easydental®

Easy Dental 2010
USER'S GUIDE

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LICENSES AND TRADEMARKS

EASY DENTAL AND MICROSOFT WORD FOR WINDOWS

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

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Chapter 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 the 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 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, and so forth. 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, operatory, 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.

Chapter 2: 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.

Family Member List Block   Medical Alerts Block   Patient Information Block   Employer Block

Insurance Information Block   Patient Notes Block   Referral Block   Recall Block

Toolbar

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

Select Patient/New Family

Add New Family Member

New Patient with Appointment

Patient Notes

Edit   Patient Alerts   EasyWeb   Help

Patient Survey

Patient Picture

Quick Labels

Refresh

Quick Letters

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

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 By default, patients who have been archived (see Archiving Patients section in this chapter for more information) will not appear in the **Select Patient** dialog box.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

3. 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. Select 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 the letters or numbers of the option by which you are searching (for example, 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. Select the name of the patient in the list of patients.

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

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

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

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

5. 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 **OK**.

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

    b. Enter the state name. The ZIP Code should already be entered.

    c. Click **OK**. 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.

7. To search for a ZIP Code:

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

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

    c. 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. Select the city or ZIP Code for which you are searching and then click **Select**. 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.

8. To delete a city or ZIP Code:

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

    b. Select a search option: **City** or **Zip**.

    c. Depending on which search option you chose, enter the ZIP Code or city.

    d. Select the city or ZIP Code you want to delete.

    e. Click **Delete**.

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

10. 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.

11. 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 e-mail messages from Easy Dental or correspondence through Easy web.

- **Disclosure restrictions** – If checked, the patient will be excluded from Easy web referral uploads.

12. 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.

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

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

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

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

    Notes:

- 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.

- 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.

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

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

19. If you want to include the patient's title (such as Dr., Mr., or Mrs.) on letters, enter a title in the **Title** field. If you would like to print the patient's title on Billing Statements, select 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.

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

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

22. 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.)

23. 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.

24. 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.

25. 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.

26. 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.

27. Enter the 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.

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

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

3. 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 the Schedule module.

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

3. 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. On the Patients module toolbar, click **New Patient With Appointment** button. The **For New Patient** dialog box appears.
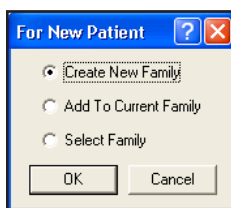
5. Select one of the following options:

- To create a new account, select **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, select **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, select **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 a patient in the Patients module.

2. 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 box appears with a list of any alerts that have previously been selected.
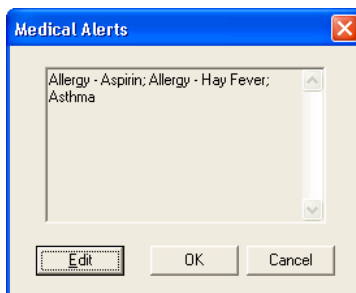
3. Click **Edit**. The **Select Medical Alerts** dialog box appears and lists all available medical alerts.
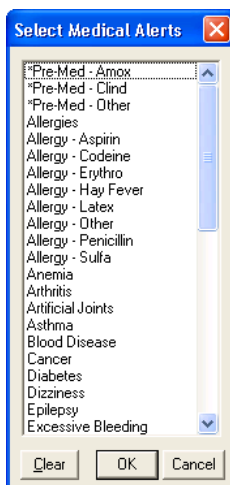
4. Select all applicable medical conditions for the selected patient.

5. 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. 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 a patient in the Patients module.

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

3.   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 selected.

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

Changing a Patient's Employer

To change a patient's employer

1. Select a patient in the Patients module.

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

3. 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 a patient in the Patients module.

2. 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 (such as Prophy), the Recall Type is automatically be attached to the patient.
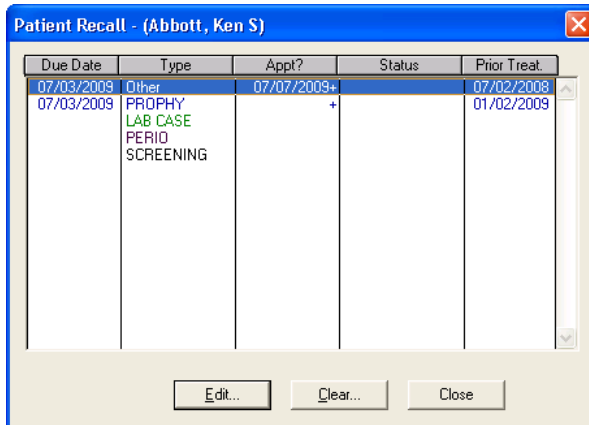
3. Double-click the recall type you want to set. The **Set Recall** dialog box appears.
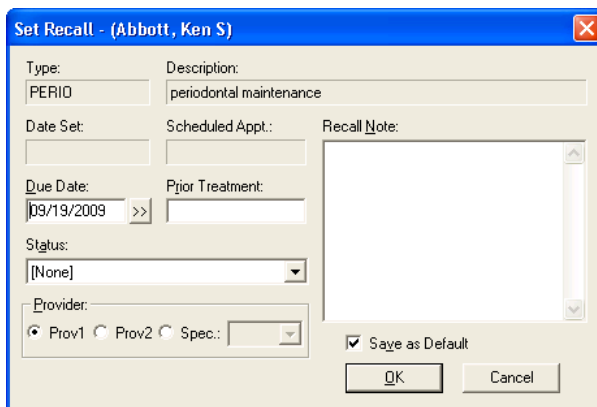
4. To set the interval for the patient's recall, click the **Due Date** search button. The **Set Interval** dialog box appears. Change the interval to reflect the amount of time that should elapse between the patient's recall visits. Select the **+1 Day** option if you want the interval to extend an extra day to prevent insurance billing problems.
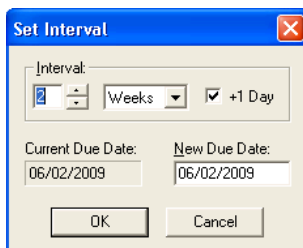
5. The due date is automatically input as the interval plus today's date. If desired, you can manually enter another date in the **New Due Date** field.

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

9. 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 clicking 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** 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 box.

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

Editing an Existing Recall Type

To edit a Recall

1. Select a patient in the Patients module.

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

3. Select the previously set recall type that you want to edit.
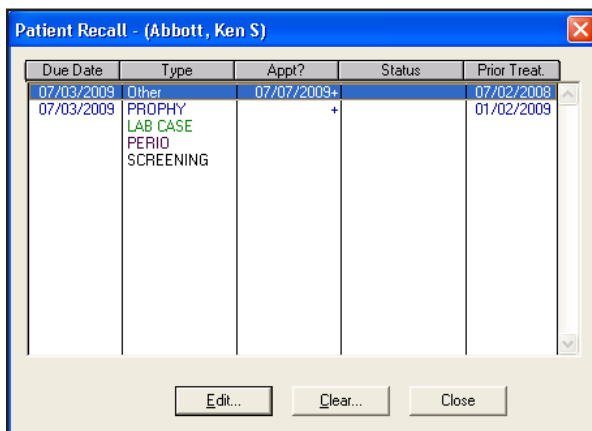
4. Click **Edit**.

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

5. 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** 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

To clear an existing recall type

1. Select a patient in the Patients module.
2. Double-click the **Recall** block.

   The **Patient Recall** dialog box appears.
3. Select the recall type that you want to clear.
4. Click the **Clear** Button.
5. Click **Yes** if you want to clear the patient's settings for this recall type or **No** to cancel 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.)

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

To enter a new insurance plan

1. Select a patient in the Patients module.
2. Double-click the **Insurance Information** block. The **Insurance Information** dialog box appears. Both the primary and secondary insurance information are displayed.

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

4. 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.

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

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

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

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

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

13. 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. 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 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. 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. 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. 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. 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. 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, select 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. If you do not want to include dental diagnostic codes on the insurance claims for this carrier, select 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. To exclude the group plan name from printing on the claim or from sending electronically, select the **Do Not Include Group Plan Name** check box.

23. Select 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** to return to the **Insurance Information** dialog box.

25. 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 **OK** to return to the Insurance Information window.

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

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

27. The subscriber'sSocial 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** to save the information and return to the Patients module.

Assigning Insurance (For an Insurance Subscriber)

To assign insurance to a subscriber

1. 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 the **Insurance Information** block.

   The **Insurance Information** dialog box appears.

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

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

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

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

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

7. 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 selected automatically. Make sure that the Relation to Subscriber is correct.

8. 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.

To assign insurance for a non-subscriber

1. From the Patients module, select a patient.

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

3. Click the **Subscriber** search button. A list of all subscribers and their insurances appear. Select the desired

subscriber and click **OK**. All fields in the Insurance Information screen automatically show the subscriber's insurance information.

4. Verify that the Relation to Subscriber is correct, and click **OK**.

Assigning Secondary Insurance (For a Subscriber with Dual Coverage)

To assign secondary insurance to a subscriber with dual coverage

1. From the Patients module, select the patient/subscriber.

2. Double-click the **Insurance Information** block.

   The **Insurance Information** dialog box appears.

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

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

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

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

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

8. 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 selected automatically. Make sure it is correct.

9. 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. From the Patients module select a patient.

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

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

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

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

Changing Insurance Carrier Information

If the subscriber's current insurance carrier has changed only its name and address, 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. From the Patients module select a patient.

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

3. Click the **Ins Data** button in the **Insurance Information** dialog box.

   The **Primary Dental Insurance Plan Information** dialog box appears.

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

5. Click **OK**. 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 box

To open the Provider ID Setup dialog box

1. From the **Primary Dental Insurance Plan Information** dialog box, click the **Provider ID Setup** button. The **Select Provider** dialog box appears.
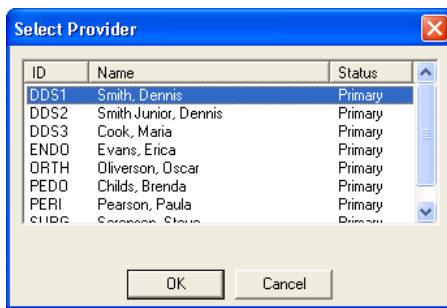
Note: If the insurance plan has not been saved, you are prompted to do so before continuing.

2. Select the appropriate provider and click **OK**.

   The **Provider ID Setup** dialog box appears.
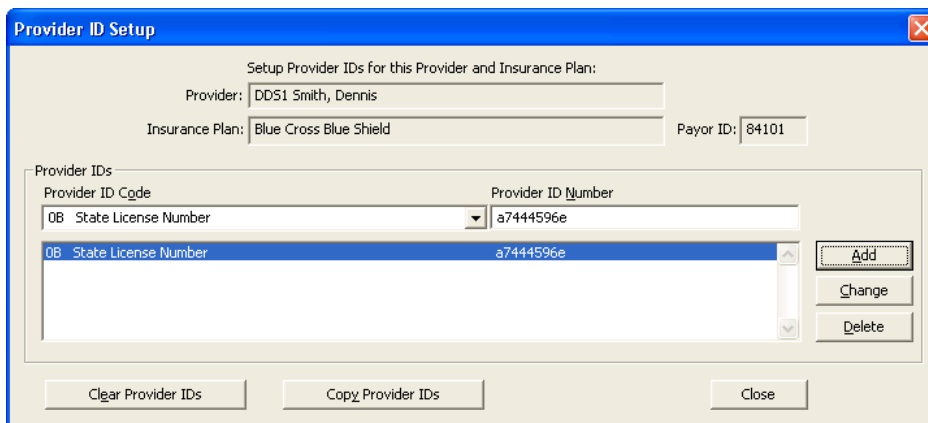
Adding a Provider ID

To add a provider ID

1. From the **Provider ID Setup** dialog box, 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 the Provider ID Number in the **Provider ID Number** field.

3. 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

To change a provider ID

1. From the **Provider ID Setup** dialog box, select the provider ID from the list.

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

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

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

Deleting a Provider ID

To delete a provider ID

1. From the **Provider ID Setup** dialog box, select a Provider ID from the list.

2. Click **Delete**. A message box appears.

3. Click **Yes** to remove the Provider ID.

Clearing Provider IDs

To clear provider IDs

1. From the **Provider ID Setup** dialog box, click the **Clear Provider IDs** button. The **Clear Provider IDs for <provider>** dialog box appears.
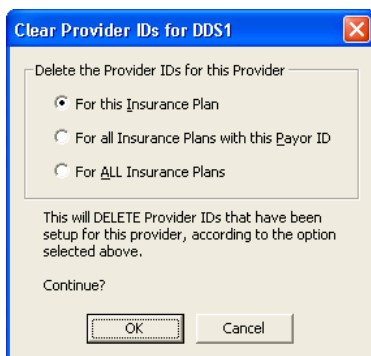
2. Select the appropriate option to clear the Provider IDs:

    *   **For this Insurance Plan** – If this option is selected, 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 selected, 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 selected, all IDs for the current provider for all Insurance Plans will be deleted.

3. Click **OK**.

Copying Provider IDs

To copy provider IDs

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

2. 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

To enter or edit a coverage table

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

2. 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.

3. 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.

4. 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.

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

6. 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**.

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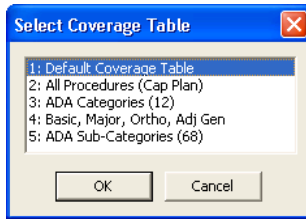
Note: Easy Dental provides five standard coverage tables that you can modify from the Reports module to fit your specific insurance plan needs. When a new insurance plan is added from the **Insurance Plan Information** dialog box, it is automatically assigned the first standard coverage table.

8. 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.

9. 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.

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

      1. Select the code range to be modified.

      2. Enter the information to be added to the coverage table.

      3. 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 **Delete** 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.

10. If the plan you are setting up requires specific co-pay amounts for each procedure, select 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, clicke 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 select the Co-Payment Calculation for Ins Portion box.

11. 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.

12. Click **OK**. A dialog box appears.

13. 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.

14. 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** in the patient's Patients module.

    The **Insurance Information** dialog box appears.

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

Editing the Payment Table

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

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

3. 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

To switch a patient's primary and secondary coverage

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

2. 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 the carrier for both primary and secondary insurance.

4. 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 practi ce.

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

3. 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.

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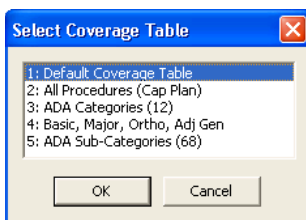
    •   Add in the correct co-payment for each procedure listed. Procedures which are covered by the plan, but for which there is no co-payment, should be left with a zero co-payment. **Delete** procedures not covered by the plan in order to have your normal fee charged when treatment planning or completing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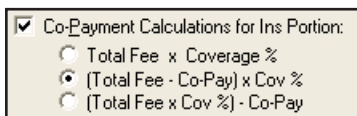
    •   Click **OK** when completed. All further plans may be entered in the same fashion.

        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, select 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, select 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. 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. 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, select 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. 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. Select 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.

4. 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. When editing or adding information at the **Primary Dental Insurance Plan Information** dialog box, attach a fee schedule by clicking the **Fee Schedule** search button and selecting the fee schedule that corresponds to the plan being entered. Select 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 is not limited to the number of plans for which he can be listed as a subscriber. However, as soon as no one is attached to an insurance plan, he 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

To set up the subscriber

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

2. Click the **Subscriber** search button. The **Select Primary Subscriber** dialog box appears. Click the **Current Patient** button.
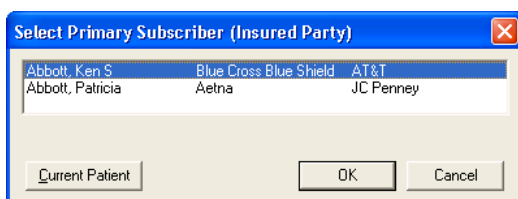
3. Click the **Carrier** search button. The **Select Primary Dental Insurance Plan** dialog box appears. Enter

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

5. 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.

> Carrier Name: | Aetna A | >>

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

7. Click the **Cov Table** button. The **Insurance Coverage** dialog box 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

To set up dependents

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

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

3. Click the **Ins Data** button. The **Primary Dental Insurance Plan Information** dialog box 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, select **Add As New Plan** and click **OK**.

> Carrier Name: | Aetna B | >>

4. Click the **Cov Table** button. The **Insurance Coverage** dialog box 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 box.

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

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

7. Click the **Subscriber** search button. The **Select Primary Subscriber** dialog box 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.
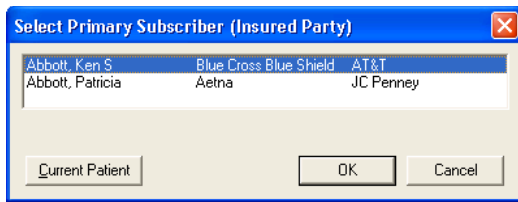
8. Double-click the subscriber at the bottom of the Patients module to make that person the active patient.

9. Double-click the **Insurance Information** block. The **Insurance Information** dialog box 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 box.

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

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

   b. Clear **Standard List** and select **Include Subscribers**.

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

2. Make any corrections to the carrier you want to keep and select it with an asterisk (*) so that you will be able to easily identify it. (Duplicates can look exactly the same, so you must select 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. From the Patients module, select a patient who is a subscriber to the plan you want to keep.

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

c. Click the **Ins Data** button.

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

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

   a. 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 the **Primary Dental Insurance Information** block. The **Insurance Information** dialog box appears.

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

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

   e. Select the carrier marked with the asterisk.

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

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

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

4. To delete duplicate insurance carriers:

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

   b. Click the **Purge** button.

   The **Purge** dialog box appears.
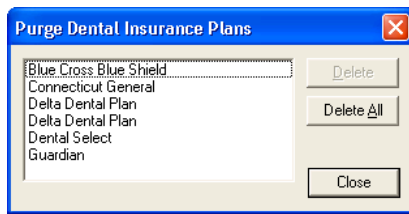
c.   Click **Delete All**. Or, select specific plans and click **Delete**.

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

5.   Follow the instructions in step 2 to remove the asterisk from 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 them 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, hide the **Notes** field.

Note: When Easy Dental starts, 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.   From the Patients module, select a patient.

2.   Double-click the **Patient Notes** block from the Patients module. The **Patient Note** dialog box appears.
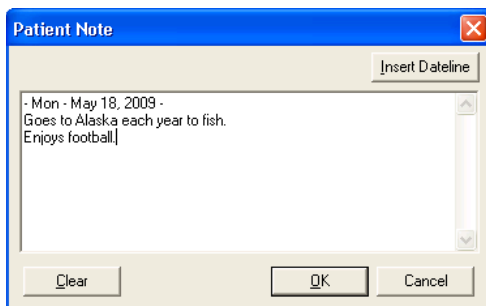
3.   Enter the patient's hobbies, interests, financial arrangements or any other notes useful to your practice.

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

5. 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** 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. From the Patients module, select a patient.

2. From the Patients module toolbar, click the **Patient Notes Report** button.

   The **Patient Notes Report** dialog box appears.

3. 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, select **Accounts Only**.

4. Select the boxes next to the types of notes you want to include on the report:

   - **Appointment Notes** – Select this option to print all notes attached to appointments scheduled within the date range you enter.

   - **Clinical Notes** – Select this option to print all clinical notes entered in the Chart module within the date range you enter.

   - **Patient Alert Notes** – Select this option to print notes entered in the Patient Alerts window for this patient within the date range you enter.

   - **Perio Exam Notes** – Select this option to print all notes entered in the Diagnostics screen in the Perio module within the date range you enter.

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

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

   - **Recall Notes** – Select this option to print the Recall Note added in the Recall Information screen.

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

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

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

- **Account Note** – Select this option to print the account note entered in the Accounts module.

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

- **Lab Case Note** – Select this option to print the note entered for the patient's existing lab case.

5. Click **Print** 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 the **Referred By** block.

   The **Select Referral Type** dialog box appears.
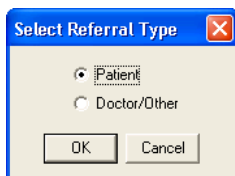
2. Select the **Patient** and click **OK**. The **Select Patient** dialog box appears.

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

   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 selecting the Doctor/Other option from the **Select Referral Type** dialog box.
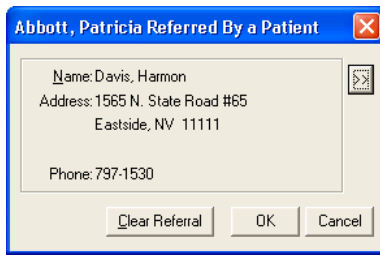
4. If you want to change the person who made the referral, click the search button and select a different patient.

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

6. Click **OK** 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 the **Referred By** block. The **Select Referral Type** dialog box appears.

2. Select the **Doctor/Other** and click **OK**. The **Select Referred By** dialog box appears.
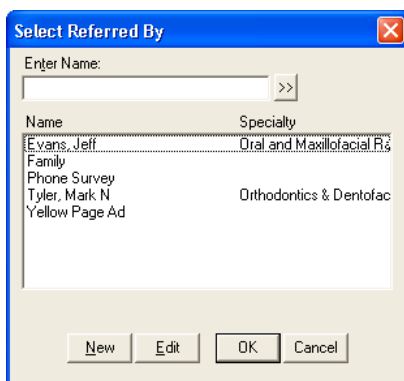
3. Select the Doctor/Other who made the referral. Initially, all referring sources will be listed. To narrow the scope:

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

   b. Click the search button and all of the doctors and other referral types that begin with those letters appear in the list box.

   c. Select the referring doctor or other referral type and click **OK**. The **Referred by a Doctor/Other** dialog box 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.
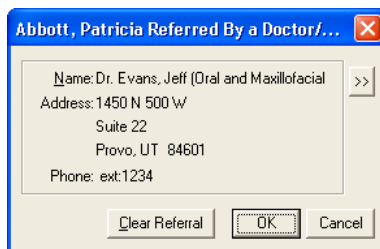
4. If you want to change the person who made the referral, click the search button and select a different patient.

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

6. Click **OK** 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 the **Referred By** block. The **Select Referral Type** dialog box appears.

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

3. Click the **New** button to add a referral. Or, select an existing referral and click **Edit** to edit the referral information.

   The **Referred By Information** dialog box appears.

4. 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. 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 e-mail address.

6. Click **OK** to save the information or any changes. If existing information in the **Referred By Information** dialog box 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. Double-click the **Referred To** block.

The **Select Referred To** dialog box appears.

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

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

5. Click **OK** 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 the **Referred To** block. The **Select Referred To** dialog box appears.

2. Click the **New** button to add a referral. Or, select an existing referral and click **Edit** to edit the referral information.

   The **Referred To Information** dialog box appears.

3. 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. 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 e-mail address.

5. Click **OK** to save the information or any changes. If existing information in the **Referred To Information** dialog box 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. From the Patients module, click the **Patient Survey** button.

   The Patient Survey window appears.

2. Click the **Print** button. The **Print** dialog box 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. From the Patients module, click the **Patient Survey** button.

    The Patient Survey window appears.

2. Double-click the first question listed on the survey.

The **Patient Survey Response** dialog box appears.
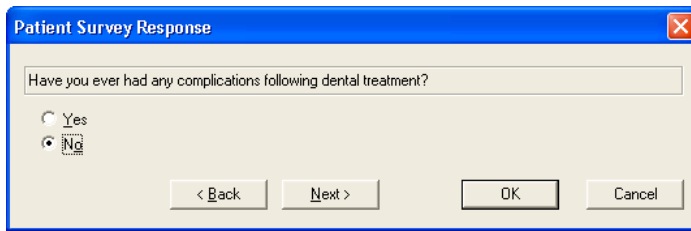
3. Indicate the patient's response to the question.

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

2. 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 box appears.

Select Source Button

Acquire New Image Button

Select Existing Image Button
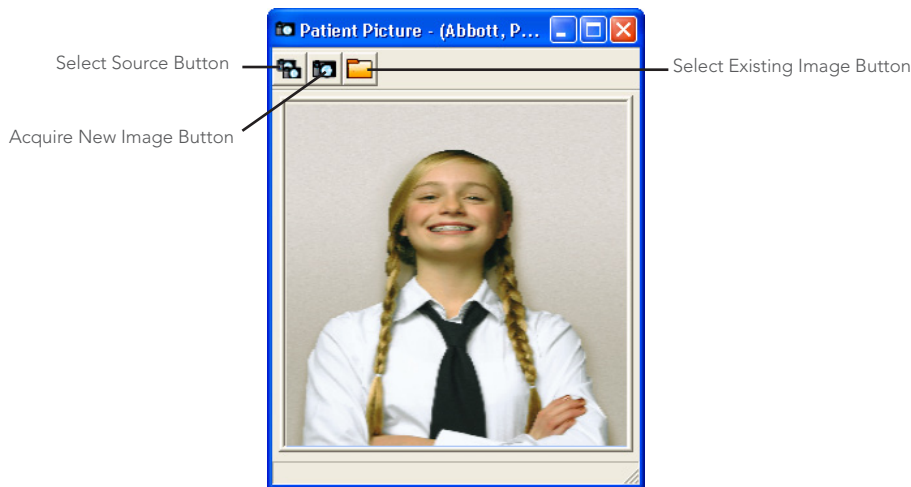
Acquiring Patient Pictures

To acquire a patient picture from a TWAIN-compliant device

1. 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. From the Patient Picture toolbar, click the **Select Source** button.

    The **Select Source** dialog box appears with a list of available TWAIN-compatible devices.

    Note: If the camera or scanner you want to use is not listed, it has not been properly set up for use in Windows. Contact your system administrator for assistance.
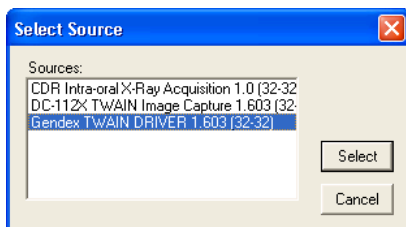
3. Select the device you want to use and click **Select**.

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

4. 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. 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. 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. From the Patient Picture toolbar, click the **Select Existing Image** button.

   The **Select Patient Picture** dialog box appears.
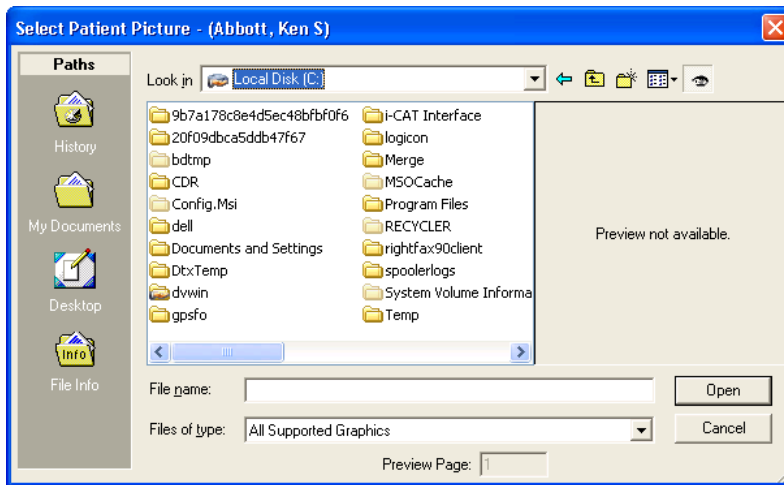
3. Browse to the correct directory where your image is stored. Select the file and click **OK**. The **Patient Picture** dialog box appears. Click the **Move** button to remove the file from it's original location and store it within Patient Picture (the image file will not be in it's original directory anymore). Click **Copy** to store a copy of the patient's image within Patient Picture while keeping the file in its original directory.
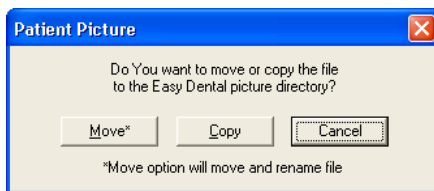
4. If a picture already exists for the patient, a message box appears and asks if you want to replace the existing image. Click **Yes** to overwrite the file with the new one or **No** to leave the original file and create a new file for this patient's picture.

5. 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 program to which you want to paste the patient's picture. The paste option is useful if you want to copy a picture from another program 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 program.

- **Paste** – To paste an image from another program into Patient Picture, copy the picture to the Windows Clipboard using that program'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. From the Patients or Accounts module, click the **Select Patient** button. Select the patient for whom you want to create the Patient Alert.

2. 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.)

3. 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.

4. Enter the date range to display the Patient Alert, or select "Always" to permanently display the Patient Alert.

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

6. 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-Medicate" may be common descriptions.

7. 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.

8. 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 this icon to open the patient's alerts.

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

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

Editing a Patient Alert

To edit a patient alert

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

2. From the toolbar, click the **Patient Alert** button.

    The **Patient Alert** dialog box appears, listing all Patient Alerts for that patient.
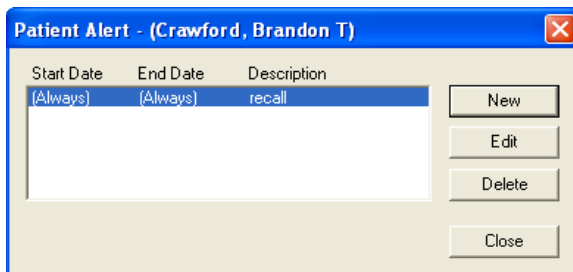
3. Select the Patient Alert to be edited and click **Edit**. The **Edit Patient Alert** dialog box appears.

4. Edit any information you want to change in the Patient Alert.

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

Deleting a Patient Alert

To delete a patient alert

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

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

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

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

5. Click **Close** 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. From Reports, click the **Maintenance** button, then **click Preferences**. The **Preferences** dialog box appears.
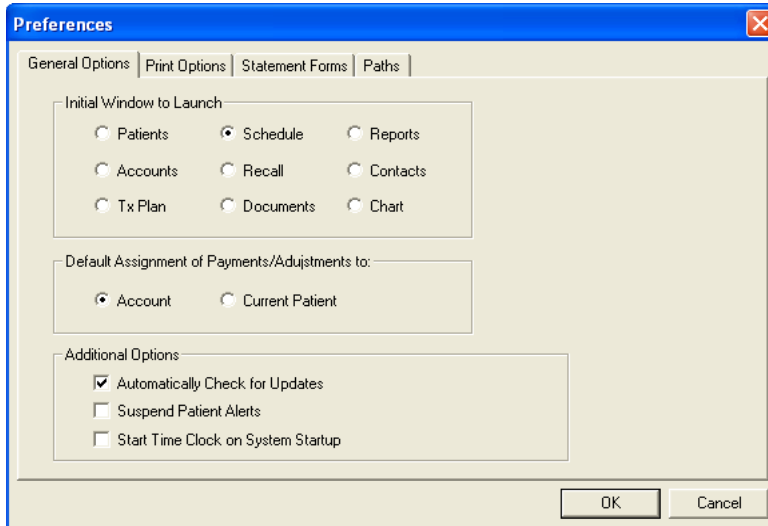
2. From the **Preferences** dialog box, click the **General Options** tab.

3. Select the option to Suspend Patient Alerts.

4. Click **OK** to save your changes and return to Reports. When an Alert pops up for a patient, you can select 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 box if the option "Include Archived Patients" is selected.
*   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.

Archiving a Patient

To archive a patient

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

2. Double-click the Patient Information block. The **Patient Information** dialog box appears.

3. Expand the **Status** drop-down and select Archived.
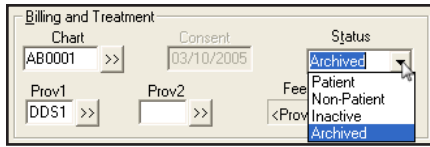
4. Click **OK** to save change.

5. 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. 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

To reactivate a patient

1. From the Patients module, select the archived patient (see 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** to reactivate the patient and access the patient's record.

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

4. 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 box and allows you to change the head-of-house or combine/separate families
- **Delete Patient** – Allows you to delete the current patient
- **Delete Family** – Allows you to delete the current family

If you are on a networked system, Easy Dental must be closed on all stations, 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. From the Patients module, select a patient (see Selecting a Patient section in this chapter for more information).
2. From the Patients module toolbar, click **Edit** and select **Family Relations**.

The **Edit Family** dialog box appears.

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

4. Click the **Set HofH 1** button.

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

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

3. Select 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 the **Family 2** button. The **Select Patient** dialog box appears.

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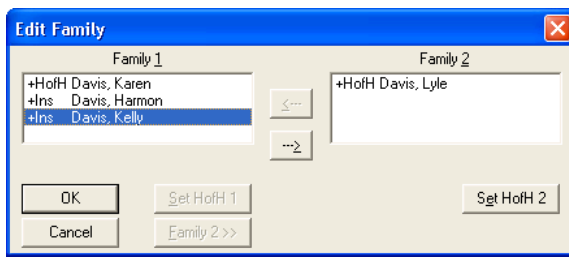
6. If the family to which the patient(s) were moved is a new family, the first patient moved will automatically become the new head-of-house. If you want to make a different patient the head-of-house, select the name and click the **Set HofH 2** button.

7. 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 the workstation from which you will be working.

*   Make sure the account has a zero balance.

To delete a patient

1. From the Patients module, select the patient you want to delete (see 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**. A message box appears that states, "All information for this patient will be gone. DELETE Patient?"

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

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

3. 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 or her father and step-mother and is insured by his or her mother.

- A child is insured by both his or 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 herself and her 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 or she lives (if these two are different).

- The head-of-house does not have to be a patient, in which case he or she would have a status of "Non-Patient."

- A subscriber can be anyone in the family, he or she 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 or her a "Non-Patient" status and make him or her an "Other" family member when he or 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 or she is a subscriber for more than one family, enter his or her Social Security Number where he or she is entered with a "Patient" status and leave the space blank where he or 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 box 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.

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)

2. 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	

3. 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.

4. 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.

5. 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 box now displays Joseph's insurance information as her primary coverage. Click **OK** to return to the Patients module.

6. 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 box now displays Joseph's insurance information as his primary coverage. Click **OK** to return to the Patients module.

7. 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 box and select David Jenkins. Click **OK** on both the **Select Secondary Subscriber** dialog box and the **Insurance Information** dialog box to return to the Patients module. You have now successfully set the proper insurance information for each person on this account.

Chapter 3: 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.
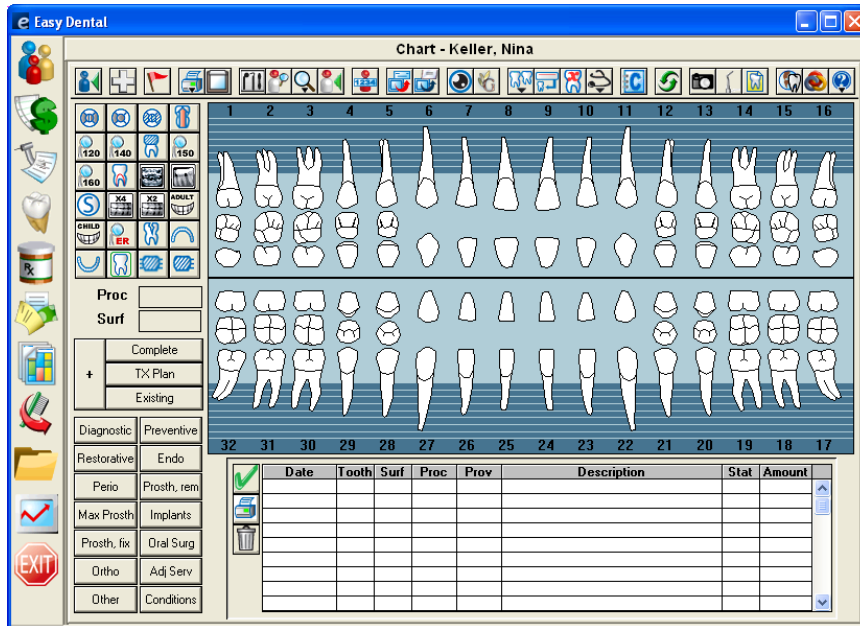
Toolbar

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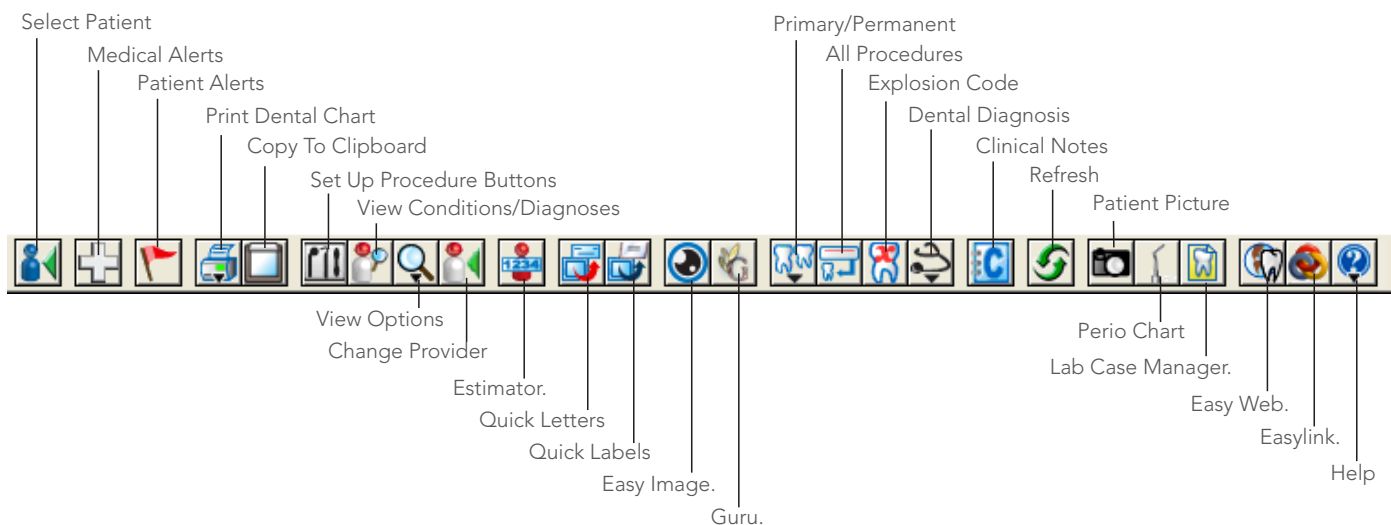
Graphic Chart

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.
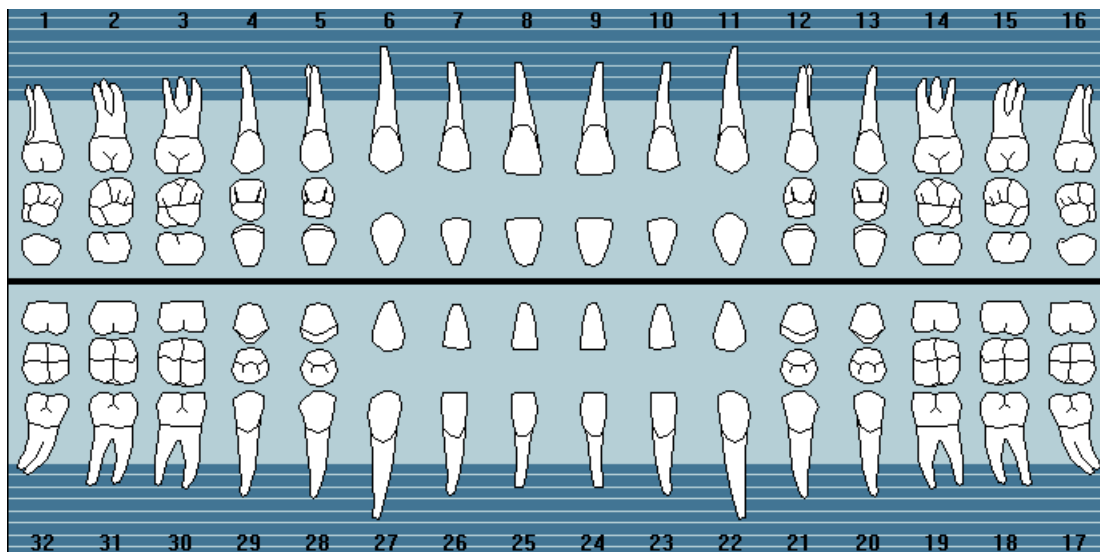
Procedure Buttons

Used to enter treatment, the 24 procedure buttons collectively represent the most common procedures performed in an operatory. 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.

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.

- 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.

Set Complete button

Print Progress Notes button

Delete Procedure button
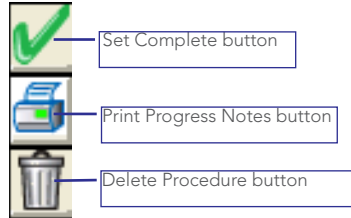
Setting Up the Chart

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

- Setting Up Procedure Buttons
- Setting Up Chart Colors

Setting Up Procedure Buttons

To set up procedure buttons

1. In the Chart, click the **Setup Procedure Buttons** button to open the **Set Up Procedure Buttons** dialog box.
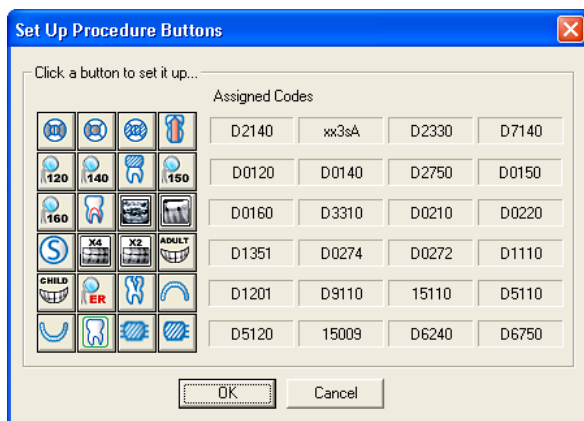
2. Click the button you want to set up.

    The **Set Up Procedure Button** dialog box appears.
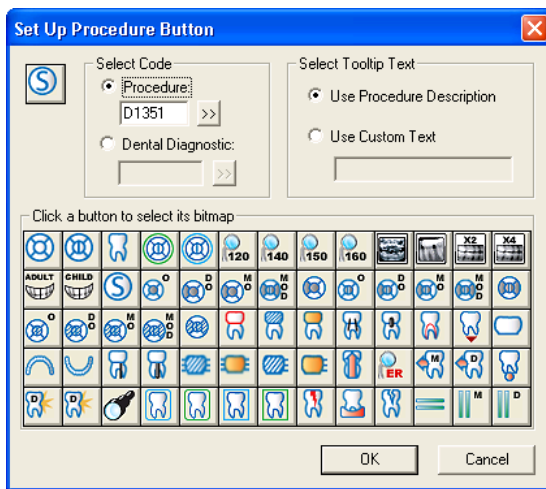
3. To assign a Procedure code, enter the desired code in the **Procedure** field or click the search button to select a code from the Procedure Code List. To assign a Dental Diagnostic code, enter the desired code in the **Dental Diagnostic** field or click the search button to select a code from the Dental Diagnostic Code List.

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

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

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

7. 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. In the Chart, click the **View** button and select **Set Chart Colors**.
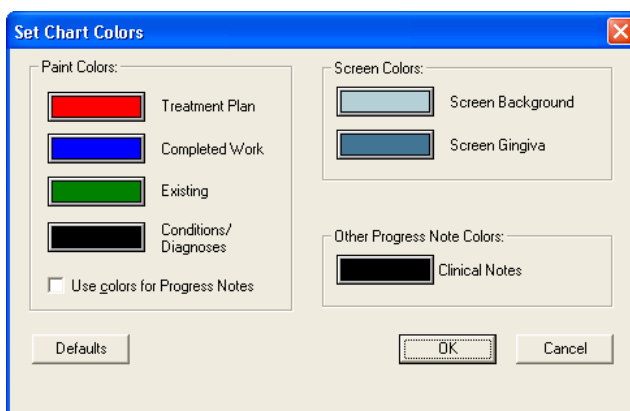
2. To assign a paint color for Treatment Plans, Completed Work, Existing, and Conditions/Diagnoses:

   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. 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, select **Use colors for Progress Notes**.

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

7. 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. On the Chart module toolbar, click the **Select Patient** button.

    The **Select Patient** dialog box appears.

2. 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 box. To search for all patients, including archived patients, select **Include Archived patients**.

3. 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. Select 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 the letters or numbers of the option by which you are searching (for example, 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. Select the name of the patient in the list of patients.

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

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

4. 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. Select the appropriate treatment area(s), click the **Add** button, and click **OK**.
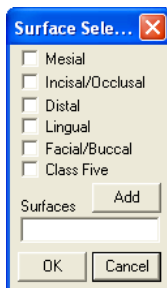
6. Easy Dental will automatically update procedure codes to reflect your surface selections. For example, if you click the **one surface amalgam permanent procedure** button and then enter three surfaces, Easy Dental will post the three surface code to the Chart and Accounts modules.

7. Click 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 **nextprocedure 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 (-).

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

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

4. Click the appropriate category button.

   The **Select Procedure Code** dialog box appears.
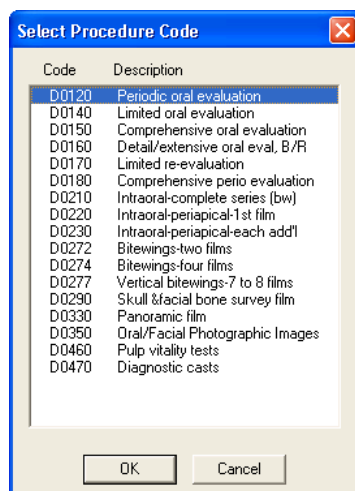
5. Select the desired procedure code and click **OK**. Only one procedure can be selected in the **Select Procedure Code** dialog box at a time.

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

7. 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.

8. 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 **nextprocedure 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 (-).

9. 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).

To add treatment using explosion codes

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

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

4. From the Chart toolbar, click the **Explosion Codes** button.

    The **Select Explosion Code** dialog box appears.
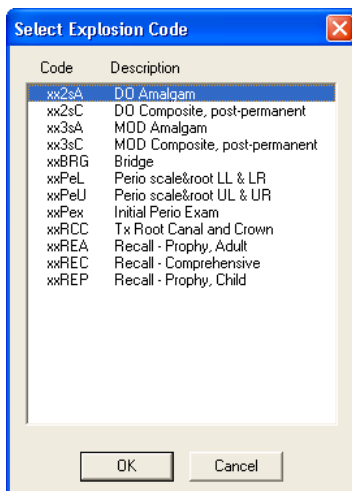
5. Select the desired explosion code and click **OK**. Only one explosion code can be selected in the **Select Explosion Code** dialog box at a time.

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

7. 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.

8. 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 **nextprocedure 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 (-).

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

2. From the Progress Notes, double-click the treatment item you want to edit.

    The **Edit or Delete Procedure** dialog box appears.

3. Make any necessary changes according tothe 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, select 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, select **Prim. Ins.** and/or **Sec. Ins.** and then enter the correct estimate amount.

- To prevent the procedure from being billed to the insurance, select **Do Not Bill to Insurance**.

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

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

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

3. Select **Edit Surface Painting**.

   The **Edit Surface Painting** dialog box appears.
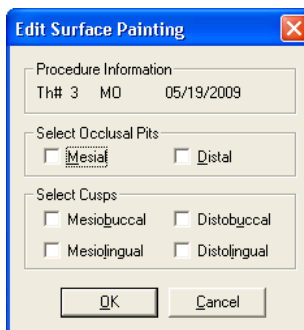
4. Or, if more than one procedure with an occlusal surface restoration is posted to this tooth, the **Edit Surface Restoration** dialog box appears. Select the appropriate procedure and click **Edit** to open the **Edit Surface Painting** dialog box.
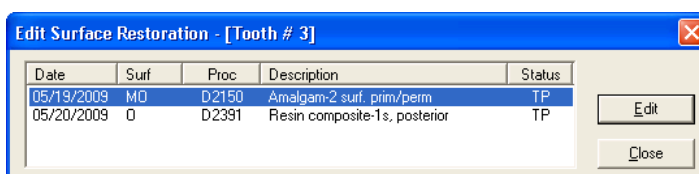
5. Select the **Mesial** and/or **Distal** pits to indicate the location of the occlusal pit. When pits are checked, the painting of the pits will replace the default painting of the occlusal surface.

6. Select 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.

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

2. In the Progress Notes, select the procedure(s) you want to delete. To select 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 the **Delete Procedure** button (the trash can) to the left of the progress notes. A warning message box appears.

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

Deleting Completed Procedures

To delete a completed procedure

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

2. From the Progress Notes, double-click the procedure you want to delete.

    The **Edit or Delete Procedure** dialog box appears.

3. Click **Delete**. A warning message box appears.

4. 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 (such as 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, nvalidate the procedure.

To invalidate a procedure in history

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

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

3. Select **Invalidate Procedure**.

4. Click **OK** to save the change.

5. 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 select or clear 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. From the Chart, select a patient (see Selecting a Patient section in this chapter for more information).
2. From the Chart toolbar, click the **View Conditions/Diagnoses** button.

    The **View Conditions/Diagnoses Setup** dialog box appears.
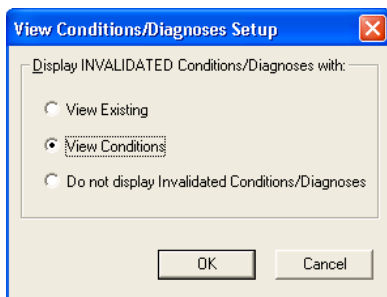
3. Select the option by which to view invalidated conditions/diagnoses.
    - **View Existing** – Displays invalidated conditions when the Existing view option is checked
    - **View Conditions** – Displays invalidated conditions when the Conditions view option is checked
    - **Do not display Invalidated Conditions/Diagnoses** – Hides invalidated conditions in the Progress Notes, regardless of the view options checked
4. Click **OK** 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. From the Chart, select a patient (see Selecting a Patient section in this chapter for more information).
2. From the Chart toolbar, click the **Primary/Permanen**t button. A appears.
3. 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

To view primary versus permanent teeth for selected teeth

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

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

3. From the Chart toolbar, click the **Primary/Permanent** button. A shortcut menu appears.

4. 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 NotesUsing Clinical NotessCreating Clinical Note TemplatessUsing Medical Alertss

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.

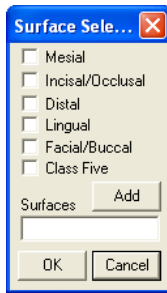For each item recorded in the Progress Notes, the date the treatment was entered, treatment areas (if applicable), the procedure code, provider, a description, treatment status, and the dollar amount associated with that procedure are displayed. A double arrow symbol (>>) in the description column indicates 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. From the Progress Notes, double-click the procedure for which you want 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. If a default note has been associated with this procedure, the note text will appear automatically. Use the Notes field to edit the existing note or add a note when a default note does not exist.

3. 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 the Clinical Notes option from the menu bar.

   The **Clinical Notes** dialog box appears.
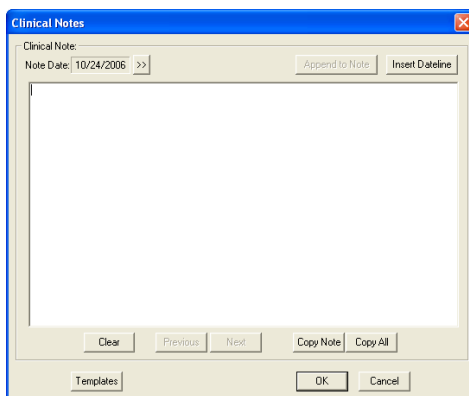
2. To attach the current system date to the note, click the Insert Dateline button.

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

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

Appending Clinical Notes

To append a note to a clinical note in history

1. Choose the Clinical Notes option from the menu bar. The **Clinical Notes** dialog box appears.

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

3. Click the Append to Note button. The **Append to Clinical Note** dialog box appears.

4. 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, from the **Chart** menu, click **Clinical Notes**.

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 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 theAppending Clinical Notess section in this chapter.)

To clear or erase a current note

1. Choose the Clinical Notes option from the menu bar. The **Clinical Notes** dialog box appears. 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. 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, select 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

1. Choose the Clinical Notes option from the menu bar.

   The **Clinical Notes** dialog box appears.

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

3. 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, select the text to be copied and press CTRL + C on the keyboard.

4. Open the text editor in which to insert the note (such as Microsoft Word, Insurance Claim Note, and so forth.) Click where the note(s) will be pasted.

5. From the program's menu, click 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

1. Choose the Clinical Notes option from the menu bar.

    The **Clinical Notes** dialog box appears.

2. Choose the **Insert Dateline** button if you want to attach the current system date to the note.

3. From the bottom, left of the Clinical Notes screen, click the Templates button.

    The **Clinical Notes Templates** dialog box appears.
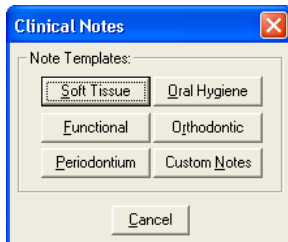
4. Click the Soft Tissue button. The **Soft Tissue Exam** dialog box appears. Type the soft tissue notes in the appropriate fields. Click **OK**/Post to post the soft tissue notes to the **Clinical Notes** dialog box.

5. Click the Oral Hygiene button. The **Oral Hygiene** dialog box appears. 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. Click the Functional button. The **Functional Evaluation** dialog box appears. Enter notes regarding functional disorders in the appropriate fields. Click **OK**/Post to post the functional notes to the **Clinical Notes** dialog box.

7. 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. 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. 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

You can customize medical alerts in the Reports module. To enter new alerts or to edit existing ones, refer to the Definitions section in the Reports chapter.

To use medical alerts

1. 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 appears listing any alerts that have previously been selected.
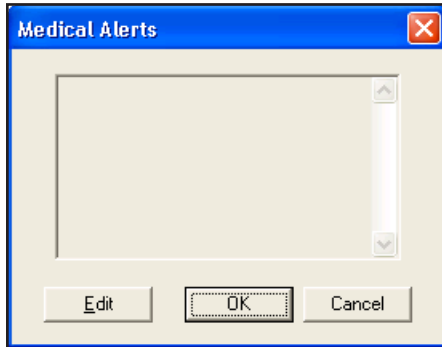
2. Click **Edit** to display a list of available Medical Alerts.
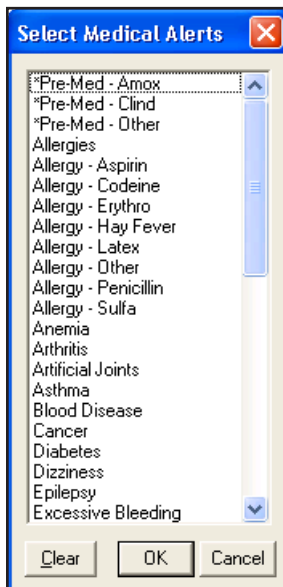
3. Click the desired alert(s) to select them. If you want to clear all selections, click the Clear button.

4. Click **OK** 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 describes how to access Quick Letters and Quick Labels and how to print different versions of the Chart.

Using Quick Letters

Easy Dental provides a powerful interface between your patient database and Microsoft Word. Each letter can be customized in Microsoft Word to better represent the image your office wants 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.

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

Merging a Quick Letter

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).

To merge a letter for a patient

1. 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 **OK**.

