

easydental[®]
2009
User's Guide



727 E. Utah Valley Drive, American Fork, Utah 84003
(800) 824-6375
www.easydental.com

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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.

Table of Contents

Initial Setup	1
Transferring Patient Information	1
Starting Easy Dental	2
Practice Setup	2
Practice Resource Setup	2
Procedure Code Setup	3
Explosion Code Setup	3
Recall Setup	3
Password Setup	3
Practice Definitions	3
Dunning Messages	3
Practice Defaults	3
Auto Chart Numbering Setup	4
Practice Schedule Setup	4
Provider Setup	4
Printer Setup	4
Chart Module Setup	4
Accounts Module Setup	4
Information Verification	5
Patient Data Entry Considerations	5
Option 1	5
Option 2	6
Patients	7
The Patients Module Window Areas	8
Blocks	8
Toolbar	8
Family Member List	9
Selecting a Patient	9
Adding a New Family (Account)	10
Adding Family Members	14
Adding a New Patient with an Appointment	14
Assigning Medical Alerts	15
Assigning Employers	16
Assigning an Employer to a Patient	16
Changing a Patient's Employer	17
Assigning Recall	18
Setting Up Recall for a Patient	18
Editing an Existing Recall Type	19
Clearing an Existing Recall Type	20
Working with Dental Insurance	21
Entering a New Insurance Plan	21
Assigning Insurance (For an Insurance Subscriber)	25
Assigning Insurance (For a Non-Subscriber)	27
Assigning Secondary Insurance (For a Subscriber with Dual Coverage)	28
Assigning Secondary Insurance (For a Non-Subscriber)	29
Changing Insurance Carrier Information	29

Setting Up Provider IDs.....	31
Opening the Provider ID Setup Dialog.....	31
Adding a Provider ID.....	31
Changing a Provider ID.....	32
Deleting a Provider ID.....	32
Clearing Provider IDs.....	32
Copying Provider IDs.....	33
Working With Coverage Tables.....	33
Entering and Editing a Coverage Table.....	33
Using Payment Tables.....	36
Viewing the Payment Table.....	36
Editing the Payment Table.....	36
Clearing Insurance Coverage.....	37
Switching Primary and Secondary Coverage.....	37
Entering Capitation Type Plans.....	37
Option 1 Overview.....	37
Option 2 Overview.....	39
Entering Incentive Plans.....	40
Set up the Subscriber.....	41
Set Up Dependents.....	41
Deleting Duplicate Insurance Carriers.....	42
Working with Patient Notes.....	45
Entering or Editing the Patient's Notes.....	45
Running the Patient Notes Report.....	46
Assigning Referrals.....	47
Referred By.....	47
Entering a Patient Referral.....	47
Entering a Referred by Doctor or Other Listing.....	48
Adding and Editing Referred By Doctor or Other Listings.....	49
Referred To.....	49
Entering a Referral to Another Doctor.....	49
Adding and Editing Referred To Doctor Listings.....	50
Using Patient Survey.....	51
Printing a Patient Survey.....	52
Entering and Editing Patient Survey Responses.....	52
Using Patient Picture.....	54
Accessing Patient Picture.....	54
Acquiring Patient Pictures.....	55
Importing Patient Pictures.....	55
Using the Patient Picture Copy and Paste Functionality.....	56
Backing Up Patient Pictures.....	57
Using Patient Alerts.....	57
Creating a Patient Alert.....	57
Editing a Patient Alert.....	58
Deleting a Patient Alert.....	59
Suspending Patient Alerts.....	59
Archiving Patients.....	60
Archiving a Patient.....	60
Reactivating a Patient.....	61
Editing Family Relationships.....	61
Terms Used.....	61
Family Editing Overview.....	62
Changing a Head-of-House.....	62
Separating or Combining Families.....	62

Deleting a Patient	64
Deleting a Family	64
Handling Unique Family Relations	65
Chart	67
The Chart Module Window Areas.....	68
Toolbar.....	68
Graphic Chart	69
Procedure Buttons	69
Procedure Category Buttons.....	69
Toolbar Procedure Buttons.....	70
Status Buttons.....	70
Progress Notes	70
Progress Notes Control Buttons	71
Setting Up the Chart	71
Setting Up Procedure Buttons	71
Setting Up Chart Colors.....	72
Selecting a Patient.....	73
Entering Treatment.....	74
Adding Treatment Using Procedure Buttons.....	75
Adding Treatment Using Procedure Category Buttons	76
Adding Treatment Using Explosion Codes.....	77
Editing and Deleting Treatment	78
Editing Treatment	79
Editing Treatment in History.....	79
Editing Surface Painting.....	80
Deleting Treatment-Planned or Existing Procedures.....	80
Deleting Completed Procedures.....	81
Invalidating Procedures in History	81
Editing or Deleting Procedures Attached to Insurance Claims.....	82
Changing View Options.....	82
Viewing Progress Notes by Status	82
Viewing Invalidated Conditions or Diagnoses.....	82
Viewing Primary Versus Permanent Teeth for all Teeth.....	83
Viewing Primary Versus Permanent Teeth for Selected Teeth	83
Using Notes	84
Understanding Progress Notes.....	84
Using Procedure Notes	84
Using Clinical Notes	85
Adding and Viewing Clinical Notes.....	85
Appending Clinical Notes	85
Reviewing Clinical Notes.....	85
Clearing Clinical Notes.....	86
Copying Clinical Notes to Other Programs	86
Creating Clinical Note Templates.....	86
Using Medical Alerts.....	87
Generating Chart Reports and Printouts.....	88
Using Quick Letters.....	88
Merging a Quick Letter	89
Adding a Letter to Quick Letters	90
Removing a Letter from Quick Letters	91
Using Quick Labels	91
Printing the Dental Chart	92
Printing Progress Notes	93

Using Chart Shortcuts and Tips	93
Changing Providers	93
Refreshing the Chart.....	94
Using the Estimator	94
Starting the Estimator.....	95
Editing Procedures in the Estimator.....	95
Working with Treatment Plan Orders.....	96
Changing or Assigning the Order of a Procedure	96
Changing the Color of Orders	96
Display or Hide Orders.....	97
Deleting Procedures from the Estimator	98
Setting Procedures Complete in the Estimator.....	98
Updating Fees.....	99
Setting and Clearing Dental Pre-Estimates.....	100
Changing the Estimator View.....	100
Printing from the Estimator.....	100
Entering a Default Note.....	101
Using Guru Limited Edition	101
Accessing Guru Limited Edition	102
Logging On.....	102
Managing Users	103
The Guru Limited Edition Window Layout.....	104
Viewing the Playlist Content.....	105
Using the Drawing Tools	107
Pen Tool.....	107
Color Palette	107
Eraser Tool.....	107
Text Tool	108
Undo or Redo	108
Accessing Patient Records.....	108
Working with Thumbnails	109
Reviewing Thumbnails.....	109
Saving Thumbnails.....	109
Importing Images.....	109
Exporting Images.....	110
Printing Images	111
Working with Custom Playlists	111
Changing Sort Order and Visibility.....	111
Creating and Editing Playlists.....	112
Contact and Support Information	113
Perio Chart	114
The Perio Module Window Areas	115
Data Chart.....	115
Tooth Indicator Controls	116
Navigation Controls.....	116
Data Entry Controls.....	116
Setting Up Perio.....	117
Accessing the Perio Entry Setup Dialog.....	117
Configuring Auto Settings.....	118
Setting the Calculation Options	118
Setting the Flag Red Limit	118
Indicating Script Settings.....	119
Pre-defined Script 1	119
Pre-defined Script 2	119

Pre-defined Script 3	119
Pre-defined Script 4	119
Pre-defined Script 5	119
Pre-defined Script 6	119
Skipping Teeth with Selected Conditions	120
Creating an Exam	120
Entering Perio Measurement Data.....	120
Entering Perio Data Using the Keyboard	121
Entering Diagnostic (Note) Information.....	122
Adding Diagnostic Information to Current Exam.....	122
Customizing the Perio Clinical Notes Dialog Defaults	123
Changing the Date of an Exam.....	123
Changing the Provider for an Exam	123
Referencing a Perio Screening Score	124
Referencing Summary Totals	124
Saving an Exam	124
Understanding View Options.....	126
Viewing the Data Chart	126
Comparing Exams	126
Changing Display Options	127
Updating Procedures	127
Working with Exams	127
Viewing an Existing Exam	127
Deleting an Existing Exam.....	128
Printing Perio Reports	128
Accounts.....	130
The Accounts Module Window Areas	131
Toolbar.....	131
Transaction Log	132
Account Detail Information	132
Editing Billing Types and Account Information	133
Showing Transactions Links	134
Setting Up the Accounts Module.....	134
Setting Tax and Discount Options.....	134
Setting Accounts and Treatment Plans Colors	136
Setting Easy Checkout Options.....	136
Working with Transactions.....	137
Entering Procedures	138
Attaching Diagnostic Codes	139
Entering Procedures Using Explosion Codes	139
Entering Procedure Notes.....	140
Entering Payments.....	140
Entering Batch Account Payments.....	142
Entering Adjustments.....	143
Entering Taxes and Discounts	144
Editing Transactions.....	145
Editing Procedures Attached to Claims.....	146
Invalidating History Transactions	147
Entering an Initial Aged Balance	147
Understanding the Balance Forward	148
Using the Easy Checkout Button	148
Entering Account Notes	149

Printing Accounts Reports	150
Printing a Walkout Statement	150
Printing a Single Billing Statement	151
Printing a Family Account Report	151
Printing a Patient History Report	151
Tracking Accounts.....	152
Printing an Aging Report	152
Printing a Finance Charge Report	152
Using Dunning Messages for Billing Statements	152
Printing a Late Charge Report.....	152
Printing a Payment Plan Report	152
Searching for Payments	152
Working with Payment Plans	154
Setting Up Pre-Defined Payment Plan Types.....	154
Editing a Payment Plan Type	156
Deleting a Pre-Defined Payment Plan	156
Working with Payment Plans by Account.....	156
Creating a Payment Plan	156
Deleting a Payment Plan	159
Editing a Payment Plan	159
Working with Future Due Payment Plans	160
Adding a Future Due Payment Plan.....	160
Posting a Manual Charge to a Future Due Payment Plan.....	162
Clearing a Future Due Payment Plan	163
Running the Future Due Payment Plans Utility	163
Setting Up Future Due Payment Plans for Alternate Uses.....	164
Processing Insurance Claims	166
Creating a Primary Claim	166
Insurance Claim Window Blocks.....	167
Subscriber Information	167
Provider Information	168
Claim Information.....	168
Diagnosis Information	169
Procedures Information	170
Payment and Estimate Information	170
Claim Status Information.....	170
Insurance Plan Notes	171
Remarks for Unusual Services.....	171
Claim Attachments	171
Sending a Claim	173
Editing a Claim	173
Entering Insurance Payments.....	174
Entering Insurance Payments for Claims Not Created in Easy Dental	176
The Advantage of Itemizing Insurance Payments	176
Entering Batch Insurance Payments	177
How to Create a Secondary Claim	179
Editing Insurance Payments	179
Applying a Deductible Met (With an Insurance Payment)	180
Applying Deductible Met (Before a Claim Has Been Received).....	181
Posting Partial Insurance Payments.....	182
Month End Procedures	183
Working with Finance Charges	183
Applying Finance Charges to just certain accounts.....	184
Entering Manual Finance Charges	184

Deleting Finance Charges	185
Working with Late Charges	185
Manually Entering a Late Charge	186
Deleting Late Charges.....	186
Running the Month End Update	187
Monthly Routines	187
Treatment Plans.....	189
The Treatment Plans Module Window	189
Entering a Treatment Plan	190
Attaching Diagnostic Codes	191
Managing Pre-Treatment Estimates.....	191
Creating a Pre-Treatment Estimate	191
Entering Insurance Estimates.....	191
Showing Transactions Links	192
Setting Procedures Complete.....	192
Using the Estimator	192
Prescriptions.....	193
Adding Prescription Types.....	193
Editing Prescriptions.....	195
Deleting Prescriptions	195
Selecting a Printer.....	195
Assigning Prescriptions	196
Printing the Prescriptions Report.....	198
Contacts	200
The Contacts Module Window.....	201
Tracking Patient Contacts.....	201
Letters.....	201
Billing Statements	201
Appointments.....	202
Payment Plan Notes	202
Payments.....	202
Customizing the Contacts Display	203
Changing View Filters.....	203
Viewing More Detail	204
Viewing Family & Patient Contacts.....	204
Working with Manual Contacts Entries.....	204
Adding a Manual Entry	204
Editing a Manual Entry	206
Deleting a Manual Entry	206
Printing from the Contacts Module.....	206
Schedule.....	207
The Schedule Module Window Areas	208
Toolbar.....	208
Date Bar.....	209
Easy Provider Tracking Columns.....	209
Day Search Buttons.....	209
Schedule of Appointments.....	209
Clipboard	209

Changing Views	209
Day View	209
Week View.....	209
Month View.....	210
Dragging and Dropping Appointments.....	210
Setting Up the Schedule.....	210
Setting Up the Practice	210
Setting Up the Practice Schedule.....	212
Setting Up Schedules for Providers.....	213
To Set Provider Vacation Days.....	214
Setting Up the View.....	215
Scheduling an Appointment.....	216
Other Appointment Information	221
Viewing Other Appointments.....	221
Scheduling the Next Appointment.....	222
Wait or Will Call.....	222
Dial	222
Locating an Existing Appointment.....	223
Moving an Appointment	223
Finding An Available Time	224
Using the Auto Dial	226
Using the Schedule Lists.....	227
Appointments List.....	227
Set Date.....	227
Status	227
View.....	227
Delete	227
Refresh.....	228
ASAP List.....	228
Set Date.....	228
View.....	228
Delete	229
Refresh.....	229
Status	229
Unscheduled List.....	229
View.....	229
Delete	230
Purge Appointments	230
Refresh.....	230
Utilizing Other Schedule Options	230
Breaking Appointments.....	230
Deleting Appointments	231
Posting or Setting an Appointment Complete	231
Status	231
Refresh.....	231
Alerts and Notes	231
Printing from the Schedule.....	232
Printing the Schedule View.....	232
Printing Route Slips.....	233
Easy Day Planning.....	234
Customizing Appointment Types.....	234
Customizing Procedure Codes.....	235
Setting Up Time Blocks.....	235

Activating Easy Day Planning	236
Finding an Available Time Block	237
Recall	239
Assigning Recall Types to a Procedure Code	239
Setting Recall Views	240
Customizing Patient Recall Defaults	241
Managing Recall	242
Generating a Recall List	243
Editing from the Recall List	244
Printing Recall Cards	244
Documents	247
Documents Module Window Areas	248
Document Tree	248
Preview Panel	248
Toolbar	248
Setting Up the Documents Module	249
Setting Up Document Types	249
Adding a Type	249
Editing a Type	249
Deleting a Type	250
Setting Up Preferences	250
Acquiring Documents	251
Acquiring from a Scanner	251
Capturing from a Digital Camera	252
Importing from a File	253
Import from Patient Picture	253
Paste from Clipboard	254
Viewing Documents	255
Other View Options	256
Documents Viewer	256
Working with Documents	257
Editing Document Information	257
Modifying Document Attachments	258
Deleting Documents	258
Printing and Exporting Documents	259
Printing the Documents List	259
Printing Documents	259
Exporting Documents	259
Reports	260
Reports Module Window Areas	261
Batch Processor	261
Toolbar	261
Setting Up Easy Dental	262
Setup Printer	262
Practice Resource Setup	263
Practice Information	263
Operatory Information	265
Provider Information	266
Inactivating a Provider	268
Staff Information	269
Inactivating a Staff Member	269

Procedure Code Setup	270
Dental Diagnostic Codes	272
Diagnostic Cross Code Setup	273
Explosion Code Setup	273
Adding an Explosion Code	273
Editing an Explosion Code	274
Deleting an Explosion Code	274
Selecting Explosion Codes	274
Practice Defaults	275
Definitions	276
Editing Definitions	277
Adding a New Definition	277
Deleting a Definition	277
Adjustment Types	277
Appointment Reasons	278
Billing Types	278
Payment Types	279
Recall Status	279
Recall Setup	279
Recall Views Setup	281
Auto Chart Numbering Setup	281
Passwords	281
Enable Passwords and Assign "Verify User Before Access" Status to Options	282
Assign User Security Rights	283
Dunning Messages	284
Viewing or Editing Dunning Messages	284
Standard Dunning Messages	285
Insurance Dunning Messages	285
EasyMobile Setup	285
Payment Plan Setup	286
Survey Setup	286
Creating A Survey	286
Setting the Order of Survey Questions	287
Editing a Statement or Question	287
Deleting a Statement or Question	287
Prescriptions Setup	288
Adding a Prescription Type	288
Editing a Prescription Type	289
Deleting a Prescription Type	289
Setting Up a Printer for Prescriptions	289
Modem Setup	290
Using a Modem with Easy Dental	290
Network Setup	290
Preferences	291
General Options	291
Print Options	292
Statement Forms	292
Paths	292
Selecting the Initial Window to Launch	293
Payment and Adjustment Default	293
System Maintenance	293
Fee Schedules	293
Report Fonts	294
Purge Exported Files	295

Standard Coverage Tables	295
Employer Maintenance	296
Adding an Employer.....	296
Editing an Employer	296
Joining Employers	296
Purging Employers.....	297
Insurance Maintenance	297
Adding an Insurance Carrier.....	297
Changing Insurance Carrier Information	299
Entering and Editing a Coverage Table.....	299
Entering and Editing the Payment Table.....	300
Joining Insurance Carriers.....	300
Purging Insurance Carriers.....	301
Purge Dental Insurance Benefits Used	301
The Batch Processor.....	302
Printing or Displaying Reports from the Batch Processor	302
Deleting Reports from the Batch Processor.....	302
Refreshing the List.....	303
Previewing Reports	303
Reports	305
Reference Reports	306
Procedure Code List.....	306
Dental Diagnostic Code List.....	306
Explosion Code List.....	306
Fee Schedule	307
Employer List	307
Insurance Carrier List	307
Standard Coverage Tables.....	308
Insurance Coverage Tables.....	308
Updated Ins Pmt Table	308
Provider IDs List.....	309
Practice Organization List	309
Custom Practice Information.....	309
Registration Information.....	309
Blank ADA Form.....	309
Patient Lists	309
Patient List.....	309
Birthday List.....	310
New Patient List.....	311
Inactive Patient List	312
Archived Patient List	312
Patient Notes Report.....	313
Patient Privacy Requests List.....	314
Schedule Reports.....	315
Daily Appointment List.....	315
ASAP List	316
Unscheduled Appointment List.....	316
Unscheduled Treatment Plans.....	317
Management Reports	317
Day Sheet (Charges and Receipts)	317
Analysis Summary	319
Practice Analysis Report.....	320
Practice Demographic Report.....	320
Finance Charge Report	320

Late Charge Report	321
Referred TO Doctor Report.....	321
Referred BY Doctor or Other Report.....	322
Referred BY Patient Report.....	323
Account Reports.....	323
Family Accounts Report	323
Patient's History Report	324
Aging Report	325
Patient Balance Report.....	326
Payment Plan Report	327
Insurance Aging Report	328
Insurance Claims to Process Report	328
Secondary Insurance Claims Not Created Report	329
Procedures Not Attached to Insurance.....	330
Pre-Treatment Estimate Aging Report.....	330
Future Due Payment Plan Report	331
Utilization Report.....	331
Billing Statements	332
Audit Trail Reports	335
Letters.....	337
Customizing Letters.....	337
Merging Letters.....	338
Printing a Letter	339
Other Create and Merge Options.....	339
Create Data File ONLY	339
Merge Letters Using Existing Data File.....	340
Advanced Selection Parameters.....	340
Edit	341
Delete	341
New	341
Changing Letter Parameters	341
The Patient Report View	341
Selecting Data to Merge.....	344
Creating Letters or Data Files with Additional Data Fields	344
Creating Your Own Letters	345
Batch Insurance Claims.....	346
Easy Export	346
Easy Export Setup.....	347
Exporting Totals	348
Viewing Previously Exported Totals.....	349
Time Clock.....	349
Setting Up the Time Clock	350
Clocking In and Out.....	351
Working with Time Clock History	351
Printing Time Clock Reports.....	353
Updates.....	354
Checking for Updates Automatically	354
Checking for Updates Manually.....	356
Installing Available Updates	357
Using Smart Upgrades	357
Customizable Toolbars.....	358

Lab Case Manager.....	359
Starting the Lab Case Manager.....	359
Lab Case Manager Window Areas and Toolbars.....	359
Case List.....	360
Button Toolbar.....	360
Main Toolbar.....	360
Setting Up the Lab Case Manager.....	361
Setting Up the View.....	361
Setting Up Shipping Methods.....	365
Adding a Shipping Method.....	365
Editing a Shipping Method.....	366
Deleting a Shipping Method.....	366
Setting Up Shade Guides and Shades.....	367
Adding a New Shade Guide.....	367
Renaming a Shade Guide.....	367
Editing Shades Assigned to a Shade Guide.....	368
Deleting a Shade Guide.....	368
Setting Up Lab Treatment Categories.....	368
Adding a New Lab Treatment Category.....	368
Renaming a Lab Treatment Category.....	369
Deleting a Lab Treatment Category.....	369
Setting Up Enclosures.....	370
Adding a New Enclosure.....	370
Renaming an Enclosure.....	370
Deleting an Enclosure.....	370
Setting Up Custom Notes.....	371
Adding a New Custom Case Note.....	371
Editing a Custom Case Note.....	371
Deleting a Custom Note.....	371
Setting up Labs.....	372
Manually Adding a New Lab.....	372
Adding a New Lab Using DDX.....	373
Editing a Lab.....	375
Deleting a Lab.....	375
Using the Lab Case Manager.....	376
Creating a Lab Case.....	376
Sending a Lab Case Electronically through DDX.....	378
Viewing a Lab Case.....	379
Adjusting a Column Width.....	379
Sorting the List.....	379
Viewing Patient Alerts.....	379
Viewing Patient Picture.....	379
Editing a Lab Case.....	379
Deleting a Lab Case.....	380
Viewing Lab Case Information.....	381
Requesting Case Pickup.....	381
Receiving a Lab Case.....	382
Finishing a Case.....	383
Returning a Case to the Lab.....	383
Attaching Appointments.....	384
Viewing Appointments Attached to a Lab Case.....	385
Using the List to Contact Patients.....	385
Phone Calls.....	385
Quick Letters.....	386

Printing Case Prescriptions	386
Printing the Lab Case Manager List	386
EasyWeb	387
Getting Started	387
Registering Your Practice	388
Starting EasyWeb	388
Customizing the Toolbar	388
Changing the Orientation	389
Customizing the Buttons	389
Easy Dental Web Button	390
Web Site Manager	390
Insurance Manager	390
Patient Eligibility	390
Correspondence Manager	391
Referral Manager	392
EasyWeb Settings	392
WebSync Wizard	392
WebSync	393
Correspondence Upload	394
Edit Correspondence	396
Patient Upload	397
Patient Financing	398
Referral Upload	398
Insurance Eligibility	400
Insurance Claim Tracking	400
Finish	401
EasyWeb Updates	402
Patient Setup	402
Referral Settings	404
Upload	405
Current Patient Upload	406
Correspondence Upload Override	406
Patient Upload Override	407
Referral Upload Override	409
Claim Tracking Upload Override	410
WebSync	411
WebSync Override	411
Process Patient Imports	412
Correspondence Upload	412
Supplies	414
Patient Financing	414
Continuing Education	414
Leasing	414
Inventory Manager	415
Setup	415
Practice Information	416
Launching the Inventory Manager	417
Editing an Existing Account	417
Printer Setup	417
Users Setup	418
Adding Users	418
Editing Users	418

Deleting Users	419
Printing User List.....	419
Product Setup.....	419
Creating Product Categories.....	419
Adding Products	420
Editing Products.....	422
Deleting Products	422
Purging Products.....	423
Importing Products	423
Exporting Products	423
Printing the Product List.....	423
Manufacturers Setup	423
Adding Manufacturers.....	423
Editing Manufacturers	424
Deleting Manufacturers.....	424
Purging Manufacturers	424
Printing Manufacturer List.....	425
Vendors Setup	425
Adding Vendors	425
Editing Vendors	426
Deleting Vendors	427
Purging Vendors.....	427
Printing Vendor List.....	427
Shipping Method Setup	427
Adding Shipping Methods.....	427
Editing Shipping Methods.....	428
Deleting Shipping Methods	428
Tracking	428
Products On Hand	429
Viewing Products On Hand	429
Adding Products On Hand.....	429
Editing Products On Hand.....	429
Deleting On Hand Products	430
Printing Products On Hand.....	430
Update to Easy Dental	430
Shopping Cart	430
Auto Generate Shopping Cart.....	430
Add Products to Shopping Cart	431
Order Details	431
Deleting Items from the Shopping Cart	432
Submit Order	432
Vendor Website.....	433
Products On Order	433
View Options	433
Entering a Vendor Reference Number.....	433
Receiving Orders.....	434
Canceling Orders	434
Synchronize Order	435
Printing the On Order List.....	435
Order History	435
View Options	435
Reordering	435
Printing Order History.....	436
Alerts.....	436

Web Services	437
Update Catalog List.....	437
Update Order History.....	437
Update Shopping List	437
Update Product List.....	438
Additional Options.....	438
Web Services	438
Orders.....	438
Options.....	439
Administrator	439
Quick Notes.....	440
Adding a Note.....	440
Adding Products to Shopping Cart.....	441
Depleting Products.....	441
Editing a Quick Note.....	441
Deleting a Quick Note	441
Expanding the List	441
Printing Quick Notes	442
Minimizing Quick Notes.....	442
Printing Reports	442
Appendix 1: Management Routines	A.1
DAILY ROUTINES.....	A.1
Patient Visit.....	A.1
Appointment Scheduling.....	A.1
Insurance/Mail Processing	A.2
End-of-Day Reports	A.2
Backup Easy Dental Database Daily.....	A.2
WEEKLY ROUTINES.....	A.2
MONTHLY ROUTINES	A.3
Billing	A.3
Process Accounts Receivable	A.3
Practice Management	A.3
ANNUAL ROUTINE.....	A.3
Appendix 2: Procedure Code List.....	A.4
Diagnostic	A.4
Preventive.....	A.4
Restorative.....	A.4
Endodontics.....	A.4
Periodontics	A.5
Prosthodontics, Removable.....	A.5
Maxillofacial Prosthetics	A.5
Implant Services	A.5
Prosthodontics, Fixed.....	A.6
Oral Surgery	A.6
Orthodontics.....	A.7
Adjunctive General Services.....	A.7
Other.....	A.7
Appendix 3: Laser Billing Statement Print Options.....	A.8
Appendix 4: Easy Dental Letters.....	A.11
Appendix 5: Easy Dental Letter Samples	A.13

Appendix 6: Tips from Support.....	A.22
Billing Statement Options.....	A.22
Full Form/Download.....	A.22
Download/HSI ENV.....	A.22
Full Sheet (Pre-Printed).....	A.22
Statement Date.....	A.22
Balance Forward Date.....	A.22
Select Account.....	A.22
Select Provider.....	A.22
Select Billing Type.....	A.22
Statement Message.....	A.23
Options.....	A.23
Select Report Types.....	A.23
Recall Cards.....	A.24
For Patients With Appointments:.....	A.24
For Patients Without Appointments:.....	A.25
Creating Custom Labels.....	A.25
Creating Custom Letters.....	A.25
Month End Procedures.....	A.25
Month End Update.....	A.25
To Run the Month End Update:.....	A.26
Finance Charges.....	A.26
To Run Finance Charges For Many Patients Automatically:.....	A.26
To Manually Enter Finance Charges for Individual Patients:.....	A.27
Future Due Payment Plans.....	A.27
Reports.....	A.27
Aging Report.....	A.27
Insurance Aging Report.....	A.27
Procedures Not Attached To Insurance Report.....	A.28
Audit Trail Reports.....	A.28
Utilization Report.....	A.28
Analysis Summary Report.....	A.28
Printing a Recall List.....	A.29
Printing a Family Accounts Report for an Entire Year.....	A.29
Selecting Long Appointments.....	A.29
Billing Secondary Insurance.....	A.30
Appendix 7: Troubleshooting.....	A.31
Printing - won't print.....	A.31
Printing - prints but incorrectly.....	A.31
Easy Dental Error Messages.....	A.31
Calling Easy Dental Support.....	A.31
Help Button.....	A.32
Appendix 8: Backup Recommendations.....	A.33
Backup Guidelines.....	A.33
Backup Methods.....	A.33
Glossary.....	G.1
Index.....	I.1

Initial Setup

One of the best features of Easy Dental is that you can customize a large number of functions to meet the specific needs of your practice. This chapter provides an outline of the features that can be customized, added, or deleted before you begin working with patient information. As you reference the topics listed in this chapter, keep in mind that not every setup option available is mentioned; this chapter is intended to help you know which setup options typically should be adjusted to get up and running with Easy Dental.

The time needed to complete the setup outlined in this chapter varies from office to office, depending on the amount of change necessary. To save time, many features come with pre-set defaults. If the defaults are sufficient to meet the needs of your office, then no customization is necessary. You should plan on anywhere from thirty minutes to a few hours.

This chapter covers the following:

- Transferring Patient Information
- Starting Easy Dental
- Practice Setup
- Chart Module Setup
- Accounts Module Setup
- Information Verification
- Patient Data Entry Considerations

Transferring Patient Information

Unless your office is just starting out, you already have a lot of patient data. As you make the switch to Easy Dental, one of the most important setup tasks you will perform is the transferring of your existing data into Easy Dental. Data transfer can be accomplished with either of the following methods:

- Manual Data Entry
- Electronic Data Conversion

If you will be inputting patient data manually, you should carefully read the *Patient Data Entry Considerations* section at the end of this chapter before you begin entering information.

Important: If your office will be receiving an electronically converted database, you should not complete the setup steps discussed in this chapter until AFTER you have received and installed the converted database. Any changes you make to the practice information will be overridden when you install the converted database, and any customizations will be lost!

Starting Easy Dental

Before you can begin setting up Easy Dental, you must first launch the Easy Dental program. There are three ways you can open Easy Dental:

- **Start Menu:** Click the Windows Start button to expand the programs menu. Select Programs (or All Programs), Easy Dental, and then Easy Dental.
- **Desktop Icon:** Double click the Easy Dental icon on the Windows Desktop to access the Easy Dental.

Practice Setup

The following sections provide an overview of the practice setup options available in the Reports Module. (See the corresponding section in the Reports chapter for comprehensive instructions on setting up your practice.):

- Practice Resource Setup
- Procedure Code Setup
- Explosion Code Setup
- Recall Setup
- Password Setup
- Practice Definitions
- Dunning Messages
- Practice Defaults
- Auto Chart Numbering Setup
- Practice Schedule Setup
- Provider Setup
- Printer Setup

Practice Resource Setup

You can set up the following practice resources in the Easy Dental:

- Your practice name and address
- Operatories for use primarily when scheduling appointments
- Providers of billable treatment
- Employees/staff members

Procedure Code Setup

Set up (or at least review) the following four options for procedure codes:

- Fees
- Treatment Flags
- Procedure Time
- Continuing Care Status

Explosion Code Setup

An explosion code allows you to post several procedures simultaneously by grouping together procedure codes that are typically recommended, scheduled, or completed at the same time.

Recall Setup

In the beginning, you should review the existing types and complete the following three tasks:

- Delete any recall types you anticipate you will not use. (Recall types cannot be deleted once they are attached to patients.)
- The recall types that you will use should be customized to meet the needs of your practice.
- Add any new types you will need.

Password Setup

Passwords serve many different functions in a dental office. First, passwords can be used to prevent an unauthorized person from performing certain sensitive tasks, such as changing information, deleting transactions, accessing financial information, etc. Second, the Easy Dental Password feature gives your office the added security of requiring that passwords be re-entered before certain Easy Dental operations are accessed to verify that the current user does have rights to that operation. Third, passwords in conjunction with the Audit Trail Report can be used to track who in your office has made changes to information in Easy Dental.

Practice Definitions

Easy Dental provides several practice definitions, which can be user-defined entries that allow you to customize Easy Dental for the needs your practice.

Dunning Messages

Dunning messages are automatic payment reminders that print on each billing statement according to the account's aged balance.

Practice Defaults

To save time when entering patient information or performing certain tasks, Easy Dental allows you to set a default provider, operator, billing type, and billing statement for each workstation.

Auto Chart Numbering Setup

Easy Dental can be set up to automatically generate chart numbers for your patients.

Practice Schedule Setup

In the Schedule module, you can set up your normal working hours and customize the schedule.

Provider Setup

In the Schedule module, you can set up the normal working hours for each provider and other customizations for each provider's schedule.

Printer Setup

You can set up a printer for use when printing most reports, which are generated from the Reports module.

Chart Module Setup

There are several features of the Chart module that can be customized to meet the needs of your practice. These options can be set up and/or changed at any time without affecting data already entered. However, for consistency, it is a good idea to set up procedure buttons on each workstation before you begin using Easy Dental. (See the corresponding sections in the *Chart* chapter for comprehensive instructions on setting up the Chart.)

Accounts Module Setup

There are several features of the Accounts module that can be customized to meet the needs of your practice. These options can be set up and/or changed at any time without affecting data already entered. However, for consistency, it is a good idea to set up at least the following two features before you begin using Easy Dental:

- Accounts Colors
- Easy Checkout Options

(See the corresponding sections in the *Accounts* chapter for comprehensive instructions on setting up the Accounts module.)

Information Verification

You can print several reports to verify that all of the information that was entered during practice setup was entered correctly. The following reports will help you find errors in your data entry, such as misspellings or incorrect information:

- Procedure Code List
- Explosion Code List
- Fee Schedule
- Provider IDs List
- Practice Organization List
- Custom Practice Information

(See the corresponding sections in the *Reports* chapter for comprehensive instructions on running these reports.)

Patient Data Entry Considerations

There are two recommended options for entering current balances and charts. Review these options and then use the Easy Dental modules to enter your patients' information.

Note: Patients with existing account balances, existing appointments, or existing/incomplete treatment plans should be entered into Easy Dental first. You should decide which option to use before you begin entering patient information. See "Tutorial 1" and the "Patients" chapter for further explanation on entering patient information.

Option 1

These are your first options for patient data entry:

- Enter the account's aged balance when you enter a new family. The Accounts module will automatically post an "Initial Balance" transaction for that patient. The "Initial Balance" prints as a balance forward on statements. (See *Initial Balances* in the *Billing/Payment Plan Information* section of the *Accounts* chapter.)
- When you begin entering information in the Chart module, enter all previously completed procedures as "Existing." (See the *Entering Treatment* section of the *Chart* chapter.)
- From the Chart or Treatment Plans module, enter all treatment-planned procedures as "Recommended." A record of the current status of each patient's treatment and enable processing of each patient's treatment plan are stored. (See *Posting Procedures* in the *Entering Transactions* section of the *Accounts* chapter.)
- Since many insurance claims might have been sent prior to installation and not yet received, some time after the installation, there will be insurance payments for claims that are not listed in any patient's account. These insurance payments cannot be entered in the normal way. Each insurance payment will need to be entered as a guarantor payment with a note of explanation. Since there can be some confusion with a family account when an insurance payment is listed in the Accounts module as a guarantor payment, the note explains this discrepancy.

Note: Also, you might want to add a new payment type entitled "Insurance Payment - No Claim" to further distinguish the payment. (See "Customizing Payment Types" in the "Practice Definitions" section in the "Reports" chapter.)

Option 2

These are your second options for patient data entry:

- Do not enter the family's balance in the Patients module.
- When you begin entering information in the Chart module, enter all completed procedures as "Existing" if the charge has been paid off, or "Completed" if the charge is still outstanding. Enter all recommended procedures as "Treatment Plan."
- For each completed procedure, be sure that the date is the date of the charge to properly age the account balance.
- For each recommended procedure, be sure that the date reflects when the procedure was recommended so that the Chart accurately depicts the treatment status of each patient and treatment plans can be processed accordingly.
- The dates and charges of completed procedures will be used to create each account's aged balance. The balance displayed in the Patients or Accounts module should equal the account's balance at the time of installation. If the displayed account balance is incorrect, you can edit individual procedure charges or enter an adjustment if a procedure has been partially paid.
- When you begin working in the Accounts module, create a claim for each insurance claim or pre-treatment estimate claim that has been sent, but not received, as of the time of installation. Enter the date each claim was originally sent so the claim is accurately listed as "Sent." The claim does not need to be printed. (See *Creating an Insurance Claim* in the *Claim Processing* section of the *Accounts* chapter.)

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

- You should enter important clinical notes in the Chart module.

Of the two options, Option #1 is the easiest and most commonly used. There are a few disadvantages to using Option #1. Although your account balances will be correct, the descriptions of how these balances came about will be missing.

Option #2 will include descriptions on outstanding balances and have more information available for you to use. However, you may not have the time necessary to enter each existing, and/or completed procedure for each patient.

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

After you have completed the Practice Setup and configured Easy Dental to meet the specific needs of your practice, you are ready to start entering your patients' information.

Patients

The Patients module stores and displays important patient information, such as the patient's name, address, phone number, medical alerts, birth date, insurance coverage, employer, and referral information. Patients are organized by family in the Patients module. The Patients module helps you to organize, store, and find patients and patient information.

This chapter will show you how to add, edit, and archive patients and families in the Patients module. With the Patients module, you will maximize the organization of patients for your practice.

This chapter covers the following topics:

- The Patients Module Window Areas
- Selecting a Patient
- Adding a New Family (Account)
- Adding Family Members
- Adding a New Patient with an Appointment
- Assigning Medical Alerts
- Assigning Employers
- Assigning Recall
- Working with Dental Insurance
- Working with Patient Notes
- Assigning Referrals
- Using Patient Survey
- Using Patient Picture
- Using Patient Alerts
- Archiving Patients
- Editing Family Relationships
- Handling Unique Family Relations

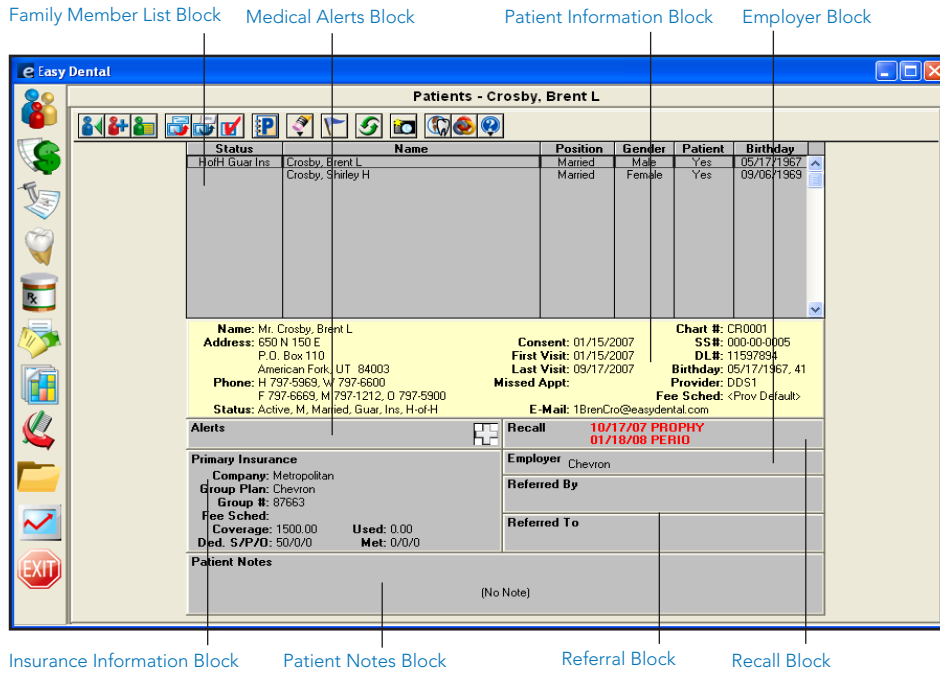
The Patients Module Window Areas

The Patients module consists of the following areas:

- Blocks
- Toolbar
- Family Member List

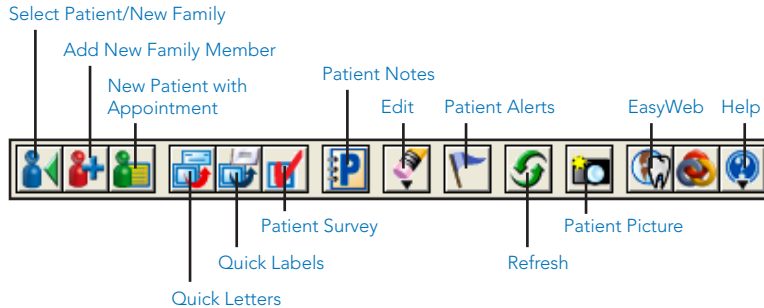
Blocks

The Patients module contains several blocks that display information. Double click any of these blocks to enter, edit, or delete patient information.



Toolbar

The toolbar is located directly beneath the Patients module title bar and contains several buttons.



Family Member List

The Family Member List displays all members of the family, ordered by birth date, to allow you to easily refer to each family member's information. Double click a family member in this list to display that family member's information in the Patients module.

Status	Name	Position	Gender	Patient	Birthdate
HofH Guar Ins	Abbott, Ken S	Married	Male	Yes	03/02/1973
Ins	Abbott, Patricia	Married	Female	Yes	09/28/1974
	Abbott, Timothy	Child	Male	Yes	12/15/1997

Selecting a Patient

If you want to view a patient's information, you must first select the patient.

Note: When you first install Easy Dental, no patients are in the database. Patient information must be entered manually or through an electronic data conversion.

To select a patient:

1. Click Select Patient/New Family

On the Patients module toolbar, click the **Select Patient/New Family** button. The Select Patient dialog appears.

2. Check Include Archived Patients (Optional)

By default, patients who have been archived (see the *Archiving Patients* section in this chapter for more information) will not appear in the Select Patient dialog. To search for all patients, including archived patients, check Include Archived patients.

3. Mark Search By Option

By default, Easy Dental searches for patients by last name. However, you can search for patients using a first name, preferred name, home phone number, chart number, or Social Security Number. Mark the desired search option in the By group box. The last search option used will be saved for the next time you select a patient.

4. Enter Search Criteria

Enter the letters or numbers of the option by which you are searching (e.g. if you are searching by chart number, enter the patient's chart number). As you type, the patient names that most closely match the criteria you enter appear in the list of patients.

5. Highlight Patient

Highlight the name of the patient in the list of patients.

6. Click OK

Click **OK** to access the selected patient's information.

Adding a New Family (Account)

Easy Dental organizes patient files by family. To enter new patients, you must first enter the head-of-household (guarantor), even if that person is not a patient. After entering the head-of-house, you can add additional family members. To add a new account:

1. Click Select Patient/New Family

On the Patients module toolbar, click the **Select Patient/New Family** button. The Select Patient dialog appears.

2. Enter Family's Last Name

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

3. Click New Family

Click the **New Family** button. The Head-of-House Information dialog appears, which allows you to enter the head-of-house for the new family.

The screenshot shows the 'Head-of-House Information' dialog box with the following fields and options:

- Name:** First, MI, Last
- Address:** Street, City, ST, Zip, E-Mail
- Personal:** Male (dropdown), Single (dropdown), Birthdate, Age, SS#, Other ID, Driver's License #, Title, Salutation, Print Title on Stmt, Preferred Name
- Billing and Treatment:** Chart (<AUTO>), Consent (05/18/2009), Status (Patient dropdown), Prov1, Prov2, Fee Schedule (<NONE>)
- Scheduling:** First Visit (05/18/2009), Last Visit, Last Missed Appt, # Missed (0)
- Privacy Requests:** No phone calls, Disclosure restrictions, No correspondence

4. Enter Patient Name

Enter the name of the patient in the Last, First, and MI fields.

5. Enter Address

Enter the address for the head-of-house. The address for each family member that is added to this family in the Patients module will default to that of the head-of-house.

- If a family member has a different address, change the address in that family member's Patient Information. When an address that has been saved for more than one family member is changed, the Address Changed dialog box appears when you click the **OK** button.
- If **Change Address for All** is selected, the address is changed for all family members with the same address.
- If **Add As New Address** is selected, the address is added as an additional address for the family and can be selected for any family member.
- Clicking the search button next to **Address**, causes the Select from Family Addresses list box, which lists every address that has been entered for a member of the family, to appear. You can select any address from this list for each family member.

6. Enter Zipcode

Easy Dental compiles a database of cities and their corresponding zip codes with each new patient entered. As a result, the first time you enter a zip code, Easy Dental prompts you to enter a corresponding city. The next time you enter that zip code for a patient, Easy Dental fills in the city and state appropriate to that zip code. As you enter more patients, you will be required to enter the city and state less often.

To enter a new zip code:

- a. Enter City

When the New City Information dialog box appears, enter the city name.

- b. Enter State

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

- c. Click OK

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

To search for a zip code:

- a. Click Search Button

Click the search button next to the **Zip** field. The City Information dialog box appears.

- b. Mark Option

Mark the desired search option in the **By** field, either city or zip.

- c. Enter City of Zip

Depending on which search option you chose, enter the zip or city. As you make your entry, a list of the cities or zip codes matching your search request appears in the list box (or click **List All** to view all cities/zip codes entered).

- d. Highlight City or Zip

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

To delete a city or zip code:

- a. Click Search Button

Click the search button by the **Zip** field. The City Information dialog box appears.

- b. Mark Option

Mark a search option: **City** or **Zip**.

- c. Enter City of Zip

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

- d. Highlight City or Zip

Highlight the city or zip you want to delete.

- e. Click Delete

Click the **Delete** button.

7. Enter Email Address

Enter a patient's email address in the **E-mail** field. The email address will be used to generate electronic mail messages using the Send Message feature.

8. Enter Phone Number

Enter the patient's home and work phone numbers, work extension, and the best time to call the patient, in the respective fields. You can also enter fax, mobile, and/or other numbers in the appropriate fields.

9. Check Privacy Requests

The following options are available to protect the patient's privacy:

- **No phone calls:** If checked, the patient's phone number will not be listed or printed in various areas of Easy Dental, but will display as <PRIVATE>.
- **No correspondence:** If checked the patient can be excluded from receiving any letters or emails from Easy Dental or correspondence through Easy web.
- **Disclosure restrictions:** If checked, the patient will be excluded from Easy web referral uploads.

When any of these options are checked, you are prompted, after clicking OK, to create Patient Alerts for these requests. In the Patients module, "Privacy Requests" will be displayed in red as well as on the title bar of other modules to allow you to quickly identify patients who have privacy requests.

10. Select Gender

To indicate the person's gender, expand the drop-down and select Male or Female.

11. Select Family Position

To indicate the person's position in the family (for insurance purposes), expand the drop-down and select Married, Single, Child, or Other.

12. Enter Birth Date

Enter the patient's date of birth in the **Birthdate** field. The age is calculated automatically.

13. Enter Social Security Number

Enter the patient's Social Security Number in the **SS#** field.

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

Note: Any time a Social Security Number has been entered for a patient, the same number cannot be used for another patient. If you receive an error indicating the Social Security Number is invalid, and the SS# has been entered correctly, search for the patient who has that same number by Social Security Number. Then you can make any necessary changes or corrections. If a patient needs to be entered twice for insurance or other reasons, you should leave the SS# field empty on the Inactive account.

14. Enter Other ID

The **Other ID** field is used in conjunction with specific insurance claim formats.

15. Enter Driver's License Number

Enter the patient's driver's license number in the **Driver's License #** field.

16. Enter Title

If you want to include the patient's title (ex. Dr., Mr., Ms., etc.) on letters, enter a title in the **Title** field. If you would like to print the patient's title on Billing Statements, check the **Print Title on Stmts** box.

Note: To use the proper greeting for your merged letters, Easy Dental first tries to use the patient's entered salutation. If there is no entered salutation, Easy Dental inserts the patient's entered title followed by their last name. If there is no title, Easy Dental inserts the patient's preferred name. If there is no preferred name, Easy Dental opens the letter with the patient's first name.

17. Enter Salutation

If you have a specific phrase you want to use as the salutation for a letter, enter the phrase in the **Salutation** field (e.g. Dear Adams Family).

18. Enter Preferred Name (Optional)

Enter the patient's preferred name or nickname in the **Preferred** field.

19. Enter Chart Number

Enter a six-digit alphanumeric chart number in the **Chart** field to correlate with the patient's chart in your manual charting system. The chart number must be unique to the patient. You can click the **Chart** search button to view a list of previously assigned chart numbers. If you have set up Easy Dental to automatically assign chart numbers, Easy Dental automatically generates the chart number. This number will be used as the account number on billing statements and walkout statements. (See *Auto Chart Numbering Setup* in the *Setting Up Easy Dental* section of the *Reports* chapter for more information.)

20. Enter Consent Date

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

21. Select Status

Select the patient's activity status. If the individual is a patient of the practice, expand the drop-down and select Patient. If the individual is a former patient of the practice who has not been seen in a period of time, expand the drop-down and select Inactive. If the individual is not a patient of the practice, but must be entered as a guarantor or as an insurance subscriber, expand the drop-down and select Non-Patient.

22. Select Provider

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

23. Enter Fee Schedule

Click the **Fee Schedule** search button to attach a fee schedule to an individual patient. If you attach a fee schedule to the patient this fee schedule will be used for all transactions involving that patient. A fee schedule overrides any other fee schedules attached through the patient's insurance or the patient's provider.

24. Enter Visit Dates

- **First Visit:** The first visit date defaults to the current date. This date can be changed to correspond to a different date, if the default entry is incorrect.
- **Last Visit:** The date is generated automatically when you enter a transaction in the Ledger (or Chart) that shows the patient has completed a procedure. You can manually enter the last visit date when you initially enter a patient in the Patients module.
- **Last Missed Appt and # Missed:** The Last Missed Appt date and the total # Missed amount update automatically when an appointment is made in the Appointment Book and then broken. When you initially enter a patient, you can enter this information manually.

25. Click OK

Click **OK**. The head-of-house information is saved.

Adding Family Members

After you have entered all the information related to the head-of-house, you can add family members. Easy Dental will not allow you to enter more than 18 family members per family. To add a family member:

1. Click Add New Family Member

Click the **Add New Family Member** button on the toolbar. The Patient Information dialog appears. The last name, provider, home phone number, and address default to those of the head-of-house.

2. Enter Family Member Information

Enter Family Member information in the appropriate fields. (See the *Adding Family Members* section in this chapter for a more complete explanation of each field.)

3. Click OK

Click **OK**. The family member's information is saved.

Adding a New Patient with an Appointment

The New Patient with Appt feature allows you to bring up the information on a new patient who has an appointment in the Schedule module to prevent the duplicate entry of any person's name and address in the Patients module. To add a new patient with an appointment:

1. Open Schedule Module

Open the Schedule module.

2. Select New Patient Appointment

Click the new patient's appointment (indicated with an NP before the name) in the Schedule module to highlight the appointment.

3. Switch to Patients Module

Click the **Patients** button. The Patients module opens. If you want to add this new patient to an existing family, click the **Select Patient** button and select the desired family.

4. Click New Patient With Appointment

On the Patients module toolbar, click **New Patient With Appointment** button. The For New Patient dialog box appears.



5. Mark Option

Mark one of the following options:

- To create a new account, mark **Create New Family** and click **OK**. A Head-of-House Information screen appears with the name and other information already entered. Complete the blank fields.
- To add the selected patient to the current family selected in the Patient module, mark **Add to Current Family** and click **OK**. A Patient Information screen, with the current family's address and phone number already entered, appears. (If the new patient's address and phone number is different than the current family, Easy Dental adds the new address in the Select from Family Addresses dialog box.) Complete the blank fields.

- To add the patient to another family, mark **Select Family** and click **OK**. The Select Patient dialog box appears, and you can select the family to which you want to add the new patient.

Note: The New Patient With Appt command does not function if you do not have a patient's appointment selected in the Appointment Book.

Assigning Medical Alerts

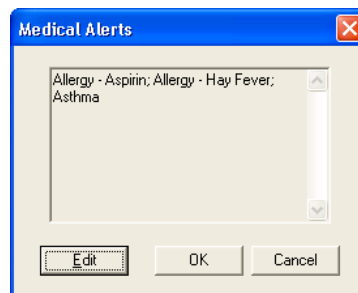
The Medical Alerts listed can be customized in the Reports module. To enter new alerts or to edit existing alerts, refer to the Practice Definitions section in the Reports chapter. To assign a medical alert to a patient:

1. Select Patient

Select a patient in the Patients module.

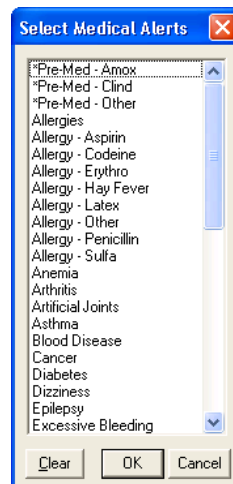
2. Click Medical Alerts

In the Patients module, click the plus symbol in the Medical Alerts block. (The plus symbol is white if there are no alerts selected and red if there are alerts for the patient.) The Medical Alerts dialog appears with a list of any alerts that have previously been selected.



3. Click Edit

Click the **Edit** button. The Select Medical Alerts dialog appears and lists all available medical alerts.



4. Highlight Applicable Alerts

Highlight all applicable medical conditions for the selected patient.

5. Click OK

Click **OK** to save the selected medical alerts for the patient. Click **Cancel** to exit the Select Medical Alert dialog box without saving. Click **Clear** if you want to clear the selected alerts and remain in the Select Medical Alert dialog box.

6. Click Close

Once you return to the Medical Alerts dialog box, click **Close** to exit and return to the Patients module.

Assigning Employers

The primary purpose for the employer information is insurance claim processing. To expedite the process of assigning insurance to patients, you can enter the patient's employer information in the Patients module. To make the process of assigning an employer easy, Easy Dental compiles a database of employers. As a result, you will only have to enter employer information once. After the information has been entered, you can select the employer from a list.

Employers can also be entered in the Reports module. (See *Employer Maintenance* in the *System Maintenance* section of the *Reports* chapter for more information.)

This section covers the following topics:

- Assigning an Employer to a Patient
- Changing a Patient's Employer

Assigning an Employer to a Patient

Only one employer can be attached to a patient. To assign an employer to a patient from the Patients module:

1. Select Patient

Select a patient in the Patients module.

2. Double Click Employer Block

Double click the **Employer** block. The Employer Information dialog box appears.

3. Enter First Few Letters of Employer Name

Enter the first three or four letters of the employer's name in the **Employer Name** field and click the search button next to **Employer**. The Select Employer dialog box appears and displays a list of employers with the first entry that begins with the letters entered highlighted.

Name	Address	ST	City	Phone #
Allied - Southwest				
Allied Architects Inc.				
Allied Plumbing				
American Express				
AT&T				
Bureau of Reclamation				
Carmike Cinemas				
Central City Clinic				
Chevron				

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

4. Select Employer

Highlight the patient's employer from the list and click **OK**. The Employer Information dialog box appears and displays the employer's information. If the patient's employer is not listed, click **Cancel** to return to the Employer Information dialog box where you can enter the employer's information:

- Enter the employer name in the **Employer Name** field.
- Enter the street address for the employer in the **Address** fields.
- Enter the **City, State,** and **Zip Code** in the appropriate fields.
- Enter the employer phone number in the **Employer Phone** field.

5. Click OK

Click **OK** to save the Employer information and return to the Patients module.

Changing a Patient's Employer

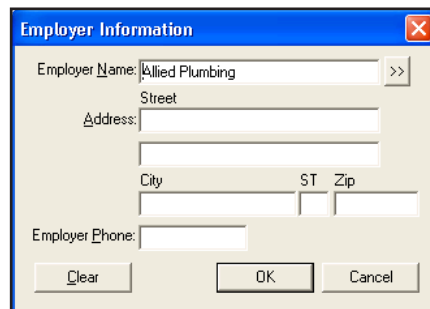
To change a patient's employer:

1. Select Patient

Select a patient in the Patients module.

2. Double Click Employer Block

Double click the **Employer** block. The Employer Information dialog box appears.



3. Click Clear

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

OR

If the patient's current employer has changed their name, address, or phone number, change the appropriate information. Any changes to the existing employer information will affect other patients who have the same employer. Next, click **OK** and the following message appears: "Changes to this Employer will affect all other patients to which this employer is assigned." Then, click **OK** to continue with the change.

Assigning Recall

Easy Dental allows five recall types: Prophy, Lab Case, Other, Perio, and Screening. You can set recall defaults for an individual patient in the Patients module as well as select the recall types you want to attach to each patient. (See *Recall Setup* in the *Setting Up Easy Dental* section of the *Reports* chapter for instructions on how to customize these recall types.)

This section covers the following topics:

- Setting Up Recall for a Patient
- Editing an Existing Recall Type
- Editing an Existing Recall Type
- Clearing an Existing Recall Type

Setting Up Recall for a Patient

To assign recall to a patient:

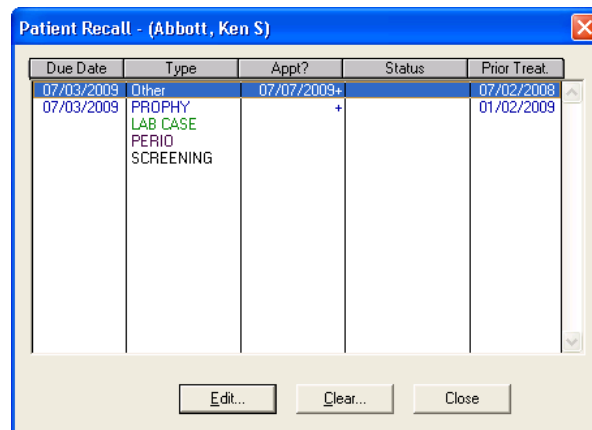
1. Select Patient

Select a patient in the Patients module.

2. Double Click Recall Block

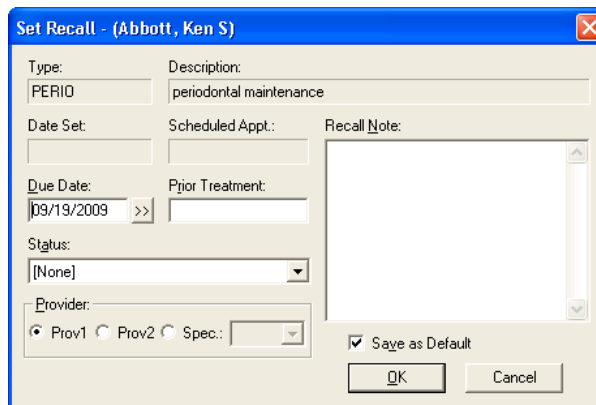
Double click the **Recall** block. The Patient Recall dialog box appears with the patient's name included in the title bar.

Note: If a patient has a procedure entered as completed in the Account (or Chart) module and that procedure already has a Recall Flag assigned to it (i.e. Prophy), the Recall Type is automatically be attached to the patient.



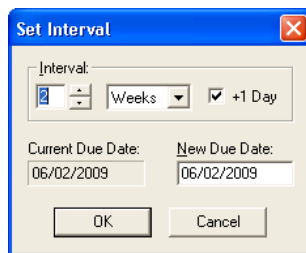
3. Double Click Recall Type

Double click the recall type you want to set. The Set Recall dialog box appears.



4. Set Recall Interval

To set the interval for the patient's recall, click the **Due Date** search button. The Set Interval dialog box appears. Change the interval to reflect the amount of time that should elapse between the patient's recall visits. Check the **+1 Day** option if you want the interval to extend an extra day to prevent insurance billing problems.



5. Change Due Date (Optional)

The due date is automatically input as the interval plus today's date. If desired, you can manually enter another date in the **New Due Date** field.

6. Enter Prior Treatment Date (Optional)

You can manually enter the date of the patient's last recall visit in the **Prior Treatment Date** field. This date will automatically update once the patient has been seen for the recall reason.

7. Set Status (Optional)

Expand the **Status** drop-down and select the recall status you want to assign to the patient. Statuses are used primarily when generating recall lists.

8. Set Provider (Optional)

Mark **Prov1** if you want recall appointments to default to the patient's primary provider. Mark **Prov2** if you want recall appointments to default to the patient's assigned secondary provider. Mark **Spec** and select a provider if there is a specific provider you want this patient to see for recall appointments.

9. Enter Recall Note (Optional)

Enter a motivational note in the **Recall Note** field. The note will be printed on recall cards for this patient.

Note: You can hide a note by placing your cursor at the front of the note and pressing Ctrl + Enter on your keyboard. A hidden symbol that appears as a blank line will be inserted in the Note box. Any text after the symbol will not print on your cards.

10. Click OK

Click **OK** to set this recall type for the current patient or **Cancel** to delete any changes you may have made and return to the Patient Recall dialog.

11. Repeat for Other Types

Repeat steps 3 – 10 for any other recall types you want to set.

Editing an Existing Recall Type

To edit a Recall

1. Select Patient

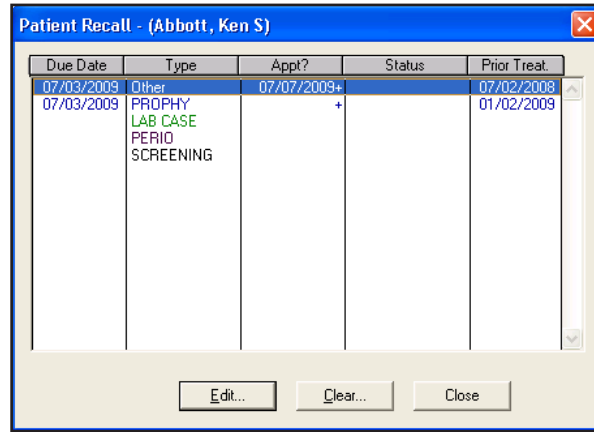
Select a patient in the Patients module.

2. Double Click Recall Block

Double click the **Recall** block. The Patient Recall dialog box appears.

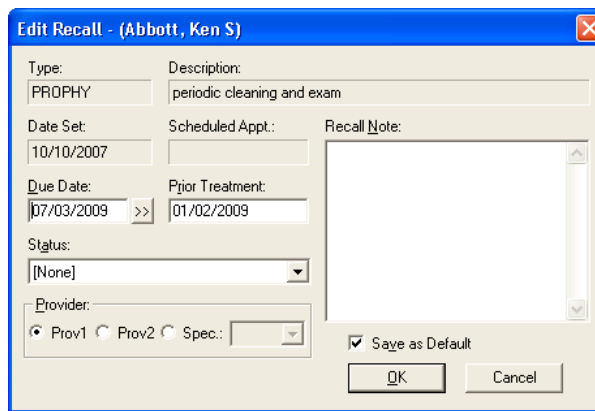
3. Highlight Recall Type

Highlight the previously set recall type that you want to edit.



4. Click Edit

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



5. Make Changes

Make any necessary changes to the **Due Date**, **Prior Treatment**, **Status**, **Provider**, **Default Appt. Time**, and **Motivational Note** fields.

Note: Opening the Set Interval screen causes a new due date to be created relative to today's date. Clicking on OK accepts the new due date and change the existing due date. Clicking Cancel rejects the new due date and keeps the existing due date.

6. Click OK

Click **OK** to accept the changes you've made or **Cancel** to return to the Patient Recall dialog box without making any changes.

Clearing an Existing Recall Type

1. Select Patient

Select a patient in the Patients module.

2. Double Click Recall Block

Double click the **Recall** block. The Patient Recall dialog box appears.

3. Highlight Recall Type

Highlight the recall type that you want to clear.

4. Click Clear

Click the **Clear** Button.

5. Click Yes

Click **Yes** if you want to clear the patient's settings for this recall type or **No** to abort the clearing process.

Working with Dental Insurance

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

The **View Sec** button in the Insurance Information block toggles back and forth between View Sec and **View Prim** to allow you to view both the primary and secondary insurance information from the Patients module. The button is not displayed if the patient does not have secondary insurance coverage.

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

The screenshot shows two overlapping dialog boxes. The top box is titled "Secondary Insurance" and contains the following text: "Company: Principal Financial Group", "Group Plan: Dental Coverage", and "View Prim" button. The bottom box is titled "Primary Insurance" and contains the following text: "Company: Blue Cross Blue Shield", "Group Plan: Dental Claims", "Group #: 21009", "Fee Sched:", "Coverage: 1000.00", "Used: 0.00", "Ded. S/P/O: 25/0/0", and "Met: 0/0/0". It also has a "View Sec" button.

This section is divided into the following topics:

- Entering a New Insurance Plan
- Assigning Insurance (For an Insurance Subscriber)
- Assigning Insurance (For a Non-Subscriber)
- Assigning Secondary Insurance (For a Subscriber with Dual Coverage)
- Assigning Secondary Insurance (For a Non-Subscriber)
- Changing Insurance Carrier Information
- Setting Up Provider IDs
- Working With Coverage Tables
- Using Payment Tables
- Clearing Insurance Coverage
- Switching Primary and Secondary Coverage
- Entering Capitation Type Plans
- Entering Incentive Plans
- Deleting Duplicate Insurance Carriers

Entering a New Insurance Plan

1. Select Patient

Select a patient in the Patients module.

2. Double Click Insurance Information Block

Double click the **Insurance Information** block. The Insurance Information dialog box appears. Both the primary and secondary insurance information are displayed.

3. Select Subscriber

Enter a subscriber or insured party. The current patient is automatically entered as the Insurance Subscriber.

4. Click the Carrier Search Button

Click the **Carrier** search button. The Select Primary Dental Insurance Plan dialog box appears.

Note: To make certain that the insurance company has not been entered previously, enter the first few letters of the Carrier name in the Enter Carrier Name field. Matches for the letters you enter are displayed in the list.

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

5. Click New

Click the **New** button. The Dental Insurance Plan Information dialog box appears.

The screenshot shows a 'Dental Insurance Plan Information' dialog box with the following fields and options:

- Carrier Name: [] >>
- Group Plan: [] >>
- Employer: [] >>
- Street Address: []
- City, ST, Zip: [] [] []
- Phone: [] Ext.: []
- Contact: []
- Group #: [] Local: []
- Last Update: 05/18/2009
- Benefit Renewal: January (dropdown)
- Claim Format: ED2007 (dropdown) Alt Code: ADA (dropdown)
- Fee Schedule: <NONE> >>
- Payer ID: [] >> Provider ID Setup
- National Plan ID: []
- Source of Payment: [None] (dropdown)
- 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
- Buttons: Clear, OK, Cancel

6. Enter Carrier Name and Group Plan Names

Enter the carrier name in the **Carrier Name** field.

7. Enter Group Plan

Enter group plan name in the **Group Plan** field. If you do not have a group plan name, enter the employer name as the group plan name to assist you later on when you are assigning previously entered insurance carriers to patients.

8. Enter Address

Enter the address where insurance claims should be mailed for this carrier.

9. Phone Number and Contact Name

Enter a phone number and contact person in the **Phone** and **Contact** fields.

10. Enter Group Number

Enter the Group Number for this plan in the **Group #** field. If the plan is a Union plan, enter the Local number in the **Local** field.

11. Modify Last Update (Optional)

Enter a date in the **Last Update** field to keep track of the last time you updated the insurance information. Easy Dental will not update this field automatically.

12. Select Benefit Renewal

Enter the month that the yearly insurance benefits renew for the insured patients in the **Benefit Renewal** field.

13. Select Claim Format

The **Claim Format** field defaults to “ED2007” (for new users) this is the standard ADA form that can be generated using a laser printer. When ED2007 is selected you can print claim forms to blank paper or send them electronically.

If printed, Easy Dental includes both the insurance claim form and the information for this claim. The ED2007 form allows you to create most insurance forms. However, there are some insurance carriers who do not accept a standard ADA form and require you to use the carrier’s own form. Easy Dental integrates with many of the carrier’s forms. If you need to use a carrier specific form, contact Easy Dental Support for assistance in setting this up.

Note: For carrier specific forms, Easy Dental prints the correct information in the correct location on the form, but does not print the form. You need to purchase pre-printed forms for these carriers and feed them into the printer.

14. Select Alt Code

The **Alt Code** field defaults to the ADA procedure codes. To use a different code system when printing insurance claims for this carrier, click the search button next to **Alternate Code**. The Select Alt Code dialog box appears, and you can make your selections from the available alternate codes.

15. Attach Fee Schedule

Attach a fee schedule to this insurance carrier by clicking the **Fee Schedule** search button. If a fee schedule is attached to the insurance carrier, it is used instead of the fee schedule attached to the patient's primary provider. However if a fee schedule is selected for the patient, that fee schedule is used instead of the one attached to the insurance carrier. (This is dependent upon the specific claim form selected, as some claim forms are designed to print a specific fee schedule.)

16. Enter Payer ID Information

The Payer ID relates to Easy Dental eClaims. If you are an eClaims subscriber, enter the **Payer ID** manually or click the search button and select the Payer ID from the list.

17. Provider ID Setup

Click the **Provider ID Setup** button to specify a certain insurance ID for a provider. (For more information on how to setup multiple IDs for a provider, see the *Setting Up Provider IDs* section in this chapter.)

18. Enter National Plan ID

The National Plan ID relates to Easy Dental eClaims. If you are an eClaims subscriber, enter a **National Plan ID** for this carrier if necessary.

19. Select Source of Payment

The **Source of Payment** relates to Easy Dental eClaims. If you are an eClaims subscriber, expand the **Source of Payment** drop-down and select the appropriate source of payment for this carrier.

20. Check Replace Initial Character (for dental plans only)

If this insurance company requires the new ADA CDT-3, CDT-4, or CDT-5 codes, and you have not converted all of your codes to this format, check the **Replace Initial Character or Procedure Code With** check box and enter the appropriate letter that will replace the initial character of each procedure code.

21. Check Do Not Include Dental Diagnostic Codes

If you do not want to include dental diagnostic codes on the insurance claims for this carrier, check the **Do Not Include Dental Diagnostic Codes** check box. (This option is dependent upon the specific claim form selected, as some claim forms do not have an area in which to print diagnostic codes.)

22. Check Do Not Include Group Plan Name

To exclude the group plan name from printing on the claim or from sending electronically, check the **Do Not Include Group Plan Name** check box.

23. Check Do Not Bill to Dental Insurance (for dental plans only)

Check the **Do Not Bill to Dental Insurance** check box to prevent any batch insurance claims from being created for this carrier and to exclude the procedures from showing on the Procedures Not Attached to Insurance report. (For more information, see the *Batch Insurance Claims* and *Account Reports* sections in the *Reports* chapter.)

24. Click OK

Click **OK** to return to the Insurance Information dialog.

25. Modify Coverage Table

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

26. Check Signature on File Options

If you want the words “Signature on File” to print on the insurance claims for this subscriber to authorize release of information, check the **Release of Information** check box. To authorize payments directly to the provider, check the **Assignment of Benefits** check box.

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

27. Verify Subscriber ID and Relation to Subscriber

The subscriber’s Social Security Number is automatically entered as the Subscriber ID number. Make sure that the Subscriber ID number and Relation to Subscriber are correct.

28. Click OK

Click **OK** to save the information and return to the Patients module.

Assigning Insurance (For an Insurance Subscriber)

To assign insurance to a subscriber:

1. Select Patient/Subscriber

From the Patients module, select the patient/subscriber.

Note: In order to assign insurance to a patient, the insurance subscriber must be listed as a family member in the patient’s Patients module. If the Subscriber is not a patient, set the status to Non-Patient in the subscriber’s patient information.

2. Double Click Insurance Information Block

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

Insurance Information - (Abbott, Ken S)

Primary Insurance

Subscriber: Abbott, Ken S >>

Carrier: Blue Cross Blue Shield

Subscriber Id #: 000-00-0001

Signature on File

Release of Information

Assignments of Benefits

Relation to Subscriber

Self Spouse Child Other

Ins Data Cgv Table Pmt Table

Clear Primary

Secondary Insurance

Subscriber: Abbott, Patricia >>

Carrier: Aetna

Subscriber Id #: 000-00-0002

Signature on File

Release of Information

Assignments of Benefits

Relation to Subscriber

Self Spouse Child Other

Ins Data Cgv Table Pmt Table

Clear Secondary OK Cancel

3. Assign Insurance Coverage

Click the **Carrier** search button. The Select Primary Dental Insurance Plan dialog box appears.

Select Primary Dental Insurance Plan

Enter Carrier Name: Blue Cross Blue Shield

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

New... OK Cancel

4. Mark Search Option

Mark a search option. Enter the first few letters or numbers of the Carrier Name, Group Plan, Group Number, Local Number, Address, or Payor ID. A list of all carriers matching your search request are displayed. You can search for the insurance carrier in one of the following six ways:

- **Carrier Name:** Allows you to search by the name of the insurance company.
- **Employer:** Lists all insurance plans that have been entered previously for the subscriber's employer.
- **Group Plan:** Allows you to search by the name entered for the group plan.
- **Group Number:** Allows you to search by the number assigned to the group plan.
- **Local Number:** Allows you to search by the local number assigned to the plan.
- **Address:** Allows you to search by the insurance plan address.
- **Payor ID:** Allows you to search by the insurance plan's Payor ID number.

5. Select Carrier

Select the correct carrier and click **OK** to return to the Insurance Information dialog.

Note: If the carrier is not listed, click the New button and add the insurance carrier.

6. Check Signature on File Options

If you want the words “Signature on File” to print on the insurance claims for the subscriber to authorize release of information, check the **Release of Information** check box. To authorize payments directly to the provider, check the **Assignment of Benefits** check box.

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

7. Verify Subscriber ID and Relation to Subscriber

The subscriber’s Social Security Number is automatically entered as the Subscriber ID number. Make sure that the Subscriber ID number is correctly entered. The Relation to Subscriber is also be marked automatically. Make sure that the Relation to Subscriber is correct.

8. Click OK

Click **OK** to save the information and return to the Patients module.

Assigning Insurance (For a Non-Subscriber)

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

1. Select Patient

From the Patients module, select a patient.

2. Double Click Insurance Information Block

Double click the **Insurance Information** block. The Insurance Information dialog box appears.

3. Select Insurance Subscriber

Click the **Subscriber** search button. A list of all subscribers and their insurances appear. Highlight the desired subscriber and click **OK**. All fields in the Insurance Information screen automatically show the subscriber's insurance information.

4. Verify Relation to Subscriber

Verify that the Relation to Subscriber is correct.

5. Click OK

Click the **OK** button to return to the Patients module.

Assigning Secondary Insurance (For a Subscriber with Dual Coverage)

to assign secondary insurance to a subscriber with dual coverage:

1. Select a Patient/Subscriber

From the Patients module, select the patient/subscriber.

2. Double Click the Insurance Information Block

Double click the **Insurance Information** block. The Insurance Information dialog box appears.

3. Click Subscriber Search Button

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

4. Click Current Patient

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

5. Mark Search Option

Mark search option. Enter the first few letters or numbers of the Carrier Name, Group Plan, Group Number, Local Number, Address, or Payor ID. A list of all carriers matching your search request is displayed. You can search for the insurance carrier in one of the following six ways:

- **Carrier Name:** Allows you to search by the name of the insurance company.
- **Employer:** Lists all insurance plans that have been entered previously for the subscriber's employer.
- **Group Plan:** Allows you to search by the name entered for the group plan.
- **Group Number:** Allows you to search by the number assigned to the group plan.
- **Local Number:** Allows you to search by the local number assigned to the plan.

- **Address:** Allows you to search by the insurance plan address.
- **Payor ID:** Allows you to search by the insurance plan's Payor ID number.

6. Select Carrier

Select the correct carrier and click **OK** to return to the Insurance Information dialog.

Note: If the carrier is not listed, click the New button and add the insurance carrier.

7. Check Signature on File Options

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

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

8. Verify Subscriber ID and Relation to Subscriber

The subscriber's Social Security Number is automatically entered as the Subscriber ID number. Make sure that the Subscriber ID number is correctly entered. The Relation to Subscriber is also marked automatically. Make sure it is correct.

9. Click OK

Click **OK** to save the information and return to the Patients module.

Assigning Secondary Insurance (For a Non-Subscriber)

To assign secondary insurance to a non-subscriber:

1. Select Patient

From the Patients module select a patient.

2. Double Click Insurance Information Block

Double click the **Insurance Information** block. The Insurance Information dialog box appears.

3. Select Secondary Insurance Subscriber

Click the **Secondary Insurance Carrier** search button. A list of all subscribers and the corresponding insurances appear in the Select Subscriber dialog box. Highlight the desired subscriber and click **OK**. All fields in the Insurance Information screen automatically show the subscriber's insurance information.

4. Verify Relation to Subscriber

Verify that the Relation to Subscriber information is correct.

5. Click OK

Click the **OK** button to return to the Patients module.

Changing Insurance Carrier Information

If the subscriber's current insurance carrier has changed only its name, address, etc., change the appropriate information, rather than clearing the information and adding the carrier again. To change the information for a subscriber's insurance carrier:

1. Select a Patient

From the Patients module select a patient.

2. Double Click the Insurance Information Block

Double click the **Insurance Information** block. The Insurance Information dialog box appears.

3. Click Insurance Data

Click the **Ins Data** button in the Insurance Information dialog box. The Primary Dental Insurance Plan Information dialog appears.

4. Edit Information

Make the necessary changes by entering the correct information in the appropriate fields.

5. Click OK

Click the **OK** button. A message box appears.

6. Select Change Plan for All or Add As New Plan

- Select **Change Plan for All** if you want any change to the existing insurance plan information to change that information for all other subscribers who have the same insurance plan.
- Select **Add as New Plan** if you want to copy all of the insurance information for the current subscriber and add the changed insurance plan without changing the original plan. Click **OK** to return to the Patients module.

Setting Up Provider IDs

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

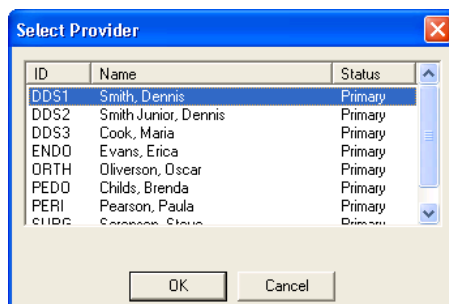
Note: When using passwords, the user must have rights to "Provider ID Setup" to access the Provider ID Setup button.

Opening the Provider ID Setup Dialog

To open the Provider ID Setup dialog:

1. Click Provider ID Setup

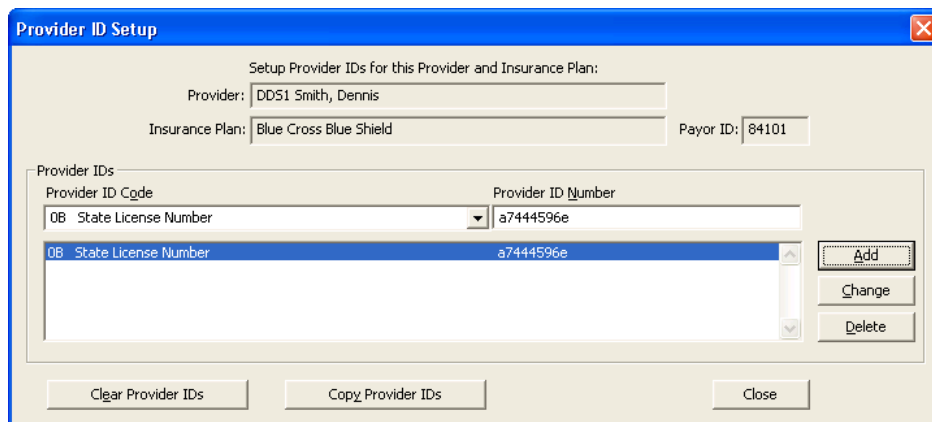
From the Primary Dental Insurance Plan Information dialog box, click the **Provider ID Setup** button. The Select Provider dialog box appears.



Note: If the insurance plan has not been saved, you are prompted to do so before continuing.

2. Select Provider

Highlight the appropriate provider and click **OK**. The Provider ID Setup dialog box appears.



Adding a Provider ID

1. Enter Provider ID Code

From the Provider ID Setup dialog, expand the **Provider ID Code** drop-down to select a Provider ID Code from Practice Definitions. (For information on how to enter Provider ID Codes so that they are available for selection, see *Definitions* in the *Setting Up Easy Dental* section of the *Reports* chapter.)

2. Enter Provider ID Number

Enter the Provider ID Number in the **Provider ID Number** field.

3. Click Add

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

Changing a Provider ID

1. Highlight Provider ID

From the Provider ID Setup dialog, highlight the provider ID from the list.

2. Make Changes

Make the appropriate changes in the **Provider ID Code** and **Provider ID Number** fields.

3. Click Change

Click the **Change** button. A message box appears.

4. Change Provider ID

Click **Yes** to apply the changes or **No** to cancel.

Deleting a Provider ID

1. Highlight Provider ID

From the Provider ID Setup dialog, highlight a Provider ID from the list.

2. Click Delete

Click the **Delete** button. A message box appears.

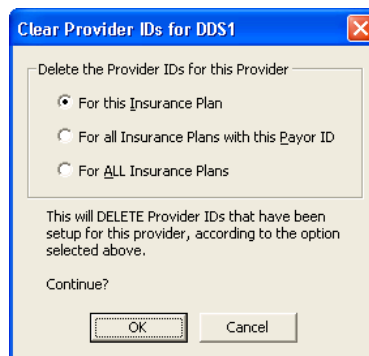
3. Delete the Provider ID

Click **Yes** to remove the Provider ID or **No** to cancel.

Clearing Provider IDs

1. Click Clear Provider IDs

From the Provider ID Setup dialog, click the **Clear Provider IDs** button. The Clear Provider IDs for <provider> dialog box appears.



2. Select Delete Option

Mark the appropriate option to clear the Provider IDs:

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

3. Click OK

Click **OK**.

Copying Provider IDs

1. Click Copy Provider IDs

From the Provider ID Setup dialog, click the **Copy Provider IDs** button. A message box appears.

2. Copy Provider IDs

To copy the current provider and insurance plan will be copied to all other insurance plans with the same Payor ID, click **Yes**. To cancel, click **No**. A message appears, totaling the number of plans affected.

Working With Coverage Tables

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

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

Entering and Editing a Coverage Table

1. Click Coverage Table

From the Insurance Plan dialog, click the **Cov Table** button. The Insurance Coverage dialog box appears. The carrier and group plan names are placed in the title bar.

Insurance Coverage - (Blue Cross Blue Shield/AT&T)

Deductible

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

Annual Maximum Benefit

Individual	Family
1000	3000

Claim Deadline: 3M >>

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: Ngtes, OK, Cancel

2. Enter Deductible Amounts

Three types of deductibles are available when setting up coverage information for an insurance company: Standard, Preventive, and Other.

- **Standard:** Use to set up the deductible that applies to most procedures.
- **Preventive:** Use if an insurance carrier's coverage has a separate deductible for preventive/diagnostic procedures.
- **Other:** Use if an insurance carrier's coverage has a separate deductible for specific procedures other than preventive/diagnostic or for procedures not considered standard.

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

- **Lifetime:** This deductible should be used for insurance carriers that require subscribers to pay one deductible for the life of the policy.
- **Annual Individual:** This deductible should be used for insurance carriers that require patients to pay a deductible amount each year.
- **Annual Family:** This deductible should be used with insurance carriers that require a maximum deductible amount for the entire family each year.

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

3. Enter Benefit Amounts

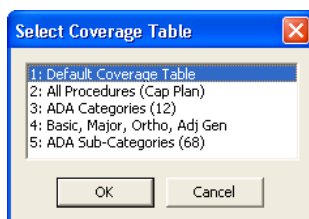
Enter the **Individual** and **Family** Annual Maximum Benefit amounts.

4. Click Claim Deadline

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

5. Click Select Table

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



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

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

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

6. Modify Coverage Table

The coverage table allows you to group several procedures into categories and assign the percentage the insurance will pay. You may also have one procedure in a category if you desire. There are two things to keep in mind when modifying a coverage table. First, you must use the ADA procedure codes. Second, you may not overlap the beginning and ending procedure codes in any given range.

When modifying a coverage table, remember the following about the coverage table fields:

- **Beg Proc** is the beginning procedure code for the category range. End Proc is the ending procedure code for the category range. If only one procedure is assigned to a category, enter the procedure code as the Beg Proc and leave the End Proc blank. The field will automatically be filled with the Beg Proc procedure code.
- **Category** is the name you assign to represent the range of procedure codes.
- **Cov %** is the percentage the insurance plan will pay for all of the procedures in the category range, after any necessary deductible has been met.
- **Deductible** is the deductible type that should be used with the selected range of procedure codes.

- Use the **Co-Pay** field only if you are setting up a capitation plan. Enter the Patient's co-pay amount.
- Check **Pre Est** if the insurance company requires you to submit a pre-treatment estimate for a procedure in the category.

1. Highlight Code Range

Highlight the code range to be modified.

2. Enter Coverage Table Information

Enter the information to be added to the coverage table.

3. Click Add / Change / Delete

Click the **Add** button to add a new category you have created to the coverage table list box. If you want to change the range, make your changes to the range and click the **Change** button to save your modifications. If you want to delete the range, click the **Delete** button to delete the selected category from the Coverage Table List box.

Note: Easy Dental will estimate 0% coverage for any procedure codes not listed in the Coverage Table.

7. Mark Co-Payment Option (Optional)

If the plan you are setting up requires specific co-pay amounts for each procedure, check the **Co-Payment Calculations** check box in the Insurance Coverage dialog box. This will acknowledge the patient's co-payment dollar amount for each category. Next, click one of the three option buttons to select the method to calculate the amount the insurance company will pay.

Today's Charges	2247.00
Est. Insurance Portion	2098.50
Est. Patient Portion	148.50

Warning: If the plan you are setting up is not a capitation type plan with specific co-payment amounts for each procedure, do not check the Co-Payment Calculation for Ins Portion box.

8. Enter Insurance Plan Note

Insurance Plan Notes are used to keep track of special requirements the insurance company can impose and to add any other information about an insurance company. Insurance Plan Notes can be updated and changed at any time. All Insurance Plan Notes entered will show up from the Insurance Plan Note box of any patient with that insurance plan. This note will also appear in the Insurance Claim dialog box, but will not print on the claim. To add a note, click the **Notes** button and type the note. Click **OK** to return to the Insurance Coverage dialog box.

Insurance Coverage - (Blue Cross Blue Shield/AT&T)

Deductible

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

Annual Maximum Benefit: Individual 1000, Family 3000

Claim Deadline: 3M >>

Coverage Table

Beg Proc	End Proc	Category	Cov%	Deductible	Co Pay	Pre-Est
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: Notes, OK, Cancel, Add, Change, Delete, Clear Table

9. Click OK

Click the **OK** button. A dialog box appears.

10. Select Change Plan for All or Add As New Plan.

- Select **Change Plan for All** if you want any change to the existing insurance plan information to change the information for ALL other subscribers who have the same insurance plan.
- Select **Add as New Plan** if you want to copy all of the insurance information for the current subscriber and add the changed insurance plan without changing the original plan.

11. Click OK

Click **OK** to return to the Patients module.

Using Payment Tables

Easy Dental can automatically update the insurance payment table whenever payments are received from the carrier. This process maintains the accuracy of the table and is used to calculate insurance estimates. You can view and edit the payment table from the Patients module.

Viewing the Payment Table

To view the payment table:

1. Double Click the Insurance Block

Double click the **Insurance Block** in the patient's Patients module. The Insurance Information dialog appears.

2. Click Pmt Table

Click the **Pmt Table** button. The Edit Updated Insurance Payment Table dialog box appears.

Code	Description	Amount
D0120	Periodic oral evaluation	25.00

Editing the Payment Table

1. Highlight Procedure Code

Highlight the procedure code you want to edit. The procedure code number and fee appears in **Code** and **Amount** fields.

2. Edit Procedure Code

Edit the procedure code and/or fee in the **Code** and **Amount** fields.

3. Click Change

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

Clearing Insurance Coverage

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

Switching Primary and Secondary Coverage

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

1. Clear All Insurance

From the Insurance Information dialog, clear the primary and secondary insurance.

2. Click Subscriber Search

Click the **Subscriber** search button first for the primary insurance and then select the subscriber for the primary insurance. Next, click the **Subscriber** search button for secondary insurance and then select the subscriber for the secondary insurance.

3. Select Carrier

Select the carrier for both primary and secondary insurance.

4. Click OK

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

Entering Capitation Type Plans

Easy Dental offers two methods for setup and implementation of capitation plans. Review the overview sections of both option to decide which method works best for your practice.

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

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

Option 1 Overview

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

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

When the procedures are set complete, the day's charges display in the Accounts module automatically, listing the correct amounts to collect from the patient and adjust off. In the example shown, \$25 is collected from the patient, and \$75 is adjusted off the account. All calculations are done for you automatically.

Today's Charges	100.00
Est. Dental Ins. Portion	75.00
Est. Patient Portion	25.00

Management: The Utilization Report for Dental Insurance (found in the Reports module from **Account Reports | Utilization Report**) can be sent monthly to the carrier as required and/or may be used for utilization management within the practice. For management benefit, the report lists the practice or provider's normal fee for each procedure completed and the co-pay charged, totaling these items for each individual plan.

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

- The number of total adjustments made (number of capitation appointments).
- The total amount written off for capitation, and the average amount of each write-off.

Option 1 Preliminary Setup

1. Create Billing Types

If your practice supports fewer than six capitation plans, create a new billing type for each individual plan. If your practice supports more than five plans within a given company, you can choose a grouping of several plans and add a billing type for each grouping.

If your practice services several different capitation carriers, you can add a billing type for each company name instead. Your end goal is to use no more than five billing types for capitation purposes. (See *Definitions* in the *Setting Up Easy Dental* section of the *Reports* chapter for information on adding billing types.)

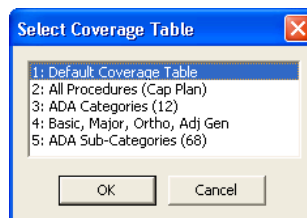
2. Add Credit Adjustment Type(s)

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

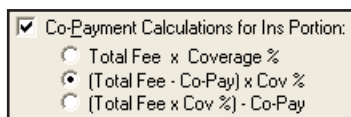
3. Create Plan

Create the capitation plan(s) as an individual insurance plan in the database.

- From the Patients module, select a plan subscriber. If the insurance plan already exists in the database, you can edit it according to the specifications listed here. If it does not already exist, create a new insurance plan and enter the carrier name and address, etc.
- In the Coverage Table, click the **Select Table** search button, select **All Procedures (Cap Plan)** from the list, then click the **OK** button.



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



- Click the **OK** button when completed. All further plans may be entered in the same fashion.

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

Option 1 Implementation

Capitation Patients Per Visit: On all visits, you can treatment plan and post procedures normally. After posting the day's procedures for the given patient, the Estimated Patient Portion on the Accounts module ledger reflects the total co-payments for the current day. The Insurance Portion is the amount to adjust off the account. Enter the adjustment, making sure to use the correct capitation adjustment type.

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

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

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

Option 2 Overview

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

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

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

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

Option 2 Preliminary Setup

1. Create Billing Types

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

2. Add Fee Schedule Name

Each plan is assigned its own fee schedule, which can be named from Practice Definitions. Select **Fee Schedule Names** from the **Definition Type** drop-down menu. In the fee schedule listing, highlight a fee number which you know to be currently unused. The appropriate number appears in the ID field above. Enter the name you want to label the fee schedule in the **Definition** Field. Click the **Change** button to attach the name. Complete this step for each capitation plan with a different schedule of co-payments. Click **Close** when completed.

3. Enter Fees

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

Procedure Code Editor - Existing

Description: Limited re-evaluation

Code Names: D0170 ADA Code, ReEval Abbrev Desc, Code 3, Code 4, Code 5

Treatment Flags: Difficult Proc., Condition, Remove Tooth, Show in Chart

Auto Recall: [NONE] >>

Procedure Time: 1 Unit(s) >>

Procedure Category: Diagnostic

Appointment Type: High Production

Treatment Area: Mouth

Paint Type: [None]

Fee Schedule:

1	Office	Edit Fee
1.	Office	46.00
2.	Aetna	48.00
3.	BC / BS	43.00
4.	Cigna	41.00
5.	Perio	38.00
6.	Endo	64.00
7.	Orsurg	66.00
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

Do Not Bill to Insurance:

Buttons: Edit Note, New Code, Save, Close

4. Create Insurance Plans

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

From the Patients module, select an insurance subscriber. If the insurance plan already exists in the database, you can edit it according to the specifications listed here. If it does not already exist, create a new insurance plan, entering in the carrier name and address, etc. When editing or adding information at the Primary Dental Insurance Plan Information dialog, attach a fee schedule by clicking the **Fee Schedule** search button and selecting the fee schedule that corresponds to the plan being entered. Check the **Do Not Bill to Dental Insurance** option. There is no need to set up or edit the Coverage Table.

Option 2 Implementation

Capitation Patients Per Visit: On all visits, you can treatment plan and post procedures normally. After posting the day's procedures for the given patient, the Today's Charges and Estimated Patient Portion fields on the Accounts module ledger reflect the total co-payments for the current day. The Insurance Portion will always be zero. There is no need to create an insurance claim or enter a zero payment.

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

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

Entering Incentive Plans

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

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

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

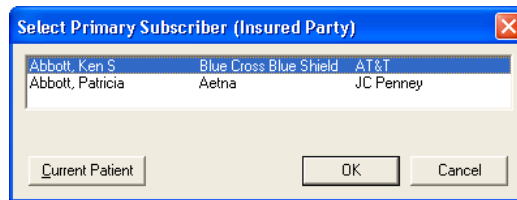
Set up the Subscriber

1. Select Insurance Subscriber and Double Click Insurance Block

From the Patients module, select the subscriber and double click the **Primary Dental Insurance Informaion** block. The Insurance Information dialog appears

2. Add Subscriber

Click the **Subscriber** search button. The Select Primary Subscriber dialog appears. Click the **Current Patient** button.



3. Select Insurance Carrier

Click the **Carrier** search button. The Select Primary Dental Insurance Plan dialog appears. Enter the first few letters of the carrier's name, and a list of carriers matching the criteria you entered appears in the pane. Double click the desired carrier.

Note: If you cannot find the carrier you want, click New and enter the carrier information manually.

4. Click Ins Data

Click the **Ins Data** button. The Primary Dental Insurance Plan Information dialog appears.

5. Edit Insurance Information

Edit or enter all the Primary Insurance Plan Information. At the end of the **Group Plan** name, enter an identifying character(s); in this case, "A." The character could also be an "S" for subscriber, a "100" for the percentage, or anything else which will allow you to easily distinguish this plan from the others that are created.



6. Click OK

Click **OK** from the Primary Dental Insurance Plan Information dialog box. If you have made changes to an existing plan, a dialog box appears. Mark the **Add as New Plan** option and click **OK**.

7. Click Cov Table

Click the **Cov Table** button. The Insurance Coverage dialog appears. Set up the coverage table and click **OK**. A message appears confirming that there were changes made. Click **OK** to save the changes.

Set Up Dependents

1. Click Secondary Subscriber Search

While still in the subscriber's Insurance Information dialog, click the **Subscriber** search button in the Secondary insurance section. The Select Secondary Subscriber dialog appears. Click the **Current Patient** button.

2. Select Insurance Carrier

Click the **Carrier** search button. The Select Primary Dental Insurance Plan dialog appears. Enter in the first few letters of the carrier's name and double click the previously entered plan.

3. Edit Insurance Data

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



4. Change Coverage Information

Click the **Cov Table** button. The Insurance Coverage dialog appears. Change the coverage table to the correct coverage for plan “B.” Click **OK**. A message appears, confirming that changes were made. Click **OK** to save the changes. The subscriber should now have both primary and secondary insurance. Although the subscriber is really not covered by the secondary coverage, leave this listed here for the time being. Click **OK** from the Insurance Information dialog.

5. Select a Dependent Patient

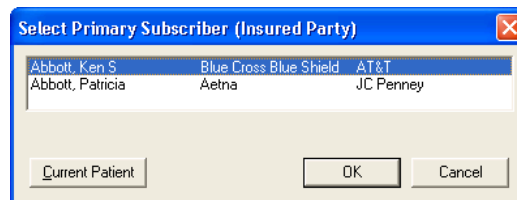
Double click a dependent’s name at the bottom of the Patients module to make the dependent the active patient.

6. Double Click Insurance Information Block

Double click the **Insurance Information** block in the Patients module. The Insurance Information dialog appears.

7. Select Primary Insurance Subscriber

Click the **Subscriber** search button. The Select Primary Subscriber dialog appears. Select the subscriber with the appropriate group plan for the dependent. The correct insurance information is listed as the primary insurance for the dependent. Click **OK**. Repeat for other dependents if necessary.



8. Change Patient to Insurance Subscriber

Double click the subscriber at the bottom of the Patients module to make that person the active patient.

9. Clear Secondary Insurance

Double click the **Insurance Information** block. The Insurance Information dialog appears. Click the **Clear Secondary** button. Although you cleared the secondary insurance from the subscriber, the subscriber will remain a current subscriber for the added plan because the plan is attached to a dependent. Click **OK** in the Insurance Information dialog.

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

Deleting Duplicate Insurance Carriers

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

1. Print Insurance Carriers and Subscribers Report

Printing Insurance Carrier List helps you to determine which insurance plans have duplicates and which ones need to be deleted.

a. Click Reference Reports and Select Insurance Carrier List

From the Reports module, click the **Reference Reports** button and select **Insurance Carrier List**. The Insurance Carrier List dialog appears.

b. Check Options

Uncheck **Standard List** and check **Include Subscribers**.

c. Click OK

Click **OK**. Print the report from the Batch Processor.

2. Make Corrections

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

a. Select Patient

From the Patients module, select a patient who is a subscriber to the plan you want to keep.

b. Double Click Primary Dental Insurance Block

Double click the **Primary Dental Insurance Information** block. The Insurance Information dialog appears.

c. Click Ins Data

Click the **Ins Data** button.

d. Verify/Change Insurance Information

Verify or change the Insurance Information and click **OK** to save your changes. (Add the * to the carrier name.)

3. Reassign Correct Insurance Carrier to All Subscribers

Reassign the correct insurance carrier to all subscribers (the one marked with an asterisk).

a. Select Patient

From the Patients module, select a patient that needs to be cleared from the duplicate insurance carrier and reassigned to the plan which you are keeping.

b. Double Click Insurance Information Block

Double click the **Primary Dental Insurance Information** block. The Insurance Information dialog appears.

c. Click Carrier Search Button

Click the **Carrier** search button. The Select Primary Insurance Dental Plan dialog appears.

d. Enter Search Criteria

Enter the first few letters of the carrier name which you are keeping (ex: Met).

e. Highlight Carrier

Highlight the carrier marked with the asterisk.

f. Click OK

Click **OK**. A message box appears.

g. Click OK

Click **OK** to change plan for all members of the family.

h. Repeat Steps

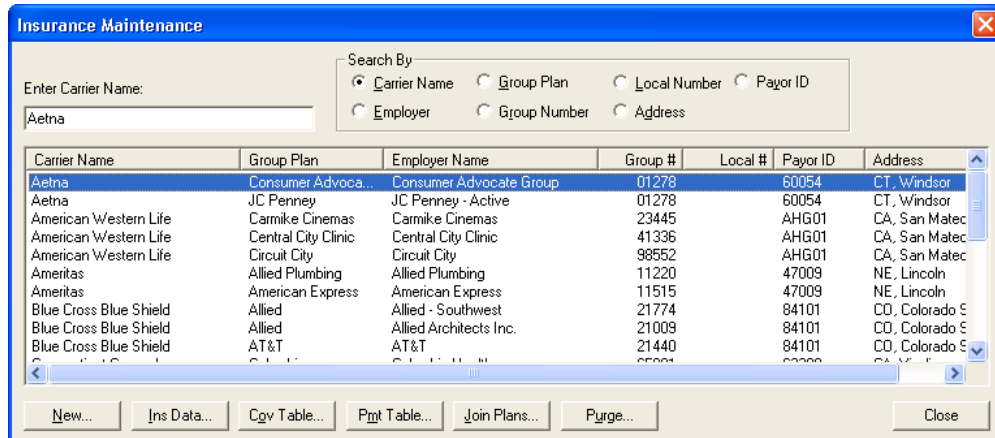
Repeat for all patients who are listed as subscribers to the plans you want to delete.

4. Delete Duplicate Insurance Carriers

To delete duplicate insurance carriers:

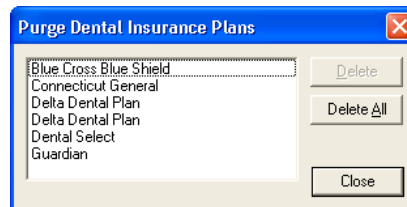
a. Click Maintenance and Select Insurance Maintenance

From the Reports module, click the **Maintenance** button and select **Insurance Maintenance**. The Insurance Maintenance dialog appears.



b. Click Purge

Click the **Purge** button. The Purge dialog appears.



c. Click Delete

Click **Delete All**. Or, highlight specific plans and click **Delete**.

Note: If a selected insurance plan has one or more current claims (claims not in history), the insurance plan will not be listed.

5. Remove Asterisk (*) from the Carrier Name

Follow the instructions in step 2 to remove the asterisk from within the Dental Insurance Plan Information dialog box.

Working with Patient Notes

Patient notes apply only to the individual patient and can be viewed from the patient's appointment information in the Schedule or Patients module.

If a patient has notes, you can view the notes from the Patients module by clicking the **View** button in the Patient Notes block. The **View** button toggles back and forth between **View** and **Hide**. If the notes contain confidential information, it is recommended the **Notes** field be hidden.

Note: When Easy Dental is initially started, the default for the notes field is hidden. Thereafter, whenever a patient is displayed in the Patients module, the notes are viewed or hidden, depending on the state of the previous patient's notes.

This section covers the following topics:

- Entering or Editing the Patient's Notes
- Running the Patient Notes Report

Entering or Editing the Patient's Notes

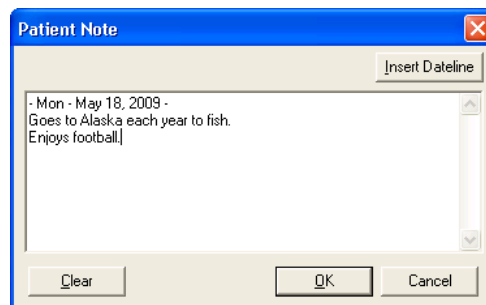
To enter or edit a patient's notes:

1. Select Patient

From the Patients module, select a patient.

2. Double Click Patient Notes Block

Double click the **Patient Notes** block from the Patients module. The Patient Note dialog appears.



3. Enter Notes

Enter the patient's hobbies, interests, financial arrangements or any other notes useful to your practice.

4. Insert Dateline (Optional)

Click the **Insert Dateline** button to insert the current date. The note size is limited to 4,000 characters.

5. Click Clear to Erase Notes (Optional)

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

6. Click OK

Click **OK** when you have finished entering notes.

Running the Patient Notes Report

A report of all notes entered for the patient in Easy Dental can be generated from the Patients module. To print the Patient Notes Report:

1. Select Patient

From the Patients module, select a patient.

2. Click Patient Notes Report

From the Patients module toolbar, click the **Patient Notes Report** button. The Patient Notes Report dialog box appears.



3. Change Patient, Provider, or Billing Type Range (Optional)

If desired, you can change the Patient, Provider, or Billing Type Range to include more (or less) people in the report generation. If you are printing a range of patients and you want to include only the head-of-house for each account, check **Accounts Only**.

4. Check Note Types

Check the boxes next to the types of notes you want to include on the report:

- **Appointment Notes:** Check this option to print all notes attached to appointments scheduled within the date range you enter.
- **Clinical Notes:** Check this option to print all clinical notes entered in the Chart module within the date range you enter.
- **Patient Alert Notes:** Check this option to print notes entered in the Patient Alerts window for this patient within the date range you enter.
- **Perio Exam Notes:** Check this option to print all notes entered in the Diagnostics screen in the Perio module within the date range you enter.
- **Patient Notes:** Check this option to print all notes entered in the Patient Note field in the Patients module.
- **Medical Alerts:** Check this option to print all medical alerts for the patient.
- **Recall Notes:** Check this option to print the Recall Note added in the Recall Information screen.
- **Insurance Claim Notes:** Check this option to print all notes entered for insurance claims.
- **Insurance Plan Notes:** Check this option to print all notes attached to the patient's insurance carrier.
- **Future Due Payment Plan Notes:** Check this option to print all notes attached to a Future Due Payment Plan set up for the patient.
- **Account Note:** Check this option to print the account note entered in the Accounts module.

- **Account Statement Note:** Check this option to print the Account Statement Note entered in the Accounts module.
- **Lab Case Note:** Check this option to print the note entered for the patient's existing lab case.

5. Print or Send to Batch

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

Assigning Referrals

In the Patients module, you can indicate and view who referred the current patient from the **Referred By** block. Similarly, you can indicate and view to whom you have referred the current patient from the **Referred To** block. This section covers the following referral blocks:

- Referred By
- Referred To

Referred By

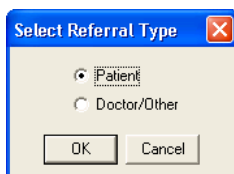
This section explains how to enter, edit, and access information about the individual or source that referred the current patient to your practice. There are two types of Referred by referrals: Referred by Patient and Referred by Doctor/Other.

Entering a Patient Referral

To add a patient referral to a patient:

1. Double Click Referred By Block

Double click the **Referred By** block. The Select Referral Type dialog appears.



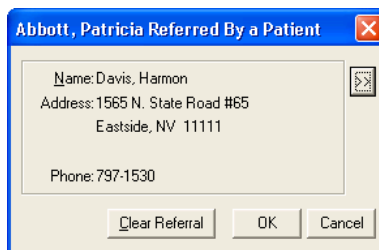
2. Mark Patient

Mark the **Patient** and click **OK**. The Select Patient dialog box appears.

3. Select Patient

Highlight the person who referred the current patient and click **OK**. The referral patient now appears in the Referred By a Patient dialog.

Note: If the referring patient's name cannot be found from the Select Patient dialog box, first check the spelling. If you still cannot locate the patient's name, he or she has not been entered in the Patients module, or the referring party is not one of your patients. Non-patient referrals can be entered by marking the Doctor/Other option from the Select Referral Type dialog box.



4. Change Referral (Optional)

If you want to change the person who made the referral, click the search button and select a different patient.

5. Clear Referral (Optional)

If you want to clear the referral, click the **Clear Referral** button.

6. Click OK

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

Entering a Referred by Doctor or Other Listing

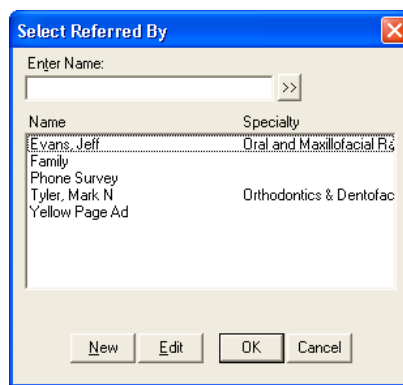
To add a doctor/other referral to a patient:

1. Double Click Referred By Block

Double click the **Referred By** block. The Select Referral Type dialog appears.

2. Mark Doctor/Other

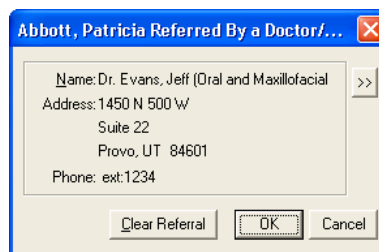
Mark the **Doctor/Other** and click **OK**. The Select Referred By dialog box appears.



3. Select Doctor/Other

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

- Enter the first three or four letters of the doctor or other referral name in the **Enter Name** field.
- Click the search button and all of the doctors and other referral types that begin with those letters appear in the list box.
- Select the referring doctor or other referral type and click **OK**. The Referred by a Doctor/Other dialog with the patient's name in the title bar appears. This box gives the name, address and phone number of the referring doctor or other marketing source you chose.



4. Change Referral (Optional)

If you want to change the person who made the referral, click the search button and select a different patient.

5. Clear Referral (Optional)

If you want to clear the referral, click the **Clear Referral** button.

6. Click OK

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

Adding and Editing Referred By Doctor or Other Listings

To add or edit a doctor/other referral:

1. Double Click Referred By Block

Double click the **Referred By** block. The Select Referral Type dialog appears.

2. Mark Doctor/Other

Mark the **Doctor/Other** and click **OK**. The Select Referred By dialog box appears.

3. Click New or Edit

Click the **New** button to add a referral. Or, highlight an existing referral and click the **Edit** button to edit the referral information. The Referred By Information dialog appears.

4. Enter Name

In the Name group box, enter the referral source's last and first name (or just the referral name), middle initial, title, and salutation, and then select the doctor's specialty (if not a doctor, select "(None)."

5. Enter Address

In the Address group box, enter the referral source's street address, city, state, and zip, phone number and extension, fax number, other contact number, and email address.

6. Click OK

Click **OK** to save the information or any changes. If existing information in the Referred By Information dialog has changed, a message box appears and cautions you that changes to this referral will affect all patients to whom this referral is assigned. Click **OK** if you want to affect all patients attached to the referral. Click **Cancel** to cancel the changes.

Referred To

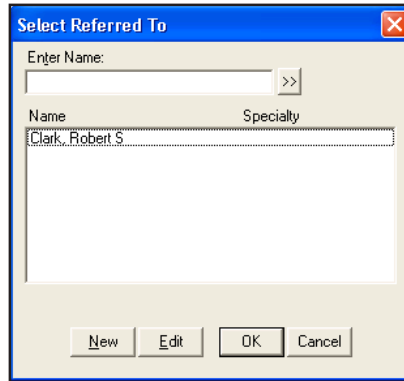
Occasionally it may become necessary to refer a patient to another doctor or specialist. Easy Dental tracks the patients who have been referred out.

Entering a Referral to Another Doctor

To add a referral to a specialist:

1. Open Referred To

Double click the **Referred To** block. The Select Referred To dialog appears.



2. Select Doctor

Select the doctor to whom you are referring the patient. Initially, all referring sources will be listed. To narrow the scope:

- a. Enter the first three or four letters of the doctor's name in the **Enter Name** field.
- b. Click the search button and all of the doctors that begin with those letters appear in the list box.
- c. Select the doctor and click **OK**. The Referred To dialog with the patient's name in the title bar appears. This box gives the name, address and phone number of the specialist you chose, along with the total number of referrals to that doctor and the date the patient was referred out (when adding a referral, this is the current date but can be changed).

3. Change Referral (Optional)

If you want to change the person who made the referral, click the search button and select a different patient.

4. Clear Referral (Optional)

If you want to clear the referral, click the **Clear Referral** button.

5. Click OK

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

Adding and Editing Referred To Doctor Listings

To add or edit a referral out to a doctor/specialist:

1. Double Click Referred To Block

Double click the **Referred To** block. The Select Referred To dialog appears.

2. Click New or Edit

Click the **New** button to add a referral. Or, highlight an existing referral and click the **Edit** button to edit the referral information. The Referred To Information dialog appears.

3. Enter Name

In the Name group box, enter the referral's last and first name, middle initial, title, and salutation, and then select the doctor's specialty.

4. Enter Address

In the Address group box, enter the referral's street address, city, state, and zip, phone number and extension, fax number, other contact number, and email address.

6. Click OK

Click **OK** to save the information or any changes. If existing information in the Referred To Information dialog has changed, a message box appears and cautions you that changes to this referral will affect all patients to whom this referral is assigned. Click **OK** if you want to affect all patients attached to the referral. Click **Cancel** to cancel the changes.

This section covers the following topics:

- Printing a Patient Survey
- Entering and Editing Patient Survey Responses

Using Patient Survey

Patient Survey is designed to replace the new patient forms, health history update, and other forms used in your office to collect information from patients. Patient Survey allows you to create a custom set of questions that can be printed for your patients to answer. (See *Survey Setup* in the *Setting Up Easy Dental* section of the *Reports* chapter for steps on how to create a survey.) Once the patient completes the questionnaire the answers can be input into Easy Dental and stored as an electronic copy of the information. For those offices moving toward the “paperless office,” Patient Survey is a way to computerize information that otherwise would be stored in a paper chart. Best of all, when the information needs to be reviewed for accuracy a new copy with the previous answers can be generated — the patient only has to modify those items that have changed since the last visit.

This section covers the following topics:

- Printing a Patient Survey
- Entering and Editing Patient Survey Responses

Printing a Patient Survey

A Patient Survey should be printed as a patient arrives for their appointment. The printed questionnaire will list information that has been previously entered, including patient information, referral information, spouse or guarantor information, employment information, insurance information, and finally any answers that have been entered in the Patient Survey for this patient. The patient can then correct those entries that are inaccurate and add any information not currently known.

To print a patient survey:

1. Click Patient Survey

From the Patients module, click the **Patient Survey** button. The Patient Survey window appears.

Statement/Question	Response
Date of Questionnaire	
Do you have any medical conditions that we should be aware of? If yes, please explain:	
Have you ever had any complications following dental treatment? If yes, please explain:	
Have you ever been admitted to the hospital since your last visit? If yes, please explain:	
Are you currently under the care of a physician? If yes, please explain: Name of Physician and phone number:	
Do you have any health problems that need further clarification? If yes, please explain:	
To the best, of my knowledge all of the preceding answers are true and corre... change in my health, I will inform the doctors at the next appointment without ...	

2. Click Print

Click the **Print** button. The Print dialog appears. Select a printer and click the **Print** button. The patient survey will begin printing.

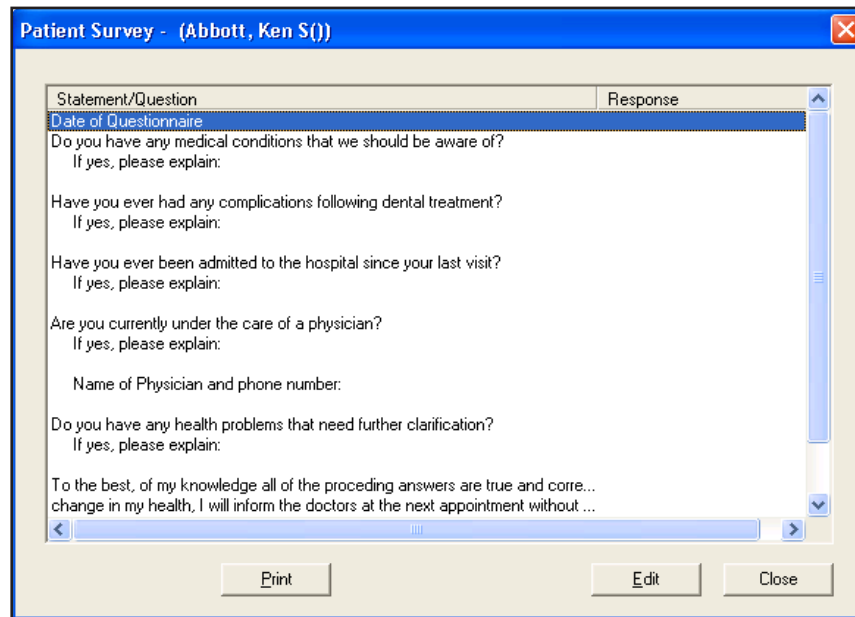
The survey has two pages. The first page contains basic patient information such as name, address, employer, insurance information, and referral sources. The second page contains your customized questions. Any information previously entered into Easy Dental will print on the form. All the patient has to do is fill in the blanks and make corrections (if necessary).

Entering and Editing Patient Survey Responses

Once a patient has completed a survey, the information can be stored in the Easy Dental database. To input or update Patient Survey responses:

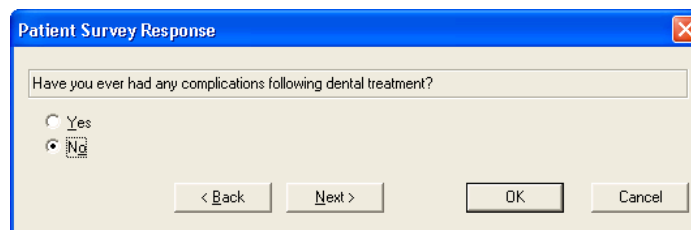
1. Click Patient Survey

From the Patients module, click the **Patient Survey** button. The Patient Survey window appears.



2. Double Click First Question

Double click the first question listed on the survey. The Patient Survey Response dialog appears.



3. Indicate Patient Response

Indicate the patient's response to the question.

4. Click Next

Click the **Next** button to advance to the next question. Repeat steps 3 – 4 for all questions on the survey. You can click the **Back** button to revisit previous questions, if desired.

5. Click OK

Click **OK** to save the patient responses and return to the Patient Survey window. Responses are displayed on the right side of the Patient Survey window.

6. Click Close

Click the **Close** button to exit Patient Survey.

Using Patient Picture

Patient Picture displays a full-color portrait that can be accessed from the Schedule, Patients, and Chart modules and is helpful in patient recognition and identification.

Patient Picture is designed to capture an image using a digital camera, or other device that supports TWAIN. You can also browse for and select an existing image from available local and network drives/folders to import into Patient Picture. Image files with any of the following extensions can be imported: bmp, jpg, tif, gif, png, and jpeg. (This list is not exhaustive; there are other, less popular, supported graphic file extensions.)

This section covers the following topics:

- Accessing Patient Picture
- Acquiring Patient Pictures
- Importing Patient Pictures
- Using the Patient Picture Copy and Paste Functionality
- Backing Up Patient Pictures

Accessing Patient Picture

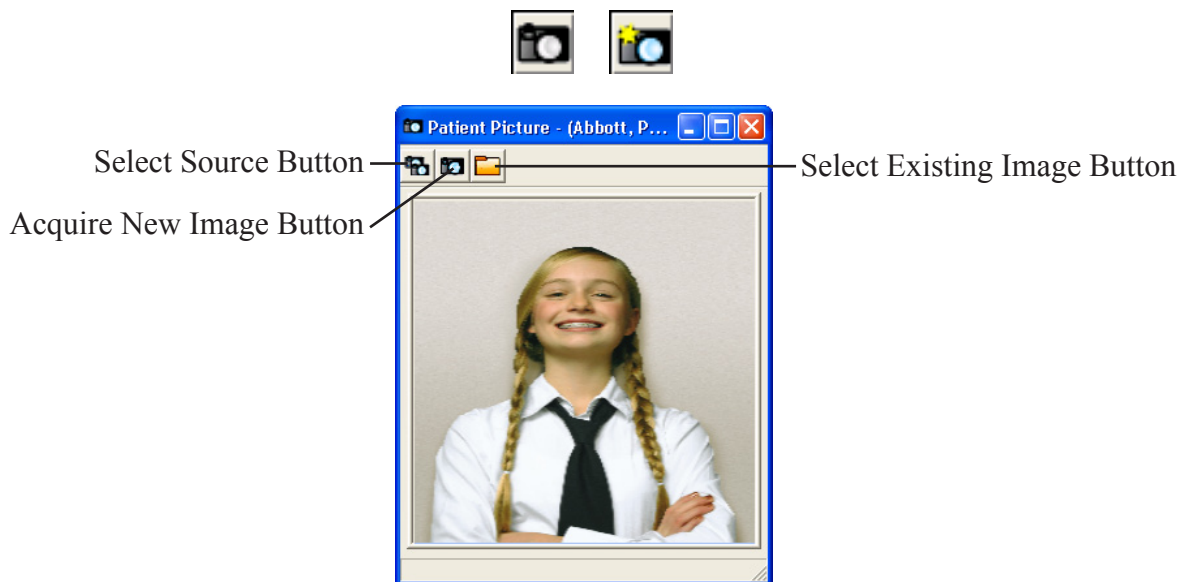
To access Patient Picture:

1. Select Patient

From the Schedule, Patients, Chart, or Perio module, select a patient.

2. Open Patient Picture

From the toolbar, click the **Patient Picture** button. If a patient has an existing picture, the Patient Picture button is a camera with a flash. If there is no picture for the patient, the button is just a camera. The Patient Picture dialog window appears.



Acquiring Patient Pictures

To acquire a patient picture from a TWAIN-compliant device:

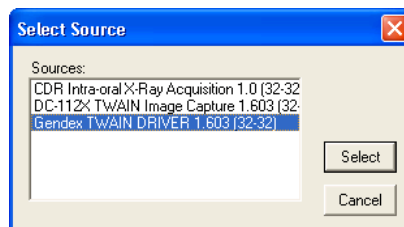
1. Open Patient Picture

From the Schedule, Patients, Chart, or Perio module, open the Patient Picture (see the *Accessing Patient Picture* section in this chapter for more information).

2. Click Select Source Button

From the Patient Picture toolbar, click the **Select Source** button. The Select Source dialog appears with a list of available TWAIN-compatible devices.

Note: If the camera or scanner you wish to use is not listed, it has not been properly set up for use in Windows. Contact your system administrator for assistance.



3. Select Source

Highlight the device you want to use and click **Select**.

Note: Once a source has been selected, you will not need to select a source again until a different source is required.

4. Capture Image

From the toolbar, click the **Acquire New Image** button. At this point, if you are using a scanner, you should operate it as you usually do to capture an image and store the image directly into Patient Picture. If you are using a digital camera, you can access the stored images in the camera or operate the camera directly through Easy Dental.

5. Close Patient Picture

Click the **X** button in the upper right corner of the window to close Patient Picture. Once a picture has been acquired, it is automatically saved in the patient's record.

Importing Patient Pictures

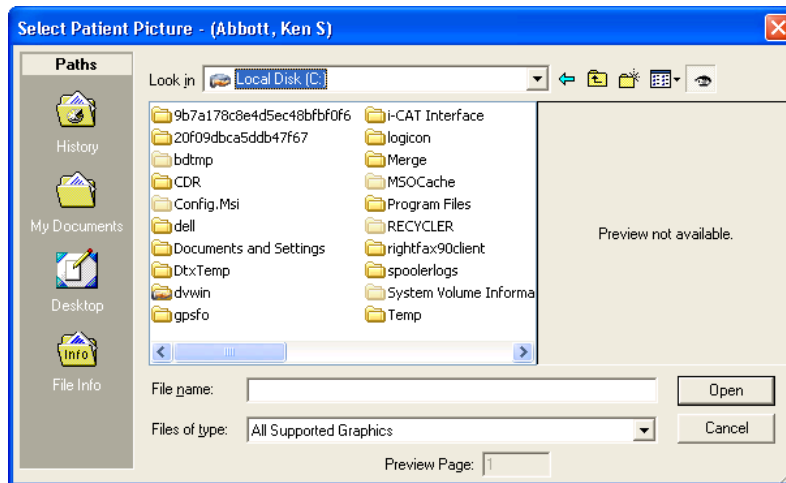
To import a patient picture from a file:

1. Open Patient Picture

From the Schedule, Patients, Chart, or Perio module, open the Patient Picture (see the *Accessing Patient Picture* section in this chapter for more information).

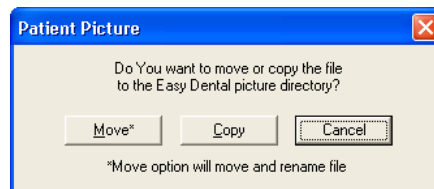
2. Click Select Existing Image

From the Patient Picture toolbar, click the **Select Existing Image** button. The Select Patient Picture dialog box appears.



3. Select Image to Import

Browse to the correct directory where your image is stored. Highlight the file and click **OK**. The Patient Picture dialog box appears. Click the **Move** button to remove the file from its original location and store it within Patient Picture (the image file will not be in its original directory anymore). Click the **Copy** button to store a copy of the patient's image within Patient Picture while keeping the file in its original directory.



If a picture already exists for the patient, a message box appears and asks if you want to replace the existing image. Click **Yes** to overwrite the file with the new one or **No** to leave the original file and create a new file for this patient's picture.

4. Close Patient Picture

Click the **X** button in the upper right corner of the window to close Patient Picture. Once a picture has been imported, it is automatically saved in the patient's record.

Using the Patient Picture Copy and Paste Functionality

Patient Picture has the option to copy to and paste from the Windows Clipboard. The copy option is useful if there is another application to which you want to paste the patient's picture. The paste option is useful if you want to copy a picture from another application that has the option to copy the image to the Windows Clipboard.

- **Copy:** To copy a Patient Picture image to the Windows Clipboard, open Patient Picture to view the desired image and then press **Ctrl + C** on your keyboard. Then, you can paste the image into another application.
- **Paste:** To paste an image from another application into Patient Picture, copy the picture to the Windows Clipboard using that application's paste feature, open Patient Picture, and then press **Shift + Insert** or **Ctrl + V** on your keyboard to paste the image into Patient Picture. If a picture already exists for the patient, a message box appears and asks if you want to replace the existing image. Click **Yes** to overwrite the file with the new one or **No** to leave the original file and create a new file for this patient's picture.

