **Fee Schedules**. The Automatic Fee Schedule Changes dialog appears (see Figure 2-25).

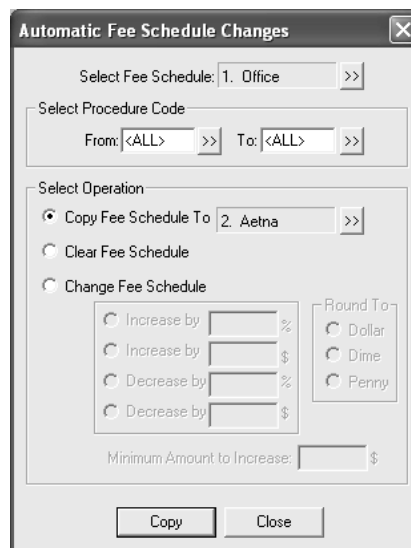


Figure 2-25

2. Select the fee schedule you want to change by clicking the **Select Fee Schedule** search button. The Select Fee Schedule dialog appears (see Figure 2-26), allowing you to select the desired fee schedule.



Figure 2-26

3. Select the desired procedure code range.
4. In the *Select Operation* group box, mark the operation you want to use to change the fee schedule:
 - **Copy Fee Schedule To** allows you to copy the selected fee schedule to the fee schedule selected for this operation.
 - **Clear Fee Schedule** allows you to make each amount in the selected fee schedule \$0.
 - **Change Fee Schedule** allows you to increase or decrease the selected fee schedule by a dollar amount or a percentage.
5. Click **Copy/Clear/Change**, depending on the operation selected in step 4. The Automatic Fee Schedule Change Results dialog appears (see Figure 2-27).

Procedure Code	Fee #1 Office	New Fee #1 Office	Difference
D0120	31.00	33.00	2.00
D0140	47.00	49.00	2.00
D0145	47.00	49.00	2.00
D0150	53.00	56.00	3.00
D0160	91.00	96.00	5.00
D0170	53.00	56.00	3.00
D0180	90.00	95.00	5.00
D0210	85.00	89.00	4.00
D0220	18.00	19.00	1.00
D0230	14.00	15.00	1.00
D0240	29.00	30.00	1.00
D0250	14.00	15.00	1.00
D0260	37.00	39.00	2.00
D0270	29.00	30.00	1.00
D0272	26.00	27.00	1.00
D0273	35.00	37.00	2.00
D0274	40.00	42.00	2.00
D0277	49.00	51.00	2.00
D0290	100.00	105.00	5.00
D0310	83.00	87.00	4.00

Figure 2-27

6. Make changes to the individual fees:
 - a. Double click the procedure amount to change.
 - b. Enter the new amount.
 - c. Press **Tab** to advance to the next procedure.
 - d. Repeat steps b – c for all procedures that need to be changed.
 - e. Click the **Accept Change** button.
7. Click **Accept** to return to the Automatic Fee Schedule Changes dialog.
8. Click **Close** to return to the Reports module.

PRACTICE DEFINITIONS SETUP

Practice definitions are set up in Easy Dental to organize patients, payments, adjustments, and many other categories you need to track on reports. Practice definitions should be customized before you start using Easy Dental. To customize the practice definitions:

- 1. In the Reports module, click the **Practice Setup** button and select **Definitions**. The Practice Definitions dialog appears (see Figure 2-28).

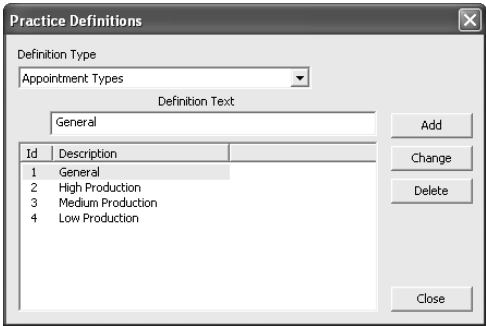


Figure 2-28

- 2. Expand the **Definition Type** drop-down to select the type you want to customize.
- 3. Add or modify a definition:
 - To add a new definition, replace the existing description with a new description in the **Definition Text** field and click **Add**. The definition is added in the next available spot.



All definition types have a limit of how many of that type can be added in your database. The most common definitions and their limits are: billing types (99), medical alerts (64), payment types (40), adjustment types (40), and appointment reasons (20).

- To change an existing definition, select the type you want to change, replace the existing description with a new description in the **Definition Text** field, and click **Change**.



Remember any changes made to an existing definition affects all previous entries with the definition's ID. For example, if you change Allergies to Hay Fever, all patients attached to Allergies are now attached to Hay Fever.

Do not delete definitions. Otherwise, you leave Easy Dental in an unstable condition and can cause areas of Easy Dental to not work properly.

- 4. Click **Close** to return to the Reports module.

PRACTICE DEFAULTS SETUP

To set up the options in the Practice Defaults dialog:

- 1. In the Reports module, click the **Practice Setup** button and select **Practice Defaults**. The Practice Defaults dialog appears (see Figure 2-29).

Practice Defaults

Default Provider
 DDS1- Smith, Dennis
 DDS2- Smith Junior, Dennis
 DDS3- Cook, Maria

Default Operatory
 OP-1- Red
 OP-2- Blue
 OP-3- Green

Default Billing Type
 01 - Standard Billing - finance charges
 02 - Standard Billing - no finance charges
 03 - No Insurance
 04 - Insurance Family - Dual Insurance

Default Billing Statement
 Full Form/Download
 Download/HSI Env.
 HSI F-L3 / 8.5x11
 HSI F-3 / 9.5x7

Default Insurance Claim Providers

Billing Provider
☐ Provider of Procedures ☒ Patient's Prov1
☐ Specific Provider: >>
☐ Name to use for Provider:

Rendering Provider
☒ Provider of Procedures ☐ Patient's Prov1
☐ Specific Provider: >>

Pay-To Provider
☐ Provider of Procedures ☒ Patient's Prov1
☐ Specific Provider: >>
☐ Name to use for Provider:

Override Billing Provider Info For eClaims

Name and IDs
☒ Claim Billing Prov ☐ Claim Render Prov ☐ Claim Pay-To Prov
☐ Specific Provider: >>
☐ Name to use for Provider:

Address and Phone
☒ Claim Billing Prov ☐ Claim Render Prov ☐ Claim Pay-To Prov
☐ Specific Provider: >>

Preferences... OK Cancel

Figure 2-29

2. In the **Default Provider** pane, select the provider to be automatically assigned to each new patient that is entered in the Patients module.
3. In the **Default Operatory** pane, select the operatory to be automatically assigned to each new appointment scheduled using the Schedule Appointment button in the Schedule module.
4. In the **Default Billing Type** scroll pane, select the billing type to be automatically assigned to each new head-of-house entered in the Patients module.
5. In the **Default Billing Statement** scroll pane, select the statement form that is used when printing billing statements.
6. In the *Default Insurance Claim Providers* group box, select the default insurance claim providers:
 - a. In the *Billing Provider* group box, mark the desired option:
 - Mark **Provider of Procedures** to print the provider who provided the service for the patient as the billing dentist on the claim.
 - Mark **Patient's Prov1** to print the patient's primary provider as the billing dentist on the claim.
 - Mark **Specific Provider** and select the desired provider to print the selected provider as the billing dentist on the claim.
 - Check **Name to use for Provider** and enter a name in the field provided to print the entered name as the billing dentist on the claim.

- b. In the *Rendering Provider* group box, mark the desired option:
 - Mark **Provider of Procedures** to print the provider who provided the service for the patient as the rendering provider on electronic claims.
 - Mark **Patient's Prov1** to print the patient's primary provider as the rendering provider on electronic claims.
 - Mark **Specific Provider** and select the desired provider to print the selected provider as the rendering provider on electronic claims.
 - c. In the *Pay-To Provider* group box, mark the desired option:
 - Mark **Provider of Procedures** to print the provider who provided the service for the patient as the provider designated to receive payment for electronic claims.
 - Mark **Patient's Prov1** to print the patient's primary provider as the provider designated to receive payment for electronic claims.
 - Mark **Specific Provider** and select the desired provider to print the selected provider as the provider designated to receive payment for electronic claims.
 - Check **Name to use for Provider** and enter a name in the field provided to print the entered name as the provider designated to receive payment for electronic claims.
 7. In the *Override Billing Provider For eclaims* group box, select the default billing provider for eClaims:
 - a. In the *Name and IDs* group box, mark the desired option:
 - Mark **Claim Billing Prov** to submit the provider entered as the billing provider on the claim when sending eClaims.
 - Mark **Claim Rendering Prov** to submit the treatment provider on the claim as the billing provider when sending eClaims.
 - Mark **Claim Pay-to Prov** to submit the provider entered as the pay-to provider on the claim when sending eClaims.
 - Mark **Specific Provider** and select the desired provider to print the selected provider as the billing dentist on the claim.
 - Check **Name to use for Provider** and enter a name in the field provided to print the entered name as the billing dentist on the claim.
 - b. In the *Address and Phone* group box, mark the desired option:
 - Mark **Claim Billing Prov** to submit the address for provider entered as the billing provider on the claim when sending eClaims.
 - Mark **Claim Rendering Prov** to submit the address for the treatment provider on the claim as the billing provider when sending eClaims.
 - Mark **Claim Pay-to Prov** to submit the address for provider entered as the pay-to provider on the claim when sending eClaims.
 8. Click **OK** to return to the Reports module.

SURVEY SETUP

The survey allows you to create a custom set of questions that can be printed out for your patients to answer. This is designed to replace the new patient forms, health histories, and other forms used in your office. To set up the patient survey:

1. In the Reports module, click the **Practice Setup** button and select **Survey Setup**. The Survey Setup dialog appears (see Figure 2-30).

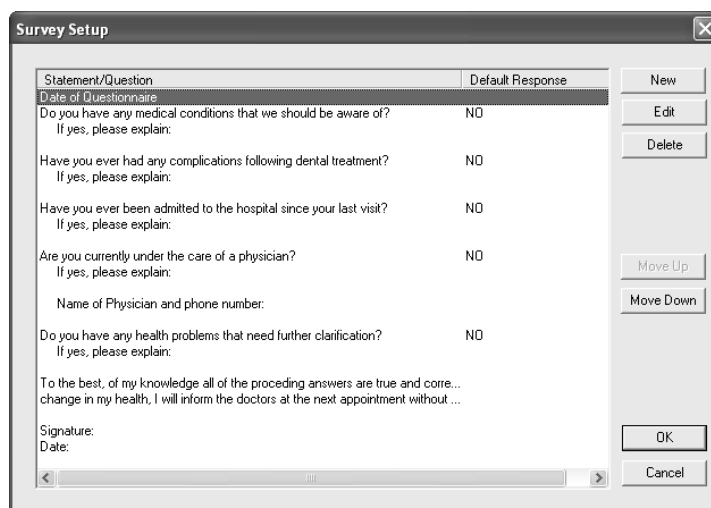


Figure 2-30

2. Click **New**. The Statement/Question for Questionnaire dialog appears (see Figure 2-31).

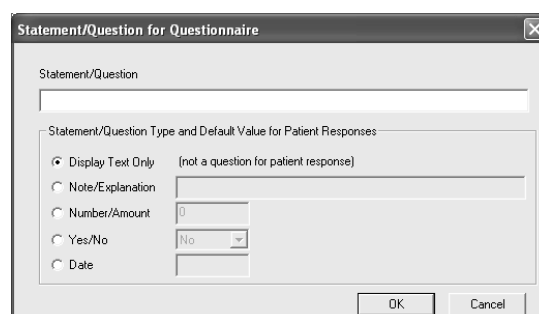


Figure 2-31

3. In the **Statement/Question** field, enter the statement/question you want to appear on the survey.
4. In the *Statement/Question Type and Default Value for Patient Responses* group box, mark the desired option:
 - Mark **Display Text Only** to add statements.
 - Mark **Note/Explanation** to add questions requiring a note or explanation.
 - Mark **Number/Amount** to add questions requiring a number be used in the answer.
 - Mark **Yes/No** to add questions that are answered with a yes or a no.
 - Mark **Date** to add questions that are answered with a date.
5. Click **OK** to return to the Survey Setup dialog.
6. Repeat steps 3 – 5 to add any other statements/questions to the survey.
7. Click **OK** to return to the Reports module.

CHART NUMBER SETUP

Easy Dental has a unique numbering system for all patients called, chart numbers. Similar to a file number, this number will be attached to the patient's file in Easy Dental and can be used to search for patients. To set up chart numbers:

1. In the Reports module, click the **Practice Setup** button and select **Auto Chart Number Setup**. The Auto Chart Numbering dialog appears (see Figure 2-32).

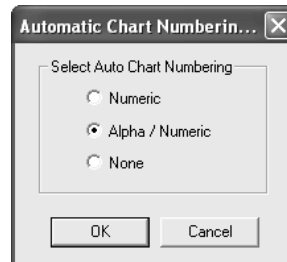


Figure 2-32

2. In the *Select Auto Chart Numbering* group box, mark the desired option:
 - **Numeric:** This automatically assigns a six-digit chart number to a new patient.
 - **Alpha/Numeric:** This automatically assigns the first two digits as the first two letters of the patient's last name and then assign four numbers.
 - **None:** Use this option if you do not want to assign chart numbers.
3. Click **OK** to return to the Reports module.

PRINTER SETUP

In order for Easy Dental to print reports, claims, etc., you must indicate the printer to which you want Easy Dental to print. To set up the printer:

1. In the Reports module, click the **Practice Setup** button and select **Printer Setup**. The Printer Setup dialog appears (see Figure 2-33).

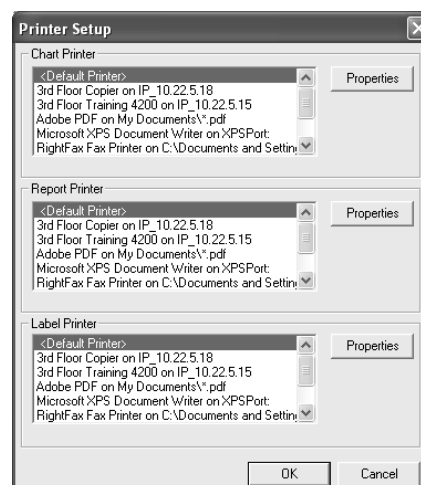


Figure 2-33

2. In the *Chart Printer* group box, select the printer to which you want to print Chart module reports.
3. In the *Report Printer* group box, select the printer to which you want all reports to print.

4. In the *Label Printer* group box, select the printer to which you want all labels to print.
5. Click **OK** to return to the Reports module.

CUSTOMIZING PREFERENCES

The Preferences dialog allows you to customize many features in Easy Dental. To customize the options in the Preferences dialog:

1. In the Reports module, click the **Maintenance** button and select **Preferences**. The Preferences dialog appears (see Figure 2-34).

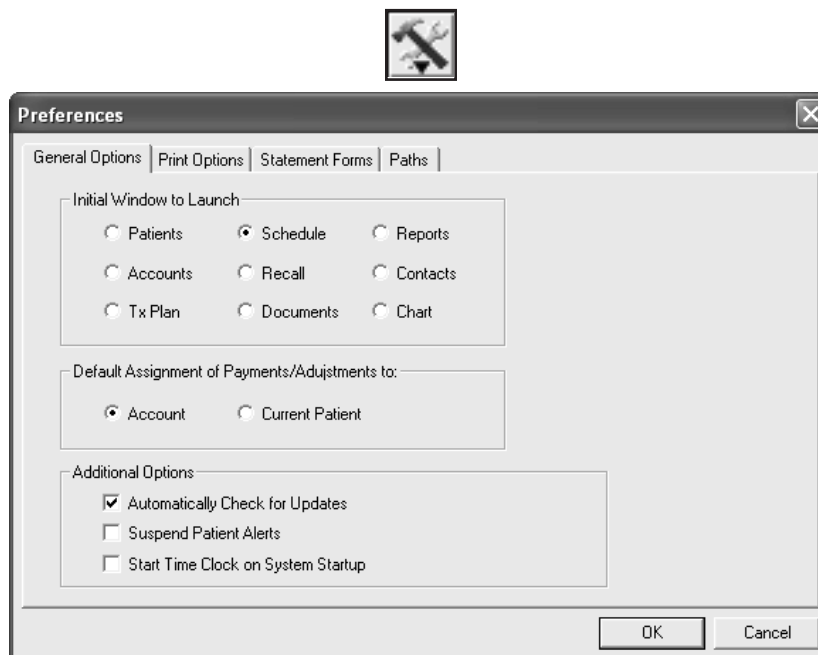


Figure 2-34

2. In the *Initial Window to Launch* group box, mark the module that you want Easy Dental to display when it is first opened.
3. In the **General Options** tab, in the *Default Assignment of Payments/Adjustment to* group box, mark the desired option:
 - Mark **Account** to automatically assign all payments and adjustments to the head-of house.
 - Mark **Patient** to automatically assign all payment and adjustments to the individual patient.



Allocating (splitting) payments between providers is covered in more detail in the Accounts chapter.

4. In the *Additional Options* group box, check the desired options:
 - Check **Automatically Check for Updates** to automatically check for updates when Easy Dental is opened for the first time each day.
 - Check **Suspend Patient Alerts** to suspend patients alerts from appearing on this workstation.
 - Check **Start Time Clock on System Startup** to open the Time Clock icon in the System Tray each time this workstation is turned on.

5. Click the **Print Options** tab (see Figure 2-35).

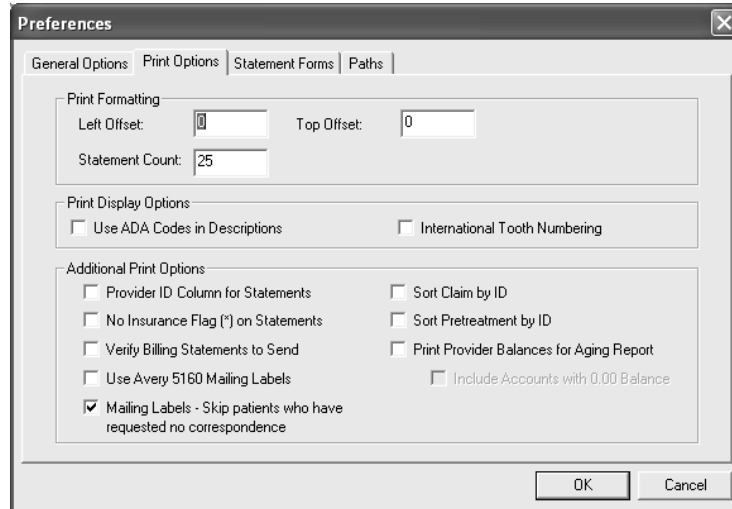


Figure 2-35

6. In the *Print Formatting* group box, edit the options as desired.
7. In the *Print Display Options* group box, check the desired options:
- Check **Use ADA Codes in Descriptions** to print the ADA code next to the descriptions on the walkout.
 - Check **International Tooth Numbering** to switch the Chart module to international number usage.
8. In the *Additional Print Options* group box, check the desired options:
- Check **Provider ID Column for Statements** to print the provider for transactions on the billing statement.
 - Check **Sort Claim by ID** to print procedures on an insurance claim in the order the procedures were attached to the claim.
 - Check **No Insurance Flag (*) on Statements** to remove the asterisk that indicates the procedure has been billed to insurance.
 - Check **Sort Pre-Treatment by ID** to print procedures on pre-treatment estimate claims in the order the procedures were posted as treatment-planned items.
 - Check **Verify Billing Statements to Send** to preview the billing statements before printing or sending electronically.
 - Check **Print Provider Balances for Aging Report** to print the provider balances on the Aging report. You can also check **Include Accounts with 0.00 Balance**.
 - Check **Use the Avery 5160 Mailing Labels** to print labels with three columns and 10 rows. By default, Easy Dental prints labels with three columns and 11 rows.
 - Check **Mailing Labels - Skip patients who have requested no correspondence** to skip patients with No correspondence checked in the Patients module.
9. Click **OK** to return to the Reports module.

ETRANS SETUP

eTrans allows you to send insurance claims electronically to insurance carriers, providing a faster payment turn around for your office. To set up eTrans:



eTrans is an add-on product. In order to use the service, you must register with eServices. Talk to your trainer for more details.

1. In the Reports module, click the **Maintenance** button and select **Electronic Claims Setup**. The eTrans [version] Setup dialog appears (see Figure 2-36).

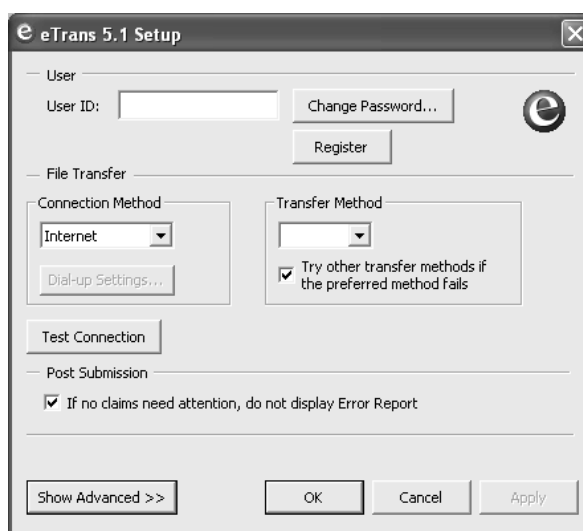


Figure 2-36

2. Enter your practice's user ID provided by eServices during the enrollment process in the **User ID** field.
3. Enter the password by clicking the **Change Password** button. The Change eTrans Password dialog appears (see Figure 2-37), allowing you to enter your password.

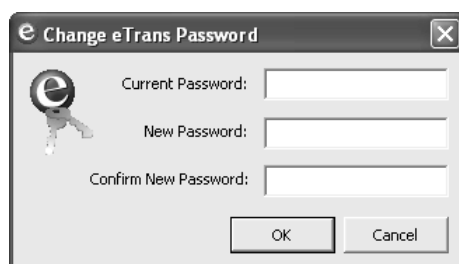


Figure 2-37

4. Click **OK** to return to the eTrans [version] Setup dialog.
5. In the *Connection Method* group box, select the connection you are using. You have two choices: **Dial-up** and **Internet**.
6. In the *Transfer Method* group box, select the transfer method to use.
 - **FTP:** File Transfer Protocol is a point-to-point transfer.
 - **PFTP:** This is a firewall-friendly version of FTP. If you have a firewall, you should be able to use this option without having to open additional ports.

- **HTTP:** Hyper Text Transfer Protocol is a method that uses the Internet to transfer your claims.
 - **HTTPS:** This is an encrypted version of HTTP. Data is transmitted in an encrypted format that is only readable by eServices and the insurance company.
7. Check **Try other transfer methods if the preferred method fails** if you want Easy Dental to try another transfer method in the event of a transmission failure.
 8. Click the **Test Connection** button to ensure you are able to connect to the eServices servers without any problems.
 9. If desired, check **If no claims need attention, do not display Error Report**.
 10. Click **OK** to return to the Reports module.

QUICKBILL SETUP

QuickBill is designed to cut down on the cost and hassle of your monthly billing by using patient data in Easy Dental and sending billing statements electronically. To set up QuickBill:



QuickBill is an add-on product. In order to use the service, you must register with eServices. Talk to your trainer for more details.

1. In the Reports module, click the **Maintenance** button and select **Electronic Billing Setup**. The QuickBill Setup dialog appears (see Figure 2-38).

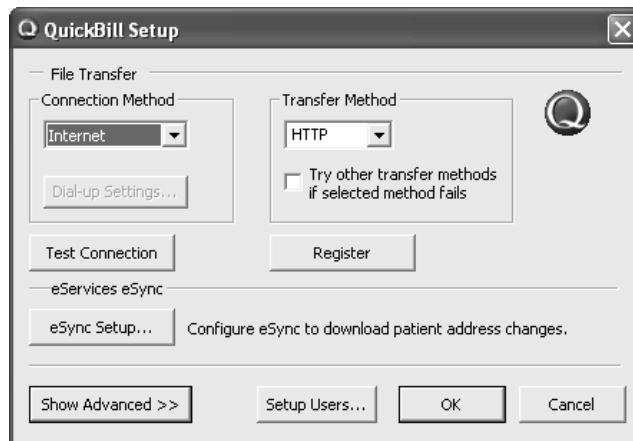


Figure 2-38

2. In the *Connection Method* group box, select the connection you are using. You have two choices: **Dial-up** and **Internet**.
3. In the *Transfer Method* group box, select the transfer method to use.
 - **FTP:** File Transfer Protocol is a point-to-point transfer.
 - **PFTP:** This is a firewall-friendly version of FTP. If you have a firewall, you should be able to use this option without having to open additional ports.
 - **HTTP:** Hyper Text Transfer Protocol is a method that uses the Internet to transfer your claims.
 - **HTTPS:** This is an encrypted version of HTTP. Data is transmitted in an encrypted format that is only readable by eServices and the insurance company.

4. Check **Try other transfer methods if the selected method fails** if you want Easy Dental to try another method in the event of a transmission failure.
5. Click the **Test Connection** button to ensure you are able to connect to the eServices servers without any problems.
6. Click the **eSync Setup** button. The eSync Setup dialog appears (see Figure 2-39), allowing you to set up the default settings for the eSync.

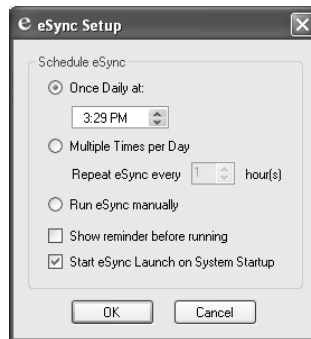


Figure 2-39

7. Click **Setup Users** to set up the different users for QuickBill. The QuickBill User Setup dialog appears (see Figure 2-40).

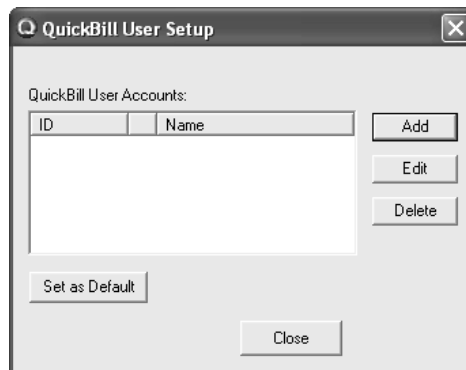


Figure 2-40

8. Click **Add** to add a new user. The QuickBill User - New dialog appears (see Figure 2-41).

Figure 2-41

9. In the *QuickBill ID and Password* group box, enter your QuickBill ID in the **QuickBill ID** field.
10. Enter the user's name in the **Name** field.
11. Enter the user's password in the **New Password** and **Confirm New Password** fields.
12. In the *Options* group box, check **Include Patient Newsletter**, if desired.
13. Check **Include Inserts**, if desired.
14. Check **Electronic Address Correction**, if desired.
15. Check **Do Not Show Additional Services Dialog**, if desired.
16. Expand the **Statement Color** drop-down and select the desired statement color.
17. Check **Accept Credit Cards (check one)** and mark the desired option, if desired.
18. Click **Terms of Use** to review the terms and pricing for using QuickBill.
19. Click **OK** to return to the QuickBill User Setup dialog.
20. Repeat steps 7 – 19 for any other users.
21. Click **Close** to return to the QuickBill Setup dialog.
22. Click **OK** to return to the Reports module.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database:

1. In the Reports module, click the **Maintenance** button and select **Preferences | Paths**.
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK**.
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. True or False? You should never delete a definition. _____
2. Where would you assign a default provider to your practice? _____

3. Which option, in the Auto Chart Numbering Setup dialog, should you mark if you do not want to use Easy Dental's chart numbering feature? _____
4. In Preferences, which option prints the provider's ID on billing statements? _____

5. True or False? You can increase an entire fee schedule by any given percent within the Easy Dental system. _____
6. Where would you go to change your practice name and address? _____

7. What are the three criteria when choosing a staff ID for one of your staffs? _____

8. True or False? By inactivating a provider, all financial information will be moved to the replacement provider. _____
9. True or False? When a provider is inactivated, all Time Clock data for that provider will be removed from the system. _____
10. Which option allows you to view financial information for an inactivated provider when running reports? _____

11. In the Provider Information dialog, which option tells Easy Dental to print the provider's name on insurance claims? _____

12. Where would you go to activate an inactive staff? _____

13. In which dialog would you enter your practice's fiscal year's beginning month, so that your totals are calculated correctly? _____

14. If a provider/staff is not listed as an option when choosing a HIPAA officer, what could be the problem? _____

15. When setting up procedure codes, which option will print an asterisk on the day sheet indicating a phone call should be made to the patient at the end of the day? _____

16. True or False? When setting up procedure codes, if you check Do Not Bill to Dental Insurance, this particular procedure will never be billed to any insurance carrier. _____

17. After entering a fee for a procedure, which button must you click in order to save that fee? _____

APPLY YOUR KNOWLEDGE

1. Add the following provider and his information into the system:
 - Name: Martin C. Edwards
 - ID: DMD1
 - Title: DMD
 - Address: Your Practice Address
 - Phone: Your Practice Phone
 - Assigned Operatories: OP-3
 - Fee Schedule: FEE 5
 - Social Security Number: 999-99-9999
2. Inactivate DDS1 and use DMD1 as the replacement provider.
3. Assign HYG1 as the HIPAA Officer for the practice.
4. Add an additional operator with OP-4 as the ID.
5. Change the paint type for D2750 (Crown-porc fuse high noble mtl) to Crown - Solid.
6. Add a procedure note to D2750 and make sure that it will be added to a patient's clinical notes each time it is posted.
7. Create an explosion code for an all porcelain bridge.
8. Decrease FEE 5 by 10% for all codes.
9. Set up Easy Dental to use Avery 5160 labels whenever you print labels from any module.

PATIENTS

3

OVERVIEW

The Easy Dental Patients module stores both patient and family information. Information regarding the patient's insurance, recall, account balance/aging, personal notes and much more is easily accessible through this one module.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Enter new patients/families
- Enter important patient information
- Archive patients
- Editing family relationships
- Create patient alerts
- Add patient pictures

PATIENTS MODULE OVERVIEW

The Patients module (see Figure 3-1) is the foundation of Easy Dental. In order for you to get accurate information for your patients, information must be entered correctly in the Patients module. There are many shortcuts that simplify entering and tracking this information.

Family Member Block Medical Alerts Block Patient Information Block

Recall Block

Employer Block

Referred By and Referred To Blocks

Primary Dental Insurance Block Patient Notes Block

(No Note)

Status	Name	Position	Gender	Patient	Birthday
HolH Guar Ins	Crosby, Brent L	Married	Male	Yes	05/17/1967
	Crosby, Shirley H		Female	Yes	03/06/1969

Name: Mr. Crosby, Brent L
Address: 650 N 150 E
 P.O. Box 110
 Eastside, NV 11111
Phone: H 737-5363, W 737-6600
 F 737-6663, M 737-1212, O 737-5900
Status: Active, M, Married, Guar, Ins, H-of-H

Consent: 04/14/2005
First Visit: 04/14/2005
Last Visit: 01/02/2009
Missed Appt:

Chart #: CR0001
SS #: 000-00-0005
DL #: 11597894
Birthday: 05/17/1967, 42
Provider: DD01
Fee Sched: Prov Default
E-Mail: 1Brentcro@easysdental.com

Alerts

Primary Insurance
Company: MetLife
Group Plan: Chevron
Group #: 37663
Fee Sched:
Coverage: 1500.00
Ded. S/P/O: 500/0/0
Used: 132.00
Met: 0/0/0

Recall 07/03/09 PROPHY 07/17/09 PERU

Employer Chevron

Referred By

Referred To

Patient Notes
 (No Note)

Figure 3-1

PATIENTS MODULE TERMS

- **Head-of-House/Guarantor:** The person responsible for the account. Correspondence for the family is sent to this person. The guarantor is the same person as the head-of-house.
- **Insurance Subscriber:** The person who subscribes to an insurance policy. The insurance subscriber does not have to be the head-of-house or guarantor.
- **Billing Type:** This is a numerical type assigned to each family to help categorize patients for billing and reporting purposes within Easy Dental.
- **Subscriber ID:** This is a number assigned to each subscriber, and sometimes dependant, for identification purposes. A person's subscriber ID may be the same as their Social Security number. Social Security numbers are unique records; there can only be one person assigned to each Social Security number in your database, whereas a subscriber ID can be attached to as many patients in your database as necessary.
- **Fee Schedule:** This allows you to enter the dollar amount the patient or members of an insurance plan are charged for procedures performed. A fee schedule can be also used to show how much an insurance plan is going to pay for procedures performed. Fee schedules can be posted on the Accounts module or copied to an insurance plan's Payment Table to help Easy Dental calculate insurance estimates more accurately.

SELECTING A PATIENT

Before you can perform many of the functions in Easy Dental, you are required to select a patient. To select a patient in your database:

1. In the Patients module, click the **Select Patient/New Family** button. The Select Patient dialog appears (see Figure 3-2).



In all modules, except the Patients module, the Select Patient dialog is opened by clicking the Select Patient button. In the Patient module, this button is called Select Patient/New Family.

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

☐ Include Archived Patients

Enter Last Name (Last, First MI):
Crosby, Brent L

By:
☒ Last Name
☐ First Name
☐ Preferred Name
☐ Home Phone #
☐ Chart #
☐ SS#

Name	Birthday	Provider	Status
*Brown, Mary	05/15/1982	DDS2	
*Crosby, Brent L	05/17/1967	DDS1	
Crosby, Shirley H	09/06/1969	DDS1	
Davis, Harmon	10/05/1957	DDS1	(Non-Pat)
*Davis, Harmon	10/05/1957	DDS1	
*Davis, Karen	11/16/1960	DDS1	
Davis, Kelly	11/30/1989	DDS1	

Recent Patient Selections:
 *Crosby, Brent L 05/17/1967 DDS1

New Family More Info... OK Cancel

Figure 3-2

2. Mark the desired search method in the *By* group box.
3. Enter the first few letters/numbers of the selected search method in the field provided.
4. Select the desired patient from the list.



The More Info button is used to see additional information about a patient or family.

5. Click **OK**.

CREATING A NEW FAMILY

In order to add a new family into Easy Dental, you must create a file for the head-of-house. Once the head-of-house has been entered, you can add each additional family member to the family. To create a file for the head-of-house:

1. In the Patients module, click the **Select Patient/New Family** button. The Select Patient dialog appears (see Figure 3-2).
2. Click **New Family**. The Head-of-House Information dialog appears.
3. Follow the steps outlined in the “Head-of-House/Patient Information Dialog” section of this manual to finish entering the head-of-house’s information.

ADDING A NEW FAMILY MEMBER

Once you have entered one member to a family, it is easy to add another. To add a new family member to an existing family:

1. In the Patients module, select a patient in the desired family.
2. Click the **Add New Family Member** button. The Patient Information dialog appears.
3. Follow the steps outlined in the “Head-of-House/Patient Information Dialog” section of this manual to finish entering the new family member’s information.

HEAD-OF-HOUSE/PATIENT INFORMATION DIALOG

After you click the New Family button in the Select Patient dialog, the Head-of-House Information dialog appears (see Figure 3-3). Or, after you click the Add New Family Member button on the Patients module toolbar, the Patient Information dialog appears. Both dialogs have the same fields, only the titles are different to inform you to enter the head-of-house’s or new family member’s information.

The dialog box is titled "Head-of-House Information". It contains the following fields and sections:

- Name:** First, MI, Last
- Address:** Street, City, ST, Zip
- E-Mail:**
- Phone:** Home, Work, Ext., Best Time, FAX, Mobile, Other
- Personal:**
 - Gender: Male (dropdown)
 - Marital Status: Single (dropdown)
 - Birthdate, Age, SS#, Other ID
 - Driver's License #
 - Title, Salutation
 - ☐ Print Title on Strmts
 - Preferred Name
- Billing and Treatment:**
 - Chart: <AUTO> (dropdown)
 - Consent: 06/01/2009
 - Status: Patient (dropdown)
 - Prov1, Prov2
 - Fee Schedule: <NONE> (dropdown)
- Privacy Requests:**
 - ☐ No phone calls
 - ☐ Disclosure restrictions
 - ☐ No correspondence
- Scheduling:**
 - First Visit: 06/01/2009
 - Last Visit
 - Last Missed Appt
 - # Missed: 0

Buttons: OK, Cancel

Figure 3-3

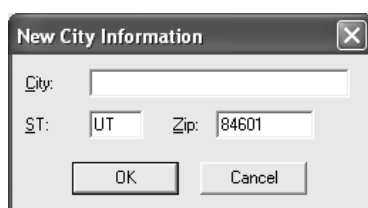
To finish entering the head-of-house’s or new family member’s information:

1. Enter the patient’s name in the corresponding fields in the *Name* group box.



Easy Dental automatically capitalizes the first letters of the patient’s name, address, city, and state.

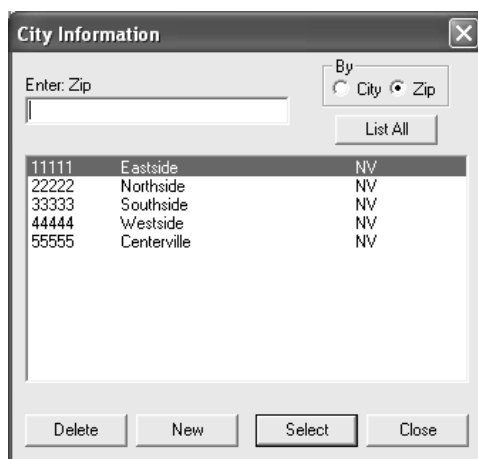
2. In the *Address* group box, enter the patient’s street address, zip code, and email address in the corresponding fields.
 - If the zip code has already been used for another patient, Easy Dental automatically enters the city and state in the **City** and **ST** fields.
 - If the zip code has never been used, the New City Information dialog appears (see Figure 3-4), allowing you to enter the city and state the zip code covers.



A dialog box titled "New City Information" with a close button (X) in the top right corner. It contains three input fields: "City:" (empty), "ST:" with a dropdown menu showing "UT", and "Zip:" with a text field containing "84601". At the bottom are "OK" and "Cancel" buttons.

Figure 3-4

- If the zip code covers more than one city, the City Information dialog appears (see Figure 3-5), allowing you to select the correct city.



A dialog box titled "City Information" with a close button (X) in the top right corner. It has a section "Enter: Zip" with a text field. To the right, under "By", are radio buttons for "City" and "Zip", with "Zip" selected. Below this is a "List All" button. A table lists cities with their zip codes and state abbreviations:

11111	Eastside	NV
22222	Northside	NV
33333	Southside	NV
44444	Westside	NV
55555	Centerville	NV

At the bottom are "Delete", "New", "Select", and "Close" buttons.

Figure 3-5



If a zip code covers more than one city and you already have entered the information for one of the cities, click the Zip search button in the Head-of-House Information or Patient Information dialog. Click New in the City Information dialog and enter the information for the additional city.

3. In the *Phone* group box, enter the patient's phone numbers.
4. If desired, check the options in the *Privacy Requests* group box:
 - If the patient does not want to receive any phone calls, check **No phone calls** so [PRIVATE] displays anywhere the patient's phone number is supposed to display.
 - If the patient does not want to receive any letters, check **No correspondence** to skip the patient when a letter merge is run.
 - If the patient does not want their information submitted via the Internet when referred to another doctor, check **Disclosure restrictions** to skip the patient during the WebSync.
5. In the *Personal* group box, select the patient status, gender, and marital status of the patient in the corresponding drop-downs.



At times, it may be necessary to add a patient to your database twice for insurance purposes. The additional file created for the patient should have a Non-Patient patient status to ensure the patient is not counted twice in your active patient number.

6. Enter the patient's birth date, Social Security number, and driver's license number.



The Other ID field in the Personal group box is used on some insurance forms when a separate patient ID is required to file a claim. You should leave this field empty unless directed otherwise by the Support department.



When you enter a patient's Social Security number, you can enter it without the dashes as Easy Dental automatically inserts them for you.

Dates entered in a two-digit format are automatically formatted to the correct format (i.e. Easy Dental changes 010978 to 01/09/1978).

7. If desired, enter a **Salutation** for the patient exactly as you want it to appear on letters you create using Easy Dental.
8. If desired, enter a **Title** for the patient and check **Print Title on Stmt**s to ensure that the patient's title prints on their billing statement.
9. In the *Office* group box, select the patient's primary and secondary providers.



Fee schedules are discussed in the Insurance Management chapter.



In the Chart field, a chart number is assigned automatically to the patient unless the feature has been disabled in the Reports module. This feature is discussed in the Practice Setup chapter.

The consent date defaults to today's date and can be changed as necessary. It is recommended that the date is accurate for reporting purposes.

10. In the *Visits* group box, verify the date is correct in the **First Visit** field.



The first visit date defaults to today's date and can be changed as necessary. It is recommended that the date is accurate for reporting purposes.

The last visit date defaults to the last date of procedures entered in the patient's account and updates automatically.

Each time an appointment is moved to the Unscheduled List by clicking the Break Appointment button in the Schedule module, the last missed appointment date and the number of missed appointments are updated.

11. Click **OK** to save and add the patient into the database.

ASSIGNING MEDICAL ALERTS TO A PATIENT

Once you have created a file for a patient in the Patients module, you may need to assign medical alerts to the patient. To assign medical alerts to a patient:

1. In the Patients module, select a patient.
2. Double click the **Medical Alerts** block. The Medical Alerts dialog appears (see Figure 3-6).

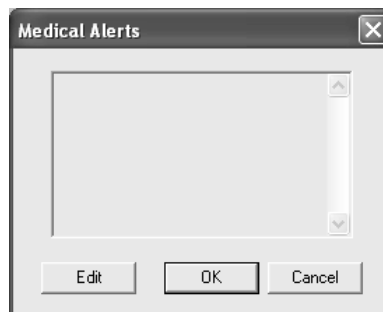


Figure 3-6

3. Click **Edit**. The Select Medical Alerts dialog appears (see Figure 3-7).

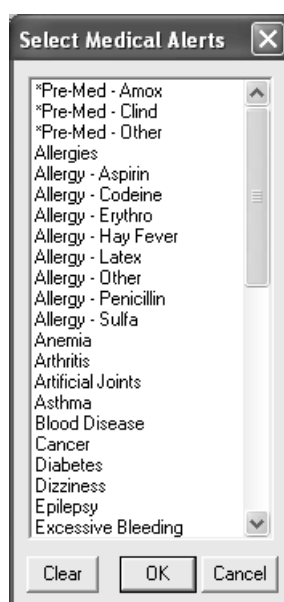


Figure 3-7

4. Select the alert(s) to assign to the patient.



Medical alerts can be customized in the Reports module and are discussed in the Practice Setup chapter. You can have up to 64 medical alerts.

5. Click **OK** to return to the Medical Alerts dialog.
6. Click **Close** to return to the Patients module.

ASSIGNING AN EMPLOYER TO A PATIENT

Easy Dental links the patient's employer with the insurance plan for that employer, allowing you search for insurance plans by employer. To assign an employer to a patient:

1. In the Patients module, select a patient.
2. Double click the **Employer** block. The Employer Information dialog appears (see Figure 3-8).

Figure 3-8

3. In the **Employer Name** field, enter the first few letters of the patient's employer.
4. Click the **Employer Name** search button to determine whether the employer is already in the database to help avoid duplicates. The Select Employer dialog appears (see Figure 3-9).

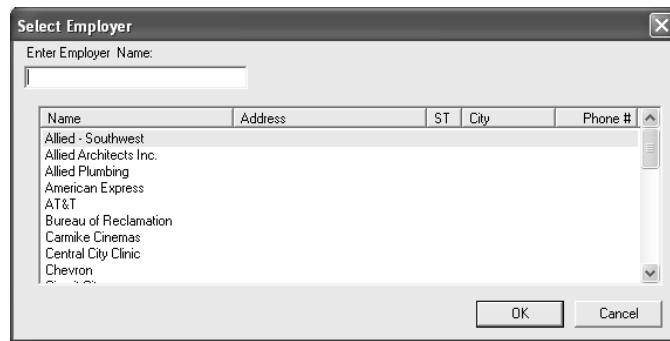


Figure 3-9

5. Select the employer or enter the employer's information.
 - If the employer is listed:
 - a. Select the employer.
 - b. Click **OK** to return to the Employer Information dialog.
 - If the employer is not listed:
 - a. Click **Cancel** to return to the Employer Information dialog.
 - b. In the **Employer Name** field, enter the employer's name.
 - c. If desired, enter the employer's address in the fields provided.
 - d. If desired, enter the employer's phone number in the field provided.
6. Click **OK** to return to the Patients module.

ENTERING A PATIENT NOTE

Patient notes allow you to record special notes on a patient's account. For example, if the patient's spouse has passed away, you can make a note for future reference. To enter a patient note:

1. In the Patient module, select a patient.
2. Double click the **Patient Notes** block. The Patient Note dialog appears (see Figure 3-10).

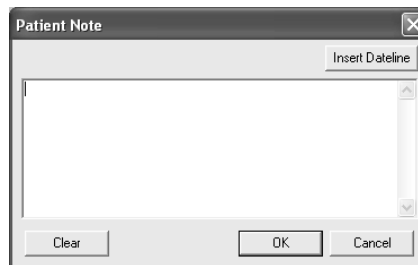


Figure 3-10

3. Click **Insert Dateline** to insert today's date.
4. Enter the note in the field provided.
5. Click **OK** to return to the Patients module.