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

2. Click the **Quick Letters** button on the toolbar.

    The **Quick Letters** dialog box appears.
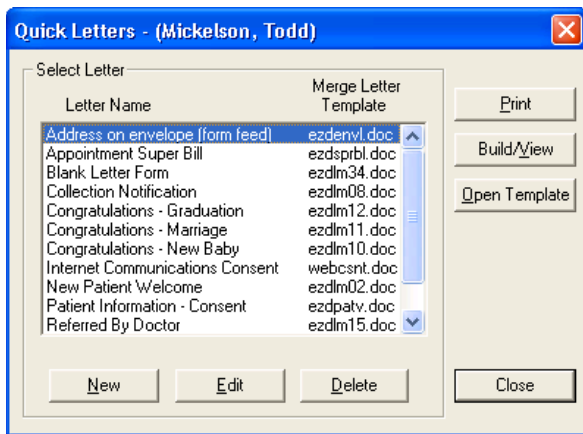
3. From the Letters list, select the letter to be merged. The following letters are automatically available:

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

6. From the Microsoft Word menu, click File, then Exit.

7. 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

1. 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 **OK**.

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

2. Click the **Quick Letters** button from the toolbar.

   The **Quick Letters** dialog box appears.

3. Click the **New** button.

   The **New Quick Letter** dialog box appears.
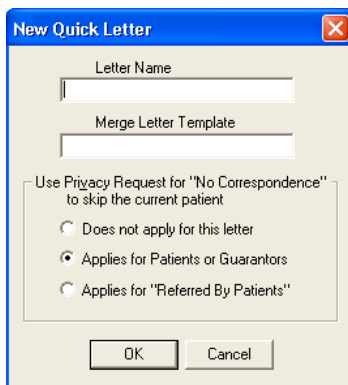
4. Type a name for the letter. This name is for the users' benefit to help them remember the purpose of the letter.

5. 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 (such as 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 Reports module. From the Reports toolbar, click 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. 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** to save the letter information and return to the Quick Letters window.

Removing a Letter from Quick Letters

1. 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 **OK**.

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

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

3. Select the letter to be removed and click **Delete**. 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.

To print a Quick Label

1. 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 **OK**.

2. Click the **Quick Labels** button on the toolbar.

   The **Quick Labels** dialog box appears.
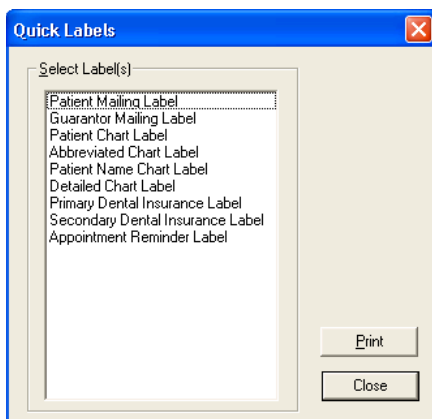
3. Select the label you want to print.

   • **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** 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

1. 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 **OK**.

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

3. Select Dental Chart from the drop-down menu to print the Graphic Chart.

   The **Print Dental Chart** dialog box appears.
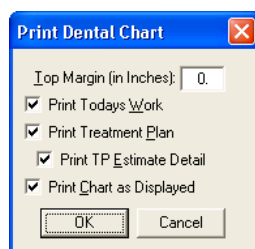
   Note: The Chart will automatically print to the default printer. See the "Setup Printer" section of the "Reports" chapter to set up the default printer.

4. Select 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.

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

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

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

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

5. Click **OK** to print the Chart with the specified options.

Printing Progress Notes

To print the Progress Notes and the Graphic Chart

1. 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 **OK**.

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

3. To print the Progress Notes with the Chart, click the Progress Notes with Chart option.

    The **Print Progress Notes with Chart** dialog box appears.
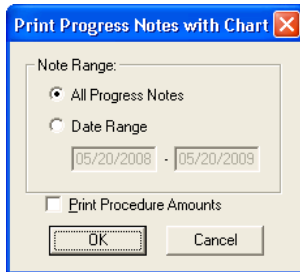
4. To print notes specific to a certain date range, select the Date Range option. Enter the desired date range.

5. 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

1. 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 **OK**.

2. From the Chart toolbar, click the Change Provider icon.

    The **Select Provider** dialog box appears.
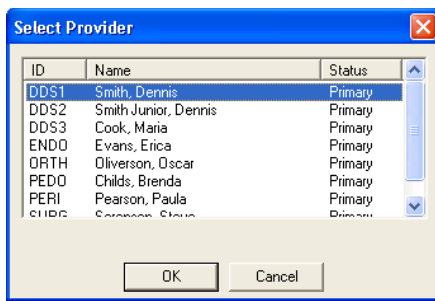
3. Select the provider to whom all work posted during this session should be assigned. Click **OK** to continue.

    Note: The provider list can be sorted by clicking on each header (ID, Name, or Status).

4. Post treatment 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.

Editing Procedures in the Estimator

To edit procedures displayed within the Estimator windows

1. Double-click the desired procedure.

   The **Edit or Delete Procedure** dialog box appears. Make any necessary changes from within this dialog box.

2. 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; for example, procedures with an order number of 1 will be completed in the first visit, those with an order number of 2 will be completed in the second visit, and so forth. 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. Select the procedure within the Estimator.
2. Click the **Set Order** button on the toolbar. A list of numbers and letters will appear in a drop-down menu.
3. 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.

To change the color of an order

1. Click the **Display Orders** button on the toolbar.

   The **Display Orders** dialog box appears.
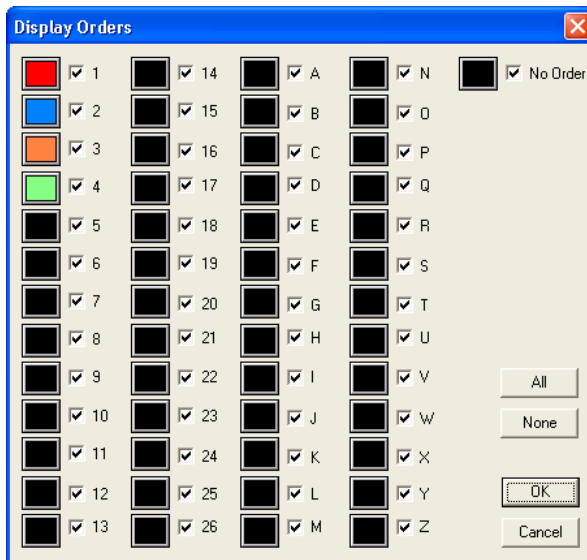
2. Click the button next to each order to open the **Color** dialog box.
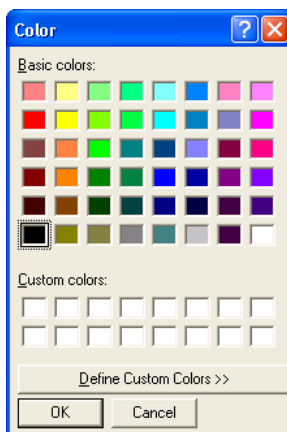
3. Select the color to use for the order.

Every procedure listed in that order will appear in the selected color. Repeat this process for each order.

Display or Hide Orders

To display or hide an order

1. Click the **Display Orders** button on the toolbar.

The **Display Orders** dialog box appears.
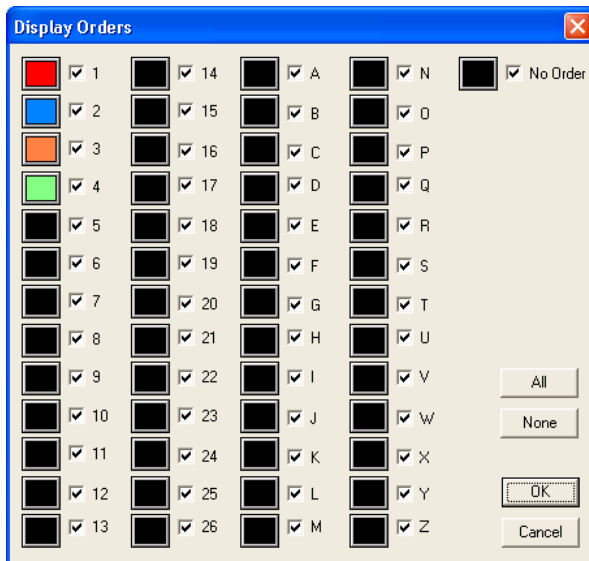
2. In the **Display Orders** dialog box, select the orders to display. An order with a check mark will be displayed. Orders without a check mark will not be displayed. Click the **All** button to select all orders. Click the **None** button to deselect all orders. Click **OK** to save the changes and 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.

To delete a procedure from the Estimator

1. From the Estimator list, select the procedure(s) to be deleted.

2. Click **Delete** 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 appear.

To set procedures complete in the Estimator

1. Select the Procedure(s) to be set complete.

2. 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 want to update the patient's treatment plan to reflect any fee schedule changes.

To update the fees for a single or multiple treatment plans

1. Click the **Update Fees** button from the Estimator's toolbar.

    The **Update Treatment Plan Fees** dialog box appears.

2. If you want to update the fees for the currently selected patient only, select Current Patient. If you want to update the fees for all patients in your practice with a treatment plan, select All Patients.

3. 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 want to update all procedures, leave at <ALL>.

4. 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 the desired provider(s). Only treatment-planned procedures performed by the selected provider will be updated. Select ALL to update procedures for all providers.

6. Select the desired Billing Type(s). Only treatment-planned procedures for patients with the selected Billing Type will be updated. Select ALL to update procedures for all Billing Types. (This option will be greyed out if Current Patient is selected.)

7. 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 the procedure(s) for which an estimate is required.

2. 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.
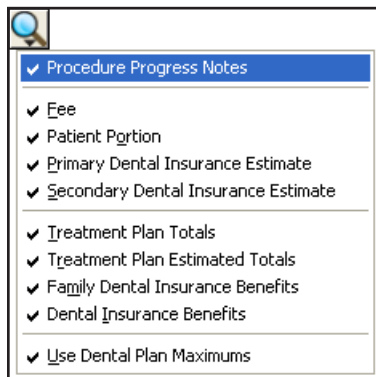
Printing from the Estimator

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.

To print from the Estimator

1. Click **Print** in the toolbar to open the **Print** dialog box.
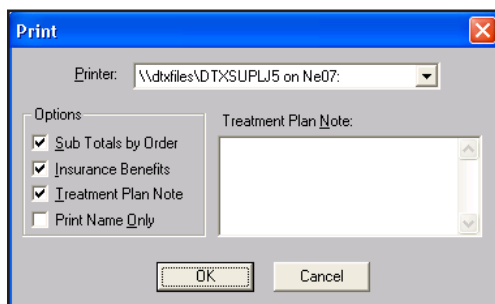
2. To choose a printer, click once on the **down arrow** button next to the Printer box to view a list of available printers.

3. Enter any necessary notes. Any default notes that have been entered (see the next section) will already appear here.

4. 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** 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.

To enter a default note

1. Click the Default Note for Printing button.

   The **Treatment Plan Note** dialog box appears.
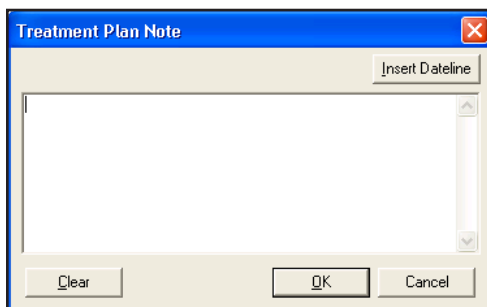
2. Type the message in the Note box. You can insert the current date by choosing the Insert Dateline button.

3. Click **OK** when finished typing. Click the **Clear** button if you want 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 2010. 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 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 2010, 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. When you are prompted, select the desired user name.

    Note: You can also click the **New User button from this** dialog box to create a new user.

2. 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 and then Manage User to open the **Manage Users** dialog box.
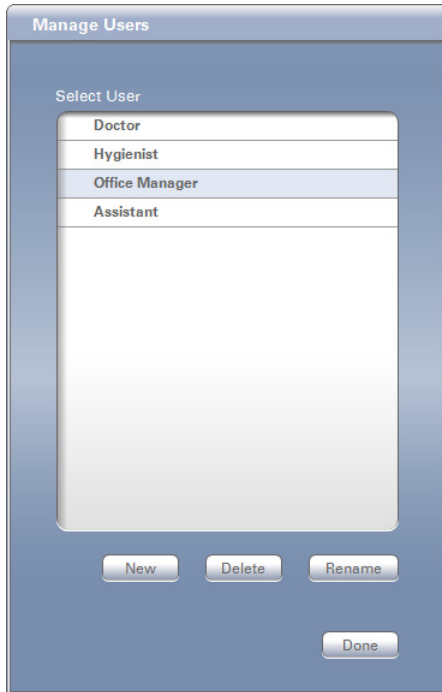
2. Click the **New** button to open the **New User** dialog box.

3. Enter the user name in the text field provided.

4. Click **OK** to create the user account and return to the **Manage Users** dialog box.

5. When you are finished managing the user accounts, click Done.

Deleting Users

To delete a user

1. Select User and then Manage User to open the **Manage Users** dialog box.

2. Select the desired user name from the Select User pane.

3. Click **Delete** to delete the user account.

    Note: Any playlist(s) associated with the selected user are deleted also.

4. When you are finished managing the user accounts, click Done.

Editing Users

To edit a user

1. Select User and then Manage User to open the **Manage Users** dialog box.

2. Select the desired user name from the Select User pane.

3. Click the **Rename** button to open the **Rename** dialog box.

4. Enter the new user name in the text field provided.

5. Click **OK** to save the new user name and return to the **Manage Users** dialog box.

6. 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.
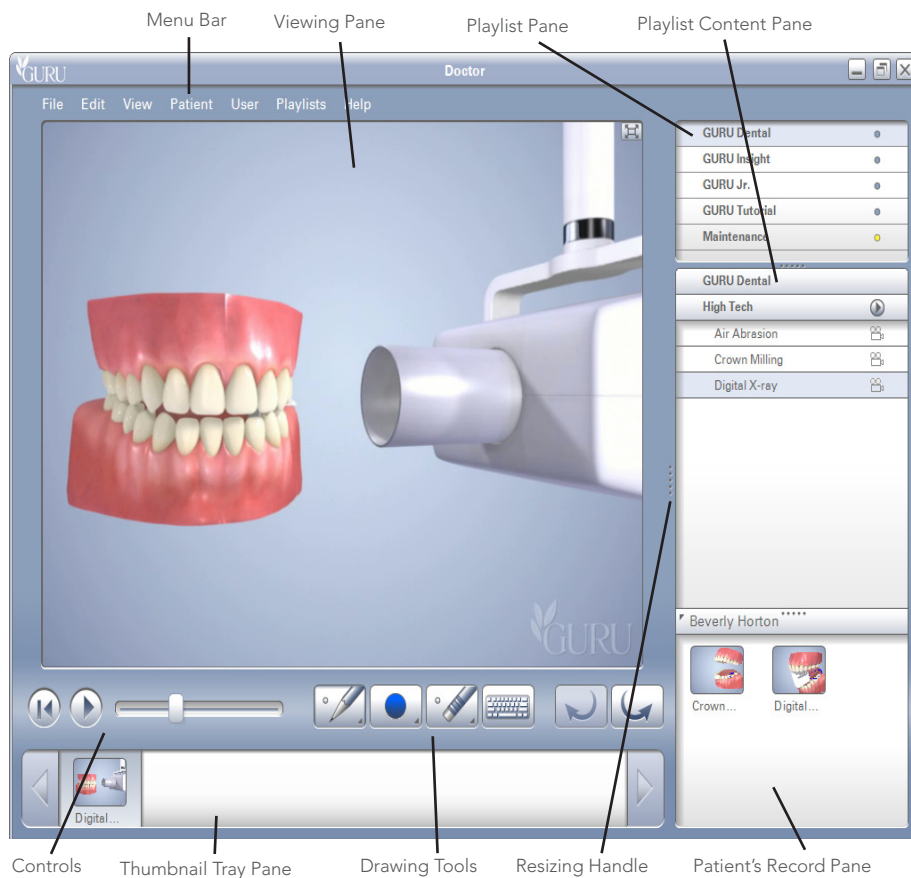
Viewing the Playlist Content

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 from the Playlist pane. In the Playlist Content pane, the selected playlist is displayed along with its categories and topics.

2. 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.
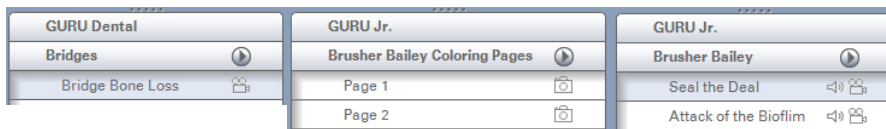
3. Animations and still pictures are presented in the Viewing pane. Use the Rewind and Play/Pause buttons to navigate the animation, or click and drag the Slider to the desired frame of the animation.
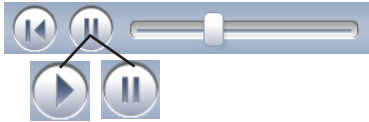
Note: When the animation is playing, the **Pause** button is available. When the animation is paused, the **Play** button is available.

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
Color Palette
Eraser Tool
Text Tool
Undo   Redo
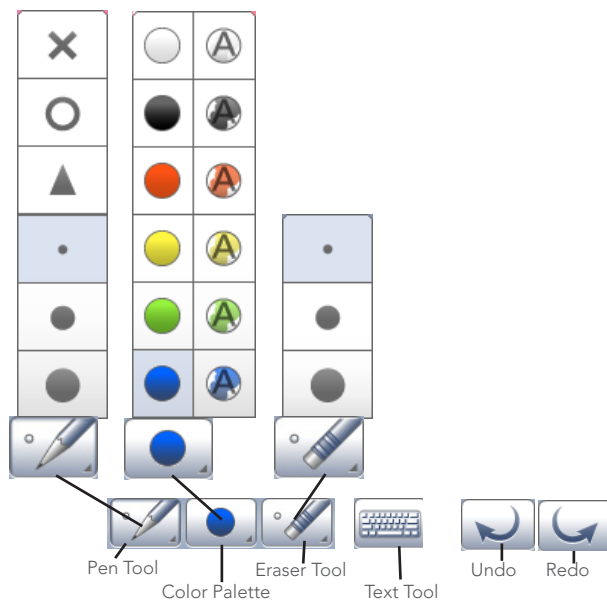
Pen Tool

To use the Pen Tool

1. Click the **Pen Tool** button to expand the Pen Tool Size menu.

2. Select the desired Pen Size or Shape.

Color Palette

To use the Color Palette

1. 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 desired Pen Color.

Eraser Tool

To use the Eraser Tool

1. 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 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 to open the **Add Text** dialog box.

2. Enter the desired text. To change the font or color, click the Font button, select the desired font and attributes, then click **OK**.

3. When you are done entering text, click **OK** to exit the **Add Text** dialog box.

4. The text follows your mouse pointer. 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.

To switch patients from within Guru Limited Edition

1. Select Patient and then Choose Patient to open the **Choose Patient** dialog box.

2. 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 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. Select the desired patient name in the Select Patient pane.

5. 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. 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, then Import to open the **Import** dialog box.

2. 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 the **Open button to open Guru Limited Edition's Import** dialog box.

4. Expand the Select Import Option drop-down, and select the location where you would like to save the image.
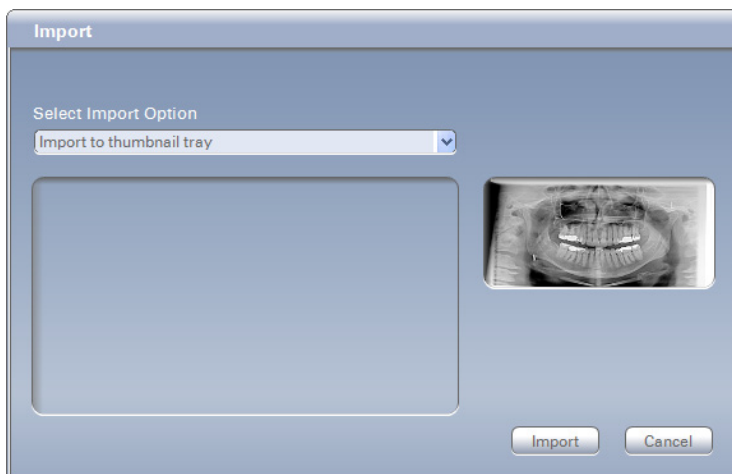
- **Import to thumbnail tray –** You can import images into the Thumbnail Tray pane for easy access.

- **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 programs or e-mailed directly to the patient.

To export images from the Thumbnail Tray pane

1. Select File, then Export to open the **Export** dialog box.
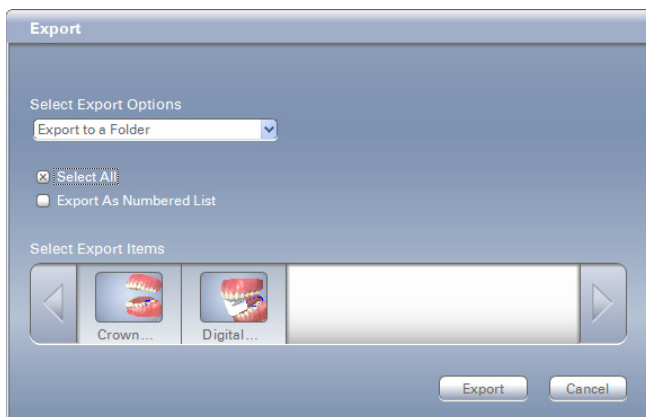
2. Select the thumbnail(s) to export from the Select Export Items pane. You can also select Select All to export copies of all images for the selected patient.

3. Expand the Select Export Options drop-down. By default, you have at least one option: Export to a folder. You can also select Export As Numbered List to export the selected 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 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 and then Print to open the **Print** dialog box. The selected patient's images appear at the bottom of the dialog box.
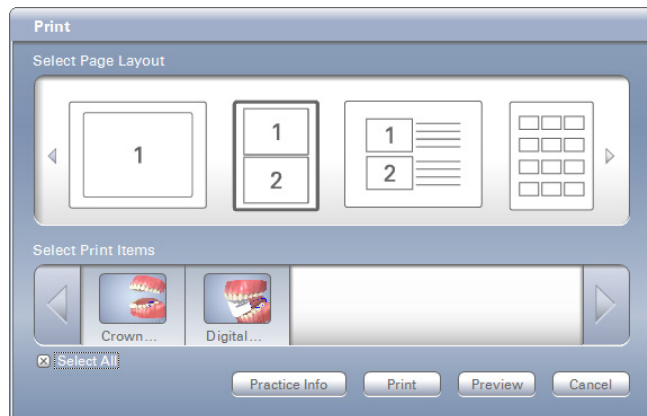
2. From the Select Print Items pane, select the thumbnail(s) to be printed. You can also select Select All to print all images for the selected patient.

3. From the Select Page Layout pane, select the desired print layout.

4. 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 box.

5. When you finish editing the text, click the **Update** button to save any changes.

6. Click **Print** 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 and then Playlist Visibility to open the **Playlist Visibility** dialog box. This dialog box contains a list of all the playlists associated with the user account with which you are currently logged on to Guru Limited Edition.

2. Next to the name of each playlist that is visible for the user account is a check box. Clear 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. Drag and drop the playlists to change the order in which they are displayed, if needed.

4. 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 playlists and can be edited or exported.
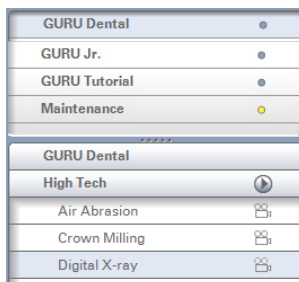
To create a custom playlist or edit an existing custom playlist

1. Select Playlists and then Customize to open the **Custom Menu** dialog box. 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.
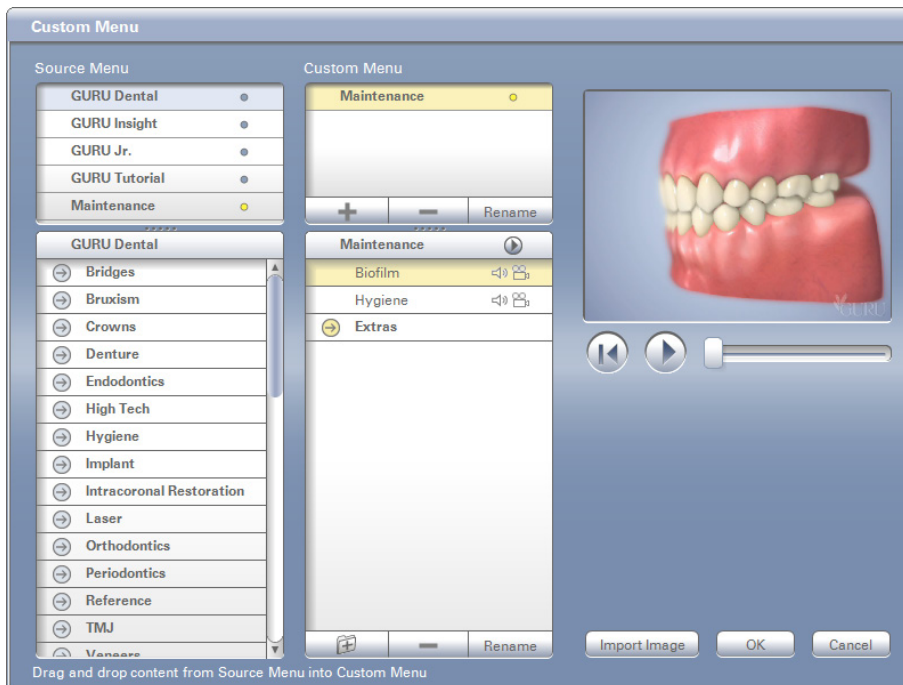
2. To build a new playlist

    a. Click the **Add Playlist** button (+).

    b. In the **Playlist Name** dialog box, enter the name for the new playlist.

    c. Click **OK**. You'll notice that your new playlist has been added to the Custom Menu panes and is open (and empty).

    d. 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. To add, delete, or rename playlists and topics in the Custom Menu panes, click the corresponding buttons (+, -, and Rename, respectively).

4. When you are finished adding or editing, click **OK** to save any changes.

Contact and Support Information

Go to the following website, 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

Chapter 4: 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   Tooth Indicator Controls   Navigation Controls   Data Entry Controls
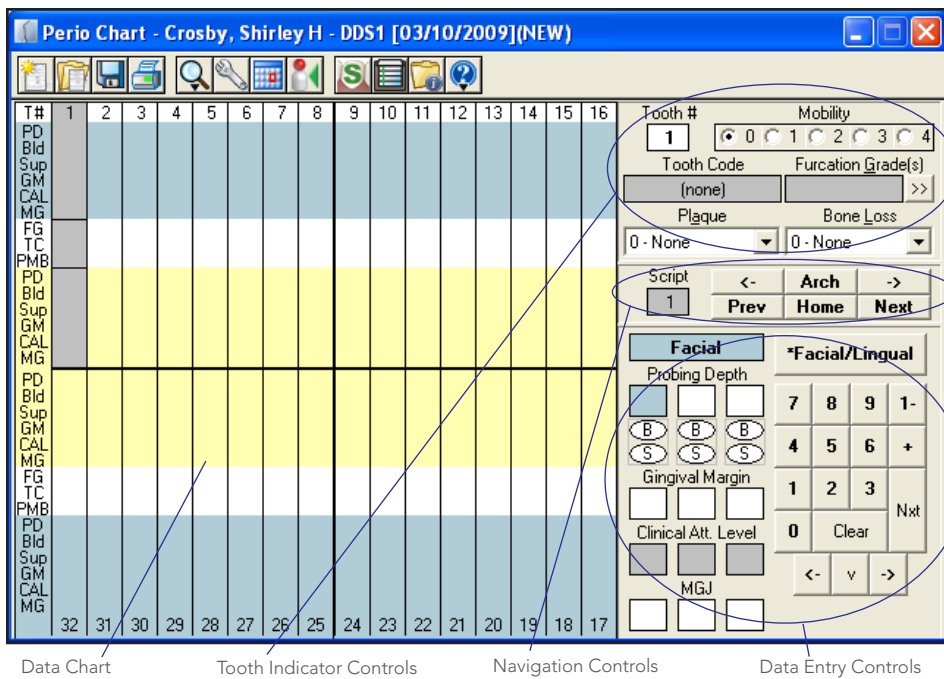
Data Chart

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, and so forth.) associated with that tooth.

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, and so forth) 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.

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).

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 box in the Perio Chart.

This section covers the following topics:

- Accessing the Perio Entry Setup Dialog box box
- 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 box

To access the Perio Entry Setup dialog box

1. 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. 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. To begin the setup process, click the **Setup** button on the Perio Chart toolbar.

   The **Perio Entry Setup** dialog box appears.
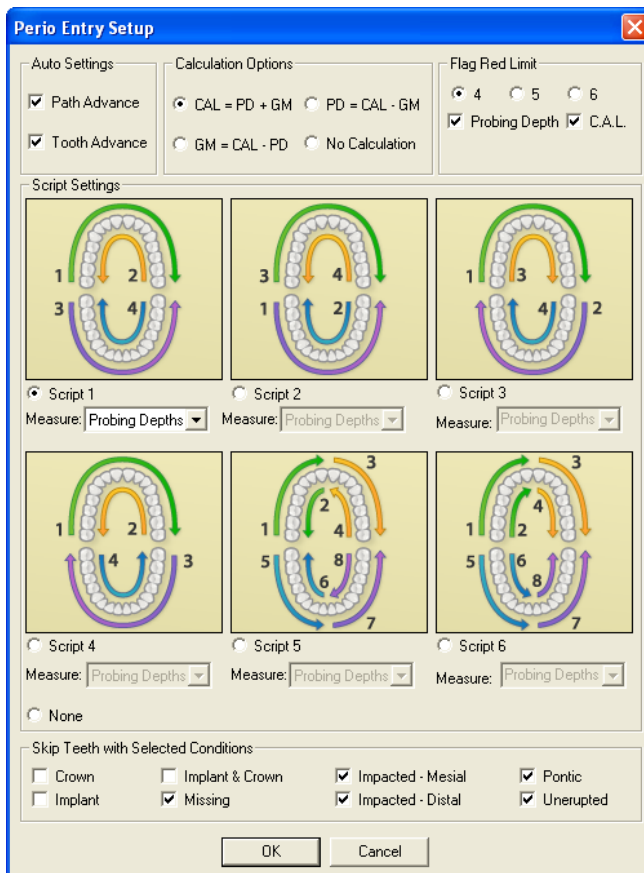
Read the following sections for more information on each setting. Once you have entered desired settings, click **OK** to save your settings and return to the Perio Chart.

Configuring Auto Settings

The Path Advance setting controls the order of movement through the probing areas of each tooth. Clearing 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. Clearing 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 selected only if you will be entering one measurement and do not wwant to perform a calculation.

If you select 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 select the **CAL** calculation method, the Perio Chart grays the clinical attachment level entry boxes and does not allow manual entry. If you select **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 selecting 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, select 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 (such as unerupted or missing teeth) should be skipped when entering perio data. To have Easy Dental automatically skip these teeth, select the desired condition types in the **Perio Entry Setup** dialog box.

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

To enter perio measurement data

1. 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. One 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. 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. 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. Select 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. Select 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 box. This data is also used to create customized letters that can be sent to insurance companies, patients, and so forth.

Adding Diagnostic Information to Current Exam

1. On the Perio Chart toolbar, click the **Diagnostics** button.

   The **Perio Clinical Notes** dialog box appears.

2. Expand the drop-down of each **GINGIVA** field and select the options appropriate to the condition of the patient's gingiva.

3. Expand the drop-down of each **X-RAYS** field and indicate the bone loss and defects indicated by an X-ray.

4. 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 exam information in the **MISCELLANEOUS** field.

6. Expand the **Periodontal Case Type** drop-down and select the appropriate periodontal case type for the patient.

7. Select the appropriate status in the **Patient Status** field.

8. Select the appropriate status in the **Perio Status** field.

9. 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 program or Ctrl-V, insert the text in the desired location.

10. 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 box Defaults

You can easily customize the default settings in the **Perio Clinical Notes** dialog box. 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**.
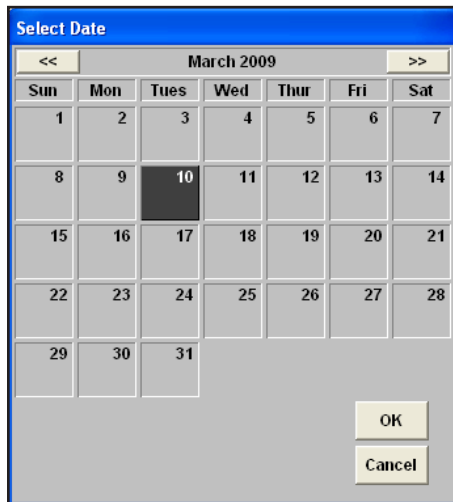
Changing the Provider for an Exam

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. Select the desired provider and click **OK**.
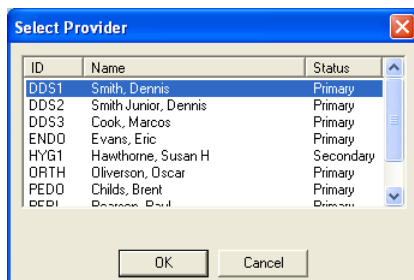
Referencing a Perio Screening Score

To reference the PSR score for an entered exam, click the **Perio Score** button on the toolbar. The **Perio Score** dialog box appears, displaying the PSR information for the current exam.
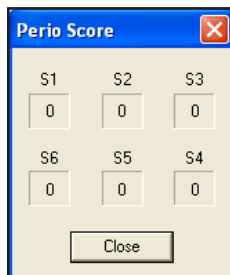
Note: A full mouth charting of pocket depths must be entered previous to referencing the PSR. Since the PSR is derived by averaging the pocket depth measurements for each sextant, incomplete entries for a sextant will result in an inaccurate PSR.

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.

Note: You can also view this information by clicking on the **Summary Totals** button in the Perio Clinical Notes.

Saving an Exam

To save an exam

1. If the patient does not have any other save exams, click the **Save Exam** button on the Perio Chart toolbar.

    OR

    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. For patient's with previous Perio exam information, select the **All Entries?** option to save all displayed exam information. To save only information entered today, select the **Today's Entries Only** option.

3. Click **OK** to save the exam information.

    OR

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.
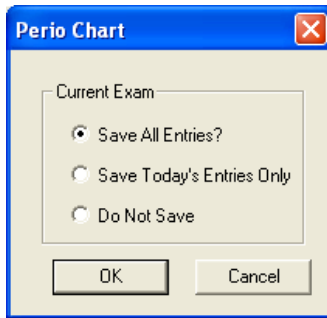
4. For patient's with previous Perio exam information, select the **All Entries?** option to save all displayed exam information. To save only information entered today, select the **Today's Entries Only** option. Or, if you do not want to save the exam, select **Do Not Save**.

5. 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. On the Perio Chart toolbar, click the **Options** button, then **Exam Comparison**.

    The **Perio Comparative Selections** dialog box appears.
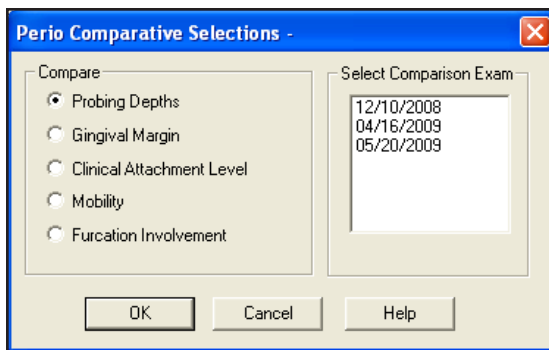
2. Select the **desired optio**n in the Compare group box to select the type of comparison you want.

   - Select **Probing Depths** to review a comparison of probing depth measurements.

   - Select **Gingival Margin** to review a comparison of gingival margin measurements.

   - Select **Clinical Attachment Level** to review a comparison of clinical attachment levels.

   - Select **Mobility** to review a comparison of mobility measurements.

   - Select **Furcation Involvement** to review a comparison of furcation grades.

3. 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** 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. On the Perio Chart toolbar, click the **Options** button, then **Display Options**.

   The **Comparison Colors** dialog box appears.
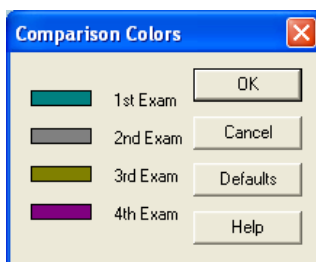
2. The color box to the left of each item indicates the color in which that exam's information will be displayed. To change a color, click the color box. The **Colors** dialog box appears. Select the desired color and click **OK**. Repeat for any other exam.

   Note: To return the color settings to the system default colors, click the Defaults button.

3. Click **OK** 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 (such as crowns or missing teeth). 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

To view an existing exam

1. 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. On the Chart module toolbar, click the **Perio** button. The Perio Chart appears, and the most recent exam loads automatically.

3. On the Chart module toolbar, click the **Open Exam** button. The **Perio Chart Open** dialog box appears.
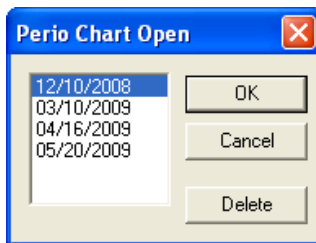
4. Select the exam to be opened and click **OK**. The selected exam information is displayed.

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. 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. On the Chart module toolbar, click the **Perio** button. The Perio Chart appears, and the most recent exam loads automatically.

3. On the Chart module toolbar, click the **Open Exam** button.

   The **Perio Chart Open** dialog box appears.

4. Select the exam date to be deleted.

5. Click **Delete**. 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. 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. On the Chart module toolbar, click the **Perio** button. The Perio Chart appears, and the most recent exam loads automatically.

3. On the Chart module toolbar, click the **Open Exam** button.

   The **Perio Chart Open** dialog box appears. Select the exam to be opened and click **OK**. The selected exam information is displayed.

4. On the Chart module toolbar, click the **Print Perio Reports** button.

   The **Perio Print Selections** dialog box appears.
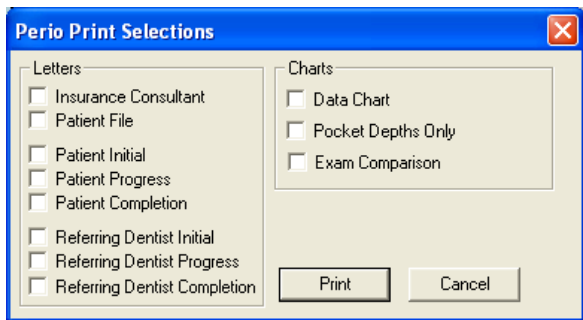
5. Select any of the following reports that you want to print:

   • **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** to print your selections.

Chapter 5: 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
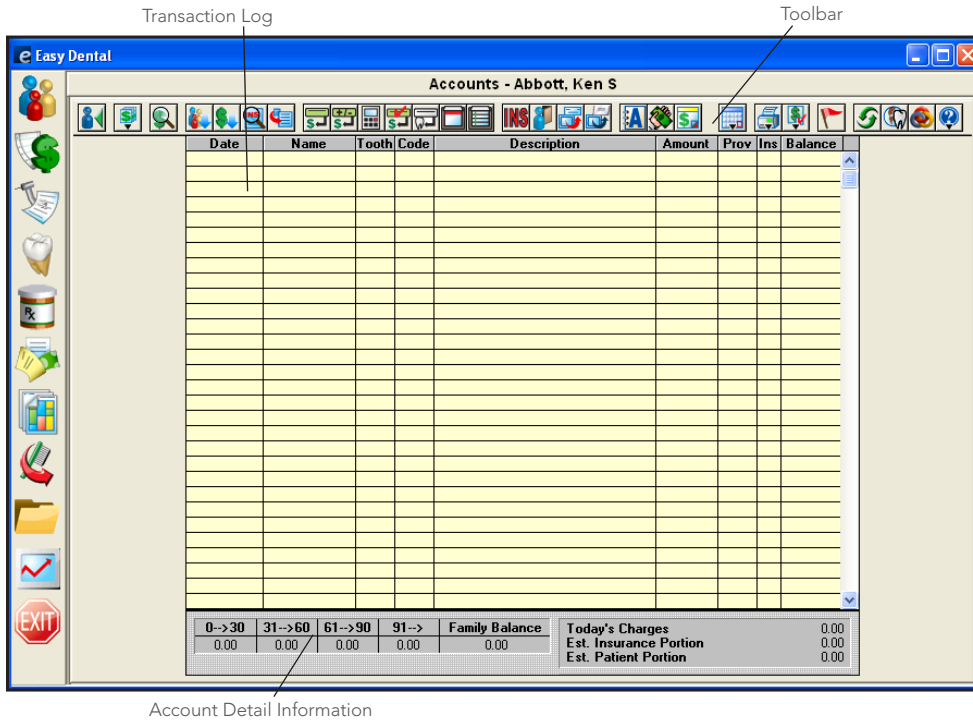
Toolbar

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.
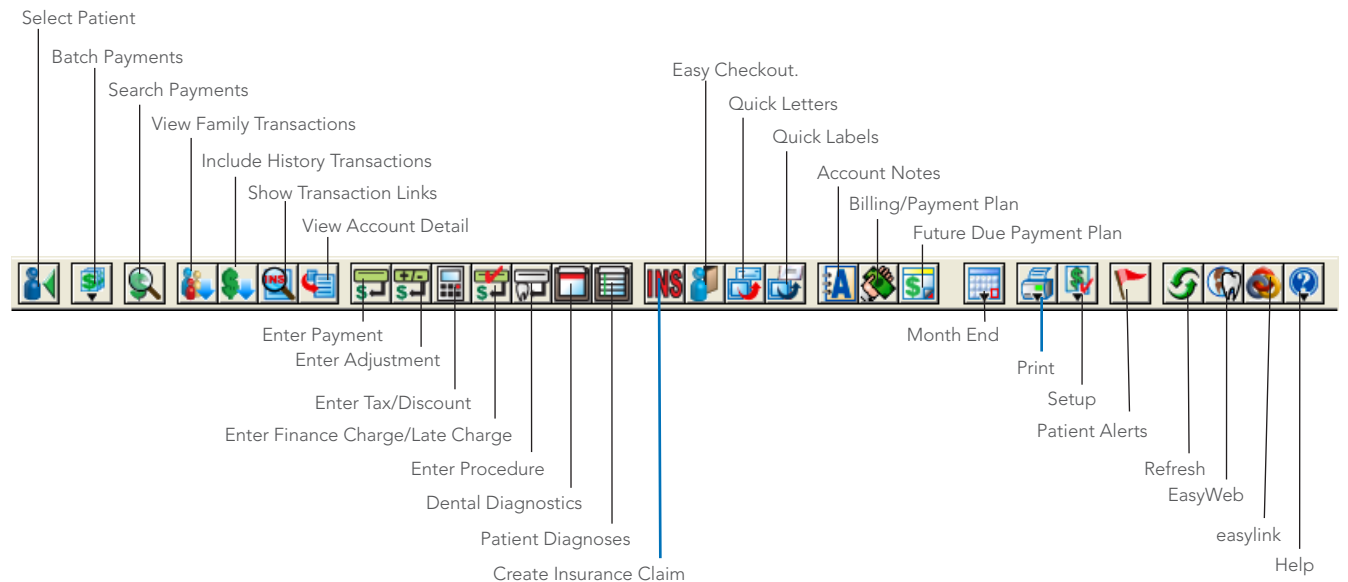
Transaction Log

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 selected "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.

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 following information appears:

• 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

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 the **Billing/Payment Plan** button to bring up the **Billing/Payment Plan Information** dialog box.

2. The default billing type will be assigned to the family. If desired you may change the billing type.

3. The top half of the dialog box is used during initial setup to enter existing aging balances, the last payment amount, and the date from your 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 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 the amount of the last guarantor payment and the date in the fields provided.

6. Click **OK** to exit the **Billing/Payment Plan Information** dialog box.

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 select 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 selected. Click any single transaction to remove the selection.

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

Note: Discounts should be assigned to a credit adjustment type in order for the account balance to be decreased by the appropriate amount.

1. From the Accounts toolbar, click the **Setup** button and then select **Set Tax/Discount Options**.

    The **Tax/Discount Options** dialog box appears.
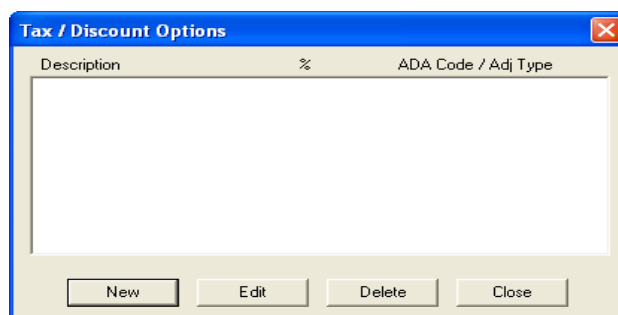
2. Click **New** to set up a new Tax/Discount type.

The **New Tax/Discount** dialog box appears.

3. Enter a **Description** for the new Tax/Discount option.

4. Enter the percentage of the selected charge/discount you want to apply for the tax/discount.

5. Select this option to round the tax/discount amount to the nearest whole dollar.

6. When adding a new tax option, you can select **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 select the desired code. Click **OK** to return to the **New Tax/Discount** dialog box.

    •   For a tax option, you can also select a debit adjustment type instead of a procedure code. See step 7 for instructions.

    •   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. When adding a new discount or tax option, select **Adjustment Type** and click the search button to select the Adjustment Type to be assigned to the discount/tax. The **Select Adjustment Type** dialog box appears. Select the desired adjustment and click **OK** to return to the **New Tax/Discount** dialog box.

8. Click **OK** to save the new tax/discount type.

9. Click **Close** to exit the **Tax/Discount Options** dialog box.

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

1. Click the **Setup** button and then select **Set Accounts/Tx Plans Colors**.

    The **Set Accounts/Tx Plans Colors** dialog box appears.
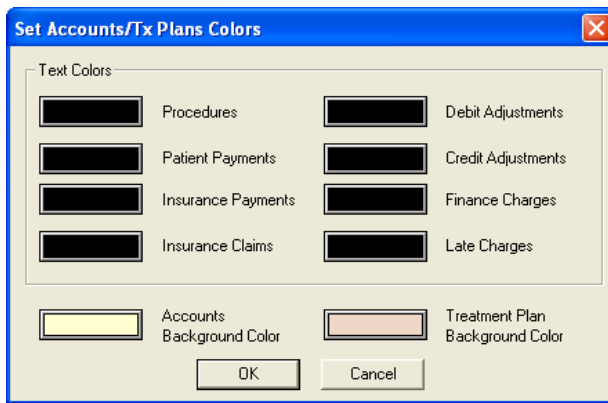
2. Click the color box next to **Procedures**. The **Color** dialog box appears. Click the color you would like to assign to this transaction type. Click **OK**. Repeat this procedure for all other transaction types.

3. The Accounts module shows you all work completed for the patient. The Treatment Plan module shows all work that has been recommended, but not yet completed. To help you distinguish between the two views you can assign a background color to the Treatment Plan module.

    Click the color box next to Treatment Plan Background Color. The **Colors** dialog box appears. Click the color you would like to assign as the background color. (Be sure to choose a color that will contrast with the other colors you chose in step three.) Click **OK**.

4. Click **OK** 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

1. Click the **Setup** button then select **Easy Checkout Options**.

    The **Easy Checkout Options** dialog box appears.
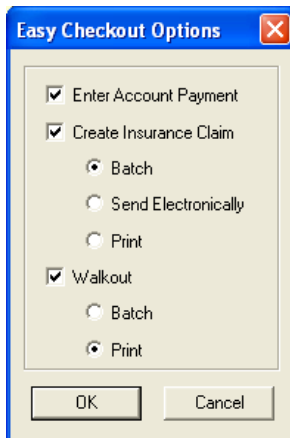
2. Select the options you want the **Easy Checkout** button to perform. The options are explained below:

    •   **Enter Account Payment** – Select this to make a payment on the patient's account.

- **Create Insurance Claim –** Select this to create an insurance claim for today's procedures. Then, select where you want the claim sent:
  - **Batch** – Select this to send the claim to the Batch Processor.
  - **Send Electronically** – Select this to submit the claim electronically. You must first set up an eServices account to use this feature.
  - **Print** – Select this to send the claim directly to the printer.
- **Walkout –** Select this option to create a walkout statement or receipt. Then, select where you want the walkout statement to be sent:
  - **Batch** – Select this to send the statement to the batch processor.
  - **Print** – Select this to send the statement directly to the printer.

3. Click **OK** 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. Click the **Select Patient** button from the toolbar.
2. Click the **Enter Procedure** button from the toolbar.

The **Enter Procedure(s)** dialog box appears.

3. 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. If the Procedure Code requires a tooth and surfaces, enter those now.

   • Enter the surfaces in the edit box or use the **surfaces** search button to display the **Surface Selection** dialog box. Select the surfaces desired.

   • Use the **Add** button when a procedure's surfaces are not connected. Select the first surface, click the **Add** button and then select 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. 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, select Do Not Bill to Insurance.

6. Click the **Add** button to add this procedure to the Procedure List box.

7. 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 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

1.   Double-click the procedure in the Accounts module that you want to attach.

     The **Edit or Delete Procedure** dialog box appears.

2.   Click the search arrow next to **Diagnoses**.

     The **Select Diagnostic Code(s)** dialog box appears.

3.   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 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** then **OK** again to exit and save the changes.

Entering Procedures Using Explosion Codes

To enter procedures using explosion codes

1.   Click the **Enter Procedure** button from the toolbar. The **Enter Procedure(s)** dialog box appears.

2.   Double-click the explosion code you want to use or select the code and click **Add**. The codes that make up the explosion code appears in the Procedure List.

3.   If any of the procedures require a tooth and surface selection (an asterisk will indicate), select 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 selected, click the **Change** button. This will update the procedure in the procedure list.

4.   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.   Double-click the procedure.

The **Edit or Delete Procedure** dialog box appears.

2. Use 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** 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 a patient by choosing the **Select Patient** button.

2. Click the **Enter Payment** button.

    The **Enter Payment** dialog box appears.

3. Enter the payment **Amount** and the **Check #** (if applicable).

4. The information you enter here appears on all Deposit Slips.

5. 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 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.

7. 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.

8. Click **OK** to exit the **Split Payments** dialog box.

   Note: If one or more providers are selected, the Split Payment will only apply to the selected providers.

9. 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.)

10. If the payment requires a note for clarification, point and click in the **Note** block. Enter whatever information is necessary to clarify the payment.

11. Click **OK** 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 the **Batch Payments** button and select **Enter Batch Account Payments** from the menu.

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

2. 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 box 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 box appears.

3. Enter the **Amount** of the check and the **Check #**.

4. Information entered here appears on all Deposit Slips.

5. Select the desired **Payment Type**.

6. Using the search button, select the provider you want to apply the payment to.

7. Click the **Split Payment** button to split the payment between providers. The **Split Payment** dialog box 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.

8. Click **OK** to exit the **Split Payments** dialog box.

9. 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.)

10. Enter a note regarding the payment if necessary.

11. Click **OK** to post the payment to the family's account and return to the **Batch Account Payment Entry** dialog box.

12. 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 box appears. You can make changes to any of the information.

13. When you are finished, click **Close**.

Entering Adjustments

To enter adjustments

1. Select a patient by clicking the **Select Patient** button on the toolbar.

2. Click the **Enter Adjustment** button.

    The **Enter Adjustment** dialog box appears.

3. 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 the amount to be added to or subtracted from the account balance according to the adjusted type selected.

5. Select a provider if the adjustment should be attached to a provider other than the guarantor's primary provider.

6. 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. You may enter a note explaining the reason for the adjustment if the adjustment type is not self-explanatory.

8. Click **OK** 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 the **Tax/Discount** button.

    The **Enter Tax/Discount** dialog box appears.

2. The date defaults to the current 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 the **Tax/Discount** type you want to apply.

4. Choose to calculate the Tax/Discount type for the **Current Patient**, **All Family Members** on the account, or the **Selected Procedures**.

5. Change the provider to whom the Tax/Discount type should be attached.

6. Add a **Note** to clarify the Tax/Discount type for this patient or family.

7. Click **OK** 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 by clicking on the **Select Patient** button from the toolbar.

2. Select a transaction to edit and double-click it.

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

The **Edit or Delete Transaction** dialog box appears.

3. Make any necessary changes to the transaction.

   • Click **Delete** to delete the procedure from the Accounts Transaction Log.

   • Click **Cancel** to return to the Accounts module without making any changes.

4. Click **OK** to accept the changes you made.

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 the claim line in the Accounts Transaction Log.

2. From the Insurance Claim window toolbar click **Delete**. A message will be displayed warning that the claim will be deleted.

3. Click **OK** 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. 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 box appears.

2. Click **Invalidate**. The line in the Transaction Log's history will be selected with a plus sign (+) to denote that the procedure has been invalidated.

3. Click **OK**.

4. Enter a credit adjustment to credit the account for the amount the procedure was charged at. (*Entering Adjustments* in this chapter for information.)

5. 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. Click the **Select Patient** button and choose a patient.
2. Click the Billing/Payment Plans button.

    The **Billing/Payment Plan Information** dialog box appears.

3. 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 the amount of the account's last payment in the Amount box.
5. Enter the date of the account's last payment in the **Date** box.
6. Click **OK** 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 so you can easily collect a payment, generate an insurance claim, and print a receipt.

To use the Easy Checkout button

1. From the Accounts module, select a patient.
2. If you have not already posted the completed procedures for the day, post them at this time. (See Entering Procedures section in this chapter for information on posting procedures.)
3. Click the **Easy Checkout** button. The following occurs:

    • The **Enter Payment** dialog box 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, select **Family Walkout**, **Walkout/ Dr's Statement**, and/or **Appointment Card**. Select **Save As Default**, then click **Send to Batch** or **Print**.)

Note: The settings for the Easy Checkout Button are located by clicking Setup menu, click 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 the **Account Notes** button.

    The **Account Notes** dialog box appears.

2. 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. 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** to return to the Accounts window.

Printing Accounts Reports

You caan print a Walkout Statement, Single Billing Statement, Family Accounts, or Patient History 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 the **Print** button and select **Walkout** from the menu.

2. 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. 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 the desired report options. Some options may not be available (grayed out) depending on what report(s) are selected.

   - **Do Not Print Insurance Estimates** – Select 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** – Select 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. Select this box if you want to include only adjustments for the Walkout Date or the Attending Doctor's Statement.

5. 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. 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. This will save any settings, including the message, as the default for all other Walkout Statements.

8. 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 **Print** 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 box in the Reports module.

Printing a Family Account Report

If you want to print a Family Account report for the current family, click **Print** and select **Family Account**. A Family Account Report dialog box will be displayed, allowing the First Transaction Date to be entered. Select **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 selected, Easy Dental will print the family balance beneath the patient balance line. Click **Print** and select **Patient History** then select 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 the **Search Payments** button on the Accounts module toolbar.

    The **Search Payments** dialog box appears.

2. 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. In the Select Date group box, you have the following search options:

   • **From** – Specify a starting date for the search, or select **All Dates** to search without a start date.

   • **To** – Specify a starting date for the search, or select **All Dates** to search without an end date.

   • **Entry Date** – Select this option to search by the date the procedure was entered.

   • **Procedure Date** – Select this option to search by the date the procedure was performed.

4. 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. In the **Amount** group box, enter the amount range by which you want to search in the **From** and **To** fields.

6. To search by account, click the search button in the **Select Account** group box and select a guarantor.

7. In the Select Payment Types group box, select the types of payments by which you want to search. Select **All** to include all payment types.