Backing Up Patient Pictures

It is recommended that the PATPICTS directory, which can be found in the EZDental/Data directory on the file server, be backed up regularly with your data files.

Using Patient Alerts

Patient Alerts are customizable alerts that can be attached to patients when the office wants a flag for certain conditions. This alert will “pop up” whenever information on this patient is accessed. There are options to display a symbol on the flagged patient’s appointments and to include the patient’s aged balance in the Patient Alert for easy reference. Each patient can have up to ten alerts. The Patient Alert button is only available from the Patients module, Accounts module, and the Schedule.

This section covers the following topics:

- Creating a Patient Alert
- Editing a Patient Alert
- Deleting a Patient Alert
- Suspending Patient Alerts

Creating a Patient Alert

To create a patient alert:

1. Select a Patient

From the Patients or Accounts module, click the **Select Patient** button. Select the patient for whom you wish to create the Patient Alert.

2. Click the Patient Alert button

From the toolbar, click the **Patient Alert** button. The Create Patient Alert dialog box appears. (The Patient Alert button will have a red flag if there are no alerts. The flag appears blue when an alert is entered.)



Create Patient Alert - (Crawford, Brandon T)

Select Date
 Start: 11/03/2006 End: 11/03/2007
 Always

Description

Note

Patient Alert should display for the patient in the following areas:
 All

- Accounts Module
- Chart
- Contacts
- Create Insurance Claim
- Create New Appointment
- Documents Module
- EasyWeb
- Edit Existing Appointment

Options
 Show Symbol on Appointment
 Display Aged Balance with Note

OK Cancel

If previous patient alerts exist for this patient, the Patient Alert dialog box appears displaying the existing patient alert. Click **New** to create a new Patient Alert.

3. Enter Date

Enter the date range to display the Patient Alert, or check “Always” to permanently display the Patient Alert.

4. Choose Display Options

Select all areas of Easy Dental in which you wish the Patient Alert to display, or check **All** to have it display in all areas.

5. Enter Description

Enter the description for the Patient Alert. The description field is limited to 15 characters. The description can be used for the type of Alert. For example, “Collections” or “Pre-Medicare” may be common descriptions.

6. Enter Note

Enter a detailed description of the Alert in the **Note** field. Note: A description, note, and date range must be entered before you can save the alert.

7. Select “Show Symbol on Appointment” (Optional)

When the **Show Alert Symbol on Appointment** option is selected, the Patient Alert icon appears on the face of any appointment scheduled for the patient. You may click on this icon to open the patient’s alerts.

8. Select “Display Aged Balance with Note” (Optional)

When the **Display Aged Balance with Note** option is selected, the aged balance of the family appears with the alert.

9. Click OK

Click the **OK** button to save the Patient Alert.

Editing a Patient Alert

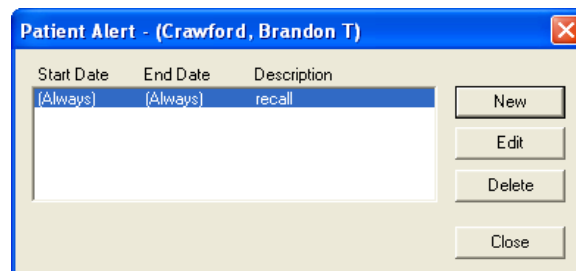
To edit a patient alert:

1. Select a Patient

From the Patients or Accounts module, click the **Select Patient** button. Select the desired patient for whom you wish to edit an alert.

2. Click Patient Alert

From the toolbar, click the **Patient Alert** button. The Patient Alert dialog box appears, listing all Patient Alerts for that patient.



3. Select Patient Alert

Highlight the Patient Alert to be edited and click the **Edit** button. The Edit Patient Alert dialog box appears.

4. Make Changes

Edit any information you wish to change in the Patient Alert.

5. Click OK

Click the **OK** button to save the changes. Click **Close** to exit the Patient Alerts dialog box.

Deleting a Patient Alert

To delete a patient alert:

1. Select a Patient

From the Patients or Accounts module, click the **Select Patient** button. Select the desired patient for whom you wish to delete an alert.

2. Click Patient Alert

From the toolbar, click the **Patient Alert** button. The Patient Alert dialog box appears, listing all Patient Alerts for that patient.

3. Select Patient Alert

Highlight the Patient Alert to be deleted and click the **Delete** button. A message appears prompting for confirmation of deletion.

4. Click OK

Click the **OK** button to delete the Patient Alert.

5. Click Close

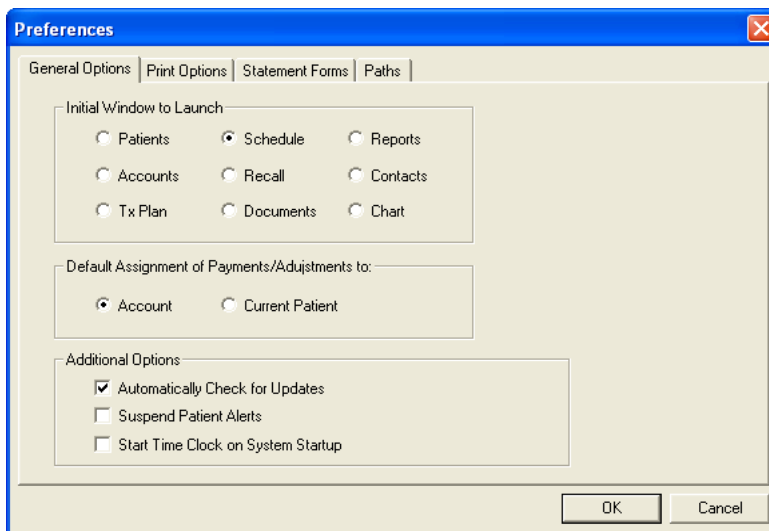
Click the **Close** button to exit the Patient Alert dialog box.

Suspending Patient Alerts

You have the option to suspend all Patient Alerts on a specific workstation, if desired. When this option is selected, the workstation will ignore all Patient Alerts for all patients.

1. Click Maintenance | Preferences

From Reports, click the **Maintenance** button, then choose **Preferences**. The Preferences dialog box appears.



2. Choose General Options Tab

From the Preferences dialog box, click the **General Options** tab.

3. Check Suspend Patient Alerts

Check the option to Suspend Patient Alerts.

4. Click OK

Click the **OK** button to save your changes and return to Reports. When an Alert pops up for a patient, you can mark the option “Do Not Show This Alert Again Today.” This option will affect all of the computers in your office for that day.

Archiving Patients

Archiving patients will simplify your patient database and make patient selection faster and easier. Keep in mind the following:

- Patients with Future Due Payment Plans or outstanding insurance claims cannot be archived.
- Guarantors cannot be archived until all other family members have been archived.
- Guarantors cannot be archived if they have a Payment Agreement or a balance.

When a patient is archived, the following occurs:

- All appointments for the patient are deleted. (An entry will be added in the Contacts module.)
- All recall, employer, insurance, and referral information is deleted and added to the Patient Note. This can be viewed after the patient is archived.
- Addresses, procedures, insurance claims, payments, adjustments, medical alerts, prescriptions, and patient surveys are still stored in case the patient is re-activated in the future.
- No patient information can be edited while a patient is being archived.
- Archived patients will only appear in the Select Patient dialog if the option “Include Archived Patients” is marked.
- When an archived patient appears on a report or in a module, they are indicated with an “<Archived>” or “<A>” in front of the name.

This section covers the following topics:

- Archiving a Patient
- Reactivating a Patient

Archiving a Patient

To archive a patient:

1. Select Patient

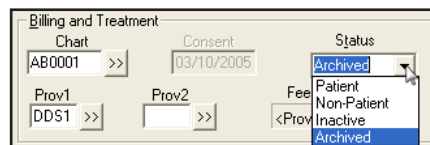
From the Patients module, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Open Patient Information

Double click the Patient Information block. The Patient Information dialog appears.

3. Select Archived Status

Expand the **Status** drop-down and select Archived.



4. Click OK

Click **OK** to save change.

5. Answer all Prompts

Before anything is archived, several message boxes appear that ask you to confirm the archiving. Also, message boxes appear if additional steps need to be taken before the patient can be archived.

6. Click Yes

When the final message appears and asks you to confirm that you want to archive the patient, click **Yes**. The patient is archived at that point, not before.

Reactivating a Patient

1. Select Archived Patient

From the Patients module, select the archived patient (see the *Selecting a Patient* section in this chapter for more information). You must have **Include Archived Patients** checked when searching for an archived patient. A message box appears and asks if you want to reactivate the patient.

2. Click OK

Click **OK** to reactivate the patient and access the patient's record.

3. Change Status

Double click the **Patient Information** block and change the status.

4. Refer to Patient Notes

Refer to their Patient Notes for information regarding previous recall, employer, insurance, and referral information.

Editing Family Relationships

Due to changing family dynamics, it can be necessary at times to combine or separate families, change the head-of-house, or delete a patient. The following family edit topics are covered in this section:

- Terms Used
- Family Editing Overview
- Deleting a Patient
- Deleting a Family

Terms Used

Head-Of-House: The head-of-house is the family member that is financially responsible for the account. All Billing Statements and family correspondence will be addressed to the head-of-house.

Outstanding Insurance Claims: Insurance claims are considered outstanding until payment on the claim has been received. A claim with the status of Sent or Not Sent is an outstanding claim.

Insurance Subscriber: The patient(s) in a family who are subscribers to an insurance policy for themselves or other members of the family.

Patient Transactions: Transactions posted to the account that are directly connected to the patient. Transactions include: Completed Procedures, Insurance Claims, Insurance Payments, and Payments and Adjustments assigned to a specific patient.

Guarantor Transactions: Transactions posted to the Account that are connected to the account rather than to an individual patient. Transactions include Account Payments (payments assigned to Family), Finance Charges, Adjustments assigned to Family, and Balance Forwards.

Balance Forward: The amount of money that is still owed from a previous month.

Family Editing Overview

The Edit button in the Patients module is used to combine, separate, and delete patients and families.



Three edit functions are available from this button:

- **Family Relations:** Displays the Edit Family dialog and allows you to change the head-of-house or combine/separate families
- **Delete Patient:** Allows you to delete the current patient
- **Delete Family:** Allows you to delete the current family

If you are on a networked system, Easy Dental must be closed on all stations, except the computer at which you will be working, before you can perform any of the Family Edit functions.

IMPORTANT: When a single patient is moved to another family, all of the patient's transactions, including procedures, insurance claims, insurance payments, and payments and adjustments assigned to the specific patient are transferred to the new account.

The transfer of procedures and insurance payments can cause the original family to have a credit balance and the new family to have a debit balance. To remedy the account balances, Family Edit might create offsetting adjustments, called Special Adjustments, for each family. Each Special Adjustment entry is recorded with the current date, and a note of explanation.

A Special Adjustment is automatically placed in History. With the Special Adjustments in place, the account balances remain as they were before Family Edit. If you want the patient's new family to be responsible for a portion of the patient's balance, you can post offsetting adjustments to take the amount off the original account and add it to the patient's new account.

Changing a Head-of-House

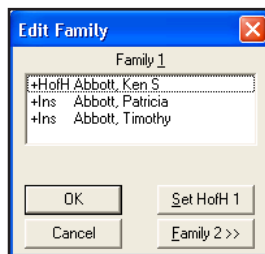
Changing the head-of-house will transfer all current and history account transactions from the original head-of-house to the new head-of-house and cause the entire family to have the new head-of-house. To change the head-of-house:

1. Select Patient

From the Patients module, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Click Edit and Select Family Relations

From the Patients module toolbar, click the **Edit** button and select **Family Relations**. The Edit Family dialog appears.



3. Select New Head-of-House

Highlight the family member you want to designate as the new head-of-house.

4. Click Set HofH 1

Click the **Set HofH 1** button.

5. Click OK

Click **OK** to save the change and return to the Patients module.

Separating or Combining Families

Read this section to learn how to move a patient to a new account or to combine two accounts. Consider the following information before moving any patients:

- When combining families, the head-of-house cannot be moved unless all family members are moved first.
- A patient cannot be moved if he/she has any outstanding insurance claims (claims that have not been Received). You can wait until the claim is paid or delete the claim and recreate it under the new account.
- A patient's insurance information will be cleared when the patient is moved if the patient is not the insurance subscriber. If the patient is the subscriber, the insurance will be moved with them.
- If a patient is the insurance subscriber for family members, the insurance information for those family members will be cleared if the subscriber is moved.
- Make sure that all Easy Dental modules are closed on every computer, except the workstation at which you will be working.

To separate or combine families:

1. Select Patient

From the Patients module, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Click Edit and Select Family Relations

From the Patients module toolbar, click the **Edit** button and select **Family Relations**. The Edit Family dialog appears.

3. Highlight Family Member to be Moved

Highlight the family member you are moving to another account. If the patient you are trying to move is the head-of-house in that family, you will need to change the head-of-house for the family to be someone else prior to moving that patient. If you want to move all family members to the new family, you will need to move the head-of-house last.

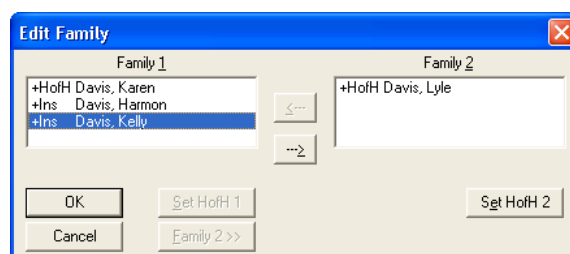
4. Click Family 2

Click the **Family 2** button. The Select Patient dialog appears.

5. Select Family

Select the head-of-house of the family to which you want to move the patient or click **New Family** to create a new family account. A second list box labeled Family 2 appears in the Edit Family dialog. Click on the **arrow** pointing to the right. The patient's name will move to the Family 2 list box. Additional patients from the same family can also be moved by highlighting the name and clicking the **arrow** pointing to the right.

If the patient has insurance coverage, or is an insurance subscriber for other patients, a message box appears and warns you that the patient's insurance will be cleared. Read the warning message carefully and then click **OK** if you want to continue or **Cancel** to not move the patient.



6. Set Head-of-House

If the family to which the patient(s) were moved is a new family, the first patient moved will automatically become the new head-of-house. If you want to make a different patient the head-of-house, highlight the name and click the **Set HofH 2** button.

7. Click OK

Click **OK** to save the changes and return to the Patients module.

Deleting a Patient

Consider the following information before moving any patients:

- Make sure that the patient does not have any procedures posted to the Accounts or Treatment Plans modules.
- Make sure that no one in the family has insurance coverage linked to the patient that you are trying to delete.
- Make sure that Easy Dental is closed on every computer in the office, except the workstation from which you will be working.
- Make sure the account has a zero balance.

To delete a patient:

1. Select Patient

From the Patients module, select the patient you want to delete (see the *Selecting a Patient* section in this chapter for more information). If the person you are trying to delete is the only member of the family, they are the head-of-house. Instead of deleting the patient, it is recommended that you delete the family (see the *Deleting a Family* section in this chapter for more information).

2. Click Edit and Select Delete Patient

Click the **Edit** button and select **Delete Patient**. A message box appears that states, “All information for this patient will be gone. DELETE Patient?”

3. Click Yes

Click **Yes** to delete the patient.

Deleting a Family

Consider the following information before moving any patients.

- Make sure that the family does not have any procedures posted to the Accounts or the Treatment Plans modules.
- Make sure that no one in the family has insurance coverage.
- Make sure that Easy Dental is closed on every computer in the office, except the workstation from which you will be working.

A family cannot be deleted if the family has a balance or any type of transactions including those in history. You can, however, archive patients with transactions or a balance. (See the *Archiving Patients* section in this chapter for more information.)

To delete a family:

1. Select Patient

From the Patients module, select the head-of-house of the family you want to delete (see the *Selecting a Patient* section in this chapter for more information).

2. Click Edit and Select Delete Family

Click the **Edit** button and select **Delete Family**. A message box appears that states, “All information for this family will be gone. DELETE Family?”

3. Click Yes

Click **Yes** to delete the family.

Handling Unique Family Relations

The following situations frequently occur when entering family information and family insurance information:

- The parents are divorced. The father receives the bills but is not a patient. The mother has insurance that covers the children.
- A patient lives with his/her father and step-mother and is insured by his mother.
- A child is insured by both his/her father and step-father, who are both patients.
- A married couple requests that they have two separate families for separate statements, but the wife has insurance for both herself and the husband.

Easy Dental can handle these and similar situations if the following guidelines are understood and kept in mind:

- The head-of-house for the family should be determined according to who is to get the billing statement for family members. In other words, the head-of-house is the person ultimately responsible for payment—usually the one who signed the consent form.
- Each patient should be entered as a member of the family with the head-of-house who should be billed for the patient's treatment, not the head-of-house with whom he/she lives (if these two are different).
- The head-of-house does not have to be a patient, in which case he/she would have a status of "Non-Patient."
- A subscriber can be anyone in the family, it does not have to be the head-of-house.
- When a patient has insurance coverage, the subscriber must be entered as a member of the same family. In cases where the subscriber is not really living with the family (a step-parent or ex-spouse of the head-of-house), give him/her a "Non-Patient" status and make him/her an "Other" family member when he/she is added.
- A Social Security Number cannot be entered more than once since it is one of the unique identifiers for a patient. It can be entered as the subscriber ID number with the insurance information whenever the subscriber is entered. In cases where a subscriber is entered more than once because he/she is a subscriber for more than one family, enter his/her Social Security Number where he/she is entered with a "Patient" status and leave the space blank where he/she is a "Non-Patient."
- Remember that the "Select Patient" window shows the "Non-Patient" status and allows selection by Social Security Number. If the Select Patient dialog lists a patient's name more than once, select the name that does not have "Non-Patient" when entering treatment to ensure that "Non-Patients" do not show up on anything sent to your patients, such as billing statements, and your patients will not be aware that the "Non-Patient" is entered as a part of their family.

To help you understand how to handle unique family relations, the following exercise will guide you through setting up dual insurance coverage where a child's stepfather is primary and natural father is secondary.

Step 1

Add the following family (which can be deleted when you finish this tutorial):

- Joseph Mickelson (stepfather, primary insured, guarantor)
- Theresa Mickelson (natural mother, insured under Joseph only)
- Todd Mickelson (child, covered by primary-Joseph, by secondary-David)
- David Jenkins (natural father, insures himself and is secondary for Todd)

All family members, including the natural father, need to be added to the same account. To avoid confusion, the natural father should be added with the status "Non-patient" and with the family relationship listed as "Other." Keep in mind also that David, the natural father, can have a separate address from the rest of the family.

Status	Name	Position	Gender	Patient	Birthday
HofH Guar Ins	Mickelson, Joseph	Married	Male	Yes	04/04/1964
	Mickelson, Theresa	Married	Female	Yes	05/05/1965
Ins	Jenkins, David	Single	Male	Yes	06/06/1971
	Mickelson, Todd	Single	Male	Yes	08/08/1987

Step 2

Bring up Joseph's (the step-father's) patient information by double clicking Joseph's name. Double click the **Insurance Information** block and enter in Joseph's insurance information.

Step 3

Bring up David's (the natural father's) patient information by double clicking David's name. Double click the **Insurance Information** block and enter in David's insurance information.

Step 4

Now, both Joseph's and David's insurance is available to any family member listed in the family member list. Since Joseph is primary for both Theresa and Todd, his information needs to be added to their files.

Double click Theresa's name to bring up her file. Double click the **Insurance Information** block and select Joseph's insurance as the primary insurance. The Subscriber field defaults to Theresa's name, but Joseph can easily be selected as the subscriber by clicking the search button to the right of Theresa's name. Theresa's Insurance Information dialog now displays Joseph's insurance information as her primary coverage. Click **OK** to return to the Patients module.

Step 5

Double click Todd's name to bring up his file. Double click the **Insurance Information** block and select Joseph's insurance as the primary insurance. The Subscriber field defaults to Todd's name, but Joseph can easily be selected as the subscriber by clicking the search button to the right of Todd's name. Todd's Insurance Information dialog now displays Joseph's insurance information as his primary coverage. Click **OK** to return to the Patients module.

Step 6

To add Todd's natural father's insurance information as his secondary, the **Subscriber** search button in the Secondary Insurance section of the Insurance Information dialog and select David Jenkins. Click **OK** on both the Select Secondary Subscriber dialog and the Insurance Information dialog to return to the Patients module. You have now successfully set the proper insurance information for each person on this account.

Chart

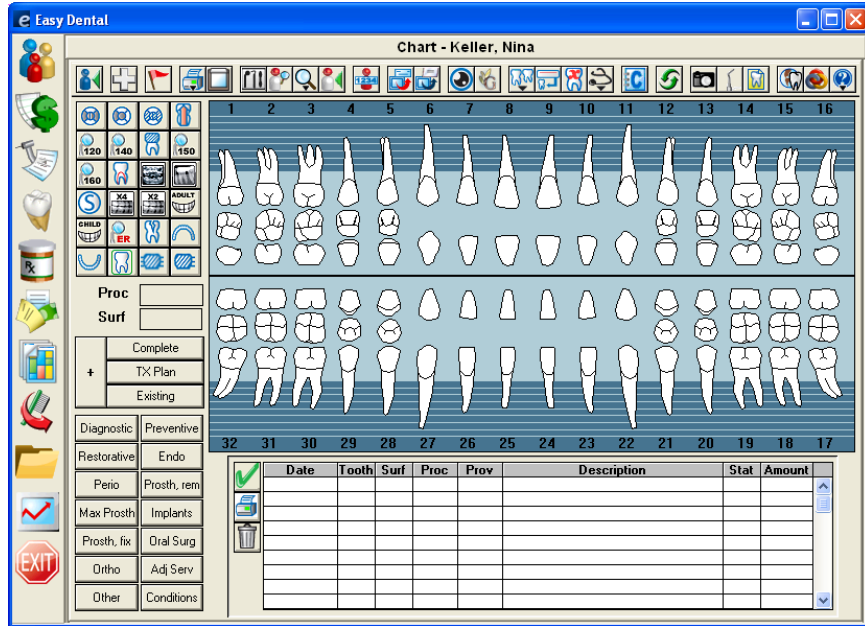
The Easy Dental Chart's complete chair-side integration makes it the perfect tool to simplify your record-keeping. Entering and documenting existing, recommended, and completed treatment or conditions is as simple as a mouse click. Easy Dental uses standard textbook charting symbols that you'll find familiar and easy to recognize. Treatment is color coded on the Chart so that with a single glance you can tell whether a procedure is completed, existing, a condition, or still treatment-planned. Important clinical notes are efficiently organized to help you document patient care. These notes can be attached as general notes to the patient or specifically to a single procedure code. In addition, Easy Dental provides several template options to make entering your notes even easier.

The Chart chapter is divided into the following sections:

- The Chart Module Window Areas
- Setting Up the Chart
- Selecting a Patient
- Entering Treatment
- Editing and Deleting Treatment
- Changing View Options
- Using Notes
- Generating Chart Reports and Printouts
- Using Chart Shortcuts and Tips
- Using the Estimator
- Using Guru Limited Edition

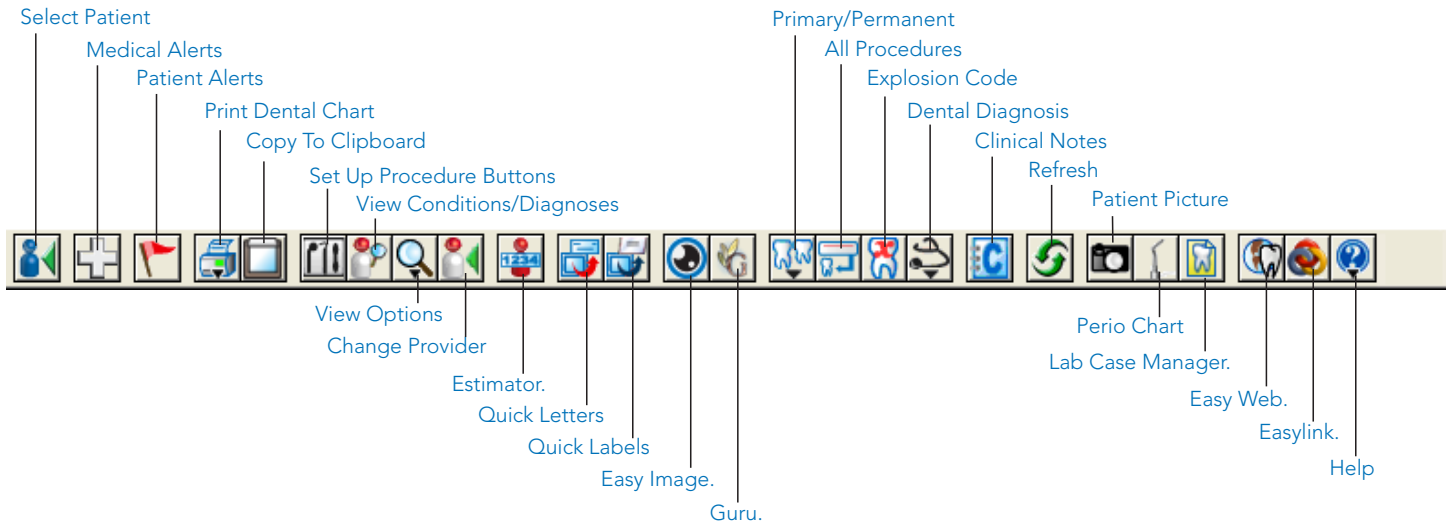
The Chart Module Window Areas

The Chart is divided into the following areas: the Toolbar, the Graphic Chart, Procedure Buttons, Procedure Category Buttons, Toolbar Procedure Buttons, Status Buttons, Progress Notes, and the Progress Notes Control Box.



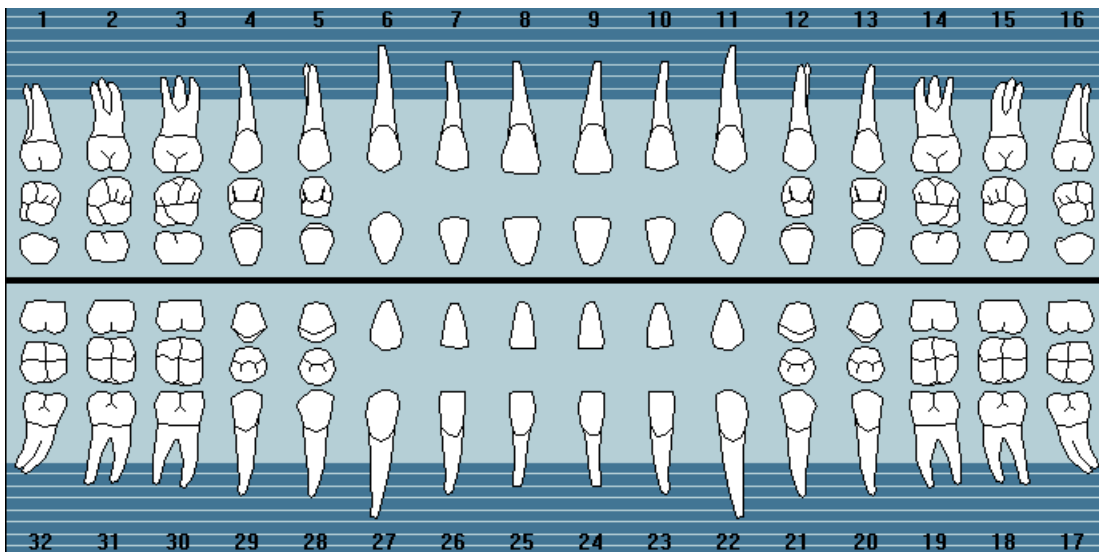
Toolbar

The toolbar is located directly beneath the Chart menu bar. It contains command buttons that allow you to perform specific tasks within the Chart.



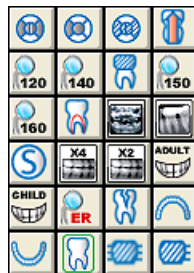
Graphic Chart

The Graphic Chart visually depicts the condition of the patient's mouth. Treatment is posted on the chart using textbook charting symbols. In addition, treatment is color-coded to indicate the status of the treatment. For instance, completed work is posted in blue while recommended treatment is posted in red.



Procedure Buttons

Used to enter treatment, the 24 procedure buttons collectively represent the most common procedures performed in an operator. Each user-definable button represents a single procedure code, explosion code, or condition.



Procedure Category Buttons

Procedure codes that have been set up to show in the Chart (from the Procedure Code Editor) are listed when you click the corresponding category button in the Chart module.

Diagnostic	Preventive
Restorative	Endo
Perio	Prosth, rem
Max Prosth	Implants
Prosth, fix	Oral Surg
Ortho	Adj Serv
Other	Conditions

Toolbar Procedure Buttons

All procedures that do not have a Procedure Button can be accessed through the procedure buttons on the toolbar (All Procedures, Common Procedures, and Explosion Codes).



Status Buttons

The status buttons are used to indicate the type of treatment being entered.

Proc	D2140
Surf	M.
+	Complete
	TX Plan
	Existing

- The Completed (Comp) button is used when entering completed work and conditions for a patient.
- The Treatment Plan (Tx) button is used when entering recommended treatment for a patient.
- The Existing (Ex) button is used when entering existing work performed by a provider within your practice (almost exclusively when charting past work done by your office).

The fields above the status buttons show the procedure code and the surface(s) of the tooth being affected. The information in these fields is populated automatically when a procedure is selected.

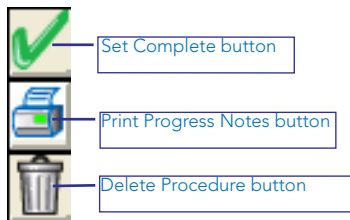
Progress Notes

Progress Notes centralize documentation and exam information in one location, making it easy to quickly review a patient's history. Each time a procedure, exam, condition, treatment plan, or clinical note is entered in the Chart, Treatment Plans, or Accounts module, a line is added to the Progress Notes. Each line lists the date the treatment was entered, treatment areas (if applicable), the procedure code, provider, a description, treatment status, and the dollar amount associated with that procedure. A double arrow symbol (>>) in the Description column indicates that a procedure note is available for that item.

Date	Tooth	Surf	Proc	Prov	Description	Stat	Amount
07/07/2005	16		D7210	DDS2	Extraction-surgical/erupt toot	TP	213.00
07/07/2005	17		D7210	DDS2	Extraction-surgical/erupt toot	TP	213.00
07/07/2005	18	MODL	D2161	DDS2	Amalgam-4+ surf. prim/perm	TP	110.00
07/07/2005	19		D2750	DDS2	Crown-porc fuse high noble mtl	TP	613.00
07/07/2005	19		D3330	DDS2	Root canal therapy - molar	TP	500.00
07/07/2005	31		D2750	DDS2	Crown-porc fuse high noble mtl	TP	613.00
07/07/2005	31		D3330	DDS2	Root canal therapy - molar	TP	500.00
10/24/2006			D9110	DDS2	Emerg treatment, palliative	TP	56.10
10/24/2006	6		D3310	DDS2	Root canal therapy - anterior	E	
10/24/2006	18		D2750	DDS2	Crown-porc fuse high noble mtl	E	

Progress Notes Control Buttons

The Progress Notes Control buttons include the Set Complete button, the Print Progress Notes button, and the Delete Procedure Button. The Set Complete (check mark) button is used to indicate that a treatment planned item has been completed. The Delete Procedure (trash can) button is used to remove a condition, treatment plan, or existing procedure from the Chart.



Setting Up the Chart

Some Chart items can be changed or customized. This section covers the following setup topics:

- Setting Up Procedure Buttons
- Setting Up Chart Colors
- Procedure Codes

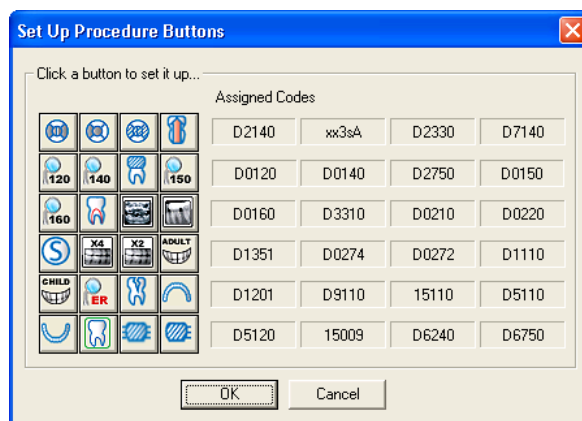
Dental Diagnostic Cross Codes, Explosion Codes, Paint Types, and Chart Numbers can also be customized but are set up from the Reports module. (See the *Setting Up Easy Dental* section of the *Reports* chapter for more information.)

Setting Up Procedure Buttons

To set up procedure buttons:

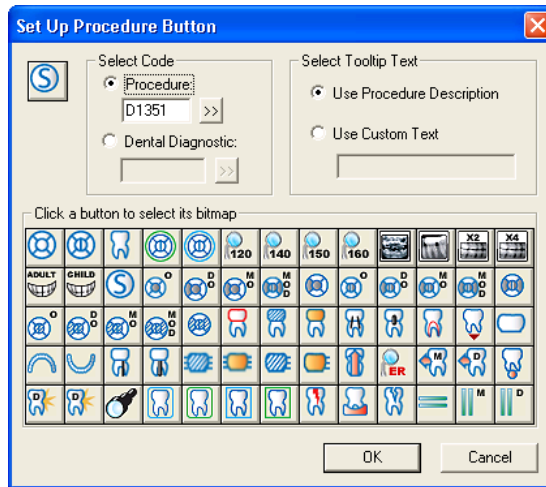
1. Open Setup Procedure Buttons Dialog

In the Chart, click the **Setup Procedure Buttons** button to open the Set Up Procedure Buttons dialog.



2. Click Button

Click the button you want to set up. The Set Up Procedure Button dialog appears.



3. Select Code

To assign a Procedure code, enter the desired code in the **Procedure** field or click the search button to select a code from the Procedure Code List. To assign a Dental Diagnostic code, enter the desired code in the **Dental Diagnostic** field or click the search button to select a code from the Dental Diagnostic Code List.

4. Select Tooltip

To use the Procedure Description for the tooltip, mark **Use Procedure Description**. To use a custom tooltip, mark **Use Custom Text** and enter the desired description in the field provided.

5. Click Bitmap Icon

Click one of the icons to use that bitmap for the procedure button. The icon in the upper left corner of the dialog will change to reflect the selected bitmap.

6. Click OK

Click **OK** to save the changes and return to the Set Up Procedure Buttons dialog.

7. Click OK

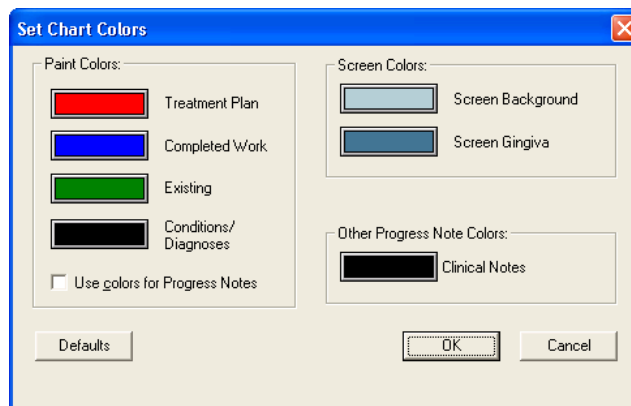
Click **OK** to accept the changes and return to the Chart or **Cancel** to discard changes and return to the Chart.

Setting Up Chart Colors

To set up the Chart colors:

1. Click View and Select Set Chart Colors

In the Chart, click the **View** button and select **Set Chart Colors**.



2. Assign Paint Colors

To assign a paint color for Treatment Plans, Completed Work, Existing, and Conditions/Diagnoses:

- a. Click a color button. The Color dialog box appears.
- b. Choose the color you want to assign to this procedure status.
- c. Click **OK**.
- d. Repeat this procedure for all statuses.

3. Check Use Colors for Progress Notes (Optional)

By default, Easy Dental displays all Progress Notes in black. If you want items in Progress Notes to be displayed in the paint color assigned to the corresponding status, check **Use colors for Progress Notes**.

4. Assign Screen Colors

To assign background and gingiva colors of the graphical chart:

- a. Click the **Screen Background** color button. The Colors dialog box appears.
- b. Choose the color you want to assign as the background or gingiva color. Be sure to choose a color that will contrast with the other colors you chose in step 2.
- c. Click **OK**.
- d. Repeat this procedure for Screen Gingiva.

5. Assign Clinical Notes Color

To assign a color to clinical notes in the Progress Notes:

- a. Click the **Clinical Notes** color button. The Colors dialog box appears.
- b. Choose the color you want to assign to the clinical notes.
- c. Click **OK**.

6. Click Defaults (Optional)

Click the **Defaults** button if you want to return the color settings to the system defaults (when Easy Dental was installed).

7. Click OK

Click **OK** to save the color settings and return to the Chart module.

Selecting a Patient

If you want to view a patient's information, you must first select the patient.

Note: When you first install Easy Dental, no patients are in the database. Patient information must be entered manually or through an electronic data conversion.

To select a patient:

1. Click Select Patient/New Family

On the Chart module toolbar, click the **Select Patient** button. The Select Patient dialog appears.

2. Check Include Archived Patients (Optional)

By default, patients who have been archived (see the *Archiving Patients* section in the *Patients* chapter for more information) will not appear in the Select Patient dialog. To search for all patients, including archived patients, check **Include Archived patients**.

3. Mark Search By Option

By default, Easy Dental searches for patients by last name. However, you can search for patients using a first name, preferred name, home phone number, chart number, or Social Security Number. Mark the desired search option in the By group box. The last search option used will be saved for the next time you select a patient.

4. Enter Search Criteria

Enter the letters or numbers of the option by which you are searching (e.g. if you are searching by chart number, enter the patient's chart number). As you type, the patient names that most closely match the criteria you enter appear in the list of patients.

5. Highlight Patient

Highlight the name of the patient in the list of patients.

6. Click OK

Click **OK** to access the selected patient's information.

Entering Treatment

Treatment can be added to the Chart using three methods. This section will explain how to post treatment with the following topics:

- Adding Treatment Using Procedure Buttons
- Adding Treatment Using Procedure Category Buttons
- Adding Treatment Using Explosion Codes

Adding Treatment Using Procedure Buttons

Add treatment using procedure buttons when the procedure is assigned to a procedure button. To post treatment:

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Change Provider (If Required)

By default, Easy Dental assigns all treatment posted in the Chart to the patient's primary provider. If the treatment needs to be assigned to a different provider, click the **Change Provider** button, select the correct provider, and click **OK**. All work posted in the Chart during this patient's posting session will be assigned to the selected provider.

3. Select Tooth

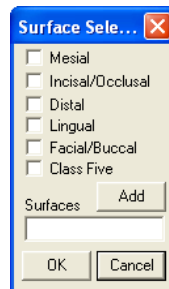
If the treatment requires a tooth number, select the desired tooth by clicking the appropriate tooth in the graphic chart.

4. Click Procedure Button

Click a procedure button. If the selected procedure requires additional treatment information, such as surfaces or quadrants, a dialog box requesting that information appears; otherwise, skip step 5.

5. Add Treatment Area(s)

Check the appropriate treatment area(s), click the **Add** button, and click **OK**.



Easy Dental will automatically update procedure codes to reflect your surface selections. For example, if you click the one surface amalgam permanent procedure button and then enter three surfaces, Easy Dental will post the three surface code to the Chart and Accounts modules.

6. Click Treatment Status

Click the appropriate status button for the procedure being entered:

- Click the Existing button when entering existing work performed by a provider within your practice.
- Click the Treatment Plan (Tx Plan) button when entering recommended treatment for a patient.
- Click the Complete button when entering completed work and conditions for a patient.
- The Auto-State button is used when entering treatment to quickly assign several procedures the same status. After clicking the Auto-State button (+), the next procedure status button selected will remain selected until one of the other three procedure status buttons is selected. Auto-state is enabled if the button has a minus sign (-).

The procedure is added to the graphic chart (if a charting symbol is used in conjunction with the posted procedure) and the Progress Notes. Also, all completed work posted in the Chart is automatically posted to the Accounts module and the appropriate charges will be listed on the patient's account.

Adding Treatment Using Procedure Category Buttons

Add treatment using procedure category buttons when the procedure you are entering is not assigned to a procedure button. To add treatment:

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Change Provider (If Required)

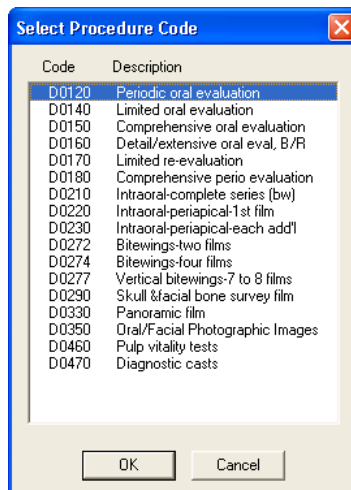
By default, Easy Dental assigns all treatment posted in the Chart to the patient's primary provider. If the treatment needs to be assigned to a different provider, click the **Change Provider** button, select the correct provider, and click **OK**. All work posted in the Chart during this patient's posting session will be assigned to the selected provider.

3. Select Tooth

If the treatment requires a tooth number, select the desired tooth by clicking the appropriate tooth in the graphic chart.

4. Click Category Button

Click the appropriate category button. The Select Procedure Code dialog box appears.

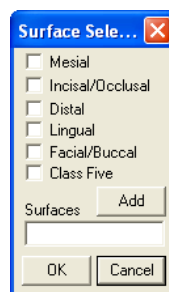


5. Select Procedure Code

Highlight the desired procedure code and click **OK**. Only one procedure can be highlighted in the Select Procedure Code dialog box at a time.

6. Add Treatment Area(s)

Check the appropriate treatment area(s), click the **Add** button, and click **OK**.



Easy Dental will automatically update procedure codes to reflect your surface selections. For example, if you click the one surface amalgam permanent procedure button and then enter three surfaces, Easy Dental will post the three surface code to the Chart and Accounts modules.

7. Click Treatment Status

Click the appropriate status button for the procedure being entered:

- Click the Existing button when entering existing work performed by a provider within your practice.
- Click the Treatment Plan (Tx Plan) button when entering recommended treatment for a patient.
- Click the Complete button when entering completed work and conditions for a patient.
- The Auto-State button is used when entering treatment to quickly assign several procedures the same status. After clicking the Auto-State button (+), the next procedure status button selected will remain selected until one of the other three procedure status buttons is selected. Auto-state is enabled if the button has a minus sign (-).

The procedure is added to the graphic chart (if a charting symbol is used in conjunction with the posted procedure) and the Progress Notes. Also, all completed work posted in the Chart is automatically posted to the Accounts module and the appropriate charges will be listed on the patient's account.

Note: All completed work posted in the Chart is automatically posted to the Accounts module and the appropriate charges will now be listed on the patient's account.

Adding Treatment Using Explosion Codes

Easy Dental allows you to create explosion codes for use in posting procedures. A single explosion code is made up of several individual procedure codes that are typically scheduled, recommended, or completed at the same time. Instead of posting each code separately, you enter only the explosion code, then Easy Dental posts each of the individual codes. Explosion codes are set up in the Reports module (see the *Setting Up Easy Dental* section of the *Reports* chapter for more information).

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Change Provider (If Required)

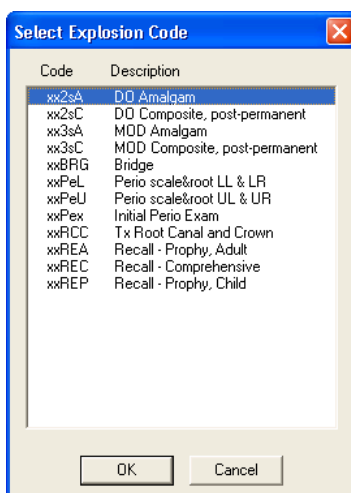
By default, Easy Dental assigns all treatment posted in the Chart to the patient's primary provider. If the treatment needs to be assigned to a different provider, click the **Change Provider** button, select the correct provider, and click **OK**. All work posted in the Chart during this patient's posting session will be assigned to the selected provider.

3. Select Tooth

If the treatment requires a tooth number, select the desired tooth by clicking the appropriate tooth in the graphic chart.

4. Click Explosion Codes

From the Chart toolbar, click the **Explosion Codes** button. The Select Explosion Code dialog box appears.

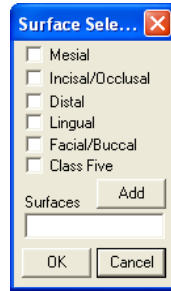


5. Select Explosion Code

Highlight the desired explosion code and click **OK**. Only one explosion code can be highlighted in the Select Explosion Code dialog box at a time.

6. Add Treatment Area(s)

Check the appropriate treatment area(s), click the **Add** button, and click **OK**.



Easy Dental will automatically update procedure codes to reflect your surface selections. For example, if you click the one surface amalgam permanent procedure button and then enter three surfaces, Easy Dental will post the three surface code to the Chart and Accounts modules.

7. Click Treatment Status

Click the appropriate status button for the procedure being entered:

- Click the Existing button when entering existing work performed by a provider within your practice.
- Click the Treatment Plan (Tx Plan) button when entering recommended treatment for a patient.
- Click the Complete button when entering completed work and conditions for a patient.
- The Auto-State button is used when entering treatment to quickly assign several procedures the same status. After clicking the Auto-State button (+), the next procedure status button selected will remain selected until one of the other three procedure status buttons is selected. Auto-state is enabled if the button has a minus sign (-).

The procedure is added to the graphic chart (if a charting symbol is used in conjunction with the posted procedure) and the Progress Notes. Also, all completed work posted in the Chart is automatically posted to the Accounts module and the appropriate charges will be listed on the patient's account.

Note: All completed work posted in the Chart is automatically posted to the Accounts module and the appropriate charges will now be listed on the patient's account.

Editing and Deleting Treatment

From time to time, treatment information that has been entered will need to be changed or deleted. This section covers the following tasks:

- Editing Treatment
- Editing Treatment in History
- Editing Surface Painting
- Deleting Treatment-Planned or Existing Procedures
- Deleting Completed Procedures
- Invalidating Procedures in History
- Editing or Deleting Procedures Attached to Insurance Claims

Editing Treatment

To edit treatment:

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Double Click Treatment Item

From the Progress Notes, double click the treatment item you want to edit. The Edit or Delete Procedure dialog box appears.

3. Make Changes

Make any necessary changes according to the following guidelines:

- To change the date assigned to a procedure, delete the existing date in the **Date** field and then enter the correct date.
- To change the procedure code, delete the existing procedure code in the **Procedure** field and then enter the correct code. Or, click the search button to select the correct code.
- To change treatment area(s), delete the existing treatment area(s) in the **Tooth** and/or **Surface** fields and then enter the correct area(s). For **Surfaces**, you can also click the search button to select the correct surface(s).
- To change the amount charged for the procedure, delete the existing amount in the **Amount** field and then enter the correct amount.
- To change the provider attached to the procedure, click the **Provider** search button to select the correct provider.
- To change the Procedure Status, mark the correct status in the Procedure Status group box: **Treatment Plan**, **Completed**, or **Existing**. Do not change the status to Completed if you want to post the procedure to the Accounts module; click the **Set Complete** button in the Chart.
- To override the insurance estimate, check **Prim. Ins.** and/or **Sec. Ins.** and then enter the correct estimate amount.
- To prevent the procedure from being billed to the insurance, check **Do Not Bill to Insurance**.

4. Enter Notes

Enter any relevant notes regarding the procedure and/or the changes you've made.

5. Click OK

Click **OK** to save changes and return to the Chart.

Editing Treatment in History

To provide security and protect the integrity of your patient data, Easy Dental locks changes to procedures once they have been moved into history. (Procedures are moved into history during the Month End Update.) Procedures in history cannot be edited or deleted. However, procedures in history can be removed from the Chart by invalidating the procedure. (For more information on invalidating a procedure, see *Invalidating Procedures in History* in this chapter.)

Editing Surface Painting

Easy Dental offers the ability to paint “snake eyes” or pits and cusps in the Chart when an amalgam is done for a missing corner of the tooth. To edit the surface painting:

1. Select Patient

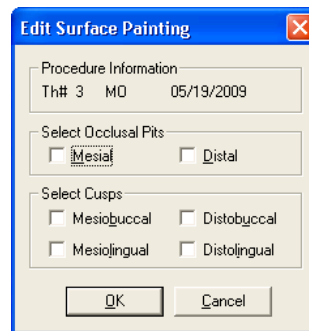
From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Right-Click Tooth

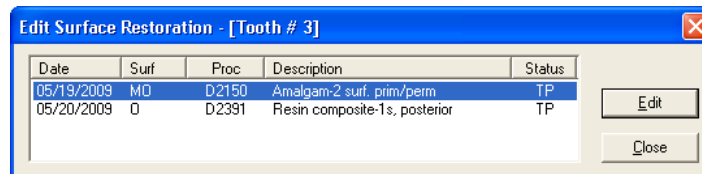
In the graphical chart, right-click a tooth that has a surface restoration procedure on the incisal/occlusal surface. A pop-up menu appears. You can only edit the surface painting for one tooth at a time.

3. Select Edit Surface Painting

Select **Edit Surface Painting**. The Edit Surface Painting dialog box appears.



Or, if more than one procedure with an occlusal surface restoration is posted to this tooth, the Edit Surface Restoration dialog box appears. Highlight the appropriate procedure and click **Edit** to open the Edit Surface Painting dialog.



4. Check Occlusal Pits

Check the **Mesial** and/or **Distal** pits to indicate the location of the occlusal pit. When pits are checked, the painting of the pits will replace the default painting of the occlusal surface.

5. Select Cusps (Optional)

Check the appropriate location(s) for the cusps. When cusps are checked, the painting of the cusps will be done in addition to the default painting of the surface restoration.

6. Click OK

Click **OK** to save the changes and return to the Chart.

Deleting Treatment-Planned or Existing Procedures

To delete treatment-planned or existing procedure(s):

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Highlight Procedure(s)

In the Progress Notes, highlight the procedure(s) you want to delete. To highlight multiple procedures, while holding down the Ctrl key on your keyboard, click each line item. You cannot delete completed procedures with the using this method. (For information on deleting completed procedures, see the *Deleting Completed Procedures* section in this chapter.)

3. Click Delete Procedure

Click the **Delete Procedure** button (the trash can) to the left of the progress notes. A warning message box appears.

4. Click Yes

Click **Yes** to delete the procedure or **No** to cancel the deletion.

Deleting Completed Procedures

To delete a completed procedure:

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Double Click Procedure

From the Progress Notes, double click the procedure you want to delete. The Edit or Delete Procedure dialog box appears.

3. Click Delete

Click the **Delete** button. A warning message box appears.

4. Click OK

Click **OK** to delete the procedure or **Cancel** to cancel the deletion.

Invalidating Procedures in History

Easy Dental saves your office from repetitive data entry by posting procedures to both the Accounts module and the Chart at the same time. However, a different standard regarding record keeping exists for each module. Accounts, as a financial record, should follow Generally Accepted Accounting Principals (GAAP) which require that posting errors be corrected using an adjustment. In order to comply with GAAP, Easy Dental locks out changes to transactions once the transaction has been moved to history (i.e. when the month is closed).

In contrast, the Chart serves as a clinical record of patient care. Errors in the Chart should be corrected to reflect the actual care given. Invalidating a history procedure removes it from the Chart, while leaving it in the Accounts module. If a posting error is discovered after a procedure has been moved to history, invalidate the procedure. To invalidate a procedure in history:

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Double Click Procedure

From the Progress Notes, double click the procedure you want to delete. The Validate/Invalidate Procedure in History dialog box appears.

3. Mark Invalidate Procedure

Mark **Invalidate Procedure**.

4. Click OK

Click **OK** to save the change.

5. Post Procedure Correctly with Zero Charge

Post the transaction again using the correct information. Change the charge amount to zero, as the account has already been billed for the procedure. Change the date to reflect the date the transaction was originally posted. Invalidating a procedure removes it from the Chart, but leaves the item in Accounts as a History Procedure. A plus sign (+) will appear in front of the procedure to indicate that it has been invalidated.

Editing or Deleting Procedures Attached to Insurance Claims

Procedures attached to an insurance claim cannot be edited until the claim has been deleted. (For more information on deleting an insurance claim, see *Editing a Claim* in the *Processing Insurance Claims* section of the *Accounts* chapter.) Once the claim has been deleted, the procedure can be edited or deleted.

Changing View Options

You have the following view options in the Chart:

- Viewing Progress Notes by Status
- Viewing Invalidated Conditions or Diagnoses
- Viewing Primary Versus Permanent Teeth for all Teeth
- Viewing Primary Versus Permanent Teeth for Selected Teeth

Viewing Progress Notes by Status

Progress notes can be viewed by any combination of four statuses. Click the **View** button to access the menu of status options. To check or uncheck a status, select that status. Progress notes will be listed according to the checked status options:

- If **Completed** is checked, all completed procedures will be displayed in the Progress Notes.
- If **TX Plan/Conditions** is checked, the treatment-planned procedures and conditions will be displayed in the Progress Notes.
- If **Existing** is checked, the Existing procedures and conditions will be displayed in the Progress Notes.
- If **Notes** is checked, the additional notes associated with procedures will be displayed in the Progress Notes.

Viewing Invalidated Conditions or Diagnoses

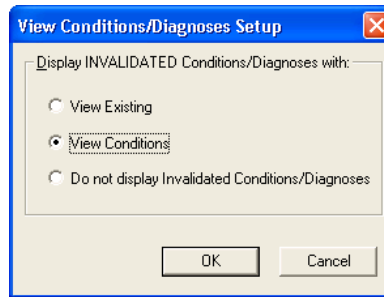
invalidated conditions/diagnoses can be hidden or displayed. When a condition is corrected or no longer exists, the condition may be invalidated (instead of deleted) to keep an accurate record. Set View Conditions/Diagnoses allows you to choose when you want invalidated Conditions to be displayed. To view invalidated conditions/diagnoses:

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Click View Conditions/Diagnoses

From the Chart toolbar, click the **View Conditions/Diagnoses** button. The View Conditions/Diagnoses Setup dialog box appears.



3. Mark View Option

Mark the option by which to view invalidated conditions/diagnoses.

- **View Existing:** Displays invalidated conditions when the Existing view option is checked
- **View Conditions:** Displays invalidated conditions when the Conditions view option is checked
- **Do not display Invalidated Conditions/Diagnoses:** Hides invalidated conditions in the Progress Notes, regardless of the view options checked

4. Click OK

Click **OK** to save changes and exit.

Viewing Primary Versus Permanent Teeth for all Teeth

In the Easy Dental Chart, dentition can be viewed as primary, permanent, or mixed. To change dentition from permanent to primary (or primary to permanent):

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Click Primary/Permanent

From the Chart toolbar, click the **Primary/Permanent** button. A pop-up menu appears.

3. Select Change All

Select **Change All**. The primary/permanent state is reversed for all teeth displayed in the graphical chart.

Viewing Primary Versus Permanent Teeth for Selected Teeth

1. Select Patient

From the Chart, select a patient (see the *Selecting a Patient* section in this chapter for more information).

2. Select Teeth

Click each tooth for which you want to change the primary/permanent state to select them.

3. Click Primary/Permanent

From the Chart toolbar, click the **Primary/Permanent** button. A pop-up menu appears.

4. Select Change Selected

Select **Change Selected**. The primary/permanent state is reversed for the selected teeth in the graphical chart.

Using Notes

Keeping accurate and thorough documentation of each procedure performed in the dental office is the most expedient method of protecting the office in the event of litigation. As a result, case notes have become an essential part of clinical dentistry. The Easy Dental Chart eases the burden of maintaining this information by offering a variety of notes. This section covers the following topics:

- Understanding Progress Notes
- Using Procedure Notes
- Using Clinical Notes
- Creating Clinical Note Templates
- Using Medical Alerts

Understanding Progress Notes

Progress Notes are automatically added each time a procedure, exam, condition, treatment plan, or clinical note is entered in the Chart. Progress Notes are displayed in chronological order below the graphic chart.

For each item recorded in the Progress Notes, the date the treatment was entered, treatment areas (if applicable), the procedure code, provider, a description, treatment status, and the dollar amount associated with that procedure are displayed. A double arrow symbol (>>) in the description column indicates that a procedure note is available for that item.

Using Procedure Notes

Procedure Notes are attached directly to an individual procedure for documentation and reference purposes. Notes can be added manually during posting. However, to make the creation of Procedure Notes faster and more accurate, default notes can be created for each procedure code. When a procedure code with a default note is completed in the Chart or Accounts module, the note is automatically entered. Once the note has been added, the note can be reviewed and small patient-specific changes can be made. (For more information on creating procedure note templates, see *Procedure Code Setup* in the *Setting Up Easy Dental* section of the *Reports* chapter.)

To enter or edit procedure notes:

1. Double click Procedure

From the Progress Notes, double click on the procedure for which you wish to add a note. The Edit or Delete Procedure Code dialog box appears.

Note: If the procedure has been posted, but is not listed in the Progress Notes, make certain that the correct View options have been selected from the View menu.

2. Add/Edit Note

If a default note has been associated with this procedure, the note text will appear automatically. Place the cursor in the Notes field to edit the existing note or add a note when a default note does not exist.

3. Click OK

Click OK to save the note and any other changes. A “»” symbol will display with the procedure in the Progress Note area indicating the procedure has an associated note.

Procedure Notes can be reviewed by double clicking on the procedure.

Using Clinical Notes

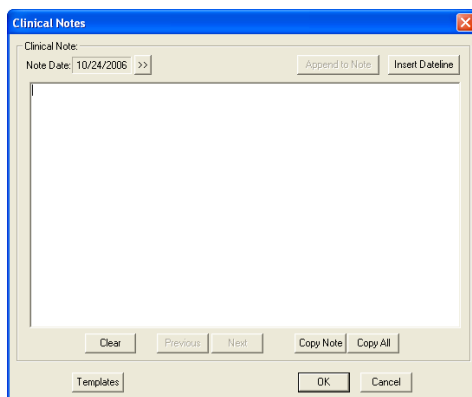
Clinical Notes are free-form notes that can be entered at any time during an exam. Clinical Notes are designed to offer a method of entering notes for an exam that are not specific to a procedure. Once a Clinical Note is in history, it cannot be edited or deleted. However, a note may be appended to a clinical note in history.

Adding and Viewing Clinical Notes

To add or view a clinical note:

1. Choose Clinical Notes

Choose the Clinical Notes option from the menu bar. The Clinical Notes dialog box will appear.



2. Enter a Dateline (Optional)

To attach the current system date to the note, click the Insert Dateline button.

3. Type Note

Type the note to attach to this patient. There is a limit of 4,000 characters in the Clinical Notes field.

4. Save Note

Click OK to save the note and return to the Chart.

Appending Clinical Notes

To append a note to a clinical note in history, complete the following steps:

1. Choose Clinical Notes

Choose the Clinical Notes option from the menu bar. The Clinical Notes dialog box will appear.

2. Select Date

Click the search button next to the Note Date and select the date for which you wish to append the note.

3. Click Append to Note

Click the Append to Note button. The Append to Clinical Note dialog box will appear.

4. Enter Note

Enter the note to append and click OK. A message will appear informing you that once a note has been appended, it cannot be edited. Click Yes to append the note or click No to cancel.

Reviewing Clinical Notes

To review a patient's Clinical Notes, choose Clinical Notes from the Chart menu.

Move through the Clinical Notes by clicking Previous or Next. To view a note for a specific date, click the >> button next to the Note Date field. A calendar will appear. Select the date to view and click OK.

Note: When a Clinical Note is displayed within Progress Notes, double click on the note to open the Clinical Notes dialog box with the selected note displayed.

Clearing Clinical Notes

A clinical note will be moved into history when the month is closed out. Once a clinical note is in history, it cannot be deleted. However, a note may be appended to a clinical note in history. (See the Appending Clinical Notes section in this chapter.) To clear or erase a current note, complete the following steps:

1. Choose Clinical Notes

Choose the Clinical Notes option from the menu bar. The Clinical Notes dialog box will appear. Any notes entered for the current date are displayed.

Note: If the desired note is not displayed, click the Previous or Next button until the correct note is displayed.

2. Clear Note

To clear the entire note for a day, click the Clear button. A warning message appears. To continue with the clear, click Yes. To cancel the clear, click No. To clear part of a day's note, highlight the part of the note to be cleared and press the Delete key on the keyboard.

Copying Clinical Notes to Other Programs

Easy Dental allows you to copy the text of your Clinical Notes and insert it into another document such as a letter or insurance claim. To copy the Clinical Notes to the Windows Clipboard, complete the following steps:

1. Choose Clinical Notes

Choose the Clinical Notes option from the menu bar. The Clinical Notes dialog box is displayed.

2. Select Note to be Copied

If the note you wish to copy is not displayed, click the Previous or Next button until the correct note is displayed.

3. Click Copy Note

Click the Copy Note button to copy the note to the Windows Clipboard. (This is done invisibly within the Windows environment. No dialog box or notification will appear stating that the copy has been completed.)

Note: You can copy all notes for the patient at one time by clicking the Copy All button instead of the Copy Note button. To copy only a part of a note, highlight the text to be copied and press CTRL + C on the keyboard.

4. Open Text Editor

Open the text editor in which to insert the note (i.e. Microsoft Word, Insurance Claim Note, etc.) Place the cursor where the note(s) will be pasted.

5. Choose Edit | Paste

From the application's menu, choose Edit, then Paste. If an Edit command is not available, insert the note by pressing CTRL + V on the keyboard.

Creating Clinical Note Templates

Clinical Note Templates provide a way to follow an orderly format when entering notes for a patient. Use the templates as a uniform guide when collecting patient information. The following six template types can be used: Soft Tissue, Oral Hygiene, Functional, Orthodontic, Periodontium, and Custom Notes.

To add a Clinical Note using the templates, complete the following steps:

1. Choose Clinical Notes

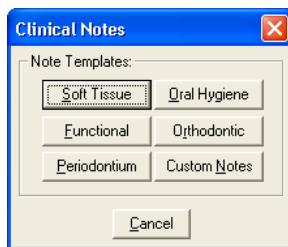
Choose the Clinical Notes option from the menu bar. The Clinical Notes dialog box will appear.

2. Enter Dateline (Optional)

Choose the Insert Dateline button if you wish to attach the current system date to the note.

3. Click Templates

From the bottom, left of the Clinical Notes screen, click the Templates button. The Clinical Notes Templates dialog box will appear.



4. Enter Soft Tissue Notes

Click the Soft Tissue button. The Soft Tissue Exam dialog box will be displayed. Type the soft tissue notes in the appropriate fields. Click OK/Post to post the soft tissue notes to the Clinical Notes dialog box.

5. Enter Oral Hygiene Notes

Click the Oral Hygiene button. The Oral Hygiene dialog box will be displayed. Enter notes regarding plaque, calculus, stain, or food impaction areas in the appropriate field. Click OK/Post to post the oral hygiene notes to the Clinical Notes dialog box.

6. Enter Functional Notes

Click the Functional button. The Functional Evaluation dialog box will be displayed. Enter notes regarding functional disorders in the appropriate fields. Click OK/Post to post the functional notes to the Clinical Notes dialog box.

7. Enter Orthodontic Notes

Click the Orthodontic button. An Orthodontia label will be inserted at the end of any previously entered notes for the day, dividing this section from other notes. Enter information on orthodontic conditions. Click OK/Post to post the functional notes to the Clinical Notes dialog box.

8. Enter Perio Notes

Click the Periodontium button to display the Periodontium dialog box. Enter notes specific to the patient's periodontal condition. Click OK/Post to post the periodontium notes to the Clinical Notes dialog box.

9. Insert Custom Notes

Click the Custom Notes button to display the Add to Clinical Notes – Custom Notes list box. All defined custom notes are displayed. Select the note to insert and click OK. The note is added to the Clinical Notes dialog box.

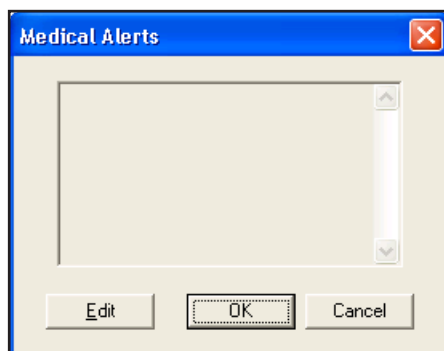
Up to 99 custom notes can be created for insertion in the Clinical Notes dialog box. (For more information on creating a Custom Note, see *Definitions* in the *Practice Setup* section of the *Accounts* chapter.)

Using Medical Alerts

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

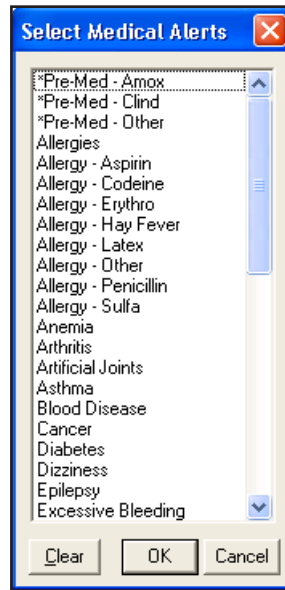
1. Click Medical Alerts

Click the Medical Alerts icon on the Chart toolbar. The icon will display white if there are no alerts selected and red if there are alerts selected. The Medical Alerts dialog box will appear listing any alerts that have previously been selected.



2. Click Edit

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



3. Select or Clear Alerts

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

4. Click OK

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

Generating Chart Reports and Printouts

To help educate patients about prospective treatment and completed treatment, Easy Dental provides several different ways to print the Chart. This section will describe how access Quick Letters and Quick Labels and how to print different versions of the Chart.

- Using Quick Letters
- Using Quick Labels
- Printing the Dental Chart
- Printing Progress Notes

Using Quick Letters

Note: This documentation assumes that you have a legally licensed version of Microsoft Word and are familiar with its use and merge functions.

Easy Dental provides a powerful interface between your patient database and Microsoft Word. With twelve pre-defined letter templates, there is sure to be a letter that meets your correspondence needs. Each letter can be customized in Microsoft Word to better represent the image your office wishes to project. And if East Dental doesn't have a letter for what you are trying to do, you can create your own documents for use within the Easy Dental program.

The Quick Letters option takes advantage of the Easy Dental/Word interface in a simplified fashion to help you quickly create a letter for a single patient.

Merging a Quick Letter

To merge a letter for a patient, complete the following steps:

Note: Easy Dental integrates with the following versions of Microsoft Word: 6.0, 7.0/95, 97, 2000, and XP (XP Office must have Service Pack 2 or higher installed).

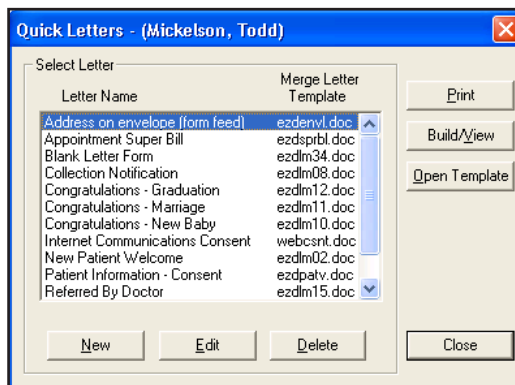
1. Select Patient

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

Note: Quick Letters can also be created from the Patients module.

2. Click Quick Letters

Click the Quick Letters button on the toolbar. The Quick Letters window appears.



3. Highlight Letter To Create

From the Letters list, select the letter to be merged. The following letters are automatically available:

- **Address On Envelope (Form Feed):** Creates an envelope for the selected patient.
- **Appointment Super Bill:** Creates a detailed receipt for the patient to send to their insurance company.
- **Blank Letter Form:** Creates a blank letter for the selected patient with the patient's name, address and greeting pre-written.
- **Collection Notice:** Creates a 90 Day Past Due letter for the selected patient.
- **Congratulations - Graduation:** Creates a congratulations letter for a new graduate.
- **Congratulations - Marriage:** Creates a congratulations letter for a newly married patient.
- **Congratulations - New Baby:** Creates a congratulations letter for a new parent.
- **New Patient Welcome:** Creates a welcome letter for new patients.
- **Patient Information - Consent:** Creates a patient information form with some patient information pre-entered.
- **Referred by Doctor:** Creates a thank you letter for a doctor who referred the patient.
- **Referred by Patient:** Creates a thank you letter for a patient who referred the selected patient.
- **Referred to Dr./Specialist:** Creates a referral information letter for the doctor to whom the selected patient has been referred.

4. Create Letter

To create and print the letter without reviewing it, click the Print button. Easy Dental will open Word, merge the letter, print the letter, and then close the letter. To create and review the letter prior to printing it, click the Build/View button. Easy Dental opens Word and merges the letter. Once the letter has been successfully merged, make any changes and then click the Print button.

5. Choose File | Close

After the letter has been printed, it should be closed. From the Microsoft Word menu, choose File, and then Close. A message appears asking if you wish to save changes. Click the No button. (If you click Yes, all merge information will be lost.)

6. Exit Word

From the Microsoft Word menu, choose File, then Exit.

7. Repeat for Any Other Patients

Repeat steps one – six for any other patients who need letters.

Note: After the letter has been printed, Easy Dental automatically adds an entry in the Contacts Module indicating that a letter has been sent to the patient.

Adding a Letter to Quick Letters

Other documents can be easily added to the Quick Letters list. To add a letter to Quick Letters, complete the following steps:

1. Select Patient

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

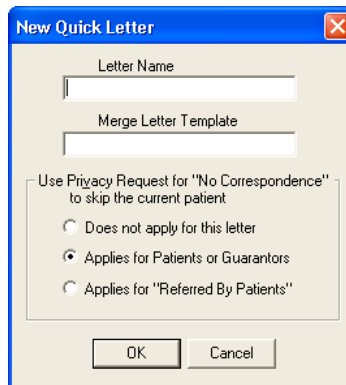
Note: Quick Letters can also be created from the Patients module.

2. Click Quick Letters

Click the Quick Letters button from the toolbar. The Quick Letters window appears.

3. Click New

Click the New Button. The New Quick Letter dialog box appears.



4. Enter Letter Name

Type a name for the letter. This name is for the users' benefit to help them remember the purpose of the letter.

5. Enter Merge Letter Template Name

Type the template name in the Merge Letter Template Name field. When entering the template name, remember the following:

- In order to add a letter to the Quick Letter list, the letter should have been created and saved.
- The template name must match the file name for the document.
- The file extension must be included (i.e. ezdlm13.doc).
- In order to merge the letter, the letter must be saved in the correct directory. All letters should be stored in the letter template path directory. You can check the letter template path directory by going to the Office Manager. From the menu, choose Maintenance, then Practice Setup. Choose the Preferences option and click the Paths tab. The Letter Template Path is listed in the middle of the screen.

6. Select Privacy Request Option

If “Does not apply for this letter” is selected, patients with privacy requests will not be skipped.

- If “Applies for Patients or Guarantors” is selected, all patients who have the “No correspondence” option selected in the Patients module will be skipped.
- If “Applies for Referred By Patients” is selected, the letter will not include any patients who have a “Referred By” patient who has the “No correspondence” option selected in the Patients module.

7. Click OK

Click the OK button to save the letter information and return to the Quick Letters window.

Removing a Letter from Quick Letters

1. Select Patient

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

Note: Quick Letters can also be created from the Patients module.

2. Click Quick Letters

Click the Quick Letters button on the toolbar. The Quick Letters window appears.

3. Click Delete

Select the letter to be removed and click the Delete button. A warning message appears. Click OK to remove the letter.

Note: The letter is removed from the Quick Letters List, however the document itself has not been deleted.

Using Quick Labels

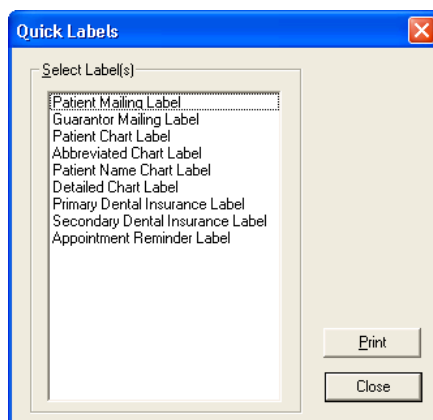
Quick Labels allows you to quickly print a variety of labels for the selected patient with a simple click of a button. Complete the following steps to print a Quick Label.

1. Select Patient

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

2. Click Quick Labels

Click the Quick Labels button on the toolbar. The Quick Labels window appears.



3. Select Label

Highlight the label you wish to print.

- **Patient Mailing Label:** prints a mailing label for the currently selected patient.
- **Guarantor Mailing Label:** prints a mailing label for the currently selected patient’s Head of House.

- **Chart module Label:** prints a chart label for the currently selected patient including their name, chart number, home phone, work phone, and address.
- **Abbreviated Chart Label:** prints a chart label for the currently selected patient including their name (in large, bold letters), SS#, date of birth, first visit date, chart number, home phone, and work phone in a condensed format.
- **Patient Name Chart Label:** prints a chart label for the currently selected patient which includes their name, their preferred name, and their chart number.
- **Detailed Chart Label:** prints a chart label for the currently selected patient including their name (in large, bold letters), SS#, date of birth, primary provider, chart number, first visit date, marital status, gender, address, home phone, work phone, employer, primary insurance, and secondary insurance.
- **Primary Dental Insurance Label:** prints a mailing label addressed to the patient's primary dental insurance plan.
- **Appointment Reminder Label:** prints a reminder label listing the patient's next appointment date and time.

Note: The insurance labels will only be listed if the patient has that particular insurance set up in the Patients module.

4. Click Print

Click the Print button to print the selected label to the label printer selected in the Reports module. (See *Set up Printer* in the *Reports* chapter for more information.)

Printing the Dental Chart

To print the Dental Chart, complete the following steps:

1. Select Patient

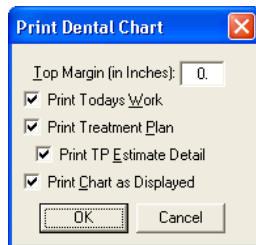
From the Chart toolbar, click the Select Patient button. Enter the first few letters of the patient's last name. Select the desired patient and click the OK button.

2. Click Print Icon

From the Chart toolbar, click the Print Dental Chart icon. A drop-down menu appears.

3. Select Dental Chart

Select Dental Chart from the drop-down menu to print the Graphic Chart. The Print Dental Chart dialog box appears.



Note: The Chart will automatically print to the default printer. See the "Setup Printer" section of the "Reports" chapter to set up the default printer.

4. Select Print Options

Select the information to print with the Graphic Chart.

Enter a number in the Top Margin in Inches field to set the top margin for the printout.

Check Print Today's Work to include today's work in the printout.

Check Print Treatment Plan to include treatment-planned procedures in the printout.

Check Print Treatment Estimate Detail to include the estimates for the treatment-planned procedures in the printout.

Check Print Chart as Displayed to print the Chart as it is displayed on the screen.

5. Click OK

Click the OK button to print the Chart with the specified options.

Printing Progress Notes

To print the Progress Notes and the Graphic Chart, complete the following steps:

1. Select Patient

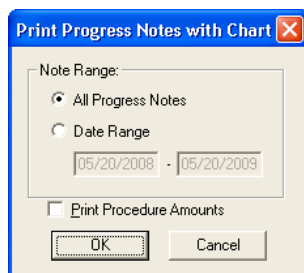
From the Chart toolbar, click the Select Patient button. Enter the first few letters of the patient's last name. Select the desired patient and click the OK button.

2. Click Print Icon

From the Chart toolbar, click the Print Dental Chart icon. A drop-down menu appears.

3. Choose Progress Notes with Chart

To print the Progress Notes with the Chart, choose the Progress Notes with Chart option. The Print Progress Notes with Chart dialog box appears.



To print notes specific to a certain date range, mark the Date Range option. Enter the desired date range.

4. Click OK

Click OK to print the Progress Notes and the Graphic Chart.

Using Chart Shortcuts and Tips

The following topics will explain some built-in shortcuts and features of the Chart that may help you work more efficiently.

- Changing Providers
- Refreshing the Chart

Changing Providers

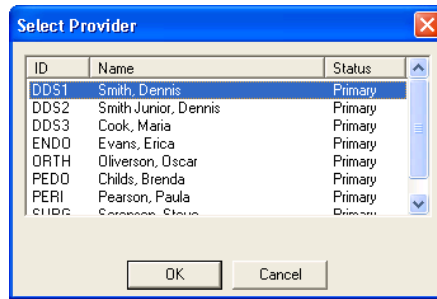
By default, each time a procedure is posted to the Chart it is automatically assigned the patient's primary provider (assigned in the Patients Module). However, from time to time the patient may see another provider in the practice. To help you in this situation, Easy Dental allows you to select a different default provider for the current charting session. All procedures posted during the session will be assigned to the selected provider. The next time a patient is selected, work will automatically default to the primary provider. To change the provider for a charting session, complete the following steps:

1. Select Patient

From the Chart toolbar, click the Select Patient button. Enter the first few letters of the patient's last name. Select the desired patient and click the OK button.

2. Click Change Provider Icon

From the Chart toolbar, click the Change Provider icon. The Select Provider dialog box appears.



3. Select Provider

Highlight the provider to whom all work posted during this session should be assigned. Click OK to continue.

Note: The provider list can be sorted by clicking on each header (ID, Name, or Status).

4. Post Treatment/Conditions

Post treatment for the patient.

Note: The provider for an individual procedure can be changed by editing the procedure in the Progress Notes after it has been posted. Find the procedure in the Progress Notes and double click. In the Provider field, change the provider. Click OK.

Refreshing the Chart

If your practice is set up with a network of computers, data entered on one computer may not appear immediately on other workstations. To quickly update the Chart to view work posted on other stations, click the Refresh icon on the Chart toolbar. The Chart data for the selected patient will be updated to display any new information for the patient.

Note: By default, Easy Dental automatically displays all treatment entered during the current charting session, regardless of the View settings selected. However, once the Chart has been refreshed, only treatment that matches the View filters selected will be displayed.

Using the Estimator

The Estimator is an effective tool in patient consultations. The entire Treatment Plan is calculated and displayed here, showing the total charge, patient portion, and insurance portion. In the Estimator, Treatment Plan procedures can be set in order of up to 52 steps. The patient's or family's remaining insurance benefits are calculated and displayed.

Calculations are based on the Insurance Coverage Table and a Payment Table file. For the insurance portion, the program always looks at the Payment Table file and then at the coverage table. For a co-payment it checks the appropriate calculation. Whether there is a co-payment or not, if a procedure is not in a coverage table category and not in the Payment Table file, the patient's portion will be 100% of the charge.

This section covers the following topics:

- Starting the Estimator
- Editing Procedures in the Estimator
- Working with Treatment Plan Orders
- Deleting Procedures from the Estimator
- Setting Procedures Complete in the Estimator
- Updating Fees
- Setting and Clearing Dental Pre-Estimates
- Changing the Estimator View
- Printing from the Estimator
- Entering a Default Note

Starting the Estimator

Click the Estimator button on the Treatment Plans module toolbar.

Estimator - (Abbott, Ken S)

Ord	Th	Surf	Description	Fee	Pat	Pri Ins	Sec Ins	Pre-Est
?	8		D6750:Retainer crn-porc fused-hi nob Prep tooth, packed chord soaked in Astringent with Epinephrine. Silicon impression taken in bite tray. Separate wax bite taken. Temporary bridge made with Jet acrylic shade 61. Adjusted bite, cemented with IRM.	749.00	0.00	374.50	374.50	
?	9		D6240:Pontic-porcelain fused to hnob	749.00	0.00	374.50	374.50	
?	10		D6750:Retainer crn-porc fused-hi nob Prep tooth, packed chord soaked in Astringent with Epinephrine. Silicon impression taken in bite tray. Separate wax bite taken. Temporary bridge made with Jet acrylic shade 61. Adjusted bite, cemented with IRM.	749.00	111.00	263.50	374.50	
?	14	OD	D2150:Amalgam-2 surf. prim/perm	102.00	20.40	0.00	81.60	
?	30		D6240:Pontic-porcelain fused to hnob	749.00	429.10	0.00	319.90	
?	31		D6240:Pontic-porcelain fused to hnob	749.00	749.00	0.00	0.00	
?	32		D6240:Pontic-porcelain fused to hnob	749.00	749.00	0.00	0.00	

Treatment Plan Total	4,596.00
Estimated Deductible to be Applied	50.00
Estimated Insurance Payment	2,525.00
Estimated Patient's Portion	2,071.00

Dental Insurance Benefits	Patient		Family	
	Primary	Secondary	Primary	Secondary
Annual Plan Benefits	1,000.00	1,500.00	3,000.00	
Paid Benefits YTD	0.00	0.00	0.00	0.00
Pending Insurance Est. YTD	0.00	0.00	0.00	0.00
Est. Benefits Remaining YTD	1,000.00	1,500.00	3,000.00	
Benefits Expire	12/31/09	12/31/09	12/31/09	12/31/09
Deductible Owed YTD	Standard 25.00	50.00	75.00	150.00
	Preventive 0.00	0.00	0.00	0.00
	Other 0.00	0.00	0.00	0.00

Primary Dental Insurance: Blue Cross Blue Shield
 Secondary Dental Insurance: Aetna

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

Editing Procedures in the Estimator

To edit procedures displayed within the Estimator windows:

1. Double click Procedure

Double click on the desired procedure. The Edit or Delete Procedure dialog box will appear. Make any necessary changes from within this dialog box.

Edit or Delete Procedure

Date: 05/19/2009

Procedure: D2140 >> Amalgam-1 surf. prim/perm

Tooth: 3

Surfaces: M, >>

Amount: 84.00

Provider: DDS1 >>

Diagnoses: >>

Notes:

Override Ins. estimate

Prim. Ins.

Sec. Ins.

Do Not Bill to Insurance

Procedure Status

Treatment Plan

Completed

Existing

Delete OK Cancel

2. Click OK

Click OK to save your changes, exit the dialog box, and return to the main Estimator window.

These changes will be reflected within the Estimator window, as well as within the Treatment Plan transaction log.

Working with Treatment Plan Orders

Ordering a Treatment Plan allows you to organize treatment into logical and cost-effective groups. Since most patients don't work a \$500 dental bill into their monthly budget, suggesting to a patient that they come in and have a large amount of restorative work completed at one time is very much like presenting a diner with an elephant and asking them to chow down. In spite of the diner's hunger and willingness to eat, there will be a feeling that there is no way that the entire elephant can be eaten. However, by dividing the "elephant" or cost of treatment into manageable pieces, the patient feels more comfortable committing to the treatment plan.

You can assign order numbers to procedures within the procedure list. Order number refers to sequence of treatment, usually in terms of appointment; i.e., procedures with an Order of 1 will be completed in the first visit, order 2 procedures will be completed in the second visit, etc. Order numbers can be used when scheduling appointments or when designating the seriousness of a condition. Procedures in the Estimator are listed in the order assigned.

Changing or Assigning the Order of a Procedure

1. Highlight Procedure

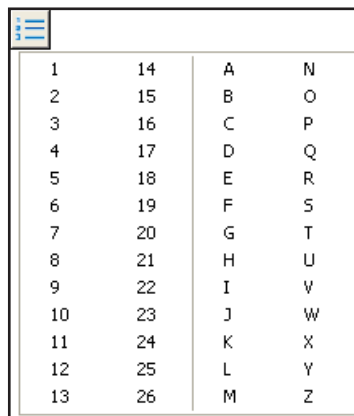
Highlight the procedure within the Estimator.

2. Click Set Order

Click the Set Order button on the toolbar. A list of numbers and letters will appear in a drop-down menu.

3. Choose Order Number/Letter

Choose the desired order number or letter. The procedure will then be grouped with other procedures with the same order number/letter.



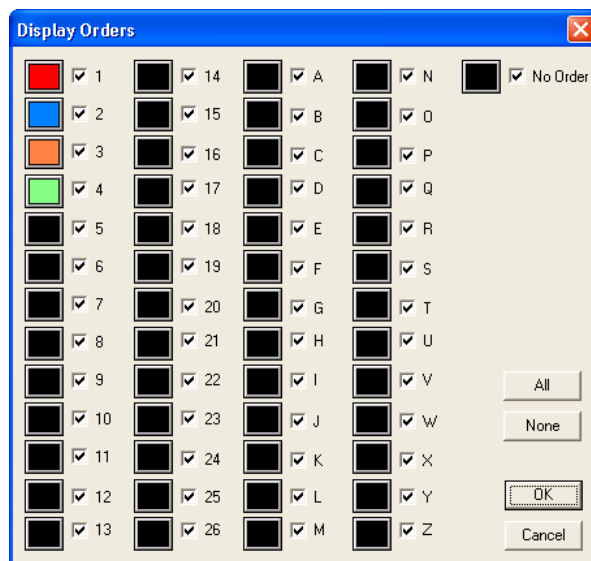
1	14	A	N
2	15	B	O
3	16	C	P
4	17	D	Q
5	18	E	R
6	19	F	S
7	20	G	T
8	21	H	U
9	22	I	V
10	23	J	W
11	24	K	X
12	25	L	Y
13	26	M	Z

Changing the Color of Orders

Orders can be assigned a unique color to help group them and distinguish them from other orders.

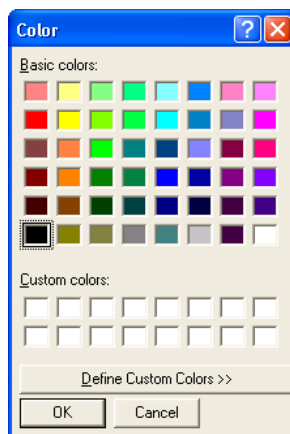
1. Click Display Orders

Click the Display Orders button on the toolbar. The Display Orders dialog box will open.



2. Click Order Button

Click the button next to each order to open the Color dialog box.



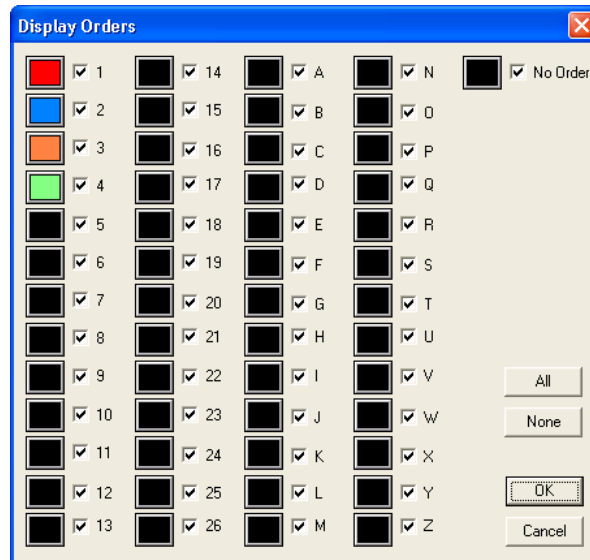
3. Select Color

Select the color to use for the order. Every procedure listed in that order will appear in the selected color. Repeat this process for each order.

Display or Hide Orders

1. Click Display Orders

Click the Display Orders button on the toolbar. The Display Orders dialog box will open.



2. Select/Deselect Orders

In the Display Orders dialog box, select the orders to display. An order with a check mark will be displayed. Orders without a check mark will not be displayed. Click the All button to select all orders. Click the None button to deselect all orders. Click OK to save the changes and exit. Click Cancel to exit without saving the changes.

Deleting Procedures from the Estimator

Procedure(s) can be deleted in the Estimator.

Note: The Chart must be refreshed before the changes will appear.

1. Select Procedure(s)

From the Estimator list, select the procedure(s) to be deleted.

2. Click Delete

Click the Delete button from the toolbar to delete the selected procedure(s) from the Estimator.

Setting Procedures Complete in the Estimator

Procedure(s) can be set complete from the Estimator.

Note: The Chart must be refreshed before the changes will appear.

1. Select Procedure(s)

Select the Procedure(s) to be set complete.

2. Click Set Complete

Click the Set Complete button to set the selected procedure(s) complete.

Updating Fees

To maintain the integrity of your treatment plan estimates, Easy Dental will never automatically update the fee of a procedure assigned to a treatment plan. If your fees have changed since the time the treatment plan was given to the patient, you can indicate to Easy Dental that you wish to update the patient's treatment plan to reflect any fee schedule changes. To update the fees for a single or multiple treatment plans, complete the following steps:

1. Click Update Fees

Click the Update Fees button from the Estimator's toolbar. The Update Treatment Plan Fees dialog box will appear.

2. Select Current or All Patients

If you wish to update the fees for the currently selected patient only, mark Current Patient. If you wish to update the fees for all patients in your practice with a treatment plan, mark All Patients.

3. Enter Procedure Code Range

To update procedures in a certain range, click the From search button and choose the starting procedure for the range. Click the To search button and select the ending procedure for the range. If you wish to update all procedures, leave at <ALL>.

4. Enter Procedures Dated Before Date

If you want to update procedures prior to a certain date, enter the date here. Only treatment-planned procedures dated on or before this date will be updated with the new fees.

5. Select Tx Provider

Select the desired provider(s). Only treatment-planned procedures performed by the selected provider will be updated. Check ALL to update procedures for all providers.

6. Select Billing Type

Select the desired Billing Type(s). Only treatment-planned procedures for patients with the selected Billing Type will be updated. Check ALL to update procedures for all Billing Types. (This option will be greyed out if Current Patient is selected.)

7. Click Update

Click the Update button to update the fees according to the options specified.

Note: In some instances, certain fees will not be updated if the patient's treatment plan is open at another workstation. If this occurs, a message will appear containing a log file with the patient's name. It is suggested that you print the log file and perform the update on the selected patient at a later time.

Setting and Clearing Dental Pre-Estimates

Dental Pre-Estimates can be assigned to procedures in the Estimator. An estimate code will appear in the Pre-Est column of the Estimator window when a pre-estimate has been assigned to a procedure.

1. Select Procedure(s)

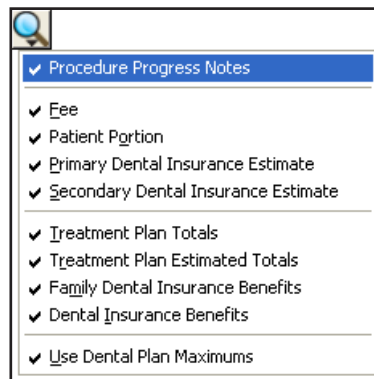
Select the procedure(s) for which an estimate is required.

2. Select Needed or Clear

Click the Pre-Estimates drop-down button. Select Needed to add a pre-estimate. Select Clear to clear existing pre-estimates.

Changing the Estimator View

Items in the Estimator window can be viewed or hidden. Click the View icon to open the View drop-down menu. Items with a check mark will be displayed. By default, all options are marked to be viewed. To hide an item, click once to remove the check mark.

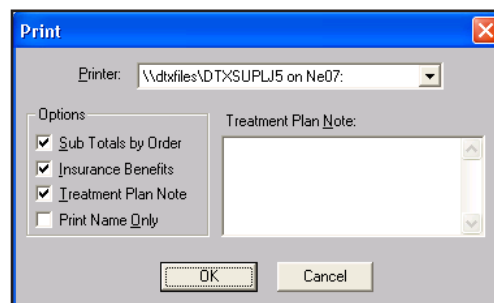


Printing from the Estimator

You can print a Treatment Plan report detailing the patient's personal information, treatment plan (including order number, procedure, tooth number, fee, patient portion, and insurance portion), total charges, insurance benefit summary, and notes.

1. Click Print

Click the Print button in the toolbar to open the Print dialog box.



2. Select Printer

To choose a printer, click once on the down arrow button next to the Printer box to view a list of available printers.

3. Enter Notes (Optional)

Enter any necessary notes. Any default notes that have been entered (see the next section) will already appear here.

4. Select Print Options

The three print options you have available from the Estimator are (all items that are checked will print):

- Sub Totals by Order will insert a sub total between order groups.
- Insurance Benefits will print a summary of the patient's insurance benefits at the bottom of the treatment plan.
- Treatment Plan Note will print any note typed in the edit box on the right side of the Print dialog box.

5. Click OK

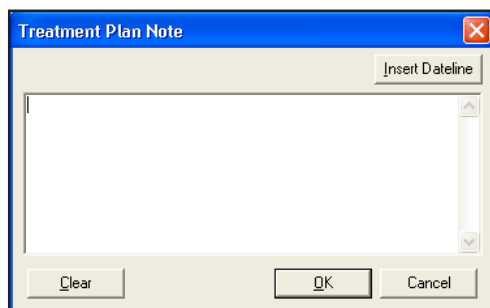
Click OK when you have made your selections.

Entering a Default Note

A default note can be set in the Estimator. Setting a default note will cause a note to appear for each procedure in the Estimator.

1. Click Default Note

Click the Default Note for Printing button. The Treatment Plan Note box will appear.



2. Type Note

Type the message in the Note box. You can insert the current date by choosing the Insert Dateline button.

3. Click OK

Click OK when finished typing. Click the Clear button if you wish to delete all notes entered.

Using Guru Limited Edition

Easy Dental integrates with the Henry Schein's Guru Limited Edition, a patient education product. This integration involves the Chart module.

Guru Limited Edition gives you a new approach to the not-so-new challenge of educating your patients. Guru Limited Edition allows you to customize your instruction to fit the needs of each patient and your own personal style. You can be as detailed or as simple as you need to be, so you can provide a truly interactive and customized patient education experience for your patients.

Through integration of Easy Dental with Guru Limited Edition, by default, you have access to 20 topics. The other Guru Limited Edition topics are available only when you purchase the stand-alone Guru product. For more information about purchasing Guru, call 1-800-336-8749.

This section covers the following topics:

- Accessing Guru Limited Edition
- The Guru Limited Edition Window Layout

- Viewing the Playlist Content
- Using the Drawing Tools
- Accessing Patient Records
- Working with Thumbnails
- Importing Images
- Exporting Images
- Printing Images
- Working with Custom Playlists
- Contact and Support Information

Accessing Guru Limited Edition

Guru Limited Edition is installed with Easy Dental 2009. To access Guru Limited Edition, click the Guru Limited Edition icon on your Desktop or click the Guru button in the Chart module. To access Guru Limited Edition in the Chart module:

1. Click Guru

Click the Guru button located on the Chart module toolbar. Guru Limited Edition opens.

Note: If the Guru Limited Edition button does not appear on the Chart module toolbar when you install Easy Dental 2009, right-click the toolbar, select Customize, and move Guru from the Available Buttons pane to the Toolbar Buttons pane. Click OK; the Guru button appears on the Chart module toolbar.

Logging On

To log on to Guru Limited Edition when Guru Limited Edition is first opened:

1. Highlight the User

When you are prompted, highlight the desired user name.

Note: You can also click the New User button from this dialog to create a new user.



2. Click Login

Click the Login button to log in to Guru Limited Edition as the selected user.

Managing Users

You can switch between users, create new users, and edit or delete existing users at any time.

Switching Between Users

To switch between users, select User from the menu bar, then the desired user name.

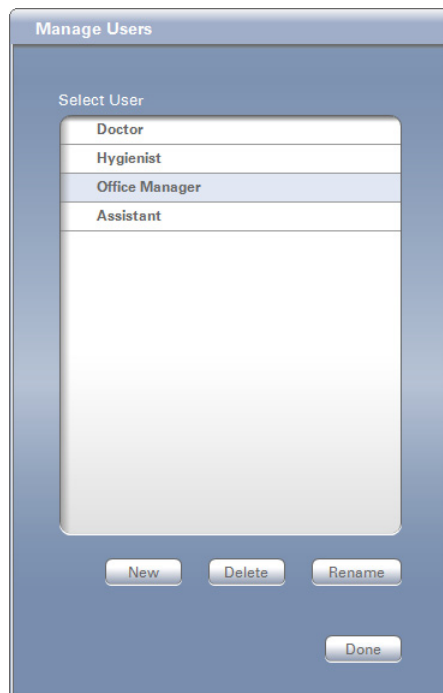
Note: Any thumbnails in the Thumbnail Tray pane are lost when you switch users.

Creating Users

To create a user:

1. Select User | Manage User

Select User and then Manage User to open the Manage Users dialog.



2. Click New

Click the New button to open the New User dialog.

3. Enter the User Name

Enter the user name in the text field provided.

4. Click OK

Click OK to create the user account and return to the Manage Users dialog.

5. Click Done

When you are finished managing the user accounts, click Done.

Deleting Users

To delete a user:

1. Select User | Manage User

Select User and then Manage User to open the Manage Users dialog.

2. Highlight the User Name

Highlight the desired user name from the Select User pane.

3. Click Delete

Click the Delete button to delete the user account.

Note: Any playlist(s) associated with the selected user are deleted, too.

4. Click Done

When you are finished managing the user accounts, click Done.

Editing Users

To edit a user:

1. Select User | Manage User

Select User and then Manage User to open the Manage Users dialog.

2. Highlight the User Name

Highlight the desired user name from the Select User pane.

3. Click Rename

Click the Rename button to open the Rename dialog.

4. Enter the User Name

Enter the new user name in the text field provided.

5. Click OK

Click OK to save the new user name and return to the Manage Users dialog.

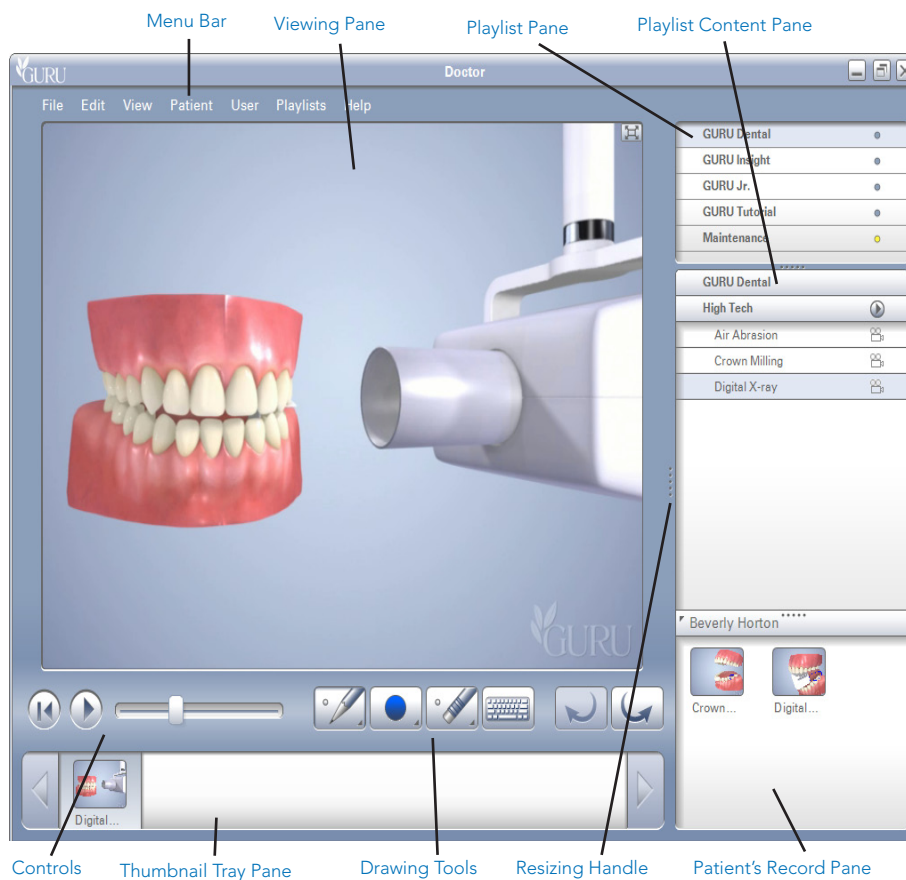
6. Click Done

When you are finished managing the user accounts, click Done.

The Guru Limited Edition Window Layout

Before using Guru Limited Edition, become familiar with the layout and options.

- There is a menu bar at the top. You can click each menu bar item to access the menu options.
- The Viewing pane is where animations and pictures are displayed. Below the viewing pane are the Controls for viewing animations and Drawing Tools to draw on or annotate the image in the viewing pane.
- The Thumbnail Tray pane contains small previews (called thumbnails) of the captured images from the viewing pane. The Playlist pane displays all of your standard and custom playlists. The Playlist Content pane displays categories and topics of a playlist. The Patient's Record pane displays any images saved for a selected patient.
- There are resizing handles (represented by five dots in a line) between the Viewing and Playlist Content panes, on the title bar of the Patient's Record pane, and between the Playlist and Playlist Content panes. These handles allow you to resize the panes.



Viewing the Playlist Content

Since the version of Guru Limited Edition that integrates with Easy Dental is not a full version, the following 20 topics are available to view.

- Bridges
 - Bridges
- Crowns
 - Crown Comparison
 - Crown Process Anterior
- Denture
 - Implant vs. Partial Comparison
- Endodontics
 - Root Canal Posterior
- Hygiene
 - Brush Lower
 - Brush Upper
- Implant
 - Implant vs. Partial Comparison

- Intraocoronal Restoration
 - Class 1
 - Inlay Comparison
- Periodontics
 - Stage 1 Healthy Gums
 - Stage 2 Gingivitis
 - Stage 3 Mild Periodontitis
 - Stage 4 Moderate Periodontitis
 - Stage 5 Severe Periodontitis
- Reference
 - Turn Around Bicuspid
 - Turn Around Cuspd
 - Turn Around Incisor
 - Turn Around Molar

Playlists can contain animations or still images. To view the content of a playlist:

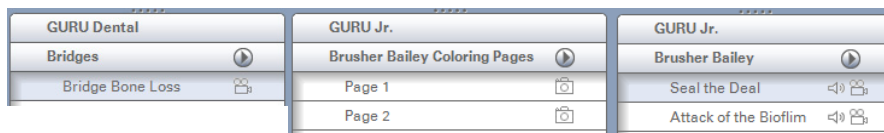
1. Select a Playlist

Select a playlist from the Playlist pane. In the Playlist Content pane, the selected playlist is displayed along with its categories and topics.

2. Select the Category and Topic

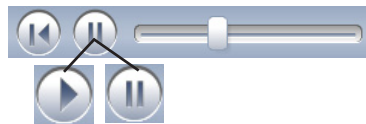
Click the desired category to expand the list of topics, then select the topic to play the animation or see the picture. If there are no categories for the selected playlist, select the desired topic to play the animation or see the picture.

Note: The icon to the right of each topic indicates the topic's media type. The icon for animations is a video camera, the icon for still images is a camera, and the icon for an animation with audio is a video camera with a speaker.



3. Navigate the Animation

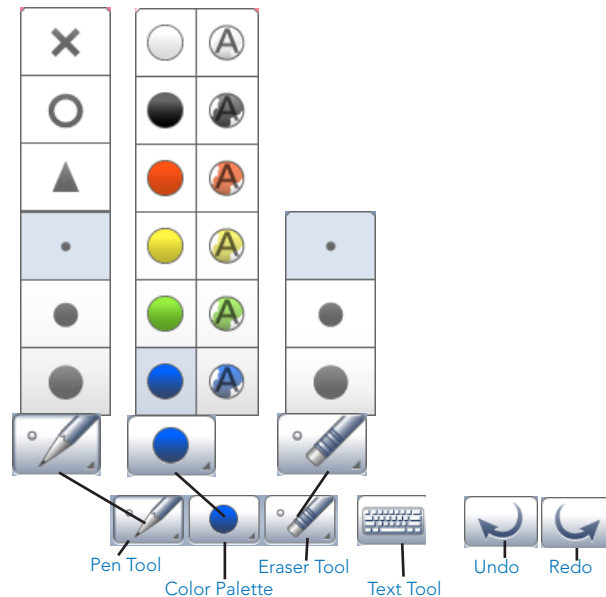
Animations and still pictures are presented in the Viewing pane. Use the Rewind and Play/Pause buttons to navigate the animation, or click and drag the Slider to the desired frame of the animation.



Note: When the animation is playing, the Pause button is available. When the animation is paused, the Play button is available.

Using the Drawing Tools

When you select a still image or pause an animation, the Drawing Tools become active. You can use the Drawing Tools to draw on or annotate images in the Viewing pane.



Pen Tool

To use the Pen Tool:

1. Click the Pen Tool Button
Click the Pen Tool button to expand the Pen Tool Size menu.
2. Select the Pen Size
Select the desired Pen Size or Shape.

Color Palette

To use the Color Palette:

1. Click the Color Palette Button
Click the Color Palette button to expand the Color Palette menu.
Note: On the Color Palette menu, the colors on the right are slightly transparent, whereas the colors on the left are opaque.
2. Select the Pen Color
Select the desired Pen Color.

Eraser Tool

To use the Eraser Tool:

1. Click the Eraser Tool Button
Click the Eraser Tool button. To change the size of the Eraser Tool, click the Eraser Tool button again to expand the Eraser Tool Size menu. Double click the Eraser Tool button to erase all drawings or annotations from the image in the Viewing pane.
2. Click and Drag
Click and drag your mouse over the image to erase small areas on which you have drawn or annotated.

Text Tool

To use the Text Tool:

1. Click the Text Tool Button

Click the Text Tool button to open the Add Text dialog.

2. Enter the Text

Enter the desired text. To change the font or color, click the Font button, select the desired font and attributes, then click OK.

3. Click OK

When you are done entering text, click OK to exit the Add Text dialog.

4. Place the Text

The text follows your mouse cursor. Click on a spot of the image in the Viewing pane to place the text on the image.

Undo or Redo

Click the Undo or Redo button to quickly erase or restore the last change(s) you have made.

Accessing Patient Records

In Guru Limited Edition, you can save and associate images with specific patients, which allows you to review images from previous visits. You do not need to create patients manually; patients are automatically added to Guru Limited Edition when you access Guru Limited Edition from the Easy Dental Chart module.

Note: The Guru Limited Edition patient database is separate from the Easy Dental patient database. Though patients are added to the Guru Limited Edition patients database when you open Guru Limited Edition with a patient selected in Easy Dental, no other Easy Dental patient information besides the patient name is stored in Guru Limited Edition.

From within Guru Limited Edition, you can switch patients. Or, with the integration Guru Limited Edition offers with Easy Dental, you can select a different patient in Easy Dental, click the Guru Limited Edition button, and view that patient's record in Guru Limited Edition. If the patient record doesn't already exist in Guru Limited Edition, the patient record is created automatically. Complete the following to switch patients from within Guru Limited Edition:

1. Select Patient | Choose Patient

Select Patient and then Choose Patient to open the Choose Patient dialog.



2. Enter the Patient's Name

Enter in the first few letters of the patient's first name in the Find Patient text field.

Note: You can also search by the patient's last name or ID.

3. Click Find

Click the Find button. The patients that match are displayed in the Select Patient pane. To see all patients, click the Show All button.

Note: The Show All button is inactive if you are already viewing all the patients.

4. Highlight the Patient Name

Highlight the desired patient name in the Select Patient pane.

5. Click OK

Click OK to open that patient's record. The selected patient's name appears on the title bar of the Patient's Record pane of the main Guru Limited Edition window.

6. Resize the Patient's Record Pane

To expand or resize the Patient's Record pane, click and drag the handle on the title bar of the Patient's Record pane, or double click the title bar.

Working with Thumbnails

Any time you mark up an image in the viewing pane, a thumbnail image is automatically created in the Thumbnail Tray pane.

Reviewing Thumbnails

To recall any one of the thumbnails to the Viewing pane, click the desired thumbnail. To play animations that have been saved to the Thumbnail Tray pane, click the thumbnail, then click the Play button.

Saving Thumbnails

When you close Guru Limited Edition, the Thumbnail Tray pane is cleared. There are three places to which you can permanently save an image that is in the Thumbnail Tray pane before closing Guru Limited Edition:

- **Patient's Record pane:** You can click and drag the thumbnail into the Patient's Record pane. The thumbnail is attached to the currently selected patient and stored on the server.
- **Playlist Content pane:** You can click and drag the thumbnail into the Playlist Content pane (if the selected playlist is an editable playlist). Since playlists are user-specific, the thumbnail is only viewable for the user that was logged on to Guru Limited Edition when the thumbnail was moved to the playlist.
- **The computer:** Select File, then Export to export the image(s) to a directory on your computer or server's hard drive.

Importing Images

You can include your own images, such as intra-oral camera pictures and digital x-rays, in a patient's record. To import an image:

1. Select File | Import

Select File, then Import to open the Import dialog.

2. Locate the Image

Locate and select the digital x-ray or photo you would like to include.

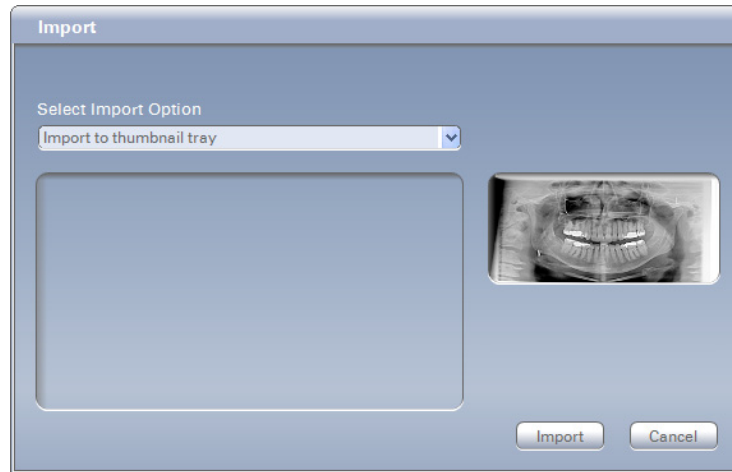
Note: Guru Limited Edition recognizes images in tiff, jpeg, gif, png, and bmp formats.

3. Click Open

Click the Open button to open Guru Limited Edition's Import dialog.

4. Select an Import Option

Expand the Select Import Option drop-down, and select the location where you would like to save the image.



- **Import to thumbnail tray:** You can import images into the Thumbnail Tray pane for easy access.
- **Import to patient:** You can import images directly into the Patient's Record pane.
- **Import to playlist:** You can import images into an editable playlist.

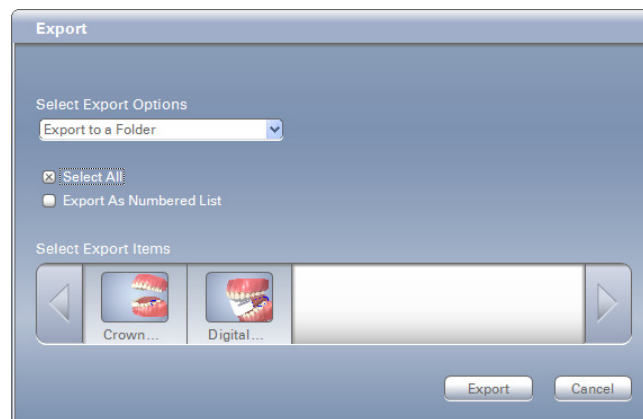
Note: You can drag and drop images into the program from other sources, such as the Desktop or Windows Explorer. These images can be placed into the Viewing pane, the Thumbnail Tray pane, or the Playlist Content pane.

Exporting Images

You can export images to your computer or server's hard drive to be used in other applications or e-mailed directly to the patient. To export images from the Thumbnail Tray pane:

1. Select File | Export

Select File, then Export to open the Export dialog.



2. Highlight the Thumbnail

Highlight the thumbnail(s) to export from the Select Export Items pane. You can also check Select All to export copies of all images for the selected patient.

3. Select an Export Option

Expand the Select Export Options drop-down. By default, you have at least one option: Export to a folder. You can also check Export As Numbered List to export the highlighted images with a number at the beginning of the file name.

Note: Different options may be available, depending on the programs to which you have access.

4. Click Export

Click the Export button, then browse to where you want to save the image(s).

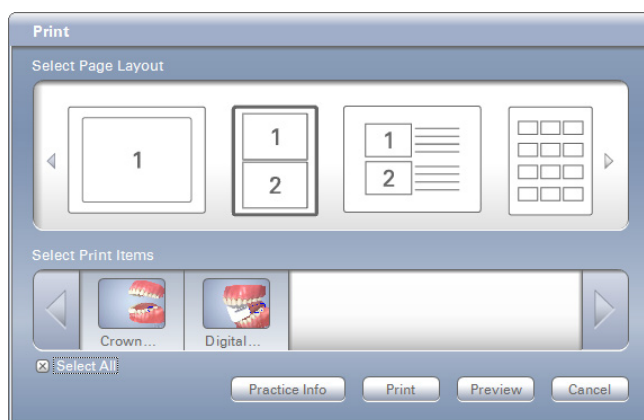
Note: You can also drag and drop images from the Thumbnail Tray pane to somewhere else on the computer, such as the Desktop.

Printing Images

You can print one or more images with a custom layout. To print images from the Thumbnail Tray pane:

1. Select File | Print

Select File and then Print to open the Print dialog. The selected patient's images appear at the bottom of the dialog.



2. Highlight a Thumbnail

From the Select Print Items pane, highlight the thumbnail(s) to be printed. You can also check Select All to print all images for the selected patient.

3. Highlight a Print Layout

From the Select Page Layout pane, highlight the desired print layout.

4. Edit the Practice Information

Click the Practice Info button to edit the practice information that appears on printouts. You can also customize the practice information (such as the practice name, address, and phone number) if you select Edit, Practice Information, then enter the desired text in the text field in the Edit Practice Information dialog.

5. Click Update

When you finish editing the text, click the Update button to save any changes.

6. Click Print or Preview

Click the Print button to send the page(s) directly to the printer. Click the Preview button to preview your page(s) before printing, then click the Print button.

Working with Custom Playlists

You can change the sort order of playlists and customize which playlists can be viewed by each user. You can also import and create custom playlists.

Note: Since the version of Guru Limited Edition that is integrated with Easy Dental is not a full version, any playlists that you create will be deleted when you close Guru Limited Edition.

Changing Sort Order and Visibility

To change the sort order and visibility of a playlist in the playlist pane:

1. Select Playlist | Playlist Visibility

Select Playlist and then Playlist Visibility to open the Playlist Visibility dialog. This dialog contains a list of all the playlists associated with the user account with which you are currently logged on to Guru Limited Edition.

2. Uncheck the Playlist(s)

Next to the name of each playlist that is visible for the user account is a check box. Uncheck the box next to the name of any playlist you no longer want to see in the Playlist pane when logged on to Guru Limited Edition as this user.

3. Change the Order

Drag and drop the playlists to change the order in which they are displayed, if needed.

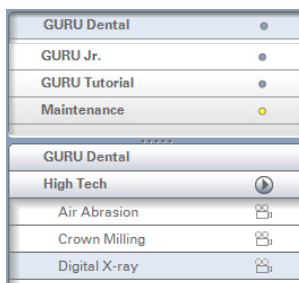
4. Click OK

When you are finished, click OK.

Note: From the main Guru Limited Edition window, you can also sort the items in the Playlist and Playlist Content panes alphabetically. To sort the items, right-click inside either of the panes, and select Sort By Name.

Creating and Editing Playlists

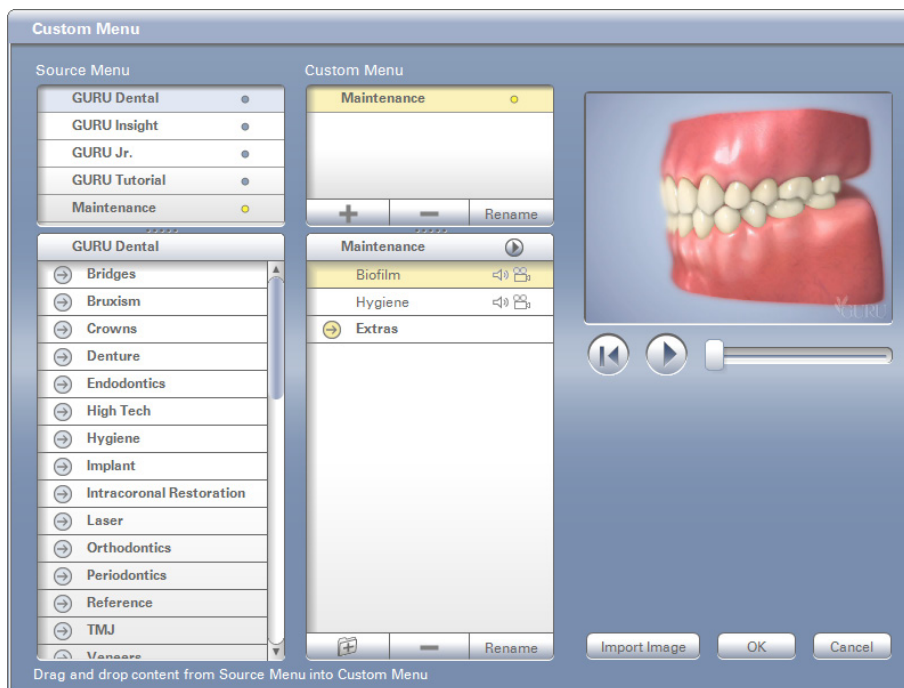
In the Playlist pane, a playlist with a blue dot next to the name cannot be edited or exported. However, a playlist with a yellow dot next to the name is a custom playlist and can be edited or exported.



To create a custom playlist or edit an existing custom playlist:

1. Select Playlists | Customize

Select Playlists and then Customize to open the Custom Menu dialog. The Source Menu panes display the available playlists and content for your custom playlist. The Custom Menu panes display the playlist(s) and content you are building or editing.



2. Build a New Playlist

To build a new playlist:

- a. Click the +
Click the Add Playlist button (+).
- b. Enter the Name
In the Playlist Name dialog, enter the name for the new playlist.

c. Click OK

Click OK. You'll notice that your new playlist has been added to the Custom Menu panes and is open (and empty).

d. Drag and Drop Topics

One at a time, drag and drop topics from the lower Source Menu pane into the lower Custom Menu pane to add those topics to your custom playlist.

3. Add, Delete, or Rename

To add, delete, or rename playlists and topics in the Custom Menu panes, click the corresponding buttons (+, -, and Rename, respectively).

4. Click OK

When you are finished adding or editing, click OK to save any changes.

Contact and Support Information

Go to the following Web site, or use the following phone numbers to contact us or to get help:

- **Contact Information:**

Phone: 1.800.336.8749

Online: www.howdoyouguru.com

- **For Support Help:**

Phone: 1.800.824.6375

Perio Chart

The Perio Chart is one of the most comprehensive periodontal charting software programs available today. A real clinical tool, 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.

Automatic calculation formulas allow you to expedite the charting process by eliminating the need to measure multiple indicators. Specially designed note tools help you to record diagnostic and summary information, including periodontal case typing using the appropriate ADA diagnostic codes and descriptions. Once entered, data can be viewed numerically. Finally, users can print custom reports, charts, and letters for an insurance consultant or the referring dental professional.

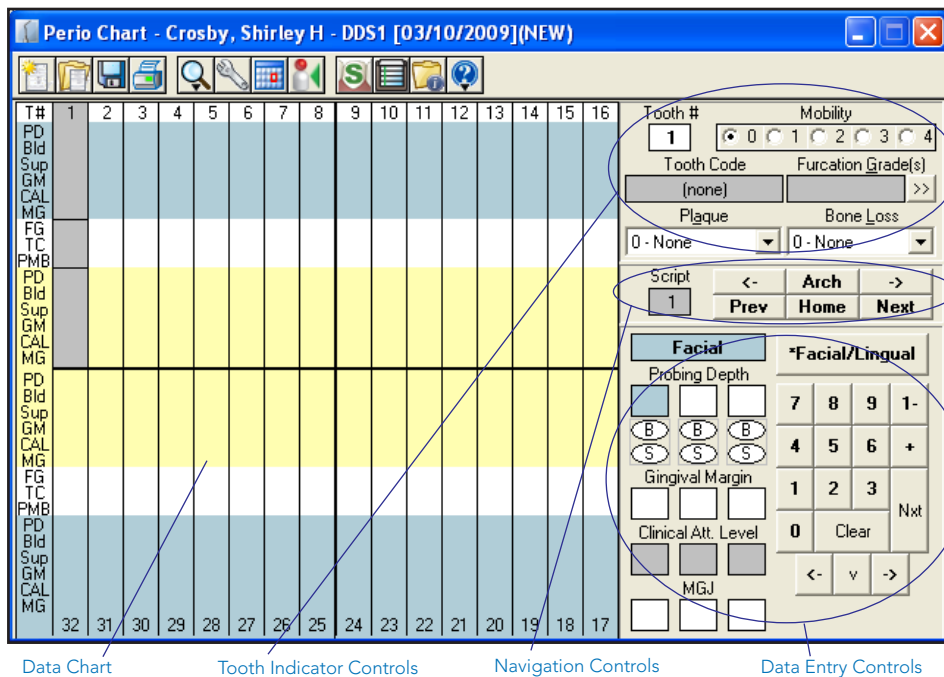
In this section:

- The Perio Module Window Areas
- Setting Up Perio
- Creating an Exam
- Understanding View Options
- Working with Exams
- Printing Perio Reports

The Perio Module Window Areas

The Perio Chart is divided into the following four areas:

- Data Chart
- Tooth Indicator Controls
- Navigation Controls
- Data Entry Controls



Data Chart

The Data Chart is used to input and display all periodontal data relevant to the current perio exam. The text column that extends down the left side of the Data Chart indicates the measurement type that will be listed in the corresponding row. The following is an explanation of the abbreviations used in the Data Chart:

- **T# (Tooth Number):** Indicates the tooth number to which the displayed information belongs.
- **PD (Probing Depth):** Indicates the depth of the periodontal pocket in millimeters.
- **Bld (Bleeding):** A red oval in this row indicates a bleeding point.
- **Sup (Suppuration):** A yellow oval indicates suppuration (infection) at that site.
- **GM (Gingival Margin):** Indicates the gingival margin (recession) measurement in millimeters.
- **CAL (Clinical Attachment Level):** Indicates the CAL measurement in millimeters.
- **MG (Mucogingival Junction):** Indicates the MGJ measurement in millimeters.
- **FG (Furcation Grade):** Indicates the furcation involvement for the tooth.
- **TC (Tooth Code):** Indicates special conditions relevant to the tooth. Conditions may include the following: C for Crown, P for Pontic, I for Implant, U for Unerupted, M for Missing, ID for Impacted Distal, or IM for Impacted Mesial.
- **PMB (Plaque, Mobility, and Bone Loss):** Indicates Plaque, Mobility, and Bone Loss measurements specific to the tooth.

The shading within the Data Chart has special significance. Yellow areas represent measurements taken from the Lingual side of the tooth. Blue areas represent measurements taken from the Facial (Buccal) side of the tooth. White areas represent measurements that correspond to the tooth in general. Within the yellow and blue areas, Easy Dental allows you to input six measurements (three on the Facial side and three on the Lingual side) for each tooth.

Tooth Indicator Controls

The Tooth Indicator controls provide control options for inputting data specific to a selected tooth. The information input through the Tooth Indicator Control is displayed in the white areas of the Data Chart. From the Tooth Indicator controls, you can input Mobility, Furcation Grade, Plaque, and Bone Loss. In addition, you can reference the tooth number currently selected and a text description of any codes (Crowns, Pontic, Implant, etc.) associated with that tooth.

Tooth #	Mobility
1	0 1 2 3 4
Tooth Code	Furcation Grade(s)
(none)	>>
Plaque	Bone Loss
0 - None	0 - None

Navigation Controls

In order to speed the entry of perio exam data, Easy Dental automatically advances from site-to-site and tooth-to-tooth. Since different care providers may chart in different ways, Easy Dental allows you to select from six pre-defined movement “scripts.” These scripts indicate to Easy Dental which measurements will be input (PD, GM, CAL, etc.) and in what order. Similarly, the script indicates what tooth number to advance to next.

The Navigation controls work in conjunction with the script settings. The tooth in the script that was last worked on is listed in the Script box.

Script	<-	Arch	->
1	Prev	Home	Next

To move to a previous tooth without changing the script settings, click the **left arrow** button. To move to the next tooth without changing the script settings, click the **right arrow** button. To switch between the upper and lower arch (or vice versa) without changing the script settings, click the **Arch** button. To rewind the script setting to a previous tooth, click the **Prev** button. To advance to the next tooth in the script, click the **Next** button. To return to the first tooth in the script, click the **Home** button.

Data Entry Controls

The Data Entry controls allow you to input data specific to different sites on the selected tooth. From the Data Entry controls, you can input probing depths, bleeding and suppuration points, gingival margins, clinical attachment levels, and mucogingival junction measurements. The keypad is used to enter measurements using the mouse or a light pen. The **Facial/Lingual** button is used to switch from the Facial side to the Lingual side of a tooth (or vice versa).

