

Dentrix 2024

RELEASE GUIDE

Includes information about new features and enhancements in the following versions of Dentrix: 24.24, 24.23, 24.22, 24.21, 24.20, 24.19, 24.18, 24.17, 24.16, 24.15, 24.14, 24.13, 24.12, 24.11, 24.10, 24.9, 24.8, 24.7, 24.6, 24.5, 24.4, 24.3, 24.2, 24.1

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Dentrix 24.24

Overview and New Features

This Dentrix 24.24 Release Guide provides information about the Dentrix 24.24 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.24.

Note: For information about using the new features in Dentrix 24.24, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.24?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.24 includes the following enhancements:

MISCELLANEOUS

- Enhancements to Dentrix Eligibility include:
 - Added an On Demand “Eligibility Check is Complete” notification.
- Added a new tool called Practice Notifications. Using Practice Notifications, Henry Schein One can notify practices of new releases, hot fixes, or urgent situations, such as outages.
- For 2025, Dentrix system requirements have been updated to meet Windows 11 requirements and to ensure that Dentrix continues to perform optimally. The updated requirements appear in the Dentrix 2024 System Requirements document, so you can prepare for the new year. After October 14, 2025, Microsoft will no longer provide free software updates from Windows Update, technical assistance, or security fixes for Windows 10. For more information, click [Dentrix System Requirements](#).
- The American Dental Association’s CDT codes have been updated for 2025. Henry Schein One maintains a licensing agreement with the ADA that allows us to bring those changes to your practice management system as a software update. If you have an active Dentrix Customer Service Plan and use Dentrix G7.5 or later, Dentrix automatically downloads and installs the new codes. For more information, click [Updating CDT Codes in Dentrix for 2025](#).

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Dentrix Insurance Eligibility Enhancements

- Added an On Demand "Eligibility Check is Complete" notification.



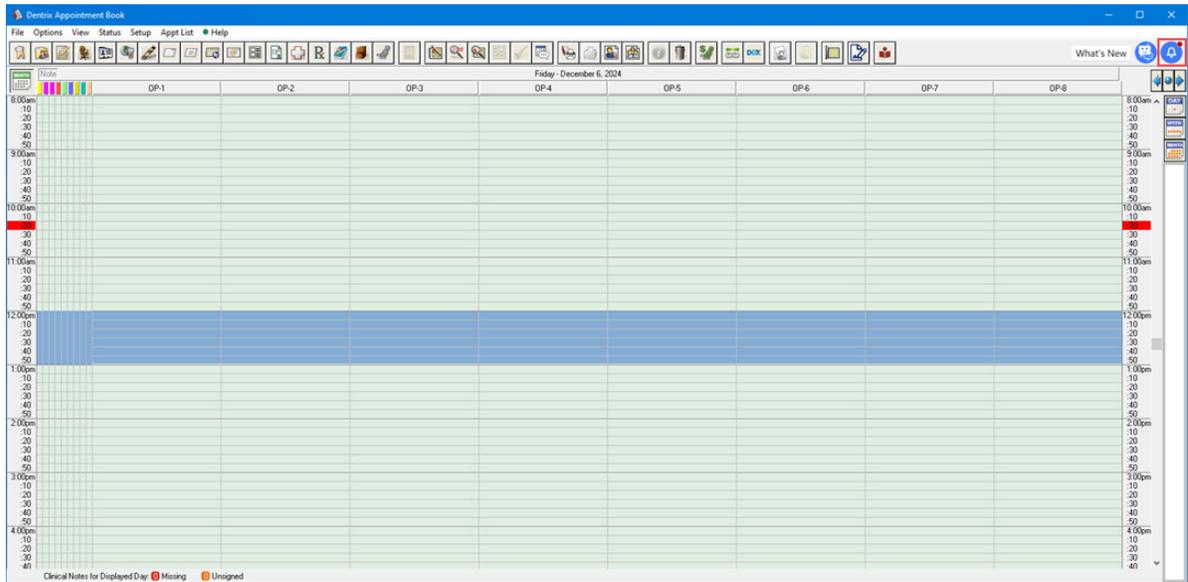
Viewing Practice Notifications

The Practice Notifications tool allows HenrySchein One to push real-time notifications to your practice about new features, important updates, and critical issues. A new icon was added to the Appointment Book to alert you of new notifications.

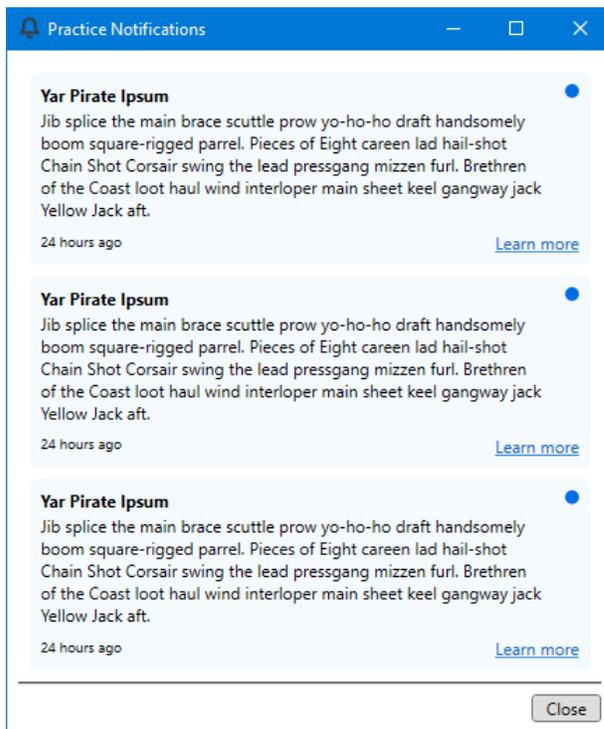
To view a practice notification

- From the Windows desktop, open the Appointment Book.

If you have received a notification, a red dot appears next to the Practice Notifications icon.



- To view the notification, click the Practice Notifications icon.
The Practice Notifications dialog box appears.



- To learn more about the notification, click **Learn more**.
Your browser opens to a website with a further explanation of the notification.
- To mark the notification as having been read, click the blue dot to the upper-right of the notification.
- To close the Practice Notifications dialog box, click **Close**.

Dentrix 24.23

Overview and New Features

This Dentrix 24.23 Release Guide provides information about the Dentrix 24.23 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.23.

Note: For information about using the new features in Dentrix 24.23, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.23?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.23 includes the following enhancements:

MISCELLANEOUS

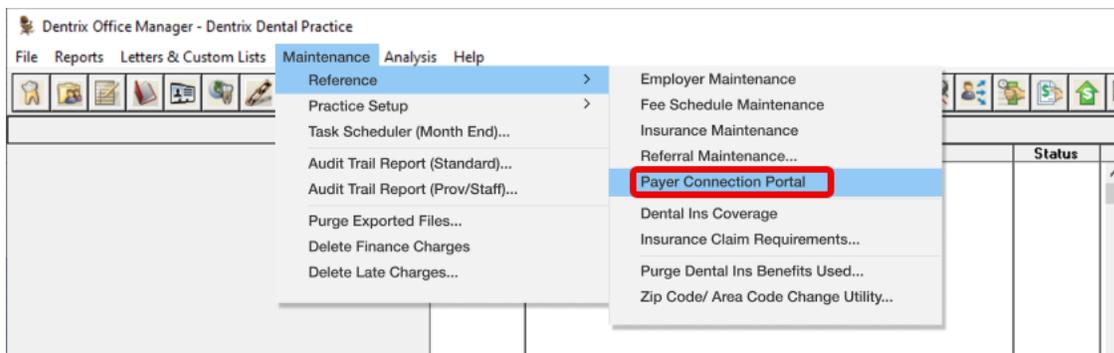
- Enhancements to Dentrix Eligibility include:
 - Added an On Demand “Response Received” notification.
 - Changed the “Eligibility Pro Payer Maintenance” label to “Payer Connection Portal” and moved the menu position.
 - Updated the Eligibility Pro On Demand text and removed the 30-day snooze option.
 - Updated the Eligibility Response HTML file to more accurately reflect the “Source” of the eligibility.
 - Added co-pay entries to the Eligibility Response HTML file for DHMO/HMO plans.
- If you have enabled passwords, setting up security questions is now mandatory. You can skip setting up security questions for no more than three days.
- For 2025, Dentrix system requirements have been updated to meet Windows 11 requirements and to ensure that Dentrix continues to perform optimally. The updated requirements appear in the Dentrix 24.23 System Requirements document, so you can prepare for the new year. After October 14, 2025, Microsoft will no longer provide free software updates from Windows Update, technical assistance, or security fixes for Windows 10. For more information, click [Dentrix System Requirements](#).
- The American Dental Association’s CDT codes have been updated for 2025. Henry Schein One maintains a licensing agreement with the ADA that allows us to bring those changes to your practice management system as a software update. If you have an active Dentrix Customer Service Plan and use Dentrix G7.5 or later, Dentrix automatically downloads and installs the new codes. For more information, click [Updating CDT Codes in Dentrix for 2025](#).

Using the New Features and Enhancements

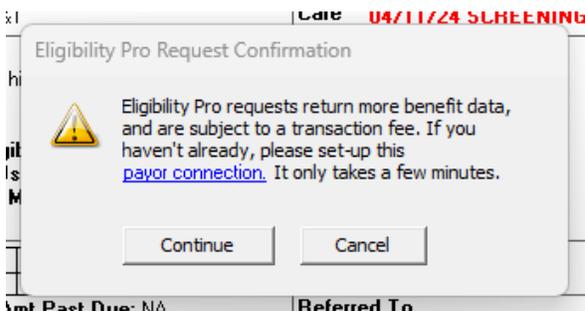
The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Dentrix Insurance Eligibility Enhancements

- Added an On Demand “Response Received” notification.
- Changed the “Eligibility Pro Payer Maintenance” label to “Payer Connection Portal” and moved its menu position.



- Updated the Eligibility Pro On Demand text and removed the 30-day snooze option.



- Updated the Eligibility Response HTML file to more accurately reflect the “Source” of the eligibility.
- Added co-pay entries to the Eligibility Response HTML file for DHMO/HMO plans.

Coverage					
Service Type	Description	IN NETWORK	OUT OF NETWORK	Ded Applies	Waiting Period
Diagnostic					
D0120	Routine dental exam to examine overall oral health and check for any necessary treatment needed	100%/\$25	100%/\$50	No	None
D0140	Problem focused dental exam for a specific issue	100%/\$25	100%/\$50	No	None
D0150	A thorough oral examination of the patient's dental history, usually performed on new patients	100%/\$25	100%/\$50	No	None
D0180	An examination detailing a patient's periodontal health	100%/\$25	100%/\$50	No	None
D0210	X-rays of all the teeth in the mouth	100%/\$25	100%/\$50	No	None
D0220	A diagnostic image of a single tooth that includes the tooth structure	100%/\$25	100%/\$50	No	None
D0230	An additional diagnostic image of a single tooth that	100%/\$25	100%/\$50	No	None

Setting up Security Questions

If you have enabled passwords, setting up security questions is now mandatory. You can skip setting up security questions for no more than three days. Once you have exceeded the three-day limit, you won't be able to log in to Dentrix until you set up your security questions.

To set up security questions

1. From the Windows desktop, double-click the icon, such as Office Manager, of the Dentrix module you want to open.

The **Password - [Office Manager], Open** dialog box appears.

2. Type your user ID in the **User ID** field.
3. Type your password, and then click **OK**.

The **Set up your security questions** dialog box appears.

Note: If you have exceeded the three-day skip limit, the **Skip** button is no longer active, and you cannot close the **Set up your security questions** dialog box.

Dentrix ✕

Set up your security questions

These questions will be used to verify your identity and reset your password.
Each answer must be at least 3 characters long.

Security Question 1

Question

Select... ▾

Answer

Security Question 2

Question

Select... ▾

Answer

Security Question 3

Question

Select... ▾

Answer

SKIP 🚫 You have 3 skips remaining SAVE

4. Under **Security Question 1**, select the desired question from the **Question** list.
5. Under **Answer**, type your answer to the selected question.

Note: The answers to these questions are used to verify your identity and reset your password. Answers must be at least three characters long.

6. Repeat steps 4 and 5 for security questions 2 and 3.
7. Click **Save**.

SKIPPING SETTING UP SECURITY QUESTIONS

When you skip setting up security questions, a warning message appears.

The screenshot shows the 'Set up your security questions' screen in Dentrix. The page title is 'Dentrix'. The main heading is 'Set up your security questions', followed by the instruction: 'These questions will be used to verify your identity and reset your password. Each answer must be at least 3 characters long.' The screen displays three security question sections: 'Security Question 1', 'Security Question 2', and 'Security Question 3'. Each section has a 'Question' dropdown menu (currently showing 'Select...') and an 'Answer' text input field. A modal dialog box is centered on the screen, titled 'Skip Security Setup?'. The dialog text reads: 'If you skip now, your security questions won't be set up, and your account won't be fully secure. Are you sure you want to skip?'. The dialog has two buttons: a red 'SKIP' button and a blue 'GO BACK' button. At the bottom of the screen, there is a 'SKIP' button, a red warning icon with the text 'You have 3 skips remaining', and a grey 'SAVE' button.

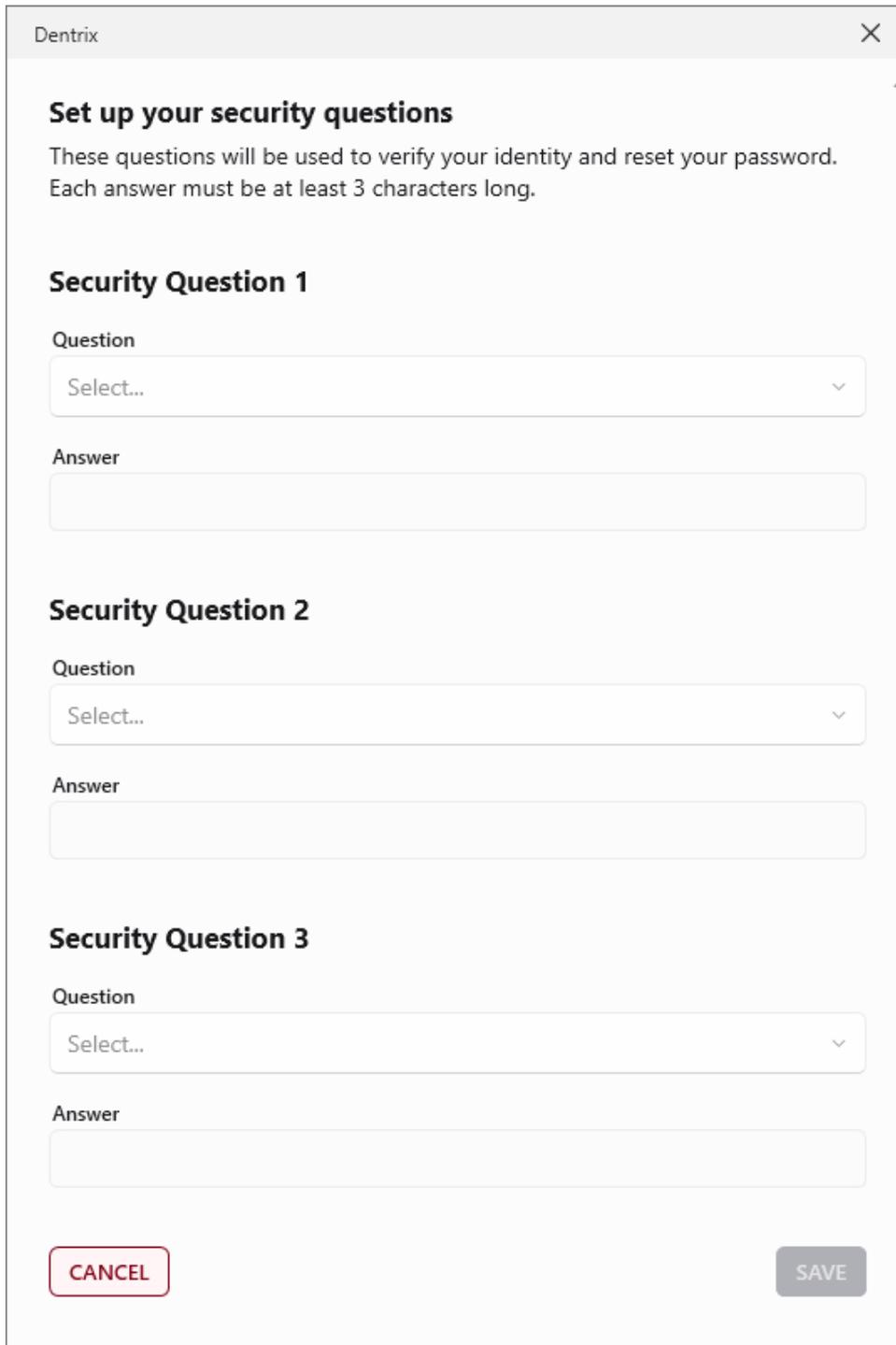
SETTING UP SECURITY QUESTIONS MANUALLY

If skipped setting up the security questions when you initially logged in, you can set them up manually using either of the following methods:

- In the Office Manager menu bar, click **Maintenance > Practice Setup > Passwords > Practice Passwords Setup**.

- From any Dentrix module displaying the logged in user's name, click the name, and then click Password Security Questions Setup.

The Set up your security questions dialog box appears.



Dentrix

Set up your security questions

These questions will be used to verify your identity and reset your password.
Each answer must be at least 3 characters long.

Security Question 1

Question
Select... ▾

Answer

Security Question 2

Question
Select... ▾

Answer

Security Question 3

Question
Select... ▾

Answer

CANCEL **SAVE**

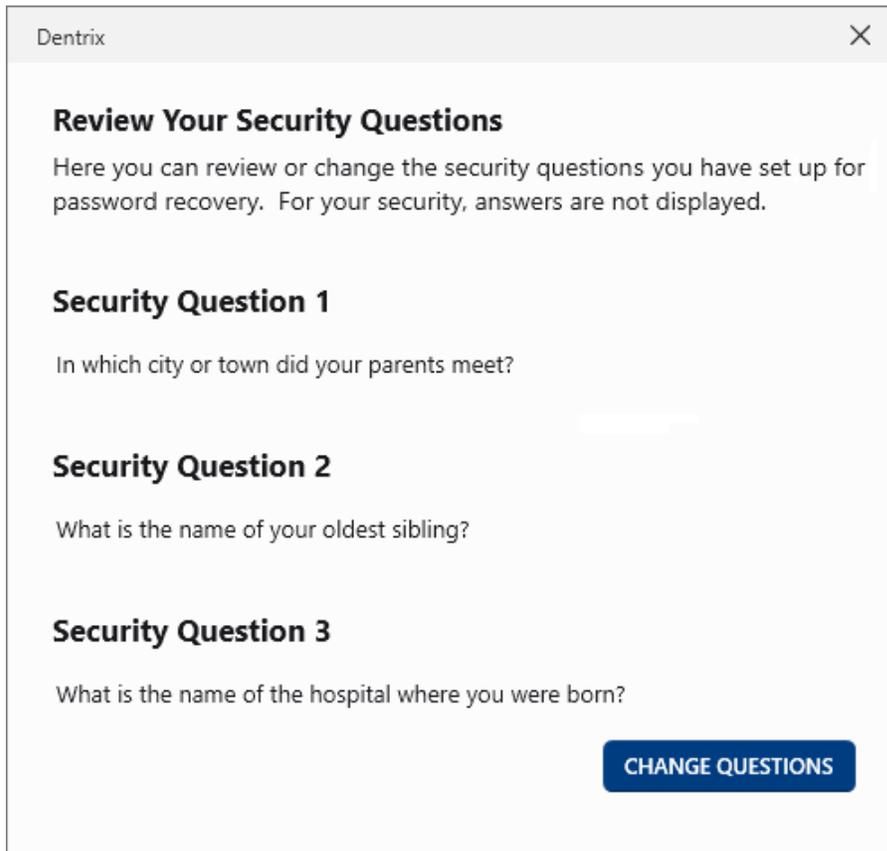
REVIEWING YOUR SECURITY QUESTIONS

If you have previously set up your security questions, you can review them, but not your answers. If you want, you can change your questions.

To review your security questions

1. If you have previously set up your security questions, you can review them, but not your answers. If you want, you can change your questions.

The **Review Your Security Questions** dialog box appears.



Dentrix

Review Your Security Questions

Here you can review or change the security questions you have set up for password recovery. For your security, answers are not displayed.

Security Question 1

In which city or town did your parents meet?

Security Question 2

What is the name of your oldest sibling?

Security Question 3

What is the name of the hospital where you were born?

[CHANGE QUESTIONS](#)

2. To change your security questions, click **Change Questions**.

The **Set up your security questions** dialog box appears from which you can change your questions and answers.

Dentrix 24.22

Overview and New Features

This Dentrix 24.22 Release Guide provides information about the Dentrix 24.22 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.22.

Note: For information about using the new features in Dentrix 24.22, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.22?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.22 includes the following enhancements:

MISCELLANEOUS

- New and updated features to Dentrix Eligibility include:
 - Added **Deductible Met** and **Max Reached** indicators to the Eligibility Response HTML file. This enhancement provides a visual indicator when patients meet their deductibles or reach their maximum benefits for the plan year.
 - Updated the header in the Eligibility Response HTML file to make the **Source** label more prominent. It now appears in the top-right corner of the file and the font size is larger. The term “Essentials” or “Pro” also appears in the label to identify which Eligibility solution your office is using.

COMING SOON

- The 2025 update to the CDT codes for Dentrix versions G.7 and higher.
- An update to Dentrix system requirements. These changes to system requirements are being made to meet Windows 11 requirements and to ensure that Dentrix continues to perform optimally. After October 14, 2025, Microsoft will no longer provide free software updates from Windows Update, technical assistance, or security fixes for Windows 10.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Viewing Dentrix Eligibility New Features and Updates

New and updated features to Dentrix Eligibility include the following:

- Added **Deductible Met** and **Max Reached** indicators to the Eligibility Response HTML file. This enhancement provides a visual indicator when patients meet their deductibles or reach their maximum benefits for the plan year.
- Updated the header in the Eligibility Response HTML file to make the **Source** label more prominent. It now appears in the top-right corner of the file and the font is larger. The term "Essentials" or "Pro" also appear in the label to identify which Eligibility solution your office is using.

DEDUCTIBLE MET

In the Eligibility Response HTML file, the **Deductible Met** indicator (green check mark in a green circle with a white background) provides a visual sign that patients have met their deductibles.

Deductibles and Maximums		✓ Deductible Met	✗ Max Reached
Deductibles	Category	In network	Out of network
Individual			
Lifetime Amount	Dental care	\$25.00 ✓	\$65.00
Lifetime Remaining	Dental care	\$0.00	\$40.00
Family			
Lifetime Amount	Dental care	\$75.00	\$185.00
Lifetime Remaining	Dental care	\$25.00	\$135.00
Maximums	Category	In network	Out of network
Individual			
Lifetime Amount	Dental care	\$2500.00	\$1500.00
Lifetime Remaining	Dental care	\$0.00 ✗	\$460.60

MAXIMUM REACHED

In the Eligibility Response HTML file, the **Max Reached** indicator (red X in a red circle with a white background) provides a visual sign that patients have reached their maximum benefits for the plan year.

Deductibles and Maximums		✔ Deductible Met	✘ Max Reached
Deductibles	Category	In network	Out of network
Individual			
Lifetime Amount	Dental care	\$25.00 ✔	\$65.00
Lifetime Remaining	Dental care	\$0.00	\$40.00
Family			
Lifetime Amount	Dental care	\$75.00	\$185.00
Lifetime Remaining	Dental care	\$25.00	\$135.00
Maximums	Category	In network	Out of network
Individual			
Lifetime Amount	Dental care	\$2500.00	\$1500.00
Lifetime Remaining	Dental care	\$0.00 ✘	\$460.60

SOURCE LABEL IN THE ELIGIBILITY RESPONSE HTML FILE

The header in the Eligibility Response HTML file was updated to make the **Source** label more prominent. The label now appears in the top-right corner of the file. The font is larger in size, and the terms “Essentials” or “Pro” also appear in the label to identify which Eligibility solution your office is using.

✔ Eligible

John Doe

Source: Pro (Web+EDI)

Created: May 1, 2024 at 10:56 AM
Transaction ID: 123456789

Patient

First Name: John
Last Name: Doe
Date of Birth: 06-29-1982
Relationship to Subscriber: Spouse

Deductibles and Maximums		✔ Deductible Met	✘ Max Reached
Deductible	Category	PPO	Out of Network
Individual			
Annual Amount	Dental Care	\$500 ✔	\$750
Annual Remaining	Dental Care	\$500	\$750

✔ Eligible

John Doe

Source: Pro (Web)

Created: May 1, 2024 at 10:56 AM
Transaction ID: 123456789

Patient

First Name: John
Last Name: Doe
Date of Birth: 06-29-1982
Relationship to Subscriber: Spouse

Deductibles and Maximums		✔ Deductible Met	✘ Max Reached
Deductible	Category	PPO	Out of Network
Individual			
Annual Amount	Dental Care	\$500 ✔	\$750
Annual Remaining	Dental Care	\$500	\$750

✔ Eligible

John Doe

Source: Essentials (EDI)

Created: May 1, 2024 at 10:56 AM
Transaction ID: 123456789

Patient

First Name: John
Last Name: Doe
Date of Birth: 06-29-1982
Relationship to Subscriber: Self

Deductibles and Maximunt

No Information Provided

Dentrix 24.21

Overview and New Features

This Dentrix 24.21 Release Guide provides information about the Dentrix 24.21 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.21.

Note: For information about using the new features in Dentrix 24.21, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.21?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.21 includes the following enhancements:

MISCELLANEOUS

- Henry Schein One has added a new vendor partner to our current group of claim processing partners. This announcement is for your awareness only. It will not change your existing service, payment, or delivery, and there is no action needed on your part.
- The transition from the Vyne (NEA) claims attachment services to DentalXChange began the week of 11/4/2024. This transition is expected to be completed with all payers in early December, 2024. Please note the following:
 - Henry Schein One will still use Vyne (NEA) to submit attachments for some payers that DentalXChange cannot. Moving attachment processing for these payers to DentalXChange would result in a temporary downgrade of functionality, so Henry Schein One is not transitioning all payers at the same time.
 - Because this process will be fairly fluid throughout the transition (possibly changing daily), a list of when payers will have their attachment processing transitioned to DentalXChange will not be available; however, if need be, you can contact Customer Support during this transition to learn which attachment service your attachments are routing through.
 - This transition will all be done by Henry Schein One on the backend and will require no changes to the practice management software setup by the customer. The workflow for adding and sending attachments will also not change.
 - This change will not affect pricing.
- The only change you may notice will be that claims and attachment reports will begin to display a DentalXChange (DXC) Number instead of an NEA Number (for those attachments routed through DentalXChange). You’ll need to reference this number when dealing directly with payers.
- New and updated features to Dentrix Eligibility include:
 - Updated the logic for the import process so that one plan level maximum displays rather than multiple when an insurer returns the same plan maximum for different service types in the **Dental Insurance Benefits and Coverage** dialog box.
 - Updated the Payer ID in the HTML file to the Dentrix Payer ID rather than the Tuuthfairly Payer ID.
 - Updated the **Missing Tooth Clause** and **Downgrades** indicators in the HTML file to reflect when they apply to an insurance plan.
 - Refresh the Eligibility icon in the Appointment Book automatically to update the status more quickly.
- When it’s open, the Signature Manager **Settings** dialog box no longer prevents you from accessing other Dentrix modules that are already open.
- The Signature Manager no longer resets the filters you selected to the default settings when you close the Signature Manager.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Electronic Attachments Migration

Henry Schein One has added a new vendor partner to our current group of claim processing partners. This announcement is for your awareness only. It will not change your existing service, payment, or delivery, and there is no action needed on your part.

The transition from the Vyne (NEA) claims attachment services to DentalXChange began the week of 11/4/2024. This transition is expected to be completed with all payers in early December, 2024. Please note the following:

- Henry Schein One will still use Vyne (NEA) to submit attachments for some payers that DentalXChange cannot. Moving attachment processing for these payers to DentalXChange would result in a temporary downgrade of functionality, so Henry Schein One is not transitioning all payers at the same time.
- Because this process will be fairly fluid throughout the transition (possibly changing daily), a list of when payers will have their attachment processing transitioned to DentalXChange will not be available; however, if need be, you can contact Customer Support during this transition to learn which attachment service your attachments are routing through.
- This transition will all be done by Henry Schein One on the backend and will require no changes to the practice management software setup by the customer. The workflow for adding and sending attachments will also not change.
- This change will not affect pricing.

The only change you may notice will be that claims and attachment reports will begin to display a DentalXChange (DXC) Number instead of an NEA Number (for those attachments routed through DentalXChange). You'll need to reference this number when dealing directly with payers.

Example of Current Attachment ID

Status/	Patient/	Birth Date/	Prov ID/	Claim ID/
Attachment ID	Payer	Service Date	View Date	Req Nbr
ACCEPTED	Doxy, Scott	11000101	231C	DNT11111111
NEA111111115	BCBS	20241016		

Example of New Attachment ID

Status/	Patient/	Birth Date/	Prov ID/	Claim ID/
Attachment ID	Payer	Service Date	View Date	Req Nbr
ACCEPTED	Doxy, Scott	11000101	231C	DNT11111111
DXC111111115	BCBS	20241016		

Viewing Dentrix Eligibility New Features and Updates

New and updated features to Dentrix Eligibility include the following:

- Updated the logic for the import process so that one plan level maximum displays rather than multiple when an insurer returns the same plan maximum for different service types in the **Dental Insurance Benefits and Coverage** dialog box.
- Updated the Payer ID in the Eligibility Response HTML file to the Henry Schein One Payer ID rather than the Tuuthfairly Payer ID.
- Updated the **Missing Tooth Clause** and **Downgrades** indicators in the Eligibility Response HTML file to reflect when they apply to an insurance plan.
- Refresh the Eligibility icon in the Appointment Book automatically to update the status more quickly.

IMPORTING MAXIMUMS

When an insurance provider returns the same plan maximum for different service types, one plan maximum appears in the **Dental Insurance Benefits and Coverage** dialog box rather than multiple maximums. In the following example, the **Standard** maximum of \$1200.00 appears because it applies to all of the other services.

Dental Insurance Benefits and Coverage - Metlife / HCA/1200 / 300230 [Primary Insurance]

Insurance Plan: Subscriber: [REDACTED] Benefit Begin Date*: 5/27/2020 Subscriber ID: 924317668 Signature on File: [REDACTED]
 Patient: [REDACTED] Benefit Begin Date*: 5/27/2020 [Release of Information] [Assignment of Benefits] Continuing Care

Coverage Table

Exceptions

Insurance Plan Notes

Payment Table & Allowed Amounts

Out-Of-Network Deductibles/Maximums

Out-Of-Network Coverage Table

Out-Of-Network Exceptions

Out-Of-Network Payment Table & Allowed Amounts

Deduct...	Current Year's						Previous Year's						
	Individual Annual Required	Individual Annual Met	Individual Lifetime Required	Individual Lifetime Met	Family Annual Required	Family Annual Met	Maxim... Individual Annual Benefit	Individual Annual Used	Individual Lifetime Benefit*	Individual Lifetime Used*	Family Annual Benefit	Family Annual Used	
Standard	75.00	75.00	0.00	0.00	150.00	75.00	Standard	1200.00	1946.24	0.00	0.00	0.00	1946.24
Prevent...	0.00	0.00	0.00	0.00	0.00	0.00	adjunct...	1200.00	0.00	0.00	0.00	0.00	0.00
Other	75.00	75.00	0.00	0.00	150.00	75.00	crowns*	1200.00	0.00	0.00	0.00	0.00	0.00
adjunct...	75.00	0.00	0.00	0.00	0.00	0.00	diagnost...	1200.00	0.00	0.00	0.00	0.00	0.00
crowns*	75.00	0.00	0.00	0.00	0.00	0.00	endodo...	1200.00	0.00	0.00	0.00	0.00	0.00
diagnost...	75.00	75.00	0.00	0.00	150.00	75.00	implants*	1200.00	0.00	0.00	0.00	0.00	0.00
endodo...	75.00	0.00	0.00	0.00	0.00	0.00	oral_sur...	1200.00	0.00	0.00	0.00	0.00	0.00
implants*	75.00	0.00	0.00	0.00	0.00	0.00	Other*	0.00	0.00	1500.00	0.00	0.00	0.00
oral_sur...	75.00	0.00	0.00	0.00	0.00	0.00	periodo...	1200.00	0.00	0.00	0.00	0.00	0.00
periodo...	75.00	0.00	0.00	0.00	0.00	0.00	Prevent...	1200.00	0.00	0.00	0.00	0.00	0.00

Refresh

Updating any benefit and coverage information will affect all patients who have this insurance plan.
 *Information only - not included for insurance estimate calculations.

Save Close

UPDATED THE PAYER ID IN THE ELIGIBILITY RESPONSE HTML FILE

The Payer ID in the Eligibility Response HTML file in the Document Center now reports the Dentrix Payer ID, rather than the Tuuthfairly Payer ID.

Plan

Plan Name DentalGuard Preferred	Insurance Type PPO
Effective Date 09-16-2024	Plan Period Calendar Year
Plan Start 01-01-2024	Plan End 12-31-2024
COB Rule --	Missing Tooth Clause No
Downgrades No	Pays on Prep or Seat Plan Date

Payer

Payer ID
64246

Provisions

- Threshold:\$1000
- Maximum rollover amount:\$500
- Rollover amount if all benefits paid in-network:\$0
- Maximum rollover account maximum:\$1500
- Personal maximum rollover account:\$0.0

D0180	An examination detailing a patient's periodontal health	1 per 6 months	02-15-2024	None
D0210	X-rays of all the teeth in the mouth	1 per 60 months	02-15-2024	None
D0220	A diagnostic image of a single tooth that includes the tooth structure	None	None	None
D0230	An additional diagnostic image of a single tooth that include the root structure	None	None	None
D0272	2 diagnostic bitewing x-ray images used to check for tooth decay	1 per 12 months	02-15-2024	None
D0274	4 diagnostic bitewing x-ray images used to check for tooth decay	1 per 12 months	02-15-2024	None
D0330	X-ray of the entire mouth	1 per 60 months	02-15-2024	None
Preventive				
D1110	Professional teeth cleaning for adults	1 per 6 months	05-20-2024	Min Age: 12
D1120	Professional teeth cleaning for children	1 per 6 months	05-20-2024	None
D1206	Application of Fluoride to all teeth using a varnish	1 per 6 months	None	Max Age: 19
D1208	Application of fluoride to all teeth excluding varnish	1 per 6 months	None	Max Age: 19
D1351	Surfaces of tooth sealed with a resin to help prevent tooth decay	1 per 36 months	None	Max Age: 16
Restorative Basic				

UPDATED MISSING TOOTH CLAUSE AND DOWNGRADES

Updated the Missing Tooth Clause and Downgrades indicators in the Eligibility Response HTML file to reflect whether they apply to an insurance plan.

Plan

Plan Name DentalGuard Preferred	Insurance Type PPO
Effective Date 09-16-2024	Plan Period Calendar Year
Plan Start 01-01-2024	Plan End 12-31-2024
COB Rule --	Missing Tooth Clause No
Downgrades No	Pays on Prep or Seat Plan Date

Payer

Payer ID
64246

Provisions

- Threshold:\$1000
- Maximum rollover amount:\$500
- Rollover amount if all benefits paid in-network:\$0
- Maximum rollover account maximum:\$1500
- Personal maximum rollover account:\$0.0

D0180	An examination detailing a patient's periodontal health	1 per 6 months	02-15-2024	None
D0210	X-rays of all the teeth in the mouth	1 per 60 months	02-15-2024	None
D0220	A diagnostic image of a single tooth that includes the tooth structure	None	None	None
D0230	An additional diagnostic image of a single tooth that include the root structure	None	None	None
D0272	2 diagnostic bitewing x-ray images used to check for tooth decay	1 per 12 months	02-15-2024	None
D0274	4 diagnostic bitewing x-ray images used to check for tooth decay	1 per 12 months	02-15-2024	None
D0330	X-ray of the entire mouth	1 per 60 months	02-15-2024	None
Preventive				
D1110	Professional teeth cleaning for adults	1 per 6 months	05-20-2024	Min Age: 12
D1120	Professional teeth cleaning for children	1 per 6 months	05-20-2024	None
D1206	Application of Fluoride to all teeth using a varnish	1 per 6 months	None	Max Age: 19
D1208	Application of fluoride to all teeth excluding varnish	1 per 6 months	None	Max Age: 19
D1351	Surfaces of tooth sealed with a resin to help prevent tooth decay	1 per 36 months	None	Max Age: 16
Restorative Basic				

Dentrix 24.20

Overview and New Features

This Dentrix 24.20 Release Guide provides information about the Dentrix 24.20 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.20.

Note: For information about using the new features in Dentrix 24.20, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.20?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.20 includes the following enhancements:

MISCELLANEOUS

- New and updated features to Dentrix Eligibility include:
 - Displaying one plan amount deductible rather than multiple amounts when an insurer returns the same plan deductible for different service types in the **Dental Insurance Benefits and Coverage** dialog box.
 - Providing three options rather than two when you exit importing benefit details.
 - Updating the Eligibility Response HTML file to include a Benefit Notes indicator and section when a procedure code or service category is returned with a benefit note.
 - Updating the color of the Eligibility icon in the Appointment List window to match the color of the Eligibility icon in the Appointment Book.
- **Note:** You cannot check insurance eligibility from the Appointment List window.
- Returning errors in Tuuthfairy related to validation, such as invalid NPI or DOB. Eligibility requests that return one of these validation errors do not change the Eligibility icon color to orange.
- (Beta only) Beta offices can get a sneak peek of the new Family File module.
- A new procedure code category called **Sleep Apnea** was added to the **Procedure Code Setup** dialog box. As a result, the total number of procedure code categories in the **Practice Definitions** dialog box was increased from 15 to 20.
- In the Signature Manager’s **Settings** dialog box, clicking **Cancel** now closes the dialog box without saving changes.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Viewing Dentrix Eligibility New Features and Updates

New and updated features to Dentrix Eligibility include the following:

- Displaying one plan amount deductible rather than multiple amounts when an insurer returns the same plan deductible for different service types in the **Dental Insurance Benefits and Coverage** dialog box.
- Providing three options rather than two when you exit importing benefit details.
- Updating the Eligibility Response HTML file to include a Benefit Notes indicator and section when a procedure code or service category is returned with a benefit note.
- Updating the color of the Eligibility icon in the Appointment List window to match the color of the Eligibility icon in the Appointment Book.

Note: You cannot check insurance eligibility from the Appointment List window.

- Returning errors in Tuuthfairly related to validation, such as invalid NPI or DOB. Eligibility requests that return one of these validation errors do not change the Eligibility icon color to orange.

IMPORTING DEDUCTIBLES

When an insurance provider returns the same plan deductible for different service types, one plan deductible appears in the **Dental Insurance Benefits and Coverage** dialog box rather than multiple deductibles. In the following example, the **Standard** deductible of \$75.00 appears because it applies to all of the other services.