8. Click Search to begin your search. The search results appear in the pane at the bottom of the dialog box.

   Note: Click any column header in the pane to sort the search results by that column.

9. 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 set up a Payment Plan Type

1. Open the Reports module by clicking the **Reports** module icon.

2. Click the **Practice Setup** button then select **Payment Plan Setup** from the Reports toolbar.

    The **Payment Plan Setup** dialog box appears.
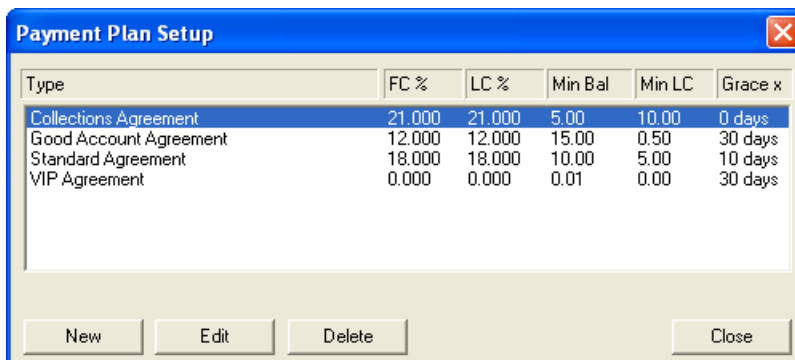
3. Click the **New** button.

    The **New Payment Plan Type** dialog box appears.

4. 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. 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. 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. 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 the minimum amount to assess as a late charge.

9. 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** to exit and save.

11. If needed, repeat steps 1 – 10 for any other Payment Plan types.

Editing a Payment Plan Type

To edit a payment plan type

1. Open the Reports module by clicking on the **Reports** icon.

2. Click the **Practice Setup** button and then select **Payment Plan Setup**.

   The **Payment Plan Setup** dialog box appears.
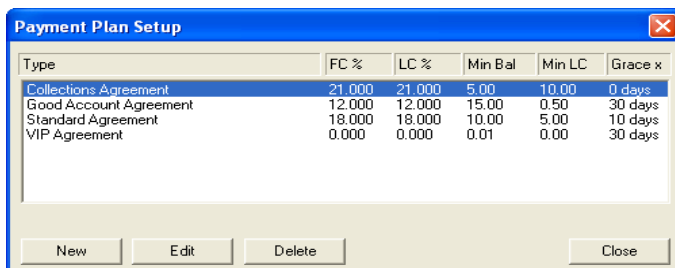
3. Select the type to which you want to make changes. Click the **Edit** button.

   The **Edit Payment Plan Type** dialog box appears.

4. Make any changes. Click **OK** to exit and save changes.

Deleting a Pre-Defined Payment Plan

To delete a pre-defined payment plan

1. Open the Reports module by clicking on the **Reports** icon.

2. Click the **Practice Setup** button and then select **Payment Plan Setup**.

3. Select the type you want to delete and click **Delete**.

   A dialog box appears asking you to verify that you want to delete the type.

   a. If you want to delete, click **Yes**.

   b. 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. From the Accounts module, select a patient in the family for whom you want to create a Payment Plan.

2. Click the **Billing/Payment Plan** button.

    The **Billing/Payment Plan Information** dialog box appears.

3. Enter the date of the agreement. Easy Dental defaults to the current date, but the date may be changed.

4. Click the **Terms** button.

    The **Payment Plan Terms** dialog box appears.

- **Select Plan Type –** To select a plan type, click the **Select Type** button. The Select Payment Plan Type window is displayed. Select 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 **OK** to return to the Billing/Payment Plan Information window.

5. Determine how often an account should make a payment. Select 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. 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 the date the first payment will be due.

8. 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. 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. 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.

11. To print any of these reports, click **Print**.

    The **Print for Payment Plan** dialog box appears.
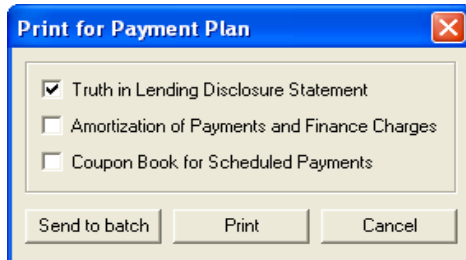
a. Select the reports you want to give the patient/guarantor.

b. Click **Print**.

12. Click **OK** 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. From the Accounts module, select a patient in the account whose payment plan you want to delete.

2. From the Accounts toolbar, click the **Billing/Payment Plan** button.

   The **Billing/Payment Plan Information** dialog box appears.
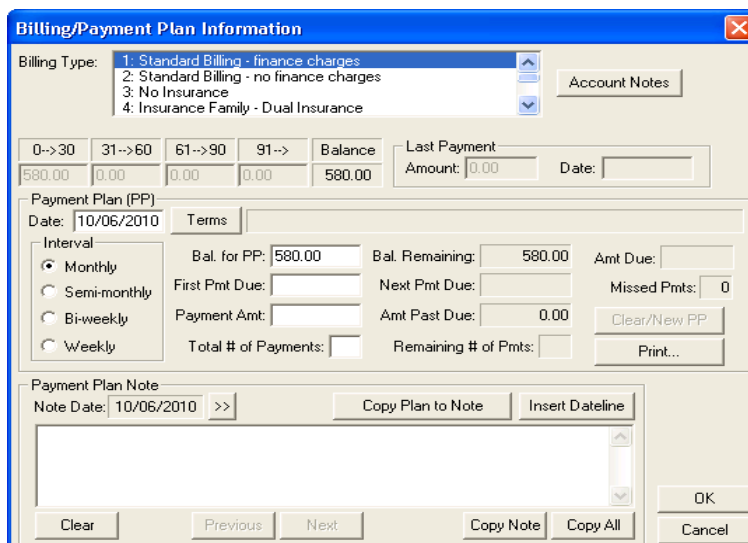
3. Click the **Clear/New PP** button. A dialog box appears asking you if you want to clear the Payment Plan. If you want to continue, click **OK**. If you do not want to clear the agreement, click **Cancel**. The payment plan will be cleared. A note will be added to the **Payment Plan Note** field indicating 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 re-created.

To edit a payment plan

1. From the Accounts module, select a patient whose payment plan you want to edit.

2. From the Accounts toolbar, click the Billing/Payment Plan button.

   The **Billing/Payment Plan Information** dialog box appears.

3. Click the Clear/New PP Button. A dialog box 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 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. From the Accounts window, select your patient.

2. From the Accounts toolbar, click the **Future Due Payment Plan** button.

   The **Select Payment Plan** dialog box appears.
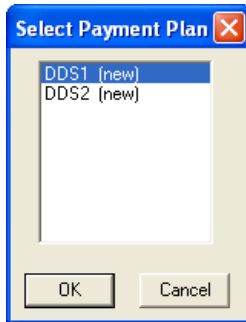
3. Select a provider for the payment plan from the **Select Payment Plan** dialog box.

4. Click **OK**.

   The **Create Payment Plan** dialog box appears.

5. Easy Dental automatically displays the current date as the Date of Agreement and First Payment Due Date. If necessary, change the dates to be correct.

6. Enter the total amount to be charged over time.

7. If you will be charging a Down Payment fee, enter the amount of the fee in the **Down Pay Charge** field.

8. 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. 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, you can create one in the Reports module. For information on adding a procedure code, see Procedure Code Setup in the Setup chapter.

10. If you would like Easy Dental to generate an insurance claim when the monthly charge is posted, select the **Auto Ins Claim** option. To post a charge to the account on a monthly basis, select the **Auto Charge** button.

    Note: If you do not select the Auto Charge option, no charges will be posted to the account.

11. To post a down payment charge, click the **Down Payment** button in the **Manual Charge Entry** field. The **Down Payment Charge** dialog box appears with the amount that you entered in step seven and the current date pre-entered. If necessary, change the amount and the date. 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. If you would like to add detail or clarification for the Payment Plan, type the information in the **Note** field.

13. If you want to provide the patient with a payment/coupon book, select the **Print Payment Book** option. Easy Dental generates the payment book and sends it to the Batch Processor when you click **OK**.

14. When you have finished entering all information for the Payment Plan, click **OK** to accept the payment plan.

    If you selected the **Payment Book** option, the **Payment Book** dialog box appears.
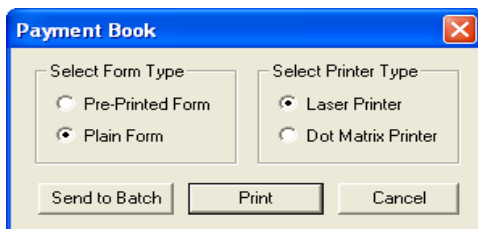
15. To print the coupon book to pre-formatted paper, select the **Pre-Printed Form** option. To print the coupon book to plain white paper and let Easy Dental format the book, select **Plain Form**. Next, select your printer type. Finally, click the **Send to Batch** option to send the book to the Batch 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

1. From the Accounts window, select your patient.

2. From the Accounts toolbar, click the **Future Due Payment Plans** button.

The **Select Payment Plan** dialog box appears.

3. Select the appropriate payment plan and click **OK**.

   The **Create Payment Plan** dialog box appears.

4. From the Manual Charge field, click the **Monthly** button.

   The **Monthly Charge** dialog box appears.

5. Enter the amount, date, and procedure code for the charge.

6. Click **Post Charge** to post the charge to the account.

7. From the **Create Payment Plan** dialog box, click **OK** to return to the Accounts window.

Clearing a Future Due Payment Plan

To clear a Future Due Payment Plan from an account

1. From the Accounts window, select your patient.

2. From the Accounts toolbar, click the **Future Due Payment Plans** button.

    The **Select Payment Plan** dialog box appears.
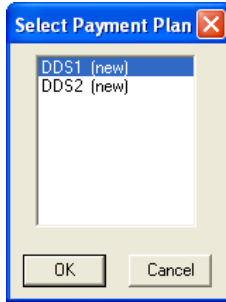
3. Select the appropriate payment plan and click **OK**.

    The **Create Payment Plan** dialog box appears.

4. Click **Delete**.

    A warning message appears.
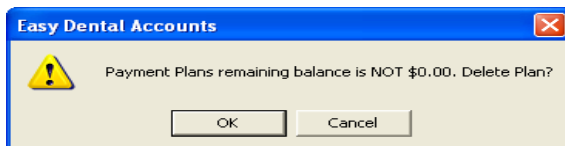
5. Click **OK** to clear the plan or click **Cancel** to return to the **Create Payment Plan** dialog box without deleting the payment plan.

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

1. You must close Easy Dental on all workstations in the office before continuing.

2. From the file server, complete a backup of your EZDental directory.

3. Open the Accounts window on one workstation.

4. Click the **Month End** button, then select **Future Due Payment Plan**.

    The **Future Due Payment Plan Update** dialog box appears.
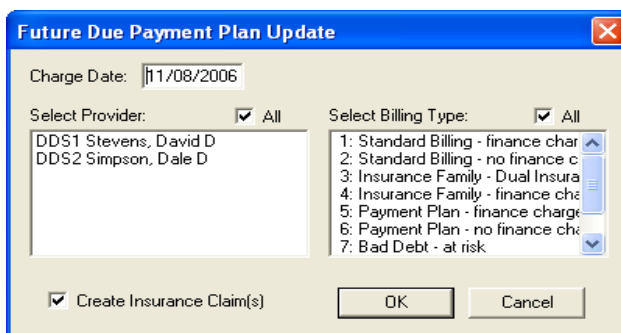
5. Select the **Providers** whose patients should have payment plan charges posted.

6. Select **Billing Types** that should have payment plan charges posted.

7. To have Easy Dental create insurance claims for all charges posted, select 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** 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

1. In the Accounts window, select your patient.

2. Post the full amount of the procedure to the Account.

3. From the Accounts toolbar, click the **Future Due Payment Plan** button.

The **Select Payment Plan** dialog box appears.
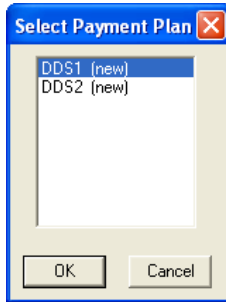
4. Select a provider for the payment plan from the **Select Payment Plan** dialog box.

5. Click **OK**.

The **Create Payment Plan** dialog box appears.
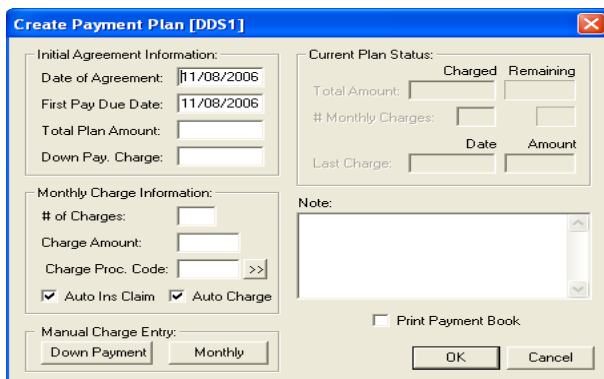
6. Easy Dental automatically displays the current date as the Date of Agreement and First Payment Due Date. If necessary, change the dates to be correct.

7. Enter the total amount that will be paid over time.

8. Since charges have already been posted to the account, enter $0 in the **Down Payment Charge** field.

9. 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. Since you will not be posting additional charges to the account (except through finance charges and late charges), clear the **Auto Ins Claim** and **Auto Charge** options if they are checked.

11. If you would like to add detail or clarification for the payment plan, type the information in the **Note** field.

12. If you want to provide the patient with a payment/coupon book, select **Print Payment Book** and click **OK**.

Easy Dental generates the payment book and sends it to the Batch Processor.

13. When you have finished entering all information for the payment plan, click **OK** 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

To create a primary claim

1. Select a patient by clicking the **Select Patient** button.

2. If you have not yet posted procedures to the account, you must post them before creating the claim.

3. A claim will be created for all procedures posted for this patient with the current 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 the **Print** button. A dialog box appears giving you several options. In the Include field, **Claim** will be selected automatically. If there is an attachment to the claim, select **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 from Accounts to display the Insurance Claim Window.

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 the **Subscriber Information** block.

    The **Patient/Insurance Information** dialog box appears.

2. You may change the subscriber's insurance identification number (usually the Social Security number) that will print on the claim and select the option for **Release of Information** or **Assignment of Benefits** which indicates whether "Signature on File" is to print on the claim to authorize release of information and to authorize payment directly to the provider.

    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. 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**.

    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 selected.

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 *S*etting Up Easy Dental section of the Reports chapter for more information.)

To change a provider for the claim

1. Double-click the desired provider block (Billing, Rendering, or Pay-To).

    The **Select Provider** dialog box appears.
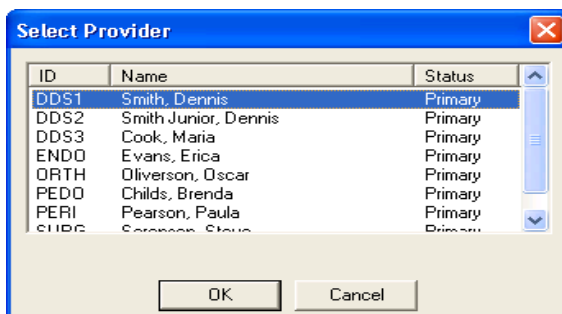
2. From the list, select the appropriate provider.

3. Click **OK**.

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 the **Claim Information** Block.

The **Insurance Claim Information** dialog box appears.

2. Make changes to any of the information displayed in the **Insurance Claim Information** dialog box, including:

    - Place of Treatment
    - Attachments (see Claim Attachments)
    - Prosthesis
    - Disabled Option
    - Occupational Illness

    - Orthodontic Treatment
    - Student Status
    - First Visit Date Current Series
    - Pre-Authorization Number
    - Accident Information

    Note: Pre-authorization numbers will print on most claim forms. If there is more than one number for the procedures on the claim, a claim is created for each set of procedures with a different pre-authorization number. If the patient is a student, the school name and city will print on the insurance claim as well.

3. Click **OK**.

    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 select the option to not print the diagnostic codes on the claim.

1. Double-click the Diagnosis block. The **Sort Dental Diagnostic Codes** dialog box appears.

2. Select the code you want to move and click the **Move Up or Move Down** button until the desired order is achieved.

3. If you do not want to include the attached dental diagnostic codes on this particular insurance claim, select the option **Do Not Print Dental Diagnostic Codes on this Claim**.

4. Click **OK**.

Procedures Information

The **Procedures Information** block lists all of the procedures attached to the claim, showing the tooth, surface, description, date, procedure code, fee, and Insurance Paid amount.

- The date column shows the date of completion for insurance claims and the treatment-planned date for pre-treatment estimate claims.
- The last column shows the amount that the insurance paid or pre-authorized for a received claim.
- The scroll bar to the right of the block can be used to view procedures not shown when there are more than six procedures listed.

When one of the procedures in the Procedures Information window block is selected, the **Insurance Coverage Update or Pre-Treatment Estimate Update** dialog box is displayed. You can choose to edit the itemized payment or estimate for the procedure.

Payment 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 box which allows you to edit payment or estimate information.

Claim Status Information

The **Claim Status Information** block displays the date the claim was created, the date the claim was sent, the date a tracer was sent, the date the claim was placed on hold, and the date the claim was re-sent. When the claim is created, the create date defaults to the current system date. When the claim is sent, the status is automatically flagged as Sent, and the sent date defaults to the current system date. When the claim is received, the status is automatically flagged as Received, and the date defaults to the date for the payment or estimate. When the Claim Status Information window block is selected, the **Insurance Claim Status** dialog box appears.

The claim status and the date for each status can be changed manually from the **Insurance Claim Status** dialog box. When the claim is listed in the Accounts, the status of Not Sent, or Sent and the associated date will be displayed according to what is selected 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, select 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 the **Insurance Notes** block.

    The **Insurance Plan Note** dialog box appears.
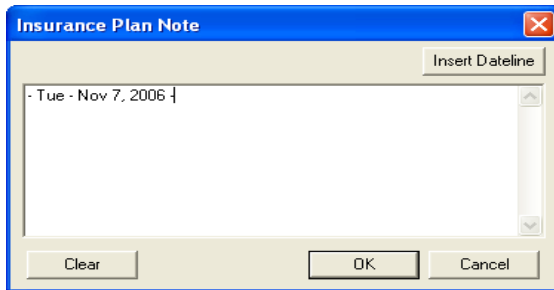
2. Enter additional notes OR click the **Clear** button to clear the current notes.

3. Click **OK**.

    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.

To include remarks for unusual services

1. Click the **Remarks** button or double-click the box.

    The **Remarks for Unusual Services** dialog box appears.
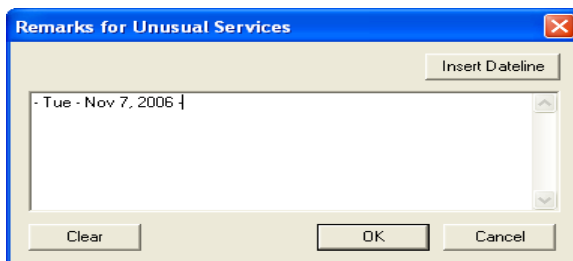
2. Enter any notes deemed necessary. Enter all notes you want to print on the claim. This note appears in the Remarks for Unusual Services box on the claim. Similar to other note dialog boxes, you can add a dateline to the note.

3. Choose **OK** 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.

To select attachments and send them electronically

1. 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. Double-click the **Claim Information** block to display the **Insurance Claim Information** dialog box.

3. Select **Radiographs Enclosed**, **Oral Images Enclosed**, **Models Enclosed**, or **Other Attachments**. Click the **Include Attachments** button.

   The **Include Attachment(s)** dialog box appears.
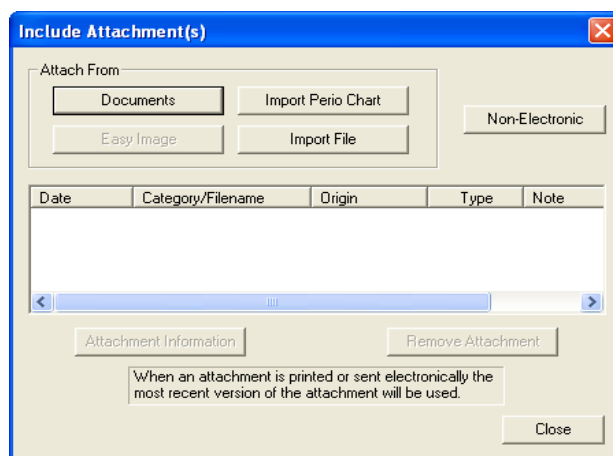
4. The following options are available when selecting an attachment:

   • **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, create 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 click **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 box appears, listing all periodontal exams saved for the patient.

   • **Easy Imag**e – 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 (you are sending it by mail). The **Attachment Information** dialog box 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. To include a note to be sent with an attachment, select the attachment and click **Attachment Note**. Up to 255 characters can be entered for the selected attachment.

6. To remove an attachment from a claim, select 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** from the Insurance Claim toolbar.

2. 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 **Print** from the Insurance Claim toolbar.

Editing a Claim

When you create an insurance claim or pre-treatment estimate claim, 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.

To edit a claim

1. Double-click the claim you want to edit in the Transaction Log. The Claim window appears.

2. Choose **Delete** 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. In the Patients window, update the necessary insurance information. (See the *Patients* chapter for information on editing insurance information.)

4. 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. Click the **Select Patient** button in the toolbar.

2. From the Transaction Log, select the Insurance Claim you want to enter payment for.

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

3. Double-click the Insurance Claim in the Transaction Log.

The **Primary (or Secondary) Insurance Claim** dialog box appears.

4. Click the **Enter Payment** button and select **Itemize by Procedure** or **Total Payment Only**. If you click the second option the **Total Insurance Payment** dialog box appears and you should skip to step 6.

5. If you click the **Itemize by Procedure** option, the **Insurance Coverage Update** dialog box 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 box appears.

6. Enter the **Check #** of the Insurance payment.

7. This information appears on Deposit Slips.

8. 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. 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**.

10. 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. Select 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. 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. Click the **Select Patient** button in the toolbar.

2. Click the **Enter Payment** button.

The **Enter Payment** dialog box appears.

3. Enter the payment amount and check number if applicable.

4. The information you enter here appears on all Deposit Slips.

5. From the **Type** list, select Insurance Payment - Thank You.

6. Select the provider you want to apply the payment to.

7. Click the **Split Payment** button to split the payment between providers.

8. 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**.

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 select **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.

To enter batch insurance payments

1. Click the **Batch Payment** button. Next, select the **Enter Batch Ins. Payment** menu item.

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

2. Enter the **Check #**, Check **Amount**, and **Bank Branch Number**.

3. Type the first three or four letters of the **Insurance Carrier Name** in the box and click the search button.

   The **Select Dental Insurance Plan** dialog box appears with a list of all insurance plans beginning with the letters you entered.

   a. Select 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.

   b. Click **OK**.

4. Once you have selected the carrier, a list of all outstanding insurance claims for that carrier appears. Select the desired claim and click **Edit** or double-click the claim. The Insurance Claim window appears.

5. Click **Enter Payment** from the toolbar and select **Itemize by Procedure** or **Total Payment Only**.

   If you click the second option the **Total Insurance Payment** dialog box appears and you should move directly to Step 7.

6. If you click the **Itemize by Procedure** option, the **Insurance Coverage Update** dialog box appears.

   a. Enter the amount paid.

   b. Select the **Update Payment Table optio**n next to Yes if you want to update the payment table according to the payment entered.

   c. Click **OK**. After each procedure has prompted for an itemized payment, the **Total Insurance Payment** dialog box appears.

      The check number and the Bank/Branch will be entered from the **Batch Insurance Payment Entry** dialog box.

7. 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. If you did not need to itemize payments or need to change the total amount paid:

    a. Select 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 box appears.

    b. 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. Click **Exit** from the menu bar to exit the Insurance Claim and return to the **Batch Insurance Payment Entry** dialog box. The payment you entered appears in the Paid claims section and the payment will be added to the Batch total.

10. Repeat the above steps until all of the insurance payments from a single check are entered. When you are finished attaching claims to one payment, the Batch Total should equal the Check Amount.

    If you attempt to exit the **Batch Insurance Payment Entry** dialog box when these two amounts differ, a warning 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 **Cancel**.
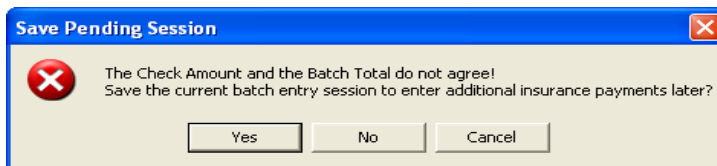
11. A saved batch entry will be lost if Easy Dental is closed. As long as Easy Dental remains open, you may reopen the **Batch Insurance Payment Entry** dialog box and complete the process at any time.

    When you have finished entering the payment for one check and are ready to enter another, click the **Next Check** button to clear the window of all entries.

How to Create a Secondary Claim

You can create a secondary insurance claim any time after the primary claim is created. The primary claim does not need to be sent or received before the secondary claim is created. When a patient's primary claim is received, the message "Secondary Insurance Claim has not been created" will be displayed reminding you to create the secondary claim when there is secondary coverage for the patient and the secondary claim has not yet been created.

To create a secondary claim

1. From the Accounts Transaction Log, double-click the primary claim you want to create a secondary claim for.

2. When the primary insurance claim is displayed in the Claim window, click the **Create Secondary** icon. The secondary claim will be created, and the **Secondary Insurance Claim** dialog box appears with the secondary coverage the patient had at the time the primary claim was created.

3. 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** 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 box select 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

To edit insurance payments

1. Double-click the claim you want to edit payment for or the insurance payment itself.

    The Insurance Claim window appears.

2. Double-click the payment in the Insurance Claim window.

    The **Total Insurance Payment** dialog box appears.

3. Select the payment in Provider Amounts and click Edit to change the amount or click Delete to delete the payment.

4. Click the **OK/Post** button to return to the Claim window and save the changes you made.

    Note: You cannot edit payment amounts that have been placed in history.

Applying a Deductible Met (With an Insurance Payment)

If you receive a payment from an insurance carrier where money has been withheld for application to the deductible, you can apply a deductible met to the insurance payment:

To apply a deductible met to an insurance payment

1. Select the patient for whom you are posting an insurance payment.

2. 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** 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.

4. Enter the **Check #** of the insurance payment.

5. This information appears on Deposit Slips.

6. 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. If you choose to itemize the insurance payment, you may skip this step. If not, enter the amount of the payment.

8. Enter the amount of the patient portion to be written off.

9. Click the **OK/Post** button to post the insurance payment.

10. 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 apply a deductible met before a claim has been received

1. Select a patient.

2. 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 the **Patient Information** box.

    The **Patient/Insurance Information** dialog box appears.

4. Enter the Deductible Met amounts in the appropriate fields. Click **OK** to exit.

5. 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. From the Accounts module, select a patient.

2. Double-click the claim to which you want to post another insurance payment.

    The Insurance Claim Information window appears.

3. Click the **Enter Payment** button and then click Enter Additional Payment.

    The **Total Insurance Payment** dialog box appears.

Note: Itemize by Procedure is not an option when posting an additional payment.

4. Enter the **Date**, **Check #**, and **Bank/Branch #** for the additional payment.

5. Select the provider to which the payment should be credited and click **Edit**.

    The **Provider Payment** dialog box 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 the check amount in the **Amount Paid** field. Click **OK**.

7. 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 **Edit** 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.

To apply finance charges

1. Click the **Month End** button and select **Finance Charge**, then **Apply Finance Charge**.

    The **Apply Finance Charges** dialog box appears.

2. 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. 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. 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. 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 want to apply finance charges to (only primary providers appears). Or select the **All** box to select all.

7. 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, select 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**. 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 module.

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 Finance Charges Manually

To enter a finance charge manually

1. Click the **Enter Finance/Late Charge** button.

    The **Enter Finance Charge or Late Charge** dialog box appears.

2. Enter the amount you want to charge.

3. Enter a note explaining the finance charge addition.

4. Click **OK** to post the finance charge to the family's account.

Deleting Finance Charges

From the Accounts module, you can clear the finance charges from a patient's account.

To delete all finance charges posted on a certain date

1. Click the **Month End** button, point to **Finance Charge**, and select **Delete Finance Charge**.

    The **Delete Finance Charges** dialog box appears.

2. 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**. A verification message appears. Click **OK** to delete the finance charges. Click **Cancel** to return to the **Delete Finance Charges** dialog box without completing the deletion.

Working with Late Charges

To apply late charges

1. From the file server, complete a backup of your Easy Dental directory.

2. Open the Accounts window on one workstation.

3. Click the **Month End** button, point to **Late Charge**, and select **Apply Late Charge**.

    The **Apply Late Charges** dialog box appears.
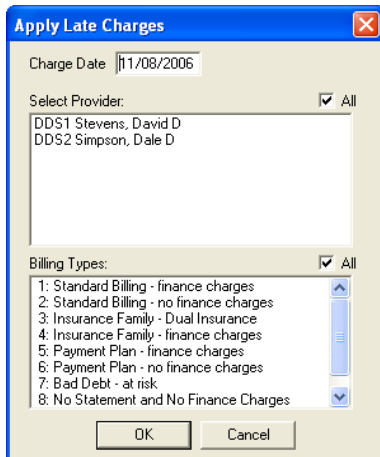
4. Select the providers whose patients should receive late charges (only Primary Providers will be listed). Select Billing Types that should receive late charges. Click **OK**. The Late Charge Utility will begin running. When late charges have been applied, you will be returned to the Accounts window.

    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.

To manually enter a late charge

1. From the Accounts window, select the guarantor of the account to receive a late charge.

2. Click the **Enter Finance Charge** or **Late Charge** button.

    The **Enter Finance Charge or Late Charge** dialog box appears.

3. Enter the dollar amount of the late charge.

4. Select the **Late Charge** option under Type.

5. If desired, you can select a different provider for the charge. Click the search button next to **Provider**. Select 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** 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

1. Click the **Month End** button, point to **Late Charge**, and select **Delete Late Charge**.

    The **Delete Late Charges** dialog box appears.

2. 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**. A verification message appears. Click **OK** to delete the late charges. Click **Cancel** to return to the **Delete Late Charges** dialog box without completing the deletion.

Running the Month End Update

To run the Month End update

1. Click **Month End** and select **Update** from the menu.

    The **Close Out Month** dialog box appears.

2. Using the Update command will age each account balance and place all completed procedures, payments, adjustments, and received insurance claims that were entered during the previous months, into history. The **Close Out Month** dialog box will be displayed to enter information needed for the update process.

3. 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.

4. Select Appointment Purge to purge all appointments in the Schedule prior to the Cutoff Date. This date will default to one year ago. Select Reset Insurance Benefits to reset benefits for insurance carriers with the appropriate renewal date.

5. Click OK to begin the update. A reminder to backup the database will be displayed, and if another Easy Dental module is open at any workstation, that message will also be displayed. If all modules are closed except on one workstation, the **Running Update** dialog box will be displayed showing a count as each account is processed.

Note: Before running Update, backup your Easy Dental database. If the computer is turned off, or if a power outage occurs during the Update process, damage to your files may occur. In these cases as well as in user input error, you can restore your data to its original state before the Update process was begun. (This also applies to processing Finance Charges and Future Due Payment Plans.)

Monthly Routines

The following is an outline of the routine monthly procedures to process accounts receivable.

1. Make a backup of the Easy Dental Database.

2. 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. (See Working with Finance Charges in this chapter.)

4. Run late charges. (See Working with Late Charges in this chapter.)

5. 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 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. See the previous page on how to run the Month End Update.

8. Print the Aging Report from the Reports window. (For information on printing the Aging Report, see the Reports chapter.)

Chapter 6: 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.

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. From the Treatment Plans module toolbar, click the **Select Patient button**. Choose a patient.

2. Click the Enter Procedure button. The Enter Procedure(s) window will appear.

3. In the **Procedure Code** field, type the procedure code you want 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 an explosion code from the Explosion Code list on the right side of the Enter Procedure(s) window.

4. If necessary, you will need to enter additional information such as tooth numbers or surfaces.

5. If desired, you can change the amount or provider for the procedure.

6. Click the **Add** button to add the procedures to the Procedure List.

7. Click the **OK/Post** button to save the procedures to the Treatment Plan.

Attaching Diagnostic Codes

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 the desired procedure in the Treatment Plans module. The **Edit or Delete Procedure** dialog box will appear.

2. Click the search button next to **Diagnoses**. The **Select Diagnostic Code(s)** dialog box will appear.

3. 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 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** 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 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. From the Primary Pre-Treatment Estimate, click **Print**, then click **Print**, **Send to Batch**, or **Send Electronically**.

Entering Insurance Estimates

To enter insurance estimates

1. From the Treatment Plan Transaction Log double-click the pre-treatment estimate. The Pre-Treatment Estimate Information window is displayed.

2. 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. 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, select the **Update Payment Table optio**n 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 the **Pre-Auth Number** that will follow each procedure when it is completed and the insurance claim is created.

5. If you have not already entered the estimate amount in the Insurance Coverage Update box, enter the Estimate **Amount** and click **OK/Post**.

6. 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 want to see all procedures linked to an insurance claim or vice-versa. Simply select 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 selected. Click any single transaction to remove the selection.

Setting Procedures Complete

To set procedures complete

1. Select the treatment plan procedures to complete from the Treatment Plan transaction log.

2. 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.

Chapter 7: 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. From the Reports window toolbar, click the **Practice Setup** button, and then click **Prescription Setup**. The **Prescriptions Setup** dialog box appears.

2. Click the **New** button. The **New Standard Prescription** dialog box appears.

3. 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 the drug information. This prints on the prescription form. You may enter up to 50 characters.

5. Type the dosage interval and any instructions that should print on the prescription form in the **SIG** field.

6. Enter the number/amount of the medication to dispense in the **Disp** field.

7. If the prescription may be refilled, enter the number of refills allowed in the **Refills** box.

8. You have the following substitution options:

   • Select **Dispense as Written** if the pharmacy should only use the drug named on the prescription.

   • Select **Generic Substitution Permitted** if the pharmacy may fill the prescription with a generic version of the medication.

9. 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** 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. From the Reports window toolbar, click the **Practice Setup** button, and then click **Prescription Setup**. The **Prescriptions Setup** dialog box appears.

2. Click **Edit**. The Edit Standard Prescription window appears.

3. Make any changes to the default prescription.

4. Click **OK** to return to the Prescriptions Setup window.

Deleting Prescriptions

To delete prescriptions

1. From the Reports window toolbar, click the **Practice Setup** button, and then click **Prescription Setup**.

The **Prescriptions Setup** dialog box appears.

2. Click **Delete**. A warning dialog box will appear. Click **Yes** if you want 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

1. From the Reports window toolbar, click the **Practice Setup** button, and then click **Prescriptions Setup**. The **Prescriptions Setup** dialog box appears.

2. Click the **Print Setup** button. The **Print Setup** dialog box appears.

3. Select the printer you want to use to print prescriptions.

4. If your state requires a specific format for prescriptions, click the down arrow next to the Form field and choose the correct form.

5. If you will be using Pre-printed paper when creating prescriptions, select the **Using preprinted paper** option.

6. If you need to list the number/amount of the medication to dispense as a word, select the **Print number for "Disp:" as a word** option. (Ex. "Four" instead of "4")

7. If you will be using the Prescriptions module to record prescription information but will not be printing prescriptions, select the **Disable printing** option.

8. Click **OK** 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. From any Easy Dental module (except the Reports window), select a patient.

2. From the Easy Dental module toolbar, click the **Prescriptions** button. The Patient Prescription window appears.
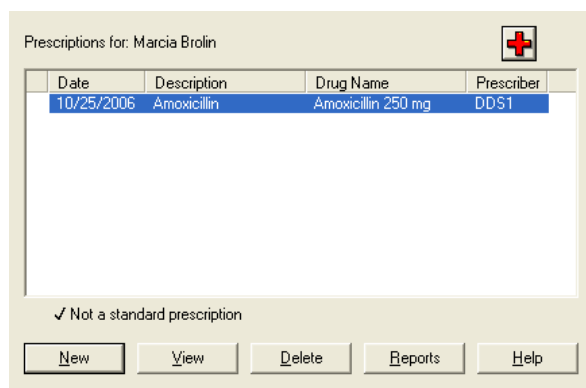
3. Click the **New** button. The **New Patient Prescription** dialog box appears.

4. Click the down arrow to the right of the **Description** field. A list of available prescriptions appears. Select the desired prescription type.

5. 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 the provider who is prescribing the drug.

7. Click **Print** 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

1. 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 **OK**.

2. 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 the **Reports** button. The **Prescription Reports** dialog box appears.

4. 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 the drugs that you want to see listed on the report. Only prescriptions created for the selected drugs will be listed. Select 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 certain providers. Only prescriptions written by the selected providers will be listed on the report. Select 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. Edit or accept the Date Range. Only prescriptions created during the date range will be listed on the report.

8. Select **Patient** to sort the report alphabetically by patient. Select **Drug** to sort the report by drug name.

9. Click **Print** 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.)

Chapter 8: 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.

Expand List   Collapse List   View Filters   View Family/Patient Contacts   Show/Hide Info
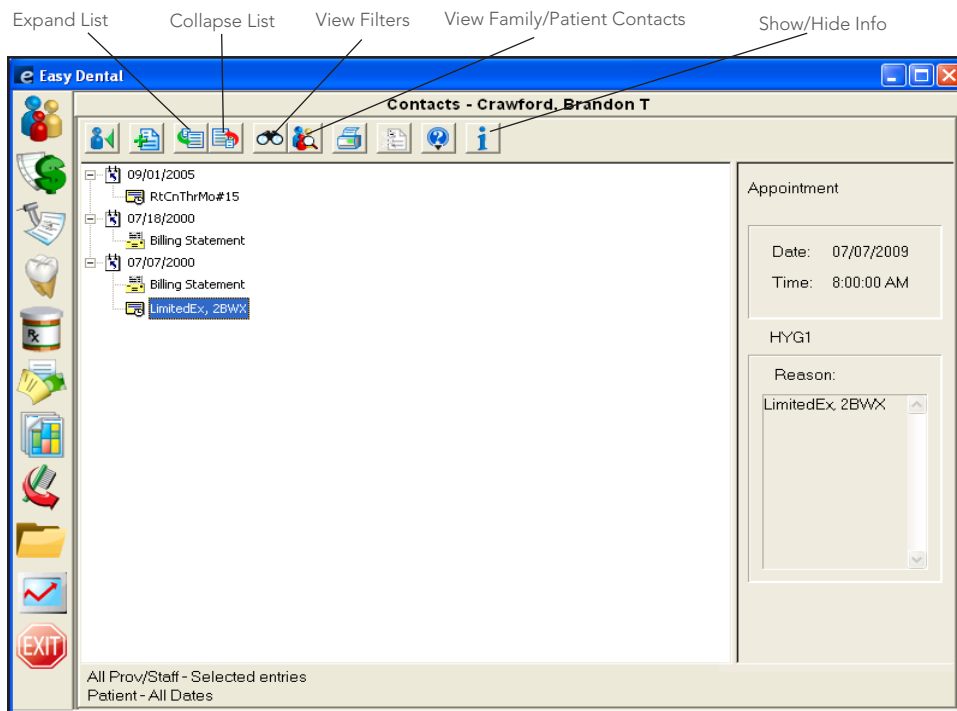
Tracking Patient Contacts

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.
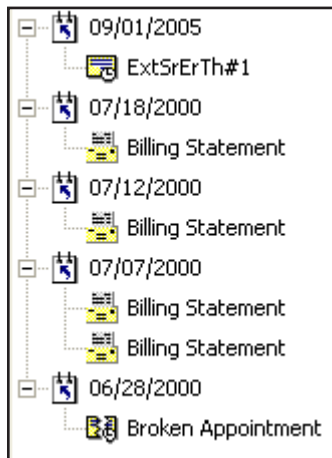
Appointments

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

1. From the Contacts module toolbar, click the **View Filters** button. The **View Filters** dialog box appears.
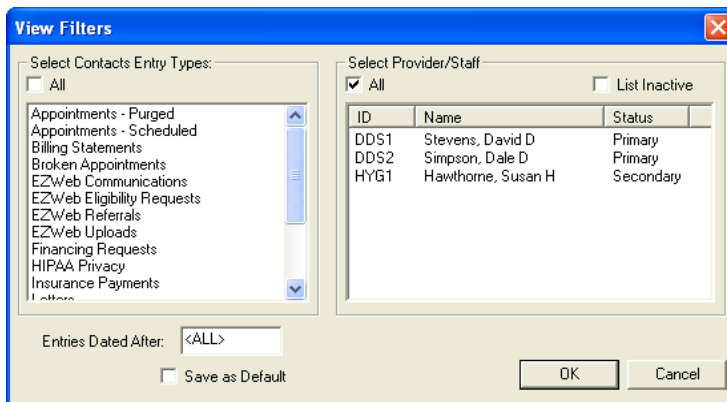
2. Select the Contact Entry Types that you want to display or select the **All Contact Entry Types** option. You can view the following Contact Entry Types: Appointments (purged and scheduled), Billing Statements, Broken Appointments, EZWeb Communications, EZWeb Eligibility Requests, EZWeb Referrals, EZWeb Uploads, Financing Requests, HIPAA Privacy, Insurance Payments, Letters, Miscellaneous, Patient Payments, Payment Plan Notes, Phone Calls, and Reminders.

3. Select the Providers and Staff members you want to view or select **For All Prov/Staff**.

4. If you want to only display items after a certain date, enter the desired date in the **Entries Dated After** field.

5. If you want to save the options selected as the default viewing options, select **Save as Default**.

6. Click **OK** 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.

To view more detail on a Contact entry

1. Select a displayed Contact entry.

2. 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 the **Add Contact** button. The **Add Contact Entry** dialog box appears.

2.   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 want 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. 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 a short description for the contact entry in the **Description** box.

5. Enter a comprehensive description for the contact entry in the **Note** box.

6. If desired, you can change the date of the contact entry.

7. If desired, you can change the time of Phone Call and Miscellaneous contact entries. Type the correct time.

8. Click **OK** to save your changes and return to the Contacts module.

Editing a Manual Entry

To edit a manual entry

1. Double-click the manual entry you want to edit (Phone Calls, Reminders, Miscellaneous, HIPAA Privacy).

2. Make your changes to the contact entry.

3. Click **OK** to save your changes.

Deleting a Manual Entry

To delete a manual entry

1. Select the manual entry you want to delete (Phone Calls, Reminders, Miscellaneous, HIPAA Privacy).

   Note: Broken Appointments, Purged Appointments, Letters, and Changed Privacy Requests can also be deleted.

2. From the Contacts module toolbar, click the **Delete Contact** button. A confirmation message box appears. If you want 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. From the Contacts module toolbar, click the **Print** button. The **Printer Setup** dialog box appears. If desired, change the printer selection.

2. Click **OK** to begin printing. Easy Dental will print whatever entries are currently being displayed in the Contacts module.

Chapter 9: 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 Appointments
- Moving Appointments
- Finding Available Times
- Using Auto Dial
- Using the Schedule Lists
- Using 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
- Working with the Schedule Clipboard
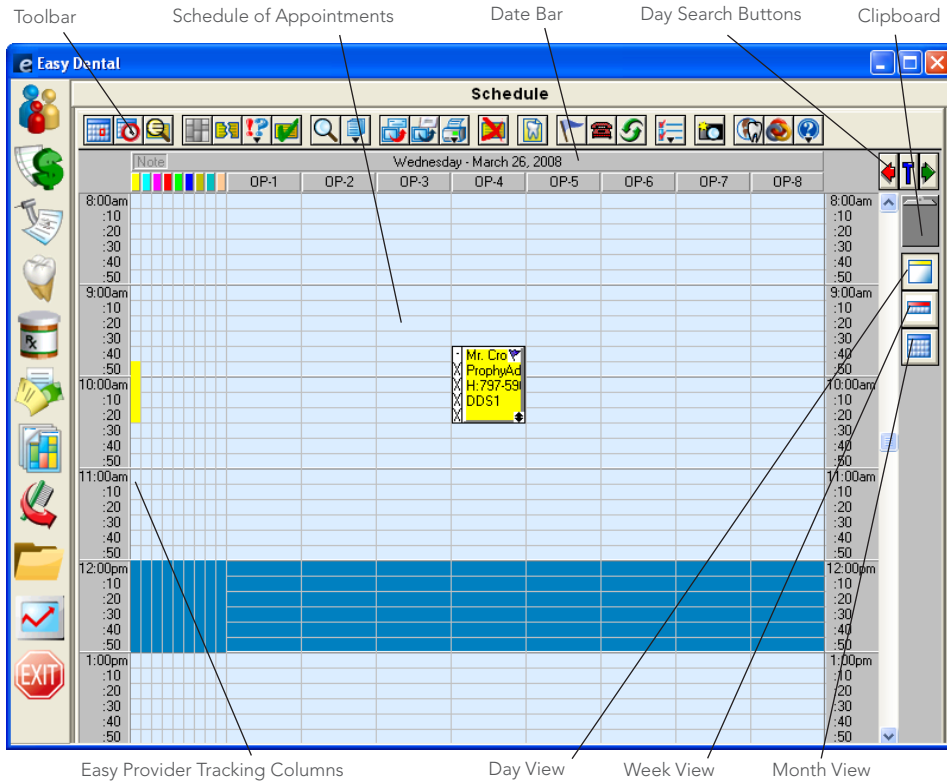
Working with the Schedule toolbar

The Schedule Toolbar is a collection of command buttons that allows you to initiate commands. The name and function of each is described below.

Icon	Name	Function
	Schedule Appointment	Lets you schedule an appointment.
	Find Available Time	Lets you search for available time blocks.
	Find Appointment	Lets you search for appointments.

Icon	Name	Function
	Schedule Event	Lets you schedule holidays and other events when your practice will be closed.
	Clipboard	Lets you open the Clipboard menu from which you can move appointments and events to the Clipboard.
	Easy Day Planning	Lets you optimize scheduling.
	Break Appointment	Lets you move broken or missed appointments to the Unscheduled list.
	Status	Lets you select a status for appointments.
	Set Complete	Lets you set an appointment to complete.
	View	Lets you create custom views for the Schedule.
	Lists	Opens the Lists menu.
	Quick Letters	Lets you compose custom letters.
	Quick Labels	Lets you print custom labels.
	Print	Lets you open the print menu from which you can print schedule views or route slips.
	Delete Appointment	Lets you delete the selected appointment and remove it from all lists.
	Treatment Manager	Opens the Treatment Manager module.
	Lab Case Manager	Opens Lab Case Manager.
	Patient Alerts	Lets you know whether a patient has a medical or other alert.
	Auto Dial	Lets you dial patients automatically.
	Refresh	Lets you update the information in Schedule's calendar if you have made changes.
	Setup	Opens the Setup menu.
	Patient Picture	Lets you know whether a patient's picture is in the Easy Dental database.
	Easy Web	Lets you open the WebSync Wizard from which you can set up WebSync's options and features. WebSync lets you synchronize Easy Dental information with eCentral.
	easylink	Lets you link Easy Dental with digital X-ray and imaging systems.
	Help	Lets you open the Help menu from which you can open Easy Dental Help. You can also check for, install, and learn about available updates and connect to the Resource Center.

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 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.

Working with Appointments in Schedule

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 the appointment from the schedule.

Working with the Hover window

Using the new Hover window, you can view additional event, patient, and appointment information without double-clicking an event or an appointment. The Hover window combines information contained in the **Appointment Information** and the **Patient Information** dialog boxes.

To view patient information through the Hover window

In the Schedule, place the mouse pointer over a partial-day event or an appointment.

The Hover window appears.

To disable the Hover window or to modify how quickly it appears

1.   From the Schedule toolbar, click the **Setup** button, and then from the menu, select **Practice Setup**.

The **Practice Schedule Setup** dialog box appears.
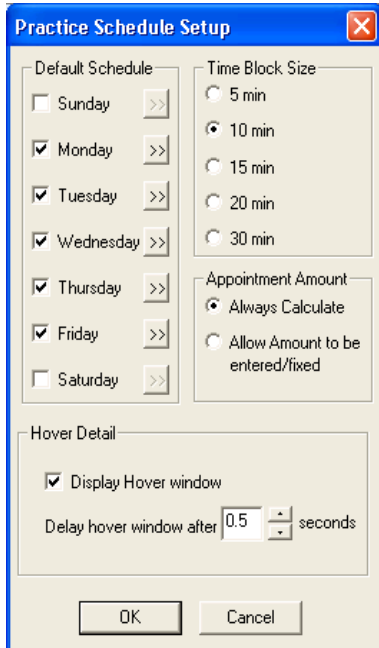
2. To disable the Hover window, under **Hover Detail**, clear the **Display Hover window** check box.

3. To modify how quickly the Hover window appears when you place the mouse pointer over an appointment or event, select a time in the **Delay hover window after** field.

   Note: The time increments or decrements in .5 second intervals.

Working with the Schedule Clipboard

An appointment can be moved to another day by dragging the appointment to the Schedule 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 Schedule Clipboard by clicking the Clipboard Button from the **Appointment Information** dialog box or from the Schedule toolbar.

To move a scheduled appointment to the Schedule Clipboard

1. From the schedule, select the appointment that you want to move to the Schedule Clipboard.

2. From the Schedule toolbar, click the **Clipboard** button, and then from the menu, select **Selected Appointment**.

   The appointment appears in the Clipboard List.

Note: For information on moving multiple appointments to the Schedule Clipboard, see Moving Multiple Appointments to the Schedule Clipboard.

Working with the Clipboard List

The Clipboard List window contains a toolbar and lists all of the events and/or appointments that you have moved to the Schedule Clipboard.

Icon	Name	Function
	Exit List	Click to exit the Clipboard List.
	Always on Top	
	Delete	Click to delete an appointment or event from the Clipboard List.
	Refresh	Click to refresh the Clipboard List.

To delete an appointment from the Clipboard List

1. Click the List icon .

    The Clipboard List window appears.
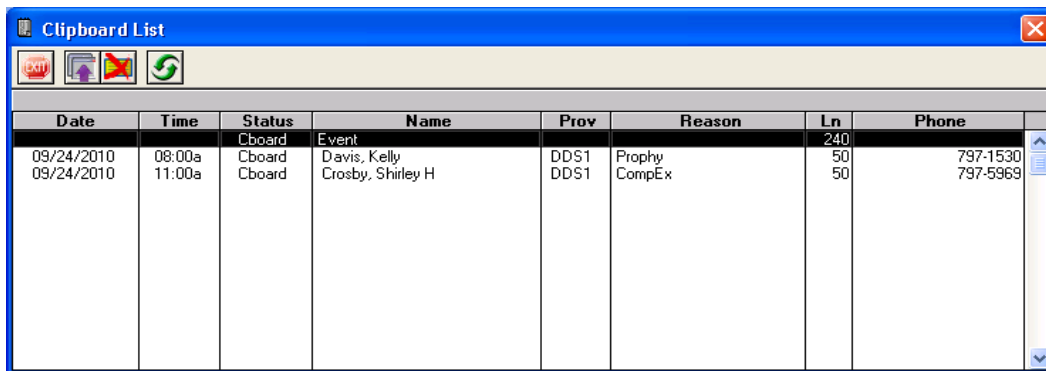
2. Select the appointment that you want to delete from the list, and from the toolbar, click Delete.

Moving appointments with the Schedule Clipboard

The Schedule module allows you to easily change appointment dates and times without ever having to re-enter information or delete broken appointments.

To move an appointment to the Schedule Clipboard

1. Double-click the appointment that you want to move.

    The **Appointment Information** dialog box appears.

2. Click Clipboard.

The appointment moves to the Schedule Clipboard.

Moving multiple appointments to the Schedule Clipboard

You can move all appointments simultaneously to the Schedule Clipboard for the displayed date, or you can move them by family, provider, or operatory.

To move multiple appointments to the Schedule Clipboard

1. From the Schedule toolbar, click the **Move to Clipboard** button.

2. From the menu, select one of the following options:

- Family Appts for the Displayed Date
- DDS1's Appts for the Displayed Date
- Operatory Appts for the Displayed Date
- All Appts for the Displayed Date

The selected appointment types move to the Schedule Clipboard.

Moving appointments to another day, week, or month

To move an appointment to another day, week, or month

1. Click and drag the appointment to the Schedule Clipboard.

2. Using the Month View Calaendar or the day search buttons, go to the day you want to move the appointment to.

3. Click and drag the appointment from the Schedule Clipboard to the operatory and time that you want.

A message appears.

4. Click **Yes** to complete the move.

Scheduling events

You can schedule an event (a non-patient "appointment") to block out time in the Schedule module to close an operatory for a day or up to four weeks. Events can include such items as staff meetings, vacation schedules, or holidays.

To schedule an event

1. From the Schedule toolbar, click the **Schedule Events** button.

The **Schedule Event** dialog box appears.

2. Under **Event Time**, do one of the following:

- If the event will only last part of the day, specify a **Start** and and an **End** time.
- If the event will last the entire day, click **Close Operatory (All Day Event)**.

3. Under **Operatories**, select the operatory or operatories that you want to schedule the event for.

Note: If you specify multiple operatories and/or days for the event, Easy Dental creates separate events (one per day per operatory) and displays them in the Schedule. The event creation process may take several minutes depending on the date range specified, days of the week selected, the number of operatories selected, and the number of future appointments scheduled. While Easy Dental treats multiple operatories and/or days as separate events, they are linked.

4. Under **Event Days**, specify the day or days when the event will occur.

Note: You may schedule events as much as one year in advance. You may also select specific days within a range when you schedule an event.

5. In the **Description** field, enter a description of the event.

6. To center the description on the Event icon, click **Center Description on Scheduled Event**.

7. To select a background color for the event, click **Event Color**.

 The **Color** palette appears.
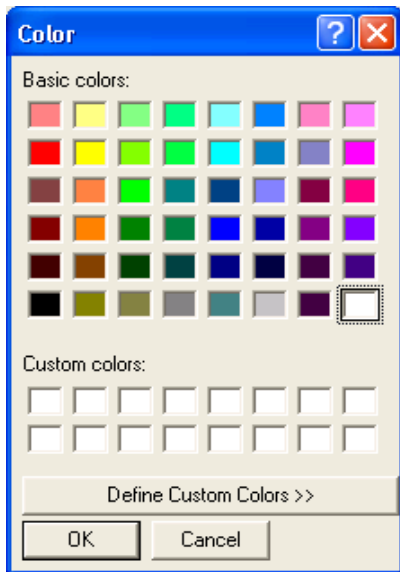
8. Select a color from the palette and click **OK**.

 Tip: Selecting a color that is too dark may obscure the black text of the event description and note. For eaxample, black text will not be easily readable on a dark blue background.

9. In the **Notes** field, enter any notes that apply to the event.

10. To include a dateline, click **Insert Dateline**.

11. Click **OK** to schedule the event.

12. From the Schedule toolbar, click the **Refresh** button.

 The event appears in the schedule.