Facial	*Facial/Lingual
Probing Depth	
<input type="text"/> <input type="text"/> <input type="text"/>	7 8 9 1-
<input type="text"/> <input type="text"/> <input type="text"/>	4 5 6 +
Gingival Margin	1 2 3
Clinical Att. Level	0 Clear
MGJ	<- v ->
<input type="text"/> <input type="text"/> <input type="text"/>	Nxt

Setting Up Perio

Perio exam methods and philosophies differ from provider to provider. To facilitate different charting styles, the Perio Chart allows the provider to set up scripts and paths that represent the provider's preferred method of examination. All setup functions are accessed from the Perio Entry Setup dialog in the Perio Chart.

This section covers the following topics:

- Accessing the Perio Entry Setup Dialog
- Configuring Auto Settings
- Setting the Calculation Options
- Setting the Flag Red Limit
- Indicating Script Settings
- Skipping Teeth with Selected Conditions

Accessing the Perio Entry Setup Dialog

1. Select Patient

On the Chart module toolbar, click the **Select Patient** button. Enter the first few letters of the patient's last name. Select the desired patient and click **OK**.

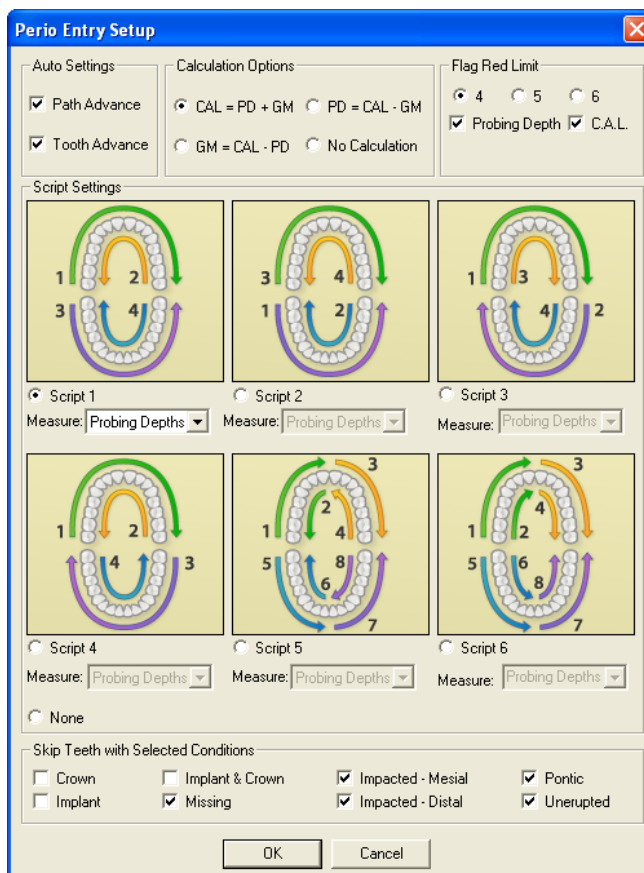
2. Click Perio Button

On the Chart module toolbar, click the **Perio** button. The Perio Chart opens.

Note: If the Perio button is colored blue, a perio exam(s) is on file for this patient.

3. Click Setup

To begin the setup process, click the **Setup** button on the Perio Chart toolbar. The Perio Entry Setup dialog box appears.



Read the following sections for more information on each setting. Once you have entered desired settings, click **OK** to save your settings and return to the Perio Chart.

Configuring Auto Settings

The Path Advance setting controls the order of movement through the probing areas of each tooth. Unchecking the box will inactivate the automatic path advance and require you to press the Enter key each time a measurement has been entered to advance to the next site.

The Tooth Advance setting controls the order of movement from tooth-to-tooth. Unchecking the box will inactivate the script settings and require that movement from tooth to tooth be done manually.

Setting the Calculation Options

When completing a Perio Chart, it is important to remember that the probing depth, gingival margin, and clinical attachment level measurements have a mathematical relationship. Given any two of the three measurements, Easy Dental mathematically calculates the third. Select one of the following four calculation options:

- **CAL = PD + GM:** This measurement option should be chosen if you plan to enter the probing depth and gingival margin measurements. Once those measurements have been entered, Easy Dental automatically calculates the clinical attachment level measurement.
- **GM = CAL – PD:** This measurement option should be chosen if you plan to enter the clinical attachment level and probing depth measurements. Once those measurements have been entered, Easy Dental automatically calculates the gingival margin measurement.
- **PD = CAL – GM:** This measurement option should be chosen if you plan to enter the clinical attachment level and gingival margin measurements. Once those measurements have been entered, Easy Dental automatically calculates the probing depth measurement.
- **No Calculation:** This option should be marked only if you will be entering one measurement and do not want to perform a calculation.

If you mark any one of the calculation methods, Easy Dental grays the measurement entry boxes on the Perio Chart that are automatically calculated. For example, if you mark the **CAL** calculation method, the Perio Chart grays the clinical attachment level entry boxes and does not allow manual entry. If you mark **No Calculation**, none of the boxes are gray and the Perio Chart allows manual entry into any set of boxes.

Setting the Flag Red Limit

As perio measurements are entered in the Perio Chart, you can choose to display a certain degree of probing depth and clinical attachment level in red. As the measurements are entered, if the probing depth or CAL is equal to or greater than the selected red flag limit, the measurement will be displayed in red on the Data Chart. For example, by marking 4, all probing depths or CAL equal to or greater than 4 are displayed in red.

- You can display the probing depth in red by checking Probing Depth.
- You can display the clinical attachment level in red by checking CAL.

Indicating Script Settings

Script Settings dictate the sequential order of movement from tooth-to-tooth and the sequential order of movement through the probing areas of each individual tooth.

You can choose to measure probing depths, gingival margin, clinical attachment level, or mucogingival junction using one of the six pre-defined scripts that come with Easy Dental.

Pre-defined Script 1

The first pre-defined script 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.

Pre-defined Script 2

The second pre-defined script 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.

Pre-defined Script 3

The third pre-defined script 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.

Pre-defined Script 4

The fourth pre-defined script 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.

Pre-defined Script 5

The fifth pre-defined script 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.

Pre-defined Script 6

The sixth pre-defined script 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.

Note: 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.

Skipping Teeth with Selected Conditions

Teeth with certain conditions (i.e. unerupted or missing teeth) should be skipped when entering perio data. To have Easy Dental automatically skip these teeth, check the desired condition types in the Perio Entry Setup dialog.

Note: In order for Easy Dental to skip these teeth, the condition must first be posted in the Chart module.

Creating an Exam

Easy Dental allows you a great deal of flexibility when creating a perio exam. If desired, you can enter only the most basic information, such as probing depths. However, for users who want to do a more comprehensive exam, most every perio classification and measurement is available to be charted and noted. This section explains how to complete the following tasks:

- Entering Perio Measurement Data
- Entering Perio Data Using the Keyboard
- Entering Diagnostic (Note) Information
- Changing the Date of an Exam
- Changing the Provider for an Exam
- Referencing a Perio Screening Score
- Referencing Summary Totals
- Saving an Exam

Entering Perio Measurement Data

1. Select Patient

On the Chart module toolbar, click the **Select Patient** button. Enter the first few letters of the patient's last name. Select the desired patient and click **OK**.

2. Click Perio Button

On the Chart module toolbar, click the **Perio** button. The Perio Chart opens.

Note: If a patient has a previously entered Perio exam in the system, Easy Dental will automatically load that exam as a reference. You can save time by entering only the measurements that have changed since the last exam.

3. Select Script Settings (Optional)

If needed, click the **Setup** button and select the Script settings to match your charting style. (See *Indicating Script Settings* in the *Setting Up Perio* section of this chapter for more information.)

4. Enter Perio Data

Perio data can be entered using the keyboard, mouse, or light pen. Begin typing or clicking to enter measurements. Easy Dental will advance automatically through the Data Chart following your Script settings. To enter information not included in the script, simply use the mouse and the controls located on the right side of the Perio Chart. The following list outlines the function of each item in the controls:

- **Tooth #:** Used as a reference, this field displays the current tooth being charted.
- **Mobility:** Allows the selection of a mobility classification. Mark the desired classification. The number appears in the center placement of the PMB line on the Data Chart.
- **Tooth Code:** Displays applicable condition information about the tooth.
- **Furcation Grade:** Allows the selection of a furcation grade. Click the **Furcation Grade(s)** search button to display the Furcation Grade dialog box. Furcation Grades relevant to the selected tooth will be shown. Highlight the desired furcation and click **OK**.

- **Plaque:** Allows the selection of a plaque classification. Expand the drop-down and select the appropriate classification. A corresponding number appears in the left placement of the PMB line on the Data Chart.
- **Bone Loss:** Allows the selection of a bone loss classification. Expand the drop-down and select the appropriate classification. A corresponding number appears in the right placement of the PMB line on the Data Chart.
- **Facial/Lingual:** Click this button to switch between surface selections.
- **Probing Depth:** These boxes allow entry of probing depth measurements. Easy Dental automatically advances through the boxes depending on your path settings. (Depending on the Calculation Option selected in the Setup screen, this option may be grayed out. See *Setting the Calculation Options* in the *Setting Up Perio* section of this chapter for more information.)
- **B (Bleeding):** Clicking the ‘B’ oval indicates a bleeding point on the tooth. A red oval that corresponds to the selected tooth and site appears on the Data Chart. (Pressing the ‘B’ on the keyboard at the appropriate point in the path will accomplish the same task.)
- **S (Suppuration):** Clicking the ‘S’ oval indicates an infection point on the tooth. A yellow oval that corresponds to the selected tooth and site appears on the Data Chart. (Pressing the ‘S’ on the keyboard at the appropriate point in the path will accomplish the same task.) To add both suppuration and bleeding to the same tooth, hold down the Ctrl button and press ‘B’. Both suppuration and bleeding symbols will be added to the selected tooth.
- **Gingival Margin:** Allows the entry of gingival margin measurements. Easy Dental automatically advances through the boxes depending on your path settings. (Depending on the Calculation Option selected in the Setup screen, this option may be grayed out. See *Setting the Calculation Options* in the *Setting Up Perio* section of this chapter for more information.)
- **Clinical Attachment Level:** These boxes allow entry of the CAL. Easy Dental automatically advances through the boxes depending on your path settings. (Depending on the Calculation Option selected in the Setup screen, this option may be grayed out. See *Setting the Calculation Options* in the *Setting Up Perio* section of this chapter for more information.)
- **MGJ:** Allows the entry of the mucogingival junction measurements. Easy Dental automatically advances through the boxes depending on your path settings.
- **1-:** There are occasions when a measurement is greater than nine millimeters. This button is used for these higher numbers. As an example, if the pocket depth was 12 millimeters, it would be entered by clicking the “1-” button followed by the “2” button. Measurements greater than nine millimeters appear as “>” on the Data Chart.
- **+:** There are times the gingival margin is above the MGJ. In these cases, the measurement should be entered as a positive number. This can be entered in the chart by selecting this button followed by the appropriate number. This button only works when entering a GM measurement. To show that the GM is a positive number, the number appears on the Data Chart as a white number in a black square.

Entering Perio Data Using the Keyboard

Below is a list of keyboard commands that can be used if you prefer keyboard entry over the mouse or light pen.

- **Numeric Key Pad:** Works the same as the number buttons on the entry display screen.
- **Number Keys:** Work the same as the number buttons on the data entry display screen.
- **Page Up:** Works the same as the **Prev** button on the display screen.
- **Page Down:** Works the same as the **Next** button on the display screen.
- **Home:** Works the same as the **Home** button on the display screen.
- **Del:** Clears all entries in the current selection. Works the same as the **Clear** button on the display screen.
- **Arrow Keys:** Works the same as the arrow buttons in the Data Entry controls.

- **Asterisk (*):** Works the same as the Facial/Lingual button on the display screen. It toggles between the two surfaces of the selected tooth.
- **Enter:** Advances the selection through the current path and script settings.

Entering Diagnostic (Note) Information

In addition to Perio measurements, other perio data can be added to the current perio exam using the Diagnostics menu item. Clicking the **Diagnostics** button displays the Perio Clinical Notes dialog. This data is also used to create customized letters that can be sent to insurance companies, patients, etc.

Adding Diagnostic Information to Current Exam

1. Click Diagnostics

On the Perio Chart toolbar, click the **Diagnostics** button. The Perio Clinical Notes dialog appears.

The screenshot shows the 'Perio Clinical Notes' dialog box. It is organized into several sections:

- Notes:**
 - GINGIVA:** Includes dropdown menus for Color, Texture, Margins, Attachment, Papillae, Sulcus, Contour, Bleeding, and Suppuration.
 - X-RAYS:** Includes dropdown menus for Bone Loss and Bone Defects.
 - ORAL HYGIENE:** Includes dropdown menus for Plaque, Calculus, and Stain.
 - MISCELLANEOUS:** A large text area for entering miscellaneous information.
- Summary:**
 - A dropdown menu for 'Periodontal Case Type'.
 - Two text input fields for 'Patient Status' and 'Perio Status'.
- Buttons:** 'Copy to Clipboard', 'Save as Default', 'Summary Totals', 'OK', and 'Cancel'.

2. Select Gingiva Information

Expand the drop-down of each **GINGIVA** field and select the options appropriate to the condition of the patient's gingiva.

3. Select X-rays Information

Expand the drop-down of each **X-RAYS** field and indicate the bone loss and defects indicated by an X-ray.

4. Select Oral Hygiene Information

Expand the drop-down of each **ORAL HYGIENE** field and select the options appropriate to the state of the patient's oral hygiene.

5. Enter Miscellaneous Information

Enter miscellaneous exam information in the **MISCELLANEOUS** field.

6. Select Periodontal Case Type

Expand the **Periodontal Case Type** drop-down and select the appropriate periodontal case type for the patient.

7. Select Patient Status

Highlight the appropriate status in the **Patient Status** field.

8. Select Perio Status

Highlight the appropriate status in the **Perio Status** field.

9. Copy to Clipboard (Optional)

The entered diagnostic data can be copied to the Windows clipboard for placement in your own letters or documents. Click the **Copy to Clipboard** button. Next, open the letter or document where you want to insert the diagnostic information. Using the Paste command of this application or Ctrl-V, insert the text in the desired location.

10. Click OK

Click **OK** to save the diagnostic information as a permanent part of this exam and return to the Perio Chart.

Customizing the Perio Clinical Notes Dialog Defaults

You can easily customize the default settings in the Perio Clinical Notes dialog. Set each field to the desired default and click Save As Default. All future exams will default to the entered diagnostic settings.

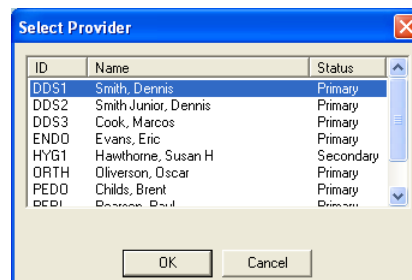
Changing the Date of an Exam

All new exams are automatically assigned the current date as the date of the exam. To change an exam date, click the **Set Date** button on the toolbar. Select the desired date (use the left and right arrows to move between months) and click **OK**.



Changing the Provider for an Exam

All new exams are automatically assigned the patient's primary provider as the provider for the exam. To change the provider, click the **Select Provider** button on the toolbar. Highlight the desired provider and click **OK**.



Referencing a Perio Screening Score

To reference the PSR score for an entered exam, click the **Perio Score** button on the toolbar. The Perio Score dialog appears, displaying the PSR information for the current exam.

S1	S2	S3
0	0	0
S6	S5	S4
0	0	0

Close

Note: A full mouth charting of pocket depths must be entered previous to referencing the PSR. Since the PSR is derived by averaging the pocket depth measurements for each sextant, incomplete entries for a sextant will result in an inaccurate PSR.

Referencing Summary Totals

Easy Dental provides Perio Chart users with a statistical analysis of entered perio data. To view the Summary Totals, click the Summary button on the toolbar. Easy Dental lists the number of teeth and sites that meet certain perio criteria, such as Pocket Depth measurement greater than four millimeters or teeth that bled on probing, etc.

		# of Teeth	# of Sites
Perio Condition	Total Teeth	32	192
	Bleeding	0	0
	Suppurating	0	0
	Furcations	0	0
	Mobility	0	0
Probing Depths	1 - 3 MM	15	43
	4 - 5 MM	0	0
	6 or more MM	0	0
Clinical Attachment Level	1 - 3 MM	15	43
	4 - 5 MM	0	0
	6 or more MM	0	0

Close

Note: You can also view this information by clicking on the Summary Totals button in the Perio Clinical Notes.

Saving an Exam

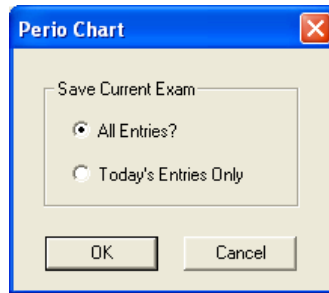
1. Click Save Exam

If the patient does not have any other save exams, click the **Save Exam** button on the Perio Chart toolbar.

OR

1. Click Save Exam

If you are saving new data entered on a previously saved exam, click the **Save Exam** button on the Perio Chart toolbar. The following options appear.



2. Mark Save Options

For patient's with previous Perio exam information, mark the **All Entries?** option to save all displayed exam information. To save only information entered today, mark the **Today's Entries Only** option.

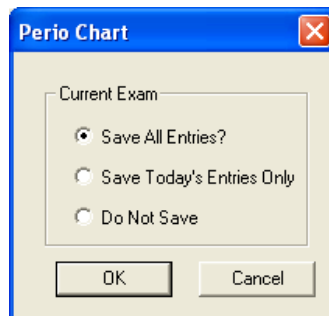
3. Click OK

Click **OK** to save the exam information.

OR

1. Click Save Exam

If enter new data on a previously saved exam and you attempt to close the Perio Chart or open another exam, the following options appear.



2. Mark Save Options

For patient's with previous Perio exam information, mark the **All Entries?** option to save all displayed exam information. To save only information entered today, mark the **Today's Entries Only** option. Or, if you do not want to save the exam, mark **Do Not Save**.

3. Click OK

Click **OK** to save the exam information.

Understanding View Options

In the Perio Chart, you can change some of your view settings and perform an exam comparison. This section will discuss the different view options. Look for the following topics:

- Viewing the Data Chart
- Comparing Exams
- Changing Display Options
- Updating Procedures
- Viewing an Existing Exam
- Deleting an Existing Exam

Viewing the Data Chart

The Data Chart is the default view option. The Data Chart displays a numeric representation of exam information. To access the Data Chart when you are in a different view mode, click the **Options** button, then select **Data Chart**.

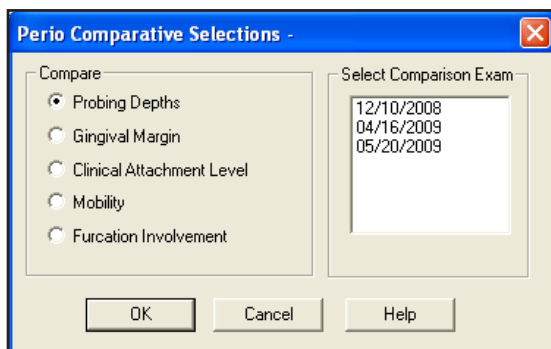
Comparing Exams

To help educate your patients regarding periodontal disease progression, Easy Dental allows you to compare up to four previous perio exams with the current exam.

To compare exams:

1. Click Options | Exam Comparison

On the Perio Chart toolbar, click the **Options** button, then **Exam Comparison**. The Perio Comparative Selections dialog appears.



2. Select Comparison Type

Mark the desired radio button in the Compare group box to select the type of comparison you want.

- Mark **Probing Depths** to review a comparison of probing depth measurements.
- Mark **Gingival Margin** to review a comparison of gingival margin measurements.
- Mark **Clinical Attachment Level** to review a comparison of clinical attachment levels.
- Mark **Mobility** to review a comparison of mobility measurements.
- Mark **Furcation Involvement** to review a comparison of furcation grades.

3. Select Exams to Compare

Select the exam(s) to which you want to compare the current exam. All previous exams will be listed and up to four exams can be selected at a time.

4. Click OK

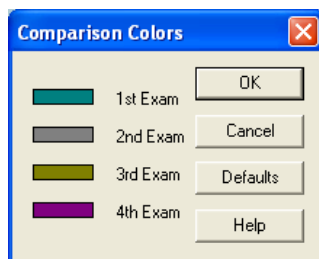
Click **OK** to activate your choices. A comparison chart appears with a legend at the bottom of the window to explain symbols.

Changing Display Options

Easy Dental allows you to modify the display in Exam Comparisons. To change the display options:

1. Click Options | Display Options

On the Perio Chart toolbar, click the **Options** button, then **Display Options**. The Comparison Colors dialog appears.



2. Customize Colors

The color box to the left of each item indicates the color in which that exam's information will be displayed. To change a color, click on the color box. The Colors dialog box appears. Select the desired color and click **OK**. Repeat for any other exam.

Note: To return the color settings to the system default colors, click the Defaults button.

3. Click OK

Click **OK** to save your changes.

Updating Procedures

If a patient has had work performed since the last perio exam, you can use the Update Procedures feature to update the Perio Chart to display the pertinent procedure information (i.e. crowns, missing tooth, pontic). To use the Update Procedures feature, click the **Options** button on the toolbar, then **Update Procedures**.

Working with Exams

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

This section covers the following topics:

- Viewing an Existing Exam
- Deleting an Existing Exam

Viewing an Existing Exam

1. Select Patient

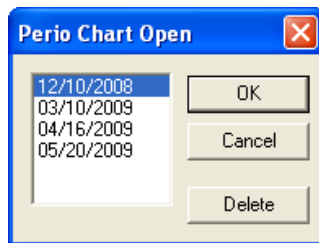
On the Chart module toolbar, click the **Select Patient** button. Enter the first few letters of the patient's last name. Select the desired patient and click **OK**.

2. Click Perio Button

On the Chart module toolbar, click the **Perio** button. The Perio Chart appears, and the most recent exam loads automatically.

3. Click Open Exam

On the Chart module toolbar, click the **Open Exam** button. The Perio Chart Open dialog appears.



4. Select Exam

Highlight the exam to be opened and click **OK**. The selected exam information is displayed.

Deleting an Existing Exam

Once an exam has been deleted, there is no way to retrieve the information without restoring a backup of your database. By restoring a backup, you will lose any information added since the backup was made.

1. Select Patient

On the Chart module toolbar, click the **Select Patient** button. Enter the first few letters of the patient's last name. Select the desired patient and click **OK**.

2. Click Perio Button

On the Chart module toolbar, click the **Perio** button. The Perio Chart appears, and the most recent exam loads automatically.

3. Click Open Exam

On the Chart module toolbar, click the **Open Exam** button. The Perio Chart Open dialog appears.

4. Select Exam Date

Highlight the exam date to be deleted.

5. Click Delete

Click the **Delete** button. A warning message is displayed. Click **OK** to permanently delete the exam.

Note: An exam that is currently open cannot be deleted.

Printing Perio Reports

The Easy Dental Perio Chart allows you to print a variety of different charts and letters to document periodontal exam information.

To print a perio report (If you are currently viewing the exam you want to print, skip to step 4.):

1. Select Patient

On the Chart module toolbar, click the **Select Patient** button. Enter the first few letters of the patient's last name. Select the desired patient and click **OK**.

2. Click Perio Button

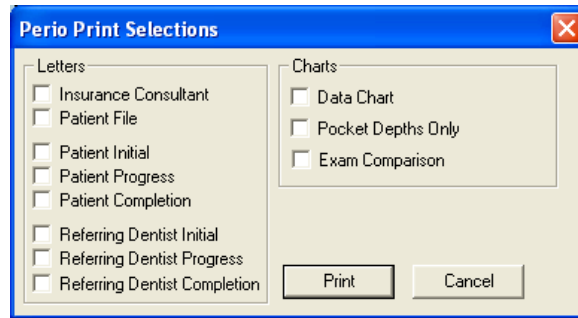
On the Chart module toolbar, click the **Perio** button. The Perio Chart appears, and the most recent exam loads automatically.

3. Click Open Exam

On the Chart module toolbar, click the **Open Exam** button. The Perio Chart Open dialog appears. Highlight the exam to be opened and click **OK**. The selected exam information is displayed.

4. Click Print Perio Reports

On the Chart module toolbar, click the **Print Perio Reports** button. The Perio Print Selections dialog appears.



5. Check Print Selections

Check any of the following reports that you want to print:

- **Insurance Consultant Letter:** Prints a letter that can be sent as documentation of Perio disease diagnosis to an insurance carrier.
- **Patient File:** Prints a document that can be placed in the patient's chart that documents the perio diagnosis for the selected exam.
- **Patient Initial:** Prints a letter that can be sent to the patient to remind them of perio diagnosis and to suggest home care aids.
- **Patient Progress:** Prints a follow-up letter that can be sent to the patient to update them on their perio status.
- **Patient Completion:** Prints a congratulatory letter that can be sent to a patient on the completion of their perio treatment. The letter contains several helpful reminders to aid the patient in maintaining their perio health.
- **Referring Dentist Initial:** Prints a letter that can be sent as documentation of Perio disease diagnosis to the referring dentist.
- **Referring Dentist Progress:** Prints a letter that contains updated diagnostic information for the referring dentist.
- **Referring Dentist Completion:** Prints a letter that contains final diagnostic information and explains that the patient should be returning to the referring dentist for general dental care.

Note: All letters require the installation of Microsoft Word on the station from which they are printed.

- **Data Chart:** Prints the Data Chart.
- **Pocket Depths Only:** Prints the Data Chart, but only includes Pocket Depths.
- **Exam Comparison:** Prints the Exam Comparison Chart. This option is only available when you are viewing an exam comparison.

6. Click Print

Click the **Print** button to print your selections.

Accounts

The Accounts module is used to manage patient accounts. From the Accounts module you can add and edit payments, adjustments, and procedures, process insurance claims, calculate finance charges and create payment plans.

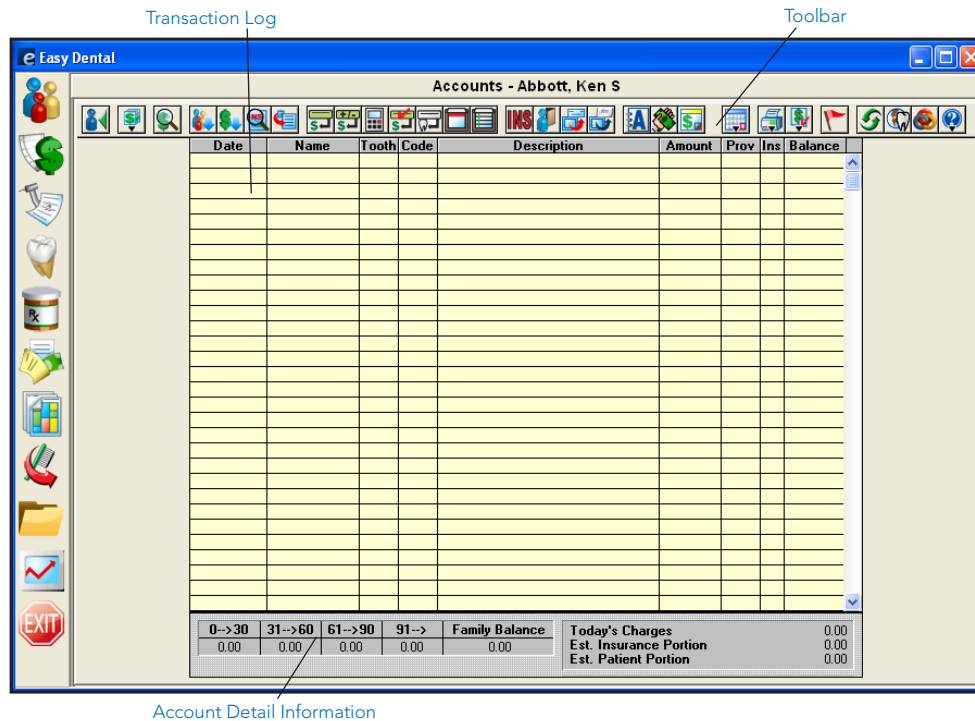
This section covers the following topics:

- The Accounts Module Window Areas
- Editing Billing Types and Account Information
- Showing Transactions Links
- Setting Up the Accounts Module
- Working with Transactions
- Entering an Initial Aged Balance
- Understanding the Balance Forward
- Using the Easy Checkout Button
- Entering Account Notes
- Printing Accounts Reports
- Tracking Accounts
- Searching for Payments
- Working with Payment Plans
- Working with Future Due Payment Plans
- Processing Insurance Claims
- Month End Procedures

The Accounts Module Window Areas

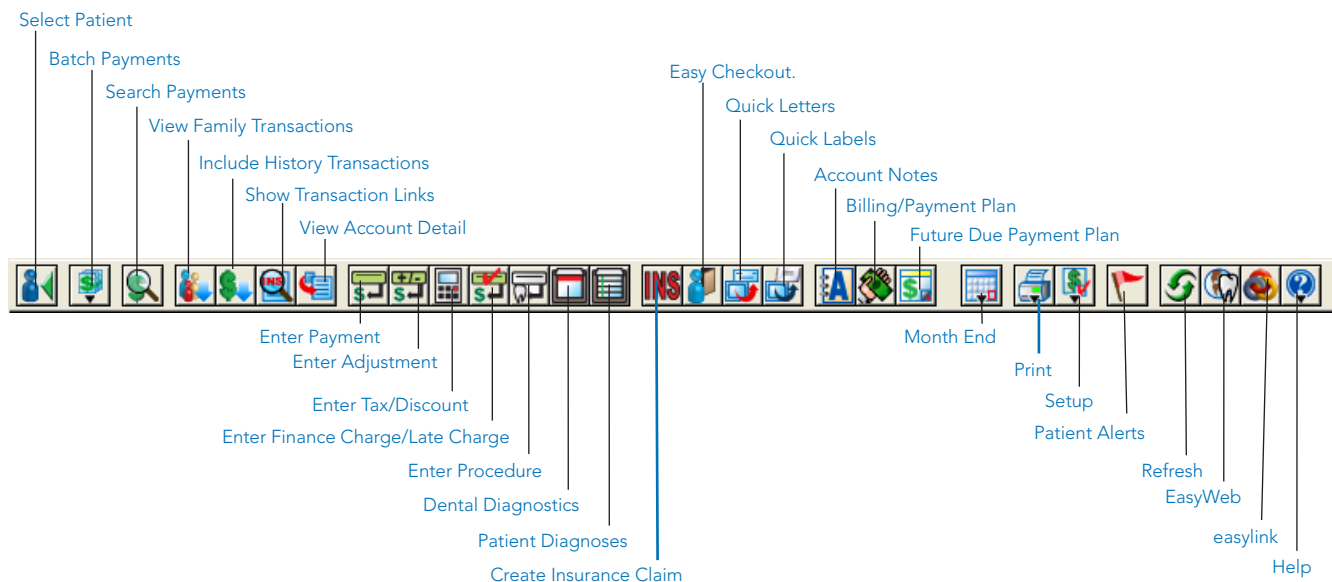
The Accounts module is divided into the following three major areas:

- Toolbar
- Transaction Log
- Account Detail Information



Toolbar

The Accounts module toolbar is a collection of command buttons that allow you to initiate commands by clicking once on the button. The Accounts module toolbar is located at the top of the Accounts window.



Transaction Log

The Transaction Log is also referred to as the Accounts list. The Transaction Log lists the following items:

- Transaction date
- Patient or guarantor name
- Tooth number or letter when applicable
- Procedure code or transaction type
- A double arrow (>>) indicates if a note is attached to a procedure.
- Transaction description
- Transaction amount
- The provider of each transaction
- Insurance status (whether or not an insurance claim has been created)
- Account or Patient running balance (when selected)
- Any transactions that have been placed in History will have an “x” before the description.
- A procedure in history that has been invalidated will have a “+” before the description.

Date	Name	Tooth	Code	Description	Amount	Prov	Ins	Balance
07/07/2000	Brandon T Crawf		D1110	*Prophylaxis-adult	38.00	DDS1	No	38.00
01/31/2005	Brandon T Crawf	5	D2391	+Resin composite-1s, posterior	83.00	DDS1		121.00
01/31/2005	Brandon T Crawf		D1110	*Prophylaxis-adult	38.00	DDS1		159.00
01/31/2005	Brandon T Crawf		D0120	*Periodic oral evaluation	17.00	DDS1		176.00
01/31/2005	Brandon T Crawf		Pay	*Cash Payment - Thank You	-31.60	DDS1		144.40
01/04/2005	Brandon T Crawf	5	D2392	^Resin composite-2s, posterior	91.00	DDS1	No	235.40
02/04/2005	Brandon T Crawf	UR	D4210	Gingivectomy-4+ per quadrant	25.00	DDS1	No	260.40
02/04/2005	Brandon T Crawf	16	D2392	Resin composite-2s, posterior	91.00	DDS1	No	351.40
02/04/2005	Brandon T Crawf		Ins	Prim Claim - Sent 138.00				351.40

Procedures that have been back dated into a previous month (if the month has been closed out) will have a caret (^) before the description until the current month is closed.

The insurance status column will either have no entry or will have the word “No” listed. If the column is empty, an insurance claim has been filed for the procedure. If the column reads “No,” an insurance claim should be created. If this column has an “x” it means that the procedure is marked “Do Not Bill to Insurance.”

Account Detail Information

By clicking the **View Account Detail** button you can show the Account Detail information on the bottom left side of the Accounts module. Once you click the View Account Detail button, it will be selected for all patients until you click it again. The following information is displayed:

- The billing type
- The guarantor’s last payment amount and date
- The last insurance payment amount and date
- The last Billing Statement date
- The total amount billed to insurance that is still outstanding
- The amount expected from insurance
- The estimated account portion of the balance

0-->30	31-->60	61-->90	91-->	Family Balance		
0.00	0.00	0.00	0.00	0.00		
Billing Type (3) Insurance Family - Dual Insurance Last Acct. Payment 0.00 Date 07/07/2000 Last Ins. Payment 158.36 Date 11/08/2006 Last Statement Date 07/18/2000 Outstanding Billed to Insurance 0.00 Expected from Insurance 0.00 Account Portion of Total Balance 0.00					Today's Charges 0.00 Est. Insurance Portion 0.00 Est. Patient Portion 0.00 Payment Plan Summary Monthly Pmt 76.76 Pmt Due 76.76 Amt Past Due 0.00 Due Date 02/09/2007 Future Due Payment Plans Summary Original Bal. 480.00 Payment 140.84 Remain Bal. 395.00 Due Date Wed, 8th	

The right side of the Account Information window block shows:

- Today's charges.
- Estimated insurance portion (for today).
- Estimated patient portion (for today).
- Payment Plan information including the monthly payment, amount past due, payment due, and due date.
- Future Due Payment Plan information including the original balance, the remaining balance, payment amount, and due date.

Editing Billing Types and Account Information

The Account Details block displays the family's aging balance, billing type, last payment amount, and last payment date. When the Head-of-House is first entered, the family is automatically given the default billing type that was selected in the Reports module. All family members will be assigned the same Billing Type.

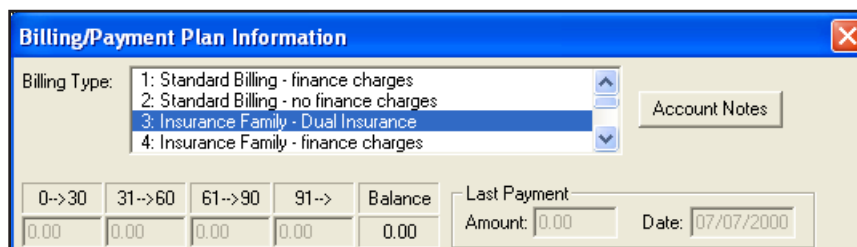
To edit the billing and account information

1. Click Billing/Payment Plan

Click the **Billing/Payment Plan** button to bring up the Billing/Payment Plan Information dialog.

2. Select Billing Type

The default billing type will be assigned to the family. If desired you may change the billing type.



The dialog box titled "Billing/Payment Plan Information" contains a list box for "Billing Type" with four options: "1: Standard Billing - finance charges", "2: Standard Billing - no finance charges", "3: Insurance Family - Dual Insurance" (which is selected), and "4: Insurance Family - finance charges". To the right of the list box is an "Account Notes" button. Below the list box is a table with columns for aging periods and a balance column, with values all set to 0.00. To the right of the table is a "Last Payment" section with "Amount" set to 0.00 and "Date" set to 07/07/2000.

3. Enter Aging Amounts

The top half of the dialog is used during initial setup to enter existing aging balances, the last payment amount, and the date from your Accounts module cards or aging reports. Enter the total family balance in the aging columns. (See the *Entering an Initial Aged Balance* section in this chapter for more information.)

4. Check Balance

Check the calculated total under Balance before continuing. An Initial Balance transaction will automatically be created for the family on the Accounts Transaction Log.

Note: Once procedures have been entered in the Accounts module or the Treatment Plans module this area will become grayed out and you will not be able to enter aged balances.

5. Enter Last Payment Amount Information

Enter the amount of the last guarantor payment and the date in the fields provided.

6. Click OK

Click the **OK** button to exit the Billing/Payment Plan Information dialog.

Showing Transactions Links

The Show Transaction Links button allows you to quickly see related transactions listed in the Accounts module. For example, you may want to see all procedures linked to an insurance claim or vice-versa. Simply highlight the transaction for which you want to find links and click the **Show Transactions Links** button. All transactions linked to the selected transaction will now be highlighted. Click any single transaction to remove the highlight.

Setting Up the Accounts Module

The following setup options will help you customize the Accounts module to meet the needs of your office. These options are available by clicking the **Setup** button on the Accounts module toolbar.

- Setting Tax and Discount Options
- Setting Accounts and Treatment Plans Colors
- Setting Easy Checkout Options

Setting Tax and Discount Options

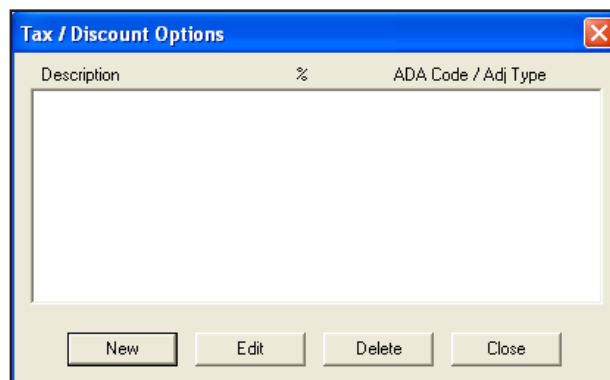
The Accounts module allows you to set up multiple Tax/Discount types to be applied to individual patients or family accounts. The amount of the tax or discount can be determined by Today's Charges or by a specified procedure date.

Before you can apply the tax or discount, it is necessary to create Tax/Discount types. This is done by assigning each Tax type to a specific procedure code or adjustment type and each Discount type to a specific adjustment type. To set up Tax/Discount types complete the following steps:

Note: Discounts should be assigned to a credit adjustment type in order for the account balance to be decreased by the appropriate amount.

1. Click Setup | Set Tax/Discount Options

From the Accounts toolbar, click the **Setup** button then select **Set Tax/Discount Options**. The Tax/Discount Options dialog appears.



2. Click New

Click **New** to set up a new Tax/Discount type. The New Tax/Discount dialog appears.

The screenshot shows a dialog box titled "New Tax / Discount". It has a description field at the top. Below that is a "Post Using:" section with a "Percentage:" input field followed by a "%", a "Round to the nearest dollar" checkbox, and two radio buttons: "Procedure Code" (selected) and "Adjustment Type". Both radio buttons have search buttons ">>". Below that is a "Fee Schedule" section with two radio buttons: "Use Procedure Amount" (selected) and "Use Fee Schedule Amount". The "Use Fee Schedule Amount" radio button has a search button ">>" and a text input field containing "1. FEE 1". At the bottom of the dialog are "OK" and "Cancel" buttons.

3. Enter Description

Enter a **Description** for the new Tax/Discount option.

4. Enter Percentage

Enter the percentage of the selected charge/discount you want to apply for the tax/discount.

5. Round to Nearest Dollar

Check this option to round the tax/discount amount to the nearest whole dollar.

6. Enter Procedure Code

When adding a new tax option, you can mark **Procedure Code** and click the search button to select the code for which to apply the tax. The Procedure Code List appears. Select a category, then highlight the desired code. Click the **OK** button to return to the New Tax/Discount dialog.

Note: For a tax option, you can also select a debit adjustment type instead of a procedure code. See step 7 for instructions.

Note: New Procedure Codes and/or Adjustment Types may need to be entered for the Tax/Discount option. (See the "Reports" chapter for more information.)

7. Enter Adjustment Type

When adding a new discount or tax option, mark **Adjustment Type** and click the search button to select the Adjustment Type to be assigned to the discount/tax. The Select Adjustment Type dialog appears. Highlight the desired adjustment and click the **OK** button to return to the New Tax/Discount dialog.

8. Click OK

Click the **OK** button to save the new tax/discount type.

9. Click Close

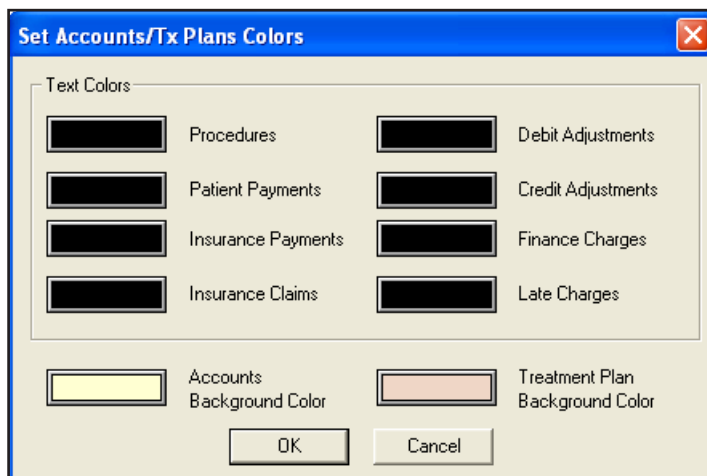
Click the **Close** button to exit the Tax/Discount Options dialog.

Setting Accounts and Treatment Plans Colors

To help you quickly identify different transaction types, you can assign each transaction type a unique color. Once the colors have been assigned, the Accounts module becomes even easier to use. To assign a transaction type a color complete the following steps:

1. Click Setup | Set Accounts/Tx Plans Colors

Click the **Setup** button then select **Set Accounts/Tx Plans Colors**. The Set Accounts/Tx Plans Colors dialog appears.



2. Assign Text Colors

Click the color box next to **Procedures**. The Color dialog appears. Click the color you would like to assign to this transaction type. Click **OK**. Repeat this procedure for all other transaction types.

3. Assign Treatment Plan Background Color

The Accounts module shows you all work completed for the patient. The Treatment Plan module shows all work that has been recommended, but not yet completed. To help you distinguish between the two views you can assign a background color to the Treatment Plan module.

Click the color box next to Treatment Plan Background Color. The Colors dialog appears. Click the color you would like to assign as the background color. (Be sure to choose a color that will contrast with the other colors you chose in step three.) Click **OK**.

4. Click OK

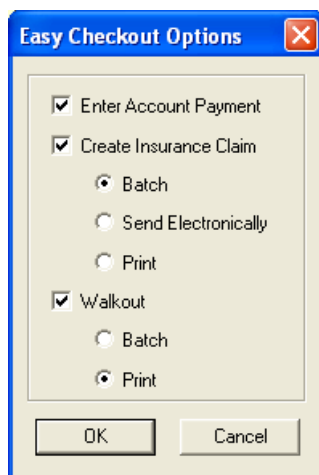
Click the **OK** button to save your color settings.

Setting Easy Checkout Options

The Easy Checkout button in Accounts enables you to perform several tasks in one click of a button. You can choose which functions you want to occur when the Easy Checkout button is used. Using the Easy Checkout button is explained later in this chapter. To set up this button, complete the following steps:

1. Click Setup | Easy Checkout Options

Click the **Setup** button then select **Easy Checkout Options**. The Easy Checkout Options dialog appears.



2. Select Options

Place a check mark next to the options you want the Easy Checkout button to perform. The options are explained below:

- **Enter Account Payment:** Check this to make a payment on the patient's account.
- **Create Insurance Claim:** Check this to create an insurance claim for today's procedures. Then, mark where you want the claim sent:
 - **Batch:** Mark this to send the claim to the Batch Processor.
 - **Send Electronically:** Mark this to submit the claim electronically. You must first set up an eServices account to use this feature.
 - **Print:** Mark this to send the claim directly to the printer.
- **Walkout:** Check this option to create a walkout statement or receipt. Then, mark where you want the walkout statement to be sent:
 - **Batch:** Mark this to send the statement to the batch processor.
 - **Print:** Mark this to send the statement directly to the printer.

3. Click OK

Click the **OK** button to save your settings.

Working with Transactions

All of the transactions that occur in the practice will be recorded in the Accounts Transaction Log. This section will explain how to enter procedures, payments, adjustments, taxes, and discounts. This section covers the following topics:

- Entering Procedures
- Attaching Diagnostic Codes
- Entering Procedures Using Explosion Codes
- Entering Procedure Notes
- Entering Payments
- Entering Batch Account Payments
- Entering Adjustments
- Entering Taxes and Discounts

- Editing Transactions
- Editing Procedures Attached to Claims
- Invalidating History Transactions

Entering Procedures

All charges entered will be linked to specific ADA procedure codes. To enter procedures:

1. Select Patient

Click the **Select Patient** button from the toolbar.

2. Click Enter Procedure

Click the **Enter Procedure** button from the toolbar.

3. Enter Procedure Code

Enter the Procedure Code if you know it by memory OR click the search button next to the **Procedure** box and select a Category and Procedure Code from the Procedure Code list box. You may also select an explosion code from the Explosion Code list. The Procedure description(s) and the charge Amount appears.

4. Enter Tooth and Surface

If the Procedure Code requires a tooth and surfaces, enter those now.

- Enter the surfaces in the edit box or use the surfaces search button to display the Surface Selection dialog. Check the surfaces desired.
- Use the **Add** button when a procedure's surfaces are not connected. Check the first surface, click the **Add** button and then check the next surface.
- Click **OK**.

Note: If the tooth number you entered is higher than 51 and lower than 82, a warning appears to alert you that an invalid tooth number was entered and will ask if you would like Easy Dental to accept the tooth number as a supernumerary tooth. If the tooth number is 82 or higher, or 33 to 50, the invalid tooth number message appears. Click OK to enter a valid tooth number.

5. Edit Provider (Optional)

The Provider text box will initially display the default provider for the patient. The provider for the procedures being added can be changed at any time by selecting the **Provider** search button.

Note: If you do not want this procedure to be included on a claim, mark Do Not Bill to Insurance.

6. Click Add

Click the **Add** button to add this procedure to the Procedure List box.

7. Repeat

Repeat the above steps if you need to enter additional procedures.

Note: After the first procedure has been added, the Procedure text box defaults to the previously entered procedure code. This is useful when the patient is having several sealants, amalgams, or extractions.

8. Click OK/Post

Click the **OK/Post** button. All of the procedures appearing in the Procedure List will be recorded in the Transaction log.

Attaching Diagnostic Codes

To attach diagnostic codes to completed procedures, complete the following steps:

1. Double Click Procedure

Double click the procedure in the Accounts module that you want to attach. The Edit or Delete Procedure dialog appears.

2. Click Diagnoses Search Arrow

Click the search arrow next to **Diagnoses**. The Select Diagnostic Code(s) dialog appears.

3. Select Category

Click the down arrow and select the desired category. If you choose Cross Coded, diagnostic codes that have been cross coded in the Diagnostic Cross Coding Setup will be displayed (see the Reports chapter for more information).

4. Select Diagnostic Code(s)

Highlight the code(s) that you want to use and click **Add**. The codes will be moved to the Selected Diagnostic Codes list box.

5. Click OK

Click the **OK** button then **OK** again to exit and save the changes.

Entering Procedures Using Explosion Codes

1. Click Enter Procedure

Click the **Enter Procedure** button from the toolbar. The Enter Procedure(s) dialog appears.

2. Select Explosion Code

Double click the explosion code you want to use or highlight the code and click **Add**. The codes that make up the explosion code appears in the Procedure List.

3. Add Tooth and Surfaces (If Required)

If any of the procedures require a tooth and surface selection (an asterisk will indicate), highlight the procedure. The appropriate Tooth and/or Surface edit box will be displayed above the procedure list allowing you to enter this information. After you've entered the tooth and surface information, and with the procedure still highlighted, click the **Change** button. This will update the procedure in the procedure list.

4. Click OK/Post

When all procedures requiring additional tooth and surface information have been changed, click the **OK/Post** button to complete the process and post the procedures.

Entering Procedure Notes

Procedure Notes allow you to add information about the procedure directly to the procedure itself. Procedure notes may contain clinical documentation of treatment or any other information desired.

To enter, edit or delete a Procedure Note, double click the Description line of the Accounts entry. Easy Dental provides this feature as a way to increase the communication between front and back office personnel.

To enter, edit, or delete a procedure note:

1. Select Procedure

Double click the procedure to launch the Edit or Delete Procedure dialog.

2. Enter or Edit Note

Place your cursor in the **Notes** field to enter, edit, or delete the text. Notes can be entered, edited or deleted until a completed procedure is placed in history—even if it is attached to an insurance claim.

3. Click OK

Click the **OK** button to save the information. When a procedure code is changed for a transaction with an attached note, you will receive a warning and be asked to delete the accompanying note, unless the note was also edited.

Entering Payments

You may enter payments and insurance payments in batches or for individual families/patients. To enter guarantor payments:

1. Select Patient

Select a patient by choosing the **Select Patient** button.

2. Click Enter Payment

Click the **Enter Payment** button. The Enter Payment dialog is now displayed.

3. Enter Amount and Check

Enter the payment **Amount** and the **Check #** (if applicable).

4. Enter Bank or Branch Number

The information you enter here appears on all Deposit Slips.

5. Click Payment Type

Easy Dental provides four default payment types: Check Payment, Cash Payment, Credit Card Payment, Payment from Insurance.

Note: You may add to or alter the Payment Type list. (See Definitions in the Practice Setup chapter for more information.)

6. Select Provider

Select the provider you want to apply the payment to. If procedures have been posted to more than one provider you should apply payments to the treatment provider. You can use the **Split Payment** option to quickly and accurately split one payment between multiple providers.

Provider	Balance	Acct Est*	Pay
HYG1	81.60	81.60	0.00
DDS1	38.00	38.00	0.00
DDS2	-119.60	-119.60	0.00

7. Click Split Payment Button (Optional)

Click the **Split Payment** button to split the payment between providers.

- The **Manual** button allows you to pay a specific portion of the payment to a specific provider.
- The % button will divide the payment among the providers according to the provider's percentage of the total amount owed.
- **FIFO** (First In First Out) directs the payment toward the oldest completed procedures first. (Adjustments, Finance Charges, and Late Charges are applied first regardless of date.)

- The **Acct Est** button will apply the payment to the provider who has a balance as an Account Portion (this option will ignore balances for providers which Easy Dental estimates insurance will pay remaining).
- The **=** button splits the payment amount equally between providers with a balance.

Click **OK** to exit the Split Payments dialog.

Note: If one or more providers are selected, the Split Payment will only apply to the highlighted providers.

8. Select Family or Patient

Select Family from the drop-down menu to apply the payment to the head-of-house. Select a specific patient to apply the payment to the patient. (See *Preferences* in the *Setting Up Easy Dental* section of the *Reports* chapter for information on selecting a default.)

9. Enter Payment Note (Optional)

If the payment requires a note for clarification, point and click in the **Note** block. Enter whatever information is necessary to clarify the payment.

10. Click OK

Click the **OK** button to post the payment.

Entering Batch Account Payments

Because payments are retrieved from daily mail deliveries and then entered, many offices may want to enter account payments all at once. The Easy Dental Batch Account Payment feature allows you to enter a stack, or collection of payments quickly and easily.

1. Click Batch Payments

Click the **Batch Payments** button and select **Enter Batch Account Payments** from the menu. The Batch Accounts Payment Entry dialog appears.

Date	Name	Check #	Amount	Prov
11/08/2006	Brolin, Marcia		-48.00	DDS2
11/08/2006	Crawford, Brandon T		0.00	DDS1
11/08/2006	Daniels, Harrison		-150.00	DDS1

2. Select Patient

Enter the first three or four letters of the patient's last name in the **Patient Name** field.

- Click the search button. The Select Patient dialog appears with a list of all patients whose names begin with the letters you entered.
- Make certain the desired account is selected and then click **OK**. The Enter Payment dialog appears.

3. Enter Amount and Check Number

Enter the **Amount** of the check and the **Check #**.

4. Enter Bank or Branch Number

Information entered here appears on all Deposit Slips.

5. Click Payment Type

Select the desired **Payment Type**.

6. Select Provider

Using the search button, select the provider you want to apply the payment to.

7. Click Split Payment (Optional)

Click the **Split Payment** button to split the payment between providers. The Split Payment dialog appears.

- The **Manual** button allows you to pay a specific portion of the payment to a specific provider.
- The % button will divide the payment among the providers according to the provider's percentage of the total amount owed.
- **FIFO** directs the payment toward the oldest completed procedures first.
- The = button splits the payment amount equally between all providers with a debit balance.

Click **OK** to exit the Split Payments dialog.

8. Select Family or Patient

Select Family from the drop-down menu to post the payment to the head-of-household's Transaction Log. Select Patient to post the payment to the current patient's Transaction Log. (See *Preferences* in the *Setting Up Easy Dental* section in the *Reports* chapter for information on selecting a default.)

9. Enter Payment Note (Optional)

Enter a note regarding the payment if necessary.

10. Click OK

Click the **OK** button to post the payment to the family's account and return to the Batch Account Payment Entry dialog.

11. Repeat

Repeat for all other payments in this batch.

Note: When you are finished making payment entries, compare the number of entries made to the number of payments received. To make corrections to any payment that you've already entered, simply double click the entry. The Change or Delete Payment dialog appears. You can make changes to any of the information.

12. Close Batch Account Payment

When you are finished, click the **Close** button.

Entering Adjustments

1. Select Patient

Select a patient by clicking the **Select Patient** button on the toolbar.

2. Click Enter Adjustment

Click the **Enter Adjustment** button. The Enter Adjustment dialog appears.

3. Select Adjustment Type

Select the desired **Adjustment Type**. (If you want to add to or edit this list of adjustment types, see *Editing Definitions* in the *Setting Up Easy Dental* section of the *Reports* chapter.)

4. Enter Adjustment Amount

Enter the amount to be added to or subtracted from the account balance according to the adjusted type selected.

5. Select Provider

Select a provider if the adjustment should be attached to a provider other than the guarantor's primary provider.

6. Select Family or Patient

Select Family from the drop-down menu to post the adjustment to the head-of-household's Transaction Log. Select Patient to post the adjustment to the current patient's Transaction Log. (See *Preferences* in the *Setting Up Easy Dental* section of the *Reports* chapter for information on selecting a default.)

7. Enter Adjustment Note

You may enter a note explaining the reason for the adjustment if the adjustment type is not self-explanatory.

8. Click OK

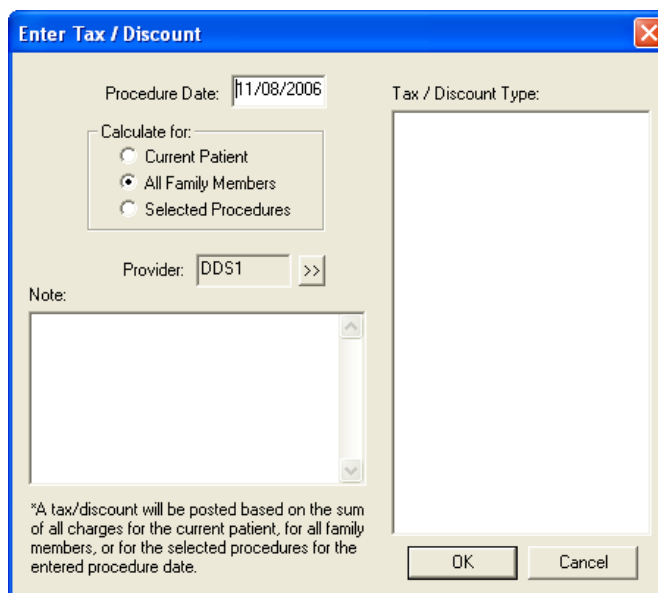
Click the **OK** button to post the adjustment to the patient's transaction log.

Entering Taxes and Discounts

Once the Tax/Discount types are set up (see Accounts Setup in this chapter), they can be calculated and applied based on Today's Charges or a specified procedure date. You also have the option of calculating them for just one patient or an entire family.

1. Click Tax/Discount

Click the **Tax/Discount** button. The Enter Tax/Discount dialog appears.



2. Change Date (Optional)

The date will default to today's date. Change the date if necessary. If there are no procedures posted on the date selected, you will receive an error message that no tax/discount can be applied.

3. Select Tax/Discount Type

Highlight the **Tax/Discount** type you want to apply.

4. Calculate For

Choose to calculate the Tax/Discount type for the **Current Patient**, **All Family Members** on the account, or the **Selected Procedures**.

5. Change Provider (Optional)

Change the provider to whom the Tax/Discount type should be attached.

6. Add Note (Optional)

Add a **Note** to clarify the Tax/Discount type for this patient or family.

7. Click OK

Click the **OK** button to apply the Tax/Discount type. The tax or discount appears as a separate line in the Accounts module.

If the tax or discount is calculated for all family members, it will be displayed in the Head-of-House's Account. If the tax or discount is calculated for the current patient, it will be displayed in that patient's Accounts module. Once a Tax/Discount type has been applied, it can be deleted or edited like any other transaction.

Editing Transactions

To edit a transaction:

1. Select a Patient

Select a Patient by clicking on the **Select Patient** button from the toolbar.

2. Select a Transaction

Select a transaction to edit and double click it. The Edit or Delete Transaction dialog appears.

Date	Name	Tooth Code	Description	Amount	Prov	Ins	Balance
07/07/2000	Brandon T Crawf	D1110	+Prophylaxis-adult	38.00	DDS1	No	38.00
10/26/2006	Brandon T Crawf	D1110	Prophylaxis-adult	38.76	HYG1	No	76.76
10/26/2006	Brandon T Crawf	D1110	Prophylaxis-adult	38.76	HYG1		115.52
10/26/2006	Brandon T Crawf	D0274	Bitewings-four films	25.50	HYG1		141.02
10/26/2006	Brandon T Crawf	D0120	Periodic oral evaluation	17.34	HYG1	No	158.36
11/08/2006	Brandon T Crawf	Pay	Insurance Payment	-38.76	HYG1		119.60
11/08/2006	Brandon T Crawf	Pay	Check Payment - Thank You	0.00	DDS1		119.60

Edit or Delete Procedure

Date: 10/26/2006 Procedure Description: Periodic oral evaluation

Procedure: D0120 >>

Amount: 17.34

Provider: HYG1 >>

Diagnoses: >>

Notes: Examined intraoral soft tissue- WNL, extraoral soft tissue- WNL. Patient is not currently taking any medications. Hard tissue exam done and TX plan noted on the tooth chart.

Buttons: Delete, OK, Cancel

3. Edit Transaction

Make any necessary changes to the transaction.

4. Click OK, Delete, Cancel

Click **OK** to accept the changes you made.

- Click **Delete** to delete the procedure from the Accounts Transaction Log.
- Click **Cancel** to return to the Accounts module without making any changes.

Editing Procedures Attached to Claims

To edit or delete a procedure attached to an insurance claim, the primary insurance claim must first be deleted. Transactions that have been placed in history cannot be edited; and procedures that are attached to an insurance claim cannot be edited.

Note: Whenever a transaction is changed or deleted, the original version and the changed version (or a note indicating deletion) are recorded in the audit file for reference. Please refer to the Reports module section for information on printing the Audit Trail report.

To Delete A Claim:

1. Double click Claim

Double click the claim line in the Accounts Transaction Log.

2. Click Delete

From the Insurance Claim window toolbar click the **Delete** button. A message will be displayed warning that the claim will be deleted.

3. Click OK

Click the **OK** button to delete the claim.

Note: Any time an insurance claim is deleted, any payment attached to that claim is also deleted.

Invalidating History Transactions

History transactions cannot be edited or deleted. Instead, the procedure may be invalidated and an adjustment with an explanatory note can be added. To invalidate a procedure:

1. Double click History Procedure

Click the **View History Transactions** button on the Accounts module toolbar. Double click the History Procedure you want to edit. The Validate/Invalidate Procedure in History dialog appears.

2. Click Invalidate

Click **Invalidate**. The line in the Transaction Log's history will be marked with a plus sign (+) to denote that the procedure has been invalidated.

3. Click OK

Click the **OK** button.

4. Enter Adjustment

Enter a credit adjustment to credit the account for the amount the procedure was charged at. (See *Entering Adjustments* in this chapter for information.)

5. Re-Add Procedure (Optional)

Re-add the correct procedure if necessary, changing the date to the original date.

Entering an Initial Aged Balance

The initial aged balance is added for existing patients at the time Easy Dental is initially installed when the patient information is first entered. To add an Initial Balance complete the following steps:

Note: If you have previously entered transactions in the Accounts window or Treatment Plan window you will not be able to enter an initial aged balance.

1. Select Patient

Click the Select Patient button and choose a patient.

2. Click Billing/Payment Plans

Click the Billing/Payment Plans button. The Billing/Payment Plan Information window appears.

3. Enter Aging Amounts

Enter the correct aging amount in the 0 - 30 column. Press the Tab key on the keyboard. Enter the correct aging amount in the 31 - 60 column. Press Tab. Enter the 61 - 90 day aging amounts. Press Tab. Enter the over 91 days aging amount. The balance amount should equal the sum of all aging amounts entered.

4. Enter Last Payment Amount

Enter the amount of the account's last payment in the Amount box.

5. Enter Last Payment Date

Enter the date of the account's last payment in the **Date** box.

6. Click OK

Click the **OK** button to exit and save.

Understanding the Balance Forward

The balance forward item for every account is adjusted automatically every time a Month-End Update is performed, and reflects the total outstanding balance of the family's history transactions. (See the *Running the Month End Update* section in this chapter for information.)

Using the Easy Checkout Button

In most offices there are typically three tasks that are completed as a patient checks out after a visit. The Easy Checkout button, located on the Accounts toolbar, combines these three tasks together. With the click of a button you can collect a payment, generate an insurance claim, and print a receipt.

1. Select Patient

From the Accounts module, select a patient.

2. Post Procedures

If you have not already posted the completed procedures for the day, post them at this time. (See the *Entering Procedures* section in this chapter for information on posting procedures.)

3. Click Easy Checkout

Click the **Easy Checkout** button. The following occurs:

- The Enter Payment dialog appears. Enter the patient's payment and click **OK** or click **Cancel** if there is no payment due. (See the *Entering Payments* section in this chapter for information on entering payments.)
- If the patient has insurance, a claim is automatically created for procedures that were posted today. The claim will be sent to the Batch Processor, sent electronically, or printed.
- A Walkout Statement prints. (The Walkout Statement options are determined by the options selected when you click the Walkout button. To change the default, click the **Walkout** button on the Accounts module toolbar. In the Select Report Types group box, check **Family Walkout**, **Walkout/Dr's Statement**, and/or **Appointment Card**. Check **Save As Default**, then click **Send to Batch** or **Print**.)

Note: The settings for the Easy Checkout Button are located by clicking Setup | Easy Checkout Options from the Accounts toolbar. (See Accounts Setup at the beginning of this chapter for more information.)

Entering Account Notes

Account notes allow you to enter notes specific to a family's account and financial standing with your practice. To enter Account notes:

1. Click Account Notes

Click the **Account Notes** button. The Account Notes dialog appears.

2. Enter Account and Billing Statement Notes

The top note section, labeled Account Notes, is where you should place notes relating to the patient's financial standing with your practice. Use the **Insert Dateline** button to provide a chronological detail for each note.

The bottom note section, labeled Billing Statement Note, is where you should place notes you want to appear on the current family's statement.

Note: Approximately 80 characters can be entered in the Billing Statement Note field.

3. Enter Cutoff Date

In the Billing Statement Note section and in the edit box provided, enter the date at which point you want the Statement Note to stop printing on the current family's statement. The example shows how you can use this feature to build a practice-patient relationship. In this instance the practice has made arrangements for the family to make their payments on the 20th of the month. The note, "Please make your payment on the 20th" appears on their statements reminding the patient of the arrangement.

4. Click OK

Click the **OK** button to return to the Accounts window.

The screenshot shows the 'Account Notes' dialog box. It features a title bar with the text 'Account Notes' and a close button. The main area is divided into two sections. The top section, labeled 'Account Note', contains a text input field with the text '- Wed - Nov 8, 2006 {' and two buttons: 'Insert Dateline' and 'Clear'. The bottom section, labeled 'Billing Statement Note', contains an empty text input field and a 'Clear' button. Below the 'Billing Statement Note' section is a label 'Print on Statement until:' followed by a date input field containing '12/08/2006'. At the bottom of the dialog are 'OK' and 'Cancel' buttons.

Printing Accounts Reports

A Walkout Statement, Single Billing Statement, Family Accounts or Patient History can be printed for the current family directly from the Accounts module. All Accounts module reports are accessed by clicking the Print Report button. This section covers the following topics:

- Printing a Walkout Statement
- Printing a Single Billing Statement
- Printing a Family Account Report
- Printing a Patient History Report

Printing a Walkout Statement

To print a walkout statement:

1. Click Print

Click the **Print** button. **Select Walkout** from the menu.

2. Select Form Type

Select the form you want to use:

- **Enhanced:** Prints a professional looking form with lines and shading.
- **Plain Form:** Prints a Walkout statement that requires less time to print but does not have the shading that prints on the enhanced form. Can be used in conjunction with a pre-printed form.

3. Select Report

Choose the report(s) you want to print. You have the following options:

- **Family Walkout:** The Family Walkout Statement will print completed procedures, payments and adjustments for the family that were posted on the walkout date. Also, the total charges and total credits for the day, and the family's current account balance will be printed. The next appointment for each family member seen will be printed at the bottom of the statement.
- **Walkout/Doctor's Statement:** This will print all of the patient's procedures for the walkout date and can be used for insurance submission.
- **Appointment Card:** Choosing this option will generate a formatted appointment reminder card that can be printed on a 4x6 card.

4. Select Report Options

Select the desired report options. Some options may not be available (grayed out) depending on what report(s) are selected.

- **Do Not Print Insurance Estimates:** Mark this option to exclude any insurance estimates on the Family Walkout or the Walkout/Doctor's Statement.
- **Print Doctor Recommendations:** If you choose this option, doctor recommendations for the completed procedure codes or notes will print on either type of Walkout Statement. To input Doctor Recommendations, see the *Procedure Code Setup* section of the *Reports* chapter.
- **Print YTD Finance Charges, Late Charges, and Payments:** Mark this option to include a year-to-date total of all finance charges, late charges, and payments. This option is only available when Family Walkout is selected.
- **Print Adjustments:** This option applies only to the Walkout/Doctor's Statements and will be displayed only if Walkout/Doctor's Statement is selected. Check this box if you want to include only adjustments for the Walkout Date or the Attending Doctor's Statement.

5. Enter Walkout Date

A Walkout Statement prints for one day. If you are printing a walkout for a previous date, you must enter the date that the treatment was performed.

6. Enter Walkout Message

If you want to add a note to the Walkout Statement, type the note in the Walkout Message box. The Note will not be saved for other Walkout Statements unless the Save as Default box is selected.

7. Save as Default

This will save any settings, including the message, as the default for all other Walkout Statements.

8. Click Print

Click **Print** if you want to print your selections directly OR click **Send to Batch** if you want to print your selections later from the Reports window OR click **Cancel**.

Note: The Walkout/Doctor's statements has information for the patient to do their own insurance billing. This information includes the SS, TIN and State ID numbers.

Printing a Single Billing Statement

If you want to print a single Billing Statement for the current account, click the **Print** button and then select **Statement**. Choose **Send to Batch** or **Print**. When a statement is generated from the Accounts module, it will print according to the Save as Default setting from the Billing Statements dialog in the Reports module.

Printing a Family Account Report

If you want to print a Family Account report for the current family, click the **Print** button and select **Family Account**. A Family Account Report dialog will be displayed, allowing the First Transaction Date to be entered. Check **List Individual Patient Balances of Family** is desired and click **Send to Batch** or **Print**.

Printing a Patient History Report

The Patient History Report will itemize all patient transactions (including payments and adjustments) and show a total balance for the patient. The Patient History Report includes an option to print a Family Balance. If this option is marked, Easy Dental will print the family balance beneath the patient balance line. Click **Print** and select **Patient History** then mark the desired options.

Tracking Accounts

Several reports can be printed to help manage Payment Plan Information:

- Printing an Aging Report
- Printing a Finance Charge Report
- Using Dunning Messages for Billing Statements
- Printing a Late Charge Report
- Printing a Payment Plan Report

Printing an Aging Report

Easy Dental adds information to the Aging Report that indicates the amount of the account's Payment Plan remaining. (For more information on printing the Aging Report, see the *Reports* chapter of this manual.)

Printing a Finance Charge Report

The Finance Charge Report prints a list of all accounts that have received a finance charge (and the amount of the charge) in a date range. Easy Dental adds an asterisk next to the accounts that have payment plans set up. (For more information on printing the Finance Charge Report see the *Reports* chapter of this manual.)

Using Dunning Messages for Billing Statements

A dunning message is a reminder that prints automatically on a billing statement to remind the account that their balance or payment is overdue. Messages specific to missed payments can be set up. (For more information on entering Dunning Messages, see the *Setting Up Easy Dental* section of the *Reports* chapter.)

Printing a Late Charge Report

The Late Charge Report prints a list of all accounts that received a late charge (and the amount of the late charge) in a date range. (For more information on printing the *Late Charge Report* see the *Reports* chapter of this manual.)

Printing a Payment Plan Report

This report provides analysis and management information for monitoring Payment Plans you have created. The report includes information on the agreement terms, the remaining balance for the payment plan, last payment date and amount, and information on missed payments. (For more information on printing the Payment Plan Report see the *Reports* chapter of this manual.)

Searching for Payments

The Search Payments feature allows you to search for payments in the Accounts module by check or bank number, amount, payment date, payment type, account, or insurance carrier name. You can print a report that lists the payments found by the search. Use this feature when you want to search for any patient or insurance payment, including insurance payments made using the Batch Ins. Payment feature in the Accounts module.

To search for payments:

1. Click Search Payments

Click the **Search Payments** button on the Accounts module toolbar. The Search Payments dialog appears.

2. Enter Check Information

In the Check Information group box, enter information in the following fields:

- **Check #:** Enter the check number. This field can contain up to 9 characters.
- **Bank/Branch #:** Enter the bank or branch number. This field can contain up to 19 characters.

3. Select Date

In the Select Date group box, you have the following search options:

- **From:** Mark the **Date** radio button to select a starting date for the search. Or, mark **All Dates** to search without a start date.
- **To:** Mark the **Date** radio button to select an ending date for the search. Or, mark **All Dates** to search without an end date.
- **Entry Date:** Mark this radio button to search by the date the procedure was entered.
- **Procedure Date:** Mark this radio button to search by the date the procedure was performed.

4. Select Insurance Carriers

In the Select Insurance Carrier group box, select the insurance carrier range by which you want to search in the **From** and **To** fields:

5. Enter Amount

In the **Amount** group box, enter the amount range by which you want to search in the **From** and **To** fields.

6. Select Account

To search by account, click the search button in the **Select Account** group box and select a guarantor.

7. Select Payment Types

In the Select Payment Types group box, highlight the types of payments by which you want to search. Check **All** to include all payment types.

8. Click Search

Click **Search** to begin your search. The search results appear in the pane at the bottom of the dialog.

Note: Click any column header in the pane to sort the search results by that column.

9. Click Open in Accounts

Click **Open in Accounts**. The patient's payment is displayed in the Accounts module.

Working with Payment Plans

Easy Dental allows you to set up and track payment plans in your office. Payment Plans make it possible for your office to do the following:

- Create and manage Payment Plans for accounts
- Apply Finance Charges & Late Charges
- Track accounts that are not making payments as agreed

This section will provide instruction on how to use each of these items as well as covering steps that need to be completed as part of setting up payment plans in the following topics:

- Setting Up Pre-Defined Payment Plan Types
- Editing a Payment Plan Type
- Deleting a Pre-Defined Payment Plan
- Working with Payment Plans by Account

Setting Up Pre-Defined Payment Plan Types

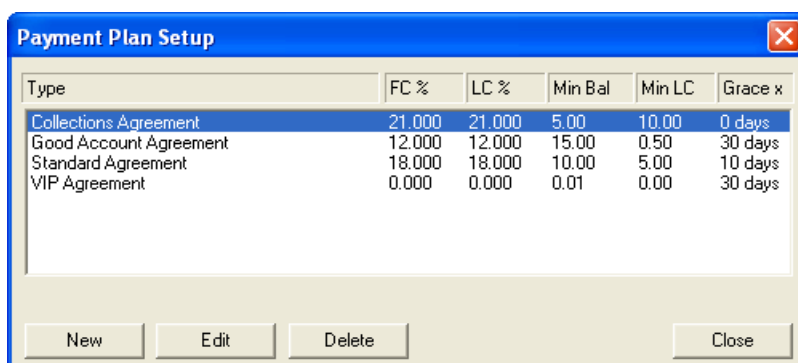
Easy Dental allows you to create Pre-defined Payment Plan types. These types will serve as defaults when setting up a payment plan for an account. The default may be changed on a per account basis. To setup a Payment Plan Type:

1. Open Reports

Open the Reports module by clicking the **Reports** module icon.

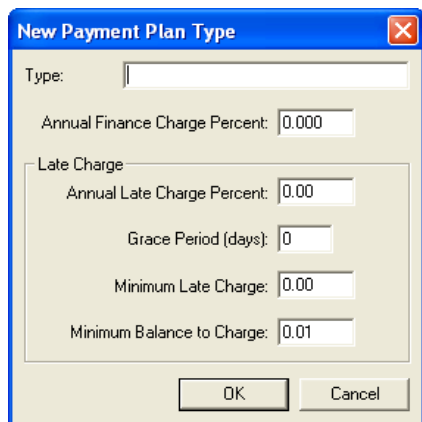
2. Click Practice Setup | Payment Plan Setup

Click the **Practice Setup** button then select **Payment Plan Setup** from the Reports toolbar. The Payment Plan Setup window appears.



3. Click New

Click the **New** button. The New Payment Plan Type screen appears.



The screenshot shows a dialog box titled "New Payment Plan Type". It has a blue title bar with a close button (X) in the top right corner. The dialog contains the following fields and controls:

- Type:** An empty text input field.
- Annual Finance Charge Percent:** A numeric input field containing "0.000".
- Late Charge:** A section header.
- Annual Late Charge Percent:** A numeric input field containing "0.00".
- Grace Period (days):** A numeric input field containing "0".
- Minimum Late Charge:** A numeric input field containing "0.00".
- Minimum Balance to Charge:** A numeric input field containing "0.01".
- Buttons:** "OK" and "Cancel" buttons at the bottom.

4. Enter Description

Enter a description for the type of Payment Plan you would like to create. The description may include up to 31 alphanumeric characters. (Ex. "Standard Payment Plan")

5. Enter Finance Charge Percent

The finance charge percent is used to calculate the finance charge amount. Enter the yearly percent. Easy Dental will automatically calculate the amount to assess based on a monthly charge. (Ex. If 18% were entered as the year percent, then Easy Dental would charge 1.5% monthly.) If you do not want to apply finance charges to this payment plan type, leave the 0 in the finance charge percent box.

6. Enter Late Charge Percent

If an account misses a payment, a late charge may be assessed. The late charge percent is used to calculate the amount of a late charge. Enter the yearly percent. Easy Dental will automatically calculate the amount to assess based on a monthly, semi-monthly, bi-weekly, or weekly charge. If you do not want to apply late charges to this payment plan type, enter a 0 in the late charge percent box.

7. Enter Grace Period for Late Charges

If desired, you may set up a grace period for the receipt of payments before a late charge is assessed. Enter the number of days (0-30) for the grace period.

8. Enter Minimum Late Charge

Enter the minimum amount to assess as a late charge.

9. Enter Minimum Balance to Charge

The minimum balance will be compared to the balance for each account with a payment plan. Only those accounts with a balance greater than the minimum balance will have a finance or late charge assessed. Easy Dental defaults to a minimum balance of \$.01. The amount may be increased, but may not be less than \$.01.

10. Click OK

Click the **OK** button to exit and save.

11. Repeat for Other Types

If needed, repeat steps 1 – 10 for any other Payment Plan types.

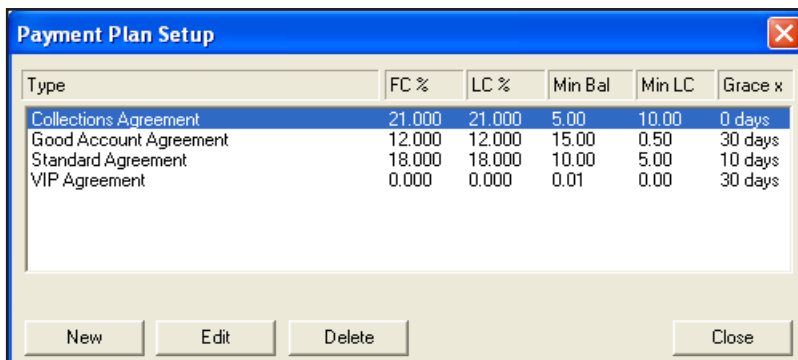
Editing a Payment Plan Type

1. Open Reports

Open the Reports module by clicking on the **Reports** icon.

2. Click Practice Setup | Payment Plan Setup

Click the **Practice Setup** button and then select **Payment Plan Setup**.



Type	FC %	LC %	Min Bal	Min LC	Grace x
Collections Agreement	21.000	21.000	5.00	10.00	0 days
Good Account Agreement	12.000	12.000	15.00	0.50	30 days
Standard Agreement	18.000	18.000	10.00	5.00	10 days
VIP Agreement	0.000	0.000	0.01	0.00	30 days

Buttons: New, Edit, Delete, Close

3. Highlight Type and Click Edit

Highlight the type to which you want to make changes. Click the **Edit** Button. The Edit Payment Plan Type window appears.

4. Make Changes

Make any changes. Click OK to exit and save changes.

Deleting a Pre-Defined Payment Plan

1. Open Reports

Open the Reports module by clicking on the **Reports** icon.

2. Click Practice Setup | Payment Plan Setup

Click the **Practice Setup** button and then select **Payment Plan Setup**.

3. Highlight Type and Click Delete

Highlight the type you want to delete. Click the **Delete** Button. A dialog appears asking you to verify that you want to delete the type. If you want to delete, click **Yes**. To cancel the delete operation, click **No**.

Working with Payment Plans by Account

Payment Plans are set up from the Accounts module. Remember that payment plans are set up by account and not by patient. Only one payment plan per account is allowed.

Creating a Payment Plan

To create a payment plan

1. Select Patient in Accounts

From the Accounts module, select a patient in the family for whom you want to create a Payment Plan.

2. Click Billing/Payment Plan

Click the **Billing/Payment Plan** button. The Billing/Payment Plan Information window appears.

3. Enter Agreement Date

Enter the date of the agreement. Easy Dental will default to today's date, but the date may be changed.

4. Set Up Payment Plan Terms

Click the **Terms** button. The Payment Plan Terms dialog is displayed.

- **Select Plan Type:** To select a plan type, click the **Select Type** button. The Select Payment Plan Type window is displayed. Highlight the desired agreement type and click **OK**. The terms for the selected type will be entered. Modify the terms to fit the needs of this account.
- **Enter Finance Charge Percent:** If you want to charge “interest” on your payment plans, you will need to apply finance charges. The finance charge percent is used to calculate the finance charge amount. Enter the yearly percent. Easy Dental will automatically calculate the amount to assess, based on a monthly charge.

Note: If you selected a Payment Plan type, Easy Dental may automatically enter a percentage. The percentage amount can be changed if desired.

- **Enter Late Charge Percent:** If an account misses a payment, a late charge may be assessed. The late charge percent is used to calculate the amount of a late charge. Enter the yearly percent. Easy Dental will automatically calculate the amount to assess, based on a monthly charge. (Ex. If 18% were entered as the year percent, then Easy Dental would charge 1.5% monthly.)

Note: If you selected a Payment Plan type, Easy Dental may automatically enter a percentage. You may change the percentage if desired.

- **Enter Grace Period for Late Charges:** You may set up a grace period for the receipt of payments before a late charge is assessed. Enter the number of days from 0 – 30.
- **Enter Minimum Late Charge:** Enter the minimum amount to assess as a late charge.
- **Enter Minimum Balance to Charge:** The minimum balance will be compared to the balance for each account with a payment plan. Only those accounts with a balance greater than the minimum balance will have a finance or late charge assessed. Easy Dental defaults to a minimum balance of \$.01. The amount may be increased, but may not be less than \$.01.

- **Click OK:** Click the **OK** button to return to the Billing/Payment Plan Information window.

5. Select Interval

Determine how often an account should make a payment. Mark the appropriate interval.

- **Monthly:** Requires a payment once a month.
- **Semi-Monthly:** Requires a payment twice a month.
- **Bi-Weekly:** Requires a payment every two weeks.
- **Weekly:** Requires a payment once a week.

6. Enter Payment Plan Balance

This is the balance amount that the account will pay off with the agreement. By default Easy Dental will bring in the guarantor portion of the account's balance as the Balance for PA. Change the amount if necessary.

7. Enter First Payment Due Date

Enter the date the first payment will be due.

8. Enter Payment Amount

Enter the amount the account will pay at each interval (not the total for the month, unless the account is making monthly payments). Easy Dental will calculate the total number of payments necessary.

OR

If you want, you may enter the number of payments instead of the payment amount. Easy Dental will calculate the payment amount based on the Balance and the number of payments.

9. Copy Plan to Note (Optional)

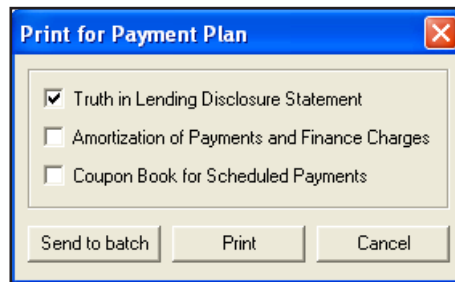
You can copy the plan information to the Payment Plan Note. This provides a documented copy of all payment arrangements that have been established over the history of the account. To copy the agreement click the **Copy Plan to Note** button.

10. Print Reports

There are three reports you can print to give to the patient/guarantor.

- **Truth in Lending Disclosure Statement:** Discloses the terms of the agreement. It includes the annual percentage rate, the finance charge amount, the total amount financed, and the total amount paid at the end of the agreement.
- **Amortization of Payments and Finance Charge Schedule:** Prints a schedule listing the interest accrued on the balance amount for each payment interval.
- **Coupon Book:** Prints payment remittance coupons for the patient.

To print any of these reports, click the **Print** button. The Print for Payment Plan Window appears. Check the reports you want to give to the patient/guarantor. Click the **Print** button.



11. Click OK

Click the **OK** button to return to the Accounts window. The payment plan information will be displayed on the bottom right of the Accounts window, when View Account Detail is selected.

Deleting a Payment Plan

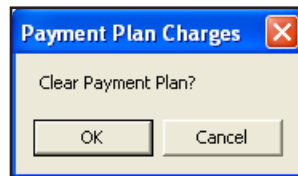
To delete a payment plan:

1. Select Patient

From the Accounts module, select a patient in the account whose payment plan you want to clear.

2. Click Billing/Payment Plan

Click the **Billing/Payment Plan** button. The Billing/Payment Plan Information screen appears.



3. Click Clear/New PP

Click the **Clear/New PP** Button. A dialog appears asking you if you want to clear the Payment Plan. If you want to continue, click **OK**. If you do not want to clear the agreement, click **Cancel**. The payment plan will be cleared. A note will be added to the **Payment Plan Note** field indicating that the agreement was cleared.

Editing a Payment Plan

Once a payment plan has been set up, it cannot be changed. It must be cleared and recreated. To edit a payment plan:

1. Select Patient

From the Accounts module, select a patient in the account whose payment plan you want to edit.

2. Click Billing/Payment Plan

Click the **Billing/Payment Plan** button. The Billing/Payment Plan Information screen appears.

3. Click Clear/New PP

Click the Clear/New PP Button. A dialog appears asking you if you want to clear the Payment Plan. If you want to continue, click OK. A note will be added to the Payment Plan Note field indicating that the agreement was cleared. If you do not want to clear the agreement, click Cancel.

4. Create New Payment Plan

Create the new payment plan.

Working with Future Due Payment Plans

Future Due Payment Plans can be used to charge accounts monthly for work in progress, such as orthodontics. Future Due Payment Plans are set up from the Accounts module. Unlike the Payment Plans discussed in the previous section, Future Due Payment Plans can be set up for individual patients.

This section covers the following topics:

- Adding a Future Due Payment Plan
- Posting a Manual Charge to a Future Due Payment Plan
- Clearing a Future Due Payment Plan
- Running the Future Due Payment Plans Utility
- Setting Up Future Due Payment Plans for Alternate Uses

Adding a Future Due Payment Plan

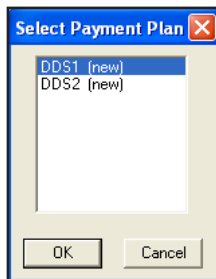
To add a future due payment plan:

1. Select Patient

From the Accounts window, select your patient.

2. Click Future Due Payment Plan

Click the **Future Due Payment Plan** button. The Select Payment Plan dialog appears.



3. Select Provider

Select a provider for the payment plan from the Select Payment Plan dialog.

4. Click OK

Click the **OK** button. The Payment Plan dialog appears.

5. Edit Date of Agreement and First Payment Due Date

Easy Dental will automatically display the current date as the Date of Agreement and First Payment Due Date. If necessary, change the dates to be correct.

6. Enter Total Plan Amount

Enter the total amount to be charged over time.

7. Enter Down Payment Charge Amount

If you will be charging a Down Payment fee, enter the amount of the fee in the **Down Pay Charge** field.

8. Enter # of Charges or Charge Amount

Enter the number of charges in the **# of Charges** field and the charge amount will be calculated automatically and entered in the **Charge Amount** field. Similarly, if you enter the **Charge Amount** the number of charges will be calculated automatically and entered in the **# of Charges** field.

Note: Future Due Payment Plans are charged on a monthly basis. Keep this in mind when entering the number of charges for a Payment Plan.

9. Enter Charge Procedure Code

Type the procedure code (or click the search button and choose the procedure code) that Easy Dental should use to post the monthly charge.

Note: If there is not an ADA code for the type of charge you need to post, one can be created in the Reports window. For information on adding a procedure code, see Procedure Code Setup in the Setup chapter.

10. Check Auto Ins Claim and/or Auto Charge (Optional)

If you would like Easy Dental to generate an insurance claim when the monthly charge is posted, check the **Auto Ins Claim** option. To post a charge to the account on a monthly basis, check the **Auto Charge** button.

Note: If you do not check the Auto Charge option, no charges will be posted to the account.

11. Post Down Payment Charge

To post a down payment charge, click the Down Payment button in the **Manual Charge Entry** field. The Down Payment Charge dialog appears with the amount that you entered in step seven and the current date pre-entered. If necessary, change the amount and the date. Enter the procedure code (or click the search button and choose the procedure code) that Easy Dental should use to post the down payment charge. Click the **Post Charge** button.

12. Enter Payment Note (Optional)

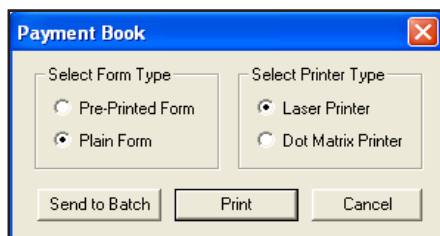
If you would like to add detail or clarification for the Payment Plan, type the information in the **Note** field.

13. Print Payment Book (Optional)

If you want to provide the patient with a payment/coupon book, check the **Print Payment Book** option. Easy Dental will generate the payment book and send it to the Batch Processor when you click the **OK** button.

14. Click OK

When you have finished entering all information for the Payment Plan, click the **OK** button to accept the payment plan. If you checked the **Payment Book** option, the Payment Book dialog appears.



To print the coupon book to pre-formatted paper, mark the **Pre-Printed Form** option. To print the coupon book to plain white paper and let Easy Dental format the book, mark **Plain Form**. Next, mark your printer type. Finally, click the **Send to Batch** option to send the book to the Batch Processor in the Reports window for printing at a later time. To print the book now, click the **Print** button.

Note: During your month end processes you should run the Future Due Payment Plans utility to post charges to individual accounts.

Posting a Manual Charge to a Future Due Payment Plan

At times it may be necessary to manually add a Future Due Payment Plan charge to the patient's account. To add a manual charge complete the following steps:

1. Select Patient

From the Accounts window, select your patient.

2. Click Future Due Payment Plan

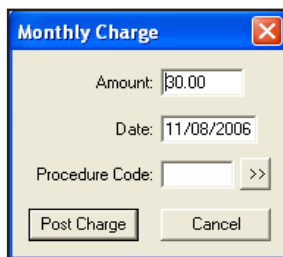
Click the **Future Due Payment Plans** button. The Select Payment Plan dialog appears.

3. Select Payment Plan

Highlight the correct Payment Plan and click **OK**. The Payment Plan dialog appears.

4. Click Monthly Button

From the Manual Charge field, click the **Monthly** button. The Monthly Charge dialog appears. Enter the amount, date and procedure code for the charge.



5. Click Post Charge

Click the **Post Charge** button to post the charge to the account and return to the Payment Plan dialog.

6. Click OK

Click the **OK** button to return to the Accounts window.

Clearing a Future Due Payment Plan

To clear a Future Due Payment Plan from an account, complete the following steps:

1. Select Patient

From the Accounts window, select your patient.

2. Click Future Due Payment Plan

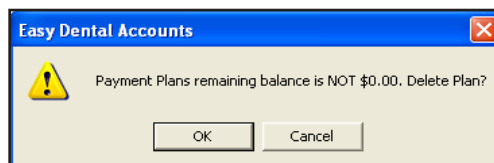
From the Accounts toolbar, click the **Future Due Payment Plans** button. The Select Payment Plan dialog appears.

3. Select Payment Plan

Highlight the correct Payment Plan and click **OK**. The Payment Plan dialog appears.

4. Click Delete

Click the **Delete** button. A warning message appears. Click **OK** to clear the plan or click cancel to return to the Payment Plan dialog without deleting the Payment Plan.



Running the Future Due Payment Plans Utility

The Future Due Payment Plans Utility is run to post due charges to all accounts with a Future Due Payment Plan. The utility should be run on a monthly basis. While you may run the utility at any time during the month, it is important to run it consistently and at approximately the same time each month. To run the Future Due Payment Plans Utility, complete the following steps:

1. Close All Easy Dental Modules

You must close Easy Dental on all workstations in the office before continuing.

2. Backup Your EZDental Directory

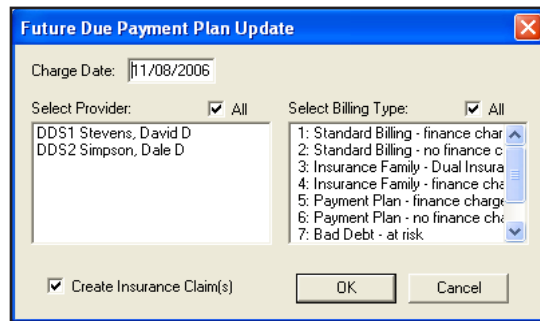
From the File Server, complete a backup of your EZDental directory.

3. Open Accounts

Open the Accounts window on one workstation.

4. Choose Month End | Future Due Payment Plan

Click the **Month End** button, then select **Future Due Payment Plan**. The Future Due Payment Plan Update dialog appears.



5. Select Providers

Select the **Providers** whose patients should have payment plan charges posted.

6. Select Billing Types

Select **Billing Types** that should have payment plan charges posted.

7. Check Create Insurance Claims (Optional)

To have Easy Dental create insurance claims for all charges posted, check the **Create Insurance Claims** option. Created insurance claims will be stored in the Batch Processor in the Reports window to be printed or sent electronically at a later time.

8. Click OK

Click the **OK** button to begin running the Future Due Payment Plan Utility.

Setting Up Future Due Payment Plans for Alternate Uses

Using the Future Due Payment Plan feature in a modified manner, in place of the Payment Plan feature, will allow you to establish multiple financial agreements for one account. The modified implementation of the Future Due Payment Plans feature allows you to record an agreed monthly payment amount while keeping the patient's balance unchanged until payments are made. Finance charges are calculated on the balance each month and the Aging Report shows the last payment date and amount.

To use the Future Due Payment Plan feature in this manner, complete the following steps:

1. Select Patient

In the Accounts window, select your patient.

2. Post Charge

Post the full amount of the procedure to the Account.

3. Click Future Due Payment Plans

Click the **Future Due Payment Plan** button. The Select Payment Plan dialog appears.

4. Select Provider

Select a provider for the payment plan from the Select Payment Plan dialog.

5. Click OK

Click the **OK** button. The Create Payment Plan dialog appears.

6. Edit Date of Agreement and First Payment Due Date

Easy Dental will automatically display the current date as the Date of Agreement and First Payment Due Date. If necessary, change the dates to be correct.

7. Enter Total Plan Amount

Enter the total amount that will be paid over time.

8. Enter \$0 Down Payment Charge

Since charges have already been posted to the account, enter \$0 in the **Down Payment Charge** field.

9. Enter # of Charges or Charge Amount

Enter the number of monthly charges in the **# of Charges** field and the charge amount will be calculated automatically and entered in the **Charge Amount** field. Similarly, if you enter the **Charge Amount** the number of charges will be calculated automatically and entered in the **# of Charges** field.

10. Uncheck Auto Ins Claim and/or Auto Charge

Since you will not be posting additional charges to the account (except through finance charges and late charges), uncheck the **Auto Ins Claim** and **Auto Charge** options if they are checked.

11. Enter Payment Note (Optional)

If you would like to add detail or clarification for the Payment Plan, type the information in the **Note** field.

12. Print Payment Book (Optional)

If you want to provide the patient with a payment/coupon book, check the **Print Payment Book** option. Easy Dental will generate the payment book and send it to the Batch Processor when you click the **OK** button.

13. Click OK

When you have finished entering all information for the Payment Plan, click the **OK** button to accept the payment plan and return to the main Accounts window.

The monthly payment amount and due date will be noted on the bottom right side of the Accounts window when in the Account Details view. Because the full amount has already been charged to the patient's account, the Remain Bal. Figure will not change for the duration of the payment plan. Instead, the patient's balance will gradually be reduced. When the patient's balance becomes \$0.00, you should clear the payment plan.

Processing Insurance Claims

An insurance claim should be created each time an insured patient receives treatment. A pre-treatment estimate claim can be created any time pre-authorization is required, or when an insured patient requests a pre-determination of benefits for recommended treatment.

Note: The Insurance button is available only for a patient who has been given insurance coverage in the Patients window.

An insurance claim or pre-treatment estimate claim will have Not Sent, Sent or Received as part of its description in the Transaction Log or when printed. A claim is considered Not Sent until it is sent to the Reports Batch Processor or printed. The claim is considered Received when a payment or pre-authorization is recorded for it. From the Transaction Log, the insurance column of the Accounts list will show 'No' for procedures that are not attached to an insurance claim and the column will be blank for those procedures that are attached to an insurance claim. If a procedure is marked "Do Not Bill to Insurance," it will show an "X" in this column.

This section covers the following topics:

- Creating a Primary Claim
- Insurance Claim Window Blocks
- Sending a Claim
- Editing a Claim
- Entering Insurance Payments
- How to Create a Secondary Claim
- Editing Insurance Payments
- Applying a Deductible Met (With an Insurance Payment)
- Applying Deductible Met (Before a Claim Has Been Received)
- Posting Partial Insurance Payments

Creating a Primary Claim

1. Select a Patient

Select a patient by clicking on the **Select Patient** button.

2. Post Procedures

If you have not yet posted procedures to the account, you must post them before creating the claim.

3. Click Create Insurance Claim

A claim will be created for all procedures posted for this patient with *today's date*. If the procedures you are trying to create a claim for were posted on a different day, then you must first select all the procedures for the claim. (To select more than one procedure, hold down the right mouse button and left click each procedure to be included.) The Insurance Claim Information window appears.

4. Click Print

Click the **Print** button. A dialog will be displayed giving you several options. In the Include field, **Claim** will be checked automatically. If there is an attachment to the claim, check **Attachment** to include it. Click **Send to Batch** to send the claim to the Batch Processor. Click **Send Electronically** to transmit the claim through your eClaims account. Click **Print** to send the claim to your printer. The **Cancel** option will return you to the Insurance Claim Information window without printing a claim.

Note: You must be registered with National Information Systems in order to submit claims electronically.

Insurance Claim Window Blocks

An Insurance Claim can be double clicked on from the Accounts to display the Insurance Claim Window.

Subscriber information Block Provider Blocks Claim Information Block

Procedures Information Block

Payment Information Block

Notes Blocks

Claim Status Block

Primary Insurance Claim (11/07/2006) Not Sent

Patient: Crawford, Brandon T Carrier: Metropolitan
 Subscriber: Crawford, Brandon T Group Plan:
 Employer: Hightech Corp

Billing Provider: Stevens, David D Claim Information: Standard
 Rendering Provider: Stevens, David D Diagnosis:
 Pay-To Provider: Stevens, David D

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Prophylaxis-adult	10/26/2006	D1110	38.76	0.00

Total Billed: 38.76 Est Ins Portion: 38.76
 Itemized Total: 0.00 Total Paid: 0.00
 Ded S/P/O: 0/0/0

Status: Insurance Plan Note
 Create Date: 11/07/2006 Tracer: (No Note)
 Date Sent: On Hold: Re-Sent:
 Claim Status Note: Remarks for Unusual Services
 (No Note) (No Note)

Subscriber Information

The Subscriber Information block located at the top of the Claim Information window, displays the patient name, subscriber name, employer, insurance carrier name, and the group plan name. The block also shows if there is secondary insurance and if the “Release of Information” and/or “Assignment of Benefits” boxes are checked.

To edit subscriber insurance information

1. Double click Subscriber Block

Double click the **Subscriber Information** Block. The Patient/Insurance Information dialog appears.

Patient / Insurance Information

Signature on File
 Release of Information
 Assignments of Benefits

Subscriber ID #: 634-58-4933

Current Year's | Previous Year's

Deductible

	Lifetime Individual	Annual Individual	Annual Family
Standard Required:	0.00	50.00	150.00
Met:	0.00	0.00	0.00
Preventive Required:	0.00	0.00	0.00
Met:	0.00	0.00	0.00
Other Required:	0.00	0.00	0.00
Met:	0.00	0.00	0.00

Maximum Benefits: Individual 1500.00 Family 0.00
 Benefits Applied: Individual 0.00 Family 0.00

OK Cancel

2. Edit Signature on File or ID number (Optional)

You may change the subscriber's insurance identification number (usually the social security number) that will print on the claim and check the option for **Release of Information** or **Assignment of Benefits** which indicates whether "Signature on File" is to print on the claim to authorize release of information and to authorize payment directly to the provider.

Note: Any changes to these fields will only affect the current claim. Changes will not cause the patient's insurance coverage information in the Patients window to change.

3. Enter Deductibles and Benefits

Edit deductibles applied and benefits received for both individual and family. Click the **Previous Year's** tab to enter benefit and deductible information for the previous year.

4. Click OK

Click the **OK** button.

Note: If the Secondary Insurance Information was entered after the Primary claim was created, the bottom left corner of this information window will show an Update Secondary Insurance check box. In this case a secondary claim cannot be created until this box is checked.

Provider Information

There are three Provider Information blocks: Billing Provider, Rendering Provider, and Pay-To Provider. The default providers in each claim are determined by the Practice Default settings. (See *Practice Defaults* in the *Setting Up Easy Dental* section of the *Reports* chapter for more information.)

To change a provider for the claim:

1. Double click Provider

Double click the desired provider block (Billing, Rendering, or Pay-To). The Select Provider dialog appears.

2. Select Provider

From the list box, highlight the desired provider.

3. Click OK

Click the **OK** button.

Claim Information

The Claim Information window block displays information that is specific to a patient and an insurance claim; items numbered 27 through 35 on a standard ADA insurance claim form. The Standard information prints on the claim unless it has been edited.

To change claim information

1. Double click Claim Information

Double click the **Claim Information** Block. The Insurance Claim dialog appears.

2. Edit Information

Make changes to any of the information displayed in the Insurance Claim Information dialog, including:

- Place of Treatment
- Attachments (see Claim Attachments)
- Prosthesis
- Disabled Option
- Occupational Illness
- Orthodontic Treatment
- Student Status
- First Visit Date Current Series
- Pre-Authorization Number
- Accident Information

Note: Pre-authorization numbers will print on most claim forms. If there is more than one number for the procedures on the claim, a claim is created for each set of procedures with a different pre-authorization number. If the patient is a student, the school name and city will print on the insurance claim as well.

3. Click OK

Click the **OK** button.

Note: When claim information is entered or cleared from the Claim window, the change(s) applies only to the claim currently displayed in the Claim window and the associated primary or secondary claim.

Diagnosis Information

The Diagnosis block allows you to sort any attached diagnostic procedures for the claim. You may also mark the option to not print the diagnostic codes on the claim.

1. Double click Diagnosis

Double click the Diagnosis block. The Sort Dental Diagnostic Codes dialog appears.

2. Sort Diagnostic Codes

Highlight the code you want to move and click the Move Up or Move Down button until the desired order is achieved.

3. Exclude Diagnostic Codes from Claim (Optional)

If you do not want to include the attached dental diagnostic codes on this particular insurance claim, mark the option **Do Not Print Dental Diagnostic Codes on this Claim**.

4. Click OK

Click the **OK** button.

Procedures Information

The **Procedures Information** block lists all of the procedures attached to the claim, showing the tooth, surface, description, date, procedure code, fee, and Insurance Paid amount.

- The date column shows the date of completion for insurance claims and the treatment-planned date for pre-treatment estimate claims.
- The last column shows the amount that the insurance paid or pre-authorized for a received claim.
- The scroll bar to the right of the block can be used to view procedures not shown when there are more than six procedures listed.

When one of the procedures in the Procedures Information window block is selected, the Insurance Coverage Update or Pre-Treatment Estimate Update dialog is displayed. You can choose to edit the itemized payment or estimate for the procedure.

Payment and Estimate Information

The Payment/Estimate Information block displays:

- The date the claim was received
- The check number (for payments) and the amount applied to the deductible
- The total of the itemized payments/estimates
- The total charges for procedures on the claim
- The estimated insurance portion
- The total payment or authorized amount

The Payment/Estimate Information window block can be selected to display the Total

Insurance Payment or Total Insurance Pre-Estimate dialog which allows you to edit payment or estimate information.

Claim Status Information

The **Claim Status Information** block displays the date the claim was created, the date the claim was sent, the date a tracer was sent, the date the claim was placed on hold, and the date the claim was re-sent. When the claim is created, the create date defaults to the current system date. When the claim is sent, the status is automatically flagged as Sent, and the sent date defaults to the current system date. When the claim is received, the status is automatically flagged as Received, and the date defaults to the date for the payment or estimate. When the Claim Status Information window block is selected, the Insurance Claim Status dialog will be displayed.

Status	Date
<input checked="" type="checkbox"/> Claim Sent :	11/07/2006
<input checked="" type="checkbox"/> Tracer Sent :	11/07/2006
<input type="checkbox"/> On Hold :	
<input type="checkbox"/> Re-Sent :	

The claim status and the date for each status can be changed manually from the Insurance Claim Status dialog. When the claim is listed in the Accounts, the status of Not Sent, or Sent and the associated date will be displayed according to what is marked here. The status and date for Received depends on the information entered for the total payment or estimate.

Note: Use this box to track contact with insurance companies regarding unpaid claims. If you re-send a claim or send a tracer, mark those boxes. When you print the Insurance Aging report those dates will print, helping you when you make your collection calls!

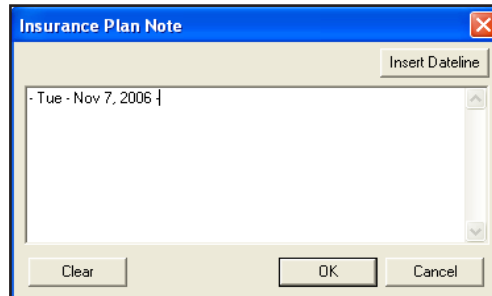
Insurance Plan Notes

The Insurance Plan Notes block displays any notes that have been entered for the insurance carrier from the Patients window or from another Insurance Claim window for the same insurance carrier.

To edit the Insurance Plan Note:

1. Double click Insurance Notes

Double click the **Insurance Notes** block. The Insurance Plan Note dialog appears.



2. Enter or Clear Notes

Enter additional notes OR click the **Clear** button to clear the current notes.

3. Click OK

Click the **OK** button.

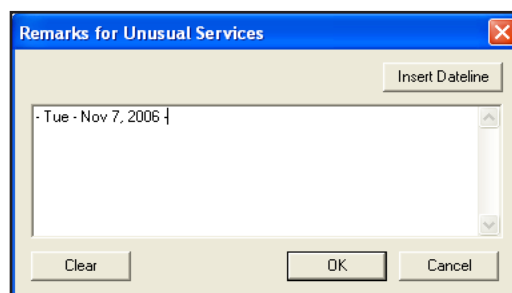
Note: It is important to realize that any note entered here is for the insurance carrier, and that the note will be changed permanently for the insurance carrier for all patients from all modules. This note will not print on the insurance claim. Choose the Notes button from the toolbar if you want to print a note on the claim.

Remarks for Unusual Services

You may want to print a note that explains some important aspect of the procedure.

1. Click Remarks

Click the **Remarks** button or double click the box to open the Remarks for Unusual Services.



2. Enter Note

Enter any notes deemed necessary. Enter all notes you want to print on the claim. This note appears in the Remarks for Unusual Services box on the claim. Similar to other note dialogs, you can add a dateline to the note.

3. Click OK

Choose the **OK** button to return to the Claim window.

Claim Attachments

In some cases, it may be necessary to send attachments such as letters or x-rays to an insurance carrier along with an insurance claim. Easy Dental enables you to attach documents and images to claims and pre-authorizations sent electronically. These attachments can be imported from the Documents module, Perio Chart, Easy Image, or in the form of a text file. The following steps will explain how to select attachments and send them electronically.

1. Open Claim or Pre-Authorization

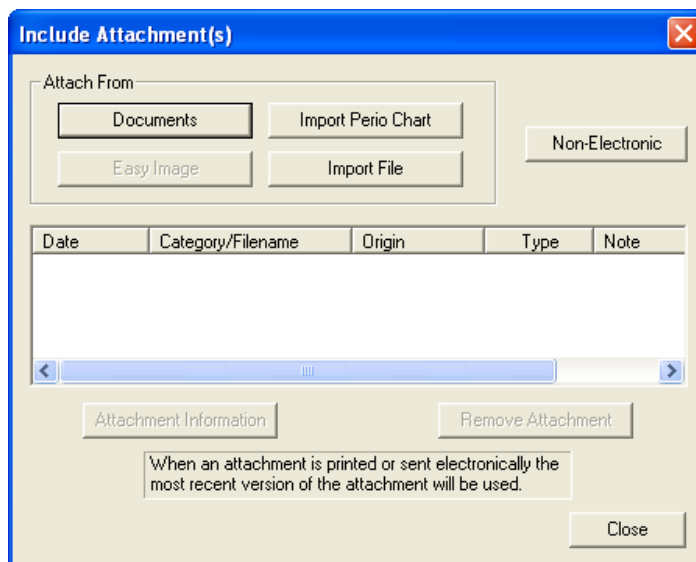
Double click the claim or pre-authorization you want to include attachments with. The claim or pre-authorization can be a primary or secondary form.

2. Open Claim Information

Double click the **Claim Information** block to display the Insurance Claim Information dialog.

3. Click Include Attachments

Check **Radiographs Enclosed**, **Oral Images Enclosed**, **Models Enclosed**, or **Other Attachments**. Click the **Include Attachments** button. The Include Attachments dialog appears.



4. Select Attachment(s)

The following options are available when selecting an attachment:

- **Documents:** Click the **Documents** button to select an attachment that is assigned to the patient in the Documents module (for more information, see the Documents chapter).
- **Import File:** Click the **Import File** button to attach a .txt or .rtf file to the claim. For organizational purposes, Easy Dental recommends creating a sub directory named Attachments under your standard Doc folder to store attachments in.

Note: Since .doc files may not be readable by most insurance companies, only files saved in .txt and .rtf format can be sent electronically with the claim. You can easily convert a doc file in Microsoft Word. Open the document in Word and choose File | Save As. Change the File Type to .txt or .rtf and click Save.

- **Perio Chart:** Click the **Import Perio Chart** button to attach a patient's periodontal exam to the claim. (For information on using the Perio Chart, see the *Perio Chart* chapter.) The Select Perio Exams dialog appears, listing all periodontal exams saved for the patient.
- **Easy Image:** Click the Easy Image button if you have Easy Image installed and want to include a captured image.
- **Non-Electronic:** Click the **Non-Electronic** button if you have an attachment that you are sending that is not an electronic format (i.e., you have to send it by mail). The Attachment Information dialog appears. You can enter a note in the **Attachment Note** field, select the **Attachment Type**, **Transmission Code**, and enter the **Control Number** for reference.

5. Add Attachment Note (Optional)

To include a note to be sent with an attachment, highlight the attachment and click **Attachment Note**. Up to 255 characters can be entered for the selected attachment.

6. Remove Attachment (Optional)

To remove an attachment from a claim, highlight the attachment and click **Remove Attachment**. A message appears stating that the attachment will be removed from the claim and any Attachment Note will be deleted. Click **Yes** to remove the attachment. Click **No** to cancel.

Sending a Claim

To send a claim:

1. Click Print

Click the **Print** button from the Insurance Claim toolbar.

2. Select Send Option

Click **Send to Batch** to send the claim to the Batch Processor, or click **Send Electronically** to immediately transmit the claim using Easy Dental eClaims. The Reports Batch Processor will list all claims that have been sent, showing the date sent, whether the claim is for primary or secondary coverage or a pre-treatment estimate, the insurance claim format, the patient's name, and the name of the insurance carrier.

Note: A claim can be printed as many times as needed from the Batch Processor. If you delete a claim from the Batch Processor, it can be re-sent to the batch processor by selecting the Print button from the Insurance Claim toolbar.

Editing a Claim

When an insurance claim or pre-treatment estimate claim is created, all of the insurance information for that claim is gathered as of that time. As a result, if the patient's insurance carrier, subscriber, or the employer has changed, or if secondary insurance is added, claims created previously will not reflect these changes. If only the name of the employer, insurance carrier, or group plan is changed in the Patients window, without selecting a different employer or insurance carrier the change will be reflected for current claims.

If a claim has the wrong carrier, subscriber, or employer, to edit that claim:

1. Double click Claim

Double click the Claim in the Transaction Log. The Claim window appears.

2. Delete Claim

Choose the **Delete** button from the toolbar. When a claim is deleted, the Reports Batch Processor is checked for a copy of the claim which is deleted as well.

3. Update Patient's Insurance Coverage

In the Patients window, update the necessary insurance information. (See the *Patients* chapter for information on editing insurance information.)

4. Re-create Claim

Re-create the Insurance claim using the steps listed earlier for creating claims.

If an insurance claim or payment that has been moved to history is selected, the Claim window will still be displayed. The insurance claims in history can be printed, and any of the insurance claim information can be changed, except the payment. They cannot, however, be deleted. An insurance claim is placed in history after it is received and updated through the Month End update process.

Entering Insurance Payments

To enter an insurance payment:

1. Select Patient

Click the **Select Patient** button in the toolbar.

2. Select Insurance Claim

From the Transaction Log, highlight the Insurance Claim you want to enter payment for.

Date	Name	Tooth	Code	Description	Amount	Prov	Ins	Balance
07/07/2000	Brandon T Crawford		D1110	+Prophylaxis-adult	38.00	DDS1	No	38.00
10/26/2006	Brandon T Crawford		D1110	Prophylaxis-adult	38.76	HYG1	No	76.76
10/26/2006	Brandon T Crawford		D1110	Prophylaxis-adult	38.76	HYG1		115.52
10/26/2006	Brandon T Crawford		D0274	Bitewings-four films	25.50	HYG1		141.02
10/26/2006	Brandon T Crawford		D0120	Periodic oral evaluation	17.34	HYG1	No	158.36
11/08/2006	Brandon T Crawford		Pay	Insurance Payment	-38.76	HYG1		119.60
11/08/2006	Brandon T Crawford		Pay	Check Payment - Thank You	0.00	DDS1		119.60

3. Open Insurance Claim

Double click the Insurance Claim in the Transaction Log. The Primary (or Secondary) Insurance Claim dialog appears.

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Prophylaxis-adult	10/26/2006	D1110	38.76	0.00

Total Billed:	38.76	Pmt Date		Pmt Amt		Bank/Branch #		Check #		Prov	
Est Ins Portion:	38.76										
Itemized Total:	0.00										
Total Paid:	0.00										
Ded S/P/O:	0/0/0										

4. Click Enter Payment

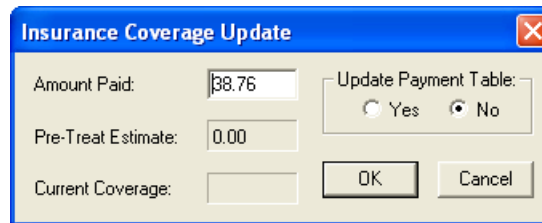
Click the **Enter Payment** button and select **Itemize by Procedure** or **Total Payment Only**. If you click the second option the Total Insurance Payment dialog appears and you should skip to step 6.

5. Update Payment Table (Optional)

If you click the **Itemize by Procedure** option, the Insurance Coverage Update dialog appears.

- a. Enter the amount paid.

- b. If the amount paid for the procedure is different than the estimated amount, you may want to select **Yes** under Update Payment Table.
- c. Click **OK**. After each procedure has prompted for an itemized payment, the Total Insurance Payment dialog will be displayed.



The dialog box titled "Insurance Coverage Update" contains the following fields and controls:

- Amount Paid: 38.76
- Pre-Treat Estimate: 0.00
- Current Coverage: (empty)
- Update Payment Table: Yes No
- Buttons: OK, Cancel

6. Enter Check

Enter the **Check #** of the Insurance payment.

7. Enter Bank/Branch Number

This information appears on Deposit Slips.

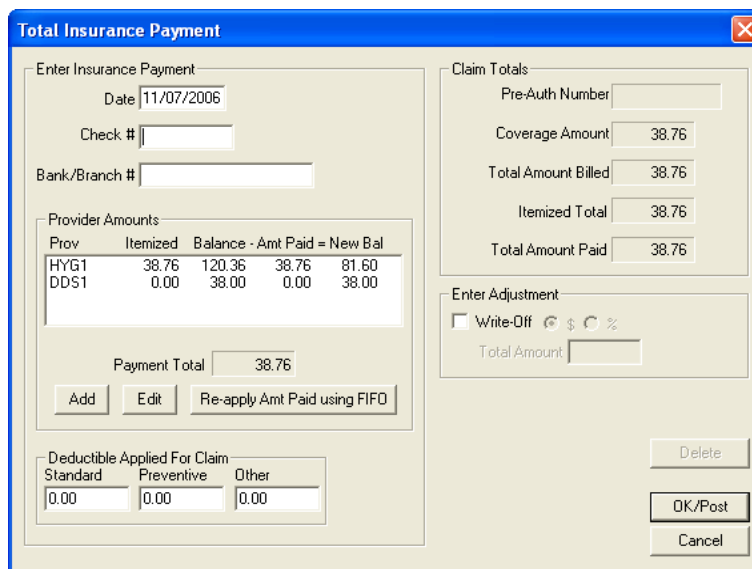
8. Enter Deductible Amount

Enter any amount that the Explanation of Benefits (EOB) shows has been applied to the patient's deductible in the correct fields. (ex. You should enter an amount applied toward the preventive deductible in the preventive field.)

9. Enter Payment Amount

If you did not itemize payments, or need to change the Total Amount Paid:

- Double click the provider the payment should be made to under Provider Amounts or click the **Add** button to enter payment for a different provider.
- Enter or edit the payment information and Click **OK**. You will return to the Total Insurance Payment Screen.



The dialog box titled "Total Insurance Payment" contains the following sections and controls:

- Enter Insurance Payment:**
 - Date: 11/07/2006
 - Check #: (empty)
 - Bank/Branch #: (empty)
- Provider Amounts:**

Prov	Itemized	Balance - Amt Paid =	New Bal
HYG1	38.76	120.36	81.60
DDS1	0.00	38.00	38.00
- Payment Total:** 38.76
- Buttons:** 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: (empty)
 - Coverage Amount: 38.76
 - Total Amount Billed: 38.76
 - Itemized Total: 38.76
 - Total Amount Paid: 38.76
- Enter Adjustment:**
 - Write-Off
 - Total Amount: (empty)
- Buttons:** Delete, OK/Post, Cancel

10. Enter Write-Off Amount

In cases where the practice does not bill the patient for the remaining balance after insurance, the practice can create an adjustment here to offset any remaining balance. Check the **Write-Off** box and enter the write-off amount in the box provided. Click **OK/Post** and the Enter Adjustment window appears. Select the appropriate adjustment type and provider and click **OK**.

11. Exit Insurance Claim

Click **Exit** from the toolbar to exit the Insurance Claim and return to the main Accounts window. (If the patient has secondary coverage you will be reminded that a secondary claim should be created.)

Entering Insurance Payments for Claims Not Created in Easy Dental

In the event that you receive an insurance check, but there has been no claim created in Easy Dental (ex. your office has recently installed Easy Dental as a new installation) you should complete the following steps:

1. Select Patient

Click the **Select Patient** button in the toolbar.

2. Click Enter Payment Button

Click the **Enter Payment** button. The Enter Payment window appears.

3. Enter Amount and Check

Enter the payment amount and check number if applicable.

4. Enter Bank or Branch Number

The information you enter here appears on all Deposit Slips.

5. Select Insurance Payment - Thank You

From the **Type** list, select Insurance Payment - Thank You.

6. Select Provider

Select the provider you want to apply the payment to.

7. Click Split Payment

Click the **Split Payment** button to split the payment between providers.

8. Enter Payment Note (Optional)

If the payment requires a note for clarification, point and click in the **Note** block. Enter whatever information is necessary to clarify the payment.

9. Click OK

Click the **OK** button.

Note: This process should only be used if a claim was not created in Easy Dental.

The Advantage of Itemizing Insurance Payments

Being able to accurately estimate how much an insurance company will pay on a procedure is extremely important when presenting treatment to a patient and collecting payment after treatment. The itemize by procedure option allows you to keep track of what insurance companies have actually paid.

Let's say an insurance company indicates they will pay 50% on crowns. Of your normal \$600 charge, Easy Dental estimates the insurance will pay \$300. However, when you receive payment, the insurance company states that the most they will pay on the procedure is \$250. When you post the payment, if you mark **Yes** under Update Payment Table then Easy Dental will remember that amount. The next time a patient with that insurance coverage comes in for a crown, Easy Dental will estimate \$250 of coverage instead of \$300.

Entering Batch Insurance Payments

An insurance carrier may settle claims by sending the provider one check to cover multiple claims. For example, your practice may have several patients who are covered under the same carrier and plan. The carrier will then settle claims coming from your practice for these patients by remitting only one check.

1. Click Batch Payment

Click the **Batch Payment** button. Next, select the **Enter Batch Ins. Payment** menu item. The Batch Insurance Payment Entry dialog appears.

2. Enter Check #, Amount, and Bank

Enter the **Check #**, Check **Amount**, and **Bank Branch Number**.

3. Select Insurance Carrier

Type the first three or four letters of the **Insurance Carrier Name** in the box and click the search button. The Select Insurance Plan dialog appears with a list of all insurance plans beginning with the letters you entered.

- Highlight the desired insurance plans. To select more than one carrier, hold down the Ctrl key and make additional selections. You can select up to 150 different carriers; however, Easy Dental will only read the first 150 claims. A message appears telling you that all claims can't be read, if applicable.
- Click **OK**.

4. Select Claim

Once you have selected the carrier, a list of all outstanding insurance claims for that carrier appears. Highlight the desired claim and click **Edit** or double click the claim. The Insurance Claim window appears.

5. Click Enter Payment

Click **Enter Payment** from the toolbar and select **Itemize by Procedure** or **Total Payment Only**.

If you click the second option the Total Insurance Payment dialog appears and you should move directly to Step 7.

6. Update Payment Table (Optional)

If you click the **Itemize by Procedure** option, the Insurance Coverage Update dialog appears.

Enter the amount paid.

Mark the **Update Payment Table** radio button next to Yes if you want to update the payment table according to the payment entered.

Click **OK**. After each procedure has prompted for an itemized payment, the Total Insurance Payment dialog appears.

The check number and the Bank/Branch will be entered from the Batch Insurance Payment Entry dialog.

7. Enter Deductible Amount

Enter the amount the EOB (Explanation Of Benefits) shows has been applied to the patient's deductible. Be sure to enter the amount in the appropriate box for the deductible type.

8. Enter Payment Amount

If you did not need to itemize payments or need to change the total amount paid:

Highlight the provider the payment should be made to under Provider Payments or click the **Add** button to enter payment for a different provider. The Provider Payment dialog appears.

Enter or edit the payment information and click **OK**. You will return to the Total Insurance Payment Screen.

Click **OK/Post**. If the patient has secondary coverage you will be reminded to create a secondary insurance claim.

9. Exit Insurance Claim

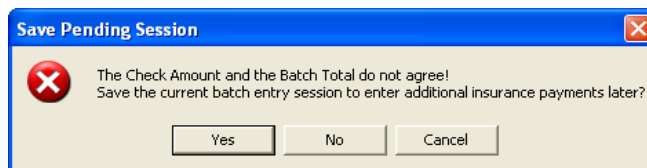
Click **Exit** from the menu bar to exit the Insurance Claim and return to the Batch Insurance Payment Entry dialog. The payment you entered appears in the Paid claims section and the payment will be added to the Batch total.

10. Repeat

Repeat the above steps until all of the insurance payments from a single check are entered. When you are finished attaching claims to one payment, the Batch Total should equal the Check Amount.

If you attempt to exit the Batch Insurance Payment Entry dialog when these two amounts differ, a warning appears and inform you of the difference. If you want to save the batch session entry and return later to complete it, click the **Yes** button.

If you want to return and correct the difference now, click the **Cancel** button.



A saved batch entry will be lost if Easy Dental is closed. As long as Easy Dental remains open, you may reopen the Batch Insurance Payment Entry dialog and complete the process at any time.

When you have finished entering the payment for one check and are ready to enter another, click the **Next Check** button to clear the window of all entries.

How to Create a Secondary Claim

You can create a secondary insurance claim any time after the primary claim is created. The primary claim does not need to be sent or received before the secondary claim is created. When a patient's primary claim is received, the message "Secondary Insurance Claim has not been created" will be displayed reminding you to create the secondary claim when there is secondary coverage for the patient and the secondary claim has not yet been created.

1. Double click Primary Insurance Claim

From the Accounts Transaction Log, double click the primary claim you want to create a secondary claim for.

2. Click Create Secondary

When the primary insurance claim is displayed in the Claim window, click the **Create Secondary** icon. The secondary claim will be created, and the Secondary Insurance Claim dialog appears with the secondary coverage the patient had at the time the primary claim was created.

3. Print Secondary Claim

Select **Print** from the menu bar to print the Secondary claim. You can print the claim now or send it to the batch processor and either print it later with other documents or send it electronically.

4. Click Exit

Click **Exit** to return to the main Accounts window.

Note: If Create Secondary is grayed, this means that the patient was not given secondary coverage in the Patients window before the primary claim was created. Before the secondary claim can be created you will need to do the following:

- a. Enter the Secondary Insurance information for the patient from the Patients window.
- b. Double click the Subscriber Information block.
- c. In the Patient/Information dialog check the Update Secondary box.
- d. Click OK and then follow the steps described earlier.

Once the secondary claim exists, Create Secondary will change to View Secondary.