Dental Insurance Benefits and Coverage - Metlife / HCA/1200 / 300230 [Primary Insurance]

Insurance Plan: Subscriber: [REDACTED] Benefit Begin Date*: 5/27/2020 Subscriber ID: 924317668 Signature on File: [REDACTED]

Patient: [REDACTED] Benefit Begin Date*: 5/27/2020 [Release of Information] [Assignment of Benefits] [Continuing Care]

Current Year's Previous Year's

Deduct.	Individual Annual Required	Individual Annual Met	Individual Lifetime Required	Individual Lifetime Met	Family Annual Required	Family Annual Met	Maxim...	Individual Annual Used	Individual Lifetime Benefit*	Individual Lifetime Used*	Family Annual Benefit	Family Annual Used
Standard	75.00	75.00	0.00	0.00	150.00	75.00	Standard	1200.00	1945.24	0.00	0.00	1946.24
Prevent.	0.00	0.00	0.00	0.00	0.00	0.00	adjuncts	1200.00	0.00	0.00	0.00	0.00
Other	75.00	75.00	0.00	0.00	150.00	75.00	crowns*	1200.00	0.00	0.00	0.00	0.00
adjuncts	75.00	0.00	0.00	0.00	0.00	0.00	diagnost	1200.00	0.00	0.00	0.00	0.00
crowns*	75.00	0.00	0.00	0.00	0.00	0.00	endodo...	1200.00	0.00	0.00	0.00	0.00
diagnost	75.00	75.00	0.00	0.00	150.00	75.00	implants*	1200.00	0.00	0.00	0.00	0.00
endodo...	75.00	0.00	0.00	0.00	0.00	0.00	oral_sur	1200.00	0.00	0.00	0.00	0.00
implants*	75.00	0.00	0.00	0.00	0.00	0.00	Other*	0.00	1500.00	0.00	0.00	0.00
oral_sur	75.00	0.00	0.00	0.00	0.00	0.00	periodo...	1200.00	0.00	0.00	0.00	0.00
periodo...	75.00	0.00	0.00	0.00	0.00	0.00	Prevent...	1200.00	0.00	0.00	0.00	0.00

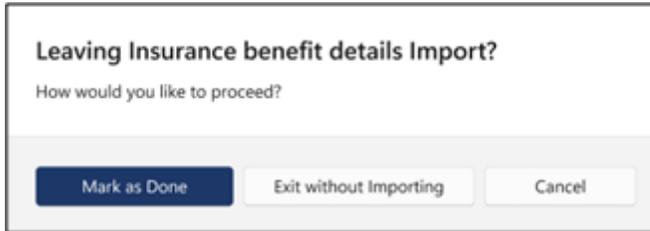
Updating any benefit and coverage information will affect all patients who have this insurance plan.
*Information only - not included for insurance estimate calculations.

EXITING AN INSURANCE BENEFIT DETAILS IMPORT

You now have three options to choose from when you exit importing insurance benefit details:

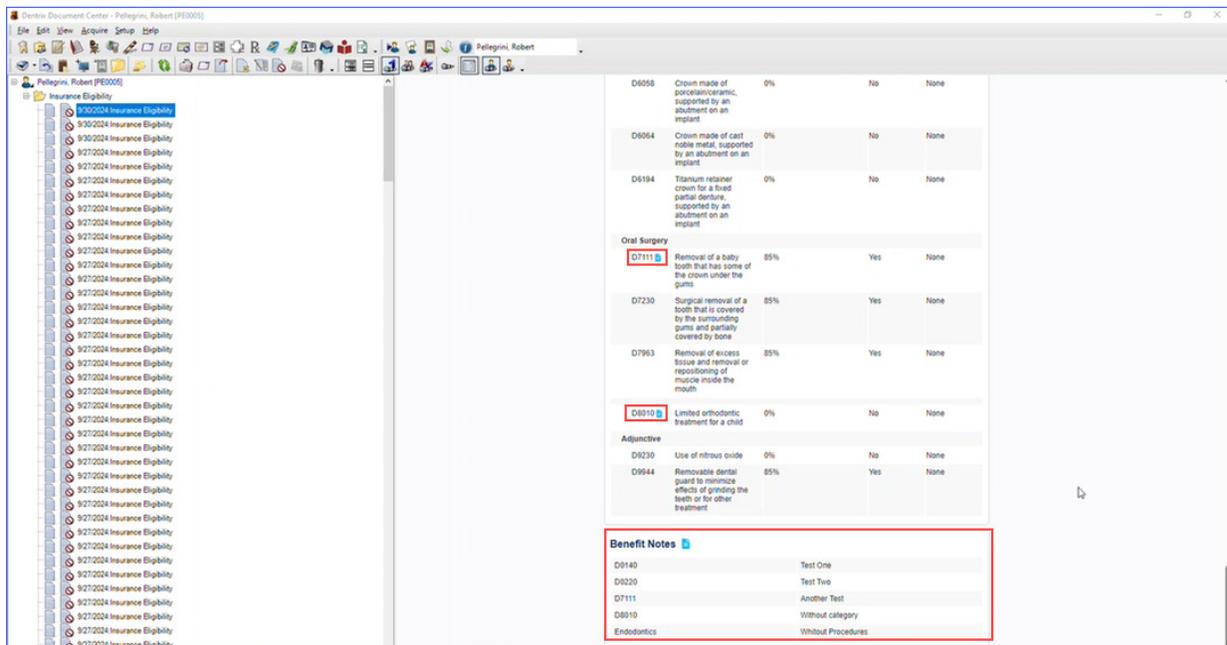
- **Mark as Done** – Marks the import as done, closes the **Insurance Benefit Details** dialog box, and changes the Eligibility icon color to green **E**.

- **Exit without Importing** – Leaves the status of the import as not done, closes the **Insurance Benefit Details** dialog box, and does not change the color of the Eligibility icon as a reminder that the import was postponed .
- **Cancel** – Cancels the exit from the **Insurance Benefit Details** dialog box.



ELIGIBILITY RESPONSE HTML FILE

The Eligibility Response HTML file in the Document Center now contains a section called **Benefit Notes**. A Benefit Notes indicator appears next to any procedure code that has a note attached. The same indicator appears next to **Benefit Notes**.

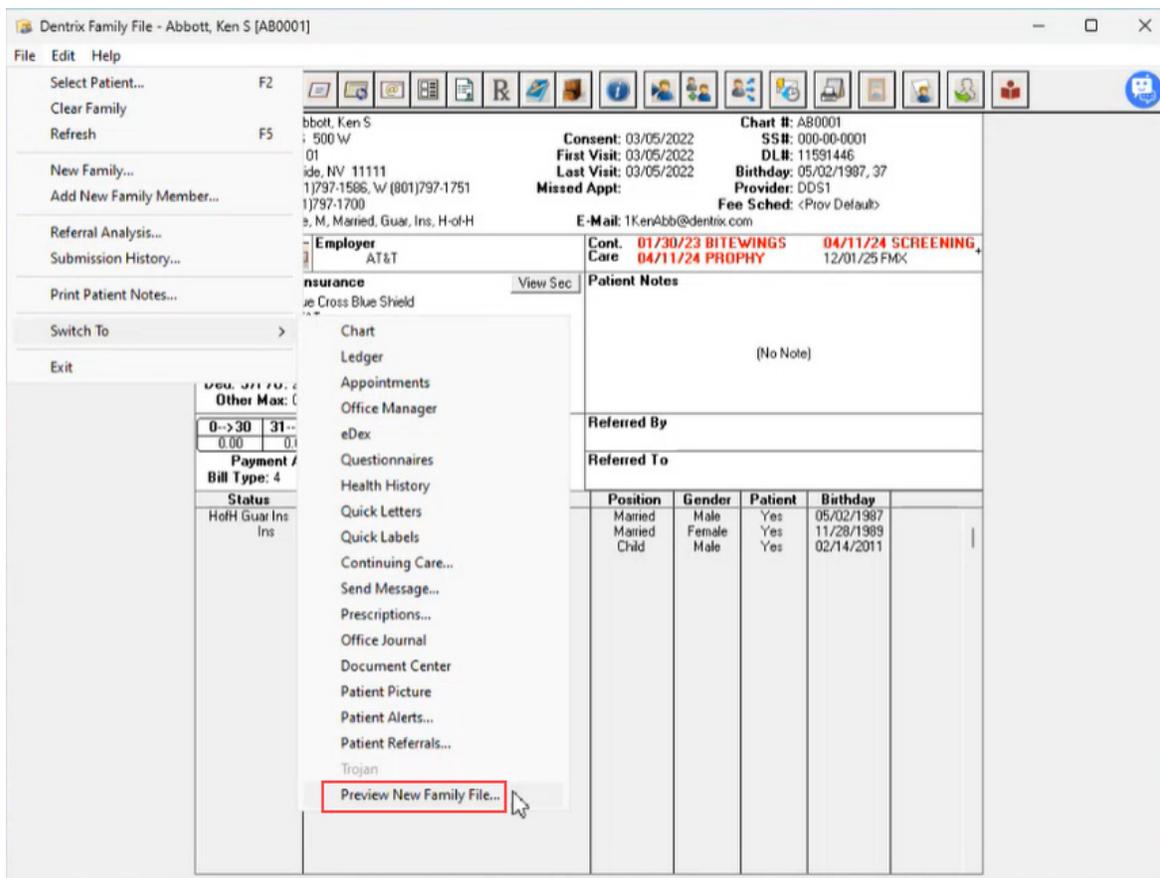


Previewing the New Family File (Beta Sites Only)

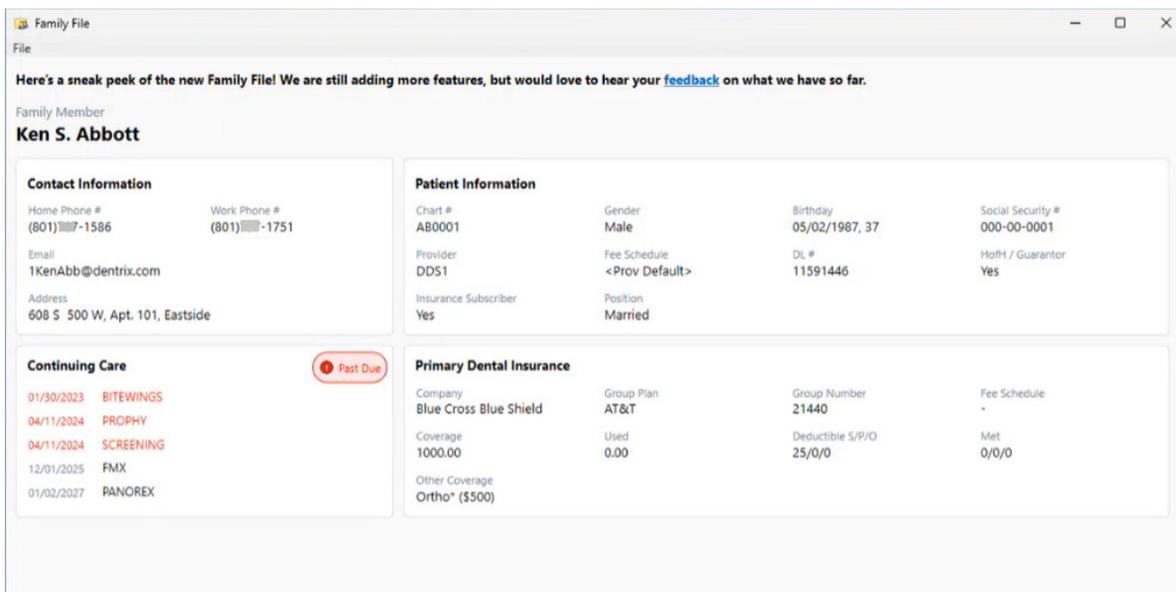
The Family File module has been redesigned to be more intuitive and modern looking. Currently, the preview of the new Family File is only available to Beta offices.

To preview the new Family File

1. Open the Family File.



- In the menu bar, click **File**, point to **Switch To**, and then click **Preview New Family File**. The new Family File window appears.



- To edit a card, such as Contact Information, hover your mouse pointer over the card, and then click the Edit icon in the upper-right corner.

Family File

File

Here's a sneak peek of the new Family File! We are still adding more features, but would love to hear your **feedback** on what we have so far.

Family Member
Ken S. Abbott

Contact Information

Home Phone # (801)797-1586
Work Phone # (801)797-1751
Email 1KenAbb@dentrix.com
Address 608 S 500 W, Apt. 101, Eastside

Patient Information

Chart # AB0001
Gender Male
Birthday 05/02/1987, 37
Social Security # 000-00-0001
Provider DDS1
Fee Schedule <Prov Default>
DL # 11591446
Halt / Guarantor Yes
Insurance Subscriber Yes
Position Married

Continuing Care

01/30/2023 BITEWINGS
04/11/2024 PROPHY
04/11/2024 SCREENING
12/01/2025 FMX
01/02/2027 PANOREX

Primary Dental Insurance

Company Blue Cross Blue Shield
Group Plan AT&T
Group Number 21440
Fee Schedule -
Coverage 1000.00
Used 0.00
Deductible S/P/O 25/0/0
Met 0/0/0
Other Coverage Ortho* (\$500)

- To provide feedback, please click the "feedback" link.
The following feedback survey window appears.

You've been invited to participate: x +

https://usabi.ii/do/2c370c251526/84e1

Beta Family File Feedback Survey

We're developing an improved family file, and as part of this, we've released a sneak peek with limited functionality. We'd love to hear your first impressions so we can keep making it better. Please take a moment to share your feedback.

This survey will take 2 - 4 minutes to complete.

[Provide Feedback](#)

- Click **Provide Feedback** to open a survey.

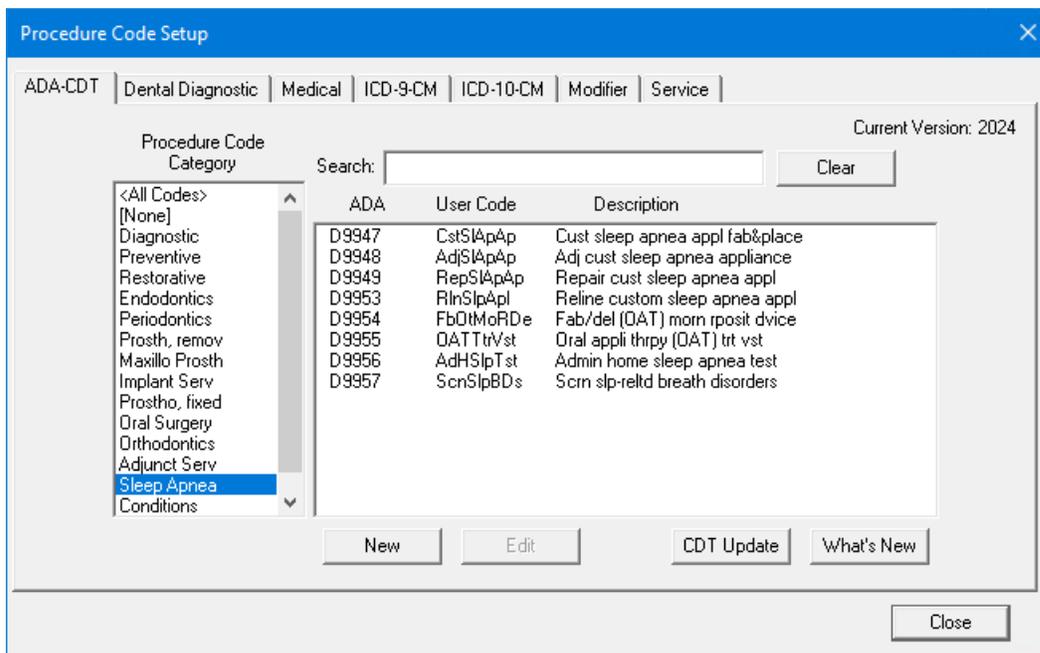
Viewing the Sleep Apnea Procedure Code Category

A new procedure code category called **Sleep Apnea** was added to the Procedure Code Setup and Practice Definitions dialog boxes.

To view the Sleep Apnea procedure code category

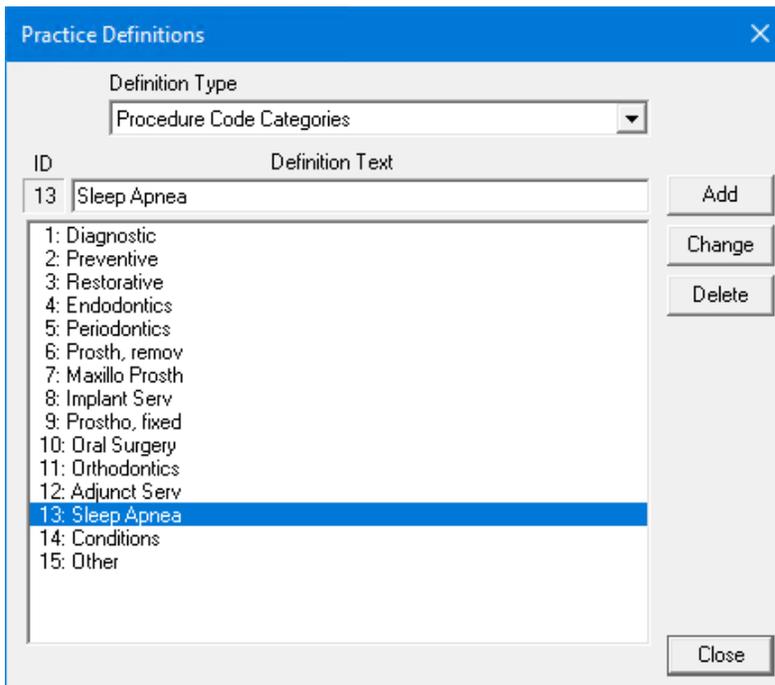
- In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Procedure Code Setup**.

The Procedure Code Setup dialog box appears.



- To view the codes associated with sleep apnea, under **Procedure Code Category**, click **Sleep Apnea**.
- To open the **Practice Definitions** dialog box, in the Office Manager, click **Maintenance**, and then click **Definitions**.

The **Practice Definitions** dialog box appears.



- To view the **Sleep Apnea** category, under **Definition Type**, click **Procedure Code Categories**.

Note: You can now add up to five more custom Procedure Code Categories for a total of 20.

Dentrix 24.19

Overview and New Features

This Dentrix 24.19 Release Guide provides information about the Dentrix 24.19 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.19.

Note: For information about using the new features in Dentrix 24.19, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.19?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.19 includes the following enhancements:

MISCELLANEOUS

- You can now import additional insurance benefit data (insurance plan details and exceptions and limitations) to the **Dental Insurance Benefits and Coverage** dialog box.
- In the Perio Chart, you can now select multiple teeth and chart probing depth, clinical attachment level, and bleeding with a single mouse click.
- An available updates indicator (green dot) now appears next to **Help** in the menu bar and the **Update Manager** option in the **Help** menu in the Patient Chart, Perio Chart, Treatment Planner, List Manager, and Appointment List.
- The **Other Integrated Products for Dentrix** pop-up screen was removed. (This screen appeared when you closed the **DentrixLink** screen.)

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Importing Insurance Plan Details and Exceptions and Limitations

You can now import additional eligibility and benefits data from the Appointment Book, the **Appointment Information** dialog box, or the Family File. If eligibility and benefits data are available to import, the eligibility icon appears as a green E on a white background (with a small red bubble in the upper-right corner of the icon).

To import insurance plan details and exceptions and limitations

1. In the Appointment Book, Family File, or Appointment Information dialog box, click the eligibility icon.
2. From the menu, click **Import Insurance Benefit Details**.
The **Insurance Benefit Details** dialog box appears.
3. Under **Choose Network Plan**, select the desired insurance plan from the list.
4. (Optional) To review the data before importing, click the desired tab.

Details	
Subscriber - Benefit Begin Date	01/01/2024
Patient - Benefit Begin Date	12/31/2024
Insurance Plan Type	PPO
Out of Network Benefits?	Yes
Coordination of Benefits?	Standard
Missing Tooth Clause	Yes
Crowns /Bridge Paid On	Seat Date

5. To import the data, click the **Import** button.
The **Do you want to Import?** dialog box appears.
6. To import, click **Yes**.

Note: By default, all options are selected. To restrict the import of an option, clear the appropriate check box.

7. To review the imported data, open the **Dental Insurance Benefits and Coverage** dialog box, and then click the appropriate tab.

Insurance Plan

Dental Insurance Benefits and Coverage - Anthem BCBS Connecticut / Test Plan / [Primary Insurance]

Insurance Plan Subscriber: [Redacted] Benefit Begin Date* 1/ 1/2024 Subscriber ID: C8Z0971957175 Signature on File: Release of Information Assignment of Benefits

Deductibles/Maximums Patient: [Redacted] Benefit Begin Date* 12/31/2024

Coverage Table Carrier: Anthem BCBS Connecticut Eligibility Coverage Level: Family
Group Plan: Test Plan Benefit Renewal: January

Exceptions Group #: [Redacted] Insurance Plan Type: PPO
Participating Providers* Does not apply
Out-Of-Network Benefits*? Yes
Coordination of Benefits*? Standard

Insurance Plan Notes Phone: Ext: Claim Deadline: 0
Fax: Out-Of-Network Benefits*? Yes
Contact: Coordination of Benefits*? Standard
Web Page: Claim Deadline: 0
Email: Waiting Period* 0 months
Dependent Max Age* 0

Payment Table & Allowed Amounts Carrier Contacted On: 8/28/2024
Missing Tooth Clause*? Yes
Crowns/Bridges Paid On: Seat Date

Out-Of-Network Deductibles/Maximums By Prov/Staff ID:
Insurance Representative:

Out-Of-Network Coverage Table

Out-Of-Network Exceptions

Out-Of-Network Payment Table & Allowed Amounts

Updating any benefit and coverage information will affect all patients who have this insurance plan.
*Information only - not included for insurance estimate calculations.

Exceptions

Eligibility Benefit Details

Choose Network Plan*
IN NETWORK

Patient Details
 Deductibles and Maximums
 Coverages
 Exceptions & Limitations

Exceptions & Limitations

Beg Proc	End Proc	Service Type	Waiting Period	Age Max	Age Min	Frequency Limits	Exception Note
D0120	D0120	Diagnostic				2 visit(s) per 1 year	
D0140	D0140	Diagnostic				2 visit(s) per 1 year	
D0150	D0150	Diagnostic	6 Months	36	16	2 visit(s) per 1 year	The maximums and deductibles for these services may be combined with other types of procedures, such as TMJ or Perio.
D0180	D0180	Diagnostic				2 visit(s) per 1 year	
D0210	D0210	Diagnostic				1 visit(s) per 60 month	
D0220	D0220	Diagnostic				1 visit(s) per 60 month	
D0230	D0230	Diagnostic				1 visit(s) per 60 month	
D0270	D0270	Diagnostic				1 visit(s) per 12 month	
D0272	D0272	Diagnostic				1 visit(s) per 12 month	
D0274	D0274	Diagnostic				1 visit(s) per 12 month	
D0330	D0330	Diagnostic				1 visit(s) per 60 month	

Selecting Multiple Teeth During Perio Exams

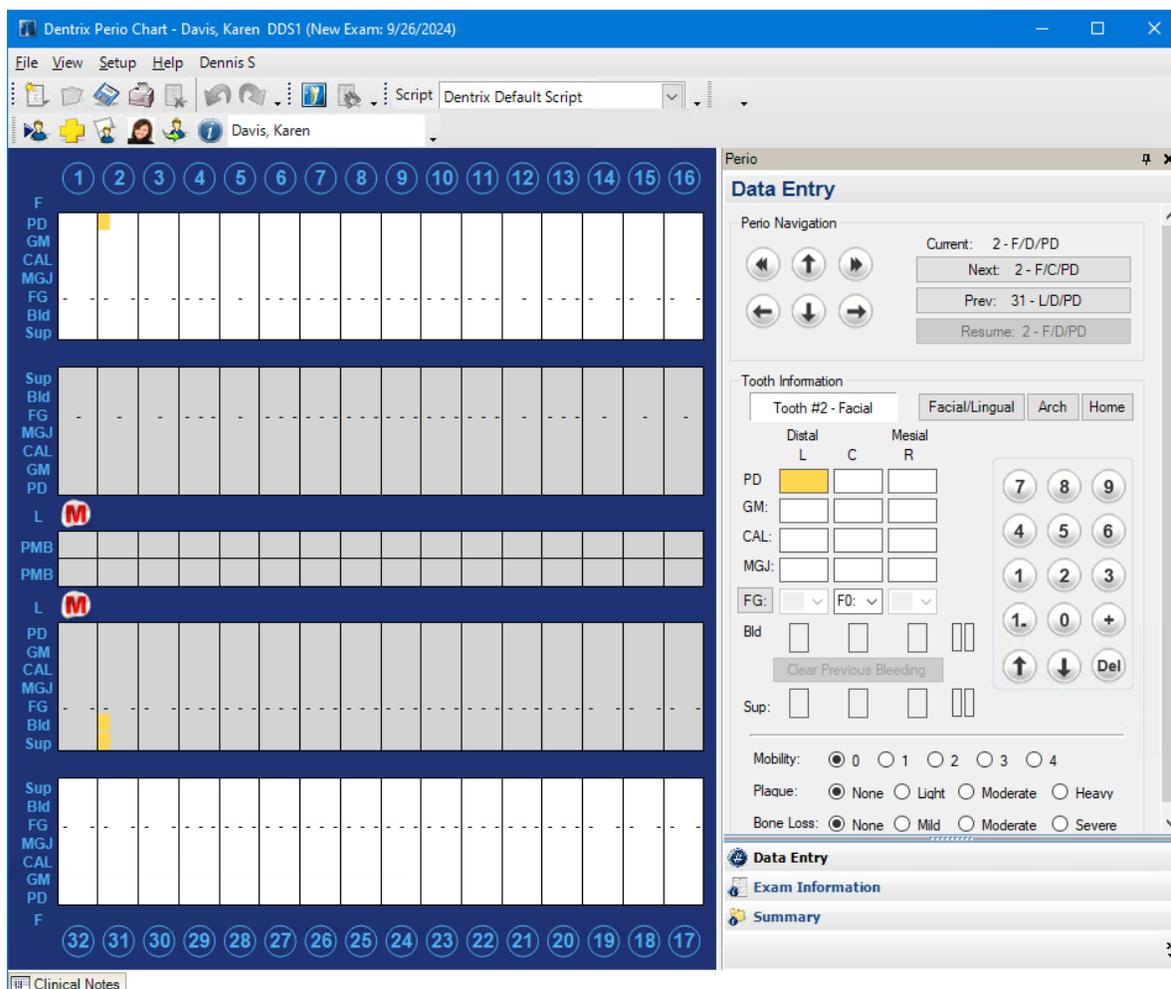
You can select multiple teeth and chart probing depth, clinical attachment level, and bleeding with a single mouse click.

To select multiple teeth during a Perio exam

1. Open the Perio Chart.

Note: If this is the selected patient's first perio exam, a new perio exam opens and the Data Chart is blank. If you saved a previous perio exam for the selected patient, that exam appears in the Data Chart. To save time, you can change only those measurements that have changed since the previous

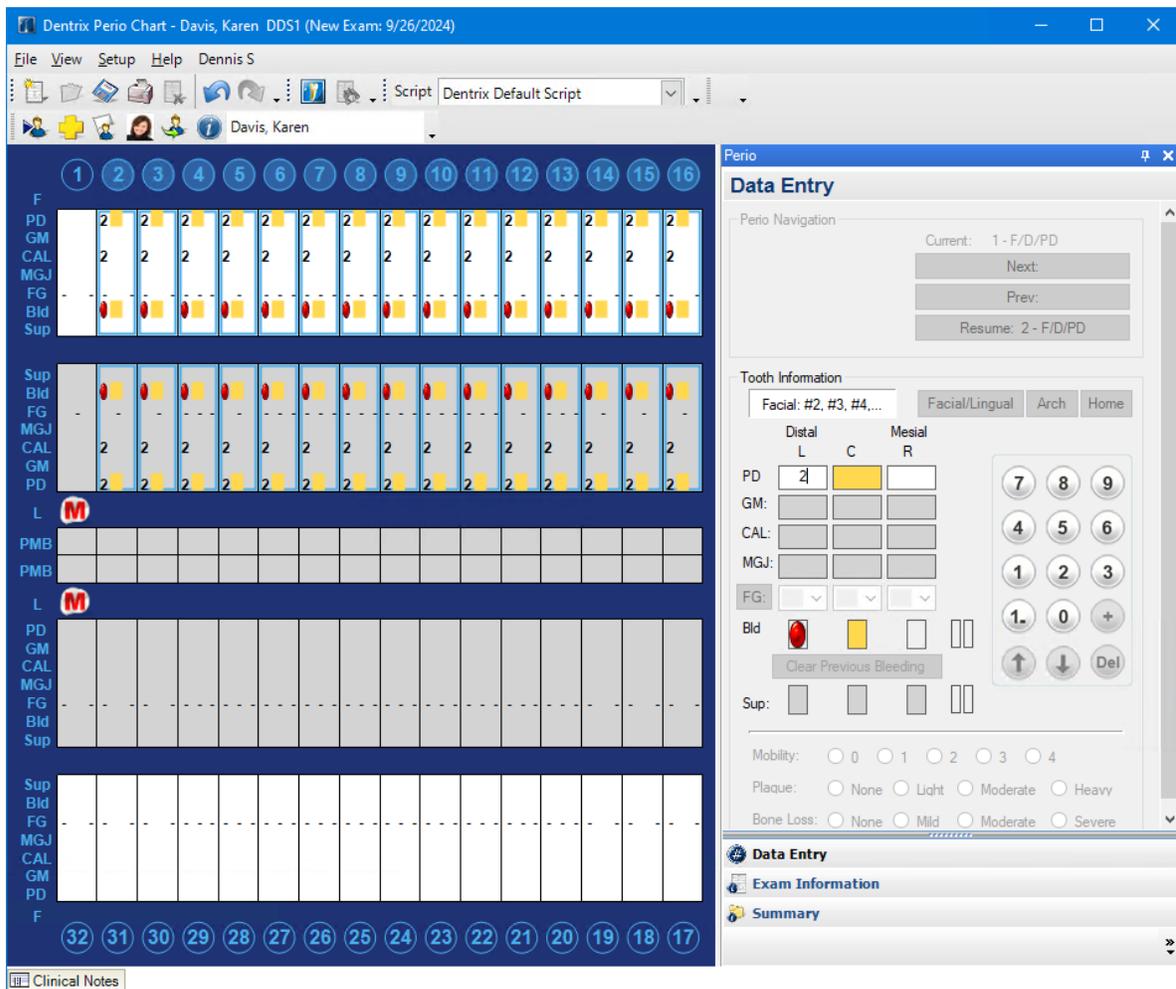
exam. When you save your changes, a new exam is created with the current date, and both the changes you made and the unchanged measurements from the previous exam are saved.



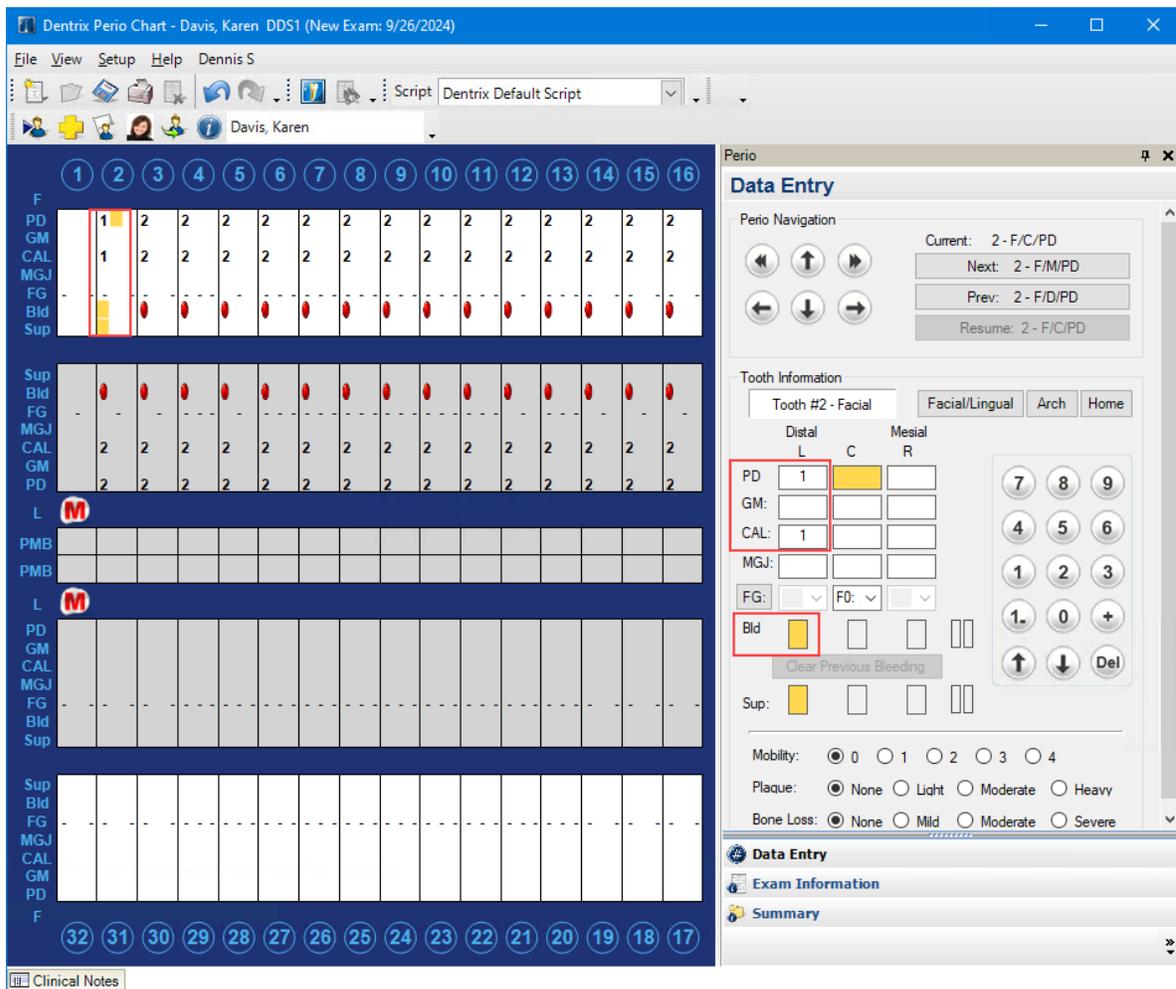
2. From the Script Selection list on the toolbar, click **Dentrix Default Script**.
3. Click the upper-left corner of the Data Chart, and then drag the mouse pointer to the right. A dotted-line rectangle appears, the selected tooth numbers change appearance, and yellow rectangles indicate **PD** and **Bld**.

The screenshot displays the Dentrix Perio Chart software interface. The main window shows a grid for recording periodontal data for teeth 1 through 16. The grid has columns for each tooth and rows for facial (F), proximal depth (PD), gingival margin (GM), clinical attachment level (CAL), mid-gingival junction (MGJ), facial gingiva (FG), and bleeding (Bld) for both supragingival and subgingival areas. The 'Data Entry' panel on the right is active, showing 'Tooth Information' for facial teeth #2, #3, and #4. The 'PD' field is highlighted in yellow, and the 'Bld' field is also highlighted. The 'Bld' field has a yellow indicator, suggesting bleeding is present. The 'Data Entry' panel also includes fields for Mobility, Plaque, and Bone Loss, and a numeric keypad for data entry.

4. Under **Tooth Information**, enter a value for probing depth (PD), and if bleeding is present, click **Bld**. The probing depth measurement, clinical attachment level, and the bleeding indicator appear for all the selected teeth.



5. To change the probing depth and/or the bleeding indication for a tooth, select the desired tooth, and then under **Tooth Information**, do the following:
 - Type the desired PD measurement.
 Note: The CAL measurement changes automatically to match the PD measurement.
 - Click the **Bld** indicator to clear the bleeding icon in the Data Chart.



Opening the Update Manager

A new menu item was added to the **Help** menu in the the Patient Chart, Perio Chart, Treatment Planner, List Manager, and Appointment List. Also, when an update is available a green dot now appears in the menu bar to the left of **Help**. The same green dot appears to the left of the **Update Manager** option in the **Help** menu.

To open the Update Manager

1. In the Patient Chart, Perio Chart, Treatment Planner, List Manager, or Appointment List, click **Help**, and then from the menu, click **Update Manager**.

Dentrix 24.18

Overview and New Features

This Dentrix 24.18 Release Guide provides information about the Dentrix 24.18 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.18.

Note: For information about using the new features in Dentrix 24.18, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.18?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.18 includes the following enhancements:

MISCELLANEOUS

- If they are applicable, insurance plan provision details now appear under **Provisions** in a patient’s eligibility details documentation in the Document Center. If no plan provision details are provided by the patient’s insurance carrier, the phrase “**No Information Provided**” appears. A **Ded Applies** column was added to the eligibility details document to indicate whether a deductible applies to a procedure.
- An Import Progress indicator now appears in the lower-right of your screen when you import insurance benefit details. Depending on the amount of data being imported, the indicator may only appear briefly.
- The import confirmation text was updated to account for all import cases.
- Setting up the Payer Connection Portal now requires fewer mouse clicks.
- An available updates indicator now appears next to **Help** in the menu bar and the **Update Manager** option in the **Help** menu in the Office Manager, the Appointment Book, and the Family File.
- You can now change the date filter in the Signature Manager.
- By default, the Signature Manager now sorts by date instead of patient ID.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Viewing Plan Provisions and the Ded Applies Column

If they are applicable, insurance plan provision details now appear under **Provisions** in a patient's eligibility details documentation in the Document Center. If no plan provision details are provided by the patient's insurance carrier, the phrase "No Information Provided" appears. A **Ded Applies** column was added to the eligibility details document to indicate whether a deductible applies to a procedure.

To view Plan Provisions and the Ded Applies column

1. In the Appointment Book or the Family File, click the desired eligibility icon.
A menu appears.
2. Click **View Eligibility Detail in Document Center**.
The PDF document for the selected request opens detailing the patient's eligibility information.
3. Navigate to the **Provisions** and **Coverage** panels.

Notes:

- The **Provisions** panel displays up to 10 provisions. If no provisions were returned, the phrase "No Information Provided" appears in the panel.
- The **Ded Applies** column displays a **Yes** or **No** to indicate whether a deductible applies to a procedure. If no deductible information is returned (null or empty), the column is blank.