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 operatory or to a new day using the Windows 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 operatory 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 your practice

To set up your practice

1. Click the **Setup** button and select **Practice Setup** from the menu.

   The **Practice Schedule Setup** dialog box appears.
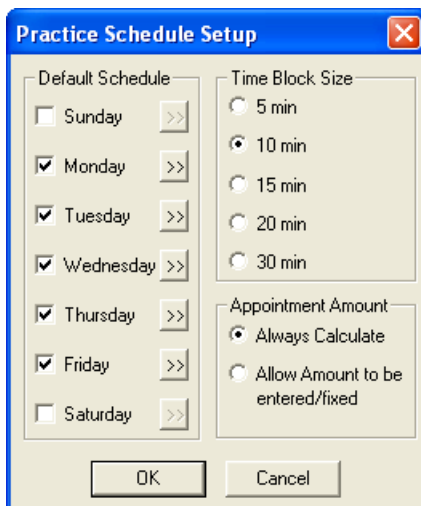
2. If your practice is not open on a particular day, click the check box next to that day. (The box will no longer be checked.) Easy Dental will question an appointment set for a day not checked in this dialog box.

3. 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.
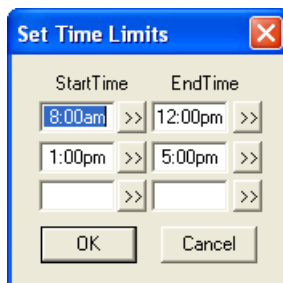
    • **Easy Dental allows you to break any day into three time ranges. The default for each day is 8 –00 a.m. to 12**:00 p.m. and 1:00 p.m. to 5:00 p.m. Easy Dental will question an appointment set during a time when the practice is not open, such as 12:30 p.m.

    • Change the time blocks by choosing the search button next to the start time or end time of the time block you want 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 **OK** to return to the previous window.

        After setting the time blocks for that day, click **OK** 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. 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. 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** to save your changes.

Setting up your practice schedule

To set holidays (including holidays) or other days when the entire practice is closed

1. 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.
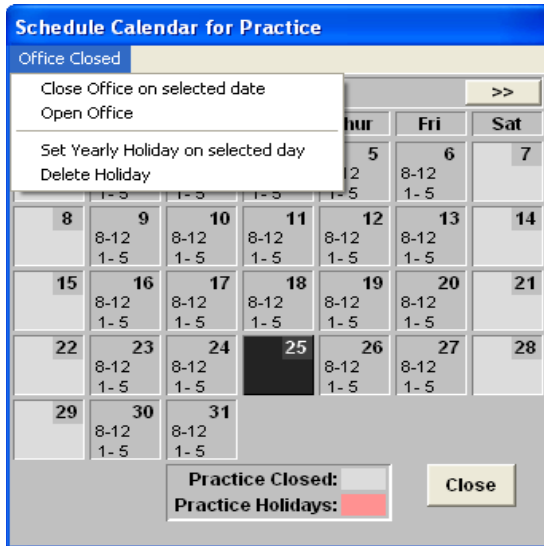
2. Select the day you want to close the Office.

3. If you want to close the office for a day when you would normally be open, (other than a yearly holiday), select **Office Closed** menu, click **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 want to re-open the office on a day you had previously scheduled to be closed, select **Open Office** from the **Office Closed** menu.

4. If you want 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 want to delete a yearly holiday previously set in the system, select Delete Holiday from the Office Closed menu.

5. To change the available time ranges for a day, double-click the day to display the **Set Time Limits** dialog box.

6. When you have finished setting up the Practice Schedule, click **Close** 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 provider schedules

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 the **Setup** button and select **Provider Setup** from the menu.

The **Provider Setup** dialog box appears.
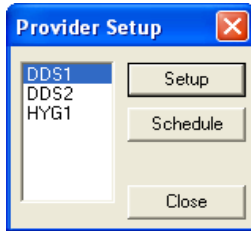
2. Select a provider you want to set a schedule for and click the Setup button.

    The **Provider Setup** dialog box appears.
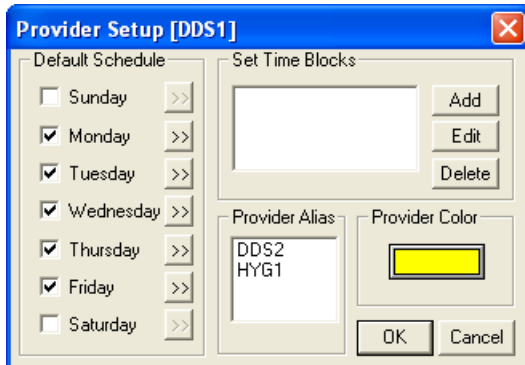
3. Select the days of the week when the provider is available. The Practice must be open to show the time as available. (See *Setting Up the Practice Schedule* section in this chapter for information.)

4. 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.
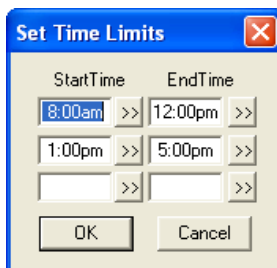
5. If there are multiple IDs that represent the same provider (for insurance purposes), select all of the IDs that represent the same provider in the Provider Alias box.

    Note: It is important that you select provider aliases in the **Provider Setup** dialog box so that you do not double book the same provider.

    Tip: 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 the color that each provider's appointments will appear in.
    *   Click the **Color** button.

        The **Color** dialog box appears.
    *   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 box.

  Note: Be careful when choosing dark colors for providers, as you may not be able to see the font of the appointments.

7. To create a provider time block, click the Add button. (For more information on creating and using Time Blocks, see *Easy Day Planning* section in this chapter.)

8. To complete and exit provider setup, click **OK**.

9. Repeat the above process for each provider in the practice.

Setting up provider vacation days

1. Click the **Setup** button and select **Provider Setup** from the menu.

   The **Provider Setup** dialog box appears.
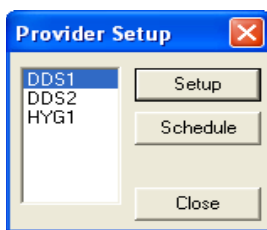
2. Select the provider you want to set vacation for and click the **Schedule** button or double-click the Provider.

   The **Schedule Calendar for [provider ID]** dialog box appears.
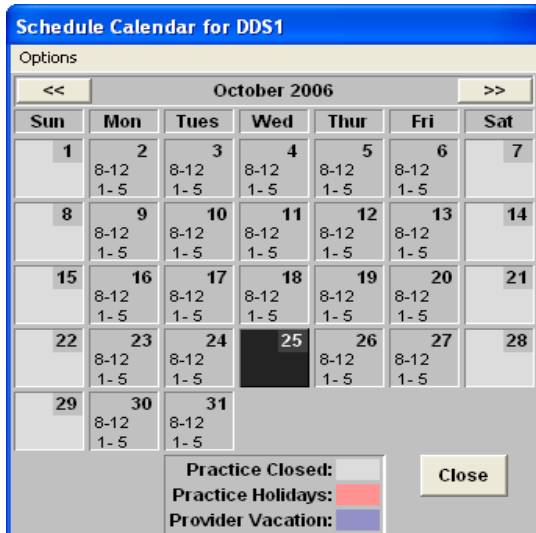
3. Select the day you want to set a provider's vacation for. You can switch the month you view by using the search arrows on the left or right of the date bar.

4. If you want to set a Vacation day for the provider, select **Set Vacation on selected date** from the **Set Vacation** menu.

   - If you want to delete a vacation day that was previously set, select **Delete Vacation day** from the **Set Vacation** menu.

   - If you want to reset the hours on a selected day to the provider's default hours, select **Reset Hours** to default on selected date.

5. To change the available time ranges for a day, double-click the day to display the **Set Time Limits** dialog box.

6. When you have finished setting up the Provider Schedule, click **Close** 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 operatories

Easy Dental lets you specify the hours that each operatory is open.

To set up an operatory

1. From the Schedule toolbar, click the **Setup** button, and then select **Operatory Setup** from the menu.

   The **Operatory Setup** dialog box appears.
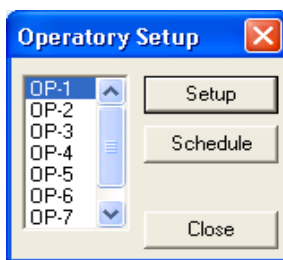
2. From the **Operatory Setup** dialog box, select the operatory that you want to set up and click **Setup**.

   The **Operatory Setup [OP - #]** dialog box appears.
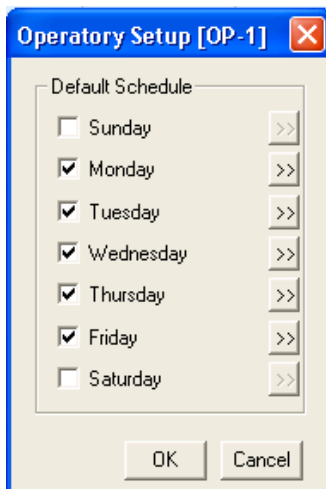
3. Select the days that you want the operatory to be open.

4. To restrict the number of hours an operatory is open on a selected day, click the corresponding search button ».

   The **Set Time Limits** dialog box appears.
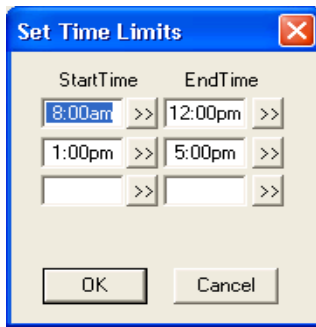
5. Set the hours you want the operatory to be open and click **OK**.

Easy Dental blocks out the time the operatory will be closed in the Schedule window.

Setting up custom views

You can customize what you see in your Schedule window, and the views can be set up differently for each workstation if you want. 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 the **View** button to bring up the **Select View** dialog box.
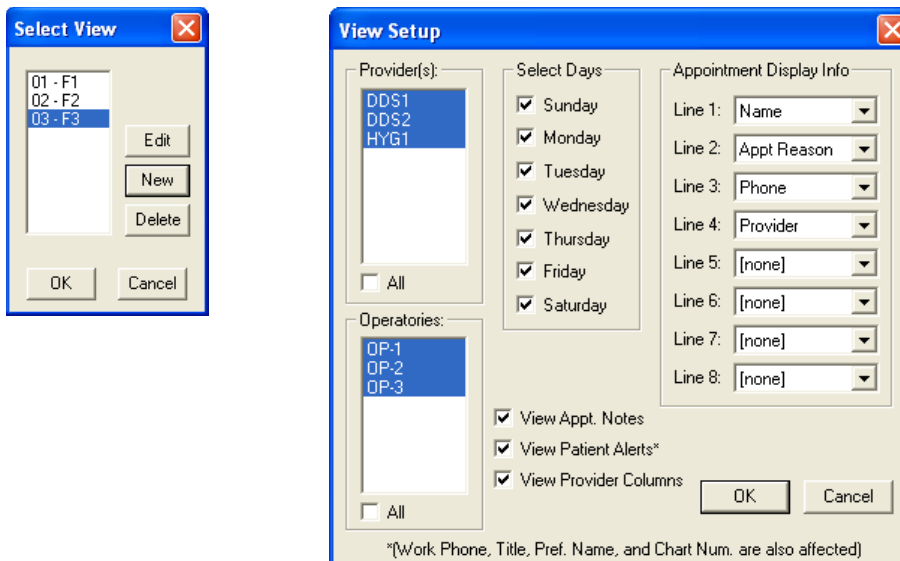
2. If you want to create a new view, click **New**.

The **Select View** dialog box appears and you should move directly to step 3.

• If you want to edit an existing view, select that view then click **Edit**.

The **Select View** dialog box appears and you should move on to step 3.

• If you want to delete a view, select the view then click **Delete**.

The view you deleted disappears from the list of view options.

3. Select the Providers you want 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 the operatories you want to view. You may view up to ten operatories at a time.

5. Click the check box next to the days you want to view in the Week at a Glance window.

6. 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. 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** to return to the main Schedule window.

Scheduling appointments

To schedule an appointment

1. In the main Schedule window double-click the line of the date and time you want to make the appointment for.

    OR

    Click the **Schedule Appointment** button in the toolbar.

    The **Select Patient** dialog box appears.

2. This box allows you to enter the patient's last name, first name, preferred name, home phone number, chart number, or social security number. Select the desired search option in the By section, then do the following:

    a. Type in the first few letters of the patient's name (or chosen search method) or use the mouse to click the letter or number buttons. As you type, Easy Dental will begin to search for the patient.

    b. Select the patient you want to schedule and then click **OK**.

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

    c. 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 the provider that the appointment will be scheduled with by clicking on the search button next to Provider and selecting the appropriate provider. The provider will default to the primary provider selected for the patient in the Patients module.

4. 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. Select the Recall Types you want 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. The Reasons list box displays all of the reasons that have been selected for the appointment by doing the following:

    *   To select the Initial Appointment Reasons

        a.   Click the **Initial** button.

            The **Select Initial Reasons** dialog box appears.

        b.   Select the Initial Reason and click **OK**. The initial reason appears 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).

    *   To select the Treatment Plan Appointment Reasons

        a.   Click the **Tx** button. The **Treatment Plan** dialog box appears 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.
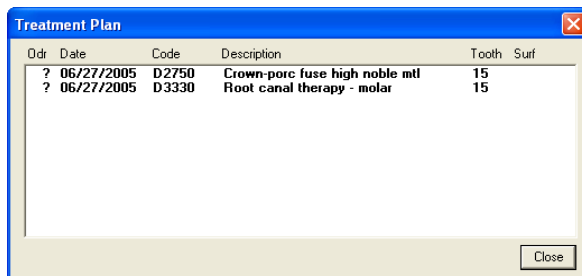
        b.   Select the Treatment Plan procedure(s) and click **Close**.

            The Treatment Plan reason appears in the Reason list box.

    *   To select Miscellaneous Appointment Reasons

        a.   Click the **Misc.** button to choose any procedures that have not been treatment-planned. You will be able to select any procedure, but you will not be able to set the procedures complete if the procedure requires more information such as a tooth number or surface.

            The **Procedure Codes** dialog box appears.
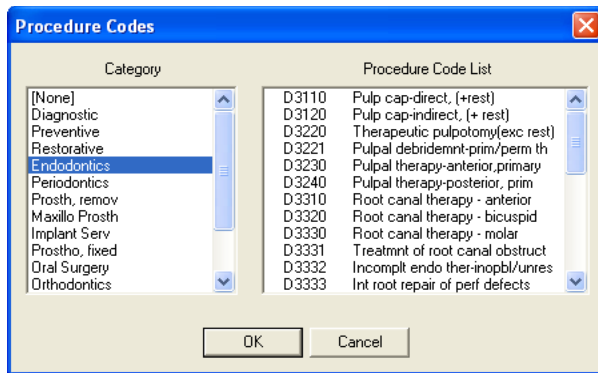
b. Select the Category and Procedure Code you want to schedule the appointment for.

c. Click **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.
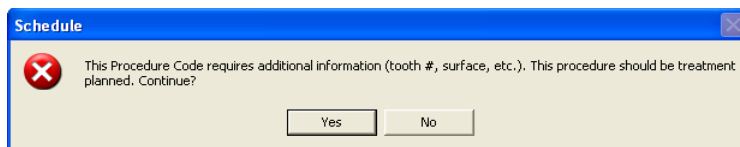
Note: If the procedure requires a tooth surface or quadrant, it is better to add it to the patient's treatment plan from the Treatment Plans window.

6. The **Appointment Description** fills 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. 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 the search button.

   The **Appointment Time Pattern** dialog box appears.

   • Click the **left arrow** button to decrease the duration or click 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.
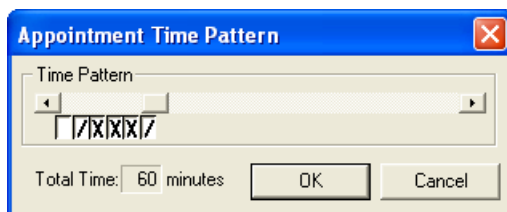
8. Accept or edit the Amount for the appointment. Easy Dental will automatically calculate the Amount based on what procedure(s) will be performed during the appointment.

9. Select 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. Click the search button to produce a list box of the practice's operatories. Select the desired operatory and then click **OK**.

11. Click the search button.

A calendar appears.
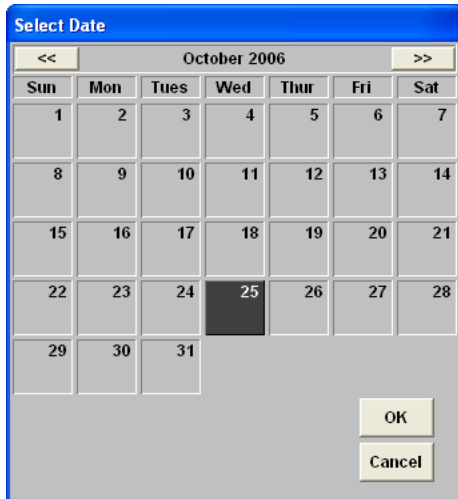
- Use the right and left arrow buttons to go back one month or advance one month.
- Click the desired date then click **OK**.

    Note: The date can also be typed into the Date edit box.

12. Click the search key.

The **Select Time** dialog box appears.
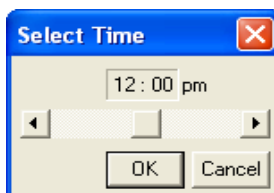
- Use the left and right arrow keys to select the desired time.
- Click **OK** to return to the Appointment Information screen.

    Note: The time can also be typed into the Time edit box.

13. If you would like to make a note about the appointment, you may do so now, or add one later.

14. 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 want 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.
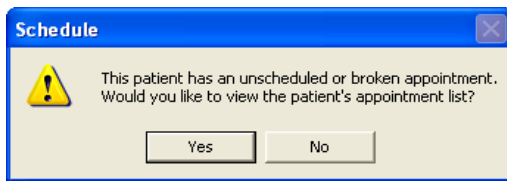
Other appointment information

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 box, the **Family Appointment List** dialog box appears.
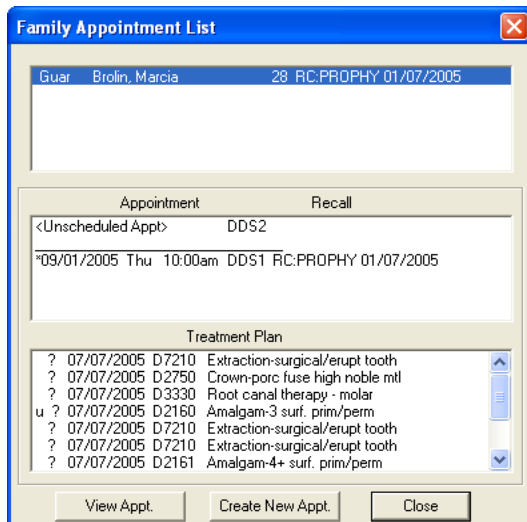
- The first box lists all recall types that the patient and all family members should be seen for.
- The second box lists all appointments and pending recall for the selected family member.
- The third box lists the selected family member's pending treatment plan.

Scheduling the next appointment

If more than one appointment is to be created for the same patient, clicking **Schd. Next** 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

Click the **Dial** button to automatically dial a phone number or to view a patient's phone number.

To dial a phone number

1. Click the **Dial** button.

    The **Auto Dial** dialog box appears.
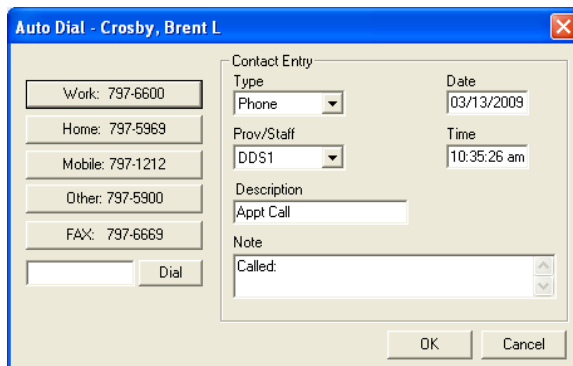
2. From the phone number list, click the phone number you want to dial.

3. Click **Dial**. While the number is being connected, you are prompted to pick up the phone.

4. 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 appointments

There are several options for finding appointments.

*   If you already know the date and time of the appointment:

    *   Advance or reverse the screen from day to day by clicking 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 the **month** button. The Calendar window will appear. Click 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 **OK**. 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. Select the correct appointment and click the **View Appointment** button to display the appointment book with the selected appointment.

Moving appointments

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

1. Double-click the appointment (or find the appointment using the steps listed in the previous section).

    The **Appointment Information** dialog box appears.

2. Change the Appointment Time and Date in the **Appointment Information** dialog box.

3. Click **OK** to accept the changes you made.

OR

1. Find the appointment you want to change so that it appears on the Schedule screen and select it.

2. If you want to move the appointment to a different time on the same day, place the mouse pointer over the appointment, then click and drag the appointment to the desired time and operatory.

    Note: You may lengthen or shorten an appointment by holding the mouse down on the bottom right corner of the appointment and dragging up to shorten the appointment or down to lengthen it.

OR

1. To move the Appointment to another day, week or month, click and drag the appointment to the Clipboard icon. You can also double-click the appointment and click the **Clipboard** button.

2. Using the Calendar or arrow keys, display the day you want to move the appointment to.

3. Click and drag the appointment in the Schedule Clipboard to the operatory and time you want on the Schedule screen.
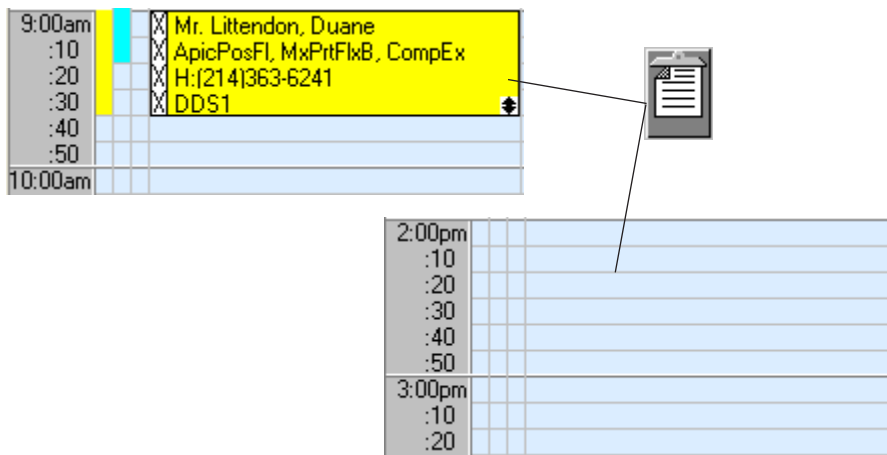
    A message box appears.

4. Click **Yes** to make the change or **Cancel** to cancel and make no changes.

Finding available times

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. From the Schedule toolbar, click the **Schedule Appointment** button.

    The **Select Patient** dialog box appears.

    a. In the **Select Patient** dialog box enter the patient's last name.

    b. Select the patient's name and then click **OK**.

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

2. Click the **Find Available Time** button.

   The **Find New Appointment Time** dialog box appears.

3. Select the provider and operatory you want to search for in the **Find New Appointment Time** dialog box. More than one of either can be selected.

4. Select the week day or days the patient can come in.

5. 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:

- Enter the date in the **Start Date** text box.

- Click the **Start Date** search button.

  A calendar appears 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. 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 click 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. To search for an available time within a specific time block, select Search **By Time Block** and select the appropriate time block. Select 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 the Search**/View** button.

   The **Available Appointment Times** list box appears displaying available time ranges.
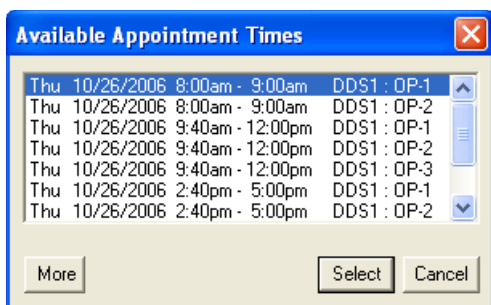
- Select a time range that meets the patient's schedule. If there are no ranges that meet the patient's schedule, click **More** to view additional ranges.

- After you have selected a time range, you can click the **View** button to see the time range displayed on the Schedule's main screen or click **View Next** to view the next available appointment time range.

- Click **Select** to set the appointment within the selected 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 **Select** to set the appointment within the selected block of time.

Using 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. From the Schedule module, select the appointment for the patient you want to contact.

2. From the toolbar, click the **Auto Dial** button.

   The **Auto Dial** dialog box appears.
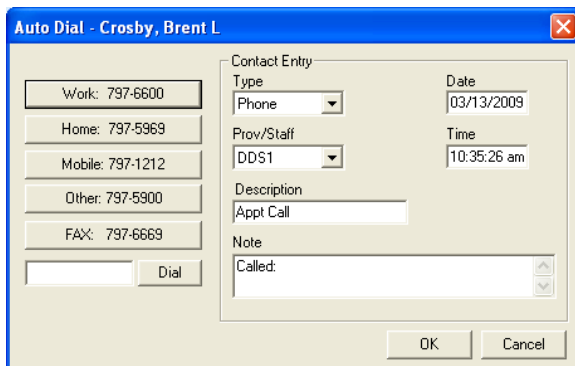
3. Click the number you want to dial and click the **Dial** button. The modem is activated and dials the phone number. A message box appears that instructs you to pick up the handset.

4. You must pick up the handset in order to talk to the patient. Click the **Talk** button once the patient has answered.

5. Enter any notes regarding the call in the Notes box.

6. 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

Working with the 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, operatory, reason, length, and patient phone number for the appointment.
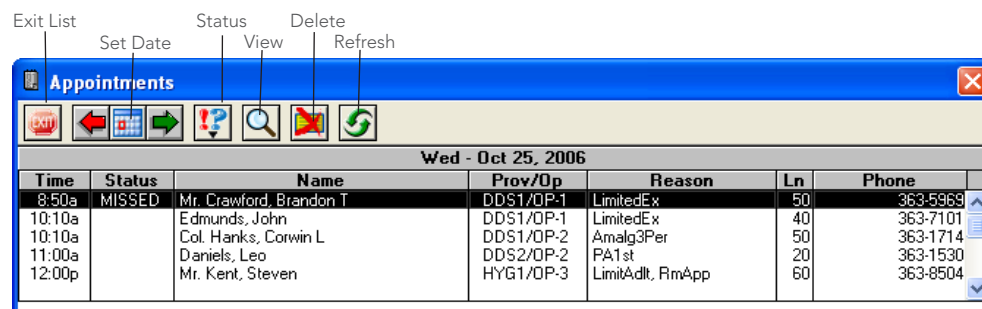
Selecting an appointment in the list will bring up the Appointment Information window for that appointment. The following is an overview of the Appointments list. It will describe all menu commands and functions available.

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, operatory, appointment type, or by date span.

- If a Provider is selected, then only the appointments assigned to that provider will be shown in the list.

- If an operatory is selected, then only the appointments assigned to that operatory will be shown.

   Note: Only one Provider or operatory can be selected at a time.

- When checked, the View All box will display all appointments for all providers and all operatories.

- Choosing the **Save As Default** button will save the current View information as the default. These default selections will ensure that the list will be "viewed" the same way in the future, until a new View default is saved.

Delete

Selecting this command will delete the selected appointment. The appointment must be selected from the list before this command is executed.

Refresh

Choosing this command will cause the Appointments list to search and display all appointments that satisfy the restrictions selected in View. If an appointment has been changed in another module or at another workstation, **Refresh** will update your Appointments list to reflect all changes.

Working with the ASAP list

Selecting the ASAP list displays a list that contains 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.
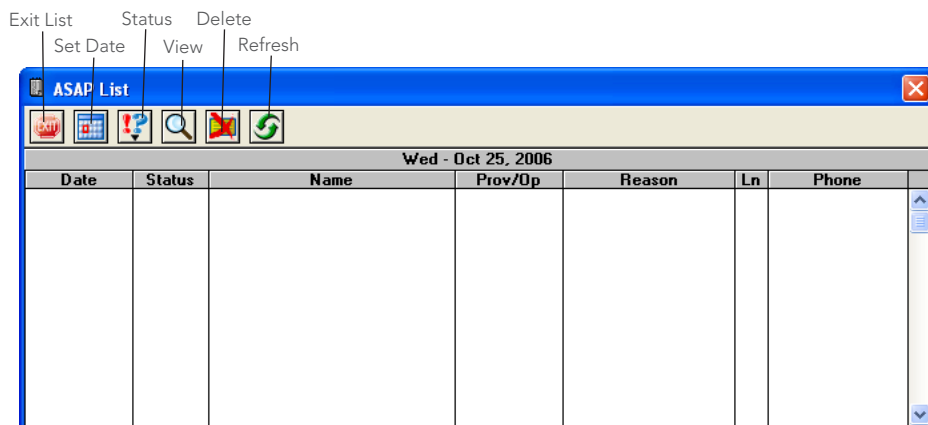
Selecting an appointment in the list will bring up the Appointment Information window for that appointment. The following is an overview of the ASAP list. It describes all menu commands and available functions.

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, operatory, appointment type, or by date span.
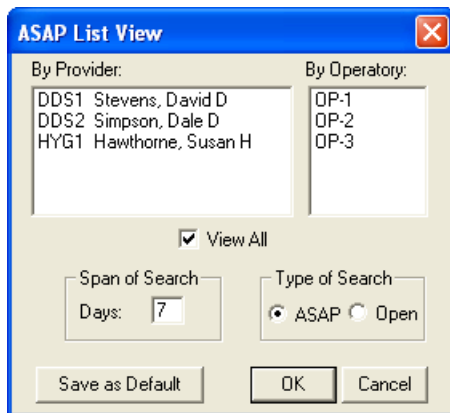
- If a Provider is selected, then only the appointments assigned to that provider will be shown in the list.
- If an operatory is selected, then only the appointments assigned to that operatory will be shown.
- Only the type of appointment that is selected will be shown and only those that fall within the set span of search, according to the list date.
- 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 saves the current View information as the default. These default selections ensure that the list is "viewed" the same way in the future, until you save a new View default.

Delete

Click to delete the selected appointment. The appointment must be selected from the list before this command is executed.

Refresh

Click to have the ASAP list 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** updates 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, you must first select it from the appointment list.

Working with the 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).
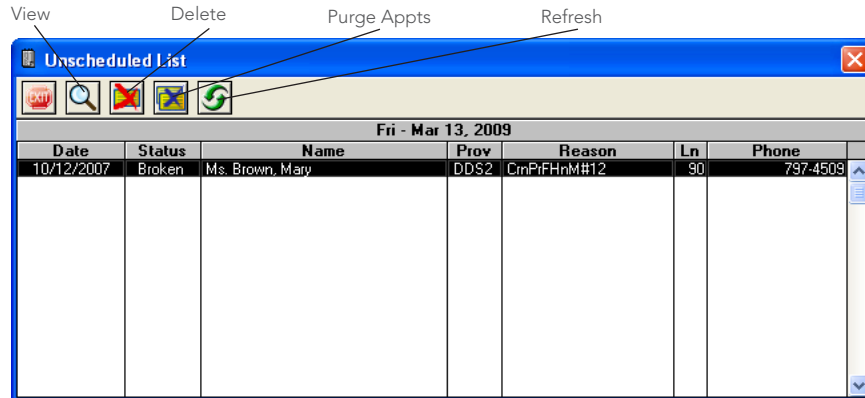
Any appointment on the list can be selected to bring up the **Appointment Information** dialog box for the unscheduled appointment. The following is an overview of the Unscheduled list describing toolbar buttons and functions available.

View

Clicking **View** displays the **Unscheduled List View** dialog box and allows you to change appointments shown in the Unscheduled List. This dialog box gives you the option to selectively view appointments with a given provider.
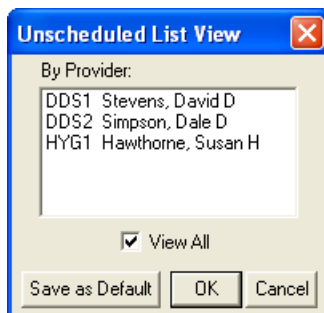
- If you select a provider, then only those appointments assigned to that provider appear in the list.
- Checking **View All** displays all unscheduled appointments.
- Clicking **Save as Default** saves the current View information as the default. These default selections will ensure that the list will be "viewed" the same way in the future until a new View Default is selected.

Delete

Clicking **Delete** deletes the selected appointment. You must first select the appointment 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.

Using 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 want 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, click the **Create New Appointment** button.
- **Reschedule an Existing Unscheduled or Broken Appointment** – Select 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 select the appointment you want to break.
2. Click 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 shortcut menu. A warning message explaining that the appointment will be moved to the Unscheduled List will appear.
3. Choose **Yes** to break the appointment.

Deleting appointments

This command deletes the selected appointment and removes it from all lists.

1. Find and select the appointment you want to delete.
2. Click 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 shortcut menu. A warning message explaining that the appointment will be removed completely from all records will appear.
3. Choose **Yes** to delete the appointment.

Posting or setting appointments complete

To post or set an appointment complete

- Select the appointment and then click the **Set Complete** button in the button bar or right-click the selected appointment and select **Post/Set Complete** from the shortcut menu.

  The **Set Appointment Procedures Complete** dialog box appears.

- Select the procedures you want to post and then click the **Set Complete** button.

  The appointment block turns 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.
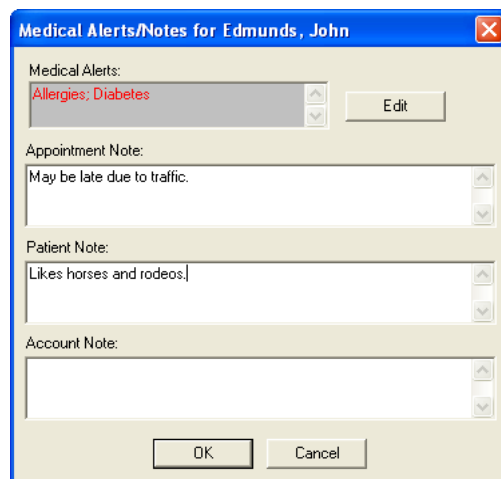
Medical Alerts can only be viewed here. To enter Medical Alerts, click the Patients button. Double-click the Medical Alerts information block and select the appropriate alert. If a Medical Alert does exist, a red cross will appear in the upper right corner of the appointment.

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

Easy Dental allows you to print the Schedule view in case you do not have the Schedule information in your operatories. You can also set up, save, and select custom views. You can set a custom view as the default view and print a daily or weekly Schedule view.

To print the Schedule view

1. From the Schedule toolbar, click Print, and then from the menu, select **Print Schedule View**.

    The **Print Schedule View** dialog box appears.

    Note: The providers, operatories, appointment display info, and time view default to the view currently selected for the Schedule.

2. Select the providers you want to include.

When you select a provider from this list, the Schedule's Easy Provider Tracking Column displays the corresponding color for the provider.

Note: Appointments scheduled in a selected operatory always print, regardless of the provider assigned to the appointment.

3. Select the operatories you want to display.

    A limit of 10 operatories print out on the Schedule View.

4. Select the date you want to print.

5. Under **Appointment Display Info**, select the information you want to display for each patient.

    Note: Put the eight lines of information in priority order because shorter appointments will only show the first few lines.

6. To print the Schedule view on a color printer, select **Print Appt Colors**.

7. To include the Schedule note for the day, select **Print Schedule Note**.

8. To print the time bar on the right and left sides of the report, select **Print Time at Right**.

9. Select the time range you want to print.

10. Select the type of report you want to print.

    •   Day View

    •   Week View

11. To print more than one copy of the Schedule view, select **Display Print Window** and click **Print**.

    a.   From the **Print** dialog box, select the number of copies you want to print and click **OK**.

12. To keep the **Print Schedule View** dialog box open, select **Do Not Close When Print/Batch**.

13. Click **Print** to print the document directly or click **Batch** to send the Schedule View to the Batch Processor to be printed at a later time.

14. To save your modifications to the Schedule view, click **Save Options**.

    The **Save Options** dialog box appears.
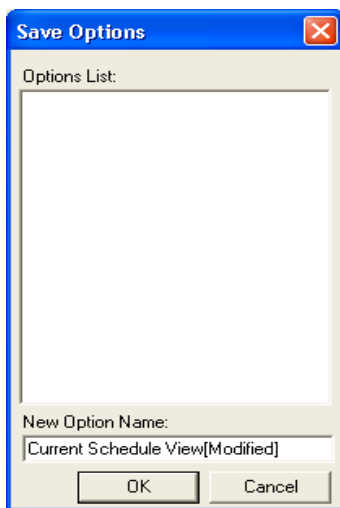
15. To change the view name, enter a name under **New Option Name**, and click **OK**.

16. To rename or delete the view, click **Manage Options**.

    The **Managed Saved Options** dialog box appears.
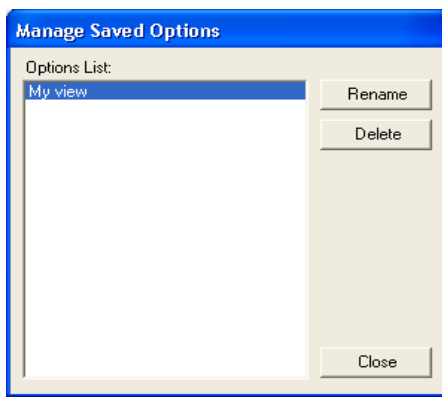
17. Select the view you want to rename or delete from the **Options List**, click the appropriate button, and then click **Close**.

Printing patient 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, operatory and status as well as a list of all procedures scheduled for the appointment.

To print a patient route slip

1. Select the appointment you want to print a route slip for.

2. Click **Print > Route Slip** or right-click the selected appointment and select **Print Route Slip** from the shortcut menu. The **Print Route Slip** dialog box will appear.

3. Click **Print** 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, and so forth).

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.

To customize appointment types

1. From the Reports module, click the **Practice Setup** button. Next, select **Definitions** to display the **Practice Definitions** dialog box.

2. 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. Select the Appointment Type you want to change. Click in the **Definition Text** box and make any necessary changes.

4. To save your changes, click the **Change** button. A warning message appears, click **Yes** to continue.

   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. 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.

To customize procedure codes

1. From the Reports module, click the **Practice Setup** button and select **Procedure Code Setup**. The **Procedure List** dialog box is displayed.

2. 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 the code to be edited.

3. 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. Click the **Save** button. Next, click **Close** 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 (for example, Crowns, Exams, and so forth). 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.

To set up time blocks

1. From the Schedule module, click **Setup**, then select **Provider Setup**.

    The **Provider Setup** dialog box appears.

2. Select the provider for which you want to set up a Time Block and click the **Setup** button. The **Provider Setup** dialog box will appear.

3. Click the **Add** button in the Set Time Blocks section.

    The **Block Settings** dialog box appears.

4. Click once in the Time Block Name field and type a short description of the block's purpose (for example, Crowns, Exams, and so forth).

5. Click 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 **OK** to return to the **previous** dialog box.

6. Select the day(s) of the week that you want 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. 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 the Appointment Type you want 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. To save your Block Settings, click **OK**. 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 you activate Easy Day Planning, Easy Dental displays 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
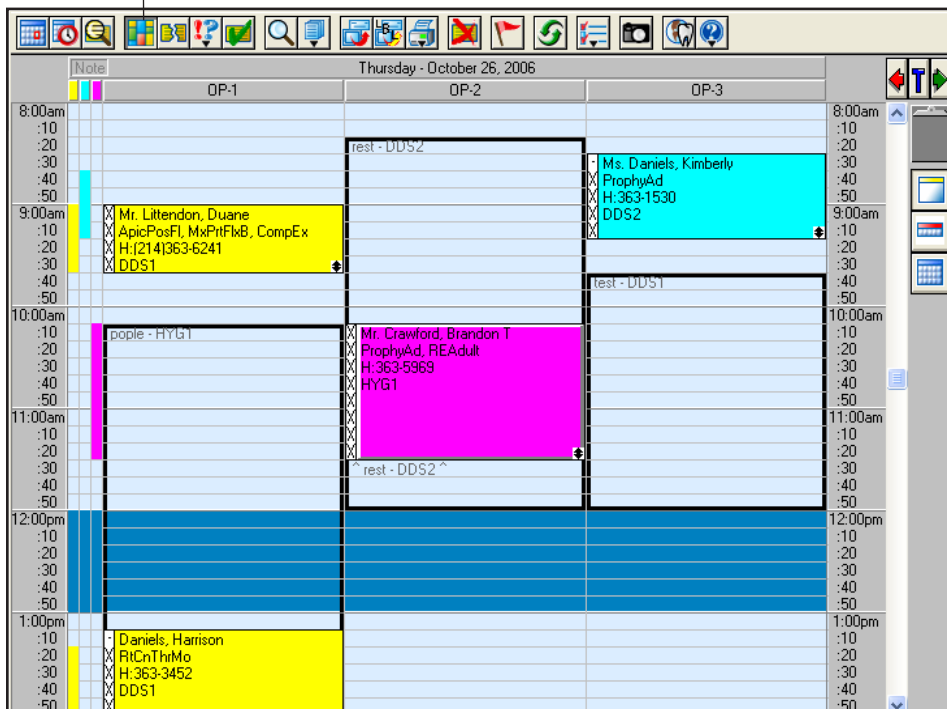
Individual Time Blocks can be moved within their respective operatory (click the Time Block with the **left mouse** button and drag to the desired time). Also, you can increase or decrease the size of the Time Block by clicking on the bottom border of the Time Block and dragging up to decrease the size of the Time Block or dragging down to increase the size of the Time Block.

Finding available time blocks

To find the first available block

1. From the Schedule toolbar, click the **Schedule Appointment** button. Select a patient.

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

2. Change the appointment provider if necessary.

3. 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. Click the **Find** button.

    The **Find New Appointment Time** dialog box appears.

5. Select the **Search by Time Block** box. Select the appropriate Time Block.

    *   Click the Search**/View** button. A list of available times will appear.

    *   Select a time and click the **View** button to display the date and time of the appointment in the Schedule.

    *   Click **Select** to select a time.

6. Click **OK** to schedule the appointment.

Chapter 10: 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, and so forth). 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

1. Click the **Practice Setup** button from the Reports window and select **Procedure Code Setup** from the menu.

2. Select the Category and then the Procedure Code you want to make a Recall procedure, and then click **Edit**.
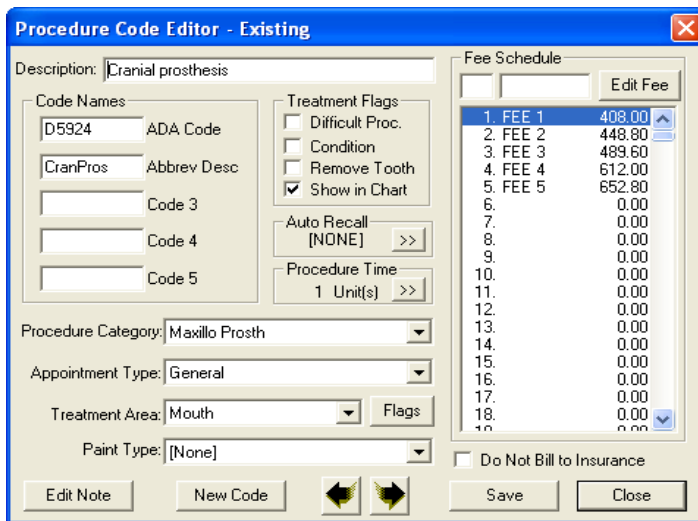
3. Click the search button in the Auto Recall section. The **Select Recall Type** dialog box will appear.

4. Select the appropriate Recall type and click the select button. Only one Recall type can be assigned to a procedure at any time.

5. Repeat these steps for all procedures you want 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

1. 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. Click **New** to add a view or select a view and click **Edit** to edit the selected view. A Recall view box will appear where you can add or edit any of the displayed settings.
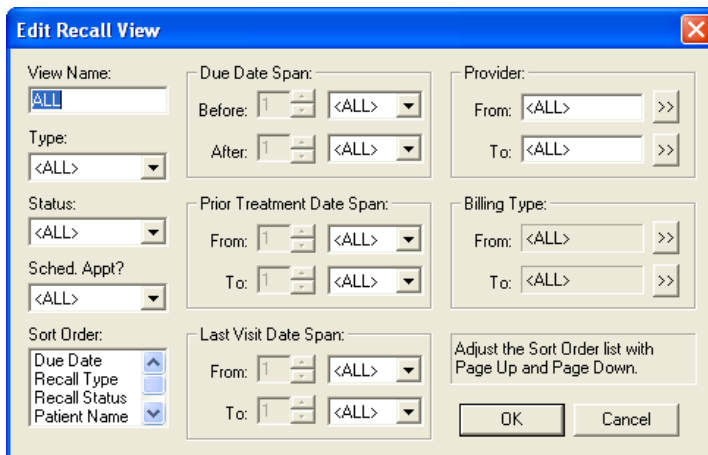
The Sort Order box in the bottom left corner allows you to customize the order in which each patient is listed on both the display and the printed list. Sorting by family allows you to look at the entire family together regardless of whether they all have the same last name.

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. Click the **Select Patient** button from the Patients module and select the desired patient.

2. Double-click the **Recall information** block. The **Patient Recall** dialog box will appear.

3. Select the Recall type you want to assign and click **Edit**.

4. 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** 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 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. Select 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.
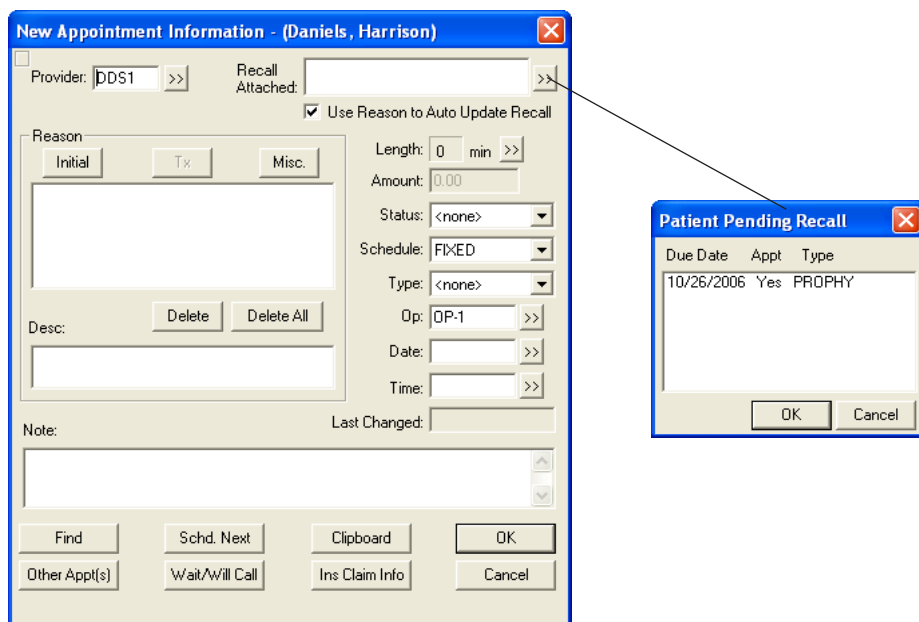
3. Generate Recall cards for your patients on a monthly or weekly basis.

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 the **Set Complete** button (a check mark) found on the toolbar. This will add the scheduled procedures to the Accounts window. When the appointment is completed, a query will appear to "Create new Recall appointment?" Selecting Yes will bring up a dialog box for New Appointment Information with the reasons, provider, time, and operatory, defaulting from the previous appointment. The date will default to the interval set for the patient.

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

1. Click the **Recall** button on the left side of your Easy Dental window. The Recall module will appear.

2. Select **Views** from the menu bar. Click the Recall view you want to use.

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. 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. To print the list, click **Print** on the toolbar and choose Recall List. A list will be printed based on the current view selected.

5. To print mailing labels, click **Print** and choose the type of label you want 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 select **Use the Avery 5160 Mailing Labels**. Click **OK**.

- 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 selected 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 **Edit**.

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. Click the **Reports** button.

2. 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.
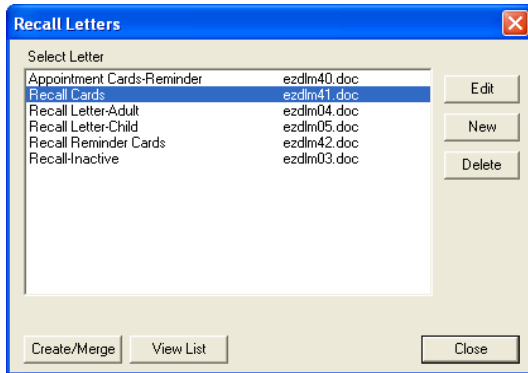
3. Use one of the following two methods to generate recall cards:

   • **To print recall cards for patients without appointments**:

      a. Select the Recall Cards option and click **Edit**. The Patient Report View Dialog box is displayed.
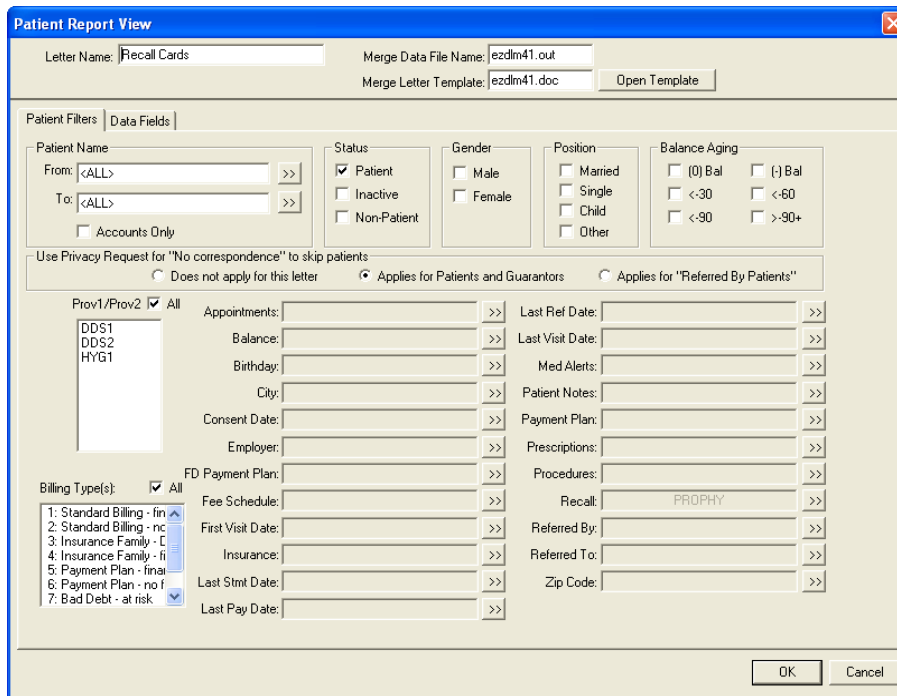
      b. By default, Easy Dental uses a 3 card to a page Recall Card format. If you use a different type of card, you will need to enter the appropriate Data File and Letter Template Names in the space provided. A list of available card formats follows:

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 the search button next to **Recall**. The **Select Recall Ranges** dialog box is displayed.

   d. From the Recall Type list, select the Recall Type(s) or select **All** to include all types.

   e. Select **Without Attached Appointment**. Easy Dental will select only those patients who do not have an appointment attached to Recall.

   f. Enter a range of Due Dates that corresponds to the patients for which you want 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 Reminder Cards and click **Edit**. The Patient Report View Dialog box is displayed.

   b. 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. Select the **Recall** search button. The **Select Recall Ranges** dialog box is displayed.

   d. From the Recall Type list, select the desired Recall Type(s).

   e. Select **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. Click the search button next to Appointments. Enter the appropriate date range that corresponds to the patients for whom you want to create cards. Type the beginning Due Date in the From field and the ending date in the To field.

4. Click **OK** to return to the Patient Report view and then **OK** again to return to the Recall letters screen.

5. Click the **Create/Merge** button. Select **Create Data File and Merge Letters** and click **OK**. Once the Cards appear in Microsoft Word, click **File**menu, click**Print**.

Chapter 11: 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
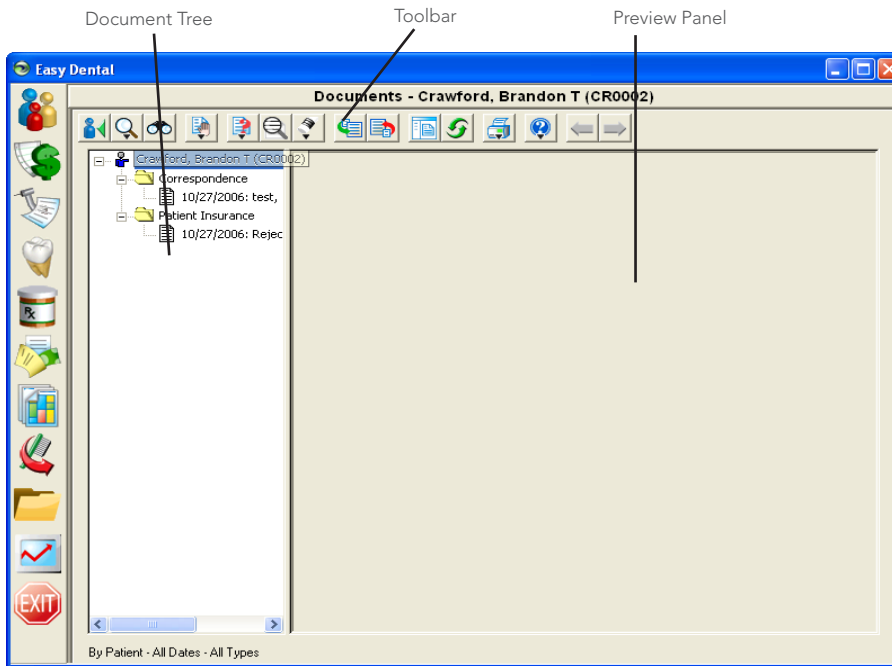
Document Tree

The Document Tree area lists the selected document source (patient, provider, and so forth), 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, and so forth.

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 (for example, to acquire documents or change the view).

Select Patient/View by Patient

View

Setup/change current filter

Acquire

Expand List

Collapse List

Hide/Show Preview

Documents Setup

Documents Viewer

Edit Selected Document

Refresh

Print

Help

Previous Page and Next Page
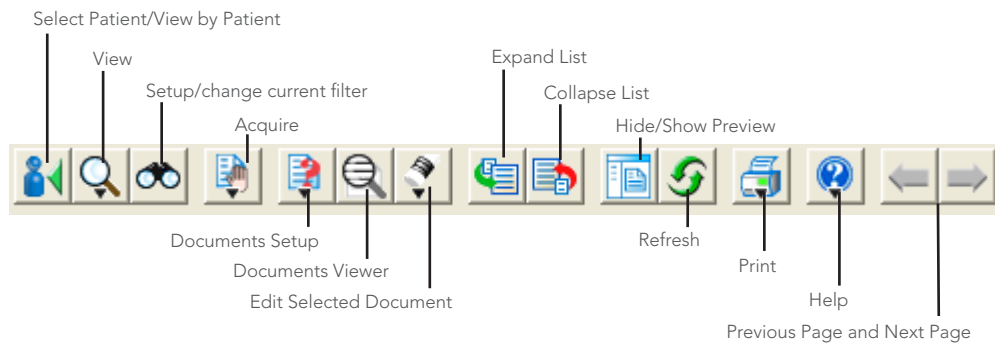
Setting Up the Documents Module

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. 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.
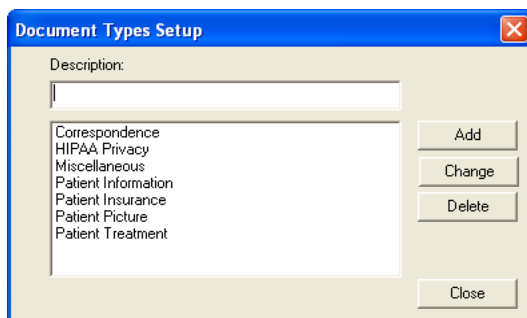
2. Type the definition of the Document Type you want to add in the **Description** field.
3. Click the **Add** button. The new type will be listed.