Editing Insurance Payments

1. Double click the Claim

Double click the claim you want to edit payment for or on the insurance payment itself. The Insurance Claim window appears.

2. Double click Payment

Double click the payment in the Insurance Claim window. The Total Insurance Payment dialog appears.

3. Edit Payment

Highlight the payment in Provider Amounts and click Edit to change the amount or click Delete to delete the payment.

4. Click OK/Post

Click the OK/Post button to return to the Claim window and save the changes you made.

Note: You cannot edit payment amounts that have been placed in history.

Primary Insurance Claim (11/07/2006) Not Sent

Patient: Crawford, Brandon T Carrier: Metropolitan
 Subscriber: Crawford, Brandon T Group Plan:
 Employer: Hightech Corp

Billing Provider: Stevens, David D Claim Information: Standard
 Rendering Provider: Stevens, David D Diagnosis:
 Pay-To Provider: Stevens, David D

Tooth	Surface	Description	Date	Code	Fee	Ins Paid
		Prophylaxis-adult	10/26/2006	D1110	38.76	0.00

Total Billed:	38.76	Pmt Date	Pmt Amt	Bank/Branch #	Check #	Prov
Est Ins Portion:	38.76					
Itemized Total:	0.00					
Total Paid:	0.00					
Ded S/P/D:	0/0/0					

Status: Create Date: 11/07/2006 Tracer:
 Date Sent: On Hold:
 Claim Status Note: Re-Sent:

Insurance Plan Note: (No Note)

Remarks for Unusual Services: (No Note)

Applying a Deductible Met (With an Insurance Payment)

If you receive a payment from an insurance carrier where money has been withheld for application to the deductible, complete the following steps:

1. Select Patient

Select the patient for whom you are posting an insurance payment.

2. Open Insurance Claim

From the Transaction Log, double click the claim for which you want to post the payment. The Insurance Claim window appears.

3. Click Enter Payment

Click **Enter Payment** from the toolbar. Next, select either **Itemize by Procedure** or **Total Payment Only**.

If you choose to itemize the payment, enter the payment amounts for the procedures paid for with this insurance check. If you choose to enter the total payment only, skip to step 4.

Total Insurance Payment

Enter Insurance Payment
 Date: 11/07/2006
 Check #:
 Bank/Branch #:

Prov	Itemized	Balance	- Amt Paid	= New Bal
HYG1	38.76	120.36	38.76	81.60
DDS1	0.00	38.00	0.00	38.00

Payment Total: 38.76

Claim Totals
 Pre-Auth Number:
 Coverage Amount: 38.76
 Total Amount Billed: 38.76
 Itemized Total: 38.76
 Total Amount Paid: 38.76

Enter Adjustment
 Write-Off \$ %
 Total Amount:

Buttons: Add, Edit, Re-apply Amt Paid using FIFO, Delete, OK/Post, Cancel

Deductible Applied For Claim
 Standard: 0.00 Preventive: 0.00 Other: 0.00

4. Enter Check

Enter the **Check #** of the insurance payment.

5. Enter Bank/Branch Number

This information appears on Deposit Slips.

6. Enter Deductible Amount

Enter the amount the EOB (Explanation Of Benefits) shows has been applied to the patient's deductible. Be sure to enter the amount in the appropriate box for the deductible type.

7. Enter Payment Amount (Optional)

If you choose to itemize the insurance payment, you may skip this step. If not, enter the amount of the payment.

8. Enter Write-Off Amount (Optional)

Enter the amount of the patient portion to be written off.

9. Click OK/Post

Click the **OK/Post** button to post the insurance payment.

10. Exit Insurance Claim

Choose the **Exit** button from the toolbar to exit the Insurance Claim Information window and return to the Accounts window.

Applying Deductible Met (Before a Claim Has Been Received)

Occasionally, you will have patients who come to your practice mid-year. These patients may have met part or all of their deductible(s) for the year. To enter that information into Easy Dental, complete the following steps:

1. Select Patient

Select a patient.

2. Open Insurance Claim

Open an insurance claim for this patient by double clicking on the claim in the Transaction Log. (If an insurance claim for this patient has not yet been created, you may create a "fake" claim and then delete it once the deductible information has been entered.)

3. Double click Patient Information

Double click the **Patient Information** box. The Patient/Insurance Information dialog appears.

		Lifetime Individual	Annual Individual	Annual Family
Standard Required:	0.00	50.00	150.00	
Met:	0.00	0.00	0.00	
Preventive Required:	0.00	0.00	0.00	
Met:	0.00	0.00	0.00	
Other Required:	0.00	0.00	0.00	
Met:	0.00	0.00	0.00	

	Individual	Family
Maximum Benefits:	1500.00	0.00
Benefits Applied:	0.00	0.00

4. Enter Deductible Met Amount

Enter the Deductible Met amounts in the appropriate fields. Click **OK** to exit.

5. Close Insurance Claim

Click the **Exit** button to close the claim.

Posting Partial Insurance Payments

At times an insurance carrier will send partial payment for an insurance claim while waiting for more information on certain procedures. In this situation, you will post two separate payments to the claim.

To post multiple payments to one insurance claim

1. Select Patient

From the Accounts module, select a patient.

2. Double click Claim

Double click the claim to which you want to post another insurance payment. The Insurance Claim Information window appears.

3. Click Enter Payment | Enter Additional Payment

Click the **Enter Payment** button then Enter Additional Payment. The Total Insurance Payment window appears.

The screenshot shows two overlapping windows from a dental software application. The background window is titled "Total Insurance Payment" and contains the following information:

- Enter Insurance Payment:** Date: 11/07/2006, Check #: [empty], Bank/Branch #: [empty]
- Provider Amounts:**

Prov	Itemized	Balance - Amt Paid = New Bal		
HYG1	38.76	120.36	38.76	81.60
DDS1	0.00	38.00	0.00	38.00
- Claim Totals:** Pre-Auth Number: [empty], Coverage Amount: 38.76, Total Amount Billed: 38.76, Itemized Total: 38.76, Total Amount Paid: 38.76
- Payment Total:** 38.76
- Deductible Applied For Claim:** Standard: 0.00, Preventive: 0.00, Other: 0.00

The foreground window is titled "Provider Payment" and contains:

- Provider:** DDS1
- Itemized Total:** 0.00
- Amount Paid:** 0.00

Buttons for "Add", "Edit", "Re-apply Amt Paid usi", "Delete", "OK", "Cancel", and "Cancel" are visible in the respective windows.

Note: Itemize by Procedure is not an option when posting an additional payment.

4. Enter Check Information

Enter the **Date**, **Check #**, and **Bank/Branch #** for the additional payment.

5. Highlight Provider and Click Edit

Highlight the provider to which the payment should be credited and click the **Edit** button. The Provider Payment dialog appears.

Note: If the provider to whom you want to credit the payment is not listed, click the Add button instead of Edit. Select the correct provider.

6. Enter Amount Paid

Enter the check amount in the **Amount Paid** field. Click **OK**.

7. Click OK/Post

Click the **OK/Post** button to post the payment and return to the Insurance Claim screen.

Note: Once a payment has been posted to a claim, the claim will be labeled received and is no longer considered in the pending insurance estimate for outstanding claims.

Month End Procedures

The Month End menu commands should be used at the end of each accounting period to apply finance charges and at the beginning of each month to update account balances for the previous month.

Note: The system will not allow you to Update the accounts until after the month you want to Update is concluded. For example, you may not Update the month of January on January 31st. You must wait until February 1st to Update.

Note: Before Month End is selected, it is strongly recommended that you backup your Easy Dental database. Easy Dental must be closed on all but one workstation. If there is a Easy Dental module running at any of the workstations, a message, "Another Easy Dental module is active," will be displayed.

Note: Year End totals will be calculated during Month End when the fiscal year ending month is closed out. The fiscal year is selected by choosing Practice Setup then Practice Resource Setup in the Reports module. Click the Edit button under Practice Information.

This section covers the following topics:

- Working with Finance Charges
- Working with Late Charges
- Running the Month End Update
- Monthly Routines

Working with Finance Charges

You may apply Finance Charges to all or part of your patients simultaneously, allowing Easy Dental to calculate the charges or you may enter the finance charges manually for individual patients.

The Finance Charge command is used to calculate and create finance charge entries for all accounts that meet the criteria that you set.

Note: It is recommended that you back up your database before applying finance charges to any group of patients.

1. Click Month End

Click the **Month End** button and select **Finance Charge**, then **Apply Finance Charge**. The Apply Finance Charges dialog appears.

2. Enter Finance Charge Date

The Finance Charge Date defaults to the current system date. Finance charges are calculated according to the aging balance for each family account as of the finance charge date. The finance charge date is also used as the transaction date for each finance charge entry.

3. Enter Minimum Balance

The **Minimum Balance to Charge** field defaults to \$10.00. The minimum balance will be compared to each aged account balance, and only those accounts with an aged balance greater than the minimum will have a finance charge applied.

4. Enter Minimum Finance Charge, Select Past Due Days

The **Minimum Finance Charge** defaults to 50 cents and will be applied to accounts when the calculated finance charge is less than the minimum.

- The Past Due Days to Charge defaults to zero days assuming charges are due to be paid when they are incurred. Finance charges will be calculated on the portion of each account balance that is past due according to the Past Due Days to Charge selected and the aging of the account as of the finance charge date.

5. Enter Finance Charge Percentage

The **Finance Charge Percent** will be used to calculate the finance charge amount. Finance charges are always calculated on a monthly basis, so if the **Yearly** option button is chosen, the percentage entered will be divided by 12 for the calculations.

6. Select Provider(s)

Select the provider(s) whose patients you want to apply finance charges to (only primary providers appears). Or check the **All** box to select all.

7. Select Billing Type(s)

Select the billing type(s) you want to apply finance charges to. If you want to apply finance charges to all accounts regardless of billing type, check the **All** box.

Note: Finance charges can be run for one set of billing types and then run again for another set of billing types if different finance charge options are desired.

8. Click OK

Click the **OK** button. A message appears to verify that you want to apply finance charges. The **Abort** button can be used to stop applying finance charges. Any finance charges that have already been calculated before the **Abort** button was chosen will be applied.

Note: Printing a Finance Charge Report from the Reports window will show the finance charge entries. Each entry can be edited or deleted from the Accounts.

Applying Finance Charges to just certain accounts

Billing types were designed to help you categorize your patients. Each account can be assigned a Billing Type that categorizes the account to receive finance charges or not. The two keys to using Billing Types for this purpose is to be consistent in assigning types to accounts and then choosing the appropriate types when applying finance charges.

Remember, even though an account is assigned a Billing Type that describes them as a no finance charges account, if you include that Billing Type when you run Finance Charges—the account will still be charged!

Note: Payment Plan Terms override the Finance Charges window settings for patients with payment plans.

Entering Manual Finance Charges

To enter a finance charge manually:

1. Click Enter Finance/Late Charge

Click the **Enter Finance/Late Charge** button. The Enter Finance Charge or Late Charge dialog appears.

2. Enter Finance Charge Amount

Enter the amount you want to charge.

3. Enter Note (Optional)

Enter a note explaining the finance charge addition.

4. Click OK

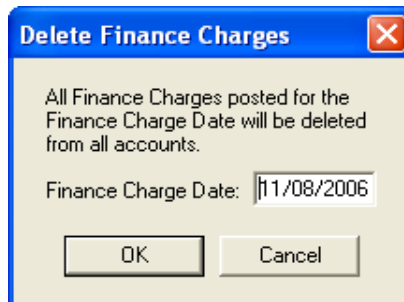
Click the **OK** button to post the finance charge to the family's account.

Deleting Finance Charges

If you want to only clear finance charges from a few accounts, you may open the patient's Accounts module, double click the finance charge and click **Delete**. To delete all finance charges posted on a certain date, complete the following steps:

1. Click Month End

Click the **Month End** button and select **Finance Charge**, then **Delete Finance Charge**. The Delete Finance Charges dialog appears.



2. Enter Finance Charge Date

Enter the date of the finance charges that you want to delete. All finance charges on all accounts with this date will be deleted.

3. Click OK

Click the **OK** button. A verification message appears. Click **OK** to delete the finance charges. Click **Cancel** to return to the Delete Finance Charges dialog without completing the deletion.

Working with Late Charges

To apply late charges

1. Backup Your Easy Dental Directory

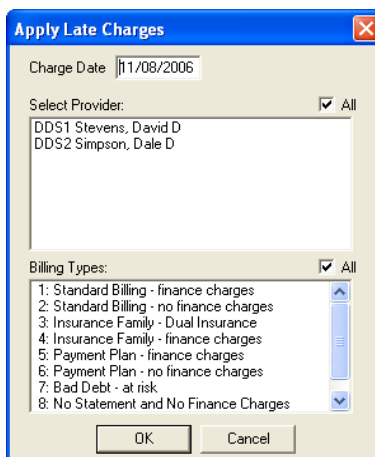
From the File Server, complete a backup of your Easy Dental directory.

2. Open Accounts

Open the Accounts window on one workstation.

3. Click Month End | Late Charge

Click the **Month End** button and select **Late Charge**, then **Apply Late Charge**. The Apply Late Charge window appears.



4. Select Providers and Billing Types

Select the providers whose patients should receive late charges (only Primary Providers will be listed). Select Billing Types that should receive late charges. Click **OK**. The Late Charge Utility will begin running. When late charges have been applied, you will be returned to the Accounts window.

Note: The Late Charge percentage is determined by the terms set up for each individual Payment Plan.

Manually Entering a Late Charge

If desired, you can apply a single late charge to an account.

1. Select Guarantor

From the Accounts window, select the guarantor of the account to receive a late charge.

2. Click Enter Finance Charge or Late Charge

Click the **Enter Finance Charge** or **Late Charge** button. The Enter Finance Charge or Late Charge Dialog appears.

3. Enter Late Charge Amount

Enter the dollar amount of the late charge.

4. Mark Charge Type

Mark the **Late Charge** option under Type.

5. Select Provider and Add Note

If desired, you can select a different provider for the charge. Click the search button next to **Provider**. Highlight the desired provider and click **OK**. A note may be added to clarify the reason for the late charge. Type the note in the **Note** field.

6. Click OK

Click the **OK** button to post the charge and return to the Accounts window.

Deleting Late Charges

If you want to only clear late charges from a few accounts, you may open the patient's Accounts module, double click the late charge and click **Delete**. To delete all late charges posted on a certain date, complete the following steps:

1. Click Month End

Click the **Month End** button and select **Late Charge**, then **Delete Late Charge**. The Delete Late Charges dialog appears.



2. Enter Late Charge Date

Enter the date of the late charges that you want to delete. All late charges on all accounts with this date will be deleted.

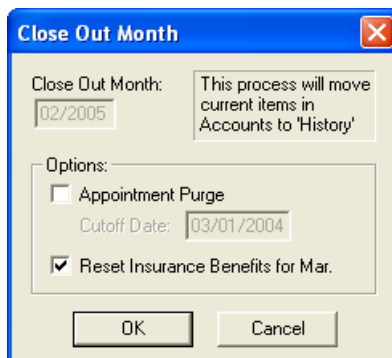
3. Click OK

Click the **OK** button. A verification message appears. Click **OK** to delete the late charges. Click **Cancel** to return to the Delete Late Charges dialog without completing the deletion.

Running the Month End Update

1. Click Month End

Click the **Month End** button then select **Update** from the menu. The Close Out Month dialog appears.



Using the Update command will age each account balance and place all completed procedures, payments, adjustments, and received insurance claims that were entered during the previous months, into history. The Close Out Month dialog will be displayed to enter information needed for the update process.

2. Check Close Out Month Date

The Close Out Month Date defaults to the month *immediately following the last month that was closed out*. This date will be used as the date for the new balance forward and the cutoff for history transactions.

3. Check Desired Options

Check Appointment Purge to purge all appointments in the Schedule prior to the Cutoff Date. This date will default to one year ago. Check Reset Insurance Benefits to reset benefits for insurance carriers with the appropriate renewal date.

4. Click OK

Click OK to begin the update. A reminder to backup the database will be displayed, and if another Easy Dental module is open at any workstation, that message will also be displayed. If all modules are closed except on one workstation, the Running Update dialog will be displayed showing a count as each account is processed.

Note: Before running Update, backup your Easy Dental database! If the computer is turned off, or if a power outage occurs during the Update process, damage to your files may occur. In these cases as well as in user input error, you can restore your data to its original state before the Update process was begun. (This also applies to processing Finance Charges and Future Due Payment Plans.)

Monthly Routines

The following is an outline of the routine monthly procedures to process accounts receivable.

1. Backup

Make a backup of the Easy Dental Database.

2. Open Accounts

Close all Easy Dental modules at all workstations except the Accounts window at the workstation from which the accounts will be processed.

3. Run Finance Charges (Optional)

Run finance charges. (See *Working with Finance Charges* in this chapter.)

4. Run Late Charges (Optional)

Run late charges. (See *Working with Late Charges* in this chapter.)

5. Run Future Due Payment Plan Update

Run the Future Due Payment Plan Update to charge any accounts that are set up with Future Due Payment Plans. (See *Working with Future Due Payment Plans* in this chapter.)

6. Run Billing Statements (Optional)

Run billing statements from the Reports window. Use the same billing type and provider ranges and statement date as used for finance charges. (See the *Reports* chapter for how to run Billing Statements.)

Note: It is not necessary to print Billing Statements during the Month End process. However, it is suggested that you apply finance and late charges before printing your Bills.

7. Run Month End Update

See the previous page on how to run the Month End Update.

8. Print Aging Report

Print the Aging Report from the Reports window. (For information on printing the Aging Report, see the *Reports* chapter.)

Treatment Plans

The Treatment Plan module allows you to record work for patients that needs to be completed. Once a treatment plan has been entered, the treatment may be ordered and a copy of the plan, including pricing and insurance estimates, may be given to the patient. Finally, the Treatment Plans module allows you to create and manage insurance pre-treatment estimates.

In this Section:

- The Treatment Plans Module Window
- Entering a Treatment Plan
- Attaching Diagnostic Codes
- Managing Pre-Treatment Estimates
- Using the Estimator

The Treatment Plans Module Window

The Treatment Plans module, which looks similar to the Accounts module, is where you can post, edit, and delete treatment-planned procedures. The Treatment Plans module has a toolbar, transaction log, and treatment plan total.

Date	Name	Tooth	Code	Description	Amount	Prov	Ins	Balance
10/15/2007	Brent L Crosby	10	D2750	Crown-porc fuse high noble mtl	749.00	DDS1	No	749.00
10/15/2007	Brent L Crosby	11	D2750	Crown-porc fuse high noble mtl	749.00	DDS1	No	1498.00
10/15/2007	Brent L Crosby	12	D2750	Crown-porc fuse high noble mtl	749.00	DDS1	No	2247.00
10/15/2007	Brent L Crosby	24	D3120	Pulp cap-indirect, (ex rest)	48.00	DDS1	No	2295.00
10/15/2007	Brent L Crosby	25	D3120	Pulp cap-indirect, (ex rest)	48.00	DDS1	No	2343.00
10/15/2007	Brent L Crosby	26	D3120	Pulp cap-indirect, (ex rest)	48.00	DDS1	No	2391.00
Treatment Plan Total								2391.00

In the Treatment Plan module, the Ins column of the Transaction Log will show:

- 1** for treatments requiring pre-authorization for primary insurance.
- **2 for treatments requiring pre-authorization for secondary insurance.
- 1*2 for treatments that need pre-authorization for both insurances.
- If pre-authorization is not required, the column will show “No” for recommended treatments that are not attached to a pre-treatment estimate claim, and the column will be blank for those treatments that are attached to a pre-treatment estimate claim.

Note: Procedures must have the Pre-Est box checked in the Coverage Table for these conditions to apply.

If a pre-treatment estimate claim is deleted, the insurance column for all treatments that were on that claim will show the appropriate 1**, **2, or 1*2. When pre-authorization is received, the insurance column will show ‘Acc’ for accepted or ‘Rej’ for rejected for each applicable procedure. A pre-treatment estimate claim is listed from the Treatment Plan option until it is deleted.

Note: To change the Treatment Plan background color, see “Set Accounts/Tx Plans Colors” in the “Accounts Setup” section in the “Accounts” chapter.

Entering a Treatment Plan

To enter a treatment plan:

1. Select Patient

From the Treatment Plans module toolbar, click the **Select Patient button**. Choose a patient.

2. Click Enter Procedure

Click the Enter Procedure button. The Enter Procedure(s) window will appear.

3. Enter Procedure Code

In the **Procedure Code** field, type the procedure code you wish to add to the treatment plan. If you don’t know the procedure code, click the search button and select the code from the Procedure Code List.

OR

Double-click on an explosion code from the Explosion Code list on the right side of the Enter Procedure(s) window.

4. Enter Additional Information

If necessary, you will need to enter additional information such as tooth numbers or surfaces.

5. Make Changes

If desired, you can change the amount or provider for the procedure.

6. Click Add

Click the **Add** button to add the procedures to the Procedure List.

7. Click OK/Post

Click the **OK/Post** button to save the procedures to the Treatment Plan.

Attaching Diagnostic Codes

Complete the following steps to attach diagnostic codes to treatment planned procedures.

Note: Dental diagnostic codes must first be setup in the Procedure Code Setup located in the Reports module under Practice Setup.

1. Double Click Procedure

Double click on the desired procedure in the Treatment Plans module. The Edit or Delete Procedure dialog box will appear.

2. Click Diagnoses Search Arrow

Click the search button next to **Diagnoses**. The Select Diagnostic Code(s) dialog box will appear.

3. Type Code or Select Category

If you know the diagnostic code, type it in the Enter Code field or click the down arrow and select the desired category.

4. Select Diagnostic Code(s)

Highlight the code(s) that you wish to use and click **Add**. The codes will be moved to the Selected Diagnostic Codes list box.

5. Click OK

Click **OK** then **OK** again to exit and save the changes.

Managing Pre-Treatment Estimates

This section covers the following topics:

- Creating a Pre-Treatment Estimate
- Entering Insurance Estimates
- Showing Transactions Links
- Setting Procedures Complete

Creating a Pre-Treatment Estimate

To create a pre-treatment estimate:

1. Click Create Insurance Estimate

Click the **Create Insurance Estimate** button. A pre-treatment estimate will be created for all procedures in the treatment plan. To create a pre-treatment estimate for only specific procedures, select each of the procedures to be attached to the claim first, then click the **Insurance Claim** button. The Primary Pre-Treatment Estimate screen will be displayed.

Note: To select multiple procedures, hold down the right mouse button (or the Ctrl key on the keyboard) while clicking on the procedures with the left mouse button.

2. Choose Print Menu

From the Primary Pre-Treatment Estimate, choose the **Print** menu option. Click **Print**, **Send to Batch**, or **Send Electronically**.

Entering Insurance Estimates

To enter insurance estimates:

1. Double-click Pre-Treatment Estimate

From the Treatment Plan Transaction Log double-click on the pre-treatment estimate. The Pre-Treatment Estimate Information window is displayed.

2. Choose Enter Estimate

Click the **Enter Estimate** button on the toolbar and select **Itemize by Procedure** or **Total Estimate Only**. If you choose the second option the Total Insurance Pre-Estimate dialog box will appear and you should skip to Step 5.

Note: If pre-treatment estimates are not Itemized by Procedure, the procedures will not be flagged as accepted or rejected! And when the insurance pays for the procedures, the itemized amount will not be able to default to the itemized amount.

3. Update Payment Table (Optional)

If you choose the Itemize by Procedure option, the Pre-treatment Estimate Update dialog box will appear.

- Select the Procedure Status for Accepted or Rejected.
- Enter the Estimate **Amount**.
- If desired, check the **Update Payment Table** radio button next to Yes to Update the Payment Table according to the payment entered. All future estimates for this code with this carrier will be based on the amount entered, if the Update Payment Table option is selected.
- Repeat for each.
- Click **OK** and the Total Insurance Pre-Estimate dialog box will appear.

4. Enter Pre-Auth Number

Enter the **Pre-Auth Number** that will follow each procedure when it is completed and the insurance claim is created.

5. Enter Estimate Amount

If you have not already entered the estimate amount in the Insurance Coverage Update box, enter the Estimate **Amount** and click on **OK/Post**.

6. Exit Pre-Treatment Estimate

Choose **Exit** from the toolbar to exit the Pre-Treatment Estimate and return to the main Treatment Plans window.

Showing Transactions Links

The Show Transaction Links button allows you to quickly see related transactions listed in the Treatment Plans module. For example, you may wish to see all procedures linked to an insurance claim or vice-versa. Simply highlight the transaction for which you wish to find links and click the **Show Transactions Links** button. All transactions linked to the selected transaction will now be highlighted. Click on any single transaction to remove the highlight.

Setting Procedures Complete

To set procedures complete:

1. Select Procedures

Select the treatment plan procedures to complete from the Treatment Plan transaction log.

2. Click Set Procedures Complete

Click the **Set Procedures Complete** button on the toolbar. This will change the chart status from Treatment Plan to Completed and move the procedure(s) to the patient's account. The procedure(s) will no longer be listed in the Treatment Plan module.

Using the Estimator

The Estimator is an effective tool in patient consultations. For information on using the Estimator, see the *Using the Estimator* section in the *Chart* chapter.

Prescriptions

The Prescriptions window is designed to help you quickly create and accurately track medicines prescribed for your patients. To begin using Prescriptions, you must first complete a few setup steps. The following sections will walk you through the setup process of adding prescription types and selecting a printer. You will then learn how to assign prescriptions to patients and print a prescriptions report.

This chapter covers the following topics:

- Adding Prescription Types
- Editing Prescriptions
- Deleting Prescriptions
- Selecting a Printer
- Assigning Prescriptions
- Printing the Prescriptions Report

Adding Prescription Types

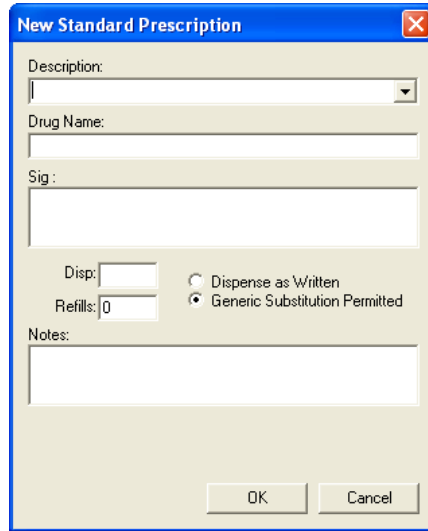
To add prescription types:

1. Click Practice Setup | Prescription Setup

From the Reports window toolbar, click the **Practice Setup** button, and then choose **Prescription Setup**. The Prescriptions Setup dialog box appears.

2. Click New

Click the **New** button. The New Standard Prescription dialog box appears.



3. Type Description

Type a description for the prescription. You may enter up to 50 characters. The description does not print on the Patient Prescription form, but helps you to identify the prescription when assigning it to a patient.

4. Type Drug Name

Type the drug information. This prints on the prescription form. You may enter up to 50 characters.

5. Type Dosage Interval and Instructions

Type the dosage interval and any instructions that should print on the prescription form in the **SIG** field.

6. Enter Disp Number

Enter the number/amount of the medication to dispense in the **Disp** field.

7. Enter Number of Refills

If the prescription may be refilled, enter the number of refills allowed in the **Refills** box.

8. Mark Drug Substitution Options

You have the following substitution options:

- Mark **Dispense as Written** if the pharmacy should only use the drug named on the prescription.
- Mark **Generic Substitution Permitted** if the pharmacy may fill the prescription with a generic version of the medication.

9. Type Notes

If you desire to give the patient instructions regarding the prescribed medication, type these instructions in the note field. The notes will print below the prescription form.

10. Click OK

Click the **OK** button to return to the Prescriptions Setup window. Repeat steps 2 – 10 for any other prescriptions to be set up.

Editing Prescriptions

To edit prescription types:

1. Click Practice Setup | Prescription Setup

From the Reports window toolbar, click the **Practice Setup** button, and then choose **Prescription Setup**. The Prescriptions Setup dialog box appears.

2. Click Edit

Click the **Edit** button. The Edit Standard Prescription window appears.

3. Make Modifications

Make any changes to the default prescription.

4. Click OK

Click the **OK** button to return to the Prescriptions Setup window.

Deleting Prescriptions

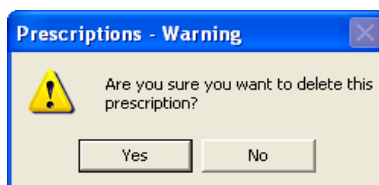
To delete prescriptions:

1. Click Practice Setup | Prescription Setup

From the Reports window toolbar, click the **Practice Setup** button, and then choose **Prescription Setup**. The Prescriptions Setup dialog box appears.

2. Click Delete

Click the **Delete** button. A warning dialog box will appear. Click the **Yes** button if you wish to delete the prescription.



Note: Prescription Types that have been assigned to patients may not be deleted.

Selecting a Printer

To set up a printer for your prescriptions, complete the following steps:

1. Click Practice Setup | Prescriptions Setup

From the Reports window toolbar, click the **Practice Setup** button, and then choose **Prescriptions Setup**. The Prescriptions Setup dialog box appears.

2. Click Print Setup

Click the **Print Setup** button. The Print Setup dialog box appears.

3. Select Printer

Select the printer you wish to use to print prescriptions.

4. Select Prescription Form

If your state requires a specific format for prescriptions, click the down arrow next to the Form field and choose the correct form.

5. Check Using Preprinted Paper (Optional)

If you will be using Pre-printed paper when creating prescriptions, check the **Using preprinted paper** option.

6. Check Print Number for "Disp:" as a Word (Optional)

If you need to list the number/amount of the medication to dispense as a word, check the **Print number for "Disp:" as a word** option. (Ex. "Four" instead of "4")

7. Check Disable Printing (Optional)

If you will be using the Prescriptions module to record prescription information but will not be printing prescriptions, check the **Disable printing** option.

8. Click OK

Click the **OK** button to save your printer selection and return to the Prescriptions Setup screen. Click **Close** to return to the Reports window.

Assigning Prescriptions

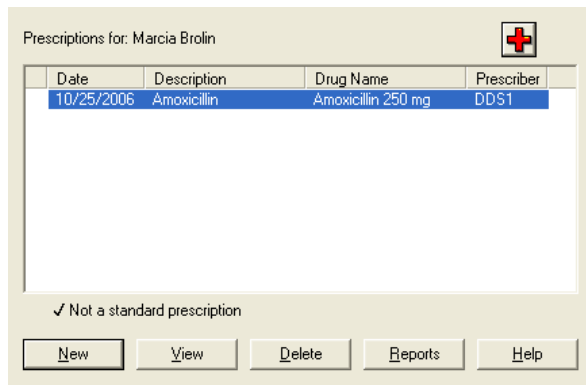
To assign prescriptions:

1. Select Patient

From any Easy Dental module (except the Reports window), select a patient.

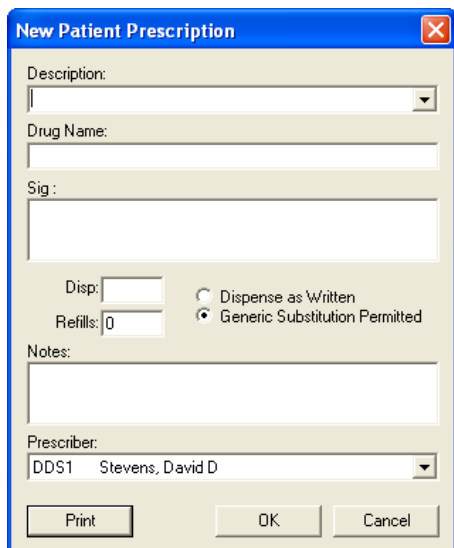
2. Click Prescriptions

From the Easy Dental module toolbar, click the **Prescriptions** button. The Patient Prescription window appears.



3. Click New

Click the **New** button. The New Patient Prescription dialog box appears.



4. Select Prescription Type

Click the down arrow to the right of the **Description** field. A list of available prescriptions appears. Highlight the desired prescription type.

5. Customize Prescription (Optional)

If desired, customize the prescription information for the patient.

- Change the drug name by modifying the **Drug Name** box.
- Change the dosage interval and instructions by modifying the **SIG** box.
- Change the amount to dispense by modifying the **Disp** box.
- Change the refill amount by modifying the **Refills** box.
- Change the drug substitution by marking the desired options.
- Change the patient instructions by modifying the **Notes** box.

6. Select Prescriber

Select the provider who is prescribing the drug.

7. Click Print

Click the **Print** button to print the prescription. The prescription will print to the printer selected in the Prescription Setup window. (For information on selecting a different printer, see the *Selecting a Printer* section in this chapter.) The prescription will be added to the list of patient prescriptions in the Patient Prescription Dialog Box.

Printing the Prescriptions Report

The Prescriptions Module includes a report that allows you to see which drugs have been prescribed to which patients in a date range. To print the Prescriptions report, complete the following steps:

1. Select Patient

From any Easy Dental module's toolbar, click the **Select Patient** button. Type the first few letters of a patient's last name. Select the desired patient and click the **OK** button.

2. Click Prescriptions

From the toolbar, click the **Prescriptions** button. The Patient Prescriptions window appears. All previously created prescriptions for the patient are listed. The Prescriptions window displays the date the prescription was created, the description, drug name, and prescriber for each prescription. A check mark to the left of the date indicates that a change was made to the default prescription type.

3. Click Reports

Click the **Reports** button. The Prescription Reports dialog box appears.

The screenshot shows the 'Prescriptions Report' dialog box. It has a title bar with a close button. The main area is divided into several sections:

- Patient Range:** Two text boxes labeled 'From:' and 'To:' both containing '<ALL>'. To the right of each box is a search button with '>>'.
- Drugs:** A list box containing 'Amoxicillin', 'Ampicillin', 'Darvocet N', and 'Doxycycline'. Below the list is a checked checkbox labeled 'Select All'.
- Providers:** A list box containing 'DDS1' and 'DDS2'. Below the list is a checked checkbox labeled 'Select All' and an unchecked checkbox labeled 'List Inactive'.
- Date Range:** Two text boxes labeled 'From:' and 'To:' both containing '10/25/2006'.
- Sort By:** Two radio buttons labeled 'Patient' (which is selected) and 'Drug'.

At the bottom of the dialog are two buttons: 'Print' and 'Close'.

4. Enter Patient Range (Optional)

Select the range of patients to print, or leave the setting at ALL to print all patients. To print a range of patients:

- Click the search button to the right of the **From** field and select the starting patient for the range.
- Click the search button to the right of the **To** field and select the ending patient for the range.

5. Select Drug(s) (Optional)

Highlight the drugs that you wish to see listed on the report. Only prescriptions created for the selected drugs will be listed. Check the **Select All** box to include all drugs on the report.

Note: You can select more than one drug by pressing the CTRL key on your keyboard while selecting a drug.

6. Select Provider(s) (Optional)

Highlight certain providers. Only prescriptions written by the selected providers will be listed on the report. Check the **Select All** box to include all drugs on the report.

Note: You can select more than one provider or drug by pressing the CTRL key on your keyboard while selecting a provider or drug.

7. Enter Date Range

Edit or accept the Date Range. Only prescriptions created during the date range will be listed on the report.

8. Mark Sort Option

Mark **Patient** to sort the report alphabetically by patient. Mark **Drug** to sort the report by drug name.

9. Click Print

Click the **Print** button to print the report. The report is sent to the Prescriptions Printer selected in the Prescriptions Setup window. (For information on changing the Prescriptions printer, see the *Selecting a Printer* section in this chapter.)

Contacts

The Contacts module acts as a contact manager for your office. All correspondence and contacts made with a patient can be recorded and tracked. Like a journal of your daily activities, the Contacts module has two main functions: to keep a record of past events and to log reminders of future events.

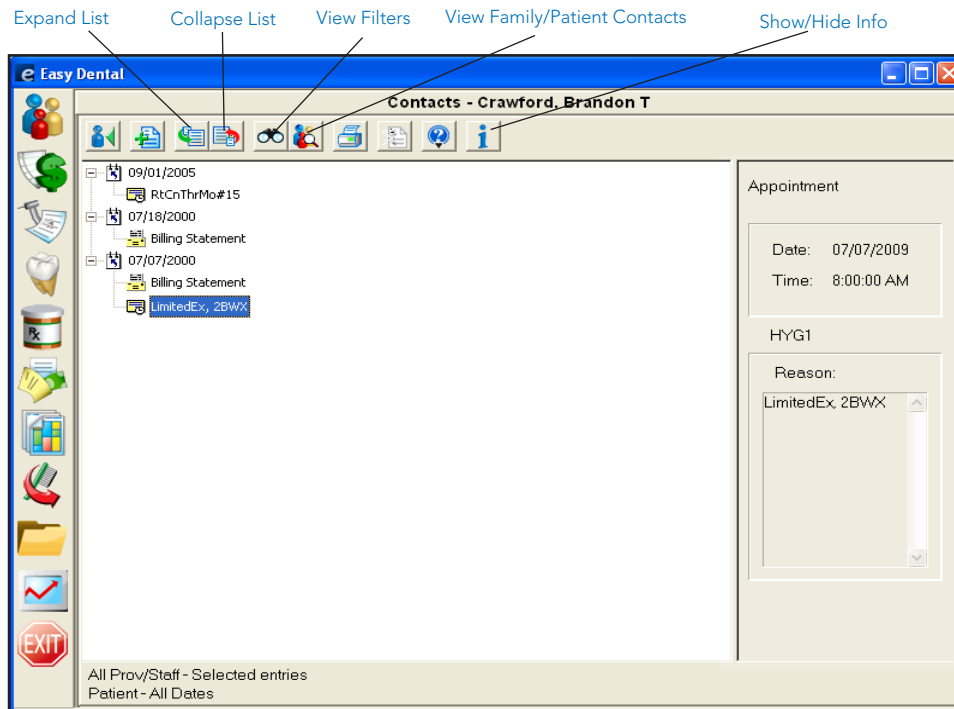
Letters, billing statements, appointments, payment plan notes, and payments will be automatically entered. You can input manual entries, such as reminders, phone calls, or miscellaneous notes. Each contact type is represented by a different symbol.

This chapter covers the following topics:

- The Contacts Module Window
- Tracking Patient Contacts
- Customizing the Contacts Display
- Working with Manual Contacts Entries
- Printing from the Contacts Module

The Contacts Module Window

The Contacts module consists of a toolbar, entry list, and information viewing area.



Tracking Patient Contacts

As a record of past events, the Contacts module allows you to keep a comprehensive record of contact made between your office and your patients. You can view the Contacts window by patient or family. Automatic entries will be added for letters, billing statements, appointments, payment plan notes, payments, and privacy requests.

This section covers the following:

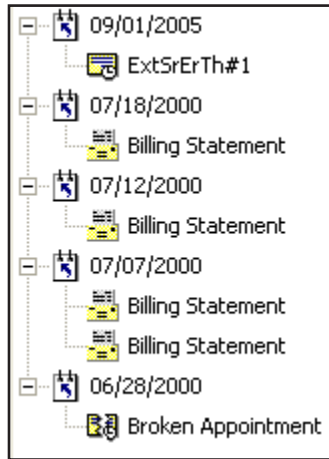
- Letters
- Billing Statements
- Payment Plan Notes
- Payments

Letters

When letters are generated for patients (either through the Reports module or Quick Letters) and “Add to Contacts” is checked, the letter will be noted in the Contacts module. The entry will include the date, provider, and the name of the letter that was created.

Billing Statements

Any time a Billing Statement is generated for an account, the Contacts module will record the date of the bill, the account balance, and the “Please Pay” amount from the statement.



Appointments

The Contacts module will display the following appointment information:

- **Existing Appointments:** Includes the date, time, appointment provider and the appointment reason.
- **Purged Appointments:** When an appointment is purged, the Contacts module will record the original date, time, reason, and provider for the purged appointment.
- **Broken Appointments:** When an appointment is broken, the Contacts module will record the original appointment date, time, reason, and provider.

Payment Plan Notes

Any Payment Plan Notes you have entered can be displayed in the Contacts window along with the date, provider, and the actual note.

Payments

Insurance and Patient payments can be displayed along with the date, provider, and the amount.

Note: Family Payments will be displayed when viewing the Head of House or the entire family.

Customizing the Contacts Display

This section covers the following topics:

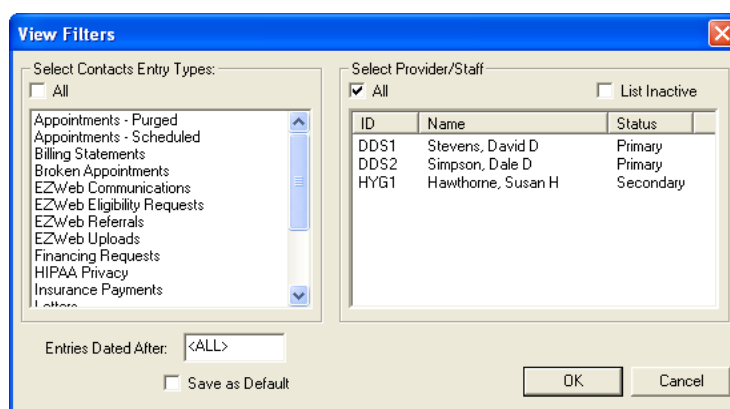
- Changing View Filters
- Viewing More Detail
- Viewing Family & Patient Contacts

Changing View Filters

To customize what types of entries are displayed in the Contacts module, complete the following steps:

1. Click View Filters

From the Contacts module toolbar, click the **View Filters** button. The View Filters dialog box appears.



2. Select Contact Entry Types

Highlight the Contact Entry Types that you wish to display or check the **All Contact Entry Types** option. You can view the following Contact Entry Types: Appointments (purged and scheduled), Billing Statements, Broken Appointments, EZWeb Communications, EZWeb Eligibility Requests, EZWeb Referrals, EZWeb Uploads, Financing Requests, HIPAA Privacy, Insurance Payments, Letters, Miscellaneous, Patient Payments, Payment Plan Notes, Phone Calls, and Reminders.

3. Select Provider/Staff

Highlight the Providers and Staff members you wish to view or check **For All Prov/Staff**.

4. Set Cutoff Date

If you wish to only display items after a certain date, enter the desired date in the **Entries Dated After** field.

5. Save as Default (Optional)

If you wish to save the options selected as the default viewing options, check **Save as Default**.

6. Click OK

Click the **OK** button to save your settings and return to the Contacts module.

Viewing More Detail

When the Contacts module is initially opened, Contact entries are displayed according to the View Filters default. Underneath the Contact entry date you will see a picture indicating the entry type and description.

- To only see a list of entry dates, click the Collapse List button.
- To return to the expanded view, click the Expand List button.
- If you wish to see even more information on a Contact entry:

1. Select Entry

Highlight a displayed Contact entry.

2. Click Show Information

From the Contacts module toolbar click the **Show Information** button. More complete information is now displayed on the right.

Note: When the Contacts module is closed your display settings are saved and used as the default settings the next time the Contacts module is opened.

Viewing Family & Patient Contacts

To display entries for an entire family, click the **View Family Contacts** button. To display only the entries for a single patient, when viewing entries for the entire family, click the **View Patient Contacts** button.

Note: The View Family Contacts button and View Patient Contacts button toggle back and forth depending on what is being viewed. When viewing entries for a single patient, the View Family Contacts button will be displayed. When viewing entries for an entire family, the View Patient Contacts button will be displayed.

Note: If you are displaying a family member who is not the guarantor, entries for Billing Statements and Family Payments will not be displayed. These items are only displayed when viewing Family Contacts or the Guarantor.

Working with Manual Contacts Entries

Manual Contact entries can be entered. The four types of manual entries are Phone Call, Reminder, Miscellaneous, and HIPAA Privacy. These entries include the date, time, and provider/staff members, and allow a description and note to be entered.

This section covers the following topics:

- Adding a Manual Entry
- Editing a Manual Entry
- Deleting a Manual Entry

Adding a Manual Entry

To add a manual entry:

1. Click Add Contact

Click the **Add Contact** button. The Add Contact Entry dialog box appears.

Add Contact Entry - Crosby, Brent L

Type: Phone Call
Date (mm/dd/yyyy): 03/13/2009
Prov/Staff: DDS1 >>
Time (hh:mm:ss): 10:14:10 AM
Description:
Note:
Auto Dial:
Work: 797-6600
Home: 797-5969
Mobile: 797-1212
Other: 797-5900
Fax: 797-6669
Dial
OK Cancel

2. Select Contact Entry Type

Expand the **Type** drop-down and select the appropriate type.

- **Phone Call:** Use if you are making a phone call to a patient. Record information regarding the conversation.
- **Reminder:** Use with a future date to remind the office about a contact with a patient.
- **Miscellaneous:** Use for any other contact with the patient for which you wish to keep a record.
- **HIPAA Privacy:** Use to track patient information disclosure history, and to track other privacy related notes for patients, providers, staff, and referrals.

3. Select Provider/Staff

Click the search button next to the **Prov/Staff** box. The Select Provider/Staff dialog box appears. Select the provider or staff member to be assigned to this Contact type.

4. Enter Description

Enter a short description for the contact entry in the **Description** box.

5. Enter Note

Enter a comprehensive description for the contact entry in the **Note** box.

6. Modify Date (Optional)

If desired, you can change the date of the contact entry.

7. Modify Time (Optional)

If desired, you can change the time of Phone Call and Miscellaneous contact entries. Type the correct time.

8. Click OK

Click the **OK** button to save your changes and return to the Contacts module.

Editing a Manual Entry

To edit a manual entry:

1. Double-click Manual Entry

Double-click on the manual entry you wish to edit (Phone Calls, Reminders, Miscellaneous, HIPAA Privacy).

2. Make Modifications

Make your changes to the contact entry.

3. Click OK

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

Deleting a Manual Entry

To delete a manual entry:

1. Highlight Entry

Highlight the manual entry you wish to delete (Phone Calls, Reminders, Miscellaneous, HIPAA Privacy).

Note: Broken Appointments, Purged Appointments, Letters, and Changed Privacy Requests can also be deleted.

2. Click Delete Contact

From the Contacts module toolbar, click the **Delete Contact** button. A confirmation message box appears. If you wish to delete the entry, click the **Yes** button.

Note: Appointments, Appointment Notes, Billing Statements, Payment Notes, and Payment Agreement Note entries cannot be deleted.

Printing from the Contacts Module

To print the Contacts entries being displayed:

1. Click Print

From the Contacts module toolbar, click the **Print** button. The Printer Setup dialog box appears. If desired, change the printer selection.

2. Click OK

Click the **OK** button to begin printing. Easy Dental will print whatever entries are currently being displayed in the Contacts module.

Schedule

The Easy Dental Schedule will enable you to maximize a provider's valuable time by rapidly filling the work schedule weeks into the future. The easy-to-use Schedule resembles a regular appointment book, but has the added ability to make full use of your computer's ability to search for new appointment dates to find the best fit for the patient and provider.

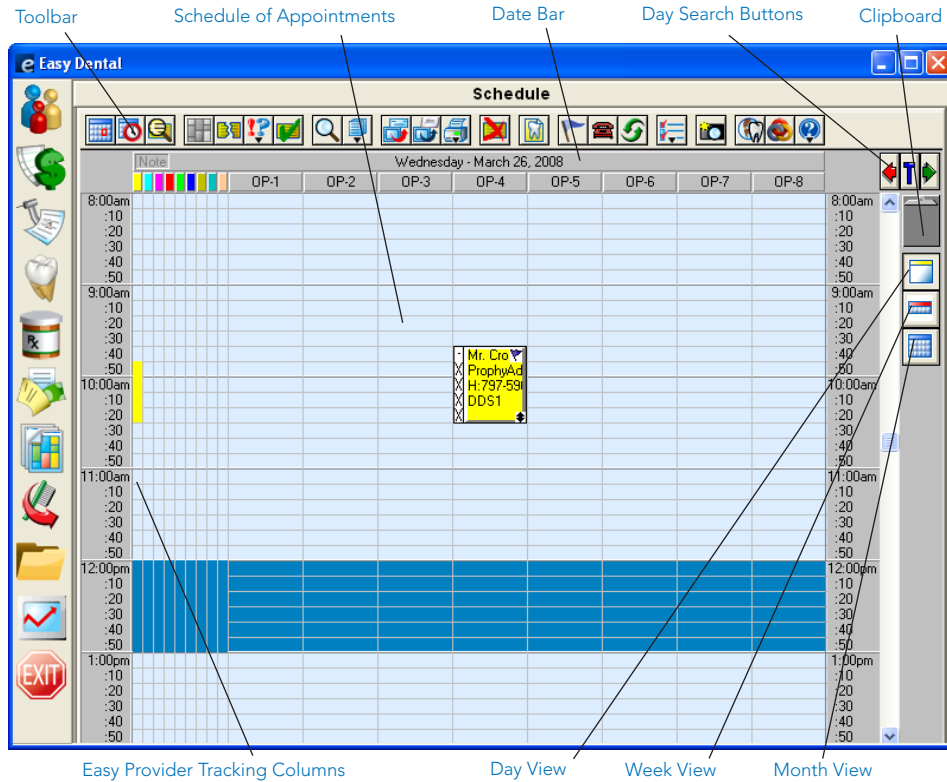
This chapter covers the following topics:

- The Schedule Module Window Areas
- Changing Views
- Dragging and Dropping Appointments
- Setting Up the Schedule
- Scheduling an Appointment
- Other Appointment Information
- Locating an Existing Appointment
- Moving an Appointment
- Finding An Available Time
- Using the Auto Dial
- Using the Schedule Lists
- Utilizing Other Schedule Options
- Printing from the Schedule
- Easy Day Planning

The Schedule Module Window Areas

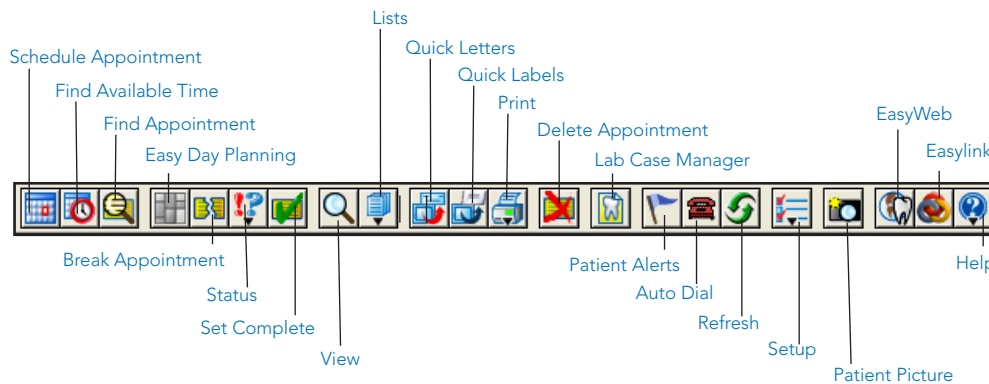
The Schedule window is divided into the following areas:

- Toolbar
- Date Bar
- Easy Provider Tracking Columns
- Day Search Buttons
- Schedule of Appointments
- Clipboard



Toolbar

The Schedule Toolbar is a collection of command buttons that allows you to initiate commands by simply clicking once on the button. The name and function of each is described below.



Date Bar

The Date Bar shows the Dates of the appointments according to the Day, Week or Month view that is selected.

Easy Provider Tracking Columns

Easy Dental displays a color column for each provider selected for that view. A colored block in that column indicates that the provider is scheduled to be working on a patient during the blocked time. If a provider has been double-booked, the color block will display white with stripes in the color assigned to that provider. If the provider column is dark blue, this indicates that the provider is not available at the selected time.

Day Search Buttons

Click the arrow pointing to the right to move forward 1 day at a time. Click on the arrow to the left to move back 1 day at a time. Clicking the T between the arrows will return you to the current day.

Schedule of Appointments

The schedule displays the basic, customizable appointment information. Each provider is assigned a color to help you quickly determine whom the patient is seeing. An appointment in the schedule can be selected by clicking on the appointment with the mouse.

To open the Appointment Information window, which shows more information about the appointment and patient, double-click on the appointment from the schedule.

Clipboard

An appointment can be moved to another day by dragging the appointment to the Clipboard and releasing it. The appointment stays there until it is placed at another desired appointment location or until the Schedule module is closed.

Note: You can also place an appointment on the Clipboard by clicking on the Clipboard Button from the Appointment Information dialog box.

Changing Views

You can switch between the following Schedule views:

- Day View
- Week View
- Month View

Day View

This is the default view when the Schedule is first opened. Only appointments on the selected day are shown. You may also press “Ctrl” and “D” on the keyboard to switch to this view.

Week View

You may view the entire week’s appointments for the operatories you’re viewing by clicking on the Week View command button in the toolbar. You may also press “Ctrl” and “W” on the keyboard to switch to this view.

Month View

By clicking the Month View icon, you can see scheduled production for each day of a month and it allows you to quickly move between days. You may also press “Ctrl” and “M” on the keyboard to switch to this view.

Dragging and Dropping Appointments

A scheduled appointment may be moved to any place on the screen by holding the left mouse button down while over the appointment and dragging the appointment to a new time or operator or to a new day using the clipboard.

Setting Up the Schedule

The Schedule can be customized or configured to meet the needs of your practice. However, in order for the Schedule to effectively assist your staff in scheduling, you must enter the times and days that your practice is open as well as entering the times and days that each provider is available to work. Once these particulars are entered and saved, Easy Dental will save you time and hassle in keeping track of provider schedules.

For example, when scheduling an appointment for a particular provider, Easy Dental will automatically verify that the provider and operator are available for the time requested. You can also use Easy Dental to find the next available appointment for any provider.

This section covers the following topics:

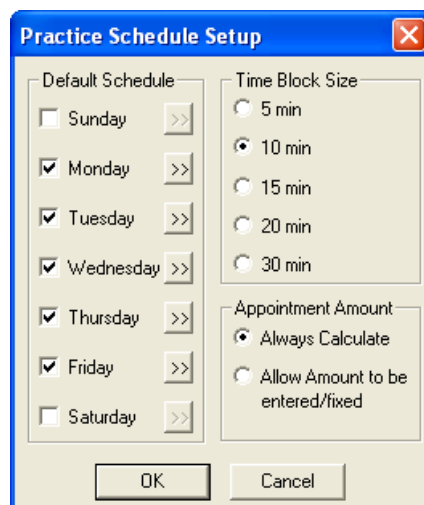
- Setting Up the Practice
- Setting Up the Practice Schedule
- Setting Up Schedules for Providers
- Setting Up the View

Setting Up the Practice

To set up the practice:

1. Click Setup

Click the **Setup** Button and select **Practice Setup** from the menu. The Practice Schedule Setup dialog box appears.



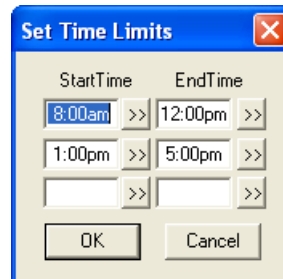
2. Set Default Schedule

If your practice is not open on a particular day, click on the check box next to that day. (The box will no longer be checked.) Easy Dental will question an appointment set for a day not checked in this dialog box.

3. Set Working Hours

For each checked day, you will need to set the practice's working hours.

- Click the search button located to the right of the day. The Set Time Limits dialog box appears.



- Easy Dental allows you to break any day into three time ranges. The default for each day is 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 5:00 p.m. Easy Dental will question an appointment set during a time when the practice is not open, such as 12:30 p.m.
- Change the time blocks by choosing the search button next to the start time or end time of the time block you wish to change. A Select Time control window appears.
- Change the time by clicking on the left arrow button to decrease the time or on the right arrow button to increase the time.
- When you have selected the right time, click the **OK** button to return to the previous window.

After setting the time blocks for that day, click the **OK** button to return to the Practice Schedule Setup dialog box. Choose the next day and repeat the setup process for each day the practice is open.

4. Select Time Block Size

When you have finished entering daily schedules, you may want to adjust the time block size displayed in the main window of the Schedule. Choose how to divide up your appointment blocks by 5-, 10-, 15-, 20-, or 30-minute units. Each unit also represents a unit of time when the provider or an assistant is present during the procedure. For example, during the first unit of time, the assistant may only be present to prep the patient. The default is set for 10 minute blocks. Choose the block that fits your practice best.

5. Select Appointment Amount Option

When **Always Calculate** is marked, the appointment amount will be calculated using the applicable fee schedules. If **Allow Amount to be entered/fixed** is marked, the amount will be entered as above, but can be edited.

6. Click OK

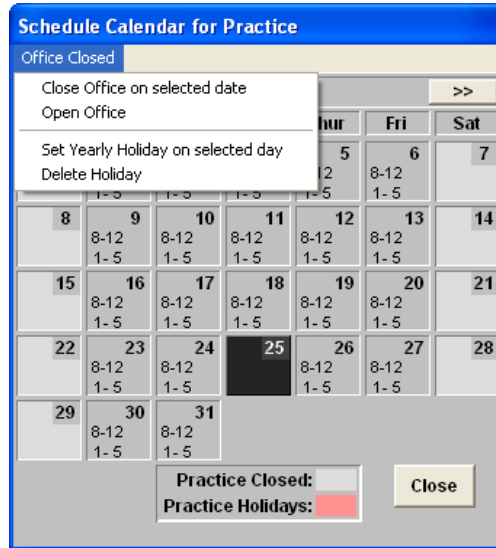
Click the **OK** button to save your changes.

Setting Up the Practice Schedule

To set holidays (including holidays) or other days when the entire practice is closed:

1. Click Setup

Click the **Setup** button and select **Practice Schedule** from the menu. The Schedule Calendar for Practice window appears with the hours your practice will be open on each day.



2. Select Day

Highlight the day you wish to close the Office.

3. Click Office Closed | Close Office on Selected Date

If you wish to close the office for a day when you would normally be open, (other than a yearly holiday), select **Office Closed** | **Close Office on selected date** from the menu. The day you selected will be marked according to the legend at the bottom of the Schedule Calendar for Practice dialog box.

If you wish to re-open the office on a day you had previously scheduled to be closed, select **Open Office** from the **Office Closed** menu.

4. Click Office Closed | Set Yearly Holiday on Selected Day

If you wish to set a yearly Holiday (a holiday that occurs on the same date each year, such as Christmas), select Set Yearly Holiday on selected day from the Office Closed menu.

If you wish to delete a yearly holiday previously set in the system, select Delete Holiday from the Office Closed menu.

5. Change Times for a Day

To change the available time ranges for a day, double-click on the day to display the Set Time Limits dialog box.

6. Click Close

When you have finished setting up the Practice Schedule, click the Close button to return to the Schedule window. You may return to the Practice Schedule to make changes at any time.

Note: Be sure that the day being changed to closed or holiday does not already have appointments scheduled. If the day does have appointments scheduled, you will need to reschedule the appointments for a day the office is opened.

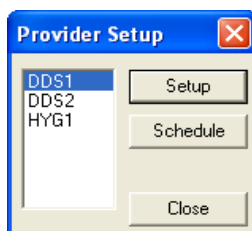
Setting Up Schedules for Providers

The providers within your practice may all have different schedules. For example, DDS1 may prefer to take lunch at 1:00 p.m. rather than 12:00 p.m. while DDS2 is out of the office on Wednesdays. You may also set provider vacation times from this option.

To set each provider's default schedule:

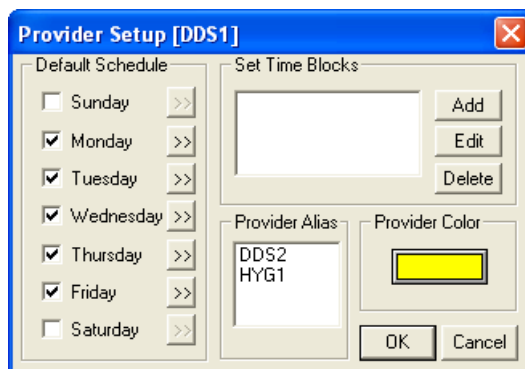
1. Click Setup

Click the **Setup** button and select **Provider Setup** from the menu. The Provider Setup dialog box appears.



2. Select Provider and Click Setup

Select a provider you wish to set a schedule for and click on the Setup button. The Provider Setup dialog box appears.

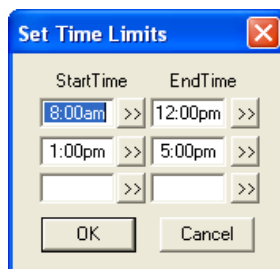


3. Set Default Schedule

Check the days of the week when the provider is available. The Practice must be open to show the time as available. (See the *Setting Up the Practice Schedule* section in this chapter for information.)

4. Set Working Hours

For each checked day, you will need to set the provider's working hours. Click the search arrow next to each day the provider is working and enter the available time ranges.



5. Select Provider Alias(es)

If there are multiple IDs that represent the same provider (i.e. for insurance purposes), highlight all of the IDs that represent the same provider in the Provider Alias box.

Note: It is important that you mark provider aliases in the Provider Setup dialog box so that you do not double book the same provider.

What is a Provider Alias?

Occasionally, an office will add two provider IDs for the same person. In order for Easy Dental to prevent the two IDs from being scheduled at the same time, without the user's knowledge, Easy Dental allows you to assign "aliases." When you assign an alias to a provider, all you are doing is alerting Easy Dental to the fact that even though DDS1 and DDS2 are separate provider IDs they are actually the same person.

6. Choose Color

Choose the color that each provider's appointments will appear in.

- Click on the **Color** button. The Color dialog box will appear.
- Choose the new color. Custom colors can be added to the color pallet by choosing the **Define Custom Colors** button.
- Click **OK** to return to the Provider Setup dialog.

Note: Be careful when choosing dark colors for providers, as you may not be able to see the font of the appointments.

7. Set Time Blocks

To create a provider time block, click the Add button. (For more information on creating and using Time Blocks, see the *Easy Day Planning* section in this chapter.)

8. Click OK

To complete and exit provider setup, click the **OK** button.

9. Repeat

Repeat the above process for each provider in the practice.

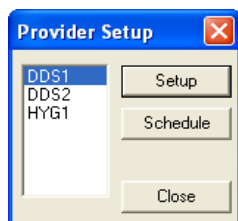
To Set Provider Vacation Days

1. Click Setup

Click the **Setup** button and select **Provider Setup** from the menu. The Provider Setup dialog box appears.

2. Select Provider and Click Schedule

Select the provider you wish to set vacation for and click on the Schedule button or double-click the Provider. The Schedule Calendar for [provider ID] dialog box appears.



3. Select Day

Highlight the day you wish to set a provider's vacation for. You can switch the month you view by using the search arrows on the left or right of the date bar.

4. Choose Options

If you wish to set a Vacation day for the provider, select **Set Vacation on selected date** from the **Set Vacation** menu.

- If you wish to delete a vacation day that was previously set, select **Delete Vacation day** from the **Set Vacation** menu.
- If you wish to reset the hours on a selected day to the provider's default hours, select **Reset Hours** to default on selected date.

5. Change Times for Day

To change the available time ranges for a day, double-click on the day to display the Set Time Limits dialog box.

6. Click Close

When you have finished setting up the Provider Schedule, click the **Close** button to return to the main Schedule window. You may return to the Provider Schedule to make changes at any time.

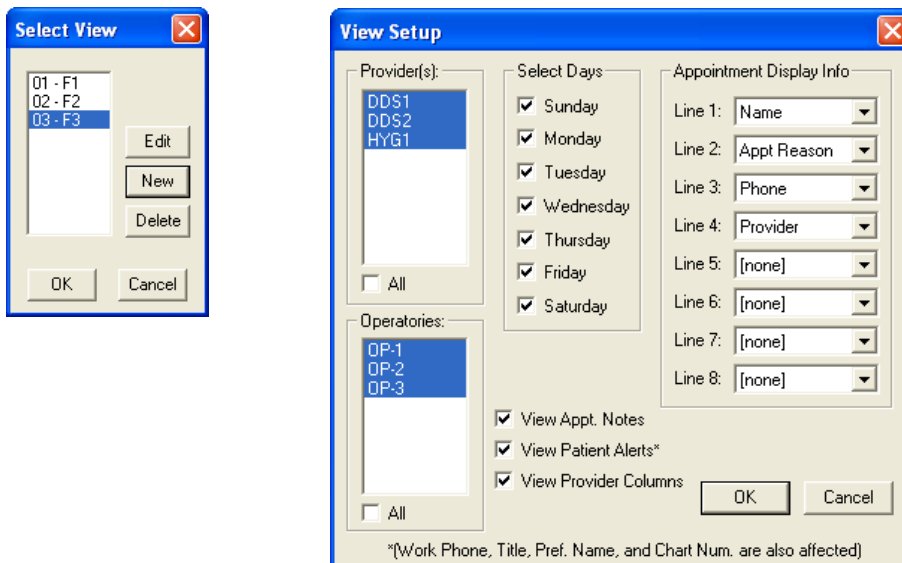
Note: Be sure that a day that is being changed to Vacation does not already have appointments scheduled.

Setting Up the View

You can customize what you see in your Schedule window, and the views can be setup differently for each workstation if you wish. For instance, this option allows you to view Hygiene appointments only in one operatory or only a specific doctor's appointments in another. You may also select what information will show on each line of the appointment in the main Schedule window.

1. Click View

Click the **View** button to bring up the Select View dialog box.



2. Highlight View and Select Desired Option

If you wish to create a new view, click **New**. The Select View dialog box will appear and you should move directly to step 3.

- If you wish to edit an existing view, highlight that view then click **Edit**. The Select View dialog box appears and you should move on to step 3.
- If you wish to delete a view, highlight the view then click **Delete**. The view you deleted disappears from the list of view options.

3. Select Providers

Highlight the Providers you wish to assign to this view. Selecting a provider causes the provider tracking column along the left side of the Schedule to display for the selected provider. Appointments scheduled in a displayed operatory will always show regardless of the provider assigned to the appointment.

4. Select Operatories

Select the operatories you wish to view. You may view up to ten operatories at a time.

5. Select Days

Click the check box next to the days you wish to view in the Week at a Glance window.

6. Customize Appointment Display Information

The blocks of time you set in the Practice Setup will allow you to view several lines of information depending on the length of the patient's appointment. You may choose the information that you would like to display in the Appointment window and prioritize up to eight lines of information. You can choose to view Appointment Reason on two consecutive lines so that more ranges are displayed. Use the down arrows to the right of each line to select the information you would like to display. On each line you may choose to view:

- No information [None]
- Name
- Appointment Reason
- Home Phone
- Work Phone
- Chart Number
- Provider
- Preferred Name

7. Check View Options

You have the following view options:

- **View Appt. Notes:** This option will make a note symbol display in the upper-right corner of any appointment that has a note.
- **View Patient Alerts:** This option causes a medical Alert symbol to appear in the upper-right corner of an appointment for a patient with medical alerts.
- **View Provider Columns:** This option causes the Easy Provider Tracking Column to display along the left side of the schedule.

Note: If work phone, preferred name, chart number are selected, or the medical alerts option is marked, the Schedule may become a little slower because more fields are read.

8. Click OK

Click the **OK** button to return to the main Schedule window.

Scheduling an Appointment

To schedule an appointment:

1. Double Click Operatory Date and Time

In the main Schedule window double-click on the line of the date and time you wish to make the appointment for.

OR

Click the **Schedule Appointment** command button in the tool bar. The Select Patient dialog box appears.

2. Select Patient

This box allows you to enter the patient's last name, first name, preferred name, home phone number, chart number, or social security number. Mark the desired search option in the By section, then do the following:

- Type in the first few letters of the patient's name (or chosen search method) or use the mouse to click on the letter or number buttons. As you type, Easy Dental will begin to search for the patient.
- Highlight the patient you wish to schedule and then click the **OK** button. The New Appointment Information dialog box appear.
- If you are scheduling for a new patient whose family information has not been entered in the Patients window, click the **New Patient** button.

3. Select Provider

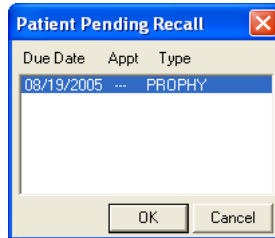
Select the provider that the appointment will be scheduled with by clicking on the search button next to Provider and highlighting the appropriate provider. The provider will default to the primary provider selected for the patient in the Patients module.

4. Attach Recall (Optional)

If **Use Reason to Auto Update Recall** is checked, then Easy Dental will automatically attach the appropriate recall type according to the reason selected for the appointment.

To change the recall type attached to the appointment:

- a. Click the search button next to **Recall Attached**. The Patient Pending Recall dialog box appears:



- b. Highlight the Recall Types you wish to attach then click **OK**. The Recall Types selected appear in the Recall Attached list and the date the Recall is due appears to the right of the type. The default provider selected in the Patients window for recall is also automatically attached.

5. Select Appointment Reason(s)

The Reasons list box displays all of the reasons that have been selected for the appointment by doing the following:

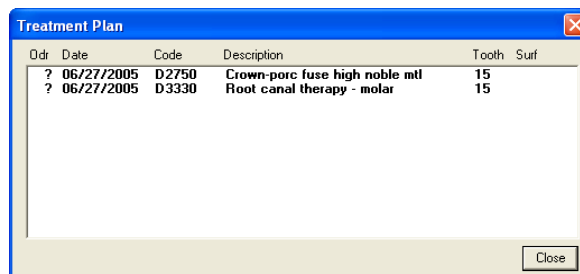
- If you wish to choose Initial Appointment Reasons
 1. Click on the **Initial** button. The Select Initial Reasons dialog box appears.



2. Highlight the Initial Reason and click on **OK**. The initial reason will appear in the Reason list box. The Initial Reasons may be customized in Definitions (see the *Setting Up Easy Dental* section in the *Reports* chapter for more information).

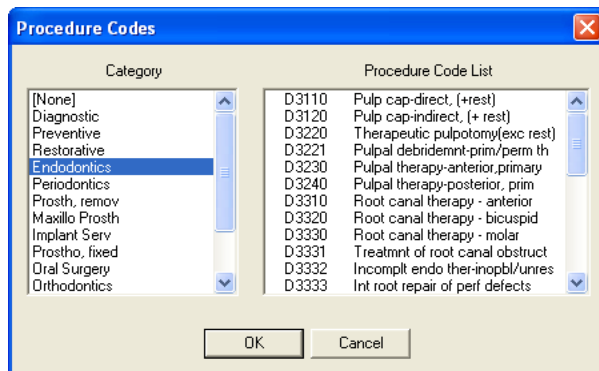
- If you wish to choose the Treatment Plan Appointment Reasons
 1. Click on the **Tx** button. The Treatment Plan dialog box will appear with a list of all treatment planned procedures for the patient. If you have treatment planned work for a patient, you may select the Tx button to attach a treatment planned reason to the appointment. Select the items to be performed on this visit and click **Close**.

If you have organized the treatment plan, the treatment order number will be listed in the Odr column. A 'S' in this column indicates that an appointment has been scheduled. A 'U' indicates that there is an appointment on the unscheduled list for the treatment plan.

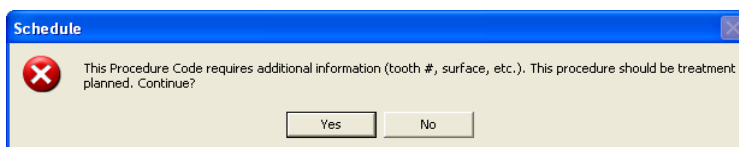


2. Highlight the Treatment Plan procedure(s) and choose the **Close** button. The Treatment Plan reason will appear in the Reason list box.

- If you wish to choose Miscellaneous Appointment Reasons
 - Click on the **Misc.** button to choose any procedures that have not been treatment-planned. You will be able to select any procedure, but you will not be able to set the procedures complete if the procedure requires more information such as a tooth number or surface.. The Procedure Codes dialog box appears.



- Select the Category and Procedure Code you wish to schedule the appointment for.
- Click on **OK** and the Procedure(s) selected will appear in the Reason list box. If the procedure you chose requires additional information, you will see this dialog box warning you that you will not be able to set this procedure complete from the Schedule.



Note: If the procedure requires a tooth surface or quadrant, it is better to add it to the patient's treatment plan from the Treatment Plans window.

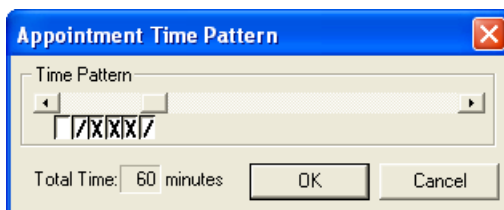
6. Enter Description

The **Appointment Description** will fill in automatically as you make your Appointment Reason selections. You can edit the description or you can enter a description directly on this line.

7. Enter Length

Accept or edit the length of time needed to complete the procedure. Easy Dental will automatically calculate the amount of time needed. If additional or less time is needed:

- Click on the search button. The Appointment Time Pattern dialog box will appear.
- Click on the left arrow button to decrease the duration or choose the right arrow button to increase the duration of the appointment. An "X" represents provider time. The slash (/) represents assistant time. The clear block represents chair time when neither the provider or assistant are present.



8. Enter Amount

Accept or edit the Amount for the appointment. Easy Dental will automatically calculate the Amount based on what procedure(s) will be performed during the appointment.

9. Select Appointment Status, Schedule, and Type

Select the Appointment Status by clicking on the down arrow next to this option and selecting the appropriate choice.

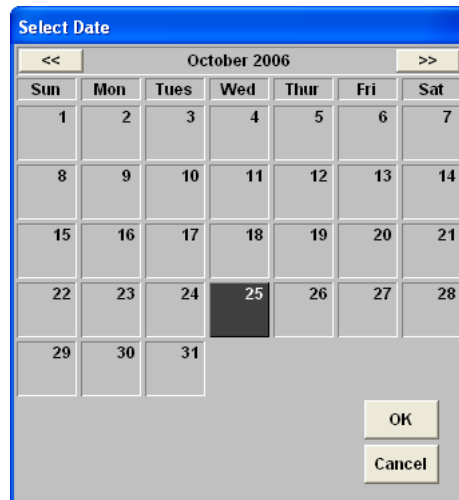
- Set the appointment Schedule type. You have three choices: Fixed, Open and ASAP. A fixed appointment is inflexible, meaning its the only time the patient wants. Open appointments indicate that the patient is willing to change the date and time of the appointment if necessary. Click the **List** button on the toolbar and select **ASAP List** to access the ASAP and Open list.
- Select the appointment type appropriate for this appointment. (For more information on setting up and using Appointment Types, see the *Easy Day Planning* section in this chapter.)

10. Select Operatory

Click on the search button to produce a list box of the practice's operatories. Highlight the desired operatory and then click the **OK** button.

11. Set Appointment Date

Click on the search button. A calendar will appear.

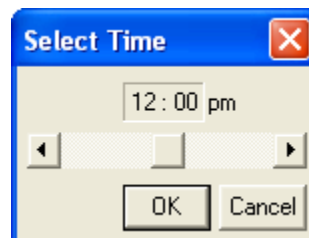


- Use the right and left arrow buttons to go back one month or advance one month.
- Click on the desired date then click the **OK** button.

Note: The date can also be typed into the Date edit box.

12. Set Appointment Time

Click on the search key. A Select Time box appears.



- Use the left and right arrow keys to select the desired time.
- Click the **OK** button to return to the Appointment Information screen.

Note: The time can also be typed into the Time edit box.

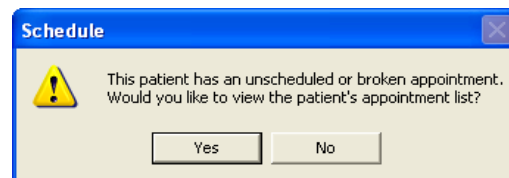
13. Enter Note (Optional)

If you would like to make a note about the appointment, you may do so now, or add one later.

14. Click OK

Click **OK** to accept your selections and return to the main Schedule window. The appointment you created will appear at the date and time you selected.

When you are scheduling an appointment for a patient, Easy Dental will inform you if the patient already has an unscheduled or broken appointment. You will be asked if you wish to view the patient's appointment list so that you can determine if you want to reschedule an existing appointment or schedule a new appointment. You will receive instant notification if the patient has an unscheduled or broken appointment.



Other Appointment Information

This section covers the following topics:

- Viewing Other Appointments
- Scheduling the Next Appointment
- Wait or Will Call
- Dial

Viewing Other Appointments

While scheduling or editing an appointment, if you click the **Other Appt(s)** button in the Appointment Information dialog, the Family Appointment List dialog box appears.



- The first box lists all recall types that the patient and all family members should be seen for.
- The second box lists all appointments and pending recall for the selected family member.
- The third box lists the selected family member's pending treatment plan.

Scheduling the Next Appointment

If more than one appointment is to be created for the same patient, click on the **Schd. Next** button and it will do the following:

- Create an appointment using the current information.
- Bring up a New Appointment Information dialog box for the patient.
- Increment the appointment time by the last appointment's length.
- Allow you to enter information for the next appointment.

Wait or Will Call

For an appointment that cannot be scheduled yet, click the **Wait/Will Call** button. It clears the date, time and operatory and places the appointment in the Unscheduled Appointment List with a status of W/Call.

Dial

The Dial button can be used to automatically dial a phone number or to view a patient's phone number. To dial a phone number:

1. Click Dial

Click the **Dial** button. The Auto Dial dialog appears.

The screenshot shows a dialog box titled "Auto Dial - Crosby, Brent L." with a blue border and a close button in the top right corner. On the left side, there is a vertical list of phone numbers: "Work: 797-6600", "Home: 797-5969", "Mobile: 797-1212", "Other: 797-5900", and "FAX: 797-6669". Below these is an empty text box and a "Dial" button. On the right side, there is a "Contact Entry" section with several fields: "Type" (a dropdown menu set to "Phone"), "Date" (a text box containing "03/13/2009"), "Prov/Staff" (a dropdown menu set to "DDS1"), "Time" (a text box containing "10:35:26 am"), "Description" (a text box containing "Appt Call"), and "Note" (a text box containing "Called:"). At the bottom right of the dialog are "OK" and "Cancel" buttons.

2. Click Phone Number

From the phone number list, click the phone number you want to dial.

3. Click Dial

Click **Dial**. While the number is being connected, you are prompted to pick up the phone.

4. Pick up Handset and Click Talk

Pick up your phone's handset and click **Talk**.

Note: A modem must be installed and properly configured in Windows for the Dial option to work.

Locating an Existing Appointment

There are several options for finding an existing appointment.

- If you already know the date and time of the appointment:
 - Advance or reverse the screen from day to day by clicking on the red and green left and right arrows in the upper right corner of the screen. Use the up and down scroll buttons to view different times of the day.
 - If you need to change months to find the appointment, click on the **month** button. The Calendar window will appear. Click on the **left** or **right arrow** buttons to advance or reverse the screen one month. When you've found the right month, select the correct date then click the **OK** button. The Schedule will reflect your selection. Use the **up** and **down scroll** buttons to view different times of the day.
- If you don't know when a patient's appointment is:
 1. Click once on the **Find Appointment** button found on the toolbar. The Find Appointment dialog box appears.
 2. Enter the patient's last name. Tab to the search button and press Enter. All patient's appointments with that last name will appear.
 3. Highlight the correct appointment and click the **View Appointment** button to display the appointment book with the highlighted appointment.

Moving an Appointment

The Schedule allows you to easily change appointment dates and times without ever having to re-enter information or delete broken appointments. To move an appointment you may:

1. Open Appointment Information

Double click on the appointment (or find the appointment using the steps listed in the previous section). The Appointment Information dialog box appears.

2. Change Appointment Time and Date

Change the Appointment Time and Date in the Appointment Information dialog box.

3. Click OK

Click **OK** to accept the changes you made.

OR

1. Choose Appointment to Move

Find the appointment you wish to change so that it appears on the Schedule screen and click once on it.

2. Drag Appointment (Optional)

If you wish to move the appointment to a different time on the same day, place the cursor over the appointment, then click and drag the appointment to the desired time and operator.

Note: You may lengthen or shorten an appointment by holding the mouse down on the bottom right corner of the appointment and dragging up to shorten the appointment or down to lengthen it.

OR

1. Drag Appointment to Clipboard

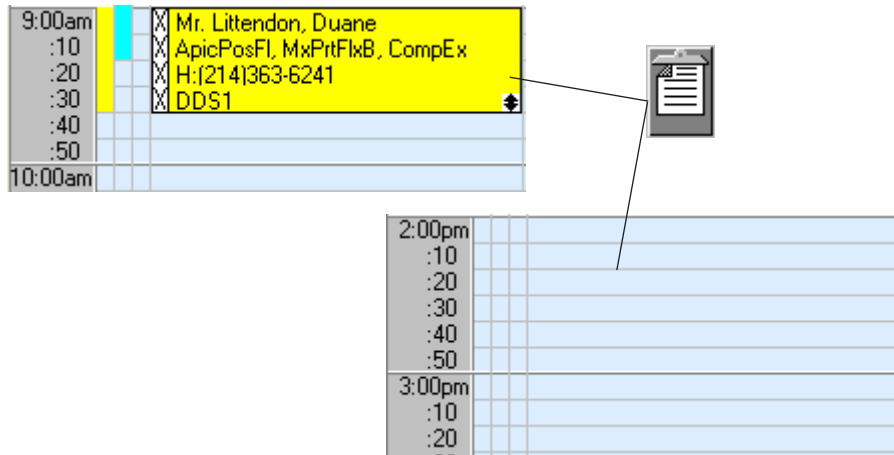
If you wish to move the Appointment to another day, week or month, drag the appointment up to the Clipboard icon. Release the mouse button when the appointment is directly on top of the Clipboard icon. You can also double-click on the appointment and click the **Clipboard** button.

2. Choose Time to Move To

Using the Calendar or arrow keys, display the day you want to move the appointment to.

3. Drag Appointment from Clipboard to Time

Click and hold on the appointment in the Clipboard. Drag the appointment to the desired operatory and time on the Schedule screen. Release the mouse button when the appointment is in the desired position.



4. Confirm Move

A message box will appear asking if you want to move the appointment. Click **Yes** to make the change or **Cancel** to abort and make no changes.

Finding An Available Time

Let the Schedule find open time blocks for you. All you have to do is enter a few items of information and the Schedule will generate a list of available time slots.

1. Select Patient

Click once on the **Schedule Appointment** button in the button bar.

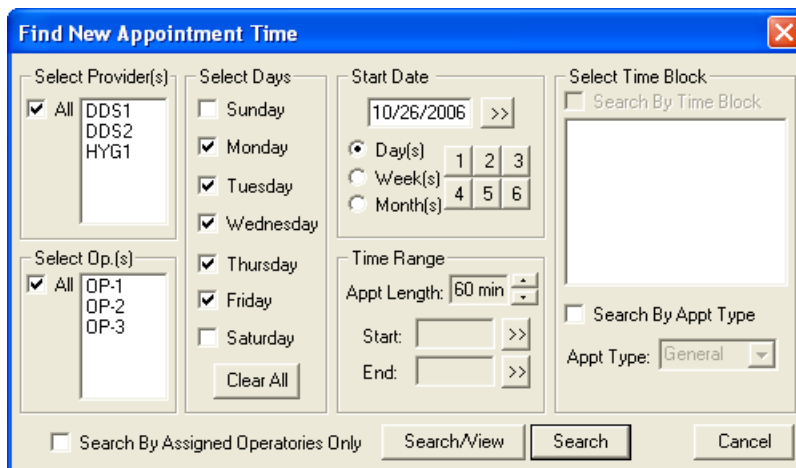
- In the Select Patient dialog box enter the patient's last name.
- Highlight the patient's name and then click **OK**. The New Appointment Information dialog box will appear.

2. Click Find Available Time

Click the **Find Available Time** button. The Find New Appointment Time dialog box will appear.

3. Select Provider and Operatory

Select the provider and operatory you wish to search for in the Find New Appointment Time dialog box. More than one of either can be highlighted.



4. Select Day(s)

Select the week day or days the patient can come in.

5. Enter Start Date

Enter the date to start searching from. The starting date defaults to the current date, but any starting date may be entered. Do one of the following:

- Type the date in the **Edit** box.
- Click the search button to the right of the **Starting Date** box. A calendar will appear from which you may select the desired starting date.
- You can increase the start date by days, weeks, or months at a time by selecting the appropriate button and then choosing one of the number buttons, one through six. The numbers represent how many days, weeks or months to jump ahead for the beginning of the search.

6. Select Time Range (Optional)

Set the Appointment length to the amount of time needed for the appointment by using the arrow control buttons. Select the desired time range to search for. If the patient is only available for an appointment between 9:00 a.m. and 11:00 a.m., then choose the search button next to the **Time Start** and **Time End** fields. Use the Select Time control box to set the beginning and ending time.

7. Search By Time Block (Optional)

To search for an available time within a specific time block, check **Search By Time Block** and select the appropriate time block. Check **Search By Appt Type** to search for only time blocks for a specific Appointment Type. (For information on implementing time blocks, see the *Easy Day Planning* section in this chapter.)

8. Click Search/View OR Search

Click the **Search/View** button. The Available Appointment Times list box appears displaying available time ranges.



- Highlight a time range that meets the patient's schedule. If there are no ranges that meet the patient's schedule, choose the More button to view additional ranges.

- After you have highlighted a time range, you can choose the **View** button to see the time range displayed on the Schedule's main screen or choose **View Next** to view the next available appointment time range.
- Click the **Select** button to set the appointment within the highlighted time range. You will be able to return to the new appointment information dialog box with the date and time entered.

OR

- Click the search button within the Find Appointment Time dialog box and a larger selection of available time ranges will be displayed. This option will not allow the time to be viewed in the Schedule.
- Click the **Select** button to set the appointment within the highlighted block of time.

Using the Auto Dial

If you have a modem installed on your computer, Easy Dental can make calling your patients easier by showing all available phone numbers and then dialing the number you choose. Additionally, once you have finished the call, you can enter notes that are automatically added to the Contacts module. To make a phone call:

1. Highlight Appointment

From the Schedule module, select the appointment for the patient you want to contact.

2. Click Auto Dial

From the toolbar, click the **Auto Dial** button. The Auto Dial dialog appears.

3. Click Phone Number To Be Dialed

On the left side of the dialog, all available phone numbers for the patient are displayed. Click the number you want to dial and click the **Dial** button. The modem is activated and dials the phone number. A message box appears that instructs you to pick up the handset.

4. Pick Up Handset

You must pick up the handset in order to talk to the patient. Click the **Talk** button once the patient has answered.

5. Add Contact Entry

Enter any notes regarding the call in the Notes box.

6. Click OK

Click **OK**. A Phone Call entry is added to the Contacts module for this patient.

Note: In order for the Auto Dial function to work properly you must have a modem properly installed on your computer. If you are having problems dialing with your modem, please contact your hardware support resource for assistance.

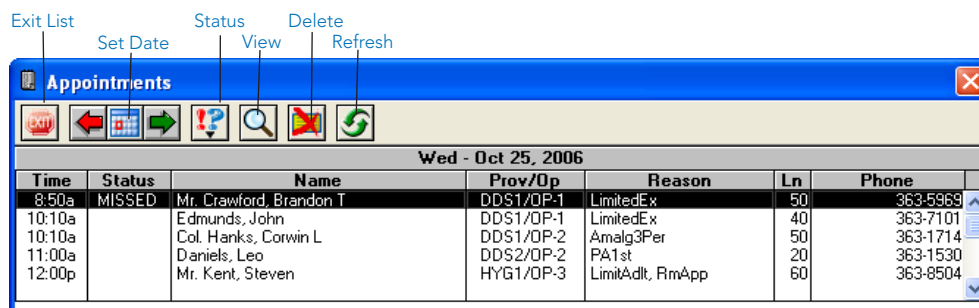
Using the Schedule Lists

The following lists are available from the Schedule module:

- Appointments List
- ASAP List
- Unscheduled List

Appointments List

The Appointments list displays all appointments scheduled in the Schedule for a selected date. As a useful tool to confirm appointments, the Appointments list displays the time, status, name of patient, provider, operator, reason, length, and patient phone number for the appointment.



Selecting an appointment in the list will bring up the Appointment Information window for that appointment. The following is an overview of the Appointments list. It will describe all menu commands and functions available.

Set Date

Clicking the **Set Date** button will display the calendar dialog box. The calendar allows you to easily select a date to display all scheduled appointments.

Status

This status is the same as the status in the Schedule. If the status is changed here, the change will be reflected in the Schedule. In order to add or change a status for a given appointment on the list, it must first be selected in the Appointments List.

View

This command displays the Appointments List View dialog box and allows you to select which appointments are to be shown. This dialog box gives you the option of selectively viewing appointments by provider, operator, appointment type, or by date span.

- If a Provider is selected, then only the appointments assigned to that provider will be shown in the list.
- If an operator is selected, then only the appointments assigned to that operator will be shown.

Note: Only one Provider or operator can be selected at a time.

- When checked, the View All box will display all appointments for all providers and all operators.
- Choosing the **Save As Default** button will save the current View information as the default. These default selections will ensure that the list will be “viewed” the same way in the future, until a new View default is saved.

Delete

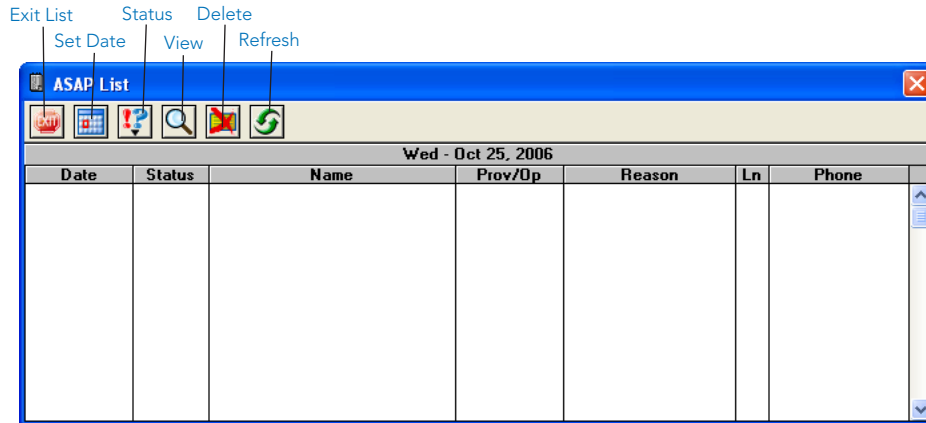
Selecting this command will delete the selected appointment. The appointment must be selected from the list before this command is executed.

Refresh

Choosing this command will cause the Appointments list to search and display all appointments that satisfy the restrictions selected in View. If an appointment has been changed in another module or at another workstation, **Refresh** will update your Appointments list to reflect all changes.

ASAP List

Selecting the ASAP List will display a list that will contain appointments marked as ASAP or Open. The ASAP List provides you with an easy way to keep your working days fully scheduled. The ASAP List displays patients who want and/or need an appointment as soon as possible. It does this by displaying appointments by type (ASAP or Open) in the date span set within View.



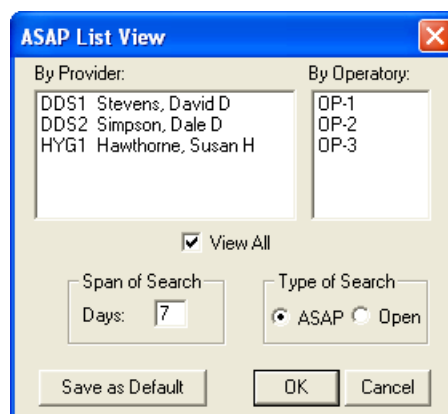
Selecting an appointment in the list will bring up the Appointment Information window for that appointment. The following is an overview of the ASAP List. It will describe all menu commands and functions available.

Set Date

Selecting the Set Date button will display the calendar dialog box. The calendar allows you to easily set the beginning date of the date span for the ASAP List which becomes the “List Date.”

View

This command displays the ASAP List View dialog box and allows you to select which appointments are to be shown in the ASAP list. This dialog box gives you the option of selectively viewing appointments by provider, operator, appointment type, or by date span.



- If a Provider is selected, then only the appointments assigned to that provider will be shown in the list.
- If an operator is selected, then only the appointments assigned to that operator will be shown.
- Only the type of appointment that is selected will be shown and only those that fall within the set span of search, according to the list date.

- The date span is the number of days to search, starting with the date that was selected using the Calendar.

Note: Only one Provider, operatory, or Type of Search can be selected at a time unless View All is selected. When checked, the View All box will display all appointments for the given type and span of search, for all providers and all operatories.

- Clicking the **Save As Default** button will save the current View information as the default. These default selections will ensure that the list will be “viewed” the same way in the future, until a new View default is saved.

Delete

Selecting this command will delete the selected appointment. The appointment must be selected from the list before this command is executed.

Refresh

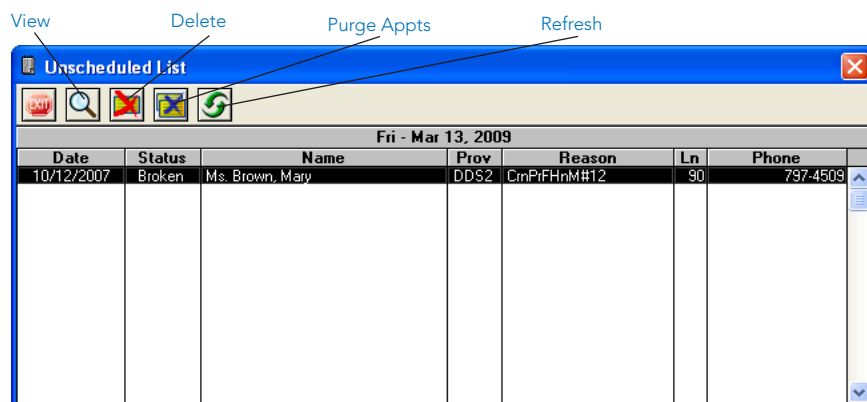
Choosing this command will cause the ASAP List to search and display all appointments that satisfy the restrictions selected in View. If an appointment has been changed in another module or at another workstation, **Refresh** will update your ASAP list to reflect all changes.

Status

This status is the same as the status in the Schedule. If the status is changed here, the change will be reflected in the Schedule. In order to add or change a status for a given appointment on the list, it must first be selected in the appointment list.

Unscheduled List

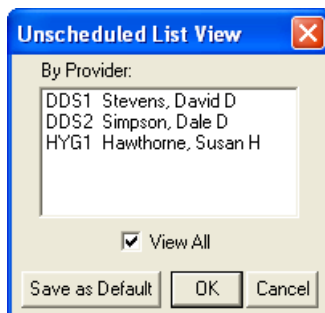
The Unscheduled List provides you with an easy way to view appointments that are not currently scheduled. Appointments displayed on the Unscheduled List are appointments that have been broken with the Break Appt command from the Schedule, or Wait/Will Call (those appointments that could not be specifically scheduled when the patient came in for his/her treatment plan).



Any appointment on the list can be selected to bring up the Appointment Information dialog for the unscheduled appointment. The following is an overview of the Unscheduled List describing toolbar buttons and functions available.

View

Clicking **View** displays the Unscheduled List View dialog and allows you to change appointments shown in the Unscheduled List. This dialog gives you the option to selectively view appointments with a given provider.



- If a provider is selected, then only those appointments assigned to that provider will be shown in the list.
- Checking **View All** displays all unscheduled appointments.
- Clicking **Save as Default** saves the current View information as the default. These default selections will ensure that the list will be “viewed” the same way in the future until a new View Default is selected.

Delete

Clicking **Delete** deletes the selected appointment. The appointment must be selected from the **Unscheduled List** before this command is executed.

Purge Appointments

Clicking **Purge Appts** allows you to enter a cut off date to purge appointments. All appointments up to that date will be permanently deleted from the **Unscheduled List**.

Refresh

Clicking **Refresh** causes a search of the **Unscheduled List** that displays all appointments that satisfy the restrictions selected in **View**. If an appointment has been modified in another list or on another workstation, **Refresh** updates the **Unscheduled List** to reflect all changes.

Utilizing Other Schedule Options

When you are scheduling an appointment for a patient, Easy Dental will inform you if the patient already has an unscheduled or broken appointment. You will be asked if you wish to view the patient’s appointment list so that you can determine if you want to reschedule the existing appointment or schedule a new appointment.

- **View Existing Appointments:** Select **Yes** to determine how best to schedule a new appointment. Easy Dental will then display the **Family Appointment list**.
- **Create a New Appointment:** To add a new appointment, select the **Create New Appointment** button.
- **Reschedule an Existing Unscheduled or Broken Appointment:** Highlight the appointment to reschedule and select the **View Appointment** button to reschedule an existing appointment.

This section also covers the following topics:

- Breaking Appointments
- Deleting Appointments
- Posting or Setting an Appointment Complete
- Status
- Refresh
- Alerts and Notes

Breaking Appointments

When a scheduled appointment is missed or broken, this process un-schedules the appointment, marks it as **Broken**, and moves it to the **Unscheduled list**.

1. Find and highlight the appointment you wish to break.
2. Click on the **Break Appointment** command button in the toolbar or click with the right mouse button on the selected appointment and choose **Break Appointment** from the pop-up menu. A warning message explaining that the appointment will be moved to the **Unscheduled List** will appear.
3. Choose **Yes** to break the appointment or choose **No** to abort the breaking process.

Deleting Appointments

This command deletes the selected appointment and removes it from all lists.

1. Find and highlight the appointment you wish to delete.
2. Click on the **Delete Appointment** command button in the button bar or click with the right mouse button on the selected appointment and choose **Delete Appointment** from the pop-up menu. A warning message explaining that the appointment will be removed completely from all records will appear.
3. Choose **Yes** to delete the appointment or choose **No** to abort the delete process.

Posting or Setting an Appointment Complete

- Select the appointment and then click the **Set Complete** button in the button bar or right-click on the selected appointment and select **Post/Set Complete** from the pop-up menu. The Set Appointment Procedures Complete dialog box will appear.
- Select the procedures you wish to post and then click the **Set Complete** button. The appointment block will turn gray indicating that it has been completed.

Note: If the appointment is attached to Recall, you will be prompted to create a new Recall Appointment. The new appointment information will default according to the posted appointment.

Status

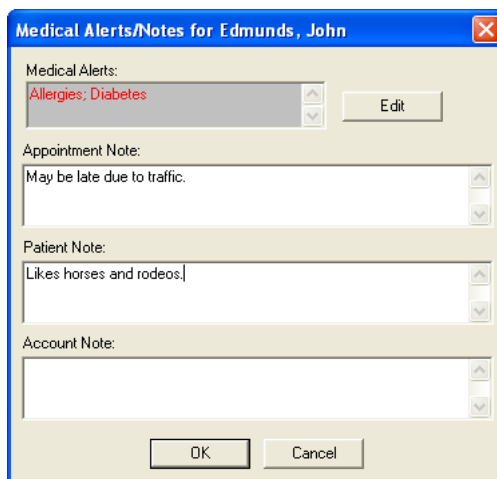
The **Status** button is used as an intra-office communication tool. The options selected from this menu will appear in the status column of the Schedule's various lists (and change the color of the appointment if applicable) for the appointment at every work station. In order to change the status for an appointment, first, select the appointment on the Schedule or List then select the status from the Status button.

Refresh

If the Schedule information has been changed in another module or at another workstation, **Refresh** will update the window to reflect all changes.

Alerts and Notes

You can view notes, Patient Alerts, or Medical Alerts at any time for any patient by clicking the appropriate icon on an appointment: the red cross (medical alerts), yellow note (patient notes), or flag (patient alerts). The Alerts/Notes window is displayed.



Medical Alerts can only be viewed here. To enter Medical Alerts, choose the Patients button. Double-click on the Medical Alerts information block and select the appropriate alert. If a Medical Alert does exist, a red cross will appear in the upper right corner of the appointment.

Appointment Notes can either be entered here or in the Appointment Information dialog box. If a note does exist for the appointment, a yellow note will appear in the upper right corner of the appointment block.

Patient Notes can be added here or in the Patients window. If you've entered patient notes in the Patients window previously, they will appear here as well.

Account Notes can be added here or in the Accounts window. If an account note has previously been entered, it can be edited.

Printing from the Schedule

This section covers the following topics:

- Printing the Schedule View
- Printing Route Slips

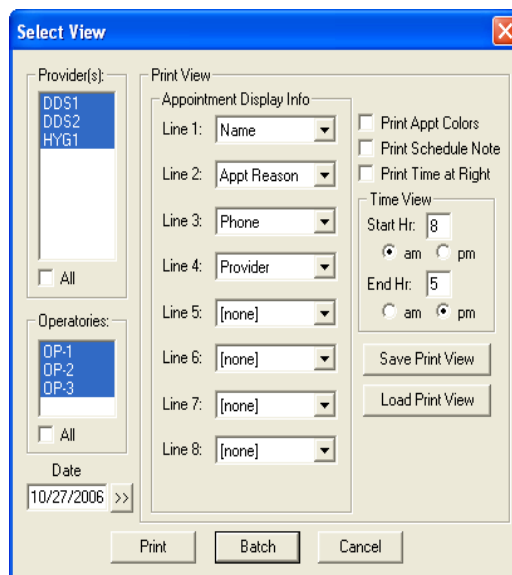
Printing the Schedule View

This command allows you to print a copy of the Schedule view, for use if you do not have the Schedule information in your operatories.

1. Click Print

Click the **Print** button and choose Schedule View. The Select View dialog box will be displayed.

Note: The Providers, Operatories, Appointment Display Info, and Time view will default according to the View currently selected for the Schedule. The Save Patient View button will save the current settings for those most commonly used for printing. The Load Print View button will retrieve the last saved settings.



2. Select Providers

Highlight the **Providers** you wish to include. When a provider is selected from this list, the Easy Provider Tracking Column along the left side of the Schedule will display the corresponding color for the provider.

Note: Appointments scheduled in a selected operatory will always print, regardless of the provider assigned to the appointment.

3. Select Operatories

Highlight the Operatories you wish to display. A limit of 10 operatories will print out on the Schedule View.

4. Select Date

Select the **Date** you wish to have print.

5. Select Appointment Display Info

Select the Information you wish to display for each patient. Put the eight lines of information in priority order because shorter appointments will only show the first few lines.

6. Check Print Appointment Colors (Optional)

If you are printing the Schedule View on a Color printer, check the **Print Appt Colors** box.

7. Print Schedule Note

If you want to include the Schedule Note for the day, check the **Print Schedule Note** option.

8. Print Time At Right

If you wish to print the time bar on the right side of the report, as well as the left side, check this option.

9. Select Time View

Select the time range you would like to print.

10. Select Print or Send to Batch

Click the **Print** button if you wish to print the document directly or click on **Batch** to send the Schedule View to the Batch Processor to be printed at a later time.

Printing Route Slips

The Patient Route Slip provides the following information:

- Patient Information, including much of the Information available from the Patients and Schedule windows.
- Account Information, including the Guarantor's name and phone numbers as well as billing information.
- Insurance Information, including the Primary and Secondary carriers, subscribers, and group numbers as well as benefit information.
- Appointment Information, including the appointment date, time, provider, operator and status as well as a list of all procedures scheduled for the appointment.

To print a Patient Route Slip:

1. Highlight the appointment you wish to print a route slip for.
2. Click on the **Print** button and choose Route Slip or right-click on the selected appointment and select **Print Route Slip** from the pop-up menu. The Print Route Slip dialog box will appear.
3. Click the **Print** button to print the Route slip directly or click **Batch** to send the Route Slip to the Batch Processor to be printed at a later time.

Note: To print all route slips for a range of days, refer to the Daily Appointment List section in the Reports chapter.

Easy Day Planning

Many practice management consultants advocate a strategy of scheduling the “Perfect Day.” A “Perfect Day” consists of just the right balance of High Production, Medium Production and Low Production procedures. Easy Dental helps to achieve that “perfect” balance by allowing you to reserve certain times during the day by blocking those times for the scheduling of specific procedure types (High Production, Low Production, etc.).

This section will discuss how to setup and use the Easy Day Planning system in Easy Dental. The following topics are covered:

- Customizing Appointment Types
- Customizing Procedure Codes
- Setting Up Time Blocks
- Activating Easy Day Planning
- Finding an Available Time Block

Customizing Appointment Types

In order to ensure that the wrong procedures are not accidentally scheduled in times reserved for specific types of procedures, Easy Dental assigns an Appointment Type to each procedure. When an appointment is scheduled in a reserved time block, Easy Dental verifies that the Appointment’s Type matches the type permitted for the reserved time block.

Easy Dental includes four Appointment Types with each installation: General, High Production, Medium Production, Low Production. If necessary, these types can be deleted or changed at the time of installation and more can be added with a limit of 10.

1. Click Practice Setup | Definitions

From the Reports module, click the **Practice Setup** button. Next, select **Definitions** to display the Practice Definitions dialog box.

2. Select Definition Type

Choose the down arrow to show the Practice Definitions list. From the list select Appointment Types. The Appointment Types will appear in the Definition box.

3. Edit Definitions

Select the Appointment Type you wish to change. Click in the **Definition Text** box and make any necessary changes.

4. Click Change

To save your changes, click the **Change** button. A warning message appears, click **Yes** to continue or **No** to abort.

Note: While Easy Dental will allow users to customize definitions at any time, to avoid problems it is best to customize only definitions that have not yet been assigned to a patient’s appointment.

5. Adding New Appointment Type (Optional)

If needed, you can add additional types to the Appointment Type list. Type the new definition in the **Definition Text** box (this will overwrite the existing text). Click the **Add** button. The new definition will appear at the bottom of the list.

Customizing Procedure Codes

Each procedure code in Easy Dental can be assigned a default Appointment Type. Once a code has been properly designated, Easy Dental automatically assigns the correct Appointment Type to any appointments scheduled using that procedure code.

1. Click Practice Setup | Procedure Code Setup

From the Reports module, click the **Practice Setup** button and select **Procedure Code Setup**. The Procedure List dialog box is displayed.

2. Select Category and Procedure

From the Procedure Code Category list, select the appropriate category. All the procedure codes associated with that category will appear in the code list box. Double-click on the code to be edited.

3. Select Appointment Type

Click the down arrow next to Appointment Type. A list of defined Appointment Types will appear. Select the appropriate type for the procedure code.

4. Save Changes and Close

Click the **Save** button. Next, click the **Close** button and then the **Exit** button to return to the Reports module.

Setting Up Time Blocks

Time Blocks allow you to reserve specific times in the Schedule for certain Appointment Types (e.g. Crowns, Exams, etc.). Once Easy Day Planning has been set up and activated, you will see a colored border surrounding the blocked time which contains the Time Block name and the provider assigned to that block. Anyone attempting to schedule an incorrect procedure during the blocked time will be warned and prompted to override.

1. Click Setup | Provider Setup

From the Schedule module, click **Setup**, then select **Provider Setup**. The Provider Setup dialog box will appear.

2. Select Provider

Select the provider for which you wish to set up a Time Block and click on the **Setup** button. The Provider Setup dialog box will appear.

3. Click Add

Click the **Add** button in the Set Time Blocks section. The Block Settings dialog box will appear.

The screenshot shows the 'Block Settings' dialog box. It has a blue title bar with the text 'Block Settings' and a close button (X). Below the title bar, there is a text input field for 'Time Block Name' with a black color swatch to its right. Underneath, there is a section for 'Week Days' with checkboxes for Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday. To the right of these checkboxes are two columns of '>>' buttons, labeled 'Start' and 'End'. At the bottom of the dialog, there are two dropdown menus: 'Assigned Op' (currently showing '<none>') and 'Block Appt Type' (currently showing '<all>'). At the very bottom, there are 'OK' and 'Cancel' buttons.

4. Enter Time Block Name

Click once in the Time Block Name field and type a short description of the block's purpose. (For example, Crowns, Exams, etc.)

5. Choose Time Block Color

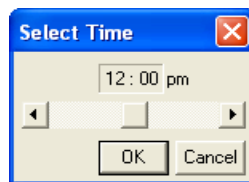
Click on the color button to the right of the **Time Block Name** field. The Color dialog box will appear.

- Choose a color to represent the block in the Appointment Book.
- Choose the **OK** button to return to the previous dialog box.

6. Assign Days and Times

Check the day(s) of the week that you wish to set the Time Block for.

- Select the desired **Start** and **End** time for each day by clicking on the respective search buttons. The Select Time dialog box will appear. Select the desired time by clicking on the left arrow to decrease the time or on the right arrow to increase the time. Once the time is selected, click **OK**.



7. Assign Operatory

Select the operatory where these types of procedures are performed, by clicking on the down arrow under the Assigned Op field and selecting the desired operatory.

8. Select Appointment Type

Select the Appointment Type you wish to assign to this Time Block, by clicking on the down arrow under the Block Appt Type field and selecting the desired Appointment Type.

9. Click OK

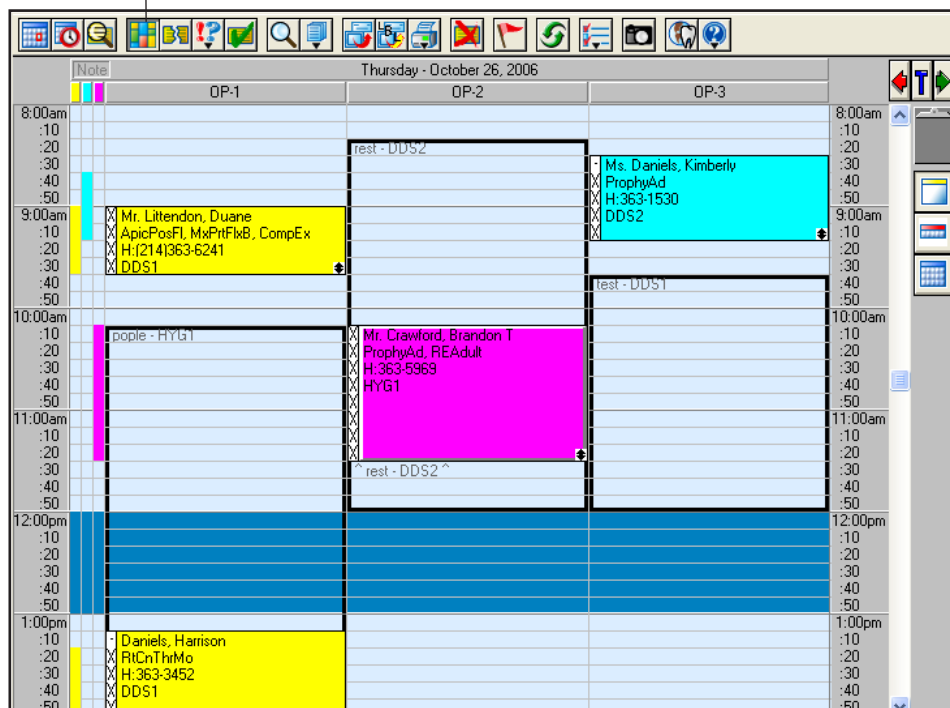
To save your Block Settings, click the **OK** button. Click **OK** to return to the Provider Setup screen. Repeat steps 3 – 9 for any additional Time Blocks. When finished click **OK**, then **Close** to return to the Schedule.

Activating Easy Day Planning

To display the scheduled Time Blocks, Easy Day Planning must first be activated in the Schedule. (If Easy Day has not been activated, the defined Time Blocks will not be displayed in the Schedule and you will not be warned while scheduling appointments during reserved Time Blocks.) To activate Easy Day Planning, click the **Easy Day Planning** button on the Schedule toolbar.

Once Easy Day Planning has been activated, Easy Dental will display the defined Provider Time Blocks in the Schedule. When scheduling an appointment in a defined Time Block, Easy Dental will check both the Provider and the Appointment Type to verify that the Provider and Appointment Type match the Time Block. If either the Provider or the Appointment Type do not match, a warning will be displayed allowing you to override the Time Block setting and schedule the appointment or return to the Appointment Information dialog box.

Easy Day Planning Button



Individual Time Blocks can be moved within their respective operator (click on the Time Block with the left mouse button and drag to the desired time). Also, you can increase or decrease the size of the Time Block by clicking on the bottom border of the Time Block and dragging up to decrease the size of the Time Block or dragging down to increase the size of the Time Block.

Finding an Available Time Block

To quickly find the first available block, complete the following steps:

1. Select Patient

From the Schedule toolbar, click the **Schedule Appointment** button. Select a patient. The New Appointment Information dialog box will appear.

2. Select Provider

Change the appointment provider if necessary.

3. Select Appointment Reason(s)

Assign reasons for the appointment by clicking the **Tx** button or by choosing the Initial button and selecting from the list of Initial Reasons. Easy Dental will pull in the Appointment Type assigned to this procedure code. If more than one procedure code is selected, the Appointment Type for the first procedure code selected will be assigned to the appointment. (You may also change the Appointment Type as needed.)

4. Select Find

Click the **Find** button. The Find New Appointment Time dialog box will appear.

5. Find an Appointment Time

Check the **Search by Time Block** box. Highlight the appropriate Time Block.

- Click the **Search/View** button. A list of available times will appear.
- Highlight a time and click the **View** button to display the date and time of the appointment in the Schedule.
- Click the **Select** button to select a time.

6. Click OK

Click the **OK** button to schedule the appointment.

Recall

Recall is an up-to-date, flexible, and powerful means for monitoring your patients' dental care. Below is a short list of the advantages the Recall system will bring to your office:

- **Multiple Recall Types:** You have five Recall types to help patients maximize their insurance benefits and dental health while you maximize production!
- **Recall Cards:** Recall allows you to efficiently separate cards for recall patients without appointments from those with appointments. Recall will save you time and money with its sorting features, and patients will see a tremendous difference in your ability to effectively communicate with them.
- **Individualized Recall:** With the Recall system, each patient can have specific defaults (including intervals, types of Recall, providers, etc.). This individualized information allows you to run your practice more efficiently while at the same time providing better care for your patients.

This chapter covers the following topics:

- Assigning Recall Types to a Procedure Code
- Setting Recall Views
- Customizing Patient Recall Defaults
- Managing Recall
- Printing Recall Cards

Assigning Recall Types to a Procedure Code

When a Recall type is attached to a procedure, each time the procedure is completed, Easy Dental will automatically update the patient's due date for that Recall type by the interval assigned to the patient. To attach a Recall type to a procedure, complete the following:

1. Click Practice Setup | Procedure Code Setup

Click the **Practice Setup** button from the Reports window and select **Procedure Code Setup** from the menu.

2. Select Procedure

Highlight the Category and then the Procedure Code you wish to make a Recall procedure, and then click **Edit**.

	Edit Fee
1. FEE 1	408.00
2. FEE 2	448.80
3. FEE 3	489.60
4. FEE 4	612.00
5. FEE 5	652.80
6.	0.00
7.	0.00
8.	0.00
9.	0.00
10.	0.00
11.	0.00
12.	0.00
13.	0.00
14.	0.00
15.	0.00
16.	0.00
17.	0.00
18.	0.00
19.	0.00

3. Click Recall Search Button

Click the search button in the Auto Recall section. The Select Recall Type dialog box will appear.

4. Select Recall Type

Select the appropriate Recall type and choose the select button. Only one Recall type can be assigned to a procedure at any time.

5. Repeat

Repeat these steps for all procedures you wish to automatically update a Recall type.

Setting Recall Views

The Recall Views Setup allows you to create many different ways of looking at the Recall information. To set up Views, do the following:

1. Click Views

Click the **Views** button from the Recall window. Choose **Setup** from the menu. The Recall Views Setup dialog box will appear showing all permanent views that have previously been set in your system.

2. Choose New or Edit

Click on **New** to add a view or highlight a view and click on **Edit** to edit the selected view. A Recall view box will appear where you can add or edit any of the displayed settings.

The Sort Order box in the bottom left corner allows you to customize the order in which each patient is listed on both the display and the printed list. Sorting by family allows you to look at the entire family together regardless of whether they all have the same last name.

Sorting alphabetically by patient name sorts by name regardless of family relationship. Use the Page Up and Page Down keys on your keyboard to move a particular sort option up or down in priority. (The Page Up and Page Down keys are usually located above the arrow keys by Home, End, Delete, and Insert.)

Customizing Patient Recall Defaults

When a patient calls, or arrives, for their Recall appointment, complete the following steps:

1. Select Patient

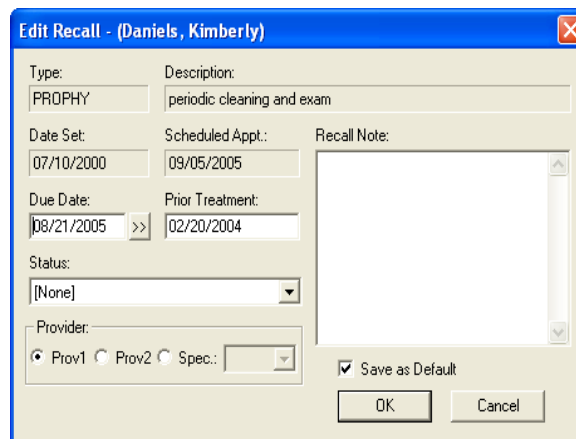
Click the **Select Patient** button from the Patients module and select the desired patient.

2. Open Recall

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

3. Set Recall

Highlight the Recall type you wish to assign and click **Edit**.



The screenshot shows a dialog box titled "Edit Recall - (Daniels, Kimberly)". It has a standard Windows-style title bar with a close button. The dialog contains several input fields and a checkbox. The "Type" field is set to "PROPHY" and the "Description" field contains "periodic cleaning and exam". The "Date Set" field is "07/10/2000", "Scheduled Appt." is "09/05/2005", "Due Date" is "08/21/2005" with a double arrow button to its right, and "Prior Treatment" is "02/20/2004". The "Status" field is a dropdown menu currently showing "[None]". The "Provider" section has radio buttons for "Prov1", "Prov2", and "Spec.", with "Prov1" selected. There is a small dropdown menu to the right of the radio buttons. At the bottom right, there is a checked checkbox labeled "Save as Default". At the bottom center, there are "OK" and "Cancel" buttons.

4. Customize Defaults

Customize the patient's Recall defaults (if different from the practice defaults listed). The defaults that can be changed for a patient are: Due Date, Prior Treatment Date, Status, Recall Note, and Provider.

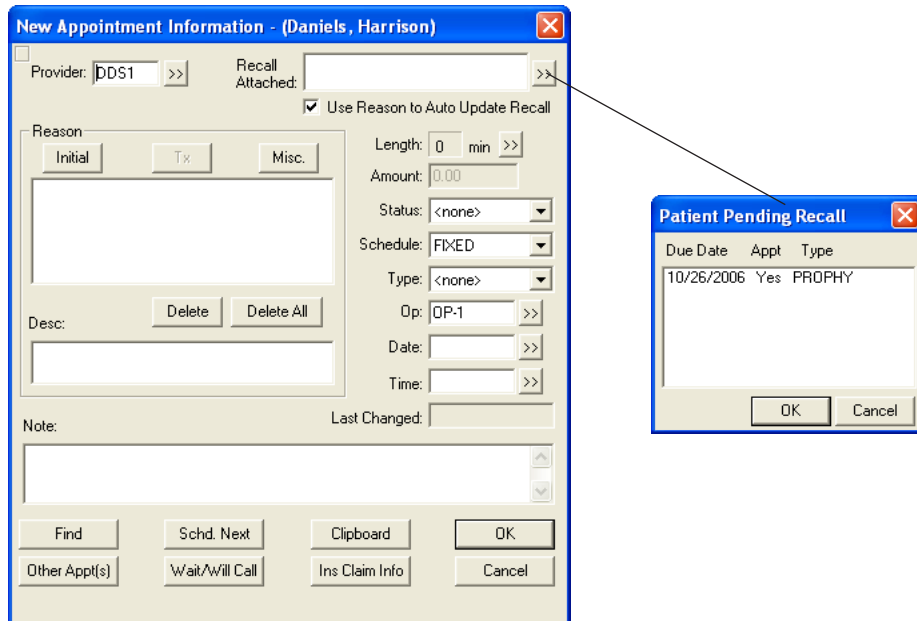
5. Click OK

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

Managing Recall

Once you have Recall set up for your practice, you should do the following on a regular basis:

1. When scheduling a Recall appointment make sure you attach the Recall type to the appointment. Access the New Appointment Information screen by selecting the **Schedule Appointment** button from the Scheduling module. Select a patient and click **OK**. The New Appointment Information screen will appear.
2. From the New Appointment Information screen, click on the search arrow next to **Recall Attached**. The Patient Pending Recall dialog box will appear. Each Recall type that has been set up for the patient will be listed along with its due date and Appt status. Under the Appt column, a No will appear if this recall type is not attached to any appointments, a Yes will appear if this recall type is attached to another appointment, and several dashes (---) will appear if this recall type is attached to this appointment. Highlight the appropriate Recall type for this appointment and click OK. This will link the scheduled appointment with the Recall type. A Recall type can only be attached to one appointment at a time.



3. Generate Recall cards for your patients on a monthly or weekly basis.
4. Generate a Recall list for phone scheduling.
5. As Recall appointments are completed, post them from the Schedule module. To do this, select the appointment in the Schedule and click on the Set Complete button (a check mark) found on the toolbar. This will add the scheduled procedures to the Accounts window. When the appointment is completed, a query will appear "Create new Recall appointment?" Selecting Yes will bring up a dialog box for New Appointment Information with the reasons, provider, time, and operator, defaulting from the previous appointment. The date will default to the interval set for the patient.

Note: If the Find button is selected from the new Recall appointment, the Start Date will begin with the Recall due date. This automatic rescheduling feature prevents Recall patients from "falling through the cracks."

Generating a Recall List

To bring up a recall list, complete the following steps:

1. Click Recall

Click the **Recall** button on the left side of your Easy Dental window. The Recall module will appear.

2. Select View

Select **Views** from the menu bar. Click on the Recall view you wish to use.

Due Date	Status	Prior Treat.	Name	Age	Prov.	Phone
01/07/2005		07/07/2004	*Brolin, Marcia	28	Prov1	363-4509
08/08/2005		02/07/2004	*Anderson, Kyle T	36	Prov1	363-1586
08/08/2005		02/07/2004	Anderson, Patricia	35	Prov1	363-1586
08/12/2005		02/11/2004	Anderson, Timothy	13	Prov1	363-1586
08/12/2005		02/11/2004	Crawford, Sherry N	40	Prov1	363-5969
08/12/2005		02/11/2004	Edmunds, Anita	42	Prov1	363-7101
08/12/2005		02/11/2004	Edmunds, James J	10	Prov1	363-7101
08/12/2005		02/11/2004	*Edmunds, John	49	Prov1	363-7101
08/12/2005	PROPHY	09/02/2005	Edmunds, Katherine	14	Prov1	363-7101
08/12/2005	PROPHY	09/05/2005	*Farley, Leslie	49	Prov1	363-0213
08/12/2005	PROPHY	09/06/2005	Griffin, Annette	27	Prov1	(214)363-8539
08/12/2005	PROPHY	02/11/2004	*Griffin, Greg D	30	Prov1	(214)363-8539

Note: If Temporary View is selected, the Edit dialog box for the current view will come up, allowing you to make modifications. These changes will not be permanently saved.

3. Set Date (Optional)

The default date spans used for the view are determined from today's date in the system. If you want to change the originating date for the date spans, click the **Set Date** button. For example, to view Recall patients for the month of June, select **Next Month** from the **View** options and then set the date to be June 1, 200x. The **Due Date Span** should be one day before and one month after.

4. Print List (Optional)

To print the list, click the Print button on the toolbar and choose Recall List. A list will be printed based on the current view selected.

5. Print Mailing Labels (Optional)

To print mailing labels, click the **Print** button and choose the type of label you wish to print. The standard 3-column labels that are used with the Recall labels are Avery 5351. To use Avery 5160 labels, click the **Maintenance** button in the Reports window and choose **Preferences**. Choose the **Print Options** tab and check **Use the Avery 5160 Mailing Labels**. Click **OK**.