Downgrades? No	Pays on Prep or Seat Date Seat	Lifetime Maximum Used	\$0	\$0	\$0
		Lifetime Maximum Remaining	\$3500	\$3500	\$3500
		Lifetime Deductible	\$500	\$500	\$750
		Age Limit	< 18	< 18	< 18

Payer		Coverage						
Insurance Name	Payer ID	Service Type	Description	PPO	Premier	Out of Network	Ded. Applies	Waiting Period
Delta Dental	Delta Dental of California	Diagnostic Services						
		D0120	Dental exam to assess oral health and identify necessary treatments.	80%	90%	50%	No	None
		D0140	Focused dental exam for a specific issue.	80%	90%	50%	No	None
		D0150	Comprehensive oral exam of dental history, typically for new patients.	80%	90%	50%	No	None
		D0180	Periodontal health examination.	80%	90%	50%	No	None
		D0210	Full-mouth teeth X-rays.	80%	90%	50%	No	None
		D0220	Single-tooth diagnostic image.	80%	90%	50%	No	None
		D0230	Root structure diagnostic image of a single tooth.	80%	90%	50%	No	None
		D0272	Two bitewing X-rays for checking tooth decay.	80%	90%	50%	No	None

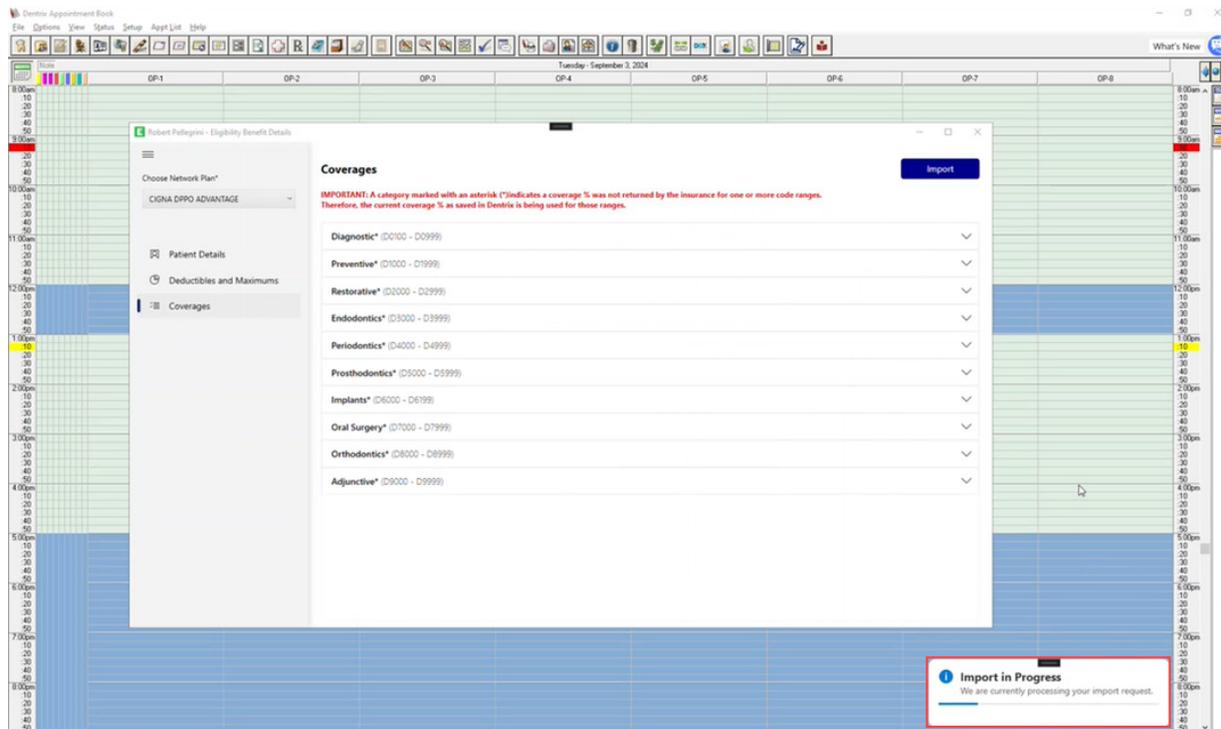
Provisions

- Waiting Period does not apply.
- Second Molar Sealants - Permanent molars only, excluding wisdom teeth.
- First Molar Sealants- Permanent molars only, excluding wisdom teeth.
- Multi-visit procedures are pain on the seat date.
- Composites are downgraded.
- Porcelain is not downgraded on bicuspid.
- Porcelain is downgraded on molars.

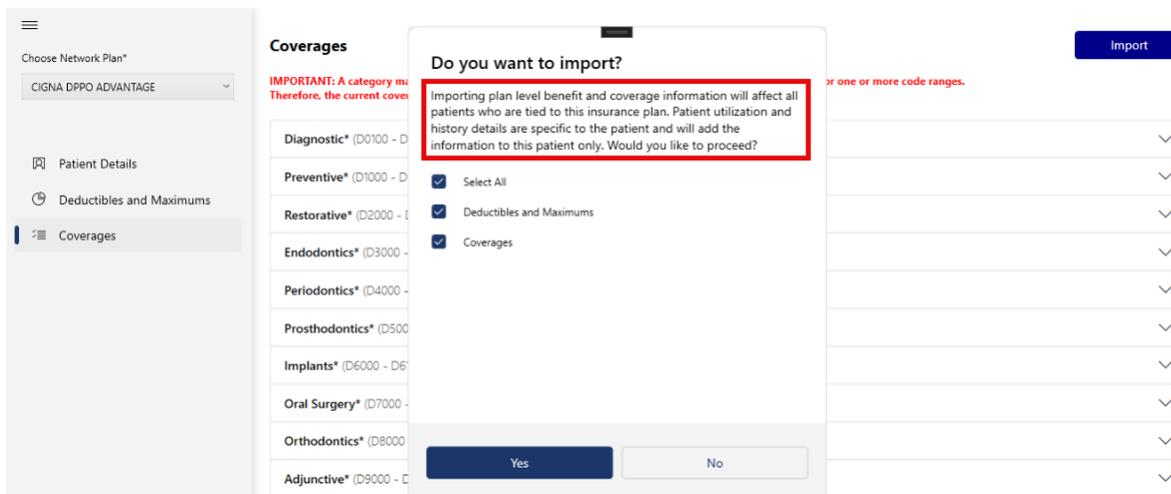
Provisions				
PPO	Premier	Out of Network	Ded. Applies	Waiting Period
80%	90%	50%	<input type="checkbox"/>	None
80%	90%	50%	No	None
80%	90%	50%	No	None
80%	90%	50%	No	None
80%	90%	50%	No	None
80%	90%	50%	No	None
80%	90%	50%	No	None
80%	90%	50%	No	None

Import Progress Indicator and Import Confirmation Text

An Import Progress indicator now appears in the lower-right of your screen when you import insurance benefit details. Depending on the amount of data being imported, the indicator may only appear briefly. When the import is complete, the Import Progress indicator turns green and a green check mark appears next the phrase "Import Is Complete."

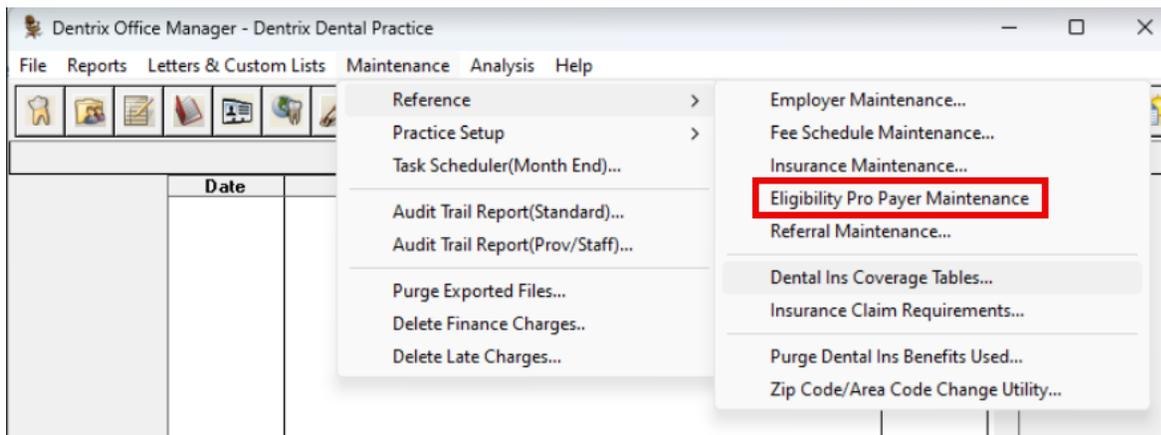


The import confirmation text was updated to account for all import cases.



Eligibility Pro Payer Maintenance

Setting up the Payer Connection Portal now requires fewer mouse clicks.

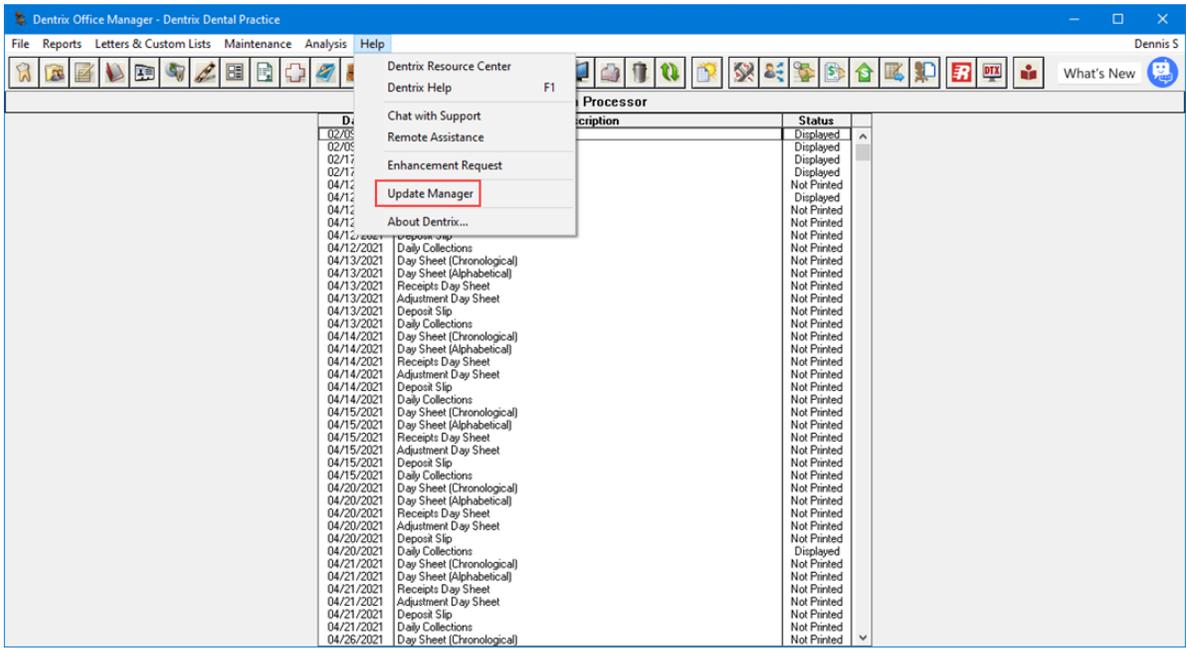


Opening the Update Manager

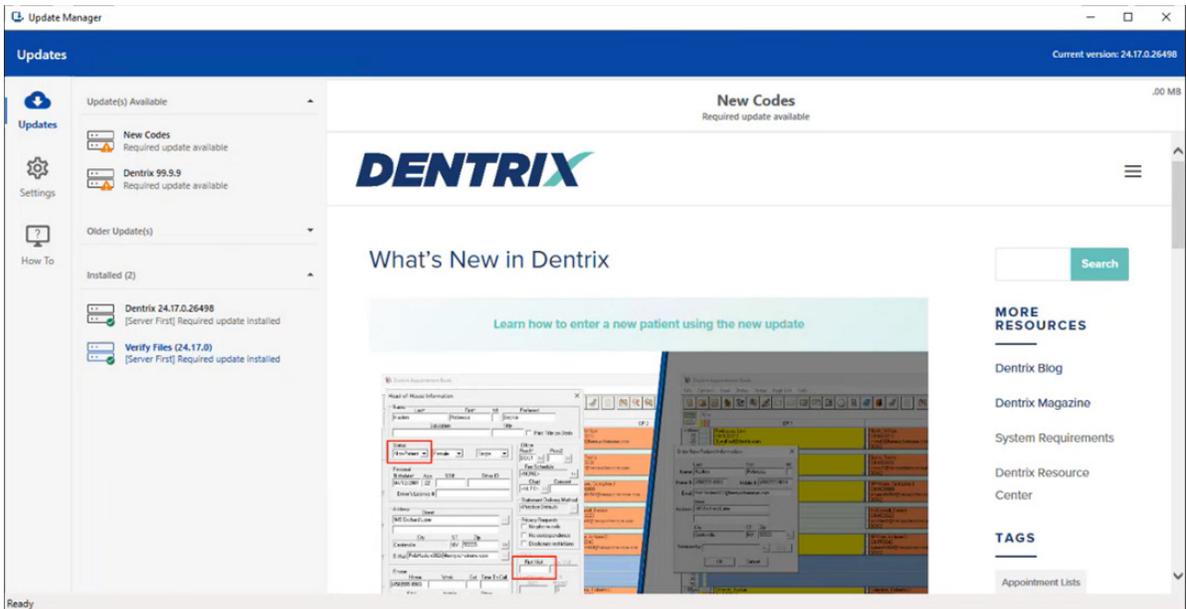
A new menu item was added to the **Help** menu in the Office Manager, the Appointment Book, and the Family File to make it more convenient to open the Update Manager. Also, when an update is available a green dot now appears in the menu bar to the left of **Help**. The same green dot appears to the left of the **Update Manager** option in the **Help** menu.

To open the Update Manager

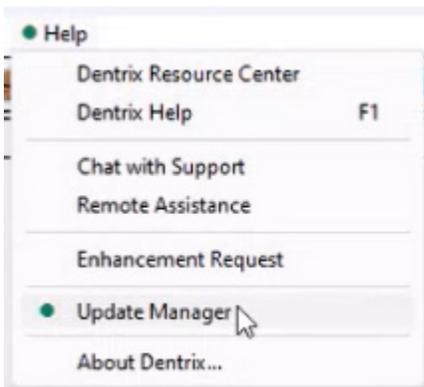
1. In the Office Manager, the Appointment Book, or the Family File, click **Help**, and then from the menu, click **Update Manager**.



The Update Manager appears.



If an update is available, a green dot appears.



Signature Manager Improvements

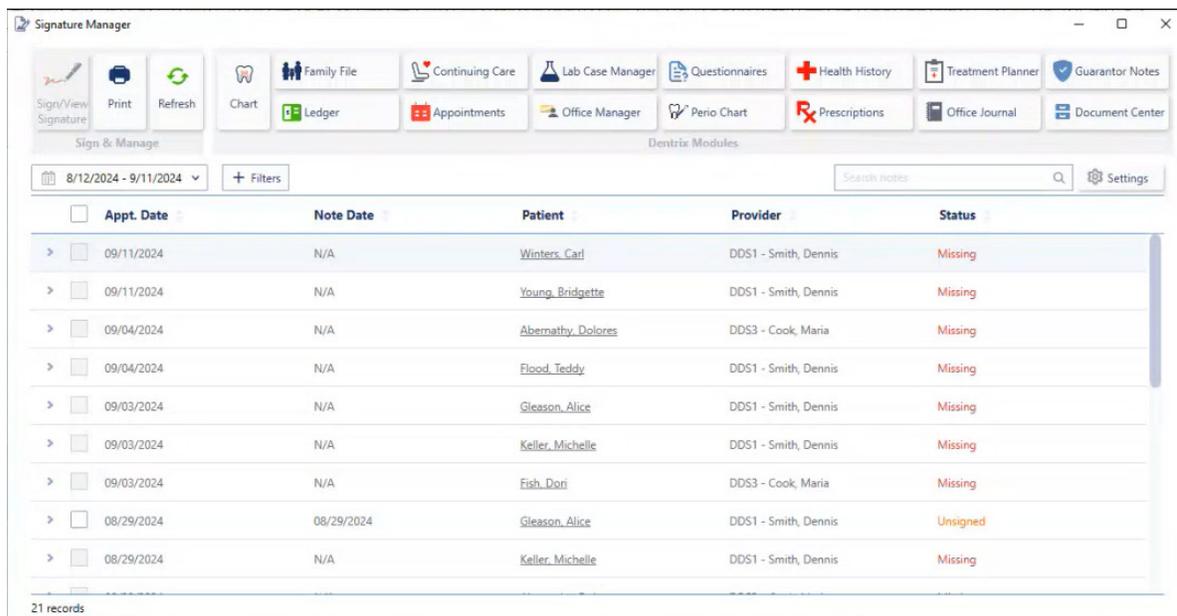
By default, the Signature Manager now sorts by date instead of patient ID. Previously, if you left the Signature Manager open at the end of the day, you could not refresh the date filter to include today's date. To refresh the filter you had to close the Signature Manager, and then reopen it. You can now click the **Refresh** button to refresh the date filter.

Important: If you enabled passwords, you must have the Modify Clinical Notes permission to open the Signature Manager and create or edit a clinical note.

To view the improvements to the Signature Manager

1. Open the Signature Manager.

Entries are sorted by date starting with the most recent.



The screenshot shows the Signature Manager application window. At the top, there is a toolbar with various icons for navigation and actions, including a 'Refresh' button. Below the toolbar, a date filter is set to '8/12/2024 - 9/11/2024'. The main area contains a table with the following columns: 'Appt. Date', 'Note Date', 'Patient', 'Provider', and 'Status'. The table is sorted by 'Appt. Date' in descending order. The first row shows an appointment on 09/11/2024 for patient 'Winters, Carl' with a 'Missing' status. The last row shows an appointment on 08/29/2024 for patient 'Keller, Michelle' with a 'Missing' status. A 'Refresh' button is visible in the toolbar above the table.

Appt. Date	Note Date	Patient	Provider	Status
09/11/2024	N/A	Winters, Carl	DDS1 - Smith, Dennis	Missing
09/11/2024	N/A	Young, Bridgette	DDS1 - Smith, Dennis	Missing
09/04/2024	N/A	Abernathy, Dolores	DDS3 - Cook, Maria	Missing
09/04/2024	N/A	Flood, Teddy	DDS1 - Smith, Dennis	Missing
09/03/2024	N/A	Gleason, Alice	DDS1 - Smith, Dennis	Missing
09/03/2024	N/A	Keller, Michelle	DDS1 - Smith, Dennis	Missing
09/03/2024	N/A	Fish, Dori	DDS3 - Cook, Maria	Missing
08/29/2024	08/29/2024	Gleason, Alice	DDS1 - Smith, Dennis	Unsigned
08/29/2024	N/A	Keller, Michelle	DDS1 - Smith, Dennis	Missing

2. To change the sort order from most recent to least recent, click **Appt. Date**.
3. To refresh the date filter to include today's date, click the **Refresh** button.

Dentrix 24.17

Overview and New Features

This Dentrix 24.17 Release Guide provides information about the Dentrix 24.17 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.17.

Note: For information about using the new features in Dentrix 24.17, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.17?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.17 includes the following enhancements:

MISCELLANEOUS

- You can now change your password and set up security questions from any module by clicking the logged in user’s name and selecting the desired option from the menu.
- The Update Manager window was modified to only show the most recent Dentrix update under **Update(s) Available**. Previous updates are listed under a new category called **Older Update(s)**.
- In the **Clinical Notes** panel, clinical notes created in the Signature Manager now include a time stamp indicating when they were created.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

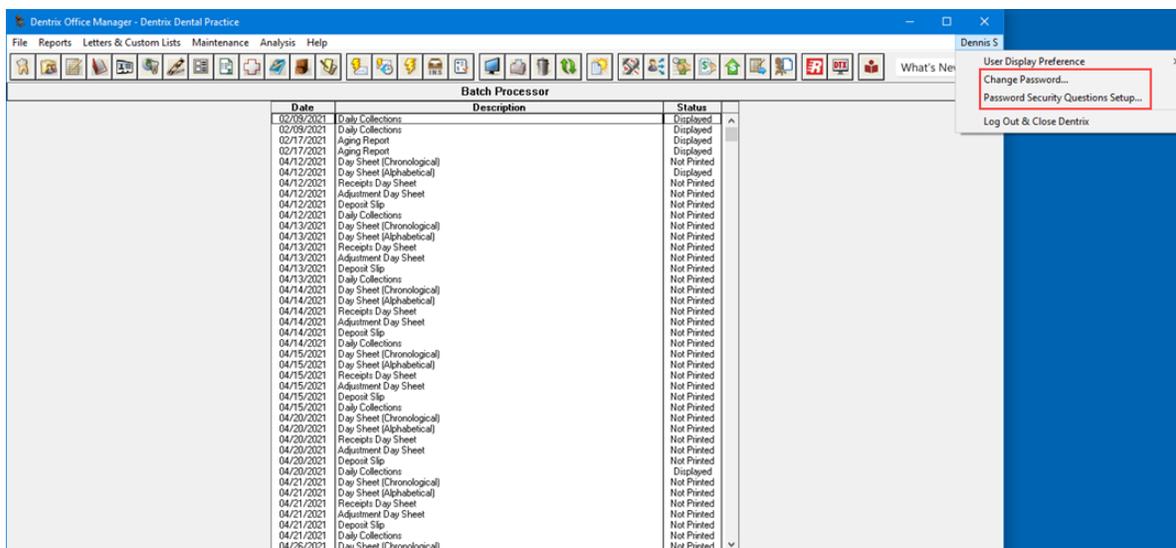
Changing Passwords and Setting Up Security Questions

You can now change your password and set up security questions from any module by clicking the logged in user's name and selecting the desired option from the menu.

To change a password and set up a security question

1. From a Dentrix module, click the logged in user's name on the right side of the menu bar.

A menu appears.



2. To change the user's password, click **Change Password**.

The **Change Password** dialog box appears.

Change Password
✕

User ID:

Current Password:

New Password:

Confirm Password:

A password must be at least 8 characters consisting of at least 1 uppercase letter (A to Z), at least 1 lowercase letter (a to z), at least 1 number (0 to 9), and at least 1 other keyboard symbol (e.g. !, @, \$). Or, be more than 12 characters and not have 2 consecutive 'space' characters.

3. Complete the following, and then click **OK**.
 - Type the user's current password.
 - Type the user's new password.
 - Confirm the user's new password by retyping it.
4. To set up the user's security questions, click **Password Security Questions Setup**.

The Password - Password Administration dialog box appears.

5. Type the user's password, and then click OK.

The Setup Security Questions dialog box for the logged in user appears.

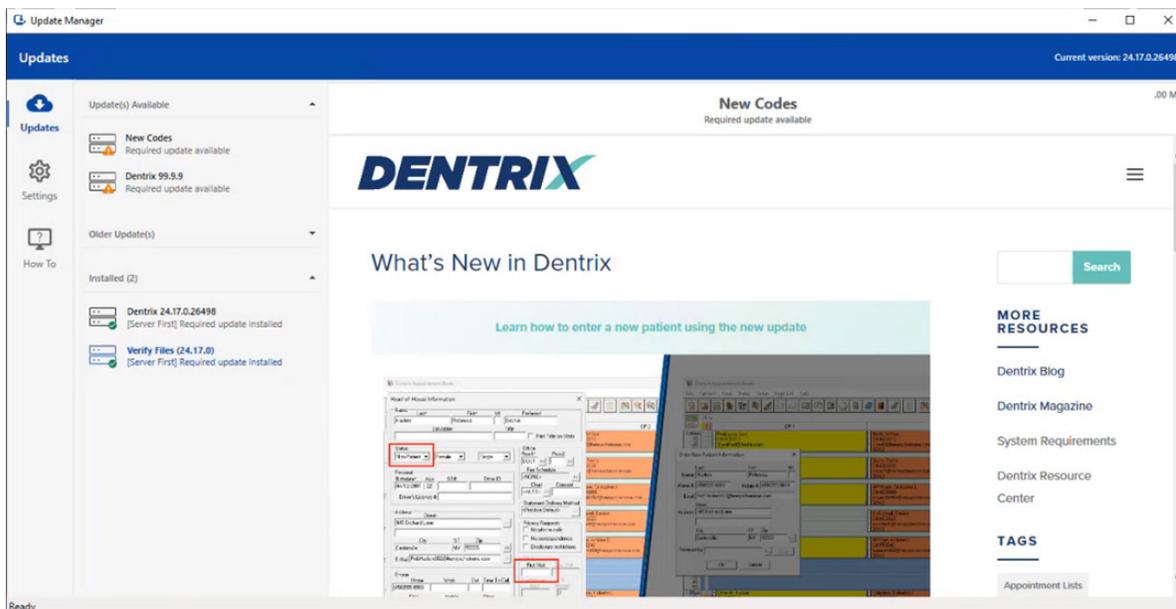
6. Select a question from the list for each question, type an answer for each question, and then click Save.

The Update Manager

The Update Manager was modified to only list the most recent Dentrix update under **Update(s) Available**. Previous updates are listed under a new category called **Older Update(s)**. Any required update that is not the most recent update to Dentrix appears in the **Older Update(s)** list. Updates, such as CDA code updates, do not appear in this list.

To open the Update Manager

1. In any Dentrix module, click **Help**, and then from the menu, click **About Dentrix**.
The About Dentrix window appears.
2. Click **Check for Updates**.
The Update Manager appears.



- To view the Older Update(s) list, click the corresponding Down arrow.

Creating a Clinical Note Using the Signature Manager

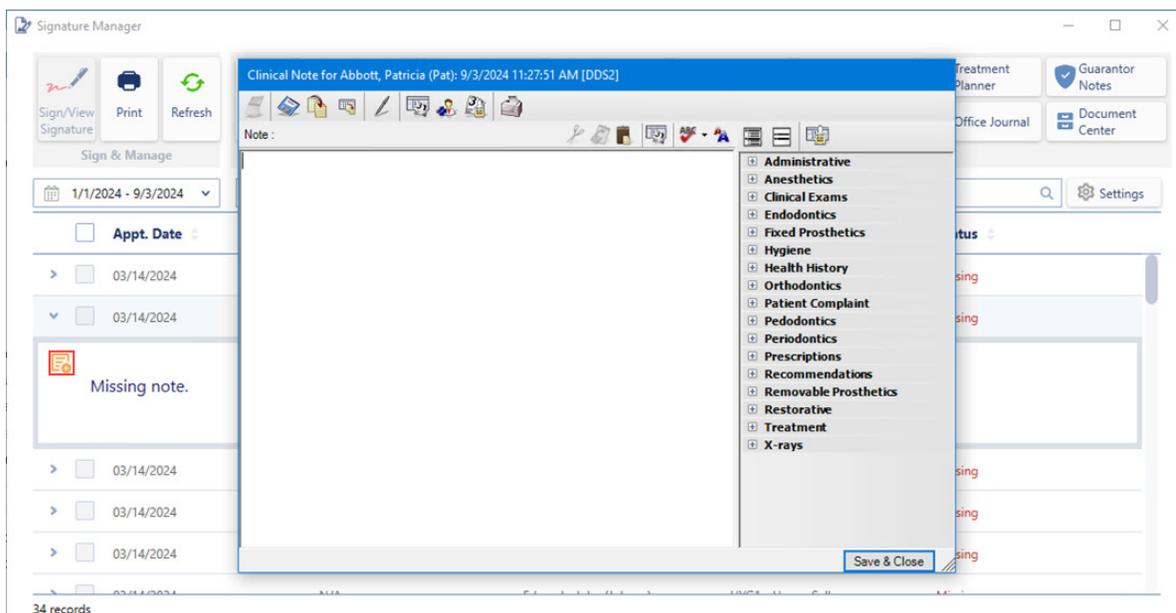
A time stamp now appears in the Clinical Notes panel for clinical notes created in the Signature Manager.

Important: If you enabled passwords, you must have the Modify Clinical Notes permission to open the Signature Manager and create or edit a clinical note.

To create a clinical note using the Signature Manager

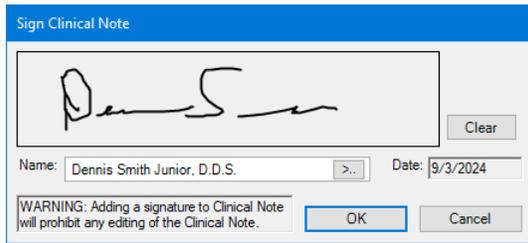
- Open the Signature Manager.
- To create and sign a clinical note, click a missing note for the desired patient.
- Click the Edit Note or Create Note icon in the upper-left corner of the text box.

The Clinical Note dialog box appears.

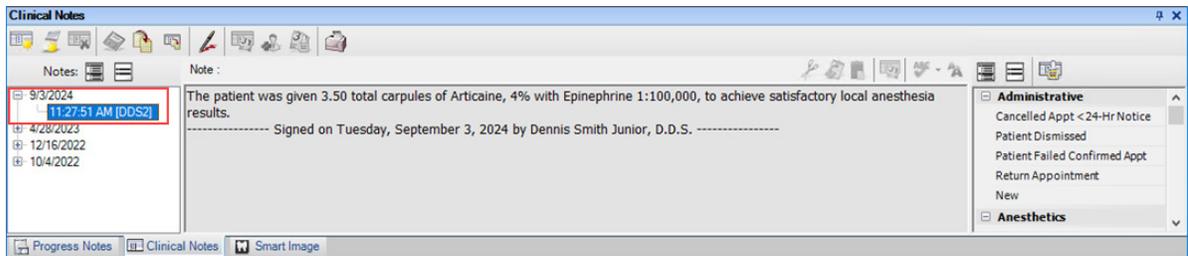


- Type or select a note from the template list.

5. Click **Save & Close**.
6. In the Signature Manager, click **Sign Note**.
The **Sign Clinical Note** dialog box appears.



7. Sign the note, and then click **OK**.
8. In the Patient Chart, click the Refresh toolbar button.
The time-stamped clinical note appears in the **Clinical Notes** panel.



Dentrix 24.16

Overview and New Features

This Dentrix 24.16 Release Guide provides information about the Dentrix 24.16 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.16.

Note: For information about using the new features in Dentrix 24.16, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.16?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.16 includes the following enhancements:

MISCELLANEOUS

- Henry Schein One is introducing new insurance eligibility solutions in 2024. This new eligibility approach will replace our existing eligibility solution, which uses the eCentral Insurance Manager (and requires eSync and WebSync). Our new eligibility approach is an integrated and automated workflow that greatly simplifies the process of obtaining insurance eligibility information, delivering reliable and timely eligibility responses from top insurance payers. Eligibility information received from payers is formatted and saved in the Document Center.
- A Help button has been added to the **Billing/Payment Agreement Information** dialog box.
- The **Use Office Fee** column was removed from the Office fee schedule in the **View/Edit Fee Schedule** dialog box.
- A What’s New button was added to the Appointment Book, the Family File, and the Office Manager.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

New Insurance Eligibilities Workflow

Tracking your patients' insurance information can be time consuming. You must verify that your patients' insurance plans are active and ensure that payment estimates are accurate. This may require your office staff to visit multiple insurance websites daily.

We've designed new features to make your eligibility workflow more efficient.

For existing customers, this new feature replaces our current eCentral Insurance Manager, which requires eSync and WebSync. To use this new service, your office must upgrade to Dentrix 24.16.

We're simplifying the process of requesting insurance eligibility information with an integrated and automated workflow—all within Dentrix. You'll receive reliable, timely responses from top insurance payers, all in a standardized form that's automatically saved to the Document Center.

More accurate, detailed, and faster eligibility responses help your staff provide patients with clear coverage details and enable you to provide quicker treatment decisions.

KEY FEATURES

- Stay in Dentrix: No more logging into eCentral.
- Higher rates of successful responses from payers.
- Real-time eligibility checks up to seven days before the patient appointment.
- Standard reports automatically saved to the Document Center.
- Writebacks to coverage tables for deductibles, maximums, and coverage percentages.
- Color-coded eligibility icons that easily indicate the patient's eligibility status in the Appointment Book and the Family File.

All these features will be available to you in Eligibility Essentials; however, with Eligibility Essentials, payers decide what data they provide you, and sometimes that isn't enough. That's why Henry Schein One is also offering Eligibility Pro to provide you with all the data you need. For example, Eligibility Pro provides all of the functionality of Eligibility Essentials, plus:

- **Advanced Searches:** Our API scours full insurance portals, pulling in data beyond traditional EDI, like patient history, frequency limitations, and procedure code level coverage percentages.
- **Broader Coverage:** Works with more payers and provides greater access to additional data.
- **Flexible Payment Options:**
 - **On-Demand:** Pay \$3.00 per eligibility request, with no minimum use or time commitment.
 - **Subscription:** Choose a monthly package for a lower cost per request. To learn more, please call 1-866-955-5694.

SETTING UP THE PAYER CONNECTION PORTAL

Before you can use Dentrix Eligibility Pro and obtain enhanced eligibility responses, you must set up your insurance website credentials through the Payer Connection Portal. By doing so, you can obtain the benefits and coverage data you need without having to visit each insurance website separately.

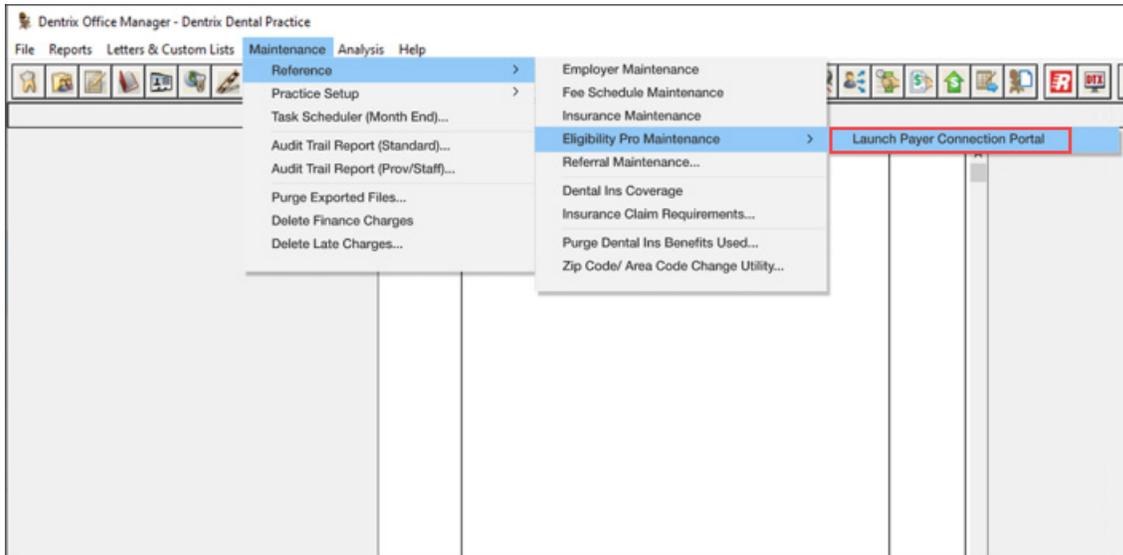
Notes:

- When you submit an eligibility request to an insurance carrier that supports web crawler, your credentials are used to access the carrier's website from which you can collect benefit and coverage details.

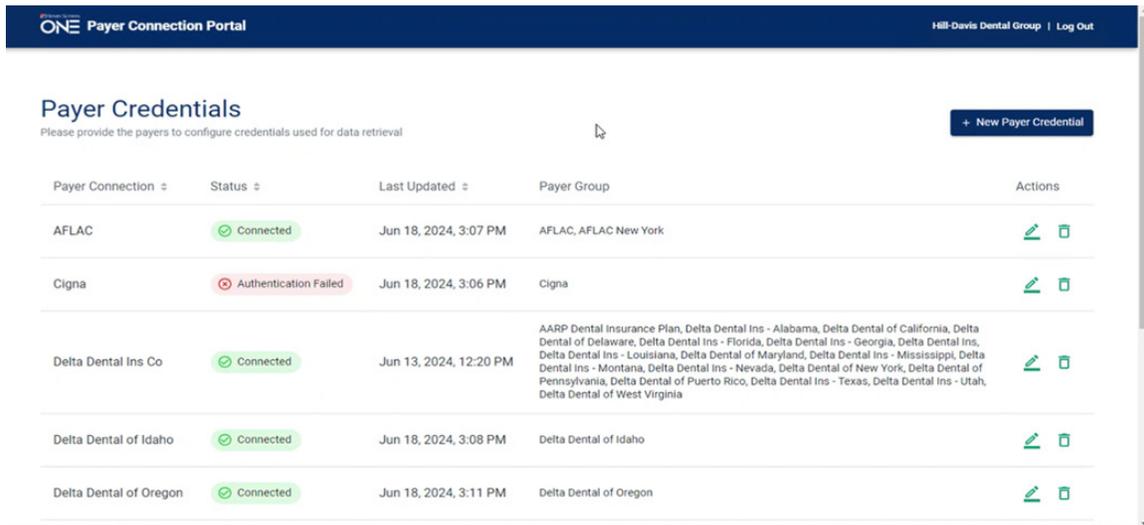
- Through the Payer Connection Portal, you can also maintain your credentials as they expire over time.

To set up the Payer Connection Portal

1. In the Office Manager, click **Maintenance**, point to **Reference**, point to **Eligibility Pro Maintenance**, and then click **Launch Payer Connection Portal**.



You are logged in automatically to the Dentrix Payer Connection Portal, and your credentials are passed to tuuthfairly and stored. The **Payer Connection Portal** appears.



2. From the Payer Connection Portal, click **New Payer Credential**.
The **New Payer Credentials** dialog box appears.

- From the **Payer Connection** list, select the desired payer.

A message appears explaining that several payers are included under the umbrella of the payer connection you selected.

- Enter the **Payer Username** and **Payer Password** that your office uses to log in to the selected website, and then click **Save**.

If the payer requires two-factor authentication, the following notice appears.

Payer Connection	Status	Last Updated	Payer Group	Actions
Aetna	Connected	Oct 4, 2023, 6:27 AM	Aetna DMO, Aetna Medicare, Bell Atlantic, Choice Plus, Coventry Health Plan, FlexCare, Mail Handlers Benefit Plan - MHBP, Marriott, Preferred Dental Organization (PDO), Prudential Administered by Aetna, Southwestern Bell Exec - Custom Care, TWR, Varian Health Care Plan	
AFLAC	Two-Factor Auth Required	Dec 14, 2023, 6:27 AM	AFLAC New York, AFLAC	

- Once you receive the required authentication code, click **Two-Factor Auth Required**, enter the code, and then click **Verify**.

Dentrix completes the connection to the payer, and the **Payer Connection Portal** appears reporting your connection status with the payer websites.

Payer Connection	Status	Last Updated	Payer Group	Actions
AFLAC	Connected	Jun 18, 2024, 3:07 PM	AFLAC, AFLAC New York	
Cigna	Authentication Failed	Jun 18, 2024, 3:06 PM	Cigna	
Delta Dental Ins Co	Connected	Jun 13, 2024, 12:20 PM	AARP Dental Insurance Plan, Delta Dental Ins - Alabama, Delta Dental of California, Delta Dental of Delaware, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins, Delta Dental Ins - Louisiana, Delta Dental of Maryland, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of West Virginia	
Delta Dental of Idaho	Connected	Jun 18, 2024, 3:08 PM	Delta Dental of Idaho	
Delta Dental of Illinois	Authentication Pending	Jun 19, 2024, 1:07 PM	Delta Dental of Illinois	
Delta Dental of Oregon	Connected	Jun 18, 2024, 3:11 PM	Delta Dental of Oregon	
Delta Dental of Virginia	Connected	Jun 18, 2024, 3:19 PM	Delta Dental of Virginia	

6. If an authentication fails, click the Edit icon to the right of the payer list and verify the credentials you entered in the **Edit Payer Credentials** dialog box.

If an Eligibility Pro request is sent to a payer (either in a batch or on-demand), and that payer has a web connection, and the requesting office's web credentials are established, then tuuthfairly queries the web first to try to get the eligibility and benefits information from that web source (as it's the most complete).

Note: If the payer supports an EDI connection, tuuthfairly will access both web and EDI sources and merge the data to provide the most complete response possible as follows:

- If tuuthfairly can access data from both connections, the "source" in the PDF file will appear as "Web & EDI."
- If tuuthfairly can access data from only the web, the "source" in the PDF file will appear as "Web."
- If tuuthfairly is unable to access data from the web, it will try the EDI connection (if the payer has one). If the EDI is successful, the "source" in the PDF file will appear as "EDI."