Easy Dental has a built-in safety feature to prevent patients from accidentally seeing patient notes. When you open the Patients module for a patient with a patient note, the patient note is automatically hidden. To reveal the note, double click the Patient Notes block or click the Open button.

ATTACHING REFERRALS TO A PATIENT

Was this patient referred to your practice? Is your ad in the Yellow Pages effective? The Patient Referrals dialog answers these questions by allowing you to see every referral made by the patient as well as any source that has referred the patient to your practice. Seeing both referral types at the same time allows you to easily view the patient's referral status.

ATTACHING A REFERRED BY SOURCE TO A PATIENT

To attach a referred by source to a patient:

1. In the Patients module, select a patient.
2. Double-click the **Referred By** block. The Select Referral Type dialog appears (see Figure 3-11).

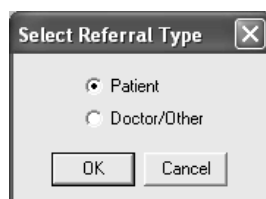


Figure 3-11

3. Mark the type of referral source.
 - Mark **Patient** to select a patient referral source and click **OK**. The Select Patient dialog appears (see Figure 3-2), allowing you to select the referring patient.
 - Mark **Doctor/Other** to select a doctor or other referral source and click **OK**. The Select Referred By dialog appears (see Figure 3-12), allowing you to select the referring doctor or advertisement.

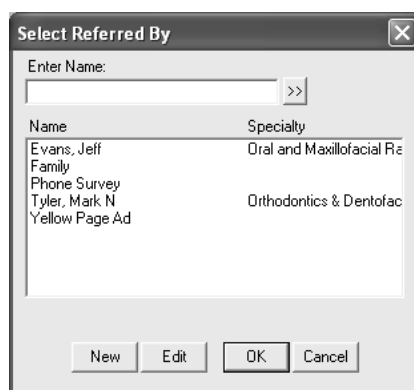


Figure 3-12

- If the source is not listed, follow the steps outlined in the “Adding a New Referral Source” section to add a new referral source.
 - If the source is listed, select the source and click **OK** to return to the Patients module.
4. Repeat steps 3 – 4 for any additional referrals.
 5. Click **Close** to return to the Patients module.

ATTACHING A REFERRED TO SOURCE TO A PATIENT

To add a referred to source to a patient:

1. In the Patients module, select a patient.
2. Double click the **Referred To** block. The Select Referred To dialog appears (see Figure 3-13).

Figure 3-13

4. Select the doctor to whom you are referring the patient.
 - If the source is not listed, follow the steps outlined in the “Adding a New Referral Source” section to add a new referral source.
 - If the source is listed, select the source and click **OK** to return to the Patients module.
5. Repeat steps 3 – 4 for any additional referrals.
6. Click **Close** to return to the Patients module.

ADDING A NEW REFERRAL SOURCE

To add a new referral source:

1. In the Select Referred By or Select Referred To dialog, click **New**. The Referred By/To Information dialog appears (3-14).

Figure 3-14

2. In the *Name* group box, enter the referral source’s name.
3. Enter the referral source’s title in the **Title** field.



You should not enter the doctor's credentials (i.e. DDS, DMD) as their title because the title displays at the beginning of the name rather than at the end.

4. In the *Address* group box, enter the referral's address, email address, and phone number(s).
5. Enter any notes for the referral source in the **Notes** field.
6. Click **OK** to return to the Select Referred By or Select Referred To dialog.

ATTACHING A PATIENT ALERT TO A PATIENT

Patient alerts are pop-up alerts that can be customized and attached to patients to inform you of special patient situations (e.g. bad debt, habitually late). There are many possible uses for patient alerts.

To attach a patient alert to a patient:

1. In the Patients module, select a patient.
2. Click the **Patient Alerts** button. If the patient already has an alert attached to them, the Patient Alerts dialog appears (see Figure 3-15).



If the patient does not already have an alert attached to them, the Create Patient Alert dialog appears instead of the Patient Alerts dialog, allowing you to skip steps 3 and 11.

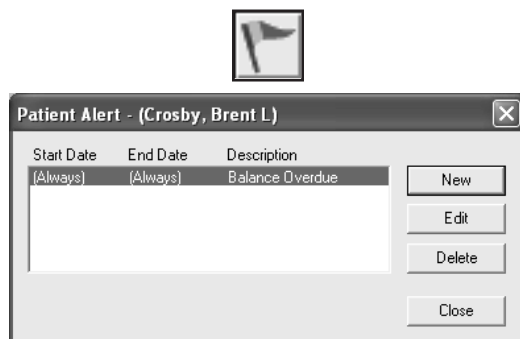


Figure 3-15

3. Click **New** to create a new alert. The Create Patient Alert dialog appears (see Figure 3-16).

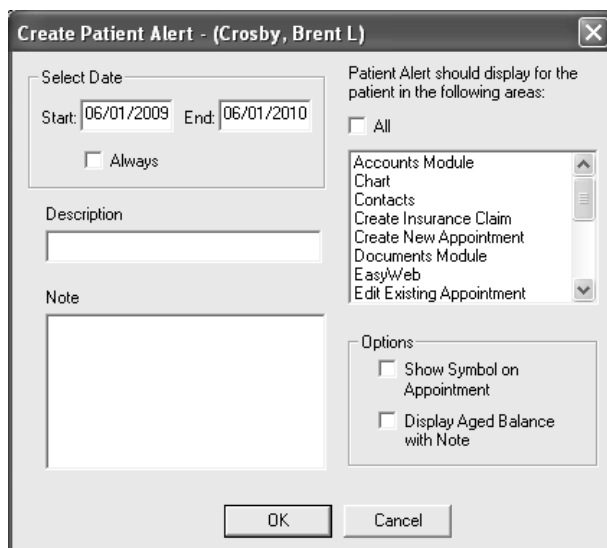


Figure 3-16

4. In the *Select Date* group box, enter the **Start** and **End** dates that you want the alert to be active or check **Always** to permanently activate the alert.
5. Enter a **Description** for the alert (e.g. Collections, Pre-Medicate, Habitually Late).
6. Enter a detailed description of the alert in the **Note** field.
7. In the scroll pane provided, select the areas of Easy Dental in which you want the patient alert to display or check **All** to display the alert in all of the areas.
8. If desired, in the *Options* group box, check **Show Symbol on Appointment** to display a flag on the face of the appointment.
9. Check **Display Aged Balance with Note** to display the patient's balance at the bottom of the patient alert pop-up.
10. Click **OK**.
11. Click **Close** to return to the Patients module.

VIEWING A PATIENT ALERT

Once a patient alert has been attached to a patient, the alert is triggered when an area of Easy Dental that was selected in step 7 is accessed. When the alert is triggered, a pop-up appears (see Figure 3-17).

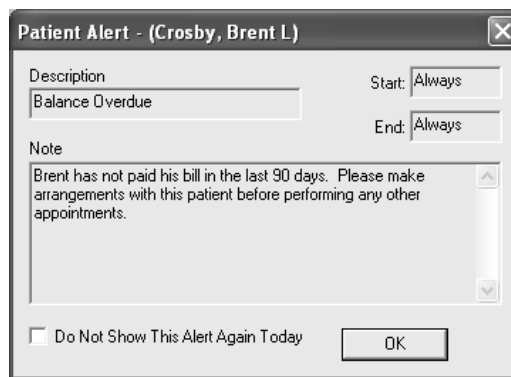


Figure 3-17

Click **OK** to close the alert. The alert is only for informative purposes and does not prevent you from completing a task. Easy Dental functions normally once the alert is closed. You can check **Do Not Show This Alert Again Today** to prevent the pop-up from appearing for the rest of the day.

DELETING A PATIENT ALERT

To delete a patient alert:

1. In the Patients module, select a patient.
2. Click the **Patient Alerts** button. The Patient Alerts dialog appears (see Figure 3-15).
3. Select the alert you want to delete.
4. Click **Delete**.
5. Click **OK** to the confirmation pop-up that appears.

ATTACHING A PATIENT PICTURE TO A PATIENT'S FILE

With Easy Dental, you can store a picture of a patient in their file. This can be very useful when trying to recall a patient or a face. There are three ways you can add a picture to a patient's file, importing from an external device (i.e. digital camera or scanner), importing an existing image, or pasting from the Windows Clipboard.

ATTACHING A PATIENT PICTURE FROM AN EXTERNAL DEVICE

To attach a picture to a patient's file using a digital camera or scanner:

1. In the Patients module, select a patient.
2. Click the **Patient Picture** button. The Patient Picture module opens (see Figure 3-18).

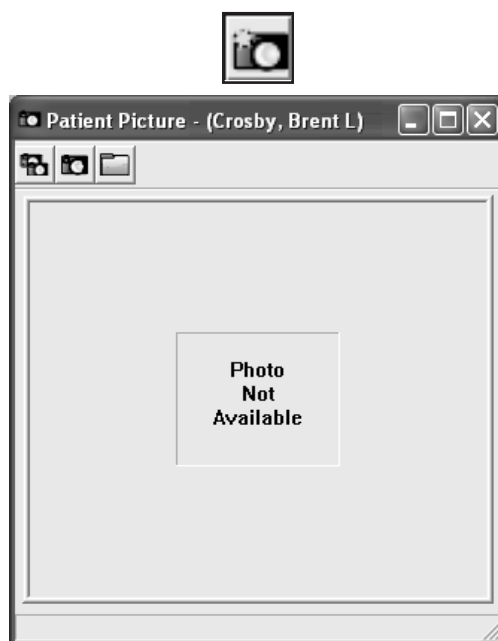


Figure 3-18

3. Select your digital camera or scanner. Your digital camera or scanner software opens.



Your digital camera and scanner must be connected to the computer in order to import images. Your digital camera and scanner must be WIA- or TWAIN-compliant in order to import images into the Patient Picture module.

4. Follow the instructions for your digital camera or scanner to acquire the image.

ATTACHING A PATIENT PICTURE USING AN EXISTING IMAGE

To attach a picture to a patient's file using an existing image:

1. In the Patients module, select a patient.
2. Click the **Patient Picture** button. The Patient Picture module opens (see Figure 3-18).
3. Click the **Select Existing Image** button. The Select Patient Picture dialog appears (see Figure 3-19).

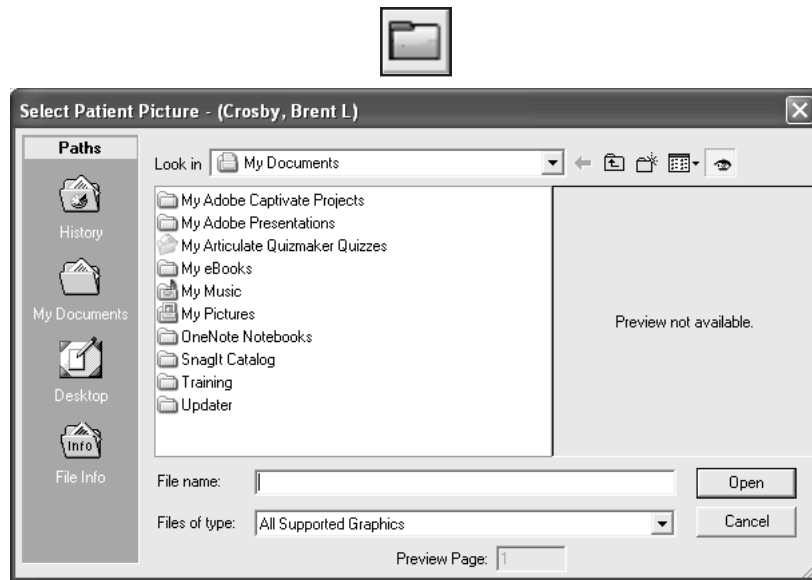


Figure 3-19

4. Locate and select the desired image.
5. Click **Open**.

ACQUIRING A PATIENT PICTURE USING THE WINDOWS CLIPBOARD

To acquire a picture for a patient using the Windows Clipboard:

1. Open the file that contains the image you want to import into the Patient Picture module.
2. Copy the image by pressing **Ctrl + C** or perform a screen shot by pressing **Alt + Print Screen** to copy the image to the Windows Clipboard.
3. In the Patients module, click the **Patient Picture** button. The Patient Picture module opens (see Figure 3-18).
4. Open the Patient Picture module.
5. Paste the image into the Patient Picture module by pressing **Ctrl + V**.

VIEWING PATIENT PICTURES

To view a patient picture once it has been attached to a patient:

1. In the Patients module, select a patient.
2. Click the **Patient Picture** button. The Patient Picture module opens, displaying a picture (see Figure 3-20).

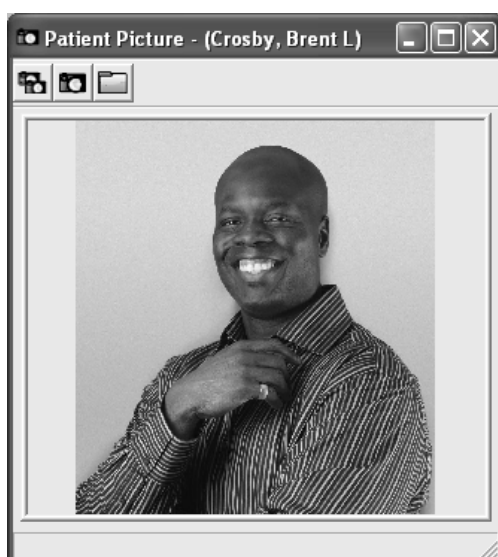


Figure 3-20

EDITING FAMILY RELATIONSHIPS

At times, it may be necessary to separate a member from an account due to divorce or a child moving out on their own, or it may be necessary to combine two accounts together. These changes need to be reflected in the Patients module and can be done through the family editing process. Before editing a family's relationship, keep the following in mind:

- When combining families, the head-of-house cannot be moved unless all other family members are moved first.
- A patient cannot be moved if they have any outstanding insurance claims. You may wait until the claim is paid or delete the claim and recreate it under the new account.
- A patient's insurance information is cleared when the patient is moved if the patient is not the insurance subscriber. If the patient is the subscriber, the insurance is moved with them.
- If a patient is the insurance subscriber for family members, the insurance information for those family members is cleared if the subscriber is moved.
- Make sure Easy Dental is closed on every computer.



If you receive any warning/error messages while performing the family edit, please refer to the "Common Messages During a Family Edit" section.

Once a family has been separated or combined, you may need to:

- Add/remove insurance to/from some of the family members.
- Check the balances on both accounts and make adjustments as needed.
- Change the status of the affected patients (e.g. from married to single or vice versa).
- Change addresses/phone numbers.

CHANGING THE HEAD-OF-HOUSE

To change the head-of-house:

1. In the Patients module, select a patient.
2. Click the **Edit** button and select **Family Relations**. The Edit Family dialog appears (see Figure 3-21).



Figure 3-21

3. Select the patient you want to make the head-of-house.
4. Click **Set HofH 1**.
5. Click **OK** to return to the Patients module.

SEPARATING A FAMILY

To separate a family:

1. In the Patients module, select a patient.
2. Click the **Edit** button and select **Family Relations**. The Edit Family dialog appears (see Figure 3-21).
3. Click **Family 2**. The Select Guarantor dialog, similar to the Select Patient dialog, appears (see Figure 3-2).
4. Click **New Family**. The expanded Edit Family dialog appears (see Figure 3-22).



Figure 3-22

5. In the **Family 1** pane, select the family member you want to separate from the current family.
6. Click the right arrow button to move the family member to the **Family 2** pane.
7. Click **OK** to return to the Patients module.

COMBINING TWO FAMILIES

To combine two families:

1. In the Patients module, select a patient.
2. Click the **Edit** button and select **Family Relations**. The Edit Family dialog appears (see Figure 3-21).
3. Click **Family 2**. The Select Guarantor dialog, similar to the Select Patient dialog, appears (see Figure 3-2).
4. Select the family to be combined with the family selected in step 1 and click **OK**. The expanded Edit Family dialog appears (see Figure 3-22).
5. In the **Family 1** pane, select the family member you want to combine with the other family.
6. Click the right arrow button to move the family member to the **Family 2** pane.
7. Click **OK** to return to the Patients module.

COMMON MESSAGES DURING A FAMILY EDIT

There are several different messages that may appear while performing a family edit. These messages should help you understand why you are unable to continue with the family edit or what happens when you complete the process.

The message in Figure 3-23 appears when you try to perform a family edit without closing all Easy Dental modules on all computers. In order to continue with the family edit process, you must close all modules on all computers.

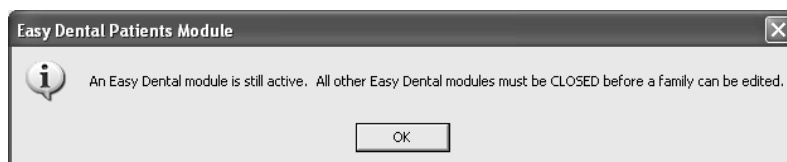


Figure 3-23

You receive the message in Figure 3-24 when the patient or the family has current transactions in their Chart and Accounts modules. This message informs you that, depending how you are allocating your patient payments, the balances of the accounts may be affected. If the balances are affected, you need to post adjustments on the accounts to transfer the balance from one to the other. This message does not stop you from continuing with the family edit process.

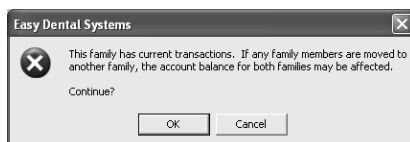


Figure 3-24

In order for a patient to be covered by an insurance plan in Easy Dental, that patient must be on the same account as the insurance subscriber. Easy Dental does not allow you to attach insurance from one account to another. For this reason, patients with pending claims cannot be moved to a new family or cannot have another patient combined with their family. If you try to perform the family edit with a pending claim in the mix, you receive the message in Figure 3-25. In order to continue with the family edit process, you must either wait until the payments for those claims are received and entered, post a \$0 payment to the claim and then delete it once the patient has been moved, or delete the pending claims and then re-create them after the family edit has been completed.



Figure 3-25

The message in Figure 3-26 appears if the patient you are trying to move is the insurance subscriber. Easy Dental allows you to move the patient to the other account; however, the insurance coverage for all dependants is cleared. This message does not stop you from continuing with the family edit process.

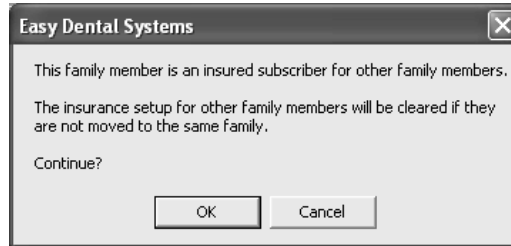


Figure 3-26

The message in Figure 3-27 appears if the patient you are trying to move is covered by the subscriber's insurance plan. Easy Dental allows you to move the patient to the other account; however, the insurance coverage for this patient is cleared unless the subscriber is moved to the other account as well. This message does not stop you from continuing with the family edit process.

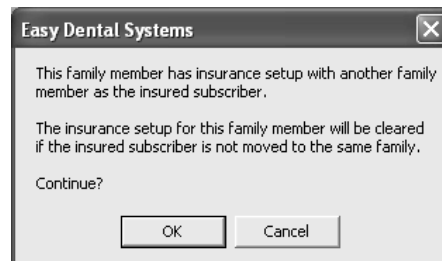


Figure 3-27

You receive the message in Figure 3-28 if the patient you are trying to move is the head-of-house and there are no other members in the family. This messages informs you that the account no longer exists after the family edit is completed. This message does not stop you from continuing with the family editing process.

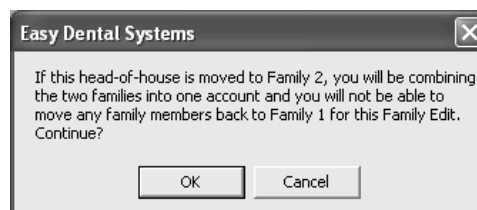


Figure 3-28

Although you are able to move the head-of-house to another account when there are no other family members in the family, you are not be able to move the head-of-house to another account if there are other members in the family. If you try to move the head-of-house to another family when there are other family members on the account, the message in Figure 3-29 appears. In order to continue with the family edit process, you need to change the head-of-house to a different family member.



Figure 3-29

ARCHIVING PATIENTS

Archiving the patient can help simplify your patient database and make patient selection faster. Before archiving a patient, keep the following in mind:

- The patient must have a zero patient balance.
- If you want to archive a head-of-house, all other family members must be archived first. If the entire family is not to be archived, switch the head-of-house to another family member.
- While the patient is archived, their information cannot be edited.
- All appointments for the patient are deleted and an entry is added to the Contacts module.
- All continuing care, employer, insurance, and referral information is cleared from the corresponding blocks and copied to the Patient Notes block when archiving a patient.
- Address, procedures, insurance claims, payments, adjustments, medical alerts, prescriptions, Patient Survey information, Contacts module entries and perio exams all remain intact.
- Archived patients appear in the Patient module's Select Patient dialog only if the option Include Archived Patients is checked.

ARCHIVING A PATIENT

To archive a patient:

1. In the Patients module, select a patient.
2. Double click the **Patient Information** block. The Patient Information dialog appears (see Figure 3-3).
3. In the *Status* group box, select **Archived** in the first drop-down.
4. Click **OK** to any messages that appear.
5. Click **Yes** to the message that appears to confirm the actual archiving of the patient.

ACTIVATING AN ARCHIVED PATIENT

To activate an archived patient:

1. In the Patients, click the **Select Patient/New Family** button. The Select Patient dialog appears (see Figure 3-2).
2. Check **Include Archived Patients**.
3. Select the patient to be activated.
4. Double click the **Patient Information** block.
5. Click **OK** to the message that appears. The Patient Information dialog appears (see Figure 3-3).

6. In the *Status* group box, verify **Patient** is selected in the first drop-down.
7. Click **OK** to return to the Patients module.
8. Re-enter any information stored in the Contacts module and/or Patient Note dialog into their corresponding areas of Easy Dental.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database:

1. In the Reports module, click the **Maintenance** button and select **Preferences | Paths**.
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK**.
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. If a patient does not want to be contacted by the office via telephone, which option, when adding a new patient or editing an existing one, will allow you to block the patient's phone number from being seen in all modules, except the Patients module? _____

2. True or False? When entering a patient's Social Security number, you must enter the number with dashes in order for Easy Dental to recognize it. _____
3. List the following medical alerts in the order they would appear in the Select Medical Alerts dialog: Pregnancy, Asthma, Allergy - Latex, *Pre-Medicate, Other, Sinus Problems. _____

4. True or False? The subscriber must be the head-of-house for the account. _____
5. True or False? The same person can be a subscriber for both primary and secondary insurance. _____
6. Name two of the four things you may have to check after a family edit has been performed. _____

7. Name one of the three things that will stop you from performing a family edit. _____

8. True or False? If you run into the pending claim issue when performing a family edit, you can post a \$0 payment to the claim, as a workaround, move the patient, and then delete the \$0 payment. _____
9. If you want to view archived patients, from which module can you do this? Which option must be checked in order to see archived patients? _____

APPLY YOUR KNOWLEDGE

1. In the Patients module, select Brent Crosby and add the following person to his family:
 - Name: Jeremy E Crosby
 - Status: Patient, Male, Child
 - Birth date: September 3, 1990
 - Special Requests: Does not want to be contacted by phone
2. Create a new family for the following person:
 - Name: Abigail Smith
 - Status: Patient, Female, Single
 - Birth date: March 26, 1974
 - Social Security Number: 149-26-0168
 - Address: 144 W. 400 N., Provo, UT 84601
 - Home Phone: (801) 377-0192
 - Work Phone: (801) 763-9300
 - Primary Provider: DDS1
3. In Abigail's file, indicate that she is allergic to latex.
4. Abigail works for the following company. Assign the company to her account:
 - Name: Henry Schein Practice Solutions
 - Address: 727 E. Utah Valley Drive, Suite 500, American Fork, UT 84003
 - Phone Number: (801) 763-9300
5. Abigail was referred to your practice by a billboard ad.
6. Alice Gleason has passed away and needs to be archived in the database.
7. Add a note to Gary Gleason's account indicating that his wife, Alice, has passed away, so the staff does not ask him how she is doing.
8. Karen Davis is always late for her appointments and you want to a reminder indicating that she is late when scheduling any new appointments. Create a patient alert for her that always appears whenever someone creates a new appointment or edits an existing appointment.
9. View Brent Crosby's picture.
10. Lisa Farrer and Corey Hansen have got married and would like to be on one account.

INSURANCE MANAGEMENT

4

OVERVIEW

In this chapter, you will learn how to manage insurance within Easy Dental. When done correctly, this will greatly increase both your office efficiency as well as the accuracy of your insurance information. Easy Dental contains many tools to assist you and your office in maintaining all of the necessary insurance records.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Assign primary/secondary insurance for a subscriber/dependant
- Add a new insurance carrier into the database
- Understand how insurance estimates are calculated
- Set up the insurance coverage information
- Create primary/secondary insurance claims and pre-estimates
- Add/delete attachments to claims
- Send claims electronically
- Post insurance payments

ASSIGNING INSURANCE TO A PATIENT

In Easy Dental, a patient can be assigned two different insurance plans, either as a subscriber or a dependant. If patients are not set up on insurance properly, insurance claims sent to the insurance carrier will not contain the correct information. Setting up insurance properly can drastically affect the rate at which the insurance carrier pays for services rendered.



The insurance subscriber and the head-of-house does not have to be the same person.

ASSIGNING PRIMARY INSURANCE TO A PATIENT

To assign primary insurance to a patient:

1. In the Patients module, select a patient.



In the Patients module, if you create a patient file for the subscriber and assign the subscriber to an insurance plan before adding additional family members to the file, all family members added to the file are assigned, as dependants, to the same insurance plan.

2. Double click the **Primary Dental Insurance** block. The Insurance Information dialog appears (see Figure 4-1).

Figure 4-1

3. Select the subscriber of the insurance.
 - If the patient is the subscriber, verify that the patient's name is in the **Subscriber** field in the *Primary Insurance* group box.
 - If the patient is a dependant, click the **Subscriber** search button in the *Primary Insurance* group box. The Select Primary Subscriber (Insured Party) dialog appears (see Figure 4-2), allowing you to select the subscriber and carrier.

Figure 4-2

- Click the **Carrier** search button. The Select Primary Dental Insurance Plan dialog appears (see Figure 4-3).

Carrier Name	Group Plan	Employer Name	Group #	Local #	Payor ID	Address
Delta Dental Plan	Diamond	Diamondback Management	22331	77777	77777	CA, San Franci
Delta Dental Plan	Diamond	Diamond Welding	12121	77777	77777	CA, San Franci
Delta Dental Plan	Diamond	Diamond Offshore Drilling	11009	77777	77777	CA, San Franci
Dental Select	Pacific States	Pacific States	95740	DSL01	DSL01	UT, Salt Lake I
Equicor Cigna	Noble	Noble Finance	18550	62308	62308	IA, Des Moines
Equicor Cigna	Noble	Noble Drilling	12110	62308	62308	IA, Des Moines
Guardian	US Gov	U.S. Government	88996	64246	64246	WA, Spokane
Guardian	USPS	United States Postal Service	55227	64246	64246	WA, Spokane
Lincoln National	Qwest	Qwest	12178	73288	73288	WI, Green Bay
MetLife	Chevron	Chevron	87663	65978	65978	IL, Aurora

Figure 4-3

- In the *Search By* group box, mark the desired search method.
- Enter the first few letters/numbers of the selected search method in the field provided.
- Select the desired plan:
 - If the plan is not listed, follow the steps outlined in the “Adding a New Insurance Plan” section to add a new insurance plan.
 - If the plan is listed, select the plan from the list and click **OK** to return to the Insurance Information dialog.
- Verify that the subscriber ID number is correct.
- Verify that the correct options are checked in the *Signature on File* group box.
- Verify that the correct option is marked in the *Relation to Subscriber* group box.
- Click **OK** to return to the Patients module.

ASSIGNING SECONDARY INSURANCE TO A PATIENT

When patients have secondary insurance, there are a couple of scenarios that could occur. For example, the subscriber could be the same for both insurance plans, or the subscriber could be different for each plan. Depending on the situation, the steps to assign secondary insurance are slightly different.

Scenario 1: A husband and wife are each subscribers to their own primary insurance plan and have secondary insurance as dependants to each other's plan. You need to assign the husband to his secondary insurance plan. (Assume the husband and wife are already assigned to their primary insurance plan.) To assign the husband to his secondary insurance plan:

- In the Patients module, select the patient to whom you want to assign secondary insurance (husband).
- Double click the **Primary Dental Insurance** block. The Insurance Information dialog appears (see Figure 4-1).
- In the *Secondary Insurance* group box, click the **Subscriber** search button. The Select Secondary Subscriber (Insured Party) dialog appears (see Figure 4-4).



Figure 4-4

4. Select the subscriber for the secondary insurance plan (wife).
5. Click **OK** to return to the Insurance Information dialog.
6. Verify that the correct option is marked in the *Relation to Subscriber* group box.
7. Click **OK** to return to the Patients module.



Scenario 1 is used for assigning dependants to secondary insurance.

Scenario 2: A head-of-house is the subscriber for two different insurance plans. You need to assign him to his secondary insurance plan. (Assume he is already assigned to his primary insurance plan.) To assign the him to his secondary insurance plan:

1. In the Patients module, select the patient to whom you want to assign secondary insurance.
2. Double click the **Primary Dental Insurance** block. The Insurance Information dialog appears (see Figure 4-1).
3. In the *Secondary Insurance* group box, click the **Subscriber** search button. The Select Secondary Subscriber (Insured Party) dialog appears (see Figure 4-4).
4. Click **Current Patient** to return to the Insurance Information dialog.
5. Click the **Carrier** search button. The Select Secondary Dental Insurance Plan dialog appears (see Figure 4-5).

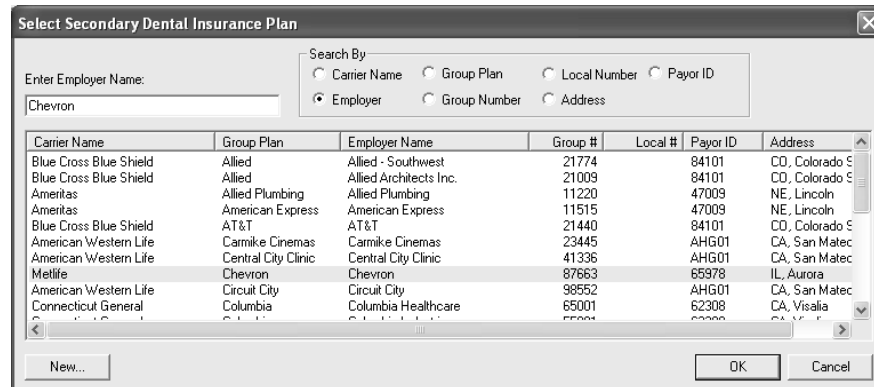


Figure 4-5

6. In the *Search By* group box, mark the desired search method.
7. Enter the first few letters/numbers of the selected search method in the field provided.
8. Select the desired plan:
 - If the plan is not listed, follow the steps outlined in the “Adding a New Insurance Plan” section to add a new insurance plan.

- If the plan is listed, select the plan from the list and click **OK** to return to the Insurance Information dialog.
9. Verify that the subscriber ID number is correct.
 10. Verify that the correct options are checked in the *Signature on File* group box.
 11. Verify that the correct option is marked in the *Relation to Subscriber* group box.
 12. Click **OK** to return to the Patients module.

ADDING A NEW INSURANCE PLAN

By adding an insurance plan into the database, you can keep track of insurance estimates, patient benefits, etc. To add a new insurance plan:

1. In the Reports module, click the **Maintenance** button and select **Insurance Maintenance**. The Insurance Maintenance dialog appears (see Figure 4-6).

Carrier Name	Group Plan	Employer Name	Group #	Local #	Payor ID	Address
Aetna	Consumer Advoca...	Consumer Advocate Group	01278		60054	CT, Windsor
Aetna	JC Penney	JC Penney - Active	01278		60054	CT, Windsor
American Western Life	Carmike Cinemas	Carmike Cinemas	23445		AHG01	CA, San Mateo
American Western Life	Central City Clinic	Central City Clinic	41336		AHG01	CA, San Mateo
American Western Life	Circuit City	Circuit City	98552		AHG01	CA, San Mateo
Ameritas	Allied Plumbing	Allied Plumbing	11220		47009	NE, Lincoln
Ameritas	American Express	American Express	11515		47009	NE, Lincoln
Blue Cross Blue Shield	Allied	Allied - Southwest	21774		84101	CO, Colorado S
Blue Cross Blue Shield	Allied	Allied Architects Inc.	21009		84101	CO, Colorado S
Blue Cross Blue Shield	AT&T	AT&T	21440		84101	CO, Colorado S

Figure 4-6

2. To ensure the plan is not already in the database, helping to avoid duplicates:
 - a. In the *Search By* group box, mark the desired search method.
 - b. Enter the first few letters or numbers of the selected search method in the field provided.
3. If the insurance plan is not found in step 2, click **New**. The Dental Insurance Plan Information dialog appears (see Figure 4-7).

Dental Insurance Plan Information

Carrier Name: >>

Group Plan: >>

Employer: >>

Street Address:

City, ST Zip

Phone: Ext:

Contact:

Group #: Local:

Last Update: 06/02/2009

Benefit Renewal: January

Claim Format: ED2007 Alt Code: ADA

Fee Schedule: <NONE> >>

Payer ID: >> Provider ID Setup

National Plan ID:

Source of Payment: [None]

Insurance Claim Options

☐ Replace initial character of procedure code with: ☐

☐ Do Not Include Dental Diagnostic Codes

☐ Do Not Include Group Plan Name

☐ Do Not Bill to Dental Insurance

Clear OK Cancel

Figure 4-7

4. Enter the insurance plan information.
 - a. Enter the **Carrier Name**.
 - b. Enter the **Group Plan**.
 - c. Enter the address for the insurance carrier in the **Street Address** and **City, ST Zip** fields.
 - d. Enter the **Phone** number for the plan.
 - e. If desired, enter the **Contact** person for the insurance plan.
 - f. Enter the group number for the plan.
 - g. If the plan is a Union plan, enter the **Local** number.
 - h. The **Last Update** field is used to track the last time you updated the insurance information for the plan. Easy Dental does not update this field automatically.
 - i. Select the month the yearly insurance benefits renew from the **Benefit Renewal** drop-down.
 - j. Select the **Claim Format**.



Some insurance companies require a certain claim format in order to process the information correctly. For example, the claim format "ED2007" is the standard ADA 2007 form. Some insurance companies do not accept claims unless they are on the required form with the information in the correct fields. This can cause a delay in payment from the insurance company. If you need a specific claim format, you should contact the Support department.

- k. If the insured patients should be charged a fee other than your UCR fee, select the appropriate **Fee Schedule**.

- l. If you send the claims for this insurance plan electronically, select the payer ID by clicking the **Payer ID** search button, selecting the **Payer Name**, and clicking **OK**. Or, by manually entering the ID in the **Payer ID** field.
- m. Verify the correct option is selected in the **Source of Payment** drop-down.



The Source of Payment drop-down helps to facilitate the processing of special classes of claims when sending them electronically, and an option is automatically selected when a payer is chosen.

5. Click **OK** to save the new insurance carrier.
6. Click **Close** to return to the Reports module.

CREATING INSURANCE CLAIMS

Easy Dental allows you to create an insurance claim for primary and secondary insurance as well as a pre-treatment estimate for primary and secondary insurance. You can create insurance claims for all procedures posted on a certain day or select only certain procedures to be included on the insurance claim. You can also create a pre-treatment estimate for all treatment-planned procedures or select only certain treatment-planned procedures to be included on the pre-treatment estimate.

CREATING A PRIMARY INSURANCE CLAIM

Once procedures have been posted in the Accounts module, you can create a primary insurance claim for the procedures. To create a primary insurance claim:

1. In the Accounts module, select a patient.
2. Create the insurance claim.
 - If the procedures for the claim were posted today, click the **Create Insurance Claim** button. The Primary Insurance Claim [date] Created window appears (see Figure 4-8).



Primary Insurance Claim (06/02/2009) Created

Patient: Crosby, Brent L		Carrier: MetLife	
Subscriber: Crosby, Brent L		Group Plan: Chevron	
Employer: Chevron			

Billing Provider: Smith, Dennis	Claim Information: Standard
Rendering Provider: Smith, Dennis	Diagnosis:
Pay-To Provider: Smith, Dennis	

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
4	OD	Amalgam-2 surf. prim/perm	06/02/2009	D2150	102.00	0.00

Total Billed:	102.00	Pmt Date	Pmt Amt	Bank/Branch #	Check #	Prov
Est Ins Portion:	81.60					
Itemized Total:	0.00					
Total Paid:	0.00					
Ded S/P/O:	0/0/0					

Status	Insurance Plan Note
Create Date: 06/02/2009	Tracer:
Date Sent :	On Hold:
Claim Status Note:	Re-Sent:
(No Note)	(No Note)
	Remarks for Unusual Services
	(No Note)

Figure 4-8

- If the procedures for the claim were posted on another day, select the procedures and click the **Create Insurance Claim** button. The Primary Insurance Claim [date] Created window appears (see Figure 4-8).



To select more than one procedure at a time, right-click each procedure to be included on the claim or press the Ctrl key and click each procedure.

3. Close the claim. The Insurance Claim Print Options dialog appears (see Figure 4-9).

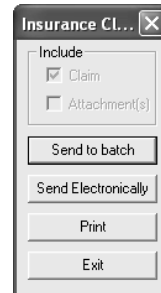


Figure 4-9

4. Click **Send to batch** to send the claim to the Batch Processor, **Send Electronically** to send the claim electronically, or **Print** to print the claim.

CREATING A SECONDARY INSURANCE CLAIM

To create a secondary insurance claim:

1. In the Accounts module, select a patient.
2. Double click the primary insurance claim. The Primary Insurance Claim [date] [status] window appears (see Figure 4-8).
3. Click the **Create Secondary** button. The Secondary Insurance Claim [date] Created window appears (see Figure 4-10).



Secondary Insurance Claim (06/02/2009) Created							
Patient: Crosby, Brent L Subscriber: Crosby, Brent L Employer: Chevron				Carrier: American Western Life Group Plan: Carmike Cinemas			
Billing Provider: Smith, Dennis				Claim Information: Standard			
Rendering Provider: Smith, Dennis				Diagnosis:			
Pay-To Provider: Smith, Dennis							
Tooth	Surface	Description	Date	Code	Fee	Ins Paid	
4	OD	Amalgam-2 surf. prim/perm	06/02/2009	D2150	102.00	0.00	
Total Billed: 102.00 Est Ins Portion: 20.40 Itemized Total: 0.00 Total Paid: 0.00 Ded S/P/O: 0/0/0			Pmt Date	Pmt Amt	Bank/Branch #	Check #	Prov
Status Create Date: 06/02/2009 Date Sent : Claim Status Note: (No Note)				Insurance Plan Note (No Note) Remarks for Unusual Services (No Note)			

Figure 4-10



If you have made changes to the patient's secondary insurance plan since creating the primary insurance claim, the Create Secondary menu is inactive. You need to update the secondary insurance by double clicking the Patient/Insurance Information block, checking Update Secondary Insurance at the bottom of the Patient/Insurance Information dialog (see Figure 4-30), and clicking OK to return to the Primary Insurance Claim [date] [status] window.

4. Close the claim. The Insurance Claim Print Options dialog appears (see Figure 4-9).
5. Click **Send to batch** to send the claim to the Batch Processor, **Send Electronically** to send the claim electronically, or **Print** to print the claim.

CREATING PRIMARY PRE-TREATMENT ESTIMATES

At times, it is necessary to get pre-authorization from an insurance company to verify payment for procedures to be completed. To create a primary pre-treatment estimate:

1. In the Treatment Plans module, select a patient.
2. Create the pre-treatment estimate.
 - If all treatment-planned procedures need to be included on the pre-treatment estimate, click the **Create Insurance Estimate** button. The Primary Pretreatment Estimate [date] Created window appears (see Figure 4-11).



Primary Pretreatment Estimate (06/02/2009) Created

Patient: Crosby, Brent L		Carrier: MetLife	
Subscriber: Crosby, Brent L		Group Plan: Chevron	
Employer: Chevron		(Secondary Insurance)	
Billing Provider: Smith, Dennis		Claim Information: Standard	
Rendering Provider: Smith, Dennis		Diagnosis:	
Pay-To Provider: Smith, Dennis			

Tooth	Surface	Description	Date	Code	Fee	Ins Est
30		Crown-porc fuse high noble m	01/02/2009	D2750	749.00	0.00
30		Surg place implant: endostea	01/02/2009	D6010	1540.00	0.00
30		Extract,erupted th/exposed r	01/02/2009	D7140	587.00	0.00

Date Received		Total Fee:	2876.00
Itemized Total:	0.00	Estimated Ins. Portion:	1614.10
		Total Auth:	0.00

Status	Insurance Plan Note
Create Date: 06/02/2009	(No Note)
Date Sent :	
Tracer:	Remarks for Unusual Services
On Hold:	
Re-Sent:	(No Note)
Claim Status Note:	

Figure 4-11

- If only certain treatment-planned procedures need to be included on the pre-treatment estimate, select the procedures and click the **Create Insurance Estimate** button. The Primary Pretreatment Estimate [date] Created window appears (see Figure 4-11).



To select more than one procedure at a time, right-click each procedure to be included on the claim or press the Ctrl key and click each procedure.

3. Close the estimate. The Pre-estimate Print Options dialog appears (see Figure 4-12).

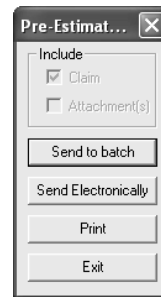


Figure 4-12

4. Click **Send to batch** to send the claim to the Batch Processor, **Send Electronically** to send the claim electronically, or **Print** to print the claim.

CREATING SECONDARY PRE-TREATMENT ESTIMATES

To create a secondary pre-treatment estimate:

1. In the Treatment Plans module, select a patient.
2. Double click the primary pre-treatment estimate. The Primary Pretreatment Estimate [date] [status] window appears (see Figure 4-11).
3. Click the **Create Secondary** button. The Secondary Pretreatment Estimate [date] Created window appears (see Figure 4-13).

Tooth	Surface	Description	Date	Code	Fee	Ins Est
30		Crown-porc fuse high noble m	01/02/2009	D2750	749.00	0.00
30		Surg place implant: endosteal	01/02/2009	D6010	1540.00	0.00
30		Extract,erupted th/exposed r	01/02/2009	D7140	587.00	0.00

Date Received **Itemized Total:** 0.00 **Total Fee:** 2876.00
Estimated Ins. Portion: 0.00
Total Auth: 0.00

Status: Create Date: 06/02/2009 Tracer: On Hold: Re-Sent:
Claim Status Note: (No Note)

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

Figure 4-13



If you have made changes to the patient's secondary insurance plan since creating the primary pre-treatment estimate, the Create Secondary menu is inactive. You need to update the secondary insurance by double clicking the Patient/Insurance Information block, checking Update Secondary Insurance at the bottom of the Patient/Insurance Information dialog (see Figure 4-30), and clicking OK to return to the Primary Pretreatment Estimate [date] [status] window.

4. Close the estimate. The Pre-estimate Claim Print Options dialog appears (see Figure 4-12).
5. Click **Send to batch** to send the claim to the Batch Processor, **Send Electronically** to send the claim electronically, or **Print** to print the claim.

DELETING A CLAIM/PRE-TREATMENT ESTIMATE

If you discover a mistake on a claim or pre-treatment estimate, you need to delete the claim/pre-treatment estimate, so that the mistake can be corrected. A claim/pre-treatment estimate can be deleted as long as it has not been moved into history. To delete a claim/pre-treatment estimate:

1. In the Accounts or the Treatment Plans module, select a patient.
2. Double click a claim/pre-treatment estimate. The claim/pre-treatment estimate window appears.
3. Click the **Delete** button (see Figure 4-14).



Figure 4-14

4. Click **Yes** to the confirmation message that appears to delete the claim/pre-treatment estimate.



If there are any payments attached to the claim, the payments are deleted as well.

ADDING AN ATTACHMENT TO A CLAIM

Sometimes it is necessary to send an attachment with a claim, so the insurance company knows why a procedure was performed. Easy Dental makes it easy to add attachments to claims and enables you to send them electronically. To add an attachment to a claim:

1. In the Accounts module, select a patient.
2. Double click a claim. The claim window appears.
3. Double click the **Claim Information** block. The Insurance Claim Information dialog appears (see Figure 4-15).

Figure 4-15

4. In the *Attachments* group box, check the appropriate attachment option and enter the number of attachments enclosed in the corresponding **How Many** field.