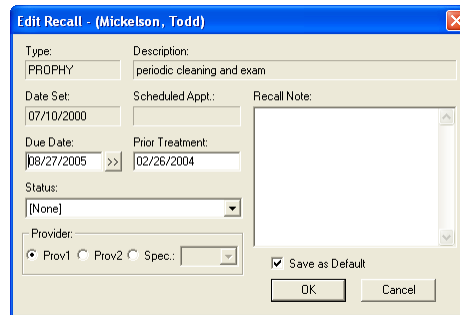
Due Date	Type	Appt?	Status	Prior Treat.	Name	Age	Prov.	Phone
08/22/2005	PROPHY	09/01/2005		02/21/2004	Taylor, Mandy	12	Prov1	363-3324
08/22/2005	PROPHY			02/21/2004	Taylor, Nancy	43	Prov1	363-3324
08/27/2005	PROPHY			02/26/2004	*Mickelson, Joseph	48	Prov1	363-9066
08/27/2005	PROPHY			02/26/2004	Mickelson, Theresa	42	Prov1	363-9066
08/27/2005	PROPHY			02/26/2004	Mickelson, Todd	18	Prov1	363-9066
08/29/2005	PROPHY	09/05/2005		02/26/2004	*Hanks, Corwin L	34	Prov1	363-1714
08/30/2005	PROPHY	09/02/2005+		02/27/2004	Johnson, Andrea	18	Prov1	(214)363-8962
08/30/2005	PROPHY	09/05/2005		02/27/2004	*Johnson, Roberta	39	Prov1	(214)363-8962
08/30/2005	PROPHY	09/06/2005		02/27/2004	Littendon, Brett	8	Prov1	(214)363-6241
08/30/2005	PROPHY	09/06/2005		02/27/2004	Littendon, Carrie	38	Prov1	(214)363-6241
08/30/2005	PROPHY	09/06/2005		02/27/2004	Littendon, Charles	18	Prov1	(214)363-6241
08/30/2005	PROPHY	09/06/2005		02/27/2004	*Littendon, Duane	39	Prov1	(214)363-6241
08/30/2005	PROPHY	09/06/2005		02/27/2004	Littendon, Kenneth	3	Prov1	(214)363-6241

- The Due Date indicates the patient's Recall due date.
- If there is nothing in the Appt? column, it indicates that the patient has no appointment in the system. A date in this column indicates the patient has an appointment attached to the Recall type.
- A plus sign (+) in the Appt? indicates that the patient has an appointment scheduled, but it is not attached to the Recall type.

Editing from the Recall List

The Edit button allows you to edit the patient's setting for the highlighted Recall. You may edit the following fields: **Due Date**, **Prior Treatment Date**, **Recall Note**, **Status**, and **Provider**.

To edit a patient's recall, select them on the Recall list and click the **Edit** button.



Double clicking on a patient's name from the Recall list will bring you into the Recall defaults for that patient.

Printing Recall Cards

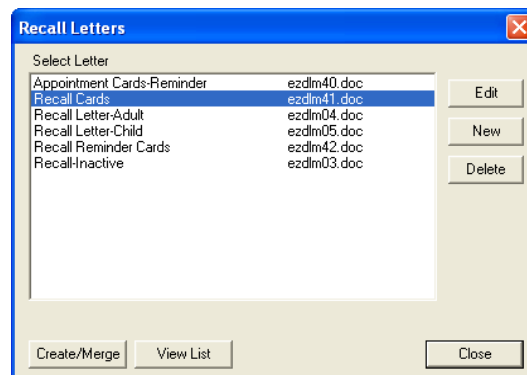
To Print Recall Cards:

1. Open Reports

Click the **Reports** button.

2. Click Letters | Recall

From Reports, click the **Letters** button then click the Recall button. The Recall letters list box appears with six different Recall correspondence options available by default.



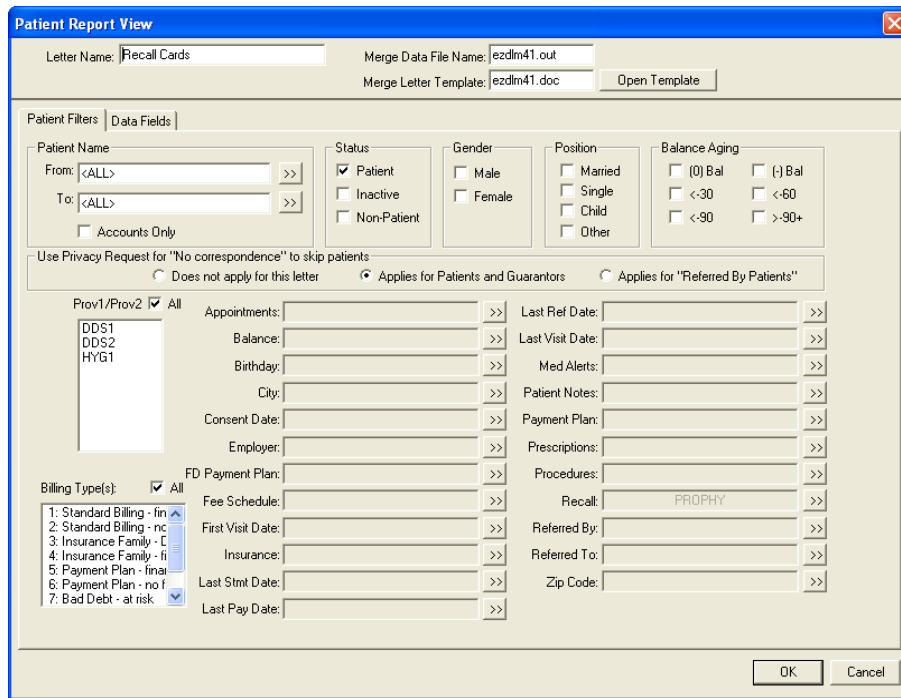
3. Generate Recall Cards

Use one of the following two methods to generate recall cards:

- **To print recall cards for patients without appointments:**

- a. Select Recall Cards | Click Edit

Highlight the Recall Cards option and click the Edit button. The Patient Report View Dialog box is displayed.



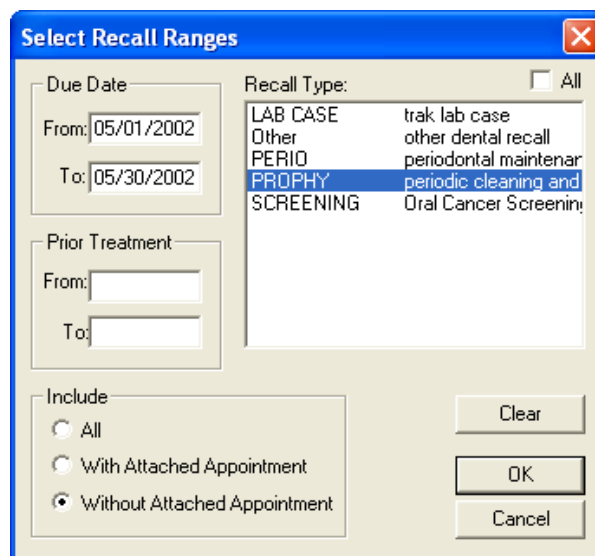
b. Modify Merge Data File and Letter Template Names (Optional)

By default, Easy Dental uses a 3 card to a page Recall Card format. If you use a different type of card, you will need to enter the appropriate Data File and Letter Template Names in the space provided. A list of available card formats follows:

Card Type	Letter Template Name
Single Card for a Dot Matrix printer	EZDLM23.doc
3 Cards to a page for a Laser printer	EZDLM40.doc
4 Cards to a page for a Laser printer	EZDLM26.doc

c. Click Recall Search Button

Click the search button next to **Recall**. The Select Recall Ranges dialog box is displayed.



d. Select Recall Type

From the Recall Type list, select the Recall Type(s) or check **All** to include all types.

e. Mark Appointment Option

Mark **Without Attached Appointment**. Easy Dental will select only those patients who do not have an appointment attached to Recall.

f. Enter Due Date Range

Enter a range of Due Dates that corresponds to the patients for which you wish to create cards. Type the beginning Due Date in the **From** field and the ending date in the **To** field.

• **To print recall cards for patients with appointments:**

a. Select Recall Cards | Click Edit

Highlight Recall Reminder Cards and click the **Edit** button. The Patient Report View Dialog box is displayed.

b. Modify Merge Data File and Letter Template Names (Optional)

By default, Easy Dental uses a 3 card to a page Recall Card format. If you use a different type of card you will need to enter the appropriate Data File and Letter Template Names in the space provided. A list of card formats available is listed below:

Card Type	Letter Template Name
3 Cards to a page for a Laser printer	EZDLM42.doc
4 Cards to a page for a Laser printer	EZDLM29.doc

c. Choose Recall Search Button

Select the **Recall** search button. The Select Recall Ranges dialog box is displayed.

d. Select Recall Type(s)

From the Recall Type list, select the desired Recall Type(s).

e. Mark Appointment Option

Mark **With Attached Appointment**. Easy Dental will select only those patients who have an appointment attached to Recall. Click OK to close the Select Recall Ranges dialog box.

Note: When creating cards for patients with appointments, Due Date Range should be left blank.

f. Enter Appointment Date Range

Click the search button next to Appointments. Enter the appropriate date range that corresponds to the patients for whom you wish to create cards. Type the beginning Due Date in the From field and the ending date in the To field.

4. Click OK

Click the **OK** button to return to the Patient Report view and then **OK** again to return to the Recall letters screen.

5. Click Create/Merge

Click the **Create/Merge** button. Mark **Create Data File and Merge Letters** and click **OK**. Once the Cards appear in Microsoft Word, click on **File | Print**.

Documents

Documents such as patient letters, EOBs, and referral letters or images such as patient pictures and x-rays can be scanned, captured, or imported in the Documents module. These documents can then be attached to patients, employers, providers, insurance carriers, and referral sources. The forms can be attached to multiple sources for use as references as well as printed or sent electronically.

When opened with a patient already selected, the Documents module will display that patient's attached documents. If no patient is currently selected, the Documents module will prompt you to select a provider and all attached documents for that provider will be displayed. When opened, the Documents module will begin loading the documents according to the filters and view selected. This may take a few minutes depending on the number of attachments. You may click Stop at any time to view a partial list consisting of what was loaded.

To make viewing documents even easier, the Documents module enables you to view attached documents by patients, providers, employers, insurance carriers, and referral sources. Filters can be selected to view documents acquired within a certain date range and assigned to a certain document type. The Documents Viewer allows you to add pages to a document, sort the pages, and adjust the color, brightness, and contrast of the image or document. The following sections will explain how to setup, acquire, and view documents within the Documents module.

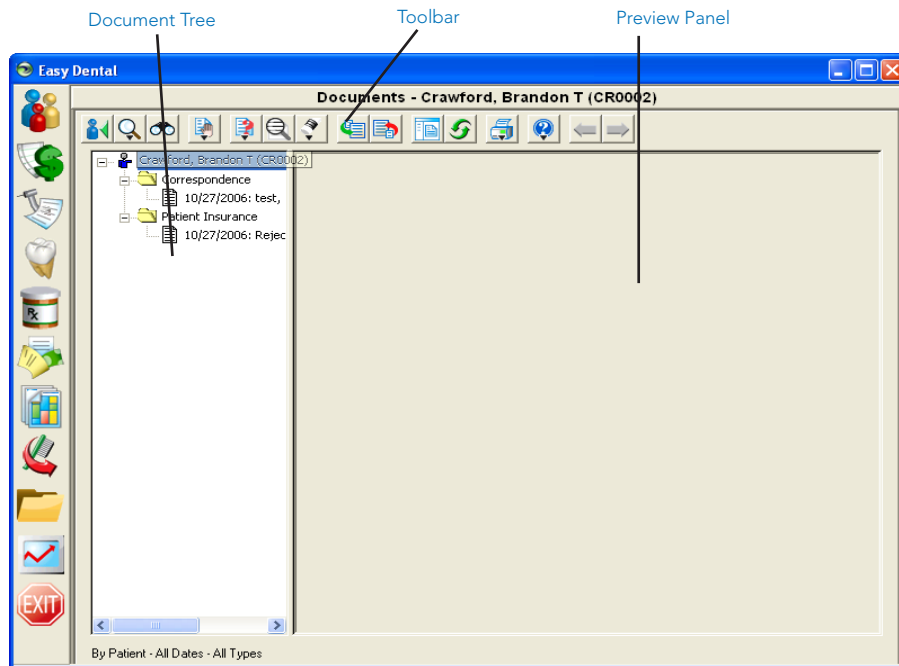
This chapter covers the following topics:

- Window Areas
- Setup
- Acquiring Documents
- Viewing Documents
- Documents Module Viewer
- Editing Documents
- Printing/Exporting Documents

Documents Module Window Areas

The Documents module contains the following areas:

- Document Tree
- Preview Panel
- Toolbar



Document Tree

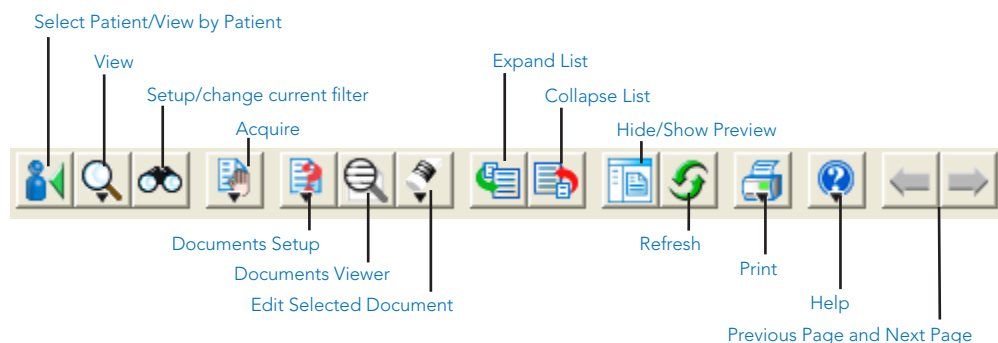
The Document Tree area lists the selected document source (patient, provider, etc.), any Document Types that have been used, and the associated documents. The + and - symbol next to the source or Document Type indicates whether the list is expanded or collapsed. Click the + symbol to view the contents under the source or type. Click the - sign to hide the contents underneath. This window is where the documents will be selected to view, edit, print, etc.

Preview Panel

The Preview Panel displays the document that is selected in the Document Tree. If the document has multiple pages, use the arrows on the toolbar to switch between the pages.

Toolbar

The toolbar consists of several buttons for working in the Documents module (e.g. to acquire documents or change the view).



Setting Up the Documents Module

Before using the Documents module, there are several options that should be set within the program. The Document Types Setup section will explain how to add or edit existing Document Types that are used to categorize the documents. The Preferences section will instruct you on how to setup important options including selecting a scanner or camera source for acquiring documents.

This section covers the following topics:

- Setting Up Document Types
- Setting Up Preferences

Setting Up Document Types

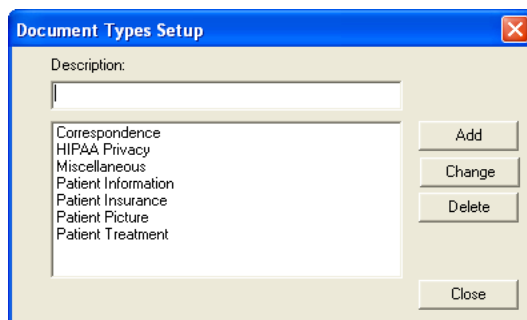
All documents within the Documents module must be assigned a Document Type. These types are used to categorize as well as describe the type of document. Document Types can be changed or added to. Complete the following steps to setup Document Types.

Adding a Type

To add a type:

1. Choose Documents Setup | Document Types Setup

From the Documents module window, click the **Documents Setup** button on the toolbar and select **Document Types Setup**. The Document Types Setup window will appear.



2. Type Definitions

Type the definition of the Document Type you wish to add in the **Description** field.

3. Click Add

Click the **Add** button. The new type will be listed.

Editing a Type

To edit a type:

1. Choose Documents Setup | Document Types Setup

From the Documents module window, click the **Documents Setup** button on the toolbar and select **Document Types Setup**. The Document Types Setup window will appear

2. Select Type

Highlight the Document Type you wish to change.

3. Type Description

Type the new description of the Document Type in the **Description** field.

4. Click Change

Click the **Change** button. A message will appear warning that changing this type will affect all records to which it is assigned. Click **Yes** to continue or **No** to return to the window without changing the type. The Document Type list will now display the new description.

Deleting a Type

To delete a type:

1. Choose Documents Setup | Document Types Setup

From the Documents module window, click the **Documents Setup** button on the toolbar and select **Document Types Setup**. The Document Types Setup window will appear

2. Select Type

Highlight the Document Type you wish to delete.

3. Click Delete

Click the **Delete** button to delete the type.

- If the Document Type is not assigned to any documents, a message will appear confirming the deletion. Click **Yes** to delete it or **No** to keep the type.
- If the Document Type has been assigned any documents, a message will appear stating that the document has been assigned to one or more documents and these documents will need to be assigned to a different type. Click **OK** to continue. A window will appear listing the available Document Types. Select the type you wish to move the documents to. Click **OK** to continue, then **Close** to return to the Documents main module.

Setting Up Preferences

Complete the following steps to setup Preferences for the Documents module:

1. Choose Documents Setup | Documents Preferences

From the Documents module, click the **Documents Setup** button located on the toolbar and choose **Documents Preferences** from the menu. The Documents Preferences window will appear with five tabs available.

2. Select Scanner Source (Optional)

Choose the **Scanner** tab to display a list of installed scanners. Highlight the scanner you wish to use when scanning documents into the Documents module.

3. Select Digital Camera Source (Optional)

Choose the **Digital Camera** tab to display a list of installed camera sources. Highlight the camera source you wish to use when capturing images for the Documents module.

4. Select Compression Type

Choose the **Compression** tab to select the type of compression you wish to use when storing documents within the Documents module. It is recommended that you use Perfect Quality JPEG for best results.

5. Select General Options

Choose the **General** tab and select the following options:

- **Directory:** The path listed here is where all documents in the Documents module will be saved on your computer. This path can be edited if necessary.
- **Print Scaling:** When documents are printed from the Documents module, you can select which scale should be used. Mark Scale to Fit Page, Scale to One-third Page, or Print Actual Size.

6. Select Zoom Options

Choose the **Zoom** tab to select the Zoom Factor and Zoom options. When zooming documents in the Documents Viewer, the size will increase each click by the factor that is selected (10%, 25%, 50%, or 100%). Check **Double-Click Document to View Full Screen** if desired. This option will bring the image to full screen when you double-click it in the Documents Viewer.

7. Click OK

Click the **OK** button to save your changes and return to the Documents module.

Acquiring Documents

Acquiring documents for Documents can be performed in the many convenient ways. A scanner or digital camera can be used to automatically import the image into Documents. The document can be imported from a file on your computer, on disk, or a file that was sent by email. Patient Pictures within Easy Dental can be imported into Documents for each patient. Finally, the Windows Clipboard copy and paste function can be used to attach any image or text. The following sections will describe how to acquire documents using these different sources:

- Acquiring from a Scanner
- Capturing from a Digital Camera
- Importing from a File
- Import from Patient Picture
- Paste from Clipboard

Acquiring from a Scanner

A scanner must be installed properly and selected in the Documents module Preferences prior to importing images from it. See the section entitled Preferences in the Setup section for the steps on how to select the scanner source you wish to use. If the scanner has been setup both in Windows and selected in the Documents module, complete the following steps to import the document into the Documents module:

1. Choose Acquire | Scanner

Click the **Acquire** button located on the toolbar then select Scanner from the menu. The third-party scanner software will open. Scan the image according to the scanner software instructions. When the scanning is complete, the Document Information dialog box will appear.

2. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents List and when it is printed.

3. Select Document Type

Click the down arrow under **Document Type** and select the type you wish to assign the document to.

4. Enter Description

You must type a description for the document in the **Description** field. This description will be displayed when viewing the Documents module list and when viewing the document. You can enter up to 40 characters.

5. Enter Note (Optional)

Type a note pertaining to the document in the **Note** field. This note will not be displayed but will be seen when printed for the Documents List. Up to 255 characters can be entered.

6. Select Orientation (Optional)

If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

7. Attach Document (Optional)

Click the **Attach Document To** button to attach the scanned document. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click **Select** to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to as the desired sources. Click **Remove Attachment** to remove the selected attachment from the Document Attachments window.

8. Click OK

Click **OK** to save the scanned document and attachment associations.

Capturing from a Digital Camera

A digital camera must be installed properly and selected in the Documents module Preferences prior to importing images from it. See the section entitled Preferences in the Setup section for the steps on how to select the digital camera source you wish to use. If the camera software has been installed in Windows and selected in the Documents module, complete the following steps to import the document into the Documents module:

1. Choose Acquire | Digital Camera

Click the **Acquire** button located on the toolbar then select **Digital Camera** from the menu. The third-party camera software will open. Capture the image according to the camera's software instructions. When the capture is complete, the Document Information dialog box will appear.

2. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents module list and when it is printed.

3. Select Document Type

Click the down arrow under **Document Type** and select the type you wish to assign the document to.

4. Enter Description

You must type a description for the document in the **Description** field. This description will be displayed when viewing the Documents module list and when viewing the document. You can enter up to 40 characters.

5. Enter Note (Optional)

Type a note pertaining to the document in the **Note** field. This note will not be displayed but will be seen when printed for the Document List. Up to 255 characters can be entered.

6. Select Orientation (Optional)

If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

7. Attach Document (Optional)

Click the **Attach Document To** button to attach the captured image. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click **Select** to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to the desired sources. Click **Remove Attachment** to remove the selected attachment from the Document Attachments window.

8. Click OK

Click **OK** to save the captured image and attachment associations.

Importing from a File

You can use this function to import images in electronic format into the Documents module.

Note: Import from File will only create a single page document in the Documents module. To acquire a multiple page document using this function, you will need to acquire the first page, then use the Add Page feature described in the Viewing Documents section.

1. Choose Acquire | Import from File

Click the **Acquire** button located on the toolbar then select **Import from File**. The Open window will appear.

2. Locate File

Use the down arrow next to **Look in** to locate the directory where the file is stored. By default, only VNS file formats will be displayed. Click the down arrow next to **Files of Type** to select a different file format.

3. Select File

Highlight the file you wish to import and click **Open**. The Document Information window will appear.

4. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents module list and when it is printed.

5. Select Document Type

Click the down arrow under **Document Type** and select the type you wish to assign the document to.

6. Enter Description

You must type a description for the document in the **Description** field. This description will be displayed when viewing the Document List and when viewing the document. You can enter up to 40 characters.

7. Enter Note (Optional)

Type a note pertaining to the document in the **Note** field. This note will not be displayed but will be seen when printed for the Documents List. Up to 255 characters can be entered.

8. Select Orientation (Optional)

If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

9. Attach Document (Optional)

Click the **Attach Document To** button to attach the imported file. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click **Select** to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to the desired sources. Click **Remove Attachment** to remove the selected attachment from the Document Attachments window.

10. Click OK

Click **OK** to save the imported file and attachment associations.

Import from Patient Picture

When viewing the Documents module for a specific patient, you can have Documents search for an associated Patient Picture and import it.

1. Choose Acquire | Import from Patient Picture

Click the **Acquire** button located on the toolbar then select Import from Patient Picture from the menu. If a Patient Picture could not be located for the current patient a message will appear stating such. If the Patient Picture was located, the Document Information window will appear.

2. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents List and when it is printed.

3. Select Document Type

Click the down arrow under **Document Type** and select the type you wish to assign the picture to.

4. Enter Description

You must type a description for the picture in the **Description** field. This description will be displayed when viewing the Documents List and when viewing the document. You can enter up to 40 characters.

5. Enter Note (Optional)

Type a note pertaining to the picture in the **Note** field. This note will not be displayed but will be seen when printed for the Documents module List. Up to 255 characters can be entered.

6. Select Orientation (Optional)

If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

7. Attach Document (Optional)

Click the **Attach Document To** button to attach the imported file. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click **Select** to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to the desired sources. Click **Remove Attachment** to remove the selected attachment from the Document Attachments window.

8. Click OK

Click **OK** to save the imported picture and attachment associations.

Paste from Clipboard

The Paste from Clipboard function will save the most recent contents of the Windows Clipboard (using the Copy command in Windows) as a VNS file. Due to the nature of the Windows Clipboard, text that is copied and imported into the Documents module will be unformatted and without margins. Paste from Clipboard will work best if a graphic is copied to the Clipboard or if the text is acceptable without margins.

1. Copy Desired Graphic/Text

Copy the desired graphic or text in Windows by using the Ctrl-C command or Edit Copy within a different Windows application.

2. Choose Acquire | Paste from Clipboard

Open the Documents module and click the **Acquire** button. Select **Paste from Clipboard** from the menu. The contents on the Windows Clipboard will be transferred to a VNS file and the Document Information window will appear.

3. Edit or Accept Reference Date

If you wish to change the reference date, you may do so in this window. The reference date will be the date displayed for this document on the Documents List and when it is printed.

4. Select Document Type

Click the down arrow under **Document Type** and select the type you wish to assign the document to.

5. Enter Description

You must type a description for the picture in the **Description** field. This description will be displayed when viewing the Documents List and when viewing the document. You can enter up to 40 characters.

6. Enter Note (Optional)

Type a note pertaining to the document in the **Note** field. This note will not be displayed but will be seen when printed for the Documents List. Up to 255 characters can be entered.

7. Select Orientation (Optional)

If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

8. Attach Document (Optional)

Click the **Attach Document To** button to attach the imported file. The Modify Document Attachments window will appear. You can attach the document to a Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click **Select** to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to the desired sources. Click **Remove Attachment** to remove the selected attachment from the Document Attachments window.

9. Click OK

Click **OK** to save the imported document and attachment associations.

Viewing Documents

The Documents module enables you to view attached documents by patients, providers, insurance carriers, and referral sources. Filters can be selected to view documents acquired within a certain date range and assigned to a certain document type. In the Documents Viewer, documents can be added to, adjusted in brightness and color, rotated, etc. The following steps will explain how to view documents within Documents:

1. Open Documents

Click **Documents** button located on the left toolbar. When it is opened from a patient specific module such as the Patients module, Documents will open displaying documents for the currently selected patient. The patient's name will appear on the title bar. To select a different patient, click the Select Patient button located on Documents toolbar.

When Documents is launched without a selected patient, a window will appear listing all providers. Select the desired provider and click **OK**. The provider's name will now appear on the toolbar.

2. Select View By Option

Documents can be viewed to show documents attached to patients, providers, employers, insurance, and referrals. To switch to a different view, click the **View By** button and choose one of the following View By options:

- By Patient
- By Provider/Staff
- By Employer
- By Referred BY
- By Referred TO
- By Insurance

A dialog box will appear prompting you to select the appropriate patient, provider, employer, referral, or insurance carrier. Once selected, the view option will display on the bottom left of Documents window.

3. Select Filters

Click the **Setup/Change Current Filters** button located on the toolbar. The View By Filters dialog box will appear.

- **Document Types:** Highlight the Document Types you wish to view or check **All Document Types**.
- **Include Documents Attached To:** This option is only available when viewing By Patient. Check the desired options to include documents attached to the patient's provider, employer, insurance, and/or referral sources.
- **Reference Date:** Enter a date range of the documents you wish to view or check **All Dates**.
- **Save as Default:** Check **Save as Default** to save the settings you have selected for the next time Documents is opened.

Click **OK** to return to Documents viewing the selected filters.

Other View Options

The following is an explanation of other view options that are available on the toolbar or from the **View** menu in Documents.

- **Expand List:** This button will display all of the Document Types and documents under each category in the Document Tree area according to the filters and view options selected.
- **Collapse List:** This button will hide all Document Type folders and the attached documents in the Document Tree area.
- **View:** This button allows you to select whose documents you wish to view. When viewing By Patient, selecting **Family** under the **View** option will display documents attached to all family members. Selecting **All** will list all patients, providers, employers, referrals, or insurance carriers according to the View By option that is selected.
- **Hide/Show Preview Panel:** This button will toggle between displaying and hiding the Document Preview window.

Documents Viewer

The Documents Viewer enables you to view attached documents and make adjustments in the color, brightness, contrast, as well as add pages to the document and sort the pages in order.

1. Double click Document

Double click on the document you wish to view from the Document Tree area. The Document Viewer window will appear displaying the first page of the document. Other pages in the document will appear as thumbnails on the left side of the screen.

2. Viewer Options

Make adjustments to the document as desired using the following functions:

- **Add Page:** Click this button and select the source from which you wish to import an additional page for this document.
- **Page Order:** Click this button to select where the currently viewed page should be inserted in the document order.
- **Delete Page:** Click this button to delete the currently viewed page from the document.
- **Edit Document Information:** Click this button to edit document information such as the description, notes, etc.
- **Undo Previous:** Click this button to undo whatever changes were made just previously.
- **Undo All:** Click this button to undo all changes that have been made to the document while in Documents Viewer.
- **Save:** Click this button to save the changes that were made to the document. If there are multiple attachments for this document, a message will appear giving you the option to change the document for all attachments or to create a new document with changes for the current attachment only. Mark the desired option and click OK.
- **Print Document:** Click this button to print the document as it previews in this window.
- **Copy to Clipboard:** Click this button to copy the image to the Windows clipboard.
- **Zoom In/Out:** Click this button with the left side of the mouse to zoom in on a certain area of the document. The cursor will change to a magnifying glass. Click on the area of the document to zoom in. Click with the right side of the mouse to zoom back out. The zoom factor is selected in Documents Preferences window. See Preferences in the Setup section for more information.
- **Zoom Out All:** Click this button to return to the original document size in one click.
- **Rotate:** Click this button to rotate the image. You have the option to rotate 90, 180, or 270 degrees or flip the image on the X or Y axis.

- **Adjust Color:** Click this button to adjust the color of the image. There are four options available:
 - Choose **Adjust Red, Green, and Blue** to open a window showing the RGB color settings of the document. Use the sliding bars to make adjustments as necessary. The preview will reflect the changes made. Click **OK** to save the settings. Click **Reset** to restore the document to the original settings.
 - Choose **Adjust Brightness/Contrast** to open a window showing the brightness and contrast of the document. Use the sliding bars to make adjustments as necessary. The preview will reflect the changes made. Click **OK** to save the settings. Click **Reset** to restore the document to the original settings.
 - Choose **Convert to Grayscale** to change the image color to grayscale.
 - Choose **Invert Colors** to invert the colors of the document. Click again to restore to original.
- **Remove Spots:** Click this button to remove spots on the document or image.
- **Crop Document:** Click this button to crop the image. The cropping tool will appear when the mouse is placed over the image. Click and drag the mouse over the desired area. The area that is not within the selection will be removed.
- **Show Full Screen:** Click this button to show the document or image full screen. Click on the document to return to the Documents Viewer window.

3. Exit

Click the **X** in the top right corner to exit the Documents Viewer. If changes were made but not saved, a message will appear asking if you wish to save the changes. If there are multiple attachments for this document, a message will appear giving you the option to change the document for all attachments or to create a new document with changes for the current attachment only. Mark the desired option and click **OK**.

Working with Documents

This section covers the following topics:

- Editing Document Information
- Modifying Document Attachments
- Deleting Documents

Editing Document Information

Complete the following steps to edit document information such as reference date, Document Type, Description, and Note:

1. Select Document

Highlight the document you wish to edit in the Document Tree area.

2. Choose Edit Selected Document | Edit Document Information

Click the **Edit Selected Document** button and choose **Edit Document Information** or right-click on the document and choose **Edit Document Information**. The Document Information windows will appear.

3. Make Changes

Make the necessary changes to the **Reference Date, Document Type, Description, and Note**. (To edit the attachments for this document, see the *Modifying Document Attachments* section in this chapter.)

4. Click OK

Click the **OK** button to save your changes and return to Documents. Click Cancel to return without saving any changes.

Modifying Document Attachments

Complete the following steps to modify who is attached to a specific document:

1. Select Document

Highlight the document you wish to modify attachments for in the Document Tree area.

2. Choose Edit Selected Document | Modify Document Attachments

Click the **Edit Selected Document** button then choose **Modify Document Attachments** or right-click on the document and choose **Modify Document Attachments**. The Document Information windows will appear.

3. Add Attachments (Optional)

You can add attachments by Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Mark the appropriate option then click **Select** to select the appropriate source of attachment. The listed attachments will appear in the right window. Continue to attach the document to as the desired sources.

4. Remove Attachments (Optional)

Highlight the attachment you wish to remove in the Document Attachments window. Click **Remove Attachment** to remove the selected attachment from the list.

5. Click OK

Click the **OK** button to save your changes and return to Documents. Click **Cancel** to return without saving any changes.

Deleting Documents

Complete the following steps to delete a document from Documents:

1. Select Document

Highlight the document you wish to delete in the Document Tree area.

2. Choose Edit Selected Document | Delete Document

Click the **Edit Selected Document** button, then choose **Delete Document**. If the document is only attached to the current view, a message will appear confirming the delete. Click **OK** to continue with the deletion. If the document has multiple attachments, a message will appear giving the options to delete only for the current attachment or to delete from all attachment associations. Mark the appropriate option and click **OK**.

Printing and Exporting Documents

This section covers the following topics:

- Printing the Documents List
- Printing Documents
- Exporting Documents

Printing the Documents List

The Documents List consists of the contents in the Document Tree area for the current view. It will list all attached documents according to the filters selected. To print the Document List for the current view, choose **Print** then **Print Documents List** from the menu. Select the desired printer and click **OK**.

Printing Documents

To print a specific document, highlight the desired document in the Documents Tree then click **Print** then **Print Document** from the menu. Select the desired printer and click **OK**. You can also print a document from the Documents Viewer. Double click on the desired document to open the Documents Viewer. Make the desired changes (see the *Documents Viewer* section in this chapter for more information) then click the **Print Document** button.

Exporting Documents

To export a document as a file, simply select the document then click the **Edit Selected Document** button. Select **Export Document** from the menu. The Export Document As window will appear. Select the appropriate location where you wish to save the file. Change the file name and file type if necessary and click **Save**.

Reports

Reports provides several powerful tools to enhance the management processes of your practice:

- A report Batch Processor with Print Preview.
- A sophisticated Report and Letter generator that allows you to query the Easy Dental database and create a data merge file for Microsoft Word Letter Merge or other Windows applications such as Microsoft Excel.
- A one button feature that will create all insurance claims for the date range specified automatically.
- An accounting utility that can export production and collection totals into accounting software such as QuickBooks and Peachtree.
- Utilities that are used to setup and maintain the Easy Dental system.

This chapter covers the following topics:

- Reports Module Window Areas
- Setting Up Easy Dental
- Procedure Code Setup
- Procedure Code Setup
- Practice Defaults
- Dunning Messages
- EasyMobile Setup
- Preferences
- Auto Chart Numbering Setup
- The Batch Processor
- Reports
- Audit Trail Reports
- Easy Export

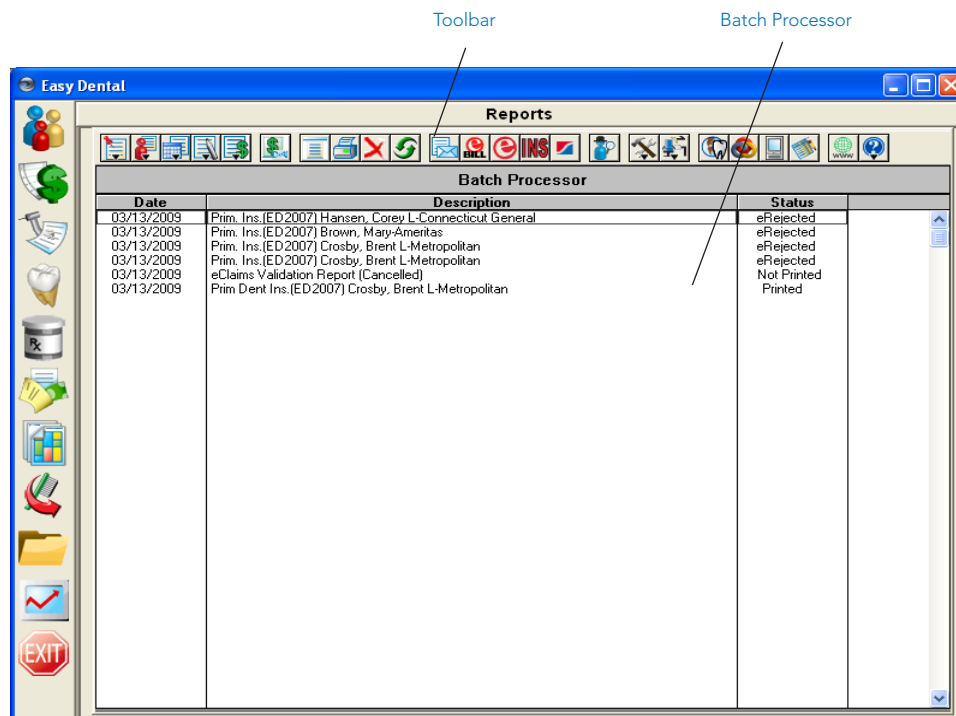
This chapter also covers the following additional features of Easy Dental that are not specific to the Reports Module:

- Time Clock
- Updates
- Customizable Toolbars

Reports Module Window Areas

The Reports module consists of the following areas:

- Batch Processor
- Toolbar

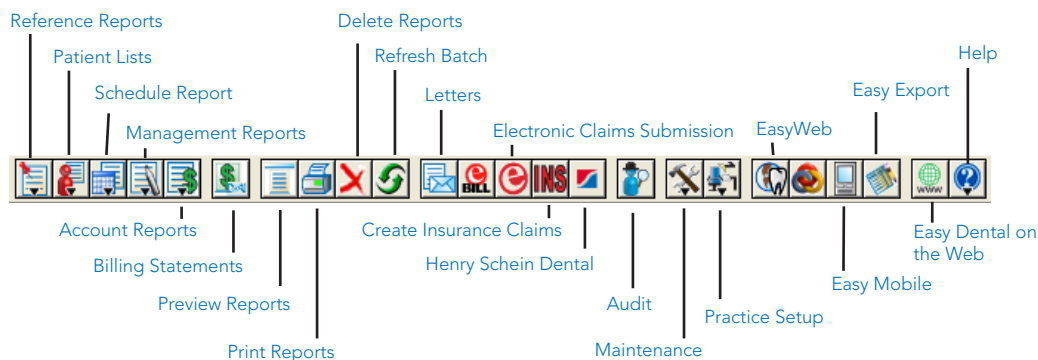


Batch Processor

Major reports and letters are generated and printed from the Batch Processor in the Reports module.

Toolbar

The Reports module toolbar contains several buttons that allow you to perform setup functions, and preview or print reports, letters, and claims.



Setting Up Easy Dental

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

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

The following checklist will guide you through the setup process explained in this section:

- Setup Printer
- Practice Resource Setup
- Procedure Code Setup
- Diagnostic Cross Code Setup
- Explosion Code Setup
- Practice Defaults
- Definitions
- Recall Setup
- Recall Views Setup
- Auto Chart Numbering Setup
- Passwords
- Dunning Messages
- EasyMobile Setup
- Payment Plan Setup
- Survey Setup
- Prescriptions Setup
- Modem Setup
- Network Setup
- Preferences

Setup Printer

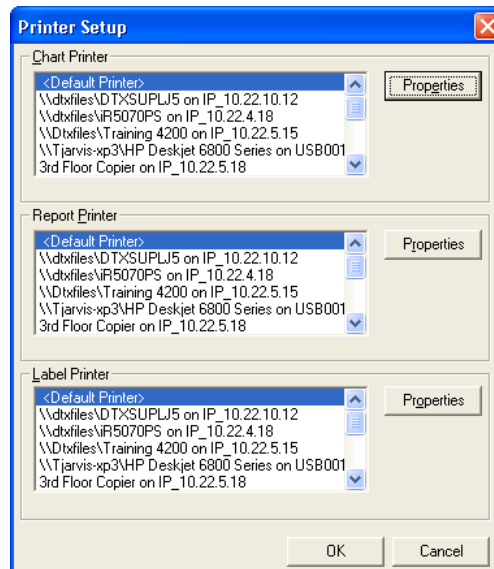
To set up the printer that will be used when printing from the Chart and Reports modules and when printing labels:

1. Open Reports

Start Easy Dental and click the **Reports** icon to open the Reports module.

2. Click Practice Setup

Click the **Practice Setup** button and select **Setup Printer** from the Practice Setup menu. The Printer Setup dialog appears.



3. Highlight Printer

Highlight the appropriate printer for the **Chart Printer**, **Report Printer**, and **Label Printer**. For each printer selected, you can click the Properties button to view or set properties for the printer.

4. Click OK

Click **OK** to save any changes.

Practice Resource Setup

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

Practice Information

To set up or edit the practice information:

1. Open Reports

Start Easy Dental and click the **Reports** icon to open the Reports module.

2. Click Practice Setup

Click the **Practice Setup** button and select **Practice Resource Setup** from the Practice Setup menu. The Practice Resources dialog appears.

Practice Resources

Practice Information
 Easy Dental Practice
 9330 LBJ Freeway
 Suite 800
 Dallas, TX 75243
 (800)766-6464 ext:
 Administrative Contact: DDS1
 HIPAA Officer: DDS1
 Fiscal Year: January
 Bank #:
 Edit

Operatories
 1 OP-1
 2 OP-2
 3 OP-3
 New
 Edit
 Delete

Provider(s)

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

New
 Edit
 Inactivate
 List Inactive

Staff

ID	Name	Status
----	------	--------

New
 Edit
 Inactivate
 List Inactive
 Close

3. Enter Practice Information

Enter your practice name, address, and phone number in the Practice Information group box by clicking **Edit** button. The Practice Information dialog appears.

Practice Information

Title:
 Easy Dental Practice - Tutor Database

Address:
 Street
 727 E Utah Valley Drive, #500
 City ST Zip
 American Fork UT 84003
 Phone Ext
 (801)763-9300

Settings:
 Administrative Contact: DDS1 >>
 HIPAA Officer: >>
 Bank Deposit Number
 Fiscal year's beginning month (1-12): 1
 Use Practice Info on Statements.
 Use Provider Info on Statements.
 OK Cancel

Note: The Title field can accommodate up to 59 characters. Whatever is entered for the title is printed as the heading for each Easy Dental report. Easy Dental automatically adds parentheses to the area code.

4. Select Administrative Contact and HIPAA Officer

Select an **Administrative Contact** and **HIPAA Officer** by clicking the corresponding search arrows. Only providers and staff members with a 10-digit phone number can be selected. (If you are using eTrans, select a primary provider for the Administrative Contact. Staff IDs do not work for claim processing.)

5. Enter Bank Account Number

Enter the bank account number wherein all your deposits will be made in the **Bank Deposit Number** field. This number appears only on deposit slips.

6. Enter Fiscal Year Beginning Month

Enter the month that the practice's fiscal year begins in the **Fiscal year's beginning month** (1-12) field.

7. Mark Statement Option

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

8. Click OK

After the information is entered correctly in all of the fields, click **OK** to save the information in your database.

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

Operatory Information

The Operatories group box lists the available operatories.

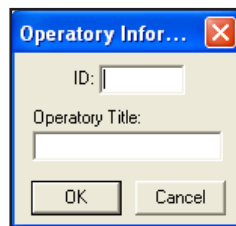
Note: Three default operatories are provided with Easy Dental. If they are sufficient please continue to the next topic.

Adding an Operatory

Add an Additional Operatory

1. Click New

In the Operatories group box, click **New**. The Operatory Information dialog appears.



2. Enter the Operatory ID and Title

Enter the operatory ID and title in the corresponding fields.

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

3. Click OK

Click **OK** to add the operatory.

Editing an Operatory

To edit an operatory:

1. Select Operatory and Click Edit

Select the operatory you want to edit in the Operatories group box and click **Edit**. The Operatory Information dialog appears.

2. Edit the Operatory ID and/or Title

Make the desired changes.

3. Click OK

Click **OK** to save the changes.

Deleting an Operator

To delete an operator:

1. Select Operator and Click Edit

Select the operator you want to delete in the Operatories group box and click **Delete**.

2. Click Yes

If you choose to delete an operator, the following message appears, “If this operator is attached to any appointment or provider, DELETE will leave Easy Dental in an UNSTABLE condition. DELETE operator?” If the operator has not been attached to any appointments or providers click **Yes**. If it has been attached to any appointments or providers, click **No**. Deleting operatories that have appointments attached can cause data corruption.

Provider Information

Each individual that provides billable services to patients is considered a provider in Easy Dental.

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

Whenever a provider is displayed or printed, it is usually only the provider ID that is seen. (Exceptions are whenever Select Provider dialog is displayed, insurance claims, and pre-treatment estimates). Careful consideration should be given when entering provider ID's.

- Providers cannot be deleted, but can be inactivated.
- Be sure the provider can be identified easily.
- Do not use initials or a person's name.
- Providers will be sorted alphabetically by ID. Be sure to assign IDs in such a way that provider ranges can be selected efficiently for reports or statement purposes.
- Once entered, provider IDs cannot be edited or deleted.

Entering a New Provider

To enter a new provider:

1. Click New

Click **New** in the Provider(s) group box of the Practice Resources dialog. The Provider Information dialog appears.

The screenshot shows the 'Provider Information' dialog box. It is a standard Windows-style dialog with a title bar and a close button. The form is organized into several sections:

- Name:** Three text boxes for Last, First, and MI.
- Fee Schedule:** A dropdown menu showing '1. FEE 1' and a '>>' button.
- Identification:** ID, Title, a 'Non-Person' checkbox, and SS#.
- Specialty:** A dropdown menu showing 'Dentist' and a 'State ID#' field.
- Address:** A 'Street' text box, and 'City', 'ST', and 'Zip' text boxes.
- Insurance:** 'TIN#' and 'Medicaid#' text boxes.
- Medical:** 'Drug ID#' and 'NPI' text boxes.
- Class:** Radio buttons for 'Primary' (selected) and 'Secondary'.
- Insurance Claim Options:** Radio buttons for 'Blue Cross ID#' (selected) and 'Blue Shield ID#'. Below this is a 'Print Provider's Signature Using:' section with radio buttons for '"Signature On File"' and 'Provider's Name'.
- Buttons:** 'Provider ID Setup', 'OK', and 'Cancel'.

2. Enter Provider Information

Enter the appropriate information in each of the fields for each provider in your practice. Use the Tab key or mouse to move from field to field.

Note: The provider name, address, Social Security number, TIN, state ID number, and phone number print on insurance claims. Enter the provider's title, such as DDS, DMD, etc.

3. Enter Provider ID

Enter a provider ID in the **ID** field. The ID must be four alphanumeric characters in length. It is recommended that the first character of the ID be an alphabetic character.

4. Select Specialty

Expand the **Specialty** drop-down and select the appropriate specialty for the provider.

5. Select Fee Schedule

Click the **Fee Schedule** search button to assign a fee schedule to the provider. The fee schedule assigned to a provider is used to determine the default charge when a procedure is posted in a patient's account.

6. Enter Provider Numbers

Enter the provider's **Social Security number**, **state ID**, and **TIN**. These numbers are used when printing insurance claims. Easy Dental also provides several ID fields for use with specialized insurance claims. Enter the appropriate numbers in the corresponding fields. (See the *Provider ID Setup* subsection of this section for steps on how to assign multiple insurance IDs for a provider.)

7. Select Operatory

Select the operatories that the provider most commonly uses in the **Assigned Operatories** list box.

8. Select Provider Class

Mark **Primary** or **Secondary** in the Class group box. The Class assignment categorizes each provider as a primary or secondary provider. The two class options are used to distinguish between providers, such as the dentist or the hygienist.

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

9. Click OK

Click **OK** to save the changes.

Note: If you need to make any changes, click Edit. The provider ID cannot be edited once it has been created.

Provider ID Setup

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

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

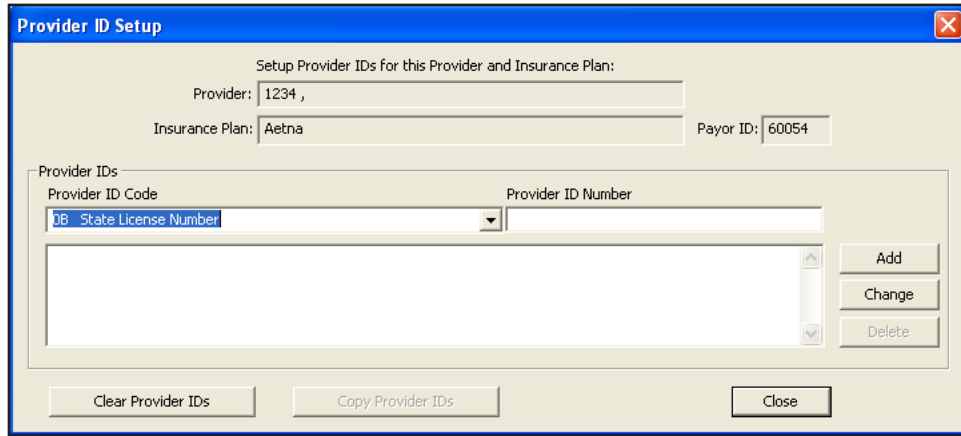
1. Click Provider ID Setup

In the Provider Information dialog, click the **Provider ID Setup** button. The Select Insurance Plan dialog appears.

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

2. Select Insurance Plan

Highlight the appropriate insurance plan and click **OK**. Check **List Only Insurance Plans with Provider IDs Setup for this Provider** if appropriate. The Provider ID Setup dialog appears. (For further details on how to set up provider IDs, see the *Setting Up Provider IDs* section in the *Patients* chapter.)



Inactivating a Provider

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

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

1. Close Easy Dental

Close Easy Dental on all workstations, except for the computer you are using.

2. Open Reports

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

3. Click Practice Setup

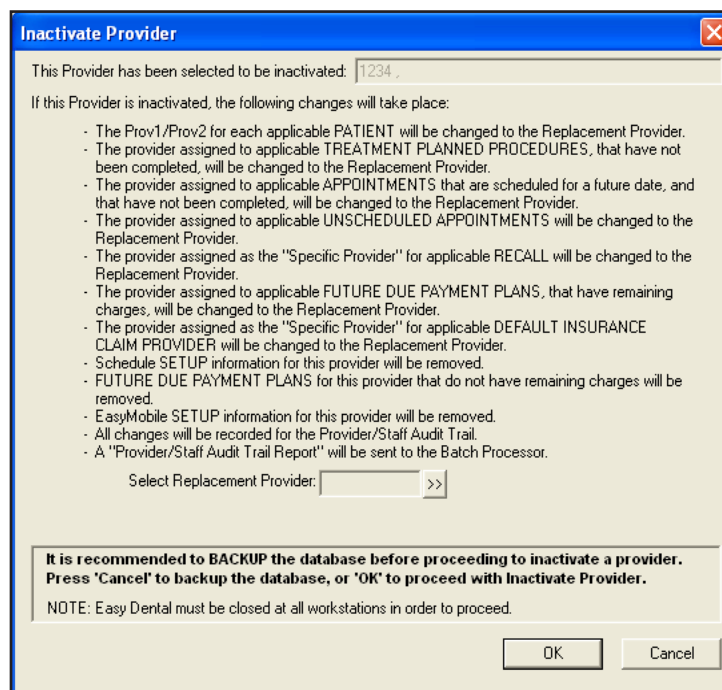
Click the **Practice Setup** button and select **Practice Resource Setup** from the menu. The Practice Resource dialog appears.

4. Select Provider

Highlight the provider you want to inactivate.

5. Click Inactivate

Click the **Inactivate** button in the Provider(s) group box of the Practice Resources dialog. The Inactivate Provider dialog appears.



6. Select Replacement Provider

Thoroughly read the changes that occurs when you inactivate a provider. Click the **Select Replacement Provider** search button to select a new provider. The Select Provider dialog appears. Highlight the appropriate provider and click **OK**.

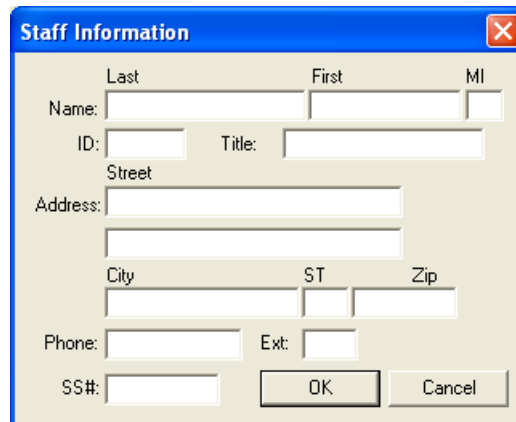
7. Click OK

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

Staff Information

1. Enter Staff Information

Click **New** in the Staff group box of the Practice Resources dialog. The Staff Information dialog appears.



The screenshot shows a 'Staff Information' dialog box with the following fields:

- Name: Last, First, MI
- ID: [] Title: []
- Street
- Address: []
- City, ST, Zip
- Phone: [] Ext: []
- SS#: []

Buttons: OK, Cancel

2. Enter Provider Information

Enter the appropriate information in each of the fields for each staff member in your practice. Use the Tab key or mouse to move from field to field.

3. Enter Staff ID

Enter a staff ID in the **ID** field. The ID must be four alphanumeric characters in length. It is recommended that the first character of the ID be an alphabetic character.

4. Click OK

Click **OK** to save the changes.

Note: If you need to make any changes, click Edit. The staff ID cannot be edited once it has been created.

Inactivating a Staff Member

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

Procedure Code Setup

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

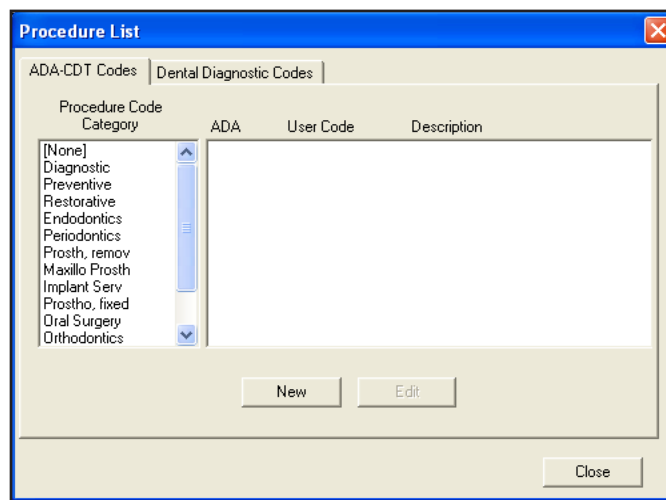
It is necessary to set up some additional information for the procedures that you perform, such as fees and the approximate amount of time required to complete each procedure. The purpose of this section is to add and/or customize the procedure information.

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

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

1. Click Practice Setup | Procedure Code Setup

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



2. Choose a Category and Procedure

Choose a category on the left. All the procedure codes associated with that category appears in the right list box. Select the first procedure in the list box by double-clicking its description OR highlight it and then choose the Edit button.

3. Enter Fees

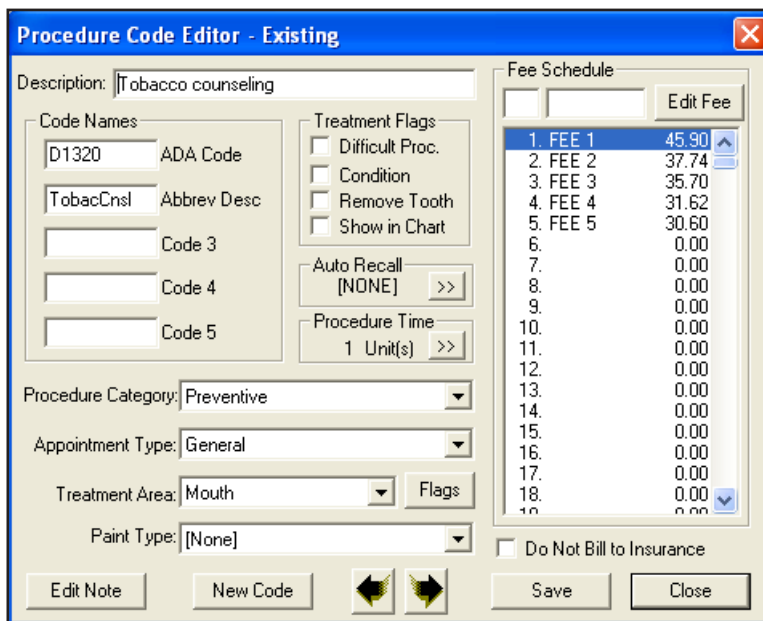
You should already have a list of the fees that are currently used to bill your patients. This is also a good time to review your fees and make changes if desired. No fees are pre-assigned in Easy Dental.

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

- Enter each fee by highlighting the appropriate Fee Schedule and then choosing the Edit Fee button. A small edit box appears next to the Fee Schedule.
- Change the amount.
- Press the Enter key or click the green check mark to save the change. (Press the red X to cancel the change.)

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

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



4. Set Treatment Flags

A check mark in the box means the procedure is flagged. A blank box means the procedure is not flagged. When **Difficult Proc.** is flagged, the procedure will be marked with an asterisk (*) every time it is listed on the day sheet report. This will notify the provider of any patients who may need to be called at the end of the day to follow up on the patient's condition. If you want a procedure to be marked on the day sheet, flag "Difficult Proc." None of the Easy Dental procedures are flagged "Difficult Proc." by default.

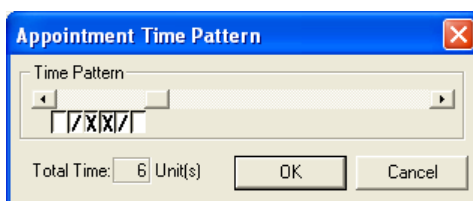
5. Select Auto Recall Type

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

- Choose the search button in the **Auto Recall** section. The Select Recall Type dialog appears.
- Select the appropriate type and then choose the **Select** button. A procedure code may be assigned only one Recall type. The Recall type, however may be set on unlimited procedure codes. See the *Recall* chapter for more information.

6. Set Procedure Time

The **Procedure Time** button displays the Appointment Time Pattern dialog that allows you to enter the number of time units that are usually scheduled for that procedure. The number of minutes assigned to each time unit was defined in the Schedule (see the *Setting Up the Schedule* section in the *Schedule* chapter). All Easy Dental procedures default to one time unit. As you review each procedure, if the procedure time should exceed one unit, choose the Procedure Time button.



- Use the scroll bar to increase or decrease the Total Time units. The right arrow will add a unit. The left arrow will subtract a unit.
- If you click a unit using the mouse, a single slash, an X, or a blank box appears. Each face represents who is providing care to the patient during the procedure. A single slash represents the assistant's time. The X represents the provider's time. White/Clear represents chair time when neither the provider nor the assistant needs to be present. These assignments appears while you are scheduling appointments and will allow you to maximize productivity and use of all operatories.
- Click the **OK** button to save your assignment and definition of time required for the procedure.

7. Do Not Bill to Insurance

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

8. Save Changes

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

- The **Next Code** button will produce a new box asking if you want to save your changes. Choose **Yes** if you want to save your changes. Choose **No** if you don't want to save your changes. Easy Dental will automatically move you to the next procedure.
- When you have finished setting up procedures, choose **Close** from the Procedure Code Editor Box. Then choose **Close** from the Procedure List box. You're now ready to move on to the next step in the set up process.

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

Dental Diagnostic Codes

Diagnostic codes can be attached to Completed or Treatment Planned procedures, as well as cross coded to ADA codes. The diagnostic codes will print on the new 2000 ADA claim form (i.e, J590). To add and edit diagnostic codes, complete the following steps. For information on how to attach diagnostic codes to Completed or Treatment Planned work, see the *Accounts* and *Treatment Plans* chapters.

Adding Diagnostic Codes

To add a diagnostic code:

1. Click Practice Setup then choose Procedure Code Setup

From Reports, click **Practice Setup**, then choose **Procedure Code Setup**. The Procedure List dialog is displayed.

2. Click Dental Diagnostic Codes Tab

Click the tab labeled Dental Diagnostic Codes. A list of available Diagnostic categories is displayed.

3. Click New

Click the **New** button. The Dental Diagnostic Code Editor - New dialog appears.

4. Enter Description

Enter a description of the diagnostic code.

5. Enter Diagnostic Code

Enter the diagnostic code. This code will print on the 2000 claim forms (i.e. J590).

6. Select Category

Click the down arrow and select the desired diagnostic code category.

7. Select Treatment Area

Click the down arrow and select the correct treatment area. To enter procedure codes for additional surfaces, click the **Flags** button and enter the appropriate codes.

8. Click Save or New Code

Click the **Save** button to save your changes. Then click **New Code** to enter additional codes or **Close** to return to the Dental Diagnostic Codes list.

Editing Diagnostic Codes

To edit diagnostic codes:

1. Choose Practice Setup | Procedure Code Setup

From Reports menu, choose **Practice Setup**, and then **Procedure Code Setup**. The Procedure List dialog is displayed.

2. Click Dental Diagnostic Codes Tab

Click the tab labeled **Dental Diagnostic Codes**. A list of available Diagnostic categories is displayed.

3. Click Edit

Click the **Edit** button. The Dental Diagnostic Code Editor dialog appears.

4. Edit Code

Edit the code as necessary.

5. Click Save

Click the **Save** button to save your changes. Click **Close** to exit or **Next Code** to edit the next code.

Diagnostic Cross Code Setup

To cross code an ADA code with its associated diagnostic code(s), complete the following steps:

1. Choose Practice Setup | Dental Diagnostic Cross Code Setup

From Reports, choose **Practice Setup**, and then **Dental Diagnostic Cross Code Setup**.

2. Select ADA-CDT Code

From the top left list box, select the category of the ADA code you want to cross code. Once a category has been selected, all ADA procedures codes for that category will be listed. Highlight the code you want to cross code.

3. Select Diagnostic Code

Type the diagnostic code in the **Enter Code** field or select the desired Diagnostic Category from the drop down menu above the bottom left list box. All diagnostic codes under that category will be listed. Highlight the diagnostic code you want to use.

4. Click Add

Click the **Add** button to move the code to the right list box. All cross-referenced diagnostic codes for the selected ADA code will be listed in this box. Repeat steps 3 and 4 to include up to 8 diagnostic codes for the selected ADA code.

Explosion Code Setup

An explosion code is a group of procedure codes that are usually scheduled, completed, or recommended at the same time. An explosion code allows you to post many procedures simultaneously. For example, a root canal appointment may consist of several procedures, each with its own procedure time and fee. Instead of having to post or schedule each of these procedures individually, an explosion code allows you to group them together, thus saving considerable time in posting and scheduling.

Adding an Explosion Code

To add an explosion code:

1. Choose Practice Setup | Explosion code Setup

Choose **Practice Setup**, then **Explosion Code Setup**. The Explosion code List dialog appears.

2. Click New

Click the **New** button and the Explosion code Editor dialog appears.

3. Enter Description

Enter a description of the explosion code (it can be up to 31 characters).

4. Enter Explosion code

Enter a three digit alphanumeric code that represents the code.

5. Enter Abbreviated Description

Enter a nine digit abbreviated description of the explosion code.

6. Set the Appointment Type

Click the down arrow and choose General, High Production, Medium Production, or Low Production for the **Appointment Type**.

7. Set the Explosion code Type

If the explosion code represents a bridge, choose the **Bridge** radio button; otherwise, choose **Standard**.

8. Choose Procedure Time Search Button

Set the length of time required to complete this group of procedures.

9. Add Procedure Code

Choose the **Add** button. The Add Procedure Code dialog appears.

- Mark **ADA code** or **Dental Diagnostic Code**. Enter the procedure or diagnostic code in the edit box provided; otherwise, choose the search button and select a category, then the procedure or diagnostic code you want to add.
- Click the **OK** button.
- Repeat this step to add additional procedure/diagnostic codes.

Note: An explosion code may consist of one or more procedures that require a tooth number or range to be entered. These procedures will be flagged with an () in the procedure code list. When the explosion code is used in the Accounts module, the procedure will also be flagged so that a tooth number range can be added. A procedure that requires a tooth number or range will not be posted with the explosion code from the Schedule when an appointment that schedules the explosion code is set complete.*

10. Disable Explosion code

If you plan to use this explosion code, leave this unchecked. Disabling the explosion code removes it from the active explosion code lists without deleting it.

11. Click OK

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

Editing an Explosion Code

To edit an explosion code:

1. Choose Practice Setup | Explosion Code Setup

Choose **Practice Setup**, then **Explosion Code Setup**. The Explosion Code List dialog appears.

2. Click Edit

Highlight the explosion code you want to edit and then choose the **Edit** button. The Explosion code Editor dialog appears.

3. Edit Code

Make any changes to the descriptions, code, multi-procedure type, time, type, and procedures as necessary. Choose the **OK** button to save your changes.

Deleting an Explosion Code

To delete an explosion code:

1. Choose Practice Setup | Explosion Code Setup

Choose **Practice Setup**, then **Explosion Code Setup**. The Explosion Code List dialog appears.

2. Click Delete

Highlight the explosion code you want to delete and then choose the **Delete** button.

Note: Editing or defining an explosion code will not affect any procedures that have been previously posted for a patient. It will affect any appointment for which the explosion code is scheduled.

Selecting Explosion Codes

Explosion codes appears in the Enter Procedure dialog in the Accounts module for easy selection. You can also find a list of all explosion codes whenever choosing procedure codes. They appear in the Explosion codes procedure category.

Practice Defaults

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

To Select Practice Defaults:

1. Click Practice Setup | Practice Defaults

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

2. Select Practice Defaults

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

- The **Default Provider** selected will be the Primary provider given to each new head-of-house.
- The **Default Operator** selected will be the default operator for each new appointment.
- The **Default Billing Type** selected will be the billing type given to each new head-of-house.
- The **Default Billing Statement** is the form which will be used when printing billing statements.

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

3. Click OK

Select **OK** to save your changes and close the dialog.

Definitions

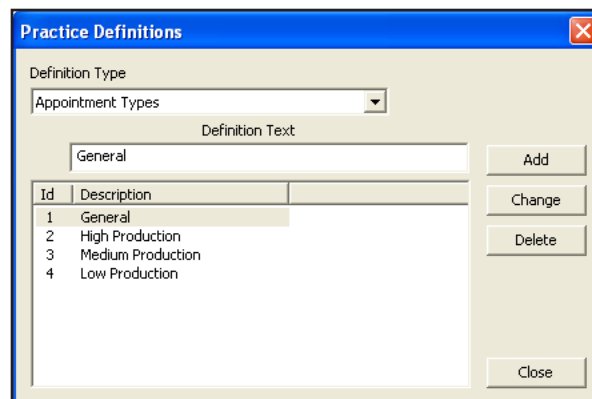
Easy Dental provides several Practice Definitions and allows user-definable entries for each. These Practice Definitions, in addition to other features, customize Easy Dental for your specific practice. The following definitions can be customized:

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

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

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

- An entry for a definition is automatically assigned the first available ID number for that definition, each starting with ID number "1", then "2", and so on. For example, if ID 2 has been deleted, the next definition added of that type will have ID 2.
- Definitions are sorted according to ID number. (Medical Alerts will be listed in the Patients window in alphabetical order.)
- The ID number is used when a definition is assigned. The description for a definition entry then becomes global with its ID number. For example, if several patients are given the medical alert of "Allergies," and then the definition entry for "Allergies" is changed to "Pregnant," all patients who previously had "Allergies" displayed as a medical alert will now have "Pregnant" displayed as a medical alert. For this and similar reasons, it is recommended that a definition entry not be changed or deleted if the definition has been used previously anywhere in Easy Dental.



Editing Definitions

To edit definitions:

1. Choose Practice Setup | Definitions

From the Reports window, choose the **Practice Setup** button. Then select **Definitions**. The Practice Definitions dialog appears.

2. Select Definition Type

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

3. Select and Edit Definition

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

4. Click Change

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

Adding a New Definition

To add a definition:

Type the new definition in the **Definition Text** box.

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

Deleting a Definition

To delete a definition:

Select the definition you want to delete.

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

5. Click Close

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

Adjustment Types

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

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

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

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

Appointment Reasons

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

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

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

- The reason must reference an existing procedure code or explosion code.
- The reason should not reference a procedure or explosion code that requires a tooth number, surface, quadrant, or sextant.

Billing Types

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

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

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

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

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

Payment Types

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

The default Payment Types are:

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

Recall Status

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

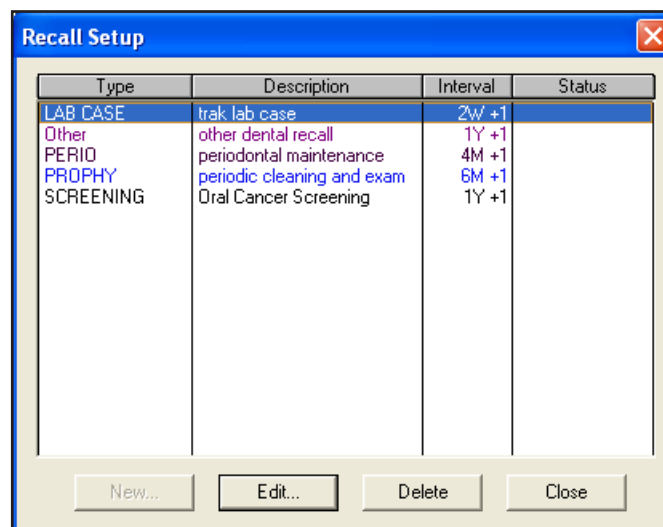
- 1. APPT: Appointment Scheduled
- 2. NOTE: See Note
- 3. XXXXX: Don't Contact

Recall Setup

If a particular procedure requires a recall appointment, you can set up Easy Dental to automatically place the patient on a recall list. Each procedure can be assigned a particular recall type. Recall types can be user-defined. You can control the name of the type, with the exception of Prophy, the interval, and the provider to whom the type is assigned. Although Easy Dental comes with five pre-defined types, you should review them to make sure they fit your practice's needs. There is a limit of five recall types that can be added to your database.

1. Click Practice Setup | Recall Setup

In the Reports module, click the **Practice Setup** button, then select **Recall Setup**. The Recall Setup dialog appears.



2. Edit Recall Type

Highlight the desired recall type and click **Edit**. The Edit Recall Type dialog appears.

3. Verify Settings

Verify the following information for the Recall type:

- **Type:** This is a user-definable field accepting up to 12 alphanumeric characters.
- **Description:** This is a user-definable field accepting up to 30 alphanumeric characters. This description can be used for letter merge (it is not capitalized if the description is to be inserted into a sentence).
- **Initial Status:** Status refers to the state of the recall when it appears in the Recall list. If you need to change the status, choose the down-arrow button and select a different status.
- **Interval:** Make sure the interval is acceptable. The “+1 Day” option will add the set interval plus one more day for insurance purposes. This is the default setting for all patients, but can be customized for individual patients. See the Patients chapter for more information.
- **Provider:** This option allows you to set a specific provider for the recall type. Prov1 refers to the primary provider selected for each patient in the Patients module. Prov2 refers to the secondary provider selected for each patient. Spec. allows you to select a specific provider using the down arrow. All appointments scheduled for this recall type will be automatically assigned to the provider selected.
- **Display Color:** You can choose to have each Recall type display in different colors. If you want to change the color, choose the Set Color button.

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

4. Click OK

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

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

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

Recall Views Setup

See the *Recall* chapter for Recall Views setup instructions.

Auto Chart Numbering Setup

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

- You never have to worry about duplicate chart numbers
- Auto entry speeds the data entry process

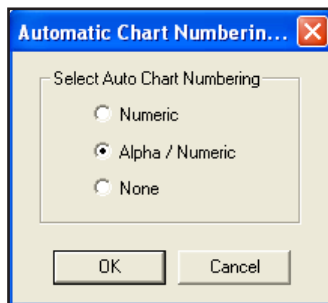
Easy Dental will assign numeric or alpha-numeric chart numbers. To setup auto chart numbering, complete the following steps:

1. Choose Practice Setup | Auto Chart Number Setup

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

2. Select Number Type

Select the type of numbering you want. Choose **None** if you don't want Easy Dental to assign chart numbers, **Numeric** chart number (e.g. 000024), or **Alpha/Numeric** chart number (e.g. AB0003).



3. Click OK

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

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

Passwords

Passwords serve many different functions in a dental office. First, passwords can be used to prevent an unauthorized person from performing certain sensitive tasks, such as changing information, deleting transactions, accessing financial information, etc. Second, the Easy Dental password feature gives the office the double security of flagging certain operations to verify that the logged on user is still the user who has access to the operation, by requiring the password to be re-entered. Third, passwords, in conjunction with the Audit Trail Report, can be used to track who in your offices made changes to information in Easy Dental.

Different offices have different security needs, so when Easy Dental is first installed passwords are not enabled. If security is not a concern for your office, you can skip this section.

Note: It is strongly recommended that you backup your Easy Dental directory before setting up passwords.

Once passwords are enabled, a user must log onto the system each time Easy Dental is launched. Passwords will be assigned to users using their provider or staff IDs. (If you have not added all providers and staff members to the Practice Resource section of Easy Dental, you should do so before attempting to set up passwords.) Additionally, each user can be assigned “rights” to the tasks they need to complete. Easy Dental then allows access to each password-protected operation according to the security rights assigned to the logged on user. If a user does not have rights to a certain function, they will not be allowed to access that particular screen or task. To set up passwords, you must complete the following two steps:

- Enable Passwords and assign “Verify User Before Access” status to selected functions.
- Assign security rights to all Easy Dental users in the office.

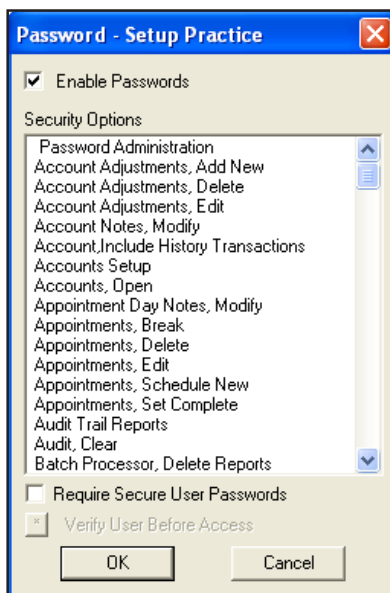
Note: One of the main reasons for using passwords in your office is security. To ensure the integrity of your password system, Easy Dental cannot make any changes to passwords or clear passwords over the phone. Please ensure that you have recorded your passwords in a secure location. If the Password Administrator's password is lost, you will need to send your database to Easy Dental Systems to have all passwords cleared, along with a signed request for these services. We will compare the signature with the signature on record prior to providing these services. Please contact Easy Dental Customer Support and arrange for this service prior to sending your database. Your practice will be charged a \$150 fee to cover the costs of clearing the passwords.

Enable Passwords and Assign “Verify User Before Access” Status to Options

To enable users and assign “Verify User Before Access” status:

1. Choose Practice Setup | Passwords | Setup Practice for Passwords

From Reports, click the **Practice Setup** button. Select **Passwords**, then **Setup Practice for Passwords**. The Password - Setup Practice dialog appears.



2. Check the Enable Passwords box

Check the **Enable Passwords** box. A list of security options appears.

Note: Once passwords have been enabled, all tasks listed in the security options will be protected. In order for users to perform any of these tasks, they must be assigned rights to the security option. User rights are not assigned from this screen. To read about assigning user rights see [Assign User Security Rights](#) in this section.

3. Require Secure User Passwords (Optional)

When this option is checked, a user's password must be at least seven characters long and contain at least one letter, one number, and one special character.

4. Assign Verify User Before Access

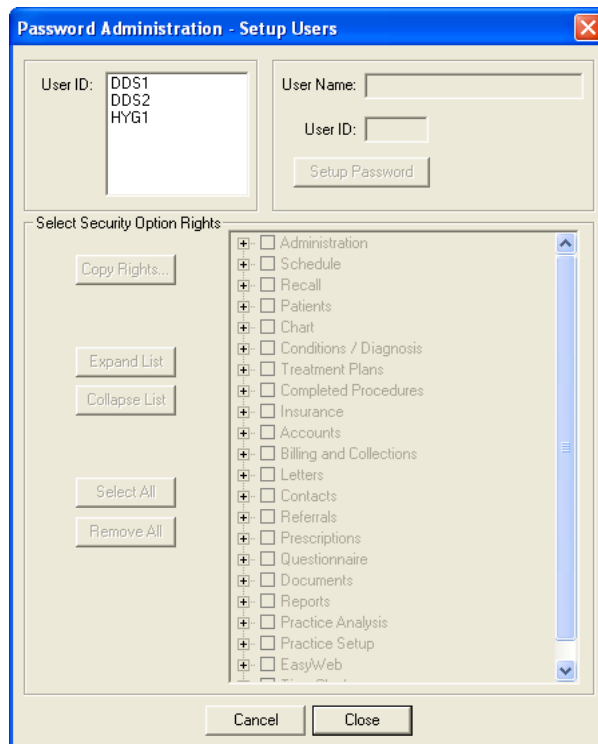
Once a user has logged onto Easy Dental, the user may perform all operations to which they have rights. There may be certain security options for which additional protection is desired. In this case, the security options can be flagged to “Verify User Before Access.” When a security option is flagged, an additional password prompt appears asking the user to re-enter their password.

To flag these options, highlight the task and then press the “Verify User Before Access” button. More than one security option can be highlighted at a time. The selected security options will be moved to the bottom of the list and an asterisk before the security option will indicate its verification status.

Note: Consider how frequently the security option is used before assigning the “Verify Users Before Access” flag. This option will always prompt users to enter their passwords before continuing. Too many interruptions requiring a password entry may not be worth the added security.

5. Choose OK

The first time you enable passwords the Password Administration - Setup Users dialog appears when **OK** is selected. Since there are no users with established passwords, Easy Dental requires you to set up at least one user with access to the Password Administration dialog. Easy Dental will not allow the user to continue until at least one user is given Password Administration rights.



Assign User Security Rights

When assigning user rights, you should keep in mind which tasks each individual performs. Keep in mind that some rights are directly related to others. Assign rights to only those individuals who will have a need to perform that operation. For example, unless you have assigned a front desk person to analyze your production vs. collection figures, there will be no need for the front desk person to access the Practice Analysis screen. This option should not be assigned to that user.

Easy Dental Systems recommends that the Dentist or Practice Owners be given rights to all operations. Be sure to assign this user the Password Administration rights.

To assign user rights:

1. Choose Practice Setup | Passwords | Setup Users for Passwords

From Reports, click the **Practice Setup** button. Select **Passwords**, then **Setup Users for Passwords**. The Password Administration - Setup Users dialog appears.

Note: The first time you enable passwords, the Password Administration - Setup Users dialog appears automatically when OK is selected from the Password: Setup Practice dialog.

2. Highlight the User ID

Select the **User ID** from the list of available provider(s) and staff. Once the User ID is highlighted, the user name, and ID will display on the right side of the dialog.

3. Click Change Password

Enter a password for the user. The password must be 12 characters or less and should be easy to remember. Passwords are **not** case sensitive. Retype the same password in the **Confirm Password** box. Click the **OK** button.

Note: A password is not required, but is recommended. Passwords can be changed in the Reports module by choosing Practice Setup | Passwords | Change Password. The user must know the current User ID and password but does not need rights to Password Administration.

4. Expand List (Optional)

When first opened, the security options list is “collapsed,” thus hiding the detailed security options under each respective category. To expand the list and view all security options, click **Expand List**. You may also click the plus (+) sign next to the desired category to see the detailed rights.

5. Select Security Option Rights

Place a check mark next to the security options you want the user to have rights to. If the list is collapsed, a check mark next to the “main” option will also check all detailed options that are not in view for that category. To select all security options for the user, click **Select All**. To deselect all security options for the user, click **Remove All**.

Note: Easy Dental requires you to set up at least one user with Password Administration rights. Easy Dental will not allow the user to exit this screen until at least one user is given Password Administration rights. Assign the user a password that will not be forgotten! It is recommended that the password for the Password Administrator be written down and placed in a secure location.

6. Repeat for All Users

When the rights are setup for the selected user, select the next user. You will be prompted to save the changes.

Note: If different users will have the same security options selected, you may save time by clicking the Copy Rights button. This allows you to select a user that has already had the security options selected and copy the selections to the current user.

7. Choose OK

You will be prompted to save the changes for the selected users before exiting the Setup Users dialog.

Note: When changes are saved for a user, you will be warned if a password was not assigned.

Dunning Messages

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

Viewing or Editing Dunning Messages

To view or edit dunning messages:

1. Click Practice Setup | Dunning Messages

From the Reports module, click the **Practice Setup** button and then choose **Dunning Messages**. The Dunning Messages dialog is displayed.

2. Click Aging Period

To view the message for each aging time period, click the radio button next to each.

3. Edit Message

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

4. Click OK

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

Standard Dunning Messages

The following are the standard dunning messages:

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

Insurance Dunning Messages

The following are the insurance dunning messages:

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

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

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

EasyMobile Setup

Easy Dental can export specific data to a handheld device. This will aid dentists in making after-hours dental/practice decisions and treatment (scheduling appointments, writing prescriptions, calling difficult cases.) To setup preferences for each Provider and Staff member, complete the following steps:

1. Choose Practice Setup | EasyMobile Setup

From Reports, choose **Practice Setup**, then **EasyMobile Setup**. The EasyMobile Setup dialog appears.

2. Select EasyMobile User

Click the search button to select the user for whom you are setting up preferences. Each user may have customized preferences setup for use with their handheld.

3. Select Provider(s)

Highlight the desired providers. The selected providers will determine what data is used for the sync. Check **All Providers** to include all primary and secondary providers.

4. Select Sync Options

Data must be purged from the handheld to avoid memory overload. You may select the amount of time to wait before purging specific data. Next to each option, click the down arrow and select the amount of time you want to wait to purge the information on your handheld. You may select 1 to 4 weeks.

5. Select Data Types

You have the following data types:

- **Appointments:** Click the down arrow and select the number of working days you want to download to the hand-held. The maximum number is three. Days when the office is closed will not be included. Enter the number of days, weeks, months, or years to include.
- **Rx History for All Patients:** Check this option to include a prescription history for all patients (regardless of appointments). Enter the number of days, weeks, months, or years to include.
- **Referred To Doctor List:** All Referred To providers in Easy Dental will be downloaded when this option is marked.
- **Patient List:** Check this option to download a patient list according to the filters and data selected. Click the **Data** button to open the Patient List Details dialog. Available data fields are listed in the left column. To add a data field to the Export Fields list, highlight it and click the > button. To remove a field, highlight it and click the < button. Click >> to move all fields to the right or << to move all fields to the left column.
- Highlight the primary provider(s) whose patients you want to download. Check which patient status you want to include (Patient and Inactive/Non Patient). Click **OK** to return to the EasyMobile Setup window. A message appears stating approximately how much memory is required on your hand-held device to download this data. If the memory on your device is sufficient, click **OK**. If this amount exceeds the memory on your device, click **Cancel** to return to the Patient List Details dialog to adjust your selections.
- Once you have returned to the EasyMobile Setup window, select how often you want to update the Patient List (one-four weeks).

6. Apply Settings to All EasyMobile Users (Optional)

To save these settings for all EasyMobile Users, mark this option. If you want to setup different preferences for a different user, select a different user at the top. A message appears asking if you want to save your changes. Click the **Yes** button.

7. Click OK

Click the **OK** button to save your changes and return to the Reports module.

Payment Plan Setup

See the *Working with Payment Plans* section in the *Accounts* chapter for information on how to setup default Payment Plans.

Survey Setup

The Patient Survey is designed to replace the new patient forms, health history update and other forms used in your office to collect information from patients. The Patient Survey allows you to create a custom set of questions that can be printed. Once the patient completes the survey, the answers can be entered into Easy Dental and stored as an electronic copy of the information. For those offices moving toward the “paperless office,” the patient survey is a way to computerize information that otherwise would be stored in a paper chart. Best of all, when the information needs to be reviewed for accuracy, a new copy with the previous answers can be generated—the patient only has to modify those items that have changed since the last visit.

Creating A Survey

To create a survey:

1. Choose Practice Setup | Survey Setup

From Reports, choose **Practice Setup** then **Survey Setup**. The Survey Setup dialog appears.

2. Click the New Button

Click the **New** button. The Text/Question for Questionnaire dialog appears.

3. Type Text

Questions and statements can appear on the Patient Survey. Questions ask the patient to provide information. Statements provide the patient with information (such as instructions for completing the form, etc.). Statements will be displayed and printed but a response will not be entered for these items.

Type the text for a statement or question as you want it to appear on the Patient Survey form. Remember to include appropriate capitalization and punctuation.

4. Mark a Statement/Question Type

Mark the appropriate text type by choosing one of the following:

- **Display Text Only:** Use for statements.
- **Note/Explanation:** Use with questions that require a note or explanation.
- **Number/Amount:** Use with questions that require a number be used in the answer.
- **Yes/No:** Use with questions that will be answered either yes or no.
- **Date:** Use with questions that will be answered with a date.

5. Click OK

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

6. Repeat for the Next Statement/Question

Repeat steps 2: 5 for any other statements or questions that need to be added to your questionnaire.

7. Click OK

When you are finished setting up the questionnaire, click the **OK** button to exit the Patient Survey Setup.

Setting the Order of Survey Questions

You can arrange the order of statement/questions for your questionnaire. Highlight a statement/question to be moved, then click the **Move Up** or **Move Down** button. The statement/question will be moved one line in the desired direction. Repeat as many times as necessary to position the statement/question in the appropriate location.

Editing a Statement or Question

To edit a statement or question:

1. Select the Statement/Question to be Edited

Highlight the statement or question to be changed.

2. Click Edit

Click the **Edit** button. The Statement/Question for Questionnaire dialog appears.

3. Make Changes and Click OK

Edit the statement or question and then click the **OK** button to save your changes.

4. Click OK

When you are finished making changes to the questionnaire, click the **OK** button to exit the Patient Questionnaire Setup.

Note: If you need to change the type of statement or question (For example: from a Note/Explanation to a Date), you should delete the statement/question and re-enter it.

Deleting a Statement or Question

To delete a statement or question:

1. Select the Statement/Question to be Deleted

Highlight the statement or question to be deleted.

2. Click Delete

Click the **Delete** button. A warning message appears. If you want to delete the statement or question, click the **Yes** button. Click the **No** button to cancel the deletion.

Note: If the statement or question has been assigned to a patient, a warning cautions that if you delete the statement/question the patient responses will also be deleted. If you continue with the deletion, all information pertaining to this question will be removed from all patient questionnaires that have been entered.

3. Click OK

Click the **OK** button to exit the Patient Questionnaire Setup.

Prescriptions Setup

To setup prescriptions to use in the Rx Writer, complete the following tasks:

- **Add Prescription Types:** These are your default prescription settings.
- **Set up your printer for Prescriptions:** Select a printer for printing prescriptions and customize printer defaults.

Adding a Prescription Type

To add a prescription type:

1. Choose Practice Setup | Prescription Setup

From Reports, click **Practice Setup** then choose **Prescription Setup**. The Prescription Setup dialog appears.

2. Click New

Click the **New** button. The New Standard Prescription dialog appears.

3. Type a Description

Type a description for the prescription. You may enter up to 50 characters. The Description does not print on the Patient Prescription form.

4. Type a Drug Name

Type the drug information. This prints on the prescription form. You may enter up to 50 characters.

5. Type the Dosage Interval and Instructions

Type the dosage interval and any instructions that should print on the prescription form in the **SIG** box.

6. Enter the Disp Number

Enter the number/amount of the medication to dispense in the **Disp** box.

7. Enter the Number of Refills

If the prescription may be refilled, enter the number of times to refill in the **Refills** box.

8. Mark Drug Substitution Options

Mark **Dispense as Written** if the pharmacy should only use the drug named on the prescription. Mark **Generic Substitution Permitted** if the pharmacy may fill the prescription with a generic version of the medication.

9. Type Notes

If you desire to give the patient instructions regarding the prescribed medication, type these instructions in the notes field. The notes will print below the prescription form.

10. Click OK

Click the **OK** button to return to the Prescriptions Setup dialog. Repeat steps 2: 10 for any other prescriptions to be set up.

Editing a Prescription Type

To edit a prescriptions type:

1. Choose Practice Setup | Prescription Setup

From Reports, click **Practice Setup** then choose **Prescription Setup**. The Prescription Setup dialog appears.

2. Click Edit

Select the prescription you want to edit. Click the **Edit** button.

3. Make Modifications

Make any changes to the default prescription.

4. Click OK

Click the **OK** button to return to the Prescriptions Setup dialog.

Deleting a Prescription Type

To delete a prescription type:

1. Choose Practice Setup | Prescription Setup

From Reports, click **Practice Setup** then choose **Prescription Setup**. The Prescription Setup dialog appears.

2. Select Prescription

Highlight the Prescription you want to delete.

3. Click Delete

Click the **Delete** button. A warning dialog appears. Click the **Yes** button to delete the prescription.

Note: Prescription Types that have been assigned to patients cannot be deleted.

Setting Up a Printer for Prescriptions

To set up a printer for your prescriptions, complete the following steps:

1. Choose Practice Setup | Prescription Setup

From Reports, click **Practice Setup** then choose **Prescription Setup**. The Prescription Setup dialog appears.

2. Click Print Setup

Click the **Print Setup** button. The Printer Setup dialog appears.

3. Select a Printer

Select the printer you want to use to print prescriptions.

4. Select Prescription Form

If your state requires a specific format for prescriptions, click the down arrow next to the **Form** field and choose the correct form.

5. Check Using Preprinted Paper (Optional)

If you will be using preprinted paper when creating prescriptions, check the Using preprinted paper option.

6. Check Print Number for "Disp" as a Word (Optional)

If you need to list the number/amount of the medication to dispense as a word, check the **Print number for "Disp" as a word** option. (Example: "four" instead of "4")

7. Check Disable Printing (Optional)

If you will be using the Prescriptions module to record prescription information but will not be printing prescriptions, check the **Disable Printing** option.

8. Click OK

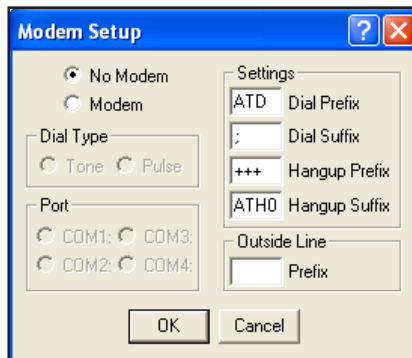
Click **OK** to save your printer setup and return to the Prescription Setup dialog. Click **Close** to return to the Reports module.

Modem Setup

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

1. Click Practice Setup | Modem Setup

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



2. Choose Modem

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

3. Select Dial Type

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

4. Select Communication Port

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

5. Enter Long Distance Code

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

6. Enter Outside Line Prefix

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

7. Click OK

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

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

Using a Modem with Easy Dental

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

Network Setup

1. Choose Practice Setup | Network Setup

From Reports, click **Practice Setup** then choose **Network Setup**. The Network Setup dialog appears.

Note: The Station Number is assigned by Easy Dental automatically during the installation on each computer and cannot be edited. Each terminal should have a unique station number.

2. Update Speed

The **Update Speed** represents how often Easy Dental does a screen refresh in the Schedule (in seconds). Fifteen is the recommended speed.

3. Click OK

Click the **OK** button to save your changes and return to Reports.

Preferences

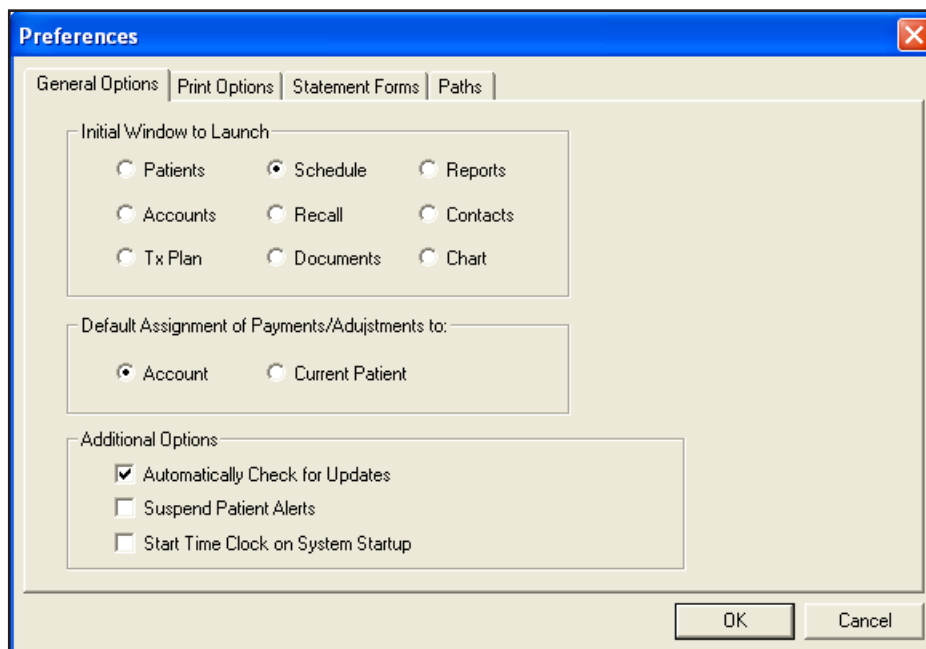
The Preferences dialog allows you to select which module you want to open when Easy Dental is first launched. You will also want to specify whether you want to have payments and adjustments default to the Guarantor or Current Patient. (For more information on applying payments and adjustments, see the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

1. Click Maintenance

From the Reports toolbar, click the **Maintenance** button.

2. Choose Preferences

From the Maintenance menu, choose **Preferences**. The Preferences window appears.



The following sections will explain how to select the initial module to launch and select the payment/adjustment default.

General Options

The General Options tab in Preferences allows you to select the initial module to launch, select the default for payments and adjustments, suspend Patient Alerts if necessary, and set Easy Checkout options. These defaults can be selected for each computer. The following options are available on the General tab:

- **Select Initial Window to Launch:** Mark the module you want to launch first when Easy Dental is opened: **Patients**, **Accounts**, **Tx Plan**, **Schedule**, **Recall**, **Documents**, **Reports**, **Contacts**, or **Chart**.
- **Select Payment/Adjustment Default:** Select **Account** or **Current Patient** as the default assignment of payments and adjustments.
- **Check Suspend Patient Alerts (Optional):** Place a check mark next to this option to prevent any Patient Alerts from automatically appearing on this computer.
- **Start Time Clock on System Startup:** You may check this option to have the Time Clock module open when the computer system is starting up.

3. Click OK

Click the **OK** button to save the settings.

Print Options

When you choose the Print Options tab, you can set general printing options that will affect reports printed from Easy Dental. These settings will not affect letters since they are printed from Microsoft Word. The following options are available on the Print Options tab:

- **Left and Top Offset:** Enter the left and top offset amounts, in inches, to adjust the alignment of printed insurance claims. The Left Offset is intended for use with laser printing variations and affects all billing statement and insurance claim formats. A negative (-) can be entered to subtract from the margin, if necessary.
- **Statement Count:** If you want to send Billing Statements in batches, enter the number of statements you want to send at one time in the Statement Count box.
- **Use ADA Codes in Descriptions:** If you want ADA codes to appear with their descriptions, place a check mark in this box.
- **International Tooth Numbering:** If you want to switch to international tooth numbering, place a check in this box.
- **Provider ID column for Statements:** Check this box to print the provider ID next to each transaction description on Walkout and Billing Statements.
- **No Insurance Flag(*) on Statements:** Check this box to remove the *Indicates this procedure has been billed to Insurance message on the bottom of Billing Statements.
- **Verify Billing Statements to Send:** If you would like to preview Billing Statements before printing or sending electronically, mark the Verify Billing Statements to Send option.
- **Use Avery 5160 Mailing Labels:** By default, Easy Dental uses the Avery 5351 (three columns, eleven rows) label format when printing label reports. Check this box to use an Avery 5160 (three column, ten rows) label format when printing labels.
- **Mailing Labels:** Skip patients who have requested no correspondence: Check this box to skip patients who have “No Correspondence” checked in the Patients module.
- **Sort Claim by ID:** Check this box to print procedures on insurance claims in the order the procedures were posted.
- **Sort Pre-treatment by ID:** Check this box to print procedures on pre-estimate claims in the order the procedures were posted.
- **Print Provider Balances for Aging Report:** Check this box to add a provider balance total for each provider on your Aging Report. If desired, check **Include Accounts with 0.00 Balance**.

3. Click OK

Click the **OK** button to save the settings.

Statement Forms

All billing statements that are available from Easy Dental are listed. To change the description of an available form, highlight it, then edit the name in the Descriptive Name box then click Change to rename the form. The Enable/Disable check box allows you to make any form unavailable for selection when choosing a default billing statement. A check mark indicates that the form is enabled and appears in the Practice Defaults dialog. The **To Top** button will move the selected form to the top of the list. Click the **OK** button to save the settings.

Paths

When you choose the Paths tab, you can set the Database path and the Letter Templates path and any other paths Easy Dental may be using. If the location of these files have changed, change the paths here.

To change a path, click the **Browse** button and locate the correct directory. If any paths are changed, you will need to restart Easy Dental. Click the **OK** button to save the settings.

Selecting the Initial Window to Launch

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

1. Mark Initial Window to Launch

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

2. Click OK

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

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

Payment and Adjustment Default

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

1. Mark Guarantor or Current Patient

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

2. Click OK

Click the **OK** button to exit and save your changes.

System Maintenance

The Easy Dental system maintenance feature is used:

- To initially set up the system for your practice
- To maintain various reference files in the database

This section covers the following maintenance topics:

- Fee Schedules
- Report Fonts
- Purge Exported Files
- Standard Coverage Tables
- Employer Maintenance
- Insurance Maintenance
- Purge Dental Insurance Benefits Used

Fee Schedules

This option allows you to make alterations to an entire fee schedule, or specific segments of the fee schedule, without having to manually enter each amount in the Procedure Code Editor.

1. Click Maintenance and Choose Fee Schedules

From the Reports module, click the **Maintenance** button and choose **Fee Schedules**. The Automatic Fee Schedule Changes dialog appears.

2. Select Fee Schedule

Select the Fee Schedule you want to change, by clicking the search button next to the **Select Fee Schedule** box.

3. Select Procedure Code Range (Optional)

If desired, select the procedure codes you want to change, using the search buttons next to the **From** and **To** boxes.

4. Select Operation

Choose the way you want to change the fee schedule.

- Select the **Copy Fee Schedule To** option.
 - Click on the search button to the right of that option.
 - Select the Fee Schedule name you want to copy this fee schedule to.
- Click on the **Clear Fee Schedule** button to make each amount in the fee schedule \$0.
- Select the **Change Fee Schedule** option.
 - Click on the **Increase By** or **Decrease By** radio buttons. You can Increase or Decrease the fees in the range you've selected by dollar amounts or percentages.
 - Choose the appropriate **Round To** radio button. You can choose to round the percentages you select to the nearest dollar, dime or penny.

5. Make Changes (Optional)

The new fees will be displayed. You may edit the individual fee by double-clicking on the fee. Enter the correct fee and then press the Enter key on the keyboard or click the green check mark.

6. Accept or Reject

Click the **Accept** button to save the new fee schedule. Or, click the **Reject** button to return the fee schedule to its original fees.

Report Fonts

You can change the fonts used in reports and statements. You have control over most aspects of the reports, including what font, size, and style to use for headers, footers, subheaders, body, etc. This feature can help you maintain a particular style or image for your practice.

The number of fonts available for selection is dependent upon the number of TrueType and resident printer fonts installed on your system.

You can also control the style and the size in which the font is printed. For example, you can specify that a font print bold, italic, or bold italic. You can also specify the size of the font, from 8 points to 72 points.

Note: Easy Dental reports are formatted carefully to fit to a specific page size and dimension. Changing the font, size or style may alter the layout of the report and produce undesirable results.

To Change Report Fonts:

1. Click Maintenance then Report Fonts

From Reports, click the **Maintenance** button and choose **Report Fonts**.

2. Select Report Font to Change

Click the down arrow in the **Easy Dental Report Fonts** box. A list of font styles appear. Click on the Style you want to edit.

3. Click the Change Fonts Button

Click the **Change Font** button. The Fonts dialog appears.

4. Change Font, Style, and Size

Highlight the desired font, style, and size in the appropriate columns.

5. Click OK

Click the **OK** button to return to the Report Fonts dialog. If the displayed sample is satisfactory, click the **OK** button. Repeat for any other font styles. Any report printed from this point on will reflect your changes.

Note: To return fonts to the Easy Dental default settings. Select the desired font style and then click the Default Font button.

Purge Exported Files

The Purge Exported Files utility enables you to delete information that was exported, such as data from letters and reports that were selected to 'Print to File'.

1. Select Maintenance | Purge Exported Files

Choose the **Maintenance** button, then **Purge Exported Files**. The Purge Exported Files dialog appears.

2. Select Information to be Purged

Check **Purge data files for Letters/Quick Letters** to delete any .out files (data) created during letter merges and stored in the Exports directory. Check **Purge exported text and log files (from reports and utilities)** to delete data in .txt and .log forms in the Exports directory. Reports that were selected to 'Print to File' are stored as .txt files. Logs from utilities that were run with Easy Dental Support are saved as .log files.

Note: The default location of the Exports directory is C:\Program Files\EZDental\Doc\Exports.

3. Click OK

Click the **OK** button to purge the selected data. Click **Cancel** to exit this dialog without deleting anything.

Standard Coverage Tables

The Standard Insurance Coverage Tables are made available to be copied for insurance plans in the Patients window. The first standard coverage table is automatically given to each new insurance plan as the default. The insurance coverage table is used to estimate the portion of charges the insurance company will pay.

To Edit a Standard Coverage Table:

1. Choose Maintenance | Coverage Tables

Choose the **Maintenance** button, then **Coverage Tables**. The Standard Insurance Coverage Tables dialog appears. Easy Dental includes five standard coverage tables:

- 1.Default Coverage Table
- 2.All Procedures (Cap Plan)
- 3.ADA Categories (12)
- 4.Basic, Major, Ortho, Adj Gen
- 5.ADA Sub Categories (68)

2. Choose Coverage Table | Edit

From this list box you can select any one of the five standard coverage tables in the Easy Dental system. Click on the **Edit** button. The Insurance Coverage Table dialog for the coverage table you selected appears.

3. Edit Coverage Table

See the *Patients* chapter for information on editing the Coverage Table.

4. Select OK

Select **OK** when you have finished editing the coverage Table. Click on **Close** in the Standard Insurance Coverage Table dialog to return to the main Reports window.

Employer Maintenance

The Employer Maintenance feature makes it easy to add, edit, join, and purge employers from a central location in the Reports module. To make the process of assigning an employer easy, Easy Dental compiles a database of employers. As a result, you only need to enter the employer information once. After the employer information has been entered either in the Patients module or through Reports, you can then select the employer for a patient in the Patients module.

The Employer Maintenance screen in Reports gives you the ability to manage employer information from a central location. This is also helpful in preventing duplicate employers from being entered. (For information on assigning employers to patients, see the *Patients* chapter.) This section will detail how to add, edit, and delete employers.

Adding an Employer

To Add an Employer:

1. Click Maintenance | Employer Maintenance

From Reports, click the **Maintenance** button then choose **Employer Maintenance** from the menu. The Employer Maintenance dialog appears.

2. Click New

Click the **New** button. The Employer Information dialog appears.

3. Enter Employer Information

Enter the employer's name, address, and phone number in the appropriate fields.

4. Click OK

Click the **OK** button when finished. The Employer will now be listed in the Employer Maintenance window.

Editing an Employer

To Edit an Employer:

1. Click Maintenance | Employer Maintenance

From Reports, click the **Maintenance** button then choose **Employer Maintenance** from the menu. The Employer Maintenance dialog appears.

2. Select Employer

Type the first few letters of the employer's name in the **Enter Employer Name** field. Easy Dental will automatically match the letters you type with existing employers. Select the appropriate employer by clicking on the name to highlight it.

3. Click Edit

Click the **Edit** button to open the Employer Information dialog.

4. Edit Information

Edit the necessary information then click **OK**. A message appears stating that these changes will affect all patients to which this employer is assigned. To save your changes, click **OK**. To exit without saving your changes, click **Cancel**.

Joining Employers

To Join Employers:

Joining employers will merge two employers into one. All employees from the Source Employer will be moved to the Destination Employer selected.

1. Close Easy Dental

Make sure that Easy Dental is closed on all workstations, except the workstation that you are working on.

2. Click Maintenance | Employer Maintenance

From Reports, click the **Maintenance** button then choose **Employer Maintenance** from the menu. The Employer Maintenance dialog appears.

3. Click Join Employers

Click the **Join Employers** button. The Join Employers dialog appears.

4. Select Source Employer

Click the search button next to **Source Employer**. Select the employer that you want to merge. Click **OK**.

5. Select Destination Employer

Click the search button next to **Destination Employer**. Select the employer that the Source Employer should be changed to. Click **OK**.

6. Click Join

Click the **Join** button after you have selected the appropriate source and destination employers. A message appears stating that all employees from the source employer will be moved to the destination employer. Click **Yes** to continue or **No** to cancel.

A message appears stating that the employers have been successfully joined. If no patients were assigned to the source employer, a message appears stating such. Click **OK**.

Purging Employers

To Purge Employers:

1. Click Maintenance | Employer Maintenance

From Reports, click the **Maintenance** button then choose **Employer Maintenance** from the menu. The Employer Maintenance dialog appears.

2. Click Purge

Click the **Purge** button. The Purge Employers dialog appears. All employers that are not attached to any patients will be listed.

3. Delete Employer(s)

If you want to delete all employers listed, click **Delete All**. If you only want to delete a selected employer, highlight the desired employer and click **Delete**.

Note: If an employer you want to delete is not listed in the Purge Employer dialog, it is attached to a patient. The employer must be cleared from the patient's file in the Patients module before it can be deleted. To find the patient, print the Employer List for that employer (in Reports click Reference Reports | Employer List and check Include Employees).

4. Click Close

Click the **Close** button when finished.

Insurance Maintenance

The Insurance Maintenance feature enables you to add, edit, join, purge, and enter coverage and payment table information for dental insurance plans. To make the process of assigning insurance easier, Easy Dental compiles a database of insurance companies as they are entered. As a result, you only need to enter the insurance information once either through Patients or through Insurance Maintenance in Reports.

The Insurance Maintenance screen in Reports gives you the ability to manage insurance information from a central location. This is also helpful in preventing duplicate plans from being entered. For information on assigning insurance to patients, see the *Patients* chapter. This section will detail how to add, edit, and delete insurance carriers as well as change coverage information using the Insurance Maintenance feature.

Adding an Insurance Carrier

To Add an Insurance Carrier:

1. Click Maintenance | Insurance Maintenance

From Reports, click the **Maintenance** button. Select **Insurance Maintenance** from the menu. The Insurance Maintenance dialog appears.

Note: To make certain that the insurance company has not been previously entered, type the first few letters of the Carrier name in the Enter Carrier Name field. Easy Dental will automatically match the letters you type with existing plans.

2. Click New

Click the **New** button. The Insurance Information dialog appears.

3. Enter Carrier and Group Plan Names

Enter the carrier name and group plan name. If you do not have a group plan name, enter the employer name as the group plan name. This will assist you later on when you are assigning previously entered insurance carriers to patients.

4. Select Employer

Click the search arrow button to select an employer for this insurance plan. This will link the insurance plan with the selected employer so that when entering patients with this employer in Patients, you may search by employer for the correct insurance plan.

5. Enter Address, Phone Number and Contact Name

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

6. Enter Group Number

Enter the **Group Number** for this plan. If the plan is a Union plan, enter the **Local number**.

7. Modify Last Update and Benefit Renewal

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

8. Select Claim Format

Click the down arrow next to **Claim Format** to select the desired format that should be used when printing claims for this carrier.

9. Choose an Alt Code (Optional)

The **Alt Code** text box will default to the ADA procedure codes. To use a different code system when printing insurance claims for this carrier, select the **Alternate Code** search button and the Select Alt Code dialog will display the available alternate code selections.

10. Attach a Fee Schedule

You may attach a fee schedule to this insurance carrier using the **Fee Schedule** box. If a fee schedule is attached to the insurance carrier it will be used instead of the fee schedule attached to the patient's primary provider. However if a fee schedule is selected for the patient, that fee schedule will be used instead of the one attached to the insurance carrier.

11. Enter Payer ID Information

The **Payer ID** relates to eTrans for Easy Dental. If you are an eTrans subscriber, enter the Payer ID manually or click the search button and select the Payer ID from the list.

12. Provider ID Setup

Click the **Provider ID Setup** button to specify a certain insurance ID for a provider. (For more information on how to setup multiple IDs for a provider, see the *Provider ID Setup* subsection of *Practice Information* in the *Practice Resource Setup* section of this chapter.)

13. Enter National Plan ID

The **National Plan ID** relates to eTrans for Easy Dental. If you are an eTrans subscriber, enter a National Plan ID for this carrier if necessary.

14. Select Source of Payment

The **Source of Payment** relates to eTrans for Easy Dental. If you are an eTrans subscriber, click the down arrow and select the appropriate Source of Payment for this carrier.

15. Replace Initial Character

If this insurance company requires the ADA CDT-4 or new CDT-5 codes, and you have not converted all of your codes to this format, check this box and enter the appropriate letter that will replace the initial character of each procedure code on printed claims.

16. Mark Do Not Print Dental Diagnostic Codes on Claims

If you do not want to include dental diagnostic codes on the insurance claims for this carrier, mark this option.

17. Do Not Include Group Plan Name

To exclude the Group Plan name from printing on the claim or from sending electronically, mark this option.

18. Mark Do Not Bill to Dental Insurance

Mark this option to prevent any batch insurance claims from being created for this carrier and to exclude the procedures from showing on the “Procedures Not Attached to Insurance” report. (For more information see *Batch Insurance Claims* and *Account Reports* in this chapter.)

19. Click OK

Click the **OK** button to exit and save your changes. If you want to exit without saving any changes, click the **Cancel** button. You will return to the Insurance Maintenance window.

Changing Insurance Carrier Information

To Change Insurance Carrier Information:

1. Click Maintenance | Insurance Maintenance

From Reports, click the **Maintenance** button then select **Insurance Maintenance** from the menu. The Insurance Maintenance dialog appears.

2. Select Carrier

To search for a carrier by name, type the Carrier name in the **Enter Carrier Name** field. You may also search for a carrier by Employer, Group Plan, Group Number, Local Number, or Address. Mark the desired option and begin typing the associated characters in the **Enter** field. Matches for the letters you entered appears in the list box. Click on the desired carrier to highlight it.

3. Click Ins Data

Click the **Ins Data** button. The Insurance Information dialog appears.

4. Edit Information

Edit the necessary information contained in this dialog.

5. Click OK

Click the **OK** button. A message appears asking if you want to Change Plan for All or Add As New Plan.

- Select **Change Plan for All** if you want any change to the existing insurance plan information to change that information for ALL other subscribers who have the same insurance plan. These changes will affect all claims in the past as well.
- Choose **Add as New Plan** if you want to copy all of the insurance information for the current subscriber and add the changed insurance plan without changing the original plan.

Click **OK** to return to the Insurance Maintenance screen.

Entering and Editing a Coverage Table

You can easily access insurance coverage table and deductible information by completing the following steps.

1. Click Maintenance | Insurance Maintenance

From Reports, click the **Maintenance** button then select **Insurance Maintenance** from the menu. The Insurance Maintenance dialog appears.

2. Select Carrier

Type the first few letters of the Carrier name in the **Enter Carrier Name** field, and click the search button. Matches for the letters you entered appears in the box below. Click on the desired carrier to highlight it.

3. Click the Coverage Table Button

Click the **Cov Table** button. The Insurance Coverage dialog appears. The carrier and group plan names are placed in the title bar.

For complete information regarding editing the Coverage Table, see *Working with Coverage Tables* in the *Patients* chapter.

Entering and Editing the Payment Table

A Payment Table is used when an insurance carrier always pays the same fee on a procedure regardless of percentage. Easy Dental can automatically update the insurance payment table whenever payments are received from the carrier. This process maintains the accuracy of the table and is used to calculate insurance estimates. You can view and edit payment tables from the Insurance Maintenance screen.

1. Click Maintenance | Insurance Maintenance

From the Reports module, click the **Maintenance** button then select **Insurance Maintenance** from the menu. The Insurance Maintenance dialog appears.

2. Select Carrier

Type the first few letters of the Carrier name in the **Enter Carrier Name** field, and click the search button. Matches for the letters you entered appears in the box below. Click on the desired carrier to highlight it.

3. Click the Payment Table Button

Click the **Pmt Table** button. The Edit Updated Insurance Payment Table appears. The carrier and group plan names are shown at the top of this dialog.

For complete information regarding the Payment Table, see *Using Payment Tables* in the *Patients* chapter.

Joining Insurance Carriers

To move all subscribers from one plan to another, essentially merging plans, complete the following steps:

1. Close Easy Dental

Make sure that Easy Dental is closed on all workstations, except the workstation that you will be working on.

2. Choose Maintenance | Insurance Maintenance

From Reports, choose **Maintenance**, then **Insurance Maintenance**. The Insurance Maintenance dialog appears.

3. Click Join Plans

Click the **Join Plans** button. The Join Plans dialog appears.

4. Select Join Criteria

Mark **Employer-based** to move all subscribers attached to one particular insurance plan linked to a specific employer to another insurance plan that is linked to the same employer. Check **Subscriber's Employer must match Insurance Plan Employer Field** to move only subscribers who are assigned the same employer in the Patients module. Mark **Plan-to-Plan** to join insurance plans regardless of employers.

5. Select Source Insurance Plan

Click the search button next to **Source Insurance Plan** and select the plan that you want to join with another. Click **OK**. The plan's group number, group plan, and linked employer will be listed.

6. Select Destination Insurance Plan

Click the search button next to **Destination Insurance Plan** and select the plan to which you want to merge the source plan. Click **OK**. The plan's group number, group plan, and linked employer will be listed.

7. Click Join

Click the **Join** button to join the two selected plans. A warning message appears stating that all subscribers of the source insurance plan will be changed to the destination insurance plan. Click **Yes** to continue or **No** to cancel. A message appears when the merge is successful. If there are no subscribers (that match the criteria) associated with the source insurance plan, a message appears indicating such.

Purging Insurance Carriers

1. Click Maintenance | Insurance Maintenance

From Reports, click the **Maintenance** button then select **Insurance Maintenance**. The Insurance Maintenance dialog appears.

2. Click Purge

Click the **Purge** button. The Purge Dental Insurance Plans dialog appears listing all plans that are not attached to any patients.

3. Delete Carrier(s)

If you want to delete all carriers listed, click **Delete All**. If you only want to delete a selected carrier, highlight the desired carrier and click **Delete**.

Note: If the carrier you want to delete is not listed in the Purge Insurance dialog, it may be attached to a patient or to an outstanding claim. You must clear that insurance from the patient's file before it can be deleted. To find the patient, print the Insurance Carrier List for that plan (in Reports choose Reference Reports | Insurance Carrier List | check Include All Insured Patients). For more information, see "Duplicate Insurance" in the "Patients" chapter.

4. Click Close

Click the **Close** button when finished.

Purge Dental Insurance Benefits Used

Purge Insurance Benefits Used allows you to selectively zero out insurance coverage benefits used. Complete the following steps to purge used insurance benefits:

1. Choose Maintenance | Purge Dental Insurance Benefits Used

From Reports, choose **Maintenance**, then **Purge Dental Insurance Benefits Used**. The Used Dental Insurance Benefits Purge dialog appears.

2. Select Benefits to Purge

Each insurance plan is based on a twelve month period. Most insurance benefits expire at the end of each calendar year. By selecting the appropriate month, Easy Dental will evaluate each plan and set the benefits to zero if it meets the criteria. To purge the benefits for only one insurance plan, mark Selected Insurance Plan and click the search button to select the desired plan.

3. Click OK

Click **OK** to purge the used insurance benefits and return to the Reports window, or click **Cancel** to return to Reports without purging insurance benefits.

Note: During the Month End update, Easy Dental will automatically purge benefits used for those insurance companies that reset in the next calendar month. If this purge option is done after the 1st of the month, any patients who have already come in during that month, and have that particular month listed as their Benefit Renewal month in the insurance information screen in Patients, will have their Benefits Used reset to zero.

The Batch Processor

If there are reports that have been sent to the Batch Processor for printing, they will be shown in the Batch Processor list box area. The date shown is the date the report was generated. The description identifies the report and the status shows if the report has been printed, displayed, or sent (if a claim was sent electronically).

This section covers the following topics:

- Printing or Displaying Reports from the Batch Processor
- Deleting Reports from the Batch Processor
- Refreshing the List
- Previewing Reports

Printing or Displaying Reports from the Batch Processor

Before any Reports can be printed or displayed, you must select a printer. Click the Practice Setup button on the Reports toolbar and choose Setup Printer. Highlight the printer you want to print to and click OK. (For a list of recommended printers, call Technical Support.) To print or display a report:

1. Select the Report(s) you want to Print or Display

Highlight the report(s) you want to print by pointing to them with the mouse and clicking the left mouse button.

To select multiple reports, hold down the right mouse button. Then, with the right mouse button held down, press the left mouse button on each report that is to be selected.

OR

To select multiple reports, hold the Ctrl key down on the keyboard while clicking the left mouse button on each report you want to print.

Note: If you have selected reports from the list box and want to deselect all of them, click the Refresh button from the toolbar, or just point to a different report and click on it.

2. Click the Print Button

Click the **Print** button. The selected items will be sent to the printer.

OR

Click on the **Preview Reports** button. This will launch the Preview Reports window and will display the report similar to the way it will print. Reports cannot be edited from Preview Reports.

After a report has been displayed, the status column of the Batch Processor will show “Displayed” next to the report. After the report has been printed, the status will show “Printed.”

Deleting Reports from the Batch Processor

1. Select Report(s) to Delete (Optional)

Highlight the report you want to delete by pointing to it with the mouse and clicking the left mouse button.

OR

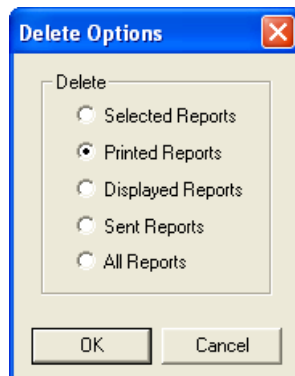
To select multiple reports, hold down the right mouse button. Then, with the right button held down, press the left mouse button on each report that is to be selected.

OR

To select multiple reports, hold the Ctrl key down on the keyboard while clicking the left mouse button on each report you want to delete.

2. Click the Delete Button

Click on the **Delete Report(s)** command button. The Delete Options dialog appears.



3. Choose Delete Option

Click on the radio button next to the Delete Option you desire.

- **Selected Reports:** Deletes all highlighted reports.
- **Printed Reports:** Deletes all reports with a Printed status in the Batch Processor.
- **Displayed Reports:** Deletes all reports with a Displayed status in the Batch Processor.
- **Sent Reports:** Deletes all electronic submissions with a Sent status in the Batch Processor.
- **All Reports:** Deletes all reports, regardless of status.

Refreshing the List

If you are working in a networked environment and someone at a different workstation adds or deletes a report on the list, the Batch Processor may not reflect their changes on your screen until you click the **Refresh** button. It is generally a good practice to use the Refresh feature on any of the Easy Dental modules if you want to make certain you have the most current information.

Previewing Reports

When displaying a report, the display will follow the format of the printed report as closely as possible. If a billing statement or insurance claim is displayed that will print a form, the form will be displayed as well.

Preview Reports allows viewing one or two pages at a time, zooming to different sizes to see more of the overall page or to see more detail, and easy navigation between reports and pages of the current report. Additional reports can be added to a current Preview session. Preview Reports also has the options of printing only one page of a report, a range of pages, an entire report, or all reports selected for a Preview session. A number of copies can also easily be specified when printing from Preview Reports.

CODE DESCRIPTION	ABBREV DESC CODE 3	CODE 4	CODE 5	TIME	TREAT.	INS?
D0120 Periodic oral evaluation	PeriodicX			1	Mouth	
D0140 Limited oral evaluation	LimitedEx			2	Mouth	
D0160 Comp oral eval-new/estab pat	CompEx			1	Mouth	
D0160 Detail/extensive oral eval, B/R	ExtEval			1	Mouth	
D0170 Limited re-evaluation estab pat	ReEval			1	Mouth	
D0180 Comprehensive perio evaluation	CompPerEa			1	Mouth	
D0210 Intraoral-complete series (bw)	FMO			2	Mouth	
D0220 Intraoral-periapical-1st film	PA1st			1	Mouth	
D0220 Intraoral-periapical-echo add'l	PAadd			1	Mouth	
D0240 Intraoral-occlusal film	OcclusalX			1	Mouth	
D0260 Extraoral-first film	Extraor1s			1	Mouth	
D0260 Extraoral-each additional film	Extraor1+			1	Mouth	
D0270 Bitewing-single film	BW1Xray			1	Mouth	
D0272 Bitewings-two films	2BW0X			1	Mouth	
D0274 Bitewings-four films	4BW0X			1	Mouth	
D0277 Vertical bitewings-7 to 8 films	VertBW0X			1	Mouth	
D0290 Skull &facial bone survey film	SurvXray			1	Mouth	
D0310 Sialography	Sialo			1	Mouth	
D0320 TMJ arthrogram, incl injection	TMJarthro			1	Mouth	
D0321 Other TMJ films, by report	OtherTMJD			1	Mouth	
D0322 Tomographic survey	Tomograph			1	Mouth	
D0330 Panoramic film	Pano			1	Mouth	
D0340 Cephalometric film	Cephalo			1	Mouth	
D0350 Oral/Facial Photographic Images	Orallmags			1	Mouth	
D0416 Collection of microorg culture	BactStud			1	Mouth	
D0416 Vral Culture	VHCltr			1	Mouth	
D0421 Genetic test-suscept oral dis	GenetTest			1	Mouth	
D0425 Caries susceptibility tests	CariTest			1	Mouth	
D0431 Adjuv pre-diaq test-detect muc	TestMucA			1	Mouth	
D0460 Pulp vitality tests	PulpVtTe			1	Mouth	
D0470 Diagnostic casts	DiagCasts			1	Mouth	
D0472 Accession of tiss, gr exam/pt	AcTisExam			1	Mouth	
D0473 Acc of tissue, gr mic exam/pt	AcTisOrEx			1	Mouth	
D0474 Acc of tiss-gr mic ex surg mar	AcTisDisG			1	Mouth	
D0475 Decalcification Procedure	DecalcPro			1	Mouth	
D0476 Special stains for microorgs	StainMicro			1	Mouth	
D0477 Special stains-not for microorgs	StainMeth			1	Mouth	
D0478 Immunohistochemical stains	ImmunStn			1	Mouth	
D0479 Tissue in-situ hybrid-inclu int	TissHybrid			1	Mouth	
D0480 Process/interpret ext cyt smear	CytoStain			1	Mouth	
D0481 Electron microscopy-diagnostic	ElecMicro			1	Mouth	
D0482 Direct immunofluorescence	DrImFluor			1	Mouth	
D0483 Indirect immunofluorescence	IndImFluor			1	Mouth	
D0484 Consult on slides prp elsewhere	CnsSlPrEB			1	Mouth	
D0485 Consult inc prep/slides biop mt	CnsPrpSlE			1	Mouth	
D0502 Other oral path procedure, B/R	OrlPath			1	Mouth	

- **To Print from Preview Reports:** Click the **Print Report** button from the toolbar to print the currently displayed report. It will be sent directly to the printer. You may also press the right button of the mouse while pointing at the page to get a menu with a Print Report option. The Easy Dental Print dialog allows a different printer to be selected. There are options to print all scheduled reports for the current print preview session, print the currently displayed report, or select a range of pages for the currently displayed report. The number of copies can also be specified. Make the desired selections and then select **OK** to print.
- **To Save Defaults:** From the **Options** menu, select **Save Defaults on Exit** to save the following when Preview Reports is exited (if the option is checked): the current Zoom % setting, the View One Page or View Two Page setting, and the size and location of the Preview Reports window.
- **To View One Page or to View Two Pages:** Select the appropriate option from the **Options** menu; click on the **Page** button on the toolbar to toggle from one page to two pages or vice-versa; or use the right mouse button to bring up a menu with the **View One Page** and **View Two Pages** option.
- There are several methods to Zoom to a different display percentage:
 - Select **Zoom** from the **Options** menu, then select the desired Zoom %.
 - Click on the up and down arrow keys next to the Zoom % that is displayed on the toolbar.
 - Use the right mouse button while pointing at a page to display a menu with the Zoom option. Click on Zoom, then select the desired Zoom %.
 - A single click with the mouse while pointing at a page will toggle between 100% and the previous Zoom %.
 - Hold down the Shift key on the keyboard while clicking on the page with the left mouse button to increase the Zoom % by one increment each time until the Zoom % is 200. If the Zoom is at 200%, Shift+mouse-click will decrease the Zoom % by one increment each time until the display reaches a Zoom of 60%.
 - Shift+mouse-click will continue with the last increase or decrease direction each time until a different page or report is displayed.
- Select **Default Page Size** from the **Options** menu to display the report at the default Zoom %; or use the right mouse button for a menu to select the Default Page Size option.
- Select **Full Page Size** from the **Options** menu to display the report at 100%; or use the right mouse button for a menu to select the Full Page Size option.