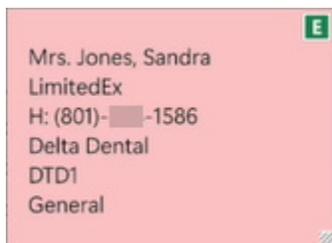
Notes:

- Even though an Eligibility Pro response is requested, the software still returns EDI if it can't get a web response, so your office still receives a response. (You are only charged for Eligibility Pro responses if they are returned with a source of "Web" or "Web+EDI.")
- Some payers (such as BCBSTX, Delta SD, Delta OR) do not support an EDI connection and are web only. In this case, if a web request fails, then EDI will return "Payer Not Participating." Our payer list will indicate what payers support which type of response.

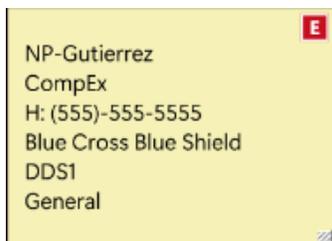
VERIFYING ELIGIBILITY AND VIEWING ELIGIBILITY STATUS

When eligibility responses are returned, an eligibility indicator icon appears automatically in the Appointment Book and the Family File based on status. Eligibility indicator icons are color-coded (and independent of the color coding used for Appointment Book appointment background color, designating the provider) as follows:

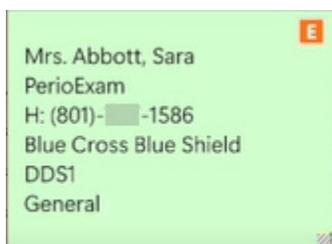
- **White E on Green Background** – Patient is Eligible, and current data is already saved to the coverage tables.



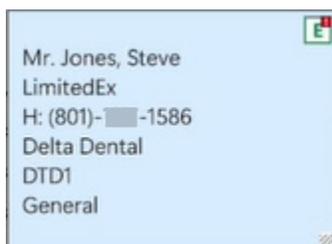
- **White E on Red Background** – Patient is not eligible but was found successfully.



- **White E on Orange Background** – Patient was not found (hover detail recommends verifying that the patient's name is correct).



- **Green E on White Background (with small red corner box)** – Patient is eligible, and new eligibility data is ready for review and approval to be saved to the coverage tables. (Once data is saved to the coverage tables, the icon changes to a white E on green background.) This icon appears for a patient whose eligibility has never been checked, or for one whose previous eligibility status has expired and the current eligibility request has returned new data.



Eligibility verification occurs automatically based on upcoming appointments:

- Eligibility requests run in batches every three hours for all appointments scheduled within the next seven days of the current month.
- Same-day appointments made within the current seven-day period are checked immediately without having to wait for the next batch of requests to run.
- Eligibility requests for appointments scheduled for the first six days of the following calendar month are held and checked on the first day of the new month. This ensures that you receive the most accurate results.

To verify eligibility and view eligibility status

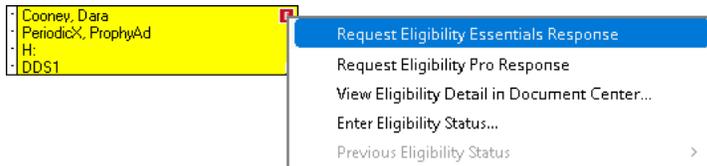
1. In the Appointment Book or the Family File, hover your mouse pointer over the desired eligibility indicator icon.

A text box appears with details applicable to the request.

Note: Alternatively, you can click the appointment in the Appointment Book and open the **Appointment Information** dialog box.

2. To view eligibility detail, click the eligibility indicator.

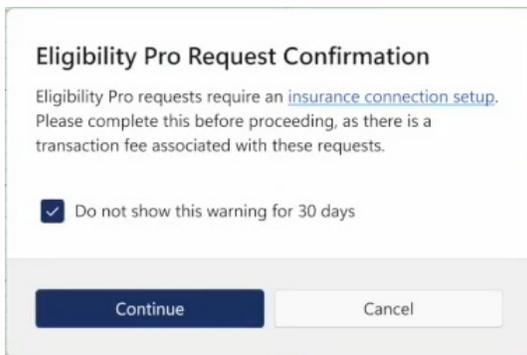
A menu appears.



3. Click one of the following options:

- **Request Eligibility Essentials Response** – Click to update a patient’s insurance information.
- **Request Eligibility Pro Response** – Click to download a more detailed eligibility report to the Document Center.

Note: If your office has Eligibility Essentials and you select **Request Eligibility Pro Response**, the following message appears:



4. Click **Continue**.

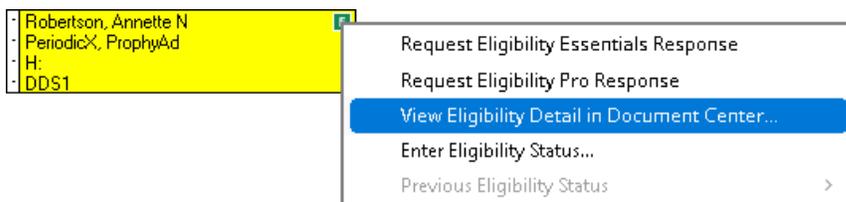
VIEWING ELIGIBILITY RESPONSES IN THE DOCUMENT CENTER

When eligibility responses are returned, they are automatically saved to the Document Center as PDF files.

To view an eligibility response

1. In the Appointment Book or the Family File, click the desired eligibility icon.

A menu appears.



2. Click View Eligibility Detail in Document Center.

The PDF document for the selected request opens detailing the patient's eligibility information.

Document Center "Insurance Eligibility" for Peregrino, Roberto [PE0005]

8/14/2024 Insurance Eligibility

Created: June 11, 2024 at 11:08 AM
Transaction ID: cbxanozgj9sot5uw7wdkq22l
Source: EDI

Roberto Peregrino

Patient

First Name	Last Name
Roberto	Peregrino
Date of Birth	
04-05-1972	

Subscriber

First Name	Last Name
Roberto	Peregrino
Subscriber ID	Date of Birth
U69987195	04-05-1972
Group Name	Group #
HENRY SCHEIN ONE, LLC	--

Provider

Deductibles and Maximums

Deductible	Category	IN NETWORK	OUT OF NETWORK
Individual			
Annual Amount	Dental Care	\$25	\$65
Annual Remaining	Dental Care	\$25	\$65
Family			
Annual Amount	Dental Care	\$75	\$185
Annual Remaining	Dental Care	\$75	\$185
Maximum			
		IN NETWORK	OUT OF NETWORK
Annual Amount	Dental Care	\$2,500	\$1,500
Annual Remaining	Dental Care	\$2,500	\$1,500

Close

IMPORTING ELIGIBILITY AND BENEFITS DATA

You can import eligibility and benefits data from the Appointment Book, the **Appointment Information** dialog box, or the Family File. If eligibility and benefits data are available to import, the eligibility icon appears as a green E on a white background (with a small red bubble in the upper-right corner of the icon). The following conditions trigger the display of the icon:

- New patient eligibility request
- Existing patient eligibility request has expired

Caution: Importing the eligibility and benefits data for one patient on a selected plan updates that data for all patients on that plan.

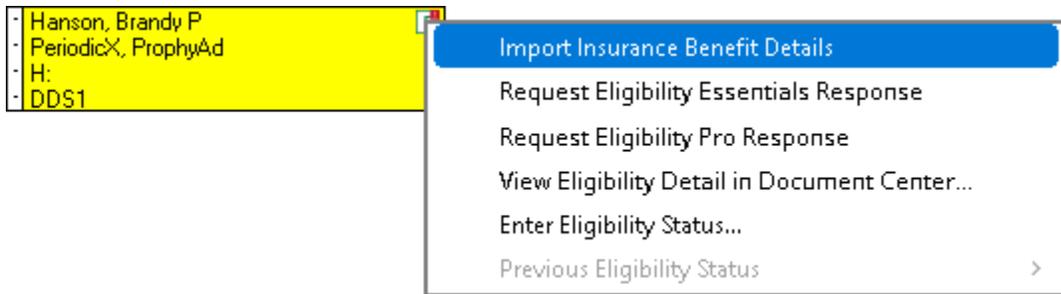
Important: Importing eligibility and benefits data is optional. If available, the following data are imported:

- Deductibles – Individual annual required and met, Individual lifetime required and met, and Family annual required and met.
- Maximums – Individual annual benefit and used, Individual lifetime benefit and used, and Family annual benefit and used.
- Coverages – Beg/End Procedure Code range, Benefit category, Coverage %, Deductible that applied (preventive, for example), and Co-pay.

To import eligibility and benefits data

1. In the Appointment Book, Family File, or **Appointment Information** dialog box, click the icon.

The following menu appears.



2. Click **Import Insurance Benefit Details**.

Note: The information under **Patient Details** is pulled from Dentrix, is for information only, and is not imported.

The **Insurance Benefit Details** dialog box appears.

Dentrix - Insurance Benefit Details - Jones, Steve

Choose Network Plan
Delta Dental PPO

Patient Details

Deductibles and Maximums

Coverages

Patient Details

Patient	
Name	Sandra Jones
Member ID	1234567
Date of Birth	01/17/1706

Provider	
Name	Tuuth Story
NPI	1234567
Tax ID	123456789

Insurance	
Carrier	Delta Dental
Insurance Type	PPO
Network	In Network
Phone	555-555-5555
Web	deltadental.com
Group Plan	HS1
Group #	123456789

3. Under **Choose Network Plan**, select the desired insurance plan from the list.
4. To review the data before importing, click the following tabs:

Deductibles and Maximums

Dentrix - Insurance Benefit Details - Jones, Steve

Choose Network Plan
Delta Dental PPO

Patient Details

Deductibles and Maximums

Coverages

Deductibles and Maximums

Import

Deductibles	Individual Annual Required	Individual Annual Met	Individual Lifetime Required	Individual Lifetime Met	Family Annual Required	Family Annual Met
Standard	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Preventive	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Other	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

Maximums	Individual Annual Benefit	Individual Annual Used	Individual Lifetime Benefit	Individual Lifetime Used	Family Annual Benefit	Family Annual Used
Standard	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Other	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

*Individual Annual Met, Individual Lifetime Met, Family Annual Met, Individual Annual Used, Individual Lifetime Used, and Family Annual Used provided via an insurance verification request will not reflect any unprocessed or outstanding claims.

Coverages

Dentrix - Insurance Benefit Details - Jones, Steve

Choose Network Plan
Delta Dental PPO

Patient Details

Deductibles and Maximums

Coverages

Coverages

Import

Diagnostic Services (D0100-D0999)					
Beg Proc	End Proc	Coverage %	Deductible	Co-Pay	Pre-Auth Required
D0120	D0999	80	Preventative	Not Provided	Not Provided
Preventive Services (D1000-D1999)					
Restorative Services (D2000-D2699)					
Endodontics (D3000-D3999)					
Periodontics (D4000-D4999)					
Removable Prosthodontics (D5000-D5899)					
Implant Services (D6000-D6199)					
Fixed Prosthodontics (D6200-D6999)					
Oral and Maxillofacial Surgery (D7000-D7999)					
Orthodontics (D8000-D8999)					
Adjunctive General Services (D9000-D9999)					

- To import the data, click the **Import** button.
The **Do you want to Import?** dialog box appears.

Do you want to Import?

Importing benefit and coverage information will affect all patient who are tied to this insurance plan. Would you like to proceed?

Deductibles and Maximums

Coverages

6. To import **Deductibles and Maximums** and **Coverages**, click **Yes**.

Note: By default, both options are selected. To restrict the import of an option, clear the appropriate check box.

If the import was successful, a green check mark appears next to the option or options you chose to import. You can review the changes in the **Dental Insurance Benefits and Coverage** dialog box.

Billing/Payment Agreement Information Help Button

A Help button was added to the top-right corner of the **Billing/Payment Agreement Information** dialog box.

Billing / Payment Agreement Information - Crosby, Brent L

0-30	31-60	61-90	>90	Balance
\$571.34	\$0.00	\$0.00	\$0.00	\$571.34

Billing Type: 1: Standard Billing - finance charges ?

Last Payment: \$25.00 - 5/12/2023 Guarantor Notes

Agreement Date: 8/17/2024 📅

Interval: Monthly ▼

Annual Finance Charge %: 0.000

Total Agreed Amount: 509.74

First Payment Due: 8/17/2024 📅

Payment Amount: 0.00

of Payments: 0 ↕

Agreement Templates 📄

Copy Agreement to Note 📄

Agreement Notes 📄

Late Charges

Annual Late Charge %: 0.000

Grace Period (Days): 0 ↕

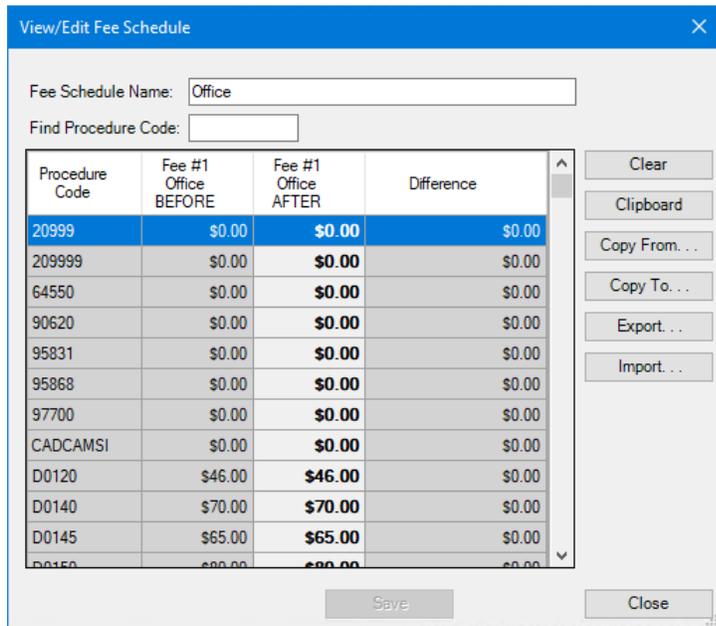
Minimum Late Charge: 0.00

Minimum Balance to Charge: 0.01

Balance Remaining	Remaining # of Payments	Missed Payments	Monthly Payment	Amount Past Due	Payment Due	Due Date
509.74	0	0	0.00	0.00	0.00	8/17/2024

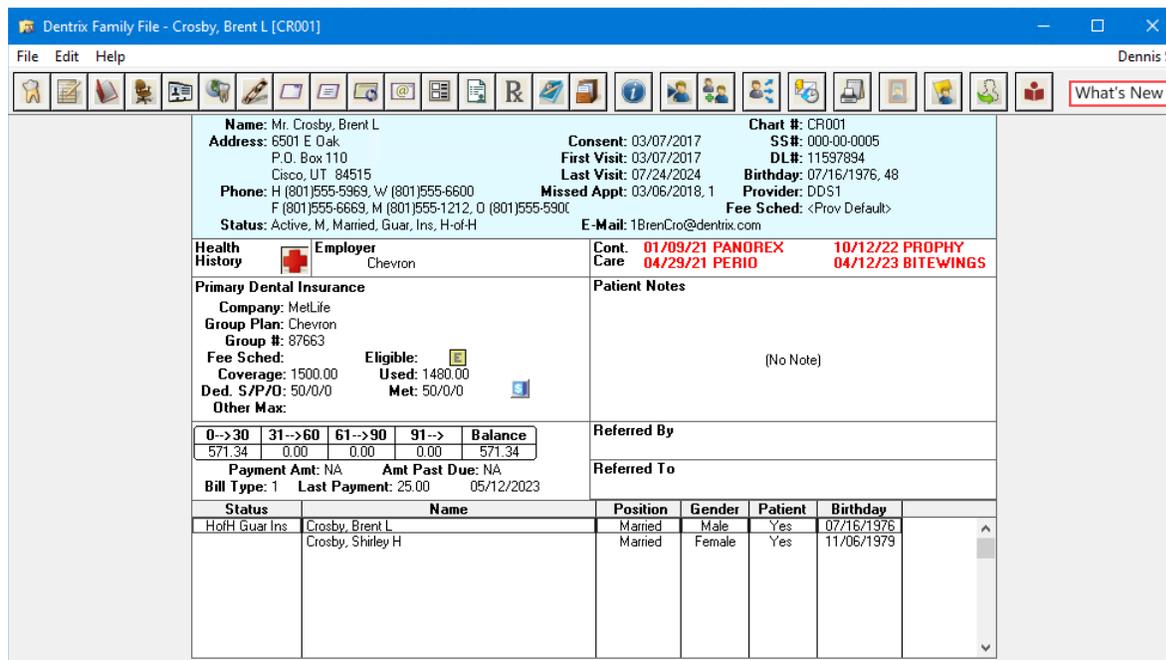
Change to the View/Edit Fee Schedule Dialog Box

The Use Office Fee column was removed from the Office fee schedule in the View/Edit Fee Schedule dialog box.



The What's New Button

A What's New button was added to the Family File, the Appointment Book, and the Office Manager. Clicking the button opens the What's New in Dentrix blog.



Dentrix 24.15

Overview and New Features

This Dentrix 24.15 Release Guide provides information about the Dentrix 24.15 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.15.

Note: For information about using the new features in Dentrix 24.15, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.15?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.15 includes the following enhancements:

MISCELLANEOUS

- Henry Schein One is introducing new insurance eligibility solutions in 2024. This new eligibility approach will replace our existing eligibility solution, which uses the eCentral Insurance Manager (and requires eSync and WebSync). Our new eligibility approach is an integrated and automated workflow that greatly simplifies the process of obtaining insurance eligibility information, delivering reliable and timely eligibility responses from top insurance payers. Eligibility information received from payers is formatted and saved in the Document Center.
- The **Chart #** and **SS#** search options have been restored to the **Select Patient** dialog box.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

New Insurance Eligibilities Workflow

Tracking your patients' insurance information can be time consuming. You must verify that your patients' insurance plans are active and ensure that payment estimates are accurate. This may require your office staff to visit multiple insurance websites daily.

We've designed new features to make your eligibility workflow more efficient.

For existing customers, this new feature replaces our current eCentral Insurance Manager, which requires eSync and WebSync. To use this new service, your office must upgrade to the latest version of Dentrix.

We're simplifying the process of requesting insurance eligibility information with an integrated and automated workflow—all within Dentrix. You'll receive reliable, timely responses from top insurance payers, all in a standardized form that's automatically saved to the Document Center.

More accurate, detailed, and faster eligibility responses help your staff provide patients with clear coverage details and enable you to provide quicker treatment decisions.

KEY FEATURES

- Stay in Dentrix: No more logging into eCentral.
- Higher rates of successful responses from payers.
- Real-time eligibility checks up to seven days before the patient appointment.
- Standard reports automatically saved to the Document Center.
- Writebacks to coverage tables for deductibles, maximums, and coverage percentages.
- Color-coded eligibility icons that easily indicate the patient's eligibility status in the Appointment Book and the Family File.

All these features will be available to you in Eligibility Essentials; however, with Eligibility Essentials, payers decide what data they provide you, and sometimes that isn't enough. That's why Henry Schein One is also offering Eligibility Pro to provide you with all the data you need. For example, Eligibility Pro provides all of the functionality of Eligibility Essentials, plus:

- **Advanced Searches:** Our API scours full insurance portals, pulling in data beyond traditional EDI, like patient history, frequency limitations, and procedure code level coverage percentages.
- **Broader Coverage:** Works with more payers and provides greater access to additional data.
- **Flexible Payment Options:**
 - **On-Demand:** Pay \$3.00 per eligibility request, with no minimum use or time commitment.
 - **Subscription:** Choose a monthly package for a lower cost per request. To learn more, please call 1-866-955-5694.

SETTING UP THE PAYER CONNECTION PORTAL

Before you can use Dentrix Eligibility Pro and obtain enhanced eligibility responses, you must set up your insurance website credentials through the Payer Connection Portal. By doing so, you can obtain the benefits and coverage data you need without having to visit each insurance website separately.

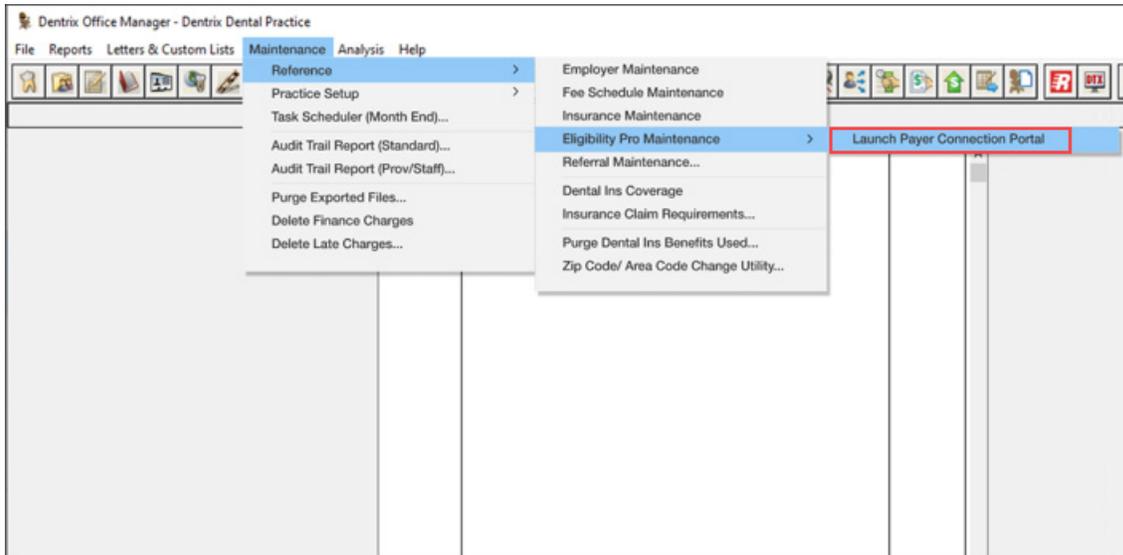
Notes:

- When you submit an eligibility request to an insurance carrier that supports web crawler, your credentials are used to access the carrier's website from which you can collect benefit and coverage details.

- Through the Payer Connection Portal, you can also maintain your credentials as they expire over time.

To set up the Payer Connection Portal

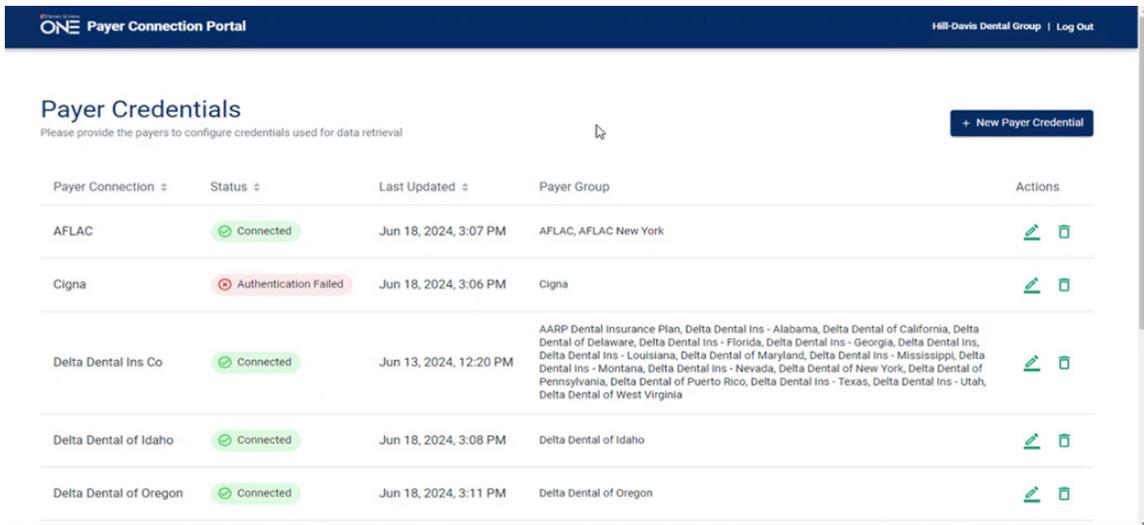
1. In the Office Manager, click **Maintenance**, point to **Reference**, point to **Eligibility Pro Maintenance**, and then click **Launch Payer Connection Portal**.



You are logged in automatically to the Dentrix Payer Connection Portal, and your credentials are passed to tuuthfairly and stored. The **Payer Connection Portal** appears.

2. From the **Payer Connection Portal**, click **New Payer Credential**.

The **New Payer Credentials** dialog box appears.



3. From the **Payer Connection** list, select the desired payer.

A message appears explaining that several payers are included under the umbrella of the payer connection you selected.

The dialog box titled "New Payer Credentials" contains the following fields and controls:

- Payer Connection ***: A dropdown menu with "Select" as the current selection.
- Payer Username ***: A text input field with the placeholder "Enter Username".
- Payer Password ***: A password input field with the placeholder "Enter Password" and a toggle icon for visibility.
- Buttons**: "Cancel" and "Save" buttons at the bottom right.

4. Enter the **Payer Username** and **Payer Password** that your office uses to log in to the selected website, and then click **Save**.

If the payer requires two-factor authentication, the following notice appears.

The screenshot shows the "Payer Connection Portal" interface. A table lists payer connections with the following data:

Payer Connection	Status	Last Updated	Payer Group	Actions
Aetna	Connected	Oct 4, 2023, 6:27 AM	Aetna DMO, Aetna Medicare, Bell Atlantic, Choice Plus, Coventry Health Plan, FlexCare, Mail Handlers Benefit Plan - MHRB Marriott, Preferred Dental Organization PPO, Prudential Administered by Aetna, Southwestern Bell Exec - Custom Care, TWR, Varian Health Care Plan	[Edit] [Delete]
AFLAC	Two-Factor Auth Required	Dec 14, 2023, 6:27 AM	AFLAC New York, AFLAC	[Edit] [Delete]

5. Once you receive the required authentication code, click **Two-Factor Auth Required**, enter the code, and then click **Verify**.

Dentrix completes the connection to the payer, and the **Payer Connection Portal** appears reporting your connection status with the payer websites.

The screenshot shows the "Payer Connection Portal" interface with a table listing payer connections:

Payer Connection	Status	Last Updated	Payer Group	Actions
AFLAC	Connected	Jun 18, 2024, 3:07 PM	AFLAC, AFLAC New York	[Edit] [Delete]
Cigna	Authentication Failed	Jun 18, 2024, 3:06 PM	Cigna	[Edit] [Delete]
Delta Dental Ins Co	Connected	Jun 13, 2024, 12:20 PM	AARP Dental Insurance Plan, Delta Dental Ins - Alabama, Delta Dental of California, Delta Dental of Delaware, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins, Delta Dental Ins - Louisiana, Delta Dental of Maryland, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of West Virginia	[Edit] [Delete]
Delta Dental of Idaho	Connected	Jun 18, 2024, 3:08 PM	Delta Dental of Idaho	[Edit] [Delete]
Delta Dental of Illinois	Authentication Pending	Jun 19, 2024, 1:07 PM	Delta Dental of Illinois	[Edit] [Delete]
Delta Dental of Oregon	Connected	Jun 18, 2024, 3:11 PM	Delta Dental of Oregon	[Edit] [Delete]
Delta Dental of Virginia	Connected	Jun 18, 2024, 3:19 PM	Delta Dental of Virginia	[Edit] [Delete]

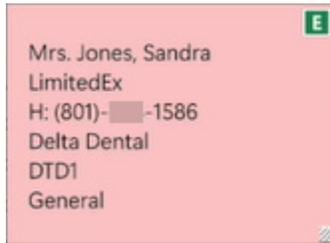
6. If an authentication fails, click the Edit icon to the right of the payer list and verify the credentials you entered in the **Edit Payer Credentials** dialog box.

VERIFYING ELIGIBILITY AND VIEWING ELIGIBILITY STATUS

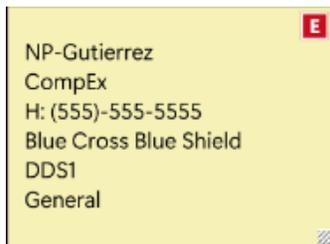
When eligibility responses are returned, an eligibility indicator icon appears automatically in the Appointment Book and the Family File based on status. Eligibility indicator icons are color-coded

(and independent of the color coding used for Appointment Book appointment background color, designating the provider) as follows:

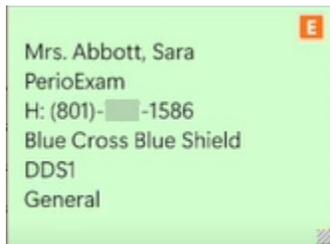
- **White E on Green Background** – Patient is Eligible, and current data is already saved to the coverage tables.



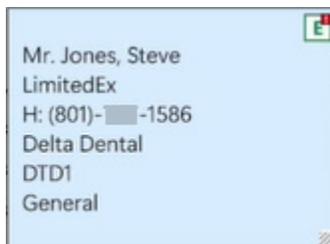
- **White E on Red Background** – Patient is not eligible but was found successfully.



- **White E on Orange Background** – Patient was not found (hover detail recommends verifying that the patient's name is correct).



- **Green E on White Background (with small red corner box)** – Patient is eligible, and new eligibility data is ready for review and approval to be saved to the coverage tables. (Once data is saved to the coverage tables, the icon changes to a white E on green background.) This icon appears for a patient whose eligibility has never been checked, or for one whose previous eligibility status has expired and the current eligibility request has returned new data.



Eligibility verification occurs automatically based on upcoming appointments:

- Eligibility requests run in batches every three hours for all appointments scheduled within the next seven days of the current month.
- Same-day appointments made within the current seven-day period are checked immediately without having to wait for the next batch of requests to run.
- Eligibility requests for appointments scheduled for the first six days of the following calendar month are held and checked on the first day of the new month. This ensures that you receive the most accurate results.

To verify eligibility and view eligibility status

1. In the Appointment Book or the Family File, hover your mouse pointer over the desired eligibility indicator icon.

A text box appears with details applicable to the request.

Note: Alternatively, you can click the appointment in the Appointment Book and open the **Appointment Information** dialog box.

2. To view eligibility detail, click the eligibility indicator.

A menu appears.



3. Click **View Eligibility Detail (PDF)**.

The Eligibility Detail Form appears.

Document Center "Insurance Eligibility for Sandra Jones [GU0001]"

4/29/2024: Eligibility Detail

Eligible

Ken Abbot

Created: Apr 23, 2024 at 3:30 PM
Transaction ID: 123456789
Source: EDI

Patient		Orthodontics				
First Name	Last Name	Service Type	PPO	Premier	Out of Network	
Ken	Abbot	Orthodontics				
Date of Birth	Relationship to Subscriber	Coverage	50%		25%	
06-29-1982	Spouse					
Subscriber		Coverage				
First Name	Last Name	Service Type	PPO	Premier	Out of Network	Waiting Period
Ken	Abbot	Diagnostic Services	80%		50%	
Subscriber ID	Date of Birth	Preventative Services	80%		50%	
987654321	04-2-1983	Restorative Services	80%		50%	
Group Name	Group #	Endodontics	80%		50%	
HS1	123456789	Periodontics	80%		50%	
Provider		Removable Prosthodontics	80%		50%	
First Name	Last Name	Implant Services	80%		50%	
Daniel	Howser	Fixed Prosthodontics	80%		50%	
NPI		Oral and Maxillofacial Surgery	80%		50%	
4566539726		Orthodontics	80%		50%	
		Adjunctive General Services	80%		50%	
Plan						
Plan Name	Insurance Type					
Delta Dental PPO	PPO					
Effective Date	Plan Period					
01/01/2024	Calendar					
Plan Start	Plan End					
01/01/2024	12/31/2024					

Close

4. Click **Close**.

Searching for Patients Using Advanced Search

You can search for patients by last name, first name, preferred name, home phone number, chart number, or Social Security number.

To search for a patient using advanced search

1. In the **File** menu of any Dentrix module except the Office Manager, click **Select Patient**.
The **Select Patient** dialog box appears.
2. Click the **Advanced Search** tab.

Search By: Appointments | **Advanced Search**

Show On Screen Keyboard

Last Name: Chart #:

First Name: SS #:

Preferred Name: Birthday:

Status: Patient
 Non-Patient
 Inactive
 Archived

Phone: (Mobile, Home, Work, Other)

HoH	Last Name	First Name	MI	Preferred Name	Phone	Chart #	SSN	Birthday
*	Davis	Karen				DA0003	000-00-0007	1/15/1984

Previously Selected Patients

HoH	Last Name	First Name	MI	Preferred Name	Phone	Chart #	SSN	Birthday
*	Davis	Karen			(801)555-1781 [M]	DA0003	000-00-0007	1/15/1984
*	Crosby	Brent	L		(801)555-1212 [M]	CR001	000-00-0005	7/16/1976
*	Frazier	John			(801)555-7256 [M]	FR0002		11/15/1989
*	Abbott	Ken	S		(801)555-1586 [H]	AB0001	000-00-0001	5/1/1982

3. To search for a patient, in the corresponding text box, specify one of the following:
 - **Last Name** – Type the patient’s last name.
Note: You can also search by the patient’s first or preferred names.
 - **Status** – Select one of the available options to narrow your search.
 - **Chart #** – Type the first few characters of the patient’s chart.
 - **SS #** – Type the first few numbers of the patient’s Social Security number.
 - **Birthday** – Type the patient’s birthdate.
 - **Phone** – Type the first few digits of the patient’s phone number.

The patient’s name and information appear in the list.
4. Click **OK**.

Dentrix 24.14

Overview and New Features

This Dentrix 24.14 Release Guide provides information about the Dentrix 24.14 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.14.

Note: For information about using the new features in Dentrix 24.14, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.14?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.14 includes the following enhancements:

MISCELLANEOUS

- A new paint type with the user code “Hydrxyapa” commonly referred to as “remineralization” has been added to Dentrix. The paint type is assigned to procedure code D2991 and marks selected teeth in the Patient Chart with the letter “R.” For more information, please refer to “Adding treatment using the Procedure Codes panel” in the Dentrix Help.
- If a patient’s mobile phone number is saved in the Family File, you can send the patient a text reminder using the **Form Status** dialog box.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

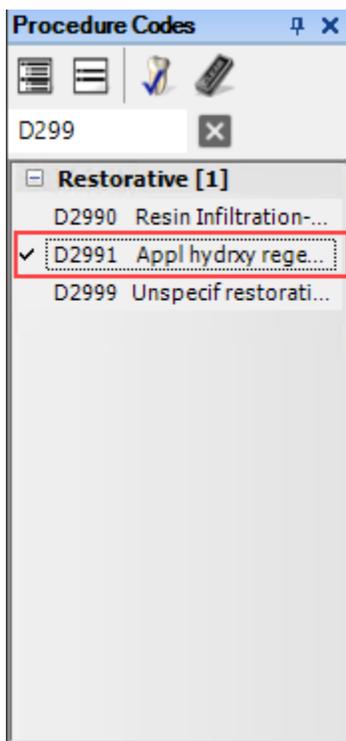
Applying Treatment in the Procedure Codes Panel

A new paint type with the user code “Hydrxyapa” commonly referred to as “remineralization” has been added to Dentrix. The paint type is assigned to procedure code D2991 and marks selected teeth in the Patient Chart with the letter “R.”

To apply treatment in the Procedure Codes panel

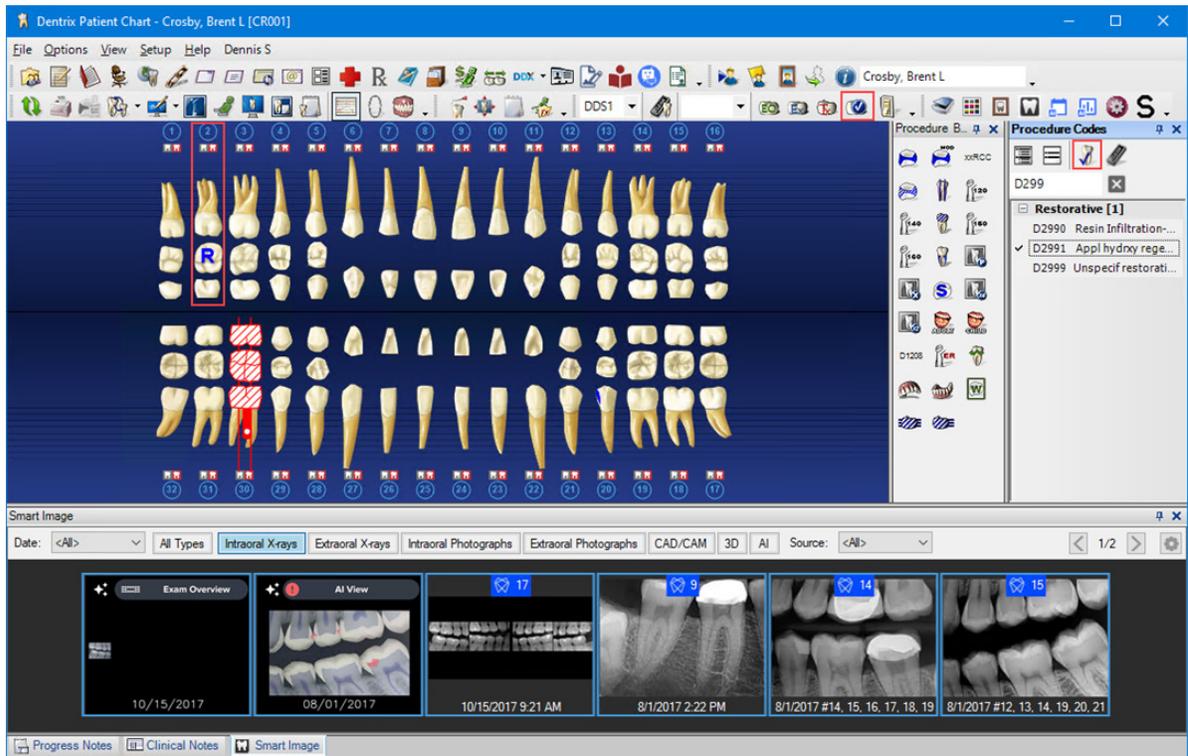
1. In the Patient Chart, click the tooth or teeth that require treatment.
2. In the **Procedure Codes** panel, type at least three characters of the desired procedure code in the search box.

Codes corresponding to the characters you typed appear.



3. Click the desired code, and then click the Post icon in the **Procedure Codes** panel.
4. Click the Completed icon in the Charting toolbar.

The selected tooth and/or teeth are painted with the letter **R**.



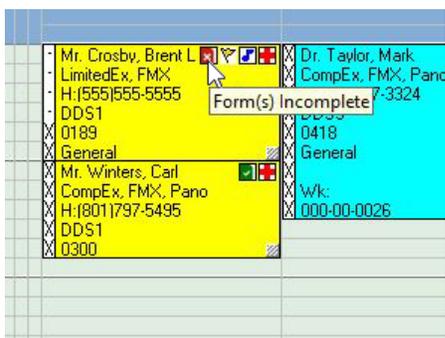
Viewing Patient Forms Status in the Appointment Book

The current status of online patient forms is received through eSync and automatically updated in the Appointment Book for forms corresponding to patients' appointments. A form status indicator appears in the Appointment Book for any appointments that have received patient form updates. Form status indicators are color coded as follows:

-  A green checkmark means that the patient has completed all forms.
-  A red X means that one or more patient forms are incomplete.
-  A yellow checkmark means that one or more patient forms need to be synced online.
- No indicator means that patient forms have not been created or made available for the patient or that no status updates have yet been received for the patient's forms.