Editing a Type

To edit a type

1. 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 the Document Type you want to change.

3. Type the new description of the Document Type in the **Description** field.

4. 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. 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 the Document Type you want to delete.

3. Click **Delete** 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 want 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. 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. Choose the **Scanner** tab to display a list of installed scanners. Select the scanner you want to use when scanning documents into the Documents module.

3. Choose the **Digital Camera** tab to display a list of installed camera sources. Select the camera source you want to use when capturing images for the Documents module.

4. Choose the **Compression** tab to select the type of compression you want to use when storing documents within the Documents module. It is recommended that you use Perfect Quality JPEG for best results.

5. 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. Select Scale to Fit Page, Scale to One-third Page, or Print Actual Size.

6. 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%). Select **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** 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 e-mail. 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 want to use.

To import the document into the Documents module

1. Click the **Acquire** button located on the toolbar then select Scanner from the menu. The third-party scanner software will open. Scan the image according the scanner software instructions. When the scanning is complete, the **Document Information** dialog box will appear.

2. If you want 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. Click the down arrow under **Document Type** and select the type you want to assign the document to.

4. 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. 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. If applicable, click the **Orientation** down arrow and select the orientation of the image you are attaching.

7. 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. Select 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** 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 want to use.

To import the document into the Documents module

1. 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. If you want 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. Click the down arrow under **Document Type** and select the type you want to assign the document to.

4. 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. 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. If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

7. 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. Select 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** 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.

To import an image from a fiile

1. Click the **Acquire** button located on the toolbar then select **Import from File**. The Open dialog box appears.

2. 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 the file you want to import and click **Open**. The Document Information window will appear.

4. If you want 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. Click the down arrow under **Document Type** and select the type you want to assign the document to.

6. 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. 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. If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

9. 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. Select 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** 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.

To import from Patient Picture

1. 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. If you want 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. Click the down arrow under **Document Type** and select the type you want to assign the picture to.

4. 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. 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. If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

7. 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. Select 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** 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 Windows Clipboard or if the text is acceptable without margins.

To paste from the Windows Clipboard

1. Copy the desired graphic or text in Windows by using the Ctrl-C command or Edit Copy within a different Windows program.

2. 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. If you want 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. Click the down arrow under **Document Type** and select the type you want to assign the document to.

5. 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. 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. If applicable, click the down arrow next to **Orientation** and select the orientation of the image you are attaching.

8. 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. Select 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** 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, and so forth. The following steps will explain how to view documents within Documents:

To view attached documents in the Documents module

1. 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. 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

3. 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.

4. Click the **Setup/Change Current Filters** button located on the toolbar. The **View By Filters** dialog box will appear.

    *   **Document Types** – Select the Document Types you want to view or select **All Document Types**.

    *   **Include Documents Attached To** – This option is only available when viewing By Patient. Select 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 want to view or select **All Dates**.

    *   **Save as Default** – Select **Save as Default** to save the settings you have selected for the next time Documents is opened.

5. 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 want 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.

To make adjustments in the Documents module

1. Double-click the document you want 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. Make adjustments to the document as desired using the following functions:

    *   **Add Page** – Click this button and select the source from which you want 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, and so forth.

- **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. Select 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 mouse pointer 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. 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 want 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. Select 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 the document you want to edit in the Document Tree area.

2. Click the **Edit Selected Document** button and choose **Edit Document Information** or right-click the document and choose **Edit Document Information**. The Document Information windows will appear.

3. 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** to save your changes and return to Documents. Click Cancel to return without saving any changes.

Modifying Document Attachments

To modify who is attached to a specific document

1. Select the document you want to modify attachments for in the Document Tree area.

2. Click the **Edit Selected Document** button then choose **Modify Document Attachments** or right-click the document and choose **Modify Document Attachments**. The Document Information windows will appear.

3. You can add attachments by Patient, Provider/Staff, Employer, Insurance Plan, Referred BY, or Referred TO. Select 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. Select the attachment you want to remove in the Document Attachments window. Click **Remove Attachment** to remove the selected attachment from the list.

5. Click **OK** to save your changes and return to Documents. Click **Cancel** to return without saving any changes.

Deleting Documents

To delete a document from the Documents module

1. Select the document you want to delete in the Document Tree area.

2. Click the **Edit Selected Document** button, then click **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. Select 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, click **Print** then **Print Documents List** from the menu. Select the desired printer and click **OK**.

Printing Documents

To print a specific document, select 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 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 want to save the file. Change the file name and file type if necessary and click **Save**.

Chapter 12: 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 programs 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 set up 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

Reports Module Window Areas

The Reports module consists of the following areas:

- Batch Processor

- Toolbar
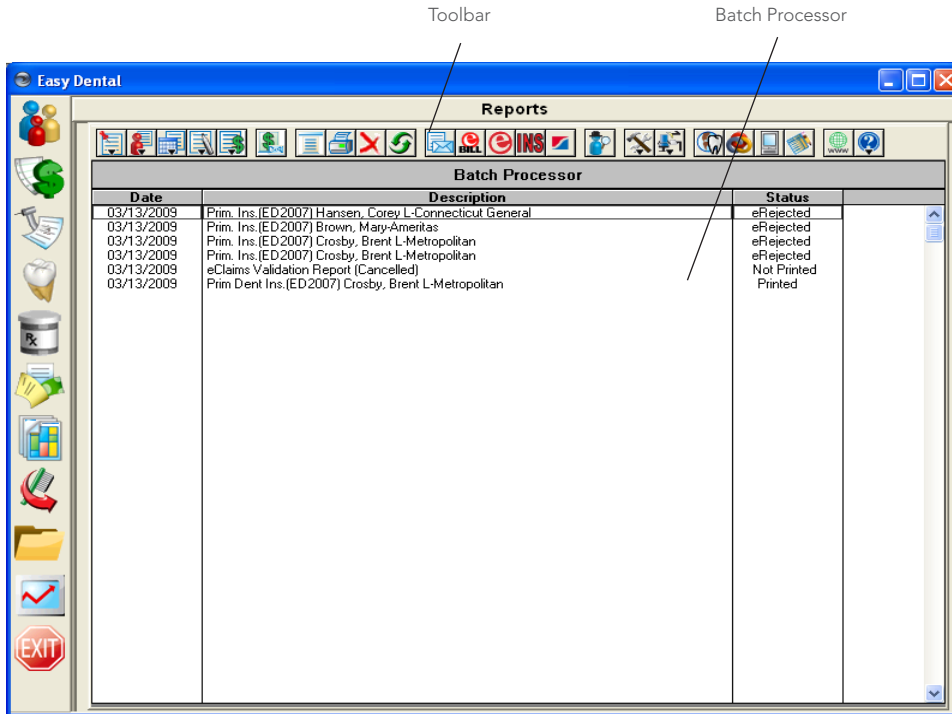
Batch Processor

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.
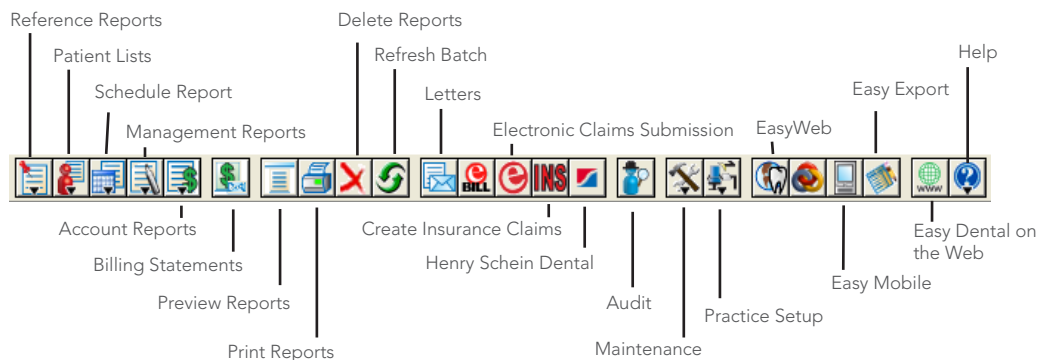
Setting Up Easy Dental

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. Start Easy Dental and click the **Reports** icon to open the Reports module.

2. From the Reports toolbar, click the **Practice Setup** button and select **Setup Printer** from the menu.

    The **Printer Setup** dialog box appears.
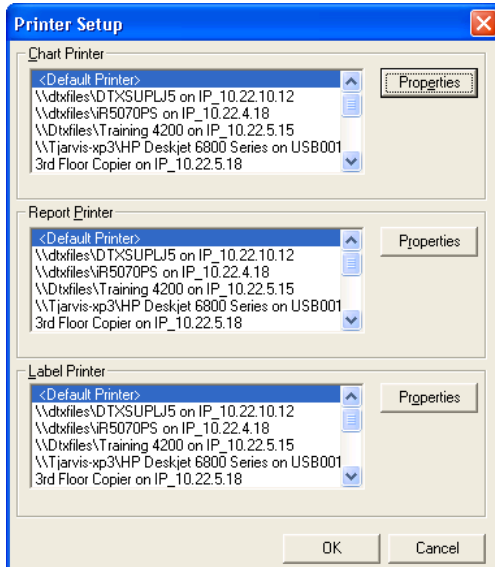
3. Select the appropriate printer for the **Chart Printer**, **Report Printer**, and **Label Printer**. For each printer selected, you can click the **Properties** button to view or set properties for the printer.

4. Click **OK** 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. Start Easy Dental and click the **Reports** icon to open the Reports module.

2. From the Reports toolbar, click the **Practice Setup** button and select **Practice Resource Setup** from the menu.

    The **Practice Resources** dialog box appears.

3. Enter your practice name, address, and phone number in the Practice Information group box by clicking **Edit** button.

   The **Practice Information** dialog box appears.

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 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 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 the month that the practice's fiscal year begins in the **Fiscal year's beginning month** (1-12) field.

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

8. 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 **Edit** 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

To add an additional operatory

1. In the Operatories group box, click **New**.

   The **Operatory Information** dialog box appears.
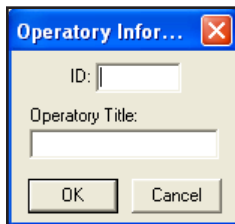
2. Enter the operatory ID and title in the corresponding fields.

   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** to add the operatory.

Editing an Operatory

To edit an operatory

1. Select the operatory you want to edit in the Operatories group box and click **Edit**.

   The **Operatory Information** dialog box appears.

2. Make the desired changes.

3. Click **OK** to save the changes.

Deleting an Operatory

To delete an operatory

1. Select the operatory you want to delete in the Operatories group box and click **Delete**.

2. If you choose to delete an operatory, the following message appears, "If this operatory is attached to any appointment or provider, DELETE will leave Easy Dental in an UNSTABLE condition. DELETE operatory?" If the operatory has not been attached to any appointments or providers click **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, and so forth. The provider ID's are used in all of the Easy Dental modules. Up to 99 providers can be entered for the practice.

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

   The **Provider Information** dialog box appears.

2. 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, and so forth.

3. 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. Expand the **Specialty** drop-down and select the appropriate specialty for the provider.

5. 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 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 the operatories that the provider most commonly uses in the **Assigned Operatories** list box.

8. Select **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** 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.

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. In the **Provider Information** dialog box, click the **Provider ID** Setup button.

   The **Select Insurance Plan** dialog box appears.

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

2. Select the appropriate insurance plan and click **OK**. Select **List Only Insurance Plans with Provider IDs Setup for this Provider** if appropriate.

   The **Provider ID Setup** dialog box 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, and so forth. 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 on all workstations, except for the computer you are using.

2. Click the **Reports** button to open the Reports module.

3. Click the **Practice Setup** button and select **Practice Resource Setup** from the menu.

   The **Practice Resource** dialog box appears.

4. Select the provider you want to inactivate.

5. Click the **Inactivate** button in the Provider(s) group box of the **Practice Resources** dialog box. The **Inactivate Provider** dialog box appears.
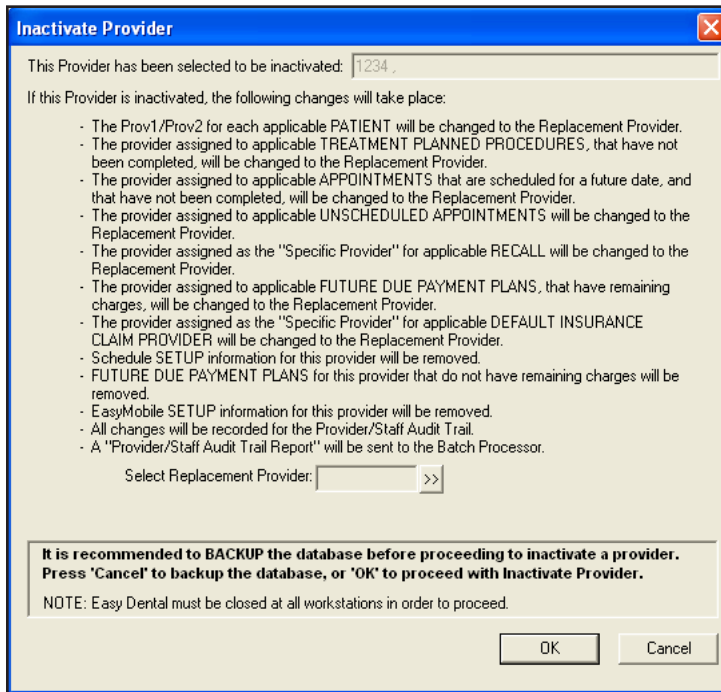
6. Thoroughly read the changes that occurs when you inactivate a provider. Click the **Select Replacement Provider** search button to select a new provider. The **Select Provider** dialog box appears. Select the appropriate provider and click **OK**.

7. Click **OK** to proceed or click **Cancel** to return to Practice Resource Setup without inactivating.

Staff Information

1. Click **New** in the Staff group box of the **Practice Resources** dialog box.

    The **Staff Information** dialog box appears.

2. 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 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** 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 select 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 selected 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.

To set up procedure codes

1. From the Reports toolbar, click the **Practice Setup** button, and then click **Procedure Code Setup**.

   The **Procedure List** dialog box appears.
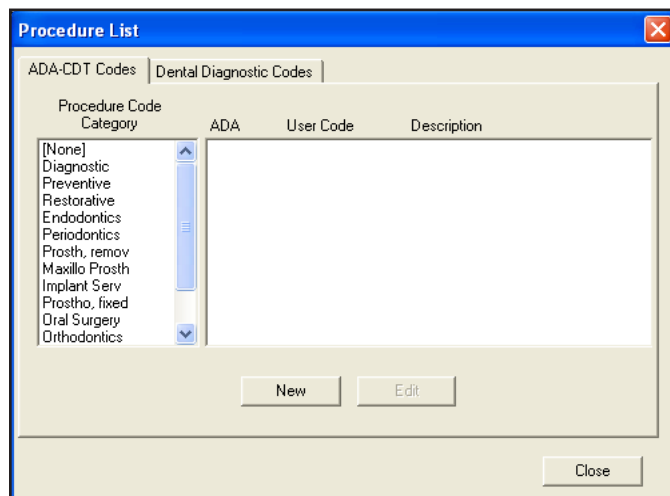
2. Choose a category on the left. All the procedure codes associated with that category appears in the right list box. Select the first procedure in the list box by double-clicking its description OR select it and then click **Edit**.

3. 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 selecting 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.)

   Notes:

   - When a fee is selected 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.

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

4. 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. 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.

   a. Choose the search button in the **Auto Recall** section.

      The **Select Recall Type** dialog box appears.

   b. Select the appropriate type and then click **Select**. 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. The **Procedure Time** button displays the **Appointment Time Pattern** dialog box that allows you to enter the number of time units that are usually scheduled for that procedure. The number of minutes assigned to each time unit was defined 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, click the Procedure Time button.
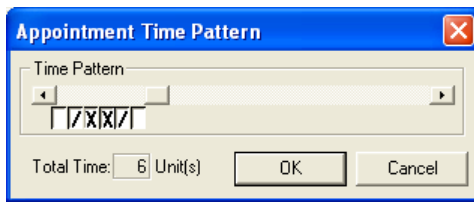
- Use the scroll bar to increase or decrease the Total Time units. The right arrow will add a unit. The left arrow will subtract a unit.

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

7. If you do not want to include this procedure on insurance claims or on the Procedures Not Attached to Insurance Report, select this option.

8. When you have entered the correct information for a procedure, click 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, click **Close** from the Procedure Code Editor Box. Then click **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 ADA claim form (such as 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. From the Reports toolbar, click the **Practice Setup** button and then from the menu, click **Procedure Code Setup**.

   The **Procedure List** dialog box appears.

2. Click the tab labeled Dental Diagnostic Codes. A list of available Diagnostic categories appears.

3. Click the **New** button.

   The **Dental Diagnostic Code Editor - New** dialog box appears.

4. Enter a description of the diagnostic code.

5. Enter the diagnostic code. This code will print on the ADA claim forms (such as J590).

6. Click the down arrow and select the desired diagnostic code category.

7. 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** to save your changes.

9. 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. From the **Reports** toolbar, click the **Practice Setup** button, and then from the menu, select **Procedure Code Setup**.

   The **Procedure List** dialog box is displayed.

2. Click the tab labeled **Dental Diagnostic Codes**. A list of available Diagnostic categories appears.

3. Click **Edit**.

   The **Dental Diagnostic Code Editor** dialog box appears.

4. Edit the code as necessary.

5. Click **Save** 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)

1. From the Reports toolbar, click the **Practice Setup** button, and then from the menu, select **Dental Diagnostic Cross Code Setup**.

   The **Dental Diagnostic Cross Code Setup** dialog box appears.

2. 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. Select the code you want to cross code.

3. Type the diagnostic code in the **Enter Code** field or select the desired Diagnostic Category from the drop down menu. All diagnostic codes under that category will be listed. Select the diagnostic code you want to use.

4. 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**, then **Explosion Code Setup**.

    The **Explosion code List** dialog box appears.

2. Click **New**.

    The **Explosion Code Editor** dialog box appears.

3. Enter a description of the explosion code (it can be up to 31 characters).

4. Enter a three digit alphanumeric code that represents the code.

5. Enter a nine digit abbreviated description of the explosion code.

6. Click the down arrow and click General, High Production, Medium Production, or Low Production for the **Appointment Type**.

7. If the explosion code represents a bridge, click **Bridge**; otherwise, click **Standard**.

8. Set the length of time required to complete this group of procedures.

9. Click the **Add** button.

    The **Add Procedure Code** dialog box appears.

    - Select **ADA code** or **Dental Diagnostic Code**. Enter the procedure or diagnostic code in the edit box provided; otherwise, click the search button and select a category, then the procedure or diagnostic code you want to add.

    - Click **OK**.

    - 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. If you plan to use this explosion code, leave this cleared. Disabling the explosion code removes it from the active explosion code lists without deleting it.

11. Click **OK** to save your changes.

Editing an Explosion Code

To edit an explosion code

1. From the Reports toolbar, click the **Practice Setup** button, and from the menu, select **Explosion Code Setup**.

    The **Explosion Code List** dialog box appears.

2. Select the explosion code you want to edit and then click **Edit**.

    The **Explosion code Editor** dialog box appears.

3. Make any changes to the descriptions, code, multi-procedure type, time, type, and procedures as necessary. Choose **OK** to save your changes.

Deleting an Explosion Code

To delete an explosion code

1. From the Reports toolbar, click the **Practice Setup** button, and then from the menu, select **Explosion Code Setup**.

    The **Explosion Code List** dialog box appears.

2. Select the explosion code you want to delete and then click **Delete**.

    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 box 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 operatory that is more commonly used than others can be redundant. To save time, Easy Dental will default to a particular provider, operatory, billing type, or billing statement. You can choose which provider, operatory, billing type, or billing statement that Easy Dental will default to at each station.

To Select Practice Defaults

1. From the Reports toolbar, click the **Practice Setup** button, and from the menu, select **Practice Defaults**.

    The **Practice Defaults** dialog box appears.

2. 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 Operatory** selected will be the default operatory for each new appointment.

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

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

    •   The **Default Insurance Claim Provider** enables you to select which provider should appear on insurance claims as the Billing Provider, Rendering Provider, and Pay To Provider. Provider of Procedures defaults to the provider who performed the procedures. Patient's Prov 1 defaults to the patient's primary provider listed in the Patients module. Specific Provider allows you to select a specific provider to default on all insurance claims by clicking the search button. Select 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. Select **OK** to save your changes and close the dialog box.

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.
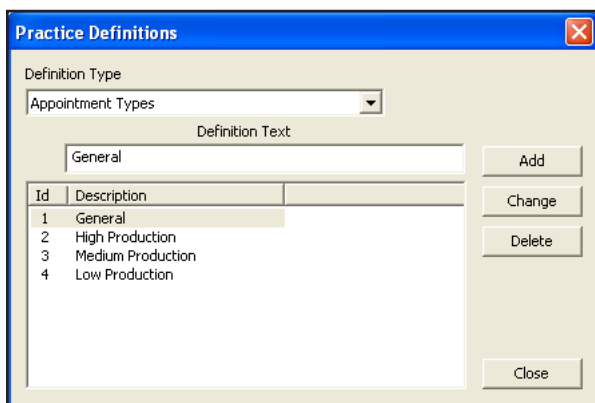
Editing Definitions

To edit definitions

1. From the Reports toolbar, click the **Practice Setup** button and from the menu, select **Definitions**.

    The **Practice Definitions** dialog box appears.

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

    •   Adding a New 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 e a definition**:

        Select the definition you want to delete.

        Click **Delete**. 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. To complete the process and exit Definitions, click **Close**.

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
- 3. VISA/MC Payment - Thank You
- 5. Discover Payment - Thank You
- 7. Outside Payment - Thank You
- 9. Collection Payment - Thank You

- 2. Cash Payment - Thank You
- 4. Payment From Insurance
- 6. AMEX Payment - Thank You
- 8. Web Patient 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.

To set up Recall

1. In the Reports module, click the **Practice Setup** button, then select **Recall Setup**.

   The **Recall Setup** dialog box appears.
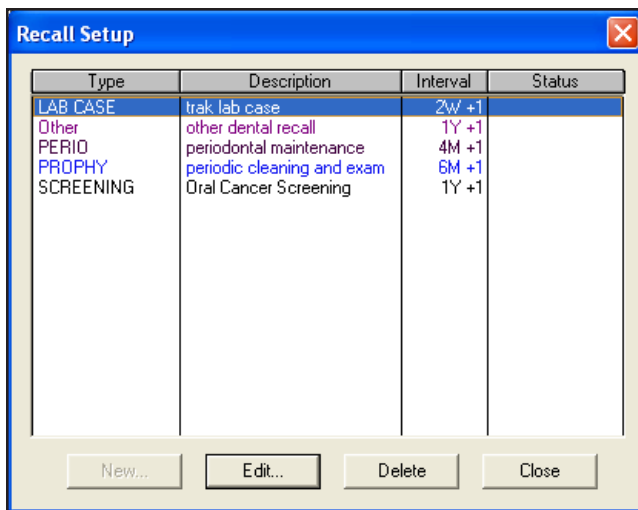
2. Select the desired recall type and click **Edit**.

   The **Edit Recall Type** dialog box appears.
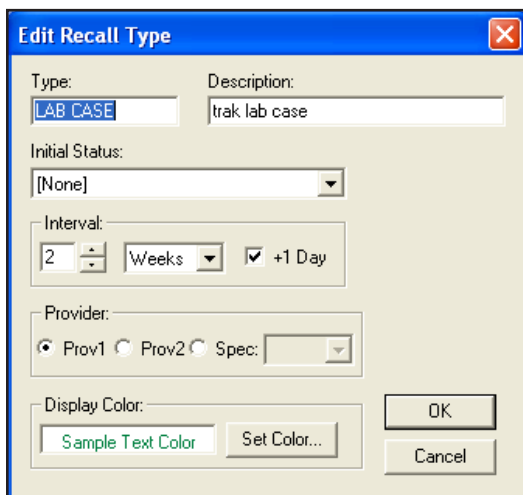
3. Verify the following information for the Recall type:

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

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

See the *Recall* chapter for more information on Recall and 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

1. From the Reports window, click the **Practice Setup** button, and then click **Auto Chart Number Setup**. The **Automatic Chart Numbering Setup** dialog box appears.

2. Select the type of numbering you want. Choose **None** if you don't want Easy Dental to assign chart numbers, **Numeric** chart number (for example, 000024), or **Alpha/Numeric** chart number (for example, AB0003).
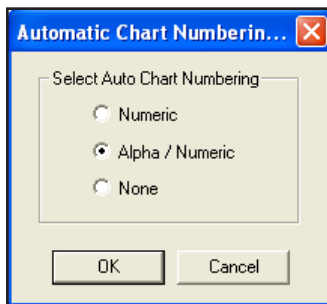
3. Click **OK** to save your selections. Auto chart number assignment is most visible when entering a new family or new family members. The Chart text box in the **Patient Information** dialog box will fill in automatically.

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

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, and so forth. 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. From Reports, click the **Practice Setup** button. Select **Passwords**, then **Setup Practice for Passwords**. The **Password - Setup Practice** dialog box appears.
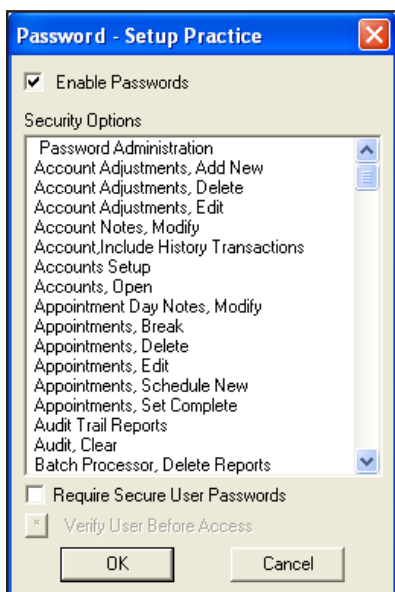
2. Select the **Enable Passwords** box. A list of security options appears.

    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. 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. 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, select the task and then press the "Verify User Before Access" button. More than one security option can be selected 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. The first time you enable passwords the **Password Administration - Setup Users** dialog box 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 box. Easy Dental will not allow the user to continue until at least one user is given Password Administration rights.
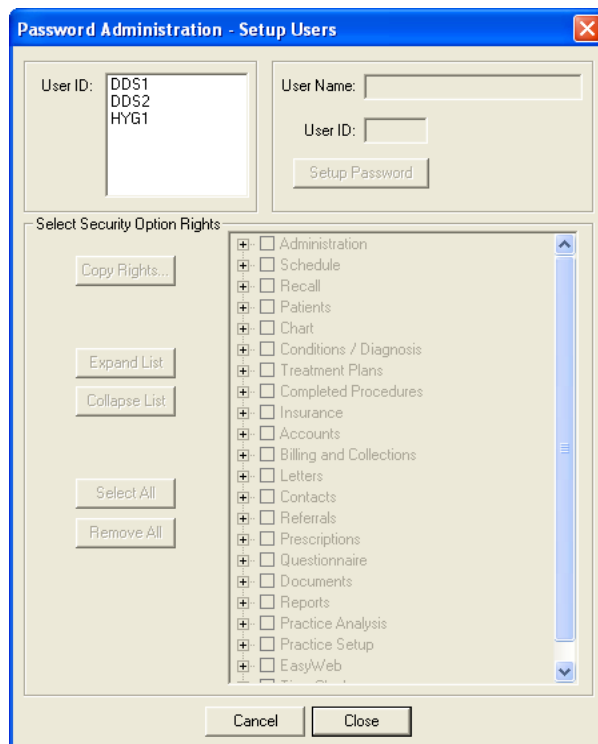
Assign User Security Rights

When assigning user rights, you should keep in mind which tasks each individual performs. Keep in mind that some rights are directly related to others. Assign rights to only those individuals who will have a need to perform that operation. For example, unless you have assigned a front desk person to analyze your production vs. collection figures, there will be no need for the front desk person to access the Practice Analysis screen. This option should not be assigned to that user.

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. From Reports, click the **Practice Setup** button. Select **Passwords**, then **Setup Users for Passwords**. The **Password Administration - Setup Users** dialog box appears.

    Note: The first time you enable passwords, the **Password Administration - Setup Users** dialog box appears automatically when OK is selected from the **Password: Setup Practice** dialog box.

2. Select the **User ID** from the list of available provider(s) and staff. Once the User ID is selected, the user name, and ID will display on the right side of the dialog box.

3. 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 **OK**.

    Note: A password is not required, but is recommended. Passwords can be changed in the Reports module by choosing Practice Setup menu, point to Passwords, and then click Change Password. The user must know the current User ID and password but does not need rights to Password Administration.

4. 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. 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. 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. You will be prompted to save the changes for the selected users before exiting the **Setup Users** dialog box.

    Note: When changes are saved for a user, you will be warned if a password was not assigned.

Dunning Messages

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 of edit dunning messages

1. From the Reports module, click the **Practice Setup** button and then click **Dunning Messages**.

   The **Dunning Messages** dialog box appears.
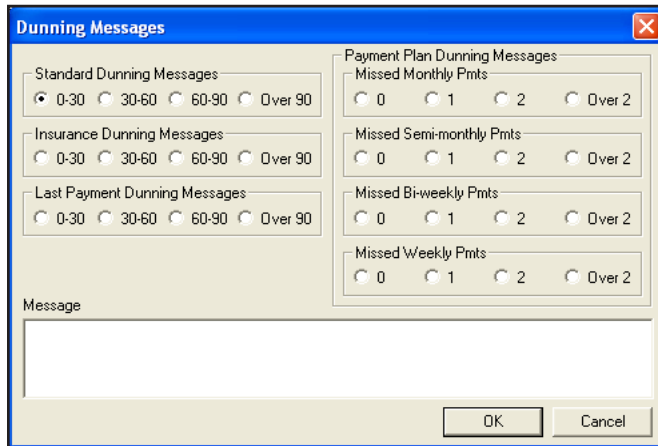
2. To view the message for each aging time period, click the **option** next to each.

3. 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 click **OK**. Each message can be up to 70 characters in length.

4. When you are finished reviewing each message, click **OK**. 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

1. From Reports, click **Practice Setup**, then **EasyMobile Setup**. The **EasyMobile Setup** dialog box appears.

2. 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 the desired providers. The selected providers will determine what data is used for the sync. Select **All Providers** to include all primary and secondary providers.

4. 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. You have the following data types:

   - **Appointments** – Click the down arrow and select the number of working days you want to download to the handheld. 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** – Select 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** – Select this option to download a patient list according to the filters and data selected. Click the **Data** button to open the **Patient List Details** dialog box. Available data fields are listed in the left column. To add a data field to the Export Fields list, select it and click the > button. To remove a field, select it and click the < button. Click >> to move all fields to the right or << to move all fields to the left column.

   - Select 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 box 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. To save these settings for all EasyMobile Users, select 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** 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. From Reports, click **Practice Setup** then **Survey Setup**. The **Survey Setup** dialog box appears.

2. Click the **New** button. The **Text/Question for Questionnaire** dialog box appears.

3. 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, and so forth). 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. Select 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** to save your changes.

6. Repeat steps 2: 5 for any other statements or questions that need to be added to your questionnaire.

7. When you are finished setting up the questionnaire, click **OK** to exit the Patient Survey Setup.

Setting the Order of Survey Questions

You can arrange the order of statement/questions for your questionnaire. Select 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 or question to be changed.

2. Click **Edit**.

    The **Statement/Question for Questionnaire** dialog box appears.

3. Edit the statement or question and then click **OK** to save your changes.

4. When you are finished making changes to the questionnaire, click **OK** 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 or question to be deleted.

2. Click **Delete**. A warning message appears. If you want to delete the statement or question, click the **Yes** button. Click **No** 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** to exit the Patient Questionnaire Setup.

Prescriptions Setup

To setup prescriptions to use in the Rx Writer

•   **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. From the Reports toolbar, click **Practice Setup** then click **Prescription Setup**.

    The **Prescription Setup** dialog box appears.

2. Click the **New** button.

    The **New Standard Prescription** dialog box appears.

3. 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 the drug information. This prints on the prescription form. You may enter up to 50 characters.

5. Type the dosage interval and any instructions that should print on the prescription form in the **SIG** box.

6. Enter the number/amount of the medication to dispense in the **Disp** box.

7. If the prescription may be refilled, enter the number of times to refill in the **Refills** box.

8. Select **Dispense as Written** if the pharmacy should only use the drug named on the prescription. Select **Generic Substitution Permitted** if the pharmacy may fill the prescription with a generic version of the medication.

9. 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** to return to the **Prescriptions Setup** dialog box. Repeat steps 2: 10 for any other prescriptions to be set up.

Editing a Prescription Type

To edit a prescriptions type

1. From Reports, click **Practice Setup** then click **Prescription Setup**. The **Prescription Setup** dialog box appears.

2. Select the prescription you want to edit. Click **Edit**.

3. Make any changes to the default prescription.

4. Click **OK** to return to the **Prescriptions Setup** dialog box.

Deleting a Prescription Type

To delete a prescription type

1. From the Reports toolbar, click the **Practice Setup** button and then from the menu, select **Prescription Setup**.

    The **Prescription Setup** dialog box appears.
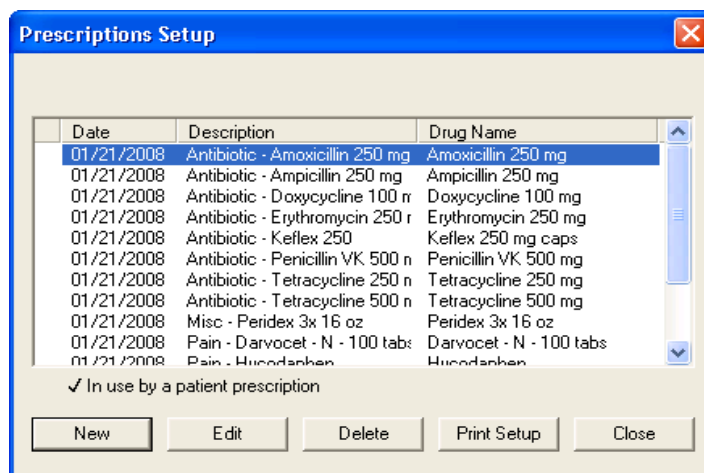
2. Select the Prescription you want to delete.

3. Click **Delete**. A warning appears. Click **Yes** 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

1. From Reports, click **Practice Setup** then click **Prescription Setup**.

    The **Prescription Setup** dialog box appears.

2. Click **Print Setup**.

The **Printer Setup** dialog box appears.

3. Select the printer you want to use to print prescriptions.

4. If your state requires a specific format for prescriptions, click the down arrow next to the **Form** field and choose the correct form.

5. If you will be using preprinted paper when creating prescriptions, select the Using preprinted paper option.

6. If you need to list the number/amount of the medication to dispense as a word, select the **Print number for "Disp" as a word** option. (Example: "four" instead of "4")

7. If you will be using the Prescriptions module to record prescription information but will not be printing prescriptions, select the **Disable Printing** option.

8. Click **OK** to save your printer setup and return to the **Prescription Setup** dialog box. Click **Close** to return to the Reports module.

Modem Setup

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

1. From the Reports toolbar, click the **Practice Setup** button, and then from the menu, select **Modem Setup**.

    The **Modem Setup** dialog box appears.
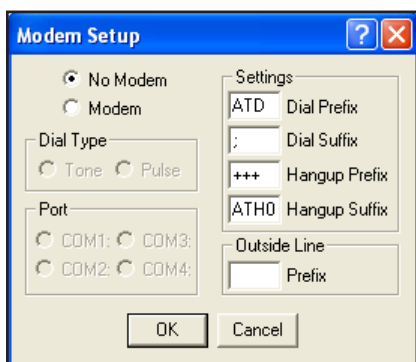
2. If you have a modem, click **Modem**.

3. 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 the **Communication Port** (such as 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. 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. 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. When you have made the **appropriate selections in this** dialog box, click **OK**.

    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

To set up the network

1. From Reports, click **Practice Setup** then click **Network Setup**. The **Network Setup** dialog box 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. 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** to save your changes and return to Reports.

Preferences

The **Preferences** dialog box 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. From the Reports toolbar, click the **Maintenance** button.

2. From the Maintenance menu, click **Preferences**.

    The **Preferences** dialog box appears.
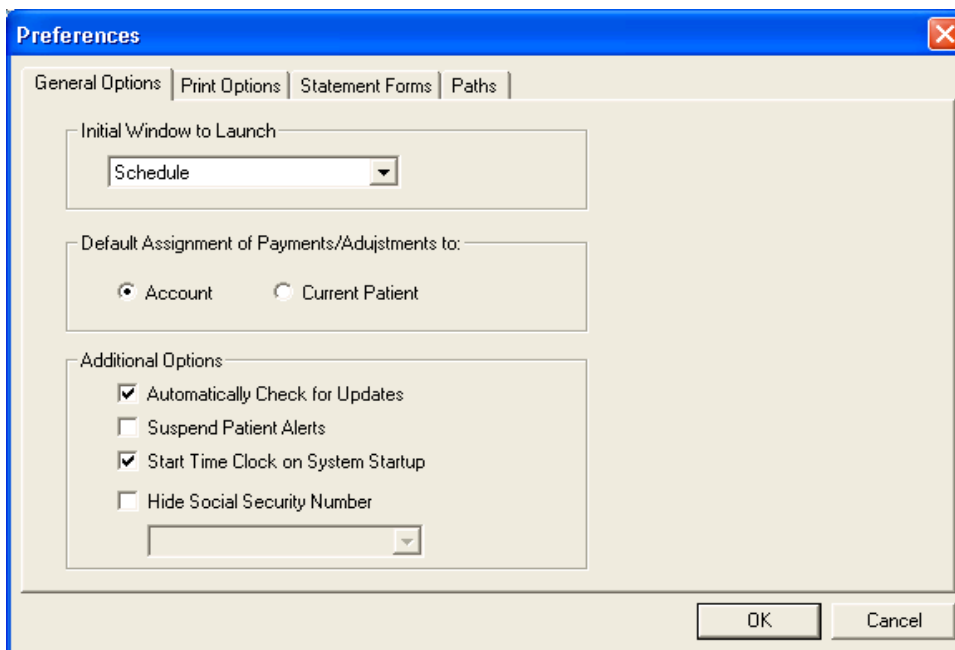
3. Click **OK** to save the settings.

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** – Select 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.

- **Click Suspend Patient Alerts (Optional)** – Select to prevent any Patient Alerts from automatically appearing on this computer.

- **Start Time Clock on System Startup** – Select this option to have the Time Clock module open when the computer boots up.

- **Hide Social Security Number** – Select this option to prevent a patient's Social Security number from appearing on billing statements, patient information forms, and other documents. Select one of the following options from the list:

  - **Hide Completely** – A blank space appears instead of the Social Security number.

  - **Mask Completely** – The pound sign # appears instead of the Social Security number.

  - **Mask All but Last 4 Numbers** – The pound sign # appears except for the last four numbers of the Social Security number.

Print Options

When you click the Print Options tab, you can set general printing options that will affect reports printed from Easy Dental. These setting will not affect letters since they are printed from Microsoft Word. 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** – Select this box to print the provider ID next to each transaction description on Walkout and Billing Statements.

- **No Insurance Flag(*) on Statements** – Select 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, select 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. Select 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: Select this box to skip patients who have "No Correspondence" checked in the Patients module.
- **Sort Claim by ID** – Select this box to print procedures on insurance claims in the order the procedures were posted.
- **Sort Pre-treatment by ID** – Select this box to print procedures on pre-estimate claims in the order the procedures were posted.
- **Print Provider Balances for Aging Report** – Select this box to add a provider balance total for each provider on your Aging Report. If desired, select **Include Accounts with 0.00 Balance**.

Statement Forms

All billing statements that are available from Easy Dental are listed. To change the description of an available form, select 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 box. The **To Top** button will move the selected form to the top of the list.

Paths

When you click 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.

Selecting the Initial Window to Launch

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

To select your Startup window

1. Under **Initial Window to Launch**, select the Easy Dental module you would like to start each morning from the list.
2. Click **OK** 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's account. The option will default according to what you have selected in the **Preferences** dialog box.

To select a payment and adjustment default

1. Under **Default Assignment of Payments/Adjustments to**, select one of the following:

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

2. Click **OK** 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. From the Reports module, click the **Maintenance** button and click **Fee Schedules**. The **Automatic Fee Schedule Changes** dialog box appears.

2. Select the Fee Schedule you want to change, by clicking the search button next to the **Select Fee Schedule** box.

3. If desired, select the procedure codes you want to change, using the search buttons next to the **From** and **To** boxes.

4. Choose the way you want to change the fee schedule.

- Select the **Copy Fee Schedule To** option.
  - Click the search button to the right of that option.
  - Select the Fee Schedule name you want to copy this fee schedule to.
- Click the **Clear Fee Schedule** button to make each amount in the fee schedule $0.
- Select the **Change Fee Schedule** option.
  - Click the **Increase By** or **Decrease By** options. You can Increase or Decrease the fees in the range you've selected by dollar amounts or percentages.
  - Choose the appropriate **Round To** option. You can choose to round the percentages you select to the nearest dollar, dime or penny.

5. 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. Click **Accept** to save the new fee schedule. Or, click **Reject** 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, and so forth. 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. From Reports, click the **Maintenance** button and click **Report Fonts**.

2. Click the down arrow in the **Easy Dental Report Fonts** box. A list of font styles appear. Click the Style you want to edit.

3. Click the **Change Font** button. The **Fonts** dialog box appears.

4. Select the desired font, style, and size in the appropriate columns.

5. Click **OK** to return to the **Report Fonts** dialog box. If the displayed sample is satisfactory, click **OK**. 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. Choose the **Maintenance** button, then **Purge Exported Files**. The **Purge Exported Files** dialog box appears.

2. Select **Purge data files for Letters/Quick Letters** to delete any .out files (data) created during letter merges and stored in the Exports directory. Select **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** to purge the selected data. Click **Cancel** to exit this dialog box without deleting anything.

Standard Coverage Tables

The Standard Insurance Coverage Tables are made available to be copied for insurance plans in the Patients window. The first standard coverage table is automatically given to each new insurance plan as the default. The insurance coverage table is used to estimate the portion of charges the insurance company will pay.

To edit a Standard Coverage Table

1. Choose the **Maintenance** button, then **Coverage Tables**. The **Standard Insurance Coverage Tables** dialog box 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. From this list box you can select any one of the five standard coverage tables in the Easy Dental system. Click **Edit**. The **Insurance Coverage Table** dialog box for the coverage table you selected appears.

3. See the Patients chapter for information on editing the Coverage Table.

4. Select **OK** when you have finished editing the coverage Table. Click **Close** in the **Standard Insurance Coverage Table** dialog box to return to the main Reports window.

Employer Maintenance

The Employer Maintenance feature makes it easy to add, edit, join, and purge employers from a central location in the Reports module. To make the process of assigning an employer easy, Easy Dental compiles a database of employers. As a result, you only need to enter the employer information once. After the employer information has been entered either in the Patients module or through Reports, you can then select the employer for a patient in the Patients module.

The Employer Maintenance screen in Reports gives you the ability to manage employer information from a central location. This is also helpful in preventing duplicate employers from being entered. (For information on assigning employers to patients, see the *Patients* chapter.) This section will detail how to add, edit, and delete employers.

Adding an Employer

To add an employer

1. From Reports, click the **Maintenance** button then click **Employer Maintenance** from the menu. The **Employer Maintenance** dialog box appears.

2. Click the **New** button. The **Employer Information** dialog box appears.

3. Enter the employer's name, address, and phone number in the appropriate fields.

4. Click **OK** when finished. The Employer will now be listed in the Employer Maintenance window.

Editing an Employer

To edit an employer

1. From Reports, click the **Maintenance** button then choose **Employer Maintenance** from the menu. The **Employer Maintenance** dialog box appears.

2. 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 select it.

3. Click **Edit** to open the **Employer Information** dialog box.

4. 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

Joining employers will merge two employers into one. All employees from the Source Employer will be moved to the Destination Employer selected.

To join employers

1. Make sure that Easy Dental is closed on all workstations, except the workstation that you are working on.

2. From Reports, click the **Maintenance** button then choose **Employer Maintenance** from the menu. The **Employer Maintenance** dialog box appears.

3. Click the **Join Employers** button. The **Join Employers** dialog box appears.

4. Click the search button next to **Source Employer**. Select the employer that you want to merge. Click **OK**.

5. Click the search button next to **Destination Employer**. Select the employer that the Source Employer should be changed to. Click **OK**.

6. 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. From Reports, click the **Maintenance** button then choose **Employer Maintenance** from the menu. The **Employer Maintenance** dialog box appears.

2. Click the **Purge** button. The **Purge Employers** dialog box appears. All employers that are not attached to any patients will be listed.

3. If you want to delete all employers listed, click **Delete All**. If you only want to delete a selected employer, select the desired employer and click **Delete**.

   Note: If an employer you want to delete is not listed in the **Purge Employer** dialog box, it is attached to a patient. The employer must be cleared from the patient's file in the Patients module before it can be deleted. To find the patient, print the Employer List for that employer (in Reports click Reference Reports menu, click Employer List and select Include Employees).

4. Click **Close** 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. From Reports, click the **Maintenance** button. Select **Insurance Maintenance** from the menu. The **Insurance Maintenance** dialog box 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 the **New** button. The **Insurance Information** dialog box appears.

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

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

7. 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. Click the down arrow next to **Claim Format** to select the desired format that should be used when printing claims for this carrier.

9. The **Alt Code** text box will default to the ADA procedure codes. To use a different code system when printing insurance claims for this carrier, select the **Alternate Code** search button and the **Select Alt Code** dialog box will display the available alternate code selections.

10. 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. 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. 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. 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. 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. 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, select this box and enter the appropriate letter that will replace the initial character of each procedure code on printed claims.

16. If you do not want to include dental diagnostic codes on the insurance claims for this carrier, select this option.

17. To exclude the Group Plan name from printing on the claim or from sending electronically, select this option.

18. Select 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*Batch Insurance Claims* and *Account Reports* in this chapter.)

19. Click **OK** to exit and save your changes. If you want to exit without saving any changes, click **Cancel**. You will return to the Insurance Maintenance window.

Changing Insurance Carrier Information

To change insurance carrier information

1. From Reports, click the **Maintenance** button then select **Insurance Maintenance** from the menu. The **Insurance Maintenance** dialog box appears.

2. 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. Select 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 the desired carrier to select it.

3. Click the **Ins Data** button. The **Insurance Information** dialog box appears.

4. Edit the **necessary information contained in this** dialog box.

5. Click **OK**. 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.

6. 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. From Reports, click the **Maintenance** button then select **Insurance Maintenance** from the menu. The **Insurance Maintenance** dialog box appears.

2. 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 the desired carrier to select it.

3. Click the **Cov Table** button. The **Insurance Coverage** dialog box appears. The carrier and group plan names are placed in the title bar.

For complete information regarding editing the Coverage Table, see Working with Coverage Tables in the Patients chapter.

Entering and Editing the Payment Table

A Payment Table is used when an insurance carrier always pays the same fee on a procedure regardless of percentage. Easy Dental can automatically update the insurance payment table whenever payments are received from the carrier. This process maintains the accuracy of the table and is used to calculate insurance estimates. You can view and edit payment tables from the Insurance Maintenance screen.

To enter and edit the payment table

1. From the Reports module, click the **Maintenance** button then select **Insurance Maintenance** from the menu. The **Insurance Maintenance** dialog box appears.

2. 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 the desired carrier to select it.

3. Click the **Pmt Table** button. The Edit Updated Insurance Payment Table appears. The carrier and group plan names are shown at the **top of this** dialog box.

For complete information regarding the Payment Table, see Using Payment Tables in the Patients chapter.

Joining Insurance Carriers

To move all subscribers from one plan to another, essentially merging plans

1. Make sure that Easy Dental is closed on all workstations, except the workstation that you will be working on.

2. From Reports, click **Maintenance**, then **Insurance Maintenance**. The **Insurance Maintenance** dialog box appears.

3. Click the **Join Plans** button. The **Join Plans** dialog box appears.

4. Select **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. Select **Subscriber's Employer must match Insurance Plan Employer Field** to move only subscribers who are assigned the same employer in the Patients module. Select **Plan-to-Plan** to join insurance plans regardless of employers.

5. 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. 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 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

To purge insurance carriers

1. From Reports, click the **Maintenance** button then select **Insurance Maintenance**. The **Insurance Maintenance** dialog box appears.

2. Click the **Purge** button. The **Purge Dental Insurance Plans** dialog box appears listing all plans that are not attached to any patients.

3. If you want to delete all carriers listed, click **Delete All**. If you only want to delete a selected carrier, select the desired carrier and click **Delete**.

Note: If the carrier you want to delete is not listed in the **Purge Insurance** dialog box, it may be attached to a patient or to an outstanding claim. You must clear that insurance from the patient's file before it can be deleted. To find the patient, print the Insurance Carrier List for that plan (in Reports choose Reference Reports menu, point to Insurance Carrier List, and then click Include All Insured Patients). For more information, see "Duplicate Insurance" in the "Patients" chapter.

4. Click **Close** when finished.

Purge Dental Insurance Benefits Used

Purge Insurance Benefits Used allows you to selectively zero out insurance coverage benefits used.

To purge used insurance benefits

1. From Reports, click **Maintenance**, then **Purge Dental Insurance Benefits Used**. The **Used Dental Insurance Benefits Purge** dialog box appears.

2. 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, select Selected Insurance Plan and click the search button to select the desired plan.

3. 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 click Setup Printer. Select 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. 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 it.

2. Click the **Print** button. The selected items will be sent to the printer.

    OR

    Click 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

To delete reports from the batch processor

1. Select the report you want to delete.

    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 Report(s)** command button. The **Delete Options** dialog box appears.
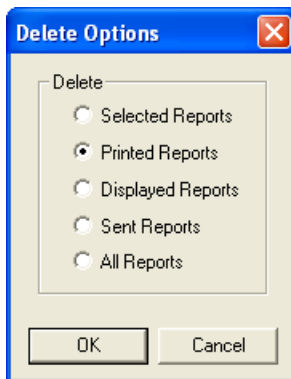
3. Click the **optio**n next to the Delete Option you desire.

    - **Selected Reports** – Deletes all selected 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.

- **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 box allows a different printer to be selected. There are options to print all scheduled reports for the current print preview session, print the currently displayed report, or select a range of pages for the currently displayed report. The number of copies can also be specified. Make the desired selections and then select **OK** to print.

- **To Save Defaults** – From the **Options** menu, select **Save Defaults on Exit** to save the following when Preview Reports is exited (if the option is checked): the current Zoom % setting, the View One Page or View Two Page setting, and the size and location of the Preview Reports window.

- **To View One Page or to View Two Pages** – Select the appropriate option from the **Options** menu; click 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 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 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 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.

   Note: The parameter settings for each of the reports that are available are explained in the following pages.

2. Click the report you want to print from that category's drop-down menu. A dialog box for the specific report's options will display. An explanation of the options for each report follows. When the report ranges and options have been specified, select OK to send the report to the Batch Processor.

3. Follow the steps for how to Print Reports from *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.

To print the Procedure Code List

1. The report date will default to today's date. This date can be changed if necessary.
2. 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. Select this option if you want to include diagnostic codes on the report.
4. 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 Explosion Code List

1. The report date will default to today's date. This date can be changed if necessary.
2. 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. Select the option to include dental diagnostic codes on the list, if desired.

4. Click **OK** 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.

To print the Fee Schedule

1. The report date will default to today's date and may be changed if necessary.

2. 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 whether you want to print just one fee schedule or a range of five, beginning with the fee schedule you selected.

4. Select the Fee Schedule you want to print or the starting fee schedule in the range of five.

5. Click **OK** 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.

To print the Employer List

1. The report date will default to today's date and may be changed if necessary.

2. 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. If you want to list the patients employed by each employer, select 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** 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.

To print the Insurance Carrier List

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 select 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** 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.

To print the Standard Coverage Tables

1. The report date will default to today's date and may be changed if necessary.

2. 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** 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.

To print the Insurance Coverage Tables

1. The report date will default to today's date and may be changed if necessary.

2. 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** 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.

To print the Updated InsPmt Table

1. The report date will default to today's date and may be changed if necessary.

2. 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** 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.

To print the Provider IDs List

1. The report date will default to today's date and may be changed if necessary.

2. 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**.

3. 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**.

4. Click **OK** to send the report to the Batch Processor.

   Note: The following three reports do not have any options. When One is selected, it will send the Report to the Batch Processor after clicking Yes on the dialog box.

Practice Organization List

This report prints a list of the Primary Providers, Secondary Providers, and the staff members that have been set up for your practice. The report includes the provider or staff setup information. Secondary providers will be printed after primary providers, followed by the staff members.

Custom Practice Information

This report prints a list of customized information set up in the Definitions option.

Registration Information

This report will list the practice information and serial number of the Easy Dental software.

Blank ADA Form

This option allows you to print a blank 1995, 2000, or 2003 claim form. Select the form you want to print. Select **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 is 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, e-mail 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.

To print a Patient List

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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 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#, and so forth.

   • **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** 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.

To print the Birthday List

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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. If you want to print mailing labels, select the Mailing Labels box. Be sure to select the correct number of columns to print.

6. Select **Sort by Birthdate** if you want to have the list in order of birth dates. Otherwise, it will sort alphabetically.

7. Choose **OK** to send the report to the Batch Processor.

New Patient List

To print the 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. The report date will default to today's date and may be changed if necessary

2. 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 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 the **First Visit Date** range you want to search for.

5. 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. If you want to sort the list by the date of the patient's first visit, select this box.

7. 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.

To print the Inactive Patient List

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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 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. If you want to print mailing labels, select the Mailing Labels box. Select the number of columns you want to print.

7. 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.

To print the Archived Patient List

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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. Standard List: lists detailed information about the archived patient such as address, chart #, last visit date, birth date, SS#, and so forth.

6. Chart Number Report – lists the patients' name, birth date, SS#, and chart number.

7. 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, and so forth.

To print the Patient Notes Report

1. The report date will default to today's date and may be changed if necessary.

2. 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. If you are printing a range of patients and you want to include only the Head of House for each account, select the **Accounts Only** box.

4. 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 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. Select the boxes next to the types of notes you want to include on the report.

   • **Appointment Notes** – Select this option to print all notes attached to appointments scheduled within the entered date range.

   • **Patient Alerts** – Select this option to print all notes attached to Patient Alerts within the entered date range.

   • **Patient Note** – Select this option to print all notes entered in the Patient Note field in the Patients module.

   • **Medical Alerts** – Select this option to print all Medical Alerts for the patient.

   • **Recall Notes** – Select this option to print the Recall Notes added in the Recall Information screen.

   • **Insurance Claim Notes** – Select this option to print all notes entered for insurance claims.

   • **Insurance Plan Notes** – Select this option to print all notes attached to the insurance carriers.

   • **Future Due Pmt Plan** – Select this option to print all notes attached to Future Due Payment Plans.

   • **Account Note** – Select this option to print the Account Notes entered in the Accounts module.

   • **Account Statement Note** – Select this option to print the Account Statement Note entered in the Accounts module.

7. Choose **Print** 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.

To print the Patient Privacy Requests List

1. From the Reports module toolbar, click the **Patient Lists** button. Choose **Patient Privacy Requests List** from the menu.