The name of the currently displayed report will be displayed on the toolbar with a drop-down arrow button next to it. Clicking on the drop-down arrow button will display a list of all of the reports that were selected for the Print Preview session. If a different report is selected from the list, it will become the currently displayed report.

Note: If more than 14 reports have been scheduled for Print Preview, a scroll bar will display to the right of the drop-down list, allowing the user to scroll to the desired report.

The toolbar has a Previous Page button and a Next Page button to move backwards or forwards a page. If the first page of a report is displayed when the Previous Page button is selected, the first page of the previous report will display, if there is one. If the last page of a report is displayed when the Next Page button is selected, the first page of the next report will display, if there is one.

To exit or close Preview Reports, select Exit from the File menu; select the Exit button from the toolbar; or click on the X button in the upper right corner of the Preview Reports window.

Reports

Easy Dental provides many practice management reports that can be selectively printed and utilized in meeting the needs of your practice. To send a report to the Batch Processor:

1. Click a Report Category Button

Click a Report Category button.

Note: The parameter settings for each of the reports that are available are explained in the following pages.

2. Choose Report

Click on the report you want to print from that category's drop-down menu. A dialog for the specific report's options will display. An explanation of the options for each report follows. When the report ranges and options have been specified, select OK to send the report to the Batch Processor.

3. Print Report

Follow the steps for how to Print Reports from the *The Batch Processor* section in this chapter.

Note: For any of the Select Patient or Select Guarantor ranges, if <ALL> is changed, the name of the first patient whose name matches the characters that replace the <ALL> will be displayed in the edit box.

This section covers the following report categories:

- Reference Reports
- Patient Lists
- Schedule Reports
- Management Reports
- Account Reports
- Billing Statements

Reference Reports

The following Reference Reports are available. Follow the previous steps for selecting the report, then use the following section to alter any parameters.

Procedure Code List

This report will generate a list of procedure codes. This list will include the procedure code number followed by a description, abbreviated description, alternate procedure codes, the number of time units allotted for each procedure, the treatment area, and whether it can be billed to insurance.

1. Enter Report Date

The report date will default to today's date. This date can be changed if necessary.

2. Enter the Code Range

Enter the range of codes for the procedures that you want to print, or leave at <ALL> to print all procedures. To change the range:

- Choose the top search button to select the starting procedure for the range. Click **OK**.
- Choose the bottom search button to select the ending procedure for the range. Click **OK**.

3. Include Dental Diagnostic Codes

Check this option if you want to include diagnostic codes on the report.

4. Choose OK

Choose **OK** to send the report to the Batch Processor.

Dental Diagnostic Code List

This report will generate a list of dental diagnostic codes that have been entered into the system. The list will include the diagnostic code, description, and treatment area. When this report is selected, a message appears, click **Yes** to send the report to the Batch Processor.

Explosion Code List

This report will generate a list of explosion codes. This list will include the explosion code, description, abbreviated description, the time units allotted, the code type, whether the code is enabled, and the procedure codes contained in the explosion code. To print the list:

1. Enter Report Date

The report date will default to today's date. This date can be changed if necessary.

2. Enter Code Range

Enter the range of explosion codes to print, or leave at <ALL> to print all of the explosion codes. To change the range:

- Choose the top search button to select the starting code for the range. Click **OK**.
- Choose the bottom search button to select the ending code for the range. Click **OK**.

3. Include Dental Diagnostic Codes (Optional)

Mark the option to include dental diagnostic codes on the list, if desired.

4. Choose OK

Choose the **OK** button to send the report to the Batch Processor.

Fee Schedule

This report prints a list of procedure codes and their fees for the selected fee schedule(s). This list will print the procedure code followed by a description and the fee for each selected fee schedule.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter the Procedure Code Range

Enter the range of codes that you want to print, or leave at <ALL> to print all procedures. To change the range:

- Choose the left search button to select the starting procedure for the range. Click **OK**.
- Choose the right search button to select the ending procedure for the range. Click **OK**.

3. Select Fee Schedule Option

Select whether you want to print just one fee schedule or a range of five, beginning with the fee schedule you selected.

4. Select Fee Schedule

Select the Fee Schedule you want to print or the starting fee schedule in the range of five.

5. Click OK

Click the **OK** button to send the Fee Schedule report to the Batch Processor.

Employer List

This report prints a list of all employers including: employer name, address, and phone number. There is also an option to include the employed patients with each employer. This option will display all of the above in addition to the number of employees, employee's name, birthday, chart number, social security number, and family status.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Employer Range

Enter the range of employers that you want to print, or leave at <ALL> to print all employers. To change the range,

- Choose the top search button to select the starting employer for the range. Click **OK**.
- Choose the bottom search button to select the ending employer for the range. Click **OK**.

3. Check Include Employees (Optional)

If you want to list the patients employed by each employer, check the **Include Employees** box. If this option is marked, the name of the report will be changed to Employers and Employed Patients when printed.

4. Choose OK

Choose the **OK** button to send the report to the Batch Processor.

Insurance Carrier List

This report will print the carrier's name, address, phone number, contact, and all related insurance information. There is also an option to include the insured subscribers for each insurance plan, an option to include all insured patients for each plan, and an option to print mailing labels for the insurance carriers.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Carrier Range

Enter the range of insurance carriers that you want to print, or leave at <ALL> to print all carriers. To change the range:

- Choose the top search button to select the starting carrier for the range. Click **OK**.
- Choose the bottom search button to select the ending carrier for the range. Click **OK**.

3. Select List Type

Select the list types you want to print: **Standard List, Include Subscribers** (of each carrier), **Include all Insured Patients**, or **Mailing Labels** of 1 to 3 labels across. You should not check both the standard list and include subscribers options unless you want two different lists: one list will show carriers and the other will show carriers with subscribers.

4. Click OK

Click the **OK** button to send the report to the Batch Processor.

Standard Coverage Tables

This report prints the standard coverage tables that are setup from the Reports module. The report includes the coverage percentage, deductible, co-payment and pre-authorization flag for each range of procedures.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter the Table Range

Enter the range of tables that you want to print, or leave at <ALL> to print all tables. To change the range:

- Choose the top search button to select the starting table for the range. Click **OK**.
- Choose the bottom search button to select the ending table for the range. Click **OK**.

3. Click OK

Click the **OK** button to send the report to the Batch Processor.

Insurance Coverage Tables

This report prints the coverage table that has been setup for each insurance plan.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Carrier Range

Enter the range of insurance carriers that you want to print the coverage table for, or leave at <ALL> to print all insurance carrier's tables.

To change the range:

- Choose the top search button to select the starting carrier for the range. Click **OK**.
- Choose the bottom search button to select the ending carrier for the range. Click **OK**.

3. Click OK

Click the **OK** button to send the report to the Batch Processor.

Updated Ins Pmt Table

This report provides a list of the actual insurance payment for each insurance plan, as recorded in the Payment Table.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Carrier Range

Enter the range of insurance carriers that you want to print tables for, or leave at <ALL> to print all tables. To change the range:

- Choose the top search button to select the starting carrier for the range. Click **OK**.
- Choose the bottom search button to select the ending carrier for the range. Click **OK**.

3. Click OK

Click the **OK** button to send the report to the Batch Processor.

Provider IDs List

This report provides a list of provider IDs by insurance carrier as entered in the Provider ID Setup window.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Enter Provider Range

Enter the range of providers that you want to print IDs for, or leave at <ALL> to print all provider IDs. To change the range:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

2. Enter Carrier Range

Enter the range of insurance carriers that you want to print IDs for, or leave at <ALL> to print all IDs. To change the range:

- Choose the top search button to select the starting carrier for the range. Click **OK**.
- Choose the bottom search button to select the ending carrier for the range. Click **OK**.

3. Click OK

Click the **OK** button to send the report to the Batch Processor.

Note: The following three reports do not have any options. When One is selected, it will send the Report to the Batch Processor after clicking Yes on the dialog.

Practice Organization List

This report prints a list of the Primary Providers, Secondary Providers, and the staff members that have been set up for your practice. The report includes the provider or staff setup information. Secondary providers will be printed after primary providers, followed by the staff members.

Custom Practice Information

This report prints a list of customized information set up in the Definitions option.

Registration Information

This report will list the practice information and serial number of the Easy Dental software.

Blank ADA Form

This option allows you to print a blank 1995, 2000, or 2003 claim form. Select the form you want to print. Check **Save as Default Claim Form** to save your selection for the next time it is printed. Click **Yes** to print the form.

Patient Lists

Click the Patient Lists button to print any of the following seven reports:

Patient List

This report allows you to print a list of the patients in the practice. You may select ranges for provider(s) and billing type(s) to be included. A standard list, a chart number report, patient mailing labels, account only labels, and chart labels are available to print. The Patient List includes the patient's name, address, email address, insurance carrier, phone/fax/mobile numbers, provider, family position, billing type, date of birth, social security number, chart number, driver's license number, gender, and patient status.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Click the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all types. To print only a range of types:

- Choose the left search button to select the starting type for the range. Click **OK**.
- Choose the right search button to select the ending type for the range. Click **OK**.

5. Choose Report Type

Choose the format(s) in which to print the report.

- **Standard List:** Includes detailed information about each patient, such as address, phone number, insurance, gender, status, birth date, chart #, SS#, etc.
- **Chart Number Report:** Lists the patients' name, birth date, SS#, and chart #.
- **Patient Mailing Labels:** Prints the patients' name and address in the number of columns specified.
- **Account Only Labels:** Prints mailing labels for accounts' head of house in the number of columns specified.
- **Chart Labels:** The Abbreviated option will print the patients' name, SS#, DOB, first visit date, chart #, and phone number(s) in a condensed format with the name being the largest in size. The Detailed option will print all of the information listed above as well as gender, address, employer, and insurance information. (Both the Abbreviated and Detailed Chart Labels can only be two columns wide.) The Standard option will print the patients' name, chart #, phone number(s), and address. You may select the number of columns to print for the Standard Chart Labels.

6. Choose OK

Choose **OK** to send the report and to the Batch Processor.

Birthday List

A birthday list for a selected period can be printed with this report. You may select the range of patients and providers to be included, and you may choose to print mailing labels.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Enter Birth Date Ranges

Enter the range of birth dates to print. In the first box enter the month, in the second enter the day, and in the last enter the year (the day and year are optional). For example, to print a report for all patients born in February, enter 2 for the month.

5. Check Mailing Labels (Optional)

If you want to print mailing labels, check the Mailing Labels box. Be sure to select the correct number of columns to print.

6. Sort by Birthdate

Check **Sort by Birthdate** if you want to have the list in order of birth dates. Otherwise, it will sort alphabetically.

7. Choose OK

Choose **OK** to send the report to the Batch Processor.

New Patient List

This list shows any patients who are new to the practice within a selected time period. You may also select the range of patients and providers to be included. You may choose to print mailing and chart labels for this list of patients. The list includes the patient's name, address, and date of first visit.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Enter Date Range

Enter the **First Visit Date** range you want to search for.

5. Choose List Type(s)

Choose the type of list(s) you want to print.

- **Standard List:** Includes information about each new patient, such as name, address, first and last visit date, provider, and status.
- **Chart Labels:** The Abbreviated option will print the patients' name, SS#, DOB, first visit date, chart #, and phone number(s) in a condensed format with the name being the largest in size. The Detailed option will print all of the information listed above as well as sex, address, employer, and insurance information. (Both the Abbreviated and Detailed Chart Labels can only be two columns wide.) The Standard option will print the patients' name, phone number, and address. You may select the number of columns to print for the Standard Chart Labels.
- **Mailing Labels:** Prints the new patients' name and address in the number of columns specified.

6. Sort by First Visit Date (Optional)

If you want to sort the list by the date of the patient's first visit, check this box.

7. Click OK

Click **OK** to send the report to the Batch Processor.

Inactive Patient List

The Inactive Patient List has options to include patients according to: No Recall Date and No Future Appointments, Last Visit Before a certain date, or by Inactive Patient Status. The list includes the patient's name, address, insurance, phone number(s), chart #, provider, status, last visit date, date of birth, social security number, gender, billing type, family position, and last appointment date.

1. Enter the Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Select Inactive Patient Criteria

Enter the search criteria by selecting the types of patients you want to include on the report. More than one option may be selected. A patient will be included on the report if the patient matches at least one of the selected options.

5. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all types. To print only a range of types:

- Choose the top search button to select the starting type for the range. Click **OK**.
- Choose the bottom search button to select the ending type for the range. Click **OK**.

6. Check Mailing Labels (Optional)

If you want to print mailing labels, check the Mailing Labels box. Select the number of columns you want to print.

7. Click OK

Click **OK** to send the report to the Batch Processor.

Archived Patient List

This list shows patients who have been archived within the parameters you select. See Archiving Patients in the Patients chapter for information on how to archive a patient.

1. Enter the Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search key to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all types. To print only a range of types:

- Choose the top search button to select the starting type for the range. Click **OK**.
- Choose the bottom search button to select the ending type for the range. Click **OK**.

5. Select List Type(s)

Standard List: lists detailed information about the archived patient such as address, chart #, last visit date, birth date, SS#, etc.

- Chart Number Report: lists the patients' name, birth date, SS#, and chart number.

6. Click OK

Click **OK** to send the report to the Batch Processor.

Patient Notes Report

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

1. Enter the Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Check Accounts Only (Optional)

If you are printing a range of patients and you want to include only the Head of House for each account, check the **Accounts Only** box.

4. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

5. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all types. To print only a range of types:

- Choose the left search button to select the starting type for the range. Click **OK**.
- Choose the right search button to select the ending type for the range. Click **OK**.

6. Check Note Types

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

- **Appointment Notes:** Check this option to print all notes attached to appointments scheduled within the entered date range.
- **Patient Alerts:** Check this option to print all notes attached to Patient Alerts within the entered date range.
- **Patient Note:** Check this option to print all notes entered in the Patient Note field in the Patients module.
- **Medical Alerts:** Check this option to print all Medical Alerts for the patient.
- **Recall Notes:** Check this option to print the Recall Notes added in the Recall Information screen.
- **Insurance Claim Notes:** Check this option to print all notes entered for insurance claims.
- **Insurance Plan Notes:** Check this option to print all notes attached to the insurance carriers.

- **Future Due Pmt Plan:** Check this option to print all notes attached to Future Due Payment Plans.
- **Account Note:** Check this option to print the Account Notes entered in the Accounts module.
- **Account Statement Note:** Check this option to print the Account Statement Note entered in the Accounts module.

6. Print or Send to Batch

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

Patient Privacy Requests List

The Patient Privacy Requests List references all patients who have requested privacy restrictions in the Patients module. Complete the following steps to print this list:

1. Click Patient Lists | Patient Privacy Requests List

From the Reports module toolbar, click the **Patient Lists** button. Choose **Patient Privacy Requests List** from the menu.

2. Enter Report Date

From the Patient Privacy Requests List dialog, enter or accept the **Report Date**.

3. Select Patient Range

Select the range of patients, or use <ALL> to include all patients. To include only a range of patients:

- Choose the **'From' Select Patient** search button to select the starting patient for the range.
- Choose the **'To' Select Patient** search button to select the ending patient for the range.

4. Enter Consent Date Range

Enter a date range to include only patients with a consent date within the range or leave at <ALL> to include all patients.

5. Select Privacy Requests Types

Check the desired type of privacy requests that you want to include on the list. These include **No phone calls, No correspondence, Disclosure restrictions, and No Privacy Requests**.

6. Select Patient Recall Options

Check **Include Patients without Recall** if you want patients without any recall setup to be included on the list.

- **Recall Due Date:** Enter a date range to include patients with Recall only within that range or leave at <ALL> to include all due dates.
- **Recall Types:** Highlight the desired Recall type(s). Only patients with this recall type within the due date range will be included on the list. Check **All** to include all types.

7. Select Patient Account Options

Highlight the desired billing type(s). Only patients with this billing type will be included on the list. Check **All** to include all types.

- **Include Accounts Only:** Check this box if you want the list to include only heads-of-house.
- **Minimum Balance to Include:** Enter an amount in this box to include on the list only patients that have a balance equal or higher than the amount entered.
- **Last Pmt. Before:** Enter a date in this field if you only want to include patients whose last payment was on or before that date. To include all patients, leave at <CURRENT>.
- **Minimum Days Past Due:** You can choose to include only patients who have payments that are a certain amount past due. To include all patients, leave "over 0" marked.

8. Select Patient Appointment Options

Highlight the desired appointment providers or check **All** to include all providers. Only patients who have appointments with the selected provider(s) within the selected date range will be included.

- **Appointment Date:** Enter the desired appointment date range. Only patients who have appointments within that date range will be included.
- **Include For:** Mark **Scheduled appointments** to include patients who have existing appointments in the Schedule module. Mark **Unscheduled** to include patients who have an appointment on the Unscheduled list.
- **Include Patients with No Future Appointments:** Check this option to include patients that do not have a scheduled or unscheduled appointment.

9. Select Patient Primary Provider

Highlight the desired primary provider(s). Only patients who have the selected provider(s) as their primary provider in the Patients module will be included. Check **All** to include all providers.

10. Include HIPAA Privacy Contact Entries

Check **Include Recent HIPAA Privacy Contact Entries for each patient** if desired. When this option is checked, the report will include the last Contact entry with the HIPAA Privacy type selected for each patient, and all other HIPAA Privacy Contact entries with the same date.

11. Save As Default

Check the **Save As Default** option to save your selections for the next time you print this report.

12. Click OK

Click the **OK** button to send the report to the Batch Processor.

Schedule Reports

Click the **Schedule Reports** button from the toolbar to print any of the following lists:

Daily Appointment List

The Daily Appointment List can generate 3 separate reports.

- The Operatory Appointment List prepares a report of all appointments for the selected range of dates and by the selected providers and operatory ranges. The list includes the appointment date, status, time, patient name, provider and operatory, appointment reason, and appointment duration.
- Patient Route Slips can be printed for all patients scheduled within the date range. The Route Slip provides comprehensive patient, account, and treatment information for the scheduled patient.
- The Daily Appointment List gives the same information as the Operatory List, though in a different format. It also includes the patient phone numbers.

To run the report:

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

3. Select Operatory Range

Select the range of operatories to print, or leave at <ALL> to print all operatories. To print only a range of operatories:

- Choose the left search button to select the starting operatory for the range. Click **OK**.
- Choose the right search button to select the ending operatory for the range. Click **OK**.

4. Enter Appointment Date Range

Edit or accept the **Appointment Date Range**. If you only want to print a list of appointments for one day, enter that day in both boxes.

5. Select Patient

This is only an option if Patient Route Slips is selected. Select a patient to print, or leave at <ALL> to print all patients. To print a route slip for only one patient, choose the Select Patient search button to select a patient.

6. Select Report Type

Select the type of list you want to generate: an appointment list for each operatory, patient route slip, or a condensed daily Appointment list.

7. Click OK

Click the **OK** button to send the report to the Batch Processor.

ASAP List

This list shows patients who have requested an appointment as soon as possible. You may select the providers and appointment date to be covered. This is useful for helping to keep the appointment list full in the event of cancellations. The list includes the patient's name, appointment dates, time and status, provider, appointment reason, duration of appointment, and phone number.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

3. Enter the Appointment Date Range

Enter or accept the appointment date range.

4. Click OK

Click the **OK** button to send the report to the Batch Processor.

Unscheduled Appointment List

This list shows all patients who have broken an appointment or who have asked for a wait/will call appointment with the selected provider(s) during the selected time period. This list is provided to reschedule those patients.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

3. Enter Date Range

Enter the **Unscheduled Appointment Date** range.

4. Click OK

Click **OK** to send the report to the Batch Processor.

Unscheduled Treatment Plans

Patients who have a treatment plan and do not have an appointment scheduled are listed in this report. You may select the provider(s) to be included and whether you want to print a condensed or a detailed report.

Note: Patients who have an appointment scheduled for other work not listed on the report will have an "S" next to their names. This indicates they have an appointment scheduled for other treatment.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Select Date Range

Enter a date range for treatment plan procedures for the report.

5. Choose Report Type

Choose whether to print a detailed or condensed report. The detailed report will list information about the treatment plan and insurance benefits. The condensed report will only list the patients' name, amount of the treatment plan, and the phone number.

6. Click OK

Click **OK** to send the report to the Batch Processor.

Management Reports

There are several management reports to choose from.

Day Sheet (Charges and Receipts)

The Day Sheet includes the transaction date, patient name, tooth number, procedure code and description, charges and payments, billing type, attending provider ID, and patient's phone number. Grand totals, number of new patients, number of patients seen, average production per patient, average charge per procedure, previous accounts receivable, and the net change in the accounts receivable are also included on the report. It displays this data by current, MTD, YTD, and Previous Month calculations.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

3. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click **OK**.
- Choose the right search button to select the ending billing type for the range. Click **OK**.

Note: YTD and Previous Month totals will not print if a "billing type" range is selected.

4. Enter Date Range

Edit or accept the range of dates to print. Choose whether to print by **Entry Date** or by **Procedure Date**. Entry date reflects the system date when the procedure was posted. Procedure date is the date that is manually changed. In most cases these dates will be the same. The Day Sheet will print both dates when the report is printed by Entry Date.

5. Select Totals

If you want to include the MTD and YTD totals, the Extended MTD totals, or the totals for each provider, choose the options you want. Easy Dental will only print the YTD and previous month totals if the report is printed by the entry date.

Note: The Compare to Fee Schedule option will allow a fee schedule to be selected and will add two totals to the Current column on the Day Sheet totals: 1) Compare to Fee number with the Fee Schedule that was selected and 2) the Net Difference. The first total will print the total charges as if each procedure on the Day Sheet were charged at that Fee Schedule. The second total will print the difference between the charges and the Fee Schedule total.

6. Select Daysheet Type

Any of the following reports can be selected (more than one can be chosen), and will print using the ranges and options currently selected from the Day Sheet dialog:

- **Chronological Day Sheet:** Prints a day sheet listing the transactions in the order they were entered. Treatment plan items that were entered before "today" and then set complete will print before items actually entered "today." The advantage of printing a chronological day sheet rather than an alphabetical day sheet is that it will print faster because there is no sorting required.
- **Alphabetical Day Sheet:** Prints a day sheet that is sorted alphabetically by patient name (last name first).
- **Receipts Only Day Sheet:** Prints only payment transactions.

- **Adjustment Only Day Sheet:** Prints only adjustment transactions.
- **Deposit Slip:** Prints only payment transactions, in a format suitable for a bank deposit slip. You may select the payment types you want to include.

7. Save As Default (Optional)

Check the **Save As Default** box if you want to save your settings. All selections will be saved for the next time you print a Day Sheet, except for the dates.

8. Click OK

Click the **OK** button to send the report(s) to the Batch Processor.

Analysis Summary

This report prints the transaction totals that are normally printed at the bottom of a day sheet, by provider or by day for a specified provider range and date range.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

3. Enter Date Range

Edit or accept the range of dates to print. Choose whether to print by **Entry Date** or by **Procedure Date**. Entry date reflects the system date when the procedure was posted. Procedure date is the date that was manually changed for the procedure (in most cases, these dates are the same).

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the top search button to select the starting billing type for the range. Click **OK**.
- Choose the bottom search button to select the ending billing type for the range. Click **OK**.

5. Select Report Types

Daily Summary - this report will print totals for each day in the date range. Each total will be for all providers in the provider range.

- **Provider Summary:** This report will print totals for each provider in the provider range. Each total will include transactions for the provider with a date in the date range.
- **Include MTD/YTD Totals** is an option for the Provider Summary report. If this option is checked MTD, YTD and Previous Month totals will be included for each provider on the report.

6. Select Other Options

If **Include All Totals** is not checked, only Charges, Payments, Adjustments, Finance Charges and Charges Billed to Insurance will print. If this option is checked, the following totals will also print: number of New Patients, number of Patients Seen, Average Production Per Patient, Average Charge Per Procedure, Previous Balance, Balance, and Net Change.

- **Print Condensed Report:** When the selected reports are printed, a full page will print before there is a new page. If this option is not checked, there will be a page break between each report and between each set of totals.

7. Click OK

Click the **OK** button to send the report to the Batch Processor.

Practice Analysis Report

Practice Analysis reports can be printed by provider, billing type, and date range. These reports can be printed directly or sent to the Batch for printing at a later time. The following summary reports are available:

- **Production Summary (by Category checked):** Lists the quantity, total, average, and percent of production for each procedure category (i.e. Diagnostic, Restorative, etc.). It also includes the total production charges and the average charge for all procedures.
- **Production Summary (by Category unchecked):** Lists the quantity, total, average, and percent of production for each individual procedure code. It also includes the total production charges and the average charge for all procedures. This report is generated by unchecking By Category.
- **Payment Summary:** Lists the quantity, total, average, and percent of receivables for each payment type. A grand total is also included.
- **Adjustment Summary:** Lists the quantity, total, average, and percent of adjustments for each adjustment type. Totals for all credit adjustments, debit adjustments, finance charges, and late charges are also included.
- **Patient Summary:** Lists demographic totals for active patients, such as sex, age, and whether they are insured. The report will also list the following for all patients, regardless of status: total number, total families, total number of patients new this month and year, total number of referrals this month and year, and the total number of patients deleted this month and year.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Providers

Select the providers you want to print, or leave the **ALL** box checked to print all providers.

3. Enter Date Range

Edit or accept the range of dates to print. Choose whether to print by **Entry Date** or by **Procedure Date**. Entry date reflects the system date when the procedure was posted. Procedure date is the date that was manually changed for the procedure (in most cases, these dates are the same).

4. Select Billing Type

Select the Billing Types you want to print, or leave the **ALL** box checked to include all Billing Types.

5. Select Report

Select the type of summary report you want.

6. Choose Print or Batch

Choose the **Print** button if you want to print the report now, or choose **Batch** to send it to the Batch Processor. Choose **Cancel** to exit this screen.

Practice Demographic Report

This report prints valuable information on the make-up of your patient base. There are no filters for this report. Simply choose the report from the Management button menu and click **Yes** to send the report to the Batch Processor.

Finance Charge Report

This report lists those who received finance charges according to the parameters you set. The report lists the date of the charge, the account's name, the amount of the charge, the billing type and the account's provider. A total of finance charges is calculated and listed at the bottom of the report.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

3. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click **OK**.
- Choose the right search button to select the ending billing type for the range. Click **OK**.

4. Enter Finance Charge Date Range

Edit or accept the range of dates to print.

5. Choose Sort (Optional)

If you want to alphabetize the report by patient last name, check the **Sort** box.

6. Click OK

Click **OK** to send the report to the Batch Processor.

Late Charge Report

This report lists those who received late charges according to the parameters you set. The report lists the date of the charge, the account's name, the amount of the charge, the billing type and the account's provider. A total of late charges is calculated and listed at the bottom of the report.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

3. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click **OK**.
- Choose the right search button to select the ending billing type for the range. Click **OK**.

4. Enter Late Charge Date Range

Edit or accept the range of dates to print.

5. Choose Sort (Optional)

If you want to alphabetize the report by patient last name, check the **Sort** box.

6. Click OK

Click **OK** to send the report to the Batch Processor.

Referred TO Doctor Report

This report will list the patients of selected providers who have been referred to another practice during the selected time period. The report is organized by doctors (the doctors whose practice you referred your patients to) and includes the doctors' names and addresses. The report also includes the patient's name and referral date.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

3. Enter Referral Date Range

This is the Referred to Date from the Patients window. Edit or accept the range of dates to print.

4. Select Referral Range

Select the range of referrals to print, or leave at <ALL> to print all referrals. To print only a range of referrals:

- Choose the top search button to select the starting referral for the range. Click **OK**.
- Choose the bottom search button to select the ending referral for the range. Click **OK**.

5. Click OK

Click the **OK** button to send the report to the Batch Processor.

Referred BY Doctor or Other Report

This report prints a list of each Referring Doctor/Other who has referred a patient to the practice within the Referring Doctor/Other range, provider range, and date ranges specified. The report will print each referring Doctor/Other's name, address, the total referrals, and the number of listed referrals. For each referring Doctor/Other, a list of referred patients will be included with the patient's name, first visit date, treatment plan total, production total, and account balance.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

3. Enter Referral Date Range

Edit or accept the range of dates to print according to the referred patient's first visit date from the Patients module.

4. Enter Production Date Range

Enter the date range for the total production for each referred patient that prints on the report.

5. Select Referral Range

Select the range of referrals to print, or leave at <ALL> to print all referrals. To print only a range of referrals:

- Choose the top search button to select the starting referral for the range. Click **OK**.
- Choose the bottom search button to select the ending referral for the range. Click **OK**.

6. Click OK

Click **OK** to send the report to the Batch Processor.

Referred BY Patient Report

This report prints a list of each patient who has referred another patient to the practice within the referring patient range, provider range, and date ranges specified. The report will print each referring patient's name, address, the total referrals, and the number of listed referrals. For each referring patient, a list of the patients who have been referred will be included with the referred patient's name, first visit date, treatment plan total, production total, and account balance. There is also an option to print mailing labels.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

3. Enter Referral Date Range

Enter or accept the referral date range.

4. Enter Production Date Range

Enter the date range for the total production for each referred patient on the report.

5. Select Referral Range

Select the range of referrals to print, or leave at <ALL> to print all referrals. To print only a range of referrals:

- Choose the top search button to select the starting referral for the range. Click **OK**.
- Choose the bottom search button to select the ending referral for the range. Click **OK**.

6. Choose Mailing Labels (Optional)

Choose the Mailing Labels box if you want to print mailing labels. Select the number of columns to print on the labels.

7. Click OK

Click the **OK** button to send the report to the Batch Processor.

Account Reports

Click the Account Reports button. You will be presented with eleven different report options to choose from: Family Accounts Report, Patient's History Report, Aging Report, Patient Balance Report, Payment Plan Report, Insurance Aging Report, Secondary Ins. Claims Not Created Report, Procedures Not Attached to Insurance Report, Pre-Treatment Estimate Aging Report, Future Due Payment Plan Report, and the Utilization Report.

Family Accounts Report

This menu command allows you to print reports for family accounts. The report will include the date of treatment, tooth number, description, patient, charges, payments, and a running balance.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click **OK**.
- Choose the right search button to select the ending billing type for the range. Click **OK**.

5. Enter First Transaction Date

Edit or accept the **First Transaction Date**. All transactions up to the first transaction date will be included in a Balance Forward entry. The report will print all transactions from that date forward.

6. Select Report Options

Print Condensed Report allows more than one family Accounts module to be printed on a single page, i.e., it does not page break between families.

- List Individual Patient Balances for Family: Mark this option to include each patient balance within a family.

7. Choose OK

Choose **OK** to send the report to the Batch Processor.

Note: Items placed in history will be labeled with a (), and items dated for history but entered after month end will be labeled with a (^).*

Patient's History Report

This menu command allows you to print reports for individual patient accounts. The report will include the date of treatment, tooth number, description, patient, charges, payments, and a running balance.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click **OK**.
- Choose the right search button to select the ending billing type for the range. Click **OK**.

5. Enter First Transaction Date

Edit or accept the **First Transaction Date**. All transactions up to the first transaction date will be included in a **Balance Forward** entry. The report will print all transactions from that date forward.

6. Select Report Options

Print Condensed Report allows more than one patient's account to be printed on a single page, i.e., it does not page break between patients.

- **Include Guar Payments/Adjustments:** This option will include payments and adjustments posted toward the entire family account.
- **Show Family Balance:** This option will print the total family balance for the account along with the individual patient's balance.
- **List Individual Patient Balances for Family:** This option will print each individual patient's balance within the family.

7. Choose OK

Choose **OK** to send the report to the Batch Processor.

Aging Report

An Aging report can be prepared for selected guarantor(s), provider(s), and billing type(s). Included in the aging report is the guarantor's name, phone, billing type, last payment amount with date, last statement date, agreed payment amount and balances per aging period, insurance estimates, guarantor portion, and the total account balance. The report also provides totals and payments for each account.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Account Range

Select the range of accounts to print, or leave at <ALL> to print all accounts. To print only a range of accounts:

- Choose the top search button to select the starting account for the range. Click **OK**.
- Choose the bottom search button to select the ending account for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the top search button to select the starting billing type for the range. Click **OK**.
- Choose the bottom search button to select the ending billing type for the range. Click **OK**.

5. Enter Minimum Balance to Print

Edit or accept the **Minimum Balance to Print**. If <ALL> is entered, credit balances will also print for the Standard Aging Report. If only debit balances are wanted for the Aging Report, enter “.01” for the minimum balance to print if only accounts with a balance over a certain amount are wanted, enter that amount.

6. Enter Last Payment Before Date

Edit or accept the **Last Payment Before** date. If <CURRENT> is entered (the default), the last payment date for each account will be disregarded. The Last Payment Before Date can be used to exclude accounts that have made a payment recently. For example, if a date for one month ago is entered, any accounts that have a guarantor payment for the last month will be excluded from the aging report. Insurance payments are disregarded.

7. Enter Minimum Days Past Due

To only include accounts with an aged balance over 0, 30, 60, or 90 days, choose the minimum days past due for the aging report. For example, if you only want accounts with a balance over 60 days to print on the aging report, select Over 60. Accounts with a balance aged over 60 days will be the only accounts printed in this example.

8. Select Sort Options

Choose how you want the accounts to sort on the report: by account name, by over 90 to current balance, or by largest to smallest balance.

9. Calculate Aged Balance As Of Date (Optional)

To calculate each aged balance by a certain date, check this option and enter the desired date. If this option is checked, it will take longer to generate the Aging Report since Easy Dental will recalculate each balance as of the date entered.

10. Check Print Account Note (Optional)

If you want to include the first line of the account's note, check the **Print Account Note** box. If this option is selected and there is not an account note attached in the Accounts module, Easy Dental will print the first line of the head-of-house's patient note from the Patients window.

11. Select Report Type (s)

Select the type of report you want to print, a standard aging report and/or a credit balances report. The Credit Balances Report will print accounts with a credit balance and will only use the guarantor, provider and billing type ranges—not the “Others” options.

12. Click OK

Click **OK** to send the report to the Batch Processor.

Note: Accounts are aged during the Month End Update process. If you are not current in closing out months, the Aging report may not be accurate.

Patient Balance Report

Similar to the Aging Report, the Patient Balance Report will print every patient with their family balance and patient balance. (This report includes patients with a \$0.00 balance.)

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click **OK**.
- Choose the right search button to select the ending billing type for the range. Click **OK**.

5. Click OK

Click **OK** to send the report to the Batch Processor.

Payment Plan Report

This report will list accounts with Payment Plans according to the criteria that you select.

1. Enter Report Date

Edit or accept the Report Date.

2. Select Account Range

Select the range of accounts to print, or leave at <ALL> to print all accounts. To print only a range of accounts:

- Choose the top search button to select the starting account for the range. Click **OK**.
- Choose the bottom search button to select the ending account for the range. Click **OK**.

3. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the top search button to select the starting billing type for the range. Click **OK**.
- Choose the bottom search button to select the ending billing type for the range. Click **OK**.

5. Enter Payment Plan Date Range

Enter the date range of payment plans you want to include on the report, or leave at <ALL> to print all accounts with payment plans.

6. Select Payment Plan Interval(s)

Mark the interval(s) you want to include on the report.

7. Select # of Payments Missed

Select the number of payments missed to include on the report. To include all accounts regardless of payments missed, mark the '0 or more' option.

8. Enter Previous Payment Due Date

Enter the previous payment due date for the payment plans, or leave at <ALL> to include all accounts.

9. Enter Balance Remaining Range

Enter a dollar range for the remaining balance of the payment plans, or leave at <ALL> to include all accounts.

10. Enter Remaining # of Payments

Enter a range for the remaining number of payments, or leave at <ALL> to include all accounts.

11. Select Sort Options

Choose whether you want to sort the list by account name, payments missed, remaining number of payments, or amount past due.

12. Print Last PP Note (Optional)

Mark this option to print the last Payment Plan Note for each account on the report.

13. Save As Default (Optional)

Mark this option to save your settings for future Payment Plan Reports.

14. Click OK

Click the **OK** button to send the report to the Batch Processor.

Insurance Aging Report

The report will print each insurance carrier with outstanding claims, including the insurance plan name and group plan name. It will also print the insurance phone number and group number, and will then list each outstanding insurance claim for the insurance carrier. The insurance claim information will include a notation of primary or secondary, the date the claim was sent, the date a tracer was sent, the date the claim was placed on hold, the date the claim was re-sent, any status notes, patient name, patient birthday, subscriber name, subscriber ID number, estimated insurance payment, and the amount billed to insurance. The amount billed to insurance will be placed in the current, 31-60, 61-90, or

> 90 column based on how long ago the claim was sent. The primary and secondary claim amounts will each be totaled and printed with a combined total at the bottom of the report.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

4. Select Insurance Carrier Range

Select the range of insurance carriers to print, or leave at <ALL> to print all carriers. To print only a range of carriers:

- Choose the top search button to select the starting carrier for the range. Click **OK**.
- Choose the bottom search button to select the ending carrier for the range. Click **OK**.

5. Select Minimum Days Past Due

To only include claims that have been sent for at least 30, 60, or 90 days, select the option desired. To include all claims, "Over 0" should be selected.

6. Check Print Status Notes (Optional)

Check this option to print any claim status notes on the report.

7. Click OK

Click **OK** to send the report and to the Batch Processor.

Insurance Claims to Process Report

This report shows all insurance claims that have been created in the Accounts module but not sent to the Batch Processor, printed, or sent through eClaims. This report includes the range of patients, providers, and carriers to be included. The report includes the claim date, type of claim (Primary/Secondary), patient name, insurance company name, claim amount and expiration date. A total of the amounts for Primary Claims and Secondary Claims and a combined total print at the end of the report. To generate the report, complete the following steps:

1. Enter Report Date

From the Insurance Claims to Process Report dialog, enter or accept the report date.

2. Select Patient Range

Select the range of patients or leave <ALL> selected to print the report for all patients. To print the report for only a range of patients:

- Click the **From** search button to select the starting patient for the range.
- Click the **To** search button to select the ending patient for the range.

3. Select Provider Range

Select the range of providers or leave <ALL> selected to print the report for all providers. To print the report for only a range of providers:

- Click the **From** search button to select the starting provider for the range.
- Click the **To** search button to select the ending provider for the range.

4. Select Insurance Carrier Range

Select the range of insurance carriers or leave <ALL> selected to print the report for all carriers. To print the report for only a range of carries:

- Click the **From** search button to select the starting carrier for the range.
- Click the **To** search button to select the ending carrier for the range.

5. Select Date Range

Edit or accept the date range for insurance claims to include on the report. This date range uses the date an insurance claim is created.

6. Click OK

Click the **OK** button to generate the report and send it to the Batch Processor.

Secondary Insurance Claims Not Created Report

This report creates a list of primary insurance claims for patients with secondary insurance claims that have not yet been created. The report includes the primary claim date, patient name, secondary insurance company, claim account, and the date the primary claim expires. It sorts by the expiration date and indicates the total of the claims accounts.

1. Enter the Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

4. Select Insurance Carrier Range

Select the range of insurance carriers to print, or leave at <ALL> to print all carriers. To print only a range of carriers:

- Choose the top search button to select the starting carrier for the range. Click **OK**.
- Choose the bottom search button to select the ending carrier for the range. Click **OK**.

5. Enter Date Ranges

Edit or accept the date range for primary insurance claims to include in the report.

6. Primary Claims Not Received Option

By default, this option is not marked so that any outstanding primary insurance claims will not be included until an insurance payment is received for the primary insurance claim. Check this option if you want all primary claims that have secondary insurance to be included on the report—whether or not a payment has been entered.

7. Choose OK

Choose **OK** to send the report to the Batch Processor.

Note: When Primary Insurance Claims are evaluated for this report, they are only included if the patient has Secondary Insurance in the Patients module at the time the Primary Insurance claim was created, and no secondary insurance claim was created.

Procedures Not Attached to Insurance

The Procedures Not Attached to Insurance Report can save you thousands of dollars a year by showing you insured patients who have had treatment billed without having an insurance claim created. To print this report, complete the following steps:

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

4. Enter Date Range

Easy Dental automatically checks all procedures posted during the last week. To change the date range, enter a beginning date in the **From** field and then enter an ending date in the **To** field.

5. Click OK

Click **OK** to send the report to the Batch Processor.

Pre-Treatment Estimate Aging Report

This report shows when Pre-Treatment estimates were sent to the insurance carriers. You may specify the range of patients, providers, and carriers to be included.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Patient Range

Select the range of patients to print, or leave at <ALL> to print all patients. To print only a range of patients:

- Choose the top search button to select the starting patient for the range. Click **OK**.
- Choose the bottom search button to select the ending patient for the range. Click **OK**.

3. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the top search button to select the starting provider for the range. Click **OK**.
- Choose the bottom search button to select the ending provider for the range. Click **OK**.

4. Select Insurance Carrier Range

Select the range of insurance carriers to print, or leave at <ALL> to print all carriers. To print only a range of carriers:

- Choose the top search button to select the starting carrier from the range. Click **OK**.
- Choose the bottom search button to select the ending carrier from the range. Click **OK**.

5. Select Minimum Days Past Due

To include only pre-treatment estimates that have been sent for the last 30, 60, or 90 days, select the option desired. To include all pre-treatment estimates, over 0 should be selected.

6. Click OK

Click **OK** to send the report to the Batch Processor.

Future Due Payment Plan Report

This report shows payments that can be expected based on established future due payment plans. This report includes the range of accounts, providers, billing types, and date ranges to be included. You can also determine whether this is to be a standard report or a monthly totals report.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Account Range

Select the range of accounts to print, or leave at <ALL> to print all accounts. To print only a range of accounts:

- Choose the top search button to select the starting account for the range. Click **OK**.
- Choose the bottom search button to select the ending account for the range. Click **OK**.

3. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click **OK**.
- Choose the right search button to select the ending billing type for the range. Click **OK**.

5. Select Date Range

Enter the Future Due Payment Plan date range that the report will search within.

6. Select Report Type

Choose to print either a **Standard Payment Plan Report** or a **Monthly Totals Report**. The Standard Payment Plan Report prints information for all payment plans individually. The Monthly Totals Report gives just the grand totals for the months specified.

7. Click OK

Click **OK** to send the report to the Batch Processor.

Utilization Report

This report is designed for use with Managed Care insurance plans. This report shows all procedures completed under selected insurance plans for selected date ranges. In addition, you can monitor co-payments versus the practice's regular fees.

1. Enter Report Date

The report date will default to today's date and may be changed if necessary.

2. Select Insurance Carrier Range

Select the range of insurance carriers to print, or leave at <ALL> to print all carriers. To print only a range of carriers:

- Choose the top search button to select the starting carrier within the range. Click **OK**.
- Choose the bottom search button to select the ending carrier within the range. Click **OK**.

3. Enter Procedure Date Range

Enter the date range for the procedures to include in the report.

4. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Choose the left search button to select the starting billing type for the range. Click **OK**.
- Choose the right search button to select the ending billing type for the range. Click **OK**.

5. Select Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Choose the left search button to select the starting provider for the range. Click **OK**.
- Choose the right search button to select the ending provider for the range. Click **OK**.

6. Select Fee Schedule

Click on the Search arrow next to the Select Fee Schedule box to select which fee schedule you want to compare with each procedure. You should select the fee schedule for your usual fees.

7. Select Compare Options

Select the options with which you would like to compare the Fee Schedule you selected in step 6. You may compare it with the Transaction Amount or with the Co-Pay from the Coverage Table for each procedure.

8. Choose Procedures to Include

Check the radio button next to your preference. Either include all procedures or only those in the coverage table.

9. Select New Page For Each Plan (Optional)

If you want each plan to begin on a new page, check this box.

10. Click OK

Click the **OK** button to send the report to the Batch Processor.

Billing Statements

You can generate and print billing statements from Easy Dental. To generate billing statements:

1. Click the Billing Statements Button

Click the **Billing Statements** button to display the Billing Statements dialog.

2. Enter Statement Date

This date is the cutoff date. All statement calculations are as of this date.

3. Enter Balance Forward Date

The Balance Forward totals all procedures posted before the **Balance Forward Date**. The total Balance Forward amount is printed rather than an itemization of procedures from a previous statement.

4. Select Account Range

Select the range of accounts to print, or leave at <ALL> to print all accounts. To print only a range of accounts:

- Click the top Select Account search button to select the starting account for the range. Click **OK**.
- Click the bottom Select Account search button to select the ending account for the range. Click **OK**.

5. Select Primary Provider Range

Select the range of providers to print, or leave at <ALL> to print all providers. To print only a range of providers:

- Click the left search button to select the starting provider for the range. Click **OK**.
- Click the right search button to select the ending provider for the range. Click **OK**.

6. Select Billing Type Range

Select the range of billing types to print, or leave at <ALL> to print all billing types. To print only a range of billing types:

- Click the left search button to select the starting billing type for the range. Click **OK**.
- Click the right search button to select the ending billing type for the range. Click **OK**.

7. Enter Minimum Balance to Bill

Enter the **Minimum Balance to Bill**. If you enter \$.01, it will print statements for patients who have a balance of at least one cent.

8. Check Include Credit Balances (Optional)

Check the **Include Credit Balances** if you want to print statements for those patients who have a credit balance.

9. Mark Statement Send Options

In the Statements group box, mark one of the following options:

- **Batch:** This sends the statement to the batch processor.
- **Send Electronically:** This submits the statement electronically to QuickBill for distribution. You must first set up an eServices account to use this feature.
- **Print:** This sends the statement to the printer.

10. Mark Sort Transaction By Option

Mark whether you want to sort the transactions on the Billing Statements by **Patient Name** or **Date**.

11. Enter Statement Message

If you want to print a message at the bottom of each statement, such as “Brush and floss regularly,” or “All payments are due on or before the 5th day of the month,” enter that message in the **Statement Message** box.

Note: A customized billing statement note can also be entered for any individual account in the Accounts module.

12. Select Skip Accounts With Claims Pending (Optional)

Choose whether or not you want to skip accounts that have outstanding insurance claims. An amount can be entered to limit the accounts that are skipped according to the estimated patient’s portion for each account. For example, if you want Easy Dental to skip accounts where the patient’s portion is less than \$50, you would change the default of \$20 to \$50 in the edit box provided.

13. Select Include Procs. With Claim Pending (Optional)

If you want the statement to itemize procedures that are attached to pending insurance claims, rather than including them in the balance forward amount, check the Include Procs. With Claim Pending box. The procedures will be printed regardless of the balance forward date, until after the insurance payment for the claim is posted.

14. Select Print Insurance Estimate (Optional)

If you want the statement to print the amount that the insurance company is estimated to pay, check this box.

15. Select Print Agreed Payment (Optional)

By checking this box, the statement includes a box labeled “Please Pay This Amount.” Easy Dental will then print either the agreed payment plan amounts for the account, or if no payment plan has been set up, Easy Dental will print the estimated patient portion of the balance.

16. Select Exclude Outstanding to Insurance (Optional)

This option is only available if the Print Agreed Payment option is selected. The “Please Pay” calculation will ignore any transactions that are still billed to insurance—the option causes the “Please Pay” amount to include only the amounts remaining on claims the insurance has paid.

17. Select Print Practice Information (Optional)

If you are using preprinted forms, and the practice information is not preprinted, check this option to include your practice name and address on the billing statement. If you are using the Full Form/Download Form, this option is grayed/disabled, as the practice information prints automatically.

18. Select Print Account Aging (Optional)

If you want to include an aging summary of the account, check this box. This option is grayed/disabled unless the Full Form/Download Form is selected. The account aging prints on preprinted forms if they are formatted for the allow report aging.

19. Allow Credit Card Payment (Optional)

If you want the statement to include credit card payment options, check this box. This option is grayed/disabled unless the Full Form/Download form has been selected.

20. Select If Not Billed Since (Optional)

This option allows a last statement date to be entered, and defaults to a date that is one month before the current system date. If this option is checked, the date specified is compared to the last statement date for each account (as displayed from the Accounts window), and a statement is not printed for any accounts that have had a statement printed since the date specified.

This option works well for practices who print billing statements from the Accounts module when an insurance payment is received for an account. Cyclical billing can be utilized as statements are printed for individual accounts throughout the month, which can then be printed from the Reports module in a batch to ensure that each account has received a statement for the month.

21. Check Only Bill Accounts Aging (Optional)

If this option is checked, the aging specified will be compared to the aging balances as displayed from the Accounts window for each account. Only accounts with a balance equal to or over the aging specified have a billing statement printed.

22. Verify Billing Statements Option is Checked

Make sure there is a check mark next to **Billing Statement** under Select Report Types, unless you only want to print mailing labels (see next step).

23. Check Mailing Labels (Optional)

If you only want to print mailing labels and not the entire statement, check only the **Mailing Labels** box. Be sure to select the correct number of columns to print.

23. Check Save as Default (Optional)

If you print statements using the same charges and options each time, check **Save as Default**. The next time you print statements, you will not need to reset the parameters. The Save As default saves the statement settings for the current workstation.

24. Click OK

Click **OK** and the statements will be generated and placed in the Batch Processor.

Note: If Full Form/Download Form is selected for a printer-generated form the format will depend on the options selected for billing statements see Appendix 4 for Full Form/Download form for printer-generated formats.

Audit Trail Reports

The Audit Trail Reports allow you to print a report of all transaction entries that have been changed or deleted. Also included are appointment changes and limited patient changes.

1. Click Audit

From Reports, click the **Audit** button. The Audit Trail Reports dialog appears.

2. Select Audit Date Range

In the **Select Audit Date** field, establish the date range of the information you want to audit.

3. Select Users

You can print the report to show changes or deletions made by individual users, by highlighting the User IDs you want to see on the report. If you want to print all changes and deletions, check the All box. To list inactive providers, check the List Inactive box.

4. Select Report Type

Standard: this report will print the selected changes for the selected users in this dialog within the Audit Date range.

- **Provider/Staff:** This report will print information for providers or staff members that were inactivated or activated on a date within the **Audit Date** range. Only providers or staff members that were inactivated/activated by a user selected in this dialog will be included.

5. Select Changes for Standard Report Options

If Standard report is checked, the Select Changes for Standard Report field will be active. You can print the report to show all changes/deletions or to show only certain types of transactions. To print all changes, check the **All** box. If you want to see only certain types of transactions, highlight the types of transactions you want to see on the report. You can choose to print any of the following options:

- **Completed Procedures:** Lists all changes/deletions to procedures posted as completed in Accounts.
- **Account Payments:** Lists all changes/deletions to account payments posted in Accounts.
- **Insurance Payments:** Lists all changes/deletions to Insurance payments posted in Accounts.
- **Adjustments:** Lists all changes/deletions to adjustments posted in Accounts.
- **Patient Changes:** Lists changes made to patient's name, primary provider, and billing type in the patient information window in Patients.
- **Appointment Changes:** Lists all changes/deletions to appointments from the Schedule.
- **Prescriptions:** Lists all deletions made from the Prescriptions module.

Check **Print to File** to have the report generated to a tab-delimited form and saved in the Exports folder (the default location is C:\Program Files\Ezdental\Doc\Exports). Enter the name for the saved report (with a .txt extension) in the field below.

6. Select Options for Provider/Staff Report

If **Provider/Staff report** is checked, the **Select Options for Provider/Staff Report** field will be active.

- If the **By Inactivated/Activated Provider/Staff** option is selected, only information for providers/staff that were inactivated or activated, who are selected from the list of providers and staff members for the report, will be included. Check 'All' to select all providers/staff. Check 'List Inactive' to list inactivated providers/staff.
- If the **By Replacement Provider/Staff** option is selected, only information for providers/staff which were inactivated with a Replacement Provider/Staff that is selected from the list of providers and staff members for the report will be used. Check "All" to select all providers/staff. Check "List Inactive" to list inactivated providers/staff.
- Check **Print to File** to have the report generated to a tab-delimited form and saved in the Exports folder (the default location is C:\Program Files\Ezdental\Doc\Exports). Enter the name for the saved report in the field below.
- Check **Include Details** to have the changes that occurred when the provider/staff was inactivated detailed on the report.

7. Click OK

Click the **OK** button to send the Audit Trail Report(s) to the Batch Processor to be printed.

Letters

Easy Dental provides a very powerful interface between your patient database and Microsoft Word. This tool allows you to create any letters that are applicable to the success and development of your practice. Your patient records can be automatically merged into your letters based on various ranges, parameters, and filters that you establish.

Easy Dental comes complete with pre-defined letter templates in seven categories that you can use and modify in conjunction with your patient database. You can view a sample copy of letters in Appendix 5. Each letter can be customized using Microsoft Word. You can also produce your own letters and add them to any of the categories for future use.

This documentation assumes that you have a legally licensed version of Microsoft Word and that you are completely familiar with its use, particularly its merge functions. If you are unfamiliar with this product, please go through its tutorial and documentation now.

To help you become familiar with the Easy Dental/Microsoft Word interface, the following topics will be covered:

- Customizing Letters
- Merging Letters
- Printing a Letter
- Other Create and Merge Options
- Advanced Selection Parameters
- The Patient Report View
- Selecting Data to Merge
- Creating Your Own Letters

Customizing Letters

A list of all pre-defined letters provided with Easy Dental is available in Appendix 4, or by opening EZDDOCS.DOC from your Easy Dental DOC directory in Microsoft Word. To customize a letter:

1. Click Letters

Click the **Letters** button on the Reports toolbar.

2. Choose Category and Letter

Choose the Letter category you want to use, and highlight the desired letter.

3. Click Edit

Click the **Edit** button. The Patient Report View dialog appears.

4. Click Open Template

Click the **Open Template** button at the top of the window. The letter template will open in Microsoft Word.

5. Edit Letter

You can edit or change the body of the letter at this point. Do not edit the information in the double brackets, as this information will be merged into the document.

6. Save Changes

When you are finished editing, choose **File** from the menu bar and then choose **Save**. This will save your changes and customize your letter. Do not change the name of the letter unless you want to use the original as well as your current version of the letter.

7. Return to Reports Module

Return to the Easy Dental Reports module.

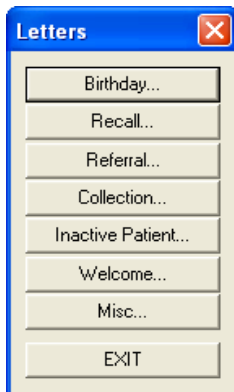
Warning: There is hidden text throughout the document that specifies which merge information is needed from Easy Dental. If any of the hidden text is deleted, the letters will not merge correctly, though the letters may otherwise be customized as necessary. To view the hidden text, hold down the [Alt] key and press the [F9] key once.

Merging Letters

To merge a letter:

1. Click the Letters Button

Click the **Letters** button from Reports' toolbar to display a dialog containing seven category buttons.



2. Choose Category

The following categories are available through the Letters option:

- **Birthday.** These letters can be used to create a birthday letter for patients within a birth date range. The range can be changed by choosing the search button.
- **Recall.** These letters can be selected to produce a Recall (recall) notice to patients within the recall date range. The range can be changed by choosing the search button.
- **Referral.** These letters can be selected to produce a referral letter to anyone who has referred or to whom you are referring patients. The first visit date must fall within the last referral date range. The range can be changed by choosing the search button.
- **Collection.** These letters can be selected to produce a collection notice to patients within the last payment date range. The range can be changed by choosing the search button and according to aged balance.
- **Inactive Patient.** These letters can be selected to produce a notice to patients within the last visit date range. The range can be changed by choosing the search button.
- **Welcome.** These letters can be selected to produce a welcome to the practice note to patients within the first visit date range. The range can be changed by choosing the search button.
- **Miscellaneous.** These letters can be selected to produce any letter that you would like to selectively send to patients in your database. A range is not provided in the dialog but parameters can be established using the **Edit** button.

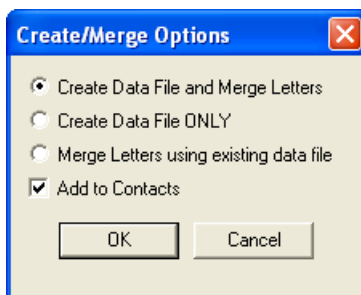
3. Set Date Range (For Most Categories)

Set the date range parameter by choosing the search button. Choosing the search button will display a date range dialog. Enter the beginning and ending dates for the range. Any date field can be left blank for an open-ended range.

Note: There are many parameters that you can select for each letter in order to create a more customized search. See Advanced Selection Parameters in this chapter for an explanation of the various parameters and data options.

4. Choose Create/Merge

Choose the **Create/Merge** button. The Create/Merge Options dialog appears. If you do not want to merge, choose the Cancel button.



5. Choose Create Data File and Merge Letters

Choose the **Create Data File and Merge Letters** button and choose **OK**. Your computer will automatically start Microsoft Word and merge the letter with the data you requested. If you don't want to perform any of these functions, choose the **Cancel** button. To add a Letter entry to the patient's Contacts, check **Add to Contacts**.

Note: As the patient data is retrieved from the Easy Dental database, the Abort Query box is displayed, which gives a count of the number of records read, number of records selected, and an Abort button to terminate the query if desired.

Printing a Letter

1. Switch to Microsoft Word

When the letter merge is complete, Microsoft Word will automatically be displayed.

2. Choose File | Print

After following the above steps to merge the letters, select **Print** from the **File** menu in Microsoft Word for Windows.

3. Click OK

Click the **OK** button in the Print window to print the merged letters.

4. Return to Reports

After the letters have printed, exit Microsoft Word and return to Reports. Do not save the changes.

Other Create and Merge Options

You have to additional options to create only a data file and merge letters with an existing data file.

Create Data File ONLY

This option creates a data file containing the patient records based on the criteria established for the letter. After the file is created, you are returned to the Letters dialog without merging the patient records into the letter template in Microsoft Word.

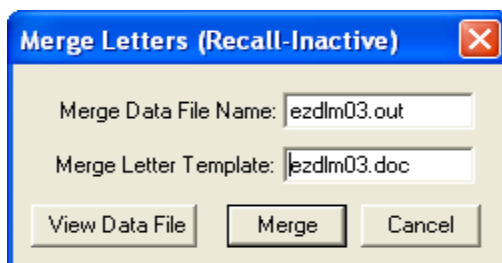
Normally this option will not be used unless you:

- Want to merge the letters at a later time.
- Want to review the patient records before they are merged by using the **View** button or the View Data Files feature available from the “Merge Letters using existing data file” option.
- Want to use the newly created patient data file for some other purpose (e.g., open it from Microsoft Excel or some other application).
- Want to merge labels or envelopes with the data file.

Merge Letters Using Existing Data File

This option is used only if Create Data File Only has previously been used to generate the patient data file for a particular letter template. The results of this option are the same as merging a letter except that the patient file has previously been created.

- Choose **Create/Merge** in the Letters dialog.
- Choose **Merge Letters Using Existing Data File**, choose **OK**. The Merge letters dialog appears with the patient data file (that was previously created) in the **Merge Data File Name** box and the letter template with which it will be merged in the **Merge Letter Template** box.



- If you want to use the Data File to merge and print labels or envelopes from Microsoft Word, the **Merge Letter Template** field can be edited to have EZDENVL.DOC, for #10, 4 1/8 x 9 1/2 envelopes; EZDLABL.DOC, for Avery 5160 Laser labels; or EZDLBL2.DOC, for Avery 5351 Laser labels.
- Click on **Merge** to begin the Merge or if you do not want to continue, choose the **Cancel** button. If you choose the Merge button, the merge will begin.

Note: This option also allows you to review the data created in the patient file by choosing the View Data File button. When you are through examining the data, close the Notepad. You will be returned to the Merge Letters dialog to continue with the merge.

Note:

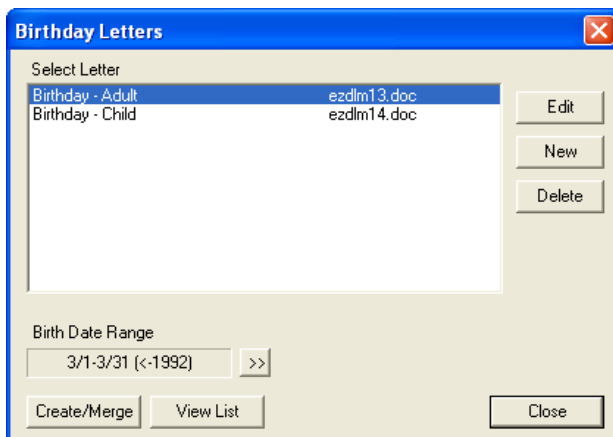
1. If Microsoft Word is already open before the merge is initiated, there should be no documents open in Microsoft Word when the Merge is started.
2. If the Microsoft Word processing window does not open, but remains a flashing bar at the bottom of the screen, there is an error condition in the merge data file and/or letter template. Double-click on the flashing bar and Word will open. A message(s) appears briefly describing the problem. If the errors are too significant to remedy in the word processor, close the document, fix the problem, and begin the Easy Dental merge process again.

Although Easy Dental controls what information is passed to Microsoft Word, it no longer has control of the data file or letter template once you have entered Microsoft Word. Any problems that may occur while in Microsoft Word must be corrected using Word documentation and features.

When you have completed the Microsoft Word process, Word can be closed or minimized after closing any open documents.

Advanced Selection Parameters

In most cases, when printing letters, a date range can be set using the Search button contained in the dialog. In addition to this button, there are three other options that can be used in conjunction with the letters contained in the list box.



Edit

The **Edit** button allows you to edit any of the ranges, parameters, and filters available for the letter chosen from the list box. Date ranges and many other parameters can be changed using the Patient Report View dialog that is displayed by choosing the Edit button.

Delete

The **Delete** button is used to remove letter templates from the list box. First, select the letter template that is to be deleted from the list box, then choose the **Delete** button. The letters template file will not be deleted from the Easy Dental DOC directory.

New

The **New** button allows you to add new letters you have created using Microsoft Word.

Changing Letter Parameters

To change the parameters of a letter:

- Select the letter template where parameters are to be edited, then choose **Edit**.
- From the Patient Report View dialog, select the desired parameter by which you want to filter your database. The letter name, merge data file name and merge letter template will default to the letter you selected in the first step.
- When you have selected the desired parameters, choose the **OK** button. You will return to the letter selection dialog.

The Patient Report View

The Patient Report View dialog shows the letter description including the Letter Name, Merge Data File Name, and the Merge Letter Template name.

- The **Merge Data File Name** is the file name that will be used to save the patient data extracted from the Easy Dental database and which will be passed to Microsoft Word during the merge. The data file name should be the same as the letter template name, but end with the file extension “out”.

- The **Merge Letter Template name** identifies the letter template that was created using Microsoft Word and which will be used for the merge. Most of the templates that are provided with Easy Dental begin with “ezdlm”, followed by a two digit number, and ending with the file extension “doc,” which Microsoft Word uses to identify a letter.
- The remaining items in the data box are used to identify which Easy Dental patient records to include or exclude from the patient file that is to be created for a merge document. These are referred to as ranges or filters.

The following is an overview of the filters:

- If a filter is left blank, it is assumed that the contents of the filter field should not be taken into account when the data file is created. Only mark a filter if the field is to be considered when the data file is created.
- When a data file is created, only the records that match all filters will be included, with the exception of the Status group boxes, Gender group boxes, Position group boxes, and Balance Aging group boxes. If a record matches any of the boxes checked within each group, and all other filters, it will be included. For example, if you want only male patients, choose the **Male** check box in the Gender group. If you want both males and females, either check both boxes or leave both boxes blank. As another example, if the **Male** check box is marked, the **Married** check box marked, and a **1st Visit Date range** of 01/01/97 to 01/31/97 is entered, the data file will include only married males whose first visit date is in January of 1997.
- For name ranges, such as Patient Name, Employer Name, Referral Names, and Insurance Company Name, a single character can be entered, or the beginning or ending field can be left blank. If a range from A to Z is entered, all records will be included. Any of the name ranges can use partial keys (e.g. using the first few letters such as “Sm” for Smith). If the beginning range is left blank, the search will be as if A were entered; and if the ending range is left blank, the search will be as if Z were entered. The search buttons for each name range can be used to select a specific name.
- The **Accounts Only** check box can be marked to include only Head-of-Households in the data file.
- **Use Privacy Request for ‘No Correspondence’ to skip patients** enables you to specify if this letter should skip patients who have selected ‘No Correspondence’ in the Patients module. If you do not want this letter to skip any patients with this privacy request, mark **Does not apply for this letter**. If this letter should skip patients and/or guarantors with this privacy request, mark **Applies for Patients and Guarantors**. If this is a referral letter and you want to skip referred patients who have this privacy request, mark **Applies for Referred By Patients**.
- The **Provider(s)** list and the **Billing Type(s)** list can be used to create a data file of patients with specific providers or billing types. Choose the **All** box if provider or billing type should not be considered for the data file, or highlight the specific providers or billing types by clicking on the selection with the left mouse button. The provider list refers to the patient’s primary provider assigned in Patients.
- Appointments allows you to search for patients with appointments during specific date ranges or for appointments that were missed within a specific date range. There is a search button, which displays the Select Appointment Range dialog. You can choose to search for either existing patients or for prospective patients. Prospective patients are defined as those patients who have set appointments as New Patients and do not have a record in the Patients module.

Note: Most letters will not merge properly for a new patient who has not yet been added to the Patients module unless you use only new patient merge fields. However, the Welcome Before First Visit letter can be merged for new patients who have appointments but have not been added to the Patients module.

- Mark whether you want to search within an **Appointment Date Range** or **Last Missed Appt Date Range**. Enter the beginning and ending dates of the range.
- Select the **Number of Appointments Missed** to search for.
- Select the **Appointment Provider(s)** you want to search for. Check **All** to include appointments with all providers.
- The **Balance** and **Future Due Payment Plan** filters can contain a starting amount range and/or an ending amount range. Each balance has a search button, which displays a Select Balance Range dialog to add, edit or clear the range.
- Birthday is used to search by month, day, and/or year ranges. Each can function independently or together in any combination. <All> is assumed if each field is left blank. Choose the search button to display the Select Birthdate Range dialog to add, edit, or clear birth date ranges.

- For City, select the search button to display the Select City Range dialog and to add, edit, or clear a city or range. If a city range is entered, only patients who live in a city or range (according to the Patients window) will be included in the data file.
- **Consent Date, First Visit Date, Last Pay Date, Last Ref Date, Last Visit Date, and Last Statement Date** each has a search button that displays a Select Date Range dialog to add, edit, or clear date ranges. Dates are entered using the MM/DD/YYYY format. If both the **Beginning Date** and **Ending Date** fields are left blank, the date range will not be used. Either field can be left blank for an open-ended range. The **Consent Date, First Visit Date, and Last Visit Date** are pulled from the Patients module. The **Last Referral Date** is the date the patient last referred another patient. The **Last Pay Date** is pulled from the Accounts module.
- The **Fee Schedule** filter allows you to search for patients with only the selected fee schedule(s). You can choose to search by **Provider Default, Insurance Default, and/or Patient Default**.
- For **Insurance**, select the search button to display the Select Insurance Name Range dialog. There are three **Search For** options: No Insurance, Primary Insurance, and Secondary Insurance. There is also an **Insurance Company Name range** and a **Remaining Benefits amount range**. If anything is entered or selected in this dialog, a patient will only be included in the data file if his or her insurance matches according to the filters selected. For example: if **Primary Insurance** is marked, **Secondary Insurance** is marked, Blue Cross is entered for the **Beginning and Ending Insurance Company Name Range**, and a **Beginning Amount** of 100.00 is entered, the data file will include any patients who have an insurance company name beginning with Blue Cross for primary or secondary insurance, and remaining benefits of at least \$100.00. In the previous example, if **No Insurance** had also been marked, the data file would also include any patient who did not have any insurance.
- The **Med Alerts** search button displays a list of medical alerts. This is an “and” search function meaning that if hay fever and allergies are selected, patients must have both hay fever and allergies to be included in the data file.
- The **Patient Notes** search button displays the Note Search dialog which allows you to look for combinations of strings in the Patient Notes (Patients window). Three text strings can be used and Boolean functions (and, or) are provided. For example, if “movie” is entered for **Text 1**, “surf” for **text 2**, and “sail” for **text 3**, and the **OR** boxes are marked, a patient will be included in the data file if the patient notes contains any of the text specified. If the **AND** box is marked, the notes will need to include both the previous text and the next text.
- The **Payment Plan filter** allows you to search for patients within a certain Payment Plan date range, interval, balance remaining, payments remaining, and number of payments missed.
- The **Prescriptions** filter allows you to search for patients who have been prescribed a medication or range of medications, and within a certain date range.
- The Procedures search button displays the Select Procedure Range dialog. This filter will find patients who have a procedure within the procedure code range, that is treatment planned, completed, or existing—according to the options marked—if the procedure is dated within the procedure date range. For example, if **Treat. Plan** and **Completed** are each marked, and a procedure code range of D3310 through D3330 is entered, and a procedure date range of 01/01/04 through 01/31/04 is entered, then any patients who have a procedure code D3310, D3320, or D3330 Completed or Treatment Planned for a date in January, 2004, will be included in the data file.
- The **Recall** search button displays the Recall Ranges dialog and allows you to search for patients who meet specific criteria for a specific Recall type. You can search for patients who:
 - Are due within a date range
 - Were previously seen within a date range
 - Have an appointment attached to Recall
 - Do not have an appointment attached to a Recall type.

- For **Referred By**, select the search button to specify if the letter is to be for Patient referrals or Dr./Other referrals. For **Referred To**, select the search button to enter a Referred To date range.
- For **Zip**, select the search button to display the Select Zip Code Range dialog. If a specific zip code range is entered, only patients who live in a city in a range (according to the Patients window) will be included in the data file.

When all of the ranges, filters, and parameters have been established for the letter template in the Patient Report View window, click the **OK** button to accept the selections or choose **Cancel** to ignore the changes. You will return to the Letters category dialog to begin the merge.

Selecting Data to Merge

In order for the Letter templates to function properly, it is necessary to flag the fields of data that the letter uses. These fields are called merge data filters, and are the data fields that are placed in the data file.

For example, the letter template may have a field indicating where the first and last name of the patient should be inserted. If this is the case, the merge data file created by Easy Dental must have data filters for the first and last name of the patients. The letter templates provided with Easy Dental have the merge data filters properly identified and the merge records send the appropriate data for the letter template.

Creating Letters or Data Files with Additional Data Fields

If you want to create your own letters or add additional Easy Dental data fields to an existing Easy Dental letter, it is necessary to identify that information in Easy Dental and Microsoft Word.

1. Click Letters

Click the Letters button on the toolbar to display the Letters dialog.

2. Choose Category and Letter

Choose the desired Letter category and highlight the letter you want to use.

3. Click Edit

Click **Edit**. The Patient Report View dialog appears.

4. Choose Data Fields Tab

From Patient Report View, click the **Data Fields** tab at the top of the window. All available data fields will be displayed.

5. Select Data Fields

Any item in the Data Fields list can be included in a merge data file by choosing its check box. The items shown checked in the sample are typical filters that are used with the Easy Dental letter templates. Some Easy Dental letter templates require additional items to be marked, depending on the template's merge data fields. Any item checked in the list will be included in the merge data file, whether it will be used in the template or not.

6. Choose OK

After the necessary items have been marked, choose **OK** or choose **Cancel** to ignore the selections.

Note: The more items that are selected, the longer it will take to create the merge data records. However, all data fields that are required in the letter template must be selected.

Creating Your Own Letters

New letters can be created in Microsoft Word either by changing existing Easy Dental letter templates or by entering completely new text in Microsoft Word. To create a letter using existing Easy Dental letters, complete the following steps:

1. Open Letter Template

Open the letter template file in Microsoft Word for the letter that is the most like the one you want to create. Most of the correct Field Codes should already be entered in the letter. Press ALT + F9 on the keyboard to view Field Codes.

2. Open EZDLM99.doc

Easy Dental includes a document called EZDLM99.doc in the same directory as the Easy Dental letters. This document contains a list of all of the Field Codes that Easy Dental uses. Open this file and it appears in a second window over the letter template.

3. Highlight Field and Choose Edit | Copy

Highlight the Field Code (the bracketed information) you want to add to the letter and choose **Copy** from the **Edit** menu. The information you highlighted will be copied to the Clipboard.

Note: If you do not copy the entire field code, the field codes will not function properly. You must copy all of the bracketed information, including the brackets.

4. Switch Windows

Click **Window** and select the name of the letter template you opened to return to that document.

5. Insert Field Code from Clipboard

Place the cursor where the Field Code is to be inserted. Select **Paste** from the **Edit** menu and the Field Code you copied from Ezdml99.doc will be added to your letter.

6. Repeat Steps 3-5 (Optional)

If more fields are needed, repeat steps 3-5 for all of the fields you want to add to the letter.

7. Edit Text

Using Microsoft Word, add or delete any of the text you want.

Warning: If you delete parts of field codes while editing the text, they must be reinserted or the letter merge will not work properly.

8. Save Letter

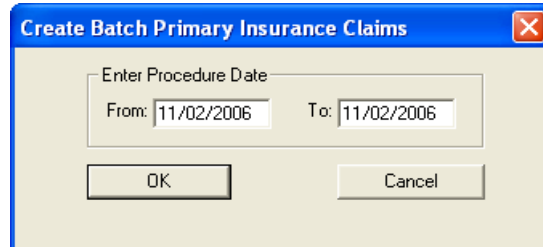
When completed, the letter should be saved using a new name. Choose File then Save As from the menu. You should follow the Easy Dental format for saving these letters, by beginning the name with EZDLM followed by a two digit number. The existing Easy Dental letters number 01-48 and future versions of Easy Dental may contain more. It is suggested that you begin saving your letters at 70 in anticipation of more letters being added in future versions of the software. The letters should be placed in the same directory as your other Easy Dental letter templates.

Batch Insurance Claims

Many offices choose to create all insurance claims for that day at the same time instead of one patient at a time throughout the day. The **Create Insurance Claims** button in the Reports module allows you to create all primary insurance claims for procedures posted within the selected date range. This feature will exclude any procedure codes and insurance companies that are flagged 'Do Not Bill to Insurance'. (See the *Procedure Code Setup* section in this chapter for information on flagging procedure codes. See the *Working with Dental Insurance* section of the *Patients* chapter for information on flagging insurance companies.) To create batch insurance claims, complete the following steps:

1. Click Create Insurance Claims

Click the **Create Insurance Claims** button in the Reports module. The Create Batch Primary Insurance Claims dialog appears.

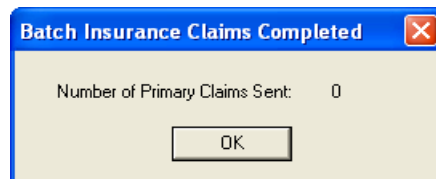


2. Enter Procedure Date Range

Enter a procedure date range. All procedures within the selected date range in the Accounts module will be included.

3. Click OK

Click the **OK** button to generate the claims. The Batch Insurance Claims Completed dialog appears listing the number of claims that were generated. Click **OK** again to send the claims to the Batch Processor where they can be printed or sent electronically.



Easy Export

The Easy Export feature allows offices to export daily deposit and receipt totals from Easy Dental into accounting software such as QuickBooks, Peachtree, and Excel, or into a text file. Easy Export will automatically calculate and transfer actual production and collection numbers for you. The following sections will explain how to setup and use Easy Export:

- Easy Export Setup
- Exporting Totals
- Viewing Previously Exported Totals

Easy Export Setup

Before you begin exporting totals using Easy Export, you must determine which adjustment types should be applied to Collections and which should be applied to Production. For more information on adding or customizing the Adjustment Types in Easy Dental, see the System Maintenance section of this chapter.

Warning: Adjustment types should not be moved after the initial accounting export; otherwise it could affect the data. Settings should only be changed once (prior to the first data export).

1. Click Easy Export

Click the **Easy Export** button located in the Reports module. The Easy Export dialog appears.

2. Click Export Setup

Click the **Export Setup** button. The Export Setup dialog appears.

3. Select Totals to Include

Place a check mark next to the totals that you want to include in the export. Your choices are: **Production Total**, **Collections Total**, and **Other Collections Total**. The name of the account is shown under each category. You may change the name if desired.

4. Move Adjustment Types (Optional)

All credit adjustment types will default to the For Production Total list. All debit adjustment types will default to the For Collections Total list. If you want to move an adjustment type to a different list, highlight it and click the single arrow pointing to the desired list. Click the double arrows to move all types from one list to the other.

Note: Late Charges and Finance Charges will always be included in the Production Adjustment List and cannot be moved.

5. Move Payment Types (Optional)

All Payment Types will default to the For Collections Total list. If you want to move a Payment Type to the For Other Collections Total list, highlight it and click the single arrow pointing to the right.

6. Change Account Names (Optional)

You may change the names of the A/R Account and Customer Name/ID if desired. Below is an explanation of each account.

- **A/R Account:** Production and collection totals are exported to this account.
- **Customer Name or Customer ID:** Production and collection totals are exported to this customer account.

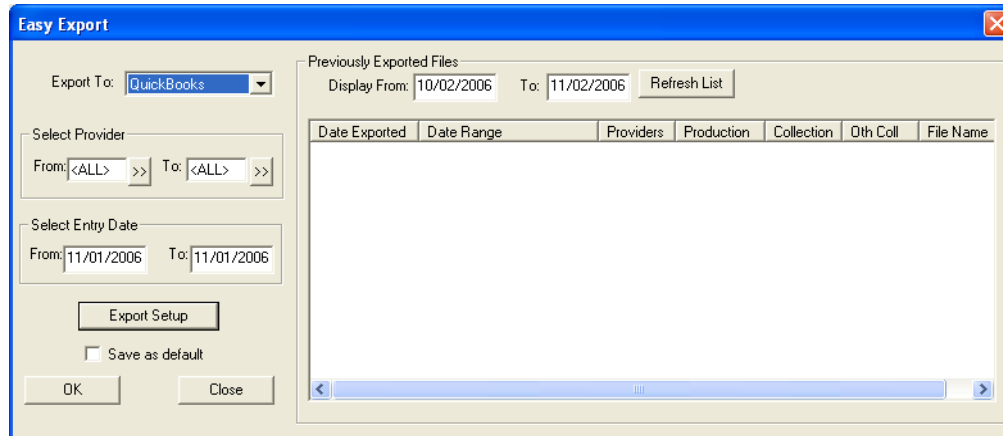
7. Click OK

Click the **OK** button to save your changes and return to the Easy Export window.

Exporting Totals

1. Click Easy Export

Click the **Easy Export** button located in the Reports module. The Easy Export dialog appears.



2. Select Accounting Software

Click the down arrow next to **Export To**. Select the accounting software you want to export the totals into. The choices are QuickBooks, Peachtree 2000, Excel, or Text.

3. Select Provider

Click the search arrow next to **From** and select the provider you want to begin the range with. Click the search arrow next to **To** and select the provider you want to end the range with. If you want to include all providers, leave at <ALL>.

4. Select Entry Date

Enter a date range in the **From** and **To** fields. All totals with an entry date within that range will be included in the export.

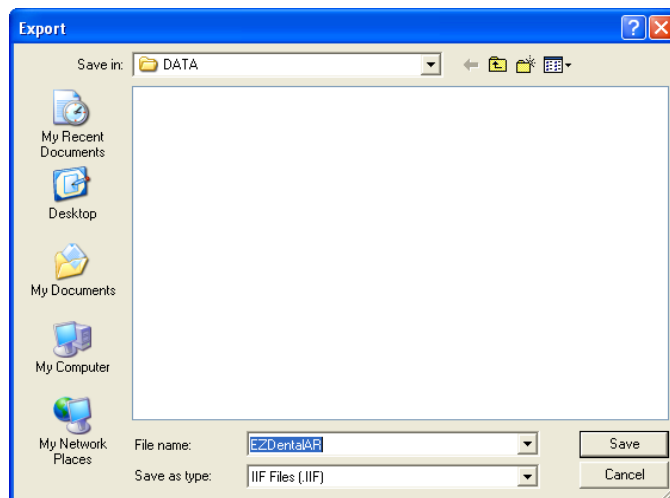
5. Save as Default (Optional)

To save the settings you have selected, check the **Save as Default** check box.

6. Click OK

Click the **OK** button. The Export dialog appears.

Note: If corresponding date(s) within the selected date range and provider(s) within the selected provider range have previously been exported out of Easy Dental, a message appears stating "Date(s) and Provider(s) within the specified ranges have already been exported. Please select different dates or providers." Click Continue Export to ignore the message and continue with the export. Click Cancel to cancel the export and return to the Easy Export dialog.



7. Save File

Select the directory you want to save the file in. The directory will default to the path selected in Preferences. Change the file name if desired and click Save.

8. Click OK

A message appears stating “Easy Dental is creating and saving the Export File.” After it is complete, a dialog appears stating “The Export File has been saved.” Click the **OK** button to finish. You may now use your accounting software to open the exported file.

Viewing Previously Exported Totals

Easy Export will automatically list the most recent exported totals in the Easy Export window. The date it was exported, date range, providers, production total, collection total, and file name will all be listed. To view a specific date range of exported files, enter the date range in the **From** and **To** fields. Click **Refresh List** to view the most current data if exporting has occurred and the Easy Export window has not been closed.

Note: The data may be sorted in ascending and descending order by clicking the column headings.

Time Clock

The new Time Clock feature in Easy Dental enables office employees to punch in and out for their shifts and provide reports containing information on hours worked and wages earned.

To open the Time Clock for the first time (if you have not rebooted your computer following the installation), choose Start | Programs | Easy Dental | Time Clock. After the initial launch (or if you have rebooted your computer), a new icon will appear in your System Tray, which is located in the lower right corner of your Windows Desktop. Right-click the Time Clock icon to expand a menu with three options: Employee Clock In/Out, Setup Time Clock, and Close Time Clock. The following sections will explain how to set up and use the Time Clock module.

- Setting Up the Time Clock
- Clocking In and Out
- Working with Time Clock History
- Printing Time Clock Reports

Setting Up the Time Clock

Each employee will need to be setup individually, including entering their regular pay and overtime pay. Complete the following steps for each employee:

1. Click Time Clock | Setup Time Clock

Right-click the **Time Clock** icon in your System Tray. Select Setup Time Clock. The following screen will appear.

Note: If passwords are enabled, the user must have password access rights to "Time Clock, Setup" to access the Time Clock Setup.

2. Select Employee

Highlight the employee that you wish to setup. All providers and staff members that have been added in the Practice Resource Setup will appear on the list.

3. Select Auto Punch Out Settings

Choose one of the following options:

- **Do Not Use Auto Punch Out:** This option will require that the employee punch out each day. If the employee forgets to punch out, the hours will not be calculated correctly.
- **Auto Punch Out Time:** This option allows you to select a time that Easy Dental will automatically clock out for the employee. Use the up and down arrows to select the appropriate time or type it in the Time field. (An auto punch will be displayed on the History tab in a blue font.)

4. Enter Regular Pay

Choose one of the following options:

- **Salary (Annual):** Select this option if the employee is paid a salary or annual amount. Enter the annual amount in the Annual Pay Rate field.
- **Hourly:** Select this option if the employee is paid by the hour. Enter the hourly rate in the Hourly Pay Rate field.

5. Enter Overtime Pay

Choose one of the following options:

- **Do Not Calculate Overtime:** Select this option if you do not want Easy Dental to calculate overtime hours and wages.
- **% of Pay Rate:** This option is only available if Hourly is selected in step 4. Select this option and enter the desired percentage to have Easy Dental automatically calculate overtime hours and wages. For example, if the employee is to be paid "time and a half" for overtime hours worked, you would enter 150%. When this option is used, you need to enter the number of hours in the workweek (i.e., 40). Hours worked beyond what is entered will be considered overtime.

Note: The percentage of pay rate must be between 100 and 1000. A valid workweek must be between 0 and 168. If an invalid figure is entered in either of these fields, a blinking red arrow will appear. This indicator will remain until a valid number is entered.

6. Include Employee on Time Punch/Payroll Reports

If you want the selected employee to be included on reports generated by the Time Clock, check the option at the bottom of this screen.

7. Save Changes

Click **OK** to save your changes and exit or highlight another employee to set up.

Clocking In and Out

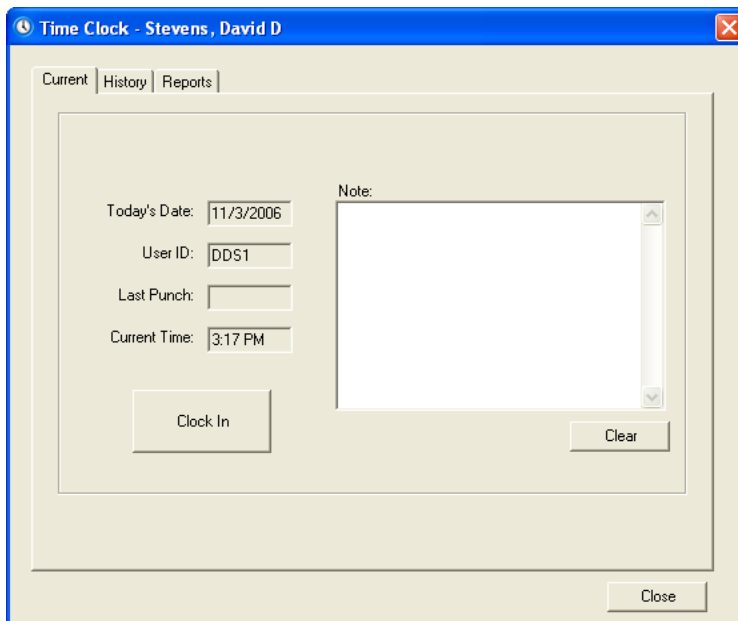
If you are using passwords in the office, each employee will need access rights to “Time Clock, Clock In/Out” in order to clock in or out. It is recommended that you assign “Verify user before access” status to this option so that each employee will be required to enter his/her password in order to clock in and out.

1. Click Time Clock | Employee Clock In/Out

Right-click the **Time Clock** icon in your System Tray. A menu will appear. Select **Employee Clock In/Out**. You can also double-click the Time Clock icon to clock in or out.

2. Select Employee

Highlight the appropriate employee and click **OK**. The Time Clock dialog box for the selected employee will appear.



3. Click Clock In/Out

The Current tab will display today's date, current user, last punch, and the current time. If the last punch was to “clock out,” then the button will display as “Clock In.” If the last punch was a “clock in,” then the button will display as “Clock Out.”

4. Enter Note (Optional)

Type a note for the day in the **Note** field. Click **Clear** to erase the note if necessary. Click **Close** to exit the Time Clock dialog box.

Working with Time Clock History

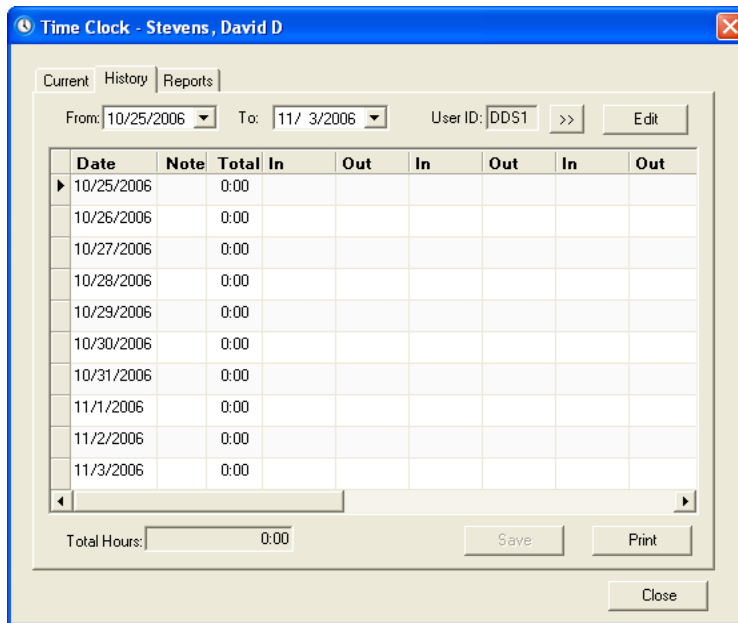
To work with an employee's Time Clock history:

1. Choose Time Clock | Employee Clock In/Out

Right-click the **Time Clock** icon in your System Tray. A menu will appear. Select **Employee Clock In/Out**.

2. Select Employee

Highlight the appropriate employee and click **OK**. The Time Clock dialog box for the selected employee will appear.



3. Click History Tab

Click the **History** tab at the top of this dialog box. The employee's clock in/out history will be displayed.

4. View History

The employee that you are viewing will be displayed on the title bar. To change the employee, click the search button next to **User ID**. Highlight the desired employee and click **OK**. The columns displayed in the History window are described here:

- **Date:** The left column will display the date of the associated time punches. The past ten days will be displayed by default. You can change the date range viewed by entering the desired range into the **From** and **To** date fields or click the down arrows and select the dates from a calendar.
- **Note:** If a note has been entered manually for that day, 'User' will be displayed in a black font. If the note has been added/edited for that day, it will display 'User' in a red font. If the note for that day has been deleted, 'Del' will be displayed in a red font. If the note is entered automatically in the event that a time is added, edited, or deleted 'Auto' will be displayed in a blue font. If a note has never been entered for the day, the cell will be blank.
- **Total:** This column will display the total hours worked for that day.
- **In/Out:** The In and Out columns display each time the employee clocked in and out. You can use the scroll bar at the bottom of the list to view additional in and out punches that may not appear on the screen.

5. Edit History (Optional)

You may edit the data displayed in the Note, In, or Out cells if necessary (and if you have appropriate password rights). To make changes to the fields, click the **Edit** button. The Edit button will appear in a darker shade when in Edit mode. Click it again to return to normal mode.

Note: When using passwords, users that have rights to "Time Clock, Edit Punches/Notes" can edit punches of any employee.

- **Editing a Note cell:** To add or edit a note for a day, click the Note cell to open the Time Clock Note for the selected date. Type the note and click **OK**. If you wish to delete an existing note, right-click the cell and choose **Delete Note**.
- **Editing a Time cell:** To add or edit a time, click the desired cell and enter the correct time using the up and down arrows or by typing it in. (Edited times will be displayed in a red font.) To delete a time, right-click the cell and choose **Delete Time**.

You can use the Tab key on your keyboard to move to the next cell. When finished, click the **Save** button to save the changes that were made. (The Save button will only be active if changes have been made. The Print, From and To, and search buttons will be disabled until changes have been saved or canceled.) A note will be appended for each change that was made on the edited date, including the user, date, and time the change was made.

6. Print History (Optional)

Click the **Print** button to print a Time Punch Report for the selected employee for the date range being displayed.

Printing Time Clock Reports

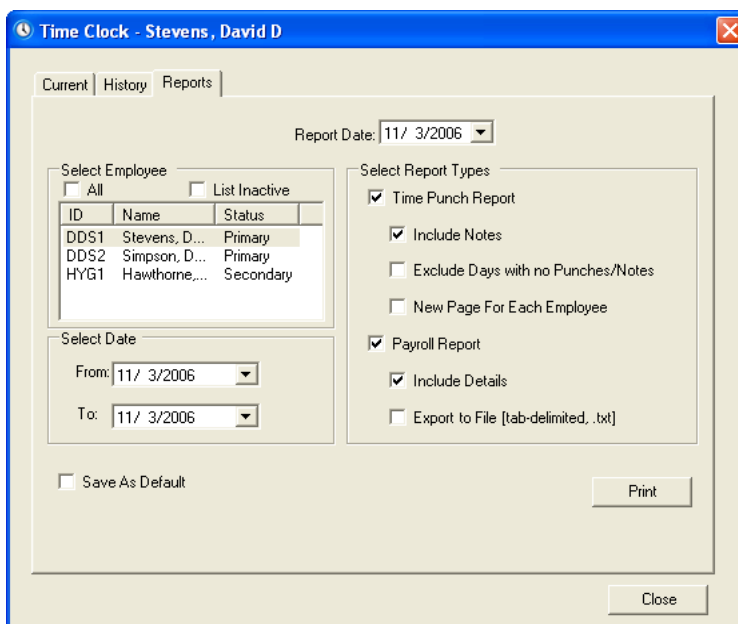
The Reports tab in the Time Clock window enables you to print a Time Punch Report and a Payroll Report using the employees and options selected. To print a report, complete the following steps:

1. Choose Time Clock | Employee Clock In/Out

Right-click the **Time Clock** icon in the System Tray and choose Employee Clock In/Out. Select an employee and click OK.

2. Choose Reports Tab

Click the **Reports** tab at the top of the screen. The Reports window will appear.



3. Edit Report Date (Optional)

The **Report Date** will default to today's date. Edit this date if necessary.

4. Select Employees

Highlight the employees that you wish to include on the report.

5. Select Date

Type a date range in the **From** and **To** fields or click the down arrow to select the dates from a calendar.

6. Select Report Type(s)

Place a check mark next to the desired report and its associated options as described here:

- **Time Punch Report:** This report will print a list of in and out punches that the selected employees made within the specified date range as well as the total time. Check **Include Notes** to include the time clock notes that were entered for each day. Check **Exclude Days with No Punches/Notes** to skip days that do not have recorded punches or notes. Check **New Page for Each Employee** to have a separate page print for each employee that you have selected.
- **Payroll Report:** This report calculates and prints each selected employee's ID, type (hourly or salary), pay rate and overtime rate, regular and overtime hours worked, and current calculated pay. Check **Include Details** to include all of the information described above. If you uncheck **Include Details**, only the employee's name, ID, hours worked, regular pay, overtime pay, and current pay will be listed. The option to **Export to File** (tab-delimited, .txt) will save the data in a .txt file as <Report Date>Payroll.txt (the report date will appear as numbers with no slashes; i.e. 092103Payroll.txt) in your EZDental/Doc/Exports directory.

7. Save As Default (Optional)

Check **Save As Default** to save the employee(s) and report options you selected for each time the reports are printed. (The dates will not be saved.)

8. Click Print

Click the **Print** button to print the reports.

Updates

The Check for Updates feature in the Help menu allows you to update your Easy Dental software. Easy Dental can check for updates automatically, or you can manually do it yourself. The Check for Updates feature searches Easy Dental for the latest updates or install updates on all the computers on your network from the updates you already have downloaded.

This section covers the following topics:

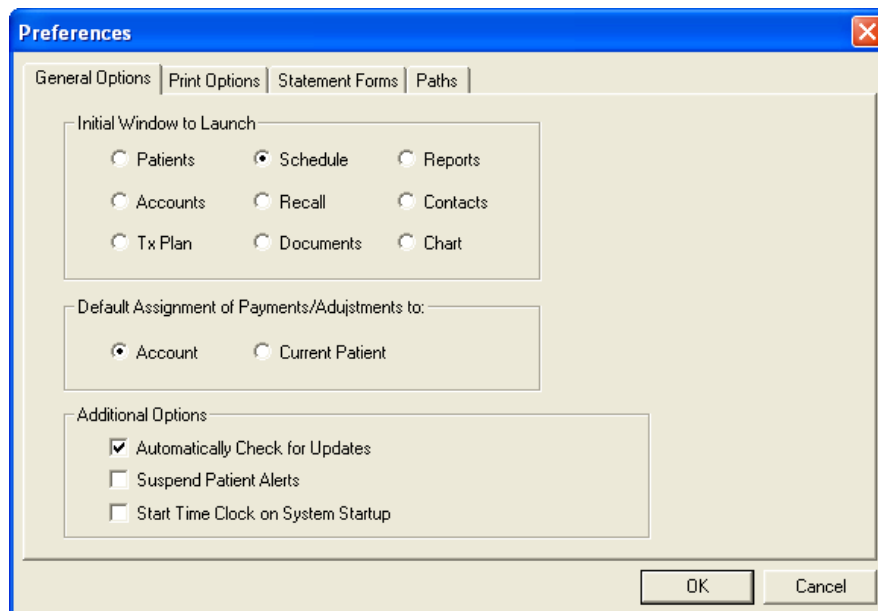
- Checking for Updates Automatically
- Checking for Updates Manually
- Installing Available Updates
- Using Smart Upgrades

Checking for Updates Automatically

To have Easy Dental automatically check for updates for your Easy Dental software:

1. Open Preferences Dialog

In the Reports module, click the **Maintenance** button, then select **Preferences**. The Preferences dialog appears.



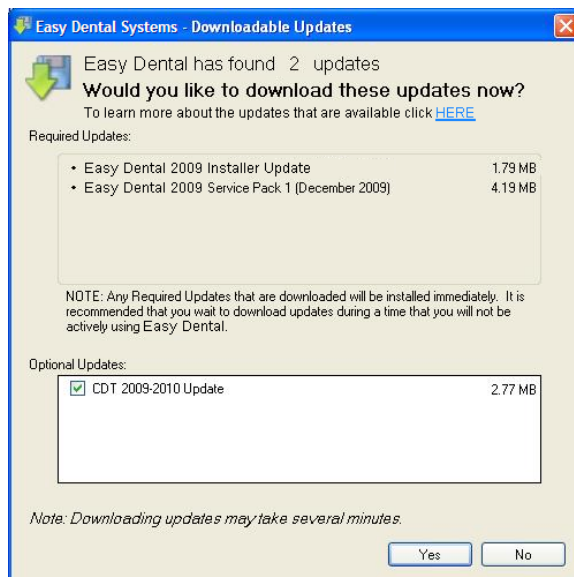
2. Check Automatically Check for Updates

In the Additional Options group box, check **Automatically Check for Updates**.

Note: The Check for Updates feature is available to all customers with an active customer service plan. If you are not on an active service plan, please call 1-800-824-6375 to sign up.

3. Click OK

Click **OK** to save changes and return to the Reports module. Each time you open Easy Dental for the first time on any computer, Easy Dental will compare your version of the software with the version of the updates on the Easy Dental website. If updates are found, the Downloadable Updates dialog box appears.



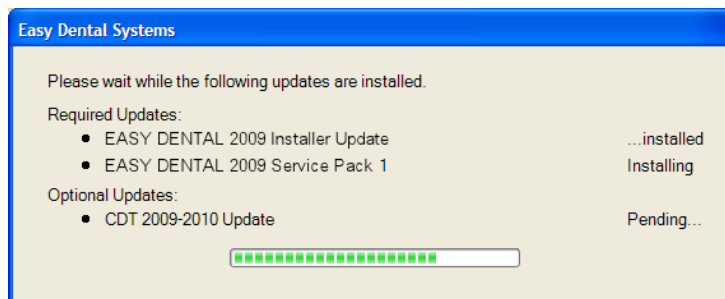
Note: If there is a problem with your internet connection, an error message may appear. Check your internet connection and try to check for updates again.

4. Check Optional Updates

Check the updates that you want to download from the Optional Updates group box.

5. Click Yes

Click **Yes** to download the Required Updates and the Optional Updates. The Download Progress message box appears while the updates are downloaded and installed.



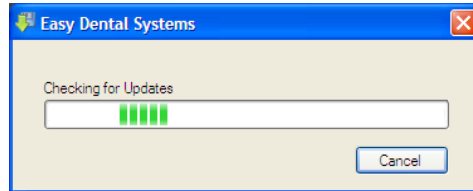
Checking for Updates Manually

To manually check for updates for your Easy Dental software:

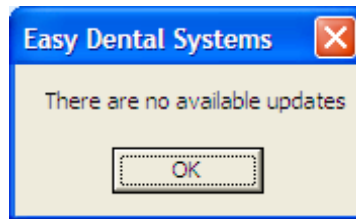
1. Click Help | Check for Updates

In any Easy Dental module, click the **Help** button. Next, select **Check for Updates**. The Check for Updates progress message box appears.

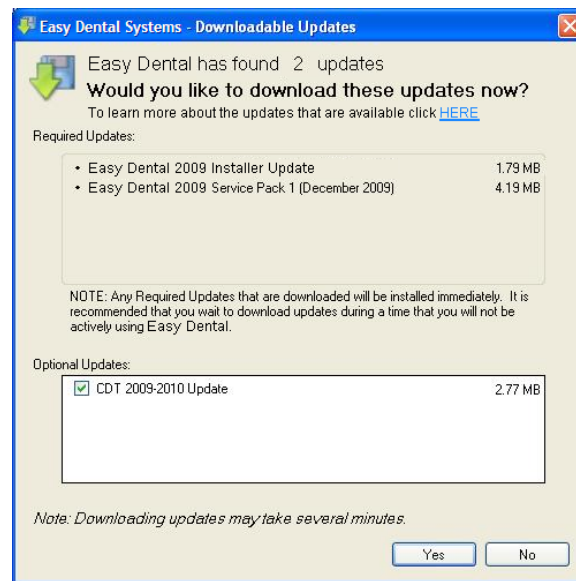
Note: The Check for Updates feature is available to all customers with an active customer service plan. If you are not on an active service plan, please call 1-800-824-6375 to sign up.



If no updates are found, the No Available Updates message box appears.



If updates are found, the Downloadable Updates dialog box appears.



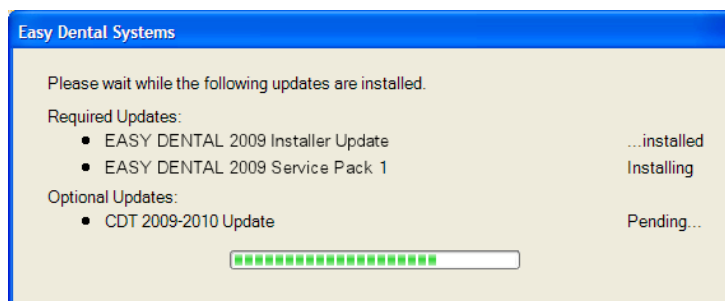
Note: If there is a problem with your internet connection, an error message may appear. Check your internet connection and try to check for updates again.

2. Check Optional Updates

Check the updates that you want to download from the Optional Updates group box.

3. Click Yes

Click **Yes** to download the Required Updates and the Optional Updates. The Download Progress message box appears while the updates are downloaded and installed.



Installing Available Updates

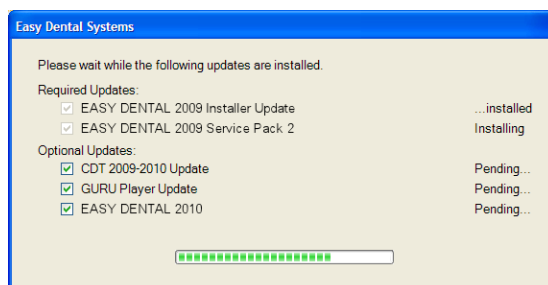
If updates have been installed on at least one computer in the office, you can use the Install Available Updates feature to install the updates on other computers on your network.

To install the updates on an additional computer on your network, in any Easy Dental module, click the **Help** button on the toolbar. Next, select **Install Downloaded Updates**.

Note: If there are no updates available, a message box appears to inform you that there are no available updates. At this point, you can use the Check for Updates feature to search for updates on the Easy Dental website.

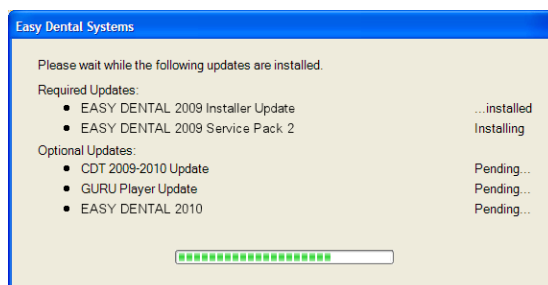
Using Smart Upgrades

Once you have installed updates on any computer on your network, Easy Dental requires you to install required updates on all other computers on your network. When you attempt to open a module on a computer that has not yet installed the required updates, a message box appears, notifying you that the computer needs to install updates.



You must install the required updates to use Easy Dental on that computer. If there are optional updates to install, you can check to install those updates, but optional updates are not required to run Easy Dental.

To install the updates, click **Install**. All open Easy Dental programs close and an install status message box appears. The updates install and you can then access Easy Dental on that computer.



Note: If you stop the install before its completion, you will be prompted to install the updates again when you try to access Easy Dental.

Customizable Toolbars

The Easy Dental toolbars can be customized to show only the buttons that are most frequently used.

1. Right Mouse Click on Toolbar

From any Easy Dental module, move the mouse pointer to the module's toolbar and then right mouse click. A menu appears.

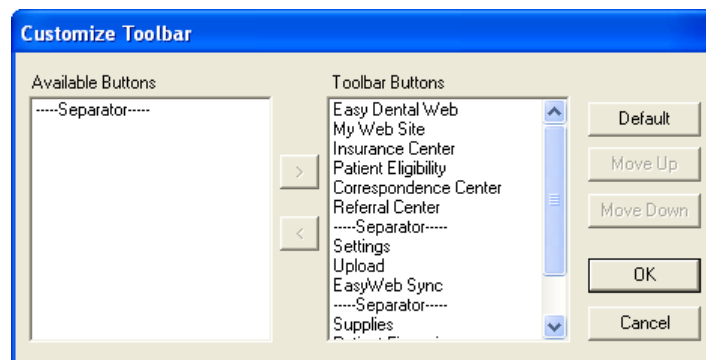
2. Choose Customize Toolbar

Choose **Customize Toolbar** from the menu. The Customize Toolbar window appears.

3. Customize Toolbar

Customize the toolbar using any of the following options:

- **Remove a Button from the Toolbar**
 - a. From the Toolbar Buttons field, highlight the button description for the button to be removed.
 - b. Click the arrow pointing to the left. The description will be moved to the Available Buttons field.



Note: You may also quickly remove a button by right-clicking on it and choosing Remove Button.

- Add a Button to the Toolbar
 - a. From the Available Buttons field, highlight the button description for the button to be added.
 - b. Click the arrow pointing to the right. The description will be moved to the Toolbar Buttons field.
- Arranging Buttons on the Toolbar
 - a. From the Toolbar Buttons field, highlight the description for the button to be moved. (Separators are used to separate one set of buttons from another set.)
 - b. Click the **Move Up** or **Move Down** button. The button description will move up or down one position. Keep clicking the **Move Up** or **Move Down** button until the description appears in the correct position.

4. Click OK

Click the **OK** button to save your toolbar settings.

Lab Case Manager

Tracking lab cases in Easy Dental is easy with the Lab Case Manager. The Lab Case Manager is directly linked to the Schedule module and allows you to create a case for a patient, ship the case to the lab, and track the case's progress. The following sections explain how to set up and use the Lab Case Manager:

- Starting the Lab Case Manager
- Lab Case Manager Window Areas and Toolbars
- Setting Up the Lab Case Manager
- Using the Lab Case Manager

Starting the Lab Case Manager

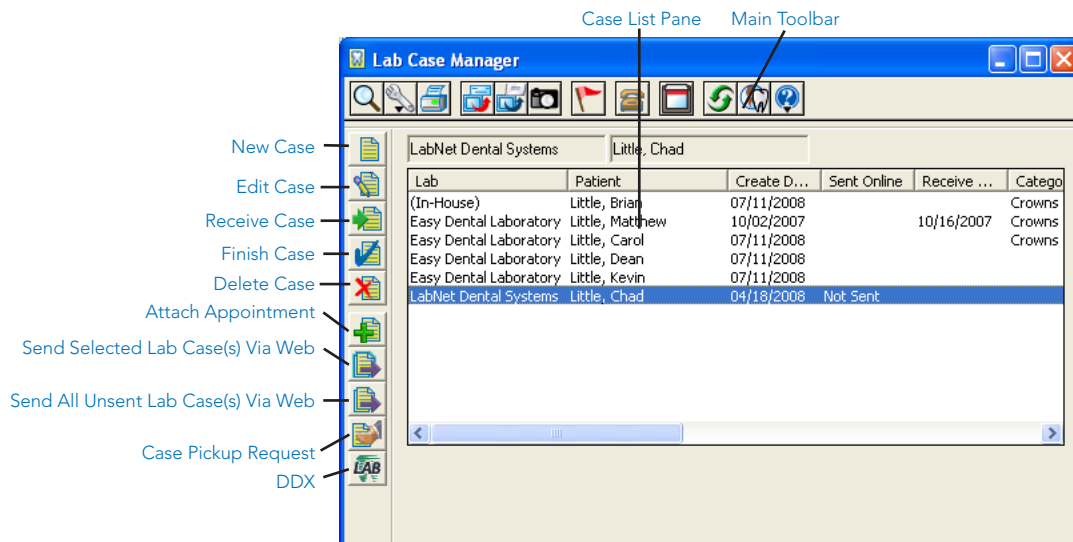
The Lab Case Manager is accessed from the Schedule or Chart module. To open the Lab Case Manager, click the **Lab Case Manager** button located on the Schedule or Chart module toolbar.



Lab Case Manager Window Areas and Toolbars

The Lab Case Manager consists of the following:

- Case List
- Button Toolbar
- Main Toolbar



Case List

The Case List pane displays the lab cases in your database. This list can be filtered so that you can view lab cases that meet certain criteria (see the View Setup section for more information).

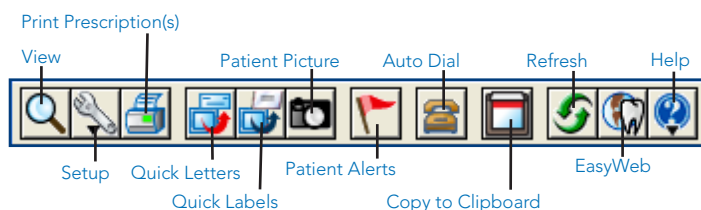
Button Toolbar

This toolbar contains buttons that are specific to the Lab Case Manager.

- **New Case:** Click this button to create a new lab case.
- **Edit Case:** Click this button to edit an existing case.
- **Receive Case:** Click this button to make a record of a case being received from the lab.
- **Finish Case:** Click this button to record all the information about a case and finish the case.
- **Delete Case:** Click this button to delete the selected case.
- **Attach Appointment:** Click this button to attach an appointment to the selected case.
- **Send Selected Lab Case(s) Via Web:** Click this button to send the selected case(s) to a lab electronically.
- **Send All Unsent Lab Case(s) Via Web:** Click this button to send all cases that have not been sent electronically.
- **Case Pickup Request:** Click this button to request a pickup from an online lab.
- **DDX:** Click this button to connect to the DDX website.

Main Toolbar

This toolbar is located directly beneath the title bar and contains several command buttons, some of which can be found in other Easy Dental modules. Pictured below is the toolbar and an explanation of the function of each button.



Setting Up the Lab Case Manager

There are several setup options that should be completed prior to using the Lab Case Manager. The setup options allow you to customize the Lab Case Manager to the needs of your office for easy and accurate lab case management. Read each of the following sections carefully:

- Setting Up the View
- Setting Up Shipping Methods
- Setting Up Shade Guides and Shades
- Setting Up Lab Treatment Categories
- Setting Up Lab Treatment Categories
- Setting Up Enclosures
- Setting Up Custom Notes
- Setting up Labs

Setting Up the View

The Lab Case Manager can be customized to view certain lab cases and display only data you have selected. To set up a view for the Lab Case Manager:

1. Click View

From the main toolbar in the Lab Case Manager, click the **View** button. The Lab Case Manager View dialog appears with the General Options tab selected by default.

2. Select Lab Name Range

To see only cases sent to certain labs, you can select a range of labs to view. Click the **From** search button and select the desired lab for the beginning of the range. Click the **To** search button and select the ending lab for the range. If you want to view all labs, leave <ALL> selected in the **From** and **To** fields.

3. Select Patient Range

To see only cases for certain patients, you can select a range of patients to view. Click the **From** search button and select the beginning patient for the range. Click the **To** search button and select the ending patient for the range. If you want to view all patients, leave <ALL> in the **From** and **To** fields.

4. Select Send Method Range

To see cases that were sent by a certain shipping method, click the **From** search button, select the beginning shipping method for the range, click the **To** search button, and select the ending shipping method for the range. If you want to view cases that were sent by all shipping methods, leave <ALL> in the **From** and **To** fields.

5. Select Case Provider(s)

Highlight the provider(s) you want to view or check **Select All** to include all providers. Check **List Inactive** to view inactive providers.

6. Select Sent Date

You may choose to view cases that were sent (or will be sent) at a certain time:

- **All:** Mark **All** to view all cases regardless of the date they were sent.
- **Absolute:** Mark **Absolute** to view cases that were sent within a certain date range. Enter the date range in the **From** and **To** fields.
- **Relative:** Mark **Relative** to view cases that were sent relative to today's date. Doing so activates the options under Relative for Next or Previous, the number of days, and Include Today. For example, if you mark Previous and enter 7 days and you are viewing the Lab Case Manager on September 8, the view will include lab cases that were sent September 1 through September 7. Check **Include Today** if you want the current day to be included (e.g. September 8).

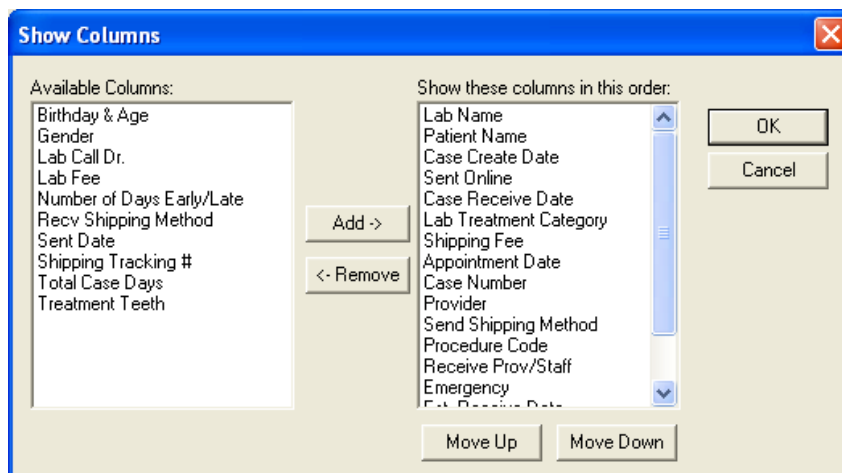
7. Select Finished Date

You may choose to view cases that were completed on a certain date or range of dates:

- **All:** Mark **All** to view all cases regardless of the date they were finished.
- **Absolute:** Mark **Absolute** to view cases that were finished within a certain date range. Enter the date range in the **From** and **To** fields.
- **Relative:** Mark **Relative** to view cases that were sent relative to today's date. Doing so activates the options under Relative for Next or Previous, the number of days, and Include Today. For example, if you mark Previous and enter 7 days and you are viewing the Lab Case Manager on September 8, the view will include lab cases that were sent September 1 through September 7. Check **Include Today** if you want the current day to be included (e.g. September 8).

8. Select Columns to Display

Click the **Show Columns** button to open the Show Columns dialog.



The Show These Columns in this Order pane lists the columns that are currently selected to be displayed in the Lab Case Manager. The Available Columns pane lists the columns that are available for selection but are not selected to be displayed.

- To remove a column, highlight the column in the Show These Columns in this Order pane and click **Remove**. The column is moved to the Available Columns pane.
- To add a column, highlight the column in the Available Columns pane and click **Add**. The column is moved to the Show these columns in this order pane.
- The order of the columns in the Show These Columns in this Order pane determines how the columns are displayed left to right in the Lab Case Manager. To change the order of the columns, highlight the column you want to move and click the **Move Up** or **Move Down** button. Click **OK** to save your changes and return to the Lab Case Manager View dialog.

9. Check Show Totals (Optional)

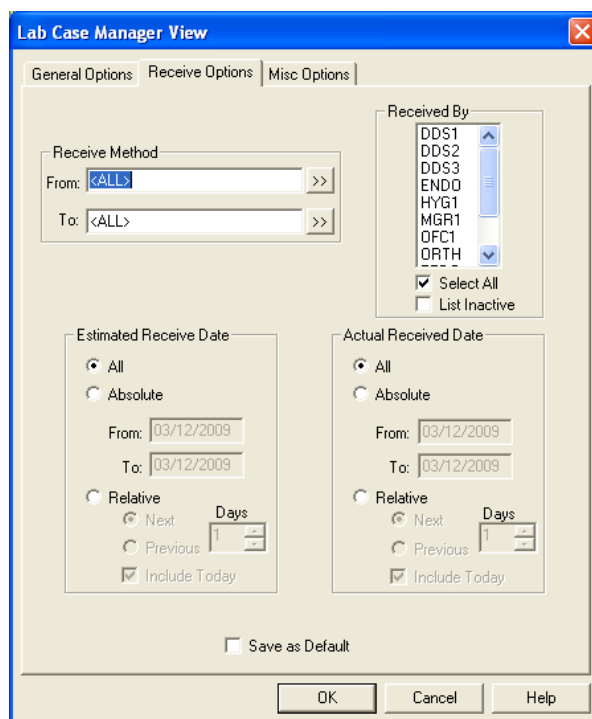
Check **Show Totals** to display a subtotal of certain columns when viewing the Lab Case Manager.

10. Save as Default (Optional)

Check **Save as Default** to save the settings you have selected for future viewing of the Lab Case Manager.

11. Click Receive Options Tab

Click the **Receive Options** Tab at the top of the dialog. This tab enables you to select receive methods and dates to view.



12. Select Receive Method Range

To see cases that were received by a certain shipping method, click the **From** search button, select the beginning shipping method for the range, click the **To** search button, and select the ending shipping method for the range. If you want to view cases that were received by all shipping methods, leave **<ALL>** selected in the **From** and **To** fields.

13. Select Received By Provider(s)

Highlight the provider(s) that received the cases you want to view or check **All** to include all providers.

14. Select Estimated Receive Date

You may choose to view cases that are estimated to be received at a certain time:

- **All:** Mark **All** to view all cases regardless of the date they were sent.
- **Absolute:** Mark **Absolute** to view cases that were sent within a certain date range. Enter the date range in the **From** and **To** fields.
- **Relative:** Mark **Relative** to view cases that were sent relative to today's date. Doing so activates the options under Relative for Next or Previous, the number of days, and Include Today. For example, if you mark Previous and enter 7 days and you are viewing the Lab Case Manager on September 8, the view will include lab cases that were sent September 1 through September 7. Check Include Today if you want the current day to be included (e.g. September 8).

15. Select Actual Receive Date

You may choose to view cases that were received on a certain date or range of dates:

- **All:** Mark All to view all cases regardless of the date they were sent.
- **Absolute:** Mark **Absolute** to view cases that were sent within a certain date range. Enter the date range in the **From** and **To** fields.
- **Relative:** Mark **Relative** to view cases that were sent relative to today's date. Doing so activates the options under Relative for Next or Previous, the number of days, and Include Today. For example, if you mark Previous and enter 7 days and you are viewing the Lab Case Manager on September 8, the view will include lab cases that were sent September 1 through September 7. Check **Include Today** if you want the current day to be included (e.g. September 8).

16. Click Misc Options Tab

Click the **Misc Options** Tab at the top of the dialog. The Miscellaneous Options are displayed.

The screenshot shows the 'Lab Case Manager View' dialog box with the 'Misc Options' tab selected. The dialog is divided into several sections:

- Lab Treatment Category:** 'From' and 'To' fields both set to '<ALL>'.
- Appointments:** Radio buttons for 'All' (selected), 'Attached', and 'Not Attached'. 'From' and 'To' date fields are both set to '03/12/2009'.
- Include Case Status:** Three checked checkboxes: 'Sent Cases', 'Received Cases', and 'Finished Cases'.
- Misc:** Two unchecked checkboxes: 'Emergency Cases Only' and 'Late Cases Only'.
- Patient Age:** 'From' and 'To' fields both set to '<ALL>'.
- Save as Default:** An unchecked checkbox at the bottom left.
- Buttons:** 'OK', 'Cancel', and 'Help' buttons at the bottom right.

17. Select Lab Treatment Category Range

To view cases assigned to certain Lab Treatment Categories, click the **From** and **To** search buttons and select a range of Lab Treatment Categories to include. To view all cases regardless of category, leave <ALL> selected in the **From** and **To** fields.

18. Select Appointments Options

The following options are available under Appointments:

- **All:** Mark **All** to include cases regardless of whether there is an appointment attached to the case.
- **Attached:** Mark **Attached** to only view cases attached to an appointment within the specified date range. Enter the appointment date range in the **From** and **To** fields.
- **Not Attached:** Mark **Not Attached** to include only cases that are not attached to an appointment within the specified date range.

19. Check Lab Case Status

You have the following options:

- **Sent Cases:** Check this option to include cases with the status of Sent.
- **Received Cases:** Check this option to include cases with the status of Received.
- **Finished Cases:** Check this option to include cases with the status of Finished.

20. Check Miscellaneous Options

You have the following options

- **Emergency Cases Only:** Check this option if you want to only include cases that have been marked as emergency.
- **Late Cases Only:** Check this option to only include cases in which the Actual Received Date was after the Estimated Received Date.

21. Select Patient Age Range

To view cases for patients within a certain age range, enter the ages in the **From** and **To** box. If you want to view cases regardless of patient age, leave <ALL> selected in the **From** and **To** fields.

22. Click OK

Click the **OK** button to exit and save your changes. A message appears, stating that it may take a few minutes for the Lab Case Manager to load.

Setting Up Shipping Methods

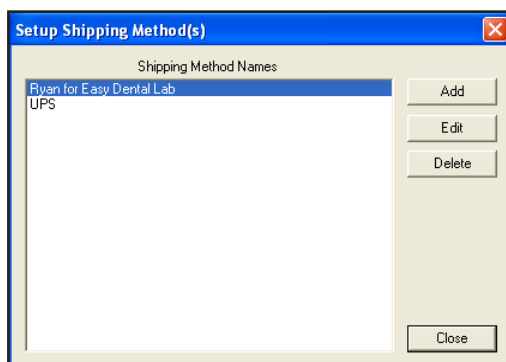
Offices can use various methods of shipping when sending lab cases to labs. The Lab Case Manager enables you to set up these methods of shipping to track each case. To set up shipping methods:

Adding a Shipping Method

To add a shipping method:

1. Click Setup | Shipping Method

From the main toolbar in the Lab Case Manager, click **Setup** and select **Shipping Method**. The Setup Shipping Method dialog appears.



2. Click Add

Click the Add button to add a new shipping method. The New Shipping Method dialog appears.

3. Select Shipping Type

Mark Courier or Driver for the shipping type. Enter the **Courier or Driver Name** in the appropriate field.

4. Mark Tracking Number Option

Mark **Yes** if there will be a tracking number associated with this method of shipping. Mark **No** if there will not be a tracking number.

5. Enter Ship and Arrival Time

Enter the approximate time (and AM or PM) when the courier or driver usually picks up the case in the **Ship Time** field. Enter the approximate time when the case will be dropped off from the lab in the **Arrival Time** field.

6. Click OK

Click the **OK** button to exit and save your changes. Click **Cancel** to exit without saving the new Shipping Method.

Editing a Shipping Method

To edit a shipping method:

1. Click Setup | Shipping Method

From the main toolbar in the Lab Case Manager, click **Setup** and select **Shipping Method**. The Setup Shipping Method dialog appears.

2. Click Edit

Highlight the Shipping Method you want to change and click **Edit**. The Edit Shipping Method dialog appears.

3. Make Changes

Make the necessary changes for this Shipping Method. (See the previous section on *Adding a Shipping Method* for a detailed description of each option.)

4. Click OK

Click the **OK** button to exit and save your changes. Click **Cancel** to exit without saving any changes.

Deleting a Shipping Method

To delete a shipping method:

1. Click Setup | Shipping Method

From the main toolbar in the Lab Case Manager, click **Setup** and select **Shipping Method**. The Setup Shipping Method dialog appears.

2. Select Shipping Method

Highlight the Shipping Method you want to delete in the Setup Shipping Methods dialog.

3. Click Delete

Click the **Delete** button. A message box appears to ask you to confirm the deletion. Click **Yes** to delete the Shipping Method or click **No** to cancel the deletion.

Setting Up Shade Guides and Shades

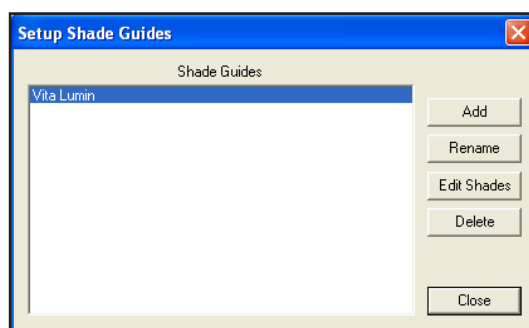
The Setup Shade Guides window enables you to create Shade Guides and attach associated shades that will be used in lab cases.

Adding a New Shade Guide

To add a shade guide

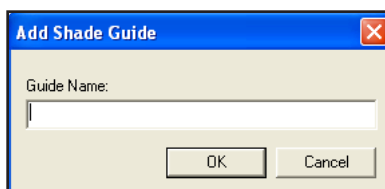
1. Click Setup | Shade Guide/Shades

From the main toolbar in the Lab Case Manager, click **Setup** and select **Shade Guide/Shades**. The Setup Shade Guides dialog appears.



2. Click Add

Click the **Add** button to enter a new Shade Guide. The Add Shade Guide dialog appears.