To view the status of a patient's forms in the Appointment Book

1. In the Appointment Book, hover your mouse pointer over the desired form status indicator to see a brief explanation of the status of the patient's forms.



- Click the form status indicator on the appointment to see details regarding the status of each patient form, sync forms as applicable, and send a text reminder to the patient to complete their forms online as needed.

The **Form Status** dialog box appears showing the status for each patient form and any applicable actions depending on status.

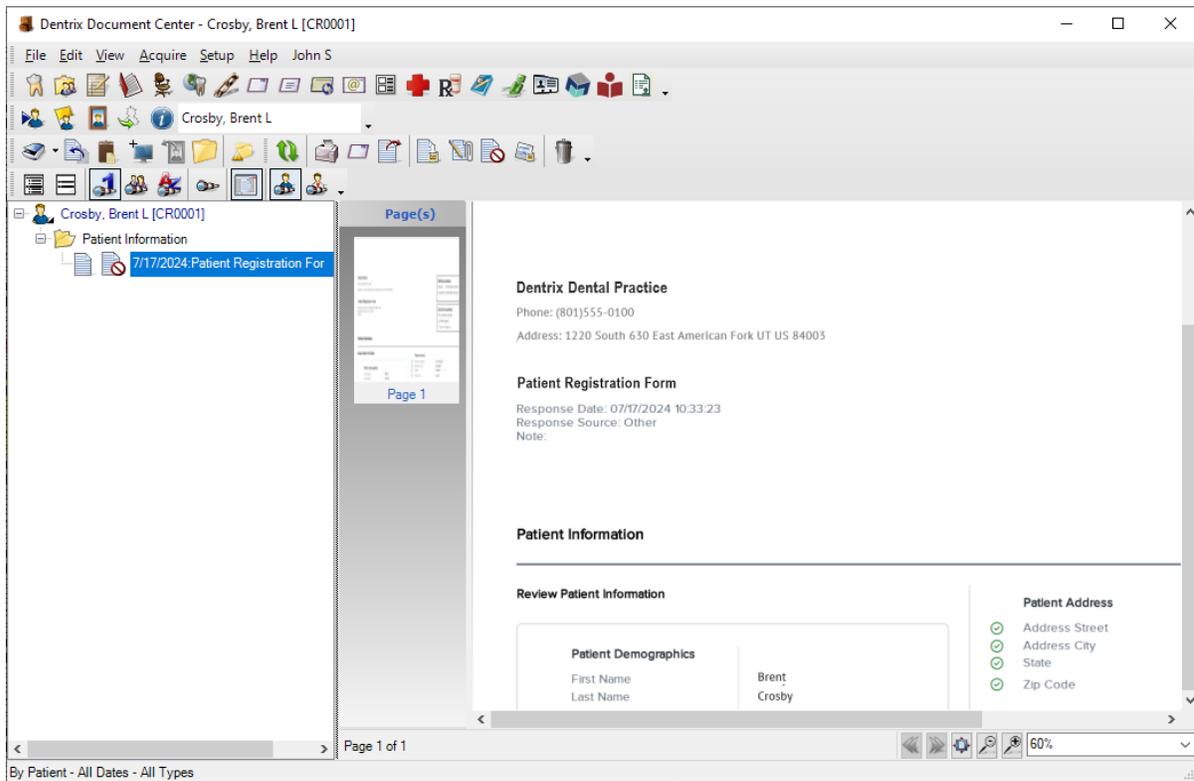
- If the form has a **Complete** status, a view form (eye) icon appears in the **Actions** column.
- If one or more forms has an Incomplete status, a **Remind Patient** button appears at the bottom of the dialog box.
- If one of more forms has a **Sync Required** status, a **Sync Forms** button appears at the bottom of the dialog box.

Form Status: Crosby, Brent ✕

Form	Status	Reminder Sent	Actions
Patient Registration Form	✔ Complete		👁️
Insurance Information Form	⚠ Incomplete		
Medical History Form	⚠ Sync Required		

Sync Forms
Remind Patient

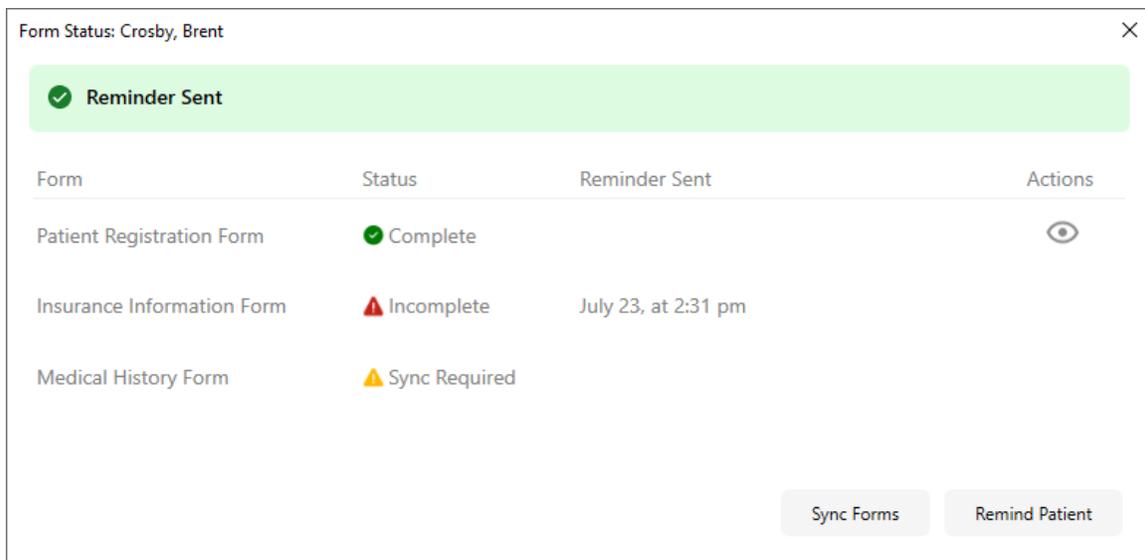
- To view a completed form, click the view form (eye) icon in the **Actions** column. The Document Center window appears with the completed online form selected under the **Patient Information** type.



- To send a text reminder to the patient to fill out any forms that are incomplete, click the **Remind Patient** button.

A text message with a link to complete the forms online is sent to the patient's mobile number (as entered in Family File) and the current date and time is displayed in the **Reminder Sent** column.

Note: If the patient does not have a mobile number entered in the Family File, the **Remind Patient** button is disabled. Once a mobile number has been entered for the patient, the button will become enabled.



- To sync the data for any forms that require it, click the **Sync Forms** button.
The patient forms website opens, allowing you to perform the necessary sync for your patient forms.

Dentrix 24.13

Overview and New Features

This Dentrix 24.13 Release Guide provides information about the Dentrix 24.13 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.13.

Note: For information about using the new features in Dentrix 24.13, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.13?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.13 includes the following enhancements:

BUG FIXES

- If you previewed a claim and printed it, only a “Yes” box appeared in Box 43 of the 2024 claim format instead of a “No” and “Yes” box.
- If you entered an invalid reason code, secondary claims failed to validate through DentalXChange.
- If you clicked the subscriber selection icon in the **Insurance Information** dialog box, you could select the same plan both for Primary and Secondary insurance coverage. This is no longer allowed.
- If you closed the **More Information** dialog box, the selected patient was removed from the Patient Chart.
- If you clicked the More Information toolbar button in the Patient Chart, the **Smart Image** panel was disabled.
- If you created an appointment from a completed new patient appointment, the appointment was labeled a new patient appointment until you reopened the Appointment Book.
- If you opened the **Dental Insurance Benefits and Coverage** dialog box from an appointment block to update Deductibles/Maximums, an error occurred.
- If you did not save changes in the **Dental Insurance Benefits and Coverage** dialog box, the dialog box stopped responding.
- If you changed the payment date or payment amount of a claim, the Ledger stopped responding.
- Resolved search result inconsistencies in the **Select Patient** dialog box.

Dentrix 24.12

Overview and New Features

This Dentrix 24.12 Release Guide provides information about the Dentrix 24.12 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.12.

Note: For information about using the new features in Dentrix 24.12, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.12?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.12 includes the following enhancements:

MISCELLANEOUS

- Dentrix Eligibility Pro (Beta) helps ensure that you have access to the most accurate insurance eligibility information.

Important: Dentrix Eligibility Pro is currently in Beta testing and is limited to a selected group of offices. As the Beta testing continues, more offices will be added. Additionally, to use Dentrix Eligibility Pro, you must have an eTrans ID and be on the latest version of Dentrix.
- If your patients make changes online to their medical conditions, allergies, medications, or contacts in Patient Forms, those changes are now reflected in Health History. These changes are marked by a purple badge to the right of the section header and a purple dot next to the updated item. For more information, please refer to [Health History overview](#) or [Patient Forms overview](#) in the Dentrix Help.
- If you have a current Customer Service Plan (CSP), you can now contact Customer Support using Dentrix Chat. For more information, please refer to [Contacting Customer Support using Dentrix Chat](#) in the Dentrix Help.
- The **Select Patient** dialog box was modified to open faster. The available search options in the **Search By** and **Advanced Search** tabs were also modified. You can no longer search for patients by their Social Security number or Chart number. For more information, please refer to [Selecting and searching for patients overview](#) in the Dentrix Help.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Dentrix Eligibility Pro (Beta)

Tracking your patients' insurance information can be time consuming. You must verify that your patients' insurance plans are active and ensure that payment estimates are accurate. This may require your office staff to visit multiple insurance websites daily.

Verifying a patient's insurance eligibility and understanding a patient's insurance plan benefits are key to ensuring that you are compensated appropriately for the care you provide your patients and that your patients enjoy the full benefits to which they are entitled.

SETTING UP THE PAYER CONNECTION PORTAL

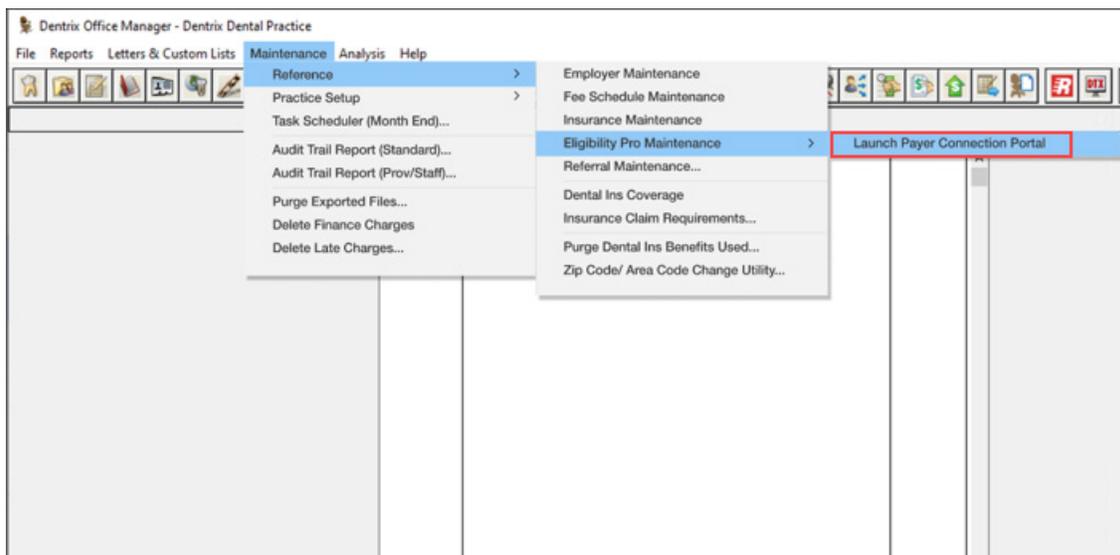
Before you can use Dentrix Eligibility Pro and obtain enhanced eligibility responses, you must set up your insurance website credentials through the Payer Connection Portal. By doing so, you can obtain the benefits and coverage data you need without having to visit each insurance website separately.

Notes:

- When you submit an eligibility request to an insurance carrier that supports web crawler, your credentials are used to access the carrier's website from which you can collect benefit and coverage details.
- Through the Payer Connection Portal, you can also maintain your credentials as they expire over time.

To set up the Payer Connection Portal

1. In the Office Manager, click **Maintenance**, point to **Reference**, point to **Eligibility Pro Maintenance**, and then click **Launch Payer Connection Portal**.



You are logged in automatically to the Dentrix Payer Connection Portal, and your credentials are passed to tuuthfairy and stored. The **Payer Connection Portal** appears.

ONE Payer Connection Portal					Hill-Davis Dental Group Log Out
Payer Credentials					+ New Payer Credential
Please provide the payers to configure credentials used for data retrieval					
Payer Connection	Status	Last Updated	Payer Group	Actions	
AFLAC	Connected	Jun 18, 2024, 3:07 PM	AFLAC, AFLAC New York		
Cigna	Authentication Failed	Jun 18, 2024, 3:06 PM	Cigna		
Delta Dental Ins Co	Connected	Jun 13, 2024, 12:20 PM	AARP Dental Insurance Plan, Delta Dental Ins - Alabama, Delta Dental of California, Delta Dental of Delaware, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins, Delta Dental Ins - Louisiana, Delta Dental of Maryland, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of West Virginia		
Delta Dental of Idaho	Connected	Jun 18, 2024, 3:08 PM	Delta Dental of Idaho		
Delta Dental of Oregon	Connected	Jun 18, 2024, 3:11 PM	Delta Dental of Oregon		

- From the Payer Connection Portal, click New Payer Credential.

The New Payer Credentials dialog box appears.

New Payer Credentials ✕

Payer Connection * ⓘ

Select ▼

Payer Username *

Enter Username

Payer Password *

Enter Password 👁

Cancel Save

- From the Payer Connection list, select the desired payer.

A message appears explaining that several payers are included under the umbrella of the payer connection you selected.

New Payer Credentials

Payer Connection * ⓘ

Aetna

Aetna Connection Includes the following:
 Aetna DMO, Aetna Medicare, Bell Atlantic, Choice Plus, Coventry Health Plan, FlexCare, Mail Handlers Benefit Plan - MHBP, Marriott, Preferred Dental Organization (PDO), Prudential Administered by Aetna, Southwestern Bell Exec - Custom Care, TWR, Varian Health Care Plan

Payer Username

Enter Username

Payer Password *

Enter Password

Cancel Save

4. Enter the **Payer Username** and **Payer Password** that your office uses to log in to the selected website, and then click **Save**.

If the payer requires two-factor authentication, the following notice appears.

ONE Payer Connection Portal Primary Dental Health Group - Left, UT | Log Out

Payer Credentials

Please provide the payers to configure credentials used for data retrieval. [+ New Payer Credential](#)

Payer Connection	Status	Last Updated	Payer Group	Actions
Aetna	Connected	Oct 4, 2023, 6:27 AM	Aetna DMO, Aetna Medicare, Bell Atlantic, Choice Plus, Coventry Health Plan, FlexCare, Mail Handlers Benefit Plan - MHBP, Marriott, Preferred Dental Organization (PDO), Prudential Administered by Aetna, Southwestern Bell Exec - Custom Care, TWR, Varian Health Care Plan	
AFLAC	Two-Factor Auth Required	Dec 14, 2023, 6:27 AM	AFLAC New York, AFLAC	

5. Once you receive the required authentication code, click **Two-Factor Auth Required**, enter the code, and then click **Verify**.

Dentrix completes the connection to the payer, and the **Payer Connection Portal** appears reporting your connection status with the payer websites.

Payer Connection	Status	Last Updated	Payer Group	Actions
AFLAC	Connected	Jun 18, 2024, 3:07 PM	AFLAC, AFLAC New York	
Cigna	Authentication Failed	Jun 18, 2024, 3:06 PM	Cigna	
Delta Dental Ins Co	Connected	Jun 13, 2024, 12:20 PM	AARP Dental Insurance Plan, Delta Dental Ins - Alabama, Delta Dental of California, Delta Dental of Delaware, Delta Dental Ins - Florida, Delta Dental Ins - Georgia, Delta Dental Ins, Delta Dental Ins - Louisiana, Delta Dental of Maryland, Delta Dental Ins - Mississippi, Delta Dental Ins - Montana, Delta Dental Ins - Nevada, Delta Dental of New York, Delta Dental of Pennsylvania, Delta Dental of Puerto Rico, Delta Dental Ins - Texas, Delta Dental Ins - Utah, Delta Dental of West Virginia	
Delta Dental of Idaho	Connected	Jun 18, 2024, 3:08 PM	Delta Dental of Idaho	
Delta Dental of Illinois	Authentication Pending	Jun 19, 2024, 1:07 PM	Delta Dental of Illinois	
Delta Dental of Oregon	Connected	Jun 18, 2024, 3:11 PM	Delta Dental of Oregon	
Delta Dental of Virginia	Connected	Jun 18, 2024, 3:19 PM	Delta Dental of Virginia	

- If an authentication fails, click the Edit icon to the right of the payer list and check the credentials you entered in the **Edit Payer Credentials** dialog box.

VERIFYING ELIGIBILITY AND VIEWING ELIGIBILITY STATUS

When eligibility responses are returned, an eligibility indicator appears automatically in the Appointment Book and the Family File based on status. Eligibility indicators are color-coded as follows:

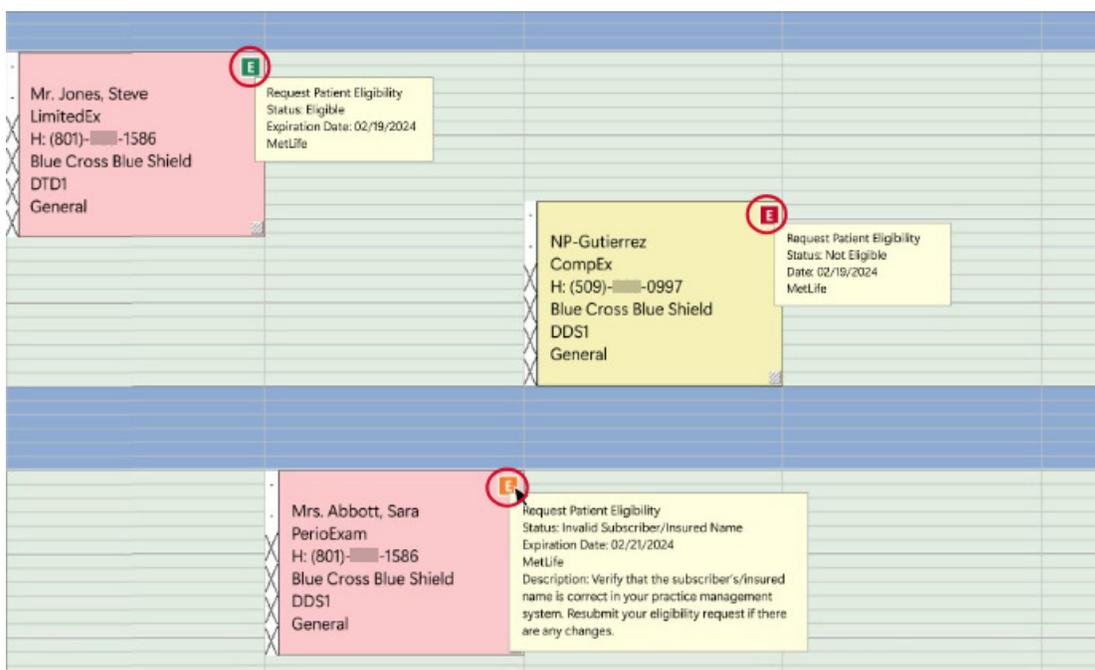
- A green E = Eligible
- A red E = Not Eligible
- An orange E = Error
- A yellow E = Eligibility Not Checked

Eligibility verification occurs automatically based on upcoming appointments:

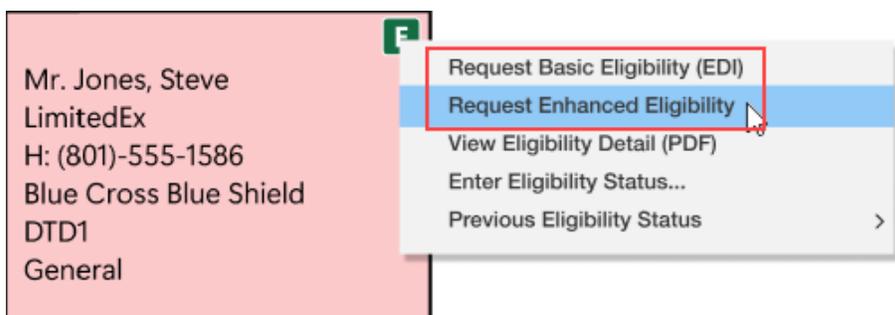
- Eligibility requests run in batches every three hours for all appointments scheduled within the next seven days of the current month.
- Same-day appointments made within the current seven-day period are checked immediately without having to wait for the next batch of requests to run.
- Eligibility requests for appointments scheduled for the first six days of the following calendar month are held and checked on the first day of the new month. This ensures that you receive the most accurate results.

To verify eligibility and view eligibility status

- In the Appointment Book or the Family File, hover your pointer over the desired eligibility indicator. A text box appears with details applicable to the request.

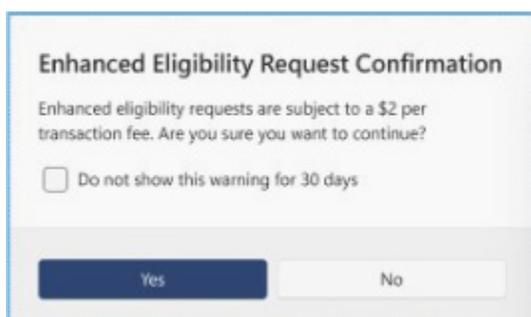


- To request an on-demand eligibility check, click the desired eligibility indicator. A menu appears.



- Click one of the following options:
 - Request Basic Eligibility (EDI)
 - Request Enhanced Eligibility

Note: If your office is subscribed to Eligibility Essentials, and you select Request Enhanced Eligibility, the following message appears:



VIEWING ELIGIBILITY RESPONSES IN THE DOCUMENT CENTER

When eligibility responses are returned, they are automatically saved to the Document Center as PDF files.

To view an eligibility response

1. In the Appointment Book or the Family File, click the desired eligibility indicator.
A menu appears.



2. To view the eligibility detail in a PDF document, click View Eligibility Detail (PDF).
The PDF document for the selected request opens detailing the patient's eligibility information.

Insurance Eligibility
Created: June 18, 2024 at 4:19 PM
Transaction ID: [REDACTED]
Source: EDI

Patient

First Name	Last Name
[REDACTED]	[REDACTED]
Date of Birth	[REDACTED]

Subscriber

First Name	Last Name
[REDACTED]	[REDACTED]
Subscriber ID	Date of Birth
[REDACTED]	[REDACTED]
Group Name	Group #
[REDACTED]	[REDACTED]

Provider

Name	NPI
[REDACTED]	[REDACTED]

Plan

Plan Name	Insurance Type
Dental PPO	PPO

Deductibles and Maximums

Deductible	Category	IN NETWORK	OUT OF NETWORK
Individual			
Annual Amount	Dental Care	\$25	\$65
Annual Remaining	Dental Care	\$25	\$65
Family			
Annual Amount	Dental Care	\$75	\$185
Annual Remaining	Dental Care	\$75	\$185
Maximum			
Individual			
Annual Amount	Dental Care	\$2,500	\$1,500
Annual Remaining	Dental Care	\$2,500	\$1,500

Frequency, History, Limitations

Service Type	Description	Frequency/Restriction	History	Limitations
Diagnostic				
D0120	Routine dental exam to examine overall oral health and check for any necessary treatment needed	None	None	None
D0140	Problem focused dental exam for a specific issue	None	None	None
D0145	Dental exam for a child under 3 years old	None	None	None
D0150	A thorough oral examination of the patient's dental history.	None	None	None

By Patient - All Dates - All Types

Viewing Changes from Patient Forms in Health History

If your patients make changes online to their medical conditions, allergies, medications, or contacts in Patient Forms, those changes are now reflected in Health History. These changes are marked by a purple badge to the right of the section header and a purple dot next to the updated item.

Note: The purple badges and dots signifying that changes were made appear for 10 days after a form was updated or until the patient's next appointment is set complete.

To view changes made in Patient Forms in Health History

1. In any module except the Office Journal and eDex, click **File**, point to **Switch To**, and then click **Health History**.

The Health History window and any changes made online in Patient Forms appear.

Medical Conditions **CONDITIONS TO REVIEW**

Description	Status	Reported Date	Inactivated Date	Pop-up	Critical	Note
Type II Diabetes	Active	4/10/2024		Yes	-	
Cancer	Active	4/10/2024		Yes	Yes	
Heart Disease	Active	4/1/2024		Yes	-	
Macular Degeneration	Active	4/1/2024		Yes	-	
Gum Disease	Active	4/1/2024		Yes	-	
Covid 19	Active	4/1/2024		Yes	-	

Allergies **ALLERGIES TO REVIEW**

Description	Status	Reported Date	Inactivated Date	Pop-up	Critical	Note
Flouride	Active	4/10/2024		Yes	-	
Peanuts	Active	4/10/2024		Yes	-	
Poultry	Active	4/1/2024		Yes	-	
Lemonade	Active	4/1/2024		Yes	-	
Aspirin	Active	4/1/2024		Yes	-	
Children	Active	4/1/2024		Yes	-	

Patient Reported Medications **MEDICATIONS TO REVIEW**

Description	Status	Reported Date	Inactivated Date	Pop-up	Critical	Note
Aspirin	Active	4/10/2024		Yes	-	
Zoloft	Active	4/1/2024		Yes	-	
Tylenol	Active	4/1/2024		Yes	-	
Advil	Active	4/1/2024		Yes	-	
Methadone	Active	4/1/2024		Yes	-	
Insulin	Active	4/1/2024		Yes	-	

Prescriptions

Description	Provider	Prescribe Date	NS	eRx

Contacts **CHANGES TO REVIEW**

- Emergency Contact: Name, Relationship, Phone
- Physician Contact: Name, Specialty, Phone
- Preferred Pharmacy: Name, Fax, Phone, Location

Health History Questionnaire Forms

Form Name	Response Date

Contacting Customer Support Using Dentrix Chat

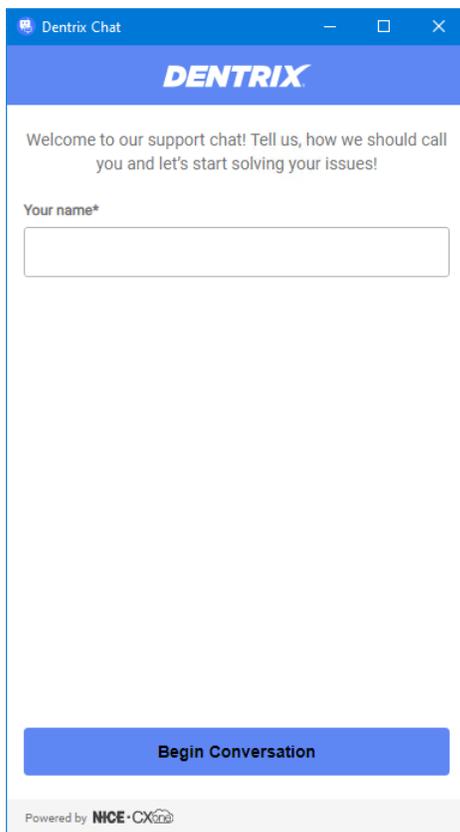
If you have an active Customer Service Plan, and as an alternative to placing a call to Dentrix Customer Support, you can use Dentrix Chat to begin a chat session with a Customer Support Representative. Dentrix Chat is available from inside Dentrix or through the Dentrix website.

To contact Customer Support using Dentrix Chat

1. Do one of the following:

- From any Dentrix module, click the Dentrix Chat icon .
- Open your browser to the Dentrix website, navigate to the Contact Support page, and then click the Click to Chat icon or the Contact icon in the lower-right corner of the webpage.

The **Dentrix Chat** dialog box appears.



Dentrix Chat

DENTRIX

Welcome to our support chat! Tell us, how we should call you and let's start solving your issues!

Your name*

Begin Conversation

Powered by **NICE-CX**

2. Type the name you want to be referred to by, and then click **Begin Conversation**.
Once the Customer Support Representative verifies your account, type your question or issue.

Performing Searches Using the Select Patient Dialog Box

The **Select Patient** dialog box was modified to open faster. The Social Security number and Chart number search options were removed from the Search By and Advanced Search tabs. Also, these options no longer appear as columns in the list of patients.

To perform a search using the Search By tab

1. In any Dentrix module that requires you to select a patient, click the File menu, and then click Select Patient.

The **Select Patient** dialog box appears.

Select Patient

Search By Appointments Advanced Search

Show On Screen Keyboard 

Last Name (Last, First)
 Preferred Name
 First Name (First, Last)
 Phone

Enter Last Name (Last, First):

Include Archived Patients

HoH	Last Name	First Name	MI	Preferred Name	Phone	Birthday	Status
*	Smiley	Jammie			(775)555-1812 (M)	7/2/1961	Patient
▶	Smith	Michael				6/30/1974	Patient
*	Smith	Nicole	G		(406)555-0001 (M)	1/20/1970	Patient
*	Smith	Olivia			(702)555-0001 (M)	9/4/1976	Patient
*	Smith	Lucas			(775)555-5010 (M)	6/10/1988	Patient
*	Smith	Mary	M		(305)555-2466 (M)	10/20/1968	Patient
*	Smith	Mason			(775)555-5030 (W)	1/18/1988	Patient
*	Smothers	Jaden			(702)555-4756 (M)	6/6/1990	Patient
*	Sneed	Alyssa			(725)555-2027 (M)	6/4/1972	Patient
*	Snell	Zane			(775)555-6633 (M)	3/6/1988	Patient
*	Snell	Terry			(702)555-1624 (M)	4/12/1947	Patient
*	Snider	Tanya			(725)555-1088 (M)	8/7/1989	Patient
*	Snook	Esme			(725)555-4925 (M)	6/7/1965	Patient
*	Snow	Alexia			(725)555-0734 (M)	10/1/1958	Patient
*	Snyder	Theo			(725)555-5174 (M)	2/1/1933	Patient
*	Snyder	Lorraine	T		(305)555-4849 (M)	11/30/1994	Patient
*	Snyder	Callie			(775)555-0165 (M)	5/11/2001	Patient

Previously Selected Patients

HoH	Last Name	First Name	MI	Preferred Name	Phone	Birthday	Status

- Select one of the following options:
 - Last Name** – Search by the patients last name.
 - First Name** – Search by the patient’s first name.
 - Preferred Name** – Search by the patient’s preferred name.
 - Phone** – Search by the patient’s phone number.
- Type the patient’s name or number in the **Search** box.
As you type, possible matches appear in the table below.

To perform an advanced search

- Click the **Advanced Search** tab.
The **Advanced Search** options appear.

Select Patient

Search By Appointments Advanced Search

Show On Screen Keyboard 

Last Name: Birthday:

First Name: Phone:

Preferred Name: (Mobile, Work, Other, Fax)

Status: Patient
 Non-Patient
 Inactive
 Archived

HoH	Last Name	First Name	MI	Preferred Name	Phone	Birthday	Status
*	Smith	Lucas			(775)555-5010 [M]	6/10/1998	Patient
*	Smith	Nicole	G		(406)555-0001 [M]	1/20/1970	Patient
*	Smith	Mary	M		(305)555-2466 [M]	10/20/1968	Patient
*	Smith	Michael				6/30/1974	Patient
*	Smith	Olivia			(702)555-0001 [M]	9/4/1976	Patient
*	Smith	Mason			(775)555-5030 [W]	1/18/1988	Patient

Previously Selected Patients

HoH	Last Name	First Name	MI	Preferred Name	Phone	Birthday	Status

2. Type the first few letters or numbers of the patient's name, birthdate, or phone number in the corresponding text boxes.

As you type, the possible matches appear in the table below.

Dentrix 24.11

Overview and New Features

This Dentrix 24.11 Release Guide provides information about the Dentrix 24.11 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.11.

Note: For information about using the new features in Dentrix 24.11, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.11?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.11 includes the following enhancements:

BUG FIXES

- Resolved an aging display issue for accounts with specific circumstances of having a zero balance and insurance claims in history.
- Corrected a discrepancy in rounding between locations where the Scheduled Production Amounts were displayed in the Appointment Book.
- When the office does not have Dentrix Pay, the **Send Payment Request by Text** option will no longer be available for selection.
- When you use the **Write to File** option in the Audit Trail Report settings, the Print Preview will now automatically close after generating the file.
- Added an additional fail-safe check during installs and upgrades to run logic that verifies the database version.
- Resolved an error where selecting the **Available Diagnostic Codes** menu option would cause the Office Manager to shut down unexpectedly.
- Modified the order of installation operations so that a serial number is recorded before the Dentrix Client Service restarts.
- Corrected an error found under specific circumstances where merged family balances were displayed incorrectly.
- Corrected a specific set of circumstances where the Last Payment Date and Last Payment Amount information were incorrectly cleared after running the Close Transactions month end task.

Dentrix 24.10

Overview and New Features

This Dentrix 24.10 Release Guide provides information about the Dentrix 24.10 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.10.

Note: For information about using the new features in Dentrix 24.10, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.10?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.10 includes the following enhancements:

MISCELLANEOUS

- The **Practice Definitions** dialog box was modified from displaying seven rows of definition types to displaying 18 rows. For more information, please refer to “[Customizing practice definitions](#)” in the Dentrix Help.
- The **Insurance Information** dialog box was modified so that when you click the **Subscriber** additional information icon, the selected subscriber in the **Subscriber** list is selected by default in the **Select Primary Subscriber (Insured Party)** dialog box.
- The **Insurance Information** dialog box was modified so that you cannot change the selected insurance carrier by typing a name in the **Carrier** field. You must select a new carrier from the **Select Primary Dental Insurance Plan** or **Select Secondary Dental Insurance Plan** dialog boxes.
- The **Insurance Information** dialog box was modified so that when you select the **New Insurance Plan** option in the **Subscriber** list, the **Subscriber ID #** field is cleared. For more information, please refer to “[Assigning insurance to subscribers](#)” in the Dentrix Help.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

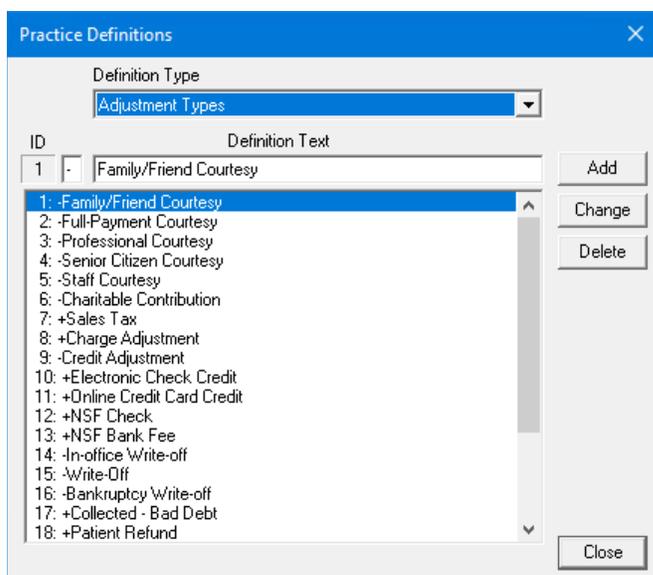
Viewing Definition Types

Practice definitions are user-definable entries that allow you to customize Dentrix for the needs of your practice. Practice definitions include billing types, adjustment types, payment types, appointment types, alert notes, and so on. The **Practice Definitions** dialog box was modified from displaying seven rows of definition types to displaying 18 rows.

To view definition types

1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Definitions**.

The **Practice Definitions** dialog box appears.



Viewing the Changes to the Insurance Information Dialog Box

The **Insurance Information** dialog box was modified in the following ways:

- When you click the **Subscriber** additional information icon, the selected subscriber in the **Subscriber** list is selected by default in the **Select Primary Subscriber (Insured Party)** dialog box.
- You can no longer change the selected insurance carrier by typing a name in the **Carrier** field. You must select a new carrier from the **Select Primary Dental Insurance Plan** or **Select Secondary Dental Insurance Plan** dialog boxes.
- When you select the **New Insurance Plan** option in the **Subscriber** list, the **Subscriber ID #** field is cleared.

THE SUBSCRIBER ADDITIONAL INFORMATION ICON

1. In the Family File, double-click the **Insurance Information** block.

Dentrix Family File - Davis, Karen [DA0003]

File Edit Help Dennis S

Name: Ms. Davis, Karen
Address: 1768 Northanger
 Cisco, UT 84515
Phone: M (801)555-1781
Status: Active, F, Single, Guar, Ins, H-of-H

Consent: 03/06/2017
First Visit: 03/06/2017
Last Visit: 04/24/2024
Missed Appt: 10/04/2022, 3

Chart #: DA0003
SS#: 000-00-0007
DL#:
Birthdate: 01/15/1984, 40
Provider: DDS1
Fee Sched: <Prov Default>

E-Mail:

Health History **Employer:** Noble Finance

Cont. Care: 10/19/22 **PROPHY**
 04/25/25 BITEWINGS

Primary Dental Insurance
Company: Equicor Cigna
Group Plan: Noble
Group #: 18550
Fee Sched: **Eligible:**
Coverage: 3500.00 **Used:** 620.00
Ded. S/P/O: 25/0/0 **Met:** 0/0/0
Other Max: New* (1500.00)

Patient Notes [View](#)

Referred By: Mr. Little, Dean (Patient) 03/06/2017

Referred To:

0-->30	31-->60	61-->90	91-->	Balance
2624.74	0.00	0.00	0.00	2624.74

Monthly Payment: 50.00 **Amt Past Due:** 338.87
Bill Type: 1 **Last Payment:** 50.00 02/09/2021

Status	Name	Position	Gender	Patient	Birthdate
HoH Guar Ins	Davis, Karen	Single	Female	Yes	01/15/1984
	Davis, Mark	Child	Male	Yes	07/10/2005
	Davis, Kelly	Child	Female	Yes	01/30/2007
Ins	Davis, Harmon	Other	Male	No	12/05/1977

The Insurance Information dialog box appears.