5. Click **Include Attachment(s)**. The Include Attachment(s) dialog appears (see Figure 4-16).

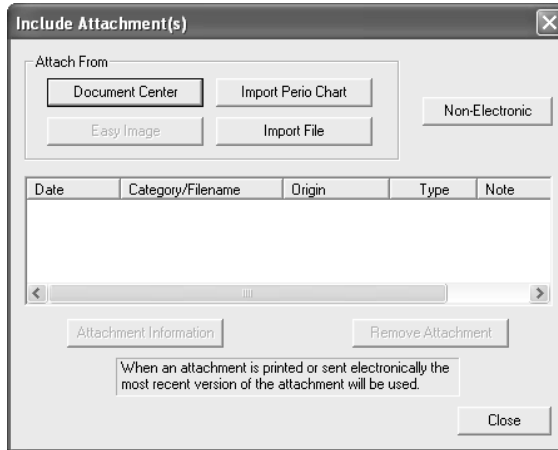


Figure 4-16

6. Add an attachment:
- To add an attachment from the Documents module, in the *Attach From* group box, click **Document Center**. The Select Claim Attachment(s) - Document Center dialog appears (see Figure 4-17), allowing you to check the file(s) to include as an attachment.

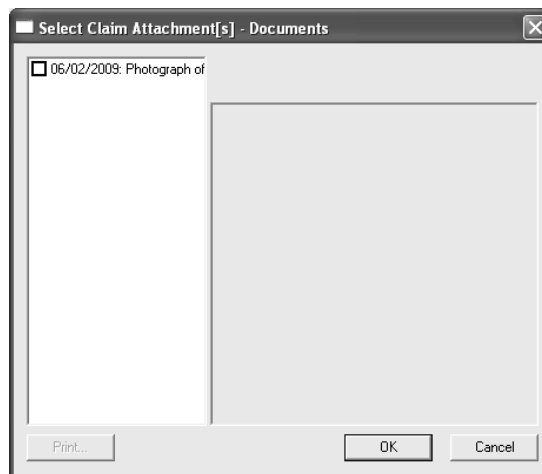


Figure 4-17

- To add an attachment from the Perio module, in the *Attach From* group box, click **Import Perio Chart**. The Select Perio Exams dialog appears (see Figure 4-18), allowing you to select the file(s) to include as an attachment.

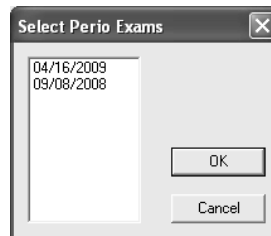


Figure 4-18

- To add an attachment from Easy Image, in the *Attach From* group box, click **Easy Image**. The Select Claim Attachment(s) - Image dialog appears (see Figure 4-19), allowing you select the file(s) to include as an attachment.



Figure 4-19

- To add an attachment from a file, in the *Attach From* group box, click **Import File**. The Open dialog appears (see Figure 4-20), allowing you to locate and select the file(s) to include as an attachment.

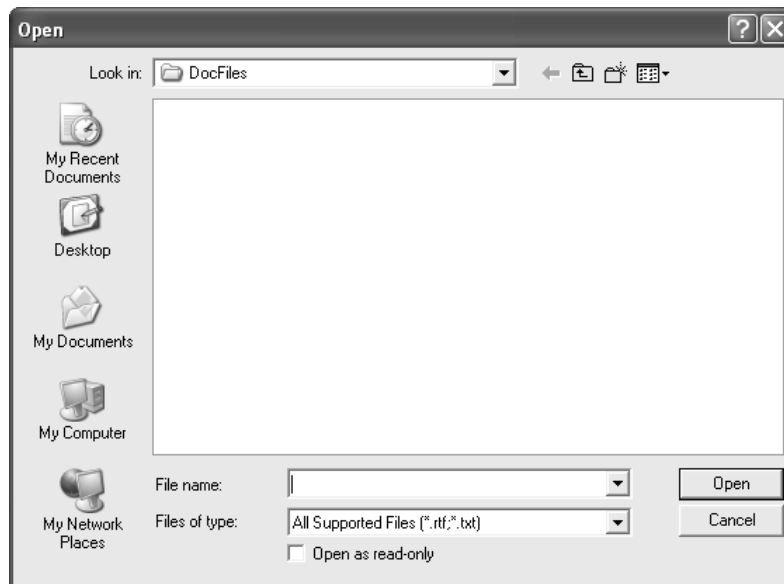


Figure 4-20



Only .txt and .rtf files can be added as claim attachments.

- If desired, add a note to the attachments:
 - To add a note for electronic attachments, select the desired attachment and click the **Attachment Information** button. The Attachment Information dialog appears (see Figure 4-21), allowing you to enter a note and select the attachment type.

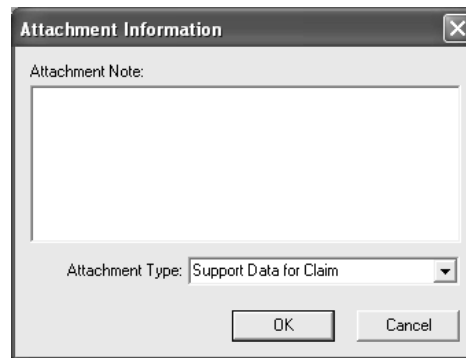


Figure 4-21

- To add a note for non-electronic attachments, click the **Non-Electronic** button. The Attachment Information dialog appears (see Figure 4-22), allowing you to enter a note and select the attachment type, transmission code, and control number.

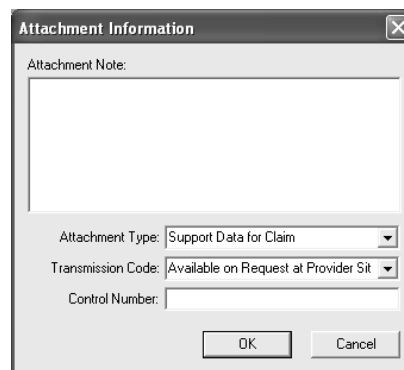


Figure 4-22

8. Click **Close** to return to the Insurance Claim Information dialog.
9. Click **OK** to return to the [primary/secondary] Dental Insurance Claim [date] [status] window.
10. Close the claim. The Insurance Claim Print Options dialog appears (see Figure 4-9).
11. Click **Send to batch** to send the claim to the Batch Processor, **Send Electronically** to send the claim electronically, or **Print** to print the claim.

DELETING CLAIM ATTACHMENTS

At times, it may be necessary to delete a claim attachment. To delete an attachment from a claim:

1. In the Accounts module, select a patient.
2. Double click a claim. The claim window appears.
3. Double click the **Claim Information** block. The Insurance Claim Information dialog appears (see Figure 4-15).
4. In the *Attachments* group box, click **Include Attachment(s)**. The Include Attachment(s) dialog appears (see Figure 4-16).
5. Select the attachment to be deleted and click **Remove Attachment**.
6. Repeat step 5 to delete any other attachments.
7. Click **Close** to return to the Insurance Claim Information dialog.

8. Click **OK** to return to the [primary/secondary] Dental Insurance Claim [date] [status] window.
9. Close the claim to return to the Accounts module.

SENDING ECLAIMS

To send claims electronically:

1. In the Reports module, verify the desired claims are in the Batch Processor.
2. Click the **Electronic Claim Submission** button. The Electronic Claims Submission dialog appears (see Figure 4-23).

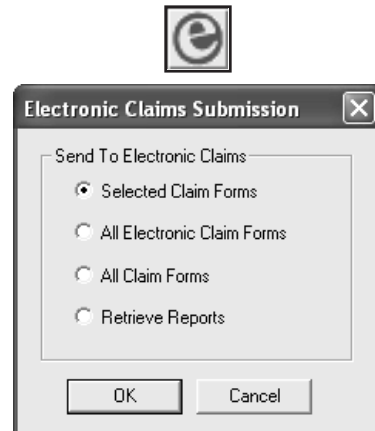


Figure 4-23

3. In the *Send to Electronic Claims* group box, mark the desired option.
4. Click **OK**. The eClaims Validation dialog appears (see Figure 4-24).

Status	Patient / Payor	Birth Date / Service Date	Subscriber / Birth Date	No. of Services	Amount
VALIDATED	Corey L Hansen	08/18/1975	Corey L Hansen	5	377.00
✓	Connecticut General	07/02/2008	08/18/1975		
REJECTED	Joshua Reeves	11/14/1981	Joshua Reeves	3	133.00
✗	Ameritas	07/02/2008	11/14/1981		
ERROR: The Subscriber ID is missing. Enter the Subscriber's ID number for this Claim and for the Patient's Insurance Information for future claims.					
VALIDATED	Carol Little	08/18/1973	Carol Little	1	669.00
✓	Aetna	07/02/2008	08/18/1973		
VALIDATED	Brent L Crosby	05/17/1967	Brent L Crosby	3	133.00
✓	MetLife	07/02/2008	05/17/1967		
VALIDATED	Mary Brown	05/15/1982	Mary Brown	5	377.00
✓	Ameritas	07/02/2008	05/15/1982		

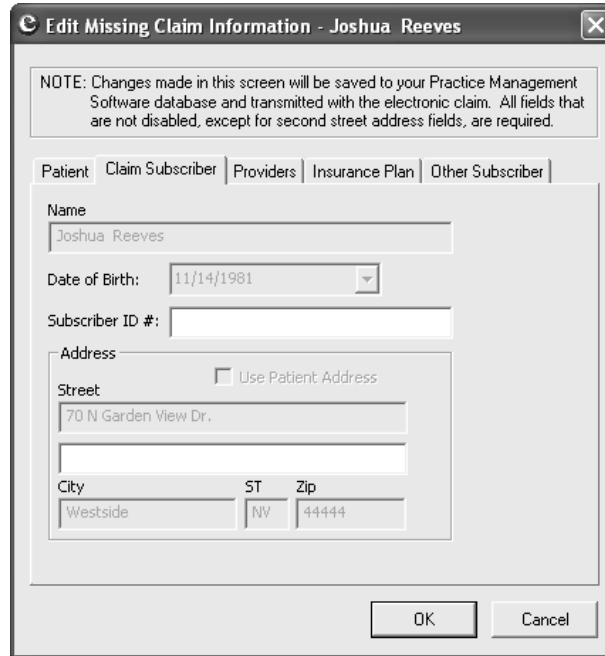
	Count	Amount
Total Claims:	6	\$ 2358.00
Total Validated:	5	\$ 2225.00
Total Warning:	0	\$ 0.00
Total Rejected:	1	\$ 133.00
Total With Attachments:	0	

Select claims you want to send electronically, and deselect claims you don't want to send. Validated claims and claims with only warnings have already been selected for you.

Send Selected Claims Print Report Cancel

Figure 4-24

5. Verify there are no warnings or rejections. If there are any warning/rejections, correct the errors by clicking the **Edit** link. The Edit Missing Claim Information dialog appears (see Figure 4-25), allowing you to correct the errors.



Edit Missing Claim Information - Joshua Reeves

NOTE: Changes made in this screen will be saved to your Practice Management Software database and transmitted with the electronic claim. All fields that are not disabled, except for second street address fields, are required.

Tabs: Patient | **Claim Subscriber** | Providers | Insurance Plan | Other Subscriber

Name: Joshua Reeves

Date of Birth: 11/14/1981

Subscriber ID #:

Address: ☐ Use Patient Address

Street: 70 N Garden View Dr.

City: Westside ST: NV Zip: 44444

OK Cancel

Figure 4-25

6. Click **Send Selected Claims** and allow the transmission to complete all of its processes. The Sending Claims dialog appears (see Figure 4-26).



e Sending Claims

➔ **Connecting to eTrans server (HTTPS)**

- Sending claims
- Processing claims
- Receiving reports
- Checking for eTrans updates
- Closing connection to eTrans server

Show Messages >> Cancel

Figure 4-26

7. Allow the submission process to complete and click **OK** to the confirmation message that appears to return to the Sending Claims dialog.
8. Click **Finish** to return to Reports module.



If you do not know whether the claims went through properly, do not resend the claims. Contact the eServices Support department to avoid double billing.

Once the electronic claim submission process is completed, the eClaims Validation Report and eTrans Transmission Report, appear in the Batch Processor. The reports indicate any problems that might have occurred during the transmission process.

INSURANCE ESTIMATES

In Easy Dental, insurance estimates are based on different factors. The first factor is the actual fee being posted for the procedure, which is based on the fee schedule assigned to the patient. The second factor is the way the coverage table is set up. The third factor is whether there is any information entered in the payment table. The final factor is whether the patient has met any of their deductibles and/or their maximum. Each of these factors is discussed individually.

FEE SCHEDULES

A fee schedule allows you to enter the dollar amount a patient is charged for a specific procedure. There are three different ways a fee schedule can be attached to a patient: from the Patients module, through the insurance plan they are attached to, or through their primary provider.

Easy Dental first checks the fee schedule attached to the patient in the Patient's module. If there is no fee schedule attached, it checks the insurance plan. If the insurance plan does not have a fee schedule attached to it, Easy Dental uses the fee schedule attached to the patient's primary provider.



Because the provider is at the bottom of the fee schedule hierarchy, there must be a fee schedule attached to the provider in the Provider Information dialog. Provider setup is discussed in further detail in the Practice Setup chapter.

THE COVERAGE TABLE

The coverage table is used to enter how much an insurance plan covers for a particular procedure or group of procedures. You can also enter any deductibles relevant to the insurance plan.

Each insurance plan has their own coverage table. If you make a change to the coverage for one patient, that change affects all patients attached to the plan. However, the change does not affect other insurance plans. To set up the coverage table for an insurance plan:

1. In the Patients module, double click the **Primary Dental Insurance** block. The Insurance Information dialog appears (see Figure 4-1).
2. In the *Primary Insurance* or *Secondary Insurance* group box, click the **Cov Table** button. The Insurance Coverage dialog appears (see Figure 4-27).

Insurance Coverage - (Metlife/Chevron)

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard	0	50	150
Preventive	0	0	0
Other	0	0	0

Annual Maximum Benefit

	Individual	Family
	1500	0

Claim Deadline: >>

Coverage Table

Beg Proc	End Proc	Category	Cov%	Deductible	Co Pay	Pre-Est
D0100	D1999	Diag/Preventive	100	Preventive	0.00	N
D0100	D1999	Diag/Preventive	100	Preventive	0.00	N
D2000	D2699	Basic Restor	80	Preventive	0.00	N
D2700	D2899	Crowns	50	Standard	0.00	N
D2900	D2999	Other Restor.	80	Standard	0.00	N
D3000	D3999	Endodontics	80	Standard	0.00	N
D4000	D4999	Periodontics	80	Standard	0.00	N
D5000	D5899	Prosth. remov	50	Standard	0.00	N

Select Category

☐ Co-Payment Calculations for Ins Portion:

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

Select Table: >>

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

Figure 4-27

3. In the *Deductible* group box, enter the correct deductible amounts in the appropriate field(s).
4. In the *Annual Maximum Benefit* group box, enter the plan's maximum in the appropriate field(s).
5. In the *Coverage Table* group box, click the **Select Table** search button. The Select Coverage dialog appears (see Figure 4-28).

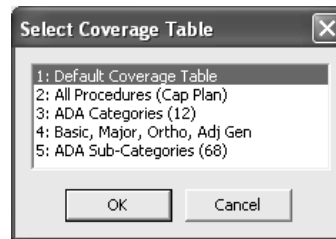


Figure 4-28

6. Select the table most similar to the coverage table used by the insurance plan.
7. Click **OK** to return to the Insurance Coverage dialog.
8. Click **OK**.
9. Click **OK** to the confirmation message that appears to return to the Insurance Information dialog.
10. Click **OK** to return to the Patients module.

THE PAYMENT TABLE

The payment table allows you to enter the dollar amount the insurance plan pays for specific procedures. As payments come back from the insurance, you may choose to update the insurance coverage. Easy Dental stores the actual payment information in the payment table. Therefore, you can enter procedures into the payment table manually or you can have Easy Dental do it for you when you post a payment to a claim.



For more information on how the payment table is updated when posting an insurance payment, see the "Posting Insurance Payments" section.

To enter a procedure manually:

1. In the Patients module, double click the **Primary Dental Insurance** block. The Insurance Information dialog appears (see Figure 4-1).
2. In the *Primary Insurance* or *Secondary Insurance* group box, click the **Pmt Table** button. The Edit Updated Insurance Payment Table dialog appears (see Figure 4-29).

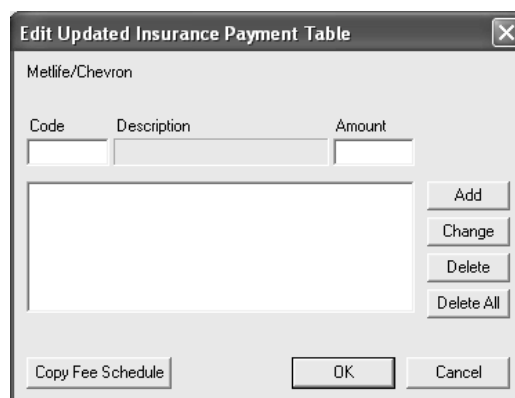


Figure 4-29

3. Enter the procedure code in the **Code** field.
4. Enter the amount the insurance pays for the procedure in the **Amount** field.
5. Click **Add**.
6. Repeat steps 3 – 5 for all other procedures.
7. Click **OK** to return to the Insurance Information dialog.
8. Click **OK** to return to the Patients module.



If a procedure is in the coverage table and the payment table, the amount in the payment table overrides the coverage in the coverage table.

EDITING PATIENT INSURANCE BENEFITS

Many times patients come to your practice after some or all of their insurance benefits are used. In order for Easy Dental to calculate insurance estimates properly, this information needs to be entered into the patient's account. To edit used insurance benefits for a patient:

1. In the Accounts module, select a patient.
2. Double click a claim. The claim window appears.
3. Double click the **Patient/Insurance Information** block. The Patient/Insurance Information dialog appears (see Figure 4-30).

Figure 4-30



The Update Secondary Insurance check box is only visible if you open the Patient/Insurance Information dialog from the Primary Insurance Claim [date] [status] window after the patient's secondary insurance was updated and after the primary claim was created.

3. In the *Deductibles* group box, enter the amount of the deductible(s) that have been paid in the appropriate field(s).
4. Enter the amount of benefits used by the patient in the **Individual Benefits Applied** field.



During the month end process, Easy Dental resets the insurance benefits for the plans that need to be reset. There is no need to do this manually unless the patient is seen part way through their insurance plan's fiscal year.

5. Click **OK** to return to the Insurance Information dialog.
6. Click **OK** to return to the Patients module.

HOW INSURANCE ESTIMATES ARE CALCULATED

Figure 4-31 is a flow chart that demonstrates the steps Easy Dental takes when a procedure is posted to determine the estimated insurance portion.

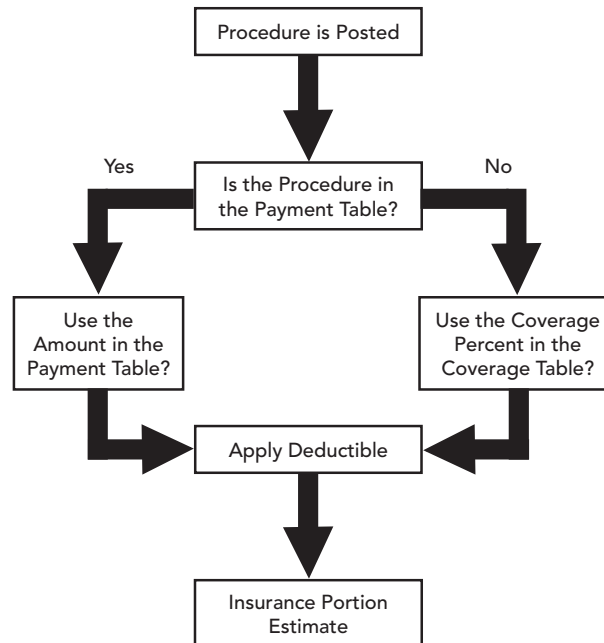


Figure 4-31

When Easy Dental applies the deductible to a procedure, it uses two formulas to calculate the insurance portion.

- If the procedure is not in the payment table, Easy Dental uses this formula:
Insurance Portion = (Procedure Fee – Deductible) x Coverage Percent
- If the procedure is in the payment table, Easy Dental uses this formula:
Insurance Portion = Payment Table Amount – (Deductible x Coverage Table Percent)



To figure out the patient portion, subtract the insurance portion from the procedure fee.

For example, if the patient is going to have an amalgam done for \$250 with a \$50 deductible and the insurance covers 80%, the insurance portion can be figured out using the first formula.

- Insurance Portion = (\$250 – \$50) x 80% = \$160

Whereas, if the patient is going to have an amalgam done for \$250 with a \$50 deductible and the insurance covers 80%, but the payment table shows the insurance usually pays \$180 for the procedure, the insurance portion can be figured out using the second formula.

- Insurance Portion = \$180 – (\$50 x 80%) = \$140

POSTING AN INSURANCE PAYMENT

When a payment is received from an insurance company, it is very important to enter the payment by linking it to the insurance claim. If insurance payments are not linked to insurance claims, Easy Dental cannot accurately track deductibles and benefits used. To enter an insurance payment:

1. In the Accounts module, select a patient.
2. Double click the primary insurance claim. The claim window appears.
3. Click the **Enter Payment** button and select the desired option:
 - If you select **Itemize by Procedure**, the Insurance Coverage Update dialog appears (see Figure 4-32).

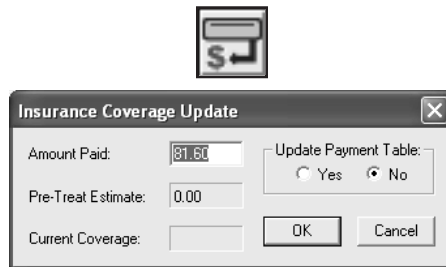
The image shows a dialog box titled "Insurance Coverage Update" with a close button (X) in the top right corner. Inside the dialog, there are three input fields: "Amount Paid:" with the value "81.66", "Pre-Treat Estimate:" with the value "0.00", and "Current Coverage:" which is empty. To the right of these fields is a group box labeled "Update Payment Table:" containing two radio buttons: "Yes" and "No", with "No" being the selected option. At the bottom right of the dialog are two buttons: "OK" and "Cancel". Above the dialog box is a small icon of a computer monitor with a dollar sign on it.

Figure 4-32

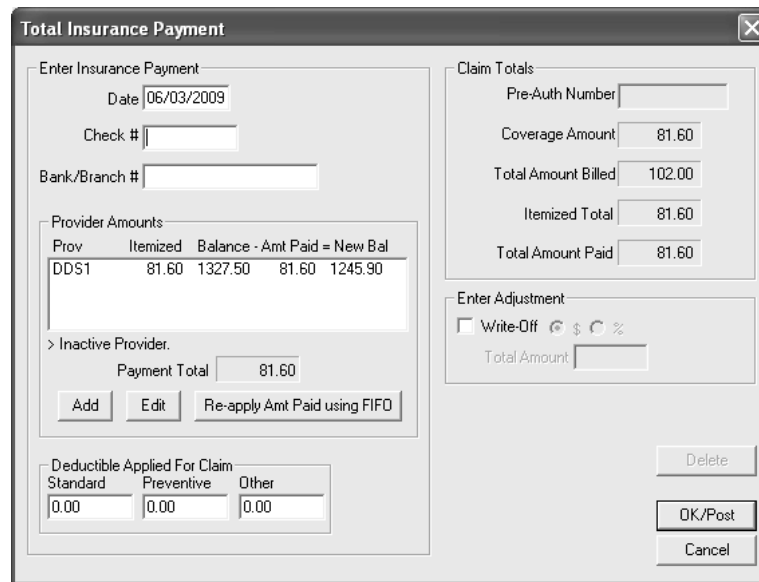
- a. Enter the **Amount Paid** for the procedure selected on the claim.
- b. Mark **Yes** in the *Update Payment Table* group box if you want to update the payment table.

If a payment is different than what Easy Dental has estimated, the next time that specific procedure is completed for a patient with that insurance plan, the correct estimate amount is used. This is done by updating the payment table when receiving insurance payments.



Because the payment table overrides the coverage table, the amount entered in the payment table could potentially cause Easy Dental to estimate the insurance portion lower or higher than it should be. Therefore, be cautious when updating the payment table. Do not update the payment table if the insurance is paying less than normal because the deductible is included in the payment. Also, do not update the payment table if the insurance is paying less than normal because the patient's maximum is being met by the payment.

- c. Click **OK**.
- d. Repeat steps a – c for all procedures attached to the claim.
- e. Once the amount for each procedure has been entered, the Total Insurance Payment dialog appears (see Figure 4-33).



Total Insurance Payment

Enter Insurance Payment

Date: 06/03/2009

Check #:

Bank/Branch #:

Provider Amounts

Prov	Itemized	Balance - Amt Paid = New Bal
DDS1	81.60	1327.50 81.60 1245.90

> Inactive Provider.

Payment Total: 81.60

Add Edit Re-apply Amt Paid using FIFO

Deductible Applied For Claim

Standard	Preventive	Other
0.00	0.00	0.00

Claim Totals

Pre-Auth Number:

Coverage Amount: 81.60

Total Amount Billed: 102.00

Itemized Total: 81.60

Total Amount Paid: 81.60

Enter Adjustment

☐ Write-Off \$ %

Total Amount:

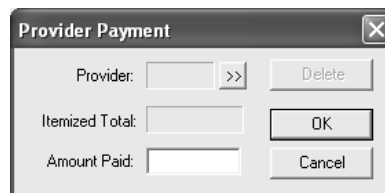
Delete

OK/Post

Cancel

Figure 4-33

- f. In the *Enter Insurance Payment* group box, enter the check and bank/branch numbers in the corresponding fields, if appropriate.
 - g. In the *Deductible Applied For Claim* group box, enter any deductible amounts being applied to the claim in the corresponding fields.
 - h. Click **OK/Post** to post the payment and return to the claim window.
- If you select **Total Payment Only**, the Total Insurance Payment dialog appears (see Figure 4-33).
 - a. In the *Enter Insurance Payment* group box, enter the check and bank/branch numbers in the corresponding fields, if appropriate.
 - b. In the *Provider Amounts* group box, select the provider for which the payment is to be applied and click **Edit**. The Provider Payment dialog appears (see Figure 4-34), allowing you to enter the total amount paid for the claim.



Provider Payment

Provider: >> Delete

Itemized Total: OK

Amount Paid: Cancel

Figure 4-34

- c. In the *Deductible Applied For Claim* group box, enter any deductible amounts being applied to the claim in the corresponding fields.
 - d. Click **OK/Post** to post the payment and return to the claim window.
4. Close the claim to return to the Accounts module.

EDITING/DELETING AN INSURANCE PAYMENT

If you discover you made a mistake when posting an insurance payment, you can either edit or delete the payment as long as it has not been moved into history. To edit or delete an insurance payment:

1. In the Accounts module, select a patient.
2. Double click the primary insurance claim. The claim window appears.
3. Double click the payment in the **Total Insurance Payment** block. The Total Insurance Payment dialog appears (see Figure 4-33).



If the payment is in history, you are not able to open the Total Insurance Payment dialog. To fix a payment in history, you need to post an adjustment to counter the amount (see the "Posting Adjustments" section in the Accounts chapter).

4. Edit or delete the payment:
 - To edit the payment, make the desired changes and click **OK/Post** to save and return the claim.
 - To delete the payment, click the **Delete** button.
5. Close the claim to return to the Accounts module.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database:

1. In the Reports module, click the **Maintenance** button and select **Preferences | Paths**.
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK**.
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. To select more than one procedure when creating a claim for procedures not performed today, which two keyboard buttons do you use? _____

2. True or False? You can send claim attachments electronically. _____
3. Name two of the four ways you can import attachments to attach them to a claim. _____

4. Where would you add a note for a claim attachment? _____

5. True or False? Once you add an attachment to a claim, you can never delete it. _____
6. True or False? You can attach a Microsoft Word document (*.doc) to a claim. _____

7. True or False? Editing the coverage table for an insurance plan will only affect the patient selected in the Patients module. _____
8. Name two of the four things that affect insurance estimates. _____

9. True or False? The coverage table overrides the payment table. _____
10. Name one of the two ways you can update the payment table. _____

11. If the patient is having a crown done for \$600 with a \$50 deductible and the insurance will cover 60% of the cost, what will the patient portion be? _____

12. Which option would you select if you wanted to post how much the insurance carrier paid for each procedure attached to the claim? _____

13. In which circumstance should you not update the payment table when posting an insurance payment? _____

14. True or False? There is a way to indicate whether a deductible was applied to a claim. _____

15. If the insurance carrier sends you the total payment for a claim without an itemized list of payments for each procedure, which option would you select to post that payment? _____

APPLY YOUR KNOWLEDGE

1. In Brent Crosby's account, select all the procedures performed on 1/2/2009 and create a claim for those procedures.
2. Post a payment for the claim created in Activity 1 using the Itemize by Procedure feature. If Easy Dental prompts you to create a secondary claim, create it.
3. Open Brent's primary claim created in Activity 1 and attach his perio exam to the claim.

CHAPTER NOTES

This image shows a full page of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. In the bottom right corner, there is a dark circular logo. Inside the circle is a white square containing several horizontal lines, resembling a document or a list. The logo has a slight shadow or gradient effect.



CHART

5

OVERVIEW

The Chart module is a complete chair-side tool used to simplify record-keeping while offering the newest technical innovations in dentistry. The Chart module provides a quick and easy way to enter existing, recommended, and completed treatments or conditions.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Set up procedure buttons
- Set up Chart colors
- Post existing, recommended, and completed treatment or conditions
- Edit/Delete existing procedures
- Use the Clinical Notes and Procedure Notes features
- Change dentition
- Print Chart reports

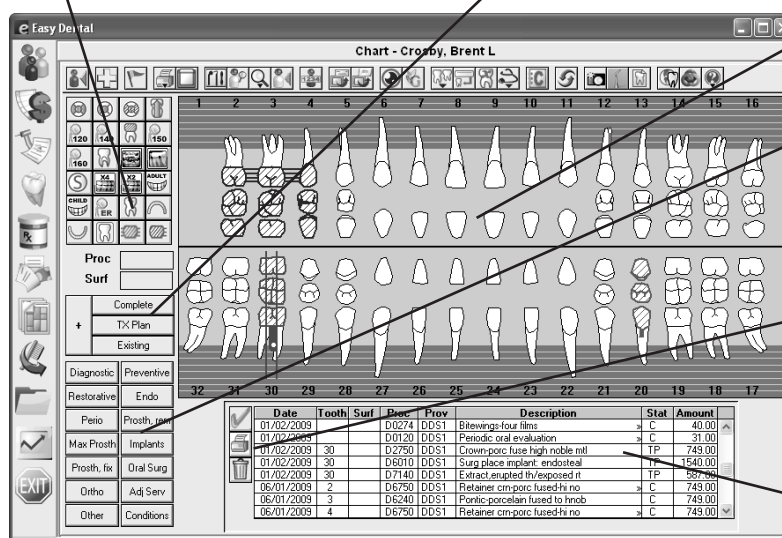
CHART MODULE OVERVIEW

Most of the clinical functionality of Easy Dental is accessed through the Chart module (see Figure 5-1). The Chart module makes it very easy to chart treatment plans, existing, and completed work, as well as maintain thorough clinical records and notes. In this chapter, you will learn some of the basics of Easy Dental charting and learn several ways of simplifying your clinical note entries.

Procedures buttons can be assigned any procedure or explosion code.

The status buttons allow you to post work as completed, treatment-planned, existing, or existing other.

The Graphic Chart displays all information regarding completed, treatment-planned, and existing work.



Category buttons can be customized to include only those procedure codes you use most often.

The Set Complete button allows you to set treatment-planned procedures complete. The Delete button allows you to delete procedures.

The Progress Notes display information regarding work posted in the Patient Chart.

Figure 5-1

PATIENT CHART TERMS

- **Explosion Codes:** A user-defined code that can contain up to eight different procedure codes typically treatment-planned or completed at the same time. When explosion codes are used, the codes are posted individually.
- **Conditions:** An existing state of the mouth or tooth, such as a missing, unerupted, or fractured tooth.
- **Progress Notes:** Information regarding work posted in the Chart module is displayed in the Progress Notes. They are sorted by date and then by tooth numbers.

CHART MODULE SETUP

Before you start using the Chart module, it is recommended that you set up the Chart display options and procedure buttons. These features can be set up or changed at any time.

CUSTOMIZING CHART COLORS

The colors in the Chart module, including the Graphic Chart display and paint colors, can be customized to match the needs of your office.



Chart colors are workstation-specific. You must set up the colors on all workstations.

To customize the Chart module colors:

1. In the Chart module, click the **View Options** button and select **Set Chart Colors**. The Set Chart Colors dialog appears (see Figure 5-2).

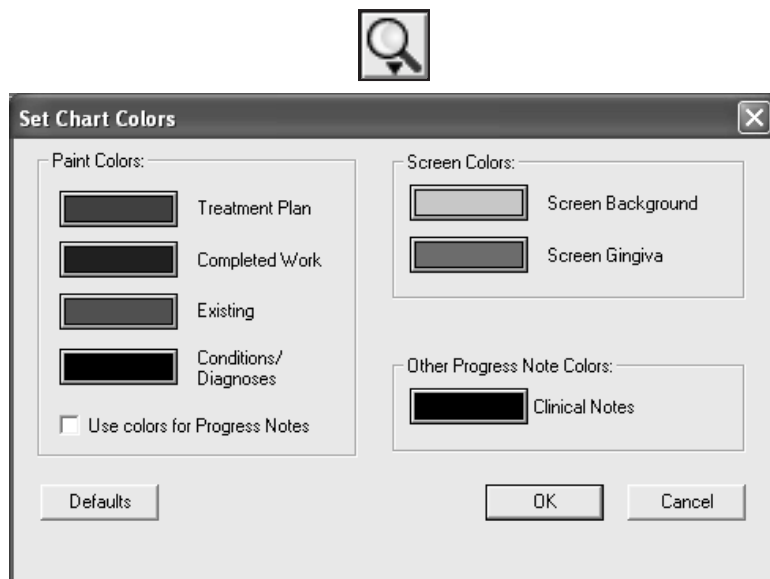


Figure 5-2

2. In the *Paint Colors* group box, click the colored button next to **Treatment Plan**. The Color dialog appears (see Figure 5-3), allowing you to select the desired color.

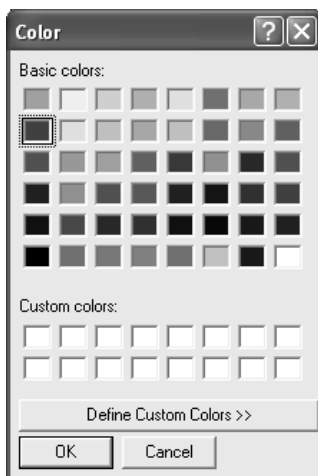


Figure 5-3

3. Repeat step 2 for all other status types.
4. Check **Use colors for Progress Notes** if you want the progress notes to be displayed in the same color as their corresponding status.
5. In the *Screen Colors* group box, click the colored button next to **Screen Background**. The Color dialog appears (see Figure 5-3), allowing you to select the desired color.
6. Repeat step 5 to select the **Screen Gingiva** color.
7. Click **OK** to return to the Chart module.

SETTING UP PROCEDURE BUTTONS

Procedure buttons are used to chart the most common procedures performed in your office. Each button can be assigned to a different procedure that can be completed, treatment-planned, or charted as existing work. To set up procedure buttons:

 Procedure buttons are workstation-specific. You must set them up on each workstation. There is a limit of 24 procedure buttons that can be set up on each workstation.

- 1. In the Chart module, click the **Set Up Procedure Buttons** button. The Set Up Procedure Buttons dialog appears (see Figure 5-4).

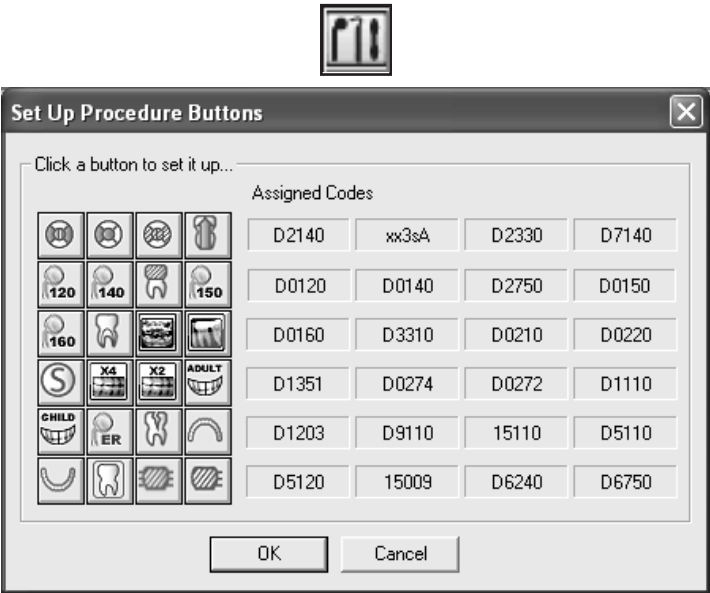


Figure 5-4

- 2. Click the button you want to change. The Set Up Procedure Button dialog appears (see Figure 5-5).

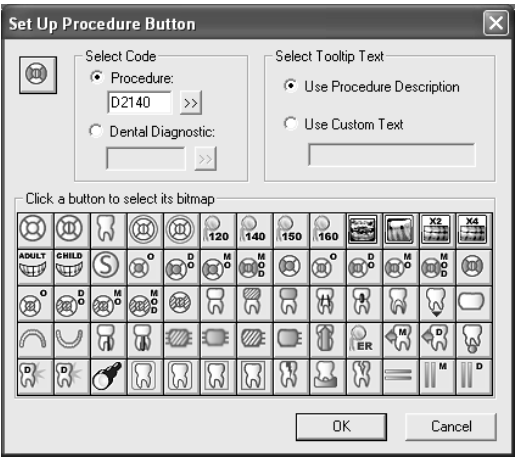


Figure 5-5

- 3. In the *Select Code* group box, click the **Procedure** search button. The Procedure Codes dialog appears (see Figure 5-6), allowing you to select a procedure code. Or, if you know the code, enter it in the **Procedure** field.



Easy Dental is pre-programmed with treatment flags set up for each procedure code. When posting a procedure, these flags will determine whether a procedure code is changed to reflect the correct posting conditions (i.e., primary/permanent, number of surfaces, anterior/posterior, etc.). For example, if you post a MOD amalgam on a tooth using the one-surface amalgam procedure code, Easy Dental will actually post the amalgam with the procedure code for three surfaces not the code for one surface.

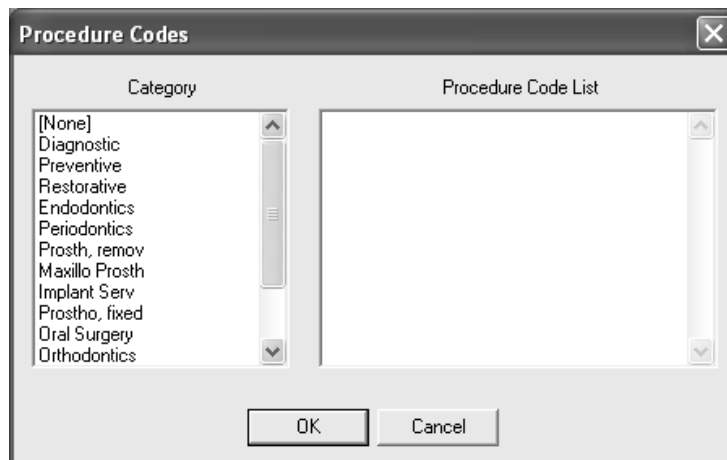


Figure 5-6

4. In the *Select Tooltip Text* group box, mark the desired option:
 - If you want the description set up for the procedure in the Procedure Code Setup to show as the description for the procedure button, mark **Use Procedure Description**.
 - If you want to customize a description for the procedure button, mark **Use Custom Text** and enter the desired description.
5. In the *Click a button to select its bitmap* group box, click the desired image from the available images.
6. Click **OK** to return to the Set Up Procedure Buttons dialog.
7. Repeat step 2 – 5 for all desired buttons.
8. Click **OK** to return to the Chart module.

POSTING TREATMENT

To post procedures in the Chart module:

1. In the Chart module, select a patient.
2. Select the tooth/teeth on which you want to post work.
3. Select the procedure you want to post:
 - Click the desired procedure button.
 - Click the category button containing the procedure code you want to post. The Select Procedure Code dialog appears (see Figure 5-7), allowing you to select the desired procedure code.

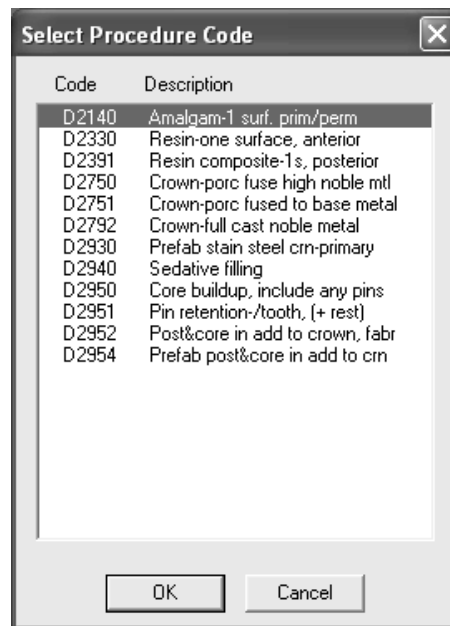


Figure 5-7

- Click the **Explosion Codes** button. The Select Explosion Code dialog appears (see Figure 5-8), allowing you to select the desired explosion code.

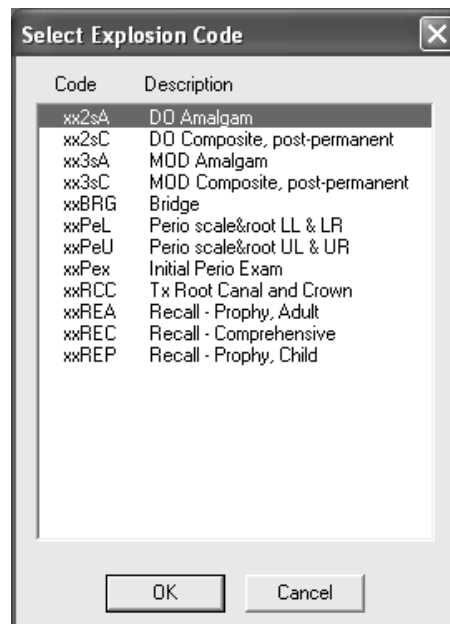


Figure 5-8

- Click the desired status button:
 - Complete** is for completed procedures.
 - TX Plan** is for treatment-planned procedures.
 - Existing** is for existing completed work.

5. Enter any additional information:

- **Surface(s):** If you selected a procedure that requires surfaces (e.g. amalgam, composite), Easy Dental prompts you to select the applicable surfaces (see Figure 5-9). To select a surface:

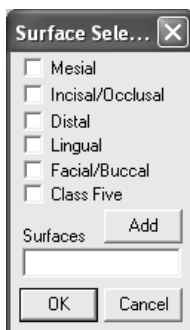


Figure 5-9

- Check the desired surface(s).
 - Click **OK**.
- **Quadrant(s):** If you selected a procedure that requires quadrants (e.g. perio scale and root planing), Easy Dental prompts you to select the applicable quadrants (see Figure 5-10). To select a quadrant:



Figure 5-10

- Check the applicable quadrant(s).
- Click **OK**.

USING THE AUTO-STATE BUTTON

The Auto-State button can save you a lot of time by not having to choose a status each time a procedure is posted. To use the Auto-State button:

- In the Chart module, select a patient.
- Click the **Auto-State** button to activate (depress) it (see Figure 5-11).



Figure 5-11

- By default, the **TX Plan** button is activated (depressed), indicating it will be the status given to each procedure posted. To change to a different status, click the corresponding button.
- Follow steps 2 – 5 in the Posting Treatment section, omitting step 4.

COMPLETING TREATMENT-PLANNED PROCEDURES

If you do not complete a treatment-planned procedure, but instead re-post the work as Completed, the procedure shows as both treatment-planned and completed. To complete a treatment-planned procedure:

1. In the Chart module, select a patient.
2. In the Progress Notes, select the desired procedure(s).



To select more than one procedure at a time, hold down the Ctrl key and click each procedure you want to select.

3. Click the **Set Complete** button (see Figure 5-12).



Figure 5-12



You should not complete treatment-planned procedures by double clicking the procedure and changing the status to Completed. This will change the procedure to completed, but it will not reflect the change in date.

EDITING/DELETING A PROCEDURE

If you discover you made a mistake when posting a procedure, you can either edit or delete the procedure as long as it has not been moved into history. To edit or delete a procedure:

1. In the Chart module, select a patient.
2. In the Progress Notes, double click the procedure to be edited/deleted. The Edit or Delete Procedure dialog appears (see Figure 5-13).

Figure 5-13

3. Edit or delete the procedure:
 - To edit the procedure, make the desired changes and click **OK** to save and return to the Chart module.
 - To delete the procedure, click the **Delete** button.



Before you can edit/delete a procedure, you must ensure any claims linked to the procedure have been deleted. If there is a claim linked to the procedure, where the Delete button would normally be, the following note appears, "Procedures attached to an Insurance Claim may not be changed until the Claim has been deleted."