3. Enter Name

Enter the name of the Shade Guide (up to 31 characters can be entered) and click **OK**.

4. Edit Shades

The Edit Shade Guide dialog appears. This dialog allows you to assign the appropriate shades to this shade guide.

5. Add Shades

Click **Add** in the Edit Shade Guide dialog. The Add Shade dialog appears. Enter the name of the shade and click **OK**. Repeat for all shades associated with this shade guide and click **Close** when finished.

6. Click Close

Click **Close** to exit out of the Setup Shade Guides dialog.

Renaming a Shade Guide

To rename a shade guide:

1. Click Setup | Shade Guide/Shades

From the main toolbar in the Lab Case Manager, click **Setup** and select **Shade Guide/Shades**. The Setup Shade Guides dialog appears.

2. Select Shade Guide

Highlight the shade guide you want to change and click **Rename**. The Rename Shade Guide dialog appears.

3. Enter New Name

Enter the new name for the shade guide and click **OK**.

Editing Shades Assigned to a Shade Guide

To edit a shade assigned to a shade guide:

1. Click Setup | Shade Guide/Shades

From the main toolbar in the Lab Case Manager, click **Setup** and select **Shade Guide/Shades**. The Setup Shade Guides dialog appears.

2. Select Shade Guide

Highlight the shade guide you want to change and click **Edit Shades**. The Edit Shade Guide dialog appears.

3. Edit Shades

The following options are available for the selected shade guide:

- **Add:** Click **Add** to add a new shade for the shade guide. The Add Shade dialog appears. Enter the name of the shade and click **OK**.
- **Rename:** Click **Rename** to change the name of the selected shade. Enter the new name of the shade and click **OK**.
- **Delete:** Click the **Delete** button to delete the selected shade. A message box appears, stating that once a shade is deleted, it is unrecoverable. If the shade has not been used before in lab tracking, it can be deleted. Click **Yes** to continue or **No** to cancel.

4. Click Close

Click **Close** to close the Edit Shade Guide dialog.

Deleting a Shade Guide

To delete a shade guide:

1. Click Setup | Shade Guide/Shades

From the main toolbar in the Lab Case Manager, click **Setup** and select **Shade Guide/Shades**. The Setup Shade Guides dialog appears.

2. Click Delete

Highlight the Shade Guide you want to delete and click the **Delete** button. A message box appears, stating that all associated shades will be deleted along with the Shade Guide. Click **Yes** to continue or **No** to cancel the deletion.

3. Click Close

Click **Close** to close the Setup Shade Guides dialog.

Setting Up Lab Treatment Categories

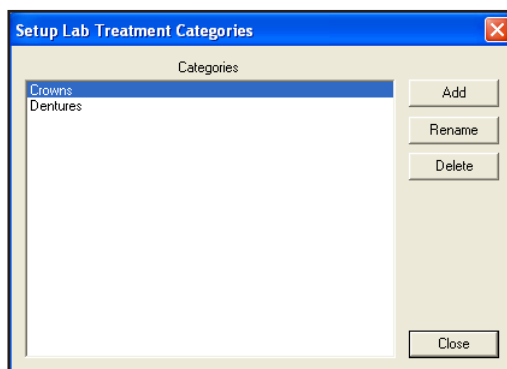
The Lab Treatment Categories Setup enables you to create categories for procedure codes. This allows the doctor to categorize the treatment for the lab case as he or she sees fit.

Adding a New Lab Treatment Category

To add a new lab treatment category:

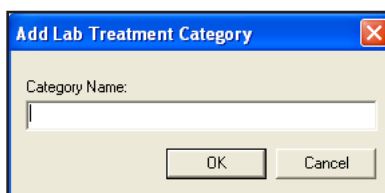
1. Click Setup | Lab Treatment Categories

From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab Treatment Categories**. The Setup Lab Treatment Categories dialog appears.



2. Click Add

Click the **Add** button to add a new category. The Add Lab Treatment Category dialog appears.



3. Enter Category Name

Type the category name and click **OK**.

Renaming a Lab Treatment Category

To rename a lab treatment category

1. Click Setup | Lab Treatment Categories

From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab Treatment Categories**. The Setup Lab Treatment Categories dialog appears.

2. Click Rename

Highlight the category you want to change and click **Rename**. The Rename Lab Treatment Category dialog appears.

3. Type New Name

Enter the new name in the **Category Name** field and click **OK** to save your changes. Click **Cancel** to exit without saving your changes.

Deleting a Lab Treatment Category

To delete a lab treatment category:

1. Click Setup | Lab Treatment Categories

From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab Treatment Categories**. The Setup Lab Treatment Categories dialog appears.

2. Click Delete

Highlight the category you want to delete and click the **Delete** button. Only a category that has not been used before in lab tracking can be deleted. Click **Yes** to continue or **No** to cancel.

3. Click Close

Click the **Close** button to exit the Setup Lab Treatment Categories dialog.

Setting Up Enclosures

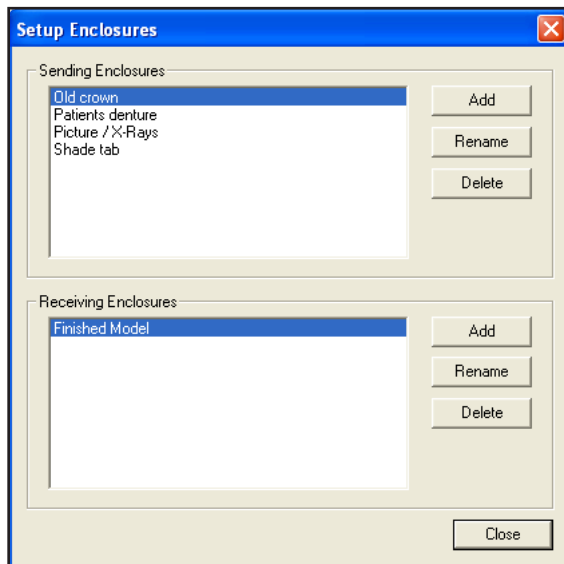
The Enclosures Setup enables you to enter common enclosures that will be sent or received with lab cases. These enclosures can then be selected when tracking lab cases.

Adding a New Enclosure

To add a new enclosure:

1. Click Setup | Enclosures

From the main toolbar in the Lab Case Manager, click **Setup** and select **Enclosures**. The Setup Enclosures dialog appears.



2. Click Add

Click the **Add** button next to Sending Enclosures or Receiving Enclosures. The Add Enclosures dialog appears.

3. Enter Enclosure Name

Type the name of the Enclosure and click **OK**.

Renaming an Enclosure

To rename an enclosure:

1. Click Setup | Enclosures

From the main toolbar in the Lab Case Manager, click **Setup** and select **Enclosures**. The Setup Enclosures dialog appears.

2. Click Rename

Highlight the enclosure you want to change and click **Rename**. The Rename Enclosure dialog appears.

3. Type New Name

Enter the new name of the enclosure and click **OK** to save your changes. Click **Cancel** to exit without saving the changes.

Deleting an Enclosure

To delete an enclosure:

1. Click Setup | Enclosures

From the main toolbar in the Lab Case Manager, click **Setup** and select **Enclosures**. The Setup Enclosures dialog appears.

2. Click Delete

Highlight the enclosure you want to delete and click the **Delete** button. Only an enclosure that has not been used in lab tracking can be deleted. Click **Yes** to continue or **No** to cancel.

Setting Up Custom Notes

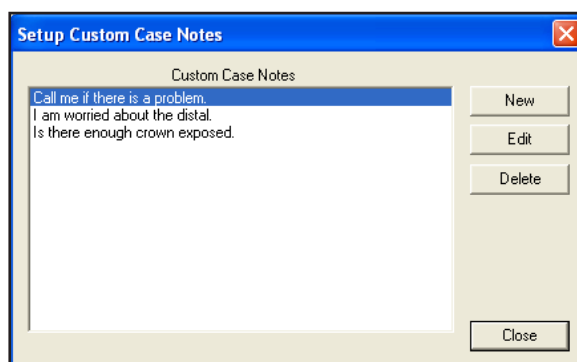
There are certain common notes that are often used when setting up lab cases. Instead of typing the note each time, you can set up a custom note for selection when creating a new lab case or assigning to a particular lab.

Adding a New Custom Case Note

To add a new custom note:

1. Click **Setup | Custom Notes**

From the main toolbar in the Lab Case Manager, click **Setup** and select **Custom Notes**. The Setup Custom Case Notes Setup dialog appears.



2. Click **New**

Click **New** to add a new custom note. The New Custom Note dialog appears.

3. Type Note

Enter the custom note in the text field. Click **OK** to exit and save your changes. Click **Cancel** to exit without saving the note.

Editing a Custom Case Note

To edit a custom case note:

1. Click **Setup | Custom Notes**

From the main toolbar in the Lab Case Manager, click **Setup** and select **Custom Notes**. The Setup Custom Case Notes Setup dialog appears.

2. Click **Edit**

Highlight the Custom Case Note you want to edit and click the **Edit** button. The Edit Custom Note dialog appears showing the existing note.

3. Make Changes

Make the necessary changes to the note and click **OK** to save your changes. Click **Cancel** to exit without saving changes to the note.

Deleting a Custom Note

To delete a custom case note:

1. Click **Setup | Custom Notes**

From the main toolbar in the Lab Case Manager, click **Setup** and select **Custom Notes**. The Setup Custom Case Notes Setup dialog appears.

2. Click **Delete**

Highlight the Custom Case Note you want to delete and click the **Delete** button. A message box appears to ask you to confirm the deletion. Click **Yes** to delete the custom note.

3. Click Close

Click the **Close** button to exit the Custom Case Notes Setup dialog.

Setting up Labs

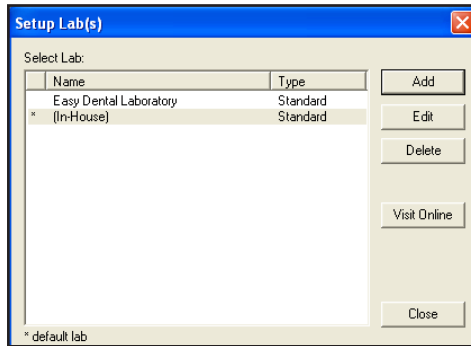
The Lab Setup function enables you to enter the Lab(s) to which you will be sending cases.

Manually Adding a New Lab

To add a new lab manually:

1. Click Setup | Lab

From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab**. The Setup Lab(s) dialog appears.



2. Click Add

Click the **Add** button to add a new lab. The New Lab dialog appears.

3. Enter Lab Information

Enter the lab name, contact information, and address in the appropriate fields.

4. Set up Default Options

Set up the appropriate default options for this lab. These options appear when a specific lab is selected but can be changed manually for each individual case.

- **Default Ship to Method:** Expand the drop-down and select the shipping method that will most commonly be used with this particular lab. (See the *Setting Up Shipping Methods* section in this chapter for information on setting up shipping methods).
- **Default Receive From Method:** Expand the drop-down and select the shipping method that will most commonly be used when cases are returned from this particular lab. (See the *Setting Up Shipping Methods* section in this chapter for information on setting up shipping methods).
- **Default Shade Guide:** Expand the drop-down and select the shade guide that will be used most often with this lab. (See the *Setting Up Shade Guides and Shades* section in this chapter for information on setting up shade guides).
- **Use Practice Info on Reports:** Mark this option to have the practice name and address print on the lab reports instead of the provider information.
- **Use Provider Info on Reports:** Mark this option to have the provider's name and address print on the lab reports instead of the practice information.
- **International Tooth Numbering:** Check this check box if you want to flag the lab as using International Tooth Numbering.
- **Default Lab:** Check this check box if you want all cases to use this lab by default when cases are created. The lab can manually be changed for each case if necessary. Only one lab can be selected as the default lab.

5. Enter Case Notes (Optional)

Enter a default note for this lab if necessary in the **Case Note(s)** field. Click **Custom Notes** to select a custom note that has been created. (See the *Setting Up Custom Notes* section in this chapter for more information.)

6. Click OK

Click the **OK** button to exit and save your changes. Click **Cancel** if you want to exit without saving the new lab information.

Adding a New Lab Using DDX

To add a new lab with DDX:

1. Click Setup | Lab

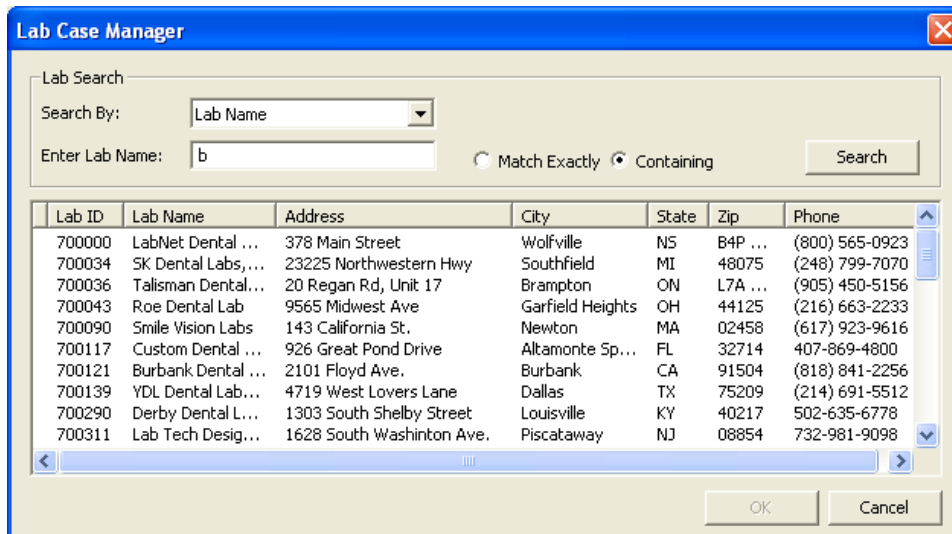
From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab**. The Setup Lab(s) dialog appears.

2. Click Add

Click the **Add** button to add a new lab. The New Lab dialog appears.

3. Click Search DDX

Click **Search DDX** to search the Labnet database for a lab. The Lab Case Manager-Lab search dialog appears.



4. Select Search By Option

Select a Search By option by expanding the drop-down and selecting a search criteria from the list provided.

5. Enter Search Text

Enter the text that you want to search for in the **Enter Lab Name** field. The text will differ depending on the Search By option selected.

6. Mark Match Exactly or Containing

Mark **Match Exactly** to search for labs that exactly match the text you entered or mark **Containing** to search for labs that contain the text you entered.

7. Click Search

Click **Search**. The results appear in the information pane.

8. Highlight Lab

Highlight the lab for which you are searching from the information panel.

Note: If you cannot find the lab that you are looking for in the list provided, try a different search criteria.

9. Click OK

Click **OK** to return to the New Lab dialog. The information of the lab you selected is populated in the fields of the New Lab dialog.

10. Select Default Options

Select the appropriate default options for this lab. These options appears when a specific lab is selected but can be changed manually for each individual case.

- **Default Ship to Method:** Expand the drop-down and select the shipping method that will most commonly be used with this particular lab. (See the *Setting Up Shipping Methods* section in this chapter for information on setting up shipping methods).
- **Default Receive From Method:** Expand the drop-down and select the shipping method that will most commonly be used when things are returned from this particular lab. (See the *Setting Up Shipping Methods* section in this chapter for information on setting up shipping methods).
- **Default Shade Guide:** Expand the drop-down and select the shade guide that will be used most often with this lab. (See the *Setting Up Shade Guides and Shades* section in this chapter for information on setting up shade guides).
- **Use Practice Info on Reports:** Mark this option to have the practice name and address print on the lab reports instead of the provider information.
- **Use Provider Info on Reports:** Mark this option to have the provider's name and address print on the lab reports instead of the practice information.

- **International Tooth Numbering:** Check this check box if you want to flag the lab as using International Tooth Numbering.
- **Default Lab:** Check this check box if you want all cases to use this lab by default when a case is created. The lab can manually be changed for each case if necessary. Only one lab can be selected as the default lab.

11. Verify Login

If you want to verify the DDX login for the selected lab, enter the Account Code and Password, then click Verify Login.

Note: If the Account Code or Password is incorrect, a message box appears. Reenter the account code and password and try to verify your login again. The Account Code and Password must be obtained from a lab participating in DDX. A lab can register at www.ddxdental.com. Please contact the lab affiliated with DDX for a user name and password.

12. Enter Case Notes (Optional)

Enter a default note for this lab if necessary in the **Case Note(s)** field. Click **Custom Notes** to select a custom note that has been created. See the Setup Custom Notes section for more information.

13. Click OK

Click the **OK** button to exit and save your changes. Click **Cancel** if you want to exit without saving the new lab information.

Editing a Lab

To edit a lab:

1. Click Setup | Lab

From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab**. The Setup Lab(s) dialog appears.

2. Click Edit

Highlight the lab you want to change and click **Edit**. The Edit Lab dialog appears.

3. Make Changes

Edit the necessary information for the Lab. (See the *Manually Adding a New Lab* section in this chapter for detailed information on each option.)

4. Click OK

Click the **OK** button to exit and save your changes. Click **Cancel** to exit without saving your changes.

Deleting a Lab

To delete a lab:

1. Click Setup | Lab

From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab**. The Setup Lab(s) dialog appears.

2. Click Delete

Highlight the Lab you want to delete and click **Delete**. A message box appears to ask you to confirm the deletion. Click **Yes** to delete the lab or click **No** to exit without deleting.

Using the Lab Case Manager

The following sections will explain how to create, view, and track lab cases in the Lab Case Manager:

- Creating a Lab Case
- Sending a Lab Case Electronically through DDX
- Viewing a Lab Case
- Editing a Lab Case
- Deleting a Lab Case
- Viewing Lab Case Information
- Requesting Case Pickup
- Receiving a Lab Case
- Finishing a Case
- Returning a Case to the Lab
- Attaching Appointments
- Viewing Appointments Attached to a Lab Case
- Using the List to Contact Patients
- Printing Case Prescriptions
- Printing the Lab Case Manager List

Creating a Lab Case

To create a new lab case in the Lab Case Manager:

1. Click New Case

Click the **New Case** button on the buttons toolbar. The Select Patient dialog appears.

2. Select Patient

Type the first few letters of the patient's last name. Highlight the correct patient and click **OK**. The New Case Entry dialog appears with the patient's name on the title bar.

3. Enter Case Information

Edit or enter the following information in the appropriate fields:

- **Create Date:** The Create Date defaults to today's date. Expand the drop-down to select a different date if necessary.
- **Provider:** If the case is attached to an appointment, the provider for the appointment is selected. If there is not an attached appointment, the provider defaults to the patient's primary provider selected in the Patients module. Click the search button to change the provider if necessary.
- **Category:** Click the down arrow and select the lab treatment category to which you want to assign this case. (For information on setting up a category, see *Setting up Labs* in the *Setting Up the Lab Case Manager* section of this chapter.)

4. Enter Procedure Information (Optional)

Click the search button next to **Procedure Information**. The Treatment Plan window appears, listing all treatment-planned procedures for this patient. Highlight the appropriate code(s) to attach to the lab case and click **Close**. (If the procedure does not appear in the Treatment Plan window, enter treatment plan procedures from the Treatment Plans module.)

5. Select Shades

Click the **Shades** button to enter shade information for the attached procedure code. The Shade Information dialog appears, showing six anterior teeth.

- To attach a shade color to a location on the tooth, highlight a color in the listing and then click the location of the tooth where the shade needs to be added.
- To remove a shade from its location, highlight the desired shade and click **Clear**.

Click **OK** when finished assigning shades to the correct locations.

6. Enter Case Notes

Type a note for the case in the **Case Notes** field or click Custom Notes to select a custom case note from those that have been entered (see Custom Case Notes Setup in the Setup section for more information). Click **Insert Dateline** to insert today's date in the note.

7. Select Enclosures

Highlight the enclosure(s) needed and click **OK**. To highlight more than one enclosure, hold down the Ctrl key while clicking with the mouse. (For information on adding an enclosure, see *Setting Up Enclosures* in the *Setting Up the Lab Case Manager* section of this chapter.)

8. Enter Send Information

Enter the following send information:

- **Lab:** Expand this drop-down to select the lab to which the case has been or will be shipped. (For information on adding a Lab to this window, see Labs Setup in the Setup section.)
- **Shipping Method:** Expand this drop-down to select the shipping method by which the lab case will be sent. (For information on how to enter a shipping method, see Shipping Method Setup in the Setup section.)
- **Sent Date:** Enter the date the case will be sent to the lab. The date is today's date by default. Expand the drop-down to select a different date.
- **Try In:** Check this check box to indicate a 'try-in' lab case.
- **Emergency:** Check this check box if the lab case is an emergency situation.
- **Call Doctor:** Check this check box to flag that the doctor should be called regarding the case.
- **Shipping Tracking Number:** Enter the shipping tracking number in this field for reference.
- **Shipping Cost:** Enter the cost amount for shipping in this field.

9. Enter Information from Lab

Enter the following information from the lab:

- **Lab Assigned Case #:** Enter the case number from the lab. If it is an online lab, the Lab Assigned Case # is entered automatically when the lab is sent electronically.
- **Receive from Lab Date:** Enter the date when the case should be back from the lab. If it is an online lab, the date is entered automatically when the case is sent electronically.

10. Next Lab Appointment Information

The Next Lab Appointment Information group box displays the patient's next appointment date and time. If there is more than one appointment, you can click the **Change Appointment** button and select the correct appointment associated with this lab case.

11. Select Close Options

Mark **Print** if you want to print the case upon closing. Mark **Send Online** if you want to send the case electronically upon closing the dialog.

12. Attachments (Optional)

If you have Easy Image installed, you can click the **Image** button to select a patient's image that you want to include with the lab case. You can also import files from the Documents module.

13. Click OK

Click the **OK** button to exit and save the new case entry. Click **Cancel** to exit without saving any changes.

Sending a Lab Case Electronically through DDX

The lab attached to a case must be set up with DDX and have a valid username and password attached in order for a case to be sent electronically. (See Lab Setup in the Setup section for how to set up a lab as an online lab.) The practice must receive a valid username and password from a lab participating with DDX in order to send a case electronically. The practice can search for an affiliated lab using the Search DDX button. The lab will need to be contacted in order to obtain a username and password. To send cases electronically:

1. Highlight Cases

Highlight the cases that you want to send electronically. Only cases that are attached to an online lab with a username and password may be sent electronically.

2. Click Send Selected

Click the **Send Selected** button on the buttons toolbar to send the highlighted cases over the Internet.

OR

1. Click Send All Unsent

Click the **Send All Unsent** button on the buttons toolbar to send cases that are linked to an online lab and have the status of Unsent.

Note: The Lab must be registered with DDX in order to receive lab cases sent electronically from Easy Dental. Labs can register at www.ddxdental.com.

Viewing a Lab Case

Double click a case to view the case information. You can also right-click on any case to display a list of options. (See *Setting Up the View* in the *Setting Up the Lab Case Manager* section of this chapter for information on how to select the cases and data that is displayed in the Lab Case Manager.)

Adjusting a Column Width

To make viewing and editing the Lab Case Manager easier, the width of each individual column can be adjusted. To adjust the size of a column, move your cursor to the column heading you want to resize. Click the right border of the column and drag the cursor to the left to decrease the size of the column or to the right to increase the size of the column.

Sorting the List

You may sort the list by any of the columns being displayed. To change the sort order, click the column heading by which you want to sort the list. The list is immediately sorted by the selected column.

Viewing Patient Alerts

Click the **Patient Alerts** button to view any alerts for the selected patient.

Viewing Patient Picture

Click the **Patient Picture** button to view a photo of the patient (if any).

Editing a Lab Case

To edit an existing lab case:

1. Select Lab Case

Highlight the lab case you want to change in the Lab Case Manager.

2. Click Edit Case

Click the **Edit Case** button on the buttons toolbar. The Edit Case dialog appears, displaying all information for the case.

3. Make Changes

Make the necessary changes to the case.

4. Click OK

Click **OK** to save the changes and return to the Lab Case Manager.

Deleting a Lab Case

To delete a lab case:

1. Highlight Case

Highlight the case you want to delete from the Lab Case Manager.

2. Click Delete Case

Click the **Delete** Case button on the buttons toolbar. A message box appears to ask you to confirm the deletion. Click **Yes** to delete the case or **No** to cancel. When a lab case is deleted in the Lab Case Manager that has been sent electronically, it will also be deleted from DDX.

Viewing Lab Case Information

To view the information about a lab case once it has been created, double click the lab case in the case list to open the Case Information dialog.

Case Information

Lab Name: Easy Dental Laboratory
 Phone: (801)763-9300 Ext: 0001
 Contact:
 Email: dentallab@easydental.com

Patient: Little, Carol
 Guar: Little, Dean
 Phone: H (801)797-6241
 W
 Email:

Case Number:
 Appt Date/Time: 07/09/2008 9:40am
 Appt Prov: DDS2
 Est Receive Date: 07/25/2008
 Finished Date:

Procedure Information

Proc Date	Tooth	Surface	Proc Code	Description
10/02/2007	2		D2740	Crown-porcelain/ceramic substr

Case Log

Type	Date	Ship Cost	Lab Fee
Send	07/11/2008	0.00	

Case Note
 Note Date: Previous Next

Receive Case Update Edit Case Close

From this dialog you can click the appropriate button to Delete a Case Log Entry, view case notes, Edit a Case, Receive a Case, Update the case, and Close the dialog.

Requesting Case Pickup

To have a case pickup request sent electronically to an online lab:

1. Click Case Pickup Request

Click the **Case Pickup Request** button on the buttons toolbar. The Case Pickup Request dialog appears.

Case Pickup Request

Request Case Pickup from
 Dentrix Dental Laboratory

Request Pickup Close

2. Select Lab

Expand the **Request Case Pickup from** drop-down and select the lab to which you want to send the request.

3. Click Request Pickup

Click the **Request Pickup** button. This sends a request to the selected lab to have a driver come pick up the case. If the lab receives the request, “Lab has Received the Request” is displayed. If the lab does not receive the request, “Lab Not Connected to the Internet” is displayed.

Receiving a Lab Case

When a case has been returned from the lab:

1. Click Receive Case

Highlight the outstanding lab case in the Case List pane and click the **Receive Case** button on the buttons toolbar. The Receive Case dialog appears.

2. Edit Received Date

The **Received Date** defaults to today's date. To change this date, expand the drop-down and select the correct date from the calendar.

3. Select Received By Provider

Click the search button next to **Received By** and select the correct provider.

4. Select Received Method

Click the search button next to **Received Method** and select the appropriate method of shipping.

5. Enter Lab Fee

Enter the lab fee in the **Lab Fee** field. The running balance for this lab appears.

6. Enter Lab Assigned Case

Enter the number the lab assigned to the case in this field.

7. Select Enclosures Received

Click the **Enclosure(s) Received** search button to select any enclosures that were received with the lab case.

8. Review Case Notes

The last case note entered is displayed. Click the **Note Date** search button and select a different date to view a note that was entered on that day. Click the **Previous** and **Next** button to move between the notes entered for the case. To enter a new case note, click the **Note Date** search button and select today's date. Click **Custom Notes** to attach a custom note to the case.

9. Finish Case

If the case is complete, mark **Finish Case**.

10. Click OK

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

Finishing a Case

To finish a case:

1. Highlight Case

Highlight the case you want to finish in the Case List pane.

2. Click Finish Case

Click the **Finish Case** button on the buttons toolbar. The Receive Case dialog appears.

Received Date: 3/26/2009 Received By: >>

Received from Method: Ryan for Easy Dental Lab Lab Fee:

Lab Assigned Case #: Running Balance: 0.00

Est. Received Date: 07/25/2008 Days Early/Late: 244 day(s) late

Enclosure(s) Sent:

Enclosure(s) Received: >>

Case Note

Note Date: 3/26/2009 Previous Next Custom Notes Insert Dateline

Case Status

Receive Case Finish Case Return Case to Lab

View Case Online OK Cancel

3. Mark Finish Case

Mark the **Finish Case** radio button.

Note: The Finish Case radio button is marked by default.

4. Click OK

Click **OK** to finish the case.

Returning a Case to the Lab

If the case needs to be returned to the lab for additional work:

1. Click Receive Case

Click the **Receive Case** button on the buttons toolbar. The Receive Case dialog appears, displaying all information for the case.

2. Edit Case Information

Edit or enter the appropriate case information. (For information on each field, see the *Creating a Lab Case* section in this chapter.)

3. Select Enclosures

Highlight the enclosure(s) needed for the returned lab case.

4. Click OK

Click **OK** to return to the Receive Case dialog. (For information on adding an enclosure, see *Setting Up Enclosures* in the *Setting Up the Lab Case Manager* section of this chapter.)

5. Review or Append Case Notes

The last case note entered is displayed. Click the **Note Date** search button and select a different date to view a note that was entered on that day. Click the **Previous** and **Next** button to move between the notes entered for the case. To enter a new case note, click the **Note Date** search button and select today's date. Click **Custom Notes** to attach a custom note to the case.

6. Mark Return Case to Lab

In the Case Status group box, mark **Return Case to Lab**.

7. Click OK

Click the **OK** button to exit and save the Return to Lab case entry.

Attaching Appointments

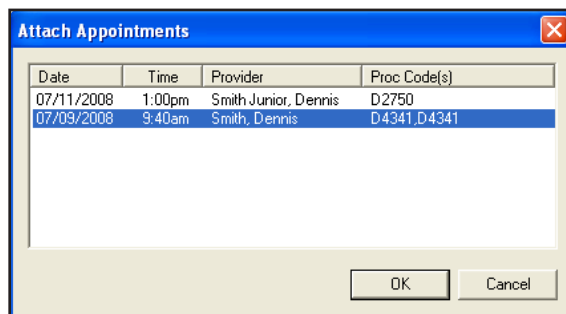
Existing appointments can easily be attached to a case from the Lab Case Manager. Sometimes it may be necessary to attach multiple appointments to a case before any work is completed to ensure that the appointments will already be scheduled for a certain time frame. To attach appointments:

1. Select Lab Case

Highlight the desired lab case in the Lab Case Manager.

2. Click Attach Appt

Click the **Attach Appt** button. The Attach Appointments dialog appears, listing all appointments for the patient that have not been set complete.



3. Select Appointment(s)

Highlight the appointments you want to attach.

4. Click OK

Click the **OK** button to exit and save the attached appointments with the lab case. Click **Cancel** to exit without saving any changes.

Viewing Appointments Attached to a Lab Case

A “L” icon appears on a patient’s appointment when the Lab Case check box is checked on the appointment. You can click the symbol to open the attached lab case. The following colors indicate the status of the lab case:

- **Red “L”**: Indicates that the Lab Case check box is checked on the Appointment Information dialog, but there is not an attached appointment (a case has not been selected by clicking the Attach Case button).
- **Blue “L”**: Indicates that the Lab Case check box is checked on the Appointment Information dialog and there has been a case attached. The case is considered “sent to the lab.”
- **Purple “L”**: Indicates that the lab case attached to the appointment is an “in-house” case.
- **White “L” (green background)**: Indicates that the attached case has been received.

Using the List to Contact Patients

Once you have generated a list of cases, there are several methods available to contact the patient: phone calls and letters.

Phone Calls

If you have a modem, Easy Dental can make calling patients easier by showing the patient’s available phone numbers and then dialing the number you choose. Additionally, you can enter notes about the phone call that are automatically added to the Contacts for the patient. To make a phone call:

1. Highlight Patient

From the Lab Case Manager, highlight the lab for the patient you want to contact.

2. Click Auto Dial

Click the **Auto Dial** button on the main toolbar of the Lab Case Manager. The Auto Dial dialog appears.

3. Click Phone Number

All available phone numbers for the patient are displayed on the left side of the screen. Click the number you want to dial. The Dial dialog appears.

4. Click Dial

Click the **Dial** button. A message box appears, instructing you to pick up the handset of the phone. Click the **Talk** button on the prompt once the patient has answered.

Note: Telephony settings must be set up in order to use this feature.

5. Add Contacts Entry

Enter any notes regarding the phone call in the **Note** field.

6. Click OK

Click **OK**. A phone call entry is added to the Contacts module for this patient.

Quick Letters

You can easily create a letter for a patient from the Lab Case Manager by completing the following steps:

1. Highlight Patient

From the Lab Case Manager, highlight the lab for the patient you want to contact.

2. Click Quick Letters

Click the **Quick Letters** button on the main toolbar of the Lab Case Manager. The Quick Letters dialog appears.

3. Select Letter

Select the letter you want to merge. (If you want to add a letter to the list, refer to the *Using Quick Letters* section in the *Chart* chapter.)

4. Click Build/View

Click the **Build/View** button to merge the letter in Microsoft Word (depending on the computer, it may be necessary to open and minimize Microsoft Word prior to this step). Once the letter has been successfully merged, make any changes and then click the **Print** button.

5. Select File | Close

After you have printed the letter, select **File**, then **Close** from the menu bar in Microsoft Word. A message box appears, asking if you want to save the changes. Click the **No** button.

6. Repeat for Any Other Patients

Repeat steps 1 – 5 for any other patients who need letters.

Printing Case Prescriptions

To quickly print a case prescription to send to the lab, highlight the desired case and click the **Print** button. Click **Print** to print the prescription immediately or click **Batch** to send the prescription to the Batch Processor.

Printing the Lab Case Manager List

To print the Lab Case Manager List, click the **Copy to Clipboard** button on the main toolbar. The currently viewed list is copied to the Windows Clipboard. You can, then, open an application, such as Microsoft Word or Excel and select **Edit**, then **Paste**. The information is pasted into the application and can, then, be printed.

EasyWeb

The EasyWeb toolbar provides you with the tools necessary to connect your Easy Dental software to the Internet. Using the EasyWeb toolbar, you can set up an attractive and professional web site.

This section provides you with instructions on how to upload information and how your patients can use the Easy Dental web site powered by easydental.ident.com. In this chapter, the following topics are covered:

- Getting Started
- Customizing the Toolbar
- Easy Dental Web Button
- Web Site Manager
- Insurance Manager
- Patient Eligibility
- Correspondence Manager
- Referral Manager
- EasyWeb Settings
- Upload

Getting Started

Use the following sections to help you get started using EasyWeb:

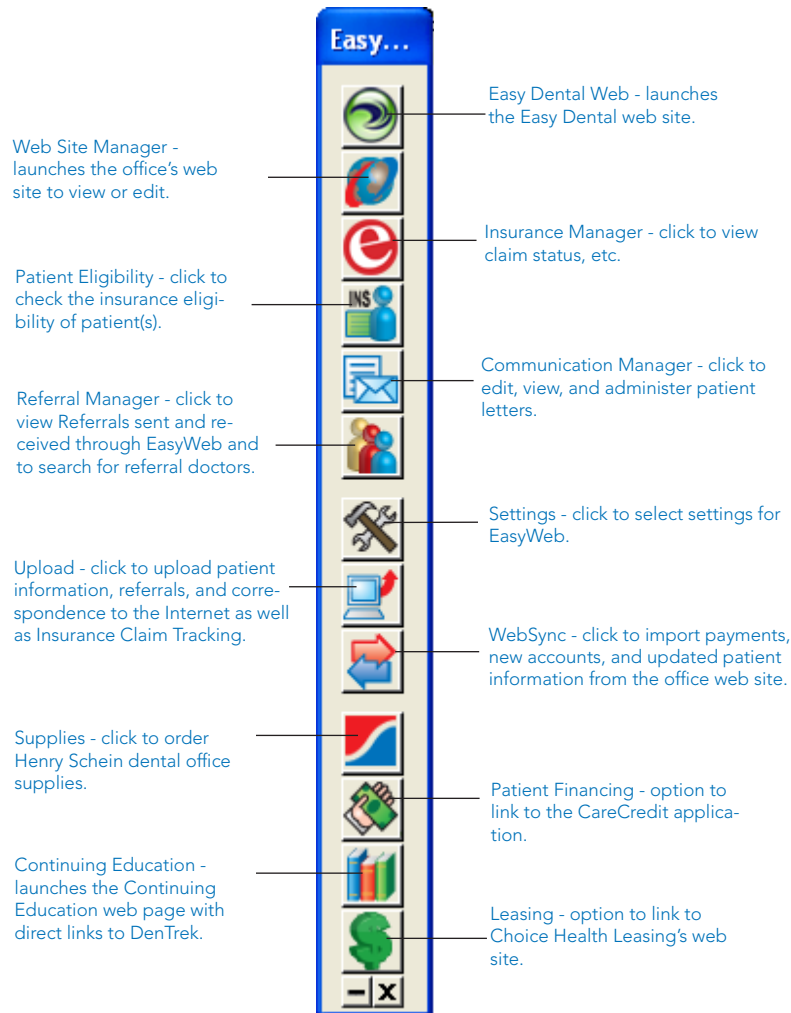
- Registering Your Practice
- Starting EasyWeb

Registering Your Practice

Go to <http://www.easydental.com/WebReady/register.html> to register your practice for a user name and password. You will receive an email confirmation containing your user name and password for EasyWeb.

Starting EasyWeb

Click the **EasyWeb** button located in any of the Easy Dental modules. The EasyWeb toolbar appears. See below for a description of each button.



Customizing the Toolbar

The buttons and orientation of the EasyWeb toolbar can be customized to better suit your needs. The following sections will describe how to change the orientation of the toolbar, as well as remove, add, or change the order of the toolbar buttons.

This section covers the following topics:

- Changing the Orientation
- Customizing the Buttons

Changing the Orientation

The EasyWeb toolbar can be set to stand vertically or horizontally on your computer screen. To change the orientation, right-click the toolbar. A pop-up menu appears. Click **Show Vertical** or **Show Horizontal**. The toolbar continues to appear with the selected orientation until changed.

To move the toolbar to a different location on your computer screen, click and hold your mouse on the blue title bar and drag it to the desired location.

Customizing the Buttons

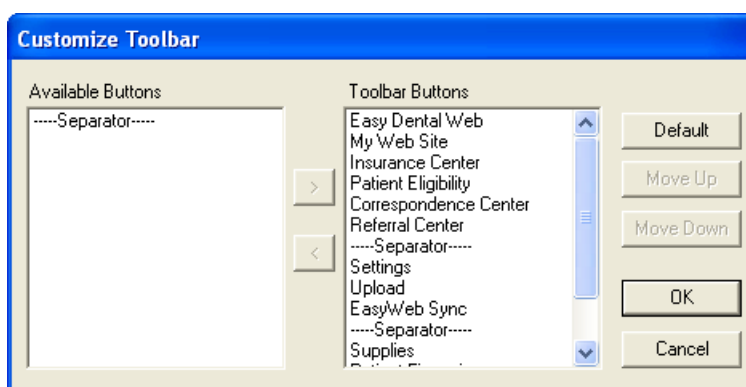
The EasyWeb toolbar allows you to order the buttons in any order you want as well as remove any unused buttons. To customize buttons:

1. Right-Click the Toolbar

Right-click the EasyWeb toolbar. A pop-up menu appears.

2. Select Customize Toolbar

Select **Customize Toolbar** from the menu. The Customize Toolbar dialog box appears.



3. Customize Toolbar

Customize the toolbar using any of the following options:

- **Remove a Button from the Toolbar**

- From the Toolbar Buttons pane, highlight the description for the button you want to remove.
- Click the left arrow button. The description moves to the Available Buttons pane.

Note: You may also quickly remove a button when viewing the EasyWeb toolbar. Right-click the desired button and select Remove Button.

- **Add a Button to the Toolbar**

- From the Available Buttons pane, highlight the description for the button you want to add.
- Click the right arrow button. The description moves to the Toolbar Buttons pane.

- **Arranging Buttons on the Toolbar**

- From the Toolbar Buttons pane, highlight the description for the button you want to move.
- Click the **Move Up** or **Move Down** button. The button description will move up or down one position. Keep clicking the **Move Up** or **Move Down** button until the description appears in the correct position.

- **Default Arrangement**

- Click the **Default** button to restore the toolbar to the system default buttons and order.

4. Click OK

Click the **OK** button to save your settings and return to the EasyWeb toolbar.

Easy Dental Web Button

The **Easy Dental Web** button links you to the Easy Dental web site on the Internet (www.Easy Dental.com).

Web Site Manager

In the Web site Manager, you can build and manage your practice Web site, check statistics about your Web site, manage your eCentral account, and administer patient account access. When you click the **Web Site Manager** button, you will be linked to the Manage My Site page in the eCentral Web Site Manager module.

The easiest way to start your Web site is to use the Web Site Manager module.

Note: If you have already created a Web site, a dialog box appears telling you that information was found from a previous attempt to create a new Web site. Mark Continue where I left off to jump to the place you left off in your Web site creation process. Mark Discard the old information and start over to begin creating a Web site from scratch.

There are seven steps to creating and managing your Web site: Domain Search, Purchase and Renewal, Email Configuration, Practice Info and Web site Settings, Template Selection, Web page Editing, Payment Administration, and Payment Setup.

See the eCentral user's guide or help files for more information about using the Web Site Manager.

Insurance Manager

In the Insurance Manager, you can search for patient eligibility, manage claims you have sent electronically, view reports about the electronic claims you have sent, and view claim statistics. When you click the **Insurance Center** button on the EasyWeb Toolbar, the Insurance Manager module opens to the Claim Statistics page. To access the Insurance Center, click the button located on the EasyWeb Toolbar.

The Claim Statistics section of the Insurance Manager shows you the statistics of the electronic claims you have sent over the specified date range. These statistics show both the individual number and the percentage of claims that have been accepted and rejected.



You can change the date range of the claim statistics by clicking Claims Statistics Search. You can view more specific information about your claims and track them by clicking a claim status and searching for the claim in the Claim Tracking window.

Patient Eligibility

When you click the **Patient Eligibility** button, you can quickly check insurance eligibility for your patients.

When you search for Patient Eligibility, a request for verification of eligibility is sent to the patient's insurance company. Any patient eligibility information that you have obtained in the past or that was requested during the eSync will be listed on the main patient eligibility page. When eligibility results are returned, they will be listed at the top of this list.

PATIENT ELIGIBILITY ?

Patient Eligibility allows you to quickly check insurance eligibility for your patients. Select Eligibility Search to start a new insurance eligibility request.

[Submit Eligibility Request ▶](#)

[Filter by Date ▶](#) 04/04/2008 to 04/18/2008 [Think you received an invalid response? ▶](#)

Delete	Patient Name	Eligibility Date ▲	DOB	Subscriber ID	Group ID	Payor Name	Eligible
--------	--------------	--------------------	-----	---------------	----------	------------	----------


You can view the details of a patient's eligibility information by clicking the link in the Response column.

Correspondence Manager

In the eCentral Communication Manager, you can set up correspondence templates, create and view patient surveys, manage correspondence you have sent, create a patient newsletter, send and view referrals, and view your practice statistics. When you click the **Correspondence Manager** button, the Communication Manager opens to the Practice Statistics page.

When you click the correspondence tab, the Practice Statistics page opens. The Practice Statistics page lists the statistics that pertain to your correspondence, including the statistics about patient satisfaction scores, email appointment correspondence, text message appointment correspondence, post card appointment correspondence, patient referrals, and provider referrals. By default, these statistics reflect cumulative totals (except the satisfaction scores, which are shown for the past month, past six months, and past year).

PRACTICE STATISTICS ?

 [STATISTICS SEARCH ▶](#)

Patient Satisfaction Scores [manage surveys]

Survey Statistics		Satisfaction Scores				
		Total	Past Month	Past Month 6	Past Month 12	
Total Surveys From Email	2	Great 26	26	26	26	
Total Surveys From Web site	3	Good 7	7	7	7	
Completed Surveys	3	Okay 0	0	0	0	
Partial Surveys	2	Fair 0	0	0	0	
Unanswered Email Surveys	32	Poor 0	0	0	0	

Appointment Correspondence [manage correspondence]

Email Messages			Text Messages			Post Cards		
Delivered	0	100%	Delivered	0	0%	Mailed	0	0%
Viewed	0	0%	Scheduled	0	0%	Scheduled	0	0%
Confirmed	0	0%	Cancelled	0	0%	Insufficient Time	0	0%
Undeliverable	0	0%	Invalid Number	0	0%	Incomplete Address	0	0%
						Cancelled	0	0%

Electronic Referrals [manage referrals]

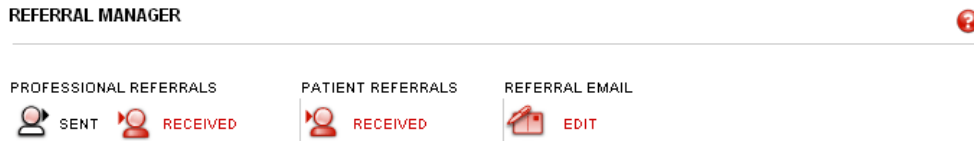
Patient Referrals	
Received	0
Provider Referrals	
Sent	0
Received	0

Referral Manager

Sending and receiving electronic referrals saves you time and money because it eliminates the need to duplicate x-rays, copy notes, file letters, write forms, or enter existing data. The eCentral Referral Manager helps you send and receive electronic referrals. When you click the **Referral Manager** button, eCentral opens to the Referral Manager page.

You can use eCentral to send electronic referrals to other dental professionals and collect referrals that patients send to your practice. Once you have sent referrals, you can track the professional referrals sent, professional referrals received, and patient referrals received. You can also edit the email that will be sent to referred patients.

In the Referral Manager, you can also view your professional contact list (the list of all other dental professionals who use eCentral) and set up a personal contact list of dental professionals with whom you work frequently.



EasyWeb Settings

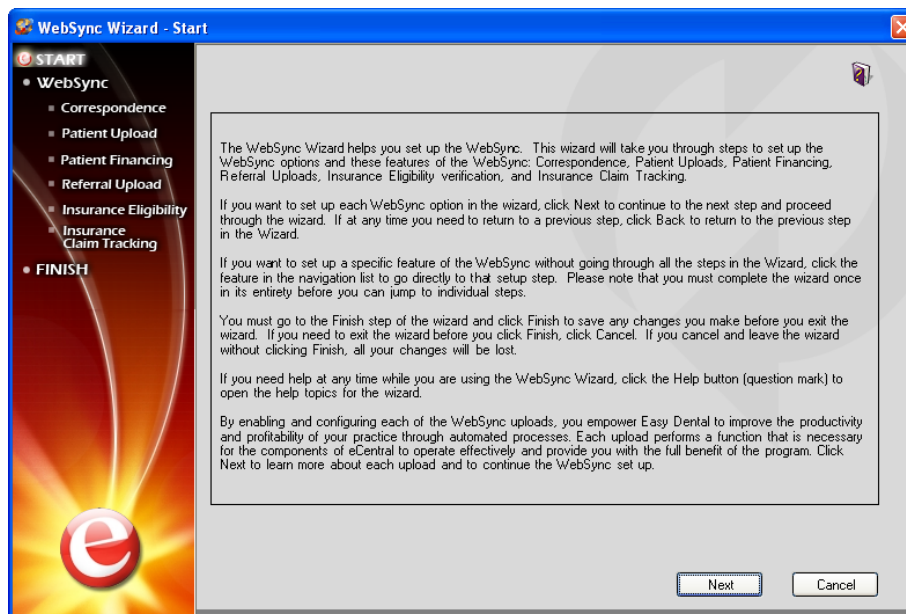
The following settings can be accessed through the Settings menu:

- WebSync Wizard
- EasyWeb Updates
- Patient Setup
- Referral Settings

WebSync Wizard

The WebSync Wizard helps you set up the eSync, so you can transfer information back and forth between the Toolbar and your eCentral Web site. The WebSync Wizard helps you set up the following features of the eSync:

- Current Patient Upload
- Correspondence Upload Override
- Patient Upload Override
- Referral Upload Override
- Claim Tracking Upload Override



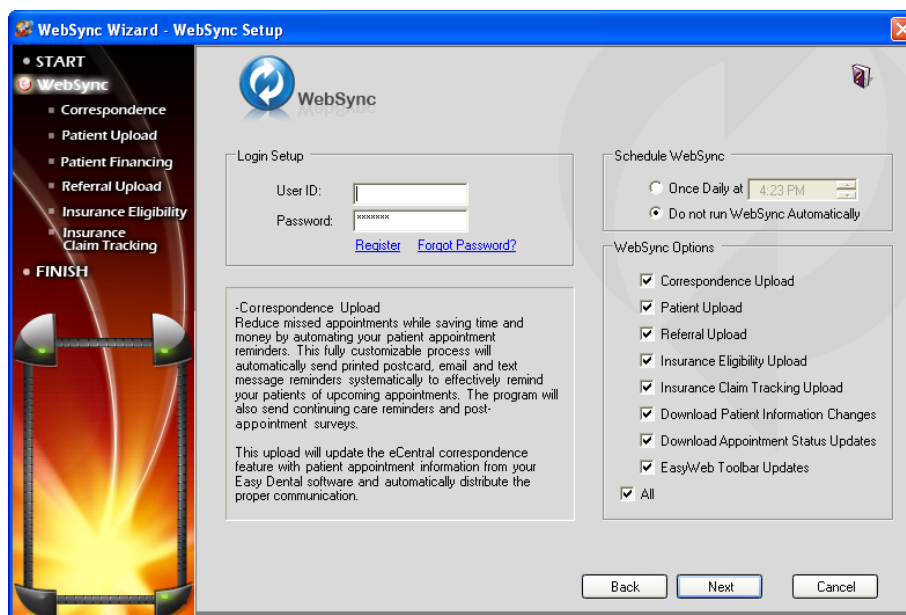
If you want to set up each eSync option in the wizard, click **Next** to continue to the next step and proceed through the wizard. If, at any time, you need to return to a previous step, click **Back** to return to the previous step in the Wizard.

If you want to set up a specific feature of the eSync without going through all the steps in the Wizard, click the feature in the navigation list to go directly to that setup step. Please note that you must complete the wizard once in its entirety before you can jump to individual steps.

You must go to the Finish step of the wizard and click **Finish** to save any changes you make before you exit the wizard. If you need to exit the wizard before you click Finish, click Cancel. If you cancel and leave the wizard without clicking **Finish**, all your changes will be lost.

WebSync

Running the WebSync assimilates the information in your practice management software with that in your eCentral web site. Running a WebSync allows you to upload information to your eCentral web site and import new online accounts, online information changes, and online payments into your practice management software. Running a WebSync also sends the correspondence you have requested to your patients.



You can customize the information you want to sync in the WebSync setup. You can also customize the frequency of the reminders that are generated about the WebSync. This document will discuss WebSync Setup, Settings, and the WebSync itself.

Login Setup

In the Login Setup group box, enter the **User ID** and **Password** you received when you registered your eCentral account. If you have not registered, click **Register**. If you forgot your User ID or password, click **Forgot Password**.

Schedule WebSync

You can run the WebSync automatically in the Schedule eSync dialog. If you want the WebSync to run automatically at a specific time, mark **One Daily at** and select a time. If you do not want the WebSync to run automatically, mark **Do not run WebSync Automatically**.

WebSync Options

In the WebSync options group box, check the box next to the options you want to include during the WebSync. You can include the following options and uploads during the WebSync:

- Correspondence Upload
- Patient Upload
- Questionnaire Upload
- Referral Upload
- Insurance Eligibility Upload
- Insurance Claim Tracking Upload
- Download Patient Information Changes
- Download Appointment Status Updates
- EasyWeb Toolbar Updates

If you want to include all the options in the WebSync, check **All**.

Correspondence Upload

Sending correspondence to your patients keeps them informed about their scheduled appointments and Continuing Care deadlines. Correspondence helps you reduce the number of missed appointments in your office and keeps your patients informed about their treatment needs.

You can send Appointment reminders and Continuing Care reminders to your patients via letters, postcards, email, or text messages. These correspondences must be set up in the EasyWeb Toolbar and your eCentral Web site before they can be sent.



Correspondence Types

Place a check mark in the box next to the correspondence type(s) you want to send to your patients. You can select one, two, or all options.

- **Email:** Enables email to be sent to those patients with an email address set up in the Patients module or Patient Setup.
- **Text Message:** Enables text messages to be sent to patients with a cell phone listed as an alternate phone number in the Patients module.
- **Postcard:** Enables postcards to be printed and sent to patients with an address set up in the Patients module.

Enabling any of these options indicates that you agree to the Pricing Terms and Conditions. Click the Pricing Terms and Conditions link to view those terms and conditions.

Select Correspondence

In the Select Correspondence group box, select the correspondence you want to send. By default, ten correspondence filters are available:

- Appointment Reminder, 30 before appointment
- Appointment Reminder, 14 days before appointment
- Appointment Reminder, 1 days before appointment
- Continuing Care Reminder, 30 days before appointment
- Continuing Care Reminder, 14 days before appointment
- Continuing Care Reminder, 1 days before appointment
- Continuing Care Due, 30 days before due date
- Continuing Care Due, 14 days before due date
- Continuing Care Due, 1 days before due date
- Continuing Care Due, 90 days past due date

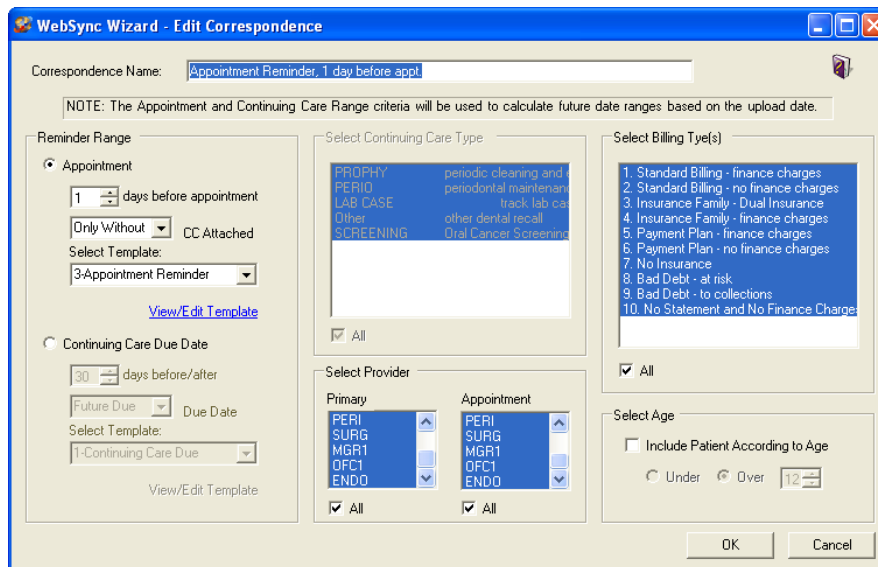
If you want to send a correspondence that is not on the list, click New. If you want to change the settings of one of the default correspondences, click Edit. Clicking either of these buttons will open the Edit Correspondence dialog.

Appointment Status

In the Appointment Status group box, select the appointment status you want to assign to appointments that are confirmed electronically from the drop-down list.

Edit Correspondence

You can edit correspondence.



Correspondence Name

Enter the **Correspondence Name** you want to use for the correspondence you are creating/editing.

Reminder Range

In the Reminder Range dialog box, mark whether you want to sort the range of the reminder by **Appointment** or by **Continuing Care Due Date**. The range you select will be the range that is used to determine which patients receive this correspondence.

If you mark Appointment:

- Use the spin box to select the number of days before the appointment you want to send the correspondence.
- Select whether you want to require that Continuing Care be attached to the appointment. If you select Only With, correspondence will be sent to only those appointments that are attached to the Continuing Care types specified. If you select Only Without, correspondence will be sent to only those appointments that do not have any Continuing Care types attached. If you select All, correspondence will be sent to all appointments in the date range that are attached to any of the Continuing Care types.
- Select the Template you want to use for this correspondence. The Templates listed in the drop-down are the templates you have set up on your eCentral account. Click **View/Edit Template** to go to your eCentral account to view or modify these templates.

If you mark Continuing Care Due Date:

- Use the spin box to select the number of days before or after the due date you want to send the correspondence.
- Expand the drop-down and select whether you want to send the correspondence before or after the due date.
- Select the Template you want to use for this correspondence. The Templates listed in the drop-down are the templates you have set up on your eCentral account. Click **View/Edit Template** to go to your eCentral account to view or modify these templates.

Select Continuing Care Type

Note: If you marked Appointment in the Reminder Range, you will only be able to select Continuing Care Types if you select "Only With" from the "Continuing Care Attached?" drop-down list.

Select the Continuing Care Type(s) you want to include in this correspondence. Correspondence will be sent to only the selected Continuing Care type(s). Five Continuing Care types are available. To select all of these types, check the All check box.

Select Provider

Select the Provider(s) you want to include in this correspondence. You can choose to include providers based on a patient's primary provider or their appointment provider. Correspondence will be sent to only the highlighted Provider(s). To select all of these types, check the **All** check box.

Select Billing Type(s)

Select the Billing Type(s) you want to include. Only patients with the selected billing type(s) will be included. Check **All** to include all billing types. The billing types that are available are the billing types that you have set up in the Practice Definitions of the Reports module.

Select Age

Check **Include Patients According to Age** to send correspondence to only those patients who are under or over a certain age. Use the spin box to select an age and mark Under or Over to specify the age.

Patient Upload

The Patient Upload Setup allows you to select which items to include in the Patient Upload process. Only patients with a Patient status (not Non-Patient) that have signed a Web Consent form and have a Consent Date in Patient Setup will be included in the upload.

Accounts

Select the patient's Accounts module items you want to include on your practice Web site.

- **Family/Patient Account Transactions:** If you check Family/Patient Account Transactions, Accounts module transactions that occurred on or after the first transaction date for the family will be included in the upload. Check List Individual Patient Balances of Family to break down the balances by individuals.
- **Account Information:** If you check Account Information, the upload will include Aged Balances, Last Payment, Last Insurance Payment, Last Statement Date, Outstanding Billed to Medical/Dental, Expected from Dental Insurance, and Guarantor Portion of Total Balance. (This option will not upload information for patients that do not have the "Use Guarantor's User ID and Password" selected in Patient Setup.)
- **Payment Plan Information:** If you select Payment Plan Information, the upload will include Payment Amount, amount Past Due, Payment Due, and Due Date.

Patient Message

In the **Patient Message** field, you can enter a generic patient message that will be sent to all patients during the upload.

Patient's Clinical Information

Check **Treatment Plan** to upload all treatment-planned procedures for the patients. Check **Include Estimates** to upload Insurance Estimate information along with the treatment information.

Appointments

Check **Appointment Date, Time, and Provider** to upload all future appointment information for the family.

Select Provider

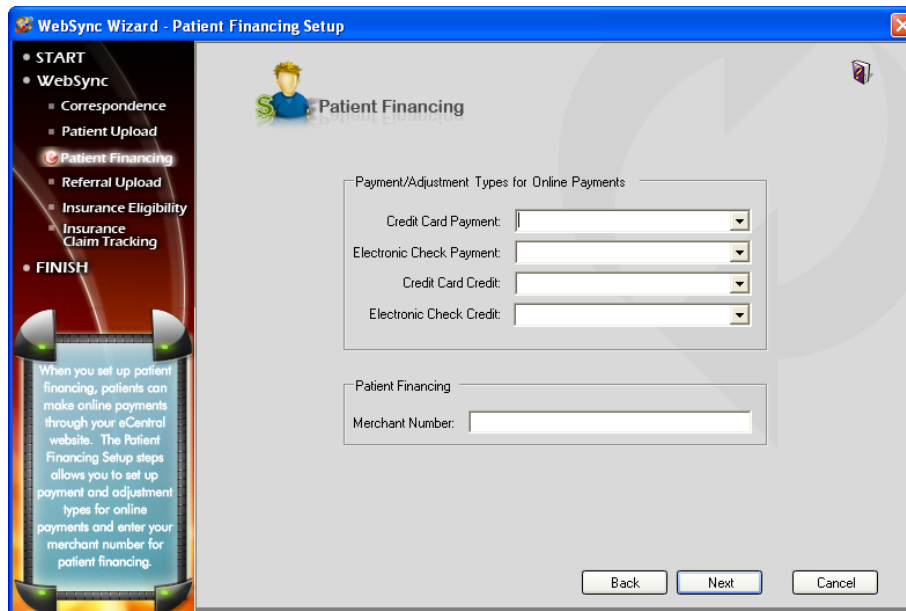
Enter a provider range to only upload certain provider's patients, or leave it set at <ALL> to include all providers.

Billing Type(s)

Select the Billing Type(s) you want to include. Only patients with the selected billing type(s) will be included. Check **All** to include all billing types. The billing types that are available are the billing types that you have set up in the Practice Definitions of the Reports Module.

Patient Financing

When you set up patient financing, patients can make online payments through your eCentral web site. The Patient Financing Setup step allows you to set up payment and adjustment types for online payments and enter your merchant number for patient financing.



Payment and Adjustment Types for Online Payments

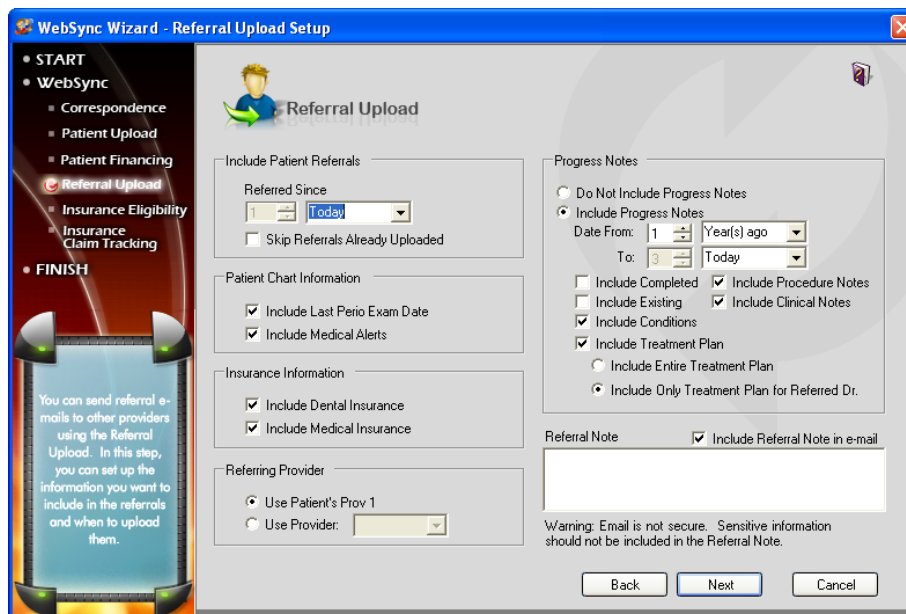
Select the payment and adjustment types that will be entered into the Ledger for the online patient payments. You can select payment and adjustments types for credit card payments, electronic check payments, credit card credits, or electronic check credits. To select a payment/adjustment type, expand the drop-down and select the correct type from the list.

Patient Financing

Enter the Merchant Number assigned to you by Citi Health in order to process patient financing.

Referral Upload

You can use eCentral to send electronic referral email messages to other dental professionals. You can also use eCentral to accept patient referrals and upload them. Referrals are uploaded and email messages are sent during the eSync process.



Include Patient Referrals

In the Include Patient Referrals group box, select the amount of time that can elapse since the patient created the referral. For example, if you want to upload all patient referrals that have been entered in the last week, select 7 Day(s).

Check the **Skip Referrals Already Uploaded** check box to skip patient referrals that have been entered within the specified date range but have already been uploaded.

Patient Chart Information

In the Patient Chart Information group box, check the chart information you want to include in the upload. You can include the last Perio Exam data and/or Medical Alerts.

Insurance Information

In the Insurance Information group box, check the insurance information you want to include in the upload. You can include Dental Insurance and/or Medical Insurance.

Referring Provider

In the Referring Provider group box, mark **Use Patient's Prov1** to upload the referred patient's primary provider listed in the Patients module. To select a specific provider, mark Use Provider and select the appropriate provider from the drop-down list.

Progress Notes

In the Progress Notes group box, select the progress notes you want to include in the upload. Mark **Do Not Include Progress Notes** if you do not want to upload the patient's progress notes from the Chart. If you want to include these notes, mark **Include Progress Notes**.

Enter a date span using the spin box - select a numeric value and the drop-down menu to select Year(s) ago, Month(s) ago, week(s) ago, or Day(s) ago. Only Progress Notes that fall within this date span will be included.

Check the notes you want to include. You can include:

- Completed
- Procedure Notes
- Existing
- Clinical Notes
- Conditions
- Treatment Plan

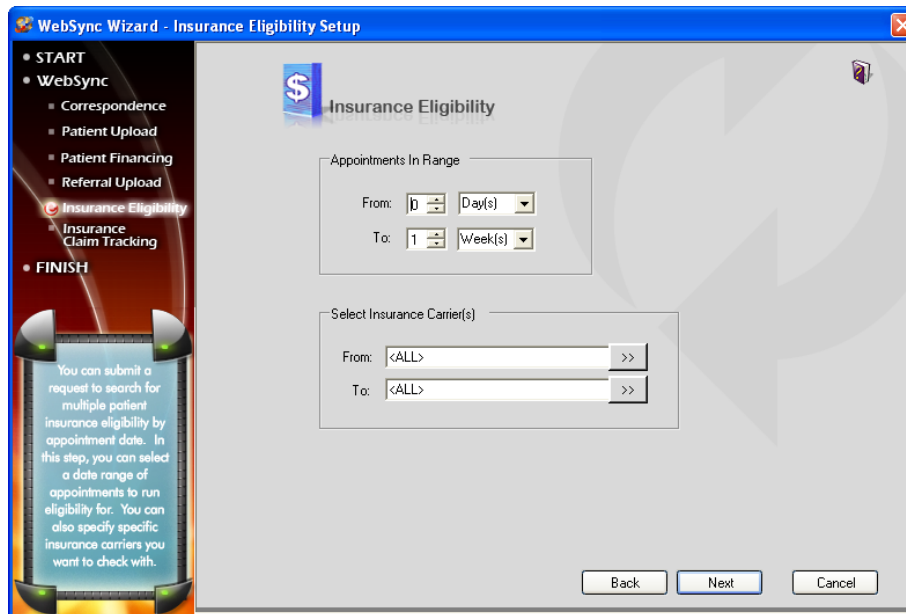
If Include **Treatment Plan** is checked, mark if you want to include notes for the patient's entire Treatment Plan, only notes for treatment planned procedures referred to this doctor, or treatment plan notes from a specific Presenter order (click the search button and select which display orders to include).

Referral Note

If desired, enter a referral note in the Referral Note group box. Check the **Include Referral Note** in email group box to include the note in the email that is sent to the doctor you are sending the referral to.

Insurance Eligibility

The eCentral Insurance Center allows you to find and view the details of patient insurance eligibility information without having to contact insurance companies directly.



Appointments in Range

The Appointments in Range frame allows you to specify the number of days in advance that you want to check eligibility for patients who have appointments scheduled. You can set the date range as a number of days or a number of weeks. Use the spin boxes and drop-down lists to select a From and To date range for the search.

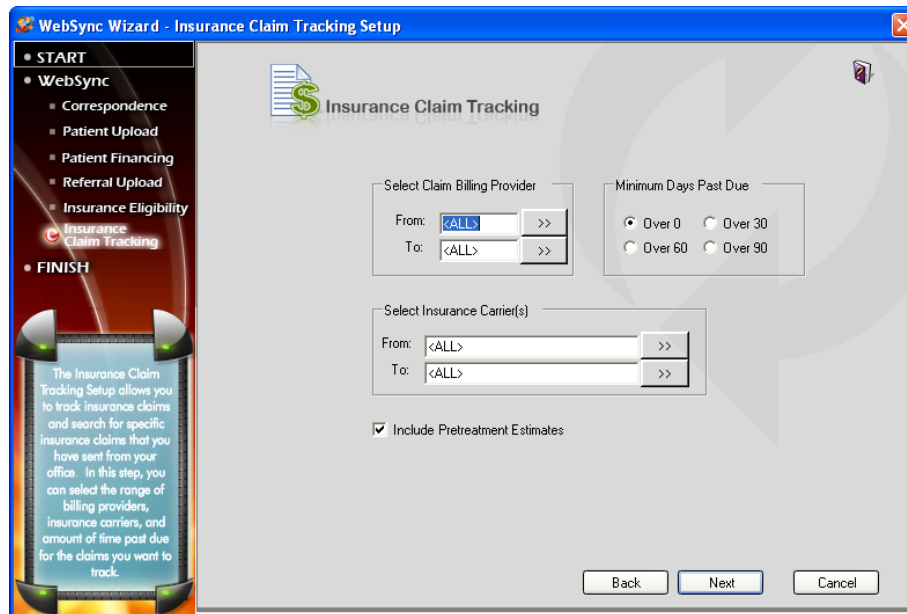
Select Insurance Carrier(s)

The Select Insurance Carrier frame is used to qualify the appointment range search and reduce the number of search results found in the appointment range. You can select a single carrier or a range of carriers. Use the search buttons to open the Select Dental Insurance Plan dialog and select carrier(s). Leave the fields set to <ALL> to show eligibility information from all insurance carriers.

Insurance Claim Tracking

The Insurance Claim Tracking Setup dialog box allows you to track claims by selecting certain search criteria for claims.

Note: The Insurance Claim Tracking tracks the progress of claims that have been created in the Ledger. You must create claims in the Ledger before they can be tracked.



Select Claim Billing Provider

If desired, you can sort the claims created by certain billing providers in your electronic claim tracking. To filter the claims by billing provider, click the search button after **From** and select the beginning provider for the range. Next, click the search button after **To** and select the ending provider for the range. If you want to include all providers, leave at **<ALL>**.

Minimum Days Past Due

If desired, you can filter the claims according to the balance days past due. To filter claims according to minimum days past due, mark **Over 30**, **Over 60**, or **Over 90**. To include all claims regardless of past due date, leave **Over 0** marked.

Select Insurance Carrier(s)

If desired, select insurance carrier(s) you want to include in your electronic claim tracking. To select a range of insurance carriers click the search button after **From** and select the beginning carrier for the range. Next, click the search button after **To** and select the ending carrier for the range. If you want to include all insurance carriers, leave at **<ALL>**.

Include Pre-treatment Estimates

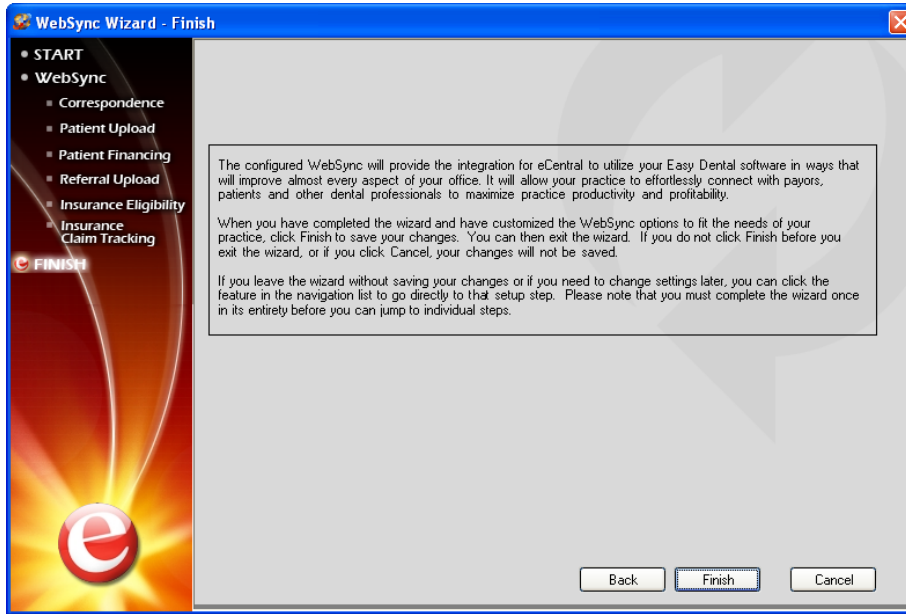
If you want to include Pre-treatment Estimates in the upload, check **Include Pre-treatment Estimates**.

Finish

The last step in the WebSync Wizard is Finish. You must go to the Finish step of the wizard and click **Finish** to save any changes you make before you exit the wizard.

If you need to exit the wizard before you click Finish, click **Cancel**. If you cancel and leave the wizard without clicking **Finish**, all your changes will be lost.

Click the **Finish** link in the WebSync Wizard to go to the Finish screen to click Finish and save your changes in the Wizard.



EasyWeb Updates

Click **EasyWeb Updates** to tell Easy Dental to connect to the internet and check for updates to the EasyWeb toolbar. If updates are available, the EasyWeb Toolbar Update dialog appears and show you information about the new version of the Toolbar that is available. You can either download the update now or be reminded to download the update next time you run the WebSync. Select the desired option and click **OK**.

If you choose to download the update now, the update will be downloaded and a message appears telling you that you will be prompted to apply the download the next time EasyWeb is started. The next time you launch the EasyWeb Toolbar, a dialog box appears with a message asking if you want to install the update that was downloaded. Click **Yes** to install the update or **No** to continue without installing the update.

Patient Setup

To set up patients for eCentral:

1. Click Settings | Patient Setup

Click the **Settings** button on the EasyWeb Toolbar. Select **Patient Setup** from the menu. If you do not have a patient selected, the Select Patient dialog box appears. Select a patient to continue. If you have a patient selected, the Patient Setup dialog box appears.

2. Enter Consent Date

In order for a patient to have their information posted to a web site, they must sign a Web Consent form. Enter the appropriate **Web Consent Date** in the field or click **Insert Today's Date** if the patient consented today.

EasyWeb installs a consent form letter on the server in the Letter Template Path specified in the Preferences dialog box. To find this letter, open the Reports Module and click the **Maintenance** button and select **Preferences**. Select the **Paths** tab and note the Letter Template Path. Follow this path in Word to find webcnt.doc. The template can be added as a Quick Letter. (See adding Quick Letters in the Easy Dental User's Guide.)

3. Enter Email Address

The **Primary Email Address** will be pulled from the patient's Patients module. Enter a secondary (if applicable) email address in the field provided if the patient wants correspondence to be delivered to an email address other than the primary email address. Mark the address you want to use for email correspondence.

4. Select Preferences

Select the Preferred ways in which the patient want to receive correspondence.

- **Send Account Update Email:** Notifies the patient, through the patient's private email address, that information has been posted to the doctor's web site. This email message will also contain a link that will take the patient directly to the office web site. It will include a user name and password for the patient to access their patient information.
- **Email Correspondence:** Sends correspondence (newsletters, reminder cards, etc.) to the patient's email address.
- **Text Message Correspondence:** Sends correspondence (appointment reminders) to the patient's cell phone via text message.
- **Appointment Information:** Sends appointment information and electronic appointment reminders, Continuing Care reminders, or any Communications to the office web site for this patient.
- **Treatment Plans:** Sends an electronic copy of the patient's treatment plan to the office web site.
- **Account Information:** Sends an electronic copy of the family's account information to the office web site for this patient.

- **Info to Referred Dr.:** Sends referral information to the office's secure web page for the Referred To doctor if the patient falls within the parameters in the Referral Upload Setup (see the previous section). If this option is NOT checked, the patient will be skipped during the referral upload.

5. Enter Password Information

User ID - The User ID will be automatically entered if a patient is selected. You may change the User ID if desired. The User ID must be unique.

- **Password:** The Password will be automatically entered if a patient is selected. You may change the password if desired.
- **Use Guarantor's User ID and Password:** Check this option if you want to use the same user name and password entered for the guarantor for this family member.
- **Reset Password:** Click Reset Password to reassign a password to any patient.

6. Click OK

Click **OK** to save your changes.

Referral Settings

You can use eCentral to send electronic referrals to other dental professionals. In order to send referrals, you must set up the provider(s) to whom you will be sending referrals in the Reports Module, your eCentral web site, and the EasyWeb Toolbar. You must set up referral providers in the Referral Setup section of EasyWeb before you can upload referrals to that provider.

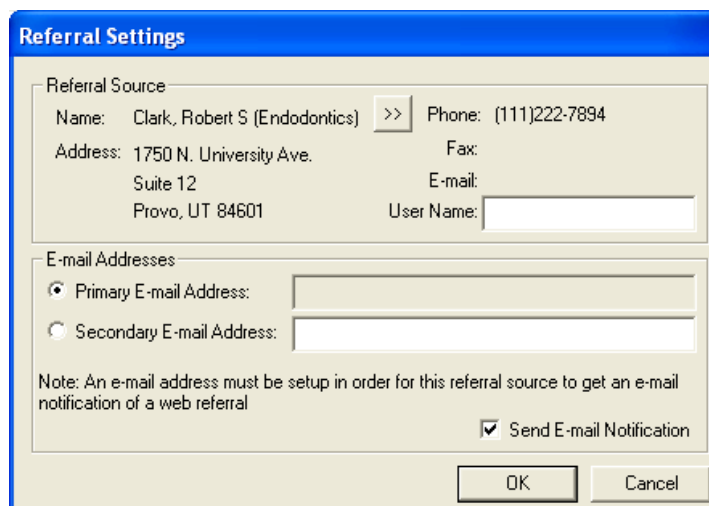
1. Open Select Referred To Dialog

In the EasyWeb Toolbar, click **Settings** | **Referral Setup**. The Select Referred To dialog box appears.

Name	Specialty
Clark, Robert S	Endodontics

2. Select Provider

You can either select the provider's name in the list or search for the desired provider by entering the first few letters of the provider's last name and clicking the search button. When you have selected the desired provider, click **OK**. The Referral Settings dialog appears.



The image shows a 'Referral Settings' dialog box with a blue title bar. It contains two main sections: 'Referral Source' and 'E-mail Addresses'. The 'Referral Source' section has fields for Name (Clark, Robert S (Endodontics)), Address (1750 N. University Ave., Suite 12, Provo, UT 84601), Phone ((111)222-7894), Fax, E-mail, and User Name. A '>>' button is next to the Name field. The 'E-mail Addresses' section has radio buttons for 'Primary E-mail Address' and 'Secondary E-mail Address', each with an adjacent text input field. A note states: 'Note: An e-mail address must be setup in order for this referral source to get an e-mail notification of a web referral'. There is a checked checkbox for 'Send E-mail Notification'. At the bottom are 'OK' and 'Cancel' buttons.

3. Verify Referral Contact Information

The contact information (Name, Address, Phone, Fax, and Email) of the referral provider you have selected appears in the Referral Source group box. Verify that the information is correct. If you need to change any of the provider's contact information, open the Patients module and double click the **Referred By** or **To** block, click **Add**, select the provider, and click Edit to edit the provider's contact information.

4. Select New Provider (optional)

If you selected the wrong provider, click the search button next to the provider name. The Select Referred To dialog appears again. Select the correct provider and return to step 3.

5. Enter User Name

Enter the username you found in the Professional Contact List of the eCentral web site. If you do not have the username, open the eCentral web site, click the **Referral Center** tab, click the **Professional Contact List** link, search for the desired provider, and copy the provider's username from the Username column into the User Name field of the Referral Settings dialog.

6. Select Email Addresses

Select the email address to use when sending referral notifications to the provider. You can use the provider's primary email address that was set up in the Reports Module or you can enter a secondary email address to use instead of the primary email address. Mark the radio button next to the email address you want to use to send email notifications of referrals.

If you don't want to send email notifications of referrals, un-check the Send Email Notifications box.

Once you have set up referrals, you can setup the Referral Upload to send referrals during the WebSync and the Referral Upload Override to send a few referrals at a time without running the WebSync.

Upload

Upload refers to the process of copying patient information from the office database to the Easy Dental eCentral web site for patient or referral doctor's viewing purposes. Each time an upload takes place, an email notification will be sent to the patient or guarantor if "Send Email Notification" is selected in the Patient Setup screen. See Patient Setup in the Setup section for more information. The Practice Setup information must be entered in EasyWeb before any uploads can take place. See Practice Setup in the EasyWeb Settings section for more information. The Insurance Claim Tracking Upload feature enables you (the doctor) to track and display the status of outstanding claims. The following uploads are available:

- Current Patient Upload
- Correspondence Upload Override
- Patient Upload Override

- Referral Upload Override
- Claim Tracking Upload Override

Current Patient Upload

Select Current Patient Upload to upload the current patient. If the patient does not have a Web Consent date set up, you will be prompted to add a Web Consent date before the patient is uploaded. If the patient does have a web consent date set up, the EasyWeb Upload List - Patient Upload Override dialog appears.

Click **Upload** to upload the current patient to your practice Web site. Click **Cancel** to cancel the upload.

Correspondence Upload Override

The Correspondence Upload Override option allows you to select certain criteria for uploading information. This option does not require a previous set up of Correspondence types. To perform a correspondence upload override:

1. Click Upload | Correspondence Upload Override

From the EasyWeb Toolbar, select **Upload** and **Correspondence Upload Override**. The Correspondence Upload Override dialog box appears.

2. Select Patient Range

Select the beginning and ending patients for the range or leave at <ALL> to include all patients.

3. Select Due Date Options

- **Appointments in Range:** This option allows you to enter a specified date range appointments must be scheduled. Expand the CC Attached drop-down to select whether the appointment is attached to recall.
- **Recall Due in Range:** This option allows you enter a specified date range a patient must be due for their recall. Expand the Scheduled Appt drop-down to select whether the patient has a scheduled appointment.

4. Select Age Options

- **Include Patients According to Age:** This option allows you to select under or over a certain age and only those patients whose age matches the criteria will be included.

5. Select Recall Type(s)

In the Select Recall Type(s) group box, select the recall types for which you want to send correspondence or check **All** to include all recall types.

6. Select Provider(s)

Select the primary and/or appointment provider(s) to include those patients whose primary and/or appointment provider is selected or check **All** to include all providers.

7. Select Billing Type(s)

Select the Billing Type(s) you want to include. Only patients with the selected Billing Type(s) will be included. Check **All** to include all Billing Types.

8. Click Upload

Click the **Upload** button. All patients who match the criteria setup for this correspondence will be included in the EasyWeb upload list.

9. Remove Patient(s) (Optional)

If you want to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the Remove Patient(s) from Upload List button.

10. Click Upload

Click **Upload** in the EasyWeb Upload List to upload the listed patient information.

Patient Upload Override

The Patient Upload Override option allows you to select certain criteria for uploading patient information that is different from the criteria you selected in the WebSync Setup Wizard. Once you have selected criteria in the Patient Upload Override dialog, you can upload just the patients that match the new criteria to your web site. To perform a Patient Upload Override:

1. Click Upload | Patient Upload Override

Click the **Upload** button located on the EasyWeb Toolbar. Select **Patient Upload Override** from the menu. The Patient Upload Override dialog appears.

2. Select Patient Range

Select the beginning and ending patients for the range or leave at <ALL> to include all patients.

3. Select Ledger Options

- **Family/Patient Account Transactions:** Accounts module transactions that occurred on or after the first transaction date for the family will be included in the upload. Check List Individual Patient Balances of Family to see each family members balance separately.
- **Account Information:** This option uploads Aged Balances, Last Payment, Last Insurance Payment, Last Statement Date, Outstanding Billed to Medical/Dental, Expected from Dental Insurance, and Guarantor Portion of Total Balance. (This option will not upload information for patients that do not have the “Use Guarantor’s User ID and Password” selected from Patient Setup.)
- **Payment Plan Information:** This option uploads Payment Amount, Amount Past Due, Payment Due, and Due Date.

4. Enter Patient Message

You may enter a generic patient message to be sent to all patients during the upload.

5. Select Patient’s Clinical Information

Check **Treatment Plan** to upload all treatment planned procedures for the patients. To upload Insurance Estimate information, check Include Estimates.

6. Select Appointments

Check **Appointment Date, Time, and Provider** to upload all future appointment information for the family.

7. Select Provider(s)

Enter a provider range to only upload certain provider’s patients or leave at <ALL> to include all providers.

8. Select Billing Type(s)

Select the desired Billing Type(s) or check **All** to include all Billing Types. Only patients with the selected Billing Type(s) will be included in the upload.

9. Click Upload

Click the **Upload** button. All patients who match the criteria selected will be included in the EasyWeb upload list.

10. Remove Patient(s) (Optional)

If you want to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the **Remove Patient(s) from Upload List** button.

11. Click Upload

Click the **Upload** button in the EasyWeb Upload List to upload the listed patients.

Referral Upload Override

The Referral Upload Override option allows you to select certain criteria for uploading referral information. To perform a referral upload override:

1. Click Upload | Referral Upload Override

Click the **Upload** button located on the EasyWeb Toolbar. Select **Referral Upload Override** from the menu. The Referral Upload Override dialog box appears.

2. Select Referred To Range

Click the search buttons and select a range or Referred To doctors or leave at <ALL> to include all referral sources.

3. Enter Referral Date Range

Enter a date range of referrals. All referrals that fall within the date range will be included in the upload.

4. Skip Referrals Already Uploaded (Optional)

Check this option if you do not want to upload referrals that have already been uploaded in the past.

5. Select Insurance Information

Check which insurance information you want to include in the upload. The options are **Include Dental Insurance** and **Include Medical Alerts**.

6. Select Procedure Information

Check **Include Completed**, **Include Treatment Plan**, and **Include Procedure Notes** to include completed and treatment-planned procedures, along with the procedure notes attached to the procedures, with the referral.

7. Select Referring Provider

Mark **Use Patient's Prov1** to upload the referred patient's primary provider listed in the Patients module. To select a specific provider, mark **Use Provider** and select the appropriate provider from the drop-down menu.

8. Enter Referral Note (Optional)

Enter a note for the Referred To doctor to include with the upload. If desired, check **Include Referral Note** in email.

Warning: Email is not secure. Sensitive information should not be included in the Referral Note.

9. Click Upload

Click the **Upload** button to begin the upload process. The EasyWeb Upload List appears. All patients that match the criteria selected and have a Web Consent date will be listed on the EasyWeb Upload List.

10. Remove Patient(s) (Optional)

If you want to remove any patients from the EasyWeb upload list, highlight the desired patient(s) and click the **Remove Patient(s) from Upload List** button.

11. Click Upload

Click the **Upload** button in the EasyWeb Upload List to upload the listed referral information.

Note: A Web Referral Office Journal Entry will automatically be recorded for each referred patient, the referring provider, and the Referred To provider that is uploaded.

Claim Tracking Upload Override

The Claim Tracking Upload Override option allows you to select certain criteria for searching outstanding claims.

To perform a claim tracking upload override:

1. Click Upload | Claim Tracking Upload Override

Click the **Upload** button located on the EasyWeb Toolbar. Select **Claim Tracking Upload Override** from the menu. The Claim Tracking Upload Override dialog box appears.

2. Select Patient Range

To select a range of patients click the search button after **From** and select the beginning patient for the range. Next, click the search button after **To** and select the ending patient for the range. If you want to include all patients, leave at <ALL>.

3. Select Insurance Carrier Range

To select a range of insurance carriers click the search button after **From** and select the beginning carrier for the range. Next, click the search button after **To** and select the ending carrier for the range. If you want to include all insurance carriers, leave at <ALL>.

4. Select Claim Billing Provider Range

To filter the claims according to the billing provider click the search button after **From** and select the beginning provider for the range. Next, click the search button after **To** and select the ending provider for the range. If you want to include all providers, leave at <ALL>.

5. Select Minimum Days Past Due

To filter the claims according to how many days past due mark **Over 30**, **Over 60**, or **Over 90**. To include all claims regardless of past due date, leave Over 0 marked.

6. Include Pretreatment Estimates

If you want to include Pretreatment Estimates in the upload, place a check mark next to this option.

7. Click Upload

Click the **Upload** button to begin the upload process. The EasyWeb Upload List appears.

All claims that match the criteria selected will be listed on the EasyWeb Upload List.

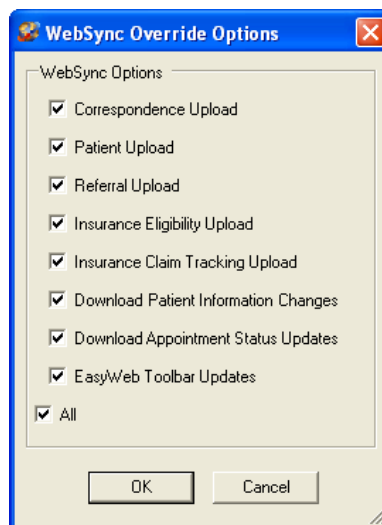
WebSync

The options on the WebSync menu include:

- WebSync Override
- Process Patient Imports
- Correspondence Upload

WebSync Override

The WebSync Override is accessed from the Settings button on the EasyWeb toolbar. To access the WebSync setup dialog, click the **WebSync** button and select **WebSync** from the menu. The WebSync Override Options dialog appears.



The WebSync Options group box contains a list of options that can be performed during the WebSync. Check the box next to each option you want to include in the Websync. If you want to include all the options, check **All**. By default, all options will be checked for inclusion in the WebSync.

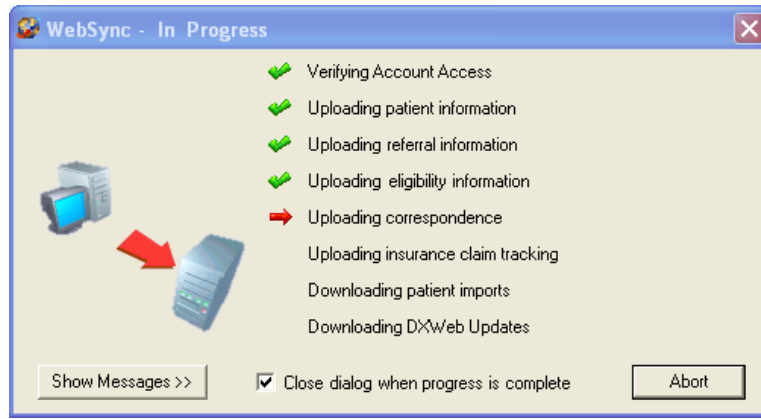
Note: By checking an option, you are telling Easy Dental to include that information each time it runs a WebSync. You must set up each option on its own before you add it to a WebSync or no information will be included. For example, if you check to include the Correspondence Upload in the WebSync, you must set up the Correspondence Upload or no Correspondence information will be added during the WebSync.

There are seven options that can be done during the WebSync:

- Correspondence Upload
- Patient Upload
- Questionnaire Download/Upload
- Referral Upload
- Insurance Eligibility Upload

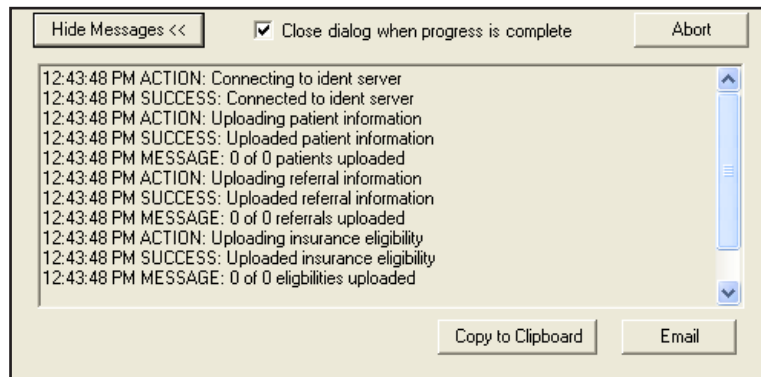
- Insurance Claim Tracking Upload
- Download Patient Information Changes
- Download Appointment Status Updates
- EasyWeb Toolbar Updates

Click **OK** to run the WebSync Override.



Running the WebSync will perform all the tasks you selected in the WebSync setup. A red arrow appears next to each option as the WebSync runs that option. When the WebSync is complete for that option, a green check mark appears next to the item.

If you want to view more details about the WebSync, click the View Messages button at the bottom of the WebSync - In-Progress dialog box. The dialog will expand and reveal a field in which information about the WebSync is recorded. You can copy these messages to your Windows Clipboard by clicking the **Copy to Clipboard** button. You can Email these messages by clicking the **Email** button. To hide the messages, click the **Hide Messages** button.



If at any time you want to stop the WebSync, click the **Abort** button. The WebSync will stop where it is. Any information that was accessed or uploaded will not be changed, but no more information will be accessed or uploaded.

Process Patient Imports

Patient can submit information on your practice Web site. You will not see this information in your Easy Dental system until that information has been imported through a WebSync. Occasionally, you may need to import patient information at a time other than when you normally run the WebSync. In these cases, you can use the Process Patient Imports option to import patient information. Click **WebSync | Process Patient Imports** to process any information that patients have entered on your practice Web site and import it into Easy Dental.

Correspondence Upload

Sending correspondence to your patients keeps them informed about their scheduled appointments and Continuing Care deadlines. Correspondence helps you reduce the number of missed appointments in your office and keeps your patients informed about their treatment needs.

You can send Appointment reminders and Continuing Care reminders to your patients via letters, postcards, email, or text messages.

When you run the WebSync, all correspondence will be sent to all patients who meet the correspondence criteria. When you run a Correspondence Upload, you can exclude certain patients from the upload or only upload certain correspondence types.

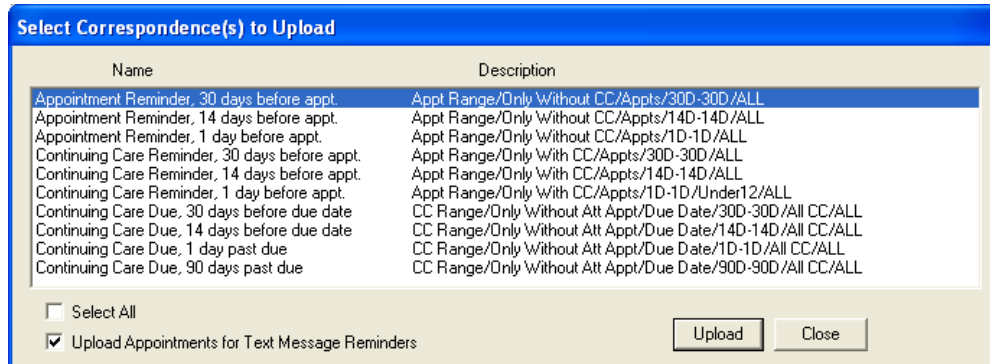
To send correspondence to certain patients by running the Correspondence Upload:

1. Set up Correspondence

Click **Settings | Correspondence Setup** to setup your correspondence. (See the Setting Up Correspondence document for more information about setting up correspondence.)

2. Upload Correspondence

Click **WebSync | Correspondence Upload** to open the Select Correspondence(s) to Upload dialog.



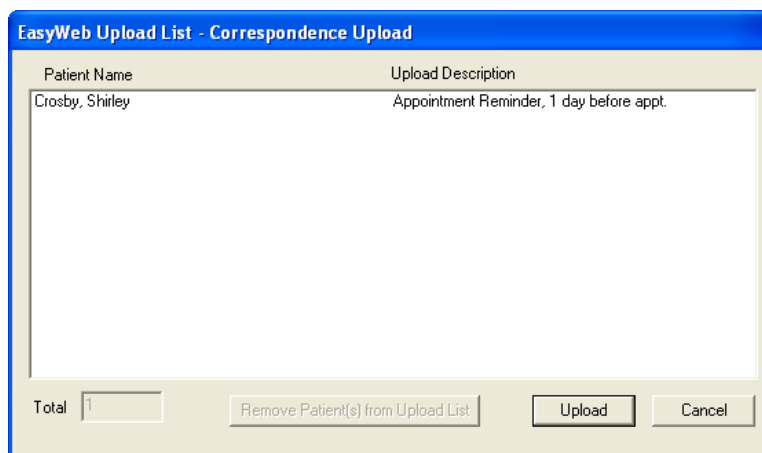
Select the correspondence types you want to upload by clicking once on the correspondence type. Selected correspondence types are highlighted in blue. If you want to select all correspondence types, check Select All.

If you want to upload appointments for text message reminders along with the other correspondence, check the Upload Appointments for Text Message Reminders box. This box is checked by default. Uncheck the box to exclude appointments for text message reminders from the upload.

Once you have selected the correspondence types to be uploaded, click the Upload button. The EasyWeb Upload List - Correspondence Upload dialog appears.

3. Select Patients for Upload

The EasyWeb Upload List - Correspondence Upload dialog is automatically populated with the patients for whom correspondence will be uploaded. If you want to remove any patients from this list, select the patient(s) by clicking on their name and click the Remove Patient(s) from Upload List button. The selected patients will be removed.



4. Run the Upload

When only the patients for whom you want to upload correspondence remain in the list, click Upload. EasyWeb will upload the appropriate correspondence for the patients. Email and text messages are sent to patients when the correspondence is uploaded. When the upload is finished, a message appears indicating the outcome of the upload.

Note: You can run the upload as many times as necessary. Easy Dental will not send duplicate correspondence to the same patient regarding the same appointment.

Supplies

Click the **Supplies** button to order dental and office supplies using Henry Schein's supplies on-line ordering system. Ident.com has the best prices, the best services, and the best lineup of dental and office supplies.

Patient Financing

Click the Patient Financing button for an option to link to Citi Health's online consumer credit application for your patients. (You must have a Merchant Number entered in the Practice Setup to use this option.) Make your treatment plans more affordable by offering your dental patients monthly payment options.

Patient financing may offer you the following benefits:

- Increase your revenue
- Risk-free for the dentist
- Receive guaranteed payment electronically in two business days
- 3, 6, and 12 month programs, interest-free for patient
- No monthly annual fees to dentist

Continuing Education

Click the **Continuing Education** button to view Continuing Education programs offered by DenTrek. DenTrek delivers peer-reviewed, accredited, high quality streaming media continuing education courses over the Internet. By doing this DenTrek enables all members of the dental health care team to maintain and improve their knowledge of dental health delivery.

Leasing

Click the Leasing button for an option to link to the Choice Health Leasing web site. Leasing is a means to obtain equipment. In fact, leasing has grown to become the single largest source of equipment acquisition throughout the world. An estimated 80% of all businesses in the U.S. use leasing as a means to obtain equipment. Leasing has grown to become the single largest source of equipment acquisition within the United States.

A leasing program may offer you the following benefits:

- Keeps lines of credit open
- 100% financing of equipment
- Reduces taxes-lease payments may be accounted for as an operating expense
- Match the lease term to the useful life of the equipment
- Customize lease payment to fit cash flow and financing requirements
- Easier and faster than other forms of financing

Inventory Manager

The Inventory Manager is designed to work with Easy Dental to effectively monitor and track inventory for your office. This software also integrates with the Henry Schein website to facilitate online electronic ordering. Commonly used products, manufacturers, and vendors are entered into the program and tracking features like the Shopping Cart and Products on Hand enable you to manage your inventory quickly and efficiently. The Inventory Manager will even deplete items as certain procedures are performed in Easy Dental. A Quick Notes module makes note-taking concerning ordering and depleting items fast and easy. The following sections will explain how to set up and use the Inventory Manager.

- Setup
- Tracking
- Web Services
- Additional Options
- Quick Notes
- Printing Reports

Setup

The following sections will assist you in customizing the Inventory Manager to fit the needs of your office.

- Practice Information
- Printer Setup
- Users Setup
- Product Setup
- Manufacturers Setup
- Vendors Setup
- Shipping Method Setup

Practice Information

The Inventory Manager allows multiple doctors in the same practice to use the same computers in the office, but keep their inventory data separate. To create a database and enter your practice information, complete the following steps:

1. Open New Doctor Database

Click the Windows Start button and choose the Inventory Manager program group, then choose Inventory Manager. If this is the first time the program is opened, the New Doctor Database screen will appear.

Note: If this is not the first time the Inventory Manager has been opened, the Inventory Manager Login screen will appear prompting you for your login name and password. To enter a new doctor's database, click New Doctor.

2. Enter Practice Information

Enter the Doctor and Practice information in the appropriate fields.

3. Enter Initial Login Information

The Login Name and Password that you enter in this window will be the same login name and password that you will need to enter each time the Inventory Manager is opened. Be sure to make a note of this information before closing this window.

4. Enter Henry Schein Account Information (Optional)

Click the Henry Schein logo at the bottom of the screen. In order to access the Henry Schein website to place orders through the Inventory Manager, you will need to enter your Henry Schein login name, password, and JDE number. This information is available when you register at www.henryschein.com.

Click OK to return to the New Doctor Database screen.

5. Click OK

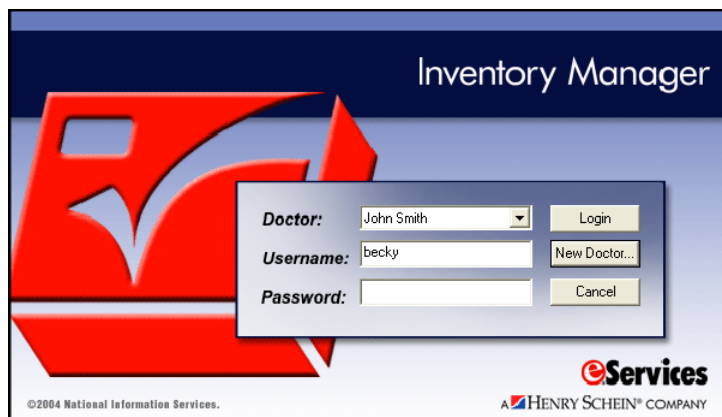
Click the OK button to save your information and create the database.

Launching the Inventory Manager

To open the Inventory Manager, complete the following steps:

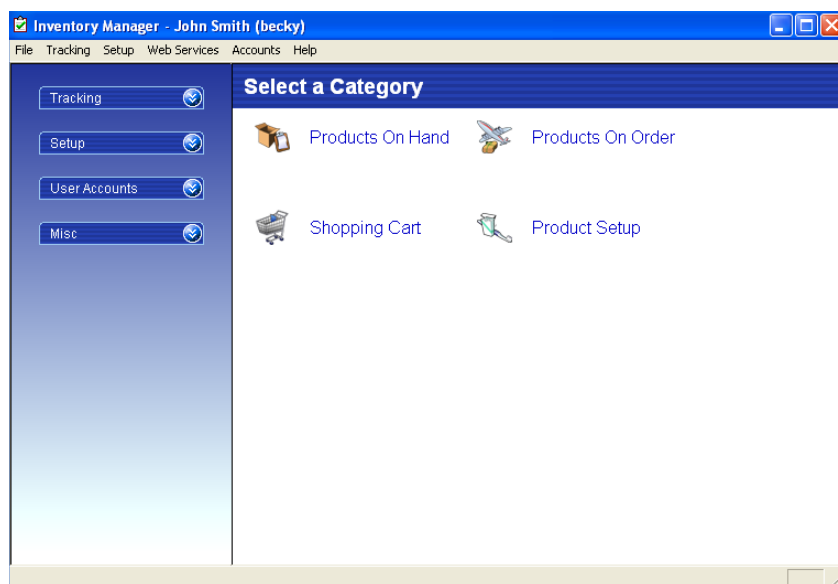
1. Choose Start | Inventory Manager | Inventory Manager

Click the Windows Start button and choose the Inventory Manager program group, then choose Inventory Manager. The Inventory Manager login screen will appear.



2. Enter Username and Password

Type your Username and Password that you set up in the New Doctor Database screen (see previous page), then click Login. The Inventory Manager window will appear.



Editing an Existing Account

To change information on an existing account, choose Accounts, then Practice Information from the Inventory Manager menu bar. Edit the Doctor and Practice information in the appropriate fields as necessary, then click OK.

Printer Setup

To select a printer to which all reports within the Inventory Manager will print, choose File from the menu bar. Select Reports then Setup Printer. The Setup Printer dialog box will appear. Select the desired printer and click OK.

Users Setup

The following sections will explain how to add, edit, delete, and print a list of users in the Inventory Manager.

Adding Users

1. Choose Accounts | Users

Choose Accounts then Users from the menu bar or the shortcut bar. The User Accounts list will appear.

2. Click Add

Click the Add button. The Add User dialog box will appear.



3. Enter Information

Enter the following information:

- Username – enter a unique user name for this particular user.
- Password – enter a password for the user.
- Confirm – before a user’s password can be set, the password must be typed a second time in the Confirm field.
- Active Account – leave this box checked if this is an “active” user. If the user account is inactive, click in the box to uncheck it.

4. Click OK

Click the OK button to add the user.

Editing Users

1. Choose Accounts | Users

Choose Accounts then Users from the menu bar or the shortcut bar. The User Accounts list will appear.

2. Select User

Highlight the user account you wish to edit.

3. Click Edit

Click the Edit button. The User Account dialog box will appear.



4. Edit Information

Change the necessary information in the appropriate fields.

5. Click OK

Click the OK button to save your changes. Click the Cancel button to exit without saving any changes.

Deleting Users

To delete a user account that is NOT used in the Inventory Manager, complete the following steps.

1. Choose Accounts | Users

Choose Accounts then Users from the menu bar or the shortcut bar. The User Accounts list will appear.

2. Select User Account

Highlight the user account that you wish to delete.

3. Click Delete

Click the Delete button. A message will appear confirming the deletion. Click Yes to continue or click No to cancel the deletion.



Printing User List

To print the list of User Accounts, click the Generate Report button. A preview of the report will appear. Click Print to print the report.



Product Setup

The following sections will explain how to add, edit, delete, import, export, and print products in the database.

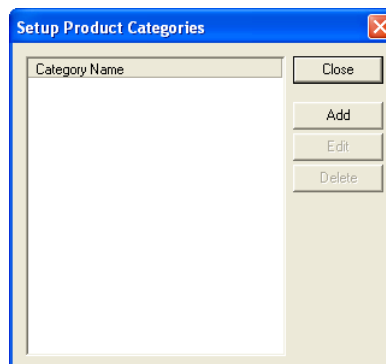
Creating Product Categories

1. Choose Setup | Products

Choose Setup from the menu bar and select Products from the drop-down menu or click Setup then Products on the shortcut bar on the left side of the screen. The Product List will appear.

2. Click Setup Categories

Click the Setup Categories button. The Product Categories dialog box will appear.



3. Click Add

Click the Add button and type a description for the new category.

4. Repeat

Repeat step 3 for additional categories. To change the name of a category, select it and click Edit. To delete a category not in use, select it and click Delete.

5. Click Close

Click the Close button to close the Product Categories dialog box and return to the Product List.

Adding Products

For information on downloading a product list from Henry Schein's website, see Update Shopping List in this section.

1. Choose Setup | Products

Choose Setup from the menu bar and select Products from the drop-down menu or click Setup then Products on the shortcut bar on the left side of the screen. The Product List will appear.

2. Click Add

Click the Add button. The Product dialog box will appear with the General tab options displayed.



3. Set General Tab Options

Enter the following information on the General tab:

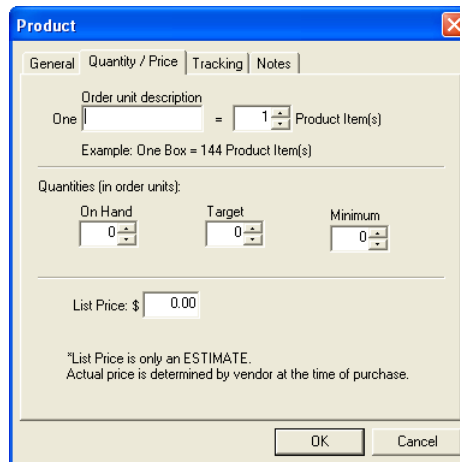
- Item – enter a description of the product in this field.
- Manufacturer – attach the product to a manufacturer. (See Manufacturers Setup in this section for information on adding manufacturers.)
- Vendor – attach the product to a vendor. (See Vendors Setup in this section for information on adding vendors.)
- Category – select a category for the product. (See Creating Product Categories in this section for information on creating categories.)
- Product Code – specify a product code for this product. This is usually assigned by the vendor.
- Active Product – specify if the product is active by checking this option.

4. Set Quantity/Price Options

Click the tab titled “Quantity/Price” and enter the following information.

- Order Unit Description – enter a “unit” description for the product such as Box, Item, or Toothbrush.
- Number in Unit – enter the number of product items in an order unit.
- On Hand – enter the initial “on hand” quantity if the product is already in use before being entered into the Inventory Manager.

- Target – enter the target quantity you would like to have in the office at any given time.
- Minimum – enter the minimum quantity to allow before reordering.
- List Price – enter the current list price for the product. This value will not be used anywhere except to give an estimate on the cost of the order. The actual order cost will be determined by the vendor at the time the order is placed.



Product

General | Quantity / Price | Tracking | Notes

Order unit description
One = Product Item(s)
Example: One Box = 144 Product Item(s)

Quantities (in order units):
On Hand Target Minimum

List Price: \$ 0.00

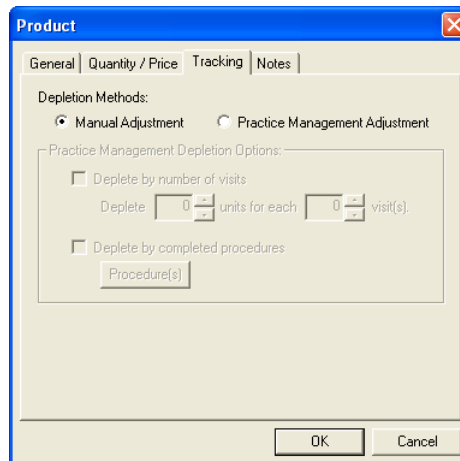
*List Price is only an ESTIMATE.
Actual price is determined by vendor at the time of purchase.

OK Cancel

5. Set Tracking Options

Click the tab titled “Tracking” and select the following options.

- Depletion Methods – mark whether you wish this product to be depleted from the inventory manually or automatically based on usage from Easy Dental.
- When Practice Management Adjustment is marked, you may choose to deplete the product inventory based on the number of items per so many visits or by posting certain procedure codes in Easy Dental.



Product

General | Quantity / Price | Tracking | Notes

Depletion Methods:
 Manual Adjustment Practice Management Adjustment

Practice Management Depletion Options:

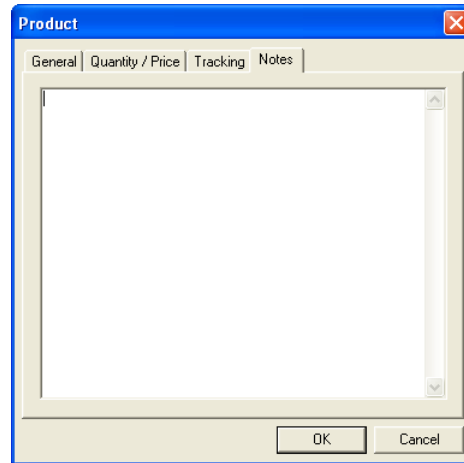
Deplete by number of visits
Deplete: units for each visit(s).

Deplete by completed procedures
 Procedure(s)

OK Cancel

6. Enter Notes (Optional)

Click the “Notes” tab and enter any notes regarding this product.



7. Click OK

Click the OK button to close the Product dialog box and save your changes.

Editing Products

1. Choose Setup | Products

Choose Setup from the menu bar and select Products from the drop-down menu or click Setup then Products on the shortcut bar on the left side of the screen. The Product List will appear.

2. Select Product

Highlight the product you wish to edit from the Product List.

3. Click Edit

Click the Edit button. (You may also double-click on the product to open the Product details.) The Product dialog box will appear with the General tab options displayed.



4. Edit Information

Edit the necessary information by clicking on the appropriate tab. A description of each option is explained in the previous steps under *Adding Products*.

5. Click OK

Click the OK button to save your changes.

Deleting Products

To delete a product that has NOT been used in the Inventory Manager, complete the following steps. To see which products are not used (not linked to any prior orders), and therefore are available for deletion, see the following section, *Purging Products*.

1. Choose Setup | Products

Choose Setup from the menu bar and select Products from the drop-down menu or click Setup then Products on the shortcut bar on the left side of the screen. The Product List will appear.

2. Select Product

Highlight the product you wish to delete from the Product List.

3. Click Delete

Click the Delete button. A message will appear confirming the deletion of the product. Click OK to continue.



Purging Products

The Purge button within the Product List enables you to see a list of products that have NOT been used in the Inventory Manager and then choose which unused item(s) to delete. All products listed in this window are not currently being used and are not linked to any prior orders. Select the desired products and click the Delete button or click Delete All to remove all products listed in this window.



Importing Products

The Import button in the Product dialog box enables you to find a “specially formatted” file filled with product information to easily import products into the Inventory Manager.



Exporting Products

The Export button in the Products List dialog box enables you to select products in the Inventory Manager to export to a “specially formatted” file.



Printing the Product List

To print a list of the products in the Inventory Manager, click the Generate Report button. A preview of the report will appear. Click Print to print the report.



Manufacturers Setup

The following sections will explain how to add, edit, delete, and print a list of manufacturers in the database.

Adding Manufacturers

1. Choose Setup | Manufacturers

Choose Setup, then Manufacturers from the menu or shortcut bar. The Manufacturer List will appear.

2. Click Add

Click the Add button. The Manufacturer dialog box will appear.



3. Enter Information

Enter the name, address, phone number, and fax number for the manufacturer in the appropriate fields.

4. Check Active

Manufacturer (Optional)

Specify if the product is active by checking this option.

5. Enter Notes (Optional)

Enter a note regarding this manufacturer in the Notes field if desired.

6. Click OK

Click the OK button to save your changes.

Editing Manufacturers

1. Choose Setup | Manufacturers

Choose Setup, then Manufacturers from the menu or shortcut bar. The Manufacturer List will appear.

2. Select Manufacturer

Highlight the manufacturer that you wish to edit from the Manufacturer List.

3. Click Edit

Click the Edit button. The Manufacturer dialog box will appear.



4. Edit Information

Change the necessary information in the appropriate fields. Click Clear to clear all information.

5. Click OK

Click the OK button to save your changes. Click the Cancel button to exit without saving any changes.

Deleting Manufacturers

To delete a manufacturer that has NOT been used in the Inventory Manager, complete the following steps. To see which manufacturers are not used (not linked to any products), and therefore are available for deletion, see the following section, Purging Manufacturers.

1. Choose Setup | Manufacturers

Choose Setup, then Manufacturers from the menu or shortcut bar. The Manufacturer List will appear.

2. Select Manufacturer

Highlight the manufacturer that you wish to delete from the Manufacturer List.

3. Click Delete

Click the Delete button. A message will appear confirming the deletion. Click Yes to delete or click No to cancel the deletion.



Purging Manufacturers

The Purge button within the Manufacturer List enables you to see a list of manufacturers that have NOT been used (not linked to any products) in the Inventory Manager and then selectively delete unused manufacturers. All manufacturers listed in this window are not currently being used. Select the desired manufacturers and click the Delete button or click Delete All to remove all manufacturers listed in this window.



Printing Manufacturer List

To print the Manufacturer List, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.



Vendors Setup

The following sections will explain how to add, edit, delete, and print a list of vendors in the database.

Adding Vendors

1. Choose Setup | Vendors

Choose Setup, then Vendors from the menu or shortcut bar. The Vendor List will appear.

2. Click Add

Click the Add button. The Vendor dialog box will appear.



The screenshot shows a 'Vendor' dialog box with the following fields and controls:

- General | Contact Info | Notes (tabs)
- Name: [text input]
- Payment Method: [text input]
- Account #: [text input]
- Account Terms: [text input]
- Shipping Method: [text input] ... (search button)
- Active Vendor
- OK [button] Cancel [button]

3. Enter General Information

Name – enter the description or name of the vendor.

- Payment Method – enter a payment method such as Check or Credit Card.
- Account # – enter an account number if the office has an account number with the vendor.
- Account Terms – enter any account terms if the office is set up on a payment plan with the vendor.
- Shipping Method – click the search button and select the Shipping Method the vendor uses to ship packages. (For more information, see Shipping Method Setup.)
- Active Vendor – check this box if the vendor is “active.” If the vendor is inactive, leave the box unchecked.

4. Enter Contact Information

Click the tab titled “Contact Info.” Enter a contact person for the vendor as well as the vendor’s address, phone number, fax number, email address, and website.

Vendor

General | Contact Info | Notes

Contact: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Other: _____

Email: _____

Website: http:// _____

OK Cancel

5. Enter Notes (Optional)

Click the tab titled “Notes.” Enter any notes regarding the vendor in the Vendor Notes field. Enter any notes regarding shipping in the Shipping Notes field. Check “Include Shipping Notes with Order” if you wish to print the note with the order to the vendor.

Vendor

General | Contact Info | Notes

Vendor Notes:

Shipping Notes: Include Shipping Notes with Order

OK Cancel

6. Click OK

Click the OK button to exit the Vendor dialog box and save your changes.

Editing Vendors

1. Choose Setup | Vendors

Choose Setup, then Vendors from the menu or shortcut bar. The Vendor List will appear.

2. Select Vendor

Highlight the vendor that you wish to edit from the Vendor List.

3. Click Edit

Click the Edit button. The Vendor dialog box will appear.



4. Edit Information

Change the necessary information in the appropriate fields.

5. Click OK

Click the OK button to save your changes. Click the Cancel button to exit without saving any changes.

Deleting Vendors

To delete a vendor that has NOT been used in the Inventory Manager (not linked to any products), complete the following steps. To see which vendors are not used, and therefore are available for deletion, see the following section, Purging Vendors.

1. Choose Setup | Vendors

Choose Setup, then Vendors from the menu or shortcut bar. The Vendor List will appear.

2. Select Vendor

Highlight the vendor that you wish to delete from the Vendor List.

3. Click Delete

Click the Delete button. A message will appear confirming the deletion. Click Yes to continue or click No to cancel the deletion.



Purging Vendors

The Purge button within the Vendor List enables you to see a list of vendors that have NOT been used in the Inventory Manager and then choose which unused vendor(s) to delete. All vendors listed in this window are not currently being used. Select the desired vendor(s) and click the Delete button or click Delete All to remove all vendors listed in this window.



Printing Vendor List

To print the Vendor List, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.



Shipping Method Setup

The following sections will explain how to add, edit, delete, and print a list of shipping methods in the database.

Adding Shipping Methods

1. Choose Setup | Shipping

Choose Setup, then Shipping from the menu or shortcut bar. The Shipping Methods list will appear.

2. Click Add

Click the Add button. The New Shipping Method dialog box will appear.



 A screenshot of the 'New Shipping Method' dialog box. It has a blue title bar with the text 'New Shipping Method' and a close button (X) on the right. The dialog contains three input fields: 'Courier Name:' with a text box, 'Shipping Terms:' with a text box, and 'Days until considered late:' with a spinner box set to '0'. To the right of the 'Courier Name' and 'Shipping Terms' fields are 'OK' and 'Cancel' buttons respectively.

3. Enter Information

Enter the following information:

- Courier Name – enter the courier name such as FedEx, UPS, or the driver for the vendor.
- Shipping Terms – enter any shipping terms if needed (e.g. 2-day, Next Day, Ground, etc.).

- Days until considered late – specify the number of days it should take for an order to be received from the date the order was placed.

4. Click OK

Click the OK button to add the Shipping Method.

Editing Shipping Methods

1. Choose Setup | Shipping

Choose Setup, then Shipping from the menu or shortcut bar. The Shipping Method list will appear.

2. Select Shipping Method

Highlight the shipping method that you wish to edit.

3. Click Edit

Click the Edit button. The Shipping Method dialog box will appear.



4. Edit Information

Change the necessary information in the appropriate fields.

5. Click OK

Click the OK button to save your changes. Click the Cancel button to exit without saving any changes.

Deleting Shipping Methods

To delete a shipping method that has NOT been used in the Inventory Manager, complete the following steps.

1. Choose Setup | Shipping

Choose Setup, then Shipping from the menu or shortcut bar. The Shipping Method list will appear.

2. Select Shipping Method

Highlight the shipping method that you wish to delete.

3. Click Delete

Click the Delete button. A message will appear confirming the deletion. Click Yes to continue or click No to cancel the deletion.



Tracking

The following sections will explain how to view, track, and reorder inventory using the Inventory Manager.

- Products On Hand
- Shopping Cart
- Products On Order
- Order History
- Alerts

Products On Hand

The Products On Hand list enables you to add products to the list and reconcile inventory.

Viewing Products On Hand

To view which products are on hand in the office, choose Tracking then On Hand from the menu bar or shortcut bar. The Products On Hand list will appear.

Adding Products On Hand

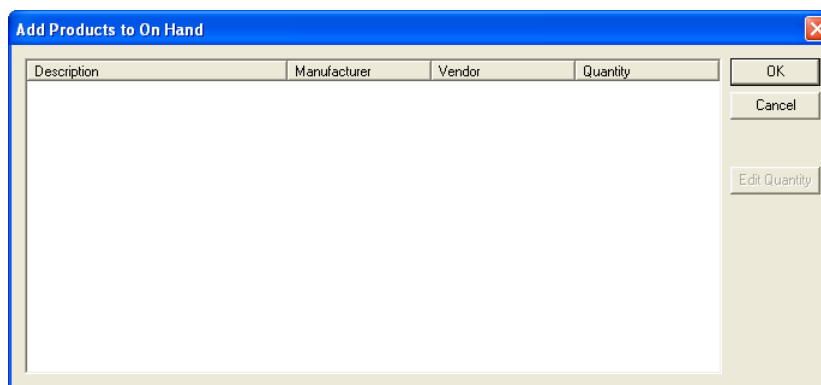
To add a product to the On Hand list, complete the following steps:

1. Choose Tracking | On Hand

Choose Tracking then On Hand from the menu or shortcut bar. The Products On Hand list will appear.

2. Click Add

Click the Add button. The Add Products to On Hand dialog box will appear listing products with a zero quantity on hand.



3. Select Product

Highlight the product you wish to add and click Edit Quantity (you may also double-click on the product to enter a quantity).

4. Enter Quantity

Enter the quantity on hand and click OK. The product will then be added to the Products On Hand list.

Editing Products On Hand

To edit the on-hand quantity of a product, complete the following steps:

1. Choose Tracking | On Hand

Choose Tracking then On Hand from the menu or shortcut bar. The Products On Hand list will appear.

2. Click Edit

Highlight the product you wish to edit and click the Edit button (you may also double-click on the product).



3. Change Quantity

Change the quantity to the correct on hand amount and click OK.

Deleting On Hand Products

To delete a product from the On Hand list indicating that the product is no longer in the office, highlight the desired product and click the Delete button.



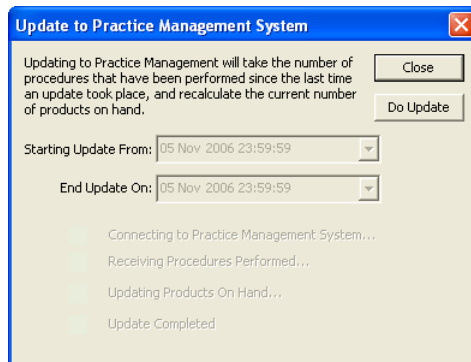
Printing Products On Hand

To print a list of products that are on hand in the Inventory Manager, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.



Update to Easy Dental

The Inventory Manager can synchronize with Easy Dental and deplete items that are on hand when certain procedures are performed. The first time you click the Update to Easy Dental button, a message will appear. This message recommends that you make sure all product quantities in Products On Hand are accurate and reconciled to what is actually in your inventory. This will ensure accurate inventory results in the future.



1. Edit Date (Optional)

The Starting Update From date is the last time an update was performed. The End Update On will default to today's date.

2. Click Do Update

Click Do Update to begin the synchronization process. This process will take the number of procedures that have been performed since the last time an update took place, and recalculate the current number of products on hand. You may only perform one update per day.

3. Click Close

When Update Completed is displayed, click Close.

Shopping Cart

The Shopping Cart in the Inventory Manager allows you to create a list of items to be ordered and then submit the order. To view the Shopping Cart, choose Tracking then Shopping Cart from the menu or shortcut bar. The following sections will explain how to add products to the Shopping Cart, view details, and submit an order.

Auto Generate Shopping Cart

The Auto Generate button in the Shopping Cart window will automatically generate a Shopping Cart according to items that are low in your inventory. This saves you time and energy from having to manually add items to your Shopping Cart.



Add Products to Shopping Cart

1. Choose Tracking | Shopping Cart

Choose Tracking, then Shopping Cart from the menu or shortcut bar. The Shopping Cart list will appear.

2. Click Add

Click the Add button. The Add Products to Shopping Cart dialog box will appear.



Description	Manufacturer	Vendor	Product Code	Estimated Price	Order Quantity	Add	Cancel	Edit Quantity

3. Select Category

Click the down arrow and select the product category in which you wish to search or leave at <ALL> to search all categories.

4. Select Vendors

Highlight the vendors you wish to search or check Search All Vendors to use all vendors.

5. Select Manufacturers

Highlight the manufacturers you wish to search or check Search All Manufacturers to use all manufacturers.

6. Mark Search By Option

Mark whether you wish to search by description or product code and enter the desired description/code in the “Enter Description” field.

7. Click Search

Click the Search button to display a list of products found according to the selections made.

8. Edit Quantity (Optional)

You may edit the quantity to be ordered at this time by highlighting the desired product and clicking Edit Quantity.

9. Select Products to Add

Highlight the products you wish to add to the Shopping Cart and click Add.