Insurance Information

Dental Insurance | Medical Insurance

Primary Insurance

Subscriber: Davis, Karen

Carrier: Equicor Cigna >>

Subscriber ID #: 000-00-0007

Signature on File

Release of Information
 Assignment of Benefits

Relation to Subscriber

Self Spouse Child Other

Insurance Data **Benefits/Coverage**

Clear Primary

Secondary Insurance

Subscriber:

Carrier: >>

Subscriber ID #:

Signature on File

Release of Information
 Assignment of Benefits

Relation to Subscriber

Self Spouse Child Other

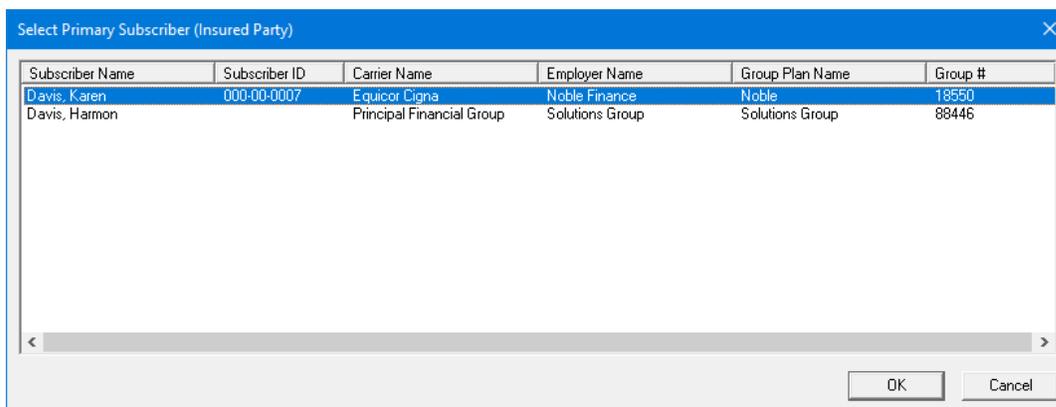
Insurance Data **Benefits/Coverage**

Clear Secondary

Insurance Claim Information... **OK** **Cancel**

2. Click the **Subscriber** additional information icon.

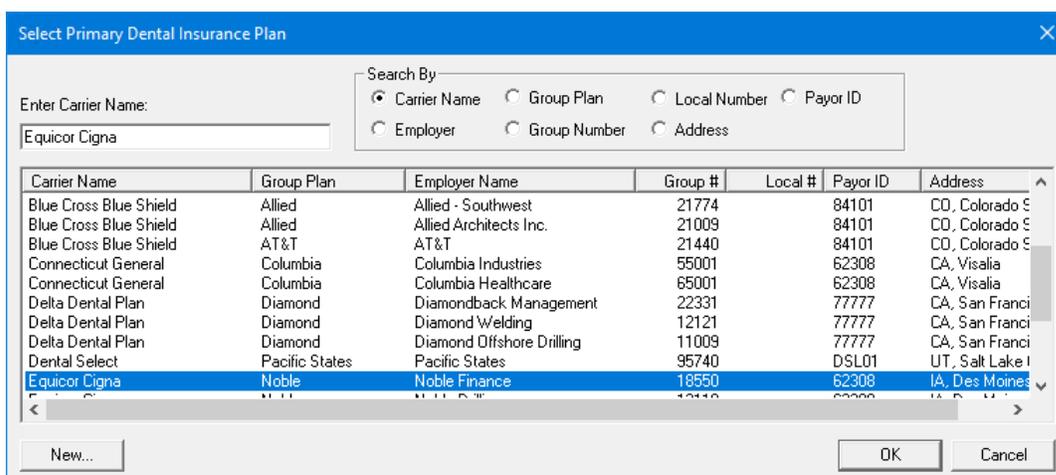
The **Select Primary Subscriber (Insured Party)** dialog box appears with the subscriber's name selected.



SELECTING A NEW CARRIER

- To select a new primary carrier, in the **Insurance Information** dialog box, click the **Carrier** search button.

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



- Do one of the following, and then click **OK**:
 - Under **Enter Carrier Name**, type the first few letters of the carrier's name. From the list, click the name of the carrier most closely resembling the name you type.

Note: The list may contain several plans associated with a single carrier, be sure to select the patient's specific plan.

- Navigate the list using the scroll bar, and then click the desired carrier.

SUBSCRIBER ID

- To select a new insurance plan, in the **Insurance Information** dialog box, click the **Subscriber** down arrow, and then click *Subscriber Name/New Insurance Plan*.

The screenshot shows the 'Insurance Information' dialog box with the 'Medical Insurance' tab selected. The 'Primary Insurance' section has a 'Subscriber:' dropdown menu open, displaying a list of insurance plans. The top option is 'Davis, Karen / New Insurance Plan', which is highlighted. Below it are 'Davis, Karen / Equicor Cigna / 000-00-0007' and 'Davis, Harmon / Principal Financial Group /'. The 'Secondary Insurance' section is currently empty. Both sections have checkboxes for 'Release of Information' and 'Assignment of Benefits', and radio buttons for 'Relation to Subscriber' (Self, Spouse, Child, Other). Buttons for 'Insurance Data' and 'Benefits/Coverage' are present for both. At the bottom, there are 'Clear Primary' and 'Clear Secondary' buttons, an 'Insurance Claim Information...' link, and 'OK' and 'Cancel' buttons.

The subscriber's previous plan and **Subscriber ID #** are cleared from the **Insurance Information** dialog box.

This screenshot shows the 'Insurance Information' dialog box after a new carrier has been selected. The 'Primary Insurance' section now has a 'Carrier:' dropdown menu open, showing a list of carriers. The 'Subscriber ID #' field is now empty. The 'Secondary Insurance' section remains empty. The 'Release of Information' and 'Assignment of Benefits' checkboxes, and the 'Relation to Subscriber' radio buttons, are the same as in the previous screenshot. The 'Insurance Data' and 'Benefits/Coverage' buttons are also present. The 'Clear Primary' and 'Clear Secondary' buttons, the 'Insurance Claim Information...' link, and the 'OK' and 'Cancel' buttons are at the bottom.

2. Select a new carrier for the selected patient.

The new carrier's name and subscriber ID appear in the **Insurance Information** dialog box.

Dentrix 24.9

Overview and New Features

This Dentrix 24.9 Release Guide provides information about the Dentrix 24.9 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.9.

Note: For information about using the new features in Dentrix 24.9, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.9?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.9 includes the following enhancements:

MISCELLANEOUS

- If you have enabled passwords, you can now choose how you want to display the logged in user’s name in the menu bar. First name and last initial is the default setting. Other options include: full name, initials only, or user ID.
- The wording of the notification that was added to the **Practice Setup** menu in Dentrix 24.8 was changed to read: Changes may not reflect until reopening Dentrix.
- In the Appointment Book, two dialog boxes that were used to set up or edit views had the same name (Select View). To avoid confusion, the name of one of the dialog boxes was changed to **Setup View**. Please refer to “Setting up views” in the Dentrix Help.
- Dentrix Imaging Center now features image stacking—a collection of images grouped together by tooth number in the same exam. For more information, please refer to “Navigating image stacks” in the Dentrix Help.
- Dentrix Detect AI now includes FDA approved detections of the following:
For more information, please refer to “Viewing additional Dentrix Detect AI indications” in the Dentrix Help.
 - Caries on all primary and secondary teeth of patients three years and older.
 - Periodontal radiolucency (PRL) for patients 22 years and older to more effectively identify bone demineralization due to infections around root apices, cysts, and other causes. PRL is indicated by a red circle or oval.
 - Interproximal calculus to educate your patients 12 years and older on the importance of scaling and root planing. Combined with measuring interproximal radiographic bone levels, Dentrix Detect AI illustrates disease prognosis for the patient and clinician. Interproximal calculus is indicated by an orange circle or oval.
 - Restoration imperfections in patients 22 years and older, such as identifying imperfect crown and filling margins and voids. A restoration imperfection is indicated by a yellow rectangle.
- QuickBill Premium Website Payments is now available, which allows your patients to make payments through your practice’s website. For more information, please refer to “Enabling QuickBill Premium Website Payments” in the Dentrix Help.

Using the New Features and Enhancements

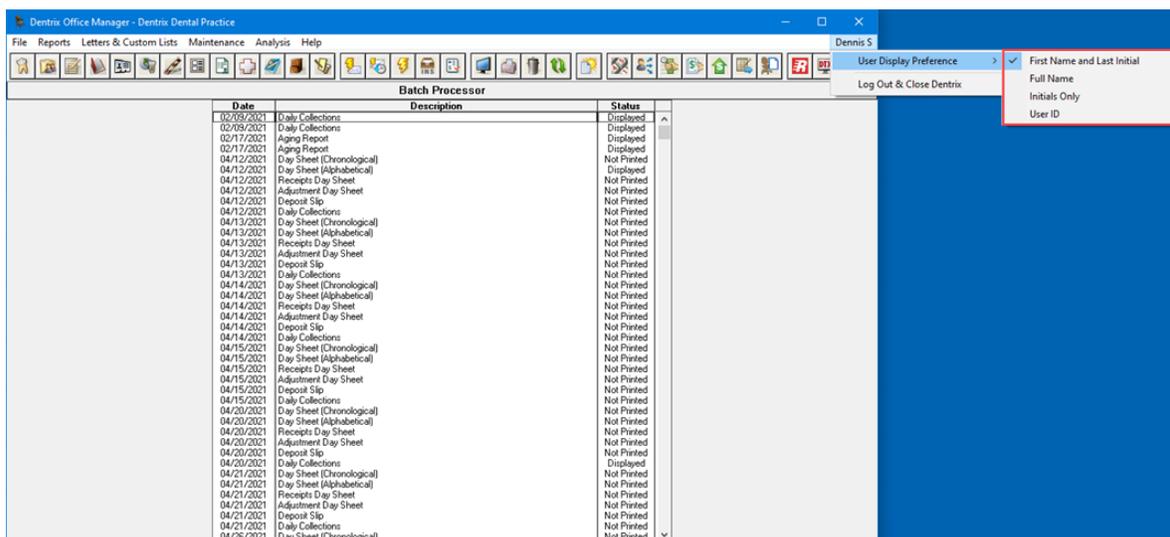
The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Setting Username Preferences in the Menu Bar

If you have enabled passwords, the logged in user's name appears in an open module's menu bar. You can choose how you want to display the user's name.

To set username preferences in the menu bar

1. In any open Dentrix module, click the logged in user's name. point to **User Display Preference**, and then click one of the following options:
 - First Name and Last Initial
 - Full Name
 - Initials Only
 - User ID



Viewing New Dentrix Detect AI Indications

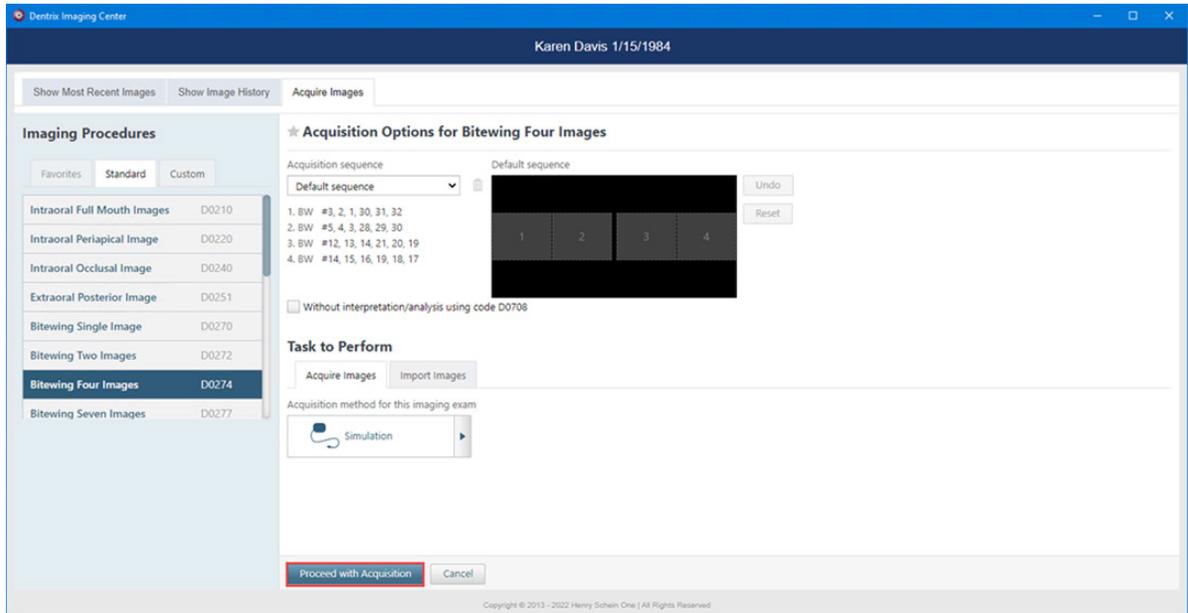
Dentrix Detect AI helps you with the following FDA approved features:

- Measuring interproximal Radiographic Bone Levels in bitewings and Periapical Radiographs (PAs) for patients who are at least 12 years old. Bone level detection is only possible with mesial and distal surfaces. RBL measurements appear as green, yellow, orange, or red dotted lines.
- Detecting caries on all primary and secondary teeth of patients three years and older.
- Detecting periodontal radiolucency (PRL) for patients 22 years and older to more effectively identify bone demineralization due to infections around root apices, cysts, and other causes. PRL is indicated by a red circle or oval.
- Detecting interproximal calculus to educate your patients 12 years and older on the importance of scaling and root planing. Combined with measuring interproximal radiographic bone levels, Dentrix Detect AI illustrates disease prognosis for the patient and clinician. Interproximal calculus is indicated by an orange circle or oval.

- Detecting restoration imperfections in patients 22 years and older by identifying imperfect crown and filling margins and voids. A restoration imperfection is indicated by a yellow rectangle.

To view the new Dentrix Detect AI indications

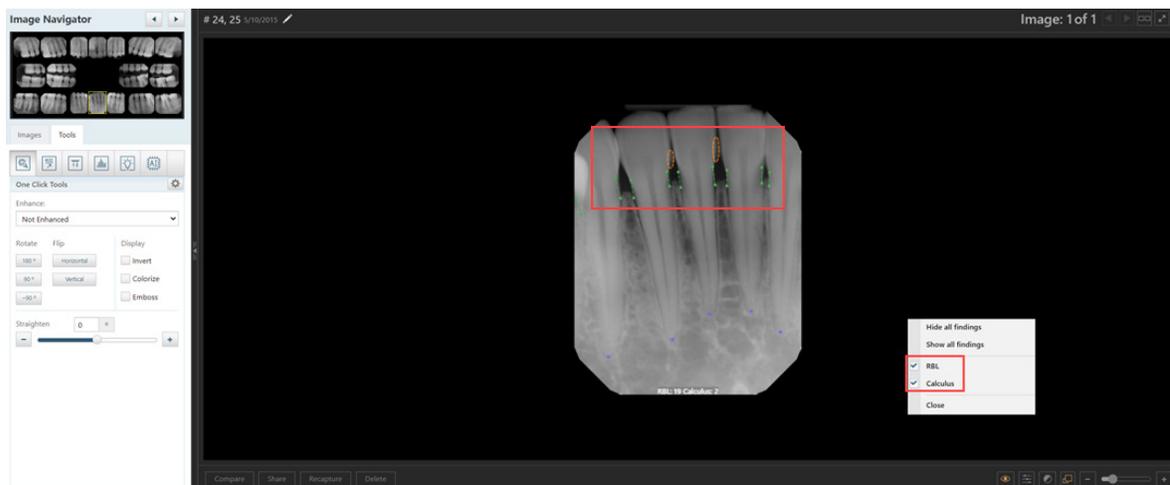
1. In the Patient Chart, click the Launch Dentrix Imaging toolbar button.
The Dentrix Imaging Center window appears.
2. Click the **Acquire Images** tab.



3. Under **Imaging Procedures**, click the **Standard** tab, and then select the imaging procedure you want to perform.
4. Click **Proceed with Acquisition**.

Dentrix Imaging Center acquires the selected images, submits them to VideaHealth, and displays them in **Show Image History** automatically.

RBL and Calculus



Caries, RBL, PRL, and Restoration Imperfections

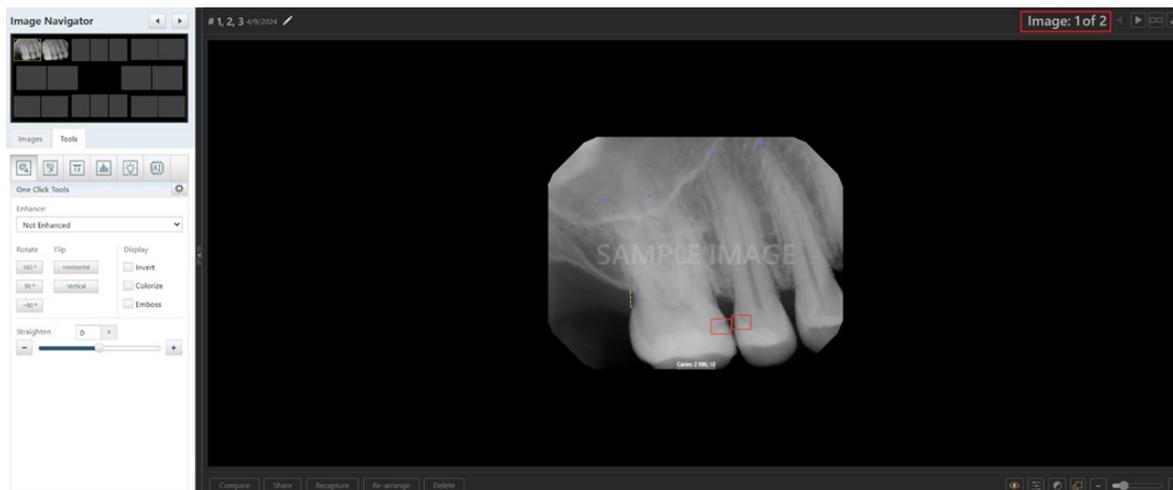


Navigating Image Stacks

An “image stack” refers to a collection of images that are grouped together by tooth number in the same exam. This grouping facilitates a layered display within the imaging software, allowing users to navigate through the images by interacting with UI controls. The arrangement of the stack ensures that the most recently captured image is typically displayed at the top, but you can easily access earlier images by using the arrow buttons to navigate through the images. This allows you to closely compare subtle changes and details within the same area across different images taken in the same exam.

To navigate an image stack

1. Click the Previous or Next buttons (to the right of the image count) to navigate the images. The number of images in the stack appear in the upper-right corner of the image.



Enabling QuickBill Premium Website Payments

The QuickBill Premium Website Payments feature allows your patients to make payments through your website. To enable QuickBill Premium Website Payments, you must subscribe to QuickBill Premium and establish a Worldpay Merchant ID.

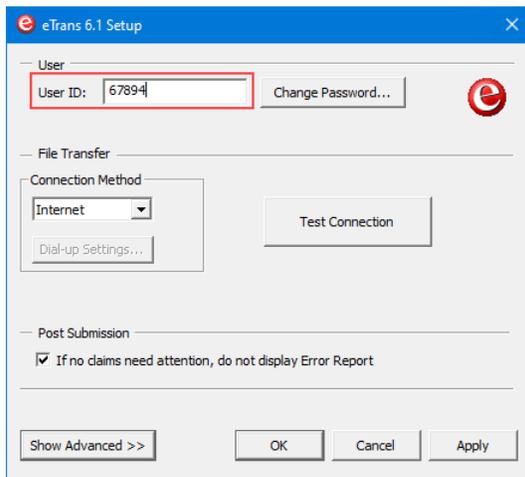
To enable QuickBill Premium Website Payments

1. Contact your web designer to add a payment button to your website that is linked to the following URL: `https://www.paymydentist.net/patientpay/[Customer ID]?dataservicesid=[eTrans ID]`. For example, if your Customer ID was 67882 and your eTrans ID was 67894, the URL would be `https://www.paymydentist.net/patientpay/67882?dataservicesid=67894`.

Important: The Customer ID and eTrans ID identify your specific practice. See steps 2 and 3 for instructions on where to find these IDs.

2. To find your Customer ID, in any Dentrix module, click **Help**, and then click **About Dentrix**. The **About Dentrix** dialog box appears. Your **Customer ID** appears to the left of your **Serial Number**.
3. To find your eTrans ID, in the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Electronic Claims Setup**.

The **eTrans Setup** dialog box appears, and the eTrans ID appears in the **User ID** box.



When a patient clicks the payment button on your website, a screen similar to the following appears.

Richard [REDACTED]
 [REDACTED] South Main St
 [REDACTED] NH
 (603) [REDACTED]

Patient Details
 Enter the patient's information below to ensure this payment is applied to the proper account.

Last Name

Date of Birth

Cardholder Details

Zip Code

Phone Number

Payment Amount

[Make Payment](#)

(R) Product of QuickBill Premium

4. Click **Make Payment**.

QuickBill Premium performs a series of validation checks, and the following screen appears.

Richard [REDACTED]
 [REDACTED] Main St
 [REDACTED] NH
 (603) [REDACTED]

You are now in secure location to complete your transaction.

Patient Last Name [REDACTED]
 Payment Amount \$50.00
 Zip Code 11111

Card Information * Denotes a required field

* Card Number:

Expiration:

* CVV:

Transaction Information

Amount: \$50.00

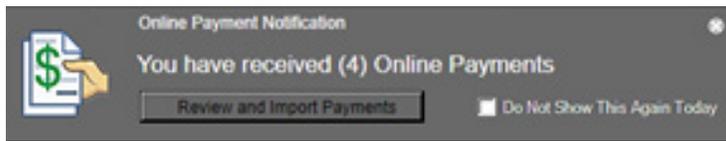
[Make Payment](#) [Cancel Transaction](#)

[Cancel](#)

(R) Product of QuickBill Premium

5. To complete the transaction, the patient enters the required information, and then clicks **Make Payment**.

At your practice, the Online Payment Notification screen appears when a website payment is made.



- Click Review and Import Payments.

The Import Online Payments dialog box appears.

Import Online Payments ✕

Search

Name	Card Type	Amount	Source	Status	Date
Mr. Brent L Crosby	Visa	\$2,070.00	QuickBill	Not Imported	03/26/2022
Allen Perkins	Visa	\$250.00	QuickBill	Not Imported	03/26/2022
Mary Brown	AMEX	\$840.00	QuickBill	Imported	03/26/2022

Patient Information:

Patient Name: Crosby, Brent L
Address: 650 N 150 E
 P.O. Box 110
 Eastside, NV 11111
Phone: (555)111-1111
E-Mail: brentlcrosby@dentrix.com

Cardholder Information:

Cardholder: Mr. Brent L Crosby
Amount: \$2,070.00
Date: 3/26/2022 6:11 PM
Card Type: Visa
Card Number: *****1111
Source: QuickBill

<
Post Selected
Remove Selected
>

Close

- To post an online payment to the corresponding account's Ledger, select it, and then click **Post Selected**.

Dentrix 24.8

Overview and New Features

This Dentrix 24.8 Release Guide provides information about the Dentrix 24.8 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.8.

Note: For information about using the new features in Dentrix 24.8, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.8?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.8 includes the following enhancements:

MISCELLANEOUS

- If you have enabled passwords, you can now log out of and close all open Dentrix modules at the same time instead of having to close each module separately.
- A notification was added to the **Practice Setup** menu warning that you may need to restart or refresh a Dentrix module before the changes you’ve made to settings appear.
- User permission templates were added to the **Setup User Permissions** dialog box to make setting up permissions faster and easier. In total, there are 5 templates:
 - Admin Template
 - Clinical Template
 - Doctor Template
 - Owner/Manager Template
 - Temp/Clinical Template
- The **Select Patient** dialog box has been updated so that it opens more quickly.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Logging Out of Dentrix and Closing All Open Modules

If you have enabled passwords, you can now log out of and close all of the Dentrix modules you have open at the same time instead of having to close each module separately.

To log out of Dentrix and close all open modules

1. In any open Dentrix module, click the logged in user's name, and then click Log Out & Close Dentrix.

The screenshot shows the Dentrix Ledger application window. The main window displays a patient record for Karen Davis. In the top right corner, the user name 'Dennis Smith' is visible. A red box highlights this name, and a dropdown menu is open, showing the option 'Log Out & Close Dentrix'. The patient record includes details such as Name, Address, Phone, Status, Health History, Primary Dental Insurance, and a table of payments and balances.

0-30	31-60	61-90	91-120	Balance
2524.74	0.00	0.00	0.00	2524.74

Status	Name	Position	Gender	Patient	Birthdate
HoH Guar Ins	Davis, Karen	Single	Female	Yes	01/15/1984
	Davis, Mark	Child	Male	Yes	07/10/2005
	Davis, Kelly	Child	Female	Yes	01/20/2007
Ins	Davis, Harmon	Other	Male	No	12/05/1977

2. If unsaved work must be addressed before some Dentrix modules can be closed, Dentrix prompts you to take care of your unsaved work.

Note: The text of the notification dialog box will differ depending on what issue must be addressed.

The screenshot shows a dialog box titled 'Appointment Book'. The message inside reads: 'One or more appointments scheduled for a day prior to today's date are on the Pinboard.' There are two radio button options: the first is selected and reads 'Keep these scheduled appointments on the Pinboard.', and the second is unselected and reads 'Remove these scheduled appointments from the Pinboard (they will remain scheduled on the Appointment Book.)'. At the bottom of the dialog box are 'OK' and 'Cancel' buttons.

3. If necessary, select the appropriate option, and then click OK. All open Dentrix modules close.

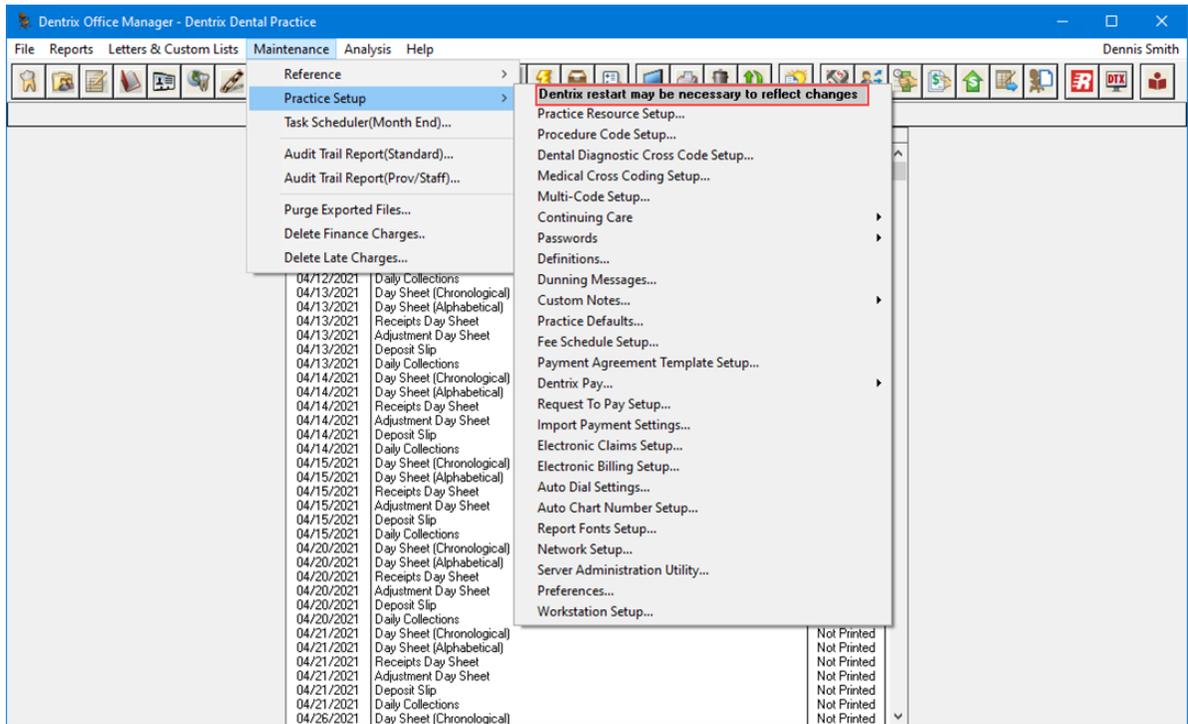
Practice Setup Menu Notification

A notification was added to the **Practice Setup** menu warning that you may need to restart or refresh a Dentrix module before the changes you've made to settings appear.

To view the **Practice Setup** menu notification

1. In the Office Manager, click **Maintenance**, and then point to **Practice Setup**.

The **Practice Setup** menu appears.



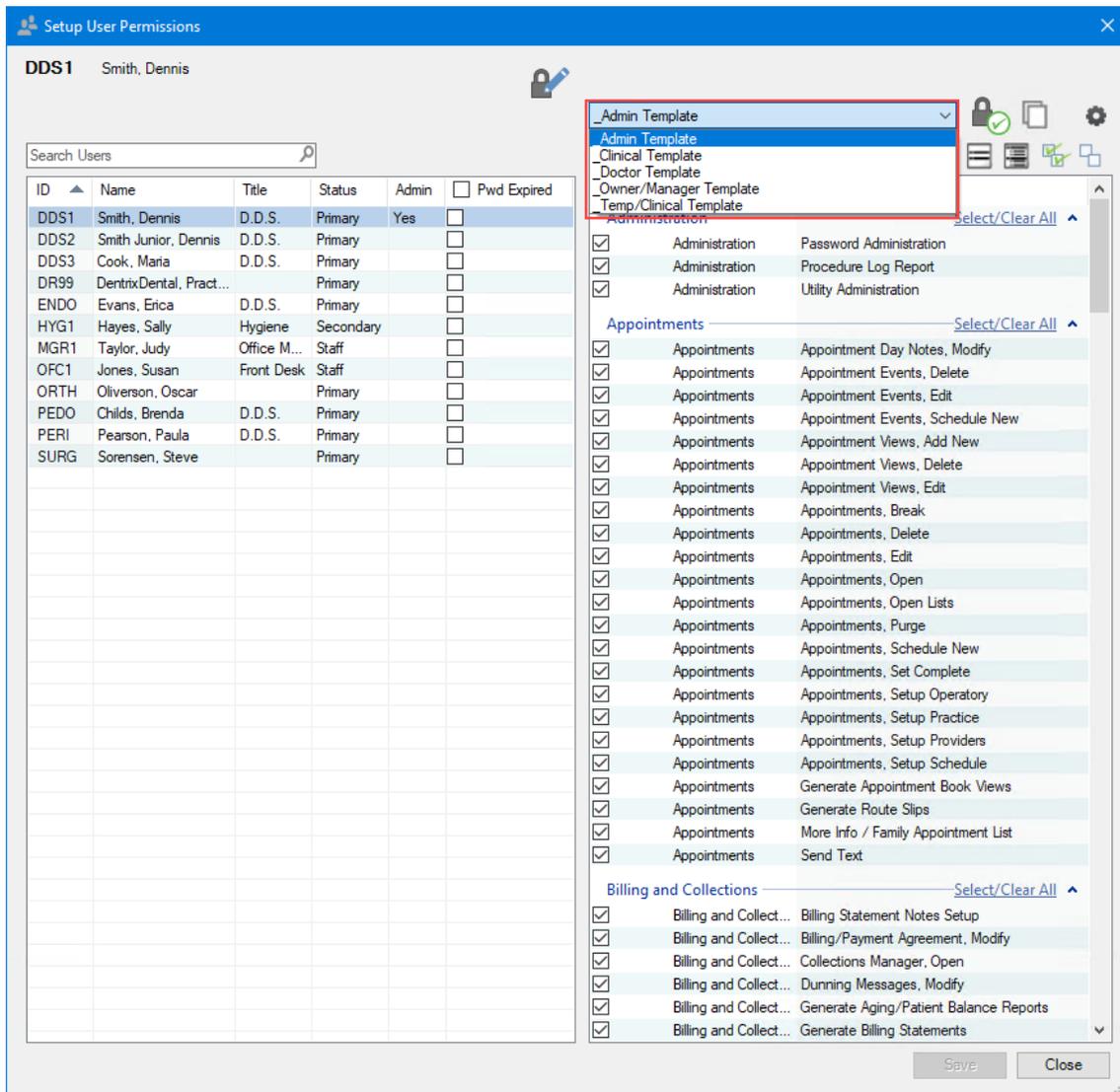
Setting Up Permissions Using Templates

Role-based permissions templates were added to the **Setup User Permissions** dialog box to speed up and simplify setting up permissions.

To set permissions using a template

1. In the Office Manager, click **Maintenance**, point to **Practice Setup > Passwords**, and then click **User Passwords Setup**.

The **Setup User Permissions** dialog box appears.



2. Select the user you want to grant permissions to.
3. Select the appropriate user permission template, and then click the Apply Permissions Template to User icon . The permissions associated with the template you selected are selected automatically.
4. Click **Save**.

Dentrix 24.7

Overview and New Features

This Dentrix 24.7 Release Guide provides information about the Dentrix 24.7 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.7.

Note: For information about using the new features in Dentrix 24.7, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.7?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.7 includes the following enhancements:

MISCELLANEOUS

In previous versions of Dentrix, you could only create a new patient file if you scheduled a new patient appointment, the patient kept the appointment, and you then set the appointment complete. You can now schedule a new patient appointment and create the new patient at the same time.

- When you create a new patient, a follow-up Continuing Care appointment is now scheduled automatically.
- The First Visit Date updates automatically when you set a new patient appointment complete.
- The Reports and Tasks Scheduler window now includes an automated task for archiving the broken appointment records of new patients.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Adding New Family Members to a Family

To make scheduling new patient appointments and gathering the relevant patient and insurance information easier, Henry Schein One has improved how you create new patients, add new family members to a family, schedule Continuing Care appointments, update First Visit dates, and archive new patient broken appointments.

To add a new family member to a family

1. In the Appointment Book, double-click an open schedule space.

The **Select Patient** dialog box appears.

Select Patient

Search By: **Appointments** | Advanced Search

Show On Screen Keyboard

Last Name (Last, First) Home Phone
 First Name (First, Last) Chart #
 Preferred Name SS #

Enter Last Name (Last, First):

HoH	Last Name	First Name	MI	Preferred Name	Phone	Chart #	SSN	Birthdate	Status	Provide
*	Farrer	Lisa			(801)555-02...	FA0001		10/28/1980	Patient	ENDO
▶	Frazier	John				FR0002		11/15/1989	Patient	DDS1
	Frazier	Mia				FR0003		10/9/1992	Patient	DDS1
	Frazier	Michael				FR0004		9/14/2009	Patient	DDS1
	Gleason	Alice			(801)555-85...	GL0001	000-00-0008	8/10/1989	Patient	DDS1
*	Gleason	Gary	N		(801)555-85...	GL0002	000-00-0009	9/15/1986	Patient	DDS1
*	Hansen	Corey	L		(801)555-17...	HA0001	000-00-0010	10/17/1985	Patient	DDS1
*	Hayes	Sally				HA0002		9/20/1992	Patient	DDS1
*	Jenkins	David		Dave		JE0001		10/15/1987	Patient	DDS1
	Jenkins	Diane				JE0002		12/14/1989	Patient	DDS1
	Johnson	Adria			(801)555-89...	JO0002		5/4/2004	Patient	DDS1
*	Johnson	Rachelle			(801)555-89...	JO0001	000-00-0011	6/20/1980	Patient	DDS1

Previously Selected Patients

HoH	Last Name	First Name	MI	Preferred Name	Phone	Chart #	SSN	Birthdate	Status	Provide
*	Davis	Karen				DA0003	000-00-0007	1/15/1984	Patient	DDS1
*	Fallon	Matt				FA0003		7/14/1986	Patient	DDS2
*	Brooks	James				BR0005		3/24/1988	Patient	DDS1
*	Jenkins	David		Dave		JE0001		10/15/1987	Patient	DDS1
*	Brown	Marv		Ms. Brown	(801)555-45...	BR0001	000-00-0004	7/15/1991	Patient	DDS1

2. Click **Add Family Member**.

The **Patient Information** dialog box appears.

3. Provide the following mandatory Information:

- Under **Name**, type the patient's first name in the corresponding field.

Note: The default setting for the new family member's last name is the head-of-household's last name. If necessary, you can change the last name.

- Under **Personal** in the **Birthdate** field, type the patient's date of birth.

Notes:

- The new family member's status is set automatically to **Non-Patient**. When you set the appointment complete, the status updates automatically to **Patient**.
- The new family member's **First Visit** date is left blank. When you set the appointment complete, the **First Visit** date updates automatically.
- The new family member is automatically added to the head-of-household's family file.
- Under **Status**, the default settings are **Male** and **Single**. If necessary, you can change these settings.
- If you prefer not to require a new patient's birthdate, you can disable this requirement by clearing the option in the **Preferences** dialog box in the Office Manager.

The screenshot shows the 'Preferences' dialog box with the 'Database Options' tab selected. The 'Additional Options' section contains several checkboxes, with 'Require Date of Birth for new patients' highlighted by a red rectangular box. Other options include 'Require Referred By for new patients', 'Automatically Launch Select Patient', and 'Auto View Patient Note in Family File'. The 'Signature Device' is set to 'Pointing Device'.

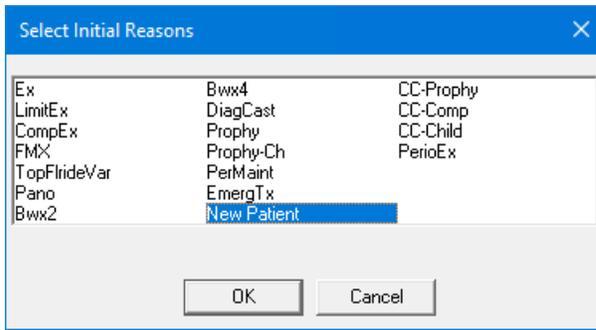
- To close the Patient Information dialog box, click OK.

The Appointment Information dialog box appears.

The screenshot shows the 'Appointment Information - (Frazier, Michael) <New Patient>' dialog box. The 'Reason' section has a list of buttons: 'Initial', 'Add Tx', and 'Misc.'. The 'Initial' button is highlighted with a red rectangular box. The 'Appointment Description' section includes fields for Amount (0.00), Status (<none>), Op (OP-1), Eligible, Schedule (FIXED), Date (04/11/2024), Staff, and Type (<none>). The 'Notes' section has an 'Insert Dateline' button. The right-hand side contains a 'Created' and 'Last Changed' section with various buttons like 'History...', 'More Info (Dial)', 'Patient Info', etc. At the bottom, there are several checkboxes for appointment-related actions.

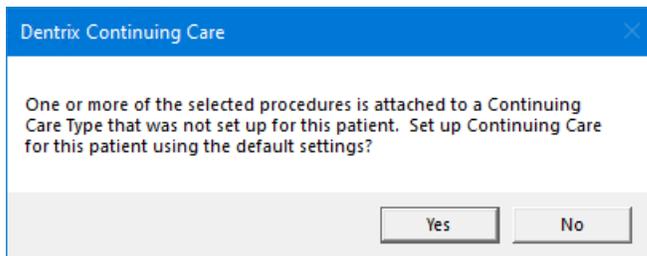
- Under Reason, click Initial.

The Select Initial Reasons dialog box appears.



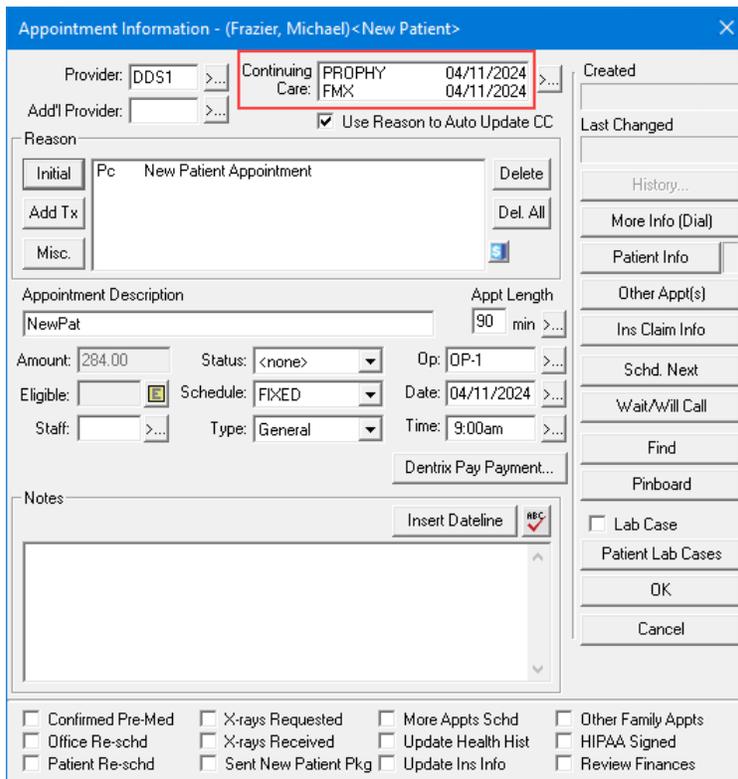
6. Select **New Patient**, and then click **OK**.