You can also delete treatment-planned and existing procedures by selecting them in the Progress Notes and clicking the Delete button.

INVALIDATING A COMPLETED PROCEDURE

If a completed procedure has been moved into history, it cannot be edited or deleted. Instead, the procedure must be invalidated. Invalidating a procedure removes it from displaying in the Chart module, but it still shows in the Accounts module. To invalidate a procedure:

1. In the Chart module, select a patient.
2. In the Progress Notes, double click the procedure to be invalidated. The Validate/Invalidate Procedure in History dialog appears (see Figure 5-14).

Figure 5-14

3. Mark **Invalidate Procedure** in the *Validate/Invalidate Procedure* group box.
4. Click **OK** to return to the Chart module.



Once you invalidate a procedure, you must post a credit adjustment in the Accounts module to offset the amount of the procedure.

CHANGING DENTITION

At times, it may be necessary to change dentition on a patient's chart to reflect their primary/permanent teeth. To change dentition:

1. In the Chart module, select a patient.
2. Click the **Primary/Permanent** button (see Figure 5-15) and select the desired option:



Figure 5-15

- **Change All** changes all teeth to the opposite dentition of what they are (i.e. primary to permanent or permanent to primary).
- **Change Selected** only changes the selected teeth to the opposite dentition of what they are.

PRINTING THE CHART

To print the Chart:

1. In the Chart module, select a patient.
2. Click the **Print Dental Chart** button and select the desired option:
 - If you select **Dental Chart**, the Print Dental Chart dialog appears (see Figure 5-16).

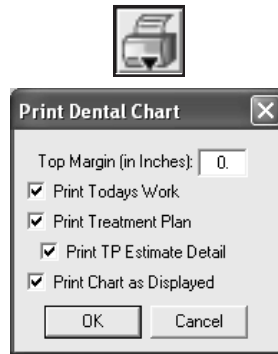


Figure 5-16

- a. Check **Print Today's Work** to include work completed today.
 - b. Check **Print Treatment Plan** to include treatment-planned procedures. Check **Print TP Estimate Detail** to include the insurance estimate.
 - c. Check **Print Chart as Displayed** to print the graphic chart as displayed.
 - d. Click **OK** to print.
- If you select **Progress Notes with Chart**, the Print Progress Notes with Chart dialog appears (see Figure 5-17).

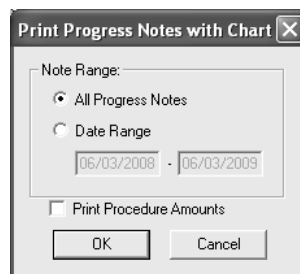


Figure 5-17

3. In the *Note Range* group box, mark the desired option:
 - **All Progress Notes:** Prints a report of the progress notes for the selected patient.
 - **Date Range:** Allows you to enter a date range of progress notes to print for the selected patient.
4. Check **Print Procedure Amounts** to include the amounts of the procedures.
5. Click **OK** to print.

ENTERING CLINICAL NOTES

Clinical notes are designed to help you enter information during a patient's clinical exam, such as observations regarding a patient's oral health and any counseling given to the patient. To add a clinical note:

1. In the Chart module, select a patient.
2. Click the **Clinical Notes** button. The Clinical Notes dialog appears (see Figure 5-18).

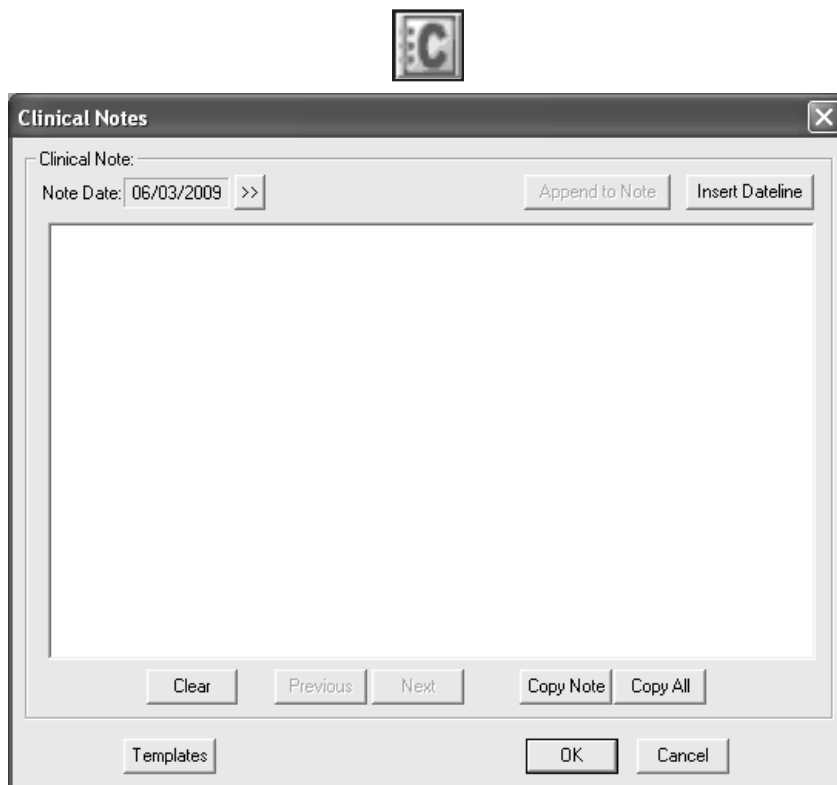


Figure 5-18

3. Click the **Note Date** search button. The Select Date dialog appears (see Figure 5-19), allowing you to select the date of the note. The default date is today's date.



Figure 5-19

4. Enter the note in the middle column of the Clinical Notes panel:



Each note has a limit of 4,000 characters.

5. Click **OK** to save the note and return to the Chart module.

ADDING AN ADDENDUM TO A CLINICAL NOTE IN HISTORY

Once a month has been closed, any clinical notes entered during that month are put into history and can no longer be edited or deleted. However, you can add an addendum to the note. To add an addendum to a clinical note in history:

1. In the Chart module, select a patient.
2. Click the **Clinical Notes** button. The Clinical Notes dialog appears (see Figure 5-18).
3. Click the **Note Date** search button. The Select Date dialog appears (see Figure 5-19), allowing you to select the date of the note to which you want to add an addendum.
4. Click the **Append to Note** button. The Append to Clinical Note dialog appears (see Figure 5-20).

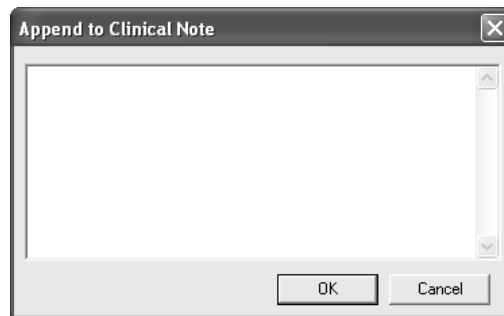


Figure 5-20

5. Enter the desired note.
6. Click **OK**.
7. Click **Yes** to the confirmation message to add the addendum to the note and return to the Clinical Notes dialog.



Once you click Yes to append a note in history, the appended portion of the note is automatically moved into history and can no longer be edited or deleted.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database::

1. In the Reports module, click the **Maintenance** button and select **Preferences | Paths**.
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK**.
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. True or False? It is okay to complete a procedure by double clicking it and changing the status from Treatment Plan to Completed. _____
2. True or False? You can delete completed work using the Delete button next to the Progress Notes. _____
3. True or False? Procedures in history can be edited at any time. _____
4. If you need to show that a patient has mixed dentition, which Primary/Permanent option would you use? _____

5. Up to how many characters can be entered in one clinical note? _____

6. If a clinical note is in history, which button can you use to add something to that note? _____

7. Which report will print a report of today's work in the Chart module? _____

APPLY YOUR KNOWLEDGE

1. Set up the Chart module's colors as outlined below. Make sure the progress notes will display in the colors with the same status. After you are done with this activity, click Defaults to change the colors back to the default colors as this change will affect your live database as well. Or, you can set up the colors to the specifications of your office.
 - Treatment Plan: Red
 - Completed Work: Blue
 - Existing: Green

- Existing Other: Orange
 - Conditions/Diagnoses: Purple
2. Replace the following existing procedure buttons with the following new buttons: (Choose a bitmap that corresponds the best with the new procedure.)
 - Replace D0120 with D5211 (maxillary partial denture).
 - Replace D0140 with D5212 (mandibular partial denture).
 3. Replace the procedure buttons customized in Activity 2 with the default buttons.
 4. Abigail Smith came into the office today complaining that one of her teeth was hurting. After the doctor looked at her tooth, he noticed that she has decay on the occlusal and lingual surfaces. He suggests that he fill the tooth while she is in the office today. Post the decay and the completed resin in her chart for tooth 18.
 5. Post the following existing treatment done by another office for Abigail:
 - Tooth 1, 16, 17, and 32: Extracted
 - Tooth 14: DO Amalgam
 - Tooth 15: MO Amalgam
 - Tooth 2: O Amalgam
 - Tooth 30: Missing for more than a year (condition)
 6. Post the following treatment that Abigail needs done:
 - Tooth 20 and 21: MOD Resin
 - Tooth 30: Implant
 - Tooth 29 – 31: Bridge
 7. Brent Crosby came into the office today and had his extraction completed. Indicate this on his chart.
 8. Meryn and Meredith Reeves are children and need to have their charts show primary dentition instead of permanent. Indicate this in their charts.
 9. Enter a clinical note for Abigail Smith. (It does not matter what you enter.)
 10. Print a report showing treatment-planned procedures and any work done today for Abigail.

PERIO CHART

6

OVERVIEW

The Easy Dental Perio Chart allows you to record mobility, furcation grades, plaque, calculus, bone loss, pocket depths, bleeding and suppuration points, gingival margins, CAL, and MGJ measurements. Automatic calculation formulas allow you to expedite the charting process by eliminating the need to measure multiple indicators. Once entered, data can be viewed numerically or graphically. Finally, you can print custom reports, charts and letters for an insurance consultant or the referring dental professional.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Select script settings
- Create an exam
- Perform an exam comparison
- Print perio reports

PERIO CHART OVERVIEW

Understanding the basic navigation of the Perio module (see Figure 6-1) is crucial to the successful implementation of a paperless Perio module in your office. The Perio Chart allows you to record mobility, furcation grades, plaque, calculus, bone loss, pocket depths, bleeding and suppuration points, gingival margins, CAL levels, and MGJ measurements. The different automatic calculation formulas allow you to expedite the charting process without measuring multiple indicators. And, once entered, data can be viewed numerically.

The Measurement key indicates the different measurements that can be entered into the Perio Chart.

This is the Data Chart. You will see all measurements here.

The Tooth Indicator Control box indicates which tooth is selected. Data entered will be specific for the displayed tooth number.

The screenshot shows the 'Perio Chart - Crosby, Brent L - DDS1 [06/03/2009](NEW)' window. It features a large data grid on the left with columns for tooth numbers (1-16) and rows for various measurements (PD, Bld, Sup, GM, CAL, MG, FG, TC, PMB, etc.). On the right, there's a control panel with fields for 'Tooth #', 'Mobility', 'Tooth Code', 'Furcation Grade(s)', 'Plaque', 'Bone Loss', 'Script', 'Prev', 'Home', 'Next', 'Facial', 'Probing Depth', 'Gingival Margin', 'Clinical Att. Level', and 'MGJ'. Annotations with arrows point to specific parts of the interface:

- Measurement key:** Points to the top row of the data grid, which lists various measurements like PD, Bld, Sup, GM, CAL, MG, FG, TC, PMB, etc.
- Data Chart:** Points to the main grid of data entries for each tooth.
- Tooth Indicator Control box:** Points to the 'Tooth #' field on the right, which currently shows '2'.
- Mobility data:** Points to the 'Mobility' field on the right, which has a dropdown menu.
- Furcation grades:** Points to the 'Furcation Grade(s)' field on the right, which has a dropdown menu.
- Plaque and bone loss data:** Points to the 'Plaque' and 'Bone Loss' fields on the right, which have dropdown menus.
- Tooth Code:** Points to the 'Tooth Code' field on the right, which has a dropdown menu.
- Navigation controls:** Points to the 'Prev', 'Home', and 'Next' buttons on the right.
- Bleeding and suppuration points:** Points to the 'Bld' and 'Sup' rows in the data grid.
- Data entry controls:** Points to the 'Facial', 'Probing Depth', 'Gingival Margin', 'Clinical Att. Level', and 'MGJ' fields on the right.

Figure 6-1

PERIO CHART SETUP

Perio exam methods differ from provider to provider. To facilitate different charting styles, the Perio module allows you to set up scripts and paths that represent each provider's preferred method of examination on each computer in the office. To set up the Perio Chart:

1. In the Perio Chart, click the **Setup** button. The Perio Entry Setup dialog appears (see Figure 6-2).

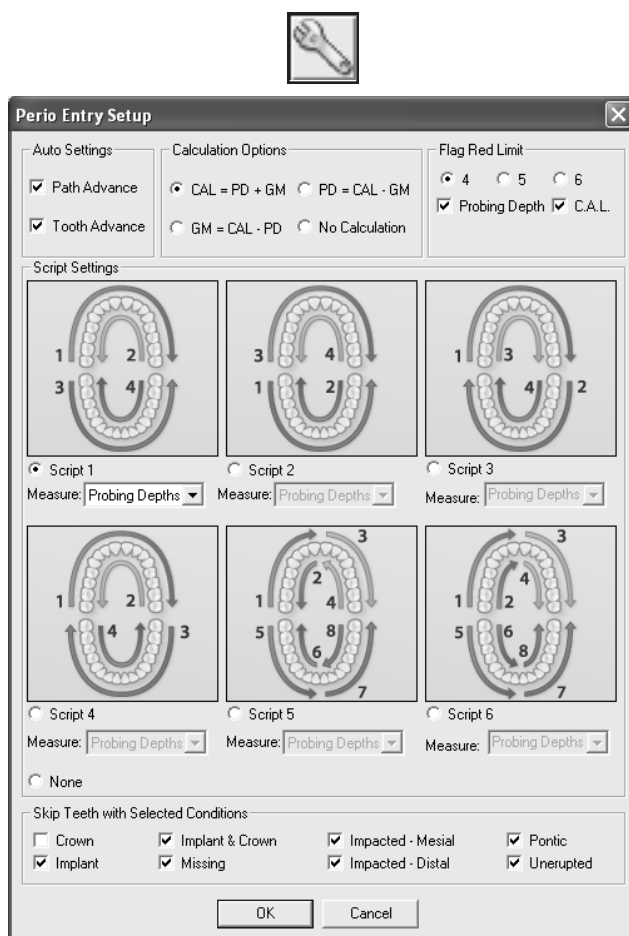


Figure 6-2

2. Check **Path Advance** and **Tooth Advance** so that Easy Dental allows you to enter data without having to click each site of each tooth before moving on to the next.
3. In the *Calculations Options* group box, mark the desired option:
 - **CAL = PD + GM:** Mark this option if you plan to enter the pocket depth and gingival margin measurements. The clinical attachment level is calculated for you.
 - **PD = CAL - GM:** Mark this option if you plan to enter the clinical attachment level and gingival margin measurements. The pocket depths is calculated for you.
 - **GM = CAL - PD:** Mark this option if you plan to enter the clinical attachment level and pocket depth measurements. The gingival margin is calculated for you.
 - **No Calculation:** Mark this option if you will only be entering one measurement and do not wish to perform a calculation.



You should mark the appropriate calculation option based on the measurements you want to take.

4. In the *Flag Red Limit* group box, check the desired options and mark the desired limit. All measurements at or above the number marked display in red in the Data Chart.
 - Check **Probing Depth** if you want the red flag limit to apply to the probing depths entered in the Data Chart.

- Check **C.A.L.** if you want the red flag limit to apply to the clinical attachment level measurements entered in the Data Chart.
5. In the *Script Settings* group box, mark the desired measurement style from the pre-defined scripts.
- Script 1: Starts you on tooth 1 on the Facial side and advances from left to right, advancing from tooth 1 to 16. At the end of the arch, the script reverses direction, advancing from tooth 16 back to 1 on the Lingual side. Next, the script drops down to the lower arch and advances from tooth 32 to 17 on the Facial side. Finally, the script reverses again and advances from tooth 17 back to 32 on the Lingual side.
 - Script 2: Starts you on tooth 32 on the Facial side and advances from left to right, advancing from tooth 32 to 17. At the end of the arch, the script reverses direction, advancing from tooth 17 to 32 on the Lingual side. Next, the script moves to the upper arch and advances from tooth 1 to 16 on the Facial side. Finally, the script reverses again and advances from tooth 16 back to 1 on the Lingual side.
 - Script 3: Starts you on tooth 1 on the Facial side and advances from left to right, advancing from tooth 1 to 16. At the end of the arch, the script drops down to the lower arch and advances from tooth 17 to 32 on the Facial side. Next, the script moves back up to the upper arch and advances from tooth 1 to 16 on the Lingual side. Finally, the script drops down to the lower arch again and advances from tooth 32 back to 17 on the Lingual side.
 - Script 4: Starts you on tooth 1 on the Facial side and advances from left to right, advancing from tooth 1 to 16. At the end of the arch, the script reverses direction, advancing from tooth 16 back to 1 on the Lingual side. Next, the script drops down to the lower arch and advances from tooth 17 to 32 on the Facial side. Finally, the script reverses again and advances from tooth 32 back to 17 on the Lingual side.
 - Script 5: Starts you on tooth 1 on the Facial side and advances from left to right, advancing from tooth 1 to 8. Then, the script reverses direction, advancing from tooth 8 back to 1 on the Lingual side. After the upper left quadrant is done, the script moves to tooth 9 on the Facial side and advances from tooth 9 to 16. Next, the script reverses direction again, advancing from tooth 16 back to 9 on the Lingual side. After the upper right quadrant is done, the script drops down to the lower arch and advances from tooth 32 to 25 on the Facial side. Then, the script reverses again, advancing from tooth 25 back to 32 on the Lingual side. After the lower left quadrant is done, the script moves to tooth 24 on the Facial side and advances from tooth 24 to 17. Finally, the script reverses again and advances from tooth 17 back to 24 on the Lingual side.
 - Script 6: Starts you on tooth 1 on the Facial side and advances from left to right, advancing from tooth 1 to 8. Then, the script advances from tooth 1 to 8 on the Lingual side. After the upper left quadrant is done, the script moves to tooth 9 on the Facial side and advances from tooth 9 to 16. Next, the script advances from tooth 9 to 16 on the Lingual side. After the upper right quadrant is done, the script drops down to the lower arch and advances from tooth 32 to 25 on the Facial side. Then, the script advances from tooth 32 to 25 on the Lingual side. After the lower left quadrant is done, the script moves to tooth 24 on the Facial side and advances from tooth 24 to 17. Finally, the script advances from tooth 24 to 17 on the Lingual side.



If you do not want to use a pre-defined script, mark None. When you enter measurements, the Perio Chart will advance from tooth-to-tooth and end on tooth 32.

6. Expand the **Measure** drop-down and select the desired option:
 - Select **Probing Depths** to measure the patient's probing depths while performing an exam.
 - Select **Gingival Margin** to measure the patient's gingival margin while performing an exam.
 - Select **Clin. Att. Level** to measure the patient's clinical attachment level while performing an exam.
 - Select **MGJ** to measure the mucogingival junction while performing an exam.
7. Check the desired **Skip Teeth with Selected Conditions** options to skip teeth with those conditions.
8. Click **OK** to save and return to the Perio Chart.

CREATING A NEW PERIO EXAM

Once the Perio Chart has been set up, you are ready to create an exam. When the Perio Chart is opened, the last saved exam for the patient is displayed. You can overwrite the existing data with new data and save the exam with today's date, leaving the old exam intact, or you can create a new exam.

To create a new exam:

1. In the Perio Chart, click the **New Exam** button. The Create New Perio Chart dialog appears (see Figure 6-3).

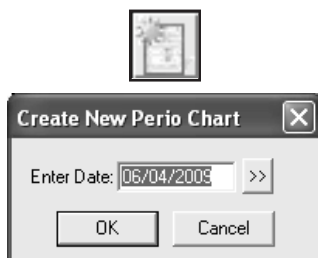


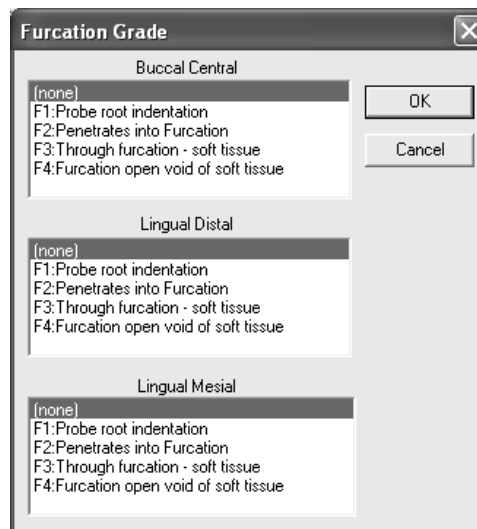
Figure 6-3

2. Click the **Enter Date** search button. The Select Date dialog appears (see Figure 5-19), allowing you to select an exam date other than today's date.
3. Click **OK** to create an exam and return to the Perio Chart.
4. Enter the measurements as you perform the exam by entering the numbers with your keyboard.
5. Indicate bleeding and suppuration points by pressing **B** for bleeding and **S** for suppuration on your keyboard.



You can also enter exam data by using the data entry controls.

6. Enter the mobility classification of a tooth by marking the appropriate number from the **Mobility** radio buttons.
7. Enter the furcation grade of a tooth by clicking the **Furcation Grade(s)** search button. The Furcation Grade dialog appears (see Figure 6-4), allowing you to select the appropriate grade.



The **Furcation Grade** dialog box contains three sections for selecting furcation levels:

- Buccal Central:** (none), F1: Probe root indentation, F2: Penetrates into Furcation, F3: Through furcation - soft tissue, F4: Furcation open void of soft tissue.
- Lingual Distal:** (none), F1: Probe root indentation, F2: Penetrates into Furcation, F3: Through furcation - soft tissue, F4: Furcation open void of soft tissue.
- Lingual Mesial:** (none), F1: Probe root indentation, F2: Penetrates into Furcation, F3: Through furcation - soft tissue, F4: Furcation open void of soft tissue.

Buttons for **OK** and **Cancel** are located on the right side.

Figure 6-4



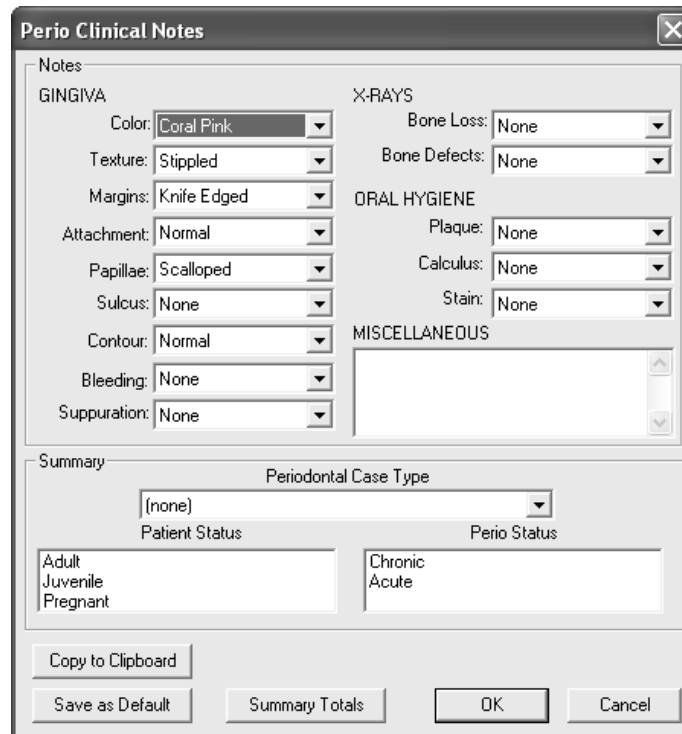
Only the furcation levels relevant to the selected tooth site are available. If furcation levels do not apply to a specific tooth site, a message appears stating that furcation levels do not apply to the selected tooth.

8. Expand the **Plaque** drop-down and select the appropriate classification.
9. Expand the **Bone Loss** drop-down and select the appropriate classification.



Mobility appears in the center placement of the PMB line in the Measurement key. Plaque appears in the right placement of the PMB line in the Measurement key. Bone loss appears in the left placement of the PMB line in the Measurement key.

10. Click the **Diagnostics** button. The Perio Clinical Notes dialog appears (see Figure 6-5).



The **Perio Clinical Notes** dialog box is organized into several sections:

- Notes:**
 - GINGIVA:** Color (Coral Pink), Texture (Stippled), Margins (Knife Edged), Attachment (Normal), Papillae (Scalloped), Sulcus (None), Contour (Normal), Bleeding (None), Suppuration (None).
 - X-RAYS:** Bone Loss (None), Bone Defects (None).
 - ORAL HYGIENE:** Plaque (None), Calculus (None), Stain (None).
 - MISCELLANEOUS:** A text area for additional notes.
- Summary:**
 - Periodontal Case Type:** (none)
 - Patient Status:** Adult, Juvenile, Pregnant
 - Perio Status:** Chronic, Acute

Buttons at the bottom include **Copy to Clipboard**, **Save as Default**, **Summary Totals**, **OK**, and **Cancel**.

Figure 6-5

11. In the *Notes* group box, select the desired options in the **Gingiva**, **X-rays**, and **Oral Hygiene** sections.
12. Expand the **Periodontal Case Type** drop-down and select the appropriate type.
13. Select the appropriate status for the patient in the **Patient Status** pane.
14. Select the appropriate status for the patient's perio health in the **Perio Status** pane.
15. Enter any miscellaneous information in the **Miscellaneous Notes** field.
16. Click **OK** to return to the Perio Chart.

SAVING AN EXAM

To save an exam after you have entered all pertinent data, in the Perio Chart, click the **Save Exam** button (see Figure 6-6).



Figure 6-6



When saving an exam, if you overwrote numbers on an existing exam, Easy Dental prompts you to save All Entries or New Entries as the current exam. The existing exam remains intact.

CHANGING THE DATE OF AN EXAM

Sometimes, it is necessary to change the date of an exam after it has been created. To change an exam date, in the Perio Chart, click the **Set Date** button (see Figure 6-7). The Select Date dialog appears (see Figure 5-19), allowing you to select the desired date.



Figure 6-7

CHANGING THE PROVIDER OF AN EXAM

Sometimes, it is necessary to change the provider for an exam. To change the provider, in the Perio Chart, click the **Select Provider** button (see Figure 6-8). The Select Provider dialog appears (see Figure 2-9), allowing you to select the desired provider.



Figure 6-8

WORKING WITH EXISTING EXAMS

Once an exam has been saved, it becomes a permanent part of the selected patient's information. Existing exams can be viewed, edited, or deleted.

OPENING AN EXISTING EXAM

Occasionally, you may want to review a patient's existing exam(s). To open an existing exam, in the Perio Chart, click the **Open Exam** button. The Open Exam dialog appears (see Figure 6-9), allowing you to select the desired exam.

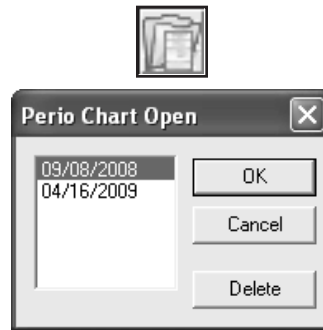


Figure 6-9

EDITING AN EXISTING EXAM

At times, you may need to fix an error made on an existing exam. To edit an existing exam:

1. In the Perio Chart, click the **Open Exam** button. The Open Exam dialog appears (see Figure 6-9), allowing you to select the desired exam.
2. Make the desired changes.
3. Click the **Save** button (see Figure 6-6).

DELETING AN EXISTING EXAM

At times, you may accidentally save an exam that should not have been saved or you may want to delete an existing exam. To delete an existing exam:

1. In the Perio Chart, click the **Open Exam** button. The Open Exam dialog appears (see Figure 6-9), allowing you to select the desired exam.
2. Select the exam you want to delete.



You cannot delete an exam that is currently open. You must select another exam before you can delete it.

3. Click **Delete** to delete it.
4. Click **Yes** to the confirmation message that appears.

COMPARING EXAMS

The Perio Chart also provides an exam comparison feature. This allows you to monitor and view a graphic representation of a patient's progress between current and past exams. To compare exams:

1. With an exam open in the Perio Chart, click the **Options** button and select **Exam Comparison**. The Perio Comparative Selections dialog appears (see Figure 6-10).

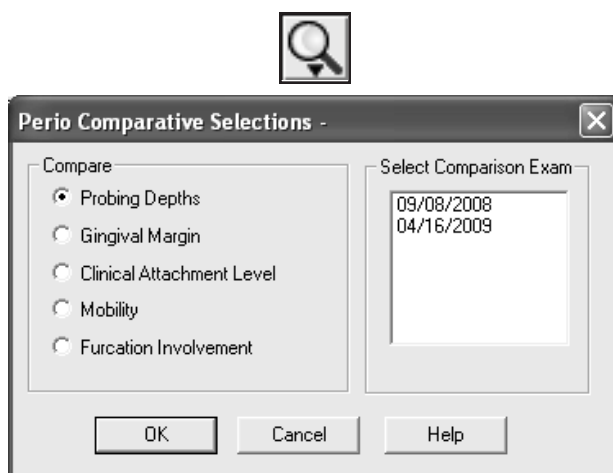


Figure 6-10

2. In the *Select Comparison Exam* group box, select the exam(s) to compare with the currently opened exam.
3. In the *Compare* group box, mark the desired option:
 - **Probing Depths:** Allows you to compare the probing depths of both exams.
 - **Gingival Margin:** Allows you to compare the gingival margin of both exams.
 - **Clinical Attachment Level:** Allows you to compare the clinical attachment level of both exams.
 - **Mobility:** Allows you to compare the mobility of both exams.
 - **Furcation Involvement:** Allows you to compare the furcation grades of both exams.
4. Click **OK** to open the exam comparison.

PRINTING PERIO REPORTS

Two types of perio reports can be printed: letters and charts. Before you print perio letters or charts, you should customize your prints options.

PERIO LETTERS

You can print perio letters that can be sent to the patient's insurance, the patient, or a referring dentist. These letters inform the patients or referring dentist to follow up on the progress of perio diagnosis and treatment. To print a letter:

1. In the Perio Chart, click the **Print Perio Reports** button. The Perio Print Selections dialog appears (see Figure 6-11).

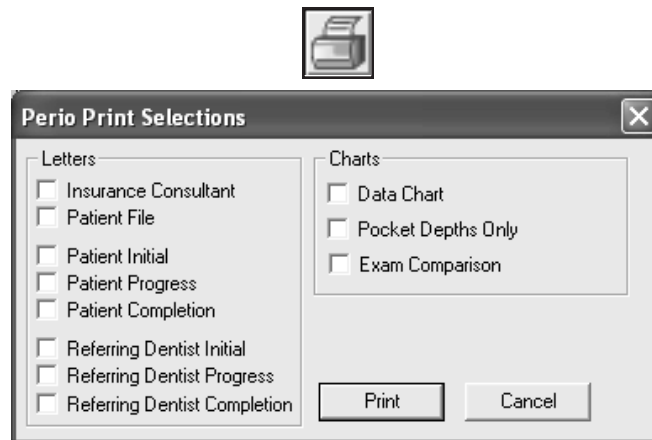


Figure 6-11

2. In the *Letters* group box, check the desired letter(s) you want to print:
 - The **Insurance Consultant** letter is a letter that is sent to the patient's insurance to give payment details and help speed up the consultation process. This letter pulls information entered in the Exam Information section of the Perio panel.
 - The **Patient File** letter is a letter that prints the same information as the Insurance Consultant letter, but it should not be sent to the patient's insurance. This letter should be put in the patient's file to document the perio diagnosis for the selected exam.
 - The **Patient Initial** letter is a letter that should be sent to the patient to remind them of their perio diagnosis and their daily care suggestions that help improve their perio condition.
 - The **Patient Progress** letter is similar to the Patient Initial letter. This letter is printed to inform the patient of their progress on their periodontal treatment.
 - The **Patient Completion** letter is also similar to the Patient Initial letter. This letter is printed to congratulate the patient on the completion of their periodontal disease treatment.
 - The **Referring Dentist Initial** letter is a letter that should be sent to the referring doctor that sent the patient to your practice for periodontal treatment. This letter is very similar to the Insurance Consultant letter.
 - The **Referring Dentist Progress** letter is similar to the Referring Dentist Initial letter. This letter is used to inform the referring doctor of the patient's progress on their periodontal treatment.
 - The **Referring Dentist Completion** letter is also similar to the Referring Dentist Initial letter. This letter is used to inform the referring doctor of the patient's completion of their periodontal disease treatment.
3. Click **Print** to print the letter(s) you checked in step 2.



When you print perio letters, a letter merge is performed. Therefore, you need to have Microsoft Word installed to print letters.

To avoid "Letter Creation Failed" errors, it is a good idea to have Microsoft Word opened and minimized before printing a perio letter.

PERIO CHARTS

There are four different charts that can be printed. To print a chart:

1. In the Perio Chart, click the **Print Perio Reports** button. The Perio Print Selections dialog appears (see Figure 6-11).
2. In the *Charts* group box, check the chart(s) you want to print:
 - **Data Chart:** Allows you to print a copy of the Data Chart.
 - **Pocket Depths Only:** Allows you to print a copy of the Data Chart showing only pocket depths.
 - **Exam Comparison:** Allows you to print a copy of the exam comparison.
3. Click **Print** to print the chart(s) you checked in step 2.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database::

1. In the Reports module, click the Maintenance button and select Preferences | Paths.
2. Make a note of the current path in the Database Path field, so you can switch back to your live data after you are done with the activities.
3. Click the Browse button next to the Database Path field.
4. Browse to the location of your Tutor folder. In most cases, C:\Program Files\EZDental\Tutor\ is your path.
5. Click OK.
6. Click OK to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. Which calculation option allows you to enter the measurements for the clinical attachment level and the gingival margin? _____

2. Which option allows you to choose a number that a measurement has to be in order to show in red on the Data Chart? _____

3. Which option allows you to skip teeth with certain conditions? _____

4. You can enter data for a perio exam by using what type of devices? _____

5. What is the keyboard shortcut for entering bleeding points? _____

APPLY YOUR KNOWLEDGE

1. Select Abigail Smith in the Chart module and open the Perio Chart.
2. Set up Easy Dental to use Script 2 and measure probing depths.
3. Set up Easy Dental to calculate the clinical attachment level for you.
4. Set up Easy Dental to skip missing and unerupted teeth.
5. Create an exam for Abigail Smith with the following data:
 - Provider: HYG1
 - Measurements:
 - Tooth 32: skipped because it is missing

- Tooth 31: pocket depth (PD) is 1
 - Tooth 30: skipped because it is missing
 - Tooth 29 - 18: pocket depth (PD) is 1, bleeding point on tooth 21 and 18
 - Tooth 17: skipped because it is missing
 - Tooth 1: skipped because it is missing
 - Teeth 2 - 15: PD is 3, bleeding point on tooth 2 and suppuration point on tooth 6, 10, 12, and 15
 - Tooth 16: skipped because it is missing
 - Furcation Levels:
 - Tooth 14: F3 on the Lingual Mesial surface
 - Mobility Classifications:
 - Tooth 10: 4
 - Tooth 13: 2
 - Plaque Classifications:
 - Teeth 4 – 6: Moderate
 - Bone Loss Classifications:
 - Tooth 7: Severe
6. Save Abigail's exam.

CHAPTER NOTES

[illegible]

ESTIMATOR

7

OVERVIEW

The Estimator is a module that allows you to present a treatment plan to a patient. The Estimator will let you show what the insurance will cover on the procedures in the patient's treatment plan. You can also set an order to which the treatment plans should be completed and organize them into alternate treatment plan options.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Change the view options
- Set orders to treatment plans
- Set up the display options for the treatment plans
- Update treatment plan fees

ESTIMATOR VIEW OPTIONS

The Estimator displays all of the treatment-planned procedures for the patient as well as the insurance estimates and benefits. The Estimator is useful for showing patients exactly how much they will have to pay. The View button allows you to add or remove columns from the display. This is useful if you only want to present certain information to the patient. To show/hide information from displaying in the Estimator:

1. In the Chart or Accounts module, click the **Estimator** button. The Estimator window appears (see Figure 7-1).



Estimator - (Crosby, Brent L)

Ord	Th	Surf	Description	Fee	Pat	Pri Ins	Sec Ins	Pre-Est
1	30		Crown-porc fuse high noble mtl	749.00	211.60	162.90	374.50	\$1
1	30		Sur place implant: endosteal	1540.00	770.00	0.00	770.00	\$1
1	30		Extract, erupted thv/exposed rt	587.00	117.40	0.00	469.60	\$1

Treatment Plan Total	2,876.00
Estimated Deductible to be Applied	50.00
Estimated Insurance Payment	1,767.00
Estimated Patient's Portion	1,109.00

Dental Insurance Benefits	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual Plan Benefits	1,500.00	2,000.00	0.00	0.00
Paid Benefits YTD	1,255.50	0.00	0.00	0.00
Pending Insurance Est. YTD	91.60	20.40	81.60	40.00
Est. Benefits Remaining YTD	162.90	1,979.60		
Benefits Expire	12/31/09	12/31/09	12/31/09	12/31/09
Deductible Owed YTD	Standard 50.00	20.00	150.00	0.00
	Preventive 0.00	0.00	0.00	0.00
	Other 0.00	0.00	0.00	0.00

Primary Dental Insurance: Metlife
 Secondary Dental Insurance: American Western Life

NOTE: All insurance estimates are based only on the patient's Dental insurance plans

Figure 7-1

2. Click the **View** button (see Figure 7-2) and select the desired option:



Figure 7-2

- **Procedure Progress Notes** displays any notes entered in the Notes field for each of the treatment-planned procedures.
- **Fee** displays the fee for each of the treatment-planned procedures.
- **Patient Portion** displays the estimated patient portion for each of the treatment-planned procedures.
- **Primary Dental Insurance Estimate** displays the estimated primary insurance portion for each of the treatment-planned procedures.
- **Secondary Dental Insurance Estimate** displays the estimated secondary insurance portion for each of the treatment-planned procedures.
- **Treatment Plan Totals** displays the Treatment Plan Total below the Progress Notes area of the Estimator.

- **Treatment Plan Estimated Totals** displays the Estimated Deductible to be Applied, Estimated Insurance Payment, and Estimated Patient's Portion totals below the Progress Notes area of the Estimator.

For more information on how insurance estimates are calculated, see the "Insurance Estimates" section in the Insurance Management chapter.



The deductible is not figured into any one procedure, so it will not be reflected in the patient portion in the Pat column. However, the Estimated Insurance Payment and Estimated Patient's Portion totals do calculate the deduction.

If the Estimated Insurance Payment is higher than the Annual Plan Benefits, click the View button and select Use Dental Plan Maximums.

- **Family Dental Insurance Benefits** displays the family benefits for the patient's insurance plan.
- **Dental Insurance Benefits** displays the patient's benefits for their insurance plan.

TREATMENT PLAN ORDERS

Easy Dental gives you the ability to quickly sequence treatment-planned procedures in the order each will be completed. Once ordered, the different groups can be displayed or hidden to help patients estimate their portion for each visit. It also can prevent overwhelming your patients by not displaying all treatment-planned procedures at once. To set the order of a treatment-planned procedure:

1. In the Chart or Accounts module, click the **Estimator** button. The Estimator window appears (see Figure 7-1).
2. Select the procedure(s) to which you want to give an order.
3. Click the **Set Order** button and select the desired order for the selected procedures (see Figure 7-3).



Figure 7-3



To select more than one procedure at a time, hold the right mouse button or the Ctrl key and click each procedure to be completed with the left mouse button.

The order displays in the Ord column and the list will sort numerically, starting with procedures that do not have an order.



Using the Set Order feature, you can assign an order to a procedure, or group of procedures, and then assign the appropriate letter to an alternate treatment plan. For example, if the treatment plan order is 1, then the alternate plan could be 2 or A. This way you can present a treatment plan in a way that the patient feels that they have more than one option.

DISPLAYING/HIDING TREATMENT PLANS

Once you have assigned an order to treatment-planned procedures, Easy Dental allows you to display procedures of certain orders and hide the rest. The Treatment Plan Total and the estimated totals will only calculate the amounts for the treatment-planned procedures currently being displayed. To show/hide treatment-planned procedures assigned to a specific order:

1. In the Chart or Accounts module, click the **Estimator** button. The Estimator window appears (see Figure 7-1).
2. Click the **Display Orders** button. The Display Orders dialog appears (see Figure 7-4).

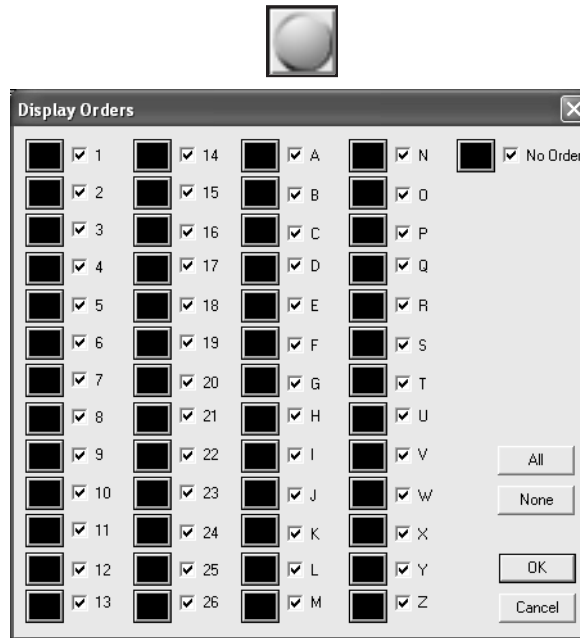


Figure 7-4

3. Click **None** to deselect all the orders and then check only the orders you want to display.
4. Click **OK**.



The No Order check box refers to those treatment-planned procedures that have not been assigned an order yet.

ORDER COLORS

You can change the colors for each order, making it easier to see treatment-planned procedures in a specific order. To change the order colors:

1. In the Chart or Accounts module, click the **Estimator** button. The Estimator window appears (see Figure 7-1).
2. Click the **Display Orders** button. The Display Orders dialog appears (see Figure 7-4).
3. Click the square to the left of the order you want to change. The Color dialog appears (see Figure 5-3), allowing you to select the desired color for the order.



It is recommended that the color chosen for an order is dark enough to display on the white background of the Progress Notes in the Estimator.

As an option for order colors, you can alternate colors to help the color setup process go more quickly. For example, order 1 would be blue, order 2 would be red, order three would be blue, order 4 would be red, etc.

4. Repeat step 3 for all other orders.
5. Click **OK** to return to the Estimator.

UPDATING TREATMENT PLAN FEES

When you raise the fees in your office, Easy Dental does not automatically update the fees of any treatment-planned procedures already in the system. Easy Dental assumes that you still want to honor the original price quoted to the patient. However, Easy Dental has the ability to update treatment plan fees based on meeting certain criteria. To update treatment plan fees:

1. In the Chart or Accounts module, click the **Estimator** button. The Estimator window appears (see Figure 7-1).
2. Click the **Update Fees** button. The Update Treatment Plan Fees dialog in appears (see Figure 7-5).



Figure 7-5

3. In the *Update Treatment Plan Fees for* group box, mark **Current Patient** to update the treatment plan fees for only the patient selected or mark **All Patients** to update the treatment plan fees for all patients in the database.
4. In the *Update Treatment Plan Procedures With* group box, select the desired procedure code range to update only those fees for treatment-planned procedures within the range selected, if desired.
5. If desired, enter a date in the **Procedure Date Before** field to update only those fees for treatment-planned procedures that were treatment-planned before the date entered.

6. Select the desired treatment plan provider(s) or check **All** to update only those fees for treatment-planned procedures attached to the selected provider(s).
7. If **All Patients** was marked in step 3, select the desired billing type(s) or check **All** to update only those fees for patients with the selected billing type(s).
8. Click **Update** to update the fees.

DEFAULT NOTES

You can set up a default note to print on all treatment plans. To enter a default note:

1. In the Chart or Accounts module, click the **Estimator** button. The Estimator window appears (see Figure 7-1).
2. Click the **Default Note for Printing** button. The Treatment Plan Note dialog appears (see Figure 7-6).

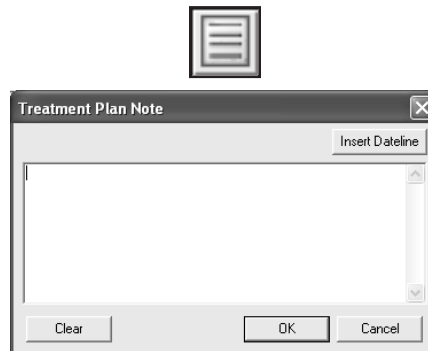


Figure 7-6

3. If desired, click **Insert Dateline** to insert today's date.
4. Enter the desired note.



Because there is not an area to sign the print out of the Estimator, you can create a signature line in the default note using the Underscore () key on your keyboard. You may have to tweak it until it prints out just right.