Order Details

To view or change order details of a product in the Shopping Cart, complete the following steps:

1. Choose Tracking | Shopping Cart

Choose Tracking, then Shopping Cart from the menu or shortcut bar. The Shopping Cart list will appear.

2. Select Product

Select the product you wish to view order details.

3. Click Details

Click the Details button. The Order Details for the vendor will appear.



4. Enter Information

Enter the following information in the appropriate fields:

- Purchasing Agent – click the search button and select the user placing the order.
- Approved By – click the search button and select the user that approved the order.
- Payment Method – enter the payment method for the order.
- Shipping Method – click the drop-down arrow to select the Shipping Method for the order.
- Considered Late – enter the number of days after the order is placed that it will be considered late.
- Save as Default Shipping Method for Vendor – check this box if you wish to save the shipping method selected here as the default for the vendor.

5. Click OK

Click the OK button to save the order details for this product and return to the Shopping Cart.

Deleting Items from the Shopping Cart

To delete a product from the Shopping Cart, simply highlight the product and click the Delete button.



Submit Order

The Inventory Manager enables you to print the Purchase Order to be submitted or place the order on the Internet for Henry Schein orders. Complete the following steps:

1. Choose Tracking | Shopping Cart

Choose Tracking then Shopping Cart from the menu or shortcut bar. The Shopping Cart list will appear.

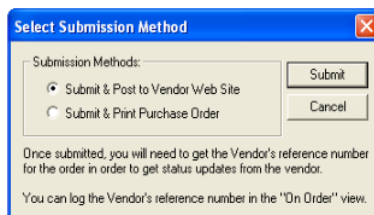
2. Select Product

Select the product you wish to order.

3. Click Submit

Click the Submit button. The Select Submission Method dialog box will appear.





4. Select Order Method

Mark Submit and Post to Vendor Website to submit the order to Henry Schein's product website. Mark Submit and Print Purchase Order to print a purchase order for the vendor. Click Submit to submit the order.

Vendor Website

If you choose to Submit and Post to Vendor Website, you will be directed to the Henry Schein website with your current order displayed. From here, you may edit your order, continue shopping, or check out.

Products On Order

The Products On Order window enables you to view current orders that have not yet been received, enter vendor reference numbers, receive orders, and indicate if an order has been canceled. To view the Products On Order list, choose Tracking, then On Order from the menu or shortcut bar.

Note: Managing orders in the Inventory Manager will only update the Inventory Manager database. Placing and canceling orders will still need to be done through the vendor. An exception to this is when placing or canceling orders with Henry Schein over the Internet through the Inventory Manager.

View Options

You can view the On Order screen as an expandable and collapsible tree or as a list. Click the Display Tree or Display List button at the top of the window.

Entering a Vendor Reference Number

1. Choose Tracking | On Order

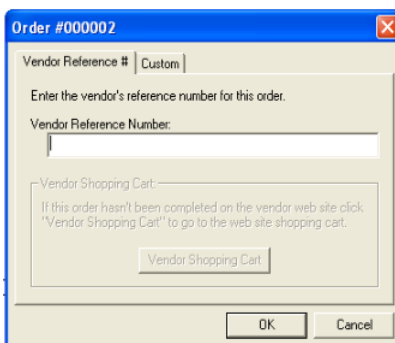
Choose Tracking then On Order from the menu or shortcut bar. The Products On Order list will appear.

2. Select Order

Highlight the order for which you wish to enter a vendor reference number.

3. Click Vendor Reference Number

Click the Vendor Reference Number button to display the selected order number dialog box.



4. Enter Vendor Reference Number

Enter the vendor reference number. This number is a unique number assigned by the vendor to associate the order with the vendor. This will often be the invoice number.

5. Vendor Shopping Cart (Optional)

Click Vendor Shopping Cart to go to the Shopping Cart on Henry Schein's website. This will display any pending orders that you can complete at this time.

Receiving Orders

1. Choose Tracking | On Order

Choose Tracking then On Order from the menu or shortcut bar. The Products On Order list will appear.

2. Select Order

Highlight the order that was received from the Products On Order list.

3. Click Receive Order

Click the Receive Order button. The Receive Order dialog box will appear.



Description	Manufacturer	Vendor	Qty Ordered	Qty Received
Disposable Scalpels	Henry Schein	Henry Schein Inc.	5	5

4. Enter Receive Information

Enter the Vendor Reference Number (if not already entered), the date the order was received, and by whom the order was received.

5. Enter Quantity Received

Highlight the product(s) and enter the quantity that was received with the shipment. Products that receive less than what was ordered will remain "On Order."

6. Click Apply

When you are finished entering the quantities received, click the Apply button to update the items in the Inventory Manager.

Canceling Orders

1. Choose Tracking | On Order

Choose Tracking then On Order from the menu or shortcut bar. The Products On Order list will appear.

2. Select Order

Highlight the order you wish to cancel from the Products On Order list.

3. Click Cancel Order

Click the Cancel Order button. The Cancel Order dialog box will appear.



4. Select Cancel Option

Mark whether you wish to cancel the order on the selected product only or if you wish to cancel the entire order of the selected product. Check “Move canceled products to Shopping List” if desired.

5. Click OK

Click OK to cancel the order. Click Cancel to return to the On Order list without canceling.

Synchronize Order

At times, it may be necessary to synchronize an order that was placed on Henry Schein’s website. For example, if you were to cancel a Henry Schein order in Inventory Manager, when you click the Synchronize Order button, the order will be canceled on the website as well. You will be required to enter the Vendor Reference # when using this option.

Printing the On Order List

To print the list of products that are on order in the Inventory Manager, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.



Order History

To view the order history of products, choose Tracking then Order History from the menu or shortcut bar. The Order History list will appear displaying all orders. You may also reorder from this list.

View Options

You can view the Order History screen as an expandable and collapsible tree or as a list. Click the Display Tree or Display List button at the top of the window.

Reordering

1. Choose Tracking | Order History

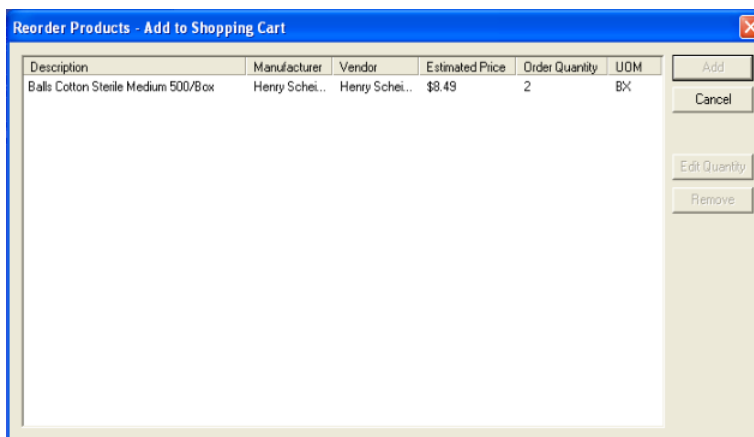
Choose Tracking, then Order History from the menu or shortcut bar. The Order History list will appear displaying recently ordered products.

2. Select Order(s)

Highlight the order(s) desired from the Order History list.

3. Click Reorder

Click the Reorder button. The Reorder Products – Add to Shopping Cart dialog box will appear. If multiple orders were selected, all products attached to that history order will be listed.



4. Select Product(s)

Highlight the product(s) you wish to reorder.

5. Change Quantity (Optional)

To change the quantity you wish to order, click the Edit Quantity button and enter the desired amount.

6. Click Add

Click the Add button to add the product(s) to the Shopping Cart.

Printing Order History

To print the list of orders that are in history in the Inventory Manager, click the Generate Report button. A preview of the report will appear in the window. Click Print to print the report.



Alerts

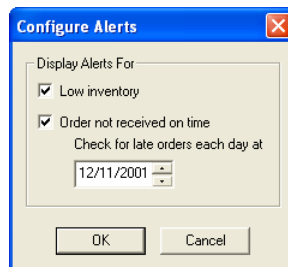
The Alerts window enables you to see which inventory items are low and which orders are late. Complete the following steps to open the Alerts window and choose which items should be flagged.

1. Choose Tracking | Alerts

Choose Tracking, then Alerts from the menu or shortcut bar. The Alerts window will appear.

2. Click Configure Alerts

Click the Configure Alerts button. The Inventory Alerts dialog box will appear.



3. Select Display Alerts Options

Check Low Inventory to display products with a quantity below the minimum. Check “Order not received on time” to display orders that are late. When this option is checked, you may specify the time of day that orders should be considered late.

4. Click OK

Click the OK button to save your settings.

Web Services

You must have access to the Internet in order to use the Inventory Manager's Web Services. Web Services connects you to Henry Schein's product website for fast and easy online ordering. You can view Henry Schein's product catalogs, download the most commonly ordered dental supplies to add to your product list, update items in your Shopping List, and download recent order history. All of these options are available from the Web Services menu option in the Inventory Manager main window.

Update Catalog List

The Update Catalog List option must be performed before you can update the product list. The Update Catalog List only needs to be performed once.

1. Choose Web Services | Update Catalog List

From the Inventory Manager menu, choose Web Services then Update Catalog List.

2. Click Close

When the process is finished, the dialog box will display 'Update Completed.' Click Close to close the dialog box. You may now update the Product List if desired.

Update Order History

The Update Order History option downloads your most recent orders with Henry Schein, Inc.

1. Choose Web Services | Update Order History

From the Inventory Manager menu, choose Web Services then Update Order History.

2. Enter Date Range

Enter or select a Start and End date for the range. Only orders within this range will be downloaded.

3. Click OK

Click OK to begin the download process.

4. Click Close

When the process is finished, the dialog box will display 'Update Completed.' Click Close to close the dialog.

Update Shopping List

The Update Shopping List adds items that you most frequently order to the Shopping Cart in the Inventory Manager.

1. Choose Web Services | Update Shopping List

From the Inventory Manager menu, choose Web Services then Update Shopping List.

2. Click Close

When the process is finished, the dialog box will display 'Update Completed.' Click Close to close the dialog box.

Update Product List

The Update Product List adds Henry Schein's top 300 products that are sold to your Product List in the Inventory Manager.

1. Choose Web Services | Update Product List

From the Inventory Manager menu, choose Web Services, then Update Product List.

2. Click Close

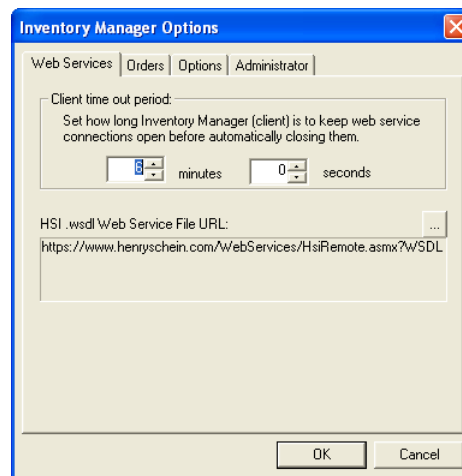
When the process is finished, the dialog box will display 'Update Completed.' Click Close to close the dialog box.

Additional Options

In the Inventory Manager Options window, you can set certain defaults for the Inventory Manager. Choose File then Options to access these settings. The following screen will appear. Only Administrators have rights to change the settings in this screen.

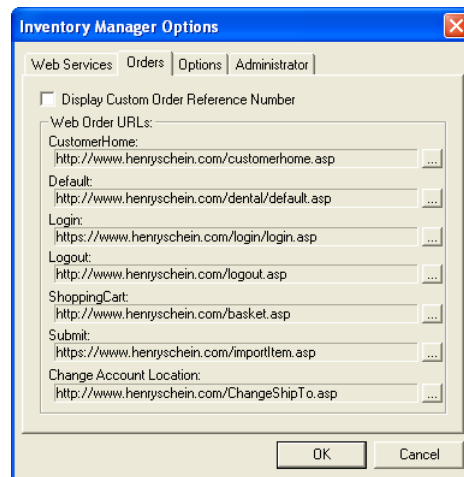
Web Services

On the Web Services tab, you can control how many minutes and seconds the Inventory Manager should wait before automatically closing connections to web services. Enter the desired number of minutes and seconds in the appropriate fields.



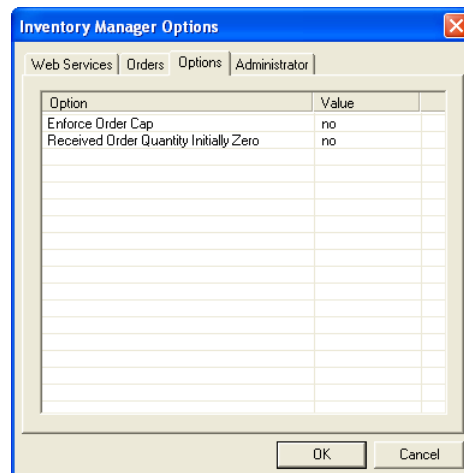
Orders

The Orders tab stores the various URLs used when placing orders through Henry Schein's website. If you wish to use your own custom tracking number system for tracking orders, you can select Display Custom Order Reference Numbers. The custom reference number is for internal use only. Vendors will not be able to track these "custom" numbers.



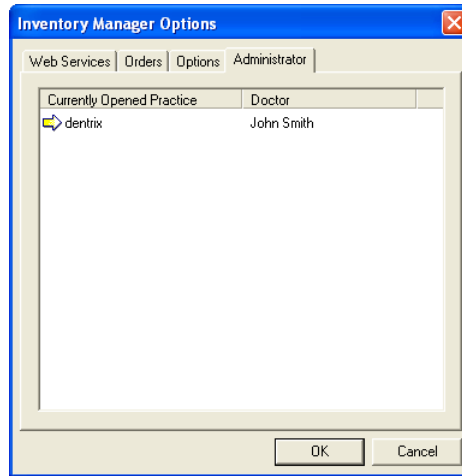
Options

The Options tab contains settings that are controlled by a yes or no setting. When Enforce Order Cap is set to yes, Inventory Manager will prevent anyone from ordering more than the target number entered in the Product setup screen. The Received Order Quantity Initially Zero option, when enabled, defaults all received amounts to zero. When disabled, all received amounts default to the “Order Quantity” amounts. To change a setting, click on the option and change it to yes or no using the down arrow. Click OK to save your changes.



Administrator

The Administrator tab displays the practice and doctor that is currently open in the Inventory Manager. The options and settings that are selected in this window will only affect this database. If there is more than one practice in the database, then the administrator can switch to another practice without having to log out.



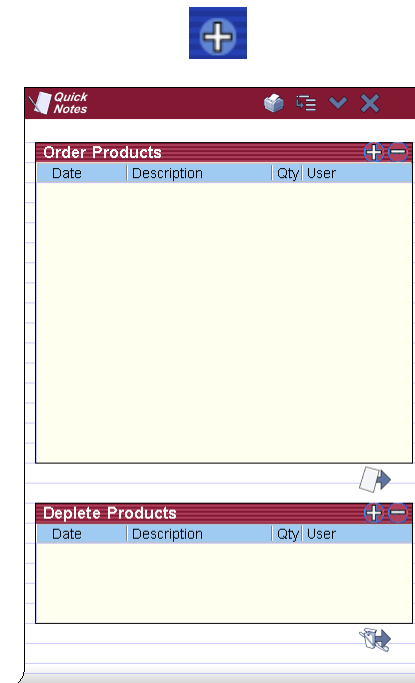
Quick Notes

The Quick Notes window allows for quick note taking concerning the entry of items for an order, and to quickly write a note about depleting an item from the inventory. To access Quick Notes, choose Miscellaneous then Quick Notes from the Short-cut Bar. Quick Notes may also be run independently from the Inventory Manager.

Adding a Note

1. Click Add

Click the Add button under Order Products to enter a note about ordering a product. Click the Add button under Deplete Items to enter a note about depleting a product from the Inventory. You may also double-click on a blank area in either box to enter a note.



2. Enter Date

If you double-click on a blank line, today's date will be entered automatically. If you clicked the Add button, you may enter the date for the note and press Tab to move to the Description field.

3. Enter Product Description

Enter a product description in this field. To search for the product, click the button to open the Product Search window. Select a category (or leave at All), enter the text to search by, then click the Search button. All products matching the search criteria will appear in the list.

To select a product for Quick Notes, highlight it from the list and click OK. After the correct product description appears, press Tab to move to the Quantity field.

Note: You may click the red X at any time to cancel the entry of a new Quick Note.

4. Enter Quantity

Enter the quantity that should be ordered or depleted by typing in the field or clicking the up and down arrows. Press Tab to move to the Provider field.

5. Select Provider

Click the down arrow to select a provider for the order.

6. Press Enter

Press Enter on the keyboard to save the Quick Note.

Adding Products to Shopping Cart

You may quickly add products that need to be ordered to the Shopping Cart window by clicking Add to Shopping Cart. This button will take all order entries that have been associated with a valid product (i.e. products that were selected through the Product Search) and add them (along with the quantity needed) to the Shopping Cart. See the Shopping Cart section in this documentation for more information.



Depleting Products

You may quickly deplete items from the inventory (Products On Hand) by clicking Deplete Products. This button will take all entries under Deplete Items that are associated with a valid product (i.e. products that were selected through the Product Search) and deplete that quantity from the Products On Hand window.



Editing a Quick Note

To edit a quick note, simply double-click on the entry and make the necessary changes. Press Enter to save your changes.

Deleting a Quick Note

To delete a quick note, highlight the desired entry and click the delete button.



Expanding the List

Click the Expand Lines button to view the entire note.



Printing Quick Notes

Click the Print button to print the Order Products and Deplete Products Quick Notes.



Minimizing Quick Notes

If you wish to leave Quick Notes open for easier access throughout the day, you may click the minimize button in the upper right corner. This will minimize the window to your task bar so that it is out of your way but available for easy access. Simply click the Quick Notes icon on the task bar when you are ready to view the notes.



Printing Reports

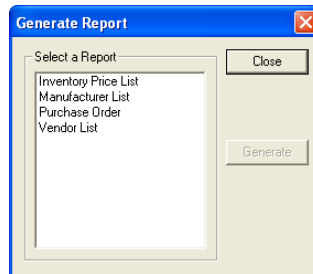
The following reports can be previewed or printed from the Inventory Manager:

- Inventory Price List
- Manufacturer List
- Purchase Order
- Vendor List

To print or preview a report, complete the following steps:

1. Choose File | Reports | Generate Reports

Choose File from the menu bar. Select Reports, then Generate Reports. The Generate Report dialog box will appear.



2. Select Report

Highlight the report you wish to generate and click OK. A preview of the report will appear in the window.

3. Click Generate

Click the Generate button to display the report.

4. Print Report (Optional)

To print the report, click the Print button at the top of the screen.

Appendix 1

Management Routines

The following outline is intended as a reference list of routines your practice should be performing for basic use of Easy Dental. It is to be used as a guideline as you customize Easy Dental for your practice management philosophy. Refer to the documentation for instructions on how to perform these routines.

DAILY ROUTINES

Patient Visit

- 1. Bring up the patient's information in the Patient module.
- 2. Verify the patient's information, particularly the address and insurance coverage, in the Patients module.
- 3. When a new patient comes in, enter his or her information in the Patients module.
- 4. Enter the patient's completed procedures using the Schedule.
- 5. Set applicable procedures "Complete" for the patient's treatment plan using the Schedule or Treatment Plans module.
- 6. Schedule follow-up appointments for the patient's treatment plan in the Schedule module.
- 7. Enter any payments for the patient in the Accounts module.
- 8. Enter any adjustments for the family account in the Accounts module.
- 9. Print the patient's and/or family's walkout statement from the Accounts module.
- 10. If the patient has insurance, create and send a primary insurance claim to the Batch Processor from the Accounts module.
- 11. If the patient has insurance and a treatment plan requiring pre-authorization, create and send a pre-treatment estimate claim to the Batch Processor from the Treatment Plans module.
- 12. If the patient is referred to another doctor, enter the information in the Patients module.

Appointment Scheduling

- 1. Use the Schedule module to view tomorrow's appointments and call the scheduled patients to verify each appointment.

- 2. If there are any broken appointments for the day, “Break” them in the Schedule module.
- 3. Use the ASAP list to fill broken appointment slots with ASAP appointments and Open appointments in the Schedule.
- 4. Use the Recall Module to schedule recall appointments.
- 5. Use the Unscheduled List to re-schedule broken appointments and to schedule Wait/Will Call appointments in the Schedule.

Insurance/Mail Processing

- 1. When an explanation of benefits is received for an insurance claim, enter the insurance payment (even a 0.00 payment if there is a legitimate reason, to flag a claim as “Received” in the Accounts module).
- 2. Update the insurance payment table when entering an insurance payment that is itemized, if the actual payment is different than the estimate, in the Accounts module. (Only update the Payment Table if this is the exact amount that the insurance will pay every time. Remember that the Payment Table overrides the Coverage Table.)
- 3. Enter any deductible amount applied for a claim while entering the payment.
- 4. If an explanation of benefits gives reason to re-send a claim, update the claim status in the Insurance Claim Information window and send the insurance claim to the Batch Processor. Do NOT enter any payment for the claim.
- 5. If a payment is received on a primary claim for a patient with secondary insurance, create and send the secondary insurance claim to the Batch Processor.
- 6. When an explanation of benefits is received for a pre-treatment estimate claim, enter the pre-authorized amount and flag “Accepted” or “Rejected” for each procedure in the Treatment Plans module.
- 7. Update the insurance estimate table when entering a pre-authorized amount, if the amount is different than the estimate, in the Treatment Plans module.
- 8. If authorization is received for primary insurance, create and send the secondary pre-estimate to the Batch Processor.
- 9. Enter any guarantor payments in the Accounts module.
- 10. Print all insurance claims and pre-treatment estimate claims for the day listed in the Batch Processor of the Reports module.

End-of-Day Reports

- 1. Print the “Day Sheet” from the Reports module. It is recommended that a day sheet by “entry date” is printed daily. If a day sheet by “procedure date” is needed, print it in addition to the day sheet by “entry date.”
- 2. Print any other reports that are useful to your practice.

Backup Easy Dental Database Daily

WEEKLY ROUTINES

- 1. Print the “Referred By Patient” and the “Referred By Dr/Other” reports for the past week’s referrals in the Reports module to process referral gratuities.
- 2. Print Referral letters for referrals in the Patients module.
- 3. Print a “New Patient List” of the past week’s new patients in the Reports module and/or produce “Welcome to the Practice” letters.

MONTHLY ROUTINES

Billing

(Can be done any time during the month but should be done consistently)

Backup Easy Dental Database before doing the following!

- 1. Apply finance charges and/or late charges from the Accounts window.
- 2. Run billing statements from the Reports window.

Process Accounts Receivable

(Should be done the first of each month)

- 1. Close Easy Dental on all workstations except the workstation you are working on.

Backup Easy Dental Database before doing the following!

- 2. Close out the previous month using Month-End in the Accounts window.
- 3. Print the “Aging Report” by provider and/or all providers in the Reports window to follow-up on delinquent accounts.
- 4. Merge and print the Collection letters.

Practice Management

(Print only the reports your practice is concerned with.)

- 1. Print the “Practice Analysis” reports in the Reports module.
- 2. Print the Audit report in the Reports module.
- 3. Purge Employers and Insurance Companies as needed in the Reports module.
- 4. Print the “Referred To Doctor” report for patients referred to another doctor six months ago in the Reports module to follow up on the patients.
- 5. Print the “Insurance Claim Aging” report in the Reports module to follow-up on the outstanding insurance claims.
- 6. Print the “Pre-Treatment Estimate Aging” report in the Reports module to follow-up on the old pre-treatment estimates.
- 7. Print the “Birthday List” in the Reports module and/or merge letters to send birthday greetings to patients.

ANNUAL ROUTINE

- 1. Print the “Inactive Patient List” in the Reports module and/or the “Inactive recall” letters.

Appendix 2

Procedure Code List

Diagnostic

D0120	Periodic oral evaluation
D0140	Limited oral evaluation
D0150	Comp oral eval-new/estab pat
D0160	Detail/extensive oral eval, B/R
D0170	Limited re-evaluation estab. patient
D0180	Comprehensive perio evaluation
D0210	Intraoral-complete series (bw)
D0220	Intraoral-periapical-1st film
D0230	Intraoral-periapical-each add'l
D0240	Intraoral-occlusal film
D0250	Extraoral-first film
D0260	Extraoral-each additional film
D0270	Bitewing-single film
D0272	Bitewings-two films
D0274	Bitewings-four films
D0277	Vertical bitewings - 7 to 8 films
D0290	Skull &facial bone survey film
D0310	Saliography
D0320	TMJ arthrogram, incl injection
D0321	Other TMJ films, by report
D0322	Tomographic survey
D0330	Panoramic film
D0340	Cephalometric film
D0350	Oral/facial images - intra/extra
D0415	Bacteriologic studies
D0425	Caries susceptibility tests
D0460	Pulp vitality tests
D0470	Diagnostic casts
D0472	Accession of tiss, gr exam/rpt
D0473	Acc of tissue, gr mic exam/rpt
D0474	Acc of tiss-gr mic ex surg mar
D0480	Proc & intrp of cytologic smear
D0502	Other oral path procedure, B/R
D0999	Unspecified diag procedure, B/R

Preventive

D1110	Prophylaxis-adult
D1120	Prophylaxis-child
D1201	Prophylaxis with fluoride-child
D1203	Fluoride w/o prophylaxis-child
D1204	Fluoride w/o prophylaxis-adult
D1205	Prophylaxis with fluoride-adult
D1310	Nutritional counseling
D1320	Tobacco counseling
D1330	Oral hygiene instruction
D1351	Sealant-per tooth
D1510	Space maint-fixed-unilateral
D1515	Space maint-fixed-bilateral
D1520	Space maint-remov-unilateral
D1525	Space maint-remov-bilateral
D1550	Recementation of space maint

Restorative

D2140	Amalgam-1 surf., prim/perm
D2150	Amalgam-2 surf., prim/perm
D2160	Amalgam-3 surf., prim/perm
D2161	Amalgam-4+ surf., prim/perm

D2330	Resin-one surface, anterior
D2331	Resin-two surfaces, anterior
D2332	Resin-three surfaces, anterior
D2335	Resin-4+ w/incis angle-anterior
D2390	Resin composite crown, anterior
D2391	Resin composite - 1s, posterior
D2392	Resin composite - 2s, posterior
D2393	Resin composite - 3s, posterior
D2394	Resin composite - 4+s, posterior
D2410	Gold foil-one surface
D2420	Gold foil-two surfaces
D2430	Gold foil-three surfaces
D2510	Inlay-metallic-one surface
D2520	Inlay-metallic-two surfaces
D2530	Inlay-metallic-three + surfaces
D2542	Onlay-metallic-two surfaces
D2543	Onlay-metallic-three surfaces
D2544	Onlay-metallic-four + surfaces
D2610	Inlay-porcel/ceramic-1 surface
D2620	Inlay-porcel/ceramic-2 surface
D2630	Inlay-porcel/ceramic-3+ surface
D2642	Onlay-porcel/ceram-2 surface
D2643	Onlay-porcel/ceram-3 surface
D2644	Onlay-porcel/ceram-4 + surface
D2650	Inlay-compos/resin-1s(lab proc)
D2651	Inlay-compos/resin-2s(lab proc)
D2652	Inlay-compos/resin-3+ surf(lab)
D2662	Onlay-compos/resin-2 surf (lab)
D2663	Onlay-compos/resin-3 surf (lab)
D2664	Onlay-compos/resin-4+surf (lab)
D2710	Crown-resin (laboratory)
D2720	Crown-resin w/high noble metal
D2721	Crown-resin w/ most base metal
D2722	Crown-resin with noble metal
D2740	Crown-porcelain/ceramic substr
D2750	Crown-porc fuse high noble mtl
D2751	Crown-porc fused to base metal
D2752	Crown-porc fused noble metal
D2780	Crown-3/4 cast high noble metal
D2781	Crown-3/4 cast most base metal
D2782	Crown-3/4 cast noble metal
D2783	Crown-3/4 porcelain/ceramic
D2790	Crown-full cast high noble mtl
D2791	Crown-full cast base metal
D2792	Crown-full cast noble metal
D2799	Provisional crown
D2910	Recement inlay
D2920	Recement crown
D2930	Prefab stain steel crn-primary
D2931	Prefab stain steel crown-perm
D2932	Prefabricated resin crown
D2933	Prefab stl crown w/resin window
D2940	Sedative filling
D2950	Crown buildup, incl any pins
D2951	Pin retention-/tooth, (+ rest)
D2952	Cast post &core in add to crown
D2953	Each add'l cast post-same tooth
D2954	Prefab post&core in add to crn
D2955	Post removal (not with endo)
D2957	Each + prefab post-same tooth
D2960	Labial veneer(laminate)-chairsd
D2961	Labial veneer (resin lamin)-lab
D2962	Labial veneer (porceln lam)-lab
D2970	Temporary crown (fractured th)
D2980	Crown repair, by report
D2999	Unspecif restorative proced B/R

Endodontics

D3110	Pulp cap-direct, (+rest)
D3120	Pulp cap-indirect, (+ rest)
D3220	Therapeutic pulpotomy(exc rest)
D3221	Pulpal debridemnt-prim/perm th
D3230	Pulpal therapy-anterior,primary
D3240	Pulpal therapy-posterior, prim
D3310	Root canal therapy - anterior
D3320	Root canal therapy - bicuspid

D3330 Root canal therapy - molar
 D3331 Treatmnt of root canal obstruct
 D3332 Incomplt endo therapy-inopbl th
 D3333 Int root repair of perf defects
 D3346 Retreat, prev RCT - anterior
 D3347 Retreat, prev RCT - bicuspid
 D3348 Retreat, prev RCT - molar
 D3351 Apexification/recalcif, initial
 D3352 Apexification/recalcif, interim
 D3353 Apexification/recalcif, final
 D3410 Apicoectomy/Periradic surg-ant
 D3421 Apicoect/Perirad-bicus/1st root
 D3425 Apicoect/Perirad-molar/1st root
 D3426 Apicoect/Perirad (each + root)
 D3430 Retrograde filling-per root
 D3450 Root amputation-per root
 D3460 Endodontic endosseous implant
 D3470 Intentional replant, inc splint
 D3910 Surg isolation of th w/rub dam
 D3920 Hemisection, no root can ther
 D3950 Canal prep/fit of dowel/post
 D3999 Unspecified endo procedure, B/R

Periodontics

D4210 Gingivectomy-4+ per quadrant
 D4211 Gingivectomy- 1-3 th, per quad
 D4240 Ging flap, root pln, 4+ per quad
 D4241 Ging flap, root pln, 1-3 th, quad
 D4245 Apically positioned flap
 D4249 Clinic crown lengthen-hard tiss
 D4260 Osseous surgery- 4+ per quad
 D4261 Osseous surgery- 1-3 th, quad
 D4263 Bone replace graft-1st site/qu
 D4264 Bone replace graft-each add/qu
 D4265 Bio mat, sft&osseous tiss rege
 D4266 Guided tiss regen-resorb-per
 D4267 Guided tiss regen-nonresorb-per
 D4268 Surg revision proc, per tooth
 D4270 Pedicle soft tissue graft proc
 D4271 Free soft tissue graft proced
 D4273 Subepithelial con tis graft prc
 D4274 Distal/proximal wedge procedure
 D4275 Soft tissue allograft
 D4276 Comb cnct tiss&dbl pedicle grft
 D4320 Provisional splinting-intracor
 D4321 Provisional splinting-extracor
 D4341 Perio scale&root pln- 4+ per quad
 D4342 Perio scale&root pln- 1-3, quad
 D4355 Full mouth debridement - perio
 D4381 Local delivery of chemo-th B/R
 D4910 Periodontal maint after therapy
 D4920 Unscheduled dressing change
 D4999 Unspecified perio proced, B/R

Prosthodontics, Removable

D5110 Complete denture - maxillary
 D5120 Complete denture - mandibular
 D5130 Immediate denture - maxillary
 D5140 Immediate denture - mandibular
 D5211 Maxillary partial - resin base
 D5212 Mandibular partial - resin base
 D5213 Maxil partial-metal base w/sdls
 D5214 Mand partial -metal base w/sdls
 D5281 Removable unilat part denture
 D5410 Adjust complete denture-maxil
 D5411 Adjust complete denture-mand
 D5421 Adjust partial denture-maxil
 D5422 Adjust partial denture-mand
 D5510 Repair complete denture base
 D5520 Replace teeth-comp dent (ea th)
 D5610 Repair resin denture base
 D5620 Repair cast framework
 D5630 Repair or replace broken clasp
 D5640 Replace broken teeth-per tooth
 D5650 Add tooth to exist part denture
 D5660 Add clasp, exist part denture

D5670 Replace all th&acrylic-maxil
 D5671 Replace all th&acrylic-mand
 D5710 Rebase complete maxil denture
 D5711 Rebase complete mand denture
 D5720 Rebase maxil partial denture
 D5721 Rebase mand partial denture
 D5730 Reline complete maxil-chairside
 D5731 Reline complete mand-chairside
 D5740 Reline maxil partial-chairside
 D5741 Reline mand partial-chairside
 D5750 Reline complete maxillary (lab)
 D5751 Reline complete mand (lab)
 D5760 Reline maxillary partial (lab)
 D5761 Reline mandibular partial (lab)
 D5810 Interim comp denture (maxil)
 D5811 Interim comp denture (mand)
 D5820 Interim partial denture (maxil)
 D5821 Interim partial denture (mand)
 D5850 Tissue condition, maxillary
 D5851 Tissue condition, mandibular
 D5860 Overdenture-complete, B/R
 D5861 Overdenture-partial, by report
 D5862 Precision attachment, B/R
 D5867 Replcmt prec attachmt-part/full
 D5875 Mod of remvble prosth-post sur
 D5899 Unspecified remove prosth, B/R

Maxillofacial Prosthetics

D5911 Facial moulage (sectional)
 D5912 Facial moulage (complete)
 D5913 Nasal prosthesis
 D5914 Auricular prosthesis
 D5915 Orbital prosthesis
 D5916 Ocular prosthesis
 D5919 Facial prosthesis
 D5922 Nasal septal prosthesis
 D5923 Ocular prosthesis, interim
 D5924 Cranial prosthesis
 D5925 Facial augmentat implant,prosth
 D5926 Nasal prosthesis, replacement
 D5927 Auricular prosthesis, replacement
 D5928 Orbital prosthesis, replacement
 D5929 Facial prosthesis, replacement
 D5931 Obturator prosthesis, surgical
 D5932 Obturator prosthesis, definitive
 D5933 Obturator prosthesis, modificat
 D5934 Mandibular resection w/ flange
 D5935 Mandibular resection w/o flange
 D5936 Obturator prosthesis, interim
 D5937 Trismus appliance (not TMD)
 D5951 Feeding aid
 D5952 Speech aid prosthesis, pediatric
 D5953 Speech aid prosthesis, adult
 D5954 Palatal augmentation prosthesis
 D5955 Palatal lift prosth, definitive
 D5958 Palatal lift prosthesis, interim
 D5959 Palatal lift prosth, modificat
 D5960 Speech aid prosth, modification
 D5982 Surgical stent
 D5983 Radiation carrier
 D5984 Radiation shield
 D5985 Radiation cone locator
 D5986 Fluoride gel carrier
 D5987 Commissure splint
 D5988 Surgical splint
 D5999 Unspec maxillofacial prosth B/R

Implant Services

D6010 Surg place implant: endosteal
 D6020 Abut place/subst: endost implant
 D6040 Surgic place: eposteal implant
 D6050 Surg place: transosteal implant
 D6053 Imp/abut remov, comp edent arch
 D6054 Imp/abut remov, part edent arch
 D6055 Dent implant sup connecting bar
 D6056 Prefabricated abutment

D6057 Custom abutment
 D6058 Abutment supported porc/cer
 D6059 Abtmt supp porc fused to hi-no
 D6060 Abtmt supp porc fused base m
 D6061 Abtmt supp porc fused-ntl crown
 D6062 Abtmt supp cast mtl crown-hin
 D6063 Abtmt supp cast mtl crown-bas
 D6064 Abtmt supp cast mtl crown-nob
 D6065 Implant supp porc/cer crown
 D6066 Implant supp porc fused mtl cn
 D6067 Implant supported metal crown
 D6068 Abtmt supp ret for porc/cer FP
 D6069 Abut sup ret-porc fsd mtl FPDhn
 D6070 Abut sup ret-porc fsd mtl FPDbm
 D6071 Abut sup ret-porc fsd mtl FPDno
 D6072 Abut sup ret-cast mtl FPD-hinob
 D6073 Abut sup ret-cast mtl FPD-base
 D6074 Abut sup ret-cast mtl FPD-noble
 D6075 Implant supp ret-ceramic FPD
 D6076 Implnt supp ret-prc fuse mtlFPD
 D6077 Implant supp ret-cast metal FPD
 D6078 Implnt/abut supp fxd comp edent
 D6079 Implnt/abut supp fxd part edent
 D6080 Implant maintenance procedures
 D6090 Repair implant sup prosth, B/R
 D6095 Repair implant abutment, B/R
 D6100 Implant removal, by report
 D6199 Unspecified implant proced, B/R

Prosthodontics, Fixed

D6210 Pontic-cast high noble metal
 D6211 Pontic-cast predominantly base
 D6212 Pontic-cast noble metal
 D6240 Pontic-porcelain fused to hnob
 D6241 Pontic-porcelain fused to base
 D6242 Pontic-porcelain fused to nobl
 D6245 Pontic-porcelain/ceramic
 D6250 Pontic-resin w/ high noble met
 D6251 Pontic-resin w/ predomnt base
 D6252 Pontic-resin with noble metal
 D6253 Provisional pontic
 D6545 Retainer-cast for resin bonded
 D6548 Ret-porc/cer-resin bnd fxd pros
 D6600 Inlay-porcelain/ceramic, 2 surf
 D6601 Inlay-porcelain/ceramic, 3+ surf
 D6602 Inlay-cast high noble met, 2 surf
 D6603 Inlay-cast high nob met, 3+ surf
 D6604 Inlay-cast predomnt base, 2 surf
 D6605 Inlay-cast predomnt base, 3+surf
 D6606 Inlay-cast noble metal, 2 surf
 D6607 Inlay-cast noble metal, 3+ surf
 D6608 Onlay-porcelain/ceramic, 2 surf
 D6609 Onlay-porcelain/ceramic, 3+ surf
 D6610 Onlay-cast high noble met, 2 surf
 D6611 Onlay-cast high noble met, 3+surf
 D6612 Onlay-cast predomnt base, 2 surf
 D6613 Onlay-cast predomnt base, 3+ surf
 D6614 Onlay-cast noble metal, 2 surf
 D6615 Onlay-cast noble metal, 3+ surf
 D6720 Retainer crn-res w/ hi nob met
 D6721 Retainer crn-resin w/ base met
 D6722 Retainer crn-resin w/ nob met
 D6740 Crown-porcelain/ceramic
 D6750 Retainer crn-porc fused-hi nob
 D6751 Retainer crn-porc fuse-base met
 D6752 Retainer crn-porc fused-nob met
 D6780 Retainer crn-3/4 cast h nob met
 D6781 Crown-3/4 cast most base metal
 D6782 Crown-3/4 cast noble metal
 D6783 Crown-3/4 porcelain/ceramic
 D6790 Retainer crn-full cast hi nob
 D6791 Retainer crn-full cast base met
 D6792 Retainer crn-full cast nob met
 D6793 Provisional retainer crown
 D6920 Connector bar
 D6930 Recement fixed partial denture
 D6940 Stress breaker

D6950 Precision attachment
 D6970 Cast post/core, + brdg retainer
 D6971 Cast post/part of brdg retainer
 D6972 Prefab post/core+ brdg retainer
 D6973 Core buildup for retain,inc pin
 D6975 Coping-metal
 D6976 Each add'l cast post-same tooth
 D6977 Each + prefab post-same tooth
 D6980 Fixed partial dent. repair, B/R
 D6985 Pediatric part'l denture, fixed
 D6999 Unspec fixed prosth proced, B/R

Oral Surgery

D7111 Coronal remnants-deciduous th
 D7140 Extract, erupted th/exposed rt
 D7210 Extraction-surgical/erupt tooth
 D7220 Extraction-impacted/soft tis
 D7230 Extraction-impacted/part bony
 D7240 Extraction-impacted/compl bony
 D7241 Remov impact-comp bony w/ comp
 D7250 Surgic removl resid tooth root
 D7260 Oral antral fistula closure
 D7261 Prim closure sinus perforation
 D7270 Reimplantation/stabilization
 D7272 Tooth transplantation
 D7280 Surgical access unerupted tooth
 D7281 Expos impact/unerupt-aid erupt
 D7282 Mobiliz erupt/malpos th-erupt
 D7285 Biopsy of oral tissue-hard
 D7286 Biopsy of oral tissue-soft
 D7287 Cytology sample collection
 D7290 Surgical reposition of teeth
 D7291 Transseptal fiberotomy, B/R
 D7310 Alveoloplasty w/ extract- /quad
 D7320 Alveoloplasty w/o extract /quad
 D7340 Vestibuloplasty-ridge ext -2nd
 D7350 Vestiplasty-ridge ext (inc)
 D7410 Excision benign lesion <= 1.25cm
 D7411 Excision benign lesion >1.25cm
 D7412 Excision benign lesion, complic
 D7413 Excision malig lesion <= 1.25cm
 D7414 Excision malig lesion > 1.25cm
 D7415 Excision malig lesion, complic
 D7440 Ex malig tumor-diam <= 1.25 cm
 D7441 Ex malig tumor-diam > 1.25 cm
 D7450 Rem odont cyst-diam <= 1.25 cm
 D7451 Rem odont cyst-diam > 1.25 cm
 D7460 Rem nonodont cyst-diam<=1.25cm
 D7461 Rem nonodont cyst-diam >1.25cm
 D7465 Destruct lesion-phys/chem B/R
 D7471 Rem lat exostosis-maxil/mand
 D7472 Removal of torus palatinus
 D7473 Removal of torus mandibularis
 D7485 Surg reduc, osseous tuberosity
 D7490 Rad resec-mandible w/bonegraft
 D7510 Incis&drain abscess-intra soft
 D7520 Incis&drain abscess-extra soft
 D7530 Rem foreign body, sub-q tissue
 D7540 Remove foreign body from bone
 D7550 Partial ostect/sequestrectomy
 D7560 Maxill sinusotomy-rem foreign
 D7610 Maxilla-open red (teeth immob)
 D7620 Maxilla-closed red(teeth immob)
 D7630 Mandible-open red (teeth immob)
 D7640 Mandible-closed red (th immob)
 D7650 Malar/zygomat arch-open reduc
 D7660 Malar/zygo arch-closed reduc
 D7670 Alveolus-closed reduction
 D7671 Alveolus-open reduction
 D7680 Facial bone-complicated reduct
 D7710 Maxilla-open reduction
 D7720 Maxilla-closed reduction
 D7730 Mandible-open reduction
 D7740 Mandible-closed reduction
 D7750 Malar/zygomatic arch-open red
 D7760 Malar/zygomatic arch-close red
 D7770 Alveolus-stabilize teeth, open

D7771	Alveolus-stabilize teeth, closed
D7780	Facial bones-complicated reduc
D7810	Open reduction of dislocation
D7820	Closed reduction of dislocate
D7830	Manipulation under anesthesia
D7840	Condylectomy
D7850	Surgical dissect:w/ w/o implant
D7852	Disc repair
D7854	Synovectomy
D7856	Myotomy
D7858	Joint reconstruction
D7860	Arthrotomy
D7865	Arthroplasty
D7870	Arthrocentesis
D7871	Non-arthroscopic lysis & lavage
D7872	Arthroscopy-diag, w/ w/o biopsy
D7873	Arthroscopy-surgical: adhesions
D7874	Arthroscopy-surgical: disc rep
D7875	Arthroscopy-surgic: synovectomy
D7876	Arthroscopy-surgical:dissectomy
D7877	Arthroscopy-surgic: debridement
D7880	Occlusal orthotic device
D7899	Unspecified TMD therapy, B/R
D7910	Suture of small wounds to 5cm
D7911	Complicated suture-up to 5 cm
D7912	Complicated suture-over 5 cm
D7920	Skin grafts, by report
D7940	Osteoplasty-orthognathic defor
D7941	Osteotomy-mandibular rami
D7943	Osteotomy-mand rami w/ graft
D7944	Osteotomy-segment/subap-s/quad
D7945	Osteotomy-body of mandible
D7946	LeFort I (maxilla-total)
D7947	LeFort I (maxilla-segmented)
D7948	LeFort II/III-no bone graft
D7949	LeFort II/III-with bone graft
D7950	Osseous/cartilage graft-mandB/R
D7955	Rep maxillofacial sft/hrd tis
D7960	Frenulectomy-separate procedur
D7970	Excision, hyperplast tiss-arch
D7971	Excision-pericoronar ging /arch
D7972	Surg reduc, fibrous tuberosity
D7980	Sialolithotomy
D7981	Excision of salivary gland, B/R
D7982	Sialodochoplasty
D7983	Closure of salivary fistula
D7990	Emergency tracheotomy
D7991	Coronoidectomy
D7995	Synthetic graft-mand/facial,B/R
D7996	Implant-mandib/augmentation,B/R
D7997	Appliance removal-incl archbar
D7999	Unspecified oral surg proc, B/R

Orthodontics

D8010	Limited ortho trt, primary dent
D8020	Limited ortho trt, transitional
D8030	Limited ortho treat, adolescent
D8040	Limited ortho treat, adult dent
D8050	Intercep orth trt, primary dent
D8060	Intercep orth trt, transitional
D8070	Comprehensive orth,transitional
D8080	Comprehensive ortho, adolescent
D8090	Comprehensive ortho, adult dent
D8210	Removable appliance therapy
D8220	Fixed appliance therapy
D8660	Pre-orthodontic treatment visit
D8670	Periodic ortho visit (contract)
D8680	Orthodontic retention
D8690	Ortho treatment (bill/contract)
D8691	Repair of orthodontic appliance
D8692	Retainer replacemnt-lost/broken
D8999	Unspec ortho procedure, B/R

Adjunctive General Services

D9110	Emerg treatment, palliative
D9210	Local anesthesia not op/surg
D9211	Regional block anesthesia
D9212	Trigeminal division blk anesth
D9215	Local anesthesia
D9220	Deep sedat/gen anesth-1st 30m
D9221	Deep sedat/gen anesth-ea + 15 min
D9230	Analgesia
D9241	Intravn cons sed/analg-1st 30m
D9242	Intravn cons sed/analg-ea+15m
D9248	Non IV conscious sedation
D9310	Consultation-per session
D9410	Professional house call
D9420	Professional hospital call
D9430	Office visit for observation
D9440	Office visit-after regular hrs
D9450	Case present, detailed/extens tx
D9610	Therapeutic drug injection, B/R
D9630	Other drugs/medicaments, B/R
D9910	Application of desensitize med
D9911	Apply desensitiz' resin, per th
D9920	Behavior management, by report
D9930	Treat complications-postsurgic
D9940	Occlusal guards, by report
D9941	Fabricate athletic mouthguards
D9950	Occlusal analysis-mounted case
D9951	Occlusal adjustment-limited
D9952	Occlusal adjustment-complete
D9970	Enamel microabrasion
D9971	Odontoplasty 1-2 teeth-rmv enam
D9972	External bleaching-per arch
D9973	External bleaching-per tooth
D9974	Internal bleaching-per tooth
D9999	Unspecified adjunct. proced, B/R

Other

20999	Orthopedic splint (orthotic)
64550	Transcutan. electric stimulant
90620	Exam and consultation
95831	Muscle Testing
95868	Electromyography
97700	Adjust orthotic/splint
209999	Mandibular kinesigraph record

Appendix 3

Laser Billing Statement Print Options

Easy Dental will print sixteen different laser-generated billing statements. The type of statement printed depends on what information you wish to print and how you want it formatted. The options that determine what type of statement will be printed are:

- Print Insurance Estimate
- Print Agreed Payment (or print “Please Pay This Amount”)
- Print Account Aging (as opposed to account history method: Prior Balance less credits plus charges equals new balance).
- Allow Credit Card Payment

Following are examples using combinations of the options listed above:

Example 1: Print Agreed Payment, Print Insurance Estimate, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGE	NEW BALANCE	INSURANCE ESTIMATE
	-	+	=	
PLEASE PAY THIS AMOUNT				

Example 2: Print Agreed Payment, Print Insurance Estimate, Print Account Aging, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE	INSURANCE EST.
PLEASE PAY THIS AMOUNT					

Example 3 : Print Agreed Payment, Print Account Aging, Allow Credit Card Payment.

Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
PLEASE PAY THIS AMOUNT				

Example 4: Print Agreed Payment, Allow Credit Card Payment.

Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
	-	+	=
PLEASE PAY THIS AMOUNT			<input type="text"/>

Example 5 : Allow Credit Card Payment.

Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
	-	+	=

Example 6 : Print Agreed Payment, Print Insurance Estimate.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE
	-	+	=	-
PLEASE PAY THIS AMOUNT				<input type="text"/>

Example 7 : Print Agreed Payment, Print Insurance Estimate, Print Account Aging.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE	INSURANCE EST.
					-
PLEASE PAY THIS AMOUNT					<input type="text"/>

Example 8 : Print Agreed Payment, Print Account Aging.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE
PLEASE PAY THIS AMOUNT				<input type="text"/>

Example 9 : Print Agreed Payment.

WebCsnt.doc EasyWeb Consent Form

ezdsprbl.doc Easy Dental Super Bill

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
	-	+	=
PLEASE PAY THIS AMOUNT			<input type="text"/>

Example 10 : Select no options.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE
	-	+	=

Example 11 : Print Insurance Estimate, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE
	-	+	=	-

Example 12: Print Insurance Estimate.

PRIOR BALANCE	CURRENT CREDITS	CURRENT CHARGES	NEW BALANCE	INSURANCE ESTIMATE
	-	+	=	-

Example 13: Print Account Aging, Allow Credit Card Payment. Space for the patient to write in their credit card number, expiration date and signature is provided at the top of the statement.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE

Example 14: Print Account Aging.

CURRENT BALANCE	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	TOTAL BALANCE

Appendix 4

Easy Dental Letters

ednewpat.doc	Sample New Patient Questionnaire, 2 pages
ezdenvl.doc	Envelope #10, 4 1/8 x 9 1/2
ezdlabl.doc	Label Format/Avery 5160 Laser
ezdlbl2.doc	Label Format/Avery 5351 Laser
ezdlm01.doc	Welcome to Practice - before 1st visit
ezdlm02.doc	Welcome to Practice - after 1st visit
ezdlm03.doc	Recall - Inactive Account
ezdlm04.doc	Recall - Adult
ezdlm05.doc	Recall - Child - written to Head of House
ezdlm06.doc	Collection - 1st Notice - (31-60 days)
ezdlm07.doc	Collection - 2nd Notice - (61-90 days)
ezdlm08.doc	Collection - 3rd Notice - (91-120 days)
ezdlm09.doc	Collection - Final Notice - (over 120 days)
ezdlm10.doc	New Birth - special occasion letter
ezdlm11.doc	Marriage - special occasion letter
ezdlm12.doc	Graduation - special occasion letter
ezdlm13.doc	Birthday - Adult birthday letter
ezdlm14.doc	Birthday - Child birthday letter
ezdlm15.doc	Thank You - Professional Referral
ezdlm16.doc	Thank You - Patient Referral
ezdlm17.doc	Thank You - Patient
ezdlm18.doc	Inactive Patient
ezdlm19.doc	Patient Anniversary in Practice
ezdlm20.doc	Patient Information Verification
ezdlm21.doc	TP Recall
ezdlm22.doc	Report Format Sample - over 90
ezdlm23.doc	Recall Cards - single side, dot matrix
ezdlm24.doc	Appointment Cards - single side, dot matrix
ezdlm25.doc	Appointment Cards - 2-wide, laser
ezdlm26.doc	Recall Cards - 2-wide, laser
ezdlm27.doc	Appointment Cards - 2-wide, dot matrix
ezdlm28.doc	Recall Cards 2-wide, dot-matrix
ezdlm29.doc	Recall Cards (with appt) 2-wide, laser
ezdlm30.doc	RX - Fill

ezdlm31.doc	RX - Darvocet
ezdlm32.doc	RX - Pen VK 500 mg
ezdlm33.doc	RX - Erythromycin 500 mg
ezdlm34.doc	Blank letter template/form
ezdlm35.doc	Referred to a Dr/Specialist
ezdlm36.doc	RX - Lortab 7.5 mg
ezdlm40.doc	Recall Cards - Laser 3 per page
ezdlm41.doc	Appointment Cards - Laser 3 per page
ezdlm42.doc	Recall Cards (with appointment) - Laser 3 per page
ezdlm43.doc	Recall Reminder Cards - Laser 2 per page
ezdlm44.doc	Recall Appointment Reminder Cards - Laser 2 per page
ezdlm45.doc	Appointment Reminder Cards- Laser 3 per page
ezdlm46.doc	Recall Reminder Cards- Laser 3 per page
ezdlm47.doc	Recall Appointment Reminder Cards - Laser 3 per page
ezdlm48.doc	Birthday Cards - Laser 4 per page
ezdlm99.doc	Data Elements, All
ezdpatv.doc	New Patient Questionnaire/Consent, 2 pages

Appendix 5

Easy Dental Letter Samples

January 1, 2005

Mr. John Doe

100 Deere St.

Yourtown, US 12345

Dear John,

We are delighted to welcome you to our practice and are pleased that you chose us to serve your dental needs. We are serious about providing superior dental care at reasonable prices, and proud of our dedication to our patients. Our goal is to help you feel and look your very best through excellent dental care.

Your appointment will take approximately 1 hour. To facilitate being seen just as soon as possible at the time of your appointment, we would appreciate it if you would complete the enclosed Patient Information Form before your arrival. Please remember to bring it with you at the time of your appointment or mail the completed form back to us as soon as possible. We have enclosed a self-addressed envelope for your convenience.

If you are unable to make the appointment you have scheduled with us, please notify us as least 24 hours in advance. We would be glad to reschedule the appointment at a more convenient time, if necessary. In the meantime, we look forward to meeting you and serving your needs.

Thanks again for choosing our dental practice.

Sincerely,

Dennis D. Davis, DDS

P.S. Remember to bring any Insurance (Medical or Dental) cards that might apply to you or your family when you come. We can then include this information with your records.

Welcome - Before 1st visit (EZDLM01)

January 1, 2005

Mr. John Doe

100 Deere St.

Yourtown, US 12345

Dear John,

We are delighted to welcome you to our practice and are pleased that you chose us to serve your dental needs. It was a pleasure meeting with you recently. We are serious about providing superior dental care at reasonable prices, and proud of our dedication to our patients. Our goal is to help you feel and look your best through excellent dental care. We look forward to seeing you on a regular basis.

If you are ever unable to make an appointment you have scheduled with us, please notify us at least 24 hours in advance. We would be glad to reschedule the appointment at a more convenient time if necessary. In the meantime, we look forward to meeting you and serving your needs.

Sincerely,

Dennis D. Davis, DDS

Welcome - After 1st Visit (EZDLM02)

January 1, 2005

Mr. John Doe

100 Deere St.

Yourtown, US 12345

Dear John,

I am sure you will agree that there is nothing worse than a sneak thief, because he does the sneakiest, nastiest, rottenness thing right under your nose -- and gets away with it.

But do you know what? Periodontal (gum) disease is the worst "sneak thief" of them all! You cannot see it starting. And you cannot feel it starting. But once it's started, it will rob you of your teeth as well as your funds!

According to the American Dental Association of Public Health Dentists, periodontal disease in the #1 cause of tooth loss and affects more than 75% of the population, for those 18 and older. Do not let it sneak up on you! Make it a habit to visit us regularly. In fact, why not pick up the phone right now and schedule an appointment. Our records show it is time for your next examination.

Sincerely,

Dennis D. Davis, DDS

Recall -Adult (EZDLM04)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Yes, it is true that children get fewer cavities than they used to. Thanks to sugar-conscious moms and dads . . . and to kids who are brushing better and more often . . . and to scientific advances like fluoridated water, fluoride toothpastes, fluoride rinses, and fluoride treatments.

And it is feasible that someday scientists will perfect a vaccine which eliminates cavities altogether! But, until that time, the most important scientific advancement for the preservation of your child's smile is your dentist!

Our records show that it is time to have Johnny come in for another examination. Why not pick up the phone right now and schedule an appointment.

Sincerely,
Dennis D. Davis, DDS

Recall - Child (EZDLM05)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Your account has a balance of \$987. Your payment is now overdue. We are assuming that this is the result of an oversight.

However, if your payment is being held up because of a problem, please call so that we can work out a special arrangement together.

If there is not a problem, we would appreciate it if you could put the payment in the mail today.

If, by chance, your payment has crossed this letter in the mail, please disregard this reminder.

Sincerely,
Dennis D. Davis, DDS

Collection - 1st Notice < 60 (EZDLM06)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

As you know your account is more than **90 days past due**. At this time your account balance is \$987 and is due. Our records show that we have not received any payments from you since the services were performed.

For one reason or another, you have been unwilling to proceed with payment. Therefore, we have no other choice but to begin a more aggressive action.

Please pay your balance now so that we can avoid any further action -- which will be unpleasant for both of us.

Sincerely,

Dennis D. Davis, DDS

Collection - 3rd Notice > 90 (EZDLM08)

January 1, 2005

Mr. and Mrs. John Doe
100 Deere St.
Yourtown, US 12345

Dear Mr. and Mrs. Doe,

We were delighted to hear about the birth of your child. Congratulations!

Our job is to be concerned about the dental health of your whole family -- which now includes your brand new baby. That is why we would like to take this opportunity to alert you about "nursing bottle syndrome", a condition which is caused when babies and toddlers are allowed to go to sleep sucking a bottle of milk or juice. As the child sleeps, some of the liquid remains in the mouth which can cause tooth decay.

Dental hygiene should begin even before your baby's first teeth start to come up. We suggest that you clean the child's mouth with gauze pads. That way, you can be assured that when the teeth do come in, they'll be in a plaque-free environment.

You should continue to clean the newly erupted teeth with gauze pads until the child is eating solid food -- at which time a soft bristled toothbrush should be used. If you drop by our office we will provide you with one.

And finally, we suggest that you schedule your child's first dental examination at age two-and-a-half. As soon as we get additional information on your child we will update your records and provide you with a reminder at that time.

We hope that this information is helpful to you. If you have any questions, please call us at any time. And once again, congratulations!

Sincerely,

Dennis D. Davis, DDS

Birth in Family (EZDLM10)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Congratulations on your marriage!

This occasion marks the beginning of a new choice experience in which you will be sharing everything the future holds in store, together -- including dental health!

Please accept our best wishes on this joyous occasion! And we look forward to seeing you again.

Sincerely,

Dennis D. Davis, DDS

Marriage (EZDLM11)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Congratulations on your graduation! We are pleased to hear of your achievement!

You undoubtedly are faced with making many plans for the future, we hope these plans include regularly scheduled dental health care.

My staff and I have enjoyed having you for our patient, and we look forward to a continued relationship in serving your dental needs.

Sincerely,

Dennis D. Davis, DDS

Graduation (EZDLM12)

January 1, 2005

Mr. John Doe

100 Deere St.

Yourtown, US 12345

Dear John,

I just wanted to drop you a short note to wish you a **Happy Birthday!** And also wish you the greatest success in the coming year.

My staff and I have enjoyed having you for our patient, and we look forward to a long and choice relationship as we strive to serve your dental needs.

Sincerely,

Dennis D. Davis, DDS

Birthday -Adult (EZDLM13)

January 1, 2005

Mr. John Doe

100 Deere St.

Yourtown, US 12345

Dear John,

I just wanted to drop you a short note to wish you a **Happy Birthday!** And hope you have a very fun day and a great year.

My staff and I have enjoyed having you for our patient, and we look forward to seeing you in the near future to serve any of your dental needs.

Sincerely,

Dennis D. Davis, DDS

Birthday -Child (EZDLM14)

January 1, 2005

Dr. William Snyder
100 Deere St.
Yourtown, US 12345

Dear Dr. Snyder,

We wanted to express our appreciation for your referral of Sandy N. Anderson. We are proceeding with a treatment plan and will make contact if necessary.

We are grateful for your confidence in our practice and will strive to serve any referrals you may provide with the highest level of service.

Sincerely,

Dennis D. Davis, DDS

Non-Patient Referral (EZDLM15)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

We wanted to express our appreciation for your referral of Theresa Johnson to our dental practice. It is individuals like you that make our practice such a pleasure.

We are grateful for your confidence in us and will strive to serve anyone that you may refer with the highest level of service possible.

Sincerely,

Dennis D. Davis, DDS

Patient Referral (Guar. Only) & Patient Referral (EZDLM16)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Time has a way of slipping by! Did you know that it has been quite some time since you last visited our office? We have not seen you since September 14, 2003. We were wondering how you were, and if you wished us to maintain your records in our active file.

Is the reason you have not been back because you have not noticed anything wrong? We hope not! By the time you feel any discomfort, more often than not, irreversible damage has already occurred.

Is it because you have moved out of the area or found another dentist? If so, please call or drop a note to let us know.

We would really like to keep you as our patient, but if we do not hear from you in the next two weeks, we will assume that you wish us to de-activate your file.

Sincerely,

Dennis D. Davis, DDS

Inactive - All & Inactive - Status (EZDLM18)

January 1, 2005

Mr. John Doe
100 Deere St.
Yourtown, US 12345

Dear John,

Even though time seems to always fly by, I just wanted you to know that I was thinking about you at this very special time. Did you know that this is the anniversary time of when you first visited our office? Your first visit was on January 1, 1995. It is a pleasure to be able to serve your dental needs in whatever way possible.

We are serious about providing superior dental care at reasonable prices, and proud of our dedication to you as our patient. Our goal will always be to help you feel and look your very best through excellent dental care.

Sincerely,

Dennis D. Davis, DDS

Anniversary in Practice (EZDLM19)

January 1, 2005

Mr. John Doe

100 Deere St.

Yourtown, US 12345

Dear John,

We are in the process of updating your file and would like to verify the information we currently have.

Home Phone	123-4567
Work Phone	987-6543
Employer	Business Enterprises, Inc.
	123 Maple Dr.
	Yourtown, US 12345
Primary Insurance	Mutual Benefits
Remaining Benefit	\$265.00
Last Visit Date	February 2, 2004
Last Payment	\$125.00 March 12, 2004
Account Balance	\$0.00

If you see any errors in the above would you please call us so that we can insure that our records are correct.

Sincerely,

Dennis D. Davis, DDS

Patient Info Verification (EZDLM20)

Your Practice Name

123 Your Street

Yourtown, US 12345

(123) 456-7890

Dear Shawn,

This is just to remind you that it is time for your Prophylaxis-cleaning. You have scheduled an appointment on January 9, 2005 at 2:00 pm. Please call us today if you need to re-schedule. We look forward to seeing you soon.

Shawna Nelson
216 N. 260 W.
Orem, UT 84057

Note:

We are watching an upper right molar for recession.

Recall with Appointment (EZDLM29)

Appendix 6

Tips from Support

Billing Statement Options

If you choose to save the money on preprinted billing statements, there are two options that will print on blank paper: Full Form/Download and Download/HSI Env. The choice is made from the Reports module. From the toolbar, click Practice Setup, then choose Practice Defaults. Under “Default Billing Statement” select the option for Full Form/Download or Download/HSI Env. The other options are for pre-printed forms.

Full Form/Download

The Full Form/Download Billing Statements turn a plain piece of paper into a professional looking billing statement complete with a portion for the patient to tear off and return. With these forms you have access to all the different billing information options, except practice information (which prints automatically).

Download/HSI ENV.

This downloaded form is the same as the Full Form/Download except it is designed to fit into Henry Shein Inc. envelopes.

Full Sheet (Pre-Printed)

The Full Sheet Billing Statement prints the fastest and provides the greatest printer compatibility. However, it always prints the account aging, does not print the information for credit card payments, and does not include the graphic lines to print as a form.

Statement Date

This defaults to today’s date and prints on the billing statements. This is the cut-off date for the statement information - the statement prints as of this date.

Balance Forward Date

The Balance Forward Date is the date used to determine which transactions print and which are included in the Balance Forward amount.

Select Account

By default this is <ALL> to <ALL>. You may change this to print a single statement or a range for several accounts in alphabetical order.

Select Provider

If you have several providers and want to bill these providers separately, you may choose a single provider or a range of several providers. The provider range causes statements to print for any account whose primary provider is in the provider range, regardless of the provider performing the procedures.

Select Billing Type

This is another option to specify accounts that receive billing statements. Because a range must be selected here, if you have billing types for which you do not send a statement, the billing type should be placed at the end of the list of billing types during the initial setup.

Minimum Balance to Bill For patients who have a small balance, it may not be cost-effective to spend the time and money to send a billing statement. By using this option, you can specify that accounts with balances less than a certain amount will not be sent a statement.

Include Credit Balances If you would like to send billing statements to those accounts with a credit balance, this option must be checked.

Statement Message

Information typed in this box will print on all billing statements. The number of characters that prints is limited by the amount of space available on the statement form.

Options

These options provide additional filters for which accounts get a statement and control what information actually prints on the billing statements.

Skip Accounts With Claims Pending By choosing this option, those accounts with claims outstanding will not receive a billing statement, provided the estimated Patient Portion is not over the amount specified under “If Patient Portion Less Than.” For example, if this option is set to \$20.00 and a patient has \$200.00 worth of claims outstanding and the expected insurance amount is \$185.00, the patient will not receive a statement because the estimated Patient Portion is \$15.00. However, if the patient has an additional outstanding balance of \$10.00 for previous claims which have been paid, the combined Patient Portion would equal \$25.00, which is over the \$20.00 limit specified, so a statement would be printed.

Include Procs With Claims Pending If this option is checked, those procedures which are attached to outstanding claims will print on the billing statements, regardless of the Procedure Date and Balance Forward Date. Normally procedures dated before the Balance Forward Date are not itemized on the statement, but included in the Balance Forward amount. If this option is selected, procedures will print until the insurance payment for them is received, and will print if the insurance payment is after the Balance Forward Date to show what has been paid. All procedures attached to a claim have an asterisk (*).

Print Insurance Estimate By checking this option, Easy Dental will include the total amount of the outstanding balance that is expected from the insurance company at the bottom of the statement.

Print Agreed Payment If this option is checked, Easy Dental determines the amount to print in the “Please Pay” box. This amount is calculated as follows: 1) Any outstanding insurance estimate is subtracted from the account balance to get the “Patient Portion.” 2) The total of any payment plan agreed monthly payments for the account are added for “Payment Plan.” 3) “Payment Plan” is then compared to “Patient Portion,” and the lesser of the two is printed as the “Please Pay” amount. If there are no payment plan agreed monthly payments, the Payment Plan amount is ignored. With this option, if either the Payment Plan or Patient Portion is \$0.00, or less than \$0.00, the statement will print a “Please Pay” amount of \$0.00.

If “Exclude Outstanding to Insurance” is checked, the “Please Pay” calculations are slightly different. The Patient Portion is the account balance excluding all procedures outstanding to insurance. The Patient Portion is then compared to the Payment Plan and the lesser of the two is printed as the “Please Pay” amount. If this option is marked and the lesser of the two options is \$0.00 or less than \$0.00, a billing statement will not print for this account.

Print Practice Information (not available with the Full Form/Download statements) This option is for practices that use billing statements with the practice information pre-printed. If you want Easy Dental to print your practice information at the top of the statement, check this option. With the Full Form and Download, the practice information will print in the upper left corner of the statement automatically.

Print Account Aging (not available with the Full Sheet option - it always prints) If you want the account’s balance to be aged (current, over 30, 60, and 90 days), check this option. Each account’s aging is calculated as of the Statement Date.

Allow Credit Card Payment (not available with Full Sheet option) If your office allows patients to make payment by credit card, check this option. The billing statement will print a place for the credit card #, exp. date, name, and signature on the return portion of the statement.

If Not Billed Since This option allows you to print statements for accounts that have not been billed since the specified date. The Last Statement Date is displayed from the Accounts window. If the Last Statement Date is before the “If Not Billed Since” date, or it is the same as the statement date, a statement will be printed for the account, providing other statement options do not exclude the account.

Only Bill Accounts Aging

By checking this option you can choose to only have accounts with a balance over the specified aging print. The aging as of the last Month End Update is used to determine whether a statement is printed.

Select Report Types

When printing billing statements, you have the option of printing mailing labels for each of the guarantors as well.

Recall Cards

For Patients With Appointments:

- 1. From the Reports module, choose Letters | Recall.
- 2. Choose Recall Reminder Cards and then choose Edit.
- 3. On the upper right side of the screen is “Merge Letter Template.” Enter one of the following template document names according to the type of cards you are using.
 - 2-Wide, Laser Cards ezdlm29.doc
 - Single wide, Dot Matrix Cards ezdlm24.doc
 - 2-Wide, Dot Matrix Cards ezdlm27.doc
 - Single wide, Laser Cards ezdlm42.doc*

**This is the default for the Letter Template name when Easy Dental is installed. You can modify this to correspond with the cards you've purchased.*
- 4. Choose the search button to the right of Recall.
- 5. Under Due Date leave “From” and “To” blank since the patient's due date is usually not the same as the day of the scheduled appointment.
- 6. Under Include, be sure to check “With Attached Appointment.”
- 7. Under Recall Type, choose the appropriate Recall type.
- 8. Choose OK.
- 9. Click on the search button to the right of Appointments.
- 10. Under Date Range, enter the beginning and ending dates for the appointments. Mark the Appointment Date Range option.
- 11. Under Search, choose “Existing patients with appointment in date range.”
- 12. Select the # of Appts Missed. You will usually want to leave this option at 0 or More.
- 13. Under Appt. Provider(s), select the provider chosen to perform the recall (the provider for the appointment). Check the All box to include all appointment providers in the search.
- 14. Choose OK.
- 15. Choose OK again.
- 16. Make sure Recall - Reminder is still highlighted and choose Create/Merge.
- 17. Choose Create Data File and Merge Letters.
- 18. Choose OK.
- 19. The cards will merge into Microsoft Word and from there you can choose File | Print, then OK.
- 20. As you finish printing the cards you can close Word by choosing File | Exit.
- 21. You will be asked if you wish to save the changes to the document and you should always choose “No.”

Note: Easy Dental searches for Recall appointments according to DUE DATE if one is entered. So, when searching for a Recall appointment it will look first at the due date, and determine, if the due date falls in the date range you specified. Second, from the people found to be due within the specified Due Date range, it will determine if those patients have an appointment in the specified appointment date range. For example: John Doe is due for a Prophy on 5/1, but doesn't actually come in for his appointment until 7/1. If you were to go into Recall and enter a Due Date Range of 7/1 - 7/30 for people “With Attached Appointments,” John Doe's card wouldn't print, because his Due Date is 5/1. Since patients don't always come in for their appointment exactly when they are due, you'll generally want to leave the Due Date blank. Remember that the Due Date specifies the day the patient is due for the Prophy, and the Appointment Date is the date of the patient's scheduled appointment.

For Patients Without Appointments:

- 1. From the Reports module, choose Letters | Recall.
- 2. Choose Recall Cards and then choose Edit.
- 3. On the upper right is a box labeled "Merge Letter Template." Enter one of the following template document names according to the type of cards you are using.

• 2-Wide, Laser Cards (4/per page)	ezdlm26.doc
• Single wide, Dot Matrix Cards	ezdlm23.doc
• 2-Wide, Dot Matrix Cards	ezdlm28.doc
• Single wide, Laser Cards	ezdlm40.doc*

**This is the default for the Letter Template name when Easy Dental is installed. You can modify this to correspond with the cards you've purchased.*
- 4. Choose the search button to the right of Recall.
- 5. Under Due Date, enter the beginning and ending dates for the range you wish to print cards for.
- 6. Under Include, make sure to check the option for "Without Attached Appointment."
- 7. Under Recall Type, choose the appropriate Recall type.
- 8. Choose OK.
- 9. Choose OK again.
- 10. Make sure Recall Cards is still highlighted and choose Create/Merge.
- 11. Choose Create Data File and Merge Letters.
- 12. Choose OK.
- 13. The cards will merge into Microsoft Word and from there you can choose File | Print, then OK.
- 14. As you finish printing the cards you can close Word by choosing File | Exit.
- 15. You will be asked if you wish to save the changes to the document and you should choose "No."

Creating Custom Labels

Easy Dental Technical Support provides a fax that will walk you through setting up custom labels for your practice. Simply call support at (800) 593-2814 and ask to be sent the "Custom Labels" fax or visit our website at www.easydental.com.

Creating Custom Letters

One of the most useful features in Easy Dental is the ability to merge information from your patient database into a custom letter. Easy Dental comes with over 30 written and formatted letters. However, if you would like to create your own letters, Easy Dental Technical Support provides a fax that will walk you through this process step-by-step. Simply call support at (800) 593-2814 and ask to be sent the "Custom Letters" fax or visit our website at www.easydental.com.

Month End Procedures

Month End Update

The Month End Update command should be used after the end of each month. Using the Update command will age each account balance and place into History all completed procedures, payments, adjustments, and received insurance claims that have a date in the same month and year as the Update Date. The main reason for putting transactions into History is so that

they cannot be changed or edited. As a result, should you be faced with litigation you can rely on the History transactions to provide comprehensive documentation of your work.

If the Update is not performed monthly, some of the practice management information may be incomplete. The Practice Analysis figures will not be available for each month and your accounts will not be aged into the next aging bracket for the Accounts module and Aging Report. You will also notice on your Day Sheet that in the Previous Month column, the figures will be zero.

To Run the Month End Update:

Note: Before Month End is selected, it is strongly recommended that you back up your Easy Dental database. All Easy Dental modules other than the Accounts module on one station must be closed. If there is an Easy Dental module running at any of the workstations when trying to run Month End, you will receive an error message that "Another Easy Dental module is active."

1. From the Accounts module choose Month End | Update.
2. The Close Out Month dialog box will appear:
3. Check the Close Out Month. The Close Out Month defaults to the month after the last month closed out. The last day of this month will be used as the date for the new Balance Forward and the cutoff for history transactions.
4. Check Appointment Purge and Reset Insurance Benefits if desired. The Appointment Purge will delete all appointments that are showing in the Schedule prior to the Cutoff Date (this date will normally default one year back, but can be changed if there is another preference). The Reset Insurance Benefits option will reset all insurance plans whose benefit renewal month is the month following the Close Out Month. Both of these options can be unchecked if you do not wish to purge appointments or reset any insurance benefits.
5. Choose OK to start Month End. When finished with the Update you will be returned to the Easy Dental Accounts module.

Finance Charges

You may apply Finance Charges to all or part of your patients automatically, allowing Easy Dental to calculate the charges OR you may enter the finance charges manually for individual patients. The Finance Charge command is used to calculate and create finance charge entries for the accounts automatically. It is best to run Finance Charges at the end of the month although they can be applied at any time.

To Run Finance Charges For Many Patients Automatically:

Note: Before applying Finance Charges, it is strongly recommended that you back up your Easy Dental database. All Easy Dental modules other than the Accounts module on one station must be closed. If there is a Easy Dental module running at any of the workstations when trying to run finance charges, you will receive an error message that "Another Easy Dental module is active."

1. From the Accounts module choose Month End | Finance Charge | Apply Finance Charges.
2. Enter the Finance Charge Date. The Finance Charge Date defaults to the current system date. Finance charges are calculated according to the aging balance for each family account as of the Finance Charge Date. The Finance Charge Date is also used as the transaction date for each finance charge entry.
3. Enter the Minimum Balance to Charge. The Minimum Balance to Charge defaults to \$10.00. The minimum balance will be compared to each account balance, and only those accounts with a balance greater than the minimum will have a finance charge applied.
4. **Enter Minimum Finance Charge, Select Past Due Days.**

The Minimum Finance Charge defaults to fifty cents and will be applied to accounts when the calculated finance charge is less than the minimum. The Past Due Days to Charge defaults to zero days, assuming charges are due to be paid when they are incurred. Finance charges will be calculated on the portion of each account balance that is past due according to the Past Due Days to Charge selected and the aging of the account as of the Finance Charge Date.

5. Enter the Finance Charge Percentage. The Finance Charge Percent will be used to calculate the finance charge amount. Finance charges are always calculated on a monthly basis, so if the Yearly option button is chosen, the percentage entered will be divided by 12 for the calculations.
6. Select the Provider(s) whose patients you wish to apply finance charges to (only primary providers will appear), or click once in the All box to select all.
7. Select the Billing Type(s) you wish to apply finance charges to. If you want to apply finance charges to all accounts regardless of billing type, click once in the All box.

8. Choose OK. A message will appear to verify that you wish to apply finance charges. If all modules are closed except the Accounts module, the Running Update dialog box will be displayed showing a count as each account is processed.

Note: The Abort button can be used to stop applying finance charges. However, any finance charges that have already been calculated before the Abort button was chosen will be applied.

9. Print a Day Sheet from the Reports module. It will show the total of all finance charge entries. You can also run a Finance Charge Report (Management Reports | Finance Charge Report) to list each Finance Charge individually.

To Manually Enter Finance Charges for Individual Patients:

1. From the Accounts module choose the desired patient/account.
2. Choose the Enter Finance Charge button.
3. Enter the finance charge amount.
4. Choose the Provider for whom the finance charge should be applied. (This defaults to the patient's Primary Provider from the Patients module.)
5. Choose OK.

Future Due Payment Plans

The Future Due Payment Plan utility is run to post charges due on all accounts with a Future Due Payment Plan. The utility should be run on a monthly basis. While you may run the utility at any time during the month, it is important to run it consistently and at approximately the same time each month. To run the Future Due Payment Plans utility, complete the following steps:

Note: Before applying Future Due Payment Plans, it is strongly recommended that you back up your Easy Dental database. All Easy Dental modules other than the Accounts module on one station must be closed. If there is a Easy Dental module running at any of the workstations when trying to run this utility, you will receive an error message that "Another Easy Dental module is active."

1. From the Accounts module choose Month End | Future Due Payment Plan.
2. Select the Providers whose patients should have Future Due Payment Plan charges posted.
3. Select the Billing Types that should have Future Due Payment Plan charges posted.
4. To have Easy Dental create insurance claims for all charges posted, check the Create Insurance Claims option.
5. Choose OK to begin running the Future Due Payment Plan utility.

Reports

Aging Report

An Aging Report can be prepared for selected account(s) and provider(s). You may also set billing type(s) parameters. You may choose to print a standard Aging Report, Credit Balances Only, or Debit Balances Only. Included in the Aging Report is the account's name, phone, billing type, balances per aging period, insurance estimates, agreed payments, account portion, and the total account balance. The report also provides totals and summaries for the parameters set. To run the Aging Report:

1. From the Reports module click the Account Reports button then choose Aging Report.
2. Select any options you wish.
3. Choose OK. Print the report from the Batch Processor.

Insurance Aging Report

This report shows when insurance claims were sent to carriers and how long they have been outstanding. You may select the range of patients, providers, and carriers to be included. The report will print basically the same information, and in the same format as described for the Aging Report. To run the Insurance Aging Report

1. From the Reports module, click the Account Reports button then choose Insurance Aging Report.
2. Select any options you wish.
3. Choose OK. Print the report from the Batch Processor.

Procedures Not Attached To Insurance Report

This report will list all procedures that are not attached to an insurance claim within the specified date range. This report does not include procedures or insurance companies that are flagged "Do Not Bill to Insurance". (For more information on this flag, see Procedure Code Setup in the Setup chapter and Adding a New Insurance Plan in the Patients chapter.) To run the Procedures Not Attached to Insurance report:

1. From the Reports module, click the Account Reports button then choose Procedures Not Attached to Insurance.
2. Enter a range of patients and providers if desired. Enter the procedure date range of the procedures you wish to include on the report.
3. Choose OK to send the report to the Batch Processor.

Audit Trail Reports

The Standard Audit Trail Report prints out a report of information regarding any transaction that has been edited or deleted. It can also contain information about changes made in the Patients windows, including: Patient Name, Social Security Number, Prov1, Prov2, Chart Number and Billing Type. The Provider/Staff Audit Trail report prints any information regarding a provider or staff member that has been inactivated. To print the Audit Trail Reports:

1. From the Reports module click the Audit button.
2. Enter the Date Range for which you would like the report printed.
3. Select the Report Type you want to print, Standard and/or Provider Staff.
4. Select the Changes for Report that you would like printed, or leave at All to see all changes which were made.
5. Select the Users to include on the report or check All to include all users.
6. If you are printing a Provider/Staff report, mark whether to print it by Inactivated/Activated Provider or Replacement Provider. Then select the appropriate providers to include on the report (check List Inactive to see all inactivated providers). Check All to include all providers.
7. Choose OK. Print from the Batch Processor.

Note: If you need to clear the Audit Trail Report, contact Technical Support at (800) 593-2814. The doctor will need to sign a consent form before this process can be completed.

Utilization Report

This report is designed for use with Capitation Plans. It shows all procedures completed under selected insurance plans for the selected date ranges. In addition, you can monitor co-payments versus the practice's regular fees. To Print the Utilization Report:

1. From the Reports module choose Account Reports | Utilization Report.
2. Choose the Insurance Carrier Range or leave at <ALL> to print all insurance carriers.
3. Enter Procedure Date Range.
4. Choose the Billing Type Range or leave at <ALL> to print all billing types.
5. Select the provider(s) whose patients you wish to appear on the report, or leave at <ALL> to print all patients, regardless of their Primary Provider.
6. Select the Fee Schedule you wish to generate this report for.
7. Select Compare Options. (Select the options with which you would like to compare the Fee Schedule you have chosen. You may compare it with either the Transaction Amount or with the Co-pay amount which was entered in the Coverage Table.)
8. Choose Procedures to Include. (Either include all procedures or only those in the coverage table.)
9. If you are printing the report for more than one insurance carrier you can check the option to print a New Page For Each Plan. Choose OK and print from the Batch Processor.

Analysis Summary Report

The Analysis Summary Report allows two different, basic formats: 1) the totals for each day in a date range for all providers in the date range and 2) the totals for each provider in a provider range for all days in the date range. To print the Analysis Summary report:

1. From the Reports module choose Management Reports | Analysis Summary.
2. Choose the Providers you wish to be included on the report, or leave at <ALL> to see all providers.
3. Select the date range for which you would like the report printed.
4. Choose to search by Entry Date or Procedure Date.
5. Choose the Billing Type Range or leave at <ALL> to print all billing types.
6. Select the Report Type:
 - Daily Summary - if this option is selected the report will print totals for all providers selected, and will be broken down for each day within the date range.
 - Provider Summary - if this option is selected the report will print totals for the entire date range, and will be broken down by each provider.
 - Choose OK. Print from the Batch Processor.

Printing a Recall List

The recall list can be easily accessed from the Recall module.

1. Click on the Recall button.
2. Select Views from the toolbar.
3. Select the Recall View you wish to use.

Note: If Temporary View is selected, the screen will default with the settings for the current View, allowing you to make modifications. These changes will not be saved permanently if made from the Temporary View.

4. Each default date span used for the View is determined from “today’s” date. If you want to change the originating date for the date span, choose Set Date from the toolbar to select the date. For example, to view Recall patients for the month of June, select Month from the View option and then set the date to be June 1, 200x. The Due Date Span should be one day before “today” and one month after “today.” (Month View is not automatically created with the Easy Dental installation, but is easily added to the list of available views.)
5. To print the list, select Print from the toolbar. A list will be printed based on the current view. To print mailing labels, select Print | Labels 1/2/3. The standard 3-column labels that are used with the Recall labels are Avery 5351. (An optional format for Avery 5160 labels is also available. If you wish to use these labels you must set that option under Reports window | Maintenance | Preferences | Print Options. Check the box labeled “Use The Avery 5160 Mailing Labels,” and choose OK.)

Printing a Family Accounts Report for an Entire Year

As the year comes to a close you may find several families who would like a report of all the activity on their account for the year. To do this, complete the following steps.

1. From the Accounts module choose the patient for whom you wish to print the Family Accounts Report.
2. From the toolbar choose Print | Family Account.
3. Set the First Transaction Date to the date for which you wish to begin printing transactions. The report will include all transactions after this date.
4. Mark the option to Include Individual Patient Balances if desired.
5. Choose either Send to Batch or Print.

Selecting Long Appointments

Occasionally an appointment will be scheduled for an amount of time longer than can be displayed on the screen. In these cases, double-clicking on the appointment will not bring up the Appointment Information screen. If this occurs, click the Find Appointment button. Select the patient. A list of appointments will be displayed, double-click on the appointment to see the Appointment Information screen.

Billing Secondary Insurance

Since all insurance information is stored with the claim, if the secondary information was not entered at the time the claim was created, the Create Secondary option will not be available. However, by bringing up the original claim, double-clicking on the top box (containing Patient, Subscriber, and Employer information), checking the Update Secondary Insurance box, and choosing OK, the claim will recognize the secondary insurance information, and allow you to create the secondary claim.

Appendix 7

Troubleshooting

Printing - won't print

1. Is the printer plugged in, on, on-line, and have paper?
Is there an error in the Printers Folder (Start | Settings | Printers, and then double-click on your printer's name)?
2. Can you print from the print server (The station physically connected to the printer)?
3. Can you print from other programs such as Word or Notepad?
 - A. If no — call your system technician. The problem is related to your network or printer.
 - B. If yes — call Easy Dental Support.

Printing - prints but incorrectly

1. Is printing the same from all workstations?
2. Are all workstations using the same printer driver?

(Check from the Reports module toolbar. Click the Practice Setup button and choose Setup Printer.)

Easy Dental Error Messages

Most Easy Dental error messages will consist of two numbers (e.g. "Cannot read procedure log file 4 52"). It is very important to write down the exact error message in order for a support technician to help you troubleshoot. When you get an error message, do the following from the station with the error:

1. Close all Easy Dental modules.
2. Exit out of Windows. If the error was on the server, exit all workstations before exiting the server.
3. Restart Windows.
4. See if you still get the error. If YES — call support. (Before Support can run any utilities to correct the error, you will need to have a current backup of Easy Dental.)

A Note on Rebuilding

Caution: Rebuilds should never be run without consulting an Easy Dental Support technician first.

Rebuilding files can be a solution to some Easy Dental error messages. Every data file has an accompanying index. The index is used to quickly access records from the file, to write new records to the file, and to update existing records. If a problem is encountered when reading from or writing to a file, Easy Dental will display an error message. Rebuilding a file re-sorts the index to match the records located in the data file. While correctly rebuilding a database will not cause problems, consistent rebuilding is indicative of other problems. Before rebuilding, Easy Dental Support should be consulted. Support will keep a record of error messages and each time a file is rebuilt, and offer suggestions to correct the underlying concerns.

Calling Easy Dental Support

Before you call Easy Dental Support, we recommend you have certain information available to help the technician diagnose your problem. Please have all this information available, even though it may not be required for each call:

- Customer ID #
- Computer specifications: speed, amount of memory, hard drive size (you may want to tape this information on each monitor for quick reference).
- Printer name.

- Printer driver being used (found in Reports | Practice Setup | Setup Printer).
- Exact error message, if there is one.
- Whether the station you are on is a workstation or the server and/or print server.
- Have you tried the general troubleshooting steps listed in the previous sections?

Help Button

Each module contains a Help button on the toolbar. This button contains the following menu items.

Note: Depending on the module you are using, not all the Help button options are available.

- Contents: Opens the context-sensitive help files for that module.
- Easy Dental on the Web: Opens your internet browser to the Easy Dental website (www.easydental.com).
- Henry Schein Dental: Opens your internet browser to Henry Schein Dental website where you can order supplies or opens the ARUBA eZ ordering system from which you can order supplies.
- Check for Updates: Compares your Easy Dental software to the most recent version available on the Easy Dental website and check for updates.
- Install Available Updates: Installs any available updates on the current server or workstation.
- Learn About Available Updates: Opens the Easy Dental website and displays an explanation of the available updates.
- Resource Center: Opens your internet browser to the Easy Dental Resource Center login page (<http://www.easydental.com/resourcecenter/>). The Resource Center is an online collection of articles, tips, and troubleshooting guides created by the Support department. You must have an active Support agreement to have access to the resource center.
- About [Module]: Opens the About [Module] dialog.

Appendix 8

Backup Recommendations

Your database is essential to running your practice effectively. As a result, you spend days, months or years, building a database. Unfortunately, all it takes is one power surge or unexpected natural disaster to compromise the integrity of your data. However, by consistently backing up, all of the frustration and turmoil that accompanies computer disasters can be avoided.

There are two main reasons to backup:

- I. Protect Against Data Loss
- II. Archive Data

I. Protect against Data Loss - as mentioned above, backing up prevents true disaster in terms of data loss when computer hardware causes system problems.

II. Archive Data - Backing up is a way to keep copies of information that is no longer needed, but you are storing because you may need it someday. A backup tape can be made and saved, and then when the information is needed the backup is restored.

Backup Guidelines

While there are no set rules for when a backup should be done and what should be backed up, Easy Dental recommends that backups be done on daily, weekly, monthly, and quarterly intervals.

Daily - Each day a backup of the Data directory should be performed on the file server. To find your data path, open the Reports module. Click Maintenance and choose Preferences. Click the Paths tab. The database path will be listed.

Weekly - At the end of the work week you should backup the entire EZDental directory.

Monthly - On a monthly basis the entire C:\ drive on the server should be backed up.

Quarterly - On a quarterly basis it is a good idea to take your monthly backup and store it with a legal source (An accountant or lawyer). Placing the tape in the care of a legal source helps to make the tape a legal document, which can help prevent problems should the Office's care be called into question. Check with local officials for guidelines.

Backup Methods

There are many cost effective and time efficient devices to help you backup your data. At this time, Easy Dental recommends the use of High Capacity storage media. For current recommendations or suggestions, call Technical Support at (800) 593-2814 or visit our website at www.easydental.com to get a copy of our System Requirements.

Glossary

Batch Processor

The main screen in the Reports module that is used to control the printing process for all Easy Dental reports. The status of each report is displayed in this window. Reports can be deleted or previewed from the Batch Processor.

Chart Number

The number or ID code associated with a specific patient. The chart number is typically found on the actual paper chart of the office filing system.

Check Box

A control used to represent an option (e.g., on/off, true/false) that the user can set or clear by pointing and clicking with the mouse. A "✓" or an "X" in a check box indicates that that particular option has been selected.

Clipboard

The area in the Schedule where Appointments can be temporarily stored when moving them to a different day.

Command

Selection of a menu item or a window button in order to initiate a task or procedure.

Command Button

A control the user chooses to carry out a command or action. Command buttons are sometimes called "push buttons." They can be found in dialog boxes, main screens, or in the toolbar.

Defaults

Standard Easy Dental system settings that have been set or established in the software. Many default settings can be altered or changed to satisfy unique situations.

Definitions

Terms given to lists of items that are used throughout Easy Dental and the practice for grouping and defining data. Definitions are set up according to the user's specifications.

Dialog Box

Any type of box or window on the screen that contains information or allows the input of information or a command. Dialog boxes usually will have some type of heading or title describing their purpose or use.

Drop-down Menu

The menu selection list that appears when a menu option is selected from the Windows Menu bar.

Family Position

The patient's relationship with other members of the family, such as married, single, spouse, child, other, etc.

Guarantor

The family member to whom charges are billed (statements are sent). The Head-of-House.

Head-of-House

The family member that is considered the Guarantor (the one who will pay the bills).

Highlight

In the Windows environment, one can select an item, command, or field by pointing and clicking once with the mouse. The item, command, or field will then appear more pronounced, or highlighted. This signifies that the item, command, or field has been selected to receive or initiate an action.

Horizontal Scroll Bar

A control that appears as a scroll bar along a horizontal (left to right) axis. It is not attached to text or to a window, but is useful as an alternative way of getting input and displaying output.

Icon

A graphical representation of an object or concept. An icon is commonly used to represent minimized applications in Microsoft Windows.

List Box

A box that provides a list of available choices.

Medical Alerts

User-defined medical problems that could potentially exist with a patient. You select these alerts by highlighting them. Once you are satisfied with your selections they can be viewed from the Patients window and by clicking the red cross icon on an appointment in the Schedule.

Menu

A list of options which can be selected from the menu bar that provide selection facilities for various tasks that can be performed. Generally, selecting an item from the menu bar will provide a drop-down menu for selecting the appropriate command.

Message

A small window that appears on the screen notifying the user of a situation that must be resolved or requesting the user to make a selection from several options.

Notes

Free-flowing notes or comments that can be entered concerning the patient. These notes are generally entered as “Patient Notes” in the Patients window, “Procedure Notes” in the Accounts window, etc.

Operatory

The location in which the doctor performs dental care for the patient.

Patient Information

All of the demographic and other pertinent data necessary to track and maintain a patient in the practice.

Patient Notes

Used to enter patient hobbies, interests, credit status, financial arrangements or any other type of information useful to your practice.

Patients Module

The file used in the Easy Dental database to store all pertinent information concerning each member of a family. This file is accessed and modified using the Easy Dental Patients module.

Preferred Name

The name the patient prefers to be called other than his or her given first name.

Procedure Code

Refers to the ADA code established to represent any procedures performed in a dental office.

Procedure Notes

Note pertinent to the patient’s treatment. This should not be confused with Patient Notes found in other modules.

Provider

Refers to the dental care provider whom patients receive services from.

Purge

To remove unneeded information, such as purging unused insurance companies or employers.

Refresh

Updates the information displayed in the window to reflect any changes that have been made at other workstations.

Search Button

The button (>>) that starts a search for any item that was entered in the text box that preceded it. Generally the results of the search will be provided in a list box.

Select

An item that has been clicked on with the mouse or moved to with the tab key. It is highlighted to signify that it has been chosen.

Setup

The process that occurs at the time Easy Dental is installed. It is the data entry process that determines how data is used and grouped, what data is available, the terminology the user desires to use in the practice, etc.

Text Box

A field in a dialog box that provides an area for the user to enter text. Text boxes are sometimes called Edit Fields.

Title Bar

The bar that appears at the top of a window and displays its caption.

Treatment

A procedure recommended or completed for a patient.

Treatment Plan

A group of procedures (treatments) recommended for a patient. Also, work the patient needs to have performed by the provider.

Vertical Scroll Bar

A control that appears as a simple scroll bar along a vertical (up and down) axis. It is not attached to text or a window, but is useful as an alternative way of getting input and displaying output.

Window

Any type of box appearing on the computer screen that contains information. A window usually has some type of title describing its purpose or use. Sometimes referred to as a dialog box.

Index

A

- Accessing Guru Limited Edition 102
- Accessing Patient Picture 54
- Accessing Patient Records 108
- Accessing the Perio Entry Setup Dialog 117
- Account Detail Information 132
- Account Reports 323
- Accounts 130, 397
- Accounts Module Setup 4
- Acquiring Documents 251
- Acquiring from a Scanner 251
- Acquiring Patient Pictures 55
- Activating Easy Day Planning 236
- Adding a Future Due Payment Plan 160
- Adding a Letter to Quick Letters 90
- Adding a Manual Entry 204
- Adding and Editing Referred By Doctor/Other Listings 49
- Adding and Editing Referred To Doctor Listings 50
- Adding an Employer 296
- Adding a New Custom Case Note 371
- Adding a New Definition 277
- Adding a New Enclosure 370
- Adding a New Family (Account) 10
- Adding a New Lab Treatment Category 368
- Adding a New Lab Using DDX 373
- Adding a New Patient with an Appointment 14
- Adding a New Shade Guide 367
- Adding an Explosion Code 273
- Adding an Insurance Carrier 297
- Adding an Operatory 265
- Adding a Note 440
- Adding a Prescription Type 288
- Adding a Provider ID 31
- Adding a Shipping Method 365
- Adding a Type 249
- Adding Diagnostic Codes 272
- Adding Diagnostic Information to Current Exam 122
- Adding Family Members 14
- Adding Manufacturers 423
- Adding Prescription Types 193
- Adding Products 420
- Adding Products On Hand 429
- Adding Products to Shopping Cart 441
- Adding Shipping Methods 427
- Adding Treatment Using Explosion Codes 77
- Adding Treatment Using Procedure Buttons 75
- Adding Treatment Using Procedure Category Buttons 76
- Adding Users 418
- Adding Vendors 425
- Adding/Viewing Clinical Notes 85
- Additional Options 438
- Add Products to Shopping Cart 431
- Adjunctive General Services A.7
- Adjusting a Column Width 379
- Adjustment Types 277
- Administrator 439
- Advanced Selection Parameters 340
- Aging Report 325, A.27
- Alerts 436
- Alerts/Notes 231
- Analysis Summary 319
- Analysis Summary Report A.28
- Anniversary in Practice (EZDLM19) A.20
- ANNUAL ROUTINE A.3
- Appending Clinical Notes 85
- Applying a Deductible Met (With an Insurance Payment) 180
- Applying Deductible Met (Before a Claim Has Been Received) 181
- Appointment Reasons 278
- Appointments 202, 398
- Appointment Scheduling A.1
- Appointments in Range 400
- Appointments List 227
- Appointment Status 395
- Archived Patient List 312
- Archiving a Patient 60
- Archiving Patients 60
- ASAP List 228, 316
- Assigning an Employer to a Patient 16
- Assigning Employers 16
- Assigning Insurance (For an Insurance Subscriber) 25

Assigning Insurance (For a Non-Subscriber) 27
 Assigning Medical Alerts 15
 Assigning Prescriptions 196
 Assigning Recall 18
 Assigning Recall Types to a Procedure Code 239
 Assigning Referrals 47
 Assigning Secondary Insurance (For a Non-Subscriber) 29
 Assigning Secondary Insurance (For a Subscriber with Dual Coverage) 28
 Assign User Security Rights 283
 Attaching Appointments 384
 Attaching Diagnostic Codes 139, 191
 Audit Trail Reports 335, A.28
 Auto Chart Numbering Setup 4, 281
 Auto Generate Shopping Cart 430

B

Backing Up Patient Pictures 57
 Backup Easy Dental Database Daily A.2
 Backup Guidelines A.33
 Backup Methods A.33
 Backup Recommendations A.33
 Balance Forward Date A.22
 Batch Insurance Claims 346
 Batch Processor 261, G.1
 Billing A.3
 Billing Secondary Insurance A.30
 Billing Statement Options A.22
 Billing Statements 201, 332
 Billing Type(s) 398
 Billing Types 278
 Birthday -Adult (EZDLM13) A.18
 Birthday -Child (EZDLM14) A.18
 Birthday List 310
 Birth in Family (EZDLM10) A.16
 Blank ADA Form 309
 Blocks 8
 Breaking Appointments 230
 Button Toolbar 360

C

Calling Easy Dental Support A.31
 Canceling Orders 434
 Capturing from a Digital Camera 252
 Case List 360
 Changing a Head-of-House 62
 Changing a Patient's Employer 17
 Changing a Provider ID 32
 Changing Display Options 127
 Changing Insurance Carrier Information 29, 299
 Changing Letter Parameters 341
 Changing or Assigning the Order of a Procedure 96
 Changing Providers 93
 Changing Sort Order and Visibility 111
 Changing the Color of Orders 96
 Changing the Date of an Exam 123
 Changing the Estimator View 100

Changing the Orientation 389
 Changing the Provider for an Exam 123
 Changing View Filters 203
 Changing View Options 82
 Changing Views 209
 Chart 67
 Chart Module Setup 4
 Chart Number G.1
 Check Box G.1
 Checking for Updates Automatically 354
 Checking for Updates Manually 356
 Claim Attachments 171
 Claim Information 168
 Claim Status Information 170
 Claim Tracking Upload Override 410
 Clearing a Future Due Payment Plan 163
 Clearing an Existing Recall Type 20
 Clearing Clinical Notes 86
 Clearing Insurance Coverage 37
 Clearing Provider IDs 32
 Clipboard 209, G.1
 Clocking In and Out 351
 Collection - 1st Notice < 60 (EZDLM06) A.15
 Collection - 3rd Notice > 90 (EZDLM08) A.16
 Color Palette 107
 Command G.1
 Command Button G.1
 Comparing Exams 126
 Configuring Auto Settings 118
 Contact and Support Information 113
 Contacts 200
 Continuing Education 414
 Copying Clinical Notes to Other Programs 86
 Copying Provider IDs 33
 Correspondence Manager 391
 Correspondence Name 396
 Correspondence Types 395
 Correspondence Upload 394, 412
 Correspondence Upload Override 406
 Create Data File ONLY 339
 Creating a Lab Case 376
 Creating and Editing Playlists 112
 Creating an Exam 120
 Creating a Patient Alert 57
 Creating a Payment Plan 156
 Creating a Pre-Treatment Estimate 191
 Creating a Primary Claim 166
 Creating A Survey 286
 Creating Clinical Note Templates 86
 Creating Custom Labels A.25
 Creating Custom Letters A.25
 Creating Letters or Data Files with Additional Data Fields 344
 Creating Product Categories 419
 Creating Users 103
 Creating Your Own Letters 345
 Current Patient Upload 406
 Customizable Toolbars 358
 Customizing Appointment Types 234

Customizing Letters 337
 Customizing Patient Recall Defaults 241
 Customizing Procedure Codes 235
 Customizing the Buttons 389
 Customizing the Contacts Display 203
 Customizing the Perio Clinical Notes Dialog Defaults 123
 Customizing the Toolbar 388
 Custom Practice Information 309

D

Daily Appointment List 315
 DAILY ROUTINES A.1
 Data Chart 115
 Data Entry Controls 116
 Date Bar 209
 Day Search Buttons 209
 Day Sheet (Charges and Receipts) 317
 Day View 209
 Defaults G.1
 Definitions 276, G.1
 Delete 227, 229, 230
 Deleting a Custom Note 371
 Deleting a Definition 277
 Deleting a Family 64
 Deleting a Lab 375
 Deleting a Lab Case 380
 Deleting a Lab Treatment Category 369
 Deleting a Manual Entry 206
 Deleting an Enclosure 370
 Deleting an Existing Exam 128
 Deleting an Explosion Code 274
 Deleting an Operator 266
 Deleting a Patient 64
 Deleting a Patient Alert 59
 Deleting a Payment Plan 159
 Deleting Appointments 231
 Deleting a Pre-Defined Payment Plan 156
 Deleting a Prescription Type 289
 Deleting a Provider ID 32
 Deleting a Quick Note 441
 Deleting a Shade Guide 368
 Deleting a Shipping Method 366
 Deleting a Statement or Question 287
 Deleting a Type 250
 Deleting Completed Procedures 81
 Deleting Documents 258
 Deleting Duplicate Insurance Carriers 42
 Deleting Finance Charges 185
 Deleting Items from the Shopping Cart 432
 Deleting Late Charges 186
 Deleting Manufacturers 424
 Deleting On Hand Products 430
 Deleting Prescriptions 195
 Deleting Procedures from the Estimator 98
 Deleting Products 422
 Deleting Reports from the Batch Processor 302
 Deleting Shipping Methods 428

Deleting Treatment-Planned or Existing Procedures 80
 Deleting Users 103, 419
 Deleting Vendors 427
 Dental Diagnostic Code List 306
 Dental Diagnostic Codes 272
 Depleting Products 441
 Diagnosis Information 169
 Diagnostic A.4
 Diagnostic Cross Code Setup 273
 Dial 222
 Dialog Box G.1
 Display/Hide Orders: 97
 Documents 247
 Documents Module Window Areas 248
 Documents Viewer 256
 Document Tree 248
 Download/HSI ENV. A.22
 Dragging and Dropping Appointments 210
 Drop-down Menu G.1
 Dunning Messages 3, 284

E

Easy Day Planning 234
 Easy Dental Error Messages A.31
 Easy Dental Letters A.11
 Easy Dental Letter Samples A.13
 Easy Dental Web Button 390
 Easy Export 346
 Easy Export Setup 347
 EasyMobile Setup 285
 Easy Provider Tracking Columns 209
 EasyWeb 387
 EasyWeb Settings 392
 EasyWeb Updates 402
 Edit Correspondence 396
 Editing a Claim 173
 Editing a Custom Case Note 371
 Editing a Lab 375
 Editing a Lab Case 379
 Editing a Manual Entry 206
 Editing and Deleting Treatment 78
 Editing an Employer 296
 Editing an Existing Account 417
 Editing an Existing Recall Type 19
 Editing an Explosion Code 274
 Editing an Operator 265
 Editing a Patient Alert 58
 Editing a Payment Plan 159
 Editing a Payment Plan Type 156
 Editing a Prescription Type 289
 Editing a Quick Note 441
 Editing a Shipping Method 366
 Editing a Statement or Question 287
 Editing a Type 249
 Editing Billing Types and Account Information 133
 Editing Definitions 277
 Editing Diagnostic Codes 272

Editing Document Information 257
 Editing Family Relationships 61
 Editing from the Recall List 244
 Editing Insurance Payments 179
 Editing Manufacturers 424
 Editing or Deleting Procedures Attached to Insurance Claims 82
 Editing Prescriptions 195
 Editing Procedures Attached to Claims 146
 Editing Procedures in the Estimator 95
 Editing Products 422
 Editing Products On Hand 429
 Editing Shades Assigned to a Shade Guide 368
 Editing Shipping Methods 428
 Editing Surface Painting 80
 Editing the Payment Table 36
 Editing Transactions 145
 Editing Treatment 79
 Editing Treatment in History 79
 Editing Users 104, 418
 Editing Vendors 426
 Employer List 307
 Employer Maintenance 296
 Enable Passwords and Assign “Verify User Before Access” Status to Options 282
 Endodontics A.4
 End-of-Day Reports A.2
 Entering Account Notes 149
 Entering a Default Note 101
 Entering Adjustments 143
 Entering and Editing a Coverage Table 33, 299
 Entering and Editing Patient Survey Responses 52
 Entering and Editing the Payment Table 300
 Entering a New Insurance Plan 21
 Entering a New Provider 266
 Entering an Initial Aged Balance 147
 Entering a Patient Referral 47
 Entering a Referral to Another Doctor 49
 Entering a Referred by Doctor/Other Listing 48
 Entering a Treatment Plan 190
 Entering a Vendor Reference Number 433
 Entering Batch Account Payments 142
 Entering Batch Insurance Payments 177
 Entering Capitation Type Plans 37
 Entering Diagnostic (Note) Information 122
 Entering Incentive Plans 40
 Entering Insurance Estimates 191
 Entering Insurance Payments 174
 Entering Insurance Payments for Claims Not Created in Easy Dental 176
 Entering Manual Finance Charges 184
 Entering or Editing the Patient’s Notes 45
 Entering Payments 140
 Entering Perio Data Using the Keyboard 121
 Entering Perio Measurement Data 120
 Entering Procedure Notes 140
 Entering Procedures 138
 Entering Procedures Using Explosion Codes 139
 Entering Taxes and Discounts 144

Entering Treatment 74
 Eraser Tool 107
 Expanding the List 441
 Explosion Code List 306
 Explosion Code Setup 3, 273
 Exporting Documents 259
 Exporting Images 110
 Exporting Products 423
 Exporting Totals 348

F

Family Accounts Report 323
 Family Editing Overview 62
 Family Member List 9
 Family Position G.1
 Fee Schedule 307
 Fee Schedules 293
 Finance Charge Report 320
 Finance Charges A.26
 Finding An Available Time 224
 Finding an Available Time Block 237
 Finish 401
 Finishing a Case 383
 For Patients With Appointments: A.24
 For Patients Without Appointments: A.25
 Full Form/Download A.22
 Full Sheet (Pre-Printed) A.22
 Future Due Payment Plan Report 331
 Future Due Payment Plans A.27

G

General Options 291
 Generating a Recall List 243
 Generating Chart Reports/Printouts 88
 Getting Started 387
 Glossary G.1
 Graduation (EZDLM12) A.17
 Graphic Chart 69
 Guarantor G.1

H

Handling Unique Family Relations 65
 Head-of-House G.2
 Highlight G.2
 Horizontal Scroll Bar G.2
 How to Create a Secondary Claim 179

I

Icon G.2
 Implant Services A.5
 Import from Patient Picture 253
 Importing from a File 253
 Importing Images 109
 Importing Patient Pictures 55
 Importing Products 423
 Inactivating a Provider 268

Inactivating a Staff Member 269
 Inactive - All & Inactive - Status (EZDLM18) A.20
 Inactive Patient List 312
 Include Patient Referrals 399
 Include Pre-treatment Estimates 401
 Indicating Script Settings 119
 Information Verification 5
 Initial Setup 1
 Installing Available Updates 357
 Insurance Aging Report 328, A.27
 Insurance Carrier List 307
 Insurance Claims to Process Report 328
 Insurance Claim Tracking 400
 Insurance Claim Window Blocks 167
 Insurance Coverage Tables 308
 Insurance Dunning Messages 285
 Insurance Eligibility 400
 Insurance Information 399
 Insurance/Mail Processing A.2
 Insurance Maintenance 297
 Insurance Manager 390
 Insurance Plan Notes 171
 Invalidating History Transactions 147
 Invalidating Procedures in History 81
 Inventory Manager 415

J

Joining Employers 296
 Joining Insurance Carriers 300

L

Lab Case Manager 359
 Lab Case Manager Window Areas and Toolbars 359
 Laser Billing Statement Print Options A.8
 Late Charge Report 321
 Launching the Inventory Manager 417
 Leasing 414
 Letters 201, 337
 List Box G.2
 Locating an Existing Appointment 223
 Logging On 102
 Login Setup 394

M

Main Toolbar 360
 Management Reports 317
 Management Routines A.1
 Managing Pre-Treatment Estimates 191
 Managing Recall 242
 Managing Users 103
 Manually Adding a New Lab 372
 Manually Entering a Late Charge 186
 Manufacturers Setup 423
 Marriage (EZDLM11) A.17
 Maxillofacial Prosthetics A.5
 Medical Alerts G.2
 Menu G.2

Merge Letters Using Existing Data File 340
 Merging a Quick Letter 89
 Merging Letters 338
 Message G.2
 Minimizing Quick Notes 442
 Minimum Days Past Due 401
 Modem Setup 290
 Modifying Document Attachments 258
 Month End Procedures 183, A.25
 Month End Update A.25
 Monthly Routines 187
 MONTHLY ROUTINES A.3
 Month View 210
 Moving an Appointment 223

N

Navigation Controls 116
 Network Setup 290
 New Patient List 311
 Non-Patient Referral (EZDLM15) A.19
 Notes G.2

O

Opening the Provider ID Setup Dialog 31
 Operatory G.2
 Operatory Information 265
 Option 1 5
 Option 1 Implementation 39
 Option 1 Overview 37
 Option 1 Preliminary Setup 38
 Option 2 6
 Option 2 Implementation 40
 Option 2 Overview 39
 Option 2 Preliminary Setup 39
 Options 439, A.23
 OR 124, 125
 Oral Surgery A.6
 Order Details 431
 Order History 435
 Orders 438
 Orthodontics A.7
 Other A.7
 Other Appointment Information 221
 Other Create/Merge Options 339
 Other View Options 256

P

Passwords 281
 Password Setup 3
 Paste from Clipboard 254
 Paths 292
 Patient Balance Report 326
 Patient Chart Information 399
 Patient Data Entry Considerations 5
 Patient Eligibility 390
 Patient Financing 398, 414
 Patient Information G.2

- Patient Info Verification (EZDLM20) A.21
- Patient List 309
- Patient Lists 309
- Patient Message 397
- Patient Notes G.2
- Patient Notes Report 313
- Patient Privacy Requests List 314
- Patient Referral (Guar. Only) & Patient Referral (EZDLM16) A.19
- Patients 7
- Patient's Clinical Information 398
- Patient Setup 402
- Patient's History Report 324
- Patients Module G.2
- Patient Upload 397
- Patient Upload Override 407
- Patient Visit A.1
- Payment/Adjustment Types for Online Payments 398
- Payment and Adjustment Default 293
- Payment/Estimate Information 170
- Payment Plan Notes 202
- Payment Plan Report 327
- Payment Plan Setup 286
- Payments 202
- Payment Types 279
- Pen Tool 107
- Perio Chart 114
- Periodontics A.5
- Phone Calls 385
- Posting a Manual Charge to a Future Due Payment Plan 162
- Posting or Setting an Appointment Complete 231
- Posting Partial Insurance Payments 182
- Practice Analysis Report 320
- Practice Defaults 3, 275
- Practice Definitions 3
- Practice Demographic Report 320
- Practice Information 263, 416
- Practice Management A.3
- Practice Organization List 309
- Practice Resource Setup 2, 263
- Practice Schedule Setup 4
- Practice Setup 2
- Pre-defined Script 1 119
- Pre-defined Script 2 119
- Pre-defined Script 3 119
- Pre-defined Script 4 119
- Pre-defined Script 5 119
- Pre-defined Script 6 119
- Preferences 291
- Preferred Name G.2
- Prescriptions 193
- Prescriptions Setup 288
- Pre-Treatment Estimate Aging Report 330
- Preventive A.4
- Previewing Reports 303
- Preview Panel 248
- Printer Setup 4, 417
- Printing Accounts Reports 150
- Printing a Family Account Report 151
- Printing a Family Accounts Report for an Entire Year A.29
- Printing a Finance Charge Report 152
- Printing a Late Charge Report 152
- Printing a Letter 339
- Printing an Aging Report 152
- Printing and Exporting Documents 259
- Printing a Patient History Report 151
- Printing a Patient Survey 52
- Printing a Payment Plan Report 152
- Printing a Recall List A.29
- Printing a Single Billing Statement 151
- Printing a Walkout Statement 150
- Printing Case Prescriptions 386
- Printing Documents 259
- Printing from the Contacts Module 206
- Printing from the Estimator 100
- Printing from the Schedule 232
- Printing Images 111
- Printing Manufacturer List 425
- Printing Order History 436
- Printing or Displaying Reports from the Batch Processor 302
- Printing Perio Reports 128
- Printing - prints but incorrectly A.31
- Printing Products On Hand 430
- Printing Progress Notes 93
- Printing Quick Notes 442
- Printing Recall Cards 244
- Printing Reports 442
- Printing Route Slips 233
- Printing the Dental Chart 92
- Printing the Documents List 259
- Printing the Lab Case Manager List 386
- Printing the On Order List 435
- Printing the Prescriptions Report 198
- Printing the Product List 423
- Printing the Schedule View 232
- Printing Time Clock Reports 353
- Printing User List 419
- Printing Vendor List 427
- Printing - won't print A.31
- Print Options 292
- Procedure Buttons 69
- Procedure Category Buttons 69
- Procedure Code G.2
- Procedure Code List 306, A.4
- Procedure Code Setup 3, 270
- Procedure Notes G.2
- Procedures Information 170
- Procedures Not Attached to Insurance 330
- Procedures Not Attached To Insurance Report A.28
- Process Accounts Receivable A.3
- Processing Insurance Claims 166
- Process Patient Imports 412
- Product Setup 419
- Products On Hand 429
- Products On Order 433
- Progress Notes 70, 399
- Progress Notes Control Buttons 71

Prosthodontics, Fixed A.6
 Prosthodontics, Removable A.5
 Provider G.2
 Provider ID Setup 267
 Provider IDs List 309
 Provider Information 168, 266
 Provider Setup 4
 Purge G.3
 Purge Appointments 230
 Purge Dental Insurance Benefits Used 301
 Purge Exported Files 295
 Purging Employers 297
 Purging Insurance Carriers 301
 Purging Manufacturers 424
 Purging Products 423
 Purging Vendors 427

Q

Quick Letters 386
 Quick Notes 440

R

Reactivating a Patient 61
 Recall 239
 Recall -Adult (EZDLM04) A.14
 Recall Cards A.24
 Recall - Child (EZDLM05) A.15
 Recall Setup 3, 279
 Recall Status 279
 Recall Views Setup 281
 Recall with Appointment (EZDLM29) A.21
 Receiving a Lab Case 382
 Receiving Orders 434
 Reference Reports 306
 Referencing a Perio Screening Score 124
 Referencing Summary Totals 124
 Referral Manager 392
 Referral Note 400
 Referral Settings 404
 Referral Upload 398
 Referral Upload Override 409
 Referred By 47
 Referred BY Doctor/Other Report 322
 Referred BY Patient Report 323
 Referred To 49
 Referred TO Doctor Report 321
 Referring Provider 399
 Refresh 228, 229, 230, 231, G.3
 Refreshing the Chart 94
 Refreshing the List 303
 Registering Your Practice 388
 Registration Information 309
 Remarks for Unusual Services 171
 Reminder Range 396
 Removing a Letter from Quick Letters 91
 Renaming a Lab Treatment Category 369
 Renaming an Enclosure 370

Renaming a Shade Guide 367
 Reordering 435
 Report Fonts 294
 Reports 260, 305, A.27
 Reports Module Window Areas 261
 Requesting Case Pickup 381
 Restorative A.4
 Returning a Case to the Lab 383
 Reviewing Clinical Notes 85
 Reviewing Thumbnails 109
 Running the Future Due Payment Plans Utility 163
 Running the Month End Update 187
 Running the Patient Notes Report 46

S

Saving an Exam 124
 Saving Thumbnails 109
 Schedule 207
 Schedule of Appointments 209
 Schedule Reports 315
 Schedule WebSync 394
 Scheduling an Appointment 216
 Scheduling the Next Appointment 222
 Search Button G.3
 Searching for Payments 152
 Secondary Insurance Claims Not Created Report 329
 Select G.3
 Select Account A.22
 Select Age 397
 Select Billing Type A.22
 Select Billing Type(s) 397
 Select Claim Billing Provider 401
 Select Continuing Care Type 396
 Select Correspondence 395
 Selecting a Patient 9, 73
 Selecting a Printer 195
 Selecting Data to Merge 344
 Selecting Explosion Codes 274
 Selecting Long Appointments A.29
 Selecting the Initial Window to Launch 293
 Select Insurance Carrier(s) 400, 401
 Select Provider 397, 398, A.22
 Select Report Types A.23
 Sending a Claim 173
 Sending a Lab Case Electronically through DDX 378
 Separating or Combining Families 62
 Set Date 227, 228
 Setting Accounts and Treatment Plans Colors 136
 Setting and Clearing Dental Pre-Estimates 100
 Setting Easy Checkout Options 136
 Setting Procedures Complete 192
 Setting Procedures Complete in the Estimator 98
 Setting Recall Views 240
 Setting Tax and Discount Options 134
 Setting the Calculation Options 118
 Setting the Flag Red Limit 118
 Setting the Order of Survey Questions 287

Setting Up a Printer for Prescriptions 289
 Setting Up Chart Colors 72
 Setting Up Custom Notes 371
 Setting Up Document Types 249
 Setting Up Easy Dental 262
 Setting Up Enclosures 370
 Setting Up Future Due Payment Plans for Alternate Uses 164
 Setting up Labs 372
 Setting Up Lab Treatment Categories 368
 Setting Up Perio 117
 Setting Up Pre-Defined Payment Plan Types 154
 Setting Up Preferences 250
 Setting Up Procedure Buttons 71
 Setting Up Provider IDs 31
 Setting Up Recall for a Patient 18
 Setting Up Schedules for Providers 213
 Setting Up Shade Guides and Shades 367
 Setting Up Shipping Methods 365
 Setting Up the Accounts Module 134
 Setting Up the Chart 71
 Setting Up the Documents Module 249
 Setting Up the Lab Case Manager 361
 Setting Up the Practice 210
 Setting Up the Practice Schedule 212
 Setting Up the Schedule 210
 Setting Up the Time Clock 350
 Setting Up the View 215, 361
 Setting Up Time Blocks 235
 Setup 415, G.3
 Set Up Dependents 41
 Setup Printer 262
 Set up the Subscriber 41
 Shipping Method Setup 427
 Shopping Cart 430
 Showing Transactions Links 134, 192
 Skipping Teeth with Selected Conditions 120
 Sorting the List 379
 Staff Information 269
 Standard Coverage Tables 295, 308
 Standard Dunning Messages 285
 Starting Easy Dental 2
 Starting EasyWeb 388
 Starting the Estimator 95
 Starting the Lab Case Manager 359
 Statement Date A.22
 Statement Forms 292
 Statement Message A.23
 Status 227, 229, 231
 Status Buttons 70
 Submit Order 432
 Subscriber Information 167
 Supplies 414
 Survey Setup 286
 Suspending Patient Alerts 59
 Switching Between Users 103
 Switching Primary and Secondary Coverage 37
 Synchronize Order 435
 System Maintenance 293

T

Terms Used 61
 Text Box G.3
 Text Tool 108
 The Accounts Module Window Areas 131
 The Batch Processor 302
 The Chart Module Window Areas 68
 The Contacts Module Window 201
 The Guru Limited Edition Window Layout 104
 The Patient Report View 341
 The Patients Module Window Areas 8
 The Perio Module Window Areas 115
 The Schedule Module Window Areas 208
 The Treatment Plans Module Window 189
 Time Clock 349
 Tips from Support A.22
 Title Bar G.3
 To Manually Enter Finance Charges for Individual Patients: A.27
 Toolbar 8, 68, 131, 208, 248, 261
 Toolbar Procedure Buttons 70
 Tooth Indicator Controls 116
 To Run Finance Charges For Many Patients Automatically: A.26
 To Run the Month End Update: A.26
 To Set Provider Vacation Days 214
 Tracking 428
 Tracking Accounts 152
 Tracking Patient Contacts 201
 Transaction Log 132
 Transferring Patient Information 1
 Treatment G.3
 Treatment Plan G.3
 Treatment Plans 189
 Troubleshooting A.31

U

Understanding Progress Notes 84
 Understanding the Balance Forward 148
 Understanding View Options 126
 Undo or Redo 108
 Unscheduled Appointment List 316
 Unscheduled List 229
 Unscheduled Treatment Plans 317
 Update Catalog List 437
 Updated Ins Pmt Table 308
 Update Order History 437
 Update Product List 438
 Updates 354
 Update Shopping List 437
 Update to Easy Dental 430
 Updating Fees 99
 Updating Procedures 127
 Upload 405
 Users Setup 418
 Using a Modem with Easy Dental? 290
 Using Chart Shortcuts and Tips 93
 Using Clinical Notes 85
 Using Dunning Messages for Billing Statements 152

Using Guru Limited Edition 101
 Using Medical Alerts 87
 Using Notes 84
 Using Patient Alerts 57
 Using Patient Picture 54
 Using Patient Survey 51
 Using Payment Tables 36
 Using Procedure Notes 84
 Using Quick Labels 91
 Using Quick Letters 88
 Using Smart Upgrades 357
 Using the Auto Dial 226
 Using the Drawing Tools 107
 Using the Easy Checkout Button 148
 Using the Estimator 94, 192
 Using the Lab Case Manager 376
 Using the List to Contact Patients 385
 Using the Patient Picture Copy and Paste Functionality 56
 Using the Schedule Lists 227
 Utilization Report 331, A.28
 Utilizing Other Schedule Options 230

V

Vendors Setup 425
 Vendor Website 433
 Vertical Scroll Bar G.3
 View 227, 228, 229
 Viewing a Lab Case 379
 Viewing an Existing Exam 127
 Viewing Appointments Attached to a Lab Case 385
 Viewing Documents 255
 Viewing Family & Patient Contacts 204
 Viewing Invalidated Conditions or Diagnoses 82
 Viewing Lab Case Information 381
 Viewing More Detail 204
 Viewing or Editing Dunning Messages 284
 Viewing Other Appointments 221
 Viewing Patient Alerts 379
 Viewing Patient Picture 379
 Viewing Previously Exported Totals 349
 Viewing Primary Versus Permanent Teeth for all Teeth 83
 Viewing Primary Versus Permanent Teeth for Selected Teeth 83
 Viewing Products On Hand 429
 Viewing Progress Notes by Status 82
 Viewing the Data Chart 126
 Viewing the Payment Table 36
 Viewing the Playlist Content 105
 View Options 433, 435

W

Wait/Will Call 222
 Web Services 437, 438
 Web Site Manager 390
 WebSync 393, 411
 WebSync Options 394
 WebSync Override 411
 WebSync Wizard 392

WEEKLY ROUTINES A.2
 Week View 209
 Welcome - After 1st Visit (EZDLM02) A.14
 Welcome - Before 1st visit (EZDLM01) A.13
 What is the Advantage of Itemizing Insurance Payments? 176
 Window G.3
 Working With Coverage Tables 33
 Working with Custom Playlists 111
 Working with Dental Insurance 21
 Working with Documents 257
 Working with Exams 127
 Working with Finance Charges 183
 Working with Future Due Payment Plans 160
 Working with Late Charges 185
 Working with Manual Contacts Entries 204
 Working with Patient Notes 45
 Working with Payment Plans 154
 Working with Payment Plans by Account 156
 Working with Thumbnails 109
 Working with Time Clock History 351
 Working with Transactions 137
 Working with Treatment Plan Orders 96