The following message appears.



7. Click **Yes** to set up continuing care for the patient using the default settings.

The Continuing Care procedures appear in the **Appointment Information** dialog box.



8. Click **OK**.

The appointment appears in the Appointment Book.

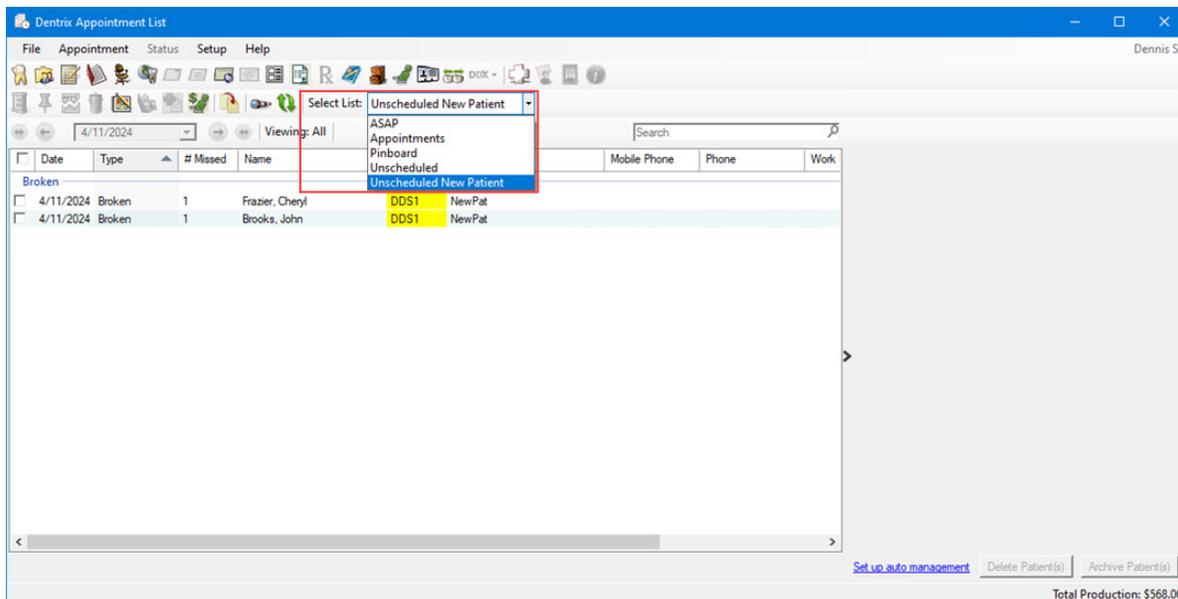
Managing New Patient Broken Appointments

A new option was added to the Appointment List window to help you manage broken appointments.

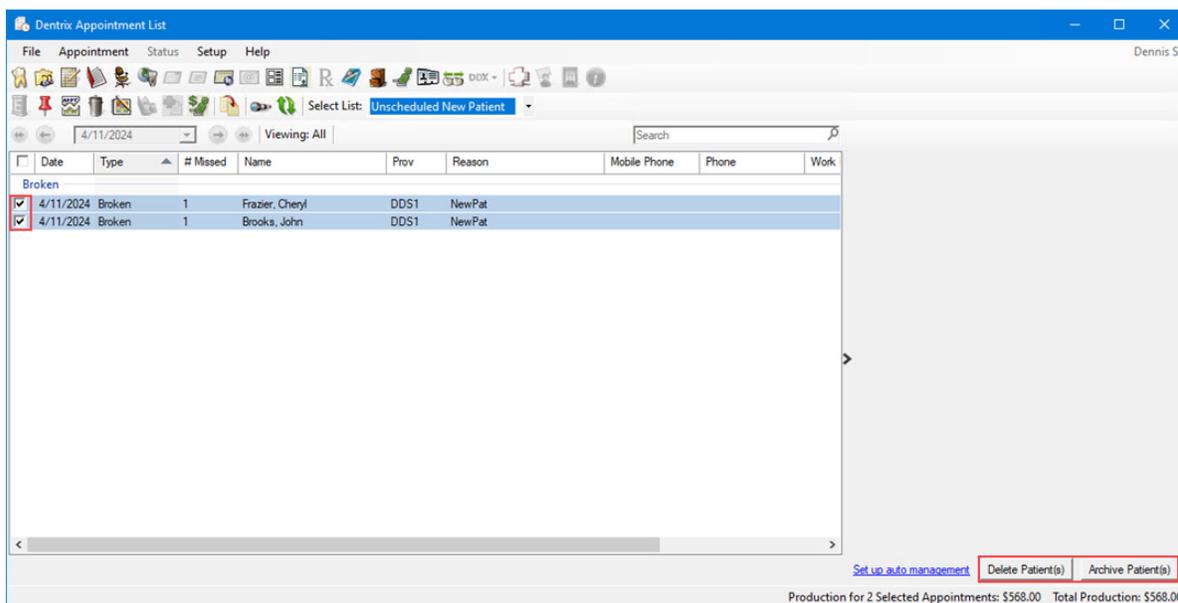
To manage new patient broken appointments

1. In the Appointment Book, click **Appt List**.

The Appointment List window appears.

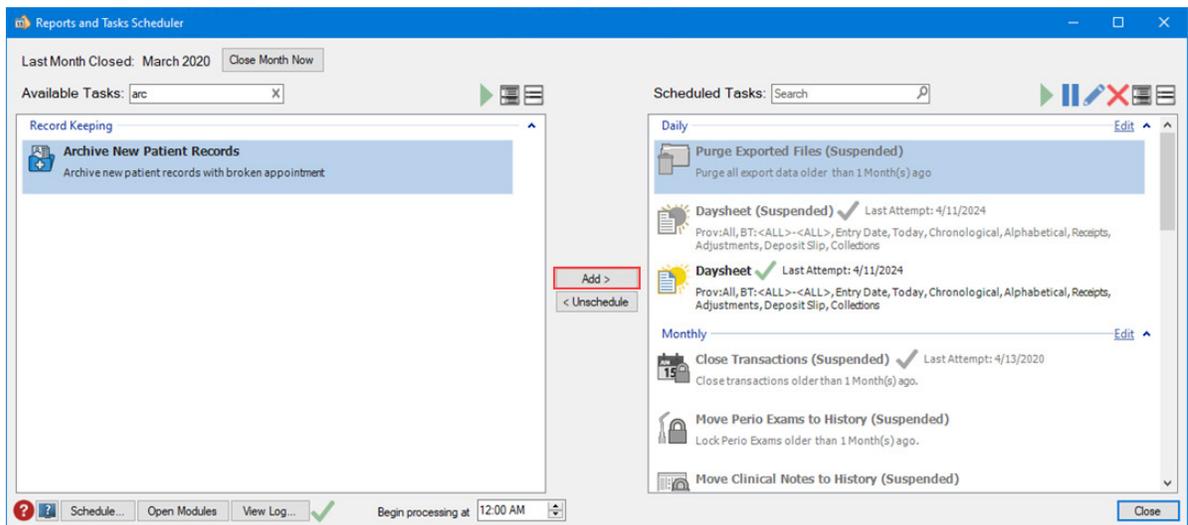


2. In **Select List**, select **Unscheduled New Patient**.
3. To delete or archive one or more broken appointments, select them, and then click **Delete Patient(s)** or **Archive Patient(s)**.



4. To set up a recurring task to archive broken appointments automatically, click **Set up auto management**.

The Reports and Tasks Scheduler window appears.



5. In the **Available Tasks** text box, search for and select **Archive New Patient Records**, and then click **Add**.

Dentrix 24.6

Overview and New Features

This Dentrix 24.6 Release Guide provides information about the Dentrix 24.6 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.6.

Note: For information about using the new features in Dentrix 24.6, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.6?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.6 includes the following enhancements:

MISCELLANEOUS

- The **Insurance Information** dialog box was improved so you can more easily assign insurance coverage to dependents outside of the family, and so you can assign insurance coverage from a dropdown list. Further improvements included:
 - Only the selected subscriber’s name appears in the **Subscriber** field.
 - You can no longer select the same insurance plan for both your primary and secondary insurance.
- The List Manager window now includes an **Edit** menu from which you can change the status or fee schedule of a selected patient or several selected patients.
- You can now use a new workstation installation tool to set up your workstations.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Assigning Dependent Insurance Coverage Outside the Family

In the Family File, you can now more easily assign insurance coverage to dependents who are outside the family.

To assign dependent insurance coverage outside the family

1. In the Family File, select the dependent you want to assign insurance to from outside the family.

Dentrix Family File - Smith, Michael [SM0001]

File Edit Help Dennis Smith

Name: Smith, Kim **Chart #:** SM0003
Address: **Consent:** 03/04/2024 **SS#:**
Phone: **First Visit:** 03/04/2024 **DL#:**
Status: Active, F, Child **Last Visit:** **Birthdate:** 11/14/2014, 9
E-Mail: **Missed Appt:** **Provider:** SURG
Fee Sched: <Prov Default>

Health History **Employer** **Cont. Care**

Primary Dental Insurance [View Med](#) **Patient Notes**

Company: Aetna
Group Plan: Consumer Advocate Group
Group #: 01278
Fee Sched: **Eligible:**
Coverage: 1500.00 **Used:** 0.00
Ded. S/P/O: 50/0/0 **Met:** 0/0/0
Other Max:

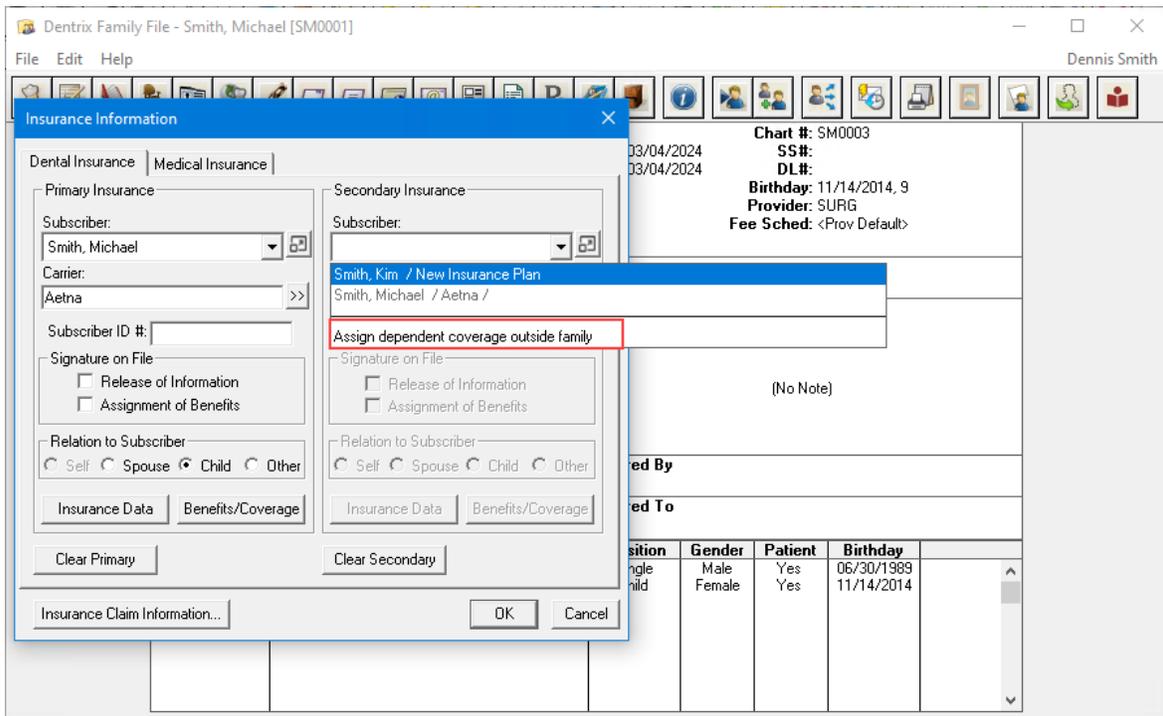
0-->30	31-->60	61-->90	91-->	Balance
1029.52	0.00	0.00	0.00	1029.52

Payment Amt: NA **Amt Past Due:** NA
Bill Type: 10 **Last Payment:** 0.00

Referred By
Referred To

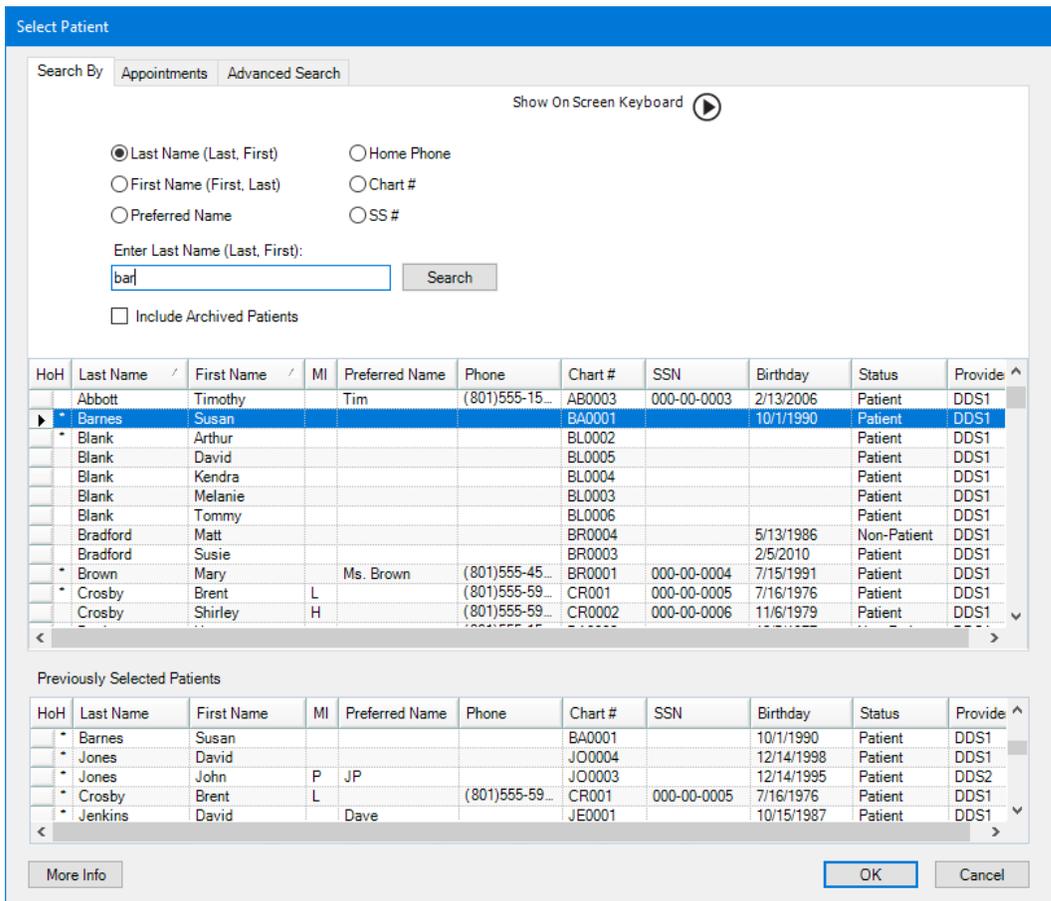
Status	Name	Position	Gender	Patient	Birthdate
HoIH Guar Ins	Smith, Michael	Single	Male	Yes	06/30/1989
	Smith, Kim	Child	Female	Yes	11/14/2014

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

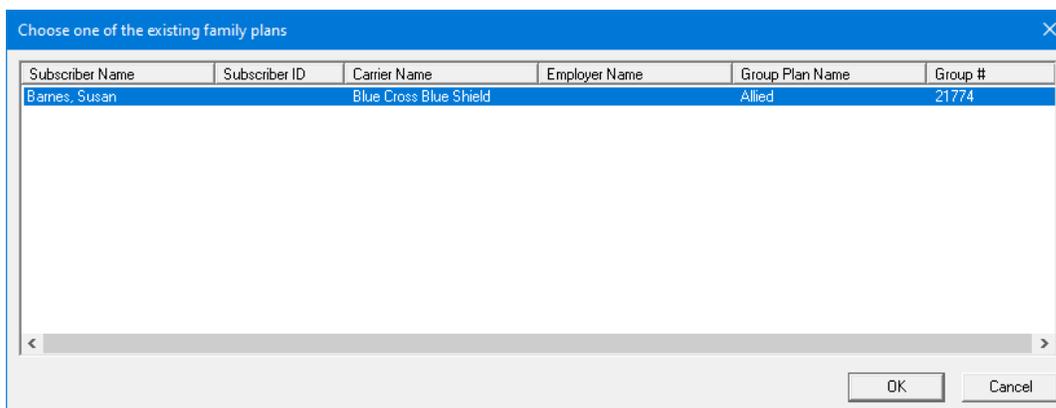


- Under Secondary Insurance, click the Subscriber down arrow, and then click Assign dependent coverage outside family.

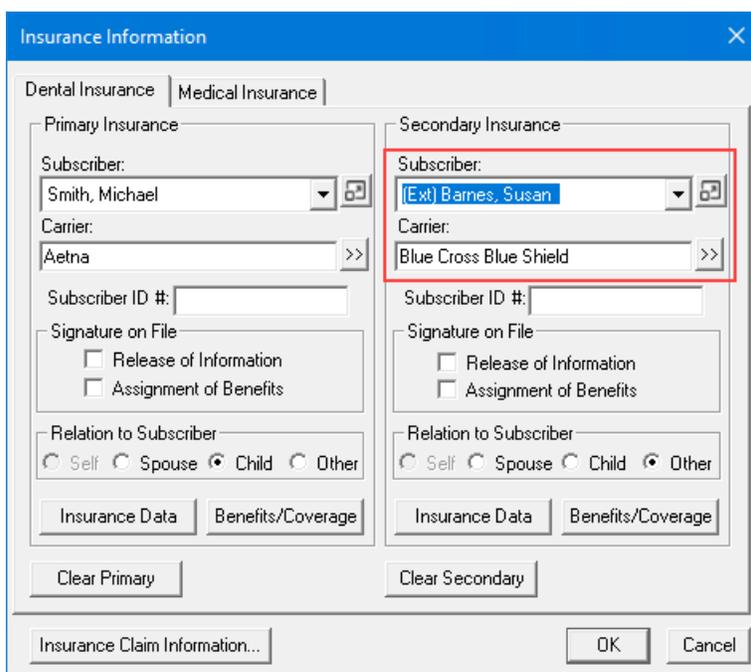
The Select Patient dialog box appears.



- Select the patient whose insurance plan will cover the dependent, and then click **OK**.
The **Choose one of the existing family plans** dialog box appears.



- To assign the insurance to the dependent, select it, and then click **OK**.
The name of the patient and his or her insurance plan appear in the **Insurance Information** dialog box.



- Click **OK**.

Note: (Ext) indicates that the subscriber is from outside the family.

Assigning Insurance Coverage in the Family File

You can now assign insurance coverage in the Family File from a dropdown list.

Important: You can no longer select and assign the same insurance plan for both Primary and Secondary Insurance. If, for example, you select the Primary Insurance Plan from that **Subscriber** dropdown list, that plan is disabled in the **Subscriber** dropdown list under **Secondary Insurance**.

To assign insurance coverage in the Family File

- In the Family File, double-click the **Primary Dental Insurance** block.

The Insurance Information dialog box appears.

- To select an insurance carrier, click the dropdown arrow to the right of the subscriber's name, and then click *Patient Name/New Insurance Plan*.
- Click the **Carrier** chevron icon.

The Select Primary Dental Insurance Plan dialog box appears.

Carrier Name	Group Plan	Employer Name	Group #	Local #	Payor ID	Address
Blue Cross Blue Shield	Allied	Allied - Southwest	21774		84101	CO, Colorado S
Blue Cross Blue Shield	Allied	Allied Architects Inc.	21009		84101	CO, Colorado S
Ameritas	Allied Plumbing	Allied Plumbing	11220		47009	NE, Lincoln
Ameritas	American Express	American Express	11515		47009	NE, Lincoln
Blue Cross Blue Shield	AT&T	AT&T	21440		84101	CO, Colorado S
American Western Life	Carmike Cinemas	Carmike Cinemas	23445		AHG01	CA, San Mateo
American Western Life	Central City Clinic	Central City Clinic	41336		AHG01	CA, San Mateo
MetLife	Chevron	Chevron	87663		65978	IL, Aurora
American Western Life	Circuit City	Circuit City	98552		AHG01	CA, San Mateo
Connecticut General	Columbia	Columbia Healthcare	65001		62308	CA, Visalia

- Select the patient's new carrier, and then click **OK**.
The new carrier appears in the **Insurance Information** dialog box.
- To assign the new carrier to the selected patient, click **OK**.

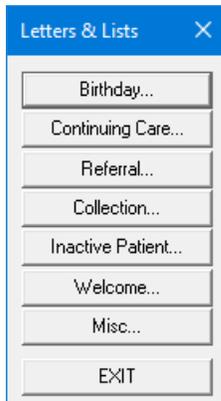
Opening the List Manager Edit Menu

The List Manager window now includes an **Edit** menu from which you can change the status or fee schedule of several selected patients at the same time. This new feature will help you manage the Dentrix database more easily. For example, you can now archive multiple inactive patient accounts simultaneously instead of one at a time.

To open the List Manager Edit menu

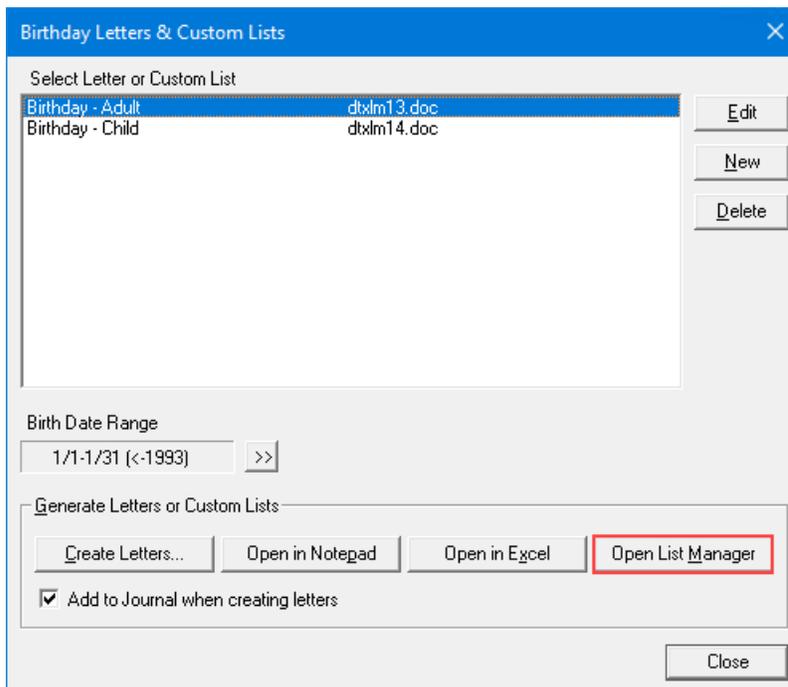
1. In the Office Manager, click **Letters & Custom Lists**.

The **Letters & Lists** dialog box appears.



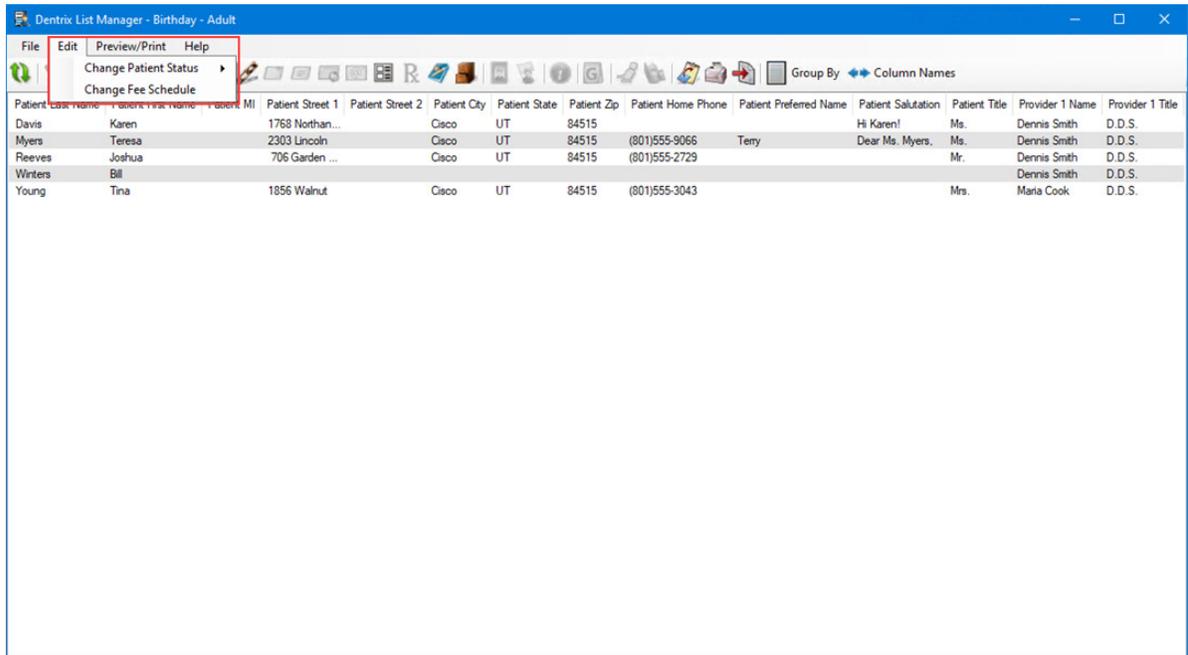
2. Click a button, such as **Birthday**.

The **Birthday Letters & Custom Lists** dialog box appears.

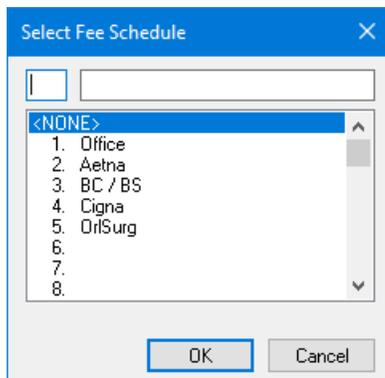


3. Click **Open List Manager**.

The List Manager window appears.



4. Select a patient or patients, click **Edit**, and then click one of the following options:
- **Change Patient Status** – To change the selected patients' status to **Patient**, **Inactive**, **Non-Patient**, or **Archive**.
 - **Change Fee Schedule** – To change the fee schedules for several patients simultaneously. The **Select Fee Schedule** dialog box appears.



Select the appropriate fee schedule, and then click **OK**.

Note: In the List Manager window, a red X appears for any changes that failed. Successful changes are signified by a green check mark.

5. Close the List Manager window.

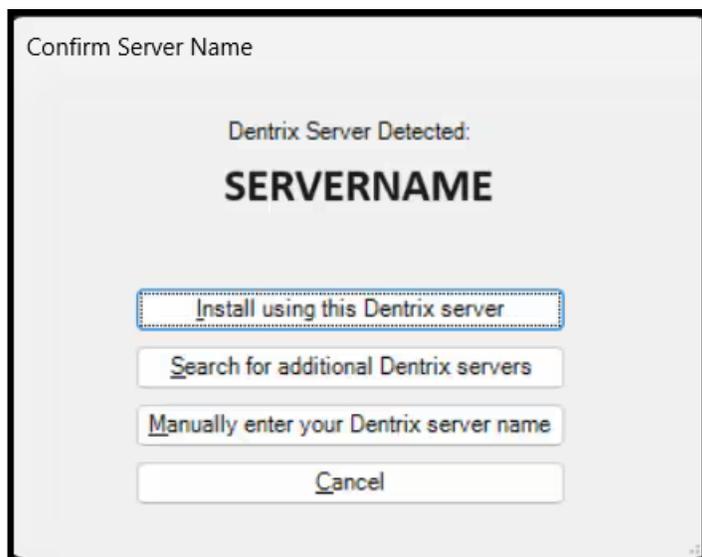
Running the Workstation Setup Launcher

The Workstation Setup Launcher allows you to install a new workstation from a single executable file. The tool automatically locates the server on the network or prompts you for a name if it cannot locate one. Once you select a server, the install continues.

To run the workstation setup launcher

1. Click the following link to download the [Workstation Setup Launcher](#).
2. Open the Workstation Setup Launcher.

When the Workstation Setup Launcher finds a server, the following dialog box appears.

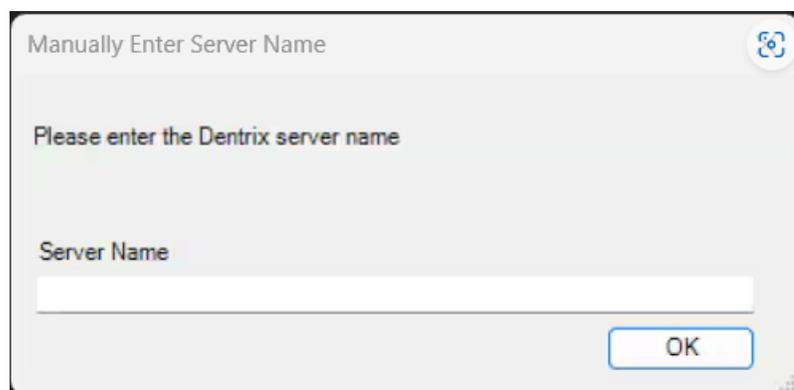


3. Do one of the following:
 - If the server name is correct, click **Install using this Dentrix Server**.
 - If the server name is incorrect, click **Search for additional Dentrix servers**.

The Workstation Setup Launcher searches for other Dentrix servers, and if one is found, the server's name appears in the **Confirm Server Name** dialog box.

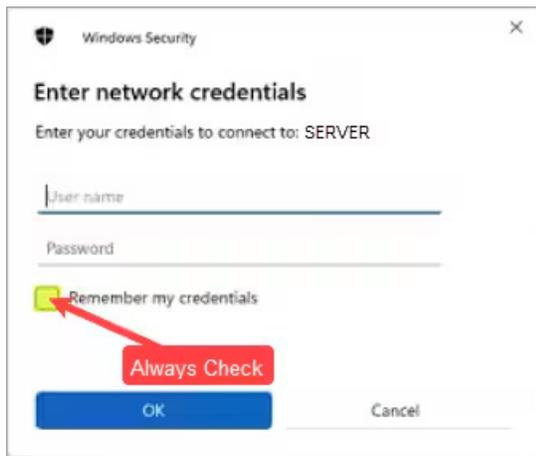
- To enter a server name manually, click **Manually enter your Dentrix server name**.

The **Manually Enter Server Name** dialog box appears.



- Type the server's name, and then click **OK** to start the install.

Note: If you are prompted for a username and password, the **Windows Security** dialog box appears. Type your username and password, and then select Remember your credentials, or you'll be prompted to enter your credentials every time you open Dentrix.



Dentrix 24.5

Overview and New Features

This Dentrix 24.5 Release Guide provides information about the Dentrix 24.5 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.5.

Note: For information about using the new features in Dentrix 24.5, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.5?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.5 includes the following enhancements:

MISCELLANEOUS

- You can now more easily open the new Patient Forms website from the Appointment Book, Ledger, Family File, and Office Manager toolbars.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Creating Custom Patient Forms

The Patient Forms feature offers a seamless way for your practice to manage patient forms online. Your patients can update pre-populated forms online before their appointments reducing waiting room time and eliminating the time spent filling in the same form at every visit.

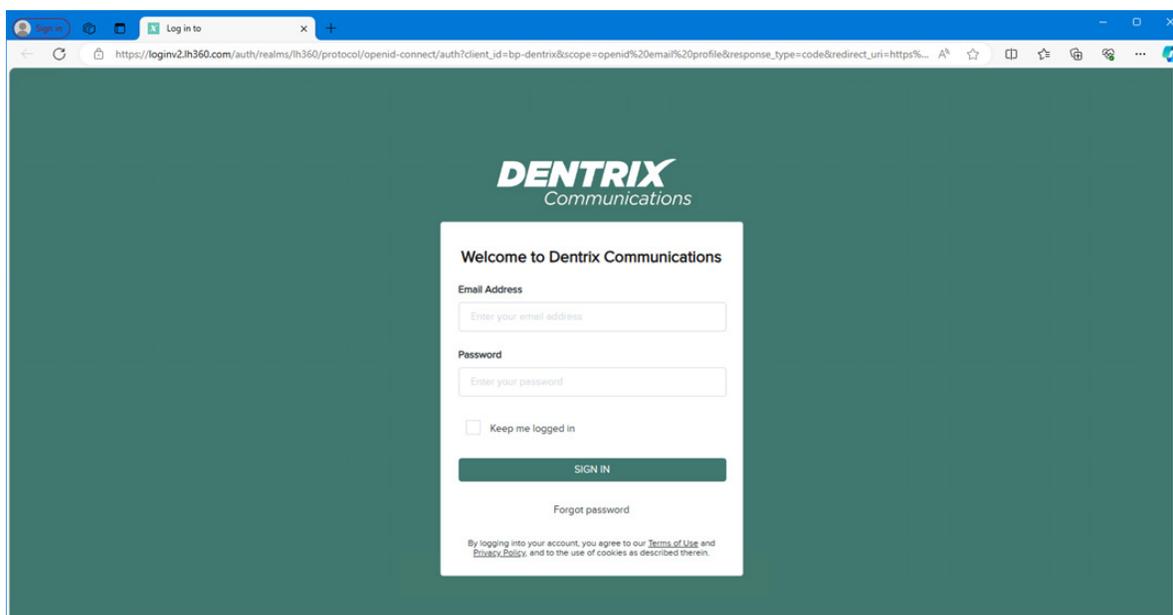
The Patient Forms feature integrates with Dentrix to simplify patient registration, update data automatically, and reduce administrative tasks.

To create a custom patient form

1. In the Appointment Book, Ledger, Family File, or Office Manager, click the Patient Forms toolbar button.



The login page of the Dentrix Communications website appears.



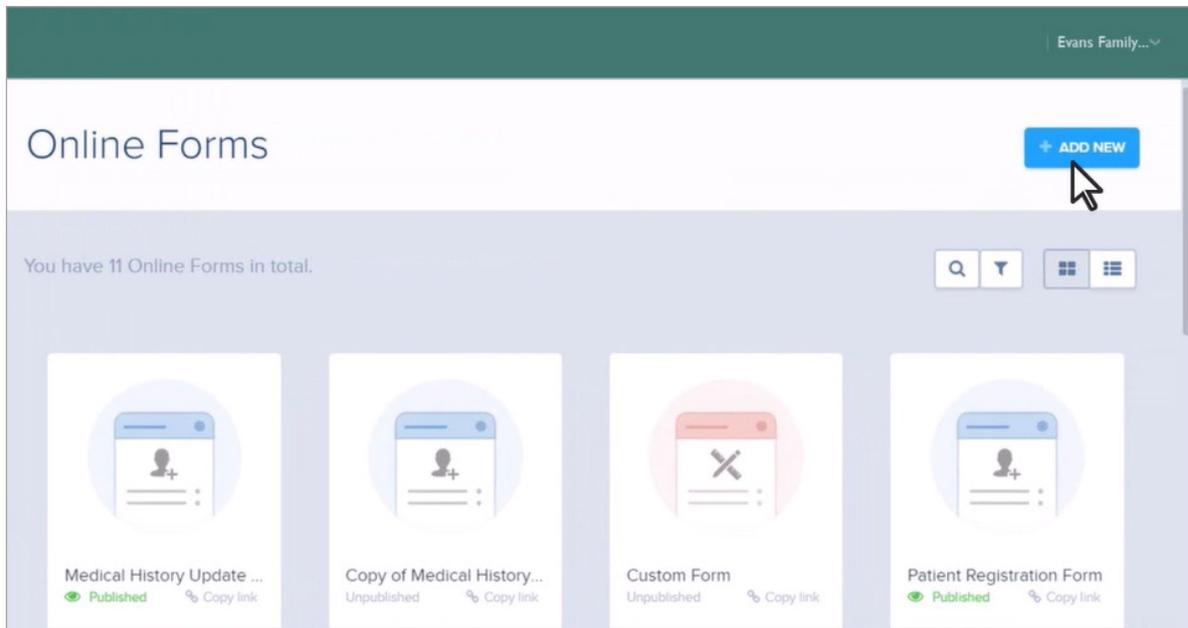
2. To log in, type your email address and password, and then click **SIGN IN**.

Notes:

- When you've finished using Patient Forms, if you simply close your browser without logging out, the next time you open Patient Forms (from your browser or the Patient Forms toolbar button) Patient Forms will open without requiring you to log in again.
- If you don't log out of Patient Forms, you will be logged out automatically 10 hours after your initial login time.
- To safeguard the confidentiality of patient records, we recommend that you log out of Patient Forms whenever you leave your computer.

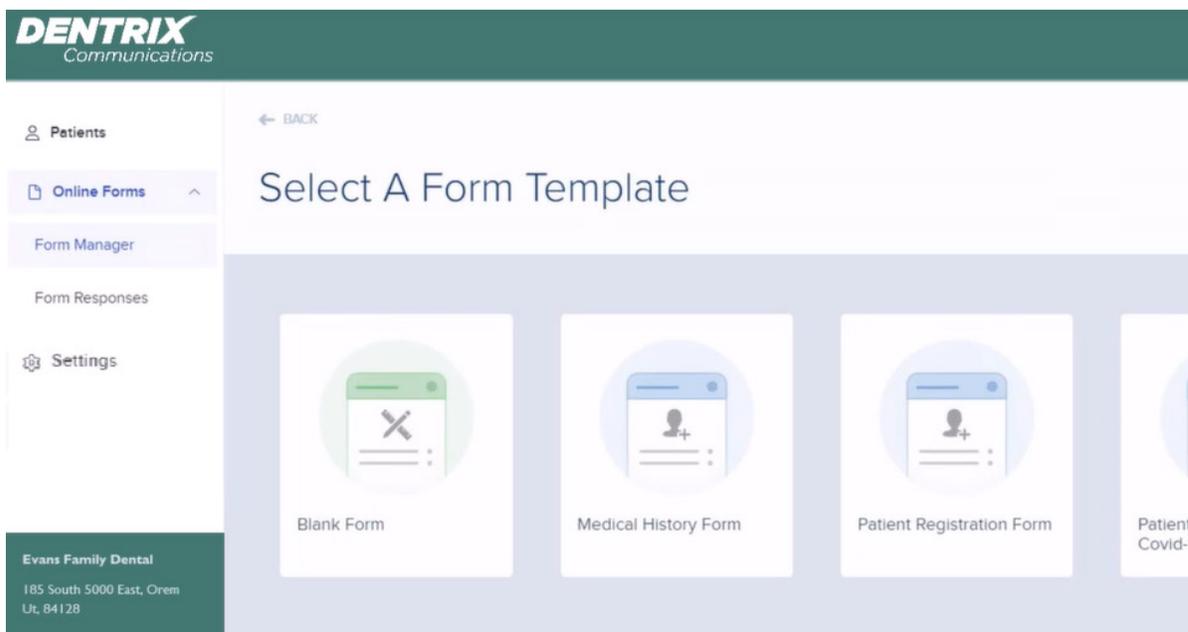
3. Click **Online Forms**, and then click **Forms Manager**.