5. Click **OK** to return to the Estimator.

PRINTING THE ESTIMATOR

To print the Estimator:

1. In the Chart or Accounts module, click the **Estimator** button. The Estimator window appears (see Figure 7-1).
2. Click the **Print** button. The Print dialog appears (see Figure 7-7).

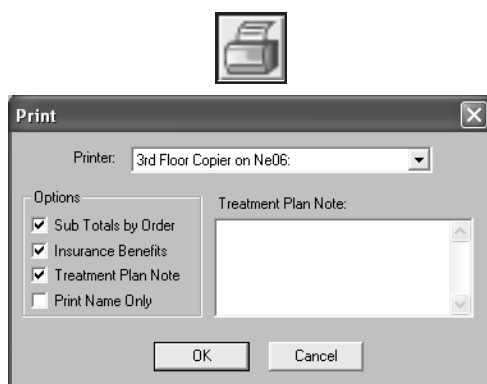


Figure 7-7

3. Expand the **Printer** drop-down and select the desired printer.
4. Check **Sub Totals by Order** to print a sub-total for each order in the treatment plan.
5. Check **Insurance Benefits** to print the patient's and their family's insurance benefits.
6. Check **Treatment Plan Note** to print the default note.
7. Check **Print Name Only** to exclude the patient's birth date, chart number, and Social Security number on the print out.
8. Make any changes to the default note for this patient only in the **Treatment Plan Note** field.
9. Click **OK** to print.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database::

1. In the Reports module, click the **Maintenance** button and select **Preferences | Paths**.
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK**.
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. True or False? Because the deductible is applied to the first procedure listed in the Progress Notes in the Estimator, the patient portion will be higher than normal in the Pat column. ____

2. True or False? You can hide treatment-planned procedures that have not been assigned an order yet. ____

3. If the Estimated Insurance Payment is higher than the Annual Plan Benefits, which option would you choose to fix the estimate? ____

APPLY YOUR KNOWLEDGE

1. Select Abigail Smith in the Chart module and open the Estimator.
2. Make sure Easy Dental will use insurance maximums when calculating insurance and patient estimates.
3. Set the order for Abigail's MOD resins as order 1, the procedures for the implant as order A, and the procedures for the bridge as order B.
4. Enter a default note for all treatment plans. (At this point, it does not matter what you enter.)
5. Print the Estimator, making sure that the default note will print, a sub-total for each order, and only the patient's name displays on the print out.

ACCOUNTS

8

OVERVIEW

The Accounts module stores the financial records for each patient. In the Accounts module, you can post payments and adjustments. The Accounts module also displays valuable information, such as the aged balance, last guarantor payment amount and date, last insurance payment amount and date, last billing date, and the patient/insurance portions of the balance.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Understand how insurance estimates are calculated in Easy Dental
- Post, edit/delete procedures, patient payments, and adjustments
- Set up a payment plan

ACCOUNTS MODULE OVERVIEW

The Accounts module (see Figure 8-1) is used to post completed procedures and enter payments and adjustment. Understanding how the Accounts module works is essential to using Easy Dental efficiently.

The aging brackets list the current aging and balance for the family. The brackets are updated during the month end utility.

The transaction log displays a summary of today's transactions. Only procedures for the selected patient are included in this area.

Date	Name	Tooth Code	Description	Amount	Prov	Ins	Balance
01/31/2003	Brent L Crosby	-Bal-	--Patient Balance Forward--	132.00			132.00
05/06/2003	Brent L Crosby	Pay	Insurance Payment	-132.00	DDS1		0.00
05/06/2003	Brent L Crosby	Ins	Prim Claim - Received	132.00			0.00
06/01/2003	Brent L Crosby	2	06750 Retainer cm-porc fused to vnt	749.00	DDS1		749.00
06/01/2003	Brent L Crosby	3	06240 Pontic-porcelain fused to mob	749.00	DDS1		1498.00
06/01/2003	Brent L Crosby	4	06750 Retainer cm-porc fused to mob	749.00	DDS1		2247.00
06/01/2003	Brent L Crosby	Pay	Insurance Payment	-1123.50	DDS1		1123.50
06/01/2003	Brent L Crosby	Ins	Prim Claim - Received	2247.00			1123.50
06/02/2003	Brent L Crosby	4	02150 Amalgam-2 surt prim/pern	102.00	DDS1		1225.50
06/02/2003	Brent L Crosby	Ins	Sec Claim - Received	102.00			1225.50
06/02/2003	Brent L Crosby	Ins	Prim Claim - Batched	102.00			1225.50

0-30	31-60	61-90	91+	Family Balance
1327.50	0.00	0.00	0.00	1327.50

Billing Type (1) Standard Billing - finance charges
Last Acct. Payment 0.00 **Date** 06/01/2003
Last Ins. Payment 1123.50
Last Statement Date 10/02/2007
Outstanding Billed to Insurance 204.00
Expected from Insurance 204.00
Account Portion of Total Balance 1123.50

Today's Charges
Est. Insurance Portion 0.00
Est. Patient Portion 0.00

Payment Plan Summary
Orig. Amount NA **Orig. Past Due** NA **Orig. Due Date** NA
Orig. Amount NA **Orig. Past Due** NA **Orig. Due Date** NA

Future Due Payment Plans Summary
Original Bal. 0.00 **Payment** 0.00
Remain Bal. 0.00 **Due Date**

This area displays important information regarding the account, such as, how much of the balance is expected to come from the insurance.

This area displays the current status of the family's payment plan.

Figure 8-1

ACCOUNTS MODULE TERMS

- **History Transaction:** A transaction that has been moved into history after the month end utility has been run. Once a procedure is in history, it cannot be edited or deleted.
- **Guarantor Transaction:** A transaction that is attached to the guarantor/head-of-house of the account. Finance charges and late charges are guarantor transactions.
- **Patient Transaction:** A transaction that is attached to a patient. Examples of patient transactions are procedures, insurance claims, insurance payments, patient payments, and adjustments.
- **Credit Adjustment:** An adjustment that decreases the balance.
- **Debit Adjustment:** An adjustment that increases the balance.

ACCOUNTS MODULE SETUP

Before you start using the Accounts module, it is recommended that you set up Account module colors and the Easy Checkout options. These features can be set up or changed at any time.

CUSTOMIZING ACCOUNTS MODULE COLORS

Accounts module colors help you to quickly and easily recognize the different transaction types listed in the Accounts module. To set up Accounts module colors:

1. In the Accounts module, click the **Setup** button and select **Set Accounts/Tx Plans Colors**. The Set Accounts/Tx Plans Colors dialog appears (see Figure 8-2).

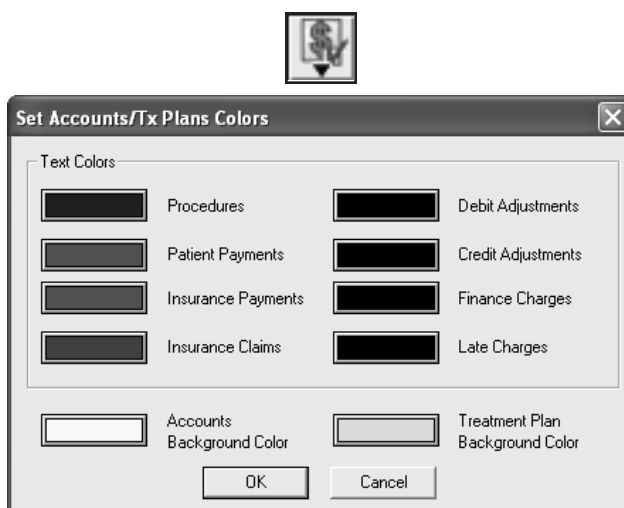


Figure 8-2

2. Click the colored button next to **Procedures**. The Color dialog appears (see Figure 5-3), allowing you to select the desired color.
3. Repeat steps 2 for all other transaction types.
4. Click **OK** to return to the Accounts module.

EASY CHECKOUT OPTIONS

Using the Easy Checkout button can dramatically speed up the check out process for a patient. In order to utilize the Easy Checkout button, a quick initial setup is necessary. After the button is set up, checking out a patient can be done with the click of a button. To set up the Easy Checkout button:

1. In the Accounts module, Click the **Setup button** and select **Easy Checkout Options**. The Easy Checkout Options Setup dialog appears (see Figure 8-3).



Figure 8-3

2. If you want to be prompted to enter a payment, check **Enter Account Payment**.
3. If you want to create an insurance claim, check **Create Insurance Claim** and mark **Batch** to send the claim to the Batch Processor, **Send Electronically** to send the claim electronically, or **Print** to print the claim.
4. If you want to give the patient a walkout, check **Walkout** and mark **Batch** to send the walkout to the Batch Processor or **Print** to print the walkout directly to the printer.
5. Click **OK** to return to the Accounts module.

ADDING AN INITIAL BALANCE TO AN ACCOUNT

Initial balances are used to transfer a family's existing balance to your Easy Dental database. To add an initial balance to an account:

1. In the Accounts module, select a patient.
2. Click the **Billing/Payment Plan** button. The Billing/Payment Plan Information dialog appears (see Figure 8-4).



Figure 8-4

3. Enter the desired dollar amount in each of the aging fields (i.e. 0 – 30, 31 – 60).



If any family member on the account has had any activity posted in the Accounts or Chart modules, including treatment plans and primary/permanent dentition changes, you can no longer edit the aging fields.

4. If desired, in the *Last Payment* group box, enter the last amount paid on the account's balance as well as the date of the last payment in the **Amount** and **Date** fields.
5. Click **OK** to return to the Accounts module.

ASSIGNING A BILLING TYPE TO AN ACCOUNT

Billing types are a good way to separate accounts into categories. For example, if there are certain families you do not want to bill or if you need to indicate a family has been sent to collections, you can assign them a distinct billing type to keep them separate from other patients when running reports or printing statements. To assign a billing type to an account:

1. In the Accounts module, select a patient.
2. Click the **Billing/Payment Plan** button. The Billing/Payment Plan Information dialog appears (see Figure 8-4).

3. In the **Billing Type** scroll pane, select the desired billing type.



Billing types can be customized in the Reports module and are discussed in the Practice Setup chapter. You can have up to 99 billing types.

4. Click **OK** to return to the Accounts module.

POSTING PROCEDURES

Most of the time, you post procedures in the Chart module and then once you complete an appointment, the procedures are posted in the Accounts module. However, every now and then, you may need to post a procedure directly in the Accounts module. To post procedures in the Accounts module:

1. In the Accounts module, select a patient.
2. Click the **Enter Procedure** button. The Enter Procedure(s) dialog appears (see Figure 8-5).



Figure 8-5

3. Select the procedure by clicking the **Procedure** search button. The Procedure Codes dialog appears (see Figure 5-6), allowing you to select a procedure code. Or, if you know the code, enter it in the Procedure field.



You can post an explosion code from the Enter Procedure(s) dialog as well by selecting one in the Explosion Codes pane.

4. Enter any additional information:
 - **Tooth Number:** If you selected a procedure that requires a tooth number, enter the number in the **Tooth** field.
 - **Surface(s):** If you selected a procedure that requires surfaces (e.g. amalgam, composite, etc.), click the **Surfaces** search button to select the applicable surface(s).
 - **Quadrant(s):** If you selected a procedure that requires quadrants (e.g. perio scale and root planing, etc.), mark the desired **Quadrant** radio button.

5. Verify the procedure fee is correct in the **Amount** field.
6. Verify the provider is correct in the **Provider** field.



To add a referral to any procedure code, click the Referred search button in the Related Referral group box, select the desired referral source, and click OK.

7. Click **Add** to add the procedure to the **Procedure List** pane.
8. Repeat steps 3 – 7 for all other procedures.
9. Click **OK/Post** to post the procedure(s) to the Accounts module.

EDITING/DELETING PROCEDURES

If you discover you made a mistake when posting a procedure, you can either edit or delete the procedure as long as it has not been moved into history. To edit or delete a procedure:

1. In the Accounts module, select a patient.
2. Double click the procedure to be edited/deleted. The Edit or Delete Procedure dialog appears (see Figure 5-13).
3. Edit or delete the procedure:
 - To edit the procedure, make the desired changes and click **OK** to save and return the Accounts module.
 - To delete the procedure, click the **Delete** button.



Before you can edit/delete a procedure, you must ensure any claims linked to the procedure have been deleted. If there is a claim linked to the procedure, where the Delete button would normally be, the following note appears, "Procedures attached to an Insurance Claim may not be changed until the Claim has been deleted."

INVALIDATING A COMPLETED PROCEDURE

If a completed procedure has been moved into history, it cannot be edited or deleted. Instead, the procedure must be invalidated. Invalidating a procedure removes it from displaying in the Chart module, but it still shows in the Accounts module. To invalidate a procedure:

1. In the Accounts module, select a patient.
2. Double click the procedure to be invalidated. The Validate/Invalidate Procedure in History dialog appears (see Figure 5-14).
3. Mark **Invalidate Procedure** in the *Validate/Invalidate Procedure* group box.
4. Click **OK** to return to the Accounts module.



Once you invalidate a procedure, you must post a credit adjustment in the Accounts module to offset the amount of the procedure.

POSTING PATIENT PAYMENTS

Payments received from a patient and not an insurance company are considered patient payments. These payments can be attached to the account's head-of-house or an individual patient on the account. To enter a payment:

1. In the Accounts module, select a patient.
2. Click the **Enter Payment** button. The Enter Payment dialog appears (see Figure 8-6).

Figure 8-6

3. Enter the amount of the payment in the **Amount** field.
4. Select the type of payment being made in the **Type** pane.
5. If desired, enter the check and bank/branch numbers in their corresponding fields.
6. Verify the provider is correct in the **Provider** field.
7. Click **Split Payment**. The Split Payment dialog appears (see Figure 8-7).

Provider	Balance	Acct Est*	Pay
DDS1	1327.50	1123.50	0.00

Figure 8-7

8. In the *Split Methods* group box, click the desired option to split the payment between two or more providers:
 - % splits the payment on a percentage basis among each of the providers with a balance.

- **FIFO** (First In First Out) directs the payment toward the oldest balance on the account.
 - **Acct Est** (Account Estimate) calculates according to account estimate, disregarding the deductible.
 - **=** splits the payment equally between the providers with a balance.
9. Select the family member to whom to apply the payment by expanding the **Patient** drop-down.
 10. Check **Apply to Payment Plan** if the payment should be applied to the family's payment plan.
 11. Enter any notes about this payment in the **Note** field.
 12. Click **OK/Post** to post the payment and return to the Accounts module.

POSTING A CREDIT CARD PAYMENT USING POWERPAY

If a patient pays with a credit card, you can post the payment in Accounts module using PowerPay. PowerPay allows you to charge/process the patient's credit card through the computer and then automatically posts a payment transaction type in the Accounts module. To use PowerPay to post a payment:

1. In the Accounts module, select a patient.
2. Click the **PowerPay** button. The Home screen in the PowerPay window appears (see Figure 8-8).

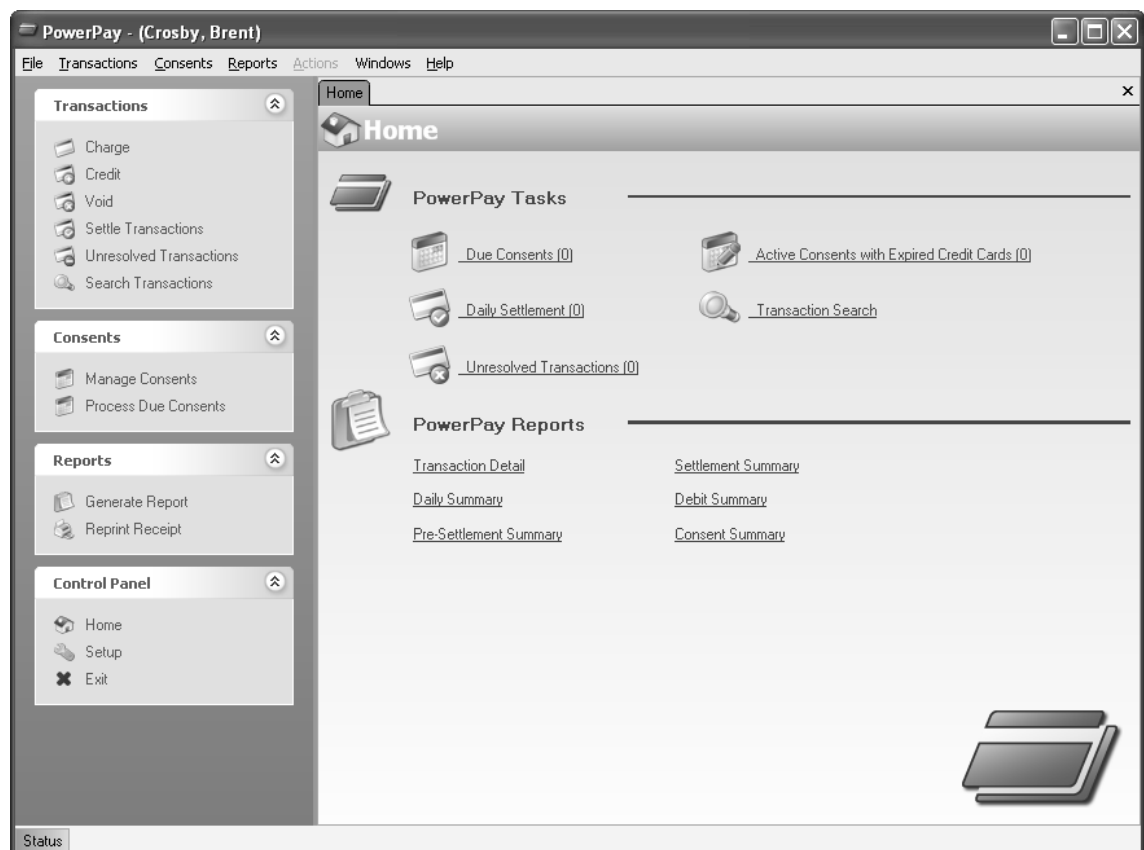


Figure 8-8

3. Click **Charge** in the *Transactions* container within the console tree on the left. The Charge screen appears (see Figure 8-9).

Figure 8-9

4. At this point, you have two options: swipe the card or enter the transaction manually.
 - If you swipe the patient's credit card, all the information is entered in the appropriate fields, except the charge amount. You need to enter the amount in the **Amount** field.
 - If you enter the transaction manually:
 - a. Enter the charge amount in the **Amount** field.
 - b. Expand the **Merchant** drop-down and select the desired option.
 - c. Expand the **Permission** drop-down and select the desired option.
 - d. In the *Credit Card Information* group box, enter the appropriate information in the fields provided.
 - e. In the *Credit Card Verification* group box, enter the appropriate information in the fields provided.



You are charged a lower percent from the credit card company if all fields, including the CW field, are filled out. If the patient's card is swiped, all fields are populated automatically.

5. Click the **Process** button to send the transaction to the acquiring bank; the approval status and authorization code display in the **Status** panel at the bottom of the PowerPay window and the form is cleared. The Enter PowerPay PC Payment dialog appears (see Figure 8-10).

Enter PowerPay PC Payment - Crosby, Brent L (Guar)

Date: 06/04/2009 Type: Check Payment - Thank You

Amount: 0.00

Check #:

Bank/Branch #:

Provider: DDS1 >> Split Payment

Patient: Family

☐ Apply to Payment Plan

Note:

OK Cancel

Figure 8-10



When you click the Process button, this authorizes the payment only. It does not actually charge the card. You are required to settle all transactions made in PowerPay daily (see the “Settling Transactions in PowerPay” section).

6. Check **Apply to Payment Plan** if the payment should be applied to the family’s payment plan.
7. Click **OK** to post the payment to the patient’s account.
8. If prompted, click **Yes** to print a receipt or click **No** to post the payment without printing a receipt.



When going through the setup process for PowerPay, you have the option to print a receipt. If this option is checked, PowerPay prompts you to print or automatically prints a receipt, depending on the option checked, once the processing is complete.

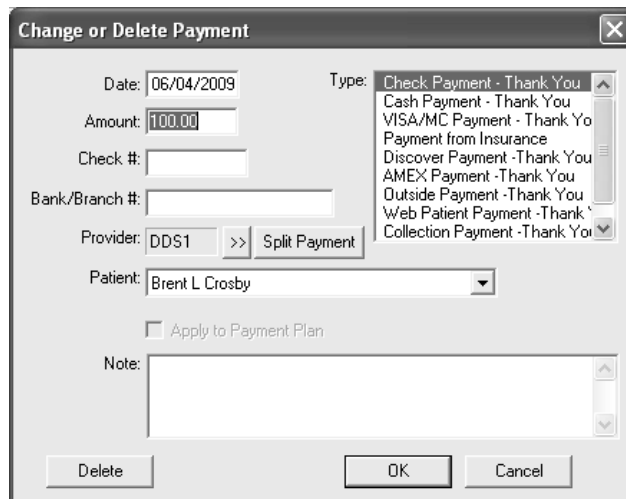


The payment type posted to the patient’s account is the payment type selected in the PowerPay Setup dialog in the Reports module. After the payment is posted, you can double click it in the Accounts module and change the type if needed.

EDITING/DELETING PATIENT PAYMENTS

If you discover you made a mistake when posting a patient payment, you can either edit or delete the payment as long as it has not been moved into history. To edit or delete a patient payment:

1. In the Accounts module, select a patient.
2. Double click the payment to be edited/deleted. The Change or Delete Payment dialog appears (see Figure 8-11).



The 'Change or Delete Payment' dialog box contains the following fields and controls:

- Date:** 06/04/2009
- Amount:** 100.00
- Check #:** (empty text field)
- Bank/Branch #:** (empty text field)
- Provider:** DDS1, with a right-pointing arrow button and a 'Split Payment' button.
- Patient:** Brent L Crosby (dropdown menu)
- Type:** Check Payment - Thank You (dropdown menu with options: Check Payment - Thank You, Cash Payment - Thank You, VISA/MC Payment - Thank You, Payment from Insurance, Discover Payment - Thank You, AMEX Payment - Thank You, Outside Payment - Thank You, Web Patient Payment - Thank You, Collection Payment - Thank You)
- Apply to Payment Plan:** (unchecked checkbox)
- Note:** (empty text area)
- Buttons:** Delete, OK, Cancel

Figure 8-11

3. Edit or delete the payment:

- To edit the payment, make the desired changes and click **OK** to save and return the Accounts module.
- To delete the payment, click the **Delete** button.

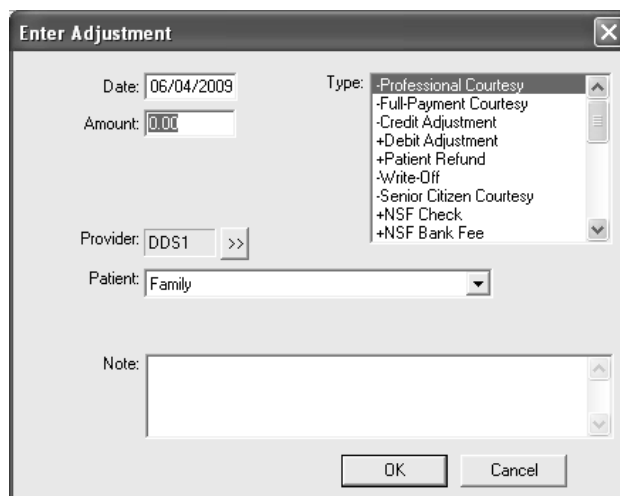


If the payment is in history, the Patient drop-down is the only thing available to edit. To fix a payment in history, you need to post an adjustment to counter the amount (see the "Posting Adjustments" section).

POSTING ADJUSTMENTS

Adjustments allow you to adjust an account to a higher or lower balance. You can enter adjustments on an account to correct errors or to offer discounts. To post an adjustment:

1. In the Accounts module, select a patient.
2. Click the **Enter Adjustment** button. The Enter Adjustment dialog appears (see Figure 8-12).



The 'Enter Adjustment' dialog box contains the following fields and controls:

- Date:** 06/04/2009
- Amount:** 0.00
- Provider:** DDS1, with a right-pointing arrow button.
- Patient:** Family (dropdown menu)
- Type:** -Professional Courtesy (dropdown menu with options: -Professional Courtesy, -Full-Payment Courtesy, -Credit Adjustment, +Debit Adjustment, +Patient Refund, -Write-Off, -Senior Citizen Courtesy, +NSF Check, +NSF Bank Fee)
- Note:** (empty text area)
- Buttons:** OK, Cancel

Figure 8-12

3. Enter the amount of the adjustment in the **Amount** field.

4. Select the type of adjustment being made in the **Type** pane.
5. Verify the provider is correct in the **Provider** field.
6. Select the family member to whom to apply the adjustment in the **Patient** drop-down.
7. Enter any notes about this adjustment in the **Note** field.
8. Click **OK** to post the adjustment.

VOIDING A PAYMENT IN POWERPAY

If you posted a payment using PowerPay, there is a chance you will need to credit a payment at some point. There are two ways to post a credit in PowerPay depending whether the money from the patient's credit card account has been deposited into your account or whether the payment has been authorized only. If the payment has been authorized only, you need to void the payment. To void a payment in PowerPay and have an adjustment posted in the Accounts module:

1. In the Accounts module, select a patient.
2. Click the **PowerPay** button. The Home screen in the PowerPay window appears (see Figure 8-8).
3. Click **Void** in the *Transactions* container within the console tree on the left. The Void screen appears (see Figure 8-13).

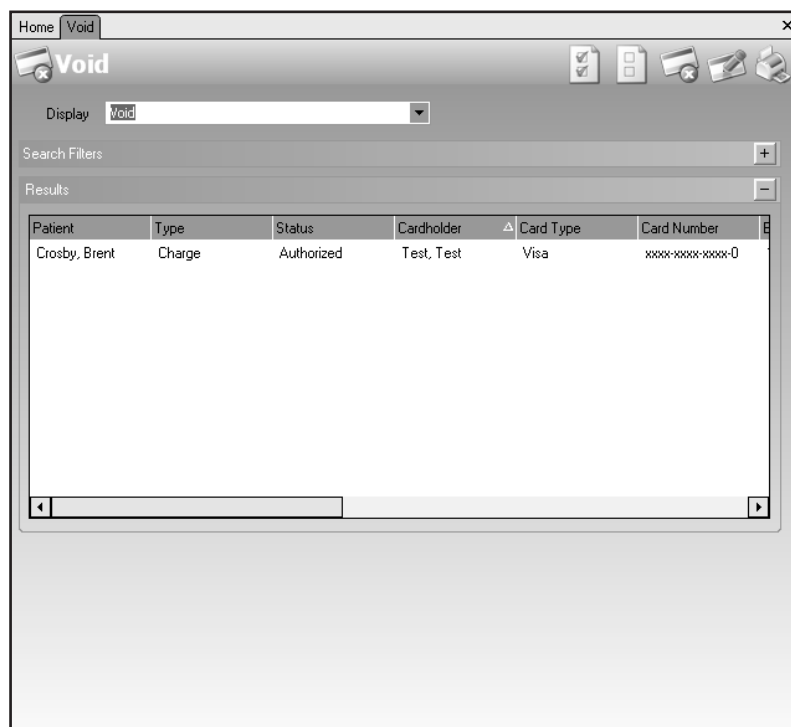


Figure 8-13

4. Select the payment to be voided and click the **Void** button.
5. Click **Yes** to the confirmation message that appears. The Enter PowerPay Adjustment dialog appears (see Figure 8-14).

Figure 8-14

6. Click **OK** to post the adjustment to the patient's account.
7. If prompted, click **Yes** to print a receipt or click **No** to post the adjustment without printing a receipt.



When going through the setup process for PowerPay, you have the option to print a receipt. If this option is checked, PowerPay prompts you to print or automatically prints a receipt, depending on the option checked, once the processing is complete.



The adjustment type posted to the patient's account is the adjustment type selected in the PowerPay Setup dialog in the Reports module. After the adjustment is posted, you can double click it in the Accounts module and change the type if needed.

CREDITING A PAYMENT IN POWERPAY

If the payment has been settled, you need to post a credit for the payment. To post a credit in PowerPay and have an adjustment posted in the Ledger:

1. In the Accounts module, select a patient.
2. Click the **PowerPay** button. The Home screen in the PowerPay window appears (see Figure 8-8).
3. Click **Credit** in the *Transactions* container within the console tree on the left. The Credit screen appears (see Figure 8-15).

Home Credit - Crosby, Brent

Credit

Amount

Merchant

Permission

Credit Card Information

Last Name First Name MI

Card Type Card Number Exp. Date

Figure 8-15

4. At this point, you have two options: swipe the card or do a manual transaction.
 - If you swipe the patient's credit card, all the information is entered in the appropriate fields, except the charge amount. You need to enter the amount in the **Amount** field.
 - If you enter the transaction manually:
 - a. Enter the charge amount in the **Amount** field.
 - b. Expand the **Merchant** drop-down and select the desired option.
 - c. In the *Credit Card Information* group box, enter the appropriate information in the fields provided.
5. Click the **Process** button to send the transaction to the acquiring bank; the approval status and authorization code display in the **Status** panel at the bottom of the PowerPay window and the form is cleared. The Enter PowerPay Adjustment dialog appears (see Figure 8-14).
6. Click **OK** to post the adjustment to the patient's account.
7. If prompted, click **Yes** to print a receipt or click **No** to post the adjustment without printing a receipt.



When going through the setup process for PowerPay, you have the option to print a receipt. If this option is checked, PowerPay prompts you to print or automatically prints a receipt, depending on the option checked, once the processing is complete.



The adjustment type posted to the patient's account is the adjustment type selected in the PowerPay Setup dialog in the Reports module. After the adjustment is posted, you can double click it in the Accounts module and change the type if needed.

EDITING/DELETING ADJUSTMENTS

If you discover you made a mistake when posting an adjustment, you can either edit or delete the adjustment as long as it has not been moved into history. To edit or delete an adjustment:

1. In the Accounts module, select a patient.
2. Double click the adjustment to be edited/deleted. The Change or Delete Adjustment dialog appears (see Figure 8-16).

Figure 8-16

3. Edit or delete the adjustment:
 - To edit the adjustment, make the desired changes and click **OK** to save and return the Accounts module.
 - To delete the adjustment, click the **Delete** button.



If the adjustment is in history, the Patient drop-down is the only thing available to edit. To fix an adjustment in history, you need to post another adjustment to counter the amount of this adjustment.

USING THE EASY CHECKOUT BUTTON

As stated in the Accounts Module Setup section, the Easy Checkout button can save you time by allowing you to create a claim, post a payment, and print a walkout all with the click of a button. To use the Easy Checkout button:

1. In the Accounts module, select a patient.
2. Post all work completed today.
3. Click the **Easy Checkout** button (see Figure 8-17).



Figure 8-17

The options checked in the Easy Checkout Options dialog determine the prompts that appear. Follow each prompt as directed.

If the patient does not have insurance, the following message appears, "This patient does not have dental insurance." Click OK and the Easy Checkout proceeds to the next step.



If a claim has already been created for today's procedures or if there are no procedures for today, the following message appears, "There are no procedures for a new insurance claim. An insurance claim was not created." Click OK and the Easy Checkout proceeds to the next step.

If this patient did not make a payment, when the Enter Payment dialog appears, click Cancel to proceed to the next step without making a payment.

SETTLING TRANSACTIONS IN POWERPAY

Once a credit card transaction has been authorized, it is necessary to settle the transaction to move the money from the patient's credit card account into your account. To settle transactions:

1. In the Accounts module, select a patient.
2. Click the **PowerPay** button. The Home screen in the PowerPay window appears (see Figure 8-8).
3. Click **Settle Transactions** in the *Transactions* container within the console tree on the left. The Settle screen appears (see Figure 8-18).

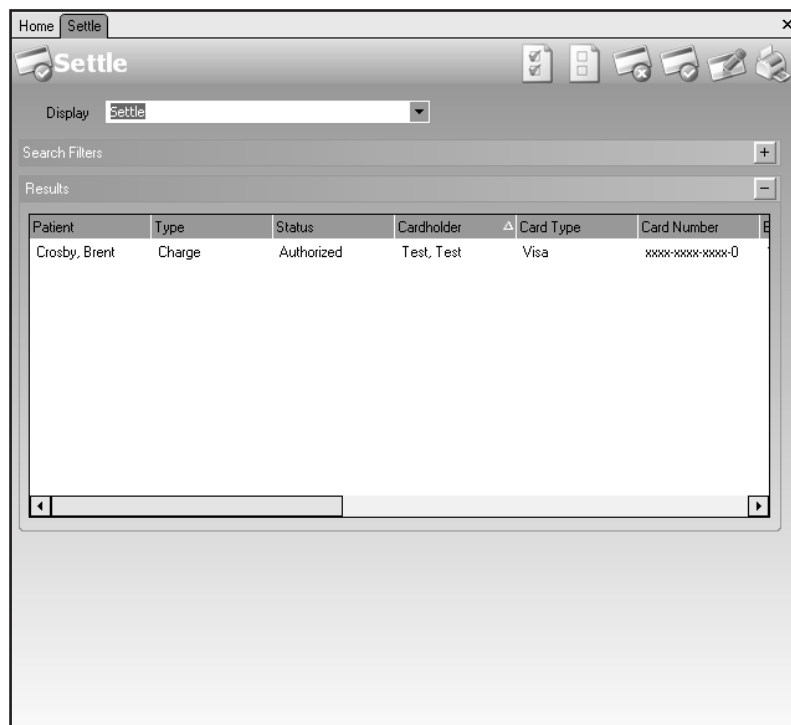


Figure 8-18

4. Select the transaction(s) to settle in the list.
5. Click the **Settle** button to send the transaction to the acquiring bank; the approval status and authorization code display in the **Status** panel at the bottom of the PowerPay window and the form is cleared.



You should settle transactions daily to ensure the monies are moved to your account.

CREATING A PAYMENT PLAN

Payment plans are set up in the Accounts. Payment plans are set up by family and not by patient, so only one payment agreement per family is allowed. To set up a payment plan:

1. In the Accounts module, select a member of the family for whom you want to create a payment plan.
2. Click the **Billing/Payment Plan** button. The Billing/Payment Plan Information dialog appears (see Figure 8-4).
3. In the *Payment Plan (PP)* group box, enter the agreement date in the **Date** field.
4. Click **Terms** to set up the terms of the payment plan. The Payment Plan Terms dialog appears (see Figure 8-19).

Figure 8-19

5. Set up the payment plan terms automatically or manually.
 - To set up the payment plan terms automatically, click **Select Type**. The Select Payment Plan Type dialog appears (see Figure 8-20), allowing you to select the payment type you want to use for the payment plan.

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

Figure 8-20

- To set up the payment plan terms manually:
 - a. In the **Annual Finance Charge Percent** field, enter the yearly interest amount.
 - b. In the *Late Charge* group box, enter the percent you want to use to assess a late charge if an account misses a payment in the **Annual Late Charge Percent** field.
 - c. In the **Grace Period (days)** field, enter the number of days, 30 being the maximum, you want to allow as a grace period.

- d. In the **Minimum Late Charge** field, enter the minimum amount to assess as a late charge.
 - e. In the **Minimum Balance to Charge** field, enter minimum balance an account must have in order to receive a late charge.
6. Click **OK** to return to the Billing/Payment Plan Information dialog.
 7. In the *Interval* group box, mark the desired interval of payments option.
 8. Enter the total amount of the agreement in the **Bal for PP** field. By default, Easy Dental enters the patient portion of the family's balance.
 9. Enter the date that the first payment is due in the **First Pmt Due** field.
 10. Enter the payment amount or the total number of payments in the **Payment Amt** or **Total # of Payments** field. When you enter information in one of these fields, Easy Dental automatically calculates and fills in the other field.
 11. Click **OK** to return to the Accounts module.

CREATING A CONSENT IN POWERPAY

Similar to payment agreements in the Ledger, consents automatically charge the family's credit card to help the family to pay off their balance. To set up a consent:

1. In the Accounts module, select a patient.
2. Click the **PowerPay** button. The Home screen in the PowerPay window appears (see Figure 8-8).
3. Click **Manage Consents** in the **Consents** container within the console tree on the left. The Active Consents screen appears (see Figure 8-21).

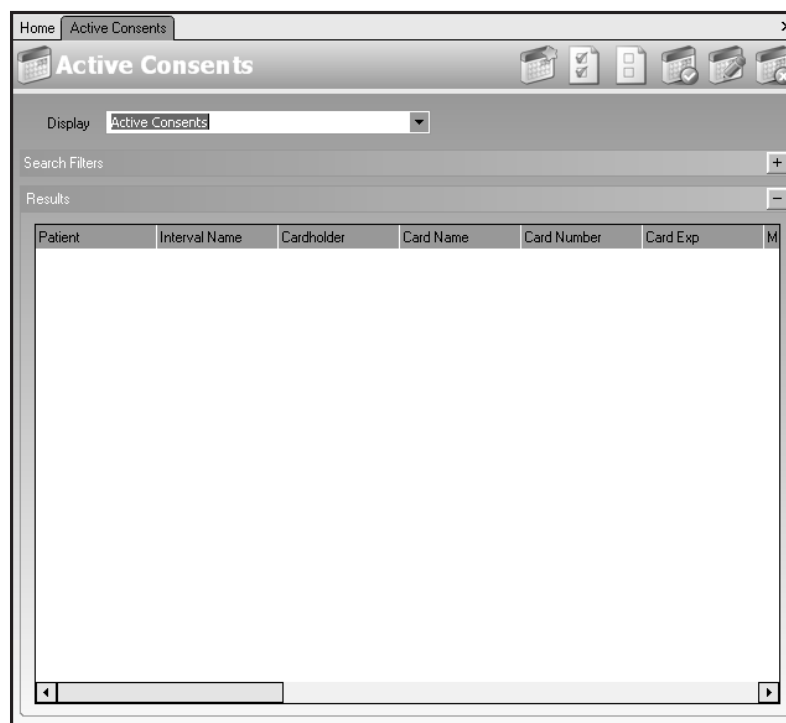


Figure 8-21

4. Click **New**. The New Consent dialog appears (see Figure 8-22).

New Consent - Crosby, Brent

Credit Card Information

Last Name: First Name: MI:

Card Type: Card Number: Exp. Date:

Consent Information

Interval:

- ☐ One Time
- ☐ Year Span
- ☐ Monthly
- ☐ Semi-Monthly
- ☐ Bi-Weekly
- ☐ Weekly

Pmt Amount: Total Amount:

First Pmt Due: Next Pmt Due:

Total Pmts: Remaining Pmts:

Final Pmt: Remaining Amt:

Skip Pmt: Print: Clear:

Transaction Information

Merchant: Permission: Status:

Credit Card Verification

Street Address:

ZIP Code:

OK: Close:

Figure 8-22

5. In the *Credit Card Information* group box, enter the appropriate information in the corresponding fields.
6. In the *Consent Information* group box, enter the payment amount and the total number of payments in the **Pmt Amount** and **Total Pmts** field. When you enter information in both of these fields, PowerPay automatically calculates and fills in the **Total Amount**, **Remaining Pmts**, and the **Remaining Amt** fields.
7. Enter the date the first payment is due in the **First Pmt Due** field. PowerPay automatically calculates and fills in the **Next Pmt Due** field.
8. Enter the final payment amount in the **Final Pmt** field.
9. In the *Interval* group box, mark the desired interval of payments.
10. In the *Transaction Information* group box, select the desired option in the **Permission** drop-down.
11. In the **Credit Card Verification**, enter the appropriate information in the corresponding fields.
12. Click **OK**.
13. Click **Yes** to the confirmation message that appears to print the consent and return to the Active Consents screen.

PROCESSING CONSENTS

PowerPay makes it easy to process due consents. Each time a consent is due, it displays in the Due Consents screen. You can then process the consents with a click of a button. To process due consents:

1. In the Accounts module, select a patient.
2. Click the **PowerPay** button. The Home screen in the PowerPay window appears (see Figure 8-8).

- Click **Process Due Consents** in the **Consents** container within the console tree on the left. The Due Consents screen appears (see Figure 8-23).

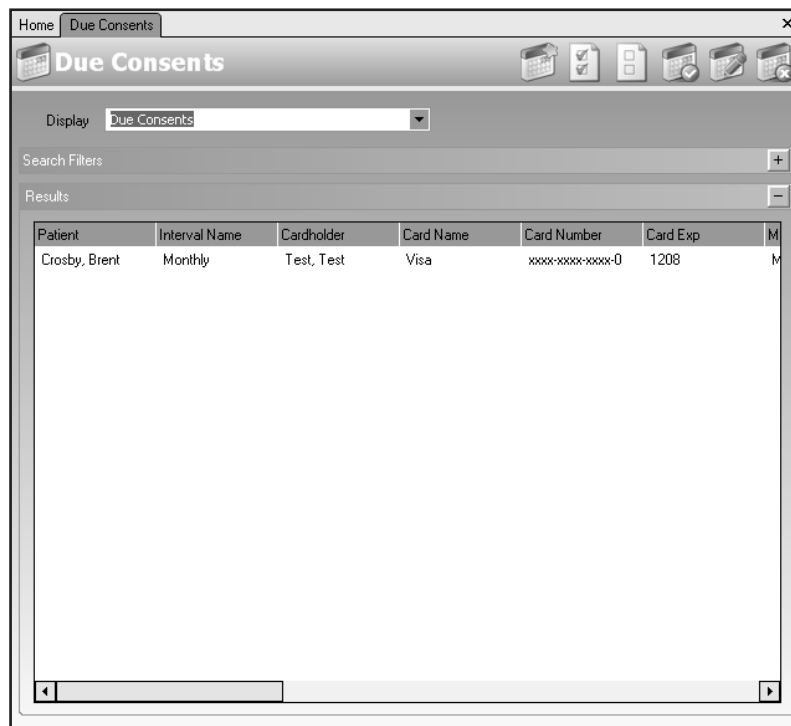


Figure 8-23

- Select the consents you want to process.
- Click the **Process** button to send the transaction to the acquiring bank; the approval status and authorization code display in the **Status** panel at the bottom of the PowerPay window and the form is cleared. The Enter PowerPay PC Payment dialog appears (see Figure 8-10).



When you click the Process button, this authorizes the payment only. It does not actually charge the card. You are required to settle all transactions made in PowerPay daily (see the "Settling Transactions in PowerPay" section).

- Check **Apply to Payment Plan** if the payment should be applied to the family's payment plan.
- Click **OK** to post the payment to the patient's account.



The payment type posted to the patient's account is the payment type selected in the PowerPay Setup dialog in the Reports module. After the payment is posted, you can double click it in the Accounts module and change the type if needed.

MONTH END

Month end is a very important part of Easy Dental. By running month end, current transactions are moved into history, account balances are aged, and insurance benefits are reset for those plans that need to be reset.



Once month end has been run, you are no longer able to delete history procedures, received insurance claims, payments, adjustments, finance charges, or late charges.

Month end cannot be run until at least the first day of the next month. If you try to run the utility any time before, you receive an error.

Before running month end, you should have a current backup of your database.

To run month end:

1. Close Easy Dental on all computers.
2. In the Accounts module, click the **Month End** button and select **Update**. The Close Out Month dialog appears (see Figure 8-24).



Figure 8-24



Easy Dental recognizes the last month that was closed and displays the next month in the Close Out Month field. This cannot be changed.

3. If desired, in the *Options* group box, check **Appointment Purge** to permanently delete all appointments that were scheduled prior to the date listed. This date defaults to one year before to the current month, but can be changed.
4. If desired, uncheck **Reset Insurance Benefits for [month]**. If this option is checked, Easy Dental resets the insurance benefits for any insurance plan whose benefit renewal date is in the month listed. This option is checked by default.
5. Click **OK**.
6. Click **OK** to the confirmation message that appears to run month end and return to the Accounts module. Or, if you do not have a backup, it is highly recommended that you click **Cancel** and create a backup before running month end.

Do not open Easy Dental on any computer while month end is running. If month end is aborted in any way, you have to restore your backup. Once you restore your backup, immediately call Support for assistance.



Easy Dental Support cannot help you with making or restoring backups. If you use eBackup through eServices, you can call eServices Support for assistance. Otherwise, Henry Schein Practice Solutions recommends that dental offices contract with certified technicians from Henry Schein Dental, independent Certified Integration Engineers (CIE), or other qualified integration specialists for computer or network maintenance.

7. Allow the month end process to complete and click **OK** to the confirmation message that appears to return to the Accounts module.

APPLYING FINANCE CHARGES

To apply finance charges:



Before applying finance charges, you should have a current backup of your database.

1. Close Easy Dental on all computers.
2. In the Accounts module, click the **Month End button and select Finance Charge | Apply Finance Charge**. The Apply Finance Charges dialog appears (see Figure 8-25).

Figure 8-25

3. Enter the minimum balance an account must have in order to receive a finance charge in the **Minimum Balance To Charge** field.
4. Enter the **Minimum Finance Charge** amount.
5. In the *Past Due Days to Charge* group box, mark the desired option.
6. In the *Finance Charge* group box, enter the percent of the family balance to use when calculating the finance charge in the **Percent** field and mark **Monthly** or **Yearly**.
7. Select the desired providers in the **Primary Providers** pane or check **All**.
8. Select the desired billing types in the **Billing Types** scroll pane or check **All**.
9. Check **Save As Default** to save these settings.
10. Click **OK**.
11. Click **OK** to the confirmation message that appears to apply the finance charges and return to the Accounts module.