2. From the **Patient Privacy Requests List** dialog box, enter or accept the **Report Date**.

3. 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 a date range to include only patients with a consent date within the range or leave at <ALL> to include all patients.

5. Select 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 **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** – Select the desired Recall type(s). Only patients with this recall type within the due date range will be included on the list. Select **All** to include all types.

7. Select the desired billing type(s). Only patients with this billing type will be included on the list. Select **All** to include all types.
    - **Include Accounts Only** – Select 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 the desired appointment providers or select 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** – Select **Scheduled appointments** to include patients who have existing appointments in the Schedule module. Select **Unscheduled** to include patients who have an appointment on the Unscheduled list.
    - **Include Patients with No Future Appointments** – Select this option to include patients that do not have a scheduled or unscheduled appointment.

9. Select the desired primary provider(s). Only patients who have the selected provider(s) as their primary provider in the Patients module will be included. Select **All** to include all providers.

10. Select **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. Select the **Save As Default** option to save your selections for the next time you print this report.

12. Click **OK** 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. The report date will default to today's date and may be changed if necessary.

2. 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 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. 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. 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, click the **Select Patient** search button to select a patient.

6. 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** 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.

To print the ASAP List

1. The report date will default to today's date and may be changed if necessary.

2. 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 or accept the appointment date range.

4. Click **OK** 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.

To print the Unscheduled Appointment List

1. The report date will default to today's date and may be changed if necessary.

2. 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 Unscheduled Appointment Date range.

4. 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.

To print the Unscheduled Treatment Plans

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 a date range for treatment plan procedures for the report.

5. 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** to send the report to the Batch Processor.

Management Reports

There are several management reports to choose from. These are described in the following sections.

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.

To print the Day Sheet

1. The report date will default to today's date and may be changed if necessary.

2. 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 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. 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. 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. Any of the following reports can be selected (more than one can be chosen), and will print using the ranges and options currently selected from the **Day Sheet** dialog box:

   • **Chronological Day Sheet** – Prints a day sheet listing the transactions in the order they were entered. Treatment plan items that were entered before "today" and then set complete will print before items actually entered "today." The advantage of printing a chronological day sheet rather than an alphabetical day sheet is that it will print faster because there is no sorting required.

   • **Alphabetical Day Sheet** – Prints a day sheet that is sorted alphabetically by patient name (last name first).

   • **Receipts Only Day Sheet** – Prints only payment transactions.

   • **Adjustment Only Day Sheet** – Prints only adjustment transactions.

   • **Deposit Slip** – Prints only payment transactions, in a format suitable for a bank deposit slip. You may select the payment types you want to include.

7. Select 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** 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.

To print the Analysis Summary

1. The report date will default to today's date and may be changed if necessary.

2. 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. 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 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. 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. 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** 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 (such as Diagnostic, Restorative, and so forth). 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 clearing 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.

To print a Practice Analysis report

1. The report date defaults to the current date and may be changed if necessary.

2. Select the providers you want to print, or leave the **ALL** box checked to print all providers.

3. 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 the Billing Types you want to print, or leave the **ALL** box checked to include all Billing Types.

5. Select the type of summary report you want.

6. Choose **Print** if you want to print the report now, or click **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.

To print the Finance Charge Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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. Edit or accept the range of dates to print.

5. If you want to alphabetize the report by patient last name, select the **Sort** box.

6. 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.

To print the Late Charge Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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. Edit or accept the range of dates to print.

5. If you want to alphabetize the report by patient last name, select the **Sort** box.

6. 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.

To print the Referred TO Doctor Report

1. The report date will default to today's date and may be changed if necessary.

2. 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. This is the Referred to Date from the Patients window. Edit or accept the range of dates to print.

4. 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** 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.

To print the Referred BY Doctor or Other Report

1. The report date will default to today's date and may be changed if necessary.

2. 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. Edit or accept the range of dates to print according to the referred patient's first visit date from the Patients module.

4. Enter the date range for the total production for each referred patient that prints on the report.

5. 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** 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.

To print the Referred BY Patient Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 or accept the referral date range.

4. Enter the date range for the total production for each referred patient on the report.

5. 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 the Mailing Labels box if you want to print mailing labels. Select the number of columns to print on the labels.

7. Click **OK** 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.

To print the Family Accounts Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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. 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. **Print Condensed Report** allows more than one family Accounts module to be printed on a single page; in other words, it does not insert a page break between families.

- List Individual Patient Balances for Family – Select this option to include each patient balance within a family.

7. 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.

To print the Patient's History Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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. 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. **Print Condensed Report** allows more than one patient's account to be printed on a single page; in other words, it does not insert a 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** 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.

To print the Aging Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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. 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. 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. 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. 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. To calculate each aged balance by a certain date, select 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. If you want to include the first line of the account's note, select 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 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** 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.)

To print the Patient Balance Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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** 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.

To print the Payment Plan Report

1. Edit or accept the Report Date.

2. 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 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 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 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 the interval(s) you want to include on the report.

7. Select the number of payments missed to include on the report. To include all accounts regardless of payments missed, select the '0 or more' option.

8. Enter the previous payment due date for the payment plans, or leave at <ALL> to include all accounts.

9. Enter a dollar range for the remaining balance of the payment plans, or leave at <ALL> to include all accounts.

10. Enter a range for the remaining number of payments, or leave at <ALL> to include all accounts.

11. Choose whether you want to sort the list by account name, payments missed, remaining number of payments, or amount past due.

12. Select this option to print the last Payment Plan Note for each account on the report.

13. Select this option to save your settings for future Payment Plan Reports.

14. Click **OK** 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.

To print the Insurance Aging Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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. 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. Select this option to print any claim status notes on the report.

7. 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 print the Insurance Claims to Process Report

1. From the **Insurance Claims to Process Report** dialog box, enter or accept the report date.

2. 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 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 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. 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** 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.

To print the Secondary Insurance Claims Not Created Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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. Edit or accept the date range for primary insurance claims to include in the report.

6. 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. Select 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** 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 Report

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 the Procedures Not Attached to Insurance Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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. 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** 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.

To print the Pre-Treatment Estimate Aging Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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. 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** 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.

To print the Future Due Payment Plan Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 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 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 the Future Due Payment Plan date range that the report will search within.

6. 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** 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.

To print the Utilization Report

1. The report date will default to today's date and may be changed if necessary.

2. 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 the date range for the procedures to include in the report.

4. 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 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. Click 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 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. Select the option next to your preference. Either include all procedures or only those in the coverage table.

9. If you want each plan to begin on a new page, select this box.

10. Click **OK** to send the report to the Batch Processor.

Billing Statements

You can generate and print billing statements from Easy Dental.

To generate a billing statement

1. Click the **Billing Statements** button to display the **Billing Statements** dialog box.

2. This date is the cutoff date. All statement calculations are as of this date.

3. 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 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 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 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 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. Select the **Include Credit Balances** if you want to print statements for those patients who have a credit balance.

9. In the Statements group box, select 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. Specify whether you want to sort the transactions on the Billing Statements by **Patient Name** or **Date**.

11. 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. 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. If you want the statement to itemize procedures that are attached to pending insurance claims, rather than including them in the balance forward amount, select 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. If you want the statement to print the amount that the insurance company is estimated to pay, select this box.

15. 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. 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. If you are using preprinted forms, and the practice information is not preprinted, select 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. If you want to include an aging summary of the account, select 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. If you want the statement to include credit card payment options, select this box. This option is grayed/disabled unless the Full Form/Download form has been selected.

20. 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. 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. 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. If you only want to print mailing labels and not the entire statement, select only the **Mailing Labels** box. Be sure to select the correct number of columns to print.

24. If you print statements using the same charges and options each time, select **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.

25. 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.

To print the Audit Trail Reports

1. From Reports, click the **Audit** button. The **Audit Trail Reports** dialog box appears.

2. In the **Select Audit Date** field, establish the date range of the information you want to audit.

3. You can print the report to show changes or deletions made by individual users, by selecting the User IDs you want to see on the report. If you want to print all changes and deletions, select the All box. To list inactive providers, select the List Inactive box.

4. Standard: this report will print the selected changes for the **selected users in this** dialog box within the Audit Date range.

Provider/Staff – This report will print information for providers or staff members that were inactivated or activated on a date within the **Audit Date** range. Only providers or staff members that were inactivated/activated by a user selected in this dialog box will be included.

5. 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, select the **All** box. If you want to see only certain types of transactions, select 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.

6. Select **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.

7. 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. Select 'All' to select all providers/staff. Select '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. Select "All" to select all providers/staff. Select "List Inactive" to list inactivated providers/staff.

   • Select **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.

   • Select **Include Details** to have the changes that occurred when the provider/staff was inactivated detailed on the report.

8. Click **OK** 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 the **Letters** button on the Reports toolbar.

2. Choose the Letter category you want to use, and select the desired letter.

3. Click **Edit**. The **Patient Report View** dialog box appears.

4. Click the **Open Template** button at the top of the window. The letter template will open in Microsoft Word.

5. 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. When you are finished editing, click **File** from the menu bar and then click **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 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 from Reports' toolbar to display a** dialog box containing seven category buttons.
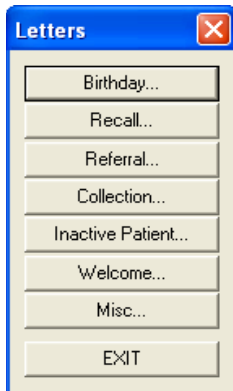

2. The following categories are available through the Letters option:

   • **Birthday**. These letters can be used to create a birthday letter for patients within a birth date range. The range can be changed by choosing the search button.

   • **Recall**. These letters can be selected to produce a Recall (recall) notice to patients within the recall date range. The range can be changed by choosing the search button.

   • **Referral**. These letters can be selected to produce a referral letter to anyone who has referred or to whom you are referring patients. The first visit date must fall within the last referral date range. The range can be changed by choosing the search button.

- **Collection**. These letters can be selected to produce a collection notice to patients within the last payment date range. The range can be changed by choosing the search button and according to aged balance.

- **Inactive Patient**. These letters can be selected to produce a notice to patients within the last visit date range. The range can be changed by choosing the search button.

- **Welcome**. These letters can be selected to produce a welcome to the practice note to patients within the first visit date range. The range can be changed by choosing the search button.

- **Miscellaneous**. These letters can be selected to produce any letter that you would like to selectively send to patients in your database. A range is not provided in the dialog box but parameters can be established using **Edit**.

3. Set the date range parameter by choosing the search button. Choosing the search **button will display a date range** dialog box. Enter the beginning and ending dates for the range. Any date field can be left blank for an open-ended range.

   Note: There are many parameters that you can select for each letter in order to create a more customized search. See Advanced Selection Parameters in this chapter for an explanation of the various parameters and data options.

4. Choose the **Create/Merge** button. The **Create/Merge Options** dialog box appears.
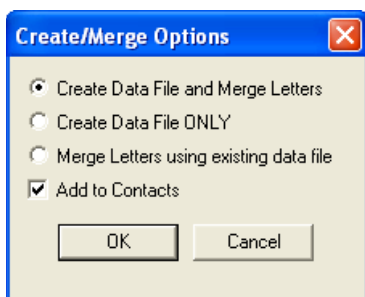
5. Choose the **Create Data File and Merge Letters** button and click **OK**. Your computer will automatically start Microsoft Word and merge the letter with the data you requested. If you don't want to perform any of these functions, click **Cancel**. To add a Letter entry to the patient's Contacts, select **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

To print a letter

1. When the letter merge is complete, Microsoft Word will automatically be displayed.
2. After following the above steps to merge the letters, select **Print** from the **File** menu in Microsoft Word for Windows.
3. Click **OK** in the Print window to print the merged letters.
4. 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 box without merging the patient records into the letter template in Microsoft Word.

Normally this option will not be used unless you:

- Want to merge the letters at a later time.

- Want to review the patient records before they are merged by using the **View** button or the View Data Files feature available from the "Merge Letters using existing data file" option.

- Want to use the newly created patient data file for some other purpose (for example, open it from Microsoft Excel or some other program).

- Want to merge labels or envelopes with the data file.

Merge Letters Using Existing Data File

This option is used only if Create Data File Only has previously been used to generate the patient data file for a particular letter template. The results of this option are the same as merging a letter except that the patient file has previously been created.

- Choose **Create/Merge** in the **Letters** dialog box.

- Choose **Merge Letters Using Existing Data File**, click **OK**. The **Merge letters** dialog box 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.
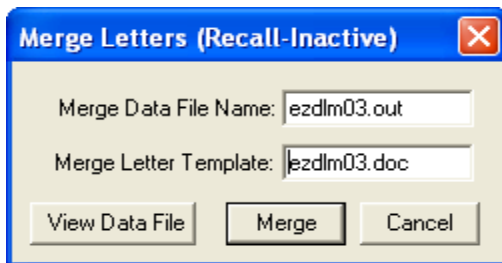
- If you want to use the Data File to merge and print labels or envelopes from Microsoft Word, the **Merge Letter Template** field can be edited to have EZDENVL.DOC, for #10, 4 1/8 x 9 1/2 envelopes; EZDLABL.DOC, for Avery 5160 Laser labels; or EZDLBL2.DOC, for Avery 5351 Laser labels.

- Click **Merge** to begin the Merge or if you do not want to continue, click **Cancel**. If you click the Merge button, the merge will begin.

  Note: This option also allows you to review the data created in the patient file by selecting the View Data File button. When you are through examining the data, close the Notepad. You will be returned to the **Merge Letters** dialog box to continue with the merge.

  - 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.

  - 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 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 box. In addition to this button, there are three other options that can be used in conjunction with the letters contained in the list box.
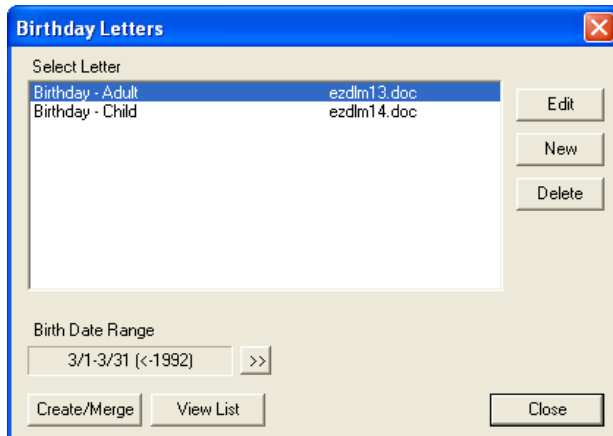
Edit

The **Edit** button allows you to edit any of the ranges, parameters, and filters available for the letter chosen from the list box. Date ranges and many other parameters can be changed using the **Patient Report View** dialog box that is displayed by choosing **Edit**.

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 click **Delete**. 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

1. Select the letter template where parameters are to be edited, then click **Edit**.

2. From the **Patient Report View** dialog box, 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.

3.   When you have selected the desired parameters, click **OK**.

You will return to the **letter selection** dialog box.

The Patient Report View

The **Patient Report View** dialog box shows the letter description including the Letter Name, Merge Data File Name, and the Merge Letter Template name.

- The **Merge Data File Name** is the file name that will be used to save the patient data extracted from the Easy Dental database and which will be passed to Microsoft Word during the merge. The data file name should be the same as the letter template name, but end with the file extension "out".

- The **Merge Letter Template name** identifies the letter template that was created using Microsoft Word and which will be used for the merge. Most of the templates that are provided with Easy Dental begin with "ezdlm", followed by a two digit number, and ending with the file extension "doc," which Microsoft Word uses to identify a letter.

- The remaining items in the data box are used to identify which Easy Dental patient records to include or exclude from the patient file that is to be created for a merge document. These are referred to as ranges or filters.

The following is an overview of the filters:

- If a filter is left blank, it is assumed that the contents of the filter field should not be taken into account when the data file is created. Only select 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, click 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 (for example, 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, select **Does not apply for this letter**. If this letter should skip patients and/or guarantors with this privacy request, select **Applies for Patients and Guarantors**. If this is a referral letter and you want to skip referred patients who have this privacy request, select **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 select the specific providers or billing types by clicking on the selection with the left mouse button. The provider list refers to the patient's primary provider assigned in Patients.

- Appointments allows you to search for patients with appointments during specific date ranges or for appointments that were missed within a specific date range. There is a search button, which displays the **Select Appointment Range** dialog box. You can choose to search for either existing patients or for prospective patients. Prospective patients are defined as those patients who have set appointments as New Patients and do not have a record in the Patients module.

  Note: Most letters will not merge properly for a new patient who has not yet been added to the Patients module unless you use only new patient merge fields. However, the Welcome Before First Visit letter can be merged for new patients who have appointments but have not been added to the Patients module.

- Specify 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. Select **All** to include appointments with all providers.

- The **Balance** and **Future Due Payment Plan** filters can contain a starting amount range and/or an ending amount range. Each balance has a search button, which displays a Select Balance Range dialog box to add, edit or clear the range.

- Birthday is used to search by month, day, and/or year ranges. Each can function independently or together in any combination. <All> is assumed if each field is left blank. Choose the search button to display the **Select Birthdate Range** dialog box to add, edit, or clear birth date ranges.

- For City, select the search button to display the **Select City Range** dialog box and to add, edit, or clear a city or range. If a city range is entered, only patients who live in a city or range (according to the Patients window) will be included in the data file.

- **Consent Date**, **First Visit Date**, **Last Pay Date**, **Last Ref Date**, **Last Visit Date**, and **Last Statement Date** each has a search button that displays a Select Date Range dialog box to add, edit, or clear date ranges. Dates are entered using the MM/DD/YYYY format. If both the **Beginning Date** and **Ending Date** fields are left blank, the date range will not be used. Either field can be left blank for an open-ended range. The **Consent Date**, **First Visit Date**, and **Last Visit Date** are pulled from the Patients module. The **Last Referral Date** is the date the patient last referred another patient. The **Last Pay Date** is pulled from the Accounts module.

- The **Fee Schedule** filter allows you to search for patients with only the selected fee schedule(s). You can choose to search by **Provider Default**, **Insurance Default**, and/or **Patient Default**.

- **For Insurance, select the** search **button to display the Select Insurance Name Range dialog box. There are three** Search **For options** – No Insurance, Primary Insurance, and Secondary Insurance. There is also an **Insurance Company Name range** and a **Remaining Benefits amount range**. If anything is entered or selected in this dialog box, a patient will only be included in the data file if his or her insurance matches according to the filters selected. For example: if **Primary Insurance** is marked, **Secondary Insurance** is marked, Blue Cross is entered for the **Beginning** and **Ending Insurance Company Name Range**, and a **Beginning Amount** of 100.00 is entered, the data file will include any patients who have an insurance company name beginning with Blue Cross for primary or secondary insurance, and remaining benefits of at least $100.00. In the previous example, if **No Insurance** had also been marked, the data file would also include any patient who did not have any insurance.

- The **Med Alerts** search button displays a list of medical alerts. This is an "and" search function meaning that if 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 box which allows you to look for combinations of strings in the Patient Notes (Patients window). Three text strings can be used and Boolean functions (and, or) are provided. For example, if "movie" is entered for **Text 1**, "surf" for **text 2**, and "sail" for **text 3**, and the **OR** boxes are marked, a patient will be included in the data file if the patient notes contains any of the text specified. If the **AND** box is marked, the notes will need to include both the previous text and the next text.

- The **Payment Plan filter** allows you to search for patients within a certain Payment Plan date range, interval, balance remaining, payments remaining, and number of payments missed.

- The **Prescriptions** filter allows you to search for patients who have been prescribed a medication or range of medications, and within a certain date range.

- The **Procedures** search button displays the **Select Procedure Range** dialog box. This filter will find patients who have a procedure within the procedure code range, that is treatment planned, completed, or existing—according to the options marked—if the procedure is dated within the procedure date range. For example, if **Treat. Plan** and **Completed** are each marked, and a procedure code range of D3310 through D3330 is entered, and a procedure date range of 01/01/04 through 01/31/04 is entered, then any patients who have a procedure code D3310, D3320, or D3330 Completed or Treatment Planned for a date in January, 2004, will be included in the data file.

- The **Recall** search button displays the **Recall Ranges** dialog box and allows you to search for patients who meet specific criteria for a specific Recall type. You can search for patients who:
  - Are due within a date range
  - Were previously seen within a date range
  - Have an appointment attached to Recall
  - Do not have an appointment attached to a Recall type.

- For **Referred By**, select the search button to specify if the letter is to be for Patient referrals or Dr./Other referrals. For **Referred To**, select the search button to enter a Referred To date range.

- For **Zip**, select the search button to display the **Select Zip Code Range** dialog box. If a specific ZIP Code range is entered, only patients who live in a city in a range (according to the Patients window) will be included in the data file.

When all of the ranges, filters, and parameters have been established for the letter template in the Patient Report View window, click **OK** to accept the selections or click **Cancel** to ignore the changes. You will return to the **Letters category** dialog box to begin the merge.

Selecting Data to Merge

In order for the Letter templates to function properly, it is necessary to flag the fields of data that the letter uses. These fields are called merge data filters, and are the data fields that are placed in the data file.

For example, the letter template may have a field indicating where the first and last name of the patient should be inserted. If this is the case, the merge data file created by Easy Dental must have data filters for the first and last name of the patients. The letter templates provided with Easy Dental have the merge data filters properly identified and the merge records send the appropriate data for the letter template.

Creating Letters or Data Files with Additional Data Fields

If you want to create your own letters or add additional Easy Dental data fields to an existing Easy Dental letter, it is necessary to identify that information in Easy Dental and Microsoft Word.

To create letters or data files with additional data fields

1. Click the **Letters** button on the toolbar to display the **Letters** dialog box.

2. Choose the desired Letter category and select the letter you want to use.

3. Click **Edit**. The **Patient Report View** dialog box appears.

4. From Patient Report View, click the **Data Fields** tab at the top of the window. All available data fields will be displayed.

5. 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. After the necessary items have been marked, click **OK**.

    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

1. 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. 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. Select the Field Code (the bracketed information) you want to add to the letter and click **Copy** from the **Edit** menu. The information you selected will be copied to the Windows 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. Click **Window** and select the name of the letter template you opened to return to that document.

5. Click where the Field Code is to be inserted. Select **Paste** from the **Edit** menu and the Field Code you copied from Ezdlm99.doc will be added to your letter.

6. If more fields are needed, repeat steps 3-5 for all of the fields you want to add to the letter.

7. 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. 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

1. Click the **Create Insurance Claims** button in the Reports module. The **Create Batch Primary Insurance Claims** dialog box appears.
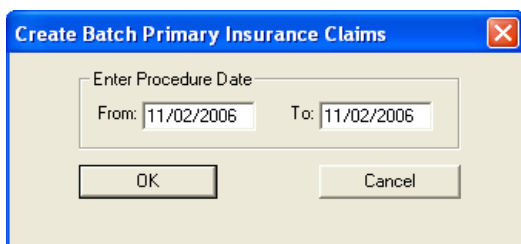
2. Enter a procedure date range. All procedures within the selected date range in the Accounts module will be included.

3. Click **OK** to generate the claims. The **Batch Insurance Claims Completed** dialog box 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.
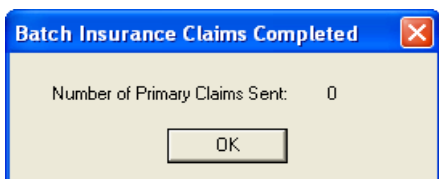
Easy Export

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).

To set up Easy Export

1. Click the **Easy Export** button located in the Reports module. The **Easy Export** dialog box appears.

2. Click the **Export Setup** button. The **Export Setup** dialog box appears.

3. 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. 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, select 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. 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, select it and click the single arrow pointing to the right.

6. 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** to save your changes and return to the Easy Export window.

Exporting Totals

To export totals

1. Click the **Easy Export** button located in the Reports module. The **Easy Export** dialog box appears.

2. 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. 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. 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. To save the settings you have selected, select the **Save as Default** check box.

6. Click **OK**. The **Export** dialog box 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 box.
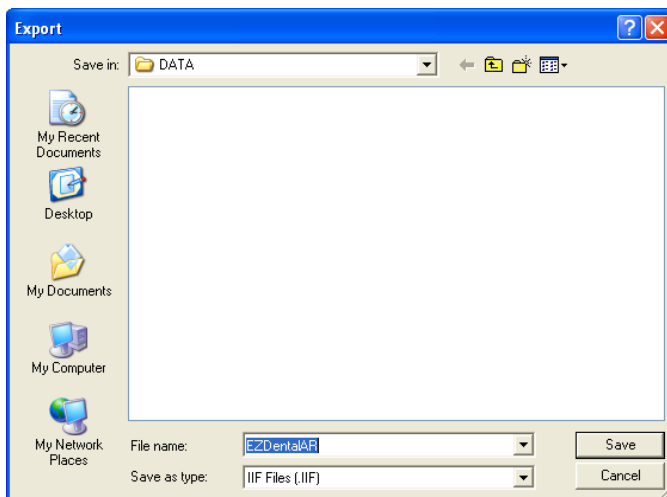
7. Select the directory you want to save the file in. The directory will default to the path selected in Preferences. Change the file name if desired and click Save.

8. A message appears stating "Easy Dental is creating and saving the Export File." After it is complete, a dialog box appears stating "The Export File has been saved." Click **OK** 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.

Chapter 13: Other Features

This chapter also covers the following additional features of Easy Dental that are not specific to the Reports Module:

- Time Clock
- Updates
- Customizable Toolbars

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), click the Start menu, point to Programs > Easy Dental, and then click 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 set up individually, including entering their regular pay and overtime pay.

To set up the Time Clock, complete the following steps for each employee

1. 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 the employee that you want to setup. All providers and staff members that have been added in the Practice Resource Setup will appear on the list.

3. 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. 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. 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 (such as 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. If you want the selected employee to be included on reports generated by the Time Clock, select the option at the bottom of this screen.

7. Click **OK** to save your changes and exit or select 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.

To clock in and out

1. 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 the appropriate employee and click **OK**. The **Time Clock** dialog box for the selected employee will appear.
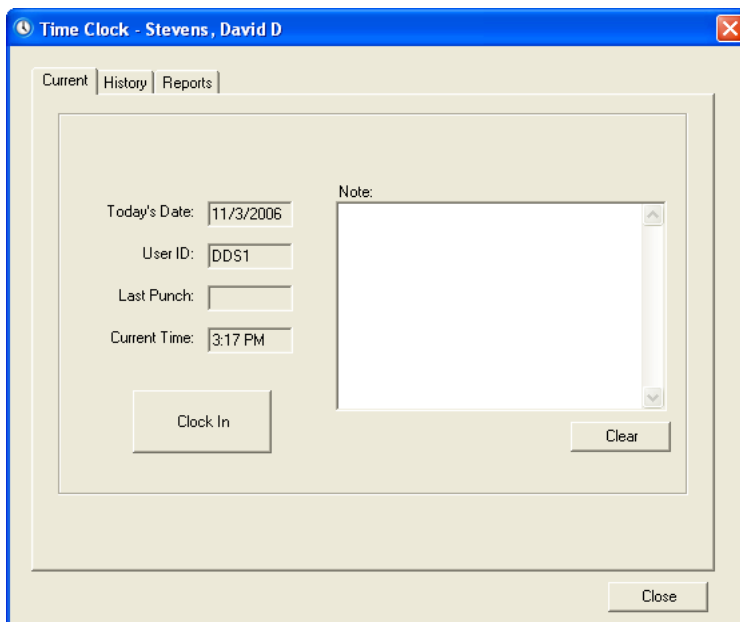
3. The Current tab will display today's date, current user, last punch, and the current time. If the last punch was to "clock out," then the button will display as "Clock In." If the last punch was a "clock in," then the button will display as "Clock Out."

4. 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. Right-click the **Time Clock** icon in your System Tray. A menu will appear. Select **Employee Clock In/Out**.

2. Select the appropriate employee and click **OK**. The **Time Clock** dialog box for the selected employee will appear.
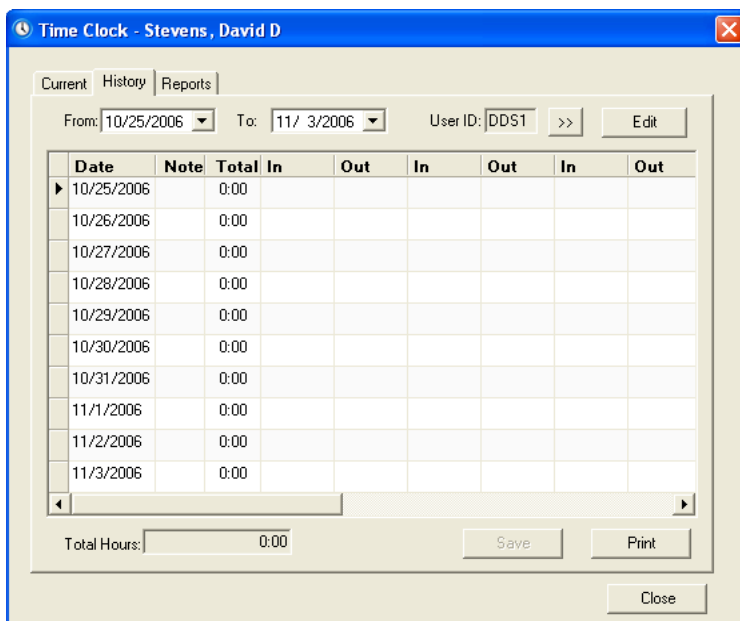
3. Click the **History** tab at the **top of this** dialog box. The employee's clock in/out history will be displayed.

4. 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**. Select 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. 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 **Edit**. 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 want to delete an existing note, right-click the cell and click **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 click **Delete Time**.

6. You can use the Tab key on your keyboard to move to the next cell. When finished, click **Save** to save changes that were made. (The Save 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.

7. Click **Print** 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

1. Right-click the **Time Clock** icon in the System Tray and click Employee Clock In/Out. Select an employee and click OK.

2. Click the **Reports** tab at the top of the screen. The Reports window will appear.
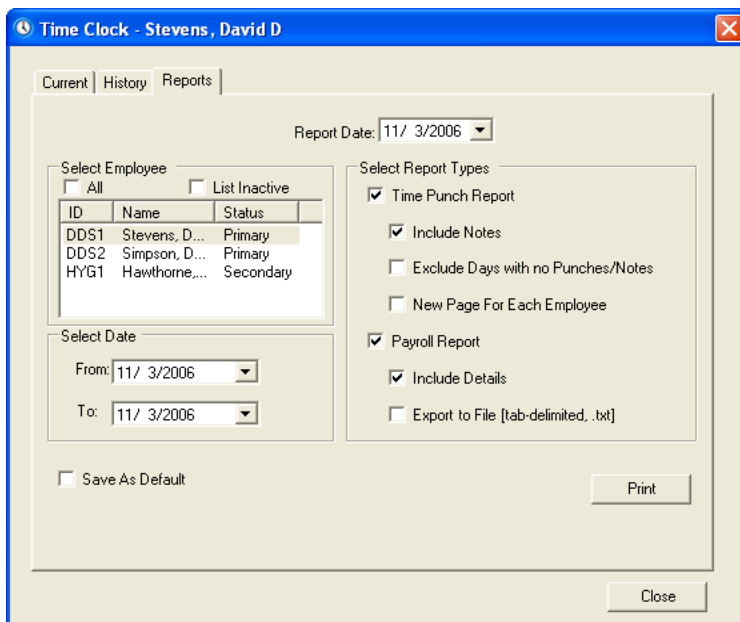
3. The **Report Date** will default to today's date. Edit this date if necessary.

4. Select the employees that you want to include on the report.

5. Type a date range in the **From** and **To** fields or click the down arrow to select the dates from a calendar.

6. 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. Select **Include Notes** to include the time clock notes that were entered for each day. Select **Exclude Days with No Punches/Notes** to skip days that do not have recorded punches or notes. Select **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. Select **Include Details** to include all of the information described above. If you clear **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; for example 092103Payroll.txt) in your EZDental/Doc/Exports directory.

7. Select **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** 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

Checking for Updates Automatically

To have Easy Dental automatically check for updates for your Easy Dental software

1. In the Reports module, click the **Maintenance** button, then select **Preferences**. The **Preferences** dialog box appears.
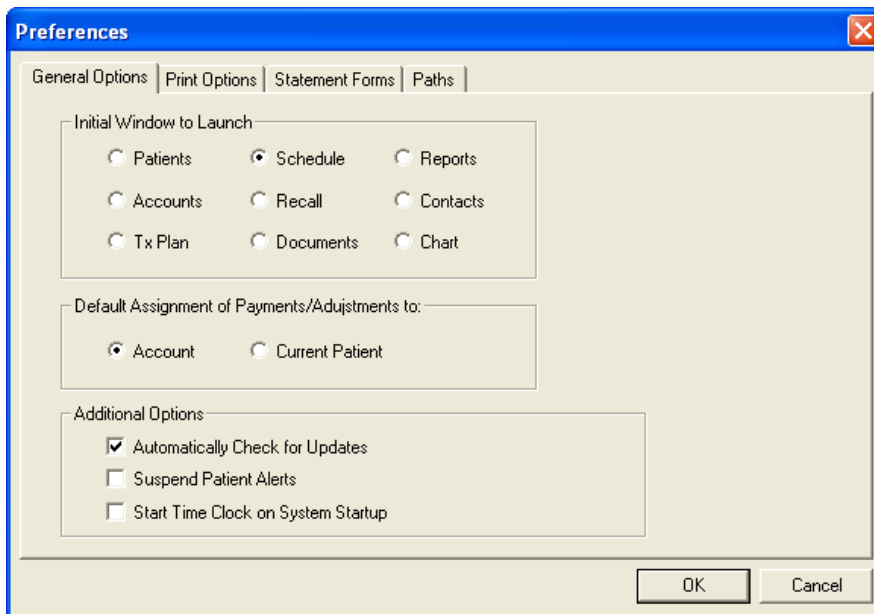
2. In the Additional Options group box, select **Automatically Check for Updates**.

   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** 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.
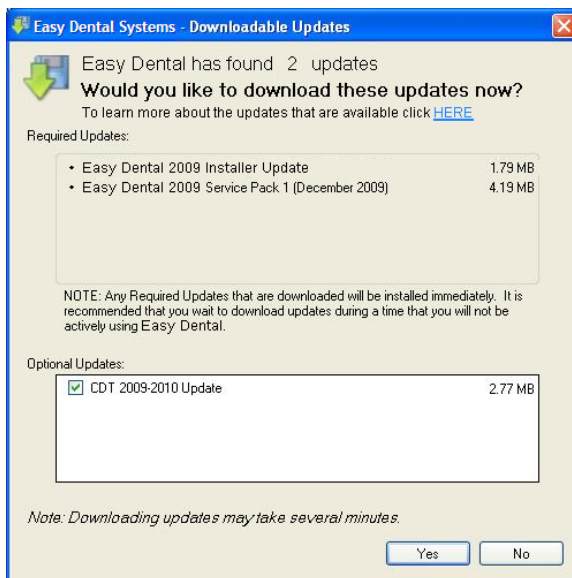
Note: If there is a problem with your Internet connection, an error message may appear. Check your Internet connection and try to check for updates again.

4. Select the updates that you want to download from the Optional Updates group box.

5. Click **Yes** to download the Required Updates and the Optional Updates. The Download Progress message box appears while the updates are downloaded and installed.
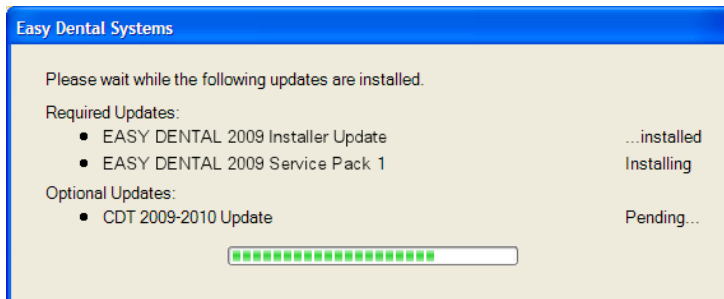

Checking for Updates Manually

To manually check for updates for your Easy Dental software

1. 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.
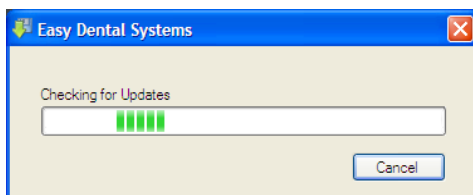
2. If no updates are found, the No Available Updates message box appears.
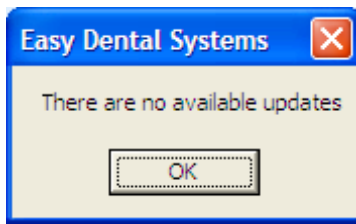
3. If updates are found, the **Downloadable Updates** dialog box appears.
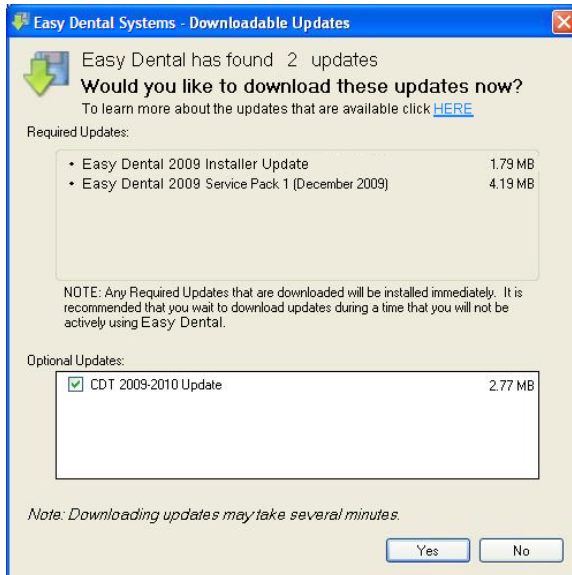
> **Note**: If there is a problem with your Internet connection, an error message may appear. Check your Internet connection and try to check for updates again.

4. Select the updates that you want to download from the Optional Updates group box.

5. Click **Yes** to download the Required Updates and the Optional Updates. The Download Progress message box appears while the updates are downloaded and installed.
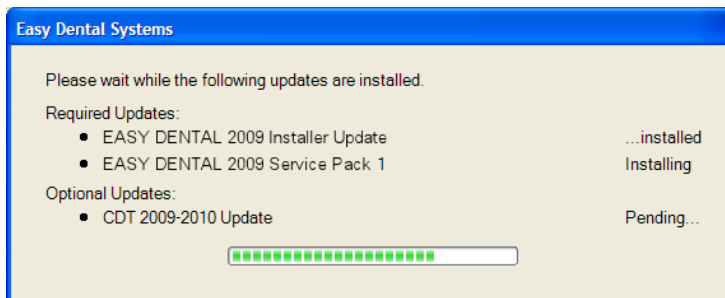
Installing Available Updates

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 Upates**.

> **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.

Customizable Toolbars

The Easy Dental toolbars can be customized to show only the buttons that are most frequently used.

To customize toolbars

1. 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** from the menu. The Customize Toolbar window appears.

3. Customize the toolbar using any of the following options:

   • Remove a Button from the Toolbar

     a. From the Toolbar Buttons field, select 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.
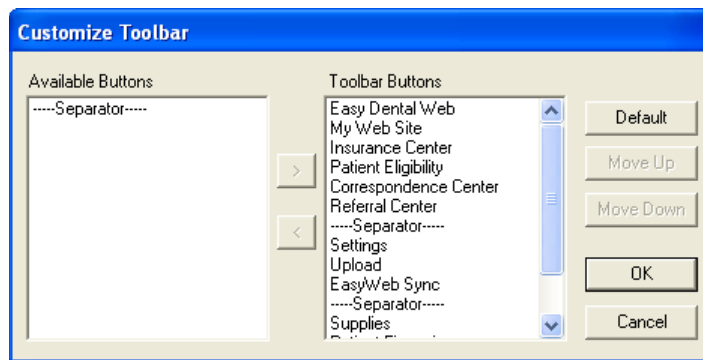
     Note: You may also quickly remove a button by right-clicking on it and choosing Remove Button.

   • Add a Button to the Toolbar

     a. From the Available Buttons field, select 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, select 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** to save your toolbar settings.

Chapter 14: 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 Pane   Main Toolbar

New Case
Edit Case
Receive Case
Finish Case
Delete Case
Attach Appointment
Send Selected Lab Case(s) Via Web
Send All Unsent Lab Case(s) Via Web
Case Pickup Request
DDX
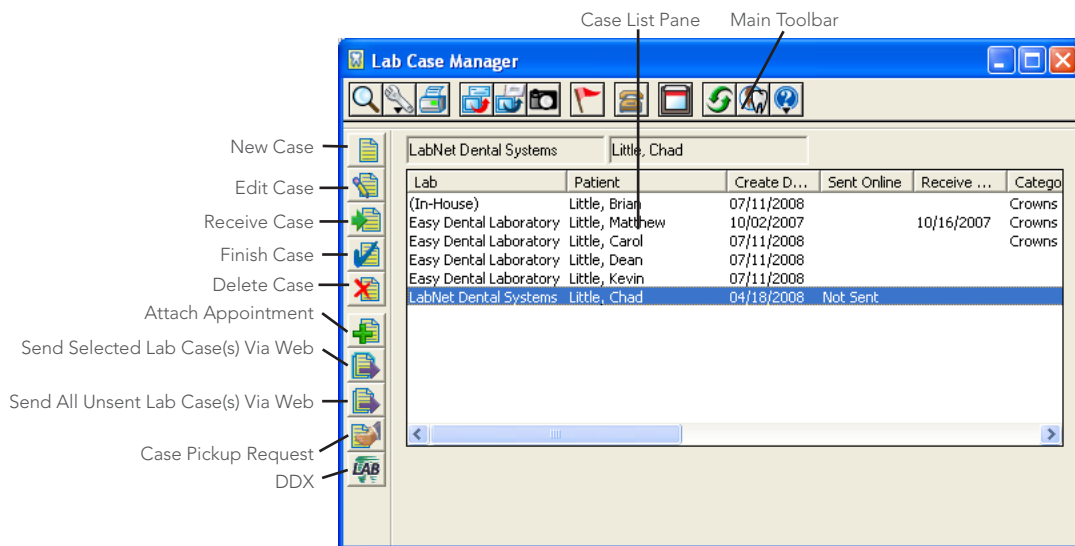
Case List

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).
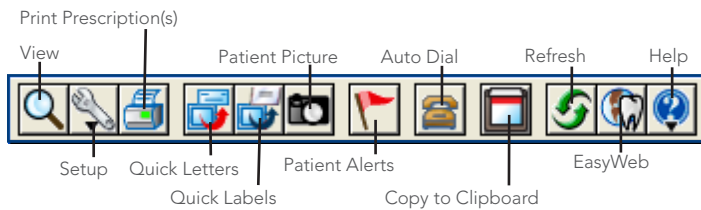
Button Toolbar

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.

Print Prescription(s)

View   Patient Picture   Auto Dial   Refresh   Help

Setup   Quick Letters   Patient Alerts   EasyWeb

Quick Labels   Copy to Clipboard

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. From the main toolbar in the Lab Case Manager, click the **View** button. The **Lab Case Manager View** dialog box appears with the General Options tab selected by default.

2. 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. 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. 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 the provider(s) you want to view or select **Select All** to include all providers. Select **List Inactive** to view inactive providers.

6. You may choose to view cases that were sent (or will be sent) at a certain time:

   • **All** – Select **All** to view all cases regardless of the date they were sent.

   • **Absolute** – Select **Absolute** to view cases that were sent within a certain date range. Enter the date range in the **From** and **To** fields.

   • **Relative** – Select **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 select 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. Select **Include Today** if you want the current day to be included (for example, September 8).

7. You may choose to view cases that were completed on a certain date or range of dates:

   • **All** – Select **All** to view all cases regardless of the date they were finished.

   • **Absolute** – Select **Absolute** to view cases that were finished within a certain date range. Enter the date range in the **From** and **To** fields.

   • **Relative** – Select **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 select 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. Select **Include Today** if you want the current day to be included (for example, September 8).

8. Click the **Show Columns** button to open the **Show Columns** dialog box.
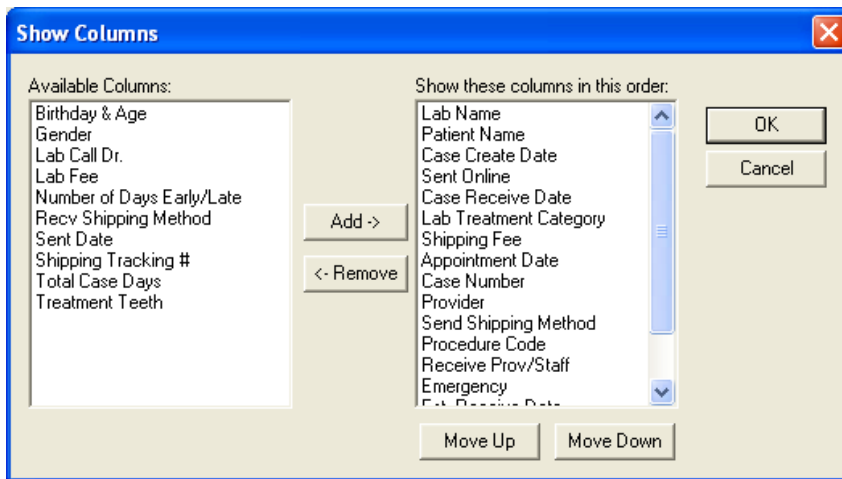
9. The Show These Columns in this Order pane lists the columns that are currently selected to be displayed in the Lab Case Manager. The Available Columns pane lists the columns that are available for selection but are not selected to be displayed.

    *   To remove a column, select 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, select 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, select 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 box.

10. Select **Show Totals** to display a subtotal of certain columns when viewing the Lab Case Manager.

11. Select **Save as Default** to save the settings you have selected for future viewing of the Lab Case Manager.

12. Click the **Receive Options** Tab at the top of the dialog box. This tab enables you to select receive methods and dates to view.
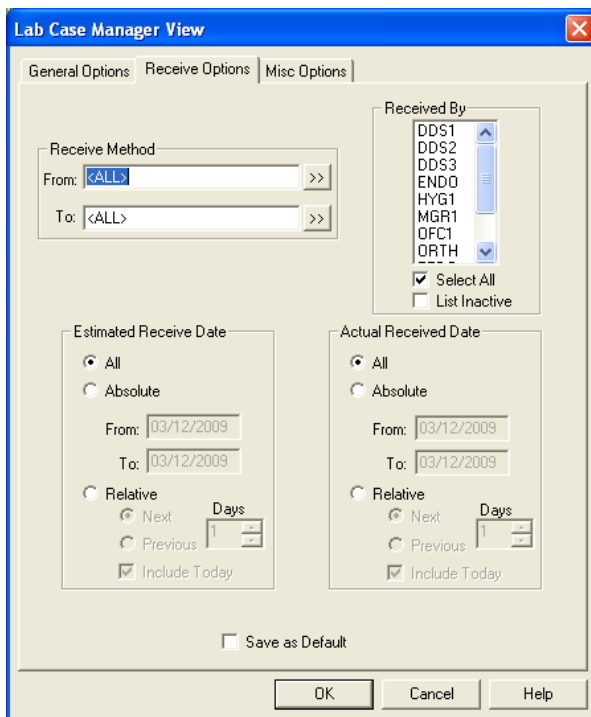
13. To see cases that were received by a certain shipping method, click the **From** search button, select the beginning shipping method for the range, click the **To** search button, and select the ending shipping method for the range. If you want to view cases that were received by all shipping methods, leave <ALL> selected in the **From** and **To** fields.

14. Select the provider(s) that received the cases you want to view or select **All** to include all providers.

15. You may choose to view cases that are estimated to be received at a certain time:

- **All** – Select **All** to view all cases regardless of the date they were sent.

- **Absolute** – Select **Absolute** to view cases that were sent within a certain date range. Enter the date range in the **From** and **To** fields.

- **Relative** – Select **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 select 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. Select Include Today if you want the current day to be included (for example, September 8).

16. You may choose to view cases that were received on a certain date or range of dates:

- **All** – Select All to view all cases regardless of the date they were sent.

- **Absolute** – Select **Absolute** to view cases that were sent within a certain date range. Enter the date range in the **From** and **To** fields.

- **Relative** – Select **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 select 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. Select **Include Today** if you want the current day to be included (for example, September 8).

17. Click the **Misc Options** Tab at the top of the dialog box. The Miscellaneous Options are displayed.
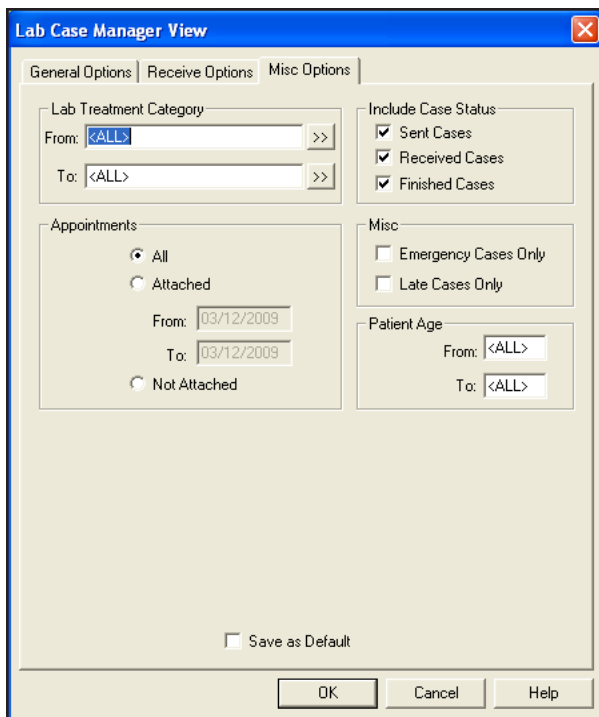
18. To view cases assigned to certain Lab Treatment Categories, click the **From** and **To** search buttons and select a range of Lab Treatment Categories to include. To view all cases regardless of category, leave <ALL> selected in the **From** and **To** fields.

19. The following options are available under Appointments:

    - **All** – Select **All** to include cases regardless of whether there is an appointment attached to the case.

    - **Attached** – Select **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** – Select **Not Attached** to include only cases that are not attached to an appointment within the specified date range.

20. You have the following otions:

    - **Sent Cases** – Select this option to include cases with the status of Sent.

    - **Received Cases** – Select this option to include cases with the status of Received.

    - **Finished Case**s – Select this option to include cases with the status of Finished.

21. You have the following options

    - **Emergency Cases Only** – Select this option if you want to only include cases that have been marked as emergency.

    - **Late Cases Only** – Select this option to only include cases in which the Actual Received Date was after the Estimated Received Date.

22. 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.

23. Click **OK** 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:
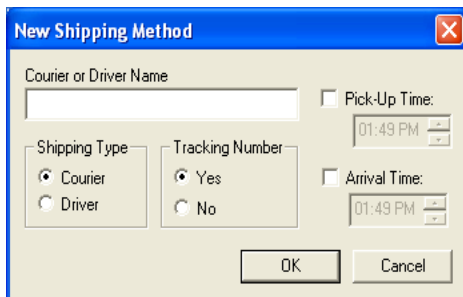
Adding a Shipping Method

To add a shipping method

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Shipping Method**. The **Setup Shipping Method** dialog box appears.
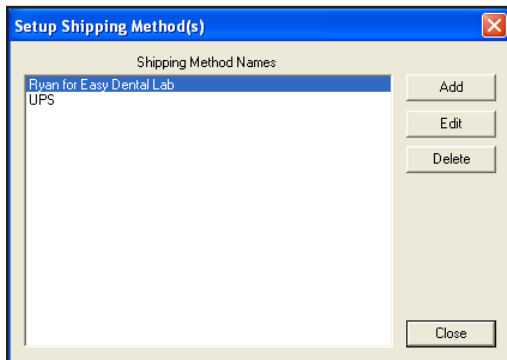
2. Click the **Add** button to add a new shipping method. The **New Shipping Method** dialog box appears.

3. Select Courier or Driver for the shipping type. Enter the **Courier or Driver Name** in the appropriate field.

4. Select **Yes** if there will be a tracking number associated with this method of shipping. Select **No** if there will not be a tracking number.

5. 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** 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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Shipping Method**. The **Setup Shipping Method** dialog box appears.

2. Select the Shipping Method you want to change and click **Edit**. The **Edit Shipping Method** dialog box appears.

3. Make the necessary changes for this Shipping Method. (See the previous section *Adding a Shipping Method* for a detailed description of each option.)

4. Click **OK** to exit and save your changes. Click **Cancel** to exit without saving any changes.

Deleting a Shipping Method

To delete a shipping method

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Shipping Method**. The **Setup Shipping Method** dialog box appears.

2. Select the Shipping Method you want to delete in the **Setup Shipping Methods** dialog box.

3. Click **Delete**. 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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Shade Guide/Shades**. The **Setup Shade Guides** dialog box appears.
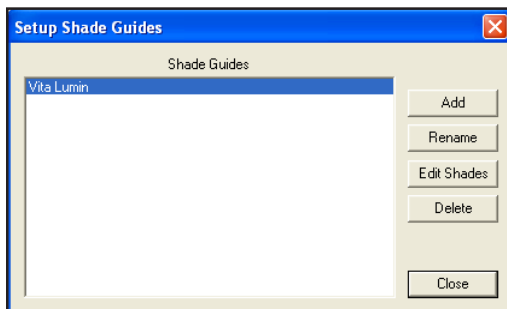
2. Click the **Add** button to enter a new Shade Guide. The **Add Shade Guide** dialog box appears.
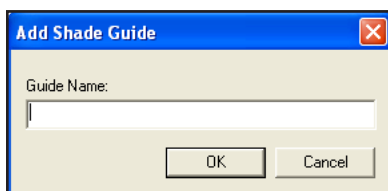
3. Enter the name of the Shade Guide (up to 31 characters can be entered) and click **OK**.

4. The **Edit Shade Guide** dialog box appears. This dialog box allows you to assign the appropriate shades to this shade guide.

5. Click **Add** in the **Edit Shade Guide** dialog box. The **Add Shade** dialog box 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** to exit out of the **Setup Shade Guides** dialog box.

Renaming a Shade Guide

To rename a shade guide

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Shade Guide/Shades**. The **Setup Shade Guides** dialog box appears.

2. Select the shade guide you want to change and click Rename. The **Rename Shade Guide** dialog box appears.

3. 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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Shade Guide/Shades**. The **Setup Shade Guides** dialog box appears.

2. Select the shade guide you want to change and click **Edit Shades**. The **Edit Shade Guide** dialog box appears.

3. 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 box 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 Delete 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** to close the **Edit Shade Guide** dialog box.

Deleting a Shade Guide

To delete a shade guide

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Shade Guide/Shades**. The **Setup Shade Guides** dialog box appears.

2. Select the Shade Guide you want to delete and click **Delete**. 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** to close the **Setup Shade Guides** dialog box.

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.
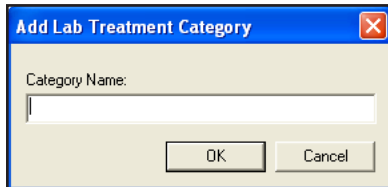
Adding a New Lab Treatment Category

To add a new lab treatment category

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab Treatment Categories**. The **Setup Lab Treatment Categories** dialog box appears.
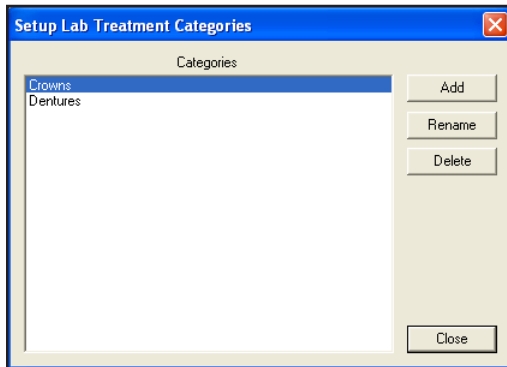
2. Click the **Add** button to add a new category. The **Add Lab Treatment Category** dialog box appears.