The Online Forms page appears.



4. To create a new form, click **Add New**.

The **Select a Form Template** page appears.

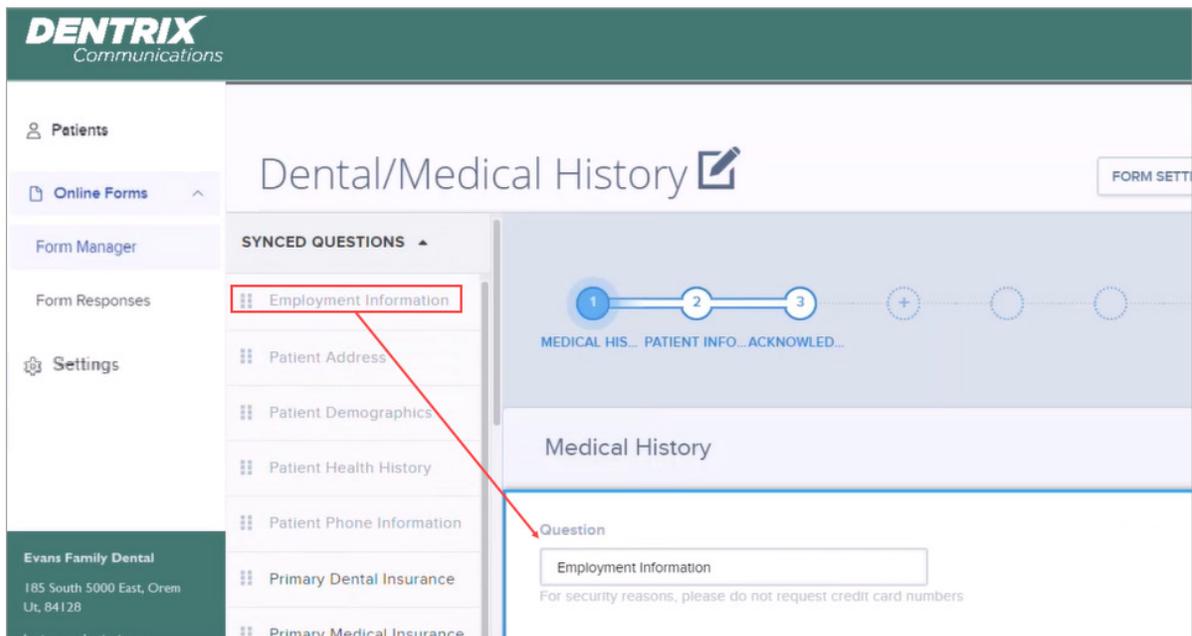


5. If one of the templates meets the needs of your practice, click it.
6. To customize the template, click the Edit icon.

7. Type a patient-friendly name to describe the form.
8. To navigate the sections of the form, click the number corresponding to the section you want to edit.
9. To edit the contents of a section, click **Edit Sections**.

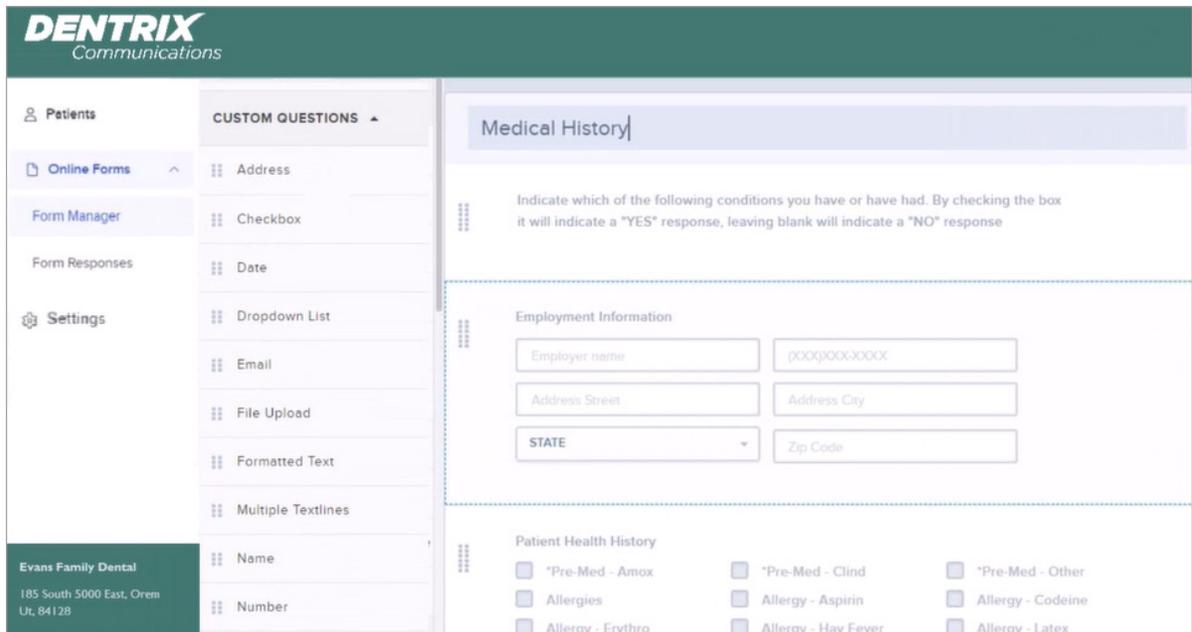
10. To add a synced question to the form, click and drag it to the form.
In the **Synced Questions** list, the selected question turns gray to indicate that you have added the question to the form.

Note: Synced questions automatically synchronize with Dentrix.



11. Navigate to the **Custom Questions** section.

Note: Custom questions can provide you with information tailored to your patients and your practice.



12. Click the custom question that you want to ask, clear any items you want to exclude, and then select the items you want to require an answer for.

The screenshot shows a form editor window with a sidebar on the left containing a list of questions. The main area displays a question configuration for a form titled "Address".

Question: Address
 For security reasons, please do not request credit card numbers

Edit Description Text

Included	Help/Placeholder Text	Required
<input checked="" type="checkbox"/> Street Address 1	Street Address 1	<input type="checkbox"/>
<input checked="" type="checkbox"/> Street Address 2	Street Address 2	<input type="checkbox"/>
<input checked="" type="checkbox"/> City	City	<input type="checkbox"/>
<input checked="" type="checkbox"/> State	State	<input type="checkbox"/>
<input checked="" type="checkbox"/> Zip Code	Zip	<input type="checkbox"/>
<input checked="" type="checkbox"/> Country	Country	<input type="checkbox"/>

At the bottom right of the form editor, there are two buttons: "CANCEL" and "SAVE".

13. To rearrange the sections of the form, drag and drop a section to where you want it to appear.
14. To delete a section, click the Trash Can icon.
15. To add electronic signatures, from the **Custom Questions** list, drag **Signature** to the form.
16. To preview the form, click **Preview**.
17. Review the form for any changes you may want to make, and then click **Exit Preview**.
18. To save the form, click **Save**.

The form is saved to the **Form Manager**, and the newly created form is added to the **Online Forms** page.

Dentrix 24.4

Overview and New Features

This Dentrix 24.4 Release Guide provides information about the Dentrix 24.4 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.4.

Note: For information about using the new features in Dentrix 24.4, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.4?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.4 includes the following enhancements:

MISCELLANEOUS

- The number of staff members you can create is no longer restricted to a maximum of 250. While the number is not unlimited, you can, if necessary, create thousands of staff members.
- The “another database has been detected” and the **Dentrix API Update** dialog boxes have been removed from the update installation process. The another database detected and API update occur automatically in the background and no longer require user interaction.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Setting Up Office Staff

You can set up each employee who uses Dentrix as a member of your office staff if you have not already set him or her up as a provider. You must assign each staff member a unique, four-character, alphanumeric ID.

To set up office staff

1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Practice Resource Setup**.

The Practice Resource Setup dialog box appears.

Practice Resource Setup

Dentrix Dental Practice

1220 South 630 East #100
American Fork,
(555)555-0102

Administrative Contact Not Set
HIPAA Officer Not Set
Fiscal Year: January
Bank Number Not Set

Operatories

Search

ID	Title
OP-1	Red
OP-2	Blue
OP-3	Green
OP-4	Yellow
OP-5	Purple
OP-6	Orange
OP-7	White

Providers

Search

ID	Name	Title	Status
DDS1	Smith, Dennis	D.D.S.	Primary
DDS2	Smith Junior, Dennis	D.D.S.	Primary
DDS3	Cook, Maria	D.D.S.	Primary
ENDO	Evans, Erica	D.D.S.	Primary
HYG1	Hayes, Sally	Hygiene	Secondary
ORTH	Oliverson, Oscar		Primary

Staff Members

Search

ID	Name	Title	Status
MGR1	Taylor, Judy	Office M...	Staff
OFC1	Jones, Susan	Front Desk	Staff

2. To set up a new office staff employee, click the Add New Staff Member button.

The **Staff Information** dialog box appears.

The screenshot shows a 'Staff Information' dialog box with the following fields:

- Name:** Last, First, MI, Suffix
- ID:** [Text Box]
- Title:** [Text Box]
- Address:** Street, City, ST, Zip
- Phone:** Phone, Ext
- E-Mail:** [Text Box]
- SS#:** [Text Box]

Buttons: OK, Cancel

3. Do the following:

- **Name** – Type the staff member’s last and first names and middle initial.
- **ID** – Type a unique, four-character, alphanumeric ID, such as MGR1 or OFC1. Once you create a staff member, you cannot edit his or her ID.
- **Title** – Type the staff member’s title, such as receptionist or office manager.
- **Address** – Type the staff member’s home mailing address.
- **Phone** – Type the staff member’s personal telephone number.
- **E-mail** – Type the staff member’s email address.
- **SS#** – Type the staff member’s Social Security number.

4. Click OK.

Dentrix 24.3

Overview and New Features

This Dentrix 24.3 Release Guide provides information about the Dentrix 24.3 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.3.

Note: For information about using the new features in Dentrix 24.3, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.3?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.3 includes the following enhancements:

MISCELLANEOUS

- The **Select Patient** dialog box has been enhanced and now opens more quickly.
- The Dentrix End-user License Agreement (EULA) has been updated.

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

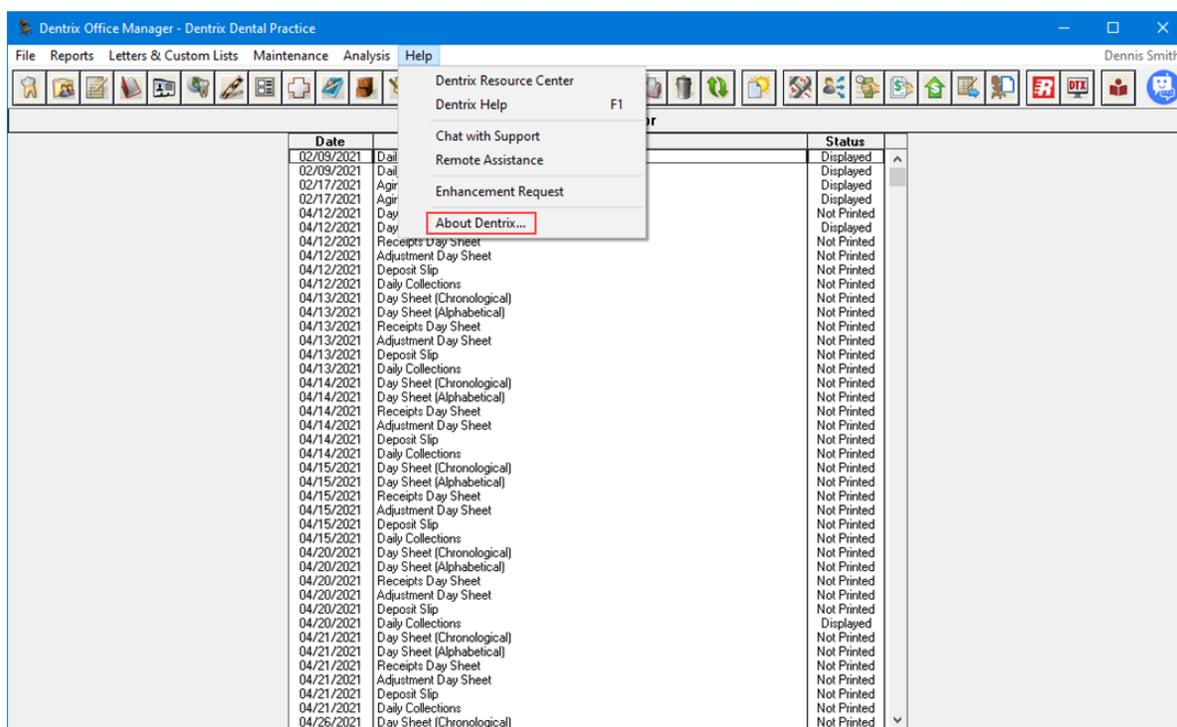
Reviewing the Dentrix End-user License Agreement (EULA)

The Dentrix EULA has been updated. You can review the EULA from any Dentrix module.

To review the Dentrix EULA

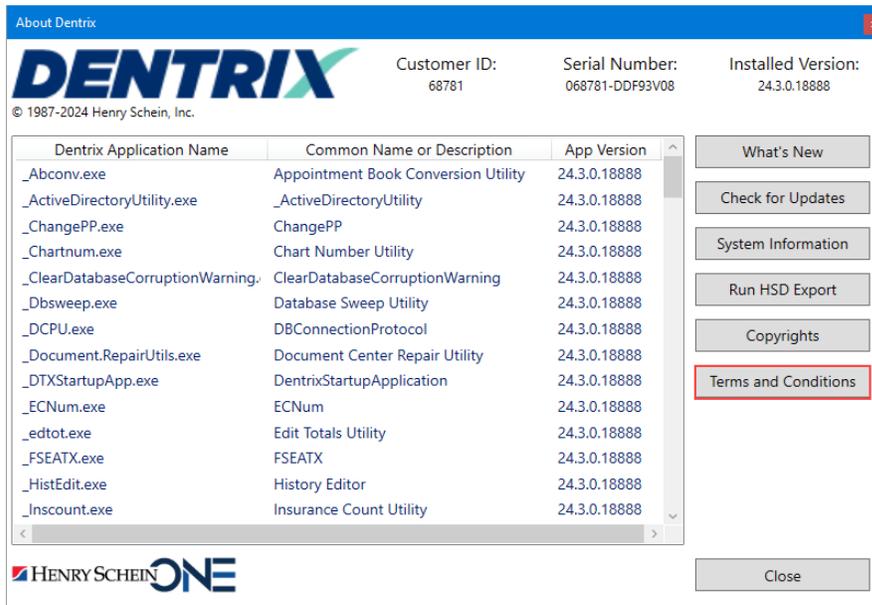
1. In any Dentrix module, click **Help**.

The Help menu appears.



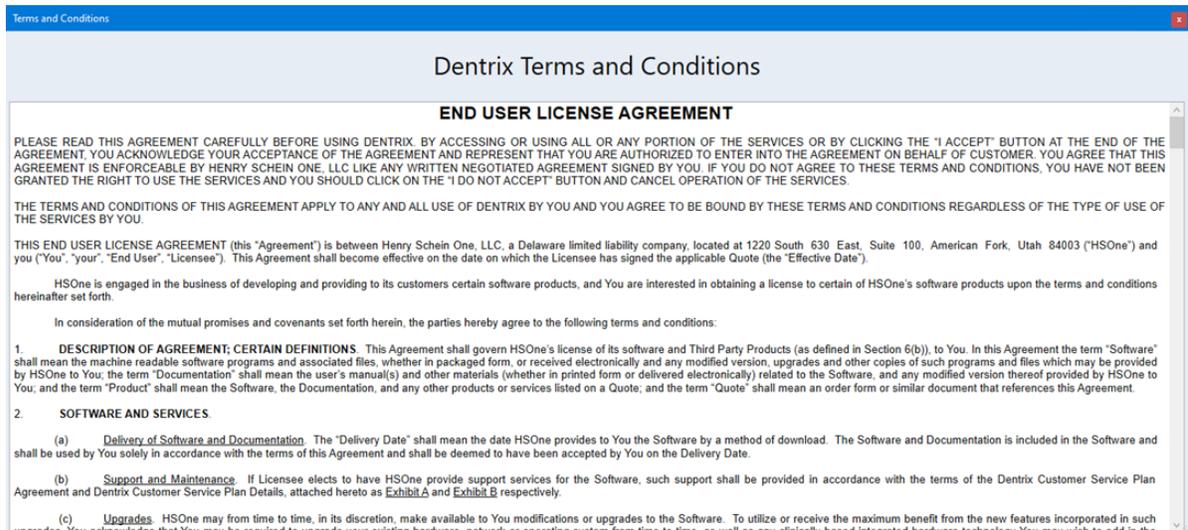
2. Click **About Dentrix**.

The **About Dentrix** dialog box appears.



3. Click Terms and Conditions.

The Terms and Conditions dialog box appears.



4. Review the EULA and Exhibits A and B for descriptions of the Dentrix Customer Service Plan Agreement and the Dentrix Customer Service Plan Details, respectively.

Dentrix 24.2

Overview and New Features

This Dentrix 24.2 Release Guide provides information about the Dentrix 24.2 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.2.

Note: For information about using the new features in Dentrix 24.2, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.2?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.2 includes the following enhancements:

MISCELLANEOUS

- If you have enabled passwords, you can now easily see who is currently logged in to the Lab Case Manager, Treatment Manager, Treatment Planner, Payment Agreement Manager, Collections Manager, Practice Analysis, Print Preview, and Appointment List.
- In the Appointment Book, when you schedule an appointment for a new patient, you can also create a new family account in the Family File at the same time. By default, you must enter the new patient’s first and last names, assign a primary provider, and enter the new patient’s birthdate. But, using a new setting in the **Preferences** dialog box, you can elect to not require the patient’s date of birth.

Note: For information regarding bug fixes, click <https://whatsnew.dentrix.com/blog/2024/02/08/february-2024-release/>

Using the New Features and Enhancements

The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Miscellaneous

If you have enabled passwords, you can now easily see who is currently logged in to the Lab Case Manager, Treatment Manager, Treatment Planner, Payment Agreement Manager, Collections Manager, Practice Analysis, Print Preview, and Appointment List.

Note: The logged-in user's name appears to the right of the module's toolbar or menu bar as shown by the red highlight box in the examples below.

LAB CASE MANAGER

The screenshot shows the Dentrix Lab Case Manager application window. The title bar reads "Dentrix Lab Case Manager". The menu bar includes "File", "Edit", "View", "Setup", "Print", and "Help". The user name "Dennis Smith" is displayed in the top right corner of the menu bar, highlighted with a red box. Below the menu bar is a toolbar with various icons. The main area shows a table with columns: Lab, Patient, Create D..., Receive ..., Category, Ship Fee, Appt Date, Case #, and Provid. The first row of data is: Dentrix Dental Labo..., Little, Carol, 03/13/2018, Crowns, 0.00, 10/19/2022 2:00..., DDS2.

TREATMENT MANAGER

The screenshot shows the Dentrix Treatment Manager application window. The title bar reads "Dentrix Treatment Manager". The menu bar includes "File", "View Setup", "Print", and "Help". The user name "Dennis Smith" is displayed in the top right corner of the menu bar, highlighted with a red box. Below the menu bar is a toolbar with various icons. The main area shows a table with columns: Patient, Last TP, TP Total, Ins Est, Pat Est, #, Pri Rem, Sec Rem, Prv OJ, Prv Type, Reminder, and Rem. Type. The first row of data is: Abbott, Ken S, 09/22/2022, 322.00, 322.00, 0.00, 2, 1000.00, 2000.00.

TREATMENT PLANNER

The screenshot shows the Dentrix Treatment Planner application window. The title bar reads "Dentrix Treatment Planner - Abbott, Ken S [AB0001]". The menu bar includes "File", "Edit", "Options", "View", "Insurance", and "Help". The user name "Dennis Smith" is displayed in the top right corner of the menu bar, highlighted with a red box. Below the menu bar is a toolbar with various icons. The main area shows a "Treatment Plan Case Setup" section with a "Case Status" of "Created: 1/26/2022" and "Case Severity: None". A table titled "Visit Not Set" is displayed with columns: Code, Th, Surf, Description, Fee, and Pat. Portion. The first row of data is: D2160, 30, MOD, Silver-colored filling of a cavity of three surfaces, 195.00, 0.00.

PAYMENT AGREEMENT MANAGER

The screenshot shows the Dentrix Payment Agreement Manager application window. The title bar reads "Payment Agreement Manager". The menu bar includes "File", "Enter Payment", "Print", and "Help". The user name "Dennis Smith" is displayed in the top right corner of the menu bar, highlighted with a red box. Below the menu bar is a toolbar with various icons. The main area shows a table with columns: Guarantor, Next Payment Date, Balance Remaining, Payment Amount, Amount Past Due, Payment Due, Missed Payments, Agreement Note, G... N..., and Mobile Phone. The first row of data is: Abbott, Ken S., 2/15/2024, \$1,586.71, \$100.00, \$1,510.59, \$1,510.59, 16.

COLLECTIONS MANAGER

Guar Name	Balance	0->30	31->60	61->90	91->	PA Rem	To Ins	Ins Est	Guar Est	Last Pmt	Pmt Amt	Amt D
Abbott, Ken S	1991.71	1991.71	0.00	0.00	0.00	1586.71	190.00	190.00	1801.71	02/17/2021	100.00	1510.

PRACTICE ANALYSIS

Production Analysis	02/02/2024-02/02/2024	MTD-Cur	AVG 11/2023-01/2024	YTD-Cur

PRINT PREVIEW

Dentrix Print Preview

File Options Help

Daily Collections

20%

Page: 1 of 1

APPOINTMENT LIST

Dentrix Appointment List

File Appointment Status Setup Help

Select List: Unscheduled

2/2/2024

Viewing: All

Search

Scheduling New Patient Appointments and Creating New Family Accounts

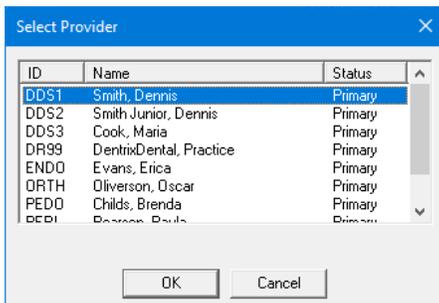
In the Appointment Book, when you schedule an appointment for a new patient, you can also create a new family account in the Family File at the same time.

To schedule a new patient appointment and create a new family account

1. In the Appointment Book, double-click an open schedule space.
The **Select Patient** dialog box appears.

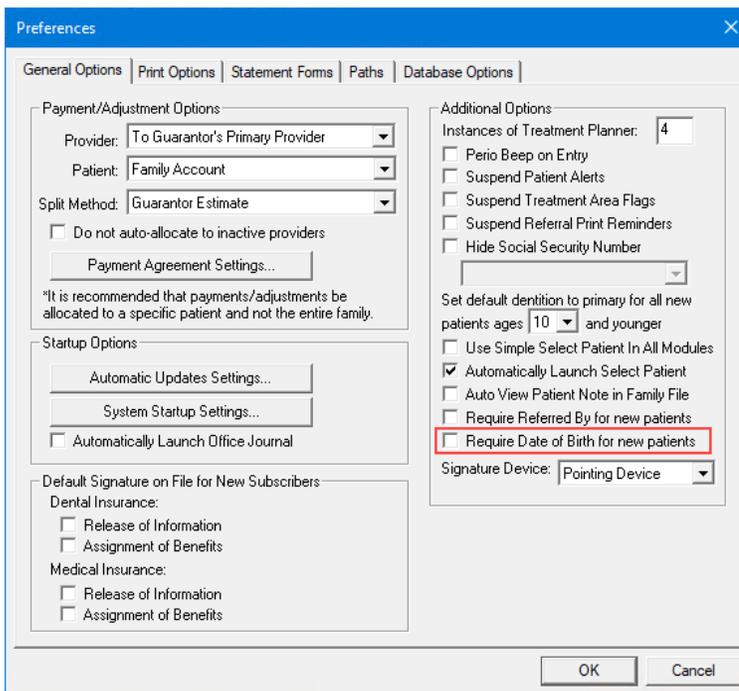
3. Provide the following mandatory Information:

- Type the patient's Last and First names in the corresponding fields.
- Under **Office**, click the **Prov1** search icon, select the patient's primary provider from the **Select Provider** dialog box, and then click **OK**.



- Under **Personal** in the **Birthdate** field, type the patient's date of birth.

Note: If you prefer not to require a new patient's birthdate, you can disable this requirement by clearing the option in the **Preferences** dialog box in the Office Manager.



4. To close the **Head-of-House Information** dialog box, click **OK**.
The **Appointment Information** dialog box appears.

Appointment Information - (Jones, David) <New Patient>

Provider: DDS1 >... Continuing Care: >...
 Add'l Provider: >... Use Reason to Auto Update CC

Reason: **Initial** (highlighted) [Delete] [Del. All]
 [Add Tx] [Misc.]

Appointment Description: [] Appt Length: 0 min >...
 Amount: 0.00 Status: <none> Op: DP-2 >...
 Eligible: Schedule: FIXED >... Date: 01/30/2024 >...
 Staff: >... Type: <none> Time: 9:00am >...
 [Dentrix Pay Payment...]

Notes: [] [Insert Dateline] [ABC]

Created: []
 Last Changed: []
 History...
 More Info (Dial)
 Patient Info
 Other Appt(s)
 Ins Claim Info
 Sched. Next
 Wait/Will Call
 Find
 Pinboard
 Lab Case
 Patient Lab Cases
 OK
 Cancel

Confirmed Pre-Med X-rays Requested More Appts Schd Other Family Appts
 Office Re-schd X-rays Received Update Health Hist HIPAA Signed
 Patient Re-schd Sent New Patient Pkg Update Ins Info Review Finances

5. Click **Initial**.

The **Select Initial Reasons** dialog box appears.

Select Initial Reasons

Ex	Bwx4	CC-Prophy
LimitEx	DiagCast	CC-Comp
CompEx	Prophy	CC-Child
FMX	Prophy-Ch	PerioEx
TopFluideVar	PerMaint	
Pano	EmergTx	
Bwx2	New Patient	

OK Cancel

6. Select **New Patient**, and then click **OK**.

The following message appears.

Dentrix Continuing Care

One or more of the selected procedures is attached to a Continuing Care Type that was not set up for this patient. Set up Continuing Care for this patient using the default settings?

Yes No

7. Click **Yes** to set up continuing care for the patient using the default settings.
8. To schedule the appointment and close the **Appointment Information** dialog box, click **OK**.

Dentrix 24.1

Overview and New Features

This Dentrix 24.1 Release Guide provides information about the Dentrix 24.1 software release. The overview section includes important notes regarding the release, followed by a brief description of the new features and enhancements available in Dentrix 24.1.

Note: For information about using the new features in Dentrix 24.1, refer to “Using the New Features and Enhancements” in this section of the Release Guide or “What’s New in Dentrix 24.1?” in the Dentrix Help. For information on installing Dentrix, refer to the Installation Guide.

New Features

Dentrix 24.1 includes the following enhancements:

MISCELLANEOUS

- If you have enabled passwords, you can now easily see who is currently logged in to the Patient Chart, Perio Chart, Continuing Care, Office Journal, Questionnaires, and Document Center.
- You can now run a new report called the Patient Payment Report to review a patient’s payments that were applied during a date range.
- The Sample or Tutor database has been renamed to the Demo database. The Demo database is a training tool that you can use to train you and your employees how to use the Dentrix modules without affecting your practice’s “live” database.
- The CDT codes have been updated.

Note: For information regarding bug fixes, click <https://whatsnew.dentrix.com/blog/2024/01/26/january-2024-release/>

Using the New Features and Enhancements

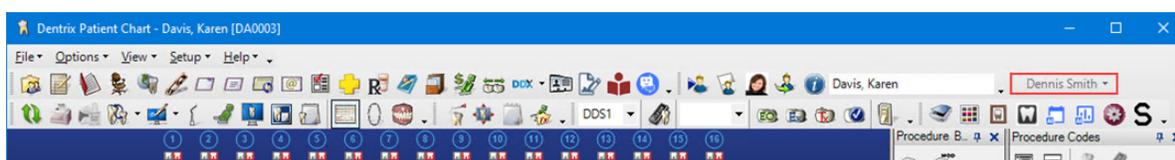
The following information will help you understand how to use the features and enhancements in this release. For a more complete explanation of the new features and enhancements, please refer to the Dentrix Help.

Miscellaneous

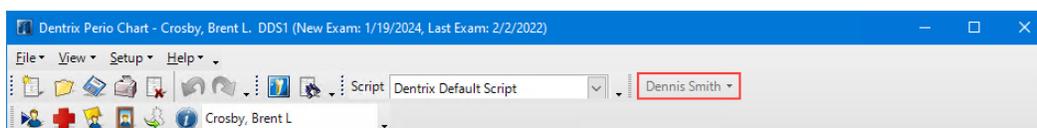
If you have enabled passwords, you can now easily see who is currently logged in to the Appointment Book, Family File, Ledger, and Office Manager.

Note: The logged-in user's name appears to the right of the module's toolbar or menu bar as shown by the red highlight box in the examples below.

PATIENT CHART



PERIO CHART



CONTINUING CARE

Date	Type	Appt?	Status	Prior Treat.	Name	Age	Prov.	Phone
01/09/2021	PANOREX				*Crosby, Brent L	47	Prov1	801555-5968

OFFICE JOURNAL

Date	Description	Amount
05/12/2023	Amount: \$25.00, Check # 1256 Check Payment - Thank You	

QUESTIONNAIRES

Form Name	Response Date	Expiration Date	Update Patient
Completed [1 item]			
Patient Information Form	12/20/2022	No Expiration	Done

DOCUMENT CENTER



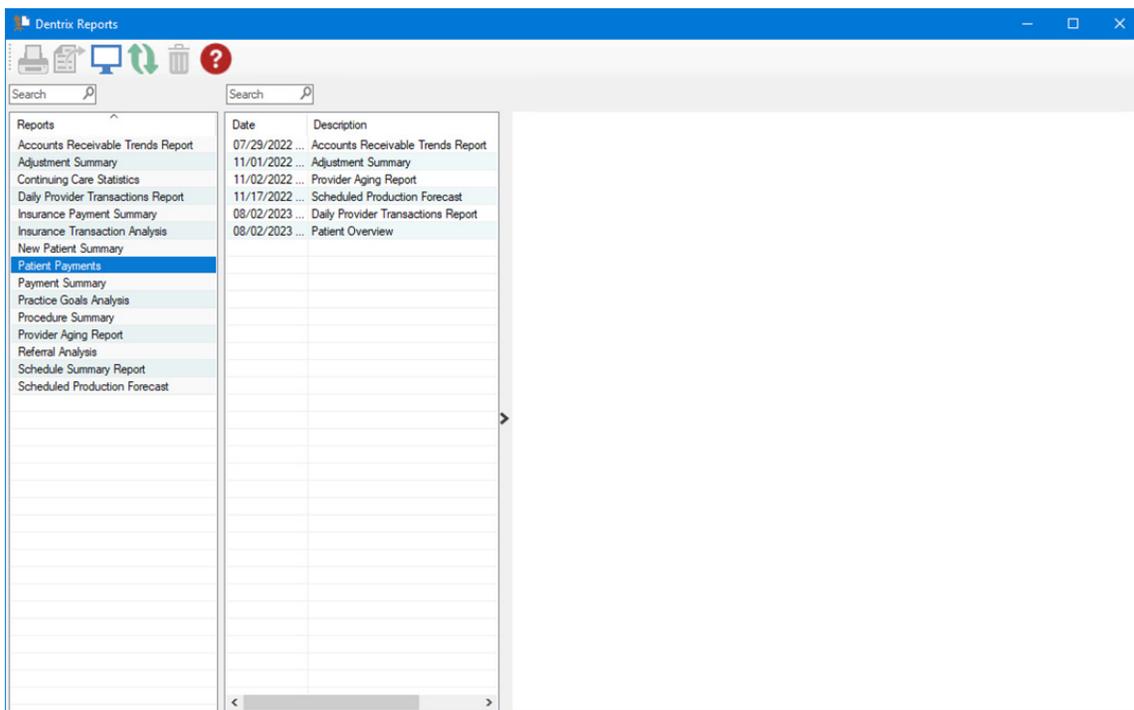
Dentrix Reports

You can now run a new report called the Patient Payment Report to review a patient's payments that were applied during a date range.

To run a Patient Payments Report

1. In the Office Manager toolbar, click the Dentrix Reports button.

The Dentrix Reports window appears.



2. Under Reports, double-click Patient Payments.

The Patient Payments dialog box appears.

- To run the report with the default settings, click **OK**.

The Patient Payments Report is listed, and a preview of the report appears.

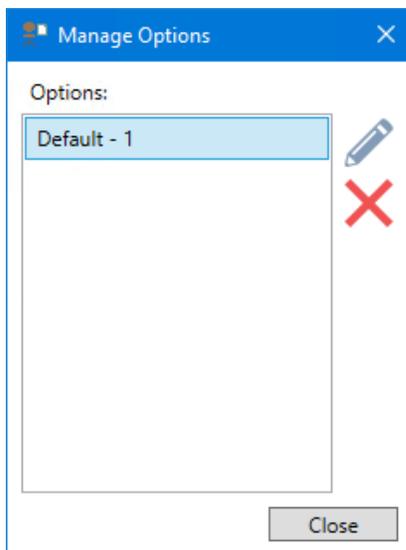
Note: You may need to enlarge the Dentrix Reports window and go to the end of the report to view all of the data including the total amount.

Proc Date	Entry Date	Name	Description	Prov	Amount
01/31/2023	01/31/2023	Abbott, Ken S	Dental Ins Check Payment	DD51	0.00
04/12/2022	04/12/2022	Davis, Karen	Dental Ins Check Payment	DD51	-350.00
01/31/2023	01/31/2023	Smith, Michael	Medical Ins Check Payment	SURG	200.00
04/07/2022	04/07/2022	Crosby, Brent L	Dental Ins Check Payment	DD51	-140.00
05/12/2023	05/12/2023	Crosby, Brent L	Check Payment - Thank You	DD51	-25.00
Total					-715.00

- To modify the default settings in the **Patient Payments** dialog box and generate a new Patient Payment Report, double-click **Patient Payments** again, and then do one or more of the following:
 - Select Date** – You can set a specific date range or select a set of interval options.
 - Range** – Enter the start and end dates, or click the date icon, and then select the date from the calendar.
 - Date options – Defaults to the **Previous month**. For example, if you generate a report on June 2, 2023 using this option, the report will contain data for May 1 through May 31. Other options include:
 - Current day** – Generates a report for the current day.

- **Previous day** – Generates a report for the previous day. For example, if you generate a report on June 2, 2023 using this option, the report will contain data for June 1, 2023.
 - **Previous week** – Generates a report for the previous Sunday through Saturday. For example, if you generate a report on Monday, June 5, 2023 using this option, the report will contain data for Sunday, May 28 through Saturday, June 3.
 - **Previous 3 months** – Generates a report for the previous 3 months. For example, if you generate a report on June 2, 2023 using this option, the report will contain data for March 1 through May 31.
 - **Previous 6 months** – Generates a report for the previous 6 months. For example, if you generate a report on June 2, 2023 using this option, the report will contain data for December 1, 2022 through May 31, 2023.
 - **Previous year** – Generates a report for the previous year. For example, if you generate a report on June 2, 2023 using this option, the report will contain data for January 1, 2022 through December 31, 2022.
- **Select Patient** – Defaults to all patients. To select a patient or a range of patients, click the search buttons, and then select the patient or patients from the **Select Patient** dialog box.
5. To save any changes you made to the default settings, click **Save Options**.
 6. To manage any saved options, click the Manage Saved options icon.

The **Manage Options** dialog box appears.



7. Do one of the following:
 - To rename an option, select it, click the Rename Selected Item icon, and then type a new name.
 - To delete an option, select it, and then click the Delete Selected Item icon.

Important: You can only rename or delete options that you have created.

Demo Database

The Sample or Tutor database has been renamed to the Demo database.

To open the Demo database

1. In the Office Manager, click **Maintenance**, point to **Practice Setup**, and then click **Preferences**.

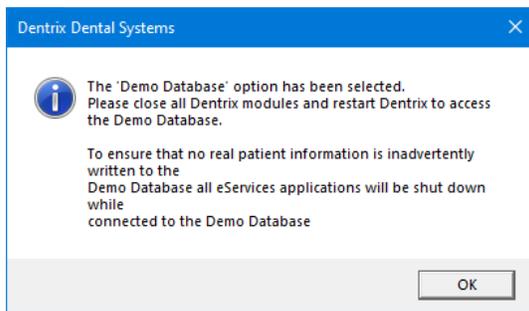
The **Preferences** dialog box appears.

The screenshot shows the 'Preferences' dialog box with the 'General Options' tab selected. The 'Payment/Adjustment Options' section includes a 'Provider' dropdown set to 'To Guarantor's Primary Provider', a 'Patient' dropdown set to 'Family Account', and a 'Split Method' dropdown set to 'Guarantor Estimate'. There are checkboxes for 'Do not auto-allocate to inactive providers' and 'Automatically Launch Office Journal'. The 'Startup Options' section has buttons for 'Automatic Updates Settings...' and 'System Startup Settings...', and a checkbox for 'Automatically Launch Office Journal'. The 'Default Signature on File for New Subscribers' section has checkboxes for 'Release of Information' and 'Assignment of Benefits' under both 'Dental Insurance' and 'Medical Insurance'. The 'Additional Options' section includes a numeric field for 'Instances of Treatment Planner' set to 4, several unchecked checkboxes for 'Perio Beep on Entry', 'Suspend Patient Alerts', 'Suspend Treatment Area Flags', 'Suspend Referral Print Reminders', and 'Hide Social Security Number', a dropdown for 'Set default dentition to primary for all new patients ages 10 and younger', a checked checkbox for 'Use Simple Select Patient In All Modules', a checked checkbox for 'Automatically Launch Select Patient', an unchecked checkbox for 'Auto View Patient Note in Family File', an unchecked checkbox for 'Require Referred By for new patients', and a 'Signature Device' dropdown set to 'Pointing Device'. 'OK' and 'Cancel' buttons are at the bottom.

- Click the **Database Options** tab.

The screenshot shows the 'Preferences' dialog box with the 'Database Options' tab selected. The 'Default Database' section contains the text: 'If you switch to a different database, you will need to restart Dentrix to apply the change.' There are two radio buttons: 'Production Database' (unselected) and 'Demo Database' (selected). The 'Demo Database' option has a dropdown menu showing '1/19/2024'. Below this, it says 'A demo date will be used as the "current date" for the demo data.' 'OK' and 'Cancel' buttons are at the bottom.

- Select **Demo Database**, and then click **OK**.
The following message appears.



4. Click **OK** to close the message and shut down eServices.
5. Do the following:
 - Close the Office Manager and any other Dentrix modules that you have open.
 - Re-open the Office Manager by double-clicking the Office Manager desktop icon.A message appears.
6. Click **OK** to close the message and open the Demo database.
The Office Manager window appears with the Demo database open.
7. Open any other Dentrix modules that you want to improve your skills on.
8. To close the Demo database, close all of the Dentrix modules that you opened for training.
9. To switch to your "live" database re-open the Office Manager.