DELETING FINANCE CHARGES

Occasionally, it may be necessary to delete the finance charges posted due to a mistake made during the setup process. To delete finance charges:

1. Close Easy Dental on all computers.
2. In the Accounts module, click the **Month End button and select Finance Charge | Delete Finance Charge**. The Delete Finance Charges dialog appears (see Figure 8-26).



Figure 8-26

3. Enter the date the charges were applied in the **Finance Charge Date** field.
4. Click **OK**.
5. Click **OK** to the confirmation message that appears to delete the finance charges and return to the Accounts module.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database::

1. In the Reports module, click the **Maintenance button and select Preferences | Paths.**
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK.**
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. True or False? The Easy Checkout button allows you to create a claim, enter a payment, and print a walkout all at once. _____
2. Which split payment option allows you to pay the oldest balance first? _____
3. Which split payment options allows you to split the payment equally among all providers listed in the Split Payment dialog? _____

APPLY YOUR KNOWLEDGE

1. Change the Treatment Plan background color, so it is a light gray instead of white.
2. Set up the Easy Checkout button to create a claim and send it to batch, post a payment and print a walkout. Make sure the options do not appear every time you click the Easy Checkout button.
3. In any patient's account, post an extraction on tooth 4.
4. In Brent Crosby's account, post a check payment. However, before actually posting the payment, check to see if there is more than one provider that needs to be paid. If there is, pay the oldest balance first.
5. Enter a 10% Professional Courtesy for Brent Crosby.

SCHEDULE

9

OVERVIEW

Managing appointments is an essential feature in Easy Dental and helps maximize production and scheduling. By managing your appointments effectively, you can fill empty spaces in your schedule and track recall patients.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Set up your practice schedule
- Search for available appointment times
- Schedule appointments for new and existing patients
- Complete appointments
- Reschedule, break, and delete appointments
- Use the ASAP, Open, and Unscheduled lists to fill holes in your schedule

SCHEDULE MODULE OVERVIEW

The Schedule module (see Figure 9-1) is the key to your practice's success. You can use the Schedule module to track appointments, find available times, track your scheduled production, print route slips, and track when the practice is open or closed.

In this area, you can see all of the appointments scheduled for the day that you are currently viewing.

This is the date of the schedule that you are currently viewing. Below the date, are the operator titles.

The search arrows, Clipboard, and the Day, Week, and Month views allow you to quickly and easily schedule or move appointments.

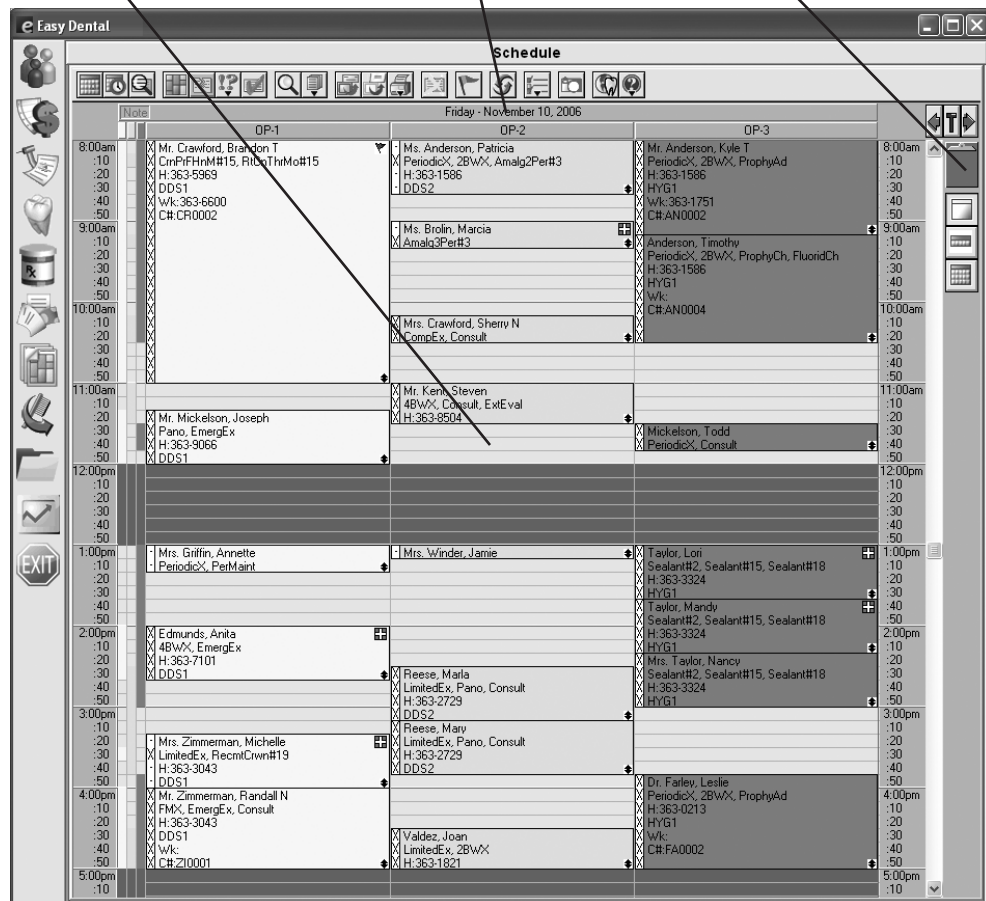


Figure 9-1

SCHEDULE MODULE TERMS

- **New Patient Appointment:** This is an appointment created for a new patient, so you do not have to create a patient file for the patient until they actually show up for their appointment. There is a NP in front of the patient's name on the face of the appointment.
- **Recall Appointment:** This is an appointment attached to a continuing care type. When the appointment is set complete, the patient's due date is updated by the interval set up for the type.

SCHEDULE MODULE SETUP

Before you start using the Schedule module, it is recommended that you set up your practice hours and provider schedules. Other set up features, such as flip tabs, provider appointment color, and practice holidays, can be set up or changed at any time.

PRACTICE SETUP

The Practice Appointment Setup dialog allows you to set up your practice's default hours and the time block size (i.e. appointment increments) for your appointments. You can also select a default appointment status, schedule, and type. To set up your practice:

1. In the Schedule module, click the **Setup** button and select **Practice Setup**. The Practice Schedule Setup dialog appears (see Figure 9-2).

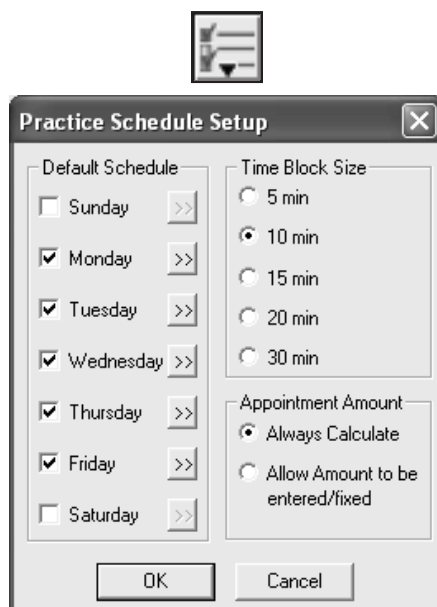


Figure 9-2

2. In the *Default Schedule* group box, uncheck the days of the week your office is not open and verify that the days of the week your office is open are checked.
3. Set up your practice's default hours by clicking the search button next to the days your practice is open in the *Default Schedule* group box. The Set Time Limits dialog appears (see Figure 9-3), allowing you to enter the hour you open and close.

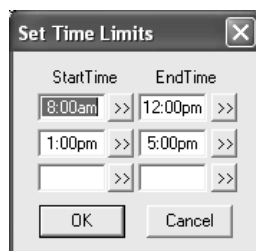


Figure 9-3



If your entire practice takes a lunch at the same time, enter the hour you break for lunch as the first End Time. Then, enter the hour you return from lunch as your second Start Time and the hour you close as the second End Time.

4. In the *Appointment Amount* group box, mark **Always Calculate** to have Easy Dental enter the amount of the appointment based on the patient's fee schedule without allowing you to edit the amount if needed. Or, mark **Allow Amount to be entered/fixed** to have Easy Dental enter the amount of the appointment based on the patient's fee schedule while allowing you to edit the amount if needed.
5. In the *Time Block Size* group box, mark the desired size for your appointment increments.
6. Click **OK** to save and return to the Schedule module.

SCHEDULE CALENDAR FOR PRACTICE

Once your default schedule has been set up, the schedule for individual days can be edited in the Schedule Calendar for Practice dialog. You can also close the practice for practice vacations, holidays, etc. To edit the schedule for individual days:

1. In the Schedule module, click the **Setup** button and select **Practice Schedule**. The Schedule Calendar for Practice dialog appears (see Figure 9-4).

Schedule Calendar for Practice

Office Closed

<< June 2009 >>

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

Practice Closed:

Practice Holidays:

Close

Figure 9-4

2. Edit the schedule for an individual day:
 - To edit the office hours for a day, double click the date. The Set Time Limits dialog appears (see Figure 9-3), allowing you to edit the times.
 - To close the office on a particular day, select the date and select **Office Closed | Close Office on selected date**.
 - To open a previously closed day, select the closed day and Select **Office Closed | Open Office**.



Open Office does not open days normally closed in the Schedule module, such as Saturdays and Sundays. If your office is open one Saturday a month, check Saturday in the Default Schedule group box in the Practice Schedule Setup dialog and enter 12:00 am as the first Start Time and 1:00 am as the first End Time. Then, edit the hours for the Saturday you are open by following the steps to edit hours for individual days.

- To add a holiday to the schedule, select the date and select **Office Closed | Set Yearly Holiday on selected day.**



Yearly holidays must occur on the same day each year. For example, Thanksgiving should not be set up as a yearly holiday since the date changes each year; whereas, Christmas always occurs on December 25 and can be considered a yearly holiday. For holidays that do not occur on the same day each year, follow the steps to close an individual day.

- To delete a holiday on the schedule, select the holiday and select **Office Closed | Delete Holiday.**
- Repeat step 2 to edit any additional days.
 - Click **Close** to return to the Schedule module.

PROVIDER SETUP

Now that your practice schedule has been set up and individual days have been edited as needed, it is necessary to set up the default hours for individual providers. To set up a provider's default schedule:



If your providers work the same hours as your office hours, you do not need to edit their hours.

- In the Schedule module, click the **Setup button** and select **Provider Setup**. The Provider Setup dialog appears (see Figure 9-5).

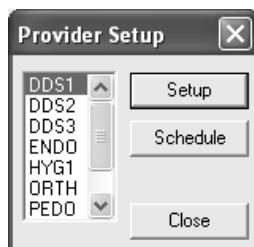


Figure 9-5

- Select the provider you want to set up and click **Setup**. The Provider Setup [ID] dialog appears (see Figure 9-7).

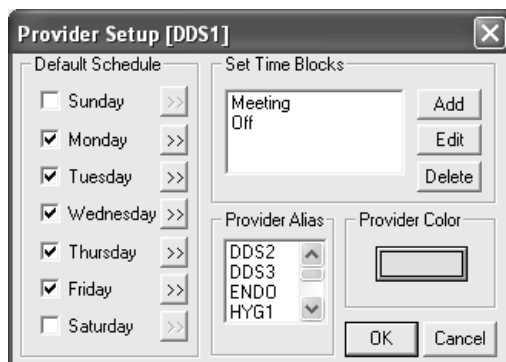


Figure 9-6

3. In the *Default Schedule* group box, uncheck the days of the week the provider does not work and verify that the days of the week the provider does work are checked.



You can override a provider's default schedule or add vacation days by clicking Schedule instead of Setup in step 2 and following the instructions in the "Schedule Calendar for Practice" section. However, vacation time is set up for providers instead of setting holidays.

4. Set up the provider's default hours by clicking the search button next to the days the provider works in the *Default Schedule* group box. The Set Time Limits dialog appears (see Figure 9-3), allowing you to enter the time the provider comes in and leaves.
5. If you have entered multiple IDs that represent the same provider (e.g. for insurance tracking purposes), select all the IDs that represent the same provider in the *Provider Alias* group box.



It is important to select provider aliases to help prevent double-scheduling a provider. Easy Dental displays a warning when you double-schedule a provider. Easy Dental also displays any available appointment times for all provider IDs associated with a provider when using the Find New Appointment Time feature.

6. If desired, edit the provider's appointment color in the *Provider Color* group box by clicking the color button. The Color dialog appears (see Figure 5-3), allowing you to select the desired color for the provider's appointments.



The Set Time Blocks group box is discussed in the Easy Day Planning section of this chapter.

7. Click **OK** to save changes.
8. Click **Close** to return to the Schedule module.

SCHEDULE MODULE VIEWS

With Schedule module views, Easy Dental allows you to decide which providers, operatories, hours, and patient information displays on the schedule. You can create up to twelve separate views on each workstation in your office. To create a new view:

1. In the Schedule module, click the **View** button. The Select View dialog appears (see Figure 9-7).



Figure 9-7

2. Click **New**. The View Setup dialog appears (see Figure 9-8).

Figure 9-8

3. In the *Provider(s)* group box, select the providers you want to view when using this Schedule module view.
4. In the *Operatories* group box, select the operatories you want to view when using this Schedule module view.
5. In the *Select Days* group box, check the days of the week you want to view when you are in the Week View or Month View.
6. If you want a musical note to appear on the face of an appointment when the patient has notes entered in their file, check **View Appt. Notes**.
7. If you want a blue flag to appear on the face of an appointment when the patient has a patient alert, check **View Patient Alerts**.
8. The *Appointment Display Info* group box allows you to select the patient/appointment information you want to show on the face of an appointment.



The drop-down lists of the Appointment Display Info group box correspond with the lines on the face of the appointment. For example, the option selected in the Line 1 drop-down appears on the first line of the appointment face. Therefore, if an appointment is only three lines long, only the options selected in the Line 1, Line 2, and Line 3 drop-downs show on the face of the appointment.

9. Click **OK** to return to the Select View dialog.
10. Repeat steps 2 – 9 for any other views.
11. Select the view you want to use and click **Select**.



You can quickly switch between views by pressing the function keys (i.e. F1, F2, F3) assigned to each view.

EASY DAY PLANNING

A time block allows you to block specific times in the Schedule module for specific procedures or appointment types. Once the time block has been set up and Easy Day Planning has been activated, a colored border displays on the schedule and a warning appears when anyone attempts to schedule an incorrect procedure or appointment type during the blocked time. To set up time blocks:

1. In the Schedule module, click the **Setup** button and select **Provider Setup**. The Provider Setup dialog appears (see Figure 9-5).
2. Select the provider for whom you want to set up the time block and click **Setup**. The Provider Setup [ID] dialog appears (see Figure 9-6).
3. In the *Set Time Blocks* group box, click **Add**. The Block Settings dialog appears (see Figure 9-9).

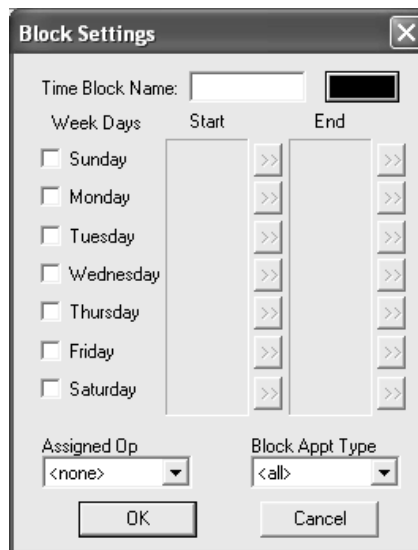


Figure 9-9

4. Enter the **Time Block Name**, such as Crowns or Exams
5. Change the color of the time block by clicking the color button. The Color dialog appears (see Figure 5-3), allowing you to select the color for the time block.
6. Check the days of the week this time block should be in use.
7. Set up the time block's hours by clicking the **Start** and **End** search buttons next to the days the time block is in use. The Select Time dialog appears (see Figure 9-10), allowing you select the desire start or end time.

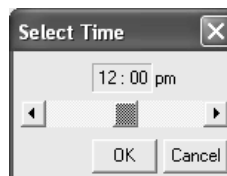


Figure 9-10

8. Select the operatory in which the time block should display in the **Assigned Op** drop-down.
9. Select the appropriate appointment type for this time block in the **Block Appt Type** drop-down.
10. Click **OK** to return to the Provider Setup [ID] dialog.
11. Repeat steps 3 – 10 for any other time blocks.



Each provider can have up to six time blocks set up for them.

12. Click **OK** to save changes.
13. Click **Close** to return to the Schedule module.

ACTIVATING EASY DAY PLANNING

To display the scheduled time blocks, Easy Day Planning must be activated on each workstation. If Easy Day Planning is not activated, you do not receive any warnings if you schedule an incorrect procedure or appointment type during the blocked time. To activate Easy Day Planning, in the Schedule module, click the **Easy Day Planning** button.

MOVING TIME BLOCKS

Individual time blocks can be moved from their default times within the same operatory they are assigned. To move a time block, in the Schedule module, click and drag the time block to the desired time without overlapping another time block.

RE-SIZING TIME BLOCKS

Individual time blocks can also be re-sized from their original length. To re-size a time block, in the Schedule module, click the bottom border of the time block (see Figure 9-11) and drag the time block up to decrease its size or drag the time block down to increase its size.

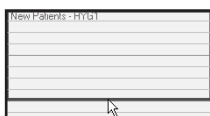


Figure 9-11

REMOVING INDIVIDUAL TIME BLOCKS

Individual time blocks can also be removed from the schedule for a specific day. To remove a time block:

1. In the Schedule module, right-click the time block. The [Time Block Name] - [ID] dialog appears (see Figure 9-12).



Figure 9-12

2. Click **Clear for today**.

FINDING AN AVAILABLE APPOINTMENT TIME

One of the benefits of using an electronic Schedule module is the ability to quickly find an available appointment time. To find an available appointment time:



If you prefer to manually search for an available time, use the Backward and Forward buttons to move back and forward one day at a time. You can use the Week View and the Month View buttons to see the schedule one week or one month at a time. By clicking the Calendar button, you can select a specific day to check for available appointment times.

1. In the Schedule module, click the **Find Available Time** button. The Find New Appointment Time dialog appears (see Figure 9-13).



Figure 9-13

2. In the *Select Provider(s)* group box, select the provider for the appointment.
3. In the *Select Op.(s)* group box, select the operator for the appointment.
4. In the *Select Days* group box, check the days of the week the patient is available to come in for their appointment.
5. Easy Dental looks for available times after the date is entered in the *Start Date* group box. Change as necessary.
6. Click the **Appt. Length** spin box arrows, in the *Time Range* group box, to select the minimum block of time needed for the appointment.
7. If desired, edit the **Start** and **End** times, in the *Time Range* group box, to look for those times only available within the specified range.
8. Click **Search/View** to get a list of available appointment times. The Available Appointment Times dialog appears (see Figure 9-14).

Figure 9-14

9. Select a time and click **View** to see the available appointment time.
10. When you find a time that works, click **Select** to schedule the appointment.

FINDING AN EXISTING APPOINTMENT

Reminding patients of their appointment time can be very important and helps avoid “no shows.” Easy Dental makes it easy to find an existing appointment. To find an existing appointment:

1. In the Schedule module, click the **Find Appointment** button. The Locate Existing Appointment dialog appears (see Figure 9-15).



Figure 9-15

2. Enter the first few letters of the patient's last name for whom you want to find the appointment.
3. Click the search button to get a list of appointments scheduled for the patient.
4. Select the appointment you want to view and click **View Appt** to see the date and time for the appointment.



In the list of results, there may be a line dividing some of the appointments. All appointments listed above the line are scheduled for a future date and all appointments listed below the line are scheduled in the past.

SCHEDULING AN APPOINTMENT

To schedule an appointment for an existing patient:

1. In the Schedule module, double click the time you want to schedule the patient's appointment. The Select Patient dialog appears (see Figure 2-2).
2. Enter the patient's last name in the field provided.
3. Select the patient from the list and click **OK**. The Appointment Information dialog appears (see Figure 9-16).

New Appointment Information - (Crosby, Brent L)

Provider: DDS1 >> Recall Attached: >>

☒ Use Reason to Auto Update Recall

Reason: Initial Tx Misc.

Length: 0 min >> Amount: 0.00

Status: <none> Schedule: FIXED Type: <none>

Op: >> Date: >> Time: >>

Desc: Delete Delete All

Note: ☐ Lab Case Attach Case Last Changed:

Find Schd. Next Clipboard OK

Other Appt(s) Wait/Will Call Ins Claim Info Cancel

Dial

Figure 9-16

4. Select the appointment **Provider**.
5. Choose one of the following methods to add procedure(s) to the appointment:
 - If the appointment is for a procedure you perform frequently, click **Initial** in the *Reason* group box. The Select Initial Reasons dialog appears (see Figure 9-17), allowing you to select the procedure(s) to be completed during the appointment.

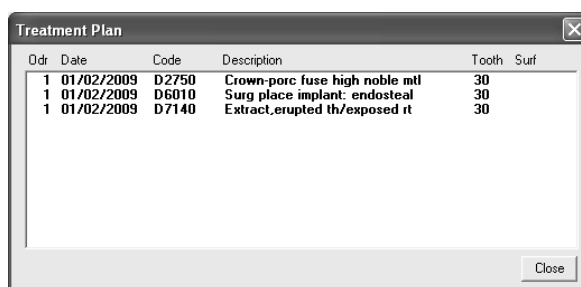
Select Initial Reasons

D0120 Ex Per	D0274 4 BWX	D9310 Consul
D0140 Ex Lim	D0330 Pano	D4910 PerMnt
D0150 Ex Com	D0460 PV Tst	REAdult (Exp
D0230 PAadd	D1110 Adult	REChild (Exp
D0210 FMX	D1120 Child	REComp (Exp
D0220 PA 1st	D1203 FlorCh	Perio X (Exp
D0272 2 BWX	D9110 PltvTx	

OK Cancel

Figure 9-17

- If the appointment is for a treatment-planned procedure, click **Tx** in the *Reason* group box. The Treatment Plan dialog appears (see Figure 9-18), allowing you to select the procedure(s) to be completed during the appointment.



Odr	Date	Code	Description	Tooth	Surf
1	01/02/2009	D2750	Crown-porc fuse high noble mtl	30	
1	01/02/2009	D6010	Surg place implant: endosteal	30	
1	01/02/2009	D7140	Extract,erupted th/exposed rt	30	

Figure 9-18

6. Edit the **appointment description** as needed.
7. Click the **Length** search button and edit the length of the appointment as needed.



By clicking the Length search button, you can indicate whether the provider or assistant should be in the room with the patient as well as whether the patient should be in the room alone. In the time unit box, an X indicates provider time, a / indicates assistant time, and a blank indicates chair time. The left side of the appointment on the schedule indicates the type of time selected for each time unit as well.

8. The **Amount** of the appointment should appear automatically if there are procedures in the *Reason* group box.
9. If desired, the **Status**, **Schedule**, and **Type** of appointment can be changed:
 - The **Status** drop-down allows you to select the status of the appointment, such as appointment confirmed or emergency patient.
 - The **Schedule** drop-down allows you to indicate whether the patient has a tight or **Fixed** schedule, a flexible or **Open** schedule, or needs to be scheduled **ASAP**.
 - The **Type** drop-down is used to classify the production type of the appointment.
10. The **Op**, **Date**, and **Time** fields are automatically filled in because you double clicked the appointment time for the appointment to be scheduled.
11. Enter any notes specific to this appointment in the **Note** field.
12. Click **OK** to schedule the appointment.

CONFIRMING AN APPOINTMENT

Confirming appointments in Easy Dental is quick and simple using the Easy Dental Appointment List to get a list of patients and their phone numbers with appointments for a specific day. From the Appointment List, you can add an entry in the Contacts module to indicate a phone call was made to the patient. Once you have called and confirmed an appointment, you can use the Appointment Status feature to indicate the status of the appointment (e.g. confirmed, left message).

USING THE APPOINTMENT LIST

To use the Appointment List to confirm appointments:

1. In the Schedule module, click the **Lists button and select Appointments**. The Appointments window appears (see Figure 9-19).

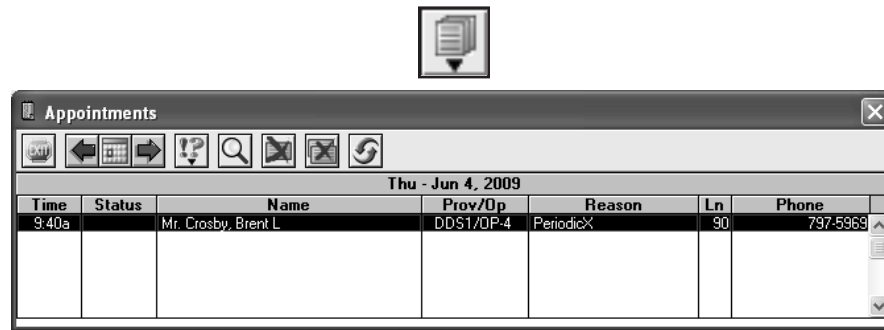


Figure 9-19

2. By default, today's appointments appear. To view a specific day's appointments:
 - Click the **Select Date** button on the Easy Dental Appointment List toolbar. The Select Date dialog appears (see Figure 5-19), allowing you to select the date for which you want to view appointments.
 - Click the **Backward** or **Forward** button, on the Appointments toolbar, to move the list backward or forward a day at a time.
3. Using the list, call patients to confirm their appointments.
4. Add an entry to the Contacts module with details regarding the phone call by clicking the **Contacts** button on the left toolbar. The Contacts module opens (see Figure 9-20).

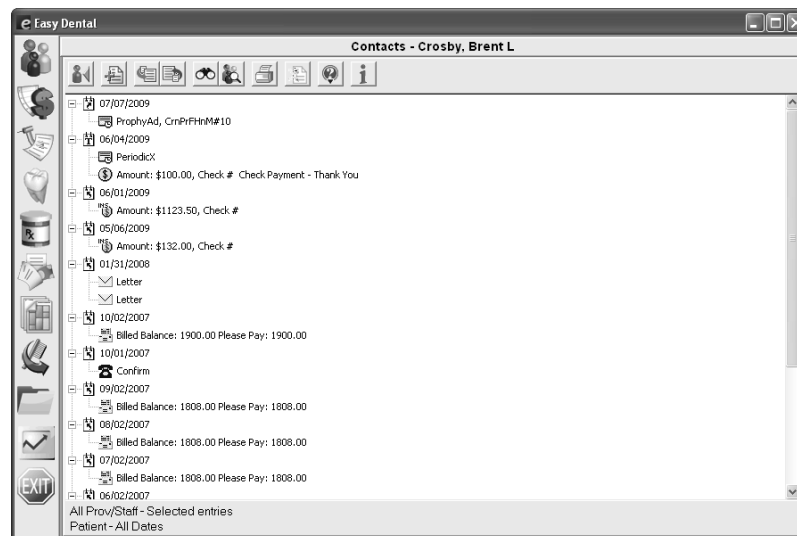


Figure 9-20

5. Click the **Add Contact** button. The Add Contact Entry dialog appears (see Figure 9-21).

Figure 9-21

6. Expand the **Type** drop-down and select **Phone Call**.
7. Select the provider/staff member that made the call to the patient.
8. Enter a short description (e.g. appointment confirmation, patient information update) of the phone call in the **Description** field.
9. Enter any notes regarding the phone call in the **Note** field.
10. Click **OK** to return to the Contacts module.

CHANGING AN APPOINTMENT'S STATUS

The appointment status allows you to visually identify the type of appointment (e.g. emergency patient, ortho appointment), the status of the appointment (e.g. confirmed, left message), or the progress of the appointment (e.g. patient ready for operatory, treatment in progress). Appointment statuses can be customized in the Reports module and each status can be assigned a different color for easy identification (see Figure 9-22).



Figure 9-22

To change the status of an appointment:

1. In the Schedule module, select the appointment.
2. Click the **Status** button (see Figure 9-23).



Figure 9-23

3. Select the desired status.

BREAKING VS. DELETING APPOINTMENTS

When an appointment is broken, Easy Dental moves the appointment to the Unscheduled List (allowing you to reschedule the appointment later), updates the Missed Appt field in the Patients module (recording the date of the cancelation and the number of times the patient has missed an appointment), and records the broken appointment in the Contacts module.

If you delete an appointment, it is as if the appointment never existed. The only time you should delete an appointment is if you scheduled the appointment for the wrong patient or the appointment should not have been scheduled in the first place.

BREAKING AN APPOINTMENT

To break an appointment:

1. In the Schedule module, select the appointment.
2. Click the **Break Appointment** button (see Figure 9-24).



Figure 9-24

3. Click **Yes** to the confirmation message that appears to break the appointment and move it to the Unscheduled List.

DELETING AN APPOINTMENT

To delete an appointment:

1. In the Schedule module, select the appointment.
2. Click the **Delete Appointment** button (see Figure 9-25).



Figure 9-25

3. Click **Yes** to the confirmation message that appears to delete the appointment.

RESCHEDULING APPOINTMENTS

Easy Dental provides several ways to reschedule an appointment. Most of the ways use the Clipboard. However, the Unscheduled List and ASAP List come into play as well and can be very useful when trying to fill holes in your schedule.

USING THE UNSCHEDULED LIST

The Unscheduled List is a powerful tool that assists you in managing your broken appointments and filling your schedule. When you break an appointment, it is moved to the Unscheduled List. To open the Unscheduled List, in the Schedule module, click the **Lists** button and select **Unscheduled List**. The Unscheduled List window appears (see Figure 9-26).



An appointment can also be put on the Unscheduled List by clicking the Wait/Will Call button in the Appointment Information dialog.

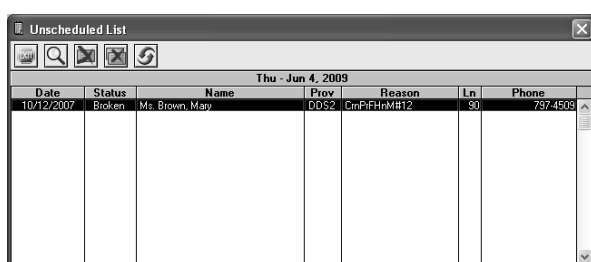


Figure 9-26

To reschedule an appointment on the Unscheduled List:

1. From the Unscheduled List, double click the appointment to open the Appointment Information dialog (see Figure 9-16).
2. Either manually enter the operatory, date, and time of the appointment or click **Clipboard** to move the appointment to the Clipboard.
3. Follow the steps outlined in the “Using the Clipboard” section to finish scheduling the appointment.

You do not actually have to open the Unscheduled List to reschedule an appointment on the list.

If you attempt to schedule an appointment for a patient with an appointment on the Unscheduled List, you receive a message prompting you to view the patient’s appointment list. Clicking **No** to the message opens a new Appointment Information dialog (see Figure 9-16) and allows you to schedule a brand new appointment for the patient, leaving the existing appointment on the Unscheduled List. Clicking **Yes** to the message opens the Family Appointment List dialog (see Figure 9-27).

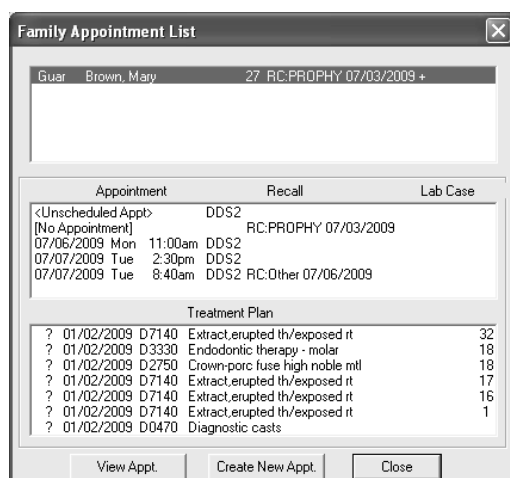


Figure 9-27

To reschedule the unscheduled appointment:

1. Select the appointment and click **View Appt** to open the Appointment Information dialog (see Figure 9-16).
2. Either manually enter the operatory, date, and time of the appointment or click **Clipboard** to move the appointment to the Clipboard.
3. Follow the steps outlined in the “Using the Clipboard” section to finish scheduling the appointment.

USING THE ASAP LIST

The ASAP List allows you to accommodate patients who request to be seen as soon as possible. If you select ASAP in the Schedule drop-down of the Appointment Information dialog, the appointment is automatically placed on the ASAP List, allowing you to access the appointment in the event of a cancellation. To open the ASAP List, in the Schedule module, click the **Lists** button and select **ASAP List**. The ASAP List window appears (see Figure 9-28).

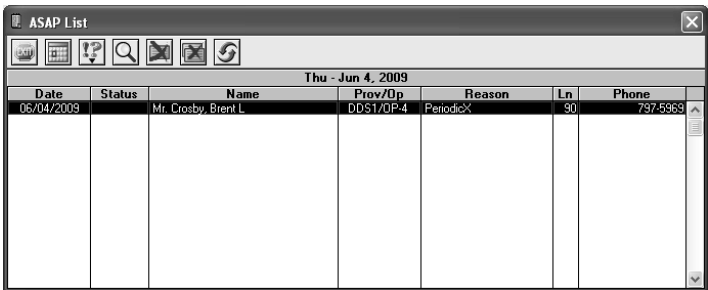


Figure 9-28

To reschedule an appointment on the ASAP List:

1. From the ASAP List, double click the appointment to open the Appointment Information dialog (see Figure 9-16).
2. De-select **ASAP** in the **Schedule** drop-down by selecting **Open** or **Fixed** to remove the appointment from the ASAP List when it is scheduled.
3. Either manually enter the operator, date, and time of the appointment or click **Clipboard** to move the appointment to the Clipboard.
4. Follow the steps outlined in the “Using the Clipboard” section to finish scheduling the appointment.

By default, the ASAP List only shows appointments scheduled within the next seven days. To change this:

1. From the ASAP List, click the **View** button. The ASAP List View dialog appears (see Figure 9-29).

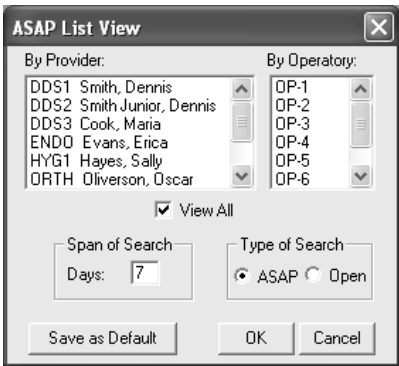


Figure 9-29

2. In the *Span of Search* group box, enter the number of days you want the ASAP List to show when displaying “ASAP” appointments.



The ASAP List and Open List can show up to 99 days of scheduled appointments.

3. Click **Save as Default** to return to the ASAP List.



If you mark Open in the Type of Search group box, you see appointments that have Open selected in the Schedule drop-down, in the Appointment Information dialog, rather than ASAP. You can use the Open List to find patients with a flexible schedule who would be willing to re-schedule their appointment to help an "ASAP" patient be scheduled sooner.

USING THE CLIPBOARD

The Clipboard allows you to temporarily store appointment information until an appointment can be found. To reschedule an appointment on the Clipboard:



An appointment can also be moved to the Clipboard by dragging it from the schedule to the Clipboard. The appointment remains scheduled in its original time slot until it is moved to a new time slot.

1. Search for an available appointment time using any of the methods explained in the "Finding an Available Appointment Time" section.
2. Drag the appointment from the Clipboard to the available appointment time.
3. Click **Yes** to the confirmation message to reschedule the appointment.

SETTING AN APPOINTMENT COMPLETE

Once the patient's appointment is complete, Easy Dental makes it easy to post the procedures completed during the appointment to the patient's account. This is done by setting the appointment complete in the Schedule module. To complete an appointment:

1. In the Schedule module, select the appointment.
2. Click the **Set Complete** button. The Set Appointment Procedures Complete dialog appears (see Figure 9-30).

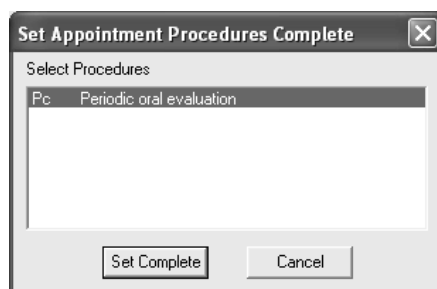


Figure 9-30

3. De-select any procedure(s) that were not completed during the appointment.



If you completed an additional procedure that is not listed, set the appointment complete and post the additional procedure(s) in the Accounts or Chart module.

4. Click **Set Complete**.

NEW PATIENTS

When a prospective patient wants to schedule an appointment, Easy Dental allows you to enter important contact information without the necessity to create a patient file. Therefore, if the patient does not show up for their appointment, the appointment can be deleted and your database will not be riddled with unneeded patient files. The new patient's information is stored in the Schedule module, so the information can be used to create an account in the Patients module at a later time.

Because a new patient does not have a file created for them, several options in the Schedule module are disabled, such as completing the appointment and attaching continuing care to the appointment. However, once a file is created for the patient, the disabled options are enabled.

SCHEDULING AN APPOINTMENT FOR A NEW PATIENT

To schedule a new patient appointment:

1. In the Schedule module, double click the time you want to schedule the new patient's appointment. The Select Patient dialog appears (see Figure 2-2).
2. Click **New Patient**. The Enter New Patient Information dialog appears (see Figure 9-31).

Figure 9-31

3. Enter the patient's information in the appropriate fields and click **OK**. The Appointment Information dialog appears.
4. Follow the steps outlined in the "Appointment Information Dialog" section to finish scheduling the appointment.

A NP appears in front of the patient's name on the appointment if the appointment is for a new patient (see Figure 9-32).

Figure 9-32

CREATING A FAMILY FILE FROM A NEW PATIENT APPOINTMENT

When you create a new patient appointment, the patient only exists in the Schedule module and the patient's appointment cannot be set complete. The information entered for the patient's appointment can be used to create a file for the patient. To create a file from a new patient appointment:

1. In the Schedule module, select the new patient appointment.
2. Switch to the Patients module by clicking the **Patients** button. The Patients module opens (see Figure 2-1).

3. Click the **New Patient With Appt.** The For New Patient dialog appears (see Figure 9-33).



Figure 9-33

4. Mark one of the following options:
 - **Create New Family** creates a new family and this patient is the head-of-house for the family.
 - **Add to Current Family** adds the patient as a new family member to the currently selected family.
 - **Select Family** allows you to select the family to which you want to add the patient.
5. Click **OK**. The Head-of-House/Patient Information dialog appears (see Figure 2-3).
6. Follow the steps outlined in the “Head-of-House/Patient Information Dialog” section, in the Patients chapter, to finish entering the new family member’s information.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database:

1. In the Reports module, click the **Maintenance button and select Preferences | Paths.**
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK.**
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. In your office, you do not want anyone to change the number in the Amount field of an appointment. Which option in the Practice Schedule Setup window allows you to do that? _____

2. True or False? To mark off all Thanksgiving holidays, you would use the Set Yearly Holiday on the selected day feature in the Practice Schedule. _____
3. To switch quickly between the views set up in your Schedule module, which keys on the keyboard would you press? _____

4. Which button in the Schedule module allows you to search by provider, date, and time for an available appointment time? _____

5. If you click the Wait/Will Call button while scheduling an appointment, where can you find the appointment? _____

6. True or False? You do not have to do anything special to schedule a new patient appointment. _____
7. When creating a patient file from a new patient appointment, which option allows you to put the patient in their own file? _____

8. Name two types of notes that you can view from an appointment. _____

9. If a patient asks when their next appointment is, which button on the Schedule module's toolbar will help you find the appointment? _____
10. True or False? To access the Open List, you must first open the ASAP List. _____
11. By default, how many days does the ASAP List allow you to view into the future for appointments marked as ASAP? _____
12. True or False? Whenever you reschedule an appointment from the Open or ASAP List, you should always select Fixed in the Schedule drop-down of the Appointment Information dialog. _____
13. True or False? Easy Day Planning must be activated on each workstation. _____
14. How many time blocks can each provider have? _____

APPLY YOUR KNOWLEDGE

1. Set up the Schedule module using the following hours for the practice:
 - Monday through Thursday: 7:00 am – 6:00 pm
 - Friday: 8:00 am – 12:00 pm
2. Close the office for the following holidays for 2009 and 2010:
 - New Year's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving
 - Christmas
3. Close the office for the following days:
 - July 3, 2009
 - November 27, 2009
 - December 26, 2009 – January 2, 2010
 - November 26, 2010
 - December 28 – 31, 2010
4. Set up the following provider schedules:
 - DDS2:
 - Monday through Thursday: 7:00 am – 3:30 pm with a 30-minute lunch starting at 11:00 am
 - DMD1:
 - Monday through Thursday: 9:30 am – 6:00 pm with a 30-minute lunch starting at 1:00 pm

5. DDS2 has the following vacation days:
 - May 27 – 30 2009
 - September 2 – 5, 2009
6. Set up the following views and try switching between them using the function keys assigned to each view:
 - View 1:
 - Providers: All
 - Operatories: All
 - Days: Monday – Friday
 - Misc. Items:
 - The office would like to view appointment notes.
 - The office would like to see the patient's preferred name if they have one.
(Hint: Do not use Pref. Name because the name will always show blank if the patient does not have a preferred name entered in the Patients module.)
 - View 2:
 - Providers: DDS2 and DMD1
 - Operatories: OP-1 and OP-2
 - Everything else should mimic View 1
 - View 3:
 - Providers: HYG1
 - Operatories: OP-3
 - Everything else should mimic View 1
7. Schedule an appointment for Abigail Smith on February 22, 2010 at 9:30 am with DMD1 for a root canal on tooth 14.
8. Create a new patient appointment for the following patient on February 26, 2010 at 1:30 pm with DMD1 for a new patient exam:
 - Name: Charles A. Smith
 - Home Phone: (801) 377-0192
 - Address: 144 W. 400 N. Provo, UT 84601
9. Add Charles to Abigail's account using his scheduled appointment.
10. Re-schedule Abigail's appointment for February 26, 2010 at 2:00 pm.
11. Find one of Brent Crosby's existing appointments.
12. Set up the following time blocks:
 - DDS2:
 - Name: Lunch
 - Color: Dark Blue

- Days: Monday - Thursday
- Times: 11:00 - 11:30 am
- Operatory: OP-1
- DMD1:
 - Name: Lunch
 - Color: Dark Blue
 - Days: Monday - Thursday
 - Times: 1:00 - 1:30 pm
 - Operatory: OP-2

13. Activate Easy Day Planning.

CHAPTER NOTES

This image shows a full page of white paper with horizontal grey ruling lines. The lines are evenly spaced and run across the width of the page. In the bottom right corner, there is a black circular icon. Inside the circle is a white document symbol, which consists of a rectangle with several horizontal lines representing text. The icon is positioned such that it overlaps the last few lines of the ruled paper.



RECALL

10

OVERVIEW

Practice management experts estimate that it costs five times as much to recruit a new patient as it does to keep an existing one. Keeping patients you currently have is what recall is all about. This chapter will demonstrate the importance of an effective program. You will also learn how to set up and manage recall for individual patients. Recall is a system that, if set up correctly, will help your practice offer good patient follow-up while contributing to the practice's bottom line.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Edit recall defaults
- Attach recall to a patient, procedure, and appointment
- Set a recall appointment complete
- Use the Recall module
- Set up recall views
- Create recall reminder cards

RECALL OVERVIEW

Your recall program is potentially one of the highest revenue-generating programs you can implement in your office. It is through the recall exam that most of your restorative production will be generated.

Consequently, it is vital that your recall program be capable of accurately tracking and reminding patients of their recall needs. Easy Dental helps you to maximize your recall program through its recall module.

PROCEDURE CODE SETUP

To set up a new procedure:

1. In the Reports module, click the **Practice Setup** button and select **Procedure Code Setup**. The Procedure Code Setup dialog appears (see Figure 2-18).
2. Click **Edit**. The Procedure Code Editor - Existing dialog appears (see Figure 10-1).

	Fee
1. Office	61.00
2. Aetna	49.00
3. BC / BS	46.00
4. Cigna	43.00
5. Perio	70.00
6. Endo	73.00
7. OrtSurg	76.00
8.	0.00
9.	0.00
10.	0.00
11.	0.00
12.	0.00
13.	0.00
14.	0.00
15.	0.00
16.	0.00
17.	0.00
18.	0.00
19.	0.00

Figure 10-1

3. Attach a recall type to the procedure by clicking the search button in the *Auto Recall* group box. The Select Recall Type dialog appears (see Figure 10-2), allowing you to select the desired recall type.

Type	Description	Interval	Status
[NONE]			
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	

Figure 10-2

4. Click **Close**.

- Click **Yes** to the confirmation message that appears to return to the Procedure Code Setup dialog.
- Click **Close** to return to the Reports module.

RECALL TYPES SETUP

In order to use recall in Easy Dental, you need to set up settings for the default recall types. To edit an existing recall type:

- In the Reports module, select click the **Practice Setup** button and select **Recall Setup**. The Recall Setup dialog appears (see Figure 10-3).