3. Type the category name and click **OK**.

Renaming a Lab Treatment Category

To rename a lab treatment category

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab Treatment Categories**. The **Setup Lab Treatment Categories** dialog box appears.

2. Select the category you want to change and click Rename. The **Rename Lab Treatment Category** dialog box appears.

3. 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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab Treatment Categories**. The **Setup Lab Treatment Categories** dialog box appears.

2. Select the category you want to delete and click **Delete**. 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** to exit the **Setup Lab Treatment Categories** dialog box.

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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Enclosures**. The **Setup Enclosures** dialog box appears.
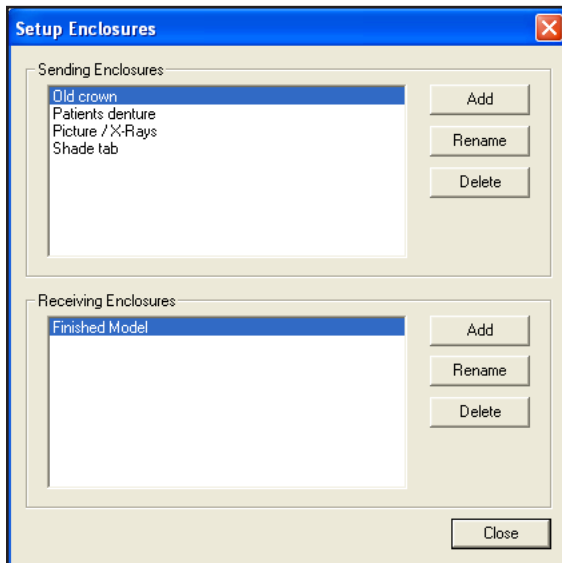
2. Click the **Add** button next to Sending Enclosures or Receiving Enclosures. The **Add Enclosures** dialog box appears.

3. Type the name of the Enclosure and click **OK**.

Renaming an Enclosure

To rename an enclosure

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Enclosures**. The **Setup Enclosures** dialog box appears.

2. Select the enclosure you want to change and click **Rename**. The **Rename Enclosure** dialog box appears.

3. 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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Enclosures**. The **Setup Enclosures** dialog box appears.

2. Select the enclosure you want to delete and click **Delete**. Only a enclosure that has not been used in lab tracking can be deleted. Click **Yes** to continue.

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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Custom Notes**. The **Setup Custom Case Notes Setup** dialog box appears.
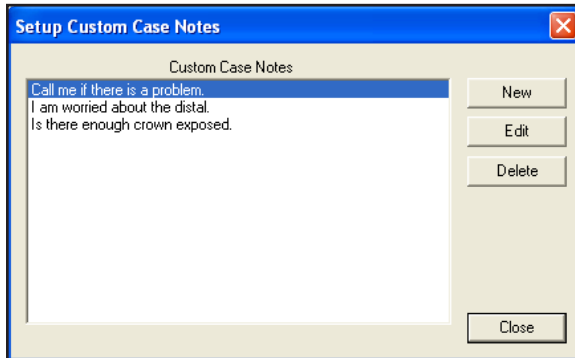
2. Click **New** to add a new custom note. The **New Custom Note** dialog box appears.

3. 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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Custom Notes**. The **Setup Custom Case Notes Setup** dialog box appears.

2. Select the Custom Case Note you want to edit and click **Edit**. The **Edit Custom Note** dialog box appears showing the existing note.

3. 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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Custom Notes**. The **Setup Custom Case Notes Setup** dialog box appears.

2. Select the Custom Case Note you want to delete and click **Delete**. A message box appears to ask you to confirm the deletion. Click **Yes** to delete the custom note.

3. Click **Close** to exit the **Custom Case Notes Setup** dialog box.

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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab**. The **Setup Lab(s)** dialog box appears.
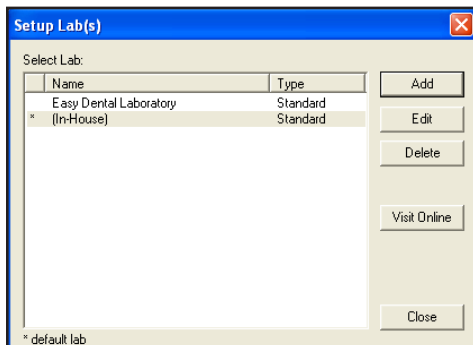
2. Click the **Add** button to add a new lab. The **New Lab** dialog box appears.


3. Enter the lab name, contact information, and address in the appropriate fields.

4. 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** – Select this option to have the practice name and address print on the lab reports instead of the provider information.

- **Use Provider Info on Reports** – Select this option to have the provider's name and address print on the lab reports instead of the practice information.

- **International Tooth Numbering** – Select this check box if you want to flag the lab as using International Tooth Numbering.

- **Default Lab** – Select 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 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** to exit and save your changes.

Adding a New Lab Using DDX

To add a new lab with DDX

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab**. The **Setup Lab(s)** dialog box appears.

2. Click the **Add** button to add a new lab. The **New Lab** dialog box appears.

3. Click Search **DDX** to search the Labnet database for a lab. The **Lab Case Manager-Lab** search dialog box appears.
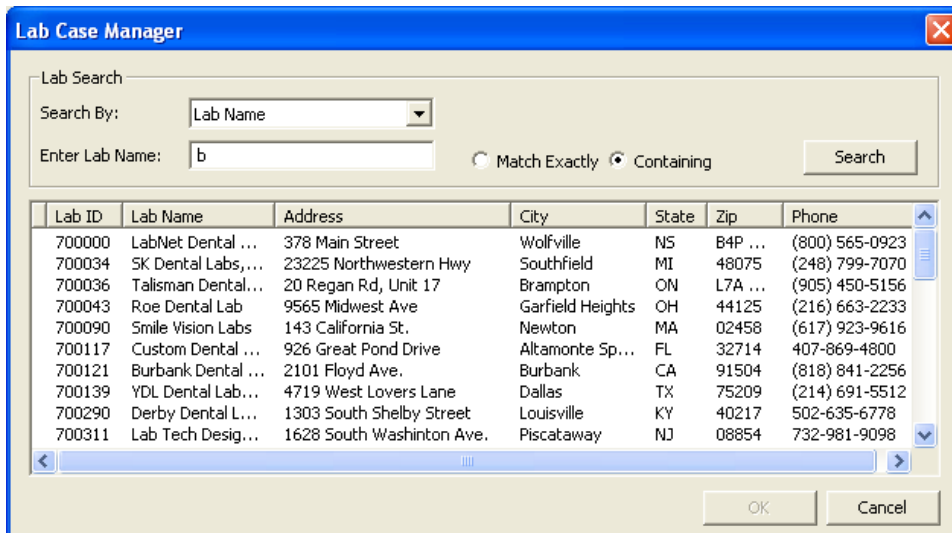
4. Select a Search By option by expanding the drop-down and selecting a search criteria from the list provided.

5. 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. Select **Match Exactly** to search for labs that exactly match the text you entered, or select **Containing** to search for labs that contain the text you entered.

7. Click Search. The results appear in the information pane.

8. Select 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** to return to the **New Lab** dialog box. The information of the lab you selected is populated in the fields of the **New Lab** dialog box.

10. 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** – Select this option to have the practice name and address print on the lab reports instead of the provider information.

    - **Use Provider Info on Reports** – Select this option to have the provider's name and address print on the lab reports instead of the practice information.

    - **International Tooth Numbering** – Select this check box if you want to flag the lab as using International Tooth Numbering.

    - **Default Lab** – Select 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. 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 of 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 affliated with DDX for a user name and password.

12. 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** 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. From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab**. The **Setup Lab(s)** dialog box appears.

2. Select the lab you want to change and click **Edit**. The **Edit Lab** dialog box appears.

3. Edit the necessary information for the Lab. (See *Manually Adding a New Lab* section in this chapter for detailed information on each option.)

4. Click **OK** to exit and save your changes. Click **Cancel** to exit without saving your changes.

Deleting a Lab

To delete a lab

1. From the main toolbar in the Lab Case Manager, click **Setup** and select **Lab**. The **Setup Lab(s)** dialog box appears.

2. Select 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 the **New Case** button on the buttons toolbar. The **Select Patient** dialog box appears.

2. Type the first few letters of the patient's last name. Select the correct patient and click **OK**. The **New Case Entry** dialog box appears with the patient's name on the title bar.

3. 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. Click the search button next to **Procedure Information**. The Treatment Plan window appears, listing all treatment-planned procedures for this patient. Select 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. Click the **Shades** button to enter shade information for the attached procedure code. The **Shade Information** dialog box appears, showing six anterior teeth.

   - To attach a shade color to a location on the tooth, select 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, select the desired shade and click **Clear**.

6. Click **OK** when finished assigning shades to the correct locations.

7. 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.

8. Select the enclosure(s) needed and click **OK**. To select 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.)

9. 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** – Select this check box to indicate a 'try-in' lab case.

- **Emergency** – Select this check box if the lab case is an emergency situation.

- **Call Doctor** – Select 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.

10. 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.

11. 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.

12. Select **Print** if you want to print the case upon closing. Select **Send Online** if you want to send the case electronically upon closing the dialog box.

13. 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.

14. Click **OK** 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 Seach DDX button. The lab will need to be contacted in order to obtain a username and password.

To send cases electronically

1. Select 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 the **Send Selected** button on the buttons toolbar to send the selected cases over the Internet.

   OR

   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 any case to display a list of options.

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 mouse pointer to the column heading you want to resize. Click the right border of the column and drag the mouse pointer 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 the lab case you want to change in the Lab Case Manager.

2. Click the **Edit Case** button on the buttons toolbar. The **Edit Case** dialog box appears, displaying all information for the case.

3. Make the necessary changes to the case.

4. Click **OK** to save the changes and return to the Lab Case Manager.

Deleting a Lab Case

To delete a lab case

1. Select the case you want to delete from the Lab Case Manager.

2. 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 box.

From this dialog box 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 box.

Requesting Case Pickup

To have a case pickup request sent electronically to an online lab

1. Click the **Case Pickup Request** button on the buttons toolbar. The **Case Pickup Request** dialog box appears.
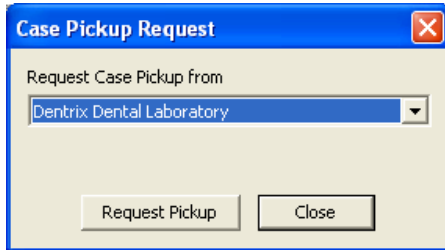
2. Expand the **Request Case Pickup from** drop-down and select the lab to which you want to send the request.

3. 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. Select the outstanding lab case in the Case List pane and click the **Receive Case** button on the buttons toolbar. The **Receive Case** dialog box appears.

2. 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. Click the search button next to **Received By** and select the correct provider.

4. Click the search button next to **Received Method** and select the appropriate method of shipping.

5. Enter the lab fee in the **Lab Fee** field. The running balance for this lab appears.

6. Enter the number the lab assigned to the case in this field.

7. Click the **Enclosure(s) Received** search button to select any enclosures that were received with the lab case.

8. 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. If the case is complete, select **Finish Case**.

10. Click **OK** to save your changes.

Finishing a Case

To finish a case

1. Select the case you want to finish in the Case List pane.

2. Click the **Finish Case** button on the buttons toolbar. The **Receive Case** dialog box appears.

3. Select the **Finish Case** option.

   Note: The **Finish Case option** is marked by default.

4. Click **OK** to finish the case.

Returning a Case to the Lab

To returned the case to the lab for additional work

1. Click the **Receive Case** button on the buttons toolbar. The **Receive Case** dialog box appears, displaying all information for the case.

2. Edit or enter the appropriate case information. (For information on each field, see *Creating a Lab Case* section in this chapter.)

3. Select the enclosure(s) needed for the returned lab case.

4. Click **OK** to return to the **Receive Case** dialog box. (For information on adding an enclosure, see *Setting Up Enclosures* in the *Setting Up the Lab Case Manager* section of this chapter.)

5. 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. In the Case Status group box, select **Return Case to Lab**.

7. Click **OK** 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 the desired lab case in the Lab Case Manager.

2. Click the **Attach Appt** button. The **Attach Appointments** dialog box appears, listing all appointments for the patient that have not been set complete.
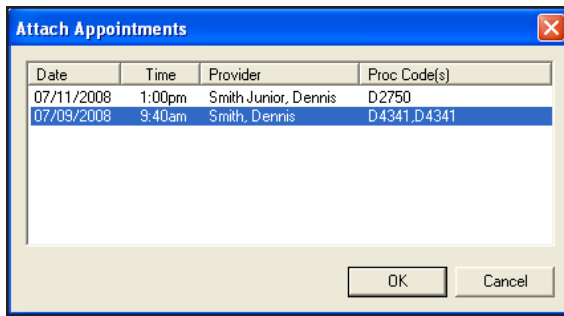
3. Select the appointments you want to attach.

4. Click **OK** 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 box, 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 box 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

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. From the Lab Case Manager, select the lab for the patient you want to contact.

2. Click the **Auto Dial** button on the main toolbar of the Lab Case Manager. The **Auto Dial** dialog box appears.

3. 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 box appears.

4. 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. Enter any notes regarding the phone call in the **Note** field.

6. 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.

To create a letter using Quick Letters

1. From the Lab Case Manager, select the lab for the patient you want to contact.

2. Click the **Quick Letters** button on the main toolbar of the Lab Case Manager. The **Quick Letters** dialog box appears.

3. 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 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. 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 steps 1 – 5 for any other patients who need letters.

Printing Case Prescriptions

To quickly print a case prescription to send to the lab

1. Select the desired case and click the **Print** button.

2. 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

1. Click the **Copy to Clipboard** button on the main toolbar. The currently viewed list is copied to the Windows Clipboard. You can, then, open a program, such as Microsoft Word or Excel and select **Edit**, then **Paste**. The information is pasted into the program and can then be printed.

Chapter 15: 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 attactive and professional website.

This section provides you with instructions on how to upload information and how your patients can use the Easy Dental website 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 e-mail 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.

Web Site Manager - launches the office's website to view or edit.

Patient Eligibility - click to check the insurance eligibility of patient(s).

Referral Manager - click to view Referrals sent and received through EasyWeb and to search for referral doctors.

Upload - click to upload patient information, referrals, and correspondence to the Internet as well as Insurance Claim Tracking.

Supplies - click to order Henry Schein dental office supplies.

Continuing Education - launches the Continuing Education web page with direct links to DenTrek.

Easy Dental Web - launches the Easy Dental website.

Insurance Manager - click to view claim status, and so forth

Communication Manager - click to edit, view, and administer patient letters.

Settings - click to select settings for EasyWeb.

WebSync - click to import payments, new accounts, and updated patient information from the office website.

Patient Financing - option to link to the CareCredit program.

Leasing - option to link to Choice Health Leasing's website.

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 shortcut 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 EasyWeb toolbar. A shortcut menu appears.

2. Select **Customize Toolbar** from the menu. The **Customize Toolbar** dialog box appears.
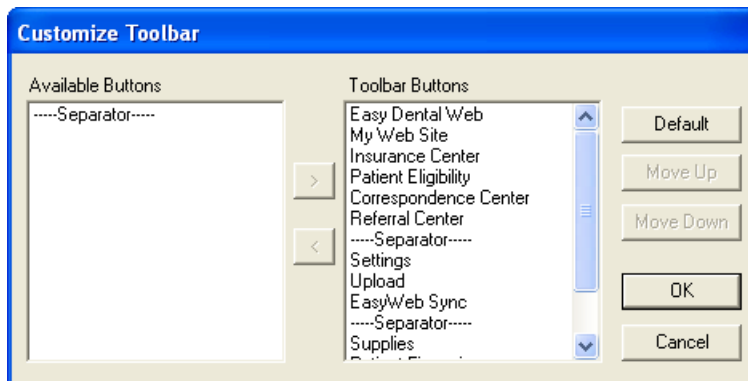
3. Customize the toolbar using any of the following options:

    -   Remove a Button from the Toolbar

        -   From the Toolbar Buttons pane, select 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, select 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, select 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** 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 website on the Internet (www.Easy Dental.com).

Web Site Manager

In the website Manager, you can build and manage your practice website, check statistics about your website, 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 website is to use the Web Site Manager module.

Note: If you have already created a website, a dialog box appears telling you that information was found from a previous attempt to create a new website. Select Continue where I left off to jump to the place you left off in your website creation process. Select Discard the old information and start over to begin creating a website from scratch.

There are seven steps to creating and managing your website: Domain Search, Purchase and Renewal, E-mail Configuration, Practice Info and website Settings, Template Selection, Web page Editing, Payment Administration, and Payment Setup. See the eCentral Help 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 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 WebSync will be listed on the main patient eligibility page. When eligibility results are returned, they will be listed at the top of this list.

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, e-mail 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).

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 e-mail 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.

REFERRAL MANAGER

PROFESSIONAL REFERRALS   PATIENT REFERRALS   REFERRAL EMAIL
SENT   RECEIVED   RECEIVED   EDIT
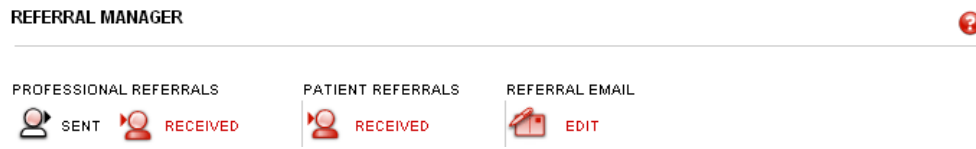
EasyWeb Settings

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 website. The WebSync Wizard helps you set up the following features of the WebSync:

- Current Patient Upload
- Correspondence Upload Override
- Patient Upload Override
- Referral Upload Override
- Claim Tracking Upload Override
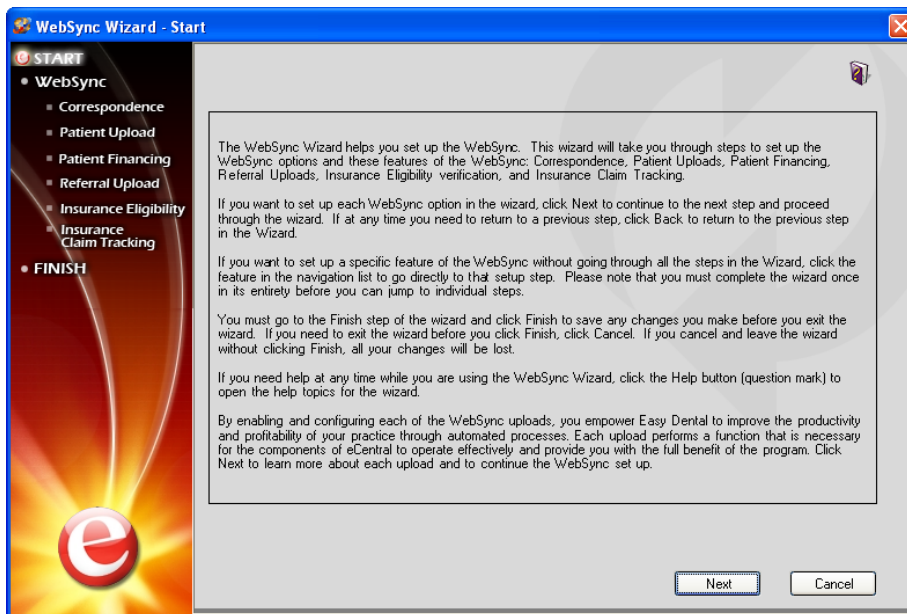
If you want to set up each WebSync option in the wizard, click **Next** to continue to the next step and proceed through the wizard. If, at any time, you need to return to a previous step, click **Back** to return to the previous step in the Wizard.

If you want to set up a specific feature of the WebSync 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 website. Running a WebSync allows you to upload information to your eCentral website and import new online accounts, online information changes, and online payments into your practice management software. Running an WebSync also sends the correspondence you have requested to your patients.
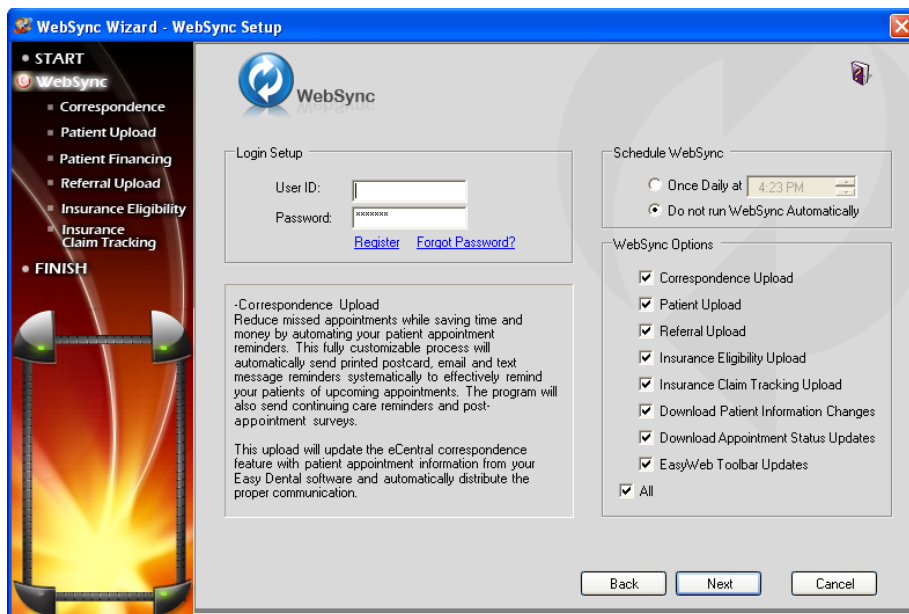
You can customize the information you want to sync in the WebSync setup. You can also customize the frequency of the reminders that are generated about the WebSync. This document will discuss WebSync Setup, Settings, and the WebSync itself.

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 WebSync** dialog box. If you want the WebSync to run automatically at a specific time, select **One Daily at** and select a time. If you do not want the WebSync to run automatically, select **Do not run WebSync Automatically**.

WebSync Options

In the WebSync options group box, select 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, select **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, e-mail, or text messages. These correspondences must be set up in the EasyWeb Toolbar and your eCentral website before they can be sent.
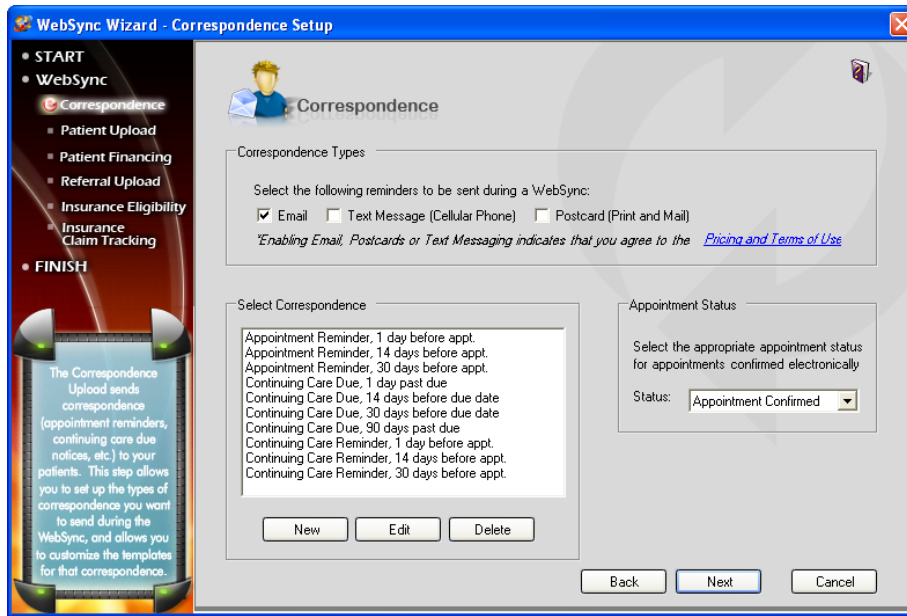
Correspondence Types

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 e-mail to be sent to those patients with an e-mail 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 box.

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.
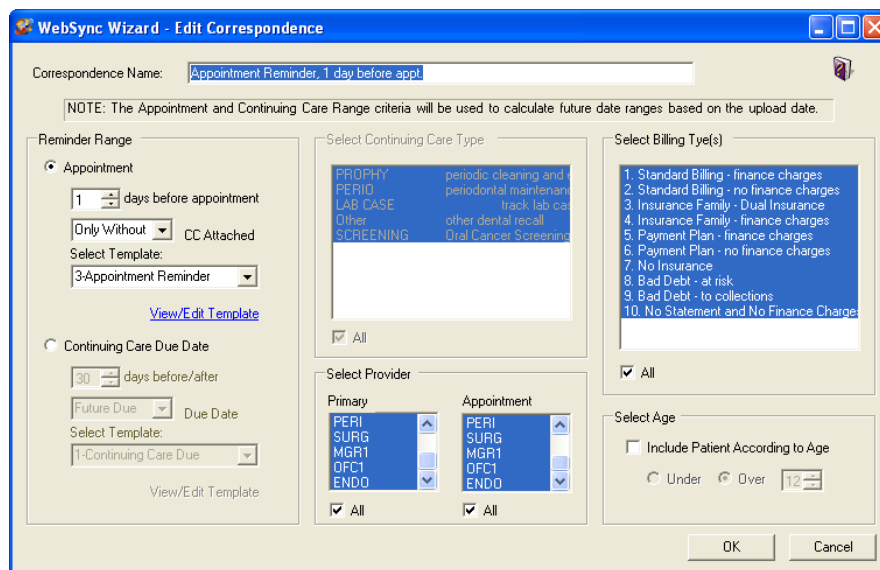
Correspondence Name

Enter the **Correspondence Name** you want to use for the correspondence you are creating/editing.

Reminder Range

In the **Reminder Range** dialog box, specify 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 select Appointment:

- 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 select Continuing Care Due Date:

- 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, select 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 selected Provider(s). To select all of these types, select 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. Select **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

Select **Include Patients According to Age** to send correspondence to only those patients who are under or over a certain age. Select an age and select 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.
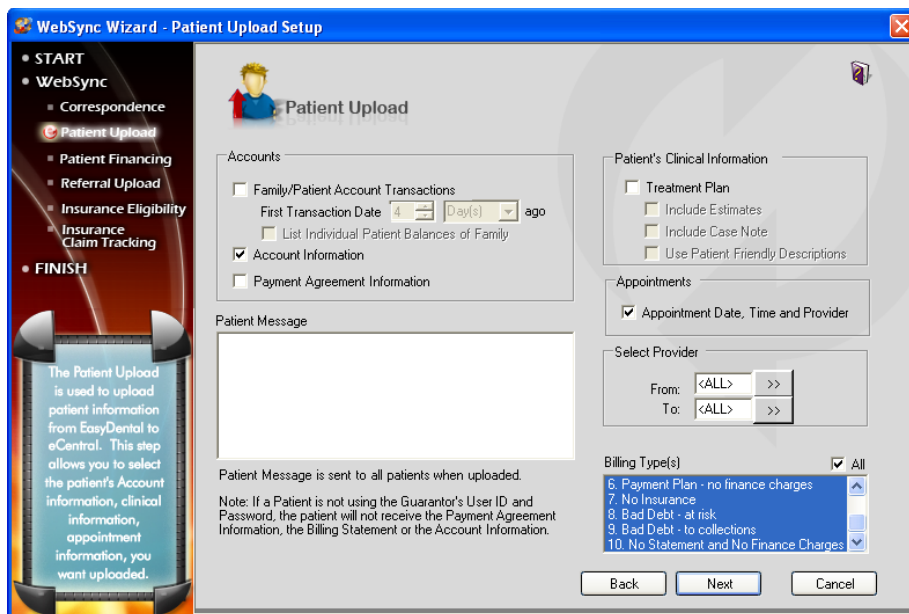
Accounts

Select the patient's Accounts module items you want to include on your practice website.

- **Family/Patient Account Transactions** – If you select 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. Select List Individual Patient Balances of Family to break down the balances by individuals.

- **Account Information** – If you select 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

Select **Treatment Plan** to upload all treatment-planned procedures for the patients. Select Include Estimates to upload Insurance Estimate information along with the treatment information.

Appointments

Select **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. Select **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 website. 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.
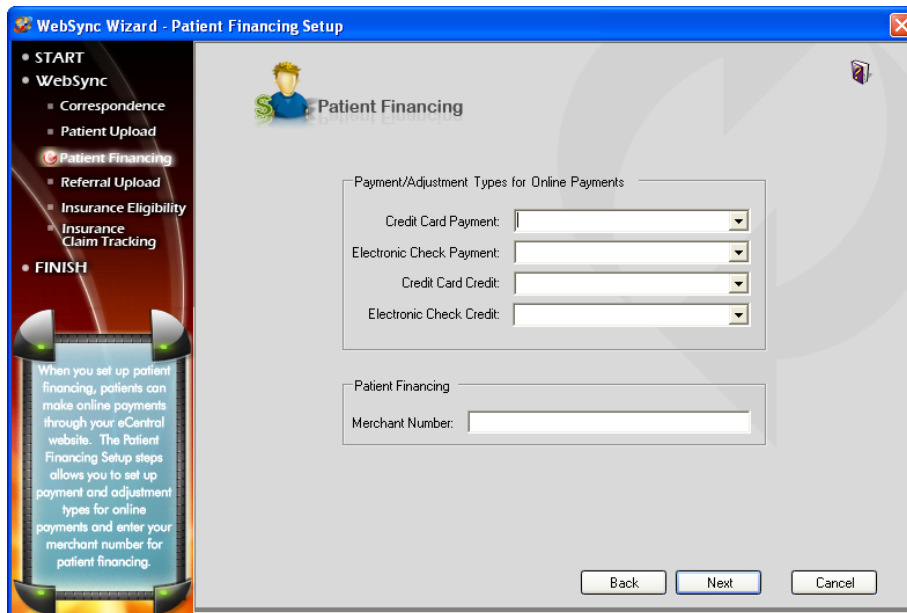
Payment and Adjustment Types for Online Payments

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 e-mail messages to other dental professionals. You can also use eCentral to accept patient referrals and upload them. Referrals are uploaded and e-mail messages are sent during the WebSync process.
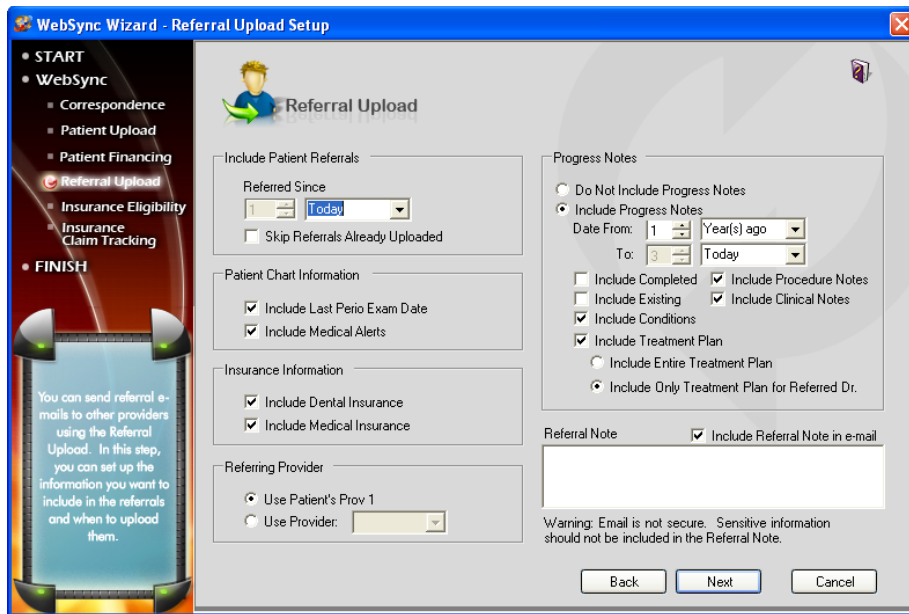
Include Patient Referrals

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).

Select 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, select 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, select 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, select **Use Patient's Prov1** to upload the referred patient's primary provider listed in the Patients module. To select a specific provider, select 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 the include in the upload. Select **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, select **Include Progress Notes**.

Enter a date span and then 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.

Select the notes you want to include. You can include:

- Completed

- Procedure Notes

- Existing

- Clinical Notes

- Conditions

- Treatment Plan

If Include **Treatment Plan** is checked, specify whether 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. Select the **Include Referral Note** in email group box to include the note in the e-mail message 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 singe carrier or a range of carriers. Use the search buttons to open the **Select Dental Insurance Plan** dialog box 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.
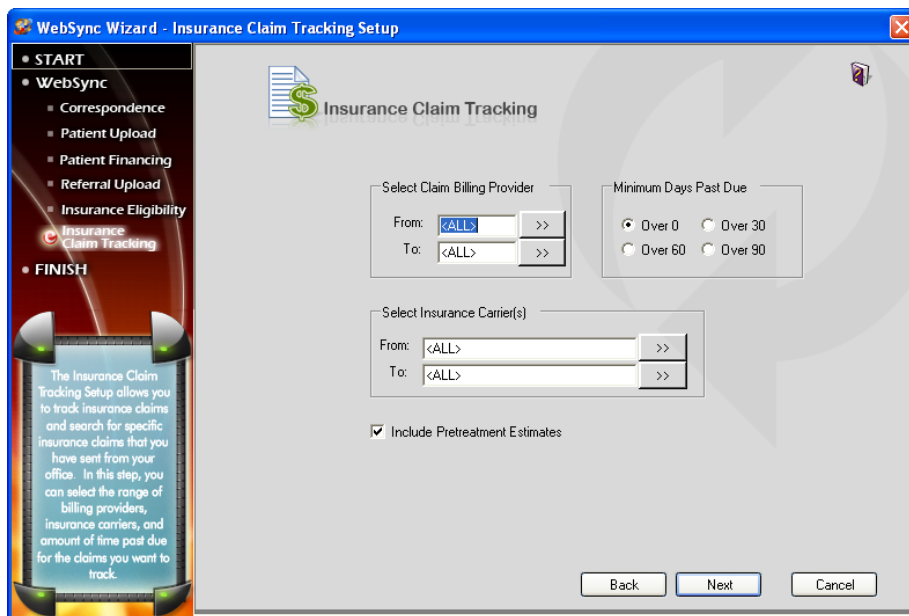
Select Claim Billing Provider

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, select **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, select **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.
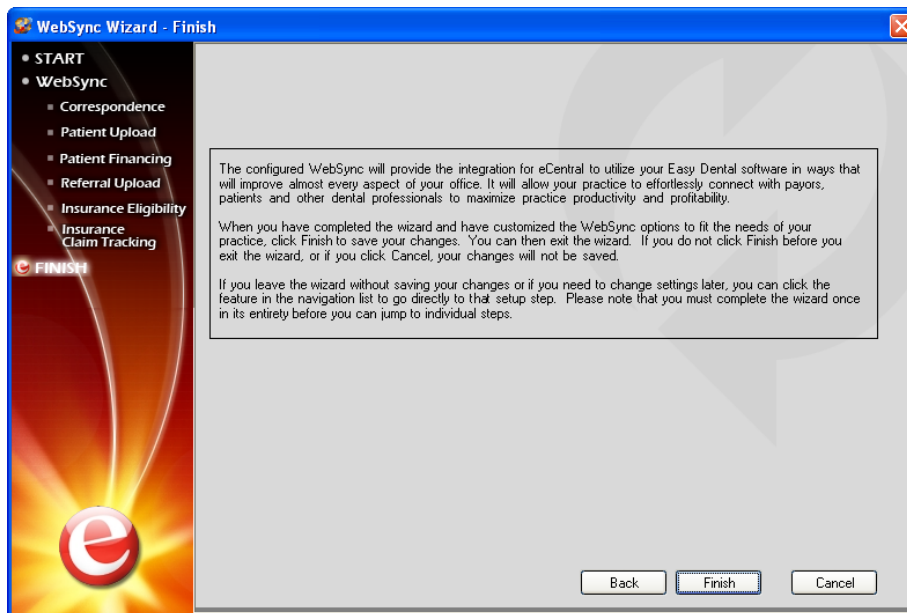
EasyWeb Updates

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 box 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 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. In order for a patient to have their information posted to a website, 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 webcsnt.doc. The template can be added as a Quick Letter. (See adding Quick Letters in the Easy Dental User's Guide.)

3. The **Primary Email Address** will be pulled from the patient's Patients module. Enter a secondary (if applicable) e-mail address in the field provided if the patient wants correspondence to be delivered to an e-mail address other than the primary e-mail address. Select the address you want to use for e-mail correspondence.

4. Select the Preferred ways in which the patient want to receive correspondence.

    •   **Send Account Update Email** – Notifies the patient, through the patient's private e-mail address, that information has been posted to the doctor's website. This e-mail message will also contain a link that will take the patient directly to the office website. It will include a user name and password for the patient to access their patient information.

    •   **Email Correspondence** – Sends correspondence (newsletters, reminder cards, and so forth) to the patient's e-mail 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 website for this patient.

    •   **Treatment Plans** – Sends an electronic copy of the patient's treatment plan to the office website.

    •   **Account Information** – Sends an electronic copy of the family's account information to the office website 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. 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** – Select 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** 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 website, 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. In the EasyWeb Toolbar, click **Settings** menu, click **Referral Setup**. The **Select Referred To** dialog box appears.
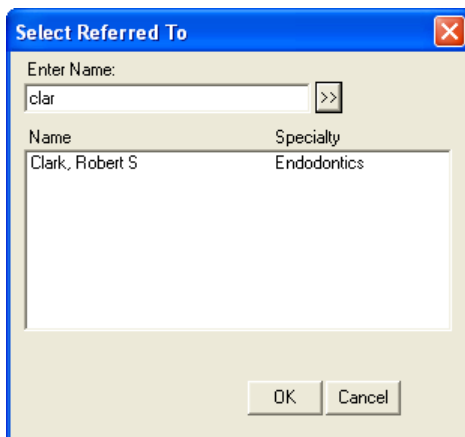
2. You can either select the provider's name in the list or search for the desired provider by entering the first few letters of the provider's last name and clicking the search button. When you have selected the desired provider, click **OK**. The **Referral Settings** dialog box appears.

3. The contact information (Name, Address, Phone, Fax, and E-mail) 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. If you selected the wrong provider, click the search button next to the provider name. The **Select Referred To** dialog box appears again. Select the correct provider and return to step 3.

5. Enter the username you found in the Professional Contact List of the eCentral website. If you do not have the username, open the eCentral website, 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 box.

6. Select the e-mail address to use when sending referral notifications to the provider. You can use the provider's primary e-mail address that was set up in the Reports Module or you can enter a secondary e-mail address to use instead of the primary e-mail address. Select the **optio**n next to the e-mail address you want to use to send e-mail notifications of referrals.

    If you don't want to send e-mail notifications of referrals, clear 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 website for patient or referral doctor's viewing purposes. Each time an upload takes place, an e-mail notification will be sent to the patient or guarantor if "Send 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 box appears.
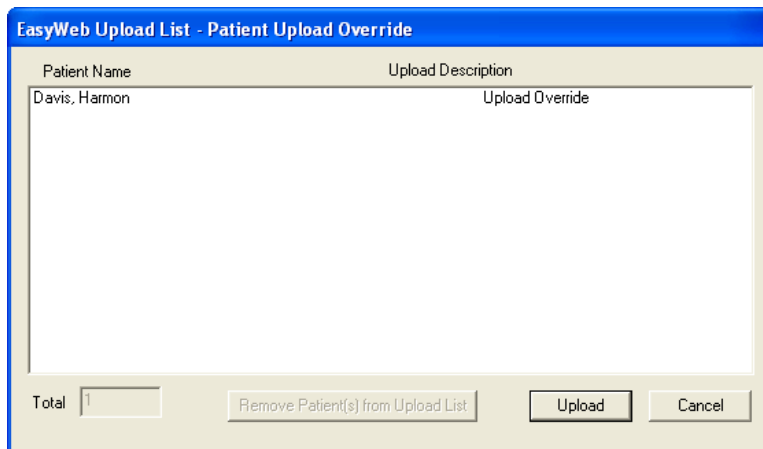
Click **Upload** to upload the current patient to your practice website. Click **Cancel** to cancel the upload.

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. From the EasyWeb Toolbar, select **Upload** and **Correspondence Upload Override**. The **Correspondence Upload Override** dialog box appears.
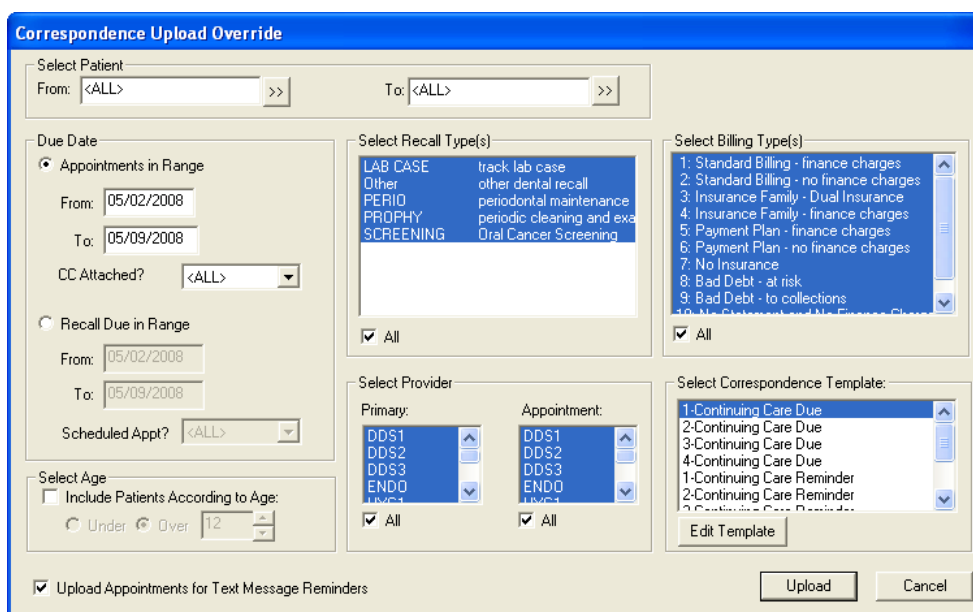
2. Select the beginning and ending patients for the range or leave at <ALL> to include all patients.

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. In the Select Recall Type(s) group box, select the recall types for which you want to send correspondence or select **All** to include all recall types.

6. Select the primary and/or appointment provider(s) to include those patients whose primary and/or appointment provider is selected or select **All** to include all providers.

7. Select the Billing Type(s) you want to include. Only patients with the selected Billing Type(s) will be included. Select **All** to include all Billing Types.

8. Click the **Upload** button. All patients who match the criteria setup for this correspondence will be included in the EasyWeb upload list.

9. If you want to remove any patients from the EasyWeb upload list, select the desired patient(s) and click the Remove Patient(s) from Upload List button.

10. 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 box, you can upload just the patients that match the new criteria to your website.

To perform a Patient Upload Override

1. Click the **Upload** button located on the EasyWeb Toolbar. Select **Patient Upload Override** from the menu. The **Patient Upload Override** dialog box appears.

2. 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. Select 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. You may enter a generic patient message to be sent to all patients during the upload.

5. Select **Treatment Plan** to upload all treatment planned procedures for the patients. To upload Insurance Estimate information, select Include Estimates.

6. Select **Appointment Date, Time, and Provider** to upload all future appointment information for the family.

7. Enter a provider range to only upload certain provider's patients or leave at <ALL> to include all providers.

8. Select the desired Billing Type(s) or select **All** to include all Billing Types. Only patients with the selected Billing Type(s) will be included in the upload.

9. Click the **Upload** button. All patients who match the criteria selected will be included in the EasyWeb upload list.

10. If you want to remove any patients from the EasyWeb upload list, select the desired patient(s) and click the **Remove Patient(s) from Upload List** button.

11. 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 the **Upload** button located on the EasyWeb Toolbar. Select **Referral Upload Override** from the menu. The **Referral Upload Override** dialog box appears.

2. Click the search buttons and select a range or Referred To doctors or leave at <ALL> to include all referral sources.

3. Enter a date range of referrals. All referrals that fall within the date range will be included in the upload.

4. Select this option if you do not want to upload referrals that have already been uploaded in the past.

5. Check which insurance information you want to include in the upload. The options are **Include Dental Insurance** and **Include Medical Alerts**.

6. Select **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 **Use Patient's Prov1** to upload the referred patient's primary provider listed in the Patients module. To select a specific provider, select **Use Provider** and select the appropriate provider from the drop-down menu.

8. Enter a note for the Referred To doctor to include with the upload. If desired, select **Include Referral Note** in email.

   Warning: E-mail is not secure. Sensitive information should not be included in the Referral Note.

9. 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. If you want to remove any patients from the EasyWeb upload list, select the desired patient(s) and click the **Remove Patient(s) from Upload List** button.

11. 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 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. 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. 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. 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. To filter the claims according to how many days past due select **Over 30**, **Over 60**, or **Over 90**. To include all claims regardless of past due date, leave Over 0 marked.

6. If you want to include Pretreatment Estimates in the upload, place a check mark next to this option.

7. 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 box, click the **WebSync** button and select **WebSync** from the menu. The **WebSync Override Options** dialog box appears.
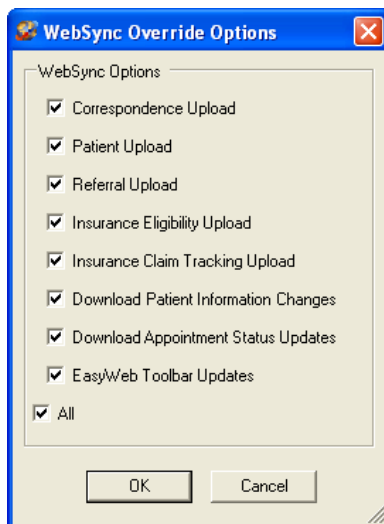
The WebSync Options group box contains a list of options that can be performed during the WebSync. Select the box next to each option you want to include in the Websync. If you want to include all the options, select **All**. By default, all options will be checked for inclusion in the WebSync.

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 select 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.
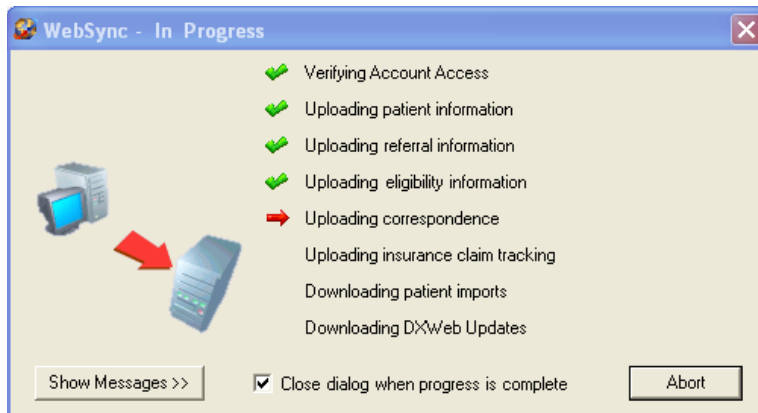
To run WebSync

1. 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 - InProgress** dialog box. The dialog box 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 E-mail these messages by clicking the **Email** button. To hide the messages, click the **Hide Messages** button.
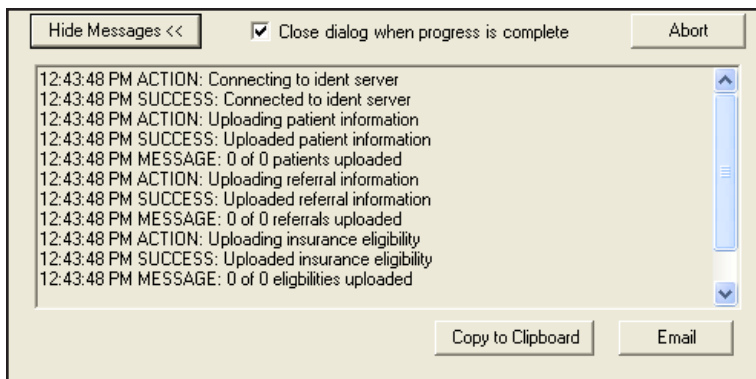
2. If at any time you want to stop the WebSync, click the **Abort** button. The WebSync will stop where it is. Any information that was accessed or uploaded will not be changed, but no more information will be accessed or uploaded.

Process Patient Imports

Patient can submit information on your practice website. 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** menu, click **Process Patient Imports** to process any information that patients have entered on your practice website 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, e-mail, 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. Click **Settings** menu, click **Correspondence Setup** to setup your correspondence. (See the Setting Up Correspondence document for more information about setting up correspondence.)

2. Click **WebSync** menu, click **Correspondence Upload** to open the **Select Correspondence(s) to Upload** dialog box.
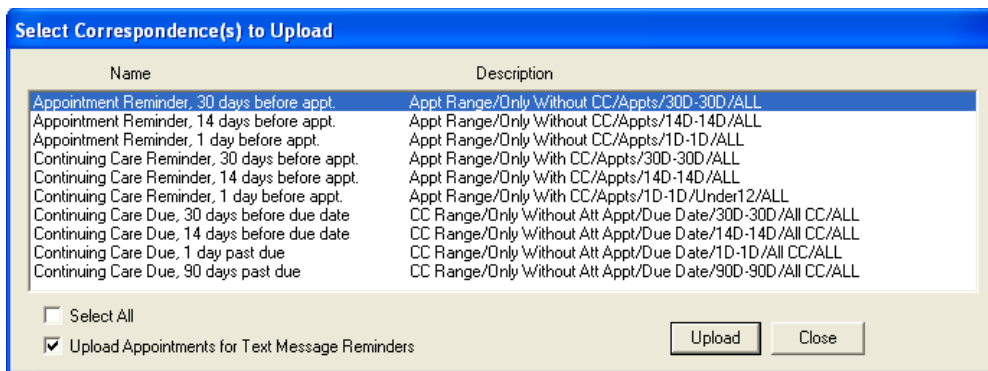
3. Select the correspondence types you want to upload by clicking once on the correspondence type. Selected correspondence types are selected. If you want to select all correspondence types, select Select All.

   If you want to upload appointments for text message reminders along with the other correspondence, select the Upload Appointments for Text Message Reminders box. This box is checked by default. Clear 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 box appears.

4. The **EasyWeb Upload List - Correspondence Upload** dialog box 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.
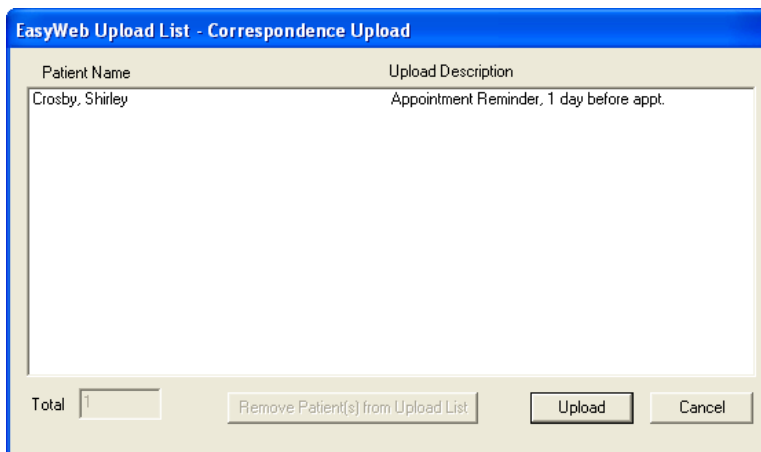
5. When only the patients for whom you want to upload correspondence remain in the list, click Upload. EasyWeb will upload the appropriate correspondence for the patients. E-mail and text messages are sent to patients when the correspondence is uploaded. When the upload is finished, a message appears 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 website. 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

Chapter 16: Treatment Manager

Many offices will spend thousands of dollars a year to attract new patients to their practice as a means of increasing their overall revenue. Yet, most offices already have a substantial amount of potential revenue sitting untouched in patient treatment plans. Capitalizing on that revenue source can be a cost-effective and relatively painless way to increase your practice's bottom line. The Treatment Manager helps you take advantage of that potential income by allowing you to quickly generate a list of patients who meet certain criteria selected by you, to be contacted.

The Treatment Manager gives you access to vital patient information, including treatment-planned work, balance, payment information, Office Journal entries, insurance information, and so forth. Having this information at your fingertips will help you to determine how you want to contact the patient: through a letter, phone call, or email message. Once the patient is contacted, you can easily make notes regarding the contact, create an appointment, or make changes to the patient's treatment plan.

The Treatment Manager section is divided into the following topics:

- Starting the Treatment Manager
- Setting up views for Treatment Manager
- Setting up columns
- Adjusting column widths
- Sorting the Treatment Manager list
- Saving list settings
- Contacting patients
- Removing patients from the Treatment Manager list
- Adding contacts entries
- Scheduling appointments
- Reviewing treatment plans
- Analyzing treatment plan information
- Printing the Treatment Manager list
- Printing Mailing Labels

Starting Treatment Manager

You can start Treatment Manager from the Schedule module.

To start the Treatment Manager

1. From the Schedule toolbar, click the **Treatment Manager** button.

   The **Treatment Manager View** dialog box appears.

2. Set up a view for Treatment Manager, or click **OK** to accept the default view.

3. To continue, click **Yes** when the message appears.

   The **Treatment Manager** dialog box appears.

   Note: See Using the Treatment Manager toolbar for more information on the various options available to you through the toolbar.

Using the Treatment Manager toolbar

Treatment Manager includes a toolbar to provide easy access to the Treatment Manager tools. Refer to the table for the names and functions of the toolbar buttons.

Icon	Name	Function
	View Setup	Opens the Treatment Manager View dialog box, which allows you to set up a view by filtering accounts.
	Print	Opens the Print menu from which you can choose to print the Treatment Manager List or 1-, 2-, or 3-column mailing labels.
	Copy to Clipboard	Copies the contents of the Treatment Manager list to the Windows Clipboard.
	Hide Patient	Removes the selected patient temporarily from the Treatment Manager list for the current view, including printed copies.
	Quick Letters	Lets you combine data from your Easy Dental database with the word processing abilities of Microsoft Word to help you quickly create letters for patients.
	Quick Labels	Lets you quickly print a variety of labels for the selected patient.
	Send Message	Lets you create and send e-mail messages to patients in your Easy Dental database.
	Patient Survey	Opens the Patient Survey dialog box for the selected patient.
	Auto Dial	Opens the Auto Dial dialog box for the selected patient.
	Estimator	Opens the Estimator dialog box for the selected patient.
	Other Appointments	Opens the Family Appointment List dialog box for the selected patient listing appointments for the patient and family members.
	Patient Alerts	Opens the Patient Alerts dialog box for the selected patient. Lets you create a patient alert for a single patient, an entire family, or selected members of a family.
	Refresh	Refreshes or updates the Treatment Manager list.
	Patient Picture	Opens the Patient Picture dialog box, where you can save and edit a full-color patient picture that can be accessed from Schedule, Patients, Chart, and Treatment Manager.
	Easy Web	Lets you open the WebSync Wizard from which you can set up WebSync's options and features. WebSync lets you synchronize Easy Dental information with eCentral. Also displays the EasyWeb toolbar.
	easylink	Links Easy Dental to digital X-ray and imaging systems.
	Help	Lets you open the Help menu from which you can open Easy Dental Help. You can also check for, install, and learn about available updates and connect to the Resource Center.

Setting up views for Treatment Manager

Before you can use Treatment Manager, you must first set up a view. Setting up a view allows you to filter out certain accounts so that only the accounts you want to contact display. Once you have selected your view options, you can choose what account information you want to display in the Treatment Manager list.

To set up a Treatment Manager view

1. From the Schedule toolbar, click the **Treatment Manager** button.

    The **Treatment Manager View** dialog box appears.

2. Select a patient or range of patients.

    Note: You can enter a range of patients to filter the list alphabetically. This option is useful if you have a very large patient base and want to limit the size of your list. For example, one week you can work on the A – J names, the following week the K – S names, and so on.

    a. Under **Select Patient** in the **Treatment Manager View** dialog box, click the **From** search button ».

    The **Select Patient** dialog box appears.

b. Select the first patient in the range, and then click **OK**.

c. Click the **To** search button ⟩⟩.

d. From the **Select Patient** dialog box, select the last patient in the range, and then click **OK**.

3. Select a billing type from the **Select Billing Type** list.

   Note: By default, all billing types are on the list.

   • To select multiple billing types, press CTRL, and then click the billing types you want to include.

   Note: If you are filtering the list by billing type, you can select up to 10 billing types at a time. If you have more than 10 billing types, click **All Billing Types** or divide the list into groups of 10.

4. Select a provider from the **Select Provider** list.

   Note: The Select Provider list references the patient's primary provider in the Reports module.

   • To select multiple providers, press CTRL, and then click the providers you want to include.

   Note: If you are filtering the list by provider, you can select up to 10 providers at a time. If you have more than 10 providers, click **All** or divide the list into groups of 10.

5. Under **Treatment Plan**, enter a range of dates using the **Dated From** and **To** fields.

   Note: These fields allow you to filter out patients based on when you entered their treatment plan. Only patients with treatments planned between those days appear on the list.

   a. In the **Min TP Total** box, enter the minimum dollar amount that a patient must have in treatment-planned work to appear on the list.

   b. In the **Min TP Ins Est** box, enter the minimum dollar amount that a patient's total treatment plan insurance estimate must be equal to or exceed in order to appear on the list.

6. Under **Procedure Code**, click **Search** to enter a range of procedure codes.

   Only patients with the specified procedures in their treatment plans appear on the list.

7. Under **Next Appt**, enter a date range.

   Only patients with scheduled appointments within the date range appear on the list.

    a. To include all patients regardless of the reason for their scheduled appointment, click **Appt Reason: All**.

- Select **With TP** if the patient's next appointment has at least one treatment-planned procedure.

- Select **With Recall** if the patient's next appointment is attached to a recall type.

- Select **Both TP & Recall** if the patient's next appointment is attached to a recall type and has at least one treatment plan.

    b. To include all patients regardless of the type of their next scheduled appointment, click **Appt Type: All**.

    Note: If one or more items are selected, patients must have the selected appointment type or types for their next appointment to appear on the list.

8. Under **Unscheduled Appts**, click **All** to include all patients regardless of whether or not they have an unscheduled appointment.

- To list only those patients who have an unscheduled appointment, click **With an Unsched Appt**.

- To list only those patients who cannot have an unscheduled appointment, click **Without an Unsched Appt**.

9. Under **Patient Age**, enter a starting age and an ending age to list specific age groups.

10. To list all patient statuses, under **Patient Status**, click **All**. Otherwise, select one of the following from the list:

- **Patient** - Restricts the list to patients.

- **Non-Patient** - Restricts the list to non-patients.

- **Inactive** - Restricts the list to inactive patients.

11. To list patients whose last Contacts entry was before the date you specify or patients who do not have a Contacts entry, under **Contacts**, click **Previous Entry Before** and enter the appropriate date in the text box.

Setting insurance option views

To set an insurance option view

1. To list patients regardless of whether they have insurance coverage or not, click **Insurance Coverage: All**. Otherwise, select one of the following options:

- **No Insurance** - Lists patients with no insurance coverage.

- **Primary** - Lists patients with a primary dental insurance carrier only.

- **Secondary Insurance** - Lists patients with a secondary dental insurance carrier only.

- **Primary w/o Secondary** - Lists patients with a primary dental carrier and no secondary carrier.

    Note: To select more than one item at a time, press CTRL and click each item you want to include.

2. To set a renewal range for a patient's primary insurance benefits, under **For Patients with Primary Insurance**, in the **Benefit Renewal From** and **To** fields, enter a range of months.

    Note: A patient's primary insurance benefits must renew in the month range you specify to be included on the list.

- **Min Benefit Rem** - Enter the minimum dollar amount patients must have in remaining insurance benefits for the year to be included on the list.

- **Insurance Carrier** - Enter a range of insurance carriers. Patients must be covered by a carrier within the specified range in to be included on the list.

3. To set a renewal range for a patient's secondary insurance benefits, under **For Patients with Secondary Insurance**, in the **Benefit Renewal From** and **To** fields, enter a range of months.

    Note: A patient's secondary benefits must renew in the month range you specify to be included on the list.

    *   **Min Benefit Rem** - Enter the minimum dollar amount that the patient must have in remaining insurance benefits for the year to be included on the list.

    *   **Insurance Carrier** - Enter a range of insurance carriers. Patients must be covered by a carrier within the specified range to be included on the list.

Note: See "Setting up columns" for information on selecting column options for Treatment Manager.

Setting up columns

The next step in setting up your list is to determine what patient information you want to display.

Note: If the list doesn't include patients you expect to see, you probably have added a filter that excludes those patients. Re-check your filter selections to be sure you selected the option you intended to.

To set up columns

1. To display a Totals row at the bottom of the list, click **Show Totals** in the **Treatment Manager View** dialog box.

    Easy Dental adds a **TOTALS** row to the **Treatment Manager** dialog box for each column whose contents can be displayed.

2. To select your column options, click the **Show Columns** button in the **Treatment Manager View** dialog box.

    The **Show Columns** dialog box appears.
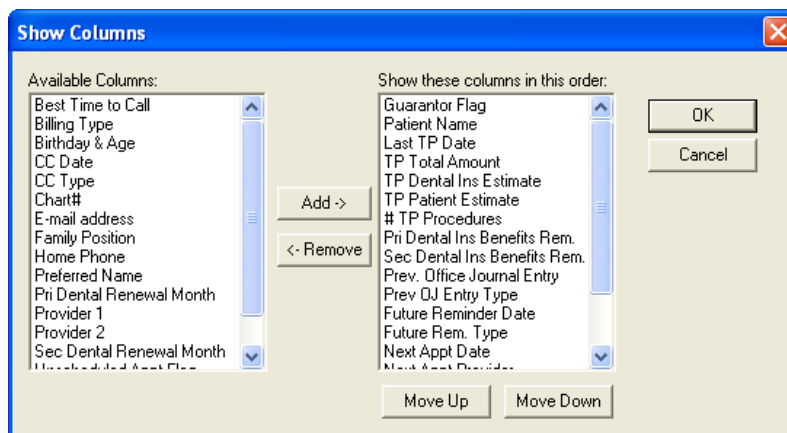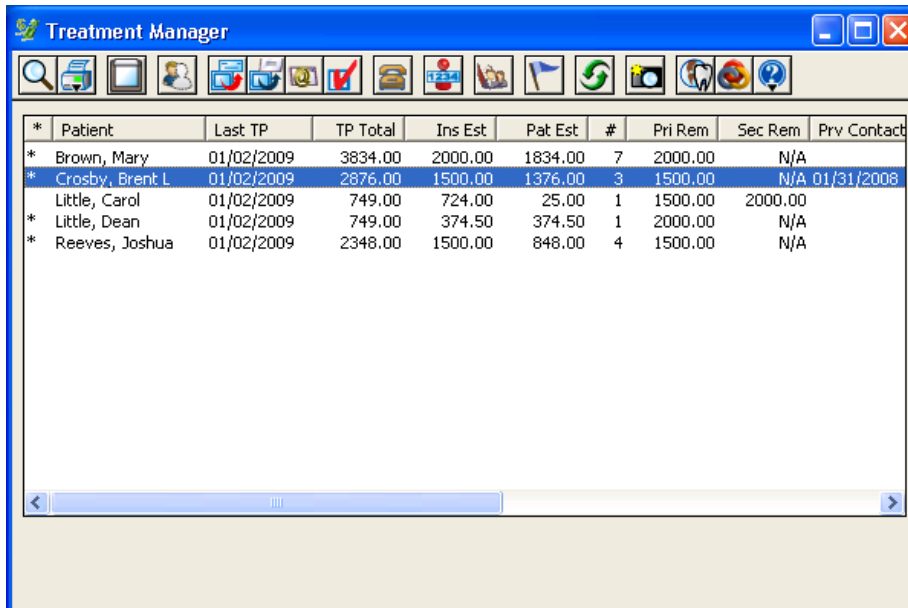
a. To add a column, select the column you want under **Available Columns** and then click **Add**.

    The column moves to the **Show these columns in this order** list.

b. To remove a column, select a column in **Show these columns in this order** and click **Remove**.

    The column moves to the **Available Columns** list.

c. To move a column up or down in the **Show these columns in this order** list, select the column you want to move and click **Move Up** or **Move Down**.

You can display the following columns:

- **Guarantor Flag (*)**: Indicates a guarantor.

- **Patient Name**: Lists each patient's Last Name, First Name, and Middle Initial.

- **Last TP Date**: Indicates the last date a procedure was added to the patient's treatment plan.

- **TP Total Amount**: Shows the total dollar amount of treatment planned procedures for the patient.

- **TP Dental Ins Estimate**: Provides an estimate of the dollar amount the insurance carrier will pay toward the total treatment plan amount.

- **TP Patient Estimate**: Indicates the total dollar amount the patient will owe on treatment-planned procedures after the insurance carrier pays.

- **# TP Procedures**: Shows the total number of procedures in the treatment plan.

- **Pri Dental Ins Benefits Rem**: The estimated dollar amount the patient has remaining in annual primary insurance benefits.

- **Sec Dental Ins Benefits Rem**: The estimated dollar amount the patient has remaining in annual secondary insurance benefits.

- **Pri Dental Renewal Month**: The month the patient's primary insurance benefits renew.

- **Sec Dental Renewal Month**: The month the patient's secondary insurance benefits renew.

- **Prev Contacts Entry**: Indicates the last time an entry was made in the Contacts module.

- **Prev Contacts Entry Type**: Used in conjunction with the Prev Contacts Entry column, this field indicates the last entry type from the Contacts module. By default, the entry's description is shown. If there is no description for the entry, the type is listed.

- **Future Reminder Date**: Shows the date of the next Reminder in the patient's Contacts entry.

- **Future Rem Type**: Used in conjunction with the **Future Reminder Date** column, this field shows the first Contacts reminder for the patient. The reminder's description is shown. If there is no description for the reminder, the type is listed.

- **Next Appt Date**: Shows the date of the patient's next scheduled appointment.

- **Next Appt Time**: Shows the time of the patient's next scheduled appointment.

- **Next Appt Provider**: Shows the provider for the patient's next scheduled appointment.

- **Next Appt Type**: Shows the Schedule Type for the patient's next appointment (for example, Fixed, Open, and ASAP).

- **Next Appt Reason Flag**: Shows the reason for the patient's next scheduled appointment.

- **Unscheduled Appt Flag**: If the patient has an unscheduled appointment, a "U" appears in this column.

- **Provider 1**: Indicates the patient's primary provider.

- **Provider 2**: Indicates the patient's secondary provider.

- **Billing Type**: Indicates the billing type for the patient.

- **Preferred Name**: Shows the patient's preferred name.

- **Home Phone**: Shows the patient's home telephone number.

- **Work Phone & Ext**: Shows the patient's work telephone number.

- **Best Time to Call**: Indicates the best time to contact the patient.

- **E-mail address**: Shows the patient's e-mail address.

- **Chart#**: Shows the patient's Chart Number.

- **Birthday** & **Age**: Displays the patient's birth date and age (calculated from the birth date and current date).

- **Family Position**: Indicates the patient's position in the family.

3. Click **OK** to save your column options.

4. In the **Treatment Manager View** dialog box, click **OK** to save your view settings.

   All patients who meet your selected criteria appear in the Treatment Manager list.

Adjusting column widths

To make reading and viewing the list easier, you can adjust the width of each column.

To adjust the width of a column

Click the column border to the right of the column heading that you want to re-size and drag it to the left to decrease or to the right to increase the size of the column.

Sorting the Treatment Manager list

You can sort the list by any of the columns being displayed.

To change the sort order of the Treatment Manager list

Click the column heading that you want to sort the list by.

The list is immediately sorted by the selected column.

Note: If the column is sorted by guarantor, all members of a family will be placed together on the list. Alternating red and blue listings indicate the end of one family and the beginning of another.

Saving list settings

Any changes you have made to the list are saved automatically when you exit the Treatment Manager.

Contacting Patients

Once you have generated a list of patients to contact, Easy Dental can assist you in contacting patients in any of the following three ways:

- Phone calls
- Letters
- E-mail messages

Contacting patients by phone

If you have a modem installed on your computer, Easy Dental can make calling your patients easier by listing 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. From the Treatment Manager list, select the patient you want to contact.

2. From the Treatment Manager toolbar, click the **Auto Dial** button.

   The **Auto Dial** dialog box appears.

3. Click the phone number that you want to dial, or enter a phone number in the field, and then click **Dial**.

   While the number is being connected, you are prompted to pick up the phone.

   a. Click **OK** once the patient answers.

   Note: In order for Auto Dial to work properly, you must have a compatible modem properly installed on your computer. If you are having problems dialing with your modem, please contact your hardware support technician for assistance.

4. If you want, enter a note concerning the call in the **Note** field.

   Easy Dental adds a phone call entry to the Contacts module for the patient.

Contacting patients using Quick Letters

Sending a reminder letter to patients with treatment plans can be an effective way of contacting them. Easy Dental simplifies the letter writing process by giving you access to pre-written letter templates.

To contact a patient using Quick Letters

1. From the Treatment Manager list, select the patient you want to contact.

2. From the Treatment Manager toolbar, click the **Quick Letter** button.

    The **Quick Letters** dialog box appears.
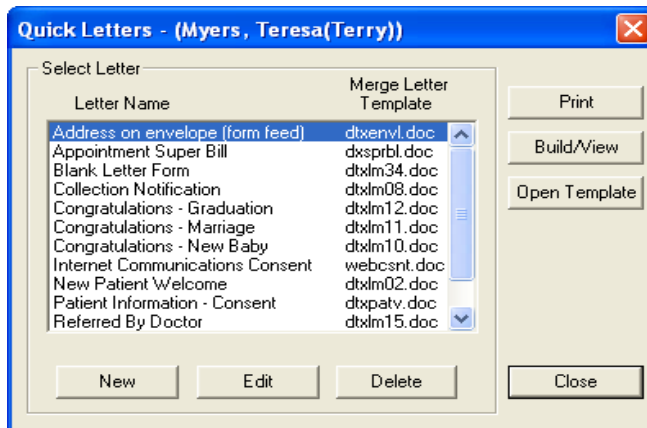
3. Under **Select Letter**, select the letter you want to merge.

4. Click the **Build/View** button to merge the letter in Microsoft Word.

5. Once the letter has been successfully merged, make any changes you want to make, and then click the **Print**.

6. Close the letter without saving changes.

7. Minimize Microsoft Word.

    Note: After your letter prints, Easy Dental automatically adds an entry to the Contacts module, indicating that a letter was sent to the patient.

Contacting patients by e-mail

If you have MAPI-compliant e-mail access, you can contact your patients electronically.

To send an e-mail message

1. From the Treatment Manager list, select the patient you want to contact.

2. From the Treatment Manager toolbar, click the **Send Message** button.

    Easy Dental attempts to open your e-mail program. This may take a few seconds.

3. Write the text of your message and then click the **Send** button.

    Note: The patient's e-mail address is automatically added to the **To** field. If an e-mail address is not attached to the patient in the Patients module, you must enter the address manually.

    Note: For Send Message to work properly, you must have an e-mail program set up on your computer. Your e-mail program must support MAPI function calls (such as Microsoft Exchange, Eudora, or other electronic mail programs typically included with Internet software), have a connection to the Internet, and have properly configured hardware devices and programs. The Easy Dental Support Staff has extensive experience in supporting Easy Dental software; however, they are not authorized to answer questions or solve problems related to any of the third-party components listed in this note. If you are having problems sending messages, please contact your hardware support technician for assistance.

Removing patients from the Treatment Manager list

Easy Dental allows you to temporarily remove patients from the Treatment Manager list quickly and easily.

To remove a patient temporarily

1. Select the patient you want to hide from the Treatment Manager list.

2. From the Treatment Manager toolbar, click the **Hide Patient** button.

    The selected patient is removed from the list.

    Note: Hide Patient temporarily removes the patient from the list. If no information has changed when the list is generated again, the patient reappears on the list. To remove a patient permanently, you must change the patient's billing type to a type not displayed on the list.

Adding Contacts entries

After you have attempted to contact a patient you will want to make notations regarding the attempt and/or contact. One of the best ways to record this information is through the Contacts module.

To add a Contacts entry

1. From the Treatment Manager list, select the patient you want to contact.

2. From the Easy Dental toolbar, click the **Contacts** button.

    The Contacts window appears.
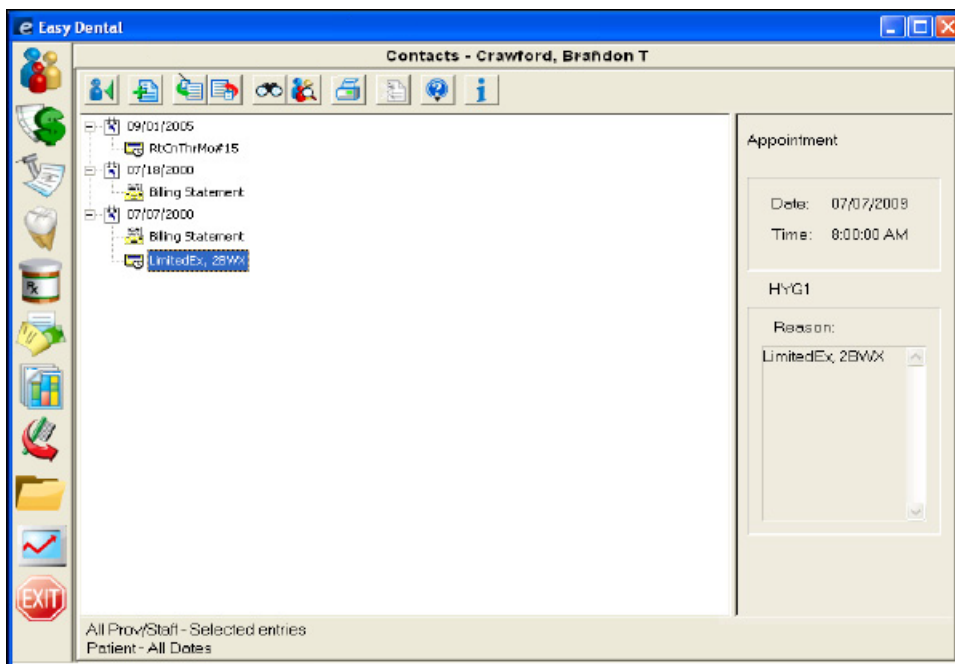
3. From the Contacts toolbar, click the **Add Contact** button.

    The **Add Contact Entry** dialog box appears.

4. From the **Type** list, select the type of contact you want to record:

   - **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 want to keep a record.

   - **HIPAA Privacy**: Use for tracking contact with patients regarding privacy requests, disclosure of information, and so forth.

5. Click the **Prov/Staff** search button.

   The **Select Provider** dialog box appears.

6. Select the provider or staff member assigned to this contact type.

7. In the **Description** field, enter a short description for the contact entry.

8. In the **Note** field, enter a comprehensive description for the contact entry.

9. If necessary, you can change the date and time of the contact entry in the **Date** and **Time** fields.

10. Click **OK** to save your changes.

Scheduling appointments

Easy Dental makes scheduling appointments from the Treatment Manager easy.

To schedule an appointment from the Treatment Manager list

1. Double-click the name of the patient you want to schedule an appointment for.

   The **Family Appointment List** dialog box appears.

2. Click **Create New Appt.**

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

3. Enter the information for the appointment.

4. Click **OK** to save the appointment.

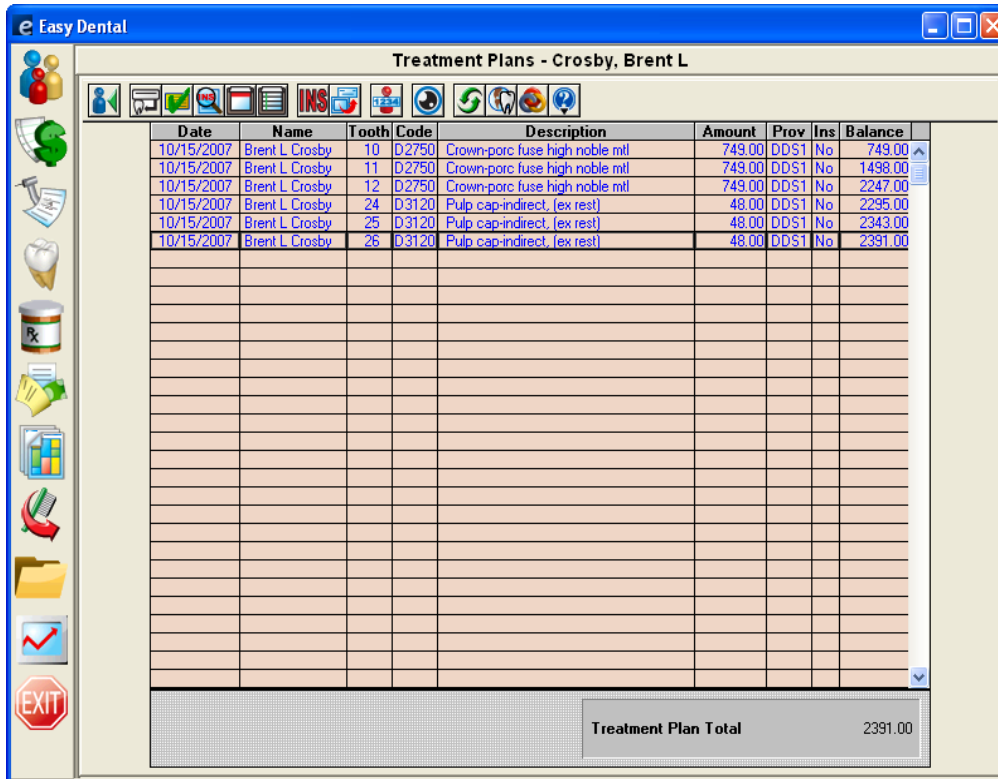5. Repeat steps 1 – 4 for any other appointment you want to schedule.

Reviewing treatment plans

You can review and change a patient's treatment plans.

To review a treatment plan

1. Select a patient from the Treatment Manager list.

2. From the Easy Dental toolbar, click the **Treatment Plans** button.

   The Treatment Plans window appears.

3. Make any changes to the Treatment Plan as needed and close the Treatment Plans window.

Analyzing treatment plan information

Data from the Treatment Manager can be easily copied to the Windows Clipboard and then imported to other programs, such as Microsoft Excel or Word.

To copy the Treatment Manager list

From the Treatment Manager toolbar, click the **Copy to Clipboard** button.

Easy Dental copies the information to the Windows Clipboard. From the Windows Clipboard, you can readily import the information to another program with the Paste command.

Printing the Treatment Manager list

While more benefits will come from using the Treatment Manager on-screen, at times, it is necessary to print the Treatment Manager list.

To print the list

1. From the Schedule toolbar, click the **Treatment Manager** button.

    The **Treatment Manager View** dialog box appears.

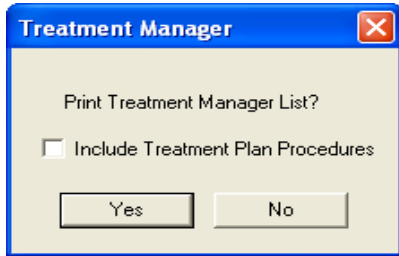2. Select the options you want and click **OK**.

    The **Treatment Manager** dialog box appears.

3. From the Treatment Manager toolbar, click the **Print** button and then from the submenu, click **Treatment Manager List**.

A message appears.

4. To include the treatment plan procedures for each patient, click **Include Treatment Plan Procedures**.

5. To print the list, click **Yes**.

Printing mailing labels

Easy Dental allows you to print mailing labels quickly and easily from the Treatment Manager.

To print mailing labels for all patients listed in the Treatment Manager

1. From the Treatment Manager toolbar, click the **Print** button.

2. From the submenu, select **Mailing Labels**, and then select the number of columns you want to print.

- 1 Column

- 2 Columns

- 3 Columns

A message appears.

3. Click **Yes** to print the labels to your default printer.

Chapter 17: Collections Manager

Designed to help increase your practice's revenue by decreasing your account receivables, the Collections Manager lets you quickly access and then act upon collection information. Based on the criteria you select, the Collections Manager displays a list of accounts that need to be contacted. From this list, you have access to all information for the account, including aged balance, payment information, Contacts entries, insurance estimates, and so forth.

Having this information readily available will help you to determine whether you want to contact the patient by letter, phone call, or e-mail message. To make collections even simpler, the Collections Manager can merge a letter, dial a phone number, or open a new e-mail message.

Once you have contacted the patient, you can easily make notes regarding the contact, set up a payment plan, or change a billing type. You can also export data to the Windows Clipboard to analyze and use in other software programs, print the Collections Manager list, and print mailing labels for collection accounts. Pulling all of this information and functionality into one window makes the collections process smoother, more efficient, and more productive.

Starting the Collections Manager

You can start the Collections Manager from the Reports module.

To start the Collections Manager

1. From the Reports toolbar, click the **Collections Manager** button.

    The **Collections Manager View** dialog box appears.
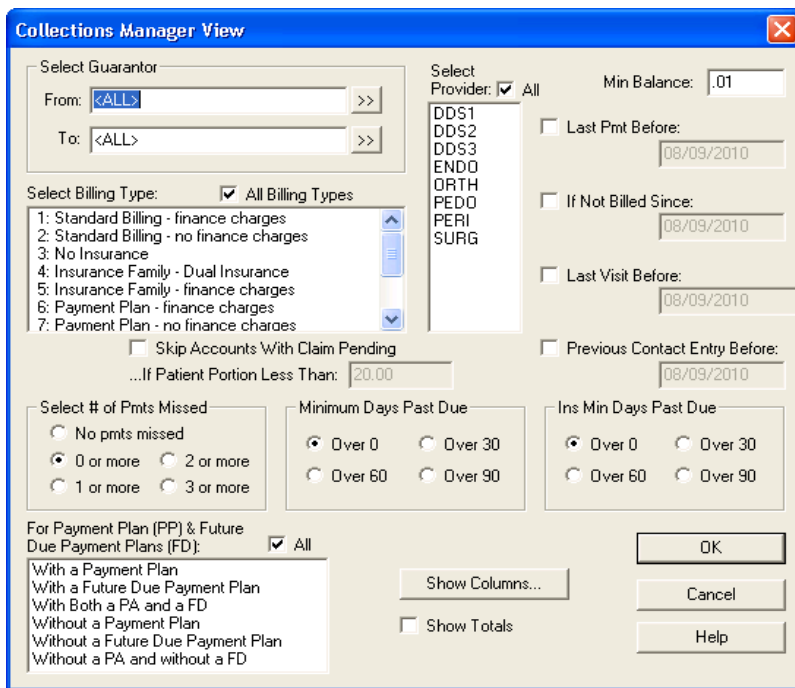
2. Set a view for the Collections Manager, or click **OK** to accept the default view.

    The **Collections Manager** dialog box appears.

Note: See Using the Collections Manager toolbar for more information on the various options available to you through the toolbar.

Using the Collections Manager toolbar

Collections Manager includes a toolbar to provide easy access to the Collections Manager tools.

Icon	Name	Function
	View Setup	Opens the **Collections Manager View** dialog box, which allows you to set up a view by filtering accounts.
	Print	Displays the Print menu from which you can choose to print the collections list or 1-, 2-, or 3-column mailing labels.
	Copy to Clipboard	Copies the contents of the collections list to the Windows Clipboard.
	Hide Account	Removes the selected patient temporarily from the collections list for the current view, including printed copies.
	Quick Letters	Lets you combine data from your Easy Dental database with the word processing abilities of Microsoft Word to help you quickly create letters for patients.
	Quick Labels	Lets you quickly print a variety of labels for the selected patient.
	Send Message	Lets you create and send e-mail messages to patients in your Easy Dental database.
	Patient Survey	Opens the **Patient Survey** dialog box for the selected patient.
	Auto Dial	Opens the **Auto Dial** dialog box for the selected patient.
	Billing/Payment Plan	Opens the **Billing/Payment Plan Information** dialog box for the selected patient.
	Account Notes	Opens the **Account Notes** dialog box.
	Patient Alerts	Opens the **Patient Alerts** dialog box for the selected patient. Lets you create a patient alert for a single patient, an entire family, or selected members of a family.
	Refresh	Click to refresh the Collections list.
	Patient Picture	Opens the **Patient Picture** dialog box, where you can save and edit a full-color patient picture that can be accessed from Schedule, Patients, Chart, and Treatment Manager.
	Easy Web	Displays the EasyWeb toolbar.
	easylink	Links Easy Dental to digital X-ray and imaging systems.
	Help	Lets you open the Help menu from which you can open Easy Dental Help. You can also check for, install, and learn about available updates and connect to the Resource Center.

Setting up view for the Collections Manager

To use the Collections Manager, you must first set up a view. Setting up a view allows you to filter accounts so that only the accounts you want to contact display. Once you have selected your view options, you can also choose what account information you want to display in the Collections Manager list.

To set up Collections Manager view

1. From the Collections Manager toolbar, click the **View Setup** button.

    The **Collections Manager View** dialog box appears.

2. Select a guarantor or a range of guarantors.

    Note: You can enter a range of guarantors listed alphabetically. This option is useful if you have a very large patient base and want to limit the list size for ease of use. For example, one week you can work on the A – J names, the following week the K – S names, and so on.

    a. Under **Select Guarantor**, click the **From** search button.

        The **Select Account** dialog box appears.

  b. Select the first account in the range and click **OK**.

  c. Click the **To** search button.

  d. Select the last account in the range and click **OK**.

3. Under **Select Billing Type**, select a billing type from the list.

  To select multiple billing types, press CTRL and then click the billing types you want to include.

  Notes:

  • By default, all billing types are included on the list.

  • If you are filtering the list by billing type, you can select up to 10 billing types at a time. If you have more than 10 billing types, click **All Billing Types** or divide the billing types into groups of 10.

4. Under Select Provider, select a provider from the list.

  To select multiple providers, press CTRL and then click the providers you want, or click **All**.

  Note: If you are filtering the list by provider, you can select up to 10 providers at a time. If you have more than 10 providers, click **All** or divide the list into groups of 10.

Filtering account information

To filter account information

1. To set a minimum balance, enter the amount you want to exclude in the **Min Balance** field.

  Easy Dental excludes any accounts with a balance less than the amount you entered from the list.

2. To exclude accounts that make regular payments and to filter the list by a last payment date, click **Last Pmt Before**, and enter the last date a payment can post to exclude the account from the list.

  Note: If you are allowing accounts 30 days to make a payment, set the date to be one month previous to the current date.

3. To exclude accounts that recently received a billing statement, click **If Not Billed Since**, and enter the last date an account could have received a billing statement to exclude the account from the list.

  Note: If you only want to include accounts that received a Billing Statement over two weeks ago, set the date to be two weeks previous to the current date.

4. To exclude the accounts of patients you have seen recently, click **Last Visit Before**, and enter the last date a family member could have been seen to exclude the account from the list.

5. To exclude accounts based on the last manual entry in the Contacts module, click **Previous Contact Entry Before**, and enter the last date an account could have had a manual Contacts entry to be excluded from the list.

    Note: Easy Dental ignores Contacts entries with a future date.

6. To wait for insurance to pay before collecting from an account, click **Skip Accounts With Claim Pending**.

    Note: Easy Dental excludes accounts that have outstanding insurance claims as long as the balance is less than the specified amount in the **If Patient Portion Less Than** text field. The default amount is $20.00, but you can modify the amount.

7. To include accounts that have missed a number of payments toward their payment plan, under **Select # of Pmts Missed**, click the appropriate number.

    Note: You must select an option. If you do not want to use this filter, select **0 or more**.

8. To filter accounts based on the oldest aged balance, under **Minimum Days Past Due**, click the number of days the account must be past due to show on the list.

9. To filter accounts based on the age of outstanding insurance claims, under **Ins Min Days Past Due**, click the appropriate number of days.

    Note: Easy Dental will only include accounts that have outstanding insurance claims aged according to the selection.

10. To limit the list to specific types of accounts, under **For Payment Plan (PP) & Future Due Payment Plans (FD)**, select the appropriate filter or filters.
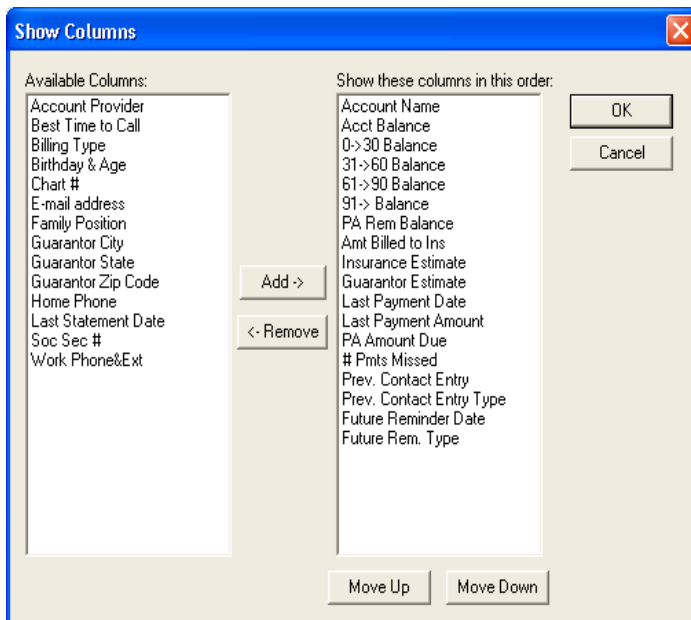
    Note: To include all accounts regardless of whether a payment plan or a future due payment plan is set up or not, click **All**. Easy Dental includes an account only if it matches at least one of the selected criteria.

Changing column options

To change column options

1. To change column options, click Show Columns.

    The **Show Columns** dialog box appears.

a. To add a column, select it from the **Available Columns** list and click **Add**.

The column moves to the **Show these columns in this order** list.

b. To remove a column, select it from the **Show these columns in this order** list and click the **Remove** button.

The column moves to the **Available Columns** list.

c. To change the order a column appears in the **Show these columns in this order** list, select the column you want to move and click the **Move Up** or **Move Down** button.

You can display the following columns:

- **Guarantor Name**: The name of the guarantor for the account. (This column is mandatory.)

- **Acct Balance**: The total balance for the account.

- **0-> 30 Balance**: The portion of the total account balance aged 30 days or less.

- **31-> 60 Balance**: The portion of the total account balance aged 31 to 60 days.

- **61-> 90 Balance**: The portion of the total account balance aged 61 to 90 days.

- **91-> Balance**: The portion of the total account balance aged over 90 days.

- **PP Rem Balance**: The remaining balance amount for any payment plan set up on the account.

- **Amt Billed to Ins**: The portion of the account's balance that has been billed to insurance.

- **Insurance Estimate**: The estimated portion of the account's balance that is expected from insurance.

- **Guarantor Estimate**: The estimated portion of the account's balance that the patient will owe after insurance pays.

- **Last Payment Date**: The date of the last guarantor payment on the account.

- **Last Payment Amount**: The amount of the last guarantor payment for the account.

- **PP Amount Due**: The estimated guarantor portion of the balance or the agreed payment amount from a payment plan or future due payment plan.

- **# Pmts Missed**: The number of payments missed on a payment plan with the account.

- **Prev. Contact Entry**: Indicates the last time a manual entry was added to the Contacts module.

- **Prev. Contact Entry Type**: Used in conjunction with the Prv Contact Entry column, this field indicates the last entry type from the Contacts module. By default, the entry's description shows. If there is no description for the entry, the type shows.
- **Future Reminder Date**: Shows the date of the next manual Contacts entry dated after the current date.
- **Future Rem. Type**: Used in conjunction with the Reminder column, the reminder's description shows. If there is no description for the reminder, the type shows.
- **Last Statement Date**: Indicates the last date a billing statement was generated for the account.
- **Billing Type**: Indicates the billing type for the account.
- **Account Provider**: The primary provider of the guarantor.
- **Guarantor City**: The city of residence for the guarantor.
- **Guarantor State**: The state of residence for the guarantor.
- **Guarantor Zip Code**: The ZIP Code for the guarantor.
- **Home Phone**: The home telephone number for the guarantor.
- **Work Phone & Ext**: The work telephone number and extension for the guarantor.
- **Best Time to Call**: The best time to call the guarantor.
- **E-mail Address**: The e-mail address for the guarantor.
- **Chart#**: The guarantor's chart number as recorded in the Reports.
- **Soc Sec #**: The guarantor's Social Security number.
- **Birthday & Age**: The guarantor's birthday and age.
- **Family Position**: The guarantor's position in the family.

    d.   Once you have set up the columns, click **OK** to save the changes.

2. Click **Show Totals** to display a Totals row at the bottom of the list.

    As appropriate Easy Dental adds a Totals row and displays the total for each column.

    Note: Not all columns (Name, Address, and Phone Number for example) can be totaled.

3. To save your view settings, click **OK**.

    A message appears.

4. To generate the Collections Manager list, click **Yes**.

    All accounts that meet your criteria appear in the list.

    Note: If the list does not include the accounts you expected to see, you have probably added a filter that excludes those accounts. Re-check your filter selections to ensure that you have selected the options you wanted.

Adjusting the width of columns

You can adjust the width of each column to make viewing the information in the Collections Manager easier.

To adjust the width of a column

Click the column border to the right of the column heading you want to re-size, and drag it to the left to decrease or to the right to increase the size of the column.

Sorting the Collections Manager list

The account information contained in the Collections Manager is sorted according to the column heading name. You can change how the Collections Manager sorts account information by clicking a column heading's name. For example, if you want to sort a list according to account balances from the least to the greatest amount, click the **Balance** column heading.

To change the Collections Manager list sort order

Click the column heading you want to sort the list by.

The list is immediately re-sorted according to the selected column.

Note: The view settings you selected are saved automatically when you exit the Collections Manager.

Contacting patients

Once you have generated a list of accounts that need to be contacted, you have several contact methods available. Easy Dental can assist you in contacting the patient in any of the following three ways:

• Phone Calls

• Letters

• E-mail Messages

Contacting patients by phone

Using Easy Dental you can dial a phone number automatically or view a patient's phone number. Additionally, you can enter notes about the phone call that are automatically added to the Contacts module.

Note: You must install a modem and configure it properly in Windows for automatic calling to work.

To contact a patient by phone

1. From the Collections Manager list, select the patient you want to contact.

2. From the Collections Manager toolbar, click the **Auto Dial** button.

   The **Auto Dial** dialog box appears.

3. Click the phone number that you want to dial, or enter a phone number in the field and then click **Dial**.

   While the number is being connected, you are prompted to pick up the phone.

4. If you want, enter a note regarding the calli n the **Note** text field.

   Easy Dental adds a phone call to the Contacts module for the patient.

Contacting patients using Quick Letters

Creating letters for certain accounts can be an important part of your collections process. Easy Dental makes the letter writing process simple by providing you with pre-written letter templates.

To contact a patient using Quick Letters

1. From the Collections Manager list, select the patient you want to contact.

2. From the Collections Manager toolbar, click the **Quick Letters** button.

    The **Quick Letters** dialog box appears.
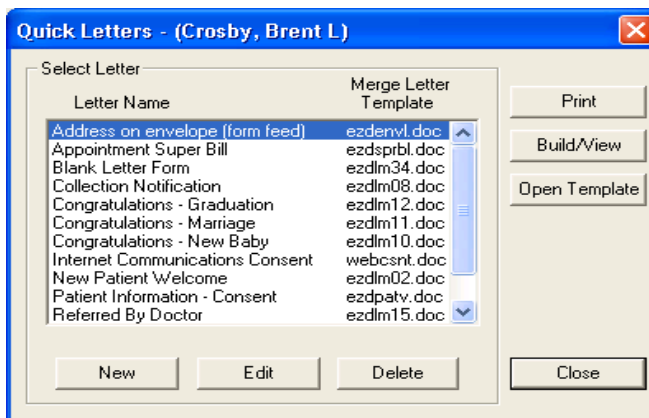
3. Under **Select Letter**, select the letter you want to merge from the list.

    If you want to add a letter to the list, see Adding letters to Quick Letters.

4. Click the **Build/View** button to merge the letter in Microsoft Word.

    Note: Once the letter has been successfully merged, you can print the document.

5. Make any changes you want to make and then click the **Print** button.

6. Close the letter without saving changes.

7. Minimize Microsoft Word.

    Note: After your letter prints, Easy Dental automatically adds an entry to the Contacts module indicating that a letter has been sent to the patient.

Contacting patients by e-mail

If you have MAPI-compliant e-mail installed and configured properly, you can contact patients electronically.

To contact a patient by e-mail

1. From the Collections Manager list, select the patient you want to contact.

2. From the Collections Manager toolbar, click the **Send Message** button.

    Easy Dental attempts to open your email program. This might take a few seconds.

3. Write the text of your message and then click the **Send** button.

    Note: The patient's e-mail address is automatically added in the **To** line. If an e-mail address is not attached to the patient in the Patients module, you must enter the address manually.

Note: For Send Message to work properly, you must have e-mail capability on your computer. Your e-mail program must support MAPI function calls (such as Microsoft Exchange, Eudora or other e-mail programs typically included with Internet software), have a connection to the Internet, and have properly configured hardware devices and programs. The Easy Support Staff has extensive experience in supporting the Easy Dental software and as software support they are not authorized to answer questions or solve problems related to any of the components listed in this note. If you are having problems sending messages, please contact your hardware support resource for assistance.

Removing accounts from the Collections Manager list

You can temporarily remove accounts from the Collections Manager list.

To remove an account temporarily

1. From the Collections Manager list, select the account you want to remove temporarily.

2. From the Collections Manager toolbar, click the **Hide Account** button.

   The selected account is removed from the list.

   Note: Clicking the **Hide Account** button temporarily removes the patient from the list. If no information has changed when you generate the list, the account reappears on the list. To remove an account permanently, you must change the account's billing type to a type that is not displayed on the list.

Adding entries to the Contacts module

After you have tried to contact a patient, you will want to make notations regarding the results of the attempt and/or contact. You can record this information in the Contacts module.

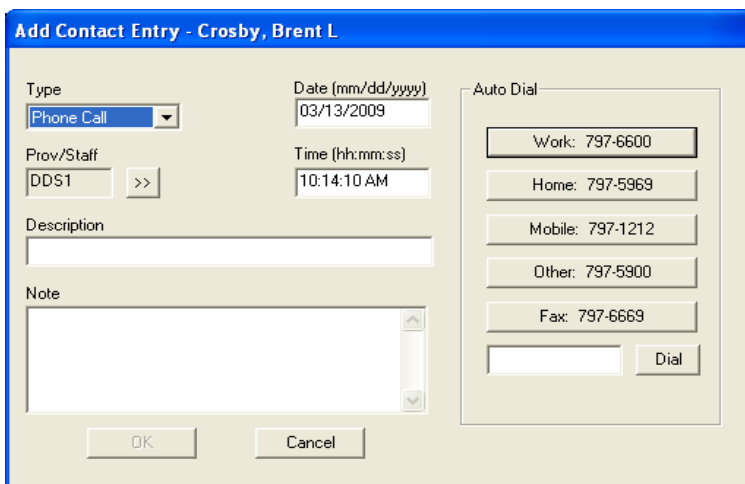**To add an entry to the Contacts module**

1. From the Collections Manager list, select the patient you want to contact.

2. From the Easy Dental toolbar, click Contacts.

   The Contacts window appears.
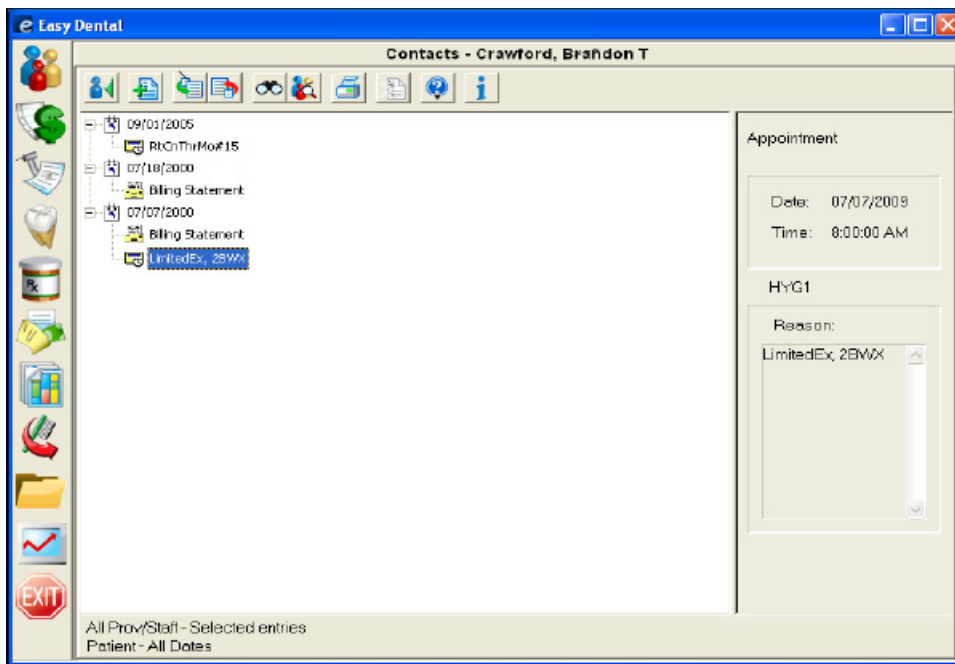
3. From the Contacts toolbar, click the **Add Contact** button.

    The **Add Contact Entry** dialog box appears.

    Note: For complete steps on how to add a Contacts entry, see Adding Contacts entries manually.

Adding account notes

Account notes allow you to enter notes specific to a family's account and financial standing with your practice.

1. From the Collections Manager list, select a patient or guarantor.

2. From the Collections Manager toolbar, click the **Account Notes** button.

    The **Account Notes** dialog box appears.

3. Under **Account Note**, enter any notes relating to the patient's financial standing with your practice.

4. Click **Insert Dateline** to provide a chronological detail for each note.

5. Under **Billing Statement Note**, enter any notes that you want to appear on the billing statement.

    Note: You can enter approximately 80 characters in the **Billing Statement Note** field.

6. Enter the date that you want the statement note to stop printing on the billing statement in the **Print on Statement until** field.

7. To save your notes, click **OK**.

Setting up payment plans
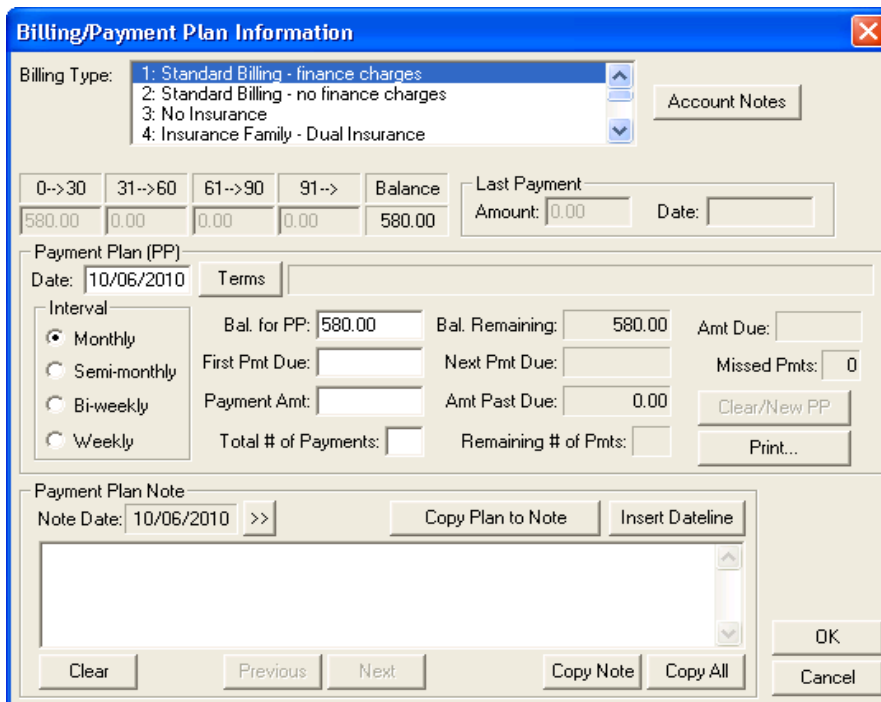
Easy Dental allows you to set up and customize payment plans for your accounts quickly and easily. You can use payment plans to help manage your accounts receivables or to finance procedures that are not fully covered by your patients' insurance plans.

To set up a payment plan

1. From the Collections Manager list, select the patient you want to create a payment plan for.

2. From the Collections Manager toolbar, click the **Billing/Payment Plan** button.

    Note: If you have not created a payment plan has for the patient you selected, a message appears asking you to create one.

    The **Billing/Payment Plan Information** dialog box appears.

3. Select a billing type from the list.

4. Under **Payment Plan (PP)**, the **Date** box defaults to the current date.

   Note: You can edit the date unless you already set up and saved the payment plan.

5. Click **Terms**.

   The **Payment Plan Terms** dialog box appears.

6. To select a plan type, click **Select Type**.

   The **Select Payment Plan Type** dialog box appears.
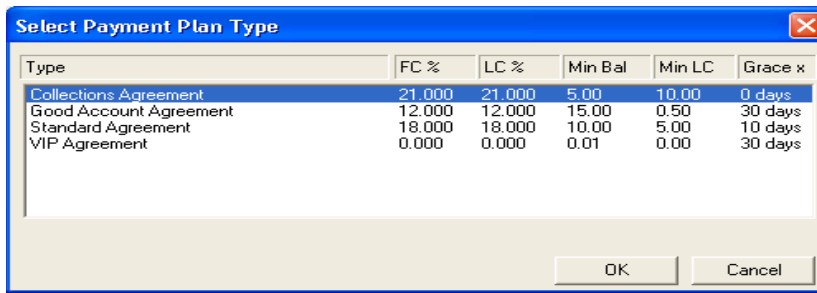
7. Select the plan type you want, and click **OK**.

   The terms for the selected type appear in the **Billing/Payment Plan Information** dialog box.

   a. Click **OK**.

8. Under **Interval**, click the appropriate payment 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.

9. In the **Bal. for PP** box, Easy Dental inserts the account balance.

   Note: If you want, you can modify the account balance.

10. In the **First Pmt Due** box, enter the date the first payment is due.

11. In the **Payment Amt** box, enter the amount due at each interval.

   Easy Dental calculates the total number of payments necessary to pay the balance off and displays it in the **Total # of Payments** box.

12. To copy the terms of the payment plan, click **Copy Plan to Note**.

   Note: Copying the terms of the payment plan provides a documented copy of all payment arrangements that have been established over the history of the account.

   • To set the payment plan note to a date other than the current one, click the Note Date search button.

     The **Select Date Setup** dialog box appears from which you can select a new date.

   • To insert a dateline in the **Payment Plan Note** box, click **Insert Dateline**.

     Easy Dental inserts a date at your cursor's insertion point.

   • To copy the plan note to the Windows clipboard, click **Copy Note**.

   • To copy the entire payment plan note to the Windows clipboard, click **Copy All**.

   • To clear the whole payment plan note, click **Clear**.

   • To view the plan set up prior to the current one, click **Previous**, or to view the plan set up after the current one, click **Next**.

     Note: If the patient has multiple payment plans, **Previous** and **Next** are active.

Printing payment plan reports

You can print three reports to give the patient.

- **Truth in Lending Disclosure Statement**: This report discloses the terms of the plan to the patient. It includes the annual percentage rate, the finance charge amount, the total amount financed, and the total amount paid at the end of the payment plan.

   Note: To print this report you must have Microsoft Word 6.0 or higher installed.

- **Amortization of Payments and Finance Charge Schedule**: This report shows a payment schedule that lists the interest accrued on the balance for each payment interval.

- **Coupon Book**: This report is a booklet of payment remittance coupons for the patient. You can also indicate if the coupons are to be printed on a pre-printed or plain form.

To print a payment plan report

1. Click the **Print** button.

    The **Print for Payment Plan** dialog box appears.
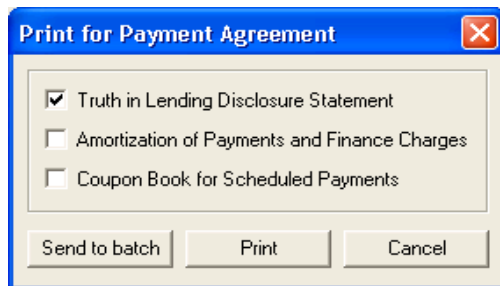
2. Select the reports you want to give the patient.

3. Click the **Print** button to print the reports immediately or **Send to batch** to send them to the Batch Processor.

    Note: For more information regarding payment plans, see Working with payment plans.

Exporting data to the Windows Clipboard

Data from the Collections Manager can be easily exported to the Windows Clipboard and then imported into other programs, such as Microsoft Excel or Microsoft Word.

To copy data from the Collections Manager list to the Windows Clipboard

From the Collections Manager toolbar, click the **Copy to Clipboard** button.

Note: Although you will not see anything happen, the information will be copied to the Windows Clipboard. Once the information has been copied to the Windows Clipboard, you can readily import the information into another application using the application's paste command.
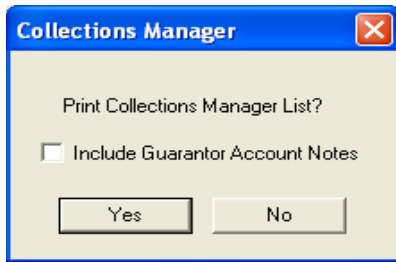
Printing the Collections Manager list

Easy Dental allows you to print the Collections Manager list quickly and easily.

To print the Collections Manager list

1. From the Collections Manager toolbar, click the **Print** button, and then from the menu, click Collections List.

   A message appears.

2. To include guarantor notes for each account, click **Include Guarantor Account Notes**.

3. To print the list click **Yes**.

   The list prints to the default printer.

Printing mailing labels

Easy Dental allows you to print mailing labels for your collection accounts quickly and easily from the Collections Manager.

Note: Mailing labels are different from Quick Labels.

To print mailing labels for all guarantors listed in Collections Manager

1. From the Collections Manager toolbar, click the Print button.

2. From the menu, select **Mailing Labels**, and then select the number of columns of labels you want to print.

   - 1 Column
   - 2 Columns
   - 3 Columns

2. Click **Yes** to print the labels to your default printer.