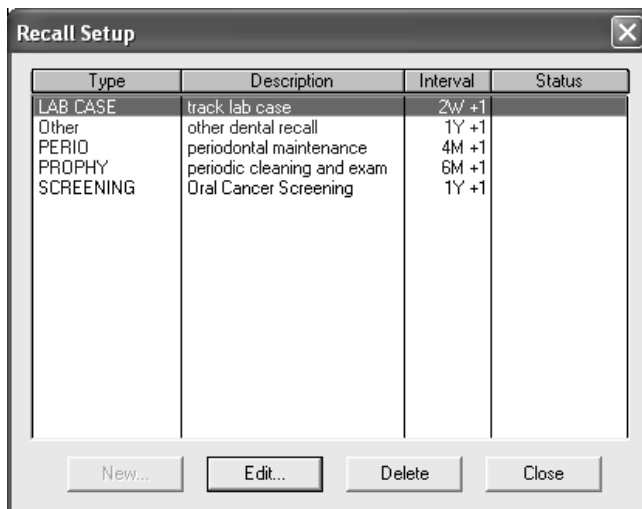


Figure 10-3

- Select the recall type you want to edit.
- Click **Edit**. The Edit Recall Type dialog appears (see Figure 10-4).

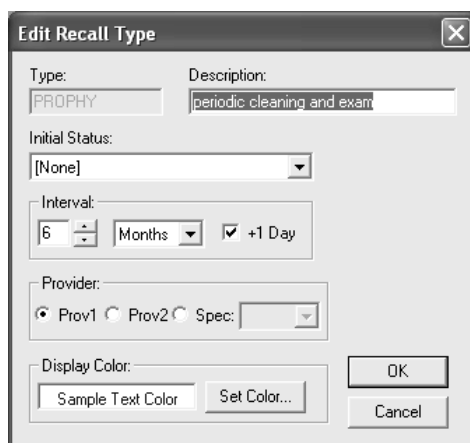


Figure 10-4

- Edit the type and description in their corresponding fields as desired.



It is recommended that you do not edit the Type for the PROPHY recall type. If the Type is anything other than PROPHY, certain reports do not calculate the numbers of patients attached to the PROPHY recall type properly.

- If desired, expand the **Initial Status** drop-down to select an option.
- In the *Interval* group box, edit the interval as necessary.

- In the *Provider* group box, mark the desired option. All appointments attached to this recall type are scheduled for the provider selected.



Each patient set up on this recall type automatically receive these settings. Changing the defaults for an individual patient can be done in the Patients module (see the Patients chapter).

- Click **OK** to return to the Recall Setup dialog.
- Click **Close** to return to the Reports module.

ATTACHING EXISTING RECALL TO A PATIENT

It is recommended that you let Easy Dental automatically set patients up on recall. In some cases, it is necessary to manually set up a patient on recall in the Patients module. For example, if a patient does not have an appointment scheduled in the near future, then you may need to attach the patient to their existing recall to keep them on track.

If the Recall block, in the Patients module, is blank, the patient is not set up on recall. If there is a date and a recall type in the block, the patient is set up on the type listed.



The date that appears in the Recall block is the patient's due date for the type listed. If the date is red, the patient is past due for their recall appointment.

To manually set up a patient on recall:

- In the Patients module, select a patient.
- Double click the **Recall** block. The Patient Recall dialog appears (see Figure 10-5).

Due Date	Type	Appt?	Status	Prior Treat.
	LAB CASE			
	Other			
	PERIO			
	PROPHY			
	SCREENING			

Set... Clear... Close

Figure 10-5

- Select the desired recall type and click **Set**. The Set Recall dialog appears (see Figure 10-6).

The 'Set Recall' dialog box for patient Crosby, Brent L. contains the following fields and controls:

- Type:** PROPHY
- Description:** periodic cleaning and exam
- Date Set:** (empty)
- Scheduled Appt.:** (empty)
- Recall Note:** (empty text area)
- Due Date:** 12/06/2009
- Prior Treatment:** 06/02/2009
- Status:** (None)
- Provider:** Prov1 (selected), Prov2, Spec. (dropdown)
- Save as Default:** (checked)
- Buttons:** OK, Cancel

Figure 10-6

4. Edit the **Due Date** if necessary.
5. If desired, change the patient's interval.
 - a. Click the **Due Date** search button. The Set Interval dialog appears (see Figure 10-7).

The 'Set Interval' dialog box contains the following fields and controls:

- Interval:** 12 Months, +1 Day (checked)
- Current Due Date:** 12/06/2009
- New Due Date:** 12/06/2009
- Buttons:** OK, Cancel

Figure 10-7

- b. In the *Interval* group box, make the changes as necessary. The date in the **New Due Date** field updates accordingly.
 - c. Click **OK** to return to the Set Recall dialog.
6. Select the appropriate provider in the *Provider* group box.
7. Click **OK** to return to the Patient Recall dialog.
8. Repeat steps 3 – 7 for any other recall types.
9. Click **Close** to return to the Patients module.

RECALL APPOINTMENTS

In order for Easy Dental to recognize that a patient has an appointment scheduled for their recall visit, you must attach recall to the appointment. Otherwise, Easy Dental treats the appointment as if it were not a recall appointment and when you print reminder cards, one does not print for every patient scheduled for their recall visit.

SCHEDULING A RECALL APPOINTMENT

To schedule a recall appointment:

1. In the Schedule module, double click an available time. The Select Patient dialog appears (see Figure 2-2).

2. Select a patient and click **OK**. The Appointment Information dialog appears (see Figure 9-16).
3. Make sure **Use Reason to Auto Update Recall** is checked.
4. Add procedure(s) to the appointment by following step 5 in the “Scheduling an Appointment” section.



If you receive any warnings while adding procedures to the appointment, refer to the “Common Recall Scheduling Messages” section.

5. Follow steps 6 – 13 in the “Scheduling an Appointment” section to finish scheduling the recall appointment.



As long as the procedures added to the appointment are attached to a recall type and the Use Reason to Auto Update Recall option is checked, Easy Dental attaches the recall type to the appointment automatically.

Figure 10-8 is a flow chart that demonstrates the steps Easy Dental takes when a procedure is posted to determine whether the patient needs to be set up on recall or have their recall due date updated.

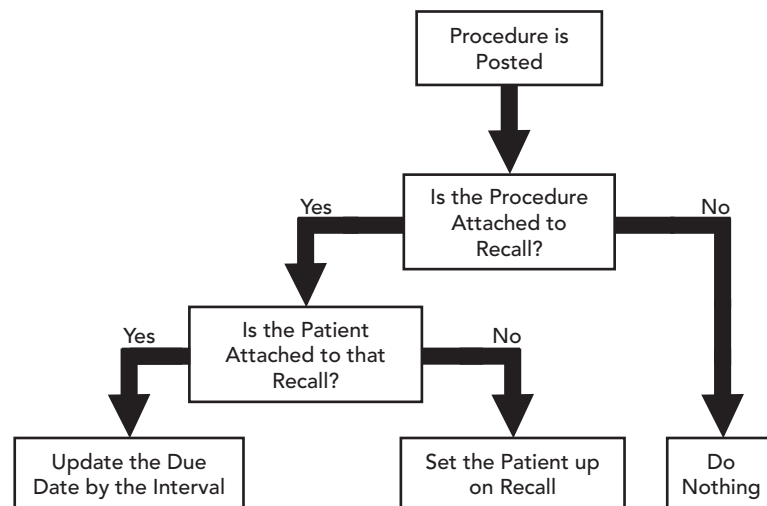


Figure 10-8

COMMON RECALL SCHEDULING MESSAGES

There are several different messages that may appear when a procedure attached to a recall type is added to an appointment. These messages should help you understand what happens to the patient’s recall when the procedure is added to the appointment.

The message in Figure 10-9 appears if the patient is not set up on the recall type. In order to set the patient up on recall, click **Yes**.

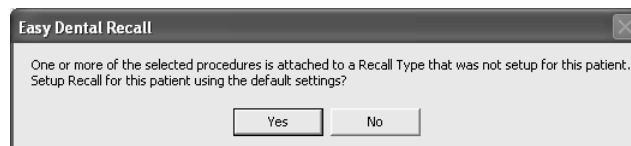


Figure 10-9

The message in Figure 10-10 appears if the patient is set up on the recall type and the recall type is attached to another appointment. Click **Yes** to attach the recall type to the current appointment or click **No** to leave the recall type attached to the original appointment.

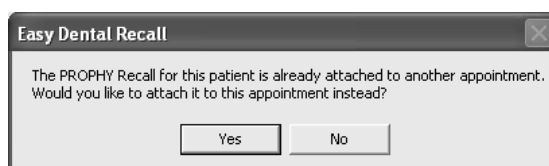


Figure 10-10

SETTING A RECALL APPOINTMENT COMPLETE

When you set an appointment attached to recall complete, Easy Dental prompts you to schedule the next recall appointment. If you click **Yes** to the message, the Schedule module advances the schedule according to the interval set up for the recall type and the Appointment Information dialog appears (see Figure 9-16), allowing you schedule the next appointment.



Easy Dental only prompts you to schedule the next recall appointment if the procedure attached to a recall type is set complete. For example, if the patient is scheduled for a prophy, which is attached to the PROPHY recall type, and an amalgam, which is not attached to a recall type, the prophy must be set complete in order for Easy Dental to prompt you to schedule the next recall appointment.

Figure 10-11 is a flow chart that demonstrates the steps Easy Dental takes when an appointment is set complete to determine whether the patient needs to have another appointment scheduled.

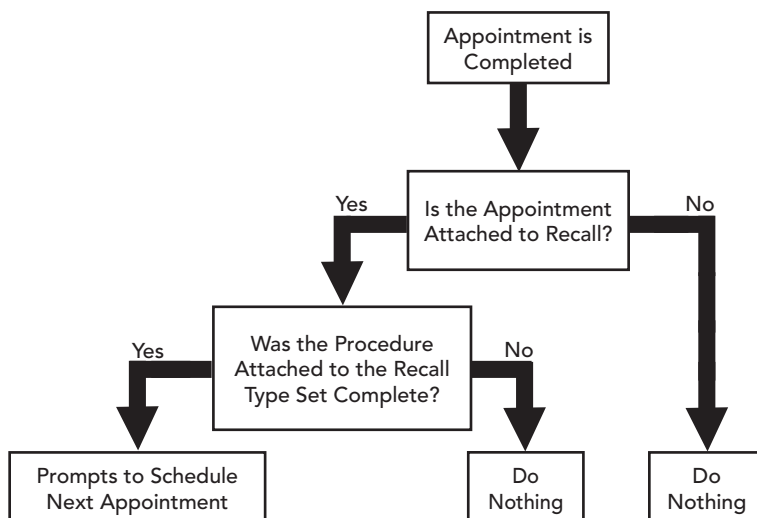
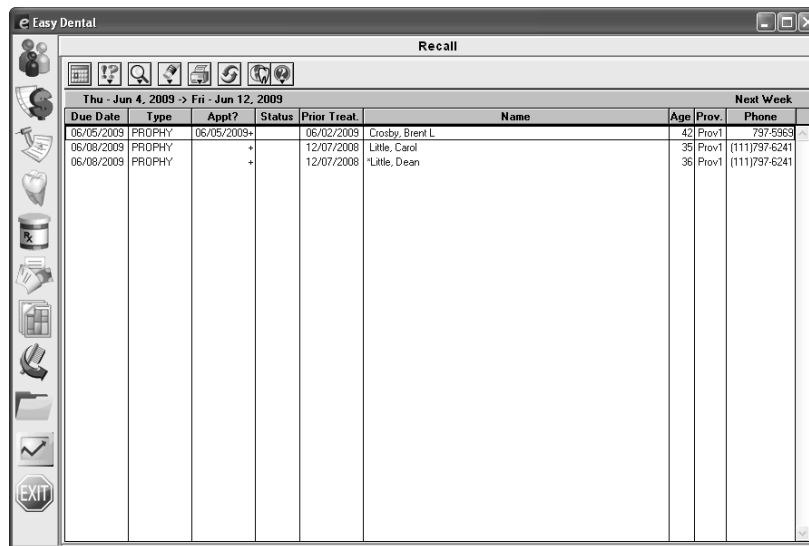


Figure 10-11

RECALL LISTS

Easy Dental provides several ways to generate lists of patients due for their recall appointment or patients with a scheduled recall visit. Using the lists generated, you can either call the patients to remind them of their due date or appointment, or you can send them reminder cards. Recall lists are generated from the Recall module. To access the Recall module, click the **Recall** button on the left toolbar. The Easy Dental Recall module opens (see Figure 10-12).



Thu - Jun 4, 2009 -> Fri - Jun 12, 2009					Next Week			
Due Date	Type	Appt?	Status	Prior Treat	Name	Age	Prov	Phone
06/06/2009	PROPHY	06/05/2009+		06/02/2009	Crosby, Brent L	42	Prov1	797-5963
06/08/2009	PROPHY			12/07/2008	Little, Carol	36	Prov1	(111)797-6241
06/08/2009	PROPHY			12/07/2008	Little, Dean	36	Prov1	(111)797-6241

Figure 10-12

The Recall module has several different columns full of information. The columns are:

- **Date:** The patient's due date
- **Type:** The type of recall
- **Appt?:** The date of the patient's recall appointment



If the Appt? column has a plus sign (+) in it, the patient has scheduled appointments in the Schedule module not attached to recall. If there is a date with a plus sign, the patient has a scheduled appointment attached to recall as well as a scheduled appointment not attached to recall.

- **Status:** The status of the recall
- **Prior Treat:** The date of the last time the patient was seen for the recall type
- **Name:** The name of the patient
- **Age:** The age of the patient
- **Prov:** The patient's recall provider
- **Phone:** The patient's home phone number

SETTING UP A RECALL VIEW

In the Recall module, you can create different views that allow you to generate lists based on certain criteria. A view is another way to look at the patients in your database. You can create recall views that find a list of patients due within a certain month or only those patients with recall appointments scheduled.

When you save a new recall view, you are only saving the settings. This enables you to re-use the view at a later time. For example, if you create a recall view that finds all patients due within the range of a month, you can use the view for January, February, March, etc. because Easy Dental looks for patients due within the current month.



To use a pre-set view, click the Views button and the desired view.

To set up a new recall view:

1. In the Recall module, click the **Views** button and select **Setup**. The Recall Views Setup dialog appears (see Figure 10-13).

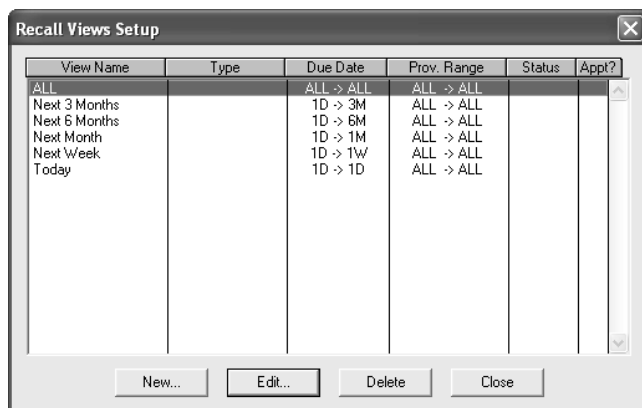


Figure 10-13

2. Click **New**. The New Recall View dialog appears (see Figure 10-14).

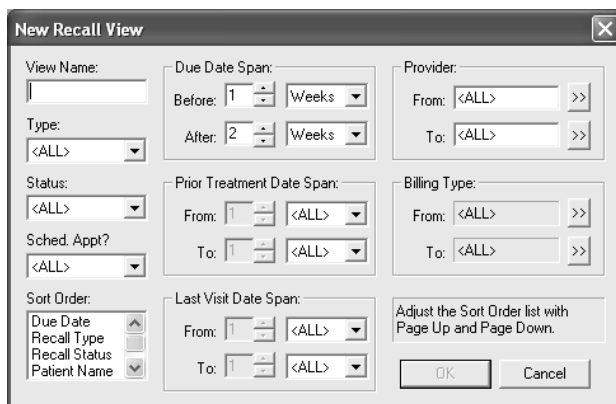


Figure 10-14

3. Enter a **View Name**.
4. In the **Type** drop-down, select the desired option.
5. In the **Status** and **Sched. Appt?** drop-downs, select the desired options.



You can use the recall statuses to keep track of patients that have been contacted. Once a patient has a status attached to their recall, you can filter the list to show only patients with that status.

6. Change the sort order, if desired, by selecting the order by which you want to sort the list and pressing **Page Up** until the order is at the top of the list.



The sort order of the list is based on a hierarchy, meaning Easy Dental sorts by the top order first, then the second order second, and so on.

7. In the *Due Date Span* group box, enter conditions, according to today's date, that Easy Dental uses to find patients. For example, if you set the span as **Before 1 Days** and **After 1 Months** and today's date is January 1, 2009, Easy Dental generates a list of all patients due between December 31, 2008 and February 1, 2009.



To change the reference date the span uses, click the Set Date button from the Recall module.

8. In the *Billing Type* group box, select the billing type range to include/exclude certain categories of patients based on billing types. If you want to include all billing types, leave the **From** and **To** fields set to **<ALL>**.
9. In the *Provider* group box, select the provider range to include one or more providers on the report. If you want to include all providers, leave the **From** and **To** fields set to **<ALL>**.
10. Click **OK** to return to the Recall Views Setup dialog.
11. Click **Close** to return to the Recall module.

REMINDER CARDS/LETTERS

You can help prevent missed appointments by sending appointment reminder cards to your patients on a weekly basis.

GENERATING ELECTRONIC REMINDERS

Over the past 15 years, the Internet has changed the landscape of how business is done and the dental industry is no exception. Consider the following statistics:

- Nearly 70% of the US population were internet users as of August 2006 (source: www.nielson-netratings.com).
- 92.5% of the US internet-using population is estimated to be using email (source: www.marketingsherpa.com).

Building automated email correspondence with your patients should not be ignored. Learning to send eCards, text messages, and post cards make your reminder efforts easier, more cost-effective, and more convenient for the growing number of clients utilizing email on a daily basis.

Sending electronic reminders is done using the correspondence feature of eCentral. To send electronic reminders, perform a WebSync.

GENERATING MANUAL RECALL REMINDER CARDS

Using a letter merge, you can print reminder cards for patients who have recall due within a date range but do not have an appointment scheduled. To print recall reminder cards for patients without an appointment:

1. In the Reports module, click the **Letters** button. The Letters dialog appears (see Figure 10-15).

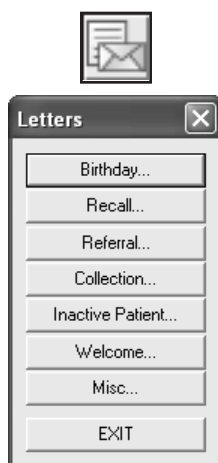


Figure 10-15

2. Click **Recall**. The Recall Letters dialog appears (see Figure 10-16).

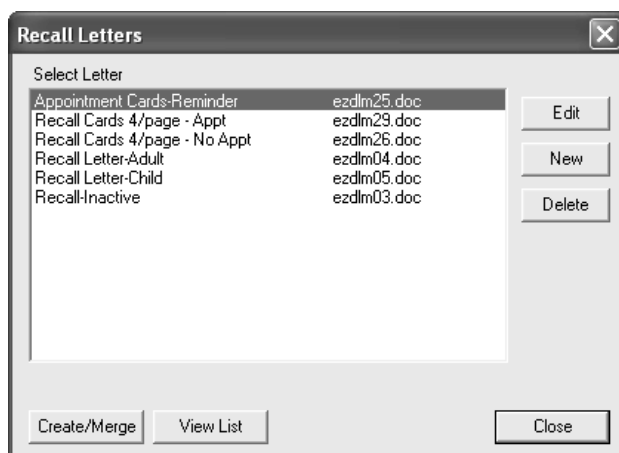
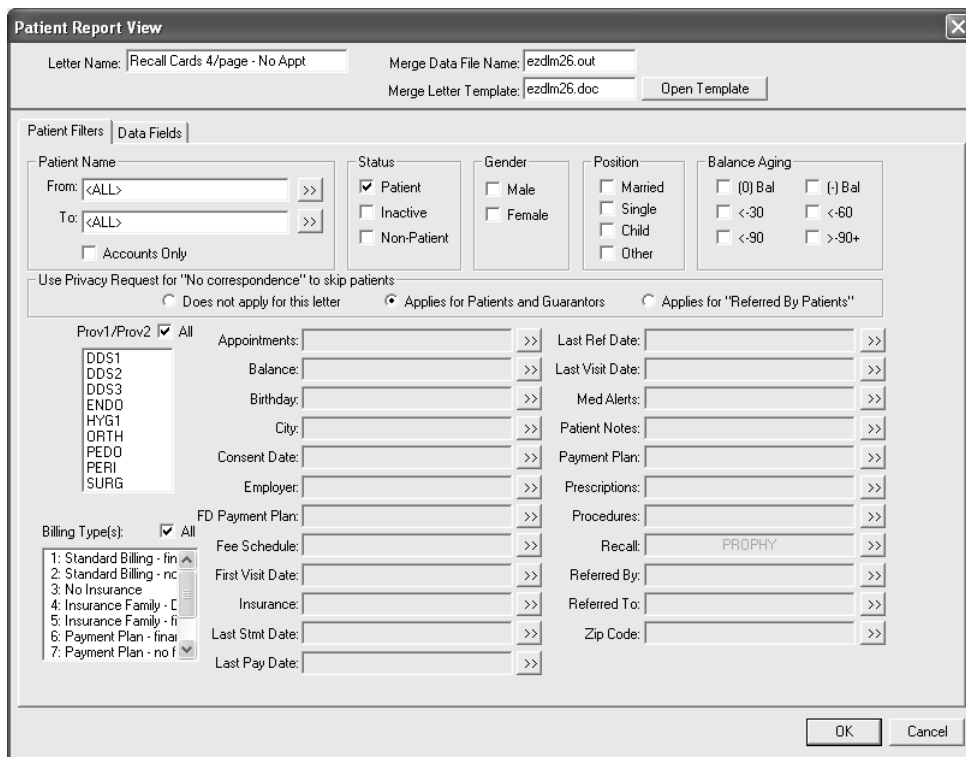


Figure 10-17

3. Select **Recall Cards 4/page - No Appt (ezdlm26.doc)**.
4. Click **Edit**. The Patient Report View dialog appears (see Figure 10-18).



Patient Report View

Letter Name: Recall Cards 4/page - No Appt Merge Data File Name: ezdm26.out
Merge Letter Template: ezdm26.doc Open Template

Patient Filters | **Data Fields**

Patient Name
From: <ALL> >>
To: <ALL> >>
☐ Accounts Only

Status
☒ Patient
☐ Inactive
☐ Non-Patient

Gender
☐ Male
☐ Female

Position
☐ Married
☐ Single
☐ Child
☐ Other

Balance Aging
☐ (0) Bal ☐ (-) Bal
☐ <-30 ☐ <-60
☐ <-90 ☐ >-90+

Use Privacy Request for "No correspondence" to skip patients:
☐ Does not apply for this letter ☒ Applies for Patients and Guarantors ☐ Applies for "Referred By Patients"

Prov1/Prov2 ☒ All
DDS1
DDS2
DDS3
ENDO
HYG1
ORTH
PEDO
PERI
SURG

Billing Type(s) ☒ All
1: Standard Billing - fin
2: Standard Billing - nc
3: No Insurance
4: Insurance Family - C
5: Insurance Family - fi
6: Payment Plan - finan
7: Payment Plan - no f

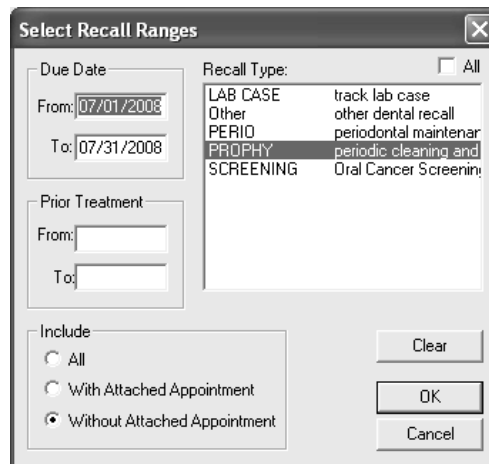
Appointments: >>
Balance: >>
Birthday: >>
City: >>
Consent Date: >>
Employer: >>
FD Payment Plan: >>
Fee Schedule: >>
First Visit Date: >>
Insurance: >>
Last Stmt Date: >>
Last Pay Date: >>

Last Ref Date: >>
Last Visit Date: >>
Med Alerts: >>
Patient Notes: >>
Payment Plan: >>
Prescriptions: >>
Procedures: >>
Recall: PROPHY >>
Referred By: >>
Referred To: >>
Zip Code: >>

OK Cancel

Figure 10-18

- Click the **Recall** search button. The Select Recall Ranges dialog appears (see Figure 10-19).



Select Recall Ranges

Due Date
From: 07/01/2008
To: 07/31/2008

Prior Treatment
From:
To:

Recall Type: ☐ All
LAB CASE track lab case
Other other dental recall
PERIO periodontal maintenar
PROPHY periodic cleaning and
SCREENING Oral Cancer Screenin

Include
☐ All
☐ With Attached Appointment
☒ Without Attached Appointment

Clear
OK
Cancel

Figure 10-19

- Select the appropriate **Recall Type**.
- Enter the desired date range in the *Due Date* group box.
- In the *Include* group box, mark **Without Attached Appointment**.
- Click **OK** to return to the Patient Report View dialog.
- Click **OK** to close the Patient Report View dialog.
- Follow the steps outlined in the "Performing the Merge" section to merge the cards.

GENERATING MANUAL RECALL APPOINTMENT REMINDER CARDS

You can also print reminder cards for patients who have a recall appointment scheduled within a date range. To print reminder cards:

1. In the Reports module, click the **Letters** button. The Letters dialog appears (see Figure 10-15).
2. Click **Recall**. The Recall Letters dialog appears (see Figure 10-16).
3. Select **Recall Cards 4/page - Appt (ezdlm29.doc)**.
4. Click **Edit**. The Patient Report View dialog appears (see Figure 10-18).
5. Click the **Recall** search button. The Select Recall Ranges dialog appears (see Figure 10-19).
6. Select the appropriate **Recall Type**.
7. Verify that the fields in the *Due Date* and *Prior Treatment* group boxes are blank.
8. In the *Include* group box, mark **Without Attached Appointment**.
9. Click **OK** to return to the Patient Report View dialog.
10. Click the **Appointments** search button. The Select Appointment Range dialog appears (see Figure 10-20).

Figure 10-20

11. In the *Date Range* group box, mark **Appointment Date Range** and enter the date range in the **Beginning** and **Ending** fields.
12. In the *Search* group box, select **Existing Patients with appointment in date range**.
13. In the *Select # of Appts Missed* group box, mark **0 or More**.
14. Click **OK** to return to the Patient Report View dialog.
15. Click **OK** to exit the Patient Report View dialog.
16. Follow the steps outlined in the “Performing the Merge” section to merge the cards.

PERFORMING THE MERGE

Once you have specified the criteria needed to search the database, you need to perform the actual merge. To perform the merge:

1. In the Reports module, click the **Letters** button. The Letters dialog appears (see Figure 10-15).
2. Click the appropriate category button. The [Category] dialog appears (similar to Figure 10-16).
3. Select the appropriate letter template.
4. Click **Create/Merge**. The Create/Merge Options dialog appears (see Figure 10-21).

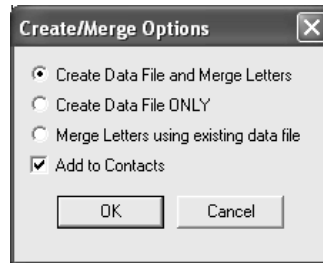


Figure 10-21

5. Mark **Create Data File and Merge Letters**.
6. Click **OK** and the merge begins.

At this point, Easy Dental searches the database to find any patients that meet the criteria specified. Once Easy Dental has searched the database, Microsoft Word opens and starts to merge the patients found with the letter template. Once this process is completed, the letters display in Microsoft Word. When you close Microsoft Word, a confirmation message asking you to save the letters appears. Click **No**. Otherwise, you will overwrite the letter template with actual patient letters and you are no longer able to use the letter template.



You can print the letters by selecting File | Print from the Microsoft Word toolbar.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database:

1. In the Reports module, click the **Maintenance** button and select **Preferences | Paths**.
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK**.
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. When looking at Brent Crosby's patient file, you notice that 06/20/06 PROPHY is in red. What does this indicate? _____

2. Which option should always be checked if you want Easy Dental to automatically attach recall to appointments when the procedure is attached to a recall type? _____

3. You receive a message that states a recall type is already attached to another appointment when you are creating a recall appointment. You want this recall type to remain attached to the original appointment, what should you do? _____

4. What does the plus sign in the Appt? column of the Recall module mean? _____

APPLY YOUR KNOWLEDGE

1. Create an appointment for Allen Perkins for bitewings.
2. Run a recall list for all patients that have an appointment for bitewings within the next year.

CHAPTER NOTES

This image shows a full page of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. In the bottom right corner, there is a dark circular logo. Inside the circle is a white rectangular icon representing a document or a book, with several horizontal lines indicating text. The logo has a slight shadow or gradient effect.



MANAGEMENT REPORTS

11

OVERVIEW

This chapter covers a list of management reports that your practice should print to help keep track of total production/collections as well as manage your billing cycle better.

OBJECTIVES

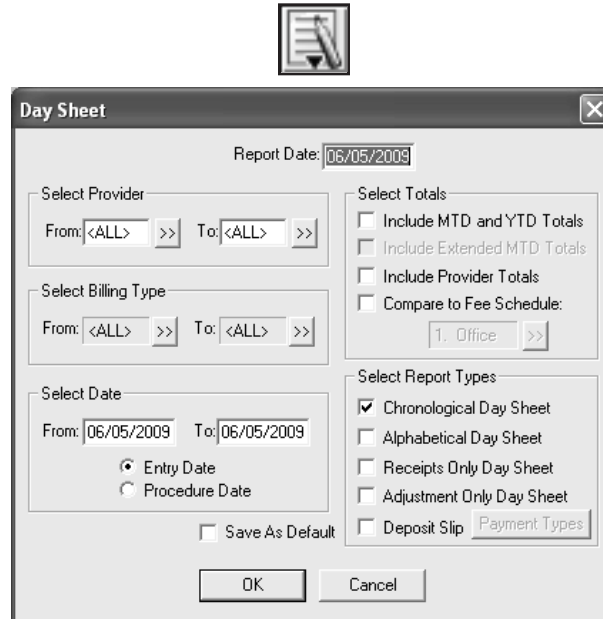
Once you have completed this chapter, you should be able to:

- Run the Day Sheet
- Use the Batch Insurance Claims Utility
- Run the Procedures Not Sent to Insurance Report
- Run the Referred by Doctor/Other Report
- Run the Referred by Patient Report
- Run the Referred to Doctor Report
- Run the Finance Charge Report
- Run Billing Statements
- Submit Billing Statements Electronically
- Run the Aging Report
- Run the Practice Analysis Reports
- Run the Insurance Aging Report
- Purge Exported Report Files for HIPAA Compliance

DAY SHEET

The Day Sheet shows all transactions entered in your database for a given date range. To generate a Day Sheet:

1. In the Reports module, click the **Management Reports** button and select **Day Sheet (Charges and Receipts)**. The Day Sheet dialog appears (see Figure 11-1).



The Day Sheet dialog box is titled "Day Sheet" and contains several sections for configuring the report. At the top, the "Report Date" is set to "06/05/2009". Below this, there are three main sections: "Select Provider", "Select Billing Type", and "Select Date". Each of these sections has "From" and "To" fields with "<ALL>" and ">>" buttons. The "Select Date" section also includes radio buttons for "Entry Date" (selected) and "Procedure Date". To the right of these sections is a "Select Totals" section with checkboxes for "Include MTD and YTD Totals", "Include Extended MTD Totals", "Include Provider Totals", and "Compare to Fee Schedule:". Below these is a "Select Report Types" section with checkboxes for "Chronological Day Sheet" (checked), "Alphabetical Day Sheet", "Receipts Only Day Sheet", "Adjustment Only Day Sheet", and "Deposit Slip". There is also a "Payment Types" button. At the bottom, there is a "Save As Default" checkbox and "OK" and "Cancel" buttons.

Figure 11-1

2. In the *Select Provider* group box, select the desired provider range.
3. In the *Select Billing Type* group box, select the desired billing type range.
4. In the *Select Date* group box, enter the desired date range and mark the desired options:
 - **Entry Date** includes all transactions entered into the database within the selected date range.



The Entry Date Day Sheet includes both an Entry Date and Procedure Date column as well as an amount for the Previous Balance, Balance as of, and Net Change.

- **Procedure Date** includes all transactions dated within the selected date range.



Most of the time, the entry and procedure date for a transaction are the same date. However, if a procedure was back-dated, then the entry and procedure date differs.

5. In the *Select Totals* group box, check the desired options:
 - **Include MTD and YTD Totals** includes a running balance for the month and year.
 - **Include Extended MTD Totals** includes the average production per patient and average charge per procedure.
 - **Include Provider Totals** includes the production and collection for each individual provider.
 - **Compare to Fee Schedule** allows you to select a fee schedule to compare to the transaction charges for the selected day.

6. In the *Select Report Types* group box, check the desired options:
 - **Chronological Day Sheet** prints payments, procedures, and adjustments for the selected date range. Transactions are listed in the order they were entered into Easy Dental.
 - **Alphabetical Day Sheet** prints payments, procedures, and adjustments alphabetically by patient's last name for the selected date range.
 - **Receipts Only Day Sheet** prints payments for the selected date range.
 - **Adjustments Only Day Sheet** prints adjustments for the selected date range.
 - **Deposit Slip** prints a deposit slip. To select the payment types included on the Deposit Slip, click **Options**. The Options dialog appears (see Figure 11-2), allowing you to select the desired payment types.

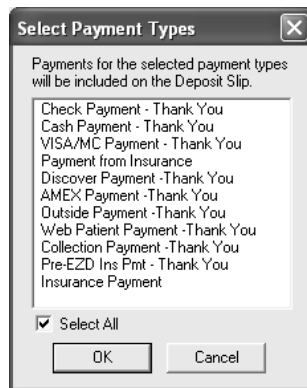


Figure 11-2



To select more than one payment type, hold the right mouse button or press the Ctrl key and click each type with the left mouse button.

7. Check **Save As Default** to save these settings.
8. Click **OK** to send the report to the Batch Processor and return to the Reports module.

CREATING BATCH INSURANCE CLAIMS

The Create Batch Insurance Claims utility can be used to create primary insurance claims for all procedures posted within a specified date range that are not attached to an insurance claim.



If you have any claims in the Accounts module with a status of Created, this utility sends those claims to the batch and changes the status to Sent. A claim is considered Created if it was not printed or sent to the Batch Processor when it was created.

To create claims for procedures not attached to an insurance claim:

1. In the Reports module, click the **Create Insurance Claims** button. The Create Batch Primary Insurance Claims dialog appears (see Figure 11-3).

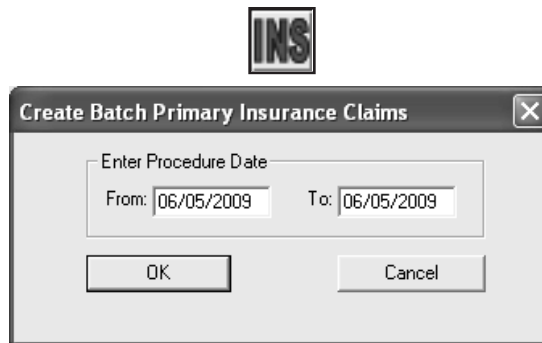


Figure 11-3

2. In the *Enter Procedure Date* group box, enter the desired date range.
3. In the **Select Rendering Provider** pane, select the desired providers or check **All**.
4. In the **Select Billing Type** scroll pane, select the desired billing types or check **All**.
5. Check **Save as Default** to save these settings.
6. Click **Print** to print the claims, **Send To Batch** to send the claims to the Batch Processor, or **Send Electronically** to send the claims electronically.

PROCEDURES NOT ATTACHED TO INSURANCE CLAIMS REPORT

The Procedures Not Attached to Insurance Claims report prints a list of all procedures posted in the Accounts module during a specified date range that are not attached to an insurance claim.



If procedures should not be billed to insurance, check the Do Not Bill to Insurance check box when posting the procedure codes for those procedures. Otherwise, these procedures appear on this report.

To generate the Procedures Not Attached to Insurance Claims report:

1. In the Reports module, click the **Account Reports** button and select **Procedures Not Attached To Insurance**. The Procedures Not Attached To Insurance Claims dialog appears (see Figure 11-4).

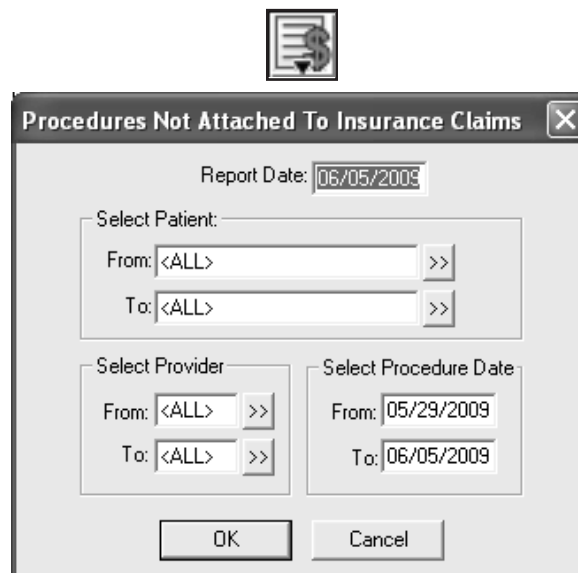


Figure 11-4

2. In the *Procedures Not Attached To* group box, mark **A Dental Claim** to find all procedures not attached to a dental insurance claim. Mark **A Medical Claim** to find all procedures not attached to a medical insurance claim, or mark **Either** to find all procedures not attached to a dental or medical claim.
3. In the *Select Patient* group box, select the desired patient range.
4. In the *Select Provider* group box, select the desired provider range.
5. In the *Select Procedure Date* group box, enter the desired procedure date range.
6. Click **OK** to send the report to the Batch Processor and return to the Reports module.

REFERRED BY DOCTOR/OTHER REPORT

The Referred by Doctor/Other report prints a list of all patients referred by a doctor or another source to your practice. This report includes a list of procedures done for those patients within a given date range. To print the Referred by Doctor/Other report:

1. In the Reports module, click the **Management Reports** button and select **Referred BY Doctor/Other Report**. The Referred BY Doctor/Other Report dialog appears (see Figure 11-5).

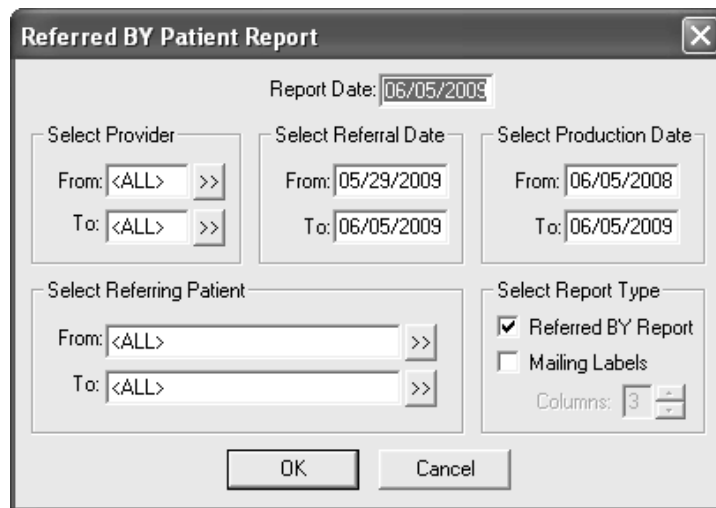
Figure 11-5

2. In the *Select Provider* group box, select the desired provider range.
3. In the *Select Referral Date* group box, enter the desired date range.
4. In the *Select Production Date* group box, enter the desired date range.
5. In the *Select Referring Doctor/Other* group box, select the desired referring doctor/other range:
6. Click **OK** to send the report to the Batch Processor and return to the Reports module..

REFERRED BY PATIENT REPORT

The Referred by Patient report prints a list of all patients referred by another patient to your practice. This report includes a list of procedures done for those patients within a given date range. To print the Referred by Patient report:

1. In the Reports module, click the **Management Reports** button and select **Referred BY Patient Report**. The Referred BY Patient Report dialog appears (see Figure 11-6).



Referred BY Patient Report

Report Date: 06/05/2009

Select Provider
 From: <ALL> >>
 To: <ALL> >>

Select Referral Date
 From: 05/29/2009
 To: 06/05/2009

Select Production Date
 From: 06/05/2008
 To: 06/05/2009

Select Referring Patient
 From: <ALL> >>
 To: <ALL> >>

Select Report Type
☒ Referred BY Report
☐ Mailing Labels
 Columns: 3

OK Cancel

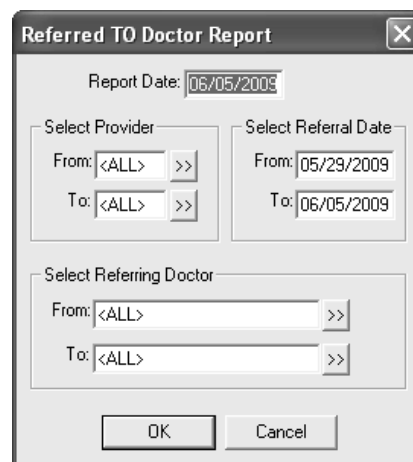
Figure 11-6

2. In the *Select Provider* group box, select the desired provider range.
3. In the *Select Referral Date* group box, enter the desired date range.
4. In the *Select Production Date* group box, enter the desired date range.
5. In the *Select Referring Patient* group box, select the desired referring patient range:
6. In the *Select Report Type* group box, check the desired options.
7. Click **OK** to send the report to the Batch Processor and return to the Reports module..

REFERRED TO DOCTOR REPORT

The Referred to Doctor report prints a list of all patients referred to another practice by your practice. To print the Referred to Doctor report:

1. In the Reports module, click the **Management Reports** button and select **Referred TO Doctor Report**. The Referred TO Doctor Report dialog appears (see Figure 11-7).



Referred TO Doctor Report

Report Date: 06/05/2009

Select Provider
 From: <ALL> >>
 To: <ALL> >>

Select Referral Date
 From: 05/29/2009
 To: 06/05/2009

Select Referring Doctor
 From: <ALL> >>
 To: <ALL> >>

OK Cancel

Figure 11-7

2. In the *Select Provider* group box, select the desired provider range.
3. In the *Select Referral Date* group box, enter the desired date range.

4. In the *Select Referring Doctor* group box, select the desired referring doctor range.
5. Click **OK** to send the report to the Batch Processor and return to the Reports module.

FINANCE CHARGE REPORT

After you have closed the month and have run finance charges, you can print a Finance Charge report to see all accounts that received a finance charge. To generate the Finance Charge report:

1. In the Reports module, click the **Management Reports** button and select **Finance Charge Report**. The Finance Charge Report dialog appears (see Figure 11-8).

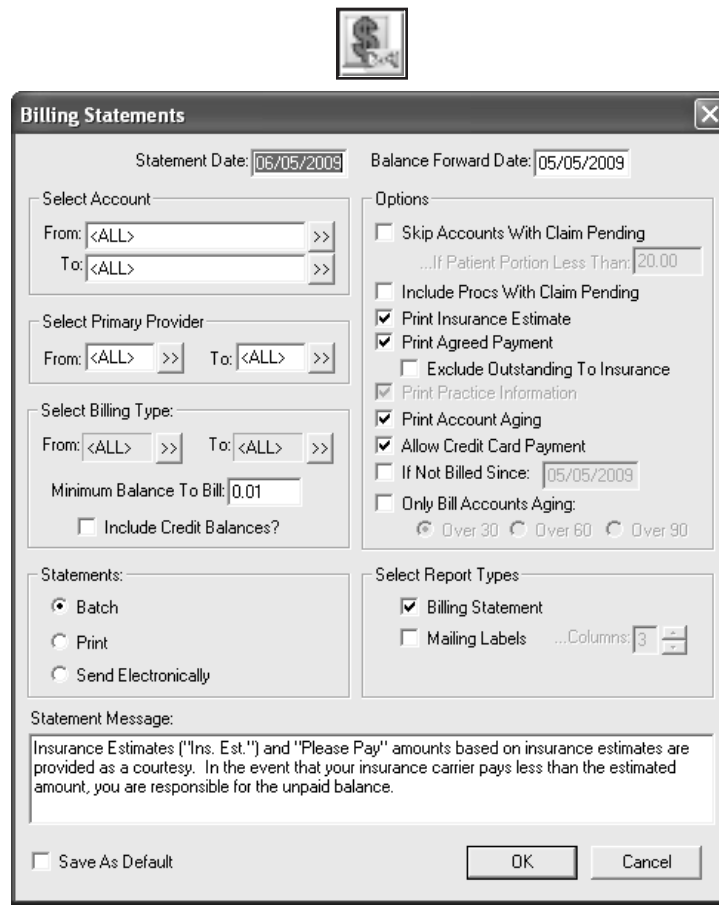
Figure 11-8

2. In the *Select Provider* group box, select the desired provider range.
3. In the select *Billing Type* group box, select the desired billing type range.
4. In the *Select Finance Charge Date* group box, enter the desired date range. An account must have received a finance charge during this date range to show on the report.
5. Check **Sort** to alphabetize the report. Otherwise, the report sorts from largest finance charge to the smallest.
6. Click **OK** to send the report to the Batch Processor and return to the Reports module.

BILLING STATEMENTS

You should generate billing statements at least once a month and possibly more often for accounts over 90 days past due. To generate billing statements:

1. In the Reports module, click the **Billing Statements** button. The Billing Statements dialog appears (see Figure 11-9).



The image shows a 'Billing Statements' dialog box with the following fields and options:

- Statement Date:** 06/05/2009
- Balance Forward Date:** 05/05/2009
- 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: 05/05/2009
 - ☐ Only Bill Accounts Aging:
 - ☒ Over 30
 - ☐ Over 60
 - ☐ Over 90
- Statements:**
 - ☒ Batch
 - ☐ Print
 - ☐ Send Electronically
- Select Report Types:**
 - ☒ Billing Statement
 - ☐ Mailing Labels ...Columns: 3
- Statement Message:**

Insurance Estimates ("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.
- ☐ Save As Default
- OK** **Cancel**

Figure 11-9

2. The **Statement Date** defaults to today's date; there is no need to change it.
3. The **Balance Forward Date** defaults to a month prior to today's date. If you want to include procedures older than a month, change this date to the desired cut off date.



Billing statements can be created at any time during the month. However, they should be created around the same time of the month each time.

4. In the *Select Account* group box, select the desired account range.
5. In the *Select Primary Provider* group box, select the desired provider range.
6. In the *Select Billing Type* group box, select the desired billing type range.
7. Enter the minimum balance an account must have in order to receive a statement in the **Minimum Balance to Bill** field.
8. Check **Include Credit Balances** to send a statement to accounts with a credit balance.
9. In the *Statements* group box, mark **Batch** to send the statements to the Batch Processor, **Print** to print the statements, and **Send Electronically** to electronically send the statements using QuickBill.
10. If you want to add a message to the bottom of all your statements, enter the message in the **Statement Message** field.

11. In the *Options* group box, check the desired options:

- **Skip Accounts With Claim Pending** does not create statements for accounts with outstanding insurance claims unless the patient portion is over the amount specified.
- **Include Procs With Claim Pending** includes all procedures billed to insurance that have not yet been paid, even if they were posted before the Balance Forward Date on the statement.
- **Print Dental Insurance Estimate** prints the estimated insurance coverage at the bottom of the statement.
- **Print Agreed Payment** prints the estimated patient portion in a “Please Pay this Amount” box at the bottom of the statement. If the account has a payment plan set up, the payment plan amount prints instead of the estimated patient portion.
 - **Exclude Outstanding To Insurance** excludes the entire amount of all outstanding claims from the “Please Pay this Amount” box.
- **Print Practice Information** is only an option if a pre-printed form is selected in the Practice Defaults dialog.
- **Print Account Aging** prints the account’s aging on the statement.
- **Allow Credit Card** prints a credit card payment option on the statement.
- **If not Billed Since** excludes accounts that have received a statement after the specified date.



The If not Billed Since option is useful if your office prints a statement when an insurance payment has been received or sends statements more than once a month.

- **Only Bill Accounts Aging** creates statements for accounts with a balance over the specified aging option.



The aging as of the last closed month is used to determine whether a statement is created when the Only Bill Accounts Aging option is checked.

13. Check **Save As Default** to save these settings.

14. Click **OK** to send the report to the Batch Processor and return to the Reports module.

ELECTRONIC BILLING STATEMENTS

If you use QuickBill, you can send your billing statements to eServices and have eServices print and send them to your patients for you. To send your statements electronically:

1. In the Reports module, generate billing statements by following the instructions in the “Billing Statements” section.
2. Select the statements in the Batch Processor.
3. Click the **QuickBill** button. The Electronic Billing Submission dialog appears (see Figure 11-10).



Figure 11-10

4. In the *Send to Electronic Billing* group box, mark **Selected Billing Statements** to send the selected billing statements.
5. Click **OK**. The Sending Statements dialog appears (see Figure 11-11).

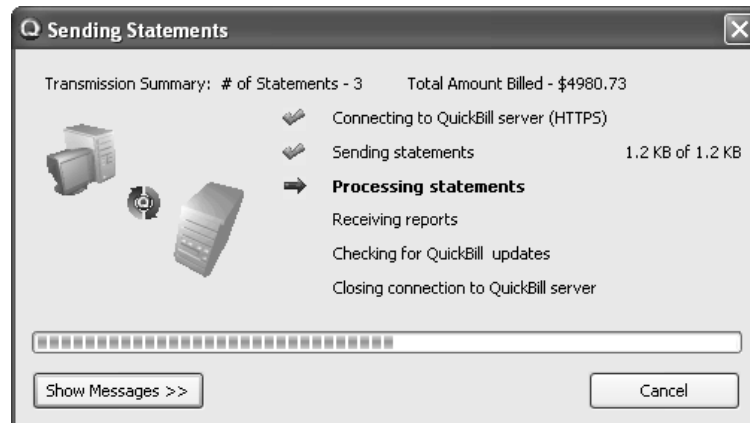


Figure 11-11

6. Allow the submission process to complete and click **OK** to the confirmation message that appears to return to the Sending Statements dialog.
7. Click **Finish** to return to Reports module.



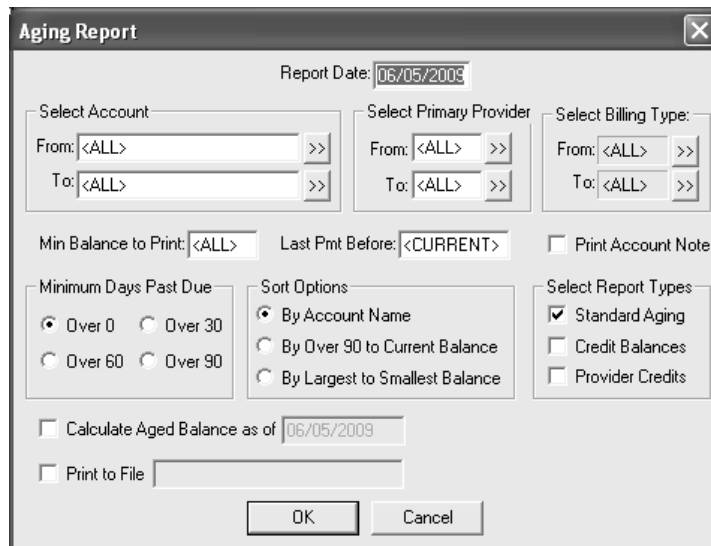
If you do not know if the statements went through properly, do not resend the statements. Contact the eServices Support department to avoid double billing.

Once the electronic billing submission process is complete, two reports, called the Electronic Billing Transmission Report #1 and Electronic Billing Transmission Report #2, appear in the Batch Processor. The reports indicate any problems that occurred during the transmission process.

AGING REPORT

The Aging report prints a report of every account with a balance. To generate the Aging Report:

1. In the Reports module, click the **Account Reports** button and select **Aging Report**. The Aging Report dialog appears (see Figure 11-12).



The Aging Report dialog box contains the following fields and options:

- Report Date:** 06/05/2009
- Select Account:** From: <ALL>, To: <ALL>
- Select Primary Provider:** From: <ALL>, To: <ALL>
- Select Billing Type:** From: <ALL>, To: <ALL>
- Min Balance to Print:** <ALL>
- Last Pmt Before:** <CURRENT>
- ☐ **Print Account Note**
- Minimum Days Past Due:**
 - ☒ Over 0
 - ☐ Over 30
 - ☐ Over 60
 - ☐ Over 90
- Sort Options:**
 - ☒ By Account Name
 - ☐ By Over 90 to Current Balance
 - ☐ By Largest to Smallest Balance
- Select Report Types:**
 - ☒ Standard Aging
 - ☐ Credit Balances
 - ☐ Provider Credits
- ☐ **Calculate Aged Balance as of:** 06/05/2009
- ☐ **Print to File:** [Empty field]
- Buttons:** OK, Cancel

Figure 11-12

2. In the *Select Account* group box, select the desired account range.
3. In the *Select Primary Provider* group box, select the desired provider range.
4. In the *Select Billing Type* group box, select the desired billing type range.
5. In the **Min Balance to Print** field, enter the minimum balance or enter **<ALL>** to print all accounts with a balance. An account must have the specified minimum balance in order to show on the report.
6. In the **Last Pmt Before** field, enter the date or enter **<CURRENT>** to include all accounts regardless of when a payment was made. An account must have made a payment before the specified date in order to show on the report.
7. In the *Minimum Days Past Due* group box, mark the desired option.
8. In the *Sort Options* group box, mark the desired option:
 - **By Guarantor Name** sorts the report alphabetically.
 - **By Over 90 to Current Balance** sorts the report by account aging.
 - **By Largest to Smallest Balance** sorts the report by balance.
9. In the *Select Report Types* group box, check the desired report type(s) you want to print:
 - **Standard Aging** prints all accounts with a balance.
 - **Credit Balances** prints all accounts with a credit balance.
 - **Provider Credits** prints all accounts with payments allocated to the wrong provider.
10. Check **Calculate Aged Balance as of** and enter a date, if desired, to print the Aging report as of a specific date.
11. Check **Print Account Note** to include the account note on the report.
12. Check **Save As Default** to save these settings.
13. Click **OK** to send the report to the Batch Processor and return to the Reports module.

PRACTICE ANALYSIS REPORTS

Depending on the options that are selected, the reports generated from the Practice Analysis give you a detailed report of each procedure code category or individual procedures performed, payments, adjustments, and/or patients seen during a specific date range. To generate the Practice Analysis reports:

1. In the Reports module, click the **Management Reports** button and select **Practice Analysis**. The Practice Analysis Reports dialog appears (see Figure 11-13).

Practice Analysis Reports

Report Date: 06/05/2009

Select Provider:

☒ All ☐ List Inactive

ID	Name	Status
DDS1	Smith, Dennis	Primary
DDS2	Smith Junior, Dennis	Primary
DDS3	Cook, Maria	Primary
END0	Evans, Erica	Primary
HYG1	Hayes, Sally	Secondary
ORTH	Oliverson, Oscar	Primary
PED0	Childs, Brenda	Primary

Select Billing Type:

☒ All

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

Date Range

From: 05/30/2009 To: 06/05/2009

☒ Entry Date ☐ Procedure Date

Select Summary Reports

☒ Production Summary

☒ ...by Category

☒ Payment Summary

☐ Adjustment Summary

☐ Patient Summary

Print Batch Cancel

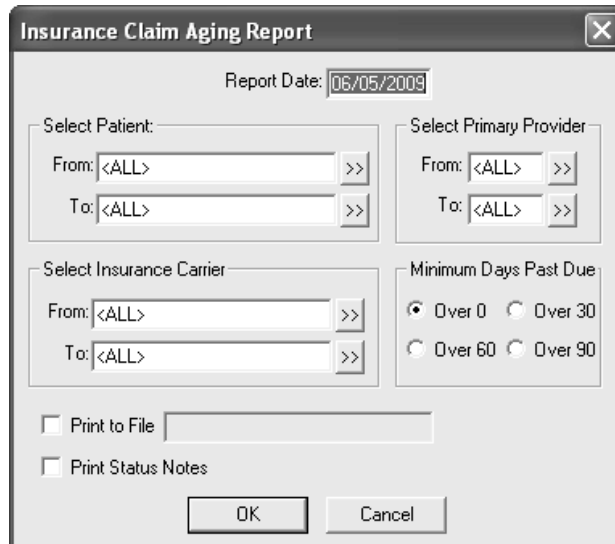
Figure 11-13

2. In the *Select Provider* group box, select the desired providers or check **All**.
3. In the *Select Billing Type* group box, select the desired billing types or check **All**.
4. In the *Date Range* group box, enter the desired date range and mark the desired options:
 - **Entry Date** includes all transactions entered into the database within the selected date range.
 - **Procedure Date** includes all transactions dated within the selected date range.
5. In the *Select Summary Reports* group box, check the desired options:
 - **Production Summary** provides a detailed report of each procedure code performed during the specified date range.
 - If **by Category** is checked, the report shows procedure code categories (e.g. Preventive, Diagnostic, Restorative) rather than individual procedure codes.
 - **Payment Summary** provides a detailed report of each payment posted within the specified date range.
 - **Adjustment Summary** provides a detailed report of each adjustment posted within the specified date range.
 - **Patient Summary** provides a report that includes the number of active patients, new patients, etc.
6. Click **Print** to print the report or click **Batch** to send the report to the Batch Processor.

INSURANCE AGING REPORT

The Insurance Aging report allows you to keep track of pending claims within your database. To generate the Insurance Aging report:

1. In the Reports module, click the **Account Reports** button and select **Insurance Aging Report**. The Insurance Claim Aging Report dialog appears (see Figure 11-14).



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

- Report Date:** A text field showing "06/05/2009".
- Select Patient:** A group box containing "From: <ALL>" and "To: <ALL>" fields, each with a right-pointing arrow button.
- Select Primary Provider:** A group box containing "From: <ALL>" and "To: <ALL>" fields, each with a right-pointing arrow button.
- Select Insurance Carrier:** A group box containing "From: <ALL>" and "To: <ALL>" fields, each with a right-pointing arrow button.
- Minimum Days Past Due:** A group box containing four radio button options: "Over 0" (selected), "Over 30", "Over 60", and "Over 90".
- Print to File:** A checkbox with an adjacent empty text field.
- Print Status Notes:** A checkbox.
- Buttons:** "OK" and "Cancel" buttons at the bottom.

Figure 11-14

2. In the *Select Patient* group box, select the desired patient range.
3. In the *Select Insurance Carrier* group box, select the desired insurance carrier range.
4. In the *Select Primary Provider* group box, select the desired provider range.
5. In the *Minimum Days Past Due* group box, mark the desired option.
6. Check **Print Status Notes** to print individual claim status notes on the report.
7. Click **OK** to send the report to the Batch Processor and return to the Reports module.

PURGE EXPORTED FILES

All exported data is put into an Exports folder located within the Doc directory on the server. Due to HIPAA regulations, you should not leave plain, readable, or unencrypted files, containing patient information, on your computer hard drive. To meet this regulation, a purge exported files utility has been created to purge all files within the Exports folder.



The location of the Doc directory can be found in the Letter Template Path field of the Paths tab in the Preferences dialog (Reports | Maintenance | Preferences).



The Purge Exported Files utility does not purge any reports in the Batch Processor. This utility only purges externally exported text files created when performing a utility, letter merge, or checking Print to File when printing reports.

To purge exported files:

1. In the Reports module, click the **Maintenance** button and select **Purge Exported Files**. The Purge Exported Files dialog appears (see Figure 11-15).



Figure 11-15

2. Check the desired options:
 - **Purge data files for Letters/Quick Letters** purges all data files created when doing letter merges.
 - **Purge exported text and log files (from reports and utilities)** purges all saved *.txt files and utilities report files.
3. Click **OK** to perform the purge. The Purge Exported Files dialog appears (see Figure 11-16).



Figure 11-16

4. Click **Yes** to purge the files in the list and return to the Reports module.

CHAPTER EXERCISES

The Check Your Understanding questions test your comprehension of the material covered in this chapter. The answers to each question are found in the Solutions chapter.

The Apply Your Knowledge activities help you review and utilize the information covered in this chapter. The steps to accomplish each activity are found in the Solutions chapter. Before performing any of the Apply Your Knowledge activities, switch to the Tutor database to ensure that your live data is not compromised. To switch to the Tutor database:

1. In the Reports module, click the **Maintenance** button and select **Preferences | Paths**.
2. Make a note of the current path in the **Database Path** field, so you can switch back to your live data after you are done with the activities.
3. Click the **Browse** button next to the **Database Path** field.
4. Browse to the location of your Tutor folder. In most cases, **C:\Program Files\EZDental\Tutor** is your path.
5. Click **OK**.
6. Click **OK** to the message that appears and close Easy Dental on this computer.

CHECK YOUR UNDERSTANDING

1. True or False? Most of the time, the entry date and procedure date for a transaction will be the same. _____
2. Name two types of day sheet reports. _____

3. If a procedure appears on the Procedures not Attached to Insurance Claims report and it should not, which option should be checked to remove it from the report? _____

4. True or False? Billing statements can be run at any time during the month, but it is recommended that they be run around the same time of the month each time they are run. _____

5. If you do not want to send a statement to all accounts with outstanding insurance claims, which statement option should you check? If this option is checked, what determines whether an account will be skipped? _____

6. True or False? The Print Agreed Payment option is only used for accounts set up with payment plans. _____
7. To avoid being billed twice when sending your statements electronically, what should you do? _____

8. Which report allows you to get a list of all accounts that have had payments allocated to the incorrect provider? _____

9. True or False? By checking Sort when running the Finance Charge report, the report will sort from the largest to the smallest finance charge. _____
10. Which report allows you to get a list of all claims that have been created in the Accounts module, but have not been printed or electronically sent to their corresponding clearing houses (i.e. claims with a Created status)? _____

APPLY YOUR KNOWLEDGE

1. Purge the ezdlm26.out file located with the Exports folder from Easy Dental.
2. Run a report that will give you a list of all outstanding claims within the database.
3. Run a deposit slip only showing payments made in cash.
4. Run a list of all patients that you have referred to another practice.

SOLUTIONS

12

OVERVIEW

In this chapter, you will find all the answers to the “Chapter Exercises” section in each chapter. Remember, the Check Your Understanding questions are objective and will have an exact answer, whereas, the Apply Your Knowledge activities are subjective and may have several ways to accomplish the task correctly.

OBJECTIVES

Once you have completed this chapter, you should be able to:

- Learn the proper way to perform a task.
- Apply the skills acquired throughout the study guide to real-life situations.

CHAPTER 1: COMPUTER BASICS

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the first chapter.

CHECK YOUR UNDERSTANDING

1. The primary modules are the Schedule, Patients, Accounts, Reports, and the Chart.

APPLY YOUR KNOWLEDGE

1. To open Easy Dental using the Start menu, click Start and select Programs | Easy Dental | Easy Dental.
2. To create a shortcut for Easy Dental on your Desktop:
 - a. Click Start and select Programs | Easy Dental.
 - b. Right-click the Easy Dental icon.
 - c. Select Send To | Desktop (create shortcut) from the menu that appears.

CHAPTER 2: PRACTICE SETUP

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the second chapter.

CHECK YOUR UNDERSTANDING

1. True.
2. In the Reports module, click Practice Setup and select Practice Defaults. Then, select the desired provider in the Default Provider pane.
3. Mark None if you do not want to use Easy Dental's chart numbering feature (Reports | Practice Setup | Auto Chart Number Setup).
4. The Provider ID Column for Statements option in the Print Options tab of the Preferences dialog prints the provider's ID on billing statements.
5. True.
6. In the Reports module, click Practice Setup and select Practice Resource Setup. Then, click the Edit button in the Practice Information group box.
7. The ID must be unique, must be at least 4 characters in length, and can have alpha-numeric characters.
8. False.
9. False. Even though the dialog that appears when inactivating a provider indicates that all Time Clock data will be removed, it actually remains in the system.
10. By checking List Inactive where available, you can view all information assigned to the inactivated provider, including financial information.
11. It is the Provider's Name option in the Print Provider's Signature Using group box

- of the Provider Information dialog.
12. In the Reports module, click Practice Setup and select Practice Resource Setup. Then, check List Inactive in the Staff group box, select the inactivated staff member, and click Activate.
 13. The Practice Information dialog is where you enter the practice's fiscal year beginning month.
 14. The provider/staff member does not have a 10-digit phone number entered in their profile.
 15. The Difficult Procedure option in the Treatment Flags group box prints an asterisk on the Day Sheet, indicating a phone call should be made to the patient at the end of the day.
 16. True.
 17. The Accept Change button must be clicked to save a procedure fee.

APPLY YOUR KNOWLEDGE

1. To add a provider:
 - a. In the Reports module, click Practice Setup and select Practice Resource Setup.
 - b. Click New in the Provider group box of the Practice Resources dialog.
 - c. Enter the information in the fields provided and click OK.
2. To inactivate DDS1:
 - a. In the Reports module, click Practice Setup and select Practice Resource Setup.
 - b. Select DDS1 in the Provider group box and click Inactivate.
 - c. In the Inactivate Provider dialog, click the Select Replacement Provider search button, select DMD1, and click OK.
 - d. Click OK to inactivate.
3. To assign HYG1 as the HIPAA Officer for the practice:
 - a. In the Reports module, click Practice Setup and select Practice Resource Setup.
 - b. Click the Edit button in the Practice Information group box of the Practice Resources dialog.
 - c. In the Settings group box of the Practice Information dialog, click the HIPAA Officer search button, select HYG1, and click OK.
 - d. Click OK to save and exit.
4. To add an additional operator:
 - a. In the Reports module, click Practice Setup and select Practice Resource Setup.
 - b. Click New in the Operatories group box of the Practice Resources dialog.
 - c. Enter OP-4 as the ID and enter a title for the operator, if desired.

- d. Click OK to add.
- 5. To change the paint type for a procedure:
 - a. In the Reports module, click Practice Setup and select Procedure Code Setup.
 - b. Select the Restorative category and select D2750 in the list of procedure codes.
 - c. Click Edit.
 - d. Expand the Paint Type drop-down and select Crown - Solid.
 - e. Click Save and OK to exit.
- 6. To add a procedure note to a procedure:
 - a. In the Reports module, click Practice Setup and select Procedure Code Setup.
 - b. Select the Restorative category and select D2750 in the list of procedure codes.
 - c. Click Edit.
 - d. Click Edit Note and enter the procedure note in the Procedure Code Progress Note group box.
 - e. Mark Copy to Clinical Note.
 - f. Click OK.
 - g. Click Save and OK to exit.
- 7. To create a explosion code for an all porcelain bridge:
 - a. In the Reports module, click Practice Setup and select Explosion-Code Setup.
 - b. Click New.
 - c. Enter a description in the Description field and a code in the Explosion field. (You can also enter an Abbrev. Desc. if desired.)
 - d. In the Type group box, mark Bridge.
 - e. In the Bridge Codes group box, click the Pontic Procedure Code search button.
 - f. Enter D6245 in the ADA Code field and click OK.
 - g. Click the Retainer Procedure Code search button.
 - h. Enter D6750 in the ADA Code field and click OK.
 - i. Click OK to save and exit.
- 8. To decrease an entire fee schedule:
 - a. In the Reports module, click Maintenance and select Fee Schedules.
 - b. Click the Select Fee Schedule search button, select FEE 5, and click OK.
 - c. In the Select Operation group box, mark Change Fee Schedule.
 - d. Mark Decrease by _ % and enter 5 in the field provided.
 - e. Click Change.

- f. Once the new fees appear, click Accept to accept the changes and click Close to exit.
9. To set up Easy Dental to use Avery 5160 labels each time you print labels from any module:
 - a. In the Reports module, click Maintenance and select Preferences | Print Options.
 - b. Check Use Avery 5160 Mailing Labels in the Additional Print Options group box.
 - c. Click OK to save and exit.

CHAPTER 3: PATIENTS

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the third chapter.

CHECK YOUR UNDERSTANDING

1. If the patient does not want to receive any phone calls, check No phone calls in the Privacy Requests group box of the Head-of-House/Patient Information dialog.
2. False.
3. *Pre-Medicate, Allergy - Latex, Asthma, Other, Pregnancy, Sinus Problems
4. False.
5. True.
6. After a family edit has been performed, you may need to add/remove insurance to/from some of the family members, check the balances of both accounts and make necessary adjustments, change the status of the affected patients, and/or change addresses/phone numbers of the affected patients.
7. You will not be able to continue the family edit process if Easy Dental is open on another computer, if any of the patient's family members has a pending insurance claim, or if you are trying to move the head-of-house when there are other patients in the family.
8. True.
9. The Patients module is the module in which you can view archived patients. Check the Include Archived Patients option to view archived patients.

APPLY YOUR KNOWLEDGE

1. To add a new family member to Brent Crosby's account:
 - a. In the Patients module, click the Select Patient/New Family button and select Brent Crosby.
 - b. Click the Add New Family Member button and enter the patient's information in the appropriate fields.
 - c. Click OK once you have finished.
2. To create a new family:
 - a. In the Patients module, click the Select Patient/New Family button and click

New Family.

- b. Enter the patient's information in the appropriate fields.
 - c. Click OK once you have finished.
3. To add a medical alert to a patient:
 - a. In Abigail's patient file, double click the Medical Alerts block.
 - b. Click Edit.
 - c. Select Allergy - Latex.
 - d. Click OK.
 - e. Click Close.
4. To assign an employer to a patient:
 - a. In Abigail's patient file, double click the Employer block.
 - b. Enter Hen in the Employer Name field.
 - c. Click the Employer Name search button.
 - d. Because Henry Schein Practice Solutions is not listed, click Cancel.
 - e. In the Employer Name field, finish entering the entire employer's name.
 - f. Enter the address and phone information in the appropriate fields, if desired.
 - g. Click OK.
5. To add a referral source to a patient's file:
 - a. In Abigail's patient file, double click the Referred By block.
 - b. Mark Doctor/Other and click OK.
 - c. Because Billboard Ad is not an option, click New.
 - d. In the Referred By Information dialog, enter Billboard Ad as the name of the referral.
 - e. Click OK.
 - f. Select Billboard Ad in the list provided and click OK.
 - g. Click Close.
6. To archive a patient:
 - a. In Alice Gleason's patients file, double click the Patient Information block.
 - b. In the Billing and Treatment group box, select Archived from the Status drop-down.
 - c. Click OK to any messages that appear.
 - d. Click Yes to archive Alice Gleason's file.
7. To add a patient note to a patient's account:
 - a. In Gary Gleason's patient file, double click the Patient Notes block.
 - b. Enter the desired note and click OK.
8. To create a patient alert for a patient:
 - a. In Karen Davis' patient file, click the Patient Alert button.

- b. In the Create Patient Alert dialog, check Always.
 - c. Enter a description and a note for the alert in the fields provided.
 - d. Select Create New Appointment and Edit Existing Appointment.
 - e. Click OK.
9. To view a patient's patient picture, in Brent Crosby's patient file, click the Patient Picture button.
10. To combine two families:
 - a. In Lisa Farrer's patient file, click Edit and select Family Relations.
 - b. Click Family 2.
 - c. Select Corey Hansen and click OK.
 - d. In the Family 1 pane, select Lisa Farrer.
 - e. Click the right arrow button to move Lisa Farrer to the Family 2 pane.
 - f. Click OK to return to the Patients module.

CHAPTER 4: INSURANCE MANAGEMENT

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the fourth chapter.

CHECK YOUR UNDERSTANDING

1. To select more than one procedure in the Accounts module, hold the Ctrl key on the keyboard and click each procedure.
2. True, as long as the insurance carrier is accepting electronic claim attachments.
3. You can import a claim attachment from the Documents module, Perio module, Easy Image, or from a file.
4. Once an attachment has been attached to the claim, select it and click Attachment Information or Non-Electronic. Within the corresponding dialogs, there will be an Attachment Note field. Enter the desired note in this field.
5. False.
6. False.
7. False.
8. The four things that affect insurance estimates are fee schedules, the coverage table, the payment table, and remaining benefits affect insurance estimates.
9. False.
10. You can update the payment table manually or by posting an insurance payment to

a claim.

11. The patient portion is \$270. To figure the insurance portion, subtract the deductible from the crown fee and multiply the result by the coverage percent. To figure the patient portion, subtract the insurance portion from the fee of the crown.
 - Insurance Portion = $(\$600 - \$50) \times .60 = \$330$
 - Patient Portion = $\$600 - \$330 = \$270$
12. When posting the individual amounts an insurance carrier paid on a claim, use the Itemize by Procedure option.
13. Use the Itemize by Procedure option if you do not receive an itemized list of payments made for each procedure attached to the claim.
14. You should not update the payment table if there is a deductible being applied or if the patient has met or will meet their maximum with this claim.
15. True.
16. Use the Total Payment Only option if you do not receive an itemized list of payments made for each procedure attached to the claim.

APPLY YOUR KNOWLEDGE

1. To create a claim:
 - a. In Brent Crosby's Accounts module, select all procedures performed on 1/2/2009 by pressing the Ctrl key on the keyboard while selecting each procedure.
 - b. Click the Create Insurance Claim button.
2. To post an itemized insurance payment:
 - a. Double click the claim that was created in Activity 1.
 - b. Click Enter Payment and select Itemize by Procedure.
 - c. Since the actual EOB does not exist, click OK for each procedure attached.
 - d. If desired, enter the check and bank/branch number in the Total Insurance Payment dialog.
 - e. Enter a deductible, if desired.
 - f. Click OK.
 - g. If you are prompted to create a secondary claim, click OK to the message that appears.
 - h. Click Create Secondary.
 - i. Close the claim and click Send to batch.
3. To attach an attachment to a claim:
 - a. In Brent Crosby's Accounts module, double click the claim created in Activity 1.
 - b. Double click the Claim Information block.
 - c. Check Other Attachments in the Attachments group box.
 - d. Click Include Attachments.

- e. Click Import Perio Chart.
- f. Select the desired perio exam and click OK.
- g. Click Close and close the claim.

CHAPTER 5: CHARTING

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the fifth chapter.

CHECK YOUR UNDERSTANDING

1. False.
2. False.
3. False.
4. To show mixed dentition, select the teeth that need to be changed, and then click Primary/Permanent and select Change Selected.
5. Each clinical note can have up to 4,000 characters.
6. To add something to a clinical note in history, click the Append to Note button in the Clinical Notes dialog.
7. The Print Dental Chart report (Chart | Print | Dental Chart) will print a report of today's work.

APPLY YOUR KNOWLEDGE

1. To set up Chart colors:
 - a. In the Chart module, click View and select Set Chart Colors.
 - b. In the Paint Colors group box, click the colored button next to the transaction type and select the desired color.
 - c. Make sure Use colors for Progress Notes is checked.
 - d. Click OK.
2. To set up procedure buttons:
 - a. In the Chart module, click Set Up Procedure Buttons.
 - b. Click the button for D0120.
 - c. In the Select Code group box, enter D5211.
 - d. Click the image that looks most like a denture.
 - e. Click OK.
 - f. Repeat steps b – e to change D0140 to D5212.
 - g. Click OK.
3. Repeat the steps in Activity 2 to change D5211 back to D0120 and D5212 back to D0140.

4. To post a condition and a completed procedure in the Chart module:
 - a. In Abigail's chart, select tooth 18.
 - b. Click the Conditions category button.
 - c. Select 15105 and click OK.
 - d. Check Incisal/Occlusal and Lingual.
 - e. Click OK.
 - f. Click any status button.
 - g. Select tooth 18 again.
 - h. Click the Resin procedure button.
 - i. Check Incisal/Occlusal and Lingual.
 - j. Click OK.
 - k. Click the Completed button.
5. To post existing work performed:
 - a. Select the tooth and click the category button that includes the desired procedure.
 - b. Select the procedure and click OK.
 - c. Enter surface information, if needed.
 - d. Click the Existing button.
 - e. Repeat steps a – d for all existing other work.
6. To post treatment-planned work, follow the steps in Activity 5 for all procedures, except click the TX Plan button to treatment plan the procedures.
7. To set treatment-planned work complete:
 - a. In Brent Crosby's chart, select the extraction in the Progress Notes.
 - b. Click the Set Complete button.
8. To change permanent dentition to primary dentition, in Meryn and/or Meredith Reeves' chart, click Primary/Permanent and select Change All.
9. To enter a clinical note:
 - a. In Abigail's chart, click the Clinical Notes button.
 - b. Enter the desired note and click OK.
10. To print a report showing treatment-planned procedures and any work done today:
 - a. In Abigail's chart, click Print and select Dental Chart.
 - b. Make sure that Today's Work and Treatment Plan is marked and check any other desired settings.
 - c. Click OK to print.

CHAPTER 6: PERIO CHART

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the sixth chapter.

CHECK YOUR UNDERSTANDING

1. The PD = CAL - GM calculation option allows you to enter the measurements for the clinical attachment level and the gingival margin.
2. The options in the Flag Red Limit group box of the Perio Entry Setup dialog allow you to select a number a measurement has to be in order to show in red.
3. The options in the Skip Teeth with Selected Conditions group box of the Entry Settings Setup dialog allow you to skip teeth with certain conditions.
4. You can enter data for a perio exam by entering numbers on your keyboard or by clicking the Perio Navigation Controls numbers with your mouse or light pen.
5. B is the keyboard shortcut for entering bleeding points.

APPLY YOUR KNOWLEDGE

1. In the Chart module, click the Select Patient button, select Abigail Smith, click OK, and then click the Perio button to open the Perio module.
2. To select a tooth navigation script:
 - a. In the Perio module, click Setup.
 - b. In the Script Settings group box, mark Script 2.
 - c. Expand the Measure drop-down and select Probing Depths.
 - d. Click OK.
3. In the Perio Entry Setup dialog, mark PD = CAL - GM in the Calculation Options group box.
4. In the Perio Entry Setup dialog, make sure Missing is the only option selected in the Skip Teeth with Selected Conditions group box.
5. To create an exam:
 - a. In the Perio module, click New Exam.
 - b. Click OK.
 - c. Enter the desired measurements using your keyboard.
 - d. Enter the bleeding/suppuration points by pressing B or S respectively on your keyboard.
 - e. Enter the furcation grade of a tooth by clicking the Furcation Grade(s) Search button, highlighting the desired furcation grade, and clicking OK.
 - f. Enter the mobility classification of a tooth by marking the correct number in the Mobility field.
 - g. Enter the plaque classification of a tooth by selecting the appropriate classification in the Plaque field.

- h. Enter the bone loss classification of a tooth by selecting the appropriate classification in the Bone Loss field.
6. To save an exam, click Save Exam.

CHAPTER 7: ESTIMATOR

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the seventh chapter.

CHECK YOUR UNDERSTANDING

1. False. The deductible is not applied to any one procedure, therefore the amount in the Pat column will not be affected.
2. True.
3. Click View and select Use Dental Plan Maximums if the Estimated Insurance Payment is higher than the Annual Plan Benefits.

APPLY YOUR KNOWLEDGE

1. In the Chart module, click the Select Patient icon, select Abigail Smith, click OK, and then click the Estimator button to open the Estimator.
2. Click View and make sure there is a check next to Use Dental Plan Maximums.
3. To set an order to procedures:
 - a. In the Estimator module, select the MOD resins and click Set Order and select 1.
 - b. Repeat step a for the implant and bridge procedures, but assign the implant procedures to order A and the bridge procedures to order B.
4. To enter a default note:
 - a. In the Estimator module, click the Default Note for Printing button.
 - b. Enter the desired note and click OK.
5. To print the Estimator:
 - a. Click Print.
 - b. Check Treatment Plan Note.
 - c. Check Sub Totals by Order.
 - d. Check Print Name Only.
 - e. Click OK to print.

CHAPTER 8: ACCOUNTS

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the eighth chapter.

CHECK YOUR UNDERSTANDING

1. True.
2. FIFO allows you to pay off the oldest balance first when splitting a payment.
3. To equally divide a payment among all providers listed in the Split Payment dialog, click the = button.

APPLY YOUR KNOWLEDGE

1. To change the Treatment Plan background color:
 - a. In the Accounts module, click Setup and select Set Accounts/Tx Plans Colors.
 - b. Click the colored box next to Treatment Plan Background Color.
 - c. Select the desired color and Click OK.
 - d. Click OK.
2. To set up the Easy Checkout options:
 - a. In the Accounts module, click Setup and select Easy Checkout Options.
 - b. Make sure Enter Account Payment, Create Insurance Claims, and Walkout are all checked.
 - c. Mark Batch under Create Insurance Claim and Print under Walkout.
 - d. Click OK.
3. To post a procedure in the Accounts module:
 - a. In any patient's account, click Enter Procedure.
 - b. In the Procedure field, enter D7140.
 - c. Enter 4 as the tooth number.
 - d. Click Add.
 - e. Click OK/Post.
4. To post a payment:
 - a. In Brent Crosby's account, click Enter Payment.
 - b. In the Type scroll pane, select Check Payment - Thank You.
 - c. Enter the amount in the Amount field.
 - d. Click Split Payment.
 - e. If there is more than one provider, click FIFO and then click OK/Post. If there is only one provider, click OK/Post.
5. To post an adjustment:
 - a. In Brent Crosby's Accounts module, click Enter Adjustment.

- b. Enter the amount and make sure Professional Courtesy is selected in the Type scroll pane.
- c. Click OK.

CHAPTER 9: SCHEDULE

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the ninth chapter.

CHECK YOUR UNDERSTANDING

1. Always Calculate enters the amount of the appointment based on the patient's fee schedule without allowing you to edit the amount.
2. False.
3. To quickly switch between views, press the corresponding function key on the keyboard.
4. The Find Available Time button allows you to search for available appointment times by provider, date, or time.
5. If you click the Wait/Will Call button while scheduling an appointment, the appointment can be found on the Unscheduled List.
6. False.
7. Mark the Create New Family radio button in the For New Patient dialog to create a new file from a new patient appointment.
8. You can view a patient's medical alerts, appointment note, patient note, and account note from an appointment.
9. To find an appointment quickly, use the Find Appointment button.
10. True.
11. By default, you can view up to seven days in the future for appointments on the ASAP list.
12. True.
13. True.
14. Each provider can have up to six time blocks.

APPLY YOUR KNOWLEDGE

1. To set up practice hours in the Schedule module:
 - a. In the Schedule module, click Setup and select Practice Setup.
 - b. Check a day the office is open and click the search button next to the day to set up the times the office is open. Repeat for all other days the office is open.
 - c. Click OK once you are finished.
2. To set up holidays for the practice:
 - a. In the Schedule module, click Setup and select Practice Schedule.

- b. Select a holiday that falls on the same day each year and select Office Closed | Set Yearly Holiday on selected day. Repeat for all other holidays that fall on the same day each year.
 - c. Select Thanksgiving in 2009 and select Office Closed | Close Office on Selected Date. Repeat for Thanksgiving 2010 and all other holidays that do not fall on the same day each year.
 - d. Click Close.
3. To close the office on certain days:
 - a. In the Schedule module, click Setup and select Practice Schedule.
 - b. Select a day to be closed and select Office Closed | Close Office on Selected Date. Repeat for all other days.
 - c. Click Close.
4. To set up provider schedules:
 - a. In the Schedule module, click Setup and select Provider Setup.
 - b. Select the desired provider and click Setup.
 - c. Check a day the provider works and click the search button next to the day to set up the times the provider works. Repeat for all other days the provider works.
 - d. Click OK once you are finished.
 - e. Click Close.
5. To set up provider vacation days:
 - a. In the Schedule module, click Setup and select Provider Setup.
 - b. Select the desired provider and click Schedule.
 - c. Select a day the provider is on vacation and select Options | Set Vacation. Repeat for all other days.
 - d. Click Close twice.
6. To set up a view:
 - a. In the Schedule module, click View.
 - b. Click New.
 - c. Select the providers you want to view.
 - d. Select the operatories you want to view.
 - e. Enter the desired times in the Month Time View group box.
 - f. Check the desired days in the Select Days group box.
 - g. Check View Appt. Notes.
 - h. Change Line 1 of the Appointment Display Info to Name/Pref. to see the patient's preferred name, if one is entered, in their Patients module.
 - i. Click OK.

7. To schedule an appointment:
 - a. In the Schedule module, find an available appointment time.
 - b. Double click the available time in the desired operatory.
 - c. Select the patient you want to schedule and click OK.
 - d. Select the provider for the appointment.
 - e. Click Tx.
 - f. Select the treatment-planned procedures to be completed during the appointment. (If the procedure is not listed, you can treatment plan it from the Chart module or click New and treatment plan it from the Schedule module.)
 - g. Click OK.
 - h. Click OK to schedule the appointment.
8. To schedule a new patient appointment:
 - a. In the Schedule module, find an available appointment time.
 - b. Double click the available time in the desired operatory.
 - c. Click New Patient.
 - d. Enter the patient's name, phone number, and address.
 - e. Click OK.
 - f. Enter the appointment information.
 - g. Click OK to schedule the appointment.
9. To create a patient file using a new patient appointment:
 - a. In the Schedule module, select the new patient appointment.
 - b. Switch to the Patients module.
 - c. Click New Patient With Appt.
 - d. Mark Select Family and select the family to which the patient will be added.
 - e. Click OK.
 - f. Enter the patient's information and click OK to create the file.
10. To re-schedule an appointment:
 - a. In the Schedule module, drag the desired appointment to the Clipboard.
 - b. Find the desired date and time.
 - c. Drag the appointment from the Clipboard to the new time.
 - d. Click Yes to move the appointment.
11. To find an existing appointment:
 - a. In the Schedule module, click the Find Appointment button.
 - b. Enter the first few letters of the patient's last name in the field provided.
 - c. Click the search button.
 - d. Select the appointment.

- e. Click View Appointment.
12. To set up time blocks:
 - a. In the Schedule module, click Setup and select Provider Setup.
 - b. Select the desired provider and click Setup.
 - c. Click Add in the Set Time Blocks group box.
 - d. Enter the Time Block Name.
 - e. Click the colored box to the right of the Time Block Name field, select the desired color and click OK.
 - f. Check the days you want to block.
 - g. Click the search button next to Start and End fields for a day to set up the times you want to block. Repeat for all other days.
 - h. Select the desired operatory for this time block in the Assigned Op field.
 - i. Click OK to save and exit.
 - j. Click Close.
13. To activate Easy Day Planning, click the Easy Day Planning button.

CHAPTER 10: RECALL

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the tenth chapter.

CHECK YOUR UNDERSTANDING

1. The red 06/20/06 PROPHY on Brent Crosby's patient file indicates that he is overdue for his cleaning and that 06/20/06 was his due date.
2. Use Reason to Auto Update Recall should always be checked if you want Easy Dental to automatically attach recall to appointments when a procedure scheduled for the appointment is attached to a recall type.
3. Because you want the recall type to remain attached to the original appointment, click No to not attach the type to the new appointment.
4. If you see a plus sign in the Appt column of the Recall module, this means the patient has an appointment scheduled in the Schedule module. However, that appointment is not attached to recall.

APPLY YOUR KNOWLEDGE

1. To create an appointment that is attached to recall:
 - a. In the Schedule module, double click an available time slot and select the desired patient.
 - b. Make sure Use Reason to Auto Update Recall is checked in the Recall Attached group box of the Appointment Information dialog.

- c. Attach the recall procedure in the Reason field and finish making the appointment.
 - d. Click Yes to set the patient up with the recall defaults set up in the Reports module.
 - e. Click OK.
2. To run a recall list for patients with recall appointments:
 - a. Click the Recall button.
 - b. Click Views and select Temporary View.
 - c. Select the desired Type and Status option.
 - d. Select Only WITH in the Sched. Appt drop-down.
 - e. Enter the desired due date range.
 - f. Click OK.

CHAPTER 11: MANAGEMENT REPORTS

The following are the solutions for the Check Your Understanding questions and the Apply Your Knowledge activities in the eleventh chapter.

CHECK YOUR UNDERSTANDING

1. True.
2. You can run a chronological, alphabetical, receipts, and/or adjustments day sheet. You can also run a deposit slip from the Day Sheet dialog.
3. You should check the Do Not Bill to Insurance option when posting a procedure if you do not want the procedure to show on the Procedures Not Attached to Insurance Claims report.
4. True.
5. If you do not want to send a billing statement to all accounts with pending claims, check the Skip Accounts With Claim Pending option. However, an account will only be skipped if the patient portion is less than the amount specified.
6. False.
7. To verify whether electronic billing statements were sent properly and to help avoid double-billing, you should contact the eServices Support department.
8. The Provider Credits report found within the Aging Report will print all accounts with payments allocated to the wrong provider.
9. False.
10. The Insurance Claims to Process report gives you a list of claims that have been created in the Accounts module, but have a Created status, indicating that they have never been printed or sent electronically to their corresponding clearing house.

APPLY YOUR KNOWLEDGE

1. To purge the dtxlm26.out file from the Exports folder:
 - a. In the Reports module, click Maintenance and select Purge Exported Files.
 - b. Check Purge data files for Letters/Quick Letters and click OK.
 - c. Select ezdlm26.out and click Yes.
2. To run a report of all outstanding claims within the database:
 - a. In the Reports module, click Accounts Reports and select Insurance Aging Report.
 - b. Leave all options at their defaults and click OK.
3. To run a deposit slip with cash payments only:
 - a. In the Reports module, click Management Reports and select Day Sheet (Charges and Receipts).
 - b. In the Select Report Types group box, check Deposit Slip.
 - c. Click Payment Types and select Cash Payment - Thank You.
 - d. Click OK twice.
4. To get a list of all patients that you have referred to a different practice:
 - a. In the Reports module, click Management Reports and select Referred TO Doctor Report.
 - b. Enter the desired date Select Referral Date group box and leave all other options at their default.
 - c. Click OK.

CHAPTER NOTES

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.